

MEDIA BACKGROUND

Hospital Quarterly: Performance of NSW public hospitals July to September 2013

Hospital Quarterly is the quarterly report on performance of the NSW public hospital system and provides individual profiles, for NSW as a whole and more than 80 hospitals, for emergency department and elective surgery wait times.

This edition provides new analysis of factors that affect the performance of emergency departments and achievement of targets for elective surgery.

Admitted Patients, July to September 2013

There were more than 457,000 admitted patient episodes from July to September 2013. This is 17,591 (4%) more than the same quarter a year ago.

There were 1,419,264 acute bed days which represents a 3% reduction in bed days (40,998) compared to the same quarter a year ago.

The average length of stay was 3.2 bed days which 0.2 days less than the same quarter a year ago.

Emergency Departments, July to September 2013

More than half a million patients (568,372) attended NSW emergency departments (EDs) from July to September 2013. This is 3% more than the same quarter a year ago and 7% more than two years ago.

The number of patients admitted to hospital from the ED has increased by 4% to 162,103 but was highly variable between hospitals.

Almost half of all emergency attendances 249,058 (44%) were for patients in the semi-urgent category (triage 4), 33% were in the urgent category (triage 3), 11% in the non-urgent category (triage 5) and 11% in the emergency category (triage 2). Patients in the resuscitation category (triage 1) accounted for less than 1% of all ED patients.

Transfer of care and off stretcher time

- 80% of patients arriving at NSW EDs had a transfer of care time within 30 minutes. The NSW target is 90% of arrivals to have their care transferred within 30 minutes.
- The median transfer of care time has improved by two minutes (from 16 minutes during the July to September 2012 period to 14 minutes in the same quarter in 2013).
- The median off stretcher time during the July to September 2013 was 27 minutes, fairly stable over the last five quarters.

Time to start treatment

At a state level, the Bureau reports the time it takes for patients to begin treatment following arrival at the ED across four triage categories. The results are provided below and compared to the same quarter for the previous year.

- The Bureau does not report time to treatment for triage 1 patients (e.g. critical injury, cardiac arrest) as this category is extremely time sensitive, representing a two minute window to begin treatment.
- Triage 2 – emergency (e.g. chest pain, severe burns)
The median time to start treatment was 8 minutes (unchanged) and 95% of people started treatment between 0 and 38 minutes (3 minutes shorter than the same quarter the previous year).
- Triage 3 – urgent (e.g. moderate blood loss, dehydration)
The median time to start treatment was 22 minutes (2 minutes shorter) and 95% of people started treatment between 0 and 117 minutes (20 minutes shorter than the same quarter the previous year).
- Triage 4 – semi-urgent (e.g. sprained ankle, earache)
The median time to start treatment was 30 minutes (3 minutes shorter) and 95% of people started treatment between 0 and 165 minutes (19 minutes shorter than the same quarter the previous year).
- Triage 5 – non-urgent (e.g. small cuts, abrasions)
The median time to start treatment was 26 minutes (4 minutes shorter) and 95% of people started treatment between 0 and 152 minutes (22 minutes shorter than the same quarter the previous year).

Compared to the same quarter in 2012, the time that it took for half of patients to start treatment was the same or shorter across all triage categories and 95% of patients were seen more quickly in all triage categories.

Leaving the emergency department

- The median time to leaving the ED for all patients was 3 hours and 8 minutes after arrival. This is 18 minutes shorter than the same quarter in 2012.
- The 95th percentile time to leaving the ED was 12 hours and 9 minutes after arrival. This is an improvement on 14hrs 16mins during the same quarter in 2012.
- The patients who received treatment in the ED and were subsequently transferred to a ward, a critical care unit or an operating suit in the hospital generally spent the longest time in the ED.

National Emergency Access Target

Hospital Quarterly reports how NSW hospitals are performing against the National Emergency Access Target (NEAT). The annual target for NSW in 2013 is for 71% of all patients to leave emergency departments within four hours.

- During the July to September 2013, 65% of patients left NSW EDs within four hours.
- Despite an improvement of 7 percentage points from the same quarter last year, NSW remained below the 71% annual target during this quarter.

New analysis

- Hospitals that have a lower proportion of urgent cases are more likely to have a higher percentage of patients leave the ED within four hours.
- Most hospitals achieve the NEAT target for their treated and discharged patients but are unable to meet this target for their admitted or transferred patients.

Elective Surgery, July to September 2013

- During the July to September 2013 quarter, 57,833 elective surgery procedures were completed in NSW public hospitals or in facilities contracted by NSW public hospitals. This is 4% more surgical procedures than completed in the same quarter in 2012.
- 97% of all elective surgery patients were admitted within the recommended time for the urgency of their care, an improvement of 4 percentage points compared to the same quarter the previous year.
- There were more non-urgent surgeries completed during July to September 2013 than in any quarter over the past 2 years

Surgeries performed on time

Recommended times for surgery are 30 days for urgent surgery, three months for semi-urgent surgery and 365 days for non-urgent surgery.

During the July to September 2013 NSW achieved:

- 99% on time for urgent surgeries, an increase of 3% compared to the same quarter last year. The median wait times for urgent surgery was 10 days
- 97% on time for semi-urgent surgeries, an increase of 5% compared to the same quarter last year. The median wait times for semi-urgent surgery was 43 days
- 96% on time for non-urgent surgeries, an increase of 4% compared to the previous quarter. The median wait time for non-urgent surgery was 215 days.
- 47 hospitals met the recommended times for surgery for 99% of patients or more
- 50 hospitals improved on time surgery (in addition to 19 hospitals that remain at 100% on time).

90th percentile improving

- The 90th percentile wait for urgent surgery was 26 days, two and three days less than the same quarters in 2012 and 2011 respectively.
- The 90th percentile wait time for semi-urgent surgery was 83 days, five days less than the same quarter in 2012 (88 days) and seven days less than the same quarter in 2011 (90 days).
- The 90th percentile wait time for non-urgent surgery was 357 days, six days less than the same quarter in 2012 (363 days) and six days less than the same quarter in 2011

Longest median times by specialty

- Ophthalmology (157 days)
- Ear, nose and throat (120 days)
- Orthopaedic (112 days)

The procedures with the shortest median waiting times:

- Other (21 days)
- Coronary artery bypass graft (25 days)
- Cystoscopy (29 days)
- There was a 9% reduction in the number of people waiting for urgent surgery, a 4% increase in the number of people waiting for semi-urgent surgery and 1% increase for those patients waiting for non-urgent surgery compared to the same quarter the previous year.
- At the end of the quarter there were 532 patients who were waiting more than 12 months for surgery compared to 432 patients the same quarter last year.

New analysis

- Elective surgery waiting time performance does not appear to be affected by the number of procedures performed or by the mix of surgical patients within hospitals
- Variation exists in 90th percentile waiting times across all urgency categories and between similar hospitals