Healthcare Quarterly

Tracking public hospital and ambulance service activity and performance in NSW

April to June 2022

bureau of
**health
information**

Overview

April to June 2022

Emergency department

ED attendances increased, with almost one in 10 patients leaving without, or before completing treatment. Patients waited longer to be transferred from paramedics to ED staff, to be treated in ED and to be admitted to hospital.

Find out more from page 3

Admitted patients

The number of admitted patient episodes of care gradually increased. Patients typically spent longer in hospital compared with the same quarter in 2019.

Find out more from page 15

Ambulance

Demand remained high and patients waited longer for an ambulance than in any quarter since BHI began reporting in 2010.

Find out more from page 10

Elective surgery

The number of surgeries performed gradually increased. Patients waited longer than any quarter since 2010 for semi-urgent and non-urgent elective surgery, and a record number waited longer than recommended.

Find out more from page 19

About this report

Healthcare Quarterly tracks activity and performance for emergency department (ED), elective surgery, admitted patient and ambulance services in NSW. For seclusion and restraint activity and performance results, please see the Seclusion and Restraint Supplement.

Healthcare Quarterly presents this quarter's results in comparison with the same period for previous years – taking into account seasonal effects on activity and performance – to show how demands on the system and the supply of services have changed over time.

NSW-level results in this report include more than 170 public hospitals and 91 local ambulance reporting areas. The Bureau of Health Information (BHI) Data Portal and the activity and performance profiles include individual results for the 77 larger public hospitals – including 41 in rural areas – and each of the local ambulance areas.

Data were drawn on the following dates: ED (21 July 2022); ambulance (6 July 2022); admitted patients (20 July 2022); elective surgery (24 July 2022).

See the technical supplement to this report for descriptions of the data, methods and technical terms used to calculate activity and performance measures.

Interpreting results

The NSW healthcare system continued to respond to the COVID-19 pandemic during April to June 2022.

With public health restrictions relaxed, the health system adapted, and continued to experience fluctuations in hospital and ambulance activity and performance.

To enable more stable comparisons with pre-pandemic activity and performance, this report includes comparisons with the same quarter three years earlier.

This report includes additional insights into COVID-19 cases and hospitalisations, and health system activity and performance in urban and rural areas for the April to June 2022 quarter.

'Urban' and 'rural' are classified using the Accessibility and Remoteness Index of Australia (ARIA+) developed by the Australian Bureau of Statistics (ABS).

For the first time, BHI has used linked data to identify patients who left the ED without, or before completing treatment, and re-presented to the same or a different ED within three days.

Interactive data
Bureau of Health Information Data Portal

The BHI Data Portal is part of a transition to a digital-first way of reporting healthcare performance results in NSW, making them more accessible and user friendly.

The Data Portal allows you to find and compare results showing the performance of the NSW healthcare system.

Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.
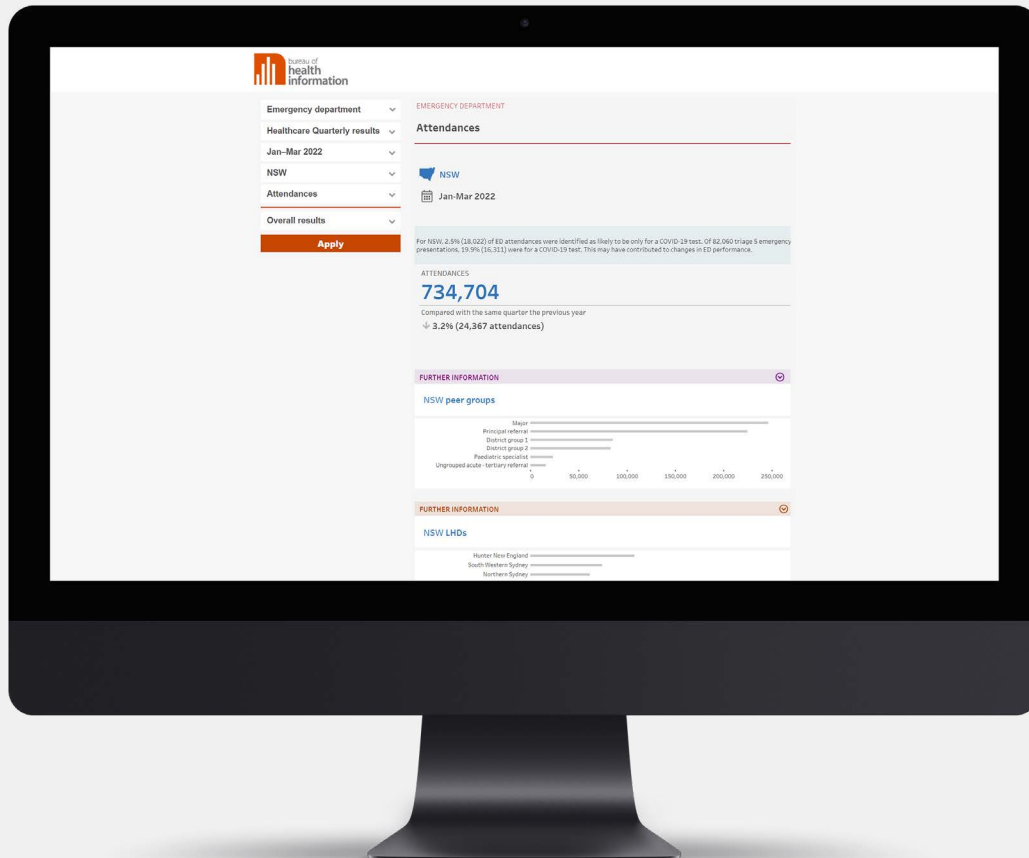
Activity and performance profiles

Activity and performance profiles provide a snapshot of selected ED, elective surgery and admitted patient measures for NSW, 77 individual hospitals, LHDs and hospital peer groups.

The profiles are a good starting point to see an overview of your local hospital's performance before a more detailed search in the Data Portal.
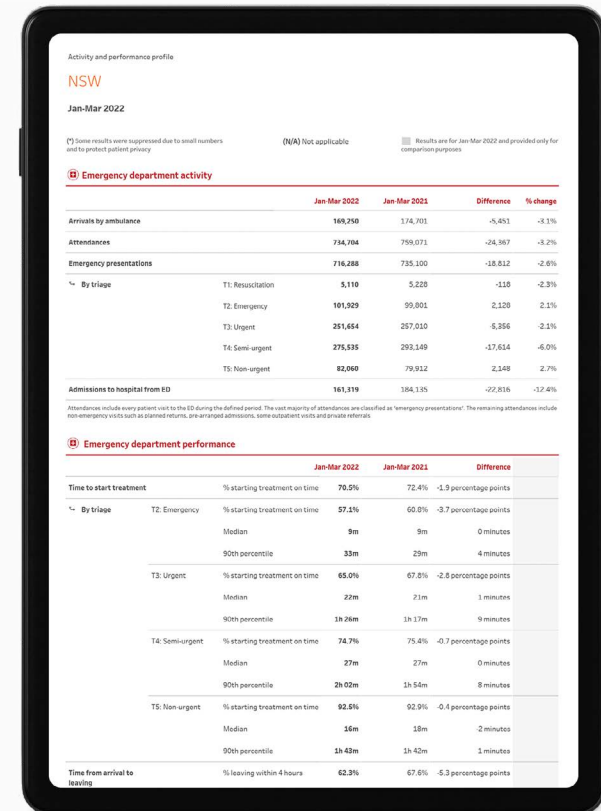
Emergency department

NSW public hospital emergency departments (EDs) are open to everyone and provide specialised assessment and life-saving care for acutely unwell patients. EDs often act as an entry point to inpatient services.

Healthcare Quarterly features a range of indicators of ED activity and performance, including ED attendances and timeliness measures.

Key findings

April to June 2022

ACTIVITY

There were 793,987 ED attendances, up 5.2% compared with April to June 2019. Triage category 2 presentations reached 110,942 – the highest of any quarter since BHI began reporting in 2010.

TIME TO START TREATMENT

62.8% of all patients, and 51.6% of triage 2 patients, had their treatment start on time. Both were the lowest of any quarter since 2010.

MODE OF LEAVING ED

178,490 patients were treated and admitted to hospital, down 8.2% compared with 2019.

76,117 patients left without, or before completing, treatment – up 67.6% compared with 2019 and more than any quarter since 2010.

EMERGENCY

TIME FROM ARRIVAL TO LEAVING ED

23.0% of patients who were treated and admitted to hospital spent less than four hours in the ED. One in 10 patients who were treated and admitted, spent longer than 21 hours and 16 minutes in the ED – the longest of any quarter since 2010.

TIME TO TRANSFER CARE

72.5% of patients who arrived by ambulance had their care transferred to ED staff within 30 minutes – the lowest since BHI began reporting this measure in 2013.

One in 10 patients waited longer than 1 hour 11 minutes to be transferred – the longest since 2013.

Behind the key findings

Figure 1
Emergency department attendances, NSW
April 2017 to June 2022

Of the 793,987 ED attendances in April to June 2022, 64.9% (515,587) were in urban hospitals and 35.1% (278,400) were in rural hospitals.

*'All hospitals' cohort includes more than 170 EDs submitting data to the Emergency Department Data Collection (EDDC) in each quarter.

Note: In April to June 2022, 0.6% (4,899) of ED attendances were identified as patients likely visiting an ED only for a COVID-19 test. This may have contributed to changes in ED performance.

Hospitals are classified as 'urban' or 'rural' using the Accessibility and Remoteness Index of Australia (ARIA+) developed by the Australian Bureau of Statistics (ABS). For more information, see the technical supplement.
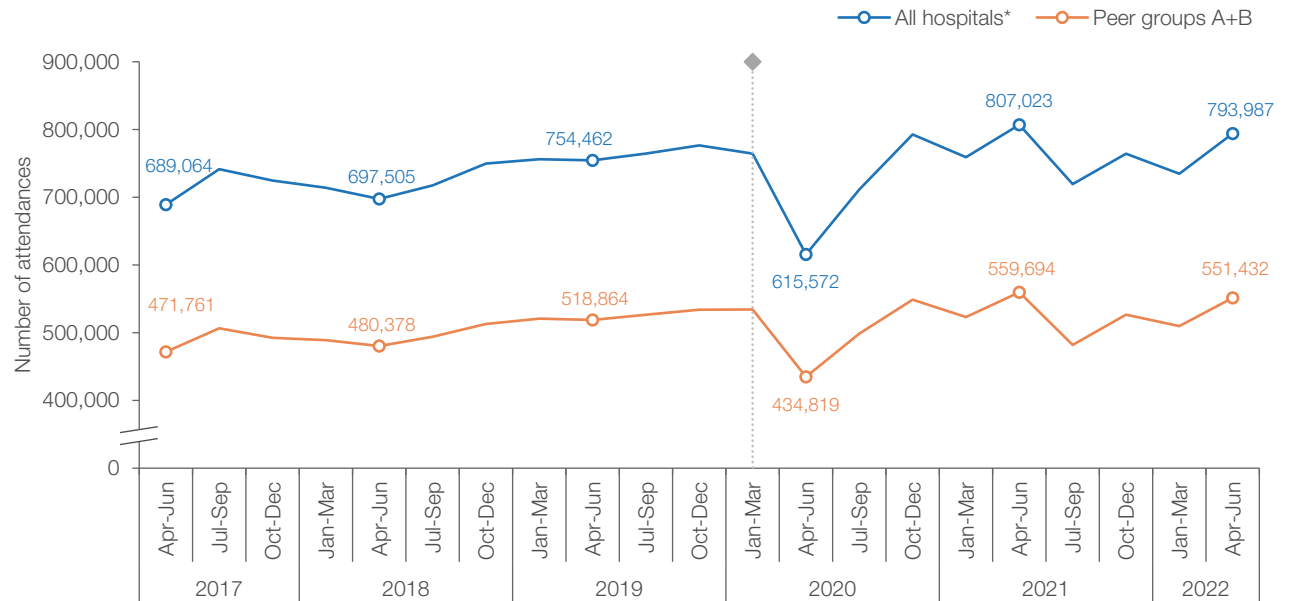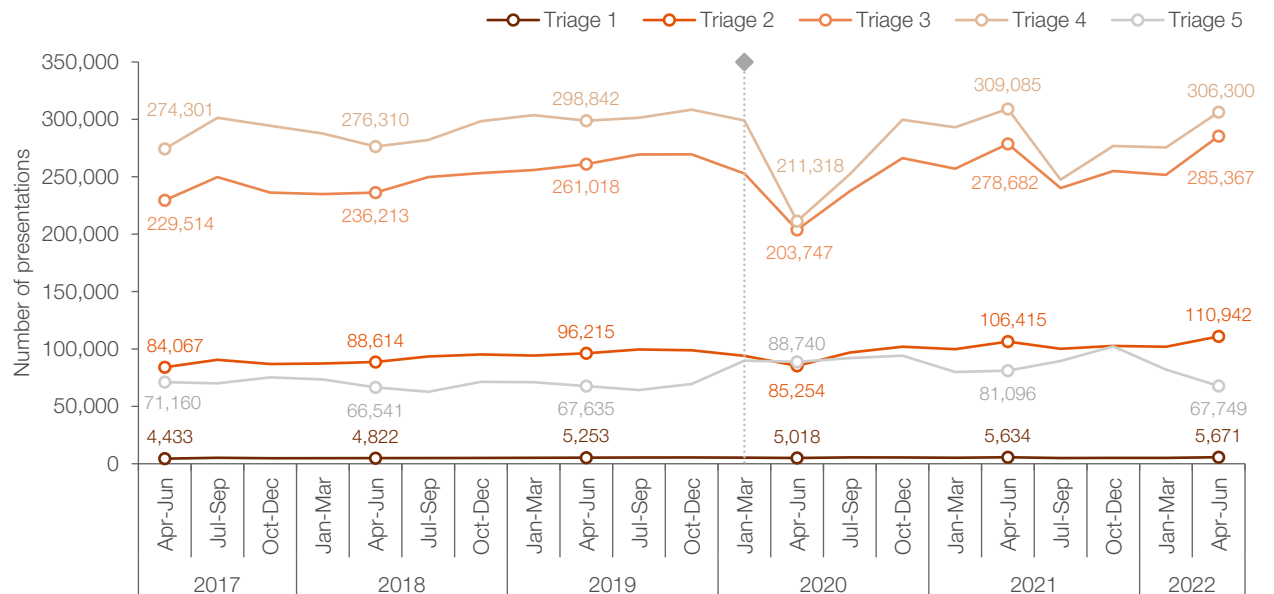

Legend: All hospitals* · Peer groups A+B

Number of attendances (y-axis)

Data labels (All hospitals*): 689,064; 697,505; 754,462; 615,572; 807,023; 793,987

Data labels (Peer groups A+B): 471,761; 480,378; 518,864; 434,819; 559,694; 551,432

X-axis quarters: Apr-Jun, Jul-Sep, Oct-Dec (2017); Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec (2018); Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec (2019); Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec (2020); Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec (2021); Jan-Mar, Apr-Jun (2022)

Figure 2
Emergency presentations, by triage category, NSW
April 2017 to June 2022

On arrival at the ED, patients are allocated to one of five triage categories, based on urgency.

Legend: Triage 1 · Triage 2 · Triage 3 · Triage 4 · Triage 5

Number of presentations (y-axis)

Data labels (Triage 4): 274,301; 276,310; 298,842; 211,318; 309,085; 306,300

Data labels (Triage 3): 229,514; 236,213; 261,018; 203,747; 278,682; 285,367

Data labels (Triage 2): 84,067; 88,614; 96,215; 85,254; 106,415; 110,942

Data labels (Triage 5): 71,160; 66,541; 67,635; 88,740; 81,096; 67,749

Data labels (Triage 1): 4,433; 4,822; 5,253; 5,018; 5,634; 5,671

X-axis quarters: Apr-Jun, Jul-Sep, Oct-Dec (2017); Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec (2018); Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec (2019); Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec (2020); Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec (2021); Jan-Mar, Apr-Jun (2022)

◆ The World Health Organisation (WHO) declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 3
Percentage of patients starting treatment on time, by triage category, NSW
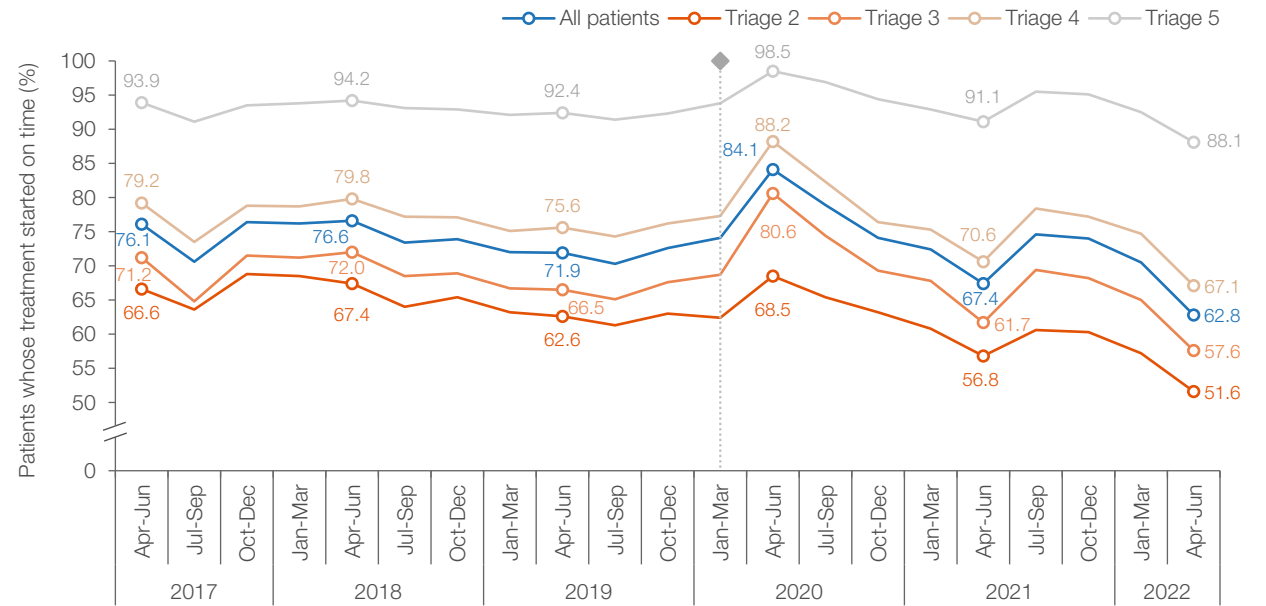### April 2017 to June 2022

The Australasian College for Emergency Medicine recommended maximum waiting times for ED treatment to start are:

- Triage 2: Emergency – 80% within 10 minutes
- Triage 3: Urgent – 75% within 30 minutes
- Triage 4: Semi-urgent – 70% within 60 minutes
- Triage 5: Non-urgent – 70% within 120 minutes.

In April to June 2022, the percentage of all patients who had their treatment start on time was 57.5% in urban hospitals and 72.8% in rural hospitals.

Note: Due to differences in data definitions, reporting periods and the number of hospitals included, *Healthcare Quarterly* results for the percentage of patients whose treatment started on time are not directly comparable with figures reported by other agencies and jurisdictions.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
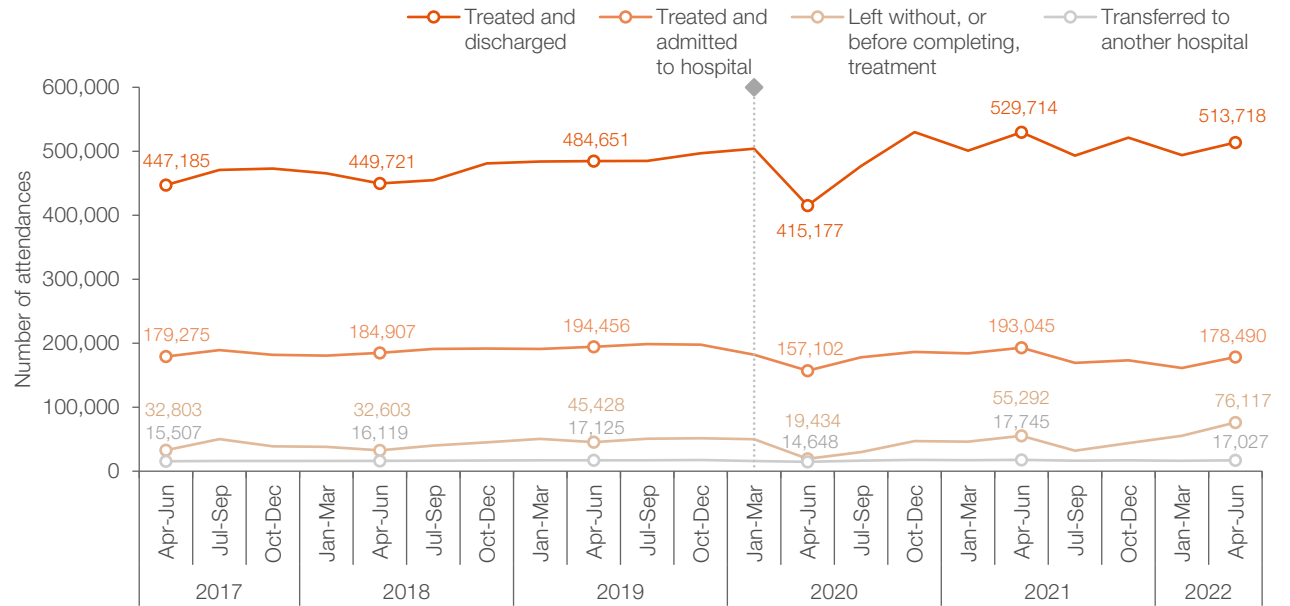
Behind the key findings

Figure 4
Emergency department attendances, by mode of leaving, NSW

April 2017 to June 2022

'Left without, or before completing, treatment' includes patients who were triaged but left the ED before treatment began, and patients who began treatment but left before it was completed.

Of the 76,117 patients who left without, or before completing, treatment in April to June 2022, 51.3% were triage 4, 28.8% were triage 3 and 13.1% were triage 5.
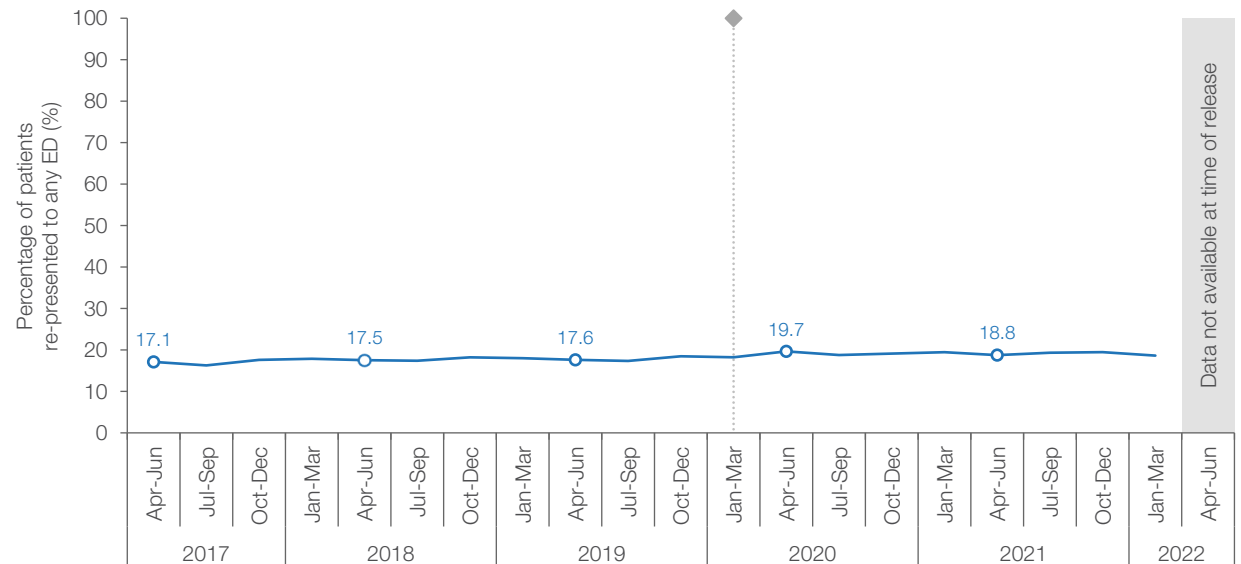

Figure 5
Percentage of patients who left without, or before completing, treatment who re-presented to any ED within three days, NSW

April 2017 to March 2022

Additional analysis using linked data shows almost one in five patients who left the ED without, or before completing, treatment tended to re-present within three days. For further information, visit the BHI website.

Note: Linked data for April to June 2022 were not available at time of release. Results for Northern Beaches Hospital are not included in the analysis for April 2017 to March 2022.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
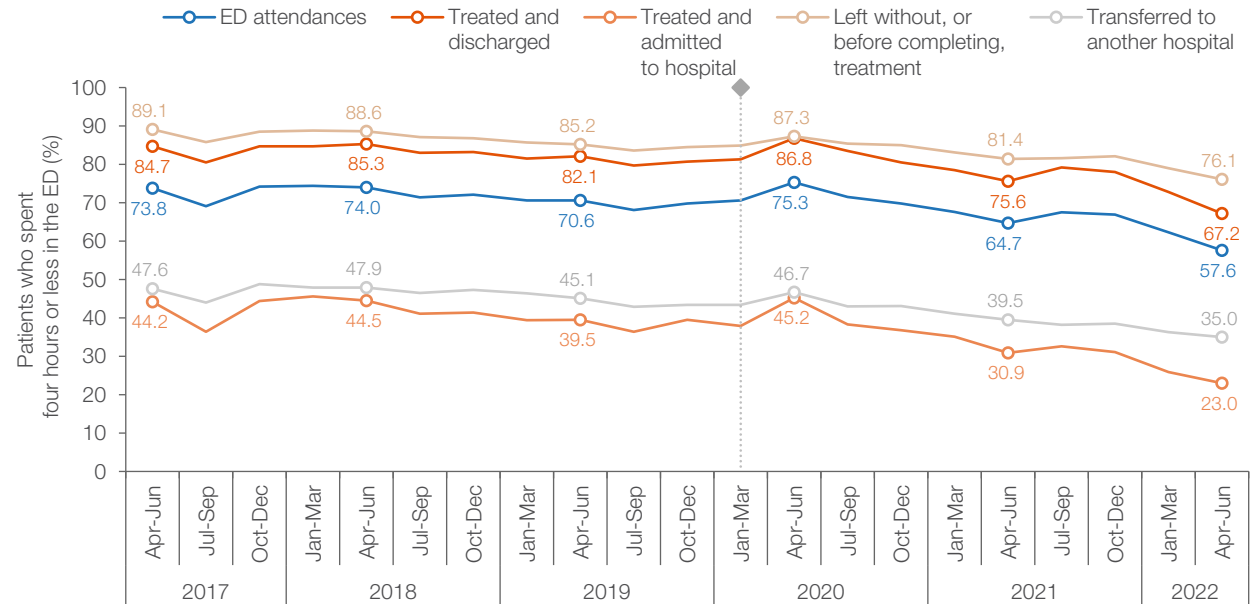
Behind the key findings

Figure 6
Percentage of patients leaving the emergency department within four hours, by mode of leaving, NSW
April 2017 to June 2022

In April to June 2022, the percentage of all patients who spent less than four hours in the ED was 50.4% in urban hospitals and 70.9% in rural hospitals.
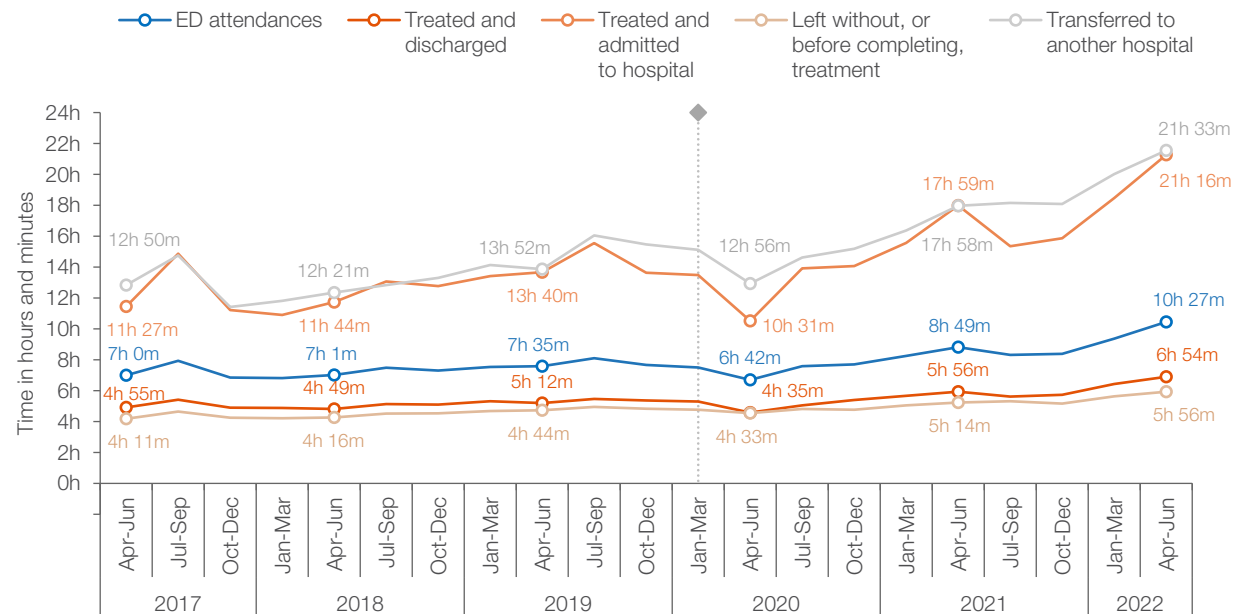

ADDITIONAL INSIGHTS

Figure 7
90th percentile time from arrival at the emergency department to leaving, by mode of leaving, NSW
April 2017 to June 2022

In April to June 2022, one in 10 patients in urban hospitals spent longer than 11 hours 36 minutes in the ED and one in 10 patients in rural hospitals spent longer than 7 hours 55 minutes.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
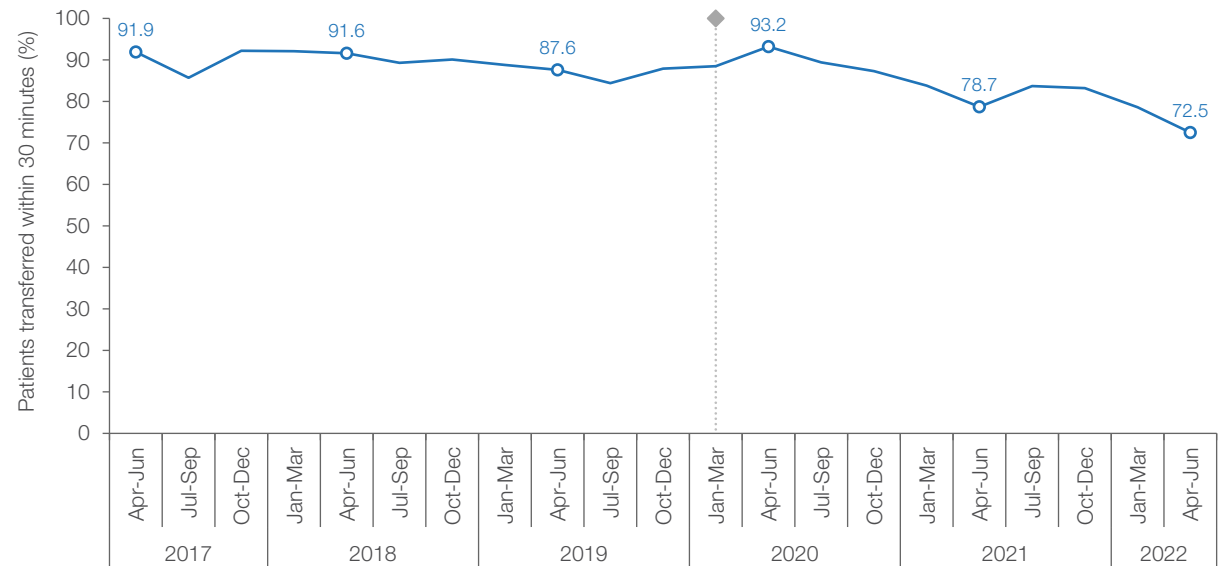
Behind the key findings

Figure 8
Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW
April 2017 to June 2022

In April to June 2022, the number of patients arriving at the ED by ambulance was 174,541.

The percentage of patients transferred from paramedics to ED staff within 30 minutes in April to June 2022 was 69.5% in urban hospitals and 80.0% in rural hospitals.
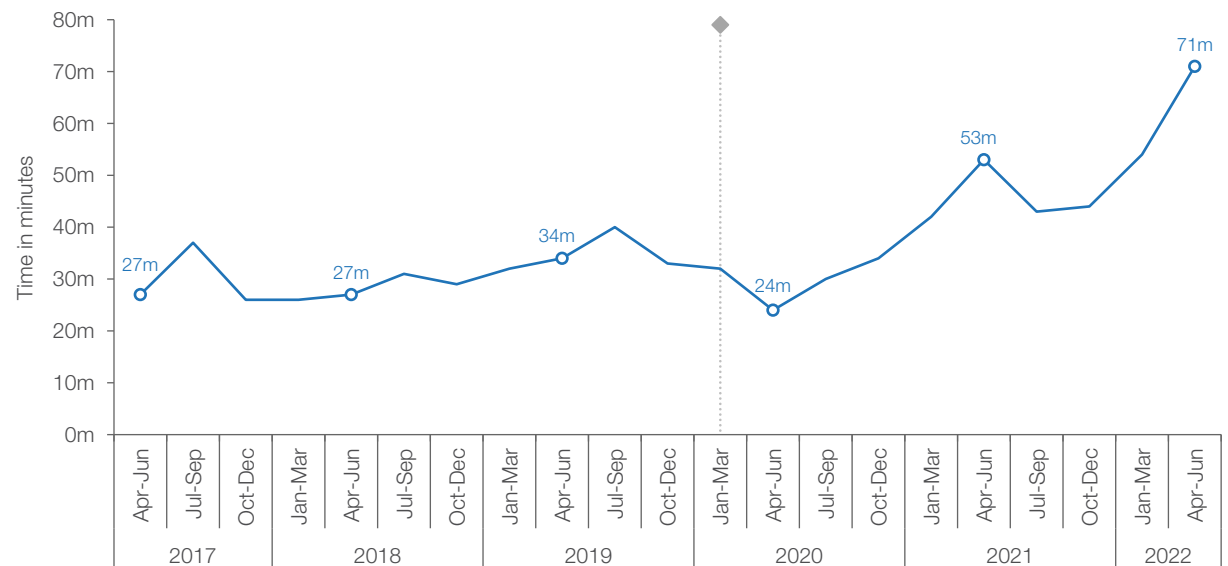
Figure 9
90th percentile time to transfer care from paramedics to emergency department staff, NSW
April 2017 to June 2022

In April to June 2022, one in 10 patients in urban hospitals waited longer than 1 hour 18 minutes to be transferred and one in 10 patients in rural hospitals waited longer than 53 minutes.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Ambulance

NSW Ambulance delivers mobile health services and provides high-quality clinical care, rescue and retrieval services to people with emergency and medical health needs.

Healthcare Quarterly features a range of indicators of ambulance activity and performance, including ambulance responses and timeliness measures.

Key findings

April to June 2022

OVERALL ACTIVITY

There were 375,215 ambulance calls and 333,927 responses, up 21.1% and 7.8%, respectively, compared with April to June 2019.

The gap between the number of ambulance calls and responses has been increasing since late 2019.

HIGHEST PRIORITY RESPONSES

There were 12,134 priority 1A (P1A) responses to patients with life-threatening conditions, up 85.2% compared with 2019 and the highest since BHI began reporting in 2010.

The weekly number of P1A responses was almost double 2019 levels throughout May and June.

CALL TO AMBULANCE ARRIVAL TIMES

The percentage of P1 cases with a call to ambulance arrival time within 15 and 30 minutes was 35.0% and 77.3%, respectively – the lowest results since 2010.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of P1A responses within 10 minutes was 57.6% – the lowest since 2010. Half of these patients waited longer than 9.1 minutes – the longest since 2010.

EMERGENCY RESPONSE TIMES

For half of P1 cases, patients waited longer than 16.3 minutes – the longest since 2010.
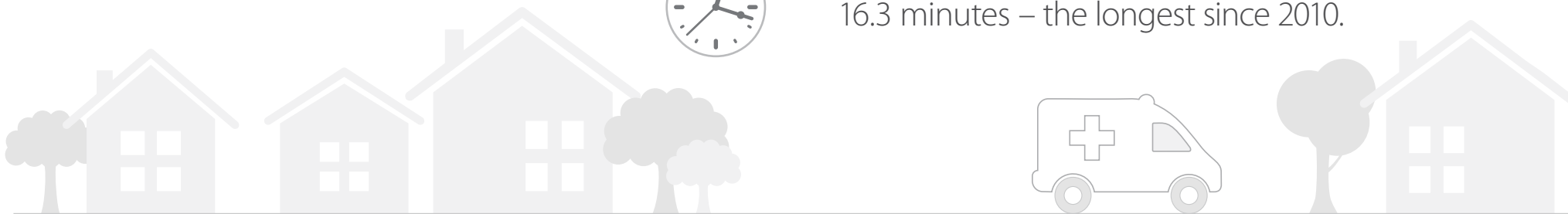
Behind the key findings

Figure 10
Ambulance calls, incidents, responses and patient transports, NSW
April 2017 to June 2022

Of the 333,927 ambulance responses in April to June 2022, 65.8% (219,669) were in urban areas and 34.2% (114,258) were in rural areas.

Note: Local areas are classified as 'urban' or 'rural' using ARIA+ developed by ABS. For more information, see the technical supplement.
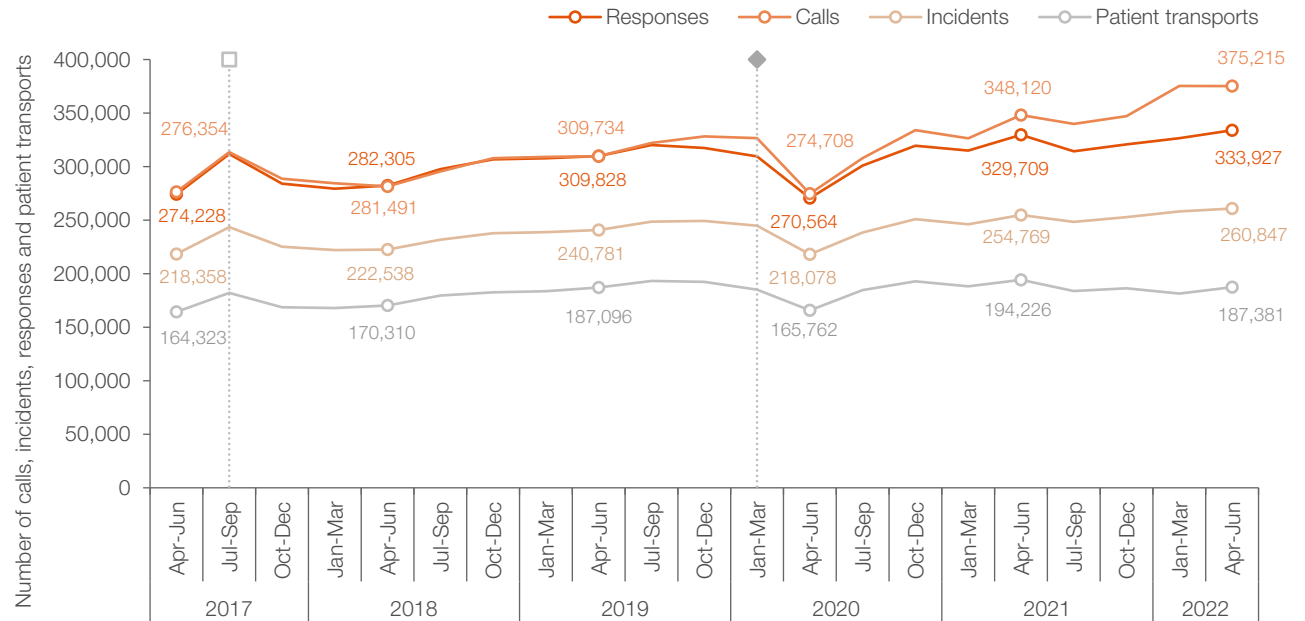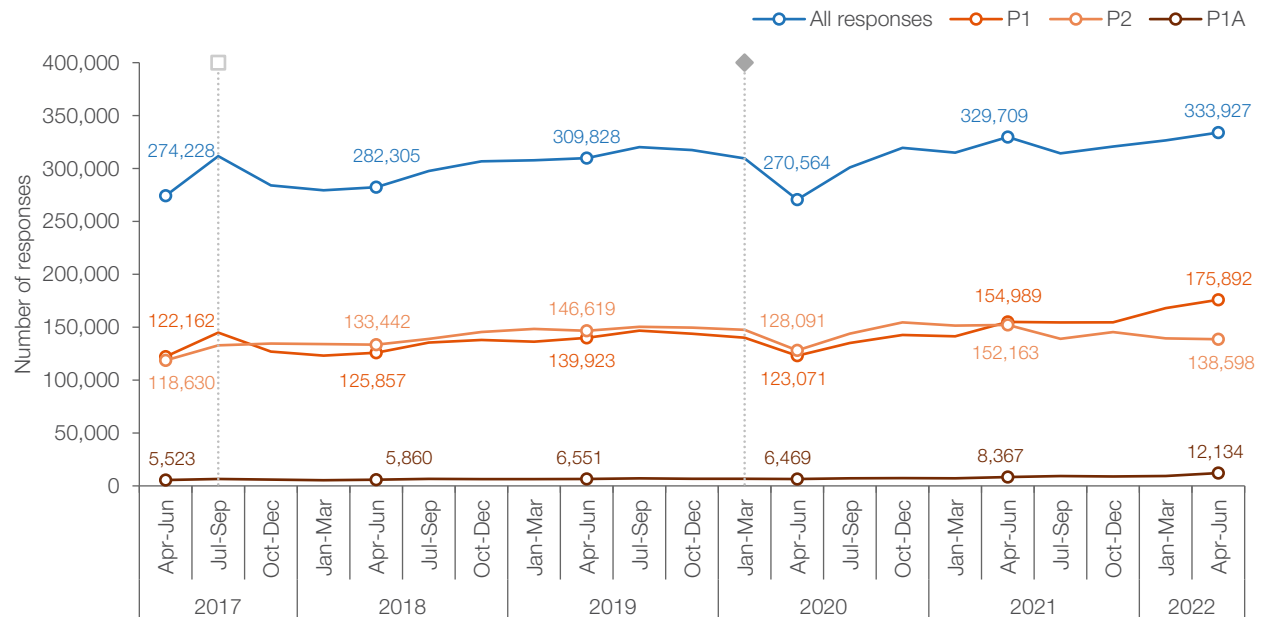

Legend: ─o─ Responses   ─o─ Calls   ─o─ Incidents   ─o─ Patient transports

Selected data labels:
- Responses: 274,228 (Apr-Jun 2017); 282,305; 309,828; 270,564; 329,709; 333,927 (Apr-Jun 2022)
- Calls: 276,354; 282,305; 309,734; 274,708; 348,120; 375,215
- Incidents: 218,358; 222,538; 240,781; 270,564 / 218,078; 254,769; 260,847
- Patient transports: 164,323; 170,310; 187,096; 165,762; 194,226; 187,381

Figure 11
Ambulance responses, by priority category, NSW
April 2017 to June 2022

Ambulance responses are categorised as:
- Priority 1: Emergency (emergency response under lights and siren)
  - Priority 1A: Highest priority (patients with life-threatening conditions)
- Priority 2: Urgent (undelayed response without lights and siren)
- Priority 3: Time critical (undelayed response required)
- Priority 4–9: Non-emergency.

□ Changes to ambulance protocols resulting in the re-allocation of responses among priority categories.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Legend: ─o─ All responses   ─o─ P1   ─o─ P2   ─o─ P1A

Selected data labels:
- All responses: 274,228; 282,305; 309,828; 270,564; 329,709; 333,927
- P1: 122,162; 133,442; 146,619; 128,091; 154,989; 175,892
- P2: 118,630; 125,857; 139,923; 123,071; 152,163; 138,598
- P1A: 5,523; 5,860; 6,551; 6,469; 8,367; 12,134

Behind the key findings

Figure 12
Ambulance responses, highest priority (P1A) cases, NSW, by week
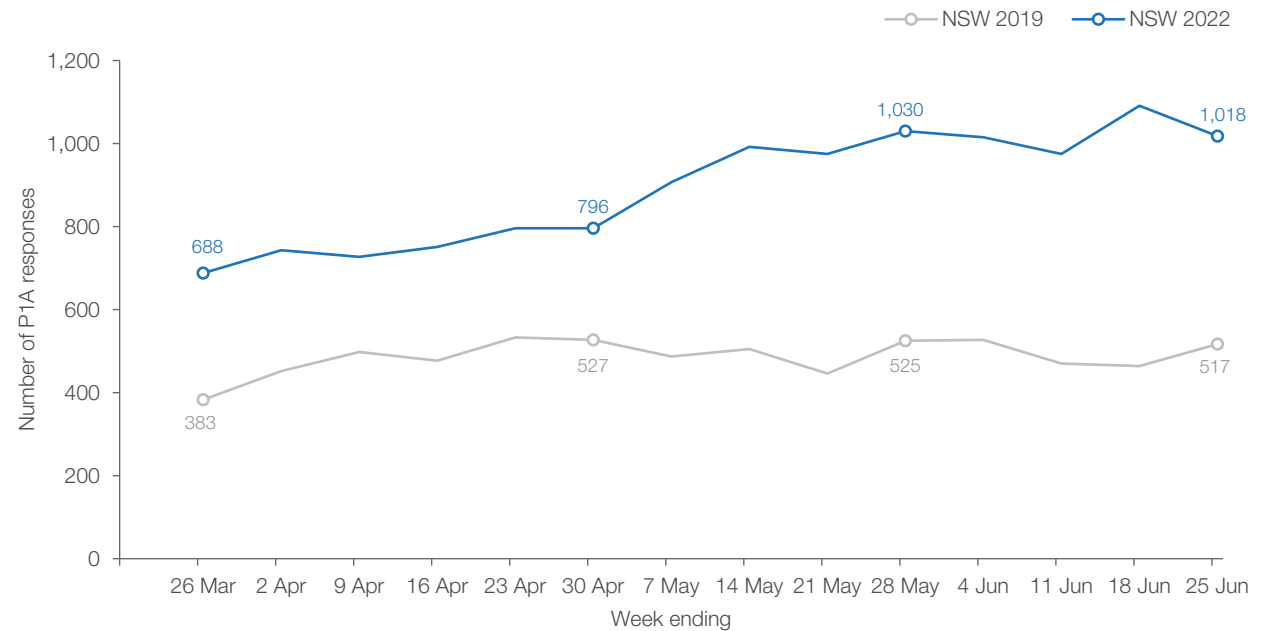**26 March to 25 June 2022 and 2019**

Figure 13
Percentage of call to ambulance arrival times within benchmarks, by priority, NSW
April 2017 to June 2022

In April to June 2022, the percentage of P1 cases with a call to ambulance arrival time within 15 minutes was 31.9% in urban areas and 42.6% in rural areas. The percentage of P1 cases with a call to ambulance arrival time within 30 minutes was 75.9% in urban areas and 80.7% in rural areas.

□ Changes to ambulance protocols resulting in the re-allocation of responses among priority categories.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
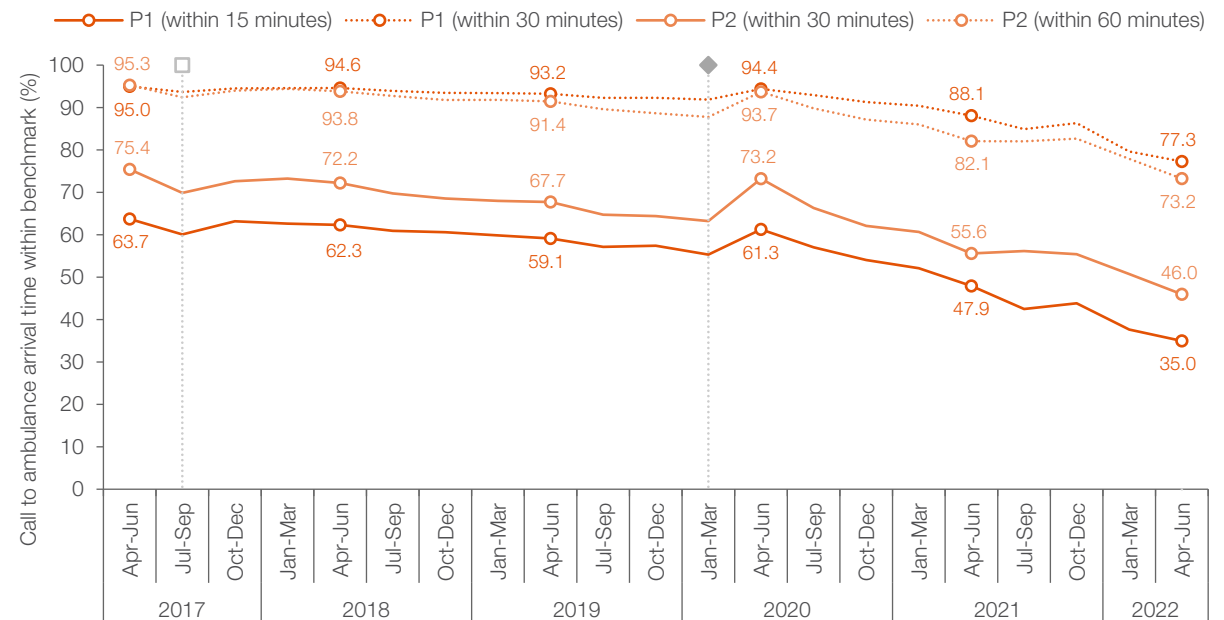
Behind the key findings

Figure 14
Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW
April 2017 to June 2022

In April to June 2022, the percentage of P1A responses within 10 minutes was 58.9% in urban areas and 54.7% in rural areas.
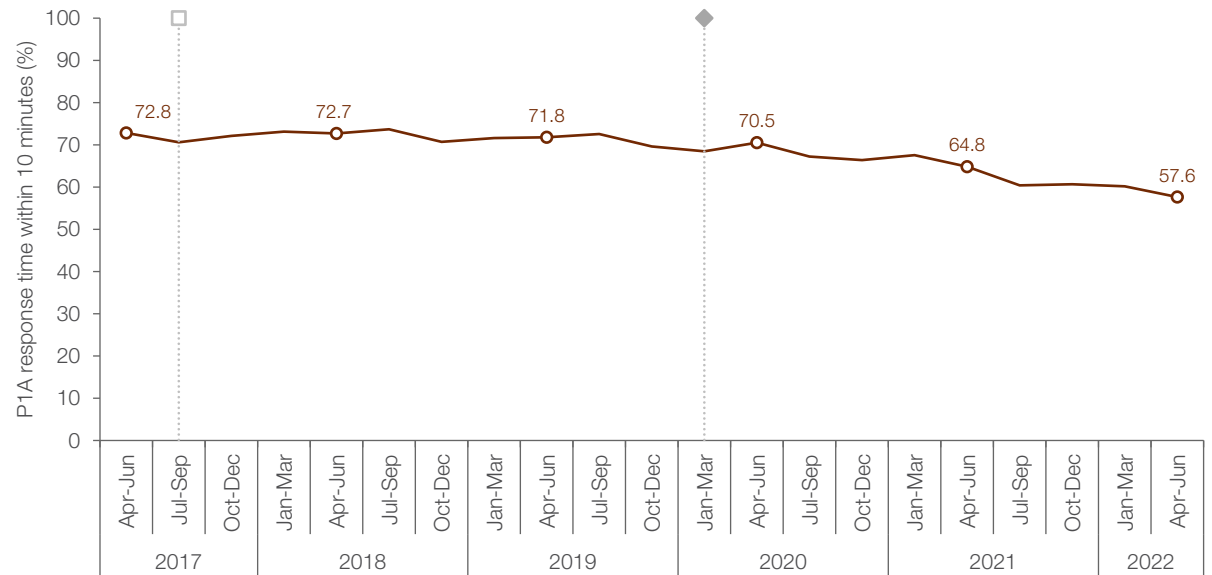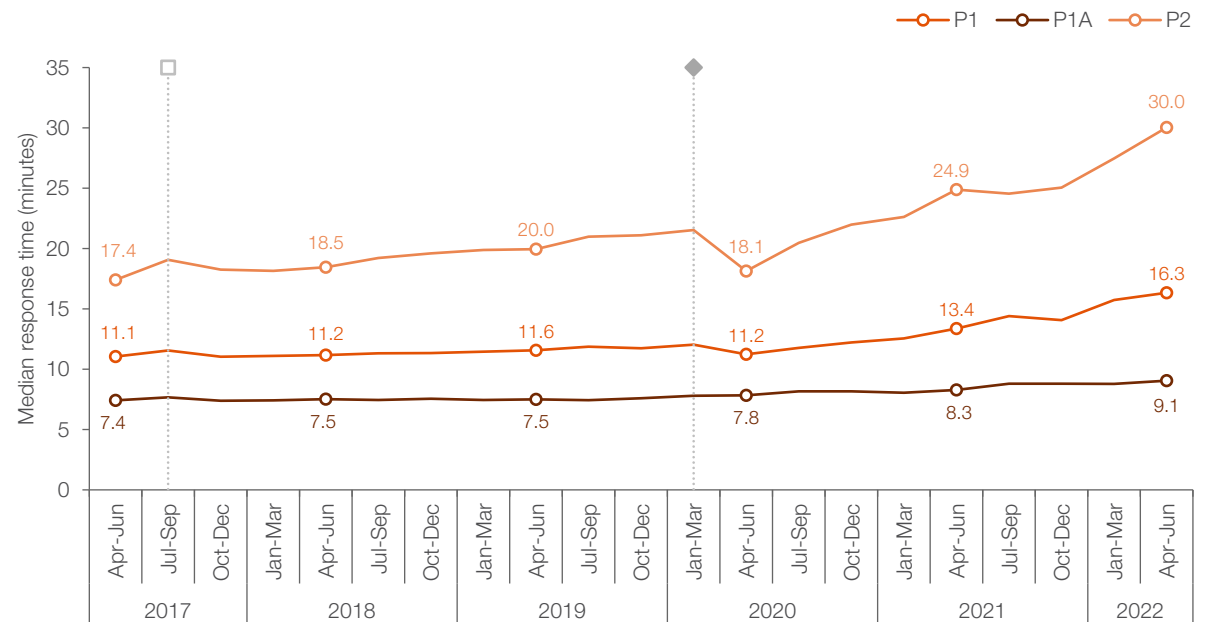

Figure 15
Median response times, by priority category, NSW
April 2017 to June 2022

□ Changes to ambulance protocols resulting in the re-allocation of responses among priority categories.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Admitted patients

People are admitted to hospital for a wide range of services, including medical and surgical care. Admissions can be acute (for immediate treatment) or non-acute (for rehabilitation, palliative care or other reasons). People may also be admitted for mental health-related reasons, which can be acute or non-acute.

Healthcare Quarterly features a range of indicators of admitted patient activity.

Information regarding seclusion and restraint practices in NSW public hospitals can be found in the Seclusion and Restraint Supplement.
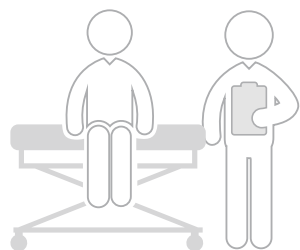
Key findings

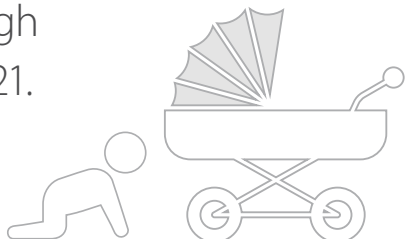**April to June 2022**

EPISODES OF CARE

There were 465,500 admitted patient episodes, down 4.3% compared with April to June 2019.

Of these, 15,356 were non-acute and 9,461 were mental health episodes, down 15.2% and 16.1%, respectively, compared with 2019.

BABIES BORN

17,107 babies were born in public hospitals, down 10.4% from the record high in April to June 2021.

AVERAGE LENGTH OF STAY

The average length of stay for acute overnight episodes was 5.1 days, up from 4.5 days in 2019. This is similar to the longer length of stays seen from the second half of 2021.

The average length of stay for non-acute overnight episodes and mental health overnight episodes was 17.1 and 22.7 days, respectively. Both were the longest of any quarter in the past five years.

Behind the key findings

Figure 16
Episodes of care, by care type, NSW
April 2017 to June 2022

Admitted patient episodes of care can be:

- Acute (immediate treatment)
- Non-acute (e.g. rehabilitation, palliative care)
- Mental health (acute or non-acute).

Of the 465,500 admitted patient episodes in April to June 2022, 74.9% (348,815) were in urban hospitals and 25.1% (116,685) were in rural hospitals.

Note: Results are calculated from more than 200 hospitals in each quarter reported in *Healthcare Quarterly*.
Hospitals are classified as 'urban' or 'rural' using ARIA+ developed by ABS. For more information, see the technical supplement.
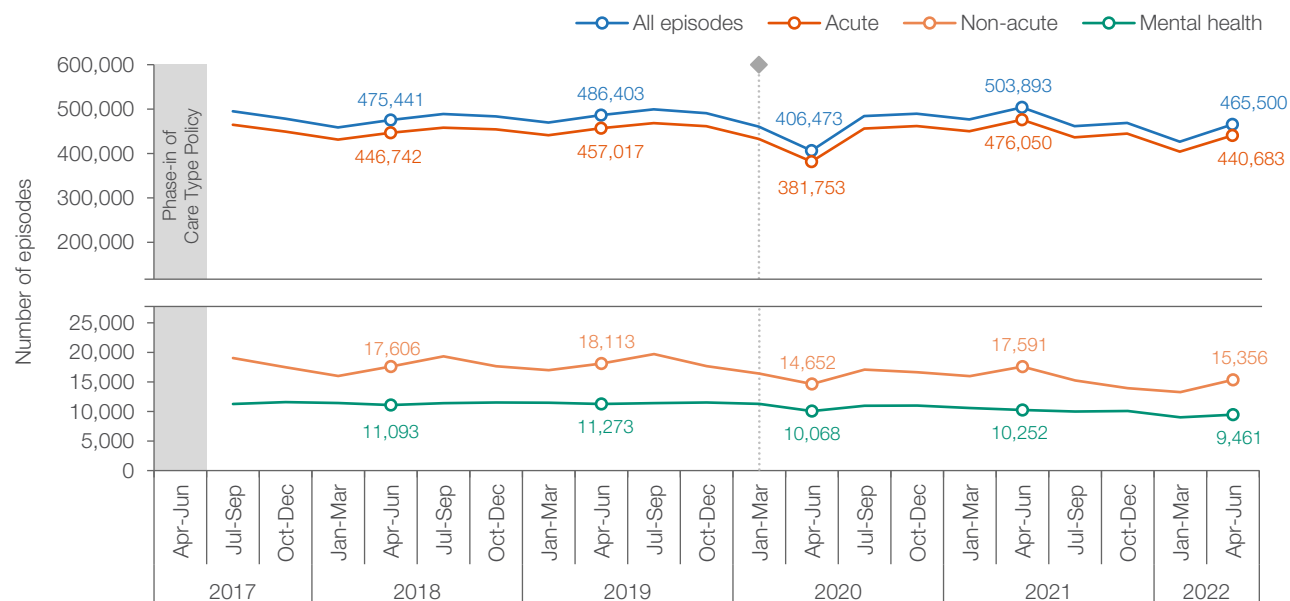

Legend: All episodes — Acute — Non-acute — Mental health

Phase-in of Care Type Policy

Number of episodes

All episodes / Acute values: 475,441; 446,742; 486,403; 457,017; 406,473; 381,753; 503,893; 476,050; 465,500; 440,683

Non-acute / Mental health values: 17,606; 18,113; 14,652; 17,591; 15,356; 11,093; 11,273; 10,068; 10,252; 9,461

Figure 17
Acute episodes of care, by stay type, NSW
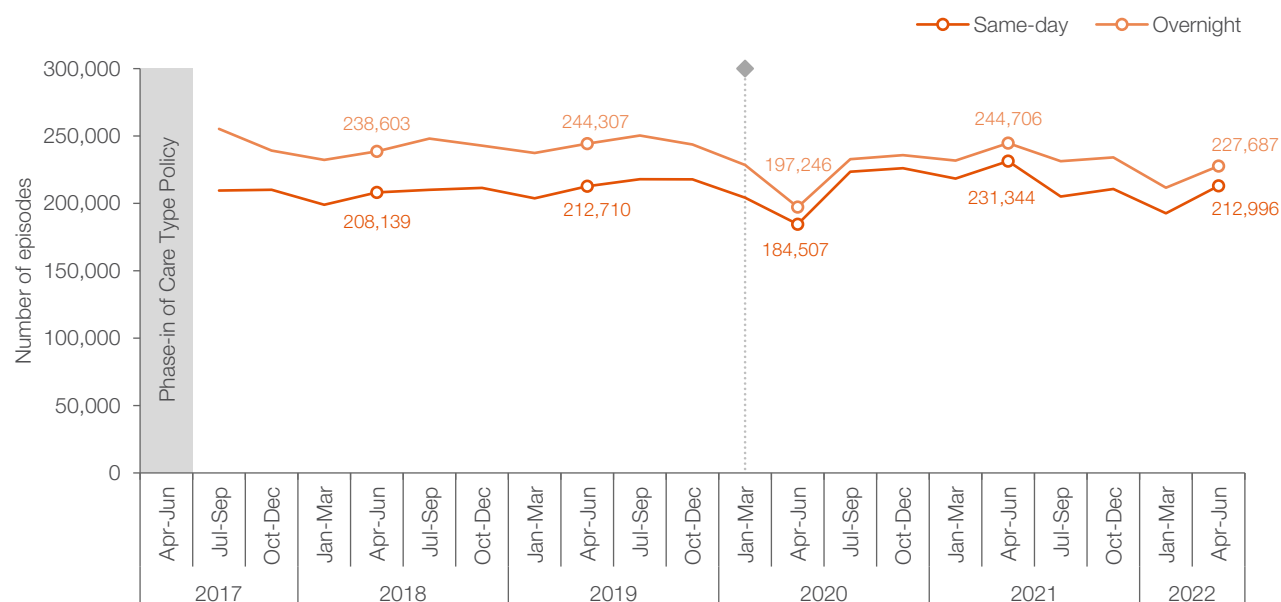**April 2017 to June 2022**

Admitted patient episodes of care can be:

- Same-day
- Overnight.

Note: 'Same-day' refers to patients who were admitted and discharged on the same day. 'Overnight' refers to patients who spent at least one night in hospital.

Phase-in of Care Type Policy – Between 1 July 2016 and 30 June 2017, all local health districts and health networks introduced a mental health care type when classifying newly admitted or long-standing mental health patients. Comparisons between the pre- and post-policy period should be made with caution.

- WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Legend: Same-day — Overnight

Phase-in of Care Type Policy

Number of episodes

Overnight values: 238,603; 244,307; 197,246; 244,706; 227,687
Same-day values: 208,139; 212,710; 184,507; 231,344; 212,996

Behind the key findings

Figure 18
Average length of stay for overnight episodes, by care type, NSW
April 2017 to June 2022

For acute overnight episodes in April to June 2022, the average length of stay was 5.2 days in urban hospitals and 4.7 days in rural hospitals.

Notes: Results are calculated from more than 200 hospitals in each quarter reported in *Healthcare Quarterly*.

■ **Phase-in of Care Type Policy –** Between 1 July 2016 and 30 June 2017, all local health districts and health networks introduced a mental health care type when classifying newly admitted or long-standing mental health patients. Comparisons between the pre- and post-policy period should be made with caution.
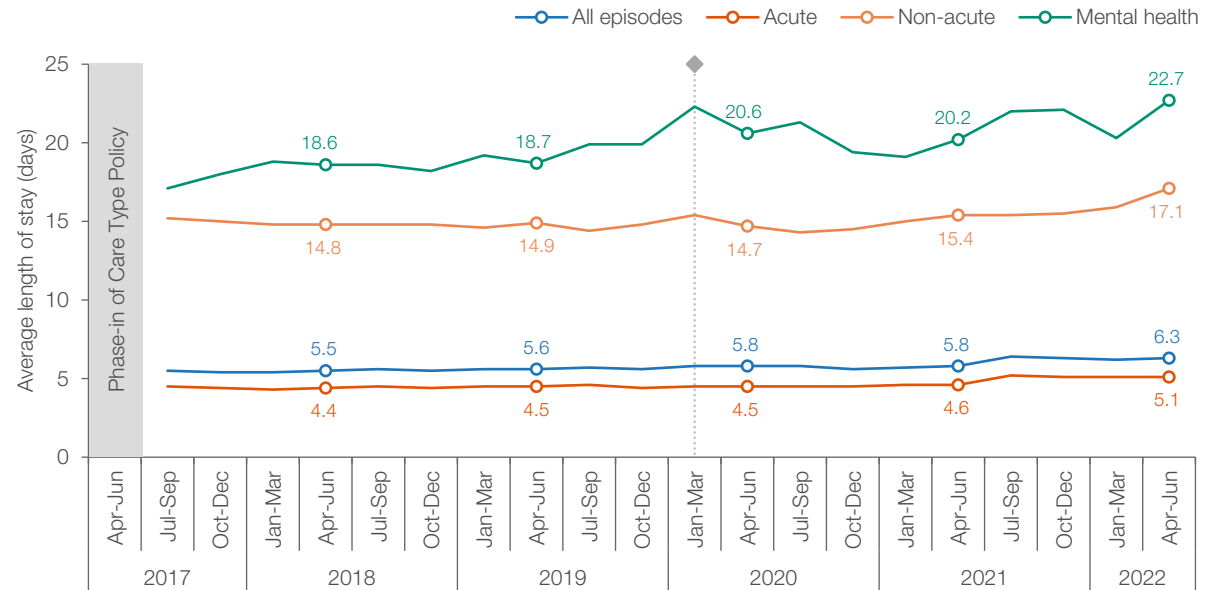

Figure 19
Babies born, NSW
April 2017 to June 2022
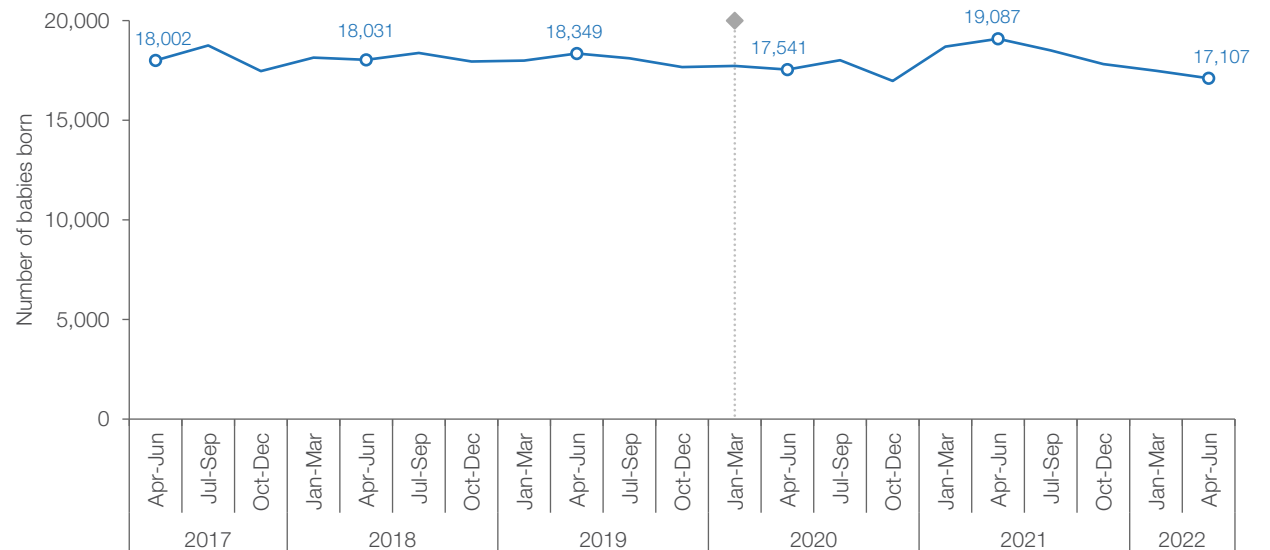
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Elective surgery

Elective surgery is planned and can be booked in advance. Following specialist clinical assessment, patients are placed on a waiting list and given a clinical priority – urgent, semi-urgent or non-urgent – depending on the seriousness of their condition.

Healthcare Quarterly features a range of indicators of elective surgery activity and performance, including surgical volumes and timeliness measures.

Key findings

April to June 2022

SURGERIES PERFORMED

There were 53,712 elective surgeries performed. While down from the historically high numbers at the same time in 2021, activity was up 41.1% (15,649) compared with January to March 2022, when non-urgent surgery was suspended for a period of time.

4,720 elective surgeries were contracted to private hospitals.

WAITING TIMES

74.7% of all elective surgery was performed on time – the lowest result since BHI began reporting in 2010.

Waiting times for non-urgent surgery were the longest on record. Half of these patients waited longer than 339 days.

For semi-urgent surgery, one in 10 patients waited longer than 161 days – longer than any quarter since 2010.

PATIENTS ON WAITING LIST

There were 98,625 patients on the waiting list at the end of June, down 2.3% (2,286) from the preceding quarter.

19,358 patients were waiting for semi-urgent surgeries, more than any quarter since 2010.

At the end of the quarter, 18,748 patients had waited longer than clinically recommended – more than any quarter since 2010. Most of these patients were waiting for semi-urgent (25.7%) and non-urgent (74.2%) surgeries.
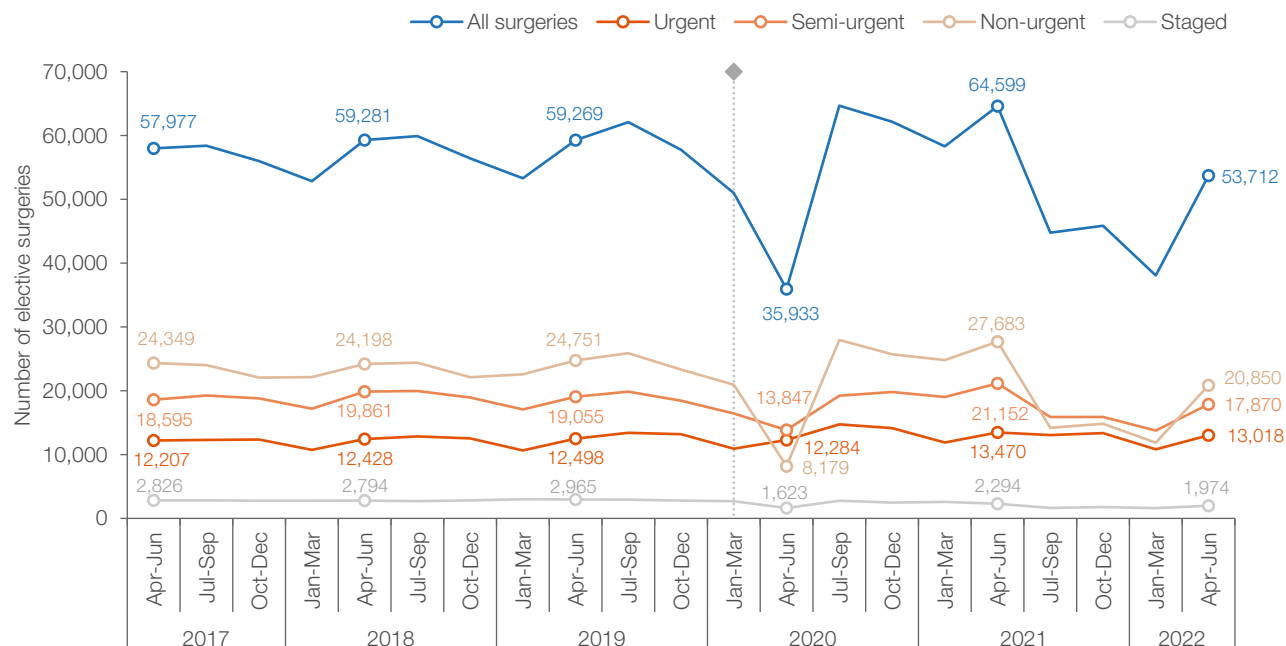
Behind the key findings

Figure 20

Elective surgeries performed, by urgency category, NSW

April 2017 to June 2022

Elective surgery suspensions in response to the COVID-19 pandemic included:

- All non-urgent elective surgery was suspended in hospitals across NSW from 26 March to 26 April 2020.
- Non-urgent elective surgery was suspended in public hospitals in metropolitan LHDs, excluding Illawarra Shoalhaven and Central Coast from 2 August to 24 October 2021.
- Non-urgent elective surgery requiring an overnight stay was suspended in hospitals across NSW from 10 January to 6 February 2022.

Note: Staged surgery, for medical reasons, cannot take place before a certain amount of time has elapsed (includes all non-urgent cystoscopy patients).
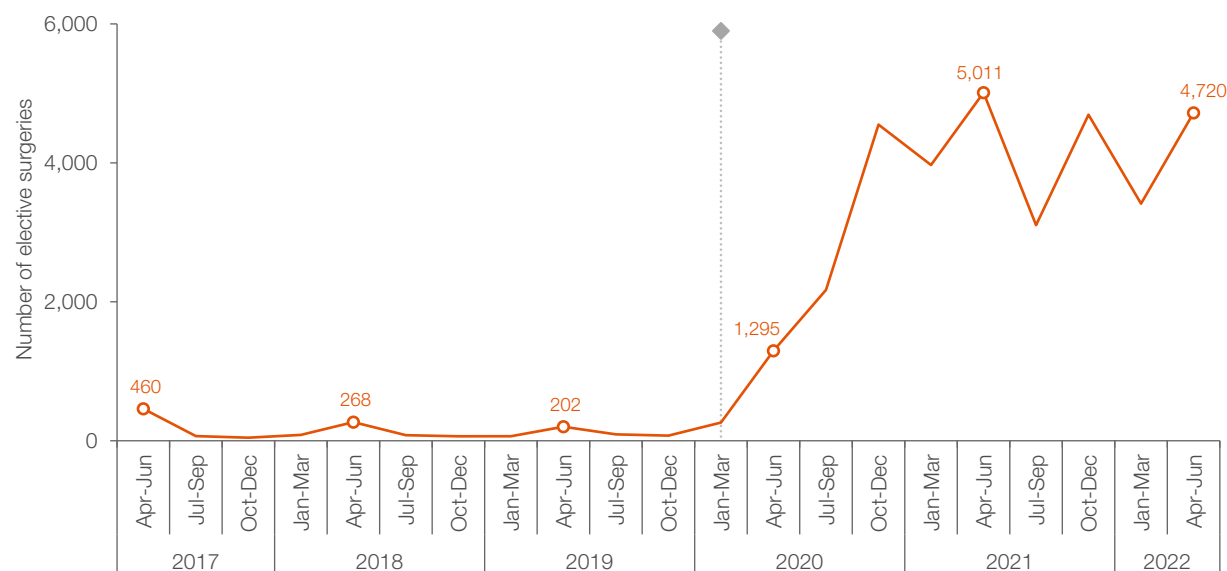
Elective surgeries contracted to private hospitals, NSW

April 2017 to June 2022

In response to the COVID-19 pandemic, a partnership with the private hospital sector was established under the National Partnership Agreement on Private Hospitals and COVID-19 in 2020.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 22

Elective surgeries performed, all urgency categories, NSW, urban and rural hospitals, by week

26 March to 25 June 2022 and 2019

Of the 53,712 elective surgeries performed in April to June 2022, 72.7% (39,037) were in urban hospitals and 27.3% (14,675) were in rural hospitals.

Note: Hospitals are classified as 'urban' or 'rural' using ARIA+ developed by ABS. For more information, see the technical supplement.

Typically, fewer surgeries are performed in weeks with public holidays in April and June.
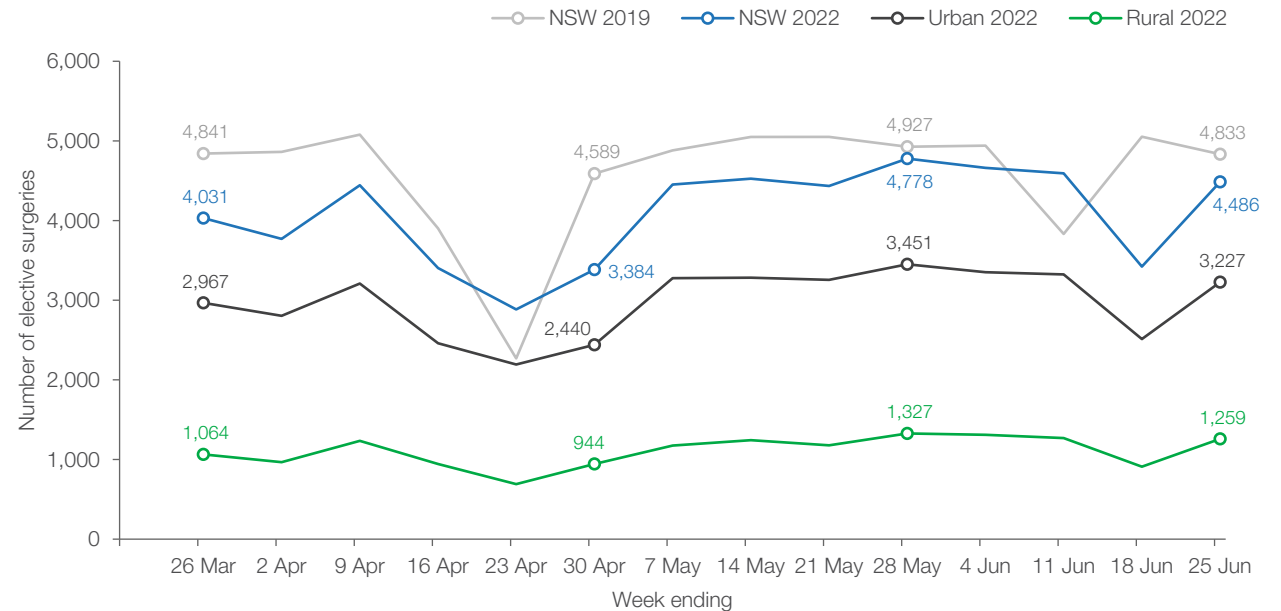
Figure 23

Percentage of elective surgeries performed on time, by urgency category, NSW

April 2017 to June 2022

Clinically recommended maximum waiting times for elective surgery are:

- Urgent – 30 days
- Semi-urgent – 90 days
- Non-urgent – 365 days.

The percentage of elective surgeries performed on time is calculated based on those patients who received surgery during the quarter.

This measure may be affected by previous suspensions of semi-urgent and non-urgent surgery.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
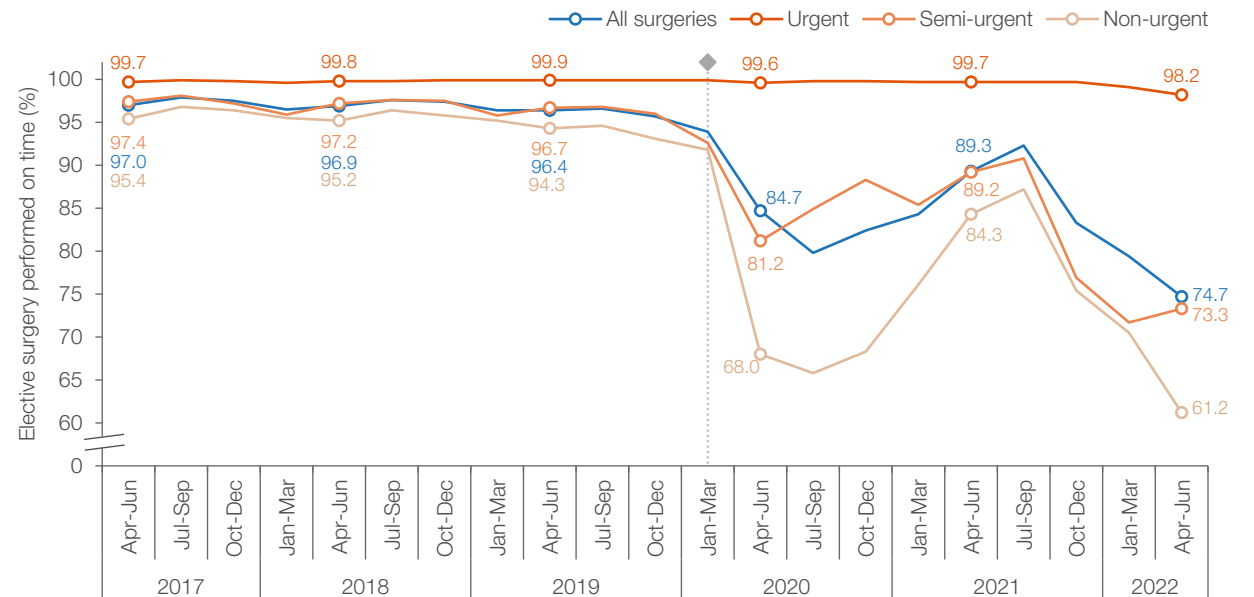
Behind the key findings

Figure 24
Median waiting time for elective surgery, by urgency category, NSW
April 2017 to June 2022

Legend: Urgent, Semi-urgent, Non-urgent

Non-urgent values: 225, 234, 246, 302, 256, 339
Semi-urgent values: 44, 45, 46, 50, 50, 58
Urgent values: 11, 11, 11, 10, 12, 12

Y-axis: Median waiting time (days)

X-axis: Apr-Jun, Jul-Sep, Oct-Dec across 2017, 2018, 2019, 2020, 2021, 2022

Figure 25
90th percentile waiting time for elective surgery, by urgency category, NSW
April 2017 to June 2022

Waiting times are calculated based on those patients who received surgery during the quarter.

These measures may be affected by previous suspensions of semi-urgent and non-urgent surgery.
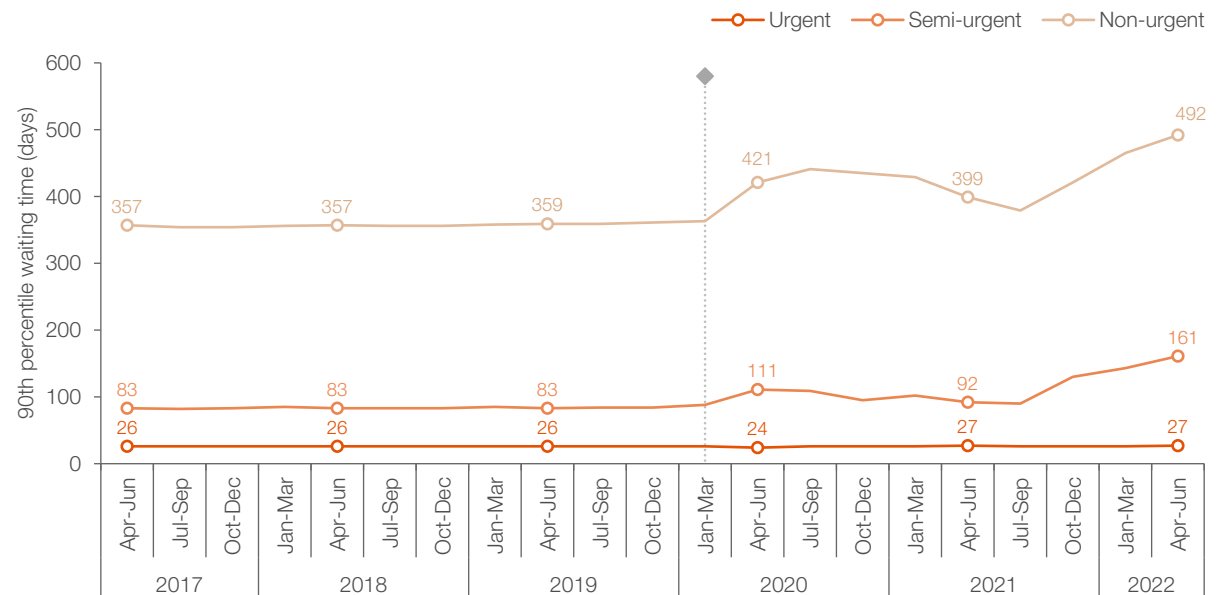
Legend: Urgent, Semi-urgent, Non-urgent

Non-urgent values: 357, 357, 359, 421, 399, 492
Semi-urgent values: 83, 83, 83, 111, 92, 161
Urgent values: 26, 26, 26, 24, 27, 27

Y-axis: 90th percentile waiting time (days)

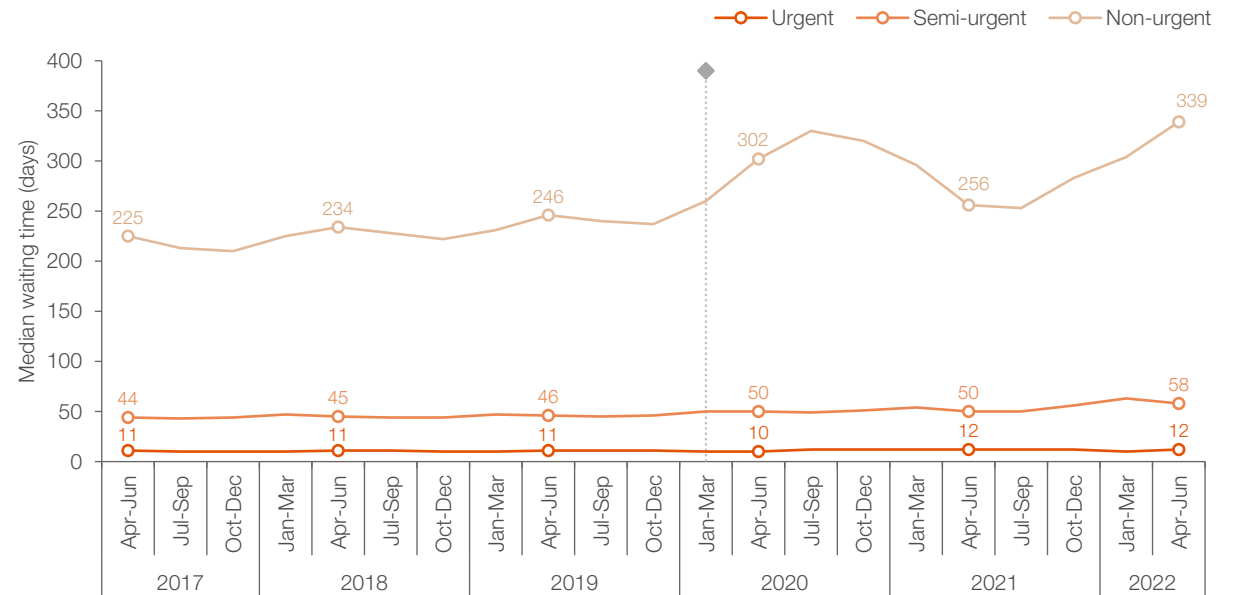X-axis: Apr-Jun, Jul-Sep, Oct-Dec across 2017, 2018, 2019, 2020, 2021, 2022

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 26
Patients on the waiting list ready for surgery at the end of the April to June 2022 quarter, by urgency category, NSW
April 2017 to June 2022

Of those patients on the waiting list ready for surgery at the end of the April to June 2022 quarter, 69.8% were in urban hospitals and 30.2% were in rural hospitals.
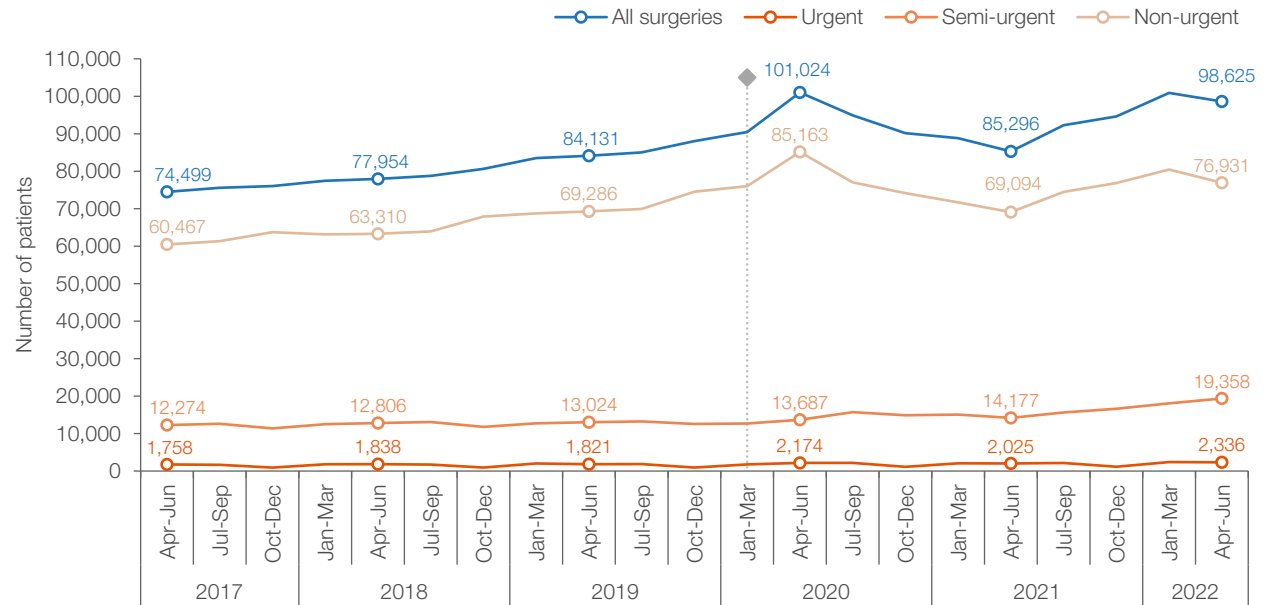
Figure 27
Patients on the waiting list ready for surgery at the end of the April to June 2022 quarter who had waited longer than clinically recommended, by urgency category, NSW
April 2017 to June 2022

Of those patients on the waiting list ready for surgery at the end of the April to June 2022 quarter who had waited longer than clinically recommended, 79.5% were in urban hospitals and 20.5% were in rural hospitals.
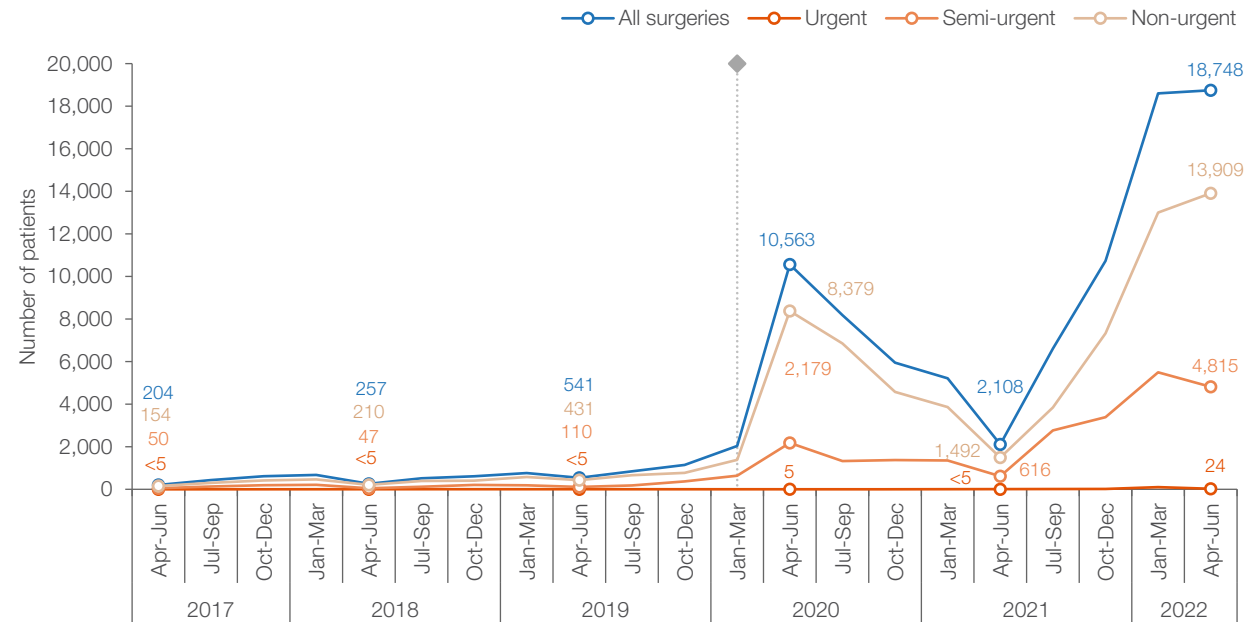
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Activity and performance tables

Features a range of selected measures of activity and performance for this quarter for emergency department, ambulance, admitted patients and elective surgery.

Comparisons are provided with the same quarter a year earlier, and three years earlier to allow stable comparisons with pre-pandemic levels.

➕ Emergency department

Activity

Activity		Apr–Jun 2022	Apr–Jun 2021	COMPARING 2022 WITH 2021 Difference	% change	Apr–Jun 2019	COMPARING 2022 WITH 2019 Difference	% change
Arrivals by ambulance		**174,541**	179,813	-5,272	-2.9%	173,437	1,104	0.6%
Attendances		**793,987**	807,023	-13,036	-1.6%	754,462	39,525	5.2%
Emergency presentations		**776,029**	780,912	-4,883	-0.6%	728,963	47,066	6.5%
By triage category	T1: Resuscitation	**5,671**	5,634	37	0.7%	5,253	418	8.0%
	T2: Emergency	**110,942**	106,415	4,527	4.3%	96,215	14,727	15.3%
	T3: Urgent	**285,367**	278,682	6,685	2.4%	261,018	24,349	9.3%
	T4: Semi-urgent	**306,300**	309,085	-2,785	-0.9%	298,842	7,458	2.5%
	T5: Non-urgent	**67,749***	81,096	-13,347	-16.5%	67,635	114	0.2%
Admissions to hospital from ED		**178,490**	193,045	-14,555	-7.5%	194,456	-15,966	-8.2%

Performance

Performance			Apr–Jun 2022	Apr–Jun 2021	COMPARING 2022 WITH 2021 Difference	Apr–Jun 2019	COMPARING 2022 WITH 2019 Difference
Percentage of patients transferred from ambulance to ED within 30 minutes			**72.5%**	78.7%	-6.2 percentage points	87.6%	-15.1 percentage points
Time to start treatment	All patients	% starting treatment on time	**62.8%**	67.4%	-4.6 percentage points	71.9%	-9.1 percentage points
By triage category	T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	**51.6%**	56.8%	-5.2 percentage points	62.6%	-11 percentage points
		Median	**10 mins**	9 mins	1 mins	9 mins	1 mins
		90th percentile	**41 mins**	33 mins	8 mins	28 mins	13 mins
	T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	**57.6%**	61.7%	-4.1 percentage points	66.5%	-8.9 percentage points
		Median	**26 mins**	24 mins	2 mins	22 mins	4 mins
		90th percentile	**1 hour 51 mins**	1 hour 32 mins	19 mins	1 hour 17 mins	34 mins
	T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	**67.1%**	70.6%	-3.5 percentage points	75.6%	-8.5 percentage points
		Median	**35 mins**	32 mins	3 mins	28 mins	7 mins
		90th percentile	**2 hours 32 mins**	2 hours 10 mins	22 mins	1 hour 49 mins	43 mins
	T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	**88.1%**	91.1%	-3 percentage points	92.4%	-4.3 percentage points
		Median	**24 mins**	18 mins	6 mins	24 mins	unchanged
		90th percentile	**2 hours 12 mins**	1 hour 54 mins	18 mins	1 hour 47 mins	25 mins
Time from arrival to leaving	% leaving within four hours		**57.6%**	64.7%	-7.1 percentage points	70.6%	-13 percentage points
	For patients admitted to hospital		**23.0%**	30.9%	-7.9 percentage points	39.5%	-16.5 percentage points
	Median		**3 hours 33 mins**	3 hours 9 mins	24 mins	2 hour 53 mins	40 mins
	90th percentile		**10 hours 27 mins**	8 hours 49 mins	1 hour 38 mins	7 hour 35 mins	2 hours 52 mins

Premier's Priority targets for treatment commencing on time are measured differently to the related 'time to start treatment' measure reported in *Healthcare Quarterly*. Performance against the Premier's Priority in April to June 2022 was 72.4% for T2 (Target: 95%) and 65.8% for T3 (Target: 85%). For more information, see page 5 of the technical supplement.

*6.2% (4,214) were identified as patients likely visiting the ED only for a COVID-19 test. This may have contributed to changes in ED performance.

Ambulance

Activity

Activity			Apr–Jun 2022	Apr–Jun 2021	COMPARING 2022 WITH 2021		Apr–Jun 2019	COMPARING 2022 WITH 2019	
					Difference	% change		Difference	% change
Responses			**333,927**	329,709	4,218	1.3%	309,828	24,099	7.8%
By priority	P1: Emergency		**175,892**	154,989	20,903	13.5%	139,923	35,969	25.7%
	P1A: Highest priority		**12,134**	8,367	3,767	45.0%	6,551	5,583	85.2%
	P2: Urgent		**138,598**	152,163	-13,565	-8.9%	146,619	-8,021	-5.5%
	P3: Time critical		**12,420**	14,784	-2,364	-16.0%	14,847	-2,427	-16.3%
	P4–9: Non-emergency		**7,017**	7,773	-756	-9.7%	8,439	-1,422	-16.9%
Incidents			**260,847**	254,769	6,078	2.4%	240,781	20,066	8.3%

Performance

Performance			Apr–Jun 2022	Apr–Jun 2021	COMPARING 2022 WITH 2021	Apr–Jun 2019	COMPARING 2022 WITH 2019
					Difference		Difference
Call to ambulance arrival time							
By priority	P1 cases	% within 15 minutes	**35.0%**	47.9%	-12.9 percentage points	59.1%	-24.1 percentage points
		% within 30 minutes	**77.3%**	88.1%	-10.8 percentage points	93.2%	-15.9 percentage points
	P2 cases	% within 30 minutes	**46.0%**	55.6%	-9.6 percentage points	67.7%	-21.7 percentage points
		% within 60 minutes	**73.2%**	82.1%	-8.9 percentage points	91.4%	-18.2 percentage points
Response time							
By priority	P1 cases	Median	**16.3 mins**	13.4 mins	2.9 mins	11.6 mins	4.7 mins
	P1A cases	% within 10 minutes	**57.6%**	64.8%	-7.2 percentage points	71.8%	-14.2 percentage points
		Median	**9.1 mins**	8.3 mins	0.8 mins	7.5 mins	1.6 mins
	P2 cases	Median	**30.0 mins**	24.9 mins	5.1 mins	20.0 mins	10.0 mins

Admitted patients

Activity

Activity			Apr–Jun 2022	Apr–Jun 2021	COMPARING 2022 WITH 2021		Apr–Jun 2019	COMPARING 2022 WITH 2019	
					Difference	% change		Difference	% change
Episodes of care			**465,500**	503,893	-38,393	-7.6%	486,403	-20,903	-4.3%
By care type	Acute		**440,683**	476,050	-35,367	-7.4%	457,017	-16,334	-3.6%
		Overnight	**227,687**	244,706	-17,019	-7.0%	244,307	-16,620	-6.8%
		Same-day	**212,996**	231,344	-18,348	-7.9%	212,710	286	0.1%
	Non-acute		**15,356**	17,591	-2,235	-12.7%	18,113	-2,757	-15.2%
	Mental health		**9,461**	10,252	-791	-7.7%	11,273	-1,812	-16.1%
Average length of stay for overnight episodes (days)			**6.3**	5.8	0.5		5.6	0.7	
By care type	Acute		**5.1**	4.6	0.5		4.5	0.6	
	Non-acute		**17.1**	15.4	1.7		14.9	2.2	
	Mental health		**22.7**	20.2	2.5		18.7	4.0	
Bed days			**1,794,112**	1,782,267	11,845	0.7%	1,720,389	73,723	4.3%
By care type	Acute		**1,367,522**	1,359,389	8,133	0.6%	1,315,333	52,189	4.0%
	Non-acute		**227,294**	231,624	-4,330	-1.9%	223,858	3,436	1.5%
	Mental health		**199,296**	191,254	8,042	4.2%	181,198	18,098	10.0%
Babies born			**17,107**	19,087	-1,980	-10.4%	18,349	-1,242	-6.8%

Elective surgery

Activity

Activity		Apr–Jun 2022	Apr–Jun 2021	COMPARING 2022 WITH 2021		Apr–Jun 2019	COMPARING 2022 WITH 2019	
				Difference	% change		Difference	% change
Elective surgeries performed		**53,712**	64,599	-10,887	-16.9%	59,269	-5,557	-9.4%
By urgency	Urgent	**13,018**	13,470	-452	-3.4%	12,498	520	4.2%
	Semi-urgent	**17,870**	21,152	-3,282	-15.5%	19,055	-1,185	-6.2%
	Non-urgent	**20,850**	27,683	-6,833	-24.7%	24,751	-3,901	-15.8%
	Staged*	**1,974**	2,294	-320	-13.9%	2,965	-991	-33.4%

Performance

Performance			Apr–Jun 2022	Apr–Jun 2021	COMPARING 2022 WITH 2021		Apr–Jun 2019	COMPARING 2022 WITH 2019	
					Difference	% change		Difference	% change
Waiting time	All patients	% on time	**74.7%**	89.3%	-14.6 percentage points		96.4%	-21.7 percentage points	
By urgency	Urgent	% on time (Recommended: within 30 days)	**98.2%**	99.7%	-1.5 percentage points		99.9%	-1.7 percentage points	
		Median	**12 days**	12 days	0 days		11 days	1 days	
		90th percentile	**27 days**	27 days	0 days		26 days	1 days	
	Semi-urgent	% on time (Recommended: within 90 days)	**73.3%**	89.2%	-15.9 percentage points		96.7%	-23.4 percentage points	
		Median	**58 days**	50 days	8 days		46 days	12 days	
		90th percentile	**161 days**	92 days	69 days		83 days	78 days	
	Non-urgent	% on time (Recommended: within 365 days)	**61.2%**	84.3%	-23.1 percentage points		94.3%	-33.1 percentage points	
		Median	**339 days**	256 days	83 days		246 days	93 days	
		90th percentile	**492 days**	399 days	93 days		359 days	133 days	
Patients on waiting list ready for elective surgery at end of quarter			**98,625**	85,296	13,329	15.6%	84,131	14,494	17.2%
By urgency	Urgent		**2,336**	2,025	311	15.4%	1,821	515	28.3%
	Semi-urgent		**19,358**	14,177	5,181	36.5%	13,024	6,334	48.6%
	Non-urgent		**76,931**	69,094	7,837	11.3%	69,286	7,645	11.0%
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			**18,748**	2,108	16,640	789.4%	541	18,207	3365.4%

* Staged surgery, for medical reasons, cannot take place before a certain amount of time has elapsed (includes all non-urgent cystoscopy patients).

Special reporting

COVID-19 insights

Healthcare Quarterly features special reporting topics based on emerging issues in the healthcare system.
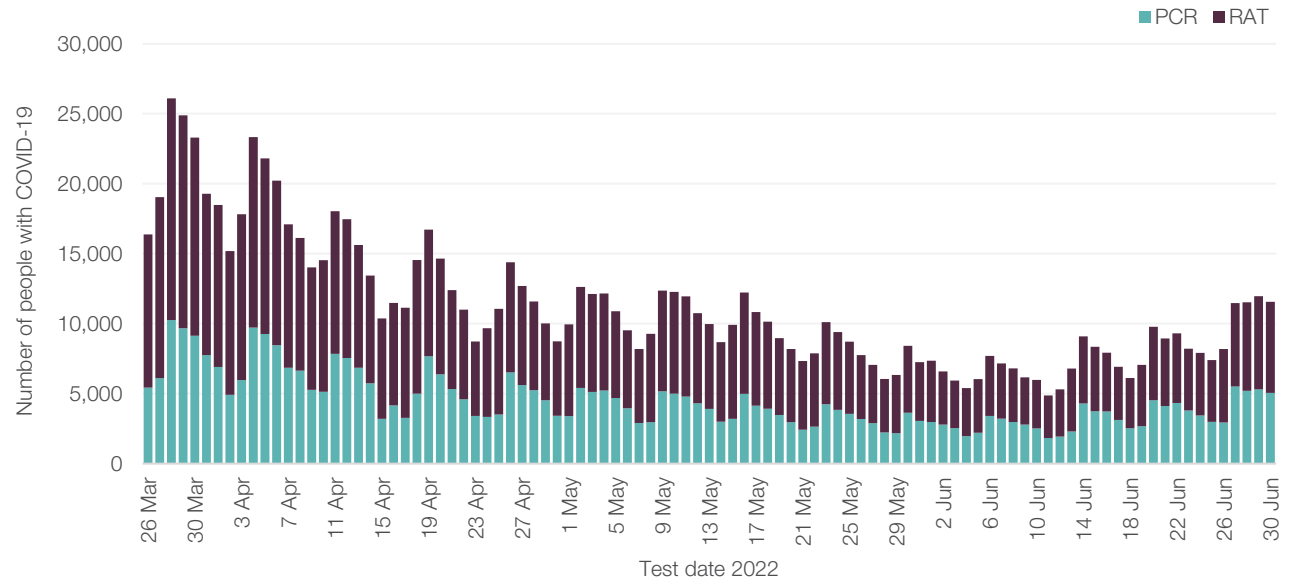
This issue includes reporting on COVID-19 cases and hospitalisation.

COVID-19 insights

Figure 28
Number of people diagnosed with COVID-19 by test date and type, NSW
26 March to 30 June 2022

Note: Positive results from both polymerase chain reaction (PCR) tests and rapid antigen tests (RATs) are included. Mandatory registration of positive RAT results began on 12 January 2022. For more information, see the technical supplement.

ICU   Hospital

Figure 29
Daily seven-day rolling average of people with COVID-19 admitted to hospital and ICU, NSW
26 March to 30 June 2022
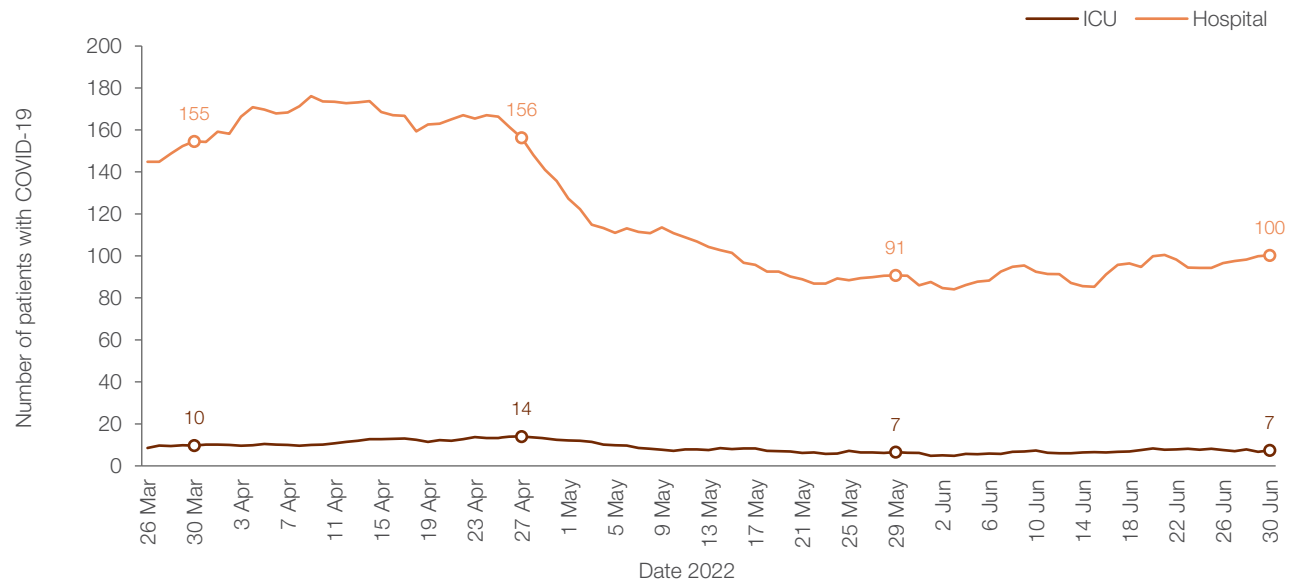
Note: A seven-day rolling average uses the average of the previous seven days of data to smooth daily variations in data and make it easier to observe trends over time. For more information, see the technical supplement.

Data reported on this page were first published in the NSW Ministry of Health's NSW respiratory surveillance reports - COVID-19 and Influenza.

Explanation of key terms

Emergency department (ED)

ED attendances

The count of every patient visit to the ED during the defined period.

Emergency presentations

The vast majority of ED attendances are classified as 'emergency presentations', where the intent of the visit to the ED is to receive emergency care. The remaining attendances include non-emergency visits such as planned returns, pre-arranged admissions, some outpatient visits and private referrals.

Time from arrival to leaving ED

The time from a patient's arrival at the ED until their departure from the ED.

Time to start treatment

The time from a patient's arrival at the ED until the start of their clinical treatment in the ED.

Time to transfer care

For patients transported to the ED by ambulance, the time from their arrival at the ED to when responsibility for their care is transferred from paramedics to ED staff in an ED treatment zone.

Ambulance

Calls

Calls received at the ambulance control centre, requesting an ambulance vehicle.

Call to ambulance arrival time

The time from when a call is first answered in the ambulance control centre to the time the first ambulance arrives at the scene of an incident.

Incident

A call to the ambulance control centre that results in the dispatch of one or more ambulance vehicles.

Response

The dispatch of an ambulance vehicle to an incident. There may be multiple responses to a single incident. Responses include vehicles cancelled prior to arrival at the incident scene.

Response time

The time from when a call for an ambulance is placed 'in queue' for vehicle dispatch by the ambulance control centre, to the time the first vehicle arrives at the scene.

Admitted patients

Average length of stay

The mean of total bed days for all completed episodes of care. That is, the total number of days in hospital for all episodes of care divided by the total number of episodes of care.

Bed days

For an overnight admitted patient episode, the difference, in days, between the episode start date and the episode end date, minus any leave days during the episode. Same-day episodes count as one bed day.

Episode of care

When a person is admitted to hospital, they begin what is termed an admitted patient episode or 'episode of care'. Patients may have more than one type of care during the same hospital stay, each of which is regarded as a separate episode of care.

Elective surgery

Waiting list

The elective surgery waiting list is dynamic, driven by the number of patients added to the list and the number of patients who receive their surgery or otherwise leave the list. Information about the number of patients waiting for surgery is a snapshot of the list on a single day.

Waiting time

The number of days from a patient's placement on the elective surgery waiting list until they undergo surgery.

Please note there is the potential for minor revisions of data in this report.
Figures published in the Data Portal may differ from those in published reports and information products due to
subsequent changes in data coverage and analytic methods, and updates to databases. At any time, the most
up-to-date results are available in the Data Portal and supersede all previously published figures.
Please check the online version at **bhi.nsw.gov.au** for any amendments or errata.

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