



Technical Supplement

Elective surgery measures

Hospital Quarterly: October to December 2012

Addendum

This document applies to *Hospital Quarterly, October to December 2012*. It is an addendum to the Bureau's *Technical Supplement: Elective surgery measures, July to September 2012*. It presents the reasons for excluding data for The Children's Hospital at Westmead in *Hospital Quarterly*, commencing in the April to June 2012 issue (and ongoing), and the effect of the exclusion on measures of elective surgery activity and performance.

Reason for change

The NSW Ministry of Health advised the Bureau that there was a major upgrade to the patient information system at The Children's Hospital at Westmead. The upgrade delayed the inclusion of a proportion of data from this hospital for the April to June 2012 and the July to September 2012 quarters in the Waiting List Collection Online System (WLCOS). WLCOS is the source of data for the Bureau's *Hospital Quarterly* reports on elective surgery measures. Data for other quarters were not affected and are complete.

Effect of change

Data for The Children's Hospital at Westmead have been included in reporting wherever data completeness permits, but excluded where the data do not support the calculation of fair and comparable activity and performance measures or consistent comparisons over time.

In *Hospital Quarterly, October to December 2012*, data for The Children's Hospital at Westmead are excluded from all overall measures for NSW to allow consistent comparisons between quarters. Measures for The Children's Hospital at Westmead, peer group A2 and Sydney Children's Hospitals Network are not affected. Measures for NSW which are affected include:

- The number of patients receiving or on the waiting list for surgery
- The median and 95th percentile waiting times

In *Hospital Quarterly, April to June 2012* and *Hospital Quarterly, July to September 2012*, data for The Children's Hospital at Westmead were excluded from:

- All measures as an individual hospital
- Overall measures for NSW
- Peer group A2
- Sydney Children's Hospitals Network.

Due to this exclusion, the values for NSW, peer group A2 and the Sydney Children's Hospitals Network in these issues of *Hospital Quarterly* will differ from equivalent values in previous and later issues, and are therefore not comparable.

The effect of excluding The Children's Hospital at Westmead on activity and performance measures for NSW in preceding quarters is presented in [Tables 1, 2 and 3](#).

[Table 1](#) shows the effect of excluding The Children's Hospital at Westmead on activity and performance measures in January to March 2012, the last quarter before the system change. [Table 2](#) shows the effect in April to June 2011, the same quarter in the preceding year as the first quarter affected by system change.

[Table 3](#) presents the effect of excluding The Children's Hospital at Westmead on activity data for NSW by quarter and urgency category, for the periods January to March 2010 to January to March 2012.

Excluding The Children's Hospital at Westmead caused a decrease in the number of patients receiving surgery in NSW ranging from 3.0% to 3.2% for total activity, and 1.9% to 3.7% in the

urgent, semi-urgent and non-urgent categories. Performance measures for NSW were not affected or changed slightly.

Table 1: Performance measures, NSW, January to March 2012, all hospitals and excluding The Children's Hospital at Westmead (CHW) (i.e. last quarter)

Urgency category	Count of procedures (Jan-Mar 2012)			% surgery on-time (Jan-Mar 2012)		Median waiting time (Jan-Mar 2012)	
	All hospitals	Excluding CHW	Percent decrease	All hospitals	Excluding CHW	All hospitals	Excluding CHW
A	11,421	11,082	3.1	94%	93%	11	11
B	15,088	14,626	3.2	88%	88%	51	51
C	18,376	17,774	3.4	91%	91%	233	237
D (Staged)	3,246	3,134	3.6				
Total	48,131	46,616	3.1				

Table 2: Performance measures, NSW, April to June 2011, all hospitals and excluding The Children's Hospital at Westmead (i.e. same quarter last year)

Urgency category	Count of procedures (Apr-Jun 2011)			% surgery on-time (Apr-Jun 2011)		Median waiting time (Apr-Jun 2011)	
	All hospitals	Excluding CHW	Percent decrease	All hospitals	Excluding CHW	All hospitals	Excluding CHW
A	12,577	12,210	3.0	93%	93%	12	11
B	15,942	15,378	3.7	91%	91%	48	48
C	19,696	19,112	3.1	92%	92%	223	221
D (Staged)	3,870	3,734	3.6				
Total	52,085	50,434	3.2				

Table 3: Patients who received surgery, NSW, by quarter 2010 to 2012, all hospitals and excluding The Children's Hospital at Westmead

Year and quarter	Urgency category	Patients who received their surgery		
		All hospitals	Excluding CHW	Percent decrease
Jan-Mar 2010	A	11,379	11,163	1.9
	B	13,586	13,009	4.4
	C	16,792	16,320	2.9
	D (Staged)	3,846	3,511	9.5
	Total	45,603	44,003	3.5
Apr-Jun 2010	A	13,013	12,662	2.8
	B	15,594	15,053	3.6
	C	20,211	19,614	3.0
	D (Staged)	4,246	3,928	8.1
	Total	53,064	51,257	3.4
Jul-Sep 2010	A	13,835	13,408	3.2
	B	16,531	16,058	2.9
	C	20,027	19,445	3.0
	D (Staged)	4,236	3,983	6.4
	Total	54,629	52,894	3.2
Oct-Dec 2010	A	13,304	12,915	3.0
	B	15,564	15,093	3.1
	C	17,861	17,347	3.0
	D (Staged)	4,081	3,830	6.6
	Total	50,810	49,185	3.2
Jan-Mar 2011	A	11,432	11,118	2.8
	B	13,912	13,539	2.8
	C	17,601	17,102	2.9
	D (Staged)	3,543	3,345	5.9
	Total	46,488	45,104	3.0
Apr-Jun 2011	A	12,577	12,210	3.0
	B	15,942	15,378	3.7
	C	19,696	19,112	3.1
	D (Staged)	3,870	3,734	3.6
	Total	52,085	50,434	3.2
Jul-Sep 2011	A	13,493	13,090	3.1
	B	17,346	16,869	2.8
	C	20,688	20,045	3.2
	D (Staged)	3,862	3,730	3.5
	Total	55,389	53,734	3.0

Year and quarter	Urgency category	Patients who received their surgery		
		All hospitals	Excluding CHW	Percent decrease
Oct-Dec 2011	A	12,871	12,475	3.2
	B	16,362	15,843	3.3
	C	18,887	18,269	3.4
	D (Staged)	3,309	3,220	2.8
	Total	51,429	49,807	3.2
Jan-Mar 2012	A	11,421	11,082	3.1
	B	15,088	14,626	3.2
	C	18,376	17,774	3.4
	D (Staged)	3,246	3,134	3.6
	Total	48,131	46,616	3.1

Technical Supplement: July to September 2012

Introduction

This supplement to the Bureau of Health Information's public hospital elective surgery performance report describes the methods and technical terms used to calculate descriptive statistics and performance indicators reported in *Hospital Quarterly*.

In *Hospital Quarterly, July to September 2012*, the Bureau added information about patients on the elective surgery waiting list at the end of the quarter and additional indicators about patients who received elective surgery.

Elective, or planned, surgery is surgery that a patient's doctor considers necessary but that can be delayed by at least 24 hours. The surgeon places the patient on the waiting list for the procedure, and assigns them to an urgency category.

Elective surgery activity and performance indicators in *Hospital Quarterly* include:

- number of patients who received elective surgery during the quarter
- the percentage of patients admitted within the recommended timeframe
- the median waiting time in days
- the 90th percentile waiting time in days (*new*)
- the number of patients waiting for elective surgery at the end of the quarter (*new*)
- waiting list measures by specialty of surgeon (*new*)
- waiting list measures for common procedures (*new*)

SAS* (currently SAS V9.2™) is used for the statistical analysis of data for *Hospital Quarterly*.

* SAS Institute. The SAS System for Windows version 9.2.3. Cary (NC):

Surgical activity and performance indicators

Data used for calculation of surgical activity and performance

The elective surgery component of *Hospital Quarterly* is based on analyses of data extracted from the central data warehouse, the Waiting List Collection On-line System (WLCOS). WLCOS includes information on the date a patient is listed for a surgical procedure, the type of procedure required, the specialty of the surgeon, the urgency category of their surgery and whether the patient is currently ready for surgery. Some of these factors may change during the time a patient is on the waiting list. The WLCOS system is described in greater detail in the *Data Quality Assessment: information systems for elective surgery in NSW* at www.bhi.nsw.gov.au

Hospitals included in *Hospital Quarterly*

Hospital Quarterly reports on all public hospitals which are included in WLCOS. Information is provided for individual hospitals in peer groups A, B and C. Information is suppressed for an individual hospital if patient numbers are too small to report.

Urgency category

Patients are assigned to a clinical priority or urgency category, by their surgeon, according to rules described in the NSW Ministry of Health's *Waiting Time and Elective Patient Management Policy*. That document was developed "to promote clinically appropriate, consistent & equitable management of elective patients and waiting lists in public hospitals across NSW".

WLCOS uses alphabetical codes to define surgical priority categories; 'A' is urgent, 'B' is semi-urgent, 'C' is non-urgent and 'D' is not ready for care (NRFC). Additional information about '*not ready for care*' days can be found in [Appendix 1](#).

Some elective surgery reporting uses numbers for urgency category and these are interchangeable with the alphabetical coding used in this document; 1 = A, 2 = B, 3 = C and 4 = D.

Ready for care (surgery)

A patient is termed '*ready for care*' or '*not ready for care*'. Ready for care patients are those who are prepared to be admitted to hospital or to begin the process leading directly to admission. These could include procedures done on an outpatient basis, such as autologous blood collection, pre-operative diagnostic imaging or blood tests. Not ready for care patients are those who are not in a position to be admitted to hospital. These patients are either:

- staged patients whose medical condition will not require or be amenable to surgery until some future date; for example, a patient who has had internal fixation of a fractured bone and who will require removal of the fixation device after a suitable time; or
- deferred patients who for personal reasons are not yet prepared to be admitted to hospital; for example, patients with work or other commitments which preclude their being admitted to hospital for a time.

Patients who are not ready for surgery are coded as urgency D (NRFC) in WLCOS, with the reason recorded in the listing status variable.

Patients are not coded NRFC if their operation is postponed for reasons other than their own unavailability, for example; their surgeon is unavailable, or operating theatre time is unavailable owing to emergency workload. These patients are still '*ready for care*'.

Calculation of waiting time and ready for care days

The waiting period for a particular patient is defined as the time between the list date and the removal date. Patient records are provided with a list date when added to the Waiting List Collection Online System (WLCOS) and a Removal Date when they are taken off the hospital's booking list. Patients who are not ready for surgery are recorded as NRFC. The number of days ready for care is calculated by subtracting any days that the patient is recorded as being NRFC from the total waiting time of each patient.

There are differences between hospitals in the way hospitals calculate waiting time for patients who are considered NRFC for part of their time on the waiting list. These differences may arise from patient administration software and / or in the interpretation of NSW Ministry of Health policies on the elective surgery waiting list.

To enable fair comparisons of waiting time measures between hospitals, the Bureau uses three decision rules to determine whether patients should be included in elective surgery waiting time calculations. This is particularly important for measures of waiting times for elective surgery, such as median and 90th percentile waiting time and percentage of patients seen on time.

The following patients are deemed to be staged and are not included in calculation of waiting times:

- Patients who were coded as NRFC at the time of surgery
- Patients who were recorded as NRFC on the day they were entered onto the wait list and who were transferred to another urgency category within a day or two of removal date.
- Patients who received cystoscopy and were in the non-urgent category.

The Bureau deemed patients who met these criteria to have had '*staged surgery*'. Waiting times are not appropriate measure of hospital performance when surgery is staged. The reasons for this decision, details of the analyses and historical comparisons are presented in [Appendix 1](#).

The Bureau reports counts for these patients in a category deemed '*staged surgery*'.

Median and 90th percentile waiting times

Median waiting time is calculated using the Commonwealth waiting time definition. The number of days is calculated by subtracting the listing date for care from the removal date, minus any days when the patient was '*not ready for care*', and also minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal from the waiting list. The median is the number of days it took for half of patients who received elective surgery during the period to be admitted and receive their surgery. The other half took equal to or longer than the median to be admitted for surgery. The Bureau reports the median by urgency category, surgical specialty and common procedure.

From *Hospital Quarterly, July to September 2012*, the 90th percentile waiting time is also reported using the Commonwealth waiting time definition. The 90th percentile is the number of days it took for 90 percent of patients who received elective surgery during the period to be admitted and receive their surgery. The other 10 percent took equal to or longer than the 90th percentile to be admitted for surgery. The Bureau reports the 90th percentile by urgency category. The current median and 90th percentile waiting times are compared with waiting times during the same quarter last year. In addition median and 90th percentile waiting times are compared with the median and 90th percentile waiting times of other hospitals in their peer group.

Surgical specialty

Surgical specialty in this report is the clinical expertise of the surgeon who will perform the elective surgery. The category '*Other medical*' includes medical practitioners who are not specialist surgeons.

Procedure

The Bureau began reporting median waiting time for common procedures in *Hospital Quarterly, July to September 2012*. These are planned procedures from the waiting list. Only one procedure is coded in the waiting list; additional procedures may be performed during the hospitalisation. The surgeon may carry out additional procedures, or may determine at the time of surgery that a different procedure is required.

Procedures reported include the 15 procedures listed by the Australian Institute for Health and Welfare (AIHW) in December 2011. See www.meteor.aihw.gov.au/content/index.phtml/itemId/472513

In addition, the Bureau reports information for two other procedures, which are among the five most common procedures in NSW but are not already included in the AIHW list.

Patients who received elective surgery by urgency category

This indicator includes a count of patients who were removed from the waiting list during the quarter because they were a routine admission for surgery, an admission for their listed procedure as an emergency admission, or an admission for surgery contracted to a private hospital or private day procedure centre. The count for a hospital does not include admissions contracted to another public hospital.

Prior to July 2012, patients with a condition requiring surgery within 24 hours (removal status coded 2) were excluded. These patients are included in the count from July 2012. From July 2012 counts are also presented for the same quarter in the previous five years

The records of these patients all have the following information in WLCOS:

- a valid removal date
- a code of '**S**' for elective surgery
- codes '**1**' or '**2**' or '**8**' for removal status.

Percentage of patients admitted within the recommended timeframe, by urgency category

This indicator provides the proportion of patients admitted within the clinically recommended timeframe for each of the elective surgery urgency categories.

The numerator is the number of patients admitted to hospital for their elective surgery within the clinically recommended timeframe, i.e. in 30 days or less for category A patients, 90 days or less for category B patients and 365 days or less for category C patients. The denominator is the total number of patients admitted for elective surgery in each urgency category.

The indicator is presented at hospital, peer group, local health district and state level. More information about clinically recommended time frames can be found in the NSW Ministry of Health's *Waiting Time and Elective Patient Management Policy*.

Percentage of patients who received elective surgery by waiting time

(cumulative)

The number of *'ready for care'* days that NSW patients waited for their surgery is presented graphically as the cumulative percentage of patients who received elective surgery by the number of days *'ready for care'* (up to 420 days).

Patients ready for surgery on waiting list

The Bureau reports on patients who are on the waiting list at the end of the quarter and who are ready for their surgery. Patients whose urgency category at the end of the quarter is *'D'*, whose surgery is deemed staged as described in [Appendix 1](#), or who are waiting for a non-urgent cystoscopy are not included.

The waiting time reported for these patients is the number of days ready for care, as recorded in WLCOS. Days when the patient was not ready for care are not included.

The number of patients ready for surgery on the waiting list and their waiting time is reported by urgency, specialty of surgeon and for common procedures.

Patients not ready for surgery on waiting list

The Bureau reports the number of patients who are on the waiting list at the end of the quarter but are not ready for surgery. The patients in this group are patients whose urgency category at the end of the quarter is *'D'*, whose surgery is deemed staged as described in [Appendix 1](#), or who are waiting for a non-urgent cystoscopy.

Patients ready for elective surgery, on the waiting list for longer than 12 months

This count is the number of patients who were on the waiting list and ready for care at the end of the quarter, and who had accrued more than 365 days ready for care.

Suppression rules

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

Appendix 1: Hospitals with a high percentage of non-urgent patients waiting one day or less to be treated

This appendix was previously *Addendum: January to March 2011*, an addendum to the Bureau's *Technical Supplement: Measures of elective surgery, July to September 2010*. Data presented here refer to patients admitted for elective surgery during January to March 2011.

Reasons for analysis

In *Hospital Quarterly, July to September 2010* and *Hospital Quarterly, October to December 2010*, the Bureau reported wide variation between hospitals in the percentage of non-urgent patients recorded as having Not Ready For Care (NRFC) days equal to the total length of time they had been on the waiting list.

The Bureau commented that the median waiting time for patients undergoing elective surgery was considerably lower at hospitals with a high percentage of non-urgent patients who had a waiting time of one day or less. The Bureau advised that caution should be used when interpreting the performance indicators for non-urgent patients at these hospitals

To address this issue, the Bureau initiated analysis of non-urgent patient waiting times, particularly where these waiting times were very short. Although the Bureau will continue to conduct analysis to ensure comparisons between hospitals are fair, it is already apparent that there are differences between hospitals in the calculation of waiting time for staged patients who are considered NRFC, for part of their time on the waiting list. These differences may arise from patient administration software and in the way NSW Ministry of Health policies on the elective surgery (ES) waiting list are interpreted. It appears these differences arise from decisions

within individual hospitals that comply with guidelines but differ between hospitals. To enable fair and equitable comparison of performance benchmarks between hospitals based on equivalent groups of patients, the Bureau has developed statistical methods to minimise the impact of such differences. This is particularly pertinent to median waiting time and percentage of patients seen on time, for which a set of decision rules has been derived to enable equitable comparisons of waiting time benchmarks between hospitals.

In this report, the Bureau has used three decision rules to determine whether patients should be included in median waiting time and percentage seen on time calculations, with the following patients deemed to be staged:

- Patients who were staged at time of surgery
- Patients who were staged when booked, and had a single change in urgency category
- Patients who received cystoscopy and were in the non-urgent category.

The Bureau emphasises that any apparent changes to the median waiting time for some hospitals compared with results published previously may be due to a change in calculation method rather than a change in performance. To determine whether a hospital's performance has changed, results for the current quarter should be compared with results for the same quarter last year, which have been calculated using the same methods. These are shown in the tables and Performance Profiles in *Hospital Quarterly*.

Analysis of data

Patient records are provided with a List Date when added to the Waiting List Collection Online System (WLCOS) and a Removal Date when they are taken off the list. At the most simplistic level, the time between these two dates is the waiting period for that patient. Patients can also be recorded as NRFC.

NRFC is termed staged if patients are not ready due to clinical reasons (for example the patient is too ill or the doctor sets a minimum period between operations)¹. NRFC is termed 'deferred' if patients are not ready due to personal reasons (for example the patient is away on holiday). Any days that the patient is recorded as being NRFC are subtracted from the total waiting time of each patient.

NSW Ministry of Health guidelines for recording staged patients in WLCOS have been interpreted differently across hospitals, particularly when the patient should begin accruing ready-for-care days. WLCOS data available to the Bureau do not include the date on which patients became due for their staged procedure.

The Bureau found that there are patterns present when describing cumulative waiting time. The patterns occur in the following cases:

- Hospitals where the cumulative line for non-urgent patients starts noticeably above 0% on day one
- Hospitals where the cumulative line for non-urgent patients starts slightly above 0% on day one and / or climbs very steeply for one or two more days
- Hospitals where the cumulative line for non-urgent patients starts at, or close to, 0% on day one then climbs slowly.

The target for patients in the non-urgent category to receive their surgery is within 365 days. It is to be expected that while some non-urgent patients will have short waiting times, most of them will wait longer than patients in the urgent and semi-urgent surgery categories. Therefore, the third pattern above would be more expected than the first two.

Descriptions and graphic examples of cumulative waiting time patterns are shown in [Appendix 2](#).

The Bureau also found two broad groupings of patients who some hospitals counted in the non-urgent category but who had short waiting times.

¹ NSW Ministry of Health. *Waiting Time and Elective Patient Management Policy*. Sydney (NSW): 2012.

Firstly, among patients whose waiting time included a period when they were staged, there were:

- Patients who were staged at removal date
- Patients who were recorded as NRFC on the day they were entered onto the wait list and who were transferred to another urgency category within a day or two of removal date.

Secondly, the Bureau also found that some hospitals had a relatively high proportion of patients receiving cystoscopy as an elective procedure. At some hospitals, these patients were recorded as staged. At others (often where there was a high proportion of cystoscopy patients) most of these patients had a final urgency category of non-urgent but had shorter waiting times compared with other non-urgent patients. While cystoscopy is not the only procedure with these characteristics, cystoscopy contributed the most procedures to our staged group and had the most profound effect on our analysis.

The Bureau has been advised there are several options for how hospitals record patients waiting for a cystoscopy that is not required until sometime in the future. Some hospitals elect to monitor patients using WLCOS while others use in-house lists for non-admitted patients. Either system is reasonable, but overall, cystoscopy patients are typically staged when first added to the waiting list and have a low number of days recorded as ready for care. In some locations there are also non-centralised lists kept at a department or specialty level.

The Bureau found the following correlations between cumulative waiting time patterns and the numbers recorded for staged patients and non-urgent cystoscopy:

- Hospitals where the cumulative line for non-urgent patients started noticeably above 0% on day one had a high proportion of patients who were recorded as staged at Removal Date
- Hospitals where the cumulative line for non-urgent patients started slightly above 0% on day one and / or climbed very steeply for one or two more days had a high proportion of patients recorded as staged on the day of listing on the wait list but were transferred to another urgency category a day or two before receiving surgery
- Some hospitals where the cumulative line for non-urgent patients climbed steeply for one or two days also had a significant number of non-urgent cystoscopy patients; these patients had short waiting times. This number was high enough to affect cumulative waiting time. Other hospitals who had non-urgent cystoscopy patients recorded them as staged while some hospitals recorded these as outpatient procedures.

In response to these findings, the Bureau developed a set of decision rules to enable a fairer and more equitable comparison between hospitals, based on using an equivalent group of patients for each hospital.

Decision rules

Generation of an inferred 'staged' group

The Bureau has modified calculation of the median waiting time and percentage seen on time performance measures to aid fair and equitable comparisons between hospitals. Data used to assess the performance of each hospital over time, and to make comparisons with other hospitals, should be based on cohorts of patients and calculations of waiting time which are as consistent as possible. The Bureau has decided that, for this report:

- Patient cohorts where the recording method and the calculation of waiting time varies significantly between hospitals are not included in performance measurements based on waiting time i.e. median waiting time and percentage seen on time
- The entire cohort of patients who received elective surgery is included in the published number of elective surgery procedures carried out by each hospital.

This appendix contains data that show median waiting time and percentage seen on time calculated using both the new method and the historical method. This has been done to enable comparison with earlier reports. The new method of calculating on-time performance or median waiting time makes very little difference to the figures for urgent or semi-urgent patients. Likewise, on-time performance for non-urgent patients is largely unaffected. The biggest impact of using the new method is on published median waiting times for non-urgent patients.

The Bureau emphasises that any apparent changes to the median waiting time for some hospitals compared with results published previously may be due to a change in calculation method, rather than a change in performance. To determine whether a hospital's performance has changed, results for the current quarter should be compared to results for the same quarter last year, which have been calculated using the same methods. These are shown in the tables and Performance Profiles.

Patients deemed to be staged and excluded from all hospital- and state-level calculations of wait-time performance:

Decision rule 1: Patients who were staged at the time of surgery

Decision rule 2: Patients who were staged at the time of listing and had a single urgency change to their final urgency category

Decision rule 3: Patients receiving non-urgent cystoscopy

Some records will meet more than one decision rule. In particular, many cystoscopy records will also meet the decision rules 1 and 2 for exclusion as staged.

The number of patients in NSW in each category, based on the historic and new methods, is shown in [Appendix table 1](#). Numbers of patients in each category and the change between methods are shown in [Appendix table 2](#). In the January to March 2011 quarter, 8% of patients in NSW were deemed to be staged; the percentage for individual hospitals varied from 0-28%.

The new method of calculation increased the NSW reported non-urgent category median for this quarter by 34 days. Because the composition of patients at each hospital differs, this effect is much greater at some hospitals than others. For example, the change in reported median waiting time for non-urgent patients varied from a decrease of 35 days to an increase of 189 days.

The new method of calculation had little effect on reported median waiting times for urgent and semi-urgent patients. For NSW, the reported median waiting time for urgent patients increased by one day and was unchanged for semi-urgent patients. For urgent and semi-urgent patients, the change for individual hospitals ranged from a decrease of one day to an increase of four days.

[Appendix table 3](#) shows the effect of the new method on non-urgent on-time performance and median wait times for major hospitals in NSW. The new method of calculation had little effect on percentage seen on time for all urgency categories but a substantial effect on median waiting times for non-urgent patients at some hospitals.

[Appendix 2](#) provides examples of the impact of the decision rules on cumulative waiting time patterns.

Appendix table 1: Total counts in urgency categories for NSW, using new and historic methods, January to March 2011

Historic urgency category	New urgency category				Total
	Urgent	Semi-urgent	Non-urgent	Staged and non-urgent Cystoscopy	
Urgent	11,431			254	11,685
Semi-urgent		13,916		358	14,274
Non-urgent			17,603	2,936	20,539
Total	11,431	13,916	17,603	3,548	46,498

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

Conclusion

In this report, the Bureau has modified calculation methods for median waiting time and percentage seen on time performance measures to improve the fairness and equitable basis for comparison between hospitals.

This accords with our aim of providing timely, accurate and comparable information on NSW public hospital performance.

Those patients deemed to be staged and those receiving non-urgent cystoscopy are not included in the Bureau's calculations for median waiting time and percentage of patients seen on time (the new method), however, the historic method of measuring wait times for these patients (including staged and non-urgent cystoscopy groups) is also presented.

The Bureau emphasises that any apparent change to median waiting time for some hospitals compared with results published previously may be due to a change in calculation method rather than a change in performance. To determine whether a hospital's performance has changed, results for the current quarter should be compared with results for the same quarter last year, which have been calculated using the same methods. These are shown in the tables and Performance Profiles.

Staged surgery

(Excerpt from the *Hospital Quarterly: Elective Surgery* module)

There are times when surgery is deemed necessary but should not, or cannot, take place until a clinically appropriate time interval has passed. This is called staged surgery and is an essential concept in managing elective surgery. It allows surgeons to place patients on the surgery booking system but prevents them from being admitted to hospital too soon.

Examples of staged procedures include:

Removal of pins / plates

Fractured bones can require metal pins and / or plates to hold them in place while they heal. Until the bone is healed, the pins / plates are not removed and the patient is coded Not Ready For Care.

In-vitro fertilisation (IVF)

Hormone therapy can be required before egg harvesting. A woman would be listed as Not Ready For Care while she underwent the hormone therapy in preparation for the procedure.

Cystoscopy

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

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

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

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

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

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

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

The Bureau is committed to providing the public with a clear understanding of surgical waiting times in NSW. Results for each of the new and historic methods can be found for more than 80 hospitals in [Appendix table 3](#) of this appendix.

Appendix table 2: Total counts in urgency categories by hospital, using new and historic methods, January to March 2011

	Urgent			Semi-urgent			Non-urgent			Deemed to be staged
	New method ¹	Historic method ²	Difference	New method ¹	Historic method ²	Difference	New method ³	Historic method ⁴	Difference	New method
New South Wales										
Total New South Wales	11,431	11,685	-254	13,916	14,274	-358	17,603	20,539	-2,936	3,548
Central Coast Local Health Network (CCLHN)										
Gosford Hospital	273	277	-4	434	439	-5	520	669	-149	158
Wyong Hospital	84	84	0	330	333	-3	377	419	-42	45
Far West Local Health Network (FWLHN)										
Broken Hill Base Hospital	39	39	0	87	88	-1	103	115	-12	13
Hunter New England Local Health Network (HNELHN)										
Armidale and New England Hospital	40	40	0	71	71	0	108	108	0	0
Belmont Hospital	97	117	-20	172	173	-1	232	245	-13	34
Calvary Mater Newcastle	147	149	-2	85	88	-3	45	46	-1	6
Cessnock District Hospital	42	42	0	163	163	0	52	59	-7	7
Gunnedah District Hospital	18	18	0	22	22	0	30	31	-1	1
Inverell District Hospital	*	*	*	15	16	-1	16	16	0	*
John Hunter Hospital	681	723	-42	664	699	-35	661	717	-56	133
Kurri Kurri District Hospital	27	27	0	21	21	0	298	299	-1	1
Maitland Hospital	101	101	0	210	212	-2	219	228	-9	11
Manning Base Hospital	88	89	-1	93	95	-2	342	371	-29	32
Moree District Hospital	20	20	0	24	24	0	50	51	-1	1
Muswellbrook District Hospital	13	13	0	89	89	0	24	25	-1	1
Narrabri District Hospital	16	16	0	26	26	0	*	*	*	0
Singleton District Hospital	14	14	0	30	30	0	84	87	-3	3
Tamworth Base Hospital	183	183	0	217	226	-9	221	288	-67	76
Illawarra Shoalhaven Local Health Network (ISLHN)										
Bulli District Hospital	27	27	0	18	18	0	61	61	0	0
Milton and Ulladulla Hospital	*	*	*	*	*	*	*	*	*	*
Shellharbour Hospital	64	64	0	175	175	0	470	470	0	0
Shoalhaven and District Memorial Hospital	123	125	-2	169	170	-1	368	411	-43	46
Wollongong Hospital	354	380	-26	267	287	-20	270	477	-207	253
Mid North Coast Local Health Network (MNCLHN)										
Coffs Harbour Base Hospital	15	15	0	32	32	0	17	17	0	0
Kempsey Hospital	*	*	*	43	46	-3	99	111	-12	*
Macksville District Hospital	*	*	*	*	*	*	*	*	*	*
Port Macquarie Base Hospital	236	236	0	342	342	0	429	461	-32	32

Urgent			Semi-urgent			Non-urgent			Deemed to be staged
New method ¹	Historic method ²	Difference	New method ¹	Historic method ²	Difference	New method ³	Historic method ⁴	Difference	New method

Murrumbidgee Local Health Network (MLHN)

Deniliquin Health Service	15	15	0	32	32	0	17	17	0	0
Griffith Base Hospital	56	57	-1	43	46	-3	99	111	-12	16
Tumut Health Service	*	*	*	*	*	0	27	27	0	0
Wagga Wagga Base Hospital	236	236	0	342	342	0	429	461	-32	32
Young Health Service	10	11	-1	24	25	-1	19	38	-19	21

Nepean Blue Mountains Local Health Network (NBMLHN)

Blue Mountains District Anzac Memorial Hospital	18	18	0	15	15	0	42	43	-1	1
Hawkesbury Private	66	66	0	77	77	0	115	125	-10	10
Lithgow Health Service	11	11	0	45	45	0	108	113	-5	5
Nepean Hospital	329	329	0	420	428	-8	378	402	-24	32

Northern NSW Local Health Network (NNSWLHN)

Ballina District Hospital	30	31	-1	58	58	0	38	45	-7	8
Casino and District Memorial Hospital	19	19	0	51	52	-1	112	120	-8	9
Grafton Base Hospital	119	121	-2	100	105	-5	106	110	-4	11
Lismore Base Hospital	322	331	-9	282	298	-16	278	339	-61	86
Maclean District Hospital	*	*	*	*	*	*	*	*	*	*
Murwillumbah District Hospital	68	69	-1	88	90	-2	248	287	-39	42
The Tweed Hospital	206	215	-9	181	205	-24	183	269	-86	119

Northern Sydney Local Health Network (NSLHN)

Hornsby and Ku-Ring-Gai Hospital	97	97	0	119	120	-1	256	302	-46	47
Manly District Hospital	83	86	-3	106	112	-6	68	84	-16	25
Mona Vale and District Hospital	54	55	-1	84	84	0	189	209	-20	21
Royal North Shore Hospital	565	566	-1	355	360	-5	420	464	-44	50
Ryde Hospital	38	38	0	111	111	0	154	162	-8	8

South Eastern Sydney Local Health Network (SESLHN)

Prince of Wales Hospital	289	290	-1	497	503	-6	327	341	-14	21
Royal Hospital for Women	190	190	0	174	174	0	103	104	-1	1
St George Hospital	455	477	-22	325	332	-7	214	237	-23	52
Sutherland Hospital	171	190	-19	254	255	-1	275	283	-8	28
Sydney / Sydney Eye Hospital	187	187	0	266	267	-1	609	609	0	1

Southern NSW Local Health Network (SNSWLHN)

Bateman's Bay District Hospital	13	13	0	24	25	-1	103	135	-32	33
Bega District Hospital	87	87	0	48	48	0	162	171	-9	9
Cooma Health Service	18	18	0	14	14	0	26	27	-1	1
Goulburn Base Hospital	100	100	0	106	106	0	157	159	-2	2
Moruya District Hospital	56	57	-1	51	51	0	61	64	-3	4
Pambula District Hospital	*	*	*	*	*	*	*	*	*	*
Queanbeyan Health Service	17	17	0	71	71	0	79	79	0	0

Urgent			Semi-urgent			Non-urgent			Deemed to be staged
New method ¹	Historic method ²	Difference	New method ¹	Historic method ²	Difference	New method ³	Historic method ⁴	Difference	New method

South Western Sydney Local Health Network (SWSLHN)

Bankstown / Lidcombe Hospital	183	184	-1	351	363	-12	490	656	-166	179
Bowral and District Hospital	58	59	-1	102	102	0	157	161	-4	5
Campbelltown Hospital	94	98	-4	290	311	-21	364	531	-167	192
Fairfield Hospital	70	70	0	94	96	-2	383	404	-21	23
Liverpool Hospital	556	563	-7	414	419	-5	491	620	-129	141

St Vincent's Health Network (SVHN)

St Vincent's Hospital, Darlinghurst	352	366	-14	173	183	-10	242	291	-49	73
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Sydney Children's Hospitals Network (SCHN)

Sydney Children's Hospital	179	179	0	230	234	-4	282	299	-17	21
The Children's Hospital at Westmead	314	329	-15	373	409	-36	499	646	-147	198

Sydney Local Health Network (SYDLHN)

Canterbury Hospital	67	68	-1	223	227	-4	232	276	-44	49
Concord Hospital	358	364	-6	461	475	-14	643	987	-344	364
RPAH Institute of Rheumatology & Orthopaedics	31	31	0	49	49	0	263	263	0	0
Royal Prince Alfred Hospital	988	996	-8	826	835	-9	467	667	-200	217

Western NSW Local Health Network (WNSWLHN)

Bathurst Base Hospital	97	100	-3	131	132	-1	132	168	-36	40
Cowra District Hospital	18	18	0	44	44	0	52	52	0	0
Dubbo Base Hospital	90	91	-1	197	202	-5	340	402	-62	68
Forbes District Hospital	15	15	0	20	20	0	51	51	0	0
Mudgee District Hospital	12	12	0	28	29	-1	45	55	-10	11
Orange Base Hospital	76	77	-1	186	204	-18	296	327	-31	50
Parkes District Hospital	12	12	0	23	23	0	29	29	0	0

Western Sydney Local Health Network (WSLHN)

Auburn Hospital	137	137	0	227	228	-1	290	295	-5	6
Blacktown Hospital	149	149	0	294	298	-4	214	229	-15	19
Mount Druitt Hospital	58	58	0	191	192	-1	197	202	-5	6
Westmead Hospital (all units)	664	667	-3	550	554	-4	342	424	-82	89

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

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

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

Appendix table 3: Effect of new and historic methods of calculation on on-time performance and median waiting time, by hospital and local health network, January to March 2011

	Percentage of patients treated on time		Median waiting time (days)	
	Non-urgent ¹ (new method)	Non-urgent ² (historic method)	Non-urgent ¹ ² (new method)	Non-urgent ² (historic method)
New South Wales				
Total New South Wales	92	92	217	183
Central Coast Local Health Network (CCLHN)				
Gosford Hospital	91	93	325	287
Wyong Hospital	97	97	253	238
Total CCLHN	94	94	300	255
Far West Local Health Network (FWLHN)				
Broken Hill Base Hospital	100	100	229	224
Total FWLHN	100	100	229	224
Hunter New England Local Health Network (HNELHN)				
Armidale and New England Hospital	86	86	318	318
Belmont Hospital	100	100	205	204
Calvary Mater Newcastle	98	98	195	193
Cessnock District Hospital	100	100	90	81
Gunnedah District Hospital	100	100	96	95
Inverell District Hospital	75	75	357	357
John Hunter Hospital	89	87	239	244
Kurri Kurri District Hospital	96	96	216	216
Maitland Hospital	95	95	215	205
Manning Base Hospital	95	95	281	256
Moree District Hospital	100	100	54	51
Muswellbrook District Hospital	100	100	7	7
Narrabri District Hospital	*	*	*	*
Singleton District Hospital	100	100	44	44
Tamworth Base Hospital	86	90	251	150
Other HNELHN	100	100	140	140
Total HNELHN	93	93	206	197
Illawarra Shoalhaven Local Health Network (ISLHN)				
Bulli District Hospital	98	98	198	198
Milton and Ulladulla Hospital	*	*	*	*
Shellharbour Hospital	98	98	217	217
Shoalhaven and District Memorial Hospital	84	85	313	307
Wollongong Hospital	89	94	313	124
Total ISLHN	92	93	257	222

Percentage of patients treated on time

Median waiting time (days)

Non-urgent ¹ (new method)	Non-urgent ² (historic method)	Non-urgent ¹ ² (new method)	Non-urgent ² (historic method)
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Mid North Coast Local Health Network (MNCLHN)				
Coffs Harbour Base Hospital	64	67	356	352
Kempsey Hospital	100	100	185	185
Macksville District Hospital	95	95	317	317
Port Macquarie Base Hospital	94	96	282	247
Other MNCLHN	100	99	194	151
Total MNCLHN	81	82	307	291

Murrumbidgee Local Health Network (MLHN)				
Deniliquin Health Service	100	100	208	208
Griffith Base Hospital	96	96	328	322
Tumut Health Service	89	89	76	76
Wagga Wagga Base Hospital	80	81	328	324
Young Health Service	100	100	110	42
Other MLHN	100	100	91	91
Total MLHN	85	86	319	309

Nepean Blue Mountains Local Health Network (NBMLHN)				
Blue Mountains District Anzac Memorial Hospital	95	95	45	45
Hawkesbury Private	67	70	349	344
Lithgow Health Service	99	99	274	251
Nepean Hospital	72	70	329	330
Other NBMLHN	92	92	221	210
Total NBMLHN	79	79	300	293

Northern NSW Local Health Network (NNSWLHN)				
Ballina District Hospital	100	100	97	92
Casino and District Memorial Hospital	100	100	81	74
Grafton Base Hospital	84	85	267	265
Lismore Base Hospital	87	87	302	298
Macleay District Hospital	†	†	†	†
Murwillumbah District Hospital	96	97	335	330
The Tweed Hospital	93	94	217	176
Total NNSWLHN	92	93	259	214

Northern Sydney Local Health Network (NSLHN)				
Hornsby and Ku-Ring-Gai Hospital	98	98	114	90
Manly District Hospital	100	100	77	64
Mona Vale and District Hospital	100	100	40	34
Royal North Shore Hospital	96	97	130	120
Ryde Hospital	95	96	125	121
Total NSLHN	97	98	113	104

	Percentage of patients treated on time		Median waiting time (days)	
	Non-urgent ¹ (new method)	Non-urgent ² (historic method)	Non-urgent ¹ ² (new method)	Non-urgent ² (historic method)
South Eastern Sydney Local Health Network (SESLHN)				
Prince of Wales Hospital	86	87	239	234
Royal Hospital for Women	100	100	75	78
St George Hospital	77	78	303	245
Sutherland Hospital	89	89	317	316
Sydney Hospital / Sydney Eye Hospital	95	95	218	218
Total SESLHN	90	90	225	223
South Western Sydney Local Health Network (SWSLHN)				
Bankstown / Lidcombe Hospital	92	93	170	152
Bowral and District Hospital	100	100	207	198
Campbelltown Hospital	90	92	280	179
Fairfield Hospital	97	97	284	278
Liverpool Hospital	89	91	251	186
Total SWSLHN	93	93	248	197
Southern NSW Local Health Network (SNSWLHN)				
Bateman's Bay District Hospital	98	99	327	337
Bega District Hospital	83	84	349	347
Cooma Health Service	100	100	113	113
Goulburn Base Hospital	88	88	302	302
Moruya District Hospital	100	100	213	211
Pambula District Hospital	*	*	*	*
Queanbeyan Health Service	100	100	202	202
Total SNSWLHN	92	93	281	292
St Vincent's Health Network (SVHN)				
St Vincent's Hospital, Darlinghurst	90	91	144	125
Total SVHN	90	91	144	125
Sydney Children's Hospitals Network (SCHN)				
Sydney Children's Hospital	97	97	110	105
The Children's Hospital at Westmead	97	97	109	69
Total SCHN	97	97	109	89
Sydney Local Health Network (SYDLHN)				
Canterbury Hospital	84	87	318	253
Concord Hospital	98	98	141	96
RPAH Institute of Rheumatology & Orthopaedics	100	100	49	49
Royal Prince Alfred Hospital	99	100	41	18
Total SYDLHN	97	98	97	63

Percentage of patients treated on time		Median waiting time (days)	
Non-urgent ¹ (new method)	Non-urgent ² (historic method)	Non-urgent ^{1,2} (new method)	Non-urgent ² (historic method)

Western NSW Local Health Network (WNSWLHN)				
Bathurst Base Hospital	96	97	269	256
Cowra District Hospital	100	100	106	106
Dubbo Base Hospital	99	100	255	197
Forbes District Hospital	98	98	306	306
Mudgee District Hospital	100	100	258	293
Orange Base Hospital	78	79	345	339
Parkes District Hospital	100	100	43	43
Other WNSWLHN	*	*	*	*
Total WNSWLHN	92	93	298	276

Western Sydney Local Health Network (WSLHN)				
Auburn Hospital	89	89	236	238
Blacktown Hospital	94	94	142	142
Mount Druitt Hospital	87	88	241	239
Westmead Hospital (all units)	87	89	124	110
Total WSLHN	89	90	164	155

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

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

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

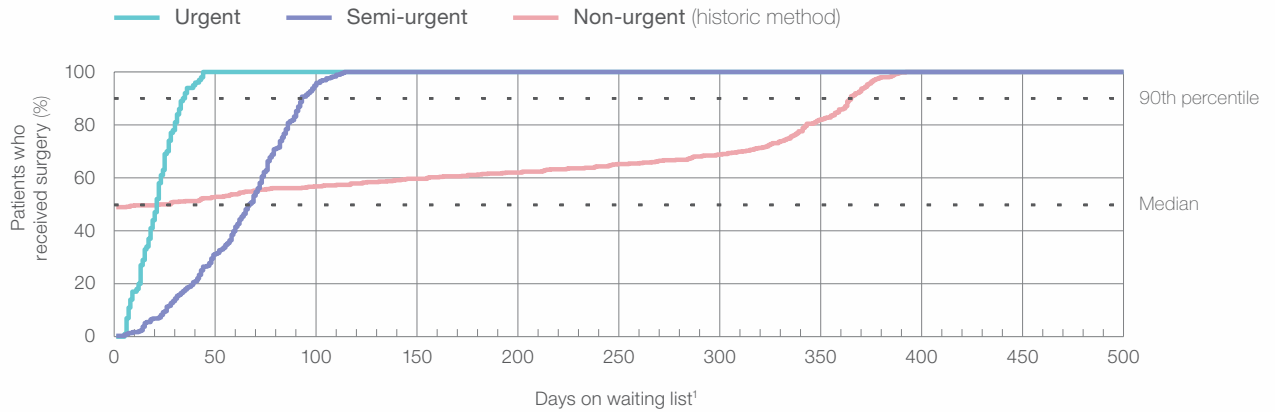
Note: All urgency categories include deferred patients as appropriate.

Note: Because staged patients are now reported separately, on-time performance and median waiting time by urgency category will differ from those reported in previous *Hospital Quarterly* reports.

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

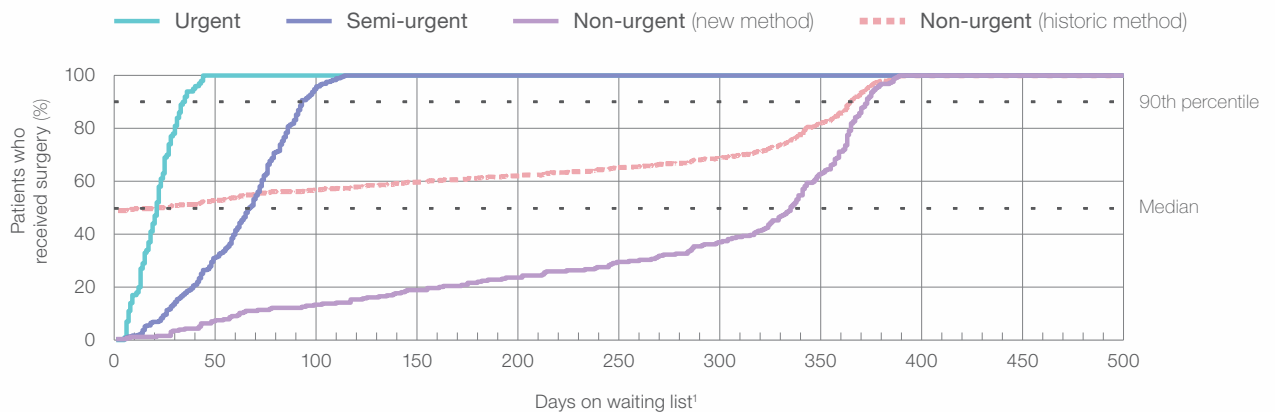
Appendix 2: Examples and decision rules for the 'staged' group of patients

Example 1: Staged at time of surgery



For these hospitals, the cumulative line for category C patients starts *noticeably* above 0% on day 1. These hospitals have a high proportion of patients who were in urgency category D when they received their surgery (see figure above).

Decision rule 1 - Patients recorded as staged at time of surgery are excluded from the new method of calculation as demonstrated in the figure below.

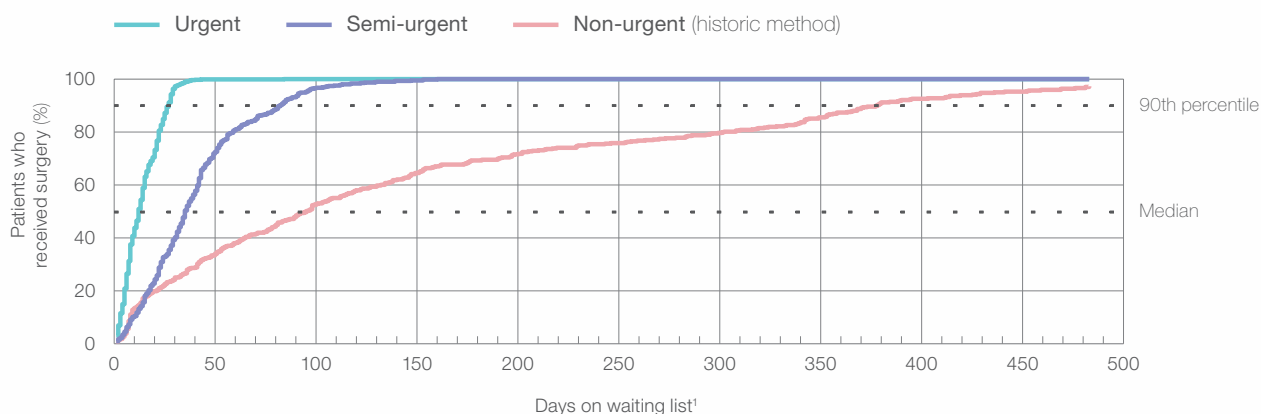


1. Excludes the total number of days the patient was coded as 'not ready for care'.

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

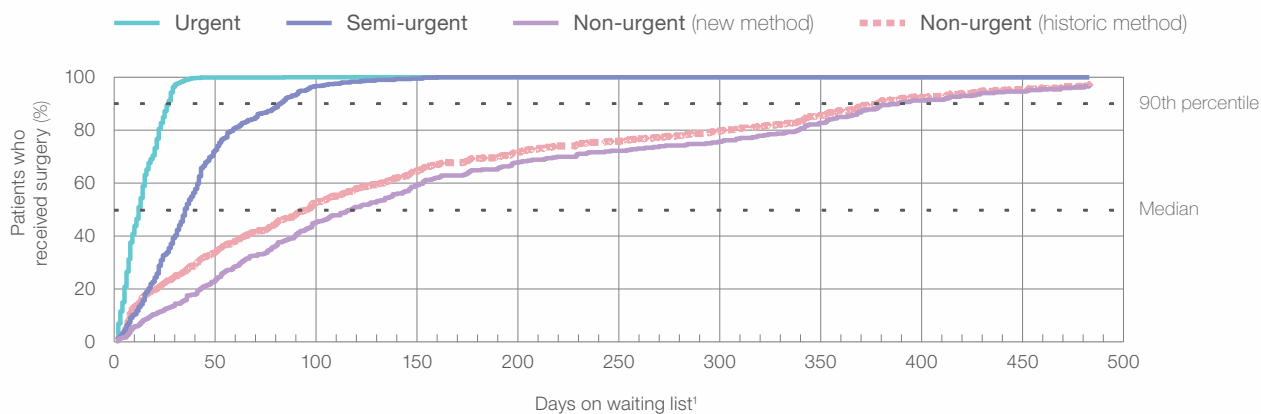
Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 April 2011.

Example 2: Staged when listed on elective surgery database



For these hospitals, the cumulative line for category C patients starts *slightly* above 0% on day 1 and / or climbs steeply for one or two days. These hospitals have a high proportion of patients who were initially listed as category D and were transferred to another urgency category a day or two before receiving their surgery (see figure above).

Decision rule 2 - Patients who were staged at time of listing and had a single urgency change while on list are excluded from the new method of calculation as demonstrated in the figure below.

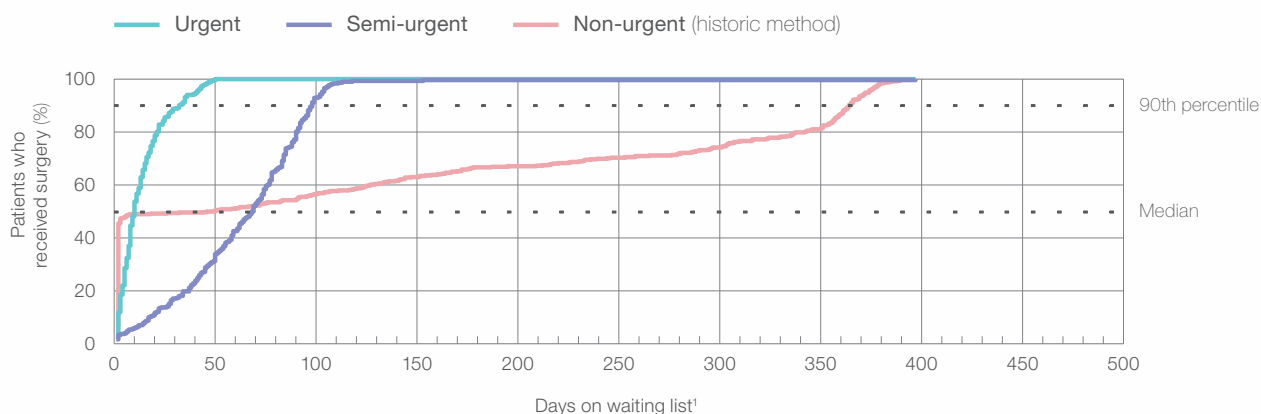


1. Excludes the total number of days the patient was coded as 'not ready for care'.

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

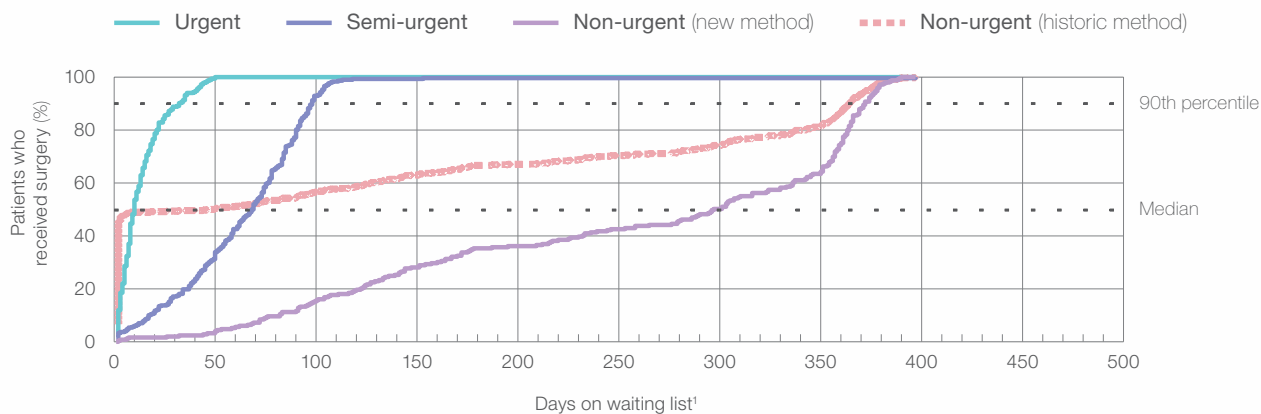
Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 April 2011.

Example 3: Staged when listed on elective surgery database



Some hospitals have a high proportion of patients who were initially listed as category A,B or C and were transferred to category D on the listing date. These patients are deemed to be staged at the time of listing, and decision rule 2 is applicable (see figure above).

Decision rule 2 (continued) - Patients who were staged at time of listing and had a single urgency change while on list are excluded from the new method of calculation as demonstrated in the figure below.

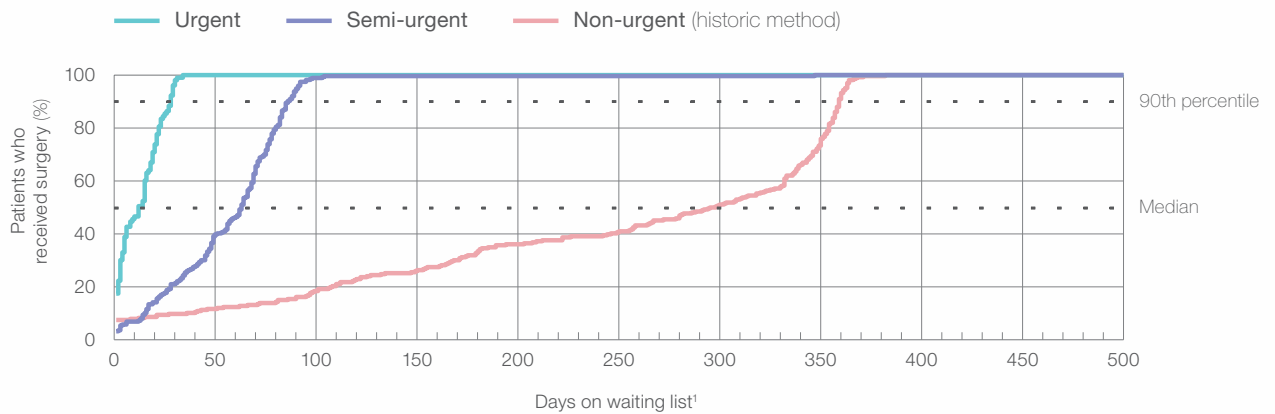


1. Excludes the total number of days the patient was coded as 'not ready for care'.

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

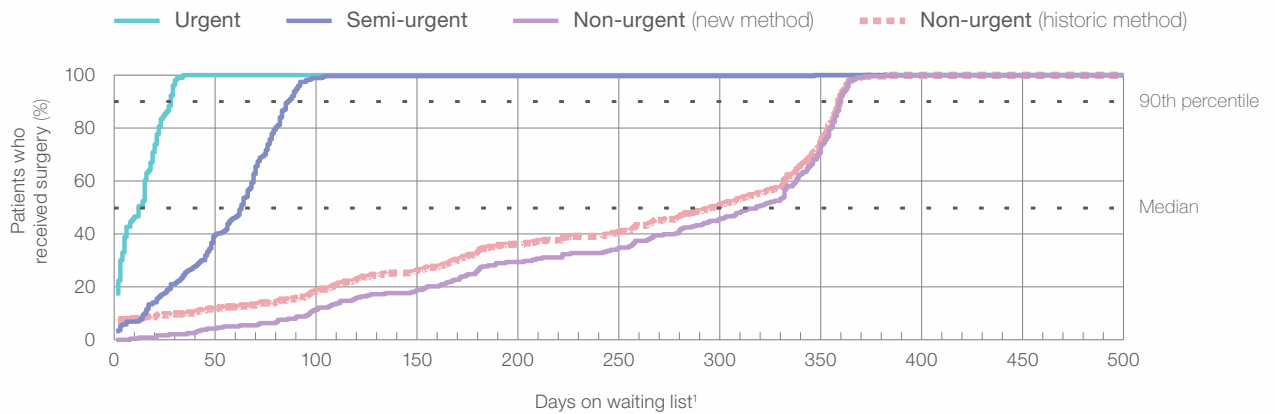
Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 April 2011.

Example 4: High proportion of non-urgent cystoscopy patients



Some hospitals have a *high proportion* of patients waiting for cystoscopy on their list, while others only have a small proportion. When hospitals have a high proportion of cystoscopy patients, many patients have a final urgency category of non-urgent but are recorded as having very short waiting times (less than 30 days) (see figure above).

Decision rule 3 - Non-urgent cystoscopy patients are excluded from the new method of calculation as demonstrated in the figure below.

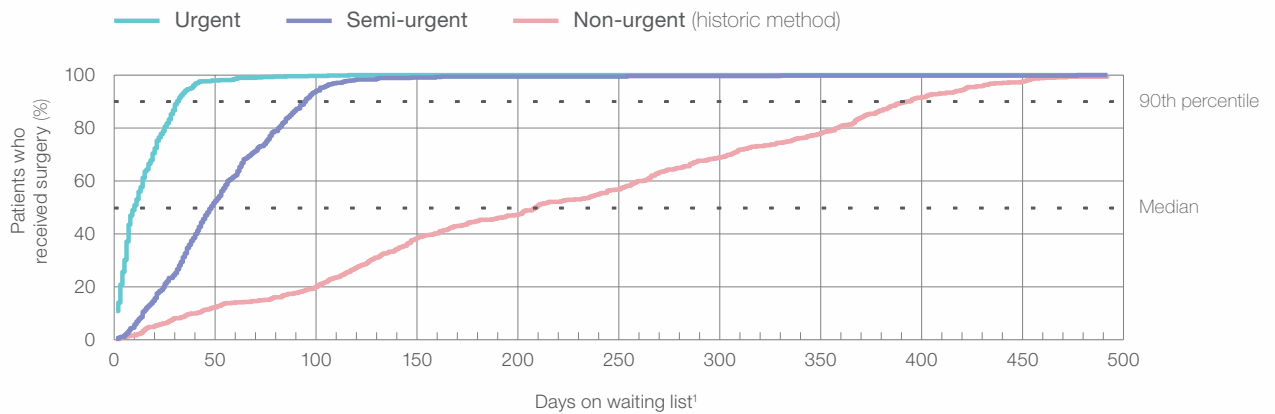


1. Excludes the total number of days the patient was coded as 'not ready for care'.

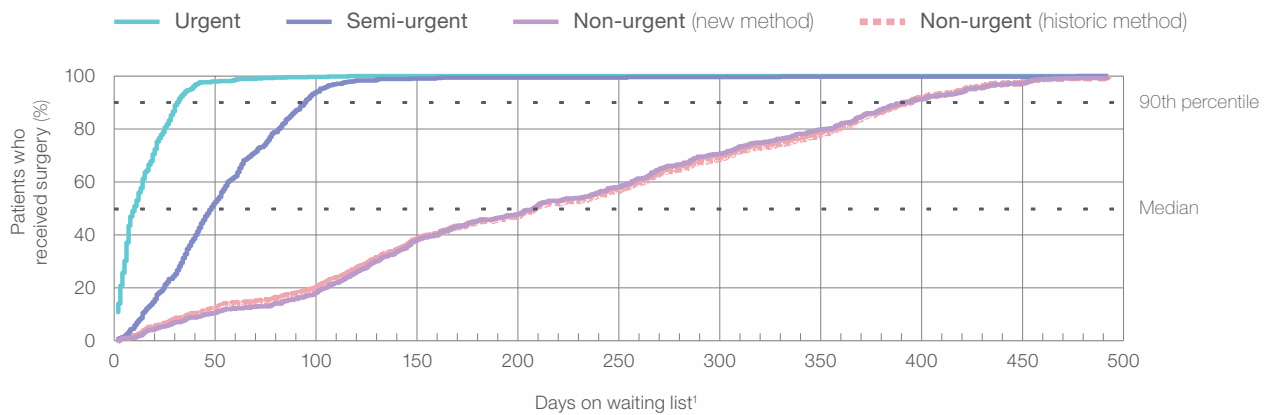
Note: Patients recorded as 'deferred' when they received their surgery are allocated to 'ready for care' urgency categories as appropriate.

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

Example 5: Few staged or non-urgent cystoscopy patients



These hospitals have a *low proportion* of staged and non-urgent cystoscopy patients. Because of this, there is little effect from the three decision rules applied by the Bureau to increase comparability of elective surgery data. An example of this minimal effect is shown in the hospital cumulative waiting time graph below.



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

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

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

Appendix 3: Formulae for calculations

The decision rules for patients deemed to be staged

Decision Rule 1: Patients who were staged at the time of surgery

Final urgency category = D plus listing status = staged

OR

Final urgency category = D and no other urgency level recorded

OR

Final urgency category = D which was effective from listing date (urgency date = listing date or urgency date = 0).

Decision Rule 2: Patients who were staged at time of listing and had one urgency change

Previous urgency category 1 was D, effective from the date of listing (urgency date = list date or urgency date = 0) AND one change of urgency category to the final urgency category (A, B or C).

Decision Rule 3: Cystoscopy and non-urgent category

Patients with procedure = Cystoscopy (Procedure code 004) and urgency = C

Notes:

1. Urgency codes A, B, C and D correspond to urgent, semi-urgent, non-urgent and not ready for care respectively
2. Some records will meet more than one rule. In particular, many cystoscopy records will also meet the decision rules 1 and 2 for exclusion as staged
3. Listing status is only available on WLCOS for the final urgency category. It is inferred that patients who have an initial listing status of D were staged when listed, according to NSW Health policy.

Download our reports

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

The suite of products includes:

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



About the Bureau

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

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

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State Health Publication Number: (BHI) 130006
ISSN 1838-3238

Suggested citation: Bureau of Health Information.
Hospital Quarterly: Performance of NSW public hospitals, October to December 2012. Elective Surgery. 3(4). Sydney (NSW); 2013.

Published March 2013

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



Technical Supplement

Emergency department measures

Hospital Quarterly: October to December 2012

Summary

This supplement describes the methods and technical terms used to calculate descriptive statistics and performance indicators reported in *Hospital Quarterly*.

The emergency department (ED) module of *Hospital Quarterly* is based on analyses of ED attendance data extracted from a centralised data warehouse administered by the NSW Ministry of Health called the Health Information Exchange (HIE).

There are more than 180 EDs in NSW. The activity and performance measures reported in *Hospital Quarterly* are currently based on 96 hospital EDs which have had an electronic records system in place and reliable data in the HIE for five or more quarters. These 96 EDs comprise the '*NSW totals*' reported in *Hospital Quarterly* and account for approximately 87% of all ED attendances in NSW.

The Bureau reports individual performance for 73 of these EDs in *Hospital Quarterly*. EDs are reported individually if they are part of hospitals in the principal referral, major or district peer groups (peer groups A1, A2, A3, B, C1 and C2).

Inclusion of additional EDs in *Hospital Quarterly*

When five quarters of reliable electronic data become available in the HIE, additional EDs are included in *Hospital Quarterly*. When a new ED is added, its data for preceding quarters are also included in the report.

The tables in [Appendix 1](#) show the quarters when new EDs were added, and the effect on attendances and performance measures.

Reporting of additional EDs began in:

- *Hospital Quarterly, October to December 2011* (Bega District Hospital)
- *Hospital Quarterly, July to September 2012* (Ballina District Hospital, Bateman's Bay District Hospital, Casino and District Memorial Hospital, Maclean District Hospital and Moruya District Hospital).

Inclusion of additional EDs increases total attendances reported in *Hospital Quarterly* and may affect performance measures. The inclusion of the above EDs increased the number of emergency attendances in NSW by about 3.5% each quarter, starting from *Hospital Quarterly, July to September 2012*. There was little change at the NSW level on measures of time to treatment, time to leaving the ED or on the percentage meeting the National Emergency Access Target (NEAT).

The EDs added are part of Northern NSW Local Health District (NNSWLHD) and Southern NSW Local Health District (SNSWLHD) and have an effect on results at a district level. In the October to December 2012 quarter, for example, inclusion of the additional EDs in NNSWLHD increased attendances reported in *Hospital Quarterly* by 37% and increased the percent meeting NEAT by 4%. The additional EDs in SNSWLHD increased attendances reported in *Hospital Quarterly* by 235% and increased the percent meeting NEAT by 5%.

Comparisons in *Hospital Quarterly* with the same quarter in the previous year or more recent quarters will be based on the same number of EDs.

Comparisons of attendances and admissions over longer intervals, such as the same quarter two years ago, may include the effect of additional EDs being reported. Therefore caution is needed for any comparison which spans more than five quarters.

Changeover to a new records system

Progressively, EDs in NSW have replaced historic information systems with more contemporary electronic records systems. During the changeover to a new system, there may have been an impact on the completeness and reliability of data input or extraction from local systems to the HIE and more than one quarter may be affected.

At a facility level during a changeover period, the only information from the HIE reported by the Bureau is for *'total attendances'*. For aggregated NSW reporting (for example, for NSW, local health district and peer group), data from affected hospitals are included in total counts but are excluded from calculation of all other performance measures. Data received from the Ambulance Service of NSW are not affected and are reported as usual.

Changes introduced in *Hospital Quarterly*, January to March 2012

The Bureau has made a number of changes to reporting measures of ED activity and performance reported in *Hospital Quarterly, January to March 2012*. Further information on the rationale for the changes can be found in the *Hospital Quarterly Background Paper: Approaches to reporting time measures of emergency department performance, Addendum June 2012* at www.bhi.nsw.gov.au

The changes introduced in that issue are:

- **The time that patients spend in EDs is measured starting from presentation time.** Presentation time is defined as the earlier of arrival or triage time. Previously, presentation time was defined as the earlier of arrival, triage or treatment time. The change was introduced to be consistent with definitions being used for national and interstate reporting. The change has had a minimal effect on results based on presentation time, since only a small number of records have a treatment time recorded which is earlier than the times recorded for arrival and triage. In the January to March 2012 quarter, 0.1% of records were affected for NSW, and the highest per cent for a single hospital was 1%. Bureau measures of time to treatment were not affected by the change of definition. For time to leaving the ED, the change has had no effect on the median or 95th percentile times. For individual hospitals, the median time to leaving the ED did not change for most hospitals, and all differences were less than one minute. Similarly, the 95th percentile time to leaving the ED did not change for most hospitals, and all differences were two minutes or less.
- **The labelling of the median and 95th percentile times (to start treatment or to leaving the ED) changed, however the methods of calculation did not change.** *Hospital Quarterly* refers to the *'median time'*, replacing *'half of patients (50%)'*; and the *'95th percentile time'*, replacing *'most patients (95%)'*.

- **The median time to leaving the ED and the 95th percentile time to leaving the ED are reported for all patients.** Previously, the cohort for leaving the ED only included admitted patients. This change is consistent with the definition of the cohort for the new national performance benchmark, the National Emergency Access Target (NEAT).² Broadening the cohort to include all patients has had a substantial effect on the results. Therefore, times for leaving the ED in previous reports cannot be compared with times for leaving the ED from *Hospital Quarterly, January to March 2012* onwards. Individual performance profiles include results for this new cohort for the current quarter, over the past five years and as a cumulative graph and table together with results for other mode of separation cohorts.
- **The percentage of patients who leave the ED within four hours of presentation.** This is the new national performance benchmark (NEAT) that NSW will be assessed against under the National Health Reform Agreement.²

Activity and performance indicators

This section contains the definitions used for calculating measures of ED activity and performance reported in *Hospital Quarterly*.

In the following definitions, numbers in brackets indicate the HIE database field code used to identify records by ED visit type or mode of separation (as appropriate). The arrival date and time field is used to select records from the HIE for each quarter. Unless explicitly stated, records with incomplete information in the fields required for a calculation are excluded.

All attendances

All attendances is the count of every record in the ED visit database of the HIE. This count includes attendances of all ED visit types including emergency presentations, planned return visits, pre-arranged admissions, some outpatient visits, private referrals, persons pronounced dead on arrival and patients in transit. Records are assigned to quarters of the year using the arrival date and time field.

Emergency attendances

Emergency attendances are records in the ED visit database of the HIE with an ED visit type of emergency (1) or an unplanned return visit for a continuing condition (3) or disaster (11). Emergency attendances in *Hospital Quarterly* are reported by triage category.

Records with missing or invalid information for triage category are excluded from reported counts of emergency attendances.

Emergency attendances by quarter

The time series graphs in *Hospital Quarterly* present the number of emergency attendances to an ED during each quarter for the past 21 quarters.

Emergency admissions by quarter

The time series graphs in *Hospital Quarterly* present the number of emergency admissions to an ED during each quarter for the past 21 quarters. Emergency admissions are emergency attendances with modes of separation: admitted to a ward / inpatient unit (1), admitted and discharged as an inpatient within ED (2), admitted and died in ED (3), admitted to a critical care ward (10), admitted via an operating theatre (11), or admitted: left at own risk (13).

All attendances by mode of separation

Emergency attendances are reported based on the mode of separation field: treated and discharged, treated and admitted to hospital, patients left without or before completing treatment, patients transferred to another hospital and other modes. Records with missing mode of separation are included in the 'other' cohort.

The mode of separation cohorts are:

- 'Treated and discharged' comprises attendances with mode of separation: departed with treatment complete (4)
- 'Treated and admitted to hospital' comprises attendances with modes of separation: admitted to a ward / inpatient unit (1), admitted and discharged as an inpatient within ED (2), admitted and died in ED (3), admitted to a critical care ward (10), admitted via an operating theatre (11) or admitted: left at own risk (13)

- *'Left without, or before completing, treatment'* comprises those attendances with modes of separation: departed, did not wait (6) and departed: left at their own risk (7). Patients who *'did not wait'* were triaged but left the ED before treatment was commenced. Patients who *'left at their own risk'* were triaged and treatment was begun by a clinician or nurse, but the patient left prior to the completion of their treatment
- *'Transferred to another hospital'* comprises those patients who transferred to another hospital (5) or were admitted and then transferred to another hospital (12)
- *'Other'* includes patients who were dead on arrival (8) or patients who departed for another clinical service location (9). Attendances with missing mode of separation are also included in this cohort.

Presentation time

Presentation time is the earlier of the following fields in the emergency visit database of the HIE:

- **Arrival time:** the date and time on which the person is recorded in the system as presenting for the service
- **Triage time:** the date and time on which the person is recorded in the system as being assessed by a triage nurse.

If triage time is more than 12 hours before arrival time, then the triage time field is considered an error and presentation time is set equal to arrival time.

Treatment time

Treatment time is the earlier of the following fields in the ED visit database of the HIE:

- **First seen by clinician time:** the date and time on which the person is first seen by a medical officer and has a physical examination / treatment performed that is relevant to their presenting problem(s)
- **First seen by nurse time:** the date and time at which the person is first seen by a nurse and has an assessment / treatment performed that is relevant to their presenting problem(s).

If either *'first seen by clinician time'* or *'first seen by nurse time'* is more than 12 hours before presentation time or more than 31 days after presentation time, then that field is considered an error and is excluded from calculations. If both *'first seen by clinician time'* and *'first seen by nurse time'* are more than 12 hours before presentation time or more than 31 days after presentation time, then treatment time for that record is considered an error and excluded from calculations. If treatment time is earlier than presentation time, but 12 hours or less before presentation time, then time from presentation until treatment is set to zero.

Departure time

Departure time is the date and time at which the person leaves the ED as recorded in the actual departure time field in the emergency visit database in the HIE. If departure time is more than 12 hours before presentation time or more than 31 days after presentation time, then that departure time field is considered an error and is excluded from calculation. If departure time is before presentation time by 12 hours or less, then time from presentation until leaving the ED is set to zero.

Time from presentation until treatment

Time from presentation until treatment is the difference between presentation time and treatment time. Time from presentation is reported by triage category for emergency attendances. Records with an ED visit type of emergency (1), unplanned return visit for a continuing condition (3) and disaster (11) are included.

If treatment time is more than 12 hours before presentation time or more than 31 days after presentation time, then that time from presentation until treatment is considered an error and is excluded from calculations. If treatment time is before presentation time by 12 hours or less, then time from presentation until treatment is set to zero.

Time from presentation until leaving

Time from presentation until leaving the ED is the difference between presentation time and departure time. Records that do not have a valid departure time are excluded from calculations.

If departure time is more than 12 hours before presentation time or more than 31 days after presentation time, then that time from presentation until leaving is considered an error and is excluded from calculations. If departure time is before presentation time by 12 hours or less, then time from presentation until leaving is set to zero.

Median

The median is the midpoint of the waiting times distribution. This measure is used in *Hospital Quarterly* to describe time from presentation until treatment and time from presentation until leaving the ED. The median is the time by which half of patients started treatment or left the ED. The other half of patients took equal to or longer than this time. The Bureau uses the data for each patient and the empirical distribution function with averaging to compute the median in SAS^{®3}. Results are rounded to the nearest whole minute for reporting.

95th percentile

The 95th percentile is a statistical measure of the waiting time distribution. It is used in *Hospital Quarterly* to describe time from presentation until treatment, and time from presentation until leaving the ED. The 95th percentile is the time by which 95% of patients started treatment or left the ED. The final 5% of patients took equal to or longer than this time. The Bureau uses the data for each patient and the empirical distribution function with averaging to compute the 95th percentile in SAS^{®3}. Results are rounded to the nearest whole minute for reporting.

Percentage of patients who left the ED within four hours of presentation by quarter

The time series graph in *Hospital Quarterly* shows the percentage of patients who left the ED within 4 hours of presentation by quarter. Records that do not have a valid departure time are excluded from calculation.

If departure time is more than 12 hours before presentation time or more than 31 days after presentation time, then that time from presentation until leaving is considered an error and is excluded from calculations. If departure time is before presentation time by 12 hours or less, then time from presentation until leaving is set to zero.

Arrivals by ambulance and Off Stretcher Time

Ambulance arrivals is the count of all cases used for calculation of the off stretcher performance measure. It includes all emergency and priority medical patients transported by ambulance and delivered to an ED.

Off Stretcher Time (OST) is the time in minutes between the time of arrival of an emergency patient by ambulance and the time they are transferred to the care of the ED. The OST performance measure is reported as a percentage of all patients arriving by ambulance that are transferred within 30 minutes. The denominator is all off-stretcher cases. The numerator is all patients arriving by ambulance who were transferred to the care of an ED within 30 minutes of arrival at the ED.

Data for these measures is provided by the Ambulance Service of NSW, which records the time of transfer as entered by ambulance officers using a dashboard console.

The NSW target requires 90% of patients arriving by ambulance to be transferred to the care of the ED within 30 minutes of arrival.

Percentage of patients who received treatment by time

The distribution curve in *Hospital Quarterly* shows the cumulative percentage of emergency attendances by minutes from presentation until treatment by triage category. The cumulative percentage is computed by summing the proportions of patients whose treatment started in one minute intervals of time elapsed since presentation within each triage category. Emergency patients who received treatment are patients with visit type = 1, 3 or 11 and mode of separation = 1, 2, 3, 4, 5, 7, 10, 11, 12 and 13. This cohort only includes patients who had a valid triage category and treatment time.

Treatment times which are more than 12 hours before presentation time or more than 31 days after presentation time are considered as errors and are excluded from calculations. If treatment time is 12 hours or less before presentation time then time from presentation until treatment is set to zero.

If the cumulative distribution does not reach 100%, it indicates that some patients in that triage category waited longer than the maximum time shown on the horizontal axis for their treatment to start.

Percentage of patients who left the ED by time

The distribution curve in *Hospital Quarterly* shows the cumulative percentage of attendances by the number of hours from presentation until leaving the ED. The cumulative percentage is computed by summing the proportions of patients left the ED in one minute intervals of time elapsed since presentation. Records that do not have a valid departure time are excluded from calculation. Departure times which are before presentation time or more than 31 days after presentation time are considered as errors and are excluded from calculation.

If departure time is more than 12 hours before presentation time or more than 31 days after presentation time, then that time from presentation until leaving is considered an error and is excluded from calculations. If departure time is before presentation time by 12 hours or less, then time from presentation until leaving is set to zero.

If the cumulative distribution does not reach 100%, it indicates that some patients waited longer than the maximum time shown on the horizontal axis to leave the ED.

Percentage of patients who left ED by time and mode of separation

The distribution curve in *Hospital Quarterly* shows the cumulative percentage of attendances by the number of hours from presentation until leaving the ED by mode of separation. The cumulative percentage is computed by summing the proportions of patients who left the ED in one minute intervals of time elapsed since presentation for each mode of separation. Records that do not have a valid departure time are excluded from calculation. Departure times

which are before presentation time or more than 31 days after presentation time are considered as errors and are excluded from calculation.

If departure time is more than 12 hours before presentation time or more than 31 days after presentation time, then that time from presentation until leaving is considered an error and is excluded from calculations. If departure time is before presentation time by 12 hours or less, then time from presentation until leaving is set to zero.

If the cumulative distribution does not reach 100%, it indicates that some patients in that mode of separation waited longer than the maximum time shown on the horizontal axis of the graph to leave the ED.

Time from presentation until treatment by quarter

The time series graph in *Hospital Quarterly* shows the median and 95th percentile of minutes from presentation until treatment for emergency patients who received treatment by quarter for each triage category. Emergency patients who received treatment are patients with visit type = 1, 3 or 11 and mode of separation = 1, 2, 3, 4, 5, 7, 10, 11, 12 and 13. This cohort only includes patients who had a valid triage category and treatment time.

Treatment times which are more than 12 hours before presentation or more than 31 days after presentation are considered as errors and are excluded from calculations. If treatment time is 12 hours or less before presentation time then time from presentation until treatment is set to zero.

Time from presentation until leaving the ED by quarter

The time series graph in *Hospital Quarterly* shows the median and 95th percentile of hours from presentation until leaving the ED by quarter. Records that do not have a valid departure time are excluded from calculations.

If departure time is more than 12 hours before presentation time or more than 31 days after presentation time, then that time from presentation until leaving is considered an error and is excluded from calculations. If departure time is before presentation time by 12 hours or less, then time from presentation until leaving is set to zero.

Appendix

Appendix table 1: Emergency departments added to *Hospital Quarterly* since October to December 2007

First included in <i>Hospital Quarterly</i>	First quarter of data starts	Emergency department	Local health district	Peer group
October to December 2011	October to December 2010	Bega District Hospital*	Southern NSW	C1
July to September 2012	July to September 2011	Ballina District Hospital	Northern NSW	C2
July to September 2012	July to September 2011	Casino and District Memorial Hospital	Northern NSW	C2
July to September 2012	July to September 2011	Maclean District Hospital	Northern NSW	C2
July to September 2012	July to September 2011	Bateman's Bay District Hospital	Southern NSW	C2
July to September 2012	July to September 2011	Moruya District Hospital	Southern NSW	C2

(*) Bega District ED underwent a reporting system change during July to September 2010. Starting with *Hospital Quarterly, October to December 2011*, attendance counts are included in activity measures for NSW, Peer group C1 and SNSWLHD from July to September 2010, and times are included in performance measures for NSW, Peer group C1 and SNSWLHD from October to December 2010.

Appendix table 2: Effect on attendances of including additional emergency departments in *Hospital Quarterly* since October to December 2007, by local health district

	Total EDs included	Attendances		
		Total emergency attendances	Attendances for additional EDs	Change in total attendances (%)
New South Wales				
October to December 2007	90	484,660		
January to March 2008	90	479,601		
April to June 2008	90	464,369		
July to September 2008	90	482,213		
October to December 2008	90	481,954		
January to March 2009	90	473,998		
April to June 2009	90	489,521		
July to September 2009	90	505,199		
October to December 2009	90	502,351		
January to March 2010	90	496,051		
April to June 2010	90	484,252		
July to September 2010	91	498,726	2,817	0.6%
October to December 2010	91	526,706	3,032	0.6%
January to March 2011	91	514,847	3,402	0.7%
April to June 2011	91	501,582	3,944	0.8%
July to September 2011	96	529,124	18,095	3.5%
October to December 2011	96	545,182	19,278	3.7%
January to March 2012	96	544,469	19,135	3.6%
April to June 2012	96	549,972	18,586	3.5%
July to September 2012	96	548,551	18,441	3.5%
October to December 2012	96	561,014	19,596	3.6%
Northern New South Wales Local Health District (NNSWLHD)				
October to December 2007	6	27,574		
January to March 2008	6	26,833		
April to June 2008	6	25,315		
July to September 2008	6	26,743		
October to December 2008	6	26,970		
January to March 2009	6	26,067		
April to June 2009	6	25,021		
July to September 2009	6	28,133		
October to December 2009	6	27,497		
January to March 2010	6	26,889		
April to June 2010	6	25,905		
July to September 2010	6	26,328		
October to December 2010	6	26,778		
January to March 2011	6	26,313		
April to June 2011	6	26,609		
July to September 2011	9	38,949	9,447	32.0%
October to December 2011	9	40,591	9,618	31.1%

	Total EDs included	Attendances		
		Total emergency attendances	Attendances for additional EDs	Change in total attendances (%)
January to March 2012	9	39,439	9,402	31.3%
April to June 2012	9	39,275	9,612	32.4%
July to September 2012	9	39,789	9,293	30.5%
October to December 2012	9	42,064	9,957	31.0%

Southern New South Wales Local Health District (SNSWLHD)				
October to December 2007	1	3,897		
January to March 2008	1	3,715		
April to June 2008	1	3,753		
July to September 2008	1	3,776		
October to December 2008	1	4,022		
January to March 2009	1	3,950		
April to June 2009	1	3,962		
July to September 2009	1	4,169		
October to December 2009	1	4,124		
January to March 2010	1	3,978		
April to June 2010	1	†		
July to September 2010	2	7,081	2,787	64.9%
October to December 2010	2	7,584	2,973	64.5%
January to March 2011	2	7,393	3,117	72.9%
April to June 2011	2	6,779	2,824	71.4%
July to September 2011	4	12,884	8,648	204.2%
October to December 2011	4	13,991	9,660	223.0%
January to March 2012	4	13,956	9,733	230.5%
April to June 2012	4	13,176	8,974	213.6%
July to September 2012	4	13,248	9,148	223.1%
October to December 2012	4	13,736	9,639	235.3%

(†) Due to the implementation of a new electronic information system in this emergency department during the April to June 2010 quarter, the data for this hospital are not considered reliable enough to display (see *Hospital Quarterly Background Paper: Approaches to reporting time measures of emergency department performance, Addendum June 2012* for more information).

Appendix table 3: Effect on performance against the National Emergency Access Target (NEAT) of including additional emergency departments in *Hospital Quarterly* since October to December 2007, by local health district

% leaving the ED within 4 hours (Target 69%)

	Total EDs included (%)	Additional EDs (%)	Change (percentage points)
New South Wales			
October to December 2007	66.6%		
January to March 2008	66.4%		
April to June 2008	64.6%		
July to September 2008	62.1%		
October to December 2008	64.8%		
January to March 2009	64.0%		
April to June 2009	62.5%		
July to September 2009	59.0%		
October to December 2009	61.0%		
January to March 2010	61.6%		
April to June 2010	59.9%		
July to September 2010	57.5%		
October to December 2010	58.8%	81.1%	0.1%
January to March 2011	58.7%	76.3%	0.1%
April to June 2011	58.5%	73.8%	0.1%
July to September 2011	56.6%	80.2%	1.0%
October to December 2011	59.0%	80.6%	0.9%
January to March 2012	60.2%	81.9%	0.8%
April to June 2012	58.9%	80.1%	0.8%
July to September 2012	57.7%	77.4%	0.7%
October to December 2012	63.6%	79.3%	0.6%
Northern New South Wales Local Health District (NNSWLHD)			
October to December 2007	75.3%		
January to March 2008	75.4%		
April to June 2008	75.1%		
July to September 2008	71.8%		
October to December 2008	78.2%		
January to March 2009	76.8%		
April to June 2009	65.2%		
July to September 2009	63.3%		
October to December 2009	64.9%		
January to March 2010	63.8%		
April to June 2010	65.5%		
July to September 2010	64.6%		
October to December 2010	61.8%		
January to March 2011	59.4%		
April to June 2011	57.6%		
July to September 2011	66.6%	82.1%	5.3%

% leaving the ED within 4 hours (Target 69%)

	Total EDs included (%)	Additional EDs (%)	Change (percentage points)
October to December 2011	71.0%	84.6%	4.5%
January to March 2012	70.1%	85.7%	5.2%
April to June 2012	70.4%	83.2%	4.3%
July to September 2012	69.4%	78.5%	2.9%
October to December 2012	72.5%	81.8%	2.9%

Southern New South Wales Local Health District (SNSWLHD)

October to December 2007	91.8%		
January to March 2008	93.4%		
April to June 2008	92.5%		
July to September 2008	90.9%		
October to December 2008	90.8%		
January to March 2009	90.9%		
April to June 2009	88.6%		
July to September 2009	87.5%		
October to December 2009	86.8%		
January to March 2010	85.8%		
April to June 2010	†	†	†
July to September 2010	79.0%	77.8%	0.0%
October to December 2010	79.9%	81.4%	1.0%
January to March 2011	77.1%	76.0%	-0.8%
April to June 2011	77.4%	81.7%	3.0%
July to September 2011	75.4%	78.1%	5.2%
October to December 2011	75.0%	76.4%	2.9%
January to March 2012	75.8%	77.9%	4.6%
April to June 2012	73.2%	76.6%	7.0%
July to September 2012	73.5%	76.3%	5.9%
October to December 2012	74.4%	76.6%	4.9%

(†) Due to the implementation of a new electronic information system in this emergency department during the April to June 2010 quarter, the data for this hospital are not considered reliable enough to display (see *Hospital Quarterly Background Paper: Approaches to reporting time measures of emergency department performance, Addendum June 2012* for more information).

Appendix table 4: Effect on waiting times to treatment (minutes) of including additional emergency departments in *Hospital Quarterly, October to December 2012*, by local health district

	Median time to start treatment			95th percentile time to start treatment		
	Total EDs included	Additional EDs	Change in median time to start treatment	Total EDs included	Additional EDs	Change in 95th percentile time to start treatment
New South Wales						
Triage 2	8	8	0	33	43	0
Triage 3	21	23	0	111	107	0
Triage 4	29	37	0	156	167	1
Triage 5	27	35	1	149	181	2
Northern New South Wales Local Health District (NNSWLHD)						
Triage 2	7	7	0	32	37	2
Triage 3	20	22	1	96	98	1
Triage 4	29	36	3	149	164	3
Triage 5	27	28	0	150	153	0
Southern New South Wales Local Health District (SNSWLHD)						
Triage 2	10	9	-1	52	50	-1
Triage 3	26	24	-6	120	115	-6
Triage 4	41	38	-8	181	169	-13
Triage 5	39	40	11	190	198	45

Appendix table 5: Effect on time to leaving the ED (hours, minutes) of including additional emergency departments in *Hospital Quarterly, October to December 2012*, by local health district

	Median time to leaving the ED			95th percentile time to leaving the ED		
	Total EDs included	Additional EDs	Change in median time to leaving the ED	Total EDs included	Additional EDs	Change in 95th percentile time to leaving the ED
New South Wales						
October to December 2012	3h 6m	2h 0m	-2m	11h 13m	7h 24m	-8m
Northern New South Wales Local Health District (NNSWLHD)						
October to December 2012	2h 19m	1h 53m	-11m	10h 20m	7h 9m	-1h 5m
Southern New South Wales Local Health District (SNSWLHD)						
October to December 2012	2h 19m	2h 10m	-20m	8h 0m	7h 43m	-27m

References

1. Australian Institute of Health and Welfare. METeOR Metadata Online Registry. [Emergency department stay – presentation time, hmmm](#). [online] [cited 28 May 2012]. Available from www.meteor.aihw.gov.au/content/index.phtml/itemId/471889
2. Australian Government Department of Health and Ageing. National Health Reform. [National Partnership Agreement on Improving Public Hospital Services](#). [online] [cited 28 May 2012]. Available from www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/npa-improvingpublichospitals-agreement-toc
3. SAS Institute. [The SAS System for Windows, version 9.2](#) Cary (NC): SAS Institute 2005.

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

The suite of products includes:

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



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

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

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State Health Publication Number: (BHI) 130006
ISSN 1838-3238

Suggested citation: Bureau of Health Information.
Hospital Quarterly Technical Supplement: Emergency department measures, October to December 2012. Sydney (NSW); 2013.

Published March 2013

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