



# Technical Supplement

Elective surgery measures

Hospital Quarterly: July to September 2012

# Addendum

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

## Reason for change

The NSW Ministry of Health advised the Bureau that there was a major upgrade to the patient information system at The Children's Hospital at Westmead. The upgrade delayed the inclusion of a proportion of data from this hospital for these quarters in the Waiting List Collection Online System (WLCOS). WLCOS is the source of data for the Bureau's *Hospital Quarterly* reports on elective surgery measures.

## Effect of change

Since the data for The Children's Hospital at Westmead were incomplete at the time of preparation of the reports, the Bureau excluded that hospital from *Hospital Quarterly, April to June 2012* and *Hospital Quarterly, July to September 2012*. The incomplete data do not support the calculation of fair and comparable activity and performance measures.

The hospital was excluded from all measures, both for the individual hospital and for overall measures for New South Wales, peer group A2 and the Sydney Children's Hospitals Network (SCHN).

To enable consistent comparisons over time, the hospital was omitted from all quarters in *Hospital Quarterly, April to June 2012* and *Hospital Quarterly, July to September 2012*, including the number of patients receiving their surgery and comparisons with the same quarter in the previous year.

The change means that values for NSW, peer group A2 and the SCHN in *Hospital Quarterly, April to June 2012* and *Hospital Quarterly, July to September 2012* will differ from equivalent values in previous editions of *Hospital Quarterly*, and are not comparable.

**Tables 1 and 2** present the effect of excluding The Children's Hospital at Westmead on activity and performance measures for NSW. **Table 1** shows the effect in January to March 2012. **Table 2** shows the effect in April to June 2011. The decrease in the number of patients receiving surgery in NSW for January to March 2012 ranged from 3.1% to 3.6%. For April to June 2011, the decrease ranged from 3.0% to 3.7%. Performance measures for NSW were not affected or changed slightly.

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

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

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

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

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

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

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

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

# Technical Supplement: July to September 2012

## Introduction

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

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

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

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

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

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

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

## Surgical activity and performance indicators

### Data used for calculation of surgical activity and performance

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

### Hospitals included in *Hospital Quarterly*

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

## Urgency category

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

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

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

## Ready for care (surgery)

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

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

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

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

## Calculation of waiting time and ready for care days

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

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

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



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

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

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

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

## Median and 90th percentile waiting times

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

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

## Surgical specialty

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

## Procedure

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

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

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

## Patients who received elective surgery by urgency category

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

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

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

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

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

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

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

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

## Percentage of patients who received elective surgery by waiting time

(cumulative)

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

## Patients ready for surgery on waiting list

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

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

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

## Patients not ready for surgery on waiting list

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

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

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

### Suppression rules

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

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

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

## Reasons for analysis

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

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

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

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

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

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

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

## Analysis of data

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Decision rules

### *Generation of an inferred 'staged' group*

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

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

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

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

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

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

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

**Decision rule 3:** Patients receiving non-urgent cystoscopy

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

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

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

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

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

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

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

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

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



## Conclusion

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

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

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

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

# Staged surgery

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

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

*Examples of staged procedures include:*

## Removal of pins / plates

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

## In-vitro fertilisation (IVF)

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

## Cystoscopy

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

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

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

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

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

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

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

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

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

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

Deemed to be staged

## Urgent

## Semi-urgent

## Non-urgent

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

## Murrumbidgee Local Health Network (MLHN)

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

## Nepean Blue Mountains Local Health Network (NBMLHN)

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

## Northern NSW Local Health Network (NNSWLHN)

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

## Northern Sydney Local Health Network (NSLHN)

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

## South Eastern Sydney Local Health Network (SESLHN)

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

## Southern NSW Local Health Network (SNSWLHN)

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

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

### South Western Sydney Local Health Network (SWSLHN)

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

### St Vincent's Health Network (SVHN)

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

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

### Sydney Local Health Network (SYDLHN)

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

### Western NSW Local Health Network (WNSWLHN)

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

### Western Sydney Local Health Network (WSLHN)

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

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

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

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

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

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

Percentage of patients treated on time

Median waiting time (days)

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

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

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

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

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



Percentage of patients treated on time

Median waiting time (days)

Non-urgent <sup>1</sup> (new method)	Non-urgent <sup>2</sup> (historic method)	Non-urgent <sup>1</sup> <sup>2</sup> (new method)	Non-urgent <sup>2</sup> (historic method)
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South Eastern Sydney Local Health Network (SESLHN)				
Prince of Wales Hospital	86	87	239	234
Royal Hospital for Women	100	100	75	78
St George Hospital	77	78	303	245
Sutherland Hospital	89	89	317	316
Sydney Hospital / Sydney Eye Hospital	95	95	218	218
<b>Total SESLHN</b>	<b>90</b>	<b>90</b>	<b>225</b>	<b>223</b>

South Western Sydney Local Health Network (SWSLHN)				
Bankstown / Lidcombe Hospital	92	93	170	152
Bowral and District Hospital	100	100	207	198
Campbelltown Hospital	90	92	280	179
Fairfield Hospital	97	97	284	278
Liverpool Hospital	89	91	251	186
<b>Total SWSLHN</b>	<b>93</b>	<b>93</b>	<b>248</b>	<b>197</b>

Southern NSW Local Health Network (SNSWLHN)				
Bateman's Bay District Hospital	98	99	327	337
Bega District Hospital	83	84	349	347
Cooma Health Service	100	100	113	113
Goulburn Base Hospital	88	88	302	302
Moruya District Hospital	100	100	213	211
Pambula District Hospital	*	*	*	*
Queanbeyan Health Service	100	100	202	202
<b>Total SNSWLHN</b>	<b>92</b>	<b>93</b>	<b>281</b>	<b>292</b>

St Vincent's Health Network (SVHN)				
St Vincent's Hospital, Darlinghurst	90	91	144	125
<b>Total SVHN</b>	<b>90</b>	<b>91</b>	<b>144</b>	<b>125</b>

Sydney Children's Hospitals Network (SCHN)				
Sydney Children's Hospital	97	97	110	105
The Children's Hospital at Westmead	97	97	109	69
<b>Total SCHN</b>	<b>97</b>	<b>97</b>	<b>109</b>	<b>89</b>

Sydney Local Health Network (SYDLHN)				
Canterbury Hospital	84	87	318	253
Concord Hospital	98	98	141	96
RPAH Institute of Rheumatology & Orthopaedics	100	100	49	49
Royal Prince Alfred Hospital	99	100	41	18
<b>Total SYDLHN</b>	<b>97</b>	<b>98</b>	<b>97</b>	<b>63</b>

Percentage of patients treated on time		Median waiting time (days)	
Non-urgent <sup>1</sup> (new method)	Non-urgent <sup>2</sup> (historic method)	Non-urgent <sup>1</sup> <sup>2</sup> (new method)	Non-urgent <sup>2</sup> (historic method)

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

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

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

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

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

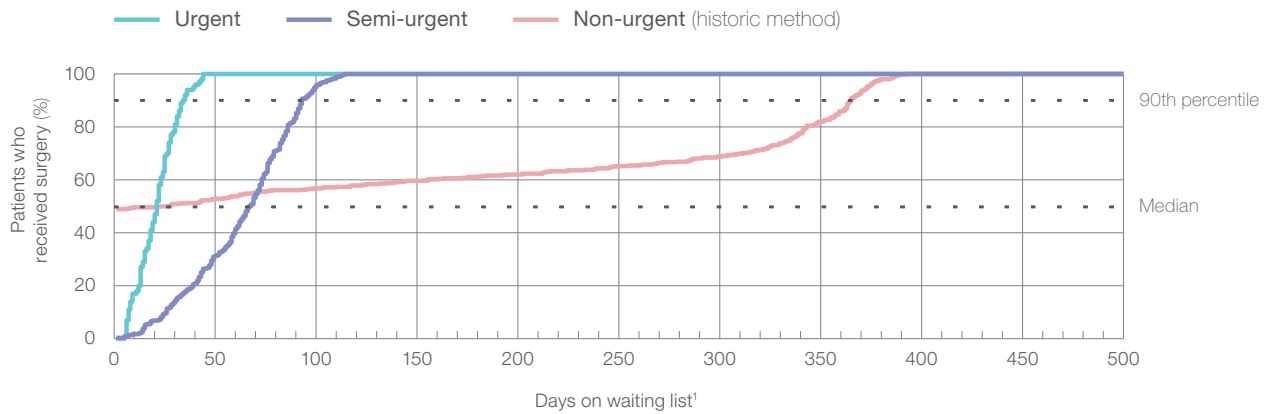
**Note:** All urgency categories include deferred patients as appropriate.

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

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

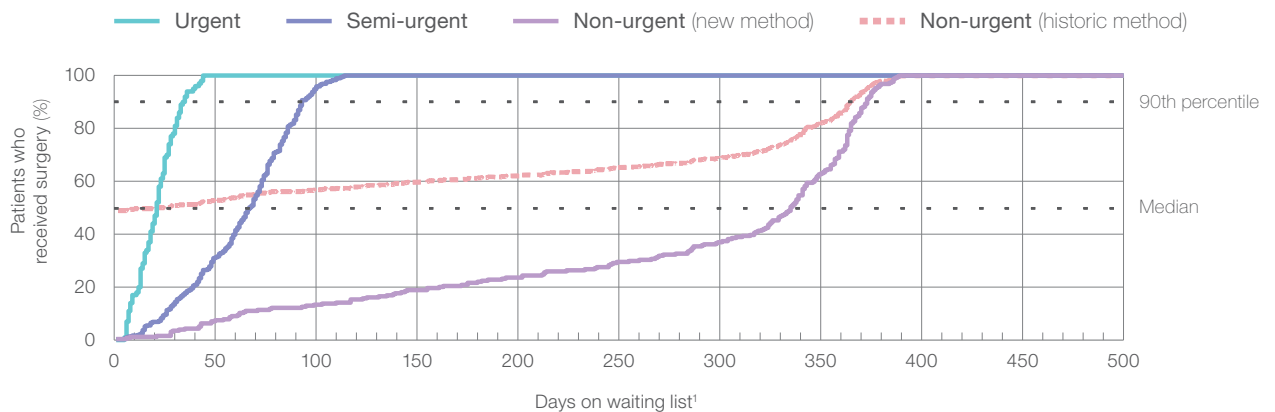
## Appendix 2: Examples and decision rules for the 'staged' group of patients

### Example 1: Staged at time of surgery



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

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

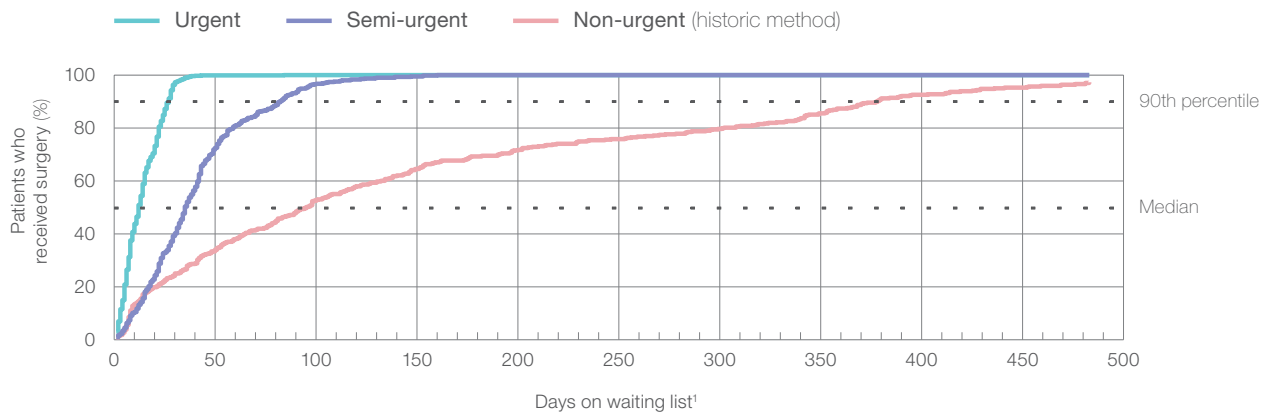


1. Excludes the total number of days the patient was coded as 'not ready for care'.

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

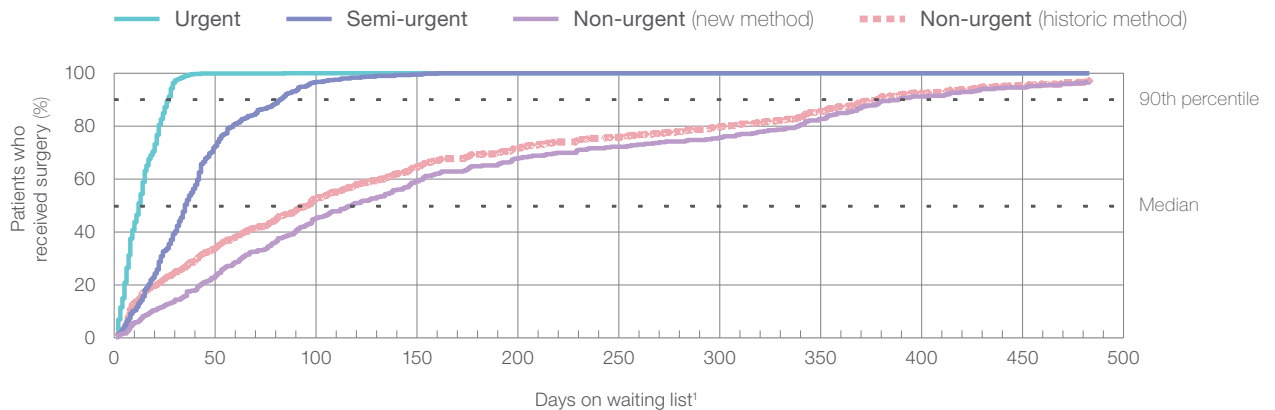
**Source:** Waiting List Collection On-line System, NSW Health. Data extracted on 18 April 2011.

## Example 2: Staged when listed on elective surgery database



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

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

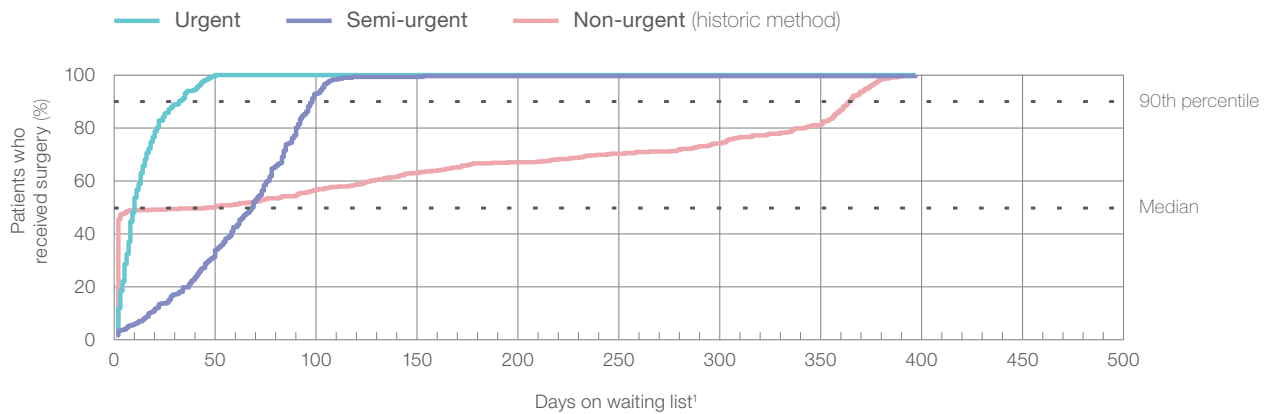


1. Excludes the total number of days the patient was coded as 'not ready for care'.

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

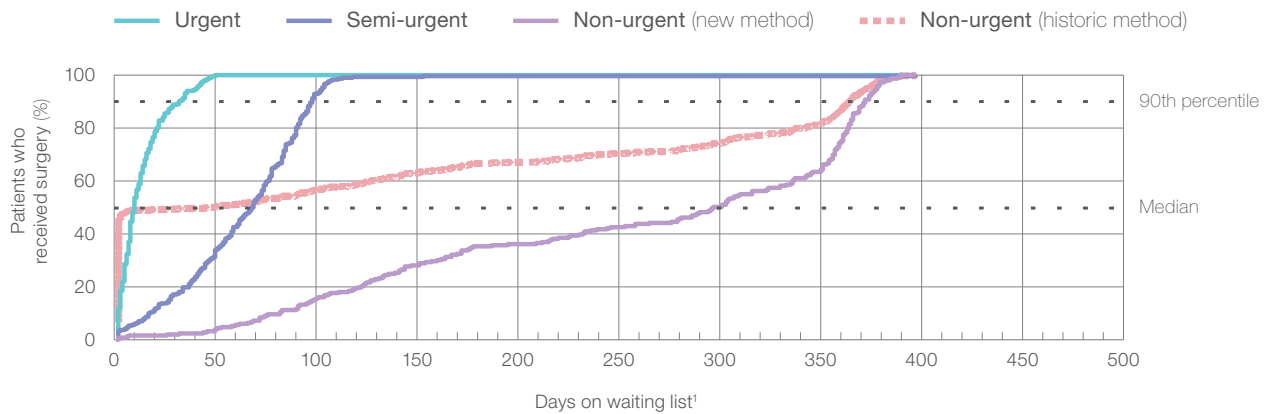
**Source:** Waiting List Collection On-line System, NSW Health. Data extracted on 18 April 2011.

### Example 3: Staged when listed on elective surgery database



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

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

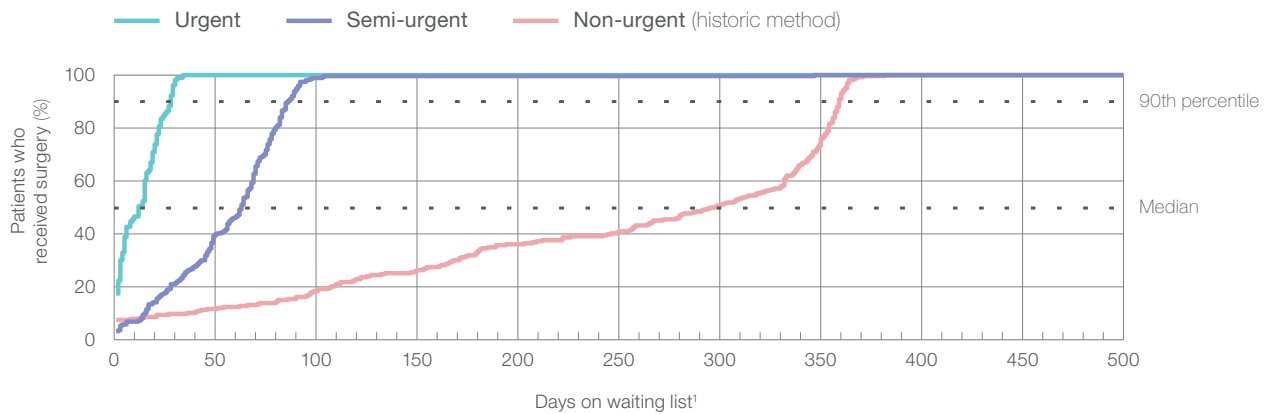


1. Excludes the total number of days the patient was coded as 'not ready for care'.

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

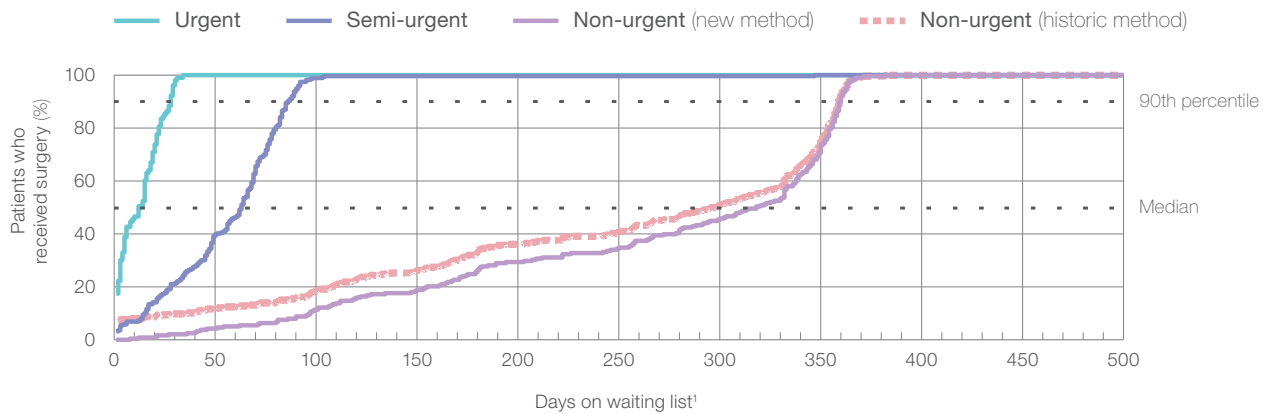
Source: Waiting List Collection On-line System, NSW Health. Data extracted on 18 April 2011.

### Example 4: High proportion of non-urgent cystoscopy patients



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

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

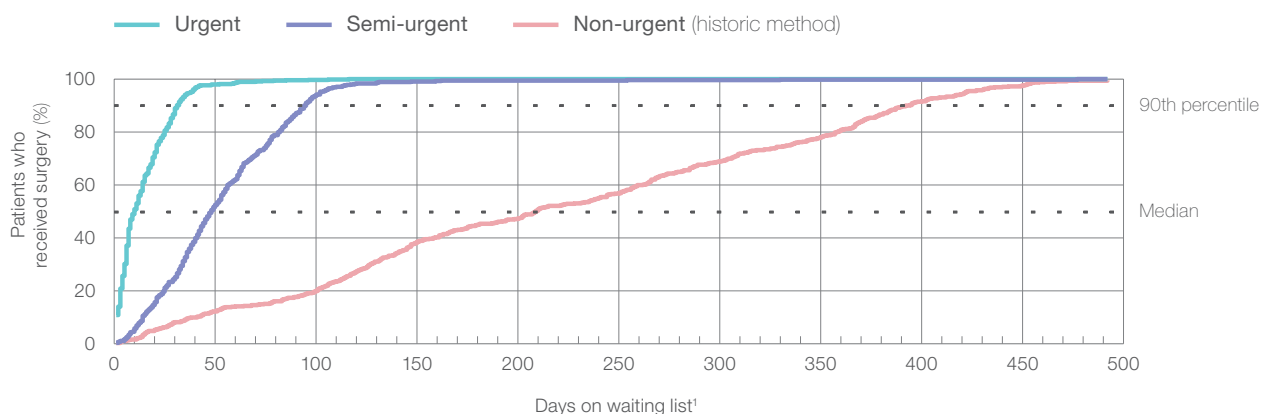


1. Excludes the total number of days the patient was coded as 'not ready for care'.

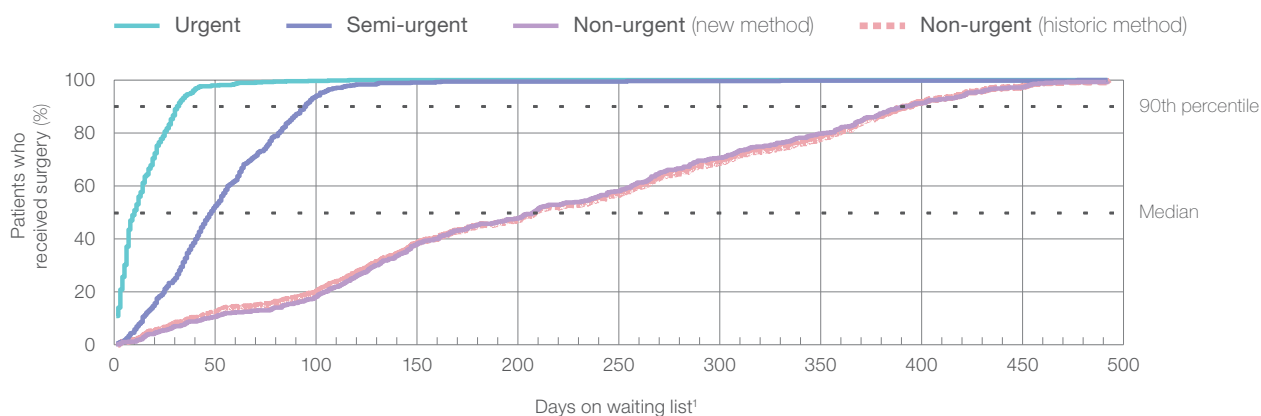
**Note:** Patients recorded as 'deferred' when they received their surgery are allocated to 'ready for care' urgency categories as appropriate.

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

### Example 5: Few staged or non-urgent cystoscopy patients



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



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

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

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

## Appendix 3: Formulae for calculations

### The decision rules for patients deemed to be staged

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

Final urgency category = D plus listing status = staged

OR

Final urgency category = D and no other urgency level recorded

OR

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

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

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

### Decision Rule 3: Cystoscopy and non-urgent category

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

#### Notes:

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



## Download our reports

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

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

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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](http://www.bhi.nsw.gov.au) for any amendments.