

Hospital Quarterly

Activity and performance in NSW public hospitals

July to September 2014



BUREAU OF HEALTH INFORMATION

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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 **bhi.nsw.gov.au** for any amendments.

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Introduction

Every day around 25,000 people receive care in the NSW public hospital system. Hospital Quarterly is a series of regular reports that track services provided in NSW public hospitals and the timeliness with which they were provided.

The Hospital Quarterly report is structured around two key types of measures, activity measures and performance measures. Activity measures are used to describe the volume and type of services provided while performance measures are used in this instance to describe the timeliness of service provision.

- Within the section on activity, data are provided for emergency department (ED) presentations; hospital admissions; and elective surgery procedures (Figure i)
- Within the section on performance, data are provided for ED presentations and elective surgery procedures (Figure ii).

The format of this report represents a consolidation of three previously separate modules that comprised the Hospital Quarterly report.

Hospital Quarterly appendix tables (at the back of this report) provide information about activity and performance in NSW public hospitals at a state, local health district (LHD), peer group and individual hospital level.

Additional comparative information about activity and performance in NSW public hospitals is available in the BHI online interactive portal, Healthcare Observer, at www.bhi.nsw.gov.au/healthcare_observer

About the data

The data used in Hospital Quarterly analyses are transmitted by the state's hospitals to centralised data warehouses administered by the NSW Ministry of Health. Hospital admission and ED data in this report were extracted from the NSW Health Information Exchange (HIE) on 27 October 2014. Elective surgery data were extracted from the Waiting List Collection On-line System (WLCOS) on 20 October 2014.

ED data is drawn from the Emergency Department Data Collection (EDDC). While not all EDs have systems in place to supply records to EDDC, data coverage has increased over time from 82% of NSW ED activity in 2005-06 to 92% in 2013-14.

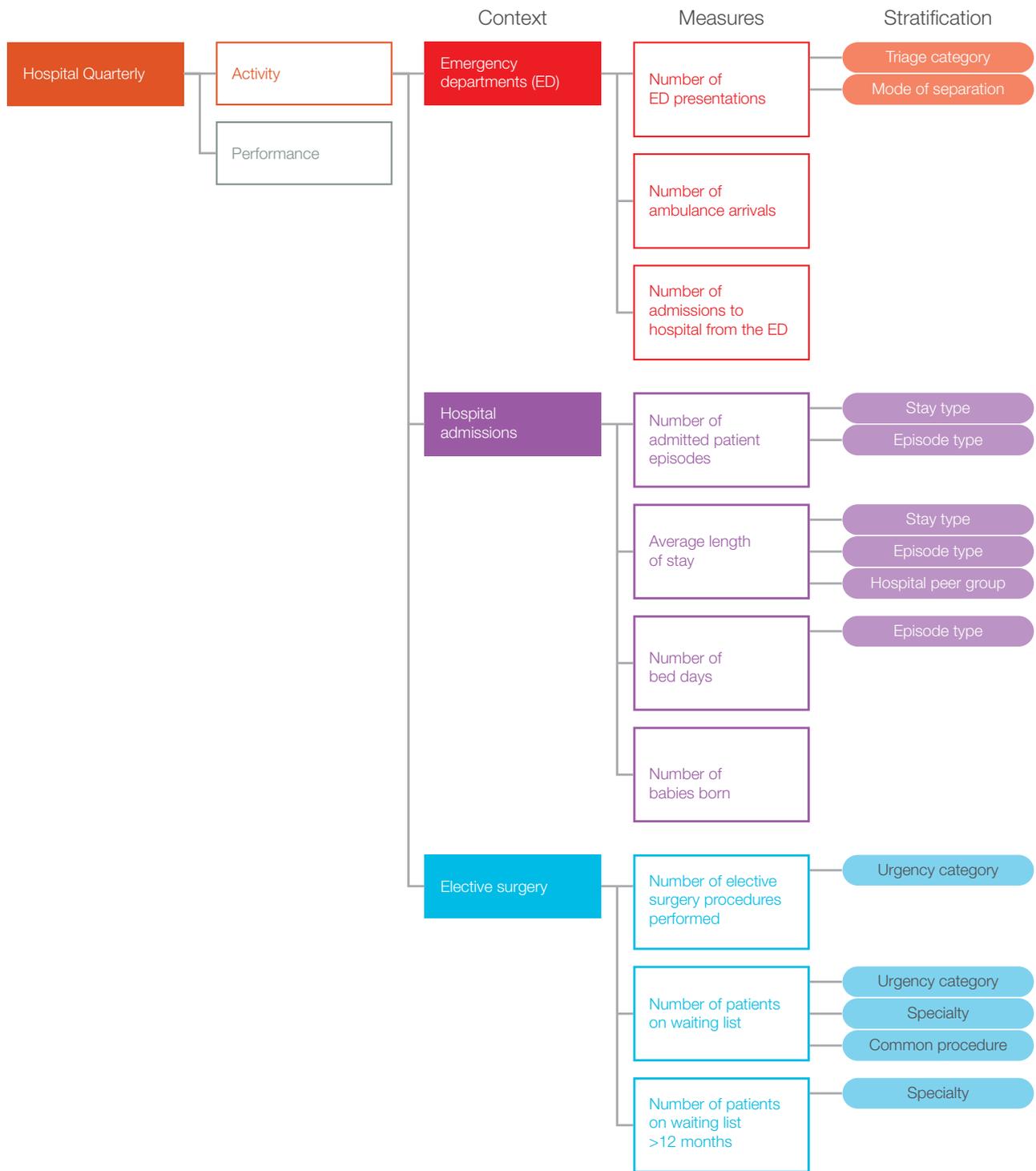
The ED data reported here covers 117 facilities for which electronic data are reported. These facilities provide approximately 91% of NSW ED activity. Hospitals transitioning to new patient information systems are excluded from performance data during the quarter(s) of implementation.

ED activity and performance numbers may differ from those previously reported due to differences in the number of EDs included and when data were extracted from the ED information systems.

Hospital admission data includes hospitalisations in public hospitals, privately managed hospitals contracted to supply services for public patients, public multi-purpose services, and public psychiatric hospitals. Non-admitted patients (including community residential care), organ donors (posthumously admitted), hospital boarders are not included in these data. Newborn babies who are aged nine days or less at the time of admission and who do not require treatment for health problems are also not included in these data.

Elective surgery data includes procedures performed during the quarter, and patients currently on the waiting list to receive surgery.

Figure i Hospital activity measures included in this report



About the measures

Hospital Quarterly uses a number of measures to report activity and performance in NSW public hospitals (Figures i and ii). Where the focus is on measuring activity, numbers and percentages are commonly used. Where the focus is on measuring performance (in terms of timeliness to care or treatment in the ED and for people undergoing elective surgery), the median and 90th or 95th percentile times are commonly used. The median is the time period within which half of people waiting had received the relevant care or treatment. The 90th or 95th percentile represents the time period within which most people received the relevant care or treatment. Performance is also measured across EDs and elective surgery as the percentage of patients treated or surgery provided within a particular time period. For example, the percentage of patients leaving the ED within four hours and percentage of elective surgery performed within recommended timeframes.

About the analyses

The data specifications and analytic methods used for Hospital Quarterly are described in Technical Supplement, Hospital Quarterly: Performance of NSW public hospitals at www.bhi.nsw.gov.au.

Hospital Quarterly includes a number of commonly used terms and classifications to describe activity and performance across EDs, hospital admission and elective surgery. These are further described in Table 4.

Making direct comparisons of activity and performance between hospitals is not straightforward because hospitals vary in size and type and in the complexity of clinical services they provide. To enable valid comparisons to be made between hospitals, it is important to consider similar hospitals together. To do this, Hospital Quarterly uses a NSW Health classification system called 'hospital peer groups' (Table 1).

An index of NSW public hospitals by LHD and hospital peer group can be found at the back of this report.

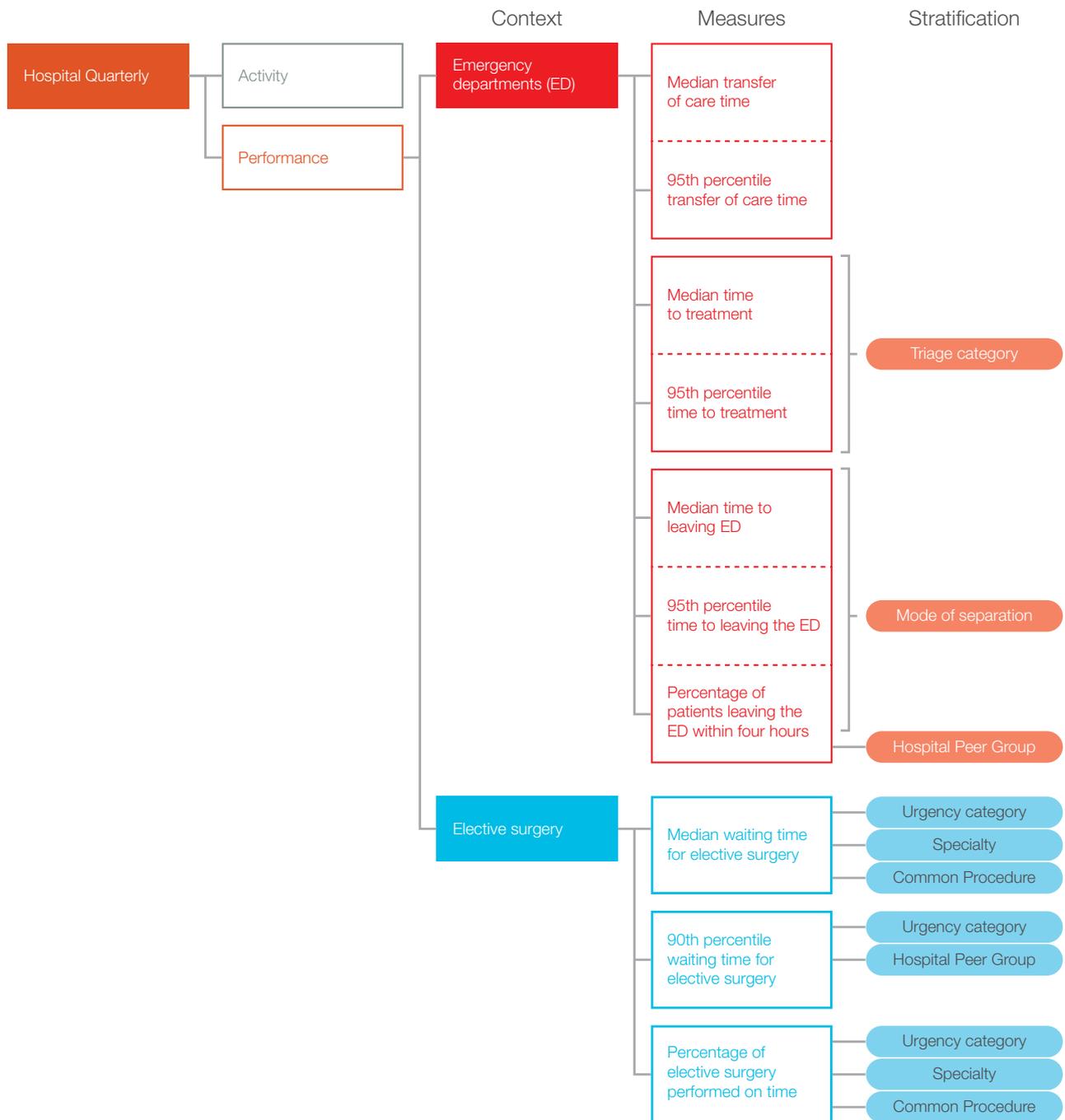
Urgency categories should be considered in making fair comparisons in activity and performance across EDs and elective surgery. See Table 4 for a description of ED triage categories and elective surgery urgency categories.

Percentages in this report are rounded to whole numbers and therefore may not add to 100%. Percentages greater than 99.5% may also be rounded to 100%.

Table 1 **NSW public hospital peer groups**

Peer 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.

Figure ii Hospital performance measures included in this report



Key findings

Hospital activity measures

How many people presented at NSW emergency departments?

- This quarter, there were 611,200 presentations at NSW emergency departments (EDs), 2,512 more than the same quarter last year (< 1% change)
- Most (97%) were emergency presentations (590,132)
- Compared to the same quarter last year, there was an increase in the number of presentations across triage category 1 (up 5%), triage category 2 (up 7%) and triage category 3 (up 2%). There was a decrease in the number of presentations in triage category 5 (down 6%), and no change in triage category 4
- 144,633 presentations arrived by ambulance (up 1% compared to the same quarter last year).

How did patients leave the emergency department?

- The majority of presentations (62%) resulted in people being treated and discharged from NSW EDs this quarter
- 29% of presentations resulted in patients being treated and admitted to hospital; 6% resulted in patients leaving without or before completing treatment, and 2% resulted in patients being transferred to another hospital
- There were 174,960 admissions to hospital from NSW EDs (up 5% compared to the same quarter last year).

How many patients were admitted to public hospitals?

- There were 468,600 admitted patient episodes this quarter, 10,704 more (up 2%) than in the same quarter last year
- The majority of admissions (96%) were for acute episodes of care
- Over half (55%) were overnight episodes (259,950), the remaining 45% (208,650 episodes)

were same-day admitted patient episodes (up 4% compared to the same quarter last year)

- The average length of stay for acute overnight admitted patient episodes was 5.0 days, unchanged compared to the same quarter last year
- 1,734,491 bed days of care were provided. The total number of acute bed days has increased (up 2%) compared to the same quarter last year
- 18,321 babies were born (up 2% compared to the same quarter last year).

How many elective surgery procedures were performed?

- There were 58,513 elective surgery procedures performed this quarter, 753 more than in the same quarter last year (up 1%):
 - Urgent surgery (12,753 procedures) made up 22% of all elective surgery procedures
 - Semi-urgent surgery (18,724 procedures) made up 32% of all elective surgery procedures
 - Non-urgent surgery (23,467 procedures) made up 40% of all elective surgery procedures
 - Staged surgery (3,569 procedures) made up 6% of all elective surgery procedures
- At the end of the quarter, there were 72,573 people on the elective surgery waiting list; 4% more than the same quarter last year:
 - 1,689 (2%) were waiting for urgent surgery
 - 12,131 (17%) were waiting for semi-urgent surgery
 - 58,753 (81%) were waiting for non-urgent surgery
- Compared to the same quarter last year, the number of patients waiting for urgent surgery has decreased by 9%, the number waiting for semi-urgent surgery has increased by 1%, and the number waiting for non-urgent surgery has increased by 5%.

Table 2 provides a summary of NSW public hospital activity measures for July to September 2014.

Table 2 Summary of NSW public hospital activity measures

Emergency department (ED) activity		July to September 2013	July to September 2014	Difference	% change
All arrivals at NSW EDs by ambulance		142,835	144,633	1,798	1%
All ED presentations		608,688	611,200	2,512	< 1%
Emergency presentations		585,717	590,132	4,415	1%
Emergency presentations by triage category					
Triage category	T1: Resuscitation	4,077	4,295	218	5%
	T2: Emergency	65,701	70,122	4,421	7%
	T3: Urgent	194,978	198,540	3,562	2%
	T4: Semi-urgent	257,093	257,213	120	unchanged
	T5: Non-urgent	63,868	59,962	-3,906	-6%
Admissions to hospital from NSW EDs		167,189	174,960	7,771	5%
Admitted patient activity		July to September 2013	July to September 2014	Difference	% change
All admitted patient episodes		457,896	468,600	10,704	2%
All acute episodes		439,629	449,563	9,934	2%
Overnight episodes		241,528	244,728	3,200	1%
Same-day episodes		198,101	204,835	6,734	3%
Non-acute episodes		18,267	19,037	770	4%
Average length of stay	All acute episodes	3.2 days	3.2 days	0 days	unchanged
	Acute overnight episodes	5.0 days	5.0 days	0 days	unchanged
	Non-acute episodes	15.2 days	15.6 days	0.4 days	3%
Hospital bed days	All bed days	1,694,648	1,734,491	39,843	2%
	Acute bed days	1,416,413	1,437,835	21,422	2%
	Non-acute bed days	278,235	296,656	18,421	7%
Babies born in NSW public hospitals		17,983	18,321	338	2%
Elective surgery activity		July to September 2013	July to September 2014	Difference	% change
Elective surgery procedures performed		57,760 procedures	58,513 procedures	753	1%
Urgency category	Urgent surgery	13,505	12,753	-752	-6%
	Semi-urgent surgery	18,687	18,724	37	unchanged
	Non-urgent surgery	22,129	23,467	1,338	6%
Patients on waiting list		69,782	72,573	2,791	4%
Patients ready for surgery at end of quarter	Urgent surgery	1,851	1,689	-162	-9%
	Semi-urgent surgery	11,969	12,131	162	1%
	Non-urgent surgery	55,962	58,753	2,791	5%

Hospital performance measures

How long did patients wait for treatment?

- The majority of patients (80%) had their care transferred from ambulance to ED staff within 30 minutes (unchanged compared to the same quarter last year)
 - Median time from presentation to starting treatment was the same or slightly shorter compared to the same quarter last year across all triage categories:
 - Eight minutes for triage category 1 (no change)
 - 22 minutes for triage category 3 (no change)
 - 28 minutes for triage category 4 (two minutes less)
 - 24 minutes for triage category 5 (one minutes less)
 - 95th percentile time to starting treatment was shorter for patients in triage categories three, four and five, and slightly longer for patients in triage category two:
 - 41 minutes for triage category two (two minutes more)
 - One hour 54 minutes for triage category three (three minutes less)
 - Two hours and 29 minutes for triage category four (15 minutes less)
 - Two hours and 20 minutes for triage category five (11 minutes less)
 - Both the median and 95th percentile time to leaving the ED were the lowest recorded in any July to September quarter over the past five years
- Compared to the same quarter last year:
 - Median time to leaving the ED was two hours and 57 minutes (six minutes less)
 - Time taken for 95% of patients to leave the ED (95th percentile time to leaving) was 11 hours and 56 minutes (no change)
 - 69% of patients left the ED within four hours of presentation, three percentage points more than in the same quarter last year
 - The majority of NSW public hospitals (49 out of 76) showed an improvement in the percentage of patients who left the ED within four hours, compared to the same quarter last year. These improvements were seen across all hospital peer groups.

How long did patients wait for elective surgery?

- Waiting times for elective surgery remained similar across all urgency categories compared to the same quarter last year:
 - Median waiting time was 10 days for urgent surgery (no change), 44 days for semi-urgent surgery (one day more) and 216 days for non-urgent surgery (one day more)
 - Time taken for 90% of patients to receive surgery (90th percentile waiting time) was 25 days for urgent surgery (one day less), 83 days for semi-urgent surgery (no change) and 356 days for non-urgent surgery (1 day less)

- Most (97%) elective surgery procedures were performed within recommended timeframes:
 - 100% of urgent surgery (up 1%)
 - 97% of semi-urgent surgery (no change)
 - 96% of non-urgent surgery (no change)
- Compared to the same quarter last year, 62 out of 84 NSW hospitals (74%) improved on the median waiting time for elective surgery. These improvements were seen across all hospital peer groups
- The proportion of elective surgery performed on time varied between specialties and common surgical procedures. Hysteroscopy, cystocopy, cataract extraction, abdominal hysterectomy, haemorrhoidectomy and coronary artery bypass graft all had the highest percentage of patients receiving their surgery on time.

Table 3 provides a summary of NSW public hospital performance measures for July to September 2014.

Table 3 Summary of NSW public hospital performance measures

Emergency department performance			July to September 2013	July to September 2014	Difference	% change	
Time to treatment (minutes)	T2: Emergency	Median	8 mins	8 mins	0 mins	unchanged	
		95th percentile	39 mins	41 mins	2 mins	5%	
	T3: Urgent	Median	22 mins	22 mins	0 mins	unchanged	
		95th percentile	117 mins	114 mins	-3 mins	-3%	
	T4: Semi-urgent	Median	30 mins	28 mins	-2 mins	-7%	
		95th percentile	164 mins	149 mins	-15 mins	-9%	
	T5: Non-urgent	Median	25 mins	24 mins	-1 mins	-4%	
		95th percentile	151 mins	140 mins	-11 mins	-7%	
	Median time to leave the ED			3hr 3 min	2hr 57min	-6 mins	-3%
	95th percentile time to leave the ED			11hr 56min	11hr 56min	0 min	unchanged
People leaving the ED within four hours of presentation			66%	69%	+3 percentage points		

Elective surgery performance			July to September 2013	July to September 2014	Difference	% change
Waiting times (days)	Urgent	Median	10 days	10 days	unchanged	unchanged
		90th percentile	26 days	25 days	-1 day	-4%
	Semi-urgent	Median	43 days	44 days	1 day	2%
		90th percentile	83 days	83 days	unchanged	unchanged
	Non-urgent	Median	215 days	216 days	1 day	unchanged
		90th percentile	357 days	356 days	-1 day	unchanged
Elective surgery procedures performed on time	All procedures		97%	97%	unchanged	
	Urgent surgery		99%	100%	+1 percentage point	
	Semi-urgent surgery		97%	97%	unchanged	
	Non-urgent surgery		96%	96%	unchanged	

Table 4 Terms and classifications used in the report

Emergency departments	
All presentations	All emergency and non-emergency attendances at the emergency department (ED).
Emergency presentations	All presentations that have a triage category and are coded as emergency presentations or unplanned return visits or disaster.
Presentation time	Presentation time is the earliest time recorded of the patient being in the ED. Times to starting treatment and times to leaving the ED are both measured starting from presentation time.
Median time to starting treatment	The time (in minutes) from presentation by which half of patients started treatment. The other half of patients took equal to or longer than this time.
95th percentile time to starting treatment	The time (in minutes) from presentation by which 95% of patients started treatment. The final 5% of patients took equal to or longer than this time.
Median time to leaving the ED	The time (in minutes) within which half the patients left the ED. The other half of patients took equal to or longer than this time.
95th percentile time to leaving the ED	The time (in minutes) by which 95% of patients left the ED. The remaining 5% took equal to or longer than this time.
Mode of separation	The way in which a patient leaves the ED. Patients can be treated and discharged, treated and admitted to hospital, transferred to another hospital, or, they can leave without or before completing treatment.
Percentage of patients leaving the ED within four hours	The percentage of patients leaving within four hours of presentation is based on the National Emergency Access Target (NEAT), however data presented in this report are not directly comparable to figures reported by the Commonwealth due to slight differences in timing, methods of calculation and the number of hospitals included.
Transfer of care time	The period between arrival of patients at the ED by ambulance and transfer of responsibility for their care from paramedics to ED staff in an ED treatment zone. Transfer of care time is calculated for records that can be matched between the ED and ambulance systems.
Triage category	A classification system based on how urgent the patient's need is for treatment: Triage 1: Resuscitation (for example, cardiac arrest) Triage 2: Emergency (for example, chest pain, severe burns) Triage 3: Urgent (for example, moderate blood loss, dehydration) Triage 4: Semi-urgent (for example, sprained ankle, earache) Triage 5: Non-urgent (for example, small cuts, abrasions).

Table 4 Terms and classifications used in the report (cont)

Hospital admissions	
Episode of care	<p>A period of care in a hospital or other healthcare facility with a defined start and end.</p> <p>When a person is admitted to hospital they begin what is termed an admitted patient episode or 'episode of care'. Acute episodes are typically short-term admissions for immediate care or treatment. Non-acute episodes include admissions for rehabilitation, palliative care and other non-acute reasons.</p> <p>Patients can have more than one episode of care during the same hospital admission. For example, a patient may begin with acute care and then change to rehabilitation or palliative care.</p>
Stay type	<p>Admitted patient episodes can be for 'same-day' or 'overnight' care. Same-day refers to patients who are admitted and discharged on the same day. Overnight refers to patients who spend at least one night in hospital.</p> <p>Admitted patient episodes can be either 'planned' or 'unplanned'. Planned refers to admissions that are arranged in advance (for example, patients who are admitted for planned elective surgery). Unplanned refers to emergency admissions (for example, for unplanned surgical patients).</p>
Average length of stay	<p>The total number of days in hospital for all admitted patients (including same-day and overnight patients) divided by the total number of patients admitted. The average length of stay is usually measured from midnight.</p>
Bed days	<p>Bed days are calculated for all admitted patient episodes completed during the reference period. Total acute bed days is the sum of bed days for all acute episodes with an episode end date within the defined period. Total acute bed days for an overnight episode is the difference, in days, between the episode start date and the episode end date, minus the number of episode leave days recorded. Same day episodes count as one bed day.</p>

Table 4 Terms and classifications used in the report (cont)

Elective surgery	
Common procedure	The most commonly performed surgeries for elective surgery patients.
Specialty	The area of clinical expertise held by the doctor who performed the surgery. Medical (specialty) refers to any surgery performed by a non-specialist medical practitioner.
Median waiting time	The number of days by which half of patients received surgery. The other half took equal to or longer than this time.
90th percentile waiting time	The number of days by which 90% of patients received surgery. The remaining 10% took equal to or longer than this time.
Urgency category	<p>A classification system based on how urgent the patient's need for surgery is:</p> <p>Urgent surgery (category 1): Admission within 30 days is desirable for a condition that has potential to deteriorate quickly and become an emergency</p> <p>Semi-urgent surgery (category 2): admission within 90 days is desirable for a condition not likely to deteriorate quickly</p> <p>Non-urgent surgery (category 3): admission within 365 days acceptable for a condition not likely to deteriorate quickly.</p>
Staged surgery	<p>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.</p> <p>Because of differences in how hospitals have historically coded cystoscopy, BHI includes all non-urgent cystoscopy in the staged surgery category for measures of surgical activity.</p>
Elective surgery waiting list	<p>Patients ready for urgent and semi-urgent surgery on the waiting list exclude those waiting for staged procedures. Patients ready for non-urgent surgery on the waiting list exclude those waiting for staged procedures and non-urgent cystoscopy.</p> <p>Patients not ready for surgery on the waiting list includes those waiting for staged procedures, non-urgent cystoscopy, and patients currently not available for personal reasons.</p> <p>The time a patient waited for the initial appointment with a specialist is not included in the time a patient spent on the waiting list.</p>

Hospital activity measures

Key findings

Compared to the same quarter last year...

2,512

more emergency department presentations
611,200 presentations in total



10,704

more people were admitted to hospital
468,600 admissions in total



753

more elective surgery procedures performed
58,513 elective surgery procedures in total



39,843

more bed days of care provided
1,734,491 bed days in total



1,798



more patients arrived by ambulance
144,633 arrivals in total

338



more babies were born
18,321 babies born in total

The average length of stay for all acute overnight admissions was

5.0 days



no change compared to the same quarter last year

NSW emergency departments

This section provides information about emergency department presentations, how urgently patients required care (triage category) and how they left the emergency department (mode of separation).

Presentations by urgency category and ambulance arrivals	15
Presentations by mode of separation	17

NSW hospital admissions

This section provides information about the number and type of hospital admissions (admitted patient episodes), average length of stay and number of bed days provided.

Hospital admissions and babies born	19
Average length of stay	21
Hospital bed days	21

NSW elective surgery

This section provides information about the volume of elective surgery procedures in public hospitals, how urgently patients required surgery and the number of patients on elective surgery waiting lists.

Elective surgery procedures by urgency category	23
Elective surgery waiting lists	25

How many people presented at NSW emergency departments?

During the July to September 2014 quarter, there were 611,200 presentations at NSW public hospital emergency departments (EDs). This has increased by less than 1% compared to the same quarter last year (Figure 1). There has been an increasing trend in the number of ED presentations over the past five years (Figure 2).

This quarter, 144,633 patients arrived by ambulance at NSW EDs. This represents an increase of 1% compared to the same quarter last year (Figure 1) and is consistent with a gradual increase in the number of ambulance arrivals over the past two years (Figure 2).

Most people present to the ED to receive treatment for an injury or acute illness. Emergency patients are 'triaged' by clinical staff after they arrive in the ED and are allocated to one of five categories, depending on how urgently they require care (see Table 4).

An analysis of ED figures shows that almost all presentations (97%) were for emergency care. The remainder (21,068) were for non-emergency reasons such as a planned return visit or a planned hospital admission.

From July to September 2014 there was an increase in the number of presentations across triage categories 1, 2 and 3 compared to the same quarter last year. There was no change in the number of presentations in triage category 4 and a decrease in the number of presentations in triage category 5 (down 6%) (Figure 1).

Figure 1 Emergency presentations and ambulance arrivals at NSW emergency departments, July to September 2014

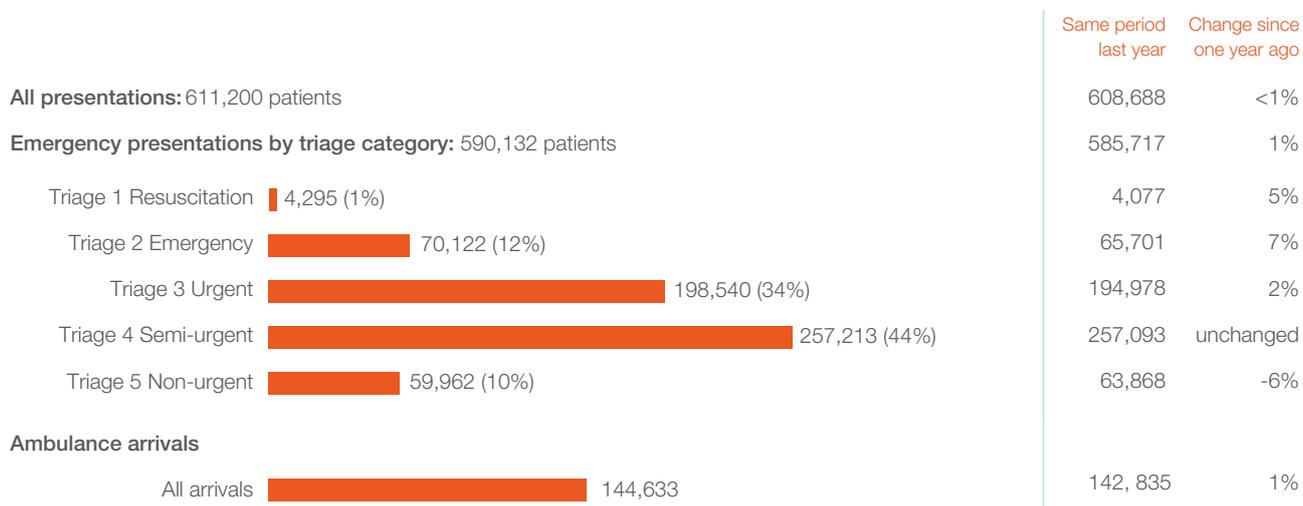
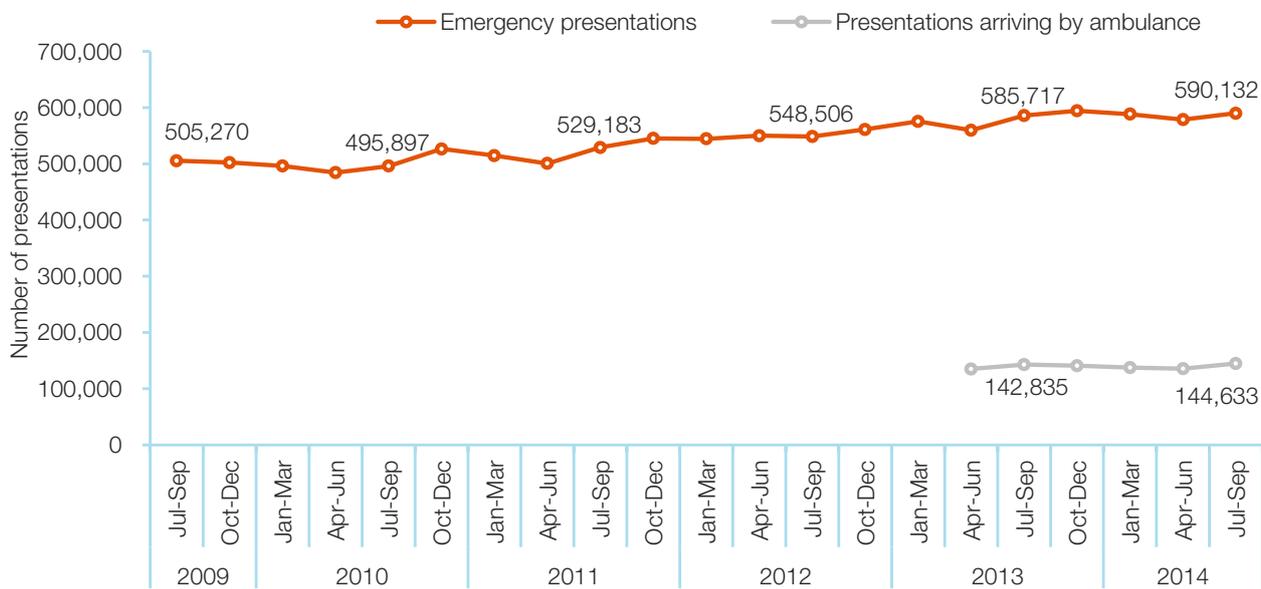


Figure 2 Emergency presentations and ambulance arrivals at NSW emergency departments, July 2009 to September 2014



How did patients leave the emergency department?

There are different ways in which a patient can leave the ED (referred to as mode of separation). The majority of patients leave after their treatment is either complete or they are admitted to hospital. Some patients choose not to wait for treatment and others are transferred to other hospitals.

During the July to September 2014 quarter, 62% of patients (377,136) were treated and discharged from NSW EDs (no change compared to the same quarter last year).

29% of patients were treated and admitted to hospital (up 5% compared to the same quarter last year).

During the same period, the number of patients who left without, or before completing treatment (34,812) decreased by 12%, and the number transferred to another hospital (12,413) increased by 1% (Figure 3).

There has been a steady increase over the past five years in the number of patients who were treated and discharged, and treated and admitted to hospital from NSW EDs, and a slight decrease in the number of patients who left without or before completing treatment (Figure 4).

Figure 3 Leaving the emergency department, by mode of separation, July to September 2014

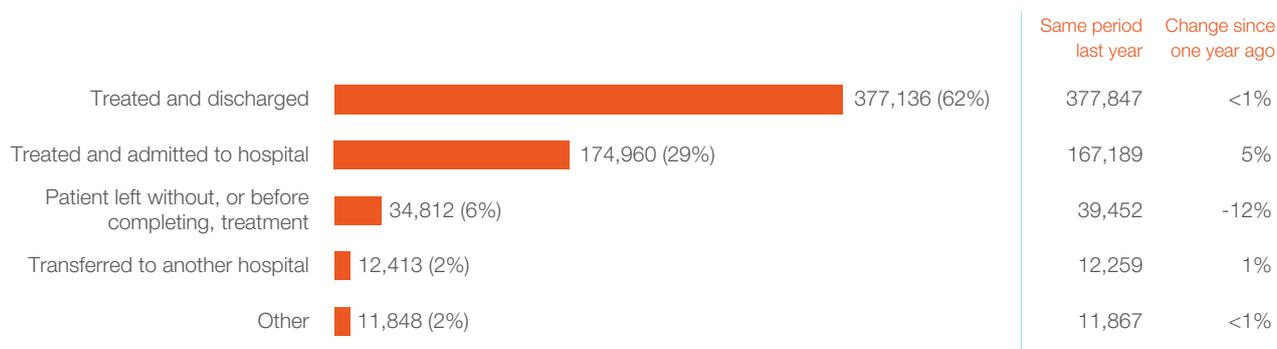
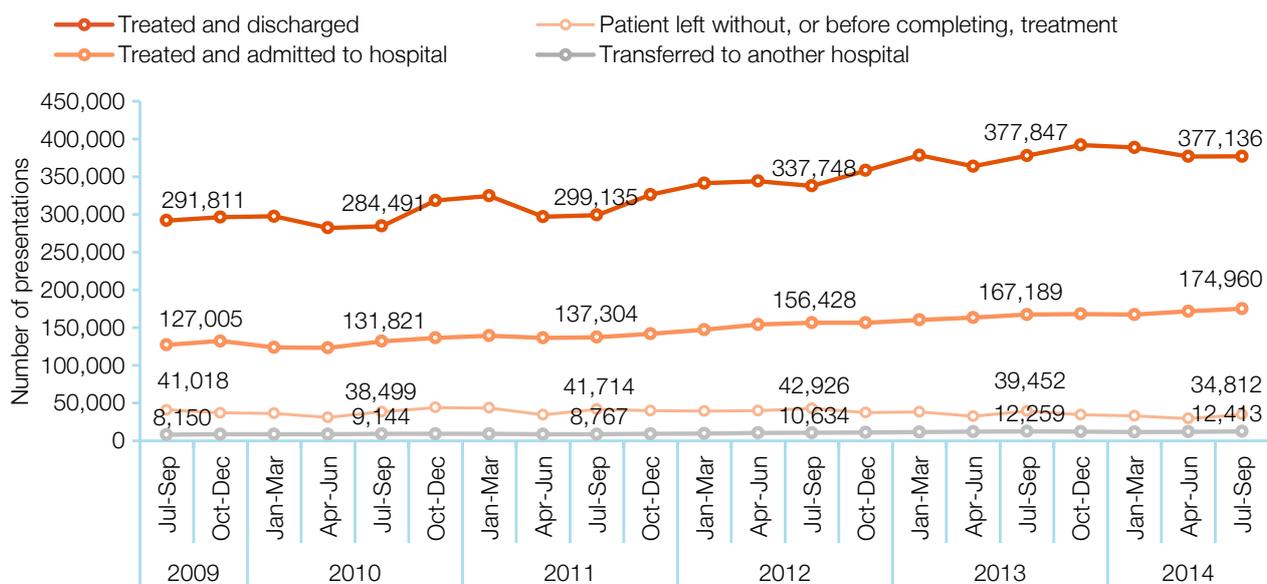


Figure 4 Leaving the emergency department, by mode of separation, July 2009 to September 2014



How many patients were admitted to public hospitals?

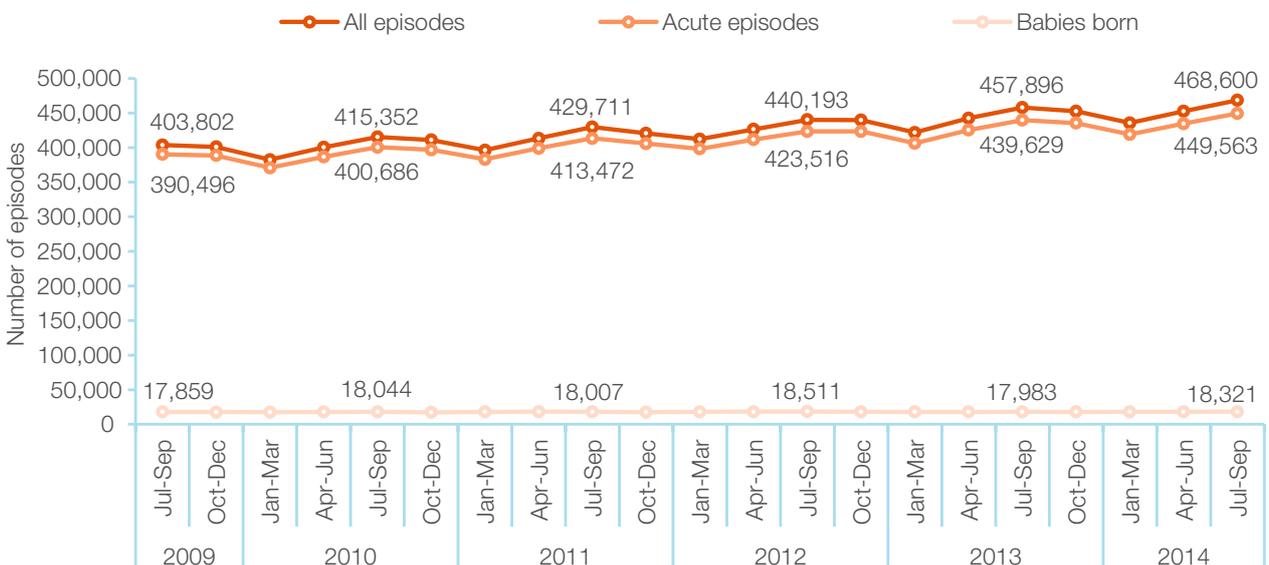
The number of admissions to NSW public hospitals continued to rise in this quarter. There were 468,600 hospital admissions (counted as admitted patient episodes); 2% more than the same quarter last year (Figure 5). The majority of admissions were for acute care (96%). There has been a gradual increase in all hospital admissions over the past five years (Figure 6).

The number of babies born in NSW hospitals (18,321) increased by 2% this quarter.

Figure 5 Number of admitted patient episodes, July to September 2014



Figure 6 Number of total and acute admitted patient episodes completed and babies born, July 2009 to September 2014



During this quarter, 244,728 acute hospital admitted patient episodes (54%) were for overnight care and the remainder (46%) were for same-day care (204,835) (Figure 7).

Hospital admissions can be planned (arranged in advance) or unplanned (for example, emergency admissions or unplanned surgical patients). The majority of acute same-day admissions (76%) were planned. In a similar manner, almost all overnight admissions (85%) were unplanned (Figure 7).

The number of same-day and overnight admissions has increased over the past five years (Figure 8). During this time, the number of overnight admissions increased by 11% and the number of same-day admissions saw a steeper increase of 20% (Figure 8).

Figure 7 Same-day and overnight acute admitted patient episodes, by planned and unplanned categories, July to September 2014

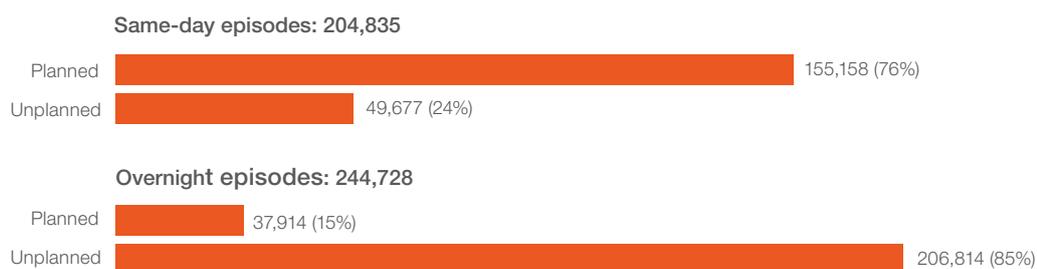
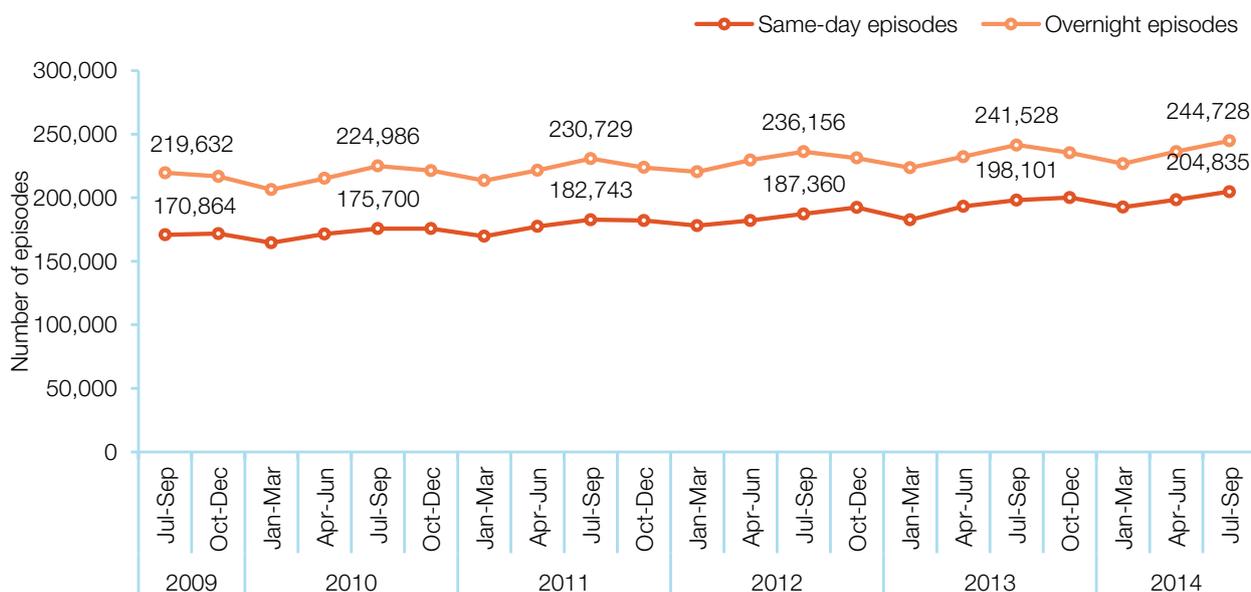


Figure 8 Same-day and overnight acute admitted patient episodes, July 2009 to September 2014



How long did patients stay in hospital?

During the July to September 2014 quarter, the average length of stay for all hospital admissions was 3.7 days, unchanged compared to the same quarter last year. The average length of stay for all acute admissions was 3.2 days, or 5.0 days if excluding same-day episodes (Figure 10). There has been a slight downward trend in the the average length of stay for acute admissions over the past five years (Figure 11).

There are differences in the average length of stay for acute overnight admissions, even within similar groups of hospitals (peer groups, see Table 1). The greatest variation in average length of stay is seen in the C2 peer group of small, mainly rural hospitals, which had an eight-fold difference from 1 to 8 days this quarter (Figure 9).

Bed days are an important measure of hospital utilisation and service provision. A total of 1,734,491 hospital bed days were recorded across all admitted patient episodes during July to September 2014. This is 2% more than in the same quarter last year (Figure 12). The majority of bed days (83%) were for acute care. During this quarter, the number of bed days for non-acute care has increased at a faster rate (up 7%) than the number of bed days for acute care (up 2%), compared to the same quarter last year (Figure 12).

There has been an overall increase in the number of bed days for acute care over the past five years. During that time, the number of bed days for non-acute care increased by 29% (Figure 13).

Figure 9 Average length of stay for all completed acute overnight episodes, by peer group July to September 2014

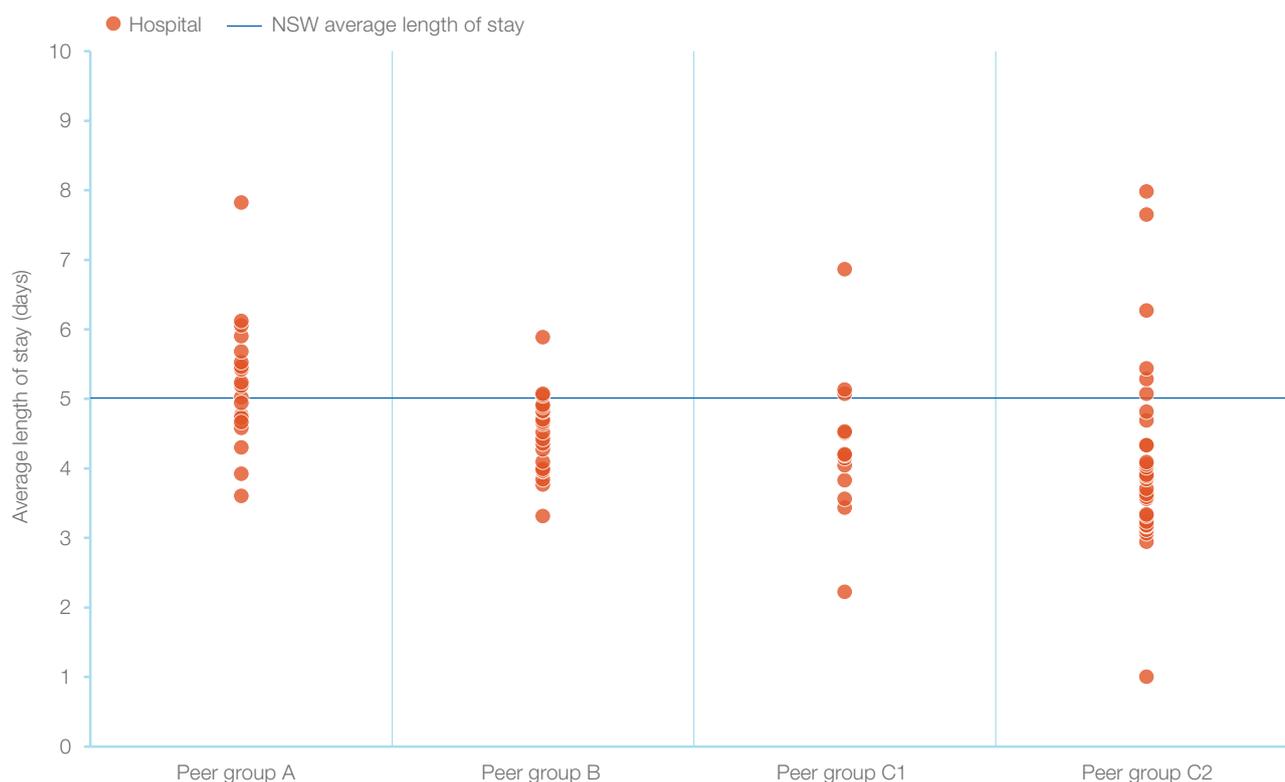


Figure 10 Average length of stay for all, acute, acute overnight and non-acute episodes completed, July to September 2014

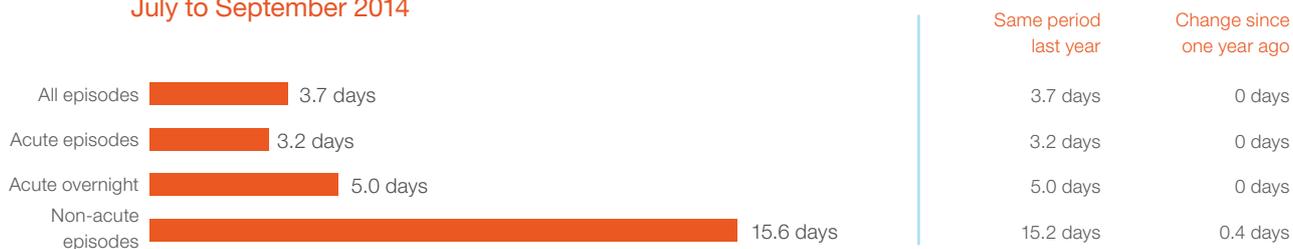


Figure 11 Average length of stay for all acute and acute overnight episodes completed, July 2009 to September 2014

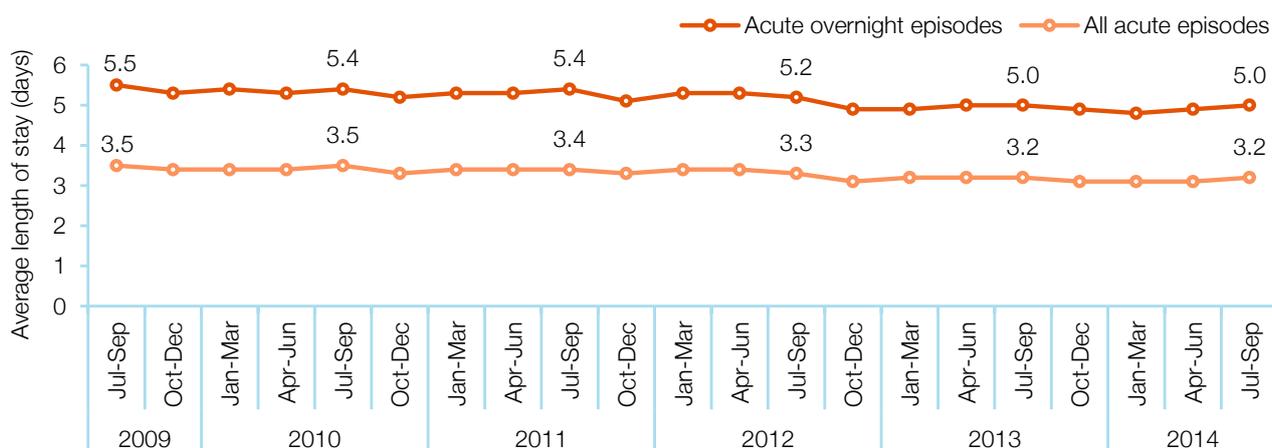
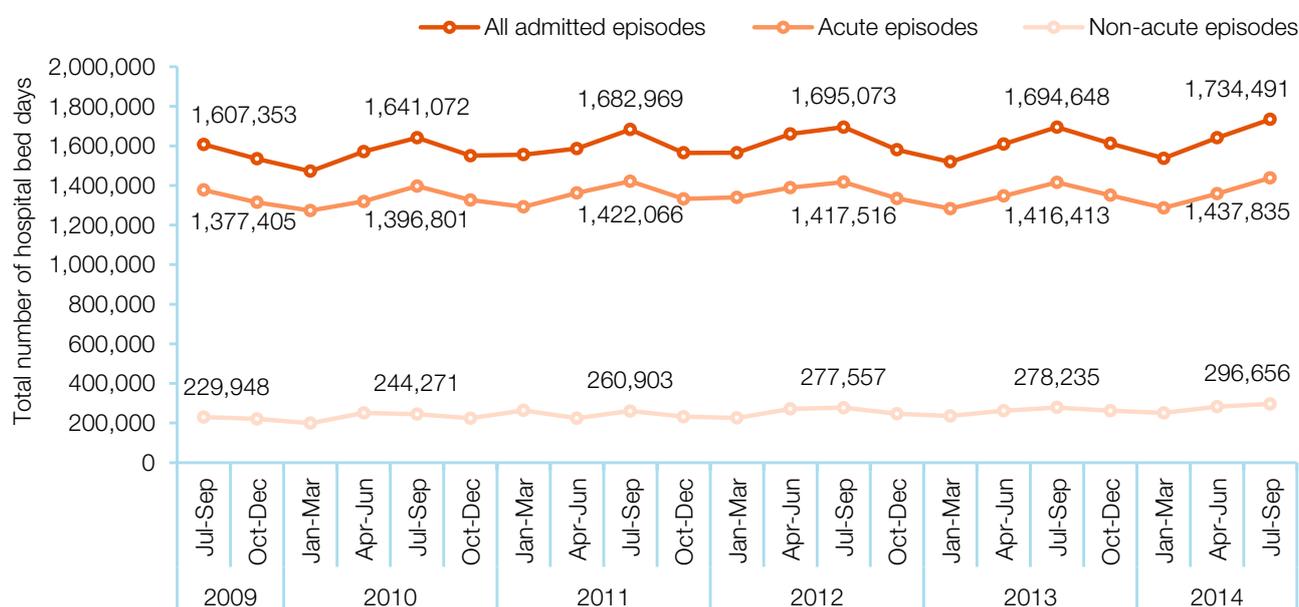


Figure 12 Total number of hospital bed days by episode type, July to September 2014



Figure 13 Total number of hospital bed days for each quarter, July 2009 to September 2014



How many elective surgery procedures were performed?

Elective surgery, often called planned surgery, is surgery that a doctor considers necessary but can be delayed by at least 24 hours. The surgeon recommends a patient is placed on the waiting list for a procedure and assigns an urgency category. There are three categories for elective surgery: non-urgent, semi-urgent and urgent. Each category has a recommended maximum time (in days) by which the procedure should be performed (see Table 4).

During the July to September 2014 quarter, there were 58,513 elective surgery procedures performed in NSW public hospitals. This is 1% more than in the same quarter last year (Figure 14).

Urgent surgery made up 22% of all elective surgery completed this quarter (down 6% compared to the same quarter last year). Semi-urgent surgery made up 32% of all elective surgery (unchanged) and non-urgent surgery made up 40% of all elective surgery (up 6%). Staged surgery made up 6% of all elective surgery completed this quarter; up 4% compared to the same quarter last year (Figure 14).

There has been an overall increase in elective surgery over the past five years. This has been driven by increases in the non-urgent category (up 30%) and semi-urgent category (up 24%) since the same quarter in 2009. In contrast, the volume of urgent surgery has decreased by 8% during this time (Figure 15).

Figure 14 Elective surgery procedures performed, by urgency category, July to September 2014

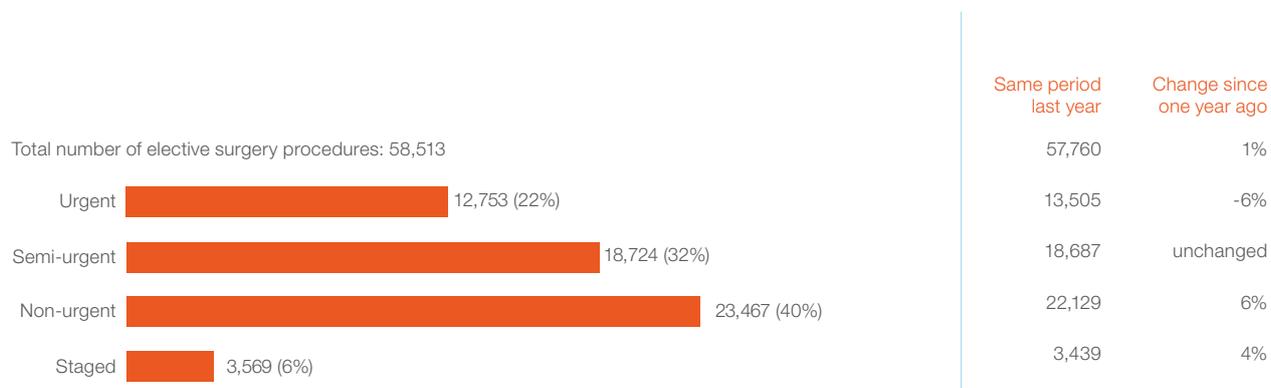
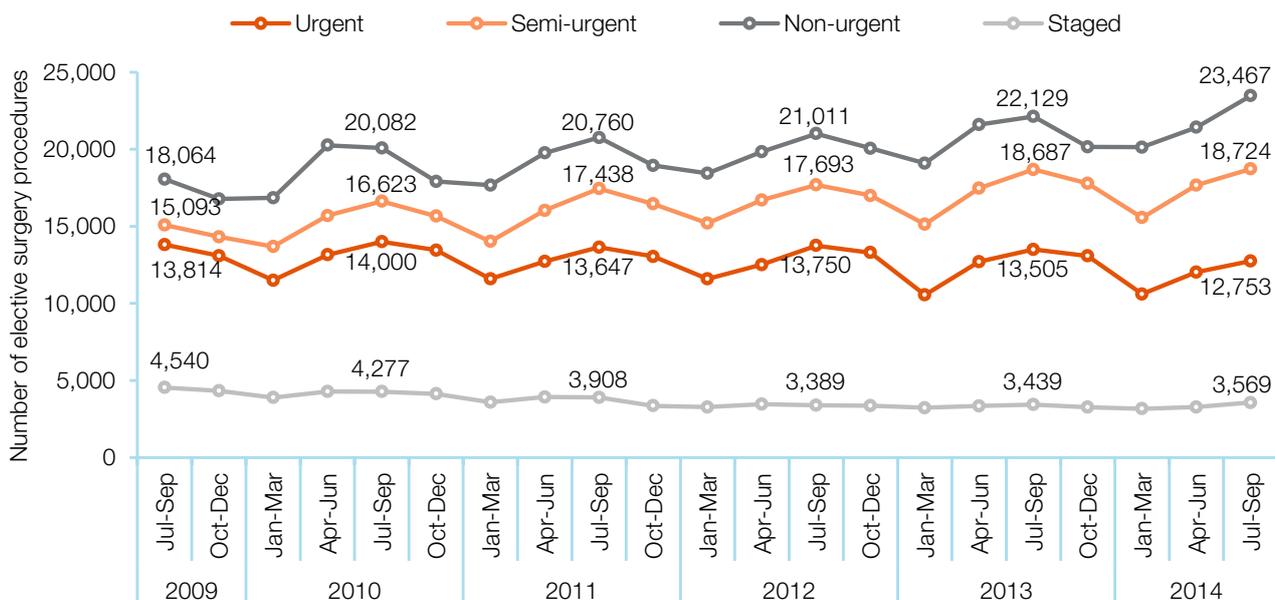


Figure 15 Elective surgery procedures performed, by urgency category, July 2009 to September 2014



How many patients were on the waiting list for elective surgery?

At the end of the July to September 2014 quarter, 72,573 patients were ready for surgery and on a waiting list; 4% more than at the end of the same quarter last year. Most patients (81%) were waiting for non-urgent surgery. The remaining patients were waiting for semi-urgent (17%) or urgent (2%) surgery. Compared to the same quarter last year, the number of patients waiting for non-urgent surgery and for semi-urgent surgery increased by 5% and 1% respectively. The number of patients waiting for urgent surgery decreased by 9% (Figure 16).

As at 30 September 2014, there were 13,300 patients not ready for surgery on the waiting list, up 7% compared with the same quarter last year (Figure 16).

For the past five years orthopaedic and ophthalmological surgery have had the highest number of patients waiting for surgery at the end of each quarter. At the end of September 2014, these specialties combined made up 48% of all patients waiting for elective surgery in NSW public hospitals. Cardio-thoracic surgery and medical surgery had the lowest number of patients waiting (Figure 17).

At the end of this quarter, 587 patients were still waiting for surgery after more than 12 months on the waiting list; an 11% increase over the same quarter last year. Orthopaedic surgery and ear, nose and throat surgery had the highest number of patients still waiting after more than 12 months on the list. The largest increases in the number of patients waiting for more than 12 months were seen in ophthalmological surgery (from 51 to 76 patients, up 49%), orthopaedic surgery (from 140 to 176 patients, up 26%), and general surgery (from 104 to 122 patients, up 17%). The largest decreases in the number of patients still waiting after 12 months were seen in neurosurgery (from 33 to 7 patients, down 79%) and plastic surgery (from 45 to 20 patients, down 56%) compared to the same quarter last year (Figure 17).

Cataract extraction, the highest volume surgery, had the highest number of patients waiting for surgery at the end of September 2014 (14,375, 4% more than in the same quarter last year). Procedures with the lowest number of patients waiting for surgery were coronary artery bypass graft (up 19%) and myringotomy (down 7%) (Figure 18).

Figure 16 Elective surgery waiting list, by urgency category, as at 30 September 2014

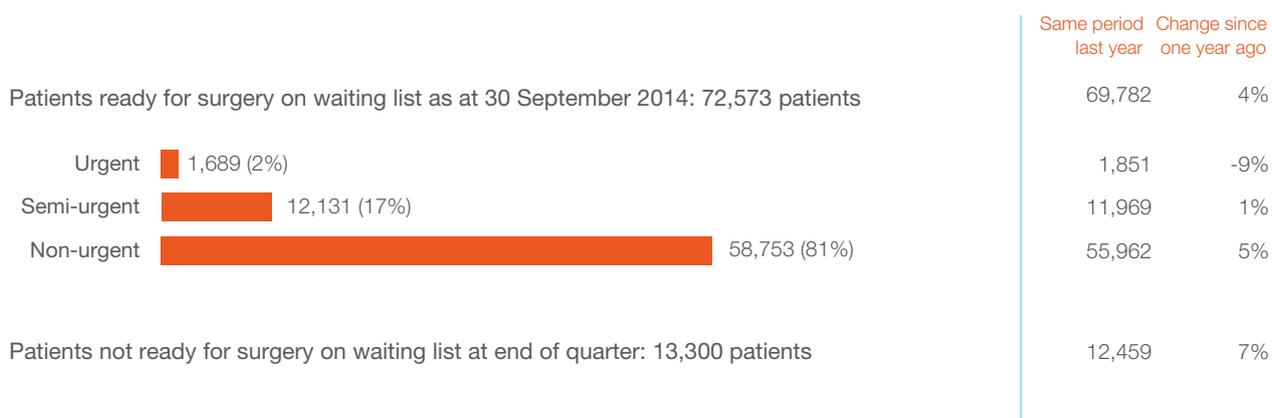


Figure 17 Patients waiting for elective surgery and patients still on waiting list after more than 12 months, by specialty, as at 30 September 2014

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same time last year	Change since one year ago	This quarter	Same quarter last year
All specialties	72,573	69,782	4%	587	529
Cardio-thoracic surgery	349	316	10%	< 5	0
Ear, nose and throat surgery	9,617	9,274	4%	156	145
General surgery	12,932	13,073	-1%	122	104
Gynaecology	6,087	6,035	1%	11	< 5
Medical	258	250	3%	< 5	0
Neurosurgery	1,103	1,160	-5%	7	33
Ophthalmology	16,530	15,781	5%	76	51
Orthopaedic surgery	18,570	17,271	8%	176	140
Plastic surgery	2,401	2,218	8%	20	45
Urology	3,738	3,523	6%	12	< 5
Vascular surgery	988	881	12%	5	< 5

Figure 18 Patients waiting for elective surgery, by common procedure, as at 30 September 2014

Procedure	Patients on waiting list at end of quarter		
	This quarter	Same time last year	Change since one year ago
Abdominal hysterectomy	767	665	15%
Cataract extraction	14,375	13,872	4%
Cholecystectomy	1,712	1,840	-7%
Coronary artery bypass graft	83	70	19%
Cystoscopy	1,005	1,026	-2%
Haemorrhoidectomy	471	508	-7%
Hysteroscopy	1,401	1,410	-1%
Inguinal herniorrhaphy	2,173	2,104	3%
Myringoplasty / Tympanoplasty	327	334	-2%
Myringotomy	131	141	-7%
Other – General	1,183	1,196	-1%
Prostatectomy	613	615	0%
Septoplasty	1,366	1,430	-4%
Tonsillectomy	3,689	3,454	7%
Total hip replacement	2,249	2,050	10%
Total knee replacement	5,108	4,711	8%
Varicose veins stripping and ligation	711	652	9%

Hospital performance measures

Key findings

80%



of patients arriving by ambulance had their care transferred to emergency department staff within 30 minutes

Compared to the same quarter last year...

Time to treatment shortened for almost all triage categories especially among patients waiting the longest



69%

of patients left the emergency department within 4 hours

An increase of three percentage points compared with the same quarter last year



97% of patients received their surgery within recommended timeframes

100%

urgent surgery procedures performed on time

97%

semi-urgent surgery procedures performed on time

96%

non-urgent surgery procedures performed on time



The proportion of elective surgery procedures performed on time varies between specialties and common procedures

NSW emergency departments

This section provides information about timeliness measures for NSW emergency department presentations

Time to treatment	29
Time spent in the emergency department	31
Leaving within four hours	33
Transfer of care	37

NSW elective surgery

This section provides information about timeliness measures for elective surgery in NSW public hospitals

Waiting times for elective surgery	39
Proportion of elective surgery procedures performed on time	43

How long did patients wait for treatment?

During the July to September 2014 quarter, the median time from presentation at the emergency department (ED) to starting treatment was unchanged or slightly shorter across all triage categories, compared to the same quarter last year (Figure 19).

For patients triaged to categories 3 and 4 (the two largest categories by number of patients presenting at NSW EDs), the 95th percentile time to starting treatment decreased by three minutes and 15 minutes respectively. The 95th percentile time to treatment also decreased for patients in triage category 5 (down 11 minutes) but increased slightly for patients in triage category 2 (up two minutes) compared with the same quarter last year (Figure 19).

Figure 20 shows that the median time to start treatment has decreased over the past five years in triage categories 3, 4 and 5. This quarter, the 95th percentile time to starting treatment in triage categories 3, 4 and 5 was the lowest compared to any July to September quarter for the past five years (Figure 21). This improvement has been achieved despite an increase in the overall volume of patients attending NSW EDs during this time.

Figure 19 Time from presentation to starting treatment, by triage category, July to September 2014

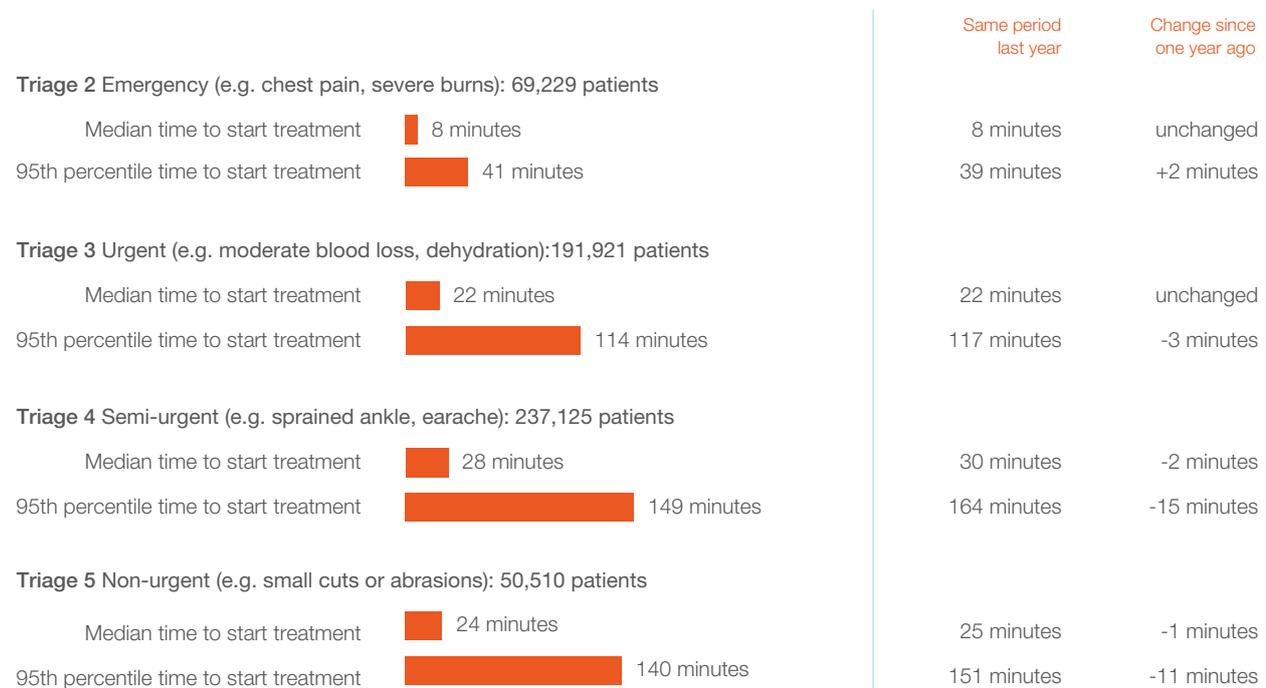


Figure 20 Median time from presentation to starting treatment (minutes), by triage category, July 2009 to September 2014

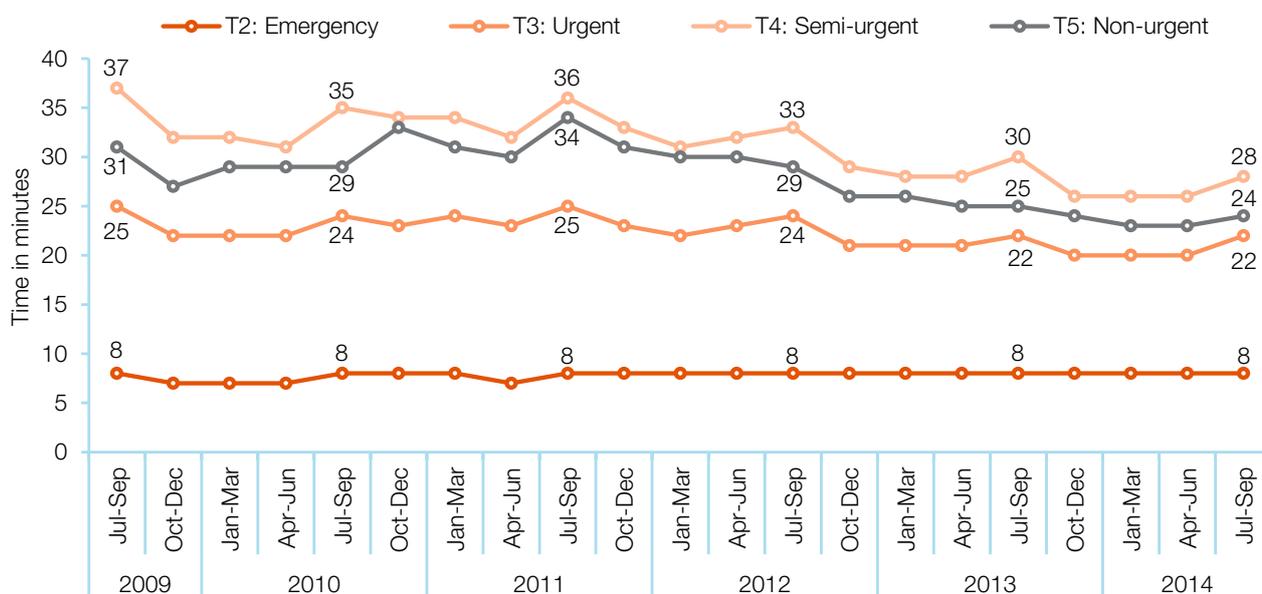
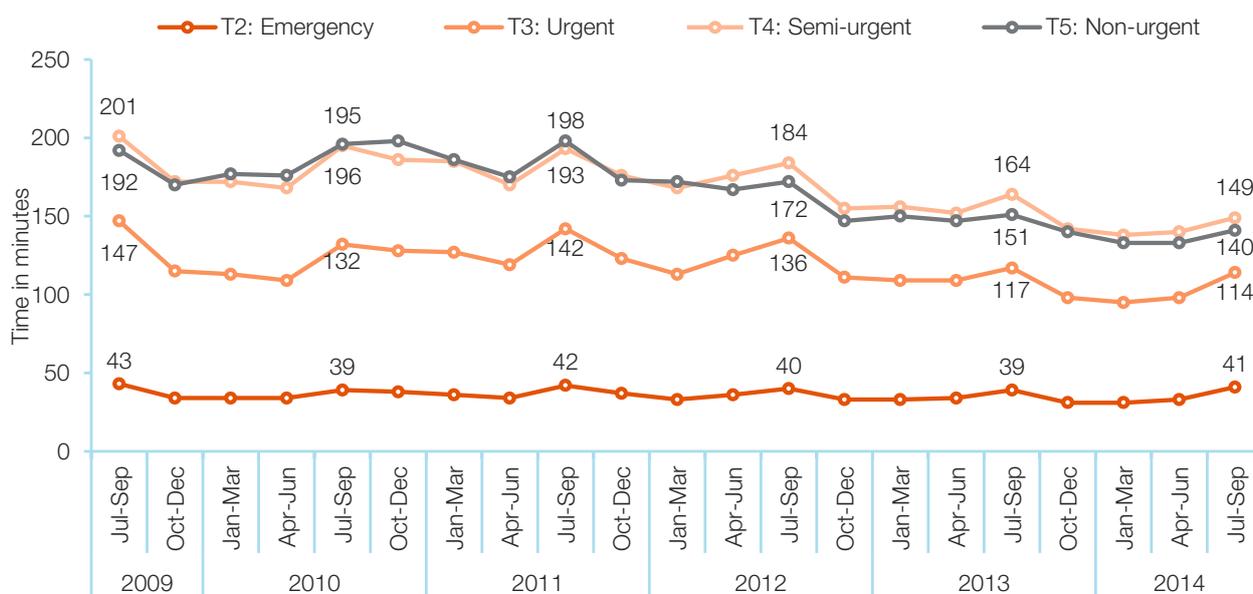


Figure 21 95th percentile time from presentation to starting treatment (minutes), by triage category, July 2009 to September 2014



How long were patients in the emergency department?

During the July to September quarter, the median time to leaving the ED after presentation was two hours and 57 minutes, six minutes faster than the same quarter last year.

The 95th percentile time to leaving the ED was 11 hours and 56 minutes, unchanged compared to the same quarter last year (Figure 22).

Figure 22 Time from presentation to leaving the emergency department, by mode of separation, July to September 2014

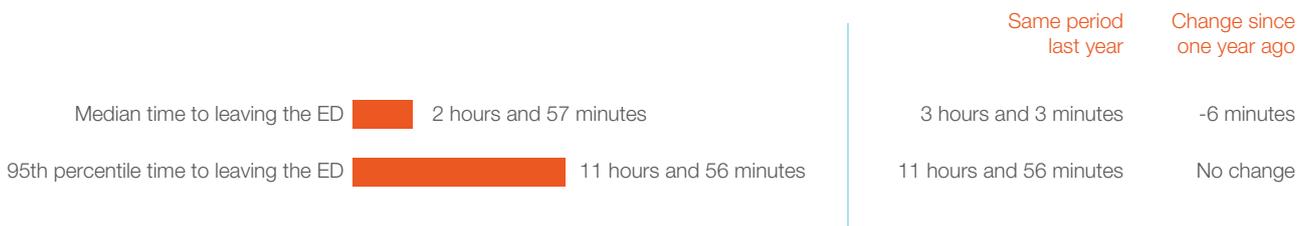
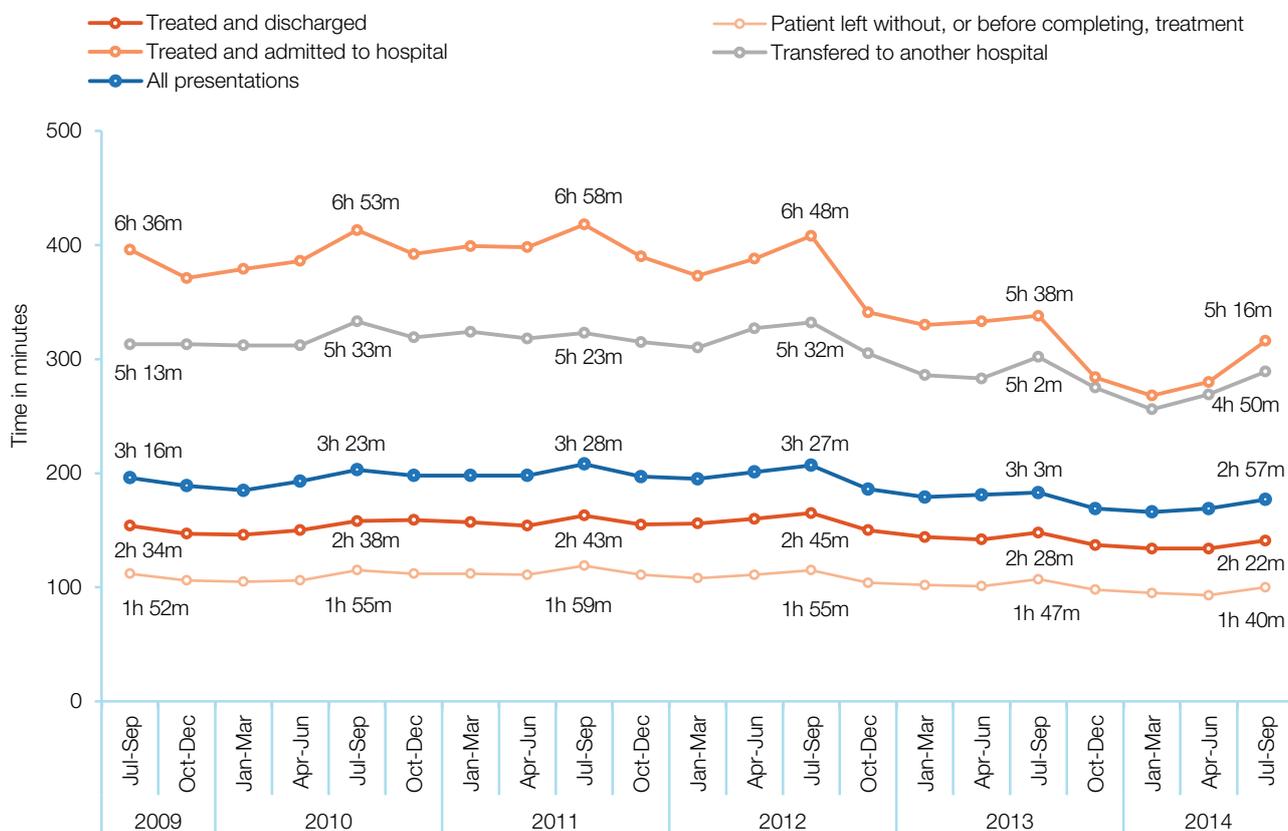


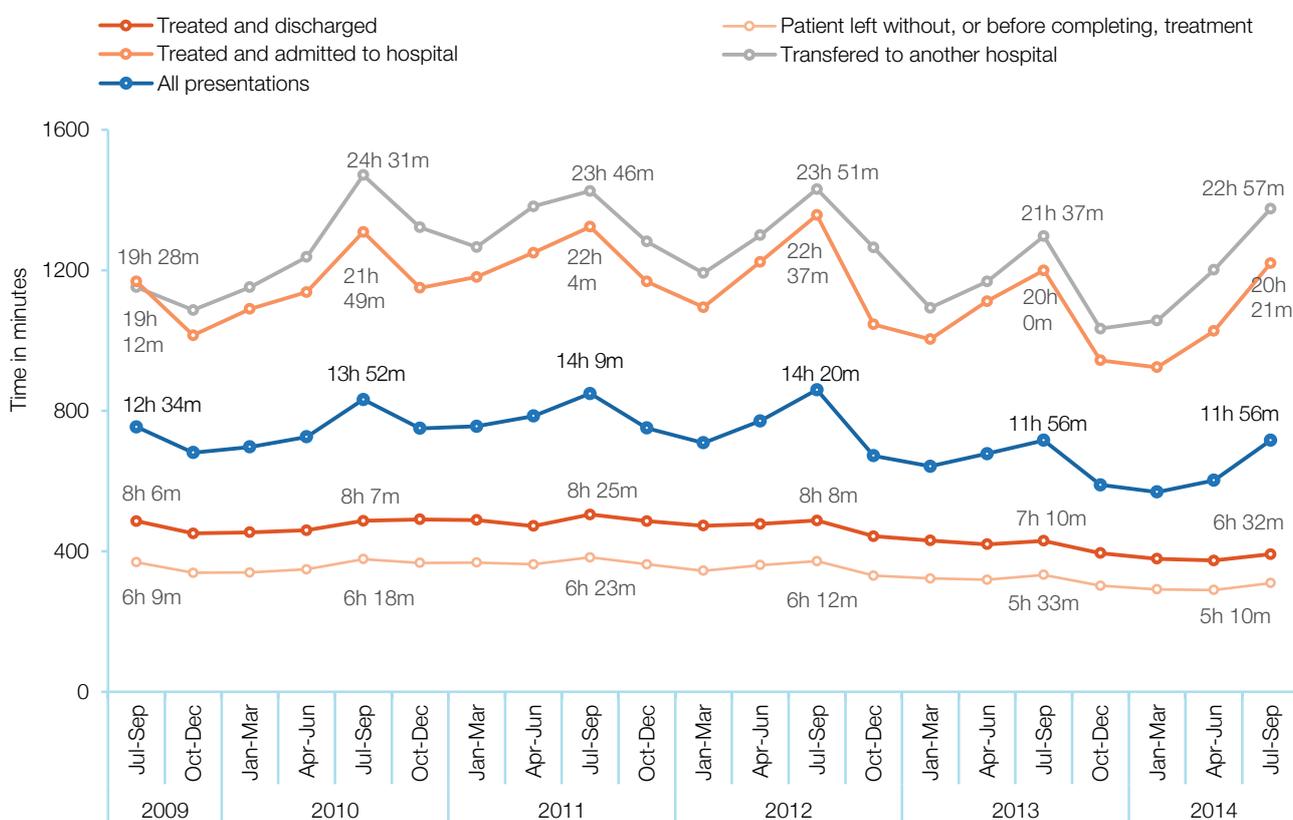
Figure 23 Median time from presentation to leaving the emergency department, July 2009 to September 2014



This quarter, both the median time and 95th percentile time to leaving the ED were the lowest recorded compared to any July to September quarter over the past five years (Figure 23 and 24). These times have been trending downwards since mid-2012.

There has been a downward trend over the past five years in the median time to leaving the ED for patients who were treated and admitted, transferred to another hospital, and treated and discharged (Figure 23). The 95th percentile time to leaving the ED has decreased for patients who were treated and discharged but has moved up and down for patients who were transferred to another hospital and for those treated and admitted to hospital (Figure 24).

Figure 24 95th percentile time from presentation to leaving the emergency department, July 2009 to September 2014



How many patients left the emergency department within four hours of presentation?

During the July to September quarter, 69% of patients left NSW EDs within four hours of presentation. This is a three percentage point improvement on the same quarter last year (Figure 25) and is consistent with a steady improvement, particularly over the past two years (Figure 26).

The majority of patients who were treated and discharged (82%) left within four hours of presentation. Patients who were treated and subsequently admitted to hospital, and those who were transferred to another hospital had the lowest proportion of patients who had left within four hours (38% and 42% respectively) (Figure 25). Among patients who left without or before completing treatment, most (89%) had departed the ED within four hours of presentation.

Most patients in the ED are treated and leave within the first four hours. After this, the proportion of patients leaving decreases hour by hour. While 82% of patients were treated and discharged within four hours this quarter, it took another eight hours for the remaining 18% to leave the ED (Figure 27).

Currently, patients admitted to hospital are less likely to have left the ED within four hours than patients who are treated and discharged, or patients who leave without, or before, completing treatment.

Figure 25 Percentage of patients leaving the emergency department within four hours, by mode of separation, July to September 2014

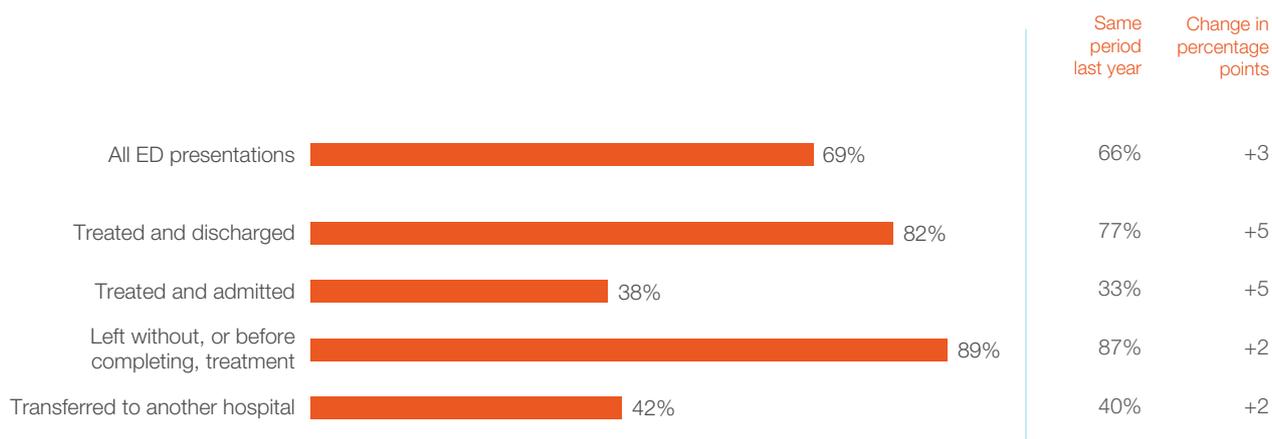


Figure 26 Percentage of patients leaving the emergency department within four hours, by mode of separation, July 2009 to September 2014

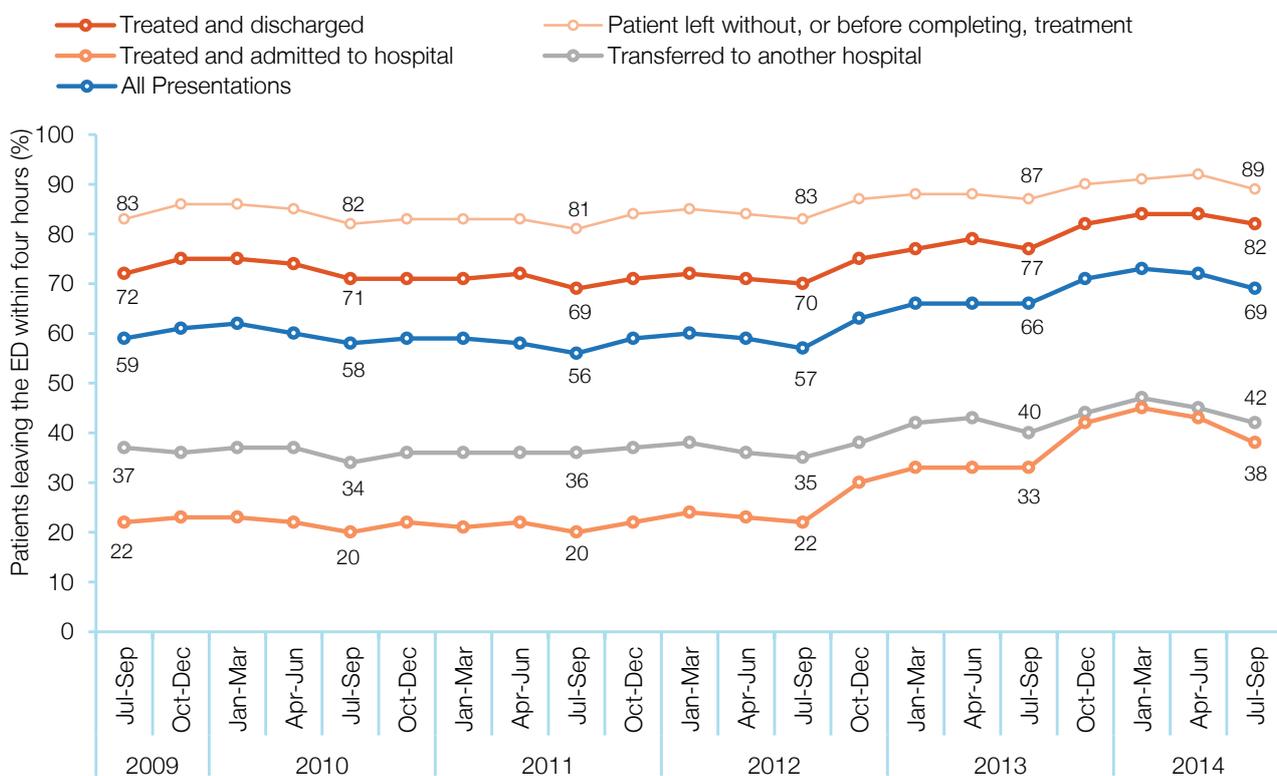
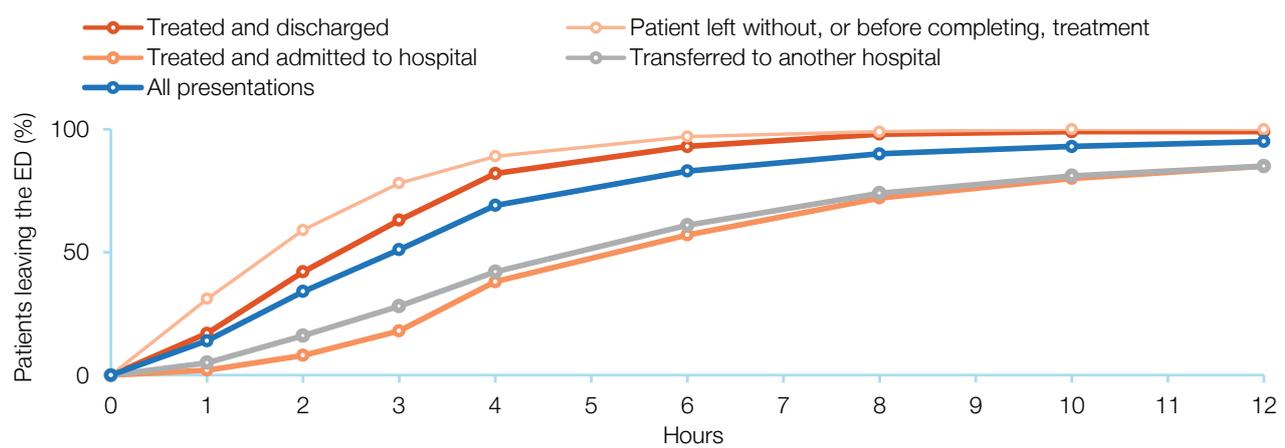


Figure 27 Percentage of patients leaving the emergency department, by time and mode of separation, July to September 2014



	1 hour	2 hours	3 hours	4 hours	6 hours	8 hours	10 hours	12 hours
Treated and discharged	17%	42%	63%	82%	93%	98%	99%	99%
Treated and admitted to hospital	2%	8%	18%	38%	57%	72%	80%	85%
Patient left without, or before completing treatment	31%	59%	78%	89%	97%	99%	100%	100%
Transferred to another hospital	5%	16%	28%	41%	61%	74%	81%	85%
All presentations	14%	33%	51%	69%	83%	90%	93%	95%

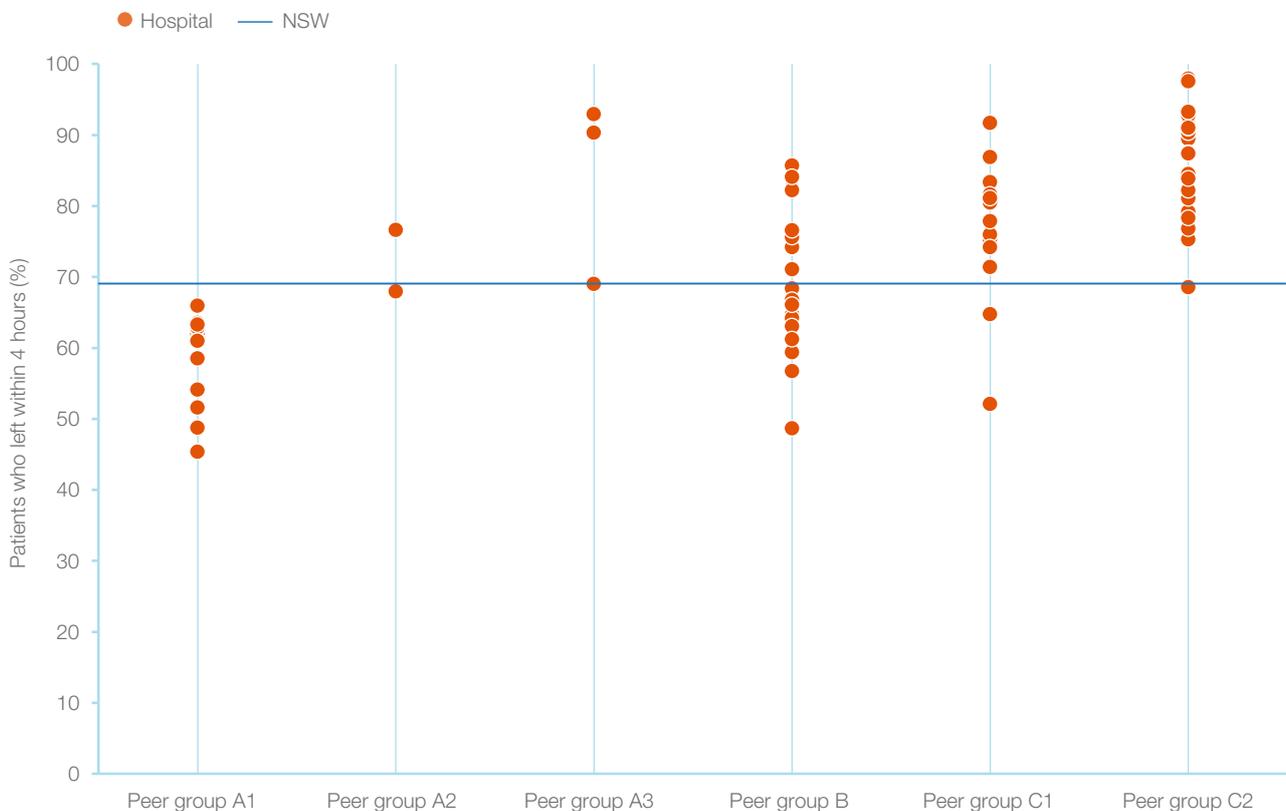
Is there variation in the proportion of patients leaving the emergency department within four hours?

There is considerable variation both between and within hospital peer groups in the percentage of patients leaving the ED within four hours. Figure 28 shows that peer group C2 hospitals (smaller district hospitals) generally have a higher proportion of patients leaving the ED within four hours compared with other peer group hospitals. In contrast, hospitals belonging to peer group A1 generally have a smaller percentage of patients leaving the ED within four hours (Figure 28).

Figure 29 presents the percentage of patients leaving the ED within four hours alongside the percentage change since the same quarter in 2012. Hospitals above the NSW line had a higher percentage of patients that left the ED within four hours this quarter compared to NSW, while those below this line had a lower percentage of patients leaving within four hours.

Hospitals shown to the left of the vertical "0" line had lower results compared to the same quarter last year while those shown to the right of the vertical line had higher results. Hospitals in the upper right quadrant have both achieved higher results than NSW overall, as well as having improved on their result compared to the same quarter last year.

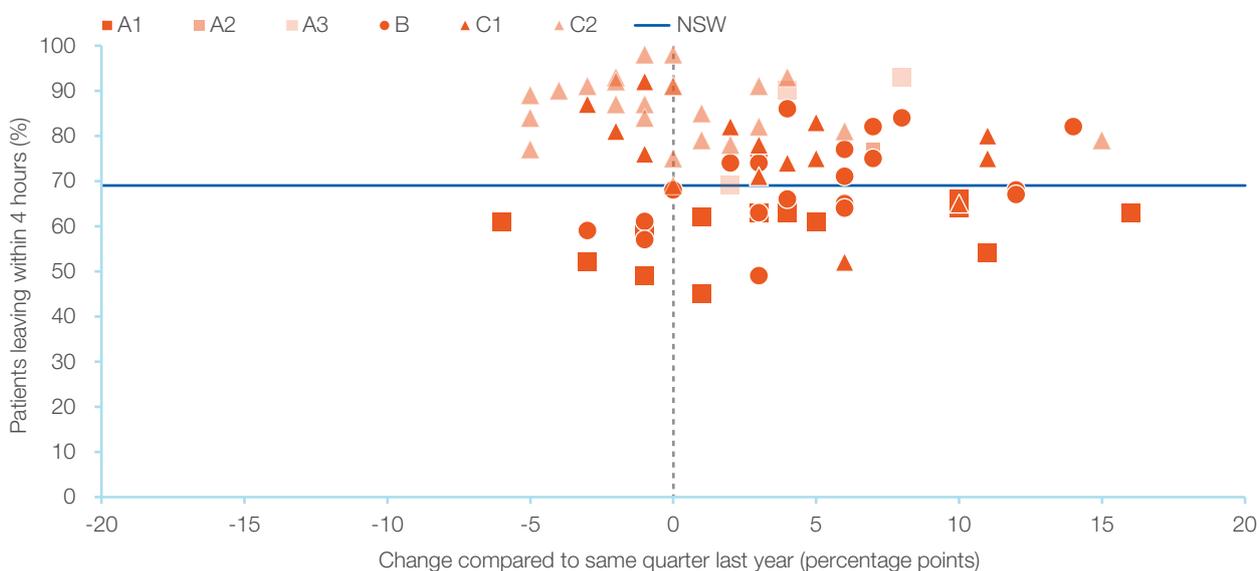
Figure 28 Percentage of patients who left the ED within four hours of presentation, by peer group, July to September 2014



Compared to the same quarter last year, 23 hospitals recorded an improvement of more than five percentage points in the proportion of patients leaving the ED within four hours. Only one hospital recorded a decrease of more than five percentage points.

Among the 17 hospitals that were more than 5% below the NSW result, three recorded an improvement of five or more percentage points and one recorded a decrease of more than five percentage points. Eleven of the 42 hospitals that recorded a result five or more percentage points above that of NSW, saw a substantial increase in the proportion leaving within four hours this quarter (Figure 29).

Figure 29 Percentage of patients leaving the emergency department within four hours versus percentage point change since same quarter previous year, hospitals by peer group, July to September 2014



	Increased > 5%	No change (-5% to +5%)	Decreased > 5%	Total
>5% below NSW	3	13	1	17
Same as NSW (-5% to +5%)	9	8	0	17
>5% above NSW	11	31	0	42
Total	23	52	1	76

How many patients arriving by ambulance had their care transferred within 30 minutes?

Transfer of care time can only be determined when the ambulance service records the patient's time of arrival at the ED. This record can then be matched to those held by the ED, showing the time at which the patient's care was transferred to the ED staff. This analysis includes only those records that could be matched across the two data sources.

During the July to September quarter, 126,021 patients were transported by ambulance to be treated in an ED.

In NSW, there is a target of 30 minutes within which patients arriving by ambulance should have their care transferred to ED clinicians.

During this quarter the majority of patients (80%) had their care transferred from an ambulance to ED staff within 30 minutes. This is unchanged compared with the same quarter last year (Figure 31).

The median transfer of care time this quarter (14 minutes) was unchanged compared to the same quarter last year. The 95th percentile, the time within which 95% of people arriving by ambulance had their care transferred to ED staff, was 88 minutes, four minutes longer than in the same quarter last year (Figure 30).

Figure 30 Emergency department transfer of care time, July to September 2014

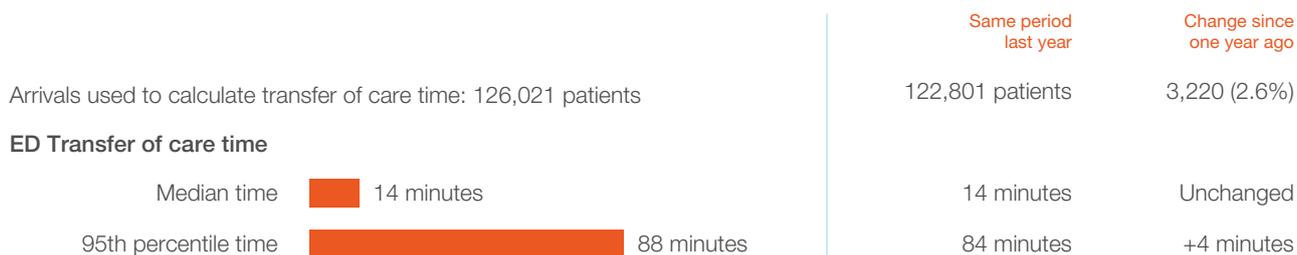
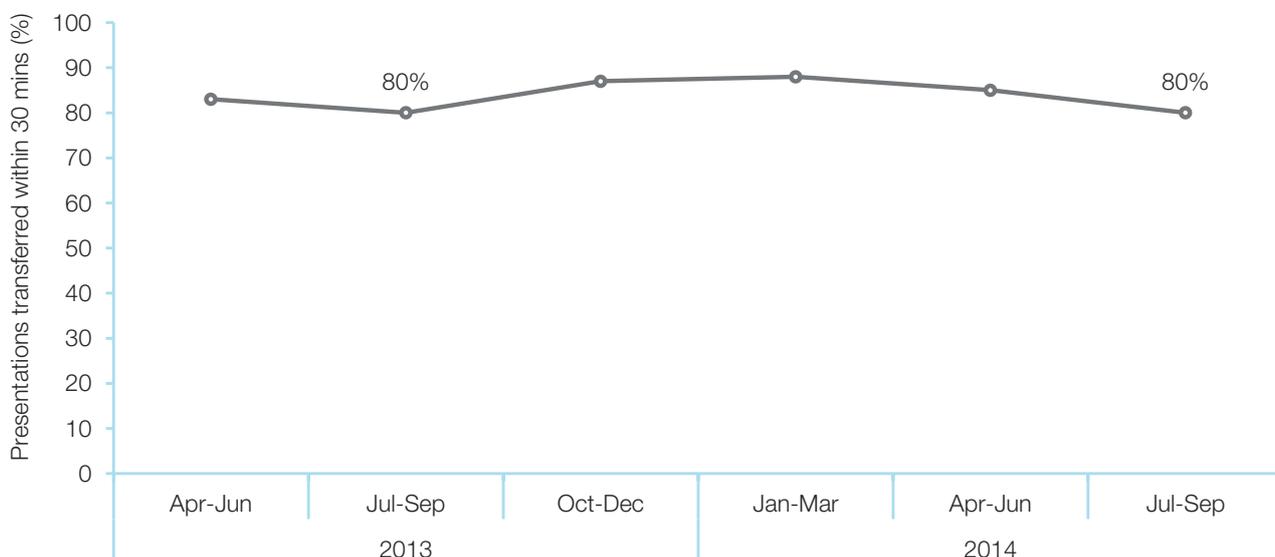


Figure 31 Percentage of ambulance arrivals with transfer of care time within 30 minutes, April 2013 to September 2014



How long did patients wait for elective surgery?

Compared to the same quarter last year, the median waiting time for non-urgent and semi-urgent elective surgery increased by one day and 44 days respectively, while the median waiting time for urgent elective surgery remained unchanged at 10 days (Figure 32).

The median waiting time for non-urgent elective surgery (the largest group overall) was 162 days in the July to September quarter in 2009.

This has increased to 216 days in 2014. The median waiting times for semi-urgent and urgent surgery have remained relatively unchanged during this time (Figure 33). There has been a slight downward trend in the 90th percentile waiting time across all elective surgery urgency categories since the same quarter in 2009 (Figure 34).

Figure 32 Waiting times for elective surgery, by urgency category, July to September 2014

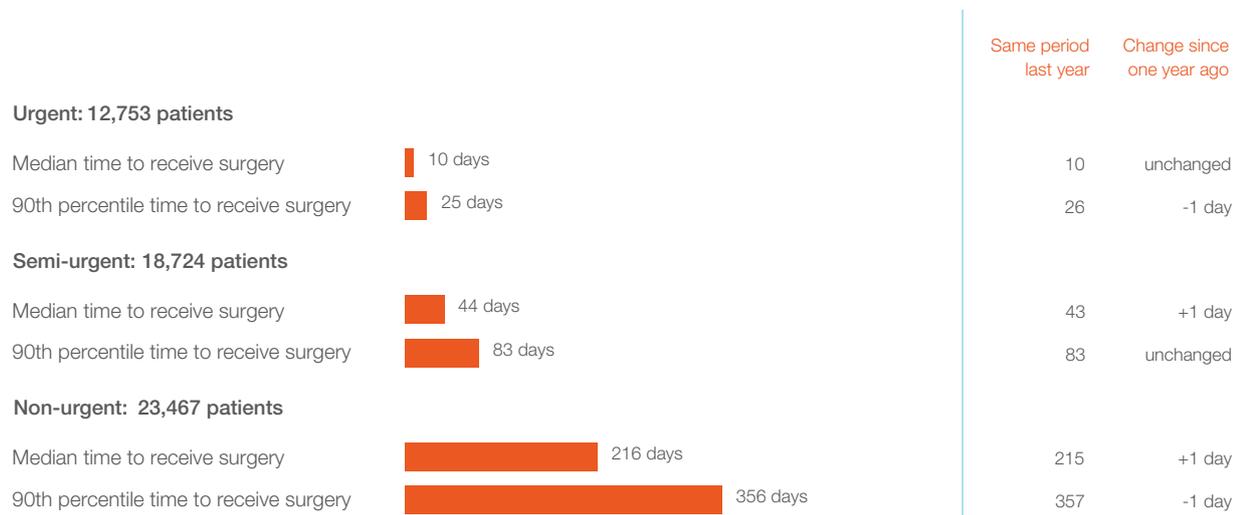


Figure 33 Median waiting time for elective surgery by urgency category, July 2009 to September 2014

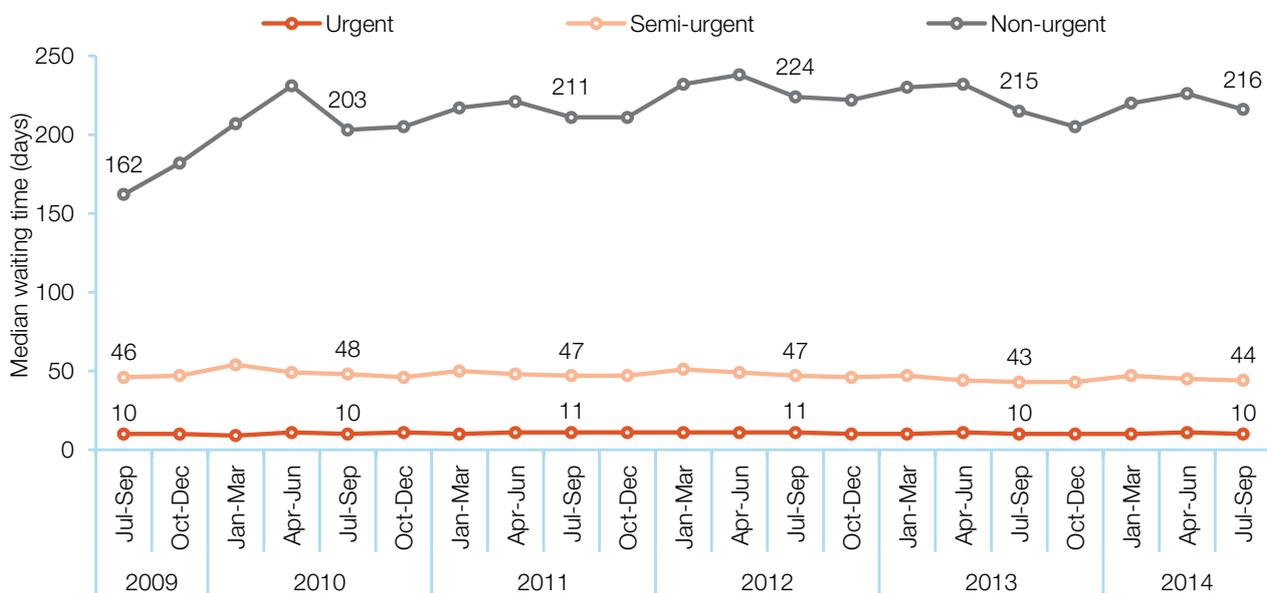
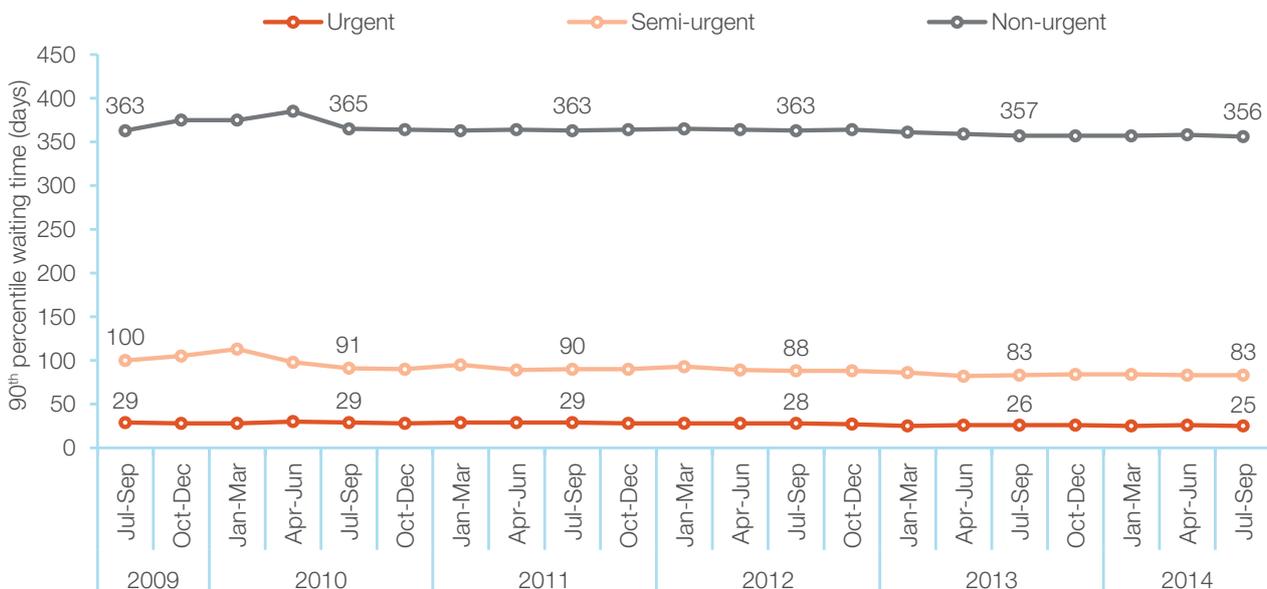


Figure 34 90th percentile waiting time for elective surgery, by urgency category, July 2009 to September 2014



Is there variation in the waiting times for elective surgery across peer groups and specialties?

The 90th percentile waiting times for elective surgery vary across and within NSW hospital peer groups (Figure 35). The lines at 365 days, 90 days and 30 days represent the recommended times to receive surgery in each urgency category. While most hospitals perform well for urgent surgery, there is greater variation in waiting times for less urgent surgery. Figure 35 shows that hospitals in peer groups C1 and C2 delivered a higher proportion of non-urgent surgery within the recommended timeframes compared with other peer groups.

Median waiting times by specialty ranged from 14 days for the medical category (performed by non-specialist surgeon) to 187 days for the ear, nose and throat category (Figure 36).

The median waiting times for common elective surgery procedures ranged from 21 days for other - general surgery, to 329 days for septoplasty (Figure 37).

Waiting times for different surgical procedures are related to their relative urgency. During the July to September 2014 quarter, procedures with the longest median waiting times were septoplasty, total knee replacement and myringoplasty/tympanoplasty. Other – general, coronary artery bypass graft, cystoscopy, and hysteroscopy had the shortest median waiting times respectively (Figure 37).

Figure 35 90th percentile waiting time (days) for elective surgery, by peer group and urgency category, July to September 2014

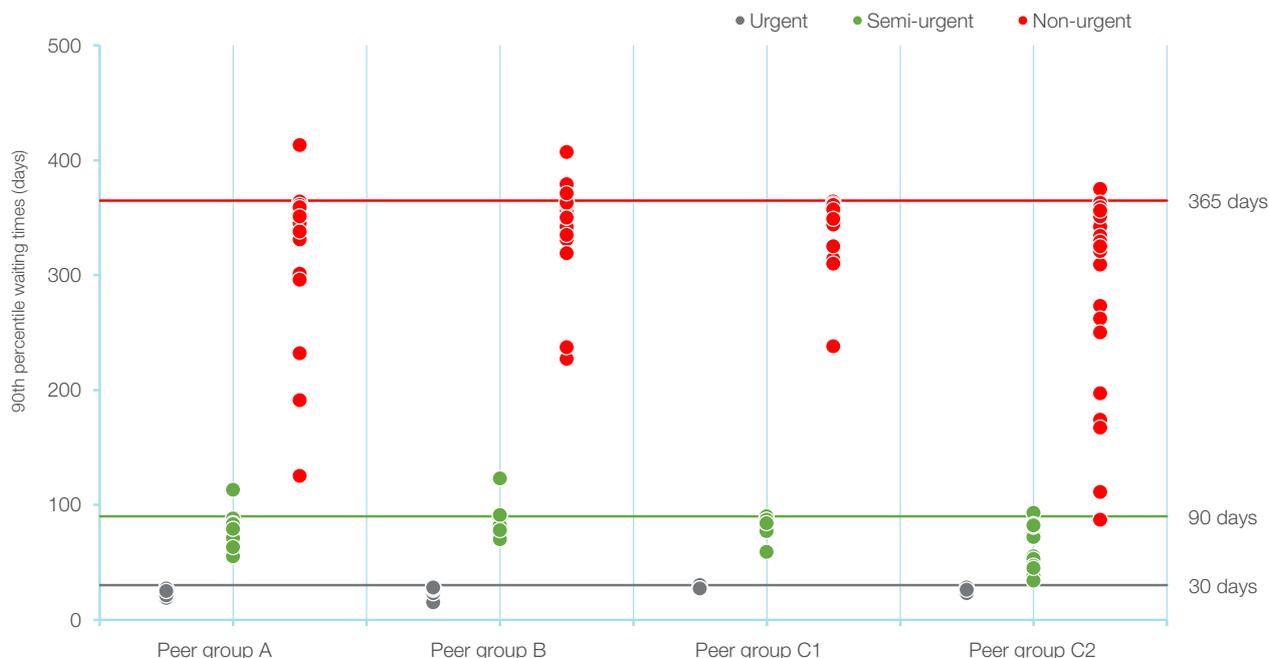


Figure 36 Median waiting time (days) for patients who received elective surgery, by specialty, July to September 2014

Specialty	Median waiting time (days) (Number of patients)	Same period last year	Change since one year ago
Cardiothoracic surgery	21 days (952 patients)	22	-1
Ear, nose and throat surgery	187 days (4,164 patients)	120	67
General surgery	36 days (15,237 patients)	33	3
Gynaecology	36 days (7,703 patients)	34	2
Medical	14 days (464 patients)	14	unchanged
Neurosurgery	30 days (1,180 patients)	29	1
Ophthalmology	168 days (8,056 patients)	157	11
Orthopaedic surgery	128 days (9,040 patients)	112	16
Plastic surgery	40 days (2,442 patients)	29	11
Urology	34 days (7,653 patients)	33	1
Vascular surgery	20 days (1,622 patients)	20	unchanged

Figure 37 Median waiting time (days) for patients who received elective surgery, by common procedure, July to September 2014

Common procedure	Median waiting time (days) (Number of patients)	Same period last year	Change since one year ago
Abdominal hysterectomy	56 days (662 patients)	54	2
Cataract extraction	202 days (6,552 patients)	214	-12
Cholecystectomy	56 days (1,802 patients)	53	3
Coronary artery bypass graft	22 days (173 patients)	25	-3
Cystoscopy	28 days (3,377 patients)	29	-1
Haemorrhoidectomy	70 days (430 patients)	66	4
Hysteroscopy	31 days (2,438 patients)	29	2
Inguinal herniorrhaphy	68 days (1,625 patients)	69	-1
Myringoplasty / Tympanoplasty	279 days (127 patients)	324	-45
Myringotomy	90 days (73 patients)	64	26
Other - General	21 days (1,789 patients)	21	unchanged
Prostatectomy	63 days (671 patients)	57	6
Septoplasty	329 days (447 patients)	319	10
Tonsillectomy	273 days (1,362 patients)	210	63
Total hip replacement	210 days (941 patients)	223	-13
Total knee replacement	292 days (1,655 patients)	287	5
Varicose veins stripping and ligation	116 days (390 patients)	104	12

How many elective surgery procedures were performed within the recommended timeframe?

During the July to September quarter, almost all elective surgery procedures (97%) were performed within the recommended timeframe (Figure 38) and this has been stable over the past six quarters.

There has been an improvement in the percentage of elective surgery procedures performed on time over the last five years across all urgency categories (Figure 39).

This quarter, 100% of urgent surgery was performed on time (within 30 days), 97% of all semi-urgent surgery (within 90 days) and 96% of non-urgent surgery (within 365 days) (Figure 38).

Figure 38 Percent of elective surgery procedures performed on time, by urgency, July to September 2014



Figure 39 Percent of elective surgery procedures performed on time, by urgency, July 2009 to September 2014

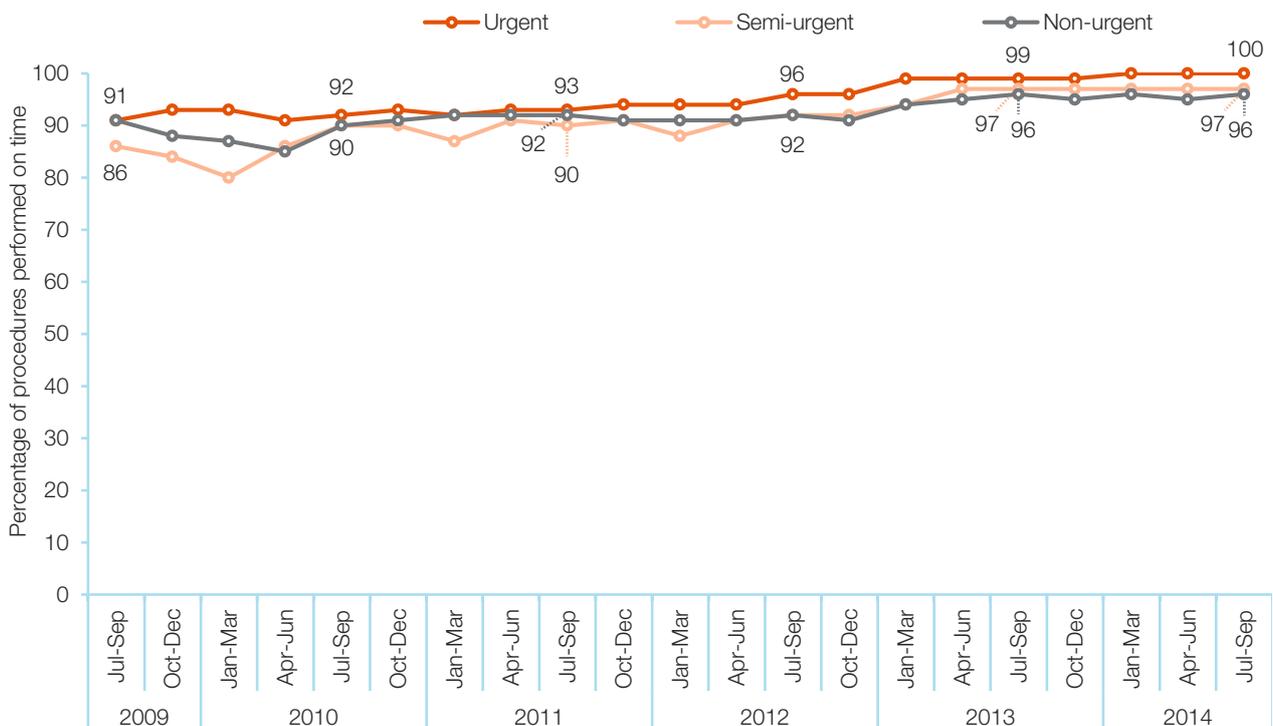


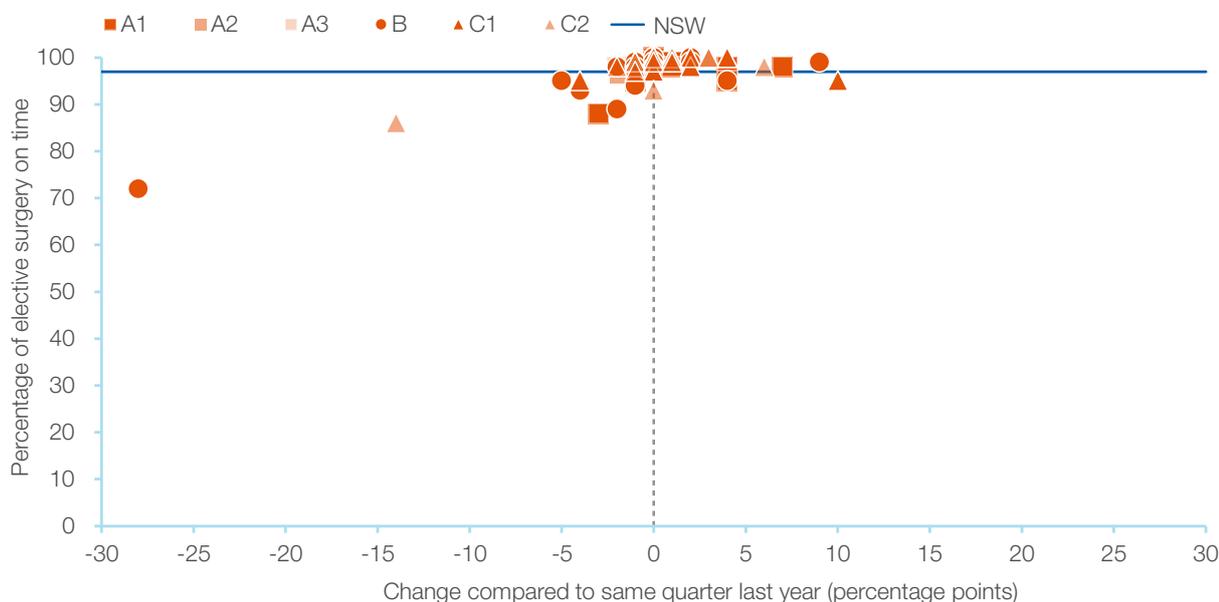
Figure 40 presents the percentage of elective surgery procedures performed on time alongside the percentage point change compared to the same quarter last year.

Hospitals that are above the NSW line had a higher proportion of patients that received elective surgery within recommended times compared to NSW (97%), while those below this line had a lower proportion of patients that receive elective surgery within recommended times. Hospitals shown to the left of the vertical "0" line had lower results compared to the same quarter last year while those shown to the right of the vertical line had higher results. Hospitals shown in the upper right quadrant both achieved higher result than NSW overall and improved on their result compared to the same quarter last year.

Compared to the same quarter last year, four hospitals recorded an improvement of more than five percentage points in the proportion of patients receiving their surgery within the recommended timeframes. For the same measure, two hospitals recorded a decrease of more than five percentage points.

Among the four hospitals that were more than 5% below the NSW result, none improved by more than five percentage points and two decreased by more than five percentage points. The remaining 79 hospitals are within five percentage points of the NSW result of 97% receiving surgery within recommended timeframes (Figure 40).

Figure 40 Percentage of elective surgery performed on time versus percentage point change since same quarter previous year, hospitals by peer group, July to September 2014



	Increased > 5%	No change (-5% to +5%)	Decreased > 5%	Total
>5% below NSW	0	2	2	4
Same as NSW (-5% to +5%)	4	75	0	79
>5% above NSW	0	0	0	0
Total	4	77	2	83

Is there variation in the proportion of elective surgery procedures performed on time?

During the July to September quarter, the proportion of elective surgery procedures performed within the recommended timeframes was almost 100% for several specialty groups. Orthopaedic surgery and ear, nose and throat surgery were the specialties with the lowest proportion of patients who received surgery on time (both 95%) (Figure 41).

When grouped by common procedure (Figure 42), differences were seen in the proportion of

elective surgery procedures performed on time. This shows that some patients wait longer than the recommended timeframe for particular elective surgery procedures.

The types of procedures with the lowest proportion performed on time this quarter were myringoplasty/tympanoplasty (91%), total knee replacement (93%) and septoplasty (93%). These procedures also had the longest median waiting times in the same quarter (see Figure 37).

Figure 41 Percent on time, elective surgery, by specialty, July to September 2014

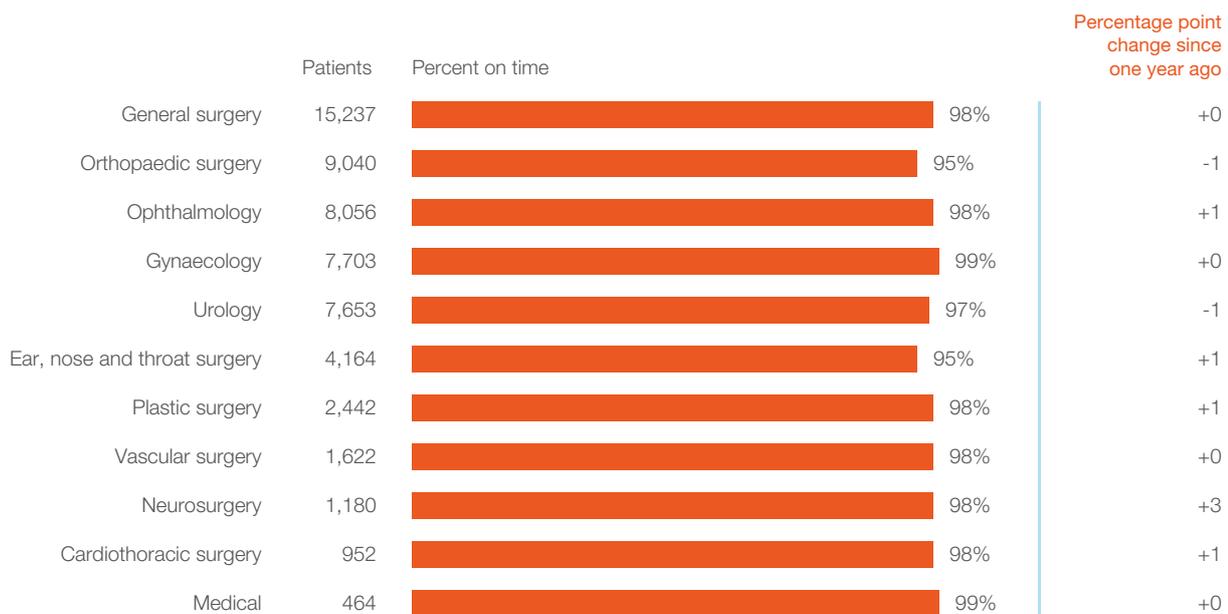
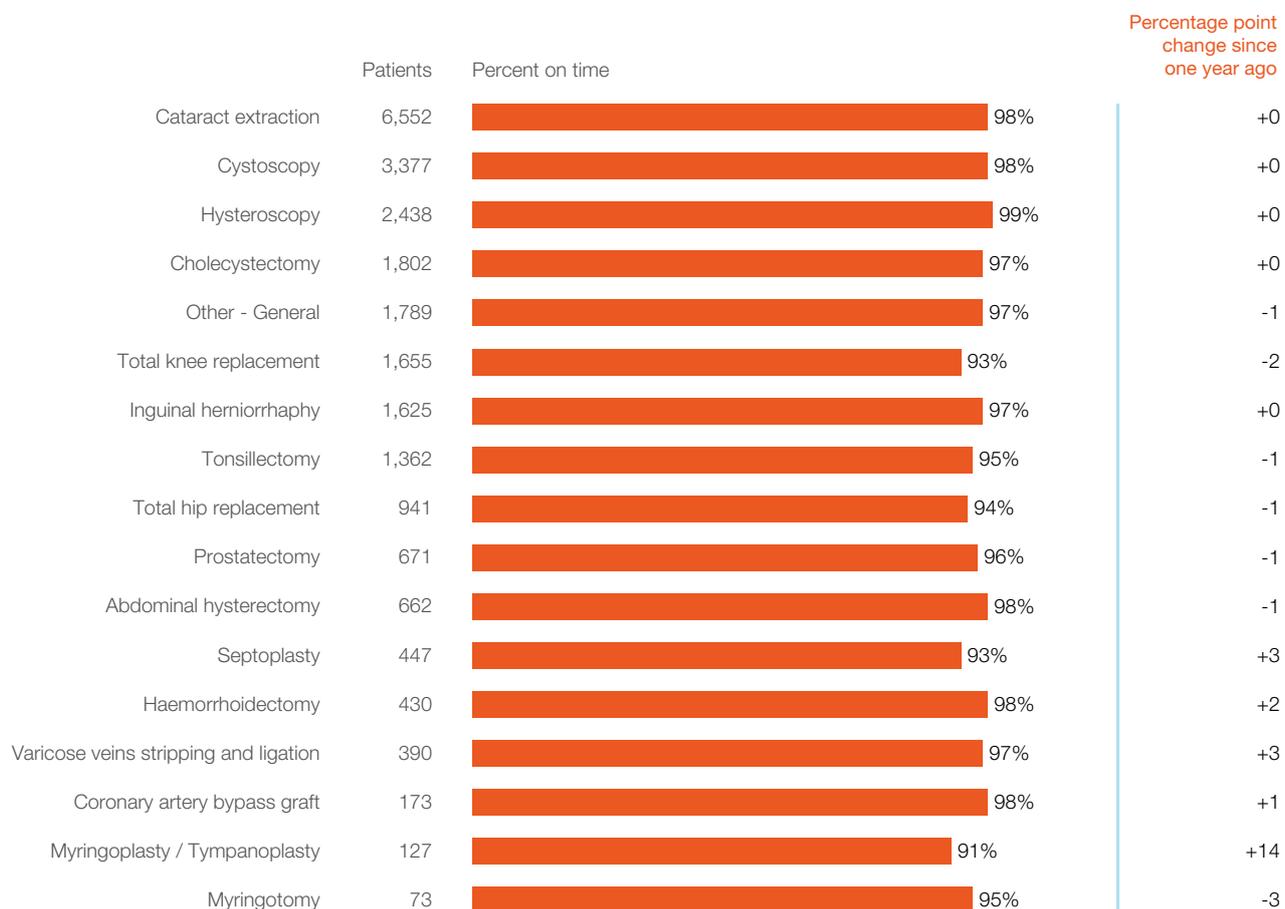


Figure 42 Percent on time, elective surgery, by common types of procedure, July to September 2014



Appendix tables

These tables present activity and performance measures for hospitals from principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B), district group 1 (C1) and district group 2 (C2) hospitals. Information for smaller hospitals is presented under the category ‘Other’.

Hospital admissions

Appendix tables 1 and 2 present hospital admission activity measures for public hospitals in NSW for this quarter, by either peer group or local health district (LHD).

- Download appendix tables by LHD
- Download appendix tables by peer group

Emergency departments

Appendix tables 3 and 4 present emergency department activity and performance measures for public hospitals in NSW for this quarter, by either peer group or LHD.

- Download appendix tables by LHD
- Download appendix tables by peer group



Elective surgery

Appendix tables 5 and 6 present elective surgery activity and performance measures for public hospitals in NSW for this quarter, by either peer group or LHD.

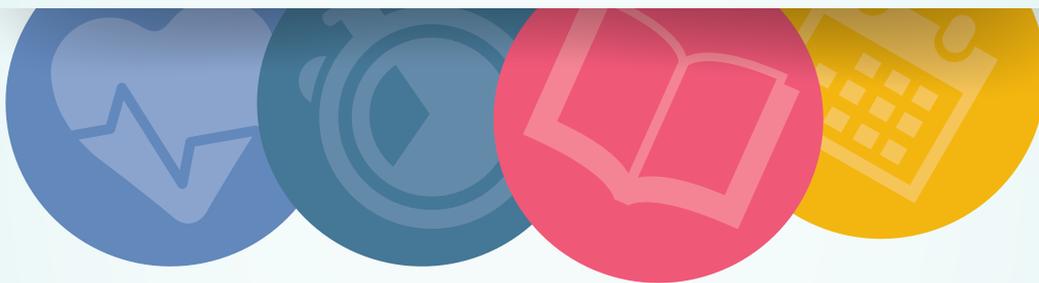
- Download appendix tables by LHD
- Download appendix tables by peer group



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Admitted
patients



Elective
surgery



Emergency
department

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Index of hospitals by local health district and hospital peer group

Hospital name	Local health district	Peer group
Armidale and New England Hospital	Hunter New England	C1
Auburn Hospital	Western Sydney	B
Ballina District Hospital	Northern NSW	C2
Bankstown / Lidcombe Hospital	South Western Sydney	A1
Bateman's Bay District Hospital	Southern NSW	C2
Bathurst Base Hospital	Western NSW	C1
Bega District Hospital	Southern NSW	C1
Bellingen River District Hospital	Mid North Coast	C2
Belmont Hospital	Hunter New England	C1
Blacktown Hospital	Western Sydney	B
Blue Mountains District Anzac Memorial Hospital	Nepean Blue Mountains	C2
Bowral and District Hospital	South Western Sydney	C1
Broken Hill Base Hospital	Far West	C1
Bulli District Hospital	Illawarra Shoalhaven	C2
Calvary Mater Newcastle	Hunter New England	A3
Camden Hospital	South Western Sydney	C2
Campbelltown Hospital	South Western Sydney	B
Canterbury Hospital	Sydney	B
Casino and District Memorial Hospital	Northern NSW	C2
Cessnock District Hospital	Hunter New England	C2
Coffs Harbour Base Hospital	Mid North Coast	B
Concord Hospital	Sydney	A1
Cooma Health Service	Southern NSW	C2
Cowra District Hospital	Western NSW	C2
Deniliquin Health Service	Murrumbidgee	C2
Dubbo Base Hospital	Western NSW	B
Fairfield Hospital	South Western Sydney	B
Forbes District Hospital	Western NSW	C2
Gosford Hospital	Central Coast	A1
Goulburn Base Hospital	Southern NSW	C1
Grafton Base Hospital	Northern NSW	C1
Griffith Base Hospital	Murrumbidgee	C1
Gunnedah District Hospital	Hunter New England	C2
Hawkesbury District Health Services	Nepean Blue Mountains	C1
Hornsby and Ku-Ring-Gai Hospital	Northern Sydney	B

Hospital name	Local health district	Peer group
Inverell District Hospital	Hunter New England	C2
John Hunter Hospital	Hunter New England	A1
Kempsey Hospital	Mid North Coast	C2
Kurri Kurri District Hospital	Hunter New England	C2
Lismore Base Hospital	Northern NSW	B
Lithgow Health Service	Nepean Blue Mountains	C2
Liverpool Hospital	South Western Sydney	A1
Macksville District Hospital	Mid North Coast	C2
Maclean District Hospital	Northern NSW	C2
Maitland Hospital	Hunter New England	B
Manly District Hospital	Northern Sydney	B
Manning Base Hospital	Hunter New England	B
Milton and Ulladulla Hospital	Illawarra Shoalhaven	C2
Mona Vale and District Hospital	Northern Sydney	B
Moree District Hospital	Hunter New England	C2
Moruya District Hospital	Southern NSW	C2
Mount Druitt Hospital	Western Sydney	C1
Mudgee District Hospital	Western NSW	C2
Murwillumbah District Hospital	Northern NSW	C1
Muswellbrook District Hospital	Hunter New England	C2
Narrabri District Hospital	Hunter New England	C2
Nepean Hospital	Nepean Blue Mountains	A1
Orange Health Service	Western NSW	B
Parkes District Hospital	Western NSW	C2
Port Macquarie Base Hospital	Mid North Coast	B
Prince of Wales Hospital	South Eastern Sydney	A1
Queanbeyan Health Service	Southern NSW	C2
Royal Hospital for Women	South Eastern Sydney	A3
Royal North Shore Hospital	Northern Sydney	A1
Royal Prince Alfred Hospital	Sydney	A1
RPAH Institute of Rheumatology & Orthopaedics	Sydney	A1
Ryde Hospital	Northern Sydney	C1
Shellharbour Hospital	Illawarra Shoalhaven	C1
Shoalhaven and District Memorial Hospital	Illawarra Shoalhaven	B
Singleton District Hospital	Hunter New England	C2

Index of hospitals by local health district and hospital peer group (continued)

Hospital name	Local health district	Peer group
St George Hospital	South Eastern Sydney	A1
St Vincent's Hospital, Darlinghurst	St Vincent's Health Network	A1
Sutherland Hospital	South Eastern Sydney	B
Sydney Children's Hospital	Sydney Children's Network	A2
Sydney Eye Hospital	South Eastern Sydney	A3
Sydney Hospital	South Eastern Sydney	A3
Tamworth Base Hospital	Hunter New England	B
The Children's Hospital at Westmead	Sydney Children's Network	A2
The Tweed Hospital	Northern NSW	B
Tumut Health Service	Murrumbidgee	C2
Wagga Wagga Base Hospital	Murrumbidgee	B
Westmead Hospital	Western Sydney	A1
Wollongong Hospital	Illawarra Shoalhaven	A1
Wyong Hospital	Central Coast	B
Young Health Service	Murrumbidgee	C2

Acknowledgements

The Bureau of Health Information (BHI) is the main source of information for the people of NSW about the performance of their public healthcare system. The NSW-based board-governed organisation BHI, is led by Chairperson Professor Bruce Armstrong AM and Chief Executive Jean-Frederic Levesque MD, PhD.

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About the Bureau of Health Information

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

BHI was established in 2009 to provide system-wide support through transparent reporting.

BHI 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 publishes a range of reports and tools that provide relevant, accurate and impartial information about how the NSW healthcare system is measuring up in terms of:

- Accessibility: healthcare when and where needed
- Appropriateness: the right healthcare, the right way
- Effectiveness: making a difference for patients
- Efficiency: value for money
- Equity: health for all, healthcare that's fair
- Sustainability: caring for the future.

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

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