

Hospital Quarterly

Activity and performance in NSW public hospitals

July to September 2016



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

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Changes in data coverage and analytic methods from quarter to quarter mean that figures published in this document are superseded by subsequent reports.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

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

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Introduction

Every day around 25,000 people receive care in the NSW public hospital system. *Hospital Quarterly* is a series of regular reports that tracks services provided to the people of NSW and the timeliness with which they are provided.

The *Hospital Quarterly* report is structured into two main sections. The first section describes measures of hospital activity and the second describes measures of hospital performance. Activity measures are used to describe the volume and type of services provided, while performance measures are used to describe the timeliness of service provision.

Within the section on activity, data are provided for emergency department (ED) presentations; hospital admissions; and elective surgical procedures (Figure i). Within the section on performance, data are provided for ED presentations and elective surgical procedures (Figure ii).

Hospital Quarterly appendix tables provide information about activity and performance in NSW public hospitals at a state, local health district (LHD), peer group and individual hospital level. Additional and comparative information about activity and performance in NSW public hospitals is available on the BHI interactive data portal, Healthcare Observer, at bhi.nsw.gov.au/healthcare_observer

About the data

The data used in *Hospital Quarterly* are transmitted by the state's hospitals to centralised data warehouses administered by the NSW Ministry of Health. Hospital admission and ED data in this report were extracted from the NSW Health Information Exchange (HIE) on 19 October 2016. Elective surgery data were extracted from the

Waiting List Collection On-line System (WLCOS) on 17 October 2016.

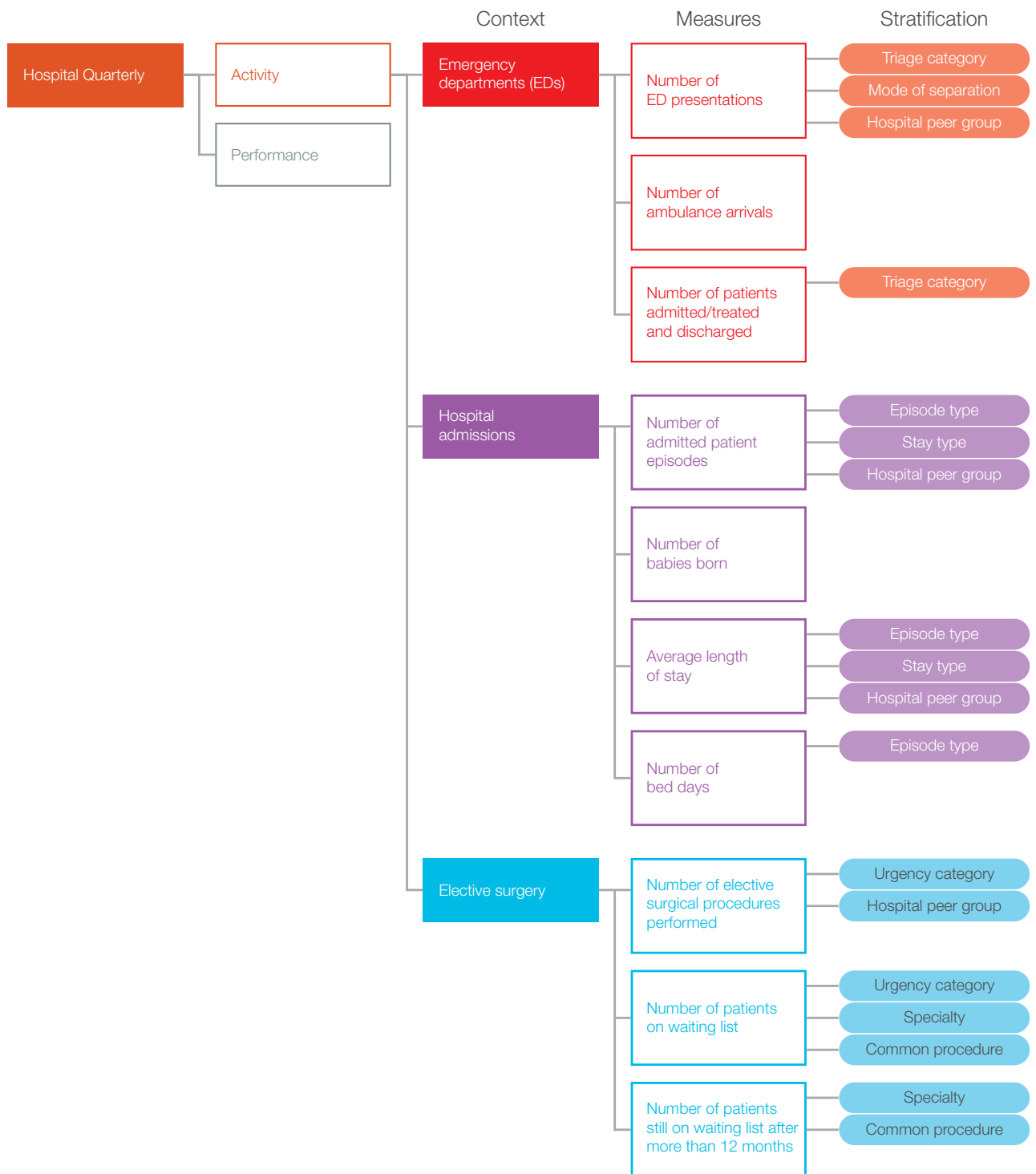
ED data are drawn from the Emergency Department Data Collection (EDDC). While not all EDs have systems in place to supply records to the EDDC, data coverage has increased over time. The ED data in this report cover 131 facilities for which consistent data have been reported to the EDDC for at least five quarters. These account for approximately 98% of all records in the EDDC and approximately 95% of ED presentations in NSW.

Hospital Quarterly reports on the percentage of patients who spent four hours or less in the ED. Due to differences in data definitions, period of reporting and the number of hospitals included, results are not directly comparable to figures reported by the NSW Ministry of Health or the Commonwealth, in relation to time spent in the ED. For more information refer to the technical supplements section of the BHI website at bhi.nsw.gov.au

Hospital admission data includes hospitalisations in public hospitals, privately managed hospitals contracted to supply services for public patients, public multi-purpose services, and public psychiatric hospitals. Non-admitted patients (including community residential care), organ donors (posthumously admitted), and hospital boarders are not included in these data. Newborn babies who are aged nine days or less at the time of admission and who do not require treatment for health problems are also not included in these data.

Elective surgery data include procedures performed during the quarter, and patients on the waiting list to receive surgery at the end of the quarter.

Figure i Hospital activity measures included in this report



About the measures

Hospital Quarterly uses a number of measures to report activity and performance in NSW public hospitals (Figures i and ii). Where the focus is on measuring activity, numbers and percentages are commonly used. Where the focus is on measuring performance in terms of timeliness of care (for example, waiting times for treatment in the ED or for elective surgery), the median and 90th or 95th percentile times are used:

- Median times are the times by which half of patients, for example, had their treatment start – the remaining half took equal to or longer than this time
- 90th percentile times indicate the time by which 90% of patients received elective surgery – in other words, one in 10 patients waited longer than this time
- 95th percentile times indicate the time by which 95% of patients, for example, had their treatment started – that is, one in 20 patients waited longer than this time.

Timeliness is also reported using the percentage of patients who received care within a defined time period, for example, the percentage of patients who arrived by ambulance that had their care transferred within 30 minutes.

About the analyses

The data specifications and analytic methods used for *Hospital Quarterly* are described in the technical supplements section of the BHI website at bhi.nsw.gov.au

Hospital Quarterly includes a number of commonly used terms and classifications to describe activity and performance across EDs, hospital admissions and elective surgery. These are described in Table 4 (page 55).

Making direct comparisons of activity and performance between hospitals is not straightforward. For valid comparisons to be made it is important to consider similar hospitals together. To do this, *Hospital Quarterly* uses a NSW Health classification system called ‘hospital peer groups’ as the basis for comparison (Table 1). An index of NSW public hospitals by LHD and hospital peer group can be found on page 59 of this report.

Urgency categories should also be considered in making fair comparisons in activity and performance across EDs and for elective surgery. See Table 4 (page 55) for a description of ED triage categories and elective surgery urgency categories.

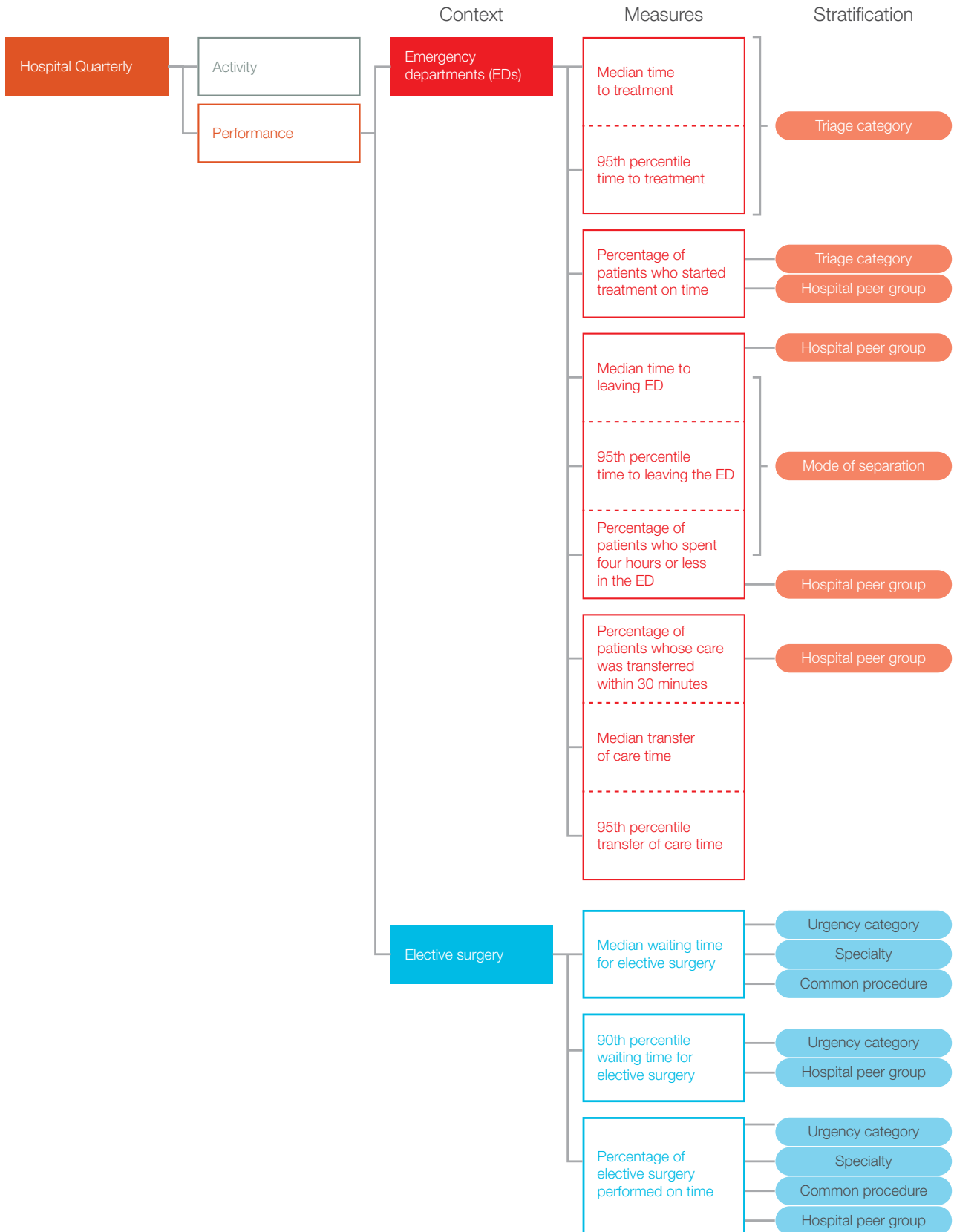
Hospital Quarterly compares this quarter’s results with the same quarter in previous years, to take into account seasonal effects on hospital activity and performance.

Table 1 **NSW public hospital peer groups**

Peer group	Name	Description
A1	Principal referral	Very large hospitals providing a broad range of services, including specialised units at a state or national level.
A2	Paediatric specialist	Specialist hospitals for children and young people.
A3	Ungrouped acute – tertiary referral	Major specialist hospitals that are not similar enough to any other peer group to be classified with them.
B	Major	Large metropolitan and non-metropolitan hospitals.
C1	District group 1	Medium sized hospitals treating between 5,000–10,000 patients each year.
C2	District group 2	Smaller hospitals typically in rural locations.

Figure ii

Hospital performance measures included in this report



Key findings

Hospital activity measures – July to September 2016

How many people presented to NSW emergency departments?

Compared with the same quarter last year:

- 3,905 more patients presented to NSW emergency departments (EDs) (652,749 presentations in total; up 0.6%). Most (96.8%) were unplanned (emergency presentations).
- There was an increase in more urgent presentations with 224 more patients in triage category 1 (up 5.0%) and 4,086 more in triage category 2 (up 5.4%). There were 10,044 more patients in triage category 3 (up 4.7%), 4,207 fewer in triage category 4 (down 1.6%) and 3,209 fewer in triage category 5 (down 5.1%)
- There was an increase of 810 in the number of patients who arrived by ambulance (148,924 in total; up 0.5%).

Where did patients go after the emergency department?

Compared with the same quarter last year:

- 6,084 fewer patients were treated and discharged (398,035 in total; down 1.5%)
- 11,963 more patients were treated and admitted to hospital (193,255 in total; up 6.6%)
- 5,124 fewer patients left without, or before completing, treatment (33,787 in total; down 13.2%)
- 17 more patients were transferred to another hospital (13,603 in total; up 0.1%).

How many patients were admitted to public hospitals?

Compared with the same quarter last year:

- 19,893 more admitted patient episodes were recorded (494,782 in total; up 4.2%). Most (95.9%) were acute care episodes.
- 11,495 more bed days were recorded (1,776,337 in total; up 0.7%), and 3,640 more acute bed days (1,470,621 in total; up 0.2%)

- The average length of stay for an acute overnight admitted patient episode was 0.2 days shorter (4.9 days)
- There were 282 more babies born in NSW public hospitals (18,549 babies in total; up 1.5%).

How many elective surgical procedures were performed?

Compared with the same quarter last year:

- 1,683 more elective surgical procedures were performed (58,076 procedures in total; up 3.0%). This included:
 - 261 more procedures categorised as urgent (12,668 in total; up 2.1%)
 - 79 more procedures categorised as semi-urgent (18,428 in total; up 0.4%)
 - 1,220 more procedures categorised as non-urgent (24,257 in total; up 5.3%)
 - 123 more procedures categorised as staged (2,723 in total; up 4.7%).

How many patients were on the waiting list for elective surgery?

Compared with the same quarter last year:

- 187 more people were ready for surgery and on the elective surgery waiting list at the end of the quarter (73,430 in total; up 0.3%). Of these:
 - 1,657 people (2.3%) were waiting for urgent surgery
 - 11,910 (16.2%) were waiting for semi-urgent surgery
 - 59,863 (81.5%) were waiting for non-urgent surgery.

Of the 73,430 patients ready for surgery and on the elective surgery waiting list at the end of the quarter, 22.1% (16,255 patients) had been on the list for less than or equal to one month (30 days).

Table 2 provides a summary of NSW public hospital activity measures for July to September 2016.

Table 2

Summary of NSW public hospital activity measures, July to September 2016

Emergency department activity		July to September 2016	July to September 2015	Difference	% change
All arrivals at NSW EDs by ambulance		148,924	148,114	810	0.5%
All ED presentations		652,749	648,844	3,905	0.6%
Emergency presentations		632,064	625,126	6,938	1.1%
Emergency presentations by triage category					
Triage category	T1: Resuscitation	4,667	4,443	224	5.0%
	T2: Emergency	80,253	76,167	4,086	5.4%
	T3: Urgent	224,287	214,243	10,044	4.7%
	T4: Semi-urgent	263,655	267,862	-4,207	-1.6%
	T5: Non-urgent	59,202	62,411	-3,209	-5.1%
Admissions to hospital from NSW EDs		193,255	181,292	11,963	6.6%
Admitted patient activity		July to September 2016	July to September 2015	Difference	% change
All admitted patient episodes		494,782	474,889	19,893	4.2%
All acute episodes		474,781	455,360	19,421	4.3%
Overnight episodes		257,249	248,338	8,911	3.6%
Same-day episodes		217,532	207,022	10,510	5.1%
Non-acute episodes		20,001	19,529	472	2.4%
Average length of stay (days)	All acute episodes	3.1	3.2	-0.1	
	Acute overnight episodes	4.9	5.1	-0.2	
	Non-acute episodes	15.3	15.3	0.0	
Hospital bed days	All bed days	1,776,337	1,764,842	11,495	0.7%
	Acute bed days	1,470,621	1,466,981	3,640	0.2%
	Non-acute bed days	305,716	297,861	7,855	2.6%
Babies born in NSW public hospitals		18,549	18,267	282	1.5%
Elective surgery activity		July to September 2016	July to September 2015	Difference	% change
Elective surgical procedures performed		58,076	56,393	1,683	3.0%
Urgency category	Urgent surgery	12,668	12,407	261	2.1%
	Semi-urgent surgery	18,428	18,349	79	0.4%
	Non-urgent surgery	24,257	23,037	1,220	5.3%
Patients on waiting list ready for elective surgery at end of quarter		73,430	73,243	187	0.3%
Urgency category	Urgent surgery	1,657	1,689	-32	-1.9%
	Semi-urgent surgery	11,910	12,235	-325	-2.7%
	Non-urgent surgery	59,863	59,319	544	0.9%

Key findings

Hospital performance measures – July to September 2016

How long did patients wait for ED treatment?

Compared with the same quarter last year:

- The percentage of patients whose care was transferred from ambulance to ED staff within 30 minutes was 89.2% (up 7.0 percentage points)
- The median times from presentation to starting treatment decreased across all triage categories. For categories 3 and 4, the 95th percentile times decreased by 16 and 17 minutes respectively.
- The percentage of patients whose treatment started on time was 73.5% (up 2.6 percentage points). This included: 64.9% of patients in triage category 2 (up 2.7 percentage points), 68.2% in triage 3 (up 3.5 percentage points), 77.1% in triage 4 (up 3.0 percentage points), and 92.9% in triage 5 (up 1.0 percentage points).
- In 52 out of 75 hospitals, there was an increase in the percentage of patients whose treatment started on time. For 17 hospitals, the increase was more than five percentage points. Of these, for three hospitals, the increase was more than 10 percentage points.
- In 22 hospitals, the percentage of patients whose treatment started on time decreased. For five hospitals, the decrease was more than five percentage points. Of these, for two hospitals, the decrease was more than 10 percentage points.

How long were patients in the ED?

Compared with the same quarter last year:

- The median time patients spent in the ED decreased by two minutes (to two hours and 50 minutes) and the 95th percentile time decreased by 48 minutes (to 10 hours and 43 minutes)
- There was an increase in the percentage of patients who spent four hours or less in the ED (71.5%; up 1.4 percentage points)

- The percentage of patients who spent four hours or less in the ED increased in 45 out of 75 hospitals. For nine hospitals, the increase was more than five percentage points. Of these, for one hospital, the increase was more than 10 percentage points.
- The percentage who spent four hours or less in the ED decreased in 28 hospitals. For five hospitals, the decrease was more than five percentage points. Of these, for one hospital, the decrease was more than 10 percentage points.

How long did patients wait for elective surgery?

Compared with the same quarter last year:

- Median waiting times for urgent, semi-urgent and non-urgent elective surgery each decreased by one day (to 10, 44 and 220 days respectively)
- The 90th percentile waiting time for urgent surgery was unchanged, while the 90th percentile waiting time for semi-urgent and non-urgent surgery decreased by one and three days (to 82 and 353 days respectively).

Was elective surgery performed on time?

Compared with the same quarter last year:

- The percentage of elective surgical procedures performed within recommended timeframes was 97.9% (up 1.0 percentage point). This included:
 - 99.8% of urgent surgery (up 0.1 percentage points)
 - 98.0% of semi-urgent surgery (up 0.9 percentage points)
 - 96.9% of non-urgent surgery (up 1.8 percentage points).
- In 28 out of 79 hospitals, the percentage of elective surgical procedures performed on time increased. For eight hospitals, the increase was more than five percentage points. Of these, for

two hospitals, the increase was more than 15 percentage points.

- In 26 hospitals, the percentage of elective surgical procedures performed on time decreased. For one hospital, the decrease was more than five percentage points.
- Among specialties, vascular surgery and medical (non-specialist) surgery had the highest percentage of procedures performed on time (99.3% and 99.1% respectively). Ear, nose and

throat surgery and neurosurgery had the lowest (95.8% and 96.5% respectively).

- Among common procedures, hysteroscopy and cystoscopy had the highest percentage of procedures performed on time (99.1% and 99.0%). Myringoplasty/tympanoplasty and myringotomy had the lowest (83.1% and 92.3% respectively).

Table 3 provides a summary of NSW public hospital performance measures for July to September 2016.

Table 3 Summary of NSW public hospital performance measures, July to September 2016

Emergency department performance			July to September 2016	July to September 2015	Difference	
Percentage of patients whose care was transferred within 30 minutes			89.2%	82.2%	+7.0 percentage points	
Time to treatment by triage category	T2: Emergency	Median	8 mins	9 mins	-1 mins	
		95th percentile	41 mins	45 mins	-4 mins	
	T3: Urgent	Median	21 mins	22 mins	-1 mins	
		95th percentile	103 mins	119 mins	-16 mins	
	T4: Semi-urgent	Median	27 mins	29 mins	-2 mins	
		95th percentile	139 mins	156 mins	-17 mins	
	T5: Non-urgent	Median	24 mins	25 mins	-1 mins	
		95th percentile	138 mins	146 mins	-8 mins	
	All patients			73.5%	70.9%	+2.6 percentage points
	Percentage of patients whose treatment started on time	T2: Emergency		64.9%	62.2%	+2.7 percentage points
T3: Urgent		68.2%	64.7%	+3.5 percentage points		
T4: Semi-urgent		77.1%	74.1%	+3.0 percentage points		
T5: Non-urgent		92.9%	91.9%	+1.0 percentage points		
Median time spent in the ED			2h 50m	2h 52m	-2 mins	
95th percentile time spent in the ED			10h 43m	11h 31m	-48 mins	
Percentage of patients who spent four hours or less in the ED			71.5%	70.1%	+ 1.4 percentage points	

Elective surgery performance			July to September 2016	July to September 2015	Difference
Waiting time (days)	Urgent	Median	10 days	11 days	-1 day
		90th percentile	26 days	26 days	unchanged
	Semi-urgent	Median	44 days	45 days	-1 day
		90th percentile	82 days	83 days	-1 day
	Non-urgent	Median	220 days	221 days	-1 day
		90th percentile	353 days	356 days	-3 day
Percentage of elective surgical procedures performed on time	All procedures		97.9%	96.9%	+1.0 percentage points
	Urgent surgery		99.8%	99.7%	+0.1 percentage points
	Semi-urgent surgery		98.0%	97.1%	+0.9 percentage points
	Non-urgent surgery		96.9%	95.1%	+1.8 percentage points

Hospital activity measures

Key findings – July to September 2016

Compared with the same quarter last year...

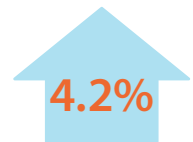
3,905

more emergency department presentations
652,749 presentations in total



19,893

more people admitted to hospital
494,782 admissions in total



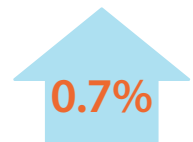
1,683

more elective surgical procedures performed
58,076 elective surgical procedures in total



11,495

more bed days of care provided
1,776,337 bed days in total



810



0.5%

more patients arrived at the ED by ambulance
148,924 arrivals in total

282



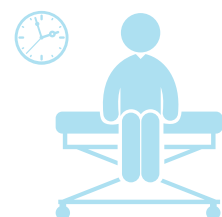
1.5%

more babies born
18,549 babies born in total

The average length of stay for all acute overnight admissions was

4.9 days

down 0.2 days compared with the same quarter last year



NSW emergency departments

This section provides information about patients who presented to emergency departments, ambulance arrivals, how urgently patients required care (triage category) and where they went after leaving the emergency department (mode of separation).

NSW emergency department patients and ambulance arrivals	11
Patients who left the emergency department by mode of separation	13

NSW hospital admissions

This section provides information about the number and type of hospital admissions (admitted patient episodes), number of babies born, average length of stay and number of bed days provided.

Hospital admissions and babies born	15
Hospital bed days	17
Average length of stay	17

NSW elective surgery

This section provides information about the number of elective surgical procedures performed, how urgently patients required surgery and the number of patients on the elective surgery waiting list.

Elective surgery performed by urgency category	19
Elective surgery waiting list	21

How many people presented to NSW emergency departments?

During the July to September 2016 quarter, a total of 652,749 people presented to NSW public hospital emergency departments (EDs), an increase of 0.6% compared with the same quarter last year. Almost all were emergency presentations (632,064 patients or 96.8%) (Figure 1). The remaining 20,685 patients presented to ED for non-emergency reasons such as a planned return visit, or a planned hospital admission.

There was an increase in the number of ED presentations across triage categories 1, 2 and 3. The largest increase in numbers was in triage category 3 (10,044 more patients; up 4.7%) and triage category 2 (4,086 more patients; up 5.4%). There was a 5.0% increase in triage category 1 (224 more patients), and decreases of 1.6% and 5.1% in triage categories 4 and 5 (4,207 and 3,209 fewer patients, respectively) (Figure 1).

There has been a 20.8% increase in the number of emergency presentations over the past five years, from 523,209 in the July to September 2011 quarter to 632,064 this quarter (Figure 2).

The number of presentations increased this quarter in 44 out of 75 NSW hospital EDs. Of these, 11 had an increase of more than 5%, including six that had an increase of more than 10%. Conversely, 30 hospitals had a decrease in the number of ED presentations this quarter, including 10 that had a decrease of more than 5%. Of these, five hospitals had a decrease of more than 10%. Hospitals identified in Figure 3 had more than 5,000 ED presentations this quarter and more than a 5% change in the number of presentations compared with the same quarter last year.

This quarter, there were 148,924 ED patients who arrived by ambulance, an increase of 0.5% compared with the same quarter last year (Figure 1).

A small number of patients visit the ED for routine care, or as an entry point for planned admission to the hospital. The majority of ED visits however, are unplanned 'emergency' presentations.

Figure 1 Emergency department presentations and ambulance arrivals at NSW emergency departments, July to September 2016

	This quarter	Same quarter last year	Change since one year ago
All presentations	652,749	648,844	0.6%
Emergency presentations by triage category	632,064	625,126	1.1%
Triage 1: Resuscitation	4,667	4,443	5.0%
Triage 2: Emergency	80,253	76,167	5.4%
Triage 3: Urgent	224,287	214,243	4.7%
Triage 4: Semi-urgent	263,655	267,862	-1.6%
Triage 5: Non-urgent	59,202	62,411	-5.1%
Ambulance arrivals	148,924	148,114	0.5%

Figure 2 Emergency presentations and ambulance arrivals at NSW emergency departments, July 2011 to September 2016

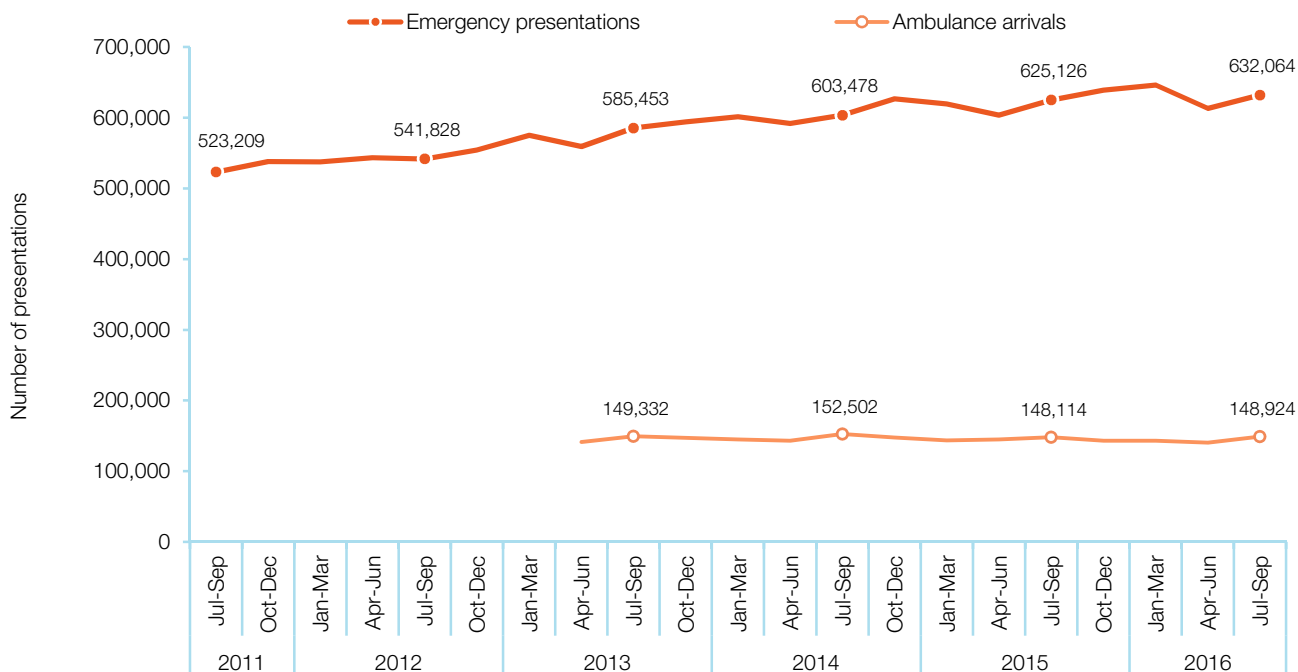
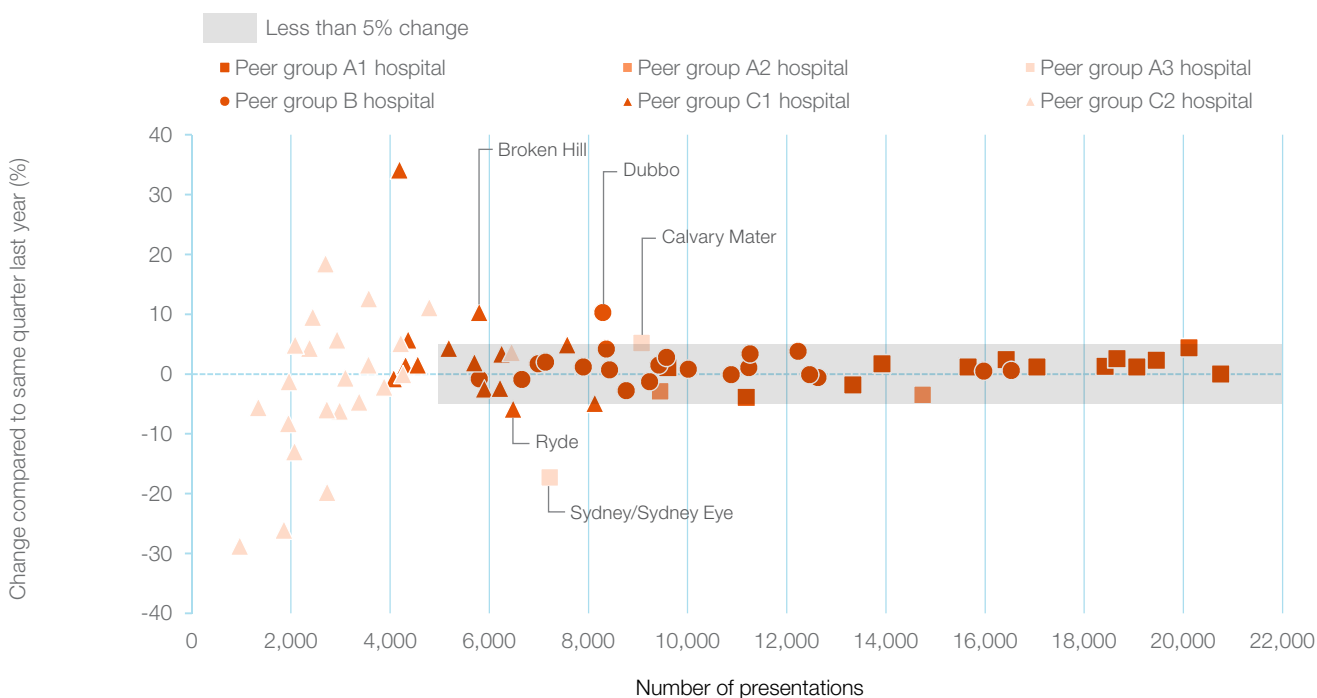


Figure 3 Change in number of emergency department presentations compared with the same quarter last year, hospitals by peer group, July to September 2016



Where did patients go after leaving the emergency department?

Following ED treatment, the majority of patients are either discharged home or admitted to hospital. Some patients choose not to wait for treatment and leave, and others are transferred to a different hospital.

During the July to September 2016 quarter, 61.0% of patients were treated and discharged from the ED (398,035 in total; down 1.5% compared with the same quarter last year), and 29.6% of patients were treated and admitted to hospital (193,255 in total; up 6.6%).

The number of patients transferred to another hospital increased by 0.1% this quarter (13,603 in total) and the number who left without, or before completing, treatment (33,787 in total) decreased

by 13.2%, compared with the same quarter last year (Figure 4).

The majority of patients in triage category 1 (82.6%), and triage category 2 (60.5%) were treated and admitted to hospital (Figure 5). The majority in triage categories 4 and 5 (73.8% and 79.1% respectively), and 51.5% of patients in triage category 3 were treated and discharged (Figure 6).

The number of patients who were treated and discharged, treated and admitted to hospital, and transferred to another hospital has increased over the past five years. The number of patients who left without, or before completing, treatment has decreased (Figure 7).

Figure 4 Patients who presented to the emergency department, by mode of separation, July to September 2016

		This quarter	Same quarter last year	Change since one year ago
Treated and discharged	61.0%	398,035	404,119	-1.5%
Treated and admitted to hospital	29.6%	193,255	181,292	6.6%
Patient left without, or before completing, treatment	5.2%	33,787	38,911	-13.2%
Transferred to another hospital	2.1%	13,603	13,586	0.1%
Other	2.2%	14,069	10,936	28.6%

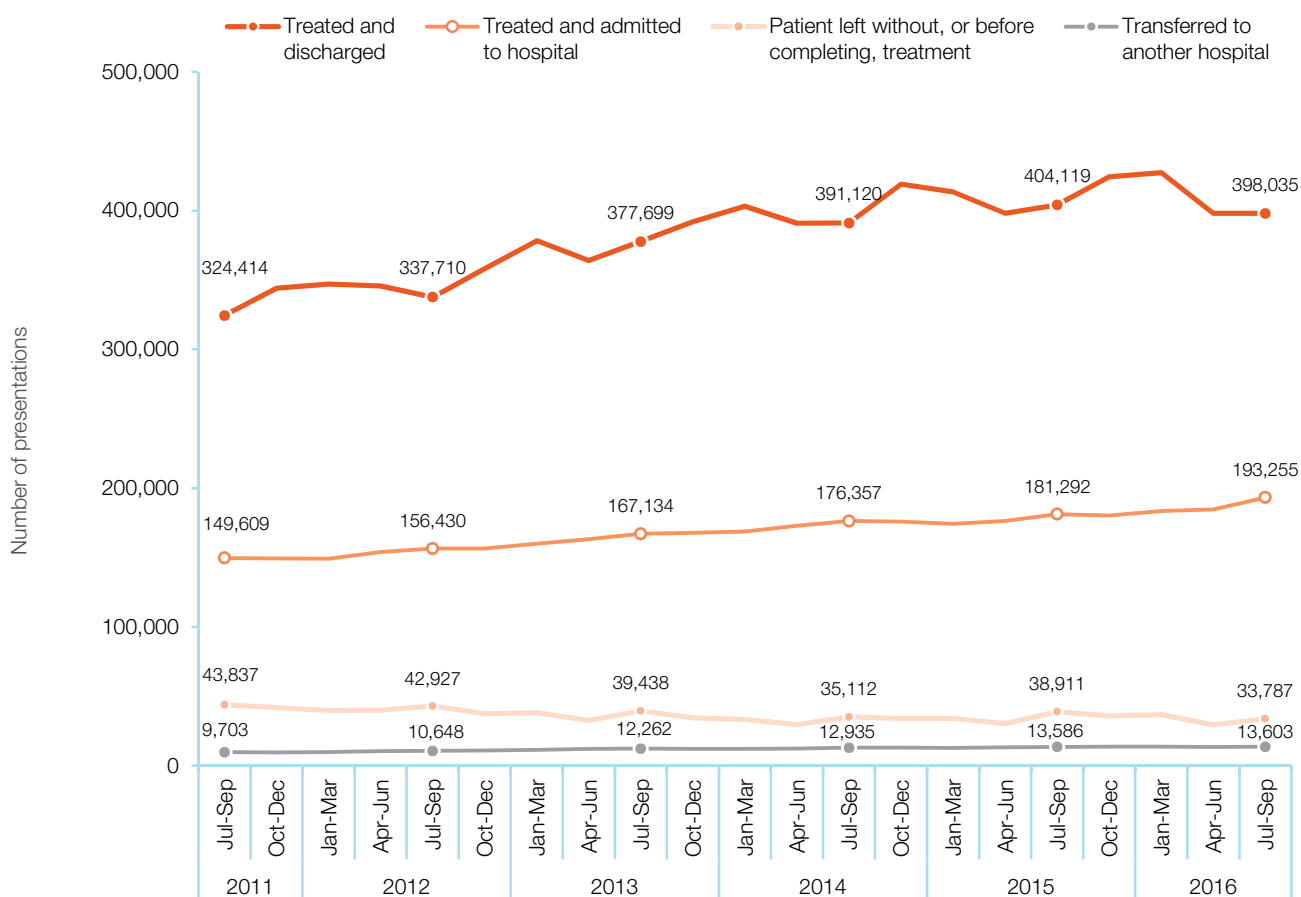
Figure 5 Percentage of patients who were treated and admitted, by triage category, July to September 2016

		This quarter	Same quarter last year	Percentage point change since one year ago
All ED presentations	29.6%		28.0%	1.6
Triage 1	82.6%		82.7%	-0.1
Triage 2	60.5%		59.3%	1.2
Triage 3	41.3%		39.7%	1.6
Triage 4	16.0%		15.6%	0.4
Triage 5	5.5%		5.0%	0.5

Figure 6 Percentage of patients who were treated and discharged, by triage category, July to September 2016

	This quarter	Same quarter last year	Percentage point change since one year ago
All ED presentations	61.0%	62.3%	-1.3
Triage 1	6.4%	6.5%	-0.1
Triage 2	32.3%	33.5%	-1.2
Triage 3	51.5%	52.7%	-1.2
Triage 4	73.8%	73.7%	0.1
Triage 5	79.1%	80.7%	-1.6

Figure 7 Patients who presented to the emergency department, by mode of separation, July 2011 to September 2016



How many patients were admitted to a public hospital?

During the July to September 2016 quarter, there were 494,782 admitted patient episodes; up 4.2% compared with the same quarter last year (Figure 8). The majority were acute admitted patient episodes (96.0%) and of these, 54.2% were for overnight care and 45.8% were for same-day care (Figure 9).

Hospital admissions can be planned (arranged in advance) or unplanned (emergency hospital admissions or unplanned surgical procedures). This quarter, the majority of acute same-day admitted patient episodes (73.3%) were planned. Conversely, the majority of acute overnight episodes (84.1%) were unplanned.

There has been a gradual increase over the past five years in all admitted patient episodes and all acute admitted patient episodes (Figure 8). During this time, the number of acute overnight admitted patient episodes has increased by 11.5% and the number of same-day episodes increased by 19.0% (Figure 9).

Figure 10 shows differences in the proportion of acute admissions that were same-day episodes this quarter across hospital peer groups. Peer group C2 hospitals had a higher percentage of same-day admissions than other peer groups and also had the widest range – with 23.7% to 79.1% of all acute admissions for same-day care.

The number of babies born in NSW public hospitals (18,549) increased by 1.5% this quarter compared with the same quarter last year (Figure 8).

Patients can have more than one admitted episode during the same hospital admission. For example, a person may be admitted for acute care and then require an episode of rehabilitation or palliative care prior to being discharged.

Figure 8 All admitted patient episodes, acute admitted patient episodes and babies born, July 2011 to September 2016

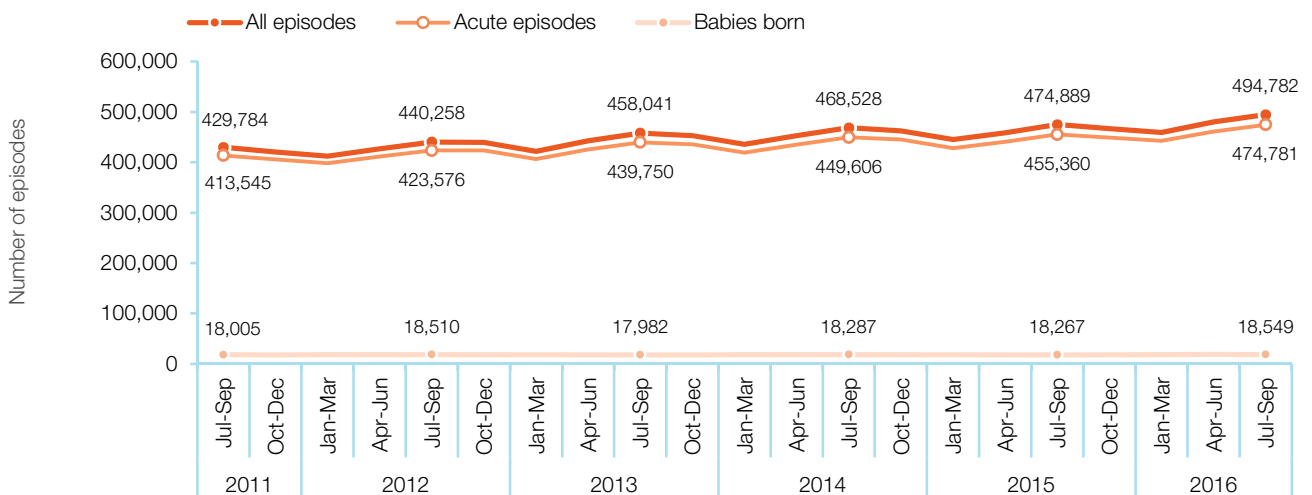


Figure 9 Overnight and same-day acute admitted patient episodes, July 2011 to September 2016

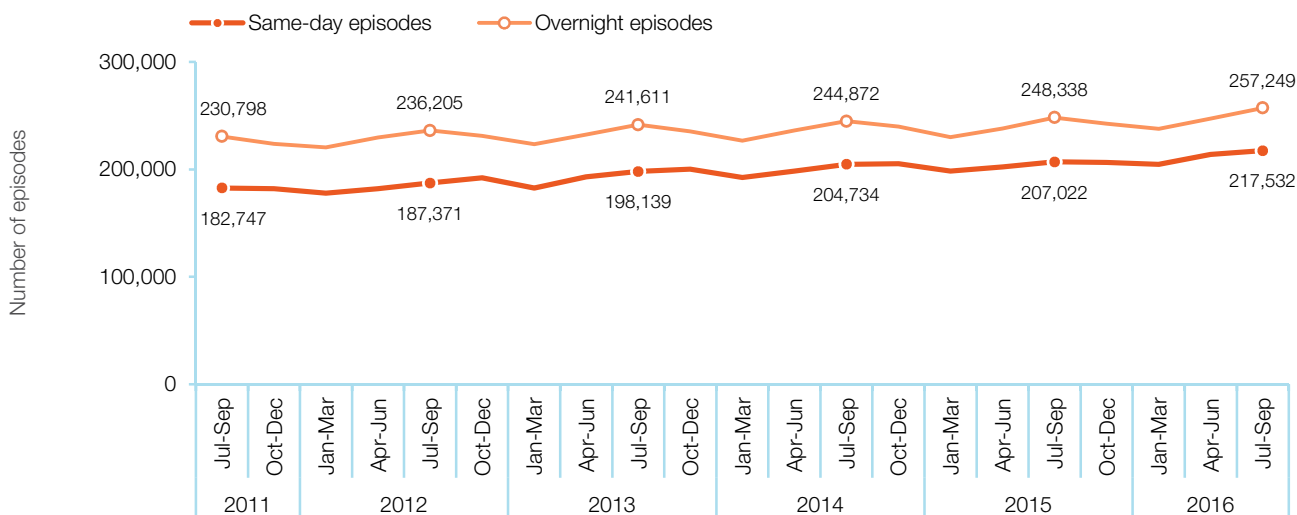
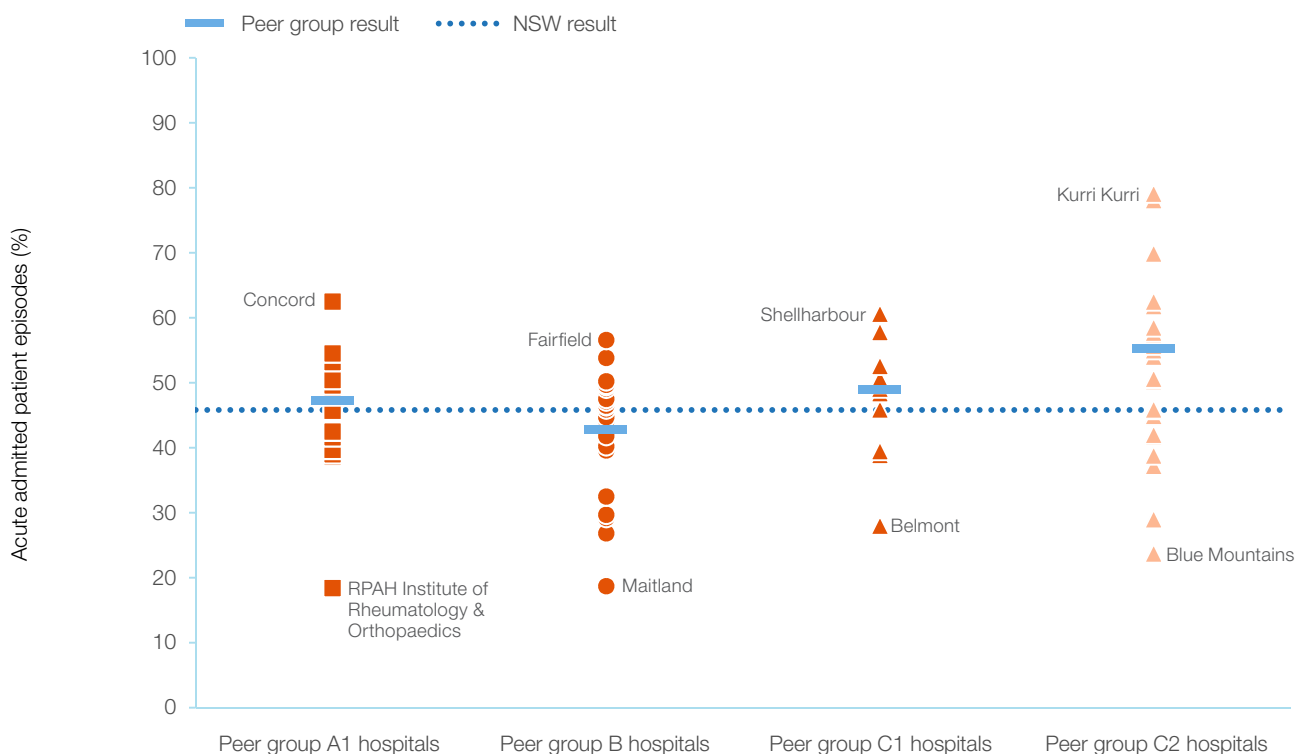


Figure 10 Same-day admitted patient episodes as percentage of all acute admitted patient episodes, by peer group, July to September 2016



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

How long did patients stay in hospital?

Bed days are a measure of hospital utilisation and service provision. During the July to September 2016 quarter, there were 1,776,337 hospital bed days across all admitted patient episodes; up 0.7% compared with the same quarter last year. The majority of bed days were for acute care, which increased 0.2% this quarter. The number of non-acute bed days increased by 2.6% compared with the same quarter last year (Figure 11).

Between July 2011 and September 2016 there was a 3.4% increase in the number of bed days for acute care. During this time, there was a 18.3% increase in the number of bed days for non-acute care (Figure 12).

The average length of stay for all acute admissions was 3.1 days this quarter, down 0.1 days compared with the same quarter last year. The average length of stay for acute overnight admissions was 4.9 days; down 0.2 days. The average length of stay for all acute admissions has remained relatively stable in the same quarter over the past three years (Figure 13).

There were hospital-level differences in the average length of stay for acute overnight admissions this quarter, even within peer groups. The greatest variation was in the C2 peer group, where there was an 6.0 day difference between the highest and lowest average length of stay for individual hospitals, compared with a 1.9 day difference in the B peer group (Figure 14).

Figure 11 Total number of hospital bed days by episode type, July to September 2016

	This quarter	Same quarter last year	Change since one year ago
Total bed days	1,776,337	1,764,842	0.7%
Acute	1,470,621	1,466,981	0.2%
Non-acute	305,716	297,861	2.6%

Figure 12 Total number of hospital bed days by episode type, July 2011 to September 2016

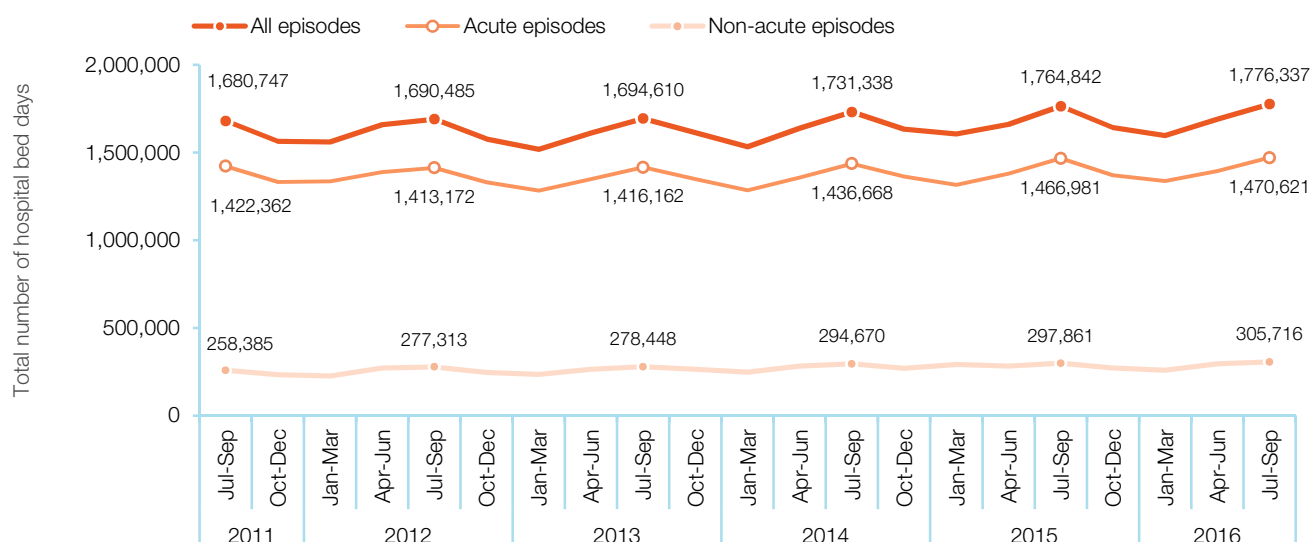


Figure 13 Average length of stay by type of admitted patient episodes, July 2011 to September 2016

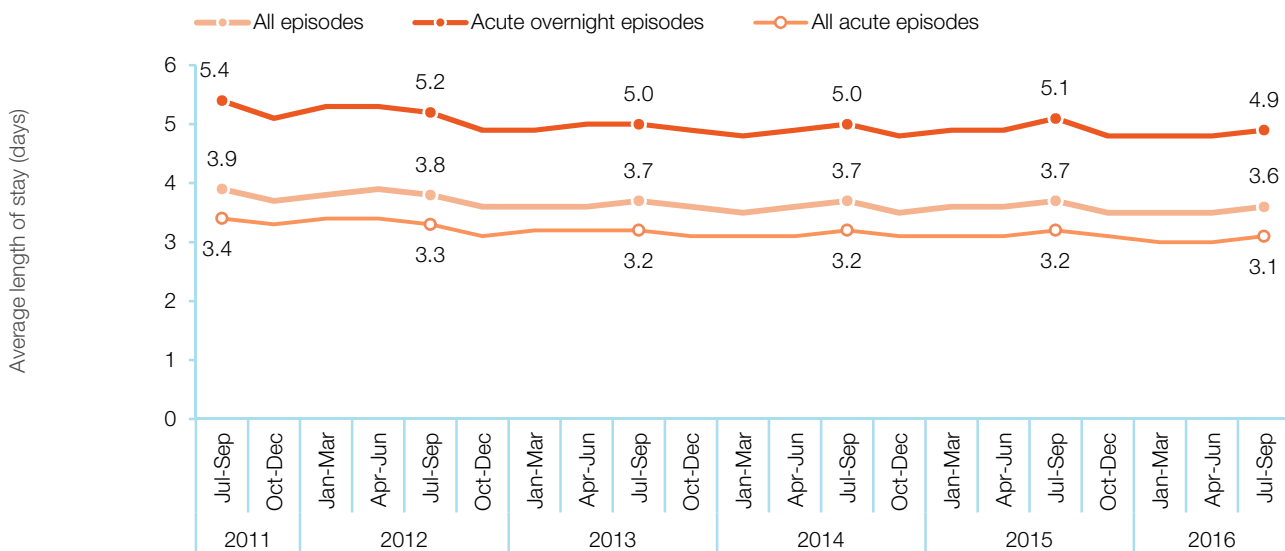
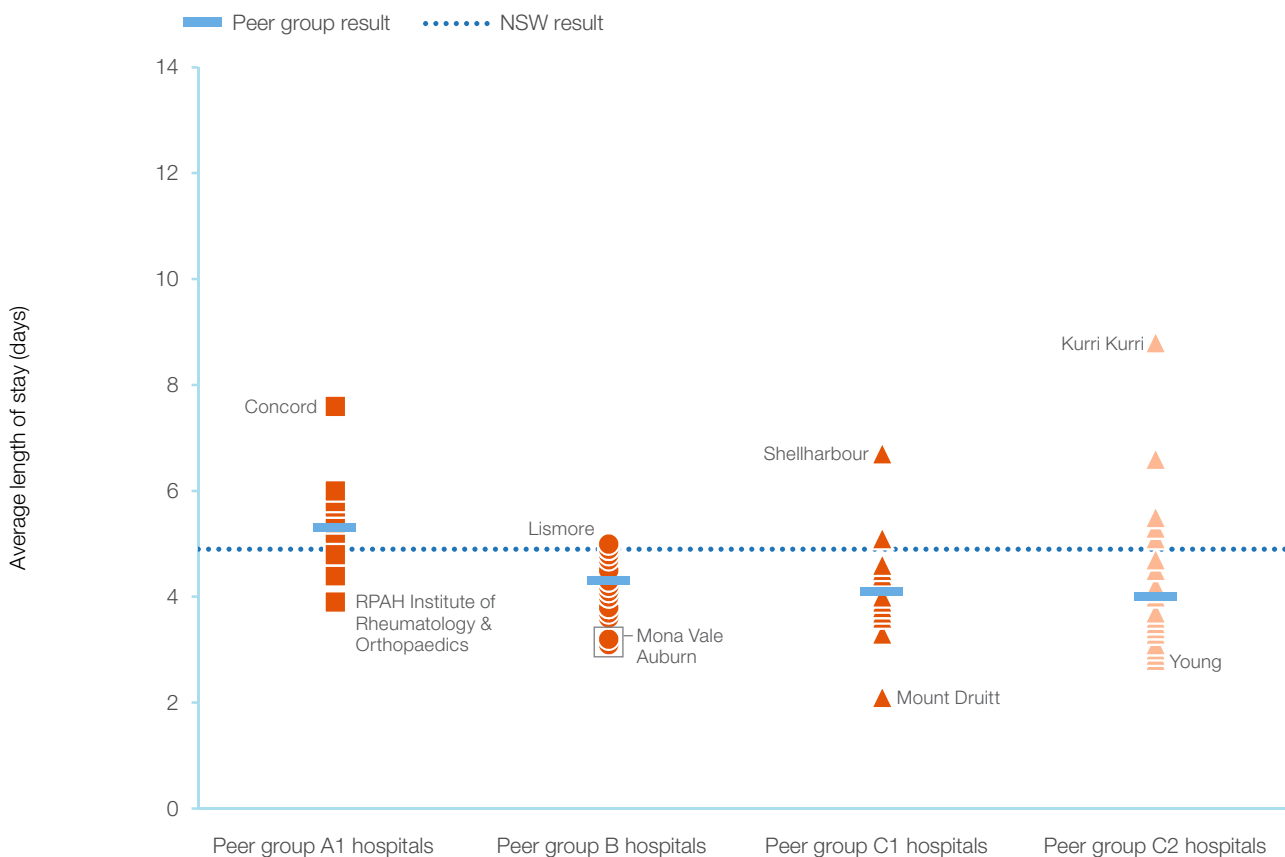


Figure 14 Average length of stay for acute overnight admitted patient episodes, by peer group, July to September 2016



How many elective surgical procedures were performed?

During the July to September 2016 quarter, a total of 58,076 elective surgical procedures were performed. This was 1,683 (3.0%) more than in the same quarter last year. Of all the elective surgical procedures performed this quarter, there were 21.8% categorised as urgent, 31.7% as semi-urgent, and 41.8% as non-urgent. A further 4.7% were categorised as staged (Figure 15).

Compared with the same quarter last year, there was an increase in the number of urgent (up 2.1%), semi-urgent (up 0.4%) and non-urgent procedures performed (up 5.3%). The number of staged procedures performed increased by 4.7% (Figure 15).

There are three elective surgery urgency categories, each with a clinically recommended maximum time by which the procedure should be performed: urgent (within 30 days), semi-urgent (within 90 days) and non-urgent surgery (within 365 days).

Figure 15 Elective surgical procedures performed, by urgency category, July to September 2016

	This quarter	Same quarter last year	Change since one year ago
Total number of elective surgical procedures	58,076	56,393	3.0%
Urgent	12,668 (21.8%)	12,407	2.1%
Semi-urgent	18,428 (31.7%)	18,349	0.4%
Non-urgent	24,257 (41.8%)	23,037	5.3%
Staged	2,723 (4.7%)	2,600	4.7%

Figure 16 Distribution of elective surgery by urgency category and peer group, July to September 2016

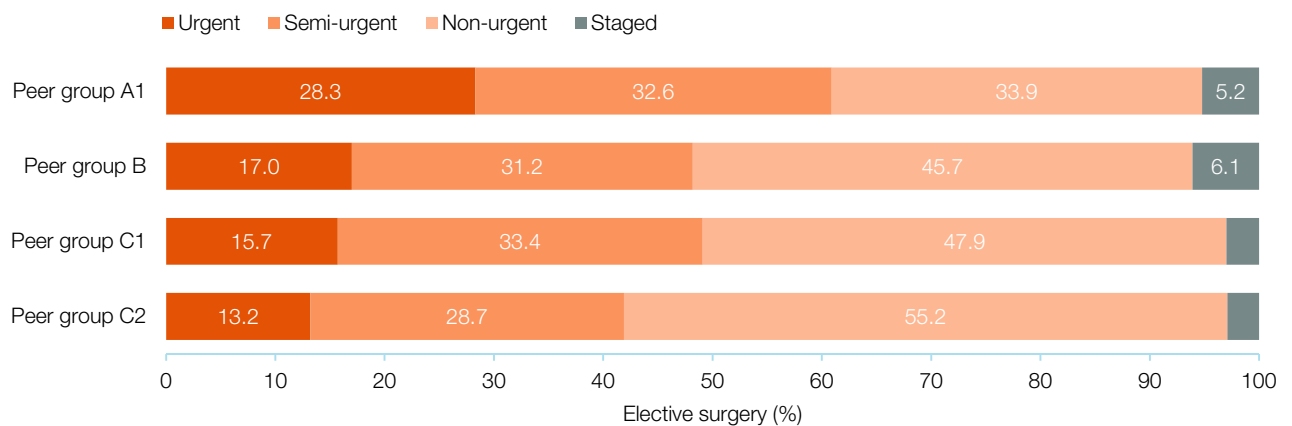
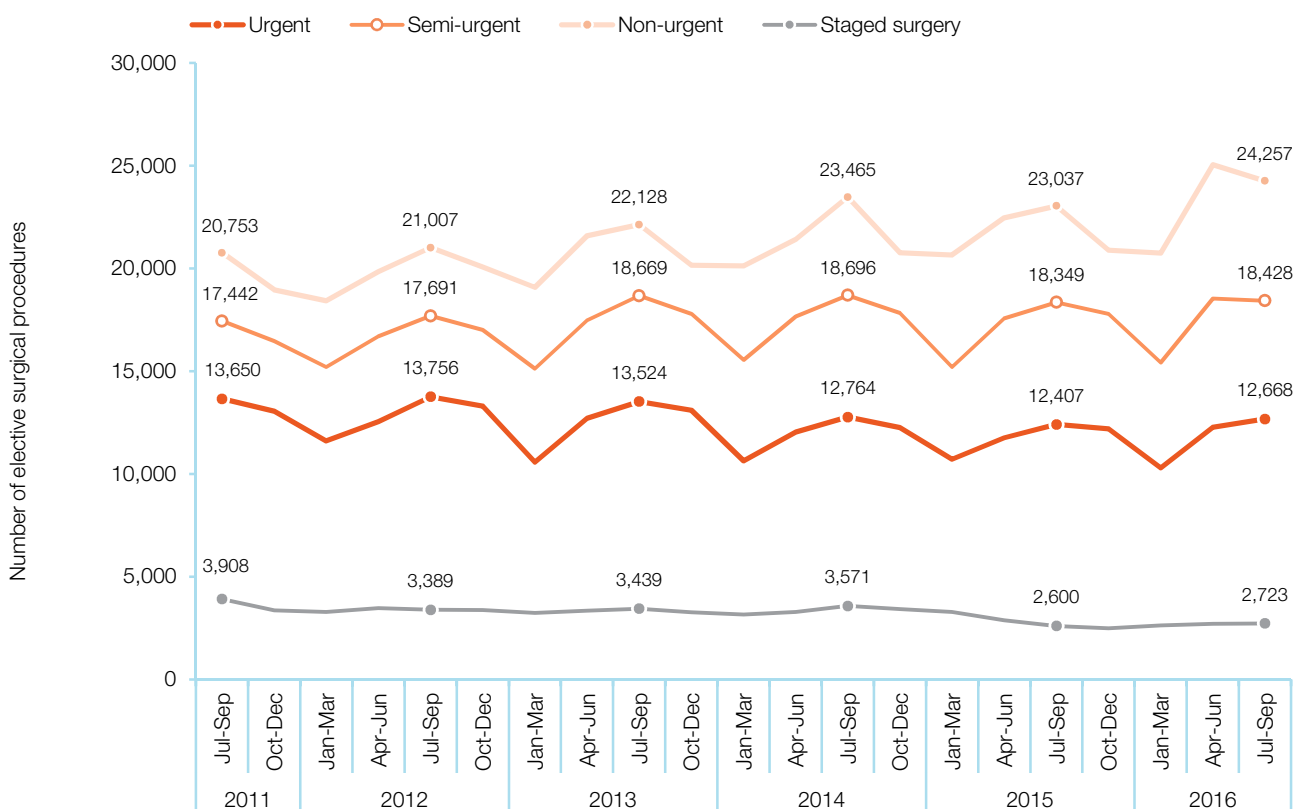


Figure 16 shows variation in the distribution of elective surgery, by urgency categories across different hospital peer groups. Peer group A1 had the highest percentage of elective surgical procedures that were urgent and the lowest percentage that were non-urgent.

The volume of elective surgical procedures performed has increased over the past five years. Compared with the same quarter in 2011, the number categorised as semi-urgent and non-urgent increased by 5.7% and 16.9% respectively. The number categorised as urgent decreased by 7.2% and the number categorised as staged decreased by 30.3% during this time (Figure 17).

Figure 17 Elective surgical procedures performed, by urgency category, July 2011 to September 2016



How many patients were on the elective surgery waiting list at the end of the quarter?

At the end of September 2016, there were 73,430 patients who were ready for surgery and on the elective surgery waiting list. Of these, 2.3% were waiting for urgent surgery, 16.2% were waiting for semi-urgent surgery and 81.5% were waiting for non-urgent surgery.

The waiting list is dynamic and this number provides a snapshot of the list on a single day. Among the patients on the list on 30th September, 2016 there were 16,255 (22.1%) who had been waiting for less than or equal to one month (30 days).

Compared with the same quarter last year, there was a decrease in the number of patients waiting for urgent surgery (1,657 in total; down 1.9%) and semi-urgent surgery (11,910 in total; down 2.7%), and an increase in the number of patients waiting for non-urgent surgery (59,863 in total; up 0.9%) (Figure 18).

At the end of the quarter, there were 14,427 patients 'not ready for surgery' and on the elective surgery waiting list, up 7.2% compared with the same quarter last year (Figure 18).

Comparing across surgical specialties

Orthopaedic surgery and ophthalmological surgery were the specialties with the most patients waiting at the end of the quarter. Together, these specialties

made up 49.0% of all patients waiting for elective surgery in NSW public hospitals. Medical (non-specialist) surgery and cardiothoracic surgery had the smallest number of patients waiting (Figure 19).

At the end of the quarter, there were 259 patients who were still waiting for surgery after more than 12 months on the waiting list; a decrease of 64.1% compared with the same quarter last year. Orthopaedic surgery had 140 patients still waiting after more than 12 months on the waiting list. Compared with the same quarter last year, the largest decrease in absolute numbers was for ear, nose and throat surgery (from 227 to 46 patients this quarter) (Figure 19).

Comparing across common procedures

Cataract extraction, the highest volume procedure, had the most patients waiting for surgery at the end of the quarter (14,944 patients, up 2.4% compared with the same quarter last year). Procedures with the smallest number of patients waiting were coronary artery bypass graft (59 patients; down 45.9%) and myringotomy (89 patients; down 11.0%) (Figure 20). For most common procedures, there was a decrease in the number of patients still waiting after more than 12 months on the waiting list, at the end of the quarter, compared with the same quarter last year (Figure 20).

Figure 18 Elective surgery waiting list, by urgency category, as at 30 September 2016




	This quarter	Same quarter last year	Change since one year ago
Patients ready for surgery on waiting list as at 30 September 2016	73,430	73,243	0.3%
Urgent  2.3%	1,657	1,689	-1.9%
Semi-urgent  16.2%	11,910	12,235	-2.7%
Non-urgent  81.5%	59,863	59,319	0.9%
Patients not ready for surgery on waiting list at the end of quarter	14,427	13,456	7.2%

Figure 19 Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by specialty, as at 30 September 2016

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Change since one year ago	This quarter	Same quarter last year
All specialties	73,430	73,243	0.3%	259	721
Orthopaedic surgery	18,620	18,492	0.7%	140	184
Ophthalmology	17,343	16,744	3.6%	6	126
General surgery	12,156	12,491	-2.7%	20	111
Ear, nose and throat surgery	10,066	10,233	-1.6%	46	227
Gynaecology	6,047	6,039	0.1%	18	13
Urology	4,070	3,711	9.7%	<5	20
Plastic surgery	2,317	2,519	-8.0%	10	36
Neurosurgery	1,185	1,376	-13.9%	15	<5
Vascular surgery	1,042	979	6.4%	<5	<5
Cardiothoracic surgery	313	435	-28.0%	0	0
Medical	271	224	21.0%	0	0

Figure 20 Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by common procedure, as at 30 September 2016

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Change since one year ago	This quarter	Same quarter last year
Cataract extraction	14,944	14,587	2.4%	<5	111
Total knee replacement	5,523	5,259	5.0%	36	39
Tonsillectomy	3,979	3,944	0.9%	19	50
Total hip replacement	2,405	2,362	1.8%	19	22
Inguinal herniorrhaphy	2,105	2,165	-2.8%	5	22
Cholecystectomy	1,576	1,712	-7.9%	<5	6
Hysteroscopy	1,546	1,495	3.4%	<5	0
Septoplasty	1,373	1,353	1.5%	10	44
Other - General	1,248	1,216	2.6%	0	17
Cystoscopy	1,123	1,113	0.9%	0	0
Abdominal hysterectomy	793	766	3.5%	5	<5
Prostatectomy	749	631	18.7%	0	<5
Varicose veins stripping and ligation	676	690	-2.0%	<5	<5
Haemorrhoidectomy	412	454	-9.3%	<5	<5
Myringoplasty / Tympanoplasty	337	333	1.2%	0	13
Myringotomy	89	100	-11.0%	0	<5
Coronary artery bypass graft	59	109	-45.9%	0	0

Hospital performance measures

Key findings – July to September 2016

Responsibility for the care of patients was transferred to ED staff within 30 minutes for

up 7.0 percentage points compared with the same quarter last year

89.2% of patients who arrived by ambulance

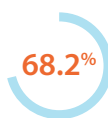


ED treatment started within recommended timeframes for

73.5% of all ED patients



64.9% of triage category 2 patients



68.2% of triage category 3 patients



77.1% of triage category 4 patients



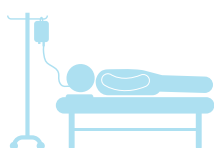
92.9% of triage category 5 patients

Median time to ED treatment decreased across all triage categories

71.5%

of patients had to spend four hours or less in the emergency department

up 1.4 percentage points compared with the same quarter last year



97.9% of patients received their surgery within recommended timeframes



99.8% urgent surgical procedures performed on time



98.0% semi-urgent surgical procedures performed on time



96.9% non-urgent surgical procedures performed on time



28 out of 79 hospitals performed a higher percentage of elective surgical procedures on time – 26 performed less, compared with the same quarter last year

NSW emergency departments

This section provides information about timeliness measures for NSW emergency departments.

Time to treatment	25
Percentage of patients whose treatment started on time	27
Time spent in the emergency department	33
Percentage of patients who spent four hours or less in the emergency department	37
Transfer of care	43

NSW elective surgery

This section provides information about timeliness measures for elective surgery in NSW public hospitals.

Waiting times for elective surgery	45
Percentage of elective surgical procedures performed on time	49

How long did patients wait for treatment in the emergency department?

Time patients waited to start treatment in the ED

On arrival at the emergency department (ED), patients are allocated to one of five triage categories, based on urgency. Each category has a maximum waiting time within which treatment should start:

- Triage 1: Resuscitation (within two minutes)
- Triage 2: Emergency (within 10 minutes)
- Triage 3: Urgent (within 30 minutes)
- Triage 4: Semi-urgent (within 60 minutes)
- Triage 5: Non-urgent (within 120 minutes).

During the July to September 2016 quarter, the median and 95th percentile time from presenting to the ED to starting treatment decreased across all triage categories, compared with the same quarter

last year. For triage categories 3 and 4, the 95th percentile times decreased by 16 and 17 minutes respectively (Figure 21).

How have ED treatment times changed over time?

For triage category 2, the median time patients waited to start treatment has remained almost unchanged in the July to September quarter over the past five years. The median times have decreased for triage categories 3, 4 and 5 during this time (Figure 22).

Over the past five years, the 95th percentile time triage category 3, 4 and 5 patients waited to start treatment has decreased while there has been little change for triage category 2 patients (Figure 23).

Figure 21 Time from presentation to starting treatment, by triage category, July to September 2016









		This quarter	Same quarter last year	Change since one year ago
Triage 2 Emergency (e.g. chest pain, severe burns): 79,094 patients				
Median time to start treatment		8m	9m	-1m
95th percentile time to start treatment		41m	45m	-4m
Triage 3 Urgent (e.g. moderate blood loss, dehydration): 218,165 patients				
Median time to start treatment		21m	22m	-1m
95th percentile time to start treatment		1h 43m	1h 59m	-16m
Triage 4 Semi-urgent (e.g. sprained ankle, earache): 243,930 patients				
Median time to start treatment		27m	29m	-2m
95th percentile time to start treatment		2h 19m	2h 36m	-17m
Triage 5 Non-urgent (e.g. small cuts or abrasions): 50,122 patients				
Median time to start treatment		24m	25m	-1m
95th percentile time to start treatment		2h 18m	2h 26m	-8m

Figure 22 Median time from presentation to starting treatment, by triage category, July 2011 to September 2016

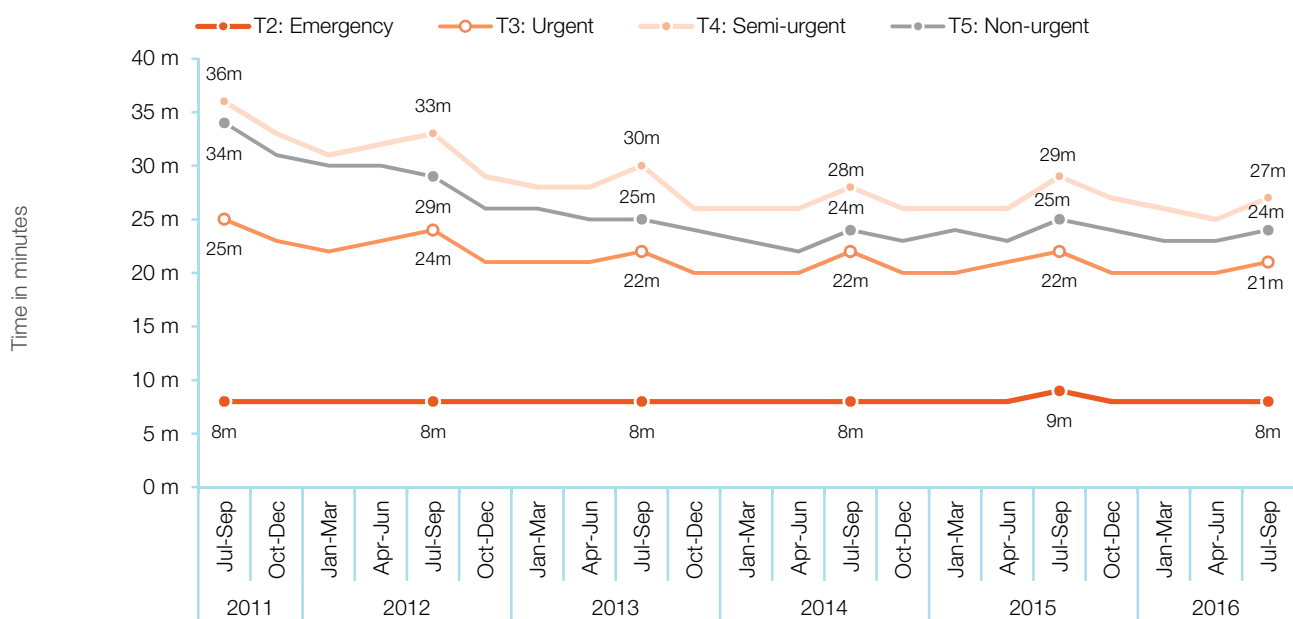
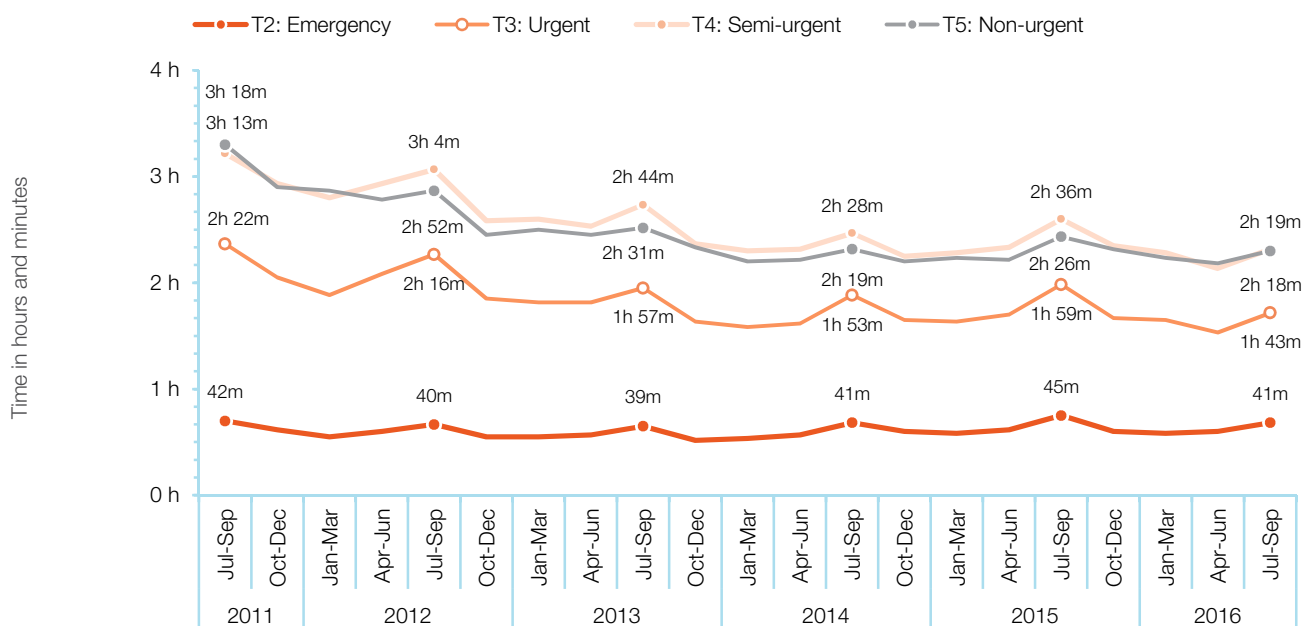


Figure 23 95th percentile time from presentation to starting treatment, by triage category, July 2011 to September 2016



How long did patients wait for treatment in the emergency department?

Percentage of patients whose treatment started on time

During the July to September 2016 quarter, 73.5% of ED patients had their treatment start within clinically recommended timeframes; an increase of 2.6 percentage points compared with the same quarter last year.

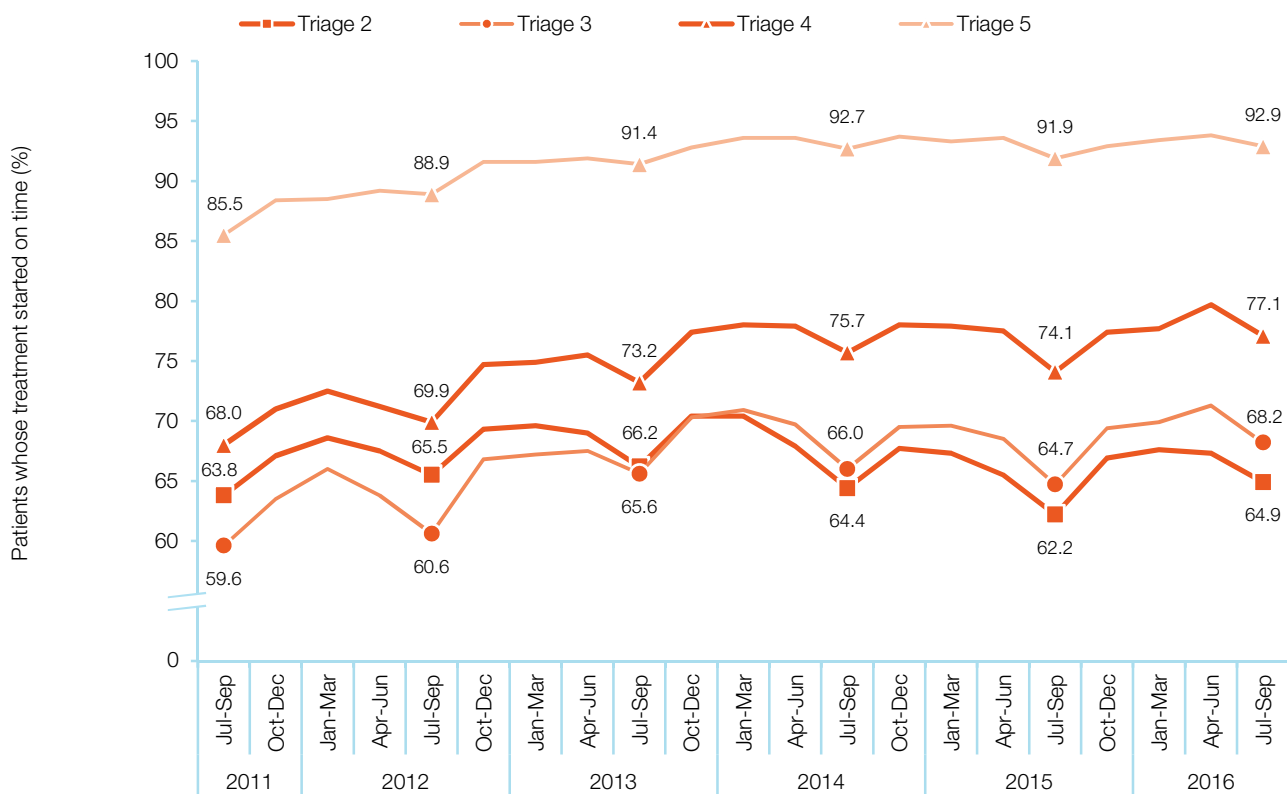
The percentage of patients whose treatment started on time increased this quarter across all triage categories; 64.9% of patients assigned to triage category 2 (up 2.7 percentage points), 68.2% assigned to triage category 3 (up 3.5 percentage points), 77.1% assigned to triage category 4 (up 3.0 percentage points), and 92.9% assigned to triage category 5 (up 1.0 percentage points) (Figure 24).

In July to September 2011, 66.9% of patients had their treatment start on time, compared with 73.5% this quarter (up 6.6 percentage points). The percentage of patients whose treatment started on time has increased across all triage categories during this time. The largest increase was seen in triage categories 4 and 3 (up 9.1 and 8.6 percentage points respectively) (Figure 25).

Figure 24 Percentage of patients whose treatment started on time, by triage category, July to September 2016

	This quarter	Same quarter last year	Percentage point change since one year ago
All patients	73.5%	70.9%	2.6
Triage category 2	64.9%	62.2%	2.7
Triage category 3	68.2%	64.7%	3.5
Triage category 4	77.1%	74.1%	3.0
Triage category 5	92.9%	91.9%	1.0

Figure 25 Percentage of patients whose treatment started on time, by triage category, July 2011 to September 2016



How long did patients wait for treatment in the emergency department?

Variation in the percentage of patients whose treatment started on time

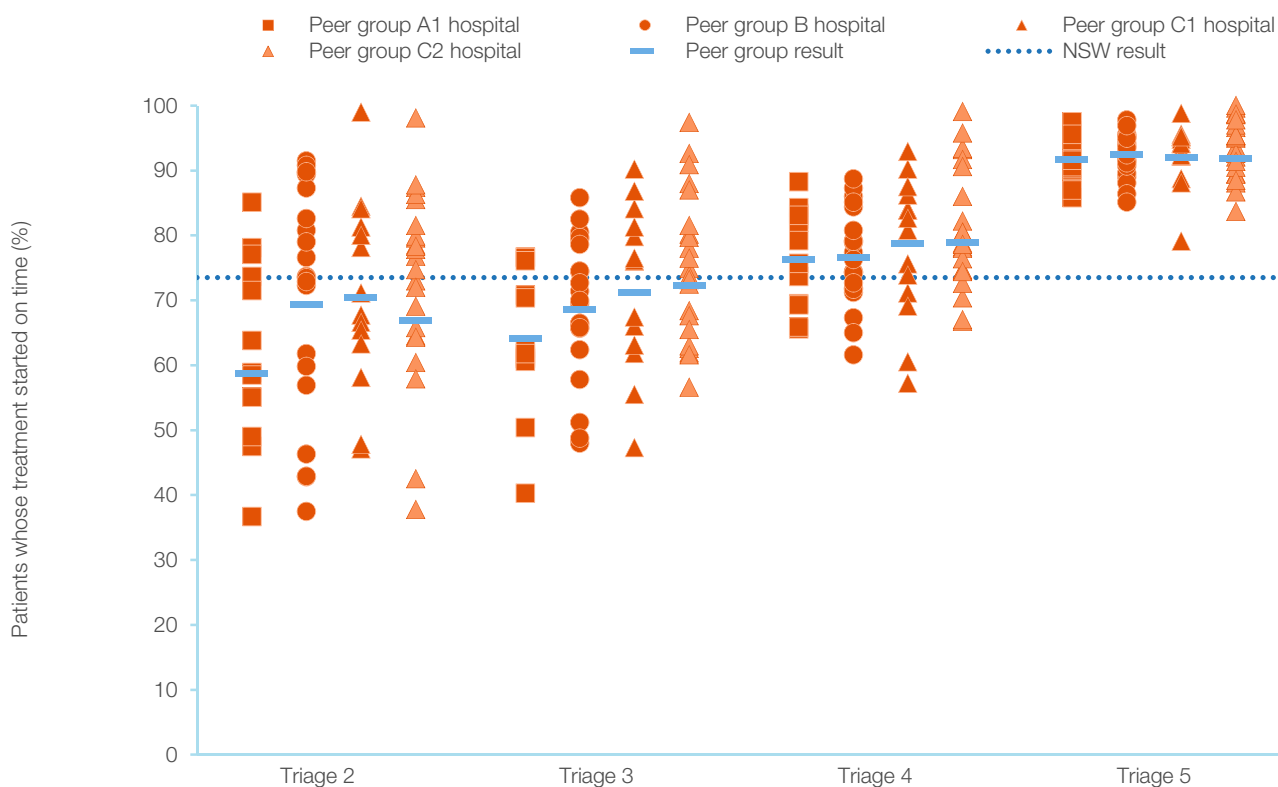
During the July to September 2016 quarter, there was considerable variation between and within hospital peer groups in the percentage of patients whose treatment started within clinically recommended timeframes. This variation was most marked for patients in triage category 2 (Figure 26).

Figure 27 maps hospital results for this quarter on two axes: the percentage of patients whose treatment started on time (Y-axis), and the percentage point change since the same quarter last year (X-axis). For hospitals shown above the blue NSW line, a higher percentage of patients started treatment on time compared with the overall NSW result. For hospitals below this line, a lower

percentage of patients started treatment on time compared with the overall NSW result. Hospitals shown to the left of the vertical '0' line had lower results, compared with the same quarter last year, while those shown to the right of the vertical line had higher results.

Hospitals in the upper right quadrant achieved higher results than NSW overall, and an increase in the percentage of patients whose treatment started on time, compared with the same quarter last year. Hospitals in the upper left quadrant had results that were higher than the overall NSW result and a decrease in the percentage of patients whose treatment started on time.

Figure 26 Percentage of patients whose treatment started on time, by peer group, July to September 2016



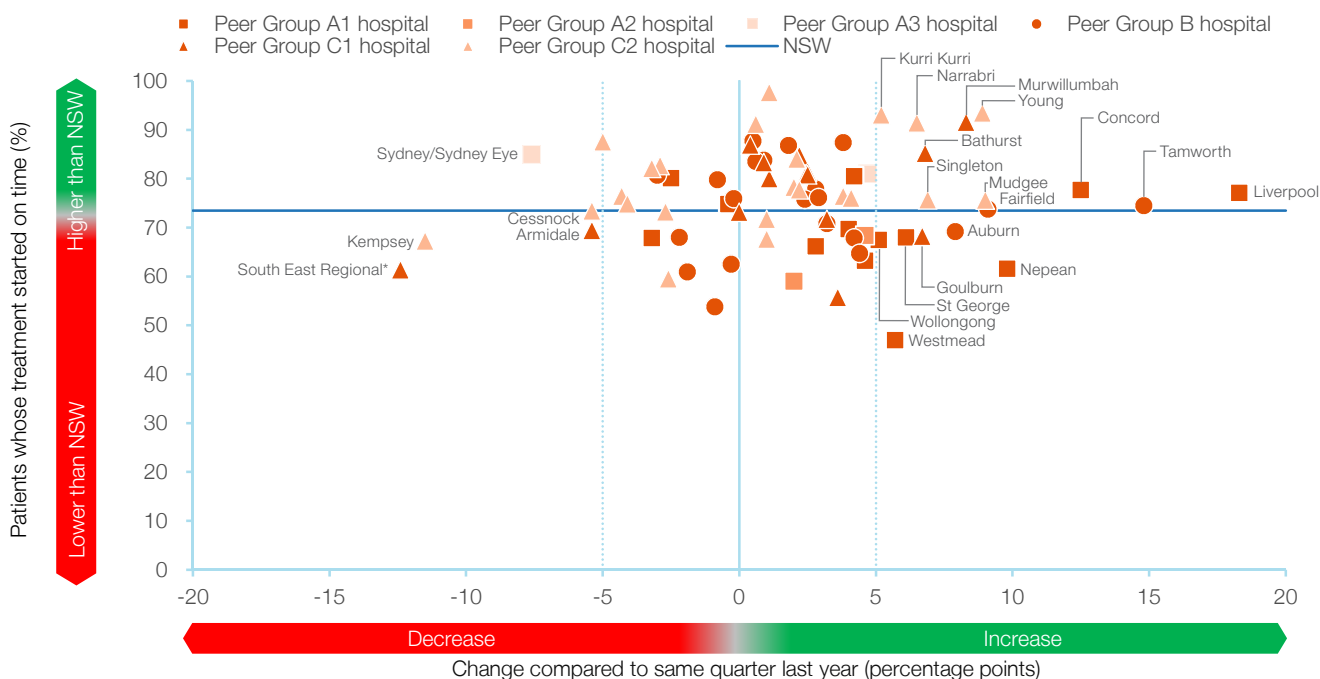
Hospitals in the lower right quadrant had results that were lower than NSW overall and an increase in the percentage of patients whose treatment started on time. Hospitals in the lower left quadrant had results that were lower than NSW and a decrease in the percentage of patients whose treatment started on time, compared with the same quarter last year.

Hospitals identified in Figure 27 are those that had an increase or a decrease in the percentage of patients whose treatment started on time of more than five percentage points, compared with the same quarter last year.

Across hospitals, the percentage of patients who started treatment on time increased this quarter in 52 out of 75 hospitals. For 17 hospitals, the increase was more than five percentage points. Of these, for three hospitals, the increase was more than 10 percentage points.

The percentage of patients who started treatment on time decreased this quarter in 22 hospitals. For five hospitals, the decrease was more than five percentage points. Of these, for two hospitals, the decrease was more than 10 percentage points (Figure 27).

Figure 27 Percentage of patients whose treatment started on time, and percentage point change since same quarter last year, hospitals by peer group, July to September 2016



* South East Regional Hospital (formerly called Bega District Hospital)

How long did patients wait for treatment to start in the emergency department?

Change over time in the percentage of patients whose treatment started on time

In peer group A1 hospitals, 68.9% of patients had their treatment start on time this quarter; up 5.4 percentage points compared with the same quarter last year. In peer group B, 74.1% had their treatment start on time (up 2.2 percentage points). In peer group C1, 75.7% of patients had their treatment start on time (up 1.7 percentage points) and in peer group C2, 77.5% had their treatment start on time (down 0.4 percentage points) (Figure 28).

The percentage of patients whose treatment started on time increased across all peer groups and triage categories, compared with the same quarter last

year, with the exception of triage category 5 for peer group C2 (down 1.3 percentage points) (Figure 29).

Compared to the same quarter in 2011, the percentage of all patients whose treatment started on time increased across all peer groups (Figure 28). There was an increase across all triage categories during this time, with the exception of triage category 2 for peer group A1 and triage category 5 for peer groups C2 (down 3.7 and 0.5 percentage points respectively) (Figure 29).

Figure 28 Percentage of patients whose treatment started on time, by peer group, July 2011 to September 2016

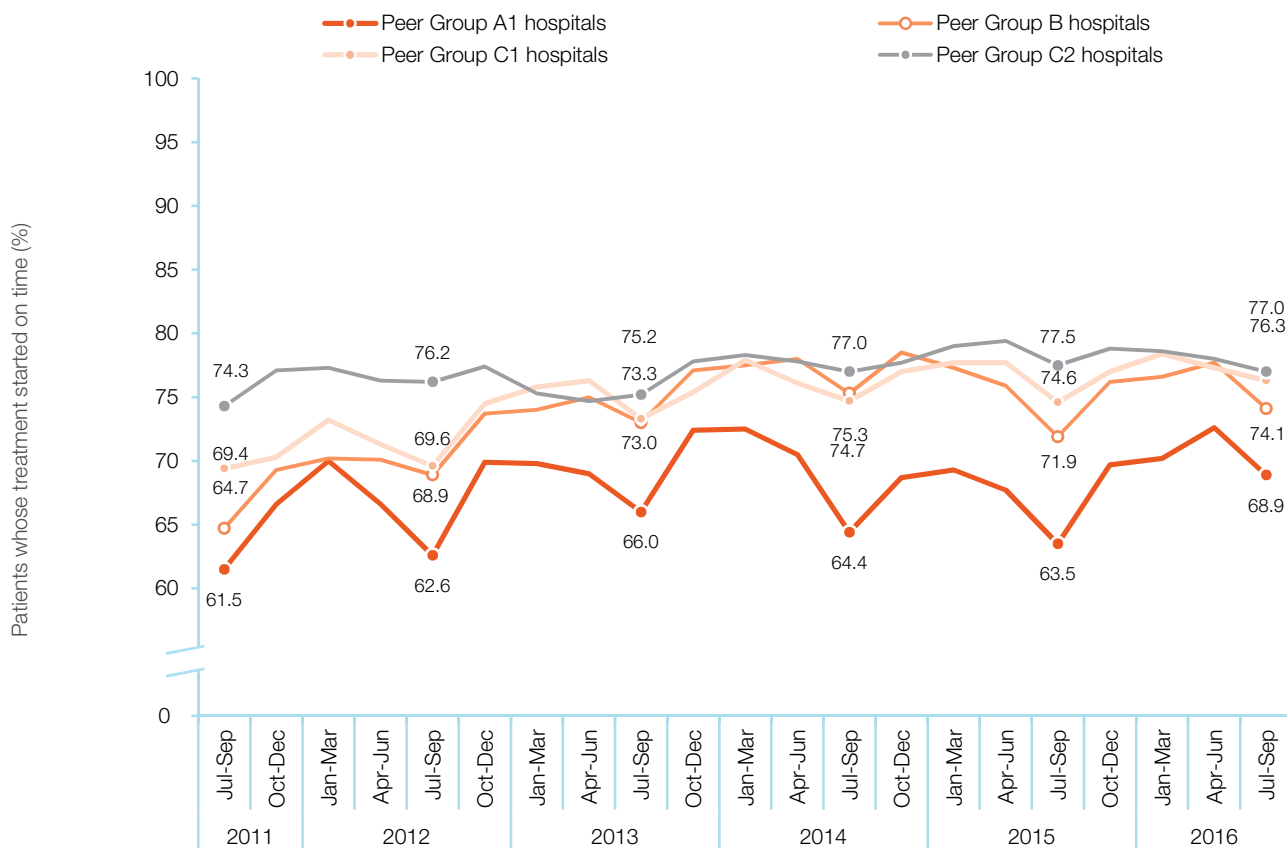
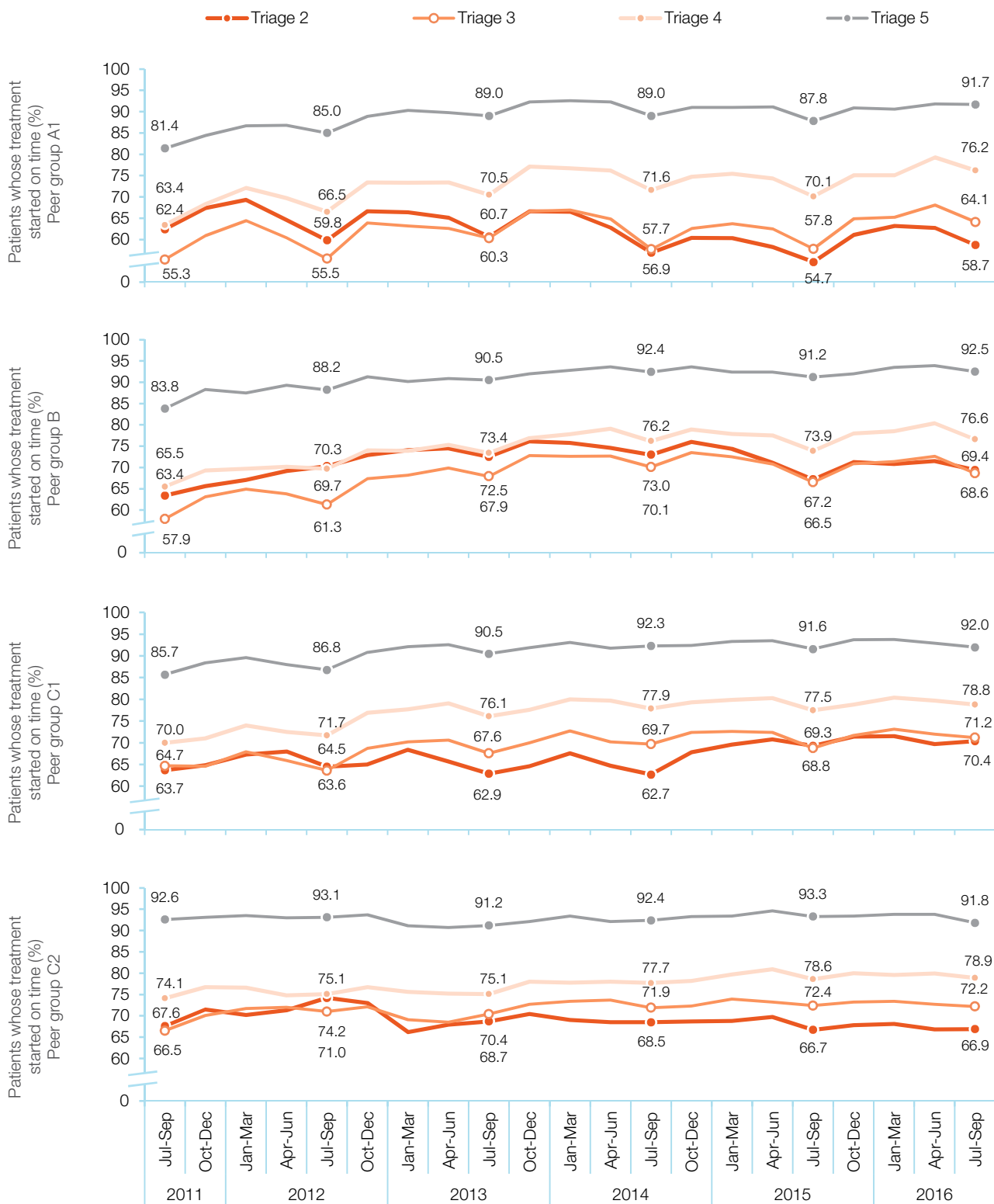


Figure 29 Percentage of patients whose treatment started on time, by triage and peer group, July 2011 to September 2016



How long did patients spend in the emergency department?

During the July to September 2016 quarter, the median time patients spent in the ED was two hours and 50 minutes, down two minutes compared with the same quarter last year. The 95th percentile time patients spent in the ED was 10 hours and 43 minutes, 48 minutes shorter than the same quarter last year (Figure 30).

Does the time patients spend in the ED differ across hospital peer groups?

Figure 31 shows the median time patients spent in the ED over the past five years for peer groups A1, B, C1 and C2. The shaded areas illustrate the range of values between the highest and lowest median times for hospitals in each peer group.

Overall, in peer groups A1, B and C1 there has been a decrease in the median time patients spent in the ED compared with the same quarter in 2011. For peer group C2 hospitals, however, the median time has increased, and was 12 minutes longer this quarter than in July to September 2011 (Figure 31).

There is little variation in the median time spent in the ED between hospitals in peer group A1, as evidenced by the narrow band between the highest and lowest median times for individual hospitals. More variation is seen in the median time patients spent in the ED for peer group B, C1 and C2 hospitals (Figure 31).

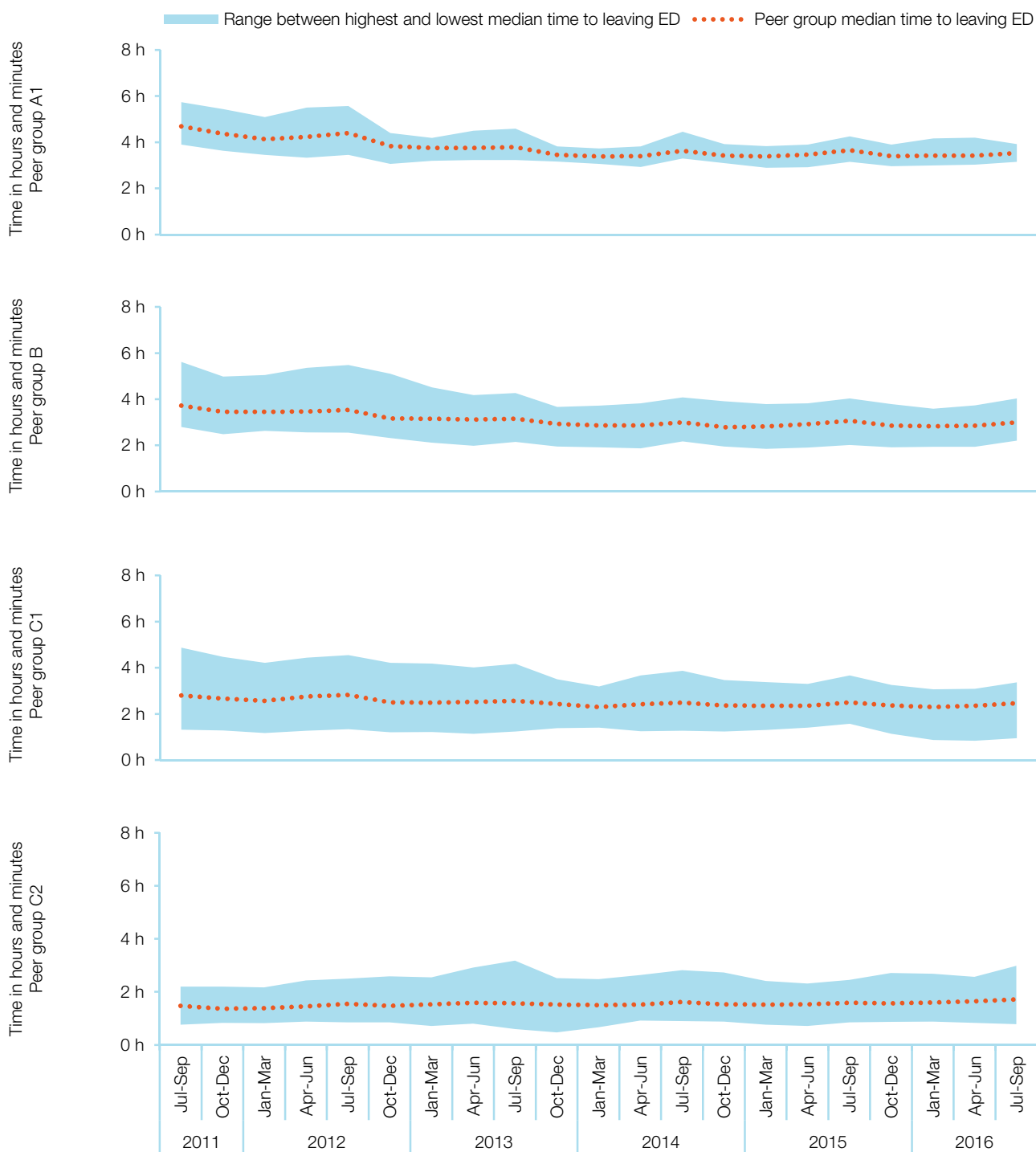
In peer groups C1 and C2, patients spent less time in the ED (Figure 31). These hospitals also have a higher percentage of patients who spent four hours or less in the ED, compared with other peer groups (see page 39, Figure 37).

The cohort of EDs included in this report has changed over the past five years, and this has affected overall volumes and performance measures. Results for peer group C2 hospitals are most affected by these changes. For more information refer to the technical supplements section of the BHI website at bhi.nsw.gov.au

Figure 30 Time patients spent in the emergency department, July to September 2016

	This quarter	Same quarter last year	Change since one year ago
Median time to leaving the ED	2h 50m	2h 52m	-2m
95th percentile time to leaving the ED	10h 43m	11h 31m	-48m

Figure 31 Median time patients spent in the emergency department, and range, peer group hospitals, July 2011 to September 2016



How long did patients spend in the emergency department?

The median time patients spent in the ED decreased this quarter across all modes of separation compared with the same quarter last year. For patients who were treated and admitted to hospital, the median time spent in the ED decreased by 20 minutes (Figure 32).

The 95th percentile time patients spent in the ED also decreased this quarter across all modes of separation. For patients who were treated and admitted to hospital and for those who were transferred, the 95th percentile time spent in the ED decreased by 115 minutes and 89 minutes respectively, compared with the same quarter last year (Figure 33).

Has time spent in the ED changed by mode of separation?

Despite a 21.6% increase in the overall number of presentations since 2011, the median time patients spent in the ED decreased from three hours and 22

minutes in July to September 2011 to two hours and 50 minutes this quarter.

Figure 32 shows a downward trend over the past five years in the median time patients spent in the ED across all modes of separation. For patients who were treated and admitted to hospital, the median time spent in the ED was five hours this quarter, compared with six hours and 58 minutes in July to September 2011.

Compared with the same quarter in 2011, the 95th percentile time patients spent in the ED has decreased across all modes of separation. For patients who were treated and admitted to hospital, the 95th percentile time spent in the ED was 18 hours and 11 minutes this quarter, compared with 22 hours and five minutes in July to September 2011 (Figure 33).

Figure 32 Median time patients spent in the emergency department, July 2011 to September 2016

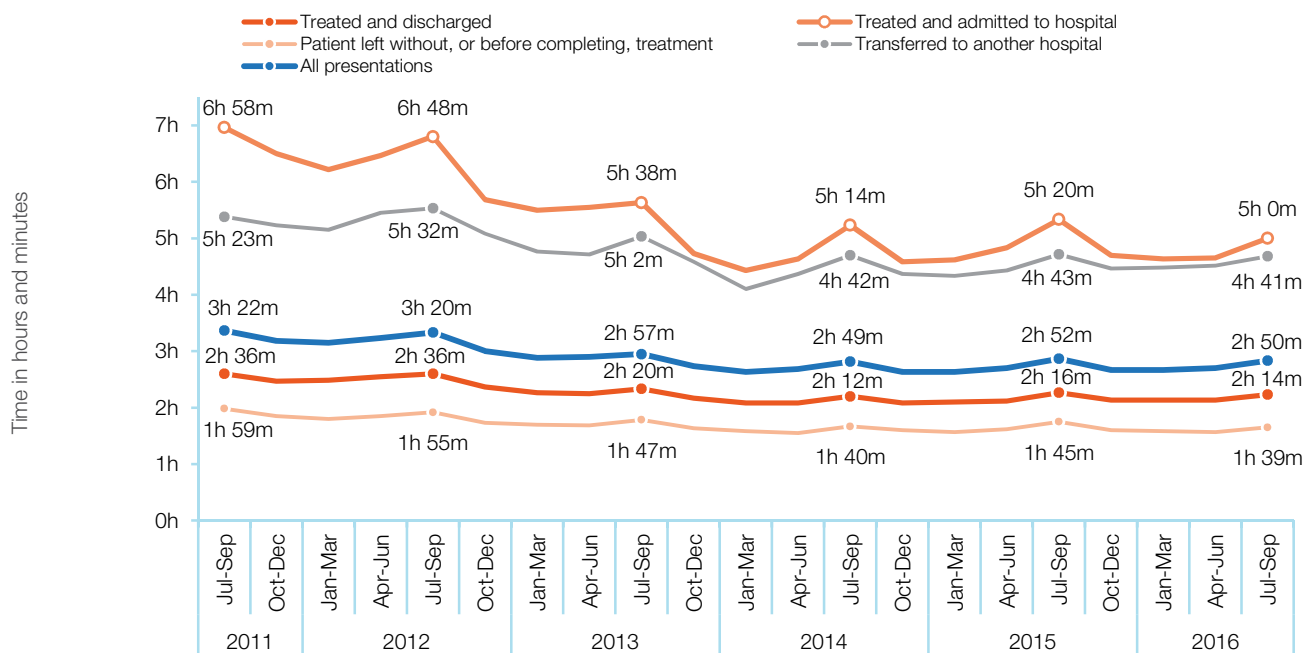
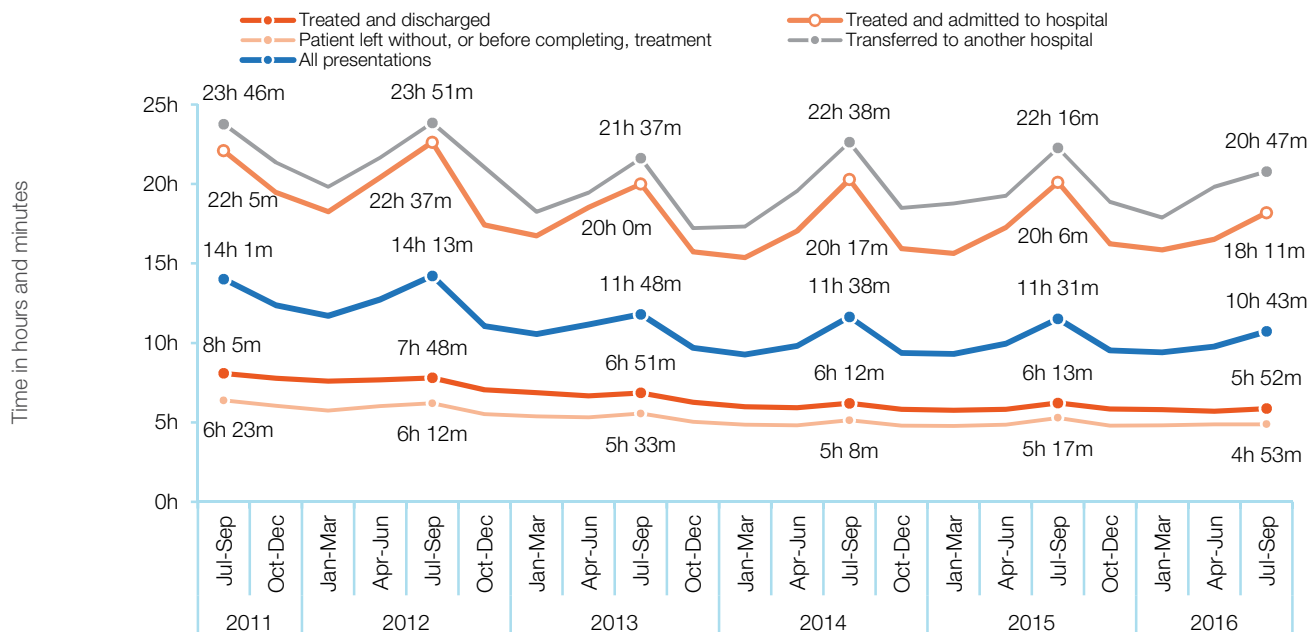


Figure 33 95th percentile time patients spent in the emergency department, July 2011 to September 2016



How long did patients spend in the emergency department?

Percentage of patients who spent four hours or less in the ED

During the July to September 2016 quarter, 71.5% of patients spent four hours or less in the ED, an increase of 1.4 percentage points compared with the same quarter last year (Figure 34 and 35).

Patients who require admission to hospital from the ED usually have more complex health needs than those who are treated in the ED and discharged, and therefore often spend longer periods in the ED.

Among patients who were treated and discharged this quarter, 85.5% spent four hours or less in the ED. Among patients who were treated and subsequently admitted to hospital, and those who were transferred to another hospital, less than half spent four hours or less in the ED. Of those who

left without, or before, completing treatment, 90.9% spent four hours or less in the ED (Figure 34).

While 71.5% of patients spent four hours in the ED this quarter, a further 19.7% spent between four and eight hours, and a further 4.8% spent between eight to 12 hours in the ED (Figure 36).

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

Figure 34 Percentage of patients who spent four hours or less in the emergency department, by mode of separation, July to September 2016

	This quarter	Same quarter last year	Percentage point change since one year ago
All ED presentations	71.5%	70.1%	1.4
Treated and discharged	85.5%	83.7%	1.8
Treated and admitted	39.5%	36.2%	3.3
Left without, or before completing, treatment	90.9%	88.7%	2.2
Transferred to another hospital	43.6%	43.0%	0.6

Figure 35 Percentage of patients who spent four hours or less in the emergency department, by mode of separation, July 2011 to September 2016

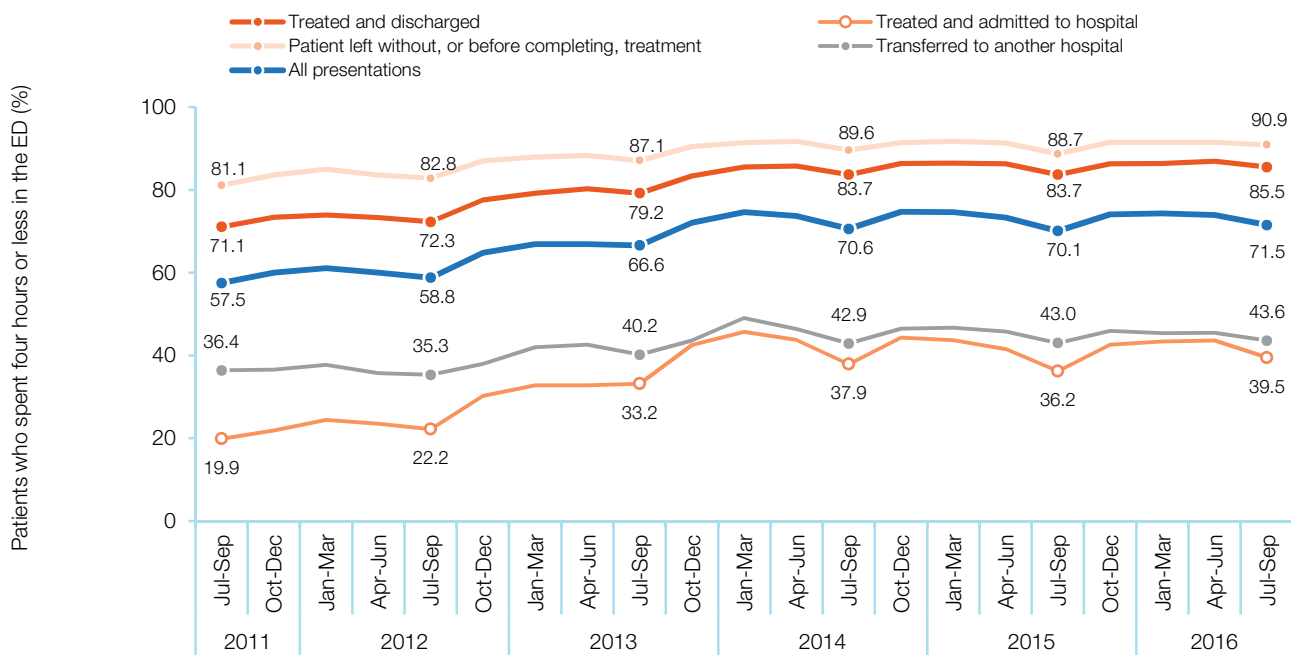
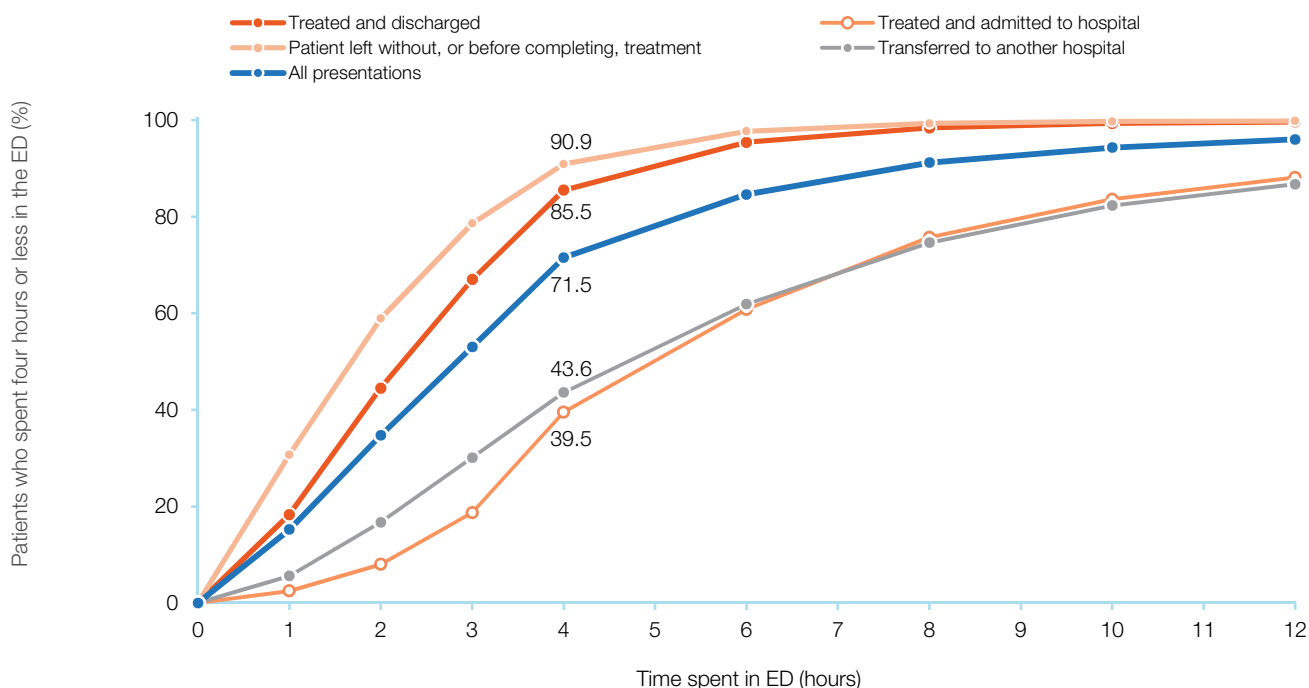


Figure 36 Percentage of patients and time spent in the emergency department, by mode of separation, July to September 2016



How long were patients in the emergency department?

Variation in the percentage of patients who spent four hours or less in the ED

There is considerable variation between and within hospital peer groups in the percentage of patients who spent four hours or less in the ED. Peer group C2 hospitals have a higher percentage of patients who spent four hours or less in the ED compared with other peer group hospitals. Peer group A1 hospitals have a smaller percentage of patients who spent four hours or less in the ED (Figure 37).

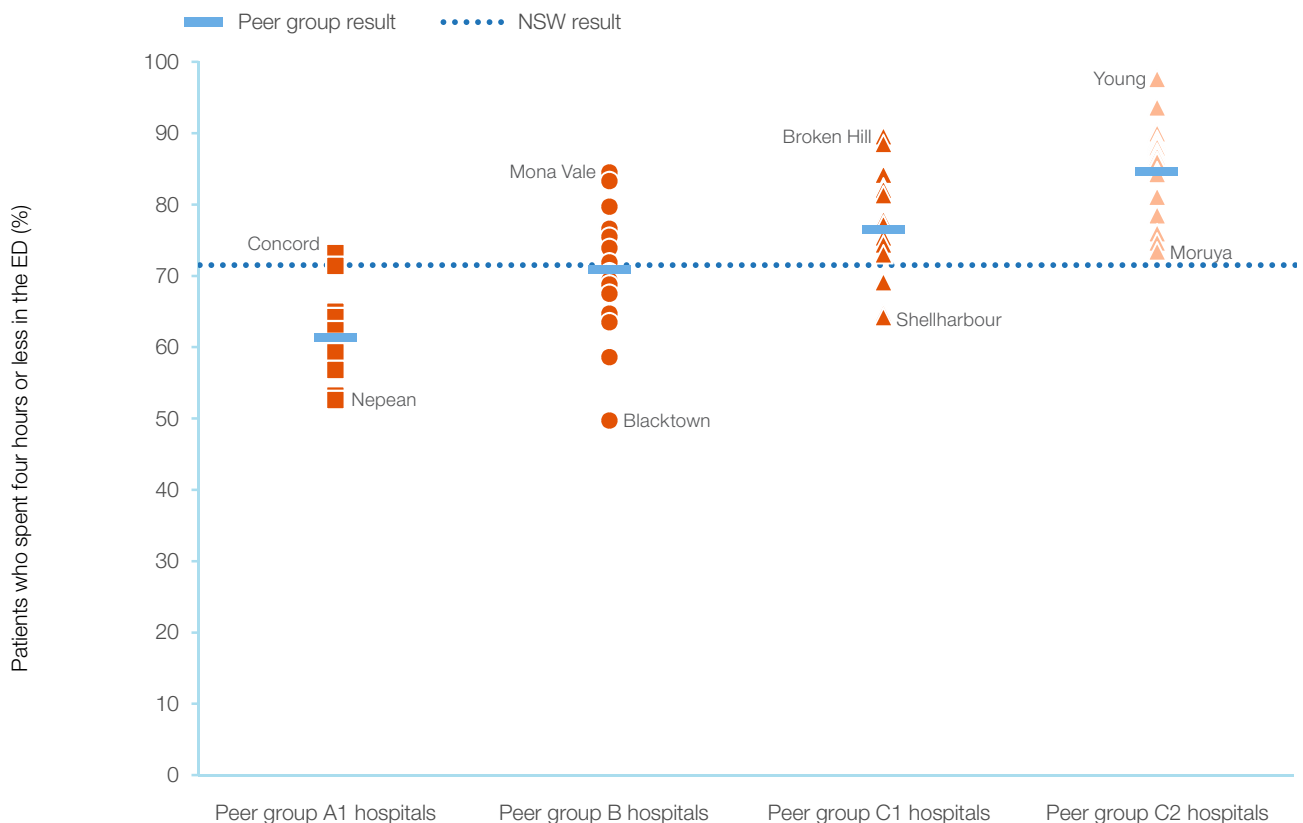
Figure 38 maps hospital results for this quarter on two axes: the percentage of patients who spent four hours or less in the ED (Y-axis), and the percentage point change since the same quarter last year (X-axis).

For hospitals shown above the blue NSW line, a higher percentage of patients spent four hours or

less in the ED, compared with the overall NSW result. For hospitals below this line, a lower percentage of patients spent four hours or less in the ED, compared with the overall NSW result. Hospitals shown to the left of the vertical '0' line had lower results, compared with the same quarter last year, while those shown to the right of the vertical line had higher results.

Hospitals in the upper right quadrant achieved higher results than NSW overall, and an increase in percentage of patients who spent four hours or less in the ED, compared with the same quarter last year. Hospitals in the upper left quadrant had results that were higher than NSW and a decrease in the percentage of their patients who spent four hours or less in the ED.

Figure 37 Percentage of patients who spent four hours or less in the emergency department, by peer group, July to September 2016



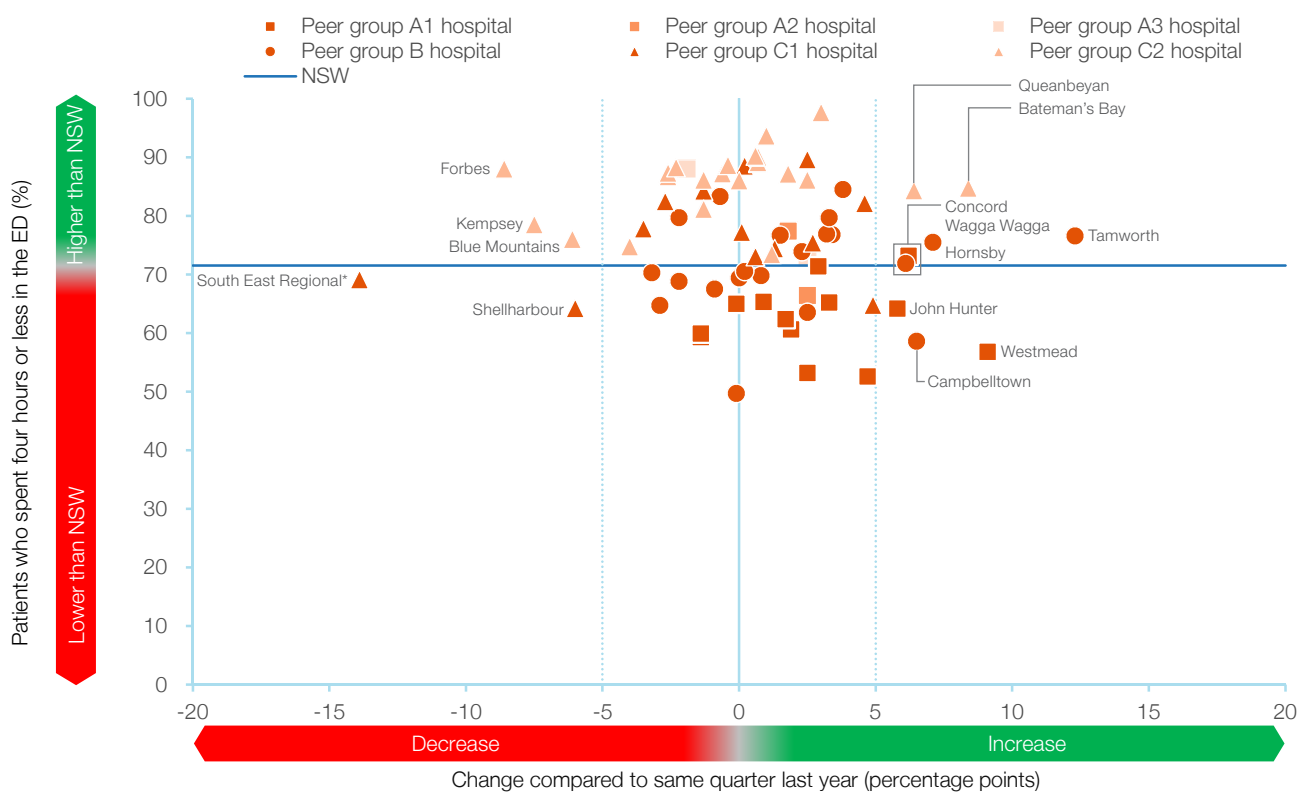
Hospitals in the lower right quadrant had results that were lower than NSW, and an increase in the percentage of their patients who spent four hours or less in the ED. Hospitals in the lower left quadrant had results that were lower than NSW and a decrease the percentage who spent four hours or less in the ED.

Hospitals identified in Figure 38 are those that had an increase or a decrease in the percentage of their patients who spent four hours or less in the ED of more than five percentage points compared with the same quarter last year.

Across hospitals, the percentage of patients who spent four hours or less in the ED increased in 45 out of 75 hospitals this quarter. For nine hospitals, the increase was more than five percentage points. Of these, for one hospital the increase was more than 10 percentage points (Figure 38).

The percentage of patients who spent four hours or less in the ED decreased in 28 hospitals. For five hospitals, the decrease was more than five percentage points. Of these, for one hospital the decrease was more than 10 percentage points (Figure 38).

Figure 38 Percentage of patients who spent four hours or less in the emergency department, and percentage point change since same quarter last year, hospitals by peer group, July to September 2016



* South East Regional Hospital (formerly called Bega District Hospital)

How long did patients spend in the emergency department?

Change over time in percentage of patients who spent four hours or less in the ED

There was a decrease this quarter in the percentage of patients who spent four hours or less in the ED in peer group C2 hospitals (84.1%; down 1.1 percentage points). There was an increase in the percentage of patients who spent four hours or less in the ED in peer group A1 (61.4%; up 2.8 percentage points), peer group B (70.9%; up 2.0 percentage points) and peer group C1 (76.4%; up 0.1 percentage points) (Figure 39).

B (27.3%; down 1.0 percentage points) compared with the same quarter last year (Figure 40).

Over the past five years, peer group C1 and C2 hospitals have had a consistently higher percentage of patients who spent four hours or less in the ED compared with peer group A1 and B hospitals (Figure 40).

There was an increase in the percentage of patients who spent four hours or less in the ED in peer group A1 and B across all modes of separation, with the exception of patients who transferred in peer group

Figure 39 Percentage of patients who spent four hours or less in the emergency department, by peer group, July 2011 to September 2016

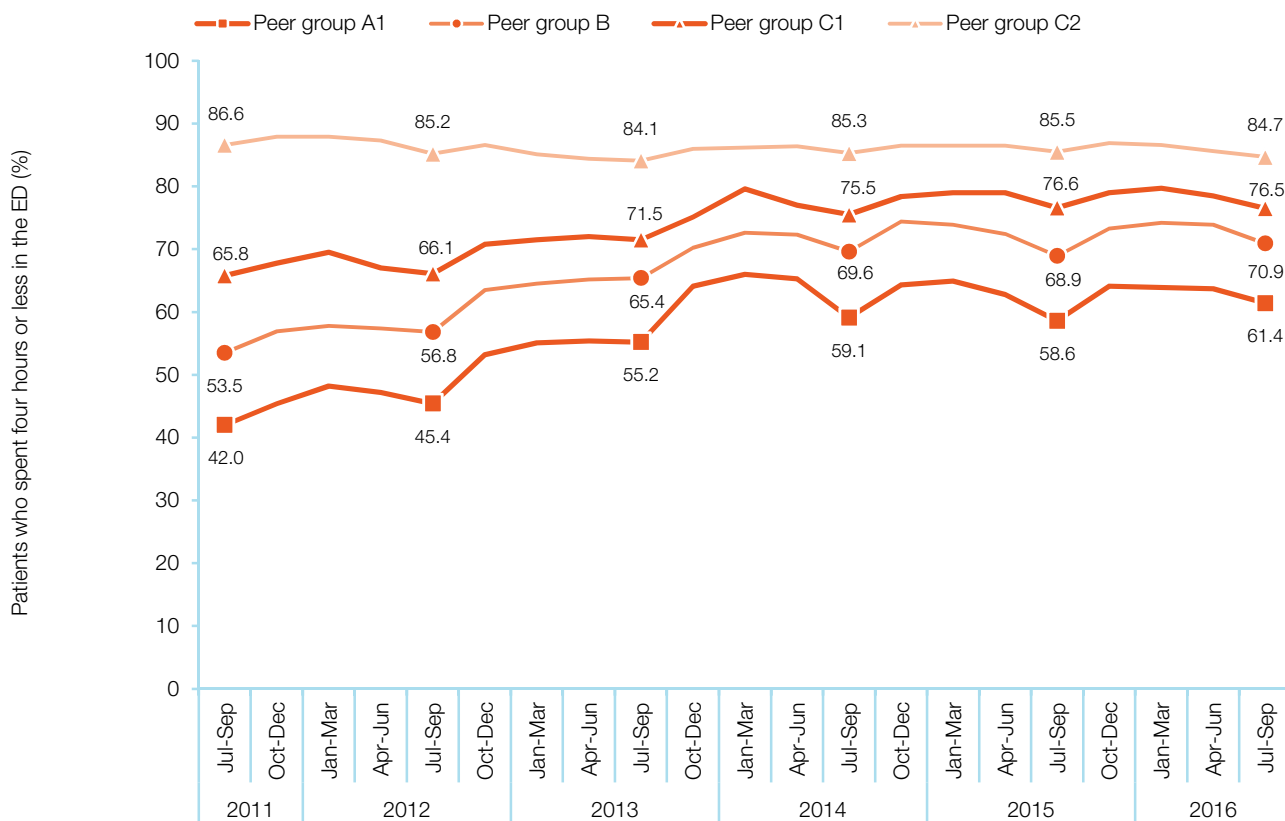
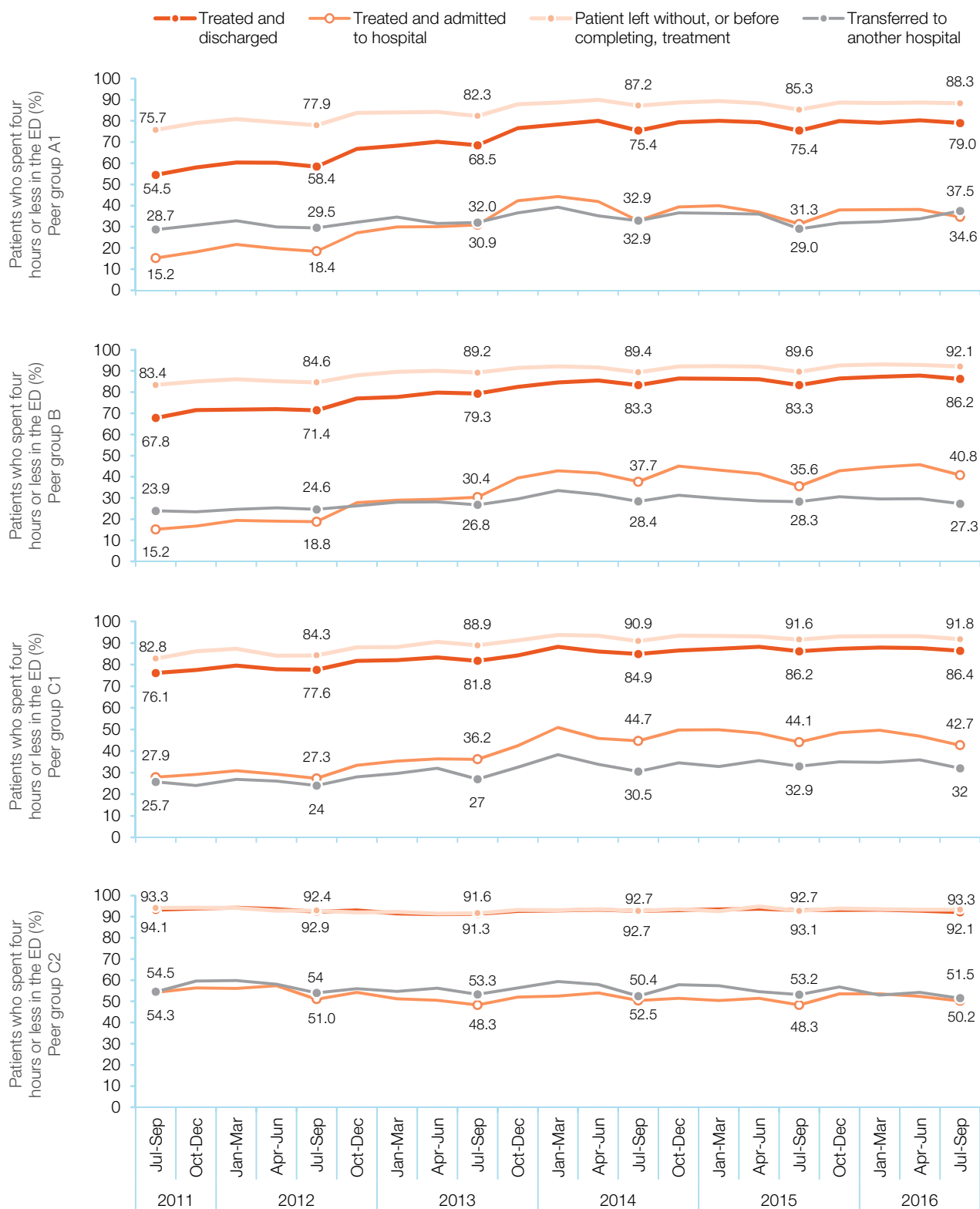


Figure 40 Percentage of patients who spent four hours or less in the emergency department, by mode of separation and peer group, July 2011 to September 2016



How many patients who arrived by ambulance had their care transferred within 30 minutes?

During the July to September 2016 quarter, 148,924 patients arrived at NSW EDs by ambulance (up 0.5% compared with the same quarter last year). This quarter, 134,424 patient records (matched between ambulance service and ED records) were used to calculate transfer of care time (Figure 41).

The median transfer of care time from ambulance to ED staff (12 minutes) was two minutes shorter this quarter and the 95th percentile transfer of care time (45 minutes) was 28 minutes shorter compared with the same quarter last year (Figure 41).

In NSW, transfer of care, from ambulance to ED staff, should have occurred within 30 minutes for 90% of patients. This quarter, 89.2% of patients arriving by ambulance had their care transferred within 30 minutes; 7.0 percentage points higher than in the same quarter last year (Figure 42).

Figure 43 shows variation between and within hospital peer groups in the percentage of patients who had their care transferred within 30 minutes this quarter.

Figure 41 Emergency department transfer of care time, July to September 2016

	This quarter	Same quarter last year	Change since one year ago
Arrivals used to calculate transfer of care time: 134,424 patients		130,320 patients	3.1%
ED transfer of care time			
Median time	12m	14m	-2m
95th percentile time	45m	73m	-28m

Figure 42 Percentage of ambulance arrivals with transfer of care time within 30 minutes, April 2013 to September 2016

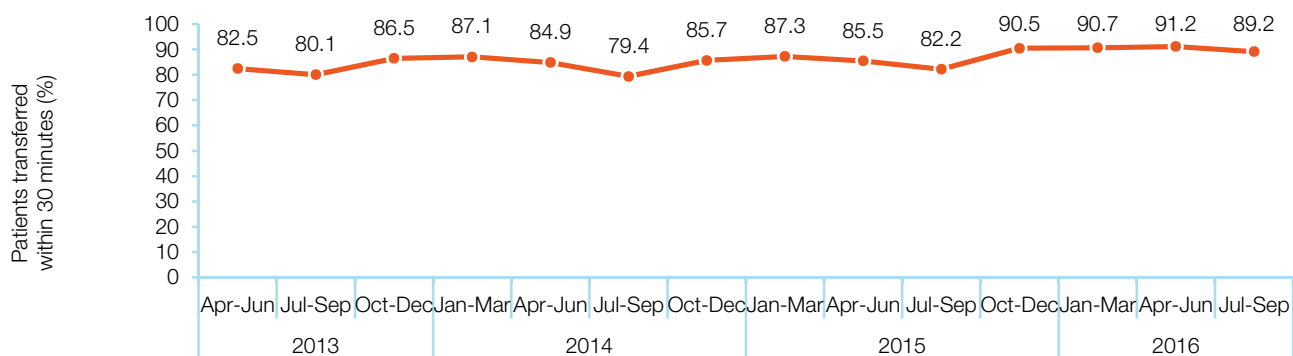
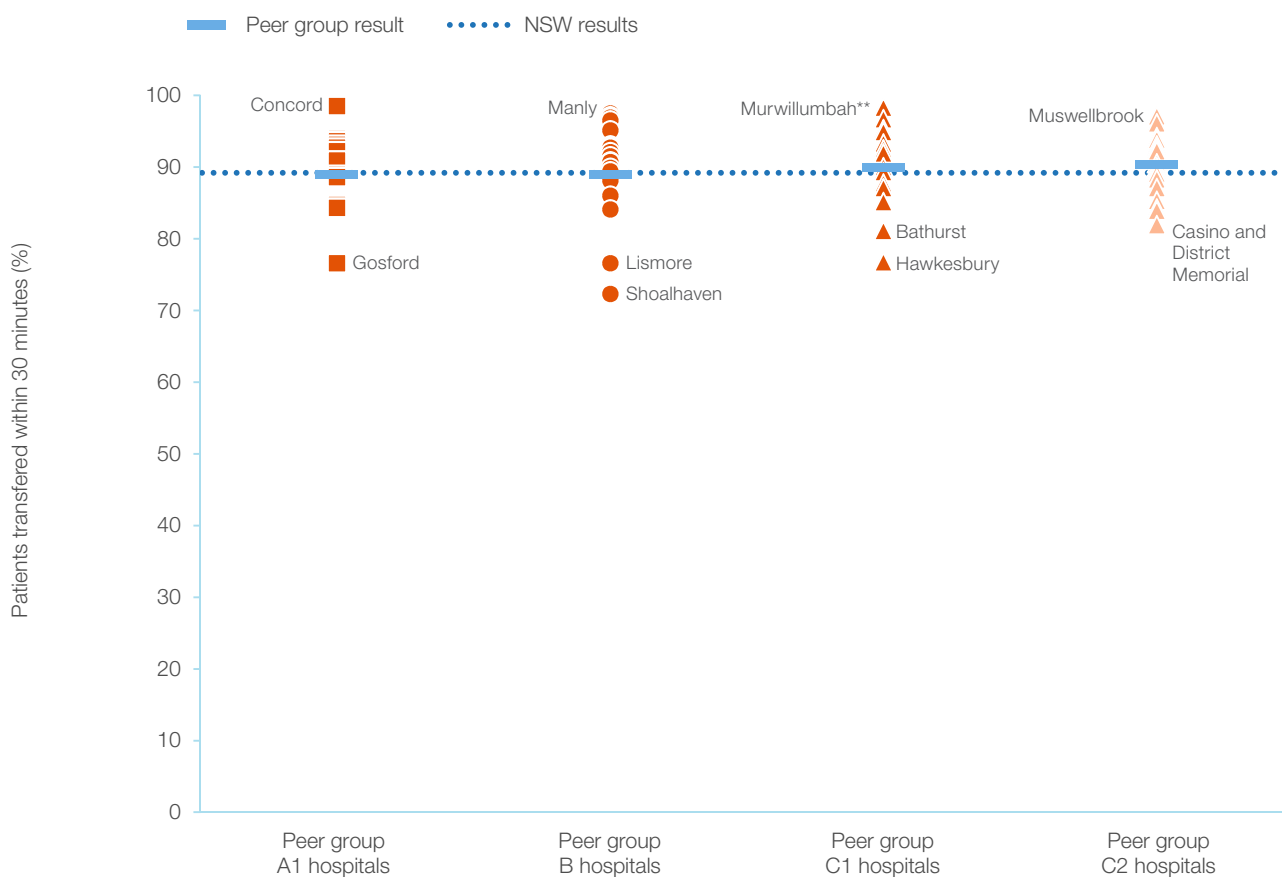


Figure 43 Percentage of ambulance arrivals whose care was transferred within 30 minutes, by peer group, July to September 2016



(**) Use caution when interpreting these results – more than 30% of total records where transfer of care cannot be calculated.

How long did patients wait for elective surgery?

During the July to September 2016 quarter, the median waiting time for urgent surgery was 10 days (Figure 44). This has remained largely unchanged in the same quarter over the past five years (Figure 45). The median waiting time for semi-urgent surgery (44 days) has remained largely unchanged in the same quarter over the past three years. Seasonal

fluctuations in the median waiting time for non-urgent surgery continue (220 days this quarter) (Figure 44).

Compared with the same quarter in 2011, the median waiting time for semi-urgent surgery has decreased by three days and the median waiting time for non-urgent surgery has increased by nine days (Figure 45).

Figure 44 Waiting times for elective surgery, by urgency category, July to September 2016







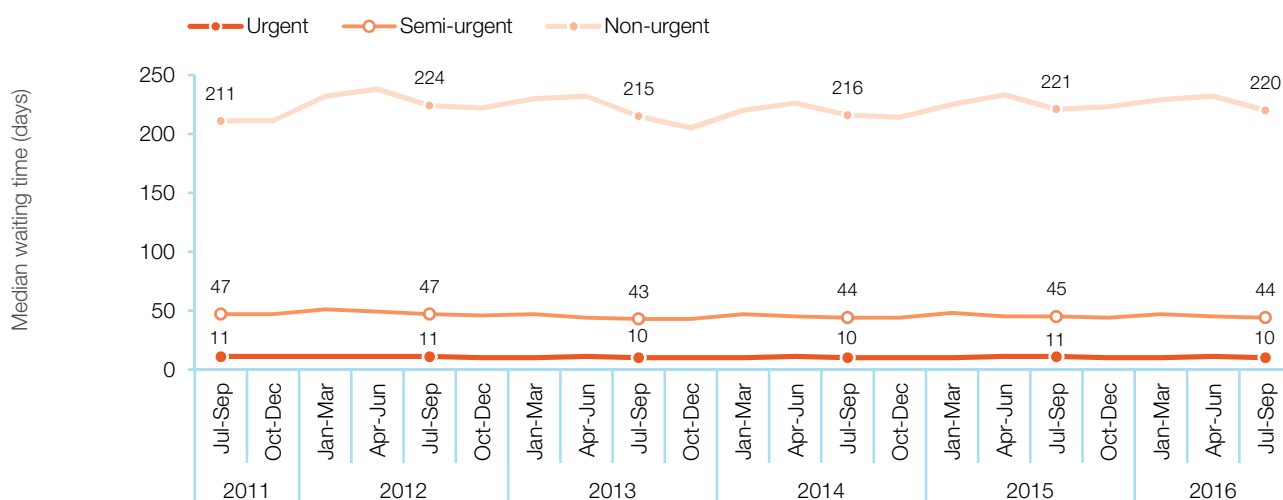
		This quarter	Same quarter last year	Change since one year ago
Urgent: 12,668 patients				
Median time to receive surgery		10 days	11 days	-1 day
90th percentile time to receive surgery		26 days	26 days	Unchanged
Semi-urgent: 18,428 patients				
Median time to receive surgery		44 days	45 days	-1 day
90th percentile time to receive surgery		82 days	83 days	-1 day
Non-urgent: 24,257 patients				
Median time to receive surgery		220 days	221 days	-1 day
90th percentile time to receive surgery		353 days	356 days	-3 days

Figure 45 Median waiting time for elective surgery, by urgency category, July 2011 to September 2016



There has been a slight downward trend in the 90th percentile waiting times for elective surgery across all urgency categories since the July to September 2011 quarter (Figure 46). Compared with the same quarter in 2011, the largest decrease in the 90th percentile waiting time for elective surgery was for procedures categorised as non-urgent (down 10 days) (Figure 46).

Figure 47 shows the percentage of elective surgical procedures completed, by number of days waiting and urgency category. The lines drawn at 30 days, 90 days and 365 days represent the recommended times for patients to receive surgery in each urgency category.

Figure 46 90th percentile waiting time for elective surgery, by urgency category, July 2011 to September 2016

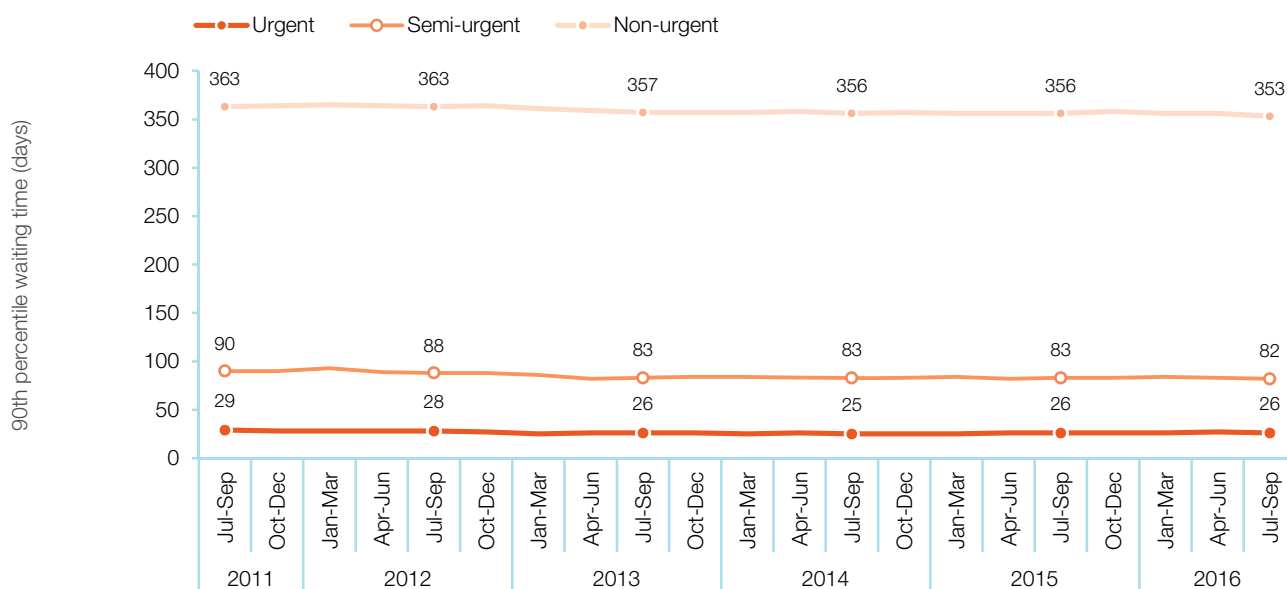
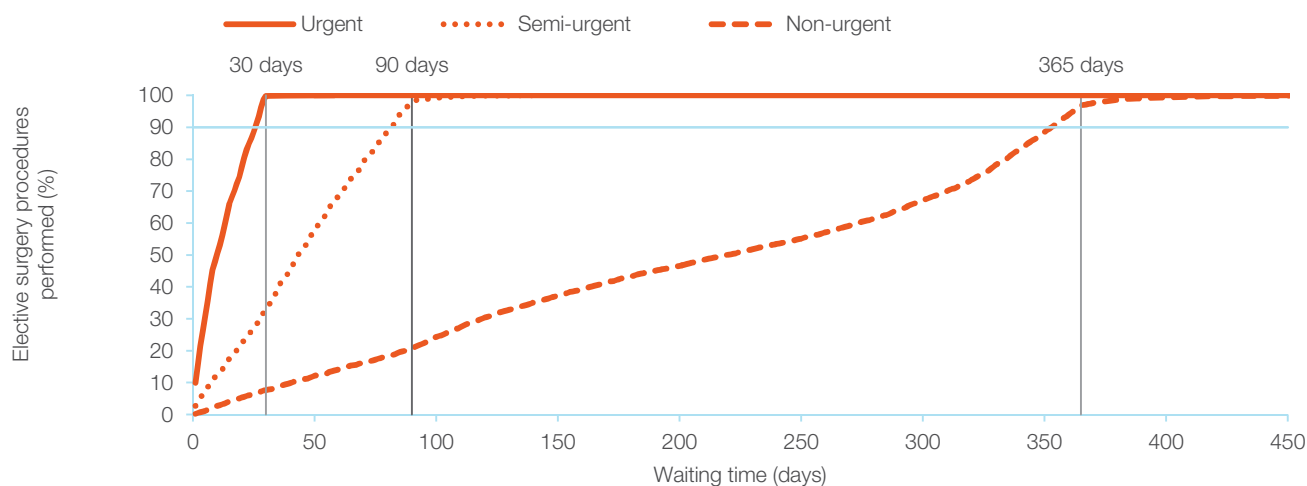


Figure 47 Cumulative percentage of elective surgery completed, by day and urgency category, July to September 2016



How long did patients wait for elective surgery?

Variation in waiting times for elective surgery

During the July to September 2016 quarter, there was variation between and within hospital peer groups in the 90th percentile waiting times for elective surgery. This variation was most marked for patients requiring non-urgent surgery (Figure 48).

Across specialty groups, ophthalmological surgery (197 days), ear, nose and throat surgery (170 days) and orthopaedic surgery (118 days) had the longest median waiting times this quarter. Medical (non-specialist) surgery had the shortest median waiting time (14 days) (Figure 49).

Across common surgical procedures, septoplasty (318 days), and myringoplasty/tympanoplasty (301 days) had the longest median waiting times this quarter. Other-general (24 days) and coronary artery bypass graft (26 days) had the shortest median waiting times (Figure 50).

Due to the large amount of information presented, individual facilities are not identified in Figure 48. This information is available in Healthcare Observer.

Figure 48 90th percentile waiting time for elective surgery, by urgency category and peer group, July to September 2016

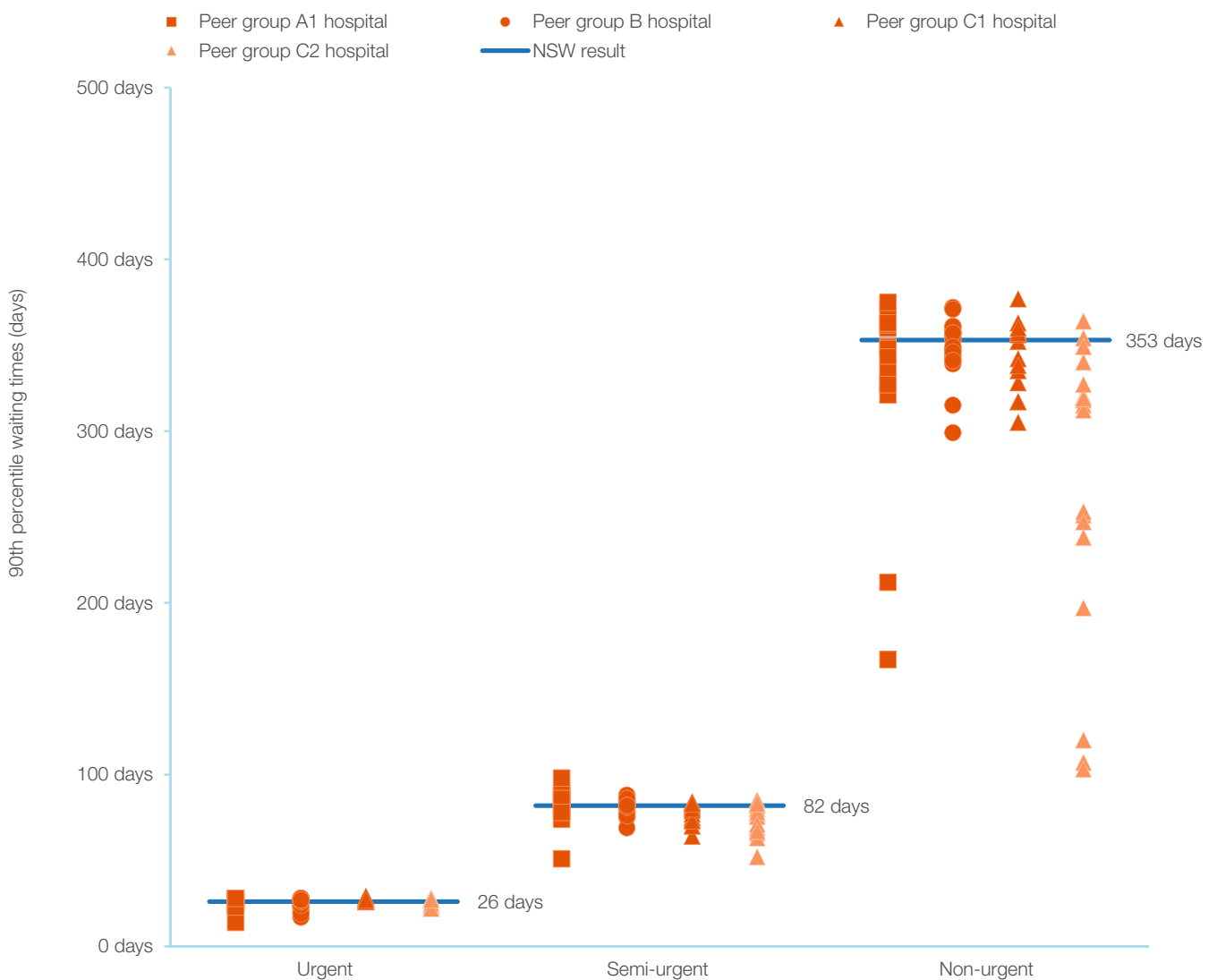


Figure 49 Median waiting time for patients who received elective surgery, by specialty, July to September 2016





























	Number of procedures	This quarter	Same quarter last year	Change since one year ago
General surgery	14,109	 35 days	35 days	unchanged
Orthopaedic surgery	9,333	 118 days	128 days	-10 days
Ophthalmology	8,012	 197 days	197 days	unchanged
Urology	7,803	 36 days	34 days	2 days
Gynaecology	7,564	 38 days	40 days	-2 days
Ear, nose and throat surgery	4,486	 170 days	146 days	24 days
Plastic surgery	2,588	 33 days	39 days	-6 days
Vascular surgery	1,631	 18 days	20 days	-2 days
Neurosurgery	1,193	 39 days	39 days	unchanged
Cardiothoracic surgery	878	 22 days	24 days	-2 days
Medical	479	 14 days	15 days	-1 day

Figure 50 Median waiting time for patients who received elective surgery, by common procedure, July to September 2016

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Cataract extraction	6,376	 233 days	231 days	2 days
Cystoscopy	3,292	 31 days	29 days	2 days
Hysteroscopy	2,574	 33 days	34 days	-1 day
Cholecystectomy	1,684	 53 days	55 days	-2 days
Other - General	1,680	 24 days	22 days	2 days
Total knee replacement	1,644	 293 days	289 days	4 days
Inguinal herniorrhaphy	1,596	 73 days	68 days	5 days
Tonsillectomy	1,348	 281 days	254 days	27 days
Total hip replacement	1,044	 220 days	214 days	6 days
Prostatectomy	730	 57 days	63 days	-6 days
Abdominal hysterectomy	685	 64 days	65 days	-1 day
Septoplasty	446	 318 days	308 days	10 days
Varicose veins stripping and ligation	368	 119 days	147 days	-28 days
Haemorrhoidectomy	354	 57 days	57 days	unchanged
Coronary artery bypass graft	148	 26 days	26 days	unchanged
Myringoplasty/Tympanoplasty	120	 301 days	324 days	-23 days
Myringotomy	91	 53 days	68 days	-15 days

How long did patients wait for elective surgery?

Percentage of elective surgical procedures performed on time

Most elective surgical procedures (97.9%) were performed on time this quarter – 99.8% of urgent surgery, 98.0% of semi-urgent surgery and 96.9% of non-urgent surgery (Figure 51). These results have been largely stable for all urgency categories in the same quarter over the past three years (Figure 52).

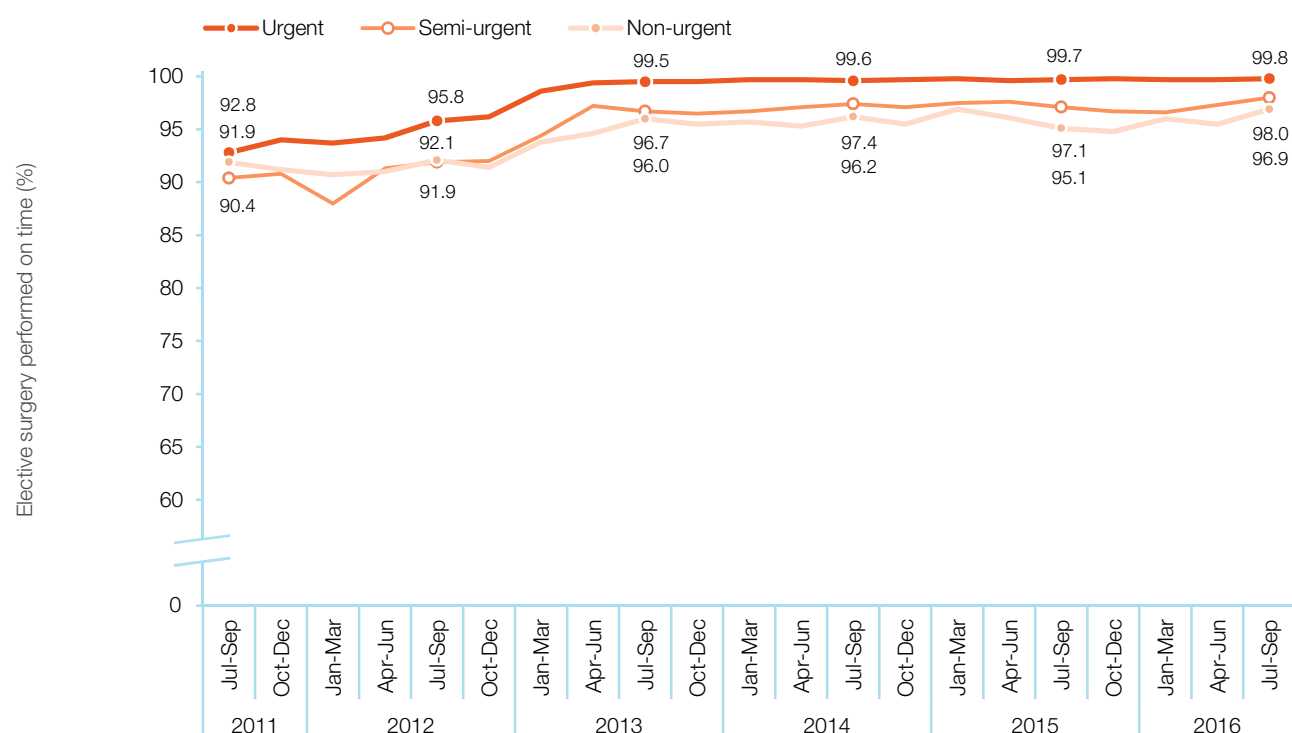
For hospitals shown above the blue NSW line, a higher percentage of procedures were performed on time this quarter compared with the overall NSW result. For hospitals below this line, a lower percentage of procedures were performed on time this quarter compared with the overall NSW result. Hospitals shown to the left of the vertical '0' line had lower results, compared with the same quarter last year, while those shown to the right of the vertical line had higher results.

Figure 53 maps hospital results for this quarter on two axes: the percentage of elective surgery performed on time (Y-axis), and the percentage point change since the same quarter last year (X-axis).

Figure 51 Percentage of elective surgical procedures performed on time, by urgency, July to September 2016

	This quarter	Same quarter last year	Percentage point change since one year ago
All elective surgery	97.9%	96.9%	1.0
Urgent	99.8%	99.7%	0.1
Semi-urgent	98.0%	97.1%	0.9
Non-urgent	96.9%	95.1%	1.8

Figure 52 Percentage of elective surgical procedures performed on time, by urgency, July 2011 to September 2016



Hospitals in the upper right quadrant have achieved higher results than NSW overall, and an increase in the percentage of elective surgical procedures performed on time this quarter, compared with the same quarter last year. Hospitals in the upper left quadrant achieved results higher than NSW this quarter and a decrease in the percentage of procedures performed on time, compared with the same quarter last year.

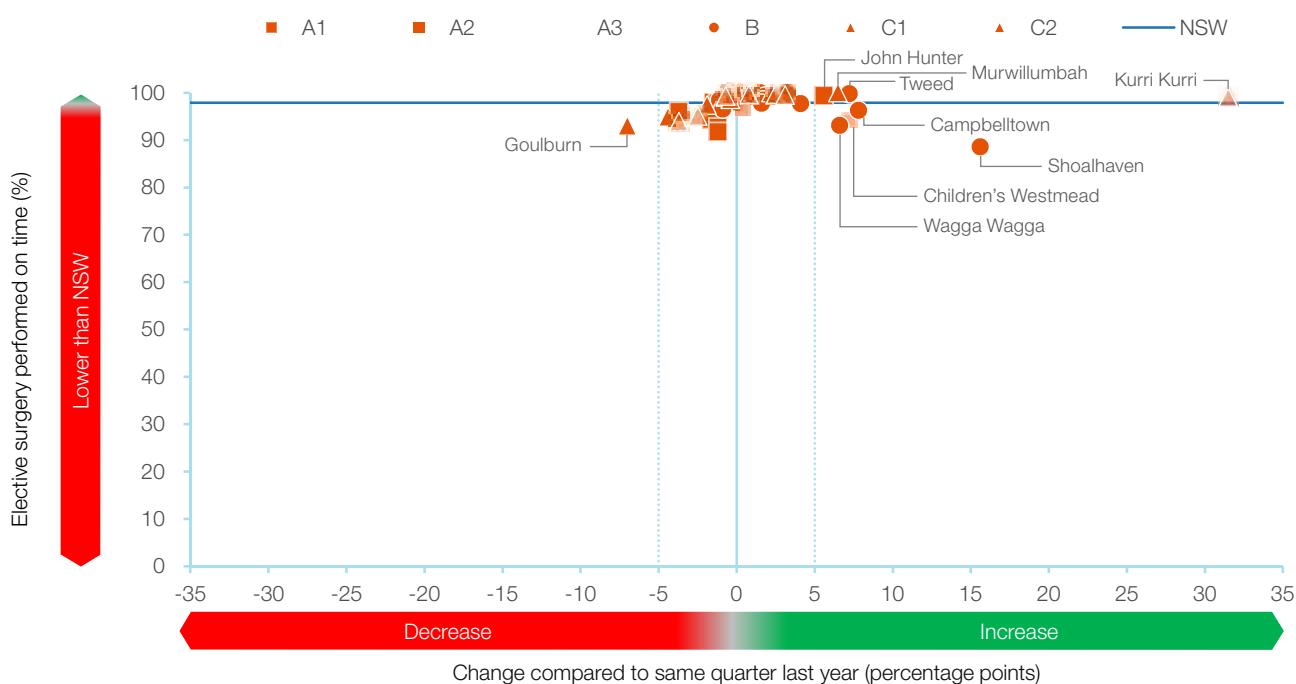
Hospitals in the lower right quadrant had results that were lower than NSW overall, and an increase in the percentage of procedures performed on time this quarter, compared with the same quarter last year. Hospitals in the lower left quadrant had results that were lower than NSW and a decrease in the percentage of procedures performed on time, compared with the same quarter last year.

Hospitals identified in Figure 53 are those that had an increase or a decrease in the percentage of procedures performed on time this quarter of more than five percentage points, compared with the same quarter last year.

Across hospitals, the percentage of elective surgical procedures performed on time increased in 28 out of 79 hospitals. For eight hospitals, the increase was more than five percentage points. Of these, for two hospitals, the increase was more than 15 percentage points (Figure 53).

The percentage of procedures performed on time decreased in 26 hospitals. For one hospital, the decrease was more than five percentage points (Figure 53).

Figure 53 Percentage of elective surgical procedures performed on time and percentage point change since same quarter last year, hospitals by peer group, July to September 2016



How long did patients wait for elective surgery?

Percentage of elective surgical procedures performed on time by specialty

The percentage of elective surgical procedures performed on time reached almost 100% this quarter across several specialty groups.

Vascular surgery and medical (non-specialist) surgery had the highest percentage of patients who received surgery on time this quarter (99.3% and 99.1% respectively). Ear, nose and throat surgery (95.8%) and neurosurgery (96.5%) had the lowest (Figure 54). Ophthalmological surgery had the largest percentage point increase in the of procedures performed on time this quarter (up 3.0

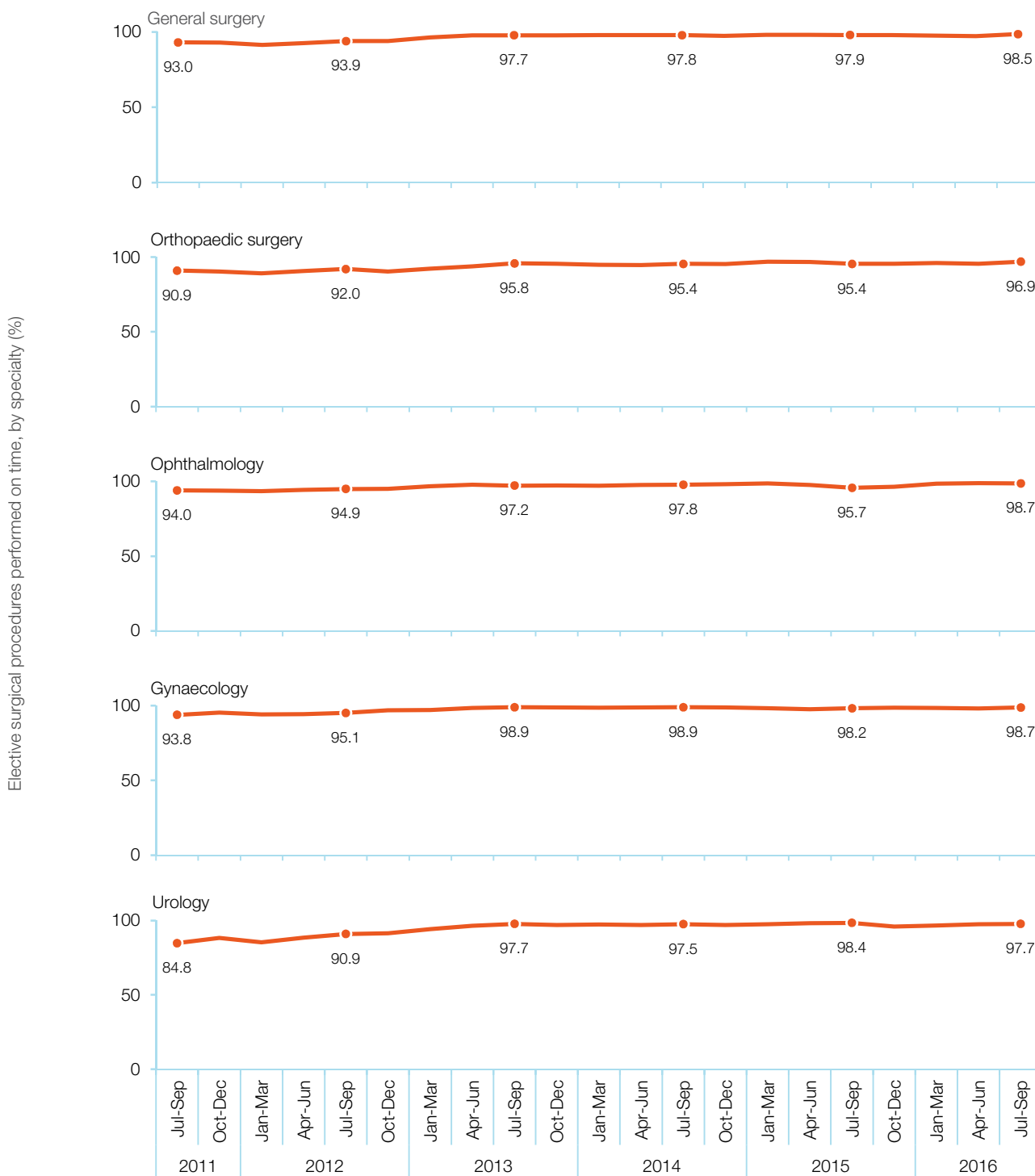
percentage points), while urology had the largest percentage point decrease (down 0.7 percentage points), compared with the same quarter last year.

Figure 55 shows change over the past five years in the percentage of elective surgery performed on time for the five highest volume surgical specialty groups. Urology had the largest increase (12.9 percentage points) in the percentage of elective surgery completed within recommended timeframes since July to September 2011.

Figure 54 Percentage of elective surgical procedures performed on time, by specialty, July to September 2016

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
General surgery	14,109	98.5%	97.9%	0.6
Orthopaedic surgery	9,333	96.9%	95.4%	1.5
Ophthalmology	8,012	98.7%	95.7%	3.0
Urology	7,803	97.7%	98.4%	-0.7
Gynaecology	7,564	98.7%	98.2%	0.5
Ear, nose and throat surgery	4,486	95.8%	92.9%	2.9
Plastic surgery	2,588	97.2%	96.6%	0.6
Vascular surgery	1,631	99.3%	98.6%	0.7
Neurosurgery	1,193	96.5%	96.4%	0.1
Cardiothoracic surgery	878	97.9%	98.0%	-0.1
Medical	479	99.1%	98.9%	0.2

Figure 55 Percentage of elective surgical procedures performed on time, by specialty, July 2011 to September 2016



How long did patients wait for elective surgery?

Percentage of elective surgery performed on time by common procedure

The percentage of elective surgical procedures performed on time reached almost 100% this quarter across several common procedures.

Hysteroscopy, haemorrhoidectomy and myringotomy had the highest percentage of patients who received surgery on time this quarter (99.0% and 98.9% respectively), while myringoplasty/tympanoplasty (92.2%) and coronary artery bypass graft (93.9%) had the lowest. Myringoplasty/tympanoplasty had the largest increase in the percentage of procedures performed on time this quarter (up 9.1 percentage

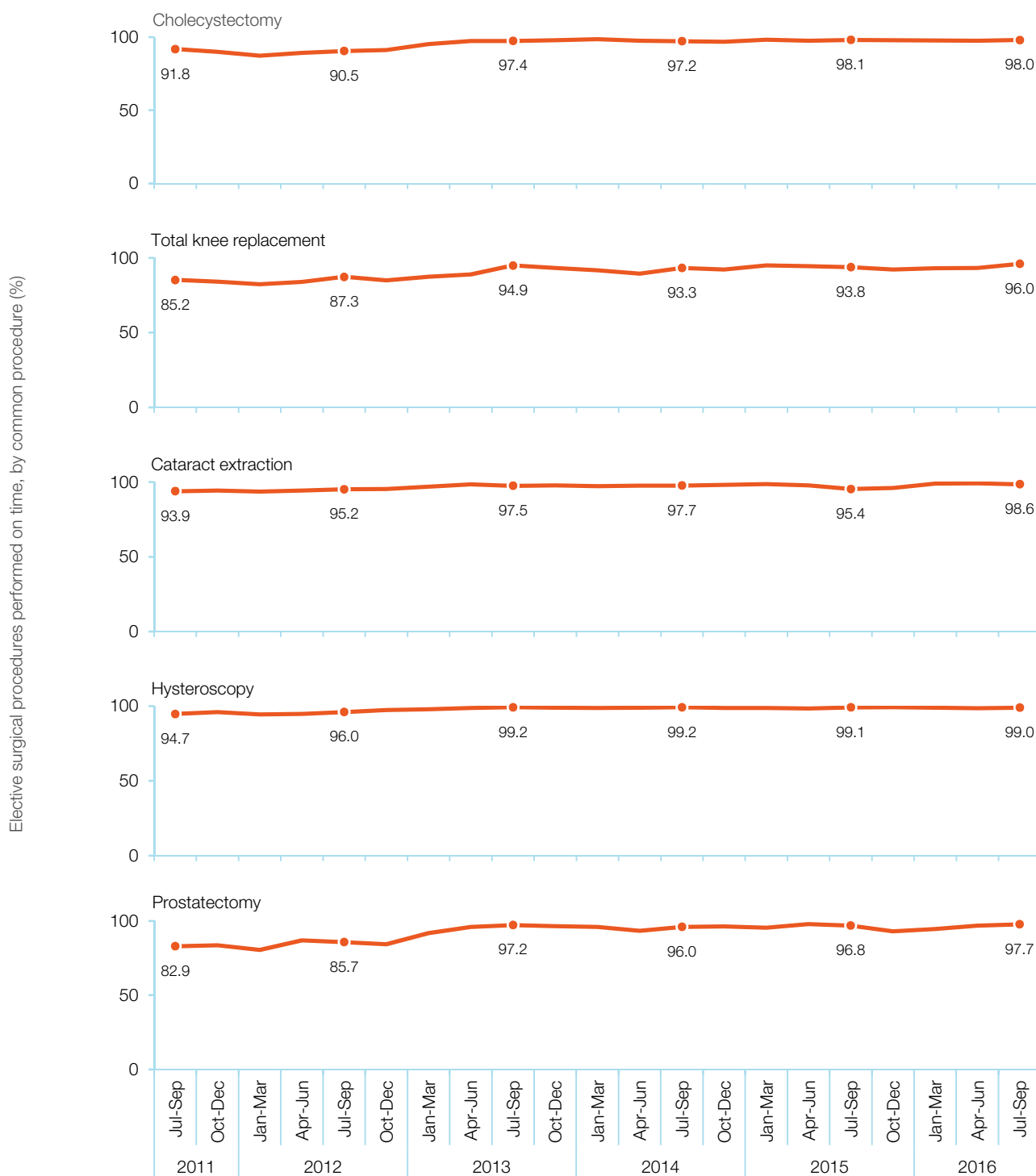
points), while coronary artery bypass graft had the largest decrease (down 4.8 percentage points) compared with the same quarter last year (Figure 56).

Figure 57 shows change over the past five years in the percentage of surgery performed on time across key common procedures in five of the highest volume specialties. Since the same quarter in 2011, prostatectomy and total knee replacement have seen the largest increase in the percentage of on-time surgery (14.8 and 10.8 percentage points respectively).

Figure 56 Percentage of elective surgical procedures performed on time, by common procedure, July to September 2016

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Cataract extraction	6,376	98.6%	95.4%	3.2
Cystoscopy	3,292	97.8%	99.0%	-1.2
Hysteroscopy	2,574	99.0%	99.1%	-0.1
Cholecystectomy	1,684	98.0%	98.1%	-0.1
Other - General	1,680	97.2%	97.0%	0.2
Total knee replacement	1,644	96.0%	93.8%	2.2
Inguinal herniorrhaphy	1,596	97.5%	97.6%	-0.1
Tonsillectomy	1,348	96.6%	93.7%	2.9
Total hip replacement	1,044	96.8%	95.5%	1.3
Prostatectomy	730	97.7%	96.8%	0.9
Abdominal hysterectomy	685	97.6%	96.5%	1.1
Septoplasty	446	95.0%	92.8%	2.2
Varicose veins stripping and ligation	368	97.5%	95.8%	1.7
Haemorrhoidectomy	354	98.9%	98.2%	0.7
Coronary artery bypass graft	148	93.9%	98.7%	-4.8
Myringoplasty/Tympanoplasty	120	92.2%	83.1%	9.1
Myringotomy	91	98.9%	92.3%	6.6

Figure 57 Percentage of elective surgical procedures performed on time, by common procedure, July 2011 to September 2016



Terms and classifications

Table 4 Terms and classifications used in the report

Emergency departments	
All presentations	All emergency and non-emergency attendances at the emergency department (ED).
Emergency presentations	All presentations that have a triage category and are coded as emergency presentations or unplanned return visits or disaster.
Presentation time	<p>Presentation time is the earliest time recorded of the patient being in the ED and the earlier of the following fields in the emergency visit database of the Health Information Exchange (HIE):</p> <p>Arrival time: the date and time the patient presented at the ED</p> <p>Triage time: the date and time when the patient was assessed by a triage nurse. Times to starting treatment and times to leaving the ED are both measured starting from presentation time.</p>
Treatment time	<p>Treatment time is the earlier of the following fields in the ED visit database of the HIE:</p> <p>First seen by clinician time: the date and time when the patient is first seen by a medical officer and has a physical examination/treatment performed that is relevant to their presenting problem(s)</p> <p>First seen by nurse time: the date and time when the patient is first seen by a nurse and has an assessment/treatment performed that is relevant to their presenting problem(s).</p> <p>Some patients are excluded from ED treatment time measures due to calculation requirements.</p>
Percentage of patients whose treatment started on time	<p>The percentage of patients whose treatment started on time is calculated as the percentage of patients with waiting times, from presentation, less than or equal to the clinically recommended maximum waiting time in as per the Australasian Triage Scale:</p> <p>Triage category 2: Emergency 10 minutes</p> <p>Triage category 3: Urgent 30 minutes</p> <p>Triage category 4: Semi-urgent 60 minutes</p> <p>Triage category 5: Non-urgent 120 minutes</p> <p>Note: Triage 1 patients are the most urgent and are almost all treated within two minutes. Clinicians treating them are focused on providing immediate and essential care, rather than recording times, therefore times to start treatment are generally not reported</p>
Median time patients waited to start treatment	The time from presentation by which half of patients had their treatment started. The other half of patients took equal to or longer than this time.
95th percentile time patients waited to start treatment	The time from presentation by which 95% of patients had treatment start. The final 5% of patients took equal to or longer than this time.
Departure time	<p>BHI has revised the definition used for calculating the time spent in the ED in line with the definition of the Commonwealth National Emergency Access Target (NEAT).</p> <p>Departure time is defined as follows:</p> <p>For patients who were treated and discharged, departure time is the time when treatment was completed. For all other patients, departure time is the time when the patient actually left the ED.</p>
Median time spent in the ED	The time half the patients spent in the ED. The other half of patients spent equal to or longer than this time. The median time patients spent in the ED is calculated from all ED presentations with a valid departure time.
95th percentile time spent in the ED	The time by which 95% of patients had left the ED. The remaining 5% spent equal to or longer than this time. The 95th percentile time patients spent in the ED is calculated from all ED presentations with a valid departure time.

Table 4 Terms and classifications used in the report (cont)

Emergency departments	
Mode of separation	ED presentations by mode of separation includes all presentations at the ED that have a departure time recorded.
Percentage of patients who spent four hours or less in the ED	<p>The percentage of patients who spent four hours or less in the ED is calculated from all ED presentations with a valid time to departing the ED.</p> <p>The percentage of patients who spent four hours or less in the ED reported in <i>Hospital Quarterly</i> is not directly comparable to figures reported by the NSW Ministry of Health or the Commonwealth due to slight differences in definitions, period of reporting and the number of hospitals included.</p> <p>Revision of departure time definition, together with the inclusion of 14 additional EDs in this issue of <i>Hospital Quarterly</i> has resulted in a two percentage point increase in the percentage of patients who spent four hours or less in the ED than would have otherwise been reported this quarter. For more information visit bhi.nsw.gov.au</p>
Transfer of care time	The period between arrival of patients at the ED by ambulance and transfer of responsibility for their care from paramedics to ED staff in an ED treatment zone. Transfer of care time is calculated for records that can be matched between the ED and ambulance information systems. This report includes transfer of care times for matched records only.
Triage category	<p>A classification system based on how urgent the patient's need is for treatment:</p> <p>Triage category 1: Resuscitation (for example, cardiac arrest)</p> <p>Triage category 2: Emergency (for example, chest pain, severe burns)</p> <p>Triage category 3: Urgent (for example, moderate blood loss, dehydration)</p> <p>Triage category 4: Semi-urgent (for example, sprained ankle, earache)</p> <p>Triage category 5: Non-urgent (for example, small cuts, abrasions).</p>
Hospital admissions	
Episode of care	<p>A period of care in a hospital or other healthcare facility with a defined start and end.</p> <p>When a person is admitted to hospital they begin what is termed an admitted patient episode or 'episode of care'. Acute episodes are typically short-term admissions for immediate care or treatment. Non-acute episodes include admissions for rehabilitation, palliative care and other non-acute reasons.</p> <p>Patients can have more than one episode of care during the same hospital admission. For example, a patient may begin with acute care and then change to rehabilitation or palliative care.</p>
Stay type	<p>Admitted patient episodes can be for 'same-day' or 'overnight' care. Same-day refers to patients who are admitted and discharged on the same day. Overnight refers to patients who spend at least one night in hospital.</p> <p>Admitted patient episodes can be either 'planned' or 'unplanned'. Planned refers to admissions that are arranged in advance (for example, patients who are admitted for planned elective surgery). Unplanned refers to emergency admissions (for example, for unplanned surgical patients).</p>
Average length of stay	<p>The total number of days in hospital for all admitted patient episodes (including same-day and overnight patients) divided by the total number of admitted patient episodes.</p> <p>The average length of stay is usually measured from midnight.</p>
Bed days	<p>Bed days are calculated for all admitted patient episodes completed during the reference period. Total acute bed days is the sum of bed days for all acute episodes with an episode end date within the defined period. Total acute bed days for an overnight episode is the difference, in days, between the episode start date and the episode end date, minus the number of episode leave days recorded. Same-day episodes count as one bed day.</p>

Terms and classifications

Table 4 Terms and classifications used in the report (cont)

Elective surgery	
Common procedure	Commonly performed elective surgery procedures.
Specialty	The area of clinical expertise held by the doctor who performed the surgery. Medical (specialty) refers to any surgery performed by a non-specialist medical practitioner.
Median waiting time	The number of days by which half of patients received surgery. The other half took equal to or longer than this time.
90th percentile waiting time	The number of days by which 90% of patients had received surgery. The remaining 10% took equal to or longer than this time.
Urgency category	<p>A classification system based on how urgent the patient's need for surgery is:</p> <p>Urgent surgery: Admission within 30 days is desirable for a condition that has potential to deteriorate quickly and become an emergency</p> <p>Semi-urgent surgery: Admission within 90 days is desirable for a condition unlikely to deteriorate quickly</p> <p>Non-urgent surgery: Admission within 365 days acceptable for a condition unlikely to deteriorate quickly.</p>
Staged surgery	<p>Surgery that, for medical reasons, cannot take place before a certain amount of time has elapsed. BHI uses this term to define all patients that could be identified as being a staged patient for most of their time on the waiting list and all non-urgent cystoscopy patients.</p> <p>Because of differences in how hospitals have historically coded cystoscopy, BHI includes all non-urgent cystoscopy in the staged surgery category for measures of surgical activity.</p>
Elective surgery waiting list	<p>Patients ready for elective surgery and on the waiting list excludes those waiting for staged procedures. Patients ready for non-urgent surgery on the waiting list also excludes those waiting for non-urgent cystoscopy.</p> <p>Patients not ready for surgery on the waiting list includes those waiting for staged procedures, non-urgent cystoscopy, and patients currently not available for personal reasons.</p> <p>The time a patient waited for the initial appointment with a specialist is not included in the time a patient spent on the waiting list for elective surgery.</p>

Appendix tables

These tables present activity and performance measures for individual hospitals from principal referral (peer group A1), paediatric specialist hospitals (peer group A2), ungrouped acute – tertiary referral hospitals (peer group A3), major hospitals (peer group B), district group 1 (peer group C1) and district group 2 hospitals (peer group C2). Information for smaller hospitals is presented under the category ‘Other’.

Hospital admissions

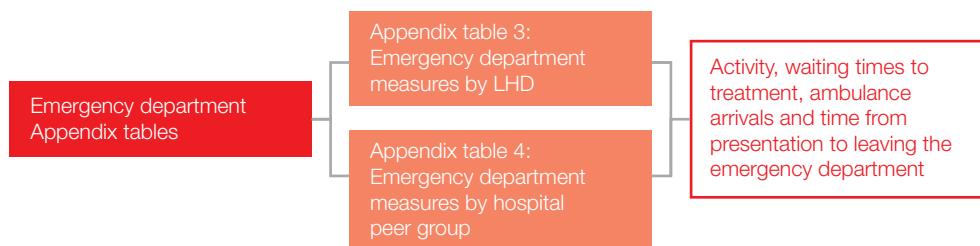
Appendix tables 1 and 2 present hospital admission activity measures for public hospitals in NSW for this quarter, by local health district (LHD) and hospital peer group.

- Download appendix tables by LHD
- Download appendix tables by hospital peer group

Emergency departments

Appendix tables 3 and 4 present emergency department activity and performance measures for public hospitals in NSW for this quarter, by LHD and hospital peer group.

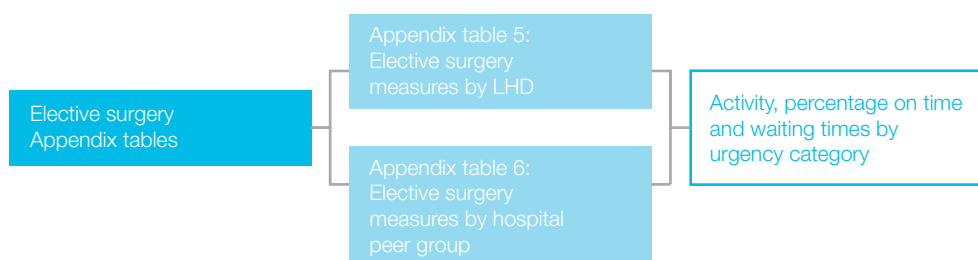
- Download appendix tables by LHD
- Download appendix tables by hospital peer group



Elective surgery

Appendix tables 5 and 6 present elective surgery activity and performance measures for public hospitals in NSW for this quarter, by LHD and hospital peer group.

- Download appendix tables by LHD
- Download appendix tables by hospital peer group



Index of hospitals by local health district and hospital peer group

Hospital name	Local health district	Hospital peer group
Armidale and New England Hospital	Hunter New England	C1
Auburn Hospital	Western Sydney	B
Ballina District Hospital	Northern NSW	C2
Bankstown/Lidcombe Hospital	South Western Sydney	A1
Bateman's Bay District Hospital	Southern NSW	C2
Bathurst Base Hospital	Western NSW	C1
Belmont Hospital	Hunter New England	C1
Blacktown Hospital	Western Sydney	B
Blue Mountains District Anzac Memorial Hospital	Nepean Blue Mountains	C2
Bowral and District Hospital	South Western Sydney	C1
Broken Hill Base Hospital	Far West	C1
Calvary Mater Newcastle	Hunter New England	A3
Campbelltown Hospital	South Western Sydney	B
Canterbury Hospital	Sydney	B
Casino and District Memorial Hospital	Northern NSW	C2
Cessnock District Hospital	Hunter New England	C2
Coffs Harbour Base Hospital	Mid North Coast	B
Concord Hospital	Sydney	A1
Cooma Health Service	Southern NSW	C2
Cowra District Hospital	Western NSW	C2
Deniliquin Health Service	Murrumbidgee	C2
Dubbo Base Hospital	Western NSW	B
Fairfield Hospital	South Western Sydney	B
Forbes District Hospital	Western NSW	C2
Gosford Hospital	Central Coast	A1
Goulburn Base Hospital	Southern NSW	C1
Grafton Base Hospital	Northern NSW	C1
Griffith Base Hospital	Murrumbidgee	C1
Gunnedah District Hospital	Hunter New England	C2
Hawkesbury District Health Services (public hospital services only)	Nepean Blue Mountains	C1
Hornsby and Ku-Ring-Gai Hospital	Northern Sydney	B
Inverell District Hospital	Hunter New England	C2
John Hunter Hospital	Hunter New England	A1
Kempsey Hospital	Mid North Coast	C2
Kurri Kurri District Hospital	Hunter New England	C2
Lismore Base Hospital	Northern NSW	B
Lithgow Health Service	Nepean Blue Mountains	C2
Liverpool Hospital	South Western Sydney	A1
Macksville District Hospital	Mid North Coast	C2
Maclean District Hospital	Northern NSW	C2
Maitland Hospital	Hunter New England	B
Manly District Hospital	Northern Sydney	B
Manning Base Hospital	Hunter New England	B
Milton and Ulladulla Hospital	Illawarra Shoalhaven	C2

Hospital name	Local health district	Hospital peer group
Mona Vale and District Hospital	Northern Sydney	B
Moree District Hospital	Hunter New England	C2
Moruya District Hospital	Southern NSW	C2
Mount Druitt Hospital	Western Sydney	C1
Mudgee District Hospital	Western NSW	C2
Murwillumbah District Hospital	Northern NSW	C1
Muswellbrook District Hospital	Hunter New England	C2
Narrabri District Hospital	Hunter New England	C2
Nepean Hospital	Nepean Blue Mountains	A1
Orange Health Service	Western NSW	B
Port Macquarie Base Hospital	Mid North Coast	B
Prince of Wales Hospital	South Eastern Sydney	A1
Queanbeyan Health Service	Southern NSW	C2
Royal Hospital for Women	South Eastern Sydney	A3
Royal North Shore Hospital	Northern Sydney	A1
Royal Prince Alfred Hospital	Sydney	A1
RPAH Institute of Rheumatology & Orthopaedics	Sydney	A1
Ryde Hospital	Northern Sydney	C1
Shellharbour Hospital	Illawarra Shoalhaven	C1
Shoalhaven District Memorial Hospital	Illawarra Shoalhaven	B
Singleton District Hospital	Hunter New England	C2
St George Hospital	South Eastern Sydney	A1
St Vincent's Hospital, Darlinghurst	St Vincent's Health Network	A1
South East Regional Hospital (Bega District Hospital)	Southern NSW	C1
Sutherland Hospital	South Eastern Sydney	B
Sydney Children's Hospital	Sydney Children's Network	A2
Sydney/Sydney Eye Hospital	South Eastern Sydney	A3
Tamworth Base Hospital	Hunter New England	B
The Children's Hospital at Westmead	Sydney Children's Network	A2
The Tweed Hospital	Northern NSW	B
Wagga Wagga Rural Referral Hospital	Murrumbidgee	B
Westmead Hospital	Western Sydney	A1
Wollongong Hospital	Illawarra Shoalhaven	A1
Wyong Hospital	Central Coast	B
Young Health Service	Murrumbidgee	C2

Acknowledgements

The Bureau of Health Information (BHI) is the main source of information for the people of NSW about the performance of their healthcare system. A NSW based board-governed organisation, BHI, is led by Acting Chairperson Mary Elizabeth Rummery AM and Chief Executive Jean-Frédéric Lévesque MD,

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Hospital Quarterly provides information on performance and activity of NSW public hospitals across:



Hospital
admissions



Elective
surgery



Emergency
departments

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About the Bureau of Health Information

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

BHI was established in 2009 to provide system-wide support through transparent reporting.

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

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

BHI publishes a range of reports and tools that provide relevant, accurate and impartial information about how the health system is measuring up in terms of:

- Accessibility – healthcare when and where needed
- Appropriateness – the right healthcare, the right way
- Effectiveness – making a difference for patients
- Efficiency – value for money
- Equity – health for all, healthcare that's fair
- Sustainability – caring for the future

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

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