

Healthcare Quarterly

# Seclusion and Restraint Supplement

July to September 2022



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# Seclusion and physical 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. They should only be used as a last resort when other options are unsuccessful in maintaining safety for the patient, staff or others.

In NSW, there are more than 40 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 patient cohort.

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

Most episodes of care in acute mental health units did not have a seclusion or restraint event in July to September 2022 (Figure 1).

The NSW Health Performance Framework includes three key performance indicators (KPIs) related to the use of restrictive practices. The KPI target for the percentage of acute mental health episodes of care with at least one seclusion event in 2022–23 is less than 4.1% for each hospital.

The percentage of acute mental health episodes of care with at least one seclusion event in NSW was 3.2%, down 0.4 percentage points compared with the same quarter the previous year (Figure 1, Table 1). The percentage was 4.1 or above in 10 hospitals: Concord (8.1), Cumberland (7.6), Liverpool (7.2), Morisset (5.9), Shellharbour (5.9) Bankstown-Lidcombe (5.7), Wollongong (4.6), Macquarie (4.2), Maitland (4.1) and Nepean (4.1) (Table 1).

The percentage of acute mental health episodes of care with at least one physical restraint event in NSW was 4.2%, down 0.4 percentage points compared with the same quarter the previous year (Figure 1, Table 1).

There was variation across public hospitals in the use of these interventions (Table 1).

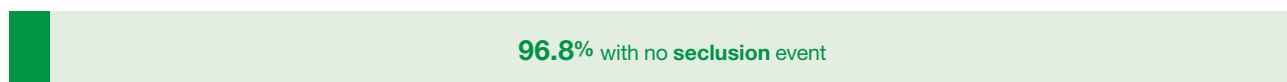
For more information on analyses of seclusion and restraint, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals* at [bhi.nsw.gov.au/BHI\\_reports/measurement\\_matters](https://bhi.nsw.gov.au/BHI_reports/measurement_matters)

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.

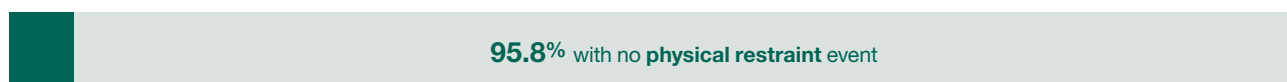
A **restraint event** occurs when a patient's freedom of movement is restricted by physical means (i.e. hands-on immobilisation by healthcare staff) or mechanical means (i.e. application of devices).

Figure 1 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, NSW, July to September 2022\*

**3.2%** with  $\geq 1$  seclusion event



**4.2%** with  $\geq 1$  physical restraint event



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

Note: Seclusion and restraint data were drawn from the HIE on 19 October 2022, and manually collected measures received from InforMH, System Information and Analytics, NSW Ministry of Health on 4 November 2022.

Table 1 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, July to September 2022\*

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	
<b>NSW†</b>	<b>12,130</b>	<b>3.2</b>	<b>-0.4</b>	<b>4.2</b>	<b>-0.4</b>	
No mental health intensive care unit	Armidale	88	0	0	0	
	Bankstown-Lidcombe	244	5.7	-3.1	5.7	-1.7
	Blacktown	469	1.1	-2.2	1.9	-2.4
	Blue Mountains	117	2.6	2.6	6.0	2.4
	Braeside	37	0	0	2.7	0
	Broken Hill	36	0	-1.8	0	-3.6
	Campbelltown	641	2.5	0.1	3.3	-0.2
	Children's at Westmead	49	2.0	2.0	10.2	8.8
	Coffs Harbour	220	2.3	-0.5	4.5	1.7
	Dubbo	100	2.0	-0.5	0	-3.8
	Gosford	159	1.9	-4.6	5.7	-1.9
	Goulburn	191	0.5	-0.8	4.2	-2.0
	Greenwich	67	0	0	1.5	1.5
	John Hunter	62	3.2	3.2	19.4	19.4
	Kempsey	88	0	0	0	0.0
	Lismore	220	0.0	-6.4	5.5	-1.7
	Liverpool	503	7.2	0.7	3.4	-0.6
	Macquarie	48	4.2	0.4	10.4	6.6
	Maitland	170	4.1	-3.3	4.7	-1.2
	Manning	107	0.9	0.9	3.7	-1.4
	Morisset	17	5.9	-9.5	5.9	-1.8
	Nepean	564	4.1	1.1	3.7	2.0
	Northern Beaches§	295	0	-1.6	4.7	-1.1
	Port Macquarie	104	1.0	-3.3	0	-6.5
	Royal North Shore	312	1.0	0.4	3.5	0.2
	Royal Prince Alfred	582	3.1	0	3.6	0.3
	Shellharbour	409	5.9	2.9	5.4	0.3
	South East Regional	102	0	0	4.9	0.3
	St George	290	0.7	-0.1	3.1	-2.8
	St Joseph's	21	0	0	0	-7.4
	St Vincent's	313	2.2	1.3	1.9	-2.4
	Sutherland	218	3.2	-1.2	4.6	-1.1
	Sydney Children's	199	0	0	1.5	0.7
Tamworth	202	1.5	-1.0	4.0	-2.1	
Tweed	185	0.0	-4.6	1.6	-7.0	
Wagga Wagga	316	0.6	0	4.1	0.3	
Westmead	186	0	0	1.6	-0.9	
Wollongong	285	4.6	-0.3	3.9	-0.7	
Wyong	309	3.2	-2.3	3.2	-3.6	
MHICU	Concord	730	8.1	-1.7	6.4	0
	Cumberland	874	7.6	1.7	4.0	0.9
	Hornsby	357	2.8	-0.3	8.4	1.3
	Hunter New England Mater MH	852	2.8	-1.8	4.9	-1.5
	Orange	399	1.5	0	3.0	0.1
Prince of Wales	393	1.8	0.9	8.9	2.6	
JH	The Forensic Hospital†	63	25.4	-2.7	38.1	-7.5

\* 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 patient cohort. For more information, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)

§ Northern Beaches operates as a public/private partnership with NSW Health. Only public patients are included in the Northern Beaches analysis. For more information, please refer to the **technical supplement**.

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

# Seclusion and physical restraint

The percentage of acute mental health episodes of care in NSW with at least one seclusion event peaked at 4.3% in April to June 2020, followed by a gradual decrease to 3.2% in July to September 2022 (Figure 2).

The percentage of acute mental health episodes of care in NSW with at least one physical restraint event showed variation over five years, trending upwards from 4.6% in July to September 2017 to a peak of 5.3% in 2020, before decreasing to 4.2% in 2022 (Figure 3).

The percentage of acute mental health episodes of care with at least one seclusion or physical restraint event in hospitals with a MHICU was typically higher, and showed more variation than in hospitals without a MHICU (Figures 2, 3).

Figure 2 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion event, July 2017 to September 2022

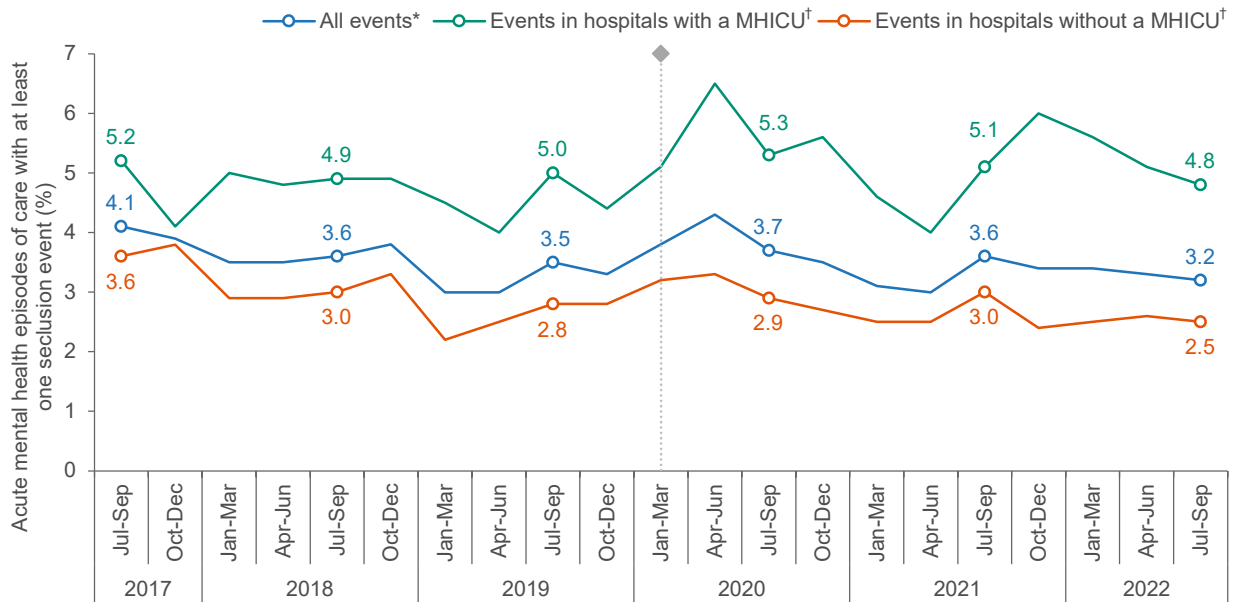
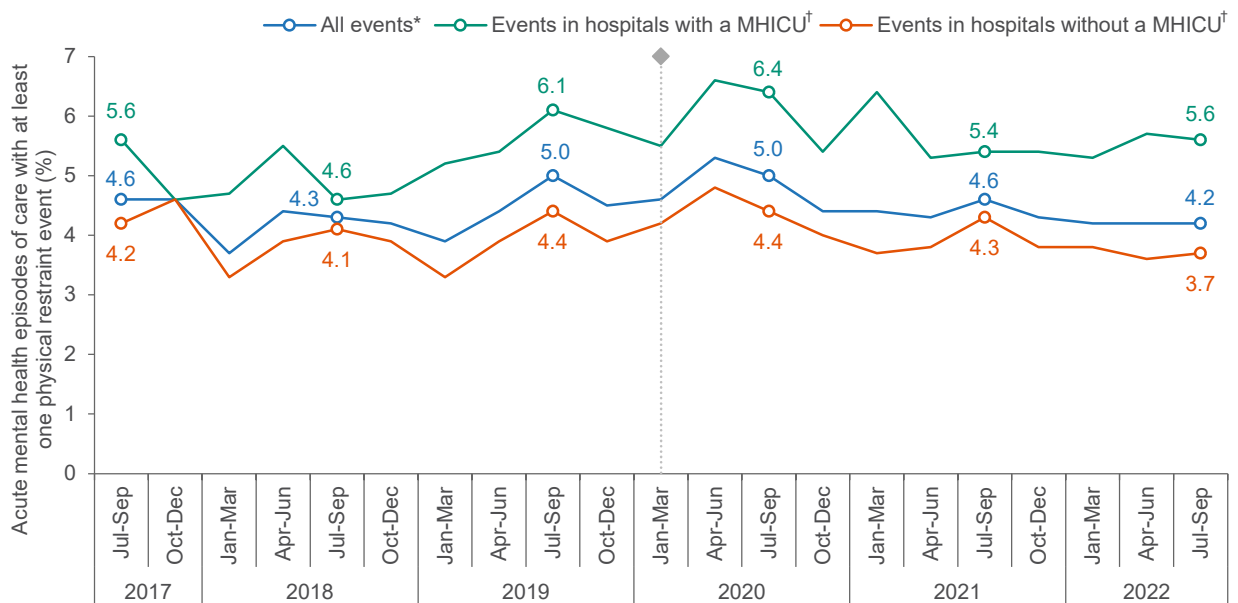


Figure 3 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one physical restraint event, July 2017 to September 2022



\* 'All events' includes all seclusion or physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the Justice Health and Forensic Mental Health Network (JHFMHN).

† MHICU = Mental Health Intensive Care Unit

Note: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020. For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.

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

# Seclusion and restraint events and rate

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

Across NSW, there were 625 seclusion events in July to September 2022, down 90 events compared with the same quarter the previous year. There were 1,056 physical restraint events, up 76 (Table 2).

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 2).

There were 56 mechanical restraint events in NSW public hospitals with specialised acute mental health units (excluding the Forensic Hospital). This was up by 14 events compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, there were 105 mechanical restraint events, up by 17 events compared with the same quarter the previous year (data not shown).

The NSW Health KPI target for rate of seclusion in 2022–23 is less than 5.1 per 1,000 bed days for each hospital. In July to September 2022, the NSW rate of seclusion was 4.9, down 1.0 compared with the same quarter the previous year (Table 2).

The rate of seclusion was below 5.1 per 1,000 bed days in 35 hospitals. The rate was 5.1 or above in 10 hospitals: Liverpool (12.3), Shellharbour (12.1), Cumberland (11.6), Hunter New England Mater Mental Health Centre (9.4), Wollongong (7.5), Concord (7.2), Nepean (6.7), Sutherland (6.0), Bankstown-Lidcombe (5.9) and Hornsby (5.1) (Table 2).

The rate of physical restraint in NSW was 8.2 per 1,000 bed days, up 0.2 compared with the same quarter the previous year (Table 2).

For more information on analyses of seclusion and restraint, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals* at [bhi.nsw.gov.au/BHI\\_reports/measurement\\_matters](https://bhi.nsw.gov.au/BHI_reports/measurement_matters)



Table 2 Number and rate of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, July to September 2022

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	
<b>NSW</b>	<b>625</b>	<b>-90</b>	<b>4.9</b>	<b>1056</b>	<b>76</b>	<b>8.2</b>	
No mental health intensive care unit	Armidale	0	0	0	0	0	
	Bankstown-Lidcombe	15	-16	5.9	19	-13	7.4
	Blacktown	5	-14	1.9	9	-11	3.4
	Blue Mountains	<5	3	2.6	7	4	6.2
	Braeside	0	0	0	<5	0	0.7
	Broken Hill	0	-1	0	0	-4	0
	Campbelltown	23	1	4.4	27	3	5.1
	Children's at Westmead	<5	2	3.5	12	8	21.2
	Coffs Harbour	10	2	3.7	20	8	7.5
	Dubbo	<5	0	2.6	0	-3	0
	Gosford	<5	-12	1.3	10	-7	4.2
	Goulburn	<5	-7	0.6	17	-6	9.7
	Greenwich	0	0	0	<5	2	1.2
	John Hunter	<5	2	4.0	46	46	91.1
	Kempsey	0	0	0	0	0	0
	Lismore	0	-40	0	17	-13	6.4
	Liverpool	55	3	12.3	19	-10	4.2
	Macquarie	<5	-1	1.9	7	5	6.6
	Maitland	9	-19	4.3	10	-5	4.8
	Manning	<5	1	0.8	5	0	4.1
	Morisset	<5	-4	3.3	5	0	8.3
	Nepean	37	15	6.7	43	32	7.8
	Northern Beaches <sup>§</sup>	0	-5	0	19	-11	8.8
	Port Macquarie	<5	-9	1.0	0	-9	0
	Royal North Shore	<5	2	1.2	14	1	4.3
	Royal Prince Alfred	25	-12	3.5	43	14	6.0
	Shellharbour	45	33	12.1	64	39	17.2
	South East Regional	0	0	0	5	-3	4.8
	St George	<5	0	0.8	18	-7	7.6
	St Joseph's	0	0	0	0	-2	0
	St Vincent's	10	6	3.6	11	-26	3.9
	Sutherland	12	-1	6.0	14	0	7.0
Sydney Children's	0	0	0	113	69	178.0	
Tamworth	<5	-3	1.6	9	-5	4.8	
Tweed	0	-10	0	<5	-16	1.9	
Wagga Wagga	<5	0	0.7	15	-17	5.2	
Westmead	0	0	0	<5	-1	1.8	
Wollongong	22	-1	7.5	34	8	11.6	
Wyong	17	-15	4.1	14	-13	3.4	
MHICU	Concord	85	-40	7.2	70	-17	6.0
	Cumberland	96	36	11.6	47	8	5.7
	Hornsby	25	7	5.1	68	-4	13.9
	Hunter New England Mater MH	81	-5	9.4	96	-14	11.1
	Orange	7	1	1.7	21	-1	5.2
Prince of Wales	16	11	3.0	97	47	18.4	
JH	The Forensic Hospital	48	15	11.9	143	9	35.5

\* Justice Health (JH) is not included in NSW totals because of the differences in model of care and patient cohort. For more information, see *Measurement Matters: Reporting on seclusion and restraint in NSW public hospitals*, available at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)

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

# Seclusion events and rate

Across July to September quarters, the number of seclusion events decreased from 859 in 2017 to 625 in 2022, down 27.2% (234) over five years. It peaked at 873 in July to September 2020. The number of seclusion events in hospitals with a MHICU remained relatively stable over the past five years (Figure 4).

The rate of seclusion is the number of seclusion events per 1,000 bed days. Since 2018–19, the NSW Ministry of Health's KPI target for the rate of seclusion has been less than 5.1 per 1,000 bed days.

The rate of seclusion peaked at 7.3 in April to June 2020, followed by a decrease to 4.9 per 1,000 in July to September 2022. The rate of seclusion in hospitals with a MHICU was typically higher and showed more variation than in hospitals without a MHICU (Figure 5).

Figure 4 Number of seclusion events occurring in specialised acute mental health inpatient units, July 2017 to September 2022

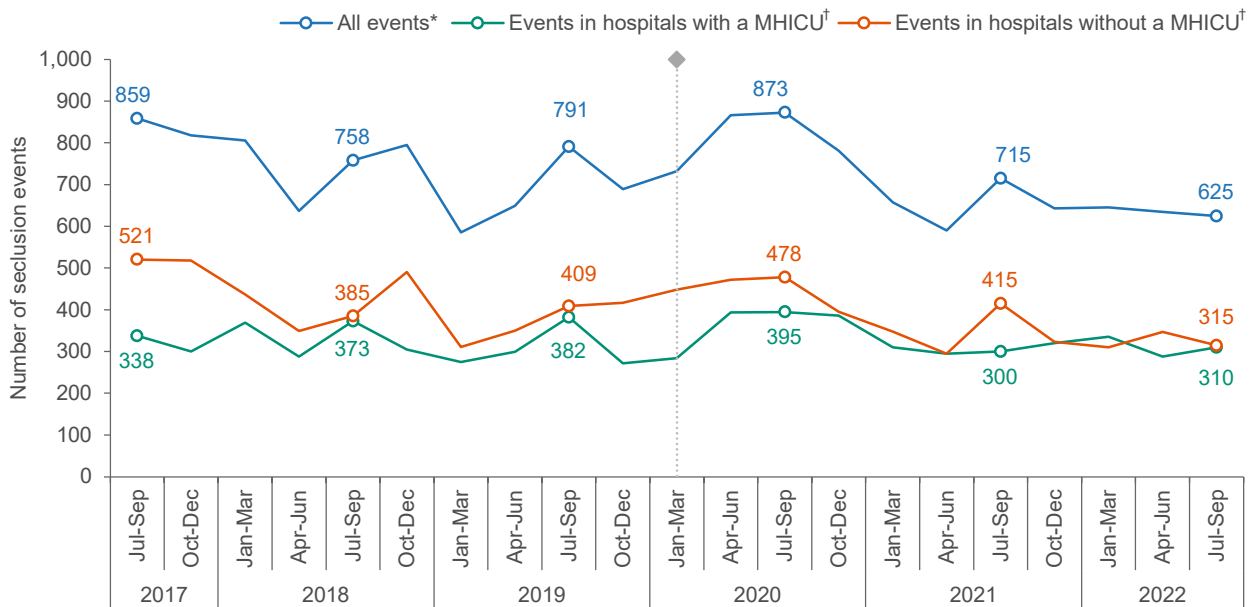
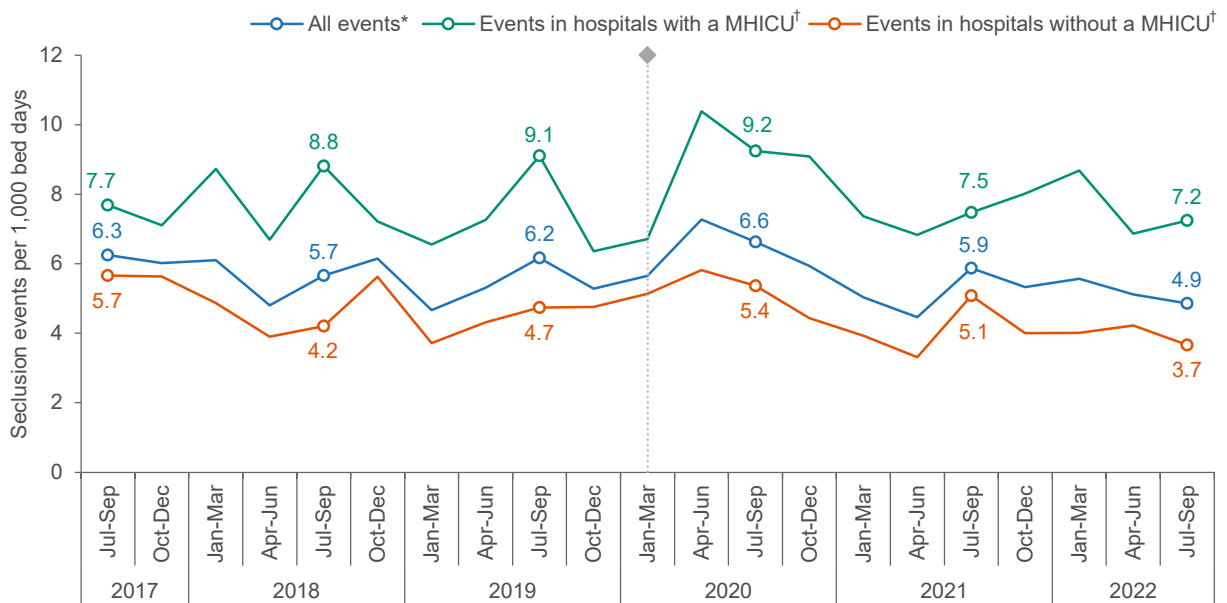


Figure 5 Number of seclusion events per 1,000 bed days in specialised acute mental health inpatient units, July 2017 to September 2022



\* 'All events' includes all seclusion events occurring in specialised acute mental health inpatient units, excluding episodes in the Justice Health and Forensic Mental Health Network (JHFMHN).

† MHICU = Mental Health Intensive Care Unit

Note: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020. For more information, including which hospitals are included each quarter, please refer to the technical supplement.

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

# Physical restraint events and rate

The number of physical restraint events showed some seasonal variation over five years, trending upwards from 942 in July to September 2017 to a peak of 1,170 in 2020. It then decreased to the end of 2021 before increasing to 1,056 in July to September 2022 (Figure 6).

The rate of physical restraint refers to the number of physical restraint events per 1,000 bed days. It followed a similar trend to the number of physical restraint events over five years. The rate peaked at 9.6 in April to June 2020 (data not shown), followed by a decrease to the end of 2021, before increasing again in 2022. The rate of physical restraint in hospitals with a MHICU was typically higher and showed more variation than in hospitals without a MHICU (Figure 7).

Figure 6 Number of physical restraint events occurring in specialised acute mental health inpatient units, July 2017 to September 2022

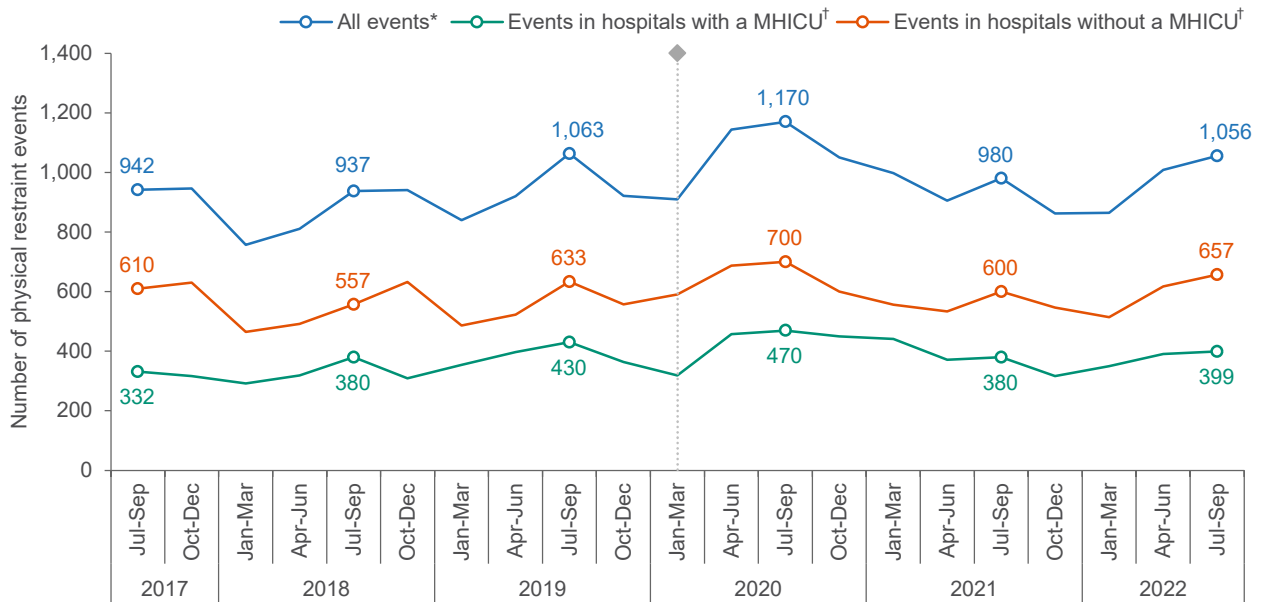
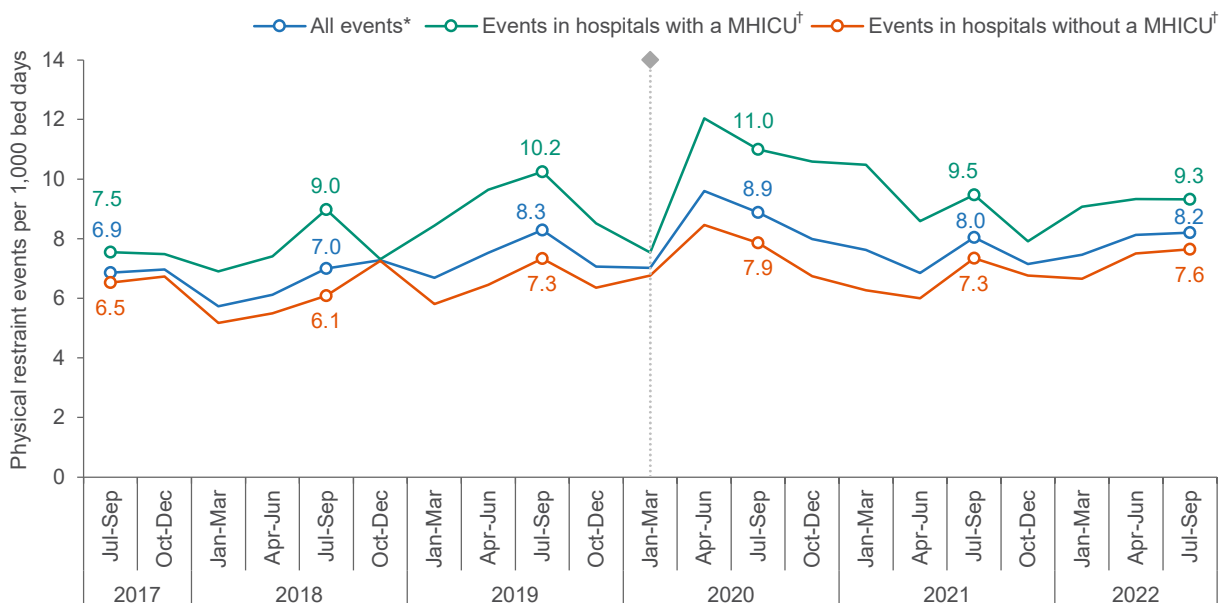


Figure 7 Number of physical restraint events per 1,000 bed days in specialised acute mental health inpatient units, July 2017 to September 2022



\* 'All events' includes all physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the JHFMHN.

† MHICU = Mental Health Intensive Care Unit

Note: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020. For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.

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

# Duration of seclusion and physical restraint events

While seclusion and restraint are 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, or a small number of events, lasting considerably longer than others.

The NSW Health KPI target for the average duration of seclusion events in 2022–23 is less than four hours.

Statewide, the average duration of a seclusion event was 10 hours 58 minutes in July to September 2022, up 8 minutes compared with the same quarter the previous year (Table 3). The average duration was longer than four hours in 11 hospitals: Cumberland (24h 25m), Concord (16h 15m), Hornsby (13h 5m), Nepean (11h 26m), Hunter New England Mater Mental Health Centre (10h 51m), Liverpool (9h 3m), Royal Prince Alfred (8h 42m), Blacktown (7h 32m), Shellharbour (5h 57m), Bankstown-Lidcombe (4h 57m) and Prince of Wales (4h 24m) (Table 3).

In July to September 2022, the average duration of a physical restraint event was 6 minutes in NSW, up 1 minute compared with the same quarter the previous year. The average duration was longer than 10 minutes in three hospitals: Sydney Children's (20m), Royal Prince Alfred (14m) and Gosford (13m) (Table 3).

The average duration of a mechanical restraint event in NSW public hospitals (excluding the Forensic Hospital) was 1 hour 25 minutes. This was down 21 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 1 hour 26 minutes, up 43 minutes compared with the same quarter the previous year (data not shown).

Table 3 Average duration of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, July to September 2022

Hospital		Seclusion		Physical restraint	
		Average duration	Change since one year ago	Average duration	Change since one year ago
<b>NSW</b>		<b>10h 58m</b>	<b>8m</b>	<b>6m</b>	<b>1m</b>
No mental health intensive care unit	Armidale	0m	0m	0m	0m
	Bankstown-Lidcombe	4h 57m	-6m	2m	1m
	Blacktown	7h 32m	2h 27m	1m	0m
	Blue Mountains	†	‡	3m	‡
	Braeside	0m	0m	†	‡
	Broken Hill	0m	‡	0m	‡
	Campbelltown	1h 41m	-1h 21m	2m	-1m
	Children's at Westmead	†	‡	3m	‡
	Coffs Harbour	2h 26m	-7h 9m	6m	3m
	Dubbo	†	‡	0m	‡
	Gosford	†	‡	13m	11m
	Goulburn	†	‡	6m	2m
	Greenwich	0m	0m	†	‡
	John Hunter	†	‡	5m	‡
	Kempsey	0m	0m	0m	‡
	Lismore	0m	-6h 55m	3m	-1m
	Liverpool	9h 3m	-8h 24m	2m	1m
	Macquarie	†	‡	2m	‡
	Maitland	1h 15m	-1h 16m	6m	2m
	Manning	†	‡	2m	-8m
	Morisset	†	‡	4m	2m
	Nepean	11h 26m	-7h 12m	2m	0m
	Northern Beaches <sup>§</sup>	0m	-1h 11m	3m	0m
	Port Macquarie	†	‡	0m	-4m
	Royal North Shore	†	‡	2m	0m
	Royal Prince Alfred	8h 42m	1h 1m	14m	8m
	Shellharbour	5h 57m	4h 39m	6m	4m
	South East Regional	0m	0m	2m	0m
	St George	†	‡	1m	0m
	St Joseph's	0m	0m	0m	‡
	St Vincent's	2h 1m	‡	3m	1m
	Sutherland	44m	-1h 23m	4m	0m
	Sydney Children's	0m	0m	20m	0m
	Tamworth	†	‡	3m	1m
Tweed	0m	-3h 40m	†	‡	
Wagga Wagga	†	‡	3m	1m	
Westmead	0m	0m	†	‡	
Wollongong	2h 55m	29m	5m	-4m	
Wyong	1h 56m	-42m	4m	0m	
MHICU	Concord	16h 15m	-8h 6m	4m	-3m
	Cumberland	24h 25m	1h 41m	2m	0m
	Hornsby	13h 5m	-5h 49m	8m	0m
	Hunter New England Mater MH	10h 51m	7h 15m	4m	-1m
	Orange	32m	-12m	4m	3m
Prince of Wales	4h 24m	-3h 42m	4m	2m	
JH	The Forensic Hospital	16h 45m	6h 27m	5m	0m

\* 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*, available at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)

† 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.

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

# Duration of seclusion and physical restraint events

The NSW Health KPI for average seclusion duration of less than four hours has been in place since 2017–18.

The average duration of a seclusion event at NSW level has been longer than four hours since July to September 2017 (Figure 8).

The average duration of a seclusion event increased from 5 hours 2 minutes in July to September 2017 to 10 hours 58 minutes in July to September 2022. The increase in average duration of a seclusion event was more pronounced in hospitals with a MHICU than in hospitals without a MHICU (Figure 8).

The average duration of a physical restraint event varied over five years. It peaked at 6 minutes 12 seconds in July to September 2022. This was due to a sharp increase in the average duration of physical restraint events in hospitals without a MHICU, which reached 7 minutes 17 seconds, up from 4 minutes 19 seconds in July to September 2021 (Figure 9).



Figure 8 Average duration of seclusion events occurring in specialised acute mental health inpatient units, July 2017 to September 2022

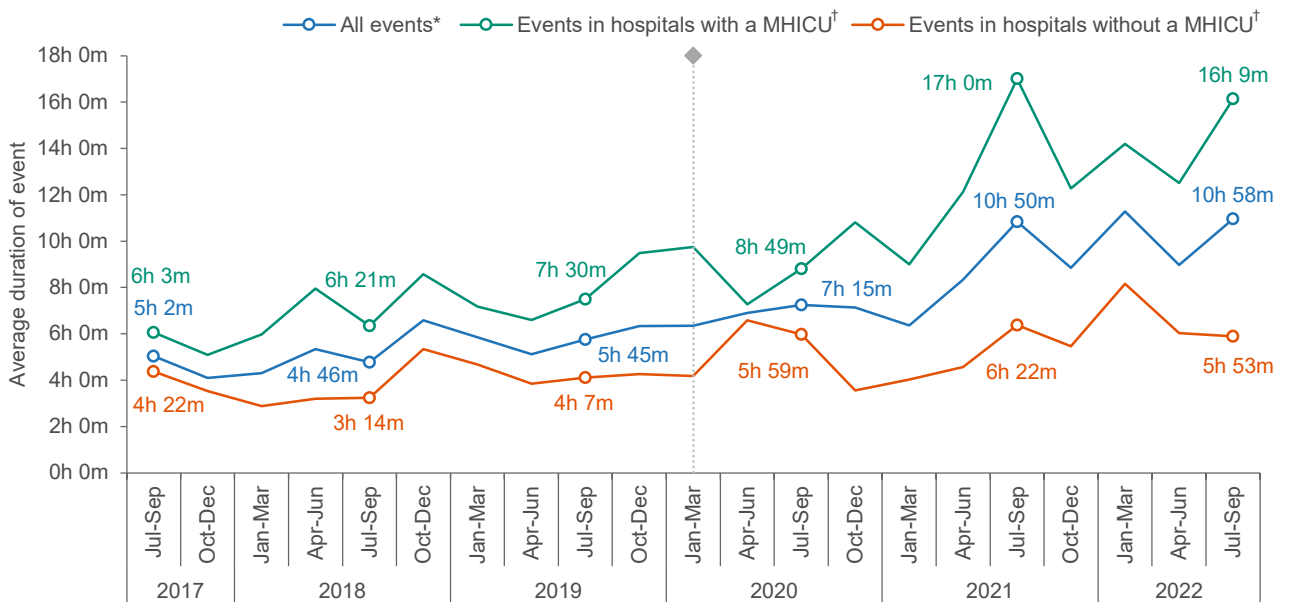
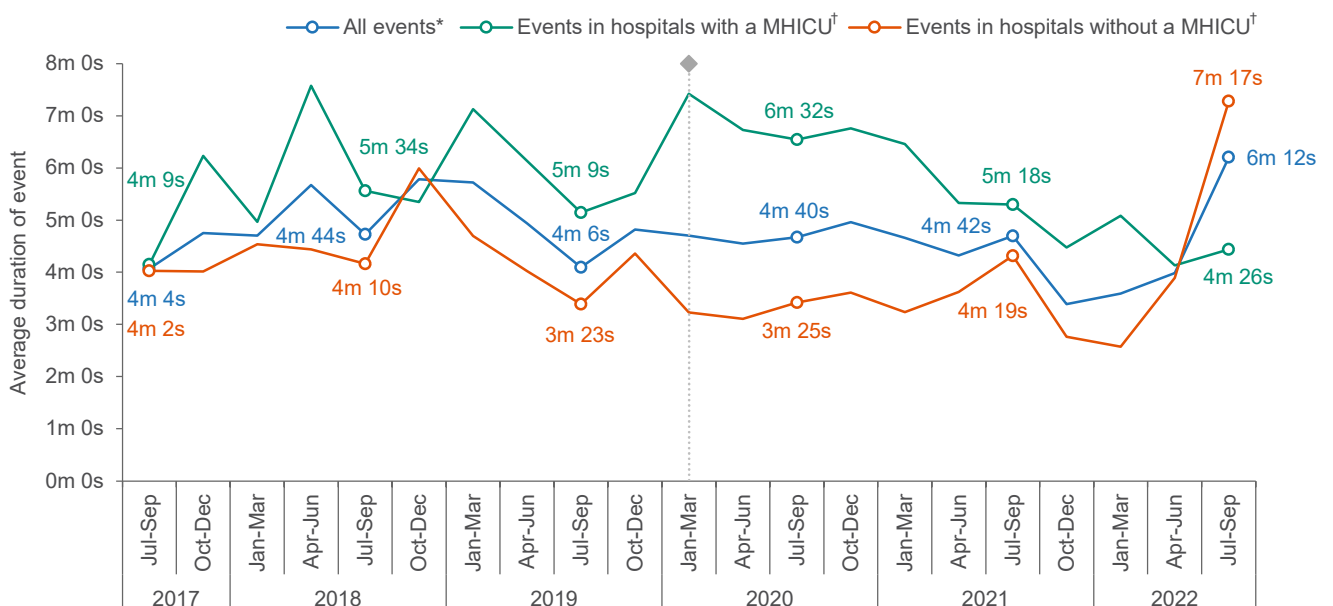


Figure 9 Average duration of physical restraint events occurring in specialised acute mental health inpatient units, July 2017 to September 2022



\* 'All events' includes all seclusion or physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the JHFMHN.  
 † MHICU = Mental Health Intensive Care Unit  
 Note: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020. For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.  
 ♦ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



## 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.

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