

## Healthcare Quarterly

# Admitted patients and elective surgery

Activity and performance

April to June 2017



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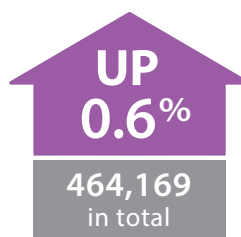
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# In the April to June 2017 quarter...

## Admitted patients

There were **2,872** more acute admissions to hospital compared to the same quarter last year



The average length of stay for patients admitted for acute overnight care was **4.7 days**



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

Admitted patient activity		April to June 2017	April to June 2016	Difference	% change
All admitted patient episodes		492,368	480,166	12,202	2.5%
All acute episodes		464,169	461,297	2,872	0.6%
Overnight episodes		246,626	247,448	-822	-0.3%
Same-day episodes		217,543	213,849	3,694	1.7%
Non-acute episodes		28,199	18,869	9,330	49.4%
Average length of stay (days)	All acute episodes	3.0	3.0	0	0.0%
	Acute overnight episodes	4.7	4.8	-0.1	-2.1%
	Non-acute episodes	30.1	15.7	14.4	91.7%
Hospital bed days	All bed days	2,228,217	1,692,918	535,299	31.6%
	Acute bed days	1,380,745	1,397,404	-16,659	-1.2%
	Non-acute bed days*	847,472	295,514	551,958	186.8%
Babies born in NSW public hospitals		18,000	18,630	-630	-3.4%

\* The 186.8% increase in the number of bed days for non-acute care this quarter may reflect changes in the designation of mental health care stay types, creating an artefactual spike in results.

## Elective surgery

There were **57,881**  
elective surgical  
procedures performed

656  
fewer than  
same quarter  
last year

**DOWN**  
**1.1%**



Almost all (97.0%) were performed  
within recommended time frames

Median waiting times were unchanged  
or shorter than same quarter last year

11, 44 and 225 days for urgent, semi-urgent and non-urgent, respectively



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

Elective surgery activity	April to June 2017	April to June 2016	Difference	% change
Elective surgical procedures performed	57,881	58,537	-656	-1.1%
Urgency category				
Urgent surgery	12,202	12,265	-63	-0.5%
Semi-urgent surgery	18,560	18,526	34	0.2%
Non-urgent surgery	24,296	25,042	-746	-3.0%
Patients on waiting list ready for elective surgery at end of quarter	74,500	73,165	1,335	1.8%
Urgency category				
Urgent surgery	1,758	1,734	24	1.4%
Semi-urgent surgery	12,274	11,441	833	7.3%
Non-urgent surgery	60,468	59,990	478	0.8%

Elective surgery performance	April to June 2017	April to June 2016	Difference
Median waiting time (days)			
Urgent surgery	11 days	11 days	unchanged
Semi-urgent surgery	44 days	45 days	-1 day
Non-urgent surgery	225 days	232 days	-7 days
Elective surgery procedures performed on time			
All surgeries	97.0%	97.0%	unchanged
Urgent surgery	99.7%	99.7%	unchanged
Semi-urgent surgery	97.4%	97.3%	0.1 percentage points
Non-urgent surgery	95.4%	95.5%	-0.1 percentage points



# Admitted patient activity and performance

# Patients admitted to a public hospital

In the April to June 2017 quarter, there were 492,368 admitted patient episodes; up 2.5% compared with the same quarter last year (Figure 1). Most were acute admitted patient episodes (94.3%) and of these, 53.1% were for overnight care and 46.9% were for same-day care (Figure 2).

Admissions to hospital can be planned (arranged in advance) or unplanned (emergency hospital admissions or surgical procedures). This quarter, most acute same-day admitted patient episodes (80.2%) were planned. In contrast, most acute overnight episodes (77.7%) were unplanned [data not shown].

There has been a gradual increase over the past five years in admitted patient episodes and in acute admitted patient episodes (Figure 1). Since the April to June quarter in 2012, the number of acute overnight admitted patient episodes has increased by 7.4% and the number of same-day episodes increased by 19.5% (Figure 2).

Figure 3 shows differences in the proportion of acute admitted patient episodes that were same-day episodes this quarter across hospital peer groups. Peer group C2 (smaller district hospitals) overall had a higher percentage of same-day episodes compared with other peer groups. Peer group C2 also had the greatest variation – ranging across hospitals from 20.2% to 80.8% of all acute admitted patient episodes.

The number of babies born in NSW public hospitals (18,000) was 3.4% lower this quarter compared with the same quarter last year (Figure 1).

Patients can have more than one admitted episode during the same hospitalisation. For example, a person may be admitted for acute care and then require an episode of rehabilitation or palliative care prior to being discharged.

Figure 1 All admitted patient episodes, acute admitted patient episodes and babies born, April 2012 to June 2017

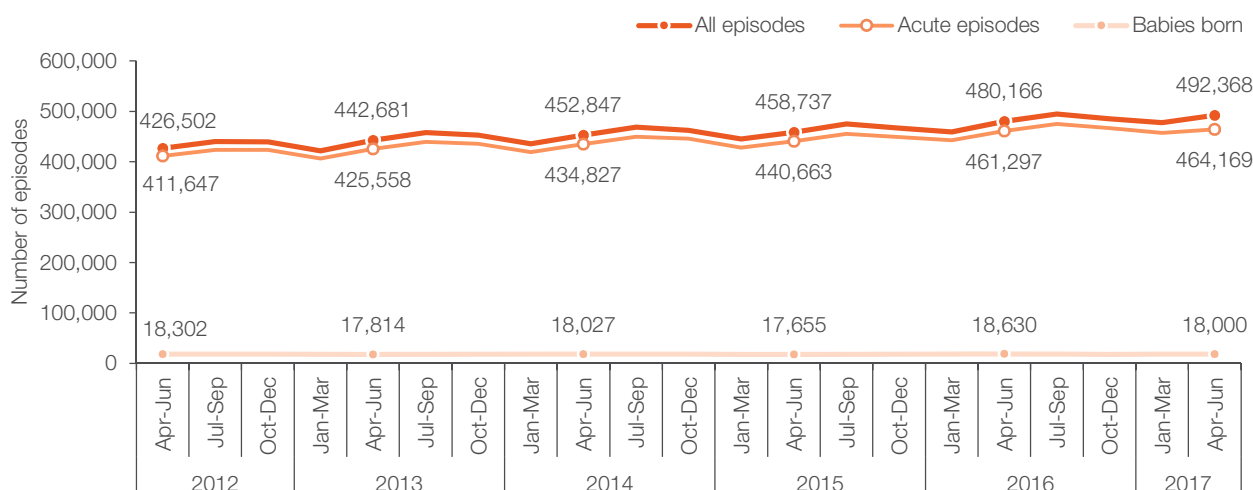




Figure 2 Overnight and same day acute admitted patient episodes, April 2012 to June 2017

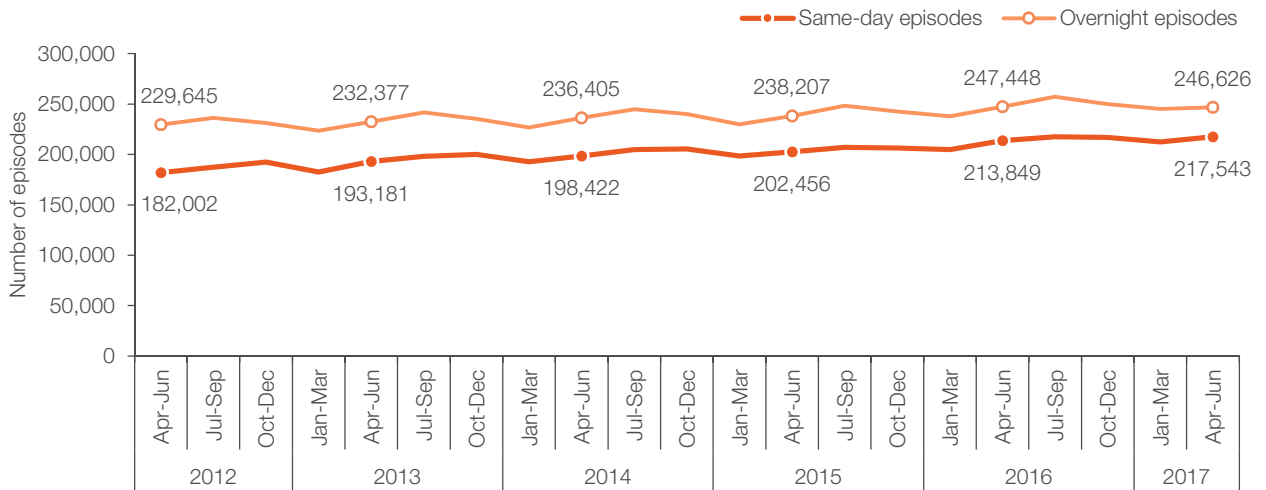
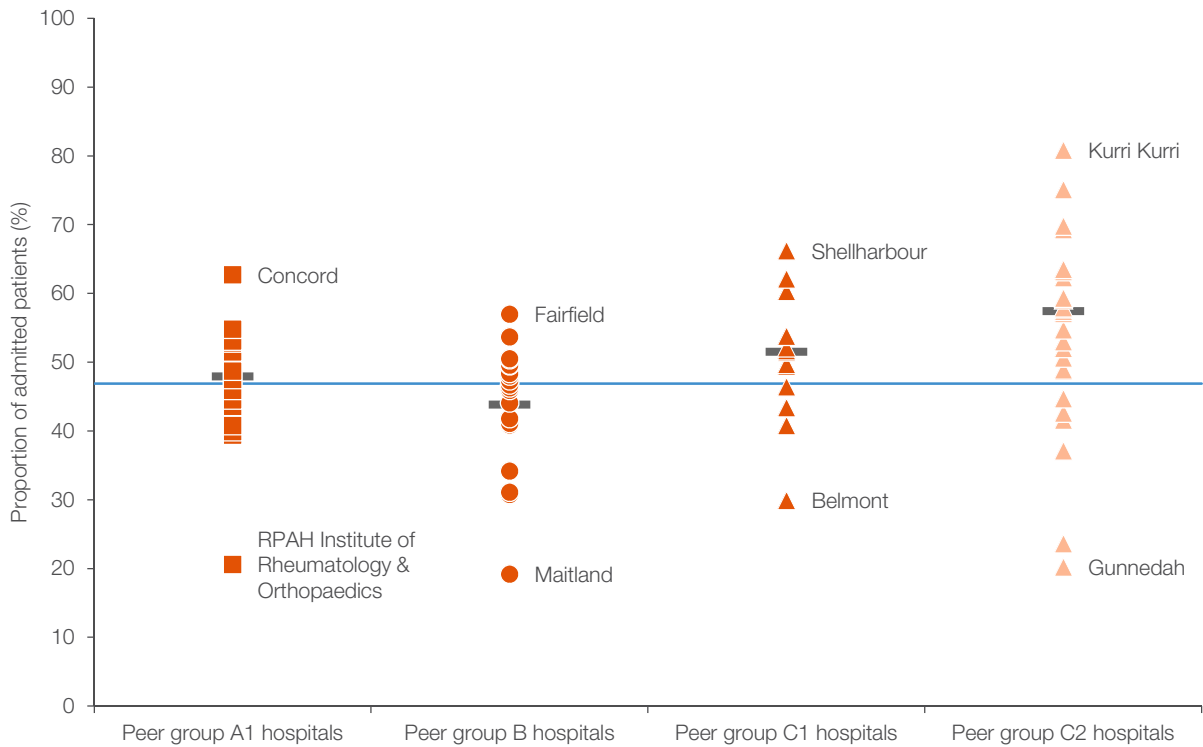


Figure 3 Same-day admitted patient episodes as percentage of all acute admitted patient episodes, by peer group, April to June 2017



Note: Same-day refers to patients who are admitted and discharged on the same day. Same-day episodes count as one bed day.

# Bed days and length of stay in hospital

Bed days are calculated for all admitted patient episodes completed during the period. Total bed days for an overnight episode is the difference, in days, between the episode start date and the episode end date, minus the number of episode leave days recorded. Same-day episodes count as one bed day.

In the April to June 2017 quarter, there were 2,228,217 hospital bed days; up 31.6% compared with the same quarter last year. The number of acute bed days this quarter was 1.2% lower than in the same quarter last year. The number of non-acute bed days was 186.8% higher than in the same

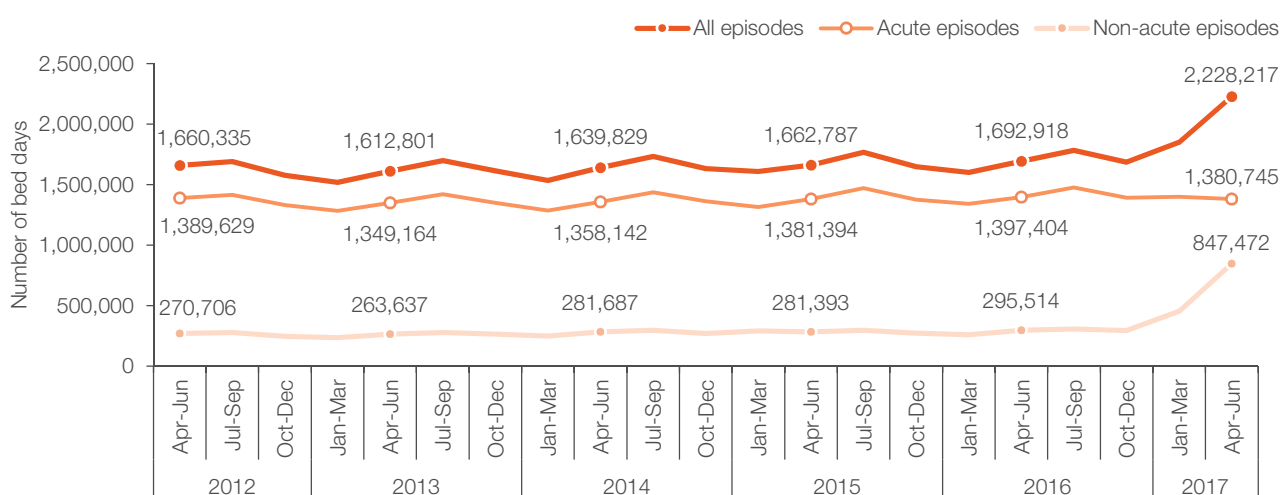
quarter last year\* (Figure 4). There were 0.6% fewer acute bed days compared with the same quarter in 2012 (Figure 5).

The average length of stay this quarter was 3.0 days for all acute admitted patient episodes and 4.7 days for all acute overnight episodes compared to the same quarter last year (unchanged and down 0.1 days, respectively). The average length of stay for all episodes increased by one day\* (Figure 6).

Figure 4 Total number of hospital bed days, by episode type, April to June 2017

	This quarter	Same quarter last year	Change since one year ago
Total bed days	2,228,217	1,692,918	31.6%
Acute	1,380,745	1,397,404	-1.2%
Non-acute	847,472	295,514	186.8%

Figure 5 Total number of hospital bed days by episode type, April 2012 to June 2017

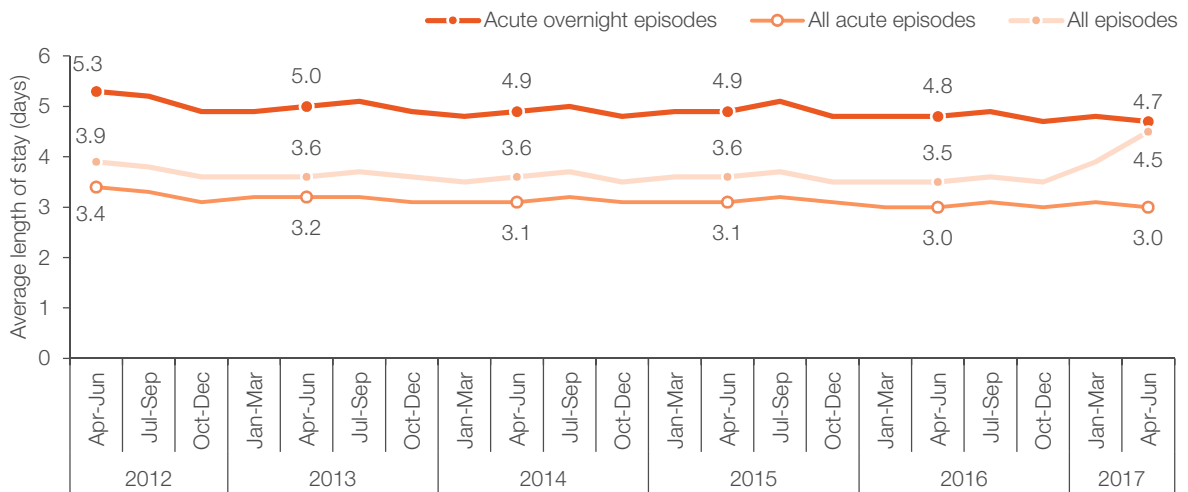


\* The 186.8% increase in the number of bed days for non-acute care this quarter may reflect changes in the designation of mental health care stay types, creating an artefactual spike in results.

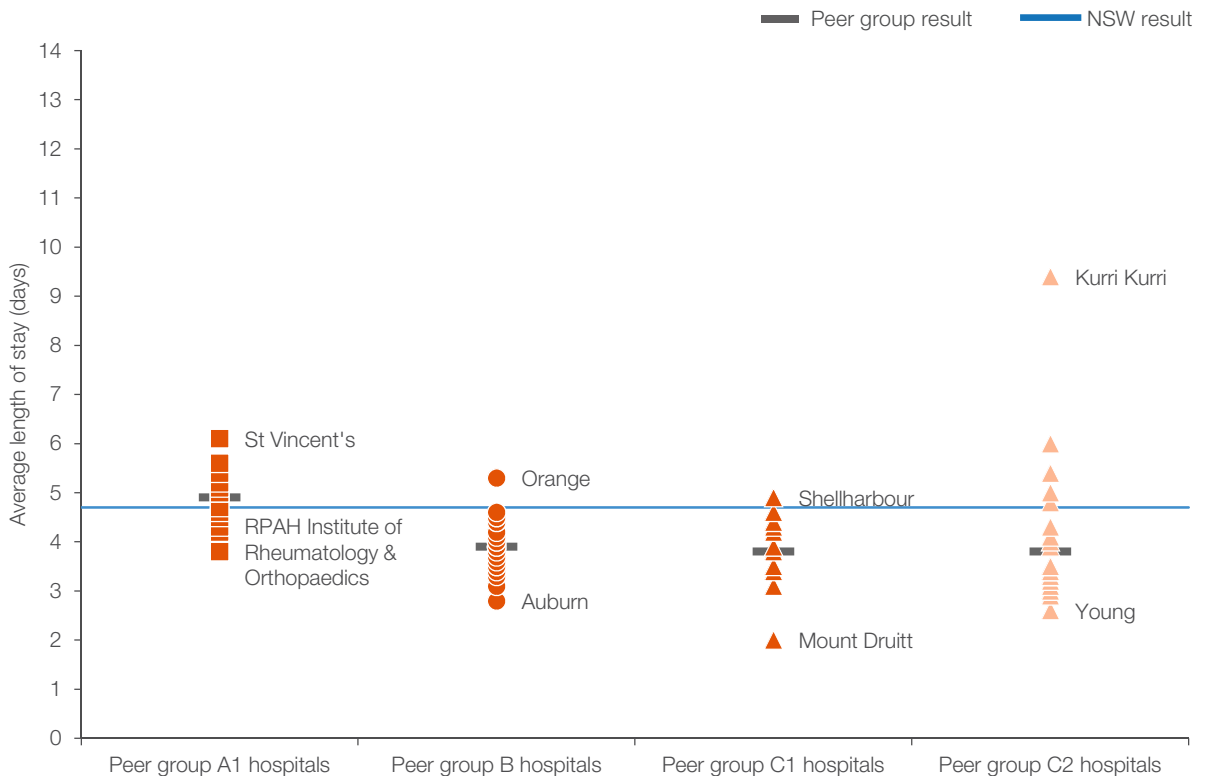
There were hospital-level differences in the average length of stay for acute overnight episodes, even within peer groups. The greatest variation was in smaller district hospitals (peer group C2), with a 6.8 day range (Figure 7).

Differences in case-mix of patients both between and within hospital peer groups have not been taken into account in these analyses and may affect length of stay measures.

**Figure 6** Average length of stay, by type of admitted patient episode, April 2012 to June 2017



**Figure 7** Average length of stay for acute overnight admitted patient episodes, by peer group, April to June 2017





# Elective surgery activity and performance

# Elective surgical procedures

In the April to June 2017 quarter, a total of 57,881 elective surgical procedures were performed. This was 656 (1.1%) fewer than in the same quarter last year. Of the elective surgical procedures performed this quarter, 21.1% were categorised as urgent, 32.1% as semi-urgent, and 42.0% as non-urgent. A further 4.9% were categorised as staged (Figure 8).

Compared with the same quarter last year, there were negligible changes in the number of urgent (down 0.5%) and semi-urgent (up 0.2%) procedures, and a modest decrease in non-urgent procedures (down 3.0%) performed (Figure 8).

Comparing across peer groups, principal referral hospitals (peer group A1) had the highest proportion of elective surgical procedures that were urgent and the lowest proportion that were non-urgent (Figure 9).

There are three elective surgery urgency categories, each with a clinically recommended maximum time by which the procedure should be performed: urgent (within 30 days), semi-urgent (within 90 days) and non-urgent surgery (within 365 days).

Figure 8 Elective surgical procedures performed, by urgency category, April to June 2017





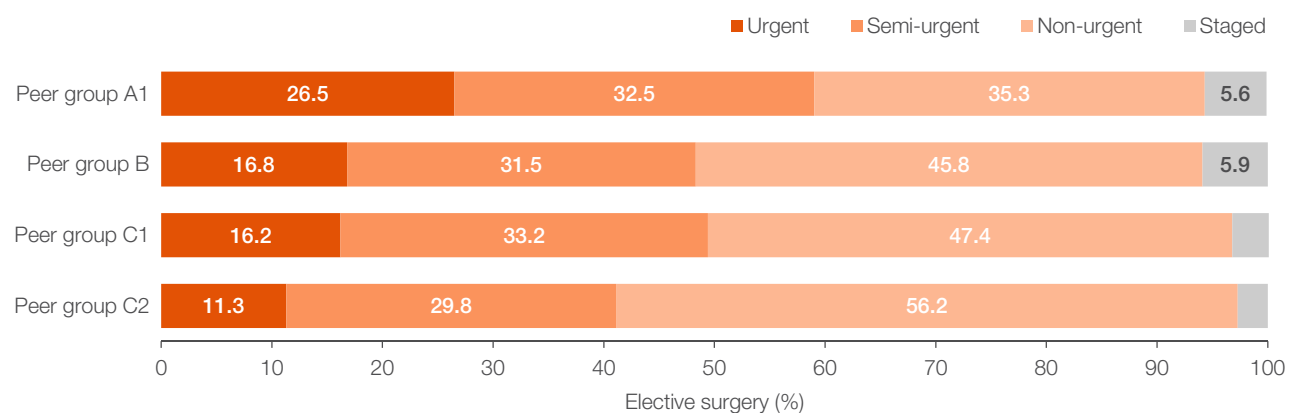
		This quarter	Same quarter last year	Change since one year ago
Total number of elective surgical procedures		57,881	58,537	-1.1%
Urgent	 21.1%	12,202	12,265	-0.5%
Semi-urgent	 32.1%	18,560	18,526	0.2%
Non-urgent	 42.0%	24,296	25,042	-3.0%
Staged*	 4.9%	2,823	2,704	4.4%

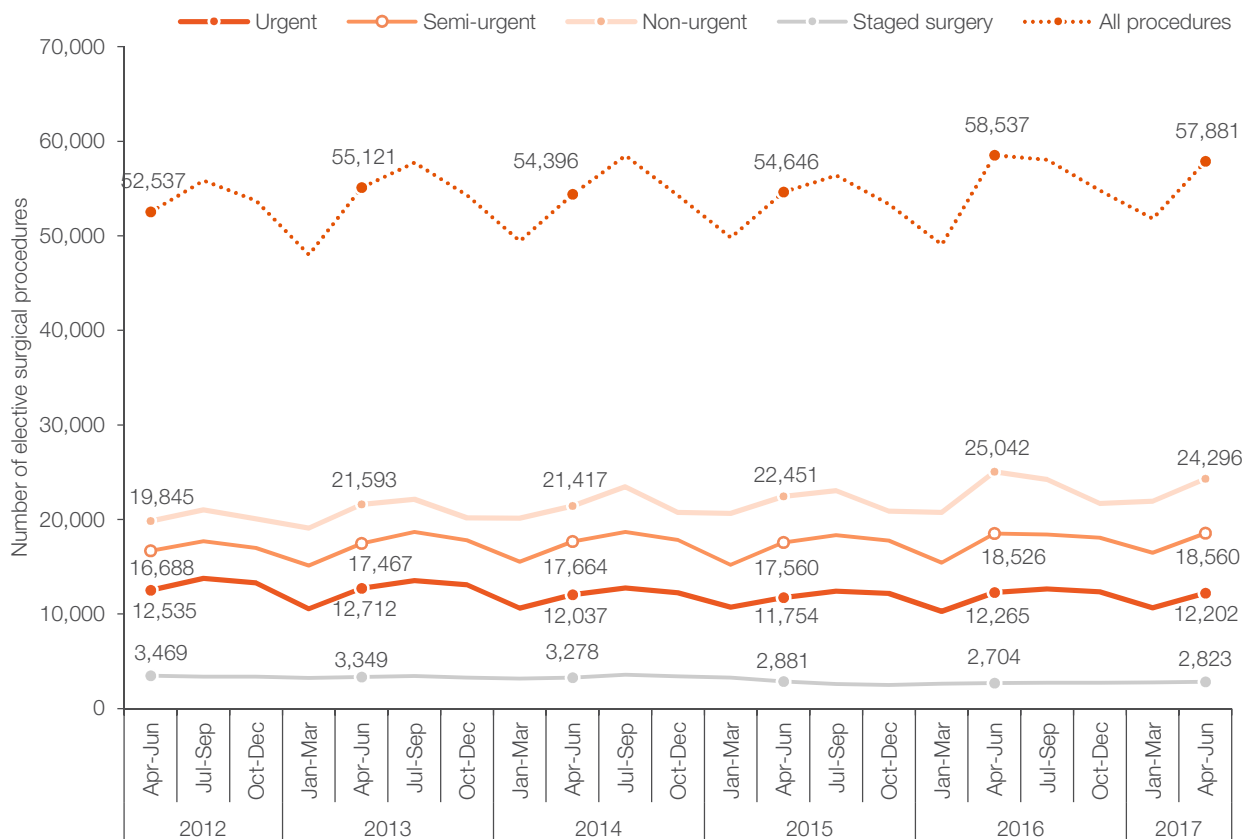
Figure 9 Distribution of elective surgery, by urgency category and peer group, April to June 2017



\* Surgery that, for medical reasons, cannot take place before a certain amount of time has elapsed. BHI uses this term to define all patients that could be identified as being a staged patient for most of their time on the waiting list and all non-urgent cystoscopy patients.

The number of elective surgical procedures performed in the April to June quarter increased over the past five years. Compared with 2012, the number of semi-urgent and non-urgent procedures increased by 11.2% and 22.4%, respectively. In contrast, the number of urgent and staged procedures decreased by 2.7% and 18.6%, respectively (Figure 10).

Figure 10 Elective surgical procedures performed, by urgency category, April 2012 to June 2017



# Waiting time for elective surgery

In the April to June 2017 quarter, elective surgery median waiting times were 11 days for urgent procedures, 44 days for semi-urgent procedures and 225 days for non-urgent procedures. These median times were unchanged or shorter compared with the same quarter last year. The one-year decrease was most pronounced in the non-urgent category (down seven days) (Figure 11).

Over a longer time horizon, median waiting times remained unchanged or fallen in all urgency categories over the past five years: unchanged for urgent surgery, a five day drop for semi-urgent (10.2% decrease), and a 13 day drop for non-urgent surgery (5.5% decrease) (Figure 12).

These five-year decreases in median waiting times have occurred in the context of changes in the number of procedures performed (the number of urgent procedures is down 2.7%; semi-urgent up 11.2%; and non-urgent up 22.4%) (page 12).

There has also been a downward trend in the 90th percentile waiting times for elective surgery across all urgency categories since 2012 (Figure 13).

Figure 11 Waiting time for elective surgery, by urgency category, April to June 2017

	This quarter	Same quarter last year	Change since one year ago
<b>Urgent: 12,202 patients</b>			
Median time to receive surgery	11 days	11 days	0 days
90th percentile time to receive surgery	26 days	27 days	-1 day
<b>Semi-urgent: 18,560 patients</b>			
Median time to receive surgery	44 days	45 days	-1 day
90th percentile time to receive surgery	83 days	83 days	0 days
<b>Non-urgent: 24,296 patients</b>			
Median time to receive surgery	225 days	232 days	-7 days
90th percentile time to receive surgery	357 days	356 days	1 day



Figure 12 Median waiting time for elective surgery, by urgency category, April 2012 to June 2017

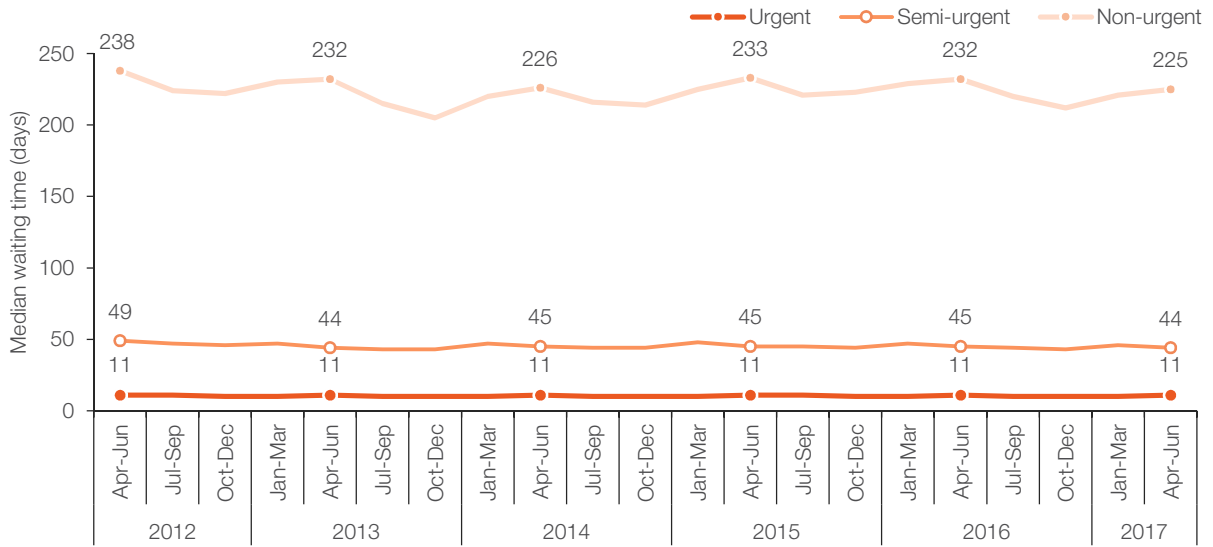
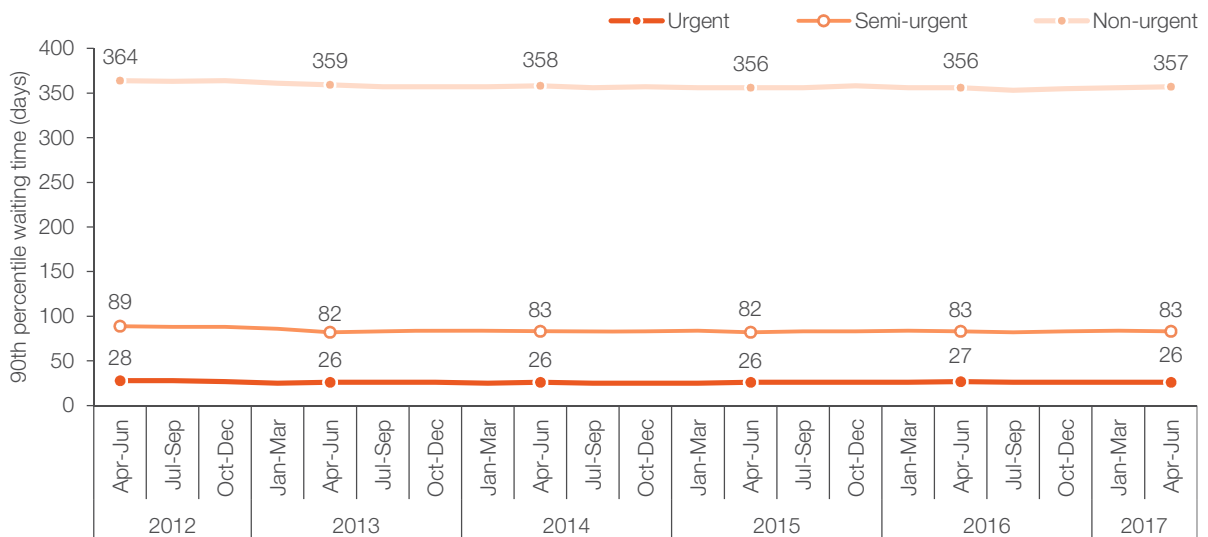


Figure 13 90th percentile waiting time for elective surgery, by urgency category, April 2012 to June 2017



# Percentage of elective surgery on time

Most elective surgical procedures (97.0%) were performed on time this quarter – 99.7% of urgent surgery, 97.4% of semi-urgent surgery and 95.4% of non-urgent surgery (Figure 14). Results for the April to June quarters have remained fairly stable since 2014 (Figure 15).

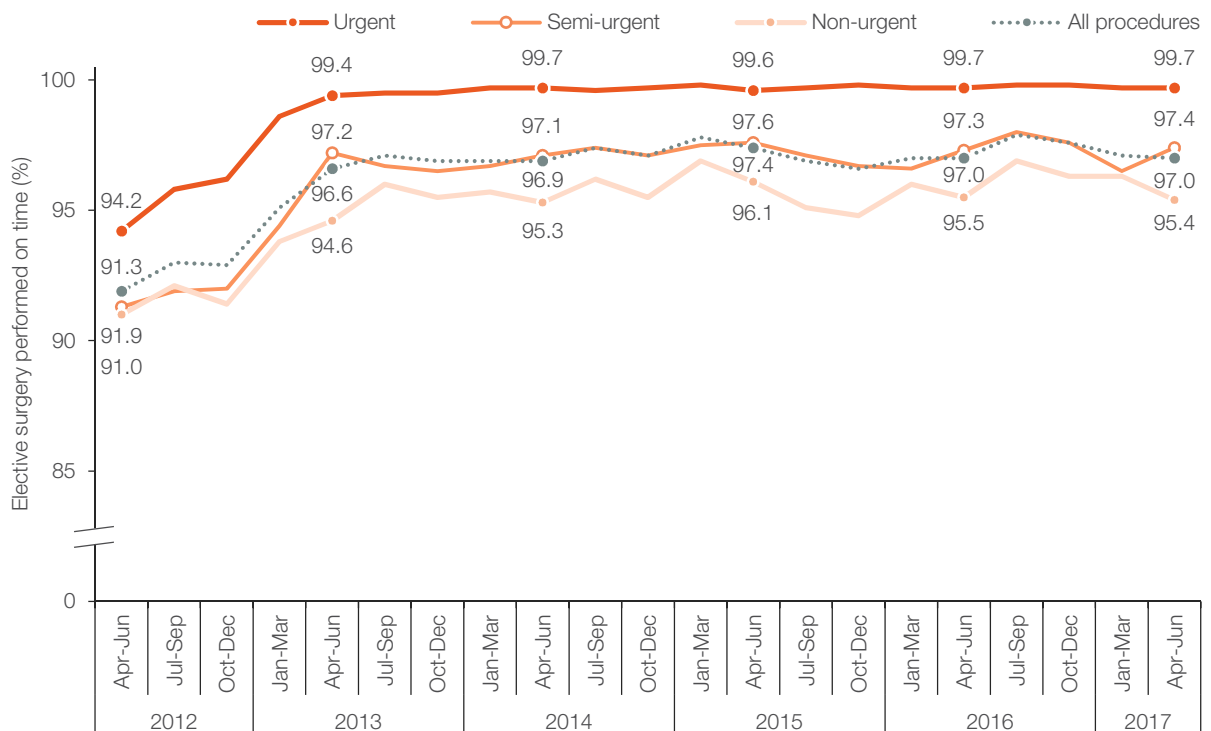
For hospitals shown above the blue NSW line, a higher percentage of procedures were performed on time this quarter compared with the overall NSW result. For hospitals below this line, a lower percentage of procedures were performed on time. Hospitals shown to the left of the vertical '0' line had lower results, compared with the same quarter last year, while those shown to the right of the vertical line had higher results.

Figure 16 maps hospital results for this quarter on two axes: the percentage of elective surgery performed on time (Y-axis), and the percentage point change since the same quarter last year (X-axis).

Figure 14 Percentage of elective surgical procedures performed on time, by urgency, April to June 2017

	This quarter	Same quarter last year	Percentage point change since one year ago
All procedures	97.0%	97.0%	unchanged
Urgent	99.7%	99.7%	unchanged
Semi-urgent	97.4%	97.3%	0.1
Non-urgent	95.4%	95.5%	-0.1

Figure 15 Percentage of elective surgical procedures performed on time, by urgency, April 2012 to June 2017



Hospitals in the upper right quadrant achieved higher results than NSW overall, and an increase in the percentage of elective surgical procedures performed on time this quarter, compared with the same quarter last year. Hospitals in the upper left quadrant achieved results higher than NSW this quarter and a decrease in the percentage of procedures performed on time.

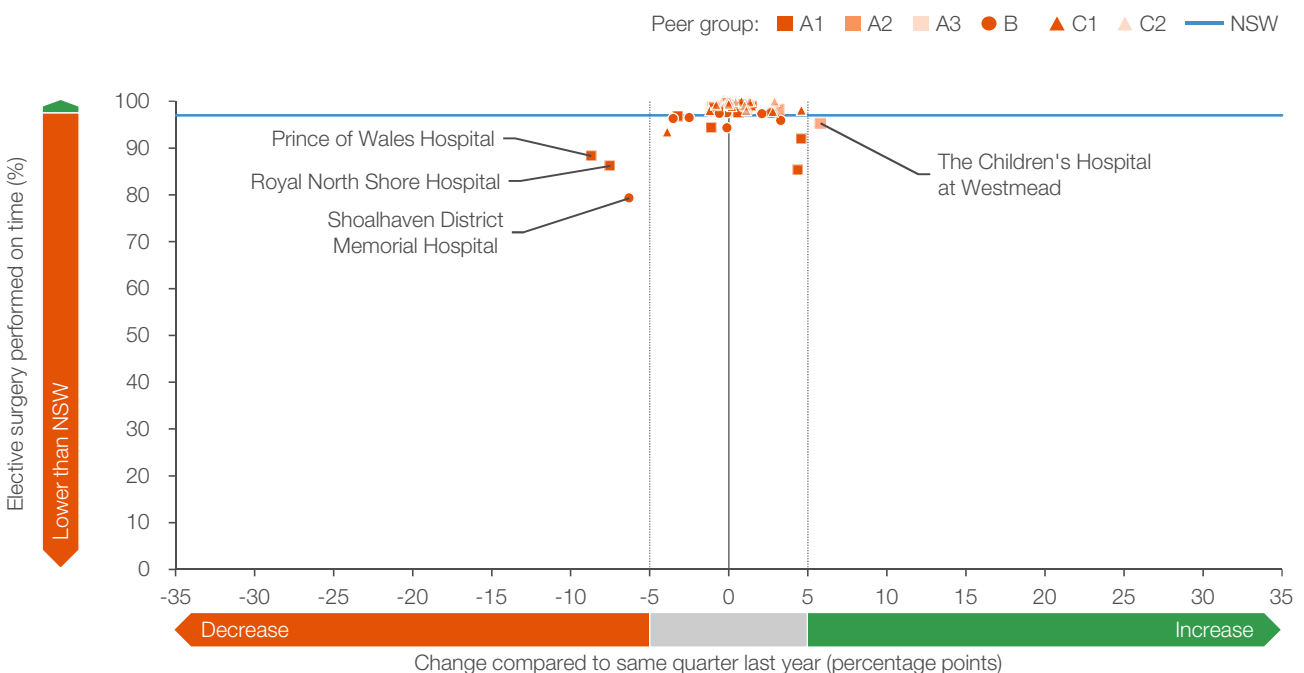
Hospitals in the lower right quadrant had results that were lower than NSW overall, and an increase in the percentage of procedures performed on time this quarter, compared with the same quarter last year. Hospitals in the lower left quadrant had results that were lower than NSW and a decrease in the percentage of procedures performed on time, compared with the same quarter last year.

Hospitals identified in Figure 16 are those for which the proportion of procedures performed on time this quarter had changed by more than five percentage points, compared with the same quarter last year.

Across hospitals, the percentage of elective surgical procedures performed on time increased in 24 out of 79 hospitals. For one hospital, the Children's Hospital at Westmead, the increase was more than five percentage points (Figure 16).

The percentage of procedures performed on time decreased in 22 hospitals. For three hospitals, Prince of Wales, Royal North Shore, and Shoalhaven, the decrease was more than five percentage points (Figure 16).

Figure 16 Percentage of elective surgical procedures performed on time and percentage point change since same quarter last year, hospitals by peer group, April to June 2017



# Median waiting time for specialties and specific procedures

In the April to June 2017 quarter, the longest specialty median waiting times were for ophthalmological surgery (201 days), ear, nose and throat surgery (190 days), and orthopaedic surgery (127 days). Medical (non-specialist) surgery had the shortest median waiting time (20 days). In absolute terms the most marked fall in median waiting times was seen in orthopaedic surgery (down 14 days;

a 9.9% decrease compared to same quarter last year). In relative terms, the most marked fall was seen in vascular surgery (down 3 days; a 12.5% decrease) and the greatest increase was seen in cardiothoracic surgery (up 4 days; a 17.4% increase) (Figure 17).

Figure 17 Median waiting time for patients who received elective surgery, by specialty, April to June 2017

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
General surgery	13,967	36 days	37 days	-1 day
Orthopaedic surgery	9,446	127 days	141 days	-14 days
Ophthalmology	8,215	201 days	213 days	-12 days
Urology	8,035	35 days	35 days	unchanged
Gynaecology	7,080	38 days	39 days	-1 day
Ear, nose and throat surgery	4,458	190 days	196 days	-6 days
Plastic surgery	2,506	37 days	41 days	-4 days
Vascular surgery	1,621	21 days	24 days	-3 days
Neurosurgery	1,131	42 days	48 days	-6 days
Cardiothoracic surgery	889	27 days	23 days	4 days
Medical	533	20 days	20 days	unchanged

Across common surgical procedures, the longest median waiting times were for septoplasty (333 days), and myringoplasty/tympanoplasty (301 days). Other-general (21 days) and coronary artery bypass graft (24 days) had the shortest median waiting times. In absolute terms, the most marked fall was seen in cataract extractions (down 28 days; an 11.1% decrease) while in relative terms, the most marked fall was seen in varicose veins stripping and ligation (down 22 days; a 15.5% decrease) (Figure 18).

Figure 18 Median waiting time for patients who received elective surgery, by common procedure, April to June 2017

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Cataract extraction	6,559	221 days	249 days	-28 days
Cystoscopy	3,349	30 days	32 days	-2 days
Hysteroscopy	2,487	33 days	33 days	unchanged
Total knee replacement	1,823	285 days	286 days	-1 day
Other - General	1,659	21 days	24 days	-3 days
Cholecystectomy	1,629	52 days	56 days	-4 days
Inguinal herniorrhaphy	1,546	75 days	72 days	3 days
Tonsillectomy	1,526	267 days	248 days	19 days
Total hip replacement	1,010	230 days	217 days	13 days
Prostatectomy	683	69 days	64 days	5 days
Abdominal hysterectomy	643	65 days	63 days	2 days
Septoplasty	449	333 days	319 days	14 days
Varicose veins stripping and ligation	376	120 days	142 days	-22 days
Haemorrhoidectomy	323	67 days	69 days	-2 days
Coronary artery bypass graft	173	24 days	28 days	-4 days
Myringoplasty / Tympanoplasty	136	301 days	323 days	-22 days
Myringotomy	60	62 days	68 days	-6 days

# Percentage of elective surgery for specific procedures on time

The percentage of elective surgical procedures performed on time reached almost 100% this quarter across several specialty groups.

Vascular surgery and general surgery had the highest percentage of patients who received surgery on time (98.8% and 98.4% respectively).

Ear, nose and throat surgery (92.5%) and orthopaedic surgery (95.6%) had the lowest percentages (Figure 19).

General surgery had the largest increase in the percentage of patients who received surgery on time this quarter (up 1.2 percentage points), while ear, nose and throat surgery had the largest percentage point decrease (down 1.4 percentage points), compared with the same quarter last year.

Figure 19 Percentage of elective surgical procedures performed on time, by specialty, April to June 2017

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
General surgery	13,967	98.4%	97.2%	1.2
Orthopaedic surgery	9,446	95.6%	95.4%	0.2
Ophthalmology	8,215	98.0%	98.8%	-0.8
Urology	8,035	96.4%	97.5%	-1.1
Gynaecology	7,080	98.2%	98.1%	0.1
Ear, nose and throat surgery	4,458	92.5%	93.9%	-1.4
Plastic surgery	2,506	96.3%	96.0%	0.3
Vascular surgery	1,621	98.8%	99.4%	-0.6
Neurosurgery	1,131	96.1%	95.8%	0.3
Cardiothoracic surgery	889	97.9%	99.1%	-1.2
Medical	533	98.0%	98.5%	-0.5

Among common surgical procedures, haemorrhoidectomy and hysteroscopy had the highest percentage performed on time (98.8% and 98.7% respectively), while myringoplasty/tympanoplasty (83.2%) and septoplasty (87.2%) had the lowest.

Haemorrhoidectomy had the largest increase in the percentage of patients who received surgery on time this quarter (up 4.0 percentage points), while septoplasty had the largest decrease (down 5.0 percentage points) compared with the same quarter last year (Figure 20).

Figure 20 Percentage of elective surgical procedures performed on time, by common procedure, April to June 2017

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Cataract extraction	6,559	97.9%	99.2%	-1.3
Cystoscopy	3,349	95.9%	97.3%	-1.4
Hysteroscopy	2,487	98.7%	98.5%	0.2
Total knee replacement	1,823	93.4%	93.2%	0.2
Other - General	1,659	98.3%	96.7%	1.6
Cholecystectomy	1,629	98.5%	97.6%	0.9
Inguinal herniorrhaphy	1,546	98.2%	95.0%	3.2
Tonsillectomy	1,526	93.4%	95.0%	-1.6
Total hip replacement	1,010	94.9%	94.1%	0.8
Prostatectomy	683	94.9%	96.8%	-1.9
Abdominal hysterectomy	643	97.5%	96.7%	0.8
Septoplasty	449	87.2%	92.2%	-5.0
Varicose veins stripping and ligation	376	97.1%	98.6%	-1.5
Haemorrhoidectomy	323	98.8%	94.8%	4.0
Coronary artery bypass graft	173	97.1%	98.8%	-1.7
Myringoplasty / Tympanoplasty	136	83.2%	86.6%	-3.4
Myringotomy	60	96.6%	94.4%	2.2

# End of quarter elective surgery waiting list

At the end of June 2017, there were 74,500 patients who were ready for surgery and on the elective surgery waiting list. Of these, 2.4% were waiting for urgent surgery, 16.5% were waiting for semi-urgent surgery and 81.2% were waiting for non-urgent surgery (Figure 21).

The waiting list is dynamic and this statistic provides a snapshot of the list on a single day. Among the patients on the list on 30 June 2017, there were 16,229 (21.8%) who had been waiting for 30 days or less.

Compared with the last day of the same quarter last year, there was an increase in the number of patients on the waiting list for urgent (24, up 1.4%), semi-urgent (833, up 7.3%), and non-urgent (478, up 0.8%) (Figure 21).




At the end of the quarter, there were 14,315 patients 'not ready for surgery'\* and on the elective surgery waiting list, up 2.1% compared with the same quarter last year (Figure 21).

Orthopaedic surgery and ophthalmological surgery were the specialties for which the largest proportion of patients were waiting at the end of the quarter. Together, these specialties represented 48.1% of all patients on the elective surgery waiting list (Figure 22).

Cataract extraction had most patients on the waiting list at the end of the quarter (14,844 patients) – 0.8% less than in the same quarter last year. Procedures with relatively few patients on the waiting list at the end of the quarter were coronary artery bypass graft (95 patients) and myringotomy (88 patients) (Figure 23).

At the end of the quarter, there were 156 patients still waiting for surgery after more than 12 months on the waiting list; a decrease of 2 patients (1.3%) compared with the same quarter last year. Over a third of these patients (59 patients; 37.8%) were waiting for orthopaedic surgery. Compared with the same quarter last year, fewer patients had been waiting for more than 12 months for orthopaedic surgery (from 100 to 59), general surgery (from 15 to 10), and neurosurgery (from 7 to 5) (Figure 22).

Figure 21 Elective surgery waiting list, by urgency category, as at 30 June 2017

		This quarter	Same quarter last year	Change since one year ago
Patients ready for surgery on waiting list as at 30 June 2017		74,500	73,165	1.8%
Urgent	 2.4%	1,758	1,734	1.4%
Semi-urgent	 16.5%	12,274	11,441	7.3%
Non-urgent	 81.2%	60,468	59,990	0.8%
Patients not ready for surgery on waiting list at the end of quarter		14,315	14,017	2.1%

\* These patients are either staged patients (whose medical condition does not require, or is not amenable to, surgery until a future date) or deferred patients (who for personal reasons are not yet prepared to be admitted to hospital).



Figure 22 Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by specialty, as at 30 June 2017

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Percentage change since one year ago	This quarter	Same quarter last year
<b>All specialties</b>	<b>74,500</b>	<b>73,165</b>	<b>1.8</b>	<b>156</b>	<b>158</b>
Orthopaedic surgery	18,583	18,411	0.9	59	100
Ophthalmology	17,232	17,188	0.3	8	<5
General surgery	12,534	12,338	1.6	10	15
Ear, nose and throat surgery	10,290	9,603	7.2	38	21
Gynaecology	6,347	6,318	0.5	10	<5
Urology	4,206	4,089	2.9	<5	5
Plastic surgery	2,322	2,447	-5.1	21	5
Neurosurgery	1,325	1,209	9.6	5	7
Vascular surgery	1,076	1,010	6.5	<5	<5
Cardiothoracic surgery	344	319	7.8	0	0
Medical	241	233	3.4	0	0

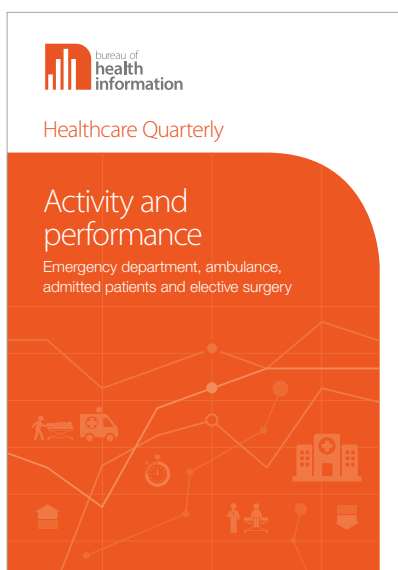
Figure 23 Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by common procedure, as at 30 June 2017

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Percentage change since one year ago	This quarter	Same quarter last year
Cataract extraction	14,844	14,961	-0.8	<5	<5
Total knee replacement	5,680	5,404	5.1	21	9
Tonsillectomy	4,135	3,657	13.1	<5	6
Total hip replacement	2,591	2,450	5.8	7	9
Inguinal herniorrhaphy	2,215	2,156	2.7	<5	<5
Hysteroscopy	1,653	1,606	2.9	0	0
Cholecystectomy	1,569	1,648	-4.8	<5	<5
Septoplasty	1,479	1,309	13.0	10	0
Cystoscopy	1,222	1,061	15.2	0	0
Other - General	1,133	1,234	-8.2	<5	<5
Abdominal hysterectomy	811	832	-2.5	<5	0
Prostatectomy	710	726	-2.2	<5	0
Varicose veins stripping and ligation	680	702	-3.1	0	<5
Haemorrhoidectomy	393	392	0.3	0	0
Myringoplasty / Tympanoplasty	361	330	9.4	0	<5
Coronary artery bypass graft	95	66	43.9	0	0
Myringotomy	88	111	-20.7	0	0

# Healthcare Quarterly

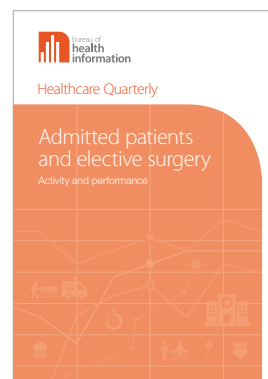
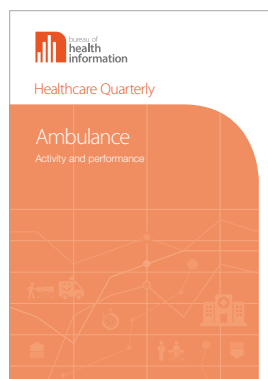
*Healthcare Quarterly* is a series of regular reports that describes the number and types of services provided to the people of NSW and the timeliness with which they are provided.

The reports feature key indicators of activity and performance across ambulance and public hospital services in NSW.

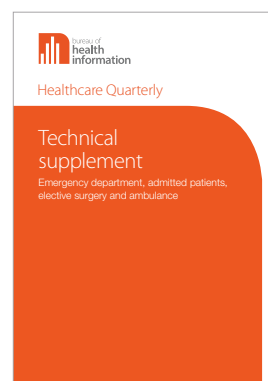
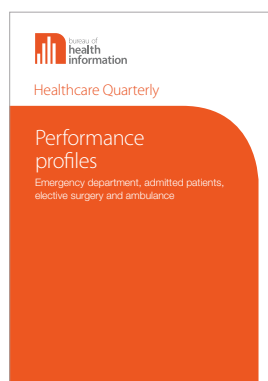


**Every day around 25,000 people receive care in the NSW public hospital system and around 1,800 are transported to hospital by ambulance.**

*Healthcare Quarterly* is published alongside three standalone modules that provide more detailed information about emergency department care, admitted patients and elective surgery, and ambulance services.



Additional information on local performance is available in our hospital profiles or from BHI's interactive portal Healthcare Observer, at [bhi.nsw.gov.au/healthcare\\_observer](http://bhi.nsw.gov.au/healthcare_observer)



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## 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 public healthcare system.

BHI was established in 2009 to provide system-wide support through transparent reporting.

BHI 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 in public hospitals and other healthcare facilities.

BHI publishes a range of reports and tools that provide relevant, accurate and impartial information about how the health system is measuring up in terms of:

- Accessibility – healthcare when and where needed
- Appropriateness – the right healthcare, the right way
- Effectiveness – making a difference for patients
- Efficiency – value for money
- Equity – health for all, healthcare that's fair
- Sustainability – caring for the future

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 report data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

[bhi.nsw.gov.au](http://bhi.nsw.gov.au)