

Healthcare Quarterly

# Admitted patients and elective surgery

Activity and performance

April to June 2018



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

# Table of contents

<b>In summary</b>	<b>1</b>
<b>Admitted patient activity and performance</b>	<b>4</b>
Patients admitted to a public hospital	5
Bed days and length of stay in hospital	7
<b>Elective surgery activity and performance</b>	<b>10</b>
Elective surgical procedures	11
Waiting time for elective surgery	13
Percentage of elective surgery on time	15
Median waiting time for specialties and specific procedures	17
Percentage of elective surgery for specific procedures on time	19
End of quarter elective surgery waiting list	21

# In the April to June 2018 quarter...

## Admitted patients

There were  
**475,050**  
 admitted patient episodes  
 of care



**53.5%**  
 of acute admitted patient  
 episodes were for overnight stays

Note: All comparisons are in reference to the same quarter last year.

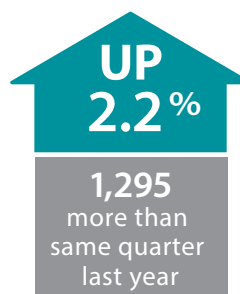
Admitted patient activity		April to June 2018	April to June 2017	Difference	% change
All admitted patient episodes		475,050			
All acute episodes		446,341			
Overnight episodes		238,612			
Same-day episodes		207,729			
Non-acute episodes		17,660			
Mental health episodes		11,049			
Average length of stay (days)	All acute episodes	3.5			
	Acute overnight episodes	2.8			
	Non-acute episodes	12.2			
	Mental health episodes	16			
Hospital bed days	All bed days	1,657,086			
	Acute bed days	1,265,404			
	Non-acute bed days	214,967			
	Mental health bed days	176,715			
Babies born in NSW public hospitals		18,071	18,001	70	0.4%

These numbers are not reported due to a policy change in the definition of patient stay types. A new mental health care stay type has been introduced that comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI. Reporting will resume in the July to September 2018 edition of *Healthcare Quarterly*.

Note: Data drawn from the Admitted Patient Data Collection on 18 July 2018.

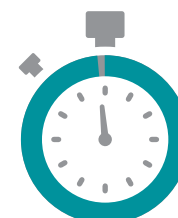
## Elective surgery

There were **59,176**  
elective surgical  
procedures performed



Almost all (96.9%) were performed  
within recommended time frames

Median waiting times were longer  
for semi- and non-urgent surgery  
compared with same quarter last year



11, 45 and 234 days waiting for urgent, semi-urgent  
and non-urgent surgery, respectively

Note: All comparisons are in reference to the same quarter last year.

Elective surgery activity		April to June 2018	April to June 2017	Difference	% change
Elective surgical procedures performed		59,176	57,881	1,295	2.2%
Urgency category	Urgent surgery	12,419	12,201	218	1.8%
	Semi-urgent surgery	19,837	18,561	1,276	6.9%
	Non-urgent surgery	24,136	24,296	-160	-0.7%
Patients on waiting list ready for elective surgery at end of quarter		77,955	74,499	3,456	4.6%
Urgency category	Urgent surgery	1,838	1,758	80	4.6%
	Semi-urgent surgery	12,808	12,274	534	4.4%
	Non-urgent surgery	63,309	60,467	2,842	4.7%

Elective surgery performance		April to June 2018	April to June 2017	Difference
Median waiting time (days)	Urgent surgery	11 days	11 days	unchanged
	Semi-urgent surgery	45 days	44 days	+1 days
	Non-urgent surgery	234 days	225 days	+9 days
All surgeries		96.9%	97.0%	-0.1 percentage points
Elective surgeries performed on time	Urgent surgery ( <i>Recommended: 30 days</i> )	99.8%	99.7%	+0.1 percentage points
	Semi-urgent surgery ( <i>Recommended: 90 days</i> )	97.2%	97.4%	-0.2 percentage points
	Non-urgent surgery ( <i>Recommended: 365 days</i> )	95.2%	95.4%	-0.2 percentage points

Note: Data drawn from the Waiting List Collection Online System on 16 July 2018.



# Admitted patient activity

# Patients admitted to a public hospital

There were 475,050 admitted patient episodes in NSW public hospitals in the April to June 2018 quarter (Figure 1).

Admissions to hospital can be planned (arranged in advance) or unplanned (emergency hospital admissions or surgical procedures). Most same-day admitted patient episodes (78.6%) were planned. In contrast, most overnight episodes (84.3%) were unplanned [data not shown]. The number of acute overnight episodes in April to June quarters has steadily increased over five years. Compared with the same quarter in 2013, the number of acute same day episodes went up by 16,473 to 207,729 in the April to June 2018 quarter (up 8.6%) (Figure 2).

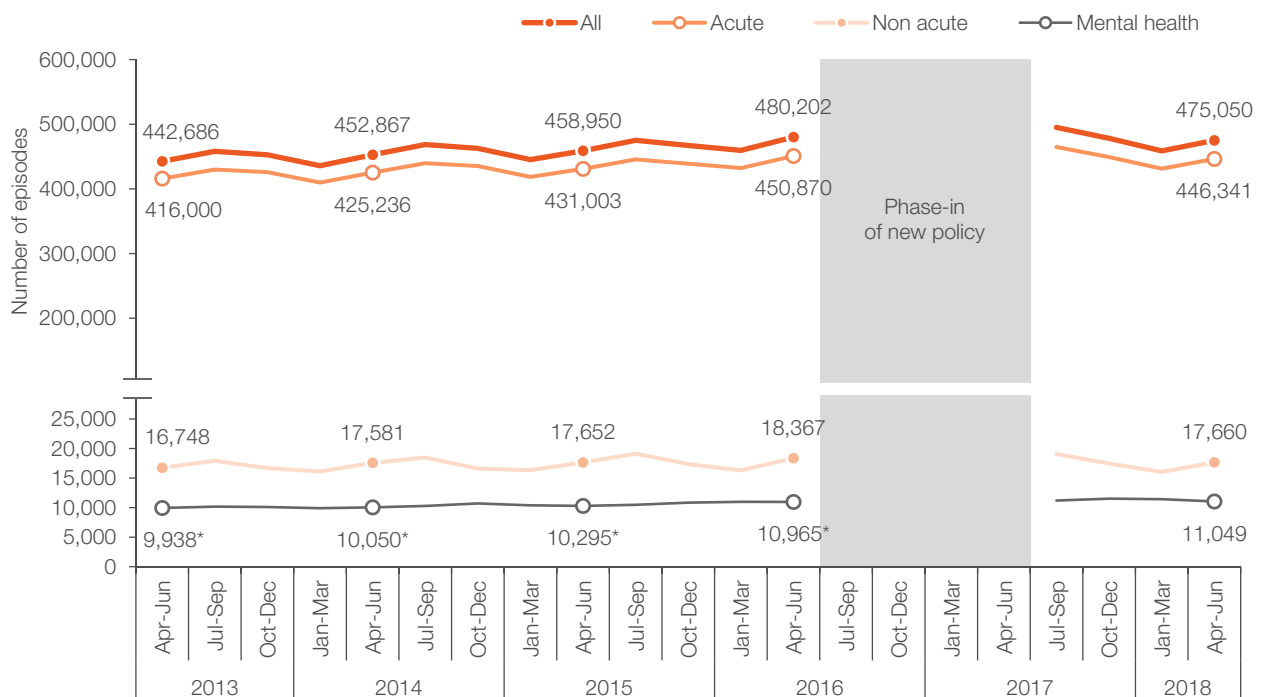
Figure 3 shows differences in the proportion of acute admitted patient episodes that were same-day across hospital peer groups in the April to June 2018 quarter. Peer group C2 (smaller district hospitals) overall had a higher percentage of same-day episodes compared with other peer groups.

## Phase-in of new policy

Between 1 July 2016 and 30 June 2017, all local health districts (LHDs) and health networks introduced a mental health stay type when classifying newly admitted or long-standing mental health patients. The new mental health stay type comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI.

Fair comparisons cannot be made with results from the policy phase-in period due to staggered implementation across LHDs that affected activity counts in the acute, non-acute and mental health categories. Mental health activity counts presented before the introduction of the classification change are estimates that were calculated using a flag for days in a psychiatric unit. Accordingly, comparisons between the pre- and post-policy period should be made with caution.

Figure 1 Total, acute, non-acute and mental health episodes, April 2013 to June 2018



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

\* Estimates of mental health episodes calculated using a flag for days in a psychiatric unit.



Figure 2 Overnight and same day acute admitted patient episodes, April 2013 to June 2018

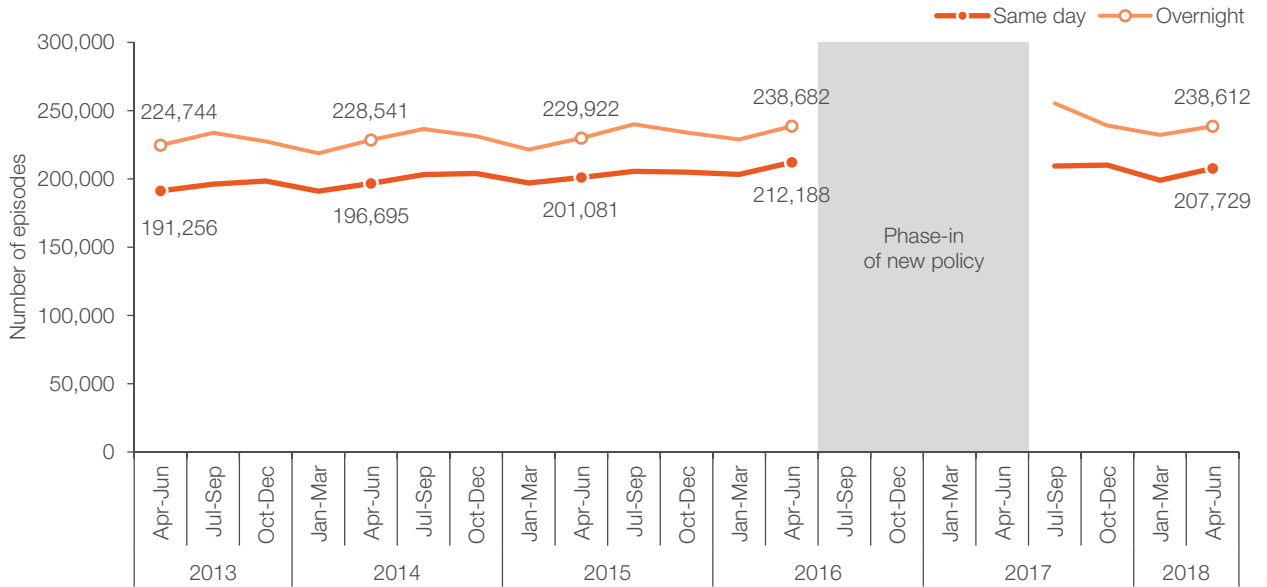
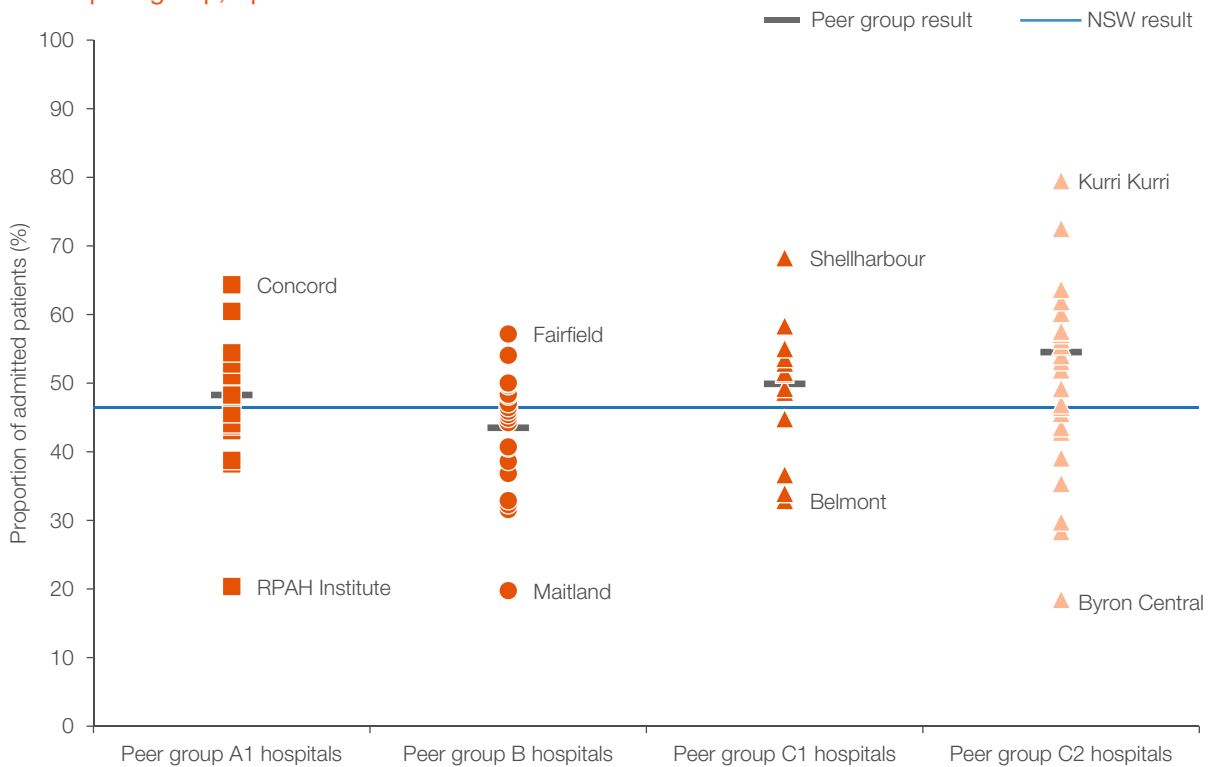


Figure 3 Same-day admitted patient episodes as percentage of all acute admitted patient episodes, by peer group, April to June 2018



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

# Bed days and length of stay in hospital

In the April to June 2018 quarter, there were 1,657,086 hospital bed days. Mental health bed days accounted for 10.7% of the total (Figure 4).

Since the April to March 2016 quarter, there was a decline in the number of bed days for non-acute and mental health stay types (Figure 5).

With the exception of the trend for mental health stays, the average length of stay was relatively stable over a five-year period across all other categories (Figure 6). There were hospital-level differences in the average length of stay for acute overnight episodes, even within peer groups (Figure 7). Length of stay measures did not account for case-mix differences between and within peer groups.

## Phase-in of new policy

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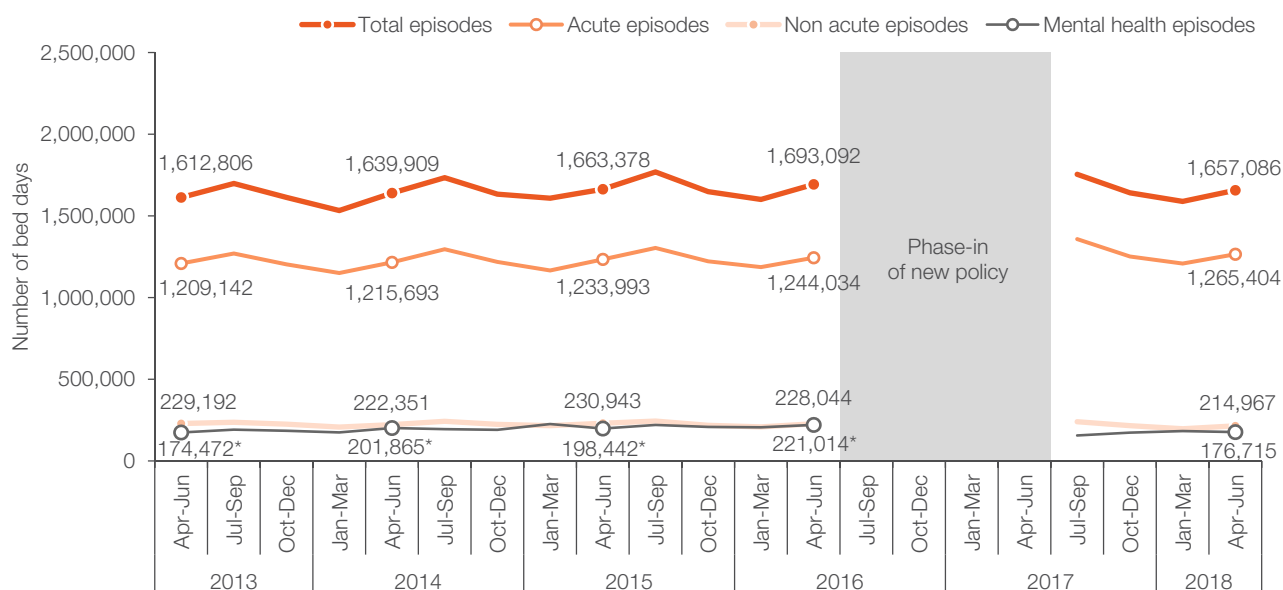
Fair comparisons cannot be made with results from the policy phase-in period due to staggered implementation across LHDs that affected activity counts in the acute, non-acute and mental health categories. Mental health activity counts presented before the introduction of the classification change are estimates that were calculated using a flag for days in a psychiatric unit. Accordingly, comparisons between the pre- and post-policy period should be made with caution.

Figure 4 Total number of hospital bed days, by episode type, April to June 2018

	This quarter	Same quarter last year	Change since one year ago
Total bed days	1,657,086	*	*
Acute	1,265,404	*	*
Non-acute	214,967	*	*
Mental health	176,715	*	*

\* This number is not reported due to a policy change in the definition of patient stay types. Reporting will resume in the July to September 2018 edition of *Healthcare Quarterly*.

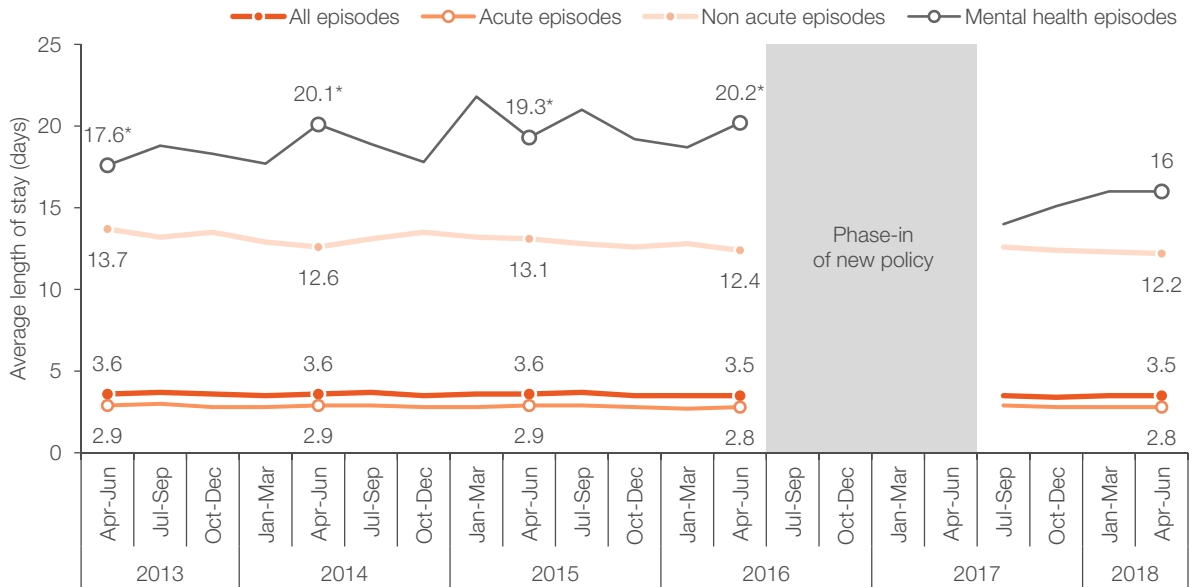
Figure 5 Total number of hospital bed days by episode type, April 2013 to June 2018



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

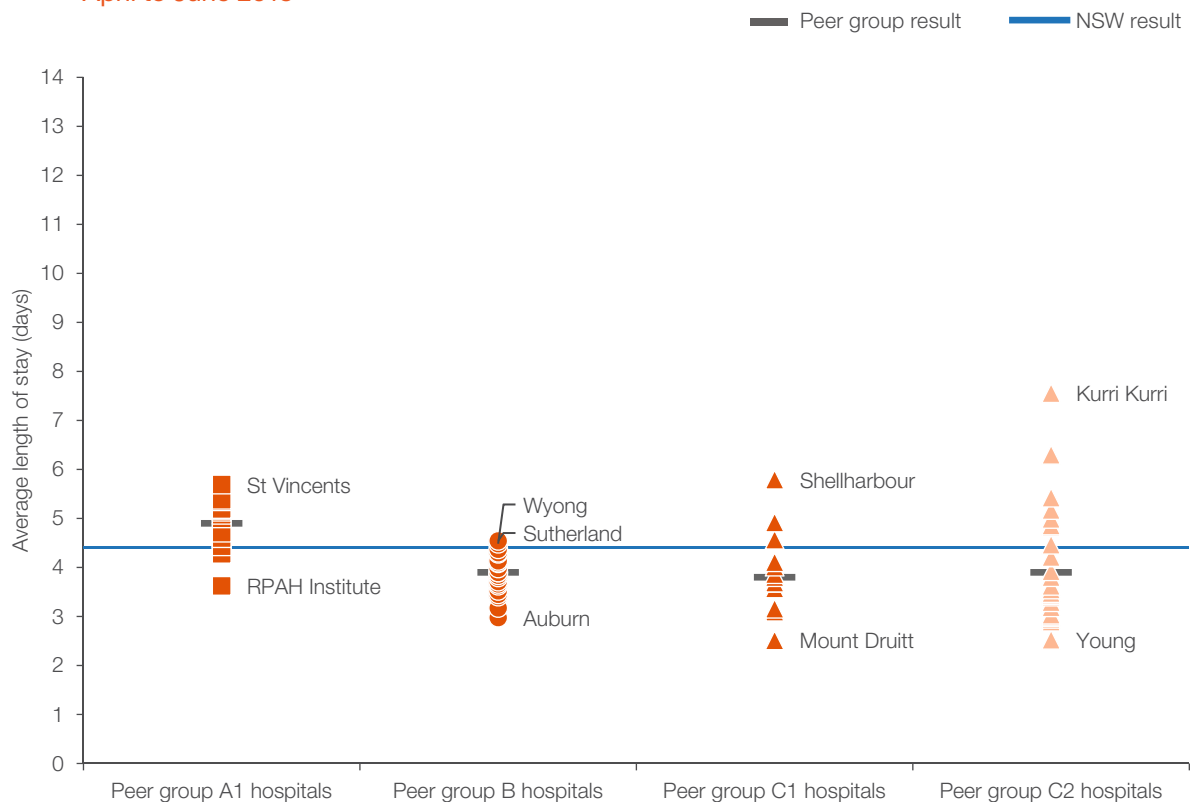
\* Estimates of mental health episodes calculated using a flag for days in a psychiatric unit.

Figure 6 Average length of stay, by type of admitted patient episode, April 2013 to June 2018



Note: Same-day refers to patients who are admitted and discharged on the same day. Same-day episodes count as one bed day.  
 \* Estimates of mental health episodes calculated using a flag for days in a psychiatric unit.

Figure 7 Average length of stay for acute overnight admitted patient episodes, by peer group, April to June 2018





# Elective surgery activity and performance

# Elective surgical procedures

In the April to June 2018 quarter, 59,176 elective surgical procedures were performed. This was 1,295 (2.2%) more than in the same quarter last year. Of the elective surgical procedures performed this quarter, nearly three-quarters were categorised as semi-urgent and non-urgent, making up 33.5% and 40.8% of all procedures, respectively (Figure 8).

Compared with the same quarter last year, the largest change was in the number of semi-urgent procedures (up by 1,276; 6.9%) (Figure 8).

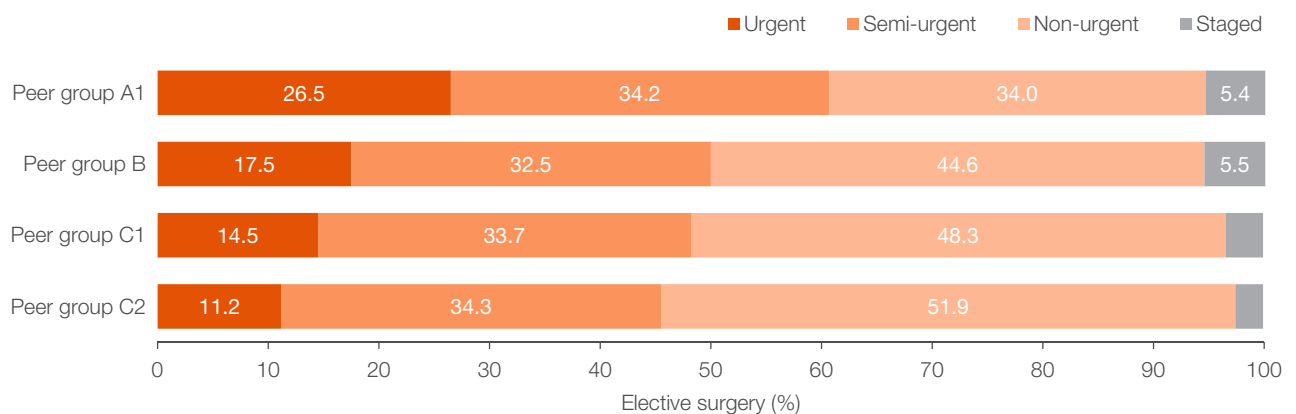
Comparing across peer groups, principal referral hospitals (peer group A1) had the highest proportion of elective surgical procedures that were urgent and the lowest proportion that were non-urgent (Figure 9).

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

Figure 8 Elective surgical procedures performed, by urgency category, April to June 2018

	This quarter	Same quarter last year	Change since one year ago
Total number of elective surgical procedures	59,176	57,881	2.2%
Urgent	12,419	12,201	1.8%
Semi-urgent	19,837	18,561	6.9%
Non-urgent	24,136	24,296	-0.7%
Staged*	2,784	2,823	-1.4%

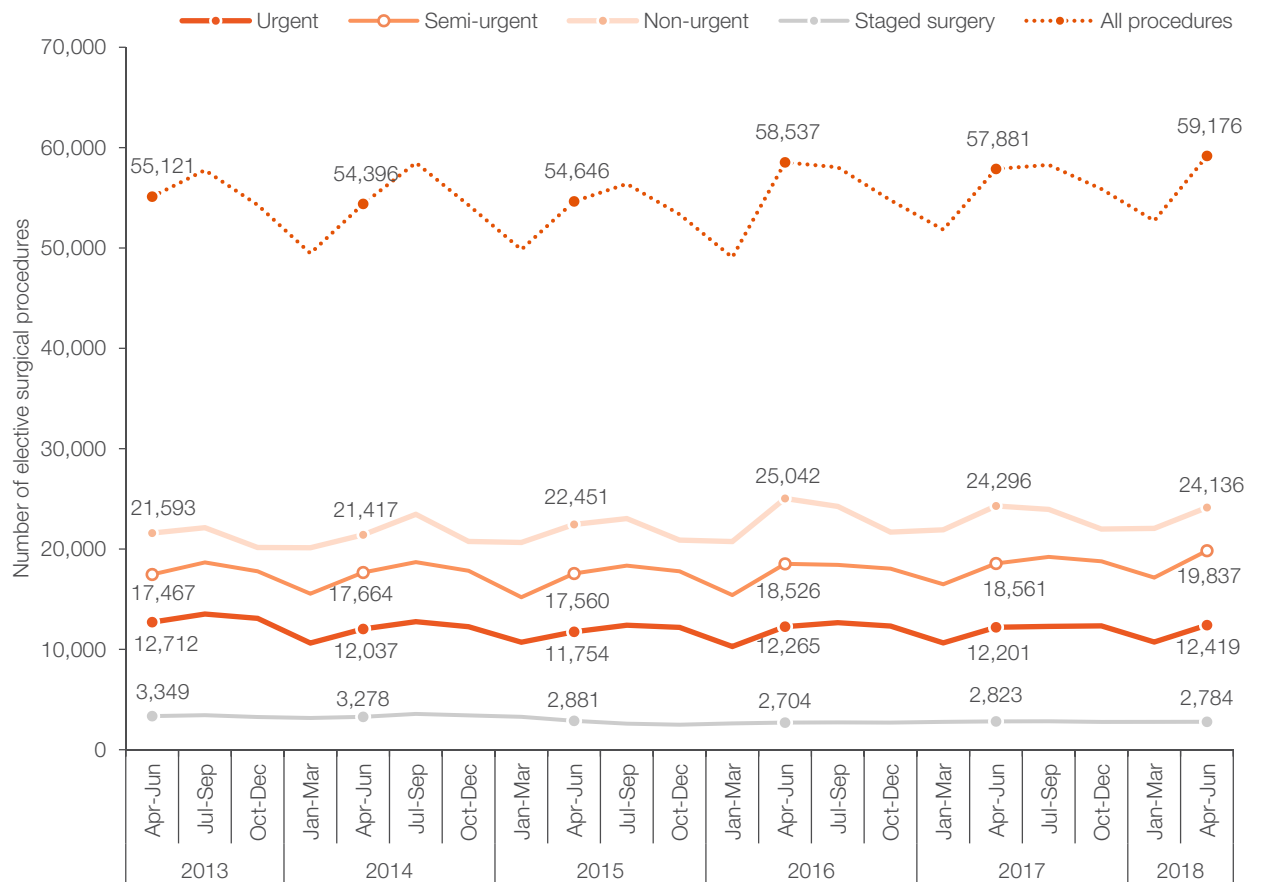
Figure 9 Distribution of elective surgery, by urgency category and peer group, April to June 2018



\* 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.

Over five years, the total number of procedures increased by 7.4% (Figure 10). Elective surgical activity is subject to seasonal change. For this reason, comparisons are made with the same quarter in preceding years. Compared with the same quarter in 2013, there was an increase in the number of procedures that were performed in the semi-urgent and non-urgent categories (up 13.6% and 11.8%, respectively).

Figure 10 Elective surgical procedures performed, by urgency category, April 2013 to June 2018



# Waiting time for elective surgery

Median waiting times for elective surgical procedures in the April to June 2018 quarter were 11 days for urgent (unchanged), 45 days for semi-urgent (up one day) and 234 days for non-urgent procedures (up nine days) (Figure 11).

Over a longer time horizon, median waiting times for non-urgent procedures showed more seasonal fluctuation than urgent and semi-urgent procedures. Compared with the same quarter five years ago, the median wait time for non-urgent elective surgeries increased by two days and was unchanged for urgent and up by one day for semi-urgent procedures (Figure 12).

Figure 11 Waiting time for elective surgery, by urgency category, April to June 2018







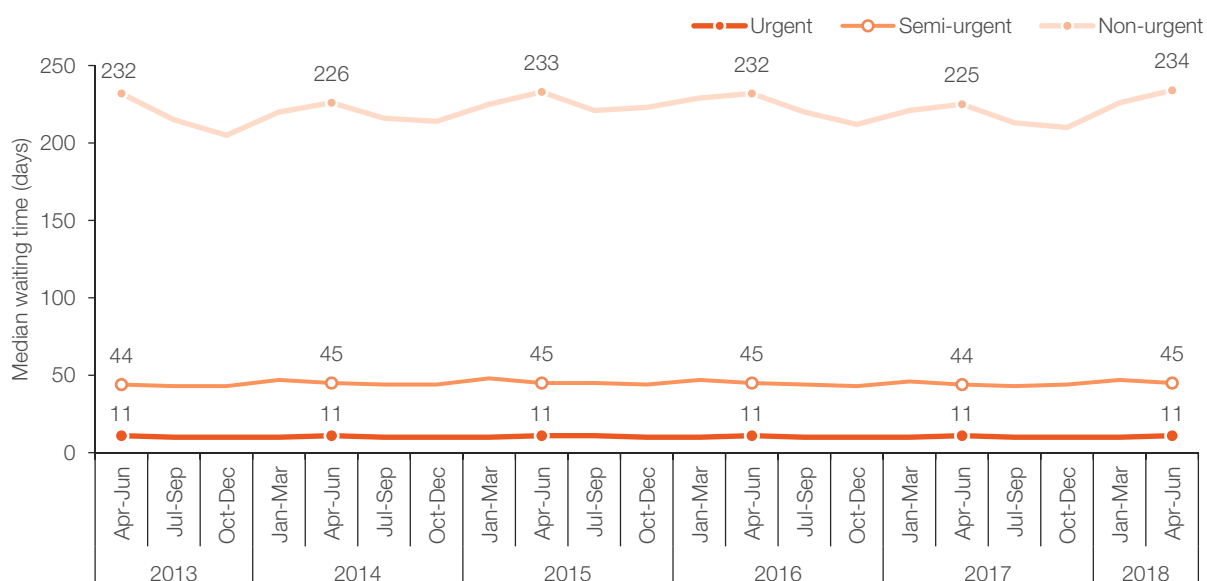
		This quarter	Same quarter last year	Change since one year ago
Urgent: 12,419 patients				
Median time to receive surgery		11 days	11 days	unchanged
90th percentile time to receive surgery		26 days	26 days	unchanged
Semi-urgent: 19,837 patients				
Median time to receive surgery		45 days	44 days	1 day
90th percentile time to receive surgery		83 days	83 days	unchanged
Non-urgent: 24,136 patients				
Median time to receive surgery		234 days	225 days	9 days
90th percentile time to receive surgery		357 days	357 days	unchanged

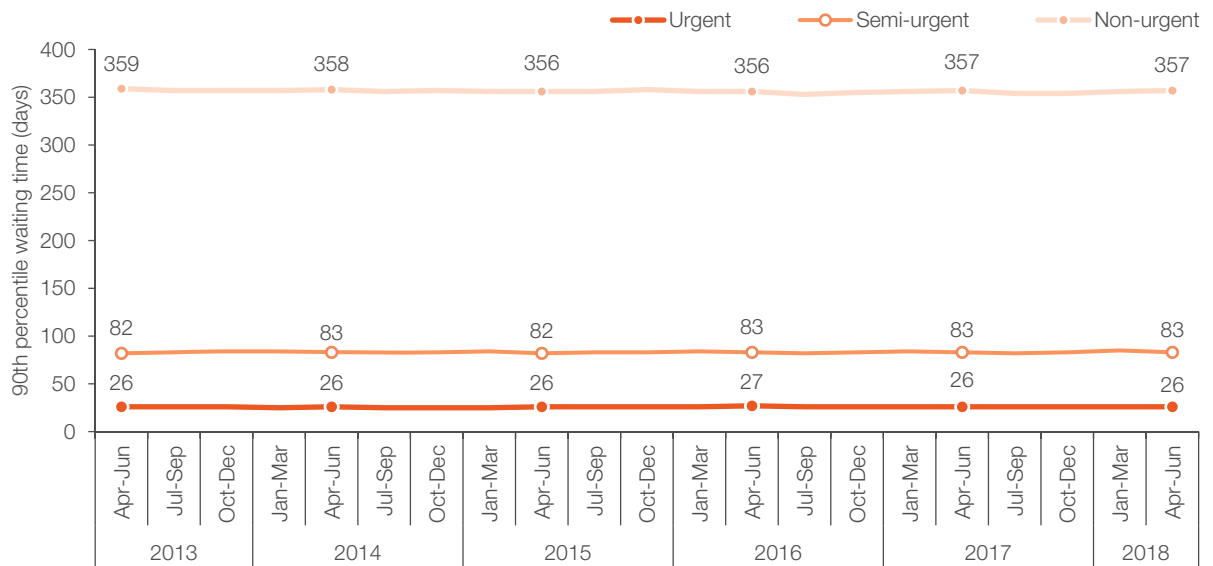
Figure 12 Median waiting time for elective surgery, by urgency category, April 2013 to June 2018





Amidst the rise in the total number of procedures since 2013, the 90th percentile waiting times across urgency categories has remained relatively stable (Figure 13).

Figure 13 90th percentile waiting time for elective surgery, by urgency category, April 2013 to June 2018



# Percentage of elective surgery on time

Most elective surgeries (96.9%) were performed on time in the April to June 2018 quarter. Over 95% of procedures were performed on time across all urgency categories and all saw less than a one percentage point drop in the percentage of procedures performed on time (Figure 14).

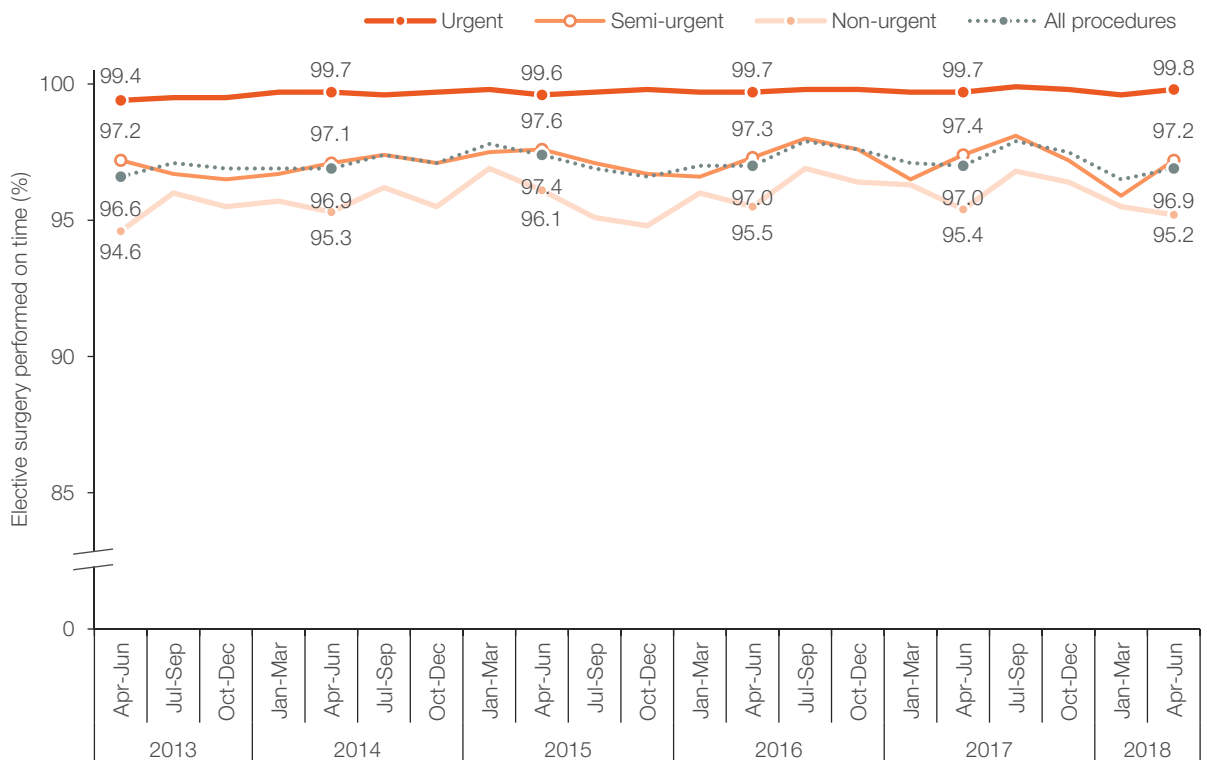
Since 2013, results for April to June quarters show small fluctuations in the percentage of procedures performed on time (Figure 15).

Figure 16 maps hospital results for this quarter on two axes: the percentage of elective surgery performed on time (Y-axis), and the percentage point change since the same quarter last year (X-axis). For hospitals shown above the blue NSW line, a higher percentage of procedures were performed on time this quarter compared with the overall NSW result.

Figure 14 Percentage of elective surgical procedures performed on time, by urgency, April to June 2018

	This quarter	Same quarter last year	Percentage point change since one year ago
All procedures	96.9%	97.0%	-0.1
Urgent	99.8%	99.7%	0.1
Semi-urgent	97.2%	97.4%	-0.2
Non-urgent	95.2%	95.4%	-0.2

Figure 15 Percentage of elective surgical procedures performed on time, by urgency, April 2013 to June 2018



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

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

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

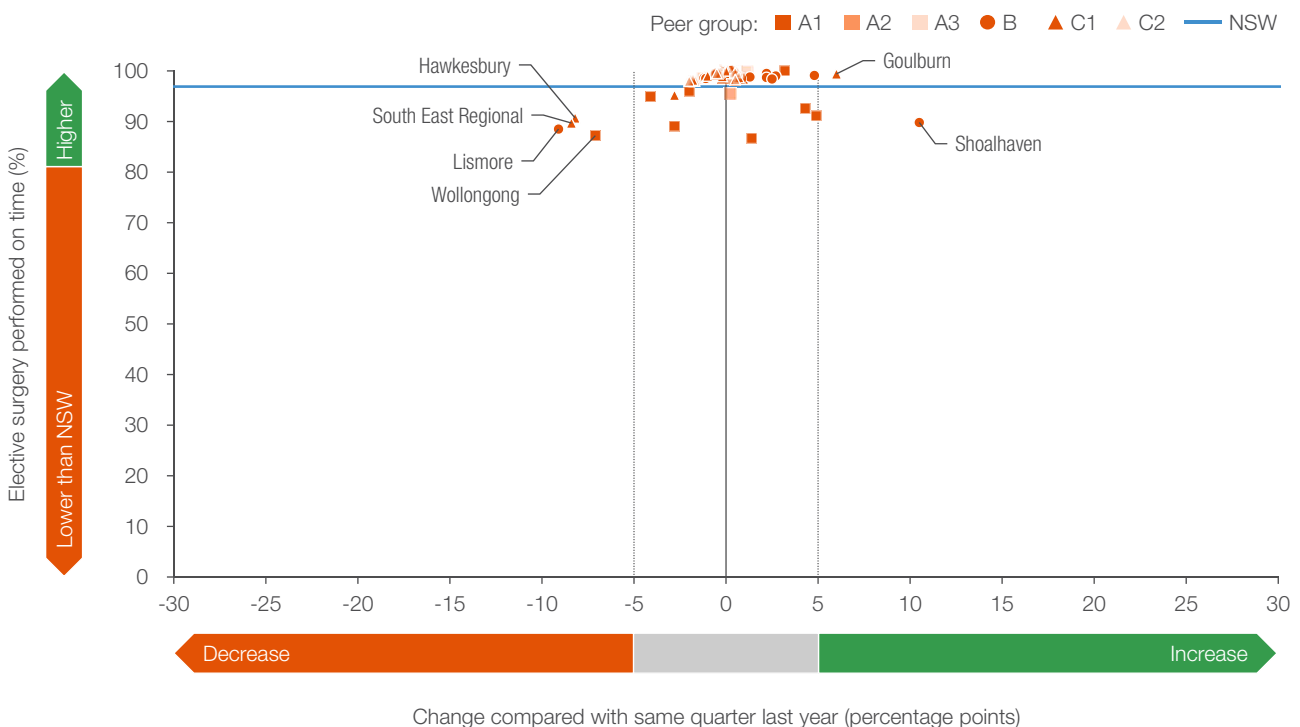
results that were lower than NSW and a decrease in the percentage of procedures performed on time, compared with the same quarter last year.

Hospitals identified in Figure 16 are those for which the percentage of procedures performed on time this quarter had changed by more than five percentage points, compared with the same quarter last year.

Compared with the same quarter last year, the percentage of elective surgical procedures performed on time was higher in 28 out of 79 hospitals. For two hospitals, Shoalhaven and Goulburn, the percentage of procedures performed on time was up by more than five percentage points (Figure 16).

The percentage of procedures performed on time was lower in 26 hospitals. For four hospitals, Wollongong, Hawkesbury, South East Regional and Lismore the decrease was more than five percentage points (Figure 16).



Figure 16 Percentage of elective surgical procedures performed on time and percentage point change since same quarter last year, hospitals by peer group, April to June 2018



# Median waiting time for specialties and specific procedures

In the April to June 2018 quarter, median waiting times were the longest for ear, nose and throat surgery (225 days, up 35 days), ophthalmology surgery (209 days, up eight days), and orthopaedic surgery (117 days, down 10 days). Medical non-specialist surgery saw the shortest median waiting time (18 days, down two days) (Figure 17).

Figure 17 Median waiting time for patients who received elective surgery, by specialty, April to June 2018

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Ear, nose and throat surgery	4,635	 225 days	190 days	35 days
Ophthalmology	8,191	 209 days	201 days	8 days
Orthopaedic surgery	9,427	 117 days	127 days	-10 days
Neurosurgery	1,163	 43 days	42 days	1 day
Gynaecology	7,393	 38 days	38 days	unchanged
General surgery	14,302	 37 days	36 days	1 day
Urology	8,369	 37 days	34 days	3 days
Plastic surgery	2,637	 34 days	37 days	-3 days
Cardiothoracic surgery	928	 25 days	27 days	-2 days
Vascular surgery	1,661	 23 days	21 days	2 days
Medical	470	 18 days	20 days	-2 days

Across common surgical procedures, the median waiting time was the longest for myringoplasty/ tympanoplasty (336 days, up 35 days) and septoplasty (332 days, down one day). General elective surgical procedures had the shortest median waiting time (25 days, up four days) (Figure 18).

Figure 18 Median waiting time for patients who received elective surgery, by common procedure, April to June 2018

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Myringoplasty / Tympanoplasty	149	336 days	301 days	35 days
Septoplasty	524	332 days	333 days	-1 day
Tonsillectomy	1,482	296 days	267 days	29 days
Total knee replacement	1,878	286 days	285 days	2 days
Cataract extraction	6,589	237 days	221 days	16 days
Total hip replacement	1,025	234 days	230 days	5 days
Varicose veins stripping and ligation	357	185 days	120 days	65 days
Myringotomy	66	97 days	62 days	35 days
Inguinal herniorrhaphy	1,539	75 days	75 days	unchanged
Prostatectomy	708	68 days	69 days	-1 day
Haemorrhoidectomy	300	67 days	67 days	unchanged
Cholecystectomy	1,722	57 days	52 days	5 days
Abdominal hysterectomy	684	56 days	65 days	-9 days
Hysteroscopy	2,603	34 days	33 days	1 day
Coronary artery bypass graft	148	32 days	24 days	8 days
Cystoscopy	3,566	30 days	30 days	unchanged
Other - General	1,660	25 days	21 days	4 days

# Percentage of elective surgery for specific specialties procedures on time

Across specialties in the April to June 2018 quarter, the highest percentage of patients who received surgery on time was seen in ophthalmology surgery (98.6%). The lowest percentage of procedures performed on time was seen in ear, nose and throat surgery (93.2%) (Figure 19).

Compared with the same quarter last year, the largest change in the percentage of patients who received surgery on time was seen for vascular surgery (down 1.4 percentage points) and orthopaedic surgery (down 1.7 percentage points).

Figure 19 Percentage of elective surgical procedures performed on time, by specialty, April to June 2018

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Ophthalmology	8,191	98.6%	98.0%	0.6
General surgery	14,302	98.5%	98.4%	0.1
Gynaecology	7,393	98.4%	98.2%	0.2
Medical	470	98.2%	98.0%	0.2
Cardiothoracic surgery	928	97.6%	97.9%	-0.3
Vascular surgery	1,661	97.4%	98.8%	-1.4
Plastic surgery	2,637	97.2%	96.3%	0.9
Urology	8,369	96.5%	96.4%	0.1
Neurosurgery	1,163	96.0%	96.1%	-0.1
Orthopaedic surgery	9,427	93.9%	95.6%	-1.7
Ear, nose and throat surgery	4,635	93.2%	92.5%	0.7

By common procedure in April to June 2018, the highest percentage of patients who received surgery on time was seen for hysteroscopy (99.3%) while the lowest was seen in myringoplasty/tympanoplasty (82.2%) (Figure 20).

Compared with the same quarter last year, the largest change in the percentage of patients who received surgery on time was seen in coronary artery bypass graft (down 4.5 percentage points), total knee replacement (down 4.1 percentage points) and total hip replacement (down 4.0 percentage points) (Figure 20).

Figure 20 Percentage of elective surgical procedures performed on time, by common procedure, April to June 2018

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Hysteroscopy	2,603	99.3%	98.7%	0.6
Cholecystectomy	1,722	98.8%	98.5%	0.3
Other - General	1,660	98.8%	98.3%	0.5
Cataract extraction	6,589	98.6%	97.9%	0.7
Inguinal herniorrhaphy	1,539	98.2%	98.2%	unchanged
Abdominal hysterectomy	684	97.6%	97.5%	0.1
Haemorrhoidectomy	300	97.3%	98.8%	-1.5
Cystoscopy	3,566	97.1%	95.9%	1.2
Myringotomy	66	96.9%	96.6%	0.3
Tonsillectomy	1,482	94.0%	93.4%	0.6
Varicose veins stripping and ligation	357	93.8%	97.1%	-3.3
Prostatectomy	708	93.5%	94.9%	-1.4
Coronary artery bypass graft	148	92.6%	97.1%	-4.5
Total hip replacement	1,025	90.9%	94.9%	-4.0
Total knee replacement	1,878	89.3%	93.4%	-4.1
Septoplasty	524	89.3%	87.2%	2.1
Myringoplasty / Tympanoplasty	149	82.2%	83.2%	-1.0

# End of quarter elective surgery waiting list

On 30 June 2018, there were 77,955 patients who were ready for surgery and on the elective surgery waiting list, up 4.6% compared with the same quarter last year. Of these, 81.2% were waiting for non-urgent surgery (Figure 21).

The waiting list is dynamic and this statistic provides a snapshot of the list on a single day. Among the patients on the list on 30 June 2018, there were 16,586 (21.3%) who had been waiting for 30 days or less.

Compared with the last day of the same quarter last year, the number of patients on the waiting list was higher across all urgency categories: urgent surgery (1,838, up 4.6%), semi-urgent surgery (12,808, up 4.4%) and non-urgent surgery (63,309, up 4.7%) (Figure 21).




At the end of the April to June 2018 quarter, there were 15,461 patients 'not ready for surgery'\* and on the elective surgery waiting list, up 8.0% compared with the same quarter last year (Figure 21).

Across specialties, patients waiting for orthopaedic surgery and ophthalmology surgery represented the largest proportion of patients on the list. Together, these specialties accounted for 47.7% of all patients on the elective surgery waiting list (Figure 22).

By procedure, most patients were waiting for cataract extraction (16,005 patients); 7.8% more than in the same quarter last year. Procedures with relatively fewer patients on the waiting list at the end of the quarter were myringotomy (99 patients) and coronary artery bypass graft (89 patients) (Figure 23).

At the end of the quarter, there were 241 patients still waiting for surgery after more than 12 months on the waiting list; up from 155 patients since the same quarter last year. The majority of these patients were waiting for orthopaedic surgery (97 patients; 40.2%) and ear, nose and throat surgery (85 patients; 35.3%) (Figure 22).

Figure 21 Elective surgery waiting list, by urgency category, as at 30 June 2018

		This quarter	Same quarter last year	Change since one year ago
Patients ready for surgery on waiting list as at 30 June 2018		77,955	74,499	4.6%
Urgent	 2.4%	1,838	1,758	4.6%
Semi-urgent	 16.4%	12,808	12,274	4.4%
Non-urgent	 81.2%	63,309	60,467	4.7%
Patients not ready for surgery on waiting list at the end of quarter		15,461	14,316	8.0%

\* These patients are either staged patients (whose medical condition does not require, or is not amenable to, surgery until a future date) or deferred patients who for personal reasons are not yet prepared to be admitted to hospital.



Figure 22

Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by specialty, as at 30 June 2018

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Percentage change since one year ago	This quarter	Same quarter last year
All specialties	<b>77,955</b>	<b>74,499</b>	<b>4.6</b>	<b>241</b>	<b>155</b>
Orthopaedic surgery	18,968	18,582	2.1	97	58
Ophthalmology	18,223	17,232	5.8	8	8
General surgery	13,183	12,534	5.2	17	10
Ear, nose and throat surgery	10,580	10,290	2.8	85	38
Gynaecology	6,662	6,347	5.0	10	10
Urology	4,375	4,206	4.0	<5	<5
Plastic surgery	2,642	2,322	13.8	16	21
Neurosurgery	1,616	1,325	22.0	6	5
Vascular surgery	1,129	1,076	4.9	0	<5
Cardiothoracic surgery	351	344	2.0	0	0
Medical	226	241	-6.2	0	0

Figure 23

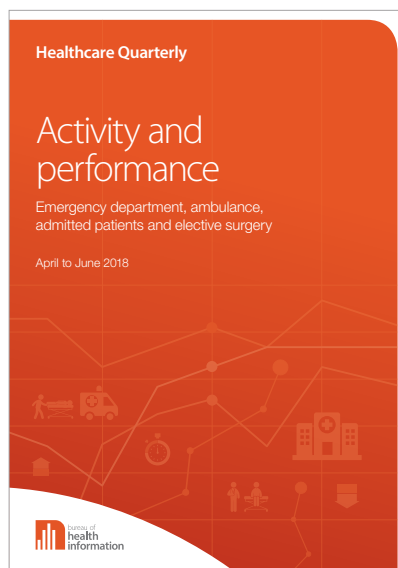
Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by common procedure, as at 30 June 2018

Procedure	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Percentage change since one year ago	This quarter	Same quarter last year
Cataract extraction	16,005	14,844	7.8	6	<5
Total knee replacement	5,842	5,680	2.9	32	21
Tonsillectomy	4,098	4,135	-0.9	23	<5
Total hip replacement	2,614	2,590	0.9	12	6
Inguinal herniorrhaphy	2,318	2,215	4.7	<5	<5
Hysteroscopy	1,845	1,653	11.6	0	0
Cholecystectomy	1,682	1,569	7.2	<5	<5
Septoplasty	1,624	1,479	9.8	17	10
Cystoscopy	1,182	1,222	-3.3	<5	0
Other - General	1,154	1,133	1.9	<5	<5
Abdominal hysterectomy	797	811	-1.7	0	<5
Varicose veins stripping and ligation	719	680	5.7	0	0
Prostatectomy	713	710	0.4	<5	<5
Haemorrhoidectomy	406	393	3.3	0	0
Myringoplasty / Tympanoplasty	343	361	-5.0	<5	0
Myringotomy	99	88	12.5	0	0
Coronary artery bypass graft	89	95	-6.3	0	0

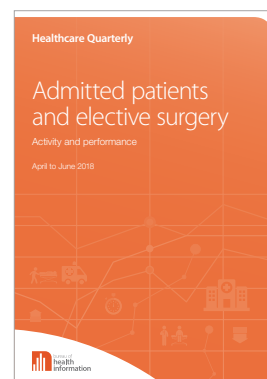
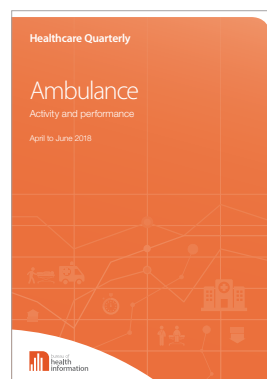
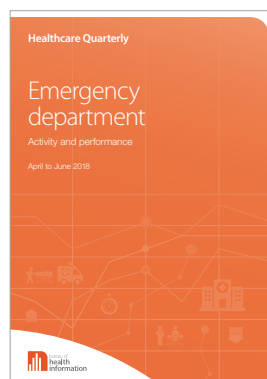
# Healthcare Quarterly

*Healthcare Quarterly* is a series of regular reports that describes the number and types of services provided to the people of NSW and the timeliness with which they are provided.

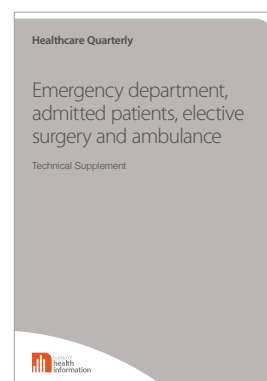
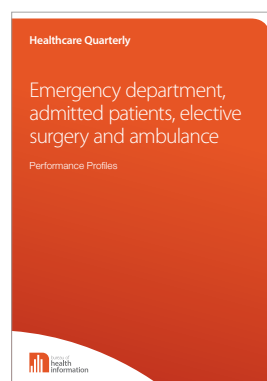
The reports feature key indicators of activity and performance across ambulance and public hospital services in NSW.



*Healthcare Quarterly* is published alongside three standalone modules that provide more detailed information about emergency department care, admitted patients and elective surgery, and ambulance services.



Additional information on local performance is available in our hospital profiles or from BHI's interactive portal Healthcare Observer, at [bhi.nsw.gov.au/healthcare\\_observer](http://bhi.nsw.gov.au/healthcare_observer)



All reports and profiles are available at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)

Additional information on local performance is available from BHI's interactive data portal Healthcare Observer, at [bhi.nsw.gov.au/healthcare\\_observer](http://bhi.nsw.gov.au/healthcare_observer)



## About the Bureau of Health Information

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

BHI was established in 2009 and supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

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

BHI publishes a range of reports and information products, including interactive tools, that provide objective, accurate and meaningful information about how the health system is performing.

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

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