

Healthcare Quarterly

Tracking public hospital and
ambulance service activity
and performance in NSW

April to June 2021



Overview

April to June 2021



Emergency department

NSW emergency departments were the busiest they have been since BHI began reporting in 2010. Patients tended to wait longer for their treatment to start and spent more time in the ED than prior to the pandemic.

Find out more from page 3



Ambulance

There were significantly more ambulance responses than in any quarter since 2010. Response times were longer than previous quarters for the highest priority, emergency and urgent cases.

Find out more from page 8



Admitted patients

There were more admitted patient episodes than in any quarter since 2010, with acute and same-day episodes at record highs. The quarter also saw a record number of babies born.

Find out more from page 12



Elective surgery

More elective surgeries were performed than in any April to June quarter since 2010. The number of patients on the waiting list at the end of the quarter continued to decrease following a record high in April to June 2020.

Find out more from page 16

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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 new Bureau of Health Information (BHI) Data Portal includes individual results for the 77 larger public hospitals and each of the local ambulance areas.

Data were drawn on the following dates: ED (22 July 2021); ambulance (5 July 2021); admitted patients (20 July 2021); elective surgery (13 July 2021).

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 in the context of the COVID-19 pandemic

The arrival of COVID-19 in NSW in early 2020 involved significant changes to the way services were delivered.

All non-urgent and some semi-urgent elective surgery was suspended between 26 March and 27 April 2020, and the April to June 2020 quarter saw marked decreases in ED attendances, ambulance responses, hospital admissions and elective surgeries performed. However, by the last quarter of 2020, healthcare system activity had gradually returned to levels similar to or above those seen before the pandemic. This trend was maintained during the January to March and April to June 2021 quarters.

To illustrate this and to enable more stable comparisons with pre-pandemic activity and performance, the tables on pages 22–25 of this report featuring results for selected measures for April to June 2021, include comparisons with the same quarter both a year and two years earlier.

Interactive data

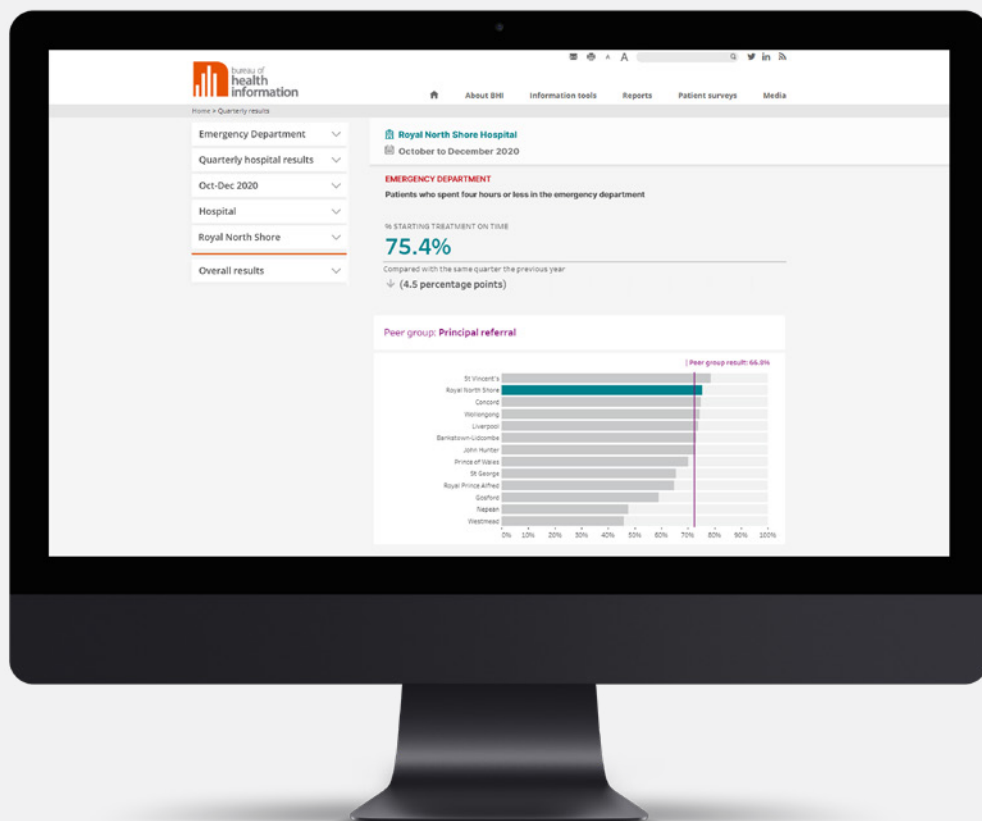
Bureau of Health Information Data Portal

The new [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 BHI Data Portal allows you to find and compare results showing

the performance of the NSW healthcare system.

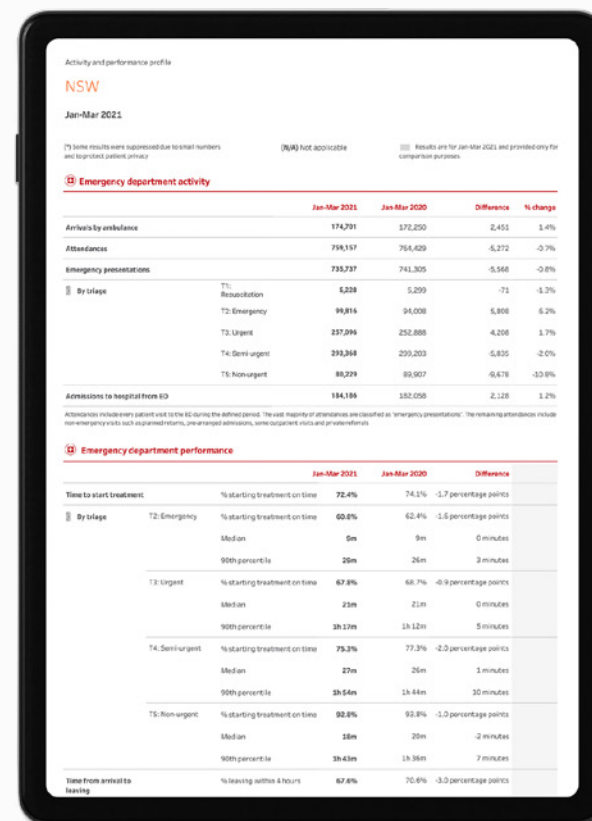
Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



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 great 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 2021

ATTENDANCES

There were 806,728 ED attendances – the highest of any quarter since BHI began reporting in 2010.

Triage category 2 presentations were 10.6% higher than the same quarter in 2019.



MODE OF LEAVING ED

55,171 patients left the ED without, or before completing, treatment, up 21% from 45,428 in April to June 2019 and the highest of any quarter since 2010.



TIME TO TRANSFER CARE

Of patients who arrived at the ED by ambulance, 78.7% had their care transferred from paramedics to ED staff within 30 minutes, down 8.9 percentage points from April to June 2019.



TIME TO START TREATMENT

67.4% of patients had their treatment start on time, down 4.5 percentage points from April to June 2019.



This result was 56.8% for triage 2 patients – the lowest of any quarter since 2010.



TIME FROM ARRIVAL TO LEAVING ED

64.7% of patients spent four hours or less in the ED, down 5.9 percentage points from April to June 2019.



The median time spent in the ED was three hours and nine minutes.



Behind the key findings

Figure 1
Emergency department attendances
April 2016 to June 2021

*'All hospitals' cohort includes all EDs submitting valid data to the Emergency Department Data Collection (EDDC) in each quarter. This includes more than 170 EDs as of the January to March 2017 quarter.

†'Peer groups A+B' cohort includes all hospitals in peer groups A1, A2, A3 and B.

□ Change in hospital cohort: in the January to March 2017 quarter, an additional 44 EDs were included in *Healthcare Quarterly*, contributing to activity and performance results. For more information refer to the [technical supplement](#).

Note: In April to June 2021, 2.7% (21,426) 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.

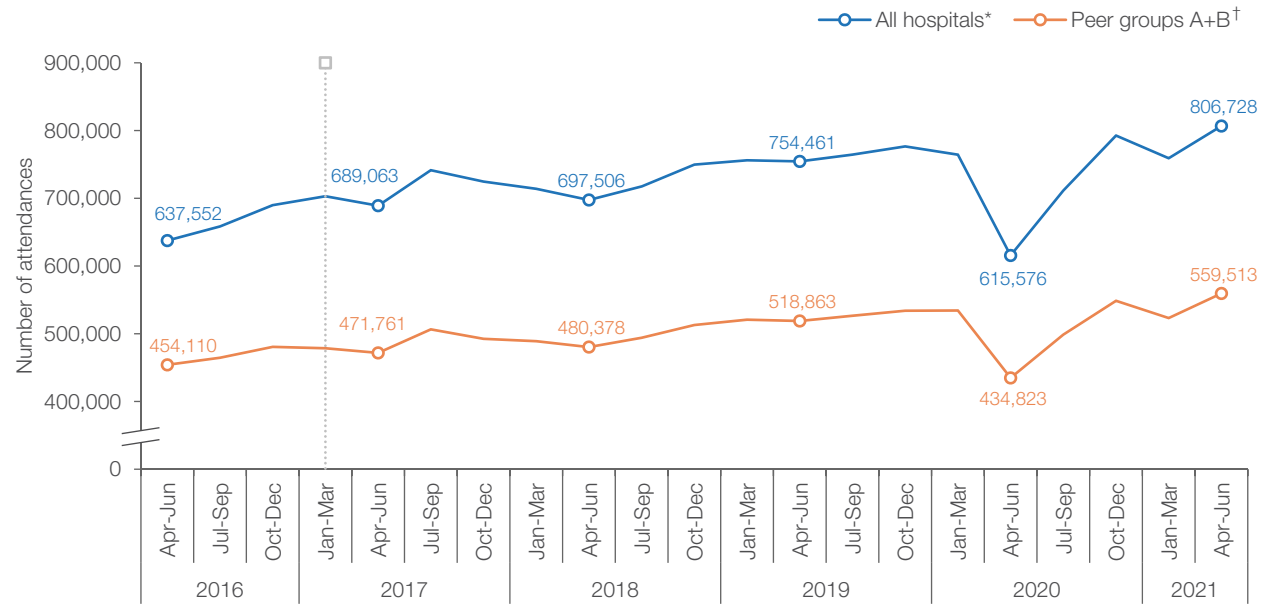
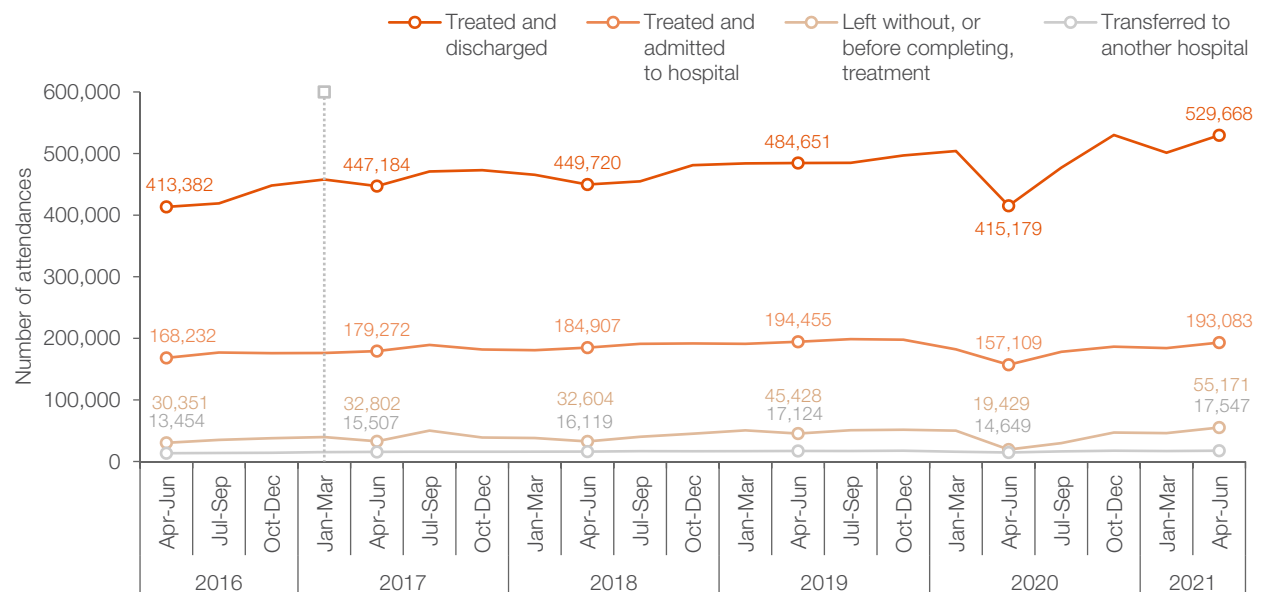


Figure 2
Emergency department attendances, by mode of leaving
April 2016 to June 2021



Behind the key findings

Figure 3
Emergency presentations, by triage category
April 2016 to June 2021

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

Change in hospital cohort: in the January to March 2017 quarter, an additional 44 EDs were included in *Healthcare Quarterly*, contributing to activity and performance results. For more information refer to the [technical supplement](#).

Note: In April to June 2021, of 81,247 triage 5 presentations, 18.6% (15,117) were identified as patients likely visiting the ED only for a COVID-19 test. This may have contributed to changes in ED performance.

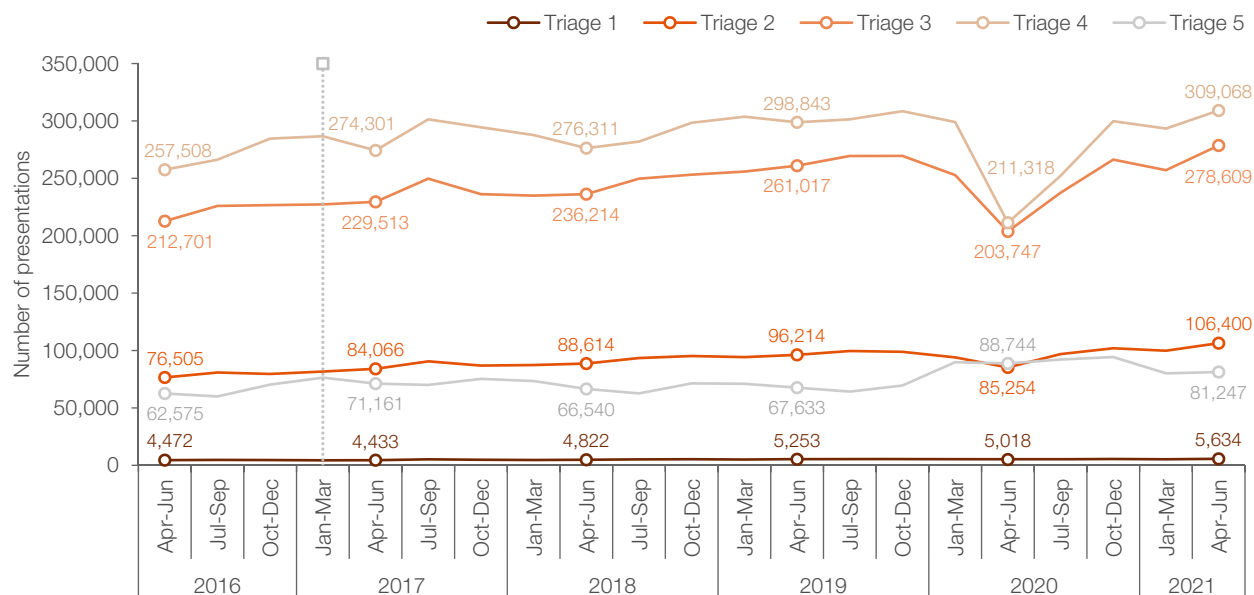
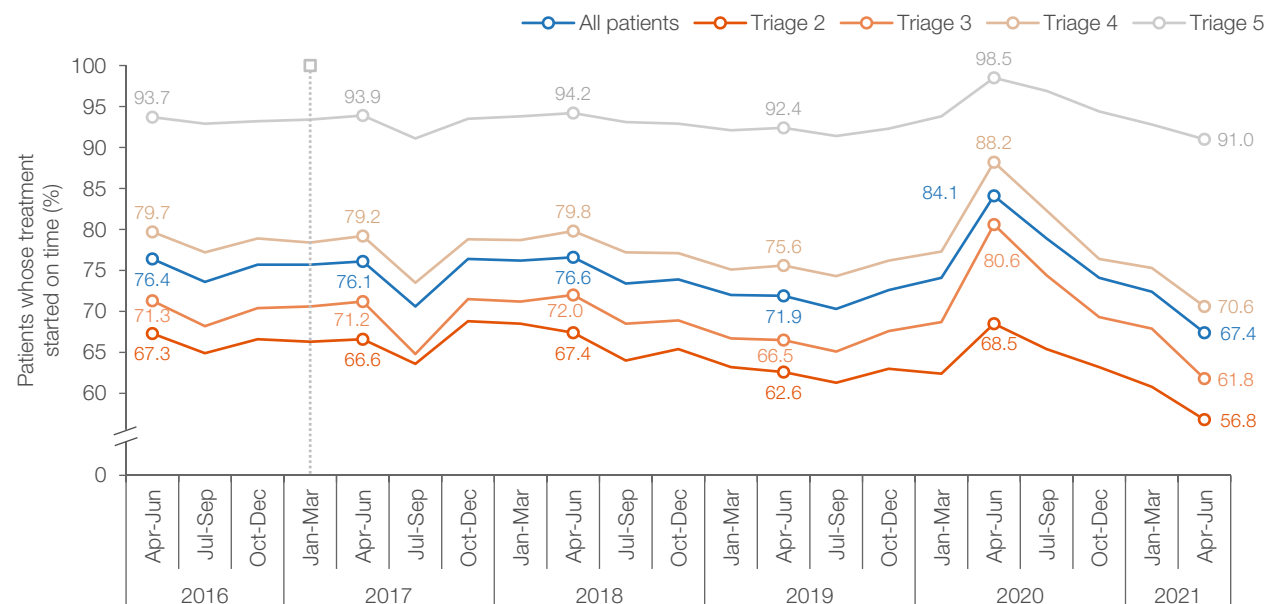


Figure 4
Percentage of patients starting treatment on time, by triage category*
April 2016 to June 2021

The Australasian College for Emergency Medicine (ACEM) 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.

*Triage 1 patients are the most urgent and almost all are treated within two minutes. Clinicians are focused on providing immediate and essential care, rather than recording times, therefore times to start treatment are not reported.
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. For more information refer to the [technical supplement](#).



Behind the key findings

Figure 5

Percentage of patients leaving the emergency department within four hours, by mode of leaving

April 2016 to June 2021

Change in hospital cohort: in the January to March 2017 quarter, an additional 44 EDs were included in *Healthcare Quarterly*, contributing to activity and performance results. For more information refer to the [technical supplement](#).

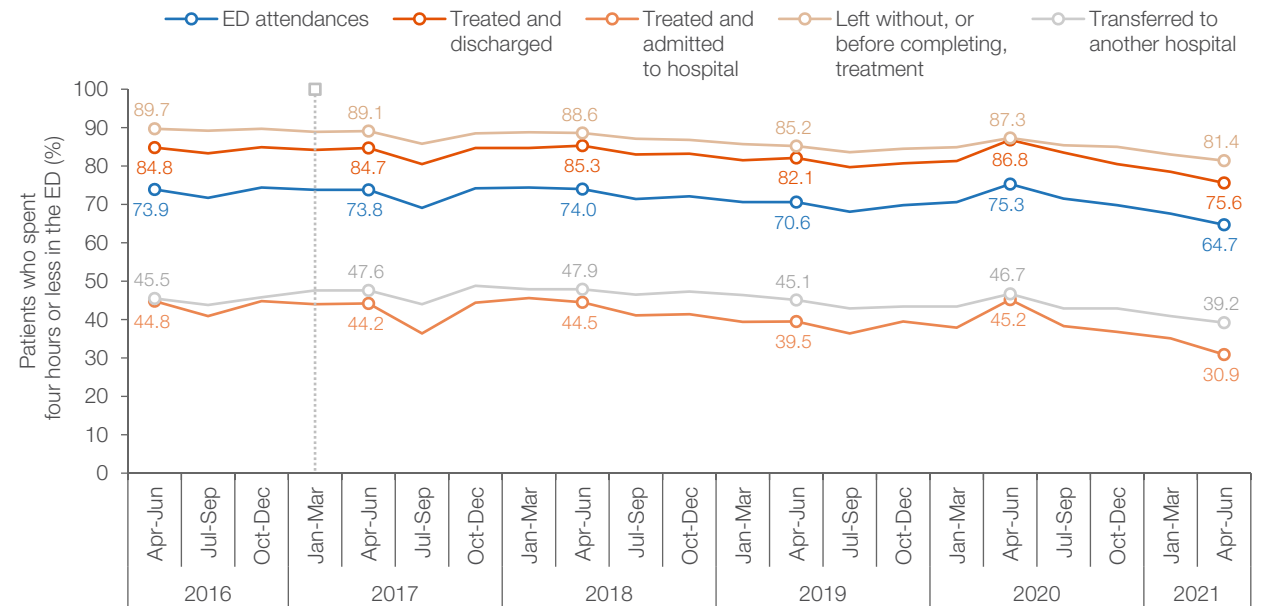
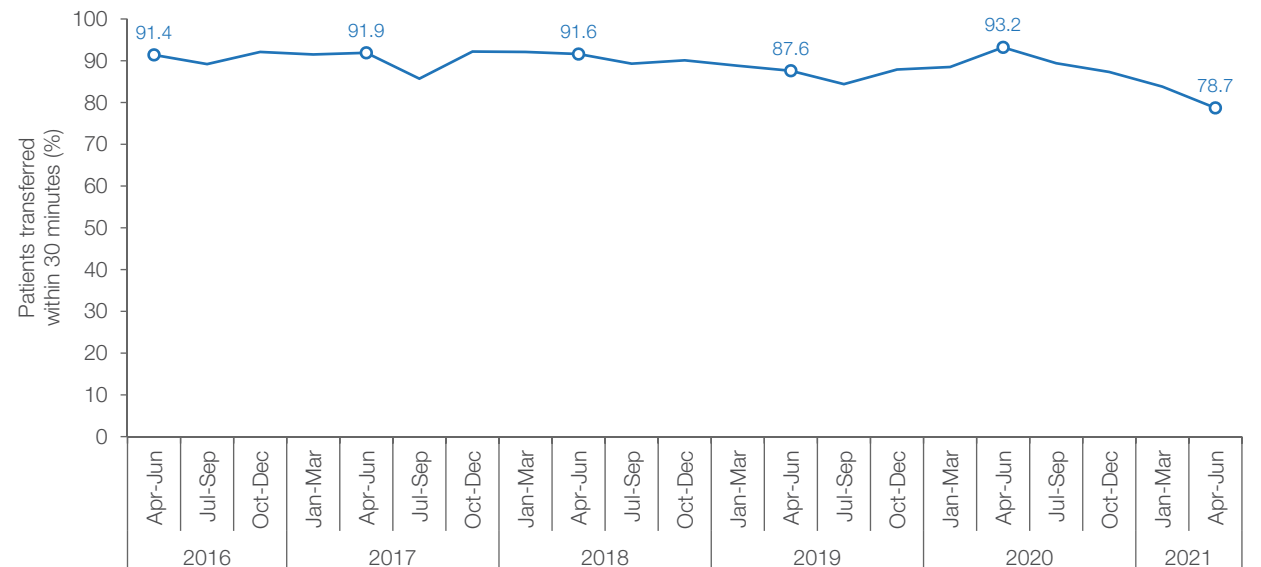


Figure 6

Percentage of patients transferred from paramedics to emergency department staff within 30 minutes

April 2016 to June 2021





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 2021

RESPONSES

There were 329,709 ambulance responses, including 8,367 for priority 1A (P1A) cases to patients with life-threatening conditions.

Both are the highest of any quarter since BHI began reporting in 2010 and higher than pre-pandemic levels.

CALL TO AMBULANCE ARRIVAL TIMES

The percentage of 'emergency – priority 1 (P1)' call to ambulance arrival times within 15 minutes was 47.9%, while 55.6% of 'urgent – priority 2 (P2)' cases were reached within 30 minutes. Both results were the lowest of any quarter since 2010.

HIGHEST PRIORITY RESPONSE TIMES

P1A cases had the longest median response time (8.3 minutes) and lowest percentage of responses within the 10-minute target (64.8%) of any quarter since 2010.

EMERGENCY AND URGENT RESPONSE TIMES

Median response times for P1 and P2 cases were the longest of any quarter since 2010, at 13.4 and 24.9 minutes, respectively. Most notably, the median response time for P2 cases has increased by 5 minutes since April to June 2019.



Behind the key findings

Figure 7
Ambulance responses, by priority category
April 2016 to June 2021

Ambulance responses are categorised as:

- Priority 1: Emergency (emergency response under lights and siren)
- Priority 1A: Highest priority (patients with life-threatening condition)
- 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.

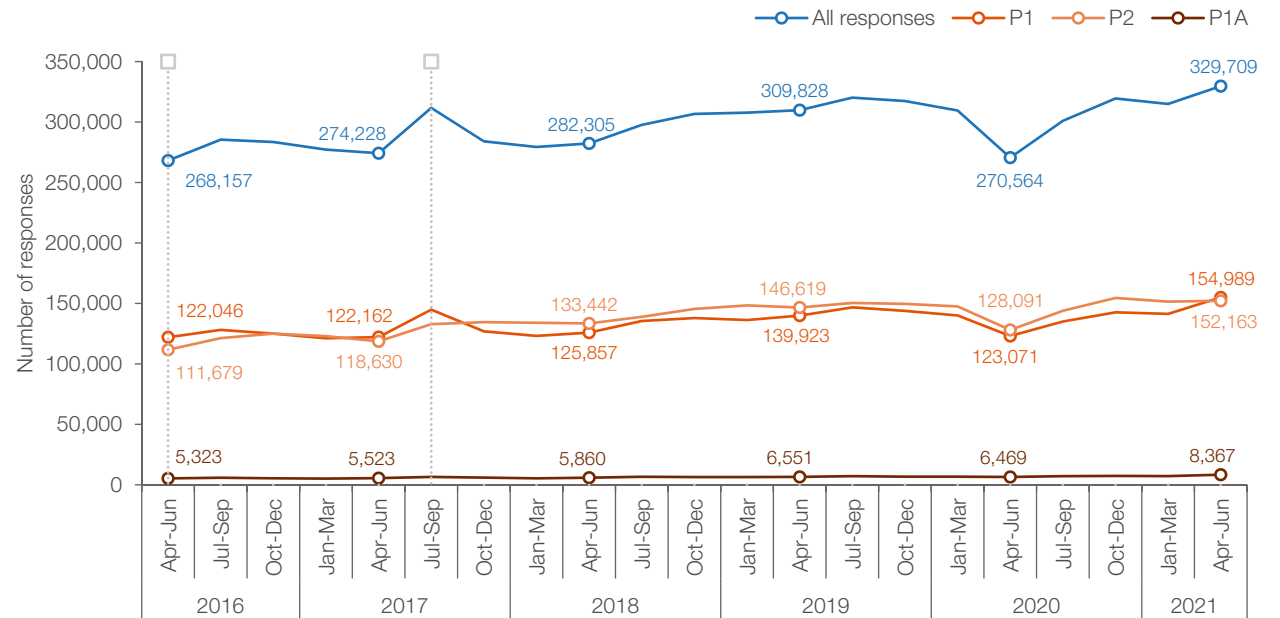
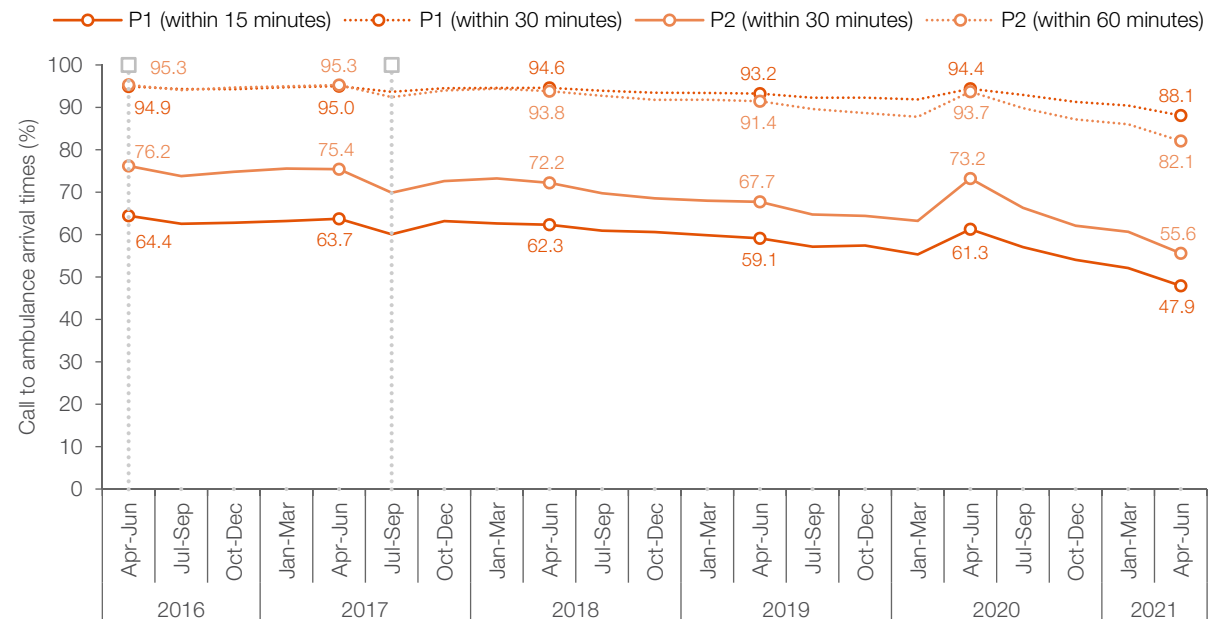


Figure 8
Call to ambulance arrival times, by arrival benchmarks
April 2016 to June 2021



Behind the key findings

Figure 9
Median response times, by priority category
April 2016 to June 2021

In NSW, the target for the median P1A response time is 10 minutes.

☐ Changes to ambulance protocols resulting in the re-allocation of responses among priority categories

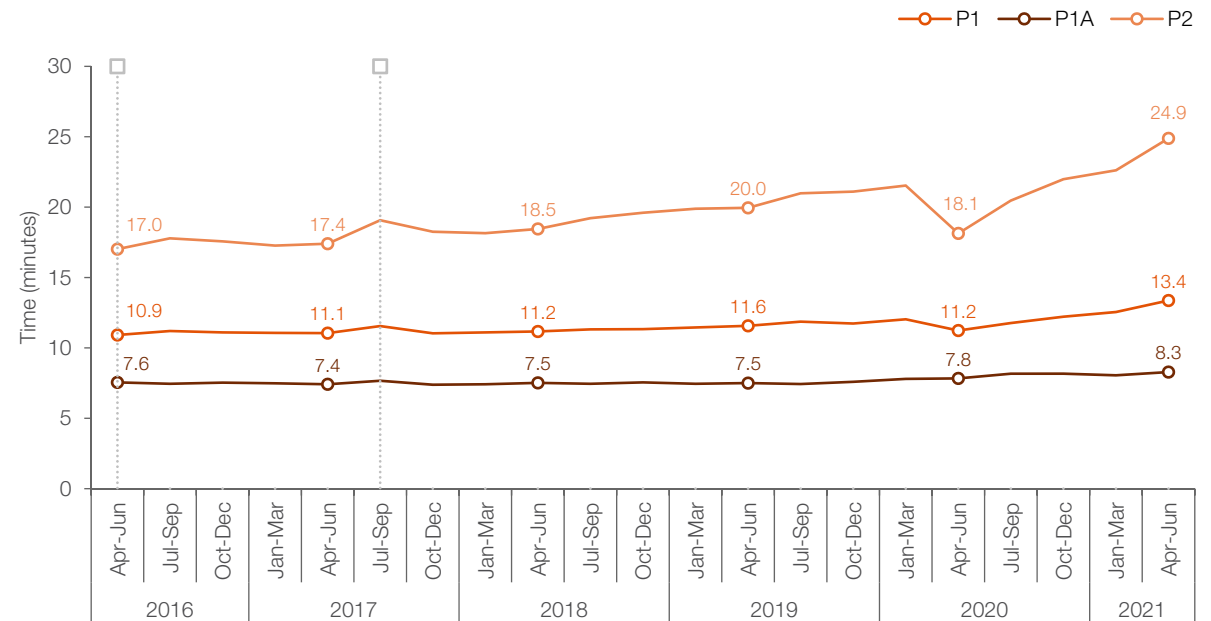
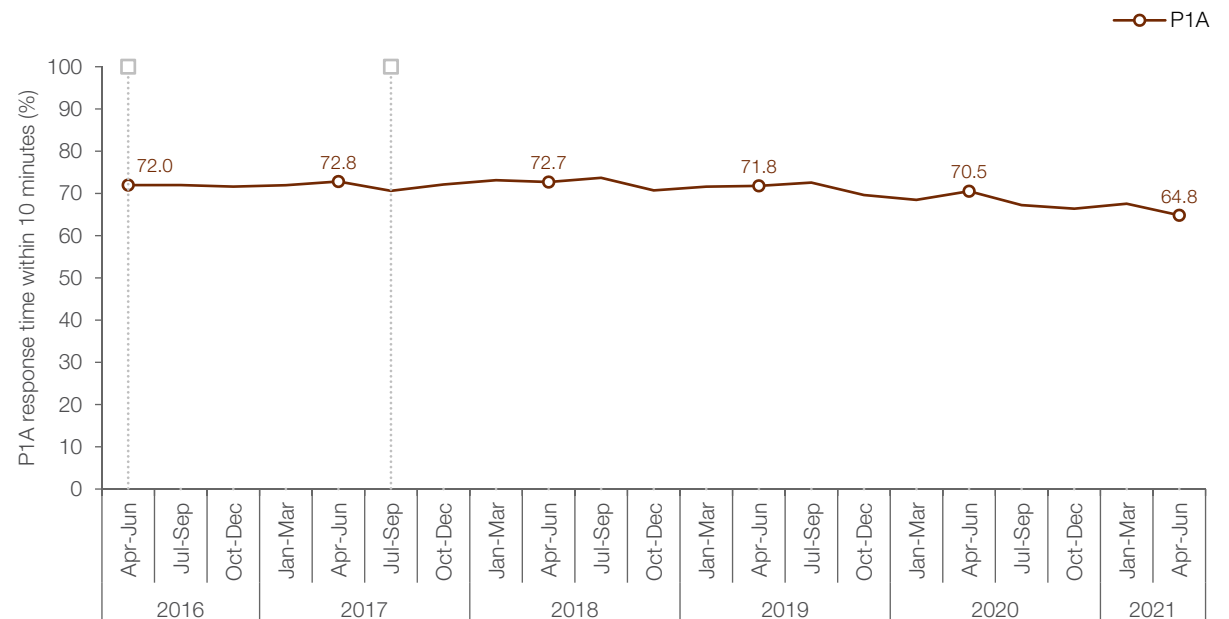


Figure 10
Percentage of responses within 10 minutes to life-threatening (P1A) cases
April 2016 to June 2021





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](#).

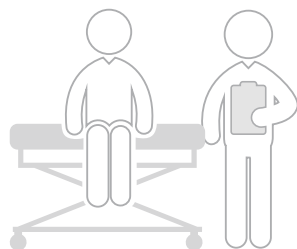
Key findings

April to June 2021

EPISODES OF CARE

There were 503,867 admitted patient episodes and of those, 476,061 were acute admitted patient episodes.

Both are the highest of any quarter since BHI began reporting in 2010.



SAME-DAY EPISODES

Of the record number of acute admitted patient episodes, 231,369 were same-day episodes – an increase of 8.8% since April to June 2019 and the highest of any quarter since 2010.



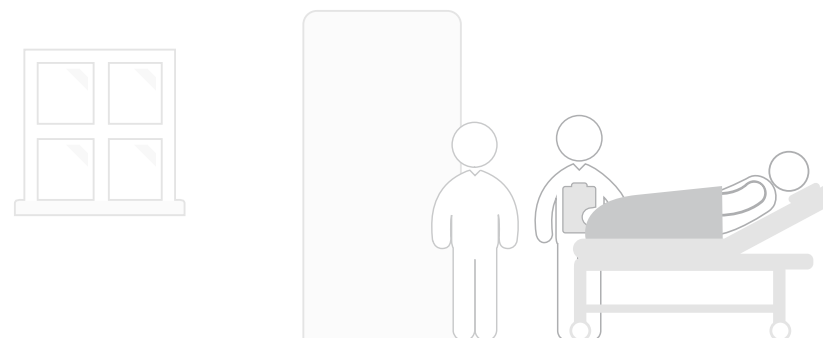
BABIES BORN

19,113 babies were born, more than any quarter since 2010.



MENTAL HEALTH EPISODES

There were 10,232 mental health episodes, slightly higher than April to June 2020 but still 9.2% lower than the same quarter in 2019.



Behind the key findings

Figure 11
Episodes of care, by care type
April 2016 to June 2021

Admitted patient episodes of care can be:

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

*Estimates of mental health episodes calculated using a flag for days in a psychiatric unit.
Note: 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 stay type when classifying newly admitted or long-standing mental health patients. Comparisons between the pre- and post-policy period should be made with caution.

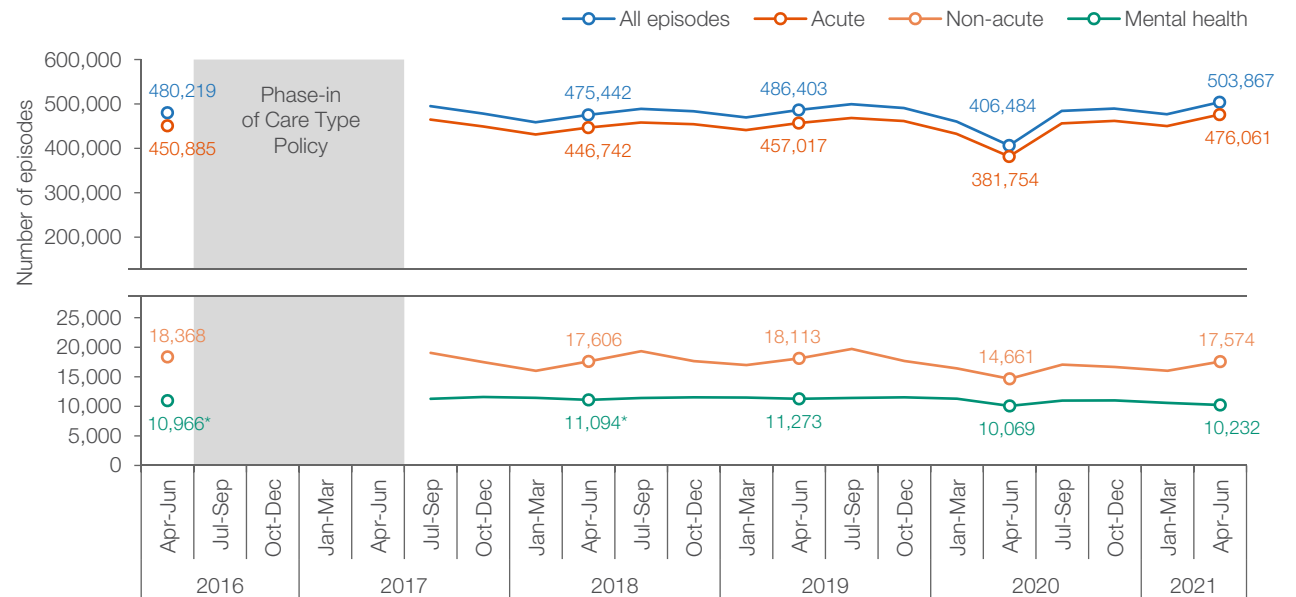
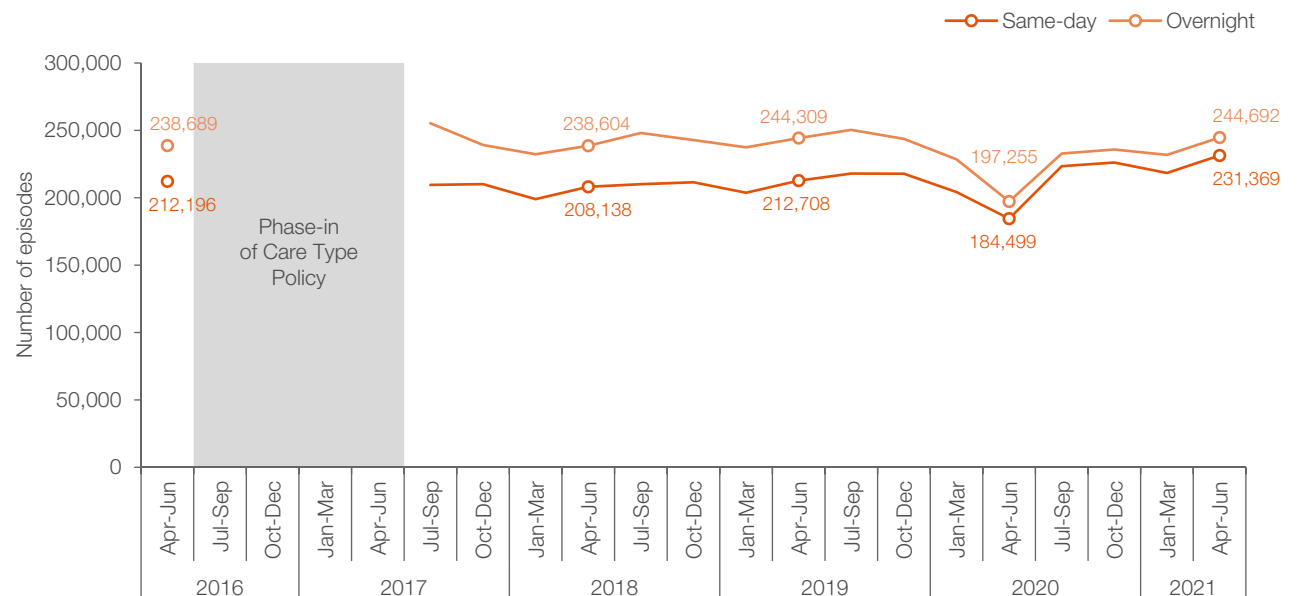


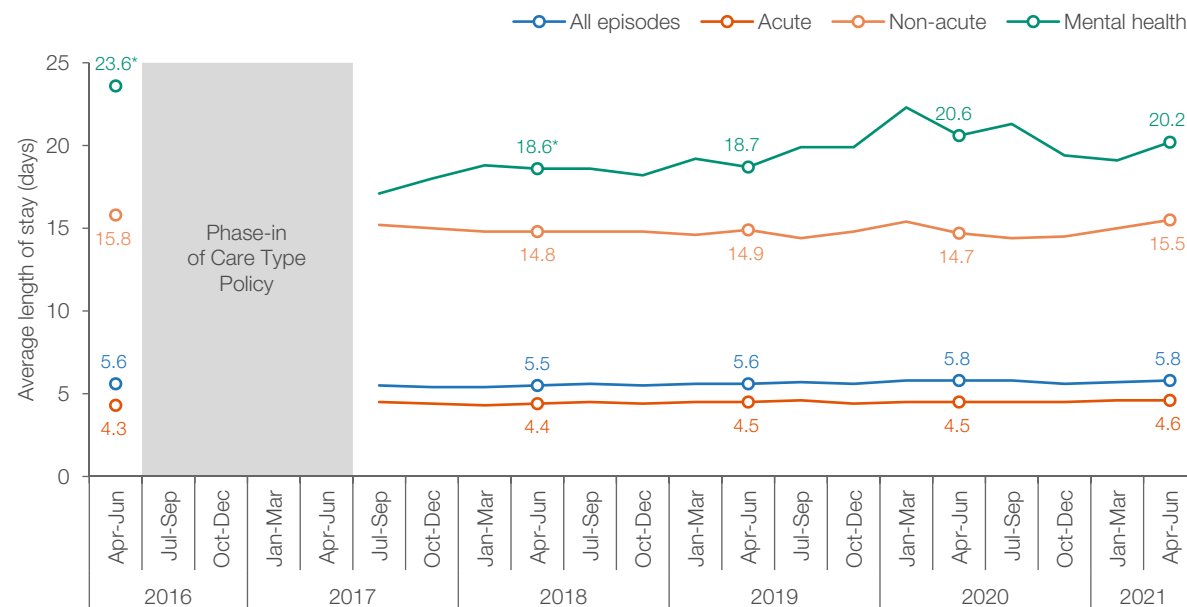
Figure 12
Episodes of care, by stay type
April 2016 to June 2021

Note: 'Same-day' refers to patients who are admitted and discharged on the same day. Same-day episodes count as one bed day.



Behind the key findings

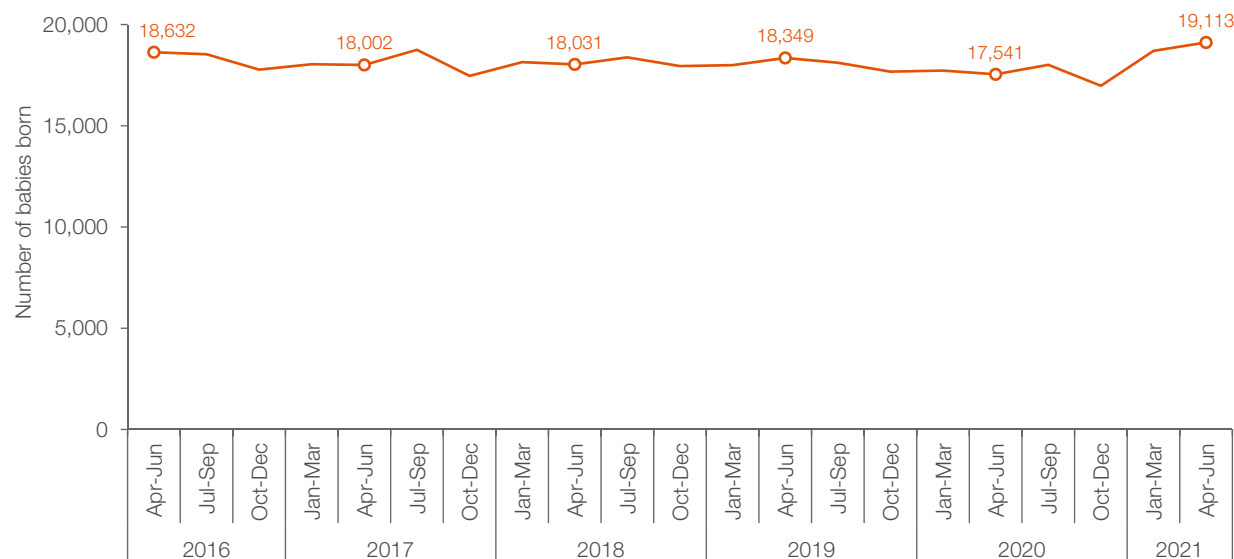
Figure 13
Average length of stay for overnight episodes, by care type
April 2016 to June 2021



*Estimates of mental health episodes calculated using a flag for days in a psychiatric unit.
NOTE: 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 stay 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 14
Babies born
April 2016 to June 2021





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 2021

SURGERIES PERFORMED

There were 64,599 elective surgeries performed – the highest of any April to June quarter in total and across all urgency categories since BHI began reporting in 2010.

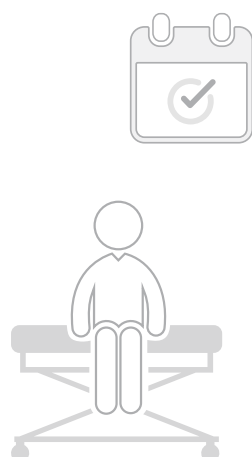
Surgeries contracted to private hospitals increased to 5,011.



SURGERIES PERFORMED ON TIME

89.3% of all elective surgery and 84.3% of non-urgent elective surgery was performed on time. Both have substantially improved from record lows in July to September 2020.

Almost all urgent surgeries (99.7%) continued to be performed on time.



WAITING TIME

The median waiting time for non-urgent surgery was 256 days, up from 246 in April to June 2019 but a significant decrease from the record high of 330 in July to September 2020.



PATIENTS ON WAITING LIST

There were 85,296 people on the waiting list at the end of the quarter, significantly down from the record high of 101,024 a year earlier and close to pre-pandemic levels.

Of those people, 2,108 had waited longer than the clinically recommended timeframe.



Behind the key findings

Figure 15

Elective surgeries performed, by urgency category April 2016 to June 2021

From 26 March 2020, the National Cabinet suspended all non-urgent elective surgery, with all urgent and some exceptional semi-urgent surgery continuing, before a phased resumption of surgical activity from late April.

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

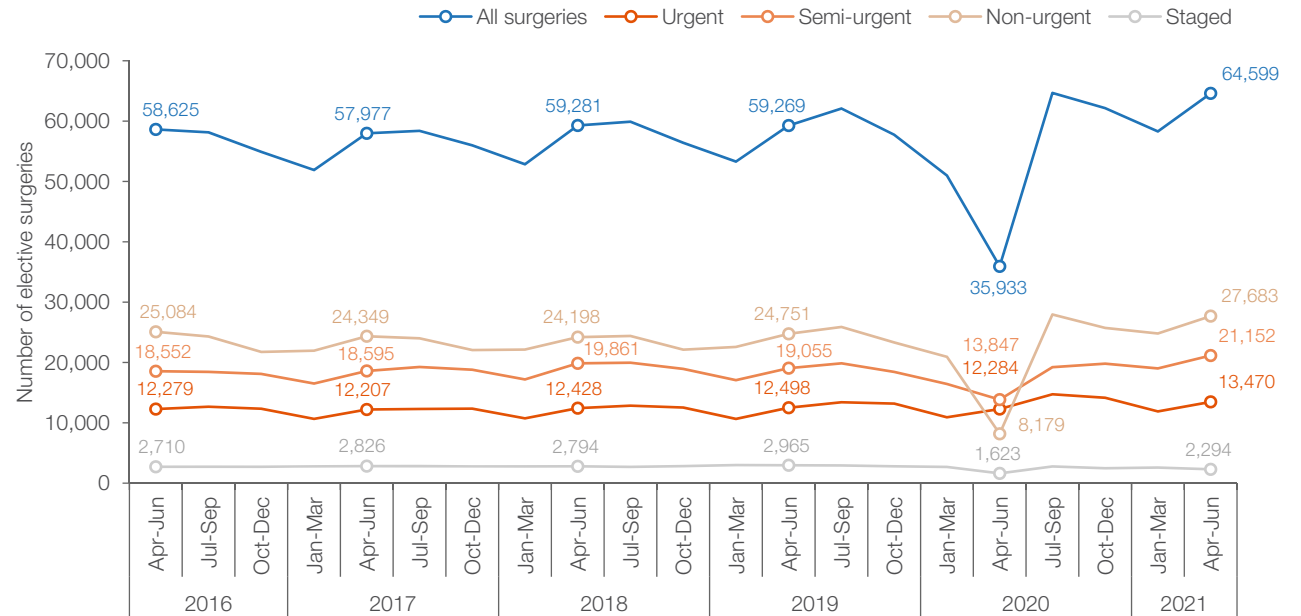
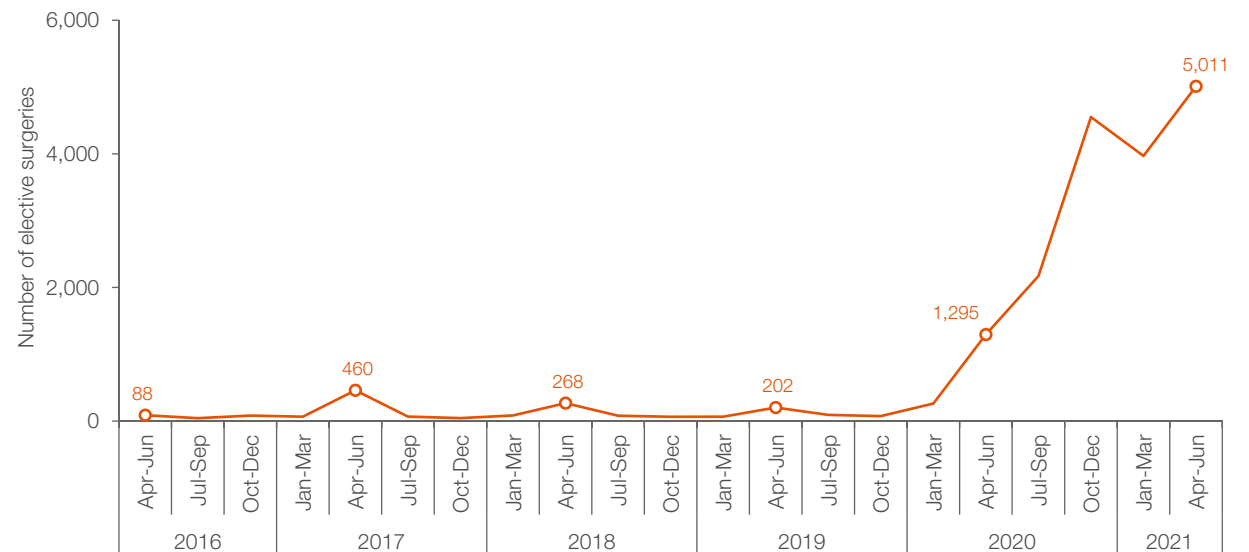


Figure 16

Elective surgeries contracted to private hospitals April 2016 to June 2021

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.



Behind the key findings

Figure 17
Percentage of elective surgeries performed on time, by urgency category
April 2016 to June 2021

Recommended maximum waiting times for elective surgery are:

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

From 26 March 2020, the National Cabinet suspended all non-urgent elective surgery, with all urgent and some exceptional semi-urgent surgery continuing, before a staged resumption of surgical activity from late April.

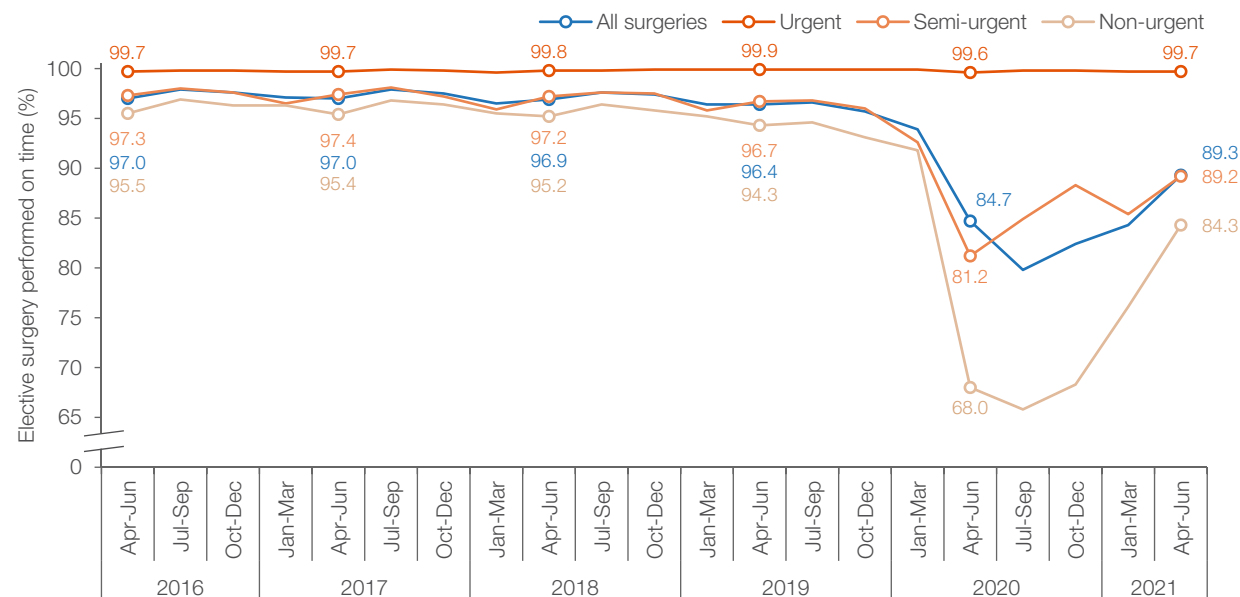
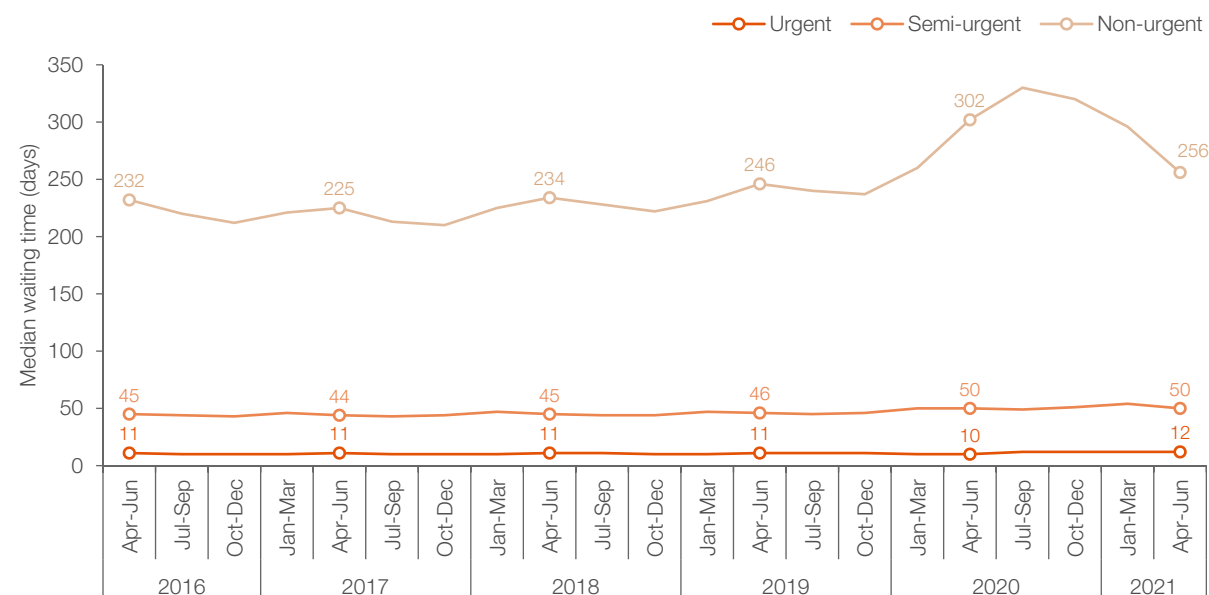


Figure 18
Median waiting time for elective surgery, by urgency category
April 2016 to June 2021



Behind the key findings

Figure 19
Patients on the waiting list ready for surgery at the end of the quarter, by urgency category
April 2016 to June 2021

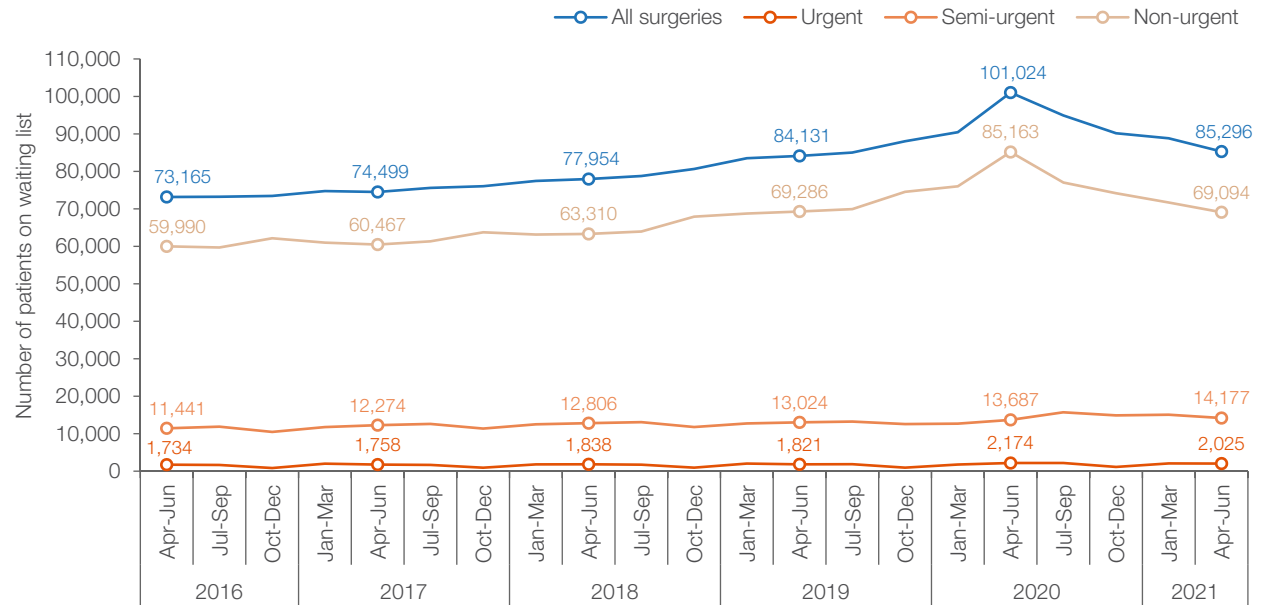
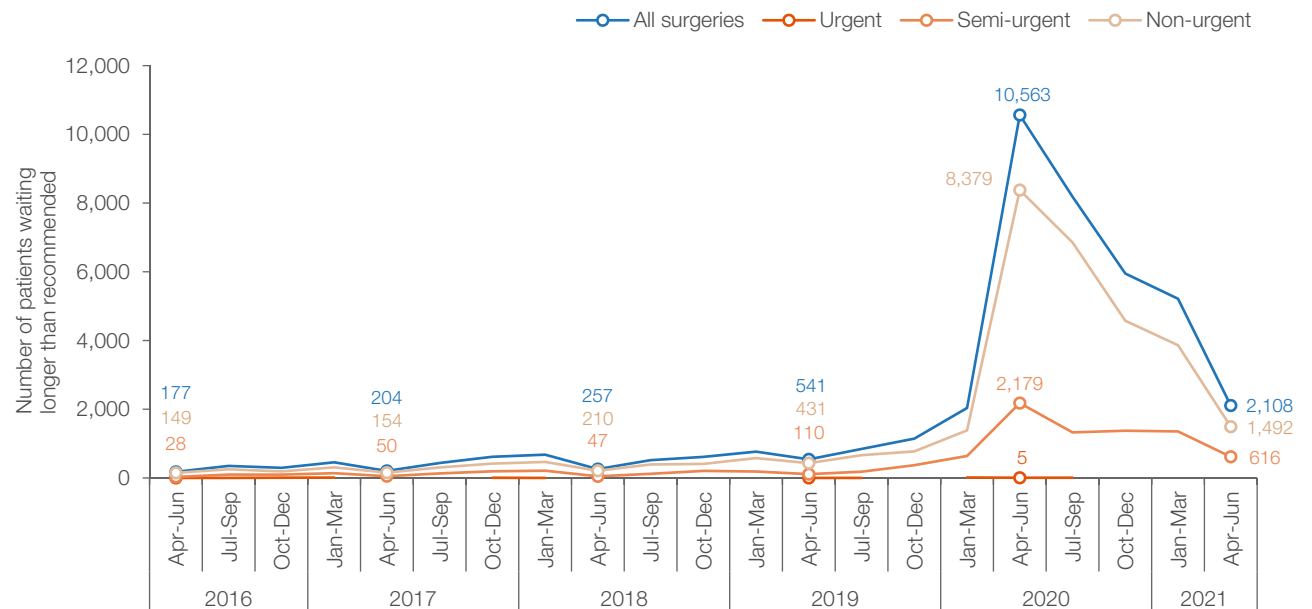


Figure 20
Patients on the waiting list ready for surgery at the end of the quarter who had waited longer than clinically recommended, by urgency category
April 2016 to June 2021



Note: The number of patients was suppressed if < 5.



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 two years earlier to allow stable comparisons with pre-pandemic levels given major changes in health system activity during April to June 2020.

Emergency department

Activity

Activity	Apr–Jun 2021	Apr–Jun 2020	COMPARING 2021 WITH 2020		Apr–Jun 2019	COMPARING 2021 WITH 2019	
			Difference	% change		Difference	% change
Arrivals by ambulance	179,824	153,605	26,219	17.1%	173,437	6,387	3.7%
Attendances	806,728	615,576	191,152	31.1%	754,461	52,267	6.9%
Emergency presentations	780,958	594,081	186,877	31.5%	728,960	51,998	7.1%
By triage category							
T1: Resuscitation	5,634	5,018	616	12.3%	5,253	381	7.3%
T2: Emergency	106,400	85,254	21,146	24.8%	96,214	10,186	10.6%
T3: Urgent	278,609	203,747	74,862	36.7%	261,017	17,592	6.7%
T4: Semi-urgent	309,068	211,318	97,750	46.3%	298,843	10,225	3.4%
T5: Non-urgent	81,247	88,744	-7,497	-8.4%	67,633	13,614	20.1%
Admissions to hospital from ED	193,083	157,109	35,974	22.9%	194,455	-1,372	-0.7%

Performance

	Apr–Jun 2021	Apr–Jun 2020	COMPARING 2021 WITH 2020		Apr–Jun 2019	COMPARING 2021 WITH 2019	
			Difference			Difference	
Percentage of patients transferred from ambulance to ED within 30 minutes	78.7%	93.2%	-14.5 percentage points		87.6%	-8.9 percentage points	
Time to start treatment							
All patients	% starting treatment on time	67.4%	84.1%	-16.7 percentage points	71.9%	-4.5 percentage points	
By triage category							
T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	56.8%	68.5%	-11.7 percentage points	62.6%	-5.8 percentage points	
	Median	9 mins	8 mins	1 mins	9 mins	Unchanged	
	90th percentile	33 mins	21 mins	12 mins	28 mins	5 mins	
T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	61.8%	80.6%	-18.8 percentage points	66.5%	-4.7 percentage points	
	Median	24 mins	15 mins	9 mins	22 mins	2 mins	
	90th percentile	92 mins	45 mins	47 mins	77 mins	15 mins	
T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	70.6%	88.2%	-17.6 percentage points	75.6%	-5.0 percentage points	
	Median	32 mins	18 mins	14 mins	28 mins	4 mins	
	90th percentile	130 mins	66 mins	64 mins	109 mins	21 mins	
T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	91.0%	98.5%	-7.5 percentage points	92.4%	-1.4 percentage points	
	Median	18 mins	12 mins	6 mins	24 mins	-6 mins	
	90th percentile	114 mins	51 mins	63 mins	107 mins	7 mins	
Time from arrival to leaving	% leaving within four hours	64.7%	75.3%	-10.6 percentage points	70.6%	-5.9 percentage points	
	For patients admitted to hospital	30.9%	45.2%	-14.3 percentage points	39.5%	-8.6 percentage points	
	Median	3 hours 9 mins	2 hours 27 mins	42 mins	2 hours 53 mins	16 mins	
	90th percentile	8 hours 50 mins	6 hours 42 mins	2 hours 8 mins	7 hours 35 mins	1 hour 15 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 2021 was 75.8% for T2 (Target: 95%) and 68.9% for T3 (Target: 85%). For more information, see page 5 of the [technical supplement](#).

Activity

Activity		Apr–Jun 2021	Apr–Jun 2020	COMPARING 2021 WITH 2020		Apr–Jun 2019	COMPARING 2021 WITH 2019	
				Difference	% change		Difference	% change
Responses		329,709	270,564	59,145	21.9%	309,828	19,881	6.4%
By priority	P1: Emergency	154,989	123,071	31,918	25.9%	139,923	15,066	10.8%
	P1A: Highest priority	8,367	6,469	1,898	29.3%	6,551	1,816	27.7%
	P2: Urgent	152,163	128,091	24,072	18.8%	146,619	5,544	3.8%
	P3: Time critical	14,784	12,839	1,945	15.1%	14,847	-63	-0.4%
	P4–9: Non-emergency	7,773	6,563	1,210	18.4%	8,439	-666	-7.9%
Incidents		254,769	218,078	36,691	16.8%	240,781	13,988	5.8%

Performance

Performance			Apr–Jun 2021	Apr–Jun 2020	COMPARING 2021 WITH 2020	Apr–Jun 2019	COMPARING 2021 WITH 2019
					Difference		Difference
Call to ambulance arrival time							
By priority	P1 cases	% within 15 minutes	47.9%	61.3%	-13.4 percentage points	59.1%	-11.2 percentage points
		% within 30 minutes	88.1%	94.4%	-6.3 percentage points	93.2%	-5.1 percentage points
	P2 cases	% within 30 minutes	55.6%	73.2%	-17.6 percentage points	67.7%	-12.1 percentage points
		% within 60 minutes	82.1%	93.7%	-11.6 percentage points	91.4%	-9.3 percentage points
Response time							
By priority	P1 cases	Median	13.4 mins	11.2 mins	2.2 mins	11.6 mins	1.8 mins
	P1A cases	% within 10 minutes	64.8%	70.5%	-5.7 percentage points	71.8%	-7.0 percentage points
		Median	8.3 mins	7.8 mins	0.5 mins	7.5 mins	0.8 mins
	P2 cases	Median	24.9 mins	18.1 mins	6.8 mins	20.0 mins	4.9 mins



Admitted patients

Activity		Apr–Jun 2021	Apr–Jun 2020	COMPARING 2021 WITH 2020		Apr–Jun 2019	COMPARING 2021 WITH 2019	
				Difference	% change		Difference	% change
Episodes of care		503,867	406,484	97,383	24.0%	486,403	17,464	3.6%
By care type	Acute	476,061	381,754	94,307	24.7%	457,017	19,044	4.2%
	Overnight	244,692	197,255	47,437	24.0%	244,309	383	0.2%
	Same-day	231,369	184,499	46,870	25.4%	212,708	18,661	8.8%
	Non-acute	17,574	14,661	2,913	19.9%	18,113	-539	-3.0%
	Mental health	10,232	10,069	163	1.6%	11,273	-1,041	-9.2%
Average length of stay for overnight episodes		5.8 days	5.8 days	0.0 days		5.6 days	0.2 days	
By care type	Acute	4.6 days	4.5 days	0.1 days		4.5 days	0.1 days	
	Non-acute	15.5 days	14.7 days	0.8 days		14.9 days	0.6 days	
	Mental health	20.2 days	20.6 days	-0.4 days		18.7 days	1.5 days	
Bed days		1,781,640	1,461,740	319,900	21.9%	1,720,381	61,259	3.6%
By care type	Acute	1,359,946	1,081,301	278,645	25.8%	1,315,326	44,620	3.4%
	Non-acute	230,993	188,193	42,800	22.7%	223,858	7,135	3.2%
	Mental health	190,701	192,246	-1,545	-0.8%	181,197	9,504	5.2%
Babies born		19,113	17,541	1,572	9.0%	18,349	764	4.2%



Elective surgery

Activity

		COMPARING 2021 WITH 2020				COMPARING 2021 WITH 2019		
		Apr–Jun 2021	Apr–Jun 2020	Difference	% change	Apr–Jun 2019	Difference	% change
Elective surgeries performed		64,599	35,933	28,666	79.8%	59,269	5,330	9.0%
By urgency	Urgent	13,470	12,284	1,186	9.7%	12,498	972	7.8%
	Semi-urgent	21,152	13,847	7,305	52.8%	19,055	2,097	11.0%
	Non-urgent	27,683	8,179	19,504	238.5%	24,751	2,932	11.8%
	Staged*	2,294	1,623	671	41.3%	2,965	-671	-22.6%

Performance

Performance			Apr–Jun 2021		Apr–Jun 2020		COMPARING 2021 WITH 2020		Apr–Jun 2019		COMPARING 2021 WITH 2019	
							Difference	% change			Difference	% change
Waiting time	All patients	% on time	89.3%	84.7%	4.6 percentage points		96.4%	-7.1 percentage points				
	By urgency	Urgent	% on time (Recommended: within 30 days)	99.7%	99.6%	0.1 percentage points		99.9%	-0.2 percentage points			
			Median	12 days	10 days	2 days		11 days	1 day			
			90th percentile	27 days	24 days	3 days		26 days	1 day			
			Semi-urgent	% on time (Recommended: within 90 days)	89.2%	81.2%	8.0 percentage points		96.7%	-7.5 percentage points		
	Median	50 days		50 days	0 days		46 days	4 days				
	90th percentile	92 days		111 days	-19 days		83 days	9 days				
	Non-urgent	% on time (Recommended: within 365 days)	84.3%	68.0%	16.3 percentage points		94.3%	-10.0 percentage points				
		Median	256 days	302 days	-46 days		246 days	10 days				
		90th percentile	399 days	421 days	-22 days		359 days	40 days				
Patients on waiting list ready for elective surgery at end of quarter			85,296	101,024	-15,728	-15.6%	84,131	1,165	1.4%			
By urgency	Urgent	2,025	2,174	-149	-6.9%	1,821	204	11.2%				
	Semi-urgent	14,177	13,687	490	3.6%	13,024	1,153	8.9%				
	Non-urgent	69,094	85,163	-16,069	-18.9%	69,286	-192	-0.3%				
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			2,108	10,563	-8,455	-80.0%	541	1,567	289.6%			

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



Special reporting

Quarantine

Healthcare Quarterly features special reporting topics based on emerging issues in the healthcare system.

This issue includes an overview of quarantine measures introduced to help control the spread of COVID-19 in Australia.



Quarantine

Mandatory hotel quarantine was introduced to help control the spread of COVID-19 in Australia during the pandemic.

Since 29 March 2020, all overseas travellers have been required to undertake 14 days of supervised quarantine, managed by NSW Police, in a designated hotel or accommodation facility.

After arrival and throughout their quarantine, people undergo health screening and are tested for COVID-19. Those who test positive or require care and treatment are admitted to NSW Special Health Accommodation (SHA) or transferred to hospital. People in the community who are required to self-isolate and need assistance to do so safely, may also be admitted to SHA. Most people admitted to SHA have not tested positive for COVID-19.

Information about quarantine provides an important backdrop to hospital activity and performance. It also reflects an important part of the demand placed on NSW Health – working alongside NSW Police and other agencies – given the highly specialised health support required to operate an effective quarantine program.

See activity information for hotel quarantine and SHA on the next page.

Quarantine

Figure 21

Number of COVID-19 tests for returned travellers and confirmed COVID-19 cases in hotel quarantine, by week

April 2020 to June 2021

By 30 June 2021, a total of 279,201 COVID-19 tests had been carried out on returned travellers in hotel quarantine since the end of March 2020, of which 1,298 were confirmed cases.

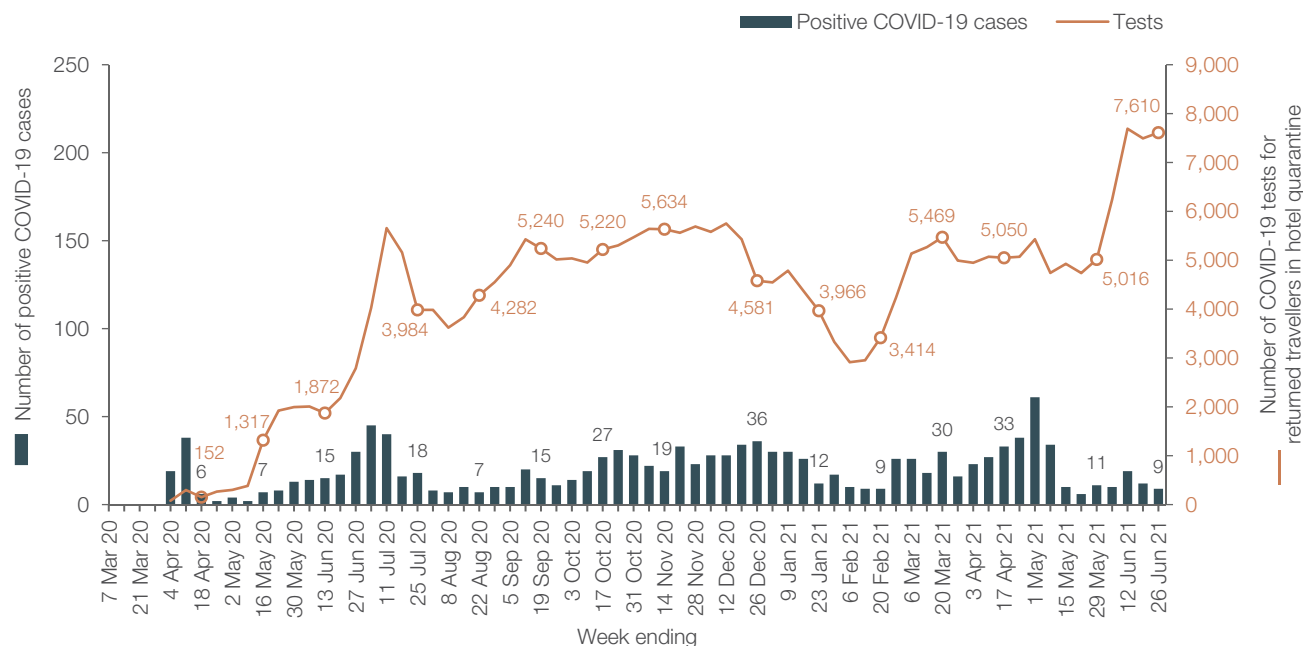
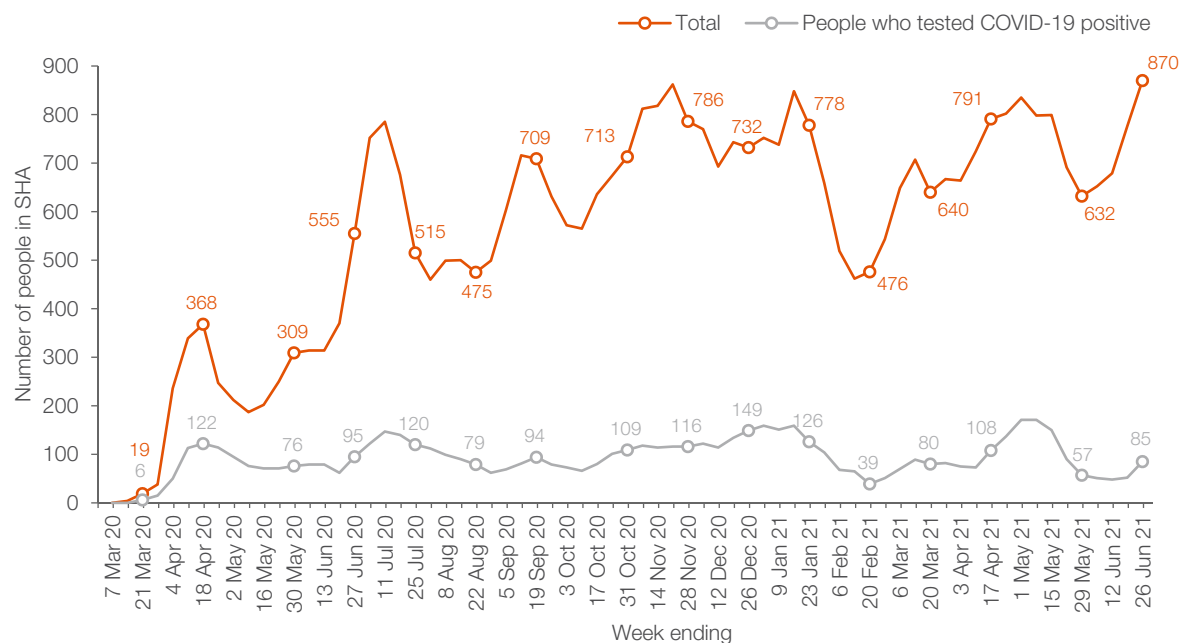


Figure 22

Number of people residing in Special Health Accommodation and number of people with COVID-19, by week

April 2020 to June 2021

By 30 June 2021, a total of 14,052 people had been admitted to SHA, of which 1,979 (14.1%) were confirmed COVID-19 cases. Of those admitted to SHA, 11,992 were international travellers, 579 domestic travellers, and 1,487 community patients. The number of community patients increased markedly from mid-June, peaking at 106 in the week ending 26 June 2021.



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

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.



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State Health Publication Number: (BHI) 210827
ISSN: 2207-9564 (online)

Suggested citation:

Bureau of Health Information. Healthcare Quarterly, April to June 2021. Sydney (NSW); BHI; 2021.

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Published September 2021

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.