

Activity and performance

Emergency department, ambulance, admitted patients, seclusion and restraint, and elective surgery

April to June 2020



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Please check the online version at **bhi.nsw.gov.au** for any amendments or errata.

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The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

Full results for *Healthcare Quarterly* are available through BHI's interactive data portal, Healthcare Observer. Results are reported at a state, local health district, hospital peer group and hospital level for public hospitals and at a state level and by statistical area level 3 (SA3) for ambulance services.

Figures published in Healthcare Observer may differ from those in published reports and information products due to subsequent changes in data coverage and analytic methods, and updates to databases. At any time, the most up-to-date results are available in Healthcare Observer and supersede all previously published figures.

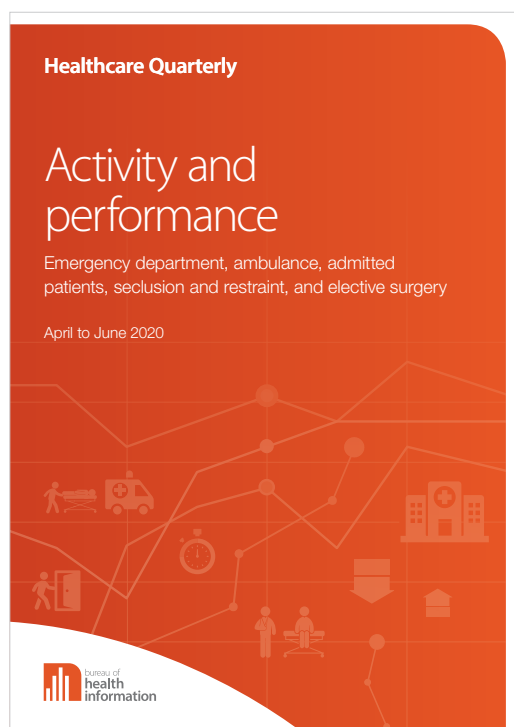
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A guide to Healthcare Quarterly

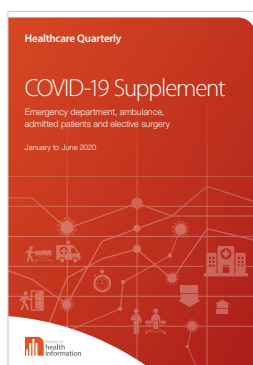
Healthcare Quarterly reports on activity and performance in public hospitals and ambulance services across NSW.



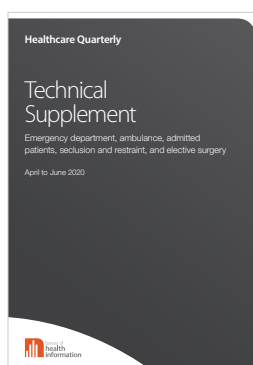
Healthcare Quarterly shows how public hospitals and ambulance services performed in the April to June 2020 quarter. The key measures focus on the timeliness of services delivered to people across NSW.



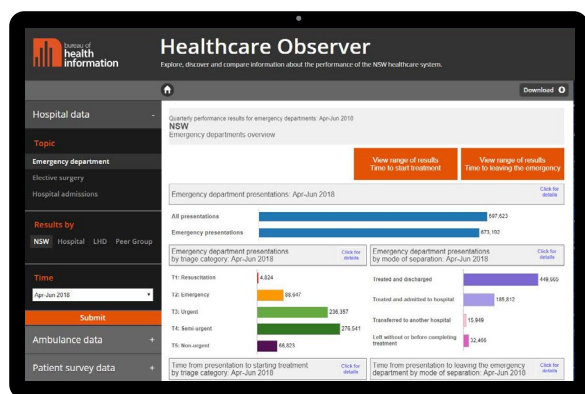
The *Trend report* provides five-year trends in activity and performance for emergency departments, ambulance services, admitted patients and elective surgical procedures.



The *COVID-19 Supplement* for this quarter is the second released by BHI. It tracks activity in the NSW healthcare system from January to June 2020, with a particular focus on April to June 2020.



The technical supplement describes the data, methods and technical terms used to calculate activity and performance measures. It profiles report activity and performance at hospital, peer group and local health district level.



Full results are available from BHI's interactive data portal Healthcare Observer, at bhi.nsw.gov.au/healthcare_observer

All reports and profiles are available at bhi.nsw.gov.au



10 key findings

April to June 2020

- 1 There were 615,690 emergency department attendances in April to June 2020, down 18.4% (138,778) compared with the same quarter the previous year.** Triage categories 3 (urgent) and 4 (semi-urgent) had the most striking decreases in emergency presentations, down 21.9% and 29.2%, respectively.
- 2 More than eight in 10 emergency department patients (84.2%) were treated within clinically recommended time frames.** This was 12.4 percentage points higher than the same quarter the previous year (71.8%).
- 3 More than seven in 10 patients (75.3%) spent four hours or less in the emergency department, up 4.7 percentage points from the same quarter the previous year.** The median time patients spent in the emergency department was 2 hours and 27 minutes, down 26 minutes.
- 4 The percentage of patients who had their care transferred from paramedics to hospital staff within 30 minutes was 93.2%, up 5.6 percentage points.** The number of arrivals to emergency departments by ambulance was down 11.4% (19,832) to 153,605 arrivals.
- 5 The number of ambulance responses, where a vehicle was dispatched, was 270,564, down 12.7% compared with the same quarter the previous year.** Cases classified as emergencies (priority 1) were down 12.0% (16,852) to 123,071 responses.
- 6 The median ambulance response time for life-threatening (priority 1A) cases was 7.8 minutes, up 0.3 minutes.** The number of responses to life-threatening cases was relatively stable at 6,469, down 1.3% (82).
- 7 The total number of admitted patient episodes was 406,221, down 16.5% (80,193) compared with the same quarter the previous year.** The number of acute overnight patient episodes was 197,028, down 19.4% (47,275).
- 8 There were 866 seclusion events (up 217) and 1,144 physical restraint events (up 224) in specialised acute mental health inpatient units.** The average duration of seclusion events was 6 hours and 54 minutes, up 1 hour and 47 minutes compared with the same quarter the previous year. The average duration of physical restraint events was unchanged at 5 minutes.
- 9 The number of elective surgical procedures performed was 35,807, down 39.4% (23,305) compared with the same quarter the previous year.** The number of people on the waiting list at the end of the quarter was up 20.1% (16,895) to 101,026. The number of patients added to the elective surgery waiting list was 48,539, down 25.0% compared with the same quarter the previous year.
- 10 The median waiting times for elective surgical procedures performed were 10 days for urgent procedures (down one day), 50 days for semi-urgent procedures (up four days) and 301 days for non-urgent procedures (up 55 days).** More than eight in 10 procedures (84.7%) were performed within clinically recommended times frames, down 11.7 percentage points.

Healthcare Quarterly – Activity

Emergency department activity		April to June 2020	April to June 2019	Difference	% change
All arrivals at NSW EDs by ambulance		153,605	173,437	-19,832	-11.4%
ED attendances		615,690	754,468	-138,778	-18.4%
Emergency presentations		594,909	728,960	-134,051	-18.4%
Triage category	T1: Resuscitation	5,016	5,253	-237	-4.5%
	T2: Emergency	85,286	96,214	-10,928	-11.4%
	T3: Urgent	203,952	261,018	-57,066	-21.9%
	T4: Semi-urgent	211,708	298,842	-87,134	-29.2%
	T5: Non-urgent	88,947	67,633	21,314	31.5%
Admissions to hospital from NSW EDs		157,145	194,432	-37,287	-19.2%

Ambulance activity		April to June 2020	April to June 2019	Difference	% change
Calls		274,708	309,734	-35,026	-11.3%
Responses		270,564	309,828	-39,264	-12.7%
Priority category	P1: Emergency	123,071	139,923	-16,852	-12.0%
	P1A: Highest priority	6,469	6,551	-82	-1.3%
	P2: Urgent	128,091	146,619	-18,528	-12.6%
	P3: Time-critical	12,839	14,847	-2,008	-13.5%
	P4–9: Non-emergency	6,563	8,439	-1,876	-22.2%
Incidents		218,078	240,781	-22,703	-9.4%
Patient transports		165,762	187,096	-21,334	-11.4%

Admitted patient activity		April to June 2020	April to June 2019	Difference	% change
All admitted patient episodes		406,221	486,414	-80,193	-16.5%
Acute episodes		381,523	457,016	-75,493	-16.5%
Overnight episodes		197,028	244,303	-47,275	-19.4%
Same-day episodes		184,495	212,713	-28,218	-13.3%
Non-acute episodes		14,683	18,124	-3,441	-19.0%
Mental health episodes		10,015	11,274	-1,259	-11.2%
All episodes		3.6	3.5	0.1	
Average length of stay (days)	Acute episodes	2.8	2.9	-0.1	
	Non-acute episodes	12.8	12.4	0.4	
	Mental health episodes	19.2	16.1	3.1	
All bed days		1,461,723	1,720,355	-258,632	-15.0%
Hospital bed days	Acute bed days	1,081,195	1,315,294	-234,099	-17.8%
	Non-acute bed days	187,971	223,863	-35,892	-16.0%
	Mental health bed days	192,557	181,198	11,359	6.3%
Babies born in NSW public hospitals		17,575	18,345	-770	-4.2%

Elective surgery activity		April to June 2020	April to June 2019	Difference	% change
Elective surgical procedures performed		35,807	59,112	-23,305	-39.4%
Urgency category	Urgent surgery	12,268	12,481	-213	-1.7%
	Semi-urgent surgery	13,810	19,004	-5,194	-27.3%
	Non-urgent surgery	8,107	24,669	-16,562	-67.1%
Patients on waiting list ready for elective surgery at end of quarter		101,026	84,131	16,895	20.1%
Urgency category	Urgent surgery	2,175	1,821	354	19.4%
	Semi-urgent surgery	13,688	13,024	664	5.1%
	Non-urgent surgery	85,163	69,286	15,877	22.9%

Note: Ambulance activity data do not include outage estimates. Data drawn on: 22 July 2020 (emergency department), 9 July 2020 (ambulance), 22 July 2020 (admitted patients), 22 July 2020 (elective surgery).

Healthcare Quarterly – Performance

Emergency department performance		April to June 2020	April to June 2019	Difference	
Percentage of patients transferred from ambulance to ED within 30 minutes		93.2%	87.6%	5.6 percentage points	
Time to treatment by triage category	T2: Emergency	Median	8 mins	9 mins	-1 mins
		90th percentile	21 mins	28 mins	-7 mins
	T3: Urgent	Median	15 mins	22 mins	-7 mins
		90th percentile	45 mins	77 mins	-32 mins
	T4: Semi-urgent	Median	18 mins	28 mins	-10 mins
		90th percentile	66 mins	109 mins	-43 mins
T5: Non-urgent	Median	11 mins	24 mins	-13 mins	
	90th percentile	52 mins	107 mins	-55 mins	
All patients		84.2%	71.8%	12.4 percentage points	
Percentage of patients whose treatment started on time	T2: Emergency (Recommended: 80% in 10 minutes)	68.5%	62.5%	6.0 percentage points	
	T3: Urgent (Recommended: 75% in 30 minutes)	80.7%	66.5%	14.2 percentage points	
	T4: Semi-urgent (Recommended: 70% in 60 minutes)	88.3%	75.5%	12.8 percentage points	
	T5: Non-urgent (Recommended: 70% in 120 minutes)	98.5%	92.4%	6.1 percentage points	
Median time spent in the ED		2h 27m	2h 53m	-26 mins	
90th percentile time spent in the ED		6h 42m	7h 35m	-53 mins	
Percentage of patients who spent four hours or less in the ED		75.3%	70.6%	4.7 percentage points	

Ambulance performance		April to June 2020	April to June 2019	Difference
Call to ambulance arrival time				
Percentage of P1 call to ambulance arrival within 15 minutes		61.3%	59.1%	2.2 percentage points
Percentage of P1 call to ambulance arrival within 30 minutes		94.4%	93.2%	1.2 percentage points
Percentage of P2 call to ambulance arrival within 30 minutes		73.2%	67.7%	5.5 percentage points
Percentage of P2 call to ambulance arrival within 60 minutes		93.7%	91.4%	2.3 percentage points
Response time				
Percentage of P1A responses within 10 minutes		70.5%	71.8%	-1.3 percentage points

Elective surgery performance		April to June 2020	April to June 2019	Difference
Median waiting time (days)	Urgent surgery	10 days	11 days	-1 days
	Semi-urgent surgery	50 days	46 days	4 days
	Non-urgent surgery	301 days	246 days	55 days
All surgeries		84.7%	96.4%	-11.7 percentage points
Elective surgeries performed on time	Urgent surgery (Recommended: 30 days)	99.6%	99.9%	-0.3 percentage points
	Semi-urgent surgery (Recommended: 90 days)	81.2%	96.7%	-15.5 percentage points
	Non-urgent surgery (Recommended: 365 days)	68.2%	94.3%	-26.1 percentage points

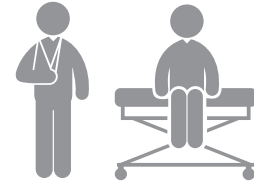
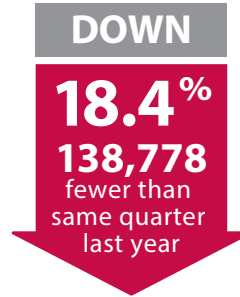
Notes: Data drawn on: 22 July 2020 (Emergency department), 9 July 2020 (Ambulance), 22 July 2020 (Elective surgery).

Triage 1 patients are the most urgent and are almost all treated within two minutes. Clinicians are focused on providing immediate and essential care, rather than recording times, therefore times to start treatment are generally not reported. Time frames to treat other triage categories are recommended by the Australasian College for Emergency Medicine.

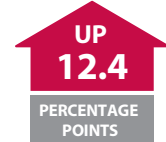
In the April to June 2020 quarter...

Emergency department

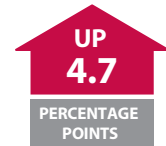
There were **615,690** emergency department attendances



84.2% of patients' treatment **started on time**

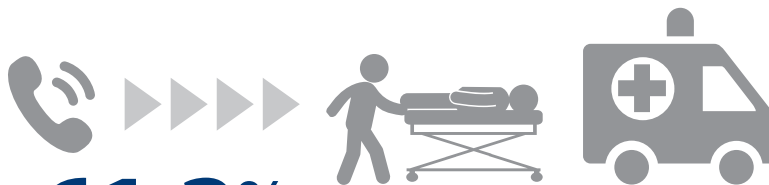
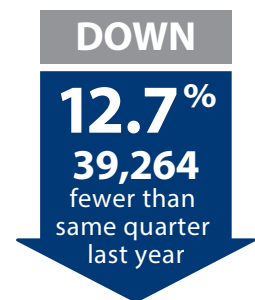


75.3% of patients spent **four hours or less** in the emergency department

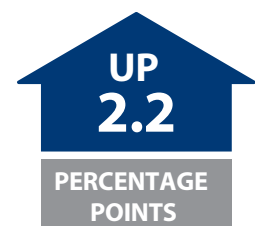


Ambulance

There were **270,564** ambulance responses



61.3% of priority 1 cases had a call to ambulance arrival time of 15 minutes or less



Note: All comparisons are in reference to the same quarter the previous year.



Admitted patients

There were **406,221** admitted patient episodes of care

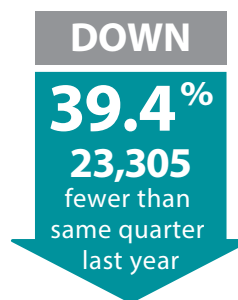


51.6% of acute admitted patient episodes were for overnight stays



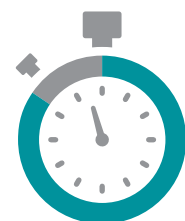
Elective surgery

There were **35,807** elective surgical procedures performed



Most (84.7%) were performed within recommended time frames

Median waiting times decreased by one day for urgent (10 days), and increased by four days for semi-urgent (50 days) and by 55 days for non-urgent procedures (301 days)



Note: All comparisons are in reference to the same quarter the previous year.

About this report

The data

Healthcare Quarterly draws on five main data sources:

- **Emergency Department Data Collection (EDDC)** – data drawn from the Health Information Exchange (HIE) on 22 July 2020
- **NSW Ambulance Computer Aided Dispatch (CAD) system** – provided on 9 July 2020
- **Admitted Patient Data Collection (APDC)** – data drawn from the HIE on 22 July 2020; diagnosis data drawn from the HIE on 4 August 2020
- **Seclusion and Restraint Data Collection** – data drawn from the HIE on 15 July 2020, and manually collected measures received from InforMH, System Information and Analytics Branch, NSW Ministry of Health on 5 August 2020
- **Waiting List Collection Online System (WLCOS)** – data drawn on 22 July 2020.

Hospital data are transmitted by the State's hospitals to centralised data warehouses administered by the NSW Ministry of Health and are extracted by BHI from the NSW HIE. Ambulance data are provided directly to BHI by NSW Ambulance and resultant information is calculated by BHI. Seclusion and restraint events, manually collected by InforMH, NSW Ministry of Health, are provided to BHI and resultant information is calculated by BHI.

The analyses and measures

For some hospital analyses, results are stratified by 'peer group' into principal referral hospitals (peer group A), major hospitals (peer group B) and district hospitals (peer group C). For ambulance analyses, results are reported by statistical area level 3 (SA3). SA3s are geographical areas created under the Australian Bureau of Statistics' geographical regional framework. For both the hospital-based and ambulance-based indicators, stratification by acuity or urgency are also used to report on performance.

For seclusion and restraint analysis, results are reported for 46 public hospitals that have one or more specialised acute mental health inpatient units. There are six Mental Health Intensive Care Units (MHICUs) in these hospitals, providing treatment for patients with a higher level of severity and complexity. These six hospitals are grouped together for reporting. The Justice Health and Forensic Mental Health Network (JHFMHN) provides specialised mental health services for forensic patients.

Data analyses are conducted in SAS 9.4. Codes that form the basis of routine reporting are written by two data analysts independently and only accepted when matching results are achieved.

Healthcare Quarterly uses nine core measures of performance (Table 1). For timeliness indicators, two different measurement approaches are used.

The first approach is based on units of time such as minutes or days and generally reports median and 90th percentile times, where:

- The median is the middle value of all observations, once they have been ordered from the lowest to the highest value. For example, in measuring the time that patients waited for their treatment to start, the median time refers to the 'middle wait' – half of all patients waited a shorter time and the other half waited a longer time.
- The 90th percentile time gives an indication of the longest waiting times experienced by patients – most patients have a shorter wait than the 90th percentile time but one in 10 patients wait longer.

The second approach is based on achievement against a recommended or defined time. Here, results are reported in percentages, such as the percentage of patients who received elective surgery within clinically recommended time frames of 30, 90 and 365 days.

The large datasets used in *Healthcare Quarterly* mean that analyses have considerable statistical power to detect significant differences. However, not all of

these differences are clinically or organisationally meaningful. Therefore a more than five percentage point threshold is used to highlight hospitals with marked variation in results – either over time, or relative to the NSW result.

Reporting

Hospital results based on very few patients are not reported. If there are fewer than five patients in any group for admitted patient and emergency department (ED) data, patient numbers are displayed as <5. NSW and local health district (LHD) results include data from all public hospitals.

Ambulance activity and performance are reported at NSW level and by SA3. Results for two SA3s, Blue Mountains – South, and Illawarra Catchment Reserve,

are suppressed because the estimated resident population is below 1,000. SA3s with fewer than 10 incidents in a quarter are also suppressed.

For seclusion and restraint reporting, episode numbers are displayed as <5 if there are fewer than five seclusion or physical restraint events. Due to the infrequent use of mechanical restraint, it is only reported at NSW level to respect patient privacy.

Healthcare Quarterly compares this quarter's results with the same quarter in previous years, to take into account seasonal effects on activity and performance.

Table 1 Description of main performance measures featured in *Healthcare Quarterly**

Emergency department	
Transfer of care time	For patients who are transported to the ED by ambulance, the time from arrival at hospital to when responsibility for their care is transferred from paramedics to ED staff in an ED treatment zone.
Time to start treatment	The time from patient arrival at the ED until the start of clinical treatment.
Time spent in the ED	The time from patient arrival at the ED until their departure.
Ambulance	
Call to ambulance arrival time	The time from when a call is first answered in the ambulance control centre (phone pick-up), to the time the first ambulance arrives at the scene of an incident.
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.
Seclusion and restraint	
Rate of seclusion/physical restraint	Number of seclusion/physical restraint events per 1,000 bed days.
Frequency of seclusion/physical restraint	Percentage of acute mental health admitted episodes of care where at least one seclusion/physical restraint event occurs.
Average duration of seclusion/physical restraint	The average duration in hours of seclusion events/minutes of restraint events.
Elective surgery	
Elective surgery waiting time	The number of days from a patient's placement on the elective surgery waiting list until they undergo surgery.

* For some measures, other agencies report similar metrics, often with slightly different data definitions, so cross-publication comparisons should be made with care.



Emergency department activity and performance

Emergency department activity

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.

There were 615,690 ED attendances in the April to June 2020 quarter across more than 170 public hospitals, down 18.4% compared with the same quarter the previous year. The number of ambulance arrivals was down 19,832 (11.4%) to 153,605 (Figure 1).

Most attendances (96.6%) were classified as emergency presentations. The remaining 20,781 attendances to EDs were for non-emergency reasons such as a planned return visit (Figure 1).

The numbers of patient presentations for triage categories 1 to 4 were lower this quarter than the same quarter the previous year. Triage 1 (resuscitation) saw the smallest decrease in presentations, down 4.5% (237) to 5,016 presentations. Triage 3 (urgent) and triage 4 (semi-urgent) saw the biggest decrease in presentations, down 21.9% (57,066) to 203,952 and 29.2% (87,134) to 211,708 presentations, respectively (Figure 1).

Triage 5 (non-urgent) presentations increased to 88,947, up 31.5% (21,314), compared with the same quarter the previous year (Figure 1).

The increase in triage 5 presentations is primarily due to COVID-19 testing that occurred within EDs or co-located testing clinics. Though many hospitals had emergency presentations for COVID-19 testing, BHI has noted the exact proportion for each hospital which had more than 10% of triage 5 presentations for COVID-19 testing in their activity and performance profiles. Of these 32 hospitals, the proportion of COVID-19 testing ranged from 10% to 94%, with the largest increases at Northern Beaches Hospital and Sutherland Hospital. These triage 5 presentations for COVID-19 testing may have contributed to changes in ED performance. For more information on the impact of COVID-19 testing on ED activity, please see *Healthcare Quarterly – COVID-19 Supplement, January to June 2020*. The activity and performance profiles, and *COVID-19 Supplement* are available at bhi.nsw.gov.au

Figure 1 Emergency department activity and ambulance arrivals at NSW emergency departments, April to June 2020

	This quarter	Same quarter previous year	Change since one year ago
ED attendances	615,690	754,468	-18.4%
Emergency presentations by triage category	594,909	728,960	-18.4%
Triage 1: Resuscitation	5,016	5,253	-4.5%
Triage 2: Emergency	85,286	96,214	-11.4%
Triage 3: Urgent	203,952	261,018	-21.9%
Triage 4: Semi-urgent	211,708	298,842	-29.2%
Triage 5: Non-urgent	88,947	67,633	31.5%
Ambulance arrivals	153,605	173,437	-11.4%

Note: 'ED attendances' includes every patient visit to the ED during the defined period. The vast majority of ED attendances are classified as 'emergency presentations'. The remaining ED attendances include non-emergency visits such as planned returns, pre-arranged admissions, some outpatient visits and private referrals.

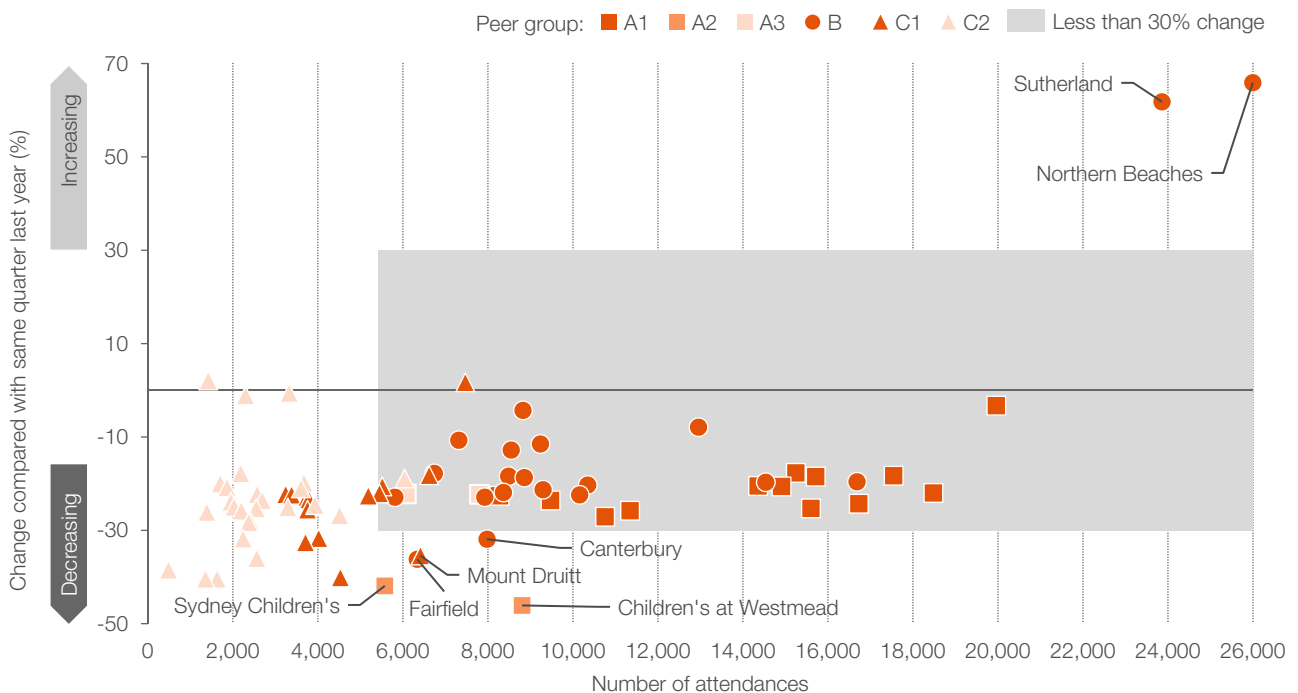
Compared with the same quarter the previous year, the number of ED attendances was lower this quarter in 73 out of the 77 large public hospital EDs reported on individually in *Healthcare Quarterly*.

This quarter, there were 38 hospitals with more than 5,000 ED attendances and a more than 10% change in the number of attendances compared with the same quarter the previous year. Of those 38 hospitals, five had a more than 30% decrease in the number of attendances: Canterbury (31.9%), Mount Druitt (35.4%), Fairfield (36.2%), Sydney Children's (41.9%), and Children's at Westmead (46.1%). Two hospitals had a more than 30% increase in the number of attendances: Sutherland (61.8%), and Northern Beaches (65.9%) (Figure 2).

Hospitals with >30% change in the number of ED attendances, compared with same quarter the previous year

Hospital	Peer group	All presentations	Change (%)
Northern Beaches	B	25,996	65.9
Sutherland	B	23,859	61.8
Canterbury	B	7,979	-31.9
Mount Druitt	C1	6,412	-35.4
Fairfield	B	6,337	-36.2
Sydney Children's	A2	5,574	-41.9
Children's at Westmead	A2	8,804	-46.1

Figure 2 Change in number of emergency department attendances compared with the same quarter the previous year, hospitals by peer group, April to June 2020



Time to treatment

On arrival at the ED, patients are allocated to one of five triage categories, based on urgency. Each category has a maximum recommended waiting time within which treatment should start, ranging from two minutes for triage category 1, to 120 minutes for triage category 5.

In April to June 2020, 84.2% of ED patients' treatment started within clinically recommended time frames, 12.4 percentage points higher than the same quarter the previous year. The percentage of patients starting treatment on time was higher across triage categories 2 to 5 (Figure 3).

The median and 90th percentile time to treatment was shorter across triage categories 2 to 5 compared with the same quarter the previous year (Figure 3).

Figure 3 Percentage of patients whose treatment started on time and time to treatment, by triage category, April to June 2020

	This quarter	Same quarter previous year	Percentage point change since one year ago
Emergency presentations	84.2%	71.8%	12.4
Triage 2: Emergency	Recommended: 80% in 10 minutes 68.5%	62.5%	6.0
Triage 3: Urgent	Recommended: 75% in 30 minutes 80.7%	66.5%	14.2
Triage 4: Semi-urgent	Recommended: 70% in 60 minutes 88.3%	75.5%	12.8
Triage 5: Non-urgent	Recommended: 70% in 120 minutes 98.5%	92.4%	6.1

	This quarter	Same quarter previous year	Change since one year ago
Triage 2 Emergency (e.g. chest pain, severe burns)			
Median time to start treatment	8m	9m	-1m
90th percentile time to start treatment	21m	28m	-7m
Triage 3 Urgent (e.g. moderate blood loss, dehydration)			
Median time to start treatment	15m	22m	-7m
90th percentile time to start treatment	45m	1h 17m	-32m
Triage 4 Semi-urgent (e.g. sprained ankle, earache)			
Median time to start treatment	18m	28m	-10m
90th percentile time to start treatment	1h 6m	1h 49m	-43m
Triage 5 Non-urgent (e.g. small cuts or abrasions)			
Median time to start treatment	11m	24m	-13m
90th percentile time to start treatment	52m	1h 47m	-55m

Note: Triage 1 patients are the most urgent and are almost all treated within two minutes. Clinicians are focused on providing immediate and essential care, rather than recording times, therefore times to start treatment are generally not reported. Time frames to treat other triage categories are recommended by the Australasian College for Emergency Medicine.

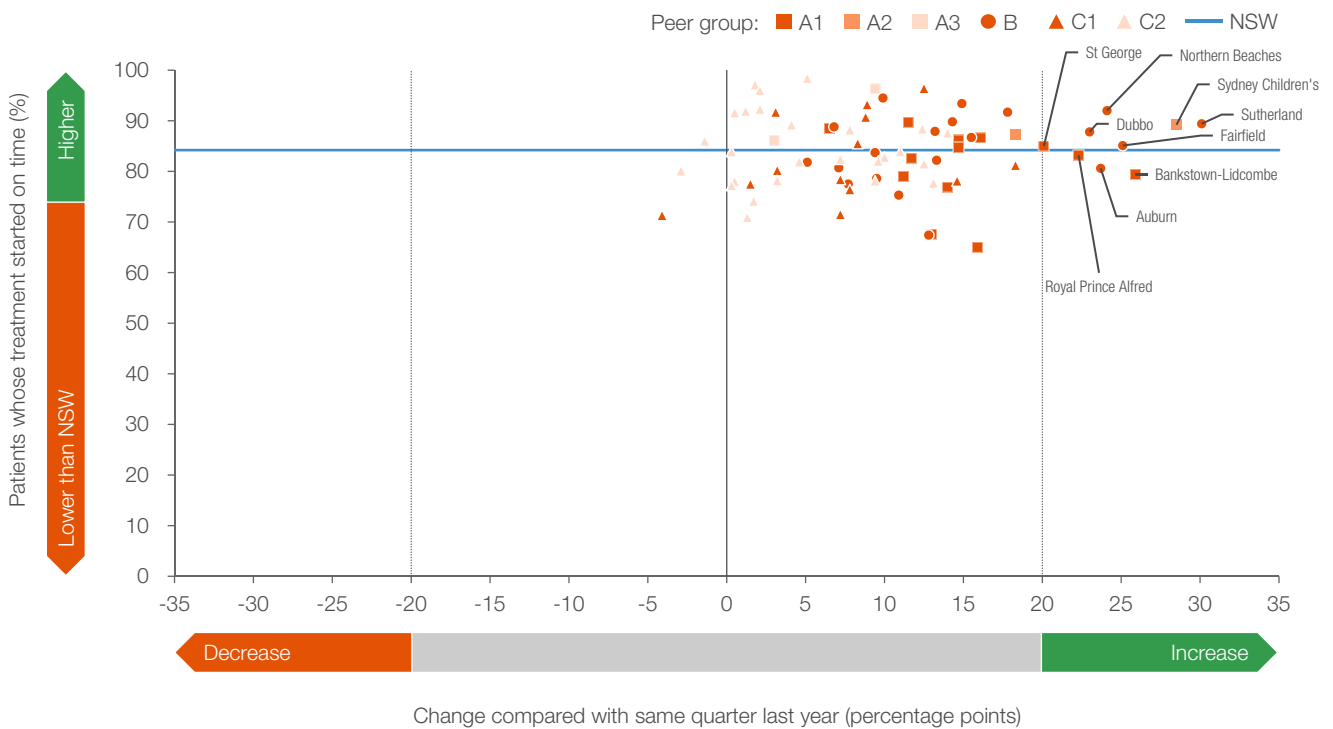
Compared with the same quarter the previous year, the percentage of patients whose treatment started on time increased this quarter in 74 out of the 77 large public hospital EDs reported on individually in *Healthcare Quarterly*. Thirty-five hospitals had an increase of more than 10 percentage points in patients whose treatment started on time.

Figure 4 presents hospital results this quarter compared with the same quarter the previous year. Nine hospitals had a more than 20 percentage point increase in patients whose treatment started on time (Figure 4).

Hospitals with >20 percentage point change in the percentage of patients whose treatment started on time in the emergency department, compared with the same quarter the previous year

Hospital	Peer group	Emergency visits treated on time (%)	Percentage point change
Sutherland	B	89.4	30.1
Sydney Children's	A2	89.2	28.5
Bankstown-Lidcombe	A1	79.4	25.9
Fairfield	B	85.1	25.1
Northern Beaches	B	92	24.1
Auburn	B	80.6	23.7
Dubbo	B	87.8	23
Royal Prince Alfred	A1	83.2	22.3
St George	A1	85	20.1

Figure 4 Percentage of patients whose treatment started on time, and percentage point change compared with the same quarter the previous year, hospitals by peer group, April to June 2020



Note: The increase in triage 5 presentations due to COVID-19 testing being recorded within the ED or a co-located testing clinic could contribute to changes in performance measures in ED.

Time spent in the emergency department

Following treatment in the ED, the majority of patients are either discharged home or admitted to hospital. Some patients choose not to wait for treatment and leave, and others are transferred to a different hospital. Collectively, these categories are referred to as the 'mode of separation' (Figure 5).

In April to June 2020, 75.3% of patients spent four hours or less in the ED, up 4.7 percentage points from the same quarter the previous year (Figure 6).

Patients who require admission to hospital from the ED or who are transferred to another hospital usually have more complex health needs than those who are treated and discharged, and therefore often spend longer periods in the ED. Fewer than half of these patients left within four hours (Figure 6).

The percentage of patients spending four hours or less in the ED was higher across all modes of separation, particularly for those who were treated and admitted to hospital, which was up 5.7 percentage points to 45.2% (Figure 6).

Figure 5 Percentage of patients who presented to the emergency department, by mode of separation, April to June 2020

		This quarter	Same quarter previous year	Change since one year ago
Treated and discharged	67.5%	415,380	484,670	-14.3%
Treated and admitted to hospital	25.5%	157,145	194,432	-19.2%
Left without, or before completing, treatment	3.2%	19,397	45,429	-57.3%
Transferred to another hospital	2.4%	14,499	17,125	-15.3%
Other	1.5%	9,269	12,812	-27.7%

Figure 6 Percentage of patients who spent four hours or less in the emergency department, by mode of separation, April to June 2020

	Number	This quarter	Same quarter previous year	Percentage point change since one year ago
ED attendances	463,786	75.3%	70.6%	4.7
Treated and discharged	360,700	86.8%	82.1%	4.7
Treated and admitted	70,973	45.2%	39.5%	5.7
Left without, or before completing, treatment	16,941	87.3%	85.2%	2.1
Transferred to another hospital	6,716	46.3%	45.1%	1.2

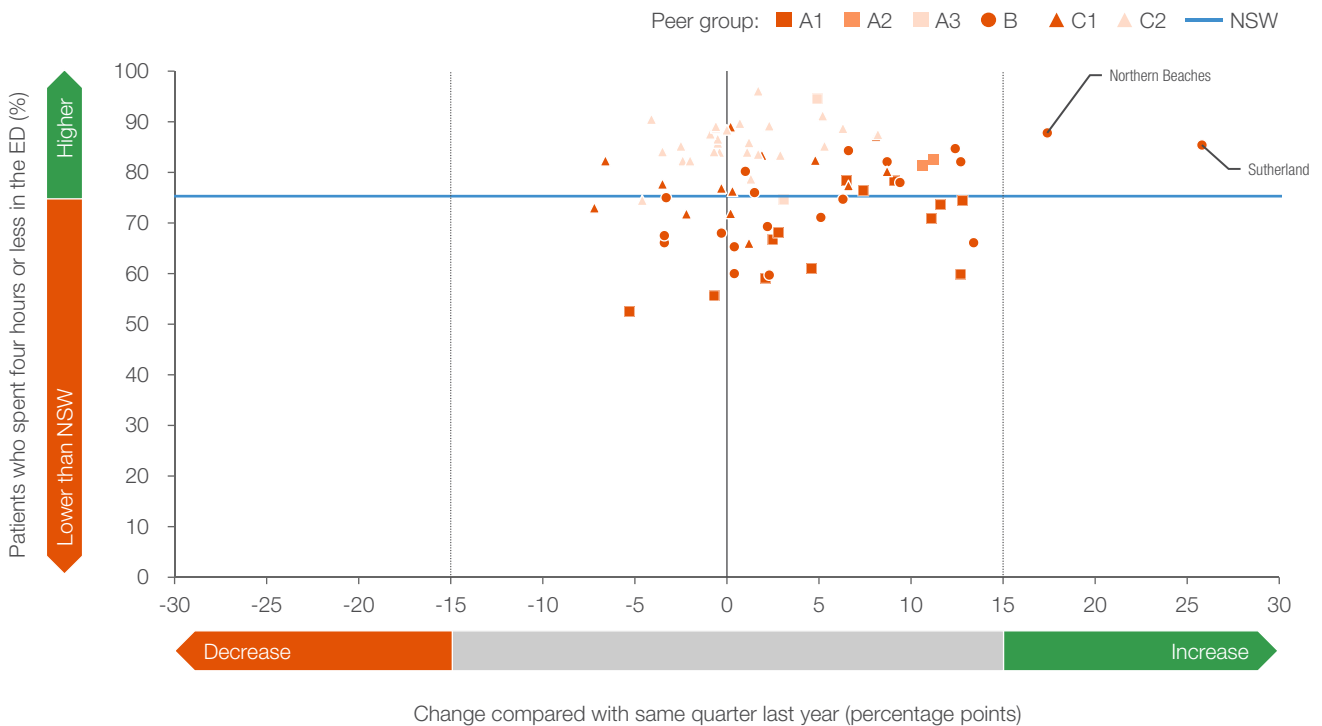
Compared with the same quarter the previous year, for the 77 large public hospital EDs reported on individually in *Healthcare Quarterly*:

- In 52 hospitals, the percentage of patients who spent four hours or less in the ED was higher. Eleven hospitals had an increase of more than 10 percentage points. Of those hospitals, Sutherland and Northern Beaches had an increase of more than 15 percentage points. (Figure 7).
- In 24 hospitals, there was a decrease in the percentage of patients who spent four hours or less in the ED (Figure 7).

Hospitals with >10 percentage point change in the percentage of patients who spent four hours or less in the ED, compared with the same quarter the previous year

Hospital	Peer group	Left ED within four hours (%)	Percentage point change
Sutherland	B	85.4	25.8
Northern Beaches	B	87.8	17.4
Campbelltown	B	66.1	13.4
St George	A1	74.4	12.8
Liverpool	A1	59.9	12.7
Dubbo	B	82.1	12.7
Fairfield	B	84.7	12.4
Royal Prince Alfred	A1	73.6	11.6
Children's at Westmead	A2	82.6	11.2
John Hunter	A1	70.9	11.1
Sydney Children's	A2	81.3	10.6

Figure 7 Percentage of patients who spent four hours or less in the emergency department, and percentage point change since the same quarter the previous year, hospitals by peer group, April to June 2020



Note: The increase in triage 5 presentations due to COVID-19 testing being recorded within the ED or a co-located testing clinic could contribute to changes in performance measures in ED. In Sutherland Hospital and Northern Beaches Hospital, approximately 90% of ED attendances were due to COVID-19 testing that occurred within the EDs or co-located testing clinics, which contributed to the large increase in the percentage of patients who spent four hours or less in the ED.

Transfer of care

The target for transfer of care from NSW Ambulance paramedics to ED staff is within 30 minutes for at least 90% of patients. In April to June 2020, 93.2% of patients who arrived by ambulance had their care transferred within 30 minutes, up 5.6 percentage points, compared with the same quarter the previous year (Figure 8).

The median time for patient care to be transferred from paramedics to ED staff in April to June 2020 was 11 minutes, one minute shorter than the same quarter the previous year. The 90th percentile time for patient

care to be transferred from paramedics to ED staff was 24 minutes, 10 minutes shorter than the same quarter the previous year (Figure 8).

The number of ambulance arrivals was up by more than 10% in two hospitals: Young (12.7%) and Moree (11.2%).

The number of ambulance arrivals was down by more than 10% in 37 hospitals. Three hospitals had a more than 30% decrease in the number of ambulance arrivals: Fairfield (30.8%), Lithgow (31.7%) and Kurri Kurri (44.2%).

Figure 8 Emergency presentations, ambulance arrivals and transfer of care time, April to June 2020

	This quarter	Same quarter previous year	Change since one year ago
Emergency presentations	594,909	728,960	-18.4%
ED transfer of care time			
Median time	11m	12m	-1m
90th percentile time	24m	34m	-10m
Percentage of patients transferred from ambulance to ED within 30 minutes	93.2%	87.6%	5.6 percentage points

Note: Transfer of care time requires matched records between ambulance service and ED data. The number of ambulance arrivals used to calculate transfer of care time in April to June 2020 was 153,605 arrivals, down 11.4% compared with the same quarter the previous year.

Hospitals with >10% change in the number of ambulance arrivals, compared with the same quarter the previous year

Hospital	Peer group	Ambulance arrivals	Change (%)
Young	C2	311	12.7
Moree	C2	327	11.2
South East Regional	C1	944	-10.2
Campbelltown	B	5362	-10.6
Westmead	A1	5924	-11.4
Cooma	C2	319	-11.6
Macksville	C2	482	-11.6
St George	A1	4890	-12.0
Byron Central	C2	454	-12.5
Concord	A1	2521	-13.0
Prince of Wales	A1	3820	-14.3
Mount Druitt	C1	1262	-14.5
Shellharbour	C1	1744	-14.6
Orange	B	1622	-14.8
Maclean	C2	429	-15.4
Royal North Shore	A1	4546	-15.7
Bankstown-Lidcombe	A1	4027	-15.8
Royal Prince Alfred	A1	5447	-15.8
Blue Mountains	C2	941	-15.9
Murwillumbah	C1	314	-16
Northern Beaches	B	3650	-16.4
Batemans Bay	C2	459	-16.7
Bathurst	C1	1003	-17.2
St Vincent's	A1	3466	-17.2
Armidale	C1	785	-17.9
Dubbo	B	1841	-18.9
Hornsby	B	1803	-19.4
Bowral	C1	1000	-19.9
Casino	C2	300	-21.7
Cessnock	C2	467	-23.4
Ryde	C1	1386	-23.4
Mudgee	C2	304	-24.2
Auburn	B	1076	-24.3
Singleton	C2	305	-25.2
Deniliquin	C2	202	-27.1
Canterbury	B	1737	-27.4
Fairfield	B	1567	-30.8
Lithgow	C2	492	-31.7
Kurri Kurri	C2	24	-44.2



Ambulance activity and performance

Ambulance activity and performance

Activity

Ambulance activity can be quantified in terms of calls, incidents, responses and patient transports (Table 2).

In April to June 2020, there were 274,708 calls and 218,078 incidents, down 11.3% and 9.4%, respectively, compared with the same quarter the previous year. There were 270,564 responses (down 12.7%) with most categorised as emergency – priority 1 (P1: 45.5%), and urgent – priority 2 (P2: 47.3%) (Figure 9).

Call to ambulance arrival time

Call to ambulance arrival time covers the period from when a Triple Zero (000) call is first answered in the ambulance control centre (phone pick-up), to the time the first ambulance arrives at the scene (Figure 10).

The percentage of P1 call to ambulance arrival times within 15 minutes was 61.3% in April to June 2020, up 2.2 percentage points compared with the same quarter the previous year. The percentage of P2 call to ambulance arrival times within 30 minutes was 73.2%, up 5.5 percentage points (Figure 10).






For more information on ambulance activity, see *Healthcare Quarterly – COVID-19 Supplement, January to June 2020* at bhi.nsw.gov.au

Table 2 Definition of calls, incidents, responses and patient transports

Calls	Calls received at the ambulance control centre, requesting an ambulance vehicle.
Incidents	Calls that result in the dispatch of one or more ambulance vehicles.
Responses	A response is the dispatch of an ambulance vehicle. There may be multiple responses to a single incident. Responses include vehicles cancelled prior to arrival at the incident scene. Responses are prioritised as priority 1 (emergency response under lights and siren; with category 1A as highest acuity); priority 2 (urgent – undelayed response required without lights and siren); priority 3 (time-critical – undelayed response required); and priority 4–9 (non-emergency).
Patient transports	Number of patients transported by NSW Ambulance.

Note: Ambulance activity data do not include Computer-Aided Dispatch (CAD) outages and activity estimates. Patient Transport Service (formerly known as NEPT or Non-Emergency Patient Transport) activity is not included in ambulance activity data. For more information refer to this report's technical supplement.

Figure 9 Ambulance calls, incidents, responses and transports, NSW, April to June 2020

		This quarter	Same quarter previous year	Change since one year ago
Calls		274,708	309,734	-11.3%
Incidents		218,078	240,781	-9.4%
All responses		270,564	309,828	-12.7%
P1: Emergency	 45.5%	123,071	139,923	-12.0%
P1A: Highest priority	 5.3%	6,469	6,551	-1.3%
P2: Urgent	 47.3%	128,091	146,619	-12.6%
P3: Time-critical	 4.7%	12,839	14,847	-13.5%
P4–9: Non-emergency	 2.4%	6,563	8,439	-22.2%
Patient transports		165,762	187,096	-11.4%

Note: All calls, incidents and responses that have been assigned a priority number are included in the total counts. Most priority numbers correspond to priority codes P1 to P9.

Response time

In NSW, ambulance response time refers to the period from the placement of a Triple Zero (000) call 'in queue' for an ambulance dispatch until the first vehicle arrives at the scene (Figure 11).

In April to June 2020, median response times for the high volume response categories were 11.2 minutes for emergency – priority 1 (P1) cases, and 18.1 minutes for urgent – priority 2 (P2) cases, 0.4 minutes and 1.9 minutes shorter than the same quarter the previous year, respectively (Figure 11).

Within the 123,071 P1 responses, there were 6,469 of the highest priority 1A (P1A) cases, down 1.3% compared with the same quarter the previous year (Figure 9). In NSW, the benchmark for the median P1A response time is 10 minutes. The median response time for P1A cases was 7.8 minutes, slightly longer than the same quarter the previous year (Figure 11).

The percentage of P1A responses within 10 minutes in April to June 2020 was 70.5%, down 1.3 percentage points compared with the same quarter the previous year (Figure 11).

Figure 10 Call to ambulance arrival time, by priority category, NSW, April to June 2020

Priority category	This quarter	Same quarter previous year	Percentage point change since one year ago						
				Call answer	Call in queue	Call complete	Vehicle assigned	Vehicle responding	Arrive at scene
P1 responses									
Within 15 minutes	61.3%	59.1%	2.2						
Within 30 minutes	94.4%	93.2%	1.2						
P2 responses									
Within 30 minutes	73.2%	67.7%	5.5						
Within 60 minutes	93.7%	91.4%	2.3						

Figure 11 Ambulance response time by priority category, NSW, April to June 2020

	This quarter	Same quarter previous year	Change since one year ago						
				Call answer	Call in queue	Call complete	Vehicle assigned	Vehicle responding	Arrive at scene
P1: emergency									
Median response time	11.2m	11.6m	-0.4m						
90th percentile response time	22.9m	24.4m	-1.5m						
P1A: Highest priority									
Median response time	7.8m	7.5m	0.3m						
90th percentile response time	15.3m	15.2m	0.1m						
P2: urgent									
Median response time	18.1m	20.0m	-1.9m						
90th percentile response time	47.2m	53.9m	-6.7m						
Percentage P1A responses within 10 minutes	70.5%	71.8%	-1.3 percentage points						

Ambulance activity

Regional, rural and remote NSW

The rate of incidents requiring an ambulance is the number of incidents for every 1,000 people living in an area. Any case requiring dispatch of one or more ambulance vehicles is defined as an incident.

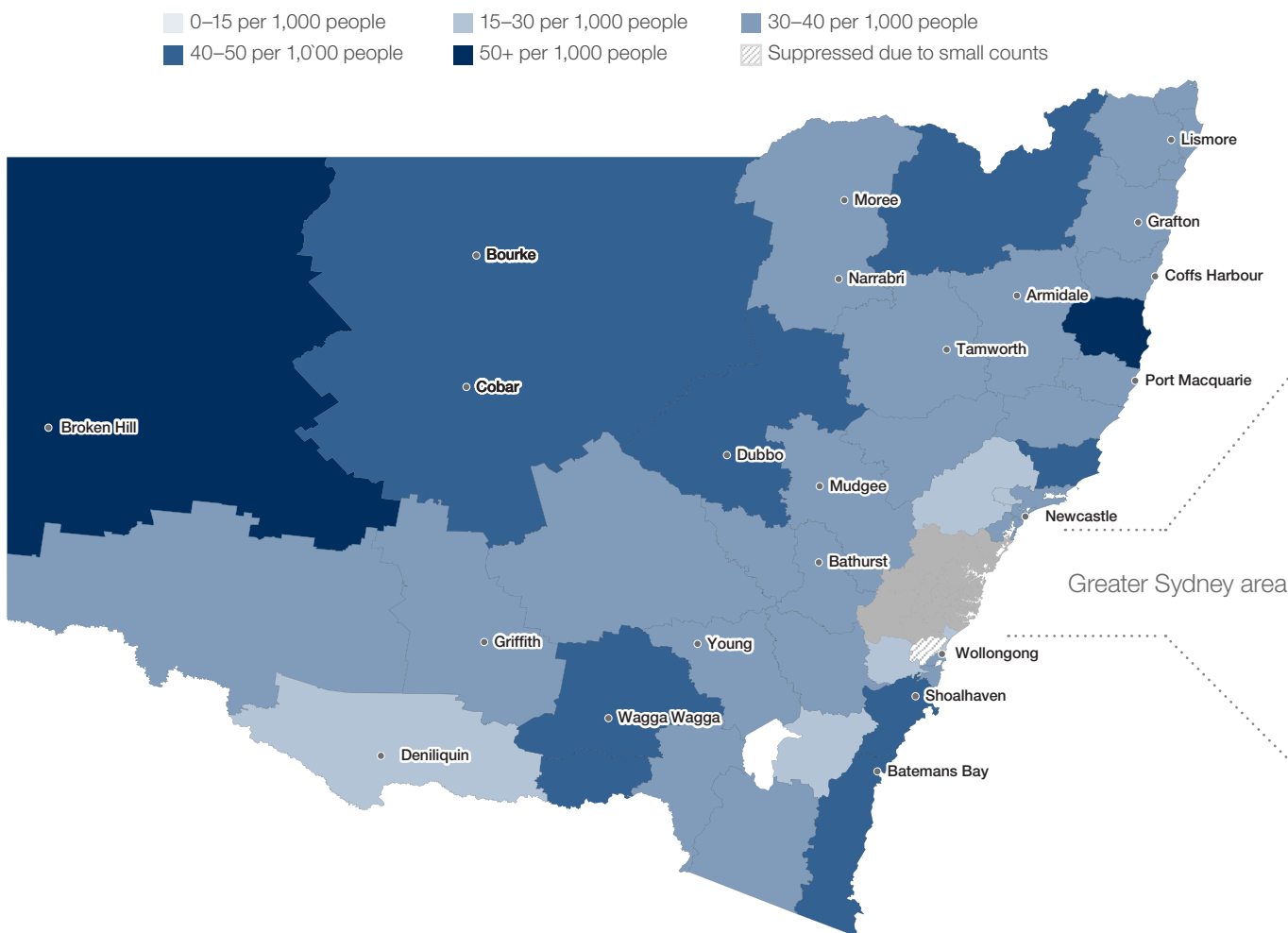
Across the 43 statistical areas level 3 (SA3s) in regional, rural and remote NSW, the incident rate ranged from 21.8 to 68.5 per 1,000 people during April to June 2020. Broken Hill and Far West had the highest rate in NSW at 68.5 incidents per 1,000 people. There were six regional, rural and remote SA3s with an incident rate below 30 per 1,000 people: Queanbeyan (21.8), Lower Hunter (26.3), Southern Highlands (26.7),

Upper Murray exc. Albury (27.5), Maitland (27.8), and Wollongong (29.2) (Figure 12).

A summary of results by SA3 is available online through BHI's ambulance performance tool: bhi.nsw.gov.au/search-ambulance-performance

Full activity and performance results by SA3, including trends over time, are available on BHI's interactive data portal, **Healthcare Observer**.

Figure 12 Incident rate by statistical area level 3, per 1,000 people, regional, rural and remote NSW, April to June 2020



Note: Statistical areas level 3 (SA3) are geographical areas defined by the Australian Bureau of Statistics and used by BHI for reporting ambulance activity and performance. See the technical supplement to this report for more information.

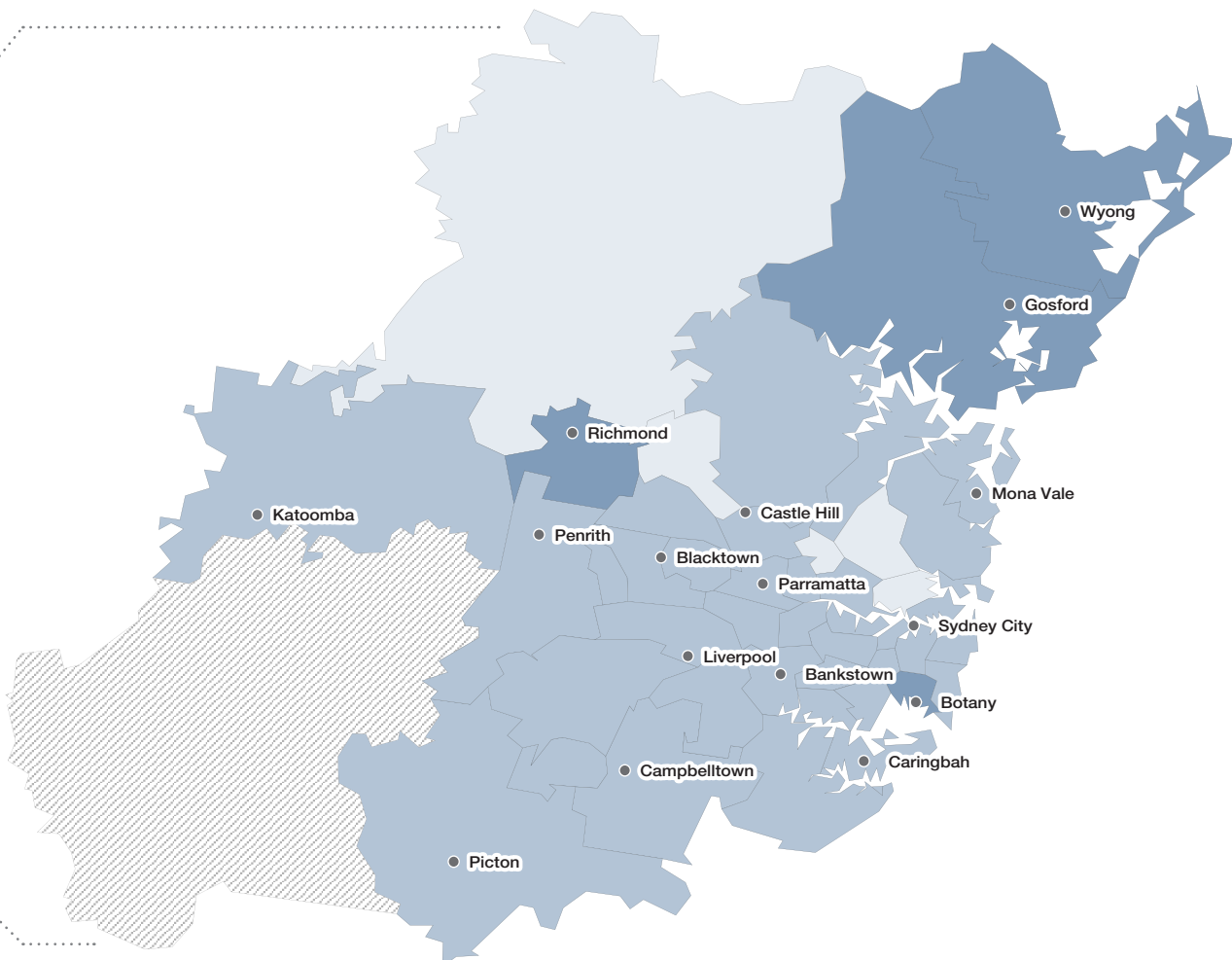
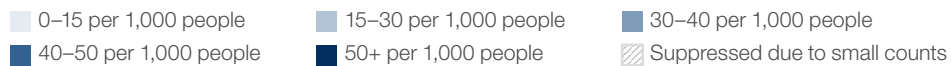
Greater Sydney area

Across the 46 SA3s in the Greater Sydney area, the incident rate for April to June 2020 ranged from 12.4 to 36.3 per 1,000 people.

There were 42 SA3s in Greater Sydney with incident rates below 30 per 1,000 people. The four SA3s in NSW with an incident rate below 15 per 1,000 people, all within Greater Sydney, were: Pennant Hills – Epping (12.4), Rouse Hill – McGraths Hill (13.2), Ku-ring-gai (13.6), and Hawkesbury (14.9) (Figure 13).

Four SA3s in Greater Sydney had incident rates above 30 per 1,000 people: Wyong (36.3), Botany (32.9), Gosford (32.4), and Richmond – Windsor (32.4) (Figure 13).

Figure 13 Incident rate by statistical area level 3, per 1,000 people, Greater Sydney, April to June 2020



Call to ambulance arrival times

Emergency cases are classified as priority 1 (P1) by NSW Ambulance and require an immediate response under lights and siren. There were 123,071 P1 responses across NSW in April to June 2020.

Statewide, 61.3% of P1 call to ambulance arrival times were within 15 minutes, up 2.2 percentage points compared with the same quarter the previous year (Figure 10).

Regional, rural and remote NSW

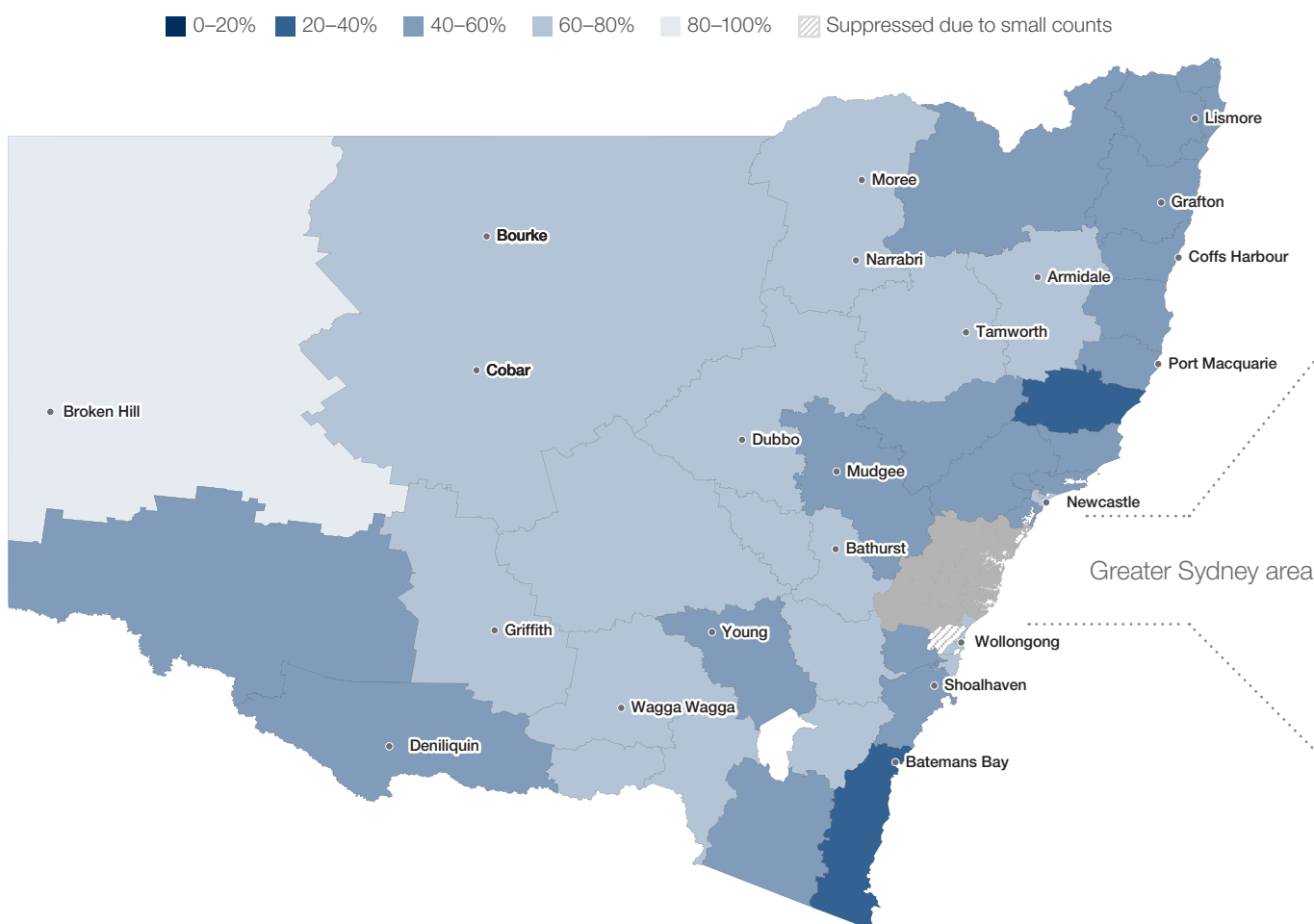
Regional, rural and remote NSW has a higher proportion of non-24-hour ambulance stations than in metropolitan Sydney, and longer distances between incidents and major hospitals, which can affect the

time it takes for NSW Ambulance paramedics to reach patients.

In some of these areas, NSW Ambulance-trained first responders are also available, who can arrive on scene to deliver first aid and defibrillation before the first paramedic crew arrives, and transport patients if needed.

Two of the 43 SA3s in regional, rural and remote NSW had more than 70% of P1 call to ambulance arrival times within 15 minutes in April to June 2020: Broken Hill and Far West (81.1%) and Armidale (77.3%). Overall, results in regional, rural and remote NSW ranged from 38.1% (South Coast) to 81.1% (Broken Hill and Far West) (Figure 14).

Figure 14 Percentage of emergency (P1) call to ambulance arrival times under 15 minutes by statistical area level 3, regional, rural and remote NSW, April to June 2020



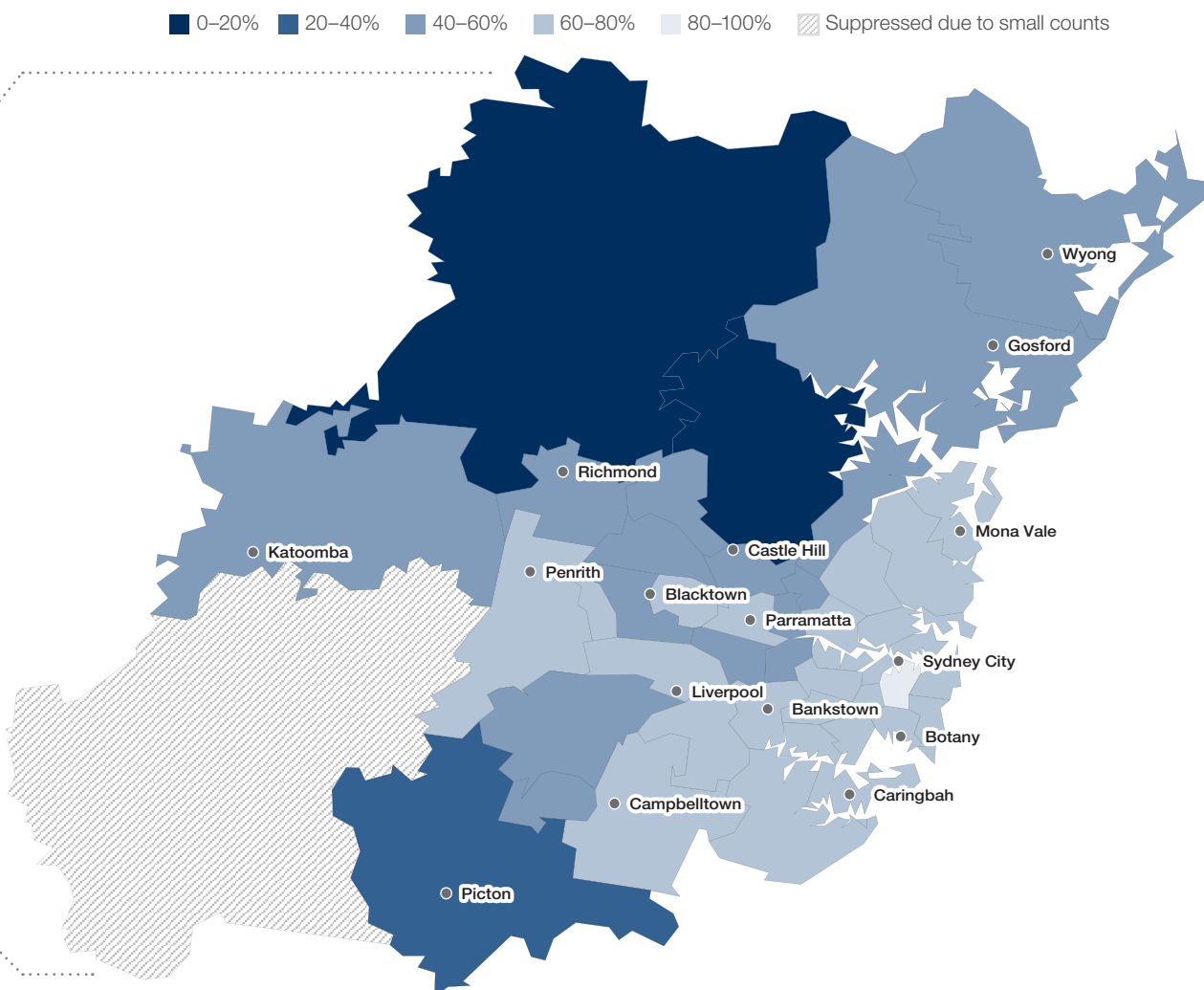
Greater Sydney area

For emergency – priority 1 (P1) cases, there were 13 SA3s out of 46 in Greater Sydney with more than 70% of call to ambulance arrival times within 15 minutes: Sydney Inner City (82.7%), Cronulla – Miranda – Caringbah (78.2%), Marrickville – Sydenham – Petersham (78.2%), Kogarah – Rockdale (77.4%), Eastern Suburbs – North (77.0%), Eastern Suburbs – South (74.9%), Strathfield – Burwood – Ashfield (74.3%), Chatswood – Lane Cove (74.0%), Botany

(73.1%), Parramatta (72.2%), Penrith (71.8%), Blacktown (70.7%), and Leichhardt (70.1%). Overall, results in Greater Sydney ranged from 11.7% (Dural – Wisemans Ferry) to 82.7% (Sydney Inner City) (Figure 15).

Three SA3s in Greater Sydney had less than 30% of P1 call to ambulance arrival times within 15 minutes: Wollondilly (29.8%), Hawkesbury (15.1%), and Dural – Wisemans Ferry (11.7%) (Figure 15).

Figure 15 Percentage of emergency (P1) call to ambulance arrival times under 15 minutes by statistical area level 3, Greater Sydney, April to June 2020





Admitted patient activity

Admitted patients

Admitted patient episodes can be acute (admissions for immediate treatment) or non-acute (admissions for rehabilitation, palliative care, or other reasons). Admissions that involve treatment for mental health can be acute or non-acute.

There were 406,221 admitted patient episodes in NSW public hospitals in April to June 2020, down 16.5% compared with the same quarter the previous year. Among those, 93.9% were acute admitted patient episodes, of which 51.6% were overnight episodes (Figure 16).

There were 10,015 mental health episodes in April to June 2020, down 11.2% compared with the same quarter the previous year (Figure 16). The use of restrictive practices in acute mental health units is reported in the seclusion and restraint section of this report (Pages 32–38).

For more information on admitted patient activity, see *Healthcare Quarterly – COVID-19 Supplement, January to June 2020* at bhi.nsw.gov.au

Figure 16 Total number of admitted patient episodes, by stay type, April to June 2020

		This quarter	Same quarter previous year	Change since one year ago
All episodes*		406,221	486,414	-16.5%
Acute	93.9%	381,523	457,016	-16.5%
Non-acute	3.6%	14,683	18,124	-19.0%
Mental health	2.5%	10,015	11,274	-11.2%
<hr/>				
		This quarter	Same quarter previous year	Change since one year ago
Acute				
Overnight	51.6%	197,028	244,303	-19.4%
Same-day	48.4%	184,495	212,713	-13.3%
Non-acute				
Overnight	86.2%	12,660	14,831	-14.6%
Same-day	13.8%	2,023	3,293	-38.6%
Mental health				
Overnight	92.2%	9,236	9,590	-3.7%
Same-day	7.8%	779	1,684	-53.7%




* Episodes of care include same day, overnight completed episodes. Non-completed episodes are excluded.

Bed days are a unit of time used to establish levels of inpatient occupancy, and are calculated for all admitted patient episodes that ended during the period. Total bed days for all admitted patient episodes were 1,461,723 in April to June 2020, down 15.0% compared with the same quarter the previous year (Figure 17).

Total bed days for acute and non-acute admitted patient episodes were down by 17.8% and 16.0%, respectively, and up by 6.3% for mental health admitted patient episodes, compared with the same quarter the previous year (Figure 17).

The increase in mental health bed days is due, in part, to the number of long-stay patients discharged. This resulted in a longer average length of stay for mental health episodes in this quarter (see *Healthcare Quarterly – Trend report, April to June 2020* at bhi.nsw.gov.au).

Figure 17 Total number of hospital bed days, by episode type, April to June 2020

		This quarter	Same quarter previous year	Change since one year ago
Total bed days		1,461,723	1,720,355	-15.0%
Acute	 74.0%	1,081,195	1,315,294	-17.8%
Non-acute	 12.9%	187,971	223,863	-16.0%
Mental health	 13.2%	192,557	181,198	6.3%



Seclusion and restraint

Seclusion and restraint

Seclusion and restraint involves the use of interventions to restrict the freedom of movement of a patient. These restrictive practices are not therapeutic but may be needed to support care.

In NSW, there are 46 public hospitals, plus the forensic hospital, with specialised acute mental health units that treat patients with varying severities of mental illness. There are Mental Health Intensive Care Units (MHICUs) in six of these hospitals, providing treatment for patients with a higher level of clinical severity and complexity who may be more likely to experience seclusion and restraint.

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

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

Most episodes of care in acute mental health units did not have a seclusion or restraint event in April to June 2020 (Figure 18).

The percentage of acute mental health episodes of care with at least one seclusion event was 4.3%, up 1.3 percentage points compared with the same quarter the previous year (Figure 18, Table 3).

The percentage of acute mental health episodes of care with at least one physical restraint event was 5.3%, up 0.9 percentage points compared with the same quarter the previous year (Figure 18, Table 3).

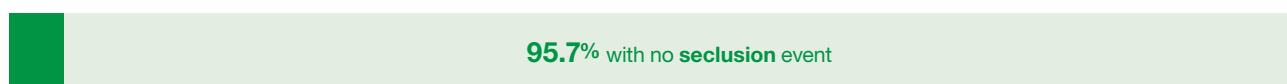
There is variation across public hospitals in the use of these interventions (Table 3).

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

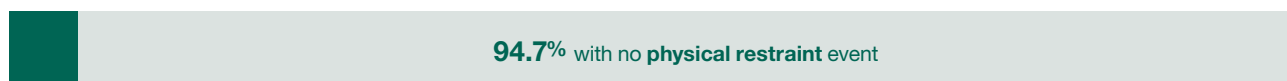
A **restraint event** occurs when the patient's freedom of movement is restricted by physical means (i.e. the hands-on immobilisation by health care staff), or mechanical means (i.e. application of devices).

Figure 18 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion or physical restraint event, April to June 2020*

4.3% with ≥ 1 **seclusion event**



5.3% with ≥ 1 **physical restraint event**



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

Table 3 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion or physical restraint event, by public hospital, April to June 2020*

Hospital	Number of acute mental health episodes of care	Seclusion		Physical restraint		
		% of episodes with at least one event	Percentage point change since one year ago	% of episodes with at least one event	Percentage point change since one year ago	
NSW†	11,666	4.3	1.3	5.3	0.9	
No mental health intensive care unit	Armidale	86	0.0	0.0	0.0	
	Bankstown–Lidcombe	248	6.5	-0.1	6.9	-2.7
	Blacktown	417	1.7	-0.4	1.7	-0.4
	Blue Mountains	93	0.0	-2.4	4.3	-1.6
	Braeside	38	0.0	0.0	7.9	2.3
	Broken Hill	29	17.2	14.6	13.8	5.9
	Campbelltown	552	1.6	-1.5	4.5	0.1
	Coffs Harbour	257	3.1	0.8	3.9	-0.2
	Dubbo	95	1.1	0.0	1.1	-3.3
	Gosford	165	7.9	5.5	6.7	4.3
	Goulburn	234	3.8	0.7	9.0	3.3
	Greenwich	67	0.0	0.0	1.5	-1.6
	John Hunter	84	1.2	1.2	10.7	5.1
	Kempsey	76	0.0	0.0	0.0	0.0
	Lismore	224	7.1	5.3	6.3	2.8
	Liverpool	475	6.5	2.2	5.3	0.6
	Macquarie	71	1.4	-1.1	2.8	-4.6
	Maitland	198	7.1	4.6	1.5	0.0
	Manning	95	3.2	0.3	1.1	-0.8
	Morrisset	10	0.0	0.0	10.0	3.7
	Nepean	492	3.3	-1.3	4.3	0.4
	Port Macquarie	94	2.1	2.1	4.3	0.9
	Royal North Shore	277	2.5	0.0	5.8	3.0
	Royal Prince Alfred	854	2.9	0.4	4.7	0.9
	Shellharbour	403	6.9	0.9	6.7	1.7
	South East Regional	73	0.0	0.0	2.7	-1.8
	St George	285	2.1	1.7	5.3	-0.7
	St Joseph's	27	0.0	0.0	0.0	-2.8
	St Vincent's	367	0.3	-0.7	2.2	-0.4
	Sutherland	155	3.9	2.9	5.2	1.7
	Sydney Children's	46	4.3	2.7	17.4	14.1
	Tamworth	227	2.6	-0.4	7.0	0.5
Tweed	219	2.3	-0.3	2.7	-1.2	
Wagga Wagga	305	2.6	0.6	5.2	1.7	
Westmead	145	0.0	0.0	2.8	-2.3	
Children's at Westmead	80	0.0	0.0	12.5	7.5	
Wollongong	288	1.7	-1.3	2.4	-0.6	
Wyong	312	6.1	4.1	6.7	4.3	
MHICU	Concord	989	10.3	4.4	8.3	3.0
	Cumberland	789	8.5	4.1	6.0	0.7
	Hornsby	304	4.6	-0.2	7.2	1.9
	Hunter New England Mater MH	707	5.1	2.3	5.7	-0.3
	Orange	262	3.4	0.0	5.0	0.3
Prince of Wales	452	0.2	-0.9	6.2	1.1	
JH	The Forensic Hospital†	58	25.9	6.3	34.5	3.1

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

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

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

Results for Northern Beaches Hospital are not included, as complete data for admissions to acute mental health units are not available for this hospital. Results for Bathurst are not included, as its acute mental health ward has closed since 1 April 2020 in response to COVID-19.

Seclusion and restraint events and rate

Seclusion and restraint interventions are not therapeutic and should only be used as a last resort when other options have been unsuccessful in maintaining safety for the patient, staff or others.

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

Across NSW, there were 866 seclusion events in the April to June 2020 quarter, up 217 events compared with the same quarter the previous year. There were 1,144 physical restraint events, up 224 compared with the same quarter the previous year (Table 4).

The number of seclusion and restraint events varied across public hospitals. The highest numbers of seclusion and restraint events mostly occurred in hospitals with a MHICU and at the Forensic Hospital (Table 4).

The NSW Health Performance Framework includes two key performance indicators (KPIs) related to the use of restrictive practices – the rate and duration of seclusion.

The KPI target for rate of seclusion in 2019–20 is less than 5.1 per 1,000 bed days for each hospital.

In April to June 2020, the NSW rate of seclusion was 7.3, up 2.0 compared with the same quarter the previous year (Table 4).

The rate of seclusion was below 5.1 per 1,000 bed days in 28 hospitals. The rate was 5.1 or above in 16 hospitals: Broken Hill (45.5); Liverpool (18.2); Concord (17.7); Shellharbour (16.0); Wyong (11.3); Bankstown-Lidcombe (11.0); Cumberland (10.8); Maitland (10.6); Lismore (10.0); Hunter New England Mater Mental Health Centre (9.3); Goulburn (9.1); Tamworth (7.4); Gosford (6.9); Hornsby (6.8); Wagga Wagga (5.3); and Royal Prince Alfred (5.1) (Table 4).

There were 63 mechanical restraint events in NSW public hospitals with specialised acute mental health units (excluding the Forensic Hospital). This was up by 12 events compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, there were 70 mechanical restraint events, down by 70 events compared with the same quarter the previous year.

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

Table 4 Number of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, April to June 2020

Hospital	Seclusion			Physical restraint			
	Total number of seclusion events	Change in events since one year ago	Rate per 1,000 bed days	Total number of physical restraint events	Change in events since one year ago	Rate per 1,000 bed days	
NSW*	866	217	7.3	1,144	224	9.6	
No mental health intensive care unit	Armidale	0	0	0	0	0	
	Bankstown–Lidcombe	29	10	11	32	8	12.1
	Blacktown	9	0	3.1	9	2	3.1
	Blue Mountains	0	-4	0	5	-6	3.9
	Braeside	0	0	0	6	1	4.3
	Broken Hill	11	6	45.5	<5	-3	16.5
	Campbelltown	11	-20	2	37	-13	6.8
	Coffs Harbour	13	3	4.4	15	-3	5
	Dubbo	<5	0	1.3	<5	-3	1.3
	Gosford	16	12	6.9	18	14	7.7
	Goulburn	17	9	9.1	44	22	23.6
	Greenwich	0	0	0	<5	-2	0.6
	John Hunter	<5	1	1.7	68	58	114.9
	Kempsey	0	0	0	0	0	0
	Lismore	35	26	10	15	-8	4.3
	Liverpool	81	25	18.2	43	6	9.7
	Macquarie	<5	-1	0.9	<5	-5	1.9
	Maitland	19	3	10.6	<5	-2	2.2
	Manning	<5	-2	3.4	<5	-1	1.1
	Morisset	0	0	0	<5	-3	1.8
	Nepean	16	-20	3	21	-8	3.9
	Port Macquarie	<5	3	2.9	6	-1	5.7
	Royal North Shore	8	-2	3.1	18	-1	6.9
	Royal Prince Alfred	30	6	5.1	81	45	13.7
	Shellharbour	65	27	16	50	25	12.3
	South East Regional	0	0	0	<5	-1	2.9
	St George	6	4	2.9	27	-5	13
	St Joseph's	0	0	0	0	-2	0
	St Vincent's	<5	-3	1.2	9	-2	3.7
	Sutherland	7	5	4.2	11	3	6.6
	Sydney Children's	<5	0	4.1	13	10	26.5
	Tamworth	13	7	7.4	28	9	15.9
	Tweed	11	0	5	19	0	8.6
Wagga Wagga	12	-1	5.3	22	1	9.7	
Westmead	0	0	0	8	-16	3.2	
Children's at Westmead	0	0	0	14	11	24.1	
Wollongong	6	-7	1.9	11	1	3.5	
Wyong	43	35	11.3	40	33	10.5	
MHICU	Concord	199	63	17.7	167	57	14.8
	Cumberland	87	35	10.8	63	-3	7.8
	Hornsby	30	-5	6.8	68	35	15.4
	Hunter New England Mater MH	67	19	9.3	104	-5	14.4
	Orange	10	-12	3.8	18	-8	6.8
Prince of Wales	<5	-5	0.2	37	-16	8.5	
JH	The Forensic Hospital*	331	229	81.7	359	228	88.6

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

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

Results for Northern Beaches Hospital are not included, as complete data for admissions to acute mental health units are not available for this hospital. Results for Bathurst are not included, as its acute mental health ward has closed since 1 April 2020 in response to COVID-19.

Seclusion and restraint duration

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

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

The NSW Health Performance KPI target for seclusion duration in 2019–20 is less than four hours for each hospital. Statewide, the average duration of a seclusion event was 6 hours and 54 minutes in April to June 2020, up 1 hour and 47 minutes compared with the same quarter the previous year (Table 5).

The average duration of seclusion events was less than four hours in 24 hospitals. The average duration was longer than four hours in 12 hospitals: Blacktown (15h 8m); Liverpool (14h 12m); Coffs Harbour (11h 56m); Royal Prince Alfred (11h 20m); Lismore (9h 27m); Cumberland (9h 24m); Concord (7h 55m); Hunter New England Mater Mental Health Centre (6h 0m); Gosford (5h 49m); Royal North Shore (4h 45m); Wyong (4h 44m) and Wollongong (4h 22m) (Table 5).

In April to June 2020, the average duration of a physical restraint event was five minutes, unchanged when compared with the same quarter the previous year (Table 5).

The average duration of a mechanical restraint event in NSW public hospitals (excluding the Forensic Hospital) was 59 minutes. This was down 46 minutes compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, the average duration of a mechanical restraint event was 78 minutes, up 39 minutes compared with the same quarter the previous year.

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

Table 5 Average duration of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, April to June 2020

Hospital	Seclusion		Physical restraint	
	Average duration	Change since one year ago	Average duration	Change since one year ago
NSW*	6h 54m	1h 47m	5m	0m
No mental health intensive care unit				
Armidale	0m	0m	0m	0m
Bankstown–Lidcombe	3h 44m	49m	1m	-1m
Blacktown	15h 8m	10h 49m	2m	1m
Blue Mountains	0m	‡	4m	-1m
Braeside	0m	0m	1m	0m
Broken Hill	3h 3m	1h 14m	†	‡
Campbelltown	58m	-4m	2m	-1m
Coffs Harbour	11h 56m	9h 21m	6m	0m
Dubbo	†	‡	†	‡
Gosford	5h 49m	‡	3m	‡
Goulburn	2h 0m	1h 15m	1m	-3m
Greenwich	0m	0m	†	‡
John Hunter	†	‡	4m	-5m
Kempsey	0m	0m	0m	0m
Lismore	9h 27m	7h 14m	7m	3m
Liverpool	14h 12m	7h 45m	2m	0m
Macquarie	†	‡	†	‡
Maitland	2h 25m	10m	†	‡
Manning	†	‡	†	‡
Morisset	0m	0m	†	‡
Nepean	2h 36m	-1h 57m	1m	-2m
Port Macquarie	†	‡	2m	-6m
Royal North Shore	4h 45m	1h 10m	2m	-1m
Royal Prince Alfred	11h 20m	8h 15m	6m	1m
Shellharbour	3h 44m	-4h 6m	2m	-4m
South East Regional	0m	0m	†	‡
St George	2h 44m	‡	1m	0m
St Joseph's	0m	0m	0m	‡
St Vincent's	†	‡	2m	-7m
Sutherland	1h 0m	‡	2m	0m
Sydney Children's	†	‡	5m	‡
Tamworth	2h 4m	56m	3m	-4m
Tweed	1h 15m	-1h 27m	2m	-1m
Wagga Wagga	1h 30m	-1h 50m	2m	-2m
Westmead	0m	0m	1m	0m
Children's at Westmead	0m	0m	8m	‡
Wollongong	4h 22m	2h 14m	3m	-2m
Wyong	4h 44m	2h 17m	5m	-8m
MHICU				
Concord	7h 55m	-2h 22m	5m	-1m
Cumberland	9h 24m	4h 9m	3m	1m
Hornsby	1h 23m	-19m	14m	7m
Hunter New England Mater MH	6h 0m	2h 9m	6m	-5m
Orange	52m	-27m	19m	15m
Prince of Wales	†	‡	3m	0m
JH				
The Forensic Hospital†	12h 29m	-42h 16m	7m	-1m

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

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

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

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

Results for Northern Beaches Hospital are not included, as complete data for admissions to acute mental health units is not available for this hospital. Results for Bathurst are not included, as its acute mental health ward has closed since 1 April 2020 in response to COVID-19.



Elective surgery activity and performance

Elective surgery activity

There are three main categories for elective surgery: urgent, semi-urgent and non-urgent. The urgency category is determined by the surgeon and is based on clinical criteria.

In April to June 2020, there were 35,807 elective surgical procedures performed in NSW public hospitals. The number of urgent procedures performed remained relatively stable, while the number of semi-urgent and non-urgent procedures performed decreased by 27.3% and 67.1%, respectively, compared with the same quarter the previous year (Figure 19).

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. A total 1,294 elective surgical procedures contracted to NSW private hospitals were performed in April to June 2020. This represented approximately 3% of all elective surgical procedures performed (Figure 19).

In April to June 2020, 34.3% of all elective surgical procedures performed were urgent (up 12.8 percentage points compared with the same quarter in 2019) and 38.6% were semi-urgent (up 6.3 percentage points), while just 22.6% were non-urgent (down 18.4 percentage points) (Figure 19). As urgent and semi-urgent procedures represented a higher percentage of the total number of elective surgical procedures in April to June 2020, there was a decrease in the overall median waiting time (data not shown).

In response to the COVID-19 pandemic, from 26 March, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional elective surgery up to 25% of normal levels was permitted, and from 15 May, three stages for reopening elective surgery were established, to be implemented at the discretion of each jurisdiction.

Figure 19 Elective surgical procedures performed, by urgency category, April to June 2020

	This quarter	Same quarter previous year	Change since one year ago
Total number of elective surgical procedures performed in public hospitals	35,807	59,112	-39.4%
Urgent	12,268	12,481	-1.7%
Semi-urgent	13,810	19,004	-27.3%
Non-urgent	8,107	24,669	-67.1%
Staged*	1,622	2,958	-45.2%
Total number of elective surgery procedures performed in private hospitals	1,294	202	540.6%

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

Note: From 26 March, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional elective surgery up to 25% of normal levels was permitted, and from 15 May, three stages for reopening elective surgery were established, to be implemented at the discretion of each jurisdiction.

Elective surgery waiting time by urgency category





Timeliness of elective surgery is measured by median and 90th percentile waiting times, and the percentage of procedures performed within clinically recommended time frames.







The recommended waiting times for elective surgery are up to: 30 days for urgent, 90 days for semi-urgent, and 365 days for non-urgent procedures. At 84.7%, the percentage of procedures performed within recommended time frames was down 11.7 percentage points compared with the same quarter the previous year. The non-urgent category saw the biggest decrease (26.1 percentage points) in the percentage of procedures performed on time (Figure 20).

Compared with the same quarter the previous year, median waiting times in April to June 2020 were 10 days for urgent (down one day), 50 days for semi-urgent (up four days) and 301 days for non-urgent procedures (up 55 days) (Figure 20).

For more information on elective surgery, see *Healthcare Quarterly – COVID-19 Supplement, January to June 2020* at bhi.nsw.gov.au

Figure 20 Percentage of elective surgical procedures performed on time and waiting times, by urgency category, April to June 2020

		This quarter	Same quarter previous year	Percentage point change since one year ago
All procedures		84.7%	96.4%	-11.7
Urgent	Recommended: 30 days 	99.6%	99.9%	-0.3
Semi-urgent	Recommended: 90 days 	81.2%	96.7%	-15.5
Non-urgent	Recommended: 365 days 	68.2%	94.3%	-26.1

		This quarter	Same quarter previous year	Change since one year ago
Urgent: 12,268 patients				
Median time to receive surgery		10 days	11 days	-1 day
90th percentile time to receive surgery		24 days	26 days	-2 days
Semi-urgent: 13,810 patients				
Median time to receive surgery		50 days	46 days	4 days
90th percentile time to receive surgery		111 days	83 days	28 days
Non-urgent: 8,107 patients				
Median time to receive surgery		301 days	246 days	55 days
90th percentile time to receive surgery		420 days	359 days	61 days

Note: From 26 March, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional elective surgery up to 25% of normal levels was permitted, and from 15 May, three stages for reopening elective surgery were established, to be implemented at the discretion of each jurisdiction.

Percentage of elective surgery on time

The hospital-level results for this quarter are presented on two axes: the percentage of elective surgical procedures performed on time (y-axis), and the percentage point change since the same quarter the previous year (x-axis). For hospitals shown above the blue NSW line, a higher percentage of procedures were performed on time this quarter compared with the overall NSW result. Hospitals are named if they had a more than 20 percentage point change in performance (Figure 21).

Compared with the same quarter the previous year, the percentage of procedures performed on time was lower this quarter in 64 out of the 77 large public hospital EDs reported on individually in *Healthcare Quarterly* (Figure 21).

In April to June 2020, the percentage of elective surgical procedures performed on time for different specialities ranged from 65.4% for ear, nose and throat surgery to 99.3% for medical (Figure 22).

The percentage of elective surgical procedures performed on time for different common procedures ranged from 42% for myringoplasty/tympanoplasty to 93.8% for 'other – general' surgical procedures. The percentage of procedures performed on time was down more than 10 percentage points in 11 out of 17 common procedures compared with the same quarter the previous year (Figure 23).

Figure 21 Percentage of elective surgical procedures performed on time and percentage point change since the same quarter the previous year, hospitals by peer group, April to June 2020

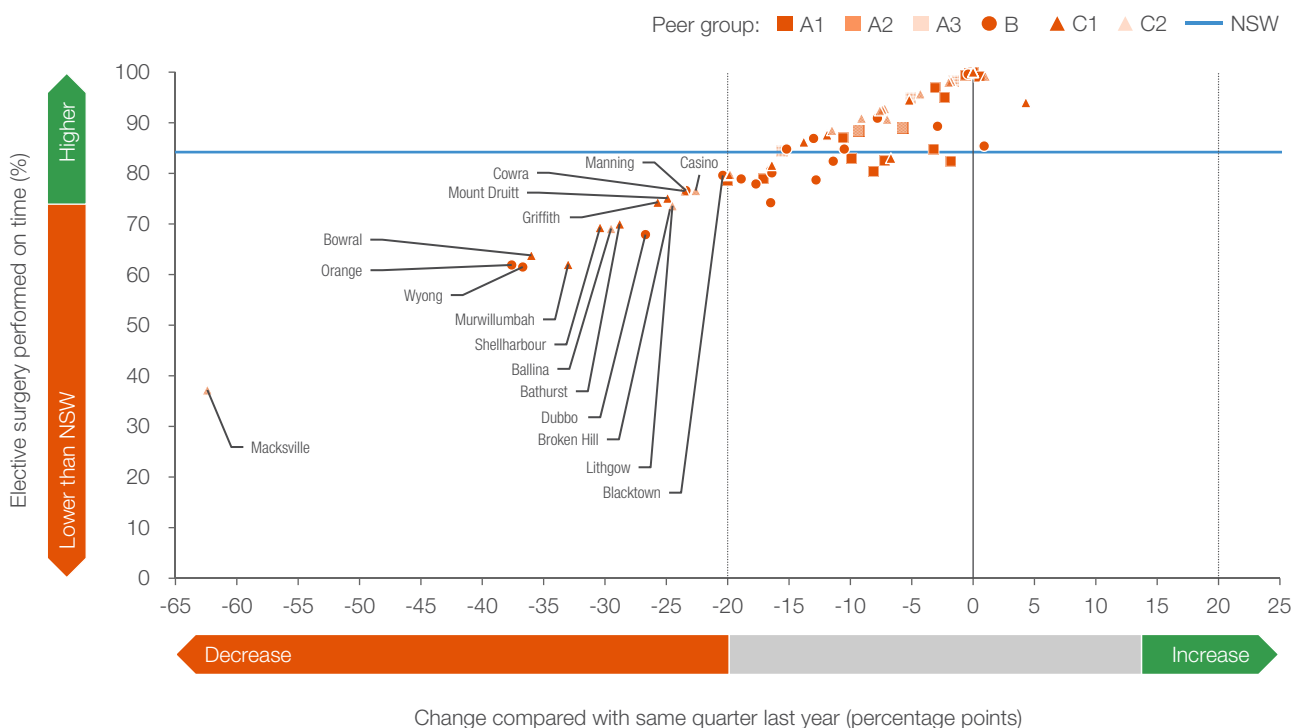


Figure 22 Percentage of elective surgical procedures performed on time, by specialty, April to June 2020

	Number of procedures	Percentage on time	Same quarter previous year	Percentage point change since one year ago
Medical	425	99.3%	98.7%	0.6
Vascular surgery	1,180	95.8%	98.8%	-3.0
Neurosurgery	814	93.5%	96.8%	-3.3
Plastic surgery	1,805	92.9%	97.4%	-4.5
Cardiothoracic surgery	865	91.5%	97.0%	-5.5
Gynaecology	4,871	90.4%	98.1%	-7.7
General surgery	9,089	89.4%	97.8%	-8.4
Urology	6,363	88.0%	96.3%	-8.3
Orthopaedic surgery	4,167	81.3%	92.5%	-11.2
Ophthalmology	4,115	65.9%	99.4%	-33.5
Ear, nose and throat surgery	2,113	65.4%	89.8%	-24.4

Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 23 Percentage of elective surgical procedures performed on time, by common procedure, April to June 2020

	Number of procedures	Percentage on time	Same quarter previous year	Percentage point change since one year ago
Other – General	1,237	93.8%	98.2%	-4.4
Hysteroscopy	1,864	89.8%	97.8%	-8.0
Cystoscopy	2,746	88.2%	97.0%	-8.8
Abdominal hysterectomy	392	87.7%	96.6%	-8.9
Coronary artery bypass graft	216	87.3%	96.6%	-9.3
Cholecystectomy	1,146	86.2%	97.2%	-11.0
Haemorrhoidectomy	193	85.0%	96.6%	-11.6
Prostatectomy	543	84.0%	90.9%	-6.9
Inguinal herniorrhaphy	757	80.8%	95.5%	-14.7
Total hip replacement	418	67.6%	86.3%	-18.7
Myringotomy	14	64.3%	100.0%	-35.7
Varicose veins stripping and ligation	40	62.5%	98.1%	-35.6
Total knee replacement	508	59.6%	85.8%	-26.2
Cataract extraction	3,013	57.7%	99.7%	-42.0
Tonsillectomy	554	50.1%	88.4%	-38.3
Septoplasty	101	45.5%	85.2%	-39.7
Myringoplasty/Tympanoplasty	50	42.0%	76.3%	-34.3

Note: 'Other-general' procedures refers to general surgery procedures recorded as 'Other' in WLCOS.

Elective surgery waiting time by specialty and procedure

The median waiting time refers to the number of days it took for half of all patients to be admitted to hospital and undergo surgery. The other half waited the same amount of time or longer.

As urgent and semi-urgent procedures represented a higher than usual percentage of the total number of elective surgical procedures in April to June 2020 (Figure 19), median waiting times for specialties and many procedures were shorter when compared with the same quarter the previous year (Figures 24, 25).

In April to June 2020, the median waiting time for all 11 specialties was down, by between five and 117 days, compared with the same quarter the previous year. The largest reduction in median waiting time was for

ear, nose and throat surgery, down 117 days compared with the same quarter the previous year (Figure 24).

The median waiting time for common procedures ranged from 15 days for 'other – general' surgical procedures to 360 days for myringoplasty/ tympanoplasty and septoplasty. Out of 17 common procedures, the median waiting time was down for 12 procedures, and up for five procedures (Figure 25).

















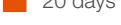
The largest increase in median waiting time was for cataract extraction, up 64 days compared with the same quarter the previous year. The median waiting time for total hip replacement was down 123 days compared with the same quarter the previous year (Figure 25).

Figure 24 Median waiting time for patients who received elective surgery, by specialty, April to June 2020

	Number of procedures	This quarter	Same quarter previous year	Change since one year ago
Ophthalmology	4,115	217 days	231 days	-14 days
Ear, nose and throat surgery	2,113	99 days	216 days	-117 days
Orthopaedic surgery	4,167	66 days	121 days	-55 days
Gynaecology	4,871	29 days	43 days	-14 days
Urology	6,363	28 days	34 days	-6 days
General surgery	9,089	23 days	41 days	-18 days
Cardiothoracic surgery	865	19 days	26 days	-7 days
Plastic surgery	1,805	19 days	34 days	-15 days
Neurosurgery	814	18 days	54 days	-36 days
Vascular surgery	1,180	14 days	22 days	-8 days
Medical	425	10 days	15 days	-5 days

Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 25 Median waiting time for patients who received elective surgery, by common procedure, April to June 2020

	Number of procedures	This quarter		Same quarter previous year	Change since one year ago
Miringoplasty/Tympanoplasty	50		360 days	321 days	39 days
Septoplasty	101		360 days	324 days	36 days
Cataract extraction	3,013		324 days	260 days	64 days
Total knee replacement	508		321 days	294 days	27 days
Tonsillectomy	554		246 days	304 days	-58 days
Varicose veins stripping and ligation	40		126 days	135 days	-9 days
Total hip replacement	418		115 days	238 days	-123 days
Myringotomy	14		91 days	74 days	17 days
Inguinal herniorrhaphy	757		68 days	77 days	-9 days
Haemorrhoidectomy	193		60 days	76 days	-16 days
Prostatectomy	543		44 days	69 days	-25 days
Cholecystectomy	1,146		39 days	59 days	-20 days
Hysteroscopy	1,864		34 days	43 days	-9 days
Abdominal hysterectomy	392		30 days	67 days	-37 days
Cystoscopy	2,746		25 days	29 days	-4 days
Coronary artery bypass graft	216		20 days	34 days	-14 days
Other – General	1,237		15 days	24 days	-9 days

Note: 'Other-general' procedures refers to general surgery procedures recorded as 'Other' in WLCOS.

End of quarter elective surgery waiting list

Understanding access to, and the provision of, elective surgery can be aided by measuring shifts over time in the size of the waiting list and composition of patients on it, on a quarterly basis.





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. The information about the number of patients waiting for surgery is a snapshot of the list on a single day. In this case, it is the number of patients who were ready for surgery on the last day of the quarter.

In April to June 2020, 48,539 patients were added to the elective surgery waiting list, down 25.0% (16,156) compared with the same quarter the previous year. (Figure 26).

At the end of the April to June quarter, there were 101,026 patients on the elective surgery waiting list, up 20.1% (16,895) compared with the same time in 2019. The number of patients on the waiting list increased for all urgency categories: up 19.4% (354) to 2,175 for urgent surgery, up 5.1% (664) to 13,688 for semi-urgent surgery and up 22.9% (15,877) to 85,163 for non-urgent surgery (Figure 27).

Among those patients waiting for semi-urgent elective surgery, the specialties with most patients waiting were general surgery (4,257) and urology (2,906), up 13.2% and 15.2%, respectively, compared with the same time the previous year (Figure 28). Most of those patients waiting for general surgery and urology were waiting for cholecystectomy (846) and cystoscopy procedures (1,183) (Figure 29).




Figure 26 Patients added to the elective surgery waiting list, by urgency category, April to June 2020

		This quarter	Same quarter previous year	Change since one year ago
Patients added to the elective surgery waiting list		48,539	64,695	-25.0%
Urgent	 27.0%	13,123	12,693	3.4%
Semi-urgent	 32.5%	15,766	21,372	-26.2%
Non-urgent	 35.0%	16,975	26,856	-36.8%
Staged*	 5.5%	2,675	3,774	-29.1%

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

Note: From 26 March, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional elective surgery up to 25% of normal levels was permitted, and from 15 May, three stages for reopening elective surgery were established, to be implemented at the discretion of each jurisdiction.

Figure 27 Elective surgery waiting list, by urgency category, as at 30 June 2020

		This quarter	Same quarter previous year	Change since one year ago
Patients ready for surgery on waiting list as at 30 June 2020		101,026	84,131	20.1%
Urgent	 2.2%	2,175	1,821	19.4%
Semi-urgent	 13.5%	13,688	13,024	5.1%
Non-urgent	 84.3%	85,163	69,286	22.9%
Patients not ready for surgery on waiting list at the end of quarter		14,784	15,679	-5.7%

Note: From 26 March, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional elective surgery up to 25% of normal levels was permitted, and from 15 May, three stages for reopening elective surgery were established, to be implemented at the discretion of each jurisdiction.

Figure 28

Patients on elective surgery waiting list for **semi-urgent surgery** at end of quarter, by specialty, as at 30 June 2020

	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
All specialties	13,688	13,024	5.1%
General surgery	4,257	3,760	13.2%
Urology	2,906	2,523	15.2%
Gynaecology	2,351	2,123	10.7%
Orthopaedic surgery	1,295	1,152	12.4%
Ophthalmology	767	1,168	-34.3%
Ear, nose and throat surgery	711	731	-2.7%
Plastic surgery	604	673	-10.3%
Vascular surgery	361	322	12.1%
Neurosurgery	236	258	-8.5%
Cardiothoracic surgery	145	244	-40.6%
Medical	55	70	-21.4%

Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 29

Patients on elective surgery waiting list for **semi-urgent surgery** at end of quarter, by common procedure, as at 30 June 2020

Procedure	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
Cystoscopy	1,183	1,054	12.2%
Hysteroscopy	1,000	848	17.9%
Cholecystectomy	846	713	18.7%
Inguinal herniorrhaphy	472	416	13.5%
Cataract extraction	445	751	-40.7%
Other – General	374	358	4.5%
Prostatectomy	359	248	44.8%
Total hip replacement	221	138	60.1%
Abdominal hysterectomy	206	151	36.4%
Total knee replacement	159	109	45.9%
Haemorrhoidectomy	157	130	20.8%
Tonsillectomy	151	170	-11.2%
Coronary artery bypass graft	39	62	-37.1%
Varicose veins stripping and ligation	38	36	5.6%
Septoplasty	28	20	40.0%
Myringoplasty/Tympanoplasty	21	10	110.0%
Myringotomy	12	11	9.1%

Note: 'Other-general' procedures refers to general surgery procedures recorded as 'Other' in WLCOS.

End of quarter elective surgery waiting list

The majority of patients (84.3%) on the elective surgery waiting list were waiting for non-urgent surgery. At the end of the April to June 2020 quarter, there were 85,163 patients on the waiting list waiting for non-urgent elective surgery.

Among those patients waiting for non-urgent elective surgery, the specialties with most patients waiting were orthopaedic surgery (23,823) and ophthalmology (23,091), up 29.1% and 14.4%, respectively, compared with the same time in 2019 (Figure 30).

Most of those patients waiting for orthopaedic surgery and ophthalmology were waiting for total knee replacement (7,779), total hip replacement (3,533) and cataract extraction (20,724) procedures (Figure 31).

The largest proportionate growth in the waiting list among specialties was for gynaecology, up 33.4%, compared with the same time the previous year. Among those waiting for gynaecology, most were waiting for a hysteroscopy procedure (1,423) (Figure 31).

Figure 30 Patients on elective surgery waiting list for **non-urgent surgery** at end of quarter, by specialty, as at 30 June 2020

	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
All specialties	85,163	69,286	22.9%
Orthopaedic surgery	23,823	18,455	29.1%
Ophthalmology	23,091	20,180	14.4%
General surgery	13,259	10,259	29.2%
Ear, nose and throat surgery	11,657	9,721	19.9%
Gynaecology	6,657	4,992	33.4%
Urology	2,172	1,682	29.1%
Plastic surgery	1,866	1,757	6.2%
Neurosurgery	1,459	1,259	15.9%
Vascular surgery	978	744	31.5%
Medical	112	128	-12.5%
Cardiothoracic surgery	89	109	-18.3%

Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 31 Patients on elective surgery waiting list for **non-urgent surgery** at end of quarter, by common procedure, as at 30 June 2020

Procedure	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
Cataract extraction	20,724	18,007	15.1%
Total knee replacement	7,779	5,934	31.1%
Tonsillectomy	4,585	3,864	18.7%
Total hip replacement	3,533	2,692	31.2%
Inguinal herniorrhaphy	2,676	2,129	25.7%
Septoplasty	1,812	1,506	20.3%
Hysteroscopy	1,423	1,016	40.1%
Cholecystectomy	1,333	1,006	32.5%
Other – General	1,138	829	37.3%
Abdominal hysterectomy	1,008	757	33.2%
Varicose veins stripping and ligation	865	674	28.3%
Prostatectomy	589	483	21.9%
Haemorrhoidectomy	434	375	15.7%
Myringoplasty/Tympanoplasty	425	377	12.7%
Myringotomy	70	66	6.1%
Coronary artery bypass graft	18	26	-30.8%

Note: 'Other-general' procedures refers to general surgery procedures recorded as 'Other' in WLCOS. Non-urgent cystoscopy is reported in staged procedures.

Patients on elective surgery waiting list who had waited longer than clinically recommended time



For patients categorised as semi-urgent, the clinically recommended maximum waiting time is 90 days. For patients categorised as non-urgent, the clinically recommended maximum waiting time is 365 days.

At the end of April to June 2020, there were 10,563 patients who had waited longer than the clinically recommended time, including 2,179 waiting for semi-urgent and 8,379 waiting for non-urgent procedures. At the same time in 2019, there were 541 patients on the waiting list who had waited longer than the clinically recommended time (Figure 32).

Among those patients waiting for semi-urgent elective surgery, and who had waited longer than 90 days, the specialties with most patients waiting were general surgery (719) and urology (520) (Figure 33).

Most of those patients waiting for general surgery and urology, and who had waited longer than 90 days, were waiting for cholecystectomy (139) and cystoscopy (205) procedures (Figure 34).

Figure 32 Patients on elective surgery waiting list who had waited longer than clinically recommended time, by urgency category, as at 30 June 2020

		This quarter	Same quarter previous year	Change since one year ago
Patients on the waiting list who had waited longer than clinically recommended time		10,563	541	10,022
Urgent	0.0%	5	0	5
Semi-urgent	 20.6%	2,179	110	2,069
Non-urgent	 79.3%	8,379	431	7,948

Note: From 26 March, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional elective surgery up to 25% of normal levels was permitted, and from 15 May, three stages for reopening elective surgery were established, to be implemented at the discretion of each jurisdiction.

Figure 33

Patients on elective surgery waiting list for **semi-urgent surgery** at end of quarter, who had waited longer than clinically recommended time, by speciality, as at 30 June 2020

	Patients on waiting list wait longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
All specialities	2,179	110	2,069
General surgery	719	53	666
Urology	520	6	514
Gynaecology	250	6	244
Orthopaedic surgery	229	8	221
Ear, nose and throat surgery	143	8	135
Ophthalmology	93	0	93
Plastic surgery	91	27	64
Vascular surgery	89	<5	*
Cardiothoracic surgery	19	0	19
Neurosurgery	17	0	17
Medical	9	<5	*

*Values suppressed due to small numbers, to protect patient privacy.
Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 34

Patients on elective surgery waiting list for **semi-urgent surgery** at end of quarter, who had waited longer than clinically recommended time, by common procedure, as at 30 June 2020

Procedure	Patients on waiting list wait longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
Cystoscopy	205	0	205
Cholecystectomy	139	6	133
Hysteroscopy	104	0	104
Prostatectomy	80	<5	*
Inguinal herniorrhaphy	68	10	58
Other – General	64	<5	*
Cataract extraction	57	0	57
Total hip replacement	55	<5	*
Total knee replacement	42	0	42
Haemorrhoidectomy	33	<5	*
Abdominal hysterectomy	27	<5	*
Tonsillectomy	25	<5	*
Varicose veins stripping and ligation	20	<5	*
Coronary artery bypass graft	6	0	6
Septoplasty	6	0	6
Myringoplasty/Tympanoplasty	6	0	6
Myringotomy	<5	0	*

*Values suppressed due to small numbers, to protect patient privacy.
Note: 'Other-general' procedures refers to general surgery procedures recorded as 'Other' in WLCOS.

Patients on elective surgery waiting list who had waited longer than clinically recommended time

The majority of patients (79.3%) on the elective surgery waiting list who had waited longer than the clinically recommended time were patients who were waiting for non-urgent surgery. At the end of the April to June 2020 quarter, there were 8,379 patients on the waiting list waiting for non-urgent elective surgery who had waited longer than 365 days, compared with 431 on the same day in 2019.

Among those patients waiting for non-urgent elective surgery, and who had waited longer than 365 days, the specialties with most patients waiting were orthopaedic surgery (2,511) and ophthalmology (2,160) (Figure 35).

Most of those patients waiting for orthopaedic surgery and ophthalmology, and who had waited longer than 365 days, were waiting for total knee replacement (1,019), total hip replacement (418) and cataract extraction (1,897) procedures (Figure 36).

Figure 35 Patients on elective surgery waiting list for **non-urgent surgery** at end of quarter, who had waited longer than clinically recommended time, by specialty, as at 30 June 2020

	Patients on waiting list wait longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
All specialties	8,379	431	7,948
Orthopaedic surgery	2,511	115	2,396
Ophthalmology	2,160	9	2,151
Ear, nose and throat surgery	1,434	179	1,255
General surgery	1,192	89	1,103
Gynaecology	500	13	487
Urology	239	7	232
Plastic surgery	166	11	155
Neurosurgery	91	<5	*
Vascular surgery	71	7	64
Medical	9	0	9
Cardiothoracic surgery	6	0	6

*Values suppressed due to small numbers, to protect patient privacy.
Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 36 Patients on elective surgery waiting list for **non-urgent surgery** at end of quarter, who had waited longer than clinically recommended time, by common procedure, as at 30 June 2020

Procedure	Patients on waiting list wait longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
Cataract extraction	1,897	<5	*
Total knee replacement	1,019	30	989
Tonsillectomy	558	39	519
Total hip replacement	418	26	392
Septoplasty	277	32	245
Inguinal herniorrhaphy	273	21	252
Cholecystectomy	100	12	88
Other - General	97	<5	*
Abdominal hysterectomy	96	0	96
Prostatectomy	81	<5	*
Hysteroscopy	70	5	65
Varicose veins stripping and ligation	65	5	60
Haemorrhoidectomy	56	<5	*
Myringoplasty / Tympanoplasty	45	15	30
Myringotomy	5	0	5

*Values suppressed due to small numbers, to protect patient privacy.

Note: 'Other-general' procedures refers to general surgery procedures recorded as 'Other' in WLCOS. Non-urgent cystoscopy is reported in staged procedures.



About the Bureau of Health Information

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

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

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

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

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

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