Healthcare Quarterly

Tracking public hospital and ambulance service activity and performance in NSW

January to March 2024

bureau of health information

Overview

January to March 2024

Ambulance

Ambulance incidents and responses increased and there were improvements in response times compared with early 2023.

Find out more from page 3

Elective surgery

The number of patients waiting longer than clinically recommended was down considerably compared with the end of March 2023, however, it was up compared with December 2023.

Find out more from page 15

About this report

Page 1

Interactive data

Page 2

Special reporting

Additional insights into the adoption and use of Hospital in the Home across NSW public hospitals.

From page 25

Emergency department

Emergency department attendances increased and patients continued to wait longer in the ED.

Find out more from page 8

Admitted patients

Admitted patient activity increased and patients continued to spend longer in hospital than they did before the pandemic.

Find out more from page 21

Activity and performance tables

From page 29

Explanation of key terms

Page 34

About this report

Healthcare Quarterly tracks activity and performance for ambulance, emergency department (ED), elective surgery and admitted patient services in NSW. For seclusion and restraint activity and performance results, please see the Seclusion and Restraint Supplement.

Healthcare Quarterly presents this quarter's results in comparison with the same period for previous years – taking into account seasonal effects on activity and performance – to show how demands on the system and the supply of services have changed over time.

NSW-level results in this report include more than 200 public hospitals and 91 local ambulance reporting areas. The Bureau of Health Information (BHI) Data Portal and the activity and performance profiles include individual results for the 77 larger public hospitals – including 41 in rural areas – and each of the local ambulance areas.

Data were drawn on the following dates: ambulance (4 April 2024); ED (19 April 2024); elective surgery (15 April 2024); admitted patients (16 April 2024). See the technical supplement to this report for descriptions of the data, methods and technical terms used to calculate activity and performance measures.

Interpreting results

The COVID-19 pandemic began in March 2020 and has continued to impact the NSW healthcare system.

Comparisons with previous quarters should be considered in the context of the fluctuations in hospital and ambulance activity and performance during the pandemic.

This report includes health system activity and performance in urban and rural areas for the January to March 2024 quarter.

This report also includes a Special Reporting section, incorporating additional analyses undertaken to highlight the adoption and use of Hospital in the Home services across NSW public hospitals.

Interactive data
Bureau of Health Information Data Portal

The BHI Data Portal is part of a transition to a digital-first way of reporting healthcare performance results in NSW, making them more accessible and user friendly.

The Data Portal allows you to find and compare results showing the performance of the NSW healthcare system.

Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.
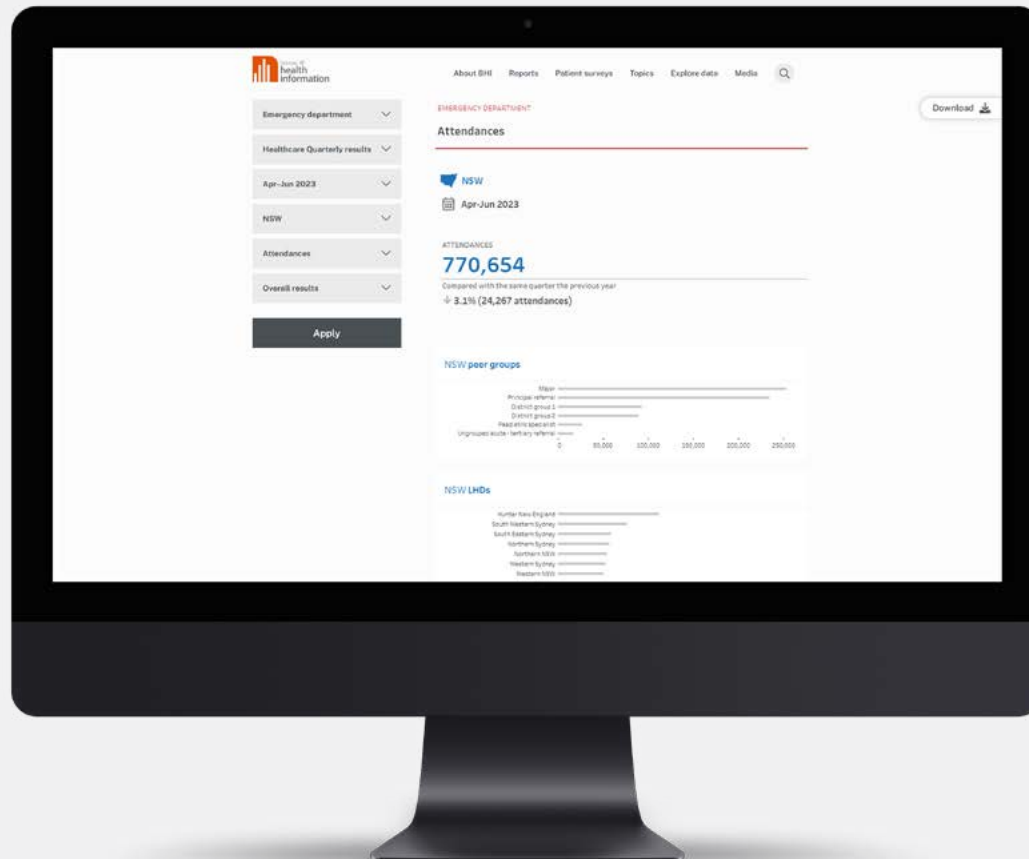
Activity and performance profiles

Activity and performance profiles provide a snapshot of selected ED, elective surgery and admitted patient measures for NSW, 77 individual hospitals, LHDs and hospital peer groups.

The profiles are a good starting point to see an overview of your local hospital's performance before a more detailed search in the Data Portal.
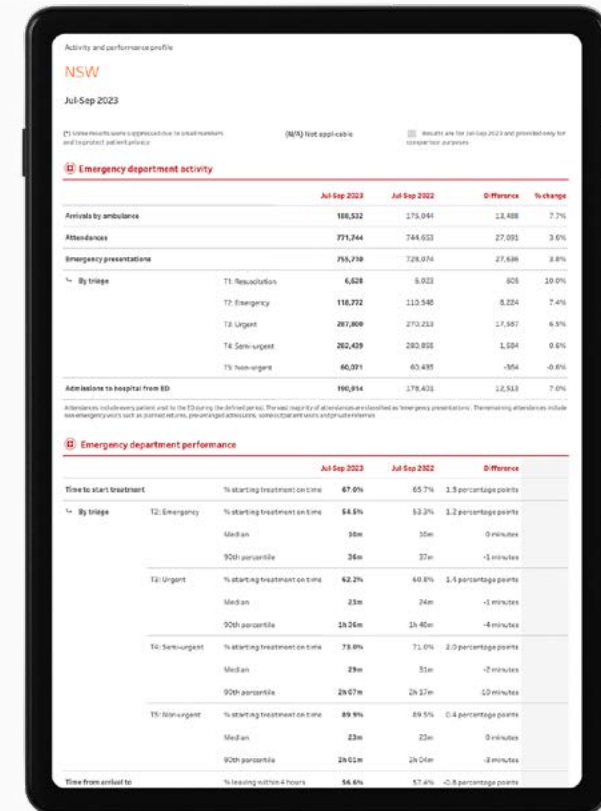
Ambulance

NSW Ambulance delivers mobile health services and provides clinical care, rescue and retrieval services to people with emergency and medical health needs.

Healthcare Quarterly features a range of indicators of ambulance activity and performance, including ambulance responses and timeliness measures.

Key findings

January to March 2024

RESPONSES

There were 284,543 incidents and 383,341 responses – up 6.8% (18,098) and 10.2% (35,621), respectively, compared with the same quarter the previous year. Both were the highest of any quarter since BHI started reporting in 2010, following ongoing growth.

The number of responses for the most urgent priority categories continued to increase.

CALL TO AMBULANCE ARRIVAL TIMES

The percentage of 'emergency – P1' responses with a call to ambulance arrival time within 15 minutes and 30 minutes was 48.4% and 87.9%, respectively. Both results have improved compared with the same quarter the previous year.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of P1A responses within 10 minutes was 64.2% – relatively stable compared with the same quarter the previous year.

Behind the key findings

Figure 1
Ambulance calls, incidents, responses and patient transports, NSW
January 2019 to March 2024

Of the 383,341 ambulance responses in January to March 2024, 66.9% (256,561) were in urban areas and 32.6% (124,785) were in rural areas.

Note: Local areas are classified as 'urban' or 'rural' using the Accessibility and Remoteness Index of Australia (ARIA+), which is the standard used by the Australian Bureau of Statistics (ABS). For more information, see the technical supplement.

◆ The World Health Organisation (WHO) declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
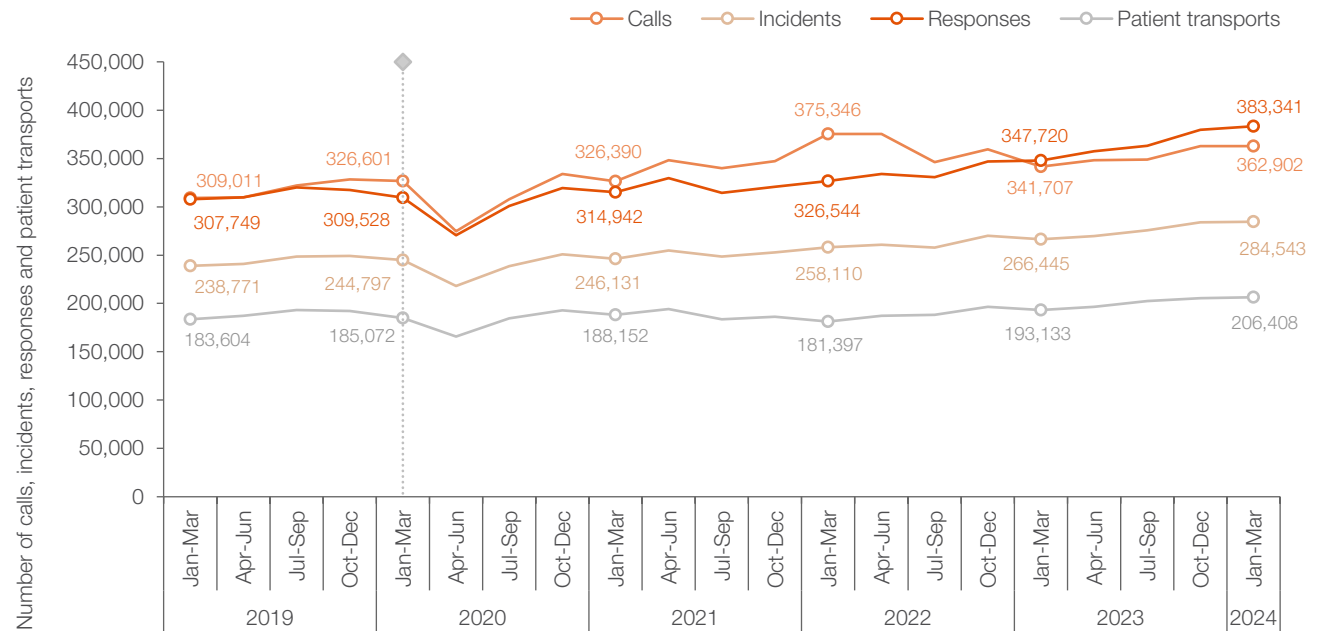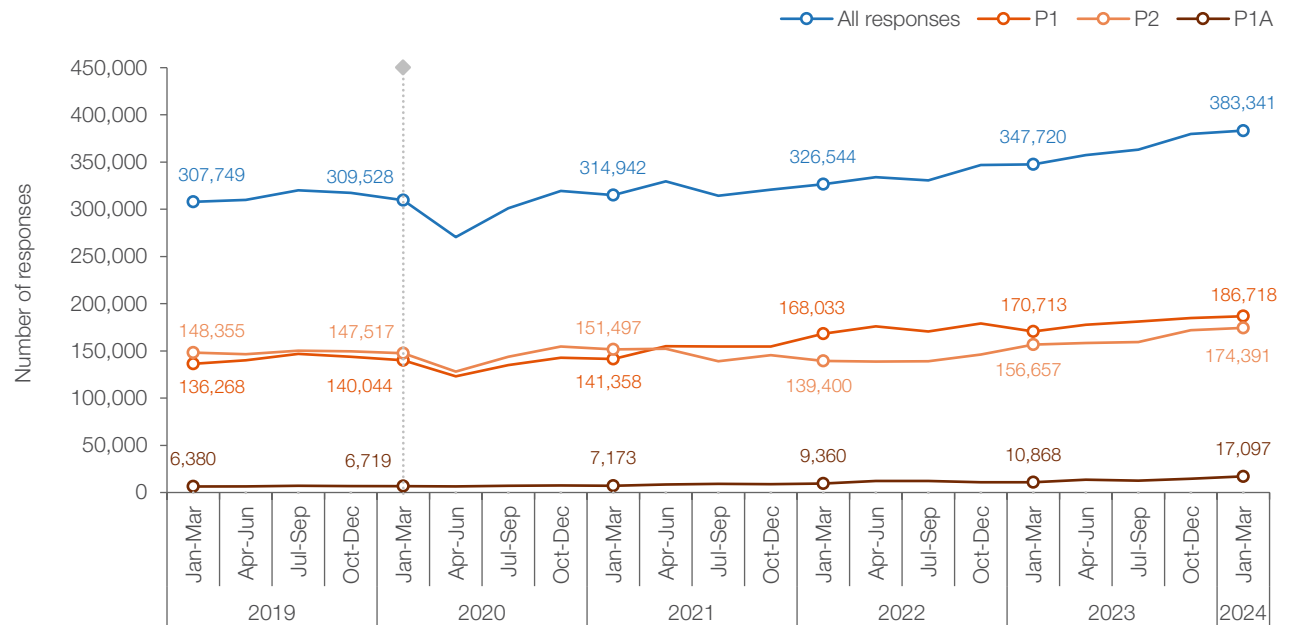

Figure 2
Ambulance responses, by priority category, NSW
January 2019 to March 2024

In May 2022, a statewide software upgrade was implemented by NSW Ambulance to reflect a broadening of the P1A priority category to include a wider range of clinical conditions, such as breathing problems and overdoses. This change was accompanied by an education and training program for NSW Ambulance staff and the subsequent rollout of a statewide online training program in November 2023. Staff training focused on the increase in clinical conditions eligible to be assigned to P1A. These changes are likely to have increased the number of responses categorised as P1A since May 2022.

Note: Ambulance responses are categorised as: Priority 1 – Emergency (emergency response under lights and siren); Priority 1A – Highest priority (patients with life-threatening conditions); Priority 2 – Urgent (undelayed response without lights and siren); Priority 3 – Time critical (undelayed response required); Priority 4–9 – Non-emergency.

Behind the key findings

Figure 3

Percentage of call to ambulance arrival times within benchmarks, by priority, NSW

January 2019 to March 2024

In January to March 2024, the percentage of P1 cases with a call to ambulance arrival time within 15 minutes was 49.5% in urban areas and 46.0% in rural areas.

The percentage of P1 cases with a call to ambulance arrival time within 30 minutes was 90.5% in urban areas and 82.0% in rural areas.
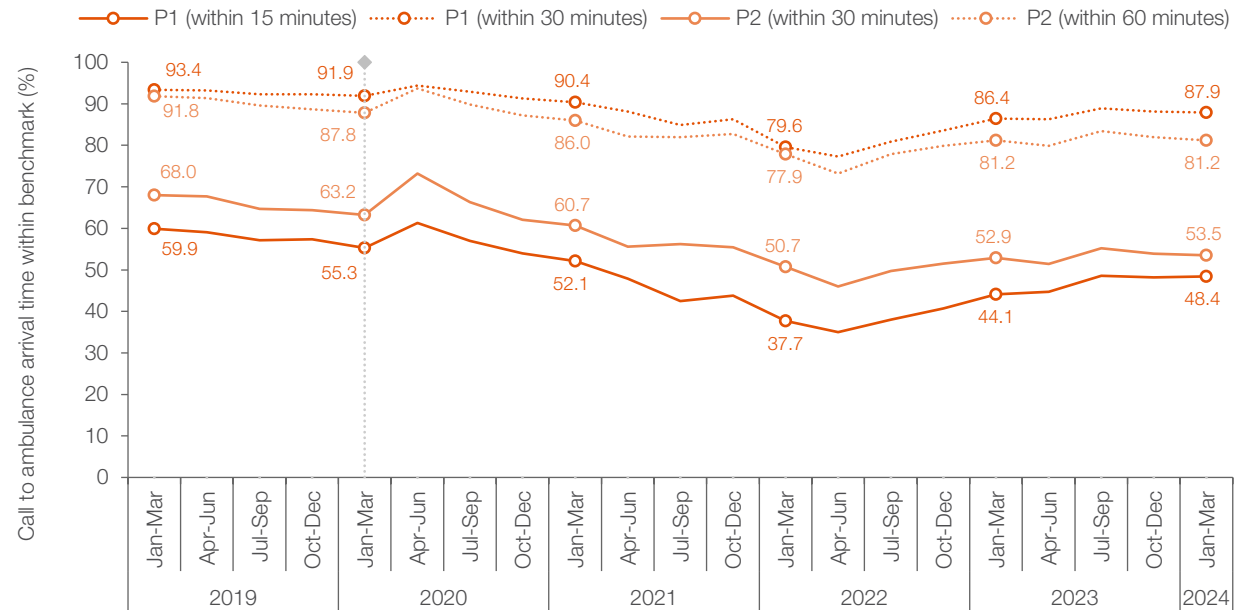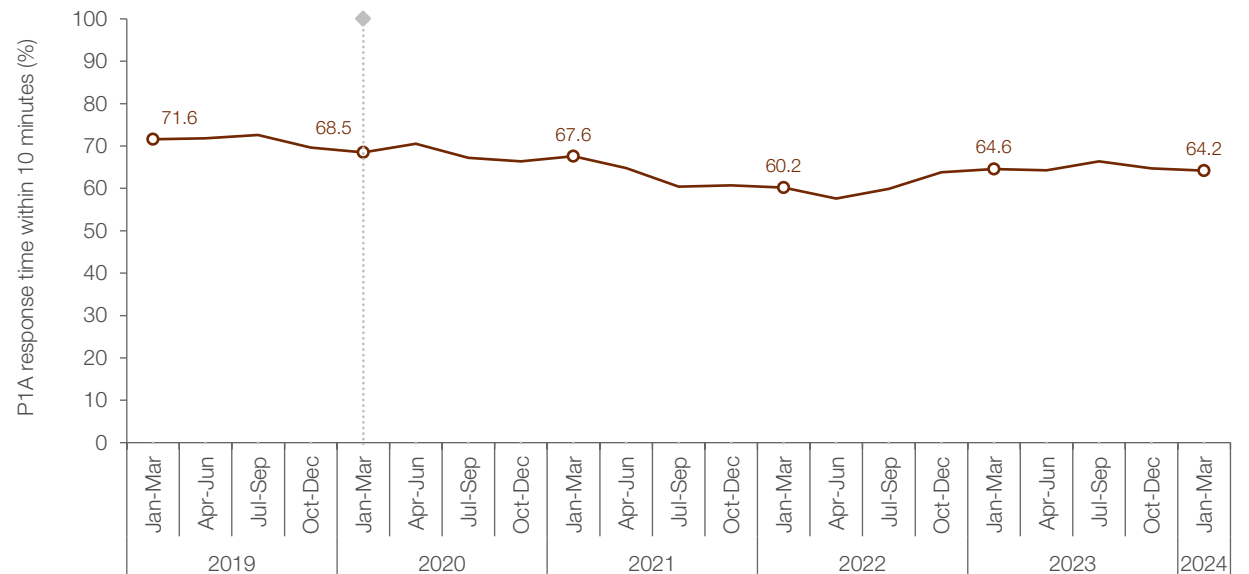

Legend: P1 (within 15 minutes) — P1 (within 30 minutes) — P2 (within 30 minutes) — P2 (within 60 minutes)

Y-axis: Call to ambulance arrival time within benchmark (%)

Data labels: 93.4, 91.9, 90.4, 86.4, 87.9, 91.8, 87.8, 86.0, 79.6, 81.2, 81.2, 68.0, 63.2, 60.7, 77.9, 52.9, 53.5, 59.9, 55.3, 52.1, 50.7, 44.1, 48.4, 37.7

X-axis: Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec (2019, 2020, 2021, 2022, 2023), Jan-Mar (2024)

Figure 4

### Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW

January 2019 to March 2024

In January to March 2024, the percentage of P1A responses within 10 minutes was 68.1% in urban areas and 55.2% in rural areas.

Y-axis: P1A response time within 10 minutes (%)

Data labels: 71.6, 68.5, 67.6, 60.2, 64.6, 64.2

X-axis: Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec (2019, 2020, 2021, 2022, 2023), Jan-Mar (2024)

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 5

Median response times, by priority category, NSW
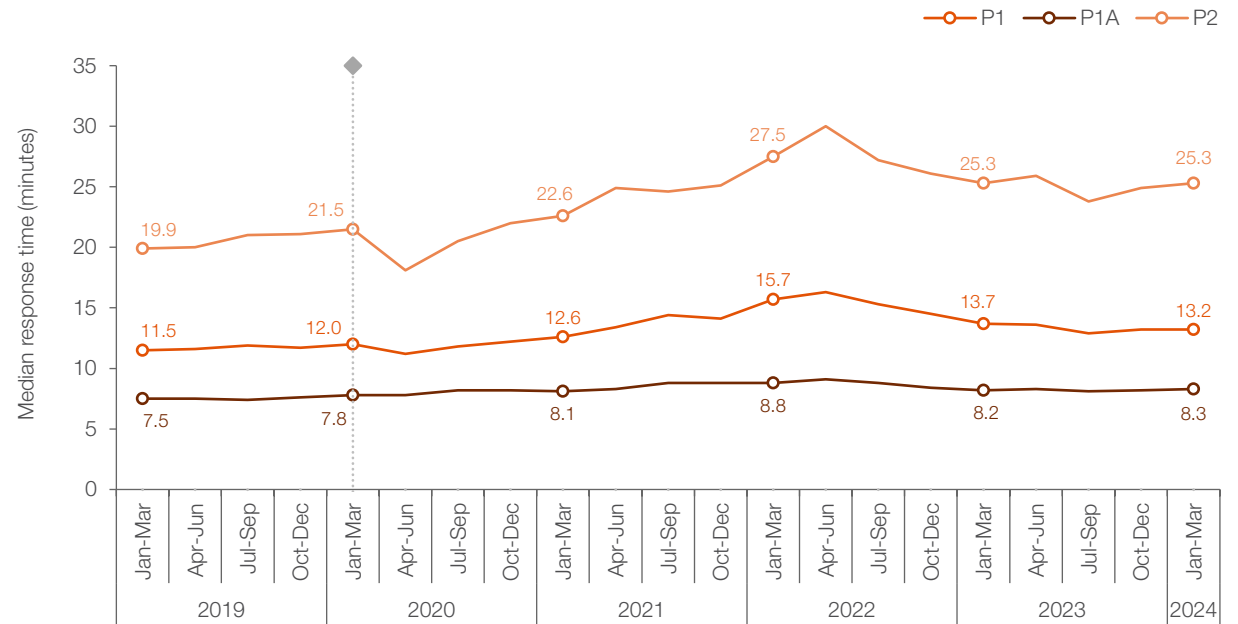
January 2019 to March 2024

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were
introduced in NSW on 16 March 2020.

Emergency department

NSW public hospital emergency departments (EDs) are open to everyone and provide specialised assessment and life-saving care for acutely unwell patients. EDs often act as an entry point to inpatient services.

Healthcare Quarterly features a range of indicators of ED activity and performance, including ED attendances and timeliness measures.

Key findings

**January to March 2024**

ACTIVITY

There were 810,201 ED attendances – up 5.2% (40,235) compared with the same quarter the previous year and the highest of any quarter since BHI started reporting in 2010.

The upward trend across the most urgent ED presentations continued, with 6,677 triage 1 presentations and 123,935 triage 2 presentations – both records.

TIME TO START TREATMENT

66.1% of all patients who attended the ED started their treatment on time – down 1.3 percentage points compared with the same quarter the previous year.
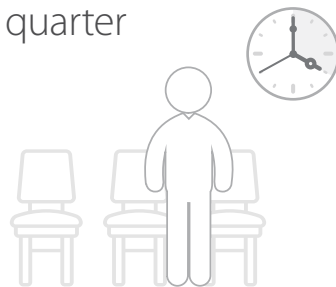
TIME FROM ARRIVAL TO LEAVING ED

55.9% of patients spent less than four hours in the ED – the lowest since 2010. One in 10 patients spent longer than 10 hours 53 minutes in the ED.

74,181 patients left the ED without, or before completing, treatment – up 16.9% (10,743) compared with the same quarter the previous year.

TIME TO TRANSFER CARE

192,874 patients arrived at the ED by ambulance – up 7.0% (12,557) compared with the same quarter the previous year and the highest since 2010.

78.3% of patients who arrived by ambulance had their care transferred to ED staff within 30 mins – relatively stable compared with the same quarter the previous year. One in 10 patients waited longer than 57 minutes.
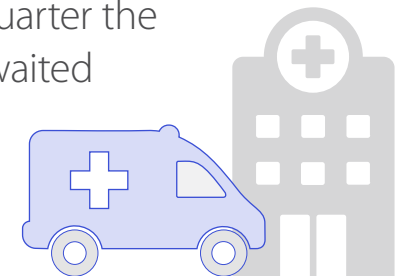
Behind the key findings

Figure 6
Emergency department attendances, NSW
January 2019 to March 2024

Of the 810,201 ED attendances in January to March 2024, 63.8% (516,806) were in urban hospitals and 36.2% (293,395) were in rural hospitals.

*'All hospitals' cohort includes more than 170 EDs submitting data to the Emergency Department Data Collection (EDDC) in each quarter.
Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by ABS. For more information, see the technical supplement.
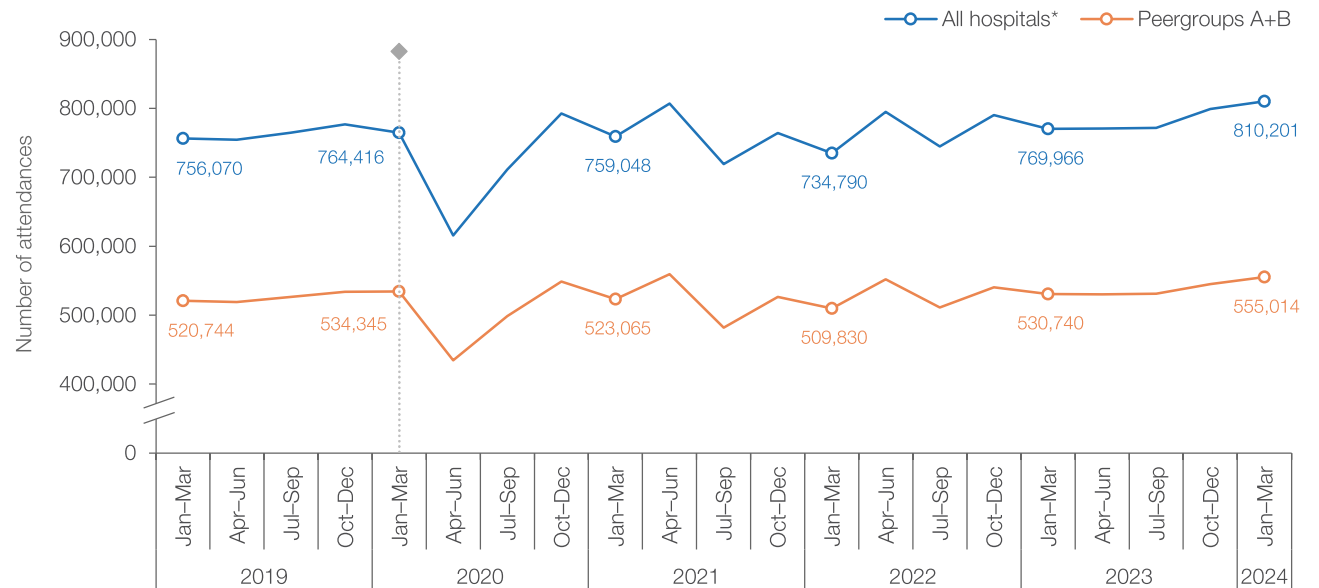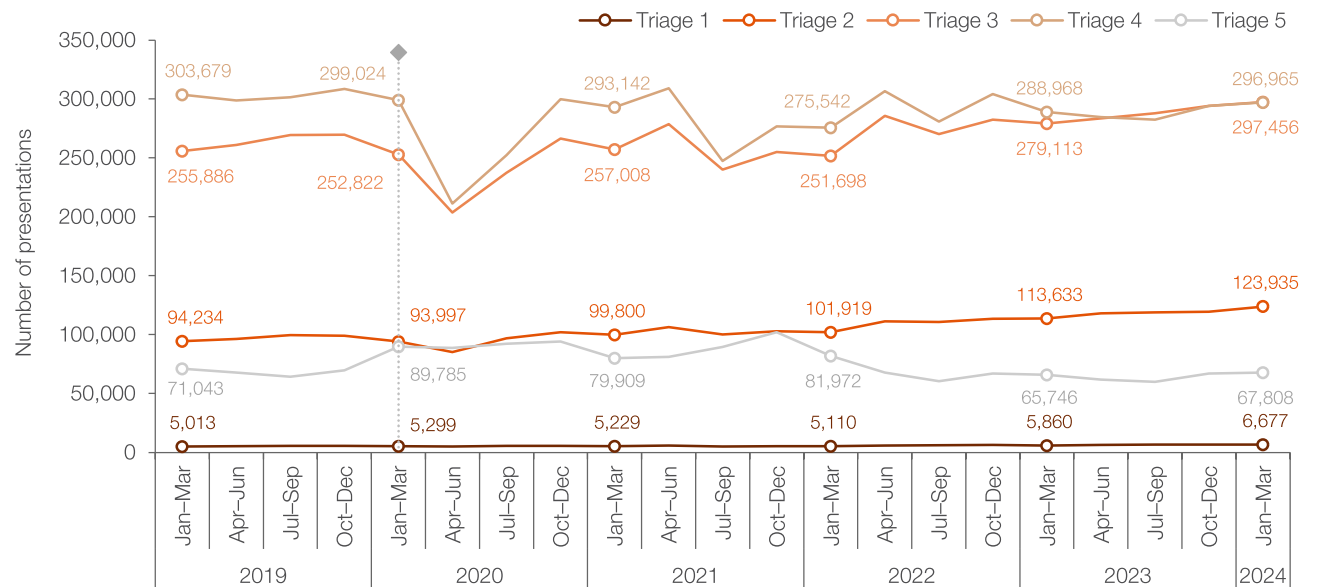

Legend: All hospitals* — Peergroups A+B

Y-axis: Number of attendances

All hospitals*: 756,070 · 764,416 · 759,048 · 734,790 · 769,966 · 810,201
Peergroups A+B: 520,744 · 534,345 · 523,065 · 509,830 · 530,740 · 555,014

X-axis: Jan–Mar, Apr–Jun, Jul–Sep, Oct–Dec for 2019, 2020, 2021, 2022, 2023 and Jan–Mar 2024

Figure 7
Emergency presentations, by triage category, NSW
January 2019 to March 2024

On arrival at the ED, patients are allocated to one of five triage categories, based on urgency.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Legend: Triage 1 — Triage 2 — Triage 3 — Triage 4 — Triage 5

Y-axis: Number of presentations

Triage 3: 303,679 · 299,024 · 293,142 · 275,542 · 288,968 · 296,965
Triage 4: 255,886 · 252,822 · 257,008 · 251,698 · 279,113 · 297,456
Triage 2: 94,234 · 93,997 · 99,800 · 101,919 · 113,633 · 123,935
Triage 5: 71,043 · 89,785 · 79,909 · 81,972 · 65,746 · 67,808
Triage 1: 5,013 · 5,299 · 5,229 · 5,110 · 5,860 · 6,677

X-axis: Jan–Mar, Apr–Jun, Jul–Sep, Oct–Dec for 2019, 2020, 2021, 2022, 2023 and Jan–Mar 2024

Behind the key findings

Percentage of patients starting treatment on time, by triage category, NSW

January 2019 to March 2024

In January to March 2024, the percentage of all patients who had their treatment start on time was 61.5% in urban hospitals and 74.3% in rural hospitals.

The Australasian College for Emergency Medicine (ACEM) recommended maximum waiting times for ED treatment to start are:

- 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.

Note: Due to differences in data definitions, reporting periods and the number of hospitals included, *Healthcare Quarterly* results for the percentage of patients whose treatment started on time are not directly comparable with figures reported by other agencies and jurisdictions. For more information, see the technical supplement.

Emergency department attendances, by mode of leaving, NSW

January 2019 to March 2024

Of the 74,181 patients who left without, or before completing treatment in January to March 2024, 31.6% were triage 3, 46.2% were triage 4 and 14.4% were triage 5.
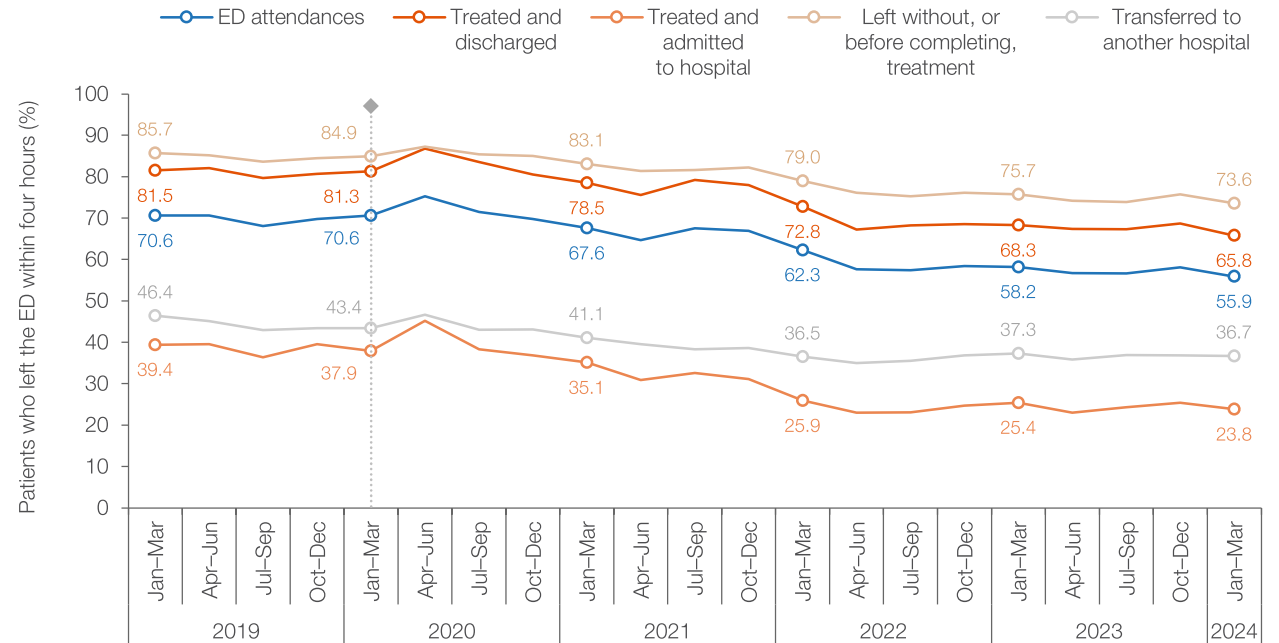
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
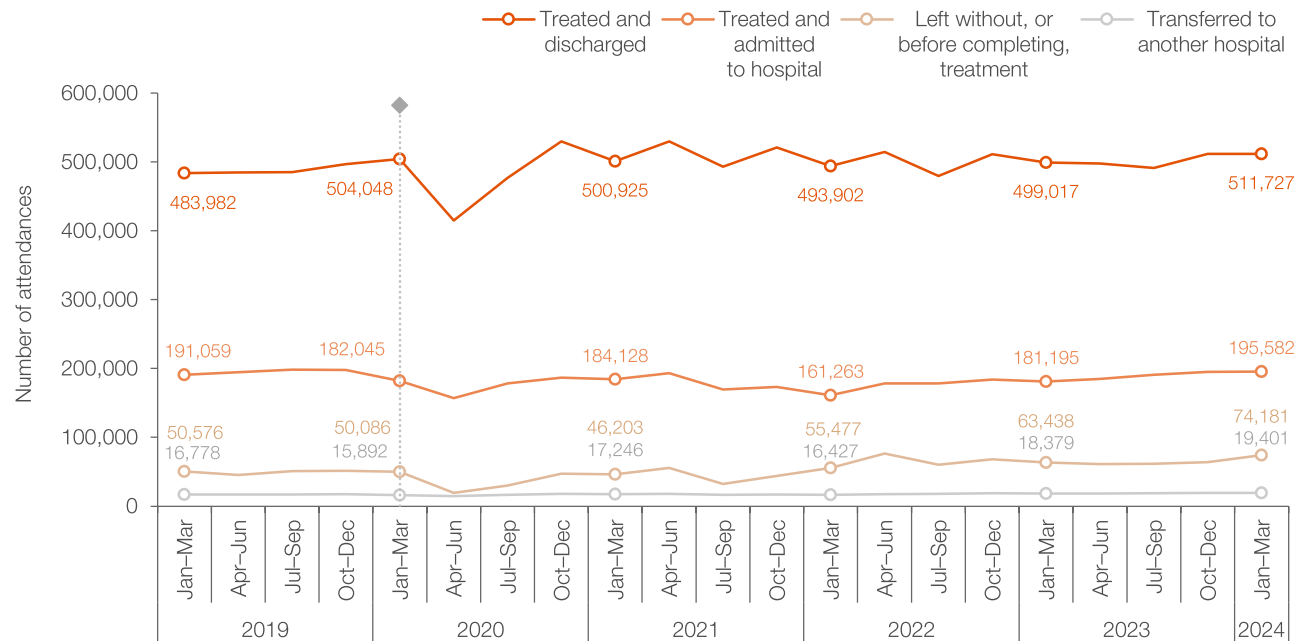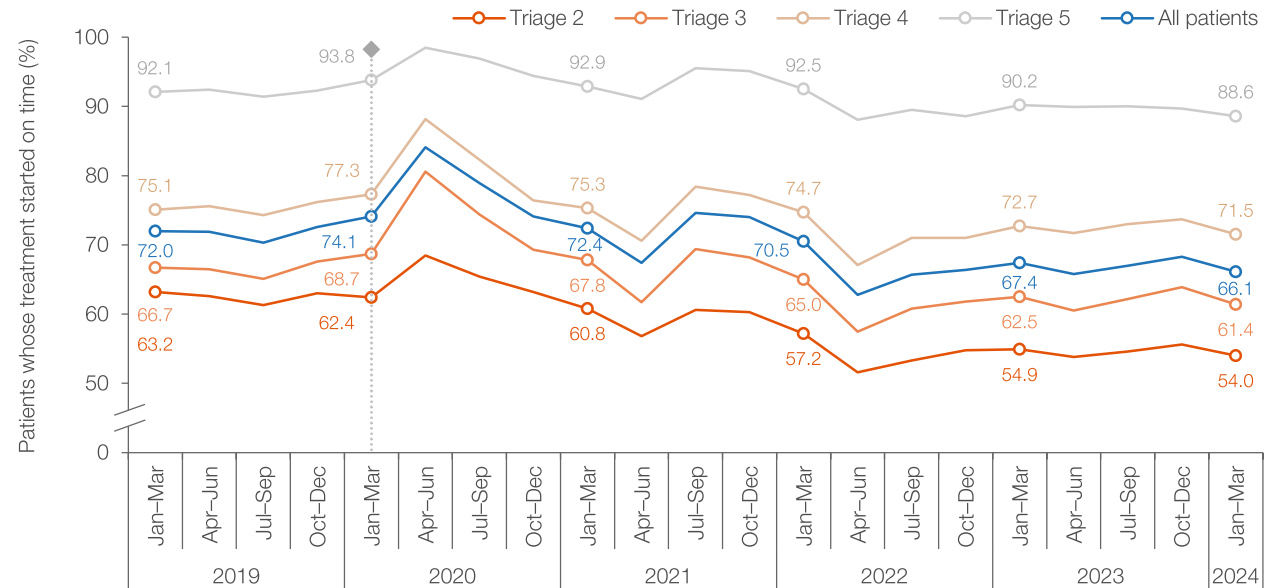
Behind the key findings

Figure 10

Percentage of patients leaving the emergency department within four hours, by mode of leaving, NSW
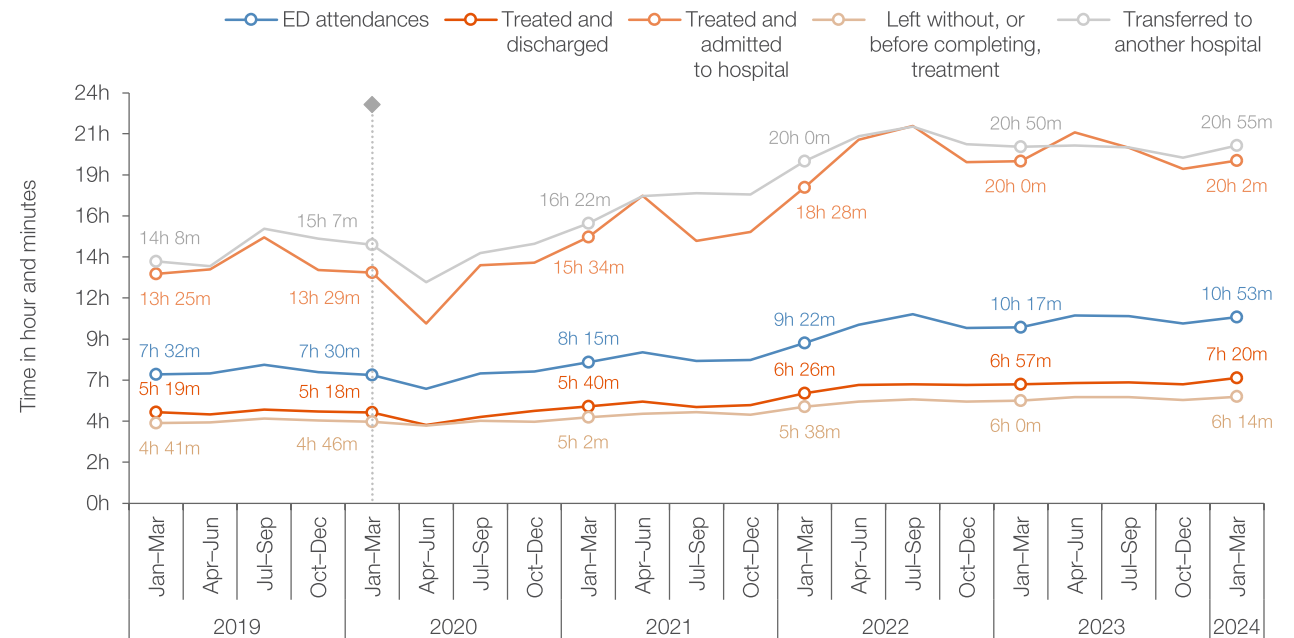
January 2019 to March 2024

In January to March 2024, the percentage of all patients who left the ED within four hours was 48.2% in urban hospitals and 69.5% in rural hospitals.

Legend: ED attendances | Treated and discharged | Treated and admitted to hospital | Left without, or before completing, treatment | Transferred to another hospital

Patients who left the ED within four hours (%)

Selected data labels:
- 85.7, 84.9, 83.1, 79.0, 75.7, 73.6 (Left without, or before completing, treatment)
- 81.5, 81.3, 78.5, 72.8, 68.3, 65.8 (Treated and discharged)
- 70.6, 70.6, 67.6, 62.3, 58.2, 55.9 (ED attendances)
- 46.4, 43.4, 41.1, 36.5, 37.3, 36.7 (Transferred to another hospital)
- 39.4, 37.9, 35.1, 25.9, 25.4, 23.8 (Treated and admitted to hospital)

2019 | 2020 | 2021 | 2022 | 2023 | 2024

ADDITIONAL INSIGHTS

Figure 11

90th percentile time from arrival at the emergency department to leaving, by mode of leaving, NSW

January 2019 to March 2024

In January to March 2024, one in 10 patients in urban hospitals spent longer than 12 hours 3 minutes in the ED and one in 10 patients in rural hospitals spent longer than 8 hours 16 minutes.

Legend: ED attendances | Treated and discharged | Treated and admitted to hospital | Left without, or before completing, treatment | Transferred to another hospital

Time in hour and minutes

Selected data labels:
- 14h 8m, 15h 7m, 16h 22m, 20h 0m, 20h 50m, 20h 55m
- 13h 25m, 13h 29m, 15h 34m, 18h 28m, 20h 0m, 20h 2m
- 7h 32m, 7h 30m, 8h 15m, 9h 22m, 10h 17m, 10h 53m
- 5h 19m, 5h 18m, 5h 40m, 6h 26m, 6h 57m, 7h 20m
- 4h 41m, 4h 46m, 5h 2m, 5h 38m, 6h 0m, 6h 14m

2019 | 2020 | 2021 | 2022 | 2023 | 2024

Behind the key findings

Figure 12

Emergency department arrivals by ambulance, NSW
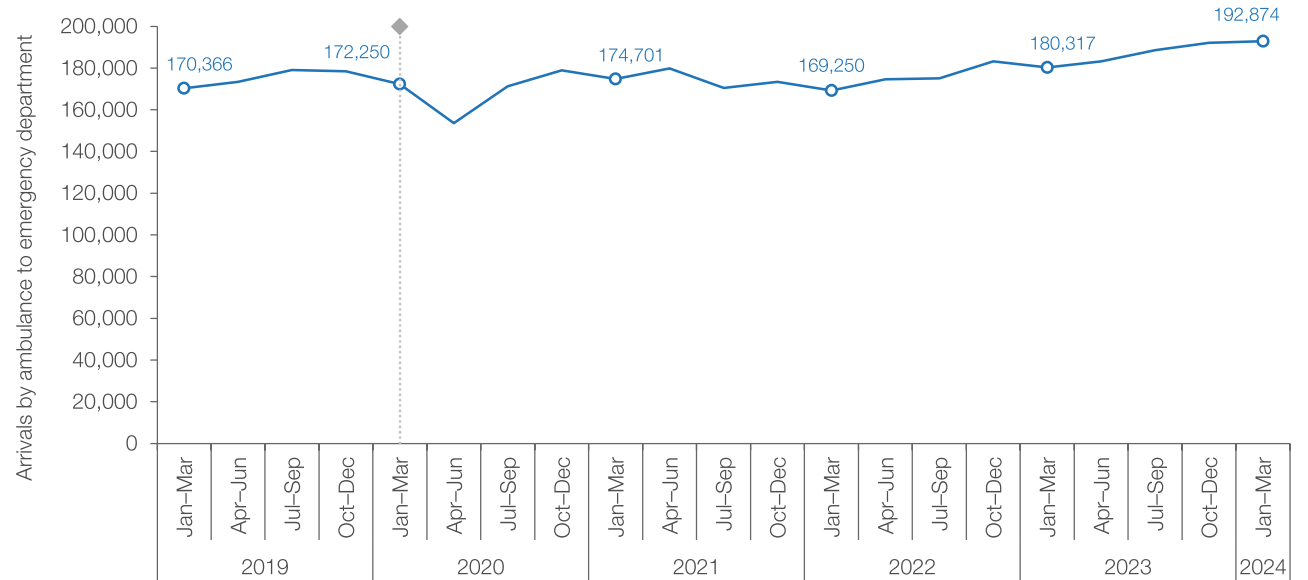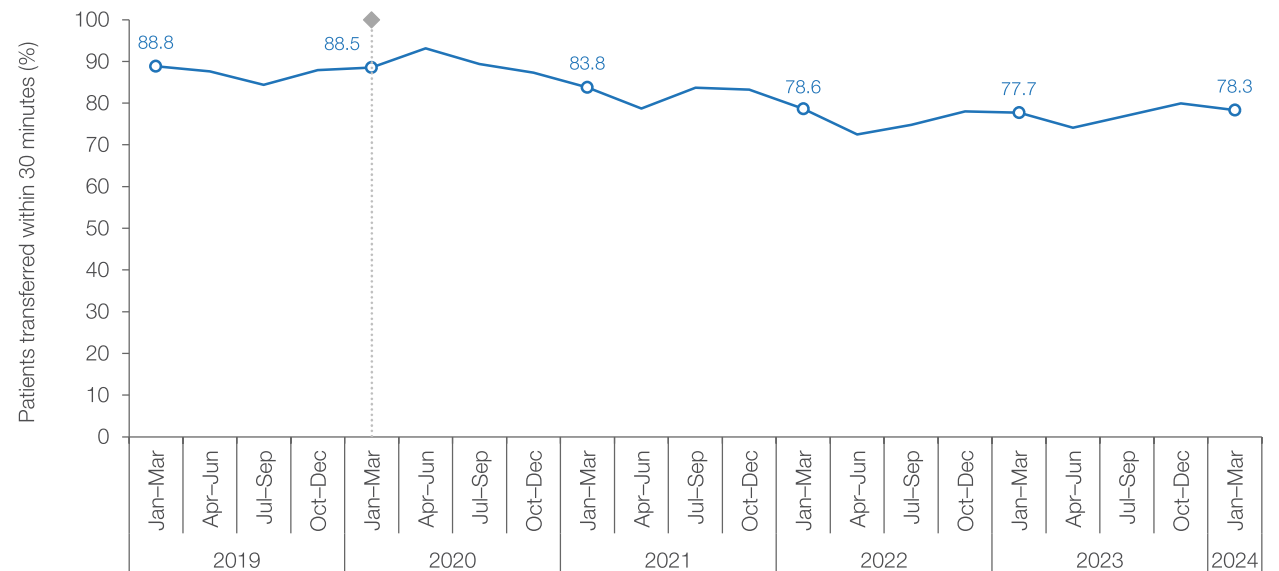
January 2019 to March 2024

Figure 13

Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW

January 2019 to March 2024

The percentage of patients transferred from paramedics to ED staff within 30 minutes was 76.5% in urban hospitals and 83.0% in rural hospitals.

Behind the key findings

Figure 14

90th percentile time to transfer care from paramedics to emergency department staff, NSW
January 2019 to March 2024

In January to March 2024, one in 10 patients in urban hospitals waited longer than 1 hour 1 minute and one in 10 patients in rural hospitals waited longer than 46 minutes.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
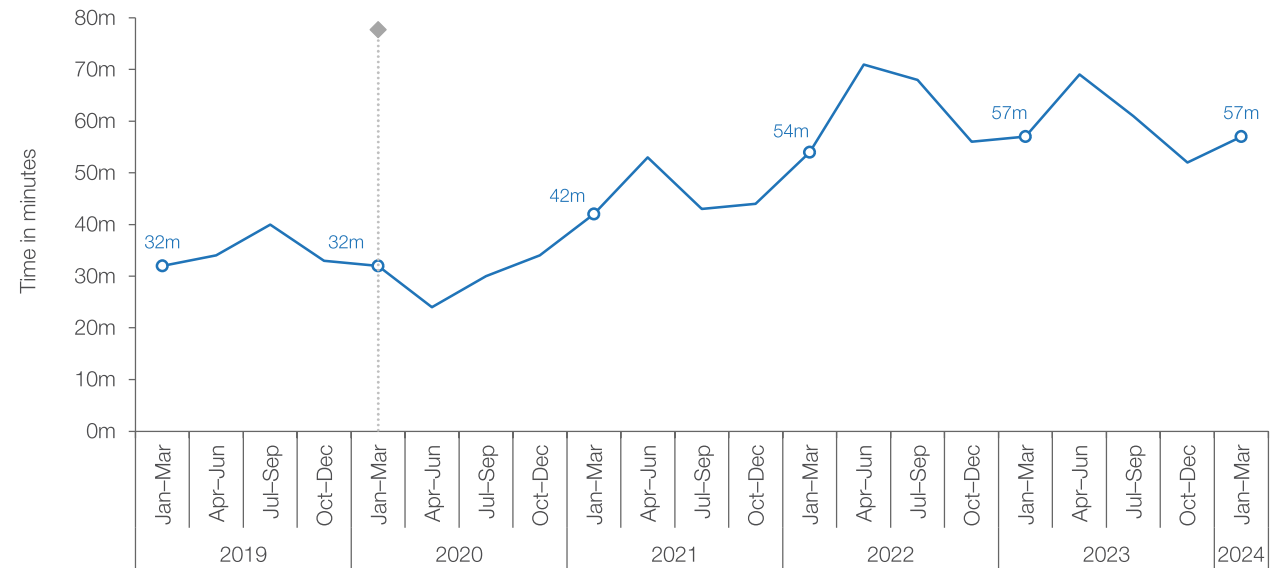
Elective surgery

Elective surgery is planned and can be booked in advance. Following specialist clinical assessment, patients are placed on a waiting list and given a clinical priority – urgent, semi-urgent or non-urgent – depending on the seriousness of their condition.

Healthcare Quarterly features a range of indicators of elective surgery activity and performance, including surgical volumes and timeliness measures.
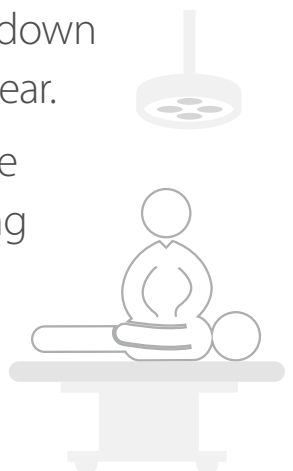
Key findings

January to March 2024

SURGERIES PERFORMED

There were 51,149 elective surgeries performed – down 6.6% (3,633) from the same quarter the previous year.

1,022 elective surgeries were contracted to private hospitals – down 81.4% (4,484) from the preceding quarter and down 79.5% (3,975) from the same quarter the previous year.

WAITING TIMES

86.2% of elective surgeries were performed on time – up 11.2 percentage points from the same quarter the previous year.

One in 10 patients who received non-urgent surgery waited longer than 385 days – down 138 days from the same quarter the previous year.
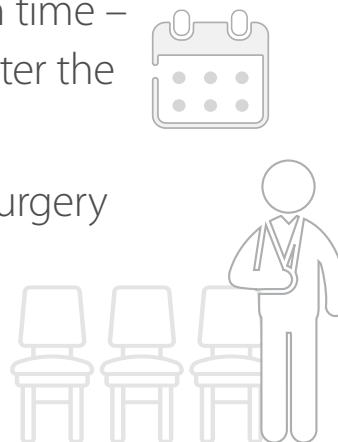
PATIENTS ON WAITING LIST

There were 93,839 patients on the waiting list at the end of March 2024 – down from 96,825 at the end of March 2023, but up from 88,618 at the end of December 2023.

Of these patients, 3,419 had waited longer than clinically recommended – down from 14,059 at the end of March 2023, but up from 2,133 at the end of December 2023.
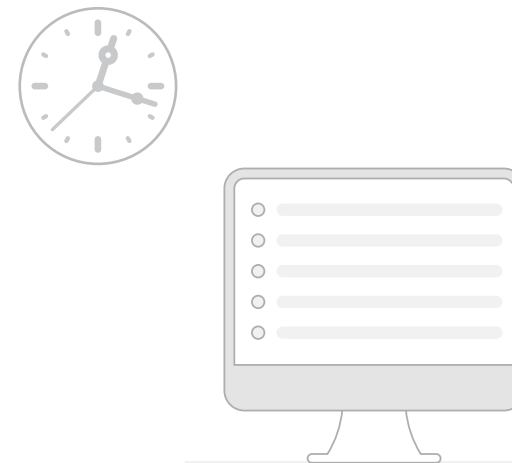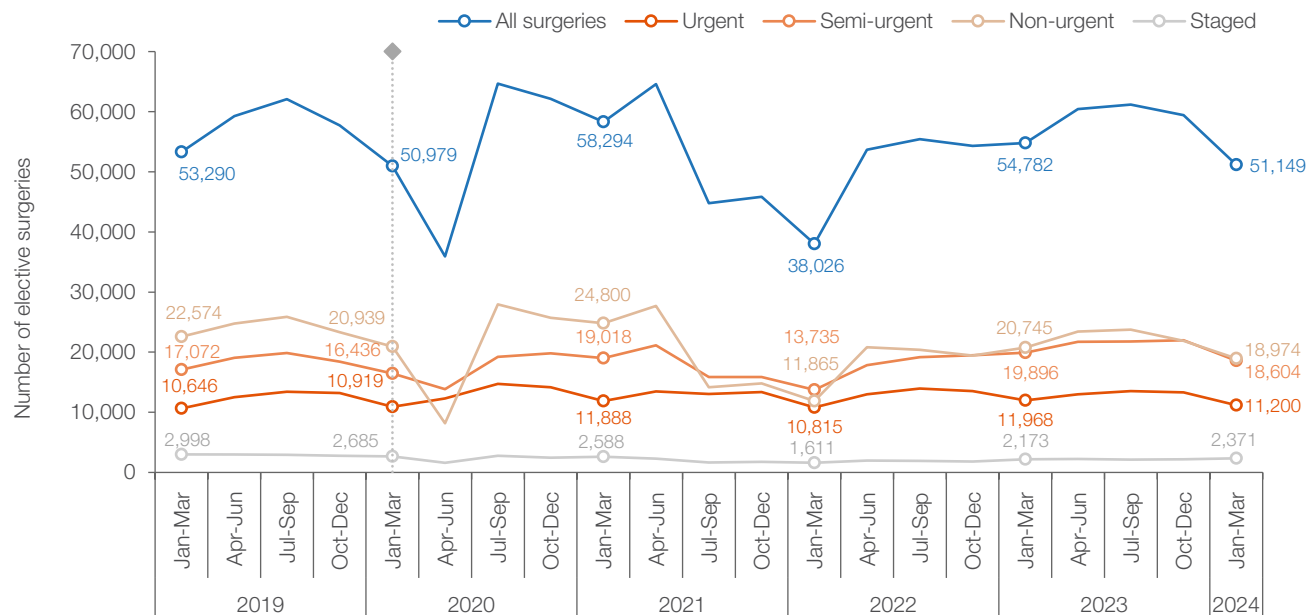
Behind the key findings

Figure 15

Elective surgeries performed, by urgency category, NSW

January 2019 to March 2024

Of the 51,149 elective surgeries performed in January to March 2024, 72.5% (37,099) were in urban hospitals and 27.5% (14,050) were in rural hospitals.

In addition to elective surgery, there were 26,282 emergency surgeries performed in public hospitals.

In response to the COVID-19 pandemic, non-urgent elective surgery was suspended resulting in decreases in elective surgery performed in April to June 2020, July to September 2021, October to December 2021 and January to March 2022. For more information, see the technical supplement.

Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the technical supplement.

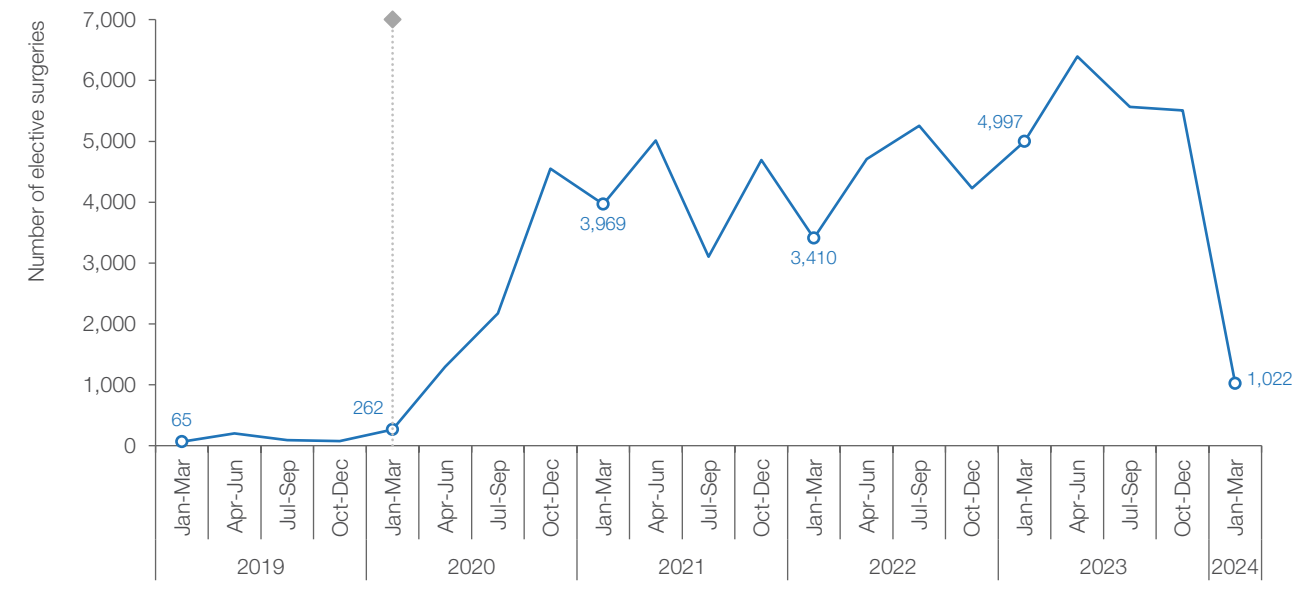**ADDITIONAL INSIGHTS**

Figure 16

Elective surgeries contracted to private hospitals, NSW

January 2019 to March 2024

A partnership with the private hospital sector was implemented under the National Partnership Agreement on Private Hospital and COVID-19 between 2020 and September 2022. Partnerships with the private hospital sector have continued under statewide agreements since 2022.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Figure 15: Elective surgeries performed, by urgency category, NSW. Legend: All surgeries, Urgent, Semi-urgent, Non-urgent, Staged.

Figure 16: Elective surgeries contracted to private hospitals, NSW.

Behind the key findings

Figure 17

Percentage of elective surgeries performed on time, by urgency category, NSW
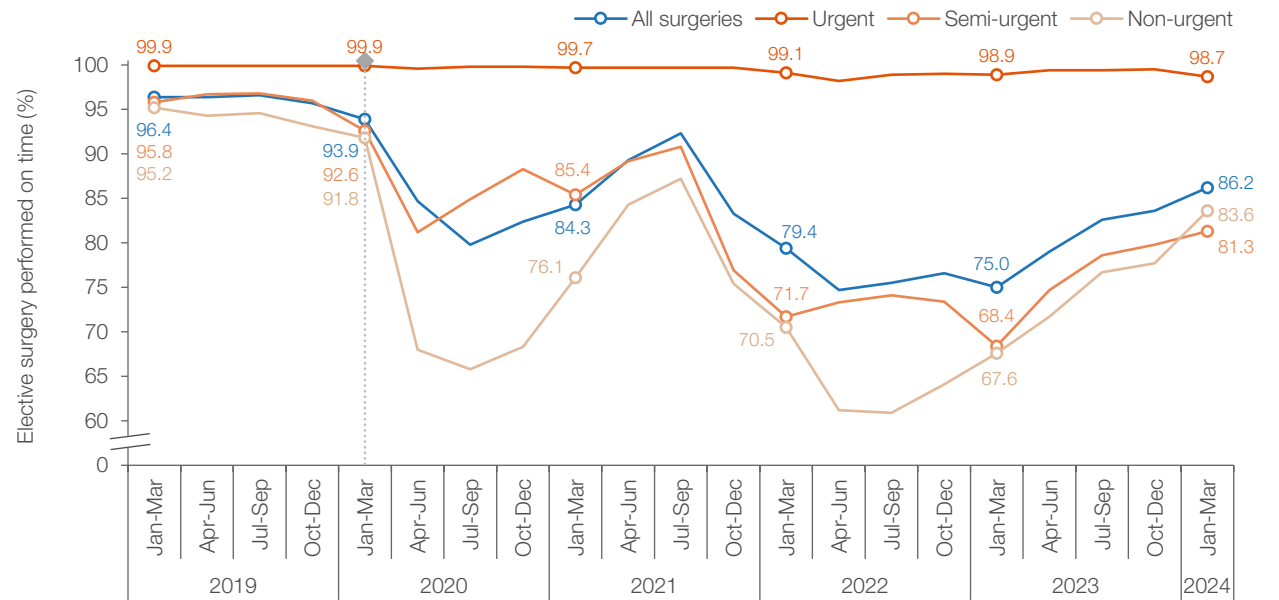
January 2019 to March 2024

In January to March 2024, the percentage of elective surgeries performed on time was 86.6% in urban hospitals and 85.1% in rural hospitals.

Clinically recommended maximum waiting times for elective surgery are:

- Urgent – 30 days
- Semi-urgent – 90 days
- Non-urgent – 365 days.

The percentage of elective surgeries performed on time is calculated based on those patients who received surgery during the quarter. This measure may be affected by previous suspensions of semi-urgent and non-urgent surgery.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 18
Median waiting time for elective surgery, by urgency category, NSW
January 2019 to March 2024
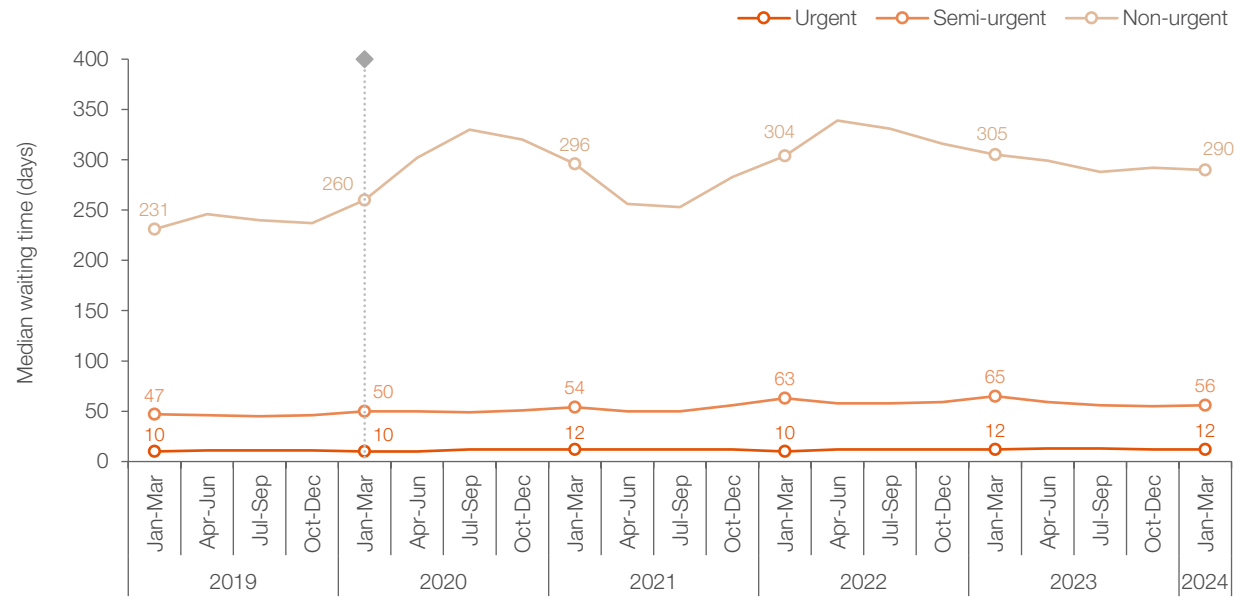
Figure 19
90th percentile waiting time for elective surgery, by urgency category, NSW
January 2019 to March 2024

Waiting times are calculated based on those patients who received surgery during the quarter. These measures may be affected by previous suspensions of semi-urgent and non-urgent surgery.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
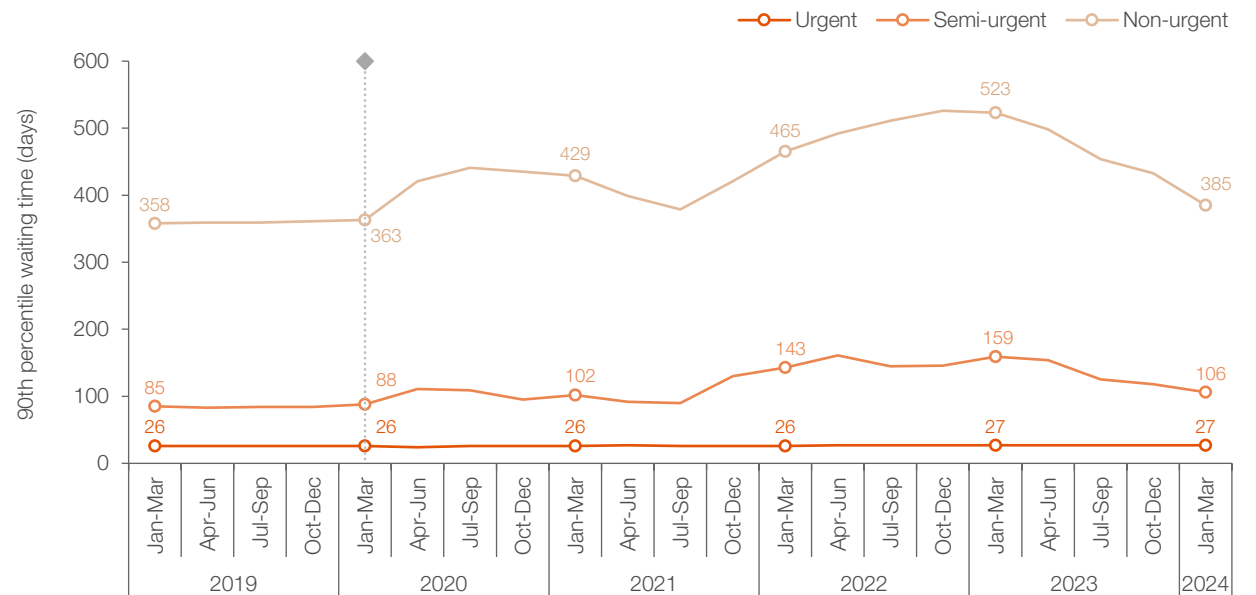
Behind the key findings

Patients on the waiting list ready for surgery at the end of the quarter, by urgency category, NSW
January 2019 to March 2024

Of those patients on the waiting list ready for surgery at the end of the January to March 2024 quarter, 70.0% (65,674) were in urban hospitals and 30.0% (28,165) were in rural hospitals.
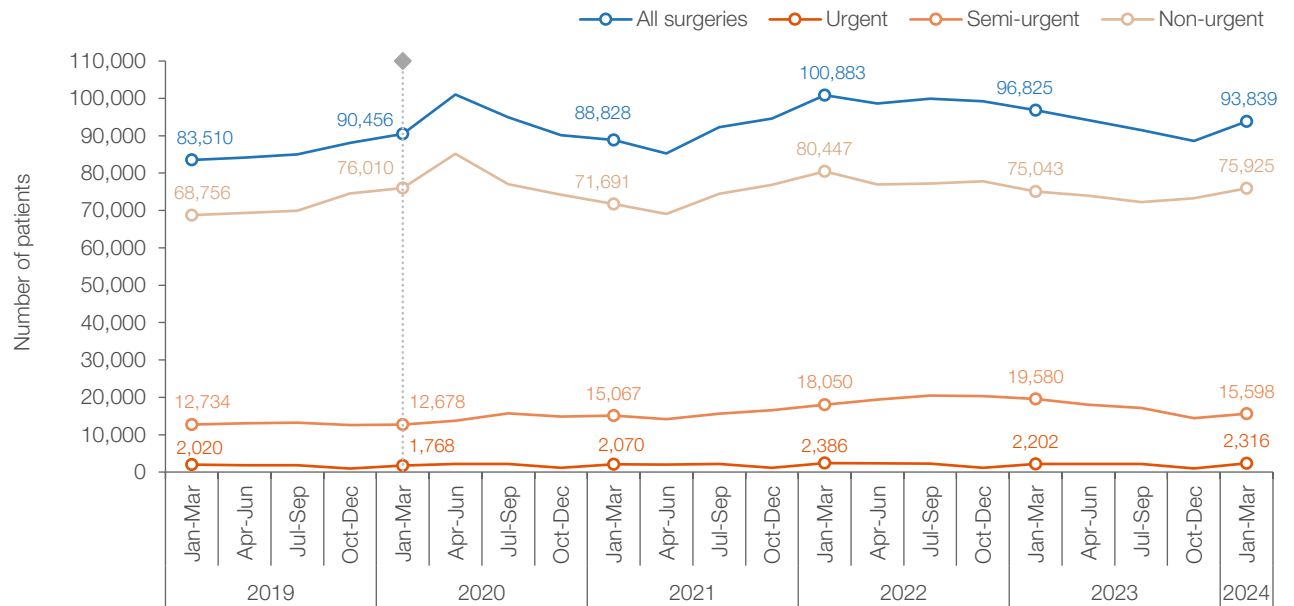
Patients on the waiting list ready for surgery at the end of the quarter who had waited longer than clinically recommended, by urgency category, NSW
January 2019 to March 2024

Of those patients on the waiting list ready for surgery at the end of the January to March 2024 quarter who had waited longer than clinically recommended, 69.4% (2,374) were in urban hospitals and 30.6% (1,045) were in rural hospitals
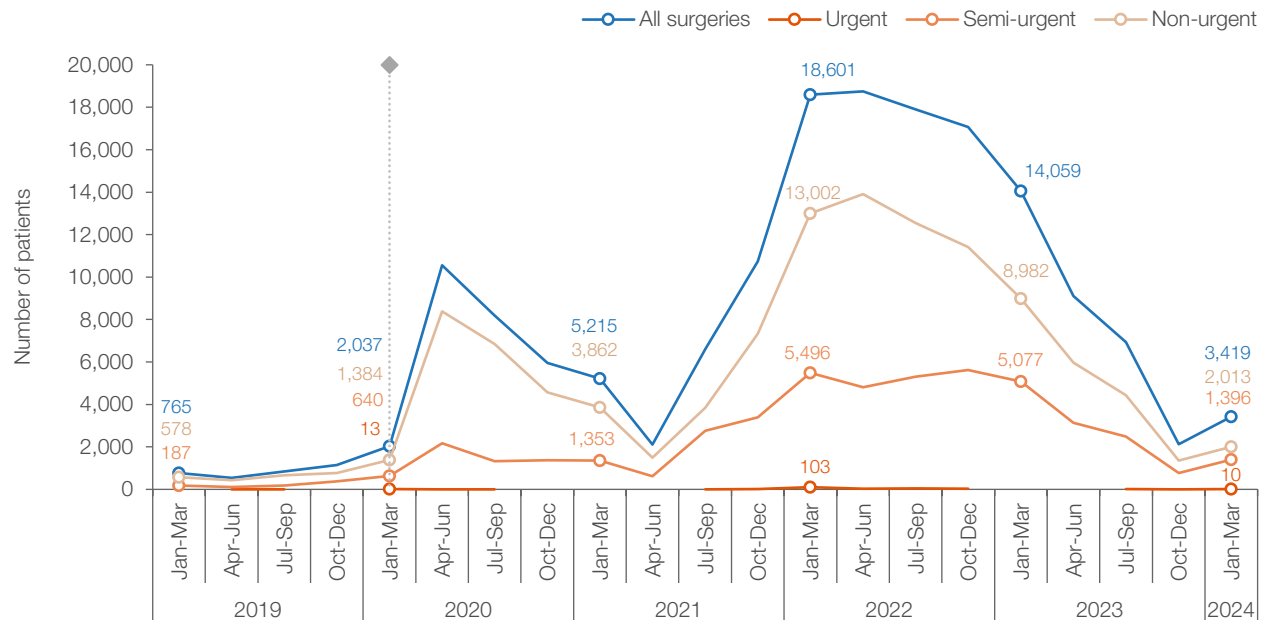
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Admitted patients

People are admitted to hospital for a wide range of services, including medical and surgical care. Admissions can be acute (for immediate treatment) or non-acute (for rehabilitation, palliative care, geriatric or other reasons). People may also be admitted for mental health-related reasons, which can be acute or non-acute.

Healthcare Quarterly features a range of indicators of admitted patient activity.

Information regarding seclusion and restraint practices in NSW public hospitals can be found in the Seclusion and Restraint Supplement.

Key findings

January to March 2024

EPISODES OF CARE

There were 481,335 admitted patient episodes – up 2.7% (12,433) compared with the same quarter the previous year. There was an increase in episodes across acute overnight, non-acute and mental health patients.
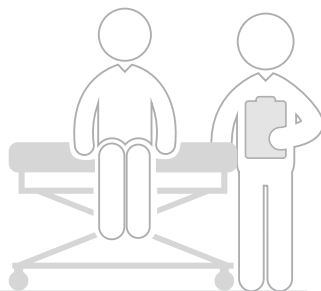
BABIES BORN

16,439 babies were born in public hospitals – up 3.7% (581) compared with the same quarter the previous year.

AVERAGE LENGTH OF STAY

The average length stay for all overnight episodes was 6.0 days – down 0.3 days compared with the same quarter the previous year, but up 0.4 days from the same quarter in 2019, before the pandemic.

The average length of stay for overnight non-acute episodes was 16.9 days – down 0.7 days compared with the same quarter the previous year.

Refer to the **Special Reporting** section for additional insights on the adoption and use of Hospital in the Home services across NSW public hospitals.

Behind the key findings

Episodes of care, by care type, NSW

January 2019 to March 2024

Admitted patient episodes of care can be:

- Acute (immediate treatment)
- Non-acute (e.g. rehabilitation, palliative care)
- Mental health (acute or non-acute).

Of the 481,335 episodes in January to March 2024, 75.0% (361,058) were in urban hospitals and 25.0% (120,277) were in rural hospitals.

Notes: Results are calculated from more than 200 hospitals in each quarter reported in *Healthcare Quarterly*.
Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the ABS. For more information, see the technical supplement.

Figure 22. Episodes of care, by care type, NSW. Series: All Episodes, Acute, Non-acute, Mental Health. Values include All Episodes 469,624; 460,388; 476,656; 426,353; 468,902; 481,335. Acute 441,153; 432,679; 450,088; 404,075; 442,886; 454,364. Non-acute 16,984; 16,419; 15,983; 13,263; 16,270; 16,801. Mental Health 11,487; 11,290; 10,585; 9,015; 9,746; 10,170.

Acute episodes of care, by stay type, NSW

January 2019 to March 2024

Admitted patient episodes of care can be:

- Same-day
- Overnight.

Note: 'Same-day' refers to patients who were admitted and discharged on the same day. 'Overnight' refers to patients who spent at least one night in hospital.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Figure 23. Acute episodes of care, by stay type, NSW. Series: Same-day, Overnight. Overnight values 237,417; 228,477; 231,746; 211,579; 223,430; 235,883. Same-day values 203,736; 204,202; 218,342; 192,496; 219,456; 218,481.
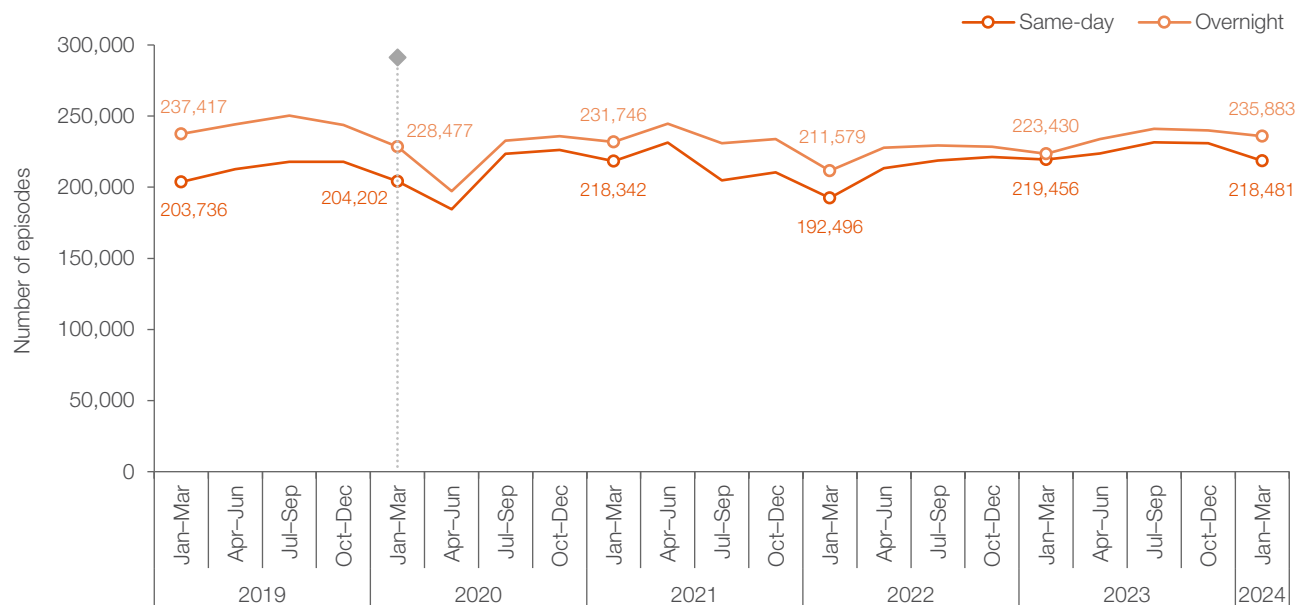
Behind the key findings

Figure 24

Average length of stay for overnight episodes, by care type, NSW

January 2019 to March 2024

For acute overnight episodes in January to March 2024, the average length of stay was 4.9 days in urban hospitals and 4.4 days in rural hospitals.

Note: Results are calculated from more than 200 hospitals in each quarter reported in *Healthcare Quarterly*.
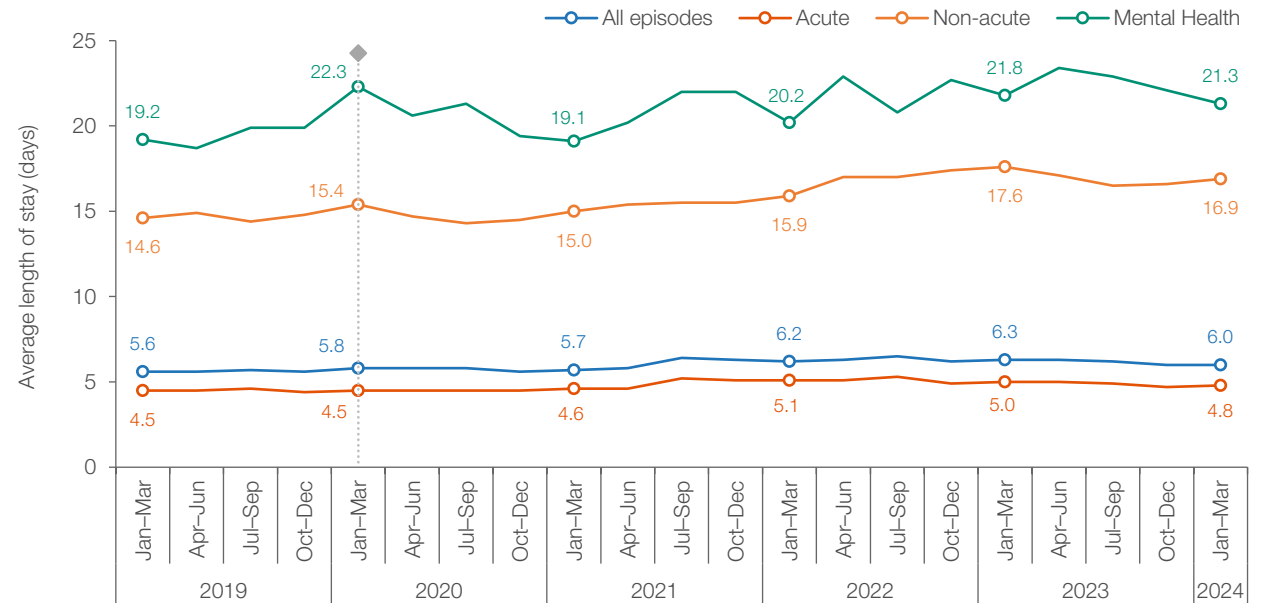
Figure 25

Babies born in public hospitals, NSW

January 2019 to March 2024

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
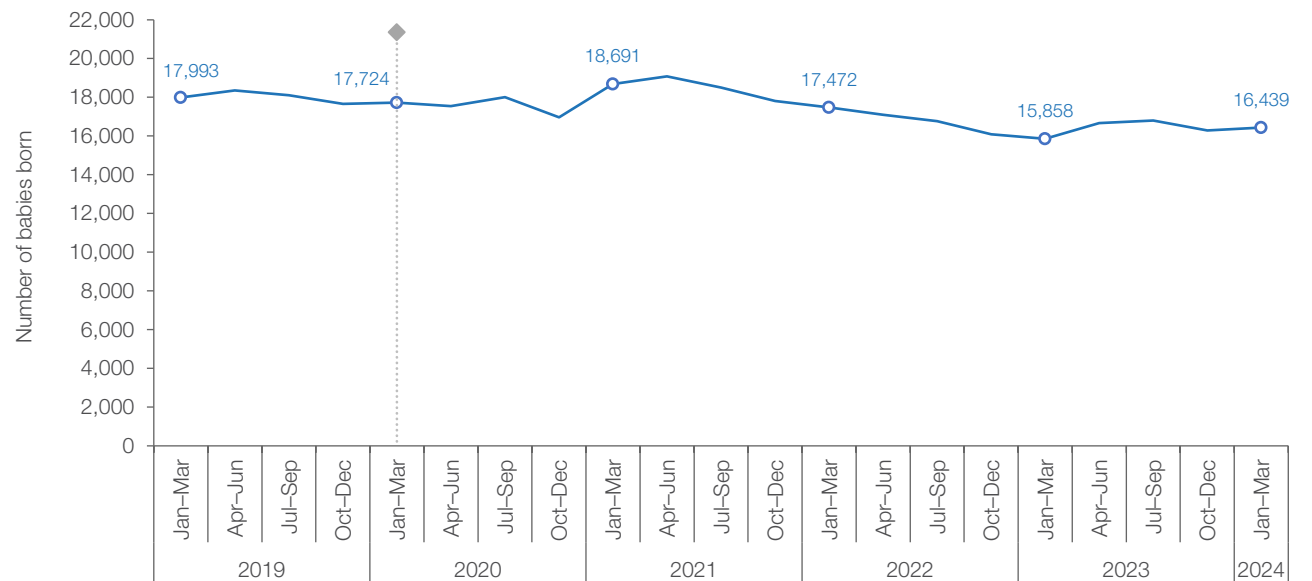
Special Reporting

This issue of *Healthcare Quarterly* includes a Special Reporting section, incorporating additional analyses undertaken to highlight the adoption and use of Hospital in the Home services across NSW public hospitals.

Introduction

Hospital in the Home (HiTH) is a clinical model that provides admitted acute or sub-acute care that is delivered in a patient's home or in the community, as a substitute for in-hospital care. HiTH has been used in NSW for more than 20 years, with the implementation and delivery varying across different local health districts (LHDs) depending on local needs and resources.*

HiTH offers a range of benefits for patients, carers and hospitals including:

- supporting reduction in length of stay in hospital or, in some instances, helping to avoid a hospital admission altogether
- allowing patients to receive care and recover in the comfort of their own home
- reducing the risk of adverse events from a hospital admission
- supporting hospitals by increasing in-hospital bed capacity.†

There is potential for increasing uptake of HiTH services, in alignment with the NSW Health strategic priority of delivering more services in the home, community, and virtual settings.‡

This Special Reporting section provides an overview of HiTH use across NSW public hospitals from January 2021 to March 2024.

In 2022–23, HiTH was used across 27,008 admissions to NSW public hospitals for patients aged 18+ years, or about 1.7% of total admissions for this cohort. Of these patients, almost half (46.4%) received care and treatment through HiTH only, with the remainder using a combination of HiTH and in-hospital care.

Use of HiTH services peaked during the COVID-19 pandemic in 2021–22, when the majority of HiTH admissions (51.7%) were for patients with a COVID-19 diagnosis – showing hospitals are capable of expanding HiTH when required. HiTH use dropped significantly between 2021–22 and 2022–23.

Key findings

There are potential opportunities to expand the use of HiTH across NSW:

- In January to March 2024, HiTH was used across 10,719 acute and non-acute episodes of care – up 14.2% (1,333) compared with the same quarter a year earlier.

- HiTH can be used for a wide range of clinical conditions, despite most conditions currently making up less than 1.0% of total HiTH admissions.

- Use of HiTH ranged from 0.0% to 4.4% of total episodes across local health districts in January to March 2024.

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* NSW Health 2018, *Adult and Paediatric Hospital in the Home Guideline*, accessed March 2024, https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_020.pdf

† NSW Health 2013, *NSW Hospital in the Home (HiTH) guideline*, accessed March 2024, https://www1.health.nsw.gov.au/pds/ArchivePDSDocuments/GL2013_006.pdf

‡ NSW Health 2022, *Future Health: Guiding the next decade of health care in NSW 2022–2032*, accessed April 2024, https://www.health.nsw.gov.au/about/nswhealth/Publications/future-health-report.PDF

Clinical conditions

Evidence suggests that HiTH can be used to effectively manage a range of clinical conditions, including but not limited to cellulitis, pneumonia, deep vein thrombosis (DVT), chronic obstructive pulmonary disease (COPD) and urinary tract infections (UTI).*

In 2021–22, HiTH was most commonly used for COVID-19. In 2022–23, HiTH was most commonly used for cellulitis. There were 4,022 cellulitis admissions using HiTH in 2022–23, which represented 14.9% of all HiTH admissions but 28.6% of total admissions for the condition.

Table 1 outlines those conditions where HiTH is most commonly used. However, HiTH is used for patients with many other conditions, with most of those conditions accounting for less than 1.0% of total HiTH admissions. This suggests that treatments offered through HiTH are relatively broad and there are opportunities for expanding HiTH use across targeted cohorts.

For a detailed overview of the methodology, refer to the technical supplement.

Table 1

Counts and percentages of Hospital in the Home (HiTH) admissions among patients aged 18+ years, by principal reason for admission, 2022–23

Clinical condition†	# of HiTH admissions	% of total HiTH admissions	% of total admissions for the condition
Cellulitis	4,022	14.9	28.6
COVID-19	2,086	7.7	23.7
Urinary tract infections	1,059	3.9	5.6
Pneumonia	748	2.8	4.2
Congestive heart failure	676	2.5	4.6
Chronic obstructive pulmonary disease	662	2.5	3.6
Deep vein thrombosis	103	0.4	8.4

† Clinical condition was at least one of the reasons for admission into hospital.

Figure 26

Number of episodes with Hospital in the Home (HiTH) use, by care type, NSW

January 2021 to March 2024

'Episodes with HiTH use' refers to episodes where HiTH services were used at least once during the episode of care for the patient.

In January to March 2024, there were 10,719 acute and non-acute episodes where HiTH was used. Of these, 13.5% (1,449) were same day and 86.5% (9,270) were overnight.

◆ The COVID-19 Delta wave commenced in July 2021. The COVID-19 Omicron wave commenced in January 2022.
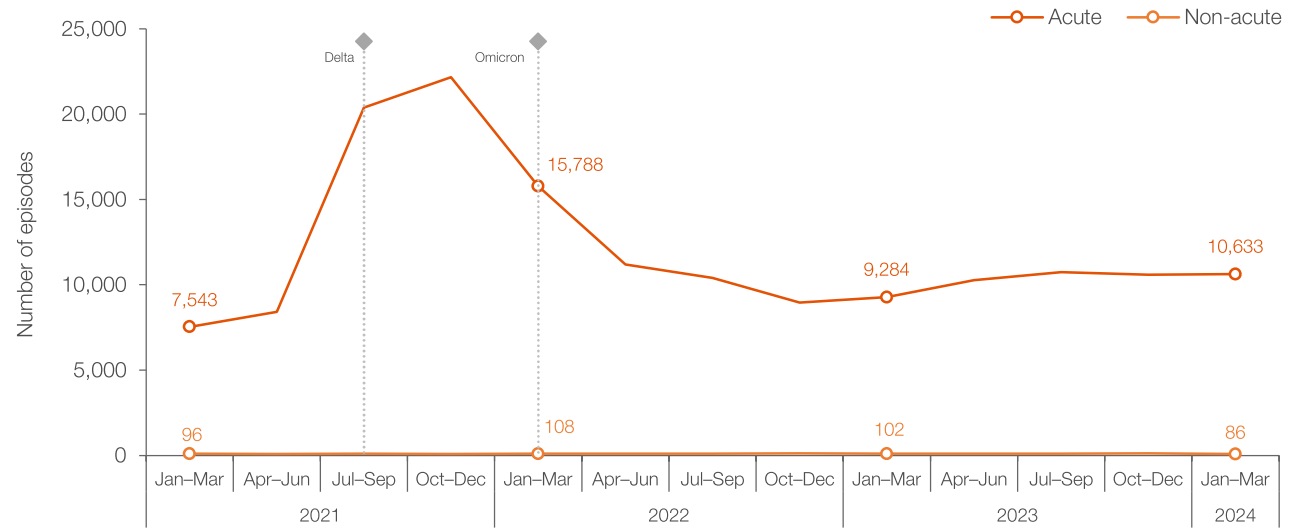
Figure 27

Percentage of episodes with Hospital in the Home (HiTH) use, by local health district (LHD)

January to March 2024

56 hospitals across the LHDs delivered HiTH services in January to March 2024. The adoption and use of HiTH continues to evolve across different LHDs.
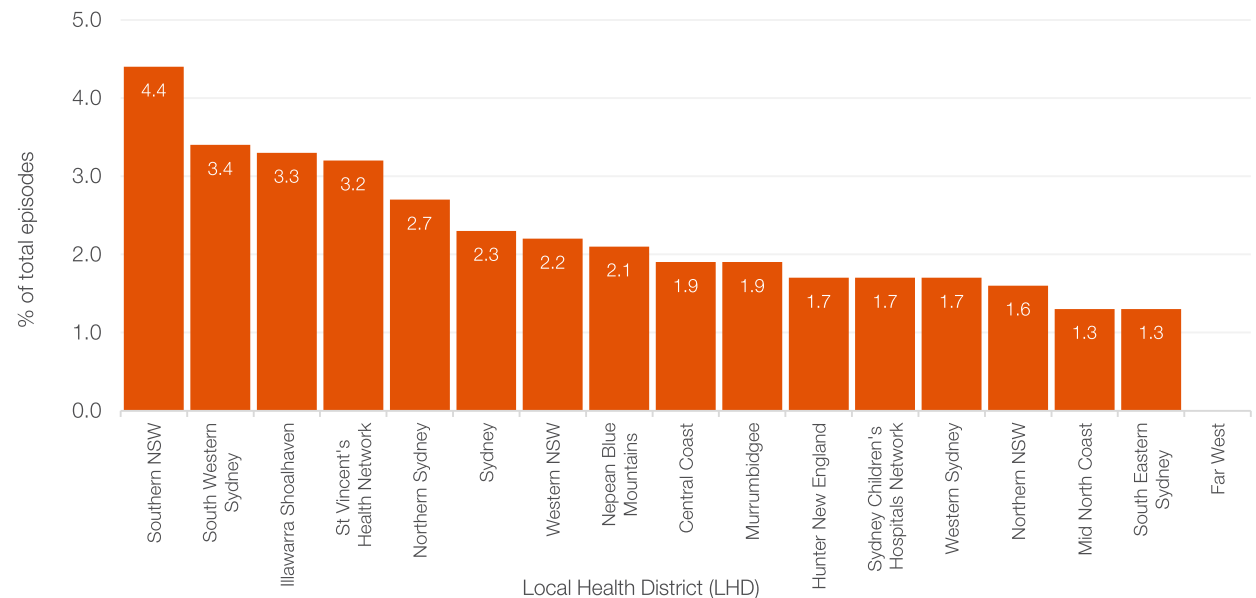
Activity and performance tables

Features a range of selected measures of activity and performance for this quarter for ambulance, emergency department, admitted patients and elective surgery.

Comparisons are provided with the same quarter a year earlier, and four years earlier to allow stable comparisons with pre-pandemic levels.

Ambulance

Activity

			Jan–Mar 2024	Jan–Mar 2023	COMPARING 2024 WITH 2023	
					Difference	% change
Responses			**383,341**	347,720	35,621	10.2%
By priority	P1: Emergency		**186,718**	170,713	16,005	9.4%
	P1A: Highest priority		**17,097**	10,868	6,229	57.3%
	P2: Urgent		**174,391**	156,657	17,734	11.3%
	P3: Time critical		**15,158**	13,231	1,927	14.6%
	P4–9: Non-emergency		**7,074**	7,119	-45	-0.6%
Incidents			**284,543**	266,445	18,098	6.8%

Performance

			Jan–Mar 2024	Jan–Mar 2023	COMPARING 2024 WITH 2023
					Difference
Call to ambulance arrival time					
By priority	P1 cases	% within 15 minutes	**48.4%**	44.1%	4.3 percentage points
		% within 30 minutes	**87.9%**	86.4%	1.5 percentage points
	P2 cases	% within 30 minutes	**53.5%**	52.9%	0.6 percentage points
		% within 60 minutes	**81.2%**	81.2%	unchanged
Response time					
By priority	P1 cases	Median	**13.2 mins**	13.7 mins	-0.5 mins
	P1A cases	% within 10 minutes	**64.2%**	64.6%	-0.4 percentage points
		Median	**8.3 mins**	8.2 mins	0.1 mins
	P2 cases	Median	**25.3 mins**	25.3 mins	unchanged

Emergency department

Activity

		Jan–Mar 2024	Jan–Mar 2023	COMPARING 2024 WITH 2023 Difference	% change
Arrivals by ambulance		**192,874**	180,317	12,557	7.0%
Attendances		**810,201**	769,966	40,235	5.2%
Emergency presentations		**792,841**	753,320	39,521	5.2%
By triage category	T1: Resuscitation	**6,677**	5,860	817	13.9%
	T2: Emergency	**123,935**	113,633	10,302	9.1%
	T3: Urgent	**297,456**	279,113	18,343	6.6%
	T4: Semi-urgent	**296,965**	288,968	7,997	2.8%
	T5: Non-urgent	**67,808**	65,746	2,062	3.1%
Admissions to hospital from ED		**195,582**	181,195	14,387	7.9%

Performance

			Jan–Mar 2024	Jan–Mar 2023	COMPARING 2024 WITH 2023 Difference
Percentage of patients transferred from ambulance to ED within 30 minutes			**78.3%**	77.7%	0.6 percentage points
Time to start treatment	All patients	% starting treatment on time	**66.1%**	67.4%	-1.3 percentage points
By triage category	T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	**54.0%**	54.9%	-0.9 percentage points
		Median	**10 mins**	10 mins	unchanged
		90th percentile	**34 mins**	34 mins	unchanged
	T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	**61.4%**	62.5%	-1.1 percentage points
		Median	**24 mins**	23 mins	1 min
		90th percentile	**1 hour 41 mins**	1 hour 35 mins	6 mins
	T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	**71.5%**	72.7%	-1.2 percentage points
		Median	**29 mins**	28 mins	1 min
		90th percentile	**2 hours 15 mins**	2 hours 9 mins	6 mins
	T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	**88.6%**	90.2%	-1.6 percentage points
		Median	**25 mins**	23 mins	2 mins
		90th percentile	**2 hours 9 mins**	1 hour 59 mins	10 mins
Time from arrival to leaving	% leaving within four hours		**55.9%**	58.2%	-2.3 percentage points
	For patients admitted to hospital		**23.8%**	25.4%	-1.6 percentage points
	Median		**3 hours 38 mins**	3 hours 29 mins	9 mins
	90th percentile		**10 hours 53 mins**	10 hours 17 mins	36 mins

Elective surgery

Activity

Activity		Jan–Mar 2024	Jan–Mar 2023	COMPARING 2024 WITH 2023	
				Difference	% change
Elective surgeries performed		**51,149**	54,782	-3,633	-6.6%
By urgency	Urgent	**11,200**	11,968	-768	-6.4%
	Semi-urgent	**18,604**	19,896	-1,292	-6.5%
	Non-urgent	**18,974**	20,745	-1,771	-8.5%
	Staged*	**2,371**	2,173	198	9.1%

Performance

Performance			Jan–Mar 2024	Jan–Mar 2023	COMPARING 2024 WITH 2023	
					Difference	% change
Waiting time	All patients	% on time	**86.2%**	75.0%	11.2 percentage points	
By urgency	Urgent	% on time (Recommended: within 30 days)	**98.7%**	98.9%	-0.2 percentage points	
		Median	**12 days**	12 days	0 days	
		90th percentile	**27 days**	27 days	0 days	
	Semi-urgent	% on time (Recommended: within 90 days)	**81.3%**	68.4%	12.9 percentage points	
		Median	**56 days**	65 days	-9 days	
		90th percentile	**106 days**	159 days	-53 days	
	Non-urgent	% on time (Recommended: within 365 days)	**83.6%**	67.6%	16 percentage points	
		Median	**290 days**	305 days	-15 days	
		90th percentile	**385 days**	523 days	-138 days	
Patients on waiting list ready for elective surgery at end of quarter			**93,839**	96,825	-2,986	-3.1%
By urgency	Urgent		**2,316**	2,202	114	5.2%
	Semi-urgent		**15,598**	19,580	-3,982	-20.3%
	Non-urgent		**75,925**	75,043	882	1.2%
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			**3,419**	14,059	-10,640	-75.7%

* Staged surgery refers to surgery that, for medical reasons, cannot take place before a certain amount of time has elapsed (includes all non-urgent cystoscopy patients).

Admitted patients

Activity

Activity			Jan–Mar 2024	Jan–Mar 2023	COMPARING 2024 WITH 2023	
					Difference	% change
Episodes of care			**481,335**	468,902	12,433	2.7%
By care type	Acute		**454,364**	442,886	11,478	2.6%
	By stay type	Overnight	**235,883**	223,430	12,453	5.6%
		Same-day	**218,481**	219,456	-975	-0.4%
	Non-acute		**16,801**	16,270	531	3.3%
	Mental health		**10,170**	9,746	424	4.4%
Average length of stay for overnight episodes (days)			**6.0**	6.3	-0.3	-4.8%
By care type	Acute		**4.8**	5.0	-0.2	-4.0%
	Non-acute		**16.9**	17.6	-0.7	-4.0%
	Mental health		**21.3**	21.8	-0.5	-2.3%
Bed days			**1,789,820**	1,765,951	23,869	1.4%
By care type	Acute		**1,351,873**	1,331,910	19,963	1.5%
	Non-acute		**238,562**	239,307	-745	-0.3%
	Mental health		**199,385**	194,734	4,651	2.4%
Babies born			**16,439**	15,858	581	3.7%

Explanation of key terms

Ambulance

Calls

Calls received at the ambulance control centre, requesting an ambulance vehicle.

Call to ambulance arrival time

The time from when a call is first answered in the ambulance control centre to the time the first ambulance arrives at the scene of an incident.

Incident

A call to the ambulance control centre that results in the dispatch of one or more ambulance vehicles.

Response

The dispatch of an ambulance vehicle to an incident. There may be multiple responses to a single incident. Responses include vehicles cancelled prior to arrival at the incident scene.

Response time

The time from when a call for an ambulance is placed 'in queue' for vehicle dispatch by the ambulance control centre, to the time the first vehicle arrives at the scene.

Emergency department (ED)

ED attendances

The count of every patient visit to the ED during the defined period.

Emergency presentations

The vast majority of ED attendances are classified as 'emergency presentations', where the intent of the visit to the ED is to receive emergency care. The remaining attendances include non-emergency visits such as planned returns, pre-arranged admissions, some outpatient visits and private referrals.

Time from arrival to leaving ED

The time from a patient's arrival at the ED until their departure from the ED.

Time to start treatment

The time from a patient's arrival at the ED until the start of their clinical treatment in the ED.

Time to transfer care

For patients transported to the ED by ambulance, the time from their arrival at the ED to when responsibility for their care is transferred from paramedics to ED staff in an ED treatment zone.

Admitted patients

Average length of stay

The mean of total bed days for all completed episodes of care. That is, the total number of days in hospital for all episodes of care divided by the total number of episodes of care.

Bed days

For an overnight admitted patient episode, the difference, in days, between the episode start date and the episode end date, minus any leave days during the episode. Same-day episodes count as one bed day.

Episode of care

When a person is admitted to hospital, they begin what is termed an admitted patient episode or 'episode of care'. Patients may have more than one type of care during the same hospital stay, each of which is regarded as a separate episode of care.

Elective surgery

Waiting list

The elective surgery waiting list is dynamic, driven by the number of patients added to the list and the number of patients who receive their surgery or otherwise leave the list. Information about the number of patients waiting for surgery is a snapshot of the list on a single day.

Waiting time

The number of days from a patient's placement on the elective surgery waiting list until they undergo surgery.

Please note there is the potential for minor revisions of data in this report.
Figures published in the Data Portal may differ from those in published reports and information products due to
subsequent changes in data coverage and analytic methods, and updates to databases. At any time, the most
up-to-date results are available in the Data Portal and supersede all previously published figures.
Please check the online version at **bhi.nsw.gov.au** for any amendments or errata.

Published May 2024

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.