

# Elective Surgery

## Hospital Quarterly:

Performance of  
NSW public hospitals

### July to September 2012

Elective, or planned, surgery is surgery that a patient's doctor considers necessary but that can be delayed by at least 24 hours. Hip replacement, cataract extraction and ligament repairs are examples of elective surgery.

Compared with the same quarter one year ago, a similar amount of elective surgery was conducted in NSW. The same amount of surgery was performed in the urgent category, although semi-urgent and non-urgent surgery both increased by 2%. Staged surgery decreased by 13% compared with last year.

Most patients (93%) continued to receive their surgery on time in NSW. Compared to the same quarter one year ago, the percentage of urgent

patients receiving surgery on time improved by three percentage points. The percentage of semi-urgent and non-urgent patients receiving surgery on time remained largely unchanged.

The Bureau has enhanced its reporting on elective surgery in this issue of *Hospital Quarterly* by reporting on patients who are waiting to have their surgery and reporting by the specialty of the surgeon and most common procedures. [See page 2](#) for more detail about these enhancements.

This is one of three *Hospital Quarterly* modules. For the Emergency Departments and Admitted Patients modules visit [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)



During the quarter	Jul-Sep 2012	Jul-Sep 2011	The difference
Elective surgical procedures performed	54,216 procedures	54,082 procedures	unchanged
Elective surgery patients treated on time	93% on time	92% on time	+1 percentage point
Urgent elective surgery patients treated on time	96% on time	93% on time	+3 percentage points
Semi-urgent elective surgery patients treated on time	92% on time	91% on time	+1 percentage point
Non-urgent elective surgery patients treated on time	92% on time	92% on time	unchanged
Median waiting time for orthopaedic surgery	113 days	113 days	unchanged
Median waiting time for total knee replacement	286 days	300 days	-14 days (-5%)

\* Median waiting time: time by which half of patients received surgery. The other half of patients took equal to or longer than this time.

# Our approach to elective surgery reporting

If a person and their surgeon believe 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	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	Admission <b>within 90 days</b> desirable for a condition not likely to deteriorate quickly
<b>Category 3</b> Non-urgent	Admission <b>within 365 days</b> acceptable for a condition unlikely to deteriorate quickly

## Explaining staged procedures

There are times when surgery is deemed necessary but should not, or cannot, take place until a clinically appropriate time interval has passed. This is called staged surgery and is an essential concept in managing elective surgery. It allows surgeons to place patients on the surgery booking system but prevents them from being admitted to hospital before it is clinically appropriate. Surgeons use clinical judgement to decide whether a procedure should be categorised as staged or not. The Bureau excludes staged and non-urgent cystoscopy procedures from performance measures.

## What we have changed

The Bureau has enhanced how it reports on elective surgery waiting times.

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

The Bureau now reports on patients who are 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, July to September 2012* 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 14 to 15) 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.

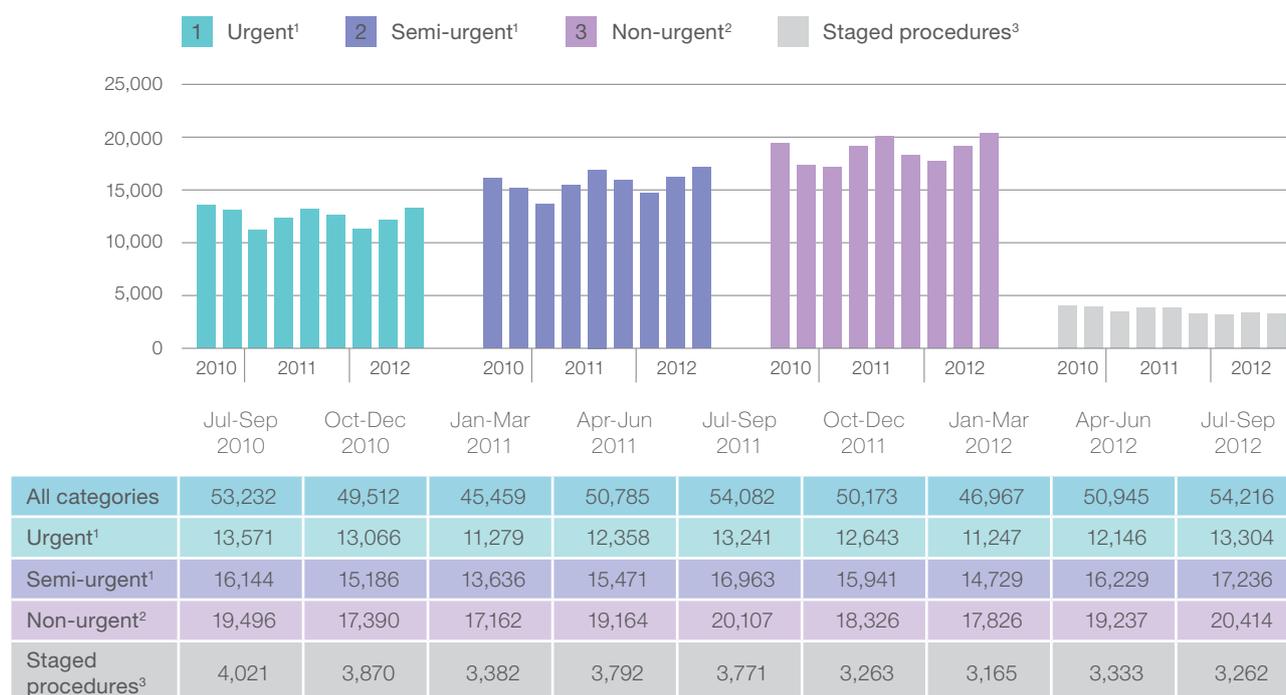
# Number of elective surgery procedures performed

**Note:** Due to a major upgrade to the information system at The Children’s Hospital at Westmead (CHW), the data are not considered reliable enough to report for the July to September 2012 quarter. Results from CHW have also been excluded from NSW current and previous quarters to enable comparisons over time. This hospital accounts for approximately 3% of elective surgery activity but its removal does not have a large effect on waiting times for NSW. Further detail about this analysis can be found in the Bureau’s *Hospital Quarterly Technical Supplement: Elective surgery measures, July to September 2012*, available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

During July to September 2012, the Waiting List Collection On-line System (WLCOS) recorded that 54,216 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 6% higher than the 50,945 conducted in the previous quarter (in line with the usual seasonal pattern) but similar to the 54,082 surgical procedures completed in the same quarter last year (Figure 1).

In this report, results and figures exclude staged patients and non-urgent cystoscopy, unless otherwise stated.

Figure 1: Total number of elective surgery procedures conducted, by urgency category, July 2010 to September 2012



1. Excluding staged procedures.
2. Excluding staged procedures and non-urgent cystoscopy.
3. Including 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 *Hospital Quarterly* reports published prior to May 2011.

**Source:** Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Only one procedure is recorded in the waiting list and counted in this report for each admission, although some patients have more than one procedure during a single admission. A patient can be admitted more than once in a quarter for elective procedures and each admission is counted.

**Urgent surgery:** There were 13,304 procedures completed, up less than 1% compared with one year ago. Urgent procedures made up 25% of all completed elective surgery.

**Semi-urgent surgery:** There were 17,236 procedures completed, up 2% compared with one year ago. Semi-urgent procedures made up 32% of all completed elective surgery.

**Non-urgent surgery:** There were 20,414 procedures completed, up 2% compared with one year ago. Non-urgent procedures made up 38% of all completed elective surgery.

**Staged surgery:** There were 3,262 procedures, down 13% compared with one year ago. Staged procedures made up 6% of all completed elective surgery.

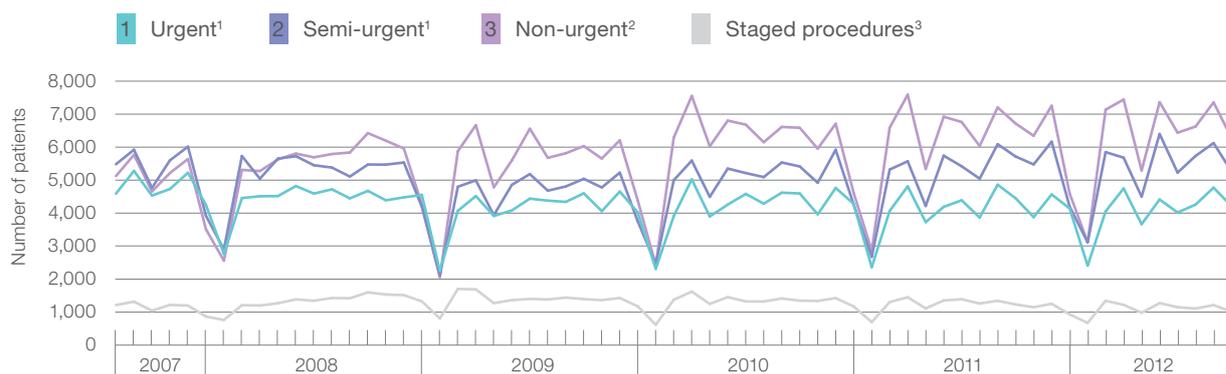
## Change over five years

The composition of surgical procedures completed by urgency category has changed over the past five years (Figure 2). Most of this shift in surgical composition occurred during 2008 and early 2009.

Comparing the proportions that the surgical categories make up of all completed procedures, urgent surgery has decreased from 29% of all surgical procedures in August 2007 to 25% in August 2012.

Over the same period, non-urgent procedures have increased from 32% of all surgical procedures to 38%.

Figure 2: Patients who received elective surgery, by urgency category, by month, July 2007 to September 2012



1. Excluding staged procedures.
2. Excluding staged procedures and non-urgent cystoscopy.
3. Including 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 Hospital Quarterly reports* published prior to May 2011.

**Source:** Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

# Patients admitted on time for elective surgery

In the July to September 2012 quarter, 93% of all patients who were admitted to a public hospital for elective surgery were admitted within the time frame recommended by their surgeon (Figure 3), similar to the preceding quarter (92%) and the same quarter in 2011 (92%).

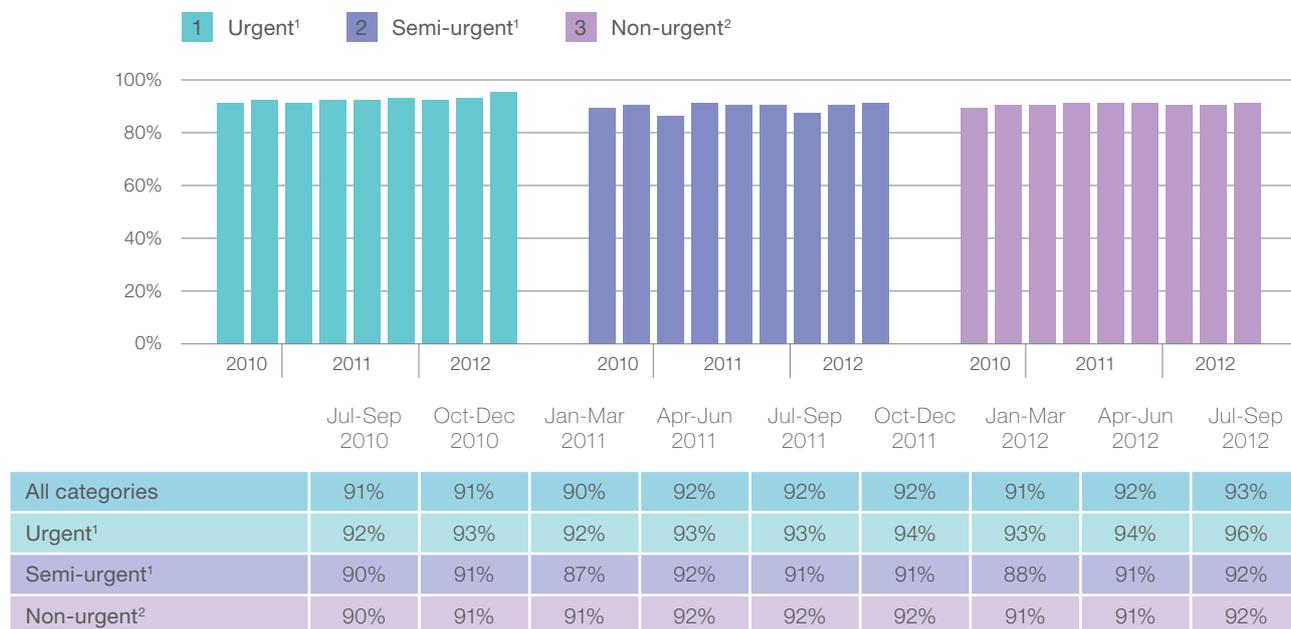
Figure 3 presents the percentage of patients in each surgical category who received their surgery on time for the most recent nine quarters. These results exclude staged patients and non-urgent cystoscopy procedures.

**Urgent surgery:** 96% of patients were admitted within the recommended 30 days, up two percentage points compared with the last quarter and up three percentage points compared with the same quarter in 2011.

**Semi-urgent surgery:** 92% of patients were admitted within 90 days, up one percentage point compared with the last quarter and the same quarter in 2011.

**Non-urgent surgery:** 92% of patients admitted within 365 days, up one percentage point compared with the last quarter but similar to the same quarter in 2011.

Figure 3: Percentage of elective surgery patients treated within recommended waiting time, by urgency category, July 2010 to September 2012



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 *Hospital Quarterly reports* published prior to May 2011.

**Source:** Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

# Median waiting times for elective surgery

Median wait time is the number of days by which half of patients received surgery. The other half took equal to or longer than the median.

Figure 4 presents the median waiting time to be admitted for surgery for the current quarter and the eight quarters prior to this. These results exclude staged patients and non-urgent cystoscopy procedures.

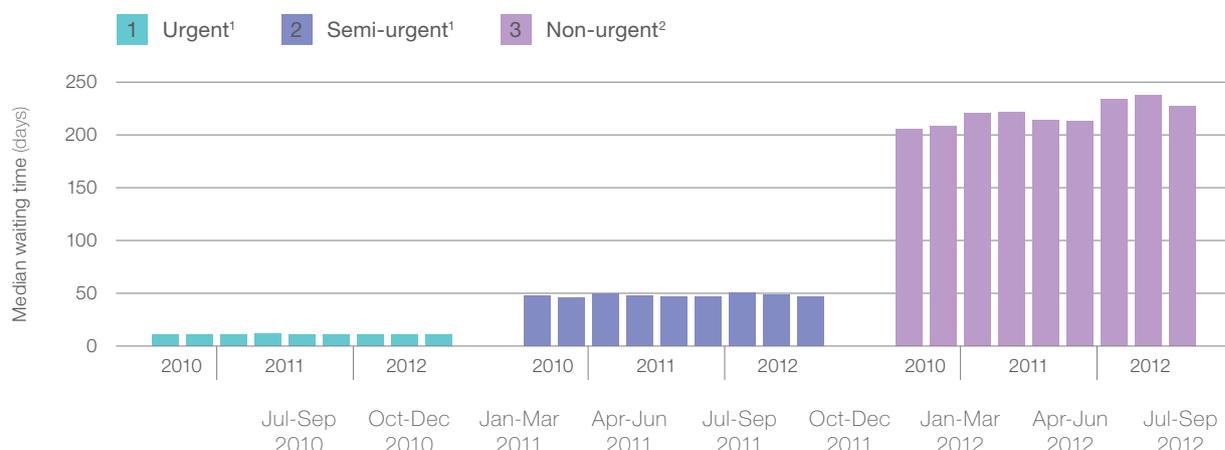
**Urgent surgery:** The median wait was 11 days – largely unchanged over the past two years, when the median wait time ranged from 11 to 12 days.

**Semi-urgent surgery:** The median wait time for this category was 47 days, similar to the same quarter in 2011 but one day less than the same quarter in 2010 (48 days).

**Non-urgent surgery:** The median wait time for this category was 229 days, 13 days more than the same quarter in 2011 (216 days).

In part due to the longer wait times, non-urgent median waiting times appear as the most volatile of the three urgency categories. Over the past nine quarters, non-urgent procedure wait times have ranged from 207 days in July to September 2010 to 240 last quarter.

Figure 4: NSW elective surgery median waiting time (days), by urgency category, July 2010 to September 2012



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 *Hospital Quarterly reports* published prior to May 2011.

**Source:** Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

# 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 5 presents the 90th percentile waiting time to be admitted for surgery for the current quarter and the eight quarters prior to this. These results exclude staged patients and non-urgent cystoscopy procedures.

**Urgent surgery:** The 90th percentile wait was 28 days – largely unchanged over the past two years, when the 90th percentile wait time ranged from 28 to 29 days.

**Semi-urgent surgery:** The 90th percentile wait time for this category was 88 days, two days less than the same quarter in 2011 (90 days) and three days less than the same quarter in 2010 (91 days).

**Non-urgent surgery:** The 90th percentile wait time for this category was 363 days, similar to the same quarter in 2011 (363 days) but two days less than the same quarter in 2010 (365 days).

Figure 5: NSW elective surgery 90th percentile waiting time (days), by urgency category, July 2010 to September 2012



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 *Hospital Quarterly reports* published prior to May 2011.

**Source:** Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

## Cumulative wait time

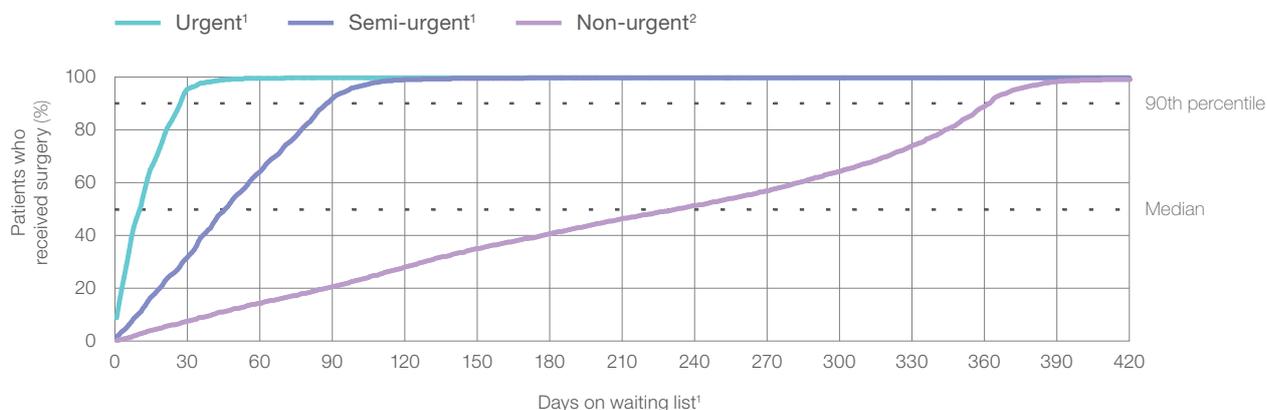
Greater detail on how long people waited to be admitted for their elective surgery during July to September 2012 is presented in [Figure 6](#).

The graph's slopes 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.

Urgent patients have the most rapid rate of admission and almost all patients are admitted for surgery within 45 days. Non-urgent patients are admitted at a slower rate with almost all patients admitted within 420 days.

Figure 6: Cumulative percentage of patients who received elective surgery, by waiting time (days), July to September 2012



1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

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

Source: Waiting List Collection On-line System, NSW Health. Data extracted on 19 October 2012.

## Small number suppression

Some hospitals conduct few surgical procedures. Small numbers in any group need to be treated cautiously to protect patients' identities. 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 1). If there are fewer than 10 patients in any group, on-time performance and median waiting times are suppressed (Appendix tables 2 and 3). If there are fewer than 100 patients in any group, the 90th percentile is suppressed (Appendix table 3).

# Median waiting times by specialty

Figure 7 presents the median waiting times for patients who received elective surgery and the number of 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 (189 days), ear, nose and throat surgery (122 days) and orthopaedic surgery (113 days) were the surgical specialties with the longest median waiting times in July to September 2012. These specialties also had the longest median waiting times in the same quarter last year.

Cardio-thoracic surgery (20 days), vascular surgery (20 days) and other medical (22 days) had the shortest median waiting times. These specialties also had the shortest median waiting times in the same quarter last year.

General surgery (14,343 patients), orthopaedic surgery (8,121 patients) and gynaecology (7,619 patients) were the surgical specialties with the highest number of patients receiving elective surgery in the July to September 2012 quarter.

Cardio-thoracic surgery (896 patients) and other medical (497 patients) had the lowest number of patients receiving elective surgery.

Figure 7: Median<sup>1</sup> waiting time (days) for patients who received elective surgery, by specialty, July to September 2012



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.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

# Median waiting times by common procedures

Figure 8 presents the median waiting times for patients who received elective surgery and the number of patients who received elective surgery, by common procedures. The procedure is the treatment the patient receives when admitted to hospital for elective surgery.

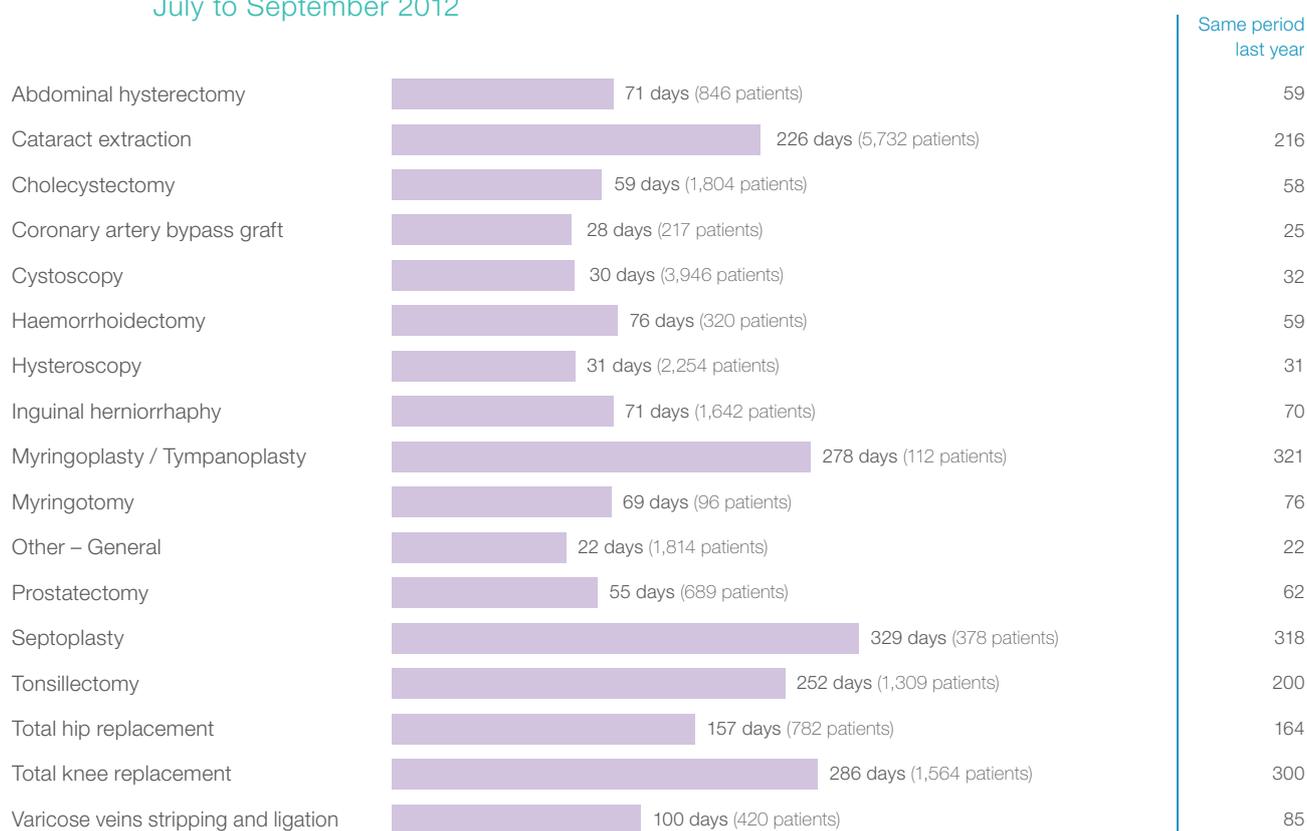
The length of time by which half of patients received surgery varied by procedure. The procedures with the longest median waiting times in the July to September 2012 quarter were septoplasty

(329 days), total knee replacement (286 days) and myringoplasty/tympanoplasty (278 days).

The procedures with the shortest median waiting times were other-general (22 days) and coronary artery bypass graft (28 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 (5,732 patients) performed in the July to September 2012 quarter.

Figure 8: Median<sup>1</sup> waiting time (days) for patients who received elective surgery, by procedure,<sup>2</sup> July to September 2012



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: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

# Elective surgery waiting list

The following three pages are about patients who have not received surgery but are waiting for elective surgery and are ready for surgery.

During July to September 2012, there were 68,145 patients waiting for elective surgery at the start of the quarter, up 4% compared with one year ago. During the quarter, patients were added to and removed from the waiting list. Patients can be 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.

As at 30 September 2012, there were 67,547 patients waiting for elective surgery, up 3% compared with the same quarter last year. A breakdown of patients waiting for elective surgery by urgency category shows that 80% were assigned as non-urgent, 17% as semi-urgent and 3% as urgent. The greatest increase was seen in the urgent category with patients waiting for surgery, up 6% compared with the same quarter last year.

As at 30 September 2012, there were 11,550 patients not ready for surgery on the waiting list, down 4% compared with the same quarter last year.

Figure 9: Elective surgery waiting list, July to September 2012

	Same period last year	Change since one year ago
Patients ready for surgery on waiting list at start of quarter: 68,145 patients	65,333	4%
Patients ready for surgery on waiting list at end of quarter: 67,547 patients	65,647	3%
Patients not ready for surgery <sup>1</sup> on waiting list at end of quarter: 11,550 patients	12,060	-4%

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

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2012, October to December 2012, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

Figure 10: Elective surgery waiting list, as at 30 September 2012

	Same period last year	Change since one year ago
Patients ready for surgery on waiting list by urgency category: 67,547 patients		
1 Urgent <sup>1</sup>	1,920	6%
2 Semi-urgent <sup>1</sup>	11,346	-1%
3 Non-urgent <sup>2</sup>	52,381	4%

1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

# Elective surgery waiting list by specialty

Figure 11 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 specialty of the surgeon describes the area of clinical expertise held by the doctor who is to perform the surgery.

The time waiting more than 12 months does not include the time waited for the initial appointment with the specialist.

Orthopaedic surgery (170 patients) and ear, nose and throat surgery (127 patients) were the surgical

specialties with the highest number of patients waiting more than 12 months as at 30 September 2012. Cardio-thoracic surgery had zero patients waiting in NSW more than 12 months.

Orthopaedic surgery (17,144 patients) and ophthalmology (15,491 patients) were the surgical specialties with the highest number of patients waiting for surgery as at 30 September 2012.

Cardio-thoracic surgery (322 patients) and other medical (239 patients) had the lowest number of patients waiting for elective surgery.

Figure 11: Patients waiting for elective surgery and patients waiting more than 12 months, by specialty, as at 30 September 2012

	Patients waiting	Patients waiting (same time last year)	Change since one year ago	Patients waiting more than 12 months	Patients waiting more than 12 months (same time last year)	Change since one year ago
All specialties	67,547	65,647	3%	417	305	37%
Cardio-thoracic surgery	322	286	13%	0	0	n / a
Ear, nose and throat surgery	9,245	8,422	10%	127	26	388%
General surgery	12,007	12,292	-2%	50	65	-23%
Gynaecology	5,865	5,631	4%	33	8	313%
Neurosurgery	1,064	1,200	-11%	8	18	-56%
Ophthalmology	15,491	14,740	5%	16	45	-64%
Orthopaedic surgery	17,144	16,868	2%	170	131	30%
Other medical	239	279	-14%	< 5	0	n / a
Plastic surgery	2,190	2,009	9%	< 5	< 5	*
Urology	3,196	3,080	4%	< 5	6	*
Vascular surgery	784	840	-7%	< 5	< 5	*

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

# Elective surgery waiting list by common procedures

Figure 12 presents the number of patients on the waiting list by common procedures. The procedure is the treatment the patient will receive when admitted to hospital for elective surgery. Only common procedures are listed.

Cataract extraction was the most common procedure (13,868 patients) that patients were waiting for as at 30 September 2012.

Of the most common procedures, the procedures that had the least number of patients waiting were coronary artery bypass graft (123 patients) and myringotomy (184 patients).

Figure 12: Patients waiting for elective surgery by procedure,<sup>1</sup> as at 30 September 2012

	Patients waiting	Patients waiting (same time last year)	Change since one year ago
Abdominal hysterectomy	789	1,090	-28%
Cataract extraction	13,868	13,150	5%
Cholecystectomy	1,871	1,990	-6%
Coronary artery bypass graft	123	86	43%
Cystoscopy	1,088	1,311	-17%
Haemorrhoidectomy	356	393	-9%
Hysteroscopy	1,294	1,232	5%
Inguinal herniorrhaphy	2,212	2,196	1%
Myringoplasty / Tympanoplasty	338	313	8%
Myringotomy	184	166	11%
Other – General	1,048	1,085	-3%
Prostatectomy	605	649	-7%
Septoplasty	1,478	1,243	19%
Tonsillectomy	3,451	3,294	5%
Total hip replacement	2,001	1,973	1%
Total knee replacement	4,730	4,588	3%
Varicose veins stripping and ligation	573	636	-10%

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: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 on 19 October 2012. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 26 October 2012. Data extracted for all previous quarters on 15 July 2011.

## Appendix: Activity 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.

**Appendix table 3a** 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 table 2a** presents the percentages of elective surgery admissions within the clinically recommended time for each urgency category for July to September 2012. 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: Activity by hospital and peer group

**Appendix table 1b** 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.

**Appendix table 3b** 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.

**Appendix table 2b** presents the percentages of elective surgery admissions within the clinically recommended time for each urgency category for July to September 2012. 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, July to September 2012* and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *At a Glance* summarising the three core modules
- Three core modules titled *Admitted Patients, Elective Surgery and Emergency Departments*
- Activity and performance profiles about emergency department care and elective surgery for more than 60 hospitals and NSW as a whole
- *Data Quality Assessments and Data Completeness Reports*
- *Technical Supplements*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

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

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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.