

Emergency Departments

Hospital Quarterly:

Performance of
NSW public hospitals

July to September 2012

More than half a million patients attended NSW public hospital emergency departments (EDs) during July to September 2012, 4% more than the same quarter in 2011. The greatest increase was seen in the imminently life threatening category (triage 2), with presentations 17% higher than the same quarter last year. These patients accounted for 10% of all emergency presentations.

The median times to start treatment are unchanged or slightly shorter compared to the same quarter one year ago and the 95th percentile times to start treatment have decreased by one minute (triage 2), five minutes (triage 3), eight minutes (triage 4), and 24 minutes (triage 5).

The number of patients who travelled to the ED by ambulance has increased by 6% since the same quarter in 2011. This quarter, 57% of these patients transferred into the care of ED staff within 30 minutes, compared with 61% in the same quarter in 2011.

In this quarter, 58% of all patients left the ED within four hours, similar to the same quarter one year ago. The NSW 2012 National Emergency Access Target requires that 69% of all patients who present to an ED leave the ED within four hours.

This is one of three *Hospital Quarterly* modules. For the Elective Surgery and Admitted Patients modules visit www.bhi.nsw.gov.au



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60 NSW hospitals
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During the quarter	Jul-Sep 2012	Jul-Sep 2011	The difference
Visits to NSW emergency departments	564,970 visits	543,568 visits	+21,402 (+4%)
People travelling to NSW EDs by ambulance	143,908 people	135,743 people	+8,165 (+6%)
People travelling by ambulance that were transferred into the care of ED staff within 30 minutes	57% in 30 minutes	61% in 30 minutes	-4 percentage points
Emergency attendances that were categorised as triage 2	56,570 attendances	48,278 attendances	+8,292 (+17%)
Median time to start treatment for triage 2 patients	8 minutes	8 minutes	unchanged
People leaving the ED within four hours of presentation (NEAT)	58% in four hours	57% in four hours	+1 percentage point
Admissions to hospital from NSW EDs	155,248 admissions	148,600 admissions	+6,648 (+4%)

Emergency department journeys

When a person is injured or requires medical care, they begin what we refer to as the patient's journey. The pathway each patient follows through the ED depends on the clinical needs and the decisions made about their treatment and management.

Most patients attend a NSW ED to receive treatment for an injury or acute illness. Emergency patients are *'triaged'* by specialist clinical staff after they arrive in ED and are allocated to one of five categories, depending on how urgently they require care. Each triage category has a recommended maximum time that the patient should wait to be seen by a healthcare professional.

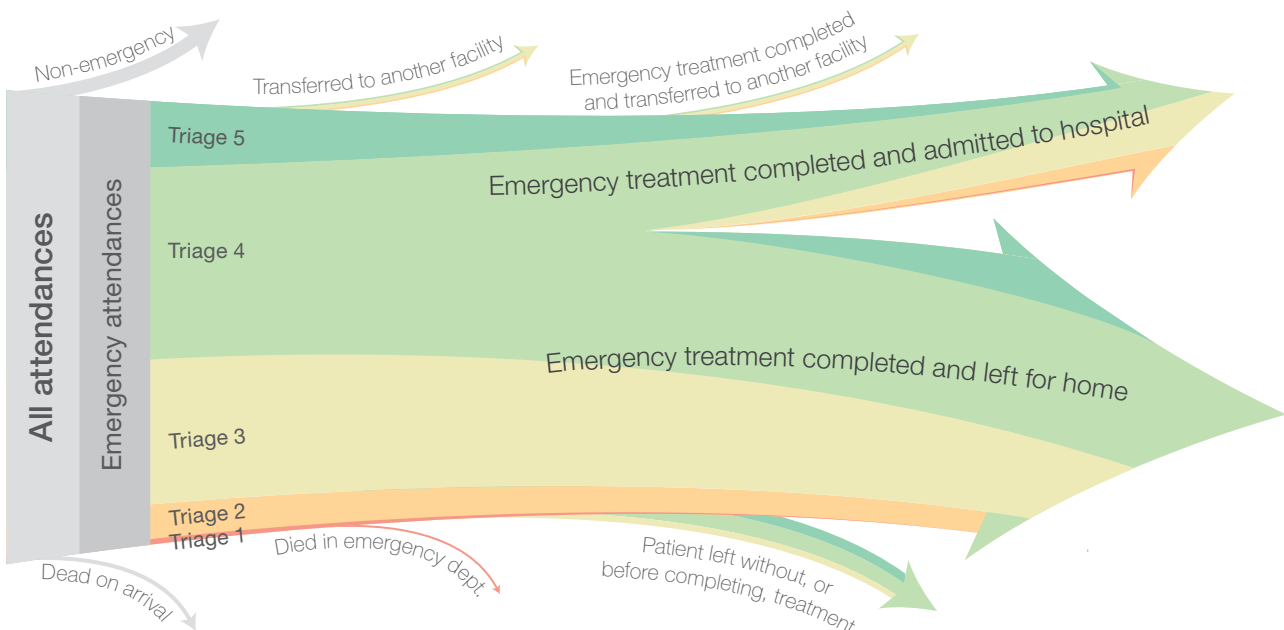
What happens next depends on the clinical needs of the patients. Patients from the most urgent triage categories (triage categories 1 and 2) are given priority and care typically begins immediately upon arrival. Patients from the less urgent triage categories (3 to 5) typically complete triage and administrative processes before treatment begins.

The majority of patients leave the ED after their treatment is complete or when they are admitted to hospital. Some patients are transferred to other hospitals or choose not to wait to begin or complete treatment. The journeys of all these patients during the July to September 2012 quarter are presented in this report and are summarised in **Figure 1**.

Figure 1: Summary of patients' journeys through NSW emergency departments

The thickness of each arrow is approximately proportional to the number of NSW emergency department patients in each category. The arrows are coloured by triage level.

- Triage 1 Immediately life threatening
- Triage 2 Imminently life threatening
- Triage 3 Potentially life threatening
- Triage 4 Potentially serious
- Triage 5 Less urgent



Arriving at the emergency department

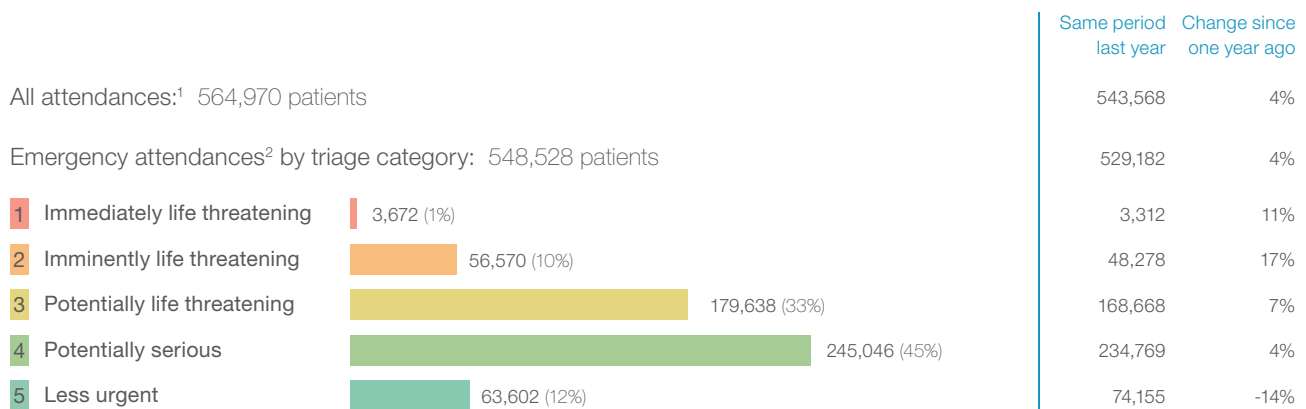
Emergency attendances this quarter

There were more than half a million attendances at NSW EDs during July to September 2012 (Figure 2). While almost all (97%) of these visits were considered ‘*emergency attendances*’, 16,442 patients attended for non-emergency reasons, such as planned return visits, attending some types of outpatient clinics or prearranged admissions to hospital. The percentage of patients attending NSW EDs for non-emergency reasons is similar to the same quarter last year.

A breakdown of emergency attendances figures shows that 45% were categorised as potentially serious (triage 4), 33% were categorised as potentially life threatening (triage 3), 12% were in the lowest urgency category (triage 5) and 10% were imminently life threatening (triage 2). Patients whose condition was judged to be immediately life threatening (triage 1) accounted for less than 1% of all people triaged in NSW EDs.

The greatest increase was seen in the imminently life threatening category (triage 2), with presentations 17% higher than the same quarter last year.

Figure 2: Attendances at NSW emergency departments, July to September 2012



1. All emergency and non-emergency attendances at the emergency department (ED).
 2. All attendances that have a triage category and are coded as emergency presentations or unplanned return visits.
 Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.
 Note: Emergency department activity includes 89 facilities for which electronic data are reported. This covers approximately 85% of NSW emergency department activity.
 Source: Health Information Exchange, NSW Health. Data extracted on 22 October 2012.

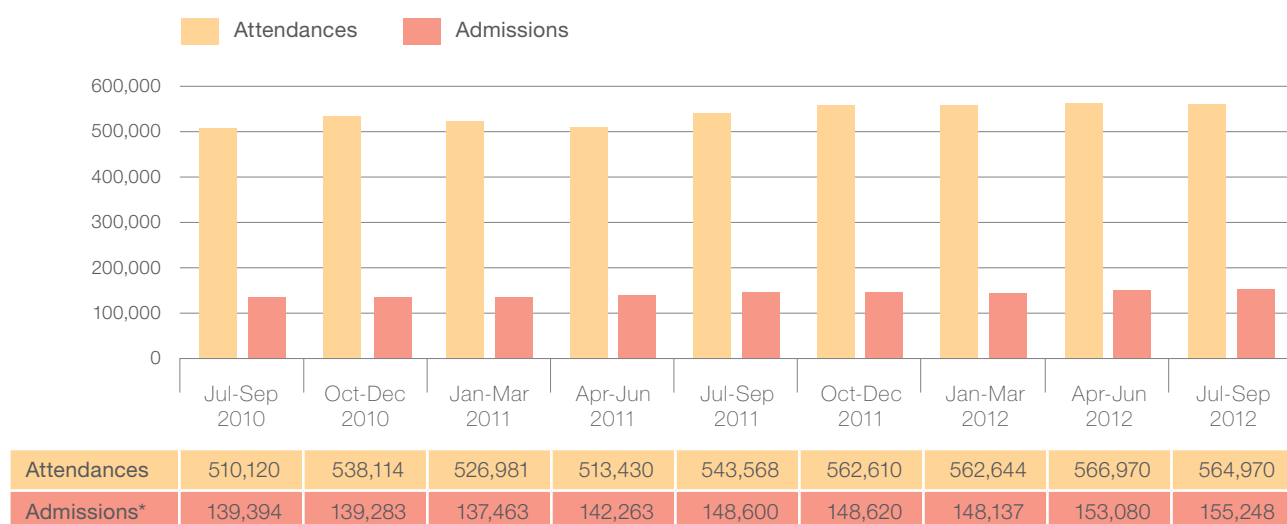
Emergency attendances and admissions over time

There tends to be a strong seasonal effect on ED attendances with the typical annual pattern seeing ED attendance numbers highest during the October to December quarter, and lowest during the April to June quarter (Figure 3). This year, however, there was an unexpected increase in ED attendances in the April to June quarter.

In the July to September 2012 quarter there were 564,970 ED attendances. This is 4% higher than the same quarter one year ago (543,568) and 11% higher than the same period two years ago (510,120) (Figure 3).

The number of admissions from the ED has also been increasing. This quarter there were 155,248 admissions. This is 4% higher than the same quarter one year ago (148,600) and 11% higher than the same quarter two years ago (139,394).

Figure 3: Attendances at, and admissions from, NSW emergency departments, July 2010 to September 2012



(*) Admissions refers to all admissions through the emergency department.

Note: Emergency department activity includes 89 facilities for which electronic data are reported. This covers approximately 85% of NSW emergency department activity.

Note: Numbers may differ from those previously reported due to differences in when data were extracted from the emergency department information system and in definitions of patient cohorts.

Source: Health Information Exchange, NSW Health. Data extracted on 22 October 2012.

Arrivals by ambulance and off-stretcher time this quarter

When a patient arrives at the ED by ambulance, the ambulance crew waits with them until ED staff can accept that patient into their care. In NSW, the time taken for this to occur is called off-stretcher time. The NSW target requires 90% of patients arriving at hospital by ambulance to be transferred into the care of ED staff within 30 minutes.

In the July to September 2012 quarter, almost one-quarter (25%) of all people who attended NSW EDs arrived by ambulance, a total of 143,908 patients (Figure 4). This quarter, 57% of these patients were transferred into the care of ED staff within 30 minutes.

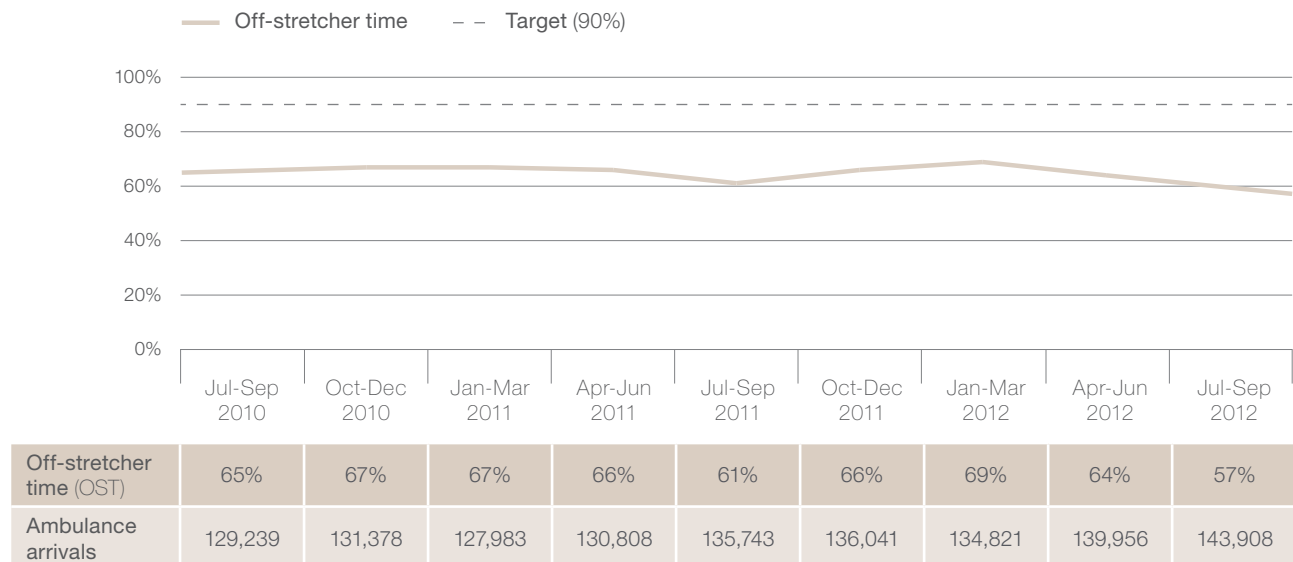
Arrivals by ambulance and off-stretcher time over time

The number of ambulance arrivals has increased compared with the same quarter one year ago, up 6%, and up 11% compared with the same quarter two years ago. This is comparable to the increase in emergency attendances (up 4% and 11% respectively).

The percentage of patients transferred into the care of ED staff within 30 minutes was lower than the same quarter one year ago (61%) and the same quarter two years ago (65%).

This off-stretcher ambulance target has not been met at a state-wide level in any quarter over the past two years (Figure 4).

Figure 4: Ambulance arrivals and percentage of patients accepted into the care of NSW emergency departments from an ambulance within 30 minutes of arrival, July 2010 to September 2012



Source: Data provided by NSW Ambulance Service on 24 October 2012.

Time to treatment performance

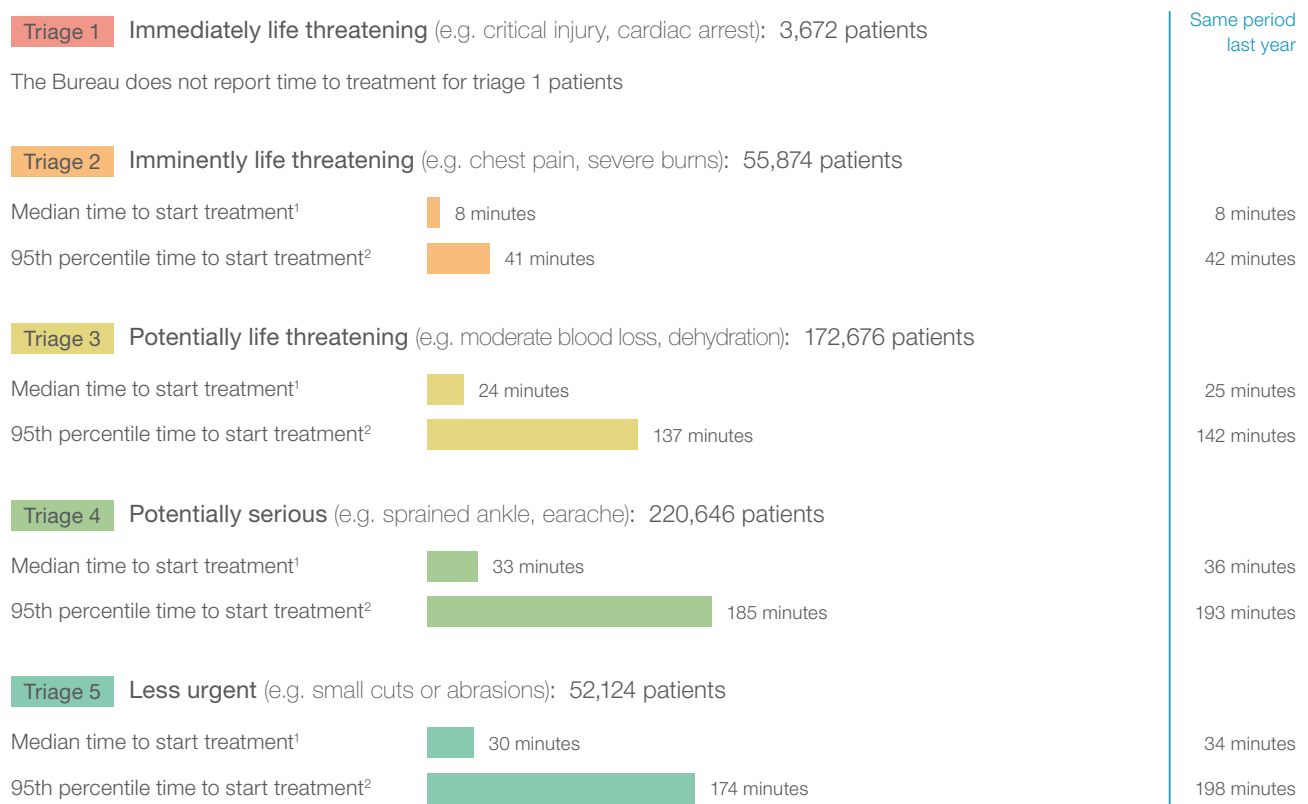
Time to treatment this quarter

In July to September 2012, the median times to start treatment were unchanged or slightly shorter compared to the same quarter in 2011 (Figure 5). The median time to start treatment for the imminently life threatening category (triage 2) remains unchanged at 8 minutes, the potentially life threatening category (triage 3) one minute less at 24 minutes, the potentially serious category (triage 4) three minutes less at 33 minutes and the less urgent category (triage 5) four minutes less at 30 minutes.

The 95th percentile times to start treatment were lower in each triage category. This quarter, 95% of patients began treatment within:

- 41 minutes, one minute shorter than one year ago (triage 2)
- 137 minutes, five minutes shorter than one year ago (triage 3)
- 184 minutes, eight minutes shorter than one year ago (triage 4)
- 174 minutes, 24 minutes shorter than one year ago (triage 5).

Figure 5: Waiting times for treatment in NSW emergency departments, July to September 2012



1. The median is the time by which half of patients started treatment. The other half of patients took equal to or longer than this time.
2. The 95th percentile is the time by which 95% of patients started treatment. The final 5% of patients took equal to or longer than this time.

Note: Treatment time is the earliest time recorded when a healthcare professional gives medical care for the patient's presenting problems.

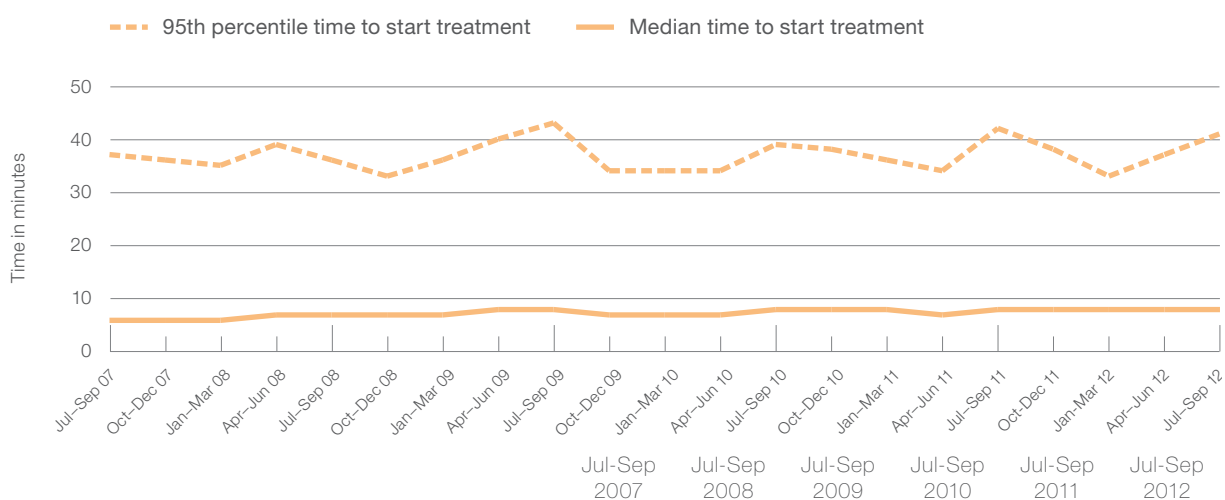
Source: Health Information Exchange, NSW Health. Data extracted on 22 October 2012.

Time to treatment over time

The time from presentation until treatment fluctuates throughout the year. At a state level, the time appears to be reasonably steady, however, the trend is affected by progressive implementation of new information systems.

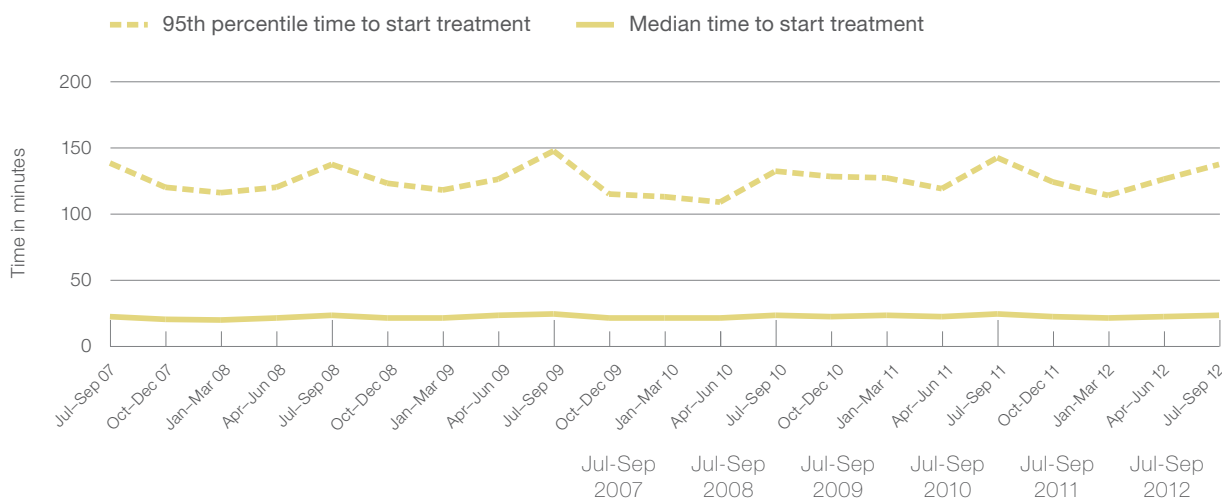
Figures 6a-d show for triage categories 2 to 5, the median and 95th percentile times to start treatment. Data are reported according to triage category. The Bureau does not report time to treatment for patients with conditions triaged as immediately life threatening (triage 1).

Figure 6a: **Triage 2 - Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, July 2007 to September 2012**



Median time to start treatment ¹ (minutes)	6	7	8	8	8	8
95th percentile time to start treatment ² (minutes)	37	36	43	39	42	41

Figure 6b: **Triage 3 - Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, July 2007 to September 2012**



Median time to start treatment ¹ (minutes)	23	24	25	24	25	24
95th percentile time to start treatment ² (minutes)	138	137	147	133	142	137

Figure 6c: **Triage 4** - Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, July 2007 to September 2012

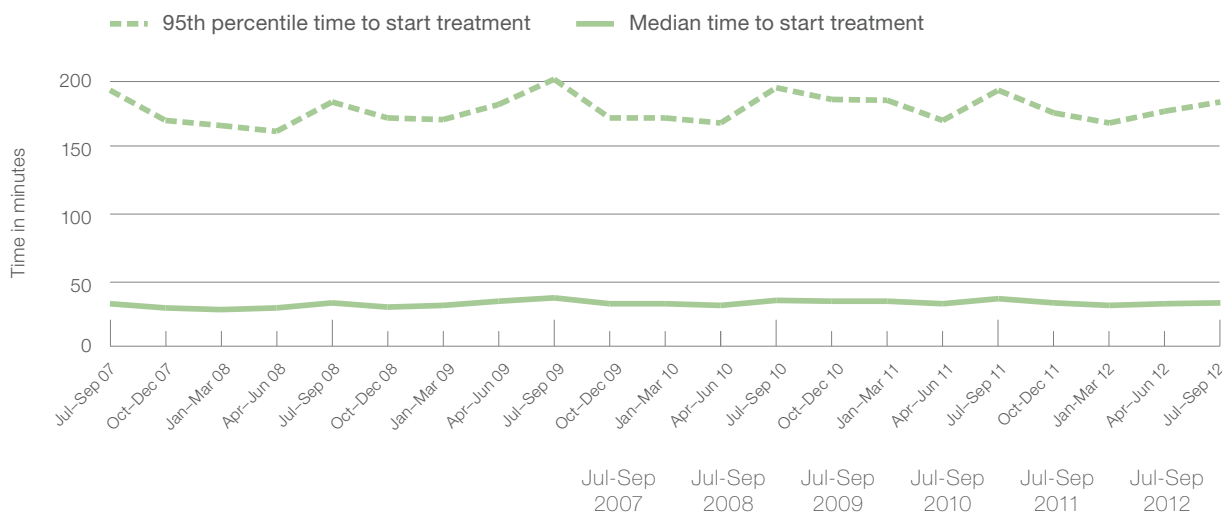
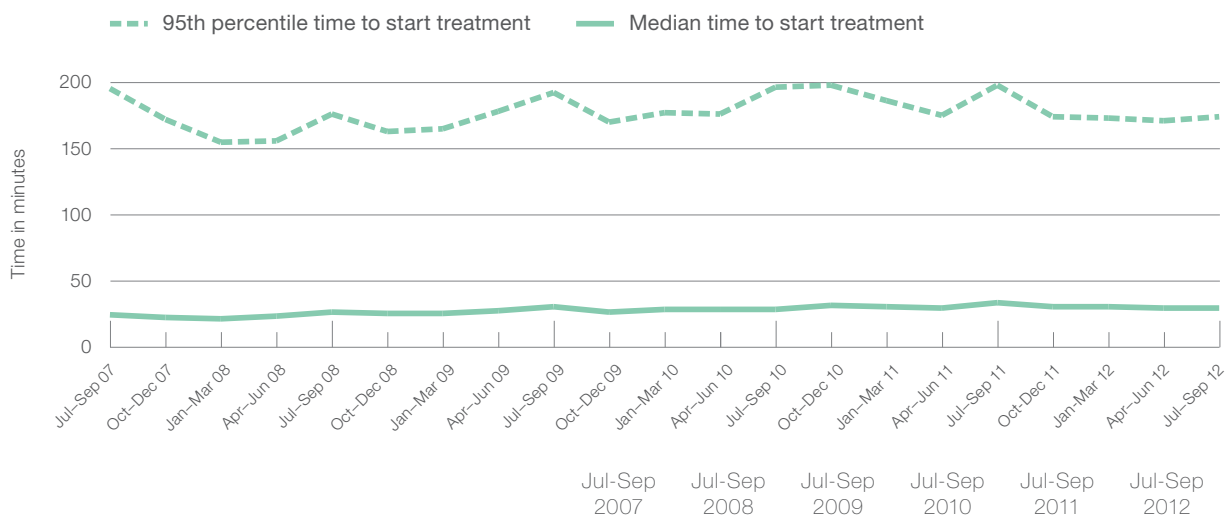


Figure 6d: **Triage 5** - Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, July 2007 to September 2012



1. The median is the time by which half of patients started treatment. The other half of patients took equal to or longer than this time.
2. The 95th percentile is the time by which 95% of patients started treatment. The final 5% of patients took equal to or longer than this time.

Note: Hospitals transitioning to one of the major information systems are excluded from this data during the quarter(s) of implementation (For more information see *Hospital Quarterly Background Paper: Approaches to reporting time measures of emergency department performance, Addendum June 2012*).

Source: Health Information Exchange, NSW Health. Data extracted on 22 October 2012.

Leaving the emergency department

Time from presentation until leaving the ED this quarter

In the July to September 2012 quarter, the median time to leaving the ED was three hours and 26 minutes after presentation. The 95th percentile time to leaving the ED was 14 hours and 17 minutes after presentation (Figure 7).

There are different ways that a patient can leave the ED. The majority of patients leave the ED after their treatment is complete or when they are

admitted to hospital. Some patients choose not to wait to begin or complete treatment or are transferred to other hospitals. The way a patient leaves the ED is referred to as the mode of separation. The time that it takes for patients to leave the ED varies by the mode of separation.

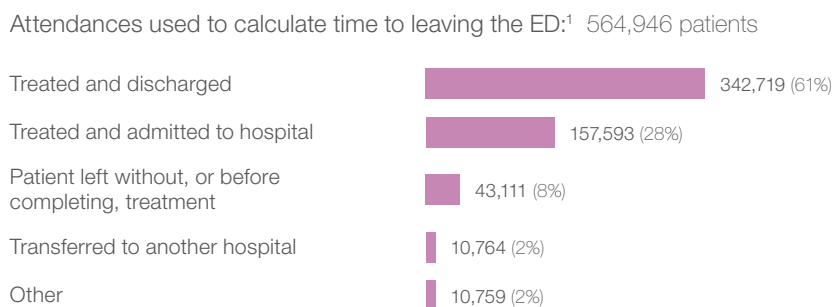
Figure 8 shows attendances at NSW EDs by mode of separation for the July to September 2012 quarter. Figure 9 shows the times in which patients left the ED by mode of separation for the July to September 2012 quarter.

Figure 7: Time from presentation until leaving the emergency department, July to September 2012



1. All emergency and non-emergency attendances at the emergency department (ED).
 2. All attendances that have a departure time.
 3. The median is the time by which half of patients left the ED. The other half of patients took equal to or longer than this time.
 4. The 95th percentile is the time by which 95% of patients left the ED. The final 5% of patients took equal to or longer than this time.
- Source: Health Information Exchange, NSW Health. Data extracted on 22 October 2012.

Figure 8: Leaving the emergency department by mode of separation, July to September 2012

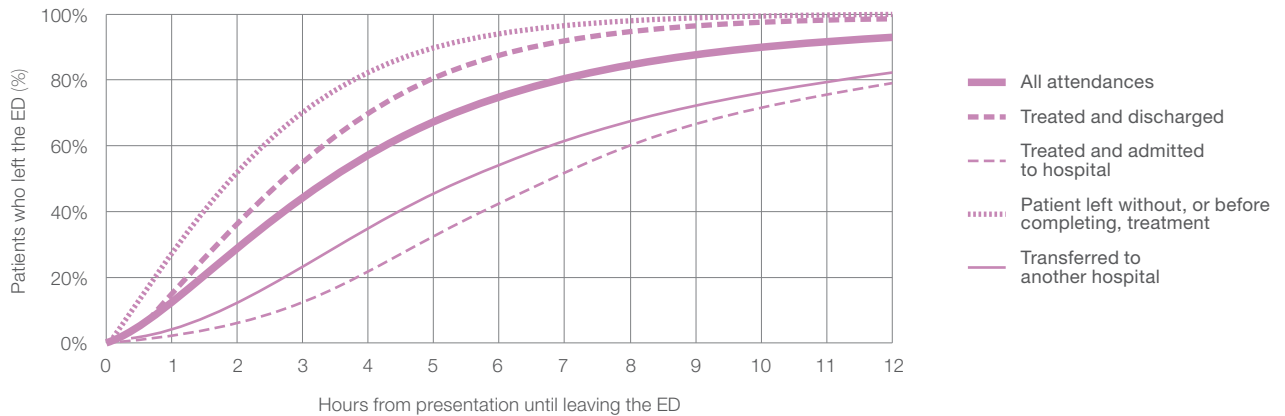


1. All attendances that have a departure time.
- Source: Health Information Exchange, NSW Health. Data extracted on 22 October 2012.

In the July to September 2012 quarter:

- Most patients (61%) received treatment in the ED and were discharged home (Figure 8). On average, these patients spent less time in the ED than other patients (Figure 9).
- About a quarter of patients (28%) received treatment in the ED and were subsequently admitted to a ward, a critical care unit or via an operating suite in the hospital (Figure 8). On average, these patients spent the most time in the ED (Figure 9).
- A small group of patients (2%) received treatment in the ED and were transferred to another hospital (Figure 8). On average, these patients also spent longer in the ED than patients who were discharged (Figure 9).
- Some patients (8%) left the ED without, or before completing, treatment (Figure 8). On average, these patients spent the shortest time in the ED (Figure 9).

Figure 9: Percentage of patients who left the emergency department, by time and mode of separation, July to September 2012



1 hour 2 hours 3 hours 4 hours 6 hours 8 hours 10 hours 12 hours

	1 hour	2 hours	3 hours	4 hours	6 hours	8 hours	10 hours	12 hours
Treated and discharged	15%	36%	55%	70%	88%	95%	98%	99%
Treated and admitted to hospital	2%	6%	12%	22%	43%	60%	72%	79%
Patient left without, or before completing treatment	27%	52%	70%	83%	94%	98%	99%	100%
Transferred to another hospital	4%	12%	23%	35%	54%	67%	76%	82%
All attendances	13%	29%	44%	58%	75%	85%	90%	93%

Note: Time from presentation to the emergency department (ED) until recorded as leaving the ED.
 Source: Health Information Exchange, NSW Health. Data extracted on 22 October 2012.

Time from presentation until leaving the ED over time

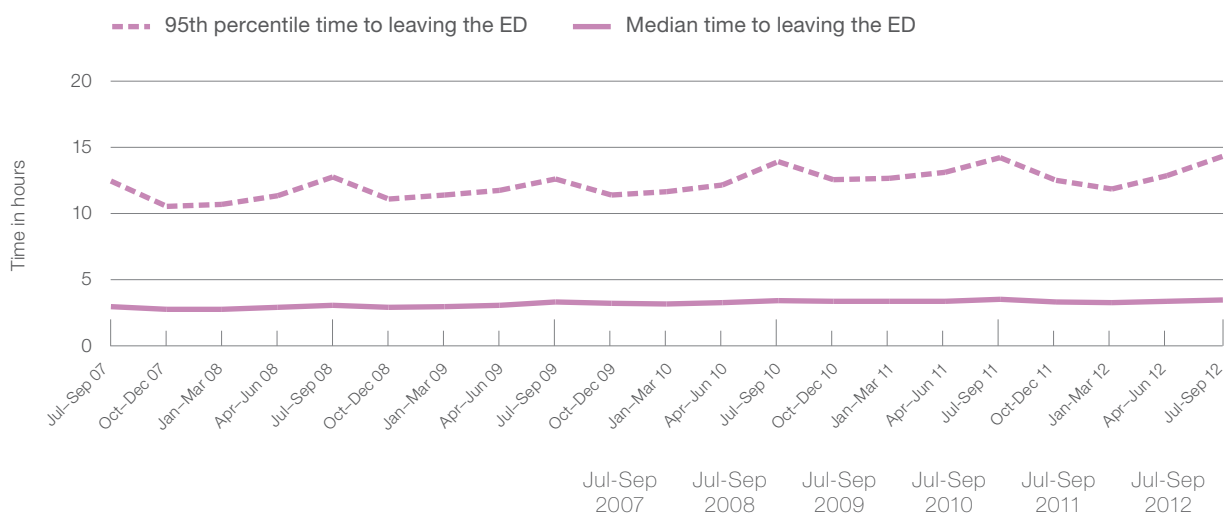
Figure 10 shows the median and 95th percentile time from presentation until leaving the ED by quarter over five years. During July to September 2012, the median time to leaving the ED was three hours and 26 minutes of presentation.

This is similar to the same quarter in 2011 when the median time to leaving the ED was three hours and 27 minutes, and the same quarter in 2010 when the median time was three hours and 23 minutes (Figure 10).

During the July to September 2012 quarter, the 95th percentile time to leaving the ED was 14 hours and 17 minutes after arriving in the ED.

This is slightly longer than in the same quarter in 2011 when the 95th percentile time to leaving the ED was 14 hours and ten minutes, and the same quarter in 2010 when the 95th percentile time was 13 hours and 53 minutes.

Figure 10: Time from presentation until leaving the emergency department by quarter, July 2007 to September 2012



	Jul-Sep 2007	Jul-Sep 2008	Jul-Sep 2009	Jul-Sep 2010	Jul-Sep 2011	Jul-Sep 2012
Median time to leaving the ED ¹ (hours, minutes)	2h 54m	3h 0m	3h 16m	3h 23m	3h 27m	3h 26m
95th percentile time to leaving the ED ² (hours, minutes)	12h 26m	12h 43m	12h 35m	13h 53m	14h 10m	14h 17m

1. The median is the time by which half of patients left the emergency department (ED). The other half of patients took equal to or longer than this time.
2. The 95th percentile is the time by which 95% of patients left the ED. The final 5% of patients took equal to or longer than this time.

Note: Time from presentation to the ED until recorded as leaving the ED.

Note: Hospitals transitioning to one of the major information systems are excluded from this data during the quarter(s) of implementation.

Source: Health Information Exchange, NSW Health. Data extracted on 22 October 2012.

The National Emergency Access Target (NEAT)

The NEAT aims to have as many patients as possible physically leaving the ED within four hours, whether for admission to hospital, referral to another hospital for treatment, or discharge.

Commencing from 2012, this target will be phased in over four years with annual interim targets set with the aim of achieving the 90% target by 2015.

Performance against the NEAT this quarter

The NSW 2012 target requires that 69% of all patients who present to an ED leave the ED within four hours.

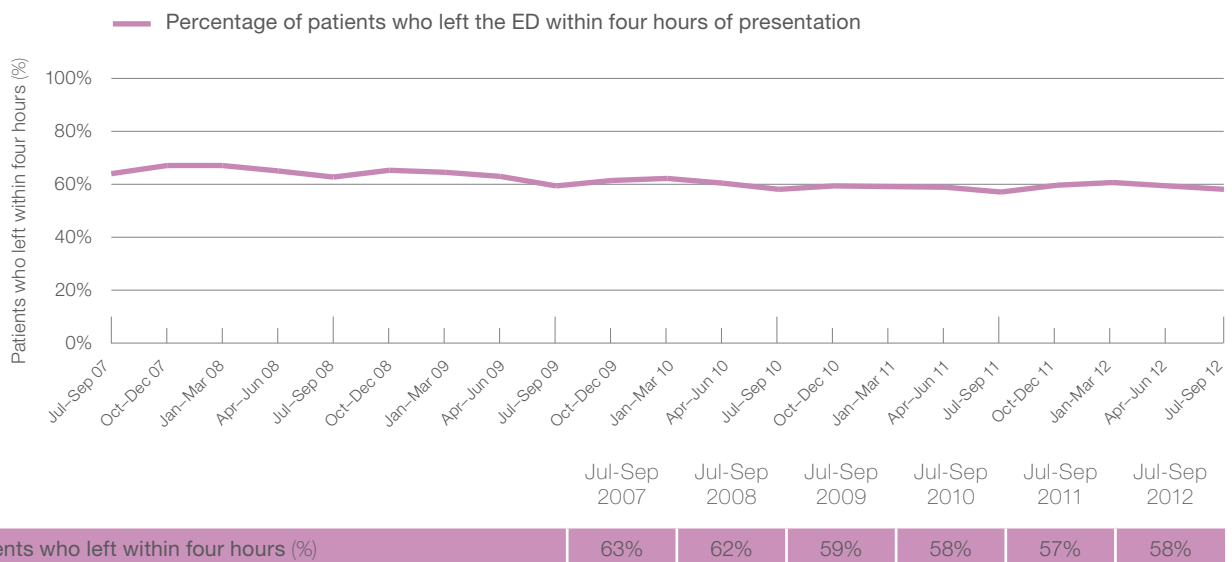
In the July to September 2012 quarter, 58% of patients left the ED within four hours of presentation and 75% of patients had left the ED by six hours (Figure 9).

For the July to September 2012 quarter, NSW did not achieve the state target for the NEAT.

Performance against the NEAT over time

During this quarter the percentage of patients who left the ED within four hours of presentation was 58%. This is similar to the same quarter one year ago (57%) and the same quarter two years ago (58%) (Figure 11).

Figure 11: Percentage of patients who left the emergency department within four hours of presentation, by quarter, July 2007 to September 2012



Note: Time from presentation to the emergency department (ED) until recorded as leaving the ED.

Note: Hospitals transitioning to one of the major information systems are excluded from this data during the quarter(s) of implementation.

Source: Health Information Exchange, NSW Health. Data extracted on 22 October 2012.

Differences in performance between hospitals

Time to treatment in NSW EDs

[Appendix table 1](#) presents the median and 95th percentile times to start treatment for patients in each triage category (categories 2, 3, 4 and 5).

There is variation between hospitals when comparing time to treatment by triage category. For example, among principal referral and major hospitals using one of the two predominant information systems, the highest and lowest results for triage 2 and 4 in the July to September 2012 quarter are compared below:

- The median time to start treatment for all patients with conditions triaged as imminently life threatening (triage 2) was six minutes at Blacktown, John Hunter, Lismore, Hornsby and Ku-Ring-Gai, and Orange hospitals, compared with 13 minutes at Royal Prince Alfred Hospital
- The 95th percentile time to start treatment for patients with conditions triaged as imminently life threatening (triage 2) was 15 minutes at Hornsby and Ku-Ring-Gai Hospital, compared with 65 minutes at Liverpool Hospital
- The median time to start treatment for all patients with conditions triaged as potentially serious (triage 4) was 19 minutes at Manly Hospital, compared with 57 minutes at Westmead Hospital
- The 95th percentile time to start treatment for patients with conditions triaged as potentially serious (triage 4) was 123 minutes at Sutherland Hospital, compared with 277 minutes at Wollongong Hospital.

Time to leaving the ED

[Appendix table 2](#) presents number of attendances, off-stretcher time, the median and 95th percentile times to leaving the ED as well as the percentage of patients that left the ED within four hours.

There is variation between hospitals when comparing the time to leaving the ED. For example, among principal referral and major hospitals using one of the two predominant information systems, the highest and lowest times in the July to September 2012 quarter are compared below:

- The median time to leaving the ED ranged from two hours and 53 minutes at The Tweed Hospital to five hours and 39 minutes at Blacktown Hospital
- The 95th percentile time to leaving the ED ranged from eight hours and 52 minutes at Manly Hospital to 27 hours and 56 minutes at Blacktown Hospital
- The percentage of patients who left the ED within four hours from presentation ranged from 74% at Manly District Hospital to 32% at Liverpool Hospital.

See the [Appendices](#) section of this report ([page 17](#)) for more detailed emergency department performance information about each public hospital.

How to interpret our information

Last year, the Bureau introduced a new approach to measuring the times patients spend in the ED and subsequently changes have been made to how this information is presented to further improve understanding.

Different ways of measuring the times patients spend in EDs

The Bureau presents information on the times by which patients start their treatment, and the times by which patients leave the ED. We report this information using medians and 95th percentiles. This is a common international approach to measuring wait times. It gives insight into the range of times that different patients spend in the ED.

The median times are the times by which half of patients started treatment or left the ED.

If you look at how long each patient in an ED waits for treatment and then list all of these patients in order of how long they waited, the median is the time the patient in the middle of the list waited.

For example, if the median time to start treatment is 23 minutes, this means half of patients started treatment between 0 and 23 minutes after arriving at the ED. The other half waited 23 minutes or longer for treatment.

The 95th percentile times are the times by which 95% of patients started treatment or left the ED. We use these values to indicate the longest times that patients waited for treatment or to leave the ED.

For example, if the 95th percentile time to treatment is 125 minutes, this means 95% of patients were seen between 0 and 125 minutes after arriving at the ED. The last 5% of patients (or 1 in 20) waited 125 minutes or longer for treatment.

The Bureau now also reports on the percentages of patients who leave the ED within four hours of presentation (performance against the National Emergency Access Target). We report on this benchmark as part of a national initiative to introduce consistent performance reporting of hospital services.

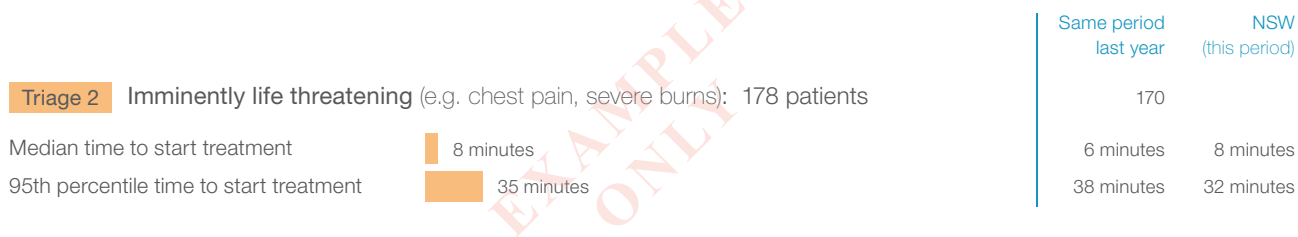
It is important to understand that the median and 95th percentile times are not the same as performance against a benchmark. The medians and 95th percentiles report *time*. The *percentage of patients* reports the performance achieved against the benchmark. Time cannot be compared directly against a percentage of patients.

Assessing ED performance

There are a number of ways to assess a hospital's performance. One way is to compare results to a target or benchmark. Other ways are to compare:

- Own performance over time (especially the same quarter in previous years as there are strong seasonal trends in EDs)
- Performance against NSW as a whole
- Performance against other hospitals of similar size and patient mix (known as 'peer group').

Figure 12: Time from presentation to treatment



The Bureau presents information to support comparisons of ED performance. For example, the table (Figure 12) shows the median and 95th percentile time from presentation to treatment for triage 2 patients. It also shows comparable information for the same period last year and against NSW as a whole.

Other ways of presenting the times patients spend in EDs

Hospital Quarterly also presents information about the time patients spent in the ED by using cumulative graphs (Figure 13) and trend graphs (Figure 14).

Cumulative graphs

The Bureau uses cumulative graphs for time to treatment and time to leaving the ED. Cumulative graphs show the range of times during a single quarter. These graphs show the variation in times patients experience.

Here are some examples of how you can interpret this graph.

Example 1. What proportion of patients were seen within one hour?

To understand the proportion of patients who were seen within a given timeframe, begin at the axis labelled 'time' on Figure 13. Find the 60 minute point (A) along this axis and follow the line up until it meets the curve, then straight to the left to see the percentage of patients. In this example, we can see that more than 80% of patients started treatment within one hour of arriving at the ED.

Example 2. How long did it take for 40% of patients to be seen?

To understand how long a percentage of patients waited to be seen, begin at the axis labelled 'patients' on Figure 13. Find the 40% point (B) along this axis and follow the line across until it meets the curve, then straight down to see the time in minutes. We can see that 40% of patients started treatment between 0 and less than 20 minutes of arriving at the ED. This means 60% of patients waited longer than this time for treatment to start.

Figure 13: Percentage of patients who received treatment by time

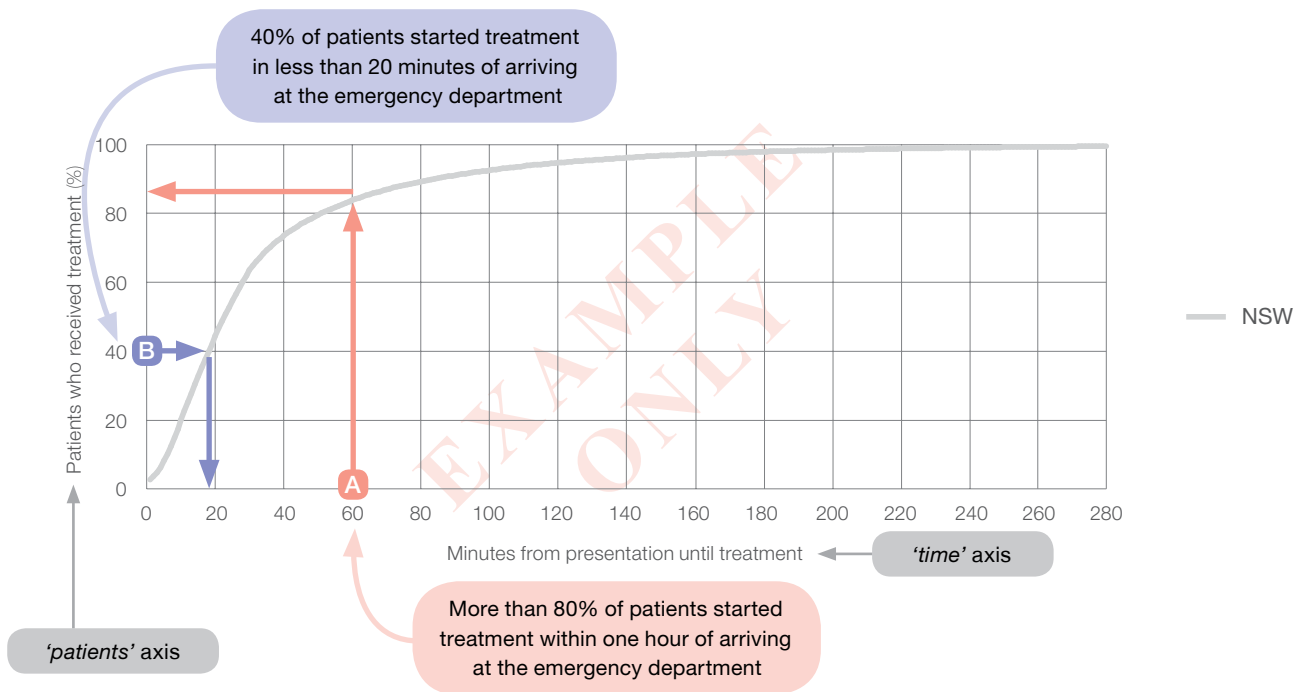
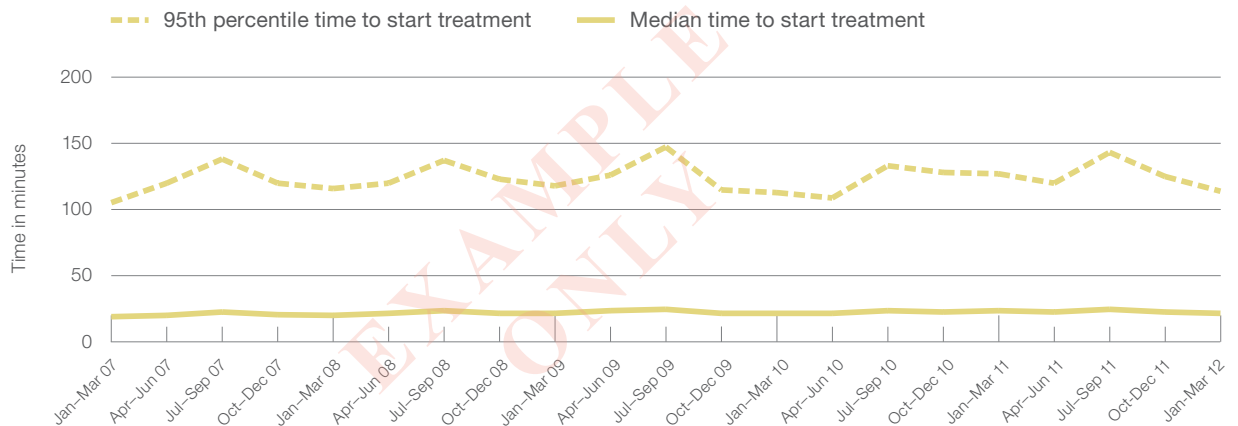


Figure 14: Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, over five years



Trend graphs

Trend graphs show the way times in EDs have varied over the last few years.

For example, the trend graph (Figure 14) presents the time to start treatment for patients in each quarter of the last five years.

The solid line shows the median time to treatment for patients in NSW EDs and the dashed line shows the 95th percentile.

In this graph you can see the seasonal patterns, with the longest times to treatment (as shown by the 95th percentile line) occurring during the July to September quarter each year.

Appendix: ED time performance measures

Download our reports

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

The suite of products includes:

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



About the Bureau

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

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

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Admitted Patients

Hospital Quarterly:

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People are admitted to hospital for a variety of reasons, such as surgery, illness or childbirth. When a person is admitted to hospital, they begin what is termed an *'episode of care'*.

This covers a single type of care such as acute care, rehabilitation or palliative care. Sometimes, a change in the medical needs of a person can require that they start a second or third episode during the same period of stay in hospital.

Healthcare professionals monitor episodes to better understand local clinical needs and to allow planning for hospital beds, waiting lists and staffing.

The report shows there were 439,602 admitted patient episodes during July to September 2012, 9,340 (2%) more than the same quarter in 2011 and 23,682 (6%) more than the same quarter two years ago. There has been an expected increase

in admitted episodes since the previous quarter due to the seasonal peak in the number of admissions during the July to September quarter.

Patients admitted for acute care or maternity and birth comprised 96% of all admitted episodes. More than half of these patients (56%) were admitted for one night or more (overnight admissions) and this percentage is largely unchanged over the past nine quarters. Patients stayed a total of 1,425,888 bed days during the quarter and, on average, each episode of care was 3.4 days. There were 18,483 babies born, up 3% from the same quarter one year ago.

This is one of three *Hospital Quarterly* modules. For the Emergency Departments and Elective Surgery modules visit www.bhi.nsw.gov.au

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During the quarter	Jul-Sep 2012	Jul-Sep 2011	The difference
Admitted patient episodes	439,602 episodes	430,262 episodes	+9,340 (+2%)
Admitted patient episodes considered to be planned	42% planned	42% planned	unchanged
Babies born	18,483 babies	17,982 babies	+501 (+3%)
Admitted patient episodes considered to be acute	96% acute	96% acute	unchanged
Acute episodes that were overnight admissions	56% overnight	56% overnight	unchanged
Total bed days for acute admitted patient episodes	1,425,888 days	1,429,914 days	unchanged
Average length of stay for acute admitted patient episodes	3.4 days	3.5 days	-0.1 days (-3%)

Number of admitted patient episodes

In the July to September 2012 quarter, there were 439,602 admitted patient episodes of care in NSW public hospitals, up from 426,942 in the last quarter. Each year there is a seasonal peak in the number of admitted patient episodes during the July to September quarter. The lowest number of admitted patient episodes occurs during the January to March quarter. These seasonal patterns are illustrated in [Figure 1](#).

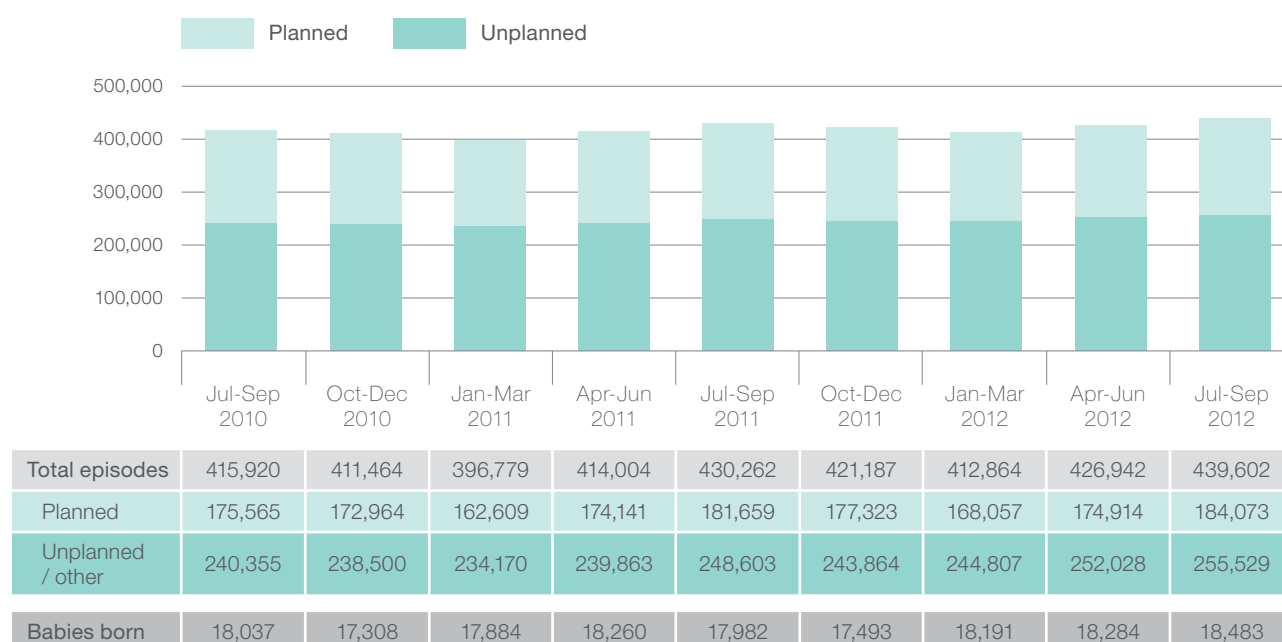
The number of admitted patient episodes in NSW public hospitals has increased over time, up from 430,262 episodes in the same quarter one year ago (2%) and from 415,920 episodes two years ago (6%).

Admitted patient episodes can be either *'planned'* (arranged in advance so the hospital can organise what care is needed) or *'unplanned / other'* (which include emergency admissions or unplanned surgical patients).

During the quarter there were 184,073 planned admitted patient episodes and 255,529 were unplanned ([Figure 1](#)). Planned episodes accounted for 42% of all admitted patient episodes.

An admission for childbirth is considered *'unplanned'* and approximately one in every 14 unplanned episodes was for childbirth. During the quarter, there were 18,483 babies born in NSW public hospitals, up 3% from the same time one year ago.

Figure 1: Planned and unplanned admitted patient episodes in NSW public hospitals, July 2010 to September 2012



Note: Only babies born in NSW public hospitals and multi-purpose services are included in this count.

Note: Numbers might differ slightly from those reported in previous *Hospital Quarterly* reports and in the NSW Ministry of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted.

Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 19 October 2012.

Number of acute patient episodes

Admitted patient episodes may be for acute care or subacute care (such as rehabilitation or palliative care). This section focuses on acute care, which is typically a short-term admission for immediate care. For this report, maternal and newborn admissions are also included under the category of acute episodes. Examples of acute care include hip replacement surgery and medical care following a heart attack. Acute episode activity is presented in [Figure 2](#).

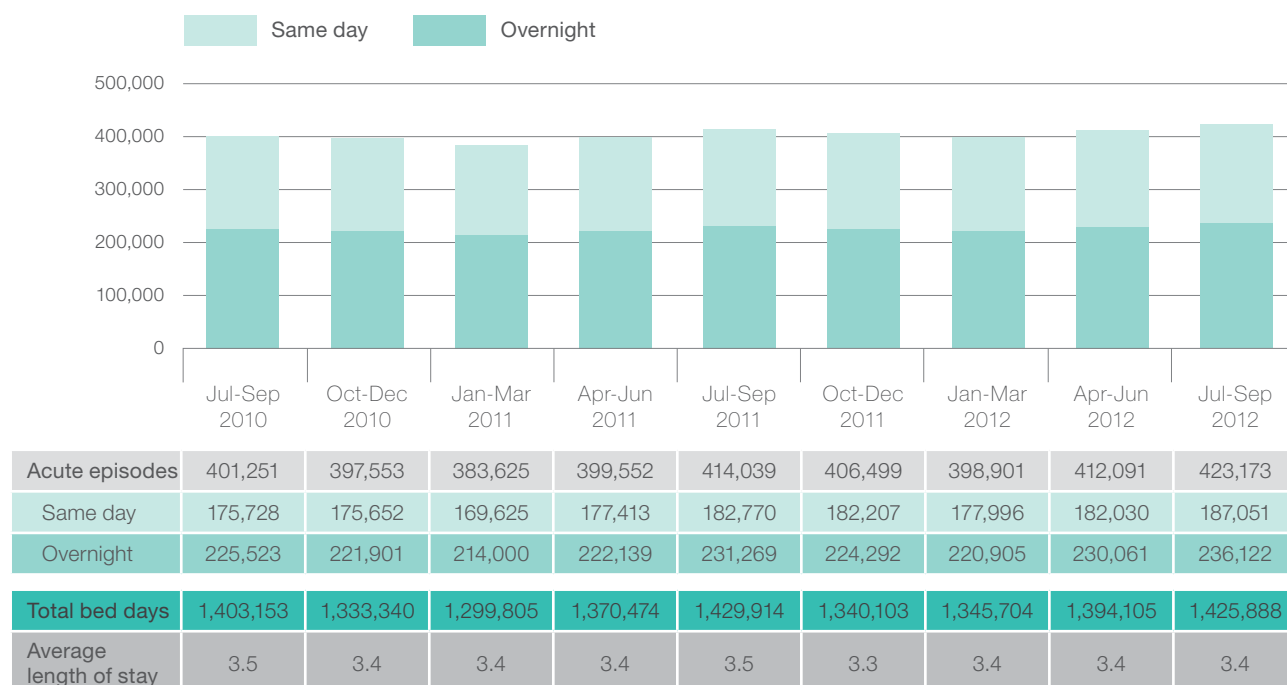
In the July to September 2012 quarter, there were 423,173 acute admitted patient episodes, up from 412,091 in the last quarter. The number of

acute episodes in NSW public hospitals has been increasing for comparable quarters, up from 414,039 episodes (2%) in the same quarter one year ago and from 401,251 episodes (5%) two years ago.

Acute admitted patient episodes can be either **same day** (admitted for a single day or part of a day to have a test, to receive surgery or another procedure) or **overnight** (admitted for one or more nights in hospital).

During July to September, there were 187,051 same day episodes (44% of acute admitted episodes) and 236,122 overnight episodes (representing 56%) as shown in [Figure 2](#).

Figure 2: Same day and overnight acute admitted patient episodes in NSW public hospitals, July 2010 to September 2012



Note: Numbers might differ slightly from those reported in previous *Hospital Quarterly* reports and in the NSW Ministry of Health's *Quarterly Hospital Performance Report* due to differences in when data were extracted.

Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 19 October 2012.

Hospital bed use for acute patients

Total acute bed days is the sum of all the lengths of time acute patients stayed in NSW hospitals. The number of acute bed days in NSW public hospitals has generally been increasing. This quarter there were 1,425,888 total acute bed days. This is similar to the same quarter one year ago (1,429,914) but 2% higher than the same quarter two years ago (1,403,153).

Average length of stay is influenced by the different types of patients that a hospital provides care for.

The average length of stay for acute admitted patient episodes (including same day patients) has remained largely unchanged over the past two years at about 3.4 days (Figure 2).

Appendix table 1a: Activity by hospital and local health district

Appendix table 1a presents the admitted patient episode activity for public hospitals in NSW. Data are presented by local health district for all principal referral, paediatric specialist, ungrouped acute – tertiary referral, major and district groups 1 and 2 hospitals. Information from smaller hospitals is presented for each local health district under the ‘*other*’ category.

Appendix table 1b: Activity by hospital and peer group

Appendix table 1b presents the admitted patient episode activity for public hospitals in NSW. Data are presented by peer group for all principal referral, paediatric specialist, ungrouped acute – tertiary referral, major and district groups 1 and 2 hospitals. Information from smaller hospitals is presented under the ‘*other*’ category.

Download our reports

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

The suite of products includes:

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



About the Bureau

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

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

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

Elective Surgery

Hospital Quarterly:

Performance of
NSW public hospitals

July to September 2012

Elective, or planned, surgery is surgery that a patient's doctor considers necessary but that can be delayed by at least 24 hours. Hip replacement, cataract extraction and ligament repairs are examples of elective surgery.

Compared with the same quarter one year ago, a similar amount of elective surgery was conducted in NSW. The same amount of surgery was performed in the urgent category, although semi-urgent and non-urgent surgery both increased by 2%. Staged surgery decreased by 13% compared with last year.

Most patients (93%) continued to receive their surgery on time in NSW. Compared to the same quarter one year ago, the percentage of urgent

patients receiving surgery on time improved by three percentage points. The percentage of semi-urgent and non-urgent patients receiving surgery on time remained largely unchanged.

The Bureau has enhanced its reporting on elective surgery in this issue of *Hospital Quarterly* by reporting on patients who are waiting to have their surgery and reporting by the specialty of the surgeon and most common procedures. [See page 2](#) for more detail about these enhancements.

This is one of three *Hospital Quarterly* modules. For the Emergency Departments and Admitted Patients modules visit www.bhi.nsw.gov.au



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During the quarter	Jul-Sep 2012	Jul-Sep 2011	The difference
Elective surgical procedures performed	54,216 procedures	54,082 procedures	unchanged
Elective surgery patients treated on time	93% on time	92% on time	+1 percentage point
Urgent elective surgery patients treated on time	96% on time	93% on time	+3 percentage points
Semi-urgent elective surgery patients treated on time	92% on time	91% on time	+1 percentage point
Non-urgent elective surgery patients treated on time	92% on time	92% on time	unchanged
Median waiting time for orthopaedic surgery	113 days	113 days	unchanged
Median waiting time for total knee replacement	286 days	300 days	-14 days (-5%)

* Median waiting time: time by which half of patients received surgery. The other half of patients took equal to or longer than this time.

Our approach to elective surgery reporting

If a person and their surgeon believe surgery is required but can be delayed by at least 24 hours, the surgeon will recommend the patient is placed on the waiting list for the procedure and assigns them to one of three urgency categories. Each category has its own target, which specifies the desired maximum time (in days) the patient should wait for their procedure. These are outlined in the box below:

Urgency categories: Elective surgery guidelines	
Category 1 Urgent	Admission within 30 days desirable for a condition that has the potential to deteriorate quickly and become an emergency
Category 2 Semi-urgent	Admission within 90 days desirable for a condition not likely to deteriorate quickly
Category 3 Non-urgent	Admission within 365 days acceptable for a condition unlikely to deteriorate quickly

Explaining staged procedures

There are times when surgery is deemed necessary but should not, or cannot, take place until a clinically appropriate time interval has passed. This is called staged surgery and is an essential concept in managing elective surgery. It allows surgeons to place patients on the surgery booking system but prevents them from being admitted to hospital before it is clinically appropriate. Surgeons use clinical judgement to decide whether a procedure should be categorised as staged or not. The Bureau excludes staged and non-urgent cystoscopy procedures from performance measures.

What we have changed

The Bureau has enhanced how it reports on elective surgery waiting times.

To provide a more comprehensive picture of the variation in times that patients waited for surgery, the Bureau now reports the 90th percentile time by which patients received surgery in addition to the median wait time by urgency category. The median waiting time for patients who received surgery is now also presented by the specialty of the surgeon and by common procedures.

The Bureau now reports on patients who are on the waiting list to have their surgery. For these patients, the Bureau reports by urgency category, specialty of the surgeon and most common procedures. The number of patients who have been waiting for more than 12 months is reported for each hospital and by the specialty of the surgeon for NSW.

The Bureau is committed to providing clarity on surgical waiting times in NSW. Further detail on our methods can be found in the Bureau's *Hospital Quarterly Technical Supplement: Elective surgery measures, July to September 2012* available on the Bureau's website at www.bhi.nsw.gov.au

See the **Appendices** section of this report (pages 14 to 15) for more detailed performance information about each public hospital providing elective surgery in NSW. This includes Hawkesbury Private Hospital, which is contracted to supply surgery for public patients.

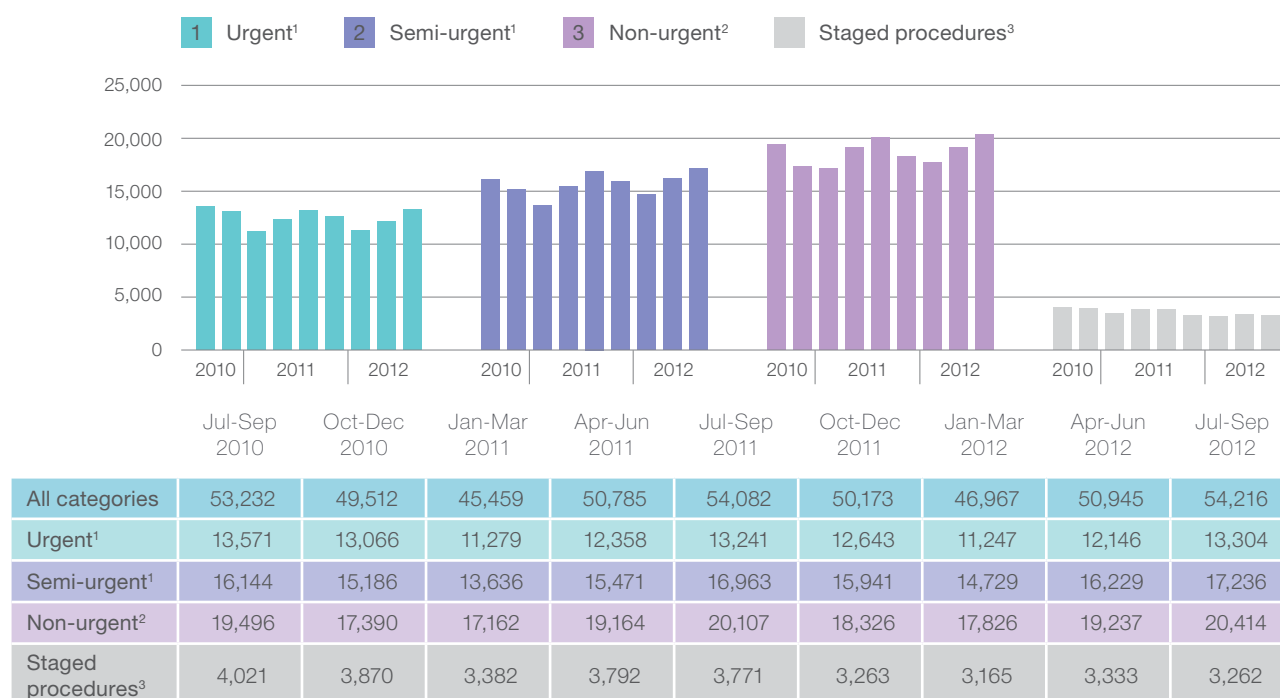
Number of elective surgery procedures performed

Note: Due to a major upgrade to the information system at The Children’s Hospital at Westmead (CHW), the data are not considered reliable enough to report for the July to September 2012 quarter. Results from CHW have also been excluded from NSW current and previous quarters to enable comparisons over time. This hospital accounts for approximately 3% of elective surgery activity but its removal does not have a large effect on waiting times for NSW. Further detail about this analysis can be found in the Bureau’s *Hospital Quarterly Technical Supplement: Elective surgery measures, July to September 2012*, available at www.bhi.nsw.gov.au

During July to September 2012, the Waiting List Collection On-line System (WLCOS) recorded that 54,216 patients were admitted from the waiting list to receive an elective surgery procedure in NSW public hospitals or facilities contracted by NSW hospitals. This is 6% higher than the 50,945 conducted in the previous quarter (in line with the usual seasonal pattern) but similar to the 54,082 surgical procedures completed in the same quarter last year (Figure 1).

In this report, results and figures exclude staged patients and non-urgent cystoscopy, unless otherwise stated.

Figure 1: Total number of elective surgery procedures conducted, by urgency category, July 2010 to September 2012



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

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health’s *Quarterly Hospital Performance Reports* and Bureau *Hospital Quarterly* reports published prior to May 2011.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Only one procedure is recorded in the waiting list and counted in this report for each admission, although some patients have more than one procedure during a single admission. A patient can be admitted more than once in a quarter for elective procedures and each admission is counted.

Urgent surgery: There were 13,304 procedures completed, up less than 1% compared with one year ago. Urgent procedures made up 25% of all completed elective surgery.

Semi-urgent surgery: There were 17,236 procedures completed, up 2% compared with one year ago. Semi-urgent procedures made up 32% of all completed elective surgery.

Non-urgent surgery: There were 20,414 procedures completed, up 2% compared with one year ago. Non-urgent procedures made up 38% of all completed elective surgery.

Staged surgery: There were 3,262 procedures, down 13% compared with one year ago. Staged procedures made up 6% of all completed elective surgery.

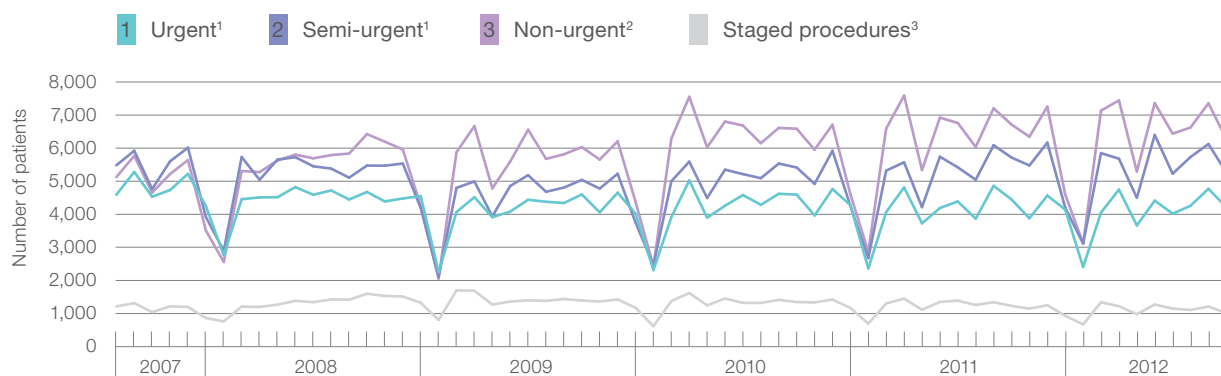
Change over five years

The composition of surgical procedures completed by urgency category has changed over the past five years (Figure 2). Most of this shift in surgical composition occurred during 2008 and early 2009.

Comparing the proportions that the surgical categories make up of all completed procedures, urgent surgery has decreased from 29% of all surgical procedures in August 2007 to 25% in August 2012.

Over the same period, non-urgent procedures have increased from 32% of all surgical procedures to 38%.

Figure 2: Patients who received elective surgery, by urgency category, by month, July 2007 to September 2012



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

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and *Bureau Hospital Quarterly reports* published prior to May 2011.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Patients admitted on time for elective surgery

In the July to September 2012 quarter, 93% of all patients who were admitted to a public hospital for elective surgery were admitted within the time frame recommended by their surgeon (Figure 3), similar to the preceding quarter (92%) and the same quarter in 2011 (92%).

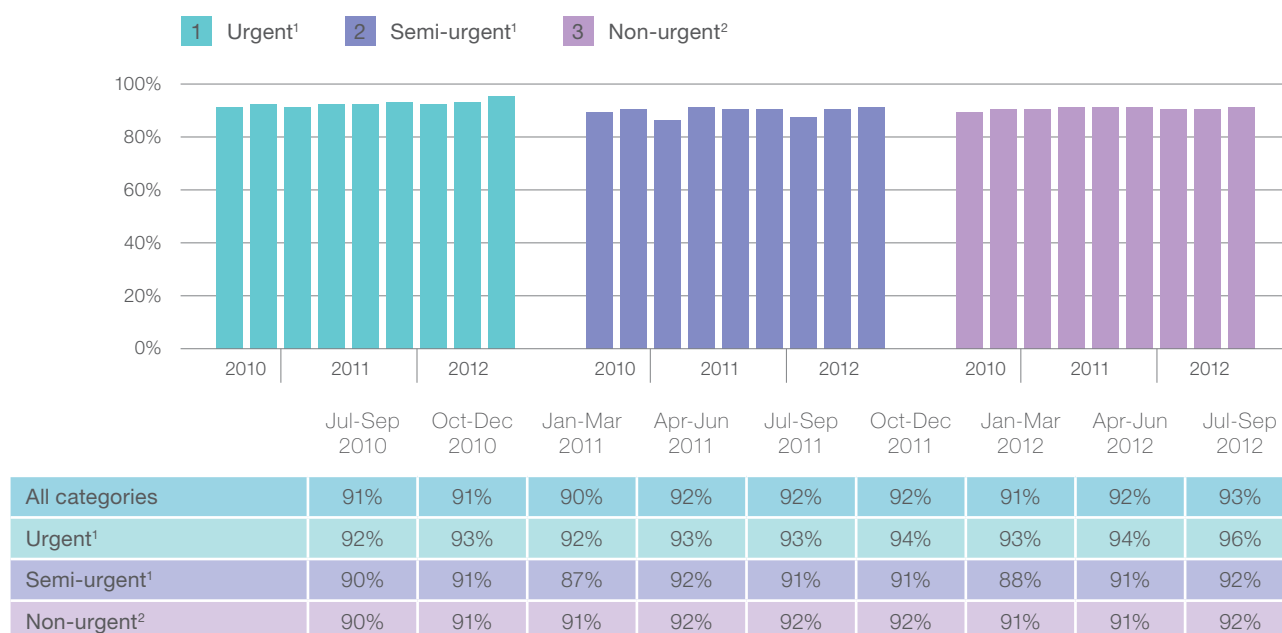
Figure 3 presents the percentage of patients in each surgical category who received their surgery on time for the most recent nine quarters. These results exclude staged patients and non-urgent cystoscopy procedures.

Urgent surgery: 96% of patients were admitted within the recommended 30 days, up two percentage points compared with the last quarter and up three percentage points compared with the same quarter in 2011.

Semi-urgent surgery: 92% of patients were admitted within 90 days, up one percentage point compared with the last quarter and the same quarter in 2011.

Non-urgent surgery: 92% of patients admitted within 365 days, up one percentage point compared with the last quarter but similar to the same quarter in 2011.

Figure 3: Percentage of elective surgery patients treated within recommended waiting time, by urgency category, July 2010 to September 2012



1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and Bureau *Hospital Quarterly reports* published prior to May 2011.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Median waiting times for elective surgery

Median wait time is the number of days by which half of patients received surgery. The other half took equal to or longer than the median.

Figure 4 presents the median waiting time to be admitted for surgery for the current quarter and the eight quarters prior to this. These results exclude staged patients and non-urgent cystoscopy procedures.

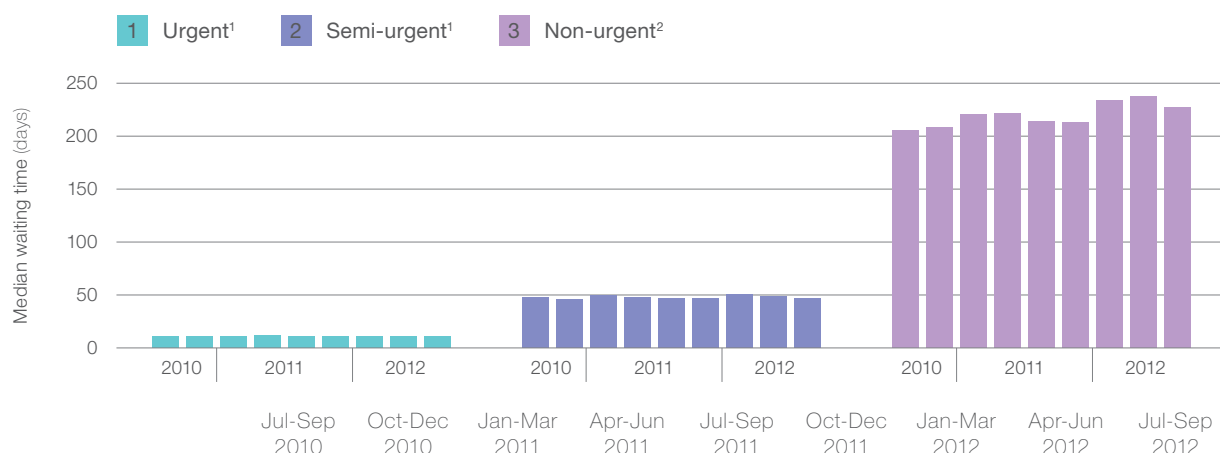
Urgent surgery: The median wait was 11 days – largely unchanged over the past two years, when the median wait time ranged from 11 to 12 days.

Semi-urgent surgery: The median wait time for this category was 47 days, similar to the same quarter in 2011 but one day less than the same quarter in 2010 (48 days).

Non-urgent surgery: The median wait time for this category was 229 days, 13 days more than the same quarter in 2011 (216 days).

In part due to the longer wait times, non-urgent median waiting times appear as the most volatile of the three urgency categories. Over the past nine quarters, non-urgent procedure wait times have ranged from 207 days in July to September 2010 to 240 last quarter.

Figure 4: NSW elective surgery median waiting time (days), by urgency category, July 2010 to September 2012



1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and Bureau *Hospital Quarterly reports* published prior to May 2011.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

90th percentile waiting times for elective surgery

The 90th percentile wait time is the number of days by which 90% of patients received surgery. The final 10% took equal to or longer than this time.

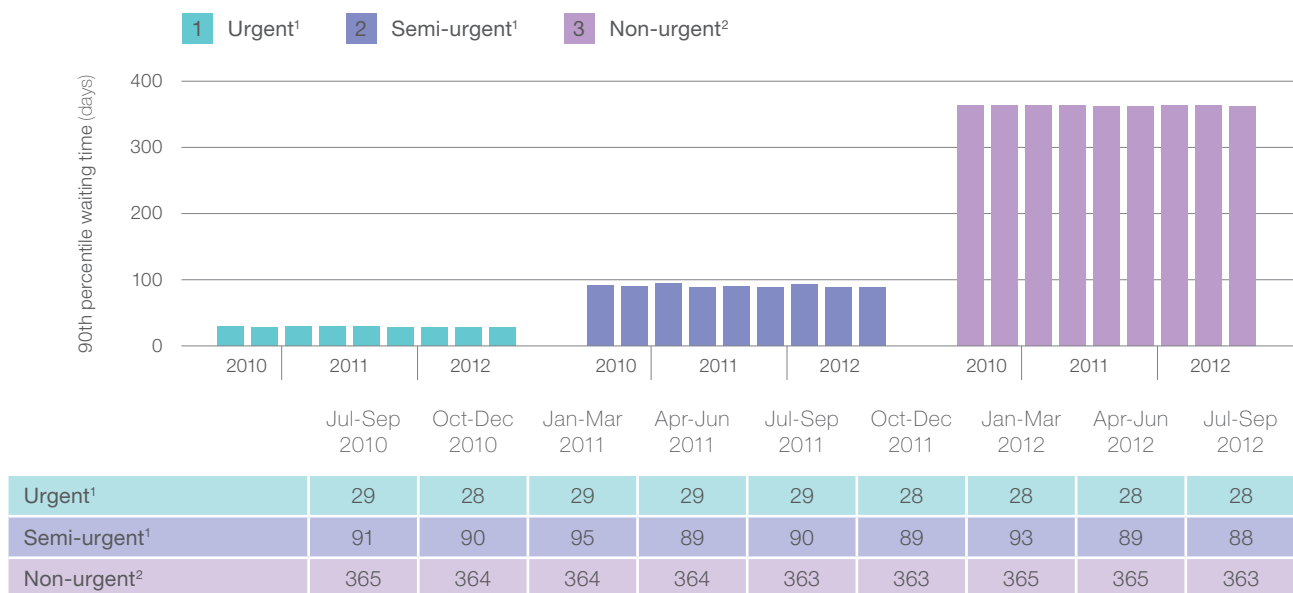
Figure 5 presents the 90th percentile waiting time to be admitted for surgery for the current quarter and the eight quarters prior to this. These results exclude staged patients and non-urgent cystoscopy procedures.

Urgent surgery: The 90th percentile wait was 28 days – largely unchanged over the past two years, when the 90th percentile wait time ranged from 28 to 29 days.

Semi-urgent surgery: The 90th percentile wait time for this category was 88 days, two days less than the same quarter in 2011 (90 days) and three days less than the same quarter in 2010 (91 days).

Non-urgent surgery: The 90th percentile wait time for this category was 363 days, similar to the same quarter in 2011 (363 days) but two days less than the same quarter in 2010 (365 days).

Figure 5: NSW elective surgery 90th percentile waiting time (days), by urgency category, July 2010 to September 2012



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

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and Bureau *Hospital Quarterly reports* published prior to May 2011.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Cumulative wait time

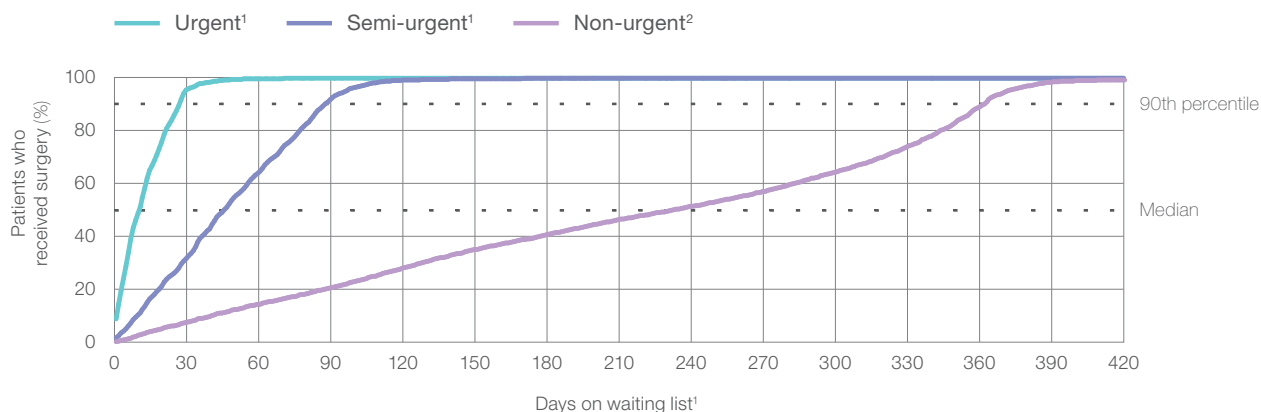
Greater detail on how long people waited to be admitted for their elective surgery during July to September 2012 is presented in [Figure 6](#).

The graph's slopes indicate the rate at which patients were admitted for surgery. A steep slope indicates a high rate of completion of patients'

surgery over the period shown. A flat slope shows a lower rate of completion of patients' surgery over the period.

Urgent patients have the most rapid rate of admission and almost all patients are admitted for surgery within 45 days. Non-urgent patients are admitted at a slower rate with almost all patients admitted within 420 days.

Figure 6: Cumulative percentage of patients who received elective surgery, by waiting time (days), July to September 2012



1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

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

Source: Waiting List Collection On-line System, NSW Health. Data extracted on 19 October 2012.

Small number suppression

Some hospitals conduct few surgical procedures. Small numbers in any group need to be treated cautiously to protect patients' identities. The Bureau suppresses information based on very few patients. If there are fewer than five patients in any group, patient numbers are displayed as <5. For measures reported by urgency category, counts have been pooled with another urgency group. Because the staged procedure category is excluded from performance measure calculations, low counts in this group are not suppressed (Appendix table 1). If there are fewer than 10 patients in any group, on-time performance and median waiting times are suppressed (Appendix tables 2 and 3). If there are fewer than 100 patients in any group, the 90th percentile is suppressed (Appendix table 3).

Median waiting times by specialty

Figure 7 presents the median waiting times for patients who received elective surgery and the number of patients who received elective surgery, by the specialty of the surgeon. The specialty of the surgeon describes the area of clinical expertise held by the doctor who performed the surgery.

The median waiting time does not include the time waited for the initial appointment with the specialist.

Ophthalmology (189 days), ear, nose and throat surgery (122 days) and orthopaedic surgery (113 days) were the surgical specialties with the longest median waiting times in July to September 2012. These specialties also had the longest median waiting times in the same quarter last year.

Cardio-thoracic surgery (20 days), vascular surgery (20 days) and other medical (22 days) had the shortest median waiting times. These specialties also had the shortest median waiting times in the same quarter last year.

General surgery (14,343 patients), orthopaedic surgery (8,121 patients) and gynaecology (7,619 patients) were the surgical specialties with the highest number of patients receiving elective surgery in the July to September 2012 quarter.

Cardio-thoracic surgery (896 patients) and other medical (497 patients) had the lowest number of patients receiving elective surgery.

Figure 7: Median¹ waiting time (days) for patients who received elective surgery, by specialty, July to September 2012



1. This is the number of days it took for half the patients who received elective surgery during the period to be admitted and receive their surgery. The other half took equal to or longer than the median to be admitted for surgery.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Median waiting times by common procedures

Figure 8 presents the median waiting times for patients who received elective surgery and the number of patients who received elective surgery, by common procedures. The procedure is the treatment the patient receives when admitted to hospital for elective surgery.

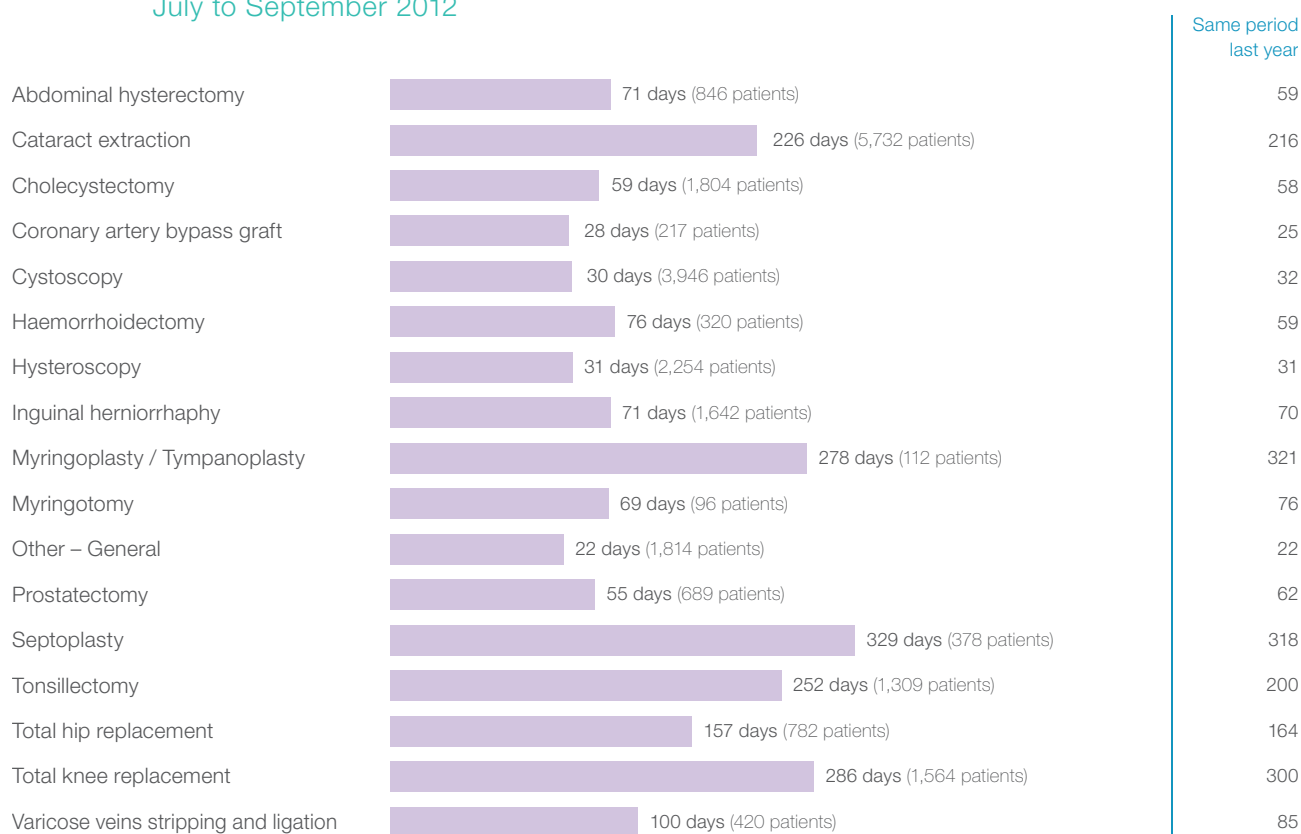
The length of time by which half of patients received surgery varied by procedure. The procedures with the longest median waiting times in the July to September 2012 quarter were septoplasty

(329 days), total knee replacement (286 days) and myringoplasty/tympanoplasty (278 days).

The procedures with the shortest median waiting times were other-general (22 days) and coronary artery bypass graft (28 days). These procedures also had the longest and shortest median waiting times in the same quarter last year.

Cataract extraction was the most common procedure (5,732 patients) performed in the July to September 2012 quarter.

Figure 8: Median¹ waiting time (days) for patients who received elective surgery, by procedure,² July to September 2012



1. This is the number of days it took for half the patients who received elective surgery during the period to be admitted and receive their surgery. The other half took equal to or longer than the median to be admitted for surgery.

2. For a description of these procedures see *Elective Surgery Glossary of Common Procedures, December 2012*.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Elective surgery waiting list

The following three pages are about patients who have not received surgery but are waiting for elective surgery and are ready for surgery.

During July to September 2012, there were 68,145 patients waiting for elective surgery at the start of the quarter, up 4% compared with one year ago. During the quarter, patients were added to and removed from the waiting list. Patients can be removed from the waiting list because they received the surgery they were waiting for, or for other reasons such as the surgeon or patient deeming that the surgery is no longer required.

As at 30 September 2012, there were 67,547 patients waiting for elective surgery, up 3% compared with the same quarter last year. A breakdown of patients waiting for elective surgery by urgency category shows that 80% were assigned as non-urgent, 17% as semi-urgent and 3% as urgent. The greatest increase was seen in the urgent category with patients waiting for surgery, up 6% compared with the same quarter last year.

As at 30 September 2012, there were 11,550 patients not ready for surgery on the waiting list, down 4% compared with the same quarter last year.

Figure 9: Elective surgery waiting list, July to September 2012

	Same period last year	Change since one year ago
Patients ready for surgery on waiting list at start of quarter: 68,145 patients	65,333	4%
Patients ready for surgery on waiting list at end of quarter: 67,547 patients	65,647	3%
Patients not ready for surgery ¹ on waiting list at end of quarter: 11,550 patients	12,060	-4%

1. Includes staged procedures, non-urgent cystoscopy and patients currently not available for personal reasons.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2012, October to December 2012, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Figure 10: Elective surgery waiting list, as at 30 September 2012

	Same period last year	Change since one year ago
Patients ready for surgery on waiting list by urgency category: 67,547 patients		
1 Urgent ¹	1,920	6%
2 Semi-urgent ¹	11,346	-1%
3 Non-urgent ²	52,381	4%

1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Elective surgery waiting list by specialty

Figure 11 presents the number of patients on the waiting list and those patients who have been waiting more than 12 months, by the specialty of the surgeon. The specialty of the surgeon describes the area of clinical expertise held by the doctor who is to perform the surgery.

The time waiting more than 12 months does not include the time waited for the initial appointment with the specialist.

Orthopaedic surgery (170 patients) and ear, nose and throat surgery (127 patients) were the surgical

specialties with the highest number of patients waiting more than 12 months as at 30 September 2012. Cardio-thoracic surgery had zero patients waiting in NSW more than 12 months.

Orthopaedic surgery (17,144 patients) and ophthalmology (15,491 patients) were the surgical specialties with the highest number of patients waiting for surgery as at 30 September 2012.

Cardio-thoracic surgery (322 patients) and other medical (239 patients) had the lowest number of patients waiting for elective surgery.

Figure 11: Patients waiting for elective surgery and patients waiting more than 12 months, by specialty, as at 30 September 2012

	Patients waiting	Patients waiting (same time last year)	Change since one year ago	Patients waiting more than 12 months	Patients waiting more than 12 months (same time last year)	Change since one year ago
All specialties	67,547	65,647	3%	417	305	37%
Cardio-thoracic surgery	322	286	13%	0	0	n / a
Ear, nose and throat surgery	9,245	8,422	10%	127	26	388%
General surgery	12,007	12,292	-2%	50	65	-23%
Gynaecology	5,865	5,631	4%	33	8	313%
Neurosurgery	1,064	1,200	-11%	8	18	-56%
Ophthalmology	15,491	14,740	5%	16	45	-64%
Orthopaedic surgery	17,144	16,868	2%	170	131	30%
Other medical	239	279	-14%	< 5	0	n / a
Plastic surgery	2,190	2,009	9%	< 5	< 5	*
Urology	3,196	3,080	4%	< 5	6	*
Vascular surgery	784	840	-7%	< 5	< 5	*

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Elective surgery waiting list by common procedures

Figure 12 presents the number of patients on the waiting list by common procedures. The procedure is the treatment the patient will receive when admitted to hospital for elective surgery. Only common procedures are listed.

Cataract extraction was the most common procedure (13,868 patients) that patients were waiting for as at 30 September 2012.

Of the most common procedures, the procedures that had the least number of patients waiting were coronary artery bypass graft (123 patients) and myringotomy (184 patients).

Figure 12: Patients waiting for elective surgery by procedure,¹ as at 30 September 2012

	Patients waiting	Patients waiting (same time last year)	Change since one year ago
Abdominal hysterectomy	789	1,090	-28%
Cataract extraction	13,868	13,150	5%
Cholecystectomy	1,871	1,990	-6%
Coronary artery bypass graft	123	86	43%
Cystoscopy	1,088	1,311	-17%
Haemorrhoidectomy	356	393	-9%
Hysteroscopy	1,294	1,232	5%
Inguinal herniorrhaphy	2,212	2,196	1%
Myringoplasty / Tympanoplasty	338	313	8%
Myringotomy	184	166	11%
Other – General	1,048	1,085	-3%
Prostatectomy	605	649	-7%
Septoplasty	1,478	1,243	19%
Tonsillectomy	3,451	3,294	5%
Total hip replacement	2,001	1,973	1%
Total knee replacement	4,730	4,588	3%
Varicose veins stripping and ligation	573	636	-10%

1. The procedures included in this list are procedures which are high volume; some may be associated with long waiting periods. For a description of these procedures see *Elective Surgery Glossary of Common Procedures, December 2012*.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Appendix: Activity by hospital and local health district

Appendix table 1a presents elective surgery activity for major hospitals in NSW. The table is ordered by local health district and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. These hospitals account for 98% of all elective surgery recorded as complete in the NSW booking system. Surgery information from smaller hospitals is presented for each local health district under the *'other'* category.

Appendix table 3a presents the median and 90th percentile waiting times (in days) of elective surgery admissions for each urgency category for this quarter. The table is ordered by local health district and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each local health district under the *'other'* category.

Appendix table 2a presents the percentages of elective surgery admissions within the clinically recommended time for each urgency category for July to September 2012. The table is ordered by local health district and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each local health district under the *'other'* category.

Appendix: Activity by hospital and peer group

Appendix table 1b presents elective surgery activity for major hospitals in NSW. The table is ordered by peer group and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. These hospitals account for 98% of all elective surgery recorded as complete in the NSW booking system. Surgery information from smaller hospitals is presented for each peer group under the *'other'* category.

Appendix table 3b presents the median and 90th percentile waiting times (in days) of elective surgery admissions for each urgency category for this quarter. The table is ordered by peer group and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each peer group under the *'other'* category.

Appendix table 2b presents the percentages of elective surgery admissions within the clinically recommended time for each urgency category for July to September 2012. The table is ordered by peer group and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each peer group under the *'other'* category.

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The suite of products includes:

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- Three core modules titled *Admitted Patients, Elective Surgery and Emergency Departments*
- Activity and performance profiles about emergency department care and elective surgery for more than 60 hospitals and NSW as a whole
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The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

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

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