Healthcare Quarterly

Supplementary Results

Emergency department, ambulance, admitted patients and elective surgery

January to March 2019

bureau of health information

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

Published June 2019

Healthcare Quarterly reports present data at the point in time when data become available to BHI. Subsequent changes in data coverage and analytic methods, and updates to databases mean that figures published in this document are superseded by subsequent reports.
At any time, the most up-to-date data are available on BHI's online interactive data portal, Healthcare Observer, at **bhi.nsw.gov.au/healthcare_observer**

The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

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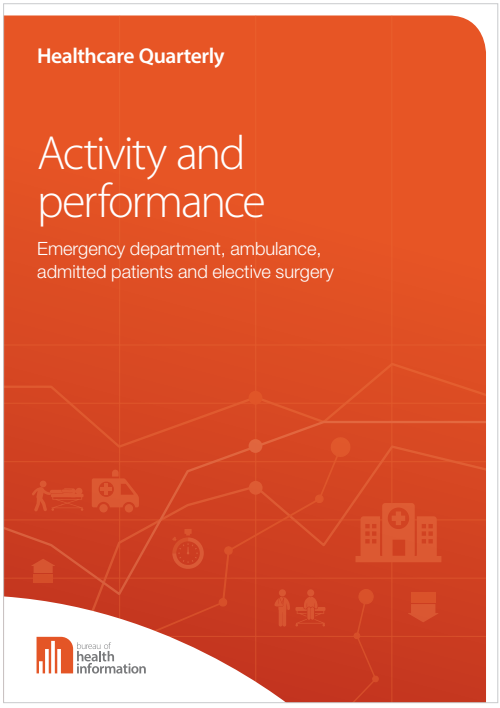
Full results for *Healthcare Quarterly* are available through BHI's interactive data portal, Healthcare Observer. Results are reported at a state, local health district, hospital peer group and individual hospital level for public hospitals and at a state level and by statistical area level 3 (SA3) for ambulance services.

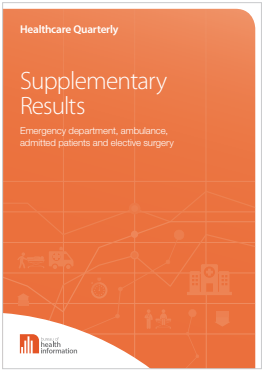
Please visit Healthcare Observer at **bhi.nsw.gov.au/Healthcare_Observer**

A guide to Healthcare Quarterly

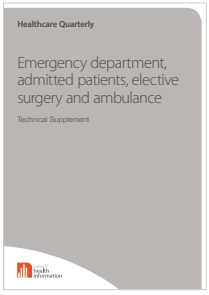
Healthcare Quarterly reports on activity and performance in public hospitals and ambulance services across NSW.

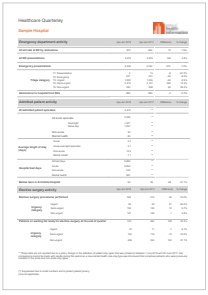


This *Healthcare Quarterly* shows how public hospitals and ambulance services performed in the January to March 2019 quarter. The key measures focus on the timeliness of services delivered to people across NSW.

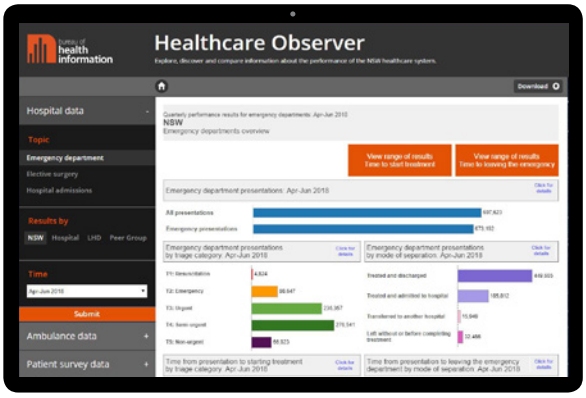


The Supplementary Results provide additional findings to the *Healthcare Quarterly* report for emergency departments, ambulance services, admitted patients and elective surgeries.





The Technical Supplement describes the data, methods and technical terms used to calculate activity and performance measures. Profiles report activity and performance at hospital, peer group and local health district level.



Full results are available from BHI's interactive data portal Healthcare Observer, at **bhi.nsw.gov.au/healthcare_observer**

All reports and profiles are available at **bhi.nsw.gov.au**

Emergency department activity and performance

Emergency department presentations

Five-year trends in emergency department (ED) activity show how demands on the system have changed over time. The number of ED presentations can be influenced by factors such as outbreaks of disease, weather events and population growth. Seasonal variation can also play a role when demand for services changes predictably through the year.

Presenting ED activity by triage category provides information on changes in the type of demand. Fluctuations in number of presentations in resource intensive categories (triage 1 to 3) may have more repercussions on timeliness of care than variation in less urgent categories (triage 4 and 5).

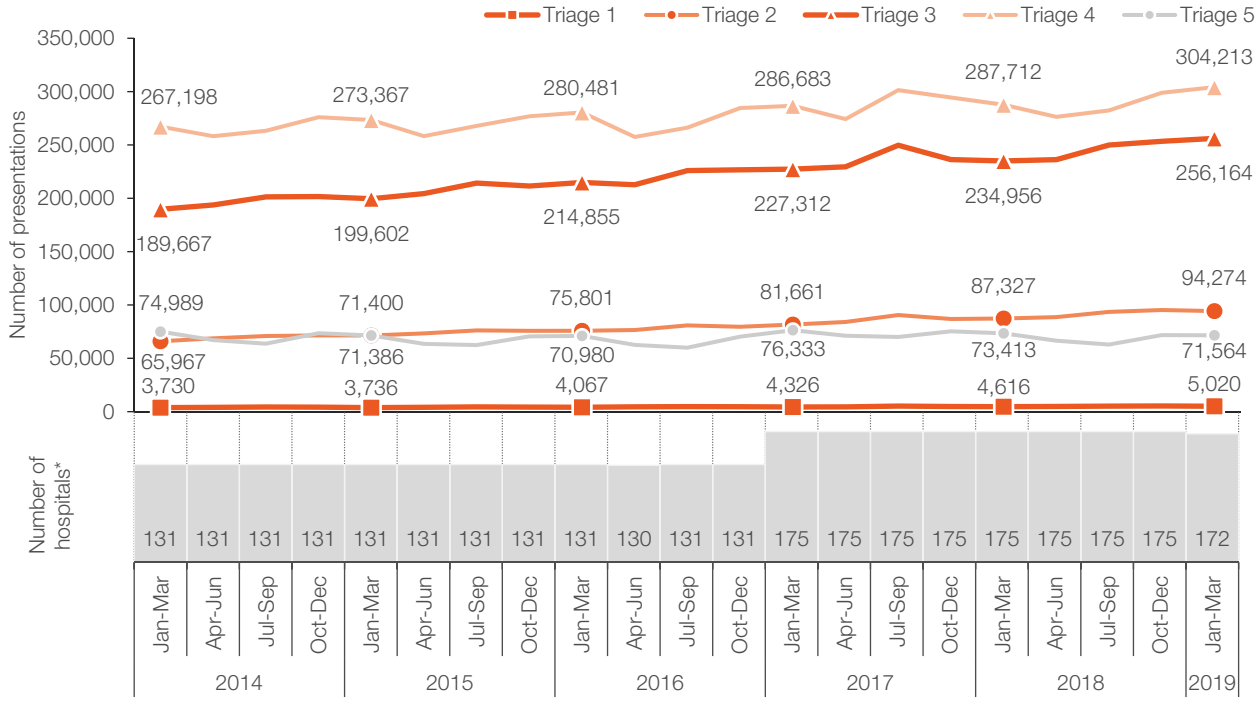
At the bottom of all ED trend graphs, there are bar charts showing changes in the number of hospitals included in this report over time. This can influence the NSW trends in ED activity. Further information on hospital inclusions is available in the *Technical Supplement*.

Changes to Northern Sydney LHD

Emergency department (ED) performance results for Northern Beaches Hospital and Northern Sydney LHD should be interpreted with caution because of challenges experienced in the implementation of a new information system at Northern Beaches ED following its opening on 30 October 2018. Further details are available in this report's Technical Supplement, which can be accessed at **bhi.nsw.gov.au**.

On 30 October 2018, services at Manly and Mona Vale hospitals were transferred to Northern Beaches Hospital. Emergency care continues to be provided at Mona Vale Hospital through its Urgent Care Centre. BHI does not report on Urgent Care Centres. *Healthcare Quarterly* only includes data relating to publicly contracted services at Northern Beaches Hospital.

Figure 1 Emergency presentations by category, January 2014 to March 2019

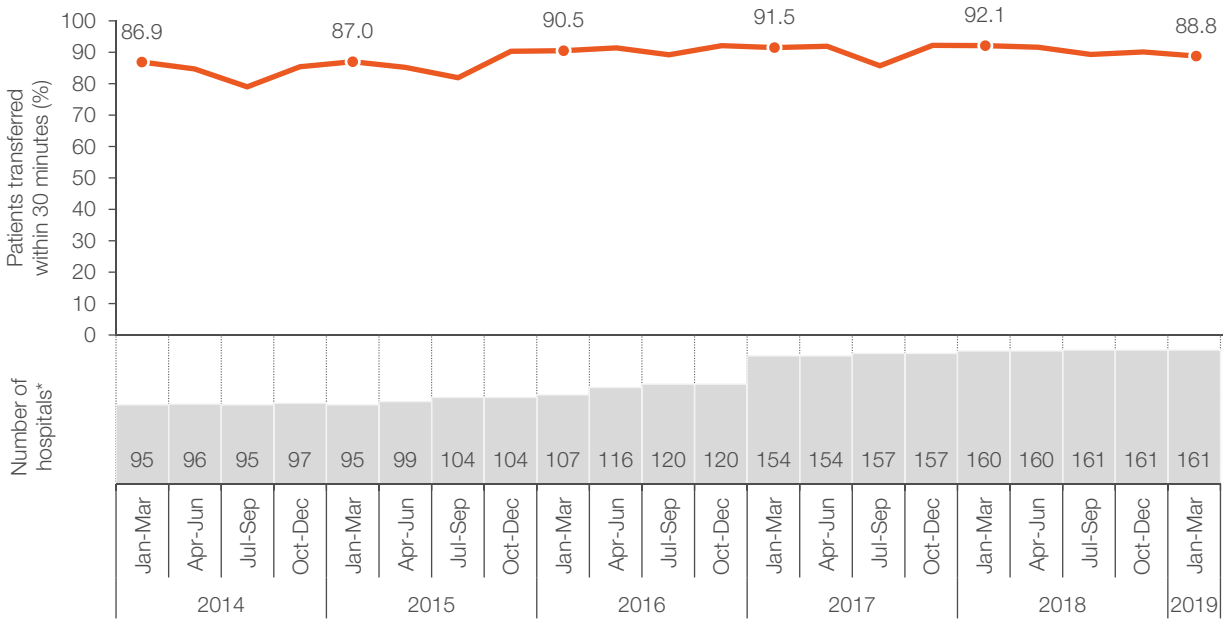


* See Technical Supplement for information on hospital emergency department counts.

Transfer care from the ambulance to the emergency department

When an ambulance arrives at an ED, care for the patient is transferred from the paramedics to ED staff. Transfer of care time is the difference between ambulance arrival time at the hospital and the time responsibility for patients' care was transferred to the ED staff. In NSW, the target time for transfer of care from paramedics to ED staff is 30 minutes for at least 90% of patients.

Figure 2 Percentage of ambulance arrivals with transfer of care time within 30 minutes, January 2014 to March 2019



* See *Technical Supplement* for information on hospital emergency department counts.

Time to treatment

Upon arrival at the ED, patients are allocated to one of five triage categories, based on urgency. For each category, the Australasian College for Emergency Medicine recommends a threshold waiting time within which treatment should start:

Triage 1: Resuscitation (within two minutes)

Triage 2: Emergency (80% within 10 minutes)

Triage 3: Urgent (75% within 30 minutes)

Triage 4: Semi-urgent (70% within 60 minutes)

Triage 5: Non-urgent (70% within 120 minutes)

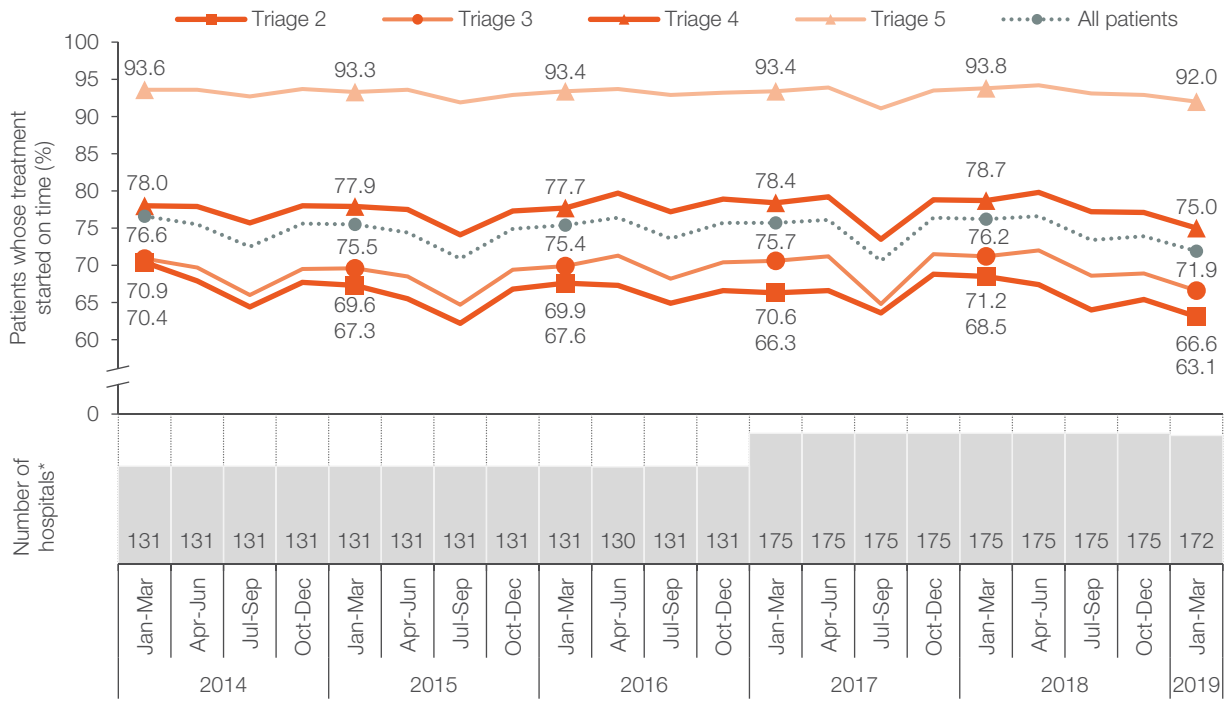
Time to treatment refers to the time between a patient's arrival at the ED and when their treatment began. It is calculated for triage categories 2 to 5. Time to treatment is not shown for the most urgent patients (triage 1) because clinicians are focused on providing immediate and essential care, rather than recording times.

Due to differences in data definitions, *Healthcare Quarterly* results for the percentage of patients whose treatment started on time are not directly comparable with figures reported by other jurisdictions. For more information refer to the Technical Supplements section of the BHI website at **bhi.nsw.gov.au**.

The median time patients waited for treatment refers to the time from arrival at the ED in which half of patients began treatment. The waiting time for the other half of patients was either equal to this time or longer.

The 90th percentile time gives a sense of the longest waiting times for treatment. It is the time from arrival by which 90% of patients received treatment. The waiting time for the remaining 10% of patients was equal to this time or longer.

Figure 3 Percentage of patients whose treatment started on time, by triage category, January 2014 to March 2019



* See Technical Supplement for information on hospital emergency department counts.

Time to treatment (continued)

Figure 4 **Median time from presentation to starting treatment, by triage category, January 2014 to March 2019**

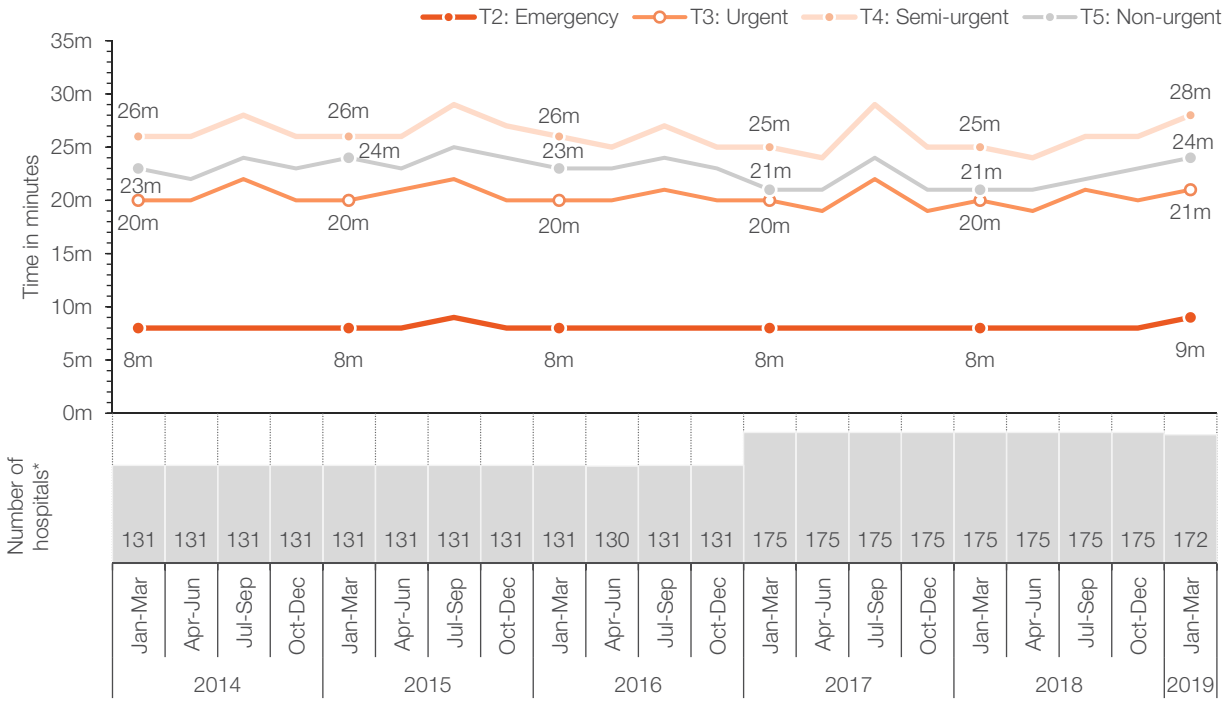
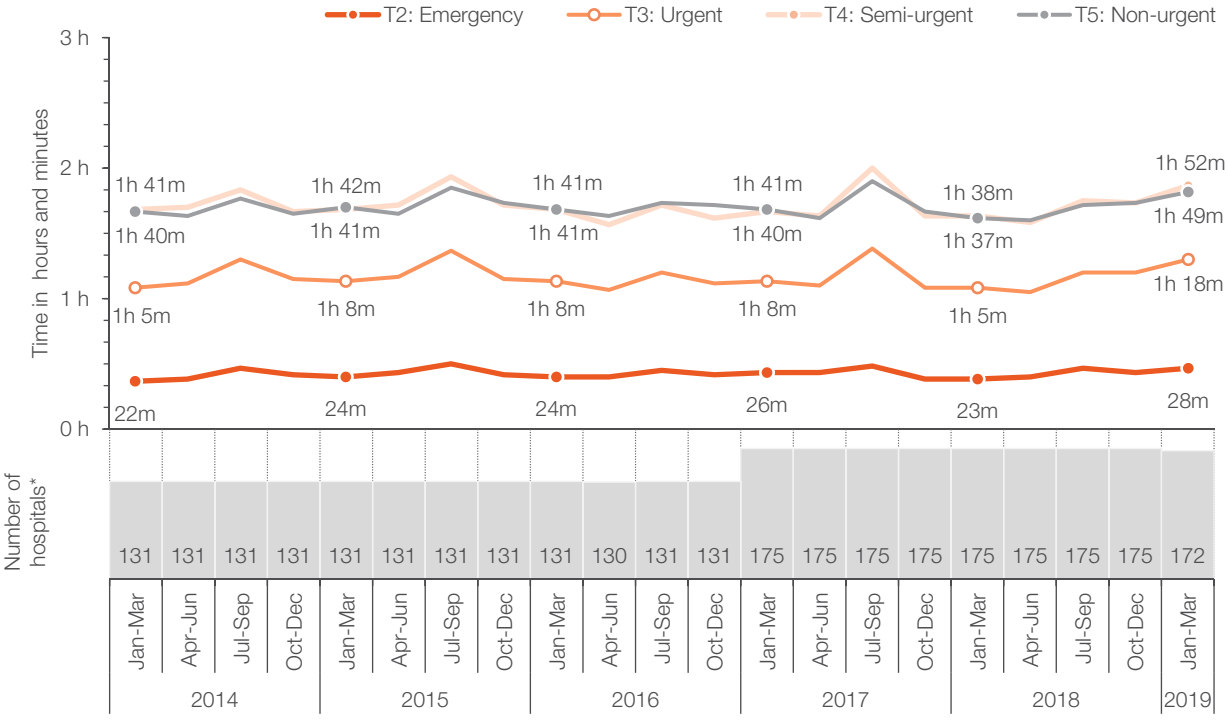


Figure 5 **90th percentile time from presentation to starting treatment, by triage category, January 2014 to March 2019**



* See Technical Supplement for information on hospital emergency department counts.

After leaving the emergency department

Following treatment in the ED, the majority of patients are either discharged home or admitted to hospital. Some patients choose not to wait for treatment and leave, and others are transferred to a different hospital. Collectively, these categories are referred to as the 'mode of separation'.

There is a correlation between certain modes of separation and triage categories. Patients who are admitted to hospital from the ED are more likely to be classified in the higher urgency categories. Conversely, patients who are treated and discharged tend to be classified in lower urgency categories.

Similar to ED activity levels by triage categories, classifying by mode of separation also provides information on changes over time in the type of demand on ED resources.

Certain modes of separation, such as being treated and admitted to hospital or being transferred to another hospital, depend on services outside of the ED. This could mean waiting for hospital beds to become available or waiting for an ambulance pick-up.

Figure 6 Percentage of patients who presented to the emergency department, by mode of separation, January to March 2019

		This quarter	Same quarter last year	Change since one year ago
Treated and discharged	64.1%	484,419	465,576	4.0%
Treated and admitted to hospital	25.3%	191,590	181,224	5.7%
Left without, or before completing, treatment	6.7%	50,382	38,010	32.5%
Transferred to another hospital	2.2%	16,500	15,765	4.7%
Other	1.8%	13,368	13,437	-0.5%

Figure 7 Percentage of patients who were treated and admitted, by triage category, January to March 2019

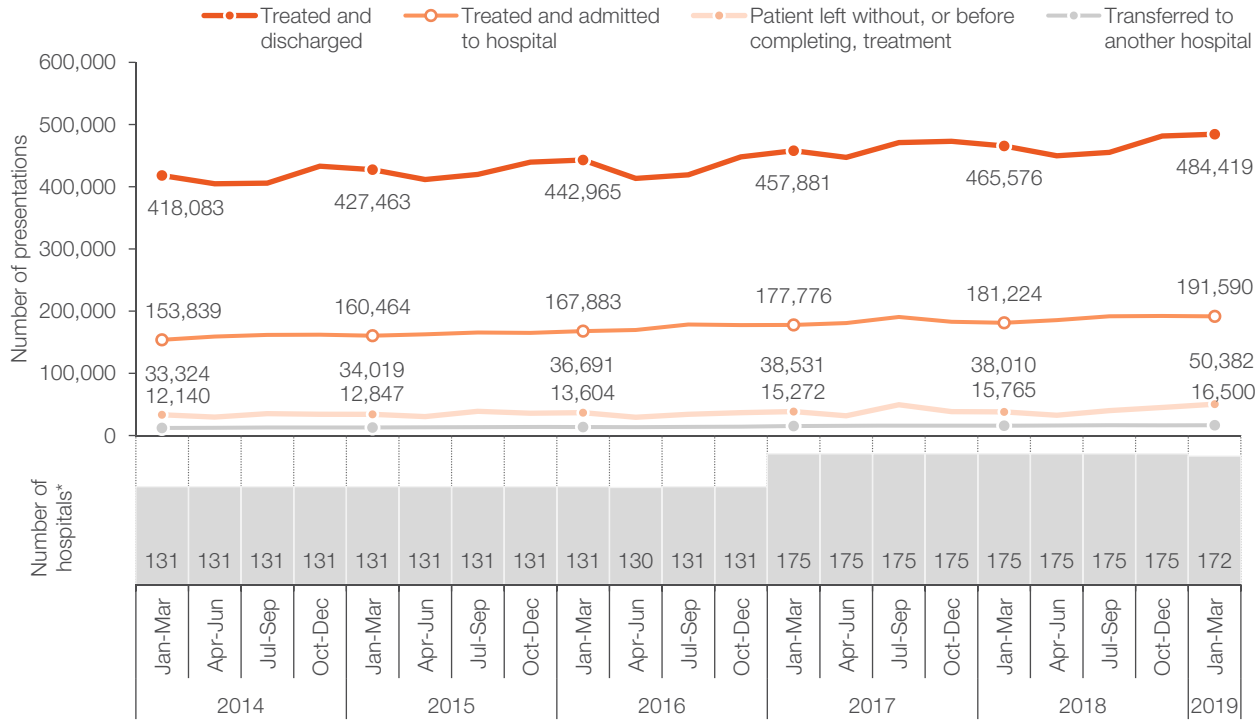
		This quarter	Same quarter last year	Percentage point change since one year ago
All emergency presentations	25.4%		25.4%	0.0
Triage 1	74.7%		75.4%	-0.7
Triage 2	50.7%		51.5%	-0.8
Triage 3	35.8%		36.5%	-0.7
Triage 4	14.0%		14.3%	-0.3
Triage 5	4.6%		4.5%	0.1

After leaving the emergency department (continued)

Figure 8 **Percentage of patients who were treated and discharged, by triage category, January to March 2019**

	This quarter	Same quarter last year	Percentage point change since one year ago
All emergency presentations	64.1%	65.2%	-1.1
Triage 1	12.9%	12.9%	0.0
Triage 2	40.4%	40.2%	0.2
Triage 3	55.5%	56.1%	-0.6
Triage 4	74.6%	75.6%	-1.0
Triage 5	81.1%	82.5%	-1.4

Figure 9 **Emergency presentations by mode of separation, January 2014 to March 2019**



* See Technical Supplement for information on hospital emergency department counts.

Median time patients spent in the emergency department

The median time patients spent in the ED refers to the time from arrival by which half of the patients had left the ED. The other half of patients spent equal to or longer than this time in the ED.

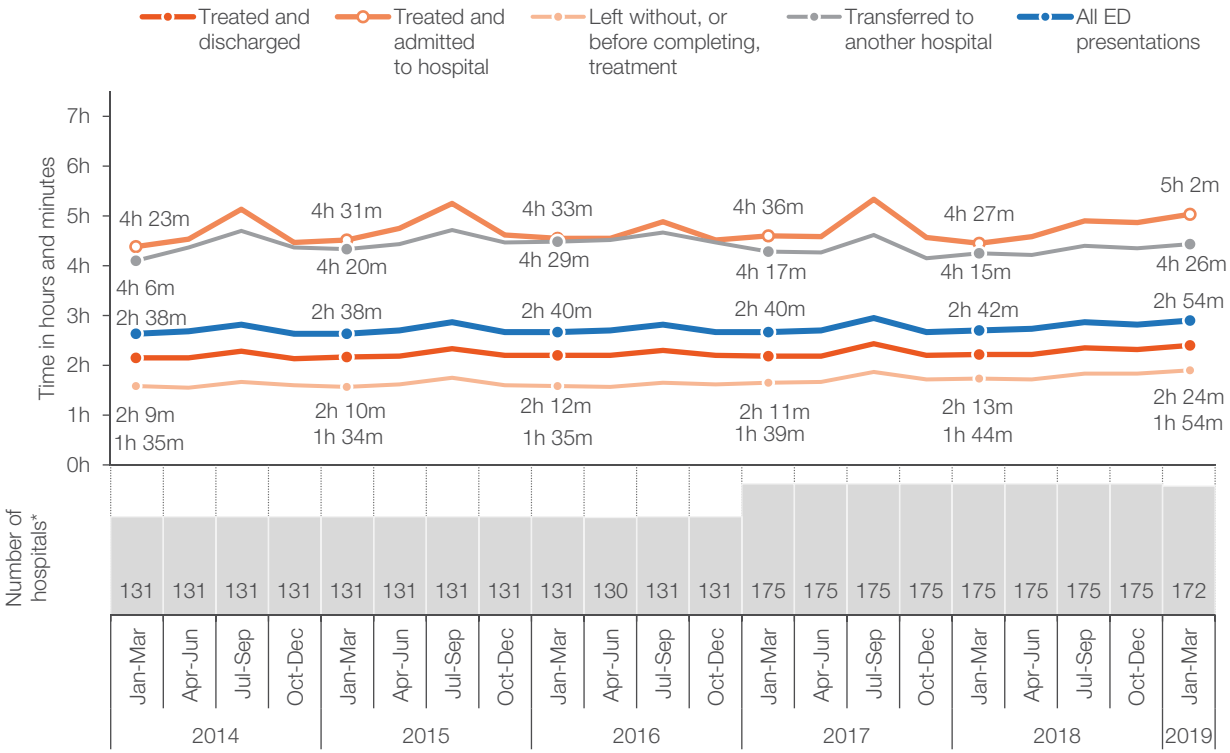
The 90th percentile time gives a sense of the longest times spent in the ED over the quarter. It is the time from presentation by which 90% of patients had left the ED. The 10% of patients spent either equal to longer than this time.

Figure 10 Time patients spent in the emergency department, January to March 2019

	This quarter	Same quarter last year	Change since one year ago
Median time spent in the ED	2h 54m	2h 42m	12m
90th percentile time spent in the ED	7h 34m	6h 49m	45m
Triage 2 Emergency (e.g. chest pain, severe burns):			
Median	3h 55m	3h 47m	8m
90th percentile	10h 51m	9h 18m	1h 33m
Triage 3 Urgent (e.g. moderate blood loss, dehydration)			
Median	3h 38m	3h 27m	11m
90th percentile	9h 13m	8h 11m	1h 2m
Triage 4 Semi-urgent (e.g. sprained ankle, earache)			
Median	2h 25m	2h 16m	9m
90th percentile	6h 0m	5h 30m	30m
Triage 5 Non-urgent (e.g. small cuts or abrasions)			
Median	1h 13m	1h 8m	5m
90th percentile	3h 39m	3h 28m	11m

Median time patients spent in the emergency department (continued)

Figure 11 **Median time patients spent in the emergency department, by mode of separation, January 2014 to March 2019**



* See Technical Supplement for information on hospital emergency department counts.

Percentage of patient stays of four hours or less – peer group variation

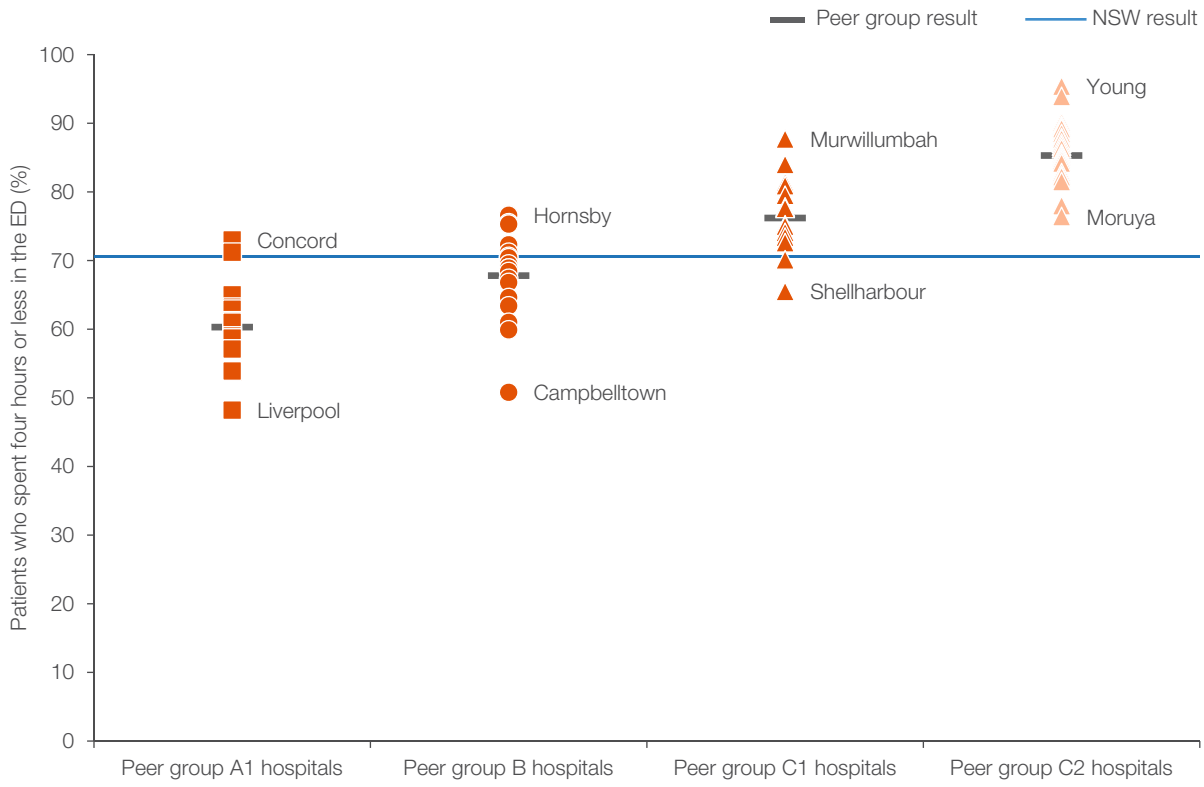
The total time patients spend in the ED is measured to gauge the efficiency of service delivery. In NSW, the benchmark for time to departure is four hours.

Analyses of how long patients spend in the ED are categorised by hospital peer group: principal referral (peer group A), major hospitals (peer group B) and district hospitals (peer group C). Presenting results in this way acknowledges the differences between hospitals in terms of their size and functions.

Patients who are treated and admitted to hospital from the ED or those who are transferred to another hospital tend to have more complex health needs, and therefore often spend longer periods in the ED.

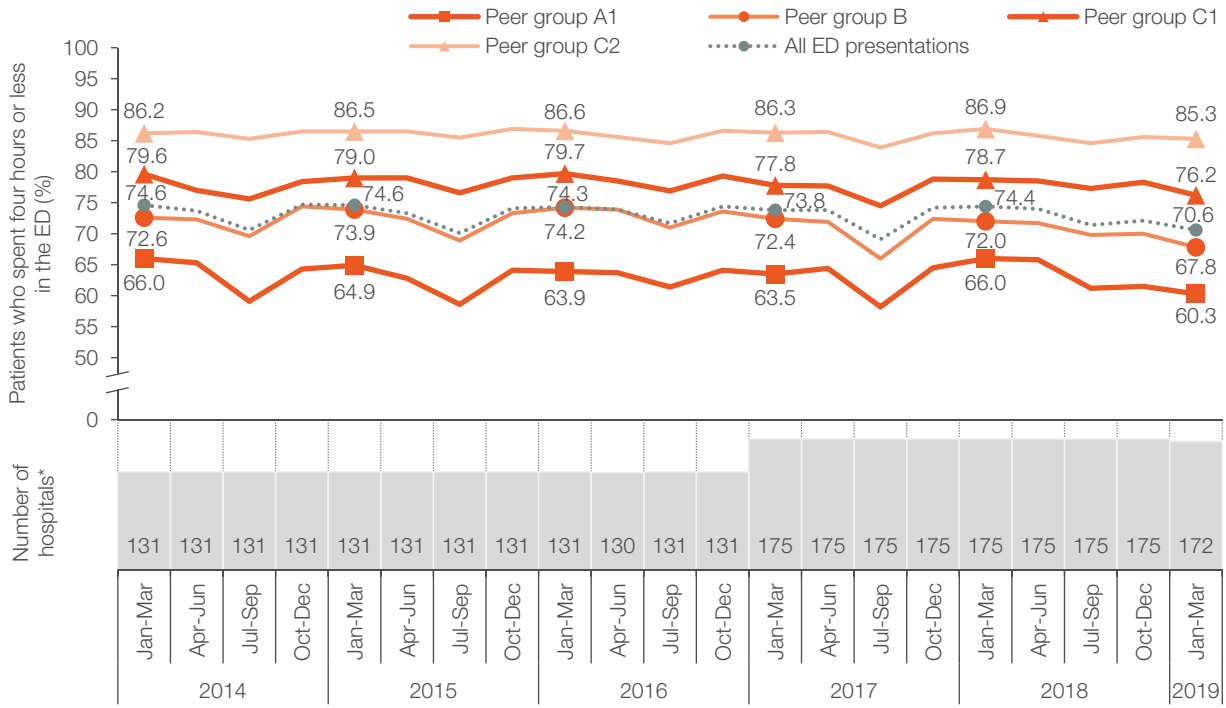
Due to differences in data definitions, period of reporting and the number of hospitals included, *Healthcare Quarterly* results for the percentage of patients who spent four hours or less in the ED are not directly comparable with figures reported by the NSW Ministry of Health or the Commonwealth. For more information refer to the Technical Supplements section of the BHI website at **bhi.nsw.gov.au.**

Figure 12 Percentage of patients who spent four hours or less in the emergency department, by peer group, January to March 2019



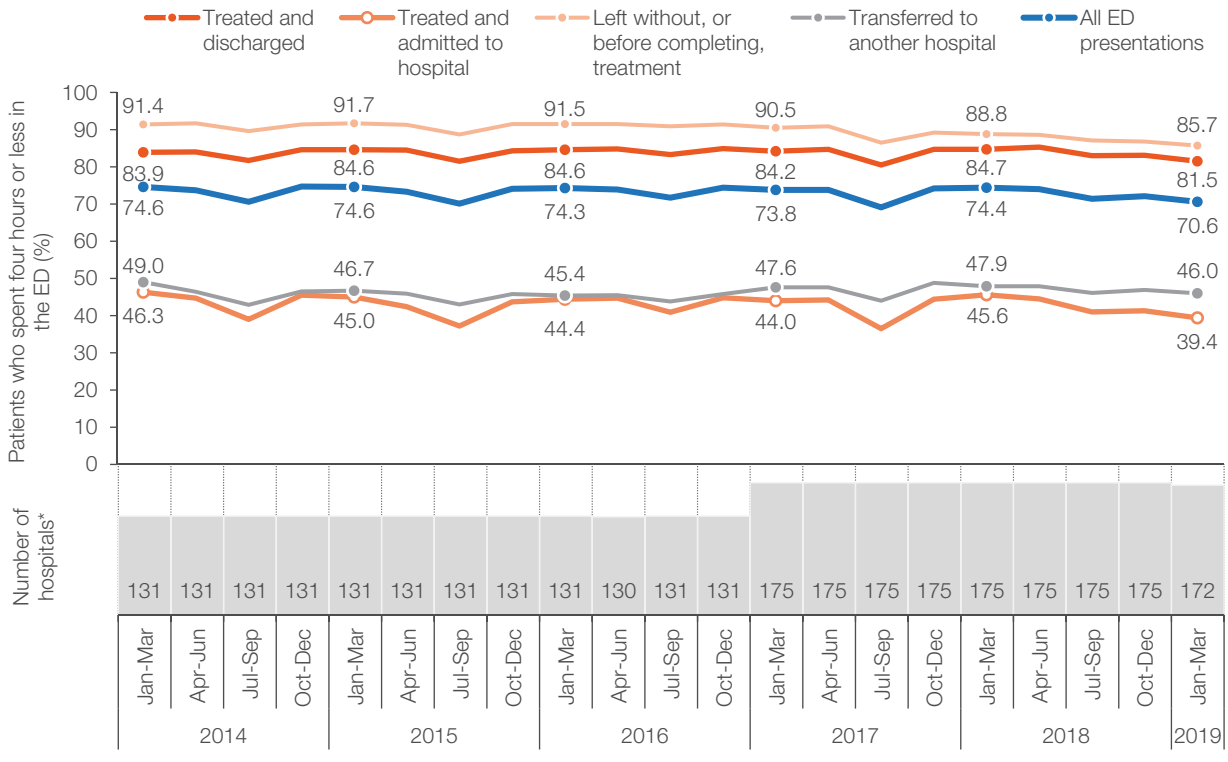
Percentage of patient stays of four hours or less – peer group variation (continued)

Figure 13 **Percentage of patients who spent four hours or less in the emergency department, by peer group, January 2014 to March 2019**



* See Technical Supplement for information on hospital emergency department counts.

Figure 14 **Percentage of patients who spent four hours or less in the emergency department, by mode of separation, January 2014 to March 2019**



* See Technical Supplement for information on hospital emergency department counts.

Ambulance activity and performance

Ambulance activity

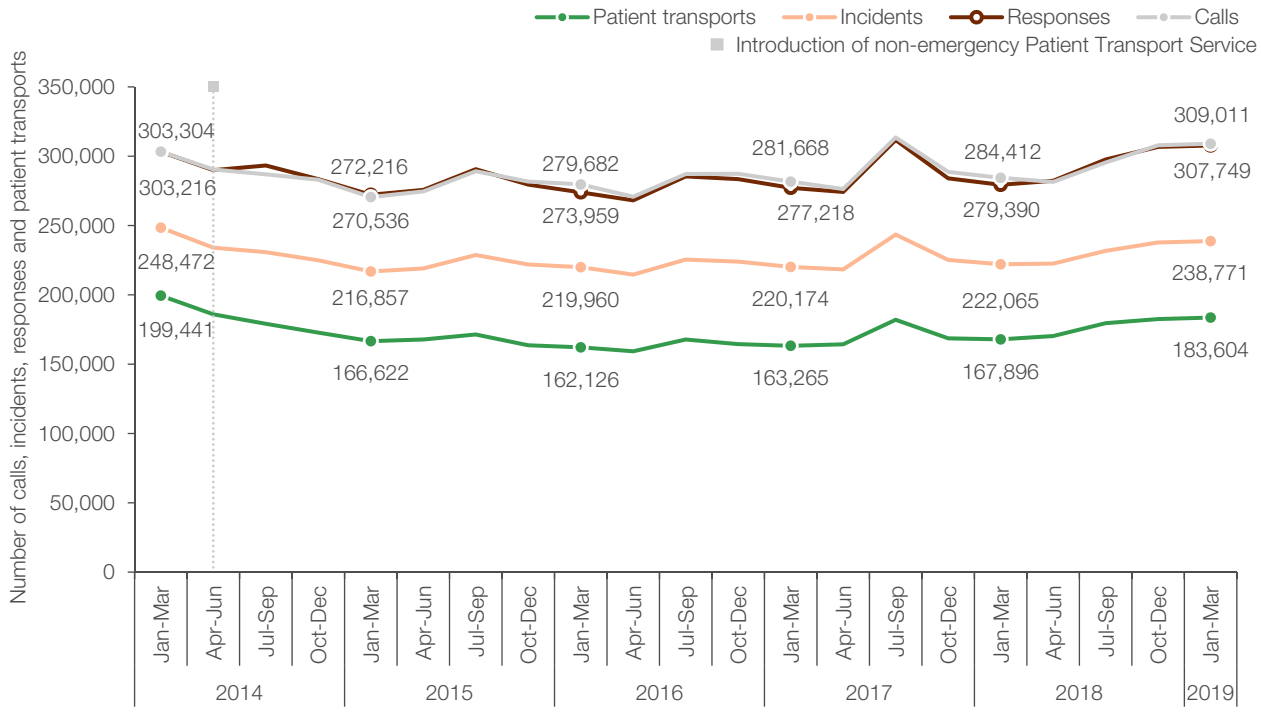
Activity is measured as the number of ambulance calls, incidents, responses and transports during the quarter. A Triple Zero (000) call generally initiates ambulance activity. An incident is an event that results in a response by one or more ambulances. A response is the dispatch of one or more ambulances.

Depending on the seriousness of the incident, or the number of people involved, multiple responses (vehicles) may be required for a single incident.

Most incidents have one vehicle assigned. Around two in 10 incidents have multiple vehicles assigned. Some vehicles are cancelled en route.

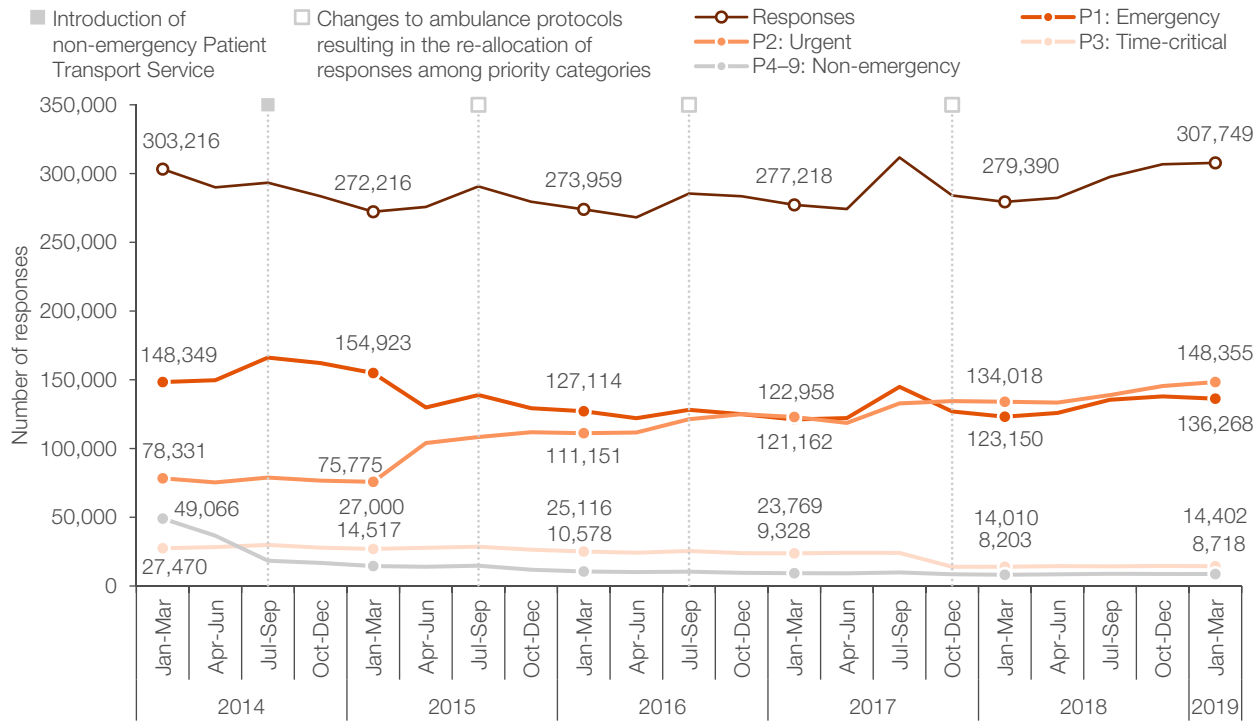
There are nine main priority categories. Three of these – priority 1 (emergency), priority 2 (urgent) and priority 3 (time critical) – are commonly used to assess the timeliness of ambulance services. Within the priority 1 category, there is the sub-category of priority 1A for life-threatening conditions (e.g. cardiac or respiratory arrest).

Figure 15 Ambulance calls, incidents, responses and patient transports, January 2014 to March 2019



Ambulance activity (continued)

Figure 16 **Ambulance responses by priority, January 2014 to March 2019**

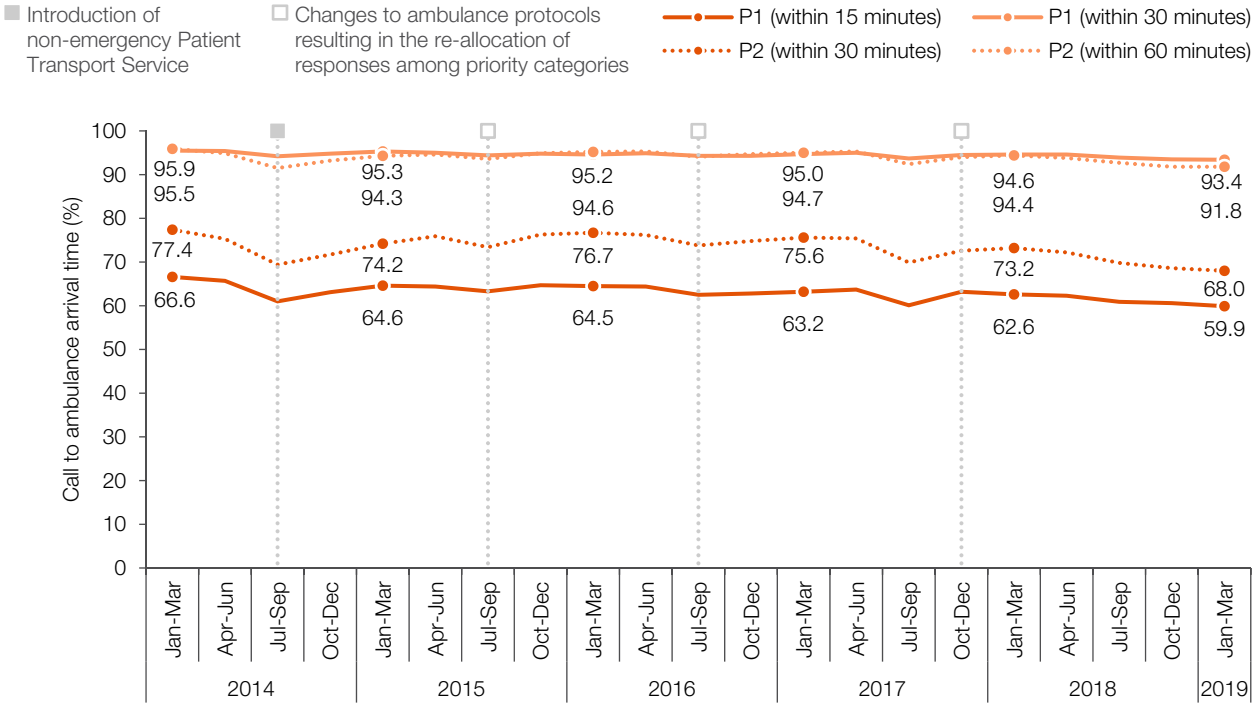


Call to ambulance arrival time – NSW performance

Call to ambulance arrival time spans from when a call is first answered in the ambulance control centre (phone pick-up), to the time the first ambulance arrives at the scene. For priorities 1 (emergency) and 2 (urgent), two time benchmarks are considered: the percentage of priority 1 call to ambulance arrival times within 15 and 30 minutes, and the percentage of priority 2 call to ambulance arrival times within 30 and 60 minutes.

Figure 17 Intervals covering call to ambulance arrival time, NSW

Figure 18 Percentage of call to ambulance arrival times, by priority category, January 2014 to March 2019



Admitted patient activity

Patients admitted to a public hospital

Admitted patient episodes can be acute (short-term admissions for immediate treatment) or non-acute (longer admissions for rehabilitation, palliative care, or other reasons). Admissions that involve treatment for mental health can be acute or non-acute.

Bed days are calculated for all admitted patient episodes that ended during the period. Total bed days for an overnight episode refers to the difference, in days, between the episode start and end dates, minus the number of episode leave days recorded. Same-day episodes count as one bed day.

Average length of stay for acute overnight episodes varies within peer groups. Length of stay measures were not adjusted for differences in case mix and variation across hospitals should be interpreted with caution.

Changes to Northern Sydney LHD

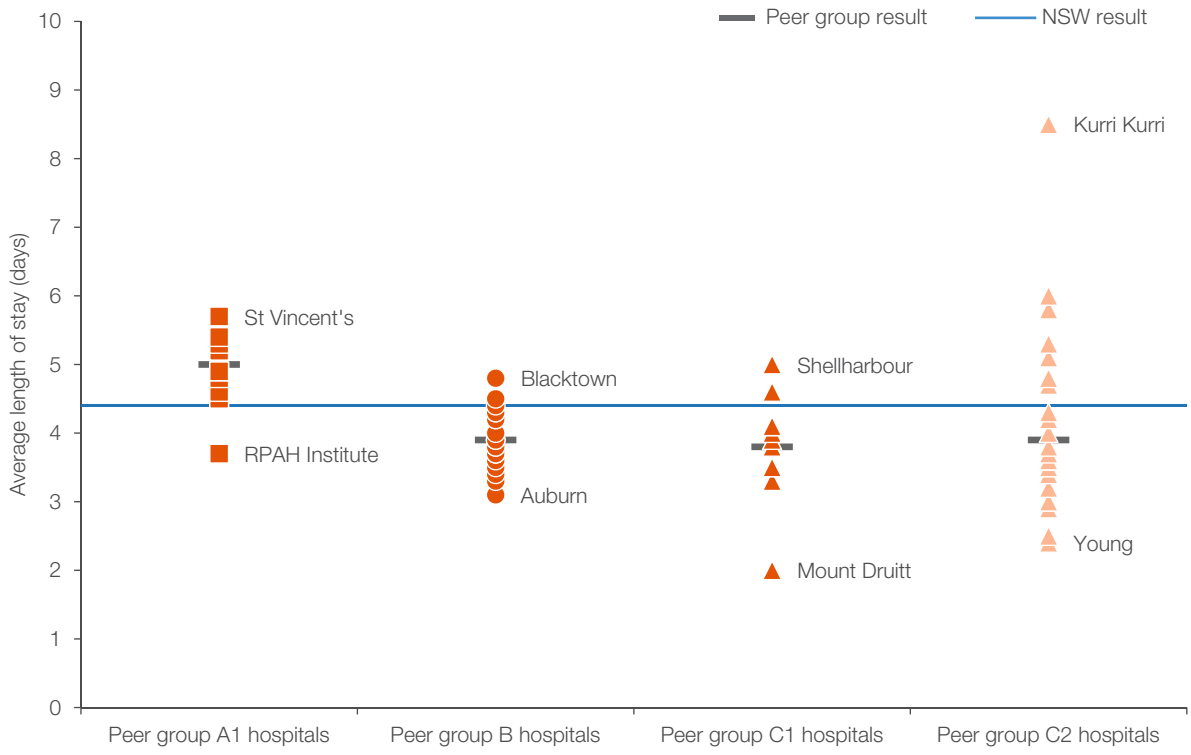
On 30 October 2018, services at Manly and Mona Vale hospitals were transferred to Northern Beaches Hospital. *Healthcare Quarterly* only includes data relating to publicly contracted services at Northern Beaches Hospital.

Figure 19 Total number of hospital bed days, by episode type, January to March 2019

		This quarter	Same quarter last year	Change since one year ago
Total bed days		1,659,558	1,588,418	4.5%
Acute	75.9%	1,259,977	1,208,910	4.2%
Non-acute	12.6%	209,900	196,912	6.6%
Mental health	11.4%	189,681	182,596	3.9%

Patients admitted to a public hospital (continued)

Figure 20 **Average length of stay for acute overnight admitted patient episodes, by peer group, January to March 2019**



Note: Same-day refers to patients who are admitted and discharged on the same day. Same-day episodes count as one bed day.

Bed days and length of stay in hospital

Bed days are a unit of time used to establish levels of inpatient occupancy. A higher number of bed days suggests that either more patients are being hospitalised or that patients are hospitalised for longer periods or both.

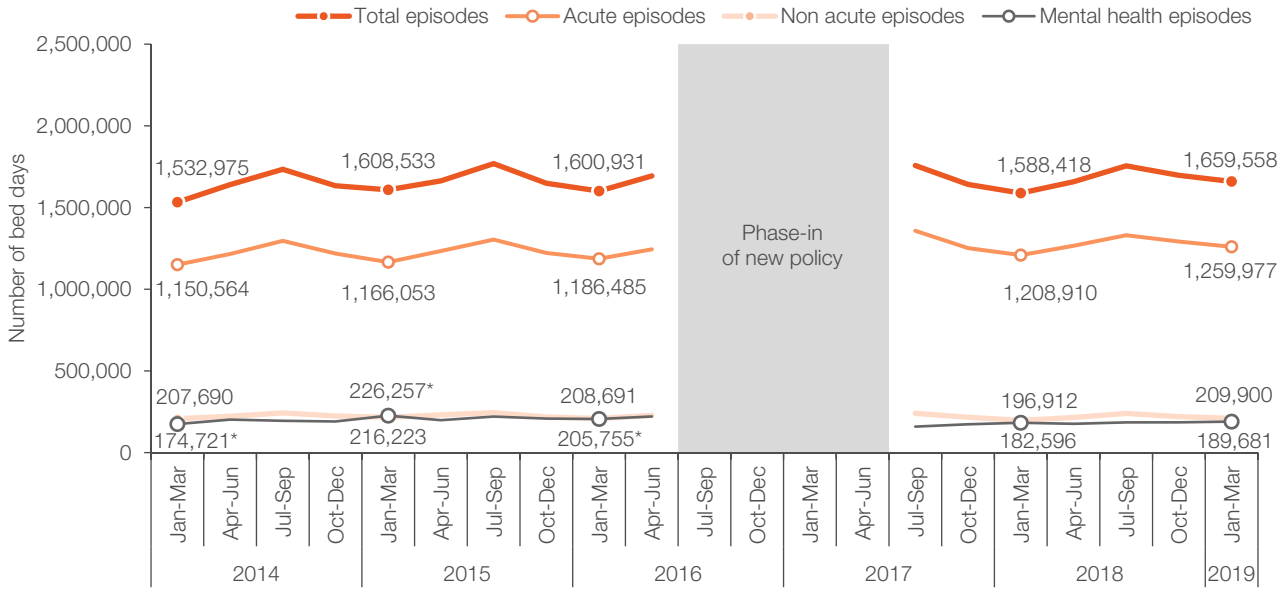
Length of stay is often presented in conjunction with the number of bed days to give a sense of how long, on average, hospital beds are in use. Bed days and average length of stay are calculated for all episodes of care that ended during the quarter. Same-day episodes count as one day.

Phase-in of new policy

Between 1 July 2016 and 30 June 2017, all LHDs and health networks introduced a mental health stay type when classifying newly admitted or long-standing mental health patients. The new mental health stay type comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI.

Fair comparisons cannot be made with results from the policy phase-in period due to staggered implementation across LHDs that affected activity counts in the acute, non-acute and mental health categories. Mental health activity counts presented before the introduction of the classification change are estimates that were calculated using a flag for days in a psychiatric unit. Accordingly, comparisons between the pre- and post-policy period should be made with caution.

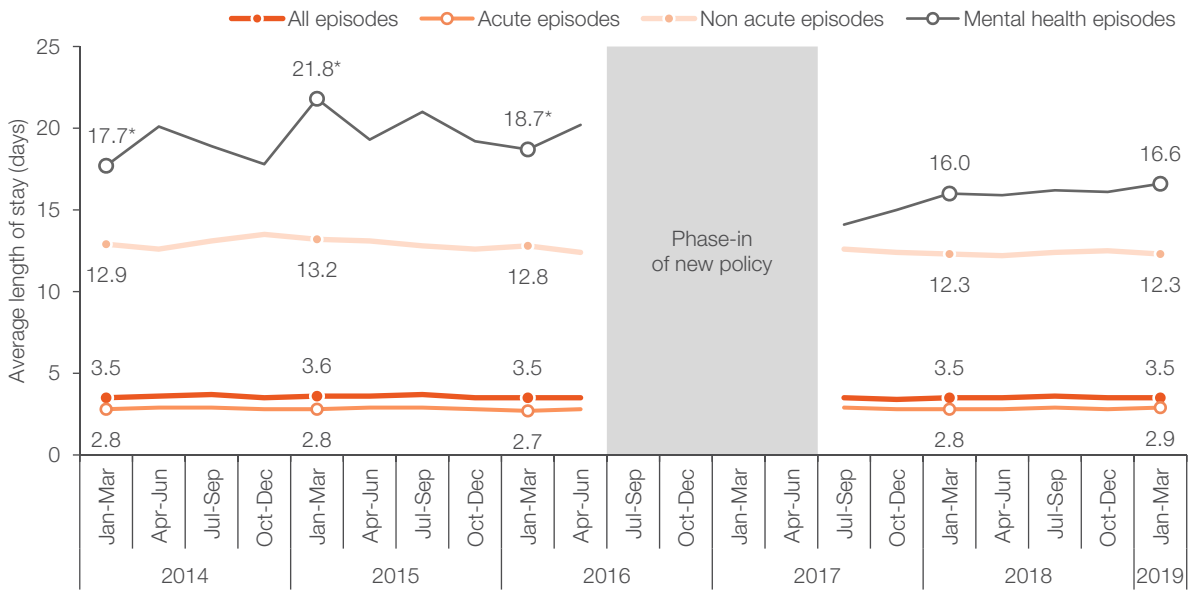
Figure 21 Total number of hospital bed days by episode type, January 2014 to March 2019



Note: Same-day refers to patients who are admitted and discharged on the same day. Same-day episodes count as one bed day.
* Estimates of mental health episodes calculated using a flag for days in a psychiatric unit.

Bed days and length of stay in hospital (continued)

Figure 22 **Average length of stay, by type of admitted patient episode, January 2014 to March 2019**



Note: Same-day refers to patients who are admitted and discharged on the same day. Same-day episodes count as one bed day.
* Estimates of mental health episodes calculated using a flag for days in a psychiatric unit.

Elective surgery activity and performance

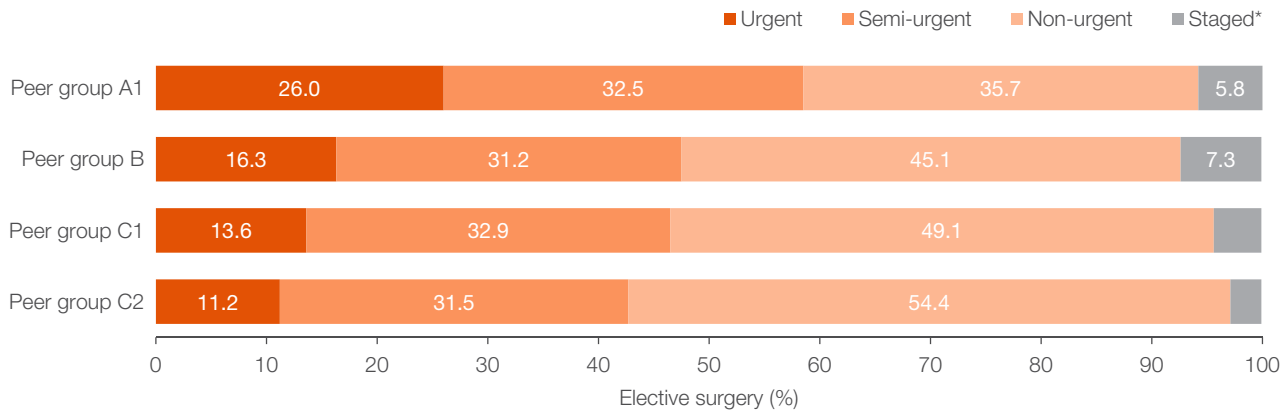
Elective surgical procedures

There are three main urgency categories for elective surgery: urgent, semi-urgent and non-urgent. Staged procedures refer to surgeries that for medical reasons, cannot be performed before a certain amount of time has passed. The surgeon decides which urgency category the patient falls into. The surgeon also decides whether a change in the patient's condition warrants a shift to a different urgency category.

Changes to Northern Sydney LHD

On 30 October 2018, services at Manly and Mona Vale hospitals were transferred to Northern Beaches Hospital. *Healthcare Quarterly* only includes data relating to publicly contracted services at Northern Beaches Hospital.

Figure 23 Distribution of elective surgery, by urgency category and peer group, January to March 2019



* Surgery that, for medical reasons, cannot take place before a certain amount of time has elapsed. BHI uses this term to define all patients that could be identified as being a staged patient for most of their time on the waiting list and all non-urgent cystoscopy patients.

Waiting time for elective surgery

Waiting time for elective surgeries is measured as the number of days from when a patient was placed on the list to when they were removed. Among the patients in the quarter who received surgery, the median waiting time refers to the number of days it took for half of the patients to be admitted to hospital and undergo surgery. The other half waited the same amount of time or longer.

The 90th percentile gives a sense of the longest waiting times to receive surgery. Among patients over the quarter who received surgery, this measure indicates the number of days it took for 90% of the patients to undergo surgery. The waiting time for the remaining 10% was the same or longer.

Figure 24 Median waiting time for elective surgery, by urgency category, January 2014 to March 2019

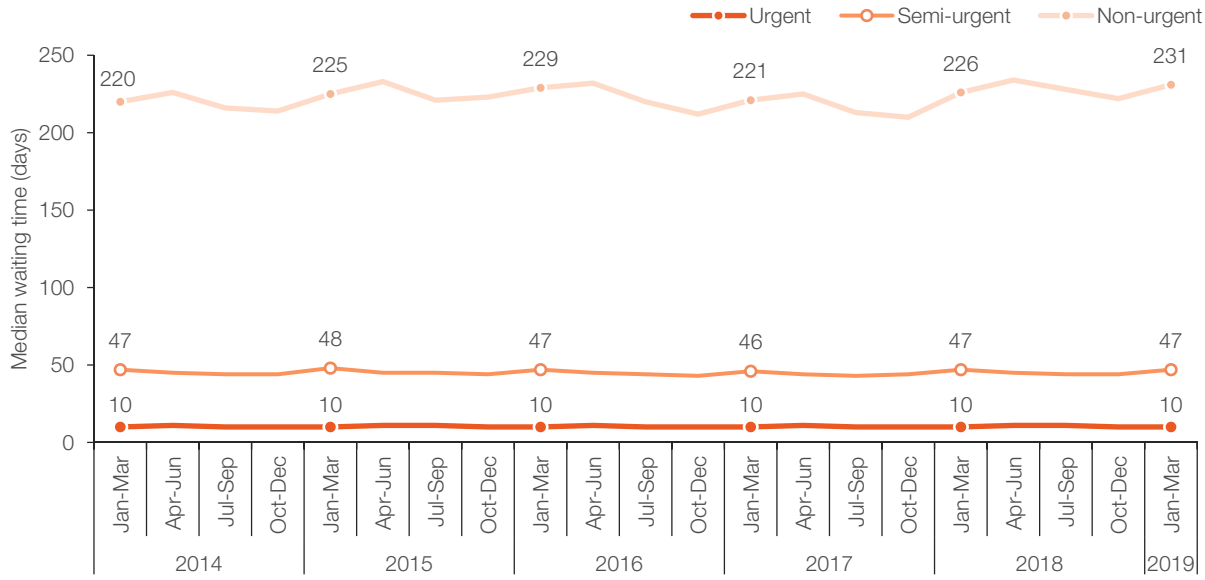
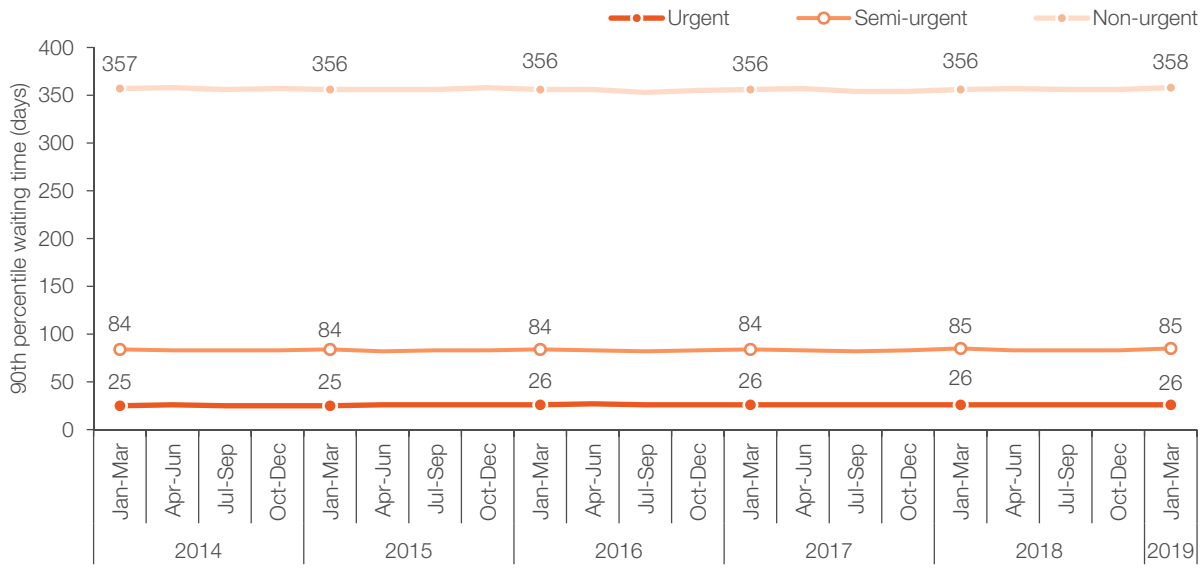


Figure 25 90th percentile waiting time for elective surgery, by urgency category, January 2014 to March 2019



Waiting time for elective surgery (continued)

Figure 26 **Median waiting time for patients who received elective surgery, by specialty, January to March 2019**

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Ophthalmology	7,174	215 days	205 days	10 days
Ear, nose and throat surgery	3,722	213 days	206 days	7 days
Orthopaedic surgery	8,529	128 days	124 days	4 days
Neurosurgery	1,175	57 days	58 days	-1 day
Gynaecology	6,574	44 days	42 days	2 days
General surgery	12,931	43 days	42 days	1 day
Urology	7,668	41 days	40 days	1 day
Plastic surgery	2,419	40 days	36 days	4 days
Cardiothoracic surgery	800	26 days	26 days	unchanged
Vascular surgery	1,684	22 days	24 days	-2 days
Medical	457	19 days	13 days	6 days

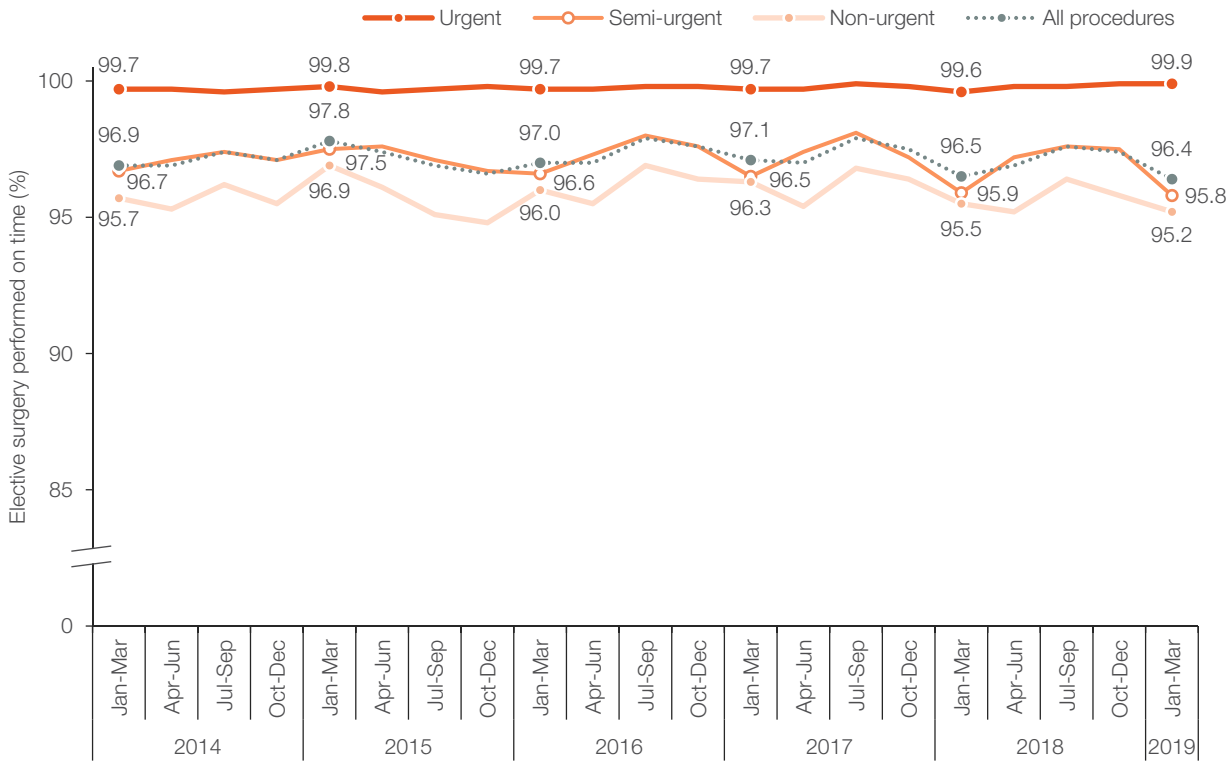
Figure 27 **Median waiting time for patients who received elective surgery, by common procedure, January to March 2019**

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Septoplasty	415	330 days	335 days	-5 days
Myringoplasty / Tympanoplasty	84	323 days	332 days	-9 days
Tonsillectomy	1,251	314 days	301 days	13 days
Total knee replacement	1,690	294 days	290 days	4 days
Cataract extraction	5,642	247 days	235 days	12 days
Total hip replacement	953	225 days	219 days	7 days
Varicose veins stripping and ligation	356	211 days	115 days	96 days
Myringotomy	34	93 days	118 days	-26 days
Inguinal herniorrhaphy	1,347	85 days	83 days	2 days
Haemorrhoidectomy	264	74 days	76 days	-2 days
Prostatectomy	649	73 days	74 days	-1 day
Cholecystectomy	1,541	66 days	60 days	6 days
Abdominal hysterectomy	552	63 days	54 days	9 days
Hysteroscopy	2,229	46 days	41 days	5 days
Coronary artery bypass graft	138	37 days	42 days	-6 days
Cystoscopy	3,147	32 days	31 days	1 day
Other - General	1,541	24 days	24 days	unchanged

Percentage of elective surgery on time

For each urgency category there are clinically recommended timeframes within which elective surgeries should be performed: 30 days for urgent surgery, 90 days for semi-urgent surgery, and 365 days for non-urgent surgery.

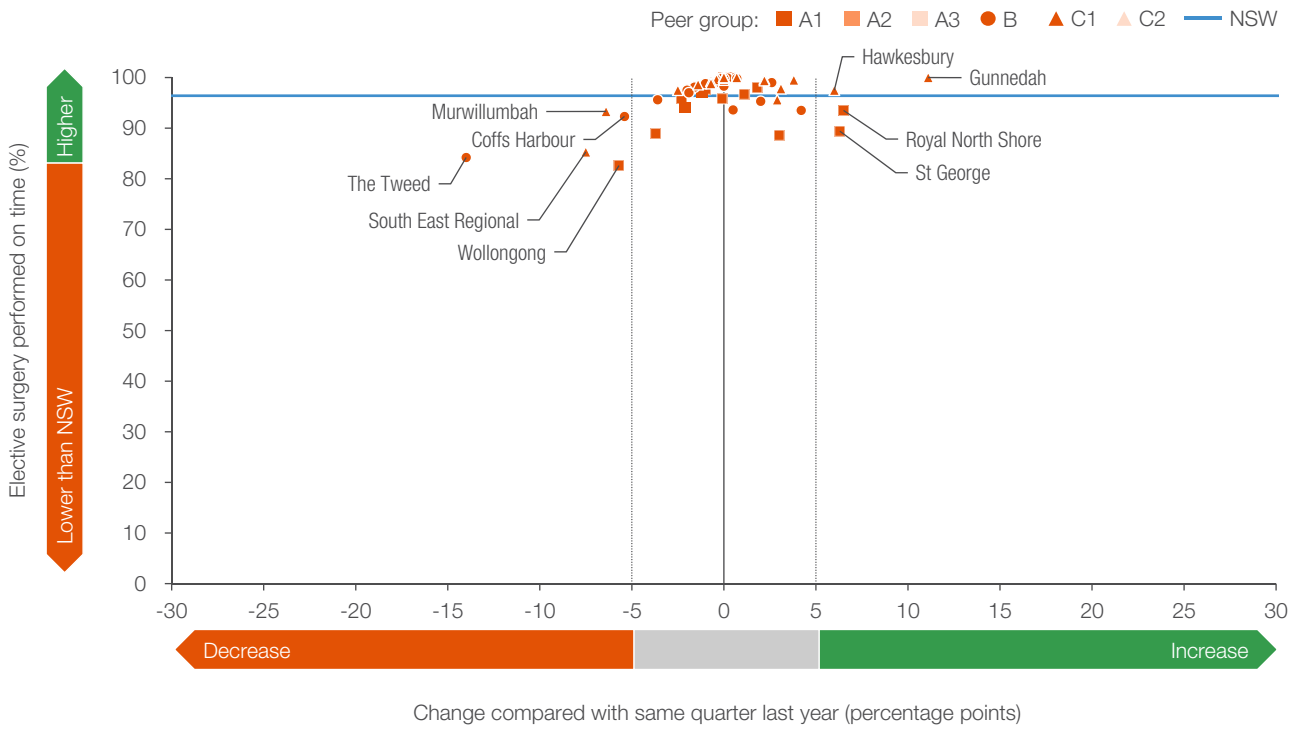
Figure 28 **Percentage of elective surgical procedures performed on time, by urgency, January 2014 to March 2019**



Percentage of elective surgery on time (continued)

The hospital-level results for this quarter are presented on two axes: the percentage of elective surgeries performed on time (Y-axis), and the percentage point change since the same quarter last year (X-axis). For hospitals shown above the blue NSW line, a higher percentage of procedures were performed on time this quarter compared with the overall NSW result. Hospitals are named if they had more than a five percentage point change in performance.

Figure 29 **Percentage of elective surgical procedures performed on time and percentage point change since same quarter last year, hospitals by peer group, January to March 2019**



Percentage of elective surgery on time (continued)

Figure 30 **Percentage of elective surgical procedures performed on time, by specialty, January to March 2019**

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Ophthalmology	7,174	99.5%	98.2%	1.3
Medical	457	98.9%	99.8%	-0.9
Vascular surgery	1,684	98.7%	97.4%	1.3
Gynaecology	6,574	98.0%	98.0%	unchanged
General surgery	12,931	97.9%	97.8%	0.1
Plastic surgery	2,419	96.4%	98.1%	-1.7
Cardiothoracic surgery	800	95.6%	97.3%	-1.7
Neurosurgery	1,175	95.6%	95.9%	-0.3
Urology	7,668	95.6%	94.8%	0.8
Orthopaedic surgery	8,529	93.4%	95.0%	-1.6
Ear, nose and throat surgery	3,722	89.4%	90.9%	-1.5

Figure 31 **Percentage of elective surgical procedures performed on time, by common procedure, January to March 2019**

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Myringotomy	34	100.0%	92.1%	7.9
Cataract extraction	5,642	99.8%	98.6%	1.2
Other - General	1,541	98.3%	97.8%	0.5
Hysteroscopy	2,229	97.8%	98.2%	-0.4
Inguinal herniorrhaphy	1,347	97.4%	96.7%	0.7
Abdominal hysterectomy	552	97.3%	96.7%	0.6
Varicose veins stripping and ligation	356	96.6%	97.0%	-0.4
Cholecystectomy	1,541	96.3%	97.8%	-1.5
Cystoscopy	3,147	96.2%	94.9%	1.3
Haemorrhoidectomy	264	96.1%	98.3%	-2.2
Prostatectomy	649	92.8%	90.5%	2.3
Coronary artery bypass graft	138	92.0%	96.8%	-4.8
Total hip replacement	953	91.5%	92.2%	-0.7
Septoplasty	415	87.2%	84.3%	2.9
Tonsillectomy	1,251	87.2%	91.7%	-4.5
Total knee replacement	1,690	86.4%	90.8%	-4.4
Myringoplasty / Tympanoplasty	84	83.1%	78.7%	4.4

End of quarter elective surgery waiting list

The waiting list is dynamic and the information about the number of patients still waiting for surgery is a snapshot of the list on a single day. In this case, it is the number of patients who were ready for surgery on the last day of the quarter. A patient would not be considered ready for surgery if, for example, they were receiving a staged procedure (i.e. their medical condition does not require, or is not amenable to, surgery until a future date) or the patient is unavailable for personal reasons.

Figure 32 Elective surgery waiting list, by urgency category, as at 31 March 2019

	This quarter	Same quarter last year	Change since one year ago
Patients ready for surgery on waiting list as at 31 March 2019	83,625	77,451	8.0%
Urgent	2,031	1,806	12.5%
Semi-urgent	12,776	12,503	2.2%
Non-urgent	68,818	63,142	9.0%
Patients not ready for surgery on waiting list at the end of quarter	14,804	14,293	3.6%

End of quarter elective surgery waiting list (continued)

Figure 33 **Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by specialty, as at 31 March 2019**

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Percentage change since one year ago	This quarter	Same quarter last year
All specialties	**83,625**	**77,451**	**8.0**	**614**	**477**
Ophthalmology	20,936	18,001	16.3	7	15
Orthopaedic surgery	19,897	19,076	4.3	232	212
General surgery	14,476	13,197	9.7	79	57
Ear, nose and throat surgery	10,686	11,080	-3.6	226	109
Gynaecology	7,082	6,102	16.1	16	26
Urology	4,656	4,435	5.0	23	23
Plastic surgery	2,521	2,394	5.3	18	13
Neurosurgery	1,604	1,488	7.8	11	14
Vascular surgery	1,129	1,088	3.8	<5	7
Cardiothoracic surgery	380	371	2.4	0	<5
Medical	258	219	17.8	0	0

Figure 34 **Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by common procedure, as at 31 March 2019**

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
Procedure	This quarter	Same quarter last year	Percentage change since one year ago	This quarter	Same quarter last year
Cataract extraction	18,307	15,816	15.7	0	5
Total knee replacement	6,142	6,017	2.1	105	80
Tonsillectomy	4,033	4,334	-6.9	66	34
Total hip replacement	2,841	2,584	9.9	53	33
Inguinal herniorrhaphy	2,439	2,356	3.5	24	9
Hysteroscopy	1,993	1,701	17.2	<5	0
Cholecystectomy	1,800	1,660	8.4	5	<5
Septoplasty	1,614	1,659	-2.7	45	21
Other - General	1,247	1,122	11.1	6	5
Cystoscopy	1,241	1,263	-1.7	<5	0
Abdominal hysterectomy	884	740	19.5	<5	7
Prostatectomy	803	741	8.4	7	5
Varicose veins stripping and ligation	704	717	-1.8	<5	6
Haemorrhoidectomy	468	366	27.9	<5	<5
Myringoplasty / Tympanoplasty	369	376	-1.9	12	8
Coronary artery bypass graft	85	78	9.0	0	<5
Myringotomy	78	111	-29.7	0	0

bureau of health information

About the Bureau of Health Information

The Bureau of Health Information (BHI) is a board-governed organisation that provides independent information about the performance of the NSW healthcare system.

BHI was established in 2009 and supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

BHI manages the NSW Patient Survey Program, gathering information from patients about their experiences and outcomes of care in public hospitals and other healthcare facilities.

BHI publishes a range of reports and information products, including interactive tools, that provide objective, accurate and meaningful information about how the health system is performing.

BHI's work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of hospital coders, analysts, technicians and healthcare providers who gather, codify and supply data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

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