

Hospital Quarterly

Activity and performance in NSW public hospitals

October to December 2014



BUREAU OF HEALTH INFORMATION

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

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Introduction

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

The Hospital Quarterly report is structured around two key types of measures; activity measures and performance measures. Activity measures are used to describe the volume and type of services provided while performance measures are used, in this instance, to describe the timeliness of service provision.

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

Within the section on performance, data are provided for ED presentations and elective surgery procedures (Figure ii).

The format of this report represents a consolidation of three previously separate modules that comprised the Hospital Quarterly report.

Hospital Quarterly appendix tables (listed at the back of this report) 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 in the BHI online interactive portal, Healthcare Observer, at www.bhi.nsw.gov.au/healthcare_observer

About the data

The data used in Hospital Quarterly analyses 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 20 and 27 January 2015, respectively. Elective surgery data were extracted from the Waiting List Collection On-line System (WLCOS) on 21 January 2015.

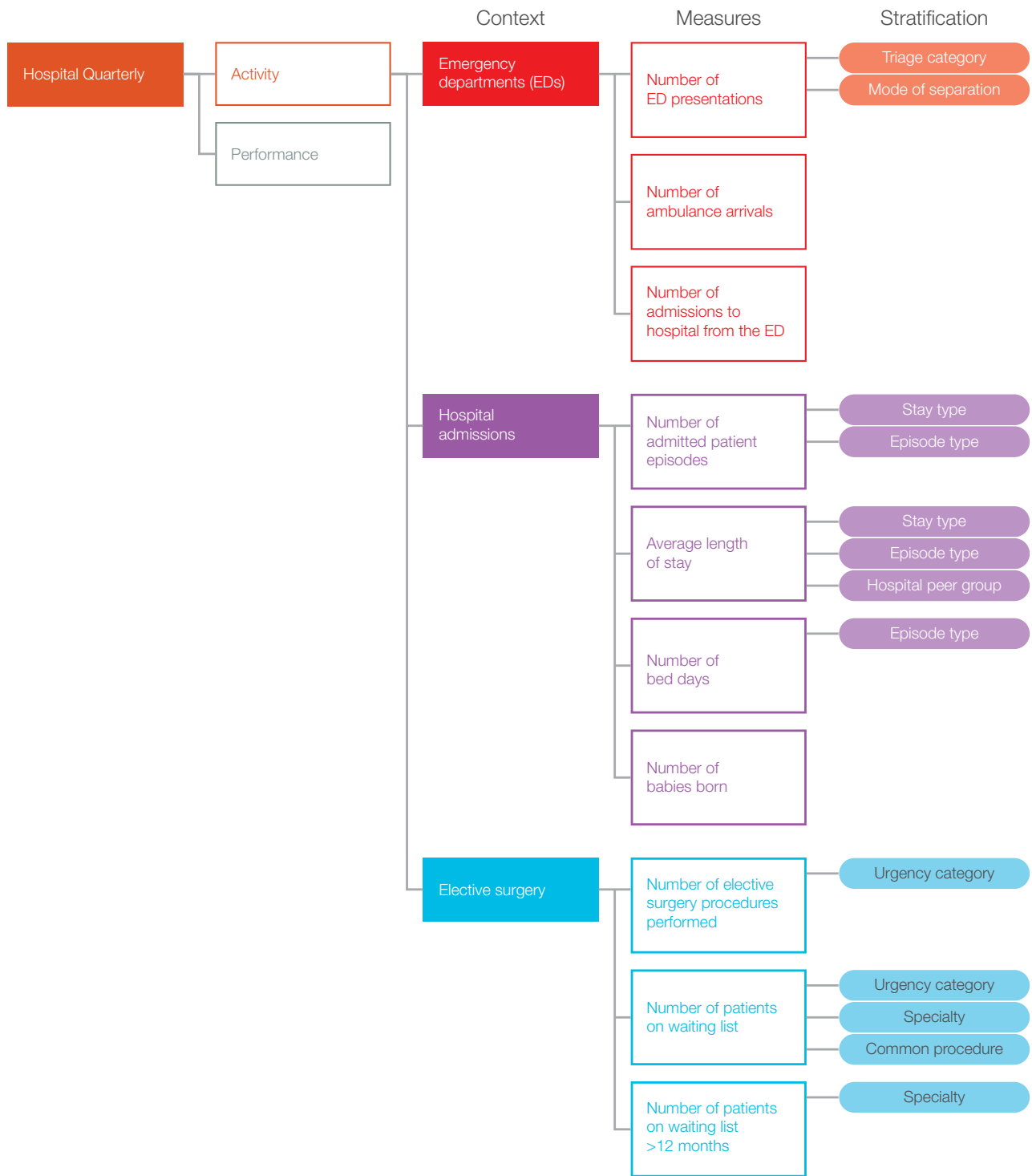
ED data are drawn from the Emergency Department Data Collection (EDDC). While not all EDs have systems in place to supply records to EDDC, data coverage has increased over time from 82% of NSW ED activity in 2005–06 to 92% in 2013–14. The ED data reported cover 117 facilities for which electronic data are reported. Hospitals transitioning to new patient information systems are excluded from performance data during the quarter(s) of implementation.

ED activity and performance numbers may differ from those previously reported due to differences in the number of EDs included and when data were extracted from the ED information systems. The percentage of patients leaving the ED within four hours reported in Hospital Quarterly is not directly comparable to figures reported either by the NSW Ministry of Health or the Commonwealth due to slight differences in definitions, period of reporting and the number of hospitals included.

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 includes procedures performed during the quarter, and patients currently on the waiting list to receive surgery.

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 or treatment in the ED and for people undergoing elective surgery), the median and 90th or 95th percentile times are commonly used. The median is the time period within which half of people waiting had received the relevant care or treatment. The 90th or 95th percentile represents the time period within which most people received the relevant care or treatment. Performance is also measured across EDs and elective surgery as the percentage of patients treated or surgery provided within a particular time period. For example, the percentage of patients leaving the ED within four hours and percentage of elective surgery performed within recommended timeframes.

About the analyses

The data specifications and analytic methods used for Hospital Quarterly are described in Technical Supplement, Hospital Quarterly: Performance of NSW public hospitals at www.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 further described in Table 4.

Making direct comparisons of activity and performance between hospitals is not straightforward because hospitals vary in size and type and in the complexity of clinical services they provide. To enable valid comparisons to be made between hospitals, it is important to consider similar hospitals together. To do this, Hospital Quarterly uses a NSW Health classification system called 'hospital peer groups' (Table 1).

An index of NSW public hospitals by LHD and hospital peer group can be found at the back of this report.

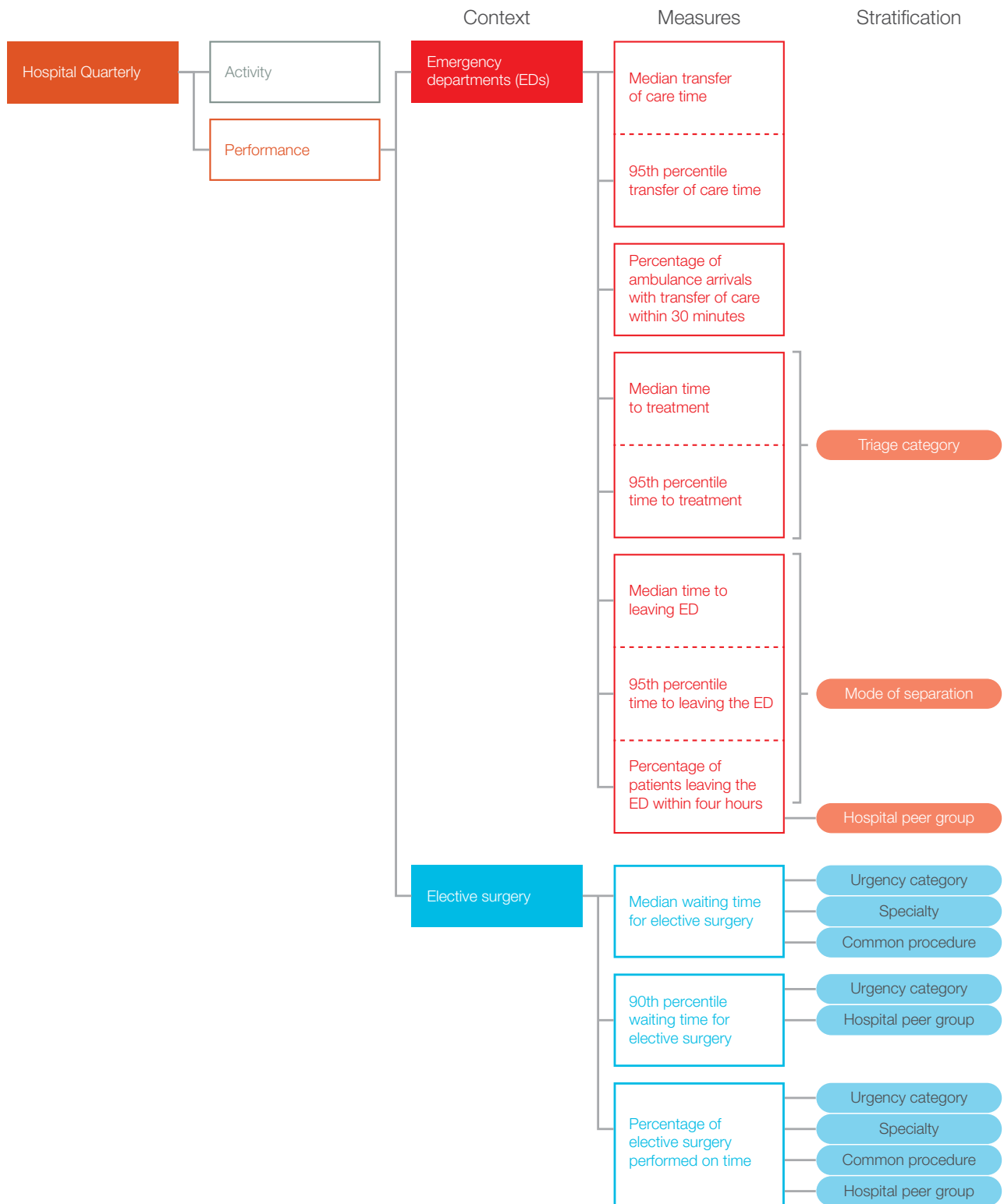
Urgency categories should be considered in making fair comparisons in activity and performance across EDs and elective surgery. See Table 4 for a description of ED triage categories and elective surgery urgency categories.

Percentages in this report are rounded to whole numbers and therefore may not add to 100%. Percentages greater than 99.5% are rounded to 100%.

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

How many people presented at NSW emergency departments?

- This quarter, there were 636,925 presentations at NSW emergency departments (EDs), 18,595 more than the same quarter last year (up 3%)
- Most (96%) were emergency presentations (613,241)
- Compared to the same quarter last year, there was an increase in the number of presentations across triage category one (up 3%), triage category two (up 8%), triage category three (up 4%) and triage category four (up 3%). There was a decrease in the number of presentations in triage category five (down 3%).
- 139,570 people arrived by ambulance (down 1% compared to the same quarter last year).

Where did patients go after leaving the emergency department?

- Sixty-three percent of ED presentations were treated and discharged (12,308 more than the same quarter last year)
- Twenty-seven percent of presentations were treated and admitted to hospital (6,719 more than the same quarter last year); 5% resulted in patients leaving without or before completing treatment (770 fewer presentations), and 2% resulted in patients being transferred to another hospital (244 more presentations)
- There were 174,604 admissions to hospital from NSW EDs (up 4% compared to the same quarter last year).

How many patients were admitted to public hospitals?

- There were 461,872 admitted patient episodes this quarter, 9,346 more (up 2%) than in the same quarter last year
- The majority of admissions (96%) were for acute episodes of care

- Over half of all acute admissions (54%) were overnight episodes (239,565), the remaining 46% (205,291) were same-day episodes
- The average length of stay for acute overnight admitted patient episodes was 4.8 days, 0.1 days shorter compared to the same quarter last year
- 1,630,267 bed days of care were provided. The total number of acute bed days (1,360,978) has increased (up 1%) compared to the same quarter last year
- 17,971 babies were born (up 1% compared to the same quarter last year).

How many elective surgery procedures were performed?

- There were 54,269 elective surgery procedures performed this quarter, largely unchanged compared to the same quarter last year. Of these:
 - Urgent surgery (12,254 procedures) made up 23% of all elective surgery procedures
 - Semi-urgent surgery (17,844 procedures) made up 33% of all elective surgery procedures
 - Non-urgent surgery (20,752 procedures) made up 38% of all elective surgery procedures
 - Staged surgery (3,419 procedures) made up 6% of all elective surgery procedures.
- At the end of the quarter, there were 71,925 people on the elective surgery waiting list; 3% more than the same quarter last year:
 - 878 (1%) were waiting for urgent surgery
 - 10,391 (14%) were waiting for semi-urgent surgery
 - 60,656 (84%) were waiting for non-urgent surgery
- Compared to the same quarter last year, the number of patients waiting for urgent surgery has increased by 8%, the number waiting for non-urgent surgery has increased by 4%, and the number waiting for semi-urgent surgery is unchanged.

Table 2 provides a summary of NSW public hospital activity measures for October to December 2014.

Table 2 Summary of NSW public hospital activity measures

Emergency department activity		October to December 2013	October to December 2014	Difference	% change
All arrivals at NSW EDs by ambulance		140,483	139,570	-913	-1%
All ED presentations		618,330	636,925	18,595	3%
Emergency presentations		594,392	613,241	18,849	3%
All presentations by triage category					
Triage category	T1: Resuscitation	4,029	4,148	119	3%
	T2: Emergency	65,452	70,734	5,282	8%
	T3: Urgent	190,770	198,827	8,057	4%
	T4: Semi-urgent	262,855	270,100	7,245	3%
	T5: Non-urgent	71,286	69,432	-1,854	-3%
Admissions to hospital from NSW EDs		167,885	174,604	6,719	4%
Hospital admission activity		October to December 2013	October to December 2014	Difference	% change
All admitted patient episodes		452,526	461,872	9,346	2%
All acute episodes		435,474	444,856	9,382	2%
Overnight episodes		235,346	239,565	4,219	2%
Same-day episodes		200,128	205,291	5,163	3%
Non-acute episodes		17,052	17,016	-36	unchanged
Average length of stay (days)	All acute episodes	3.1	3.1	0	unchanged
	Acute overnight episodes	4.9	4.8	-0.1	-2%
	Non-acute episodes	15.4	15.8	0.4	3%
Hospital bed days	All bed days	1,612,371	1,630,267	17,896	1%
	Acute bed days	1,349,351	1,360,978	11,627	1%
	Non-acute bed days	263,020	269,289	6,269	2%
Babies born in NSW public hospitals		17,800	17,971	171	1%
Elective surgery activity		October to December 2013	October to December 2014	Difference	% change
Elective surgery procedures performed		54,288	54,269	-19	unchanged
Urgency category	Urgent surgery	13,084	12,254	-830	-6%
	Semi-urgent surgery	17,792	17,844	52	unchanged
	Non-urgent surgery	20,152	20,752	600	3%
Patients on waiting list ready for elective surgery at end of quarter		69,510	71,925	2,415	3%
	Urgent surgery	815	878	63	8%
	Semi-urgent surgery	10,378	10,391	13	unchanged
	Non-urgent surgery	58,317	60,656	2,339	4%

T = Triage

Hospital performance measures

How long did patients wait for ED treatment?

- This quarter, the majority of patients (86%) had their care transferred from ambulance to ED staff within 30 minutes (one percentage point less than the same quarter last year)
- Compared to the same quarter last year, the median time from presentation to starting treatment was unchanged across all triage categories with the exception of triage category five, where the median time to starting treatment was one minute less
- The 95th percentile time to starting treatment was longer for patients in triage categories two and three (five minutes and two minutes longer respectively), and shorter for patients in triage categories four and five (six minutes and seven minutes shorter respectively), compared to the same quarter last year
- This quarter, the median time from presentation to leaving the ED (two hours and 46 minutes) and 95th percentile time from presentation to leaving the ED (nine hours and 37 minutes) were the shortest for any October to December quarter over the past five years
- Compared to the same quarter last year, a higher proportion of patients left the ED within four hours (73% compared to 71% in the same quarter last year)
- The majority of NSW public hospitals (47 out of 77) reported an increase in the percentage of patients who left the ED within four hours, compared to the same quarter last year. These improvements were seen across hospital peer groups A1 to C2. Of these hospitals, six increased the percentage of patients leaving within four hours by 10 or more percentage points.

- Twenty-one hospitals reported a decrease in the percentage of patients who left the ED within four hours. Four of these hospitals decreased by 10 or more percentage points, compared to the same quarter last year.

How long did patients wait for elective surgery?

- Compared with the same quarter last year, the median waiting time for urgent and semi-urgent elective surgery remained largely stable, while the median waiting time for non-urgent elective surgery increased by nine days
- The 90th percentile waiting time for elective surgery was stable across all urgency categories (one day less for both urgent and semi-urgent surgery and no change for non-urgent surgery), compared to the same quarter last year
- Most (97%) elective surgery procedures were performed within recommended timeframes, and this has remained unchanged for the past seven quarters
- Compared to the same quarter last year:
 - 100% of urgent elective surgery was performed on time (up one percentage point)
 - 97% of semi-urgent elective surgery was performed on time (no change)
 - 96% of non-urgent elective surgery was performed on time (up one percentage point)
- Thirty-five out of 83 hospitals (42%) reported an improvement on the percentage of elective surgery performed on time, compared to the same quarter last year. These improvements were seen across hospital peer groups A1 to C2. Of these hospitals, two increased the percentage of elective surgery performed on time by more than five percentage points.

- Twelve hospitals reported a decrease in the percentage of surgery performed on time. Three of these hospitals decreased by more than 10 percentage points, compared to the same quarter last year.
- The proportion of elective surgery performed on time varied between specialties and common surgical procedures:
 - Cardiothoracic surgery and gynaecology had the highest proportion of patients who received surgery on time this quarter
 - Hysteroscopy and myringotomy had the highest proportion of patients receiving their surgery on time this quarter (both 99%) while myringoplasty/tympanoplasty (87%), total knee replacement (92%) and septoplasty (92%) had the lowest.

(both 99%) while ear, nose and throat surgery (94%) and orthopaedic surgery (95%) had the lowest

Table 3 provides a summary of NSW public hospital performance measures for October to December 2014.

Table 3 Summary of NSW public hospital performance measures

Emergency department performance		October to December 2013	October to December 2014	Difference	% change	
Time to treatment (minutes)	T2: Emergency	Median	8 mins	8 mins	0 mins	Unchanged
		95th percentile	31 mins	36 mins	5 mins	16%
	T3: Urgent	Median	20 mins	20 mins	0 mins	Unchanged
		95th percentile	98 mins	100 mins	2 mins	2%
	T4: Semi-urgent	Median	26 mins	26 mins	0 mins	Unchanged
		95th percentile	142 mins	136 mins	-6 mins	-4%
	T5: Non-urgent	Median	24 mins	23 mins	-1 mins	-4%
		95th percentile	140 mins	133 mins	-7 mins	-5%
	Median time to leave the ED		2h 49m	2h 46m	-3 mins	-2%
	95th percentile time to leave the ED		9h 49m	9h 37m	-12 mins	-2%
People leaving the ED within four hours of presentation		71%	73%	+2 percentage points		

Elective surgery performance		October to December 2013	October to December 2014	Difference	% change	
Waiting time (days)	Urgent	Median	10 days	10 days	unchanged	unchanged
		90th percentile	26 days	25 days	-1 day	-4%
	Semi-urgent	Median	43 days	44 days	1 day	2%
		90th percentile	84 days	83 days	-1 day	-1%
	Non-urgent	Median	205 days	214 days	9 days	4%
		90th percentile	357 days	357 days	unchanged	unchanged
All procedures		97%	97%		unchanged	
Elective surgery procedures performed on time	Urgent surgery	99%	100%	+ 1 percentage point		
	Semi-urgent surgery	97%	97%		unchanged	
	Non-urgent surgery	95%	96%	+ 1 percentage point		

T = Triage

Hospital activity measures

Key findings

Compared to the same quarter last year...



18,595 more emergency department presentations
636,925 presentations in total  **3%**

9,346 more people admitted to hospital
461,872 admissions in total  **2%**


Stable number of elective surgery procedures
54,269 elective surgery procedures in total 

17,896 more bed days of care provided
1,630,267 bed days in total   **1%**

913   **1%**
fewer patients arrived by ambulance
139,570 arrivals in total

171   **1%**
more babies born
17,971 babies born in total

The average length of stay for all acute overnight admissions was 

4.8 days 0.1 days shorter compared to the same quarter last year 

NSW emergency departments

This section provides information about emergency department presentations, ambulance arrivals, how urgently patients required care (triage category) and how they left the emergency department (mode of separation).

Presentations by urgency category and ambulance arrivals	11
Presentations 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
Average length of stay	17
Hospital bed days	17

NSW elective surgery

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

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

How many people presented at NSW emergency departments?

During the October to December 2014 quarter, there were 636,925 presentations at NSW public hospital emergency departments (EDs). This has increased by 3% compared to the same quarter last year (Figure 1).

This quarter, 139,570 patients arrived by ambulance at NSW EDs. This represents a decrease of 1% compared to the same quarter last year (Figure 1).

An analysis of ED figures shows that almost all presentations this quarter (613,241 or 96%) were for emergency care. The remainder (23,684) were for non-emergency reasons such as a planned return visit or a planned hospital admission.

Emergency patients are 'triaged' by clinical staff after they arrive in the ED and are allocated to one of five triage categories, depending on how urgently they require treatment (see Table 4).

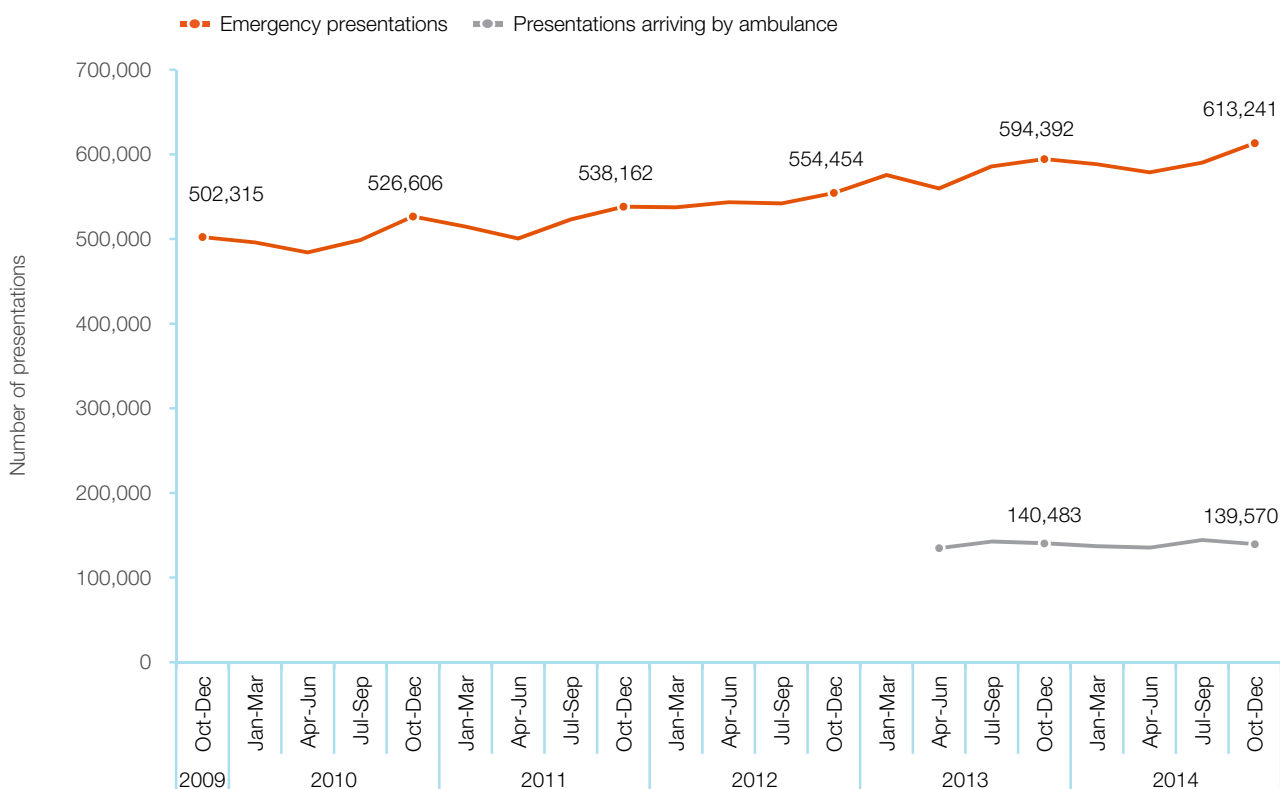
From October to December 2014 there was an increase in the number of ED presentations across triage categories 1, 2, 3 and 4 compared to the same quarter last year. There was a decrease in the number of presentations in triage category 5 (down 3%) (Figure 1).

There has been an increasing trend in the overall number of emergency presentations over the past five years (Figure 2).

Figure 1 **Emergency presentations and ambulance arrivals at NSW emergency departments, October to December 2014**

		Same period last year	Change since one year ago
All presentations	636,925	618,330	3%
Emergency presentations by triage category	613,241	594,392	3%
Triage 1: Resuscitation	4,148 (1%)	4,029	3%
Triage 2: Emergency	70,734 (12%)	65,452	8%
Triage 3: Urgent	198,827 (32%)	190,770	4%
Triage 4: Semi-urgent	270,100 (44%)	262,855	3%
Triage 5: Non-urgent	69,432 (11%)	71,286	-3%
Ambulance arrivals	139,570	140,483	-1%

Figure 2 **Emergency presentations and ambulance arrivals at NSW emergency departments, October 2009 to December 2014**



Where did patients go after leaving the emergency department?

There are different ways in which a patient can leave the ED (referred to as mode of separation). The majority of patients leave after their treatment is either complete, or they are admitted to hospital. Some patients choose not to wait for treatment and others are transferred to other hospitals.

During the October to December 2014 quarter, 63% of patients (404,377) were treated and discharged from NSW EDs (up 3% compared to the same quarter last year).

During the same period, 27% of patients (174,604) were treated and admitted to hospital (up 4% compared to the same quarter last year).

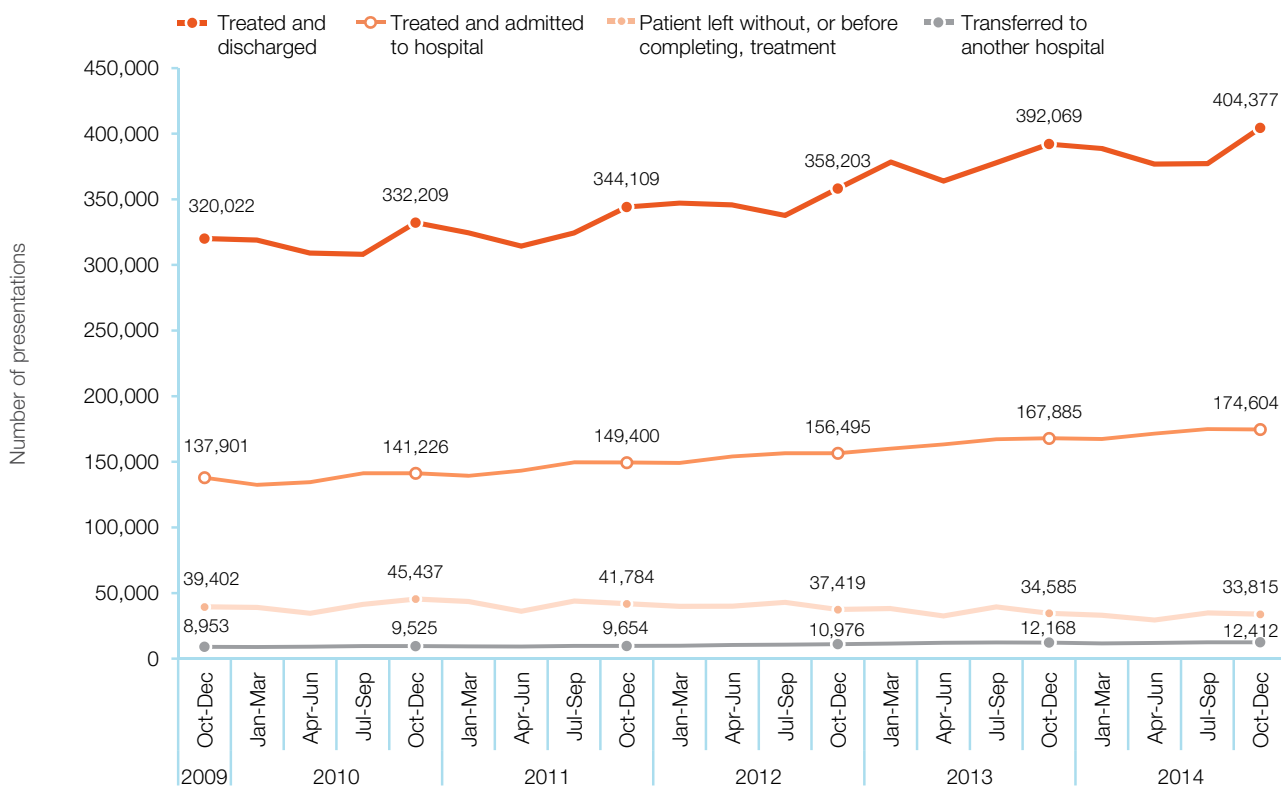
Compared to the same quarter last year, the number of patients who left without or before completing treatment (33,815) decreased by 2%, and the number transferred to another hospital (12,412) increased by 2% (Figure 3).

There has been an increase over the past five years in the number of patients who were treated and discharged, treated and admitted to hospital from NSW EDs and transferred to another hospital. There has been a decrease in the number of patients who left without, or before completing treatment (Figure 4).

Figure 3 Leaving the emergency department, by mode of separation, October to December 2014

		Same period last year	Change since one year ago
Treated and discharged	404,377 (63%)	392,069	3%
Treated and admitted to hospital	174,604 (27%)	167,885	4%
Patient left without, or before completing, treatment	33,815 (5%)	34,585	-2%
Transferred to another hospital	12,412 (2%)	12,168	2%
Other	11,717 (2%)	11,623	1%

Figure 4 Leaving the emergency department, by mode of separation, October 2009 to December 2014



How many patients were admitted to public hospitals?

This section reports on hospital admissions (counted here as admitted patient episodes). When a person is admitted to hospital they begin what is termed an admitted patient episode or 'episode of care'. Patients can have more than one episode of care during the same hospital admission. For example, a person may be admitted for acute care and require an episode of rehabilitation or palliative care.

The number of admissions to NSW public hospitals continued to rise in October to December 2014. There were 461,872 hospital admissions this quarter,

2% more than in the same quarter last year (Figure 5). The majority of admissions were for acute care (96%). There has been a gradual increase in all hospital admissions over the past five years (Figure 6).

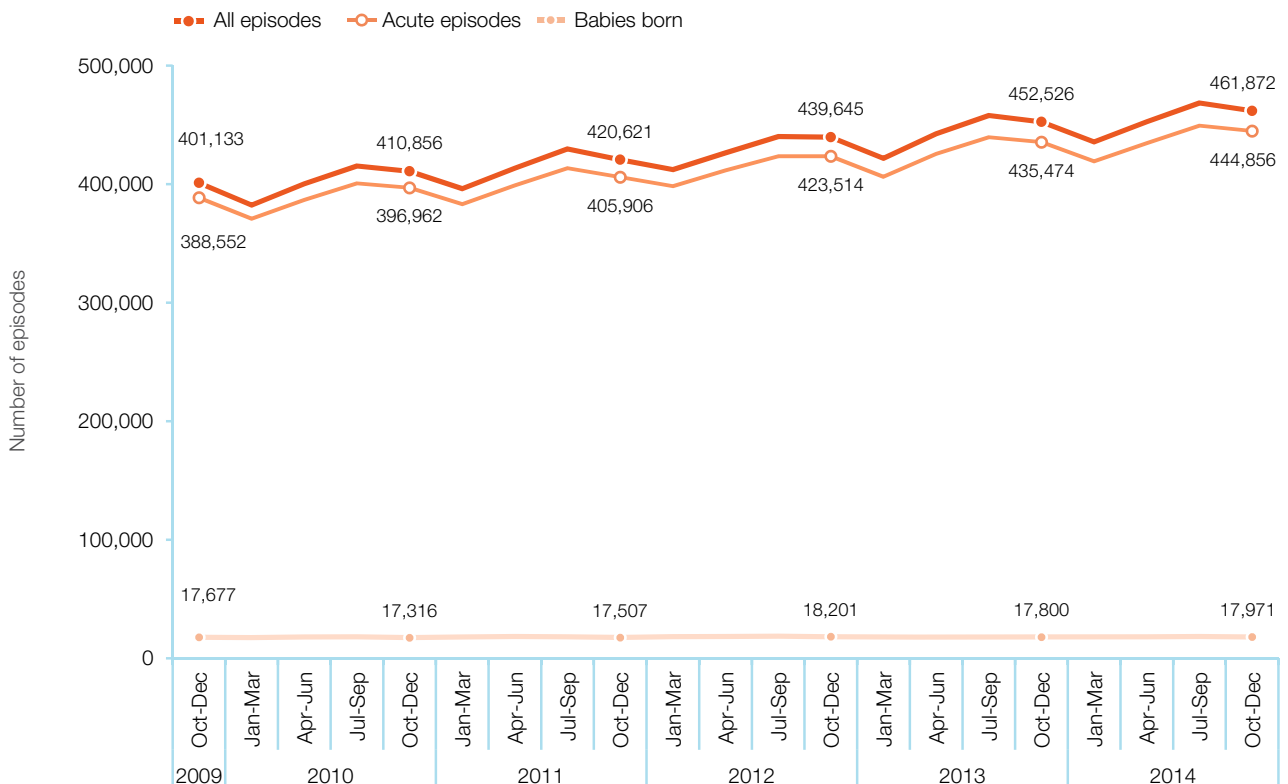
The number of babies born in NSW public hospitals (17,971) increased by 1% this quarter compared to the same quarter last year.

During this quarter, 239,565 acute admitted patient episodes (54%) were for overnight care and the

Figure 5 Number of admitted patient episodes, October to December 2014

		Same period last year	Change since one year ago
All episodes	461,872	452,526	2%
Acute	444,856 (96%)	435,474	2%
Non-acute	17,016 (4%)	17,052	unchanged

Figure 6 Number of total and acute admitted patient episodes completed and babies born, October 2009 to December 2014



remainder (46%) were for same-day care (205,291) in NSW public hospitals (Figure 7).

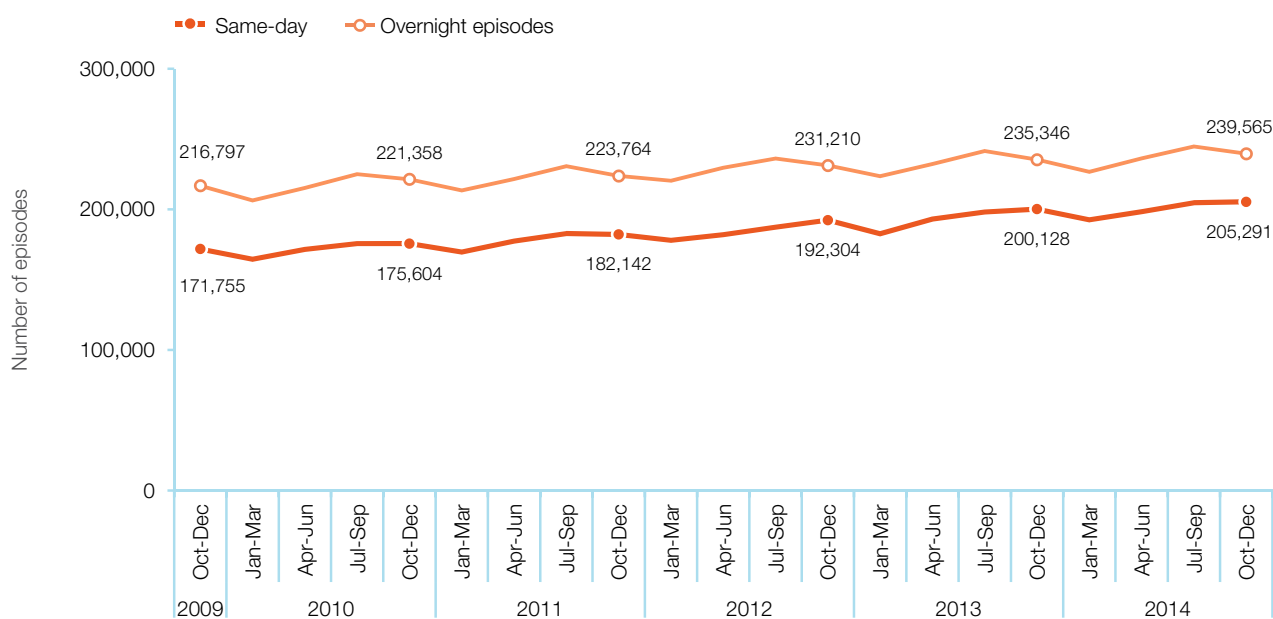
Hospital admissions can be planned (arranged in advance) or unplanned (for example, emergency hospital admissions or unplanned surgical patients). The majority of acute same-day hospital admissions (74%) were planned. In a similar manner, almost all overnight admissions (84%) were unplanned (Figure 7).

The number of same-day and overnight hospital admissions has increased over the past five years (Figure 8). During this time, the number of overnight admissions increased by 11% and the number of same-day admissions saw a steeper increase of 20%.

Figure 7 Same-day and overnight acute admitted patient episodes, by planned and unplanned categories, October to December 2014

		Same period last year	Change since one year ago
Same-day episodes	205,291	200,128	3%
Planned	152,123 (74%)	149,723	2%
Unplanned	53,168 (26%)	50,405	5%
Overnight episodes	239,565	235,346	2%
Planned	38,122 (16%)	36,740	4%
Unplanned	201,443 (84%)	198,606	1%

Figure 8 Same-day and overnight acute admitted patient episodes, October 2009 to December 2014



How long did patients stay in hospital?

During the October to December 2014 quarter, the average length of stay for all hospital admissions was 3.5 days, 0.1 days shorter than the same quarter last year. The average length of stay for acute overnight admissions was 4.8 days, 0.1 days shorter than the same quarter last year (Figure 10). There has been a slight downward trend in the the average length of stay for all admissions and all acute admissions over the past five years (Figure 11).

There are differences in the average length of stay for acute overnight admissions, even within similar groups of hospitals (peer groups, see Table 1). The greatest variation in average length of stay is seen in the C2 peer group of small, mainly rural hospitals, which had an four-fold difference from two to eight days this quarter (Figure 9).

Bed days are an important measure of hospital utilisation and service provision. A total of 1,630,267 hospital bed days were recorded across all admitted patient episodes during October to December 2014. This is 1% more than in the same quarter last year (Figure 12). The majority of bed days (83%) were for acute care. During this quarter, the number of bed days for non-acute care has increased by 2% and the number of bed days for acute care has increased by 1%, compared to the same quarter last year (Figure 12).

There has been an overall increase of 4% in the number of bed days for acute care over the past five years. During that time, the number of bed days for non-acute care increased by 22% (Figure 13).

Figure 9 Average length of stay for all completed acute overnight episodes, by peer group October to December 2014

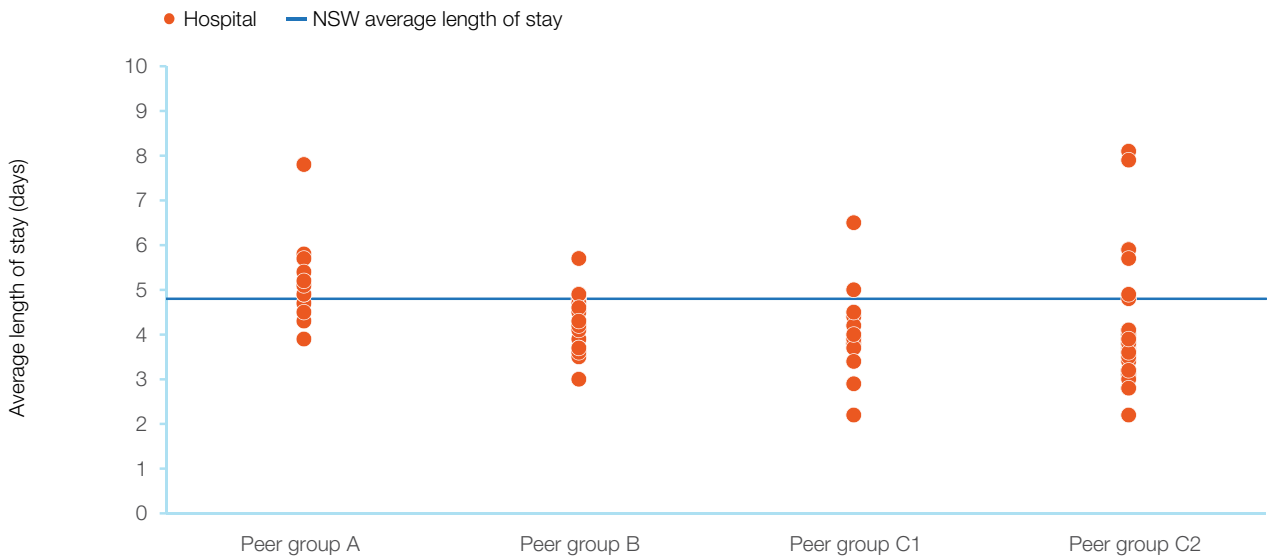


Figure 10 Average length of stay for all episodes, all acute, acute overnight and non-acute episodes completed, October to December 2014

	Same period last year	Change since one year ago
All episodes	3.5 days	3.6 days -0.1 days
All acute episodes	3.1 days	3.1 days unchanged
Acute overnight	4.8 days	4.9 days -0.1 days
Non-acute episodes	15.8 days	15.4 days 0.4 days

Figure 11 Average length of stay (days) for all acute and acute overnight episodes completed, October 2009 to December 2014

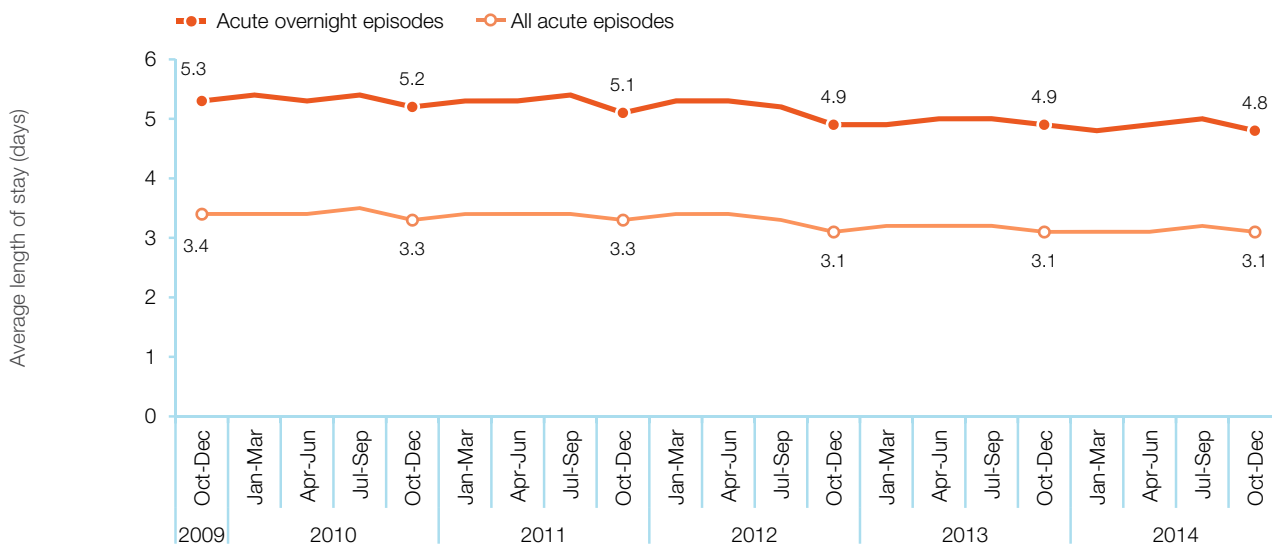
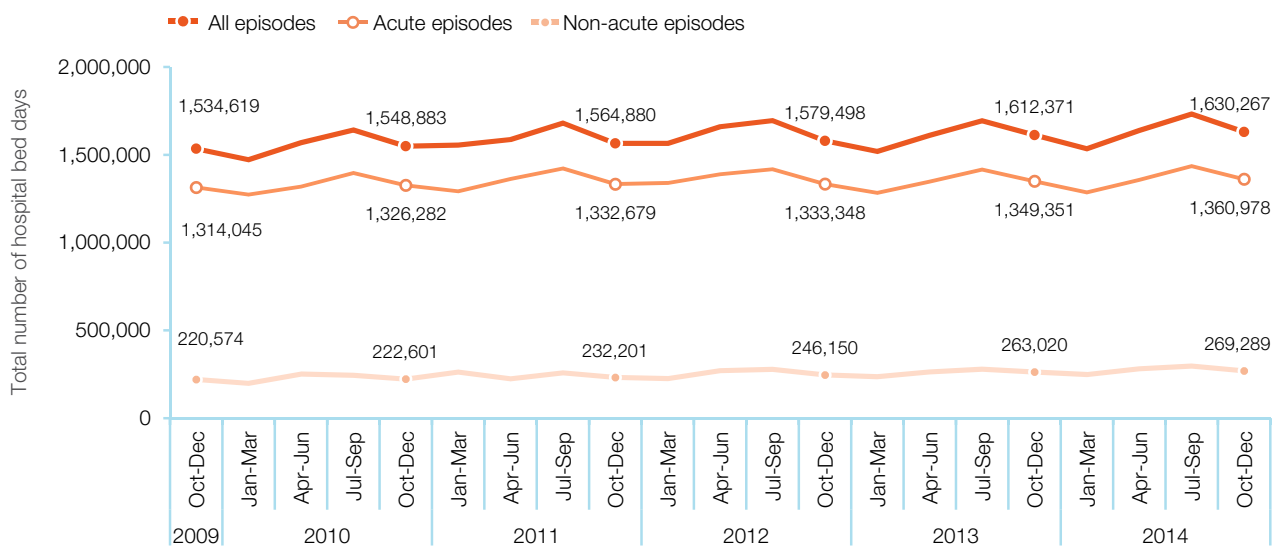


Figure 12 Total number of hospital bed days by episode type, October to December 2014

		Same period last year	Change since one year ago
Total bed days	1,630,267	1,612,371	1%
Acute	1,360,978 (83%)	1,349,351	1%
Non-acute	269,289 (17%)	263,020	2%

Figure 13 Total number of hospital bed days for each quarter, October 2009 to December 2014



How many elective surgery procedures were performed?

Elective surgery, often called planned surgery, is surgery that a doctor considers necessary but can be delayed by at least 24 hours. The surgeon recommends a patient is placed on the waiting list for a procedure and assigns an urgency category. There are three categories for elective surgery: urgent, semi-urgent and non-urgent. Each category has a recommended maximum time (in days) by which procedure should be performed (see Table 4).

During the October to December 2014 quarter, there were 54,269 elective surgery procedures performed in NSW public hospitals. This is unchanged compared to the same quarter last year (Figure 14).

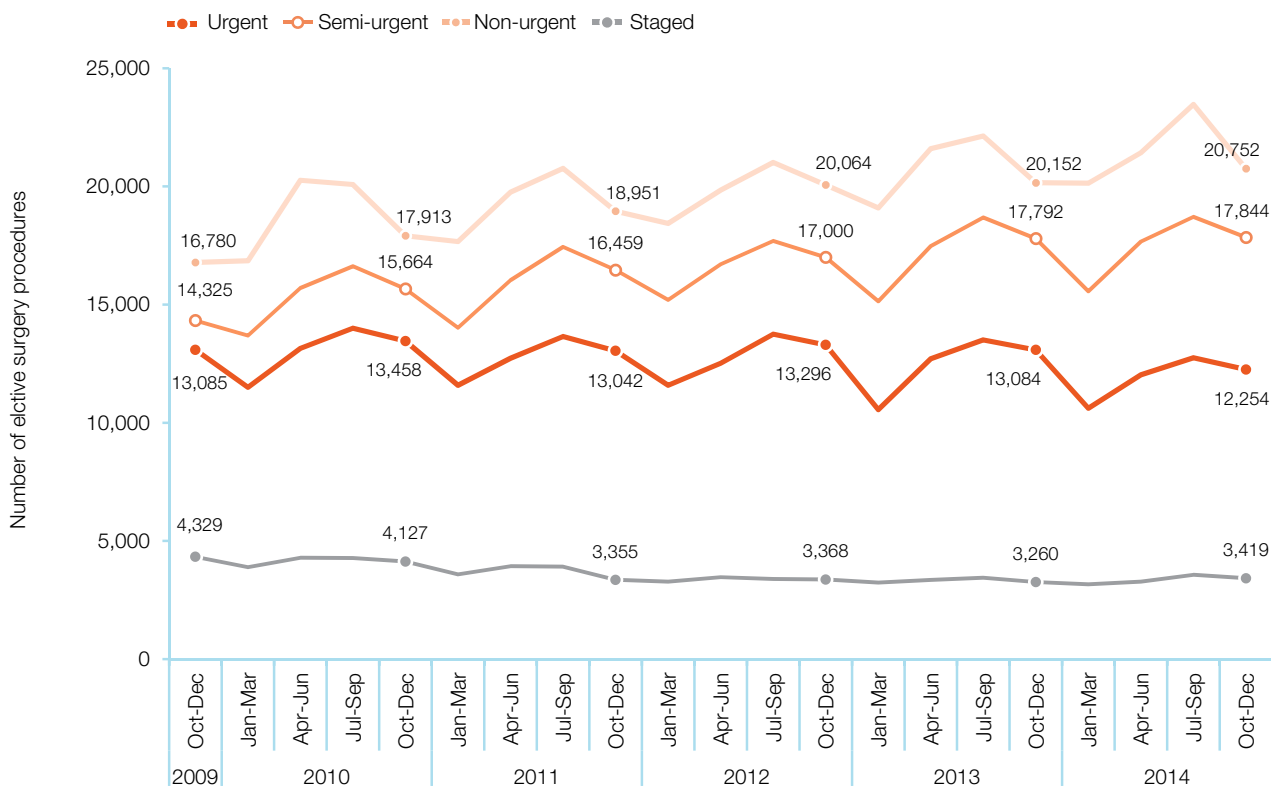
Urgent surgery made up 23% of all elective surgery performed this quarter (6% fewer procedures compared to the same quarter last year). Semi-urgent surgery made up 33% (unchanged) and non-urgent surgery made up 38% of all elective surgery (3% more procedures). Staged surgery made up 6% of all elective surgery performed this quarter with 5% more procedures performed compared to the same quarter last year (Figure 14).

There has been an overall increase in the amount of elective surgery in NSW public hospitals over the past five years. The number of semi-urgent surgery procedures has increased by 25% and the number of non-urgent surgery procedures has increased by 24% since same quarter in 2009. In contrast, the number of urgent surgery procedures decreased by 6% during this time (Figure 15).

Figure 14 Elective surgery procedures performed, by urgency category, October to December 2014

		Same period last year	Change since one year ago
Total number of elective surgery procedures	54,269	54,288	unchanged
Urgent	12,254 (23%)	13,084	-6%
Semi-urgent	17,844 (33%)	17,792	unchanged
Non-urgent	20,752 (38%)	20,152	3%
Staged	3,419 (6%)	3,260	5%

Figure 15 Elective surgery procedures performed, by urgency category, October 2009 to December 2014



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

At the end of the October to December 2014 quarter, 71,925 patients were ready for surgery and on the elective surgery waiting list; 3% more than at the end of the same quarter last year. Most patients (84%) were waiting for non-urgent surgery. The remaining patients were waiting for semi-urgent surgery (14%) or urgent surgery (1%). Compared to the same quarter last year, the number of patients waiting for urgent and non-urgent surgery increased by 8% and 4% respectively. The number waiting for semi-urgent surgery was unchanged (Figure 16).

As at 31 December 2014, there were 13,286 patients not ready for surgery on the waiting list, up 6% compared with the same quarter last year (Figure 16).

Orthopaedic and ophthalmological surgery had the highest number of patients waiting for surgery at the end of the quarter. These specialties combined made up 50% of all patients waiting for elective surgery in NSW public hospitals. Cardio-thoracic surgery and medical surgery had the lowest number of patients waiting (Figure 17).

At the end of this quarter, 274 patients were still waiting for surgery after more than 12 months on the waiting list; a 16% decrease compared to the same quarter last year. General surgery and orthopaedic surgery had the highest number of patients still waiting after more than 12 months. The largest increase in the number of patients waiting for more than 12 months was seen in general surgery (from 56 to 95 patients, up 70%). The largest decrease in the number of patients still waiting more than 12 months was seen in orthopaedic surgery (from 108 to 58 patients, down 46%), and ear nose and throat surgery (from 92 to 56 patients, down 39%) compared to the same quarter last year (Figure 17).

Cataract extraction, the highest volume surgery, had the highest number of patients waiting for surgery at the end of December 2014 (14,730, up 5% compared to the same quarter last year). Procedures with the lowest number of patients waiting were coronary artery bypass graft (up 33%) and myringotomy (down 3%) (Figure 18).

Figure 16 Elective surgery waiting list, by urgency category, as at 31 December 2014

		Same period last year	Change since one year ago
Patients ready for surgery on waiting list as at 31 December 2014: 71,925		69,510	3%
Urgent	878 (1%)	815	8%
Semi-urgent	10,391 (14%)	10,378	unchanged
Non-urgent	60,656 (84%)	58,317	4%
Patients not ready for surgery on waiting list at the end of quarter: 13,286		12,545	6%

Figure 17

Patients waiting for elective surgery and patients still on waiting list after more than 12 months, by specialty, as at 31 December 2014

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same time last year	Change since one year ago	This quarter	Same quarter last year
All specialties	71,925	69,510	3%	274	327
Cardio-thoracic surgery	363	351	3%	0	0
Ear, nose and throat surgery	9,736	9,412	3%	56	92
General surgery	12,150	12,546	-3%	95	56
Gynaecology	5,829	5,803	unchanged	16	13
Medical	220	203	8%	0	0
Neurosurgery	1,156	1,144	1%	0	29
Ophthalmology	16,943	16,002	6%	20	16
Orthopaedic surgery	18,739	17,629	6%	58	108
Plastic surgery	2,370	2,138	11%	23	<5
Urology	3,469	3,411	2%	6	<5
Vascular surgery	950	871	9%	0	8

Figure 18

Patients waiting for elective surgery, by common procedure, as at 31 December 2014

	Patients on waiting list at end of quarter		
	This quarter	Same time last year	Change since one year ago
Abdominal hysterectomy	725	701	3%
Cataract extraction	14,730	14,077	5%
Cholecystectomy	1,565	1,727	-9%
Coronary artery bypass graft	106	80	33%
Cystoscopy	930	959	-3%
Haemorrhoidectomy	377	437	-14%
Hysteroscopy	1,251	1,240	1%
Inguinal herniorrhaphy	2,099	2,195	-4%
Miringoplasty / Tympanoplasty	320	330	-3%
Miringotomy	137	141	-3%
Other – General	1,164	1,146	2%
Prostatectomy	619	635	-3%
Septoplasty	1,368	1,460	-6%
Tonsillectomy	3,708	3,546	5%
Total hip replacement	2,238	2,169	3%
Total knee replacement	5,316	4,881	9%
Varicose veins stripping and ligation	674	650	4%

Hospital performance measures

Key findings

Compared to the same quarter last year...

86%



of patients arriving by ambulance had their care transferred within 30 minutes (down one percentage point)

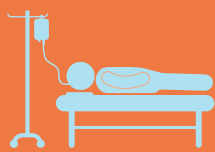
Median time to ED treatment mostly stable across all triage categories



73%

of patients spent four hours or less in the emergency department

An increase of two percentage points compared to the same quarter last year



97%

of patients received their surgery within recommended timeframes

100% urgent surgery procedures performed on time

97% semi-urgent surgery procedures performed on time

96% non-urgent surgery procedures performed on time



The proportion of elective surgery performed on time varied between specialties and common procedures in the same urgency category

NSW emergency departments

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

Time to treatment	25
Time spent in the emergency department	27
Leaving within four hours	29
Transfer of care	33

NSW elective surgery

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

Waiting times for elective surgery	35
Proportion of elective surgery procedures performed on time	39

How long did patients wait for emergency department treatment?

During the October to December 2014 quarter, the median time from presentation at the emergency department (ED) to starting treatment was unchanged or slightly shorter across all triage categories compared to the same quarter last year (Figure 19).

For patients in triage categories two and three, the 95th percentile time to starting treatment increased by five minutes and two minutes respectively. The 95th percentile time to treatment decreased for patients in triage category four (six minutes less) and triage category five (seven minutes less) compared to the same quarter last year (Figure 19).

Figure 20 shows that the median time to start treatment has decreased over the past five years for patients in triage categories three, four and five. This quarter, the 95th percentile time to starting treatment in triage category five was the lowest compared to any October to December quarter for the past five years (Figure 21). This improvement has been achieved despite an increase in the overall volume of patients attending NSW EDs during this time.

Figure 19 Time from presentation to starting treatment, by triage category, October to December 2014

		Same period last year	Change since one year ago
Triage 2 Emergency (e.g. chest pain, severe burns): 69,791 patients			
Median time to start treatment	8 minutes	8 minutes	unchanged
95th percentile time to start treatment	36 minutes	31 minutes	5 minutes
Triage 3 Urgent (e.g. moderate blood loss, dehydration): 193,251 patients			
Median time to start treatment	20 minutes	20 minutes	unchanged
95th percentile time to start treatment	100 minutes	98 minutes	2 minutes
Triage 4 Semi-urgent (e.g. sprained ankle, earache): 251,639 patients			
Median time to start treatment	26 minutes	26 minutes	unchanged
95th percentile time to start treatment	136 minutes	142 minutes	-6 minutes
Triage 5 Non-urgent (e.g. small cuts or abrasions): 59,440 patients			
Median time to start treatment	23 minutes	24 minutes	-1 minutes
95th percentile time to start treatment	133 minutes	140 minutes	-7 minutes

Figure 20 Median time from presentation to starting treatment, by triage category, October 2009 to December 2014

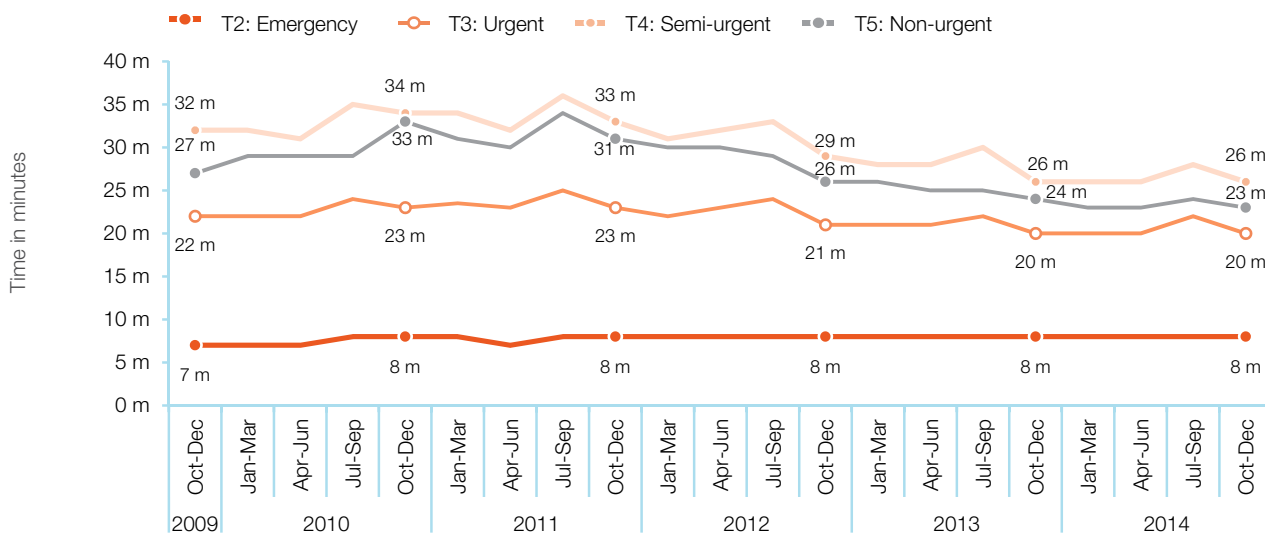
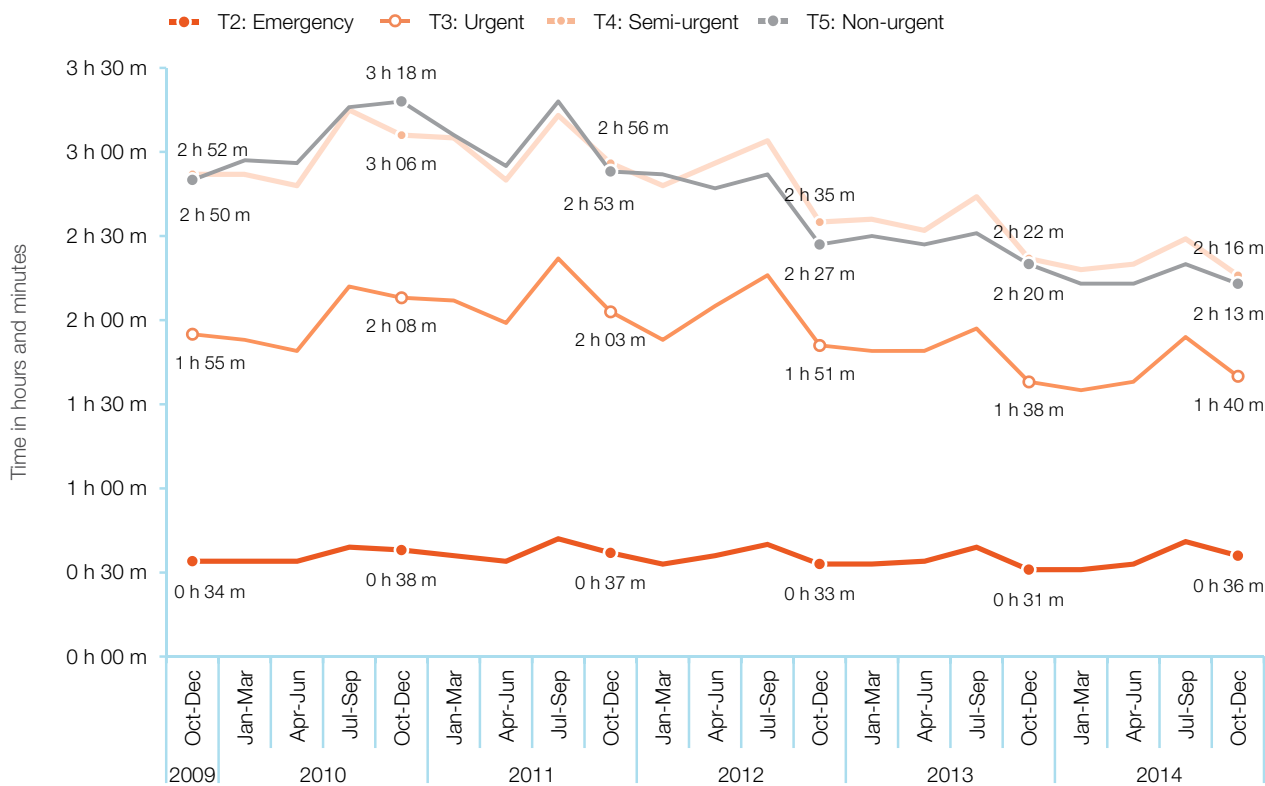


Figure 21 95th percentile time from presentation to starting treatment, by triage category, October 2009 to December 2014



How long were patients in the emergency department?

In the October to December quarter, the median time from presentation to leaving the ED was two hours and 46 minutes, three minutes less than the same quarter last year.

The 95th percentile time to leaving the ED was nine hours and 37 minutes, 12 minutes less than the same quarter last year (Figure 22).

This quarter, both the median and 95th percentile times to leaving the ED, for all presentations, were the lowest recorded compared to any October to

December quarter over the past five years (Figure 23 and 24). These times have been trending downwards since mid-2012.

A downward trend is seen over the past five years in the median time to leaving the ED across all modes of separation (Figure 23). Compared to the same quarter in 2009, the 95th percentile time to leaving the ED has increased for patients who were transferred to another hospital but has decreased for all other modes of separation (Figure 24).

Figure 22 Time from presentation to leaving the emergency department, October to December 2014



		Same period last year	Change since one year ago
Median time to leaving the ED	 2h 46m	2h 49m	-3 minutes
95th percentile time to leaving the ED	 9h 37m	9h 49m	-12 minutes

Figure 23

Median time from presentation to leaving the emergency department, October 2009 to December 2014

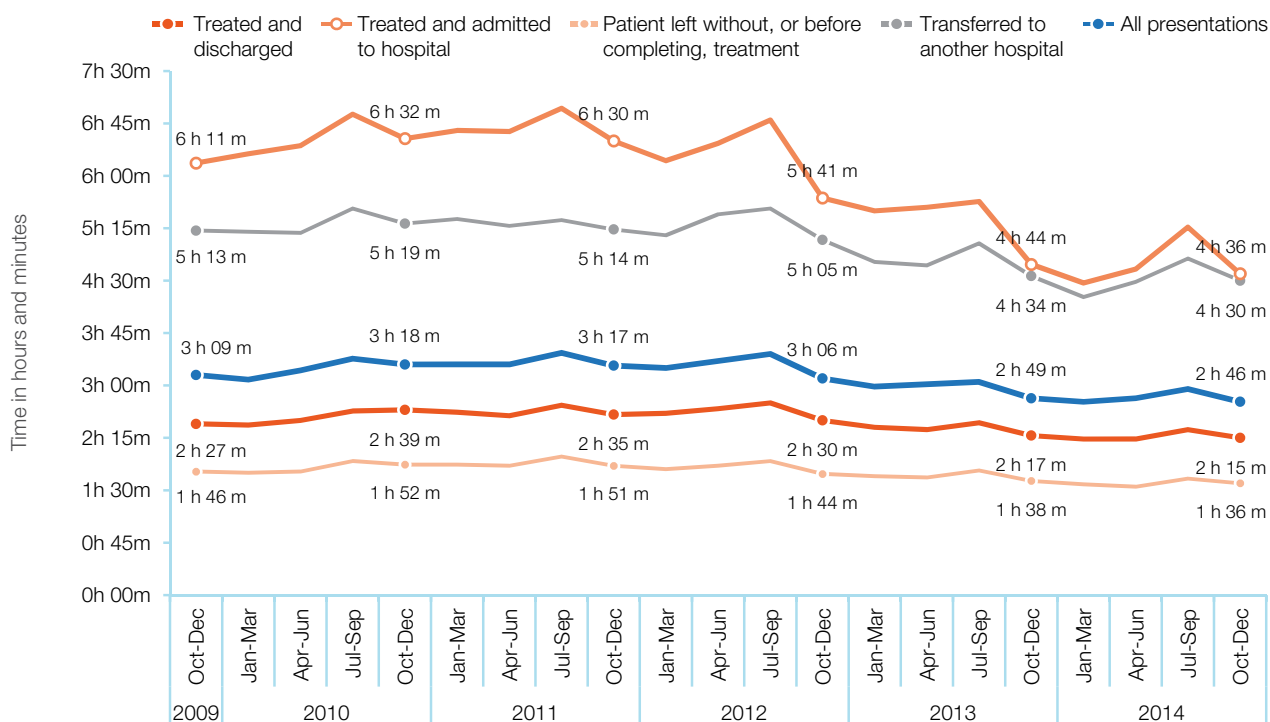
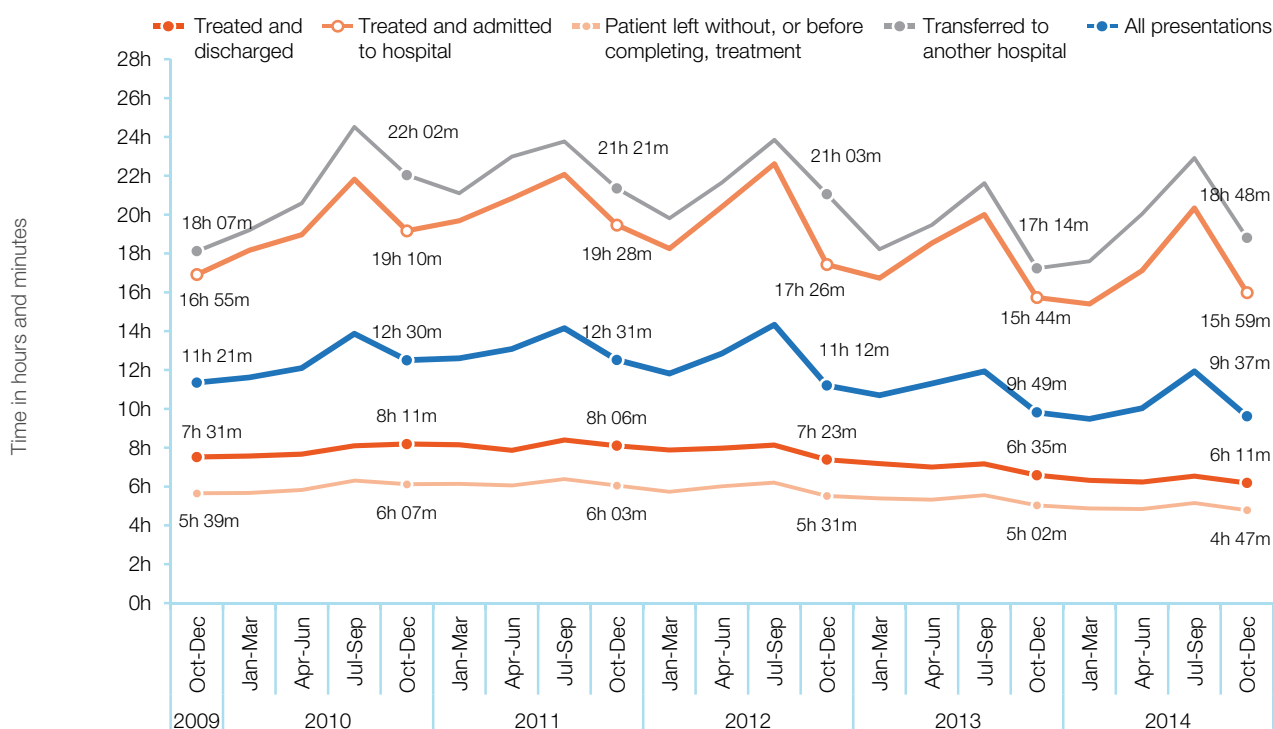


Figure 24

95th percentile time from presentation to leaving the emergency department, October 2009 to December 2014



Percentage of patients leaving the emergency department within four hours of presentation

During the October to December 2014 quarter, 73% of patients left NSW EDs within four hours of presentation. This is a two percentage point improvement on the same quarter last year (Figure 25) and is consistent with a steady improvement in this measure, particularly over the past two years (Figure 26).

The majority of patients who were treated and discharged left within four hours of presentation (84%). Patients who were treated and subsequently admitted to hospital, and those who were transferred to another hospital, had the lowest proportion of patients who had left within four hours (44% and 45% respectively) (Figure 25). Among patients who left without or before completing treatment, most (91%) had departed the ED within four hours of presentation.

In October to December 2014, 73% of patients left the ED within the first four hours of presentation, 20% left in the second four hours (eight hours from presentation) and four percent left within eight to 12 hours of first presenting at the ED (Figure 27).

Currently, patients admitted to hospital are less likely to have left the ED within four hours than patients who are treated and discharged, transferred to another hospital, or, patients who leave without or before completing treatment.

The percentage of patients leaving the ED within four hours reported in Hospital Quarterly is not directly comparable to figures reported either by the NSW Ministry of Health or the Commonwealth due to slight differences in definitions, period of reporting and the number of hospitals included.

Figure 25 Percentage of patients leaving the emergency department within four hours, by mode of separation, October to December 2014

		Same period last year	Percentage point change since one year ago
All ED presentations	73%	71%	2
Treated and discharged	84%	82%	2
Treated and admitted	44%	42%	2
Left without or before completing treatment	91%	90%	1
Transferred to another hospital	45%	44%	1

Figure 26

Percentage of patients leaving the emergency department within four hours, by mode of separation, October 2009 to December 2014

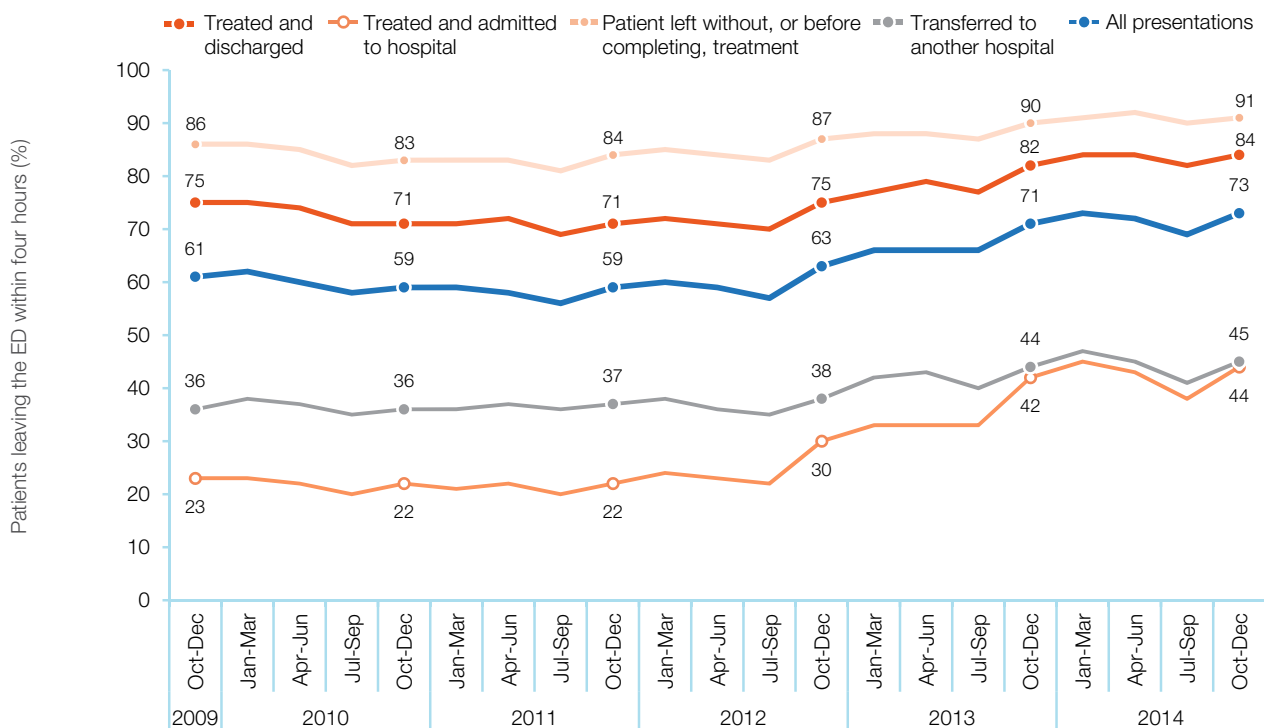
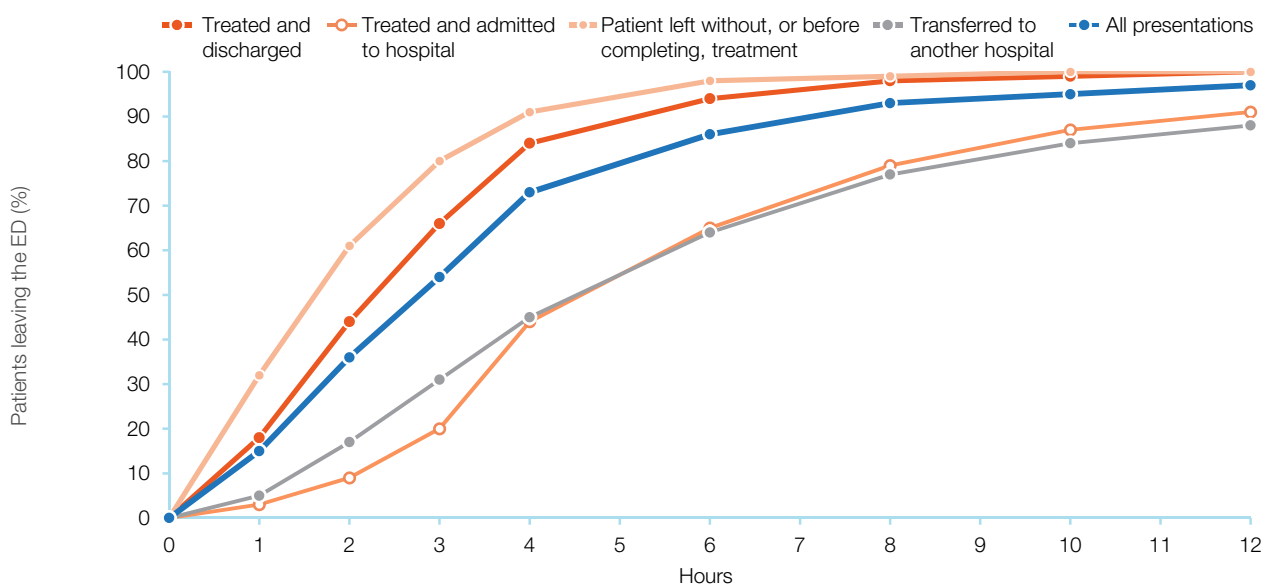


Figure 27

Percentage of patients leaving the emergency department, by time and mode of separation, October to December 2014

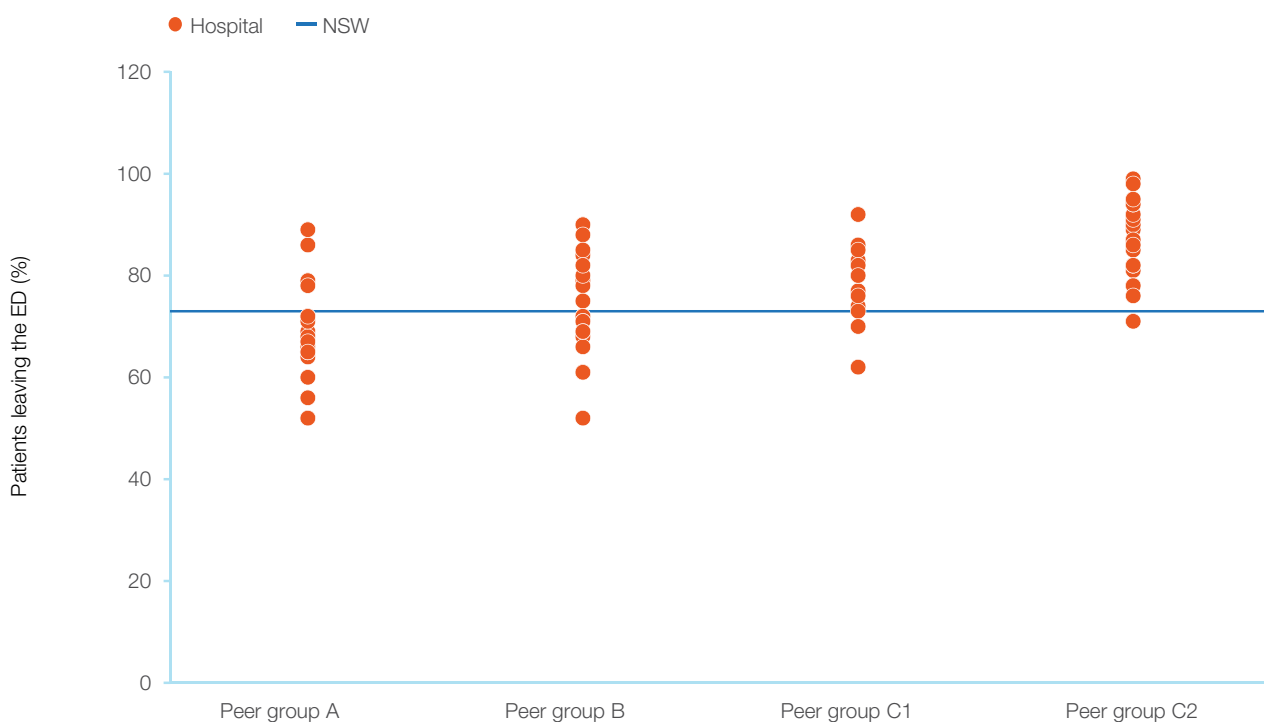


Is there variation in the percentage of patients leaving the emergency department within four hours?

There is considerable variation both between and within hospital peer groups in the percentage of patients leaving the ED within four hours. Figure 28 shows that peer group C2 hospitals (smaller district hospitals) generally have a higher proportion of patients leaving the ED within four hours compared with other peer group hospitals. In contrast, hospitals belonging to peer group A1 generally have a smaller percentage of patients leaving the ED within four hours.

Figure 29 shows the percentage of patients leaving the ED within four hours alongside the percentage change since the same quarter last year. Hospitals above the NSW line had a higher percentage of patients that left the ED within four hours this quarter compared to the overall result of NSW, while those below this line had a lower percentage of patients leaving within four hours.

Figure 28 Percentage of patients who left the ED within four hours of presentation, by peer group, October to December 2014



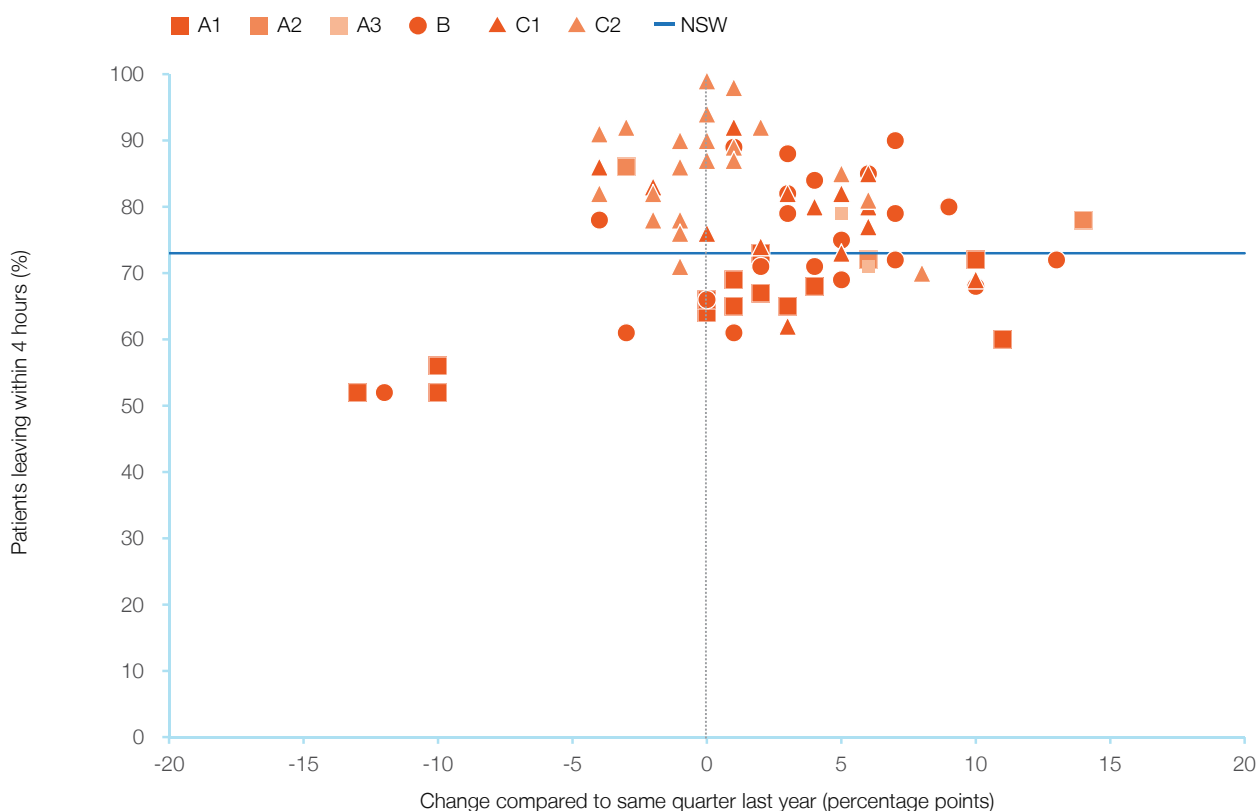
Hospitals shown to the left of the vertical “0” line in Figure 29 had lower results compared to the same quarter last year while those shown to the right of the vertical line had higher results. Hospitals in the upper right quadrant have both achieved higher results than NSW overall, as well as having improved on their result compared to the same quarter last year.

This quarter, 47 out of 77 hospitals reported an increase in the percentage of patients leaving the ED within four hours of presentation, compared to the same quarter last year. Of these, 18 hospitals improved by more than five percentage points

including six hospitals that increased the percentage leaving within four hours by 10 or more percentage points compared to the same quarter last year (Figure 29).

Twenty-one hospitals reported a decrease in the percentage of patients leaving the ED within four hours of presentation, compared to the same quarter last year. Of these, four reported a decrease of 10 or more percentage points compared to the same quarter last year (Figure 29).

Figure 29 Percentage of patients leaving the emergency department within four hours versus percentage point change since same quarter previous year, hospitals by peer group, October to December 2014



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

Transfer of care time is determined when the ambulance service records the patient's time of arrival at the ED. This record can then be matched to those held by the ED, showing the time at which the patient's care was transferred to the ED staff. This analysis includes only those records that could be matched across the two data sources.

During the October to December quarter, 139,570 patients were transported by ambulance to NSW public hospital EDs.

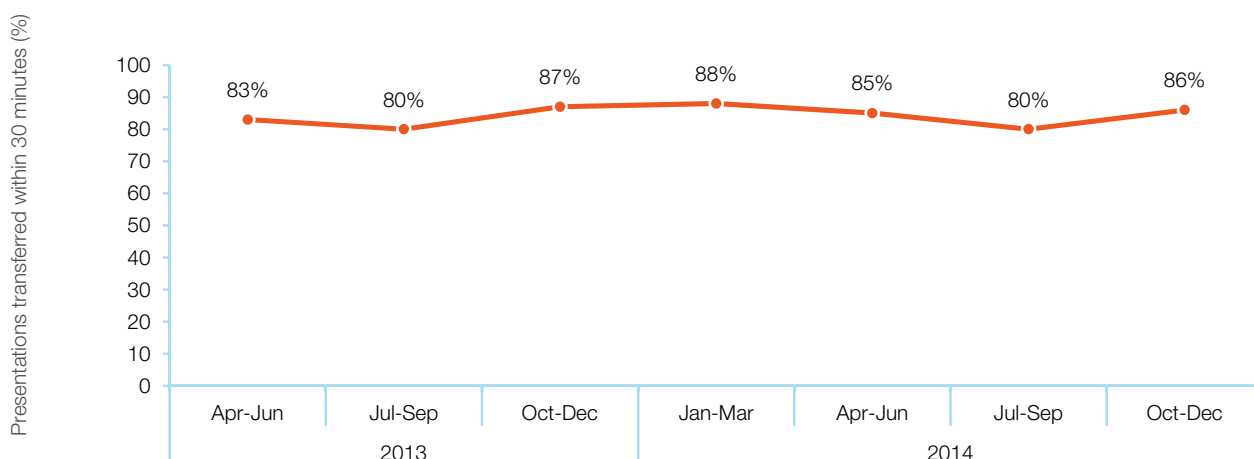
In NSW, there is a target of 30 minutes within which patients arriving by ambulance should have their care transferred to ED clinicians. This quarter, the majority of patients (86%) had their care transferred from ambulance to ED staff within 30 minutes. This is one percentage point less compared to the same quarter last year (Figure 31).

The median and 95th percentile transfer of care times were both one minute longer compared to the same quarter last year (13 minutes and 57 minutes respectively) (Figure 30).

Figure 30 Emergency department transfer of care time, October to December 2014

		Same period last year	Change since one year ago
Arrivals used to calculate transfer of care time:	121,124 patients	122,051 patients	-927 (-1%)
ED Transfer of care time			
Median time	13 minutes	12 minutes	1 minutes
95th percentile time	57 minutes	56 minutes	1 minutes

Figure 31 Percentage of ambulance arrivals with transfer of care time within 30 minutes, April 2013 to December 2014



How long did patients wait for elective surgery?

Compared to the same quarter last year, the median waiting time for semi-urgent and non-urgent elective surgery increased by one and nine days respectively. The median waiting time for urgent elective surgery remained unchanged at 10 days (Figure 32).

urgent surgery have remained relatively unchanged during this time (Figure 33). There has been a slight downward trend in the 90th percentile waiting time across all elective surgery urgency categories since the same quarter in 2009 (Figure 34).

The median waiting time for non-urgent elective surgery (the largest group overall) has increased over the past five years from 182 days in the October to December quarter 2009 to 214 days in the October to December quarter 2014. The median waiting times for urgent and semi-

Figure 32 Waiting times for elective surgery, by urgency category, October to December 2014

		Same period last year	Change since one year ago
Urgent: 12,254 patients			
Median time to receive surgery	10 days	10 days	unchanged
90th percentile time to receive surgery	25 days	26 days	-1 day
Semi-urgent: 17,844 patients			
Median time to receive surgery	44 days	43 days	1 day
90th percentile time to receive surgery	83 days	84 days	-1 day
Non-urgent: 20,752 patients			
Median time to receive surgery	214 days	205 days	9 days
90th percentile time to receive surgery	357 days	357 days	unchanged

Figure 33 Median waiting time for elective surgery by urgency category, October 2009 to December 2014

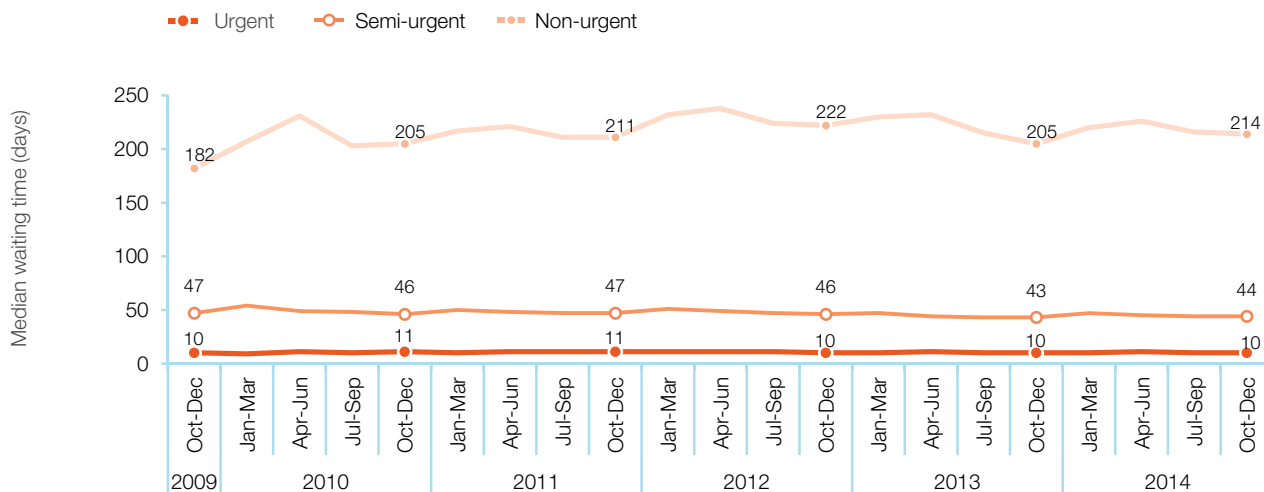
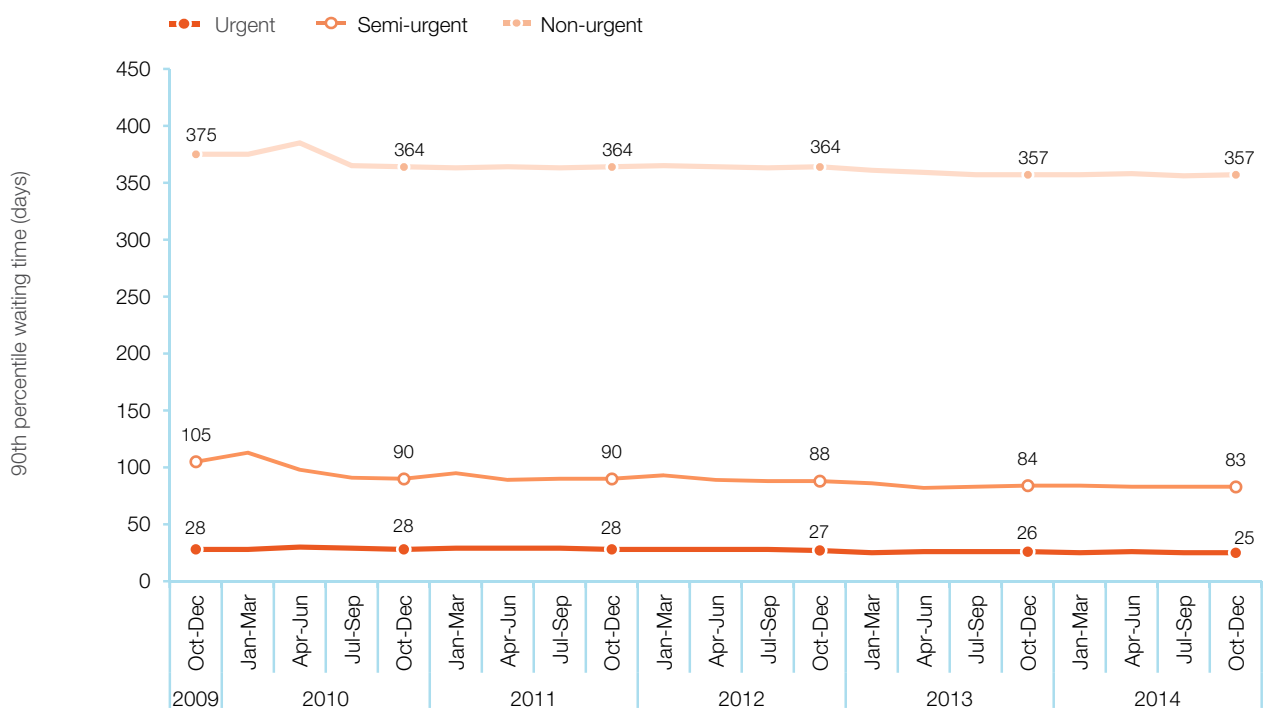


Figure 34 90th percentile waiting time for elective surgery, by urgency category, October 2009 to December 2014



Is there variation in the waiting times for elective surgery?

Figure 35 shows that the 90th percentile waiting times for elective surgery vary across and within NSW hospital peer groups. In this figure the lines drawn at 365 days, 90 days and 30 days represent the recommended times to surgery in each urgency category. While most hospitals perform well for patients requiring urgent surgery, there is greater variation in waiting times for patients requiring less urgent surgery.

Median waiting times by specialty ranged from 19 days for vascular surgery to 157 days for ophthalmological surgery (Figure 36).

Waiting times for different surgical procedures are related to their relative urgency. Procedures with the longest median waiting times this quarter were septoplasty, myringoplasty/tympanoplasty and total knee replacement. Other – general, coronary artery bypass graft, cystoscopy, and hysteroscopy were the procedures with the shortest median waiting times (Figure 37).

During the October to December 2014 quarter, median waiting times for common elective surgery procedures ranged from 21 days for other – general surgery, to 321 days for septoplasty (Figure 37).

Figure 35 90th percentile waiting time for elective surgery, by urgency category, October to December 2014

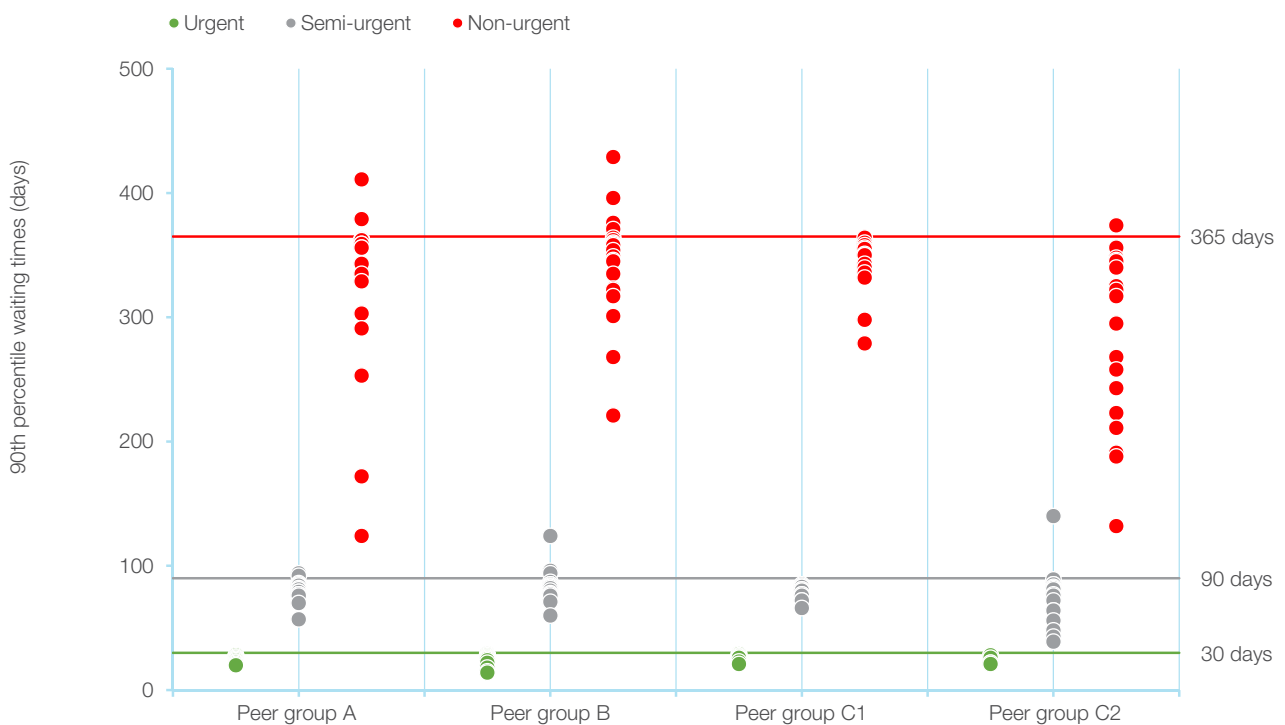


Figure 36

Median waiting time for patients who received elective surgery, by specialty, October to December 2014

Specialty	Median waiting time (days) (Number of patients)	Same period last year (days)	Change since one year ago (days)
Cardiothoracic surgery	21 days (908 patients)	18	3
Ear, nose and throat surgery	138 days (4,305 patients)	118	20
General surgery	34 days (13,898 patients)	33	1
Gynaecology	34 days (7,147 patients)	31	3
Medical	20 days (479 patients)	15	5
Neurosurgery	33 days (1,146 patients)	31	2
Ophthalmology	157 days (6,975 patients)	142	15
Orthopaedic surgery	109 days (8,530 patients)	97	12
Plastic surgery	37 days (2,196 patients)	34	3
Urology	35 days (7,144 patients)	34	1
Vascular surgery	19 days (1,541 patients)	19	unchanged

Figure 37

Median waiting time for patients who received elective surgery, by common procedure, October to December 2014

Common procedure	Median waiting time (days) (Number of patients)	Same period last year (days)	Change since one year ago (days)
Abdominal hysterectomy	60 days (612 patients)	49	11
Cataract extraction	197 days (5,489 patients)	207	-10
Cholecystectomy	54 days (1,607 patients)	52	2
Coronary artery bypass graft	27 days (177 patients)	19	8
Cystoscopy	29 days (3,013 patients)	28	1
Haemorrhoidectomy	64 days (394 patients)	63	1
Hysteroscopy	30 days (2,221 patients)	29	1
Inguinal herniorrhaphy	64 days (1,573 patients)	63	1
Myringoplasty/Tympanoplasty	313 days (107 patients)	285	28
Myringotomy	70 days (74 patients)	67	3
Other – General	21 days (1,687 patients)	22	-1
Prostatectomy	64 days (620 patients)	60	4
Septoplasty	321 days (443 patients)	326	-5
Tonsillectomy	252 days (1,400 patients)	230	22
Total hip replacement	172 days (911 patients)	149	23
Total knee replacement	271 days (1,495 patients)	270	1
Varicose veins stripping and ligation	151 days (366 patients)	141	10

How many elective surgery procedures were performed within the recommended timeframes?

During the October to December quarter, almost all elective surgery procedures (97%) were performed within recommended timeframes (on time) and this result has been stable over the past seven quarters.

This quarter, 100% of urgent surgery was performed on time (within 30 days). Most semi-urgent surgery (97%) and non-urgent surgery (96%) was also

performed on time (within 90 days and 365 days respectively) (Figure 38).

There has been an improvement in the percentage of elective surgery procedures performed on time over the last five years across all urgency categories (Figure 39).

Figure 38 Percent of elective surgery procedures performed on time, by urgency, October to December 2014

		Same period last year	Percentage point change since one year ago
All elective surgery	97%	97%	unchanged
Urgent	Recommended: 30 days 100%	99%	1
Semi-urgent	Recommended: 90 days 97%	97%	unchanged
Non-urgent	Recommended: 365 days 96%	95%	1

Figure 39 Percentage of elective surgery procedures performed on time, by urgency, October 2009 to December 2014

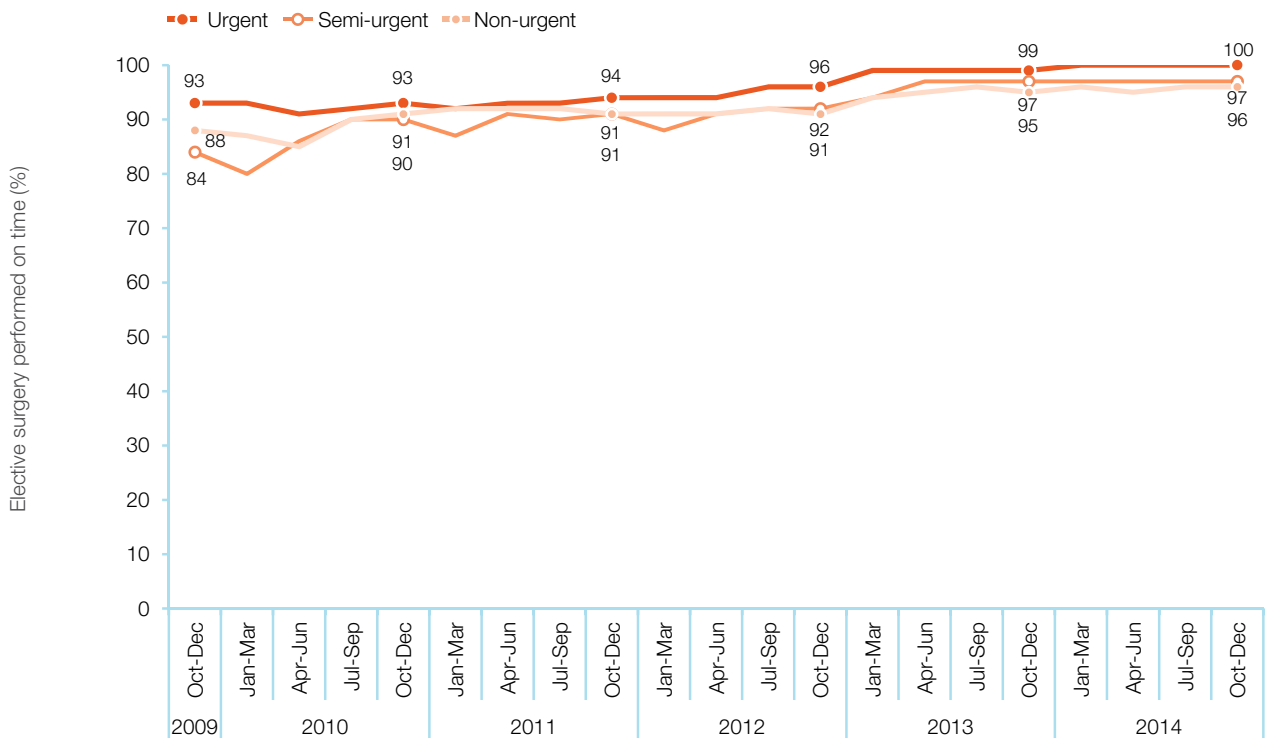


Figure 40 presents the percentage of elective surgery procedures performed on time alongside the percentage point change compared to the same quarter last year.

Hospitals that are above the NSW line had a higher proportion of patients that received elective surgery within recommended times compared to the overall NSW result (97%), while those below this line had a lower proportion of patients that receive elective surgery within recommended times. Hospitals shown to the left of the vertical “0” line had lower results compared to the same quarter last year while those shown to the right of the vertical line had higher results. Hospitals shown in the upper right quadrant both achieved higher result than NSW overall and improved on their result compared to the same quarter last year.

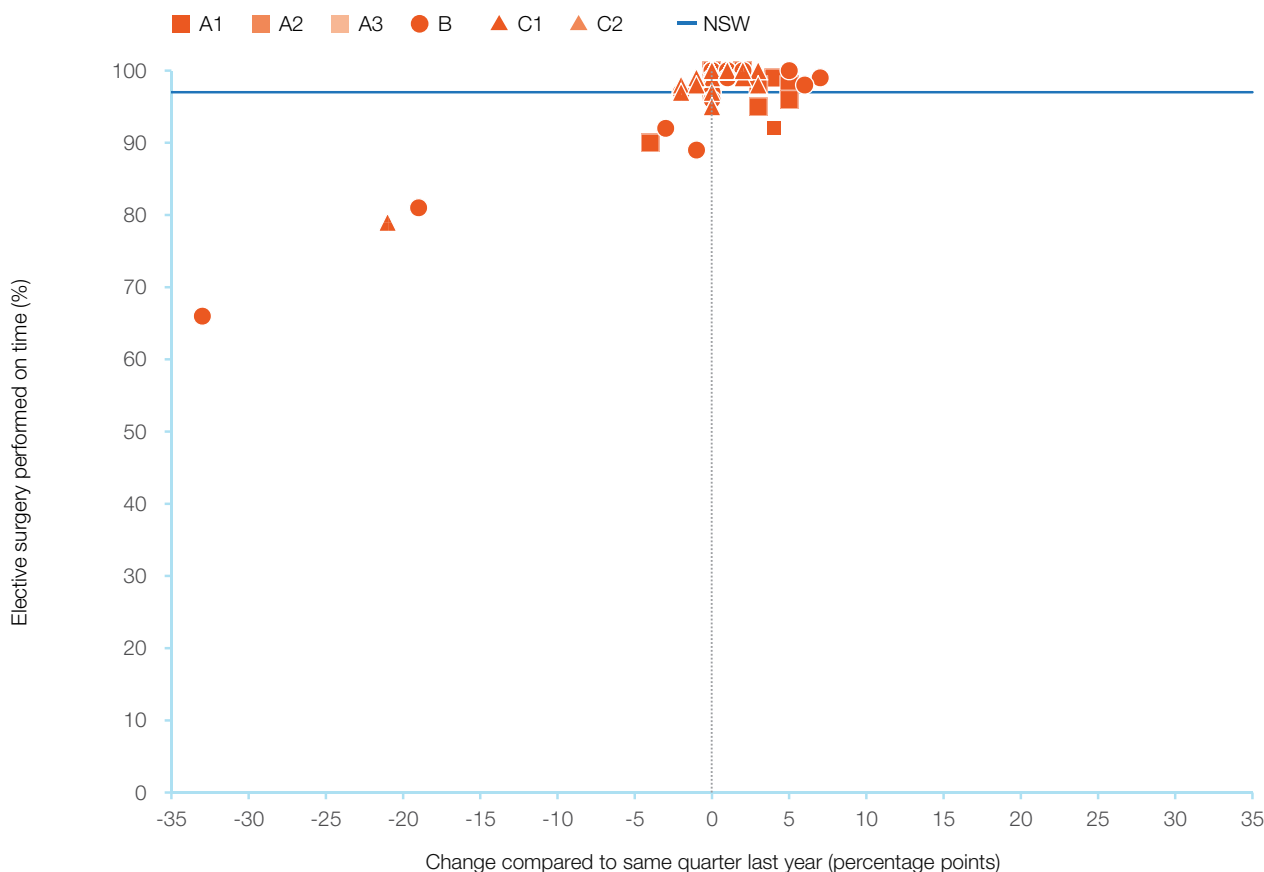
Compared to the same quarter last year, 35 out of 83 hospitals reported an increase in the percentage of patients receiving surgery within the recommended timeframes. Of these, two hospitals reported an increase of more than five percentage points, compared to the same quarter last year.

Twelve hospitals reported a decrease in the percentage of patients receiving surgery within recommended timeframes. Of these, three hospitals reported a decrease of more than 10 percentage points, compared to the same quarter last year.

This quarter, seventy-eight hospitals were within five percentage points of the NSW result of 97% of patients receiving surgery on time (Figure 40).

Figure 40

Percentage of elective surgery performed on time versus percentage point change since same quarter previous year, hospitals by peer group, October to December 2014



Is there variation in the proportion of elective surgery procedures performed on time?

The proportion of elective surgery procedures performed within the recommended timeframes reached almost 100% this quarter across several specialty groups. Cardiothoracic surgery and gynaecology had the highest proportion of patients who received surgery on time (both 99%). Orthopaedic surgery and ear, nose and throat surgery were the specialties with the lowest proportion of patients who received surgery on time (95% and 94% respectively) (Figure 41).

When grouped by common procedure (Figure 42), differences were seen in the proportion of elective surgery procedures performed on time.

This shows that some patients wait longer than the recommended timeframe for particular elective surgery procedures.

Common procedures with the lowest proportion performed on time this quarter were myringoplasty/tympanoplasty (87%), total knee replacement (92%) and septoplasty (92%). These procedures also had the longest median waiting times in the same quarter in 2014 (see Figure 37).

Figure 41 Percentage on time, elective surgery, by specialty, October to December 2014

	Patients	Percentage on time	Percentage point change since one year ago
General surgery	13,898	97%	-1
Orthopaedic surgery	8,530	95%	unchanged
Gynaecology	7,147	99%	unchanged
Urology	7,144	97%	unchanged
Ophthalmology	6,975	98%	1
Ear, nose and throat surgery	4,305	94%	1
Plastic surgery	2,196	98%	3
Vascular surgery	1,541	98%	-1
Neurosurgery	1,146	98%	4
Cardiothoracic surgery	908	99%	1
Medical	479	98%	-1

Figure 42 Percentage on time, elective surgery, by common types of procedure, October to December 2014

	Patients	Percentage on time	Percentage point change since one year ago
Cataract extraction	5,489	98%	unchanged
Cystoscopy	3,013	97%	unchanged
Hysteroscopy	2,221	99%	unchanged
Other - General	1,687	97%	unchanged
Cholecystectomy	1,607	97%	-1
Inguinal herniorrhaphy	1,573	96%	-1
Total knee replacement	1,495	92%	-1
Tonsillectomy	1,400	94%	unchanged
Total hip replacement	911	94%	-1
Prostatectomy	620	96%	unchanged
Abdominal hysterectomy	612	98%	unchanged
Septoplasty	443	92%	4
Haemorrhoidectomy	394	97%	unchanged
Varicose veins stripping and ligation	366	96%	-1
Coronary artery bypass graft	177	98%	unchanged
Myringoplasty / Tympanoplasty	107	87%	2
Myringotomy	74	99%	2

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	Presentation time is the earliest time recorded of the patient being in the ED. Times to starting treatment and times to leaving the ED are both measured starting from presentation time.
Median time to starting treatment	The time from presentation by which half of patients started treatment. The other half of patients took equal to or longer than this time.
95th percentile time to starting treatment	The time from presentation by which 95% of patients started treatment. The final 5% of patients took equal to or longer than this time.
Median time to leaving the ED	The time within which half the patients left the ED. The other half of patients took equal to or longer than this time. The median time to leaving the ED is calculated from all ED presentations with a valid departure time.
95th percentile time to leaving the ED	The time by which 95% of patients left the ED. The remaining 5% took equal to or longer than this time. The 95th percentile time to leaving the ED is calculated from all ED presentations with a valid departure time.
Mode of separation	The way in which a patient leaves the ED. Emergency presentations by mode of separation includes all presentations at the ED that have a departure time recorded.
Percentage of patients leaving the ED within four hours	The percentage of patients leaving ED within four hours is calculated from all ED presentations with a valid time to departing the ED. The percentage of patients leaving the ED within four hours reported in Hospital Quarterly is not directly comparable to figures reported either by the NSW Ministry of Health or the Commonwealth due to slight differences in definitions, period of reporting and the number of hospitals included.
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.
Triage category	A classification system based on how urgent the patient's need is for treatment: Triage 1: Resuscitation (for example, cardiac arrest) Triage 2: Emergency (for example, chest pain, severe burns) Triage 3: Urgent (for example, moderate blood loss, dehydration) Triage 4: Semi-urgent (for example, sprained ankle, earache) Triage 5: Non-urgent (for example, small cuts, abrasions).

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

Hospital admissions	
Episode of care	<p>A period of care in a hospital or other healthcare facility with a defined start and end.</p> <p>When a person is admitted to hospital they begin what is termed an admitted patient episode or 'episode of care'. Acute episodes are typically short-term admissions for immediate care or treatment. Non-acute episodes include admissions for rehabilitation, palliative care and other non-acute reasons.</p> <p>Patients can have more than one episode of care during the same hospital admission. For example, a patient may begin with acute care and then change to rehabilitation or palliative care.</p>
Stay type	<p>Admitted patient episodes can be for 'same-day' or 'overnight' care. Same-day refers to patients who are admitted and discharged on the same day. Overnight refers to patients who spend at least one night in hospital.</p> <p>Admitted patient episodes can be either 'planned' or 'unplanned'. Planned refers to admissions that are arranged in advance (for example, patients who are admitted for planned elective surgery). Unplanned refers to emergency admissions (for example, for unplanned surgical patients).</p>
Average length of stay	<p>The total number of days in hospital for all admitted patient episodes (including same-day and overnight patients) divided by the total number of admitted patient episodes.</p> <p>The average length of stay is usually measured from midnight.</p>
Bed days	<p>Bed days are calculated for all admitted patient episodes completed during the reference period. Total acute bed days is the sum of bed days for all acute episodes with an episode end date within the defined period. Total acute bed days for an overnight episode is the difference, in days, between the episode start date and the episode end date, minus the number of episode leave days recorded. Same-day episodes count as one bed day.</p>

Terms and classifications

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

Elective surgery	
Common procedure	The most commonly performed surgeries for elective surgery patients.
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>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> <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>

Appendix tables

These tables present activity and performance measures for 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

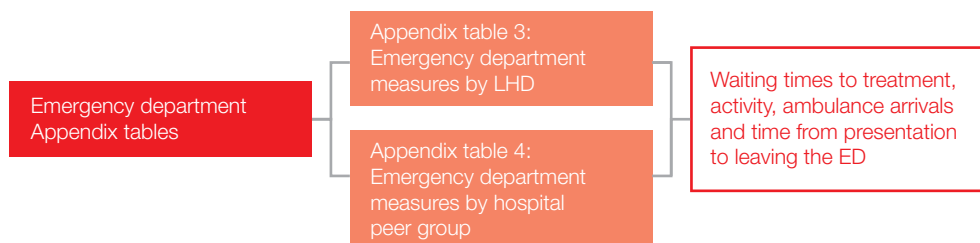
Appendix tables 1 and 2 present hospital admission activity measures for public hospitals in NSW for this quarter, by local health district (LHD) and hospital peer group.

- 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.

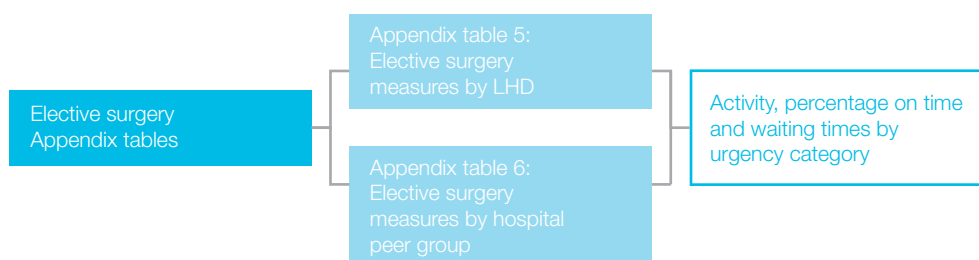
- Download appendix tables by LHD
- Download appendix tables by hospital peer group



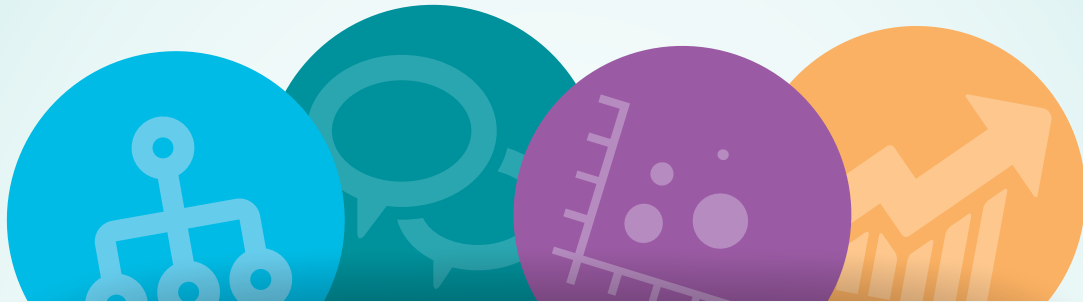
Elective surgery

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



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



Hospital
admissions



Elective
surgery



Emergency
departments

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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
Bega District Hospital	Southern NSW	C1
Bellingen 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	Nepean Blue Mountains	C1
Hornsby and Ku-Ring-Gai Hospital	Northern Sydney	B

Hospital name	Local health district	Hospital peer group
Inverell District Hospital	Hunter New England	C2
John Hunter Hospital	Hunter New England	A1
Kempsey Hospital	Mid North Coast	C2
Kurri Kurri District Hospital	Hunter New England	C2
Lismore Base Hospital	Northern NSW	B
Lithgow Health Service	Nepean Blue Mountains	C2
Liverpool Hospital	South Western Sydney	A1
Macksville District Hospital	Mid North Coast	C2
Maclean District Hospital	Northern NSW	C2
Maitland Hospital	Hunter New England	B
Manly District Hospital	Northern Sydney	B
Manning Base Hospital	Hunter New England	B
Milton and Ulladulla Hospital	Illawarra Shoalhaven	C2
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 and District Memorial Hospital	Illawarra Shoalhaven	B
Singleton District Hospital	Hunter New England	C2

Index of hospitals by local health district and hospital peer group (continued)

Hospital name	Local health district	Hospital peer group
St George Hospital	South Eastern Sydney	A1
St Vincent's Hospital, Darlinghurst	St Vincent's Health Network	A1
Sutherland Hospital	South Eastern Sydney	B
Sydney Children's Hospital	Sydney Children's Network	A2
Sydney Eye Hospital	South Eastern Sydney	A3
Sydney 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 public healthcare system. The NSW-based board-governed organisation, BHI, is led by Chairperson Professor Bruce Armstrong AM and Chief Executive Jean-Frederic Levesque MD, PhD.

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About the Bureau of Health Information

The Bureau of Health Information (BHI) is a NSW-based 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 publishes a range of reports and tools that provide relevant, accurate and impartial information about how the NSW healthcare 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 also manages the NSW Patient Survey Program, gathering information from patients about their experiences in public hospitals and healthcare facilities.

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