

Healthcare Quarterly

Tracking public hospital and
ambulance service activity
and performance in NSW

October to December 2021



Overview

October to December 2021



Emergency department

Overall activity returned to near pre-pandemic levels. Triage category 2 presentations continued a gradual upward trend over the past five years.

Find out more from page 3



Ambulance

Demand was high, with more ambulance responses than any final quarter on record. This increase was particularly notable for 'emergency – priority 1 (P1)' cases.

Find out more from page 9



Admitted patients

There were fewer admitted patient episodes of care compared with the same quarter in 2019 – most notably for non-acute and mental health episodes.

Find out more from page 14



Elective surgery

A record number of patients had waited longer than recommended as activity remained well below pre-pandemic levels following the suspension of non-urgent elective surgery.

Find out more from page 19

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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 (19 January 2022); ambulance (7 January 2022); admitted patients (19 January 2022); elective surgery (24 January 2022).

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

Interpreting results 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.

Since 2020, progressive COVID-19 outbreaks have also resulted in fluctuations in hospital and ambulance activity.

To enable more stable comparisons with pre-pandemic activity and performance, the tables on pages 26–30 of this report include comparisons with the same quarter both one year and two years earlier.

This report also includes additional graphs providing insights into the weekly impact of the COVID-19 pandemic on health system activity during October to December 2021.

Interactive data

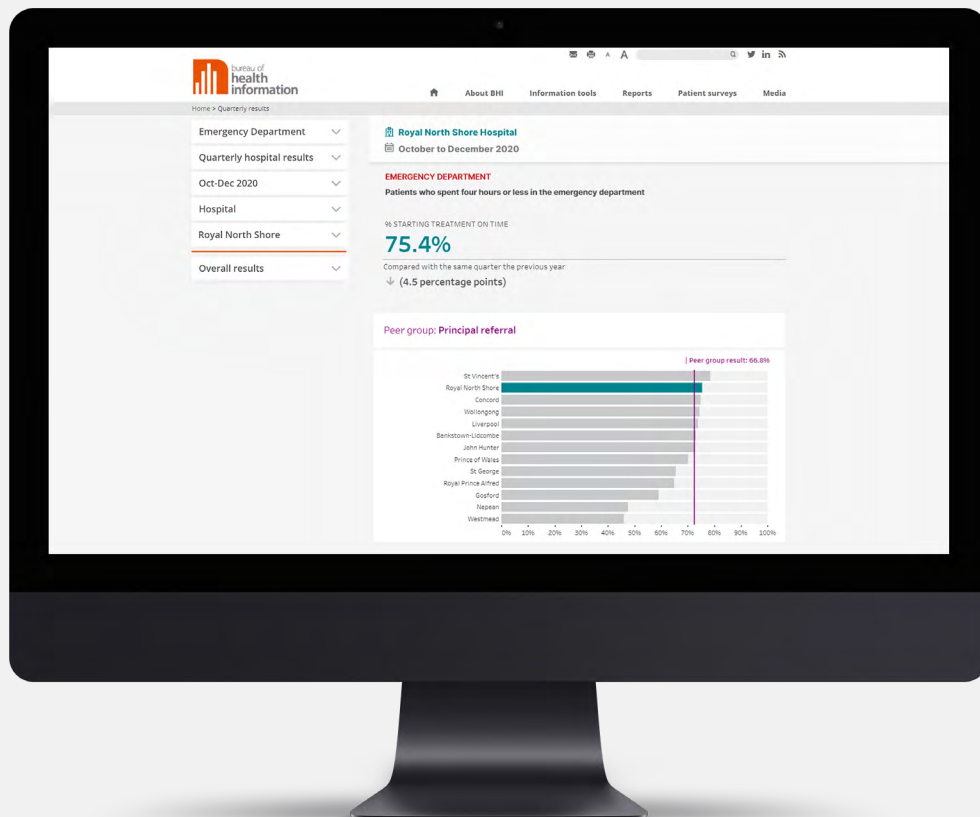
Bureau of Health Information Data Portal

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.

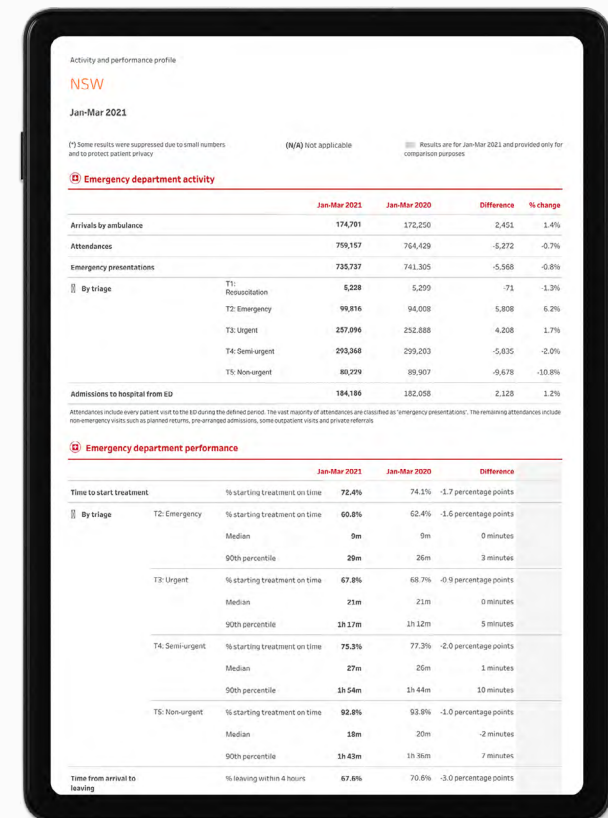
Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



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.

This issue includes additional insights into the weekly impact of the COVID-19 pandemic on ED activity.

Key findings

October to December 2021

ACTIVITY

There were 763,257 ED attendances, down 1.7% compared with October to December 2019, before the COVID-19 pandemic.

Triage category 2 presentations continued a gradual upward trend over the past five years, reaching 102,565 in October to December 2021.

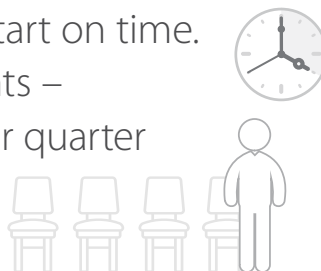


WEEKLY ATTENDANCES

Weekly ED attendances remained lower than 2019 levels until mid-December, then increased to similar to or above pre-pandemic levels.

TIME TO START TREATMENT

73.9% of patients had their treatment start on time. This result was 60.3% for triage 2 patients – the lowest of any October to December quarter since BHI began reporting in 2010.



MODE OF LEAVING ED

173,371 patients were treated and admitted to hospital, down from 197,801 in October to December 2019.



TIME FROM ARRIVAL TO LEAVING ED

31.0% of patients who were admitted to hospital spent four hours or less in the ED, continuing a gradual downward trend over five years.



TIME TO TRANSFER CARE

Of patients who arrived at the ED by ambulance, 83.2% had their care transferred from paramedics to ED staff within 30 minutes, continuing a gradual downward trend over five years.



Behind the key findings

Figure 1
Emergency department attendances, NSW
October 2016 to December 2021

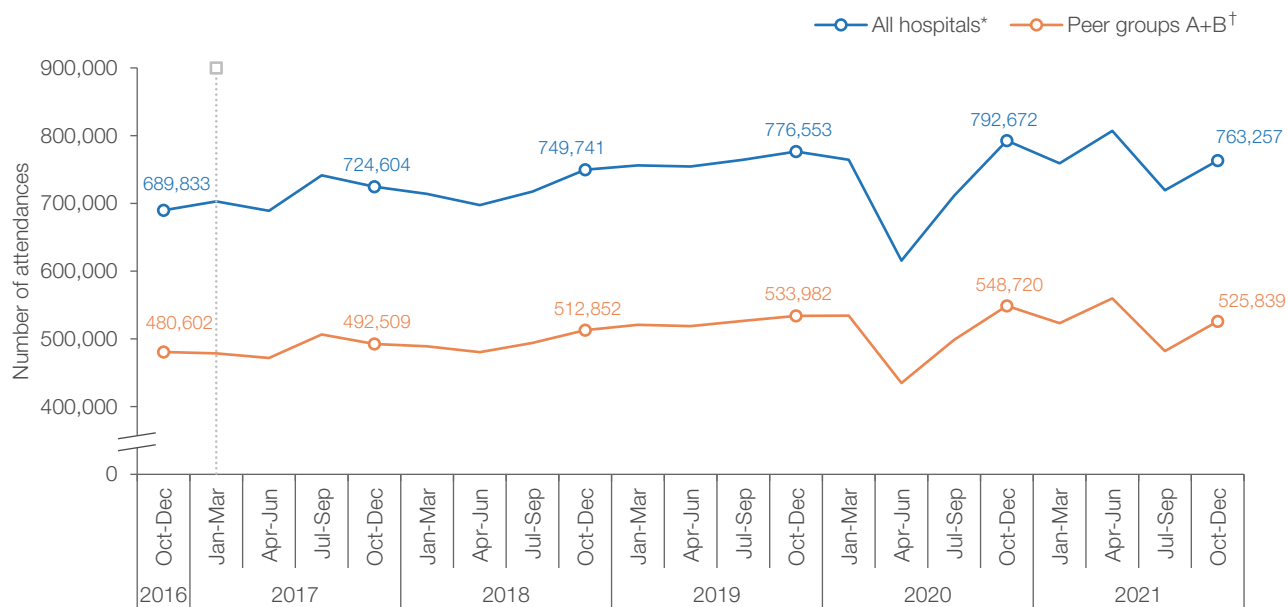
*All hospitals' cohort includes all EDs submitting valid data to the Emergency Department Data Collection (EDDC) in each quarter. This includes more than 170 EDs as of the January to March 2017 quarter.

†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 October to December 2021, 4.8% (36,517) 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.



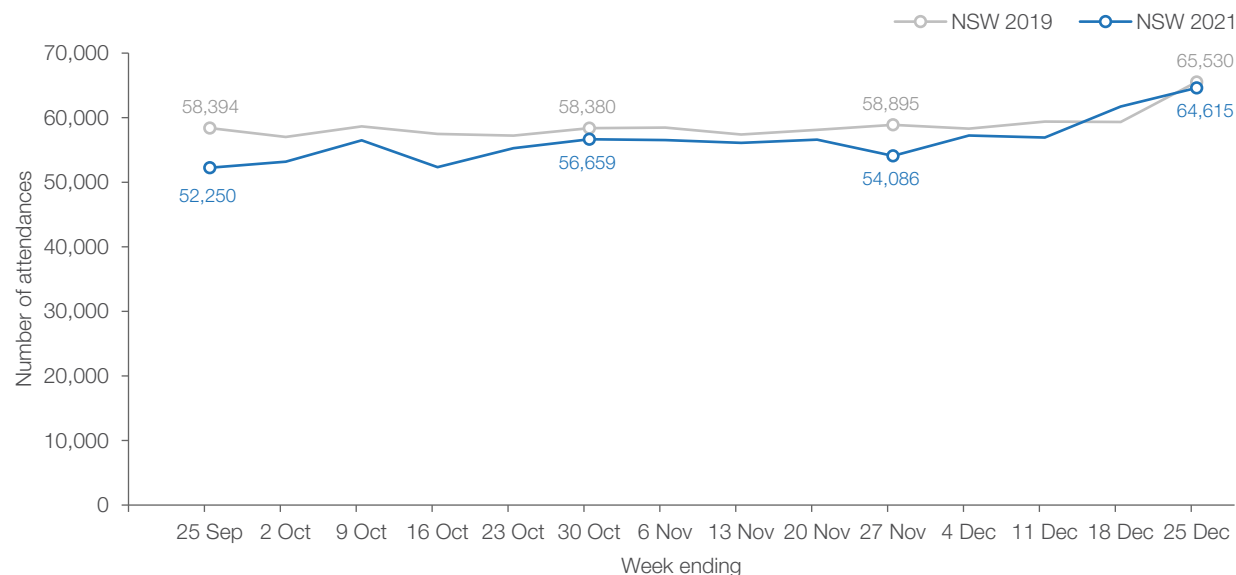
COVID-19 INSIGHTS

Figure 2
Emergency department attendances, NSW, by week
October to December 2021 and 2019

From 11 September 2021, stay-at-home orders introduced in response to the Delta outbreak were eased in parts of rural and regional NSW. From 11 October, stay-at-home orders were lifted in stages in Greater Sydney and wider NSW.

The increase in ED attendances from mid December was concentrated in metropolitan local health districts (data not shown).

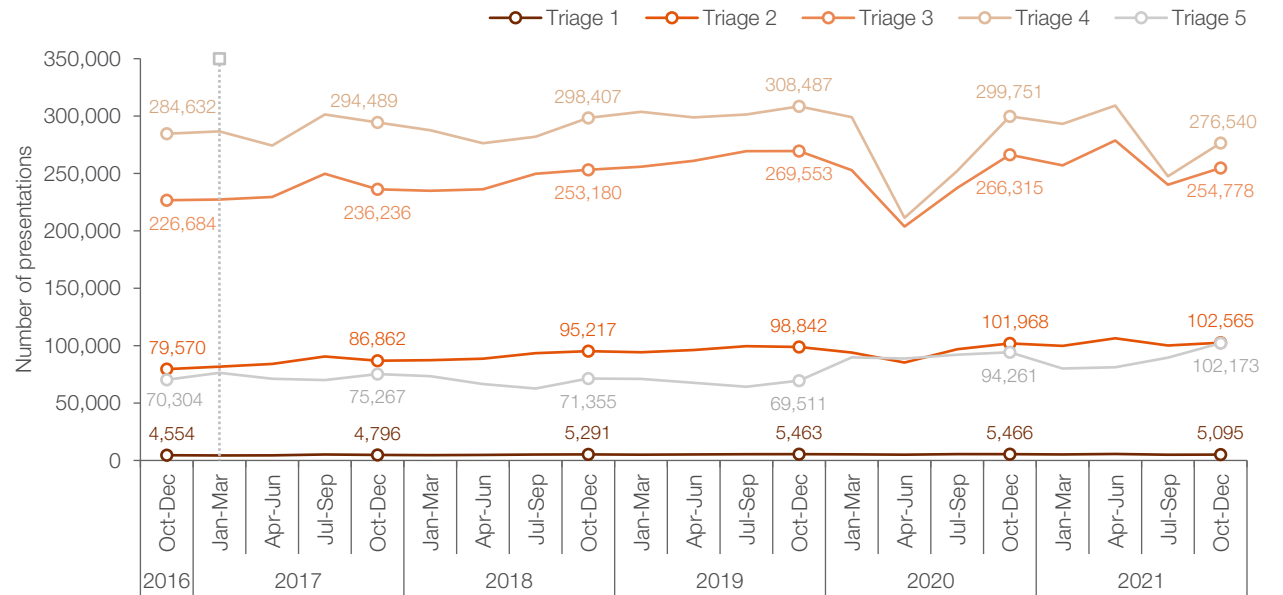
Note: Based on NSW Health's classification of local health districts (LHDs), 'Metropolitan' encompasses Greater Sydney LHDs, including Nepean Blue Mountains, Central Coast and Illawarra Shoalhaven. The remaining LHDs are classified as 'Rural and regional'. For more information, see the [technical supplement](#).



Behind the key findings

Figure 3
Emergency presentations, by triage category, NSW
October 2016 to December 2021

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

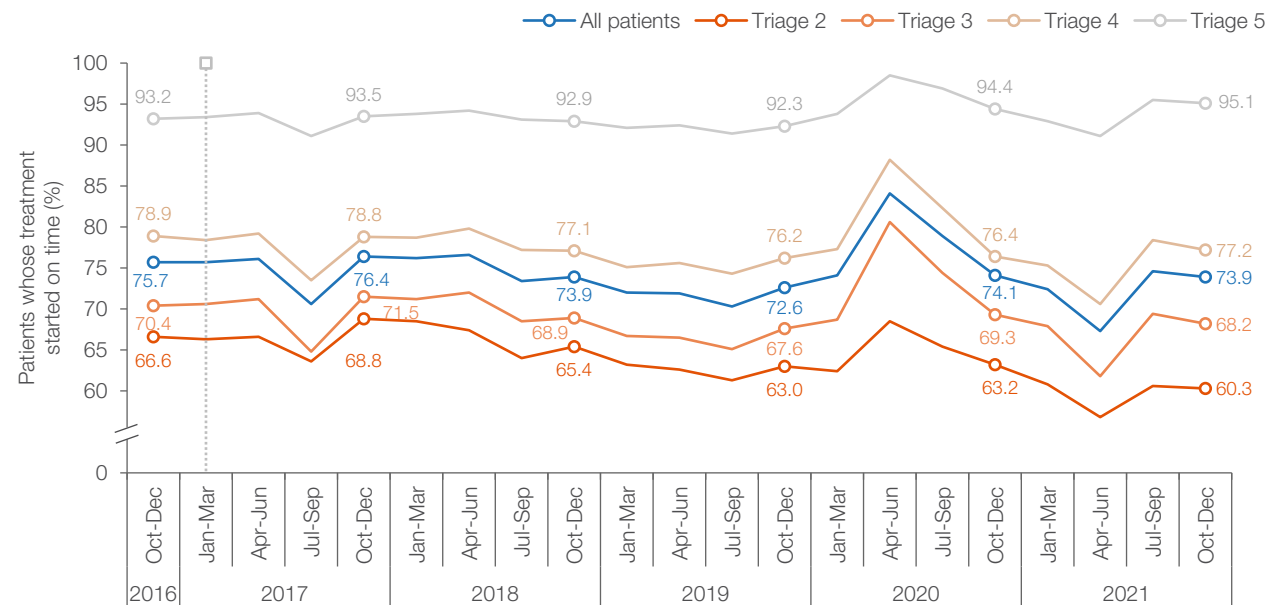


Change in hospital cohort: in the January to March 2017 quarter, an additional 44 EDs were included in *Healthcare Quarterly*, contributing to activity and performance results. For more information refer to the [technical supplement](#).
 Note: In October to December 2021, of 102,173 triage 5 presentations, 32.2% (32,946) 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*, NSW
October 2016 to December 2021

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

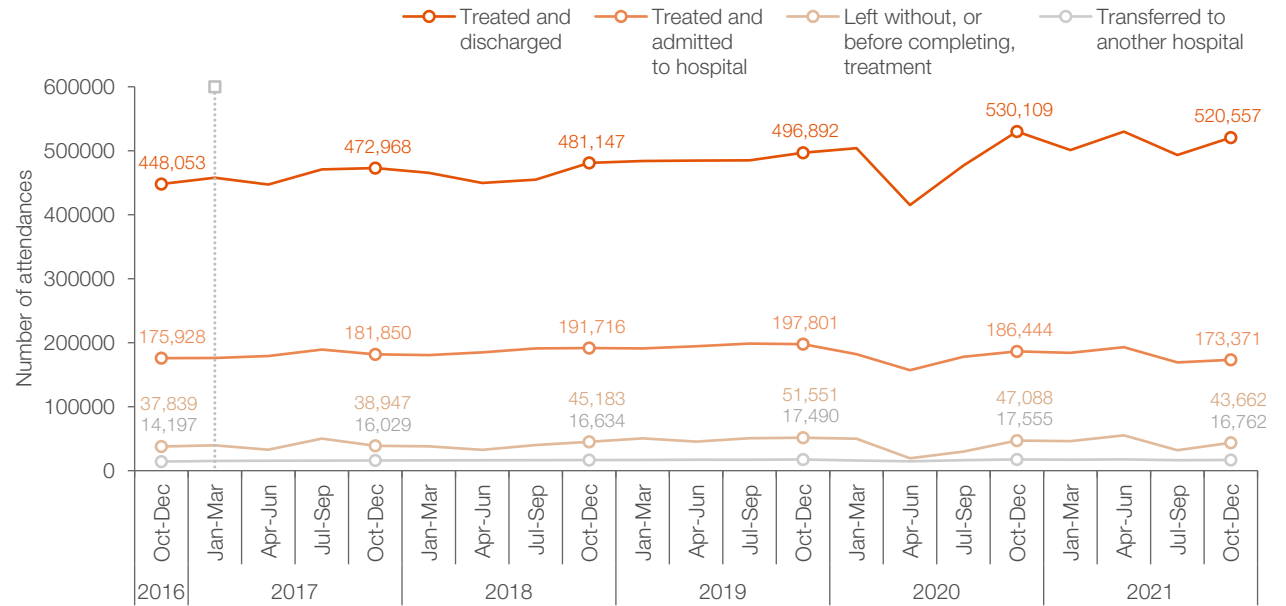
- Triage 2: Emergency – 80% within 10 minutes
- Triage 3: Urgent – 75% within 30 minutes
- Triage 4: Semi-urgent – 70% within 60 minutes
- Triage 5: Non-urgent – 70% within 120 minutes.



*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](#).

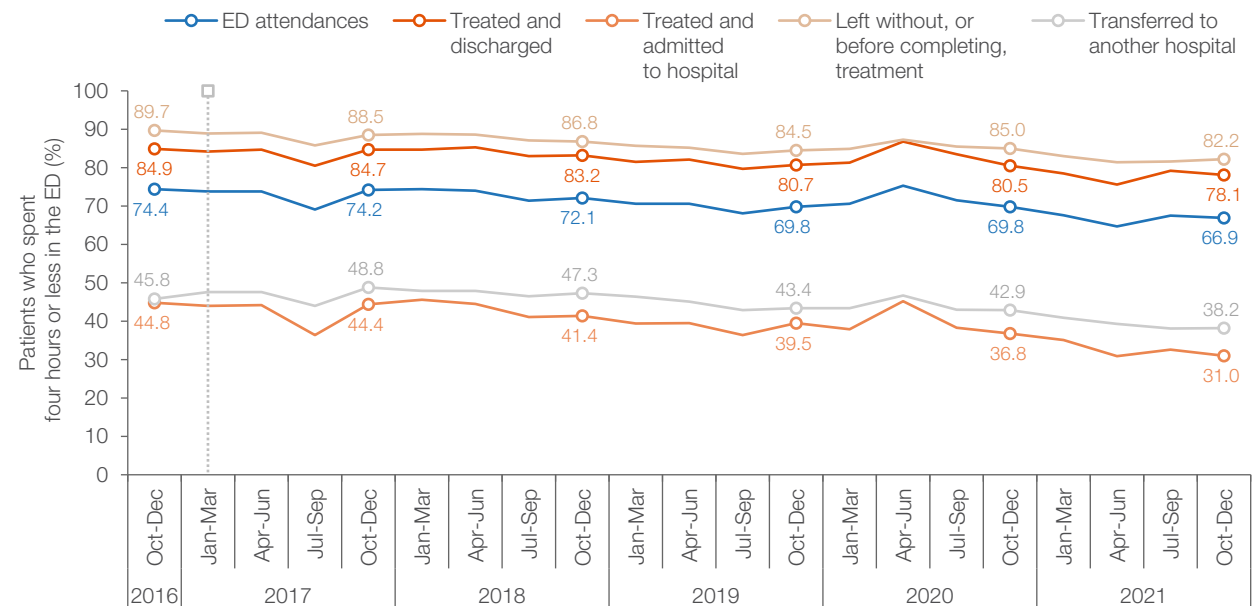
Behind the key findings

Figure 5
Emergency department attendances, by mode of leaving, NSW
October 2016 to December 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 leaving the emergency department within four hours, by mode of leaving, NSW
October 2016 to December 2021

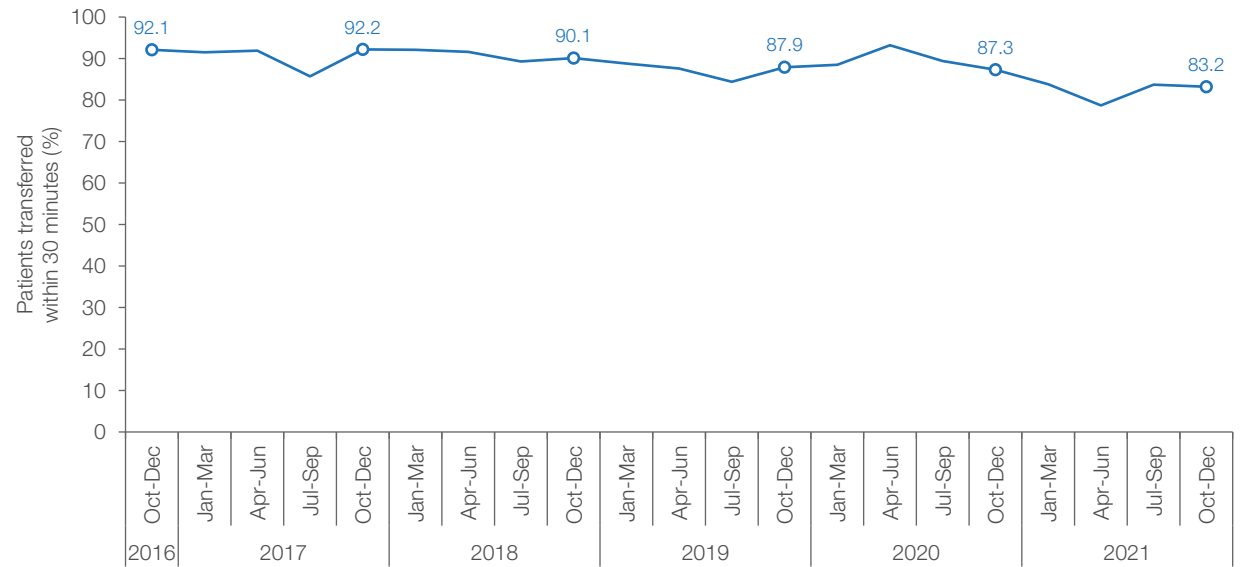


Behind the key findings

Figure 7

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

October 2016 to December 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.

This issue includes additional insights into the weekly impact of the COVID-19 pandemic on ambulance activity.

Key findings

October to December 2021

RESPONSES

There were 320,729 ambulance responses – the highest of any October to December quarter since BHI began reporting in 2010.

Of these, 8,918 were responses to priority 1A (P1A) cases for patients with life-threatening conditions, up 32.8% compared with October to December 2019.

WEEKLY RESPONSES

Ambulance responses increased in mid-December, with a particularly notable rise in 'emergency – priority 1 (P1)' cases.

CALL TO AMBULANCE ARRIVAL TIMES

The percentage of P1 cases with a call to ambulance arrival time within 15 and 30 minutes was 43.8% and 86.3%, respectively – continuing a downward trend over the past five years.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of P1A responses within 10 minutes was 60.7% – continuing a gradual downward trend over five years. The median response time for P1A cases was 8.8 minutes, equal to the longest recorded time since 2010.

EMERGENCY RESPONSE TIMES

The median response time for P1 and P2 cases was 14.1 and 25.1 minutes, respectively – continuing an upward trend over five years.



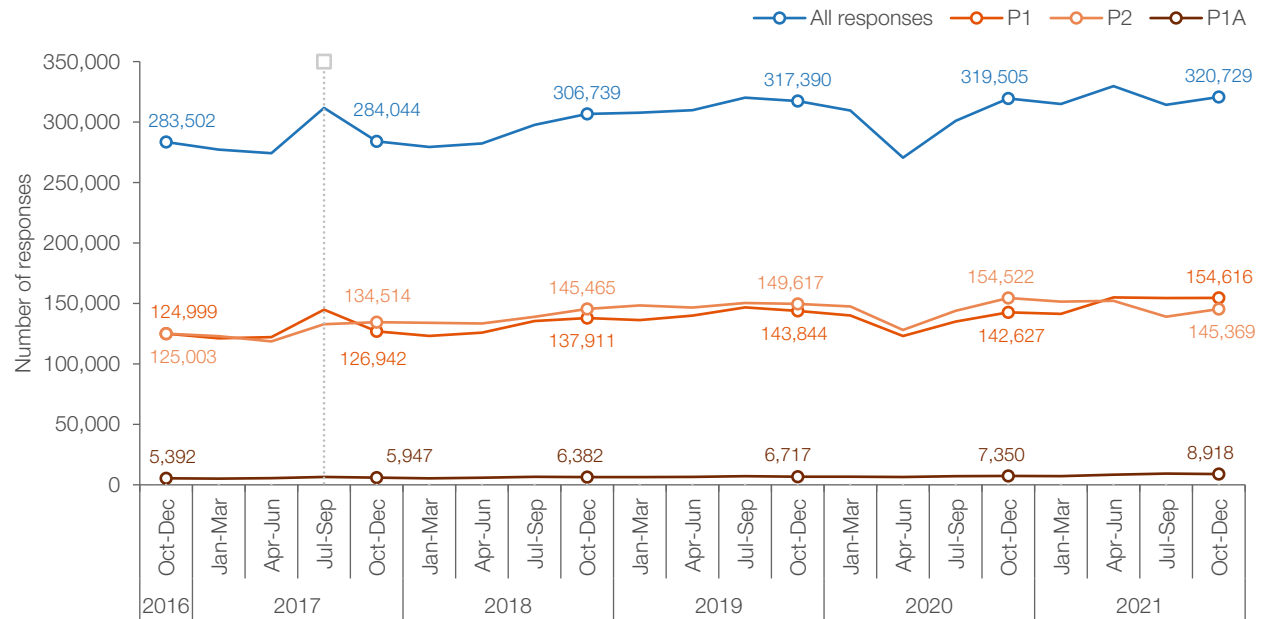
Behind the key findings

Figure 8
Ambulance responses, by priority category, NSW
 October 2016 to December 2021

Ambulance responses are categorised as:

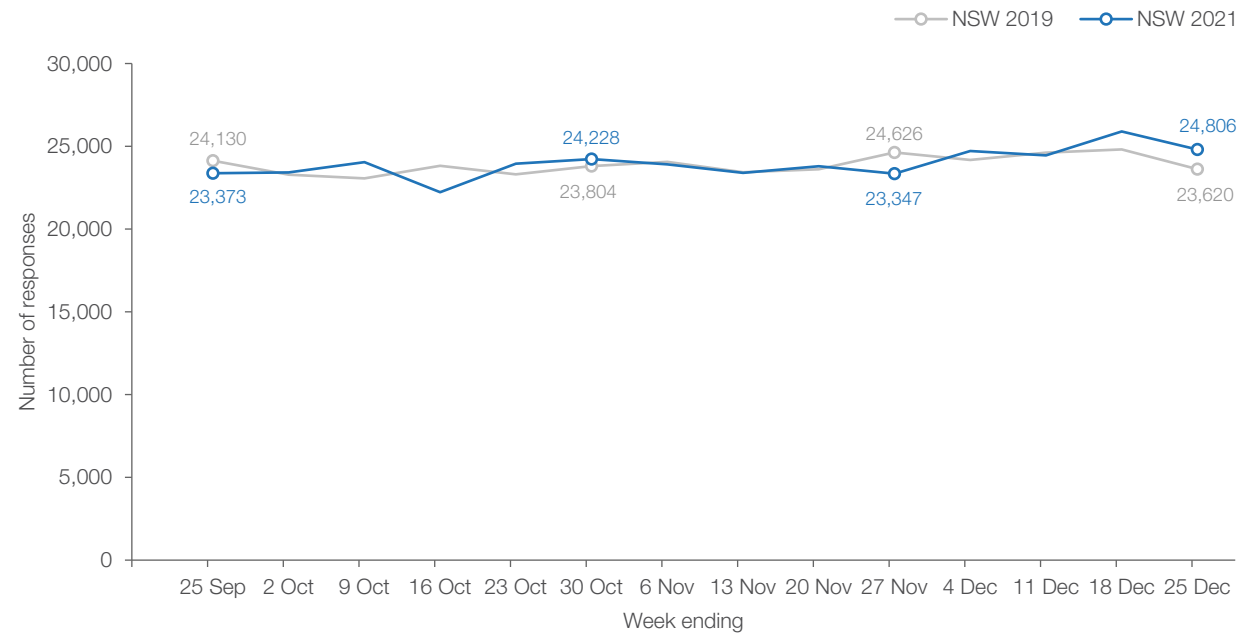
- Priority 1: Emergency (emergency response under lights and siren)
- Priority 1A: Highest priority (patients with life-threatening conditions)
- Priority 2: Urgent (undelayed response without lights and siren)
- Priority 3: Time critical (undelayed response required)
- Priority 4–9: Non-emergency.

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



COVID-19 INSIGHTS

Figure 9
Ambulance responses, all priority categories, NSW, by week
 October to December 2021 and 2019



Behind the key findings

COVID-19 INSIGHTS

Figure 10
Ambulance responses, emergency (P1) cases, NSW, by week

October to December 2021 and 2019

In October to December 2021, the weekly number of ambulance responses to P1 cases was generally above 2019 levels. This was also the case for priority 1A (P1A) responses for patients with life-threatening conditions.

Weekly P1 responses increased notably from mid-December – concentrated in metropolitan areas – while responses to P2 cases remained at similar levels to 2019 during this period (data not shown).

Note: 'Metropolitan' includes Greater Sydney, the Blue Mountains, Central Coast and Illawarra. The remainder of NSW is classified as 'Rural and regional'. For more information, see the [technical supplement](#).

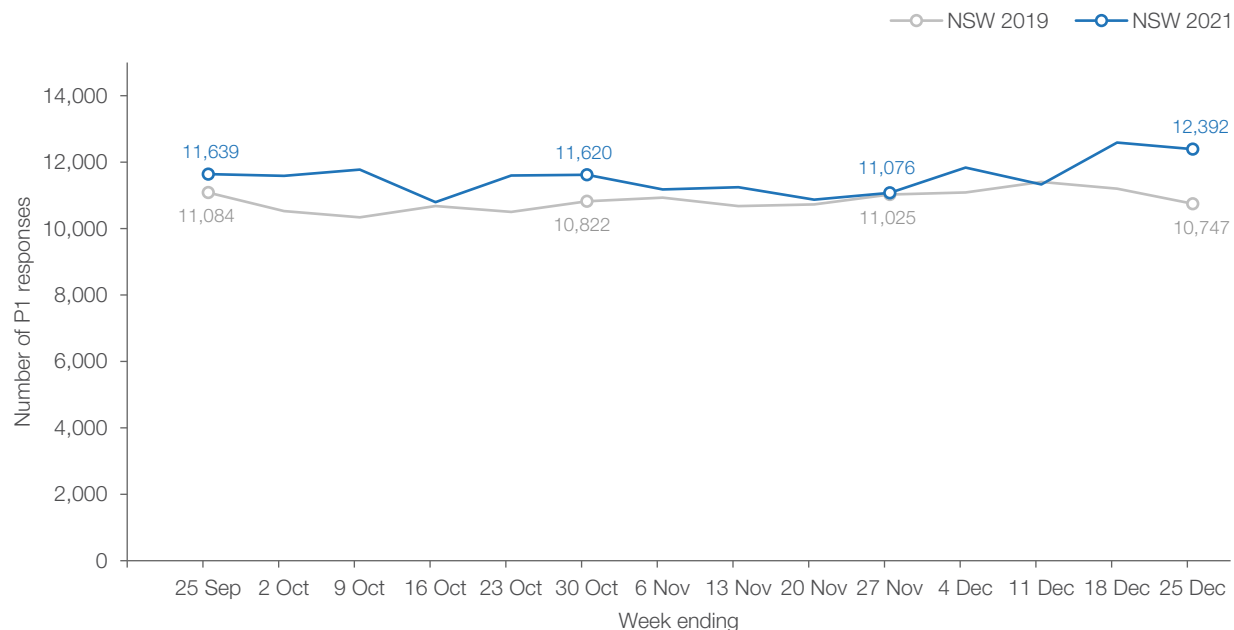
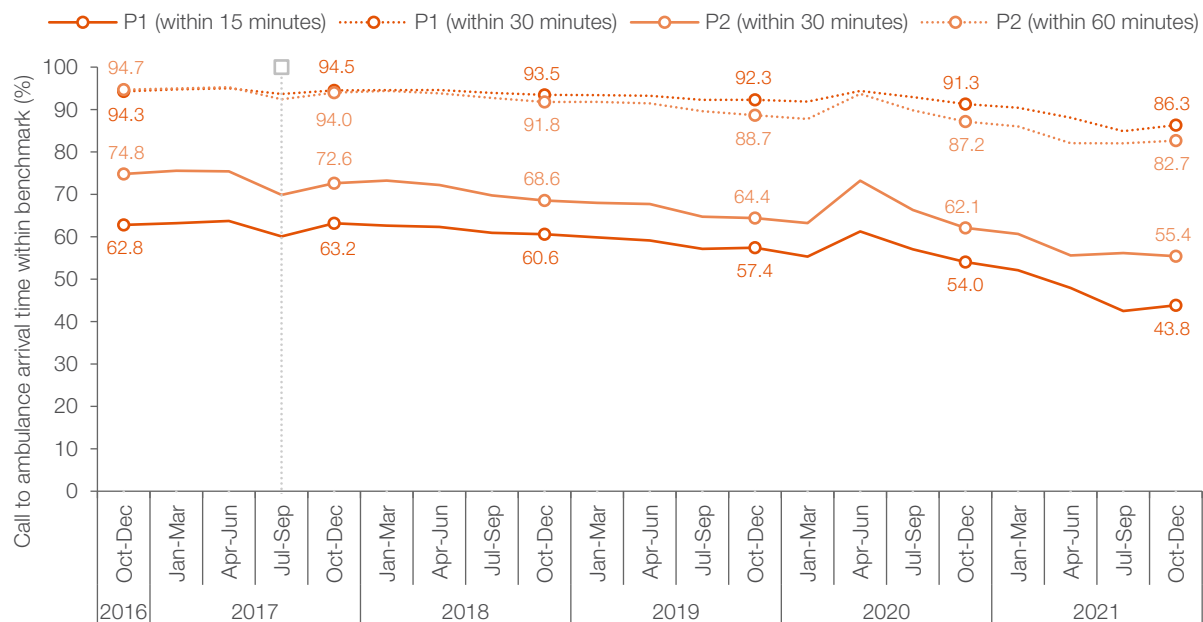


Figure 11
Percentage of call to ambulance arrival times within benchmarks, by priority, NSW

October 2016 to December 2021

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



Behind the key findings

Figure 12
 Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW
 October 2016 to December 2021

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

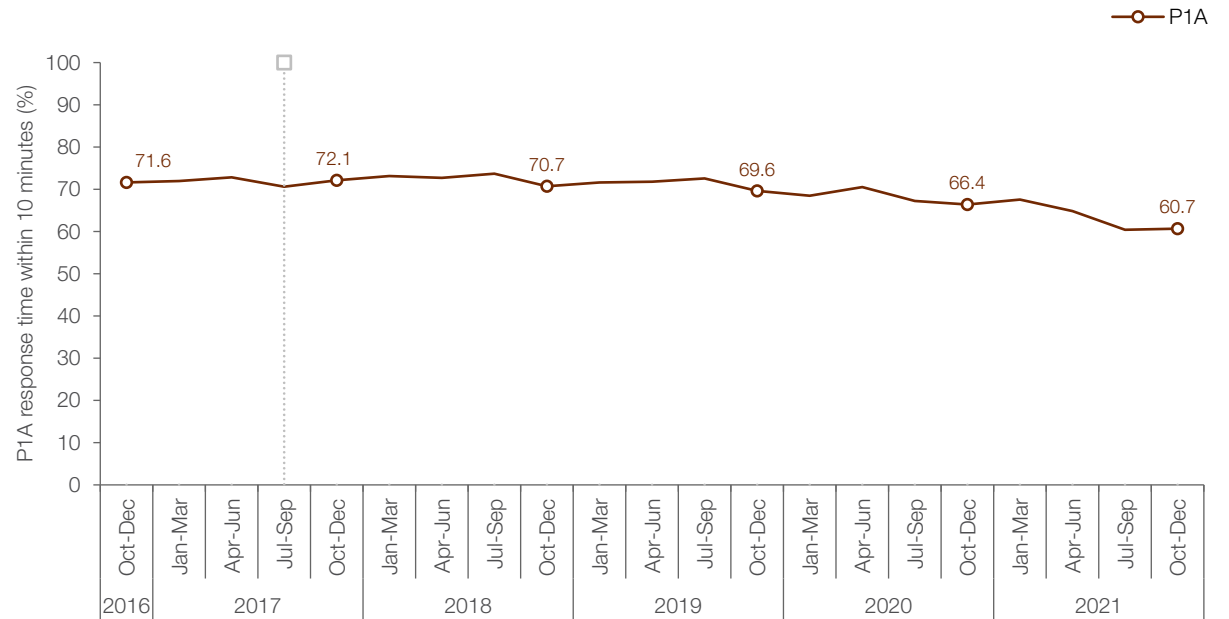
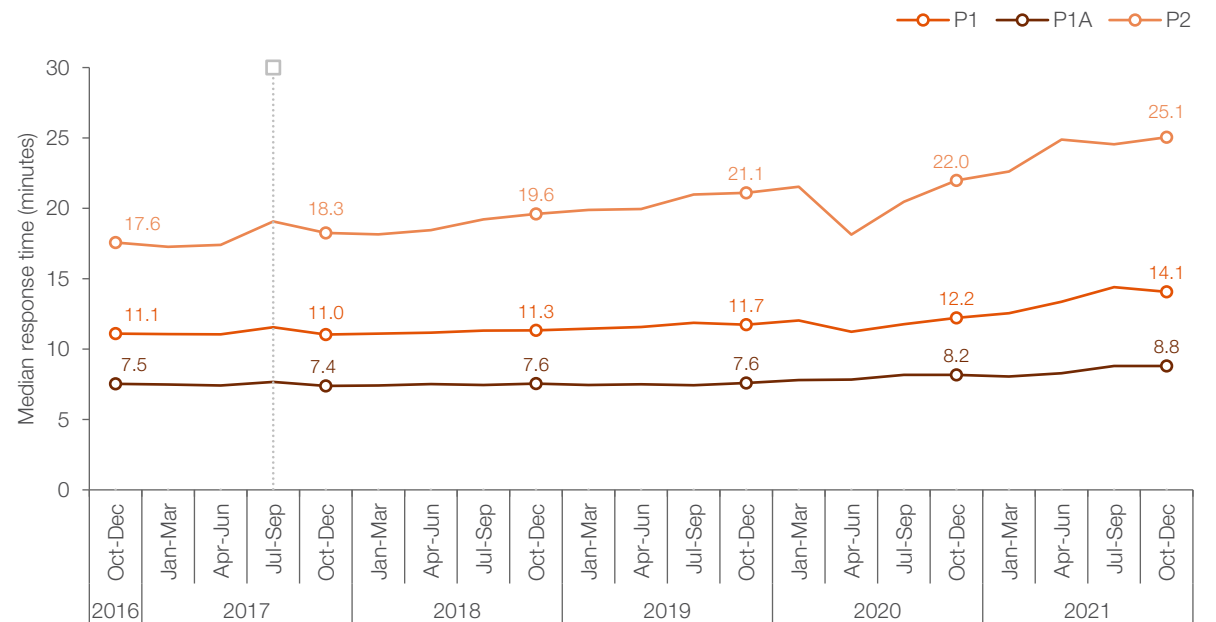


Figure 13
 Median response times, by priority category, NSW
 October 2016 to December 2021





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.

This issue includes additional insights into the impact of the COVID-19 pandemic on admitted patient activity.

Information regarding seclusion and restraint practices in NSW public hospitals can be found in the [Seclusion and Restraint Supplement](#).

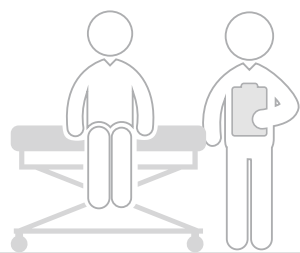
Key findings

October to December 2021

EPISODES OF CARE

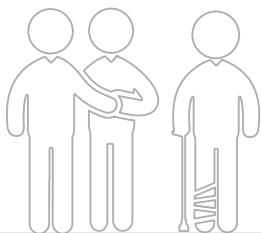
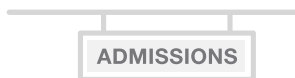
There were 467,768 admitted patient episodes, down 4.7% (22,979) from October to December 2019, before the COVID-19 pandemic.

This drop in activity was most notable for non-acute and mental health episodes, which were down 20.8% and 12.7%, respectively.



WEEKLY EPISODES OF CARE

The weekly number of admitted patient episodes was lower than 2019 until late December.



AVERAGE LENGTH OF STAY

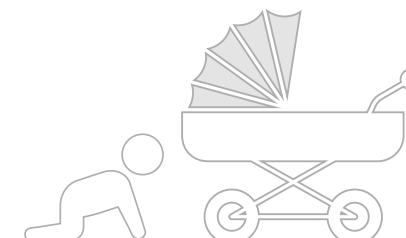
For acute overnight episodes, the average length of stay was 5.1 days, up from 4.4 days in 2019. This was similar to the longer stays seen during the Delta outbreak.

For non-acute overnight episodes, the average length of stay was 15.6 days – up from 14.8 days in 2019.



BABIES BORN

17,833 babies were born, up 0.9% (165) from the same quarter in 2019.



Behind the key findings

Figure 14
Episodes of care, by care type, NSW
October 2016 to December 2021

Admitted patient episodes of care can be:

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

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 care type when classifying newly admitted or long-standing mental health patients. Comparisons between the pre- and post-policy period should be made with caution.

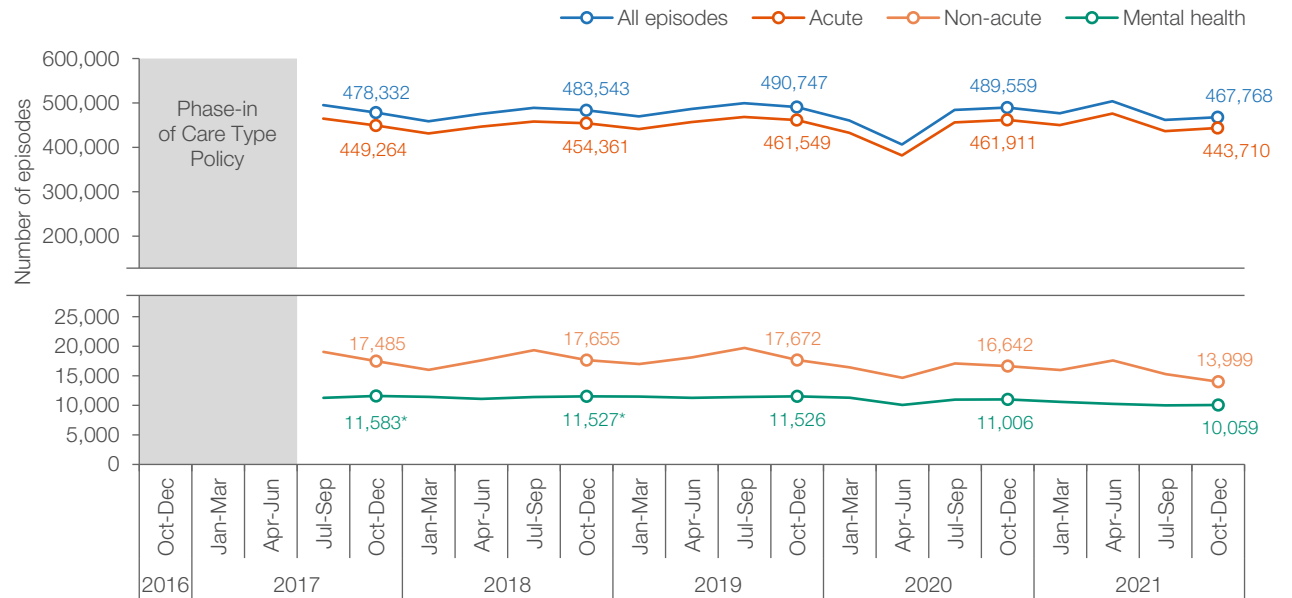
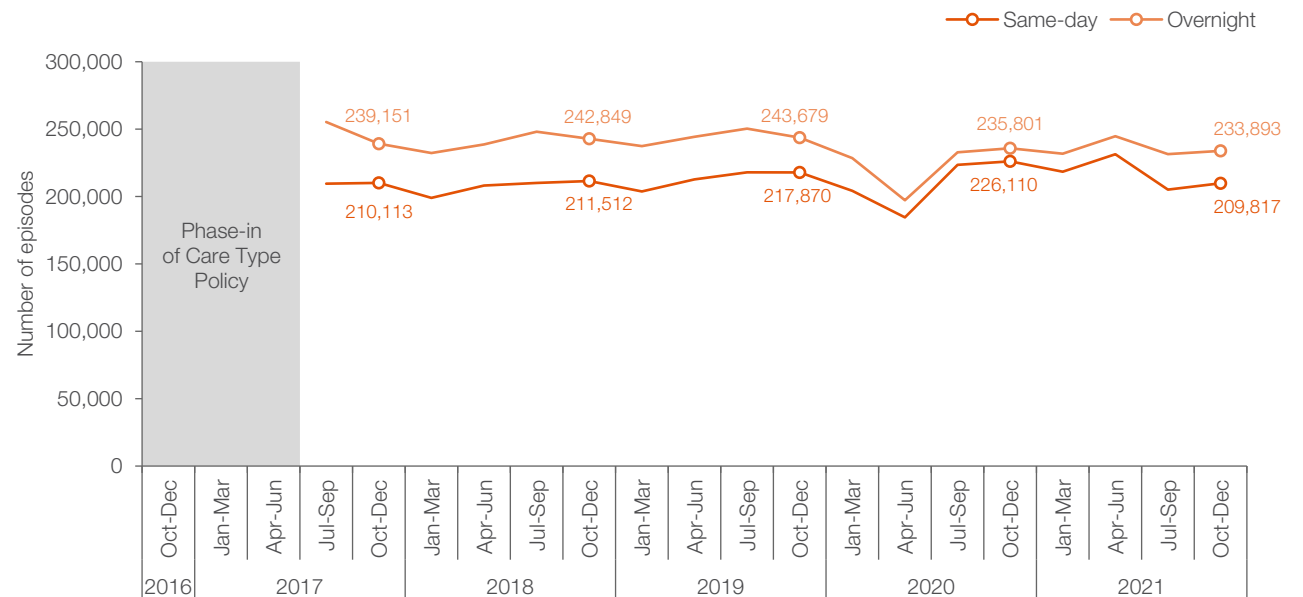


Figure 15
Acute episodes of care, by stay type, NSW
October 2016 to December 2021

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.



Behind the key findings

COVID-19 INSIGHTS

Figure 16
Episodes of care, NSW, by week
October to December 2021 and 2019

From 11 September 2021, stay-at-home orders introduced in response to the Delta outbreak were eased in parts of rural and regional NSW. From 11 October, stay-at-home orders were lifted in stages in Greater Sydney and wider NSW.

Weekly admitted patient episodes were lower than 2019 throughout October to late December. This was particularly notable in metropolitan local health districts (data not shown).

Note: Based on NSW Health's classification of local health districts (LHDs), 'Metropolitan' encompasses Greater Sydney LHDs, including Nepean Blue Mountains, Central Coast and Illawarra Shoalhaven. The remaining LHDs are classified as 'Rural and regional'. For more information, see the [technical supplement](#). Typically, there are fewer admissions in weeks with public holidays including in October and December.

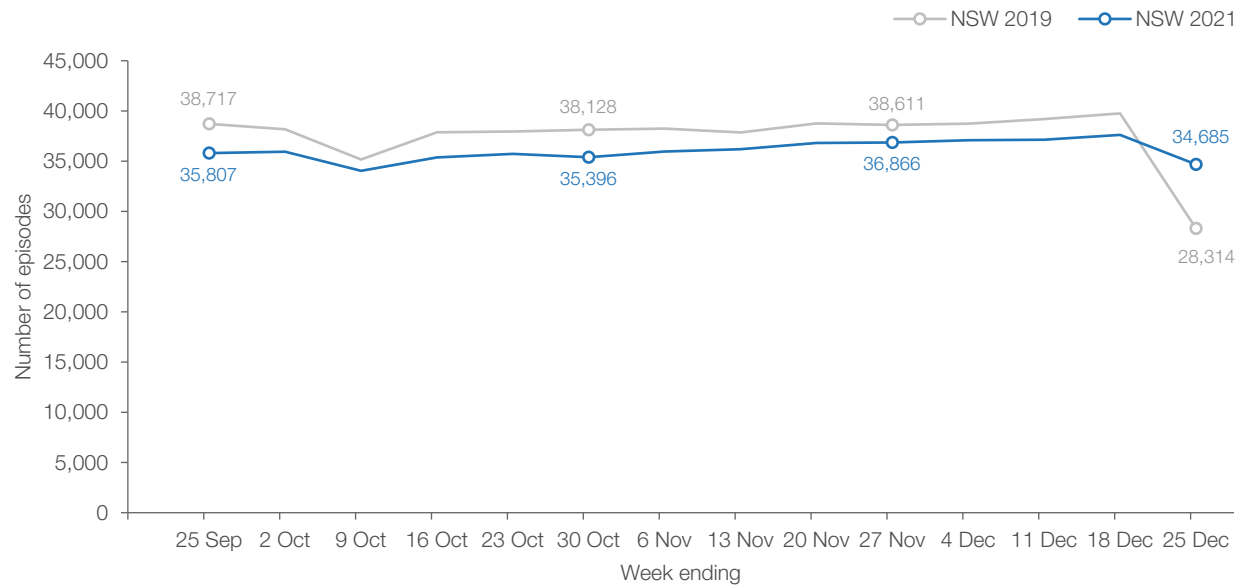
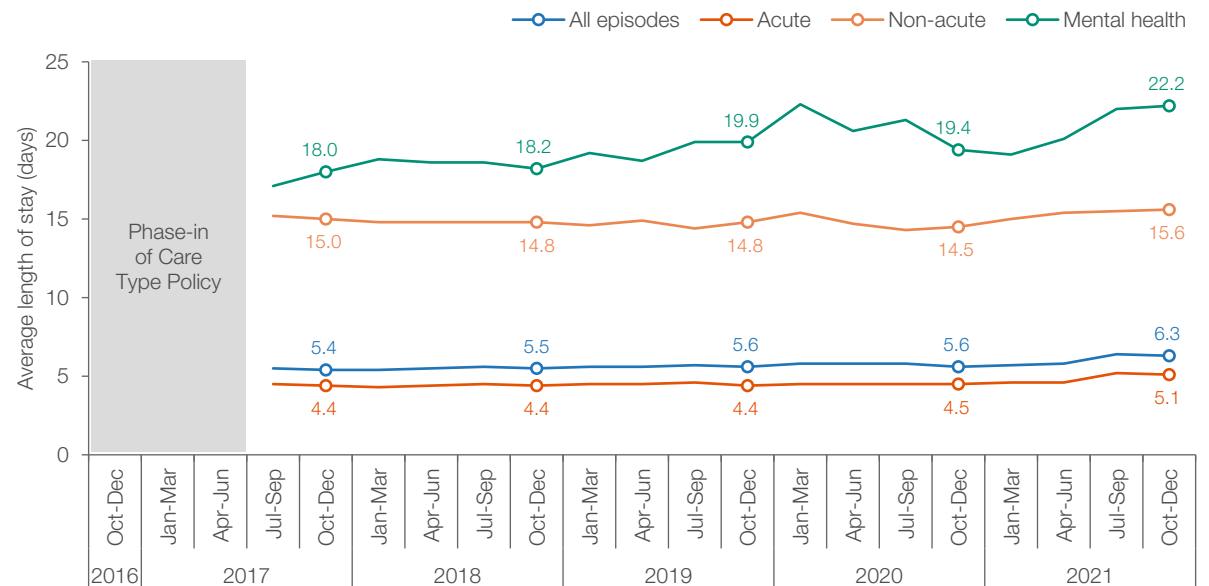


Figure 17
Average length of stay for overnight episodes, by care type, NSW
October 2016 to December 2021

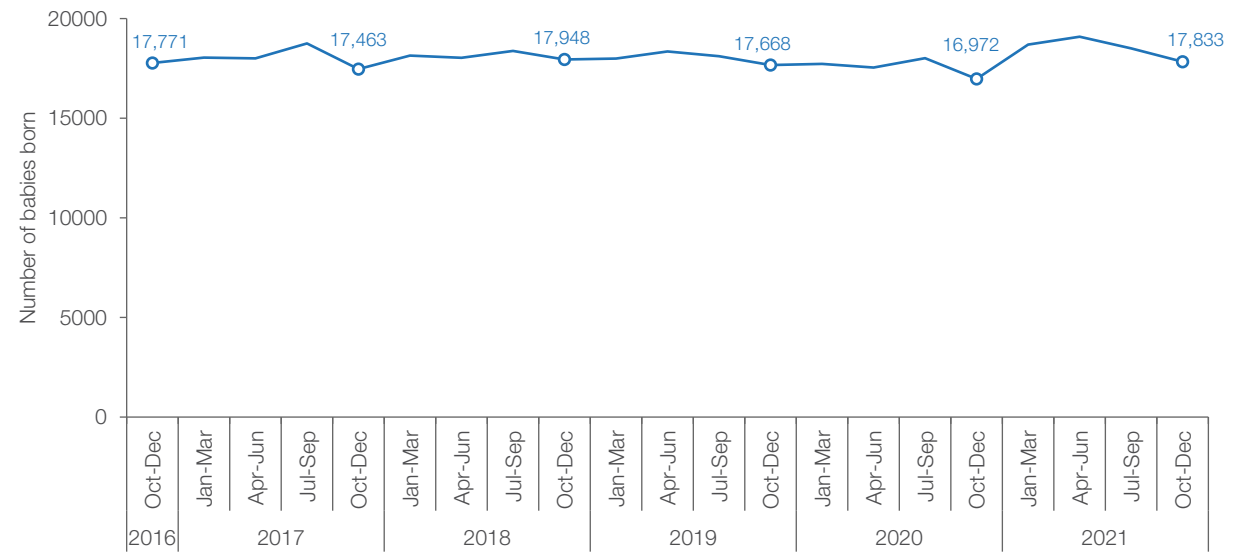
Note: Results are calculated from more than 200 hospitals in each quarter reported in *Healthcare Quarterly*.

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 care type when classifying newly admitted or long-standing mental health patients. Comparisons between the pre- and post-policy period should be made with caution.



Behind the key findings

Figure 18
Babies born, NSW
October 2016 to December 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.

This issue includes additional insights into the weekly impact of the COVID-19 pandemic on elective surgery activity in metropolitan, and rural and regional local health districts.

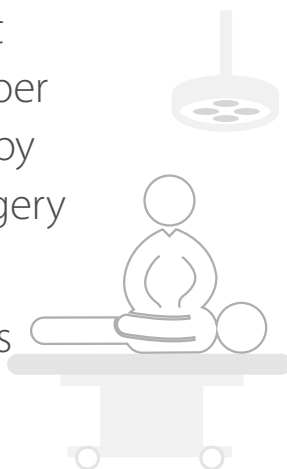
Key findings

October to December 2021

SURGERIES PERFORMED

There were 46,690 elective surgeries performed. This was almost 20% fewer than the same quarter in 2019, but slightly more than July to September 2021, with both quarters affected by the suspension of non-urgent surgery in Sydney hospitals.

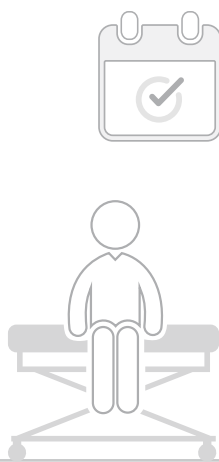
There were 4,691 elective surgeries contracted to private hospitals.



WEEKLY SURGERIES PERFORMED

The number of elective surgeries performed each week increased from mid-October and peaked at 5,046 in mid-December.

The increase was concentrated in metropolitan local health districts (LHDs).



WAITING TIMES

83.5% of all elective surgery was performed on time. For non-urgent surgery, the median waiting time was 282 days, while one in 10 patients waited longer than 420 days.

Waiting times for semi-urgent elective surgery were the longest of any quarter since BHI began reporting in 2010.



PATIENTS ON WAITING LIST

There were 94,807 patients on the waiting list at the end of the quarter, below the peak of 101,024 seen in 2020.

10,770 patients had waited longer than clinically recommended – the highest of any quarter since 2010. The majority of these patients were waiting for semi-urgent (31.6%) and non-urgent (68.3%) surgeries.



Behind the key findings

Figure 20
Elective surgeries performed, by urgency category, NSW

October 2016 to December 2021

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

Non-urgent elective surgery was suspended from 2 August 2021 in NSW public hospitals in metropolitan LHDs, excluding Illawarra Shoalhaven and Central Coast, and resumed from 25 October.

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

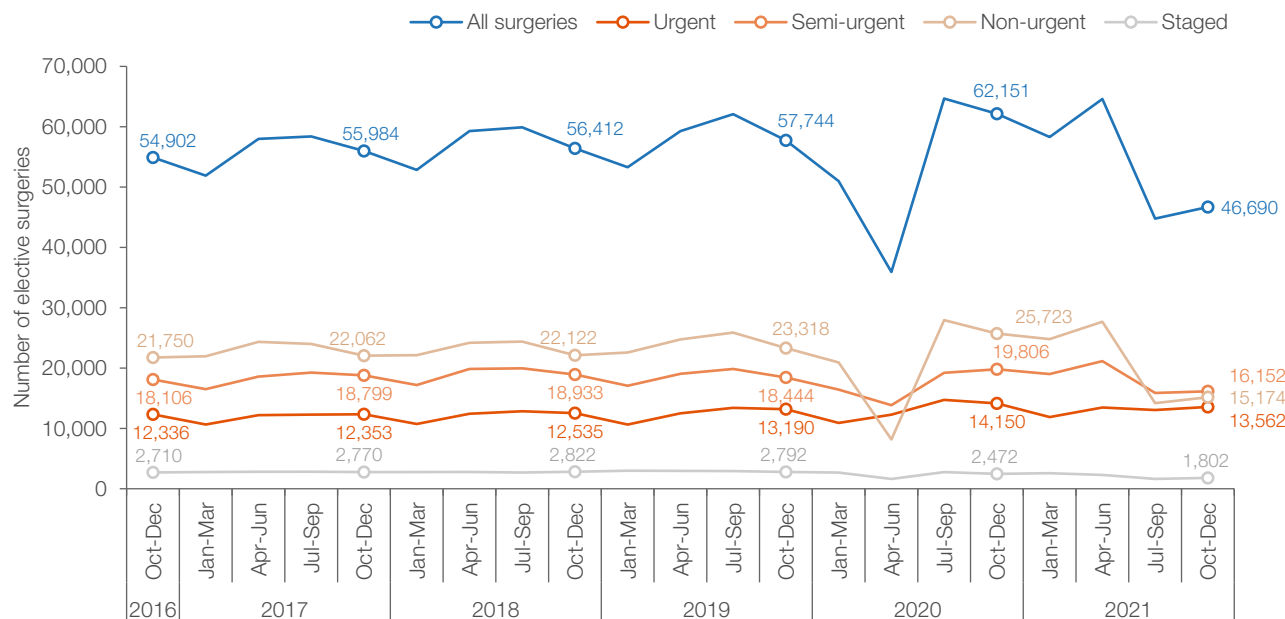
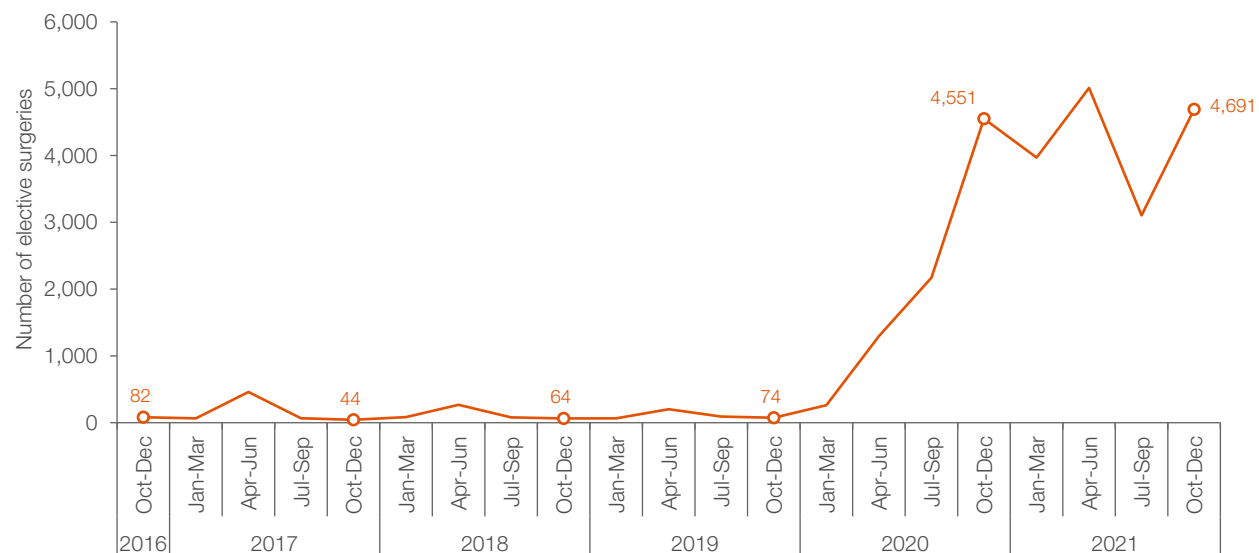


Figure 21
Elective surgeries contracted to private hospitals, NSW

October 2016 to December 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 in 2020.

Non-urgent elective surgery was suspended from 23 August 2021 in private hospitals. Non-urgent elective day surgery resumed from 5 October and all non-urgent elective surgery resumed from 25 October.



Behind the key findings

COVID-19 INSIGHTS

Figure 22
Elective surgeries performed, all urgency categories, NSW, metropolitan, and rural and regional local health districts, by week
October to December 2021 and 2019

Note: Based on NSW Health's classification of local health districts (LHDs), 'Metropolitan' encompasses Greater Sydney LHDs, including Nepean Blue Mountains, Central Coast and Illawarra Shoalhaven LHDs. The remaining LHDs are classified as 'Rural and regional'. For more information, see the [technical supplement](#).
 Typically, fewer surgeries are performed in weeks with public holidays including in October and December.

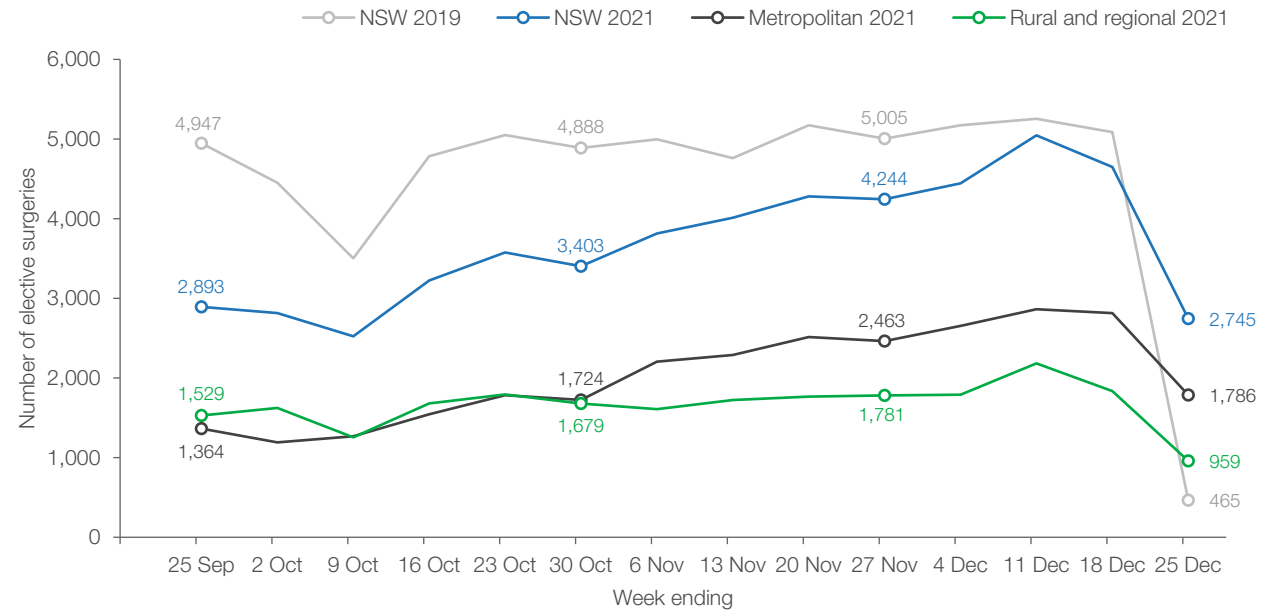


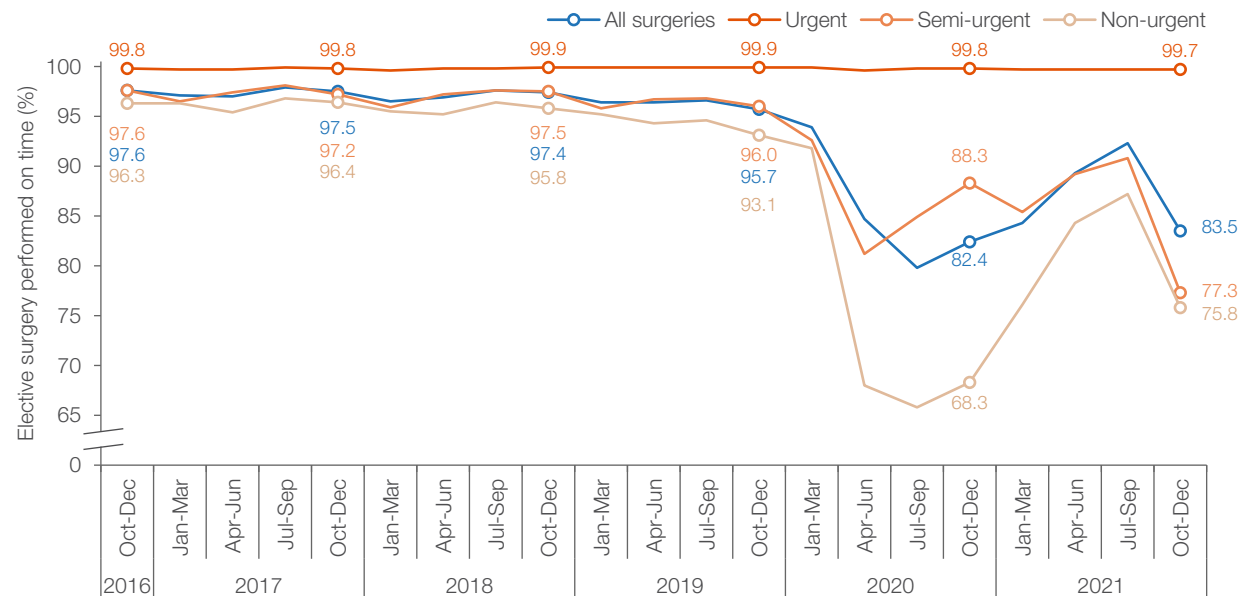
Figure 23
Percentage of elective surgeries performed on time, by urgency category, NSW
October 2016 to December 2021

Clinically 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, before a phased resumption of surgical activity from late April 2020.

Non-urgent elective surgery was suspended from 2 August 2021 in NSW public hospitals in metropolitan LHDs, excluding Illawarra Shoalhaven and Central Coast, and resumed from 25 October.



Behind the key findings

Figure 24
Median waiting time for elective surgery, by urgency category, NSW
 October 2016 to December 2021

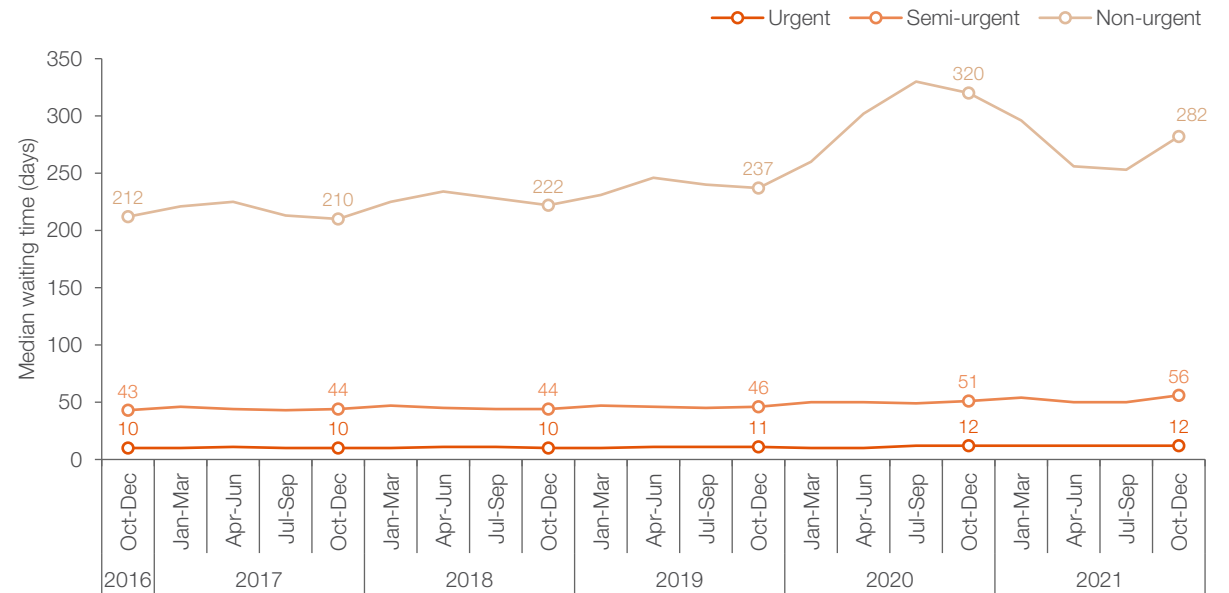
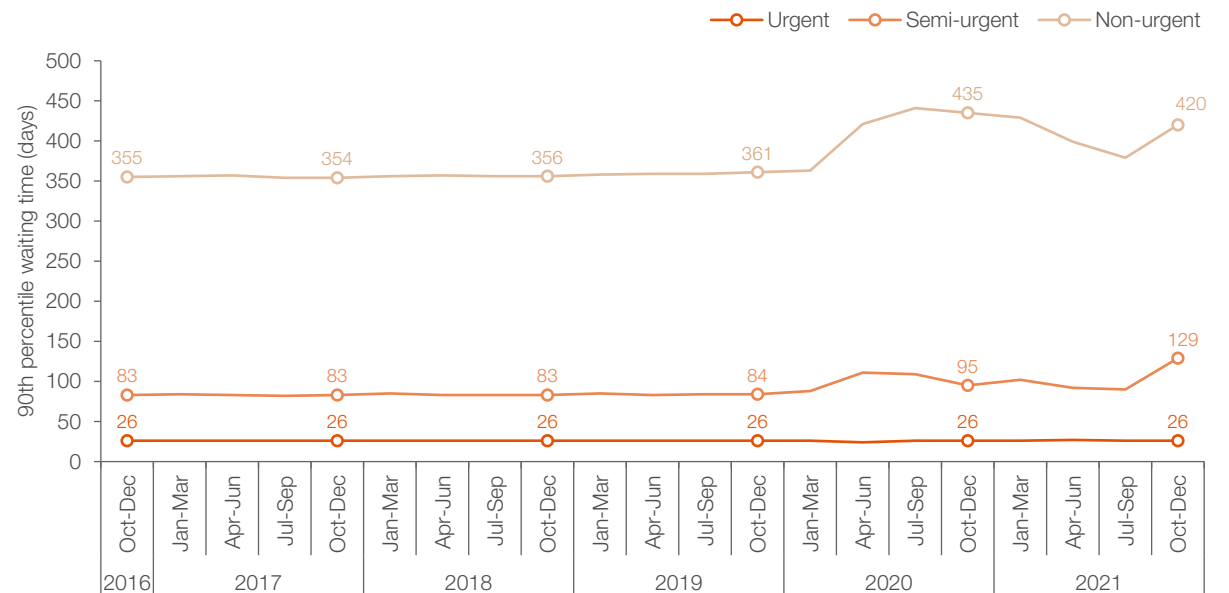


Figure 25
90th percentile waiting time for elective surgery, by urgency category, NSW
 October 2016 to December 2021

Waiting times and the percentage of elective surgeries performed on time are calculated based on those patients who received surgery during the quarter.

The impact of the suspension of non-urgent surgery on these measures may be more pronounced in subsequent quarters as affected patients receive their surgery.



Behind the key findings

Figure 26
**Patients on the waiting list ready for surgery at the end of the quarter, by urgency category, NSW
 October 2016 to December 2021**

The increase in patients on the waiting list in the second half of 2021 was concentrated in metropolitan LHDs, while the number of patients on the waiting list decreased in rural and regional LHDs during the same period (data not shown).

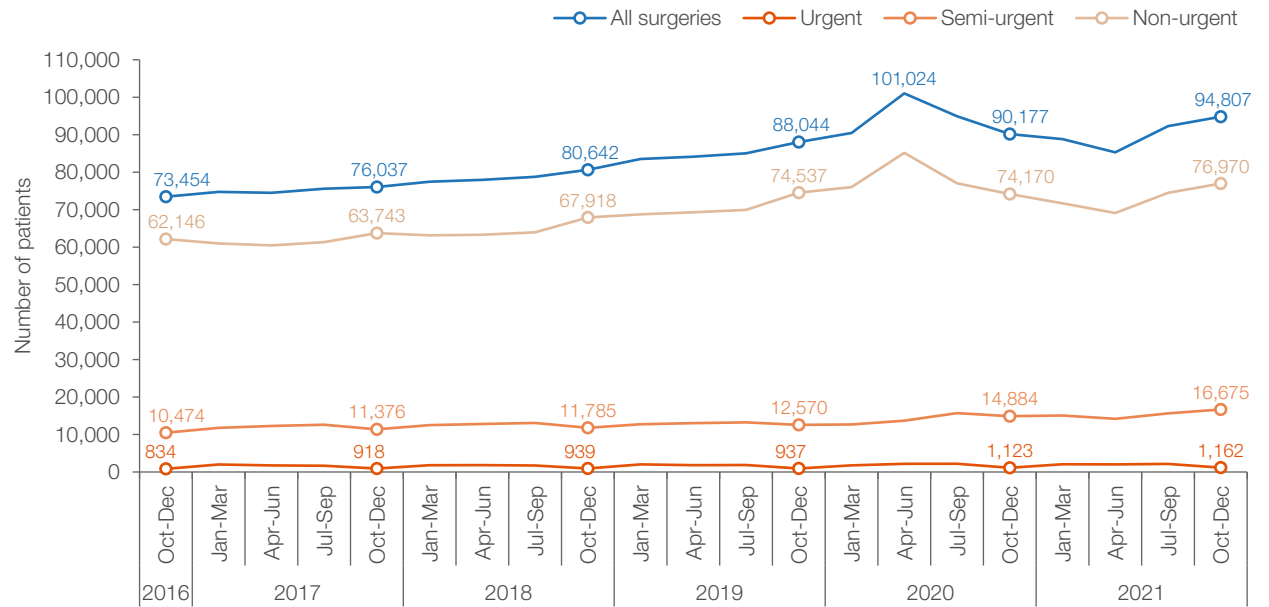
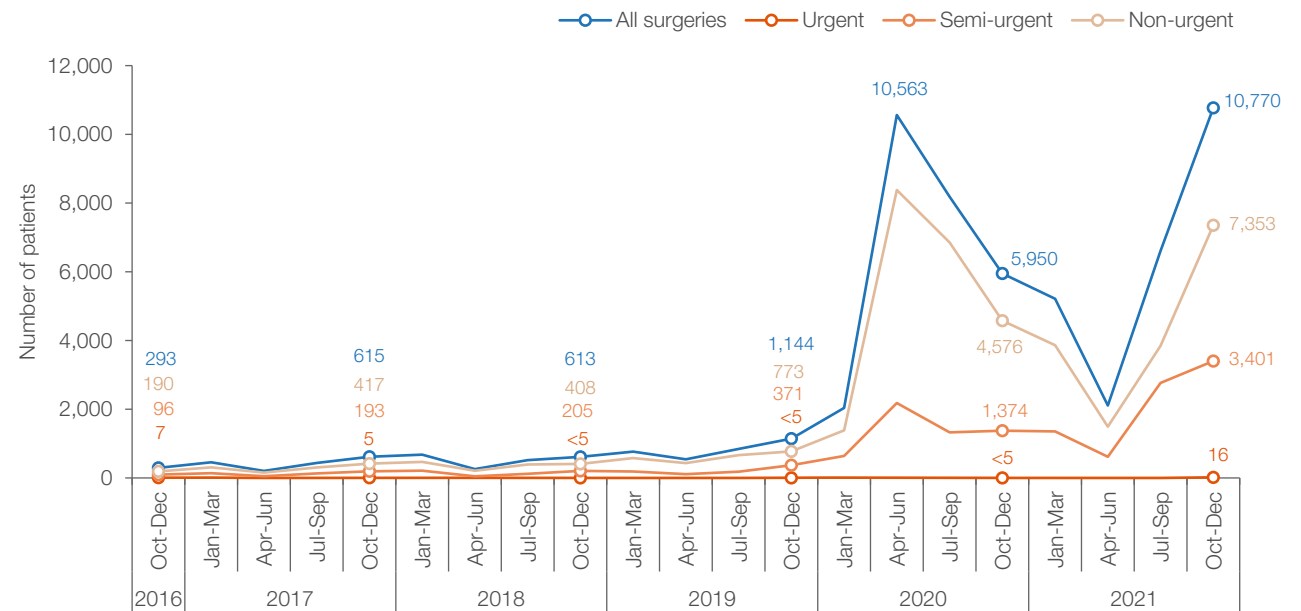


Figure 27
**Patients on the waiting list ready for surgery at the end of the quarter who had waited longer than clinically recommended, by urgency category, NSW
 October 2016 to December 2021**

The majority of the 10,770 patients on the waiting list ready for surgery at the end of December who had waited longer than clinically recommended were in metropolitan LHDs.



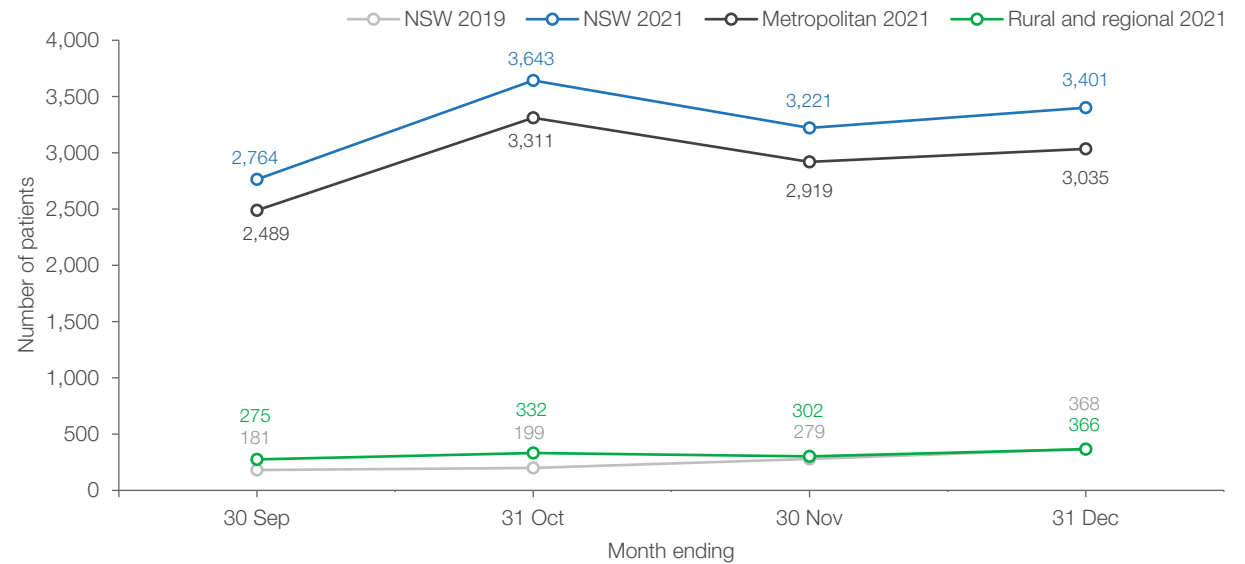
Behind the key findings

COVID-19 INSIGHTS

Figure 28

Patients on the waiting list ready for semi-urgent surgery at the end of the month who had waited longer than clinically recommended, NSW, metropolitan, and rural and regional local health districts

September to December 2021 and 2019

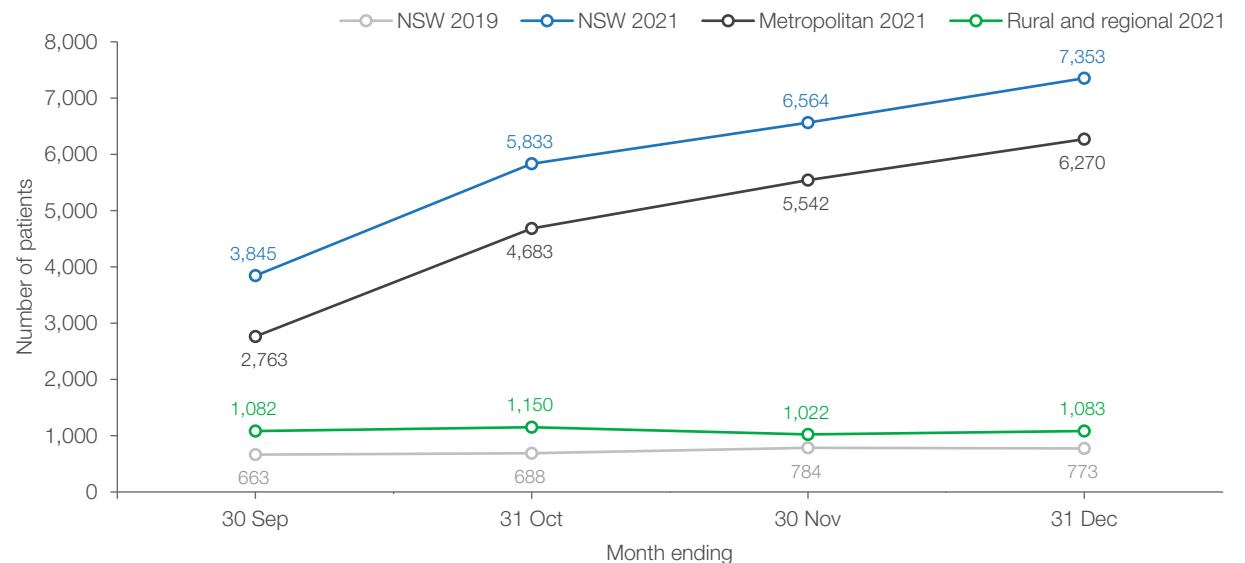


COVID-19 INSIGHTS

Figure 29

Patients on the waiting list ready for non-urgent surgery at the end of the month who had waited longer than clinically recommended, NSW, metropolitan, and rural and regional local health districts

September to December 2021 and 2019



Note: Based on NSW Health's classification of local health districts (LHDs), 'Metropolitan' encompasses Greater Sydney LHDs, including Nepean Blue Mountains, Central Coast and Illawarra Shoalhaven. The remaining LHDs are classified as 'Rural and regional'. For more information, see the [technical supplement](#).



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.

Emergency department

Activity	Oct-Dec 2021	Oct-Dec 2020	COMPARING 2021 WITH 2020		Oct-Dec 2019	COMPARING 2021 WITH 2019	
			Difference	% change		Difference	% change
Arrivals by ambulance	173,322	178,893	-5,571	-3.1%	178,465	-5,143	-2.9%
Attendances	763,257	792,672	-29,415	-3.7%	776,553	-13,296	-1.7%
Emergency presentations	741,151	767,761	-26,610	-3.5%	751,856	-10,705	-1.4%
By triage category							
T1: Resuscitation	5,095	5,466	-371	-6.8%	5,463	-368	-6.7%
T2: Emergency	102,565	101,968	597	0.6%	98,842	3,723	3.8%
T3: Urgent	254,778	266,315	-11,537	-4.3%	269,553	-14,775	-5.5%
T4: Semi-urgent	276,540	299,751	-23,211	-7.7%	308,487	-31,947	-10.4%
T5: Non-urgent	102,173*	94,261	7,912	8.4%	69,511	32,662	47.0%
Admissions to hospital from ED	173,371	186,444	-13,073	-7.0%	197,801	-24,430	-12.4%

Performance	Oct-Dec 2021	Oct-Dec 2020	COMPARING 2021 WITH 2020		Oct-Dec 2019	COMPARING 2021 WITH 2019	
			Difference			Difference	
Percentage of patients transferred from ambulance to ED within 30 minutes	83.2%	87.3%	-4.7 percentage points		87.9%	-5.3 percentage points	
Time to start treatment							
All patients	% starting treatment on time	73.9%	74.1%	-0.2 percentage points	72.6%	1.3 percentage points	
By triage category							
T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	60.3%	63.2%	-2.9 percentage points	63.0%	-2.7 percentage points	
	Median	9 mins	9 mins	unchanged	9 mins	unchanged	
	90th percentile	29 mins	26 mins	3 mins	26 mins	3 mins	
T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	68.2%	69.3%	-1.1 percentage points	67.6%	0.6 percentage points	
	Median	21 mins	20 mins	1 mins	21 mins	unchanged	
	90th percentile	1 hour 14 mins	1 hour 11 mins	3 mins	1 hour 14 mins	unchanged	
T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	77.2%	76.4%	0.8 percentage points	76.2%	1 percentage points	
	Median	26 mins	27 mins	-1 mins	27 mins	-1 mins	
	90th percentile	1 hour 47 mins	1 hour 48 mins	-1 mins	1 hour 48 mins	-1 mins	
T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	95.1%	94.4%	0.7 percentage points	92.3%	2.8 percentage points	
	Median	11 mins	14 mins	-3 mins	24 mins	-13 mins	
	90th percentile	1 hour 21 mins	1 hour 30 mins	-9 mins	1 hour 48 mins	-27 mins	
Time from arrival to leaving							
% leaving within four hours		66.9%	69.8%	-2.9 percentage points	69.8%	-2.9 percentage points	
For patients admitted to hospital		31.0%	36.8%	-5.8 percentage points	39.5%	-8.5 percentage points	
Median		2 hours 58 mins	2 hours 51 mins	7 mins	2 hours 55 mins	3 mins	
90th percentile		8 hours 23 mins	7 hours 42 mins	41 mins	7 hours 40 mins	43 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 2021 was 78.0% for T2 (Target: 95%) and 74.8% for T3 (Target: 85%). For more information, see page 5 of the [technical supplement](#).

*32.2% (32,946) were identified as patients likely visiting the ED only for a COVID-19 test. This may have contributed to changes in ED performance.

Activity	Oct-Dec 2021	Oct-Dec 2020	COMPARING 2021 WITH 2020		Oct-Dec 2019	COMPARING 2021 WITH 2019	
			Difference	% change		Difference	% change
Responses	320,729	319,505	1,224	0.4%	317,390	3,339	1.1%
By priority							
P1: Emergency	154,616	142,627	11,989	8.4%	143,844	10,772	7.5%
P1A: Highest priority	8,918	7,350	1,568	21.3%	6,717	2,201	32.8%
P2: Urgent	145,369	154,522	-9,153	-5.9%	149,617	-4,248	-2.8%
P3: Time critical	13,703	14,839	-1,136	-7.7%	14,898	-1,195	-8.0%
P4-9: Non-emergency	7,041	7,517	-476	-6.3%	9,031	-1,990	-22.0%
Incidents	252,824	250,921	1,903	0.8%	249,255	3,569	1.4%

Performance	Oct-Dec 2021	Oct-Dec 2020	COMPARING 2021 WITH 2020		Oct-Dec 2019	COMPARING 2021 WITH 2019	
			Difference	Difference			
Call to ambulance arrival time							
By priority							
P1 cases	% within 15 minutes	54.0%	43.8%	-10.2 percentage points	57.4%	-13.6 percentage points	
	% within 30 minutes	91.3%	86.3%	-5.0 percentage points	92.3%	-6.0 percentage points	
P2 cases	% within 30 minutes	62.1%	55.4%	-6.7 percentage points	64.4%	-9.0 percentage points	
	% within 60 minutes	87.2%	82.7%	-4.5 percentage points	88.7%	-6.0 percentage points	
Response time							
By priority							
P1 cases	Median	12.2 mins	14.1 mins	1.9 mins	11.7 mins	2.4 mins	
P1A cases	% within 10 minutes	66.4%	60.7%	-5.7 percentage points	69.9%	-8.9 percentage points	
	Median	8.2 mins	8.8 mins	0.6 mins	7.6 mins	1.2 mins	
P2 cases	Median	22.0 mins	25.1 mins	3.1 mins	21.1 mins	4.0 mins	



Admitted patients

Activity	Oct-Dec 2021	Oct-Dec 2020	COMPARING 2021 WITH 2020		Oct-Dec 2019	COMPARING 2021 WITH 2019	
			Difference	% change		Difference	% change
Episodes of care	467,768	489,559	-21,791	-4.5%	490,747	-22,979	-4.7%
By care type							
Acute	443,710	461,911	-18,201	-3.9%	461,549	-17,839	-3.9%
Overnight	233,893	235,801	-1,908	-0.8%	243,679	-9,786	-4.0%
Same-day	209,817	226,110	-16,293	-7.2%	217,870	-8,053	-3.7%
Non-acute	13,999	16,642	-2,643	-15.9%	17,672	-3,673	-20.8%
Mental health	10,059	11,006	-947	-8.6%	11,526	-1,467	-12.7%
Average length of stay for overnight episodes	6.3 days	5.6 days	0.7 days		5.6 days	0.7 days	
By care type							
Acute	5.1 days	4.5 days	0.6 days		4.4 days	0.7 days	
Non-acute	15.6 days	14.5 days	1.1 days		14.8 days	0.8 days	
Mental health	22.2 days	19.4 days	2.8 days		19.9 days	2.3 days	
Bed days	1,822,404	1,695,375	127,029	7.5%	1,719,235	103,169	6.0%
By care type							
Acute	1,413,341	1,289,212	124,129	9.6%	1,299,317	114,024	8.8%
Non-acute	203,998	208,713	-4,715	-2.3%	221,900	-17,902	-8.1%
Mental health	205,065	197,450	7,615	3.9%	198,018	7,047	3.6%
Babies born	17,833	16,972	861	5.1%	17,668	165	0.9%



Elective surgery

Activity

		Oct-Dec 2021	Oct-Dec 2020	COMPARING 2021 WITH 2020		Oct-Dec 2019	COMPARING 2021 WITH 2019	
				Difference	% change		Difference	% change
Elective surgeries performed		46,690	62,151	-15,461	-24.9%	57,744	-11,054	-19.1%
By urgency	Urgent	13,562	14,150	-588	-4.2%	13,190	372	2.8%
	Semi-urgent	16,152	19,806	-3,654	-18.4%	18,444	-2,292	-12.4%
	Non-urgent	15,174	25,723	-10,549	-41.0%	23,318	-8,144	-34.9%
	Staged*	1,802	2,472	-670	-27.1%	2,792	-990	-35.5%

Performance

			Oct-Dec 2021	Oct-Dec 2020	COMPARING 2021 WITH 2020		Oct-Dec 2019	COMPARING 2021 WITH 2019	
					Difference	% change		Difference	% change
Waiting time	All patients	% on time	83.5%	82.4%	1.1 percentage points		95.7%	-12.2 percentage points	
By urgency	Urgent	% on time (Recommended: within 30 days)	99.7%	99.8%	-0.1 percentage points		99.9%	-0.2 percentage points	
		Median	12 days	12 days	0 days		11 days	1 days	
		90th percentile	26 days	26 days	0 days		26 days	0 days	
	Semi-urgent	% on time (Recommended: within 90 days)	77.3%	88.3%	-11.0 percentage points		96.0%	-18.7 percentage points	
		Median	56 days	51 days	5 days		46 days	10 days	
		90th percentile	129 days	95 days	34 days		84 days	45 days	
	Non-urgent	% on time (Recommended: within 365 days)	75.8%	68.3%	7.5 percentage points		93.1%	-17.3 percentage points	
		Median	282 days	320 days	-38 days		237 days	45 days	
		90th percentile	420 days	435 days	-15 days		361 days	59 days	
Patients on waiting list ready for elective surgery at end of quarter			94,807	90,177	4,630	5.1%	88,044	6,763	7.7%
By urgency	Urgent		1,162	1,123	39	3.5%	937	225	24.0%
	Semi-urgent		16,675	14,884	1,791	12.0%	12,570	4,105	32.7%
	Non-urgent		76,970	74,170	2,800	3.8%	74,537	2,433	3.3%
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			10,770	5,950	4,820	81.0%	1144	9,626	841.4%

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



Special reporting

COVID-19 support services

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

This issue includes an overview of support services introduced to help control the spread of COVID-19 in NSW.



COVID-19 support services

A number of support services were set up as part of the emergency response to the COVID-19 pandemic.

Testing clinics, hotel quarantine, and special health and community support accommodation were introduced to help control the spread of the virus.

Testing has provided an important source of information to support the response to the pandemic and inform the management of outbreaks.

From 29 March 2020 until measures were eased in early November 2021, all overseas travellers were required to undertake 14 days of supervised quarantine, managed by NSW Police, in a designated hotel or accommodation facility. From 1 November 2021, this mandatory quarantine was only required for those who were not fully vaccinated. After arrival and throughout their quarantine, people were supported by on-site health teams, underwent routine health and welfare screening, and were tested for COVID-19.

Those who tested positive or required additional care and treatment were admitted to NSW Special Health Accommodation (SHA) or transferred to hospital. People in the community who were COVID-19 positive, or were required to self-isolate and needed care and support, may also have been admitted to SHA.

From July to September 2021, a larger number of people in the community were admitted to SHA than in previous quarters, most having tested positive for COVID-19 during the Delta outbreak.

Community Support Accommodation (CSA) facilities were also established by local health districts (LHDs) for people in the community who had close contact with a positive COVID-19 case and were unable to safely self-isolate at home (data not available).

Information about these support services provides important context in understanding broader 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 effective hotel quarantine and community health support programs.

Further information on these services can be found on pages 33–34.

COVID-19 support services

Figure 30

Confirmed COVID-19 cases by symptom onset date and COVID-19 tests performed by test date, NSW, by day

January 2020 to December 2021

By 31 December 2021, a total of 25,596,793 COVID-19 tests had been performed, of which 285,385 were confirmed cases.

In the October to December 2021 quarter, there were 8,245,724 tests, of which 220,470 were positive cases.

The first Omicron case was confirmed in late November 2021 in NSW. From 26 November to 31 December, there were 3,964,380 tests, of which 204,096 were positive cases.

Note: BHI reports diagnostic polymerase chain reaction (PCR) tests. The first notification of the Omicron variant in NSW occurred on 28 November 2021. Sequencing of older cases has since identified an Omicron case who was notified in the week ending 27 November.

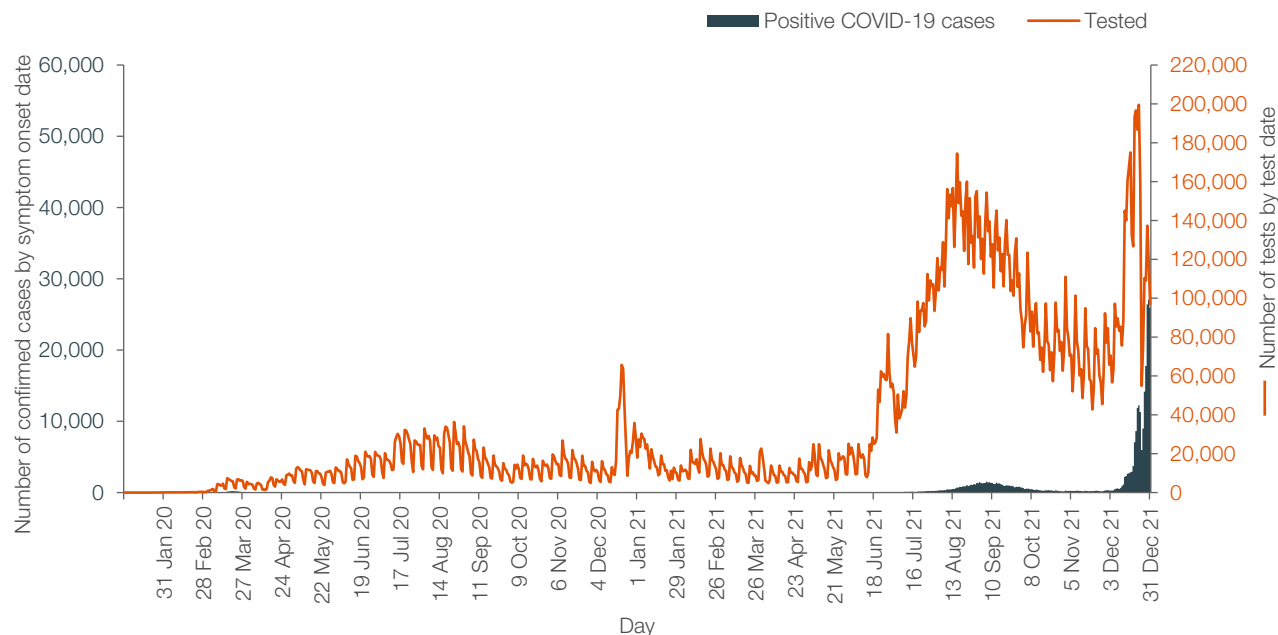


Figure 31

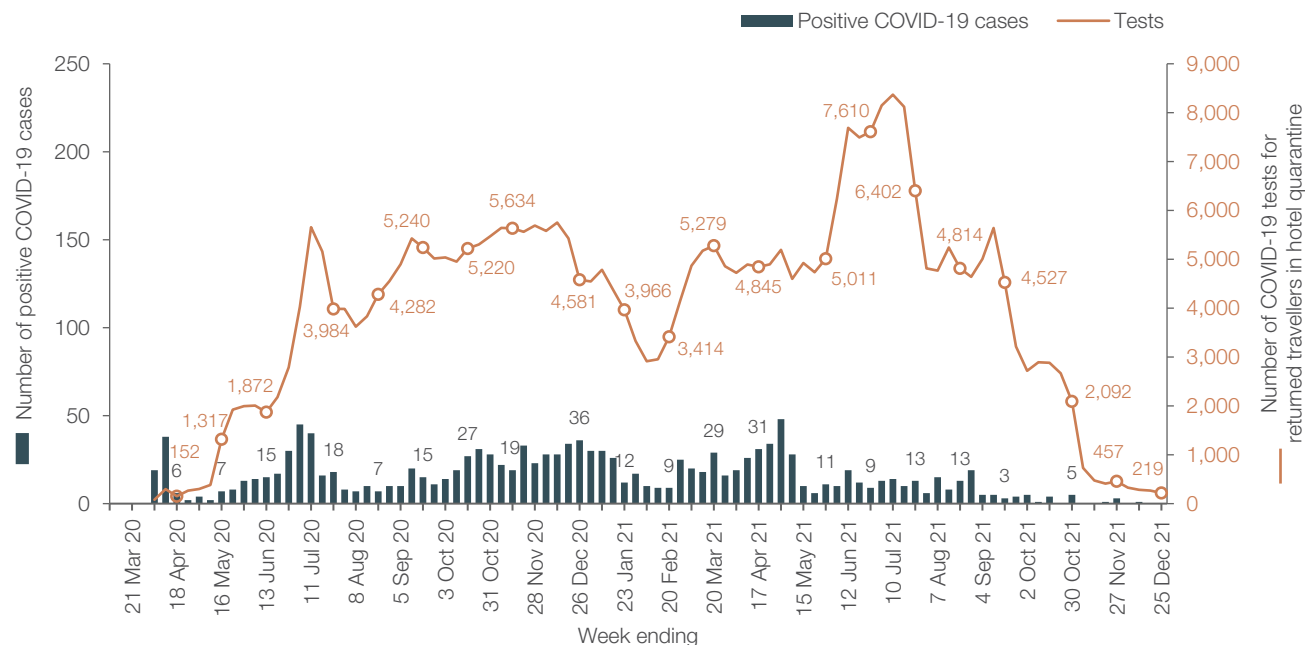
Number of COVID-19 tests for returned travellers and confirmed COVID-19 cases in hotel quarantine, NSW, by week

March 2020 to December 2021

By 31 December 2021, a total of 362,874 COVID-19 tests had been carried out for returned travellers in hotel quarantine, of which 1,399 were confirmed cases.

In the October to December 2021 quarter, there were 14,634 tests, of which 18 were positive cases.

Note: From 1 November 2021, only returned overseas travellers who were not fully vaccinated were required to enter 14-day hotel quarantine.



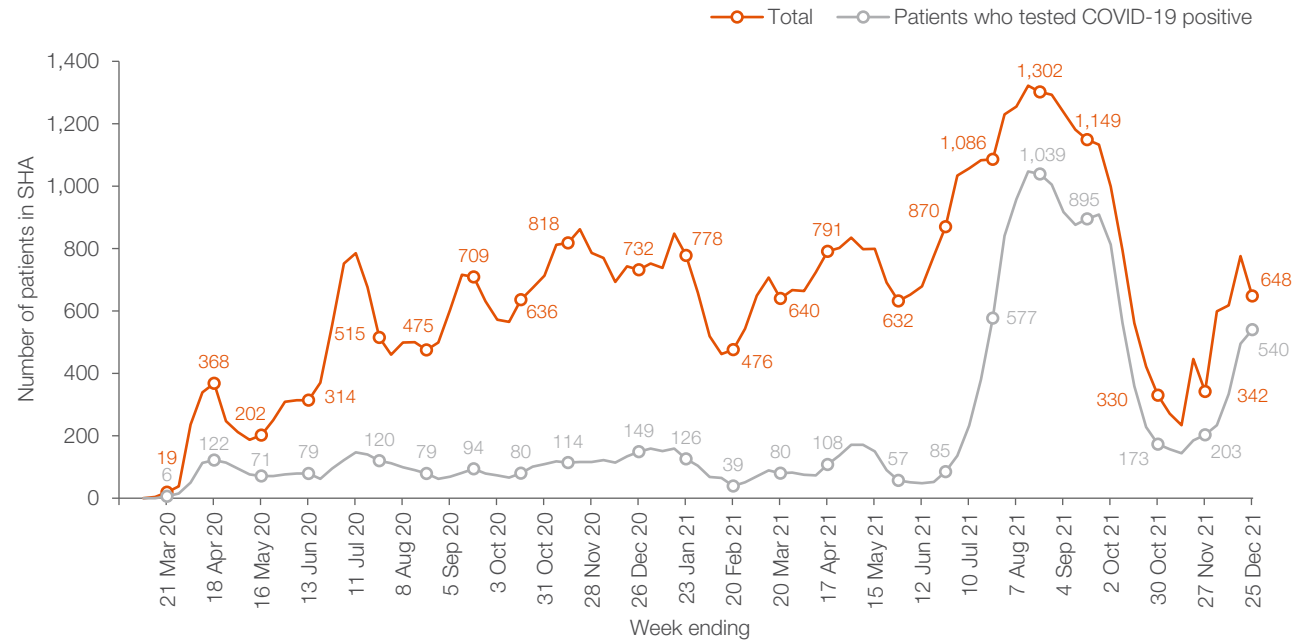
COVID-19 support services

Figure 32
 Number of people residing in Special Health Accommodation and number with COVID-19*, by week

March 2020 to December 2021

By 31 December 2021, a total of 21,420 people had been admitted to SHA, of which 6,831 (31.9%) were confirmed COVID-19 cases.

* SHA activity is presented only for Sydney Local Health District (LHD) services, which were the only SHA services covering the entire period from March 2020 to December 2021 in NSW. Other LHDs started providing SHA services from mid-September 2021 in response to growing COVID-19 cases in the community. Those figures are not included in this report. For more information, see the [technical supplement](#).



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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