

Backgrounder

Hospital Quarterly: Performance of NSW public hospitals January to March 2011

Q: Why has the Bureau changed the reporting method for elective surgery?

The Bureau of Health Information takes a new approach to measuring elective surgery wait times to address differences in how NSW hospitals record patients on waiting lists. The new approach creates a more level playing field to give a better picture of hospital comparisons.

The Bureau's analysis found hospitals had different ways of booking staged patients onto surgery waiting lists. These differences made it difficult to accurately compare hospitals.

Q: What exactly has changed?

The Bureau has excluded 3,500 staged surgery procedures from the 46,500 procedures reported on for January to March 2011.

By excluding these staged procedures we remove recording variations and can see more clearly how one hospital compares with another.

Q: What is staged surgery?

For medical reasons some elective surgery cannot be completed before a certain date - this is called a staged procedure. Because patients cannot, or should not, have their staged procedure before the prescribed date, they are not considered to be 'waiting for care'.

Historically, however, waiting time measurement for completed elective surgery has included patients booked for staged procedures. This can have the effect of reducing the reported median waiting time at a hospital without reducing the number of days patients actually waited for their surgery.

Q: What sorts of procedures are staged?

Examples of staged procedures include: waiting for a broken bone to heal before removing pins or plates; the time needed for hormone therapy to work before egg-harvesting takes place during in-vitro fertilisation (IVF); and certain invasive procedures (such as cystoscopy) that sometimes need to be conducted at set intervals.

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Q: Why has the Bureau introduced this method of reporting now?

This new reporting method represents significant work by a team of data analysts at the Bureau.

The new way of reporting these wait times creates a level playing field so hospitals can be compared more fairly.

The Bureau's role is to build on the amount of information available to the public.

Q: Why do hospitals have different reporting methods?

There has been variation in how hospitals interpreted the guidelines for recording staged surgery.

The recording guidelines for staged surgery are being reviewed by NSW Health.

Q: Why do some hospitals have more staged patients than others?

Patient mix varies from hospital to hospital. Some hospitals specialise in areas where procedures are frequently staged, such as orthopaedics or IVF.

Q: What are the changes in the new and historic reporting approaches?

To interpret changes in hospital wait-time performance, it is important to compare across time using the same method, not between the new and historic methods of measuring wait-time performance.

The difference between the new and historic approaches reflects a change in reported waits rather than telling us whether patients waited longer.

To see how long patients waited over time the report applies the new method to wait time data since 2009 – see www.bhi.nsw.gov.au

The median wait time for non-urgent surgery was 10 days longer than a year ago.

Q: How have waiting times changed for non-urgent elective surgery?

During the January to March 2011 quarter 90% of patients received their elective surgery on time.

The median wait for non-urgent surgery was 10 days longer than one year ago and approximately 10 weeks longer than two years ago.

These increases that have occurred across time are largely the same using either the new or historic methods of calculation.