

Healthcare Quarterly

Seclusion and Restraint Supplement

April to June 2022



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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.

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Seclusion and physical restraint

Seclusion and restraint involves the use of interventions to restrict the freedom of movement of a patient. These restrictive practices are not therapeutic but may be needed to support care. They should only be used as a last resort when other options are unsuccessful in maintaining safety for the patient, staff or others.

In NSW, there are more than 40 public hospitals, plus the forensic hospital, with specialised acute mental health units that treat patients with varying severities of mental illness. There are Mental Health Intensive Care Units (MHICUs) in six of these hospitals, providing treatment for patients with a higher level of clinical severity and complexity who may be more likely to experience seclusion and restraint.

The Justice Health and Forensic Mental Health Network (JHFMHN) provides specialised mental health services for forensic patients. JHFMHN is reported separately and not included in NSW totals to acknowledge the differences in model of care and the patient cohort.

BHI does not report on seclusion and restraint events in non-acute specialised mental health inpatient units or in emergency departments (EDs).

Most episodes of care in acute mental health units did not have a seclusion or restraint event in April to June 2022 (Figure 1).

The NSW Health Performance Framework includes three key performance indicators (KPIs) related to the use of restrictive practices. The KPI target for the percentage of acute mental health episodes of care with at least one seclusion event in 2021–22 is less than 4.1% for each hospital.

The percentage of acute mental health episodes of care with at least one seclusion event was 3.4%, up 0.4 percentage points compared with the same quarter the previous year (Figure 1, Table 1). The percentage was 4.1 or above in nine hospitals: Morisset (20.0), Concord (9.3), Cumberland (8.5), Maitland (8.3), Liverpool (7.0), Bankstown-Lidcombe (5.3), Wyong (5.3), Nepean (4.4) and Gosford (4.1) (Figure 1, Table 1).

The percentage of acute mental health episodes of care with at least one physical restraint event was 4.2%, relatively stable (down 0.1 percentage points) compared with the same quarter the previous year (Figure 1, Table 1).

There is variation across public hospitals in the use of these interventions (Table 1).

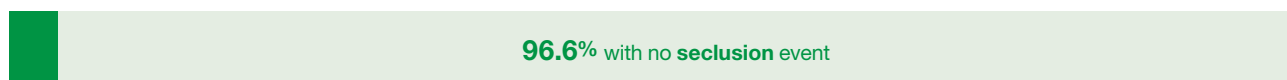
For more information on analyses of seclusion and restraint, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals* at bhi.nsw.gov.au/BHI_reports/measurement_matters

A **seclusion event** occurs when a patient is placed alone in a room or an area at any time of day or night, with no freedom of exit. The duration of the event, or the size and type of area in which a patient is confined is not relevant in determining what is or is not seclusion.

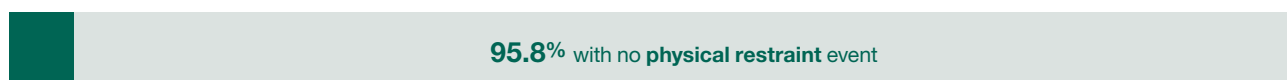
A **restraint event** occurs when a patient's freedom of movement is restricted by physical means (i.e. hands-on immobilisation by healthcare staff) or mechanical means (i.e. application of devices).

Figure 1 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion or physical restraint event, April to June 2022*

3.4% with ≥ 1 seclusion event



4.2% with ≥ 1 physical restraint event



* BHI does not report on seclusion and restraint events in non-acute specialised mental health inpatient units or in EDs.

Note: Seclusion and restraint data were drawn from the HIE on 20 July 2022, and manually collected measures received from InforMH, System Information and Analytics, NSW Ministry of Health on 2 August 2022.

Table 1 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion or physical restraint event, by public hospital, April to June 2022*

Hospital	Number of acute mental health episodes of care	Seclusion		Physical restraint		
		% of episodes with at least one event	Percentage point change since one year ago	% of episodes with at least one event	Percentage point change since one year ago	
NSW†	11,312	3.4	0.4	4.2	-0.1	
No mental health intensive care unit	Armidale	78	0	0	0	
	Bankstown-Lidcombe	188	5.3	-1.8	4.8	-2.3
	Blacktown	421	1.7	-1.0	4.8	1.7
	Blue Mountains	91	3.3	2.1	3.3	-10.0
	Braeside	40	0	0	5.0	5.0
	Broken Hill	43	0	-10.7	2.3	-8.4
	Campbelltown	560	3.4	2.6	3.8	0.4
	Children's at Westmead	53	0	0	3.8	0.4
	Coffs Harbour	203	2.0	0.6	3.0	-0.8
	Dubbo	110	0.9	0.9	1.8	0.6
	Gosford	148	4.1	-1.1	5.4	0.2
	Goulburn	211	0.5	-0.6	4.7	-0.2
	Greenwich	67	0	0	7.5	5.7
	John Hunter	59	3.4	3.4	10.2	2.2
	Kempsey	66	0	0	0	0
	Lismore	190	3.2	-2.1	4.7	-2.1
	Liverpool	473	7.0	2.9	3.2	-0.5
	Macquarie	48	2.1	2.1	2.1	-1.6
	Maitland	168	8.3	0.4	6.0	2.3
	Manning	71	1.4	-0.2	1.4	-3.5
	Morriset	15	20.0	0	13.3	3.3
	Nepean	612	4.4	-0.4	2.6	-1.6
	Port Macquarie	95	2.1	-2.3	4.2	2.4
	Royal North Shore	269	0.4	-0.8	3.3	0
	Royal Prince Alfred	700	2.3	-0.1	2.3	-0.4
	Shellharbour	401	2.0	-3.4	3.5	0.6
	South East Regional	111	0.9	-0.1	3.6	-1.6
	St George	237	1.3	0.6	5.5	-0.1
	St Joseph's	23	0	0	0	-4.0
	St Vincent's	303	0.3	-2.0	4.6	-0.5
	Sutherland	231	3.0	2.4	3.5	-0.7
	Sydney Children's	269	0.4	0.4	1.1	0.7
	Tamworth	193	3.1	0.3	3.6	-1.4
Tweed	186	2.7	2.7	4.3	0.4	
Wagga Wagga	323	1.2	0.9	4.0	1.2	
Westmead	145	0	0	4.8	1.6	
Wollongong	284	1.8	-0.5	1.1	-0.2	
Wyong	285	5.3	1.2	5.6	1.2	
MHICU	Concord	709	9.3	2.8	7.2	1.3
	Cumberland	733	8.5	2.2	4.4	-0.6
	Hornsby	342	1.5	0.2	4.7	-0.1
	Hunter New England Mater MH	761	3.3	-0.6	5.9	-0.1
	Orange	387	1.8	0.9	3.9	-0.2
Prince of Wales	410	1.2	-0.2	7.3	2.2	
JH	The Forensic Hospital†	56	16.1	0.4	33.9	2.5

* Episodes of care include same-day, overnight, completed and non-completed episodes excluding episodes at the Forensic Hospital. Episodes of care for the Forensic Hospital include same-day, overnight, completed and non-completed episodes.

† Justice Health (JH) is not included in NSW totals because of the differences in model of care and the patient cohort. For more information, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au

Notes: MHICU = Mental Health Intensive Care Unit. JHFMHN = Justice Health and Forensic Mental Health Network.

Results for Northern Beaches Hospital are not included.

Seclusion and physical restraint

Across April to June quarters, the percentage of acute mental health episodes of care in NSW with at least one seclusion event peaked at 4.3% in 2020, followed by a gradual decrease to 3.4% in 2022. However, there has been variation during that time (Figure 2).

The percentage of acute mental health episodes of care in NSW with at least one physical restraint event showed variation over five years, trending upwards from 4.4 in April to June 2017 to a peak of 5.3 in 2020, before decreasing to 4.2 in 2022 (Figure 3).

The percentage of acute mental health episodes of care with at least one seclusion or physical restraint event in hospitals with a MHICU was typically higher, and showed more variation than in hospitals without a MHICU (Figures 2, 3).

Figure 2 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion event, April 2017 to June 2022

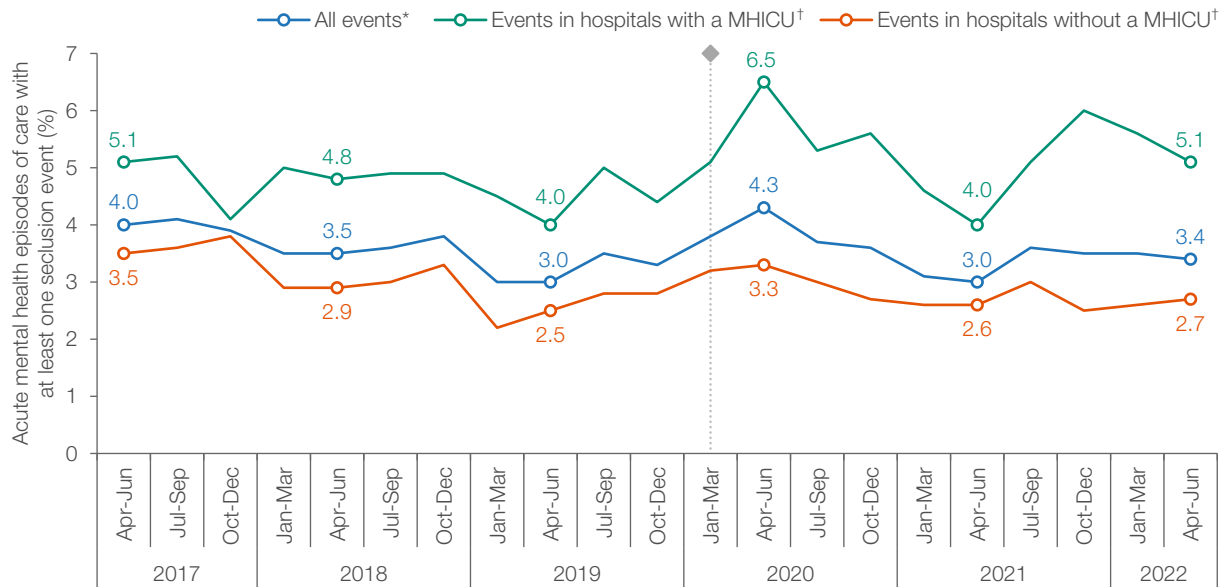
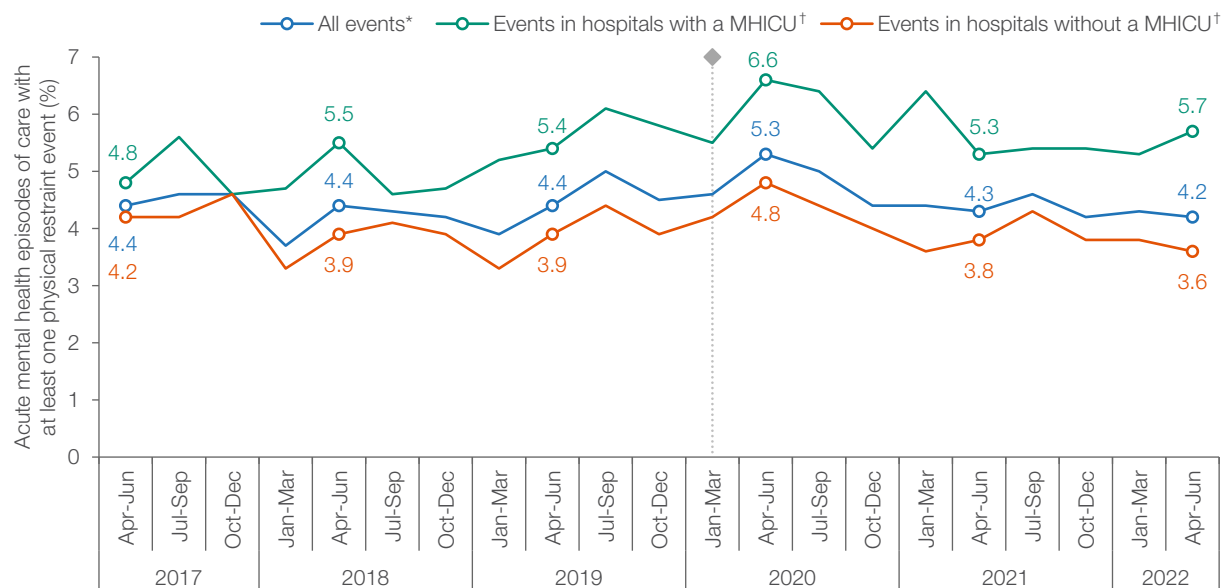


Figure 3 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one physical restraint event, April 2017 to June 2022



* 'All events' includes all seclusion or physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the Justice Health and Forensic Mental Health Network (JHFMHN).

† MHICU = Mental Health Intensive Care Unit

Note: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au

◆ 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.

Seclusion and restraint events and rate

Use of seclusion and restraint in hospitals can be affected by a range of factors including the acuity and mix of patients, local models of care, staffing levels and training, and the physical environment of the unit.

Across NSW, there were 634 seclusion events in April to June 2022, up 46 events compared with the same quarter the previous year. There were 981 physical restraint events, up 93 (Table 2).

The number of seclusion and restraint events varied across public hospitals. The highest numbers of seclusion and restraint events mostly occurred in hospitals with a MHICU and at the Forensic Hospital (Table 2).

There were 89 mechanical restraint events in NSW public hospitals with specialised acute mental health units (excluding the Forensic Hospital). This was up by 51 events compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, there were 178 mechanical restraint events, up by 82 events compared with the same quarter the previous year (data not shown).

The NSW Health KPI target for rate of seclusion in 2021–22 is less than 5.1 per 1,000 bed days for each hospital. In April to June 2022, the NSW rate of seclusion was 5.2, up 0.7 compared with the same quarter the previous year (Table 2).

The rate of seclusion was below 5.1 per 1,000 bed days in 32 hospitals. The rate was 5.1 or above in 12 hospitals: Maitland (23.0), Hunter New England Mater Mental Health Centre (11.4), John Hunter (11.4), Liverpool (9.7), Concord (8.8), Cumberland (8.5), Nepean (7.7), Morisset (6.7), Lismore (6.2), Gosford (5.8), Tamworth (5.8) and Wyong (5.5) (Table 2).

The rate of physical restraint was 8.1 per 1,000 bed days, up 1.3 compared with the same quarter the previous year (Table 2).

For more information on analyses of seclusion and restraint, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals* at bhi.nsw.gov.au/BHI_reports/measurement_matters

Table 2 Number and rate of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, April to June 2022

Hospital	Seclusion			Physical restraint			
	Total number of seclusion events	Change in events since one year ago	Rate per 1,000 bed days	Total number of physical restraint events	Change in events since one year ago	Rate per 1,000 bed days	
NSW	634	46	5.2	981	93	8.1	
No mental health intensive care unit	Armidale	0	0	0	0	0	
	Bankstown-Lidcombe	12	-3	4.7	12	-3	4.7
	Blacktown	12	-1	4.3	28	5	10.0
	Blue Mountains	<5	2	2.7	<5	-15	2.7
	Braeside	0	0	0	8	8	5.9
	Broken Hill	0	-7	0	<5	-7	8.7
	Campbelltown	26	21	5.0	28	2	5.3
	Children's at Westmead	0	0	0	<5	-8	5.3
	Coffs Harbour	6	3	2.4	15	6	6.1
	Dubbo	<5	1	1.3	<5	0	2.6
	Gosford	13	1	5.8	20	10	8.9
	Goulburn	<5	-3	0.5	13	-10	6.5
	Greenwich	0	0	0	8	6	5.1
	John Hunter	6	6	11.4	87	75	164.8
	Kempsey	0	0	0	0	0	0
	Lismore	15	-12	6.2	17	-19	7.0
	Liverpool	42	3	9.7	17	-13	3.9
	Macquarie	<5	1	1.1	<5	-1	1.1
	Maitland	44	13	23.0	27	19	14.1
	Manning	<5	-1	1.2	<5	-14	1.2
	Morrisset	<5	0	6.7	8	3	13.4
	Nepean	38	6	7.7	43	14	8.7
	Port Macquarie	<5	-5	2.7	6	0	5.3
	Royal North Shore	<5	-3	0.4	12	-6	4.8
	Royal Prince Alfred	26	5	4.0	29	5	4.4
	Shellharbour	15	-6	4.8	19	-7	6.1
	South East Regional	<5	1	2.0	<5	-4	4.0
	St George	<5	1	1.2	25	4	10.4
	St Joseph's	0	0	0	0	-1	0
	St Vincent's	<5	-5	1.0	20	-11	6.8
Sutherland	9	8	4.6	9	1	4.6	
Sydney Children's	<5	1	1.4	34	31	48.5	
Tamworth	11	3	5.8	10	-3	5.3	
Tweed	7	7	3.2	16	5	7.4	
Wagga Wagga	<5	3	1.4	22	10	7.7	
Westmead	0	0	0	11	5	5.1	
Wollongong	14	5	4.7	5	-14	1.7	
Wyong	22	8	5.5	24	0	6.0	
MHICU	Concord	100	-1	8.8	79	12	7.0
	Cumberland	71	4	8.5	42	-6	5.0
	Hornsby	5	-2	1.1	36	4	7.9
	Hunter New England Mater MH	94	-11	11.4	134	-20	16.2
	Orange	7	3	1.6	20	-16	4.6
JH	Prince of Wales	11	0	2.2	80	46	15.8
JH	The Forensic Hospital	51	32	13.3	140	37	36.6

* Justice Health (JH) is not included in NSW totals because of the differences in model of care and the patient cohort. For more information, see *Measurement Matters: Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au

Notes: MHICU = Mental Health Intensive Care Unit. JHFMHN = Justice Health and Forensic Mental Health Network.

Results for Northern Beaches Hospital are not included.

Seclusion events and rate

The number of seclusion events decreased from 789 in 2017 to 634 in 2022, down 19.6% (155) over five years. It peaked at 866 in April to June 2020, followed by a decrease to April to June 2022. The number of seclusion events in hospitals with a MHICU remained relatively stable over the past five years (Figure 4).

The rate of seclusion is the number of seclusion events per 1,000 bed days. Since 2018–19, the NSW Ministry of Health's KPI target for the rate of seclusion has been less than 5.1 per 1,000 bed days.

Across April to June quarters, the rate peaked at 7.3 in 2020, followed by a decrease to 5.2 per 1,000 in 2022. The rate of seclusion in hospitals with a MHICU was typically higher and showed more variation than in hospitals without a MHICU (Figure 5).

Figure 4 Number of seclusion events occurring in specialised acute mental health inpatient units, April 2017 to June 2022

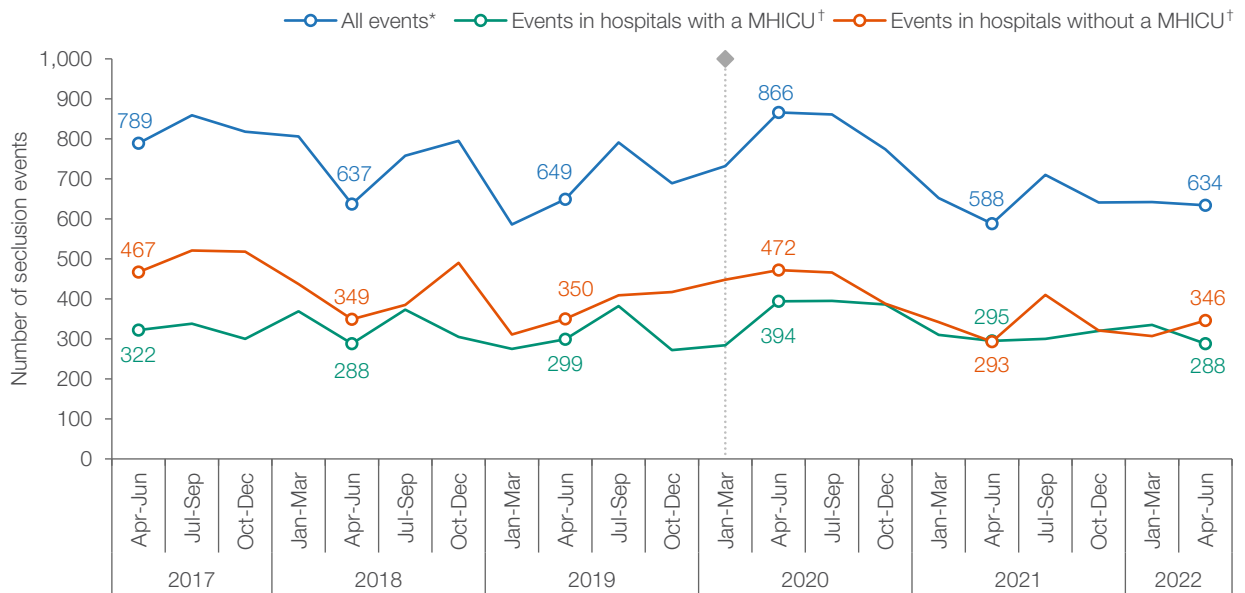
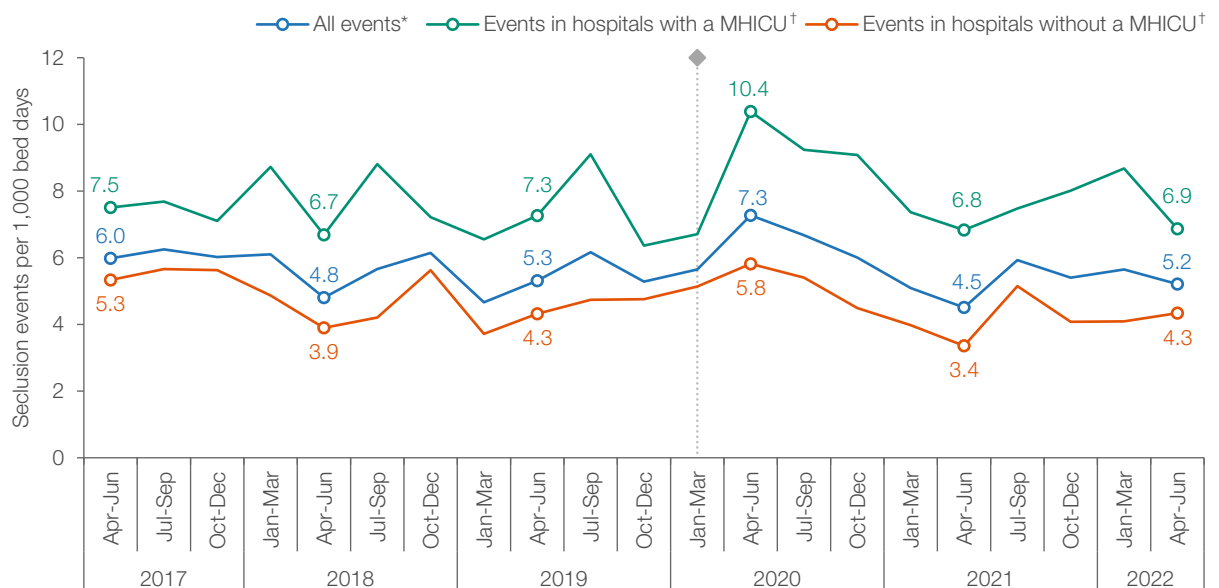


Figure 5 Number of seclusion events per 1,000 bed days in specialised acute mental health inpatient units, April 2017 to June 2022



* 'All events' includes all seclusion events occurring in specialised acute mental health inpatient units, excluding episodes in the Justice Health and Forensic Mental Health Network (JHFMHN).

† MHICU = Mental Health Intensive Care Unit

Note: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au

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

Physical restraint events and rate

The number of physical restraint events showed some seasonal variation over five years, trending upwards from 829 in April to June 2017 to a peak of 1,144 in 2020, before decreasing to 981 in 2022 (Figure 6).

The rate of physical restraint refers to the number of physical restraint events per 1,000 bed days. The rate has risen over five years from 6.3 in April to June 2017 to 8.1 in April to June 2022. The rate peaked at 9.6 in April to June 2020, followed by a decrease to the end of 2021 before increasing again in 2022. The rate of physical restraint in hospitals with a MHICU was typically higher and showed more variation than in hospitals without a MHICU (Figure 7).

Figure 6 Number of physical restraint events occurring in specialised acute mental health inpatient units, April 2017 to June 2022

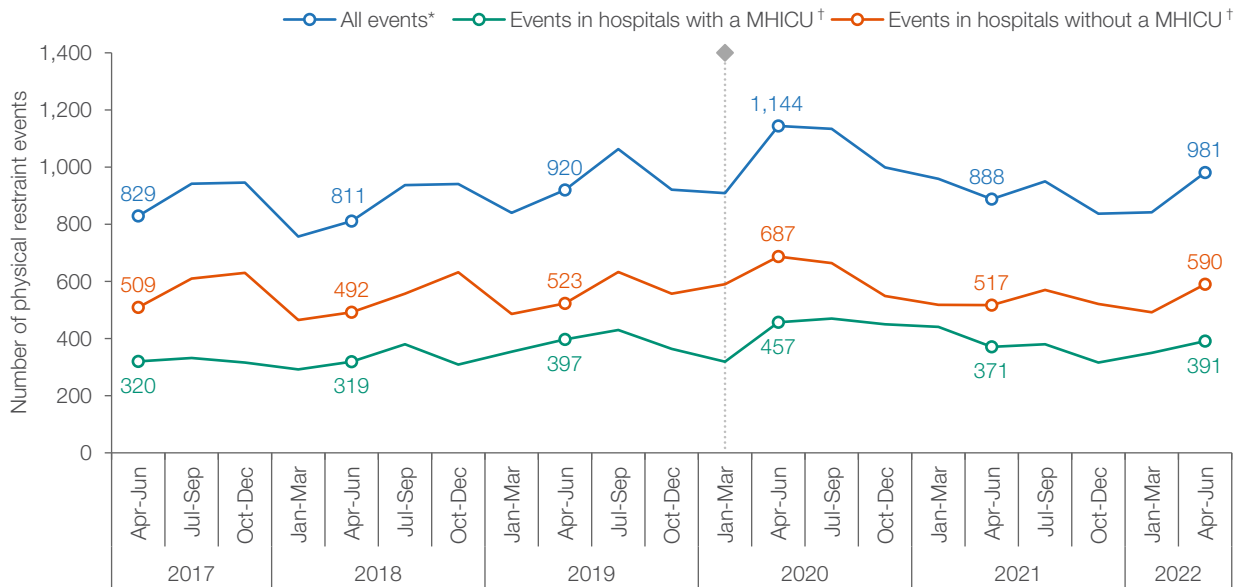
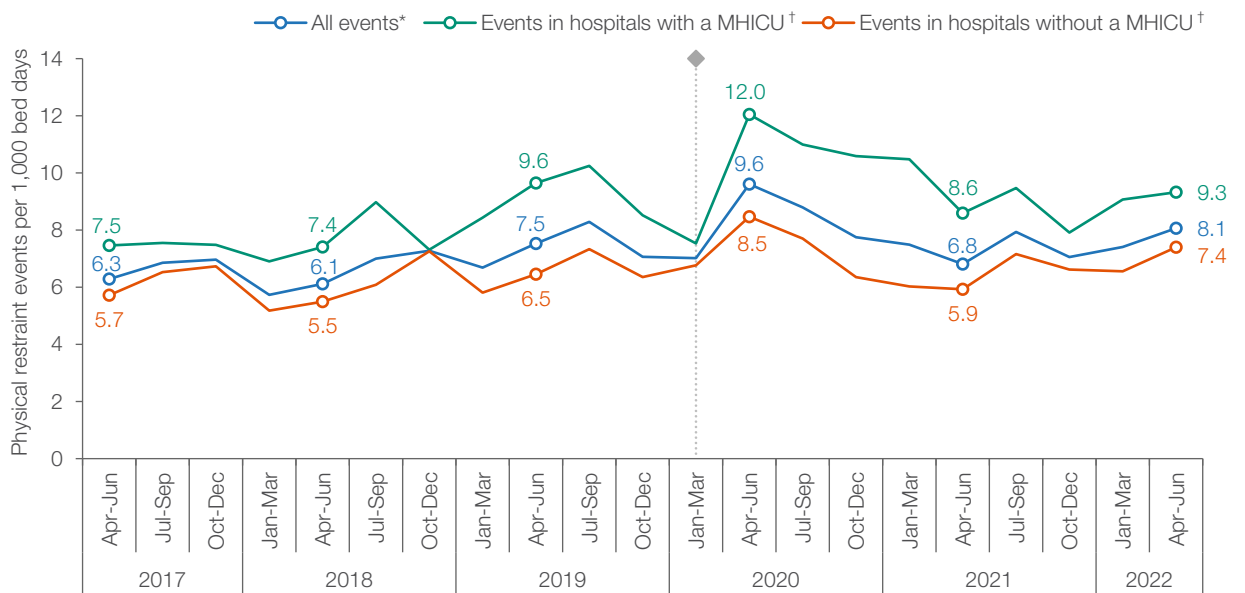


Figure 7 Number of physical restraint events per 1,000 bed days in specialised acute mental health inpatient units, April 2017 to June 2022



* 'All events' includes all physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the JHFMHN.

† MHICU = Mental Health Intensive Care Unit

Note: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au

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

Duration of seclusion and physical restraint events

While seclusion and restraint are used to maintain safety for a patient, staff or others, the length of time that an individual is exposed to these restrictive interventions should be as short as possible.

When examining average duration of seclusion and restraint events, it should be noted that variation can be affected by a single event, or a small number of events, lasting considerably longer than others.

The NSW Health KPI target for the average duration of seclusion events in 2021–22 is less than four hours.

Statewide, the average duration of a seclusion event was 8 hours 59 minutes in April to June 2022, up 38 minutes compared with the same quarter the previous year (Table 3). The average duration was longer than four hours in 12 hospitals: Hornsby (56h 49m), Cumberland (19h 48m), Coffs Harbour (16h 54m), The Tweed (14h 46m), Liverpool (14h 28m), Concord (14h 14m), Royal Prince Alfred (10h 44m), Nepean (10h 9m), Bankstown-Lidcombe (5h 27m), Blacktown (5h 20m), Hunter New England Mater Mental Health Centre (4h 42m), and Prince of Wales (4h 7m) (Table 3).

In April to June 2022, the average duration of a physical restraint event was 4 minutes, unchanged compared with the same quarter the previous year (Table 3).

The average duration of a mechanical restraint event in NSW public hospitals (excluding the Forensic Hospital) was 5 hour 7 minutes. This was up 4 hours 43 minutes compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, the average duration of a mechanical restraint event was 2 hour 29 minutes, up 1 hour 34 minutes compared with the same quarter the previous year (data not shown).

Table 3 Average duration of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, April to June 2022

		Seclusion		Physical restraint	
Hospital		Average duration	Change since one year ago	Average duration	Change since one year ago
NSW		8h 59m	38m	4m	0m
No mental health intensive care unit	Armidale	0m	0m	0m	0m
	Bankstown-Lidcombe	5h 27m	2h 30m	2m	0m
	Blacktown	5h 20m	2h 0m	2m	1m
	Blue Mountains	†	‡	†	‡
	Braeside	0m	0m	2m	2m
	Broken Hill	0m	-1h 23m	†	‡
	Campbelltown	1h 37m	30m	2m	0m
	Children's at Westmead	0m	0m	†	‡
	Coffs Harbour	16h 54m	‡	3m	-2m
	Dubbo	†	‡	†	‡
	Gosford	2h 16m	-52m	5m	2m
	Goulburn	†	‡	2m	0m
	Greenwich	0m	0m	5m	‡
	John Hunter	20m	20m	5m	2m
	Kempsey	0m	0m	0m	0m
	Lismore	2h 52m	-46m	3m	-4m
	Liverpool	14h 28m	2h 11m	3m	2m
	Macquarie	†	‡	†	‡
	Maitland	3h 4m	1h 19m	4m	0m
	Manning	†	‡	†	‡
	Morisset	†	‡	7m	4m
	Nepean	10h 9m	-16m	5m	3m
	Port Macquarie	†	‡	1m	-1m
	Royal North Shore	†	‡	3m	-1m
	Royal Prince Alfred	10h 44m	7h 37m	6m	-1m
	Shellharbour	2h 15m	51m	4m	-1m
	South East Regional	†	‡	†	‡
	St George	†	‡	1m	0m
	St Joseph's	0m	0m	0m	‡
	St Vincent's	†	‡	3m	1m
	Sutherland	2h 15m	‡	1m	0m
	Sydney Children's	†	‡	5m	‡
Tamworth	1h 48m	6m	2m	-2m	
Tweed	14h 46m	14h 46m	7m	6m	
Wagga Wagga	†	‡	2m	0m	
Westmead	0m	0m	1m	-3m	
Wollongong	2h 27m	6m	23m	18m	
Wyong	1h 54m	1m	5m	1m	
MHICU	Concord	14h 14m	-10h 31m	6m	1m
	Cumberland	19h 48m	9h 50m	2m	-1m
	Hornsby	56h 49m	53h 47m	9m	0m
	Hunter New England Mater MH	4h 42m	1h 53m	4m	-3m
	Orange	23m	‡	3m	0m
JH	Prince of Wales	4h 7m	-3h 54m	2m	-1m
JH	The Forensic Hospital	20h 42m	10h 48m	9m	3m

* Justice Health (JH) is not included in NSW totals because of the differences in model of care and the patient cohort. For more information, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au

† Suppressed due to small number of seclusion/physical restraint events in the reporting period, to protect patient privacy.

‡ Suppressed due to small number of seclusion/physical restraint events in the reporting period or in the same quarter the previous year, to protect patient privacy.

Notes: MHICU = Mental Health Intensive Care Unit. JHFMHN = Justice Health and Forensic Mental Health Network.

Results for Northern Beaches Hospital are not included.

Duration of seclusion and physical restraint events

The NSW Health KPI for average seclusion duration of less than four hours has been in place since 2017–18.

The average duration of a seclusion event at NSW level has been longer than the NSW Health KPI target of four hours since April to June 2017 (Figure 8).

The average duration of a seclusion event increased from 4 hours 5 minutes in April to June 2017 to 8 hours 59 minutes in April to June 2022. The increase in average duration of a seclusion event was more pronounced in hospitals with a MHICU than in hospitals without a MHICU (Figure 8).

The average duration of a physical restraint event varied over five years. It peaked in October to December 2018 (not shown), followed by a gradual decrease to 4 minutes 1 second in April to June 2022. The average duration of a physical restraint event in hospitals with a MHICU was typically longer than in hospitals without a MHICU (Figure 9).

Figure 8 Average duration of seclusion events occurring in specialised acute mental health inpatient units, April 2017 to June 2022

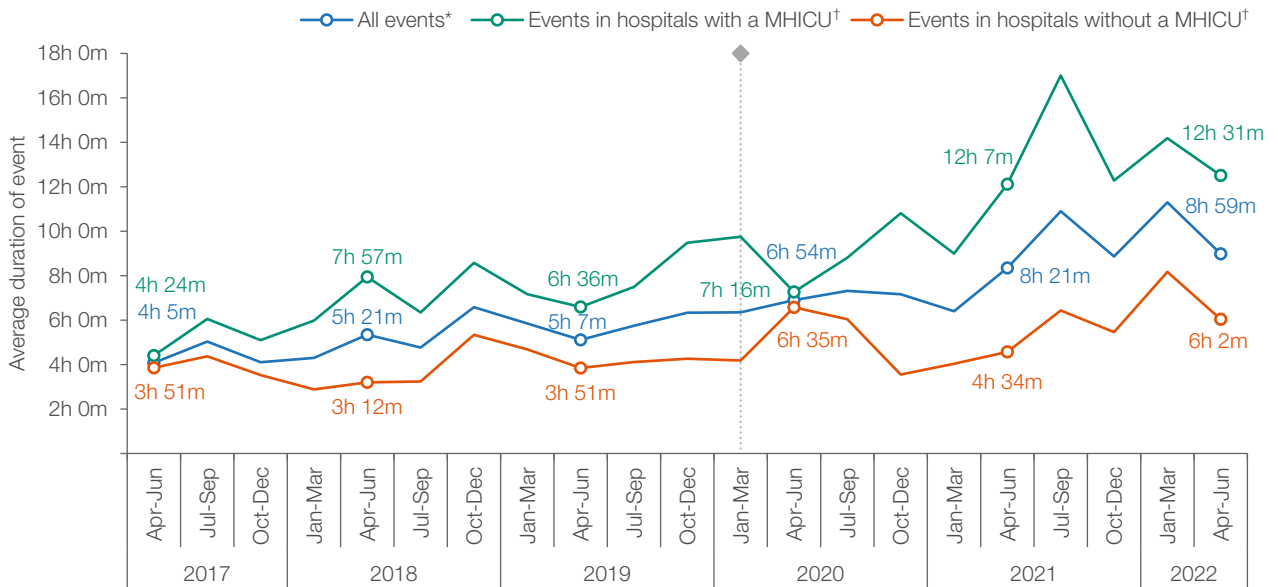
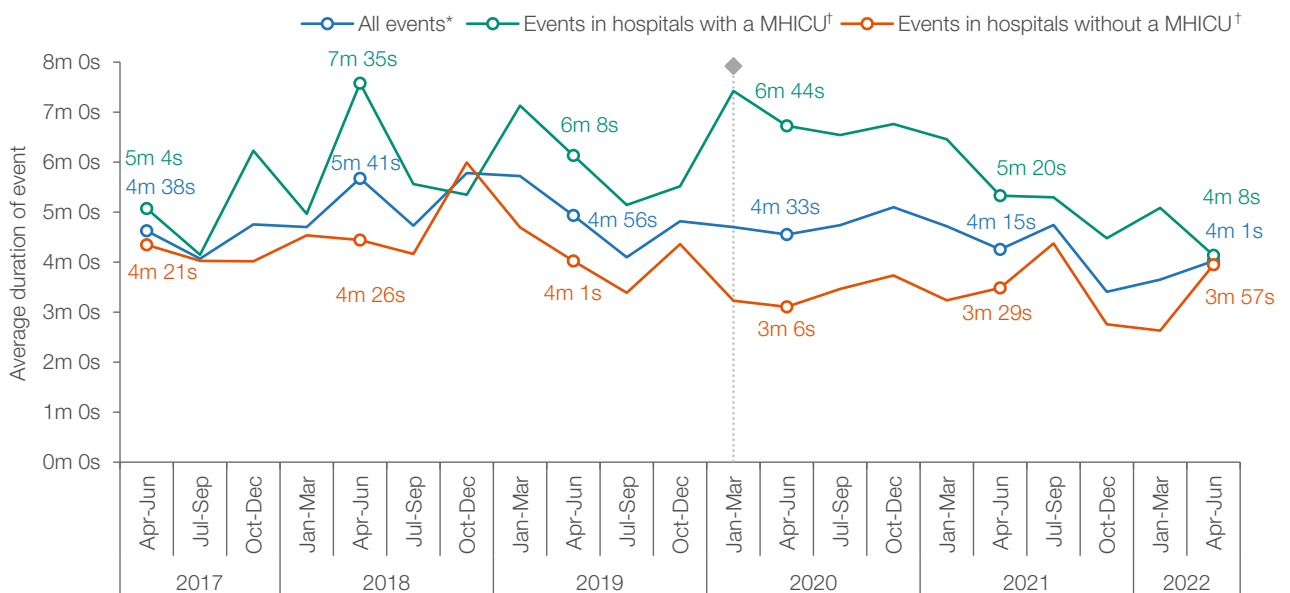


Figure 9 Average duration of physical restraint events occurring in specialised acute mental health inpatient units, April 2017 to June 2022



* 'All events' includes all seclusion or physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the JHFMHN.
 † MHICU = Mental Health Intensive Care Unit
 Note: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au
 ♦ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

About the Bureau of Health Information

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

BHI was established in 2009 and supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

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

BHI publishes a range of reports and information products, including interactive tools, that provide objective, accurate and meaningful information about how the health system is performing.

BHI's work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of hospital coders, analysts, technicians and healthcare providers who gather, codify and supply data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

bhi.nsw.gov.au