Healthcare Quarterly

Tracking public hospital and ambulance service activity and performance in NSW

July to September 2022
Overview
July to September 2022

Ambulance
Demand remained high, however response times did improve following the longest ambulance response times on record in the preceding quarter.

Find out more from page 3

Admitted patients
The number of admitted patient episodes of care gradually increased. Patients typically spent longer in hospital compared with the same quarter in 2019.

Find out more from page 14

Emergency department
ED attendances decreased overall, while triage category 1 and 2 presentations increased. Patients continued to face long waits in the ED to be treated and admitted to hospital.

Find out more from page 8

Elective surgery
There was a gradual increase in the number of surgeries performed. The number of patients on the waiting list who waited longer than recommended decreased from the preceding quarter.

Find out more from page 18

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About this report

*Healthcare Quarterly* tracks activity and performance for ambulance, emergency department (ED), elective surgery and admitted patient services in NSW. For seclusion and restraint activity and performance results, please see the Seclusion and Restraint Supplement.

*Healthcare Quarterly* presents this quarter’s results in comparison with the same period for previous years – taking into account seasonal effects on activity and performance – to show how demands on the system and the supply of services have changed over time.

NSW-level results in this report include more than 170 public hospitals and 91 local ambulance reporting areas. The Bureau of Health Information (BHI) Data Portal and the activity and performance profiles include individual results for the 77 larger public hospitals – including 41 in rural areas – and each of the local ambulance areas.

Data were drawn on the following dates: ambulance (6 October 2022); ED (21 October 2022); admitted patients (19 October 2022); elective surgery (27 October 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

The NSW healthcare system continued to respond to the COVID-19 pandemic during July to September 2022.

With public health restrictions relaxed, the health system adapted, and continued to experience fluctuations in hospital and ambulance activity and performance.

To enable more stable comparisons with pre-pandemic activity and performance, this report includes comparisons with the same quarter three years earlier.

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

‘Urban’ and ‘rural’ are classified using the Accessibility and Remoteness Index of Australia (ARIA+) developed by the Australian Bureau of Statistics (ABS).
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 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 high-quality clinical care, rescue and retrieval services to people with emergency and medical health needs.

*Healthcare Quarterly* features a range of indicators of ambulance activity and performance, including ambulance responses and timeliness measures.
**Key findings**

**July to September 2022**

**RESPONSES**

There were 330,591 responses, up 3.3% (10,414) compared with July to September 2019.

Of these, 170,567 were ‘emergency – priority 1 (P1)’ responses, up 16.3% (23,843) compared with the same quarter in 2019.

P1 responses have been increasing since mid-2020, and have exceeded the number of ‘urgent – priority 2 (P2)’ responses since mid-2021.

**HIGHEST PRIORITY RESPONSES**

There were 12,321 priority 1A (P1A) responses for patients with life-threatening conditions, up 72.8% (5,190) compared with July to September 2019 – the highest of any quarter since BHI began reporting in 2010.

**CALL TO AMBULANCE ARRIVAL TIMES**

The percentage of P1 cases with a call to ambulance arrival time within 15 and 30 minutes was 38.0% and 80.9%, respectively – up from the record lows in the preceding quarter.

Half of these patients waited longer than 8.8 minutes – down 0.3 minutes.
Behind the key findings

**ADDITIONAL INSIGHTS**

**Figure 1**
Ambulance calls, incidents, responses and patient transports, NSW

*July 2017 to September 2022*

Of the 330,591 ambulance responses in July to September 2022, 65.8% (217,849) were in urban areas and 34.2% (112,942) were in rural areas.

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

**Figure 2**
Ambulance responses, by priority category, NSW

*July 2017 to September 2022*

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

For more results, including for 91 local areas, explore the Data Portal

Healthcare Quarterly – July to September 2022

For more results, including for 91 local areas, explore the Data Portal
Behind the key findings

Figure 3
Percentage of call to ambulance arrival times within benchmarks, by priority, NSW
July 2017 to September 2022

In July to September 2022, the percentage of P1 cases with a call to ambulance arrival time within 15 minutes was 36.2% in urban areas and 42.4% in rural areas.

The percentage of P1 cases with a call to ambulance arrival time within 30 minutes was 81.2% in urban areas and 80.1% in rural areas.

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

In July to September 2022, the percentage of P1A responses within 10 minutes was 63.0% in urban areas and 52.1% in rural areas.

Changes to ambulance protocols resulting in the re-allocation of responses among priority categories.
* 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 6
Median response times, by priority category, NSW
July 2017 to September 2022

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

The World Health Organisation (WHO) declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.
Emergency department

NSW public hospital emergency departments (EDs) are open to everyone and provide specialised assessment and life-saving care for acutely unwell patients. EDs often act as an entry point to inpatient services. *Healthcare Quarterly* features a range of indicators of ED activity and performance, including ED attendances and timeliness measures.
Key findings
July to September 2022

ACTIVITY
There were 744,853 ED attendances, down 2.6% (19,630) compared with July to September 2019 and down 6.3% (50,149) compared with the preceding quarter.

Triage category 1 and 2 presentations were up 10.7% (583) and 11.0% (10,993), respectively, compared with the same quarter in 2019.

TIME TO START TREATMENT
65.6% of all patients, and 53.2% of triage 2 patients, had their treatment start on time – both up from the record low in the preceding quarter.

TIME TO TRANSFER CARE
74.8% of patients who arrived by ambulance had their care transferred to ED staff within 30 minutes. One in 10 waited longer than 1 hour 8 minutes to be transferred.

Both measures have improved compared with the preceding quarter.

TIME FROM ARRIVAL TO LEAVING ED
23.0% of patients who were treated and admitted to hospital spent less than four hours in the ED.

One in 10 patients who were treated and admitted, spent longer than 22 hours and 5 minutes in the ED – the longest of any quarter since BHI began reporting in 2010.

MODE OF LEAVING ED
178,407 patients were treated and admitted to hospital, down 10.2% (20,279) compared with 2019.

60,058 patients left without, or before completing, treatment – down from the record high in the preceding quarter.
Behind the key findings

Figure 6
Emergency department attendances, NSW
July 2017 to September 2022

Of the 744,853 ED attendances in July to September 2022, 63.9% (476,282) were in urban hospitals and 36.1% (268,571) were in rural hospitals.

*All hospitals’ cohort includes more than 170 EDs submitting data to the Emergency Department Data Collection (EDDC) in each quarter.

Note: Hospitals are classified as ‘urban’ or ‘rural’ using the Accessibility and Remoteness Index of Australia (ARIA+) developed by the Australian Bureau of Statistics (ABS). For more information, see the technical supplement.

Figure 7
Emergency presentations, by triage category, NSW
July 2017 to September 2022

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

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

Figure 8
Percentage of patients starting treatment on time, by triage category, NSW
July 2017 to September 2022

In July to September 2022, the percentage of all patients who had their treatment start on time was 61.5% in urban hospitals and 73.3% in rural hospitals.

The Australasian College for Emergency Medicine 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 2017 to September 2022

‘Left without, or before completing, treatment’ includes patients who were triaged but left the ED before treatment began, and patients who began treatment but left before it was completed.

Of the 60,058 patients who left without, or before completing, treatment in July to September 2022, 49.6% were triage 4, 29.3% were triage 3 and 13.2% were triage 5.

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

Figure 10
Percentage of patients leaving the emergency department within four hours, by mode of leaving, NSW

July 2017 to September 2022

In July to September 2022, the percentage of all patients who spent less than four hours in the ED was 50.3% in urban hospitals and 70.0% in rural hospitals.

ADDITIONAL INSIGHTS

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

July 2017 to September 2022

In July to September 2022, one in 10 patients in urban hospitals spent longer than 12 hours 21 minutes in the ED and one in 10 patients in rural hospitals spent longer than 8 hours 20 minutes.
Behind the key findings

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

In July to September 2022, the number of patients arriving at the ED by ambulance was 175,044.

The percentage of patients transferred from paramedics to ED staff within 30 minutes in July to September 2022 was 72.1% in urban hospitals and 81.4% in rural hospitals.

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

In July to September 2022, one in 10 patients in urban hospitals waited longer than 1 hour 14 minutes to be transferred and one in 10 patients in rural hospitals waited longer than 51 minutes.

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

For more results, including for the 77 larger hospitals, explore the Data Portal.
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 2022

EPISODES OF CARE
There were 474,665 admitted patient episodes, down 5.0% (24,792) compared with July to September 2019.
Of these, 447,587 were acute, 17,285 were non-acute and 9,793 were mental health episodes, down 4.4%, 12.3% and 14.3%, respectively, compared with the same quarter in 2019.

BABIES BORN
16,772 babies were born in public hospitals – the lowest of any quarter since BHI began reporting in 2010, following a record high in April to June 2021.

AVERAGE LENGTH OF STAY
The average length of stay for overnight episodes was 6.5 days, up 14.0% compared with the same quarter in 2019. This was the longest of any quarter in the past five years.
For acute and non-acute overnight episodes, the average length of stay was 5.3 and 17.2 days, up 15.2% and 19.4%, respectively, compared with the same quarter in 2019.
For mental health episodes, the average length of stay was 20.8 days, up 4.5% compared with the same quarter 2019.
Behind the key findings

Figure 14
Episodes of care, by care type, NSW
July 2017 to September 2022

Admitted patient episodes of care can be:
- Acute (immediate treatment)
- Non-acute (e.g. rehabilitation, palliative care, geriatric)
- Mental health (acute or non-acute).

Of the 474,665 admitted patient episodes in July to September 2022, 74.8% (355,153) were in urban hospitals and 25.2% (119,512) were in rural hospitals.

Note: Results are calculated from more than 200 hospitals in each quarter reported in Healthcare Quarterly. Hospitals are classified as ‘urban’ or ‘rural’ using ARIA+ developed by the Australian Bureau of Statistics (ABS). For more information, see the technical supplement.

Figure 15
Acute episodes of care, by stay type, NSW
July 2017 to September 2022

Admitted patient episodes of care can be:
- Same-day
- Overnight

Note: ‘Same-day’ refers to patients who were admitted and discharged on the same day. ‘Overnight’ refers to patients who spent at least one night in hospital.
WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

For more results, including for the 77 larger hospitals, explore the Data Portal.
Behind the key findings

Figure 16
Average length of stay for overnight episodes, by care type, NSW
July 2017 to September 2022

For acute overnight episodes in July to September 2022, the average length of stay was 5.4 days in urban hospitals and 4.9 days in rural hospitals.

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

Figure 17
Babies born in public hospitals, NSW
July 2017 to September 2022

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

For more results, including for the 77 larger hospitals, explore the Data Portal
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 2022

SURGERIES PERFORMED
There were 55,493 elective surgeries performed, down 10.6% (6,594) compared with the same quarter in 2019.
This included a record high of 5,261 elective surgeries contracted to private hospitals.

WAITING TIMES
75.6% of all elective surgery was performed on time – up from the record low (74.7%) in the preceding quarter.
One in 10 patients waiting for non-urgent surgery waited longer than 511 days – longer than any quarter since BHI began reporting in 2010.
Half of patients waiting for non-urgent surgery waited longer than 331 days – down 8 days from the preceding quarter.

PATIENTS ON WAITING LIST
There were 99,985 patients on the waiting list at the end of September, up 1.4% (1,360) from the preceding quarter.
A record 20,494 patients were waiting for semi-urgent surgeries.
At the end of the quarter, 17,893 patients on the waiting list had waited longer than clinically recommended – down from the record high in the preceding quarter. Most of these patients were waiting for semi-urgent (29.7%) and non-urgent (70.1%) surgeries.
Behind the key findings

Figure 18
Elective surgeries performed, by urgency category, NSW
July 2017 to September 2022

Of the 55,493 elective surgeries performed in July to September 2022, 72.3% (40,140) were in urban hospitals and 27.7% (15,353) were in rural hospitals.

In addition to elective surgery, there were 24,861 emergency surgeries performed in public hospitals.

In response to the COVID-19 pandemic, non-urgent elective surgery has been suspended for different periods, including during April to June 2020, July to September 2021, October to December 2021 and January to March 2022. For more information, see the technical supplement.

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

Figure 19
Elective surgeries contracted to private hospitals, NSW
July 2017 to September 2022

In response to the COVID-19 pandemic, a partnership with the private hospital sector was established under the National Partnership Agreement on Private Hospitals and COVID-19 in 2020.

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

For more results, including for the 77 larger hospitals, explore the Data Portal.
Behind the key findings

In July to September 2022, the percentage of elective surgeries performed on time was 74.5% in urban hospitals and 78.2% in rural hospitals.

Clinically recommended maximum waiting times for elective surgery are:
- Urgent – 30 days
- Semi-urgent – 90 days
- Non-urgent – 365 days.

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

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

**Figure 21**
Median waiting time for elective surgery, by urgency category, NSW
*July 2017 to September 2022*

**Figure 22**
90th percentile waiting time for elective surgery, by urgency category, NSW
*July 2017 to September 2022*

Waiting times are calculated based on those patients who received surgery during the quarter. These measures may be affected by previous suspensions of semi-urgent and non-urgent surgery.

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**ADDITIONAL INSIGHTS**

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

For more results, including for the 77 larger hospitals, explore the [Data Portal](https://bhinsw.gov.au).

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Behind the key findings

Figure 23
Patients on the waiting list ready for surgery at the end of the July to September 2022 quarter, by urgency category, NSW

July 2017 to September 2022

Of those patients on the waiting list ready for surgery at the end of the July to September 2022 quarter, 70.4% (70,739) were in urban hospitals and 29.6% (29,606) were in rural hospitals.

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

July 2017 to September 2022

Of those patients on the waiting list ready for surgery at the end of the July to September 2022 quarter who had waited longer than clinically recommended, 76.8% (13,749) were in urban hospitals and 23.2% (4,144) were in rural hospitals.

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

Features a range of selected measures of activity and performance for this quarter for ambulance, emergency department, admitted patients and elective surgery.

Comparisons are provided with the same quarter a year earlier, and three years earlier to allow stable comparisons with pre-pandemic levels.
## Activity

<table>
<thead>
<tr>
<th></th>
<th>Jul–Sep 2022</th>
<th>Jul–Sep 2021</th>
<th>Difference</th>
<th>% change</th>
<th>Jul–Sep 2019</th>
<th>Difference</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responses</strong></td>
<td>330,591</td>
<td>314,281</td>
<td>16,310</td>
<td>5.2%</td>
<td>320,177</td>
<td>10,414</td>
<td>3.3%</td>
</tr>
<tr>
<td>By priority</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>P1: Emergency</td>
<td>170,567</td>
<td>154,499</td>
<td>16,068</td>
<td>10.4%</td>
<td>146,724</td>
<td>23,843</td>
<td>16.3%</td>
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<tr>
<td>P1A: Highest priority</td>
<td>12,321</td>
<td>9,322</td>
<td>2,999</td>
<td>32.2%</td>
<td>7,131</td>
<td>5,190</td>
<td>72.8%</td>
</tr>
<tr>
<td>P2: Urgent</td>
<td>139,110</td>
<td>139,003</td>
<td>107</td>
<td>0.1%</td>
<td>150,383</td>
<td>-11,273</td>
<td>-7.5%</td>
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<tr>
<td>P3: Time critical</td>
<td>13,385</td>
<td>13,851</td>
<td>-466</td>
<td>-3.4%</td>
<td>14,931</td>
<td>-1,546</td>
<td>-10.4%</td>
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<tr>
<td>P4–9: Non-emergency</td>
<td>7,529</td>
<td>6,928</td>
<td>601</td>
<td>8.7%</td>
<td>8,139</td>
<td>-610</td>
<td>-7.5%</td>
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<tr>
<td><strong>Incidents</strong></td>
<td>257,802</td>
<td>248,384</td>
<td>9,418</td>
<td>3.8%</td>
<td>248,619</td>
<td>9,183</td>
<td>3.7%</td>
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## Performance

### Call to ambulance arrival time

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<th>Jul–Sep 2021</th>
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<tbody>
<tr>
<td>By priority P1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>% within 15 min</td>
<td>38.0%</td>
<td>42.5%</td>
<td>-4.5%</td>
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<tr>
<td>% within 30 min</td>
<td>80.9%</td>
<td>84.9%</td>
<td>-4.0%</td>
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<tr>
<td>P2 cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% within 30 min</td>
<td>49.7%</td>
<td>56.2%</td>
<td>-6.5%</td>
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<tr>
<td>% within 60 min</td>
<td>77.9%</td>
<td>82.0%</td>
<td>-4.1%</td>
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### Response time

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<th>Jul–Sep 2021</th>
<th>Difference</th>
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<tr>
<td>By priority P1</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Median</td>
<td>15.3 mins</td>
<td>14.4 mins</td>
<td>0.9 mins</td>
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<tr>
<td>P1A cases</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% within 10 min</td>
<td>59.9%</td>
<td>60.4%</td>
<td>-0.5%</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>8.8 mins</td>
<td>8.8 mins</td>
<td>unchanged</td>
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<tr>
<td>P2 cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>27.2 mins</td>
<td>24.6 mins</td>
<td>2.6 mins</td>
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## Activity

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<tr>
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<th>Jul–Sep 2022</th>
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<th>Jul–Sep 2019</th>
<th>Difference</th>
<th>% change</th>
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<tr>
<td>Arrivals by ambulance</td>
<td>175,044</td>
<td>170,501</td>
<td>4,543</td>
<td>2.7%</td>
<td>179,056</td>
<td>-4,012</td>
<td>-2.2%</td>
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<td>Attendances</td>
<td>744,853</td>
<td>719,379</td>
<td>25,474</td>
<td>3.5%</td>
<td>764,483</td>
<td>-19,630</td>
<td>-2.6%</td>
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<tr>
<td>Emergency presentations</td>
<td>728,417</td>
<td>682,191</td>
<td>46,226</td>
<td>6.8%</td>
<td>740,075</td>
<td>-11,685</td>
<td>-1.6%</td>
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<tr>
<td>By triage category</td>
<td></td>
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<tr>
<td>T1: Resuscitation</td>
<td>6,022</td>
<td>4,963</td>
<td>1,059</td>
<td>21.3%</td>
<td>5,439</td>
<td>583</td>
<td>10.7%</td>
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<tr>
<td>T2: Emergency</td>
<td>110,572</td>
<td>100,146</td>
<td>10,426</td>
<td>10.4%</td>
<td>99,579</td>
<td>10,993</td>
<td>11.0%</td>
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<tr>
<td>T3: Urgent</td>
<td>270,257</td>
<td>240,145</td>
<td>30,112</td>
<td>12.5%</td>
<td>269,456</td>
<td>801</td>
<td>0.3%</td>
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<tr>
<td>T4: Semi-urgent</td>
<td>280,939</td>
<td>247,435</td>
<td>33,504</td>
<td>13.5%</td>
<td>301,388</td>
<td>-20,449</td>
<td>-6.8%</td>
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<tr>
<td>T5: Non-urgent</td>
<td>60,627</td>
<td>89,502</td>
<td>-28,875</td>
<td>-32.3%</td>
<td>64,213</td>
<td>-3,586</td>
<td>-5.6%</td>
</tr>
<tr>
<td>Admissions to hospital from ED</td>
<td>178,407</td>
<td>169,385</td>
<td>9,022</td>
<td>5.3%</td>
<td>198,686</td>
<td>-20,279</td>
<td>-10.2%</td>
</tr>
</tbody>
</table>

## Performance

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of patients transferred from ambulance to ED within 30 minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time to start treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients</td>
<td>74.8%</td>
<td>83.7%</td>
<td>-8.9 percentage points</td>
<td></td>
<td>84.4%</td>
<td>-9.6 percentage points</td>
<td></td>
</tr>
<tr>
<td>By triage category</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T2: Emergency (Recommended: 80% in 10 minutes)</td>
<td>65.6%</td>
<td>74.6%</td>
<td>-9 percentage points</td>
<td></td>
<td>70.3%</td>
<td>-4.7 percentage points</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>53.2%</td>
<td>60.6%</td>
<td>-7.4 percentage points</td>
<td></td>
<td>61.3%</td>
<td>-8.1 percentage points</td>
<td></td>
</tr>
<tr>
<td>90th percentile</td>
<td>10 mins</td>
<td>9 mins</td>
<td>1 min</td>
<td></td>
<td>9 mins</td>
<td>1 min</td>
<td></td>
</tr>
<tr>
<td>T3: Urgent (Recommended: 75% in 30 minutes)</td>
<td>60.7%</td>
<td>69.4%</td>
<td>-8.7 percentage points</td>
<td></td>
<td>65.1%</td>
<td>-4.4 percentage points</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>24 mins</td>
<td>20 mins</td>
<td>4 mins</td>
<td></td>
<td>22 mins</td>
<td>2 mins</td>
<td></td>
</tr>
<tr>
<td>90th percentile</td>
<td>1 hour 39 mins</td>
<td>1 hour 12 mins</td>
<td>27 mins</td>
<td></td>
<td>1 hour 22 mins</td>
<td>17 mins</td>
<td></td>
</tr>
<tr>
<td>T4: Semi-urgent (Recommended: 70% in 60 minutes)</td>
<td>71.0%</td>
<td>78.4%</td>
<td>-7.4 percentage points</td>
<td></td>
<td>74.3%</td>
<td>-3.3 percentage points</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>31 mins</td>
<td>25 mins</td>
<td>6 mins</td>
<td></td>
<td>29 mins</td>
<td>2 mins</td>
<td></td>
</tr>
<tr>
<td>90th percentile</td>
<td>2 hours 17 mins</td>
<td>1 hour 43 mins</td>
<td>34 mins</td>
<td></td>
<td>1 hour 56 mins</td>
<td>21 mins</td>
<td></td>
</tr>
<tr>
<td>T5: Non-urgent (Recommended: 70% in 120 minutes)</td>
<td>89.4%</td>
<td>95.5%</td>
<td>-6.1 percentage points</td>
<td></td>
<td>91.4%</td>
<td>-2 percentage points</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>23 mins</td>
<td>9 mins</td>
<td>14 mins</td>
<td></td>
<td>24 mins</td>
<td>-1 min</td>
<td></td>
</tr>
<tr>
<td>90th percentile</td>
<td>2 hours 5 mins</td>
<td>1 hour 15 mins</td>
<td>50 mins</td>
<td></td>
<td>1 hour 53 mins</td>
<td>12 mins</td>
<td></td>
</tr>
<tr>
<td>Time from arrival to leaving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% leaving within four hours</td>
<td>57.4%</td>
<td>67.5%</td>
<td>-10.1 percentage points</td>
<td></td>
<td>68.1%</td>
<td>-10.7 percentage points</td>
<td></td>
</tr>
<tr>
<td>For patients admitted to hospital</td>
<td>23.0%</td>
<td>32.6%</td>
<td>-9.6 percentage points</td>
<td></td>
<td>36.4%</td>
<td>-13.4 percentage points</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>3 hours 33 mins</td>
<td>2 hours 52 mins</td>
<td>41 mins</td>
<td></td>
<td>3 hours 1 mins</td>
<td>32 mins</td>
<td></td>
</tr>
<tr>
<td>90th percentile</td>
<td>11 hours 4 mins</td>
<td>8 hours 19 mins</td>
<td>2 hours 45 mins</td>
<td></td>
<td>8 hours 6 mins</td>
<td>2 hours 58 mins</td>
<td></td>
</tr>
</tbody>
</table>

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 July to September 2022 was 73.5% for T2 (Target: 95%) and 68.6% for T3 (Target: 85%). For more information, see page 5 of the technical supplement.
## Activity

### Episodes of care

<table>
<thead>
<tr>
<th></th>
<th>Jul–Sep 2022</th>
<th>Jul–Sep 2021</th>
<th>Difference</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>474,665</td>
<td>461,165</td>
<td>13,500</td>
<td>2.9%</td>
</tr>
<tr>
<td>By care type</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>447,587</td>
<td>435,933</td>
<td>11,654</td>
<td>2.7%</td>
</tr>
<tr>
<td>Overnight</td>
<td>229,055</td>
<td>231,046</td>
<td>-1,991</td>
<td>-0.9%</td>
</tr>
<tr>
<td>Same-day</td>
<td>218,532</td>
<td>204,887</td>
<td>13,645</td>
<td>6.7%</td>
</tr>
<tr>
<td>Non-acute</td>
<td>17,285</td>
<td>15,239</td>
<td>2,046</td>
<td>13.4%</td>
</tr>
<tr>
<td>Mental health</td>
<td>9,793</td>
<td>9,993</td>
<td>-200</td>
<td>-2.0%</td>
</tr>
</tbody>
</table>

### Average length of stay for overnight episodes (days)

<table>
<thead>
<tr>
<th></th>
<th>Jul–Sep 2022</th>
<th>Jul–Sep 2021</th>
<th>Difference</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.5</td>
<td>6.4</td>
<td>0.1</td>
<td>1.6%</td>
</tr>
<tr>
<td>By care type</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>5.3</td>
<td>5.2</td>
<td>0.1</td>
<td>1.9%</td>
</tr>
<tr>
<td>Non-acute</td>
<td>17.2</td>
<td>15.5</td>
<td>1.7</td>
<td>11.0%</td>
</tr>
<tr>
<td>Mental health</td>
<td>20.8</td>
<td>22</td>
<td>-1.2</td>
<td>-5.5%</td>
</tr>
</tbody>
</table>

### Bed days

<table>
<thead>
<tr>
<th></th>
<th>Jul–Sep 2022</th>
<th>Jul–Sep 2021</th>
<th>Difference</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,874,349</td>
<td>1,829,836</td>
<td>44,513</td>
<td>2.4%</td>
</tr>
<tr>
<td>By care type</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>1,432,152</td>
<td>1,400,789</td>
<td>31,363</td>
<td>2.2%</td>
</tr>
<tr>
<td>Non-acute</td>
<td>250,797</td>
<td>225,630</td>
<td>25,167</td>
<td>11.2%</td>
</tr>
<tr>
<td>Mental health</td>
<td>191,400</td>
<td>203,417</td>
<td>-12,017</td>
<td>-5.9%</td>
</tr>
</tbody>
</table>

### Babies born

<table>
<thead>
<tr>
<th></th>
<th>Jul–Sep 2022</th>
<th>Jul–Sep 2021</th>
<th>Difference</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16,772</td>
<td>18,503</td>
<td>-1,731</td>
<td>-9.4%</td>
</tr>
</tbody>
</table>
**Elective surgery**

### Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Jul–Sep 2022</th>
<th>Jul–Sep 2021</th>
<th>Difference</th>
<th>% change</th>
<th>Jul–Sep 2019</th>
<th>Difference</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective surgeries performed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By urgency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent</td>
<td>13,991</td>
<td>13,054</td>
<td>937</td>
<td>7.2%</td>
<td>13,411</td>
<td>580</td>
<td>4.3%</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>19,202</td>
<td>15,880</td>
<td>3,322</td>
<td>20.9%</td>
<td>19,856</td>
<td>-654</td>
<td>-3.3%</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>20,394</td>
<td>14,195</td>
<td>6,199</td>
<td>43.7%</td>
<td>25,883</td>
<td>-5,489</td>
<td>-21.2%</td>
</tr>
<tr>
<td>Staged*</td>
<td>1,906</td>
<td>1,639</td>
<td>267</td>
<td>16.3%</td>
<td>2,937</td>
<td>-1,031</td>
<td>-35.1%</td>
</tr>
</tbody>
</table>

### Performance

<table>
<thead>
<tr>
<th>Activity</th>
<th>Jul–Sep 2022</th>
<th>Jul–Sep 2021</th>
<th>Difference</th>
<th>% change</th>
<th>Jul–Sep 2019</th>
<th>Difference</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients</td>
<td>75.6%</td>
<td>92.3%</td>
<td>-16.7 percentage points</td>
<td>-21 percentage points</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By urgency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent</td>
<td>98.9%</td>
<td>99.7%</td>
<td>-0.8 percentage points</td>
<td>-1 percentage points</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>12 days</td>
<td>12 days</td>
<td>0 days</td>
<td>0 days</td>
<td>11 days</td>
<td>1 day</td>
<td>1 day</td>
</tr>
<tr>
<td>90th percentile</td>
<td>27 days</td>
<td>26 days</td>
<td>1 day</td>
<td>1 day</td>
<td>26 days</td>
<td>1 day</td>
<td>1 day</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>74.2%</td>
<td>90.8%</td>
<td>-16.6 percentage points</td>
<td>-22.6 percentage points</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>58 days</td>
<td>50 days</td>
<td>8 days</td>
<td>8 days</td>
<td>45 days</td>
<td>13 days</td>
<td>13 days</td>
</tr>
<tr>
<td>90th percentile</td>
<td>145 days</td>
<td>90 days</td>
<td>55 days</td>
<td>55 days</td>
<td>84 days</td>
<td>61 days</td>
<td>61 days</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>60.9%</td>
<td>87.2%</td>
<td>-26.3 percentage points</td>
<td>-33.7 percentage points</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>331 days</td>
<td>253 days</td>
<td>76 days</td>
<td>76 days</td>
<td>240 days</td>
<td>91 days</td>
<td>91 days</td>
</tr>
<tr>
<td>90th percentile</td>
<td>511 days</td>
<td>379 days</td>
<td>132 days</td>
<td>132 days</td>
<td>359 days</td>
<td>152 days</td>
<td>152 days</td>
</tr>
</tbody>
</table>

### Patients on waiting list ready for elective surgery

<table>
<thead>
<tr>
<th>Activity</th>
<th>Jul–Sep 2022</th>
<th>Jul–Sep 2021</th>
<th>Difference</th>
<th>% change</th>
<th>Jul–Sep 2019</th>
<th>Difference</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>at end of quarter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By urgency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent</td>
<td>2,233</td>
<td>2,153</td>
<td>80</td>
<td>3.7%</td>
<td>1,858</td>
<td>375</td>
<td>20.2%</td>
</tr>
<tr>
<td>Semi-urgent</td>
<td>20,494</td>
<td>16,632</td>
<td>4,862</td>
<td>31.1%</td>
<td>13,238</td>
<td>7,256</td>
<td>54.8%</td>
</tr>
<tr>
<td>Non-urgent</td>
<td>77,258</td>
<td>74,491</td>
<td>2,767</td>
<td>3.7%</td>
<td>69,932</td>
<td>7,326</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

### Patients on waiting list ready for elective surgery who had waited longer than clinically recommended

<table>
<thead>
<tr>
<th>Activity</th>
<th>Jul–Sep 2022</th>
<th>Jul–Sep 2021</th>
<th>Difference</th>
<th>% change</th>
<th>Jul–Sep 2019</th>
<th>Difference</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>at end of quarter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>By urgency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent</td>
<td>17,893</td>
<td>6,611</td>
<td>11,282</td>
<td>170.7%</td>
<td>844</td>
<td>17,049</td>
<td>2020.0%</td>
</tr>
</tbody>
</table>

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

Note: In response to the COVID-19 pandemic, non-urgent elective surgery was suspended for a period during July to September 2021. For more information, see the technical supplement.
Special reporting

COVID-19 insights

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

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

Figure 25
Number of people diagnosed with COVID-19 by test date and type, NSW
25 June to 30 September 2022

Note: Positive results from both polymerase chain reaction (PCR) tests and rapid antigen tests (RATs) are included. For more information, see the technical supplement.

Figure 26
Daily seven-day rolling average of people with COVID-19 admitted to hospital and ICU, NSW
25 June to 30 September 2022

Note: A seven-day rolling average uses the average of the previous seven days of data to smooth daily variations in data and make it easier to observe trends over time. For more information, see the technical supplement.

Data reported on this page were first published in the NSW Ministry of Health’s NSW respiratory surveillance reports - COVID-19 and Influenza.
## 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.