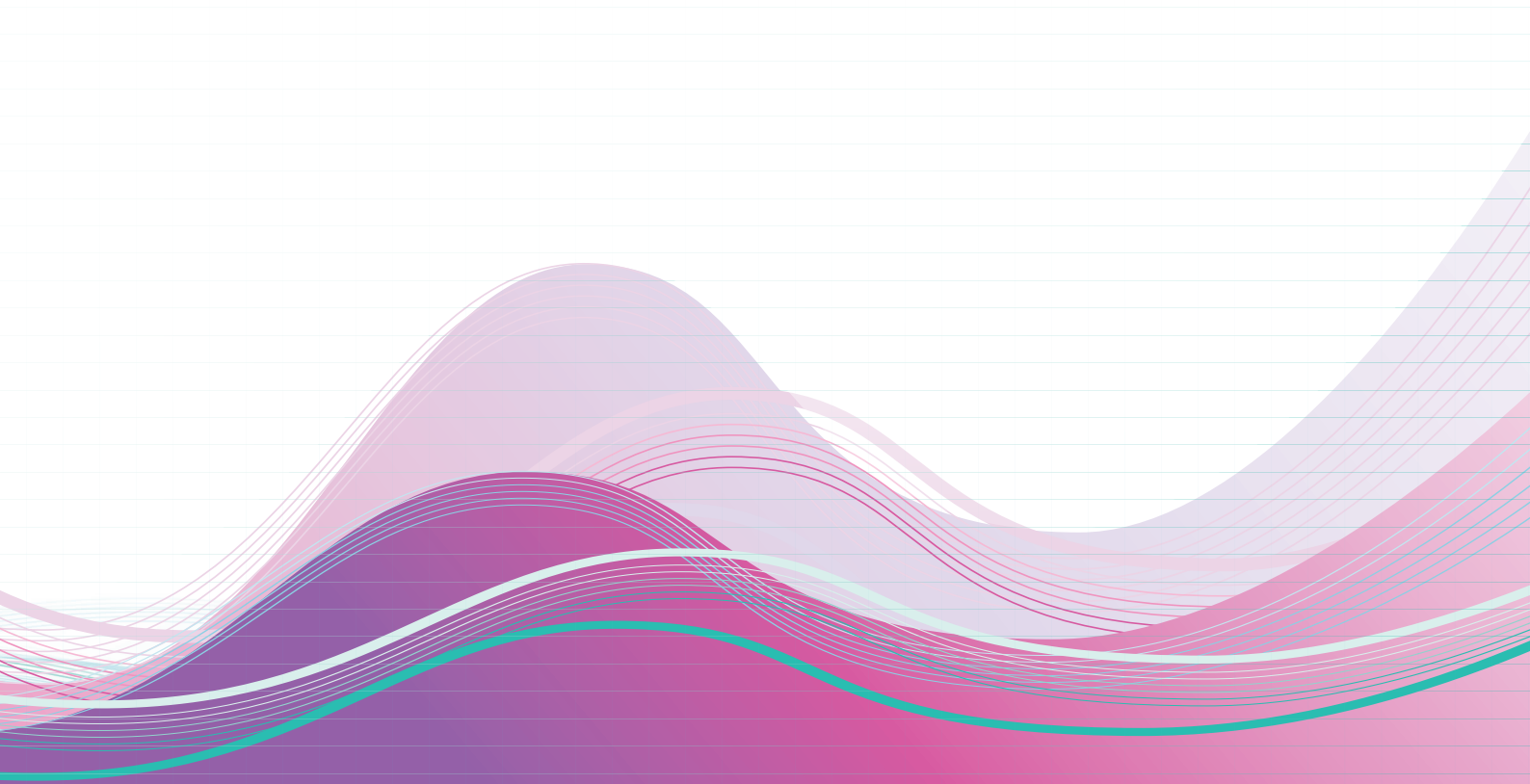


The Insights Series

Patient Care Experiences:
Outpatient services in NSW public hospitals
August 2011

Volume 3



BUREAU OF HEALTH INFORMATION

PO Box 1770
Chatswood NSW 2057
Australia
Telephone: +61 2 8644 2100
www.bhi.nsw.gov.au

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the **Bureau of Health Information, PO Box 1770, Chatswood, NSW 2057.**

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110116
ISSN 1839-1680 ISBN 978-1-74187-651-2

Suggested citation:

Bureau of Health Information. *Patient Care Experiences: Outpatient services in NSW public hospitals.* Sydney (NSW); BHI; 2011.

Further copies of this document can be downloaded from the Bureau of Health Information website: www.bhi.nsw.gov.au

Published August 2011

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.

Table of contents

i	Acknowledgements
ii	Summary
iii	Hospitals presented in this report
1	Introduction
2	What are overall ratings of care for outpatient services and how do hospitals compare?
4	Patient ratings of care vary depending on hospital type
6	What matters most to patients
8	What aspects of care do outpatients give the <i>highest</i> or <i>lowest</i> ratings?
10	Standardisation to support fairer comparisons
11	Appendix 1: How hospitals are grouped
12	References

Acknowledgements

More than 7,000 people who had an outpatient appointment in February 2010 completed the NSW Health Patient Survey¹ questionnaire. Their contributions made this report possible.

The Bureau of Health Information gratefully acknowledges the advice provided by Dr Karen Luxford, Director, Patient Based Care, Clinical Excellence Commission, and Dr George Bearham, Director of Clinical Services at the Royal Hospital for Women.

The Bureau acknowledges contributions from staff of the NSW Department of Health who provided valuable information about the history and methods of the NSW Health Patient Survey program.

This report relies solely on patient survey data collected and digitised by researchers and analysts at Ipsos Australia Pty Ltd.

Summary

In this report, the Bureau describes what people said about outpatient services in NSW public hospitals so that healthcare staff can improve care.

Overall ratings of outpatient services are mostly positive. Hospitals with the *highest* or *lowest* ratings are found across NSW.

Across NSW, of the people who received outpatient services and completed the survey, 32% said their overall care was excellent, 34% said it was very good, 25% said it was good, 7% said it was fair, and 2% described their overall care as poor.

NSW public hospitals that received the highest or lowest overall ratings of outpatient services were found across the state. No single geographical area contained a majority of hospitals that received the highest or lowest ratings.

Completeness of care and staff teamwork matter most to patients

Across NSW, the completeness of outpatient services (receiving comprehensive care) mattered most to outpatients who rated their overall care as excellent, or as fair or poor.

Staff teamwork and the courtesy of both healthcare professionals and reception staff also contributed strongly to how people rated their overall care.

The percentage of patients who rated their care as excellent in the highest rated hospital was more than four times that of the lowest rated hospital.

The percentage of patients who rated their care as fair or poor in the lowest rated hospital was seven times that of the highest rated hospital.

Patients identified where their hospital does well and where it needs to improve

Examples of the aspects of care rated highest by outpatients in February 2010 included staff doing everything they could to make the necessary arrangements for future visits and treating patients with respect and dignity.

Examples of the aspects of care rated lowest by outpatients in February 2010 included the availability of parking and being given a reason for any delays to the start of the appointment.

The five highest and lowest rated aspects are listed for NSW on [page 8 and 9](#) of this report.

**Want more information
about outpatient care in
more than 50 NSW hospitals?**

**For hospital-level information
on overall ratings of care,
what matters most to patients,
and what they rated
highest and lowest about their
outpatient services visit**

www.bhi.nsw.gov.au

Hospitals presented in this report

The following hospitals met the criteria for being reported on individually in this report:

Armidale and New England Hospital	Manly District Hospital
Auburn Hospital	Manning Base Hospital
Bankstown / Lidcombe Hospital	Mount Druitt Hospital
Bathurst Base Hospital	Murwillumbah District Hospital
Belmont Hospital	Muswellbrook District Hospital
Blacktown Hospital	Nepean Hospital
Blue Mountains District Anzac Memorial Hospital	Orange Base Hospital
Bowral and District Hospital	Port Macquarie Base Hospital
Broken Hill Base Hospital	Prince of Wales Hospital
Calvary Mater Newcastle	Royal North Shore Hospital
Camden Hospital	Royal Prince Alfred Hospital
Campbelltown Hospital	RPAH Institute of Rheumatology and Orthopaedics
Canterbury Hospital	Ryde Hospital
Cessnock District Hospital	Shellharbour Hospital
Coffs Harbour Base Hospital	Shoalhaven and District Memorial Hospital
Concord Hospital	St George Hospital
Dubbo Base Hospital	St Vincent's Hospital, Darlinghurst
Fairfield Hospital	Sutherland Hospital
Gosford Hospital	Sydney Children's Hospital
Grafton Base Hospital	Sydney Hospital / Sydney Eye Hospital
Griffith Base Hospital	Tamworth Base Hospital
Hornsby and Ku-Ring-Gai Hospital	The Children's Hospital at Westmead
John Hunter Hospital	The Tweed Hospital
Lismore Base Hospital	Westmead Hospital (all units)
Lithgow Health Service	Wollongong Hospital
Liverpool Hospital	Wyong Hospital
Maitland Hospital	

Introduction

When people are asked what they want to know about the performance of their public hospitals, information about patient care experiences is a high priority. A key way to gain this insight is through a patient's own experiences of the care they receive, or through the experiences of others.

To do this, the Bureau used data from the outpatient care module of the NSW Health Patient Survey 2010¹ to report on patient ratings of outpatient services and to provide insights into what matters most to patients.

Outpatients are patients who visit hospital but are not admitted. Services provided in outpatient departments include specialty clinics for diabetes, respiratory and cardiology patients, and some allied health services such as physiotherapy.

Questionnaires were sent to a random sample of patients who received care at outpatient services in NSW public hospitals during February 2010.

More than 7,000 people completed the survey of about 80 questions. Of these, 6,595 met the requirements for our analysis. We excluded 255 responses from patients at sexual health clinics (as these surveys were mailed at a later date and, for reasons of patient confidentiality, patient age was not available for analysis) and 197 people who did not respond to the question about overall care.

The response rate for the NSW outpatient survey (2010) was 36%. This is comparable to the 2008 national survey of outpatients in New Zealand², which achieved a 35% response rate, but lower than national outpatient surveys in the UK^{3,4} (59% in 2004/05 and 53% in 2009).

The information in the survey responses is used to answer three questions:

1) What are overall ratings of outpatient services and how do hospitals compare?

To answer this question, the Bureau described patients' overall ratings of care in outpatient services and compared 53 NSW public hospitals.

We compared hospitals as fairly as possible by using a statistical process called standardisation to account for differences between hospitals in the mix of patient characteristics, such as age group and self-reported health status, which influence ratings (see page 10 for more information).

2) What matters most to people who receive outpatient services?

To answer this question, the Bureau identified outpatient experiences that underlie positive or negative overall ratings of care. Our aim was to provide insights to healthcare staff about what matters most to these patients.

3) What experiences or issues do outpatients rate the highest or lowest?

To answer this question, the Bureau identified questions on the survey that people scored the highest and lowest to provide more insights to improve care.

Information about the methods used to produce this report can be found in the Bureau's *Technical Supplement: Measures of patient experience in NSW outpatient services in 2010* at www.bhi.nsw.gov.au

What are overall ratings of care for outpatient services and how do hospitals compare?

Across NSW, people who received outpatient services and completed the survey reported overall care as excellent (32%), very good (34%), good (25%), fair (7%) or poor (2%).

These findings can be compared to the outpatient survey in the UK that asked patients the same question about their overall care. In 2009, people who completed the UK survey reported overall care as excellent (40%), very good (41%), good (14%), fair (4%) or poor (1%).³

Hospitals that received the *highest or lowest* patient ratings of overall care are found across NSW

The Bureau investigated how outpatients from each hospital rated their overall care and how hospitals compared with each other. We used standardisation to account for differences between hospitals in the mix of patient characteristics, such as age group and self-reported health status, which influence ratings of care.

The percentage of patients who rated their care as excellent in the highest rated hospital was more than four times that of the lowest rated hospital.

The percentage of patients who rated their care as fair or poor in the lowest rated hospital was almost seven times that of the highest rated hospital.

We have reported the 10 hospitals with the highest, and the 10 with the lowest, standardised patient ratings of overall care ([Figure 1, next page](#)). All other hospitals had patient ratings between those of the highest and lowest rated hospitals.

Importantly, outpatient services rated highest or lowest by patients for overall care were found across the state. No single geographical area contained all, or most, of the hospitals that have the highest or lowest ratings of outpatient care.

Hospitals from the principal referral peer group are considered to be the flagship hospitals of NSW Health in terms of size and the range of services provided. This group had few hospitals in either the highest or lowest rated groups ([Figure 1](#)).

Hospitals from the major non-metropolitan peer group were over-represented in the lowest-rated hospital group. Half of all major non-metropolitan hospitals were among the 10 lowest-rated hospitals in the state. Only one, Shoalhaven and District Memorial Hospital, was rated among the 10 highest rated hospitals.

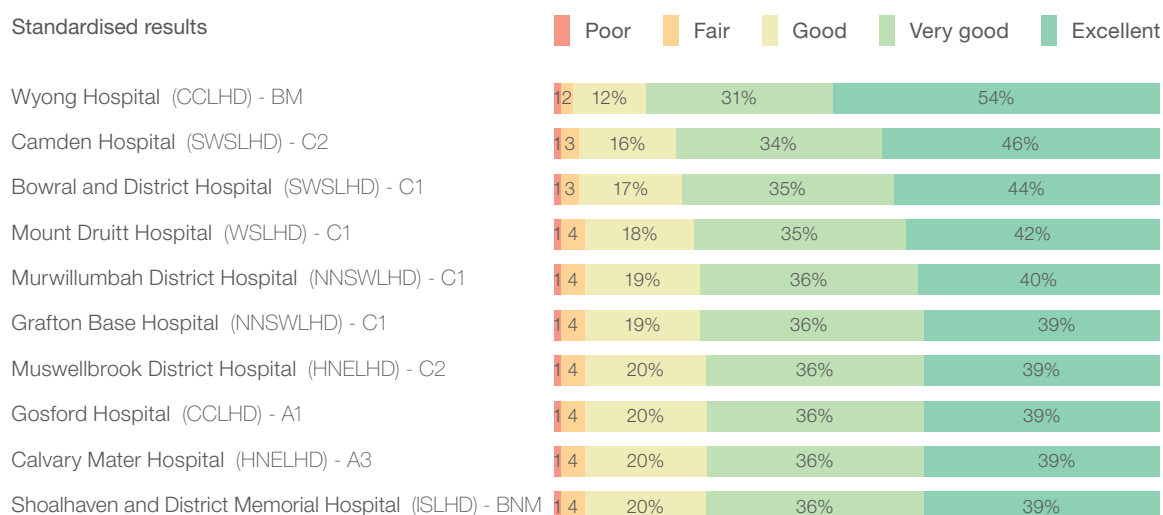
Major metropolitan hospitals made up most of the other hospitals in the 10 rated lowest by patients although, of the hospitals meeting our criteria for individual level reporting, Wyong Hospital had the highest percentage of patients rating the overall care provided as excellent.

District hospital services were often rated highly by patients, with six of the 10 hospitals rated highest belonging to the C1 or C2 group. The C1 peer group did especially well, with four hospitals from this group meeting our criteria for individual-level reporting in the 10 hospitals rated highest.

For more information on how patients rated hospitals by peer group, [see page 4](#). For more information on how the Bureau groups hospitals by local health district and peer group, [see Appendix 1 on page 11](#).

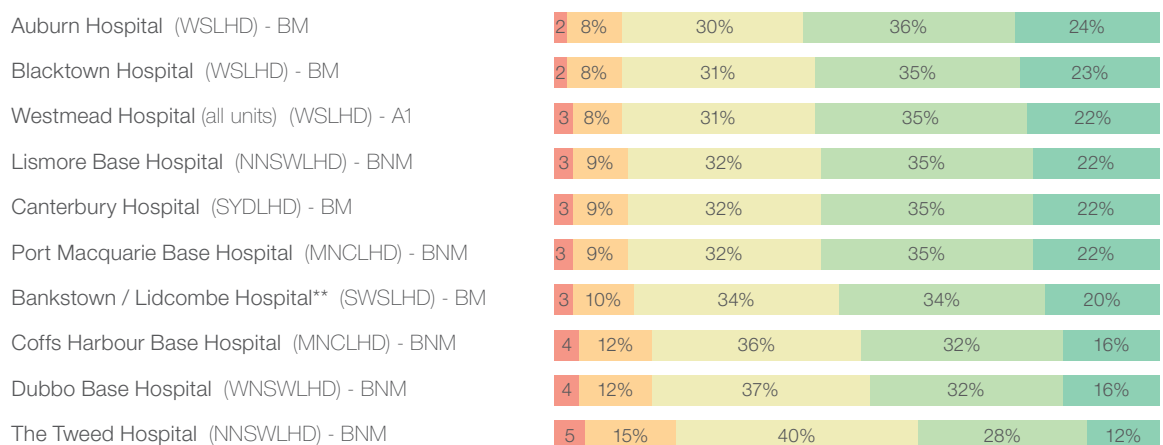
Figure 1: Comparisons of standardised ratings of *outpatients'* overall ratings of care in NSW public hospitals, February 2010

Hospitals with *higher* patient ratings



All other public hospitals* included in this report providing outpatient services in NSW were rated **lower** than the hospitals listed above and **higher** than the hospitals listed below

Hospitals with *lower* patient ratings



(*) NSW public hospitals includes principal referral, paediatric specialist, ungrouped acute – tertiary referral, major metropolitan, major non-metropolitan and district groups 1 and 2. See page iii for a full list of hospitals included in this report.

(**) Bankstown / Lidcombe Hospital was classified as a major metropolitan hospital in the Health Information Exchange during the analysis phase of this report and is therefore presented as such in this document. Since then, this hospital has been confirmed in the principal referral group of hospitals and this change will be reflected in future reports.

Note: Standardised results – to account for differences between hospitals in the types of patients served, values are standardised for the principal demographic factors affecting how patients respond to the overall care question: age group, self-reported health status and language spoken at home.

Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Source: Outpatient care module of the NSW Health Patient Survey 2010.

Patient ratings of care vary depending on hospital type

To facilitate comparisons between hospitals, we grouped similar hospitals using a classification system called 'peer groups'. We recommend that hospitals within each group are compared together to minimise the effect that size and rurality might have on patient ratings of outpatient services. For more information on peer groups, see [Appendix 1 on page 11](#).

We have reported the two hospitals in each peer group with the highest, and the two with the lowest, standardised patient ratings of overall care ([Figure 2](#)). Other hospitals that provided outpatient services in each peer group had patient ratings between those of the highest-rated group of hospitals and the lowest-rated group of hospitals.

Figure 2: Comparisons of standardised ratings of *outpatients'* care experiences in large public hospitals, by peer group, during February 2010

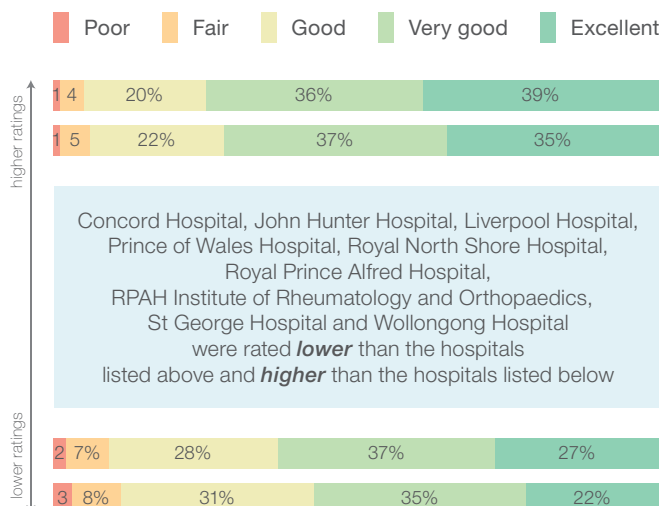
Principal referral hospitals (A1)

Gosford Hospital (CCLHD)

St Vincent's Hospital (SVHN)

Nepean Hospital (NBMLHD)

Westmead Hospital (all units) (WSLHD)



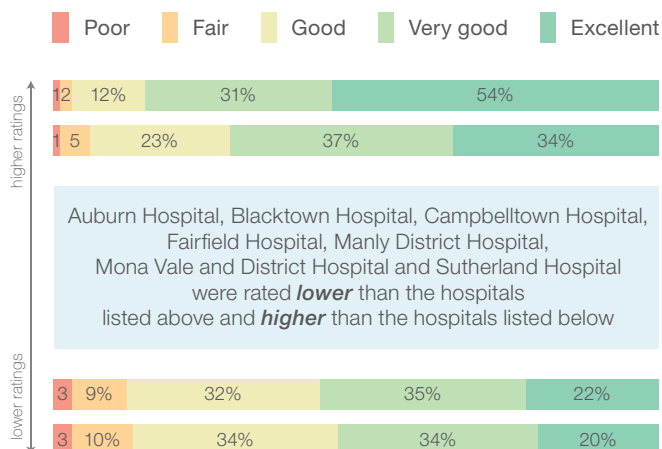
Major metropolitan hospitals (BM)

Wyong Hospital (CCLHD)

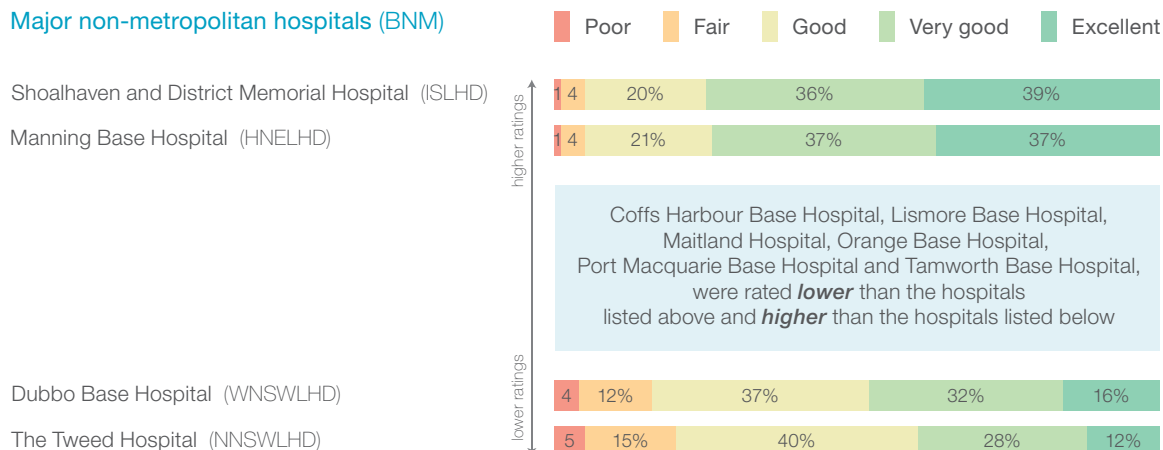
Hornsby and Ku-Ring-Gai Hospital (NSLHD)

Canterbury Hospital (SYDLHD)

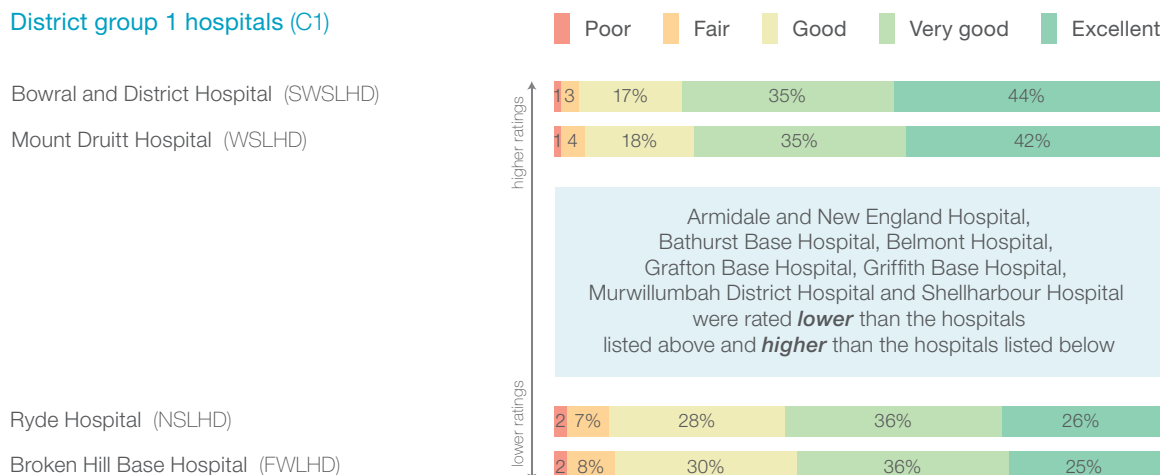
Bankstown / Lidcombe Hospital* (SWSLHD)



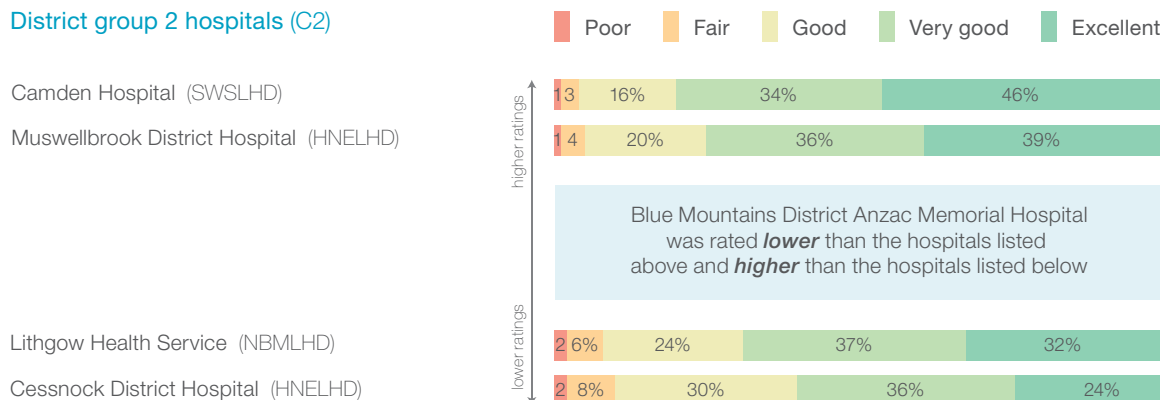
Major non-metropolitan hospitals (BNM)



District group 1 hospitals (C1)



District group 2 hospitals (C2)



(*) Bankstown / Lidcombe Hospital was classified as a major metropolitan hospital in the Health Information Exchange during the analysis phase of this report and is therefore presented as such in this document. Since then, this hospital has been confirmed in the principal referral group of hospitals and this change will be reflected in future reports.

Note: Standardised results – to account for differences between hospitals in the types of patients served, values are standardised for the principal demographic factors affecting how patients respond to the overall care question: age group, self-reported health status and language spoken at home.

Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Source: Outpatient care module of the NSW Health Patient Survey 2010.

What matters most to patients

The Bureau analysed the responses to identify outpatient experiences that underlie positive or negative overall ratings of care to identify what matters most to patients. Our aim was to provide insights to healthcare staff about what matters most to patients.

Completeness of care and staff teamwork matter most to outpatients

Five care experiences most influenced people who rated their overall care as excellent. When outpatient services perform well in these areas, patients report the most positive overall care.

We also identified the five key aspects that most influenced people who rated their overall care as fair or poor. When outpatient services perform poorly in these areas, patients report more negatively about the care they received.

We found the care experiences that underlie excellent and fair or poor ratings are very similar.

Figure 3 lists the care experiences that mattered to patients who received outpatient services and shows how patients rated the performance of NSW outpatient services for these questions. These findings highlight key areas for hospitals and clinical services to target if more patients are to report the most positive experiences and fewer are to report negative experiences:

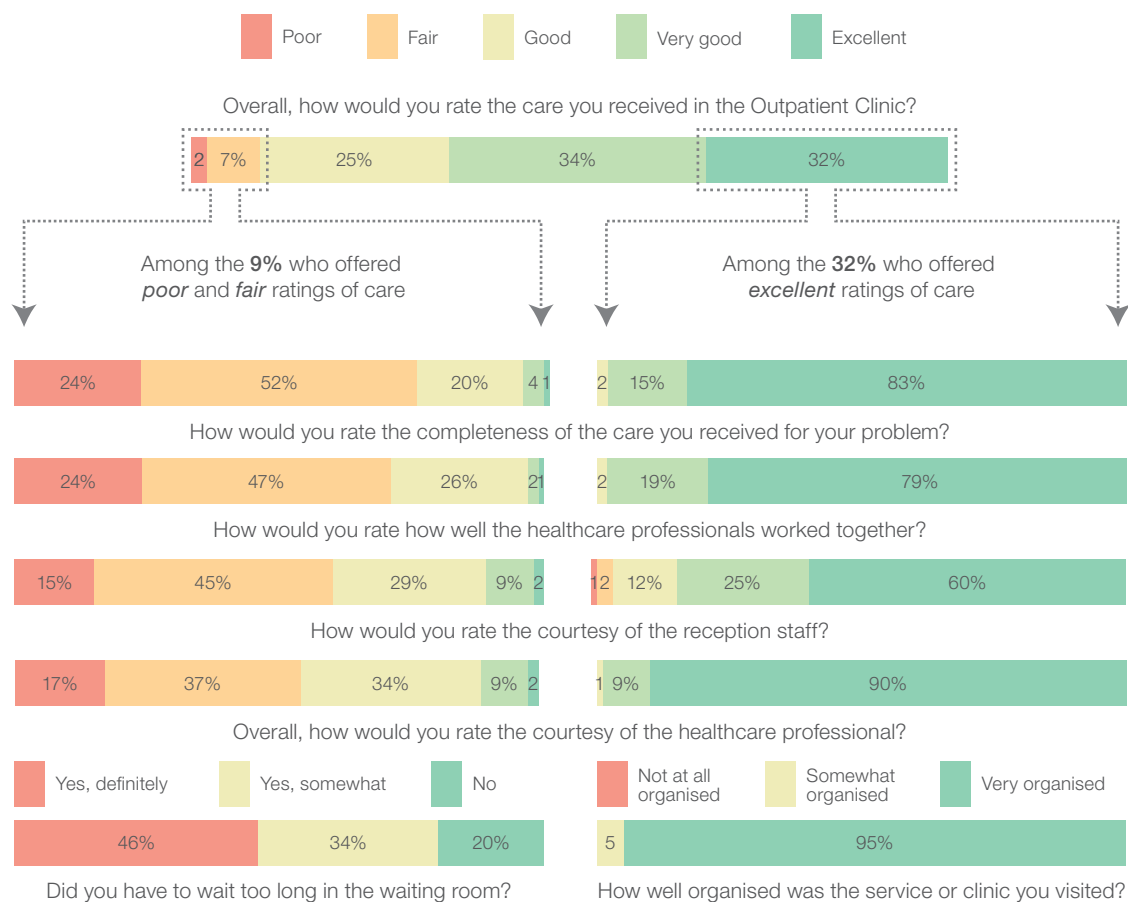
- Ensuring a patient feels they have received complete or comprehensive care is the single most important factor influencing patients' ratings of overall care.

- Patient perceptions of how well staff members worked together strongly affected how highly they rated the care they received. Patients who felt the outpatient services were well organised also rated care highly. This shows that fostering good working relationships between staff relates to patient ratings of overall care.
- Patients who felt they waited too long were more likely to rate the care as fair or poor. This shows that reducing the waiting time or giving more information about the delay relates to patient ratings of overall care. Across NSW, most outpatients said hospitals did not give enough information about delays (**Figure 5**).
- The courtesy of hospital staff made a significant difference in how people rated their experiences of outpatient services. The courtesy of reception staff* was a key factor in positive ratings of overall care and therefore an important way to improve outpatients' experiences. If the courtesy of healthcare professionals is rated low, patients are more likely to rate their care negatively.

Patients were asked additional questions to those shown in **Figure 3**. The additional questions are not included in these figures as the analyses showed that responses to these questions did not influence patients' ranking of overall care.

(*) Because some hospitals have one or few receptionists, courtesy of reception staff is not reported at a hospital level to protect the privacy of individual members of staff.

Figure 3: Care experiences that matter most to *outpatients* in NSW



Other significant factors

- Well-organised service or clinic
- Explanations about treatment provided
- Staff did everything to control pain
- Ease of understanding hospital signs / directions
- Enough say about my care

Other significant factors

- Explanations about treatment provided
- Ease of understanding hospital signs / directions
- Waited too long in waiting room
- Enough information about patient rights
- Noise levels kept to a minimum
- Courtesy of person who made your appointment
- Staff washed their hands after providing care
- Staff gave conflicting information

Note: Care experiences that matter most are based on analysis of all outpatient care respondents to the NSW Health Patient Survey 2010.

Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Source: Outpatient care module of the NSW Health Patient Survey 2010.

What aspects of care do outpatients give the highest or lowest ratings?

The Bureau ranked 48 questions from the outpatient survey in order of performance. The five questions that people in NSW rated highest are in **Figure 4**. The five questions that people in NSW rated lowest are in **Figure 5**.

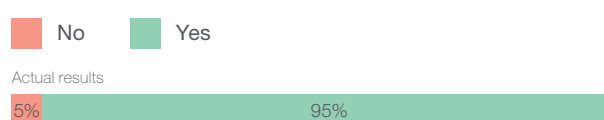
In February 2010, patients gave the highest ratings to outpatient services in NSW public hospitals for *“doing everything necessary to arrange future appointments with their healthcare professional”*, followed by *“treating them with respect and dignity”*.

The next highest ratings to outpatient services were for *“being told how to take any new medications”*, *“arranging appointments with other healthcare professionals”* and *“providing facilities for hand hygiene (wash basins and alcohol hand wash)”*.

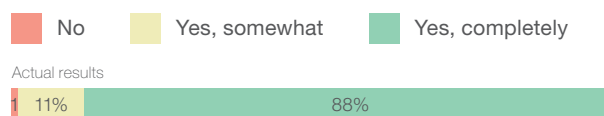
Patients gave the lowest ratings to outpatient services in NSW public hospitals for *“availability of parking”* and *“being given a reason for any delays to the start of treatment time”*. Due to being rated so low, these questions have the greatest potential for improvement. Noise levels,

Figure 4: **Highest-rated** questions for people who received outpatient services, February 2010

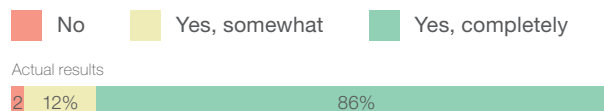
HIGHEST: If you needed another visit with this healthcare professional, did the staff do everything they could to make the necessary arrangements?



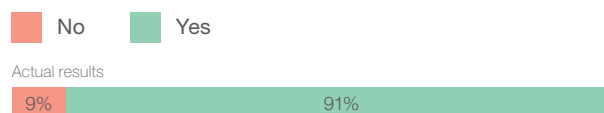
SECOND HIGHEST: Did the healthcare professional treat you with respect and dignity?



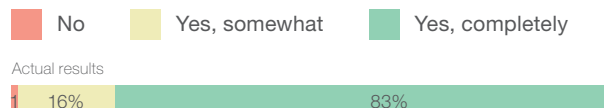
THIRD HIGHEST: Did someone explain how to take the new medications?



FOURTH HIGHEST: If you needed another visit with ANOTHER healthcare professional, did the staff do everything they could to make the necessary arrangements?



FIFTH HIGHEST: Did the healthcare professional listen to what you had to say?



Note: Highest and lowest ratings of care are based on a quality scale which incorporates all response options of a question. Detail is available in the Bureau's *Technical Supplement: Measures of patient experience in NSW outpatient services in 2010*.

Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Source: Outpatient care module of the NSW Health Patient Survey 2010.

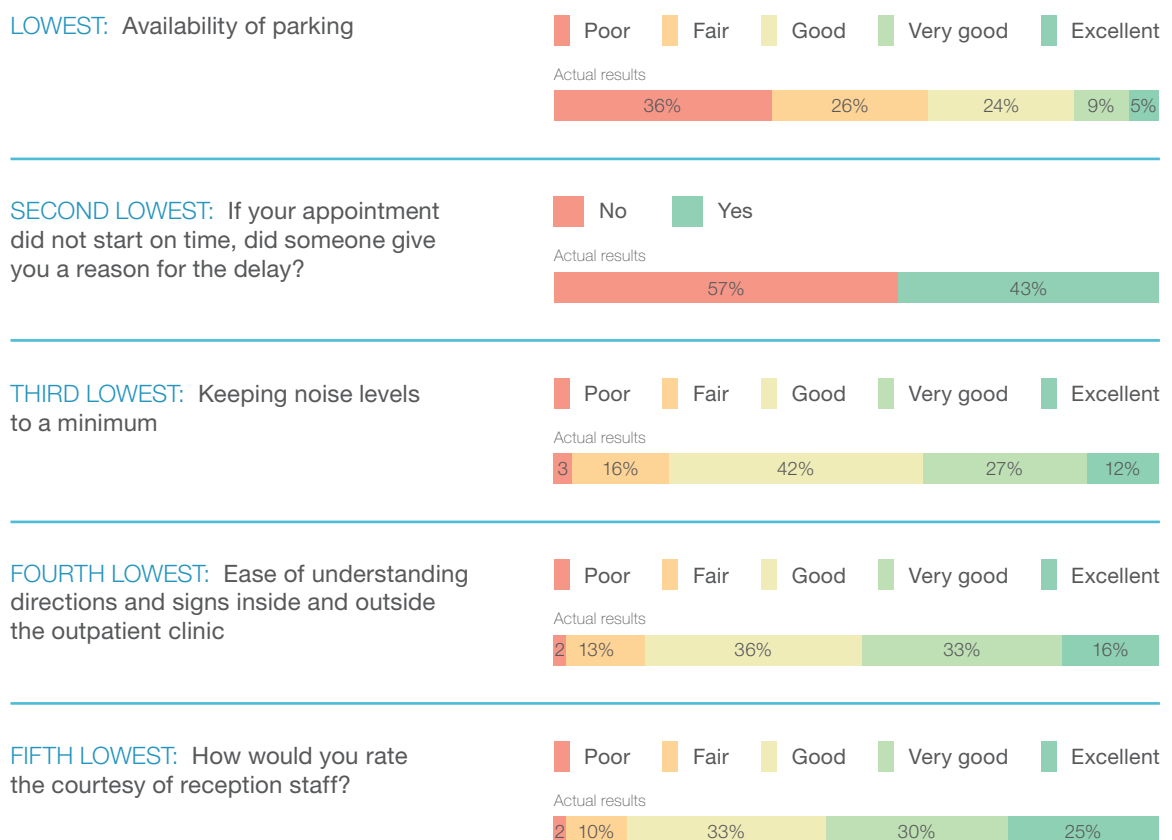
ease of understanding directions and signs (both inside and outside the outpatient clinic) and the courtesy of receptionist staff were the next lowest-rated care experiences. These last three questions were all significantly associated with how patients rated their overall care (Figure 3) and, due to their low ratings, also have substantial scope for improvement. Improvement in experiences that matter most are more likely to improve overall ratings of care.

Patients who received outpatient services at different NSW public hospitals rated different

aspects of care the highest depending on the hospital they attended. The three highest and three lowest rated topics for each of 53 hospitals and how they performed compared to NSW can be found in the Bureau's *Performance Profiles: Outpatient services in NSW public hospitals, August 2011*.

Additional detail about the process used to rate questions can be found in the Bureau's *Technical Supplement: Measures of patient experiences in NSW outpatient services in 2010* at www.bhi.nsw.gov.au

Figure 5: **Lowest-rated** questions for people who received outpatient services, February 2010



Note: Highest and lowest ratings of care are based upon a quality scale which incorporates all response options of a question. Detail is available in the Bureau's *Technical Supplement: Measures of patient experience in NSW outpatient services in 2010*.

Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.

Source: Outpatient care module of the NSW Health Patient Survey 2010.

Standardisation to support fairer comparisons

To support fair comparisons, patient ratings of care experiences have been standardised statistically to show how hospitals would rate if they served very similar populations of patients. Standardisation is important because different hospitals provide services to different kinds of people with different illnesses and severity of illness. These differences can affect patients' ratings of care independently of the quality of the care that healthcare workers provided.

Using information from the survey, the Bureau of Health Information determined that age group, self-reported health status and language spoken at home were the principal patient characteristics that influenced ratings of outpatient care. A statistical analysis was done to standardise ratings on the basis of these patient characteristics.

Patient gender, days of illness during February 2010, level of education and severity of pain (if there was pain) were also statistically important but, after considering age, health and language spoken, had a marginal influence on patients' overall ratings. These factors were not included in standardisation due to low response numbers for some hospitals.

The Bureau investigated the effect that the socioeconomic circumstance of the community the patient live in has on ratings of overall care. We did this using patient postcode and the Australian Bureau of Statistics' *Socio-Economic Indexes for Areas* and found it had no statistically significant effect on how patients rated the care they received. There may be other patient characteristics, such as type of illness, that differ between hospitals and influence ratings of care, but the Bureau could not include these in the statistical analysis because they were not recorded in the survey.

Effects of standardisation

Generally, younger patients, patients who reported poorer health and patients who did not speak English at home were more likely to give negative ratings of care. Older patients, those who said they were in good health and patients who spoke English at home were more likely to give positive ratings of care. Standardisation will have a proportionately greater effect on any hospital with very high or very low levels of patients from any of these groups.

The Bureau supports standardising patient ratings of care for fairer comparisons between hospitals. To ensure transparency and to allow healthcare workers to see and address the views that their patients expressed, we have also made the actual or non-standardised comparisons available.

Information on actual and standardised patient ratings for outpatient services provided by 53 hospitals is available in the *Performance Profiles: Outpatient services in NSW public hospitals, August 2011* at www.bhi.nsw.gov.au

Appendix 1: How hospitals are grouped

Hospital peer groups: NSW hospitals vary in size and the types and complexity of clinical services that they provide. To enable valid comparisons to be made between hospitals, it is important to compare similar or like hospitals together. To do this, the Bureau used a NSW Health classification system called 'peer group'. The peer groups mentioned in this report are:

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. Data for this group have been included to ensure completeness but this group is not included for peer group comparison in this report.
BM	Major metropolitan	Large metropolitan hospitals in the greater Sydney area.
BNM	Major non-metropolitan	Large hospitals in rural and smaller urban areas.
C1	District group 1	Medium-sized hospitals treating between 5,000 and 10,000 patients each year.
C2	District group 2	Smaller hospitals, typically in rural locations.

Local health district (LHD): All public hospitals in NSW belong to one of 18 LHDs. These are administrative bodies responsible for the provision of healthcare in a geographical area or for a specialty such as children or forensic health. The 18 LHDs in NSW are:

Central Coast Local Health District (CCLHD)	Northern Sydney Local Health District (NSLHD)
Far West Local Health District (FWLHD)	South Eastern Sydney Local Health District (SESLHD)
Forensic Mental Health Network (FMHN)	South Western Sydney Local Health District (SWSLHD)
Hunter New England Local Health District (HNELHD)	Southern NSW Local Health District (SNSWLHD)
Illawarra Shoalhaven Local Health District (ISLHD)	St Vincent's Health Network (SVHN)
Mid North Coast Local Health District (MNCLHD)	Sydney Local Health District (SLHD)
Murrumbidgee Local Health District (MLHD)	Sydney Children's Hospitals Network (SCHN)
Nepean Blue Mountains Local Health District (NBMLHD)	Western NSW Local Health District (WNSWLHD)
Northern NSW Local Health District (NNSWLHD)	Western Sydney Local Health District (WSLHD)

References

1. IPSOS Australia. [Patient Experience Survey: Summary of High Level Results \(Survey Reporting Period: January to September 2010\)](#). NSW Department of Health. [Online] 2011 [cited 21 July 2011]. Available from: www.plenari.com/doh/pdf/HLS_110607.pdf
2. Zwier G. [Patient satisfaction in New Zealand](#). NZMJ. 2009; 122(1300):38-49. [cited 19 July 2011]. Available from: www.nzma.org.nz/journal/122-1300/3738/content.pdf
3. Healthcare Commission. [Outpatient department: key findings](#). London (UK): Healthcare Commission. [online] 2005 [cited 19 July 2011]. Available from: www.c.org.uk/_db/_documents/04014871.pdf
4. Care Quality Commission. [Outpatient services survey 2009](#). London (UK): Care Quality Commission. [online] 2009 [cited 19 July 2011]. Available from: www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplehouseservices/patientsurveys/outpatientservices.cfm

Download our reports

The report, *Patient Care Experiences: Outpatient services in NSW public hospitals, August 2011* and related documents are available at www.bhi.nsw.gov.au

The suite of products includes:

- The main report presenting the hospitals rated highest and lowest by patients, which aspects of NSW outpatient services patients rate highest and lowest, and which aspects of care are most important to how patients rate the care they receive
- *Performance Profiles* (presenting the aspects of outpatient care that patients rated highest and lowest for each hospital, how outpatient services were rated for the most important aspects of care, and information about the patients who replied to the survey for more than 50 hospitals and NSW as a whole)
- *Technical Supplement* (research methods and statistical analyses)



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 Department of Health or any other NSW statutory health corporation is intended or should be inferred.

To contact the Bureau of Health Information

Telephone: +61 2 8644 2100

Fax: +61 2 8644 2119

Email: enquiries@bhi.nsw.gov.au

Web: www.bhi.nsw.gov.au

Postal address:

PO Box 1770
Chatswood
New South Wales 2057
Australia

Business address:

Zenith Centre Tower A
821 Pacific Highway
Chatswood
New South Wales 2067
Australia