

Healthcare Quarterly

Tracking public hospital and
ambulance service activity
and performance in NSW

July to September 2023



Overview

July to September 2023



Ambulance

The upward trend in activity continued, as did the improvement in response times compared with mid-2022.

Find out more from page 3



Elective surgery

Elective surgery activity was similar to pre-pandemic levels and more surgeries were performed on time compared with mid-2022.

Find out more from page 14



Emergency department

The upward trend in the most urgent ED presentations continued and patients spent a record amount of time in the ED.

Find out more from page 8



Admitted patients

Admitted patient activity was similar to pre-pandemic levels. Patients continued to spend longer in hospital.

Find out more from page 20

About this report

Page 1

Interactive data

Page 2

Activity and performance tables

From page 24

Explanation of key terms

Page 29

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 200 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 October 2023); ED (24 October 2023); elective surgery (16 October 2023); admitted patients (24 October 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 COVID-19 pandemic began in March 2020 and has continued to impact the NSW healthcare system.

Comparisons with previous quarters should be considered in the context of the fluctuations in hospital and ambulance activity and performance during the pandemic.

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

This report includes health system activity and performance in urban and rural areas for the July to September 2023 quarter.

Interactive data

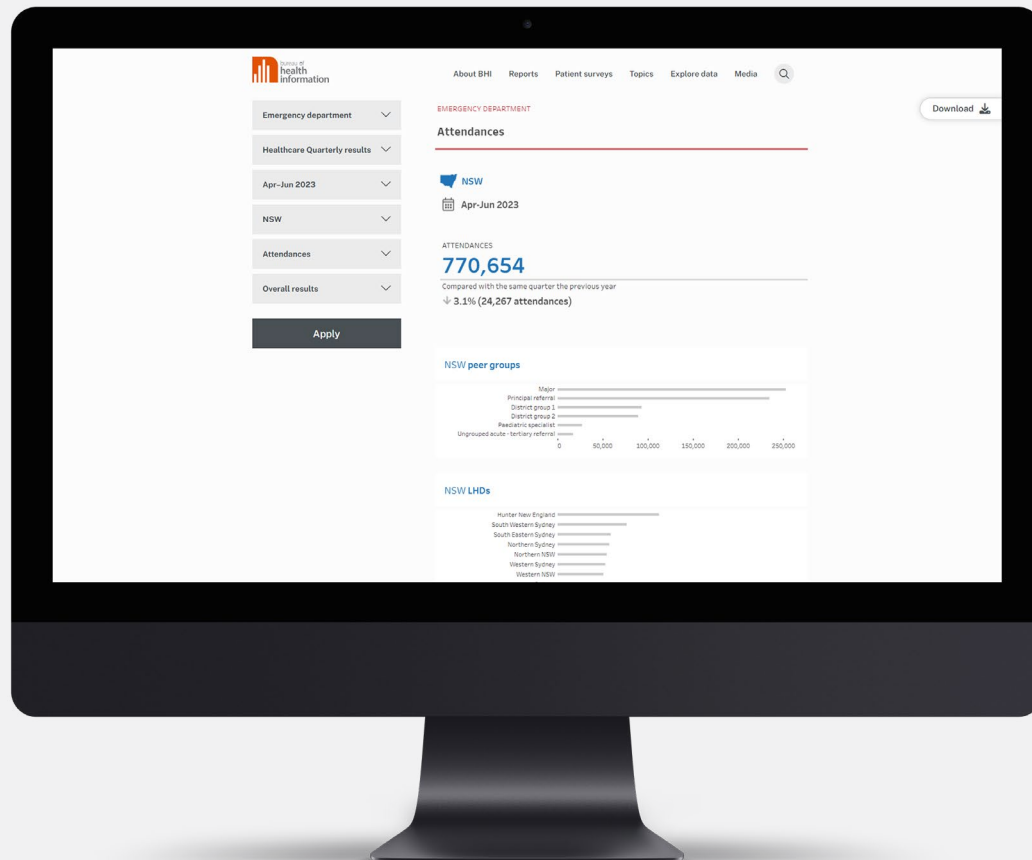
Bureau of Health Information Data Portal

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.

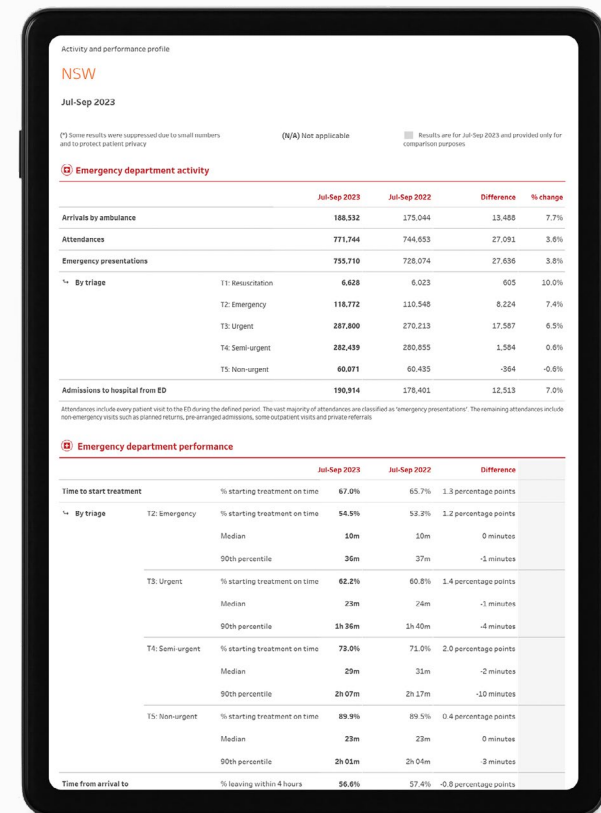
Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



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

July to September 2023

RESPONSES

The upward trend in ambulance activity continued with 363,251 responses – the highest of any quarter since BHI began reporting in 2010.

The number of ‘emergency – P1’ cases continued to increase, with 181,175 responses.

There were 12,642 ‘highest priority – P1A’ responses for patients with a life-threatening condition, 6.5% (883) lower than the record high in the preceding quarter.

CALL TO AMBULANCE ARRIVAL TIMES

The percentage of ‘emergency – P1’ cases with a call to ambulance arrival time within 15 minutes and 30 minutes was 48.6% and 88.9%, respectively. Both results have improved compared with the same quarter last year.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of P1A responses within 10 minutes was 66.4%, a 6.5 percentage point increase compared with the same quarter last year.



Behind the key findings

Figure 1
Ambulance calls, incidents, responses and patient transports, NSW
July 2018 to September 2023

Of the 363,251 ambulance responses in July to September 2023, 66.9% (243,146) were in urban areas and 32.6% (118,511) were in rural areas.

Note: Local areas are classified as 'urban' or 'rural' using the Accessibility and Remoteness Index of Australia (ARIA+), which is the standard used by the Australian Bureau of Statistics (ABS). For more information, see the [technical supplement](#).

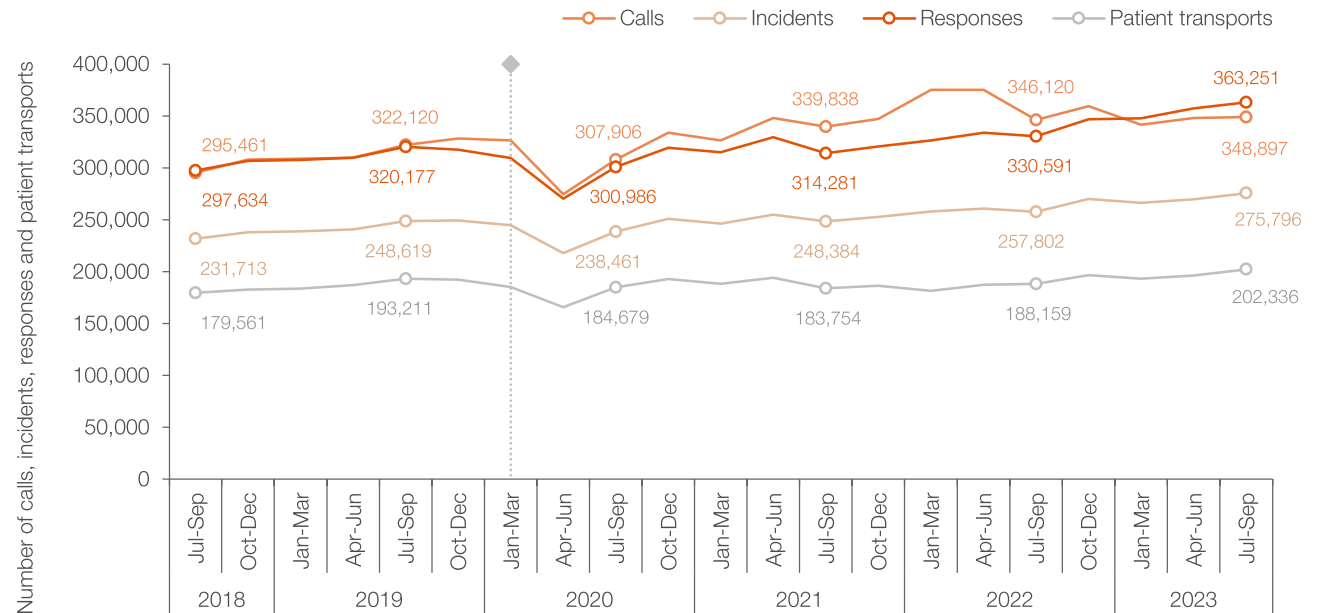
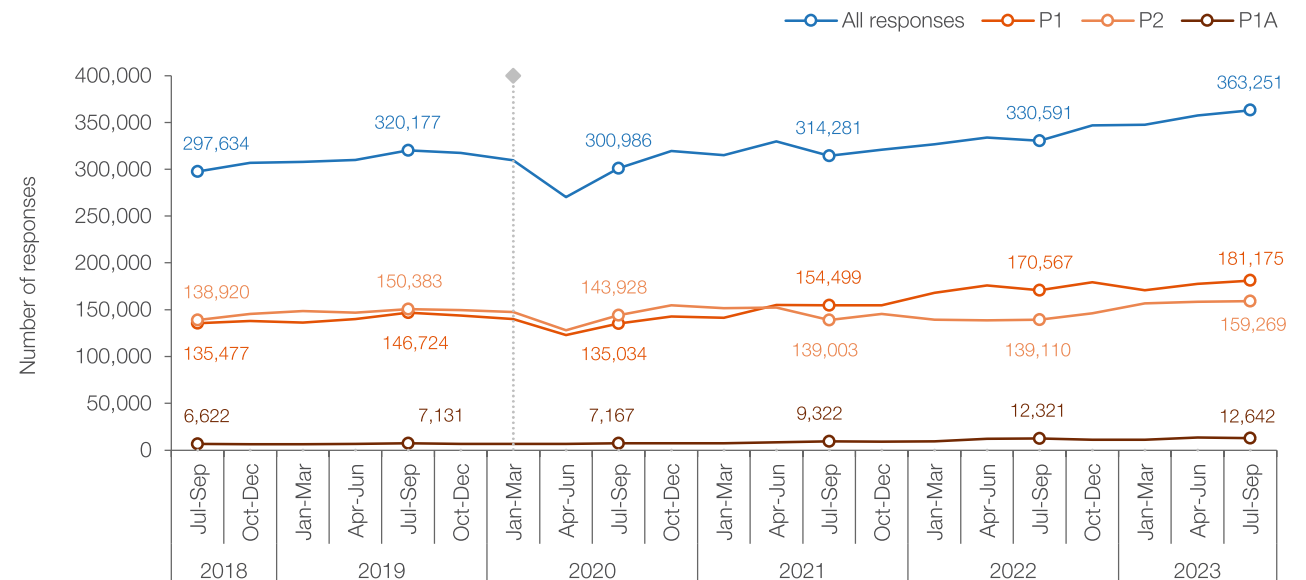


Figure 2
Ambulance responses, by priority category, NSW
July 2018 to September 2023

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 July 2018 to September 2023

In July to September 2023, the percentage of P1 cases with a call to ambulance arrival time within 15 minutes was 50.0% in urban areas and 45.7% in rural areas.

The percentage of P1 cases with a call to ambulance arrival time within 30 minutes was 91.6% in urban areas and 82.6% in rural areas.

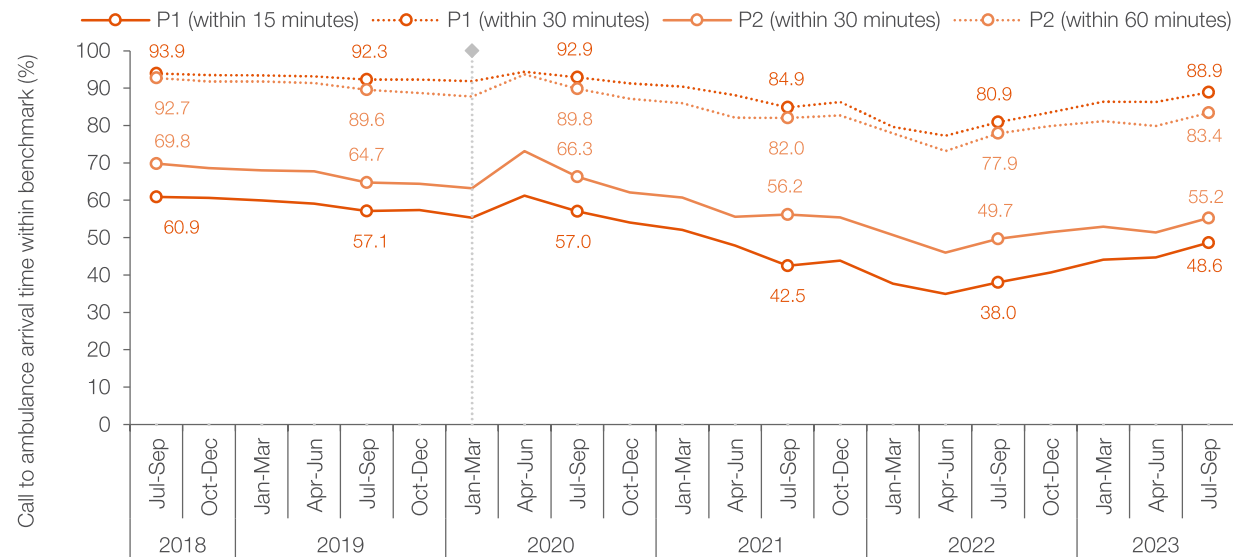
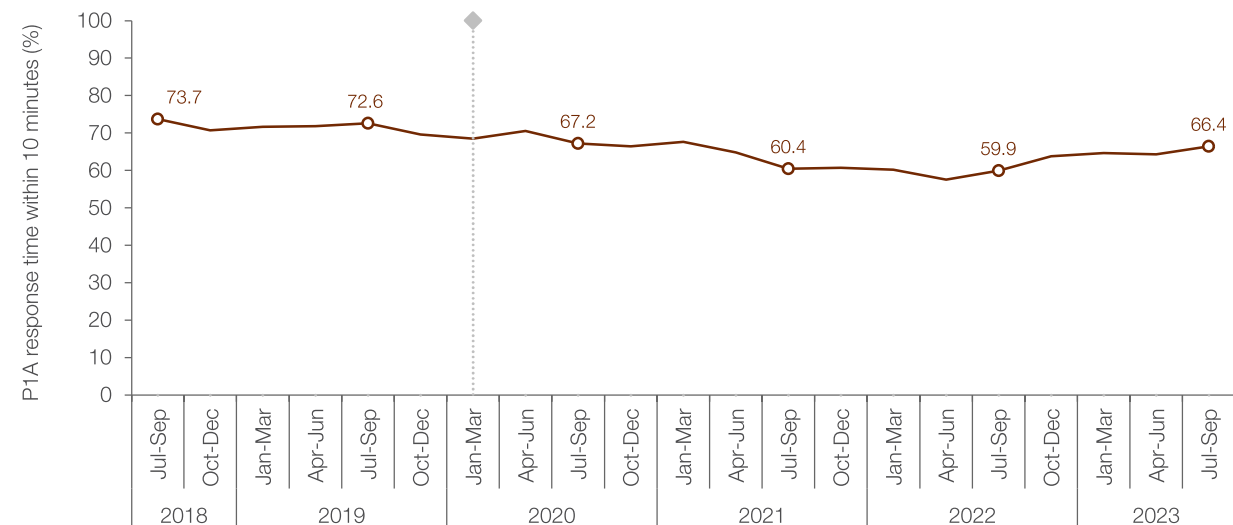


Figure 4
Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW July 2018 to September 2023

In July to September 2023, the percentage of P1A responses within 10 minutes was 72.3% in urban areas and 53.3% in rural areas.

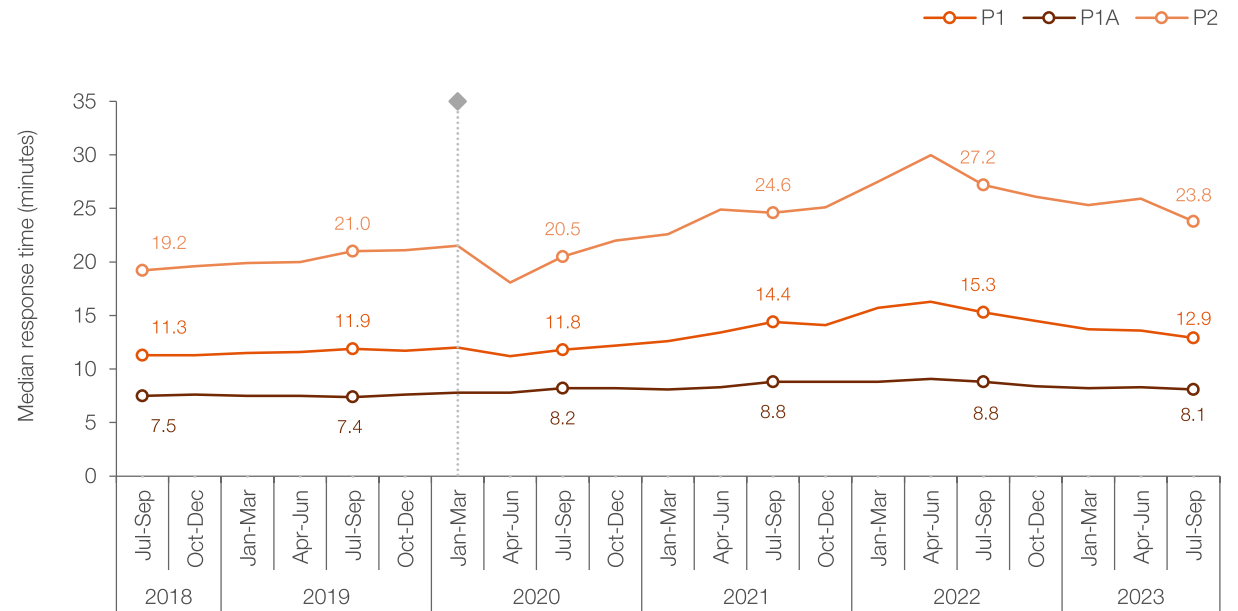


◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 5
 Median response times, by priority category, NSW
 July 2018 to September 2023

◆ 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.

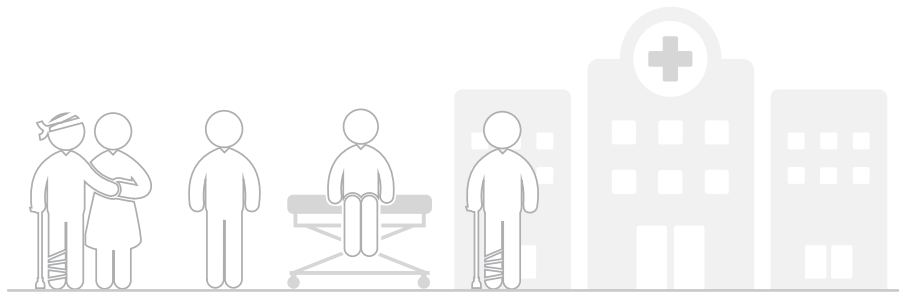
Key findings

July to September 2023

ACTIVITY

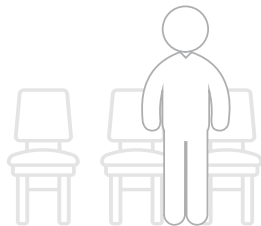
There were 771,744 ED attendances – up 3.6% (27,091) compared with the same quarter last year and similar to pre-pandemic levels.

The upward trend in the most urgent ED presentations continued, with 6,628 triage 1 presentations and 118,772 triage 2 presentations.



TIME TO START TREATMENT

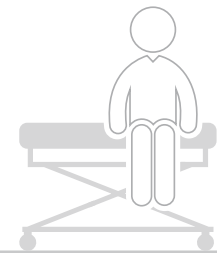
67.0% of all patients who attended the ED started their treatment on time, a slight improvement compared with the same quarter last year but below pre-pandemic levels.



TIME FROM ARRIVAL TO LEAVING ED

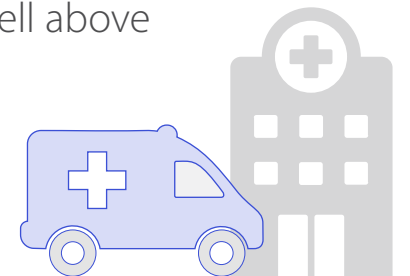
Patients spent longer in the ED with 56.6% leaving within four hours – the lowest of any quarter since BHI began reporting in 2010. One in 10 patients spent longer than 10 hours 56 minutes in the ED.

Of the 190,914 patients treated and admitted to hospital, 24.3% spent less than four hours in the ED. One in 10 of these patients spent longer than 20 hours and 48 minutes in the ED.



TIME TO TRANSFER CARE

77.0% of patients who arrived by ambulance had their care transferred to ED staff within 30 minutes, a small increase compared with the same quarter last year. One in 10 patients waited longer than 61 minutes – well above pre-pandemic levels.



Behind the key findings

Figure 6
**Emergency department attendances, NSW
 July 2018 to September 2023**

Of the 771,744 ED attendances in July to September 2023, 63.8% (492,189) were in urban hospitals and 36.2% (279,555) 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 ARIA+, which is the standard used by ABS. For more information, see the [technical supplement](#).

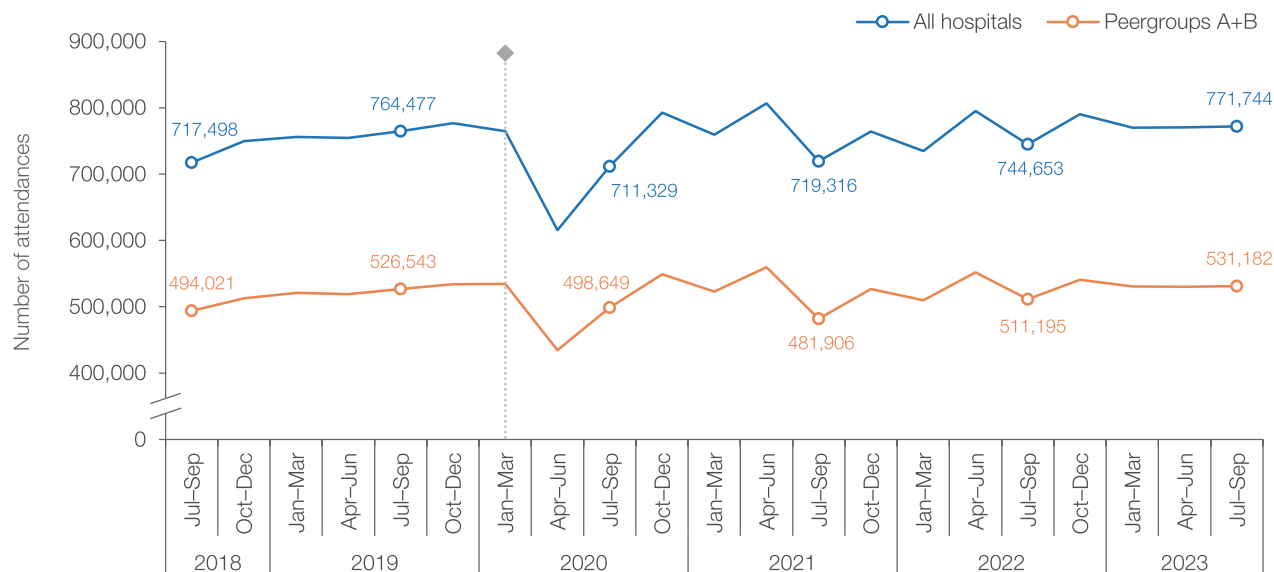
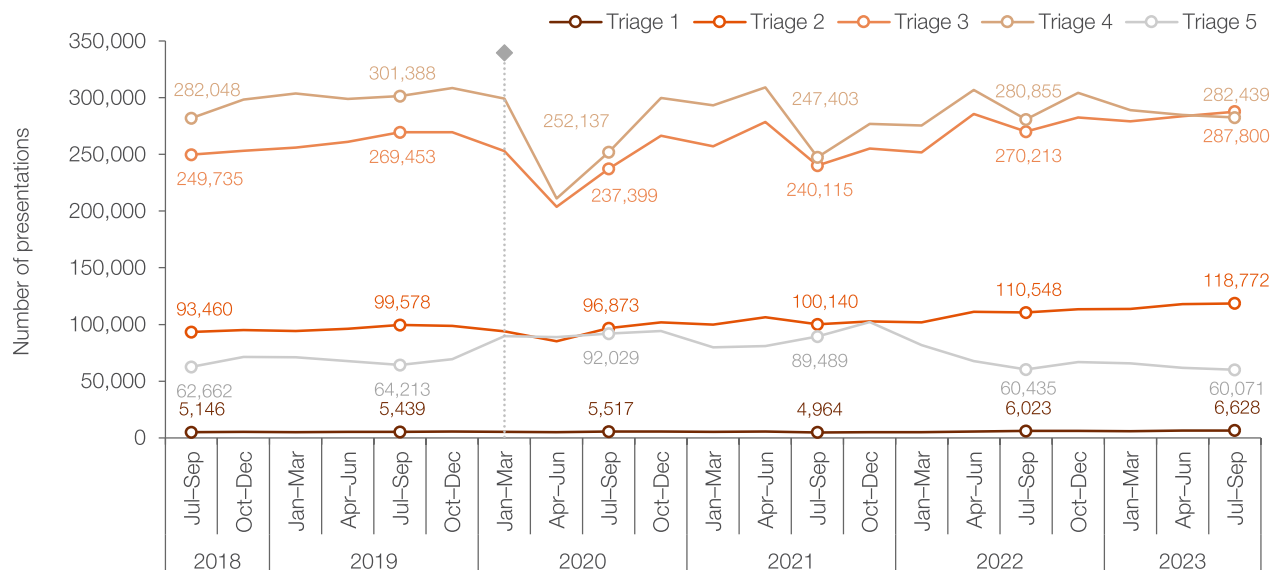


Figure 7
**Emergency presentations, by triage category, NSW
 July 2018 to September 2023**

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
July 2018 to September 2023

In July to September 2023, the percentage of all patients who had their treatment start on time was 62.3% in urban hospitals and 75.3% 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.

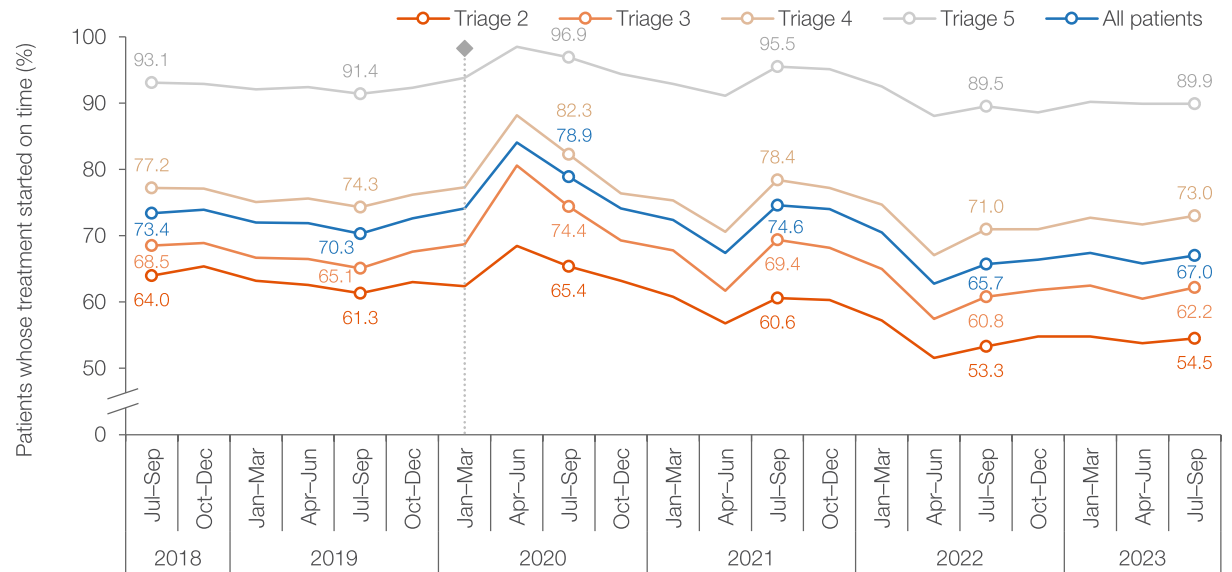
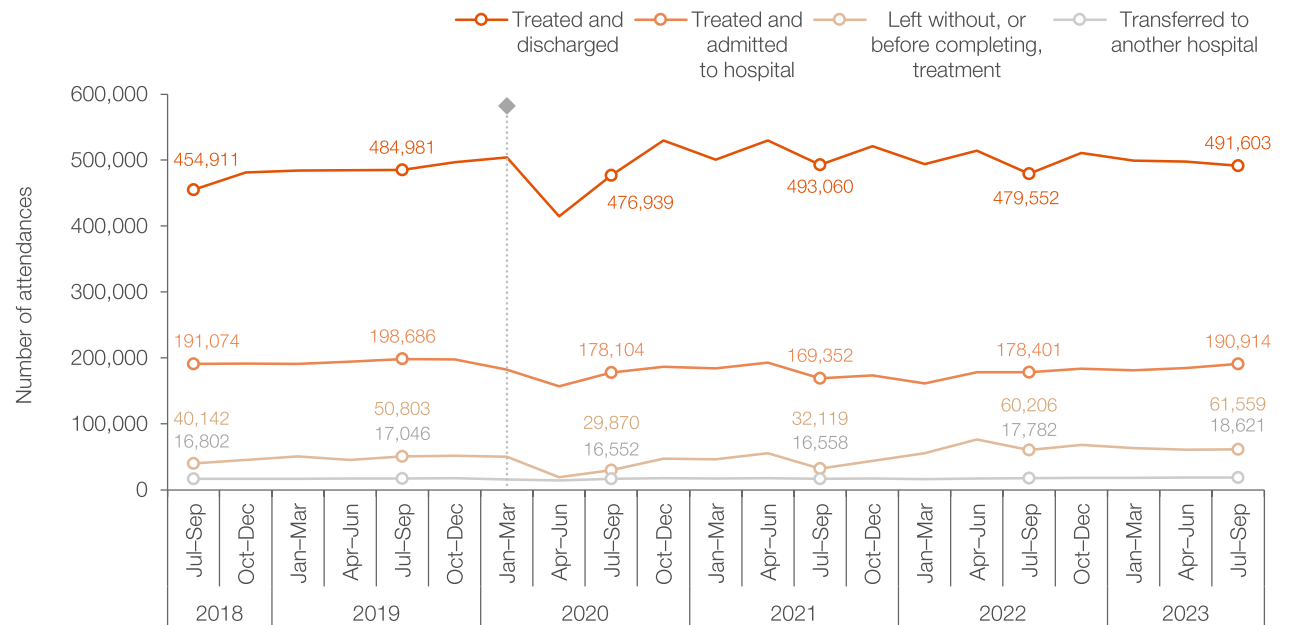


Figure 9
Emergency department attendances, by mode of leaving, NSW
July 2018 to September 2023

'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 61,559 patients who left without, or before completing, treatment in July to September 2023, 31.9% were triage 3, 46.9% were triage 4 and 13.5% were triage 5.

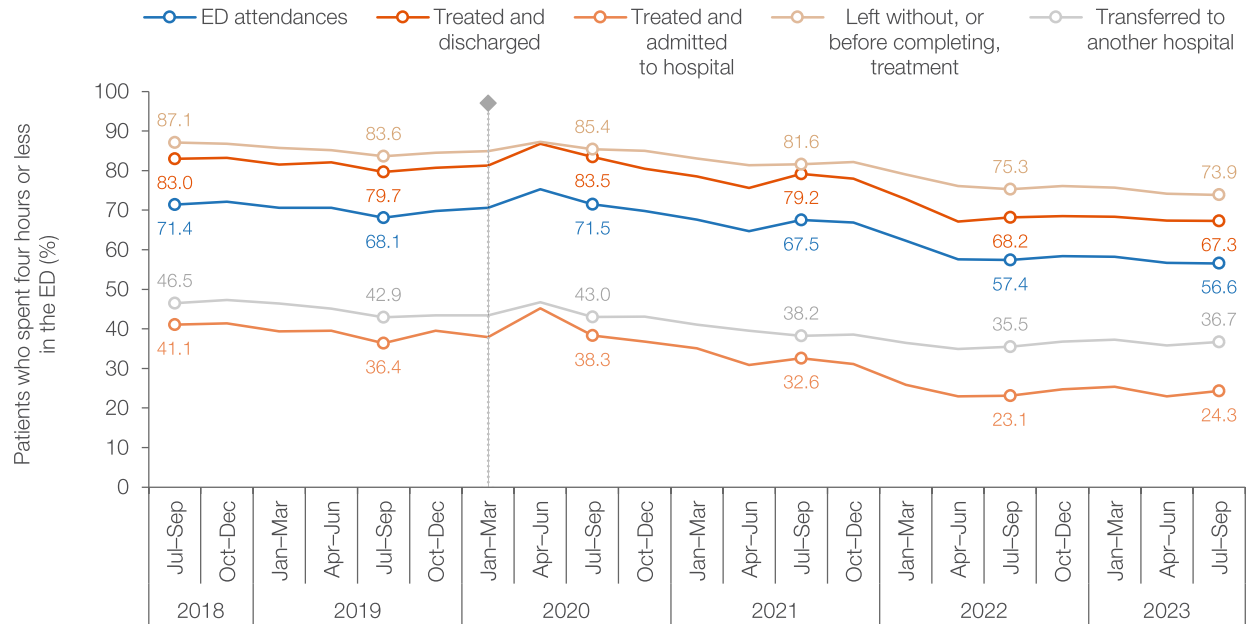


♦ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 10
Percentage of patients leaving the emergency department within four hours, by mode of leaving, NSW July 2018 to September 2023

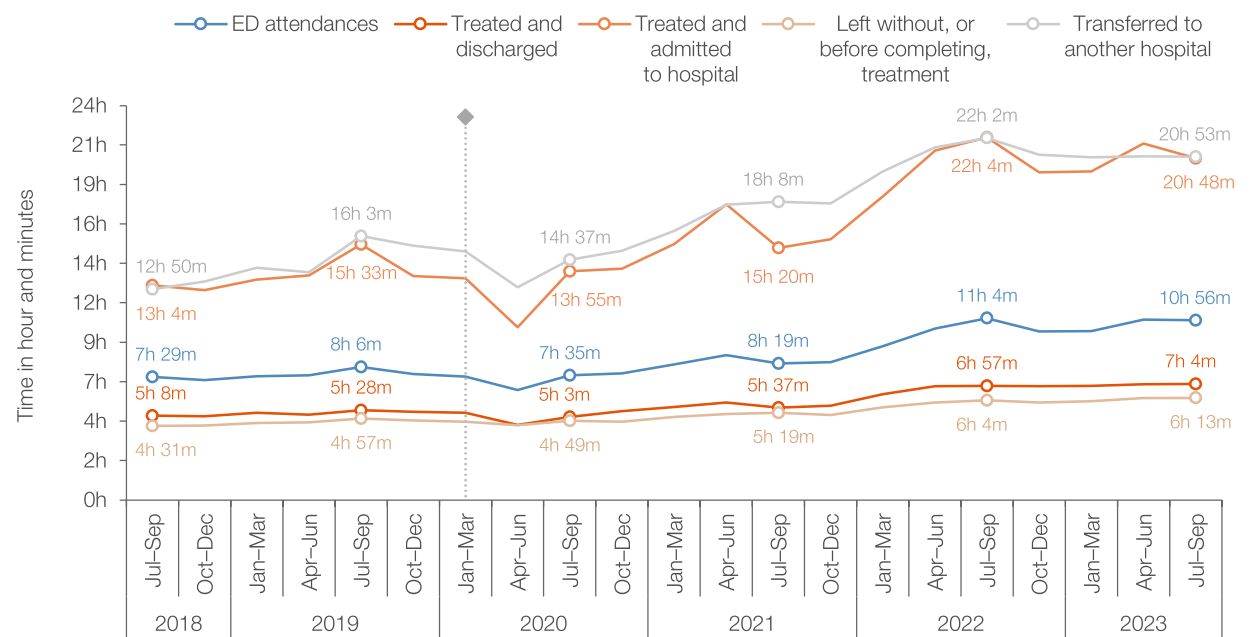
In July to September 2023, the percentage of all patients who spent less than four hours in the ED was 48.7% in urban hospitals and 70.5% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 11
90th percentile time from arrival at the emergency department to leaving, by mode of leaving, NSW July 2018 to September 2023

In July to September 2023, one in 10 patients in urban hospitals spent longer than 12 hours 16 minutes in the ED and one in 10 patients in rural hospitals spent longer than 8 hours 6 minutes.



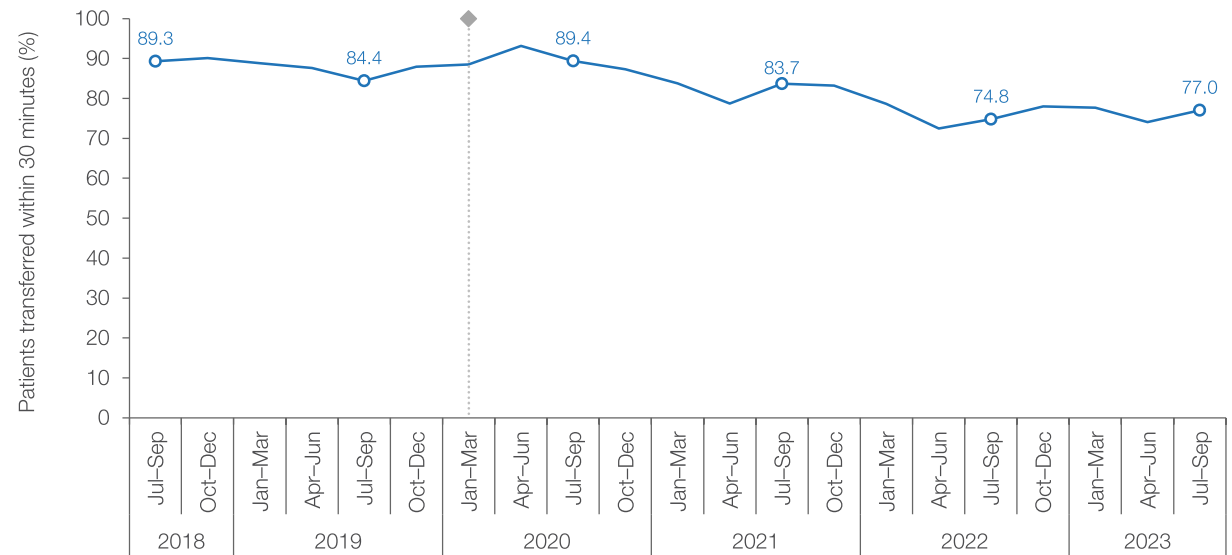
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 12
Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW July 2018 to September 2023

In July to September 2023, the number of patients arriving at the ED by ambulance was 188,532.

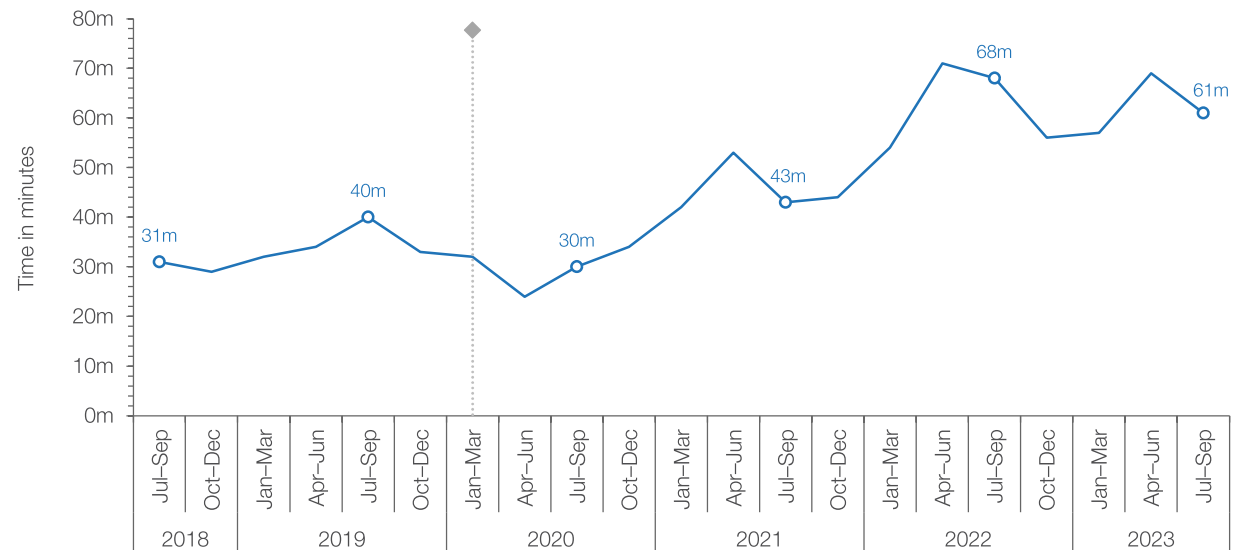
The percentage of patients transferred from paramedics to ED staff within 30 minutes was 74.6% in urban hospitals and 83.3% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 13
90th percentile time to transfer care from paramedics to emergency department staff, NSW July 2018 to September 2023

In July to September 2023, one in 10 patients in urban hospitals waited longer than 1 hour 6 minutes and one in 10 patients in rural hospitals waited longer than 45 minutes.



◆ 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

July to September 2023

SURGERIES PERFORMED

There were 61,195 elective surgeries performed – up 10.4% (5,754) compared with the same quarter last year and similar to pre-pandemic levels.

5,566 elective surgeries were contracted to private hospitals – up 6.0% (313) compared with the same quarter last year.



WAITING TIMES

Overall, 82.6% of elective surgeries were performed on time – a 7.1 percentage point increase from the same quarter last year.

One in 10 patients who received non-urgent surgery waited longer than 454 days – down from the record long wait times in late 2022.



PATIENTS ON WAITING LIST

There were 91,525 patients on the waiting list at the end of September 2023, a decrease of 8.4% (8,406) compared with September 2022 but still higher than pre-pandemic levels.

Of these patients, 6,937 had waited longer than clinically recommended – a decrease of 61.2% (10,956) compared with September 2022. Most were waiting for non-urgent (63.9%) and semi-urgent (36.0%) surgeries.



Behind the key findings

Figure 14
Elective surgeries performed, by urgency category, NSW
July 2018 to September 2023

Of the 61,195 elective surgeries performed in July to September 2023, 73.3% (44,831) were in urban hospitals and 26.7% (16,364) in rural hospitals.

In addition to elective surgery, 25,821 emergency surgeries were performed in public hospitals.

In response to the COVID-19 pandemic, non-urgent elective surgery was intermittently suspended, resulting in decreases in the number of elective surgeries 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](#).

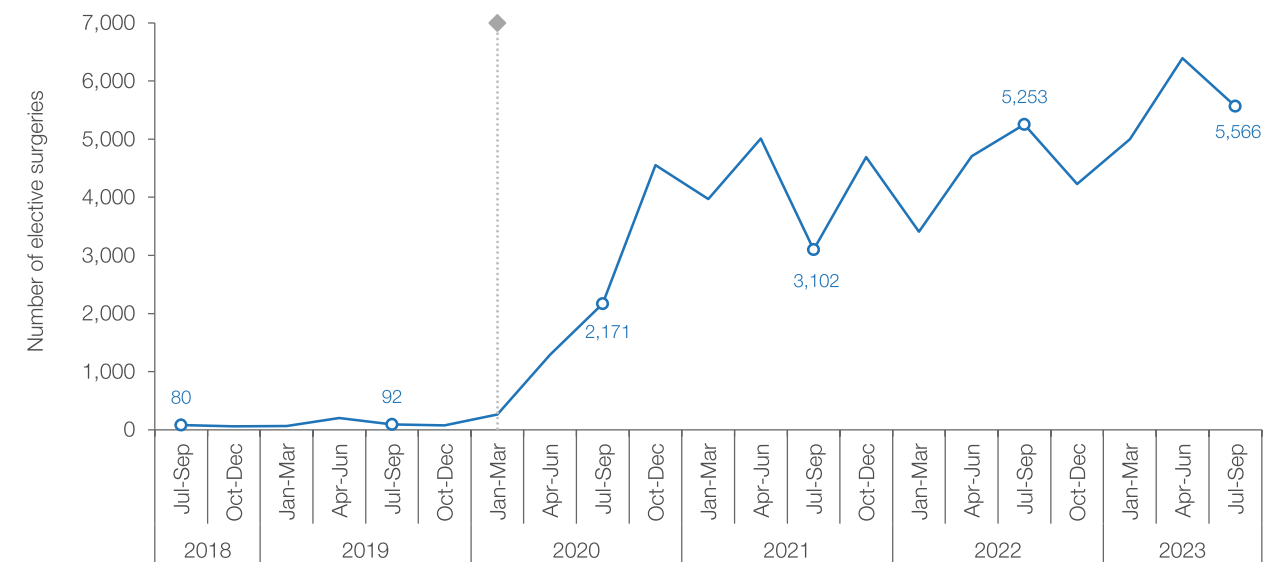
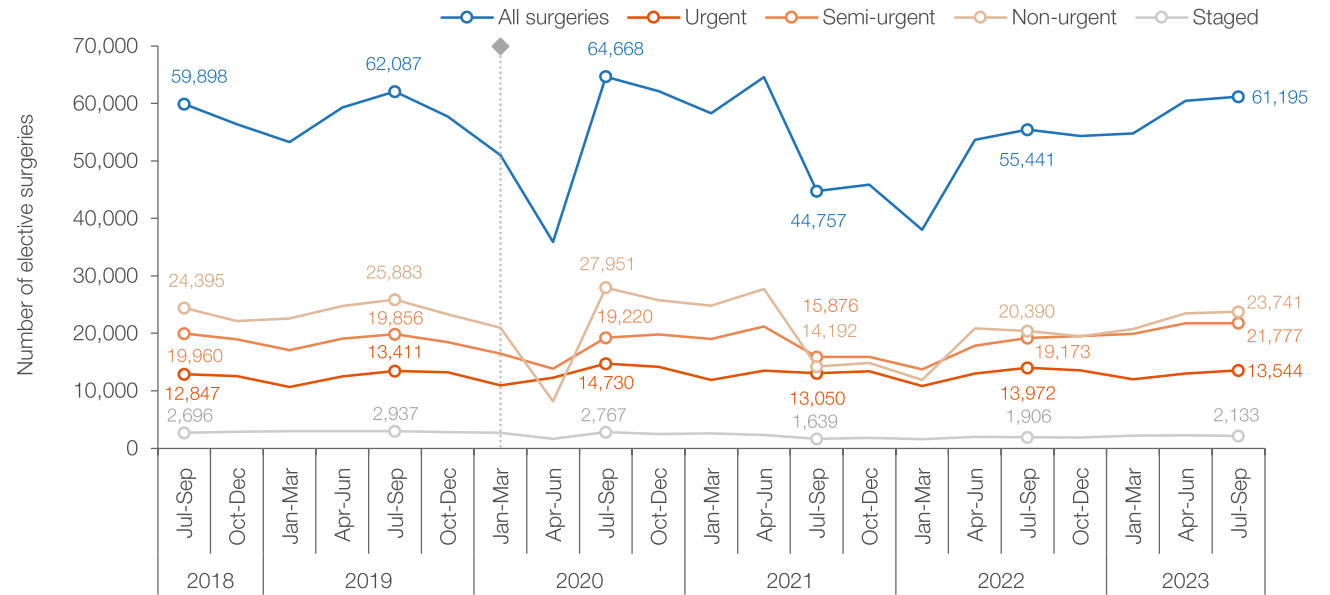
Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by ABS. For more information, see the [technical supplement](#).

ADDITIONAL INSIGHTS

Figure 15
Elective surgeries contracted to private hospitals, NSW
July 2018 to September 2023

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 16
**Percentage of elective surgeries performed on time, by urgency category, NSW
 July 2018 to September 2023**

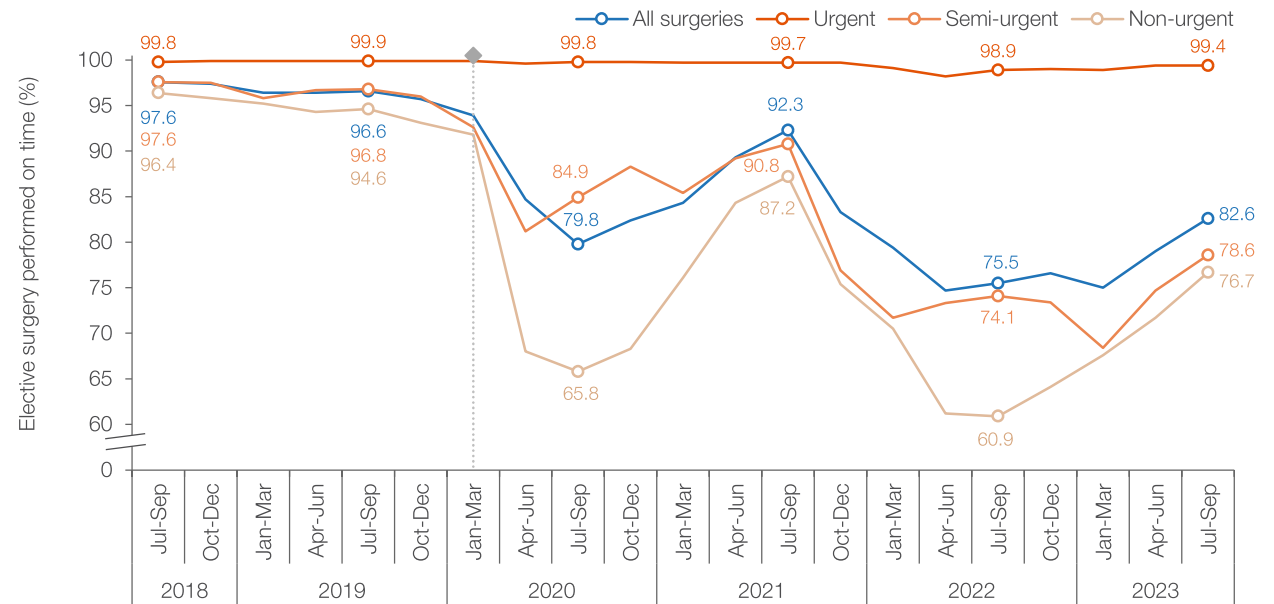
In July to September 2023, the percentage of elective surgeries performed on time was 83.3% in urban hospitals and 80.7% in rural hospitals.

Clinically recommended maximum waiting times for elective surgery are:

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

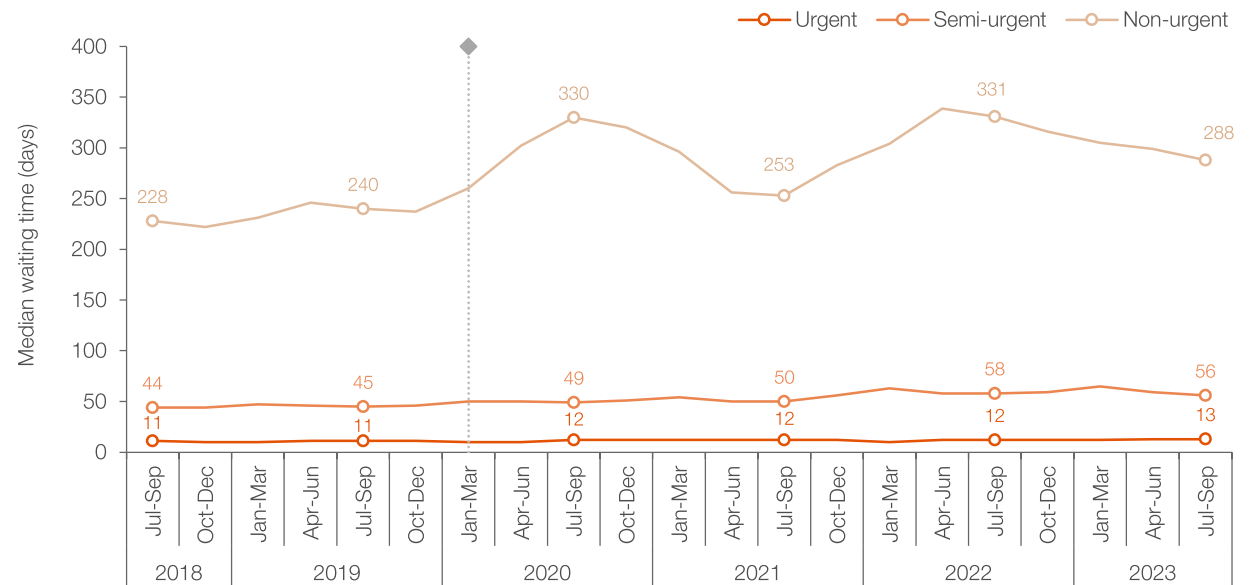
The percentage of elective surgeries performed on time is calculated based on those patients who received surgery during the quarter. This measure may be affected by previous suspensions of semi-urgent and non-urgent surgery.

◆ 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

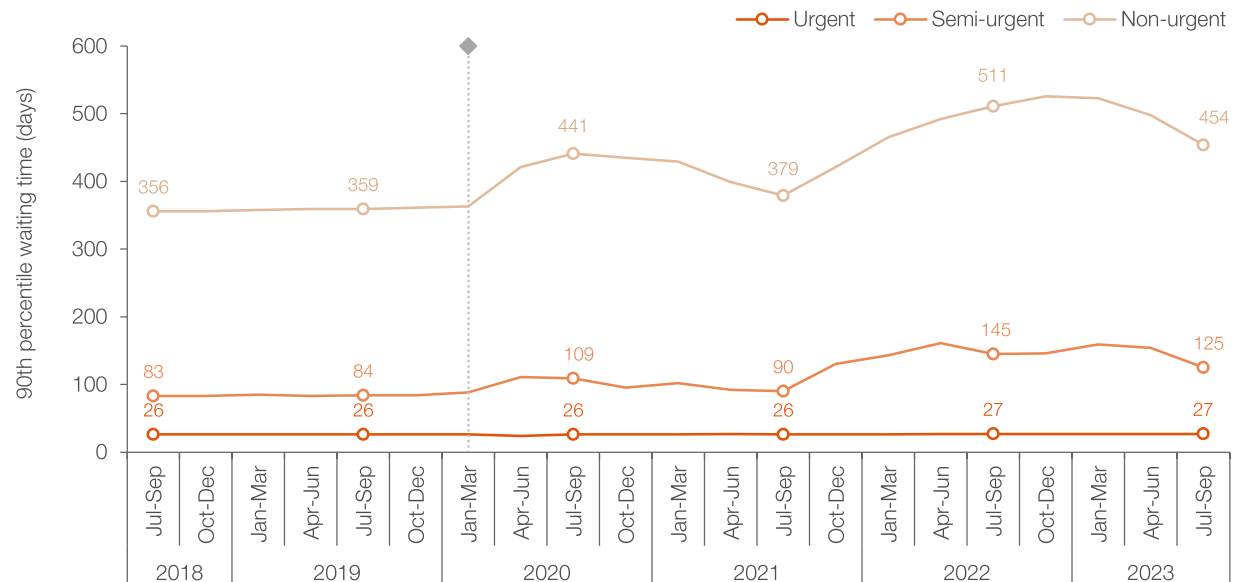
Figure 17
 Median waiting time for elective surgery,
 by urgency category, NSW
 July 2018 to September 2023



ADDITIONAL INSIGHTS

Figure 18
 90th percentile waiting time for elective surgery,
 by urgency category, NSW
 July 2018 to September 2023

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 19
 Patients on the waiting list ready for surgery at the end of September 2023, by urgency category, NSW July 2018 to September 2023

Of those patients on the waiting list ready for surgery at the end of the September 2023, 69.5% (63,567) were in urban hospitals and 30.5% (27,958) were in rural hospitals.

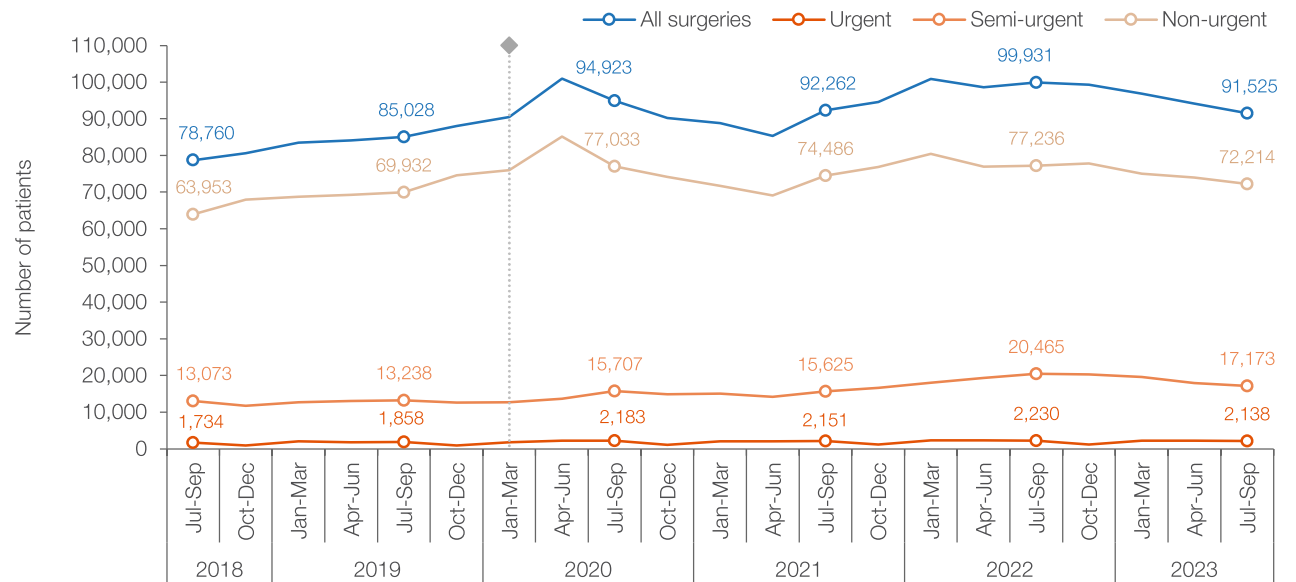
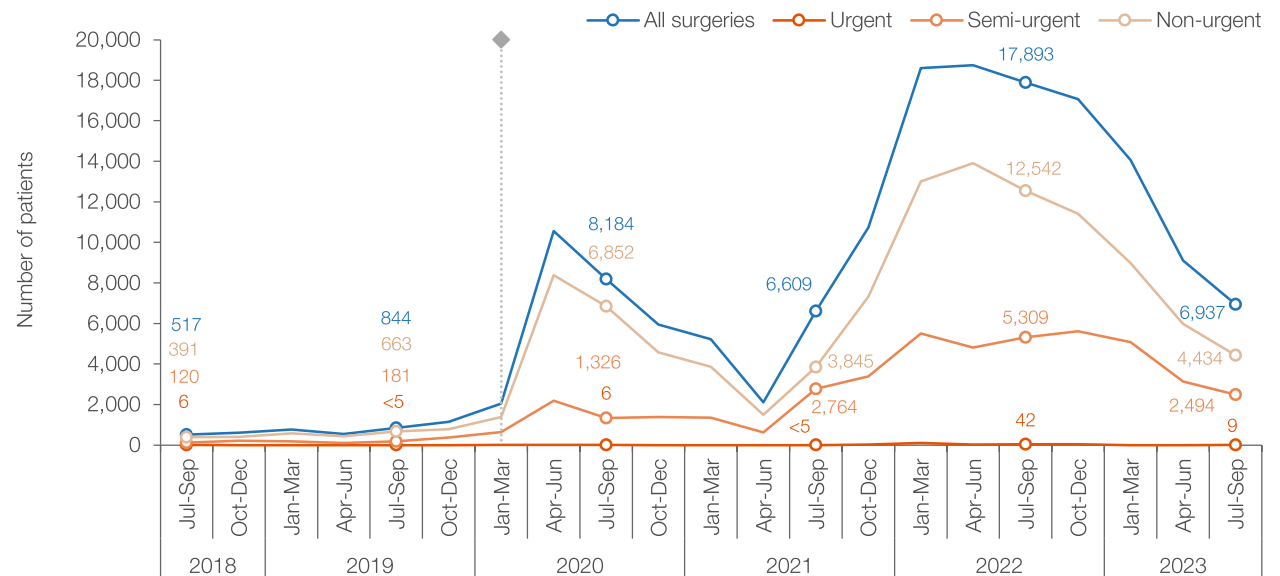


Figure 20
 Patients on the waiting list ready for surgery at the end of September 2023 who had waited longer than clinically recommended, by urgency category, NSW July 2018 to September 2023

Of those patients on the waiting list ready for surgery at the end of September 2023 who had waited longer than clinically recommended, 71.0% (4,923) were in urban hospitals and 29.0% (2,014) 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.



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

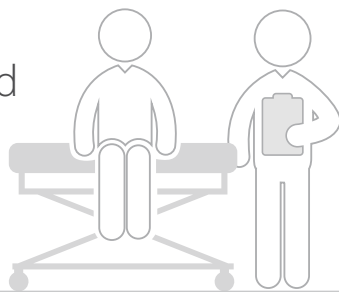
July to September 2023

EPISODES OF CARE

There were 500,834 admitted patient episodes – up 5.4% (25,442) compared with the same quarter last year and similar to pre-pandemic levels.

There were 18,635 non-acute episodes – down 5.5% (1,079) compared with pre-pandemic levels.

There were 231,155 same day acute episodes – up 6.1% (13,199) compared with pre-pandemic levels.



BABIES BORN

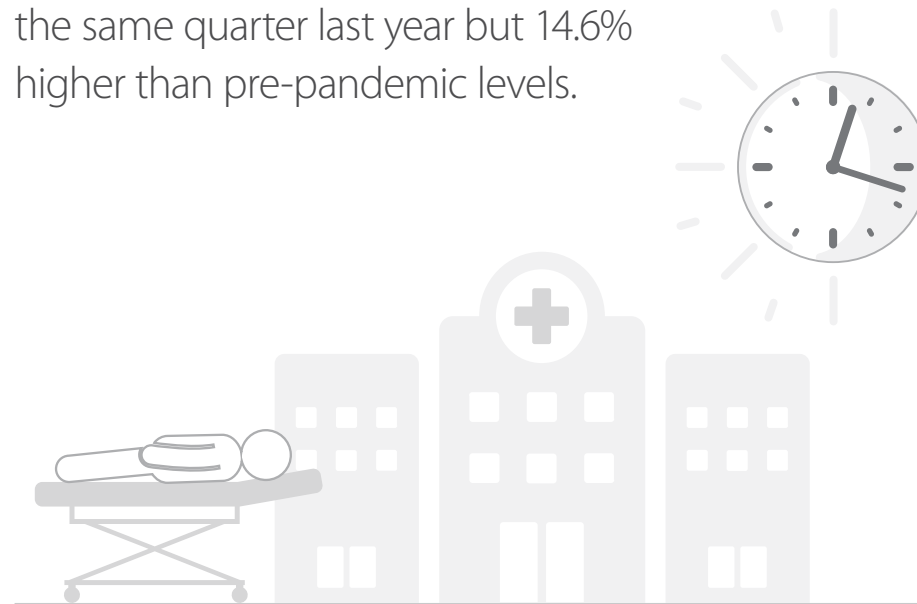
16,818 babies were born in public hospitals – up 6.0% (959) from the record low in January to March 2023.



AVERAGE LENGTH OF STAY

The average length stay for all overnight episodes was 6.2 days – slightly lower than the same quarter last year. This measure remained above pre-pandemic levels.

The average length of stay for overnight non-acute episodes was 16.5 days – slightly lower than the same quarter last year but 14.6% higher than pre-pandemic levels.



Behind the key findings

Figure 21
Episodes of care, by care type, NSW
July 2018 to September 2023

Of the 500,834 episodes in July to September 2023, 74.8% (374,858) were in urban hospitals and 25.2% (125,976) in rural hospitals

Admitted patient episodes of care can be:

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

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+, which is the standard used by ABS. For more information, see the [technical supplement](#).

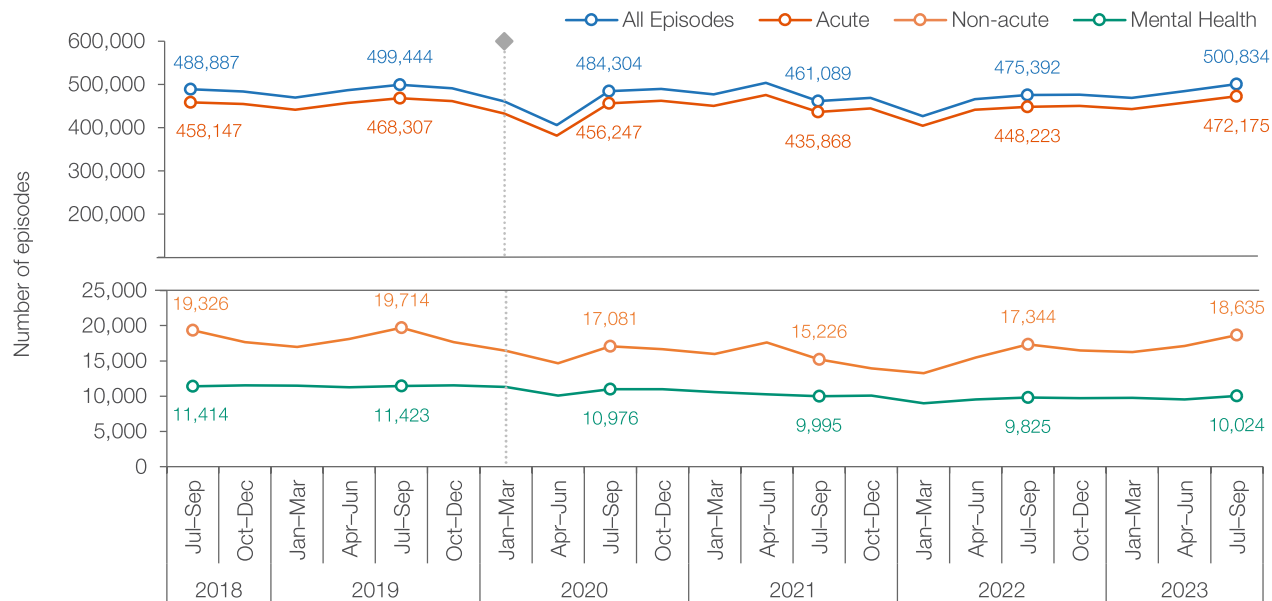
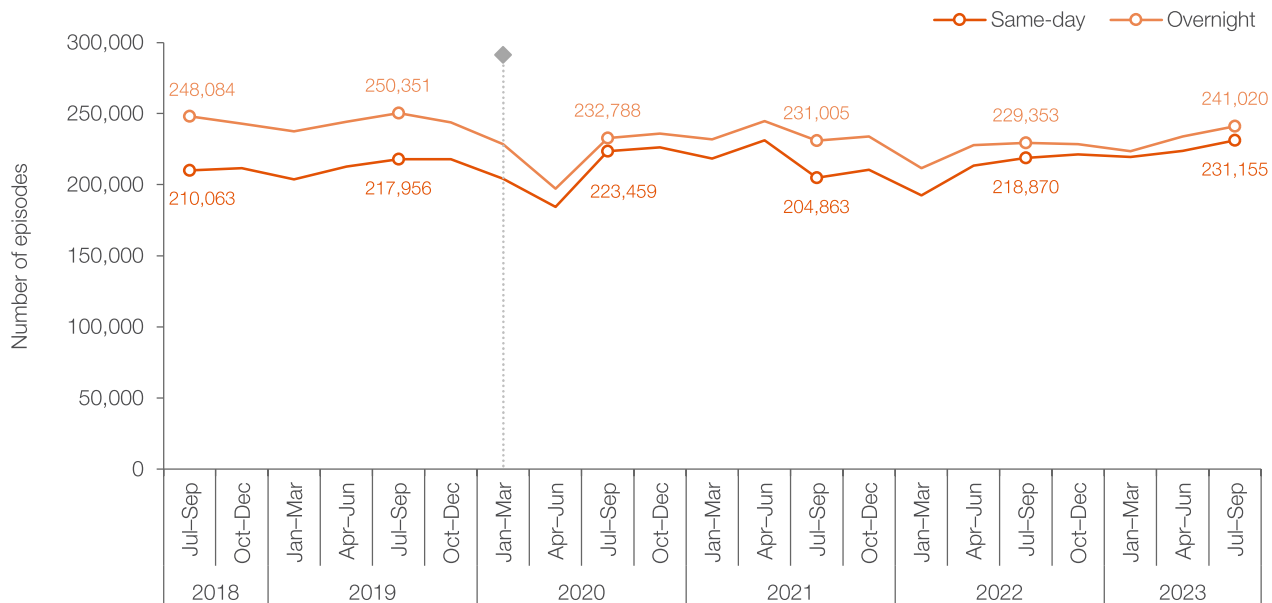


Figure 22
Acute episodes of care, by stay type, NSW
July 2018 to September 2023

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 23
Average length of stay for overnight episodes, by care type, NSW
July 2018 to September 2023

For acute overnight episodes in July to September 2023, the average length of stay was 5.0 days in urban hospitals and 4.5 days in rural hospitals.

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

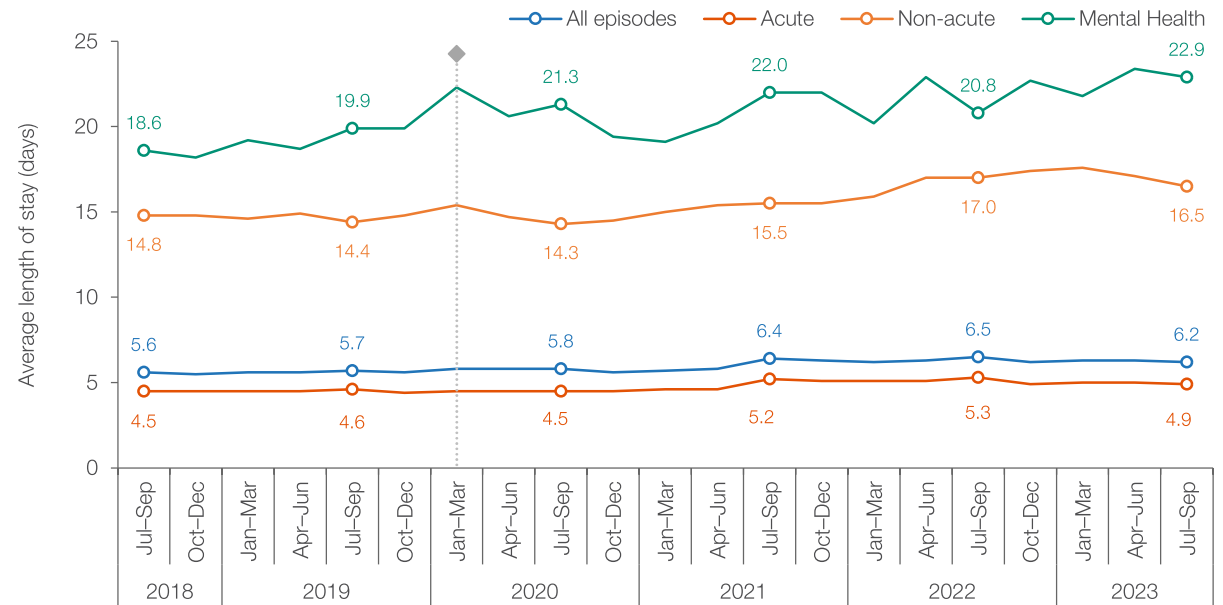
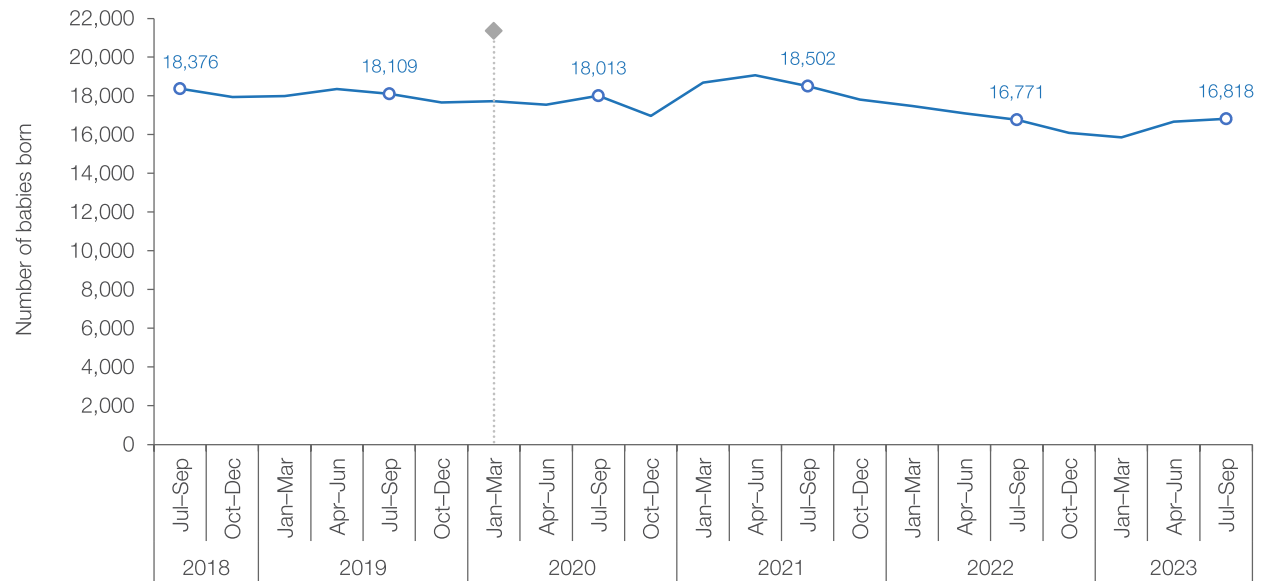


Figure 24
Babies born in public hospitals, NSW
July 2018 to September 2023

◆ 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 four years earlier to allow stable comparisons with pre-pandemic levels.

Activity

| | | Jul-Sep 2023 | Jul-Sep 2022 | COMPARING 2023 WITH 2022 | | Jul-Sep 2019 | COMPARING 2023 WITH 2019 | |
|------------------|-----------------------|----------------|--------------|--------------------------|----------|--------------|--------------------------|----------|
| | | | | Difference | % change | | Difference | % change |
| Responses | | 363,251 | 330,591 | 32,660 | 9.9% | 320,177 | 43,074 | 13.5% |
| By priority | P1: Emergency | 181,175 | 170,567 | 10,608 | 6.2% | 146,724 | 34,451 | 23.5% |
| | P1A: Highest priority | 12,642 | 12,321 | 321 | 2.6% | 7,131 | 5,511 | 77.3% |
| | P2: Urgent | 159,269 | 139,110 | 20,159 | 14.5% | 150,383 | 8,886 | 5.9% |
| | P3: Time critical | 15,263 | 13,385 | 1,878 | 14.0% | 14,931 | 332 | 2.2% |
| | P4-9: Non-emergency | 7,544 | 7,529 | 15 | 0.2% | 8,139 | -595 | -7.3% |
| Incidents | | 275,796 | 257,802 | 17,994 | 7.0% | 248,619 | 27,177 | 10.9% |

Performance

| | | | Jul-Sep 2023 | Jul-Sep 2022 | COMPARING 2023 WITH 2022 | | Jul-Sep 2019 | COMPARING 2023 WITH 2019 | |
|---------------------------------------|----------|---------------------|---------------------|--------------|--------------------------|-----------------------|--------------|--------------------------|------------------------|
| | | | | | Difference | Difference | | | |
| Call to ambulance arrival time | | | | | | | | | |
| By priority | P1 cases | % within 15 minutes | 48.6% | 38.0% | 10.6 percentage points | | 57.1% | -8.5 percentage points | |
| | | % within 30 minutes | 88.9% | 80.9% | 8.0 percentage points | | 92.3% | -3.4 percentage points | |
| | P2 cases | % within 30 minutes | 55.2% | 49.7% | 5.5 percentage points | | 64.7% | -9.5 percentage points | |
| | | % within 60 minutes | 83.4% | 77.9% | 5.5 percentage points | | 89.6% | -6.2 percentage points | |
| Response time | | | | | | | | | |
| By priority | P1 cases | Median | 12.9 minutes | 15.3 minutes | -2.4 minutes | | 11.9 minutes | 1.0 minutes | |
| | | P1A cases | % within 10 minutes | 66.4% | 59.9% | 6.5 percentage points | | 72.6% | -6.2 percentage points |
| | | Median | 8.1 minutes | 8.8 minutes | -0.7 minutes | | 7.4 minutes | 0.7 minutes | |
| | P2 cases | Median | 23.8 minutes | 27.2 minutes | -3.4 minutes | | 21.0 minutes | 2.8 minutes | |

Emergency department

| Activity | Jul-Sep 2023 | Jul-Sep 2022 | COMPARING 2023 WITH 2022 | | Jul-Sep 2019 | COMPARING 2023 WITH 2019 | |
|---------------------------------------|----------------|--------------|--------------------------|----------|--------------|--------------------------|----------|
| | | | Difference | % change | | Difference | % change |
| Arrivals by ambulance | 188,532 | 175,044 | 13,488 | 7.7% | 179,056 | 9,476 | 5.3% |
| Attendances | 771,744 | 744,653 | 27,091 | 3.6% | 764,477 | 7,267 | 1.0% |
| Emergency presentations | 755,710 | 728,074 | 27,636 | 3.8% | 740,071 | 15,639 | 2.1% |
| By triage category | | | | | | | |
| T1: Resuscitation | 6,628 | 6,023 | 605 | 10.0% | 5,439 | 1,189 | 21.9% |
| T2: Emergency | 118,772 | 110,548 | 8,224 | 7.4% | 99,578 | 19,194 | 19.3% |
| T3: Urgent | 287,800 | 270,213 | 17,587 | 6.5% | 269,453 | 18,347 | 6.8% |
| T4: Semi-urgent | 282,439 | 280,855 | 1,584 | 0.6% | 301,388 | -18,949 | -6.3% |
| T5: Non-urgent | 60,071 | 60,435 | -364 | -0.6% | 64,213 | -4,142 | -6.5% |
| Admissions to hospital from ED | 190,914 | 178,401 | 12,513 | 7.0% | 198,686 | -7,772 | -3.9% |

| Performance | Jul-Sep 2023 | Jul-Sep 2022 | COMPARING 2023 WITH 2022 | | Jul-Sep 2019 | COMPARING 2023 WITH 2019 | |
|--|------------------------------|-------------------------|--------------------------|------------------------|----------------|--------------------------|--|
| | | | Difference | | | Difference | |
| Percentage of patients transferred from ambulance to ED within 30 minutes | 77.0% | 74.8% | 2.2 percentage points | | 84.4% | -7.4 percentage points | |
| Time to start treatment | | | | | | | |
| All patients | % starting treatment on time | 67.0% | 65.7% | 1.3 percentage points | 70.3% | -3.3 percentage points | |
| By triage category | | | | | | | |
| T2: Emergency (Recommended: 80% in 10 minutes) | % starting treatment on time | 54.5% | 53.3% | 1.2 percentage points | 61.3% | -6.8 percentage points | |
| | Median | 10 mins | 10 mins | unchanged | 9 mins | 1 min | |
| | 90th percentile | 36 mins | 37 mins | -1 min | 29 mins | 7 mins | |
| T3: Urgent (Recommended: 75% in 30 minutes) | % starting treatment on time | 62.2% | 60.8% | 1.4 percentage points | 65.1% | -2.9 percentage points | |
| | Median | 23 mins | 24 mins | -1 min | 22 mins | 1 min | |
| | 90th percentile | 1 hour 36 mins | 1 hour 40 mins | -4 mins | 1 hour 22 mins | 14 mins | |
| T4: Semi-urgent (Recommended: 70% in 60 minutes) | % starting treatment on time | 73.0% | 71.0% | 2 percentage points | 74.3% | -1.3 percentage points | |
| | Median | 29 mins | 31 mins | -2 mins | 29 mins | unchanged | |
| | 90th percentile | 2 hours 7 mins | 2 hours 17 mins | -10 mins | 1 hour 56 mins | 11 mins | |
| T5: Non-urgent (Recommended: 70% in 120 minutes) | % starting treatment on time | 89.9% | 89.5% | 0.4 percentage points | 91.4% | -1.5 percentage points | |
| | Median | 23 mins | 23 mins | unchanged | 24 mins | -1 min | |
| | 90th percentile | 2 hours 1 min | 2 hours 4 mins | -3 mins | 1 hour 53 mins | 8 mins | |
| Time from arrival to leaving | | | | | | | |
| % leaving within four hours | | 56.6% | 57.4% | -0.8 percentage points | 68.1% | -11.5 percentage points | |
| For patients admitted to hospital | | 24.3% | 23.1% | 1.2 percentage points | 36.4% | -12.1 percentage points | |
| Median | | 3 hours 36 mins | 3 hours 33 mins | 3 mins | 3 hours 1 min | 35 mins | |
| 90th percentile | | 10 hours 56 mins | 11 hours 4 mins | -8 mins | 8 hours 6 mins | 2 hours 50 mins | |



Elective surgery

Activity

| | | | COMPARING 2023 WITH 2022 | | | | COMPARING 2023 WITH 2019 | | | |
|-------------------------------------|-------------|--|--------------------------|--------------|------------|----------|--------------------------|------------|----------|--|
| | | | Jul-Sep 2023 | Jul-Sep 2022 | Difference | % change | Jul-Sep 2019 | Difference | % change | |
| Elective surgeries performed | | | 61,195 | 55,441 | 5,754 | 10.4% | 62,087 | -892 | -1.4% | |
| By urgency | Urgent | | 13,544 | 13,972 | -428 | -3.1% | 13,411 | 133 | 1.0% | |
| | Semi-urgent | | 21,777 | 19,173 | 2,604 | 13.6% | 19,856 | 1,921 | 9.7% | |
| | Non-urgent | | 23,741 | 20,390 | 3,351 | 16.4% | 25,883 | -2,142 | -8.3% | |
| | Staged* | | 2,133 | 1,906 | 227 | 11.9% | 2,937 | -804 | -27.4% | |

Performance

| | | | COMPARING 2023 WITH 2022 | | | | COMPARING 2023 WITH 2019 | | | |
|--|---|--|--------------------------|------------------------|-----------------------|----------|--------------------------|-------------------------|----------|--|
| | | | Jul-Sep 2023 | Jul-Sep 2022 | Difference | % change | Jul-Sep 2019 | Difference | % change | |
| Waiting time | All patients | % on time | 82.6% | 75.5% | 7.1 percentage points | | 96.6% | -14.0 percentage points | | |
| By urgency | Urgent | % on time (Recommended: within 30 days) | 99.4% | 98.9% | 0.5 percentage points | | 99.9% | -0.5 percentage points | | |
| | | Median | 13 days | 12 days | 1 day | | 11 days | 2 days | | |
| | | 90th percentile | 27 days | 27 days | unchanged | | 26 days | 1 day | | |
| | Semi-urgent | % on time (Recommended: within 90 days) | 78.6% | 74.1% | 4.5 percentage points | | 96.8% | -18.2 percentage points | | |
| | | Median | 56 days | 58 days | -2 days | | 45 days | 11 days | | |
| | | 90th percentile | 125 days | 145 days | -20 days | | 84 days | 41 days | | |
| Non-urgent | % on time (Recommended: within 365 days) | 76.7% | 60.9% | 15.8 percentage points | | 94.6% | -17.9 percentage points | | | |
| | Median | 288 days | 331 days | -43 days | | 240 days | 48 days | | | |
| | 90th percentile | 454 days | 511 days | -57 days | | 359 days | 95 days | | | |
| Patients on waiting list ready for elective surgery at end of quarter | | | 91,525 | 99,931 | -8,406 | -8.4% | 85,028 | 6,497 | 7.6% | |
| By urgency | Urgent | | 2,138 | 2,230 | -92 | -4.1% | 1,858 | 280 | 15.1% | |
| | Semi-urgent | | 17,173 | 20,465 | -3,292 | -16.1% | 13,238 | 3,935 | 29.7% | |
| | Non-urgent | | 72,214 | 77,236 | -5,022 | -6.5% | 69,932 | 2,282 | 3.3% | |
| Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter | | | 6,937 | 17,893 | -10,956 | -61.2% | 844 | 6,093 | 721.9% | |

* 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).



Admitted patients

| Activity | | Jul-Sep 2023 | Jul-Sep 2022 | COMPARING 2023 WITH 2022 | | Jul-Sep 2019 | COMPARING 2023 WITH 2019 | |
|---|---------------|------------------|--------------|--------------------------|----------|--------------|--------------------------|----------|
| | | | | Difference | % change | | Difference | % change |
| Episodes of care | | 500,834 | 475,392 | 25,442 | 5.4% | 499,444 | 1,390 | 0.3% |
| By care type | Acute | 472,175 | 448,223 | 23,952 | 5.3% | 468,307 | 3,868 | 0.8% |
| | Overnight | 241,020 | 229,353 | 11,667 | 5.1% | 250,351 | -9,331 | -3.7% |
| | Same-day | 231,155 | 218,870 | 12,285 | 5.6% | 217,956 | 13,199 | 6.1% |
| | Non-acute | 18,635 | 17,344 | 1,291 | 7.4% | 19,714 | -1,079 | -5.5% |
| | Mental health | 10,024 | 9,825 | 199 | 2.0% | 11,423 | -1,399 | -12.2% |
| Average length of stay for overnight episodes (days) | | 6.2 | 6.5 | -0.3 | -4.6% | 5.7 | 0.5 | 8.8% |
| By care type | Acute | 4.9 | 5.3 | -0.4 | -7.5% | 4.6 | 0.3 | 6.5% |
| | Non-acute | 16.5 | 17.0 | -0.5 | -2.9% | 14.4 | 2.1 | 14.6% |
| | Mental health | 22.9 | 20.8 | 2.1 | 10.1% | 19.9 | 3.0 | 15.1% |
| Bed days | | 1,888,480 | 1,872,299 | 16,181 | 0.9% | 1,803,873 | 84,607 | 4.7% |
| By care type | Acute | 1,416,149 | 1,428,883 | -12,734 | -0.9% | 1,369,748 | 46,401 | 3.4% |
| | Non-acute | 262,331 | 251,211 | 11,120 | 4.4% | 238,066 | 24,265 | 10.2% |
| | Mental health | 210,000 | 192,205 | 17,795 | 9.3% | 196,059 | 13,941 | 7.1% |
| Babies born | | 16,818 | 16,771 | 47 | 0.3% | 18,109 | -1,291 | -7.1% |

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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