

Emergency Departments

Hospital Quarterly: Performance of NSW public hospitals

January to March 2011

More than half a million patients attended public hospital emergency departments (EDs) during January to March 2011, 4% more than during the same quarter last year and 8% more than two years ago. Attendances were slightly lower than the previous quarter, when more patients attended NSW EDs than at the peak of the 2009 swine flu pandemic.

Despite this small drop, attendances were still 8,000 higher than the swine flu peak, suggesting a six-month trend of higher patient numbers compared with the past two years.

Hospital ED performance varies across NSW. State-wide, however, patients were seen within recommended time frames for all triage

categories, except those with potentially life-threatening conditions (triage 3), where 71%, rather than the target 75%, were seen within 30 minutes. This is unchanged from last quarter and compares with 73% a year ago. This *Hospital Quarterly* report shows 66% of patients were transferred from an ambulance into ED care within 30 minutes of arriving at hospital (66% last quarter and 71% last year). The target is 90%.

A total of 64% of patients were admitted to hospital from the ED within the recommended eight hours, compared with 65% last quarter and 68% last year. The target is 80%.

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

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From January to March 2011...	Same period last year...	The difference...
There were 526,005 visits to NSW emergency departments	508,174 visits	17,831 (+4%)
124,729 people travelled to the emergency department by ambulance	122,268 people	2,461 (+2%)
66% of people arriving by ambulance were transferred into the care of ED staff within the 30-minute target	71%	5 percentage point decrease
There were 117,071 admissions to hospital from emergency departments	106,323 admissions	10,748 (+10%)
64% of people admitted from the emergency department arrived on the ward within the target of eight hours of being triaged	68%	4 percentage point decrease
71% of patients with potentially life-threatening conditions were seen within the recommended 30 minutes compared with the 75% target	73%	2 percentage point decrease

Emergency department journeys

When a person needs care in a public hospital emergency department (ED) they begin what is called a 'patient journey'. These journeys can involve many different pathways, but most follow a similar pattern, regardless of whether or not the patient arrives in an ambulance.

First, patients are triaged.* Next, they are given a more detailed assessment and then they are treated. After treatment they leave the ED or are admitted to hospital.

Hospital staff record the times when each of these events occur and these times are used to measure how long it takes to complete care.

Figure 1 summarises patient journeys through NSW EDs during the January to March 2011 quarter and Figure 2 examines attendances and patient journeys by triage category.

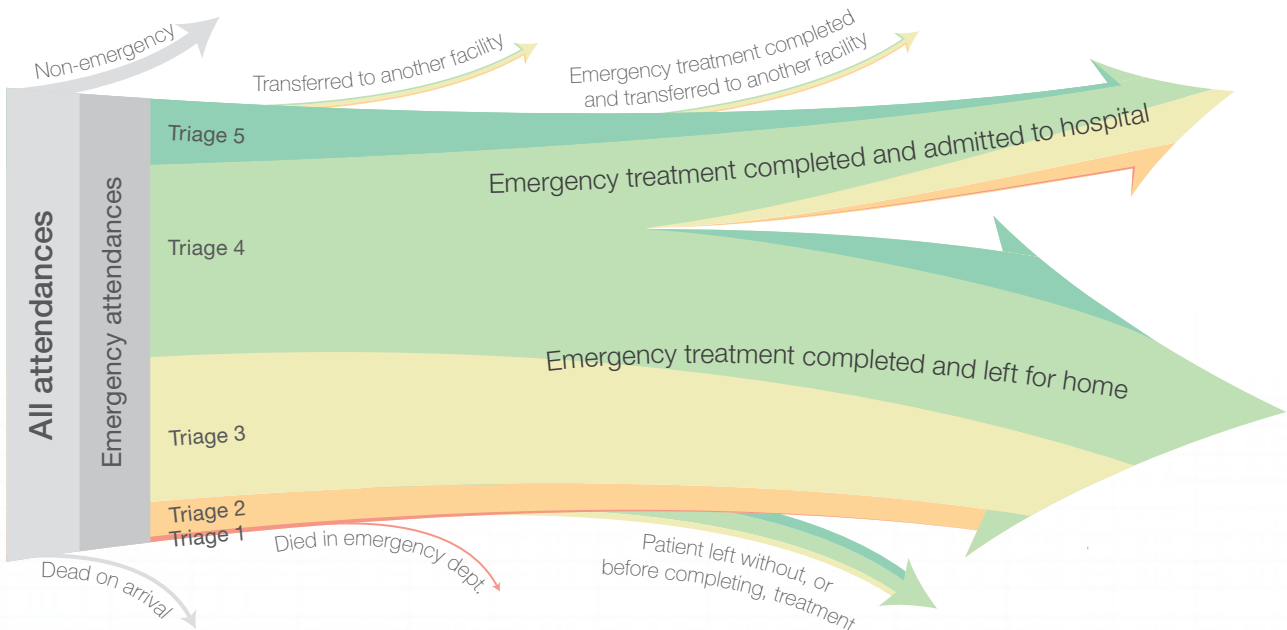
There were more than half a million attendances at NSW public hospital EDs during the quarter.

The majority of these were considered 'emergency attendances' and the remaining 14,510 patients arrived for planned or prearranged visits. Among this latter group, 1,671 were admitted to hospital via the ED.

Figure 1: Summary of patient journeys through NSW emergency departments

The thickness of each arrow is approximately proportional to the number of NSW emergency department patients in each category. The arrows are coloured by triage level.

- Triage 1 Immediately life threatening
- Triage 2 Imminently life threatening
- Triage 3 Potentially life threatening
- Triage 4 Potentially serious
- Triage 5 Less urgent

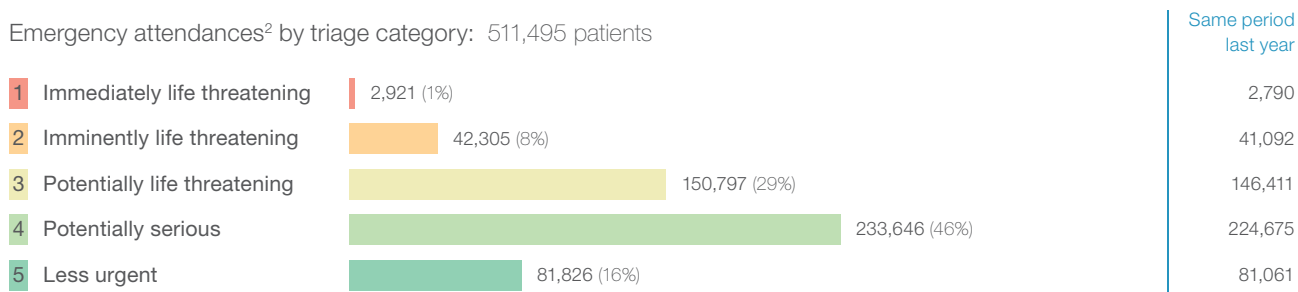


* A registered nurse assigns people to a 'triage category' when they arrive in the emergency department depending on how urgently they require care. Triage is a five-point scale where category 1 is most urgent and category 5 is least urgent.

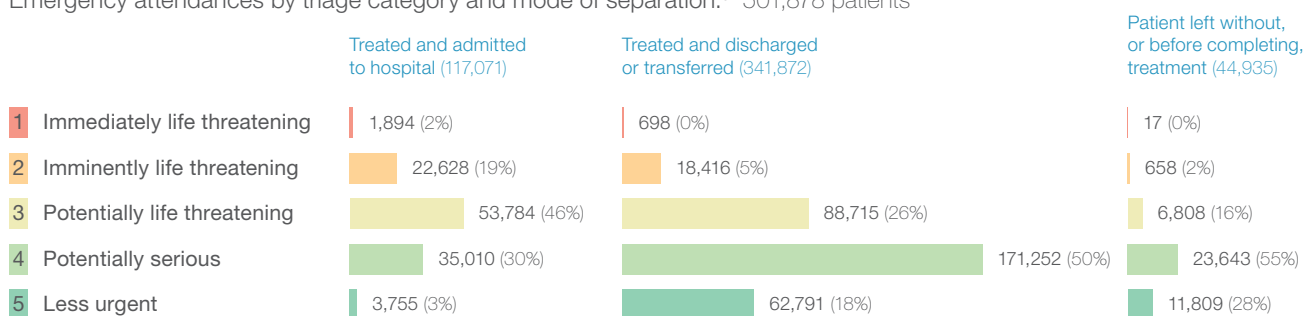
Figure 2: Attendances at NSW emergency departments, January to March 2011

All attendances:¹ 526,005 patients

Emergency attendances² by triage category: 511,495 patients



Emergency attendances by triage category and mode of separation:³ 501,878 patients



- All attendances at the emergency department including emergency and non-emergency.
 - All emergency attendances (emergency presentation and pre-arranged admissions) with a recorded triage category.
 - All emergency attendances with a recorded triage category, excluding attendances with a mode of separation of 'transferred prior to treatment', 'dead on arrival' or 'died in ED'.
- Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.
- Note: Emergency department activity includes 87 facilities for which electronic data is reported. This covers approximately 85% of NSW emergency department activity.
- Source: Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

A breakdown of emergency attendance figures shows that almost half of all emergency attendances (46%) were categorised as potentially serious (triage 4), 29% were categorised as potentially life threatening (triage 3), 16% were in the lowest urgency category (triage 5) and 8% were imminently life threatening (triage 2).

Immediately life threatening (triage 1), the most urgent category, represents less than 1% of all people triaged in emergency departments.

The three main ED journeys

Almost seven in 10 patients (67%) who were triaged during the quarter received treatment in the ED but were not subsequently admitted to hospital. They were most likely to come from the potentially serious category (triage 4).

More than two in 10 (23%) were treated in ED and admitted to the same hospital, and were most likely to have a potentially life-threatening condition (triage 3). Nearly one in 10 (9%) left the ED without, or before completing, treatment and these

people were most likely to come from the least urgent categories (triage 4 and 5). Patients have a number of reasons for leaving before completing treatment, including being dissatisfied with the care they received or their reason for visiting resolved without treatment from staff.

Arrivals by ambulance

When a patient arrives at the ED by ambulance, the ambulance crew waits with them until ED staff can accept that patient into their care.

The time taken for this to occur is called transfer time or off-stretcher time. Transfer time targets in NSW require 90% of patients arriving by ambulance to be accepted by the ED within 30 minutes of arrival.

In the January to March 2011 quarter, 124,729 patients (24% of all attendances) arrived at hospital by ambulance and 66% of these patients were transferred within the 30-minute target time (Figure 3). This compares with 66% last quarter and 71% a year ago.

From triage to treatment

Targets have also been set for the time interval between when a patient is triaged and when they are treated by ED staff.

In 1993, the Australasian College for Emergency Medicine recommended a series of triage to start-of-treatment times for each triage category.

These waiting times were endorsed nationally for public hospitals in 1999. Each triage category has a maximum recommended time in which the patient should wait to be seen by a healthcare professional and treatment should begin.

The guidelines are as follows:

Emergency department guidelines	
Category 1	Immediately life threatening: 100% seen in 2 minutes
Category 2	Imminently life threatening: 80% seen in 10 minutes
Category 3	Potentially life threatening: 75% seen in 30 minutes
Category 4	Potentially serious: 70% seen in 60 minutes
Category 5	Less urgent: 70% seen in 120 minutes

In the January to March 2011 quarter, electronic patient records showed almost all patients across NSW in triage 1 (rounding to 100%) were seen within the recommended two minutes.

When data were extracted on 18 April 2011, electronic patient records showed that Port Macquarie Base Hospital did not achieve the triage 1 target, with two patients recorded as waiting longer than two minutes.

On 24 April 2011, the Bureau contacted the NSW Department of Health* about this result. On 14 May 2011, the Department notified the Bureau that its investigation concluded these records contained data entry errors and all patients received treatment within the target.

* On any occasions where Triage 1 performance is less than 100%, the NSW Department of Health initiates an investigation.

Figure 3: Ambulance attendances and on-time performance, by triage category, in NSW emergency departments, January to March 2011

Attendances arriving by ambulance: 124,729 patients

Transfer time (off stretcher)¹ Target: 90% transferred in 30 min. 66%

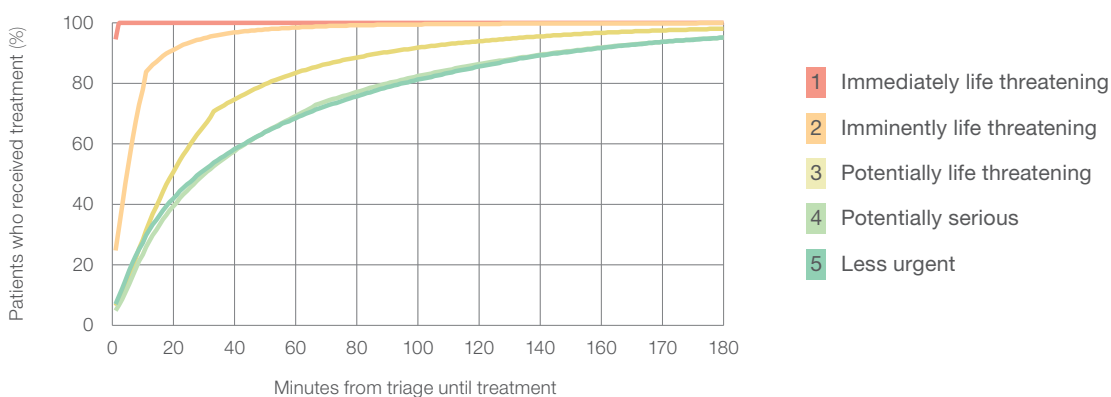
Same period last year

71%

Percentage of patients who received treatment² by target³ time, by triage category



Percentage of patients who received treatment² by time and triage category



1. Transfer time refers to the time between arrival and transfer to the care of the emergency department.
 2. All emergency attendances excluding those without a recorded triage category, triage time, treatment time or with a mode of separation of 'transferred prior to treatment', 'dead on arrival' or 'did not wait for treatment'.
 3. Targets for triage levels are recommended by the Australasian College for Emergency Medicine.
- Source: Health Information Exchange, NSW Health. Data extracted on 18 April 2011. Ambulance patient numbers and off-stretcher time data provided by the NSW Ambulance Service on 15 April 2011.

The percentage of patients seen within the recommended time for triage 2, 4 and 5 exceeded targets during the quarter. Specifically, 84% of patients in triage 2, 73% of patients in triage 4 and 88% of patients in triage 5 were seen on time. In triage 3, 71% of patients were seen on time, which is below the target of 75%. **Figure 3** shows the percentage of patients in each triage category seen in different time intervals.

Compared with the same time last year, 100% of patients in triage 1, 84% of patients in triage 2, 73% of patients in triage 3, 75% of patients in triage 4 and 89% of patients in triage 5 were seen within the maximum recommended time. This represents a decline in performance of 1-2 percentage points for categories 3, 4 and 5 compared with the same period one year ago. Triage categories 1 and 2 are unchanged.

Leaving the emergency department

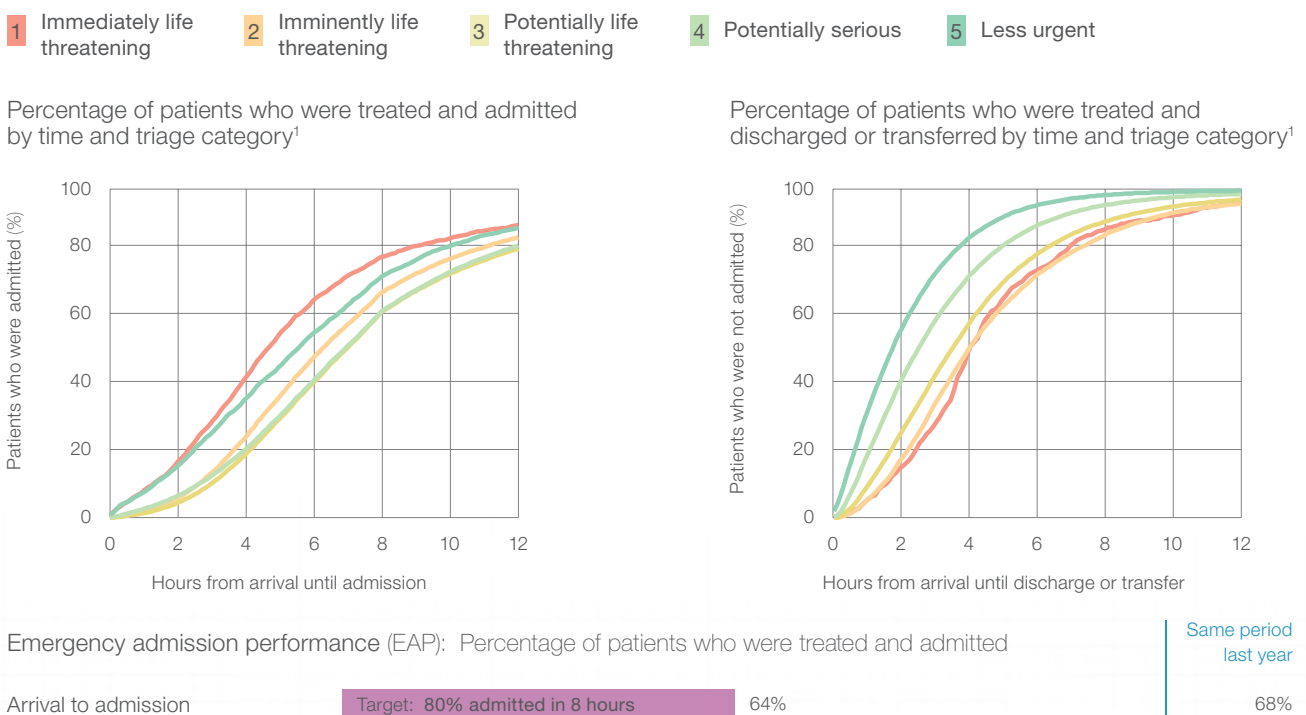
When doctors decide an emergency patient requires admission to hospital, they work to a recommended time frame. Emergency Admission Performance (EAP) is the percentage of patients who leave the ED to go to a ward within eight hours from the time the hospital recorded the patient as being triaged (or their time of arrival in the ED, if triage time is missing).

The EAP target requires 80% of emergency patients who require admission to that hospital to leave the ED within eight hours of arrival.

In the January to March 2011 quarter, EAP was 64% across NSW. That is, almost two-thirds of patients were treated in an ED and admitted to a public hospital within eight hours of being triaged (Figure 4, Table 1). This level of performance is similar to last quarter (65%) and down from the same quarter in 2010 (68%).

Across NSW, EAP varied by triage category during the January to March quarter. For example, patients from the most urgent (triage 1) and the least urgent (triage 5) categories were admitted more quickly than patients from the other three groups (Figure 4, Table 1).

Figure 4: Timeliness in NSW emergency departments, by triage category, January to March 2011



1. All emergency attendances excluding those without a recorded triage category, treatment time, departure time, left without, or before completing, treatment, were transferred prior to treatment, or were certified dead in the ED.

Source: Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

Table 1: Percentage of patients admitted to hospital from NSW emergency departments, by triage level and time interval¹, January to March 2011

	2 hours	4 hours	6 hours	8 hours (EAP)	10 hours	12 hours	14 hours
Triage 1: Immediately life threatening	16%	42%	66%	79%	85%	89%	92%
Triage 2: Imminently life threatening	6%	24%	48%	69%	79%	85%	89%
Triage 3: Potentially life threatening	4%	19%	41%	63%	74%	82%	87%
Triage 4: Potentially serious	6%	20%	41%	63%	75%	83%	88%
Triage 5: Less urgent	15%	36%	56%	73%	83%	88%	92%
All triage categories	6%	21%	43%	64%	76%	83%	88%

1. Time from triage (or arrival in the emergency department if triage time missing) until arrival on the ward for those admitted from the emergency department.

Source: Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

Table 1 looks at treatment-to-admission times for patients in each triage group in two-hour intervals from the time they were triaged until the time they were admitted to the same hospital. During the quarter, these patients made up nearly a quarter (23%) of all emergency attendances.

Table 2 shows the time taken from being triaged to leaving the ED for those patients who completed treatment but were not admitted to hospital. During the quarter, these patients made up two-thirds (67%) of all emergency attendances.

For this group of patients, the time taken to leave the ED varied according to triage category during the January to March quarter. More than one-third of these patients (38%) left hospital within two hours of being triaged.

Patients with less urgent triage status tended to leave the emergency department soonest. By eight hours, 94% of all patients who were not admitted had left the ED (Table 2).

“By examining the numbers presented in our regular reports, we see a story begin to unfold about how the state’s hospitals are dealing with demand, how they compare with each other, where they excel, and where there might be opportunities to improve.”

Dr Diane Watson

Chief Executive
Bureau of Health Information

Table 2: Percentage of patients discharged or transferred from NSW emergency departments, by triage category and time interval¹, January to March 2011

	2 hours	4 hours	6 hours	8 hours	10 hours	12 hours	14 hours
Triage 1: Immediately life threatening	15%	50%	75%	88%	92%	96%	97%
Triage 2: Imminently life threatening	17%	51%	74%	86%	93%	96%	97%
Triage 3: Potentially life threatening	25%	58%	80%	90%	95%	97%	98%
Triage 4: Potentially serious	40%	73%	89%	95%	98%	99%	99%
Triage 5: Less urgent	56%	85%	95%	98%	99%	100%	100%
All triage categories	38%	71%	87%	94%	97%	98%	99%

1. Time from triage (or arrival in the emergency department if triage time missing) until discharge or transfer from the emergency department.

Source: Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

Appendix 1 at the end of this document provides specific emergency department performance information for principal referral, paediatric specialist, ungrouped acute – tertiary referral, major metropolitan, major non-metropolitan and district groups 1 and 2 hospitals.

This information is also presented at the local health network level. It includes the number of attendances, the number of admissions, the percentage of emergency attendances that are triaged within the benchmark set by the Australasian College for Emergency Medicine, the off-stretcher time and the emergency admission performance (EAP).

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Trends over time

Emergency attendances

The Bureau's previous *Hospital Quarterly* report showed that at the end of 2010, the traditionally busy Christmas holiday period in NSW public hospital EDs was intense, with the number of patients seen eclipsing the historic high set during the 2009 swine flu pandemic.

ED attendance numbers decreased by almost 10,000 from the previous quarter to 526,005 attendances in January to March 2011.

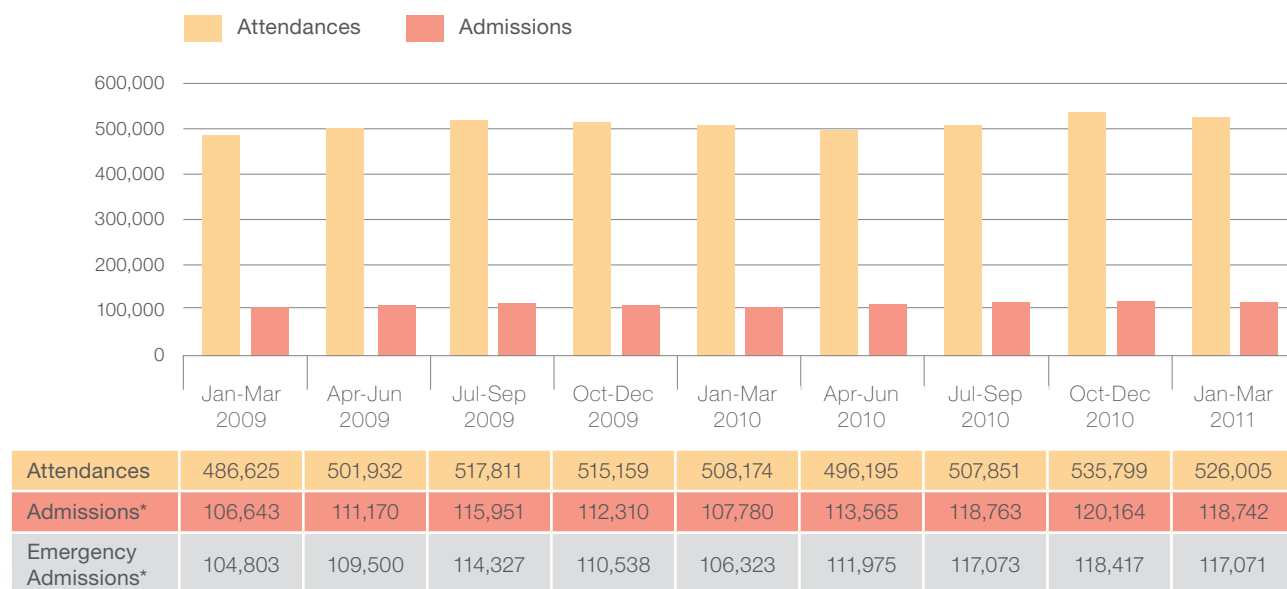
Decreases in ED attendances typically occur during January to March compared with the intensity of the October to December peak (Figure 5, Figure 6).

However, attendances for this quarter were 4% higher than the same quarter one year ago (508,174) and 8% higher than the same period two years ago (486,625). This indicates that some of the increased activity seen in NSW public hospital EDs at the end of 2010 has been sustained.

Arrivals by ambulance

The overall number of ambulance arrivals has increased each January to March quarter but has remained in proportion to the increase in emergency department attendances and the percentage arriving by ambulance is unchanged. Nearly a quarter (24%) of all people who attended

Figure 5: Attendances at, and admissions from, NSW emergency departments, January 2009 to March 2011



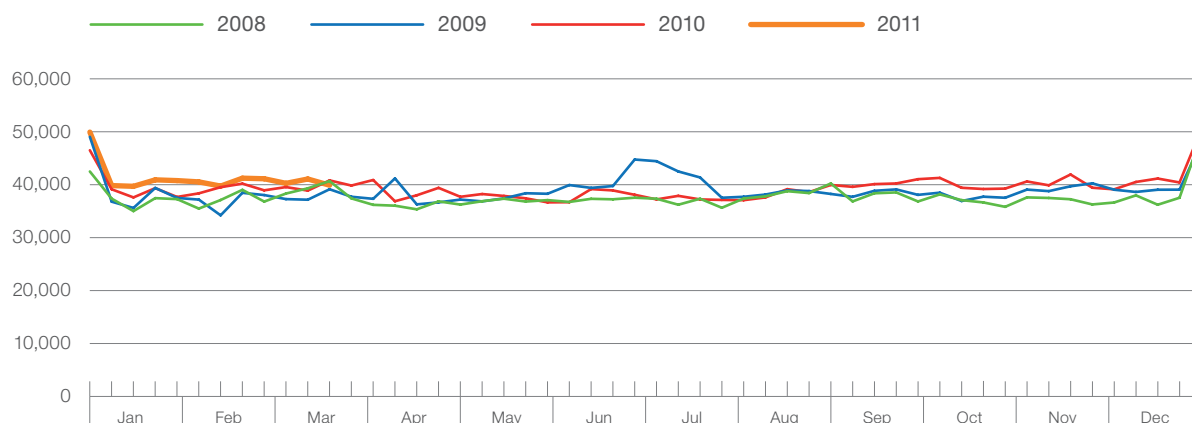
(*) Admissions refers to all admissions through the emergency department. Emergency admissions refers only to those patients attending for an emergency or unplanned presentation, and who have a recorded triage category.

Note: Emergency department activity includes 87 facilities for which electronic data are reported. This covers approximately 85% of NSW emergency department activity.

Note: Numbers might differ slightly from those previously reported by the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted from the emergency department information system.

Source: Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

Figure 6: Attendances at NSW emergency departments by week, January 2008 to March 2011



Source: Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

NSW EDs during January to March 2011 were transported there by ambulance (Figure 3), a total of 124,729 patients.

In the January to March 2010 quarter, 24% of patients (122,268) arrived by ambulance and during the same period in 2009, 24% (118,247 patients) arrived this way.

During January to March 2011, NSW did not achieve the state target for ambulance off-stretcher time (also referred to as “transfer time”).

The target requires 90% of patients arriving at hospital by ambulance to be transferred into the care of ED staff within 30 minutes. During the quarter the state-wide figure was 66%. By comparison, 71% of patients met the transfer time target during January to March 2010 and 75% of patients met the target during the same quarter in 2009.

This off-stretcher ambulance target has not been met at a state-wide level for the past two years (Table 3).

Table 3: Percentage of patients accepted into the care of NSW emergency departments from an ambulance within 30 minutes of arrival, January 2009 to March 2011

Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011
75%	71%	68%	72%	71%	68%	64%	66%	66%

Target: 90% transferred within 30 min.

Not meeting target

Source: Data provided by NSW Ambulance Service on 15 April 2011.

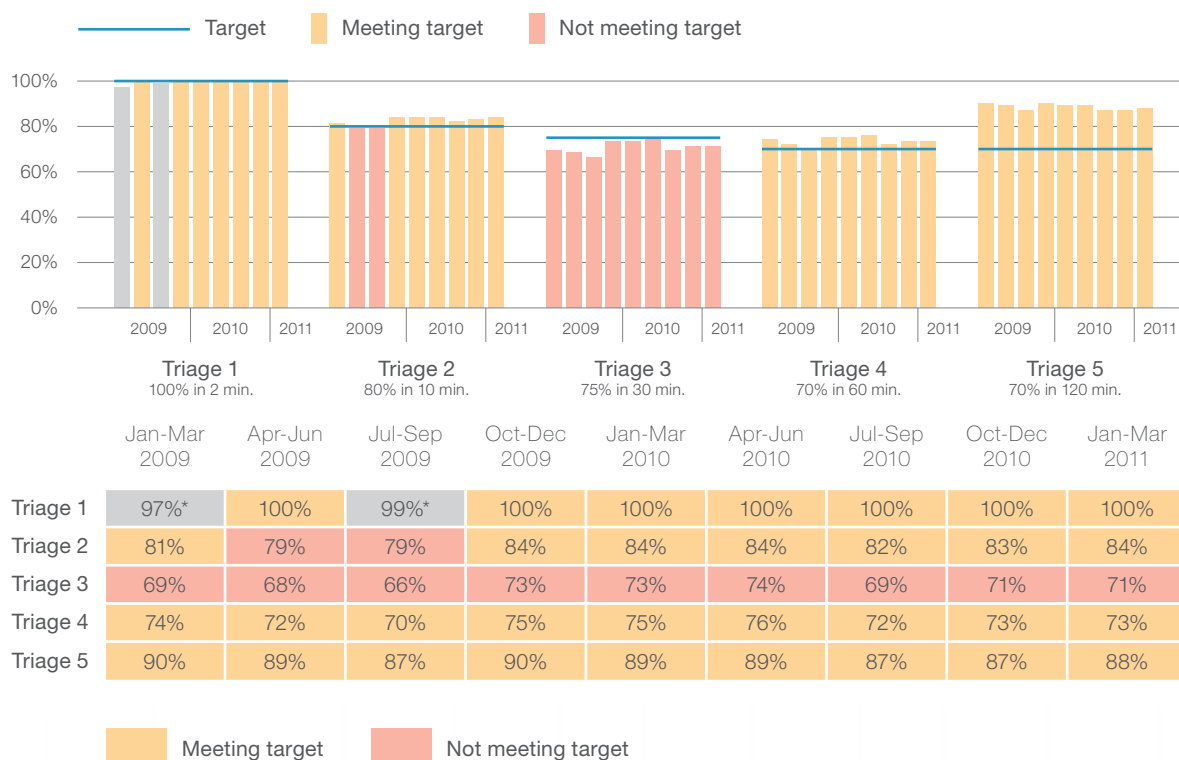
Emergency care targets

NSW met or exceeded national targets for the percentage of patients seen within the recommended time for all triage categories (except triage 3) during the January to March quarter (see [page 4](#) for a full explanation of these triage targets). During the quarter, 71% of triage 3 patients were seen in the recommended 30 minutes compared with the 75% target.

NSW has not met the triage 3 target at a state level in the past two years ([Figure 7](#)). The triage 3 performance figures for January to March 2010 and 2009 were 73% and 69% respectively.

These targets for triage to start-of-treatment times were first recommended by the Australasian College for Emergency Medicine in 1993. They were adopted for use nationally in 1999 and are now used in all public hospital EDs throughout Australia.

Figure 7: Arrival to treatment targets in NSW emergency departments, January 2009 to March 2011



(*) Emergency department electronic records show these periods as having below 100% triage 1 performance (i.e. started to receive treatment within two minutes of being triaged). An investigation by the NSW Department of Health concluded that these electronic patient records contained data entry errors and all patients received treatment within two minutes of being triaged. The Bureau has reported the performance using electronic data available in the NSW Health Information Exchange on 18 April 2011.

Note: Percentages might differ slightly from those in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted from emergency department information systems and because of changes in the calculation of these measures.

Source: Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

NSW did not achieve the emergency admission performance (EAP) target during the January to March 2011 quarter nor in any quarter during the previous two years. This target recommends that 80% of patients admitted from the emergency department should leave the ED for a hospital ward, intensive care unit or

operating theatre within eight hours from the time the patient was first triaged.

During the quarter, EAP was 64%. This level of performance is similar to the previous quarter (65%), down from one year ago (68%) and from two years ago (70%), as shown in [Table 4](#).

Table 4: Emergency admission performance (EAP) in NSW emergency departments, January 2009 to March 2011

Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011
70%	68%	65%	70%	68%	67%	61%	65%	64%

Target: 80% transferred within 8 hours ■ Not meeting target

Note: Percentages might differ slightly from those in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted from the emergency department information systems and because of changes in the calculation of the measure.

Source: Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

Information systems in emergency departments

The Bureau examined the quality of electronic information for hospitals transitioning to a new electronic information system for patients in their ED. We concluded that, other than attendance numbers, information from hospitals transitioning to new electronic information systems are not reliable enough to report in the quarter of transition. Caution is advised when considering results for the subsequent quarter.

From January to March 2011, no hospitals changed to a new electronic information system for patients in their ED.

From September to December 2010, Dubbo Base Hospital, Griffith Base Hospital and Wagga Wagga Base Hospital transitioned to the new electronic information system. Caution is advised when considering results from these hospitals.

Appendix 1: Activity and select performance measures for NSW emergency departments, January to March 2011

		Activity		Performance						
		Attendances	Admissions	Triage 1	Triage 2	Triage 3	Triage 4	Triage 5	Off stretcher	EAP
				100% in 2 min.	80% in 10 min.	75% in 30 min.	70% in 60 min.	70% in 120 min.	90% in 30 min.	80% in 8 hours
New South Wales										
Total New South Wales	526,005	118,742	100%	84%	71%	73%	88%	66%	64%	
Central Coast Local Health Network (CCLHN)										
Gosford Hospital	13,867	3,957	100%	67%	60%	54%	79%	64%	57%	
Wyong Hospital	13,744	2,260	100%	72%	74%	75%	84%	73%	57%	
Total CCLHN	27,611	6,217	100%	70%	66%	63%	83%	68%	57%	
Far West Local Health Network (FWLHN)										
Broken Hill Base Hospital	6,381	470	*	96%	82%	82%	96%	93%	79%	
Total FWLHN	6,381	470	*	96%	82%	82%	96%	93%	79%	
Hunter New England Local Health Network (HNELHN)										
Armidale and New England Hospital	3,985	691	*	85%	81%	87%	97%	93%	97%	
Belmont Hospital	6,066	851	100%	88%	81%	77%	91%	75%	80%	
Calvary Mater Newcastle	7,972	2,376	100%	90%	81%	77%	87%	61%	69%	
Cessnock District Hospital	4,434	379	100%	89%	80%	84%	97%	92%	78%	
Gunnedah District Hospital	2,476	199	*	64%	69%	70%	89%	98%	99%	
Inverell District Hospital	2,392	338	*	78%	54%	66%	93%	92%	98%	
John Hunter Hospital	16,377	5,237	100%	87%	79%	72%	84%	58%	72%	
Kurri Kurri District Hospital	2,021	80	n/a [§]	89%	93%	87%	99%	92%	100%	
Maitland Hospital	10,480	1,866	100%	76%	65%	65%	85%	54%	79%	
Manning Base Hospital	5,985	1,289	100%	72%	54%	58%	82%	69%	63%	
Moree District Hospital	2,411	260	*	88%	79%	88%	98%	96%	97%	
Muswellbrook District Hospital	2,018	221	*	81%	69%	76%	96%	85%	95%	
Narrabri District Hospital	1,262	191	n/a [§]	100%	92%	96%	99%	97%	99%	
Singleton District Hospital	3,097	294	*	81%	74%	80%	96%	97%	98%	
Tamworth Base Hospital	10,497	1,759	100%	79%	70%	62%	78%	83%	69%	
Other HNELHN	13,041	1,300	100%	72%	82%	90%	98%	92%	94%	
Total HNELHN	94,514	17,331	100%	82%	75%	75%	89%	71%	77%	
Illawarra Shoalhaven Local Health Network (ISLHN)										
Bulli District Hospital	2,036	0	n/a [§]	100%	97%	97%	98%	100%	n/a [¶]	
Milton and Ulladulla Hospital	4,039	314	100%	98%	91%	87%	93%	81%	89%	
Shellharbour Hospital	6,970	756	100%	90%	73%	69%	93%	69%	61%	
Shoalhaven and District Memorial Hospital	8,864	1,319	100%	96%	78%	71%	88%	74%	70%	
Wollongong Hospital	13,781	4,598	100%	91%	68%	66%	81%	57%	59%	
Total ISLHN	35,690	6,987	100%	93%	74%	72%	90%	64%	63%	
Mid North Coast Local Health Network (MNCLHN)										
Coffs Harbour Base Hospital	8,317	2,012	100%	65%	59%	64%	82%	70%	42%	
Kempsey Hospital	5,350	585	100%	74%	68%	77%	95%	85%	85%	
Port Macquarie Base Hospital	7,978	1,842	95% [†]	74%	63%	71%	92%	58%	53%	
Total MNCLHN	21,645	4,439	98%	71%	63%	70%	86%	67%	56%	

Activity

Performance

	Meeting target
	Not meeting target

Attendances	Admissions	Triage 1	Triage 2	Triage 3	Triage 4	Triage 5	Off stretcher	EAP
		100% in 2 min.	80% in 10 min.	75% in 30 min.	70% in 60 min.	70% in 120 min.	90% in 30 min.	80% in 8 hours

Murrumbidgee Local Health Network (MLHN)									
Griffith Base Hospital†	5,040	673	100%	83%	78%	77%	89%	90%	96%
Wagga Wagga Base Hospital†	8,202	2,032	100%	80%	74%	70%	86%	64%	60%
Total MLHN	13,242	2,705	100%	81%	76%	73%	87%	70%	66%

Nepean Blue Mountains Local Health Network (NBMLHN)									
Blue Mountains District Anzac Memorial Hospital	4,354	452	100%	83%	72%	74%	94%	92%	95%
Hawkesbury District Health Service	5,136	1,168	100%	89%	91%	91%	97%	47%	83%
Lithgow Health Service	3,550	287	100%	81%	77%	86%	97%	90%	91%
Nepean Hospital	13,279	4,481	100%	77%	44%	59%	84%	50%	51%
Total NBMLHN	26,319	6,388	100%	79%	67%	72%	90%	58%	61%

Northern NSW Local Health Network (NNSWLHN)									
Grafton Base Hospital	5,815	936	100%	68%	49%	56%	81%	84%	75%
Lismore Base Hospital	7,310	2,103	100%	83%	61%	61%	87%	68%	44%
Murwillumbah District Hospital	3,842	425	*	96%	82%	84%	96%	90%	94%
The Tweed Hospital	10,465	3,239	100%	73%	62%	69%	90%	69%	55%
Total NNSWLHN	27,432	6,703	100%	77%	61%	68%	89%	72%	56%

Northern Sydney Local Health Network (NSLHN)									
Hornsby and Ku-Ring-Gai Hospital	7,804	1,774	100%	98%	86%	82%	92%	79%	75%
Manly District Hospital	5,767	1,422	100%	95%	93%	85%	90%	93%	76%
Mona Vale and District Hospital	6,912	1,578	100%	97%	86%	85%	94%	95%	72%
Royal North Shore Hospital	14,953	5,477	100%	91%	77%	83%	94%	67%	68%
Ryde Hospital	6,147	1,494	100%	97%	87%	79%	87%	93%	74%
Total NSLHN	41,583	11,745	100%	94%	84%	83%	93%	81%	72%

Sydney Children's Hospitals Network (SCHN)									
Sydney Children's Hospital	8,904	1,309	100%	84%	79%	74%	94%	94%	76%
The Children's Hospital at Westmead	11,411	2,779	100%	100%	68%	68%	79%	90%	67%
Total SCHN	20,315	4,088	100%	92%	72%	72%	81%	91%	71%

South Eastern Sydney Local Health Network (SESLHN)									
Prince of Wales Hospital	11,703	3,491	100%	68%	50%	65%	78%	50%	62%
St George Hospital	16,441	5,181	100%	85%	69%	72%	88%	61%	66%
Sutherland Hospital	11,399	2,661	100%	89%	77%	85%	96%	66%	64%
Sydney Eye Hospital	4,705	163	n/a [§]	*	96%	99%	100%	80%	99%
Sydney Hospital	5,054	373	*	92%	86%	83%	91%	88%	93%
Total SESLHN	49,302	11,869	100%	83%	66%	77%	93%	62%	66%

South Western Sydney Local Health Network (SWSLHN)									
Bankstown / Lidcombe Hospital	11,318	3,238	100%	90%	78%	86%	96%	74%	68%
Bowral and District Hospital	4,477	713	100%	80%	73%	79%	95%	82%	78%
Camden Hospital	3,079	0	*	93%	88%	88%	97%	91%	n/a [¶]
Campbelltown Hospital	13,711	3,550	100%	89%	76%	75%	95%	71%	65%

Activity

Performance

■	Meeting target
■	Not meeting target

	Activity		Performance					Off stretcher		EAP
	Attendants	Admissions	Triage 1 100% in 2 min.	Triage 2 80% in 10 min.	Triage 3 75% in 30 min.	Triage 4 70% in 60 min.	Triage 5 70% in 120 min.	90% in 30 min.	80% in 8 hours	
Fairfield Hospital	8,074	1,537	100%	78%	74%	69%	89%	76%	67%	
Liverpool Hospital	15,667	5,793	100%	86%	75%	70%	87%	50%	53%	
Total SWSLHN	56,326	14,831	100%	87%	76%	77%	94%	66%	62%	
Southern NSW Local Health Network (SNSWLHN)										
Goulburn Base Hospital	4,646	846	100%	56%	67%	77%	93%	80%	86%	
Total SNSWLHN	4,646	846	100%	56%	67%	77%	93%	80%	86%	
St Vincent's Health Network (SVHN)										
St Vincent's Hospital, Darlinghurst	11,013	3,072	100%	100%	71%	74%	89%	51%	57%	
Total SVHN	11,013	3,072	100%	100%	71%	74%	89%	51%	57%	
Sydney Local Health Network (SYDLHN)										
Canterbury Hospital	8,756	1,585	100%	86%	70%	69%	91%	72%	61%	
Concord Hospital	8,756	2,295	100%	94%	75%	72%	90%	74%	71%	
Royal Prince Alfred Hospital	16,450	4,781	100%	83%	59%	62%	85%	56%	58%	
Total SYDLHN	33,962	8,661	100%	86%	65%	67%	86%	64%	63%	
Western NSW Local Health Network (WNSWLHN)										
Bathurst Base Hospital	5,906	882	100%	75%	68%	71%	90%	71%	67%	
Dubbo Base Hospital†	6,920	1,603	100%	80%	66%	73%	91%	77%	59%	
Orange Base Hospital	6,831	1,479	100%	77%	68%	71%	86%	77%	59%	
Total WNSWLHN	19,657	3,964	100%	77%	67%	72%	88%	76%	60%	
Western Sydney Local Health Network (WSLHN)										
Auburn Hospital	5,986	904	100%	69%	68%	54%	77%	57%	80%	
Blacktown Hospital	8,699	2,154	100%	86%	65%	70%	85%	44%	38%	
Mount Druitt Hospital	7,774	720	100%	85%	78%	72%	86%	61%	69%	
Westmead Hospital (all units)	13,908	4,648	100%	89%	57%	58%	72%	45%	52%	
Total WSLHN	36,367	8,426	100%	86%	66%	64%	81%	49%	56%	

(*) Values suppressed due to small numbers and to protect privacy.

(†) Due to the implementation of a new electronic information system in this emergency department in the previous quarter (October to December 2010), caution is advised when considering this hospital's results (see page 12 for more information).

(§) This hospital had no patients classified as triage 1 during January to March 2011.

(‡) Data in the HIE at the time of extraction for this report, and therefore reported here, recorded that this hospital had below 100% triage 1 performance. The NSW Department of Health has advised that these records contained data entry errors and all patients received treatment within two minutes of being triaged.

(Ω) This hospital had no patients admitted to hospital from the emergency department during January to March 2011 and therefore there is no EAP value.

Note: Emergency department activity includes 87 facilities for which electronic data are reported. These facilities account for approximately 85% of NSW emergency department activity.

Note: Admissions refers to all admissions through the emergency department, not just emergency patient admissions.

Source: Health Information Exchange, NSW Health. Data extracted on 18 April 2011. Ambulance off-stretcher time data provided by the NSW Ambulance Service on 15 April 2011.

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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 Department of Health or any other NSW statutory health corporation 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.

Admitted Patients

Hospital Quarterly:

Performance of
NSW public hospitals

January to March 2011

People are admitted to hospital for a variety of reasons, such as surgery or childbirth.

When a person is admitted to hospital, they begin what is termed an 'episode of care'. This covers a single type of care such as acute care, rehabilitation or palliative care. Sometimes, a change in the medical needs of a person can require that they start a second or third episode during the same period of stay in hospital.

Healthcare professionals monitor episodes to better understand local medical needs and to allow planning for hospital beds, waiting lists and staffing.

The number of patients admitted during January to March 2011 was 3% higher than the same quarter in 2010. There has been a decrease since the previous quarter, representing a consistent

pattern of lower admissions in the first three months of the year. The proportion of planned admissions remained largely unchanged over the past nine quarters, at 41%.

Patients admitted for acute care or maternity and birth comprised 97% of all admitted episodes. Most of these episodes were overnight admissions (56%) and this percentage has not changed over the past nine quarters. Patients stayed a total of 1,294,785 bed days during the quarter and, on average, these patients stayed 3.4 days in hospital. There were 17,886 babies born, up 3% from the same quarter one year ago.

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

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From January to March 2011...	Same period last year...	The difference...
There were 395,903 admitted patient episodes	382,937 episodes	12,966 (+3%)
41% of all episodes were planned admissions	41%	unchanged
17,886 babies were born	17,388 babies	498 (+3%)
Acute episodes comprised 97% of all admitted patient episodes	97%	unchanged
56% of all acute episodes were overnight admissions	56%	unchanged
Acute patients stayed a total of 1,294,785 bed days in hospital	1,278,739 bed days	16,046 bed days (+1%)
Acute admitted patients stayed an average length of 3.4 days	3.4 days	unchanged

Number of admitted patient episodes

In the January to March 2011 quarter, there were 395,903 admitted patient episodes of care in NSW public hospitals, down from 411,400 in the past quarter. Each year there is a seasonal peak in the number of admitted patient episodes during the July to September quarter. The lowest number of admitted patient episodes occurs during the January to March quarter. These seasonal patterns are illustrated in [Figure 1](#).

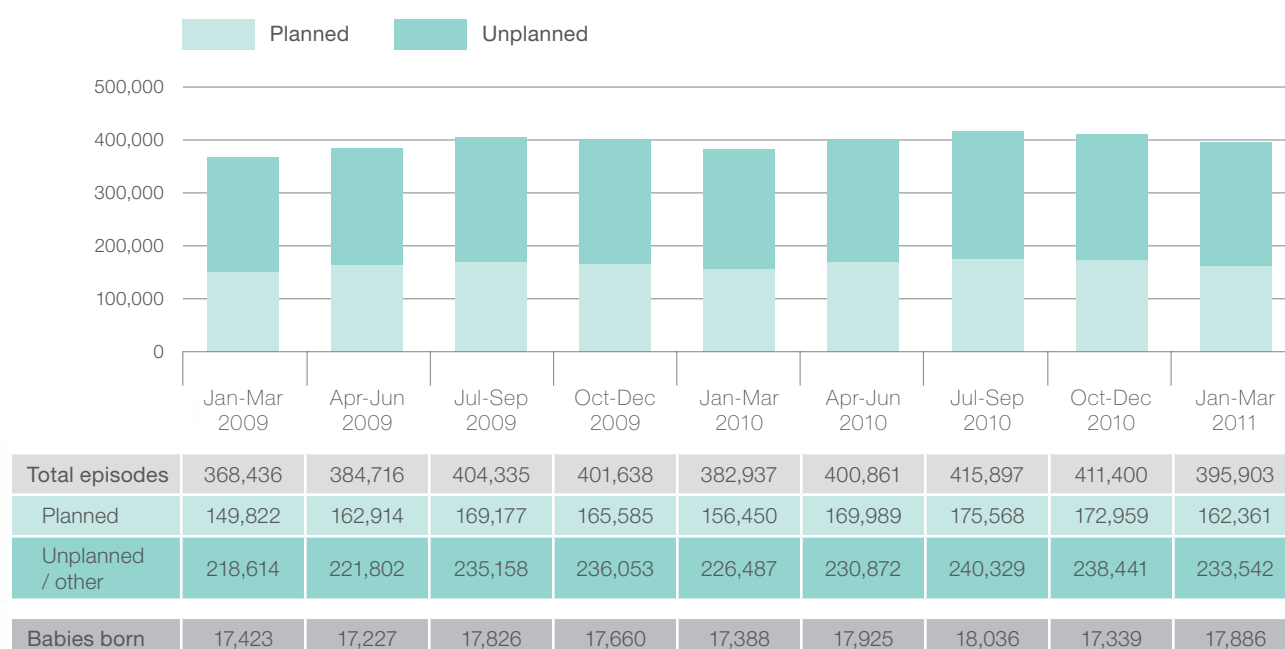
The number of admitted patient episodes in NSW public hospitals has increased over time, up from 382,937 episodes in the same quarter one year ago (3%) and from 368,436 episodes two years ago (7%).

Admitted patient episodes can be either 'planned' (arranged in advance so the hospital can organise what care is needed) or 'unplanned / other' (which include emergency admissions or unplanned surgical patients).

During January to March 2011, there were 162,361 planned admitted patient episodes and 233,542 were unplanned ([Figure 1](#)). Planned episodes accounted for 41% of all admitted patient episodes.

An admission for childbirth is considered 'unplanned' and approximately one in every 13 unplanned episodes was for childbirth. During the quarter, there were 17,886 babies born in NSW public hospitals, up from 17,388 the same time one year ago.

Figure 1: Planned and unplanned admitted patient episodes in NSW public hospitals, January 2009 to March 2011



Note: Only babies born in NSW public hospitals and multi-purpose services are included in this count.

Note: Numbers might differ slightly from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted.

Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

Number of acute patients

Admitted patient episodes may be for acute care or subacute care (such as rehabilitation or palliative care). This section focuses on acute care, which is typically a short-term admission for immediate care. For this report, maternal and newborn admissions are also included under the category of acute episodes. Examples of acute care include hip replacement surgery and medical care following a heart attack. Acute episode activity is presented in [Figure 2](#).

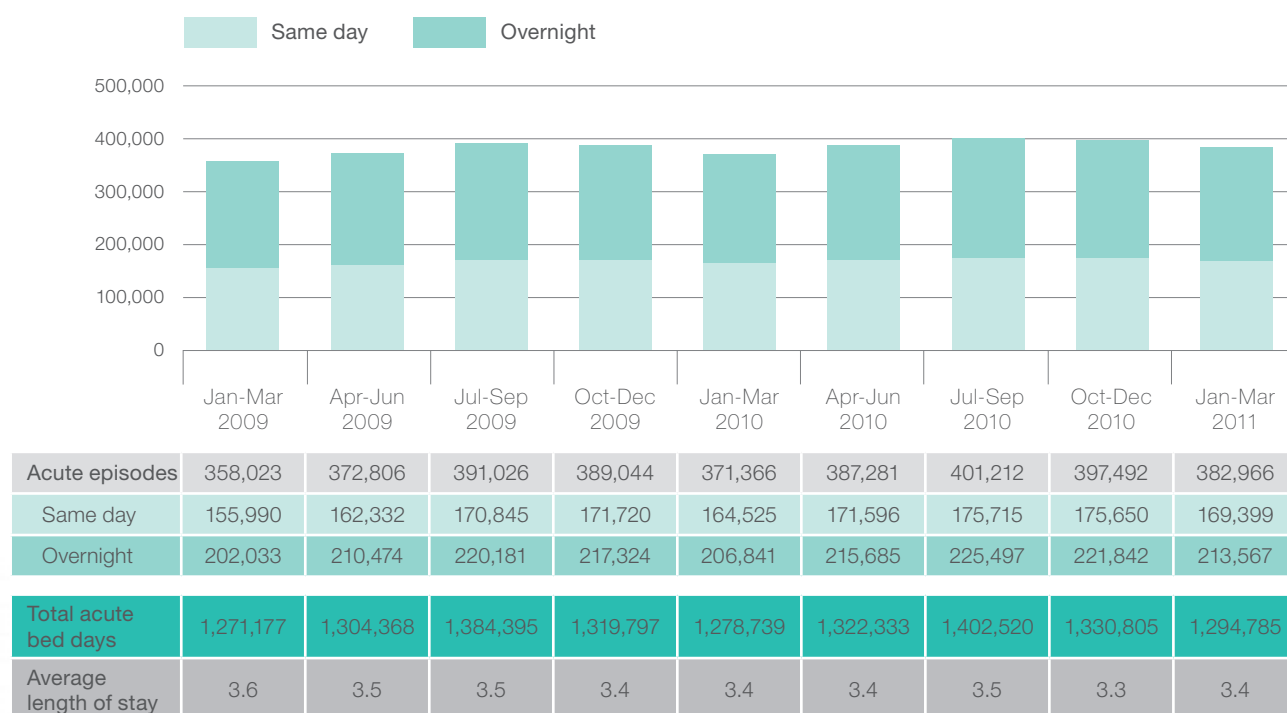
In the January to March 2011 quarter, there were 382,966 acute admitted patient episodes, down from 397,492 last quarter. The number

of these episodes in NSW public hospitals has been increasing, up from 371,366 episodes in the same quarter one year ago (3%) and from 358,023 episodes two years ago (7%).

Acute admitted patient episodes can be either **same day** (admitted for a single day or part of a day to have a test, to receive surgery or another procedure) or **overnight** (admitted for one or more nights in hospital).

During January to March, there were 169,399 same day episodes (44% of acute admitted episodes) and 213,567 overnight episodes (representing 56%) as shown in [Figure 2](#).

Figure 2: Same day and overnight acute admitted patient episodes in NSW public hospitals, January 2009 to March 2011



Note: Numbers might differ slightly from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted.

Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

Hospital bed use for acute patients

Patients admitted for acute episodes stayed a total of 1,294,785 days in hospital beds during January to March 2011, down from 1,330,805 in the previous quarter.

The number of occupied bed days in NSW public hospitals has been increasing, up from a total of 1,278,739 bed days in the same quarter one year ago (1%) and from 1,271,177 bed days two years ago (2%).

The average length of stay in hospital among acute patients (including same day patients) has remained largely unchanged over the past two years at 3.4 days (Figure 2).

Table 1 presents the admitted patient episode activity for public hospitals in NSW. Data are presented by local health network for all principal referral, paediatric specialist, ungrouped acute – tertiary referral, major metropolitan, major non-metropolitan and district groups 1 and 2 hospitals. Information from smaller hospitals is presented for each local health network under the ‘other’ category.

Table 1: NSW admitted patient activity by hospital and local health network, January to March 2011

	All episodes			Acute episodes			
	Total episodes	Planned	Unplanned / other	Same day	Overnight	Total acute bed days	Average length of stay (days)
New South Wales							
Total New South Wales	395,903	162,361	233,542	169,399	213,567	1,294,785	3.4
Central Coast Local Health Network (CCLHN)							
Gosford Hospital	11,994	4,827	7,167	4,859	6,972	41,742	3.5
Wyong Hospital	6,405	2,852	3,553	3,010	3,164	21,935	3.6
Other CCLHN [†]	196	16	180	*	*	87	21.8
Total CCLHN	18,595	7,695	10,900	7,869	10,140	63,764	3.5
Far West Local Health Network (FWLHN)							
Broken Hill Base Hospital	1,797	896	901	957	815	5,302	3.0
Other FWLHN	121	*	*	31	80	436	3.9
Total FWLHN	1,918	901	1,017	988	895	5,738	3.0
Hunter New England Local Health Network (HNELHN)							
Armidale and New England Hospital	2,100	999	1,101	970	1,095	5,644	2.7
Belmont Hospital	1,614	714	900	401	1,209	6,105	3.8
Calvary Mater Newcastle	3,645	866	2,779	1,138	2,398	13,098	3.7
Cessnock District Hospital	868	317	551	292	549	2,565	3.3
Gunnedah District Hospital	561	200	361	188	359	1,532	2.8

All episodes

Acute episodes

	Total episodes	Planned	Unplanned / other	Same day	Overnight	Total acute bed days	Average length of stay (days)
Inverell District Hospital	1,027	309	718	426	578	2,266	2.3
John Hunter Hospital	18,286	9,280	9,006	8,900	9,141	57,824	3.2
Kurri Kurri District Hospital	522	378	144	324	184	1,640	3.2
Maitland Hospital	3,710	728	2,982	582	3,045	14,186	3.9
Manning Base Hospital	4,264	2,079	2,185	2,080	2,107	12,308	2.9
Moree District Hospital	918	501	417	441	473	2,063	2.3
Muswellbrook District Hospital	907	442	465	466	435	2,033	2.3
Narrabri District Hospital	506	93	413	160	332	1,213	2.5
Singleton District Hospital	1,166	596	570	627	524	2,430	2.1
Tamworth Base Hospital	5,246	2,545	2,701	2,374	2,770	16,304	3.2
Other HNELHN	3,213	636	2,577	635	2,428	27,904	9.1
Total HNELHN	48,553	20,683	27,870	20,004	27,627	169,115	3.6

Illawarra Shoalhaven Local Health Network (ISLHN)

Bulli District Hospital	514	109	405	238	48	303	1.1
Milton and Ulladulla Hospital	709	49	660	216	493	2,568	3.6
Shellharbour Hospital	4,369	1,635	2,734	2,443	1,846	13,637	3.2
Shoalhaven and District Memorial Hospital	5,681	2,298	3,383	3,036	2,582	13,759	2.4
Wollongong Hospital	12,174	3,789	8,385	5,324	6,827	44,332	3.6
Other ISLHN*	530	34	496	*	*	154	12.8
Total ISLHN	23,977	7,914	16,063	11,258	11,807	74,753	3.2

Justice Health (including admission data for the Forensic Mental Health Network)

Total Justice Health	540	357	183	32	507	12,950	24.0
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Mid North Coast Local Health Network (MNCLHN)

Coffs Harbour Base Hospital	6,856	3,377	3,479	3,333	3,436	20,054	3.0
Kempsey Hospital	2,632	762	1,870	1,554	1,014	5,773	2.2
Macksville District Hospital	662	274	388	253	388	2,794	4.4
Port Macquarie Base Hospital	4,720	2,005	2,715	1,859	2,786	14,845	3.2
Other MNCLHN	1,004	445	559	519	399	3,556	3.9
Total MNCLHN	15,874	6,863	9,011	7,518	8,023	47,022	3.0

Murrumbidgee Local Health Network (MLHN)

Deniliquin Health Service	657	144	513	247	350	1,546	2.6
Griffith Base Hospital	2,167	955	1,212	1,116	995	4,607	2.2
Tumut Health Service	546	62	484	199	337	1,240	2.3
Wagga Wagga Base Hospital	6,352	2,609	3,743	3,029	3,237	16,399	2.6
Young Health Service	645	168	477	323	315	1,252	2.0
Other MLHN	3,941	505	3,436	1,261	2,258	10,060	2.9
Total MLHN	14,308	4,443	9,865	6,175	7,492	35,104	2.6

Nepean Blue Mountains Local Health Network (NBMLHN)

Blue Mountains District Anzac Memorial Hospital	918	223	695	132	686	4,094	5.0
Lithgow Health Service	1,187	358	829	663	517	2,984	2.5
Nepean Hospital	13,162	4,340	8,822	4,896	8,082	41,545	3.2
Other NBMLHN	859	826	33	168	577	2,814	3.8
Total NBMLHN	16,126	5,747	10,379	5,859	9,862	51,437	3.3

All episodes

Acute episodes

	Total episodes	Planned	Unplanned / other	Same day	Overnight	Total acute bed days	Average length of stay (days)
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Northern NSW Local Health Network (NNSWLHN)

Ballina District Hospital	2,151	1,431	720	1,722	363	3,989	1.9
Casino and District Memorial Hospital	809	330	479	401	386	1,957	2.5
Grafton Base Hospital	3,217	1,761	1,456	1,856	1,275	7,017	2.2
Lismore Base Hospital	6,366	2,809	3,557	2,559	3,688	20,745	3.3
Macleay District Hospital	593	146	447	118	429	2,391	4.4
Murwillumbah District Hospital	1,438	705	733	640	709	3,432	2.5
The Tweed Hospital	7,654	3,024	4,630	3,388	4,237	20,670	2.7
Other NNSWLHN	1,128	397	731	232	750	3,936	4.0
Total NNSWLHN	23,356	10,603	12,753	10,916	11,837	64,137	2.8

Northern Sydney Local Health Network (NSLHN)

Hornsby and Ku-Ring-Gai Hospital	3,820	1,084	2,736	936	2,795	14,750	4.0
Manly District Hospital	3,271	622	2,649	948	2,289	11,790	3.6
Mona Vale and District Hospital	3,834	1,635	2,199	1,769	1,871	9,984	2.7
Royal North Shore Hospital	13,140	5,018	8,122	4,834	7,984	50,327	3.9
Ryde Hospital	2,458	600	1,858	896	1,488	9,558	4.0
Other NSLHN	2,293	967	1,326	347	1,305	15,947	9.7
Total NSLHN	28,816	9,926	18,890	9,730	17,732	112,356	4.1

South Eastern Sydney Local Health Network (SES�HN)

Prince of Wales Hospital	9,924	5,439	4,485	4,666	5,071	38,870	4.0
Royal Hospital for Women	3,776	498	3,278	1,104	2,672	12,799	3.4
St George Hospital	13,184	5,609	7,575	5,331	7,400	44,957	3.5
Sutherland Hospital	6,203	2,142	4,061	1,914	3,727	20,494	3.6
Sydney / Sydney Eye Hospital	2,566	1,222	1,344	1,431	1,132	5,426	2.1
Other SESLHN*	1,826	1,314	512	*	*	*	1.0
Total SESLHN	37,479	16,224	21,255	14,449	20,007	122,554	3.6

South Western Sydney Local Health Network (SWSLHN)

Bankstown / Lidcombe Hospital	8,195	2,502	5,693	2,915	5,084	29,458	3.7
Bowral and District Hospital	2,248	576	1,672	1,011	1,223	5,418	2.4
Camden Hospital	492	201	291	229	145	2,248	6.0
Campbelltown Hospital	7,654	1,842	5,812	1,818	5,831	30,718	4.0
Fairfield Hospital	4,264	976	3,288	934	3,194	13,010	3.2
Liverpool Hospital	21,202	10,851	10,351	12,326	8,682	62,796	3.0
Other SWSLHN*	858	452	406	10	308	1,072	3.4
Total SWSLHN	44,913	17,400	27,513	19,243	24,467	144,720	3.3

Southern NSW Local Health Network (SNSWLHN)

Bateman's Bay District Hospital	1,462	559	903	837	544	3,335	2.4
Bega District Hospital	2,052	866	1,186	958	992	4,776	2.4
Cooma Health Service	760	215	545	279	458	1,825	2.5
Goulburn Base Hospital	2,499	1,238	1,261	1,194	1,271	7,276	3.0
Moruya District Hospital	1,997	999	998	1,080	885	4,135	2.1
Pambula District Hospital	661	79	582	272	357	1,712	2.7
Queanbeyan Health Service	1,110	333	777	586	488	2,694	2.5
Other SNSWLHN	738	36	702	201	334	1,688	3.2
Total SNSWLHN	11,279	4,325	6,954	5,407	5,329	27,441	2.6

All episodes			Acute episodes			
Total episodes	Planned	Unplanned / other	Same day	Overnight	Total acute bed days	Average length of stay (days)

St Vincent's Health Network (SVHN)							
St Vincent's Hospital, Darlinghurst	9,437	4,790	4,647	5,062	4,366	32,699	3.5
Other SVHN [‡]	476	194	282	*	*	115	38.3
Total SVHN	9,913	4,984	4,929	5,062	4,369	32,814	3.5

Sydney Children's Hospitals Network (SCHN)							
Sydney Children's Hospital	4,406	2,247	2,159	2,338	2,068	10,906	2.5
The Children's Hospital at Westmead	6,683	3,582	3,101	3,078	3,605	21,628	3.2
Total SCHN	11,089	5,829	5,260	5,416	5,673	32,534	2.9

Sydney Local Health Network (SYDLHN)							
Canterbury Hospital	4,080	1,013	3,067	1,079	2,851	12,174	3.1
Concord Hospital	11,908	7,640	4,268	7,087	4,641	44,619	3.8
RPAH Institute of Rheumatology & Orthopaedics	326	*	*	58	268	1,133	3.5
Royal Prince Alfred Hospital	17,011	7,601	9,410	7,260	9,744	65,765	3.9
Other SYDLHN	1,157	*	*	54	827	4,112	4.7
Total SYDLHN	34,482	16,578	17,904	15,538	18,331	127,803	3.8

Western NSW Local Health Network (WNSWLHN)							
Bathurst Base Hospital	2,769	1,305	1,464	1,252	1,439	7,233	2.7
Cowra District Hospital	732	221	511	280	435	1,774	2.5
Dubbo Base Hospital	4,983	2,406	2,577	2,357	2,611	12,669	2.6
Forbes District Hospital	1,026	570	456	661	349	1,931	1.9
Mudgee District Hospital	814	272	542	391	412	2,104	2.6
Orange Base Hospital	4,835	2,082	2,753	2,169	2,581	11,489	2.4
Parkes District Hospital	662	124	538	230	416	2,189	3.4
Other WNSWLHN	3,854	789	3,065	1,418	2,193	16,765	4.6
Total WNSWLHN	19,675	7,769	11,906	8,758	10,436	56,154	2.9

Western Sydney Local Health Network (WSLHN)							
Auburn Hospital	4,574	1,164	3,410	2,115	2,408	9,113	2.0
Blacktown Hospital	6,188	1,310	4,878	1,231	4,913	28,108	4.6
Mount Druitt Hospital	2,918	963	1,955	1,104	1,609	4,599	1.7
Westmead Hospital (all units)	20,924	10,677	10,247	10,715	9,722	64,902	3.2
Other WSLHN	406	*	*	12	381	7,667	19.5
Total WSLHN	35,010	14,120	20,890	15,177	19,033	114,389	3.3

(*) Suppressed due to small numbers and to protect privacy.

(‡) The majority of admissions for smaller hospitals in this LHN are for non-acute admissions resulting in low numbers of patients classified as either 'overnight' or 'same day'.

Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 18 April 2011.

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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 Department of Health or any other NSW statutory health corporation is intended or should be inferred.

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Elective Surgery

Hospital Quarterly:

Performance of
NSW public hospitals

January to March 2011

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 all examples of elective surgery.

More elective surgery was completed during the January to March 2011 quarter than at the same time one and two years ago. This increase was spread across all urgency categories but was much greater for patients from the non-urgent group (category 3). Most patients (90%) continued to receive their surgery on time, similar to the same quarter last year (86%).

The median* waiting time remains similar for patients needing urgent and semi-urgent surgical procedures (11 and 50 days respectively)

compared with wait times for the same period last year. It has, however, increased for non-urgent surgery patients (217 days, up from 207 days last year and 149 days in 2009).

This issue of *Hospital Quarterly* changes the way patients undergoing 'staged' surgery contribute to hospital and state measures of surgical performance. Staged surgery cannot be completed before a certain date, usually for medical reasons. The Bureau has made this adjustment to promote fairer comparisons between hospitals.

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

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From January to March 2011...	For the same period last year...	The difference...
46,498 elective surgical procedures were performed	45,603 procedures	895 (+2%)
3,548 of these procedures were 'staged procedures'	3,846 procedures	-298 (-8%)
The percentage of elective surgery patients treated on time was 90%	86%	4 percentage point increase
The median* waiting time for 'urgent' surgery was 11 days	9 days	+2 days (+22%)
The median* waiting time for 'semi-urgent' surgery was 50 days	54 days	-4 days (-7%)
The median* waiting time for 'non-urgent' surgery was 217 days	207 days	+10 days (+5%)

* Median waiting time: time for half of all patients to receive treatment. Excludes staged procedures and non-urgent cystoscopy.

A new 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 patient is 'referred' for their procedure and placed on a waiting list.

At the time of referral, a patient's surgeon 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.

Explaining staged procedures

Patients can also be added to the surgery booking system for what is called a 'staged' procedure. These patients may, or may not, be categorised as urgent, semi-urgent or non-urgent when placed on the waiting list.

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

Staged procedures are required when a clinically appropriate time interval is advisable before a patient can have their surgery.

Examples of staged procedures include: waiting for a broken bone to heal before removing pins or plates; the time needed for hormone therapy to work before egg-harvesting takes place during

in-vitro fertilisation (IVF); and certain invasive diagnostic procedures (such as cystoscopy) that sometimes need to be conducted at set intervals.

Cystoscopy is where a surgeon inserts a tube containing a small camera into the urinary tract to see inside the urethra and bladder. The surgeon would consider cystoscopy a staged procedure if they were using it at intervals to assess how a person with bladder cancer, for example, was responding to treatment.

Not all cystoscopies are staged procedures. They can also be performed to investigate symptoms such as incontinence and frequent bladder and urinary tract infections. These cases, would not be considered staged.

Clinical judgement

There are other surgical procedures that, like cystoscopy, could be considered either staged or not staged. Surgeons use clinical judgement to decide how these procedures are categorised.

Because patients cannot, or should not, have their staged procedure before the prescribed date, they are not considered to be 'waiting for care' unless they wait beyond that date. Historically, however, wait time measurement for completed elective surgery has included patients booked for staged procedures. This can have the effect of reducing the reported median waiting time at a hospital without reducing the number of days patients actually waited for their surgery.

Patients requiring staged procedures or non-urgent cystoscopy represent a large proportion of elective surgery patients at some hospitals. Including these patients can have a substantial effect on the median waiting time at these hospitals.

Differences across hospitals

In NSW there are guidelines about how to enter staged patients into the booking system, when to record them as being ready for care, and how to record their surgery.

The Bureau has learnt that people who manage the elective surgery booking system in the state's public hospitals are interpreting these guidelines differently. Hospitals also vary in the way they record cystoscopy patients; some are coded as being booked for staged procedures, some are recorded as category 3 patients, and others attend as outpatients.

This highlights differing hospital practice rather than error but its effect is substantial in that reported wait times vary for staged patients, depending on which hospital they attend.

As a result, the Bureau has taken a new approach to reporting on patients who received staged surgery and non-urgent cystoscopy in order to promote fairer hospital comparisons.

What we did

When reporting on the number of procedures completed, we now present four elective surgery categories rather than three. These are: urgent; semi-urgent; non-urgent; and staged.

This fourth category is an umbrella term that covers both staged patients and non-urgent cystoscopy for the reasons already described (Figure 1, next page). It removes these patients from the elective surgery urgency categories so hospitals can be more accurately compared with each other.

When reporting whether patients are seen on time and how long they waited, we now present two sets of numbers for non-urgent (category 3) surgery (Figures 3, 4).

One set of figures uses what we call 'the new method', which **excludes** staged procedures and non-urgent staged cystoscopy. During January to March, there were more than 3,500 of these procedures. The other set of figures, using what we call the 'historic method', **includes** the staged and non-urgent cystoscopy group.

The effect

For some hospitals, the median wait time reported for January to March using the new method is longer than using the historic method – in some cases this is in excess of 100 days. This does not mean patients **actually** waited 100 days longer for their surgery. Rather, it means their **reported** median wait time has changed.

Independent of this change in method, non-urgent surgery median wait time has increased at a state level since last quarter and the same time last year (Figure 4). To accurately interpret changes in hospital wait-time performance, it is important to compare across time **within** categories, not between new and historic methods.

The Bureau is committed to providing clarity on surgical waiting times in NSW. For more information on staged surgery, see page 10. Further detail on our methodology around these new calculations can be found in the addendum *Technical Supplement: Elective surgery measures, January to March 2011* available at www.bhi.nsw.gov.au

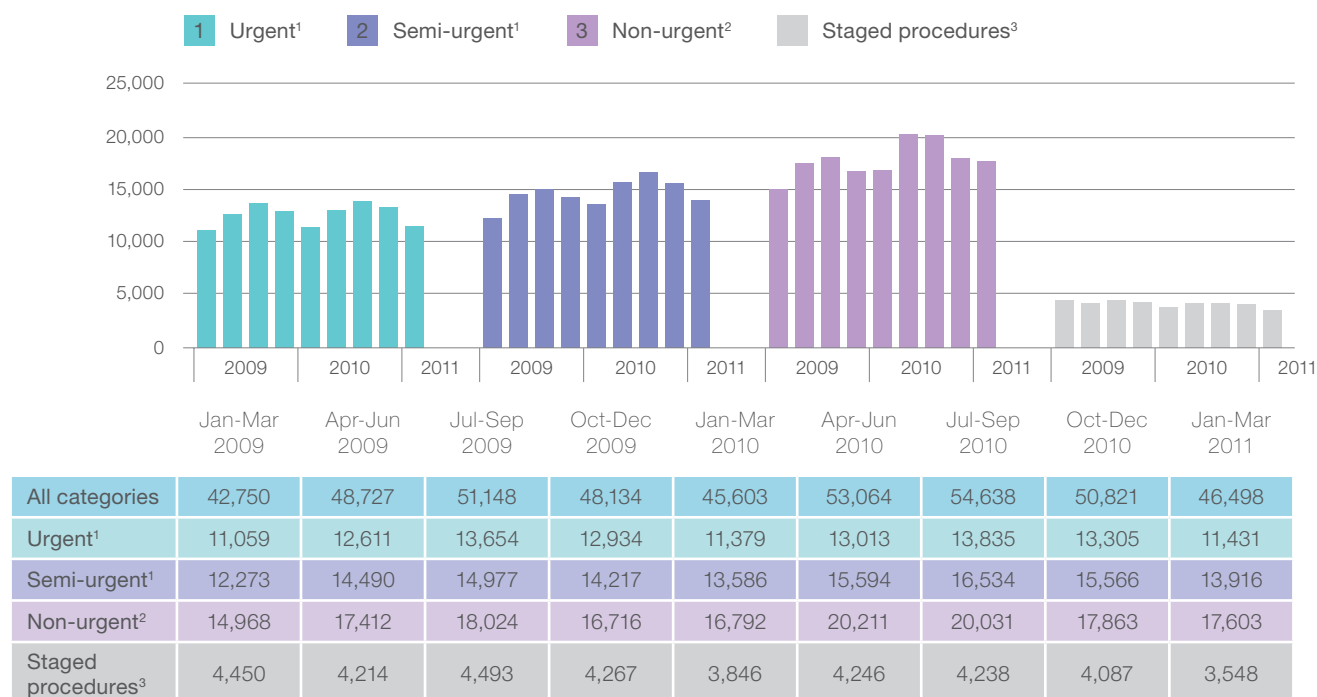
All surgical data presented in this report are based upon the data contained in the Waiting List Collection On-line System (WLCOS).

Number of elective surgery procedures performed

During January to March 2011, the Waiting List Collection On-line System (WLCOS) recorded that 46,498 elective surgery procedures were completed in NSW. This is 9% lower than the 50,821 conducted in the previous quarter (in line with the usual seasonal pattern) and up 2% from the 45,603 surgical procedures completed in the same quarter last year (Figure 1).

Each year, there is a strong seasonal effect on the number of elective surgery procedures performed in NSW. The number of procedures falls sharply across all urgency categories in December and, to a greater extent, January. The results presented here for January to March 2011 exclude staged patients and non-urgent cystoscopy unless otherwise stated (Figure 2a, Figure 2b, page 6).

Figure 1: Total number of elective surgery procedures conducted, by urgency category, January 2009 to March 2011



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

Note: Patients recorded as 'deferred' when they received their surgery are allocated to 'ready for care' urgency categories as appropriate.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report*. Total surgical procedures may differ slightly due to differences in when data were extracted.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for the January to March 2011 quarter on 18 April 2011. Data extracted for all previous quarters on 15 April 2011.

Urgent surgery (category 1): There were 11,431 procedures completed, compared with 11,379 at the same time in 2010 (less than 1% increase). Urgent procedures made up 25% of all completed elective surgery in WLCOS.

Semi-urgent surgery (category 2): There were 13,916 semi-urgent procedures completed, compared with 13,586 in the same quarter of 2010 (an increase of 2%). Semi-urgent procedures made up 30% of all completed elective surgery.

Non-urgent surgery (category 3): There were 17,603 procedures completed, compared with 16,792 in 2010 (an increase of 5%). Non-urgent procedures made up 38% of all completed elective surgery.

Staged surgery: There were 3,548 procedures, compared with 3,846 in 2010 (a decrease of 8%). Staged procedures made up 8% of all completed elective surgery.

A five-year examination of elective surgery admissions each February (the middle month of the quarter covered by this report) reveals the following patterns since January 2006:

- The number of urgent procedures has decreased from 6,376 to 4,142 (down 35%)
- Semi-urgent procedure numbers are largely unchanged from 5,368 to 5,469 (up 2%)
- Non-urgent procedures have increased from 4,387 to 6,819 (up 55%)
- The number of staged surgical procedures (including non-urgent cystoscopy) has increased from 976 to 1,343 (up 38%).

These changes have caused a shift in the composition of surgical procedures by urgency category over the past five years (**Figure 2a, next page**), and most of this shift occurred during 2008 and early 2009.

For example, urgent surgery (excluding staged procedures) has decreased from 37% of all surgical procedures to 23% over five years. In the same period, non-urgent surgery has increased from 26% of all surgical procedures to 38%, and staged procedures increased from 6% to 8%.

In April 2006, the NSW Department of Health released the first in an ongoing series of documents to improve the consistency of how surgeons assign urgency categories for procedures.

See the **Appendices** section of this report (**pages 12 to 23**) 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.

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Figure 2a: Patients who received elective surgery, by urgency category, by month, January 2006 to March 2011

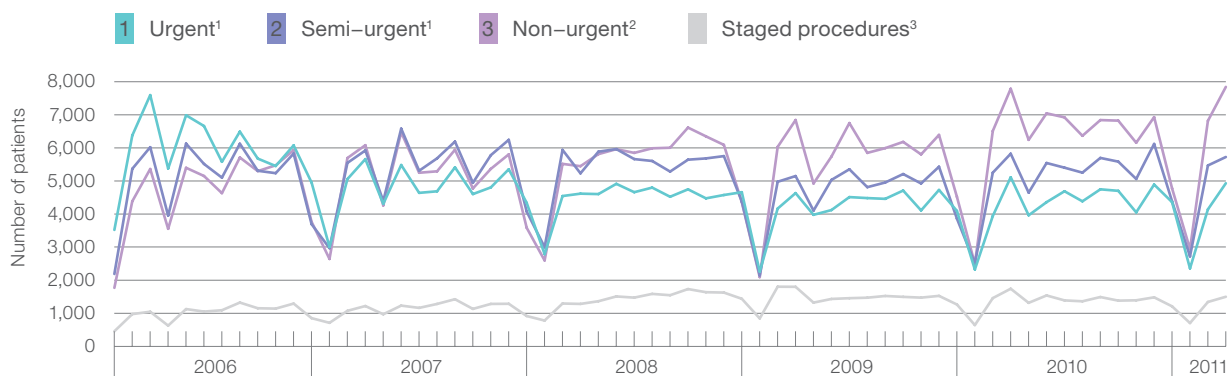
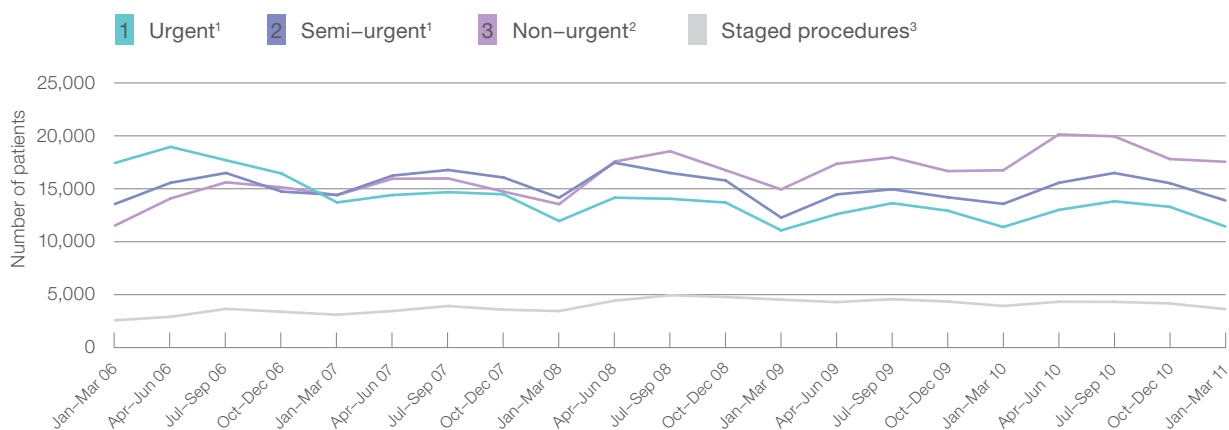


Figure 2b: Patients who received elective surgery, by urgency category, by quarter, January 2006 to March 2011



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

Note: Patients recorded as 'deferred' when they received their surgery are allocated to 'ready for care' urgency categories as appropriate.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report*. Total surgical procedures may differ slightly due to differences in when data were extracted.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for the January to March 2011 quarter on 18 April 2011. Data extracted for all previous quarters on 15 April 2011.

Hospital Quarterly reports on the activity and performance of hospitals that have provided elective surgery. Information about patients who are still on the waiting list is published by the NSW Department of Health and can be found at www.health.nsw.gov.au/reports/reports.asp

Patients admitted on time for elective surgery

In the January to March 2011 quarter, 90% of all patients who were admitted to a public hospital for elective surgery were admitted within the time frame their surgeon recommended (Figure 3). This is comparable to the preceding two quarters (both 91%) but higher than January to March 2010 (86%).

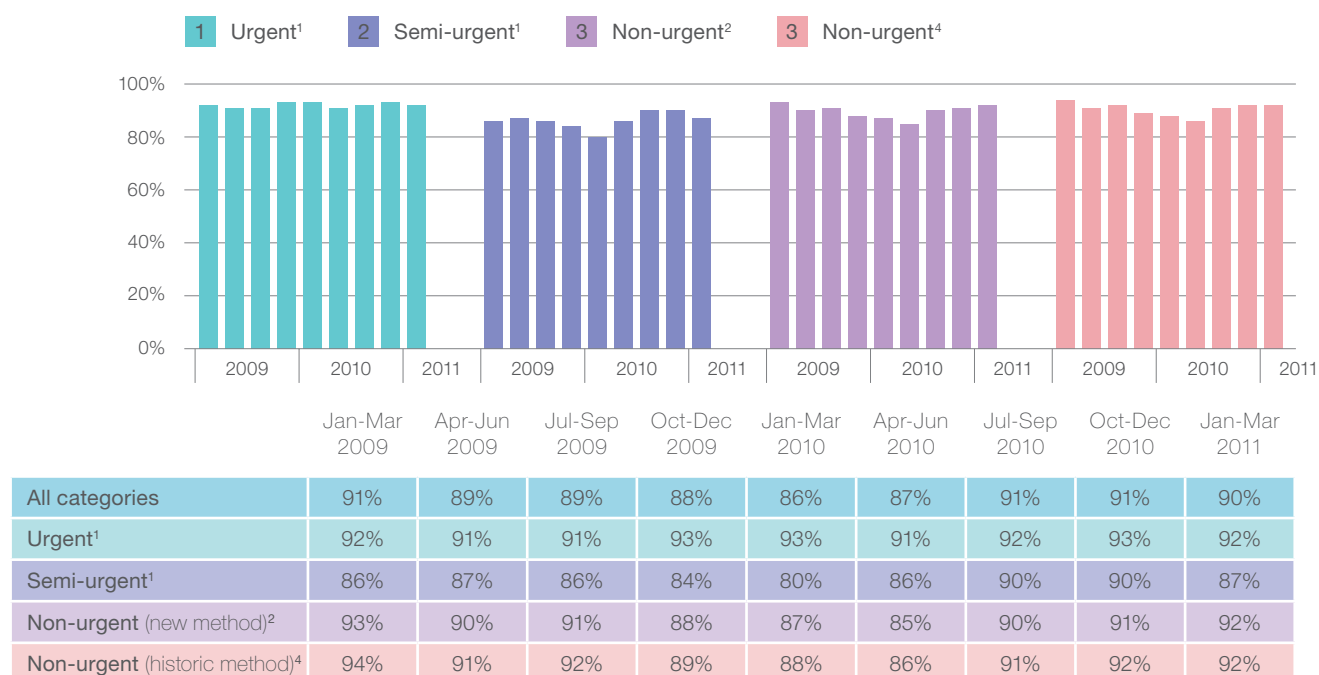
The results for January to March 2011 presented here exclude staged patients and non-urgent cystoscopy procedures unless otherwise stated. Excluding these surgery patients leaves on-time performance largely unaffected.

Urgent surgery: 92% of patients were admitted within the recommended 30 days, a result largely unchanged over the past two years.

Semi-urgent surgery: 87% of patients were admitted within 90 days. This is down on the preceding quarter (90%) but considerably higher than the same quarter in 2010 (80%).

Non-urgent surgery: 92% of patients were admitted within 365 days, similar to last quarter (91%) but higher than the 2010 quarter (87%).

Figure 3: Percentage of elective surgery patients treated within recommended waiting time, by urgency category, January 2009 to March 2011



1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

4. Including staged procedures and non-urgent cystoscopy.

Note: Patients recorded as 'deferred' when they received their surgery are allocated to 'ready for care' urgency categories as appropriate.

Note: Because staged patients are now reported separately, on-time performance by urgency category will differ from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report*.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for the January to March 2011 quarter on 18 April 2011. Data extracted for all previous quarters on 15 April 2011.

Median wait times for elective surgery

Median wait time is the number of days it took for half the patients admitted for surgery during January to March 2011 to receive their surgery. The other half took longer than the median.

The results for January to March 2011 are presented here and in **Figure 4** using both new and historic methods of calculating wait times.

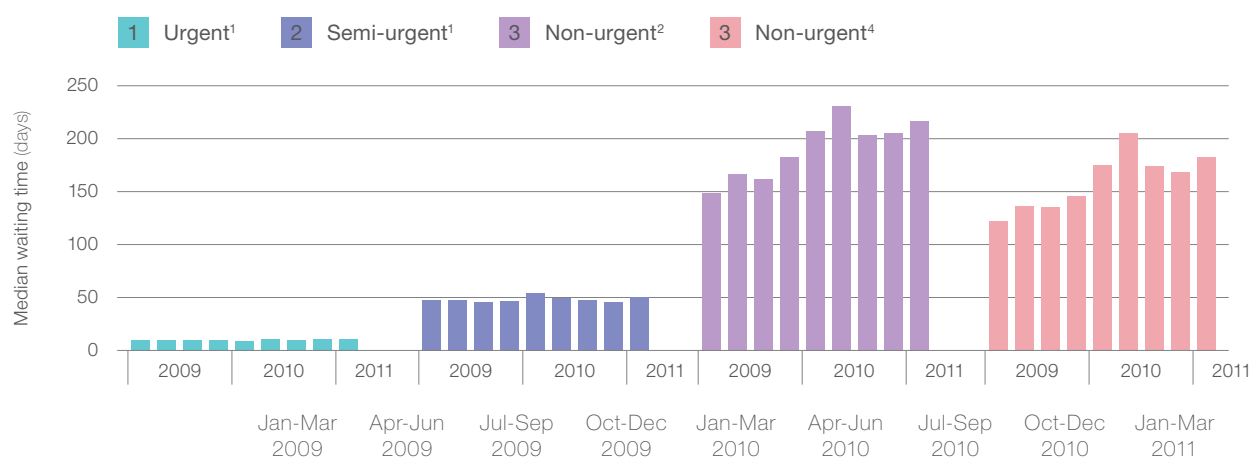
Urgent surgery: The median wait was 11 days – largely unchanged over the past two years, except in 2010 when the median wait time during the quarter was nine days.

Semi-urgent surgery: The median wait time for this category was 50 days – similar to the preceding two years.

Non-urgent surgery: The median wait time for this category was 217 days – similar to the same quarter in 2010 (207 days).

Median wait time performance results in this urgency category have been the most volatile, increasing from 149 days during the same quarter in 2009 and peaking at 231 days in April to June 2010.

Figure 4: NSW elective surgery median waiting time (days), by urgency category, January 2009 to March 2011



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

Note: Patients recorded as 'deferred' when they received their surgery are allocated to 'ready for care' urgency categories as appropriate.

Note: Because staged patients are now reported separately, median waiting time by urgency category will differ from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report*.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for the January to March 2011 quarter on 18 April 2011. Data extracted for all previous quarters on 15 April 2011.

The effect of the new method on non-urgent median wait times has been to increase the quarterly medians over the past two years by approximately 30 days. Because patient composition at each hospital differs, this effect is much greater at some hospitals than others and can be viewed in the *Technical Supplement*.

Cumulative wait time

Greater detail on how long people waited to be admitted for their elective surgery during January to March 2011 is presented in [Figure 5](#).

The graph's slope indicates the rate at which patients were admitted for care. A steep slope demonstrates a high percentage of patients being admitted for their surgery over the period shown. A flat slope shows relatively fewer patients receiving surgery over the period.

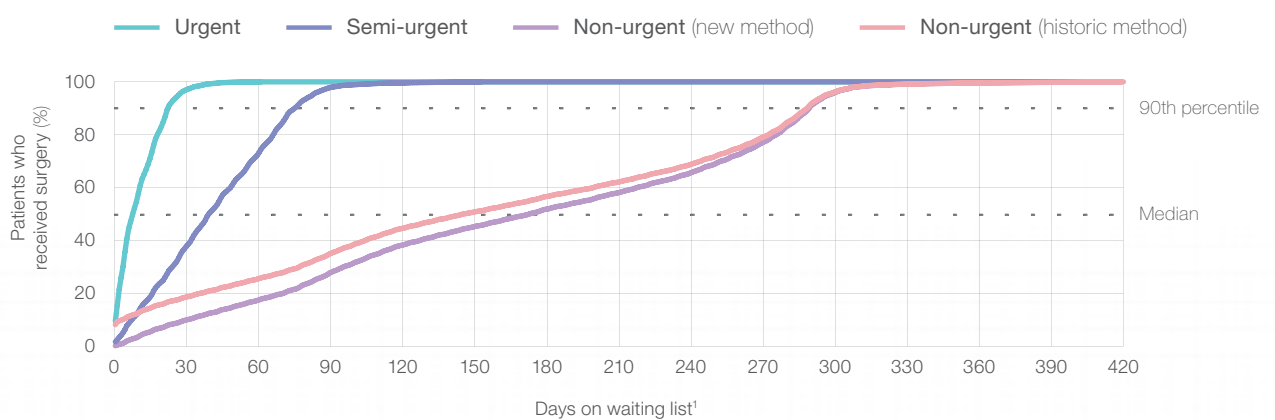
The waiting time for patients who had urgent, semi-urgent and non-urgent procedures is presented in [Figure 5](#).

In the past, most staged procedures were classified as non-urgent surgery. Therefore, the waiting time below is presented for non-urgent surgery using both the Bureau's new calculation method (excluding staged patients and non-urgent cystoscopy) and the historic method of measuring waiting times (including staged and cystoscopy).

The effect of excluding these patients from the non-urgent category is to increase the non-urgent reported median waiting time across the state from 183 to 217 days for January to March 2011. Importantly, this does not mean patients across NSW *actually* waited 34 more days for their surgery. Rather, it means their *reported* median waiting time has changed.

This new approach to measurement is required to support fairer comparisons between public hospitals in NSW. Further detail on our rationale can be found on [pages 2 and 10](#) of this module, and in the addendum *Technical Supplement: Elective surgery measures, January to March 2011*.

Figure 5: Cumulative percentage of patients who received elective surgery, by waiting time (days), January to March 2011



1. 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 18 April 2011.

Staged surgery: a matter of definition

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 too soon.

Examples of staged procedures include:

Removal of pins / plates

Fractured bones can require metal pins and / or plates to hold them in place while they heal. Until the bone is healed, the pins / plates are not removed and the patient is coded 'not ready for care'.

In-vitro fertilisation (IVF)

Hormone therapy can be required before egg harvesting. A woman would be listed as 'not ready for care' while she underwent the hormone therapy in preparation for the procedure.

Cystoscopy

A small camera is used to investigate the urinary tract and bladder. Cystoscopy can be required for several reasons and can be classified as either staged or not staged, depending on the reason for the test. It is often used following radiotherapy for bladder cancer to assess at intervals how the cancer responded to treatment. When used in this context, it is one of the most common staged surgery procedures.

Hospital variations

A Bureau analysis begun in November 2010 shows hospitals record staged procedures on the elective surgery wait list very differently.

A staged surgery patient is not waiting for care (unless they wait beyond the date scheduled for their procedure). Therefore, grouping staged procedures (that have a low recorded wait time) into any of the elective surgery urgency categories reduces the median wait time measurement without affecting how long patients actually wait for care.

The variation in how staged patients are recorded makes it difficult to accurately compare hospitals. In addition, hospital staff who manage the surgery booking system have different interpretations of NSW guidelines about when to record staged surgery patients as being ready for care. This means that staged patients receiving care at different hospitals will have different recorded wait times.

Comparisons between hospitals with high and low rates of staged procedures or different ways of recording cystoscopy may result in unfair or inequitable comparisons.

As a result of our analysis, the Bureau has applied the following rules to create a level playing field for hospitals:

- All procedures the Bureau deems staged have been removed from urgent, semi-urgent and non-urgent surgery categories
- Median wait time and on-time performance figures for non-urgent surgery are presented using the new method (*excluding* cystoscopy and staged procedures) and the historic method, which *includes* them
- Median wait time and on-time performance figures for urgent and semi-urgent surgery categories are presented with the new method because results are not different than with the historic method
- Data from all previous quarters have been recalculated using the new method so accurate comparisons can be made over time.

The Bureau is committed to providing the public with a clear understanding of surgical waiting times in NSW. Further detail on our methodology can be found in the addendum *Technical Supplement: Elective surgery measures, January to March 2011* available at the Bureau website www.bhi.nsw.gov.au

Small number suppression

Some hospitals conduct few surgical procedures. When these procedures are reported by urgency category, there may only be small numbers of patients in one or more of them. Small numbers in any group need to be treated cautiously to protect patient identity.

The Bureau suppresses information based on very few patients. If there are fewer than 10 patients in any group, patient numbers or percentages are replaced by a symbol, which refers to footnotes about small number suppression. The Bureau may use its discretion to suppress the next smallest values, or results for an entire hospital with few patients, if there is a risk of disclosing patient identities.

In this issue of *Hospital Quarterly*, the group referred to as staged is not suppressed if it contains fewer than 10 patients. There is no reasonable risk to privacy in reporting these small numbers because they are derived from information on how these patients were booked for surgery and this material is not publicly available.

Appendix: Activity and performance data tables at hospital and local health network level

The following table presents the number of elective surgery admissions, by urgency category, for major hospitals in NSW.

The table is ordered by local health network and includes all principal referral, paediatric specialist, ungrouped acute – tertiary referral,

major metropolitan, major non-metropolitan, and district groups 1 and 2 hospitals that conduct elective surgery. These hospitals account for 98% of all elective surgery recorded as complete in WLCOS. Surgery information from smaller hospitals is presented for each local health network under the 'other' category.

Appendix table 1: NSW elective surgery activity, by hospital and local health network, January to March 2011

Number of elective surgical procedures					
All categories (excl. staged procedures)	Urgent ¹	Semi-urgent ¹	Non-urgent ²	Staged procedures ³	
New South Wales					
Total New South Wales	46,498	11,431	13,916	17,603	3,548
Central Coast Local Health Network (CCLHN)					
Gosford Hospital	1,385	273	434	520	158
Wyong Hospital	836	84	330	377	45
Total CCLHN	2,221	357	764	897	203
Far West Local Health Network (FWLHN)					
Broken Hill Base Hospital	242	39	87	103	13
Total FWLHN	242	39	87	103	13
Hunter New England Local Health Network (HNELHN)					
Armidale and New England Hospital	219	40	71	108	0
Belmont Hospital	535	97	172	232	34
Calvary Mater Newcastle	283	147	85	45	6
Cessnock District Hospital	264	42	163	52	7
Gunnedah District Hospital	71	18	22	30	1
Inverell District Hospital	36	*	15	16	*
John Hunter Hospital	2,139	681	664	661	133
Kurri Kurri District Hospital	347	27	21	298	1
Maitland Hospital	541	101	210	219	11
Manning Base Hospital	555	88	93	342	32
Moree District Hospital	95	20	24	50	1
Muswellbrook District Hospital	127	13	89	24	1
Narrabri District Hospital	47	*	26	*	0
Singleton District Hospital	131	14	30	84	3
Tamworth Base Hospital	697	183	217	221	76
Other HNELHN	119	14	41	64	0
Total HNELHN	6,206	1,485	1,943	2,446	306

Number of elective surgical procedures

All categories (excl. staged procedures)		Urgent ¹	Semi-urgent ¹	Non-urgent ²	Staged procedures ³
Illawarra Shoalhaven Local Health Network (ISLHN)					
Bulli District Hospital	106	27	18	61	0
Milton and Ulladulla Hospital	21	*	*	*	*
Shellharbour Hospital	709	64	175	470	0
Shoalhaven and District Memorial Hospital	706	123	169	368	46
Wollongong Hospital	1,144	354	267	270	253
Total ISLHN	2,686	568	629	1,169	299
Mid North Coast Local Health Network (MNCLHN)					
Coffs Harbour Base Hospital	992	199	212	438	143
Kempsey Hospital	166	*	22	136	*
Macksville District Hospital	56	*	12	40	*
Port Macquarie Base Hospital	691	168	213	218	92
Other MNCLHN	202	18	80	68	36
Total MNCLHN	2,107	385	539	900	271
Murrumbidgee Local Health Network (MLHN)					
Deniliquin Health Service	64	15	32	17	0
Griffith Base Hospital	214	56	43	99	16
Tumut Health Service	57	*	*	27	0
Wagga Wagga Base Hospital	1,039	236	342	429	32
Young Health Service	74	10	24	19	21
Other MLHN	103	25	44	34	0
Total MLHN	1,551	342	485	625	69
Nepean Blue Mountains Local Health Network (NBMLHN)					
Blue Mountains District Anzac Memorial Hospital	76	18	15	42	1
Hawkesbury Private	268	66	77	115	10
Lithgow Health Service	169	11	45	108	5
Nepean Hospital	1,159	329	420	378	32
Other NBMLHN	162	*	40	112	*
Total NBMLHN	1,834	424	597	755	48
Northern NSW Local Health Network (NNSWLHN)					
Ballina District Hospital	134	30	58	38	8
Casino and District Memorial Hospital	191	19	51	112	9
Grafton Base Hospital	336	119	100	106	11
Lismore Base Hospital	968	322	282	278	86
Macleay District Hospital	17	*	*	*	*
Murwillumbah District Hospital	446	68	88	248	42
The Tweed Hospital	689	206	181	183	119
Total NNSWLHN	2,781	764	760	965	275

Number of elective surgical procedures

All categories (excl. staged procedures)	Urgent ¹	Semi-urgent ¹	Non-urgent ²	Staged procedures ³	
Northern Sydney Local Health Network (NSLHN)					
Hornsby and Ku-Ring-Gai Hospital	519	97	119	256	47
Manly District Hospital	282	83	106	68	25
Mona Vale and District Hospital	348	54	84	189	21
Royal North Shore Hospital	1,390	565	355	420	50
Ryde Hospital	311	38	111	154	8
Total NSLHN	2,850	837	775	1,087	151
South Eastern Sydney Local Health Network (SESLHN)					
Prince of Wales Hospital	1,134	289	497	327	21
Royal Hospital for Women	468	190	174	103	1
St George Hospital	1,046	455	325	214	52
Sutherland Hospital	728	171	254	275	28
Sydney Hospital / Sydney Eye Hospital	1,063	187	266	609	1
Total SESLHN	4,439	1,292	1,516	1,528	103
South Western Sydney Local Health Network (SWSLHN)					
Bankstown / Lidcombe Hospital	1,203	183	351	490	179
Bowral and District Hospital	322	58	102	157	5
Campbelltown Hospital	940	94	290	364	192
Fairfield Hospital	570	70	94	383	23
Liverpool Hospital	1,602	556	414	491	141
Total SWSLHN	4,637	961	1,251	1,885	540
Southern NSW Local Health Network (SNSWLHN)					
Bateman's Bay District Hospital	173	13	24	103	33
Bega District Hospital	306	87	48	162	9
Cooma Health Service	59	18	14	26	1
Goulburn Base Hospital	365	100	106	157	2
Moruya District Hospital	172	56	51	61	4
Pambula District Hospital	26	*	*	*	*
Queanbeyan Health Service	167	17	71	79	0
Total SNSWLHN	1,268	291	314	588	49
St Vincent's Health Network (SVHN)					
St Vincent's Hospital, Darlinghurst	840	352	173	242	73
Total SVHN	840	352	173	242	73
Sydney Children's Hospitals Network (SCHN)					
Sydney Children's Hospital	712	179	230	282	21
The Children's Hospital at Westmead	1,384	314	373	499	198
Total SCHN	2,096	493	603	781	219

Number of elective surgical procedures

All categories (excl. staged procedures)	Urgent ¹	Semi-urgent ¹	Non-urgent ²	Staged procedures ³	
Sydney Local Health Network (SYDLHN)					
Canterbury Hospital	571	67	223	232	49
Concord Hospital	1,826	358	461	643	364
RPAH Institute of Rheumatology & Orthopaedics	343	31	49	263	0
Royal Prince Alfred Hospital	2,498	988	826	467	217
Total SYDLHN	5,238	1,444	1,559	1,605	630
Western NSW Local Health Network (WNSWLHN)					
Bathurst Base Hospital	400	97	131	132	40
Cowra District Hospital	114	18	44	52	0
Dubbo Base Hospital	695	90	197	340	68
Forbes District Hospital	86	15	20	51	0
Mudgee District Hospital	96	12	28	45	11
Orange Base Hospital	608	76	186	296	50
Parkes District Hospital	64	12	23	29	0
Other WNSWLHN	*	0	*	*	0
Total WNSWLHN	2,063	320	629	945	169
Western Sydney Local Health Network (WSLHN)					
Auburn Hospital	660	137	227	290	6
Blacktown Hospital	676	149	294	214	19
Mount Druitt Hospital	452	58	191	197	6
Westmead Hospital (all units)	1,645	664	550	342	89
Total WSLHN	3,433	1,008	1,262	1,043	120

(*) Values suppressed due to small numbers and to protect privacy. Suppressed data have been excluded from local health network totals.

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

Note: All urgency categories include deferred patients as appropriate.

Note: Because staged patients are now reported separately, numbers of surgical procedures by urgency category will differ from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report*.

Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 April 2011.

The following table presents the percentage of elective surgery admissions within the clinically recommended time for each urgency category for this quarter and for the same quarter in 2010. The table is ordered by local health network and includes all principal referral, paediatric specialist, ungrouped acute – tertiary referral,

major metropolitan, major non-metropolitan and district groups 1 and 2 hospitals that conduct elective surgery. These hospitals account for 98% of all elective surgery recorded as complete in WLCOS. Surgery information from smaller hospitals is presented for each local health network under the 'other' category.

Appendix table 2: NSW on-time elective surgery performance, by hospital and local health network, January to March 2011 compared with January to March 2010

Percentage of patients treated on time								
	All categories ¹		Urgent ¹		Semi-urgent ¹		Non-urgent ² (new method)	
	This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year
New South Wales								
Total New South Wales	90	86	92	93	87	80	92	87
Central Coast Local Health Network (CCLHN)								
Gosford Hospital	92	64	98	98	90	55	91	52
Wyong Hospital	96	83	98	97	95	65	97	94
Total CCLHN	94	71	98	97	92	58	94	71
Far West Local Health Network (FWLHN)								
Broken Hill Base Hospital	96	92	100	93	90	86	100	97
Total FWLHN	96	92	100	93	90	86	100	97
Hunter New England Local Health Network (HNELHN)								
Armidale and New England Hospital	86	95	88	87	86	95	86	99
Belmont Hospital	97	94	99	92	92	90	100	97
Calvary Mater Newcastle	71	81	67	74	66	93	98	100
Cessnock District Hospital	94	99	95	*	92	99	100	98
Gunnedah District Hospital	100	98	100	*	100	100	100	100
Inverell District Hospital	89	95	*	*	100	87	75	100
John Hunter Hospital	88	83	89	90	87	77	89	80
Kurri Kurri District Hospital	95	74	96	95	81	81	96	71
Maitland Hospital	92	83	81	87	94	79	95	86
Manning Base Hospital	95	89	98	94	90	78	95	91
Moree District Hospital	100	99	100	100	100	96	100	100
Muswellbrook District Hospital	99	100	100	*	99	100	100	100
Narrabri District Hospital	100	100	100	100	100	100	*	*
Singleton District Hospital	100	100	100	*	100	100	100	100
Tamworth Base Hospital	87	95	92	99	82	87	86	100
Other HNELHN	99	98	100	89	98	99	100	100
Total HNELHN	91	88	89	90	89	85	93	89

Percentage of patients treated on time

	All categories ¹		Urgent ¹		Semi-urgent ¹		Non-urgent ² (new method)	
	This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year
Illawarra Shoalhaven Local Health Network (ISLHN)								
Bulli District Hospital	98	93	96	100	100	95	98	90
Milton and Ulladulla Hospital	*	100	*	100	*	*	*	100
Shellharbour Hospital	93	92	73	68	87	89	98	97
Shoalhaven and District Memorial Hospital	80	88	85	87	70	81	84	91
Wollongong Hospital	83	84	86	86	73	75	89	90
Total ISLHN	86	88	85	85	77	82	92	93
Mid North Coast Local Health Network (MNCLHN)								
Coffs Harbour Base Hospital	69	64	79	80	67	62	64	56
Kempsey Hospital	95	92	*	*	68	45	100	100
Macksville District Hospital	87	70	*	*	75	53	95	73
Port Macquarie Base Hospital	88	74	92	86	79	58	94	76
Other MNCLHN	93	80	89	75	88	69	100	92
Total MNCLHN	80	71	85	82	75	61	81	72
Murrumbidgee Local Health Network (MLHN)								
Deniliquin Health Service	97	96	100	100	94	91	100	*
Griffith Base Hospital	76	62	48	63	65	34	96	84
Tumut Health Service	86	87	*	*	81	58	89	100
Wagga Wagga Base Hospital	81	71	83	93	81	64	80	67
Young Health Service	81	78	100	*	58	25	100	100
Other MLHN	97	100	100	100	93	100	100	100
Total MLHN	82	73	80	90	80	62	85	74
Nepean Blue Mountains Local Health Network (NBMLHN)								
Blue Mountains District Anzac Memorial Hospital	92	73	100	73	73	74	95	71
Hawkesbury Private	69	66	85	89	58	75	67	44
Lithgow Health Service	99	96	100	100	100	100	99	93
Nepean Hospital	78	82	93	93	71	69	72	79
Other NBMLHN	94	76	*	*	100	43	92	100
Total NBMLHN	80	79	93	92	73	72	79	74
Northern NSW Local Health Network (NNSWLHN)								
Ballina District Hospital	98	100	100	100	95	100	100	100
Casino and District Memorial Hospital	96	94	89	100	90	83	100	100
Grafton Base Hospital	88	80	92	95	87	73	84	72
Lismore Base Hospital	84	82	85	94	81	69	87	83
Macleay District Hospital	*	98	*	93	*	100	*	100
Murwillumbah District Hospital	90	76	79	83	81	68	96	79
The Tweed Hospital	80	79	72	80	77	68	93	89
Total NNSWLHN	86	82	83	90	82	72	92	85

Percentage of patients treated on time

	All categories ¹		Urgent ¹		Semi-urgent ¹		Non-urgent ² (new method)	
	This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year
Northern Sydney Local Health Network (NSLHN)								
Hornsby and Ku-Ring-Gai Hospital	98	90	99	100	97	88	98	85
Manly District Hospital	98	98	99	99	97	96	100	98
Mona Vale and District Hospital	99	97	98	99	98	99	100	96
Royal North Shore Hospital	95	87	96	93	89	71	96	96
Ryde Hospital	95	98	97	100	95	96	95	99
Total NSLHN	96	91	97	95	93	82	97	95
South Eastern Sydney Local Health Network (SESLHN)								
Prince of Wales Hospital	90	83	93	93	90	84	86	70
Royal Hospital for Women	100	99	99	99	99	99	100	100
St George Hospital	82	81	88	91	78	69	77	80
Sutherland Hospital	82	85	72	88	83	76	89	91
Sydney Hospital / Sydney Eye Hospital	96	94	100	98	94	96	95	93
Total SESLHN	89	87	91	94	88	83	90	87
South Western Sydney Local Health Network (SWSLHN)								
Bankstown / Lidcombe Hospital	85	85	84	86	75	76	92	92
Bowral and District Hospital	100	89	100	100	100	88	100	87
Campbelltown Hospital	83	87	78	83	76	84	90	90
Fairfield Hospital	98	75	99	99	99	99	97	62
Liverpool Hospital	91	91	93	97	91	82	89	92
Total SWSLHN	90	86	91	93	84	82	93	86
Southern NSW Local Health Network (SNSWLHN)								
Bateman's Bay District Hospital	98	91	100	100	96	69	98	96
Bega District Hospital	85	86	94	92	75	90	83	82
Cooma Health Service	100	85	100	†	100	75	100	100
Goulburn Base Hospital	94	88	97	93	100	94	88	82
Moruya District Hospital	96	99	89	100	100	98	100	100
Pambula District Hospital	*	100	*	*	*	*	*	*
Queanbeyan Health Service	99	99	100	*	99	99	100	100
Total SNSWLHN	94	91	95	94	96	92	92	90
St Vincent's Health Network (SVHN)								
St Vincent's Hospital, Darlinghurst	93	89	96	93	92	76	90	92
Total SVHN	93	89	96	93	92	76	90	92
Sydney Children's Hospitals Network (SCHN)								
Sydney Children's Hospital	96	88	97	100	94	80	97	97
The Children's Hospital at Westmead	91	77	98	96	78	60	97	89
Total SCHN	93	81	97	97	84	68	97	91

Percentage of patients treated on time

	All categories ¹		Urgent ¹		Semi-urgent ¹		Non-urgent ² (new method)	
	This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year
Sydney Local Health Network (SYDLHN)								
Canterbury Hospital	84	84	96	98	79	79	84	84
Concord Hospital	97	98	95	99	97	96	98	99
RPAH Institute of Rheumatology & Orthopaedics	100	100	100	100	100	100	100	100
Royal Prince Alfred Hospital	99	99	99	99	100	100	99	100
Total SYDLHN	97	97	98	99	96	95	97	98
Western NSW Local Health Network (WNSWLHN)								
Bathurst Base Hospital	92	95	95	95	85	94	96	95
Cowra District Hospital	97	82	100	100	93	59	100	97
Dubbo Base Hospital	97	96	97	96	94	96	99	96
Forbes District Hospital	99	84	100	*	100	100	98	80
Mudgee District Hospital	100	80	100	*	100	61	100	91
Orange Base Hospital	79	83	96	97	74	85	78	77
Parkes District Hospital	100	100	100	*	100	100	100	100
Other WNSWLHN	*	90	†	*	*	*	*	95
Total WNSWLHN	91	89	97	96	87	87	92	88
Western Sydney Local Health Network (WSLHN)								
Auburn Hospital	85	91	93	95	74	82	89	96
Blacktown Hospital	86	88	91	95	79	75	94	92
Mount Druitt Hospital	83	78	95	91	76	65	87	83
Westmead Hospital (all units)	93	93	97	97	93	87	87	88
Total WSLHN	89	90	95	96	84	81	89	90

(*) Values suppressed due to small numbers and to protect privacy.

(†) This hospital or group conducted no surgery for this urgency category in this quarter and therefore has no on-time performance value.

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

Note: All urgency categories include deferred patients as appropriate.

Note: Because staged patients are now reported separately, on-time performance by urgency category will differ from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report*.

Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 April 2011.

The following table presents the median waiting time (in days) of elective surgery admissions for each urgency category for this quarter and for the same quarter in 2010. The table is ordered by local health network and includes all principal referral, paediatric specialist, ungrouped acute - tertiary referral,

major metropolitan, major non-metropolitan and district groups 1 and 2 hospitals that conduct elective surgery. These hospitals account for 98% of all elective surgery recorded as complete in WLCOS. Surgery information from smaller hospitals is presented for each local health network under the 'other' category.

Appendix table 3: NSW median elective surgery waiting time performance, by hospital and local health network, January to March 2011 compared with January to March 2010

Median waiting time (days)

	Urgent ¹		Semi-urgent ¹		Non-urgent ² (new method)	
	This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year
New South Wales						
Total New South Wales	11	9	50	54	217	207
Central Coast Local Health Network (CCLHN)						
Gosford Hospital	18	17	55	84	325	360
Wyong Hospital	16	15	49	69	253	273
Total CCLHN	18	15	51	80	300	314
Far West Local Health Network (FWLHN)						
Broken Hill Base Hospital	15	8	72	58	229	214
Total FWLHN	15	8	72	58	229	214
Hunter New England Local Health Network (HNELHN)						
Armidale and New England Hospital	15	17	57	63	318	262
Belmont Hospital	15	16	55	56	205	209
Calvary Mater Newcastle	22	20	68	54	195	134
Cessnock District Hospital	8	*	21	18	90	116
Gunnedah District Hospital	7	*	18	48	96	55
Inverell District Hospital	*	*	47	64	357	209
John Hunter Hospital	11	12	48	57	239	239
Kurri Kurri District Hospital	8	7	55	77	216	268
Maitland Hospital	15	13	43	56	215	166
Manning Base Hospital	22	14	53	62	281	305
Moree District Hospital	8	4	36	21	54	100
Muswellbrook District Hospital	1	*	7	11	7	18
Narrabri District Hospital	6	8	29	27	*	*
Singleton District Hospital	7	*	21	20	44	38
Tamworth Base Hospital	8	8	62	60	251	178
Other HNELHN	18	10	29	35	140	134
Total HNELHN	12	12	45	50	206	196

Median waiting time (days)

Urgent ¹		Semi-urgent ¹		Non-urgent ² (new method)	
This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year

Illawarra Shoalhaven Local Health Network (ISLHN)

Bulli District Hospital	10	12	47	53	198	301
Milton and Ulladulla Hospital	*	5	*	*	*	71
Shellharbour Hospital	22	22	63	71	217	179
Shoalhaven and District Memorial Hospital	14	12	77	66	313	311
Wollongong Hospital	9	9	76	65	313	289
Total ISLHN	12	10	71	68	257	274

Mid North Coast Local Health Network (MNCLHN)

Coffs Harbour Base Hospital	20	18	80	82	356	361
Kempsey Hospital	*	*	78	102	185	163
Macksville District Hospital	*	*	77	88	317	344
Port Macquarie Base Hospital	15	15	68	83	282	259
Other MNCLHN	15	25	61	53	194	134
Total MNCLHN	18	18	72	81	307	321

Murrumbidgee Local Health Network (MLHN)

Deniliquin Health Service	10	13	70	55	208	*
Griffith Base Hospital	34	26	70	105	328	313
Tumut Health Service	*	*	71	87	76	50
Wagga Wagga Base Hospital	19	18	56	67	328	331
Young Health Service	18	*	80	124	110	98
Other MLHN	15	7	29	32	91	74
Total MLHN	19	17	57	70	319	298

Nepean Blue Mountains Local Health Network (NBMLHN)

Blue Mountains District Anzac Memorial Hospital	8	26	73	70	45	220
Hawkesbury Private	16	14	83	56	349	376
Lithgow Health Service	17	16	42	40	274	246
Nepean Hospital	11	10	71	70	329	198
Other NBMLHN	*	26	34	110	221	25
Total NBMLHN	11	12	68	65	300	236

Northern NSW Local Health Network (NNSWLHN)

Ballina District Hospital	20	14	50	47	97	98
Casino and District Memorial Hospital	13	8	34	27	81	106
Grafton Base Hospital	11	15	51	51	267	345
Lismore Base Hospital	13	8	66	64	302	170
Macleay District Hospital	*	7	*	47	*	65
Murwillumbah District Hospital	20	21	58	73	335	344
The Tweed Hospital	20	15	70	65	217	190
Total NNSWLHN	14	13	60	61	259	204

Median waiting time (days)

Urgent ¹		Semi-urgent ¹		Non-urgent ² (new method)	
This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year

Northern Sydney Local Health Network (NSLHN)						
Hornsby and Ku-Ring-Gai Hospital	7	4	27	39	114	150
Manly District Hospital	5	4	39	28	77	68
Mona Vale and District Hospital	5	3	20	28	40	35
Royal North Shore Hospital	6	6	48	62	130	149
Ryde Hospital	10	8	51	47	125	122
Total NSLHN	6	5	41	48	113	115

South Eastern Sydney Local Health Network (SESLHN)						
Prince of Wales Hospital	11	10	44	50	239	309
Royal Hospital for Women	6	6	29	37	75	55
St George Hospital	13	13	64	57	303	238
Sutherland Hospital	20	12	68	68	317	241
Sydney Hospital / Sydney Eye Hospital	10	10	46	49	218	299
Total SESLHN	12	10	50	52	225	276

South Western Sydney Local Health Network (SWSLHN)						
Bankstown / Lidcombe Hospital	16	15	59	72	170	183
Bowral and District Hospital	20	8	55	62	207	313
Campbelltown Hospital	21	18	64	63	280	265
Fairfield Hospital	13	11	53	52	284	316
Liverpool Hospital	10	8	49	55	251	216
Total SWSLHN	13	11	55	62	248	246

Southern NSW Local Health Network (SNSWLHN)						
Bateman's Bay District Hospital	18	7	49	46	327	335
Bega District Hospital	14	20	84	75	349	333
Cooma Health Service	10	†	20	50	113	60
Goulburn Base Hospital	14	10	47	34	302	211
Moruya District Hospital	15	10	39	34	213	85
Pambula District Hospital	*	*	*	*	*	*
Queanbeyan Health Service	19	*	61	68	202	162
Total SNSWLHN	13	13	52	45	281	267

St Vincent's Health Network (SVHN)						
St Vincent's Hospital, Darlinghurst	5	5	50	42	144	131
Total SVHN	5	5	50	42	144	131

Sydney Children's Hospitals Network (SCHN)						
Sydney Children's Hospital	7	4	24	33	110	139
The Children's Hospital at Westmead	7	6	52	71	109	120
Total SCHN	7	6	42	55	109	125

Median waiting time (days)

Urgent ¹		Semi-urgent ¹		Non-urgent ² (new method)	
This quarter	Same quarter last year	This quarter	Same quarter last year	This quarter	Same quarter last year

Sydney Local Health Network (SYDLHN)

Canterbury Hospital	17	14	72	65	318	308
Concord Hospital	8	7	48	48	141	132
RPAH Institute of Rheumatology & Orthopaedics	4	5	23	16	49	25
Royal Prince Alfred Hospital	6	5	16	17	41	30
Total SYDLHN	7	6	33	33	97	89

Western NSW Local Health Network (WNSWLHN)

Bathurst Base Hospital	8	8	73	40	269	277
Cowra District Hospital	6	4	55	76	106	44
Dubbo Base Hospital	7	13	35	34	255	175
Forbes District Hospital	11	*	25	56	306	307
Mudgee District Hospital	12	*	47	83	258	336
Orange Base Hospital	7	14	64	60	345	346
Parkes District Hospital	3	*	25	18	43	19
Other WNSWLHN	†	*	*	*	*	43
Total WNSWLHN	8	11	51	46	298	283

Western Sydney Local Health Network (WSLHN)

Auburn Hospital	12	8	62	64	236	233
Blacktown Hospital	13	10	46	50	142	158
Mount Druitt Hospital	8	9	58	63	241	175
Westmead Hospital (all units)	12	8	38	36	124	124
Total WSLHN	12	8	46	49	164	169

(*) Values suppressed due to small numbers and to protect privacy.

(†) This hospital or group conducted no surgery for this urgency category in this quarter and therefore has no on-time performance value.

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

Note: All urgency categories include deferred patients as appropriate.

Note: Because staged patients are now reported separately, median waiting time by urgency category will differ from those reported in previous *Hospital Quarterly* reports and in the NSW Department of Health's *Quarterly Hospital Performance Report*.

Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 April 2011.

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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 Department of Health or any other NSW statutory health corporation is intended or should be inferred.

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