

Healthcare Quarterly

Tracking public hospital and
ambulance service activity
and performance in NSW

April to June 2024



Overview

April to June 2024



Ambulance

Ambulance incidents and responses increased and response times were relatively stable compared with a year earlier.

Find out more from [page 3](#)



Elective surgery

Waiting times improved and the number of patients waiting longer than clinically recommended was down considerably.

Find out more from [page 15](#)



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](#)

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Special reporting

Additional insights on how health system activity has changed over time relative to NSW population growth.

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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 July 2024); ED (26 July 2024); elective surgery (7 August 2024); admitted patients (23 July 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 April to June 2024 quarter. Rural areas include regional, remote and very remote areas.

This report also includes a Special Reporting section, incorporating additional insights on how health system activity has changed over time relative to NSW population growth.



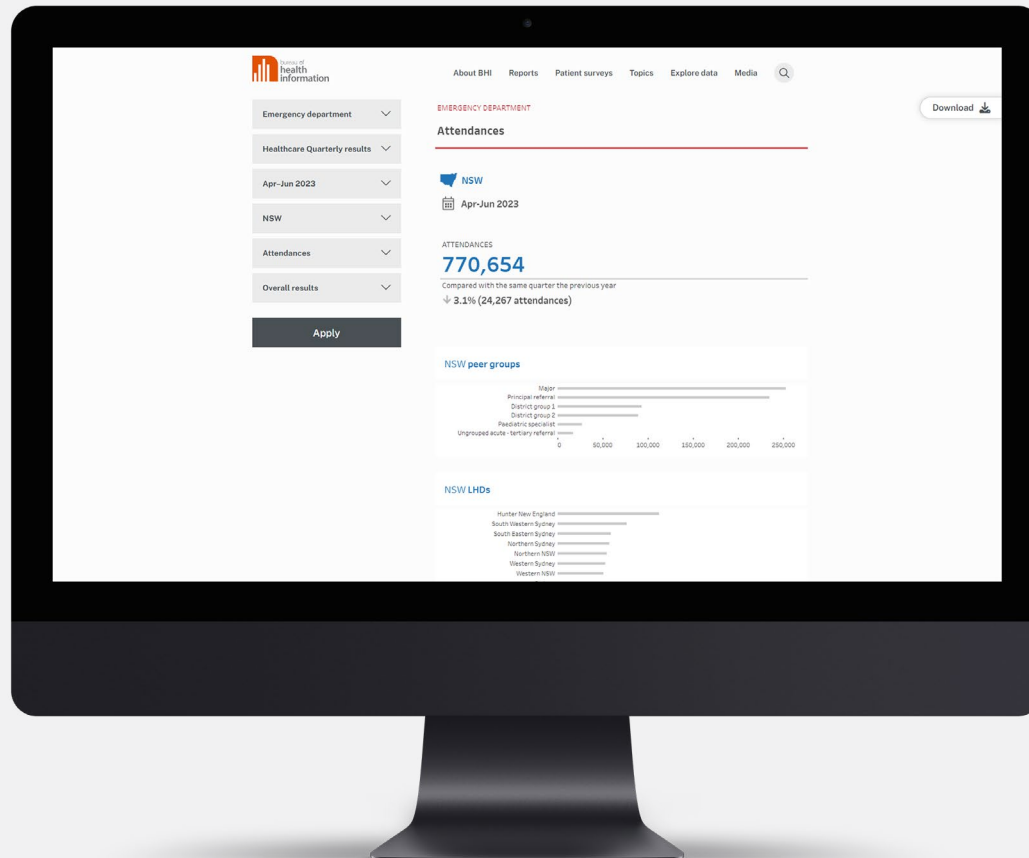
Interactive data

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.

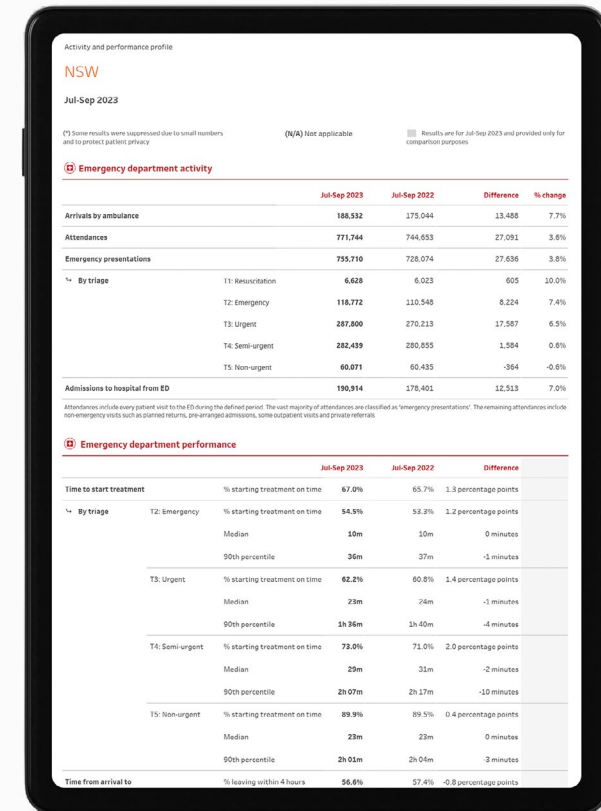
Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



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

April to June 2024

RESPONSES

There were 284,840 incidents – up 5.6% (15,168) compared with the same quarter a year earlier. 385,345 responses were dispatched to these incidents – up 7.8% (27,854) from April to June 2023.

Both were the highest of any quarter since BHI started reporting in 2010.

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 45.4% and 85.6%, respectively – similar to the same quarter a year earlier.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of 'highest priority – P1A' responses within 10 minutes was 63.1% – down 1.2 percentage points from the same quarter a year earlier.

The median response time for 'emergency – P1' responses was 13.9 minutes – relatively stable compared with the same quarter a year earlier. One in 10 of these responses took longer than 32 minutes.

Refer to the **Special Reporting** section for additional insights on how ambulance activity has changed over time relative to NSW population growth.



Behind the key findings

Figure 1
Ambulance calls, incidents, responses and patient transports, NSW
April 2019 to June 2024

Of the 385,345 ambulance responses in April to June 2024, 67.4% (259,776) were in urban areas and 32.1% (123,613) 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.

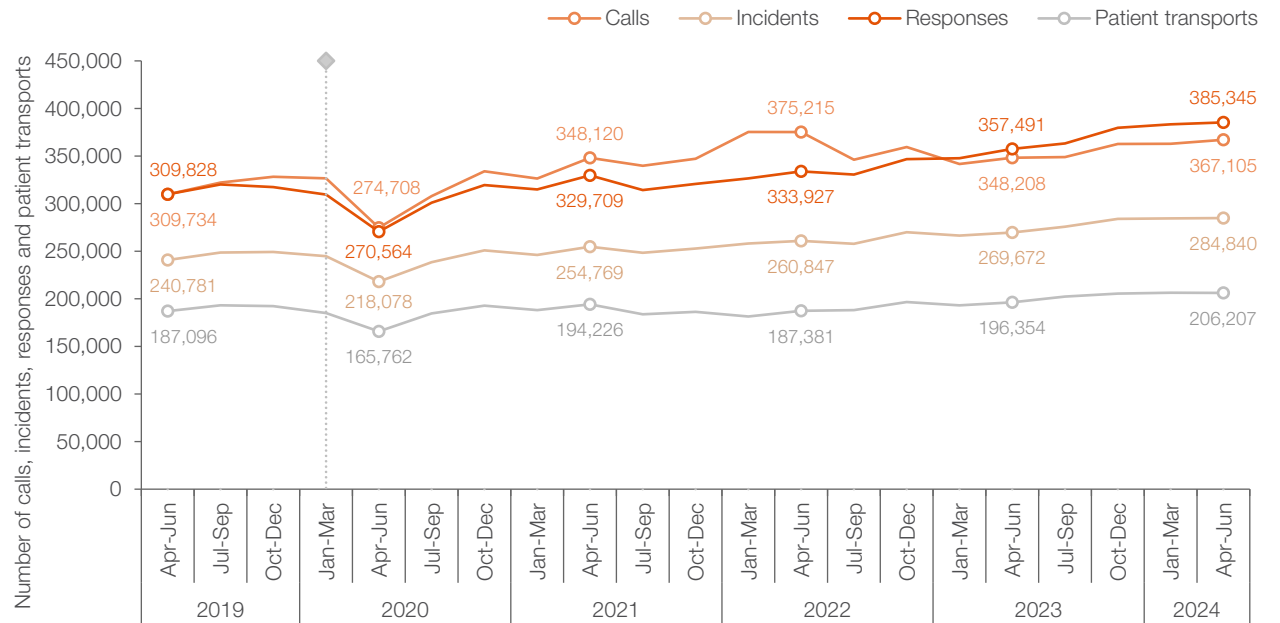
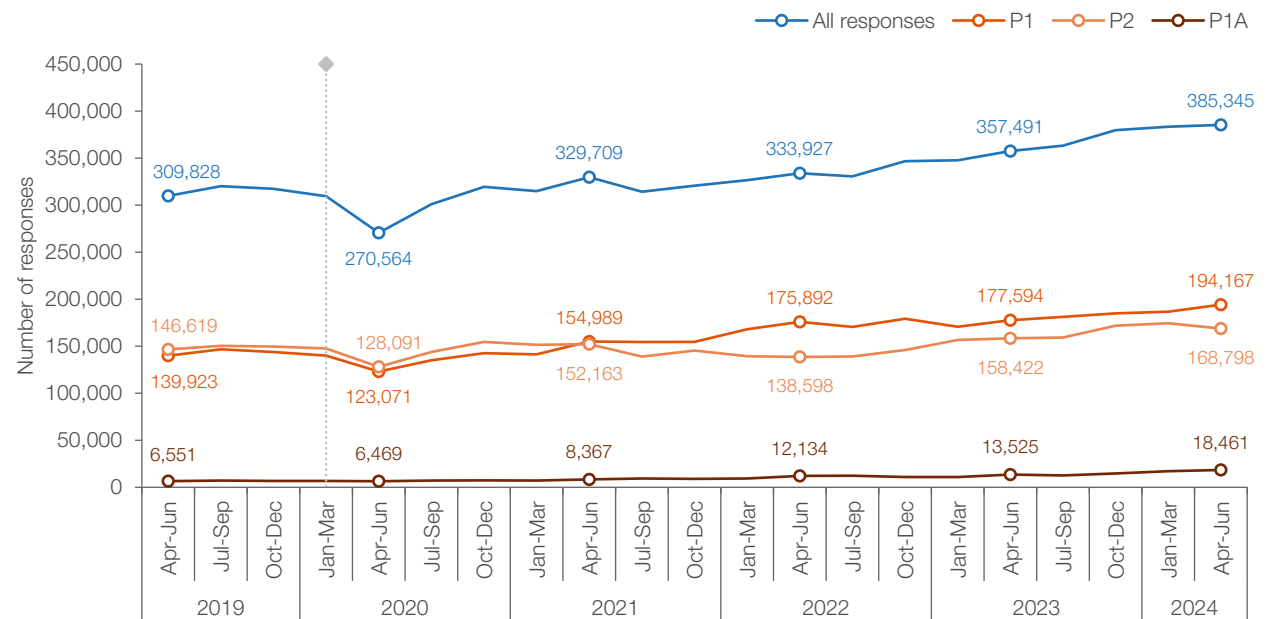


Figure 2
Ambulance responses, by priority category, NSW
April 2019 to June 2024

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
April 2019 to June 2024

In April to June 2024, the percentage of P1 cases with a call to ambulance arrival time within 15 minutes was 45.9% in urban areas and 44.5% in rural areas.

The percentage of P1 cases with a call to ambulance arrival time within 30 minutes was 87.8% in urban areas and 80.3% in rural areas.

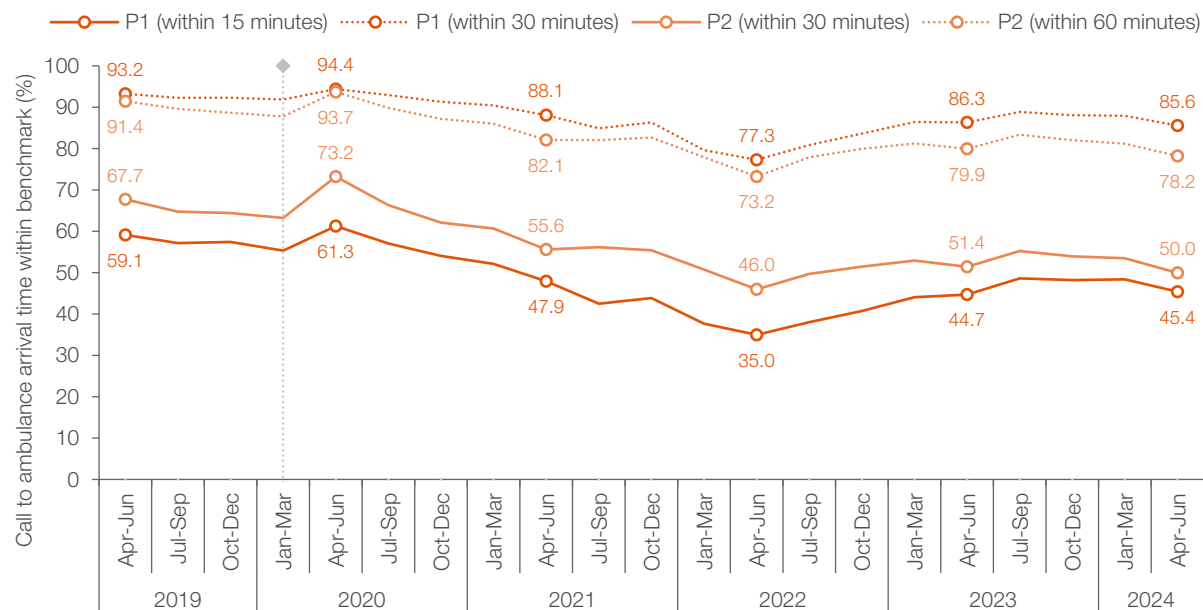
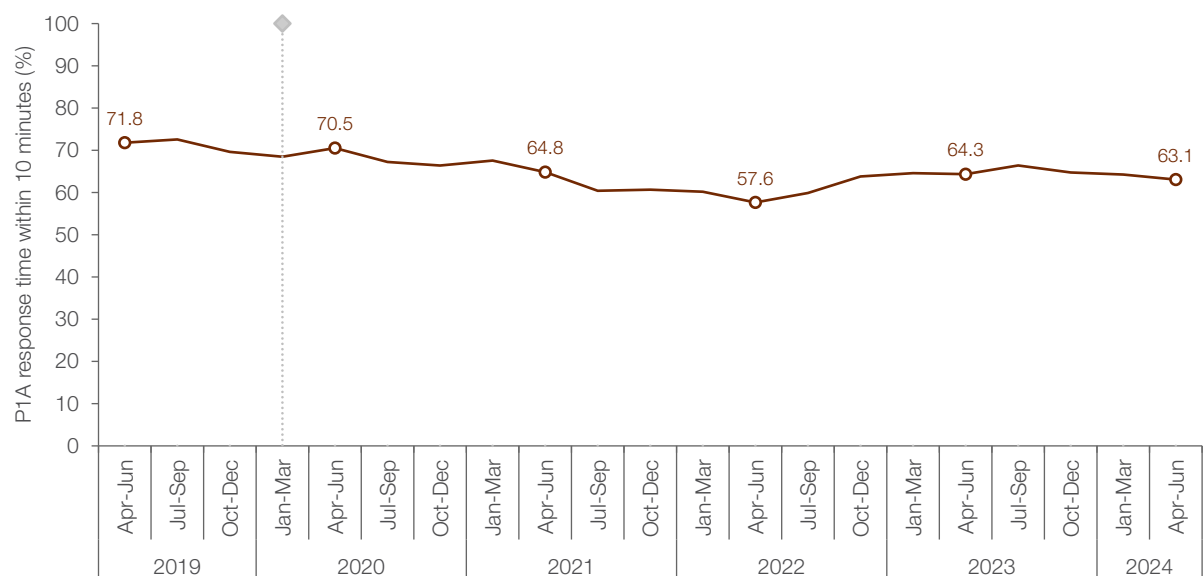


Figure 4
Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW
April 2019 to June 2024

In April to June 2024, the percentage of P1A responses within 10 minutes was 67.1% in urban areas and 52.8% in rural areas.



◆ 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
April 2019 to June 2024

In April to June 2024, the median response time for:

- P1 cases was 13.7 minutes in urban areas and 14.3 minutes in rural areas
 - P1A cases was 8.2 minutes in urban areas and 9.6 minutes in rural areas
- P2 cases was 29.4 minutes in urban areas and 22.9 minutes in rural areas.

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

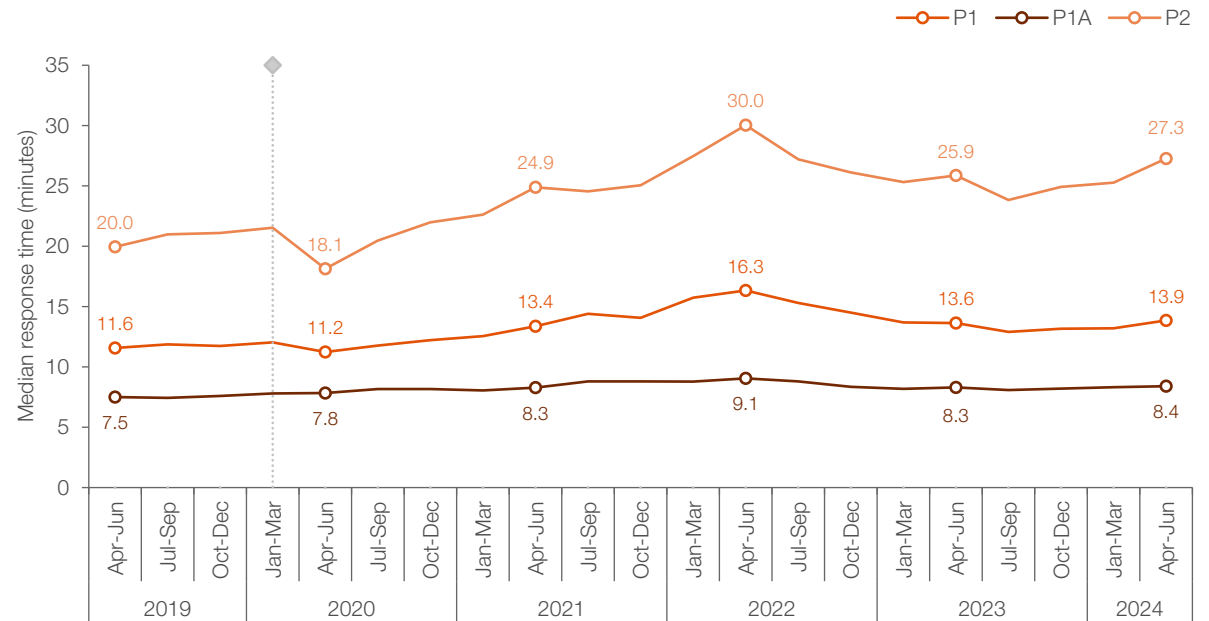
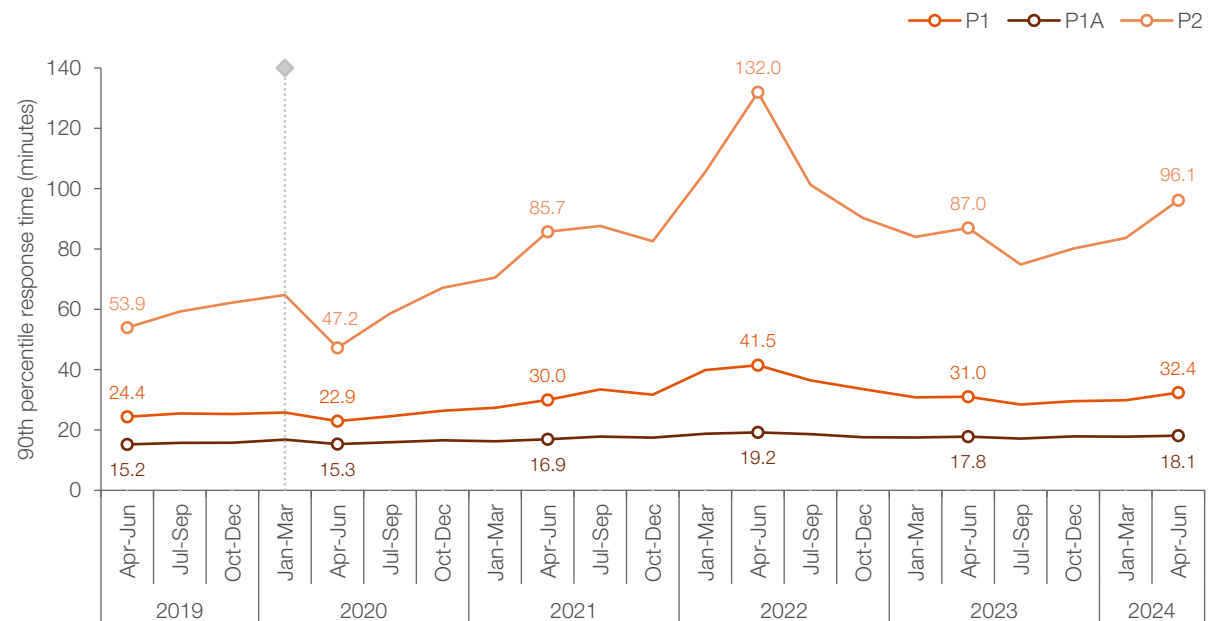


Figure 6
90th percentile response times, by priority category, NSW
April 2019 to June 2024

In April to June 2024, the 90th percentile response time for:

- P1 cases was 29.9 minutes in urban areas and 37.3 minutes in rural areas
 - P1A cases was 15.3 minutes in urban areas and 25.0 minutes in rural areas
- P2 cases was 107.7 minutes in urban areas and 75.2 minutes in rural areas.

◆ 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

April to June 2024

ACTIVITY

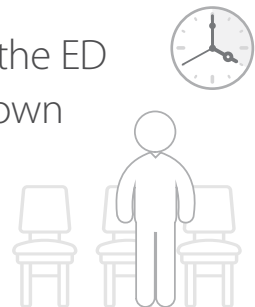
There were 795,817 ED attendances – up 3.3% (25,265) compared with the same quarter a year earlier but down 1.8% (14,338) from the record high in the preceding quarter.

The upward trend in the number of triage 1, 2 and 3 presentations continued – all three were the highest of any quarter since BHI started reporting in 2010. In comparison, the number of triage 4 and 5 presentations has remained relatively stable since early 2023.



TIME TO START TREATMENT

63.7% of all patients who attended the ED started their treatment on time – down 2.1 percentage points compared with the same quarter a year earlier.



TIME FROM ARRIVAL TO LEAVING ED

54.7% of patients spent less than four hours in the ED – the lowest since 2010. One in 10 patients spent longer than 11 hours 38 minutes in the ED. Of those who were treated and admitted, one in 10 spent longer than 22 hours in the ED.

69,004 patients left the ED without, or before completing, treatment – up 13.3% (8,113) compared with the same quarter a year earlier.



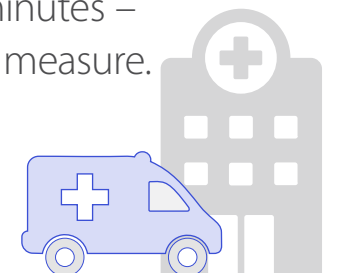
TIME TO TRANSFER CARE

192,526 patients arrived at the ED by ambulance – up 5.1% (9,399) compared with the same quarter a year earlier.

73.7% of patients who arrived by ambulance had their care transferred to ED staff within 30 mins – relatively stable compared with the same quarter a year earlier.

One in 10 patients waited longer than 76 minutes – the longest since BHI started reporting this measure.

Refer to the **Special Reporting** section for additional insights on how emergency department activity has changed over time relative to NSW population growth.



Behind the key findings

Figure 7

Emergency department attendances, NSW April 2019 to June 2024

Of the 795,817 ED attendances in April to June 2024, 63.7% (507,282) were in urban hospitals and 36.3% (288,535) 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 the ABS. For more information, see the [technical supplement](#).

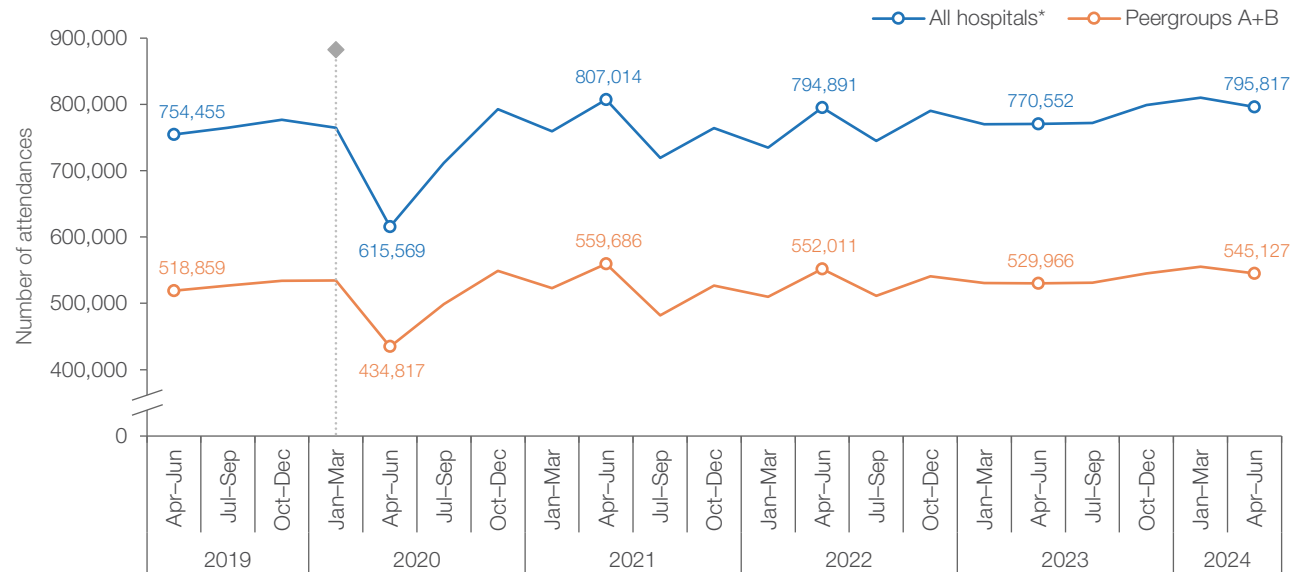
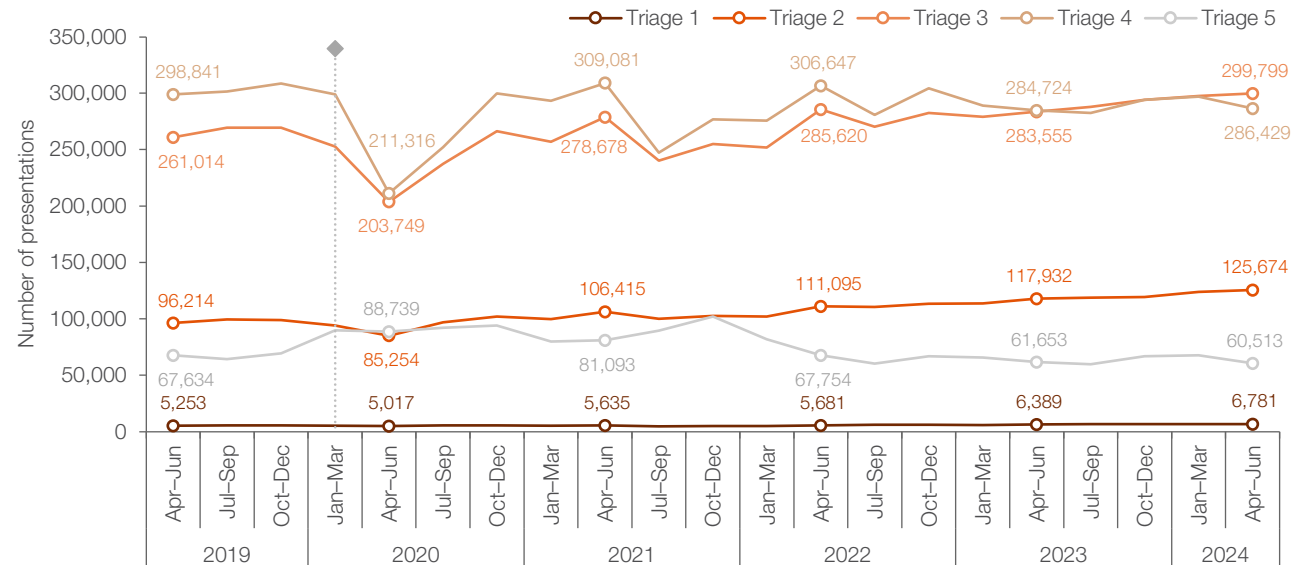


Figure 8

Emergency presentations, by triage category, NSW April 2019 to June 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.



Behind the key findings

Figure 9
Percentage of patients starting treatment on time, by triage category, NSW
April 2019 to June 2024

In April to June 2024, the percentage of all patients who had their treatment start on time was 58.3% in urban hospitals and 73.4% in rural hospitals.

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

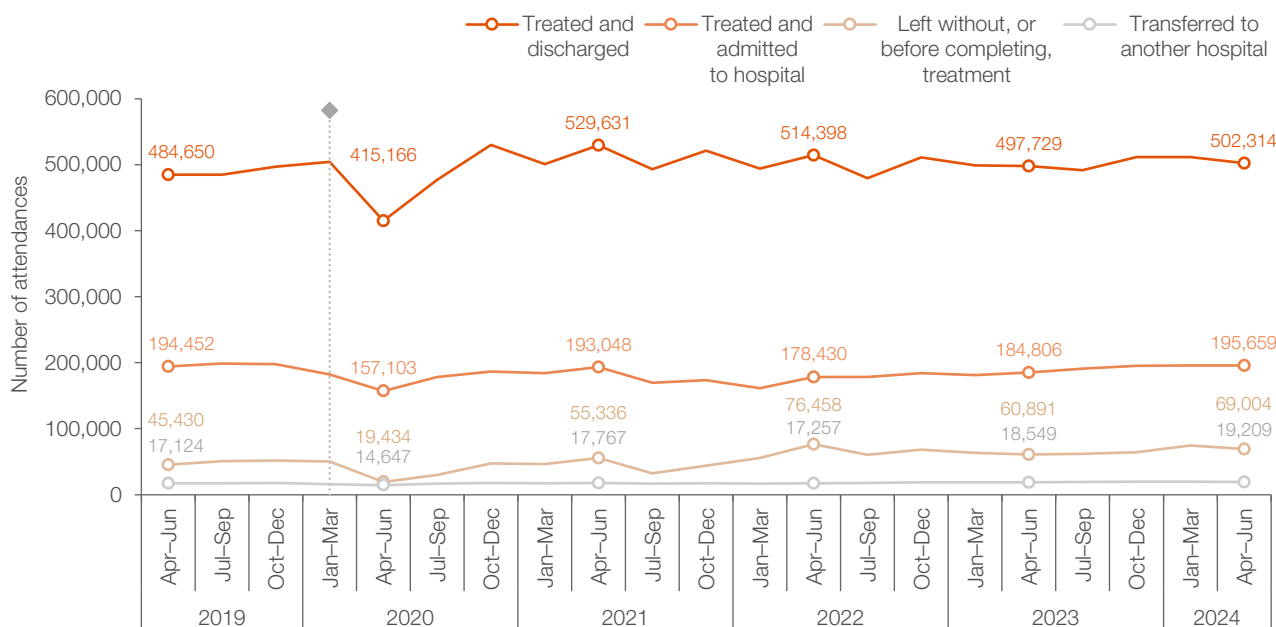
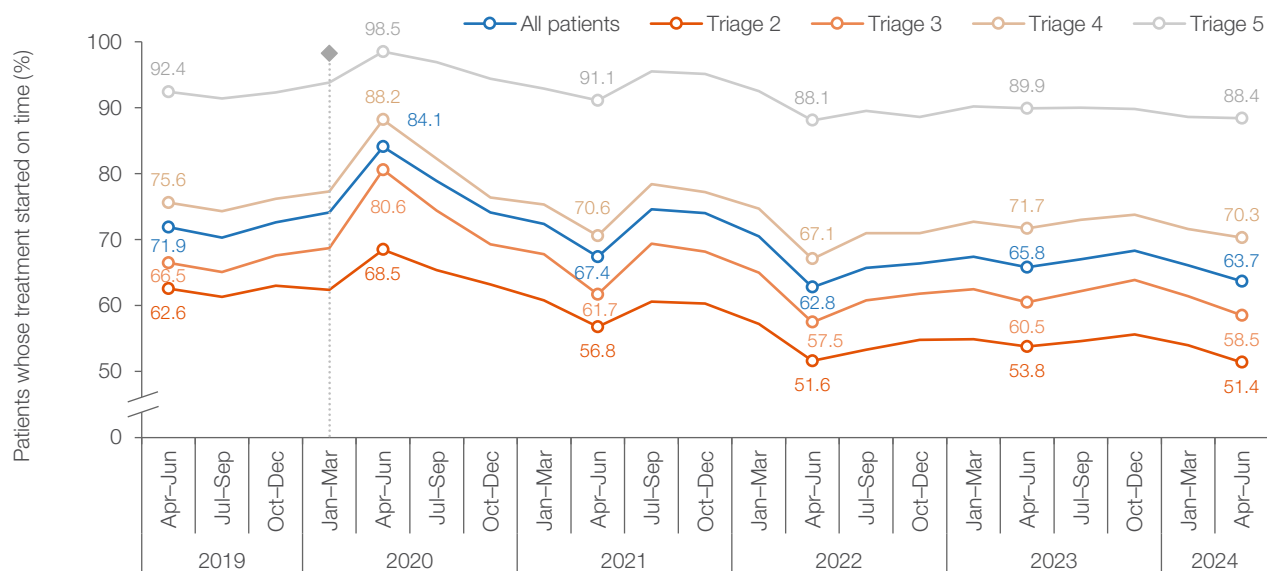
- Triage 2: Emergency – 80% within 10 minutes
- Triage 3: Urgent – 75% within 30 minutes
- Triage 4: Semi-urgent – 70% within 60 minutes
- Triage 5: Non-urgent – 70% within 120 minutes.

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](#).

Figure 10
Emergency department attendances, by mode of leaving, NSW
April 2019 to June 2024

Of the 69,004 patients who left without, or before completing, treatment in April to June 2024, 32.5% were triage 3, 46% were triage 4 and 13.4% were triage 5.

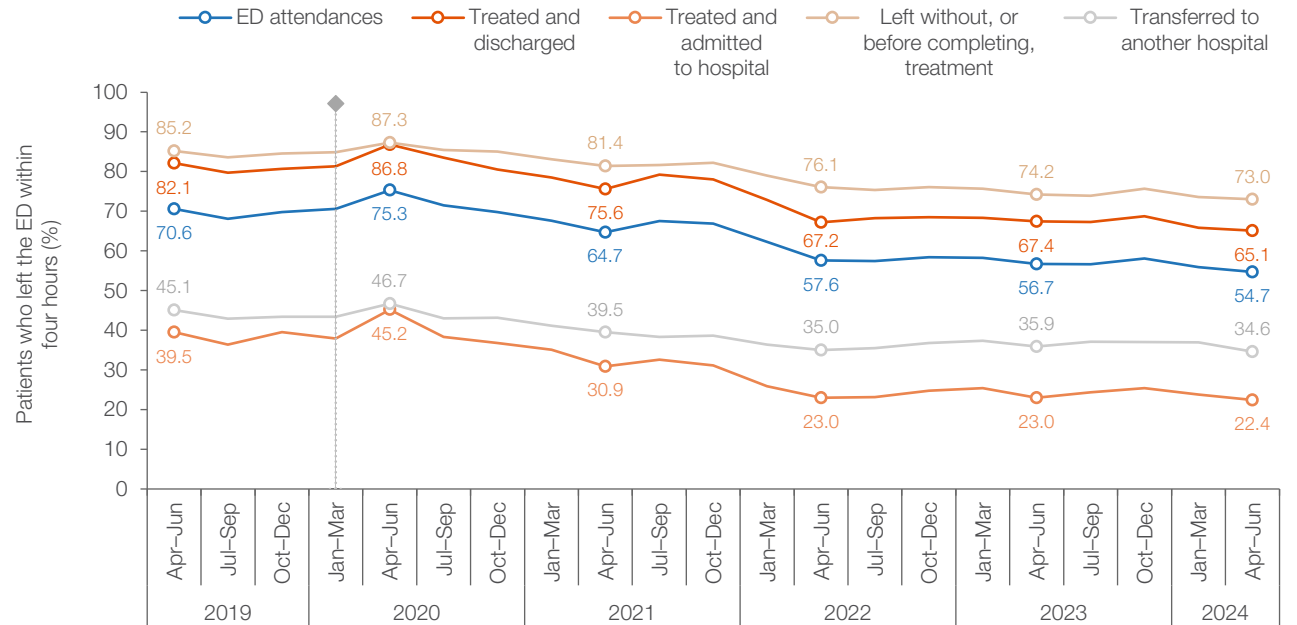
♦ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Behind the key findings

Figure 11
 Percentage of patients leaving the emergency department within four hours, by mode of leaving, NSW
 April 2019 to June 2024

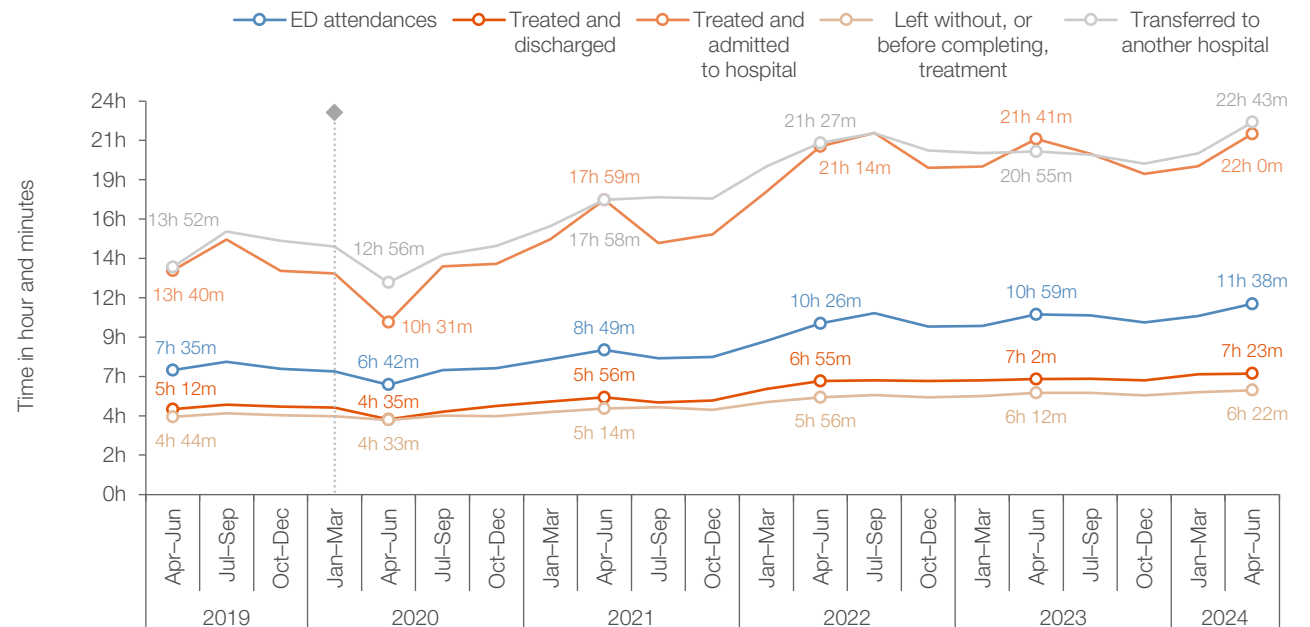
In April to June 2024, the percentage of all patients who left the ED within four hours was 46.8% in urban hospitals and 68.7% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 12
 90th percentile time from arrival at the emergency department to leaving, by mode of leaving, NSW
 April 2019 to June 2024

In April to June 2024, one in 10 patients in urban hospitals spent longer than 13 hours 2 minutes in the ED and one in 10 patients in rural hospitals spent longer than 8 hours 38 minutes.



◆ 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

ADDITIONAL INSIGHTS

Figure 13
Emergency department arrivals by ambulance, NSW
April 2019 to June 2024

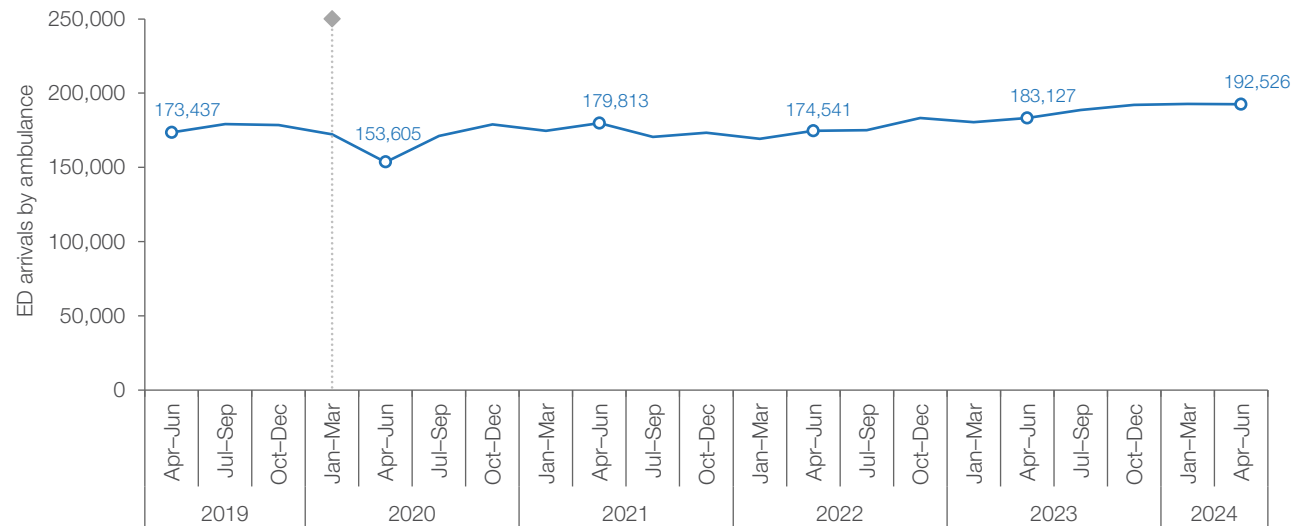
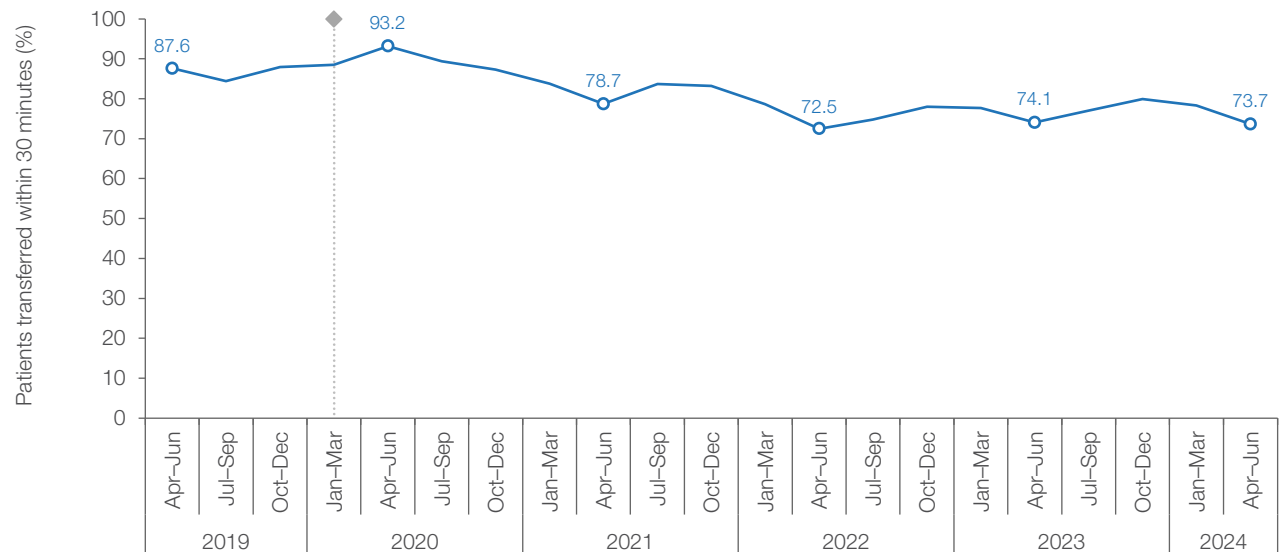


Figure 14
Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW
April 2019 to June 2024

The percentage of patients transferred from paramedics to ED staff within 30 minutes in April to June 2024 was 71.0% in urban hospitals and 80.5% in rural hospitals.



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

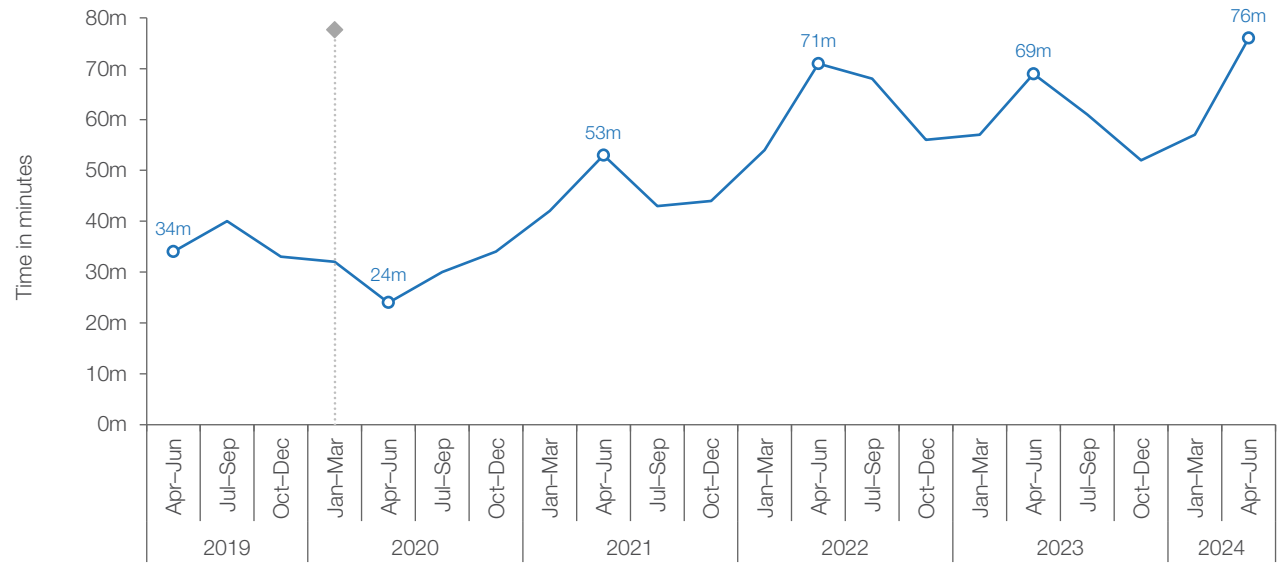
Behind the key findings

ADDITIONAL INSIGHTS

Figure 15
90th percentile time to transfer care from paramedics to emergency department staff, NSW
April 2019 to June 2024

In April to June 2024, one in 10 patients in urban hospitals waited longer than 1 hour 22 minutes and one in 10 patients in rural hospitals waited longer than 56 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

April to June 2024

SURGERIES PERFORMED

There were 59,105 elective surgeries performed – down 2.2% (1,352) from the same quarter a year earlier.

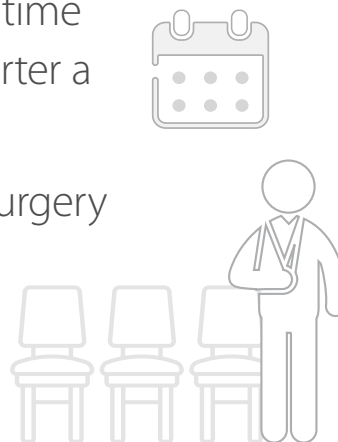
1,927 elective surgeries were contracted to private hospitals – down 69.9% (4,467) from the same quarter a year earlier.



WAITING TIMES

87.1% of elective surgeries were performed on time – up 8.1 percentage points from the same quarter a year earlier.

One in 10 patients who received non-urgent surgery waited longer than 385 days – down 113 days from the same quarter a year earlier.

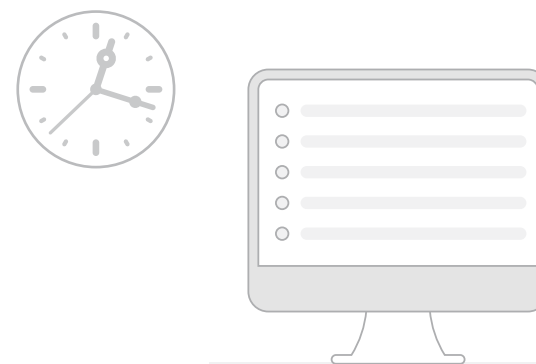


PATIENTS ON WAITING LIST

There were 93,107 patients on the waiting list at the end of June 2024 – down 1.1% (1,046) from the same quarter a year earlier.

Of those patients, 1,859 had waited longer than clinically recommended – down 79.6% (7,248) compared with the end of June 2023.

Refer to the **Special Reporting** section for additional insights on how elective surgery activity has changed over time relative to NSW population growth.



Behind the key findings

Figure 16

Elective surgeries performed, by urgency category, NSW

April 2019 to June 2024

Of the 59,105 elective surgeries performed in April to June 2024, 72.9% (43,077) were in urban hospitals and 27.1% (16,028) were in rural hospitals.

In addition to elective surgery, there were 25,368 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

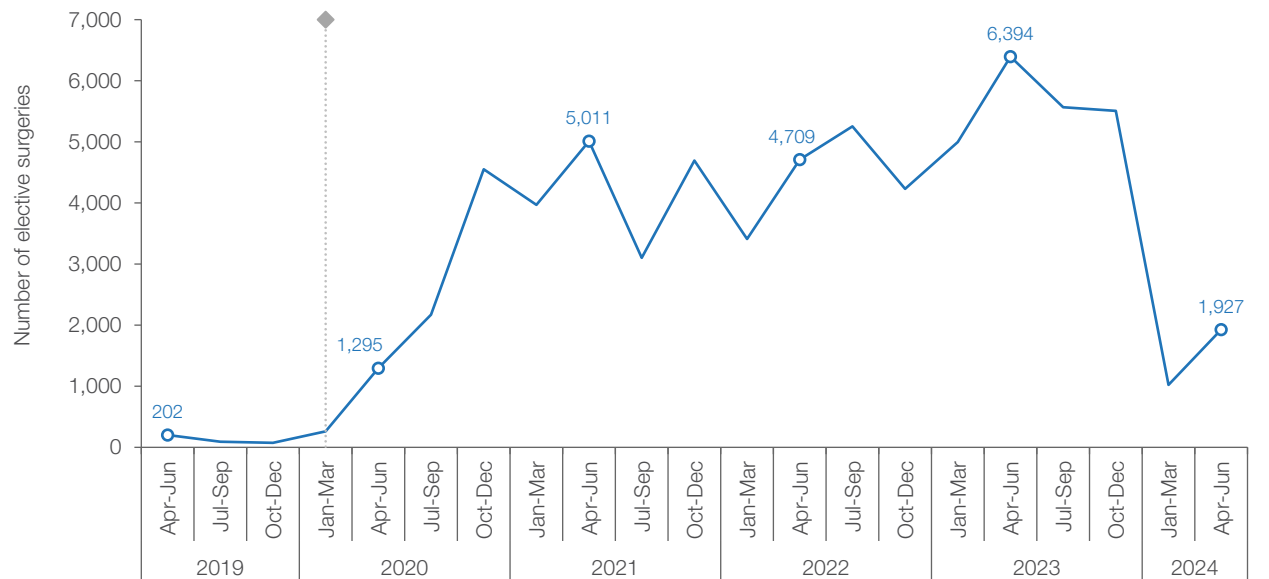
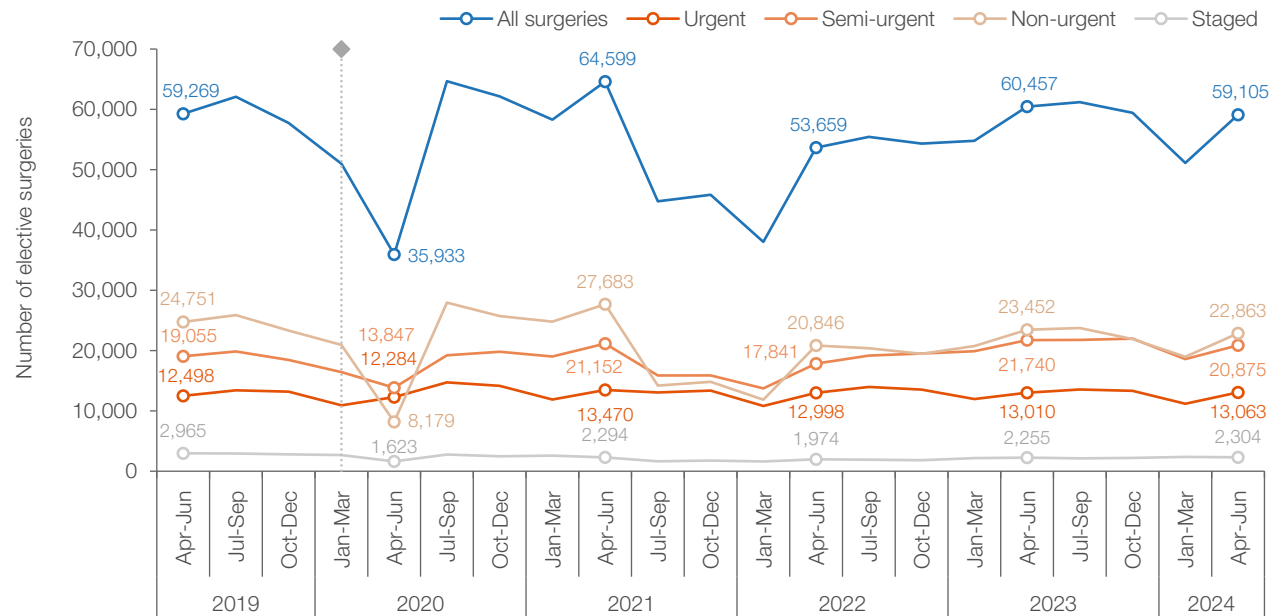
Figure 17

Elective surgeries contracted to private hospitals, NSW

April 2019 to June 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.



Behind the key findings

Figure 18
Percentage of elective surgeries performed on time, by urgency category, NSW
April 2019 to June 2024

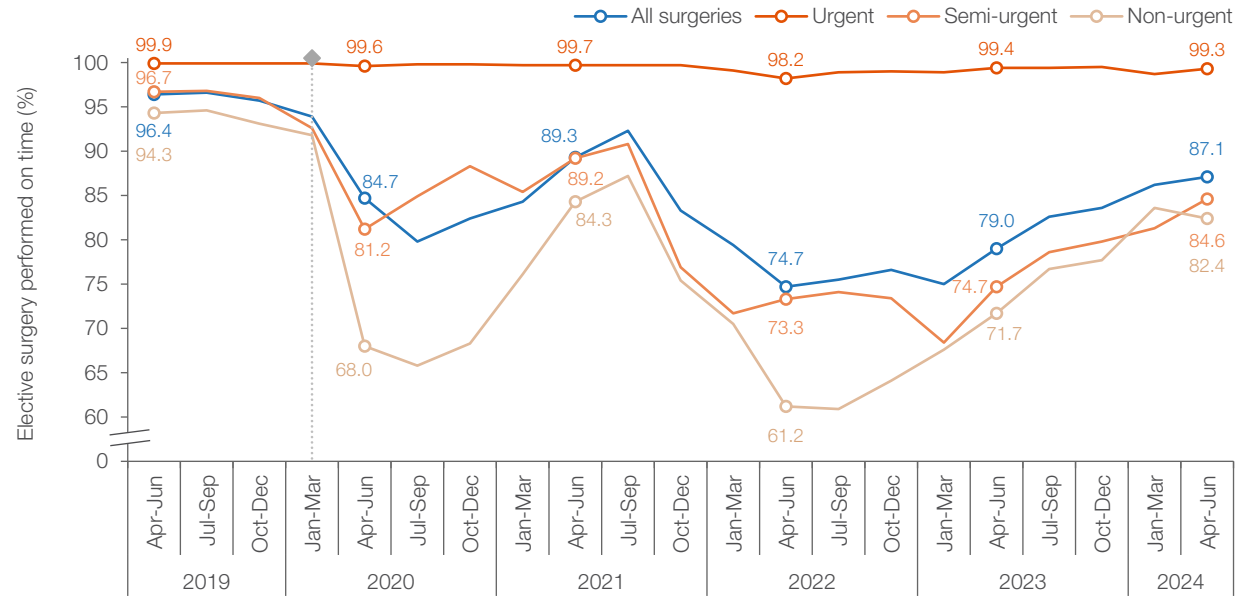
In April to June 2024, the percentage of elective surgeries performed on time was 86.9% in urban hospitals and 87.5% in rural hospitals.

Clinically recommended maximum waiting times for elective surgery are:

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

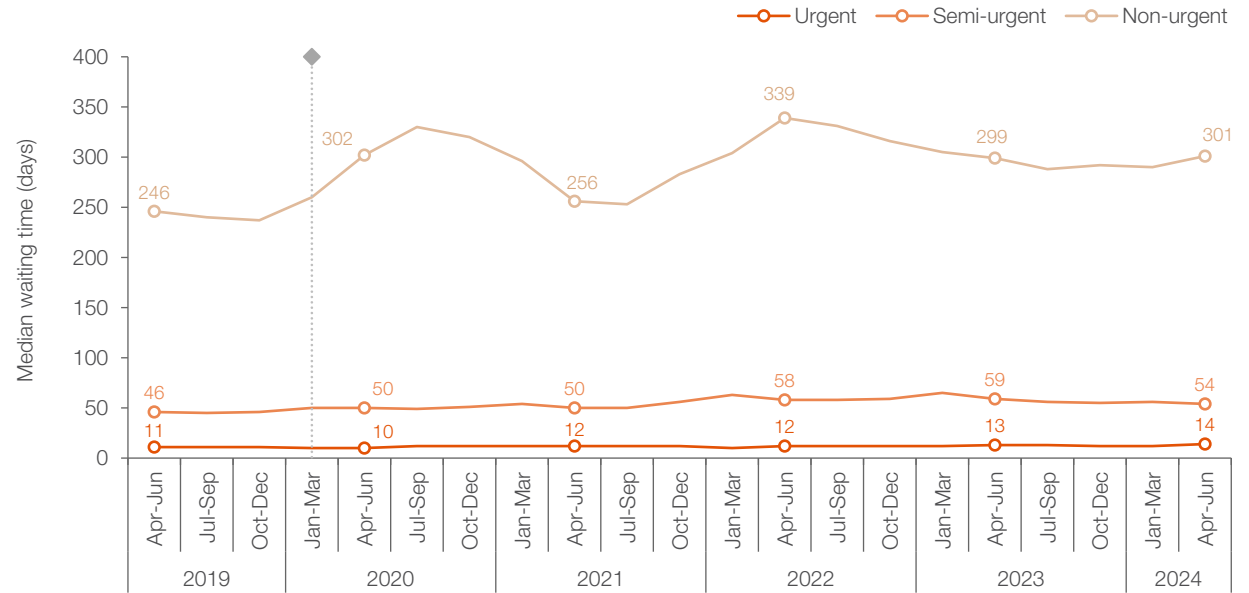
The percentage of elective surgeries performed on time is calculated based on those patients who received surgery during the quarter. This measure may be affected by previous suspensions of semi-urgent and non-urgent surgery.

◆ 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 19
 Median waiting time for elective surgery, by urgency category, NSW
 April 2019 to June 2024

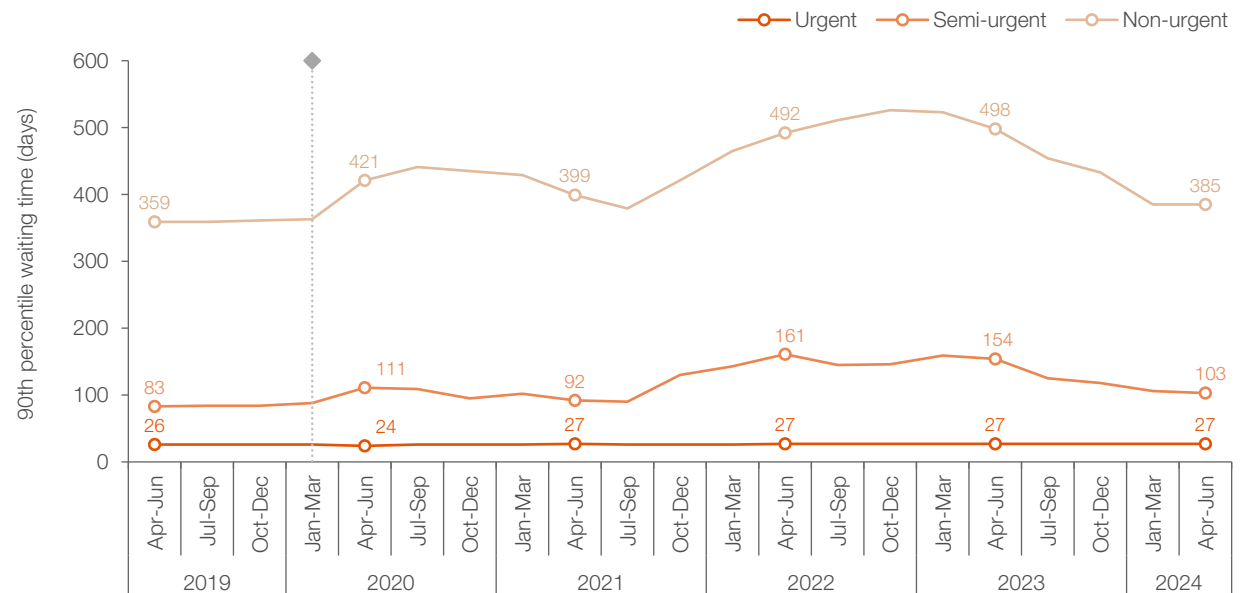


ADDITIONAL INSIGHTS

Figure 20
 90th percentile waiting time for elective surgery, by urgency category, NSW
 April 2019 to June 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

Figure 21
 Patients on the waiting list ready for surgery at the end of the quarter, by urgency category, NSW
 April 2019 to June 2024

Of those patients on the waiting list ready for surgery at the end of the April to June 2024 quarter, 69.9% (65,120) were in urban hospitals and 30.1% (27,987) were in rural hospitals.

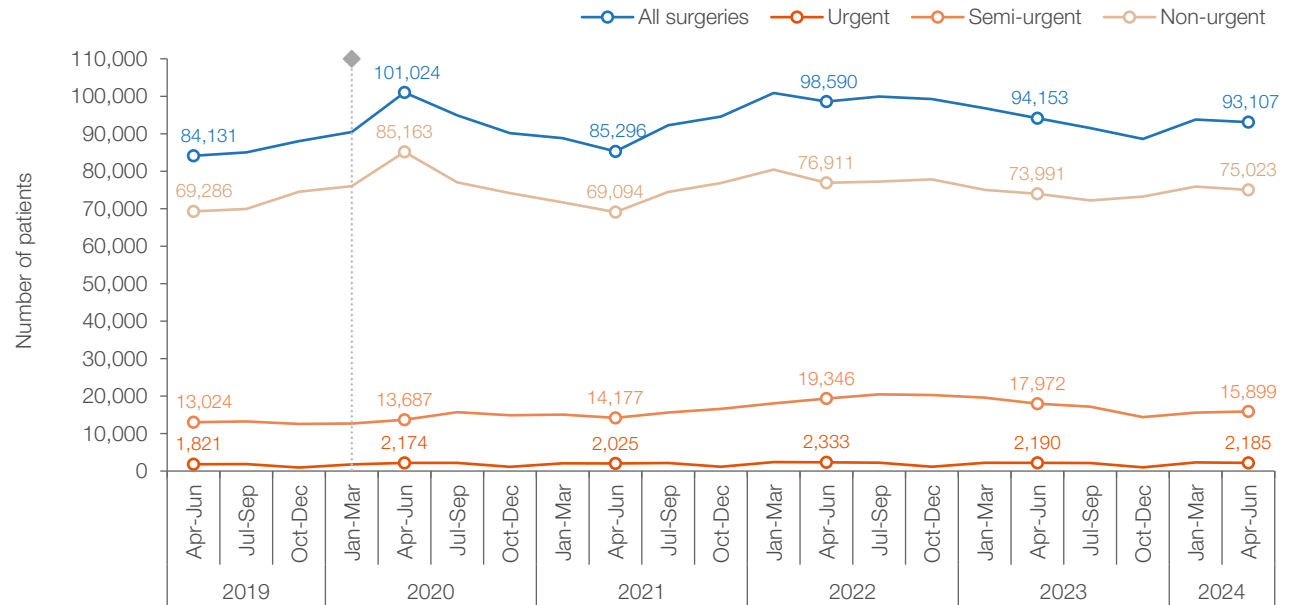
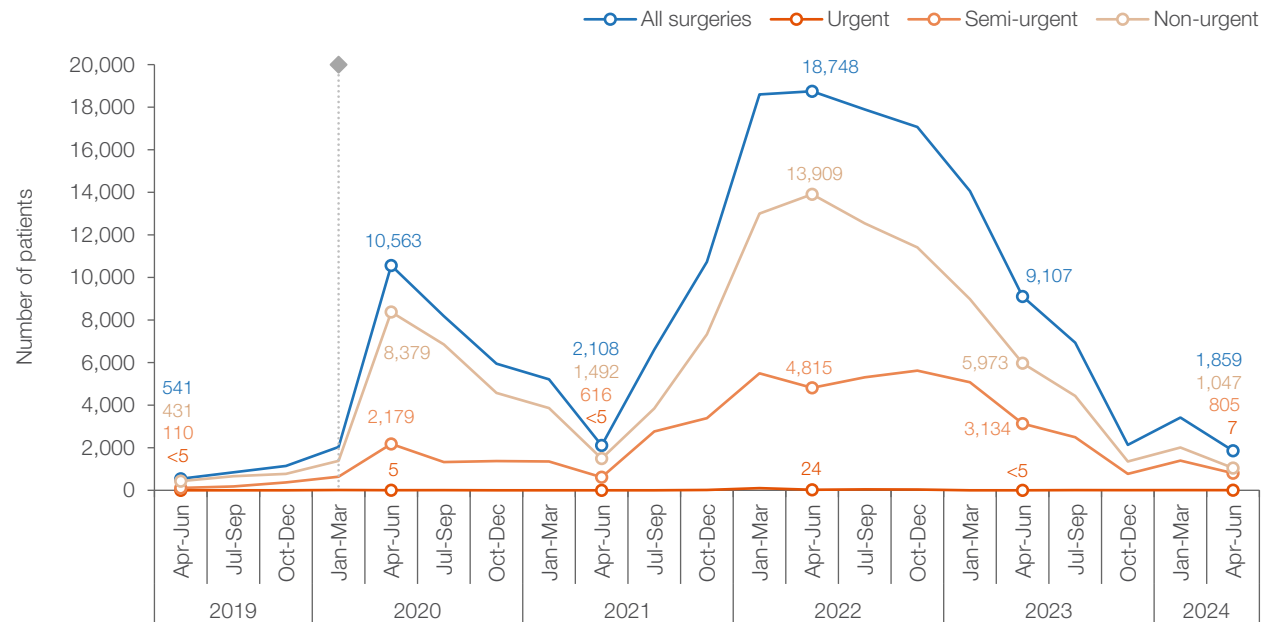


Figure 22
 Patients on the waiting list ready for surgery at the end of the quarter who had waited longer than clinically recommended, by urgency category, NSW
 April 2019 to June 2024

Of those patients on the waiting list ready for surgery at the end of the April to June 2024 quarter who had waited longer than clinically recommended, 67.0% (1,246) were in urban hospitals and 33.0% (613) 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.

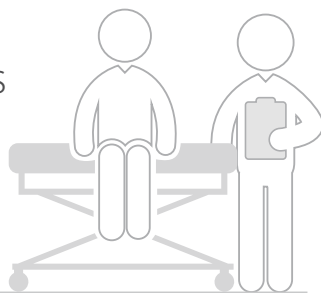
Information regarding seclusion and restraint practices in NSW public hospitals can be found in the [Seclusion and Restraint Supplement](#).

Key findings

April to June 2024

EPISODES OF CARE

There were 496,301 admitted patient episodes – up 2.5% (12,040) compared with the same quarter a year earlier. There was an increase in activity across all care types.



BABIES BORN

16,424 babies were born in public hospitals – down 1.5% (247) compared with the same quarter a year earlier.



AVERAGE LENGTH OF STAY

The average length stay for all overnight episodes was 6.2 days – relatively stable compared with the same quarter a year earlier, but up 0.6 days from the same quarter in 2019, before the pandemic.

Refer to the **Special Reporting** section for additional insights on how admitted patient activity has changed over time relative to NSW population growth.



Behind the key findings

Figure 23
Episodes of care, by care type, NSW
April 2019 to June 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 496,301 episodes in April to June 2024, 74.8% (371,061) were in urban hospitals and 25.2% (125,240) were in rural hospitals.

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

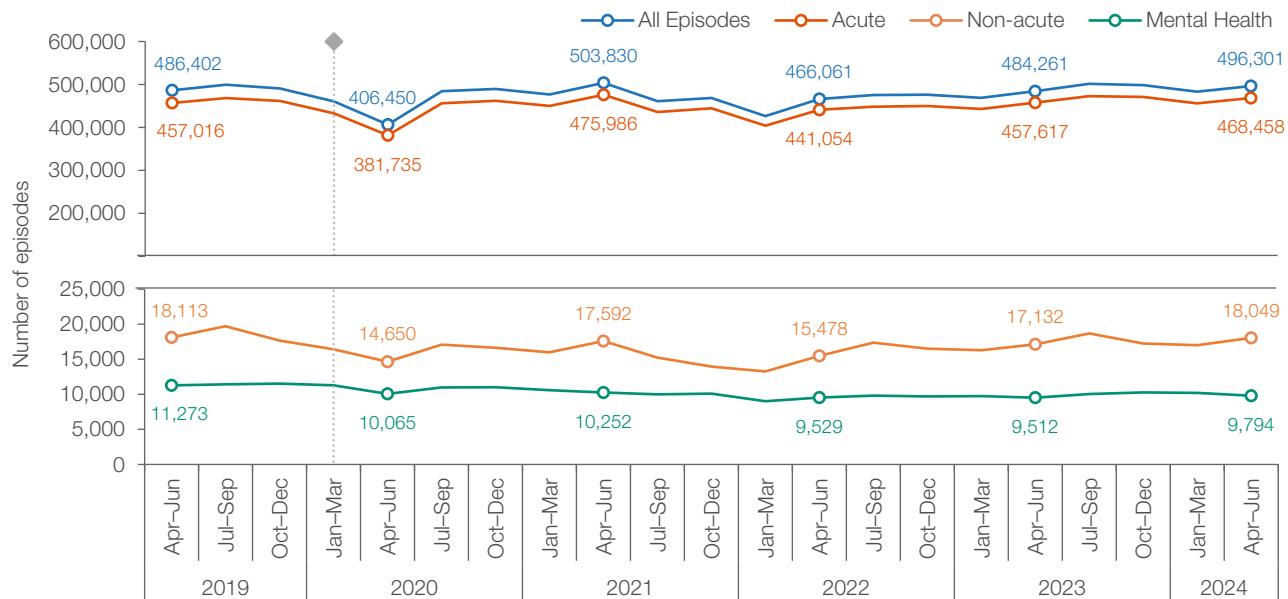
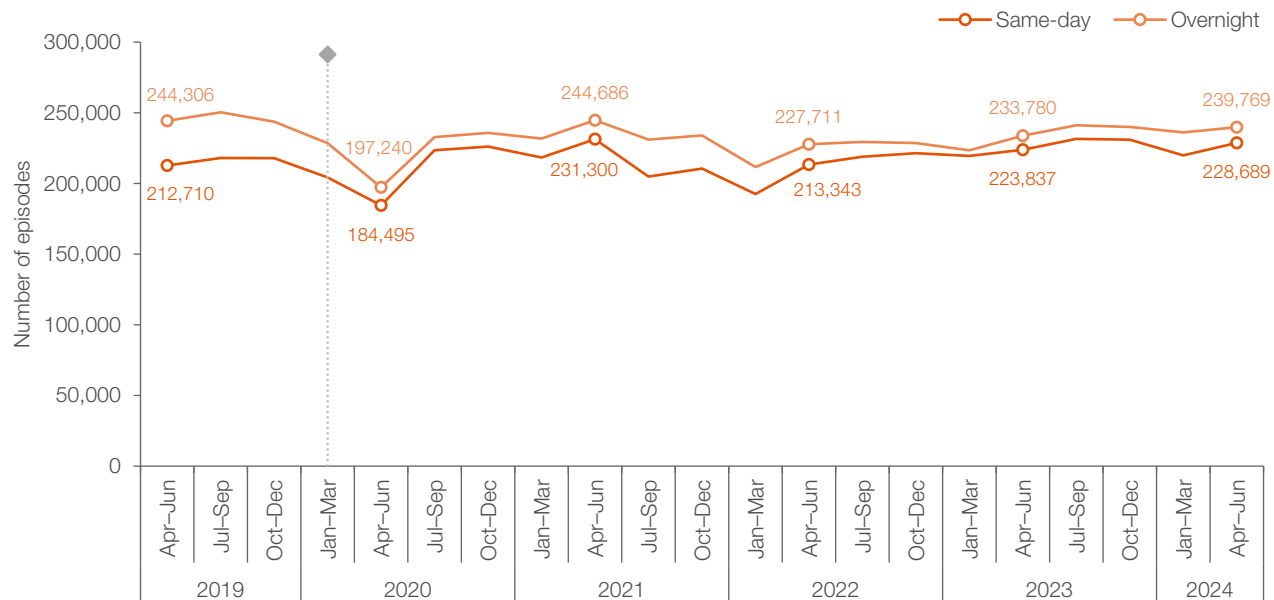


Figure 24
Acute episodes of care, by stay type, NSW
April 2019 to June 2024

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.



Behind the key findings

Figure 25
Average length of stay for overnight episodes, by care type, NSW
April 2019 to June 2024

For acute overnight episodes in April to June 2024, the average length of stay was 5.0 days in urban hospitals and 4.5 days in rural hospitals.

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

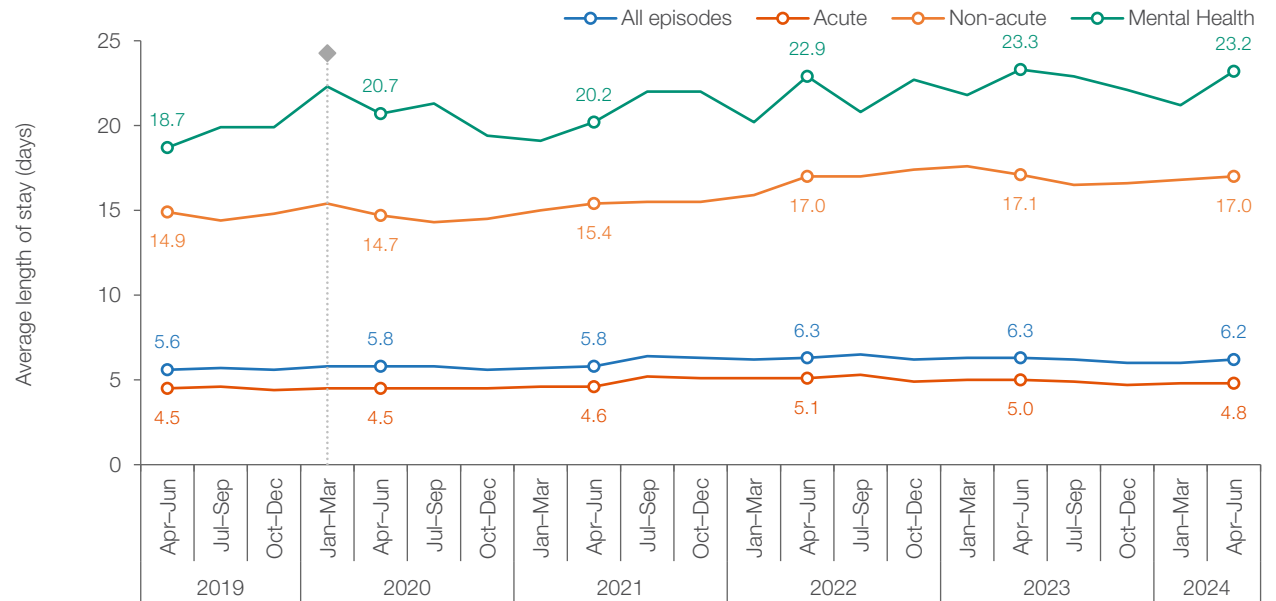
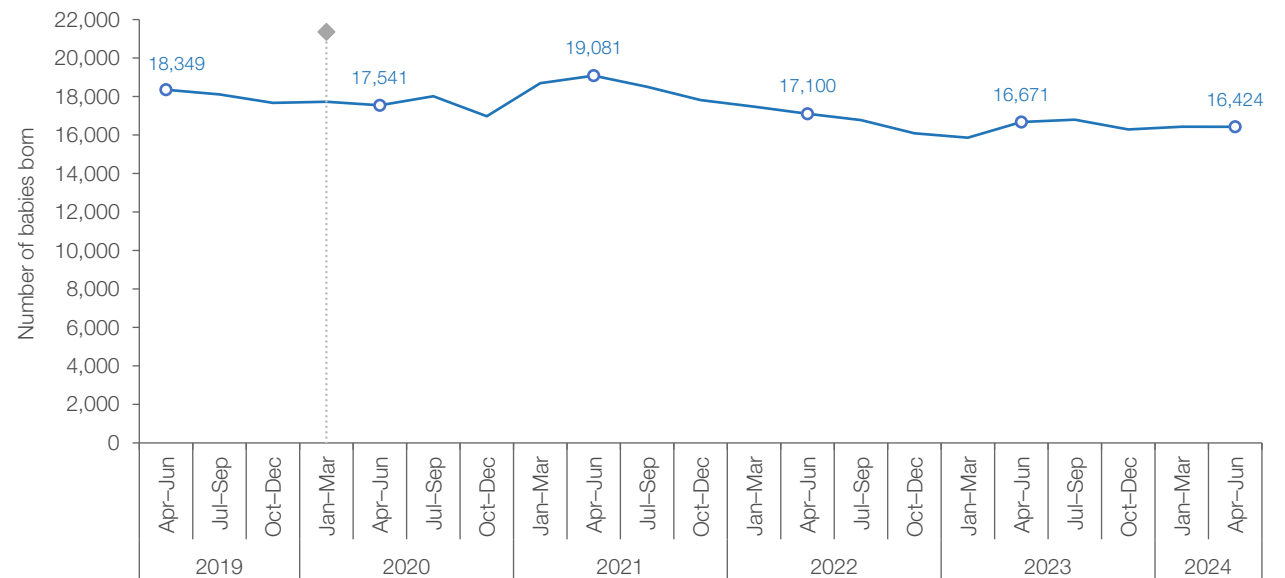


Figure 26
Babies born in public hospitals, NSW
April 2019 to June 2024

◆ 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 exploring the degree to which growth in activity across the health system has been driven by population growth



Introduction

Healthcare Quarterly has highlighted the growing demand for NSW health services for a number of years, with ambulance and emergency department (ED) activity reaching record highs in recent quarters.

This Special Reporting section examines to what extent that growth in activity was driven by population growth. It presents activity trends for ambulance, ED, admitted patient and elective surgery services, taking into account the size of the NSW population, from 2012–13 to 2022–23.

Population estimates were drawn from the latest available Australian Bureau of Statistics (ABS) data (2021–22). BHI's analyses found that shifts in the age distribution of the population over the reporting period had no meaningful impact on the trends for ED, admitted patient and elective surgery services. For a detailed overview of the methodology, refer to the [technical supplement](#).

For further context about wider health system activity, page 31 includes an additional trend graph reflecting demand on general practitioners (GP) based on Medicare data from Services Australia.

Key findings

Overall, the analyses show that the growth in demand on ambulance and ED services has been outpacing population growth, whereas growth in hospital admissions and elective surgery activity have been broadly consistent with population growth.



The numbers of ambulance incidents and responses relative to the size of the NSW population (the rate) grew from 2017–18. The rate of responses has accelerated in recent years, increasing faster than the rate of incidents.



The number of ED presentations relative to the size of the NSW population (the rate) grew by 3.4% between 2017–18 and 2022–23.



The number of admitted patient episodes relative to the size of the NSW population (the rate) has been relatively stable over time, except during COVID-19 waves.



The number of elective surgeries performed and the number of patients on the waiting list relative to the size of the NSW population (the rate) were stable until the start of the pandemic. The rate of patients on the waiting list grew by 8.0% between 2018–19 and 2022–23.

Interpreting rates:

Results in the trend graphs on pages 27–30 are presented as a rate. That is, the volume of activity (e.g. number of ambulance responses) for every 100,000 people in the NSW population.

Change in activity occurs at the same pace, and in the same direction, as a change in population.

Activity grows faster than the population.

Activity grows slower than the population.

Figure 27

Number of ambulance incidents and responses per 100,000 people (rate), NSW 2012–13 to 2022–23

The number of ambulance responses and incidents per 100,000 people increased from 2017–18. Between 2021–22 and 2022–23, the rate of ambulance incidents increased by 2.1% and the rate of responses by 4.5%.

Note: ▲ In May 2014, the Patient Transport Service was introduced with HealthShare NSW taking responsibility for transport of patients not requiring a time-critical emergency ambulance.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020. The Delta wave began in NSW in July 2021 and the Omicron wave in January 2022.

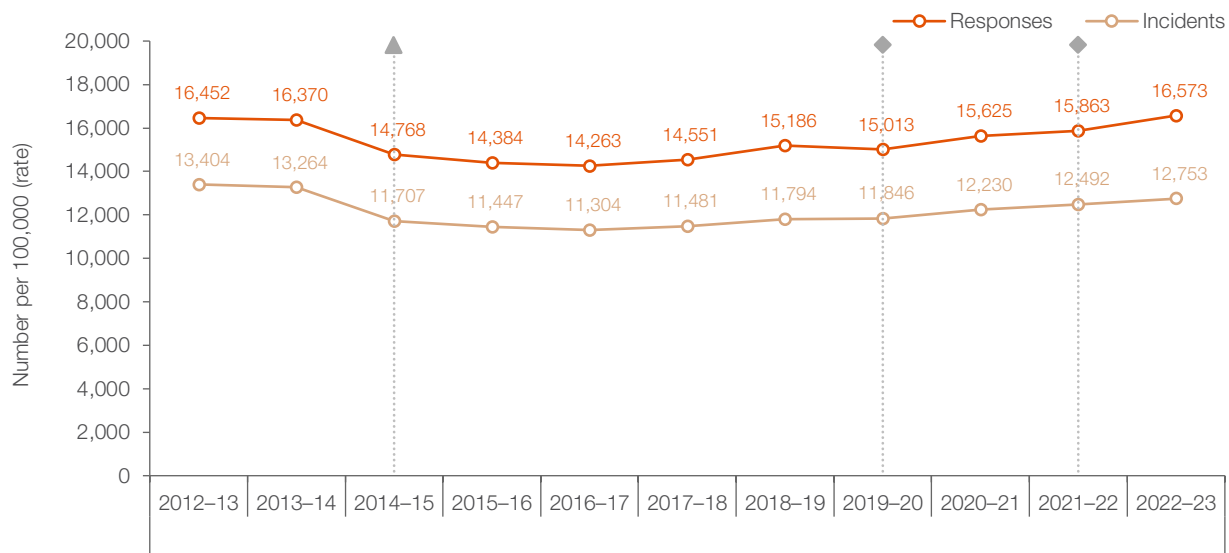


Figure 28

Number of ambulance responses per 100,000 people (rate), by priority category, NSW 2012–13 to 2022–23

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.

Note: ○ Changes to ambulance protocols resulting in the re-allocation of responses among priority categories.

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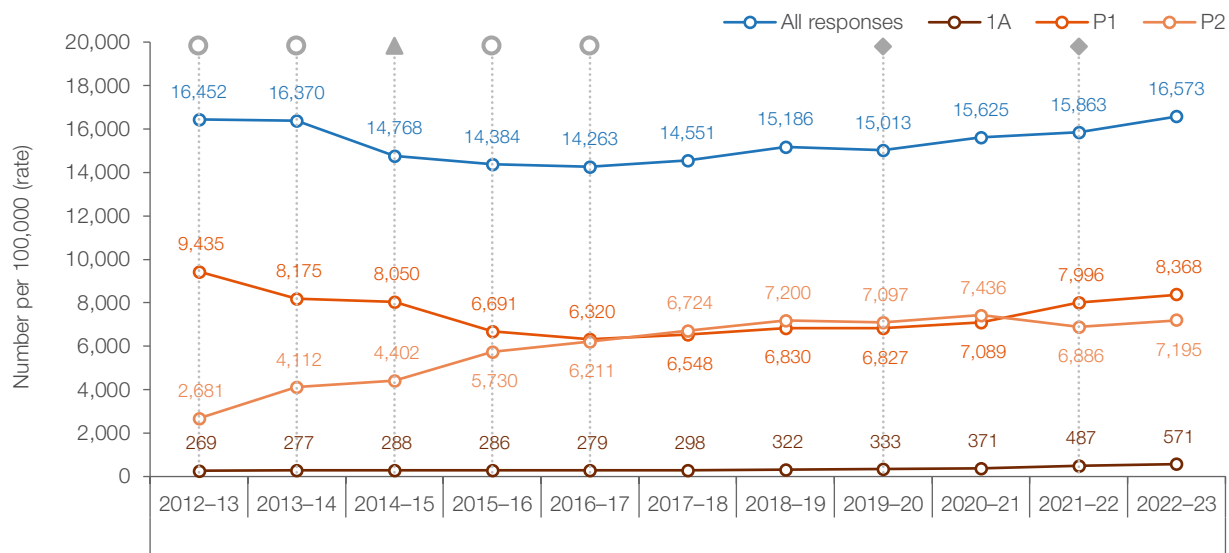


Figure 29

Number of emergency department presentations per 100,000 people (rate), by triage category, NSW 2012-13 to 2022-23

The number of emergency presentations per 100,000 people has increased over time, except during COVID-19 waves, even after accounting for the shifts in the age distribution of the NSW population.

There were increases in the rate of Triage 1, Triage 2 and Triage 3 presentations. In 2022-23, the ED presentations rate for all patients was 1.0% higher than 2021-22 and 3.4% higher than 2017-18.

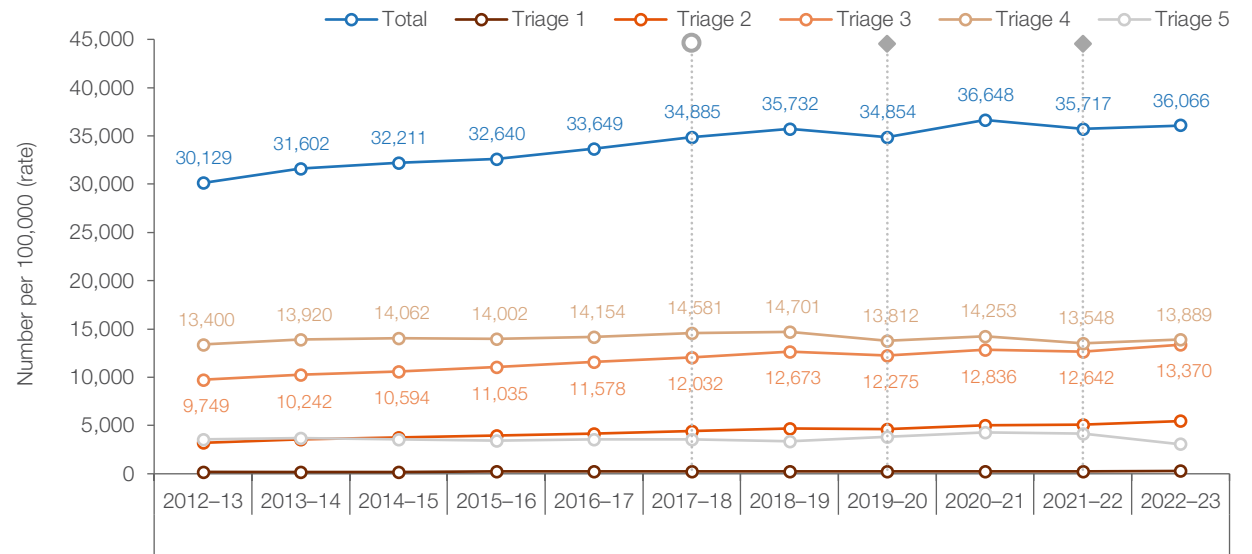
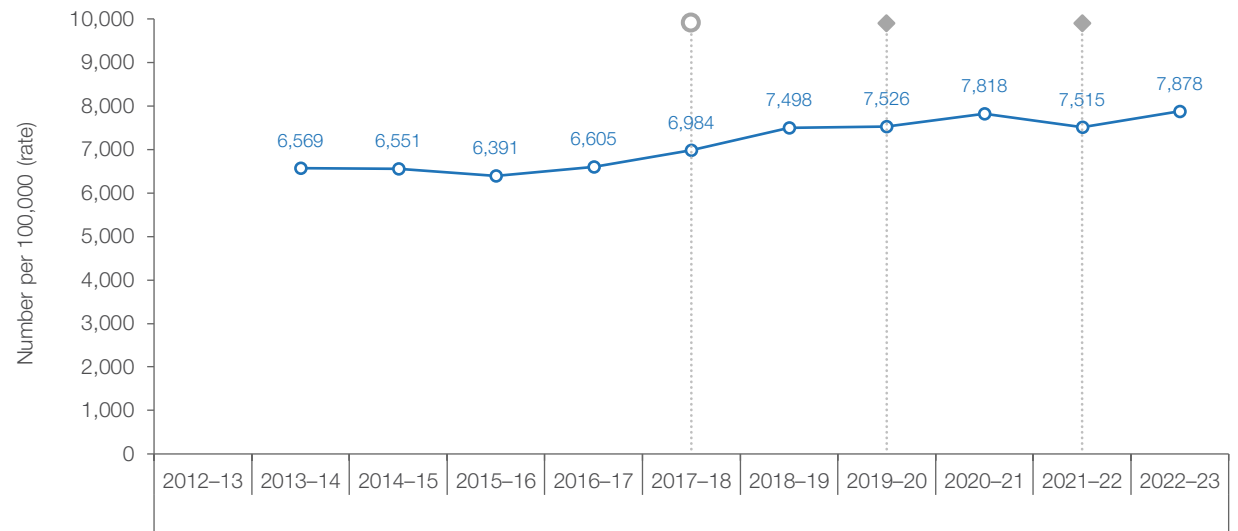


Figure 30

Number of emergency department arrivals by ambulance per 100,000 people (rate), NSW 2012-13 to 2022-23

The number of ED arrivals by ambulance per 100,000 people increased year-on-year since 2016-17, except during COVID-19 waves.

In 2022-23, the ambulance arrivals rate was 4.8% higher than 2021-22 and 12.8% higher than 2017-18.



Note: BHI started reporting on ED arrivals by ambulance in 2013-14.

○ Prior to 2017-18, patient level data for some small hospitals were not available in the Emergency Department Data Collection and therefore comparisons have been made between 2022-23 and 2017-18.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020. The Delta wave began in NSW in July 2021 and the Omicron wave in January 2022.

Figure 31
 Number of admitted patient episodes per 100,000 people (rate), by care type, NSW
 2012–13 to 2022–23

The number of admitted patient episodes per 100,000 people has been relatively stable over time, except during COVID-19 waves, even after accounting for shifts in the age distribution of the NSW population.

In 2022–23, the admitted patient episodes rate was 2.8% higher than 2021–22 but 2.4% lower than 2012–13.

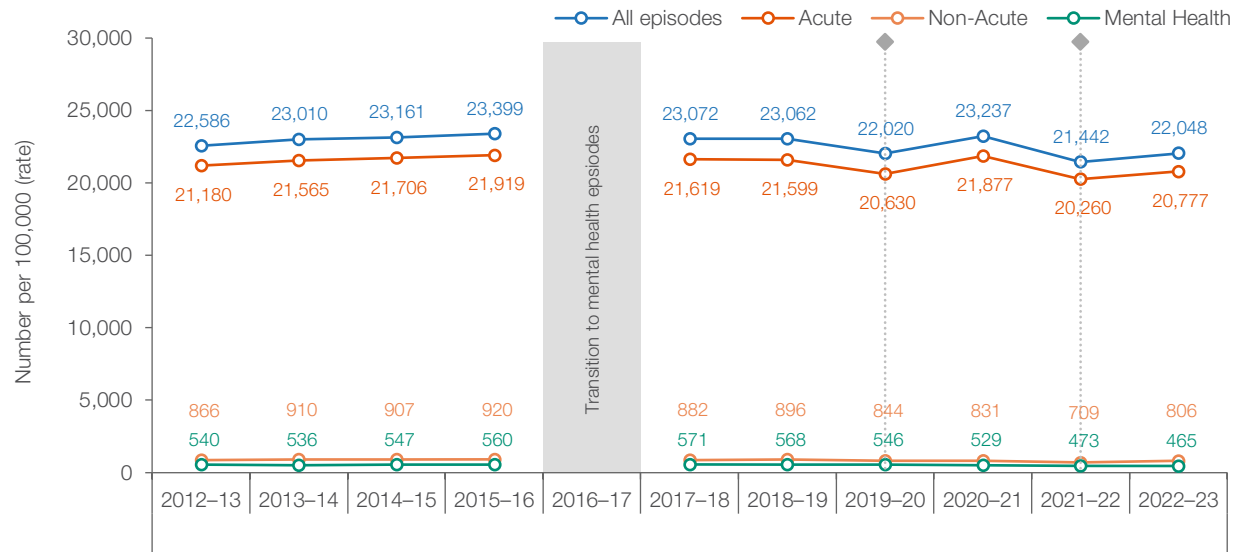
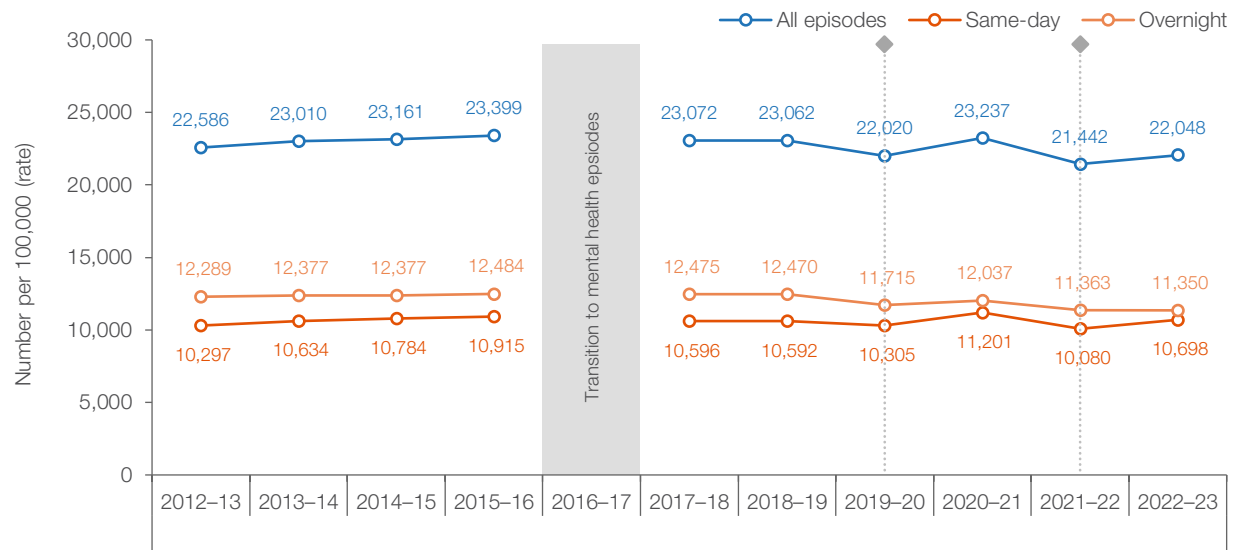


Figure 32
 Number of admitted patient episodes per 100,000 people (rate), by stay type, NSW
 2012–13 to 2022–23

In 2022–23, the number of same-day episodes per 100,000 people was similar to 2018–19 (pre-pandemic), however, the overnight rate had trended down.



◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020. The Delta wave began in NSW in July 2021 and the Omicron wave in January 2022.

■ Data not available. In 2016–17, a new policy was implemented across all local health districts and health networks introducing mental health as a care type.

Figure 33
Number of elective surgeries performed per 100,000 people (rate), NSW 2012–13 to 2022–23

The number of elective surgeries performed per 100,000 people was relatively stable prior to the COVID-19 pandemic.

Between 2021–22 to 2022–23, the rate of elective surgeries performed increased by 19.9%, but remained 5.2% lower than in 2018–19 prior to the pandemic.

Trends in rates of elective surgeries performed remain even after accounting for the shifts in age distribution of the NSW population over time.

Note: 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.

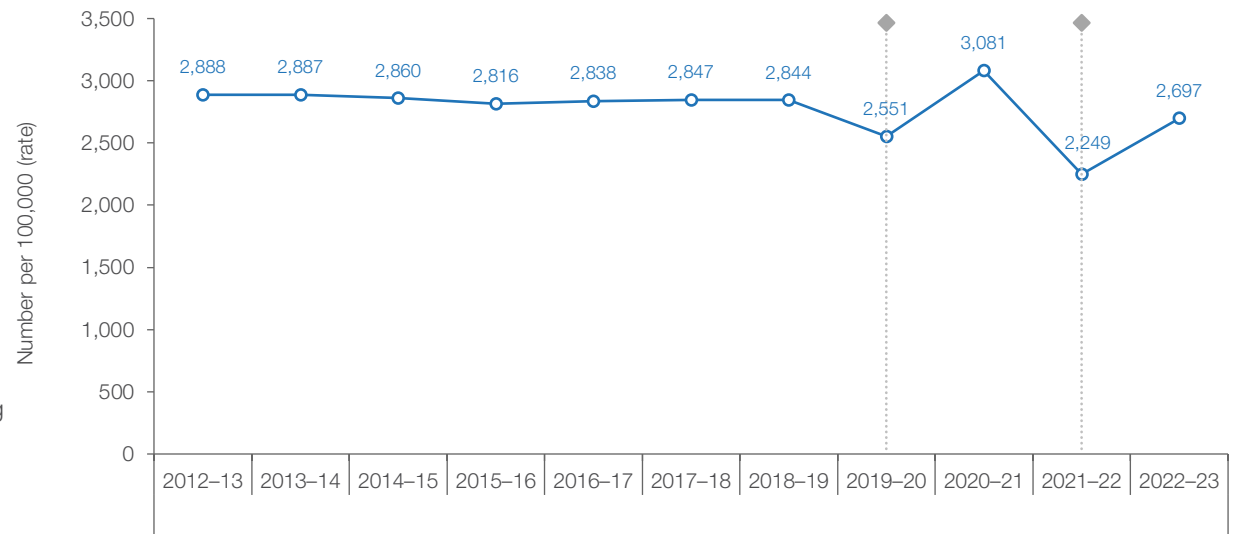


Figure 34
Number of patients on the waiting list at the end of the financial year per 100,000 people (rate), NSW 2012–13 to 2022–23

The number of patients on the elective surgery waiting list per 100,000 people was relatively stable until 2016–17, increasing in 2018–19 just prior to the COVID-19 pandemic.

The rate of patients on the waiting list fluctuated during the pandemic waves. Despite a 6.5% decrease between 2021–22 and 2022–23, the rate remained 8.0% higher than before the pandemic (2018–19).

Trends in rates of patients on the waiting list remain even after accounting for the shifts in the age distribution of the NSW population over time.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020. The Delta wave began in NSW in July 2021 and the Omicron wave in January 2022.

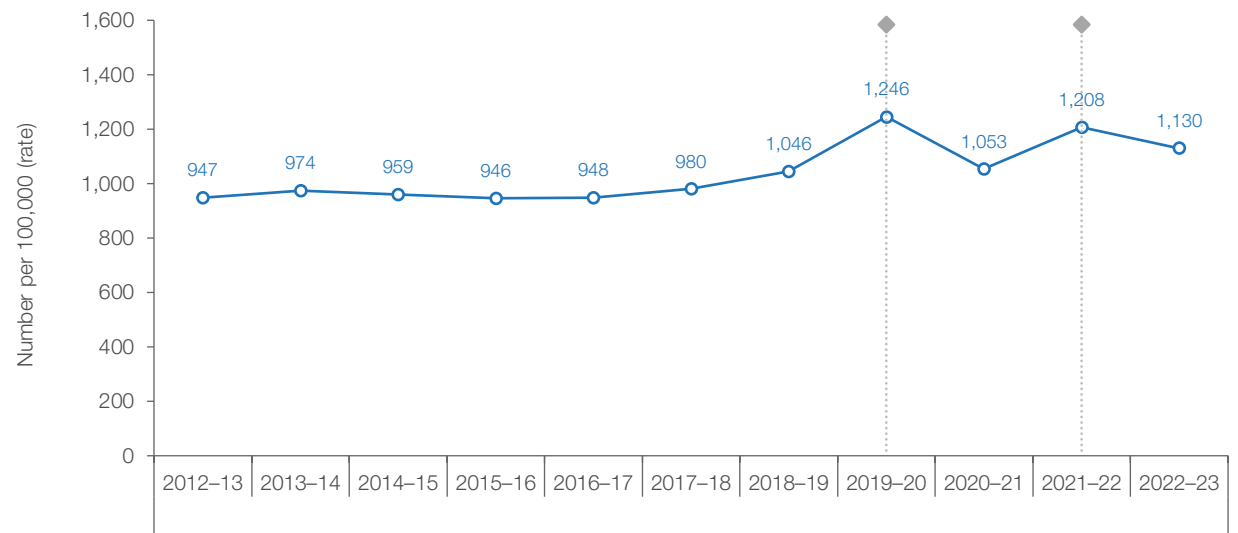


Figure 35

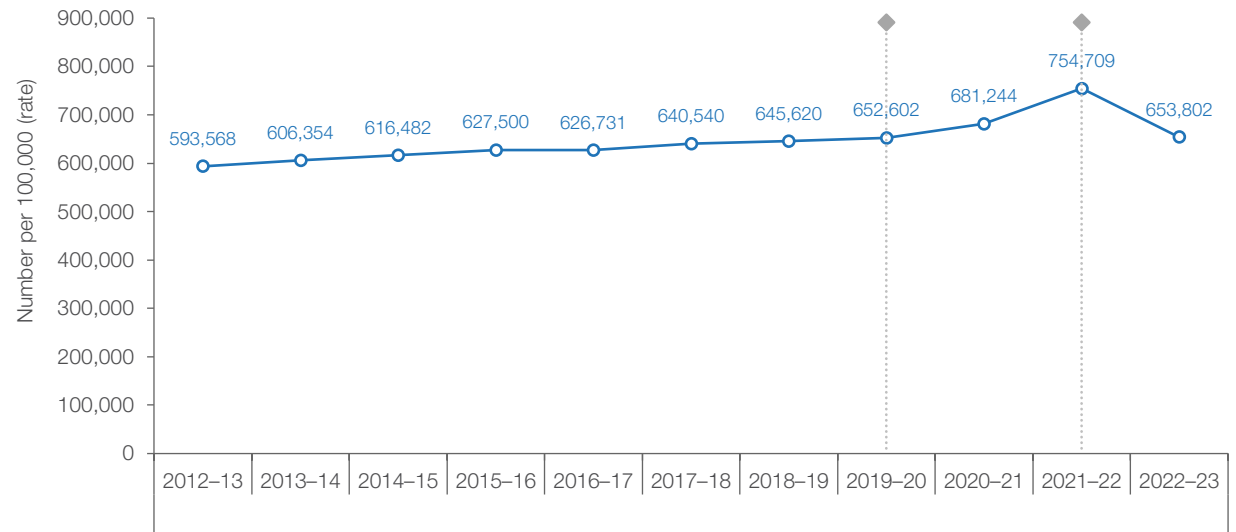
Number of general practitioner attendances per 100,000 people (rate), NSW 2012-13 to 2022-23

Figure 35 shows the number of Medicare-subsidised GP attendances per 100,000 people who were enrolled in Medicare. The results are comprised of a range of services delivered by GPs including general encounters, health assessments, chronic disease management plans, after-hours encounters, mental health encounters and practice incentive program services.

The data do not include services delivered by GPs outside of the Commonwealth government's Medicare Benefits Schedule. For further detail, refer to the [technical supplement](#).

Overall, the number of Medicare-subsidised GP attendances per 100,000 people enrolled in Medicare was relatively stable over time, except during COVID-19 waves.

Further details on Medicare eligibility are available from [Services Australia](#).



Note: Rates were sourced from and calculated by Services Australia.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020. The Delta wave began in NSW in July 2021 and the Omicron wave in January 2022.



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.

Activity

		Apr-Jun 2024	Apr-Jun 2023	COMPARING 2024 WITH 2023	
				Difference	% change
Responses		385,345	357,491	27,854	7.8%
By priority	P1: Emergency	194,167	177,594	16,573	9.3%
	P1A: Highest priority	18,461	13,525	4,936	36.5%
	P2: Urgent	168,798	158,422	10,376	6.5%
	P3: Time critical	14,997	14,244	753	5.3%
	P4-9: Non-emergency	7,383	7,231	152	2.1%
Incidents		284,840	269,672	15,168	5.6%

Performance

			Apr-Jun 2024	Apr-Jun 2023	COMPARING 2024 WITH 2023
					Difference
Call to ambulance arrival time					
By priority	P1 cases	% within 15 minutes	45.4%	44.7%	0.7 percentage points
		% within 30 minutes	85.6%	86.3%	-0.7 percentage points
	P2 cases	% within 30 minutes	50.0%	51.4%	-1.4 percentage points
		% within 60 minutes	78.2%	79.9%	-1.7 percentage points
Response time					
By priority	P1 cases	Median	13.9 minutes	13.6 minutes	0.3 minutes
		90th percentile	32.4 minutes	31.0 minutes	1.4 minutes
	P1A cases	Median	8.4 minutes	8.3 minutes	0.1 minutes
		90th percentile	18.1 minutes	17.8 minutes	0.3 minutes
		% within 10 minutes	63.1%	64.3%	-1.2 percentage points
	P2 cases	Median	27.3 minutes	25.9 minutes	1.4 minutes
		90th percentile	96.1 minutes	87.0 minutes	9.1 minutes

Emergency department

Activity		Apr–Jun 2024	Apr–Jun 2023	COMPARING 2024 WITH 2023	
				Difference	% change
Arrivals by ambulance		192,526	183,127	9,399	5.1%
Attendances		795,817	770,552	25,265	3.3%
Emergency presentations		779,196	754,253	24,943	3.3%
By triage category	T1: Resuscitation	6,781	6,389	392	6.1%
	T2: Emergency	125,674	117,932	7,742	6.6%
	T3: Urgent	299,799	283,555	16,244	5.7%
	T4: Semi-urgent	286,429	284,724	1,705	0.6%
	T5: Non-urgent	60,513	61,653	-1,140	-1.8%
Admissions to hospital from ED		195,659	184,806	10,853	5.9%

Performance			Apr–Jun 2024	Apr–Jun 2023	COMPARING 2024 WITH 2023		
					Difference		
Percentage of patients transferred from ambulance to ED within 30 minutes			73.7%	74.1%	-0.4 percentage points		
Time to start treatment	All patients	% starting treatment on time	63.7%	65.8%	-2.1 percentage points		
	By triage category	T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	51.4%	53.8%	-2.4 percentage points	
			Median	10 mins	10 mins	unchanged	
			90th percentile	38 mins	37 mins	1 min	
	T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	58.5%	60.5%	-2.0 percentage points		
		Median	25 mins	24 mins	1 min		
		90th percentile	1 hour 50 mins	1 hour 42 mins	8 mins		
	T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	70.3%	71.7%	-1.4 percentage points		
		Median	31 mins	30 mins	1 min		
		90th percentile	2 hours 19 mins	2 hours 12 mins	7 mins		
	T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	88.4%	89.9%	-1.5 percentage points		
		Median	25 mins	24 mins	1 min		
		90th percentile	2 hours 11 mins	2 hours 1 min	10 mins		
Time from arrival to leaving	% leaving within four hours		54.7%	56.7%	-2.0 percentage points		
	For patients admitted to hospital		22.4%	23.0%	-0.6 percentage points		
	Median		3 hours 43 mins	3 hours 35 mins	8 mins		
	90th percentile		11 hours 38 mins	10 hours 59 mins	39 mins		



Elective surgery

Activity

		Apr–Jun 2024	Apr–Jun 2023	COMPARING 2024 WITH 2023	
				Difference	% change
Elective surgeries performed		59,105	60,457	-1,352	-2.2%
By urgency	Urgent	13,063	13,010	53	0.4%
	Semi-urgent	20,875	21,740	-865	-4.0%
	Non-urgent	22,863	23,452	-589	-2.5%
	Staged*	2,304	2,255	49	2.2%

Performance

			Apr–Jun 2024	Apr–Jun 2023	COMPARING 2024 WITH 2023	
					Difference	% change
Waiting time	All patients	% on time	87.1%	79.0%	8.1 percentage points	
By urgency	Urgent	% on time (Recommended: within 30 days)	99.3%	99.4%	-0.1 percentage points	
		Median	14 days	13 days	1 day	
		90th percentile	27 days	27 days	0 days	
	Semi-urgent	% on time (Recommended: within 90 days)	84.6%	74.7%	9.9 percentage points	
		Median	54 days	59 days	-5 days	
		90th percentile	103 days	154 days	-51 days	
	Non-urgent	% on time (Recommended: within 365 days)	82.4%	71.7%	10.7 percentage points	
		Median	301 days	299 days	2 days	
		90th percentile	385 days	498 days	-113 days	
Patients on waiting list ready for elective surgery at end of quarter			93,107	94,153	-1,046	-1.1%
By urgency	Urgent		2,185	2,190	-5	-0.2%
	Semi-urgent		15,899	17,972	-2,109	-11.5%
	Non-urgent		75,023	73,991	1,032	1.4%
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			1,859	9,107	-7,248	-79.6%

* 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		Apr–Jun 2024	Apr–Jun 2023	COMPARING 2024 WITH 2023	
				Difference	% change
Episodes of care		496,301	484,261	12,040	2.5%
By care type	Acute	468,458	457,617	10,841	2.4%
	By stay type				
	Overnight	239,769	233,780	5,989	2.6%
	Same-day	228,689	223,837	4,852	2.2%
	Non-acute	18,049	17,132	917	5.4%
	Mental health	9,794	9,512	282	3.0%
Average length of stay for overnight episodes (days)		6.2	6.3	-0.1	-1.6%
By care type	Acute	4.8	5.0	-0.2	-4.0%
	Non-acute	17.0	17.1	-0.1	-0.6%
	Mental health	23.2	23.3	-0.1	-0.4%
Bed days		1,855,347	1,840,095	15,252	0.8%
By care type	Acute	1,390,858	1,386,295	4,563	0.3%
	Non-acute	256,968	252,188	4,780	1.9%
	Mental health	207,521	201,612	5,909	2.9%
Babies born		16,424	16,671	-247	-1.5%

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.



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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.