

Healthcare Quarterly

Tracking public hospital and
ambulance service activity
and performance in NSW

October to December 2022

Overview

October to December 2022



Ambulance

Demand was higher than ever before, and response times continued to improve from the record long waits in April to June 2022.

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 prior to the pandemic.

Find out more from page 14



Emergency department

ED demand remained high, particularly for triage 1 and 2 presentations. While performance has improved in recent quarters, patients still faced long waits for treatment.

Find out more from page 8



Elective surgery

Fewer surgeries were performed than in the same quarter in 2019. The overall waiting list remained high, however the number of patients waiting longer than recommended dropped notably in recent quarters.

Find out more from page 18

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About this report

Healthcare Quarterly tracks activity and performance for ambulance, emergency department (ED), elective surgery and admitted patient 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: ambulance (10 January 2023); ED (20 January 2023); admitted patients (18 January 2023); elective surgery (3 February 2023).

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 October to December 2022.

To enable more stable comparisons with pre-pandemic activity and performance, this report includes comparisons with the same quarter three years earlier (October to December 2019).

Comparisons with previous quarters should be considered in the context of the fluctuations in hospital and ambulance activity and performance during the pandemic. This includes the October to December 2021 quarter which included the suspension of non-urgent elective surgery in metropolitan LHDs until 25 October and the emergence of the Omicron wave.

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

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

Interactive data

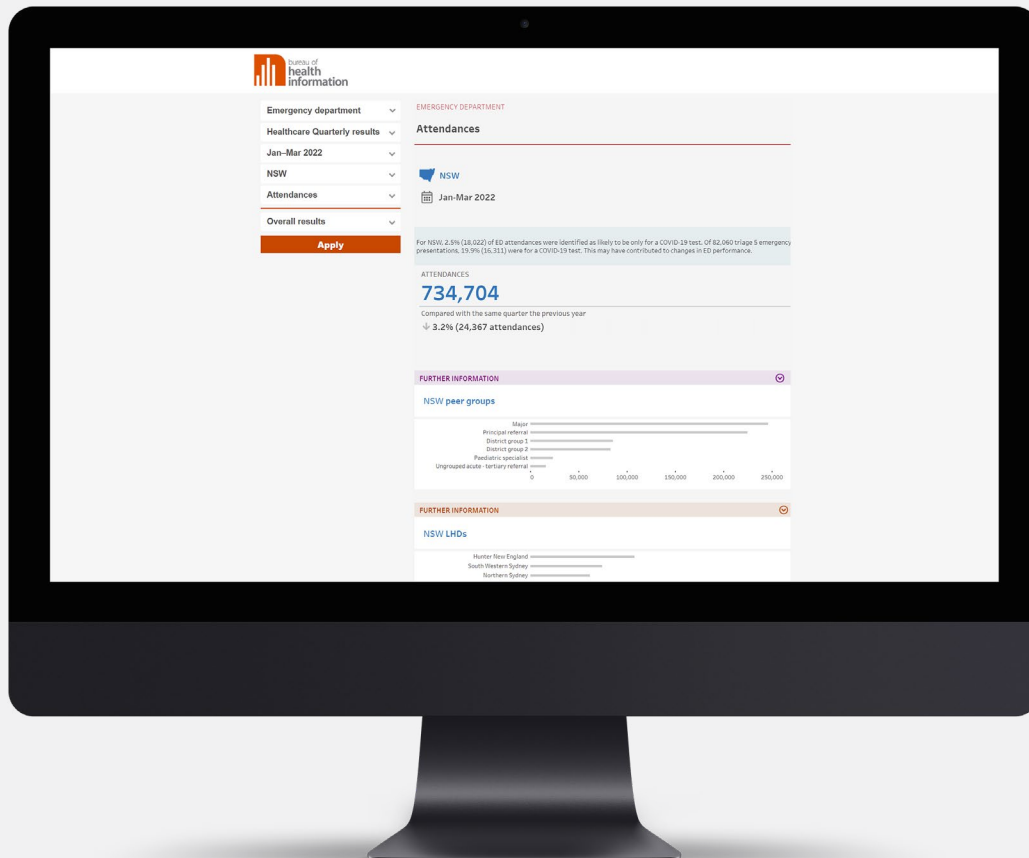
Bureau of Health Information Data Portal

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.

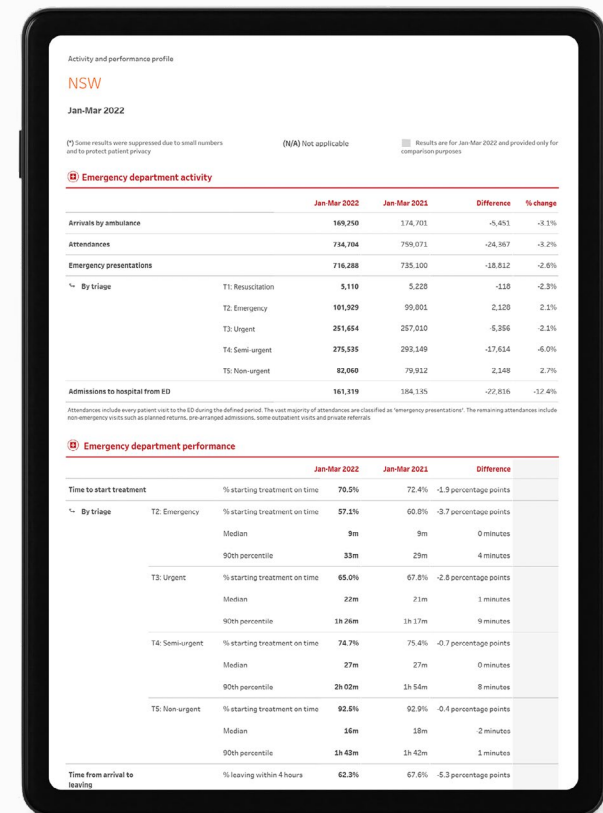
Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



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.





Ambulance

NSW Ambulance delivers mobile health services and provides 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

October to December 2022

RESPONSES

There were 346,748 responses, up 9.2% (29,358) compared with pre-pandemic levels in October to December 2019, and the highest of any quarter since BHI began reporting in 2010.

Of these, 179,174 were 'emergency – priority 1 (P1)' responses, up 24.6% (35,330) compared with the same quarter in 2019.

HIGHEST PRIORITY RESPONSES

There were 10,937 highest priority 1A (P1A) responses for patients with life-threatening conditions, up 62.8% (4,220) compared with October to December 2019 but down from the record high of 12,321 in the preceding quarter.

CALL TO AMBULANCE ARRIVAL TIMES

The percentage of P1 cases with a call to ambulance arrival time within 15 and 30 minutes was 40.7% and 83.6%, respectively. Both results have continued to improve from record lows in April to June 2022.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of P1A responses within 10 minutes was 63.8% and half of P1A patients waited longer than 8.4 minutes – both improvements on response performance in April to June 2022.



Behind the key findings

ADDITIONAL INSIGHTS

Figure 1
Ambulance calls, incidents, responses and patient transports, NSW
October 2017 to December 2022

Of the 346,748 ambulance responses in October to December 2022, 65.8% (228,307) were in urban areas and 33.6% (116,663) were in rural areas.

Note: Local areas are classified as 'urban' or 'rural' using ARIA+ developed by the Australian Bureau of Statistics (ABS). For more information, see the [technical supplement](#).

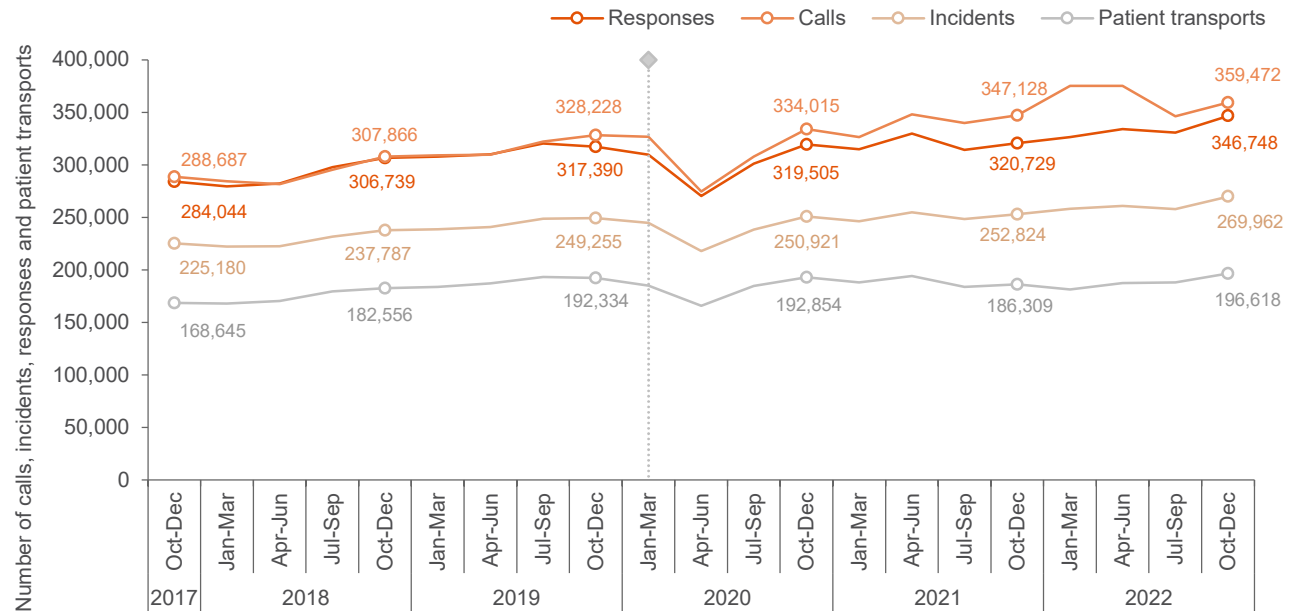
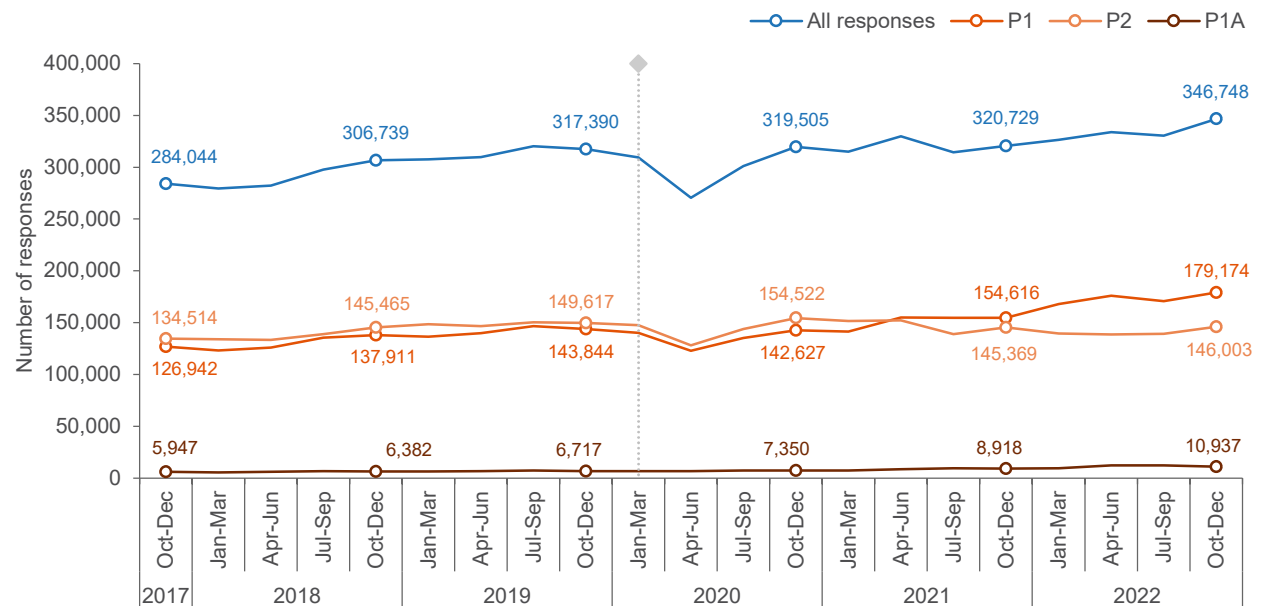


Figure 2
Ambulance responses, by priority category, NSW
October 2017 to December 2022

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.



♦ 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 call to ambulance arrival times within benchmarks, by priority, NSW
October 2017 to December 2022

In October to December 2022, the percentage of P1 cases with a call to ambulance arrival time within 15 minutes was 39.8% in urban areas and 43.1% in rural areas.

The percentage of P1 cases with a call to ambulance arrival time within 30 minutes was 84.8% in urban areas and 80.8% in rural areas.

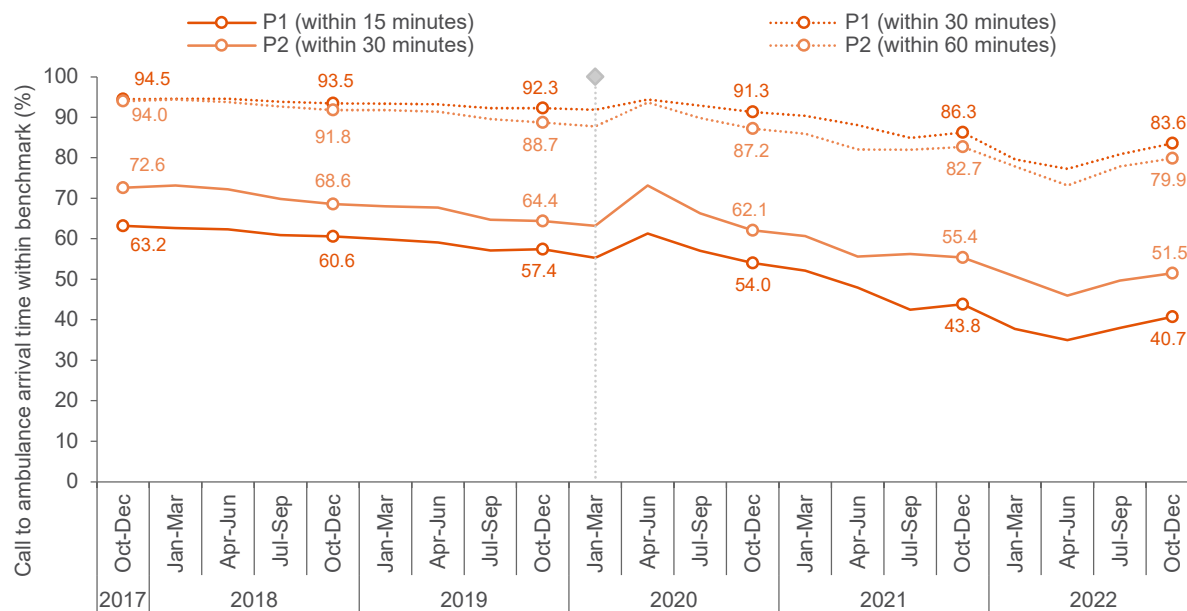
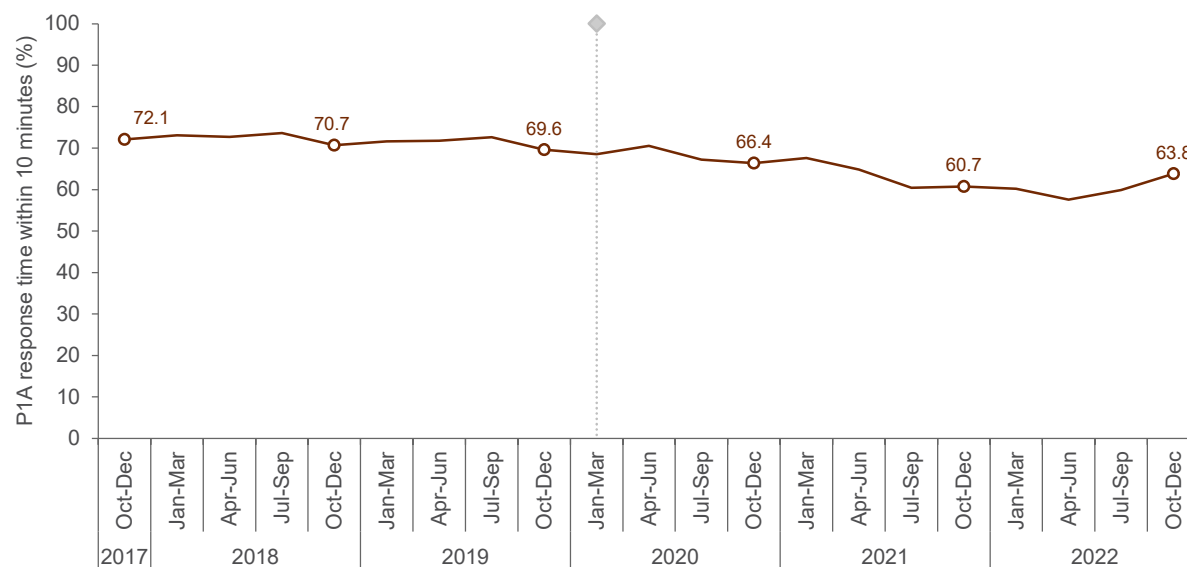


Figure 4
Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW
October 2017 to December 2022

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

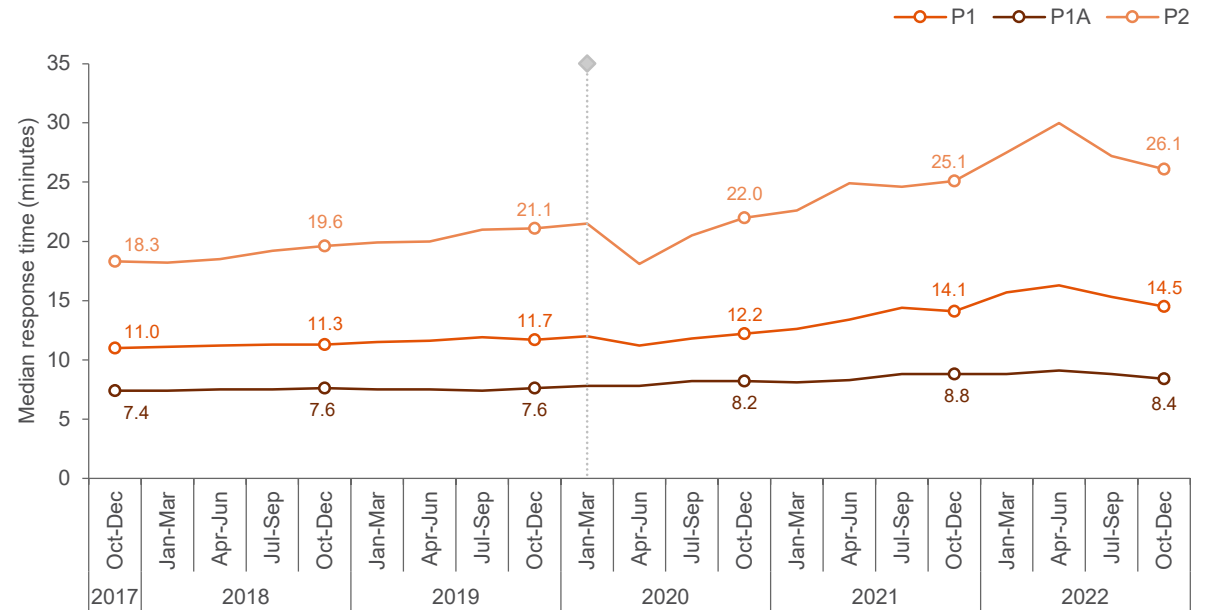
In October to December 2022, the percentage of P1A responses within 10 minutes was 66.8% in urban areas and 56.6% in rural areas.



◆ 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 5
 Median response times, by priority category, NSW
 October 2017 to December 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.



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

October to December 2022

ACTIVITY

There were 790,309 ED attendances, up 1.8% (13,758) compared with pre-pandemic levels in October to December 2019.

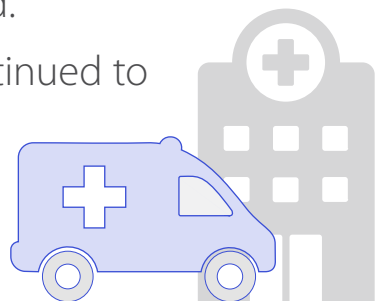
There were 6,175 triage 1 and 113,435 triage 2 presentations, both maintaining a sustained upward trend to reach their highest levels since BHI began reporting in 2010.



TIME TO TRANSFER CARE

78.0% of patients who arrived by ambulance had their care transferred to ED staff within 30 minutes. One in 10 waited longer than 56 minutes to be transferred.

Both measures have continued to improve since April to June 2022.



TIME TO START TREATMENT

66.4% of all patients, and 54.6% of triage 2 patients, had their treatment start on time – both have continued to improve from record lows in April to June 2022.



MODE OF LEAVING ED

184,036 patients were treated and admitted to hospital, down 7.0% (13,758) compared with 2019.

67,898 patients left without, or before completing, treatment, up 31.7% (16,342) compared with October to December 2019, though down 11.2% (8,573) from the record high in April to June 2022.



TIME FROM ARRIVAL TO LEAVING ED

58.4% of all patients presenting to an ED spent less than four hours in the ED.

One in 10 patients who were treated and admitted spent longer than 19 hours and 57 minutes in the ED – down from the record high in the preceding quarter.



Behind the key findings

Figure 6
Emergency department attendances, NSW
October 2017 to December 2022

Of the 790,309 ED attendances in October to December 2022, 63.9% (504,850) were in urban hospitals and 36.1% (285,459) 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: 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](#).

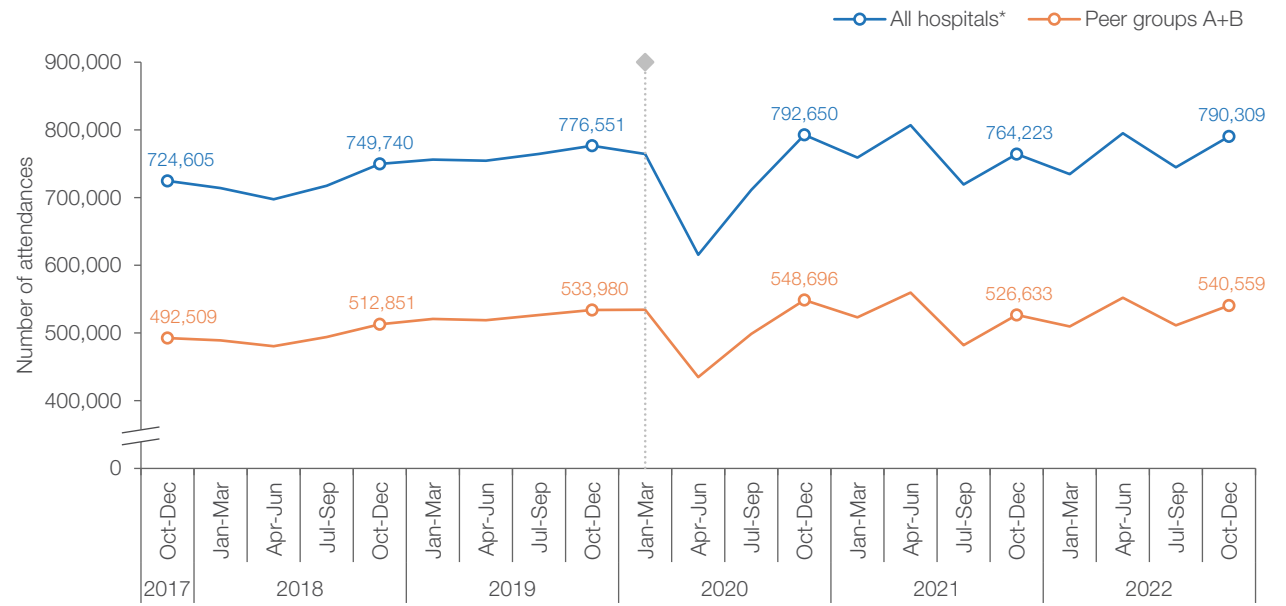
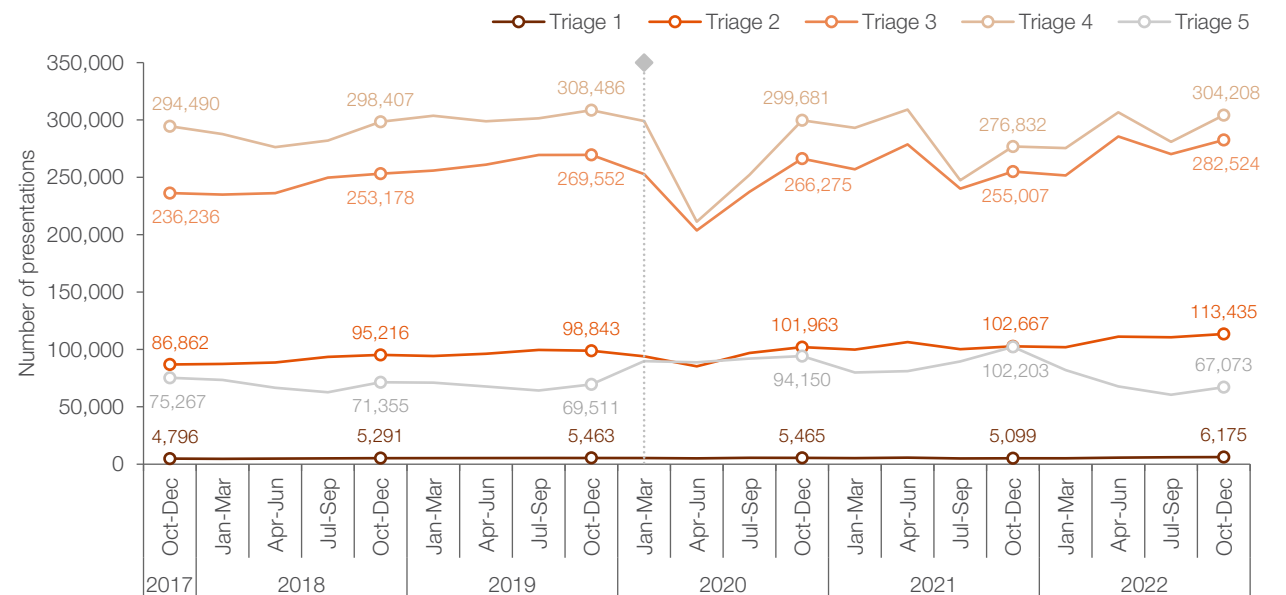


Figure 7
Emergency presentations, by triage category, NSW
October 2017 to December 2022

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

◆ 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 starting treatment on time, by triage category, NSW
October 2017 to December 2022

In October to December 2022, the percentage of all patients who had their treatment start on time was 62.3% in urban hospitals and 73.7% in rural hospitals.

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.

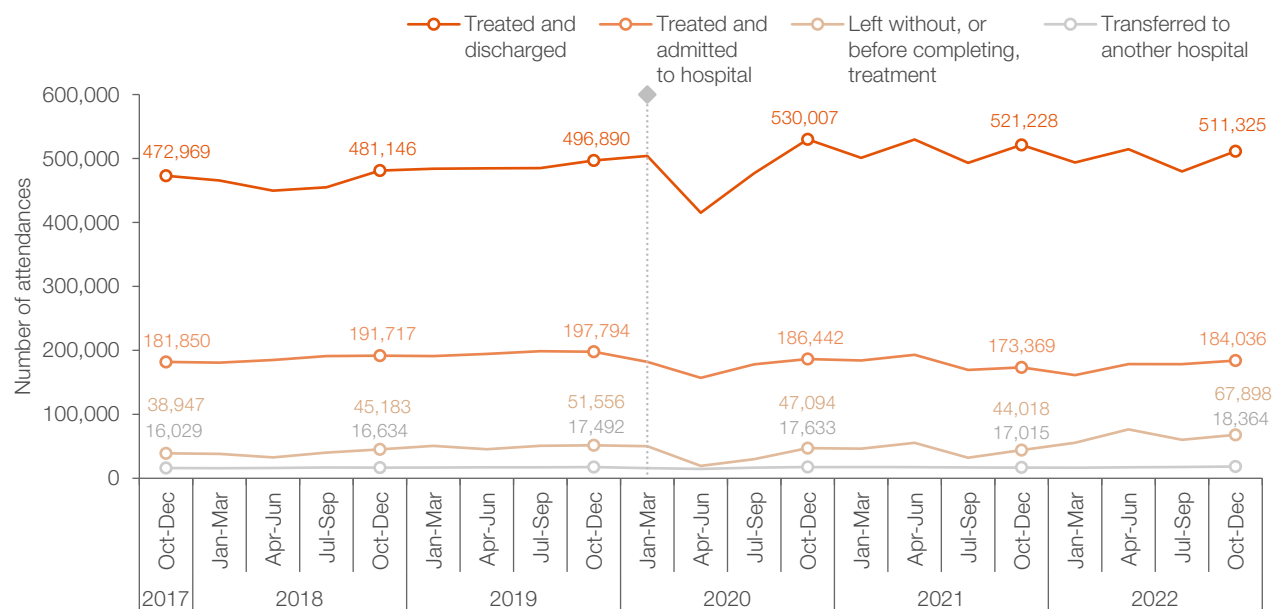
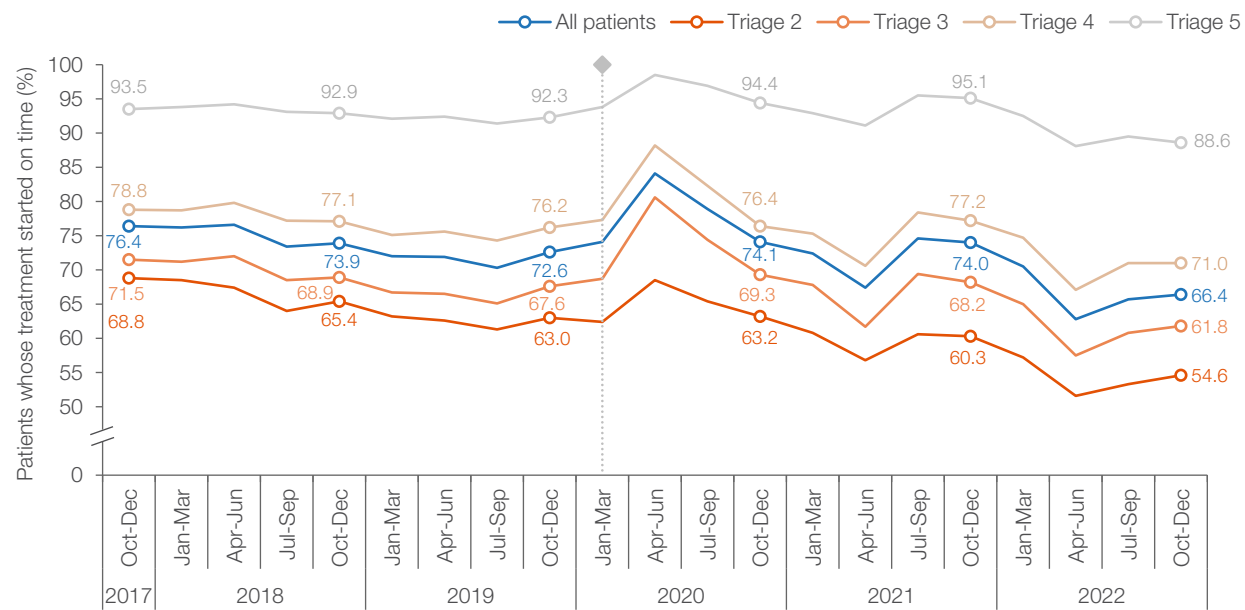
Note: Due to differences in data definitions, reporting periods and the number of hospitals included, *Healthcare Quarterly* results for the percentage of patients whose treatment started on time are not directly comparable with figures reported by other agencies and jurisdictions.

Figure 9
Emergency department attendances, by mode of leaving, NSW
October 2017 to December 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 67,898 patients who left without, or before completing, treatment in October to December 2022, 49.6% were triage 4, 28.7% were triage 3 and 14.2% were triage 5.

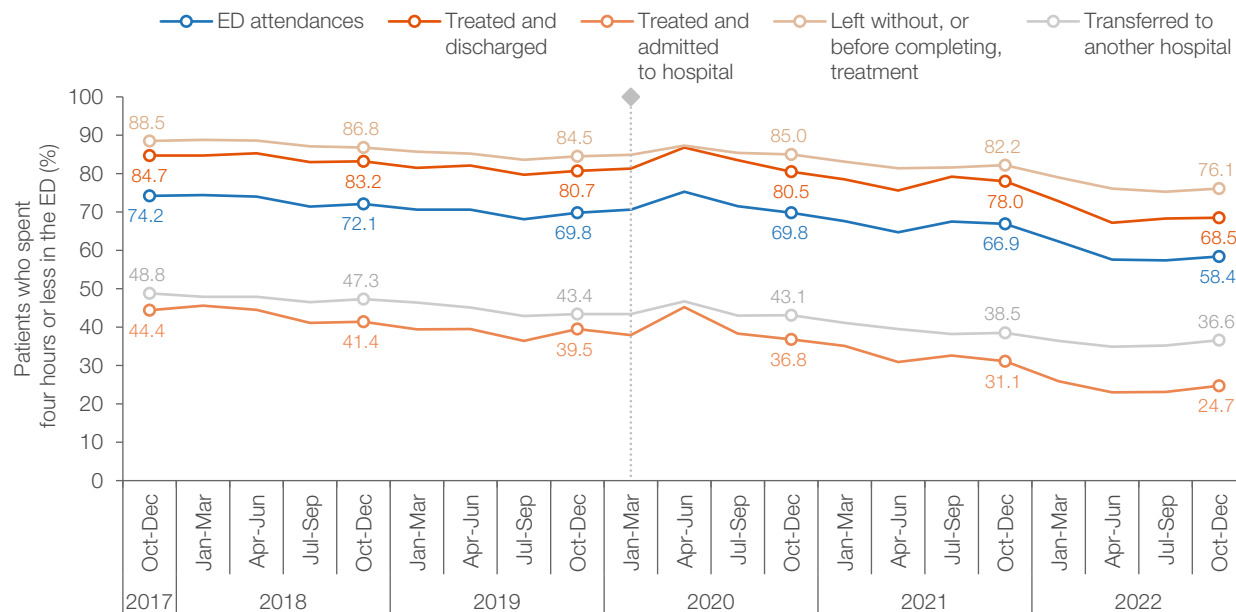
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Behind the key findings

Figure 10
Percentage of patients leaving the emergency department within four hours, by mode of leaving, NSW
October 2017 to December 2022

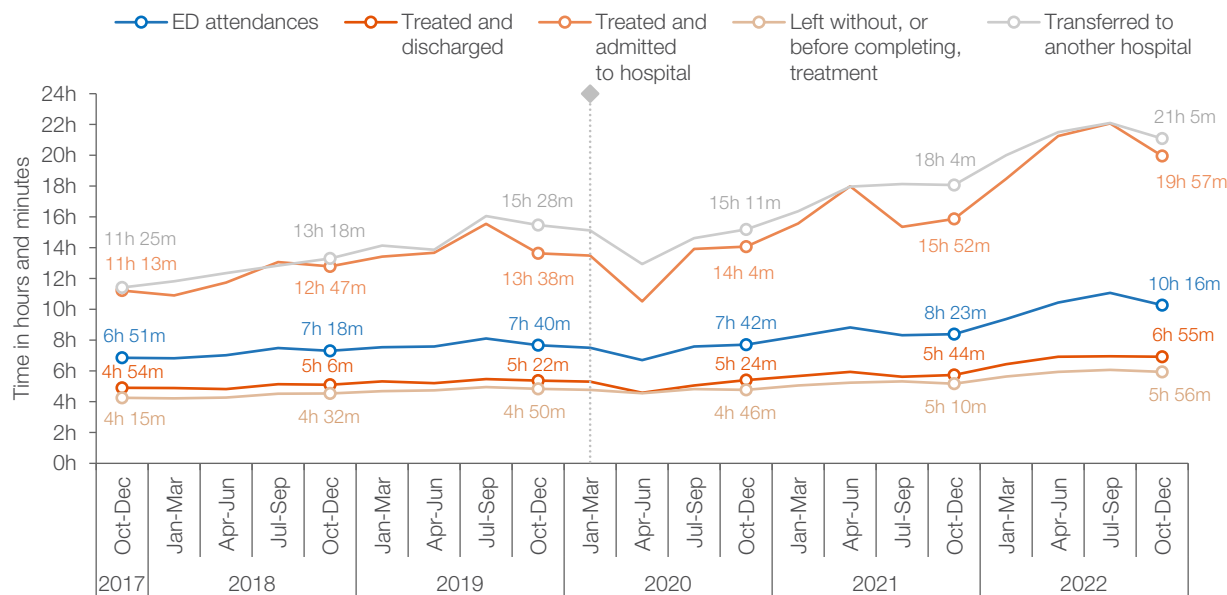
In October to December 2022, the percentage of all patients who spent less than four hours in the ED was 51.2% in urban hospitals and 71.0% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 11
90th percentile time from arrival at the emergency department to leaving, by mode of leaving, NSW
October 2017 to December 2022

In October to December 2022, one in 10 patients in urban hospitals spent longer than 11 hours 20 minutes in the ED and one in 10 patients in rural hospitals spent longer than 7 hours 57 minutes.



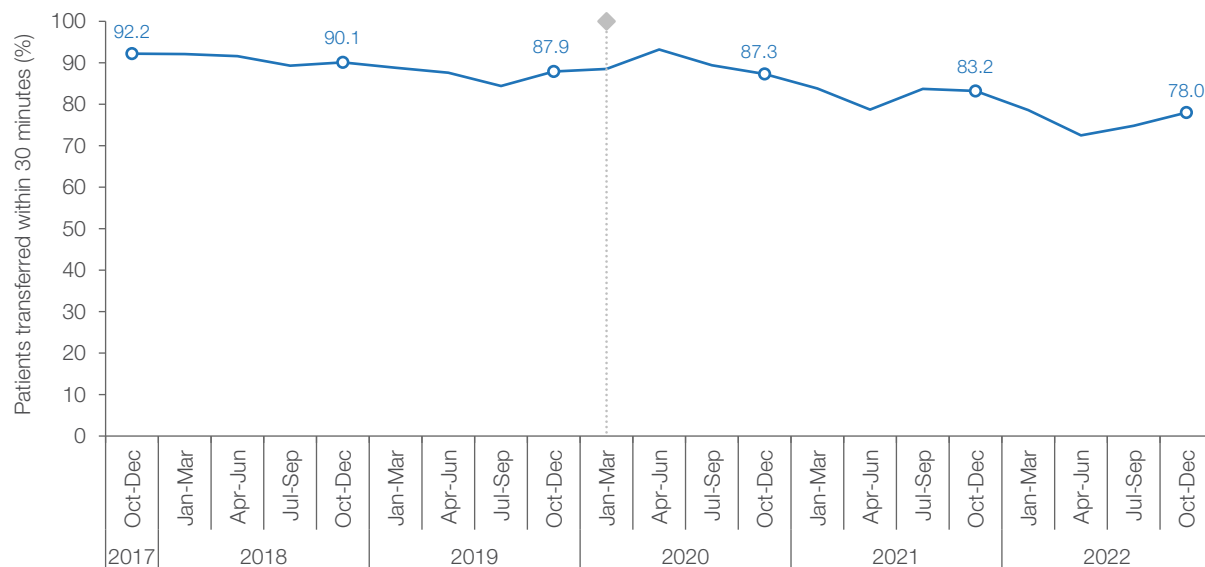
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 12
Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW
October 2017 to December 2022

In October to December 2022, the number of patients arriving at the ED by ambulance was 183,207.

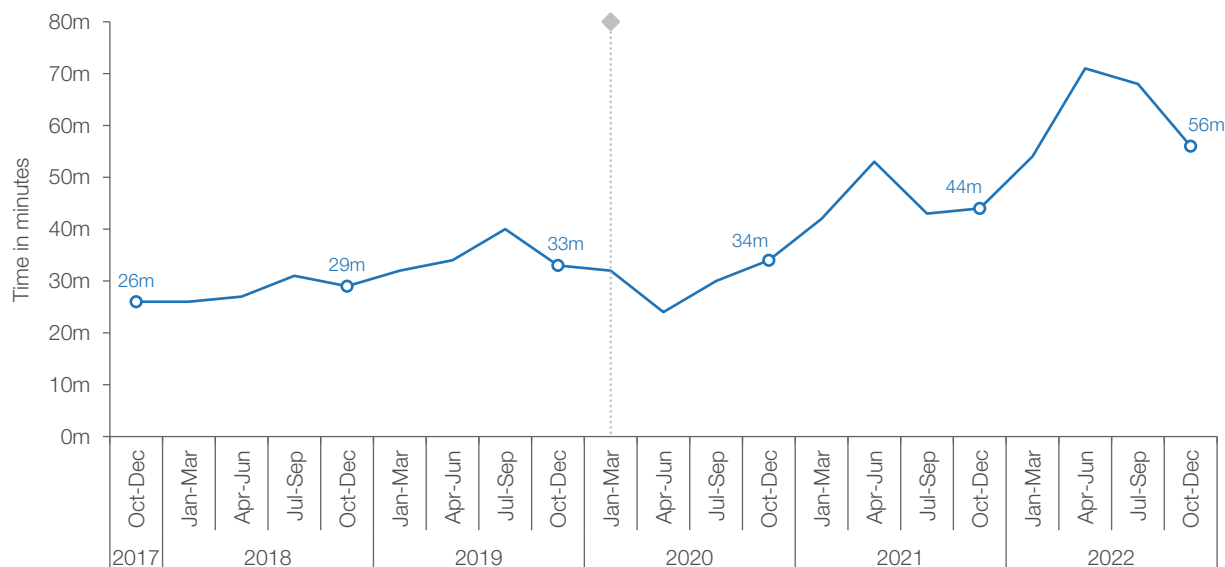
The percentage of patients transferred from paramedics to ED staff within 30 minutes in October to December 2022 was 76.0% in urban hospitals and 82.8% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 13
90th percentile time to transfer care from paramedics to emergency department staff, NSW
October 2017 to December 2022

In October to December 2022, one in 10 patients in urban hospitals waited longer than 59 minutes to be transferred and one in 10 patients in rural hospitals waited longer than 47 minutes.



◆ 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, geriatric 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](#).

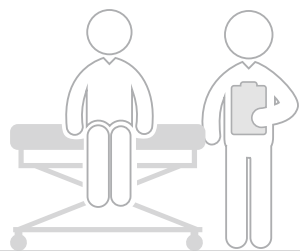
Key findings

October to December 2022

EPISODES OF CARE

There were 475,635 admitted patient episodes, down 3.1% (15,102) compared with October to December 2019 prior to the pandemic.

Of these, 449,617 were acute, 16,373 were non-acute and 9,645 were mental health episodes, down 2.6%, 7.3% and 16.3%, respectively, compared with the same quarter in 2019.



BABIES BORN

16,091 babies were born in public hospitals – the lowest of any quarter since BHI began reporting in 2010.

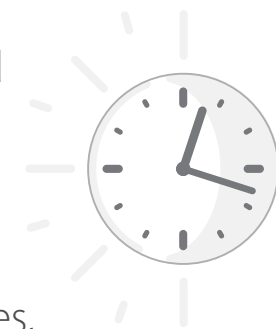


AVERAGE LENGTH OF STAY

The average length of stay for overnight episodes was 6.2 days, up 10.7% compared with the same quarter in 2019. This was down from a five-year high in the preceding quarter.

For acute and non-acute overnight episodes, the average length of stay was 4.9 and 17.5 days, up 11.4% and 18.2%, respectively, compared with the same quarter in 2019.

For mental health episodes, the average length of stay was 22.9 days, up 15.1% compared with the same quarter in 2019.



Behind the key findings

Figure 14
Episodes of care, by care type, NSW
October 2017 to December 2022

Admitted patient episodes of care can be:

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

Of the 475,635 admitted patient episodes in October to December 2022, 75.0% (356,693) were in urban hospitals and 25.0% (118,942) 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 the Australian Bureau of Statistics (ABS). For more information, see the [technical supplement](#).

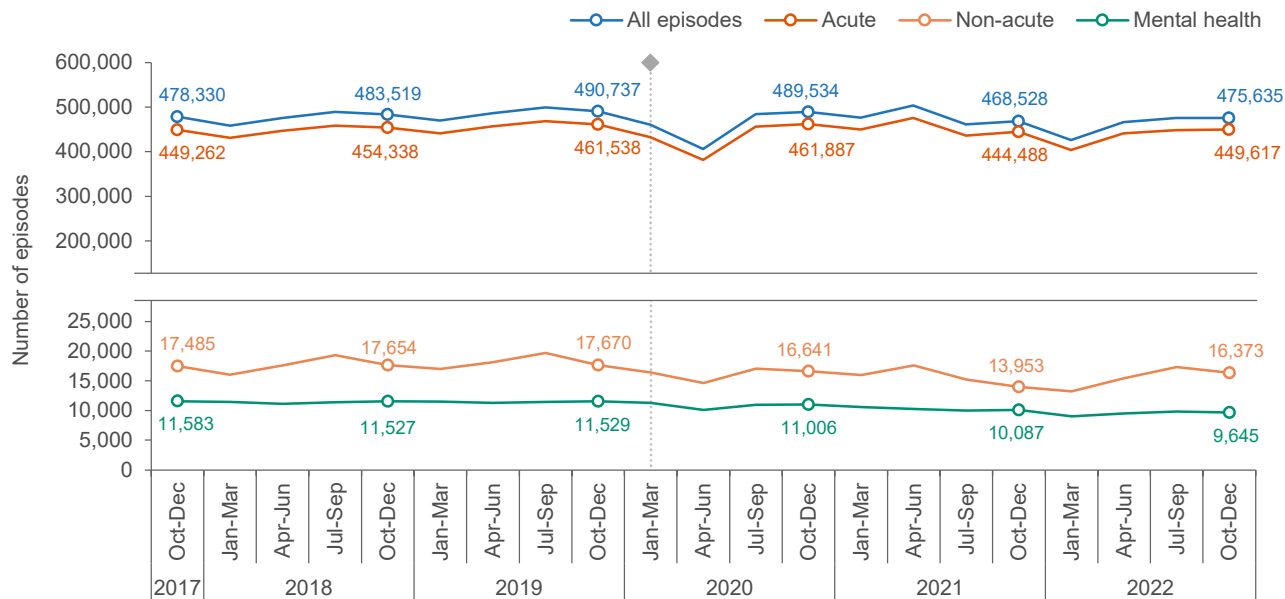


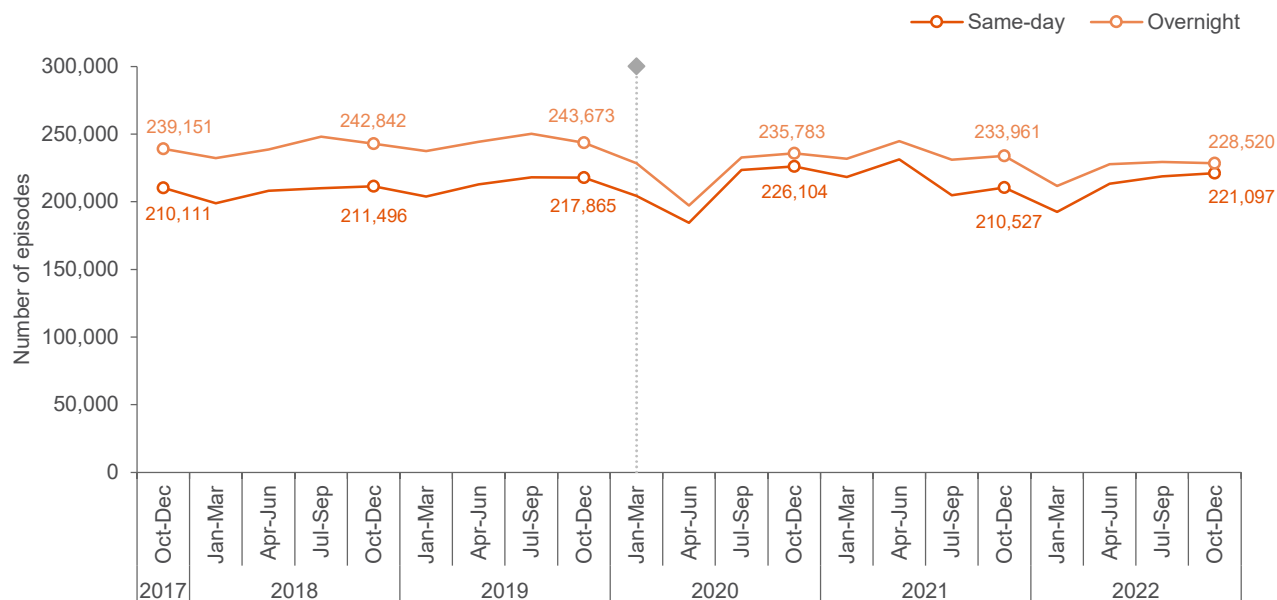
Figure 15
Acute episodes of care, by stay type, NSW
October 2017 to December 2022

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.

♦ 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 16
Average length of stay for overnight episodes, by care type, NSW
October 2017 to December 2022

For acute overnight episodes in October to December 2022, the average length of stay was 5.1 days in urban hospitals and 4.5 days in rural hospitals.

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

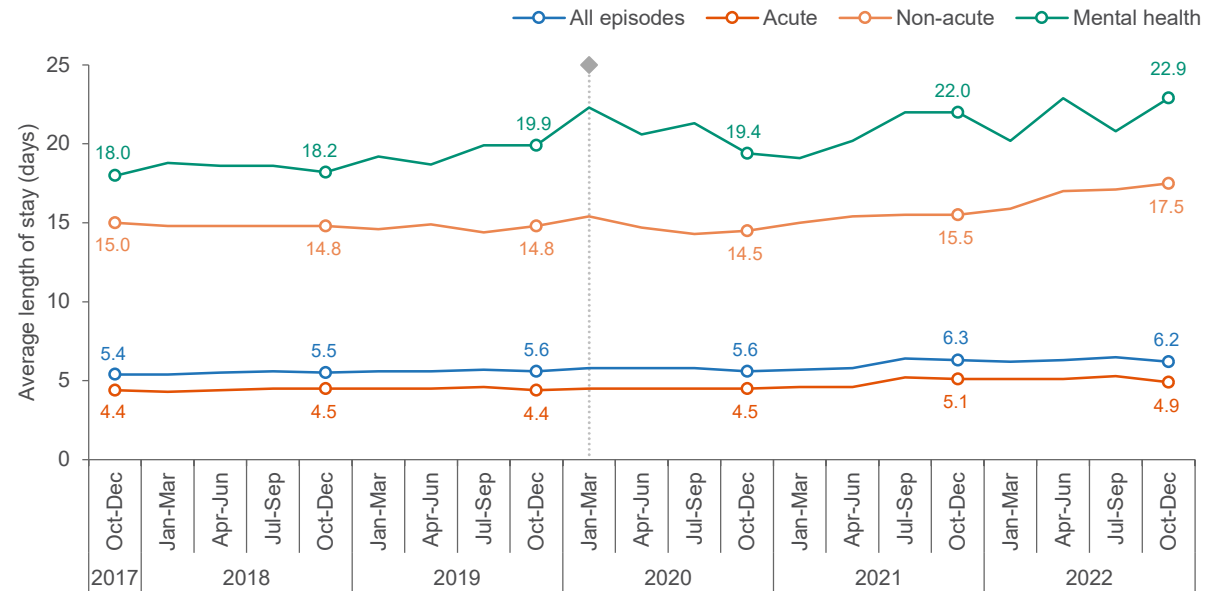
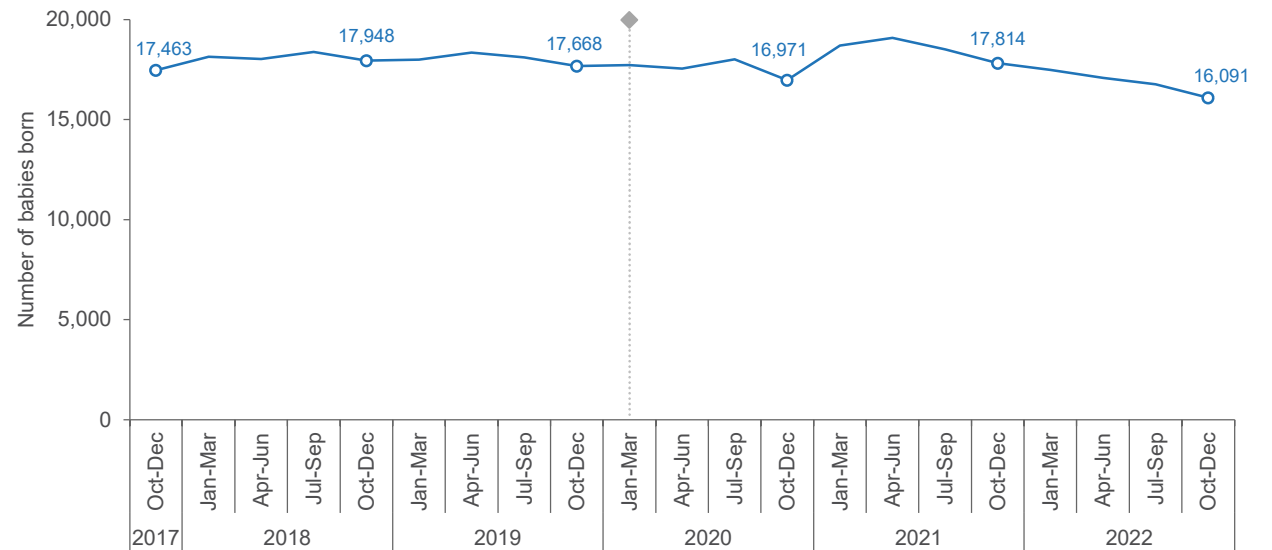


Figure 17
Babies born in public hospitals, NSW
October 2017 to December 2022

◆ 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

October to December 2022

SURGERIES PERFORMED

There were 54,384 elective surgeries performed, down 5.8% (3,360) compared with October to December 2019 prior to the pandemic.

Of those, 4,248 elective surgeries were contracted to private hospitals, down from the record high in the preceding quarter.



WAITING TIMES

76.6% of all elective surgery was performed on time following continued improvement from the record low in April to June 2022.

Half of patients who received non-urgent surgery waited longer than 316 days – down from the record 339 days in April to June 2022.

One in 10 non-urgent patients waited longer than 526 days – longer than any quarter since BHI began reporting in 2010.



PATIENTS ON WAITING LIST

There were 99,300 patients on the waiting list at the end of December. Of those patients, 17,074 had waited longer than clinically recommended – down from the record high in April to June 2022. Most were waiting for semi-urgent (33.0%) and non-urgent (66.8%) surgeries.



Behind the key findings

Figure 18
Elective surgeries performed, by urgency category, NSW

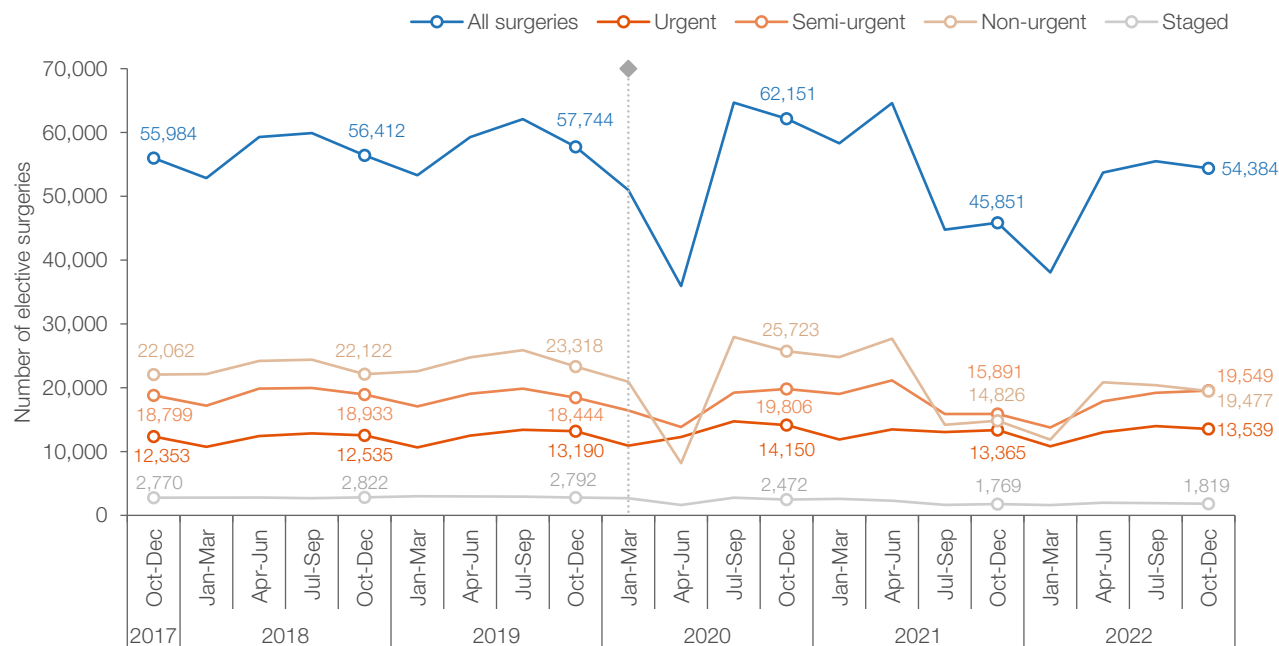
October 2017 to December 2022

Of the 54,384 elective surgeries performed in October to December 2022, 73.2% (39,790) were in urban hospitals and 26.8% (14,594) were in rural hospitals.

In addition to elective surgery, there were 25,529 emergency surgeries performed in public hospitals.

In response to the COVID-19 pandemic, non-urgent elective surgery was suspended resulting in decreases in elective surgery performed in April to June 2020, July to September 2021, October to December 2021 and January to March 2022. For more information, see the [technical supplement](#).

Note: Hospitals are classified as 'urban' or 'rural' using ARIA+ developed by the Australian Bureau of Statistics (ABS). For more information, see the [technical supplement](#).

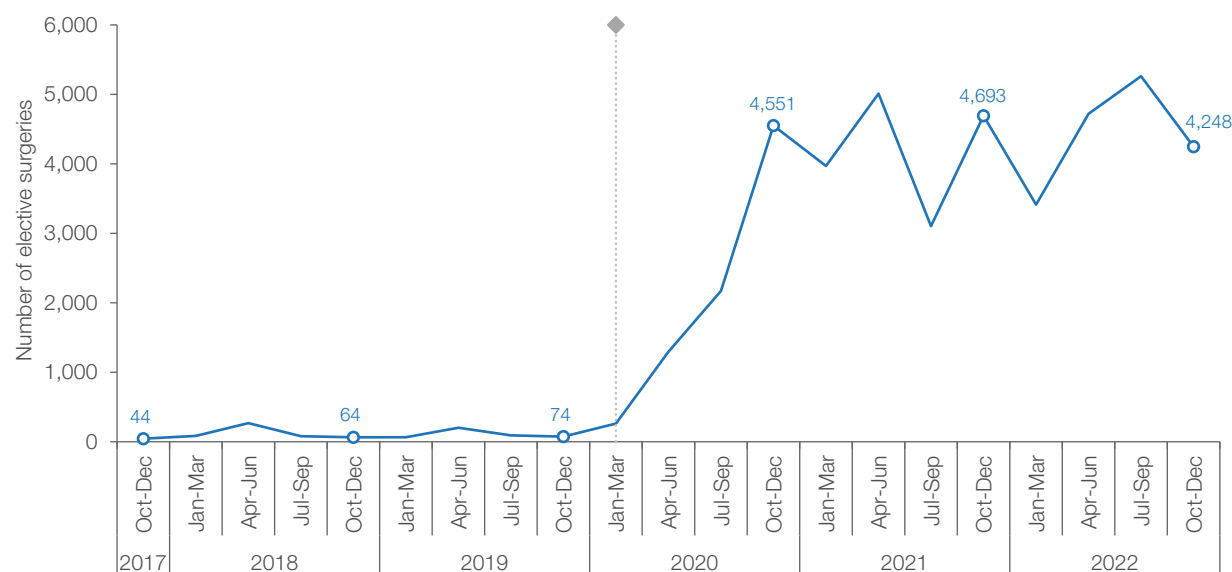


ADDITIONAL INSIGHTS

Figure 19
Elective surgeries contracted to private hospitals, NSW

October 2017 to December 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 20
Percentage of elective surgeries performed on time, by urgency category, NSW
October 2017 to December 2022

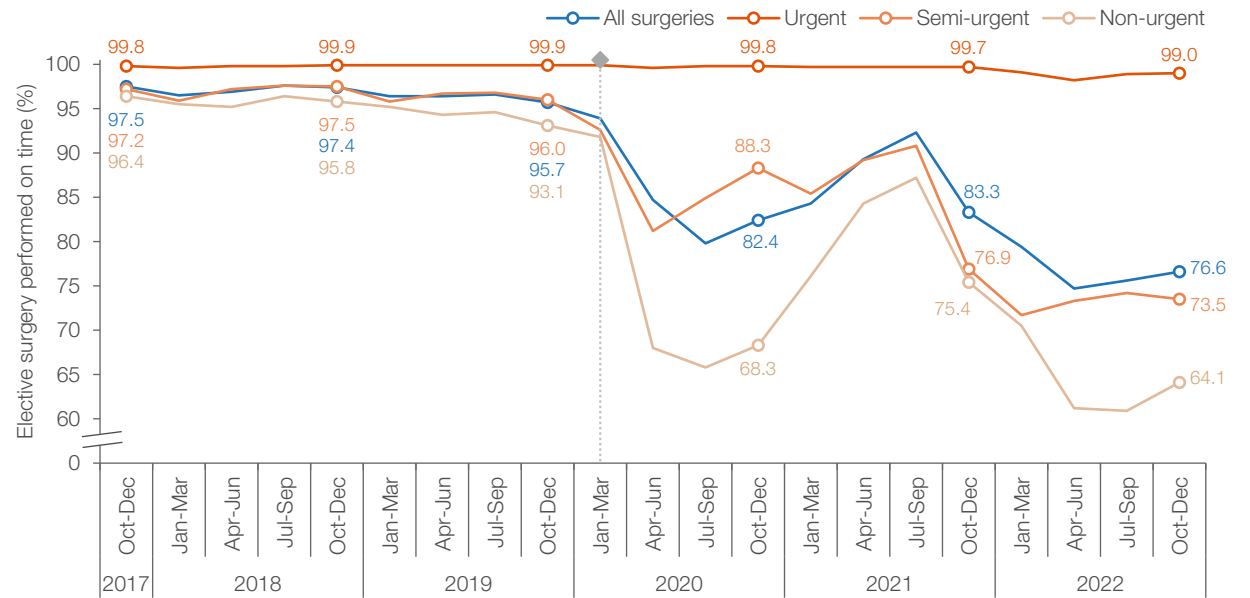
In October to December 2022, the percentage of elective surgeries performed on time was 76.3% in urban hospitals and 77.4% in rural hospitals.

Clinically recommended maximum waiting times for elective surgery are:

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

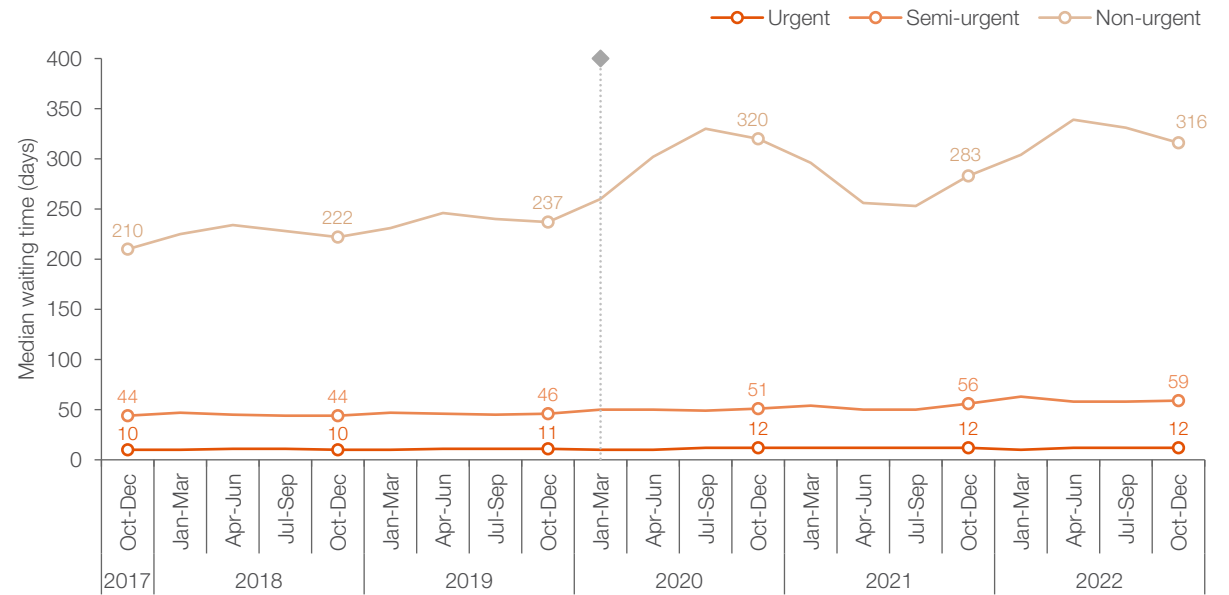
The percentage of elective surgeries performed on time is calculated based on those patients who received surgery during the quarter. This measure may be affected by previous suspensions of semi-urgent and non-urgent surgery.

◆ 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

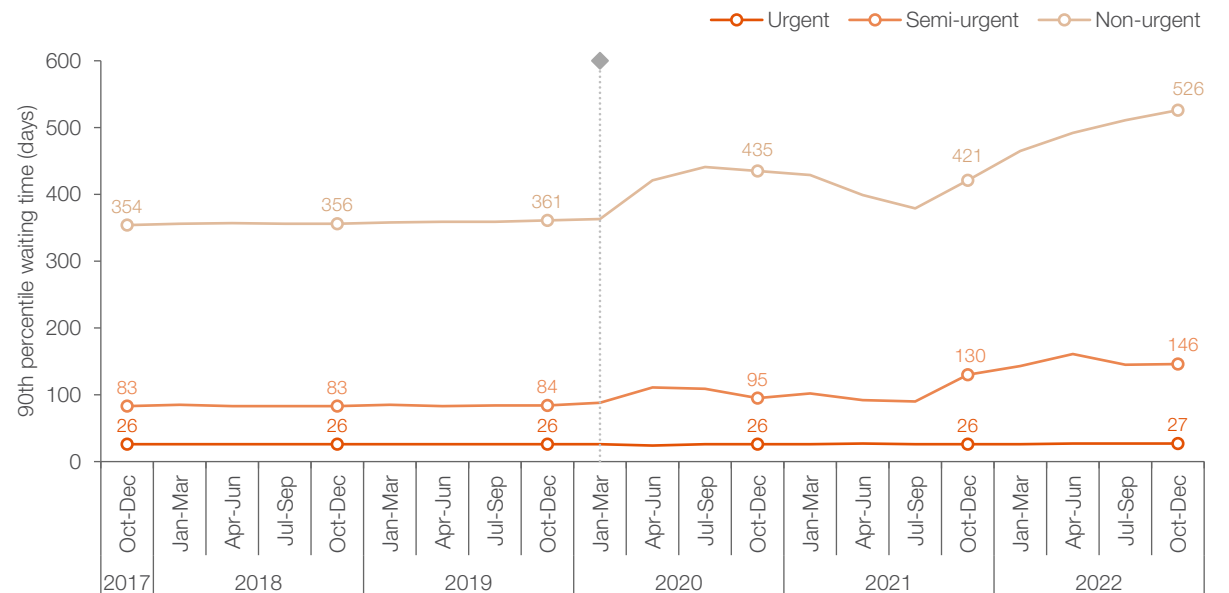
Figure 21
 Median waiting time for elective surgery,
 by urgency category, NSW
 October 2017 to December 2022



ADDITIONAL INSIGHTS

Figure 22
 90th percentile waiting time for elective surgery,
 by urgency category, NSW
 October 2017 to December 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.



◆ 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 23
 Patients on the waiting list ready for surgery at the end of the October to December 2022 quarter, by urgency category, NSW
October 2017 to December 2022

Of those patients on the waiting list ready for surgery at the end of the October to December 2022 quarter, 70.3% (69,831) were in urban hospitals and 29.7% (29,469) were in rural hospitals.

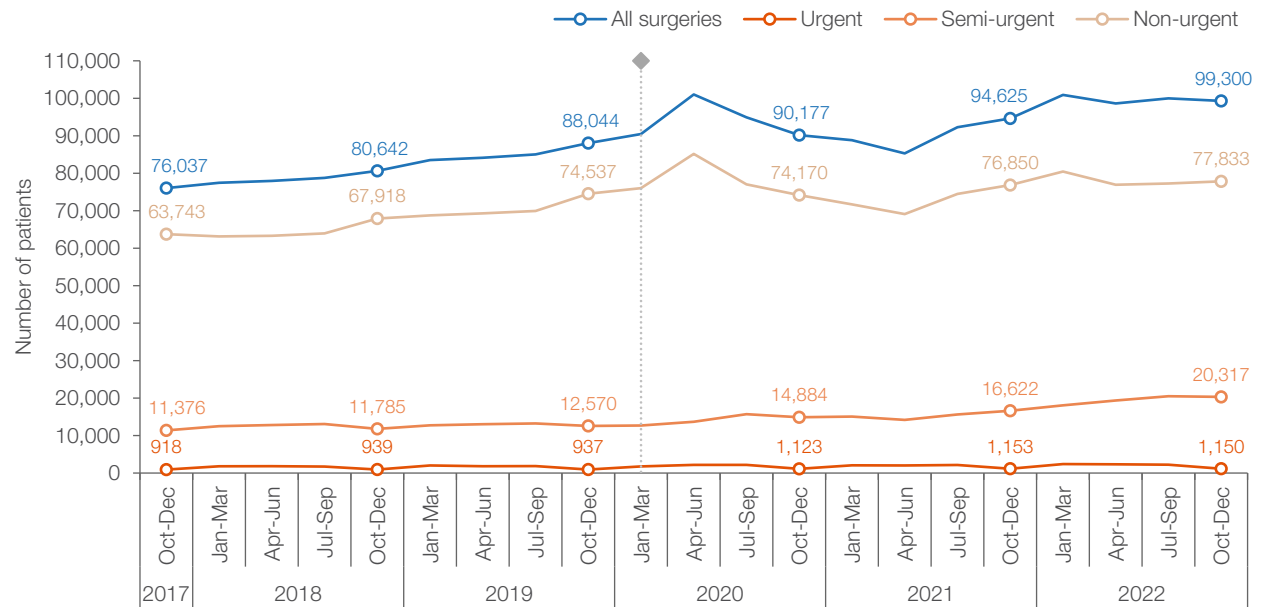
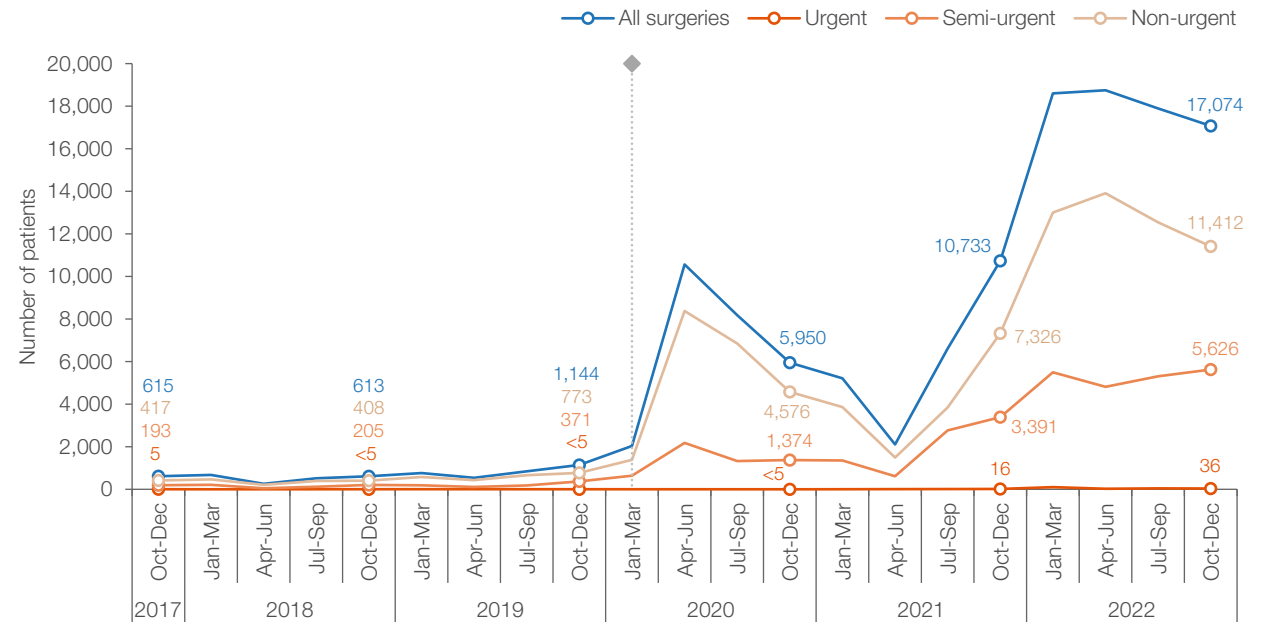


Figure 24
 Patients on the waiting list ready for surgery at the end of the October to December 2022 quarter who had waited longer than clinically recommended, by urgency category, NSW
October 2017 to December 2022

Of those patients on the waiting list ready for surgery at the end of the October to December 2022 quarter who had waited longer than clinically recommended, 75.4% (12,875) were in urban hospitals and 24.6% (4,199) 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 ambulance, emergency department, 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.

Activity

Activity	Oct-Dec 2022	Oct-Dec 2021	COMPARING 2022 WITH 2021		Oct-Dec 2019	COMPARING 2022 WITH 2019	
			Difference	% change		Difference	% change
Responses	346,748	320,729	26,019	8.1%	317,390	29,358	9.2%
By priority							
P1: Emergency	179,174	154,616	24,558	15.9%	143,844	35,330	24.6%
P1A: Highest priority	10,937	8,918	2,019	22.6%	6,717	4,220	62.8%
P2: Urgent	146,003	145,369	634	0.4%	149,617	-3,614	-2.4%
P3: Time critical	14,133	13,703	430	3.1%	14,898	-765	-5.1%
P4-9: Non-emergency	7,438	7,041	397	5.6%	9,031	-1,593	-17.6%
Incidents	269,962	252,824	17,138	6.8%	249,255	20,707	8.3%

Performance

Performance	Oct-Dec 2022	Oct-Dec 2021	COMPARING 2022 WITH 2021		Oct-Dec 2019	COMPARING 2022 WITH 2019	
			Difference			Difference	
Call to ambulance arrival time							
By priority							
P1 cases							
% within 15 minutes	40.7%	43.8%	-3.1 percentage points		57.4%	-16.7 percentage points	
% within 30 minutes	83.6%	86.3%	-2.7 percentage points		92.3%	-8.7 percentage points	
P2 cases							
% within 30 minutes	51.5%	55.4%	-3.9 percentage points		64.4%	-12.9 percentage points	
% within 60 minutes	79.9%	82.7%	-2.8 percentage points		88.7%	-8.8 percentage points	
Response time							
By priority							
P1 cases							
Median	14.5 mins	14.1 mins	0.4 mins		11.7 mins	2.8 mins	
P1A cases							
% within 10 minutes	63.8%	60.7%	3.1 percentage points		69.6%	-5.8 percentage points	
Median	8.4 mins	8.8 mins	-0.4 mins		7.6 mins	0.8 mins	
P2 cases							
Median	26.1 mins	25.1 mins	1.0 mins		21.1 mins	5.0 mins	

Emergency department

Activity	Oct-Dec 2022	Oct-Dec 2021	COMPARING 2022 WITH 2021		Oct-Dec 2019	COMPARING 2022 WITH 2019	
			Difference	% change		Difference	% change
Arrivals by ambulance	183,207	173,322	9,885	5.7%	178,465	4,742	2.7%
Attendances	790,309	764,223	26,086	3.4%	776,551	13,758	1.8%
Emergency presentations	773,415	741,808	31,607	4.3%	751,855	21,560	2.9%
By triage category							
T1: Resuscitation	6,175	5,099	1,076	21.1%	5,463	712	13.0%
T2: Emergency	113,435	102,667	10,768	10.5%	98,843	14,592	14.8%
T3: Urgent	282,524	255,007	27,517	10.8%	269,552	12,972	4.8%
T4: Semi-urgent	304,208	276,832	27,376	9.9%	308,486	-4,278	-1.4%
T5: Non-urgent	67,073	102,203	-35,130	-34.4%	69,511	-2,438	-3.5%
Admissions to hospital from ED	184,036	173,369	10,667	6.2%	197,794	-13,758	-7.0%

Performance	Oct-Dec 2022	Oct-Dec 2021	COMPARING 2022 WITH 2021		Oct-Dec 2019	COMPARING 2022 WITH 2019	
			Difference			Difference	
Percentage of patients transferred from ambulance to ED within 30 minutes	78.0%	83.2%	-5.2 percentage points		87.9%	-9.9 percentage points	
Time to start treatment							
All patients	% starting treatment on time	66.4%	74.0%	-7.6 percentage points	72.6%	-6.2 percentage points	
By triage category							
T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	54.6%	60.3%	-5.7 percentage points	63.0%	-8.4 percentage points	
	Median	10 mins	9 mins	1 min	9 mins	1 min	
	90th percentile	35 mins	29 mins	6 mins	26 mins	9 mins	
T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	61.8%	68.2%	-6.4 percentage points	67.6%	-5.8 percentage points	
	Median	23 mins	21 mins	2 mins	21 mins	2 mins	
	90th percentile	1 hour 38 mins	1 hour 14 mins	24 mins	1 hour 14 mins	24 mins	
T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	71.0%	77.2%	-6.2 percentage points	76.2%	-5.2 percentage points	
	Median	30 mins	26 mins	4 mins	27 mins	3 mins	
	90th percentile	2 hours 16 mins	1 hour 47 mins	29 mins	1 hour 48 mins	28 mins	
T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	88.6%	95.1%	-6.5 percentage points	92.3%	-3.7 percentage points	
	Median	24 mins	11 mins	13 mins	24 mins	unchanged	
	90th percentile	2 hours 9 mins	1 hour 21 mins	48 mins	1 hour 48 mins	21 mins	
Time from arrival to leaving							
% leaving within four hours		58.4%	66.9%	-8.5 percentage points	69.8%	-11.4 percentage points	
For patients admitted to hospital		24.7%	31.1%	-6.4 percentage points	39.5%	-14.8 percentage points	
Median		3 hours 29 mins	2 hours 58 mins	31 mins	2 hours 55 mins	34 mins	
90th percentile		10 hours 16 mins	8 hours 23 mins	1 hour 53 mins	7 hours 40 mins	2 hours 36 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 October to December 2022 was 74.7% for T2 (Target: 95%) and 69.5% for T3 (Target: 85%). For more information, see page 5 of the [technical supplement](#).



Admitted patients

Activity	Oct-Dec 2022	Oct-Dec 2021	COMPARING 2022 WITH 2021		Oct-Dec 2019	COMPARING 2022 WITH 2019	
			Difference	% change		Difference	% change
Episodes of care	475,635	468,528	7,107	1.5%	490,737	-15,102	-3.1%
By care type							
Acute	449,617	444,488	5,129	1.2%	461,538	-11,921	-2.6%
Overnight	228,520	233,961	-5,441	-2.3%	243,673	-15,153	-6.2%
Same-day	221,097	210,527	10,570	5.0%	217,865	3,232	1.5%
Non-acute	16,373	13,953	2,420	17.3%	17,670	-1,297	-7.3%
Mental health	9,645	10,087	-442	-4.4%	11,529	-1,884	-16.3%
Average length of stay for overnight episodes (days)	6.2	6.3	-0.1	-2.0%	5.6	0.6	10.7%
By care type							
Acute	4.9	5.1	-0.2	-4.0%	4.4	0.5	11.4%
Non-acute	17.5	15.5	2.0	12.9%	14.8	2.7	18.2%
Mental health	22.9	22	0.9	4.1%	19.9	3.0	15.1%
Bed days	1,789,924	1,822,603	-32,679	-1.8%	1,719,653	70,271	4.1%
By care type							
Acute	1,345,164	1,413,132	-67,968	-4.8%	1,299,289	45,875	3.5%
Non-acute	241,528	204,469	37,059	18.1%	221,887	19,641	8.9%
Mental health	203,232	205,002	-1,770	-0.9%	198,477	4,755	2.4%
Babies born	16,091	17,814	-1,723	-9.7%	17,668	-1,577	-8.9%



Elective surgery

Activity

			COMPARING 2022 WITH 2021				COMPARING 2022 WITH 2019			
			Oct-Dec 2022	Oct-Dec 2021	Difference	% change	Oct-Dec 2019	Difference	% change	
Elective surgeries performed			54,384	45,851	8,533	18.6%	57,744	-3,360	-5.8%	
By urgency	Urgent		13,539	13,365	174	1.3%	13,190	349	2.6%	
	Semi-urgent		19,549	15,891	3,658	23.0%	18,444	1,105	6.0%	
	Non-urgent		19,477	14,826	4,651	31.4%	23,318	-3,841	-16.5%	
	Staged*		1,819	1,769	50	2.8%	2,792	-973	-34.8%	

Performance

			COMPARING 2022 WITH 2021				COMPARING 2022 WITH 2019			
			Oct-Dec 2022	Oct-Dec 2021	Difference	% change	Oct-Dec 2019	Difference	% change	
Waiting time	All patients	% on time	76.6%	83.3%	-6.7 percentage points		95.7%	-19.1 percentage points		
By urgency	Urgent	% on time (Recommended: within 30 days)	99.0%	99.7%	-0.7 percentage points		99.9%	-0.9 percentage points		
		Median	12 days	12 days	0 days		11 days	1 day		
		90th percentile	27 days	26 days	1 day		26 days	1 day		
	Semi-urgent	% on time (Recommended: within 90 days)	73.5%	76.9%	-3.4 percentage points		96.0%	-22.5 percentage points		
		Median	59 days	56 days	3 days		46 days	13 days		
		90th percentile	146 days	130 days	16 days		84 days	62 days		
	Non-urgent	% on time (Recommended: within 365 days)	64.1%	75.4%	-11.3 percentage points		93.1%	-29.0 percentage points		
		Median	316 days	283 days	33 days		237 days	79 days		
		90th percentile	526 days	421 days	105 days		361 days	165 days		
Patients on waiting list ready for elective surgery at end of quarter			99,300	94,625	4,675	4.9%	88,044	11,256	12.8%	
By urgency	Urgent		1,150	1,153	-3	-0.3%	937	213	22.7%	
	Semi-urgent		20,317	16,622	3,695	22.2%	12,570	7,747	61.6%	
	Non-urgent		77,833	76,850	983	1.3%	74,537	3,296	4.4%	
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			17,074	10,733	6,341	59.1%	1144	15,930	1392.5%	

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

Note: In response to the COVID-19 pandemic, non-urgent elective surgery was suspended for a period during October to December 2021. For more information, see the [technical supplement](#).



Special reporting

COVID-19 insights

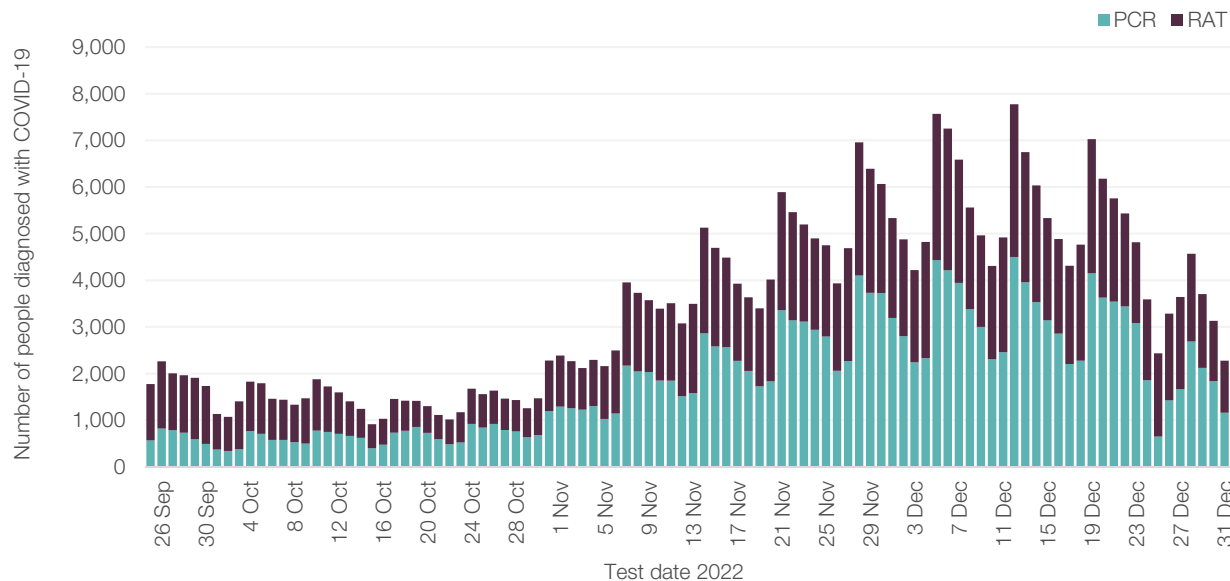
Healthcare Quarterly features special reporting topics based on emerging issues in the healthcare system.

This issue includes reporting on COVID-19 cases and hospitalisation.



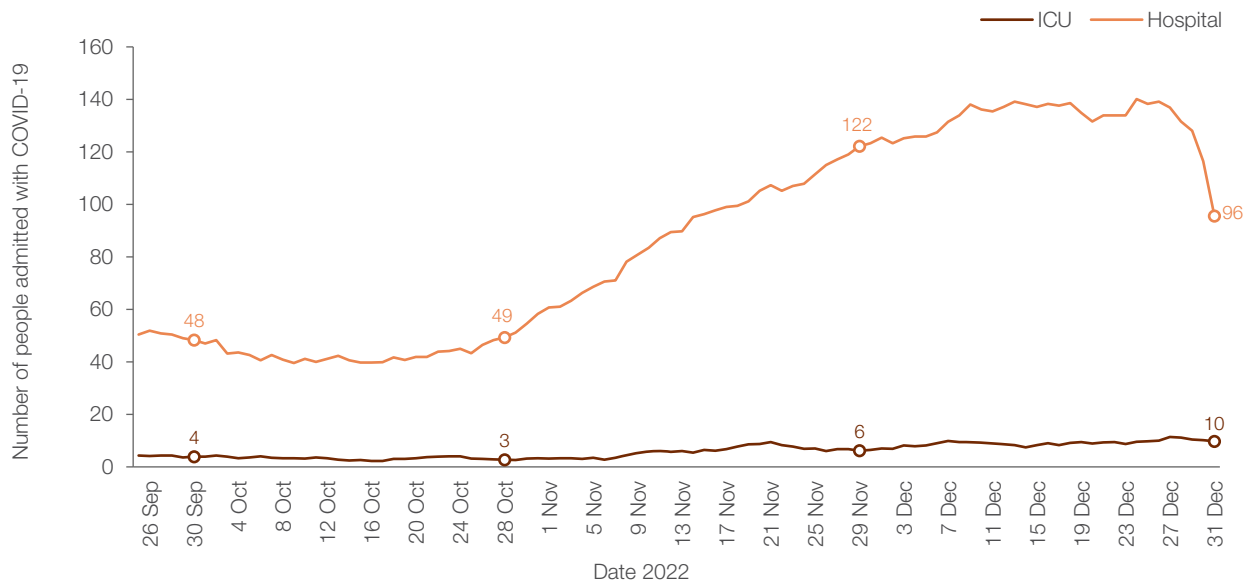
COVID-19 insights

Figure 25
 Number of people diagnosed with COVID-19 by test date and type, NSW
 26 September to 31 December 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 19 January 2022 and ended on 14 October 2022.

Figure 26
 Daily seven-day rolling average of people with COVID-19 admitted to hospital and ICU, NSW
 26 September to 31 December 2022



Note: People with COVID-19 were included in this analysis if their COVID-19 diagnosis was up to 14 days prior to their admission, or any time after the admission. People may be admitted to hospital or ICU for reasons unrelated to COVID-19. 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](#).

Explanation of key terms

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.

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.

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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