Healthcare Quarterly

Tracking public hospital and ambulance service activity and performance in NSW

January to March 2022

bureau of health information

Overview

January to March 2022

Emergency department

ED attendances and hospital admissions from ED were down compared with 2019. Patients waited longer to be transferred from paramedics, to be treated in ED, and to be admitted to hospital.

Find out more from page 3

Admitted patients

The number of admitted patient episodes of care decreased and patients typically spent longer in hospital, compared with the same quarter in 2019.

Find out more from page 15

Ambulance

Demand remained high, while median ambulance response times for priority 1 and priority 2 cases were the longest since BHI began reporting in 2010.

Find out more from page 10

Elective surgery

The number of surgeries performed gradually increased. Patients waited longer than any quarter on record for semi-urgent and non-urgent elective surgery, and a record number waited longer than recommended.

Find out more from page 20

About this report

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

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

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

Data were drawn on the following dates: ED (22 April 2022); ambulance (7 April 2022); admitted patients (26 April 2022); elective surgery (19 April 2022).

See the technical supplement to this report for descriptions of the data, methods and technical terms used to calculate activity and performance measures.

Interpreting results in the context of the COVID-19 pandemic

The NSW healthcare system continued to respond to the COVID-19 pandemic during January to March 2022.

Non-urgent elective surgery requiring an overnight stay was suspended from 10 January and resumed in phases from 7 February. Public health restrictions were also gradually relaxed during this quarter. As the system adapted, it continued to experience fluctuations in hospital and ambulance activity and performance.

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

This report also includes additional graphs providing insights into COVID-19 cases and hospitalisations, and the weekly impact of the COVID-19 pandemic on health system activity during January to March 2022.

Where reporting of metropolitan, and rural and regional areas is included, boundaries have been determined by BHI to reflect the impact of varying COVID-19-related restrictions across NSW at different stages of the pandemic.

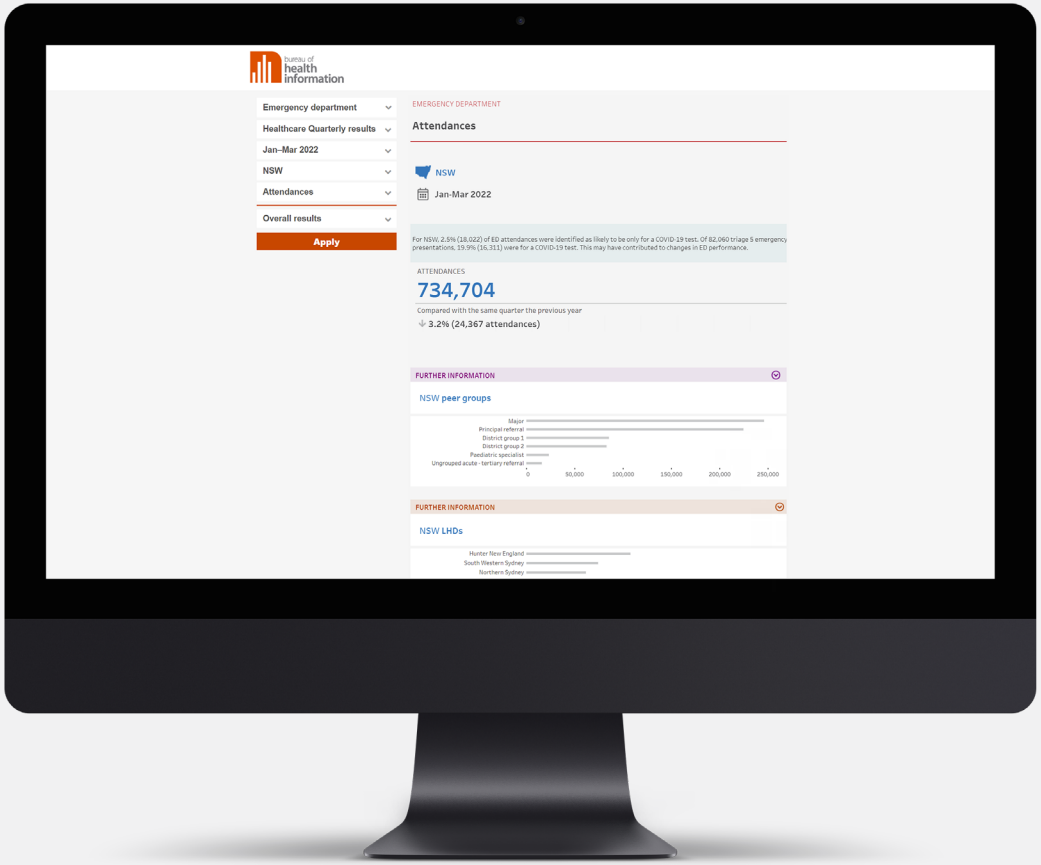
Interactive data

Bureau of Health Information Data Portal

The new BHI Data Portal is part of a transition to a digital-first way of reporting healthcare performance results in NSW, making them more accessible and user friendly.

The BHI Data Portal allows you to find and compare results showing the performance of the NSW healthcare system.

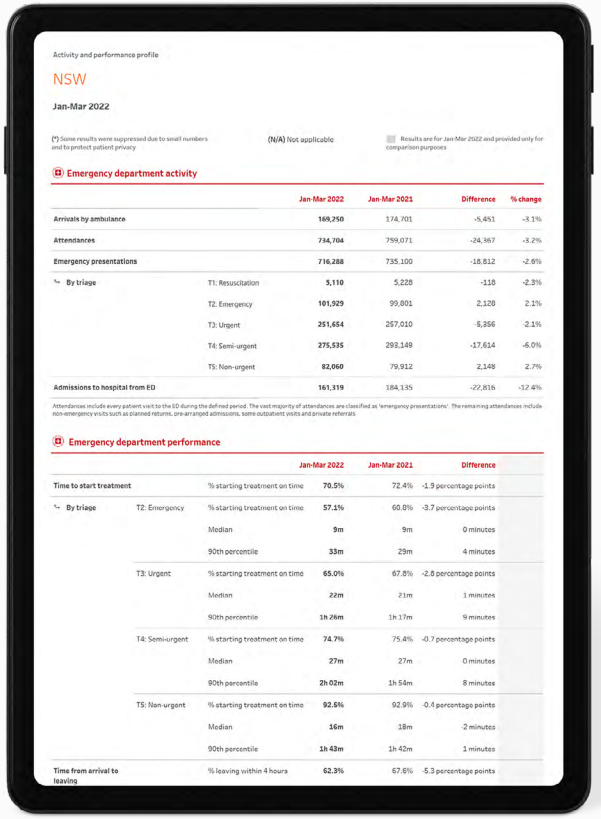
Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



Activity and performance profiles

Activity and performance profiles provide a snapshot of selected ED, elective surgery and admitted patient measures for NSW, 77 individual hospitals, LHDs and hospital peer groups.

The profiles are a great starting point to see an overview of your local hospital's performance before a more detailed search in the Data Portal.

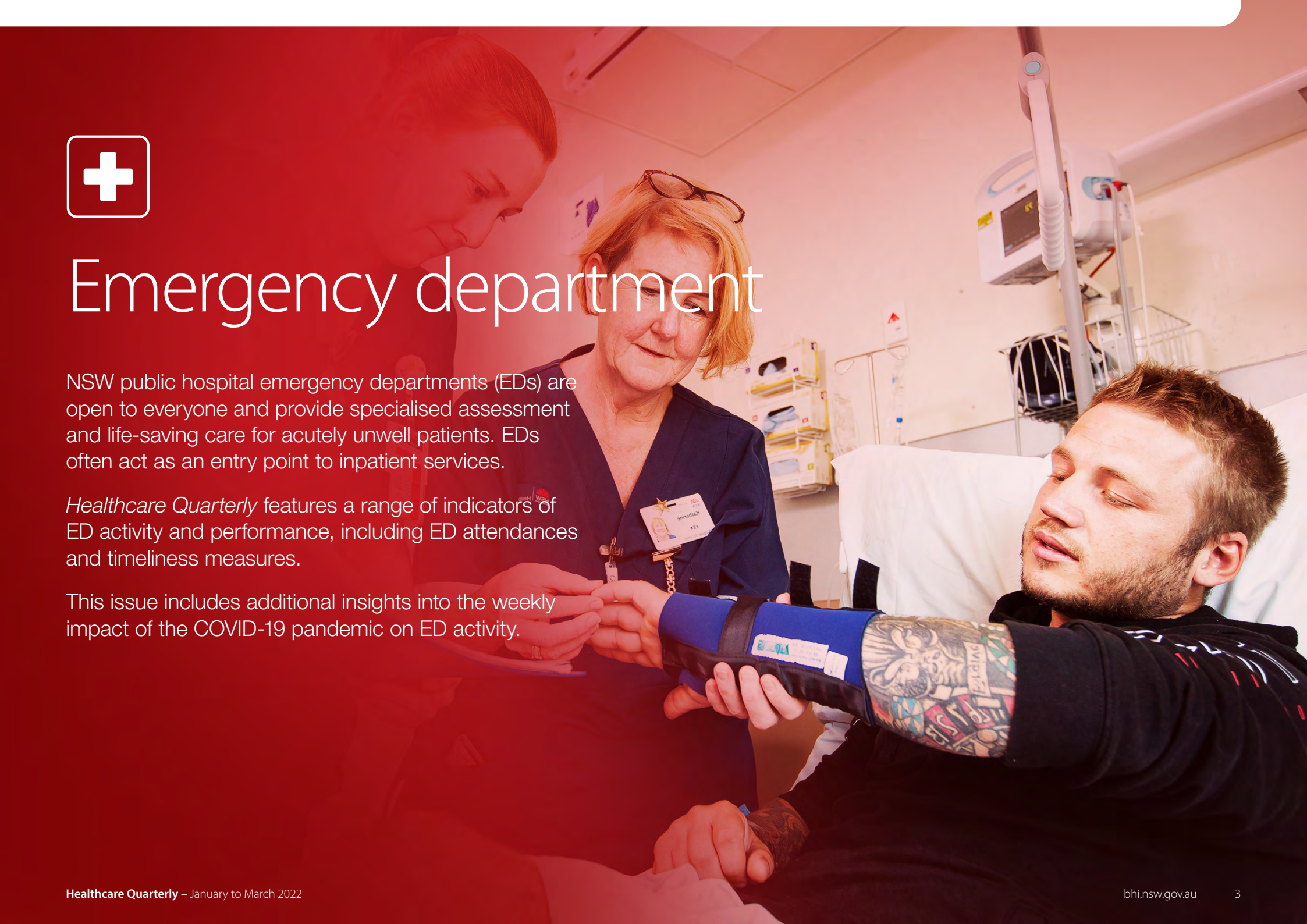


Emergency department

NSW public hospital emergency departments (EDs) are open to everyone and provide specialised assessment and life-saving care for acutely unwell patients. EDs often act as an entry point to inpatient services.

Healthcare Quarterly features a range of indicators of ED activity and performance, including ED attendances and timeliness measures.

This issue includes additional insights into the weekly impact of the COVID-19 pandemic on ED activity.



Key findings

January to March 2022

ACTIVITY

There were 734,704 ED attendances, down 2.8% (21,369) compared with January to March 2019 – while triage category 2 presentations were up 8.2% (7,695) to 101,929.

WEEKLY ATTENDANCES

After peaking in early January, weekly ED attendances dropped and remained below 2019 levels until early March, then increased to 5.9% higher than 2019 at the end of the quarter.

TIME TO START TREATMENT

70.5% of patients had their treatment start on time. This result was 57.1% for triage 2 patients – lower than any January to March quarter since BHI began reporting in 2010.

MODE OF LEAVING ED

161,319 patients were treated and admitted to hospital, down 15.6% compared with 2019.

55,305 patients left without, or before completing, treatment, more than any quarter since 2010.

TIME FROM ARRIVAL TO LEAVING ED

25.8% of patients who were treated and admitted to hospital spent less than four hours in the ED.

One in 10 of these patients spent longer than 18 hours and 29 minutes in ED, up from 13 hours and 25 minutes in 2019.

TIME TO TRANSFER CARE

78.6% of patients who arrived by ambulance had their care transferred to ED staff within 30 minutes – the lowest since BHI began reporting this measure in 2013.

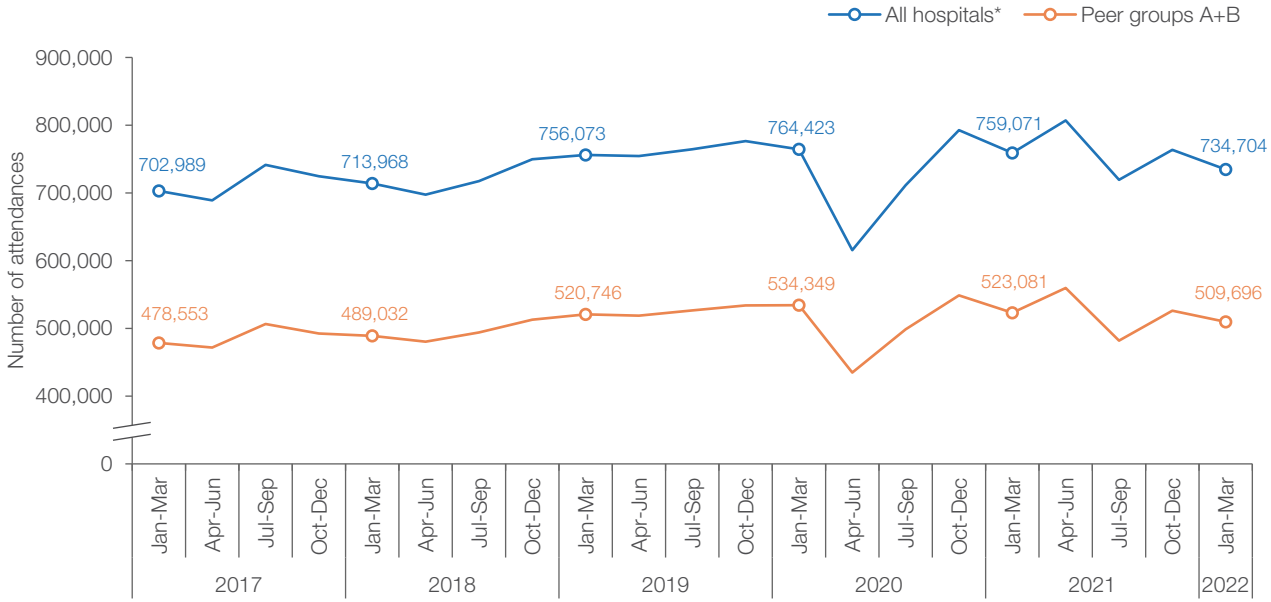
One in 10 waited longer than 54 minutes to be transferred, up from 32 minutes in 2019.

Behind the key findings

Figure 1

Emergency department attendances, NSW

January 2017 to March 2022



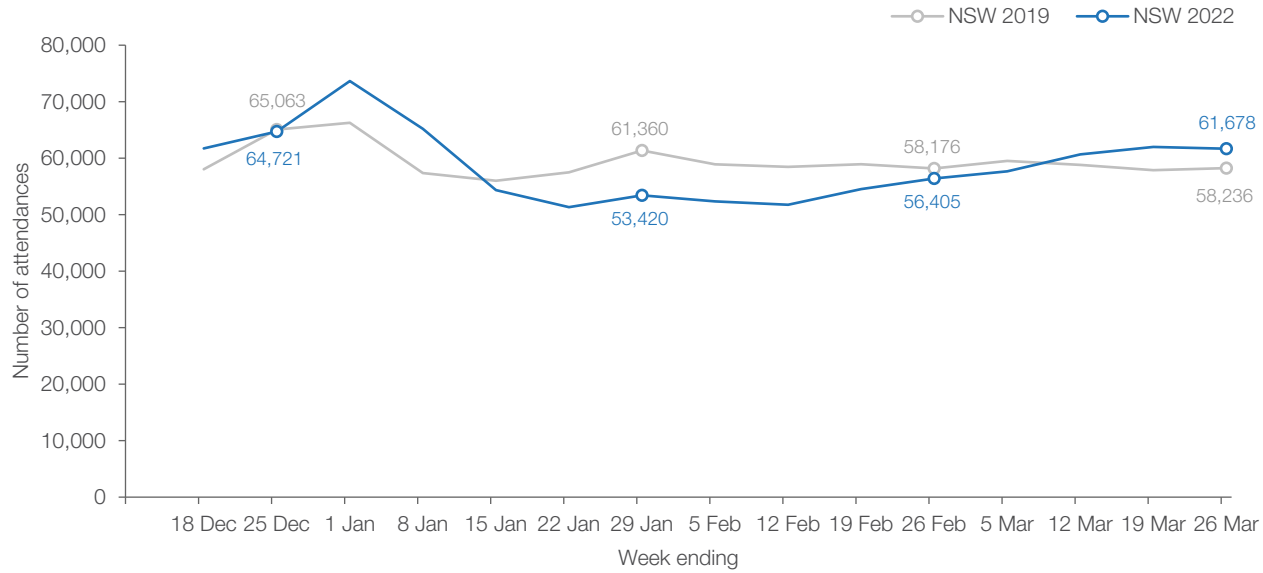
*'All hospitals' cohort includes more than 170 EDs submitting data to the Emergency Department Data Collection (EDDC) in each quarter.
Note: In January to March 2022, 2.5% (18,022) of ED attendances were identified as patients likely visiting an ED only for a COVID-19 test. This may have contributed to changes in ED performance.

COVID-19 INSIGHTS

Figure 2

Emergency department attendances, NSW, by week

18 December to 26 March 2021–22 and 2018–19



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

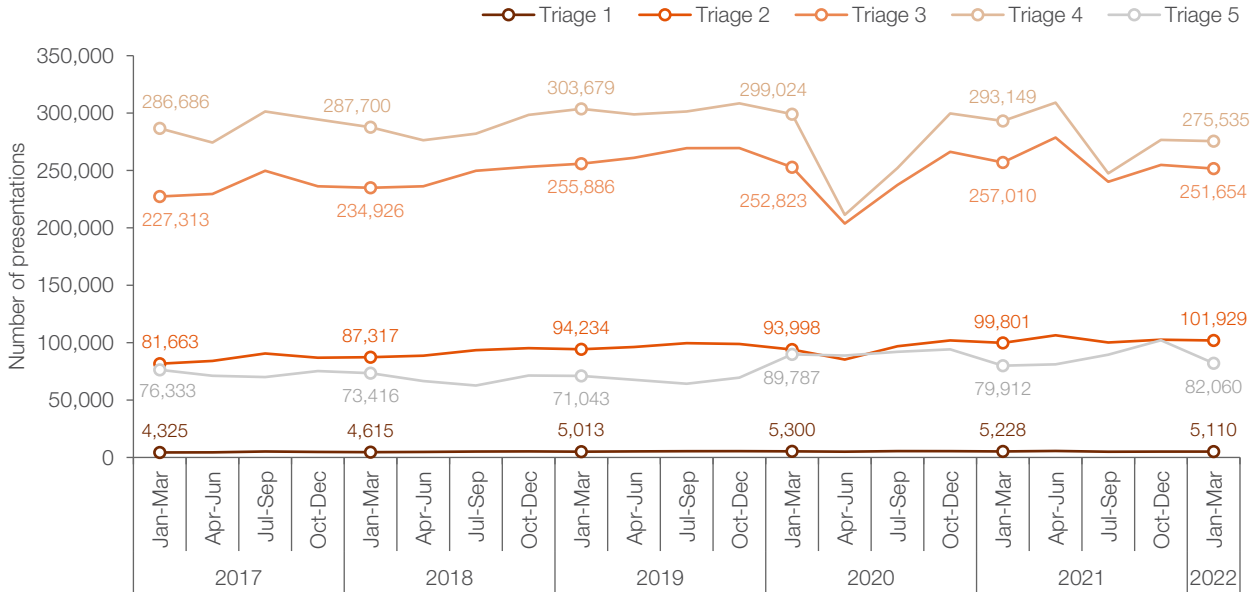
Behind the key findings

Figure 3

Emergency presentations, by triage category, NSW

January 2017 to March 2022

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



Note: In January to March 2022, of 82,060 triage 5 presentations, 19.9% (16,311) were identified as patients likely visiting the ED only for a COVID-19 test. This may have contributed to changes in ED performance.

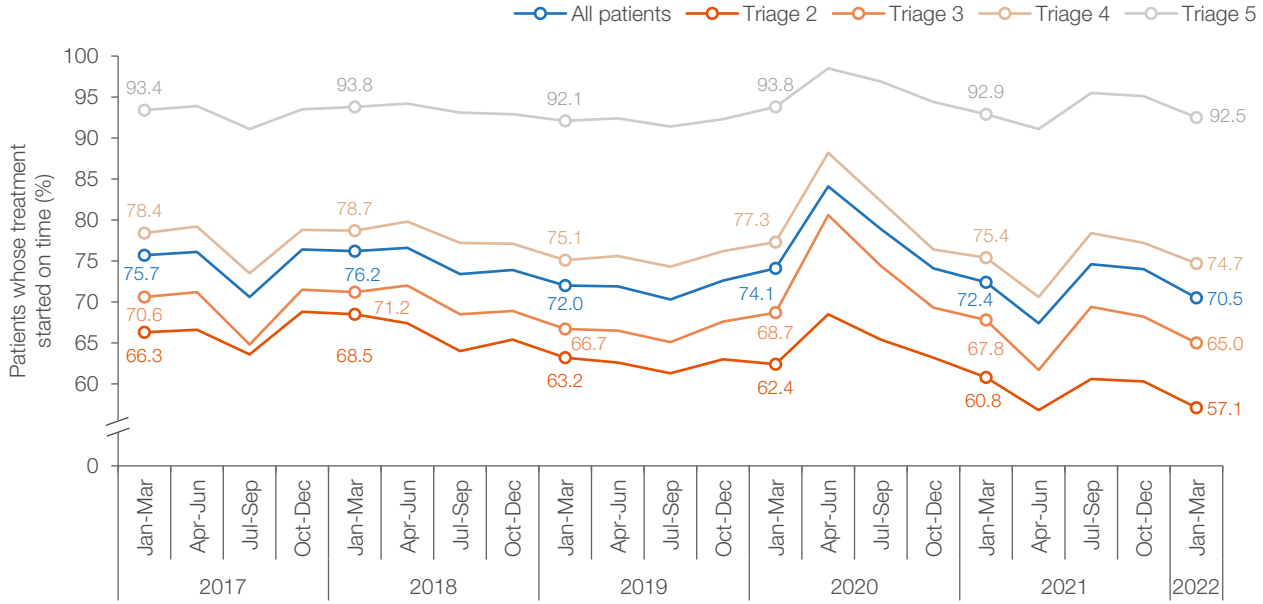
Figure 4

Percentage of patients starting treatment on time, by triage category, NSW

January 2017 to March 2022

The Australasian College for Emergency Medicine (ACEM) recommended maximum waiting times for ED treatment to start are:

- Triage 2: Emergency – 80% within 10 minutes
- Triage 3: Urgent – 75% within 30 minutes
- Triage 4: Semi-urgent – 70% within 60 minutes
- Triage 5: Non-urgent – 70% within 120 minutes.



Note: Due to differences in data definitions, reporting periods and the number of hospitals included, *Healthcare Quarterly* results for the percentage of patients whose treatment started on time are not directly comparable with figures reported by other agencies and jurisdictions. For more information, see the technical supplement.

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

Behind the key findings

Figure 5

Emergency department attendances, by mode of leaving, NSW

January 2017 to March 2022

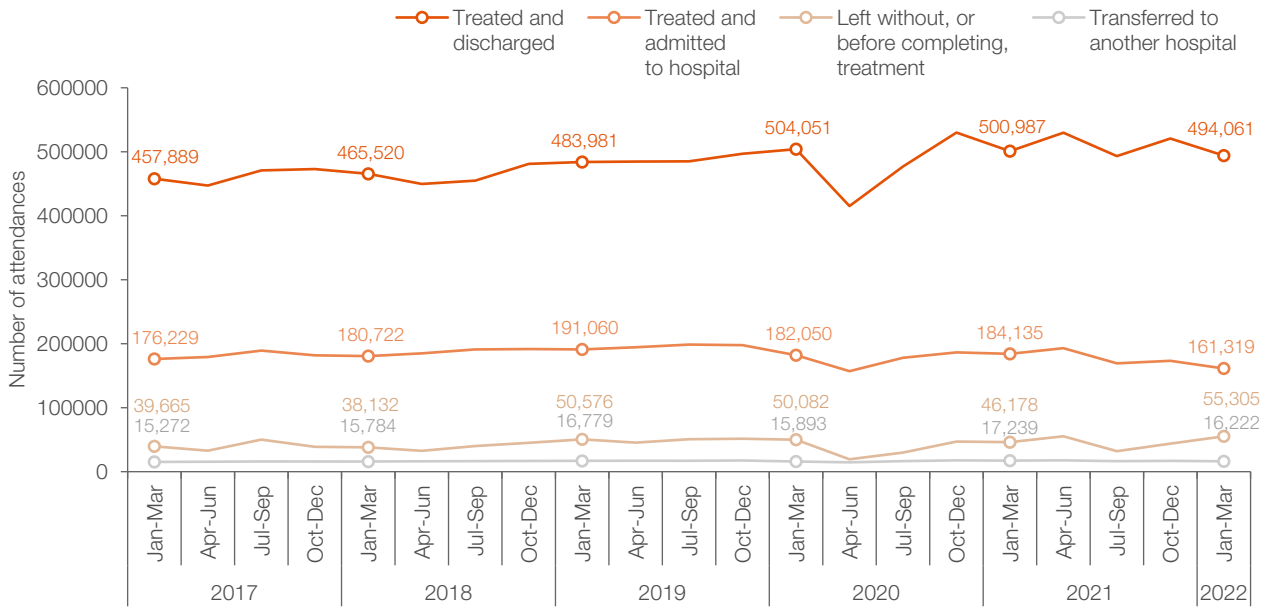
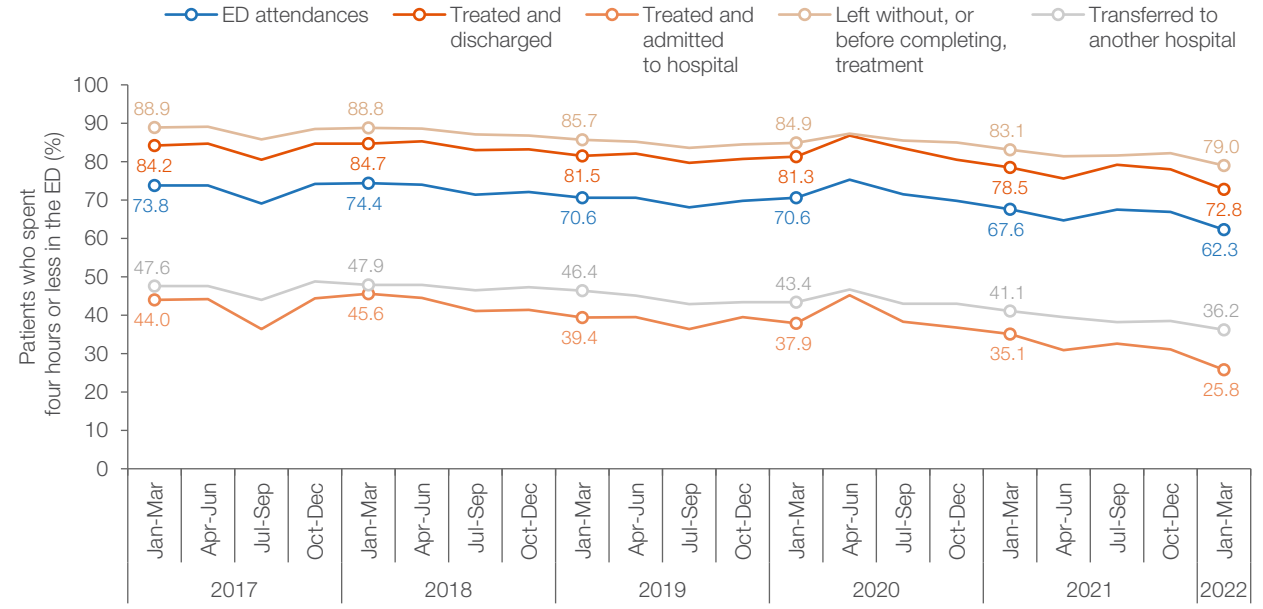


Figure 6

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

January 2017 to March 2022



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

Behind the key findings

Figure 7

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

January 2017 to March 2022

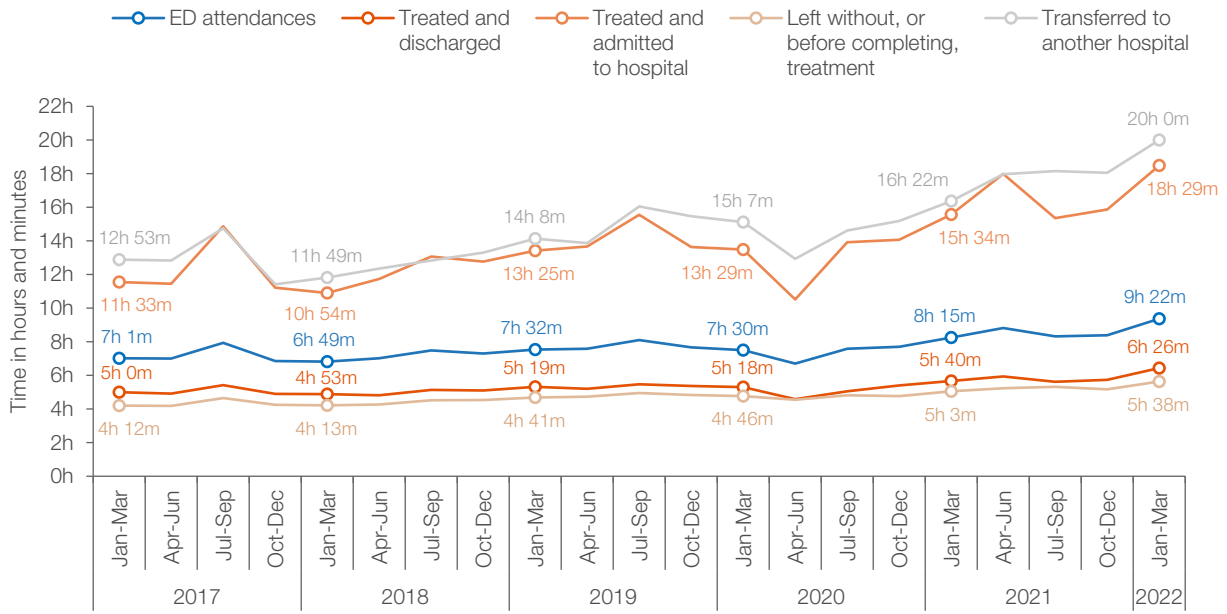
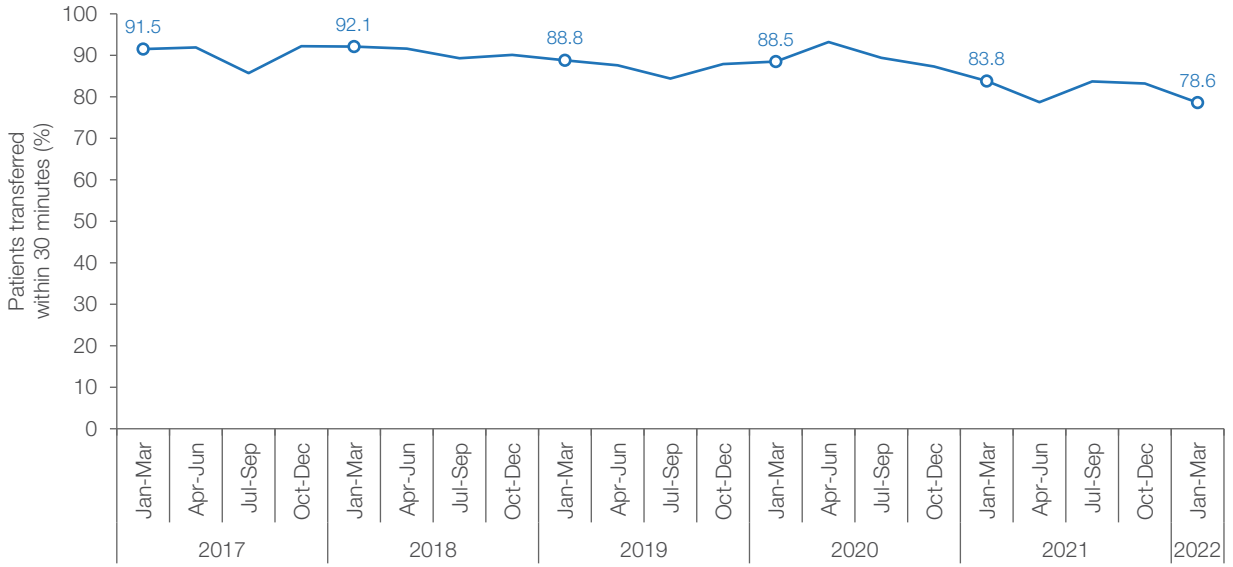


Figure 8

Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW

January 2017 to March 2022



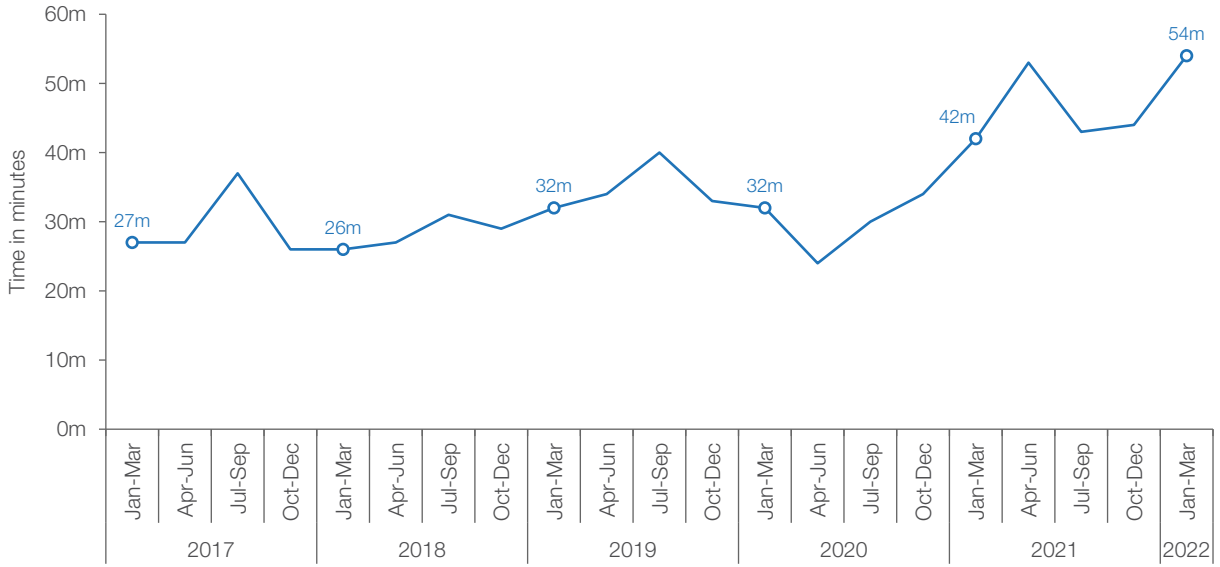
For more results, including for the 77 larger hospitals, explore the Data Portal

Behind the key findings

Figure 9

90th percentile time to transfer care from paramedics to emergency department staff, NSW

January 2017 to March 2022



Ambulance

NSW Ambulance delivers mobile health services and provides high-quality clinical care, rescue and retrieval services to people with emergency and medical health needs.

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

This issue includes additional insights into the weekly impact of the COVID-19 pandemic on ambulance activity.

Key findings

January to March 2022

RESPONSES

There were 326,544 ambulance responses, up 6.1% (18,795) compared with January to March 2019.

Of these, 9,360 were responses to priority 1A (P1A) cases for patients with life-threatening conditions – the most since BHI began reporting in 2010.

WEEKLY RESPONSES

Notable increases in weekly ambulance responses in early January and in March were driven by surges in 'emergency – priority 1 (P1)' cases. Responses for all priority categories were 10.0% higher than 2019 at the end of March.

CALL TO AMBULANCE ARRIVAL TIMES

The percentage of P1 cases with a call to ambulance arrival time within 15 and 30 minutes was 37.7% and 79.6%, respectively – the lowest results since 2010.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of P1A responses within 10 minutes was 60.2% – the lowest since 2010. The median response time was 8.8 minutes, equal to the longest recorded time since 2010.

EMERGENCY RESPONSE TIMES

Median response times for P1 and P2 cases were the longest since 2010, at 15.7 and 27.5 minutes, respectively.

Behind the key findings

Figure 10

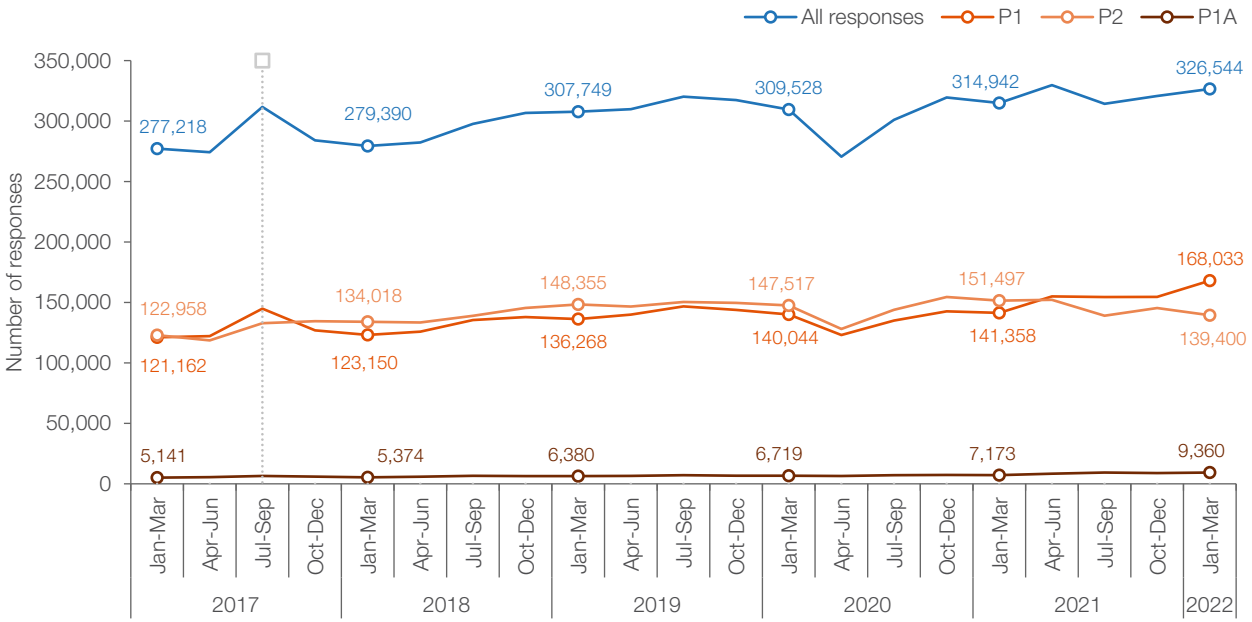
Ambulance responses, by priority category, NSW

January 2017 to March 2022

Ambulance responses are categorised as:

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

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

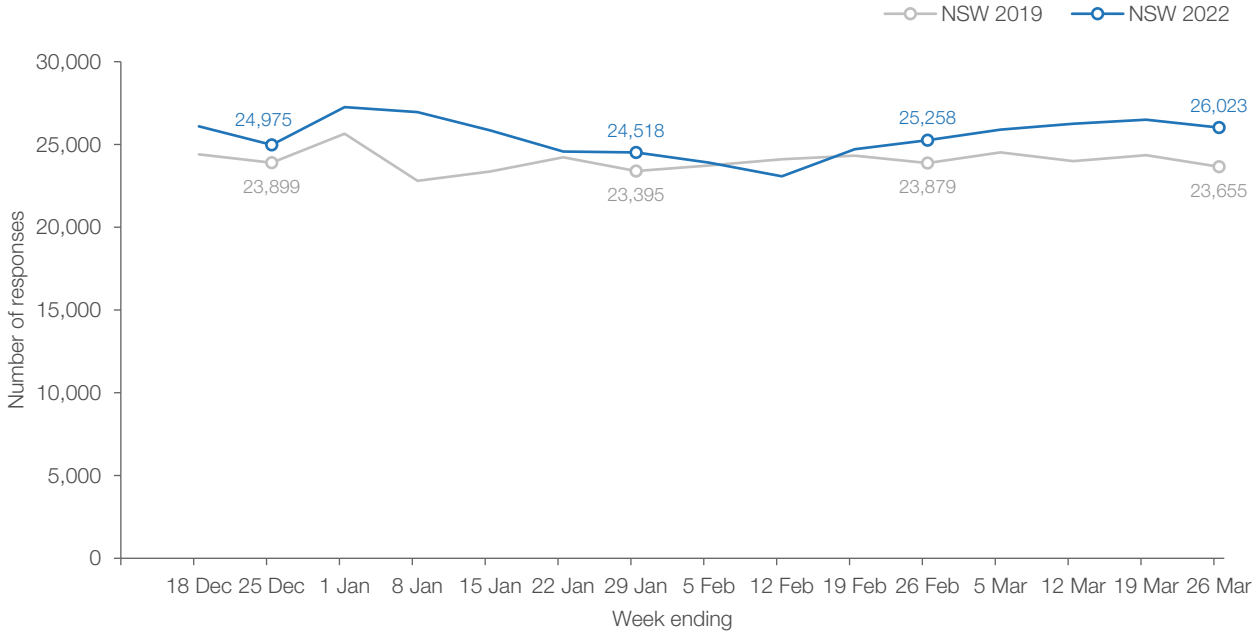


COVID-19 INSIGHTS

Figure 11

Ambulance responses, all priority categories, NSW, by week

18 December to 26 March 2021–22 and 2018–19



Behind the key findings

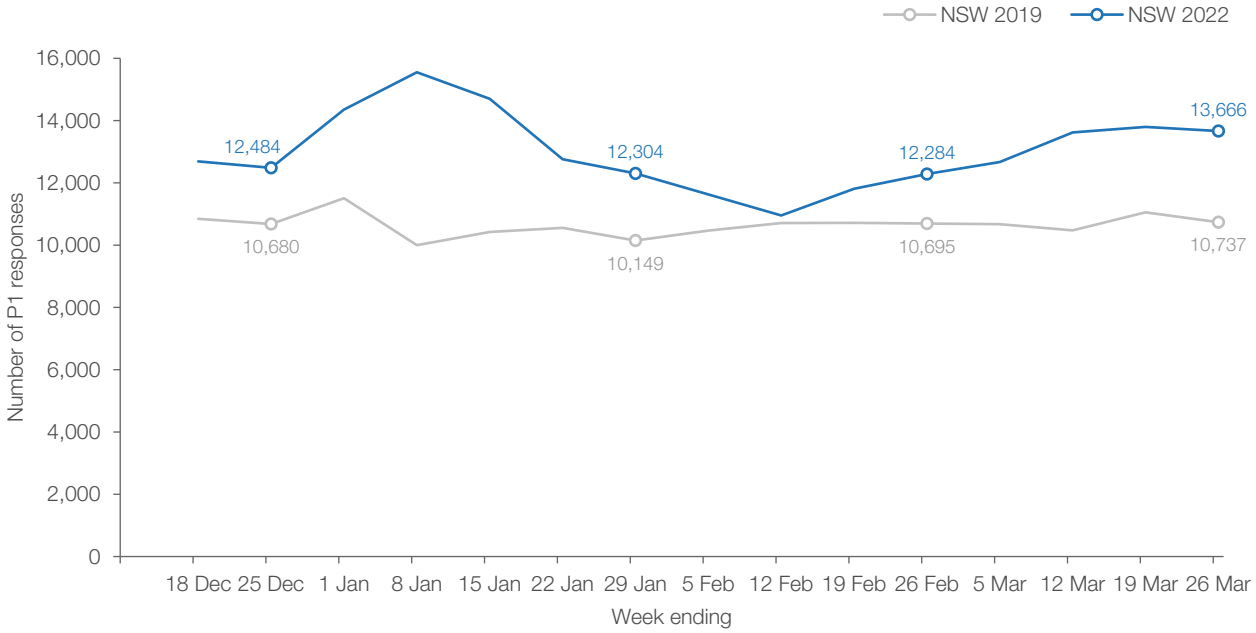
COVID-19 INSIGHTS

Figure 12

Ambulance responses, emergency (P1) cases, NSW, by week

18 December to 26 March 2021–22 and 2018–19

In January to March 2022, ambulance responses to P1 cases followed a similar trend in metropolitan, and rural and regional areas. Responses to P2 cases were lower than 2019 levels in metropolitan areas, while in rural and regional areas they were similar to 2019 during this period (data not shown).

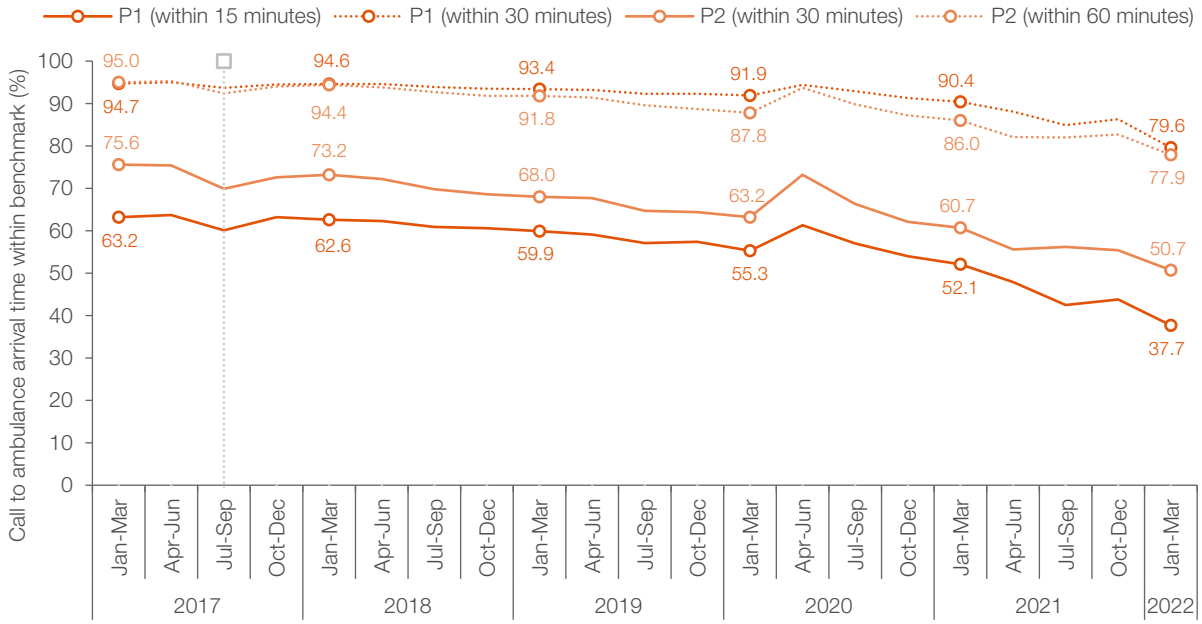


Note: 'Metropolitan' includes Greater Sydney, the Blue Mountains, Central Coast and Illawarra. The remainder of NSW is classified as 'Rural and regional'. For more information, see the technical supplement.

Figure 13

Percentage of call to ambulance arrival times within benchmarks, by priority, NSW

January 2017 to March 2022



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

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

Behind the key findings

Figure 14

Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW

January 2017 to March 2022

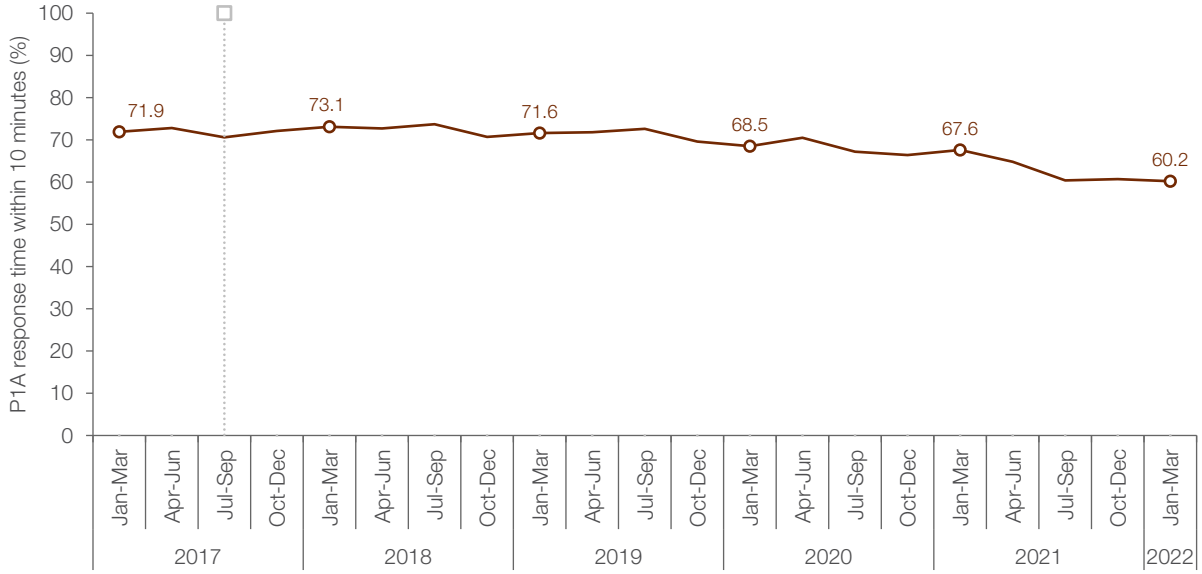
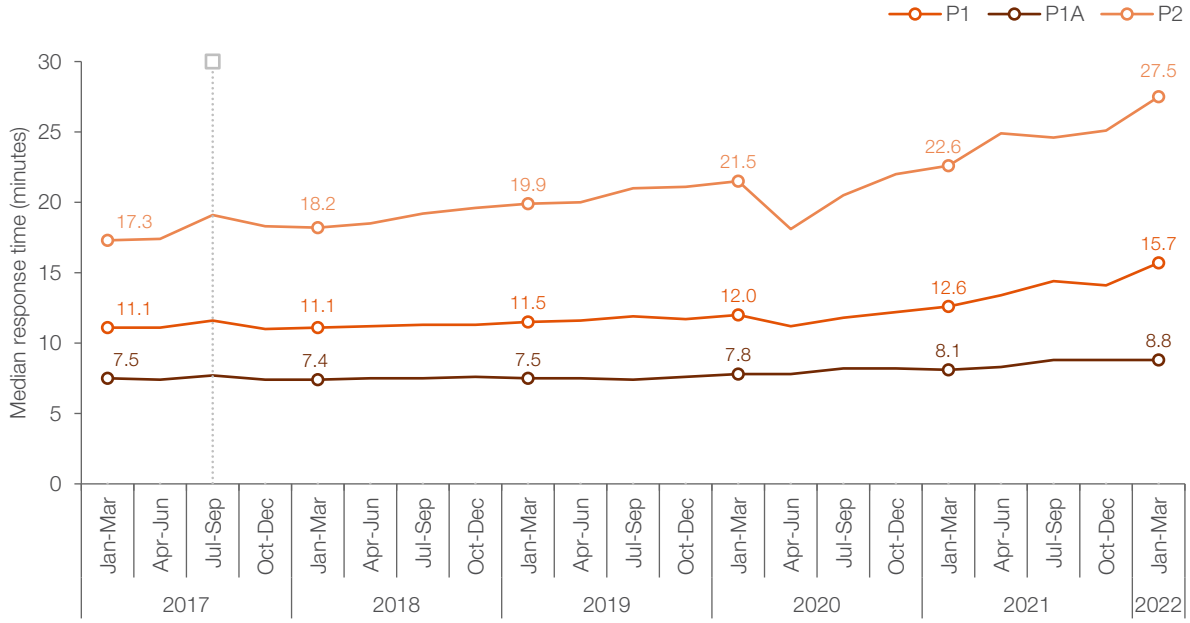


Figure 15

Median response times, by priority category, NSW

January 2017 to March 2022



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

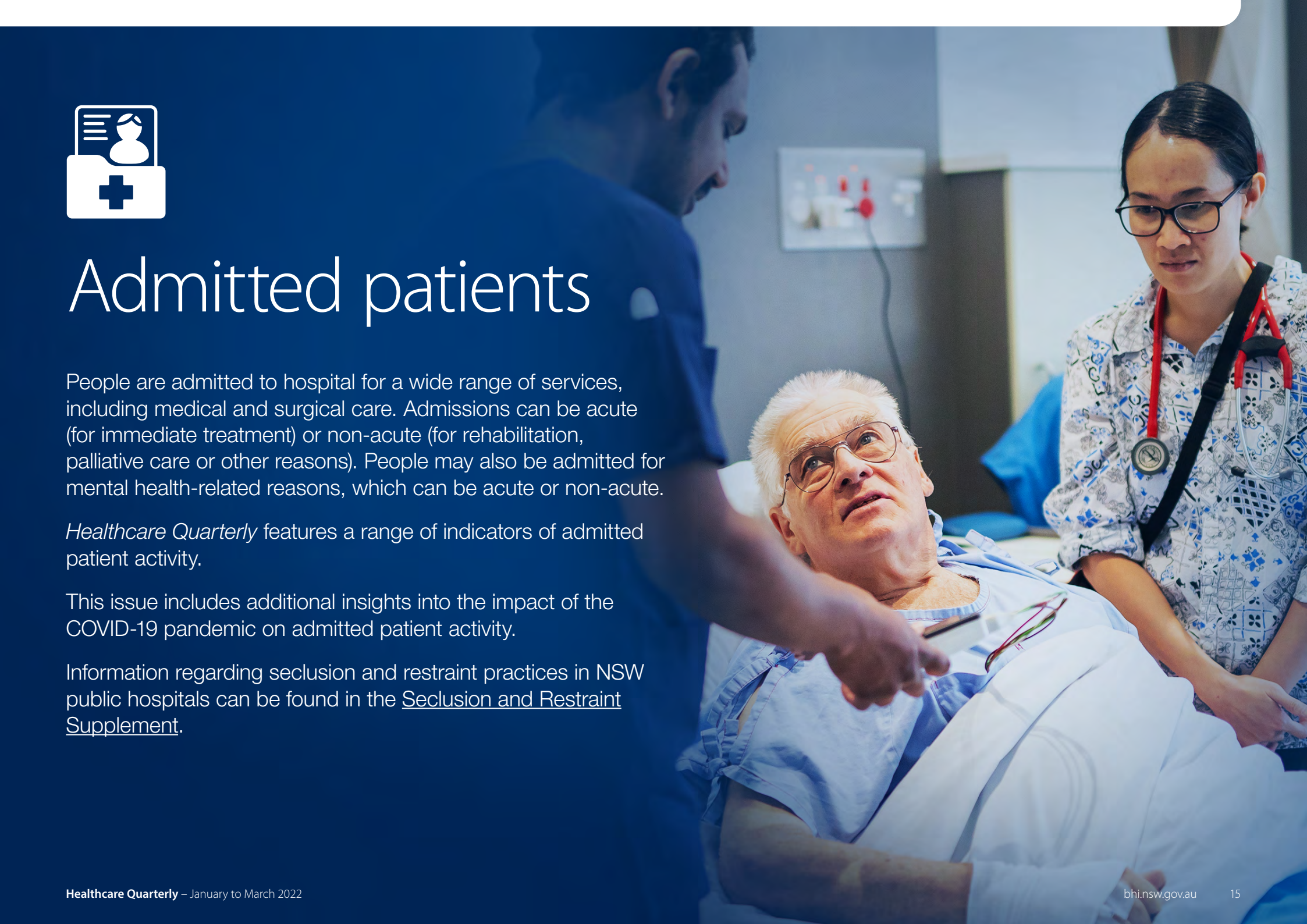
Admitted patients

People are admitted to hospital for a wide range of services, including medical and surgical care. Admissions can be acute (for immediate treatment) or non-acute (for rehabilitation, palliative care or other reasons). People may also be admitted for mental health-related reasons, which can be acute or non-acute.

Healthcare Quarterly features a range of indicators of admitted patient activity.

This issue includes additional insights into the impact of the COVID-19 pandemic on admitted patient activity.

Information regarding seclusion and restraint practices in NSW public hospitals can be found in the Seclusion and Restraint Supplement.



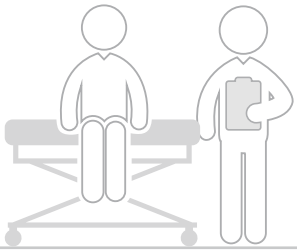
Key findings

January to March 2022

EPISODES OF CARE

There were 426,024 admitted patient episodes, down 9.0% (43,601) from January to March 2019.

Of these, 13,279 were non-acute and 9,010 were mental health episodes – the lowest numbers of any quarter in the past five years.



WEEKLY EPISODES OF CARE

Throughout the quarter, the weekly number of admitted patient episodes gradually increased, and was 5.2% lower than 2019 levels at the end of March.

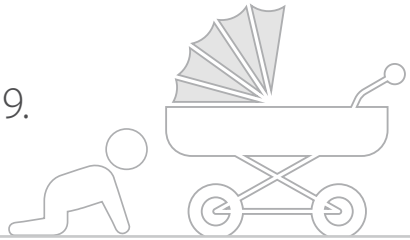
AVERAGE LENGTH OF STAY

The average length of stay for acute overnight episodes was 5.1 days, up from 4.5 days in 2019. This is similar to the longer stays seen in the second half of 2021.

For non-acute overnight episodes, the average length of stay was 16.0 days – the longest of any quarter in five years.

BABIES BORN

17,497 babies were born in public hospitals, down 2.8% from the same quarter in 2019.



Behind the key findings

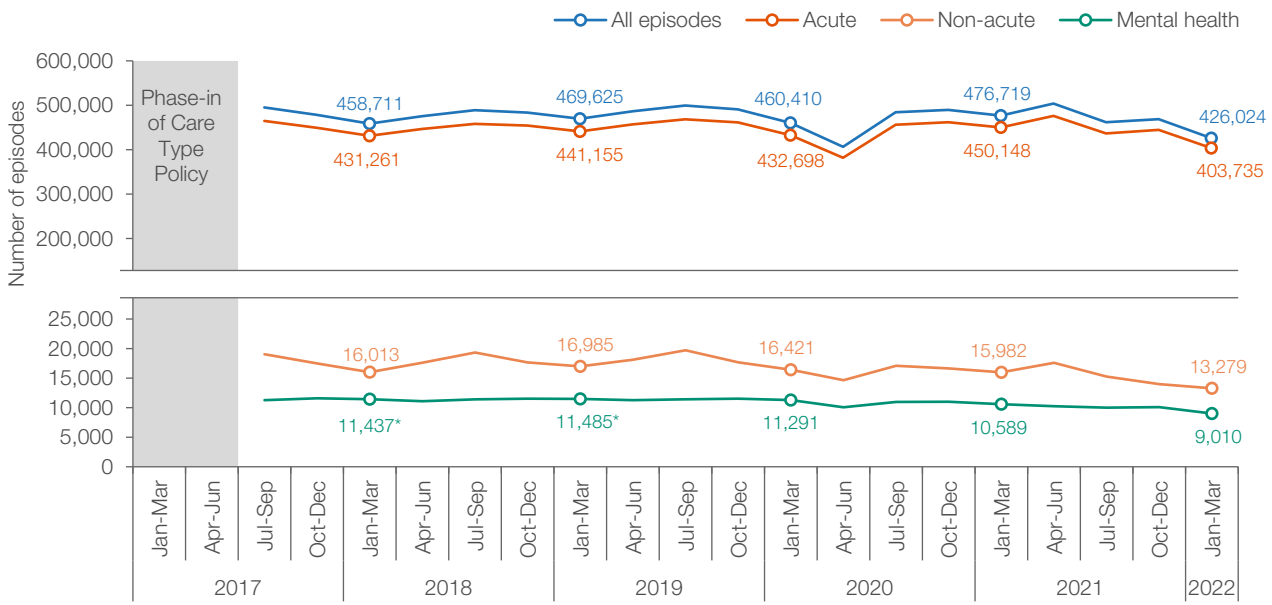
Figure 16

Episodes of care, by care type, NSW

January 2017 to March 2022

Admitted patient episodes of care can be:

- Acute (immediate treatment)
- Non-acute (e.g. rehabilitation, palliative care)
- Mental health (acute or non-acute).



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

Phase-in of Care Type Policy – Between 1 July 2016 and 30 June 2017, all local health districts and health networks introduced a mental health care type when classifying newly admitted or long-standing mental health patients. Comparisons between the pre- and post-policy period should be made with caution.

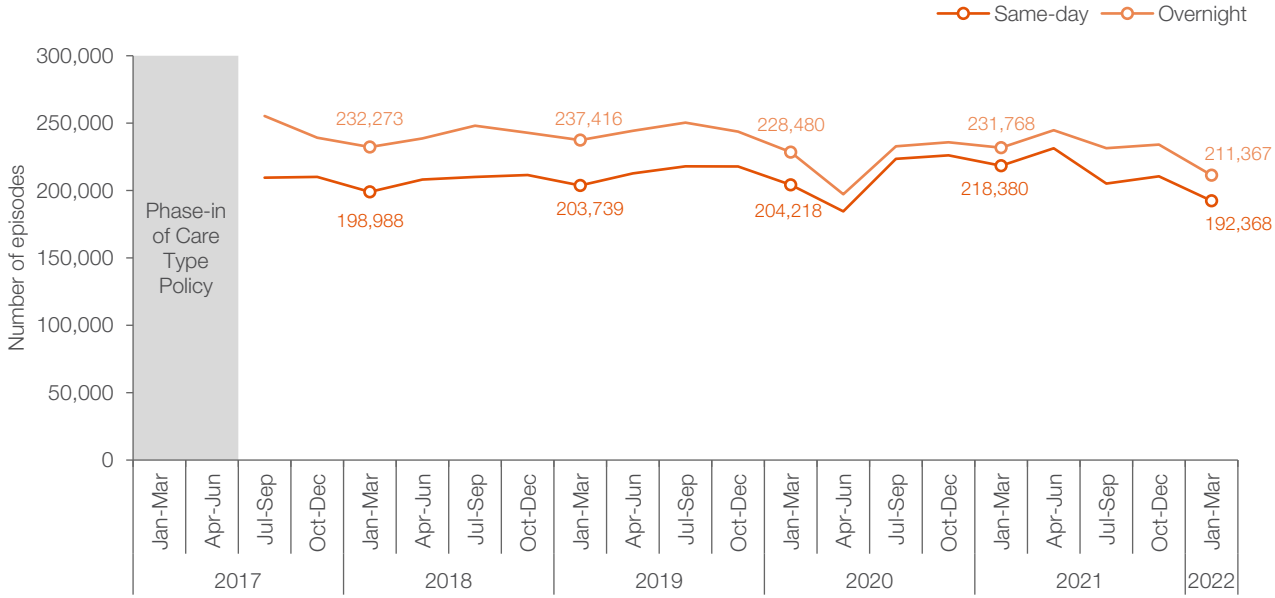
Figure 17

Acute episodes of care, by stay type, NSW

January 2017 to March 2022

Admitted patient episodes of care can be:

- Same-day
- Overnight.



Note: 'Same-day' refers to patients who were admitted and discharged on the same day. 'Overnight' refers to patients who spent at least one night in hospital.

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

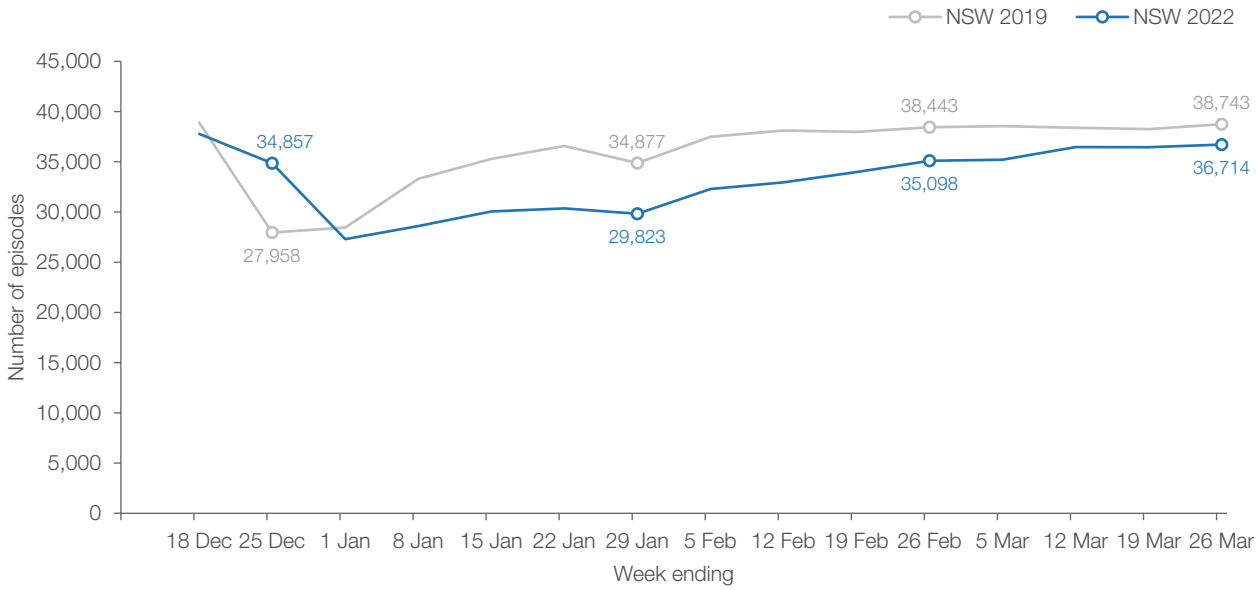
Behind the key findings

COVID-19 INSIGHTS

Figure 18

Episodes of care, NSW, by week

18 December to 26 March 2021–22 and 2018–19

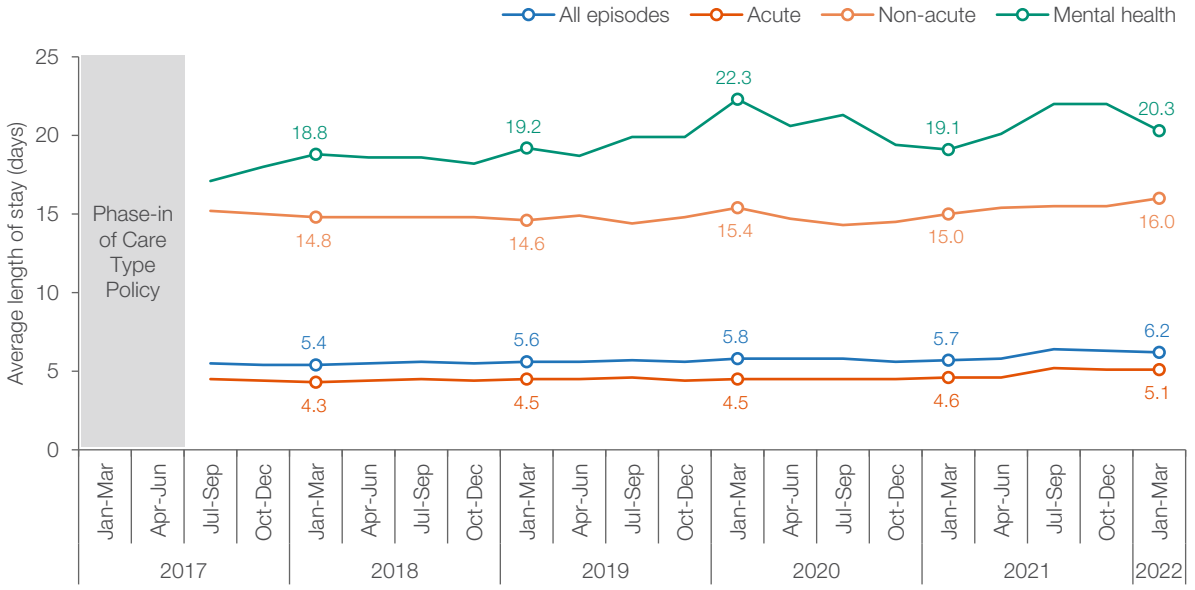


Note: Typically, there are fewer admissions in weeks with public holidays including in January.

Figure 19

Average length of stay for overnight episodes, by care type, NSW

January 2017 to March 2022



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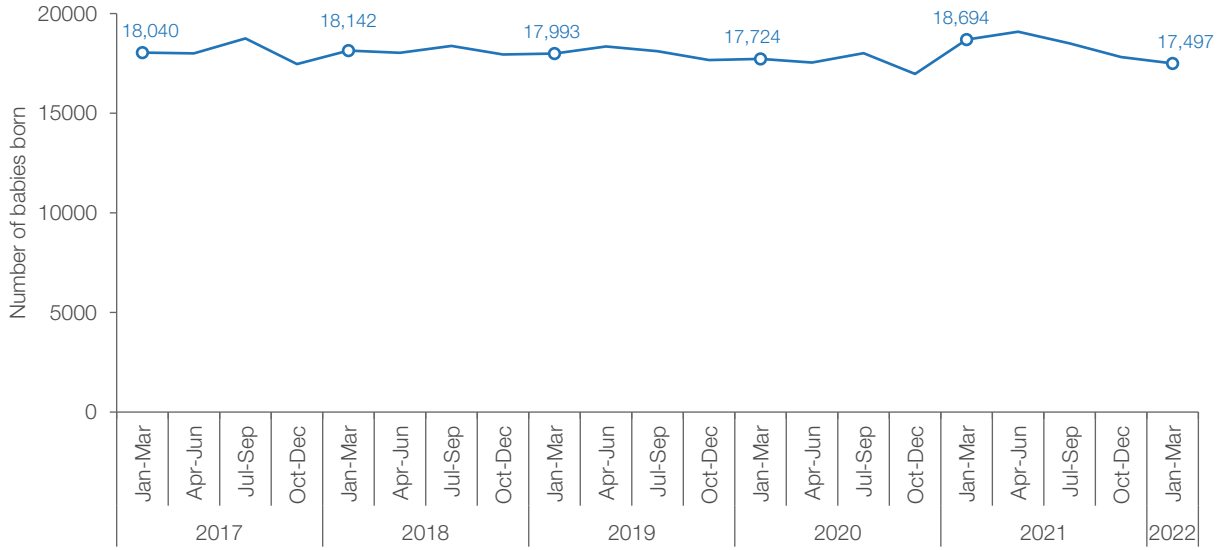
Phase-in of Care Type Policy – Between 1 July 2016 and 30 June 2017, all local health districts and health networks introduced a mental health care type when classifying newly admitted or long-standing mental health patients. Comparisons between the pre- and post-policy period should be made with caution.

Behind the key findings

Figure 20

Babies born, NSW

January 2017 to March 2022



Elective surgery

Elective surgery is planned and can be booked in advance. Following specialist clinical assessment, patients are placed on a waiting list and given a clinical priority – urgent, semi-urgent or non-urgent – depending on the seriousness of their condition.

Healthcare Quarterly features a range of indicators of elective surgery activity and performance, including surgical volumes and timeliness measures.

This issue includes additional insights into the weekly impact of the COVID-19 pandemic on elective surgery activity in metropolitan, and rural and regional local health districts.

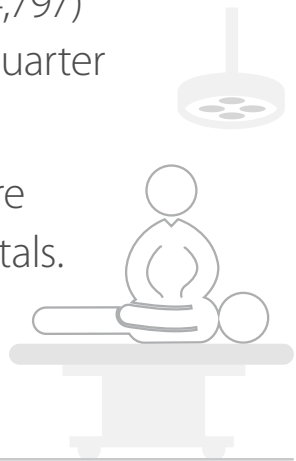
Key findings

January to March 2022

SURGERIES PERFORMED

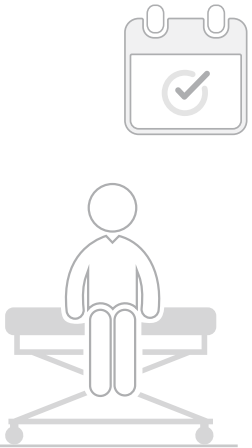
There were 38,493 elective surgeries performed, down 27.8% (14,797) compared with the same quarter in 2019.

3,482 elective surgeries were contracted to private hospitals.



WEEKLY SURGERIES PERFORMED

The number of surgeries performed each week gradually increased, and was 14.7% lower than 2019 levels at the end of March.



WAITING TIMES

79.6% of all elective surgery was performed on time – the lowest result since BHI began reporting in 2010.

For non-urgent surgery, one in 10 patients waited longer than 465 days – longer than any quarter since 2010.

Waiting times for semi-urgent surgery were also the longest on record.

PATIENTS ON WAITING LIST

The waiting list reached 100,980 patients by the end of March – slightly lower than the record high in mid-2020.

At the end of the quarter, 18,627 patients had waited longer than clinically recommended – more than any quarter since 2010.

Most were waiting for semi-urgent (29.6%) and non-urgent (69.9%) surgeries.

Behind the key findings

Figure 21

Elective surgeries performed, by urgency category, NSW

January 2017 to March 2022

In response to the Omicron outbreak, non-urgent elective surgery requiring an overnight stay was suspended from 10 January 2022 in public hospitals across NSW. There was a phased resumption of this surgery, with a cap of 75%, from 7 February for hospitals in rural and regional NSW, and from 21 February for those in Greater Sydney.

Caps on surgical activity were removed completely on 7 March.

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

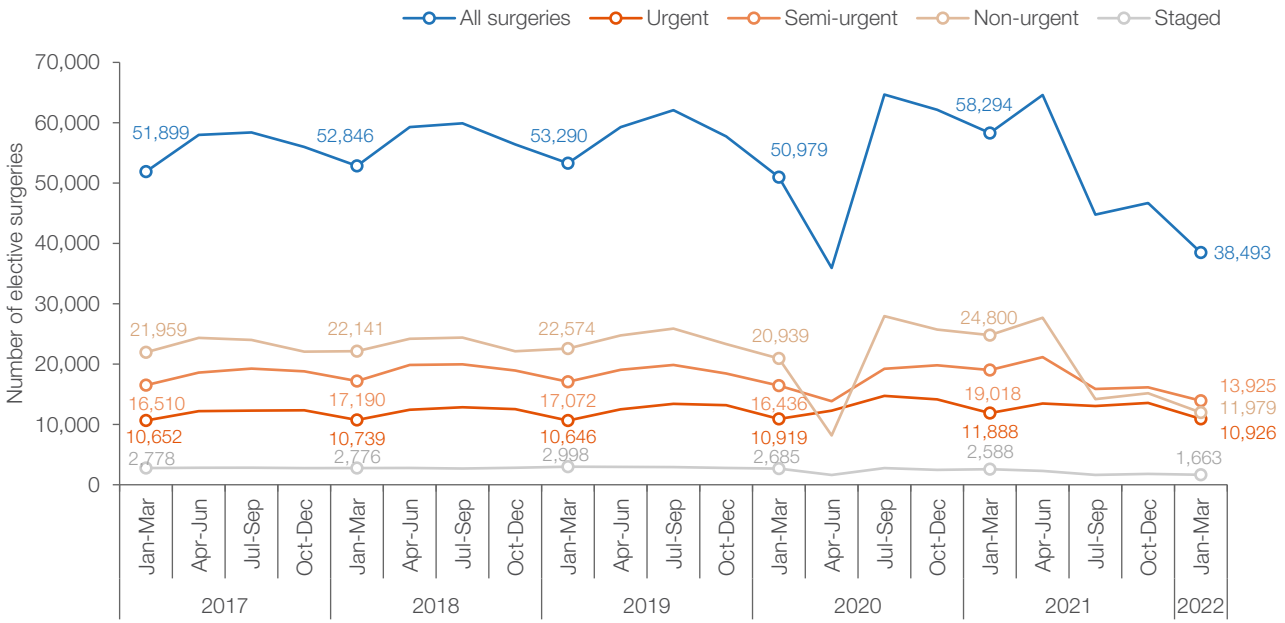


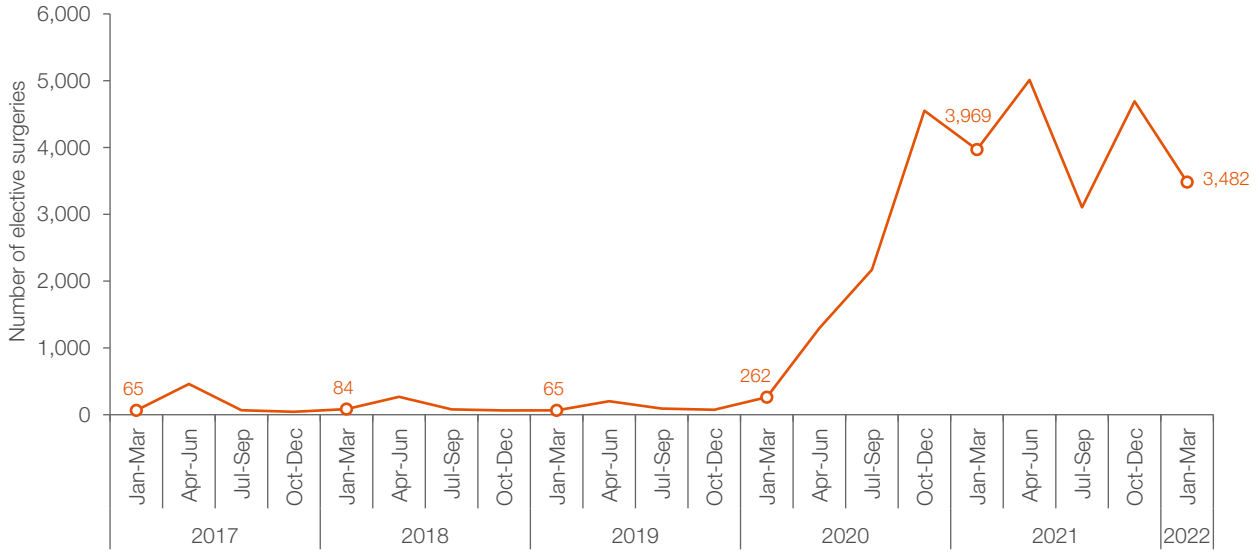
Figure 22

Elective surgeries contracted to private hospitals, NSW

January 2017 to March 2022

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

Non-urgent elective surgery requiring an overnight stay was suspended from 10 January 2022 in private hospitals, and resumed in a phased manner from 7 February across NSW.



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

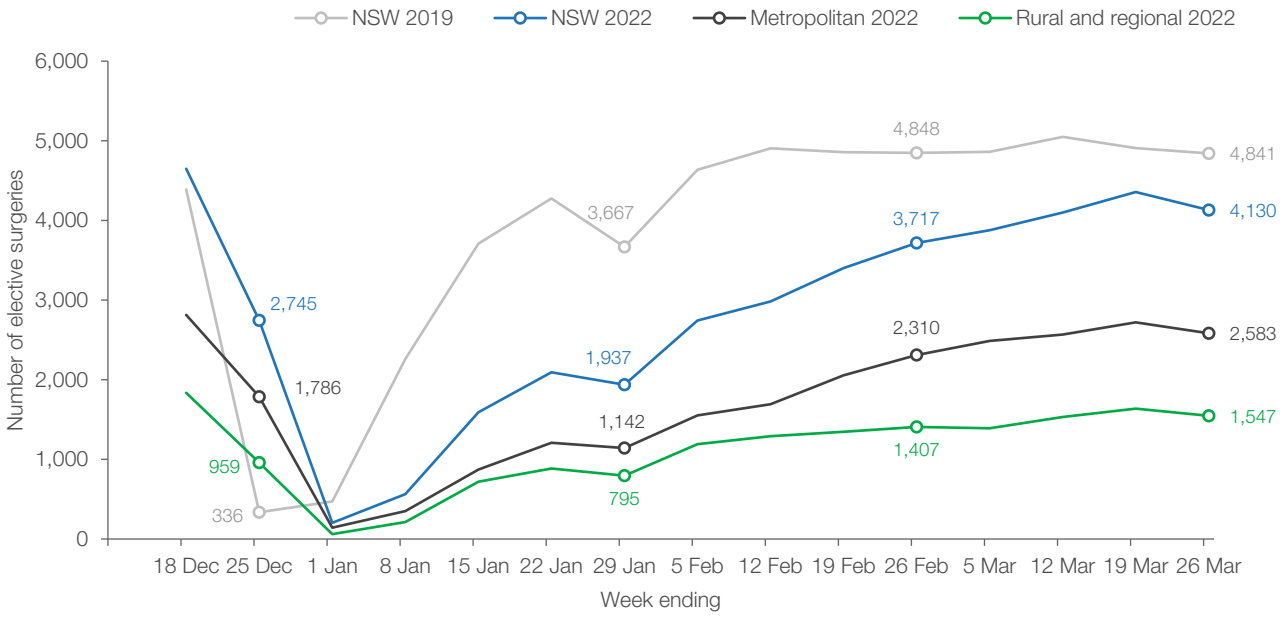
Behind the key findings

COVID-19 INSIGHTS

Figure 23

Elective surgeries performed, all urgency categories, NSW, metropolitan, and rural and regional local health districts, by week

18 December to 26 March 2021–22 and 2018–19



Note: 'Metropolitan' encompasses Greater Sydney LHDs, including Nepean Blue Mountains, Central Coast and Illawarra Shoalhaven LHDs. The remaining LHDs are classified as 'Rural and regional'. For more information, see the technical supplement. Typically, fewer surgeries are performed in weeks with public holidays including in January.

Figure 24

Percentage of elective surgeries performed on time, by urgency category, NSW

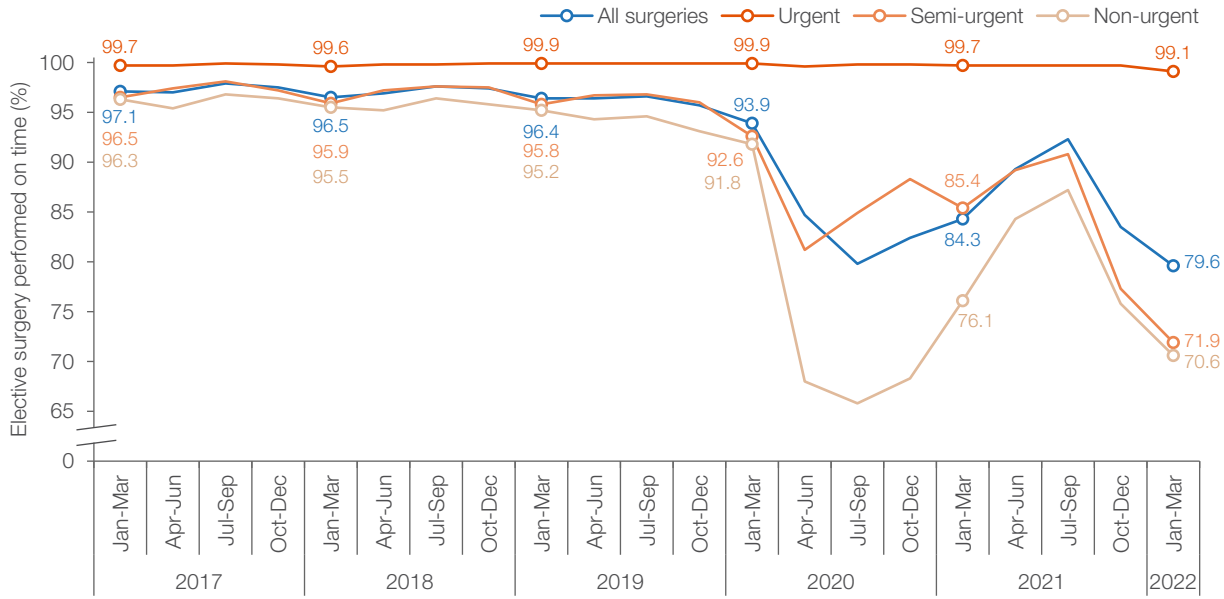
January 2017 to March 2022

Clinically recommended maximum waiting times for elective surgery are:

- Urgent – 30 days
- Semi-urgent – 90 days
- Non-urgent – 365 days.

The percentage of elective surgeries performed on time is calculated based on those patients who received surgery during the quarter.

This measure may be affected by previous suspensions of semi-urgent and non-urgent surgery.



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

Behind the key findings

Figure 25

Median waiting time for elective surgery, by urgency category, NSW

January 2017 to March 2022

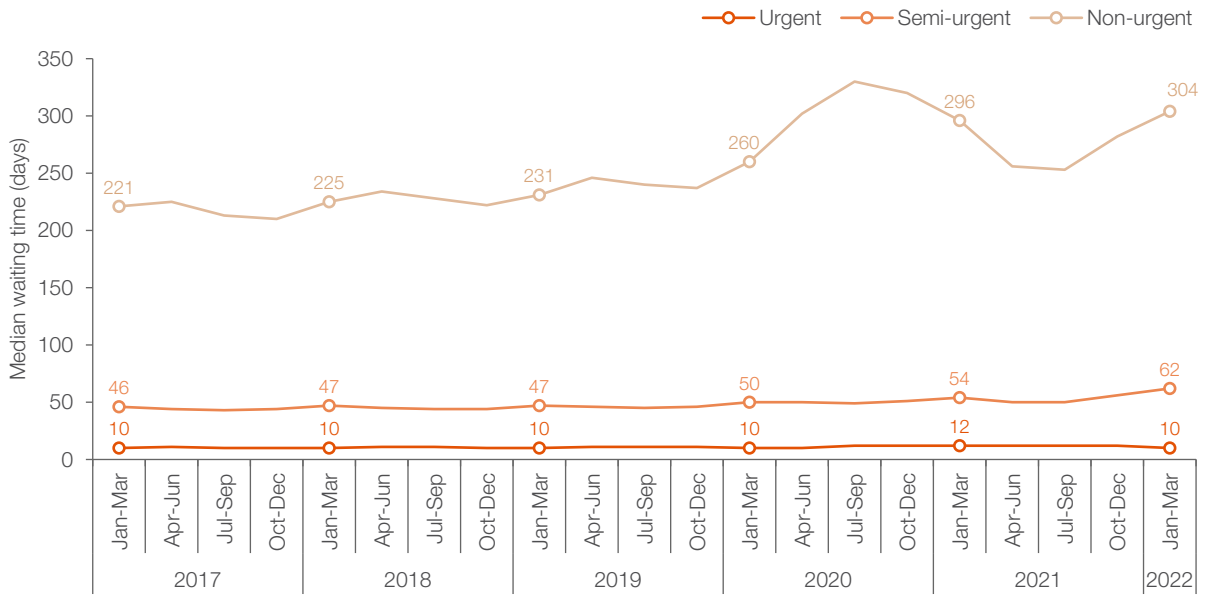


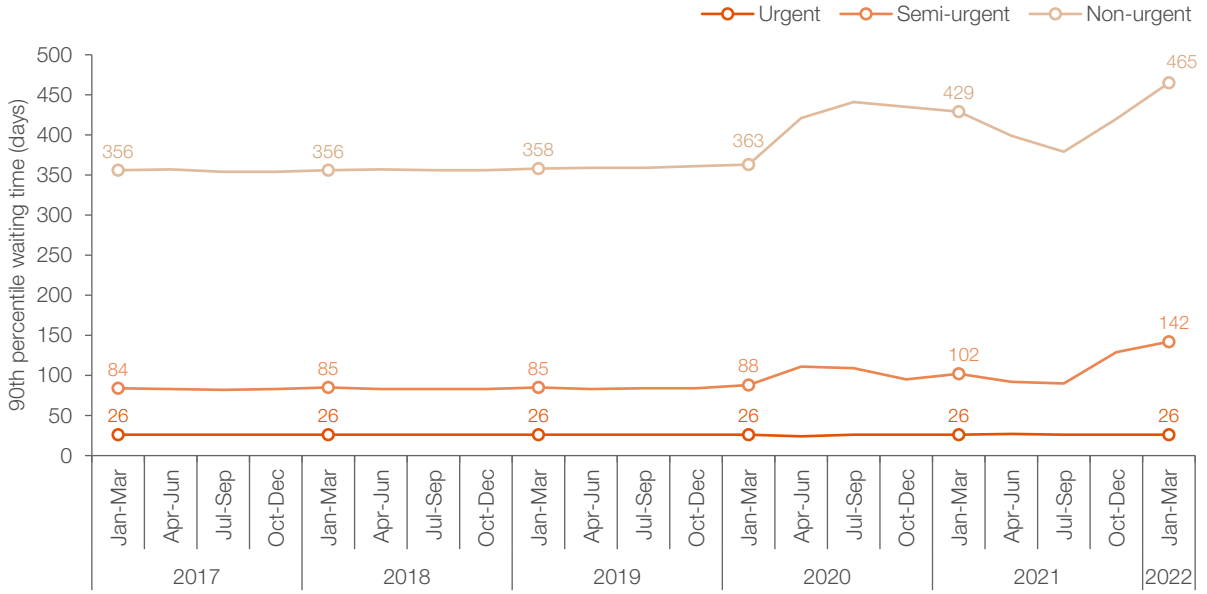
Figure 26

90th percentile waiting time for elective surgery, by urgency category, NSW

January 2017 to March 2022

Waiting times are calculated based on those patients who received surgery during the quarter.

These measures may be affected by previous suspensions of semi-urgent and non-urgent surgery.



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

Behind the key findings

Figure 27

Patients on the waiting list ready for surgery at the end of the quarter, by urgency category, NSW

January 2017 to March 2022

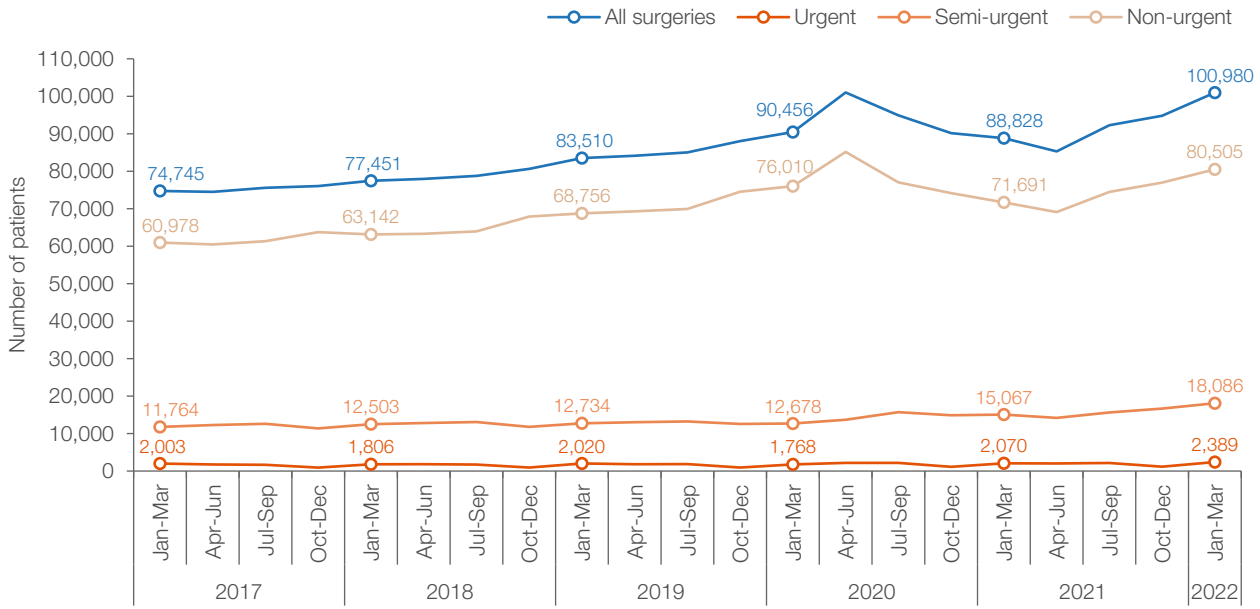
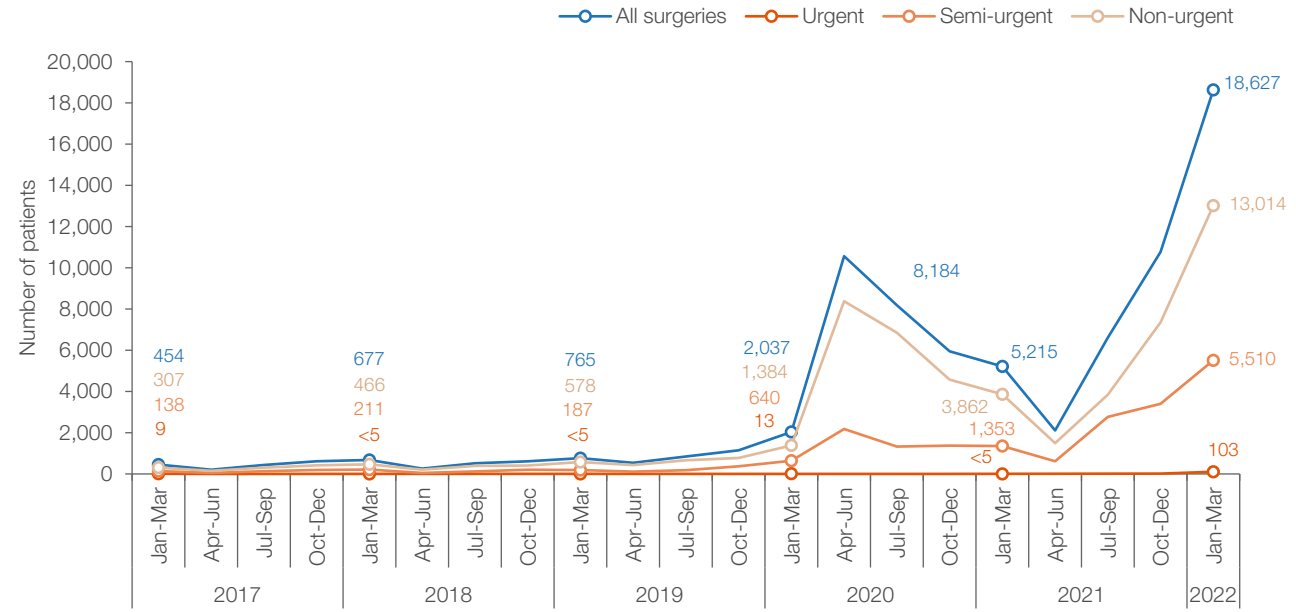


Figure 28

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

January 2017 to March 2022



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

Behind the key findings

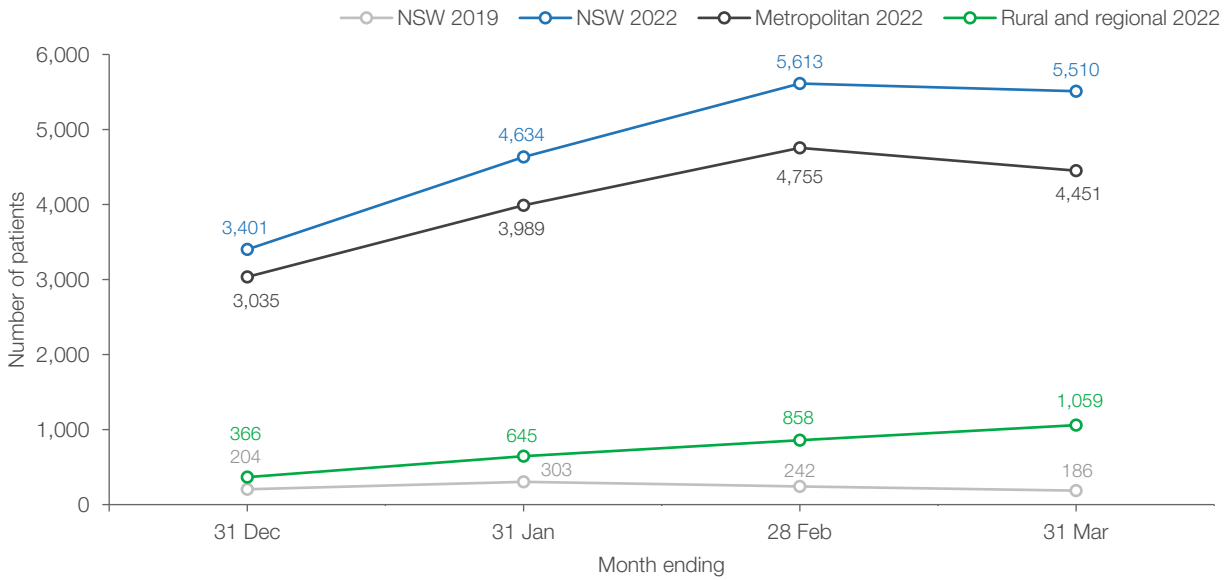
COVID-19 INSIGHTS

Figure 29

Patients on the waiting list ready for semi-urgent surgery at the end of the month who had waited longer than clinically recommended, NSW, metropolitan, and rural and regional local health districts

December to March 2021–22 and 2018–19

In March, a decrease in the number of patients on the waiting list for semi-urgent surgery was concentrated in metropolitan LHDs. In rural and regional LHDs, the number of patients waiting for semi-urgent surgery continued to increase.

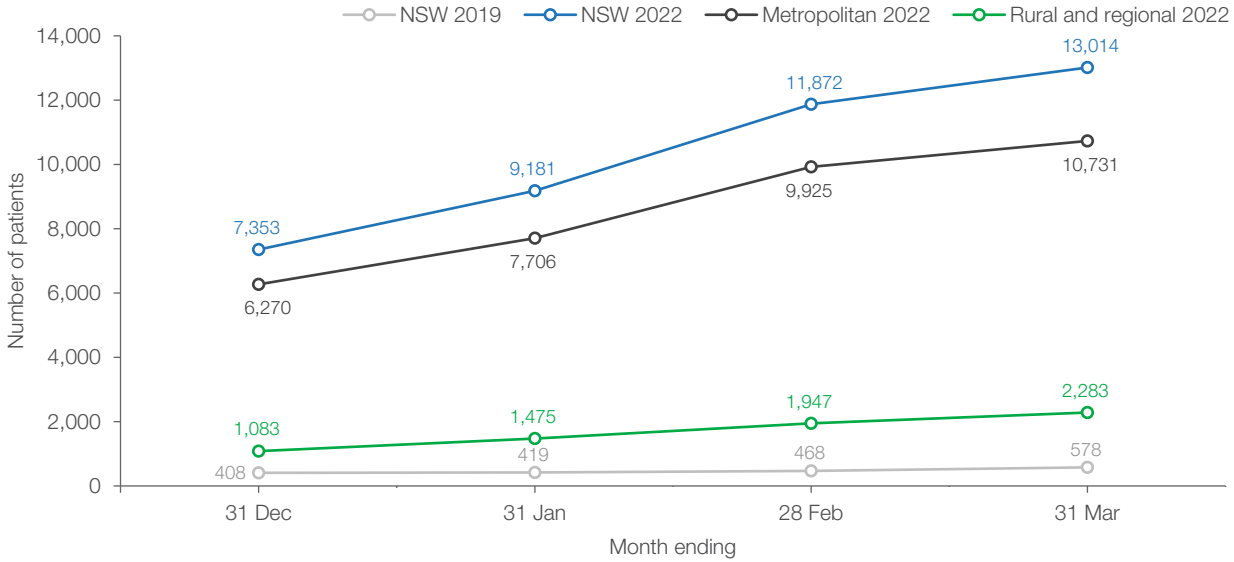


COVID-19 INSIGHTS

Figure 30

Patients on the waiting list ready for non-urgent surgery at the end of the month who had waited longer than clinically recommended, NSW, metropolitan, and rural and regional local health districts

December to March 2021–22 and 2018–19



Note: 'Metropolitan' encompasses Greater Sydney LHDs, including Nepean Blue Mountains, Central Coast and Illawarra Shoalhaven LHDs. The remaining LHDs are classified as 'Rural and regional'. For more information, see the technical supplement.

Activity and performance tables

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

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

Emergency department

Activity

		Jan–Mar 2022	Jan–Mar 2021	COMPARING 2022 WITH 2021 Difference	COMPARING 2022 WITH 2021 % change	Jan–Mar 2019	COMPARING 2022 WITH 2019 Difference	COMPARING 2022 WITH 2019 % change
Arrivals by ambulance		**169,250**	174,701	-5,451	-3.1%	170,366	-1,116	-0.7%
Attendances		**734,704**	759,071	-24,367	-3.2%	756,073	-21,369	-2.8%
Emergency presentations		**716,288**	735,100	-18,812	-2.6%	729,855	-13,567	-1.9%
By triage category	T1: Resuscitation	**5,110**	5,228	-118	-2.3%	5,013	97	1.9%
	T2: Emergency	**101,929**	99,801	2,128	2.1%	94,234	7,695	8.2%
	T3: Urgent	**251,654**	257,010	-5,356	-2.1%	255,886	-4,232	-1.7%
	T4: Semi-urgent	**275,535**	293,149	-17,614	-6.0%	303,679	-28,144	-9.3%
	T5: Non-urgent	**82,060***	79,912	2,148	2.7%	71,043	11,017	15.5%
Admissions to hospital from ED		**161,319**	184,135	-22,816	-12.4%	191,060	-29,741	-15.6%

Performance

			Jan–Mar 2022	Jan–Mar 2021	COMPARING 2022 WITH 2021 Difference	Jan–Mar 2019	COMPARING 2022 WITH 2019 Difference
Percentage of patients transferred from ambulance to ED within 30 minutes			**78.6%**	83.8 %	-5.2 percentage points	88.8 %	-10.2 percentage points
Time to start treatment	All patients	% starting treatment on time	**70.5%**	72.4%	-1.9 percentage points	72.0%	-1.5 percentage points
By triage category	T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	**57.1%**	60.8%	-3.7 percentage points	63.2%	-6.1 percentage points
		Median	**9 mins**	9 mins	unchanged	9 mins	unchanged
		90th percentile	**33 mins**	29 mins	4 mins	27 mins	6 mins
	T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	**65.0%**	67.8%	-2.8 percentage points	66.7%	-1.7 percentage points
		Median	**22 mins**	21 mins	1 mins	21 mins	1 mins
		90th percentile	**1 hour 26 mins**	1 hour 17 mins	9 mins	1 hour 18 mins	8 mins
	T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	**74.7%**	75.4%	-0.7 percentage points	75.1%	-0.4 percentage points
		Median	**27 mins**	27 mins	unchanged	28 mins	-1 mins
		90th percentile	**2 hours 2 mins**	1 hour 54 mins	8 mins	1 hour 52 mins	10 mins
	T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	**92.5%**	92.9%	-0.4 percentage points	92.1%	0.4 percentage points
		Median	**16 mins**	18 mins	-2 mins	24 mins	-8 mins
		90th percentile	**1 hour 43 mins**	1 hour 42 mins	1 mins	1 hour 49 mins	-6 mins
Time from arrival to leaving	% leaving within four hours		**62.3%**	67.6%	-5.3 percentage points	70.6%	-8.3 percentage points
	For patients admitted to hospital		**25.8%**	35.1%	-9.3 percentage points	39.4%	-13.6 percentage points
	Median		**3 hours 15 mins**	2 hours 58 mins	17 mins	2 hours 54 mins	21 mins
	90th percentile		**9 hours 22 mins**	8 hours 15 mins	1h 7m	7 hours 32 mins	1 hours 50 mins

Premier's Priority targets for treatment commencing on time are measured differently to the related 'time to start treatment' measure reported in *Healthcare Quarterly*. Performance against the Premier's Priority in January to March 2022 was 80.9% for T2 (Target: 95%) and 74.5% for T3 (Target: 85%). For more information, see page 5 of the technical supplement.

*19.9% (16,311) were identified as patients likely visiting the ED only for a COVID-19 test. This may have contributed to changes in ED performance.

Ambulance

Activity

		Jan–Mar 2022	Jan–Mar 2021	COMPARING 2022 WITH 2021 Difference	COMPARING 2022 WITH 2021 % change	Jan–Mar 2019	COMPARING 2022 WITH 2019 Difference	COMPARING 2022 WITH 2019 % change
Responses		**326,544**	314,942	11,602	3.7%	307,749	18,795	6.1%
By priority	P1: Emergency	**168,033**	141,358	26,675	18.9%	136,268	31,765	23.3%
	P1A: Highest priority	**9,360**	7,173	2,187	30.5%	6,380	2,980	46.7%
	P2: Urgent	**139,400**	151,497	-12,097	-8.0%	148,355	-8,955	-6.0%
	P3: Time critical	**12,858**	14,758	-1,900	-12.9%	14,402	-1,544	-10.7%
	P4–9: Non-emergency	**6,253**	7,329	-1,076	-14.7%	8,718	-2,465	-28.3%
Incidents		**258,110**	246,131	11,979	4.9%	238,771	19,339	8.1%

Performance

			Jan–Mar 2022	Jan–Mar 2021	COMPARING 2022 WITH 2021 Difference	Jan–Mar 2019	COMPARING 2022 WITH 2019 Difference
Call to ambulance arrival time							
By priority	P1 cases	% within 15 minutes	**37.7%**	52.1%	-14.4 percentage points	59.9%	-22.2 percentage points
		% within 30 minutes	**79.6%**	90.4%	-10.8 percentage points	93.4%	-13.8 percentage points
	P2 cases	% within 30 minutes	**50.7%**	60.7%	-10.0 percentage points	68.0%	-17.3 percentage points
		% within 60 minutes	**77.9%**	86.0%	-8.1 percentage points	91.8%	-13.9 percentage points
Response time							
By priority	P1 cases	Median	**15.7 mins**	12.6 mins	3.1 mins	11.5 mins	4.2 mins
	P1A cases	% within 10 minutes	**60.2%**	67.6%	-7.4 percentage points	71.6%	-11.4 percentage points
		Median	**8.8 mins**	8.1 mins	0.7 mins	7.5 mins	1.3 mins
	P2 cases	Median	**27.5 mins**	22.6 mins	4.9 mins	19.9 mins	7.6 mins

Admitted patients

Activity

		Jan–Mar 2022	Jan–Mar 2021	COMPARING 2022 WITH 2021 Difference	COMPARING 2022 WITH 2021 % change	Jan–Mar 2019	COMPARING 2022 WITH 2019 Difference	COMPARING 2022 WITH 2019 % change
Episodes of care		**426,024**	476,719	-50,695	-10.6%	469,625	-43,601	-9.0%
By care type	Acute	**403,735**	450,148	-46,413	-10.3%	441,155	-37,420	-9.0%
	Overnight	**211,367**	231,768	-20,401	-8.8%	237,416	-26,049	-11.0%
	Same-day	**192,368**	218,380	-26,012	-11.9%	203,739	-11,371	-6.0%
	Non-acute	**13,279**	15,982	-2,703	-16.9%	16,985	-3,706	-22.0%
	Mental health	**9,010**	10,589	-1,579	-14.9%	11,485	-2,475	-22.0%
Average length of stay for overnight episodes		**6.2**	5.7	0.5		5.6	0.6	
By care type	Acute	**5.1**	4.6	0.5		4.5	0.6	
	Non-acute	**16.0**	15.0	1.0		14.6	1.4	
	Mental health	**20.3**	19.1	1.2		19.2	1.1	
Bed days		**1,637,676**	1,671,257	-33,581	-2.0%	1,661,289	-23,613	-1.0%
By care type	Acute	**1,273,072**	1,279,915	-6,843	-0.5%	1,260,877	12,195	1.0%
	Non-acute	**192,977**	205,843	-12,866	-6.3%	209,918	-16,941	-8.0%
	Mental health	**171,627**	185,499	-13,872	-7.5%	190,494	-18,867	-10.0%
Babies born		**17,497**	18,694	-1,197	-6.4%	17,993	-496	-2.8%

Elective surgery

Activity

		Jan–Mar 2022	Jan–Mar 2021	COMPARING 2022 WITH 2021 Difference	COMPARING 2022 WITH 2021 % change	Jan–Mar 2019	COMPARING 2022 WITH 2019 Difference	COMPARING 2022 WITH 2019 % change
Elective surgeries performed		**38,493**	58,294	-19,801	-34.0%	53,290	-14,797	-27.8%
By urgency	Urgent	**10,926**	11,888	-962	-8.1%	10,646	280	2.6%
	Semi-urgent	**13,925**	19,018	-5,093	-26.8%	17,072	-3,147	-18.4%
	Non-urgent	**11,979**	24,800	-12,821	-51.7%	22,574	-10,595	-46.9%
	Staged*	**1,663**	2,588	-925	-35.7%	2,998	-1,335	-44.5%

Performance

			Jan–Mar 2022	Jan–Mar 2021	COMPARING 2022 WITH 2021 Difference	COMPARING 2022 WITH 2021 % change	Jan–Mar 2019	COMPARING 2022 WITH 2019 Difference	COMPARING 2022 WITH 2019 % change
Waiting time	All patients	% on time	**79.6%**	84.3%	-4.7 percentage points		96.4%	-16.8 percentage points	
By urgency	Urgent	% on time (Recommended: within 30 days)	**99.1%**	99.7%	-0.6 percentage points		99.9%	-0.8 percentage points	
		Median	**10 days**	12 days	-2 days		10 days	0 days	
		90th percentile	**26 days**	26 days	0 days		26 days	0 days	
	Semi-urgent	% on time (Recommended: within 90 days)	**71.9%**	85.4%	-13.5 percentage points		95.8%	-23.9 percentage points	
		Median	**62 days**	54 days	8 days		47 days	15 days	
		90th percentile	**142 days**	102 days	40 days		85 days	57 days	
	Non-urgent	% on time (Recommended: within 365 days)	**70.6%**	76.1%	-5.5 percentage points		95.2%	-24.6 percentage points	
		Median	**304 days**	296 days	8 days		231 days	73 days	
		90th percentile	**465 days**	429 days	36 days		358 days	107 days	
Patients on waiting list ready for elective surgery at end of quarter			**100,980**	88,828	12,152	13.7%	83,510	17,470	20.9%
By urgency	Urgent		**2,389**	2,070	319	15.4%	2,020	369	18.3%
	Semi-urgent		**18,086**	15,067	3,019	20.0%	12,734	5,352	42.0%
	Non-urgent		**80,505**	71,691	8,814	12.3%	68,756	11,749	17.1%
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			**18,627**	5,215	13,412	257.2%	765	17,862	2334.9%

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

Special reporting

COVID-19 insights

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

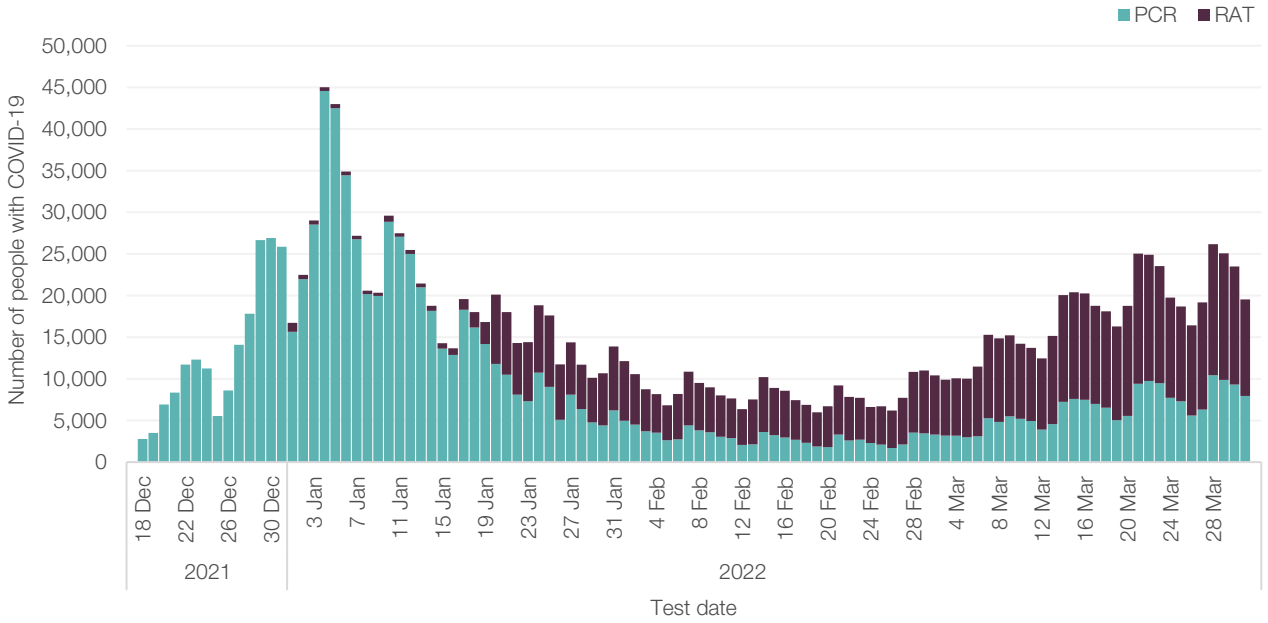
This issue includes reporting on COVID-19 cases and hospitalisation.

COVID-19 insights

Figure 31

Number of people diagnosed with COVID-19 by test date and type, NSW

18 December 2021 to 31 March 2022

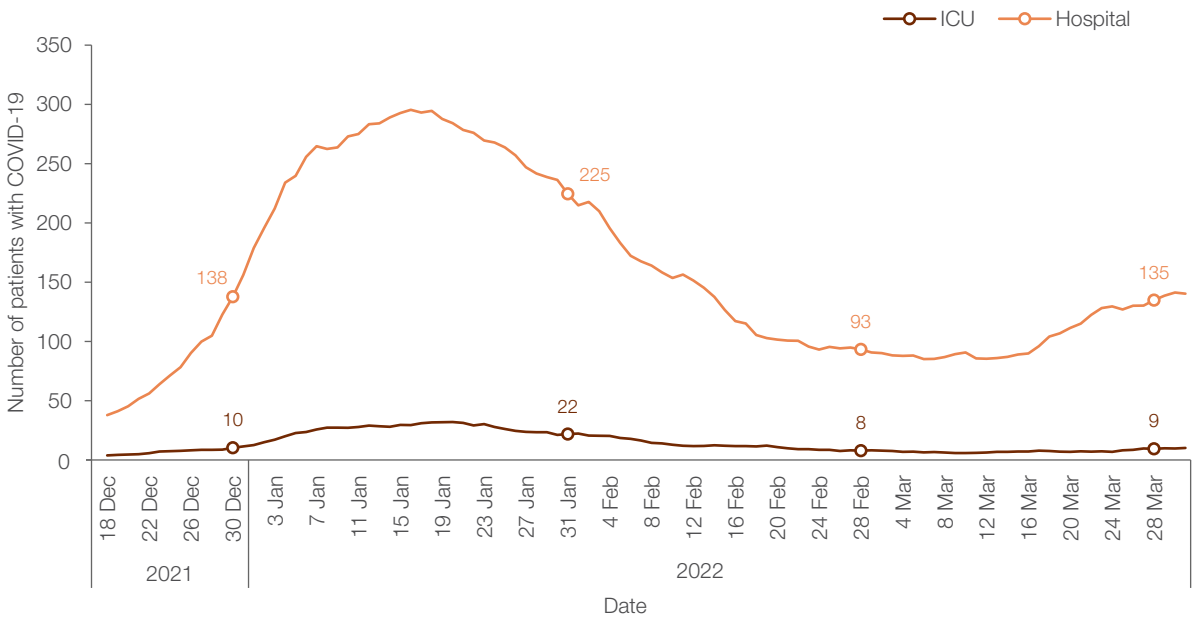


Note: Positive results from both polymerase chain reaction (PCR) tests and rapid antigen tests (RATs) are included. People were encouraged to register RAT results from 1 January 2022, with mandatory registration of positive RAT results beginning on 12 January.

Figure 32

Daily seven-day rolling average of people with COVID-19 admitted to hospital and ICU, NSW

18 December 2021 to 31 March 2022



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

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

Explanation of key terms

Emergency department (ED)

ED attendances

The count of every patient visit to the ED during the defined period.

Emergency presentations

The vast majority of ED attendances are classified as 'emergency presentations', where the intent of the visit to the ED is to receive emergency care. The remaining attendances include non-emergency visits such as planned returns, pre-arranged admissions, some outpatient visits and private referrals.

Time from arrival to leaving ED

The time from a patient's arrival at the ED until their departure from the ED.

Time to start treatment

The time from a patient's arrival at the ED until the start of their clinical treatment in the ED.

Time to transfer care

For patients transported to the ED by ambulance, the time from their arrival at the ED to when responsibility for their care is transferred from paramedics to ED staff in an ED treatment zone.

Ambulance

Call to ambulance arrival time

The time from when a call is first answered in the ambulance control centre to the time the first ambulance arrives at the scene of an incident.

Incident

A call to the ambulance control centre that results in the dispatch of one or more ambulance vehicles.

Response

The dispatch of an ambulance vehicle to an incident. There may be multiple responses to a single incident. Responses include vehicles cancelled prior to arrival at the incident scene.

Response time

The time from when a call for an ambulance is placed 'in queue' for vehicle dispatch by the ambulance control centre, to the time the first vehicle arrives at the scene.

Admitted patients

Average length of stay

The mean of total bed days for all completed episodes of care. That is, the total number of days in hospital for all episodes of care divided by the total number of episodes of care.

Bed days

For an overnight admitted patient episode, the difference, in days, between the episode start date and the episode end date, minus any leave days during the episode. Same-day episodes count as one bed day.

Episode of care

When a person is admitted to hospital, they begin what is termed an admitted patient episode or 'episode of care'. Patients may have more than one type of care during the same hospital stay, each of which is regarded as a separate episode of care.

Elective surgery

Waiting list

The elective surgery waiting list is dynamic, driven by the number of patients added to the list and the number of patients who receive their surgery or otherwise leave the list. Information about the number of patients waiting for surgery is a snapshot of the list on a single day.

Waiting time

The number of days from a patient's placement on the elective surgery waiting list until they undergo surgery.

BUREAU OF HEALTH INFORMATION
1 Reserve Road
St Leonards NSW 2065
Australia
Telephone: +61 2 9464 4444
bhi.nsw.gov.au

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Figures published in the Data Portal 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 the Data Portal and supersede all previously published figures.
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.