

# Elective Surgery

## Hospital Quarterly:

Performance of  
NSW public hospitals

**April to June 2014**

Elective surgery, often called planned surgery, is surgery that a doctor considers necessary but can be delayed by at least 24 hours. Common examples of elective surgery include hip replacements, cataract extraction and ligament repairs. There are three categories of elective surgery: non-urgent, semi-urgent and urgent (see page 2 for a description of these categories).

There were 54,397 elective surgical procedures performed in April to June 2014, 1% less than the number conducted in the same quarter one year ago.

Compared with the same quarter last year, the volume of non-urgent surgery decreased by 1%, semi-urgent increased by 1% and urgent decreased by 5%.

Most patients (97%) received their surgery on time in NSW. This has remained unchanged in the last five years, for the same quarter (April to June). The percentage point changes in patients receiving surgery by category is shown in the table below.

Information at the hospital, LHD and peer group level from this issue of Hospital Quarterly will also be available for viewing and downloading on the Bureau's new online interactive portal Healthcare Observer. Visit [www.bhi.nsw.gov.au/healthcare\\_observer](http://www.bhi.nsw.gov.au/healthcare_observer)

During the quarter	Apr–Jun 2013	Apr–Jun 2014	The difference
Elective surgical procedures performed	55,121	54,397	-724 (-1%)
Elective surgery patients treated on time	97%	97%	unchanged
Urgent elective surgery patients treated on time	99%	100%	+1 percentage points
Semi-urgent elective surgery patients treated on time	97%	97%	unchanged
Non-urgent elective surgery patients treated on time	95%	95%	unchanged

# Our approach to elective surgery reporting

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

Urgency categories: Elective surgery guidelines	
<b>Category 1</b> Urgent (eg, heart valve replacement, amputation of limb)	Admission <b>within 30 days</b> desirable for a condition that has the potential to deteriorate quickly and become an emergency
<b>Category 2</b> Semi-urgent (eg, colposcopy, amputation of digit)	Admission <b>within 90 days</b> desirable for a condition not likely to deteriorate quickly
<b>Category 3</b> Non-urgent (eg, septoplasty)	Admission <b>within 365 days</b> acceptable for a condition not likely to deteriorate quickly

## Explaining staged surgery

There are times when surgery is deemed necessary but should not, or cannot, take place until a period of time has passed. This time is determined by a clinician and is necessary for the surgery to be effective. This is called staged surgery and is an essential concept in managing elective surgery. It allows surgeons to place patients on the waiting list but prevents them from being admitted to hospital before it is clinically appropriate. Surgeons use clinical judgement to decide whether a procedure should be categorised as staged or not. One example of a staged procedure is waiting for

a broken bone to heal before removing pins or plates. The Bureau excludes staged and non-urgent cystoscopy procedures from performance measures.

## Reporting waiting times

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

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

The Bureau is committed to providing clarity on surgical waiting times in NSW. Further detail on our methods can be found in the Bureau's *Hospital Quarterly Technical Supplement: Elective surgery measures, January to March 2013* available on the Bureau's website at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

See the **Appendices** section of this report (pages 22 to 23) for more detailed performance information about each public hospital providing elective surgery in NSW. This includes Hawkesbury Private Hospital, which is contracted to supply surgery for public patients.

## In this report

The Bureau of Health Information's Hospital Quarterly provides a detailed assessment of waiting times to receive elective surgery and achievement of the target of all patients receiving their elective surgery within the recommended timeframe.

As in the previous issue of Hospital Quarterly, the Bureau presents analyses of the differences between NSW hospitals by considering important factors that can influence a patient's time spent on the waiting list for urgent, semi-urgent and non-urgent surgery.

These analyses are for patients who received their surgery in the April to June 2014 quarter.

Factors considered in this section are:

- the urgency of the surgery received (i.e. urgent, semi-urgent, non-urgent)
- the number of elective surgery procedures performed in each hospital
- the peer group of the hospital.

Hospitals are grouped by hospital type or 'peer groups'. A definition of each peer group is listed below.

### Peer groups

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

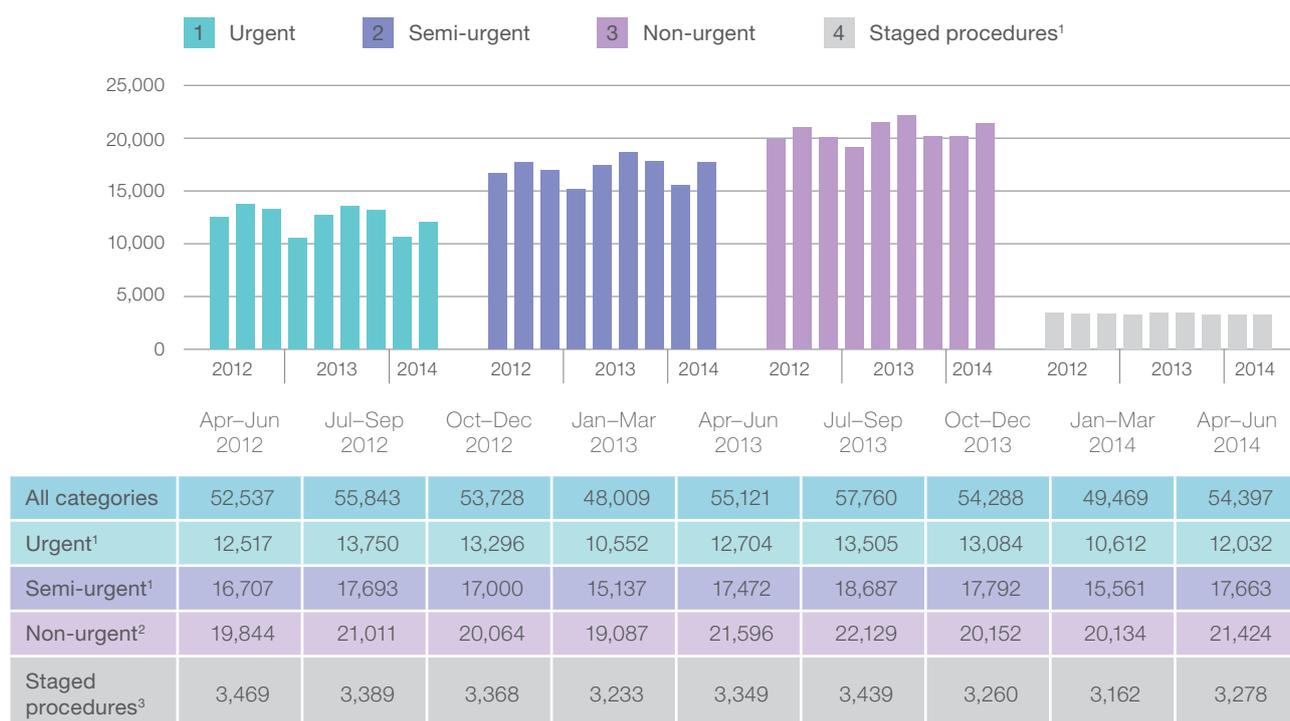
Group	Name	Description
A1	Principal referral	Very large hospitals providing a broad range of services, including specialised units at a state or national level.
A2	Paediatric specialist	Specialist hospitals for children and young people.
A3	Ungrouped acute – tertiary referral	Major specialist hospitals 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.

# Number of elective surgery procedures performed

During April to June 2014, the Waiting List Collection On-line System (WLCOS) recorded that 54,397 patients were admitted from the waiting list to receive an elective surgery procedure in NSW public hospitals or facilities contracted

by NSW hospitals. This is 10% higher than the number conducted in the previous quarter and 1% lower than the 55,121 surgical procedures completed in the same quarter last year (Figure 1).

Figure 1: Total number of elective surgery procedures conducted, by urgency category, April 2012 to June 2014



1. Including non-urgent cystoscopy.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013.

## Small number suppression

Some hospitals conduct very few surgical procedures. Publishing these small numbers could lead to some cases being recognised and can also affect the accuracy of the data. The Bureau suppresses information based on very few patients. If there are fewer than five patients in any group, patient numbers are displayed as <5. For measures reported by urgency category, counts have been pooled with another urgency group. Because the staged procedure category is excluded from performance measure calculations, low counts in this group are not suppressed (Appendix table 1a, 2a). If there are fewer than 10 patients in any group, on time performance and median waiting times are suppressed (Appendix tables 1b,1c and 2b,2c). If there are fewer than 100 patients in any group, the 90th percentile is suppressed (Appendix table 1c and 2c).

# Composition of surgery

**Urgent surgery:** There were 12,032 procedures completed, down 5% compared with one year ago. Urgent procedures made up 22% of all completed elective surgery.

**Semi-urgent surgery:** There were 17,663 procedures completed, up 1% compared with one year ago. Semi-urgent procedures made up 32% of all completed elective surgery.

**Non-urgent surgery:** There were 21,424 procedures completed, down 1% compared with one year ago. Non-urgent procedures made up 39% of all completed elective surgery.

**Staged surgery:** There were 3,278 procedures, down 2% compared with one year ago. Staged procedures made up 6% of all completed elective surgery.

## Change over five years

The composition of surgical procedures completed by urgency category has changed over the past five years (Figure 2), with this change mainly driven by the number of semi-urgent and non-urgent surgeries.

During the past five years there has been an overall increase in the number of procedures performed. Proportionally, there has been a downward trend in procedures in the urgent category and an upward trend in the semi and non-urgent categories.

The proportion of non-urgent surgery has increased over the past five years. This reflects both the increase in non-urgent surgery and the decrease in urgent surgery.

Figure 2: Patients who received elective surgery, by urgency category, by month, April 2009 to June 2014



1. Including non-urgent cystoscopy.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

# Patients admitted on time for elective surgery

Of all patients who were admitted to a public hospital for elective surgery, 97% were admitted within the timeframe recommended by their surgeon (Figure 3). This remains unchanged from the preceding four quarters.

Figure 3 presents the percentage of patients in each urgency category who received their surgery on time for the most recent nine quarters.

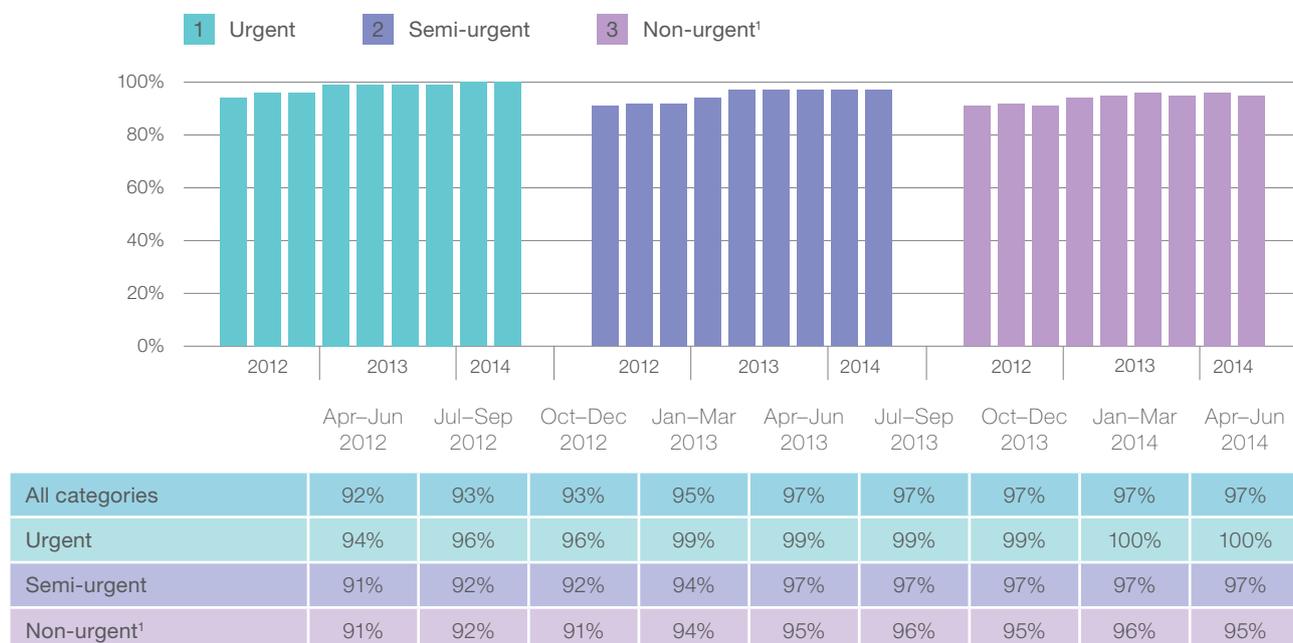
**Urgent surgery:** 100% of patients were admitted within the recommended 30 days, unchanged from last quarter and up one percentage point compared with the same quarter in 2013.

**Semi-urgent surgery:** 97% of patients were admitted within 90 days, unchanged from the previous four quarters.

**Non-urgent surgery:** 95% of patients were admitted within 365 days, a decrease of one percentage point from last quarter and unchanged compared with the same quarter in 2013.

The proportion of surgeries completed on time across all urgency categories has stabilised over the past year.

Figure 3: Percentage of elective surgery patients treated within recommended waiting time, by urgency category, April 2012 to June 2014



1. Excluding non-urgent cystoscopy.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013.

# Median waiting times for elective surgery

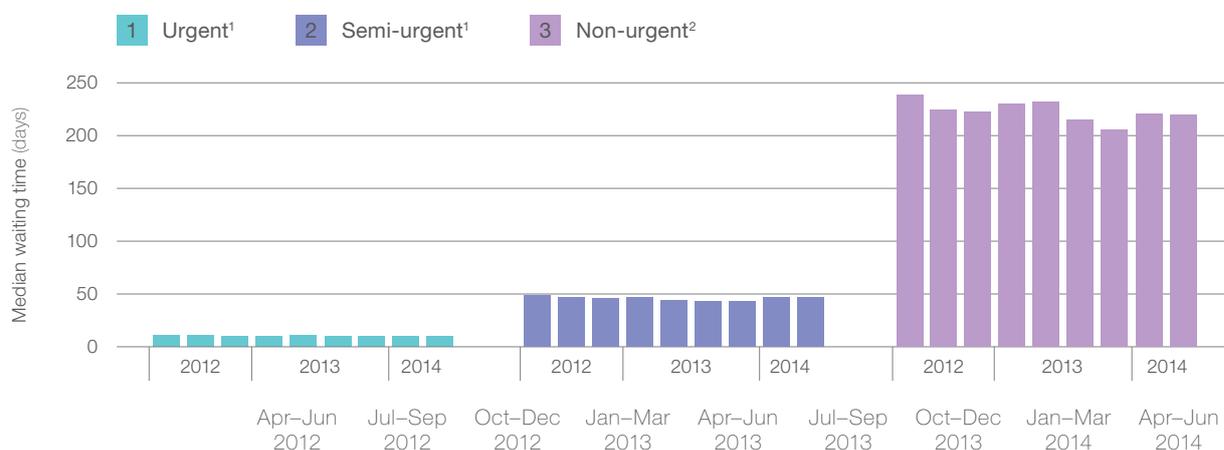
Median wait time is the number of days by which exactly half the number of patients received surgery. **Figure 4** shows median wait times in the each urgency category

**Urgent surgery:** The median wait was 11 days – largely unchanged over the past two years.

**Semi-urgent surgery:** The median wait time for this category was 45 days, up one day from the same quarter in 2013 and four days less than the same quarter in 2012 (49 days).

**Non-urgent surgery:** The median wait time for this category was 226 days, six days less than the same quarter in 2013 (232 days) and 12 days less than in 2012.

**Figure 4:** NSW elective surgery median waiting time (days), by urgency category, April 2012 to June 2014



Urgency Category	2012 (Apr-Jun)	2012 (Jul-Sep)	2012 (Oct-Dec)	2013 (Jan-Mar)	2013 (Apr-Jun)	2013 (Jul-Sep)	2013 (Oct-Dec)	2014 (Jan-Mar)	2014 (Apr-Jun)
Urgent <sup>1</sup>	11	11	10	10	11	10	10	10	11
Semi-urgent <sup>1</sup>	49	47	46	47	44	43	43	47	45
Non-urgent <sup>2</sup>	238	224	222	230	232	215	205	220	226

1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

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

**Source:** NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013.

# Waiting time performance is not affected by number of procedures or by the mix of patients

Figures 5 a, b and c present the median waiting times at hospitals by total number of procedures and stratified by peer group.

It can be seen that smaller hospitals (peer groups C1 and C2) perform a lower number of procedures, and therefore cluster closer to the origin of the x axis.

Peer group A hospitals generally perform a higher number of procedures and so are more dispersed towards the right hand side of the graph. Figures 5 a, b and c show variation in waiting times within peer groups. There is little or no evident relationship between number of procedures and median waiting times within urgency groups.

The Bureau also found that having a higher or lower percentage of urgent or less urgent cases was not associated with any increase or decrease in surgery completed on time (data not shown).

In addition, the Bureau investigated associations of urgency mix between the 90th percentile wait times and found no association (data not shown).

This analysis reveals there is no clear relationship between the volume of surgery performed in a hospital and the median waiting times for patients in all urgency categories: long and short waiting times are seen in hospitals performing both very low or very high numbers of surgical procedures.

Figure 5a: Urgent: NSW elective surgery median waiting time by peer group, April to June 2014

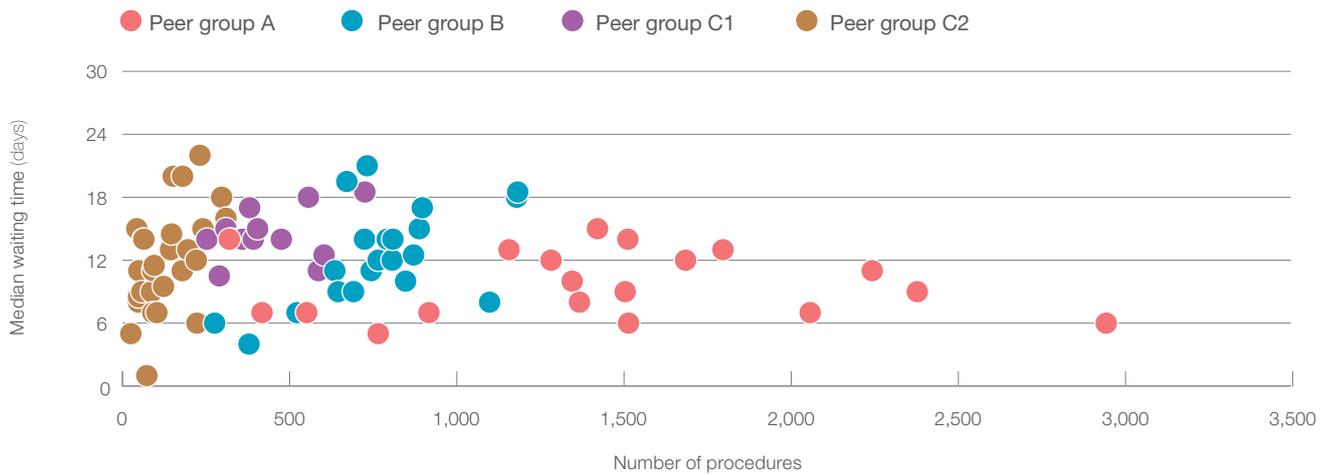


Figure 5b: Semi-urgent: NSW elective surgery median waiting time by peer group, April to June 2014

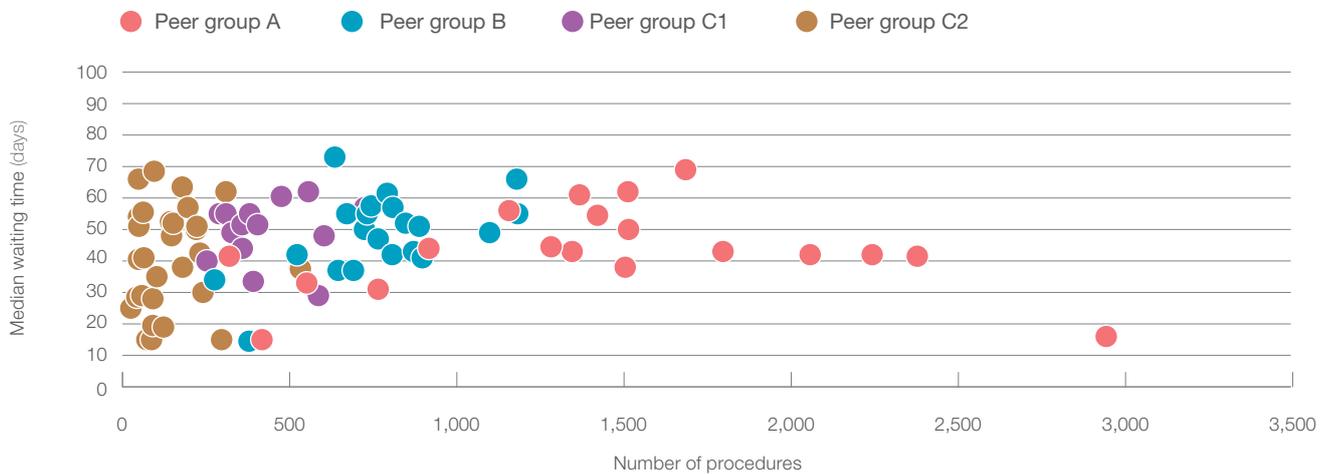
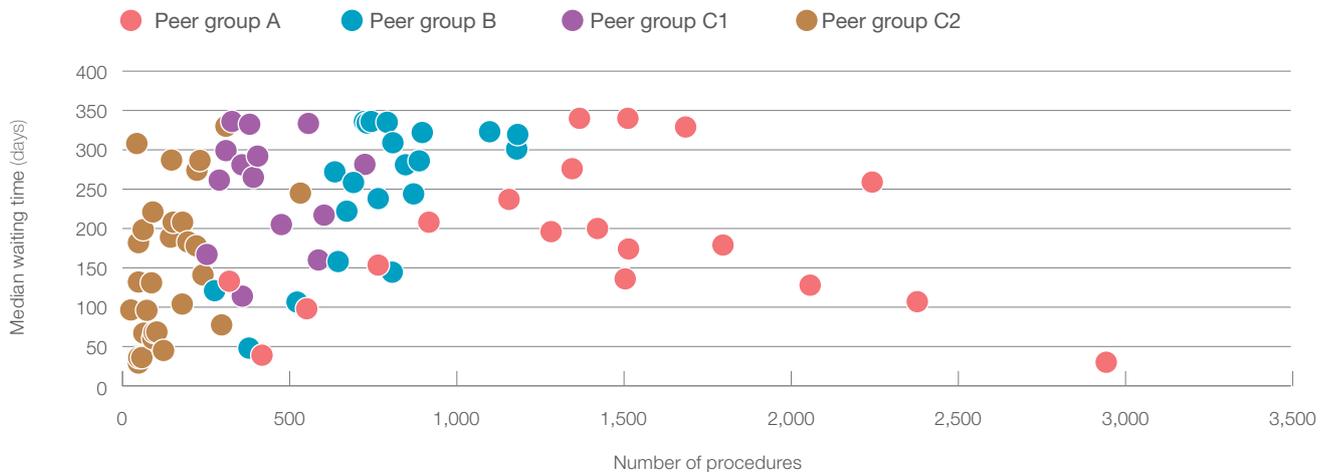


Figure 5c: Non-urgent: NSW elective surgery median waiting time by peer group, April to June 2014



1. Excluding non-urgent cystoscopy.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July to March 2014 extracted on 16 July 2014.

# 90th percentile waiting times for elective surgery

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

Figure 6 presents the 90th percentile wait time to be admitted for surgery for the last nine quarters. These results exclude staged patients and non-urgent cystoscopy procedures.

**Urgent surgery:** The 90th percentile wait was 26 days, no different from the same quarter last year and two days less than the same quarter two years ago.

**Semi-urgent surgery:** The 90th percentile wait time for this category was 83 days, one day more than the same quarter in 2013 and six days less than the same quarter in 2012.

**Non-urgent surgery:** The 90th percentile wait time for this category was 358 days, one day less than the same quarter in 2013 and six days less than the same quarter in 2012.

There is a slightly downward trend in all three categories over the past two years in the time taken for the majority of patients to have received their surgery.

Figure 6: NSW elective surgery 90th percentile waiting time (days), by urgency category, Apr 2012 to June 2014



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

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

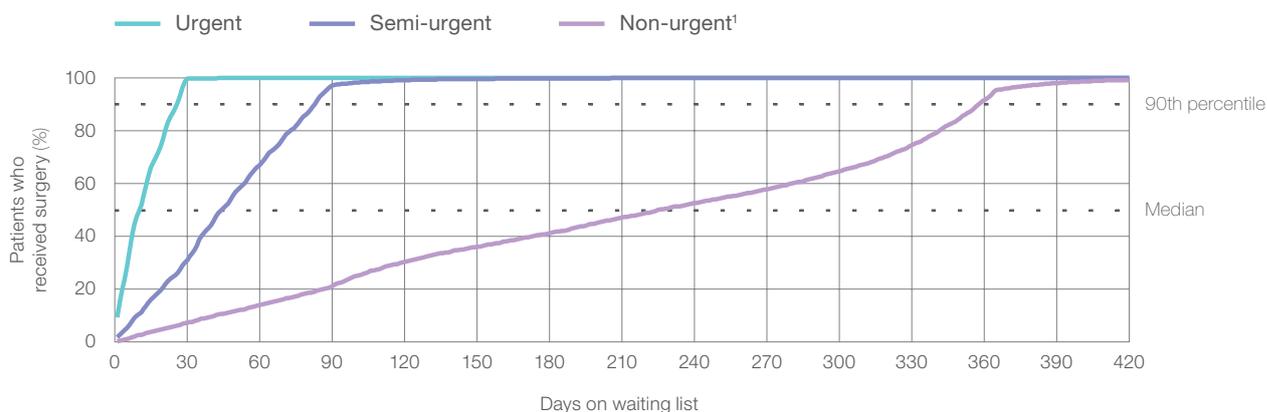
**Source:** NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013.

## Cumulative wait time

The cumulative percentage of patients who received elective surgery by times presented in **Figure 7** indicate the rate at which patients were

admitted for surgery. A steep slope indicates a high rate of completion of patients' surgery over the period shown. A flat slope shows a lower rate of completion of patients' surgery over the period.

**Figure 7:** Cumulative percentage of patients who received elective surgery, by waiting time (days), April to June 2014



1. Excluding non-urgent cystoscopy.

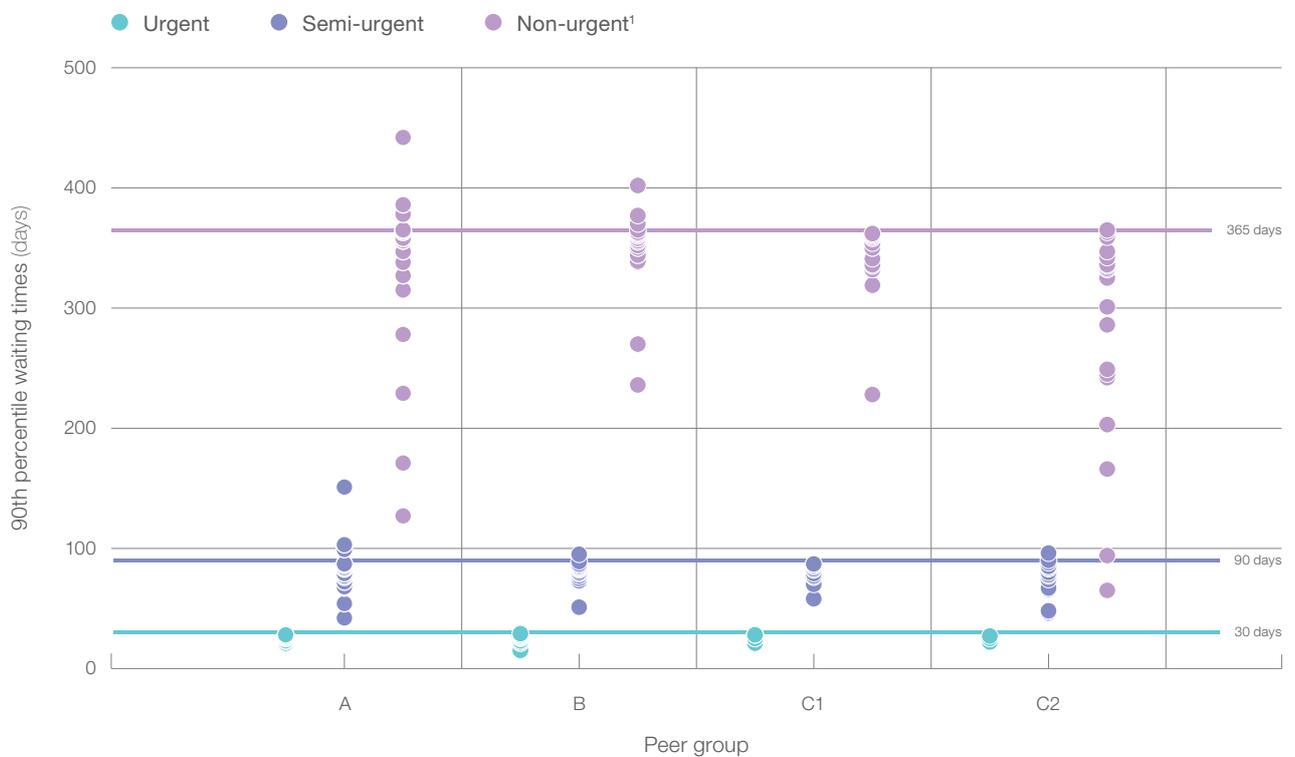
Note: Excludes the total number of days the patient was coded as 'not ready for care'.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July to March 2014 extracted on 16 July 2014.

# Variation between hospitals within a peer group

Figure 8 presents the 90th percentile waiting times to receive elective surgery for each of the three urgency categories by peer group. The coloured lines across the graph represent the recommended time to receive surgery in each urgency category: 30 days for urgent, 90 days for semi-urgent and 365 days for non-urgent.

Figure 8: NSW elective surgery 90th percentile waiting time (days) by peer group and urgency category, April to June 2014



1. Excluding non-urgent cystoscopy.

Note: 90th percentile not shown for hospitals with less than 30 patients.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014.

## Median waiting times by specialty

Figure 9 presents the number of patients and median waiting times for patients who received elective surgery, by the specialty of the surgeon. The specialty of the surgeon describes the area of clinical expertise held by the doctor who performed the surgery.

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

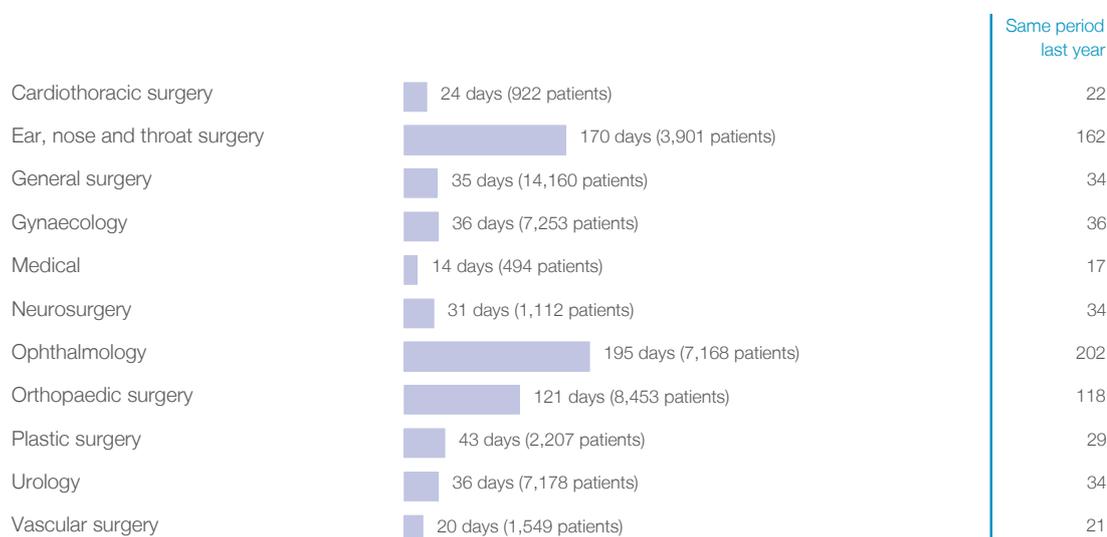
Ophthalmology (195 days), ear, nose and throat surgery (170 days) and orthopaedic surgery (121 days) were the surgical specialties with the longest median waiting times in April to June 2014. These specialties also had the longest median waiting times in the same quarter last year.

Cardio-thoracic surgery (24 days), vascular surgery (20 days) and medical <sup>2</sup> (14 days) had the shortest median waiting times. These specialties also had the shortest median waiting times in the same quarter last year.

General surgery (14,160 patients), orthopaedic surgery (8,453 patients) and gynaecology (7,253 patients) were the surgical specialties with the highest number of patients receiving elective surgery in the April to June 2014 quarter.

Cardio-thoracic surgery (922 patients) and medical <sup>2</sup> (494 patients) had the lowest number of patients receiving elective surgery.

Figure 9: Median<sup>1</sup> waiting time (days) for patients who received elective surgery, by specialty, April to June 2014



1. This is the number of days it took for half the patients who received elective surgery during the period to be admitted and receive their surgery. The other half took equal to or longer than the median to be admitted for surgery.
2. Medical refers to surgery performed by a non-specialist medical practitioner.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014. Data for January 2013 to June 2013 extracted on 16 March 2014.

# Median waiting times by common procedures

Figure 10 presents the median waiting times for patients who received common elective surgery procedures. The procedure is the treatment the patient receives when admitted to hospital for elective surgery.

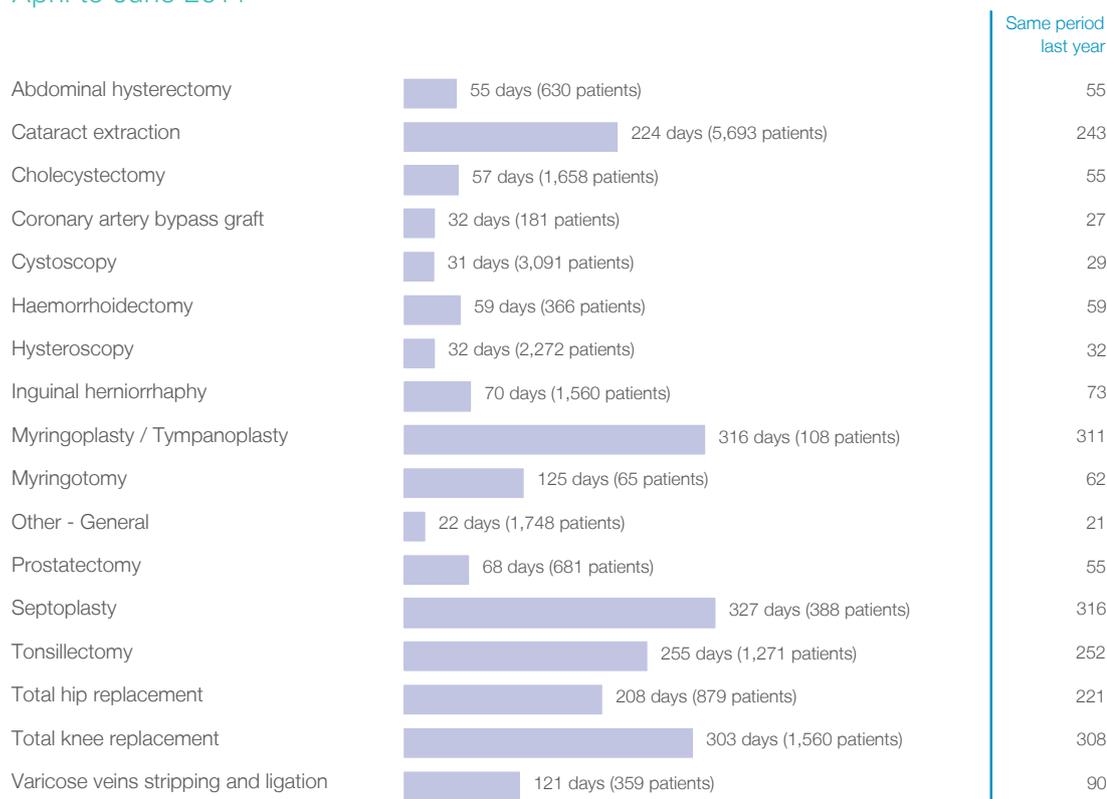
The procedures with the longest median waiting times in the April to June 2014 quarter were septoplasty (327 days) and myringoplasty / tympanoplasty (316 days), total knee replacement (303 days). The procedures with the shortest median waiting times were coronary artery bypass graft (32 days), other – general (22 days), cystoscopy (31 days) and hysteroscopy (32 days).

These procedures also had the longest and shortest median waiting times in the same quarter last year.

Cataract extraction was the most common procedure (5,693 patients) performed in the April to June 2014 quarter.

Different waiting times for different procedures is related to their relative urgency eg coronary artery bypass graft (complex heart surgery) is generally considered urgent and has a shorter waiting time than cataract extraction. Urgency category for each patient is determined by their surgeon.

Figure 10: Median<sup>1</sup> waiting time (days) for patients who received elective surgery, by procedure,<sup>2</sup> April to June 2014



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

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

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014. Data for January 2013 to June 2013 extracted on 16 March 2014.

# Elective surgery waiting list

The following three pages are about patients who are still on the elective surgery waiting list waiting for surgery.

During the quarter, patients were added to and removed from the waiting list. Patients are removed from the waiting list because they received the surgery they were waiting for, or for other reasons such as the surgeon or patient deeming that the surgery is no longer required.

At the end of the April to June 2014 quarter, there were 73,100 patients waiting for elective surgery, which is 4% more than the same quarter last

year (Figure 11). A breakdown of patients waiting for elective surgery by urgency category shows that 81% were assigned as non-urgent, 16% as semi-urgent and 3% as urgent. The number of patients waiting for urgent surgery increased by 1%, semi-urgent stayed the same and non-urgent increased by 5% (Figure 12).

As at 30 June 2014, there were 12,836 patients not ready for surgery on the waiting list, up 6% compared with the same quarter last year (Figure 11).

Figure 11: Elective surgery waiting list, April to June 2014

	Same period last year	Change since one year ago
Patients ready for surgery on waiting list at start of quarter: 72,010 patients	69,294	4%
Patients ready for surgery on waiting list at end of quarter: 73,100 patients	70,152	4%
Patients not ready for surgery <sup>8</sup> on waiting list at end of quarter: 12,836 patients	12,093	6%

Figure 12: Elective surgery waiting list, as at 30 June 2014

Patients ready for surgery on waiting list by urgency category: 73,100 patients		Same period last year	Change since one year ago
1 Urgent <sup>1</sup>	1,884 (3%)	1,857	1%
2 Semi-urgent <sup>1</sup>	11,897 (16%)	11,883	0%
3 Non-urgent <sup>2</sup>	59,319 (81%)	56,412	5%

1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

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

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014. Data for January 2013 to June 2013 extracted on 16 March 2014.

## Elective surgery waiting list by specialty

Figure 13 presents the number of patients on the waiting list and those patients who have been waiting more than 12 months, by the specialty of the surgeon.

The time a patient waited for the initial appointment with the specialist is not included in the time the patient spent on the waiting list.

Orthopaedic surgery (18,717 patients) and ophthalmology (16,432 patients) were the surgical specialties with the highest number of patients waiting for surgery as at 30 June 2014.

Cardio-thoracic surgery (352 patients) and medical (235 patients) had the lowest number of patients waiting for elective surgery.

Orthopaedic surgery (131 patients) and ear, nose and throat surgery (100 patients) were the surgical specialties with the highest number of patients waiting more than 12 months as at 30 June 2014. Vascular surgery and medical<sup>1</sup> had no patients waiting in NSW more than 12 months.

The number of patients in this quarter waiting more than 12 months for surgery was 396, 32% less than the same quarter last year (581).

Figure 13: Patients waiting for elective surgery and patients waiting more than 12 months, by specialty, as at 30 June 2014

	Patients on waiting list at end of quarter			Patients waiting more than 12 months	
	This quarter	Same time last year	Change since one year ago	This quarter	Same quarter last year
<b>All specialties</b>	73,100	70,152	4%	396	581
Cardio-thoracic surgery	352	338	4%	< 5	0
Ear, nose and throat surgery	9,442	9,371	1%	100	254
General surgery	13,333	13,137	1%	81	89
Gynaecology	6,367	6,007	6%	< 5	< 5
Medical <sup>1</sup>	235	219	7%	0	0
Neurosurgery	1,107	1,177	-6%	9	18
Ophthalmology	16,432	15,756	4%	45	44
Orthopaedic surgery	18,717	17,232	9%	131	118
Plastic surgery	2,291	2,395	-4%	15	34
Urology	3,878	3,524	10%	11	12
Vascular surgery	946	996	-5%	0	9

1. Medical refers to surgery performed by a non-specialist medical practitioner.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014. Data for January 2013 to June 2013 extracted on 16 March 2014.

# Elective surgery waiting list by common procedures

Figure 14 presents the number of patients on the waiting list by common procedures. Cataract extraction was the procedure with the most patients waiting as at 30 June 2014 (14,395).

The procedures for which the least number of patients were waiting were coronary artery bypass graft (64 patients) and myringotomy (129 patients).

Figure 14: Patients waiting for elective surgery by procedure,<sup>1</sup> as at 30 June 2014

	Patients waiting	Patients waiting (same time last year)	Change since one year ago
Abdominal hysterectomy	751	686	9%
Cataract extraction	14,395	13,808	4%
Cholecystectomy	1,834	1,826	0%
Coronary artery bypass graft	64	86	-26%
Cystoscopy	1,172	1,050	12%
Haemorrhoidectomy	461	350	32%
Hysteroscopy	1,553	1,424	9%
Inguinal herniorrhaphy	2,147	2,188	-2%
Miringoplasty / Tympanoplasty	354	323	10%
Miringotomy	129	165	-22%
Other – General	1,170	1,232	-5%
Prostatectomy	597	628	-5%
Septoplasty	1,417	1,457	-3%
Tonsillectomy	3,613	3,383	7%
Total hip replacement	2,345	1,961	20%
Total knee replacement	5,136	4,785	7%
Varicose veins stripping and ligation	726	739	-2%

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

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to June 2014 extracted on 16 July 2014. Data for January 2013 to June 2013 extracted on 16 March 2014.

## Conclusions of analysis

Overall, 97% of all patients received their surgery within the recommended timeframe, however there is variation in waiting times between similar hospitals.

Most NSW hospitals perform well in the urgent surgery category, with almost all patients receiving their procedure within the recommended timeframe. However, performance varies more for patients in the less urgent categories and variation is greatest for patients in the non-urgent category.

The analysis in this issue of Hospital Quarterly shows that patients can expect to receive urgent surgery within 30 days at all hospitals, but waiting time for semi-urgent and non-urgent surgery varies across hospitals. These variations are not associated with the number of procedures performed in hospitals (Figure 5) nor are they related to the percentage of cases in each urgency category. Performance varies between peer groups, and there are high and low performers in each peer group but C1 and C2 hospitals are more likely to treat all their patients within the recommended waiting times across all urgency categories.

# Appendix 1: information by hospital and local health district

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

[Download Appendix 1](#) information by *'local health district'* in a PDF file

[Download Appendix 1](#) information by *'local health district'* in an Excel file

**Appendix table 1b** presents the percentages of elective surgery admissions within the clinically recommended time for each urgency category for April to June 2014. The table is ordered by local health district and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each local health district under the *'other'* category.

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

## Appendix 2: information by hospital and peer group

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

[Download Appendix 2 information by \*'peer group'\* in a PDF file](#)

[Download Appendix 2 information by \*'peer group'\* in an Excel file](#)

**Appendix table 2b** presents the percentages of elective surgery admissions within the clinically recommended time for each urgency category for April to June 2014. The table is ordered by peer group and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each peer group under the *'other'* category.

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

## Download our reports

The report, *Hospital Quarterly: Performance of NSW public hospitals, April to June 2014* and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- Three core modules titled *Admitted Patients*, *Elective Surgery* and *Emergency Departments*
- Appendix tables showing key results by peer group and LHD
- Activity and performance profiles about emergency department care and elective surgery for more than 80 hospitals and NSW as a whole
- Performance dashboards of hospital, LHD and peer group results on the Bureau's new online interactive tool Healthcare Observer at [www.bhi.nsw.gov.au/healthcare\\_observer](http://www.bhi.nsw.gov.au/healthcare_observer)



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system. The work of the Bureau helps to improve and enhance accountability in the NSW health system and assists in ensuring the system benefits the people of NSW.

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

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.