

Hospital Quarterly

Activity and performance

in NSW public hospitals

April to June 2016



BUREAU OF HEALTH INFORMATION

Level 11, Sage Building, 67 Albert Avenue
Chatswood NSW 2067
Australia
Telephone: +61 2 9464 4444
bhi.nsw.gov.au

© Copyright Bureau of Health Information 2016

This work is copyrighted. 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.

State Health Publication Number: (BHI) 160386

ISSN: 1838-3238

Suggested citation:

Bureau of Health Information. *Hospital Quarterly – Activity and performance in NSW public hospitals, April to June 2016*. Sydney (NSW); BHI; 2016.

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

Published September 2016

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Changes in data coverage and analytic methods from quarter to quarter mean that figures published in this document are superseded by subsequent reports.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

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

Contents

Introduction	1
Key findings	5
Hospital activity measures	9
NSW emergency departments	
How many people presented to NSW emergency departments?	11
Where did patients go after leaving the emergency department?	13
NSW hospital admissions	
How many patients were admitted to public hospitals?	15
How long did patients spend in hospital?	17
NSW elective surgery	
How many elective surgical procedures were performed?	19
How many patients were on the waiting list for elective surgery at the end of the quarter?	21
Hospital performance measures	23
NSW emergency departments	
How long did patients wait for treatment in the emergency department?	25
Percentage of patients whose treatment started on time	27
Variation in the percentage of patients whose treatment started on time	29
Change over time in the percentage of patients whose treatment started on time	31
How long did patients spend in the emergency department?	33
Time spent in the emergency department by mode of separation	35
Percentage of patients who spent four hours or less in the emergency department	37
Variation in the percentage of patients who spent four hours or less in the emergency department	39
Change over time in percentage of patients who spent four hours or less in the emergency department	41
How many patients who arrived by ambulance had their care transferred within 30 minutes?	43
NSW elective surgery	
How long did patients wait for elective surgery?	45
Variation in waiting times for elective surgery	47
Percentage of elective surgical procedures performed on time	49
Percentage of elective surgical procedures performed on time by specialty	51
Percentage of elective surgery performed on time by common procedure	53
Terms and classifications	55
Appendix tables	58
Index of hospitals by local health district and hospital peer group	59
Acknowledgements	61

Introduction

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

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

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

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

About the data

The data used in *Hospital Quarterly* are transmitted by the state's hospitals to centralised data warehouses administered by the NSW Ministry of Health. Hospital admission and ED data in this report were extracted from the NSW Health Information Exchange (HIE) on 19 July 2016. Elective surgery data were extracted from the Waiting List Collection On-line System (WLCOS) on 12 July 2016.

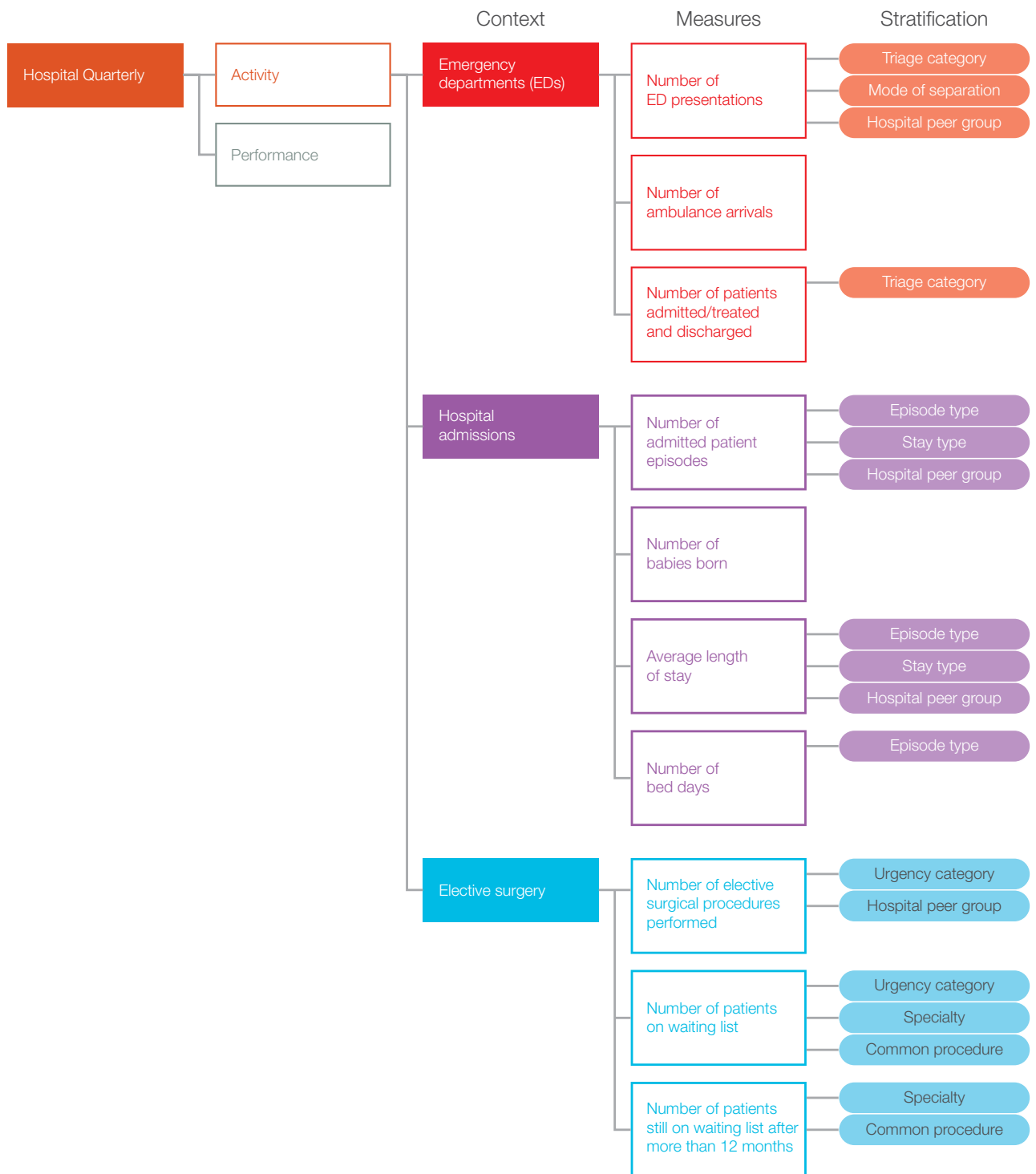
ED data are drawn from the Emergency Department Data Collection (EDDC). While not all EDs have systems in place to supply records to the EDDC, data coverage has increased over time. The ED data in this report cover 131 facilities for which consistent data have been reported to the EDDC for at least five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

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

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

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

Figure i Hospital activity measures included in this report



About the measures

Hospital Quarterly uses a number of measures to report activity and performance in NSW public hospitals (Figures i and ii). Where the focus is on measuring activity, numbers and percentages are commonly used. Where the focus is on measuring performance in terms of timeliness of care (for example, waiting times for treatment in the ED or for elective surgery), the median and 90th or 95th percentile times are used. Timeliness is also reported using the percentage of patients who received care within a defined time period (for example, the percentage of patients who arrived by ambulance that had their care transferred within 30 minutes, the percentage of patients who spent four hours or less in the ED, and the percentage of elective surgery performed within clinically recommended timeframes).

About the analyses

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

Hospital Quarterly includes a number of commonly used terms and classifications to describe activity

and performance across EDs, hospital admissions and elective surgery. These are described in Table 4 (page 55).

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

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

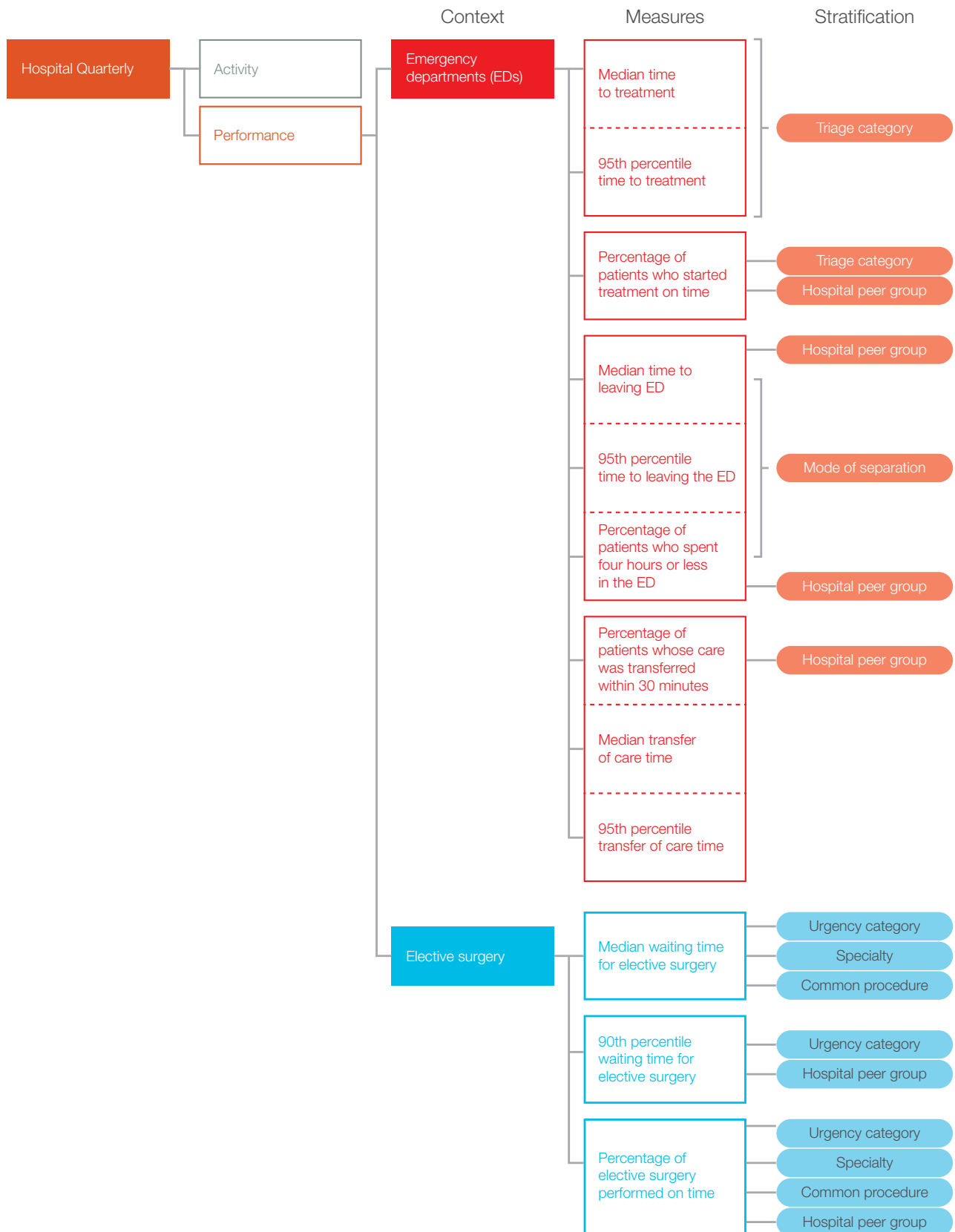
Hospital Quarterly compares this quarter's results with the same quarter in previous years, to take into account seasonal effects on hospital activity and performance. Percentages in this report are now rounded to one decimal point; previously they were rounded to the nearest whole percentage. Results in this issue of *Hospital Quarterly* cannot therefore be directly compared to results in previous issues.

Table 1 **NSW public hospital peer groups**

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

Figure ii

Hospital performance measures included in this report



Key findings

Hospital activity measures – April to June 2016

How many people presented to NSW emergency departments?

Compared with the same quarter last year:

- 7,622 more patients presented to NSW emergency departments (EDs) (636,317 presentations in total; up 1.2%). Most (96.2%) were unplanned (emergency presentations).
- 463 more patients were assigned to triage category 1 (up 11.6%), 3,049 more to triage category 2 (up 4.2%), 7,805 more to triage category 3 (up 3.8%), 1,349 fewer to triage category 4 (down 0.5%) and 1,192 fewer to triage category 5 (down 1.9%)
- 4,731 fewer patients arrived by ambulance (140,278 patients in total; down 3.3%).

Where did patients go after leaving the emergency department?

Compared with the same quarter last year:

- 978 fewer patients were treated and discharged (397,089 in total; down 0.2%)
- 8,389 more patients were treated and admitted to hospital (184,707 in total; up 4.8%)
- 1,347 fewer patients left without, or before completing, treatment (29,069 in total; down 4.4%)
- 98 more patients were transferred to another hospital (13,422 in total; up 0.7%).

How many patients were admitted to public hospitals?

Compared with the same quarter last year:

- 21,493 more admitted patient episodes were recorded (479,983 in total; up 4.7%). Most (96.0%) were acute care episodes.
- 30,395 more bed days were recorded (1,689,743 in total; up 1.8%), and 14,937 more acute bed days (1,394,157 in total; up 1.1%)

- The average length of stay for an acute overnight admitted patient episode was 4.8 days
- Among expectant mothers, there were 984 more babies born in NSW public hospitals (18,640 babies in total; up 5.6%).

How many elective surgical procedures were performed?

Compared with the same quarter last year:

- 3,937 more elective surgical procedures were performed (58,583 procedures in total; up 7.2%). This included:
 - 515 more procedures categorised as urgent (12,269 in total; up 4.4%)
 - 986 more procedures categorised as semi-urgent (18,546 in total; up 5.6%)
 - 2,612 more procedures categorised as non-urgent (25,063 in total; up 11.6%)
 - 176 fewer procedures categorised as staged (2,705 in total; down 6.1%).

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

Compared with the same quarter last year:

- 102 more people were ready for surgery and on the elective surgery waiting list at the end of the quarter (73,165 in total; up 0.1%). Of these:
 - 1,734 people (2.4%) were waiting for urgent surgery
 - 11,441 (15.6%) were waiting for semi-urgent surgery
 - 59,990 (82.0%) were waiting for non-urgent surgery.
- At the end of the quarter, more people were still waiting for non-urgent surgery (up 0.9%) and fewer people were waiting for urgent and semi-urgent surgery (down 5.2% and 2.8% respectively).

Table 2 provides a summary of NSW public hospital activity measures for April to June 2016.

Table 2

Summary of NSW public hospital activity measures, April to June 2016

Emergency department activity		April to June 2016	April to June 2015	Difference	% change
All arrivals at NSW EDs by ambulance		140,278	145,009	-4,731	-3.3%
All ED presentations		636,317	628,695	7,622	1.2%
Emergency presentations		612,258	603,482	8,776	1.5%
Emergency presentations by triage category					
Triage category	T1: Resuscitation	4,470	4,007	463	11.6%
	T2: Emergency	76,386	73,337	3,049	4.2%
	T3: Urgent	212,203	204,398	7,805	3.8%
	T4: Semi-urgent	256,911	258,260	-1,349	-0.5%
	T5: Non-urgent	62,288	63,480	-1,192	-1.9%
Admissions to hospital from NSW EDs		184,707	176,318	8,389	4.8%
Admitted patient activity		April to June 2016	April to June 2015	Difference	% change
All admitted patient episodes		479,983	458,490	21,493	4.7%
All acute episodes		461,033	440,420	20,613	4.7%
Overnight episodes		247,278	238,040	9,238	3.9%
Same-day episodes		213,755	202,380	11,375	5.6%
Non-acute episodes		18,950	18,070	880	4.9%
Average length of stay (days)	All acute episodes	3.0	3.1	-0.1	
	Acute overnight episodes	4.8	4.9	-0.1	
	Non-acute episodes	15.6	15.5	0.1	
Hospital bed days	All bed days	1,689,743	1,659,348	30,395	1.8%
	Acute bed days	1,394,157	1,379,220	14,937	1.1%
	Non-acute bed days	295,586	280,128	15,458	5.5%
Babies born in NSW public hospitals		18,640	17,656	984	5.6%
Elective surgery activity		April to June 2016	April to June 2015	Difference	% change
Elective surgical procedures performed		58,583	54,646	3,937	7.2%
Urgency category	Urgent surgery	12,269	11,754	515	4.4%
	Semi-urgent surgery	18,546	17,560	986	5.6%
	Non-urgent surgery	25,063	22,451	2,612	11.6%
Patients on waiting list ready for elective surgery at end of quarter		73,165	73,063	102	0.1%
Urgency category	Urgent surgery	1,734	1,829	-95	-5.2%
	Semi-urgent surgery	11,441	11,775	-334	-2.8%
	Non-urgent surgery	59,990	59,459	531	0.9%

Key findings

Hospital performance measures – April to June 2016

How long did patients wait for ED treatment?

Compared with the same quarter last year:

- The percentage of patients whose care was transferred from ambulance to ED staff within 30 minutes was 91.6% (up 6.1 percentage points)
- The median times from presentation to starting treatment decreased or were unchanged across all triage categories. For categories 3 and 4, the 95th percentile times decreased by 10 and 12 minutes respectively.
- The percentage of patients who started treatment on time was 76.3% (up 1.9 percentage points). This included: 67.3% of patients in triage category 2 (up 1.8 percentage points), 71.3% in triage 3 (up 2.8 percentage points), 79.7% in triage 4 (up 2.2 percentage points), and 93.7% in triage 5 (up 0.1 percentage points).
- Across hospitals, the percentage of patients who started treatment on time increased in 48 out of 79 hospitals. For 14 hospitals, the increase was more than five percentage points. Of these, for three hospitals, the increase was more than 10 percentage points.
- The percentage of patients who started treatment on time decreased in 31 hospitals. For seven hospitals, the decrease was more than five percentage points. Of these, for one hospital, the decrease was more than 10 percentage points.

How long were patients in the ED?

Compared with the same quarter last year:

- The median time patients spent in the ED was unchanged and the 95th percentile time was 10 minutes shorter
- There was an increase in the percentage of patients who spent four hours or less in the ED (73.9%; up 0.6 percentage points)

- The percentage of patients who spent four hours or less in the ED increased in 43 out of 79 hospitals. For eight hospitals, the increase was more than five percentage points. Of these, for one hospital, the increase was more than 10 percentage points.
- The percentage who spent four hours or less in the ED decreased in 35 hospitals. For five hospitals, the decrease was more than five percentage points.

How long did patients wait for elective surgery?

Compared with the same quarter last year:

- The median waiting times for urgent and semi-urgent elective surgery were unchanged (11 and 45 days respectively); and the median waiting time for non-urgent surgery decreased by one day (to 232 days)
- The 90th percentile waiting time for urgent and semi-urgent surgery increased by one day, while the 90th percentile waiting time for non-urgent elective surgery was unchanged (356 days).

Was elective surgery performed on time?

Compared with the same quarter last year:

- The percentage of elective surgical procedures performed within recommended timeframes was 97.0% (down 0.4 percentage points). This included:
 - 99.7% of urgent surgery (up 0.1 percentage points)
 - 97.3% of semi-urgent surgery (down 0.3 percentage points)
 - 95.5% of non-urgent surgery (down 0.6 percentage points).
- Across hospitals, the percentage of elective surgery performed on time increased in 24 out

of 80 hospitals. For four hospitals, the increase was more than five percentage points. Of these, for one hospital, the increase was more than 15 percentage points.

- The percentage of elective surgical procedures performed on time decreased in 29 hospitals. For two hospitals, the decrease was more than five percentage points. Of these, for one hospital, the decrease was almost 15 percentage points.
- Among specialties, vascular surgery and cardiothoracic surgery had the highest

percentage of procedures on time (99.4% and 99.1% respectively). Ear, nose and throat surgery (93.9%) and orthopaedic surgery (95.4%) had the lowest.

- Among common procedures, cataract extraction and coronary artery bypass graft (99.2% and 98.8% respectively) had the highest percentage of procedures on time. Myringoplasty/tympanoplasty (86.6%) and septoplasty (92.2%) had the lowest.

Table 3 provides a summary of NSW public hospital performance measures for April to June 2016.

Table 3 Summary of NSW public hospital performance measures, April to June 2016

Emergency department performance			April to June 2016	April to June 2015	Difference	
Percentage of patients whose care was transferred within 30 minutes			91.6%	85.5%	+6.1 percentage points	
Time to treatment by triage category	T2: Emergency	Median	8 mins	8 mins	0 mins	
		95th percentile	36 mins	37 mins	-1 mins	
	T3: Urgent	Median	20 mins	21 mins	-1 mins	
		95th percentile	92 mins	102 mins	-10 mins	
	T4: Semi-urgent	Median	25 mins	26 mins	-1 mins	
		95th percentile	128 mins	140 mins	-12 mins	
	T5: Non-urgent	Median	23 mins	23 mins	0 mins	
		95th percentile	132 mins	133 mins	-1 mins	
	All patients			76.3%	74.4%	+1.9 percentage points
	Percentage of patients whose treatment started on time	T2: Emergency		67.3%	65.5%	+1.8 percentage points
T3: Urgent			71.3%	68.5%	+2.8 percentage points	
T4: Semi-urgent			79.7%	77.5%	+2.2 percentage points	
T5: Non-urgent			93.7%	93.6%	+0.1 percentage points	
Median time spent in the ED			2h 42m	2h 42m	0 mins	
95th percentile time spent in the ED			9h 47m	9h 57m	-10 mins	
Percentage of patients who spent four hours or less in the ED			73.9%	73.3%	+0.6 percentage points	
Elective surgery performance			April to June 2016	April to June 2015	Difference	
Waiting time (days)	Urgent	Median	11 days	11 days	unchanged	
		90th percentile	27 days	26 days	+1 day	
	Semi-urgent	Median	45 days	45 days	unchanged	
		90th percentile	83 days	82 days	+1 day	
	Non-urgent	Median	232 days	233 days	-1 day	
		90th percentile	356 days	356 days	unchanged	
Percentage of elective surgical procedures performed on time	All procedures		97.0%	97.4%	-0.4 percentage points	
	Urgent surgery		99.7%	99.6%	+0.1 percentage points	
	Semi-urgent surgery		97.3%	97.6%	-0.3 percentage points	
	Non-urgent surgery		95.5%	96.1%	-0.6 percentage points	

Hospital activity measures

Key findings – April to June 2016

Compared with the same quarter last year...

7,622

more emergency department presentations
636,317 presentations in total

↑ 1.2%

21,493

more people admitted to hospital
479,983 admissions in total

↑ 4.7%

3,937

more elective surgical procedures performed
58,583 elective surgery procedures in total

↑ 7.2%

30,395

more bed days of care provided
1,689,743 bed days in total



↑ 1.8%

4,731



↓ 3.3%

fewer patients arrived at the ED by ambulance
140,278 arrivals in total

984



↑ 5.6%

more babies born
18,640 babies born in total

The average length of stay for all acute overnight admissions was

4.8 days

down 0.1 days compared with the same quarter last year



NSW emergency departments

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

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

NSW hospital admissions

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

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

NSW elective surgery

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

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

How many people presented to NSW emergency departments?

During the April to June 2016 quarter, a total of 636,317 people presented to NSW public hospital emergency departments (EDs), an increase of 1.2% compared with the same quarter last year. Almost all were emergency presentations (612,258 patients or 96.2%) (Figure 1). The remaining 24,059 patients presented to ED for non-emergency reasons such as a planned return visit, or a planned hospital admission.

There was an increase in the number of ED presentations across triage categories 1, 2 and 3. The largest increase in volumes was in triage category 2 (3,049 more patients; up 4.2%) and triage category 3 (7,805 more patients; up 3.8%). There was an 11.6% increase in triage category 1 (463 more patients), and a decrease of 0.5% and 1.9% in triage categories 4 and 5 (1,349 and 1,192 fewer patients respectively) (Figure 1).

There has been a 22.4% increase in the number of emergency presentations over the past five years, from 500,251 in April to June 2011 to 612,258 this quarter (Figure 2).

The number of presentations increased this quarter in more than half of NSW hospital EDs (47 out of 79). Of these, 17 had an increase of more than 5%, including three that had an increase of more than 10%. Thirty-two hospitals had a decrease in the number of ED presentations this quarter, including 10 that had a decrease of more than 5%. Of these, three hospitals had a decrease of more than 10%. Hospitals identified in Figure 3 are those that had more than 5,000 ED presentations this quarter and more than a 5% change in the number of presentations compared with the same quarter last year.

This quarter, 140,278 ED patients arrived by ambulance, a decrease of 3.3% compared with the same quarter last year (Figure 1).

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

Figure 1 Emergency department presentations and ambulance arrivals at NSW emergency departments, April to June 2016






		This quarter	Same quarter last year	Change since one year ago
All presentations		636,317	628,695	1.2%
Emergency presentations by triage category		612,258	603,482	1.5%
Triage 1: Resuscitation	 0.7%	4,470	4,007	11.6%
Triage 2: Emergency	 12.5%	76,386	73,337	4.2%
Triage 3: Urgent	 34.7%	212,203	204,398	3.8%
Triage 4: Semi-urgent	 42.0%	256,911	258,260	-0.5%
Triage 5: Non-urgent	 10.2%	62,288	63,480	-1.9%
Ambulance arrivals		140,278	145,009	-3.3%

Figure 2 Emergency presentations and ambulance arrivals at NSW emergency departments, April 2011 to June 2016

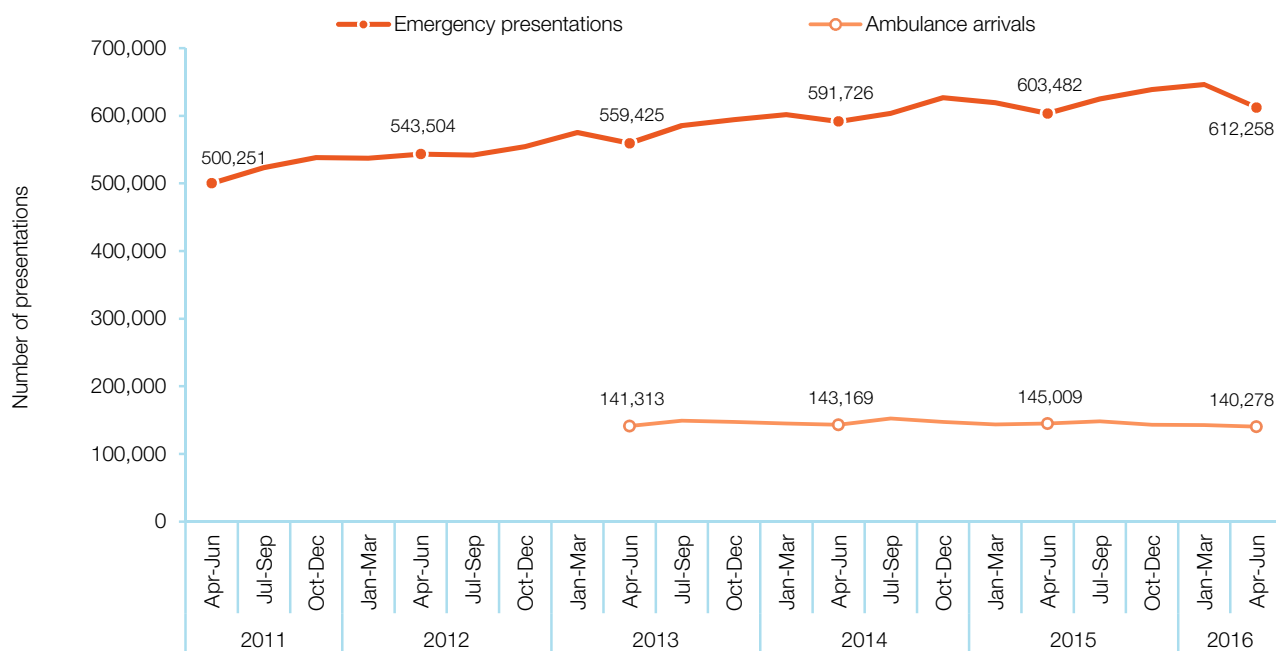
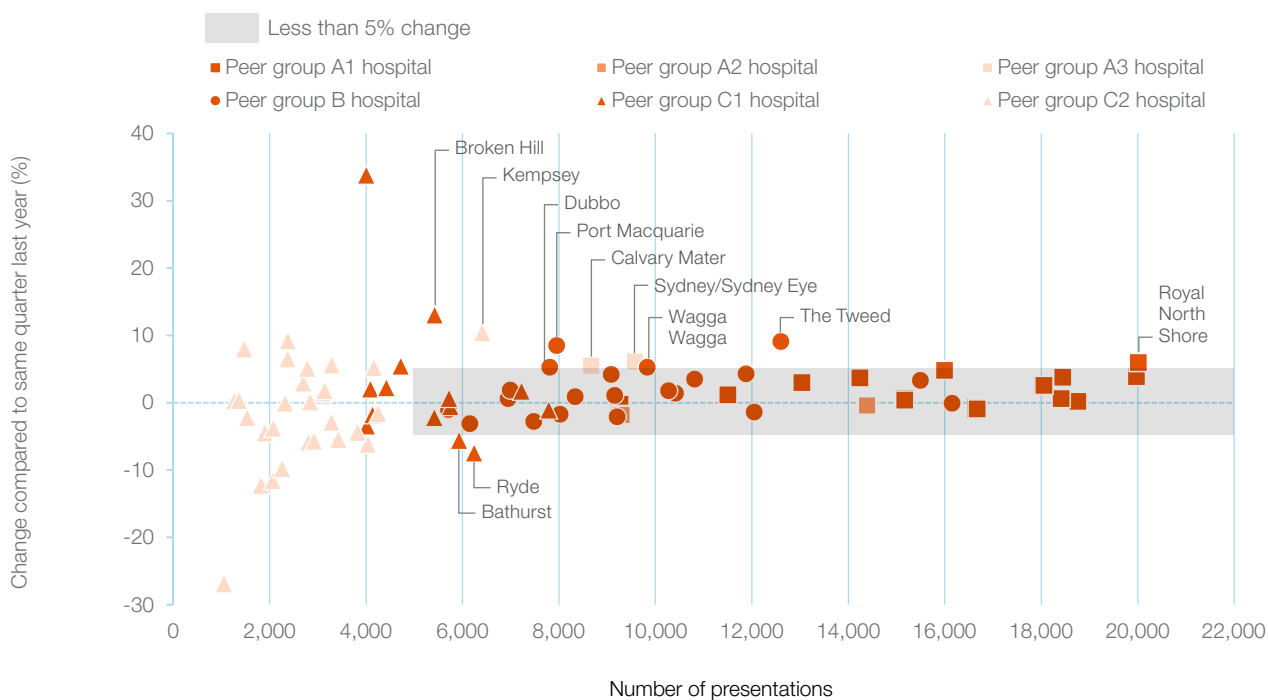


Figure 3 Change in number of emergency department presentations compared with the same quarter last year, hospitals by peer group, April to June 2016



Where did patients go after leaving the emergency department?

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

During the April to June 2016 quarter, 62.4% of patients were treated and discharged from the ED (397,089 in total; down 0.2% compared with the same quarter last year), and 29.0% of patients were treated and admitted to hospital (184,707 in total; up 4.8%).

The number of patients transferred to another hospital increased by 0.7% this quarter (13,422 in total) and the number who left without, or before completing, treatment (29,069 in total) decreased by 4.4%, compared with the same quarter last year (Figure 4).

The majority of patients assigned to triage category 1 (82.1%), and 59.8% of patients assigned to triage category 2 were treated and admitted to hospital (Figure 5). The majority of patients assigned to triage categories 4 and 5 (74.9% and 81.2%, respectively), and 51.9% of patients assigned to triage category 3 were treated and discharged (Figure 6).

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

Figure 4 Patients who left the emergency department, by mode of separation, April to June 2016

		This quarter	Same quarter last year	Change since one year ago
Treated and discharged	62.4%	397,089	398,067	-0.2%
Treated and admitted to hospital	29.0%	184,707	176,318	4.8%
Patient left without, or before completing, treatment	4.6%	29,069	30,416	-4.4%
Transferred to another hospital	2.1%	13,422	13,324	0.7%
Other	1.9%	12,030	10,570	13.8%

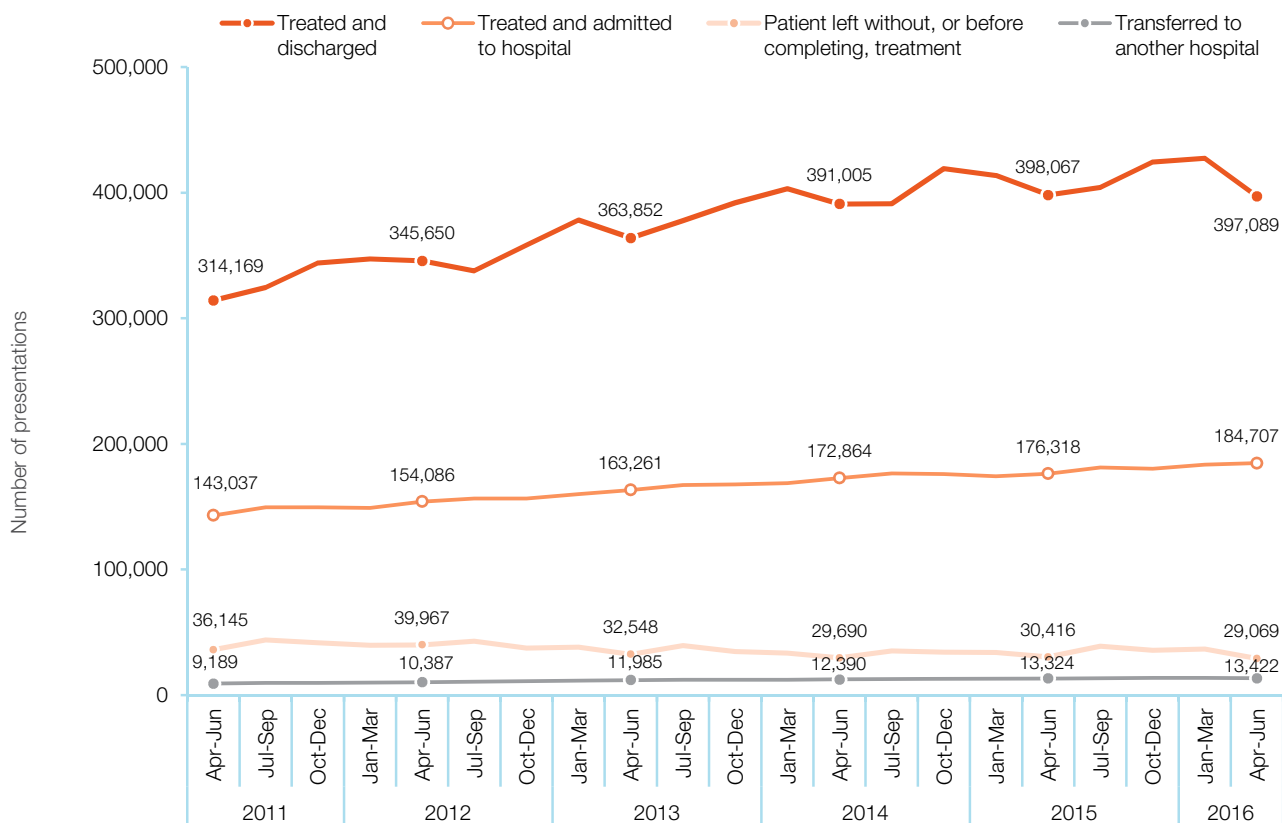
Figure 5 Percentage of patients treated and admitted, by triage category, April to June 2016

		This quarter	Same quarter last year	Percentage point change since one year ago
All ED presentations	29.1%		28.1%	1.0
Triage 1	82.1%		82.4%	-0.3
Triage 2	59.8%		59.5%	0.3
Triage 3	41.3%		40.3%	1.0
Triage 4	16.2%		16.0%	0.2
Triage 5	5.2%		4.8%	0.4

Figure 6 Percentage of patients treated and discharged, by triage category, April to June 2016

	This quarter	Same quarter last year	Percentage point change since one year ago
All ED presentations	62.5%	63.4%	-0.9
Triage 1	7.5%	7.4%	0.1
Triage 2	33.3%	33.7%	-0.4
Triage 3	51.9%	52.8%	-0.9
Triage 4	74.9%	74.9%	0.0
Triage 5	81.2%	82.7%	-1.5

Figure 7 Patients who left the emergency department, by mode of separation, April 2011 to June 2016



How many patients were admitted to public hospitals?

During the April to June 2016 quarter, there were 479,983 admitted patient episodes; up 4.7% compared with the same quarter last year (Figure 8). The majority were acute admitted patient episodes (96.1%) and of these, 53.6% were for overnight care and 46.4% were for same-day care (Figure 9).

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

There has been a gradual increase over the past five years in all admitted patient episodes and all acute admitted patient episodes (Figure 8). During this time, the number of acute overnight admitted patient episodes has increased by 11.6% and the number of same-day episodes increased by 20.5% (Figure 9).

Figure 10 shows differences in the proportion of acute admissions that were same-day this quarter across hospital peer groups. Peer group C2 hospitals had a higher percentage of same-day admissions than other peer groups and also had the widest range – with 22.8% to 84.1% of all acute admissions for same-day care.

The number of babies born in NSW public hospitals (18,640) increased by 5.6% this quarter compared with the same quarter last year (Figure 8).

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

Figure 8 All admitted patient episodes, acute admitted patient episodes and babies born, April 2011 to June 2016

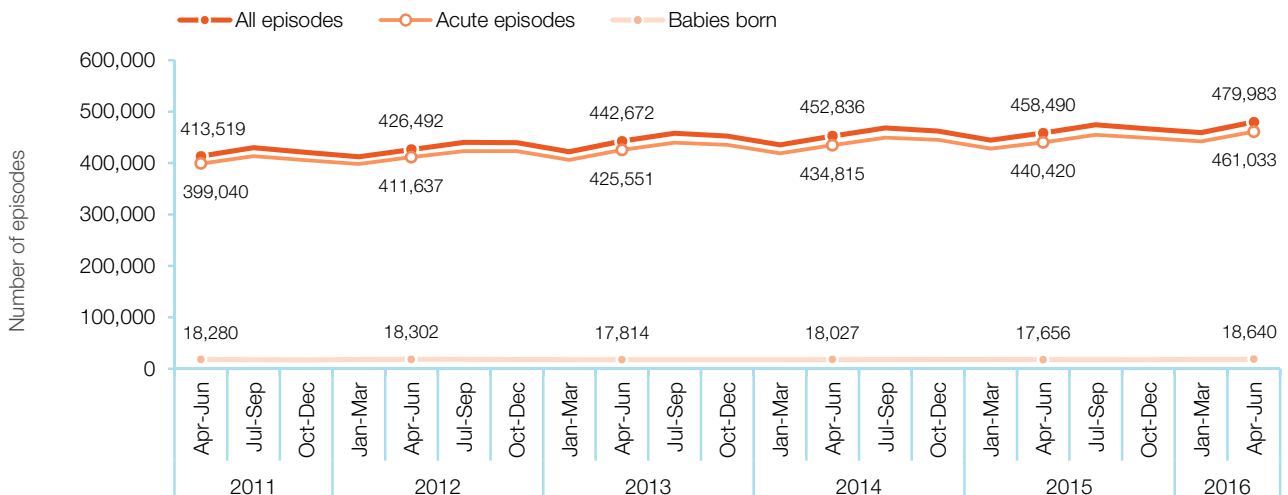


Figure 9 Overnight and same-day acute admitted patient episodes, April 2011 to June 2016

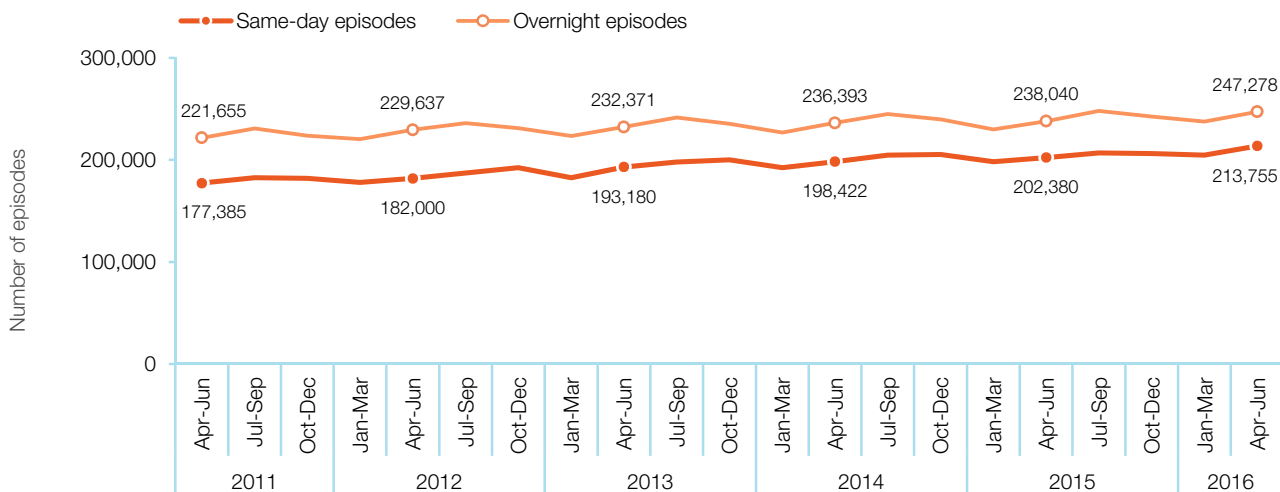
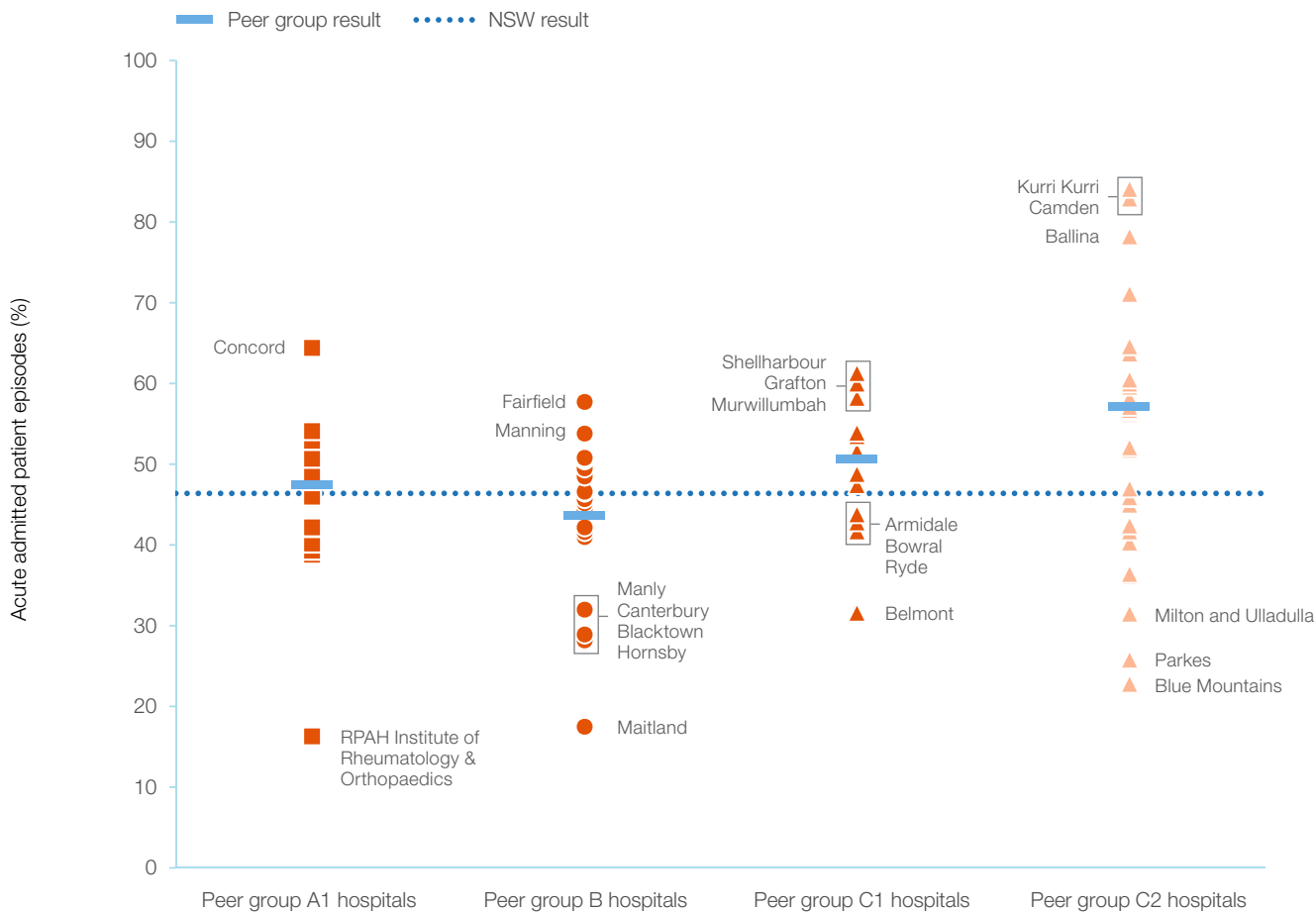


Figure 10 Same-day admitted patient episodes as percentage of all acute admitted patient episodes, by peer group, April to June 2016



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

How long did patients spend in hospital?

Bed days are a measure of hospital utilisation and service provision. During the April to June 2016 quarter, there were 1,689,743 hospital bed days recorded across all admitted patient episodes; up 1.8% compared with the same quarter last year. The majority of bed days (82.5%) were for acute care, which increased 1.1% this quarter. The number of non-acute bed days increased by 5.5% compared with the same quarter last year (Figure 11).

Between April 2011 and June 2016 there was a 2.4% increase in the number of bed days for acute care. During this time, there was a 31.9% increase in the number of bed days for non-acute care (Figure 12).

The average length of stay for all acute admissions was 3.0 days this quarter, down 0.1 days compared with the same quarter last year. The average length of stay for acute overnight admissions was 4.8 days, down 0.1 days compared with the same quarter last year. The average length of stay for all acute admissions has remained relatively stable in the same quarter over the past three years (Figure 13).

There were hospital-level differences in the average length of stay for acute overnight admissions this quarter, even within peer groups. The greatest variation was in the C2 peer group, where there was an 11.3 day difference between the highest and lowest average length of stay for individual hospitals, compared with a 2.3 day difference in the B peer group (Figure 14).

Figure 11 Total number of hospital bed days by episode type, April to June 2016

		This quarter	Same quarter last year	Change since one year ago
Total bed days		1,689,743	1,659,348	1.8%
Acute	82.5%	1,394,157	1,379,220	1.1%
Non-acute	17.5%	295,586	280,128	5.5%

Figure 12 Total number of hospital bed days by episode type, April 2011 to June 2016

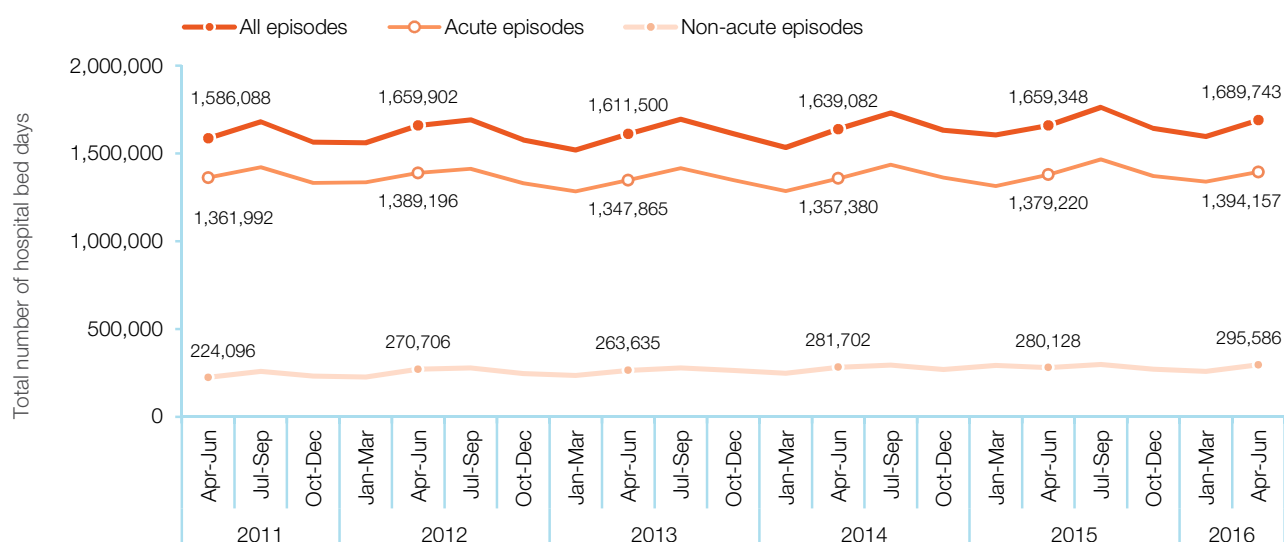


Figure 13 Average length of stay by type of admitted patient episodes, April 2011 to June 2016

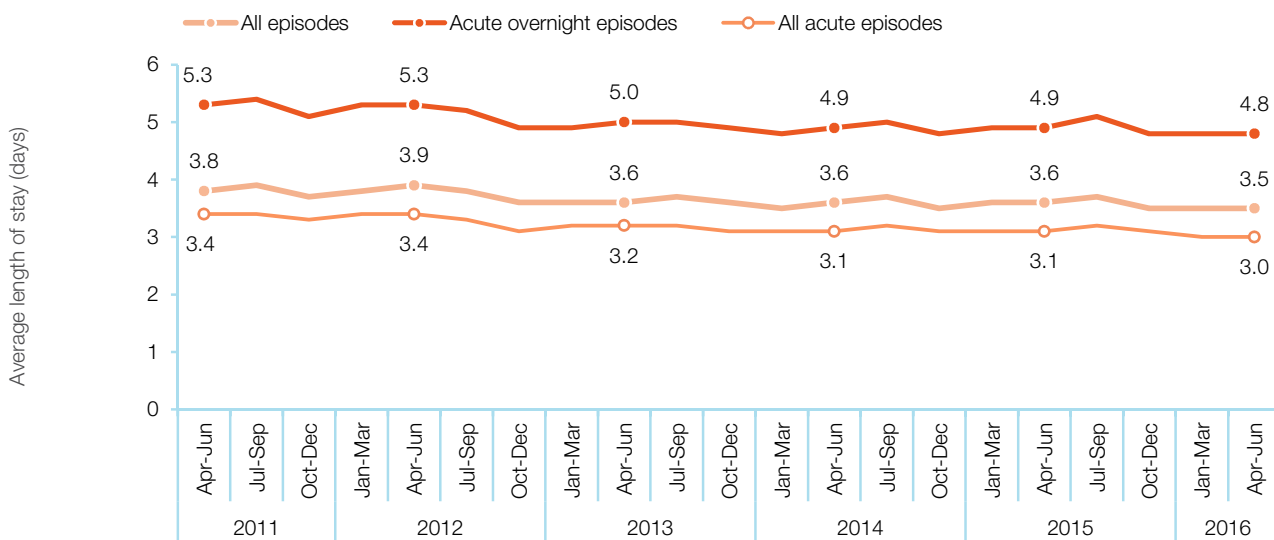
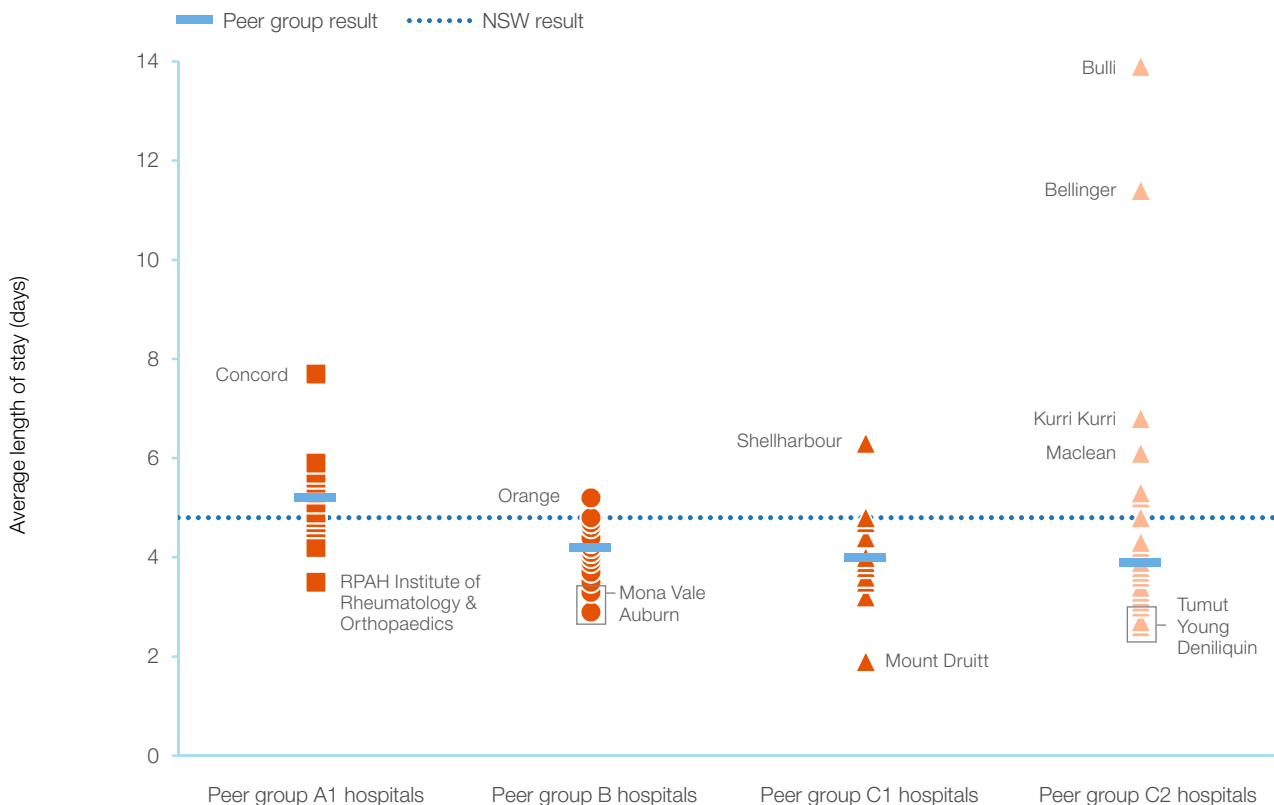


Figure 14 Average length of stay for acute overnight admitted patient episodes, by peer group, April to June 2016



How many elective surgical procedures were performed?

During the April to June 2016 quarter, a total of 58,583 elective surgical procedures were performed, 3,937 (7.2%) more than in the same quarter last year. Of all the elective surgical procedures performed this quarter, 20.9% were categorised as urgent, 31.7% as semi-urgent, and 42.8% as non-urgent. A further 4.6% were categorised as staged (Figure 15).

Compared with the same quarter last year, there was an increase in the number of urgent (up 4.4%), semi-urgent (up 5.6%) and non-urgent procedures

performed (up 11.6%). The number of staged procedures performed decreased by 6.1% (Figure 15).

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

Figure 15 Elective surgical procedures performed, by urgency category, April to June 2016





		This quarter	Same quarter last year	Change since one year ago
Total number of elective surgical procedures		58,583	54,646	7.2%
Urgent		12,269	11,754	4.4%
Semi-urgent		18,546	17,560	5.6%
Non-urgent		25,063	22,451	11.6%
Staged		2,705	2,881	-6.1%

Figure 16 Distribution of elective surgery by urgency category and peer group, April to June 2016

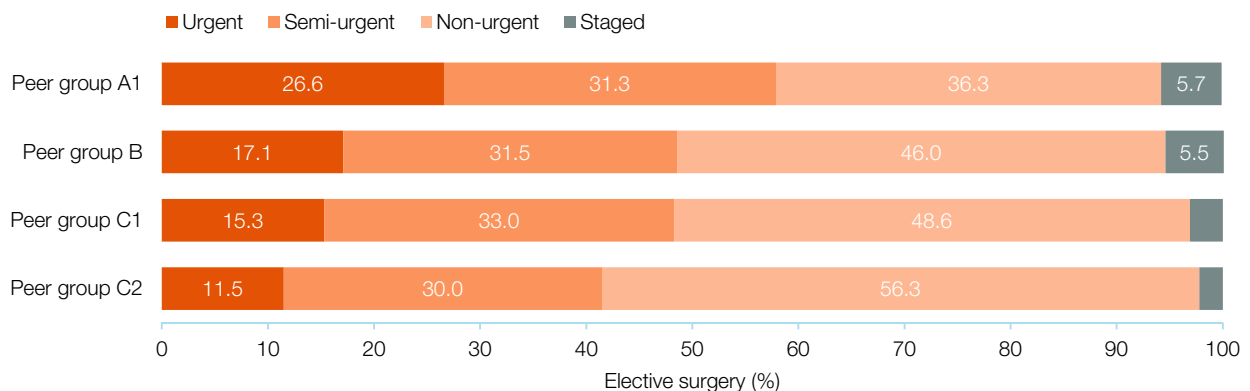
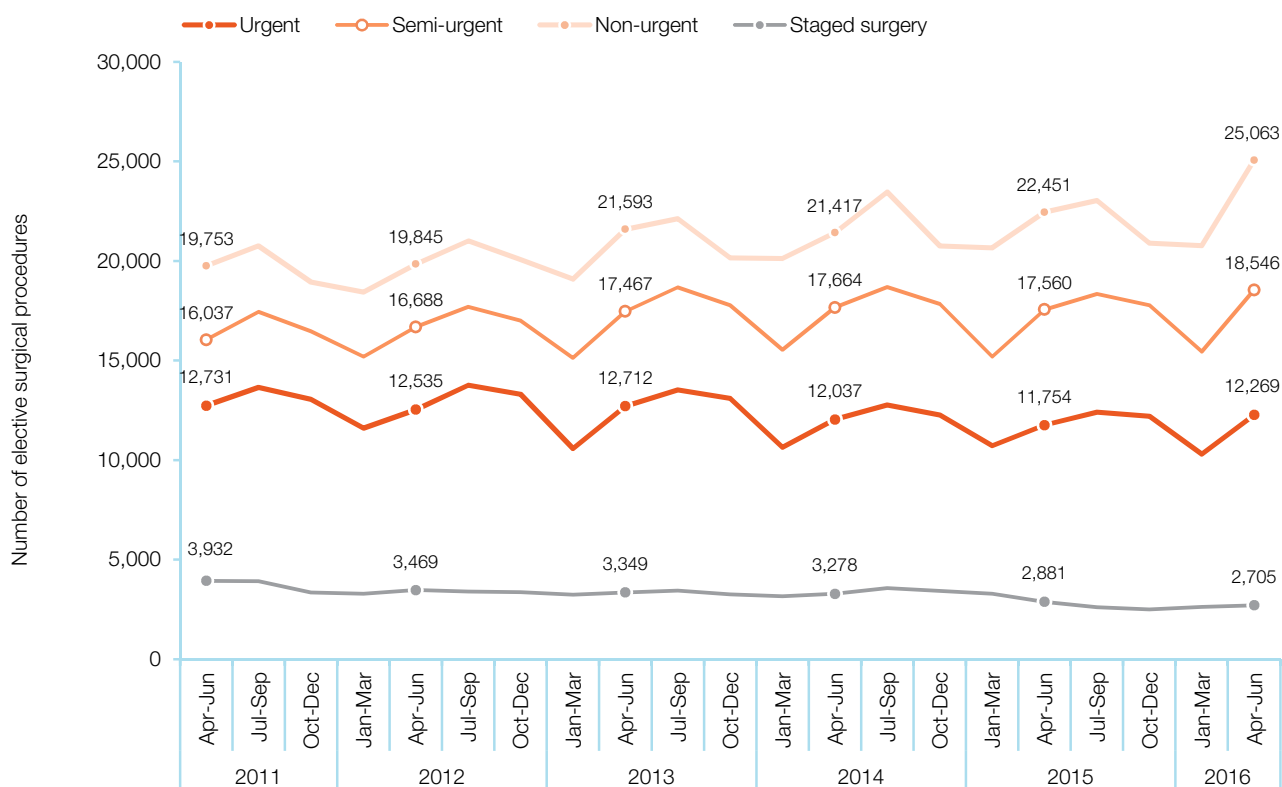


Figure 16 shows variation in the distribution of elective surgery, by urgency categories across different hospital peer groups. Peer group A1 had the highest percentage of elective surgical procedures that were urgent and the lowest percentage that were non-urgent.

The volume of elective surgical procedures performed has increased over the past five years. The number categorised as semi-urgent and non-urgent increased by 15.6% and 26.9% respectively. The number categorised as urgent decreased by 3.6% and the number categorised as staged decreased by 31.2% during this time (Figure 17).

Figure 17 Elective surgical procedures performed, by urgency category, April 2011 to June 2016



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

At the end of June 2016, 73,165 patients were ready for surgery and on the elective surgery waiting list. Of these, 2.4% were waiting for urgent surgery, 15.6% were waiting for semi-urgent surgery and 82.0% were waiting for non-urgent surgery. Compared with the same quarter last year, there was a decrease in the number of patients waiting for urgent surgery (1,734 in total; down 5.2%) and semi-urgent surgery (11,441 in total; down 2.8%), and an increase in the number of patients waiting for non-urgent surgery (59,990 in total; up 0.9%) (Figure 18).

At the end of the quarter, 14,017 patients were 'not ready for surgery' and on the elective surgery waiting list, up 7.1% compared with the same quarter last year (Figure 18).

Comparing across surgical specialties

Orthopaedic surgery and ophthalmological surgery were the specialties with the most patients waiting at the end of the quarter. Together, these specialties made up 48.7% of all patients waiting for elective surgery in NSW public hospitals. Cardiothoracic surgery and medical (non-specialist) surgery had the smallest number of patients waiting (Figure 19).

At the end of the quarter, there were 158 patients who were still waiting for surgery after more than 12 months on the waiting list; a decrease of 73.5% compared with the same quarter last year. Orthopaedic surgery had 100 patients still waiting after more than 12 months on the waiting list. Compared with the same quarter last year, the largest decrease in absolute numbers was for ophthalmological surgery (from 156 to less than 5 patients this quarter) (Figure 19).

Comparing across common procedures

Cataract extraction, the highest volume procedure, had the most patients waiting for surgery at the end of the quarter (14,961 patients, up 2.3% compared with the same quarter last year). Procedures with the smallest number of patients waiting were coronary artery bypass graft (66 patients; down 32.7%) and myringotomy (111 patients; up 18.1%) (Figure 20).

Across each common procedure at the end of the quarter, there were fewer than 10 patients still waiting for surgery after more than 12 months on the waiting list (Figure 20).

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




		This quarter	Same quarter last year	Change since one year ago
Patients ready for surgery on waiting list as at 30 June 2016		73,165	73,063	0.1%
Urgent	 2.4%	1,734	1,829	-5.2%
Semi-urgent	 15.6%	11,441	11,775	-2.8%
Non-urgent	 82.0%	59,990	59,459	0.9%
Patients not ready for surgery on waiting list at the end of quarter		14,017	13,088	7.1%

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

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Change since one year ago	This quarter	Same quarter last year
All specialities	73,165	73,063	0.1%	158	596
Orthopaedic surgery	18,411	18,532	-0.7%	100	134
Ophthalmology	17,188	16,851	2.0%	<5	156
General surgery	12,338	12,508	-1.4%	15	97
Ear, nose and throat surgery	9,603	9,681	-0.8%	21	136
Gynaecology	6,318	6,320	0.0%	<5	30
Urology	4,089	3,670	11.4%	5	19
Plastic surgery	2,447	2,561	-4.5%	5	17
Neurosurgery	1,209	1,326	-8.8%	7	<5
Vascular surgery	1,010	1,006	0.4%	<5	<5
Cardiothoracic surgery	319	399	-20.1%	0	0
Medical	233	209	11.5%	0	0

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

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Change since one year ago	This quarter	Same quarter last year
Cataract extraction	14,961	14,622	2.3%	<5	133
Total knee replacement	5,404	5,205	3.8%	9	15
Tonsillectomy	3,657	3,665	-0.2%	6	21
Total hip replacement	2,450	2,278	7.6%	9	8
Inguinal herniorrhaphy	2,156	2,124	1.5%	<5	13
Cholecystectomy	1,648	1,650	-0.1%	<5	<5
Hysteroscopy	1,606	1,562	2.8%	0	<5
Septoplasty	1,309	1,371	-4.5%	0	35
Other-general	1,234	1,250	-1.3%	<5	15
Cystoscopy	1,061	1,066	-0.5%	0	0
Abdominal hysterectomy	832	794	4.8%	0	6
Prostatectomy	726	661	9.8%	0	<5
Varicose veins stripping and ligation	702	742	-5.4%	<5	<5
Haemorrhoidectomy	392	440	-10.9%	0	0
Myringoplasty/Tympanoplasty	330	324	1.9%	<5	8
Myringotomy	111	94	18.1%	0	<5
Coronary artery bypass graft	66	98	-32.7%	0	0

Hospital performance measures

Key findings – April to June 2016

91.6% of patients who arrived by ambulance had their care transferred within 30 minutes
up 6.1 percentage points compared with the same quarter last year



 **76.3%** of patients had their ED treatment start within recommended timeframes



67.3% triage category 2



71.3% triage category 3



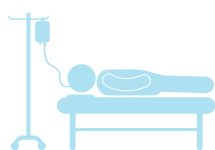
79.7% triage category 4



93.7% triage category 5

Median time to ED treatment was largely unchanged across all triage categories

73.9% of patients spent four hours or less in the emergency department
up 0.6 percentage points compared with the same quarter last year



97.0% of patients received their surgery within recommended timeframes



99.7% urgent surgery procedures performed on time



97.3% semi-urgent surgery procedures performed on time



95.5% non-urgent surgery procedures performed on time



24 out of 80 hospitals performed more elective surgical procedures on time – 29 performed less, compared with the same quarter last year

NSW emergency departments

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

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

NSW elective surgery

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

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

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

Time patients waited to start treatment in the ED

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

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

During the April to June 2016 quarter, the median time from presenting to the ED to starting treatment decreased or was unchanged across all triage categories, compared with the same quarter last

year. For triage categories 3 and 4, the 95th percentile times decreased by 10 and 12 minutes respectively (Figure 21).

How have ED treatment times changed over time?

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

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

Figure 21 Time from presentation to starting treatment, by triage category, April to June 2016

	This quarter	Same quarter last year	Change since one year ago
Triage 2 Emergency (e.g. chest pain, severe burns): 75,513 patients			
Median time to start treatment	8m	8m	unchanged
95th percentile time to start treatment	36m	37m	-1m
Triage 3 Urgent (e.g. moderate blood loss, dehydration): 206,955 patients			
Median time to start treatment	20m	21m	-1m
95th percentile time to start treatment	1h 32m	1h 42m	-10m
Triage 4 Semi-urgent (e.g. sprained ankle, earache): 240,103 patients			
Median time to start treatment	25m	26m	-1m
95th percentile time to start treatment	2h 8m	2h 20m	-12m
Triage 5 Non-urgent (e.g. small cuts or abrasions): 53,422 patients			
Median time to start treatment	23m	23m	unchanged
95th percentile time to start treatment	2h 12m	2h 13m	-1m

Figure 22 Median time from presentation to starting treatment, by triage category, April 2011 to June 2016

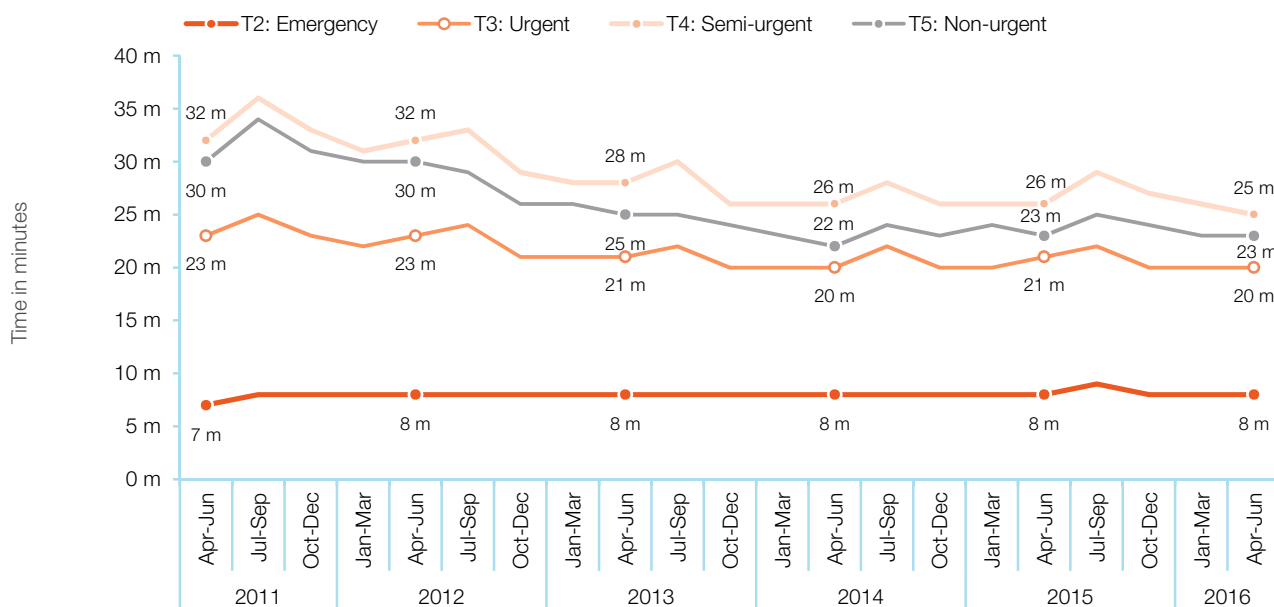
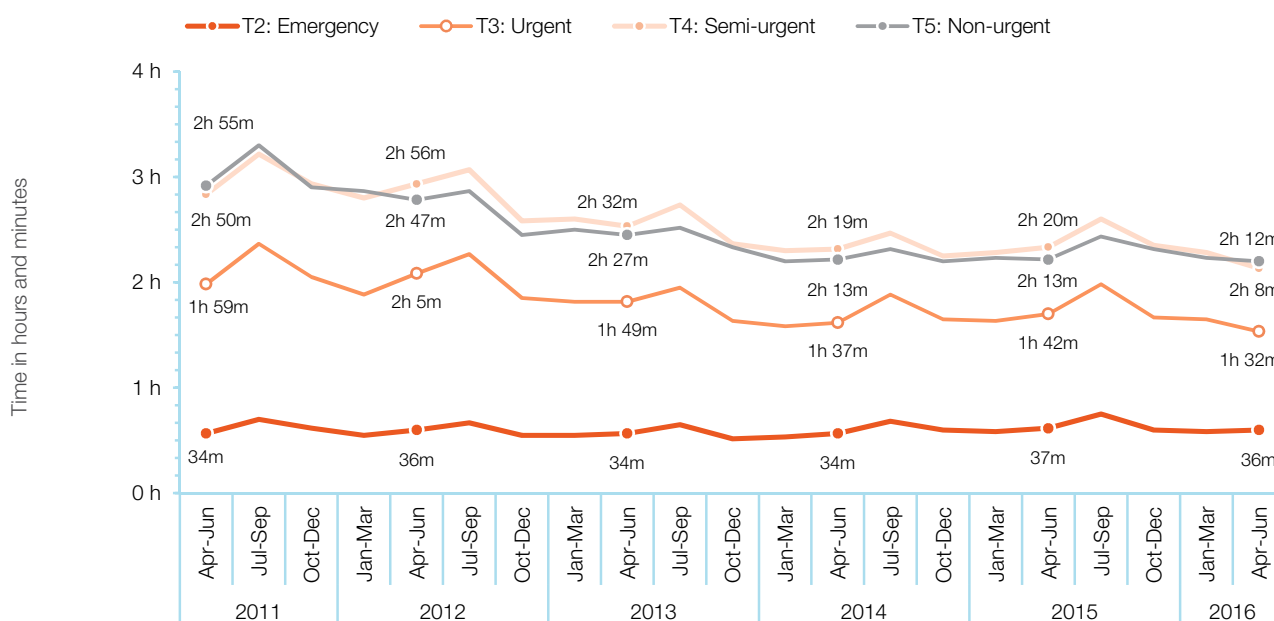


Figure 23 90th percentile time from presentation to starting treatment, by triage category, April 2011 to June 2016



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

Percentage of patients whose treatment started on time

During the April to June 2016 quarter, 76.3% of ED patients had their treatment start within clinically recommended timeframes; an increase of 1.9 percentage points compared with the same quarter last year.

The percentage of patients whose treatment started on time increased this quarter across all triage categories; 67.3% of patients assigned to triage category 2 (up 1.8 percentage points), 71.3% assigned to triage category 3 (up 2.8 percentage points), 79.7% assigned to triage category 4 (up 2.2 percentage points), and 93.7%

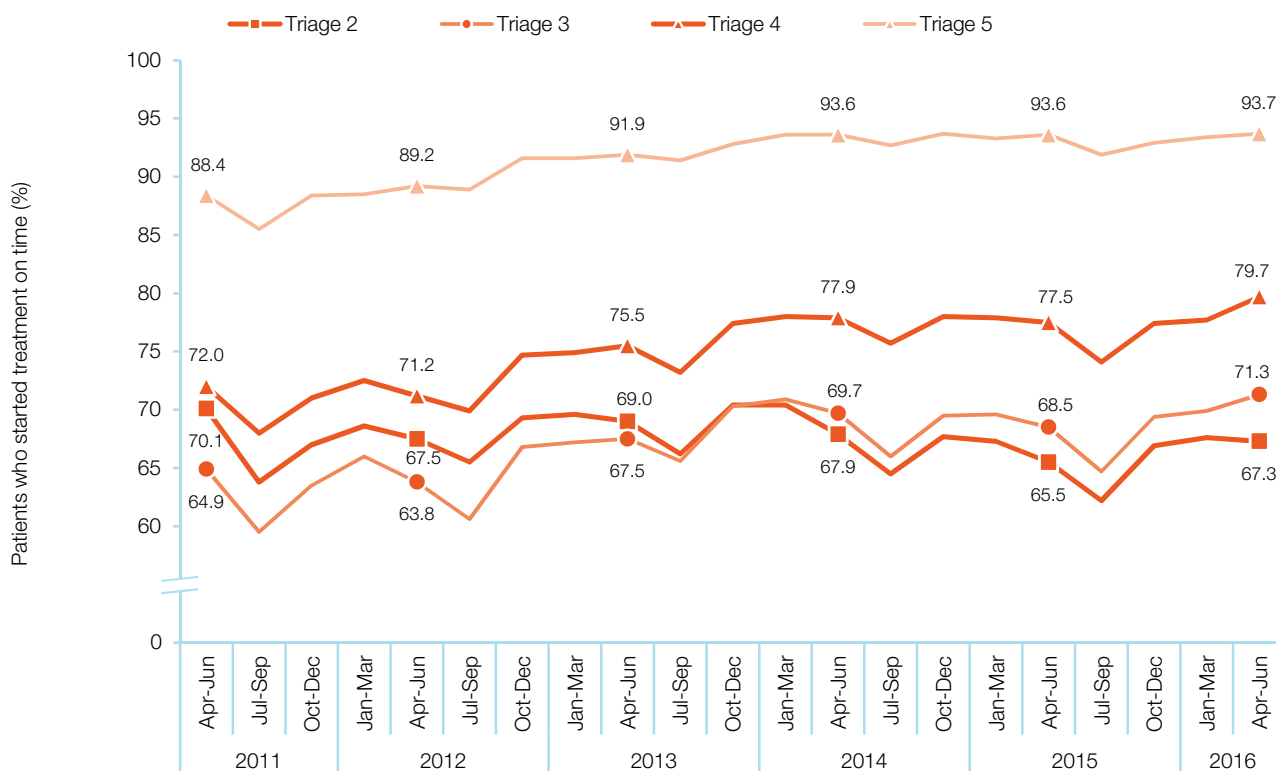
assigned to triage category 5 (up 0.1 percentage points) (Figure 24).

In April to June 2011, 71.7% of patients had their treatment start on time, compared with 76.3% this quarter (up 4.6 percentage points). The percentage of patients whose treatment started on time has increased across all triage categories during this period, with the exception of triage category 2, which decreased by 2.8 percentage points. The largest increase was seen in triage categories 3 and 4 (up 6.4 and 7.7 percentage points, respectively) (Figure 25).

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

	This quarter	Same quarter last year	Percentage point change since one year ago
All patients	76.3%	74.4%	1.9
Triage category 2 Recommended: 10 minutes	67.3%	65.5%	1.8
Triage category 3 Recommended: 30 minutes	71.3%	68.5%	2.8
Triage category 4 Recommended: 60 minutes	79.7%	77.5%	2.2
Triage category 5 Recommended: 120 minutes	93.7%	93.6%	0.1

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



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

Variation in the percentage of patients whose treatment started on time

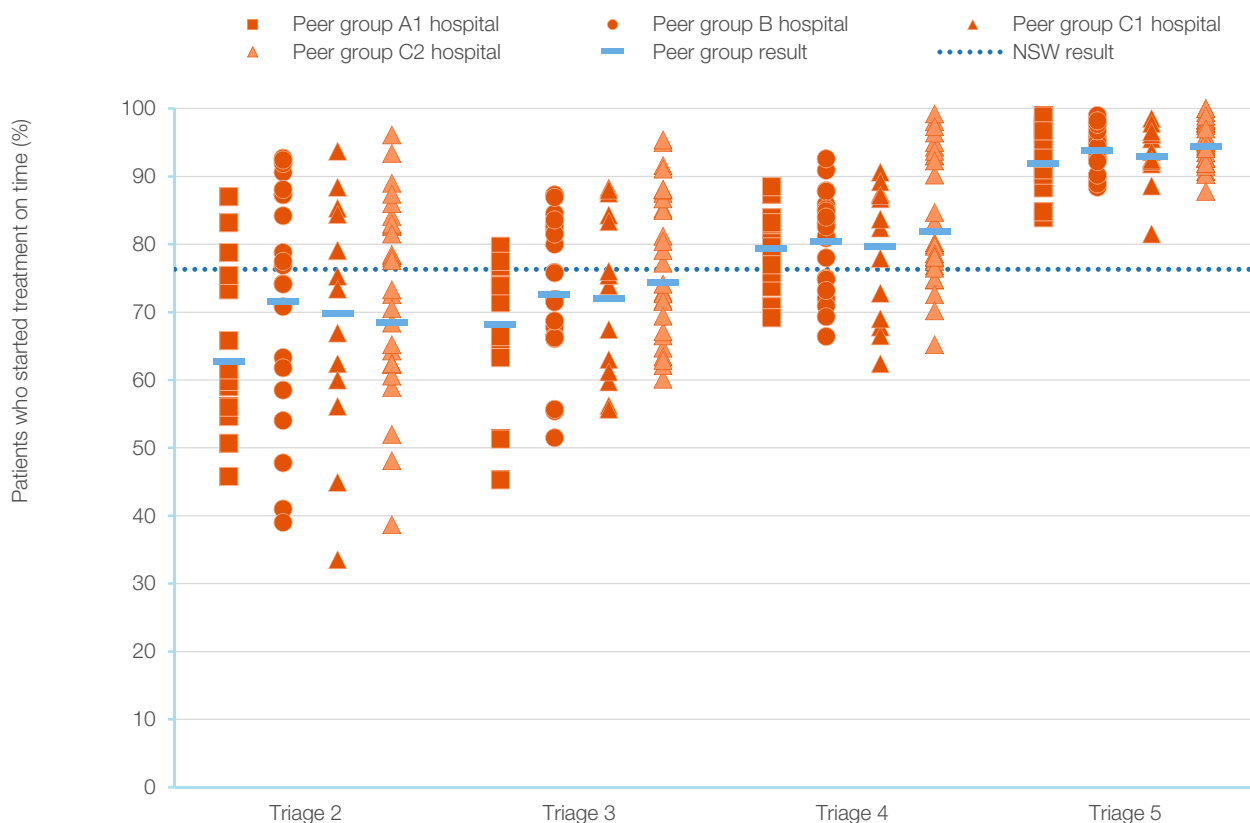
During the April to June 2016 quarter, there was considerable variation between and within hospital peer groups in the percentage of patients whose treatment started within clinically recommended timeframes. This variation was most marked for patients in triage category 2 (Figure 26).

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

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

Hospitals in the upper right quadrant (Figure 27) achieved higher results than NSW overall, and an increase in the percentage of patients whose treatment started on time, compared with the same quarter last year. Hospitals in the upper left quadrant had results that were higher than the overall NSW result and a decrease in the percentage of patients whose treatment started on time.

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



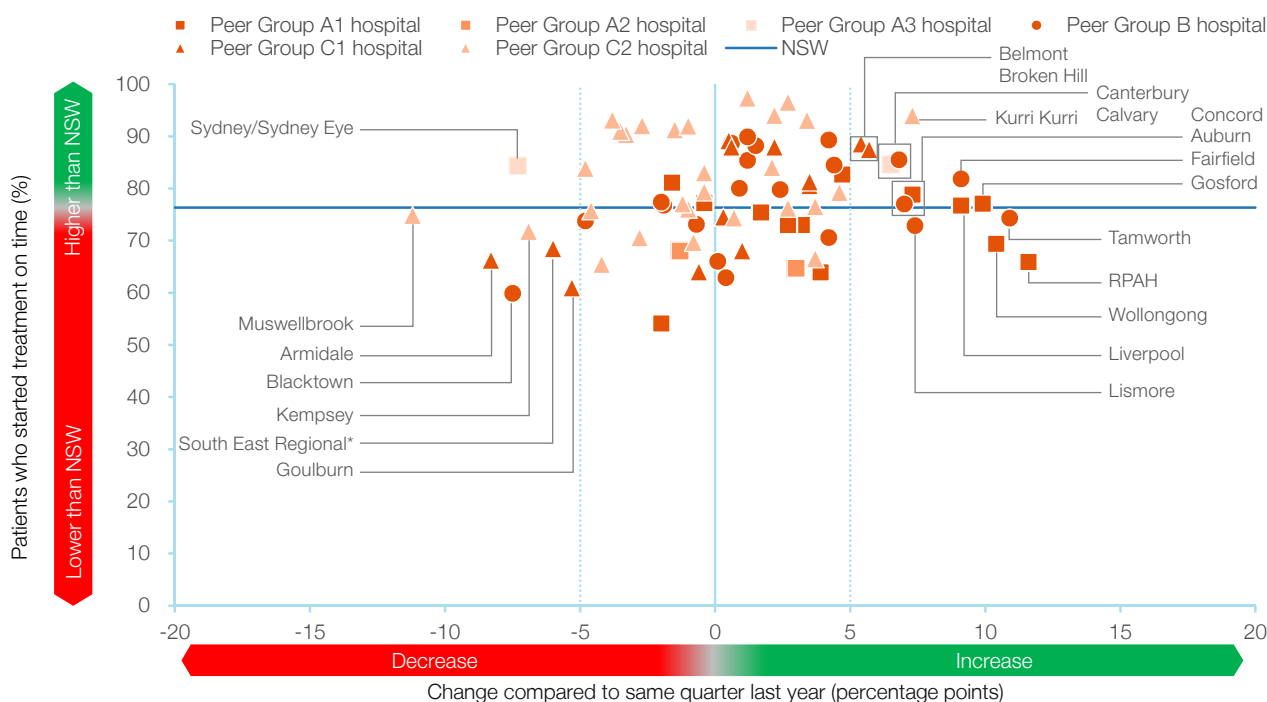
Hospitals in the lower right quadrant had results that were lower than NSW overall and an increase in the percentage of patients whose treatment started on time. Hospitals in the lower left quadrant had results that were lower than NSW and a decrease in the percentage of patients whose treatment started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

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

Across hospitals, the percentage of patients who started treatment on time increased this quarter in 48 out of 79 hospitals. For 14 hospitals, the increase was more than five percentage points. Of these, for three hospitals, the increase was more than 10 percentage points.

The percentage who started treatment on time decreased this quarter in 31 of 79 hospitals. For seven hospitals, the decrease was more than five percentage points. Of these, for one hospital, the decrease was more than 10 percentage points (Figure 27).

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



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

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

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

In peer group A1 hospitals, 72.6% of patients had their treatment start on time this quarter; up 4.9 percentage points compared with the same quarter last year. In peer group B, 77.7% of patients had their treatment start on time (up 1.8 percentage points). In peer group C1, 77.3% of patients had their treatment start on time (down 0.4 percentage points) and in peer group C2, 79.9% had their treatment start on time; down 1.1 percentage points (Figure 28).

For peer groups A1 and B, the percentage of patients whose treatment started on time increased

across all triage categories, compared with the same quarter last year. For peer groups C1 and C2, the percentage of patients whose treatment started on time decreased across all triage categories (Figure 29).

Compared to the same quarter in 2011, the percentage of all patients whose treatment started on time increased across all peer groups (Figure 28). There was an increase across all triage categories during this time, with the exception of triage category 2 for peer groups A1 and C2 (down 7.5 and 3.9 percentage points respectively) (Figure 29).

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

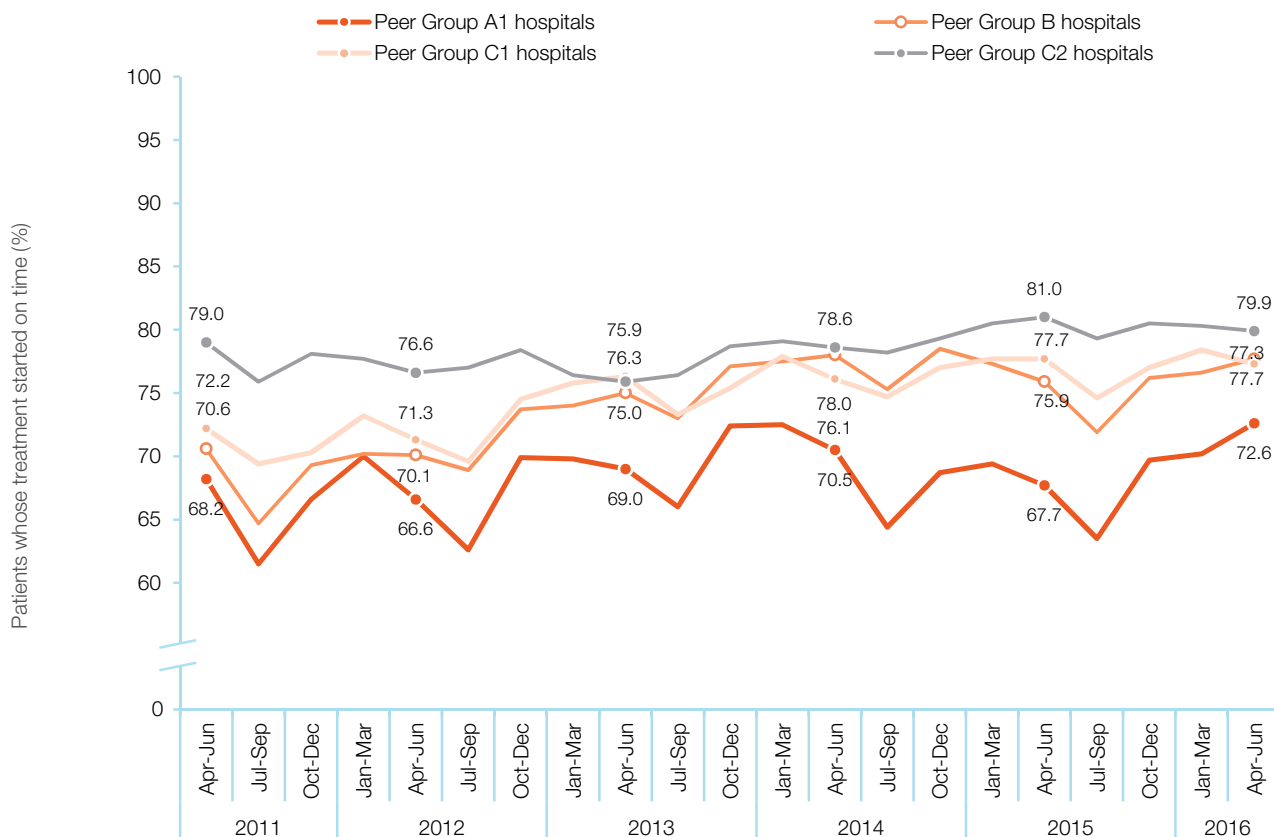
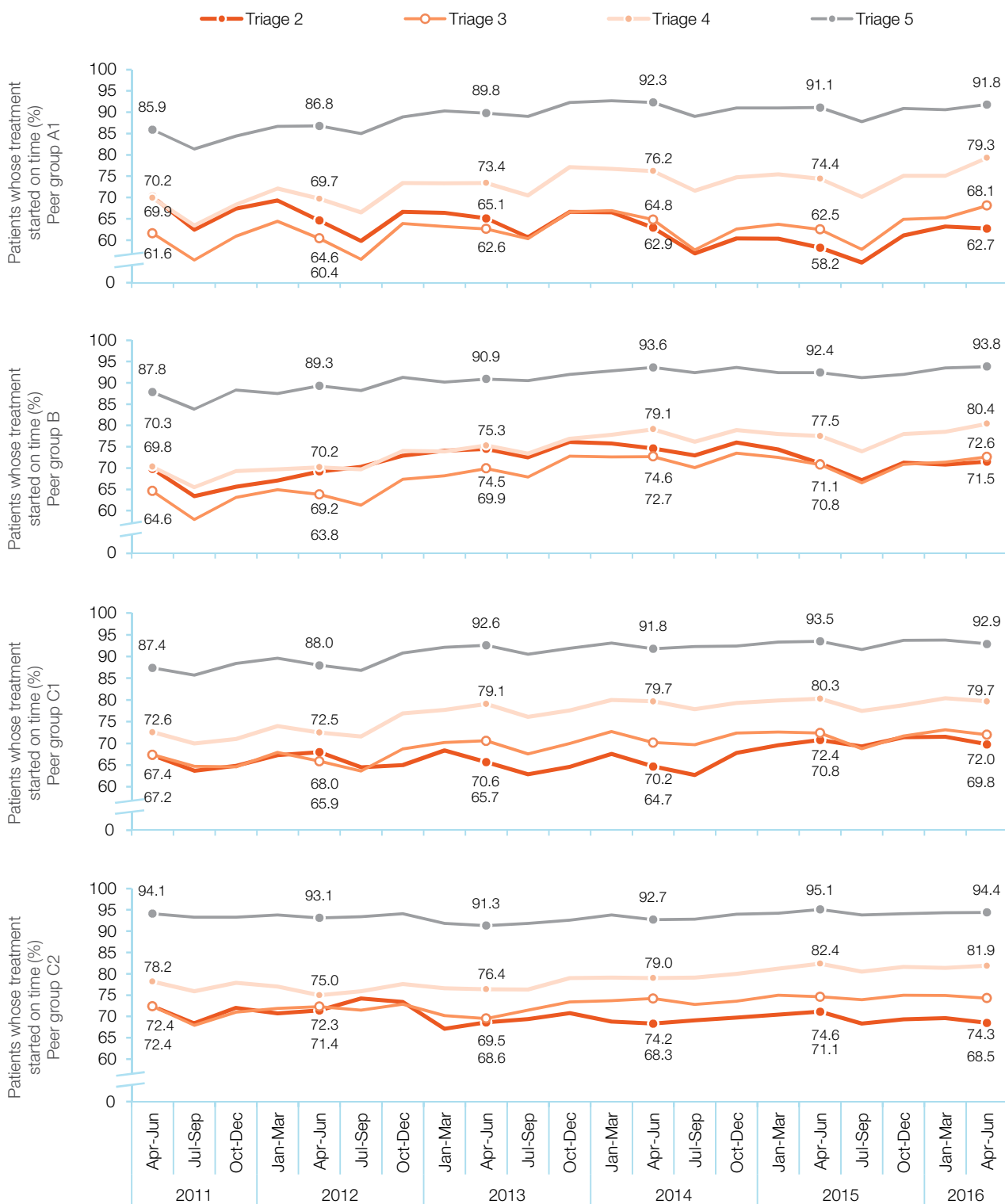


Figure 29 Percentage of patients whose treatment started on time, by triage and peer group, April 2011 to June 2016



How long did patients spend in the emergency department?

During the April to June 2016 quarter, the median time patients spent in the ED was two hours and 42 minutes, unchanged compared with the same quarter last year. The 95th percentile time patients spent in the ED was nine hours and 47 minutes, 10 minutes shorter than the same quarter last year (Figure 30).

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

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

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

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

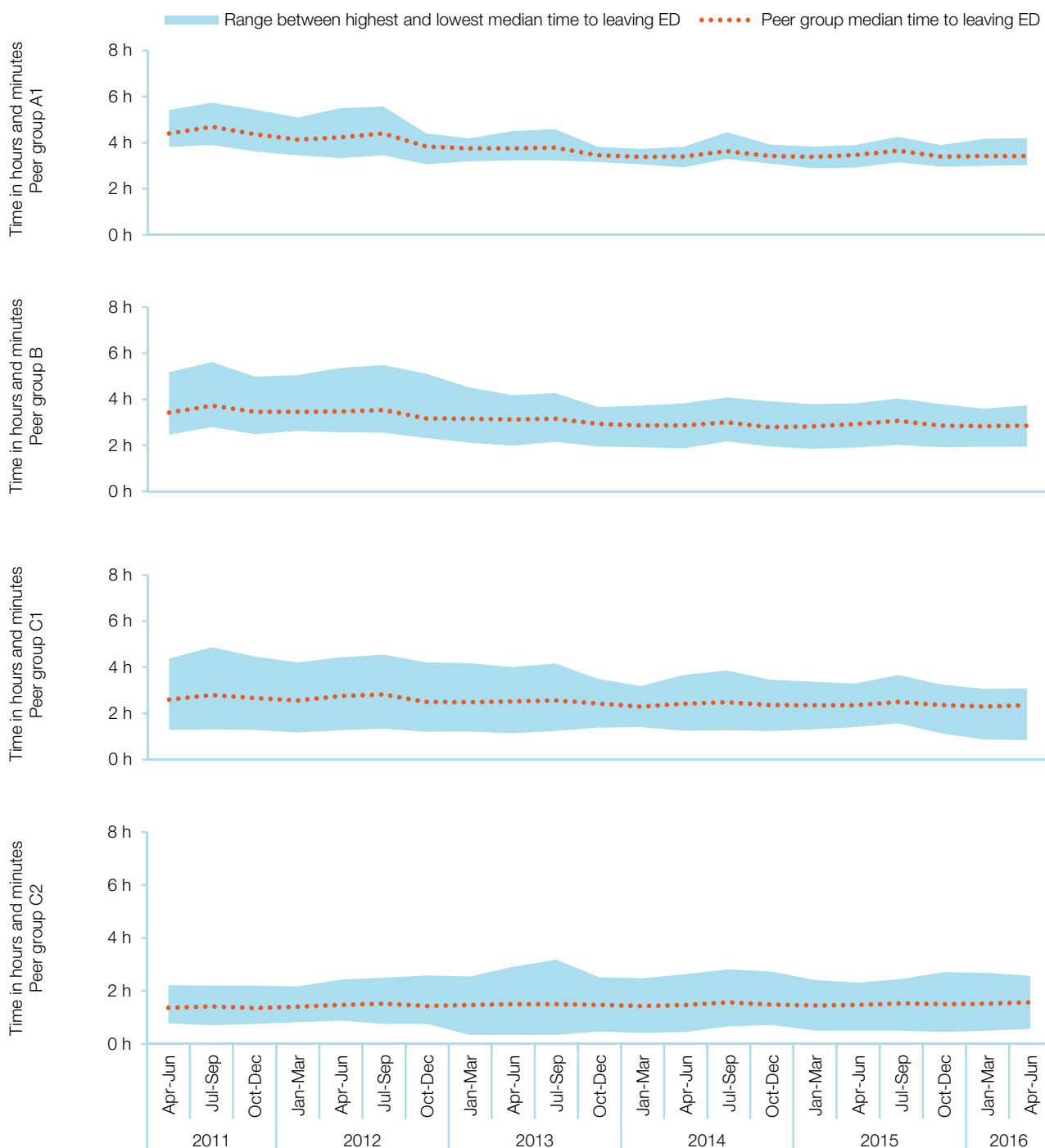
In peer groups C1 and C2, patients spent less time in the ED (Figure 31). These hospitals also have a higher percentage of patients who spent four hours or less in the ED, compared with other peer groups (See page 39, Figure 37).

The cohort of EDs included in this report has changed over the past five years, and this has affected overall volumes and performance measures. Results for peer group C2 hospitals are most affected by these changes. The number of EDs in peer group C2 hospitals that contribute data to *Hospital Quarterly* has more than doubled since 2010 (from 14 to 28 hospitals). For more information refer to the technical supplements section of the BHI website at bhi.nsw.gov.au

Figure 30 Time patients spent in the emergency department, April to June 2016

	This quarter	Same quarter last year	Change since one year ago
Median time to leaving the ED	2h 42m	2h 42m	unchanged
95th percentile time to leaving the ED	9h 47m	9h 57m	-10m

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



How long did patients spend in the emergency department?

The median time patients spent in the ED increased this quarter for those who were transferred to another hospital and for those who were treated and discharged (five and one minute longer respectively), compared with the same quarter last year. For patients who were treated and admitted to hospital, and for those who left without, or before completing, treatment, the median time spent in the ED decreased by 11 and three minutes respectively (Figure 32).

The 95th percentile time patients spent in the ED increased for those who were transferred to another hospital and for those who left without, or before completing, treatment (35 minutes and one minute longer respectively). For patients who were treated and discharged and for those who were treated and admitted to hospital, the 95th percentile time spent in the ED decreased by seven minutes and 45 minutes respectively, compared with the same quarter last year (Figure 33).

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

Despite a 24.3% increase in the volume of presentations since 2011, the median time patients spent in the ED decreased from three hours and 13 minutes in April to June 2011 to two hours and 42 minutes this quarter.

Figure 32 shows a downward trend over the past five years in the median time patients spent in the ED across all modes of separation. For patients who were treated and admitted to hospital, the median time spent in the ED was four hours and 39 minutes this quarter, compared with six hours and 38 minutes in April to June 2011.

Compared with the same quarter in 2011, the 95th percentile time patients spent in the ED has decreased across all modes of separation. For patients who were treated and admitted to hospital, the 95th percentile time spent in the ED was 16 hours and 31 minutes this quarter, compared with 20 hours and 50 minutes in April to June 2011 (Figure 33).

Figure 32 Median time patients spent in the emergency department, April 2011 to June 2016

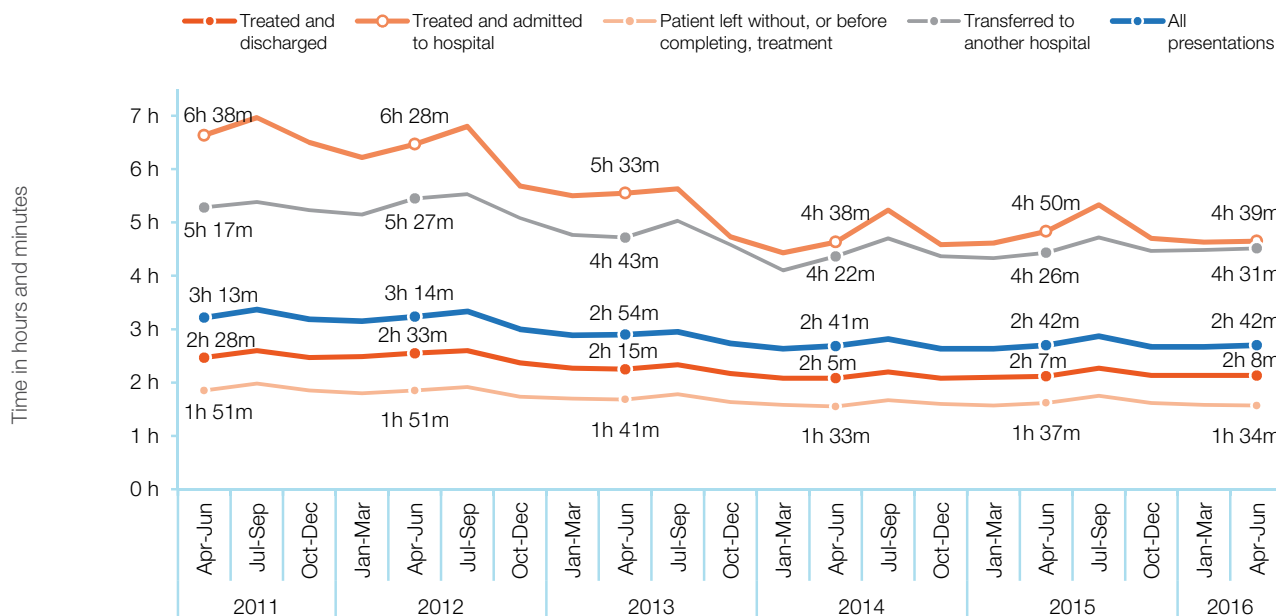
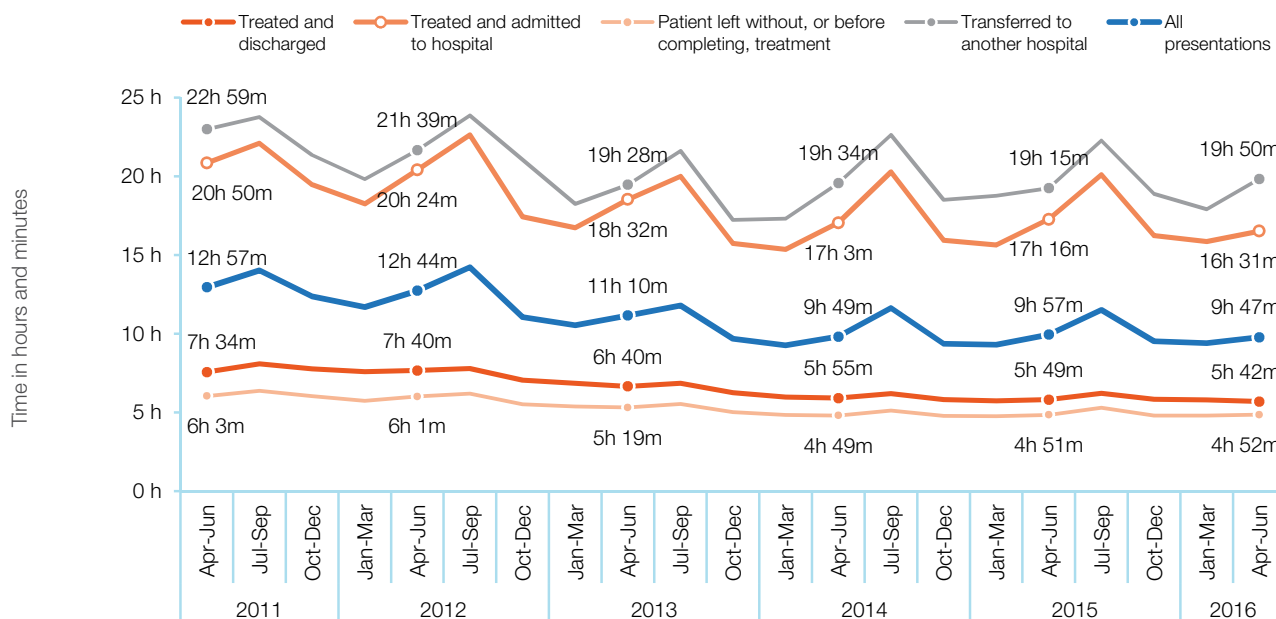


Figure 33 95th percentile time patients spent in the emergency department, April 2011 to June 2016



How long did patients spend in the emergency department?

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

During the April to June 2016 quarter, 73.9% of patients spent four hours or less in the ED, an increase of 0.6 percentage points compared with the same quarter last year (Figure 34). These results show that the trend of improvement seen from about mid-2012 onwards has now plateaued (Figure 35).

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

Among patients who were treated and discharged this quarter, the majority (86.9%) spent four hours or less in the ED. Among patients who were treated and subsequently admitted to hospital, and those who were transferred to another hospital, less than half

spent four hours or less in the ED. Of those who left without, or before, completing treatment, 91.5% spent four hours or less in the ED (Figure 34).

While 73.9% of patients spent four hours in the ED this quarter, a further 18.5% spent between four and eight hours, and a further 4.3% spent between eight to 12 hours in the ED (Figure 36).

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

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

	This quarter	Same quarter last year	Percentage point change since one year ago
All ED presentations	73.9%	73.3%	0.6
Treated and discharged	86.9%	86.3%	0.6
Treated and admitted	43.6%	41.5%	2.1
Left without, or before completing, treatment	91.5%	91.3%	0.2
Transferred to another hospital	45.4%	45.8%	-0.4

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

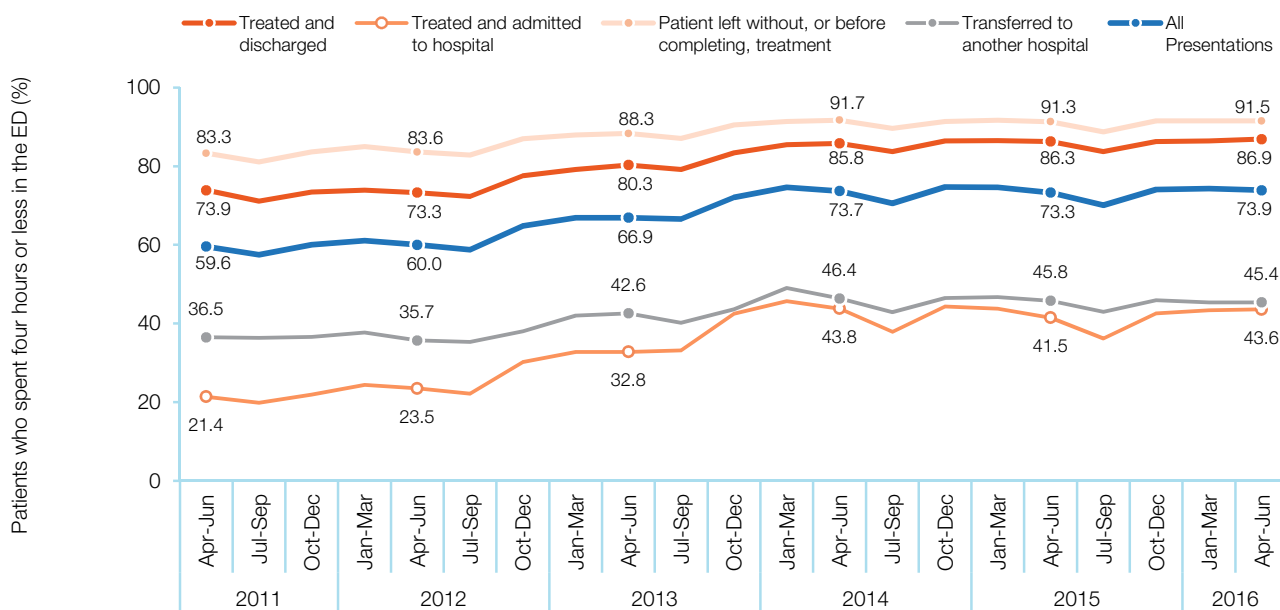
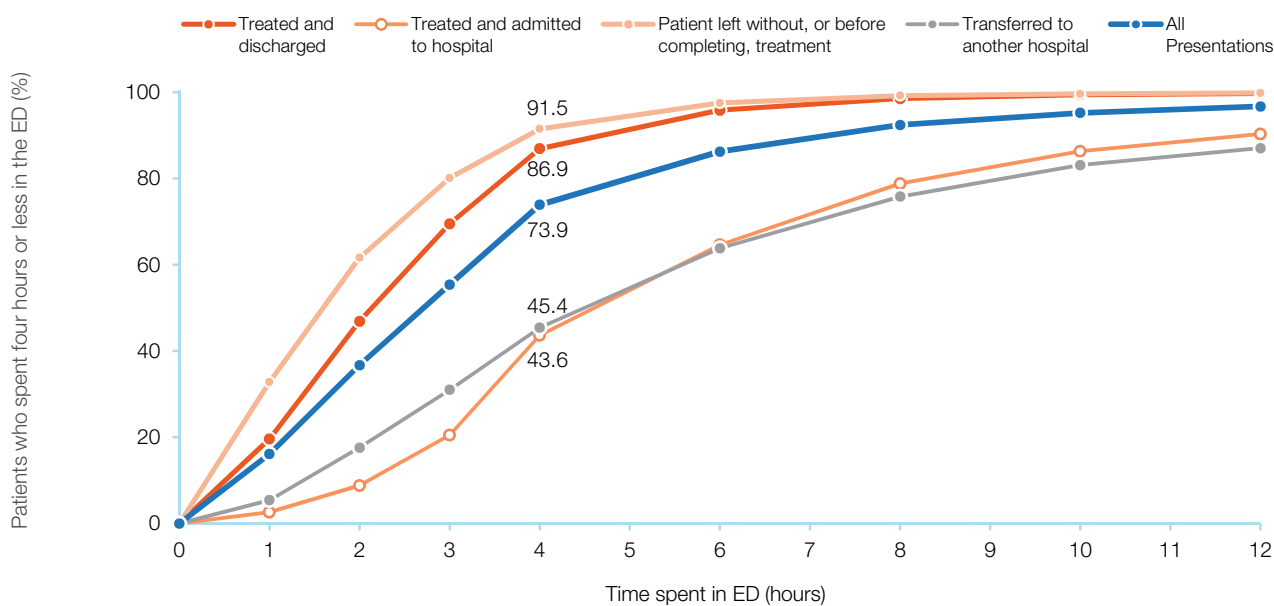


Figure 36 Percentage of patients and time spent in the emergency department, by mode of separation, April to June 2016



How long were patients in the emergency department?

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

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

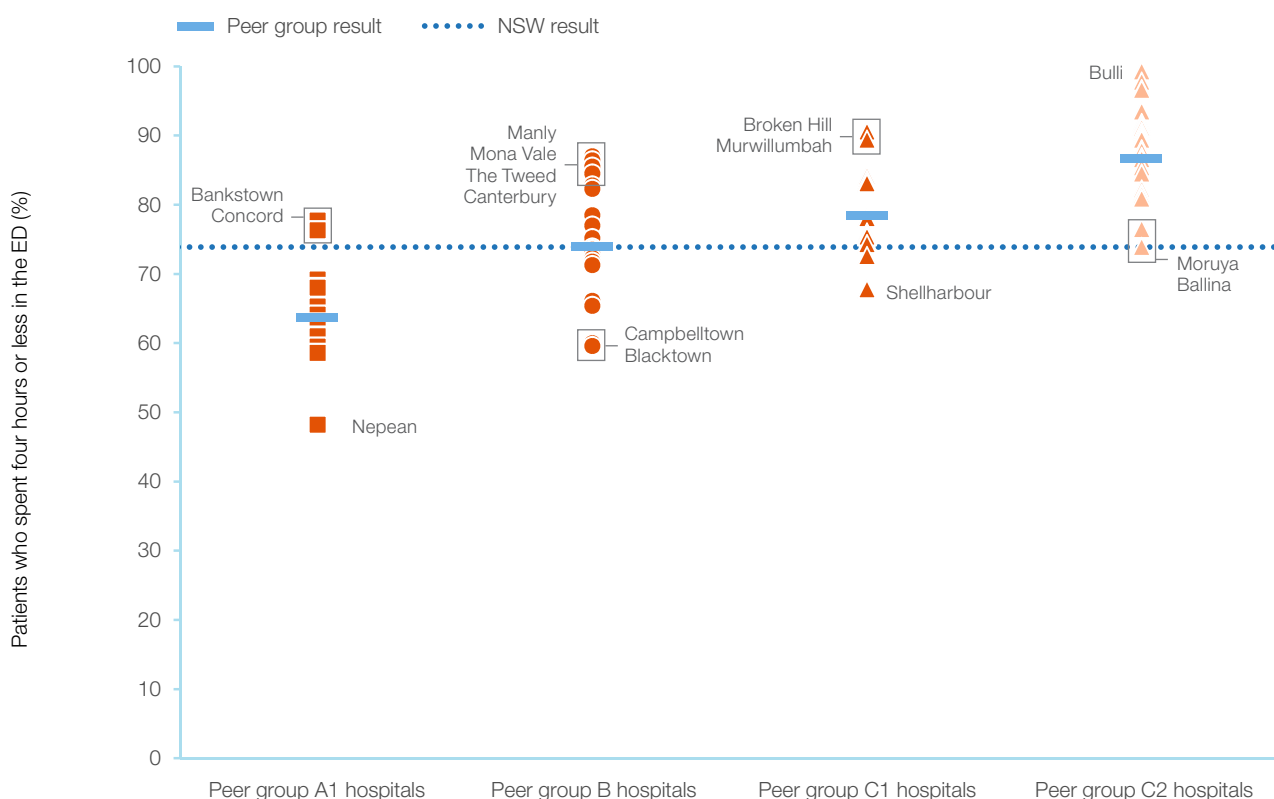
Figure 38 maps hospital results for this quarter on two axes: the percentage of patients who spent four hours or less in the ED (Y-axis), and the percentage point change since the same quarter last year (X-axis).

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

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

Hospitals in the upper right quadrant (Figure 38) achieved higher results than NSW overall, and an increase in percentage of patients who spent four hours or less in the ED, compared with the same quarter last year. Hospitals in the upper left quadrant had results that were higher than NSW and a decrease in the percentage of their patients who spent four hours or less in the ED.

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



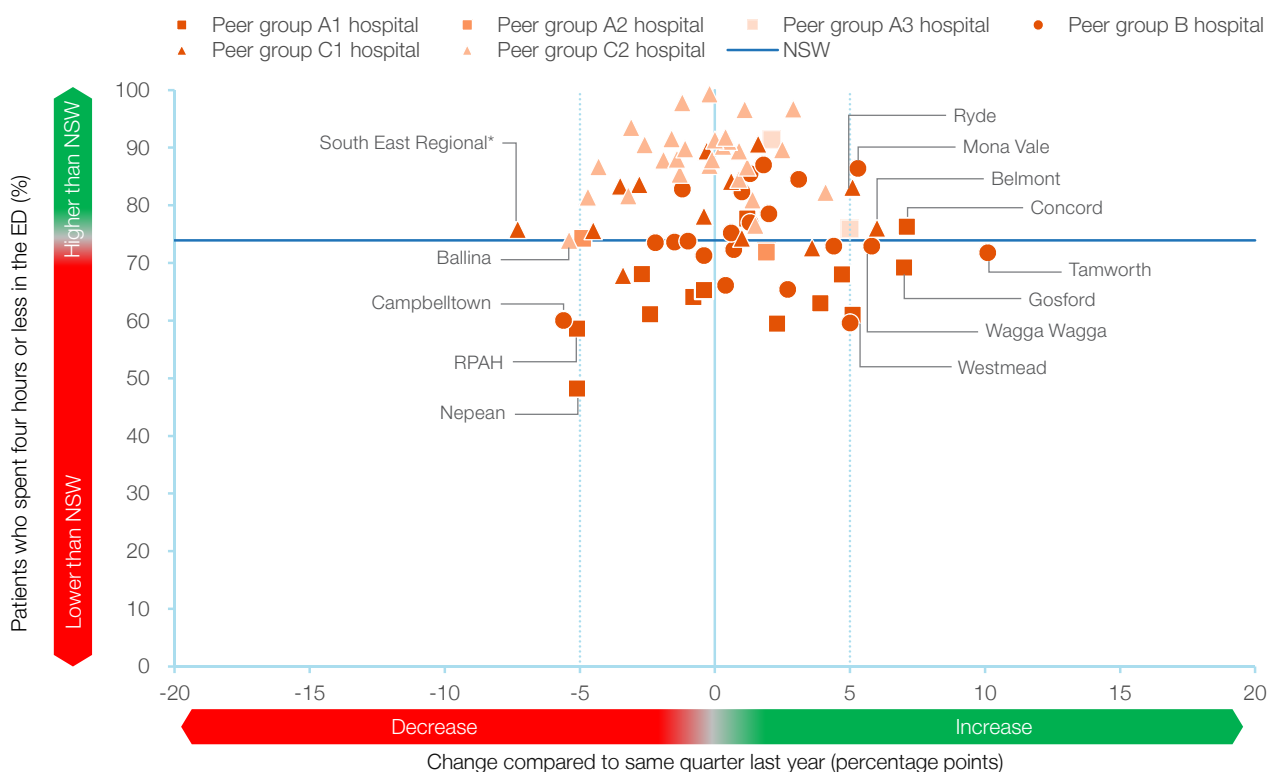
Hospitals in the lower right quadrant had results that were lower than NSW, and an increase in the percentage of their patients who spent four hours or less in the ED. Hospitals in the lower left quadrant had results that were lower than NSW and a decrease the percentage who spent four hours or less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

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

Across hospitals, the percentage of patients who spent four hours or less in the ED increased in 43 out of 79 hospitals this quarter. For eight hospitals, the increase was more than five percentage points. Of these, for one hospital the increase was more than 10 percentage points (Figure 38).

The percentage of patients who spent four hours or less in the ED decreased in 35 hospitals. For five hospitals, the decrease was more than five percentage points (Figure 38).

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



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

How long did patients spend in the emergency department?

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

There was a decrease this quarter in the percentage of patients who spent four hours or less in the ED in peer group C1 (78.5%; down 0.5 percentage points) and peer group C2 hospitals (86.7%; down 0.8 percentage points). There was an increase in the percentage of patients who spent four hours or less in the ED in peer group A1 (63.7%; up 0.9 percentage points) and peer group B hospitals (73.9%; up 1.5 percentage points) (Figure 39).

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

hospital (down 2.2 percentage points), compared with the same quarter last year. Peer group B had an increase in the percentage who spent four hours or less in the ED across all modes of separation (Figure 40).

Over the past five years, peer group C1 and C2 hospitals have had a consistently higher percentage of patients who spent four hours or less in the ED compared with peer group A1 and B hospitals (Figure 40). The slight decrease seen over the past five years for peer group C2 hospitals is, in part, due to the addition of 14 new C2 hospitals to the *Hospital Quarterly* report since 2010.

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

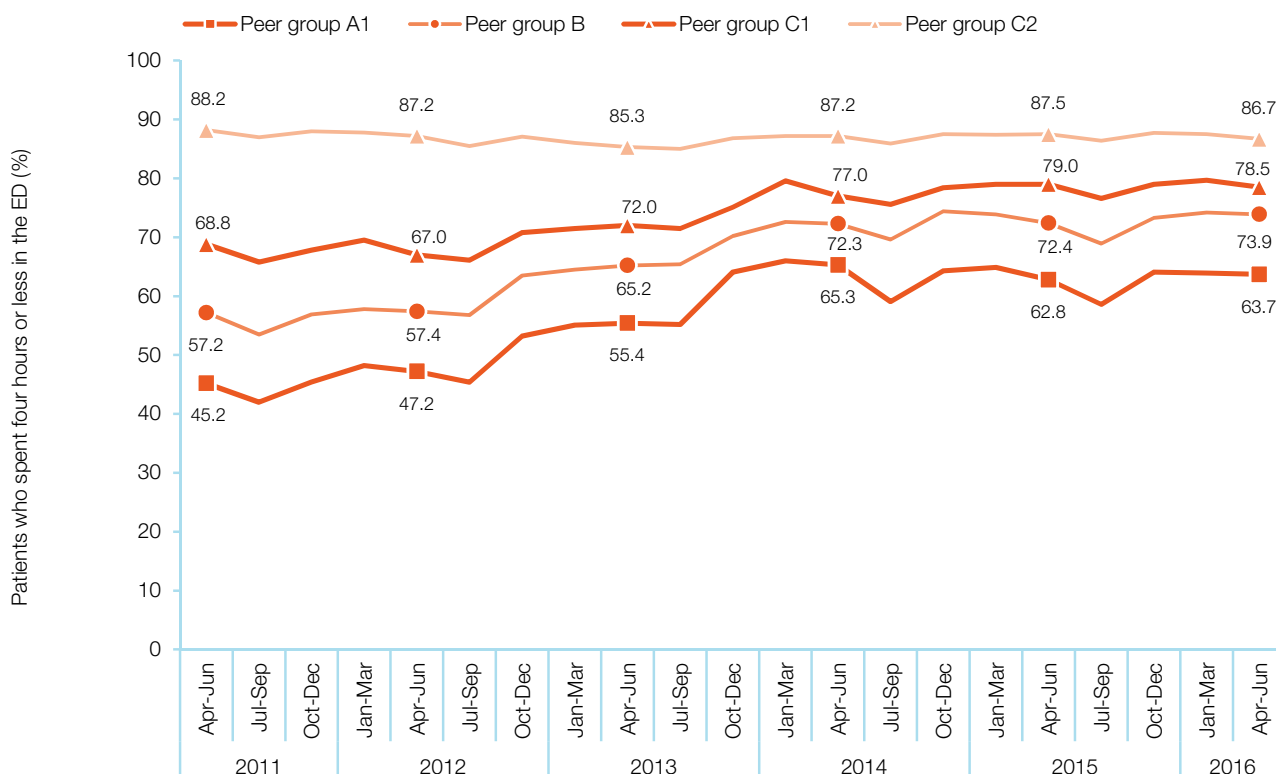
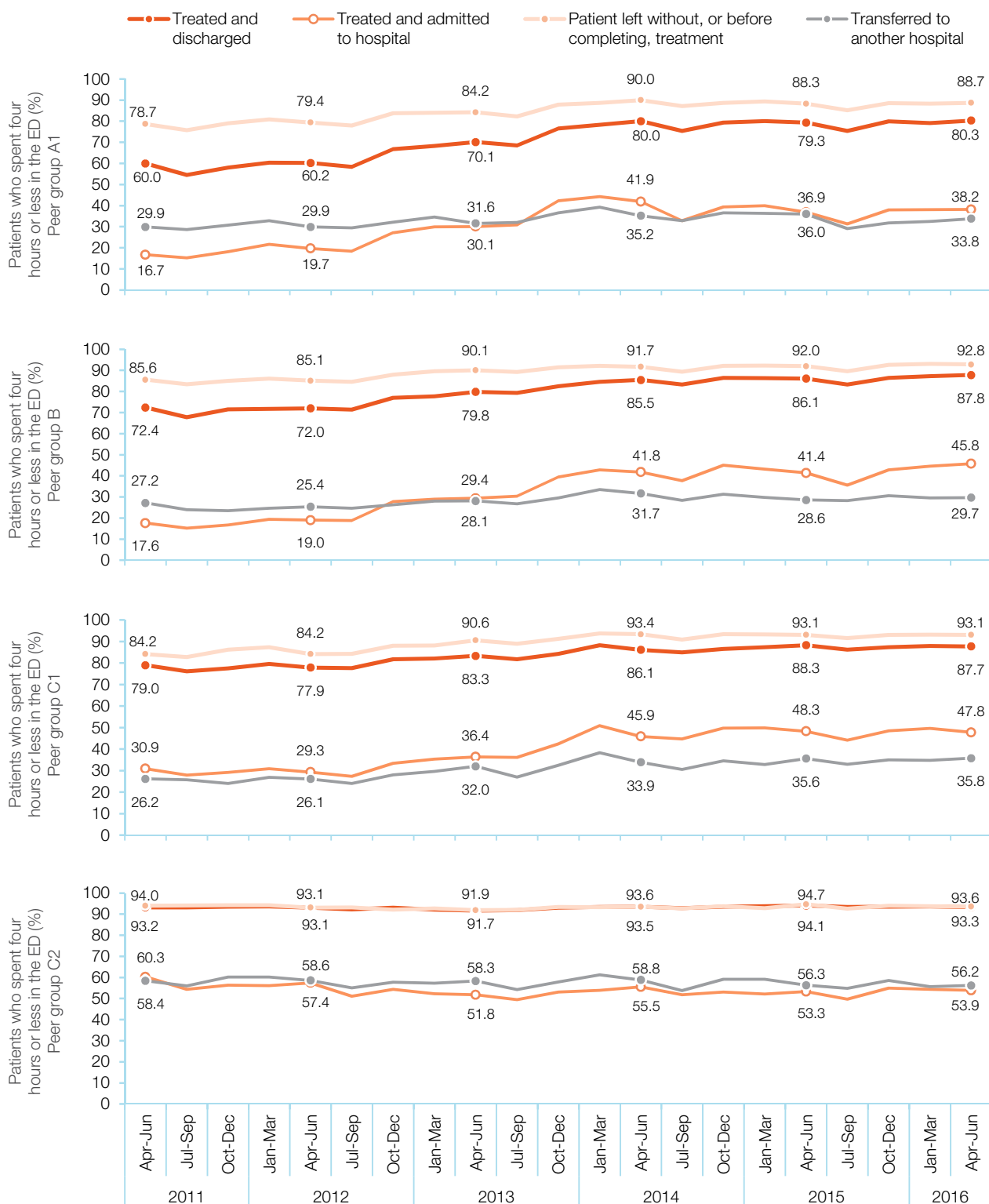


Figure 40 Percentage of patients who spent four hours or less in the emergency department, by mode of separation and peer group, April 2011 to June 2016



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

During the April to June 2016 quarter, 140,278 patients arrived at NSW EDs by ambulance (down 3.3% compared with the same quarter last year). This quarter, 125,094 patient records (matched between ambulance service and ED records) were used to calculate transfer of care time (Figure 41).

The median transfer of care time from ambulance to ED staff (11 minutes) was two minutes shorter this quarter and the 95th percentile transfer of care time (39 minutes) was 22 minutes shorter compared with the same quarter last year (Figure 41).

In NSW, transfer of care, from ambulance to ED staff, should have occurred within 30 minutes for 90% of patients. This quarter, 91.6% of patients arriving by ambulance had their care transferred within 30 minutes; 6.1 percentage points higher than in the same quarter last year (Figure 42).

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

Figure 41 Emergency department transfer of care time, April to June 2016

	This quarter	Same quarter last year	Change since one year ago
Arrivals used to calculate transfer of care time: 125,094 patients		127,053 patients	-1.5%
ED transfer of care time			
Median time	11m	13m	-2m
95th percentile time	39m	61m	-22m

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

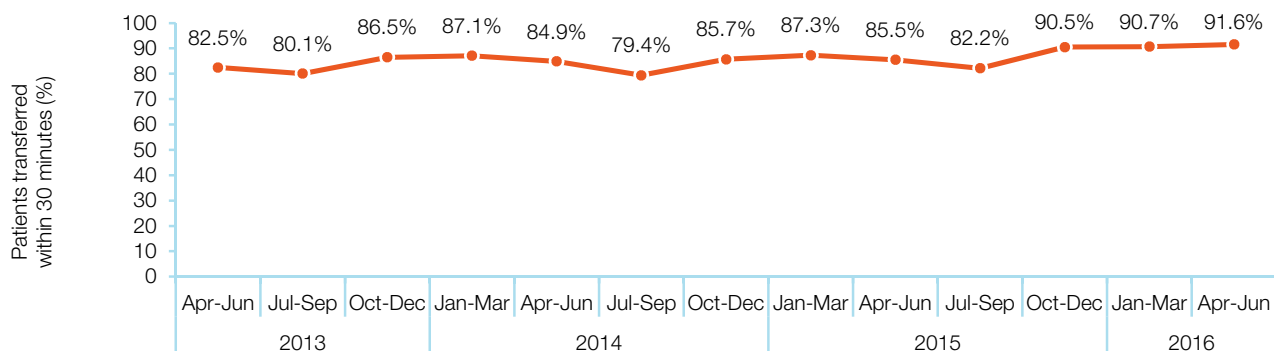
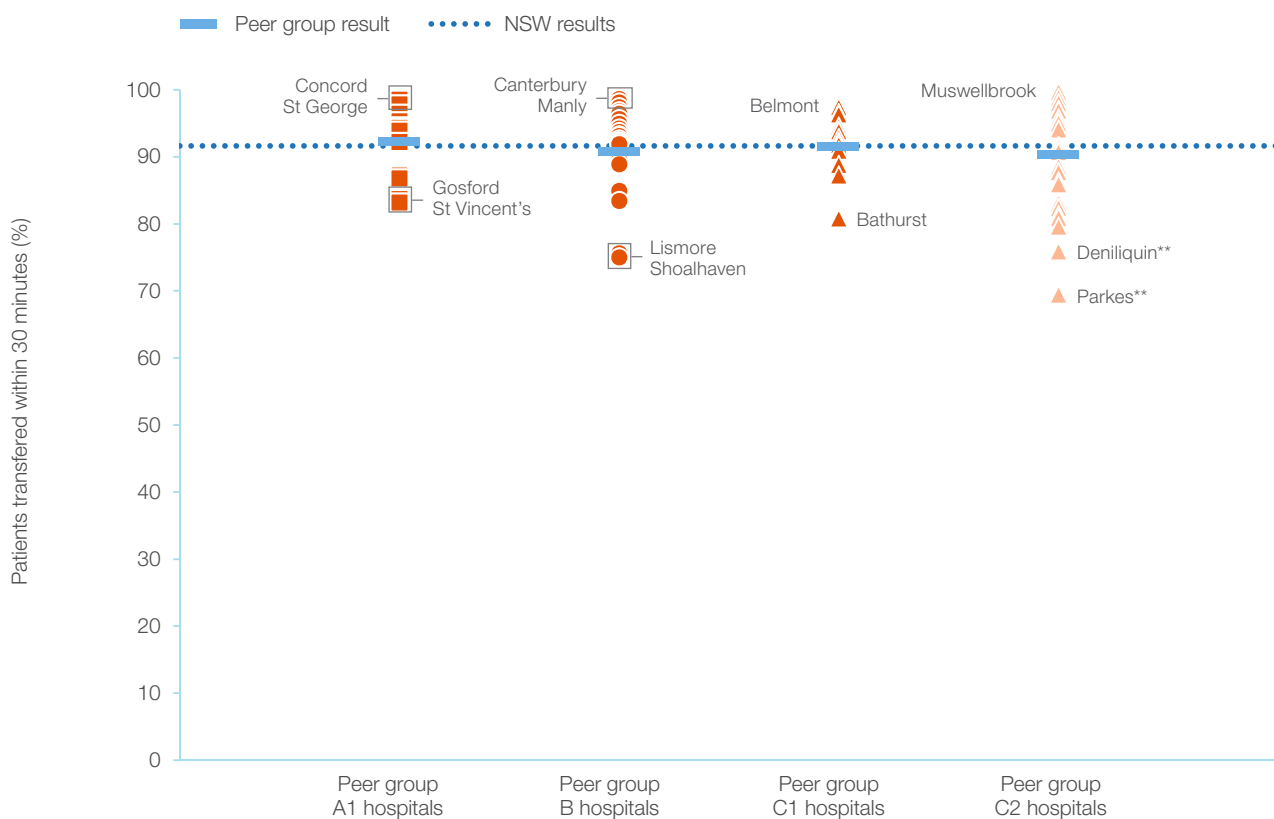


Figure 43 Percentage of ambulance arrivals whose care was transferred within 30 minutes, by peer group, April to June 2016



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

How long did patients wait for elective surgery?

During the April to June 2016 quarter, the median waiting time for urgent surgery was 11 days (Figure 44). This has remained unchanged in the same quarter over the past five years (Figure 45). The median waiting time for semi-urgent surgery (45 days) has remained unchanged in the same quarter over the past three years. The median waiting time for non-urgent surgery (232 days) has decreased by

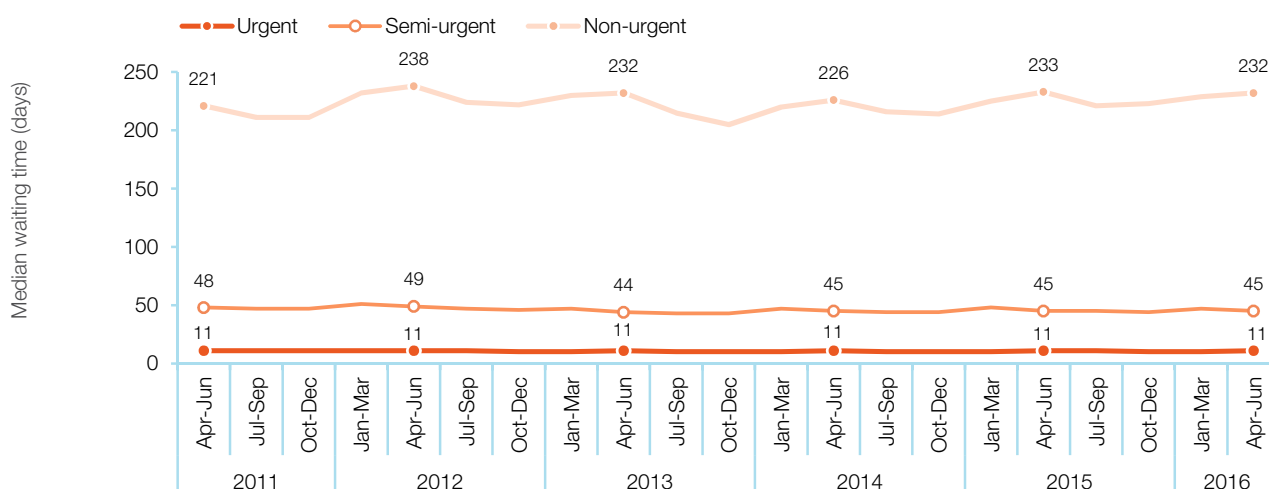
one day compared with the same quarter last year (Figure 44).

Compared with the same quarter in 2011, the median waiting time for semi-urgent surgery has decreased by three days and the median waiting time for non-urgent surgery has increased by 11 days (Figure 45).

Figure 44 Waiting times for elective surgery, by urgency category, April to June 2016

	This quarter	Same quarter last year	Change since one year ago
Urgent: 12,269 patients			
Median time to receive surgery	11 days	11 days	unchanged
90th percentile time to receive surgery	27 days	26 days	1 day
Semi-urgent: 18,546 patients			
Median time to receive surgery	45 days	45 days	unchanged
90th percentile time to receive surgery	83 days	82 days	1 day
Non-urgent: 25,063 patients			
Median time to receive surgery	232 days	233 days	-1 day
90th percentile time to receive surgery	356 days	356 days	unchanged

Figure 45 Median waiting time for elective surgery, by urgency category, April 2011 to June 2016



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

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

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

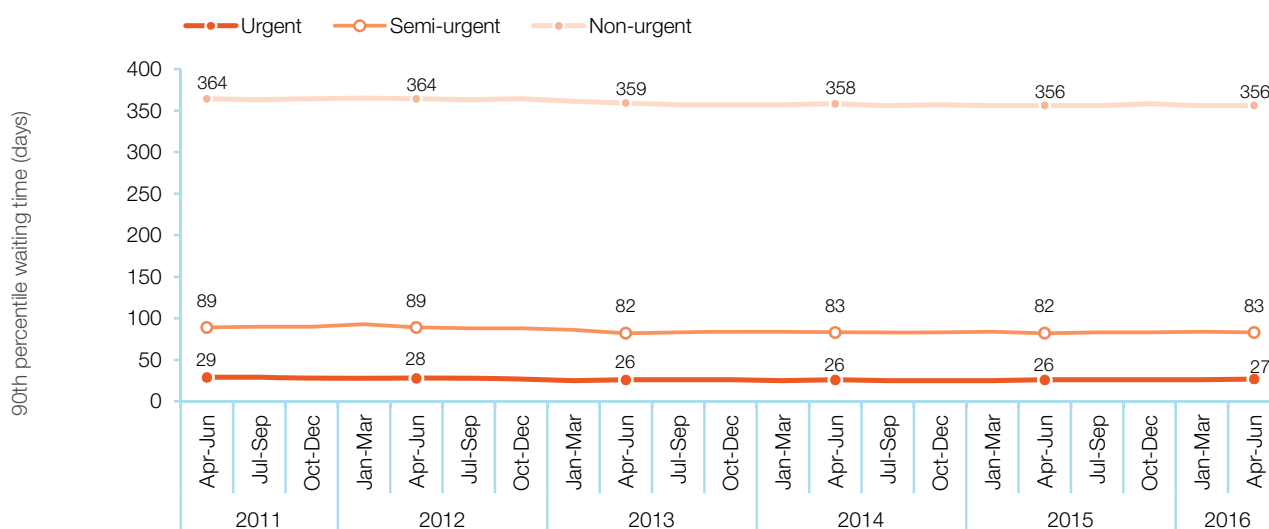
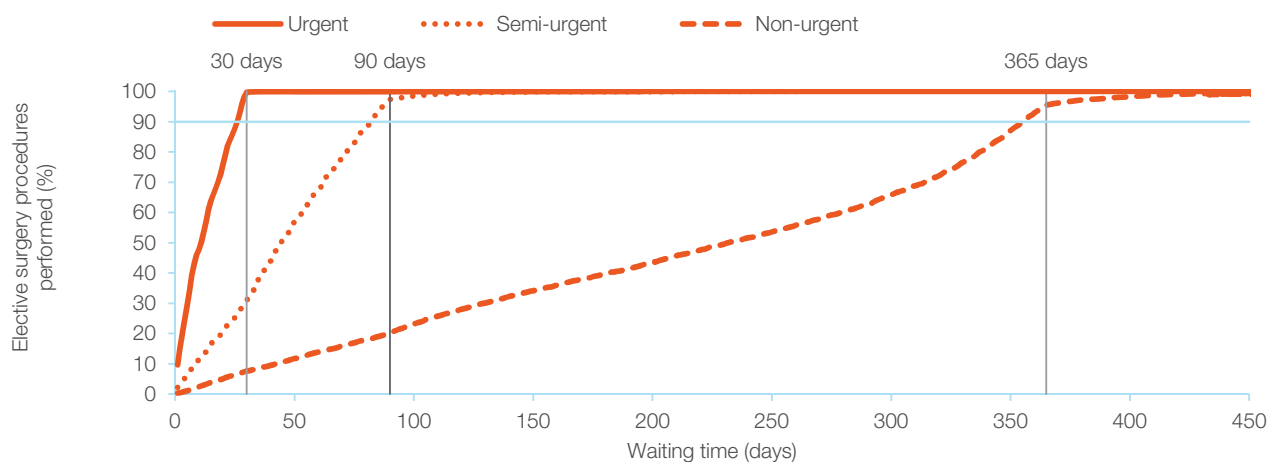


Figure 47 Cumulative percentage of elective surgery completed by day and urgency category, April to June 2016



How long did patients wait for elective surgery?

Variation in waiting times for elective surgery

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

Across specialty groups, ophthalmological surgery (213 days), ear, nose and throat surgery (196 days) and orthopaedic surgery (141 days) had the longest median waiting times this quarter. Medical (non-specialist) surgery had the shortest median waiting time (20 days) (Figure 49).

Across common surgical procedures, myringoplasty/tympanoplasty (323 days), septoplasty (318 days), and total knee replacement (286 days) had the longest median waiting times this quarter. Other-general (24 days), coronary artery bypass graft (28 days), and cystoscopy (32 days) had the shortest median waiting times (Figure 50).

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

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

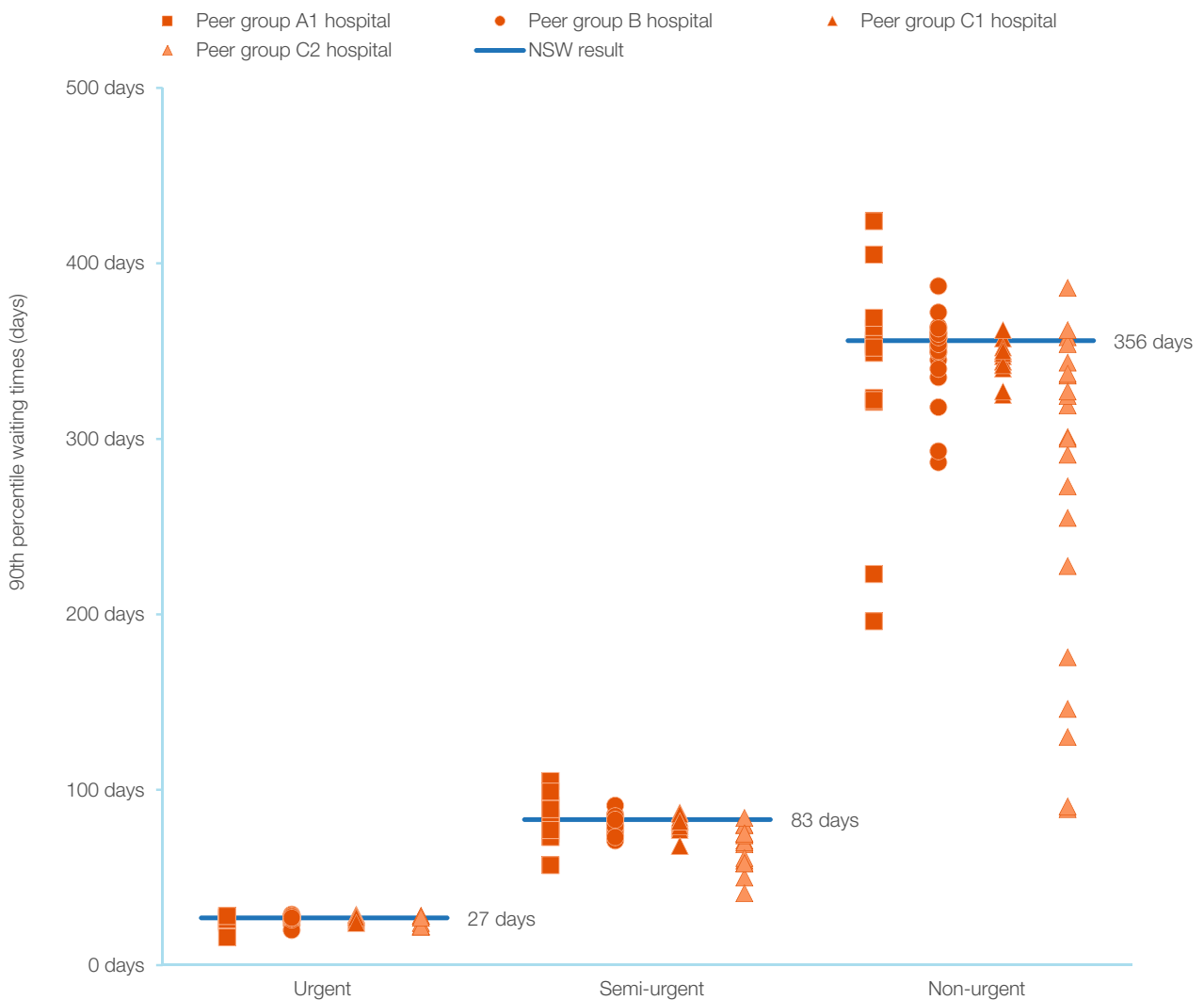


Figure 49 Median waiting time for patients who received elective surgery, by specialty, April to June 2016





























	Number of procedures		This quarter	Same quarter last year	Change since one year ago
General surgery	14,361		37 days	38 days	-1 day
Orthopaedic surgery	9,370		141 days	151 days	-10 days
Ophthalmology	8,421		213 days	216 days	-3 days
Urology	7,565		35 days	36 days	-1 day
Gynaecology	7,442		39 days	39 days	unchanged
Ear, nose and throat surgery	4,599		196 days	189 days	7 days
Plastic surgery	2,450		41 days	37 days	4 days
Vascular surgery	1,723		24 days	21 days	3 days
Neurosurgery	1,216		48 days	42 days	6 days
Cardiothoracic surgery	893		23 days	25 days	-2 days
Medical	543		20 days	17 days	3 days

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

	Number of procedures		This quarter	Same quarter last year	Change since one year ago
Cataract extraction	6,774		249 days	237 days	12 days
Cystoscopy	3,208		32 days	31 days	1 day
Hysteroscopy	2,477		33 days	34 days	-1 day
Total knee replacement	1,787		286 days	300 days	-14 days
Cholecystectomy	1,779		56 days	56 days	unchanged
Other - General	1,707		24 days	23 days	1 day
Inguinal herniorrhaphy	1,607		72 days	68 days	4 days
Tonsillectomy	1,559		248 days	257 days	-9 days
Total hip replacement	1,051		217 days	210 days	7 days
Abdominal hysterectomy	713		63 days	62 days	1 day
Prostatectomy	625		64 days	55 days	9 days
Septoplasty	451		318 days	314 days	4 days
Varicose veins stripping and liga	441		143 days	160 days	-18 days
Haemorrhoidectomy	313		69 days	65 days	4 days
Coronary artery bypass graft	174		28 days	24 days	4 days
Myringoplasty/Tympanoplasty	113		323 days	325 days	-3 days
Myringotomy	89		68 days	78 days	-10 days

How long did patients wait for elective surgery?

Percentage of elective surgical procedures performed on time

Most elective surgical procedures (97.0%) were performed on time this quarter – 99.7% of urgent surgery, 97.3% of semi-urgent surgery and 95.5% of non-urgent surgery (Figure 51). These results have been largely stable for all urgency categories in the same quarter over the past three years (Figure 52).

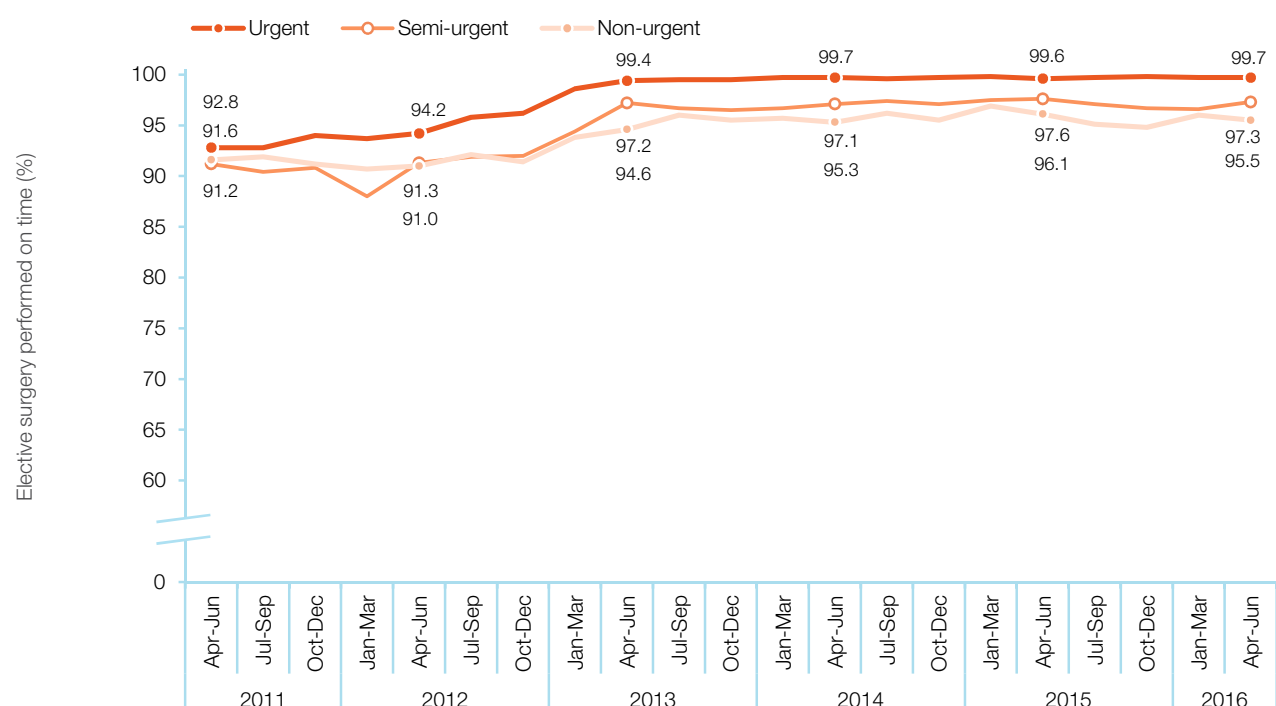
For hospitals shown above the blue NSW line, a higher percentage of procedures were performed on time this quarter compared with the overall NSW result. For hospitals below this line, a lower percentage of procedures were performed on time this quarter compared with the overall NSW result. Hospitals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

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

Figure 51 Percentage of elective surgical procedures performed on time, by urgency, April to June 2016

	This quarter	Same quarter last year	Percentage point change since one year ago
All elective surgery	97.0%	97.4%	-0.4
Urgent	99.7%	99.6%	0.1
Semi-urgent	97.3%	97.6%	-0.3
Non-urgent	95.5%	96.1%	-0.6

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



Hospitals in the upper right quadrant of Figure 53 have achieved higher results than NSW overall, and an increase in the percentage of elective surgical procedures performed on time this quarter, compared with the same quarter last year. Hospitals in the upper left quadrant achieved results higher than NSW this quarter and a decrease in the percentage of procedures performed on time, compared with the same quarter last year.

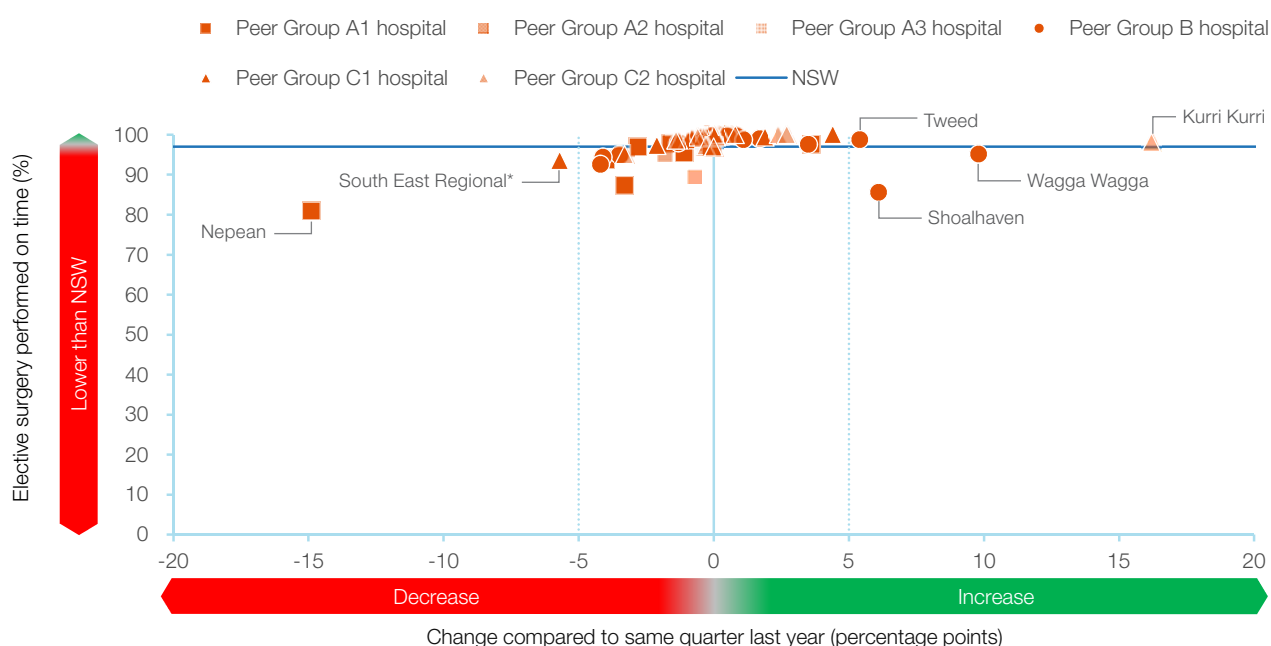
Hospitals in the lower right quadrant had results that were lower than NSW overall, and an increase in the percentage of procedures performed on time this quarter, compared with the same quarter last year. Hospitals in the lower left quadrant had results that were lower than NSW and a decrease in the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

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

Across hospitals, the percentage of elective surgical procedures performed on time increased in 24 out of 80 hospitals. For four hospitals, the increase was more than five percentage points. Of these, for one hospital, the increase was more than 15 percentage points (Figure 53).

The percentage of procedures performed on time decreased in 29 hospitals. For two hospitals, the decrease was more than five percentage points. Of these, for one hospital, the decrease was almost 15 percentage points (Figure 53).

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



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

How long did patients wait for elective surgery?

Percentage of elective surgical procedures performed on time by specialty

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

Vascular surgery and cardiothoracic surgery had the highest percentage of patients who received surgery on time this quarter (99.4% and 99.1% respectively). Ear, nose and throat surgery (93.9%) and orthopaedic surgery (95.4%) had the lowest (Figure 54). Ophthalmological surgery had the largest increase in the percentage of procedures performed on time this quarter (up 1.2 percentage

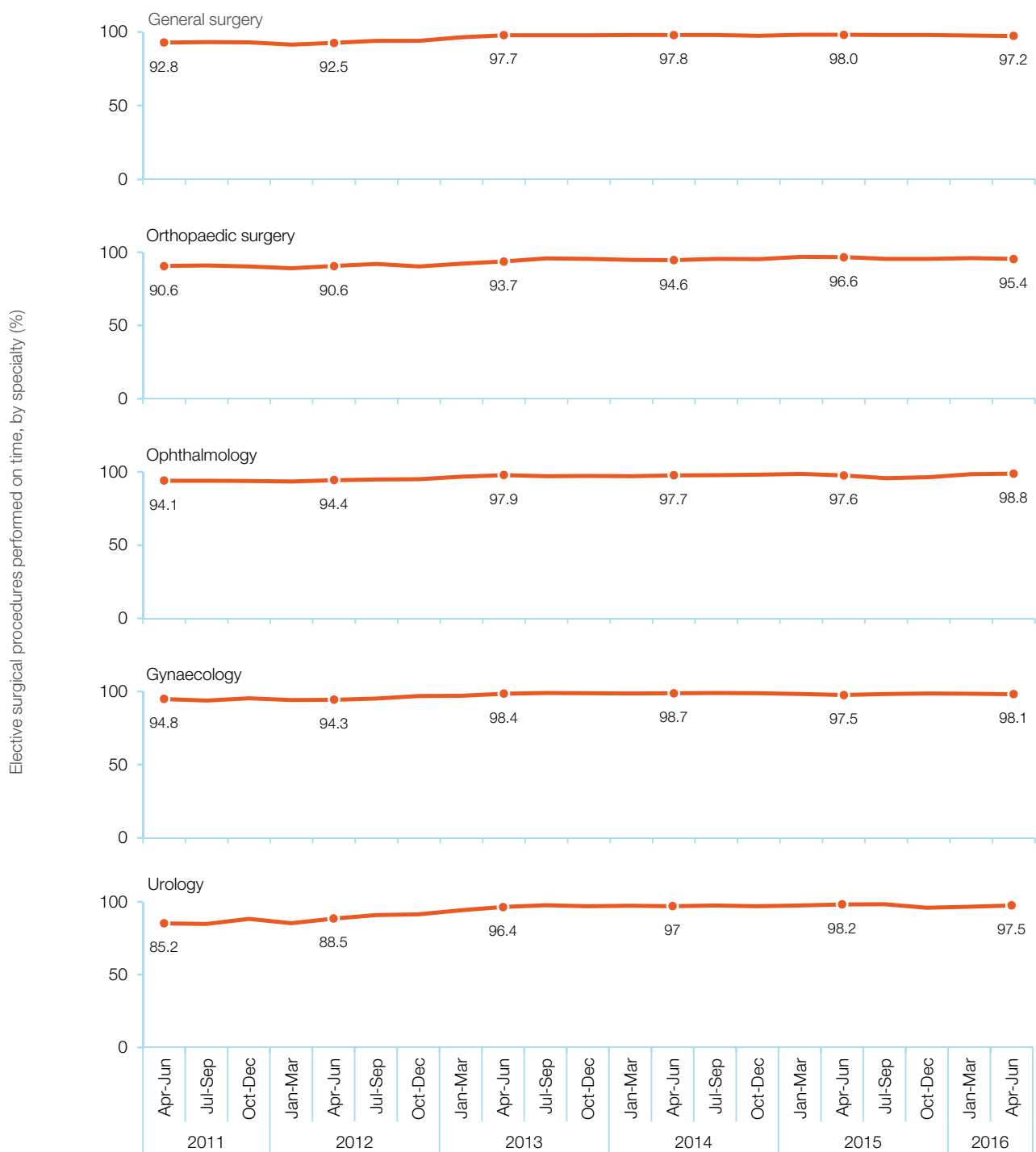
points), while neurosurgery had the largest decrease (down 2.7 percentage points) compared with the same quarter last year.

Figure 55 shows change over the past five years in the percentage of elective surgery performed on time for the five highest volume surgical specialty groups. Urology had the largest (12.3 percentage point) increase in the percentage of elective surgery completed within recommended timeframes since April to June 2011.

Figure 54 Percentage of elective surgical procedures performed on time, by specialty, April to June 2016

	Number of procedures		Percentage on time	Same quarter last year	Percentage point change since one year ago
General surgery	14,361		97.2%	98.0%	-0.8
Orthopaedic surgery	9,370		95.4%	96.6%	-1.2
Ophthalmology	8,421		98.8%	97.6%	1.2
Urology	7,565		97.5%	98.2%	-0.7
Gynaecology	7,442		98.1%	97.5%	0.6
Ear, nose and throat surgery	4,599		93.9%	95.0%	-1.1
Plastic surgery	2,450		96.0%	97.1%	-1.1
Vascular surgery	1,723		99.4%	99.0%	0.4
Neurosurgery	1,216		95.9%	98.6%	-2.7
Cardiothoracic surgery	893		99.1%	98.4%	0.7
Medical	543		98.5%	99.2%	-0.7

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



How long did patients wait for elective surgery?

Percentage of elective surgery performed on time by common procedure

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

Cataract extraction and coronary artery bypass graft had the highest percentage of patients who received surgery on time this quarter (99.2% and 98.8% respectively), while myringoplasty/tympanoplasty (86.6%) and septoplasty (92.2%) had the lowest. Varicose vein stripping and ligation had the largest increase in the percentage of procedures performed on time this quarter (up 2.6 percentage points), while

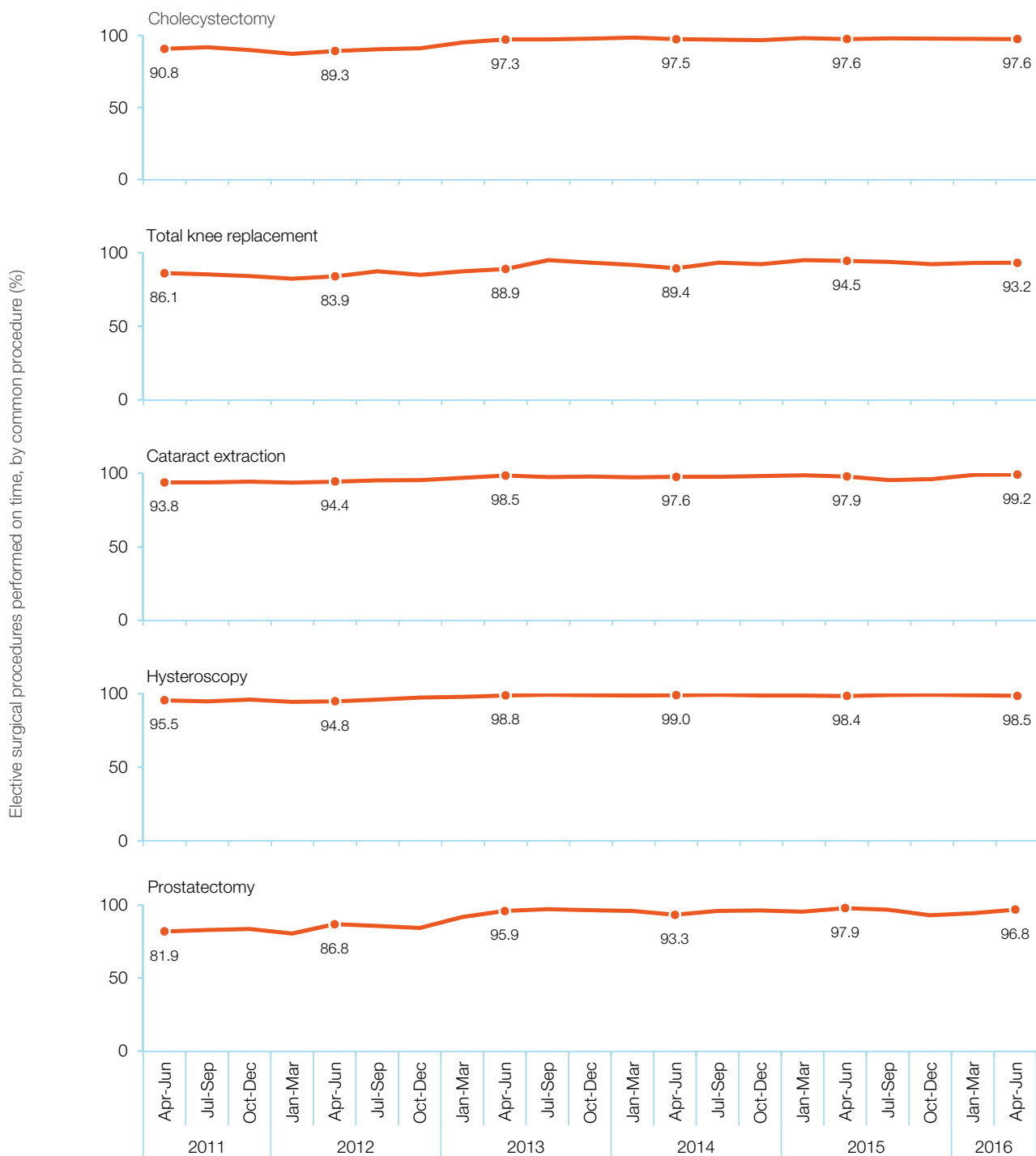
septoplasty had the largest decrease (down 3.8 percentage points) compared with the same quarter last year (Figure 56).

Figure 57 shows change over the past five years in the percentage of surgery performed on time across key common procedures in five of the highest volume specialties. Since the same quarter in 2011, prostatectomy and total knee replacement have seen the largest increase in the percentage of on-time surgery (14.9 and 7.1 percentage points, respectively).

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

	Number of procedures		Percentage on time	Same quarter last year	Percentage point change since one year ago
Cataract extraction	6,774		99.2%	97.9%	1.3
Cystoscopy	3,208		97.3%	98.5%	-1.2
Hysteroscopy	2,477		98.5%	98.4%	0.1
Total knee replacement	1,787		93.2%	94.5%	-1.3
Cholecystectomy	1,779		97.6%	97.6%	unchanged
Other - General	1,707		96.7%	98.2%	-1.5
Inguinal herniorrhaphy	1,607		95.0%	97.3%	-2.3
Tonsillectomy	1,559		95.0%	94.9%	0.1
Total hip replacement	1,051		94.1%	96.8%	-2.7
Abdominal hysterectomy	713		96.7%	96.8%	-0.1
Prostatectomy	625		96.8%	97.9%	-1.1
Septoplasty	451		92.2%	96.0%	-3.8
Varicose veins stripping and ligation	441		98.6%	96.0%	2.6
Haemorrhoidectomy	313		94.8%	96.9%	-2.1
Coronary artery bypass graft	174		98.8%	97.8%	1.0
Myringoplasty/Tympanoplasty	113		86.6%	89.4%	-2.8
Myringotomy	89		94.4%	97.8%	-3.4

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



Terms and classifications

Table 4 Terms and classifications used in the report

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

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

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

Terms and classifications

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

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

Appendix tables

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

Hospital admissions

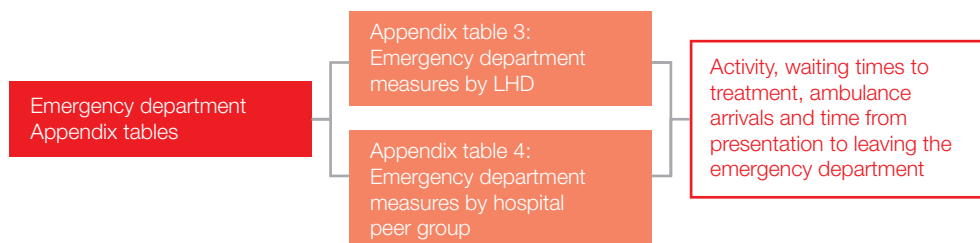
Appendix tables 1 and 2 present hospital admission activity measures for public hospitals in NSW for this quarter, by local health district (LHD) and hospital peer group.

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

Emergency departments

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

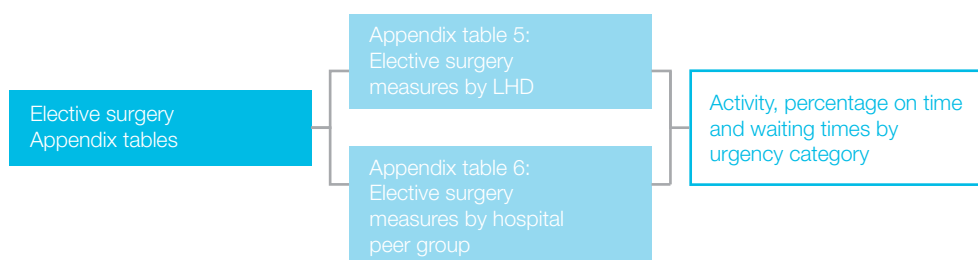
- Download appendix tables by LHD
- Download appendix tables by hospital peer group



Elective surgery

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

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



Index of hospitals by local health district and hospital peer group

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

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

Acknowledgements

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

PhD. BHI would like to thank the expert advisors and reviewers (2015–16) alongside staff that contributed to the development of the *Hospital Quarterly* report. BHI acknowledges the contribution of the NSW Ministry of Health, including through the provision and validation of data and peer review of the report.

External advisors and reviewers

David Blumenthal Commonwealth Fund, US

Anna Greenberg Health Quality Ontario

Richard Hamblin Health Quality and Safety
Commission, New Zealand

Kira Leeb Canadian Institute
for Health Information

Donald MacLellan Agency for Clinical Innovation

Michele McKinnon South Australia Health

Robin Osborn Commonwealth Fund, US

Patricia Sullivan-Taylor Health System Performance,
Health Quality Ontario

Alain Vadeboncoeur Montreal Heart Institute

Bureau of Health Information project team

Research

Lilian Daly

Analysis

Carolynn Fredericks

Jill Kaldor

Behnoosh Khalaj

Design

Adam Myatt

Efren Sampaga

Mark Williams

Communications and Stakeholder Engagement

Karen Perini

Rohan Lindeman

Discover how your hospital is performing



BHI's interactive portal Healthcare Observer lets you explore, analyse and download information about the performance of more than 80 NSW hospitals



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



Hospital
admissions



Elective
surgery



Emergency
departments

Visit bhi.nsw.gov.au/healthcare_observer



About the Bureau of Health Information

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

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

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

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

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

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

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

bhi.nsw.gov.au