

Healthcare in Focus

New South Wales health system performance

June 2026

About this report

***Healthcare in Focus* is the Bureau of Health Information (BHI)'s annual report to the NSW Minister for Health and NSW Parliament on the performance of the NSW public health system.**

The NSW public health system continues to experience significant pressure in the face of increasing demand for hospital services, alongside workforce challenges and rising costs. In this context, this year's *Healthcare in Focus* provides insights into key measures of activity and performance across NSW public hospitals, focusing on high-priority areas of healthcare delivery identified in **NSW Health's Future Health: Guiding the next decade of health care in NSW 2022–2032**.

The report identifies key areas of pressure across hospitals affecting patient flow (i.e. how patients move into, through and out of hospital) and highlights same-day surgery as one example of how the system is innovating. It also looks at complications some patients develop while in hospital – recognising that these complications are linked with poorer patient outcomes and longer hospital stays, and that preventing them is a key priority for patient safety and quality improvement. It also looks at patient and staff experiences in the context of ongoing demand for hospital services.

The report draws on a range of state-level, national and linked data sources, hospital activity data and self-reported experiences of patients and staff. It shows trends over time and comparisons with other Australian states and territories, and comparable Organisation for Economic Co-operation and Development (OECD) countries, where data are available. Reporting periods vary across measures, reflecting the most recent available data.

National and international data are used to provide broader context for NSW health system performance. However, there are limitations when sourcing data across jurisdictions. Differences in populations, organisations and health systems, as well as the recency of data, can limit comparative analyses of performance. This means results should be interpreted carefully, keeping these limitations in mind.

For more detailed information on data sources and analyses, see the **Appendix** to this report.

Overview

Chapter 1

Hospital capacity and patient flow

Health systems are under pressure from increasing demand. Broader health system-wide capacity and access issues impact hospitals, affecting their ability to provide timely and efficient care. This chapter looks at the impacts of growing demand for NSW public hospital services reflected in disruptions in how patients move into, through and out of the hospital system.

Find out more from page 6

Chapter 3

Hospital-acquired and post-operative complications

Hospital-acquired and post-operative complications are linked to poorer patient outcomes and longer hospital stays, which can reduce bed availability and disrupt patient flow. At the same time, more severe disease, high bed occupancy and discharge delays can increase the risk of complications. This chapter examines rates of selected hospital-acquired and post-operative complications, providing comparisons between NSW and other jurisdictions, where data are available.

Find out more from page 17

Chapter 2

Improving patient flow and reducing hospital pressure

Reducing pressure on hospitals is influenced by multiple factors, including changes to hospital models of care and better access to care outside of hospital, which together can help to free-up capacity, reduce wait times and improve patient experience. This chapter examines same-day surgery as one such model of care and examines patients' experiences of accessing care outside hospital, discharge planning and follow-up care after admission to NSW public hospitals.

Find out more from page 13

Chapter 4

The human experience of healthcare

Sustained high demand for healthcare services continues to affect the delivery of care and the experiences of patients and staff. This chapter draws on patient and staff feedback to explore experiences in the NSW public health system.

Find out more from page 22

Setting the scene

Growing pressure on hospitals

In recent years, BHI's *Healthcare Quarterly* reports have shown record levels of demand for NSW public hospital services.

In 2024–25, there were 3.2 million emergency department (ED) presentations and 2.0 million hospitalisations in NSW public hospitals, up from 3.0 million and 1.9 million, respectively, in 2018–19.

Between 2018–19 and 2024–25, the total population of NSW grew by 6.8% (around 547,000 residents), with growth particularly concentrated in Western and South Western Sydney local health districts.

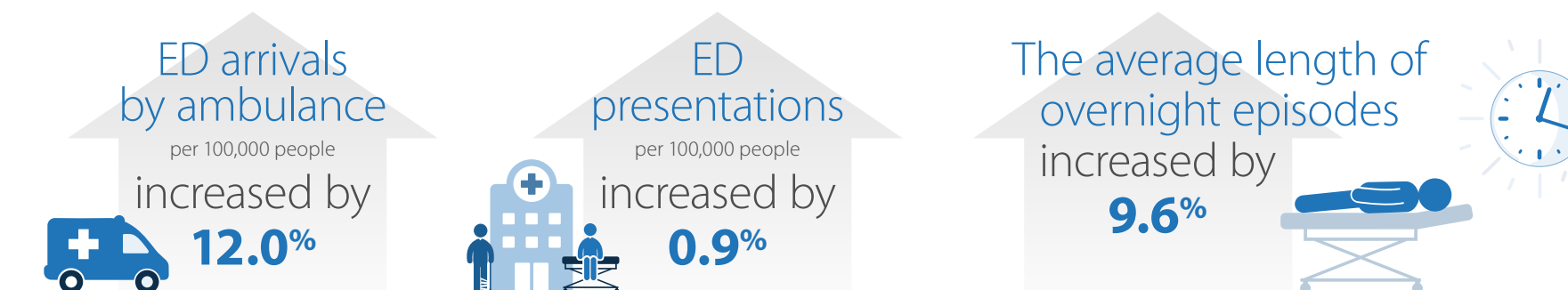
During this period, there was a 17.3% increase in the number of people in NSW aged 65 years and over, contributing to increased demand for healthcare services.

Over the same period, the number of ambulance arrivals and ED presentations in NSW relative to population growth has increased. There has also been an increase in the proportion of ED patients needing more urgent care.

The average time admitted patients stayed in hospital increased, largely driven by longer stays for patients requiring non-acute care.

These upward trends in activity, together with the increasing complexity of ageing patients' needs, are challenges for the NSW and other health systems in delivering timely, safe, high-quality care.

Between 2018–19 and 2024–25...



For more information on growth in demand for hospital and ambulance services, see [Healthcare Quarterly](#) and the [BHI Data Portal](#).

In 2024–25, for the
8.6
million people
in NSW
there were...

Ambulance

1.5 million responses*
832,000 transports*



Public hospitals

3.2 million emergency department (ED) presentations**
778,000 ED arrivals by ambulance^
960,000 same-day hospitalisations^
1.1 million overnight hospitalisations^



Featured in
this report

Private hospitals

896,000 same-day hospitalisations†
289,000 overnight hospitalisations†

Other services, including...

General practitioner, dental,
community health services

Sources: *NSW Ambulance Computer Aided Dispatch (CAD) System, accessed 15 January 2026.

**Australian Institute of Health and Welfare, Emergency department care 2024–25, accessed 27 March 2026.

^Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD), accessed 13 February 2026.

†NSW Admitted Patient (Private Sector) data, NSW Ministry of Health.

Chapter 1

Hospital capacity and patient flow

Timely and efficient movement of patients through different stages of their hospital care remains a challenge for NSW public hospitals in the context of growing demand for hospital services.

When hospitals approach capacity, the flow of patients through the system can become constrained, contributing to delays in admitting patients from emergency departments (EDs) and for elective surgery.

Patient flow challenges can also occur at the point of discharge, where some patients are experiencing longer stays than in previous years. This includes those medically ready for discharge but awaiting arrangements for home-based support or other types of appropriate care in the community. These delays can contribute to a reduction in the availability of hospital beds and congestion across the hospital system.

This chapter examines the impact of growing demand for hospital services and disruptions in patient flow in NSW public hospitals.

Findings

-  In 2024–25, NSW patients spent less time in the ED compared with patients in most other Australian states and territories.
-  There were record bed occupancy rates in NSW public hospitals in 2024–25, driven in part by longer stays for some patient groups.
-  Compared with most other Australian states and territories, more NSW patients who were medically ready for discharge to residential aged care or home-based support left hospital within 35 days in 2023–24.
-  More NSW patients waited longer than three months for cataract surgery and hip and knee replacement than most comparable countries, noting that clinically recommended maximum waiting times for procedures differ between countries.

Emergency departments

Patient flow challenges are evident in delays in transferring patients from paramedics to ED staff and in the length of time patients spend in the ED.

More patients arrived at NSW EDs by ambulance and waited longer for their care to be transferred to ED staff than in previous years.

In 2024–25, 778,327 patients arrived at NSW EDs by ambulance, up 14.7% compared with 2018–19.

In 2024–25, 80.8% of patients who arrived at the ED by ambulance were transferred from paramedics to ED staff within 30 minutes – down 8.1 percentage points compared with 2018–19, but up 4.7 percentage points since 2022–23.

Source: Transfer of Care Reporting System (TCRS), accessed 13 February 2026.

NSW patients were more likely to complete their ED treatment within four hours than patients in most other Australian states and territories.

In NSW in 2024–25, 56.3% of all ED presentations were completed in four hours or less.

This was higher than the national result and most Australian states and territories.

Source: Australian Institute of Health and Welfare, Emergency Department Care, 2024–25, accessed March 2026.

Figure 1 Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW, 2018–19 to 2024–25

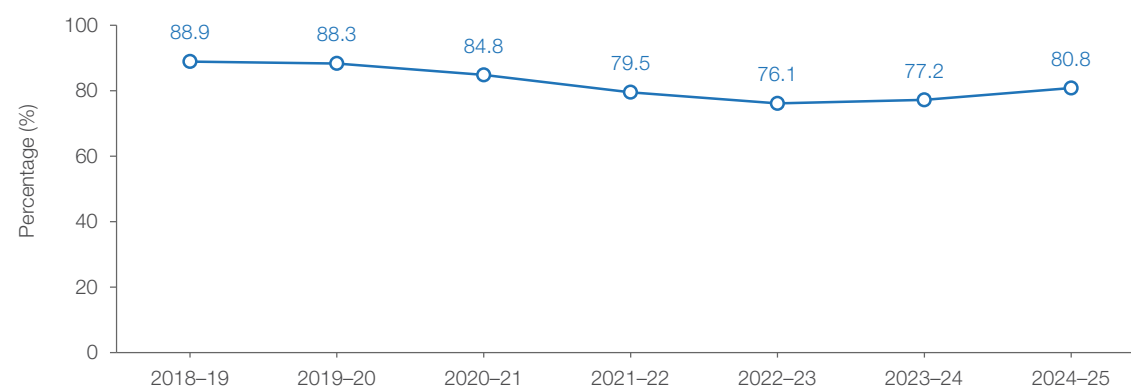
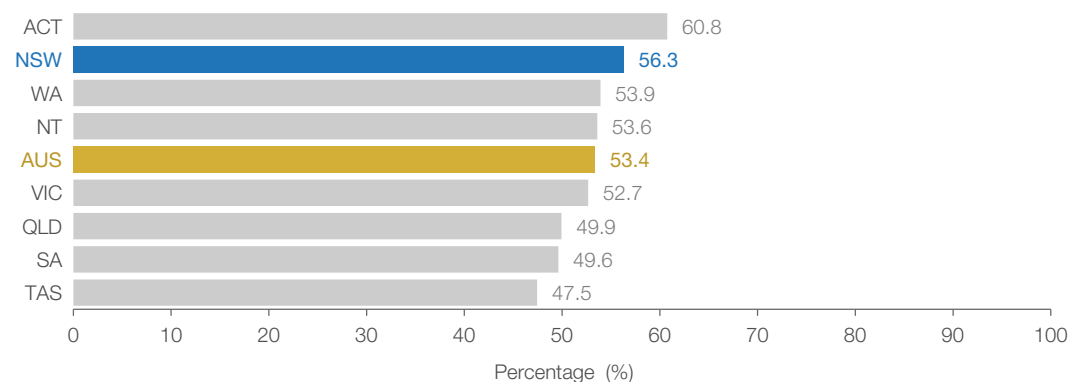


Figure 2 Percentage of all emergency department presentations with a length of stay of four hours or less, Australian states and territories, 2024–25



Hospital capacity and admitted patients

In recent years there have been record bed occupancy rates across NSW public hospitals, in part driven by longer hospital stays for some patients.

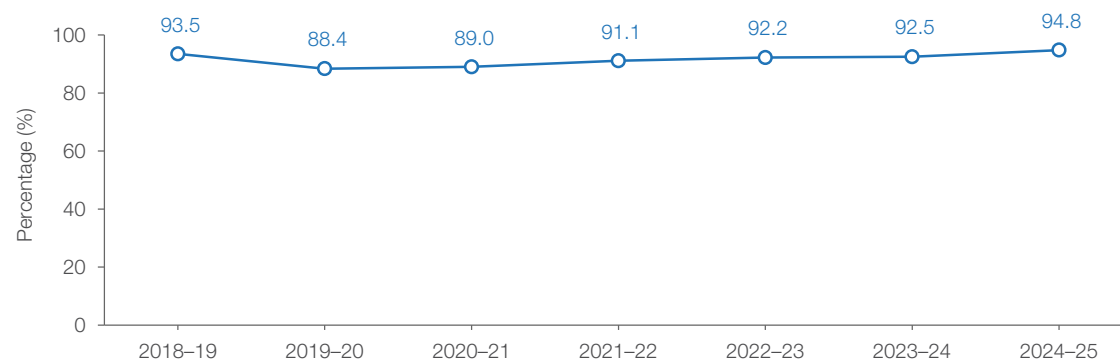
Bed occupancy rates reached record levels in NSW public hospitals.

In 2024–25, on average, 94.8% of available hospital beds were occupied.

Source: NSW Health, Annual Report, 2024–25.

Bed occupancy rates describe the proportion of available hospital beds that are in use over a given period. A high occupancy rate suggests that most available beds are filled, which can place pressure on patient flow from EDs, delay admissions and influence how patients move through stages of their hospital care.

Figure 3 Bed occupancy rate, public hospitals, NSW, 2018–19 to 2024–25



NSW patients requiring less urgent care had longer hospital stays than in previous years.

Longer hospital stays contribute to higher bed occupancy rates, particularly for patients requiring non-acute care such as rehabilitation, palliative and maintenance care.

Source: Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD), accessed 22 January 2026.

For more information, see **Healthcare Quarterly** and the **BHI Data Portal**.

From April to June 2025...

The **average length of stay** for overnight non-acute episodes was

18.3 days

up from 14.9 days in the same quarter of 2019



This compares with 4.8 days for overnight acute episodes, up from 4.5 days from April to June 2019

Length of stay for admitted patients

Longer hospital stays and delays in discharging some patients can contribute to disruptions in patient flow across the hospital system. Patients awaiting residential aged care or home-based support often experience longer hospital stays than other patients.

NSW patients discharged to residential aged care had longer hospital stays than in previous years.

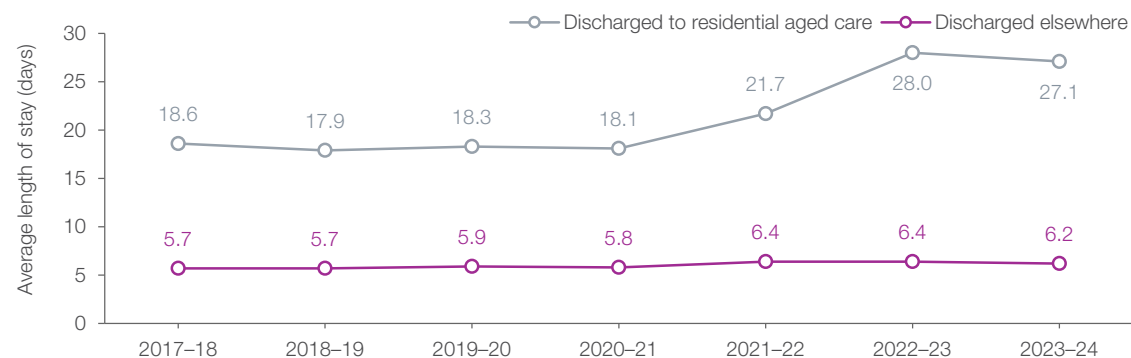
Between 2017–18 and 2023–24, the average length of stay for patients who were discharged to residential aged care grew by 8.5 days, from 18.6 to 27.1 days. Most of this growth happened between 2020–21 and 2022–23.

Over the same period, the average length of stay for patients discharged elsewhere grew by less than a day.

Source: Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD), accessed 22 January 2026.

Note: Patients discharged to residential aged care were identified using 'mode of discharge', which indicates discharge or transfer to a residential aged care service or facility.

Figure 4 Average length of stay, overnight admissions, patients discharged to residential aged care, public hospitals, NSW, 2017–18 to 2023–24



More patients who were medically ready for discharge awaiting residential aged care remained in hospital beyond their estimated date of discharge than in previous years.

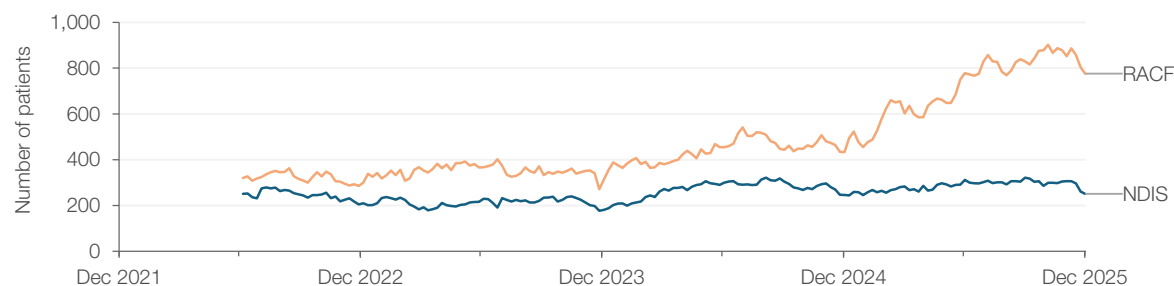
On 31 December 2025, 776 patients awaiting residential aged care facility (RACF) placement had exceeded their estimated date of discharge – up from 285 at the end of 2022.

On the same date, 251 patients awaiting National Disability Insurance Scheme (NDIS) support had exceeded their estimated date of discharge – up from 205 at the end of 2022.

Source: System Information and Analytics, NSW Ministry of Health.

*Patients admitted to a NSW public hospital for whom the treating clinical team has determined that there is no further need for ongoing admitted care, but who are still in hospital because they require either National Disability Insurance Scheme support or residential aged care placement. This number was counted each Wednesday from 1 July 2022 to 31 December 2025.

Figure 5 Number of patients medically ready for discharge exceeding their estimated date of discharge, RACF and NDIS patients*, public hospitals, NSW, 2022 to 2025 (by week)



Compared with most other Australian states and territories, more NSW patients who were medically ready for discharge to residential aged care or home-based support left hospital within 35 days.

In NSW in 2023–24, there were 11,073 separations of older patients in maintenance care waiting for residential aged care or assistance at home, the highest number of any Australian state or territory and up from 7,340 in 2018–19 (data not shown).

Of these, 13.5% waited 35 days or more to be discharged from hospital – up from 7.6% in 2018–19 (data not shown). However, this was among the lowest of all Australian states and territories and 2 percentage points lower than the national result.

Source: Report on Government Services 2026, accessed 27 March 2026.

Note: Data include completed hospital separations classified as maintenance care for all people aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years, with a principal or additional diagnosis of Z75.11 or Z74.2. These codes identify people awaiting admission to residential aged care or needing assistance at home with no household member able to provide care.

A separation is the end of an episode of care for an admitted patient.

Compared with other Australian states and territories, NSW had among the longest time to discharge for National Disability Insurance Scheme (NDIS) participants medically ready for discharge.

In NSW in 2024–25, NDIS participants who were ready to leave hospital waited an average of 24 days for discharge, longer than in most other Australian states and territories.

However, this was an improvement from 27 days in 2023–24 (data not shown).

Source: Report on Government Services 2026, accessed 27 March 2026.

Figure 6 Percentage of separations waiting 35 days or more for discharge, older patients medically ready for discharge awaiting residential aged care or assistance at home, Australian states and territories, 2023–24

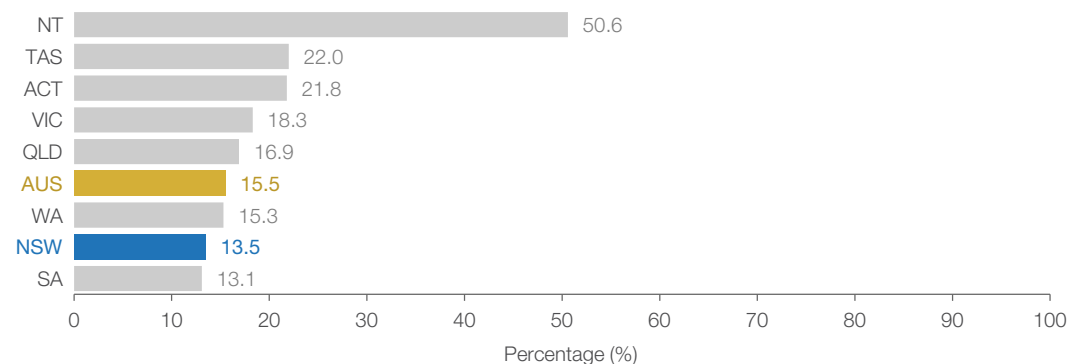
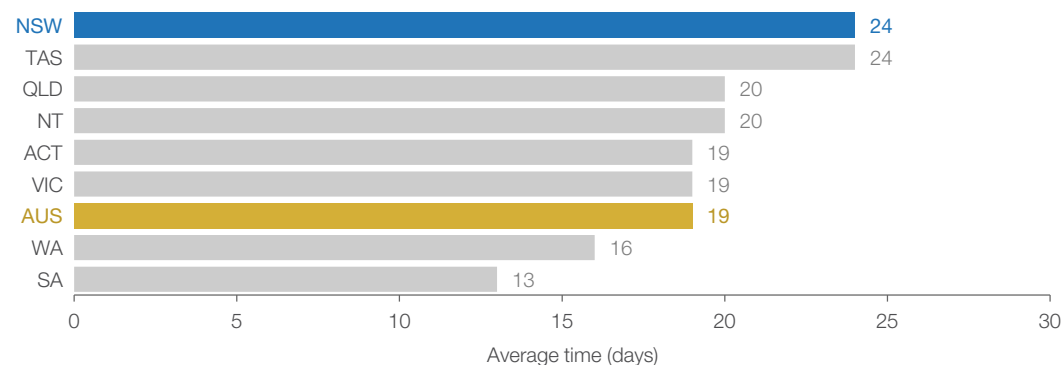


Figure 7 Average time taken to be discharged, NDIS participants medically ready for discharge, public hospitals, Australian states and territories, 2024–25



Waiting times for elective surgery

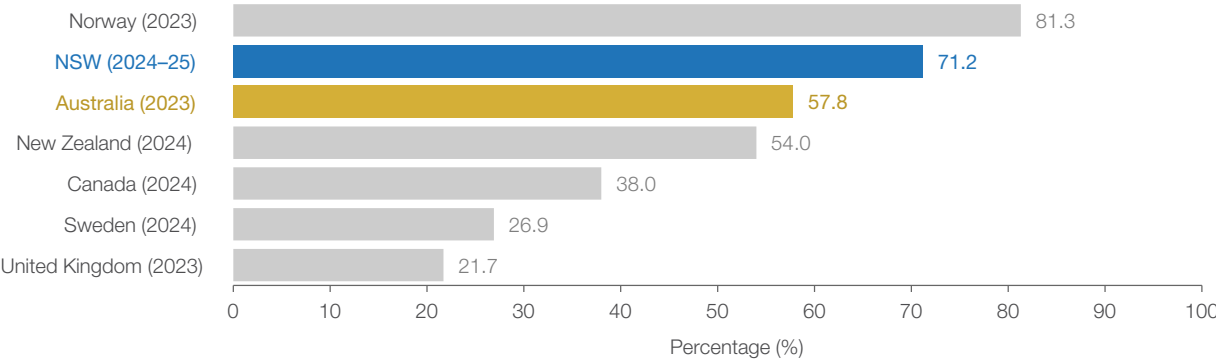
Longer waits for elective surgery can signal growing pressure on the availability of hospital beds. Comparing waiting times for selected elective procedures in NSW public hospitals with those in comparable health systems overseas, where data are available, provides context for the NSW health system’s performance.

NSW public hospital patients were more likely to wait longer than three months for **cataract surgery** than patients in most comparable countries.

In NSW in 2024–25, 71.2% of patients waited more than three months for cataract surgery, higher than the national result and that of most comparable countries. However, this result was down from 74.7% in 2023–24 (data not shown).

Source: OECD Data Explorer. Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD), accessed 23 January 2026.
Note: Includes all publicly funded patients including those who have received their treatment by publicly or privately owned providers.
International results are based on the most recent available data. Differences in health systems and years can limit comparative analyses of performance. Results should be interpreted with these limitations in mind.

Figure 8 Percentage of patients waiting more than three months for cataract surgery, public hospitals, NSW and comparator countries, 2024–25 (or nearest year)



Clinically recommended maximum waiting times for procedures differ between countries.

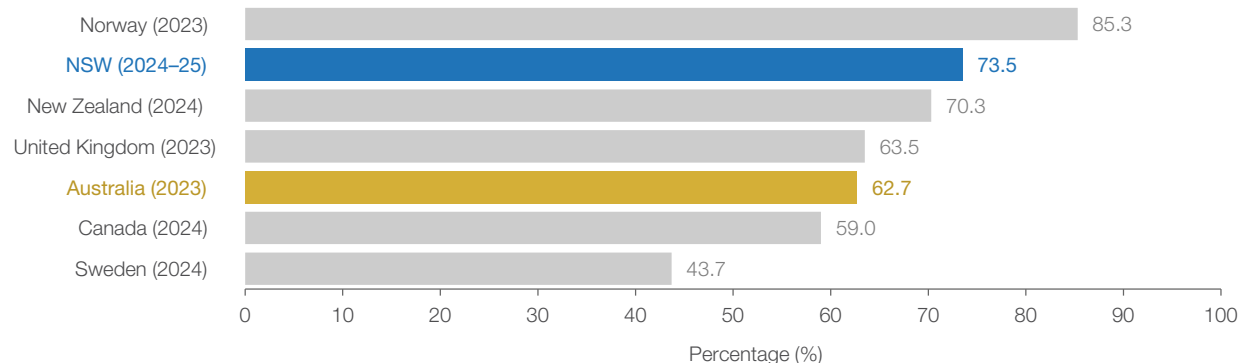
The clinically recommended maximum waiting time for elective surgery procedures depends on the urgency category that the patient is assigned. Clinically recommended NSW Health maximum waiting times are determined in accordance with the **National Elective Surgery Urgency Categorisation Guideline**. In NSW, from 1 July 2024, the clinical urgency category recommendation for cataract extraction surgery second eye is semi-urgent (surgery recommended within 90 days), while first-eye surgeries are typically categorised as non-urgent (surgery recommended within 365 days).

NSW public hospital patients were more likely to wait longer than three months for **hip replacement surgery** than patients in most comparable countries.

In NSW in 2024–25, 73.5% of patients waited more than three months for hip replacement surgery, higher than the national result and that of most comparable countries.

This result was up from 69.6% in 2023–24 (data not shown).

Figure 9 Percentage of patients waiting more than three months for hip replacement surgery, public hospitals, NSW and comparator countries, 2024–25 (or nearest year)

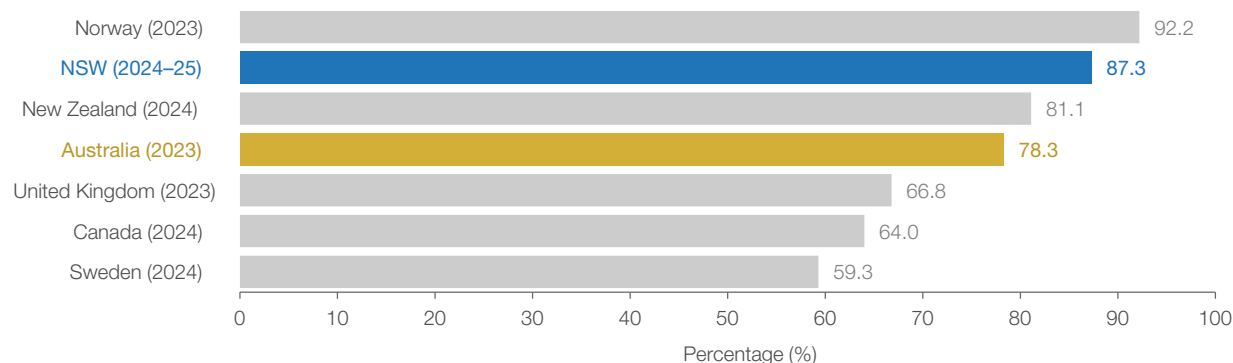


NSW public hospital patients were more likely to wait longer than three months for **knee replacement surgery** in NSW public hospitals than in most comparable countries.

In NSW in 2024–25, 87.3% of patients waited more than three months for knee replacement surgery, higher than the national result and that of most comparable countries.

This result was up from 84.1% in 2023–24 (data not shown).

Figure 10 Percentage of patients waiting more than three months for knee replacement surgery, public hospitals, NSW and comparator countries, 2024–25 (or nearest year)



Source: OECD Data Explorer. Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD), accessed 23 January 2026.

Note: Includes all publicly funded patients including those who have received their treatment by publicly or privately owned providers.

International results are based on the most recent available data. Differences in health systems and years can limit comparative analyses of performance. Results should be interpreted with these limitations in mind.

Clinically recommended maximum waiting times for procedures differ between countries.

The clinically recommended maximum waiting time for elective surgery procedures depends on the urgency category that the patient is assigned. Clinically recommended NSW Health maximum waiting times are determined in accordance with the **National Elective Surgery Urgency Categorisation Guideline**. In NSW, the clinical urgency category recommendation for total hip replacement and total knee replacement surgery is typically non-urgent (surgery recommended within 365 days).

Chapter 2

Improving patient flow and reducing hospital pressure

Reducing pressure on hospitals is influenced by multiple factors, including changes to hospital models of care and better access to care outside of hospital.

Advances in healthcare mean more planned surgical procedures can now be safely done in a single day and many patients no longer need to stay overnight in hospital. This frees up beds, reduces elective surgery waiting times and improves patients' experiences by supporting recovery at home.

Access to appropriate home and community-based services helps to ensure people are supported to stay well in the community, reducing pressure on hospitals.

This chapter examines same-day surgery as an example of an innovative care model aimed at reducing pressure on hospitals, and explores patients' experiences of accessing healthcare in the community, discharge planning and follow-up care after admission to NSW public hospitals.

Findings

-  In 2023–24, rates of non-emergency same-day surgery in NSW public hospitals were similar to the national result.
-  Rates of same-day surgery in NSW have increased over time.
-  Reflecting on their ED visit in 2024–25, almost three in 10 NSW patients (28%) said they thought the condition for which they presented to the ED could have been managed by a GP or other health professional.
-  More than two-thirds of NSW admitted patients in 2024 said they were given adequate discharge information (71%) and that adequate arrangements were made for services they needed (67%).
-  Most admitted patients (79%) said they saw a GP in person within 30 days of hospital discharge, and among those who had a virtual GP appointment, most (85%) felt it helped to ensure their care was well-coordinated between the hospital and GP.

Same-day surgery

Increasing same-day surgery for selected procedures, where it is safe to do so, is a priority for NSW Health and is aimed at improving access to services, patient experience and reducing the risk of hospital-acquired complications.

The percentage of non-emergency same-day surgery in NSW public hospitals was similar to the national result.

In NSW in 2023–24, 57.2% of non-emergency surgical separations were performed as same-day procedures – similar to the national result and up from 51.0% in 2018–19 (data not shown).

Source: Report on Government Services, accessed 27 March 2026.

Note: A same-day surgical separation is a completed episode of care where the patient is admitted and discharged on the same day, and the episode is defined as surgical by assignment to a surgical diagnosis related group.

The percentage of same-day surgery for most selected procedures in NSW public hospitals increased compared with 2023–24.

In NSW in 2024–25, there was an increase in the percentage of same-day surgery across most selected procedures. However, only septoplasty exceeded NSW Health's 2024–25 target of 64% completed as same-day.

Source: Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD), accessed 16 March 2026.

Figure 11 Percentage of non-emergency surgical separations performed as a same-day procedure, public hospitals, Australian states and territories, 2023–24

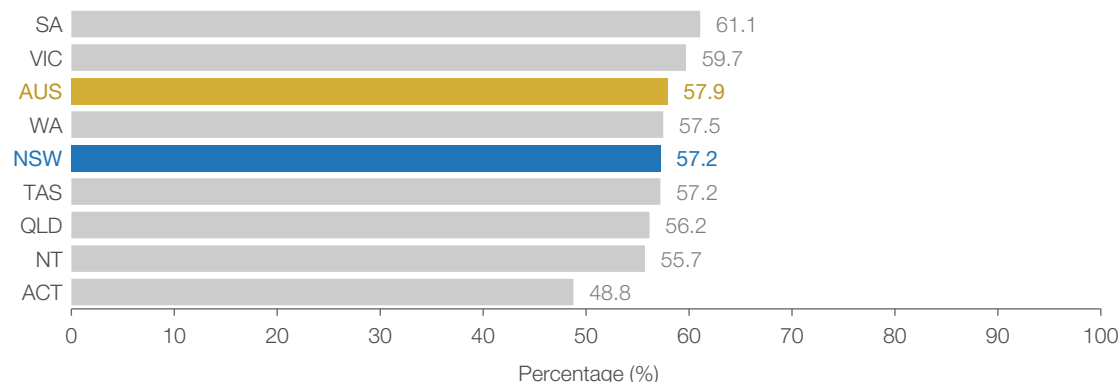
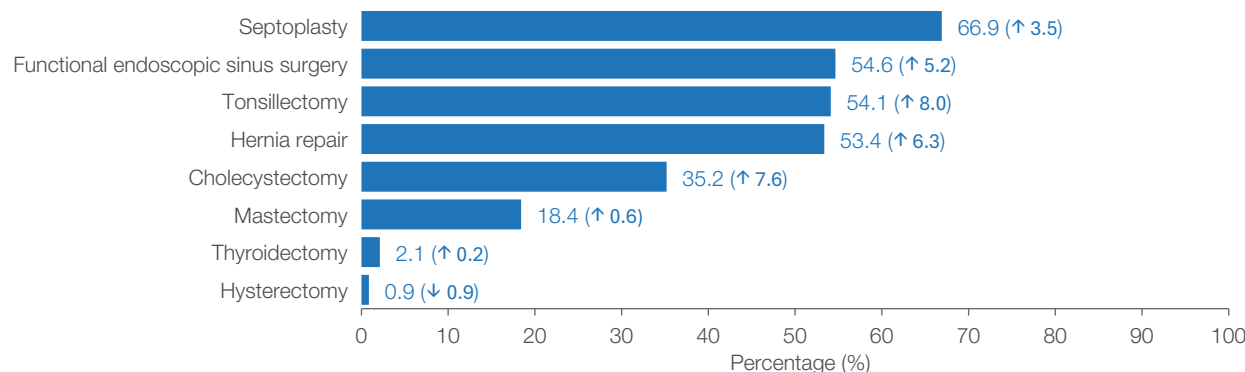


Figure 12 Percentage of procedures completed as same-day cases, public hospitals, NSW, 2024–25 (and percentage point change from 2023–24)



Accessing primary and other care services in the community

Timely access to appropriate healthcare and support outside hospital can help to reduce hospital presentations and ease pressure on the hospital system.

In 2024–25, almost three in 10 patients (28%) who visited an ED said their condition could have been treated by a GP or other health professional.

In 2024–25, there were...

160,021 NSW Health Urgent Care Service attendances

up 97% (78,866) from 2023–24

Urgent Care Services treat people with non-emergency conditions. They have been introduced in NSW to help reduce pressure on EDs.

Source: System Information and Analytics, NSW Ministry of Health.

Some admitted patients said they avoided or missed potentially preventative healthcare in the community.

30% of **adult admitted patients** said that in the past 12 months there was a time they felt they needed to see a GP but didn't go.

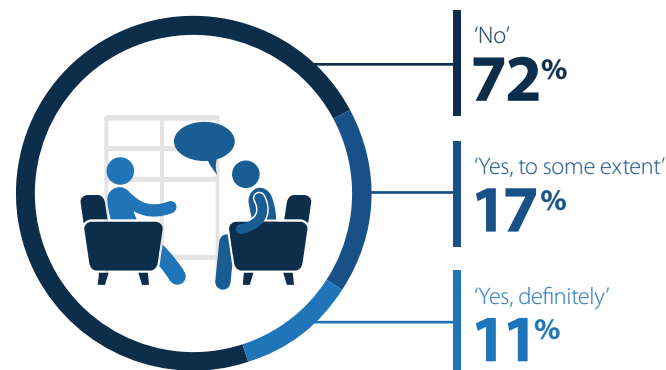
19% said there was a time when they skipped a medical test, treatment, medication or appointment that was recommended by a health professional because of the cost.

Source: Adult Admitted Patient Survey, January to June 2025.

For patients discharged from hospital between January and June 2025, BHI included additional questions about their experience of care outside of hospital, including before and after their admission to NSW public hospitals.

In 2024–25...

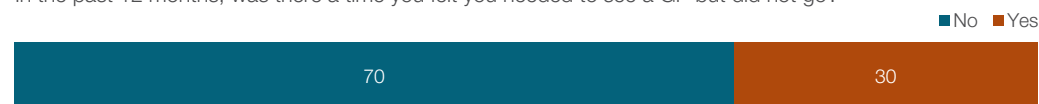
When patients who visited an ED were asked whether they thought their condition could have been treated by a GP or other health professional, they said...



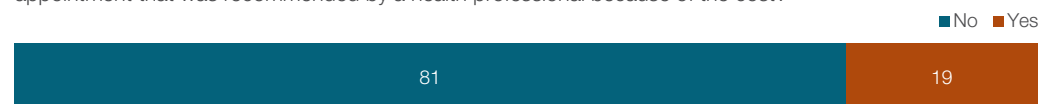
Source: Emergency Department Patient Survey, 2024–25.

Figure 13 Percentage of patients in NSW, Adult Admitted Patient Survey, all response options, January to June 2025

In the past 12 months, was there a time you felt you needed to see a GP but did not go?



In the past 12 months, was there a time when you skipped a medical test, treatment, medication or appointment that was recommended by a health professional because of the cost?



Coordinated care in the community

Effective discharge planning and coordinated care in the community supports patients' recovery after leaving hospital, helping to reduce the risk of re-presentation to hospital and easing pressure on the hospital system.

More than two-thirds of NSW admitted patients gave positive ratings about being provided discharge information and arrangements for services they needed outside hospital.

Source: Adult Admitted Patient Survey, 2024.

Coordination between hospital and primary care supports care continuity in the community.

79% of adult admitted patients had at least one in-person GP appointment within 30 days of discharge from hospital.

65% said that health professionals they saw in the community were 'definitely' up-to-date about the care they received in hospital.

21% had at least one virtual care GP appointment within 30 days of discharge from hospital.

85% said the opportunity to use virtual GP care after discharge 'definitely' or 'to some extent' helped ensure that their care was well coordinated between the hospital and GP.*

Source: Adult Admitted Patient Survey, January to June 2025.

*Based on responses from 2,123 patients who said they had at least one virtual care appointment with a GP within 30 days of discharge.

Note: Results may not add up to 100% due to rounding.

In 2024...

71% of adult admitted patients said they were 'definitely' given enough information about how to manage their care at home.

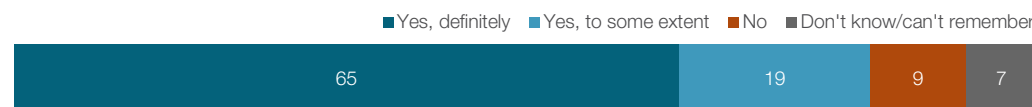
67% of adult admitted patients said adequate arrangements were 'definitely' made for any services they needed.



These measures are associated with the **risk of readmission to hospital**.

Figure 14 Percentage of patients in NSW, Adult Admitted Patient Survey, all response options, January to June 2025

In the 30 days after your discharge from hospital, were the health professionals you saw in your community (e.g. your GP) up-to-date about the care you received in hospital?



Did the opportunity to use virtual care help ensure that your care was well coordinated between the hospital and GP?



Chapter 3

Hospital-acquired and post-operative complications

Hospital-acquired and post-operative complications are associated with poorer patient outcomes and longer hospital stays, reducing bed availability and disrupting patient flow.

Hospital-acquired complications (HACs) are adverse events that occur during a patient's hospital stay and may be preventable through appropriate clinical care and risk-mitigation strategies.

Across Australian public hospitals, HACs occur at a rate of approximately 1.9 complications per 100 hospitalisations. In 2023–24, the average length of stay in Australian public hospitals for overnight hospitalisations with at least one HAC was 21.5 days, compared with 5 days for hospitalisations without a HAC reported. Longer hospital stays are often associated with more severe disease, which can increase the risk of HACs. At the same time, the development of a HAC can further extend a patient's length of stay.*

This chapter examines trends in six HACs in NSW: falls resulting in fracture or intracranial injury; healthcare-associated infections; venous thromboembolism; medication complications; delirium and cardiac complications; comparing NSW and national results where available. It also compares NSW rates of selected post-operative complications against comparable countries, where data are available.

*Australian Institute of Health and Welfare – Admitted patient safety and quality.

Note: The Australian Commission on Safety and Quality in Health Care has developed a list of 16 high-priority hospital-acquired complications. HACs reported in this chapter were selected based on criteria including frequency of occurrence, impact on patient outcomes and length of stay.

Findings

-  Rates of falls and delirium in NSW public hospitals were higher than the national rate between 2019–20 and 2023–24.
-  Rates of healthcare-associated infections, venous thromboembolism, cardiac complications and delirium in NSW public hospitals have decreased in recent years.
-  The rate of medication complications in NSW public hospitals decreased by more than 40% between 2018–19 and 2024–25.
-  Rates of post-operative deep vein thrombosis following hip and knee surgery were higher in NSW in 2023–24 than in most comparable countries but have decreased since 2022–23. Rates of post-operative sepsis following abdominal surgery were higher in NSW in 2023–24 than in most comparable countries.

Hospital-acquired complications

Preventing hospital-acquired complications can improve patient outcomes and patient flow, easing pressure across the hospital system.

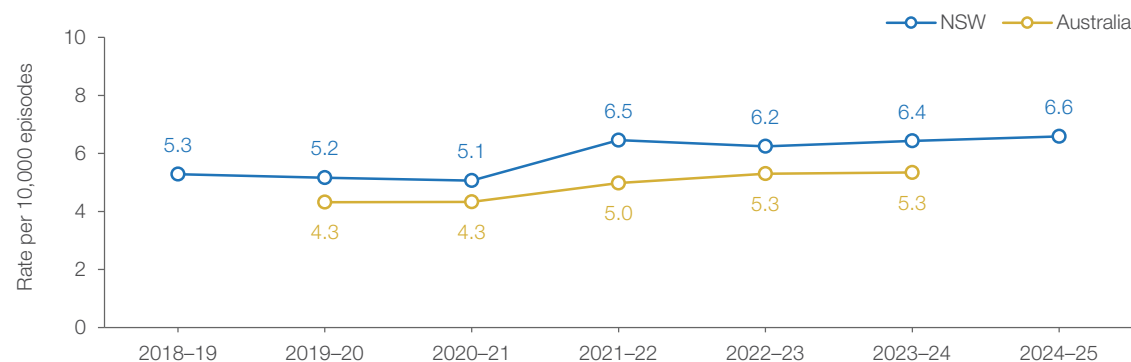
Rates of **falls resulting in fracture or intracranial injury in NSW public hospitals** were above the national rate in recent years.

In 2024–25, there were 1,017 falls resulting in fracture or intracranial injury in NSW public hospitals. This is a rate of 6.6 falls per 10,000 episodes of care, up from 5.3 in 2018–19.

Rates in NSW were higher than those nationally from 2019–20 to 2023–24.

Falls that occur during hospital care can result in serious injury, including fracture or intracranial injury (inside the skull).

Figure 15 Rate of falls with fracture or intracranial injury per 10,000 episodes, public hospitals, NSW, 2018–19 to 2024–25, and Australia, 2019–20 to 2023–24

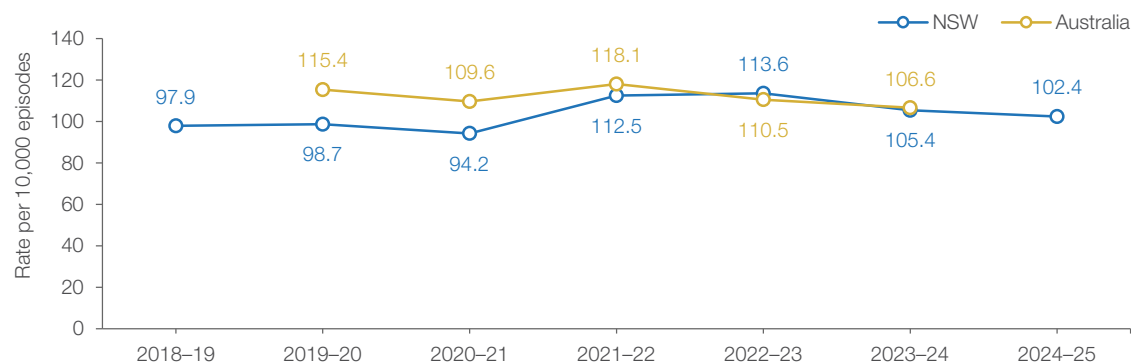


Rates of **healthcare-associated infections in NSW public hospitals** have decreased in recent years.

In 2024–25, there were 15,806 healthcare-associated infections in NSW public hospitals. This is a rate of 102.4 infections per 10,000 episodes of care, down from 112.5 in 2021–22.

Healthcare-associated infections are a range of complications that occur as a result of healthcare delivery, including those associated with procedures, devices or the care environment. Some, such as catheter-related urinary tract infections, are typically not severe. Others, including bloodstream infections, can be more serious and require prompt medical attention.

Figure 16 Rate of healthcare-associated infection per 10,000 episodes, public hospitals, NSW, 2018–19 to 2024–25, and Australia, 2019–20 to 2023–24



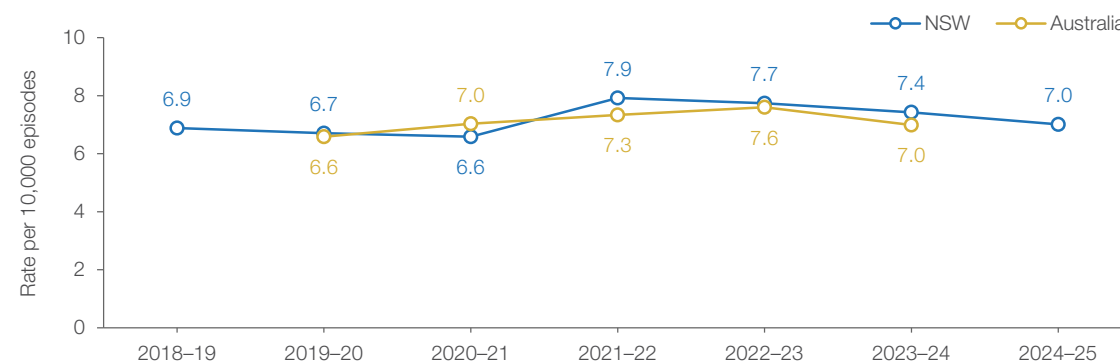
Source: BHI analysis of Hospital Performance Dataset, NSW Ministry of Health Secure Analytics for Population Health Research and Intelligence, accessed December 2025. Australian rates were calculated by BHI based on data provided by the Australian Institute of Health and Welfare (data for 2024–25 not available at the time of publication). Note: Results may vary slightly from other sources due to methodological and definitional differences.

Rates of **venous thromboembolism** were above national rates in recent years, but have decreased.

In 2024–25, there were 1,082 cases of venous thromboembolism in NSW public hospitals. This is a rate of 7.0 cases per 10,000 episodes of care, down from 7.9 in 2021–22.

Venous thromboembolism occurs when a blood clot forms in a vein, including deep vein thrombosis or pulmonary embolism, that may be reduced by risk assessment and prophylaxis.

Figure 17 Rate of venous thromboembolism per 10,000 episodes, public hospitals, NSW, 2018–19 to 2024–25, and Australia, 2019–20 to 2023–24

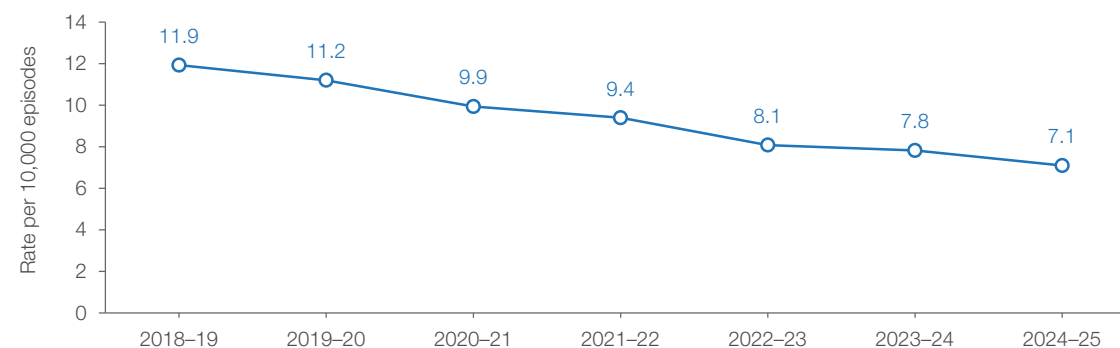


Rates of **medication complications** have decreased over time.

In 2024–25, there were 1,095 medication complications in NSW public hospitals. This is a rate of 7.1 complications per 10,000 episodes of care, down from 11.9 in 2018–19.

Medication complications occur when adverse events arise from the use of medicines, including medication-related harm that may be reduced through safe prescribing, administration and monitoring.

Figure 18 Rate of medication complications per 10,000 episodes, public hospitals, NSW, 2018–19 to 2024–25



Source: BHI analysis of Hospital Performance Dataset, NSW Ministry of Health Secure Analytics for Population Health Research and Intelligence, accessed December 2025. Australian rates were calculated by BHI based on data provided by the Australian Institute of Health and Welfare (data for 2024–25 not available at the time of publication).

Note: Appropriate national comparator data were not available for medication complications. Results may vary slightly from other sources due to methodological and definitional differences.

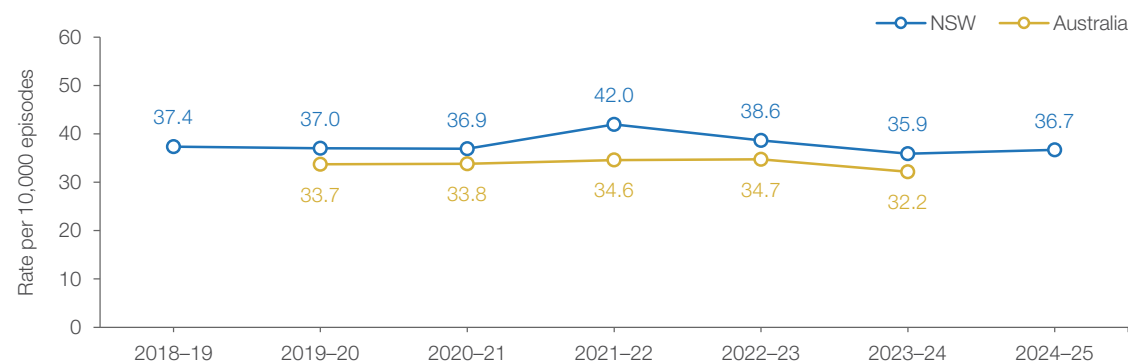
Rates of **delirium** were above national rates, but have decreased in recent years.

In 2024–25, there were 5,665 cases of delirium in NSW public hospitals. This is a rate of 36.7 cases per 10,000 episodes of care, down from 42.0 in 2021–22.

Rates in NSW were higher than national rates from 2019–20 to 2023–24.

Delirium is a sudden and often temporary change in thinking and awareness. It often happens during illness or during treatment.

Figure 19 Rate of delirium per 10,000 episodes, public hospitals, NSW, 2018–19 to 2024–25, and Australia, 2019–20 to 2023–24



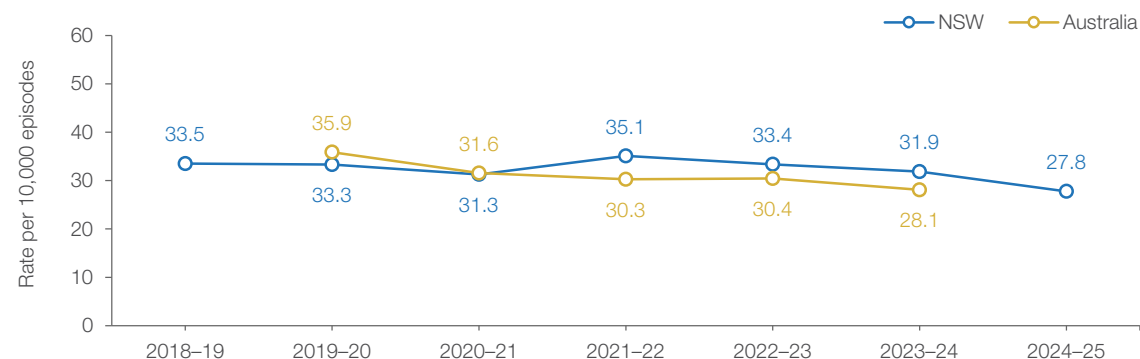
Rates of **cardiac complications** were above national rates in recent years, but have decreased.

In 2024–25, there were 4,286 cardiac complications in NSW public hospitals. This is a rate of 27.8 complications per 10,000 episodes of care, down from 33.5 in 2018–19.

Rates in NSW were higher than national rates from 2021–22 to 2023–24, with a notable drop in 2024–25.

Cardiac complications are acute disturbances in cardiovascular function that may occur during hospital care, including arrhythmias, heart failure or acute coronary events.

Figure 20 Rate of cardiac complications per 10,000 episodes, public hospitals, NSW, 2018–19 to 2024–25, and Australia, 2019–20 to 2023–24



Source: BHI analysis of Hospital Performance Dataset, NSW Ministry of Health Secure Analytics for Population Health Research and Intelligence, accessed December 2025. BHI calculations based on data provided by the Australian Institute of Health and Welfare (data for 2024–25 not available at the time of publication).

Note: Results may vary slightly from other sources due to methodological and definitional differences.

Post-operative complications

Preventing post-operative complications can also improve patient outcomes, easing pressure across the hospital system.

Rates of **deep vein thrombosis following knee and hip surgical procedures** in NSW were among the highest of comparable countries, but have decreased.

In NSW public and private hospitals in 2023–24, the rate of deep vein thrombosis following hip and knee surgery was 461 cases per 100,000 discharges, down from 517 cases per 100,000 discharges in 2022–23 (data not shown). Rates in NSW were higher than national rates and higher than most comparable countries.

Deep vein thrombosis is a condition where blood clots form and is a potentially preventable complication after surgical procedures, including hip and knee surgery.

Rates of **sepsis following abdominal surgical procedures** in NSW were among the highest of comparable countries.

In NSW public and private hospitals in 2023–24, the rate of post-operative sepsis among patients who underwent an abdominal surgical procedure was 4,690 cases per 100,000 discharges, up from 2,901 cases per 100,000 discharges in 2022–23 (data not shown). Rates in NSW were higher than most comparable countries.

Sepsis is a life-threatening condition that arises when the body's response to an infection damages its own tissues and organs.

Source: OECD Data Explorer. BHI analysis of Hospital Performance Dataset, NSW Ministry of Health Secure Analytics for Population Health Research and Intelligence, accessed 27 March 2025.
Note: International results are based on the most recent available data. Differences in health systems and years can limit comparative analyses of performance. Results should be interpreted with these limitations in mind.

Figure 21 Rates of post-operative deep vein thrombosis following hip and knee surgical procedures per 100,000 hospital discharges, public and private hospitals, NSW and comparator countries 2023–24 (or nearest year)

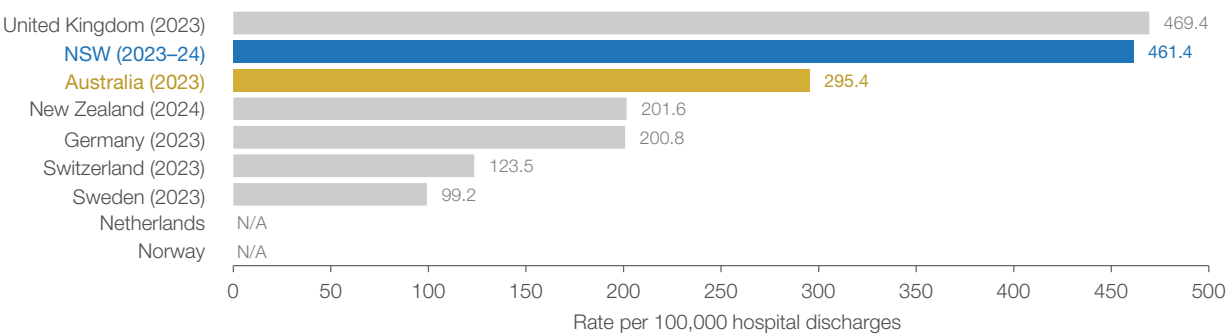
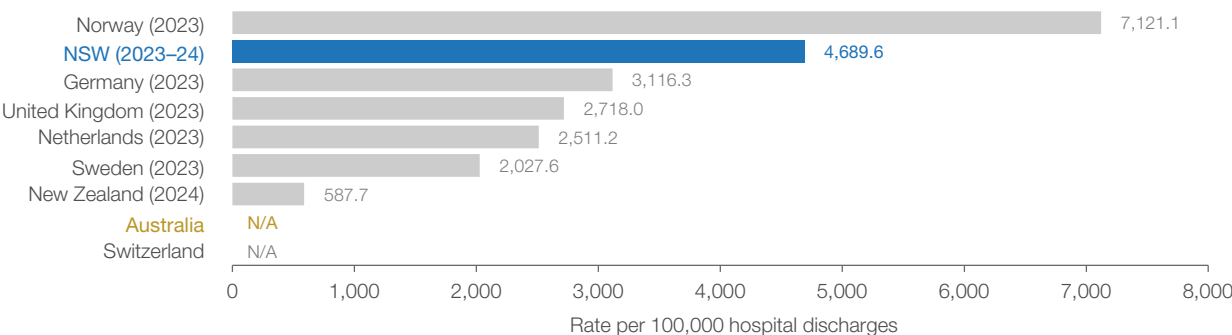


Figure 22 Rates of post-operative sepsis following abdominal surgical procedures per 100,000 hospital discharges, public and private hospitals, NSW and comparator countries 2023–24 (or nearest year)



Chapter 4

The human experience of healthcare

Sustained high demand for healthcare services continues to affect the delivery of care and the experiences of patients and staff across the NSW health system.

Patient experience and staff experience are closely linked, as healthcare delivery is shaped by interactions between patients and staff, as well as the environment where care is provided. Understanding the experiences of staff and patients is important for building a safe, effective and sustainable health system. Positive staff experiences help support the delivery of high quality care and the system's capacity to attract and retain a skilled workforce. At the same time, patients' feedback provides insight into how healthcare is experienced, whether patients' needs are being met and where there are opportunities for improvement.

This chapter focuses on selected measures of patient and staff experiences in the NSW public health system. It considers key aspects of patient and staff experience in the context of ongoing hospital pressure.

Staff experience results are drawn from the NSW People Matter Employee Survey (PMES) – Health. For most measures included in this chapter, comparisons were not available before 2021. Patient experience data are drawn from BHI surveys of emergency department and admitted patients. Results are compared with pre-pandemic years, where possible.

Findings | Patient experience

-  Most NSW patients continued to rate their overall emergency department and admitted patient care positively, with ratings remaining relatively stable over time.
-  The majority of patients reported that their care was well organised and that health professionals worked effectively as a team. However, results for some measures have declined over time.
-  Most patients continued to say they were treated with kindness, respect and dignity, and that health professionals supported them with worries or fears.
-  In 2024, comments provided by patients admitted to NSW public hospitals were largely positive, particularly about clinical staff and the compassion, respect and kindness shown to patients, while comments about food and waiting times were less positive.

Findings | Staff experience

-  Employee engagement was rated positively by most NSW Health employees in 2025, but it has declined over time.
-  Most NSW Health employees said they experienced respectful and culturally safe workplaces.
-  Employee wellbeing was rated positively, however the availability of effective resources to support employee wellbeing was rated less positively in recent years.

Note: Staff and patient surveys are complementary but not directly comparable because they measure different aspects of experience, and use different design and analysis methods.

Patient experience

Overall ratings of care

Most NSW patients rated their overall care positively, despite increasing pressure on hospitals and staff.

Most **patients** were positive about the care they received from NSW hospitals and EDs.

In NSW, 92% of admitted patients and 87% of ED patients rated the care they received as 'very good' or 'good'. These ratings have remained relatively stable over time.

Source: BHI analysis of responses to the Adult Admitted Patient Survey 2024 and the Emergency Department Patient Survey 2024–25.

In 2024...

Adult admitted patients said, overall, the care they received was...



In 2024–25...

Emergency department patients said, overall, the care they received was...



“ Staff were professional and caring. It was my first procedure, so I was very nervous. However, they made me laugh and helped me feel comfortable.

– patient

“ I felt confident that the care I was receiving was competent and professional, as well as sympathetic and responsive.

– patient

Patient experience

Clear information and effective communication

Clear information and effective communication between patients and healthcare professionals are associated with a reduced risk of re-presentation to hospital and return to ED.

Most NSW **patients** were positive about information they received from health professionals but ratings for some measures have declined over time.

Source: BHI analysis of responses to the Adult Admitted Patient Survey 2024 and the Emergency Department Patient Survey 2024–25.

For **adult admitted patients** in 2024...

83% said they were given 'the right amount' of information about their condition or treatment
down from 85% in 2019

79% said health professionals 'always' explained things in a way they could understand
down from 80% in 2019

71% said they were 'definitely' given enough information about how to manage their care at home
down from 73% in 2019

For **emergency department patients** in 2024–25...

82% said they received 'the right amount' of information about their condition or treatment
down from 84% in 2018–19

80% said health professionals 'always' explained things in a way they could understand
unchanged from 2018–19

66% said they were 'definitely' given enough information about how to manage their care at home
down from 69% in 2018–19

“ On discharge, we were given a translated medication summary which detailed how to administer all the medication. It was very clear to understand.
– patient ”

“ More information needs to be given to carers and partners about what is happening.
– patient ”

Patient experience

Coordinated care and involvement in decision-making

Coordinated care supports patient flow through hospitals and patients have better experiences when healthcare is well organised and supported by staff who work well together as a team. Positive experiences are strengthened when patients feel included in the decisions that shape their care, but can be challenging in busy hospital environments.

Most NSW **patients** continued to rate the organisation of their care positively, and ratings of teamwork between health professionals have improved over time.

For **adult admitted patients** in 2024...

66% said the admission process was 'very well organised'
down from 67% in 2021*

64% rated how well health professionals worked together as 'very good'
up from 60% in 2019

66% said the care they received in hospital was 'very well organised'
unchanged from 2019

For **emergency department patients** in 2024–25...

58% rated how well health professionals worked together as 'very good'
up from 55% in 2018–19

57% said the care they received was 'very well organised'
down from 60% in 2023–24**

Most NSW **patients** continued to feel involved in decisions about their care, treatment and discharge.

For **adult admitted patients** in 2024...

66% said they were 'definitely' involved as much as they wanted to be in decisions about their care and treatment
down from 67% in 2021*

64% said they 'definitely' felt involved in decisions about their discharge from hospital
down from 65% in 2019

For **emergency department patients** in 2024–25...

67% said they were 'definitely' involved as much as they wanted to be in decisions about their care and treatment
up from 65% in 2018–19

68% said they 'definitely' felt involved in decisions about their discharge
down from 71% in 2018–19

*Question introduced in 2021 survey.

**Question introduced in 2023–24 survey.

Source: BHI analysis of responses to the Adult Admitted Patient Survey 2024 and the Emergency Department Patient Survey 2024–25.

Patient experience

Compassion, respect and kindness

A culture of compassion, respect and kindness strengthens the experiences of patients, but can be challenging amid growing pressure on hospital services.

Most NSW **patients** said that health professionals were kind and caring, and that they were treated with respect and dignity.

For **adult admitted patients** in 2024...

88% said they were 'always' treated with respect and dignity
up from 86% in 2019

84% said health professionals were 'always' kind and caring
down from 86% in 2021*

90% said their cultural or religious beliefs were 'always' respected by the hospital staff
down from 92% in 2019

For **emergency department patients** in 2024–25...

87% said they were 'always' treated with respect and dignity
up from 84% in 2018–19

82% health professionals were 'always' kind and caring
unchanged from 2018–19

Most NSW **patients** felt that health professionals listened to their views and supported them if they had worries or fears.

For **adult admitted patients** in 2024...

67% said the health professionals 'definitely' gave them the support they needed to help with any worries or fears related to their care and treatment
down from 69% in 2021*

74% said the health professionals 'always' listened carefully to their views and concerns
up from 72% in 2021*

For **emergency department patients** in 2024–25...

76% said the health professionals 'always' listened carefully to their views and concerns.**

*Question introduced in 2021 survey.

**Question introduced in 2024–25 survey.

Source: BHI analysis of responses to the Adult Admitted Patient Survey 2024 and the Emergency Department Patient Survey 2024–25.

Insights into patient sentiment

BHI's Adult Admitted Patient Survey invites patients to provide open-ended comments on the best parts of their care and what they felt could be improved. In 2024, more than 37,000 comments were analysed using artificial intelligence-based sentiment analysis and natural language processing to classify them as positive, negative or neutral and to identify the key topics and themes raised by patients.

In 2024, most patient comments about hospital care experiences were positive.

In 2024, 67% of patient comments expressed positive sentiment about hospital experiences while 28% expressed negative sentiment and 6% expressed neutral sentiment. These results have been relatively stable since 2019.

Most comments related to the compassion, respect and kindness of health professionals and most of them were positive.

Clinical staff emerged as a common theme in patients' comments and the majority of these comments were positive. Comments about communication showed mixed sentiment, while the majority of comments about food and wait times were negative.

Note: The analysis assigned comments to topics based on NSW Health's Elevating the Human Experience principles and organised them into common themes that emerged.

Figure 23 Percentage of adult admitted patient comments, by sentiment, NSW, January 2019 to December 2024

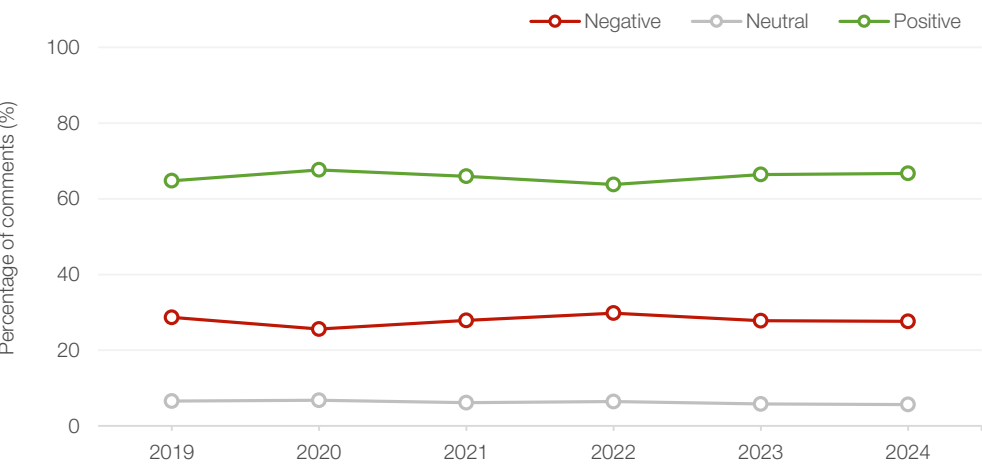
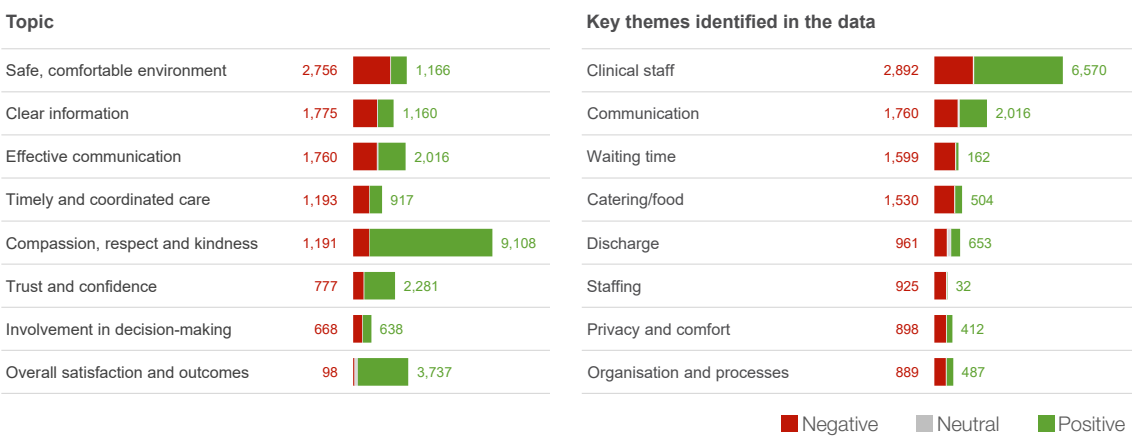


Figure 24 Number of adult admitted patient comments, by topic and theme, NSW, January to December 2024



Staff experience

Employee engagement

Employee engagement was rated positively by most **NSW Health employees**, but it has declined over time.

Source: NSW People Matter Employee Survey (PMES) – Health, accessed 27 March 2026.

Note: Results for most of the PMES measures shown in this chapter are not available before 2021.

For **NSW Health employees** in 2025...

The employee engagement index score was **62%**
down from 64% in 2021

Employee engagement refers to a person's connection to their organisation. It is a global measure of employee experience.

Survey results for frontline workers (e.g. health professionals) were generally lower than results for non-frontline workers.

For example, the employee engagement index score for frontline workers was 60% in 2025, compared with 65% for non-frontline workers.

Staff experience

Teamwork, collaboration and effective communication

Teamwork and collaboration was rated positively by **NSW Health employees**.

For **NSW Health employees** in 2025...

The teamwork and collaboration index score was

58%

74% said their workgroup works collaboratively to achieve its goals
unchanged from 2021

55% said there is good cooperation between teams across their organisation
up from 52% in 2021

Most **NSW Health employees** felt that their manager involved them in decisions about their work and valued their input.

For **NSW Health employees** in 2025...

The employee voice index score was

60%

67% said their manager involves their workgroup in decisions about their work
up from 63% in 2021

71% said their manager encourages and values employee input
up from 68% in 2021

Most **NSW Health employees** understood what was expected of them and said they received feedback to help them improve their work.

For **NSW Health employees** in 2025...

86% said they understood what is expected of them to do well in their job
unchanged from 2021

61% said that in the last 12 months, they received feedback to help them improve their work
up from 59% in 2021

Source: NSW People Matter Employee Survey (PMES) – Health, accessed 27 March 2026.

Note: Index scores for previous years are not shown due to limited comparability.

Staff experience

Respect and wellbeing

Most **NSW Health employees** said that people in their workgroup treat each other with respect and that they felt culturally safe at work.

Wellbeing was rated positively by **NSW Health employees** but the availability of effective resources to support wellbeing was rated less positively in recent years.

*Question introduced in 2023 survey.

**Question introduced in 2022 survey.

Source: NSW People Matter Employee Survey (PMES) – Health, accessed 27 March 2026.

Note: Index scores for previous years are not shown due to limited comparability.

For **NSW Health employees** in 2025...

73% agreed that people in their work group treat each other with respect
down from 75% in 2021

75% felt culturally safe at work
down from 79% in 2021

For **NSW Health employees** in 2025...

The wellbeing index score was

55%

54% said the amount of stress in their job was manageable
unchanged from 2023*

58% said there were effective resources in their organisation to support employee wellbeing
down from 62% in 2021

38% said they felt burned out by their work
down from 42% in 2022**

Appendix

Data sources

To produce this report, BHI has used a wide range of local and international data sources. These include:

- NSW Health admitted patient and emergency department data collections and the waiting list online collection system (WLCOS), accessed via NSW Health's Enterprise Data Warehouse for Analysis Reporting and Decision (EDWARD)
- Australian Bureau of Statistics estimated residential population data, 2018–19 to 2024–25
- HealthStats NSW, 2018–19 to 2024–25
- NSW Ambulance Computer Aided Dispatch (CAD) System
- Transfer of Care Reporting System (TCRS), 2018–19 to 2024–25
- Australian Institute of Health and Welfare, Emergency Department Care, 2024–25
- linked Admitted Patient Data Collection, accessed via the Secure Analytics for Population Health Research and Intelligence (SAPHaRI) platform
- Report on Government Services, 2026
- NSW Health Annual Report, 2024–25
- System Information and Analytics, NSW Ministry of Health
- The Organisation for Economic Cooperation and Development's Health Statistics online database
- self-reported experiences of patients admitted to NSW public hospitals, 2019 to 2024
- self-reported experiences of patients who visited an emergency department in NSW public hospitals, 2018–19 to 2024–25
- feedback from NSW Health staff who participated in the NSW People Matter Employee Survey, 2021 to 2025.

Rates of same-day procedures for selected surgeries

Same-day surgeries were identified from the admitted patient data collection in EDWARD by selecting diagnosis-related group (DRG) codes corresponding to the procedures of interest (see Table 1). For each identified record, the admission and separation dates were examined to confirm that the patient was discharged on the same day as their admission.

Table 1 Selected procedures and associated DRG codes

Procedure	Abbreviation	DRG code
Hysterectomy for Non-Malignancy, Minor Complexity	Hysterectomy	N04B
Thyroid Interventions, Minor Complexity	Thyroidectomy	K06B
Major Interventions for Breast Disorders, Minor Complexity	Mastectomy	J06B
Laparoscopic Cholecystectomy, Minor Complexity	Cholecystectomy	H08B
Hernia Interventions, Minor Complexity	Hernia repair	G10B
Tonsillectomy and Adenoidectomy	Tonsillectomy	D11Z
Sinus and Complex Middle Ear Interventions	Functional endoscopic sinus surgery	D06Z
Nasal Interventions	Septoplasty	D10Z

Hospital-acquired complications

For NSW rates, hospital-acquired complications were identified from hospital records using **Version 3.2 of the Australian Commission on Safety and Quality in Healthcare hospital-acquired complication specifications**, including descriptions, inclusions and exclusions. These definitions capture conditions that occurred during the hospital stay and were flagged as not present on admission.

National HAC data were sourced from the Australian Institute of Health and Welfare's (AIHW) admitted patient care tables and, with assistance from the AIHW, were recalculated to represent the number of events per 10,000 episodes.

Post-operative complications

NSW results for the patient safety indicators included in this report were calculated by BHI based on methods used by the Organisation for Economic Co-operation and Development (OECD) and AIHW. For more information on statistical analysis undertaken by BHI, visit the BHI website. Rates for comparator countries were obtained from the OECD's data explorer.



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Please note there is the potential for minor revisions of data in this report.
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.