

Healthcare Quarterly

Admitted patients and elective surgery

Activity and performance

October to December 2017



BUREAU OF HEALTH INFORMATION

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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.

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In the October to December 2017 quarter...

Admitted patients

There were **7,251**
fewer episodes of
care compared with the
same quarter last year

478,234
in total

DOWN
1.5%



54.9% of admitted patient
episodes were for overnight stays

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

Admitted patient activity		October to December 2017	October to December 2016	Difference	% change
All admitted patient episodes		478,234	485,485	-7,251	-1.5%
All acute episodes		*	*	*	*
Overnight episodes		*	*	*	*
Same-day episodes		*	*	*	*
Non-acute episodes*		*	*	*	*
Average length of stay (days)	All acute episodes	*	*	*	*
	Acute overnight episodes	*	*	*	*
	Non-acute episodes	*	*	*	*
Hospital bed days	All bed days	1,643,352	1,687,606	-44,254	-2.6%
	Acute bed days	*	*	*	*
	Non-acute bed days	*	*	*	*
Babies born in NSW public hospitals		17,497	17,771	-274	-1.5%

* This number is not reported due to a policy change in the definition of patient stay types. A new mental health care stay type has been introduced that comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI. Acute, non-acute and mental health stay types will be reported separately in the next edition of Healthcare Quarterly, which covers January to March 2018.

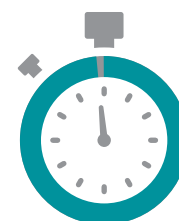
Elective surgery

There were **55,872**
elective surgical
procedures performed



Almost all (97.5%) were performed
within recommended time frames

Median waiting times were shorter
for non-urgent surgery compared
with same quarter last year



10, 44 and 210 days for urgent, semi-urgent and non-urgent surgery, respectively

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

Elective surgery activity	October to December 2017	October to December 2016	Difference	% change
Elective surgical procedures performed	55,872	54,764	1,108	2.0%
Urgent surgery	12,342	12,326	16	0.1%
Semi-urgent surgery	18,776	18,046	730	4.0%
Non-urgent surgery	21,986	21,687	299	1.4%
Patients on waiting list ready for elective surgery at end of quarter	76,227	73,454	2,773	3.8%
Urgent surgery	921	834	87	10.4%
Semi-urgent surgery	11,414	10,474	940	9.0%
Non-urgent surgery	63,892	62,146	1,746	2.8%

Elective surgery performance	October to December 2017	October to December 2016	Difference	
Median waiting time (days)	Urgent surgery	10 days	10 days	unchanged
	Semi-urgent surgery	44 days	43 days	+1 days
	Non-urgent surgery	210 days	212 days	-2 days
Elective surgical procedures performed on time	All surgeries	97.5%	97.6%	-0.1 percentage points
	Urgent surgery	99.8%	99.8%	unchanged
	Semi-urgent surgery	97.2%	97.6%	-0.4 percentage points
	Non-urgent surgery	96.4%	96.4%	unchanged

Admitted patient activity and performance

Patients admitted to a public hospital

There were 478,234 admitted patient episodes in NSW public hospitals in the October to December 2017 quarter; up 8.7% compared with the same quarter five years ago (Figure 1).

Admissions to hospital can be planned (arranged in advance) or unplanned (emergency hospital admissions or surgical procedures). Most same-day admitted patient episodes (75.6%) were planned. In contrast, most overnight episodes (84.3%) were unplanned [data not shown].

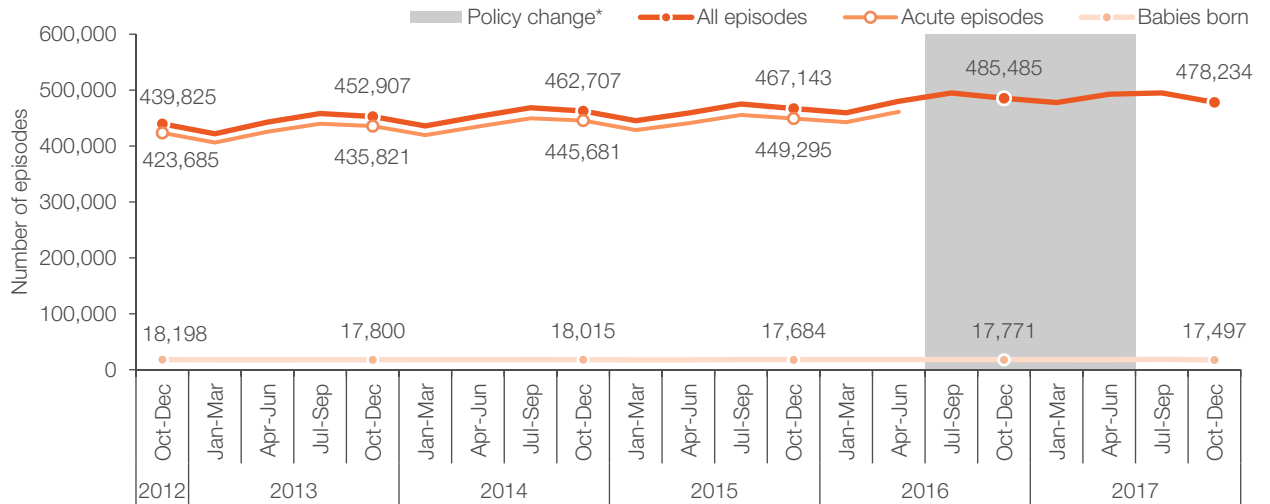
The number of babies born in NSW public hospitals (17,497) was 1.5% lower this quarter compared with the same quarter last year (Figure 1).

Acute and non-acute episodes are not reported in this edition of *Healthcare Quarterly* due to a policy change in the definition of patient stay types (Figures

1 and 2). Between July 1, 2016 and June 30, 2017, all local health districts and health networks introduced a mental health stay type when classifying newly admitted or long-standing mental health patients. The new mental health stay type comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI. The impact of the policy change on trends in stay types over time is under review by BHI. Acute, non-acute and mental health care stay types will be reported separately in the next edition of *Healthcare Quarterly*, which covers January to March 2018.

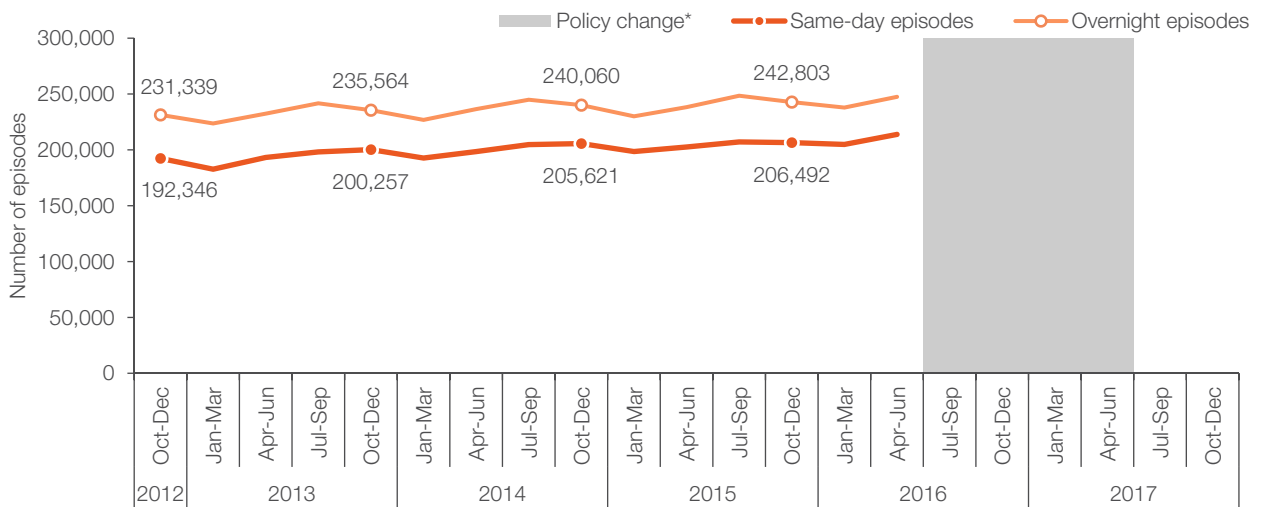
Patients can have more than one admitted episode during the same hospitalisation. For example, a person may be admitted for acute care and then require an episode of rehabilitation or palliative care prior to being discharged.

Figure 1 All admitted patient episodes, acute admitted patient episodes and babies born, October 2012 to December 2017



* Fair comparisons cannot be made with results during this period due to the introduction of a policy change in the definition of patient stay types. Between July 1, 2016 and June 30, 2017, a new mental health care stay type was introduced that comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI, leading to an artefactual spike in all episodes. Acute, non-acute and mental health stay types will be reported separately in the next edition of Healthcare Quarterly, which covers January to March 2018.

Figure 2 Overnight and same day acute admitted patient episodes, October 2012 to December 2017



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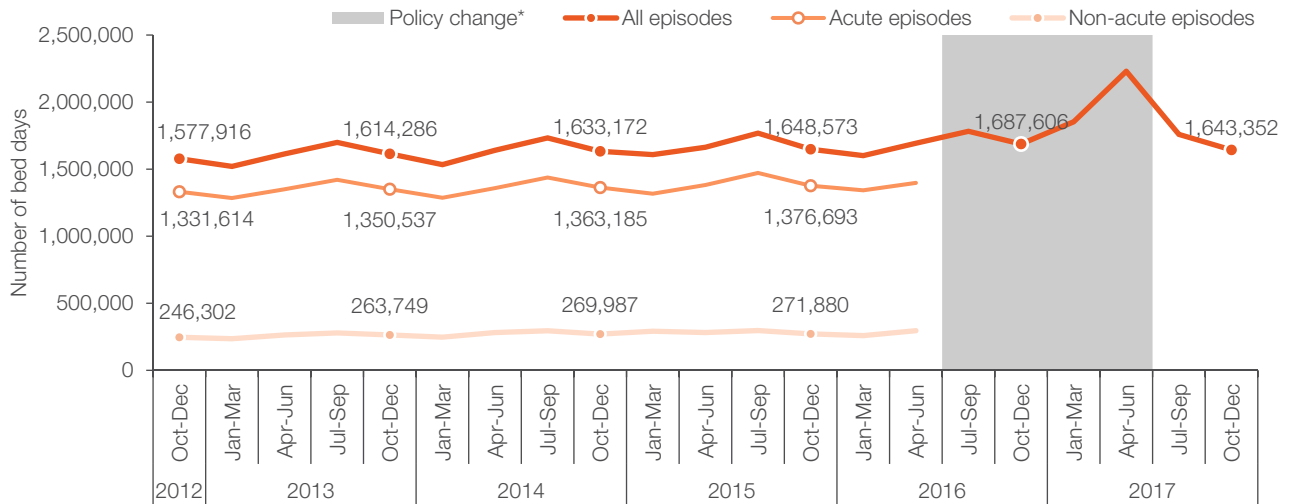
Bed days and length of stay in hospital

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 October to December 2017 quarter, there were 1,643,352 hospital bed days, down 2.6% compared with the same quarter last year. Compared with the same quarter five years ago, the total number of episodes increased from 1,577,916 (up 4.1%) (Figure 3). The average length of stay dropped from 3.6 days in 2012 quarter to 3.4 days in the October to December 2017 quarter (Figure 4).

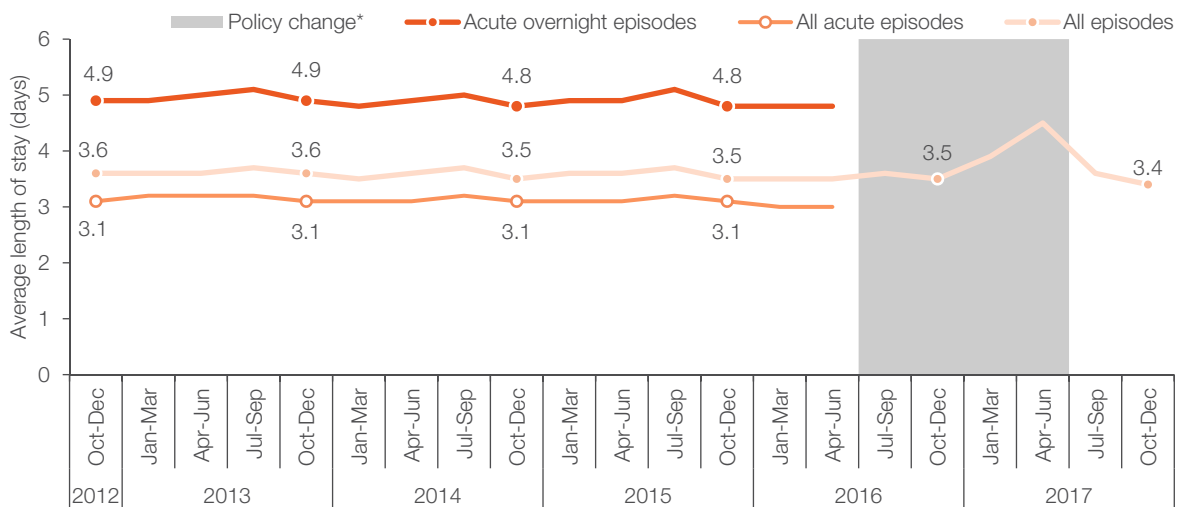
Acute and non-acute episodes are not reported in this edition of *Healthcare Quarterly* due to a policy change in the definition of patient stay types (Figures 3 and 4). Between July 1, 2016 and June 30, 2017, all local health districts and health networks introduced a mental health stay type when classifying newly admitted or long-standing mental health patients. The new mental health stay type comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI. The impact of the policy change on trends in stay types over time is under review by BHI. Acute, non-acute and mental health care stay types will be reported separately in the next edition of *Healthcare Quarterly*, which covers January to March 2018.

Figure 3 Total number of hospital bed days by episode type, October 2012 to December 2017



* Fair comparisons cannot be made with results during this period due to the introduction of a policy change in the definition of patient stay types. Between July 1, 2016 and June 30, 2017, a new mental health care stay type was introduced that comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI, leading to an artefactual spike in all episodes. Acute, non-acute and mental health stay types will be reported separately in the next edition of Healthcare Quarterly, which covers January to March 2018.

Figure 4 Average length of stay, by type of admitted patient episode, October 2012 to December 2017



* Fair comparisons cannot be made with results during this period due to the introduction of a policy change in the definition of patient stay types. Between July 1, 2016 and June 30, 2017, a new mental health care stay type was introduced that comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI, leading to an artefactual spike in all episodes. Acute, non-acute and mental health stay types will be reported separately in the next edition of Healthcare Quarterly, which covers January to March 2018.

Elective surgery activity and performance

Elective surgical procedures

In the October to December 2017 quarter, 55,872 elective surgical procedures were performed. This was 1,108 (2.0%) more than in the same quarter last year. Of the elective surgical procedures performed this quarter, 22.1% were categorised as urgent, 33.6% as semi-urgent, and 39.4% as non-urgent. A further 5.0% were categorised as staged (Figure 5).

Compared with the same quarter last year, there were changes in the number of semi-urgent (up 4.0%), non-urgent (up 1.4%) and staged (up 2.3%) procedures (Figure 5).

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 6).

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 5 Elective surgical procedures performed, by urgency category, October to December 2017





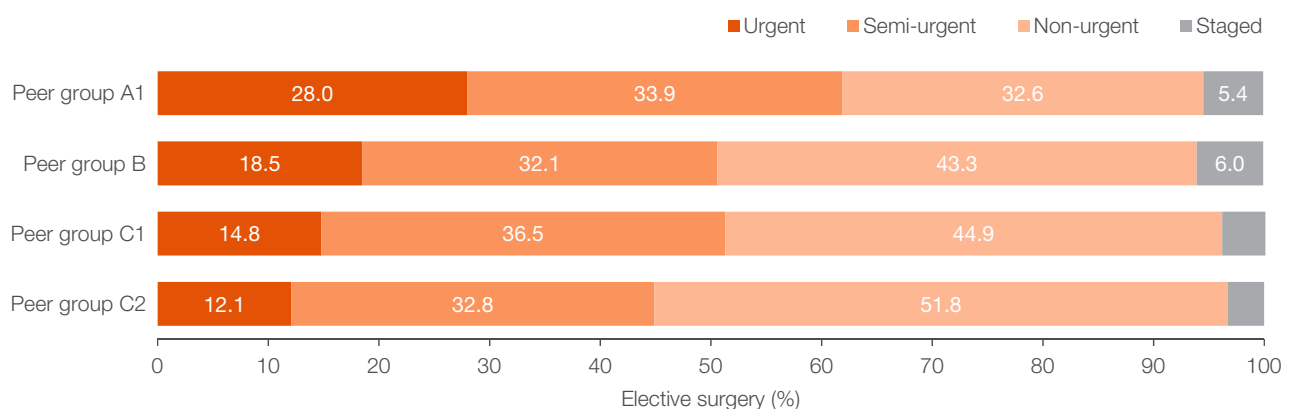
		This quarter	Same quarter last year	Change since one year ago
Total number of elective surgical procedures		55,872	54,764	2.0%
Urgent	 22.1%	12,342	12,326	0.1%
Semi-urgent	 33.6%	18,776	18,046	4.0%
Non-urgent	 39.4%	21,986	21,687	1.4%
Staged*	 5.0%	2,768	2,705	2.3%

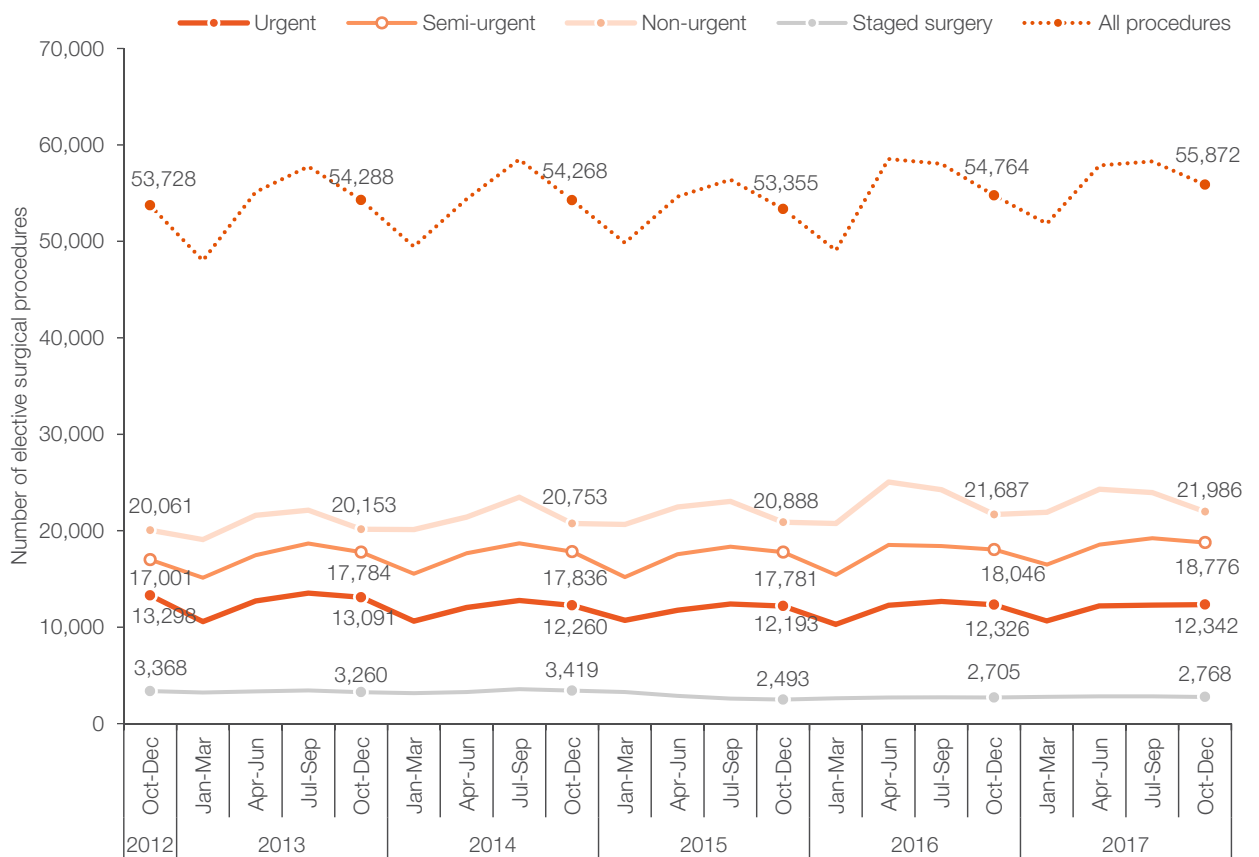
Figure 6 Distribution of elective surgery, by urgency category and peer group, October to December 2017



* 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.

Amidst seasonal effects, the number of elective surgical procedures performed in the October to December quarter increased over the past five years. Compared with 2012, the number of semi-urgent and non-urgent procedures increased by 10.4% and 9.6%, respectively. In contrast, the number of urgent and staged procedures decreased by 7.2% and 17.8%, respectively (Figure 9).

Figure 7 Elective surgical procedures performed, by urgency category, October 2012 to December 2017



Waiting time for elective surgery

Median waiting times for elective surgery times in the October to December 2017 quarter were 10 days for urgent procedures (unchanged), 44 days for semi-urgent procedures (up one day) and 210 days for non-urgent procedures (down two days) (Figure 8).

Over a longer time horizon, median waiting times have fallen in semi-urgent and non-urgent surgery categories by two days and 12 days, respectively (Figure 9).

These five-year decreases in median waiting times have occurred in the context of changes in the number of procedures performed - urgent procedures down 7.2%; semi-urgent up 10.4%; and non-urgent up 9.6% (Figure 9).

There has also been a downward trend in the 90th percentile waiting times for elective surgery across urgent, semi-urgent and non-urgent categories since 2012 (Figure 10).

Figure 8 Waiting time for elective surgery, by urgency category, October to December 2017







		This quarter	Same quarter last year	Change since one year ago
Urgent: 12,342 patients				
Median time to receive surgery		10 days	10 days	0 days
90th percentile time to receive surgery		26 days	26 days	0 days
Semi-urgent: 18,776 patients				
Median time to receive surgery		44 days	43 days	1 day
90th percentile time to receive surgery		83 days	83 days	0 days
Non-urgent: 21,986 patients				
Median time to receive surgery		210 days	212 days	-2 days
90th percentile time to receive surgery		354 days	355 days	-1 day

Figure 9

Median waiting time for elective surgery, by urgency category, October 2012 to December 2017

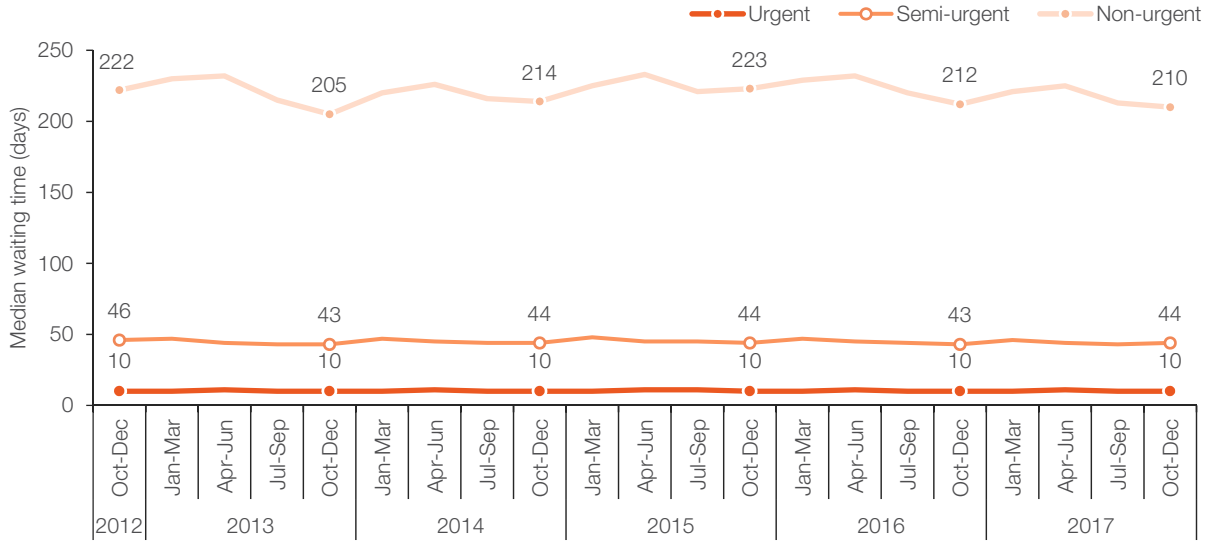
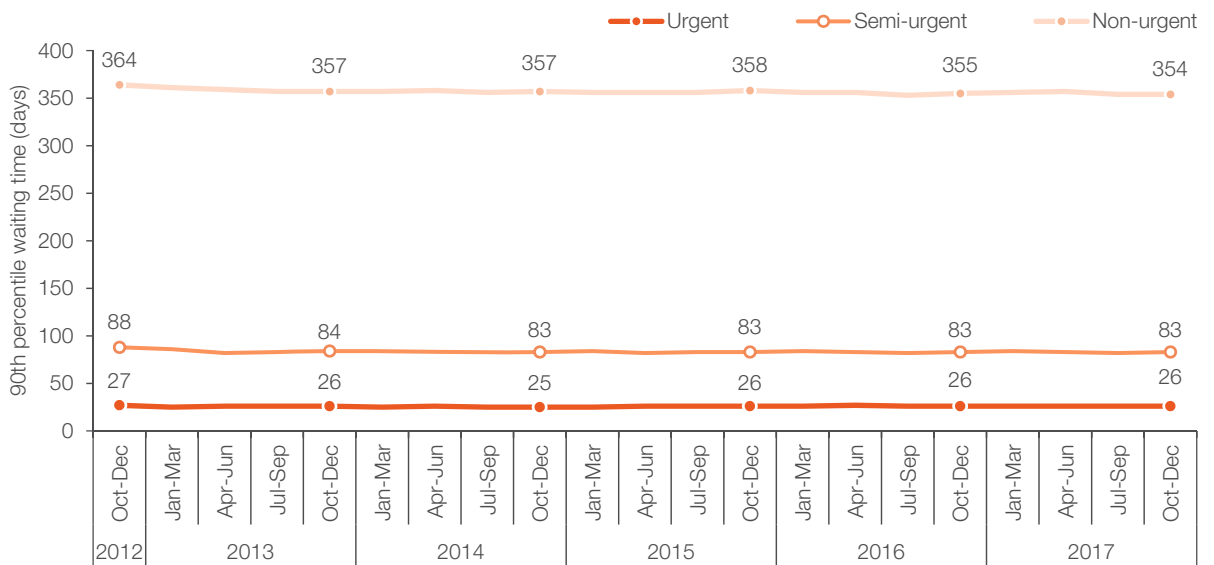


Figure 10

90th percentile waiting time for elective surgery, by urgency category, October 2012 to December 2017



Percentage of elective surgery on time

Most elective surgical procedures (97.5%) were performed on time this quarter – 99.8% of urgent surgical procedures, 97.2% of semi-urgent surgery and 96.4% of non-urgent surgery were performed on time (Figure 11). Since 2014, results for the October to December quarters have remained stable for urgent surgery but with some fluctuation for semi-urgent and non-urgent surgery (Figure 12).

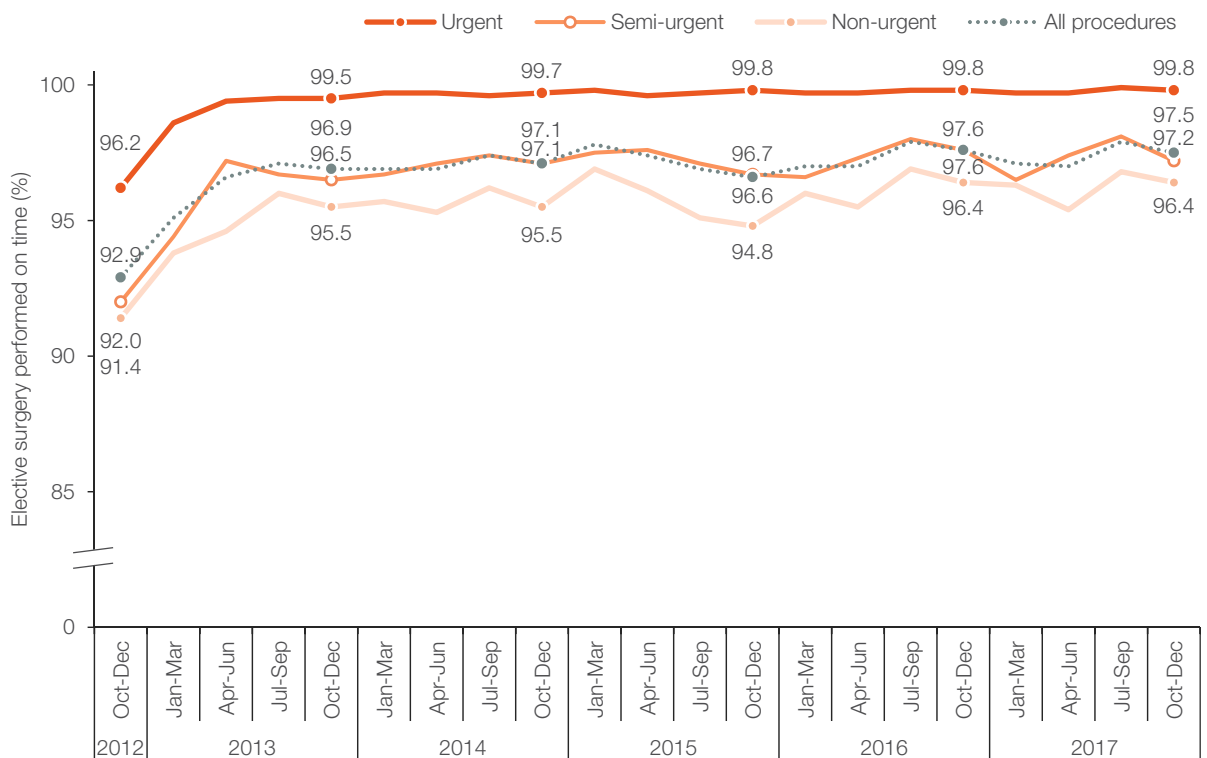
performed on time (Y-axis), and the percentage point change since the same quarter last year (X-axis). For hospitals shown above the blue NSW line, a higher percentage of procedures were performed on time this quarter compared with the overall NSW result. For hospitals below this line, a lower percentage 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 13 maps hospital results for this quarter on two axes: the percentage of elective surgery

Figure 11 Percentage of elective surgical procedures performed on time, by urgency, October to December 2017

	This quarter	Same quarter last year	Percentage point change since one year ago
All procedures	97.5%	97.6%	-0.1
Urgent	99.8%	99.8%	unchanged
Semi-urgent	97.2%	97.6%	-0.4
Non-urgent	96.4%	96.4%	unchanged

Figure 12 Percentage of elective surgical procedures performed on time, by urgency, October 2012 to December 2017



Hospitals in the upper right quadrant achieved both 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.

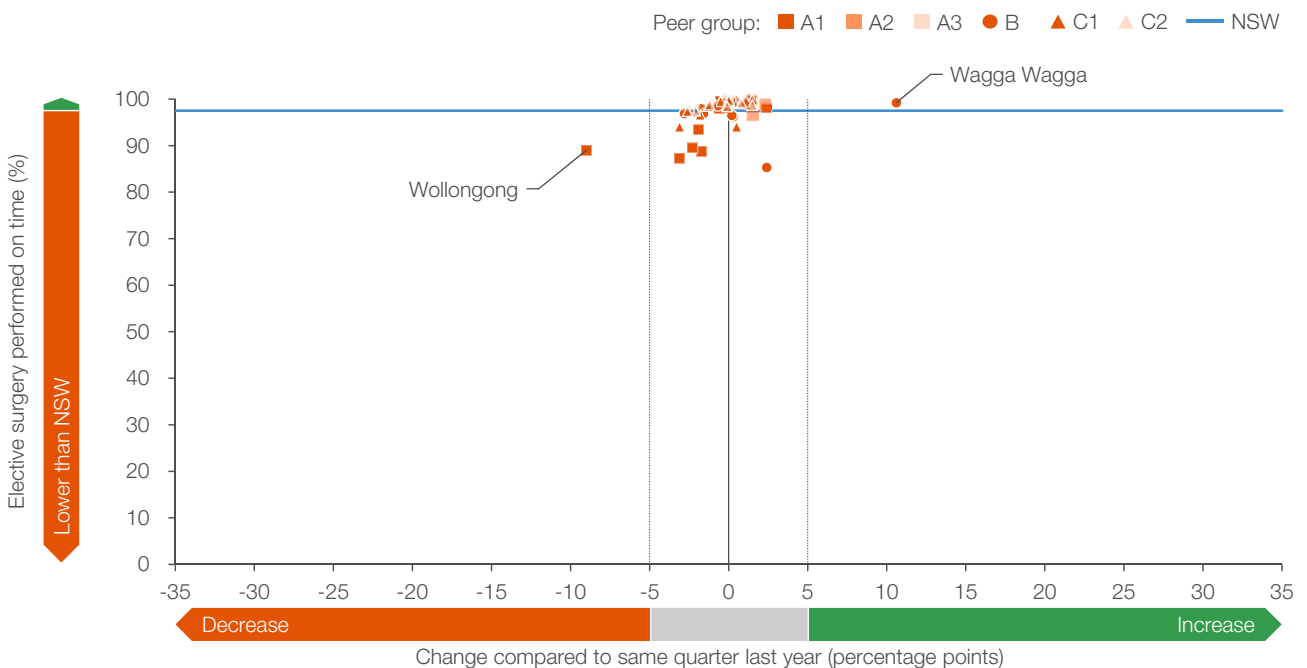
Hospitals in the lower right quadrant had results that were lower than NSW overall, and an increase in the percentage of procedures performed on time this quarter, compared with the same quarter last year. Hospitals in the lower left quadrant had results that were lower than NSW and a decrease in the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

Hospitals identified in Figure 13 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 was higher in 20 out of 79 hospitals. For one hospital, Wagga Wagga, the increase was more than 10 percentage points (Figure 13).

The percentage of procedures performed on time was lower in 26 hospitals. For one hospital, Wollongong, the decrease was more than five percentage points (Figure 13).

Figure 13 Percentage of elective surgical procedures performed on time and percentage point change since same quarter last year, hospitals by peer group, October to December 2017



Median waiting time for specialties and specific procedures

Across specialties in the October to December 2017 quarter, the longest median waiting times were for ophthalmic surgery (182 days), ear, nose and throat surgery (131 days) and orthopaedic surgery (109 days). The shortest median waiting time was for medical (non-specialist) surgery (12 days). The

largest drop in median waiting times since the same quarter last year was seen in orthopaedic surgery (seven days). The largest increase was for cardiothoracic surgery (four days) and ear, nose and throat surgery (four days) (Figure 14).

Figure 14 Median waiting time for patients who received elective surgery, by specialty, October to December 2017

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Ophthalmology	7,551	182 days	182 days	unchanged
Ear, nose and throat surgery	4,333	131 days	127 days	4 days
Orthopaedic surgery	9,008	109 days	116 days	-7 days
Neurosurgery	1,180	38 days	39 days	-1 day
Gynaecology	6,966	36 days	34 days	2 days
Urology	7,776	35 days	34 days	1 day
General surgery	13,533	33 days	33 days	unchanged
Plastic surgery	2,468	30 days	34 days	-5 days
Cardiothoracic surgery	902	26 days	22 days	4 days
Vascular surgery	1,660	21 days	19 days	2 days
Medical	495	12 days	15 days	-3 days

Across common surgical procedures, the longest median waiting times were for septoplasty (323 days) and myringoplasty/tympanoplasty (315 days). Cystoscopy (31 days) and other general procedures (21 days) had the shortest median waiting times. The

largest drop was seen for total knee replacement (17 days). The largest rise was seen in myringoplasty/tympanoplasty (141 days) (Figure 15).

Figure 15 Median waiting time for patients who received elective surgery, by common procedure, October to December 2017

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Septoplasty	431	323 days	316 days	7 days
Myringoplasty / Tympanoplasty	109	315 days	174 days	141 days
Tonsillectomy	1,383	273 days	236 days	37 days
Total knee replacement	1,729	271 days	288 days	-17 days
Cataract extraction	5,897	211 days	216 days	-5 days
Total hip replacement	1,003	197 days	203 days	-6 days
Varicose veins stripping and ligation	302	116 days	121 days	-5 days
Myringotomy	64	71 days	77 days	-6 days
Inguinal herniorrhaphy	1,422	69 days	64 days	5 days
Prostatectomy	608	59 days	59 days	-1 day
Haemorrhoidectomy	315	58 days	57 days	1 day
Abdominal hysterectomy	608	57 days	51 days	6 days
Cholecystectomy	1,639	50 days	49 days	1 day
Hysteroscopy	2,541	33 days	29 days	4 days
Coronary artery bypass graft	184	32 days	26 days	6 days
Cystoscopy	3,382	31 days	30 days	1 day
Other - General	1,587	21 days	22 days	-1 day

Percentage of elective surgery for specific procedures on time

Medical (non-specialist) and vascular surgery had the highest percentage of patients who received surgery on time (99.8% and 99.2%, respectively). Ear, nose and throat surgery (93.9%) had the lowest percentage of surgery on time (Figure 16).

Medical (non-specialist) had the largest increase in the percentage of patients who received surgery on time this quarter (up 1.3 percentage points), while ear, nose and throat surgery had the largest percentage point decrease (down 0.9 percentage points), compared with the same quarter last year.

Figure 16 Percentage of elective surgical procedures performed on time, by specialty, October to December 2017

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
General surgery	13,533	98.6%	98.5%	0.1
Orthopaedic surgery	9,008	95.5%	95.6%	-0.1
Urology	7,776	97.6%	98.0%	-0.4
Ophthalmology	7,551	98.8%	99.2%	-0.4
Gynaecology	6,966	98.6%	98.4%	0.2
Ear, nose and throat surgery	4,333	93.9%	94.8%	-0.9
Plastic surgery	2,468	96.1%	96.6%	-0.5
Vascular surgery	1,660	99.2%	99.1%	0.1
Neurosurgery	1,180	94.9%	94.9%	unchanged
Cardiothoracic surgery	902	98.2%	97.5%	0.7
Medical	495	99.8%	98.5%	1.3

Among common surgical procedures, varicose veins stripping and ligation had the highest percentage performed on time (99.3%), while myringoplasty/tympanoplasty (86.2%) had the lowest (Figure 17).

Prostatectomy had the largest rise in the percentage of patients who received surgery on time this quarter (up 1.6 percentage points), while myringoplasty/tympanoplasty had the largest drop (down 6.7 percentage points) compared with the same quarter last year (Figure 17).

Figure 17 Percentage of elective surgical procedures performed on time, by common procedure, October to December 2017

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Cataract extraction	5,897	99.0%	99.2%	-0.2
Cystoscopy	3,382	97.5%	98.2%	-0.7
Hysteroscopy	2,541	99.1%	98.5%	0.6
Total knee replacement	1,729	91.3%	93.3%	-2.0
Cholecystectomy	1,639	98.0%	98.7%	-0.7
Other - General	1,587	98.9%	97.6%	1.3
Inguinal herniorrhaphy	1,422	97.9%	97.5%	0.4
Tonsillectomy	1,383	94.5%	93.0%	1.5
Total hip replacement	1,003	91.7%	95.7%	-4.0
Abdominal hysterectomy	608	97.5%	97.7%	-0.2
Prostatectomy	608	98.3%	96.7%	1.6
Septoplasty	431	87.9%	91.9%	-4.0
Haemorrhoidectomy	315	99.0%	98.0%	1.0
Varicose veins stripping and ligation	302	99.3%	97.8%	1.5
Coronary artery bypass graft	184	96.2%	97.7%	-1.5
Myringoplasty / Tympanoplasty	109	86.2%	92.9%	-6.7
Myringotomy	64	92.1%	98.4%	-6.3

End of quarter elective surgery waiting list

On 31 December 2017, there were 76,227 patients who were ready for surgery and on the elective surgery waiting list. Of these, 1.2% were waiting for urgent surgery, 15.0% were waiting for semi-urgent surgery and 83.8% were waiting for non-urgent surgery (Figure 18).

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 31 December 2017, there were 12,605 (16.5%) who had been waiting for 30 days or less.

Compared with the last day of the same quarter last year, the number of patients on the waiting list was higher for urgent (921; up 10.4%), semi-urgent (11,414; up 9.0%), and non-urgent (63,892; up 2.8%) surgery (Figure 18).




At the end of the quarter, there were 14,951 patients 'not ready for surgery'* and on the elective surgery waiting list, up 6.2% compared with the same quarter last year (Figure 18).

Across specialties, patients waiting for orthopaedic surgery and ophthalmic surgery represented the largest proportion of patients on the list. Together, these specialties represented 48.4% of all patients on the elective surgery waiting list (Figure 19).

In terms of specialist procedures, most patients were waiting for cataract extraction (15,896 patients); 4.8% more 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 (102 patients) and myringotomy (106 patients) (Figure 20).

At the end of the quarter, there were 427 patients still waiting for surgery after more than 12 months on the waiting list; up by 234 patients (121.2%) compared with the same quarter last year. Over two thirds of these patients were waiting for orthopaedic surgery (153 patients; 35.8%) and ear, nose and throat surgery (141 patients; 33.0%) (Figure 19).

Figure 18 Elective surgery waiting list, by urgency category, as of 31 December 2017

		This quarter	Same quarter last year	Change since one year ago
Patients ready for surgery on waiting list as of 31 December 2017		76,227	73,454	3.8%
Urgent	 1.2%	921	834	10.4%
Semi-urgent	 15.0%	11,414	10,474	9.0%
Non-urgent	 83.8%	63,892	62,146	2.8%
Patients not ready for surgery on waiting list at the end of quarter		14,951	14,074	6.2%

* 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 19 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 of 31 December 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
All specialties	76,227	73,454	3.8	427	193
Orthopaedic surgery	18,804	18,962	-0.8	153	94
Ophthalmology	18,092	17,474	3.5	15	<5
General surgery	12,446	12,039	3.4	49	27
Ear, nose and throat surgery	11,390	10,311	10.5	141	29
Gynaecology	5,838	5,696	2.5	28	10
Urology	4,111	3,678	11.8	18	0
Plastic surgery	2,342	2,317	1.1	15	9
Neurosurgery	1,527	1,284	18.9	6	6
Vascular surgery	1,096	1,033	6.1	<5	14
Cardiothoracic surgery	392	373	5.1	0	0
Medical	189	287	-34.1	0	0

Figure 20 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 of 31 December 2017

Procedure	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	15,896	15,161	4.8	5	<5
Total knee replacement	5,948	5,728	3.8	66	25
Tonsillectomy	4,524	4,172	8.4	41	<5
Total hip replacement	2,626	2,490	5.5	29	10
Inguinal herniorrhaphy	2,202	2,124	3.7	6	7
Septoplasty	1,657	1,429	16.0	26	12
Hysteroscopy	1,554	1,344	15.6	<5	<5
Cholecystectomy	1,542	1,519	1.5	<5	0
Other - General	1,114	1,179	-5.5	6	0
Cystoscopy	1,073	950	12.9	<5	0
Prostatectomy	765	697	9.8	<5	0
Abdominal hysterectomy	721	727	-0.8	5	<5
Varicose veins stripping and ligation	665	640	3.9	<5	13
Myringoplasty / Tympanoplasty	378	328	15.2	11	<5
Haemorrhoidectomy	336	399	-15.8	0	<5
Myringotomy	106	108	-1.9	<5	0
Coronary artery bypass graft	102	106	-3.8	0	0

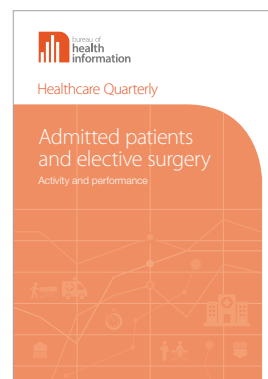
Healthcare Quarterly

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.

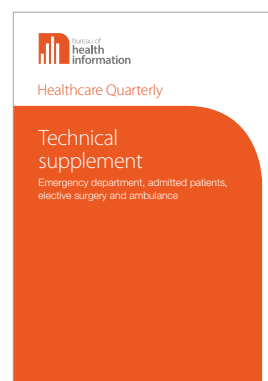
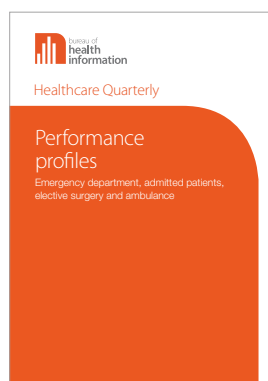
The reports feature key indicators of activity and performance across ambulance and public hospital services in NSW.



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



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

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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