

Healthcare in Focus

New South Wales and the COVID-19 pandemic in 2020



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The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

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Foreword



The COVID-19 pandemic has affected the lives of millions of people here in NSW, across Australia and around the world in ways very few could have imagined at the beginning of 2020. The impact on the NSW healthcare system has required one of the largest-scale responses in its history.

Significant changes were made to the way services were delivered throughout 2020 including the establishment of dedicated COVID-19 testing clinics and hotel quarantine, while hospitals acted to maintain sufficient capacity and personal protective equipment to help ensure the safety of staff and patients.

It is our role at the Bureau of Health Information (BHI) to produce independent reports about the performance of the healthcare system in NSW. The importance of that function is as clear as ever at this time.

“

This *Healthcare in Focus* report provides meaningful information to the community, healthcare professionals and government about the impact of the COVID-19 pandemic on the public healthcare system in NSW during 2020.

”

Along with many of the measures previously presented in the *COVID-19 Supplement* released with our past three *Healthcare Quarterly* reports, *Healthcare in Focus* includes additional activity, performance and patient experience measures, information about hotel quarantine and comparisons with international jurisdictions.

The trends presented in the report clearly illustrate the sharp drops in activity our public hospitals and NSW Ambulance experienced when cases peaked in March–April and corresponding shifts in performance results.

For many of the activity and performance measures presented in the report, numbers had for the most part returned much closer to 2019 levels by the end of the year.

Listening to what patients have to say about their experiences of care is also a cornerstone of high-quality healthcare, particularly at a time like this. The results of our Adult Admitted Patient and Emergency Department Patient Surveys in this report show that people rated their overall care more highly in the first half of 2020 than in 2019.

Across the report and the numerous measures presented, there is variation and intricacy in the results that provide specific insights into the effects of the pandemic on the NSW healthcare system. This can be used by health system managers and government to assess the effectiveness of the response throughout 2020 and develop plans to continue to manage this and future health crises.

We cannot forget those who have tragically lost their lives as a result of this virus, along with those who became seriously ill, and the effect that has had on their loved ones.

The pandemic has been difficult for many others too, including through isolation from friends and family, concerns about job security and general anxiety about an uncertain situation. It has been heart-warming to see people in our community support each other in so many ways during the pandemic, but also the devastating bushfires that preceded it.

I would particularly like to recognise the exceptional response from healthcare workers and support staff across the state. Their dedication, tireless work and expertise during such an extraordinary period has provided great comfort to so many.

Dr Diane Watson
Chief Executive

Summary

The effects of the COVID-19 pandemic were felt across the NSW public healthcare system throughout 2020

The people of NSW and their healthcare system rapidly adapted to address the challenges presented by the pandemic. As case numbers varied week-to-week, the health system response also evolved to help protect the community.

By looking at healthcare activity and performance measures and patient experience feedback throughout the year, this report provides valuable insights into the extent of the pandemic's impact at different stages.

Following the first case in NSW on 13 January, new cases per day increased sharply and reached their highest point for the year in mid-March. Restrictions and policies including enhanced hygiene measures, stay-at-home orders, travel bans and hotel quarantine were introduced and non-urgent elective surgery was also suspended.

Following the peak in March, and despite increases in July, August and December, cases remained low for most of the year, particularly in comparison with most other countries.

Mandatory hotel quarantine and Special Health Accommodation have been fundamental to efforts to control the spread of COVID-19 in Australia, with NSW Health working alongside NSW Police and other agencies to manage thousands of incoming international travellers.

Exploring the effect of the pandemic across the health system, this report focuses on:

- Emergency departments (EDs)
- Elective surgery
- Admitted patients
- Ambulance services.

Each chapter includes measures of activity and performance over the course of 2020. The experiences of patients in emergency departments and adults admitted to hospital, which offer a unique perspective on the impact of the pandemic on the healthcare system, are also presented.

Key findings



Emergency departments

- EDs were quieter and people had shorter waits in 2020, particularly during the March–April outbreak
- ED activity returned to 2019 levels by the end of the year
- Respiratory system presentations were much lower for most of 2020
- People rated their overall care in EDs more highly than in 2019
- People felt more informed about their care and treatment than in 2019



Elective surgery

- Elective surgery activity exceeded 2019 levels in the second half of the year following a major decrease due to the suspension of non-urgent surgery
- Almost all urgent procedures were performed on time throughout 2020
- Waiting times for non-urgent procedures were up but gradually recovered following the suspension
- Waiting list surged mid-year before returning close to 2019 levels by the end of the year



Admitted patients

- Sharp drop in patient admissions before a gradual return to 2019 levels
- Admissions for respiratory system conditions remained lower than 2019
- Admissions for injuries and mental health returned to 2019 levels by June
- Patients rated their overall care more highly than the previous year
- Patients continued to feel informed about their care



Ambulance

- Sharp decrease in ambulance responses during the March–April outbreak before steadily increasing again
- The number of highest priority (P1A) responses remained relatively stable during 2020
- Median P1A response time was similar to 2019 from January to May, before increasing to longer than 2019 for most of June to December

About this report

This 11th annual *Healthcare in Focus* report provides insights into the impact of the COVID-19 pandemic on the public healthcare system in NSW during 2020. It examines patterns of activity and performance throughout the year, looking at measures including timeliness of care, patients' experiences, and COVID-19 cases and testing numbers. International context is also provided for some measures.

The report shows how the NSW public healthcare system operated under the extraordinary challenges presented by the pandemic, and provides transparency for the community as well as insights to support ongoing system management and improvement.

Healthcare in Focus is being released simultaneously with BHI's latest quarterly healthcare performance report, *Healthcare Quarterly, October to December 2020*, and features many of the measures previously included in the *COVID-19 Supplement* published with the past three issues of *Healthcare Quarterly*.

While BHI's *Healthcare Quarterly* reports look at three months of activity and performance, and trends over five years, this *Healthcare in Focus* report examines the impact of the pandemic over the course of 2020. To enable an understanding of the healthcare system before the pandemic, the report presents results for 2019 alongside the 2020 results.

One of BHI's functions is to provide an annual report to the NSW Minister for Health and Medical Research, and NSW Parliament about the performance of the NSW public health system. This report fulfils that responsibility.

Data sources included in this report

To produce this report, BHI independently calculated measures using a range of data sources. Results are presented by week where possible. The data sources are:

- COVID-19 tests performed and cases in NSW by the COVID-19 Public Health Response Branch
- NSW Police-managed hotel quarantine
- NSW special health accommodation
- NSW quarantine exemptions
- The Commonwealth Fund's International Health Policy Survey of General Population in 11 Countries 2020
- Coronavirus Pandemic (COVID-19) dataset by Our World in Data
- NSW Health Emergency Department Data Collection, accessed via the Health Information Exchange (HIE)
- Emergency Department Patient Survey 2018–19 and 2019–20 results
- NSW Health Admitted Patient Data Collection, accessed via the HIE
- Waiting List Collection On-line System
- Adult Admitted Patient Survey 2019 and 2020 results
- NSW Ambulance Computer-Aided Dispatch system.



Structure of the report

The remainder of the report is structured as follows:

Setting the scene

- This introductory chapter focuses on the local and international contexts in which the NSW healthcare system operated during 2020.
- It shows how the COVID-19 pandemic unfolded in NSW including key dates, and weekly numbers of cases and tests in the community.
- It outlines the implementation of mandatory hotel quarantine, special health accommodation and exemptions in NSW.
- It situates NSW and Australia in the context of 10 comparator countries, presenting rates of COVID-19 cases and survey results reflecting people's views and experiences of their local healthcare systems.

Emergency department

- NSW-level emergency department activity and performance results in 2020, compared with the previous year.
- Emergency Department Patient Survey results for the first half of 2020 in comparison with the same period in 2019. Examples of patients' responses to free-text survey questions are also included.

Elective surgery

- NSW-level elective surgery activity and performance results in 2020, compared with the previous year.

Admitted patients

- NSW-level admitted patient activity and performance results in 2020, compared with the previous year.
- Adult Admitted Patient Survey results for the first half of 2020 in comparison with the same period in 2019. Examples of patients' responses to free-text survey questions are also included.

Ambulance

- NSW-level ambulance activity and performance results in 2020, compared with the previous year.

Additional materials

- The technical supplement for this report provides further detail on data sources and analytic methods.
- The main report and technical supplement are published on the BHI website at bhi.nsw.gov.au/BHI_reports/healthcare_in_focus

For more information about the performance of the NSW healthcare system during 2020, see BHI's *Healthcare Quarterly* reports – including *COVID-19 Supplements* – at bhi.nsw.gov.au/BHI_reports/healthcare_quarterly

Setting the scene

COVID-19 in NSW

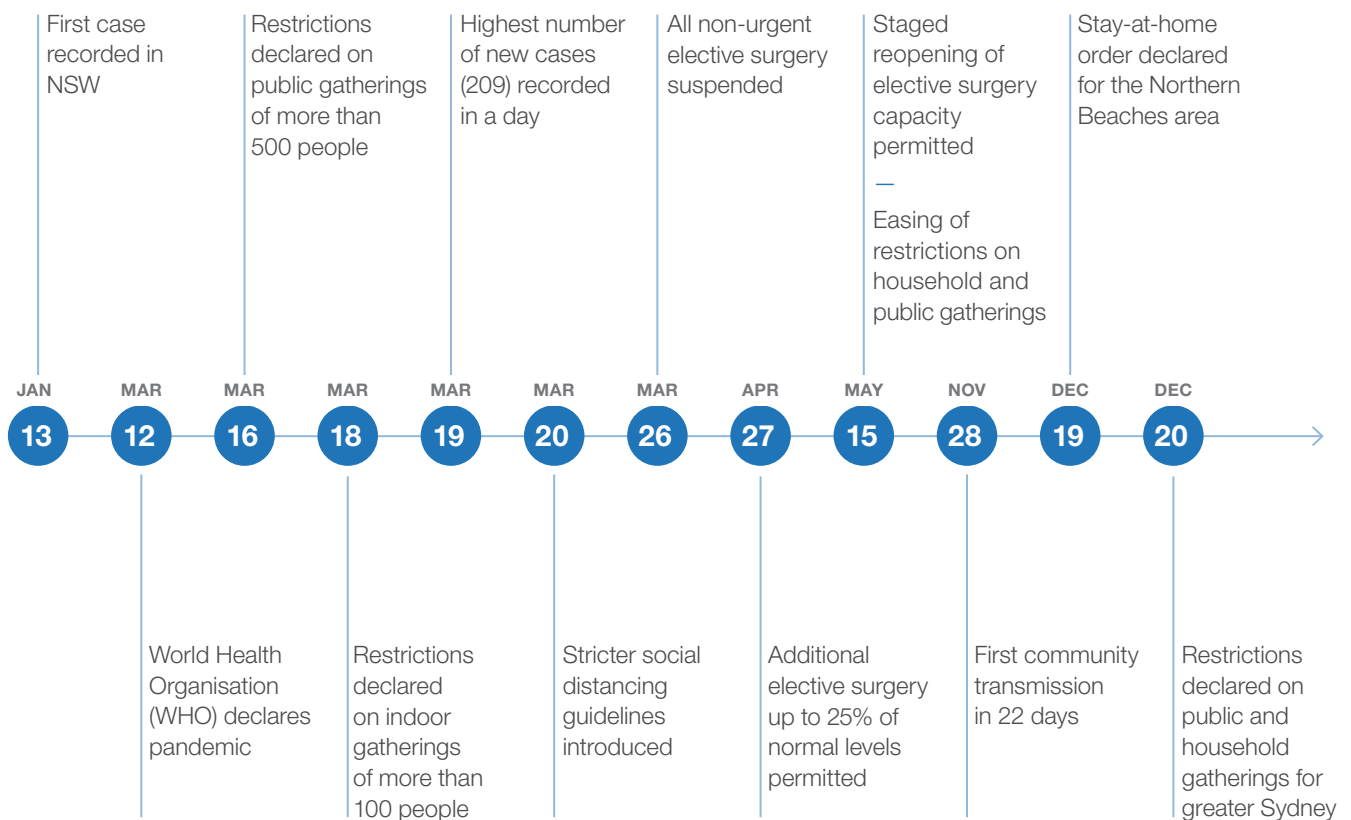
2020 was an extraordinary year for the people of NSW and their healthcare system. The arrival of COVID-19 saw far-reaching changes to people's lives and a large-scale response to the COVID-19 pandemic by the health system.

This involved significant changes to the way services were delivered throughout 2020, including the establishment of dedicated COVID-19 testing clinics and hotel quarantine. Hospitals acted to maintain sufficient capacity and personal protective equipment to help ensure the safety of staff and patients.

From 26 March, National Cabinet suspended all non-urgent elective surgery. From 27 April, elective surgery up to 25% of normal levels was permitted, and from 15 May, three stages for reopening elective surgery were established, to be implemented at the discretion of each jurisdiction.

In 2020, there were 4,782 confirmed cases of COVID-19 in NSW, with 2,062 (43.1%) acquired locally. The first case in NSW was recorded on 13 January 2020. New cases of COVID-19 peaked in mid-March and then decreased, with locally acquired cases remaining below 10 per day from 18 April to 1 July.

Timeline





New cases increased during July and August before decreasing again from September to November.

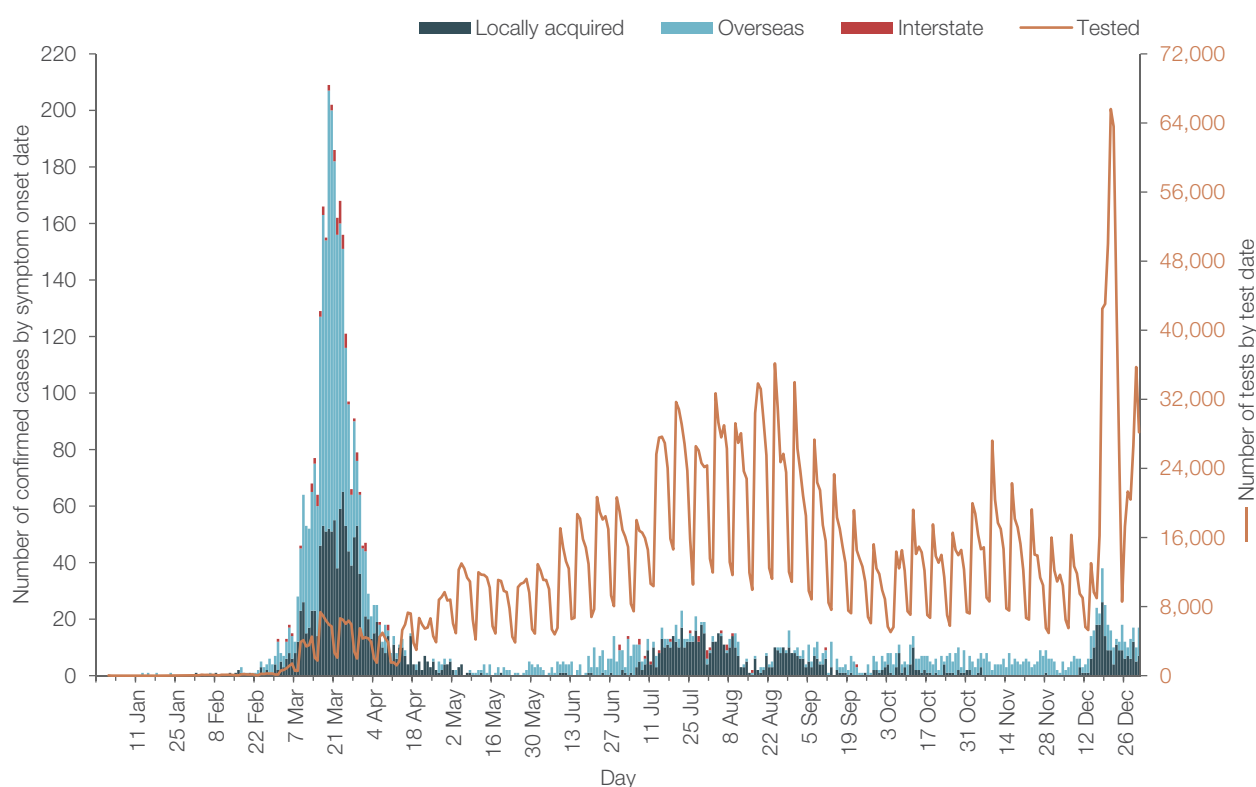
From 6 to 27 November, NSW experienced 22 consecutive days without community transmission, before the emergence of further clusters saw an increase in cases in December (Figure 1).

By the end of 2020, 4,163,464 COVID-19 tests had been carried out in NSW. Testing increased steadily from mid-March when the criteria broadened and availability increased. From September to November there was a decrease in the number of tests.

However, there was a striking increase in tests in December and the number of tests per day peaked at 65,604 on 21 December 2020 (Figure 1).

Of confirmed cases of locally acquired COVID-19 in NSW, the majority of people remained outside of hospital settings to recover. More information on the hospitalisation of patients confirmed to have COVID-19 is provided in the NSW Health Weekly COVID-19 Surveillance reports, available at: health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx

Figure 1 **Confirmed COVID-19 cases by symptom onset date, and COVID-19 tests performed by test date, NSW, January to December 2020**



Notes: 'Confirmed COVID-19 cases by symptom onset date' is based on the date the person first developed symptoms. For asymptomatic cases or where symptom onset date is not available, the onset date is calculated from the earliest test date.

'COVID-19 tests performed by test date' refers to the total number of diagnostic tests done in NSW by the date the person presented for the test. This means that people who have multiple tests on different days have each test counted separately. Multiple tests on the same person on any one day are only counted as one test. While public health facilities are open seven days a week, less testing occurs through general practitioners (GPs) and private collection centres on weekends and public holidays. This explains the lower number of tests on weekends.

Source: COVID-19 weekly surveillance in NSW. 'Confirmed COVID-19 cases by symptom onset date' data extracted on 22 January 2021. 'COVID-19 tests performed by test date' data extracted on 22 January 2021. These reports have been published since 1 May 2020 and are available at health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx

Quarantine

The introduction of mandatory hotel quarantine has been fundamental to efforts to control the spread of COVID-19 in Australia. In 2020, NSW provided hotel quarantine services to more than half of all international travellers to Australia.

Information about hotel quarantine provides an important backdrop to hospital activity and performance, which is the principal focus of this report. It also reflects an important part of the demand placed on NSW Health – working alongside NSW Police and other agencies – given the highly specialised health support required to operate an effective hotel quarantine program.

From 29 March, all overseas travellers were required to undertake 14 days of supervised quarantine, managed by NSW Police, in a designated hotel or accommodation facility. From 7 August to 23 November, people who had been in Victoria were also required to undertake hotel quarantine.

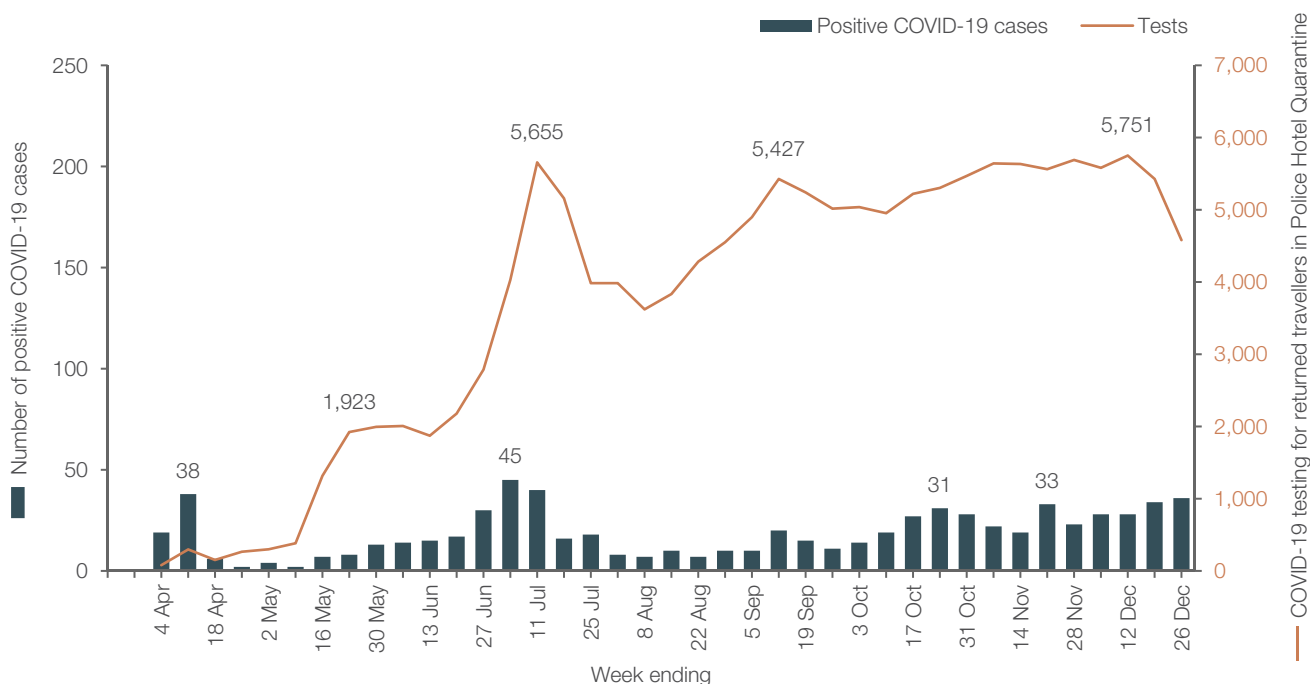
People in hotel quarantine showing symptoms or feeling unwell were provided with an urgent COVID-19 test. Testing was also introduced for all

incoming travellers on Day 10 of their quarantine from 6 May and on Day 2 from 30 June, with a negative result required prior to release. By 31 December 2020, 148,327 tests had been carried out for travellers in hotel quarantine, of which there were 755 confirmed cases. The number of positive COVID-19 cases peaked at 45 in the week ending 4 July (Figure 2).

By 31 December, 8,424 urgent tests had been performed. There were 63,697 and 76,206 tests provided to travellers on Day 2 or Day 10 of their quarantine, respectively (data not shown). The COVID-19 positivity rate for symptomatic travellers peaked at 23.8% in the week ending 4 April, followed by a sharp decrease from mid-April. By the week ending 26 December, the COVID-19 positivity rate for returning travellers with symptoms was 2.6% (Figure 3a).

The Day 10 positivity rate peaked at 1.1% in late June and early July 2020, before decreasing from mid-July after the introduction of the Day 2 test. It remained consistently lower than the Day 2 positivity rate which varied between 0.2% and 1.3% (Figure 3b).

Figure 2 Number of COVID-19 tests for returned travellers and confirmed COVID-19 cases in hotel quarantine, March to December 2020





In March, NSW Special Health Accommodation (SHA) was established to provide clinical, welfare and health services for people arriving in NSW and community patients who need specialised services when in quarantine. People who receive positive test results in hotel quarantine are admitted to SHA or transferred to hospitals. The number of people residing in SHA has trended up since the end of March, peaking at 862 in the week ending 21 November 2020. As at 31 December 2020, 7,604 people had been admitted to SHA, comprising 6,236 international travellers, 568 domestic travellers and 800 community patients. Overall, 1,204 people (15.8%) were COVID-19 positive, with 992 of these being international travellers, 14 domestic travellers and 198 community patients.

Of those admitted to SHA, 267 had received care or treatment at Royal Prince Alfred Hospital (RPAH),

of which 42 people (15.7%) were COVID-19 positive. Of these 267 people, 182 (68.2%) were admitted to RPAH directly from Sydney Airport or from hotel quarantine before being transferred to SHA. Additionally, 48 people from Sydney Airport and 81 people from hotel quarantine were admitted to RPAH and remained there for their entire quarantine period.

Exemptions to quarantine have been granted relating to, for example, medical or compassionate reasons. In April to December 2020, NSW Health processed 32,000 exemption requests. During this period, 7,756 exemptions were granted for international and 2,034 for domestic travellers.

For further information, see the *Healthcare in Focus* technical supplement at bhi.nsw.gov.au

Figure 3a COVID-19 testing positivity rate in hotel quarantine, symptomatic/urgent, Day 2 and Day 10 tests, March to December 2020

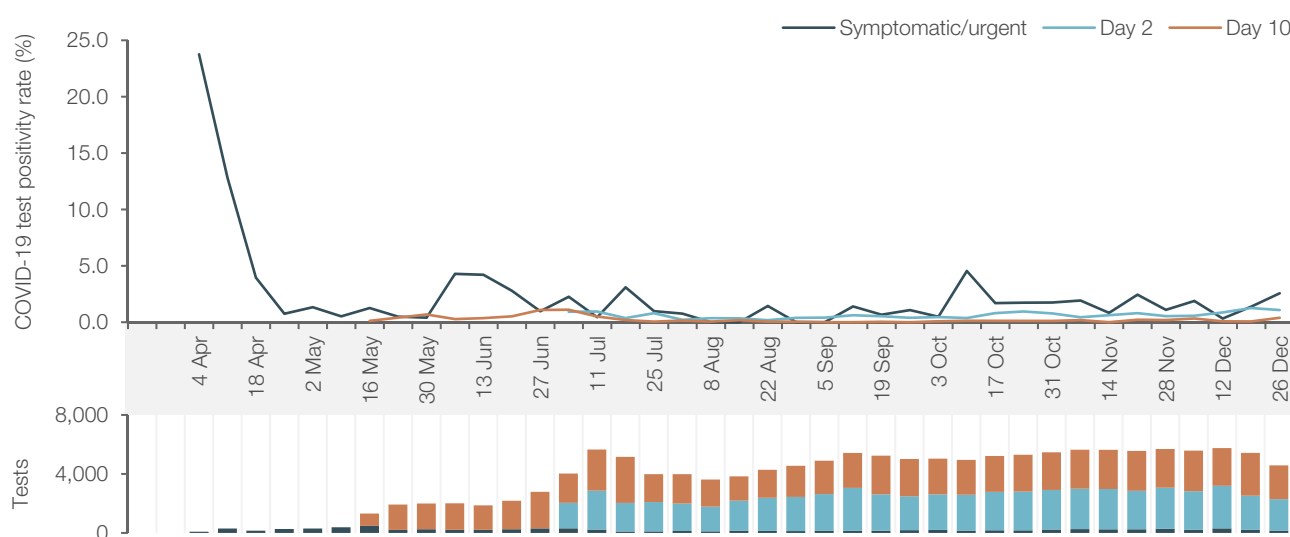
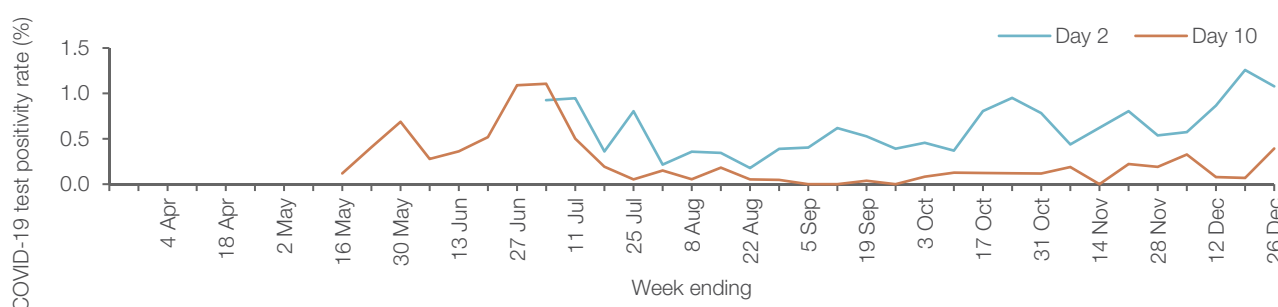


Figure 3b COVID-19 testing positivity rate in hotel quarantine, Day 2 and Day 10 tests, March to December 2020



COVID-19 in the international context

In 2020, the COVID-19 pandemic affected people and healthcare systems around the world in different ways. Internationally, there were more than 83 million confirmed cases and more than 1.8 million deaths from COVID-19 between January and December.¹ The numbers continued to grow into 2021.

The 10 countries presented on page 12, along with Australia, are those for which this report presents comparative information on peoples' views on their healthcare systems on pages 13–14. Following the declaration of the pandemic by the World Health Organization on 12 March, most of these countries had an increase in case numbers until mid-April. France recorded the highest infection rate during this period of 1,422 per million people in the week ending 18 April 2020 (Figure 4a).

COVID-19 restrictions including enhanced hygiene measures, stay-at-home orders, travel bans and lockdowns were put in place to varying degrees and at different times in many countries. Infection rates decreased from April to mid-June in Switzerland, the Netherlands, France, Germany, the United Kingdom, Canada and Norway. From late July, these countries recorded an increase in cases again, with the highest rate of 6,662 per million per week in early November in Switzerland.

Some countries, such as the United States and Sweden, had a different experience.

The United States did see case numbers fall following the March to April peak, but the drop was not as notable as that seen in other countries. In July, it experienced another peak in cases, followed by another fall, before the case rate began to increase steadily from September. During the final two months of the year, the United States had an average 3,649 cases per million per week.

Sweden had consistent case rates from early April until late June, before a drop in July to September. However, the case rate then increased, reaching a peak of 4,656 cases per million per week in mid-December.

Australia and New Zealand each had considerably lower cases in 2020 than the other comparator countries (Figure 4a).

In Australia, there were 28,425 cases of COVID-19 in 2020. Cases increased rapidly from mid-March to mid-April – reaching a peak of 101 cases per million per week in late March – and then decreased as hygiene measures and restrictions were introduced. The rate of infection remained below 10 cases per million people per week from mid-April to late June.

During July to mid-September, Victoria saw a rapid increase in case numbers. The case rate in Australia peaked at 137 cases per million in the week ending 1 August before returning to lower levels by late September. There was a final slight increase in cases at the end of the year during the December outbreak in NSW, however the infection rate remained low nationally at below five cases per million per week.

There were 2,162 cases in New Zealand over the year. During the initial outbreak from mid-March to mid-April, the rate reached 103 per million in the week ending 4 April. Cases remained low from mid-May until the end of the year.

The countries included in Figures 4a and 4b reflect those included in the Commonwealth Fund's International Health Policy Survey of General Population in 11 Countries. More information regarding this survey can be found on pages 13–14 of this report.



Figure 4a Confirmed COVID-19 cases per million per week, by test date, Australia and 10 comparator countries, January to December 2020

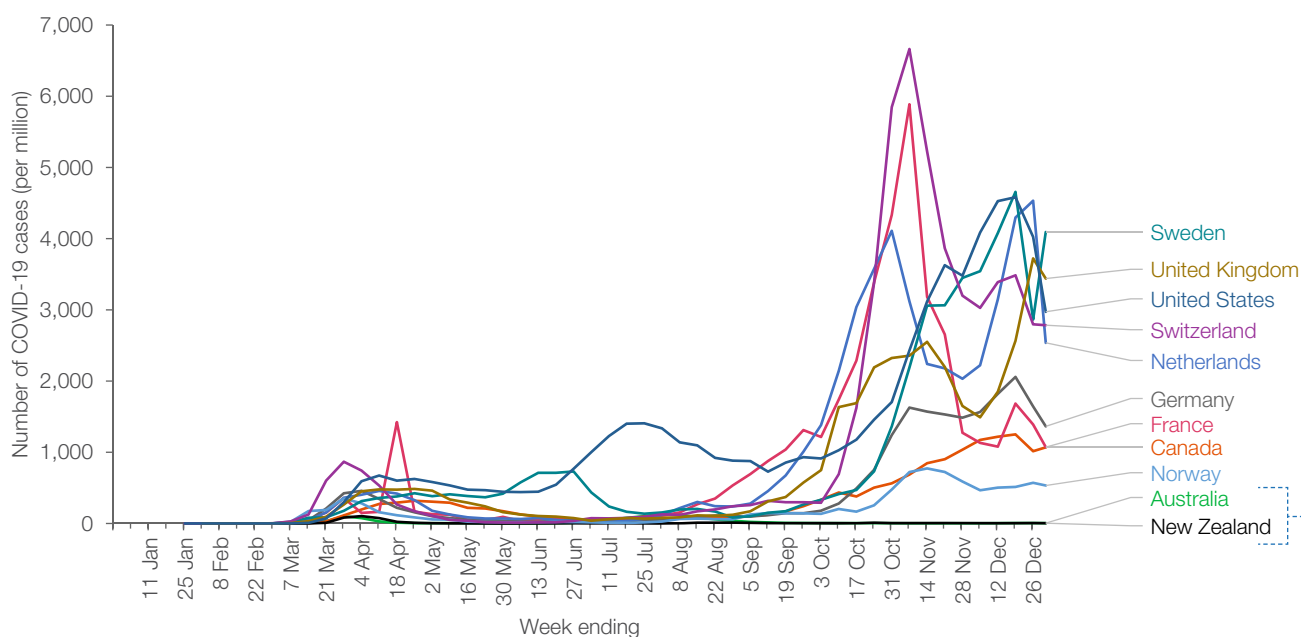
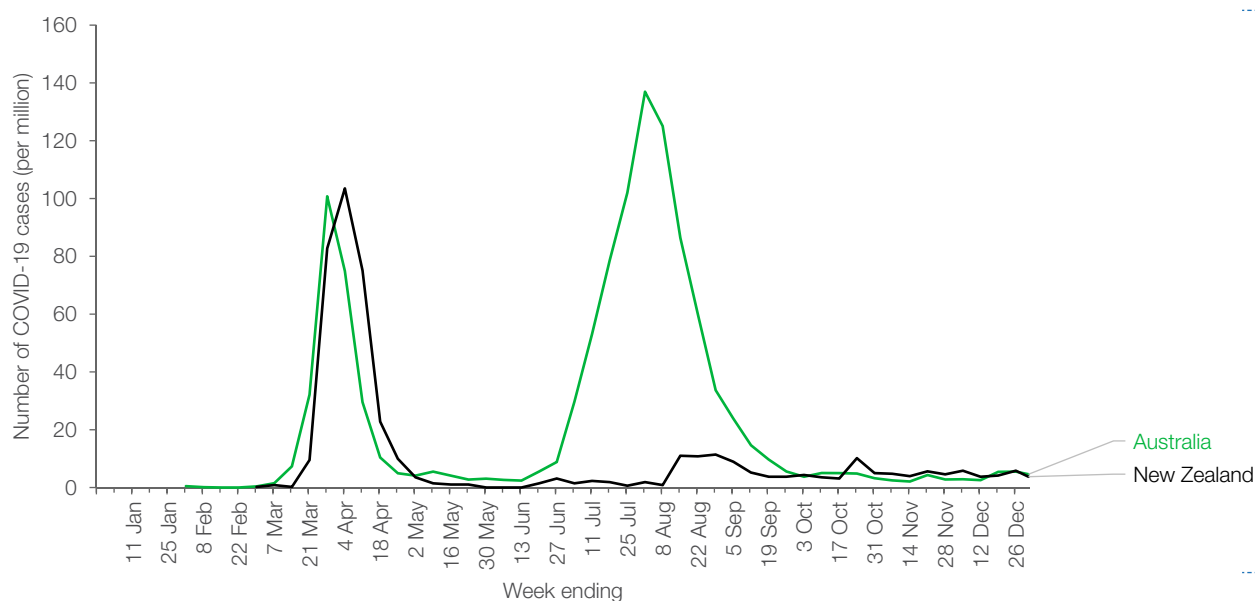


Figure 4b Confirmed COVID-19 cases per million per week, by test date, Australia and New Zealand, January to December 2020



Notes: 'Confirmed COVID-19 cases by test date' is based on the date the person first received a positive test result. This is different to the NSW results on page 7–8 which are presented by the date the person first developed symptoms.

Source: Max Roser, Hannah Ritchie, Esteban Ortiz-Ospina and Joe Hasell (2020) - "Coronavirus Pandemic (COVID-19)". Published online at OurWorldInData.org. Retrieved from: <https://ourworldindata.org/coronavirus> [Online Resource]. Data extracted on 12 January 2021

International perspectives on healthcare

In February to May 2020, as the world was feeling the impact of the COVID-19 pandemic, people in countries including Australia took part in the Commonwealth Fund's International Health Policy Survey of General Population in 11 Countries. People were asked about their views on, and experiences with, their local healthcare systems.

The results on this page reflect the responses of people aged 50+ years with a long-term health condition. Because this is a cohort with a high rate of hospital attendance, feedback from these patients provided during the pandemic gives context to the activity, performance and patient experience information later in the report.

More than half of NSW adults aged 50+ years with a long-term health condition (52%) said that overall, the Australian healthcare system 'works pretty well and only minor changes are necessary to make it work better'.

Almost eight in 10 NSW respondents in this cohort (79%) rated the Australian healthcare system as 'very good' (47%) or 'good' (32%). NSW had the third highest percentage of 'very good' ratings, the same as the rest of Australia. The NSW result was significantly higher than seven comparator countries (Figure 5).

Around half of NSW respondents (53%) said, when they were last sick or needed medical attention, they were able to get an appointment with a doctor or nurse on the same day (33%) or the next day (20%). NSW had the fifth highest percentage of respondents who said they were able to see a doctor or a nurse on the same day (Figure 6).

Around one in 10 NSW respondents (12%) said they either had to wait more than eight days to get an appointment from when they were last sick or needed medical attention, or were not able to get one at all (Figure 6).

NSW respondents aged 50+ years with a long-term health condition said, overall, the Australian healthcare system...

52%

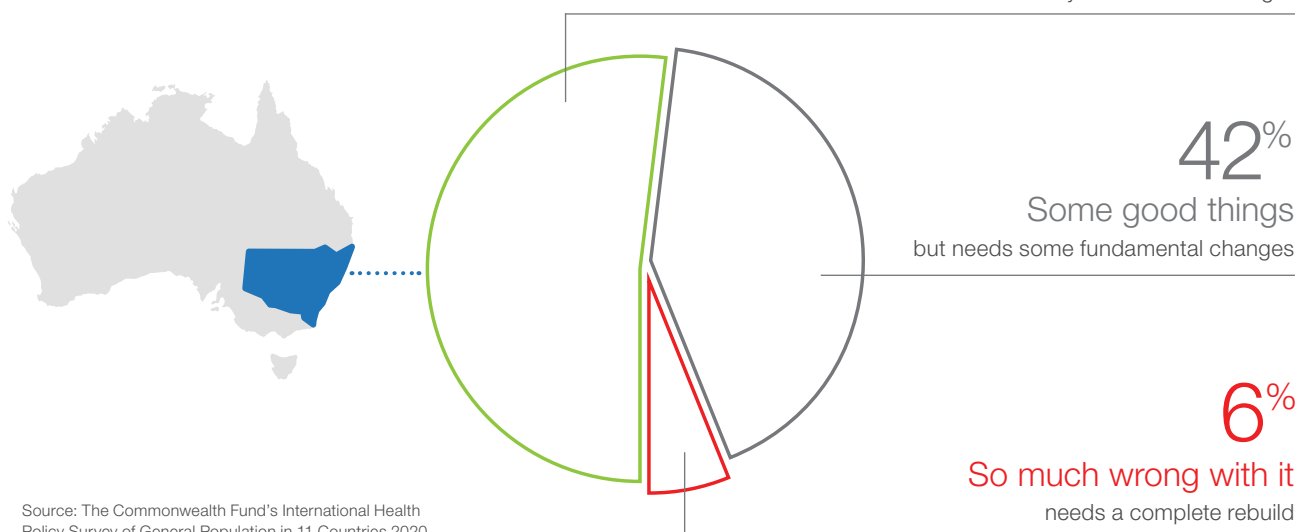
Works pretty well
only needs minor changes

42%

Some good things
but needs some fundamental changes

6%

So much wrong with it
needs a complete rebuild



Source: The Commonwealth Fund's International Health Policy Survey of General Population in 11 Countries 2020.



Figure 5 Percentage of adults aged 50+ years with a long-term health condition, NSW and comparator countries, February to May 2020

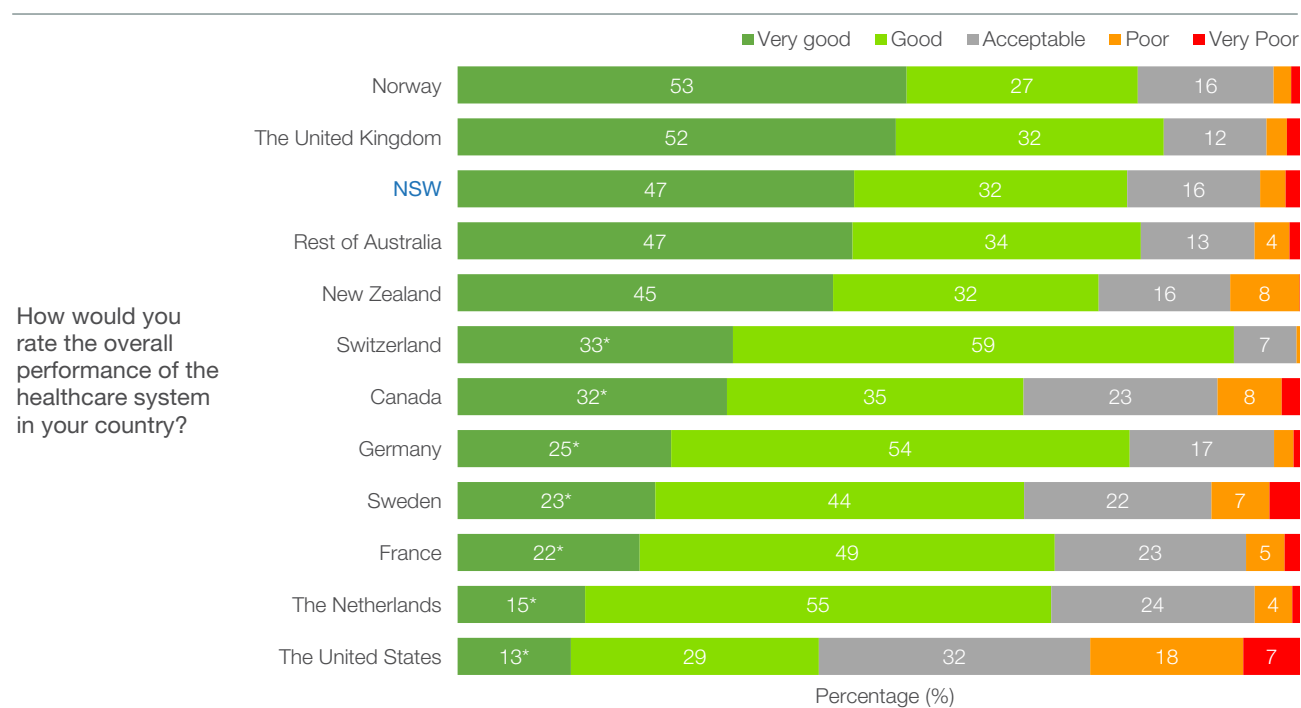
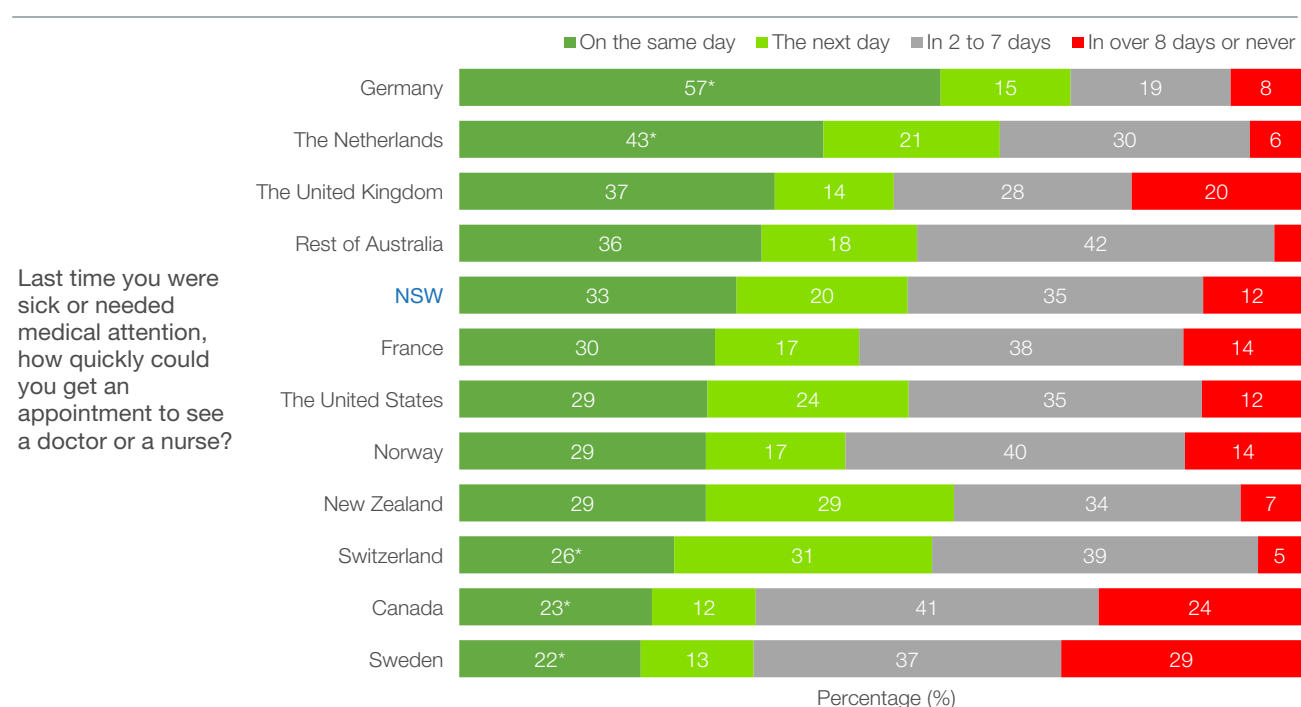


Figure 6 Percentage of adults aged 50+ years with a long-term health condition, NSW and comparator countries, February to May 2020



*Comparator countries significantly different from NSW adjusted for differences in age and sex.

Source: The Commonwealth Fund's International Health Policy Survey of General Population in 11 Countries 2020.



Emergency department



Emergency



Key findings

Emergency departments (EDs) provide patients with access to high-quality care in their time of need. EDs are open to everyone, offering specialised assessment and life-saving care for acutely unwell patients.



EDs were quieter and people had **shorter waits** in 2020, particularly during the March–April outbreak



ED activity returned to 2019 levels by the end of the year



Respiratory system presentations were **much lower** for most of 2020 compared with 2019



People rated their **overall care** in EDs **more highly** than in 2019



People felt **more informed** about their **care and treatment** in the ED than in 2019

Emergency department activity and performance

EDs were quieter and people had shorter waits in 2020

There were 2,884,227 ED attendances in NSW in 2020, down 167,523 (5.5%) from 2019. Generally, people were treated sooner and spent less time in EDs. Over the year, 77.5% of patients' treatment started on time (compared with 71.7% in 2019) and 71.6% of patients left the ED within four hours (69.7% in 2019) (data not shown).

Following an increase in ED attendances in early March, activity decreased almost 40% from mid-March to mid-April (Figure 7). During this period, the percentage of patients treated on time and who spent less than four hours in the ED were at their highest of any time during 2020 or 2019 (Figures 8, 9).

From mid-April, ED activity steadily increased to the end of the year. By the end of December, there were a similar number of weekly attendances to the same time in 2019 (Figure 7). Over this period, the percentage of patients treated on time and who left the ED within four hours progressively decreased.

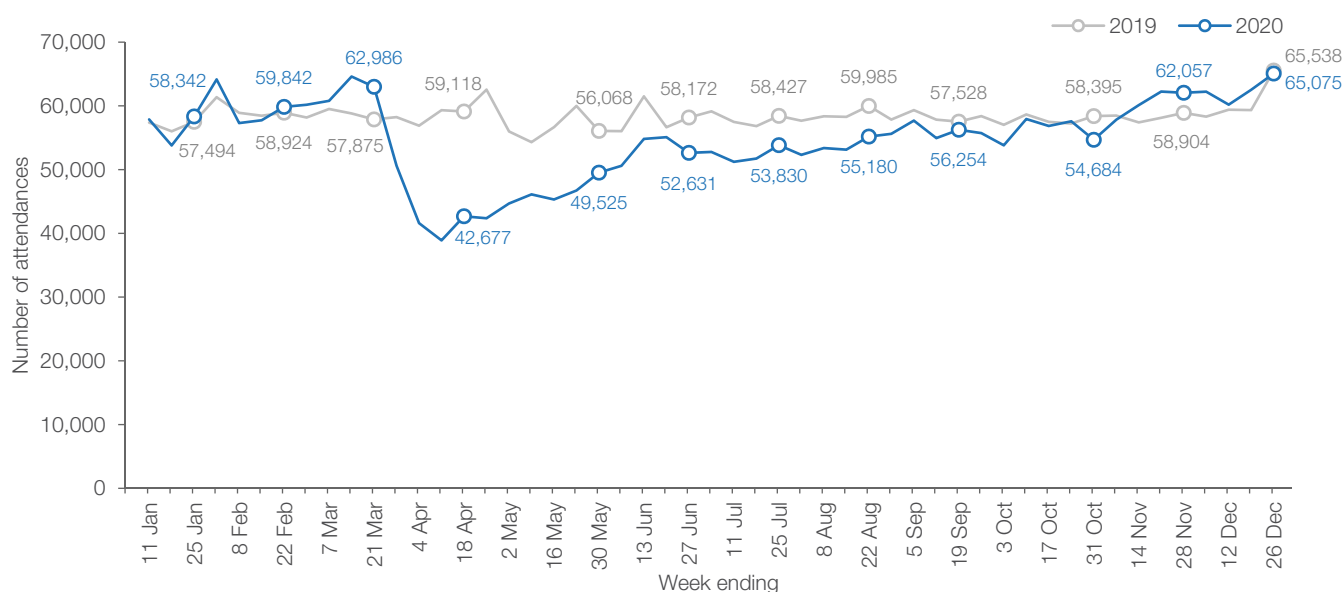
By the end of the year, these figures were broadly similar to 2019 (Figures 8, 9).

The number of presentations in triage categories 2–4 also decreased in late March before returning closer to 2019 levels by the end of the year. Triage 5 presentations spiked in March and, despite decreasing again, remained above 2019 levels for most of the year. This was primarily due to COVID-19 testing provided by EDs, although most COVID-19 testing moved to separate dedicated testing clinics from late March (data not shown).

For more information about ED activity and performance during 2020, see BHI's *Healthcare Quarterly* reports at bhi.nsw.gov.au/BHI_reports/healthcare_quarterly

Time to start treatment refers to the time between a patient's arrival at the ED and when their treatment began.

Figure 7 Emergency department attendances, NSW, January to December 2020 and 2019



Note: 'ED attendances' includes every patient visit to the ED during the defined period. The vast majority of ED attendances are classified as 'emergency presentations'. The remaining ED attendances include non-emergency visits such as planned returns, pre-arranged admissions, some outpatient visits and private referrals.

Figure 8 Percentage of patients whose treatment started on time, NSW, January to December 2020 and 2019

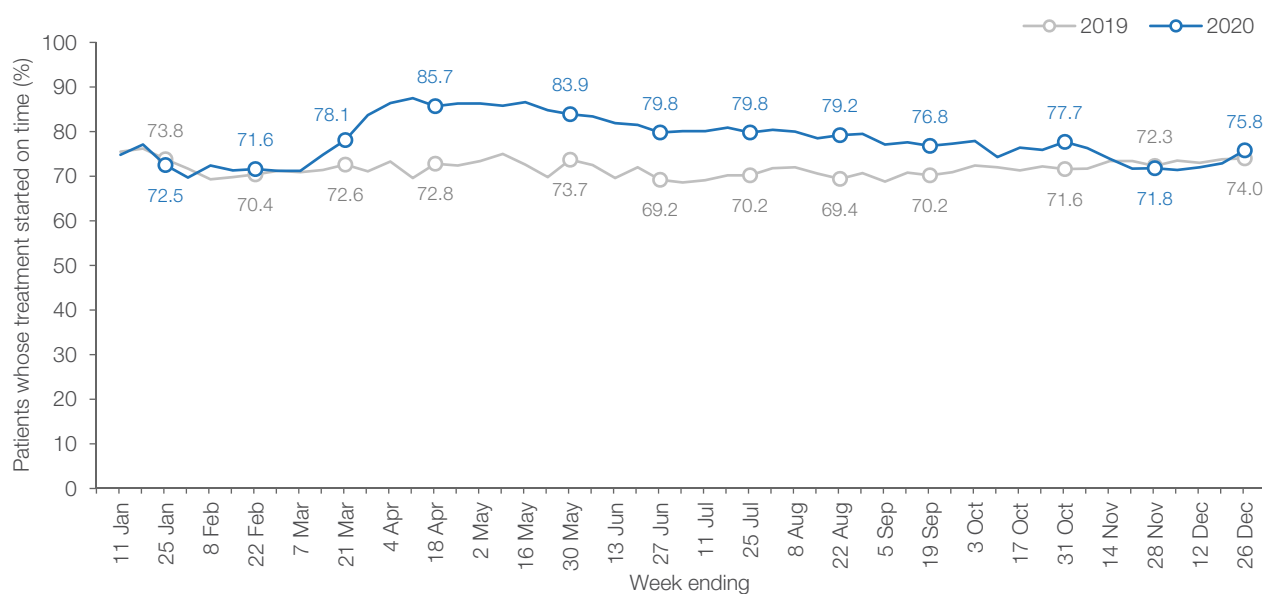
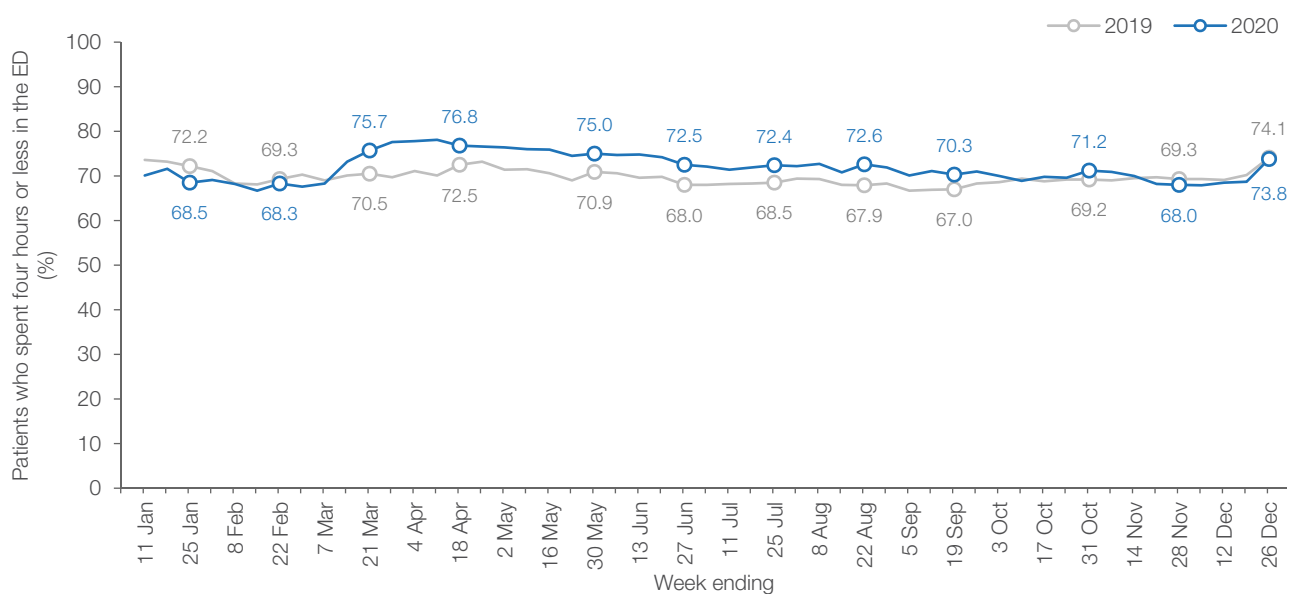


Figure 9 Percentage of patients who spent four hours or less in the emergency department, NSW, January to December 2020 and 2019



Emergency presentations by clinical cohort

Respiratory system presentations were much lower for most of 2020

There were 174,551 emergency presentations for respiratory system conditions in 2020, down 67,621 (27.9%) from 2019 (data not shown).

In March, there was a sharp increase in weekly respiratory presentations (up more than 50% compared with March 2019), before dedicated testing clinics were established. After peaking mid-month, they decreased until mid-April and remained well below 2019 levels until November. In November and December they started to approach 2019 levels (Figure 10).

Presentations for injuries and mental health-related reasons followed a different pattern.

The number of weekly presentations for injury decreased rapidly from mid-March to early April. At its lowest point, the number was down around 40% compared with 2019. Presentations for injury then increased from early April and, in late August, rose above 2019 levels, remaining higher for most weeks until the end of the year (Figure 11).

Presentations for mental health-related reasons also decreased from mid-March to mid-April, before returning to levels similar to 2019 throughout June to December (Figure 12).

Circulatory system and nervous system emergency presentations were lower from March to May 2020 compared with 2019, but returned to levels similar to 2019 in the second half of the year (data not shown).

People present to EDs for a variety of reasons, including diagnosis and treatment of acute conditions. Many are not diagnosed until they are admitted to hospital or return home, after diagnostic tests and procedures are completed. However, patients can be assigned to clinical cohorts based on their symptoms or diagnoses made while they are in the ED. The respiratory system, injury, mental health, circulatory system and nervous system cohorts account for 36.4% of all emergency presentations to NSW EDs.

Figure 10 **Emergency presentations, respiratory system conditions, NSW, January to December 2020 and 2019**

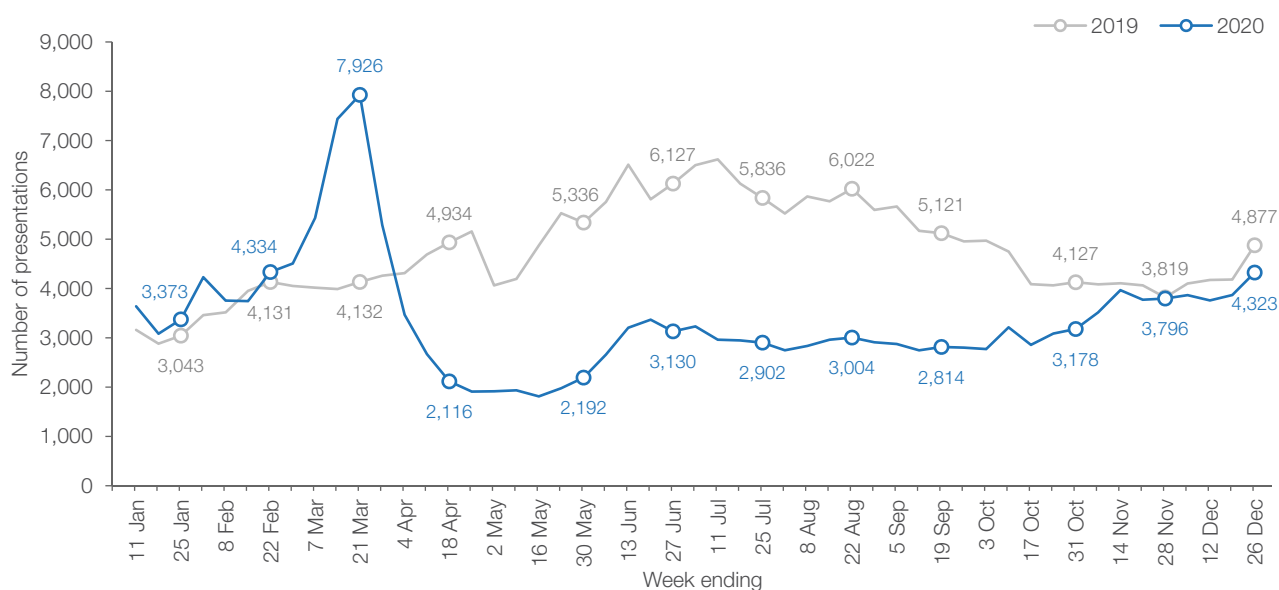


Figure 11 Emergency presentations, injury, NSW, January to December 2020 and 2019

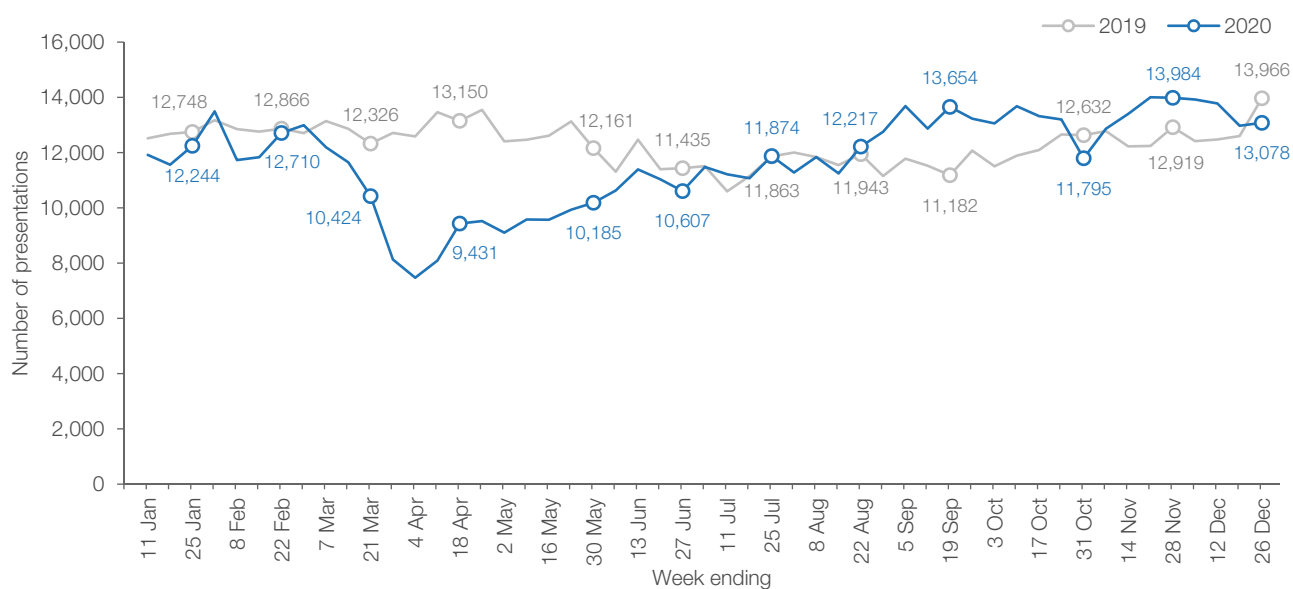
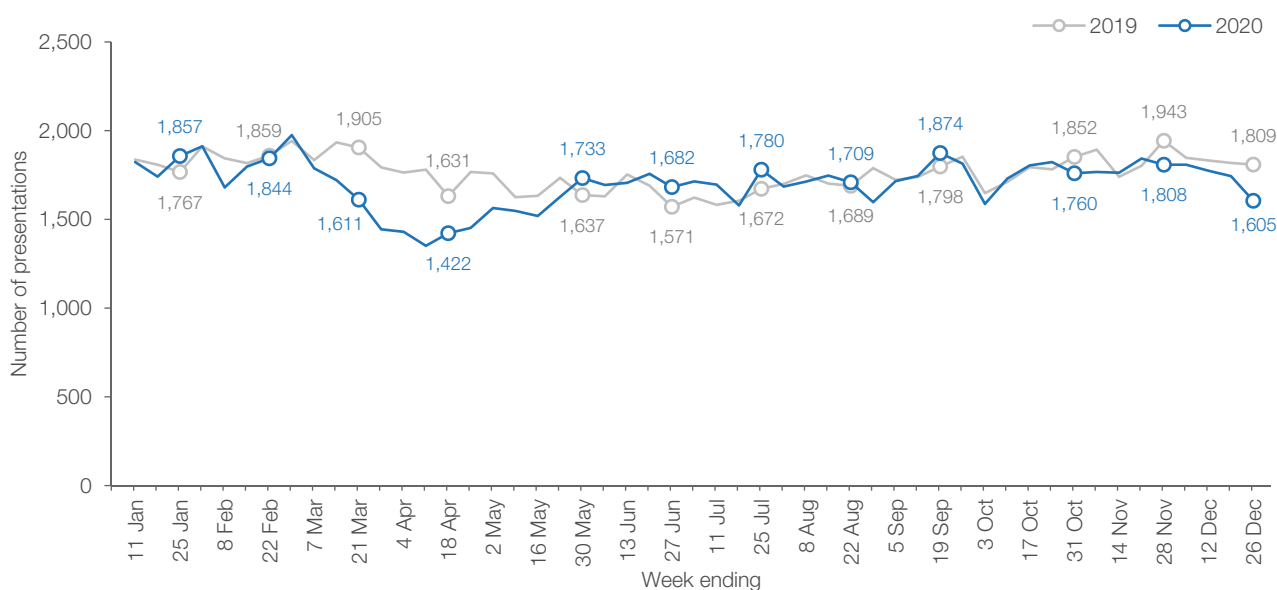



Figure 12 Emergency presentations, mental health, NSW, January to December 2020 and 2019



The discharging diagnoses which patients receive in the ED were aggregated to represent clinical cohorts using methodology developed and validated in Australia. See the technical supplement to *Healthcare Quarterly*, July to September 2020 for further information.



Patient experience

Emergency departments

The Emergency Department Patient Survey asks people who have recently attended a NSW emergency department to provide feedback on their experiences of care. The patient comments and results on pages 22–26 reflect the experiences of people who responded to this survey between January and June 2020. Patient experience is a key dimension of high-quality healthcare and provides further insights into the performance of the NSW healthcare system during the COVID-19 pandemic, from the perspective of those who use it.



Patients' comments on their experiences of care in NSW EDs in 2020...

“

The whole process was much quicker than I anticipated, particularly given the evolving COVID situation. The nurses and doctor were very attentive, patient and caring. We couldn't have asked for a better experience.

”

“

I was emotionally upset and frightened that I could have the virus. They treated me with dignity and communicated the process of what to expect in ED.

”

“

I wasn't given advice about how to interact with my family on return home, for example, to isolate myself from them or carry on as normal.

”

Overall experiences of care

People rated their overall care in EDs more highly than in 2019

ED visits can be a stressful time for patients and families, and support from health professionals is valuable to help ensure the best possible experiences and outcomes. While 2020 was a challenging time for the healthcare system, people who attended an ED during the first half of the year gave higher ratings of their overall care compared with the same period in 2019.

In total, more than 18,000 people responded to the Emergency Department Patient Survey in the first half of 2019 and the first half of 2020.

Monthly ratings of care were above 2019 levels in January. They remained higher than 2019 from March to June and, for the most part, the difference was larger during this period than earlier in the year (Figures 13–15).

Looking at the first half of 2020 in its entirety, almost seven in 10 patients (67%) said overall, the care they received in the ED was 'very good', nine percentage points higher than during the same period in 2019 (58%) (data not shown).

When asked to rate how well ED health professionals worked together, more than six in 10 patients (64%) said 'very good', nine percentage points higher than during the same period in 2019 (55%).

Around seven in 10 patients (72%) said they would rate ED health professionals as 'very good', seven percentage points higher than during the same period in 2019 (65%).

The results of the Emergency Department Patient Survey reflect the experiences of people of all ages who attended one of 77 large EDs in NSW public hospitals.

Figure 13 **Percentage of patients who rated overall care in ED as 'very good', NSW, January to June 2020 and 2019**

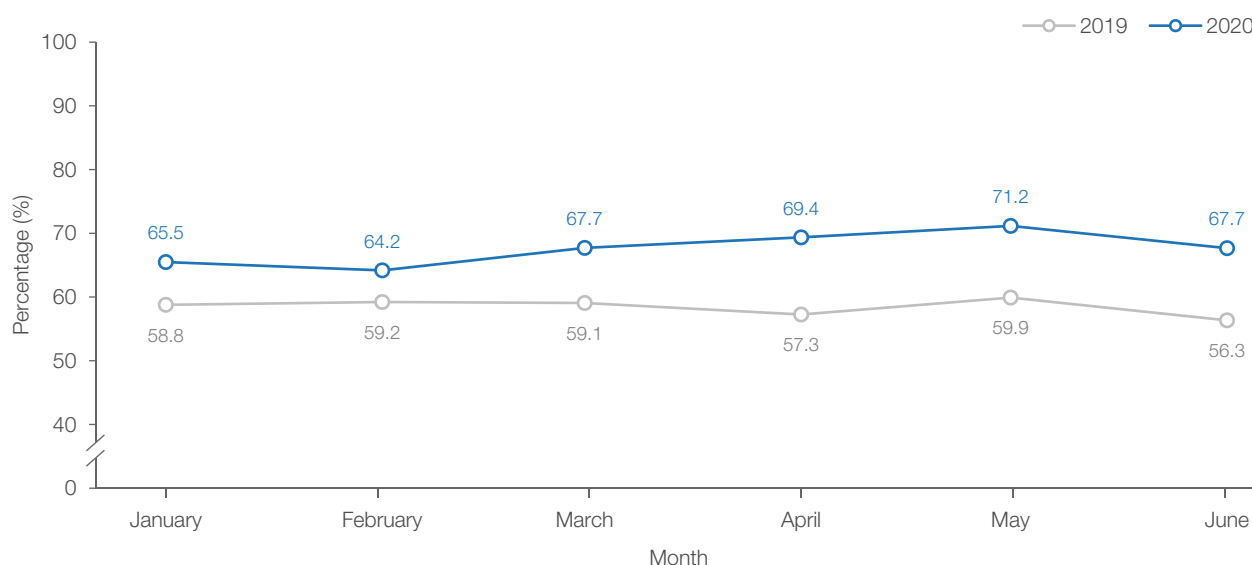


Figure 14 **Percentage of patients who rated how ED health professionals worked together as ‘very good’, NSW, January to June 2020 and 2019**

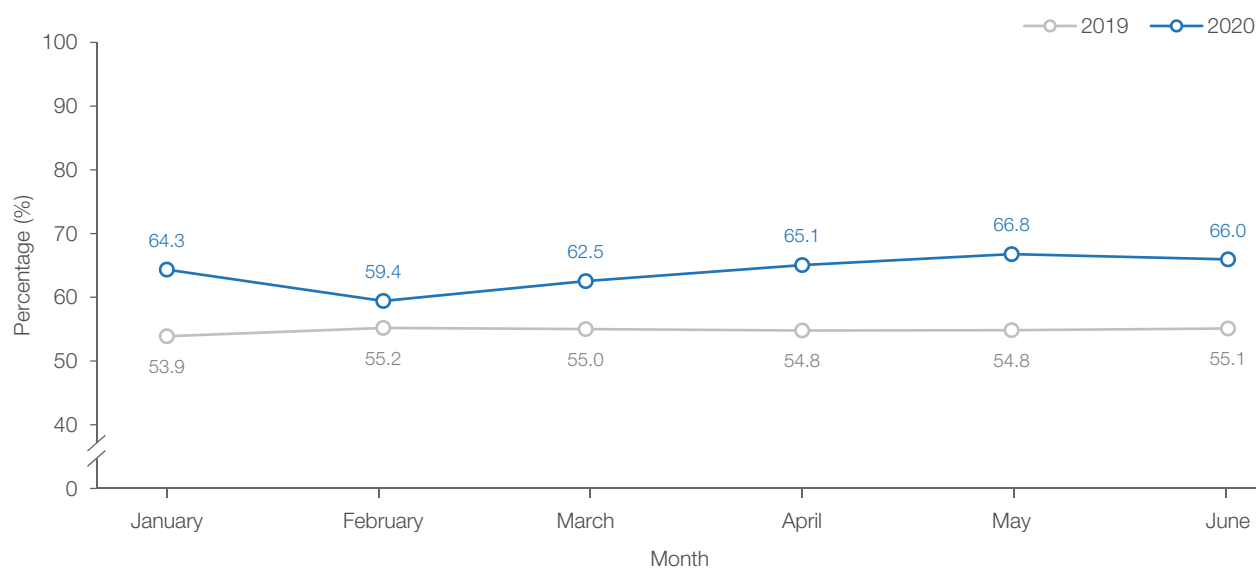
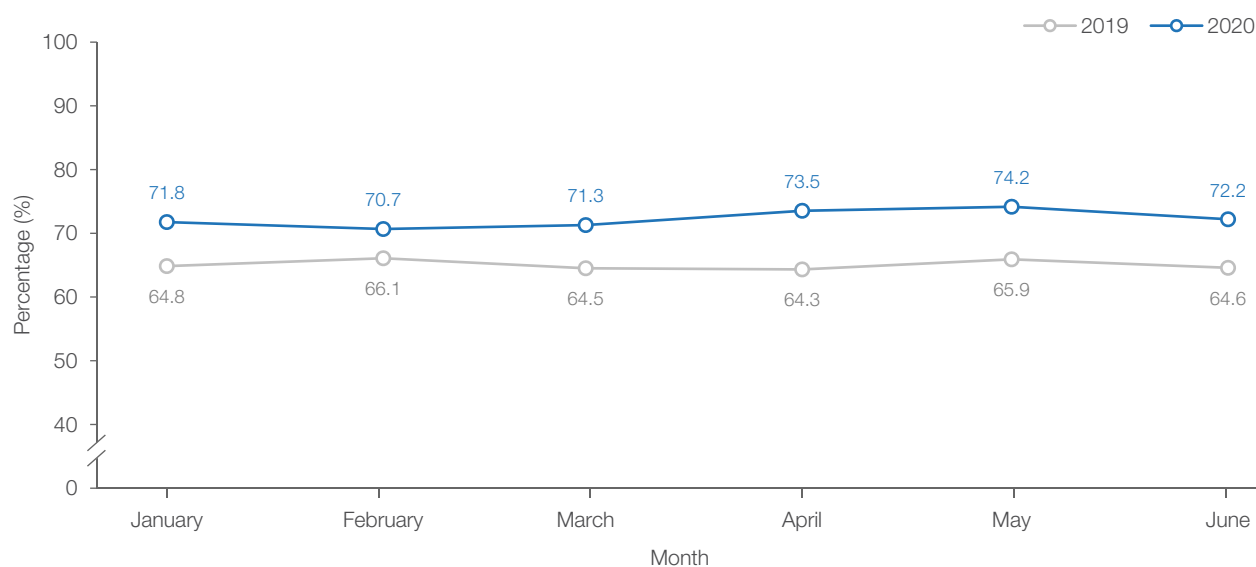


Figure 15 **Percentage of patients who rated ED health professionals as ‘very good’, NSW, January to June 2020 and 2019**



Patient engagement

People felt more informed about their care and treatment in NSW EDs

Being informed about their care and involved in decisions can help patients feel supported during their journey of care and can contribute to better health outcomes. The Emergency Department patient survey asked patients whether they and their families felt informed and involved while in the ED.

While monthly ratings varied, looking at the first half of 2020, measures of patient engagement were higher in 2020 than in 2019 (Figures 16–18).

In both years, almost all patients said they needed information about their condition or treatment. Looking at the first half of 2020 in its entirety, almost nine in 10 of these patients (87%) said ED health professionals gave them ‘the right amount’ of information, three percentage points higher than during the same period in 2019 (84%) (data not shown).

Almost all patients said they wanted or were well enough to be involved in decisions about their care and treatment. Of these patients, almost seven in 10 (67%) said they were ‘definitely’ involved as much they wanted to be, three percentage points higher than during the same period in 2019 (64%).

More than five in 10 patients (55%, compared with 56% in 2019) said they had a family or home situation that needed to be considered when planning their discharge. Of these patients, around seven in 10 (72%) said ED staff ‘definitely’ took their situation into account, four percentage points higher than during the same period in 2019 (68%).

Figure 16 Percentage of ED patients who said they received ‘the right amount’ of information about their condition or treatment, NSW, January to June 2020 and 2019

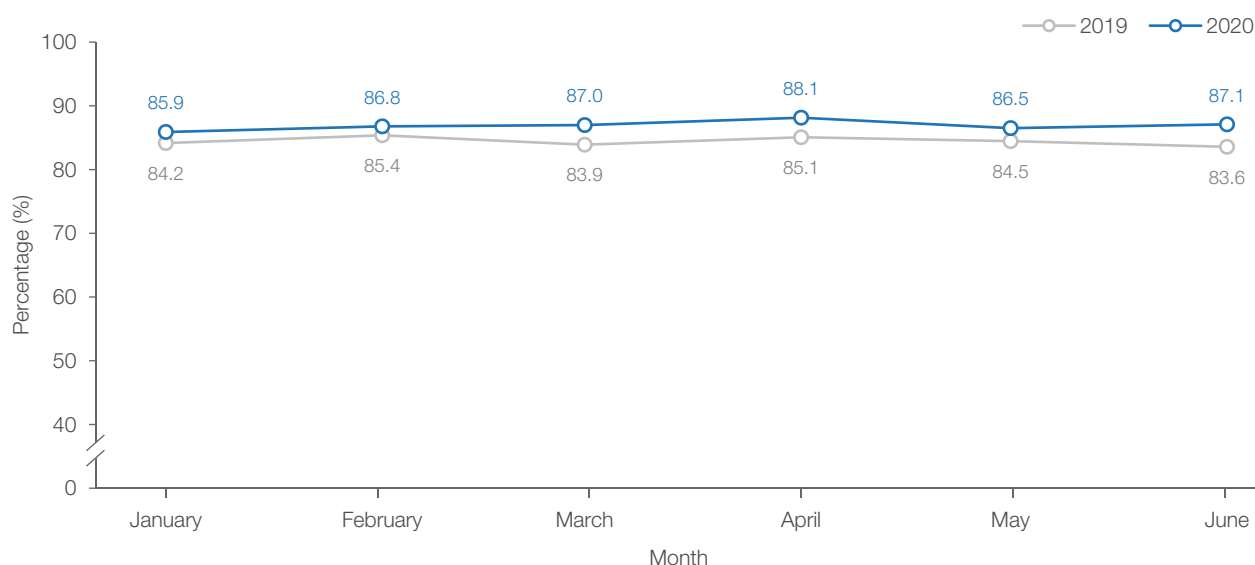


Figure 17 Of ED patients who wanted involvement, percentage who said they were 'definitely' involved as much they wanted in decisions about their care, NSW, January to June 2020 and 2019

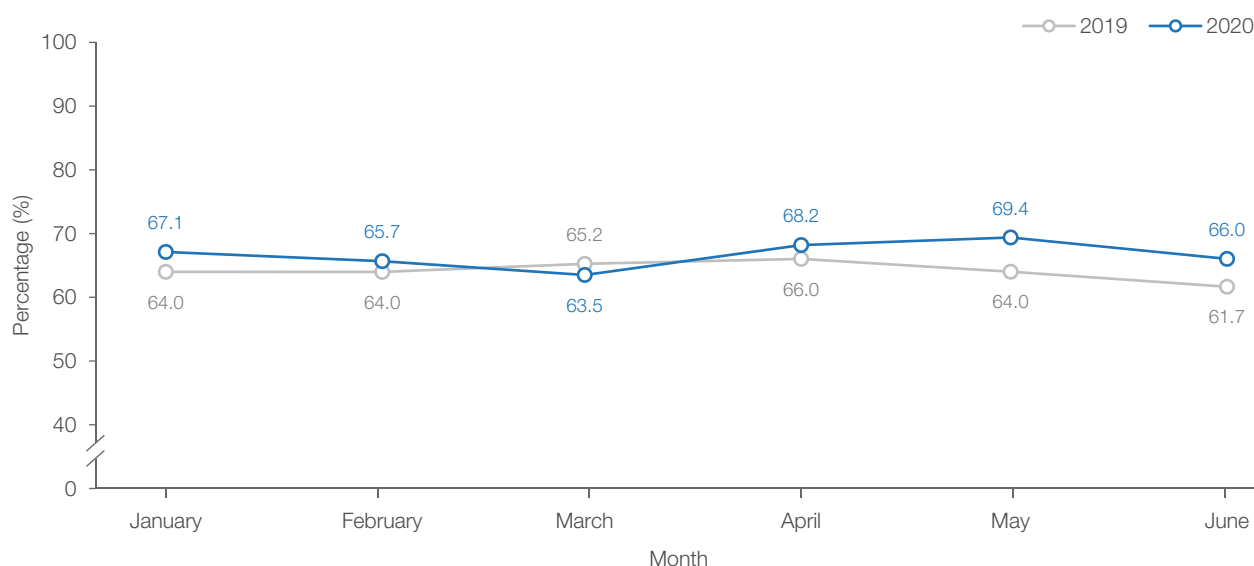
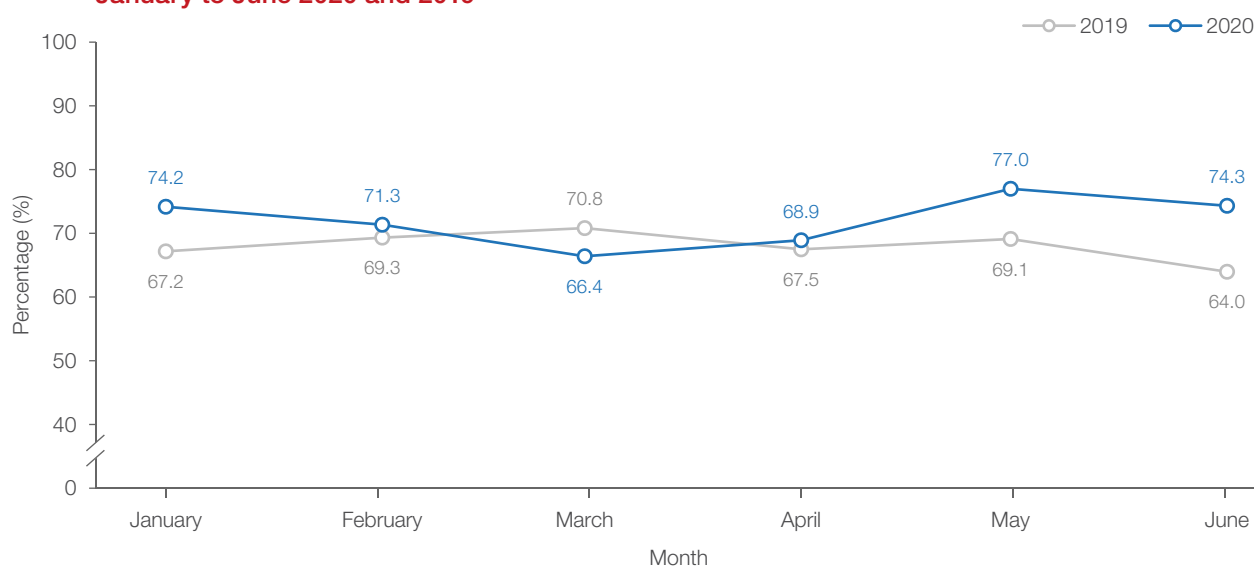


Figure 18 Of ED patients who had a family or home situation that needed to be considered when planning their discharge, percentage who said ED staff 'definitely' took their situation into account, NSW, January to June 2020 and 2019





Elective surgery





Key findings

Thousands of people have elective surgery in NSW public hospitals each year. 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.



Elective surgery activity **exceeded 2019 levels** in second half of year **following a major decrease** due to the suspension of non-urgent surgery



Almost all urgent procedures **were performed on time** throughout 2020



Waiting times for non-urgent procedures were **up but gradually recovered** following the suspension



Waiting list **surged mid-year** before **returning close to 2019 levels** by the end of the year

Elective surgery

More elective surgical procedures were performed in the second half of 2020 than in the same period in 2019

There were 213,731 elective surgical procedures performed in 2020, 18,659 (8.0%) fewer than in 2019 (data not shown).

In early March, there was a slight decline in the number of elective surgical procedures performed.

In response to the COVID-19 pandemic, from 26 March 2020, National Cabinet suspended all non-urgent and some semi-urgent elective surgery, resulting in a sharp drop in the number of elective surgical procedures performed. From 27 April, elective surgery up to 25% of normal levels was permitted, and from 15 May, three stages for reopening elective surgery were established.

The number of procedures performed each week increased markedly from late April to mid-July. The number of procedures performed until the end of December then remained consistently higher than the same period in 2019 (Figure 19).

There were 6,988 (5.8%) more procedures performed from the beginning of July to the end of December than in the same period in 2019.

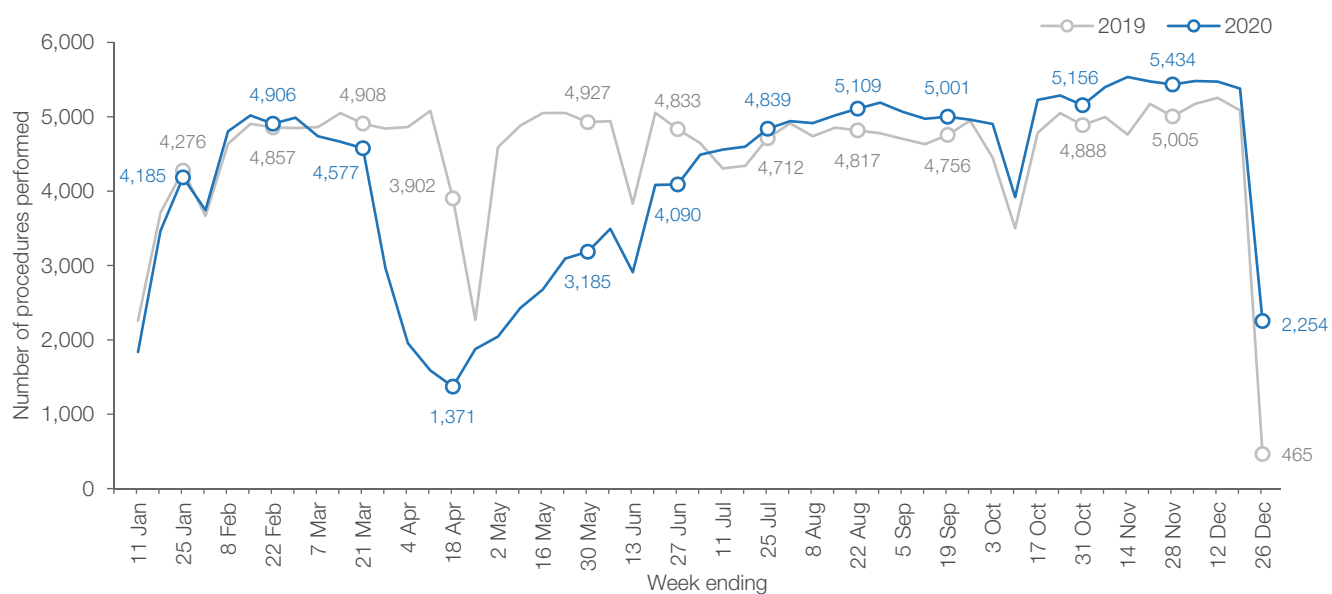
Procedures performed on time, however, decreased steadily from April as hospitals dealt with the backlogs of non-urgent and semi-urgent surgeries. This percentage reached a low in late June, with 74.7% of procedures performed on time, compared with 95.7% at the same time in 2019. From then it increased gradually over the rest of the year, but remained lower than 2019 levels (Figure 20).

For each urgency category there are clinically recommended time frames within which elective surgical procedures should be performed: 30 days for urgent surgery, 90 days for semi-urgent surgery, and 365 days for non-urgent surgery.



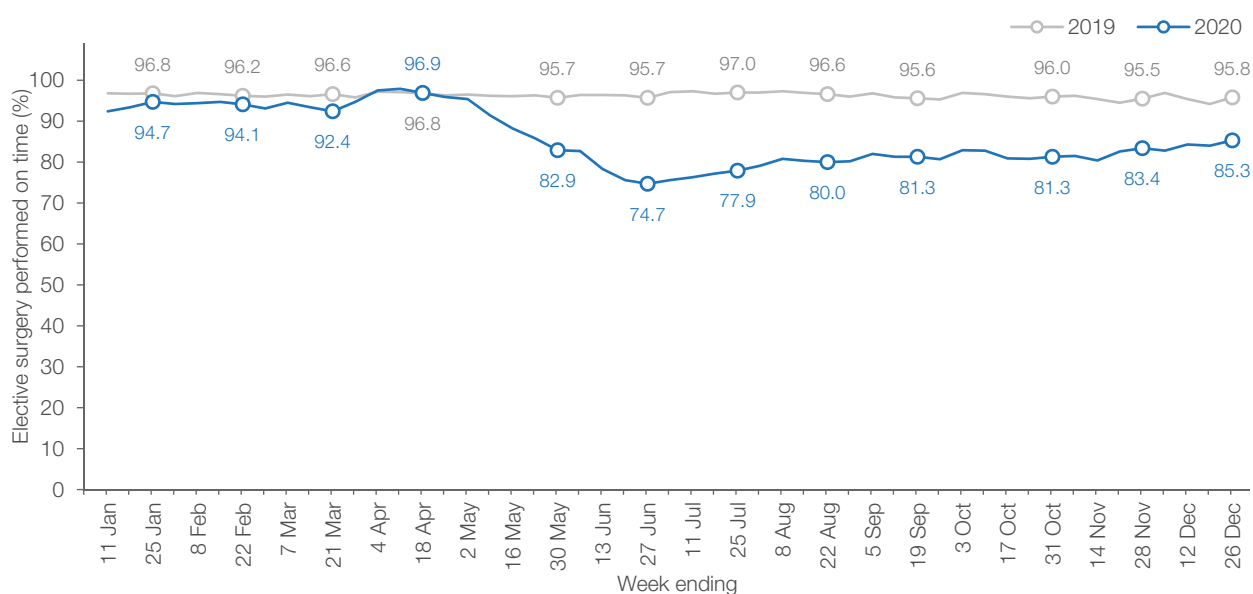


Figure 19 Elective surgical procedures performed, NSW, January to December 2020 and 2019



Note: Typically, fewer procedures are performed in weeks with public holidays including in April, June, October and January/December.

Figure 20 Percentage of elective surgical procedures performed on time, NSW, January to December 2020 and 2019



Urgent elective surgery

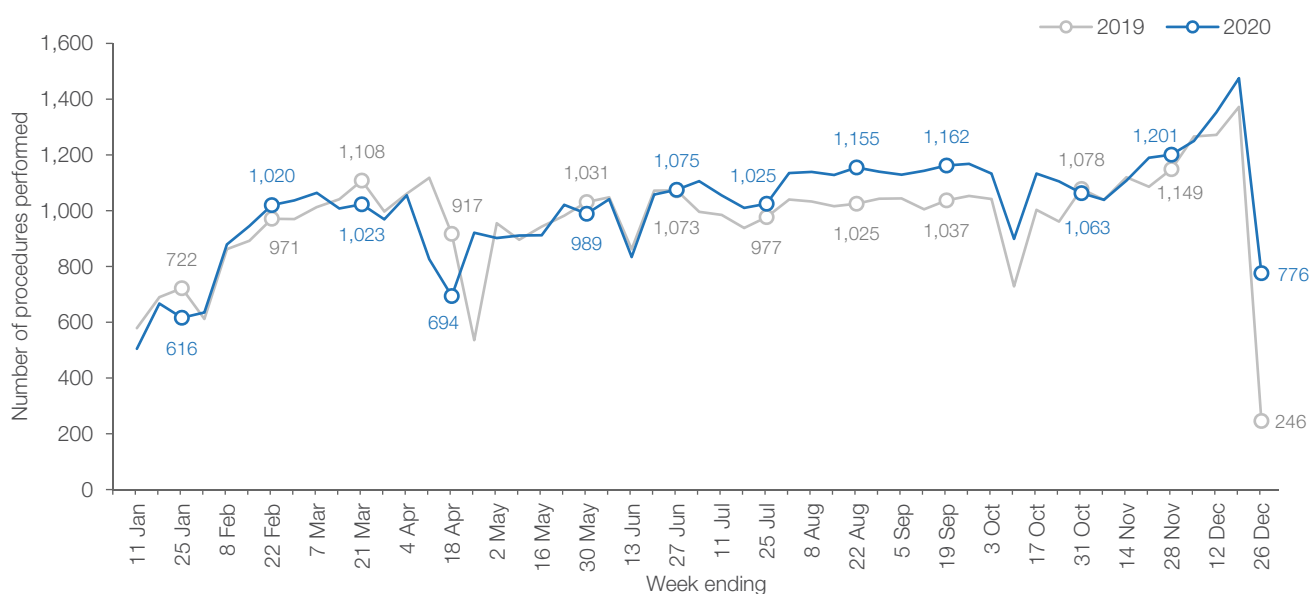
Almost all urgent procedures were performed on time throughout 2020

There were 52,083 urgent elective surgical procedures performed in 2020, 2,338 (4.7%) more than in 2019. As in 2019, almost all urgent procedures were performed on time in 2020 (data not shown).

For the first half of the year, the numbers of urgent procedures performed each week were similar to the same period in 2019 (Figure 21). The median time people waited to receive urgent surgery increased from January to March, as it did in 2019. From late March to early April, the median waiting time dropped to around nine days, notably shorter than during the same period in 2019, before increasing to 13 days in June (Figure 23).

In the second half of the year, there were more urgent procedures performed in almost all weeks when compared with 2019, reaching a peak in December (Figure 21). People had similar waiting times for urgent surgery when compared with the same period in 2019 (Figure 23).

Figure 21 **Number of urgent elective surgical procedures performed, NSW, January to December 2020 and 2019**



Note: Typically, fewer procedures are performed in weeks with public holidays including in April, June, October and January/December.



Figure 22 Percentage of urgent elective surgical procedures performed on time, NSW, January to December 2020 and 2019

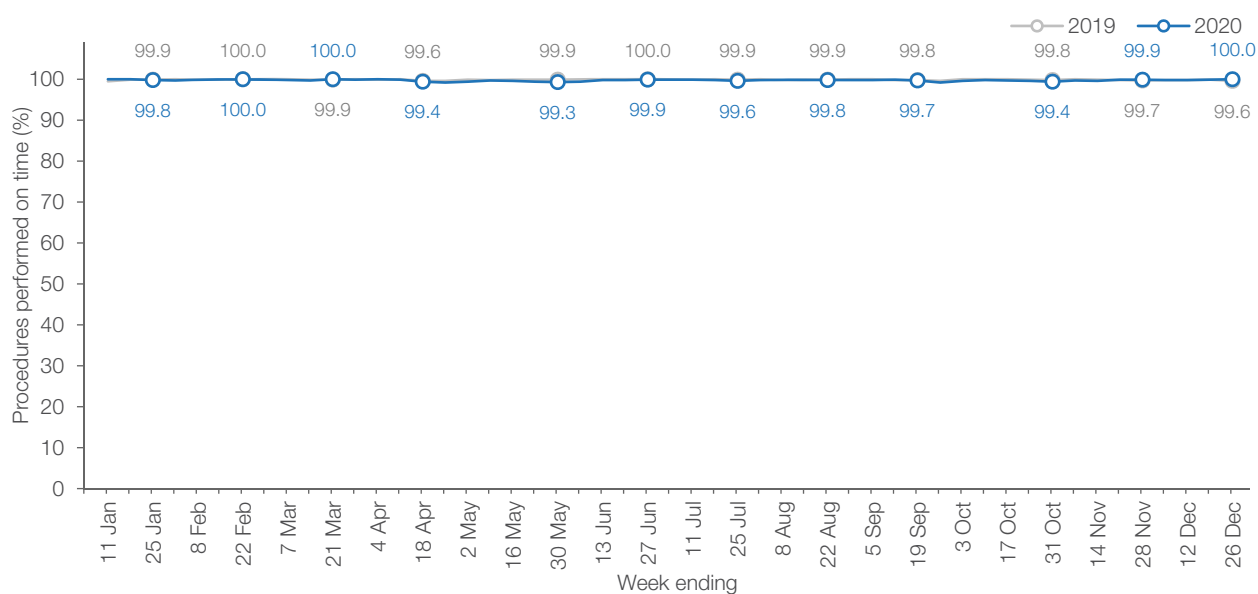
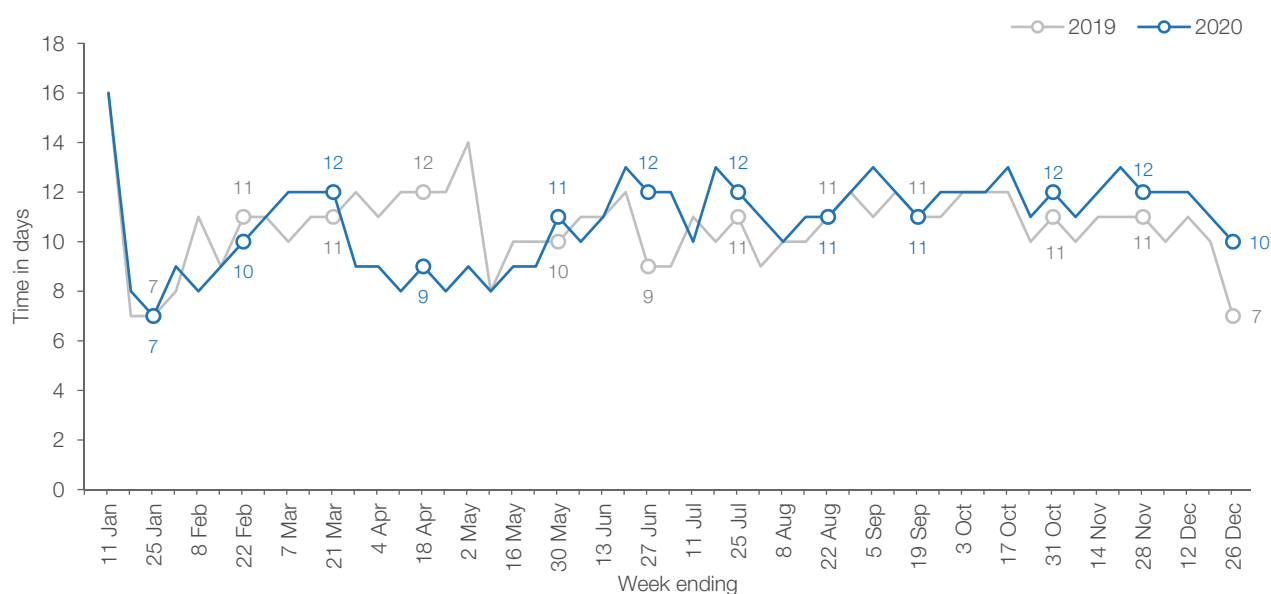


Figure 23 Median time to receive urgent surgery, NSW, January to December 2020 and 2019



Semi-urgent elective surgery

Procedures performed on time stabilises after notable drop

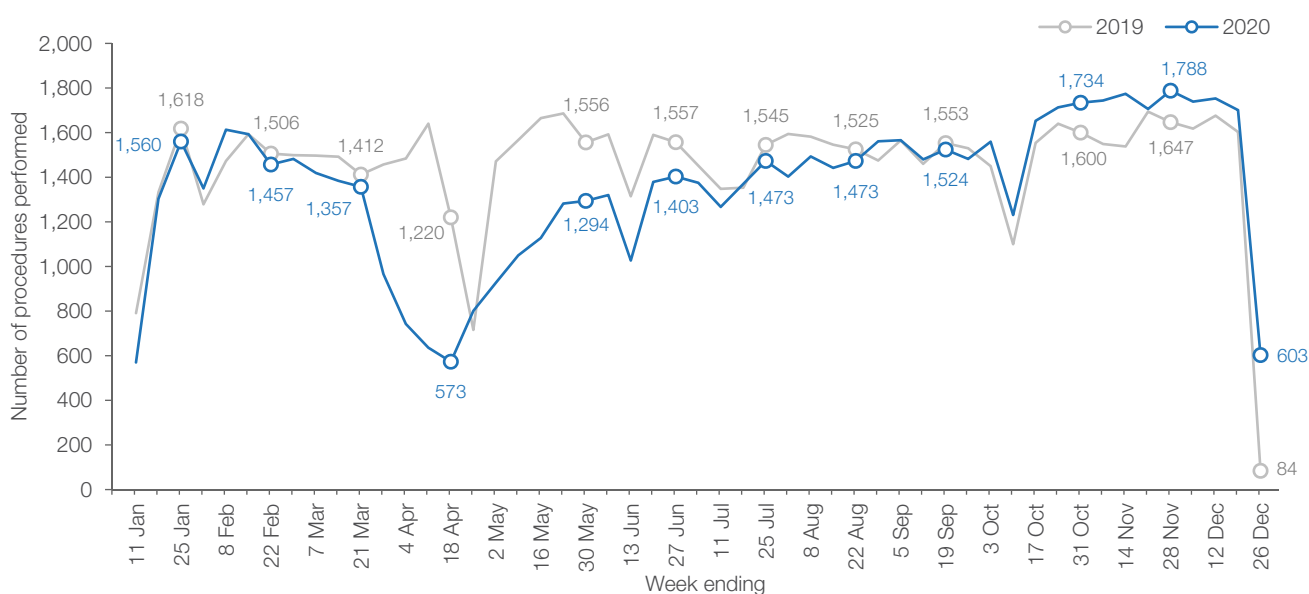
There were 69,309 semi-urgent elective surgical procedures performed in 2020, 5,118 (6.9%) fewer than in 2019 (data not shown).

When the National Cabinet suspended all non-urgent surgery in late March, only urgent and some exceptional semi-urgent procedures were allowed to continue. There was a sharp decrease in the number of semi-urgent procedures performed during late March and April. The number of weekly procedures performed reached a low of 573 in mid-April (Figure 24).

While the number of semi-urgent procedures performed increased notably from late April, the percentage performed on time gradually declined as hospitals continued to deal with a backlog of overdue patients (Figures 24, 25). The median waiting time had been similar to 2019 earlier in the year, but rose to 61 days by late May, 11 days longer than at the same time in 2019 (Figure 26).

In the second half of the year, the number of procedures performed each week was relatively similar to 2019. During most weeks in October to December, there were more procedures performed than during the same weeks in 2019 (Figure 24). The percentage of procedures performed on time reached a low of around 70% in June, well below the same period in 2019. It then improved notably until mid-August, though remained below 2019 levels for the rest of the year (Figure 25). Median waiting times remained a little longer than they were in 2019 (Figure 26).

Figure 24 Number of semi-urgent elective surgical procedures performed, NSW, January to December 2020 and 2019



Note: Typically, fewer procedures are performed in weeks with public holidays including in April, June, October and January/December.



Figure 25 Percentage of semi-urgent elective surgical procedures performed on time, NSW, January to December 2020 and 2019

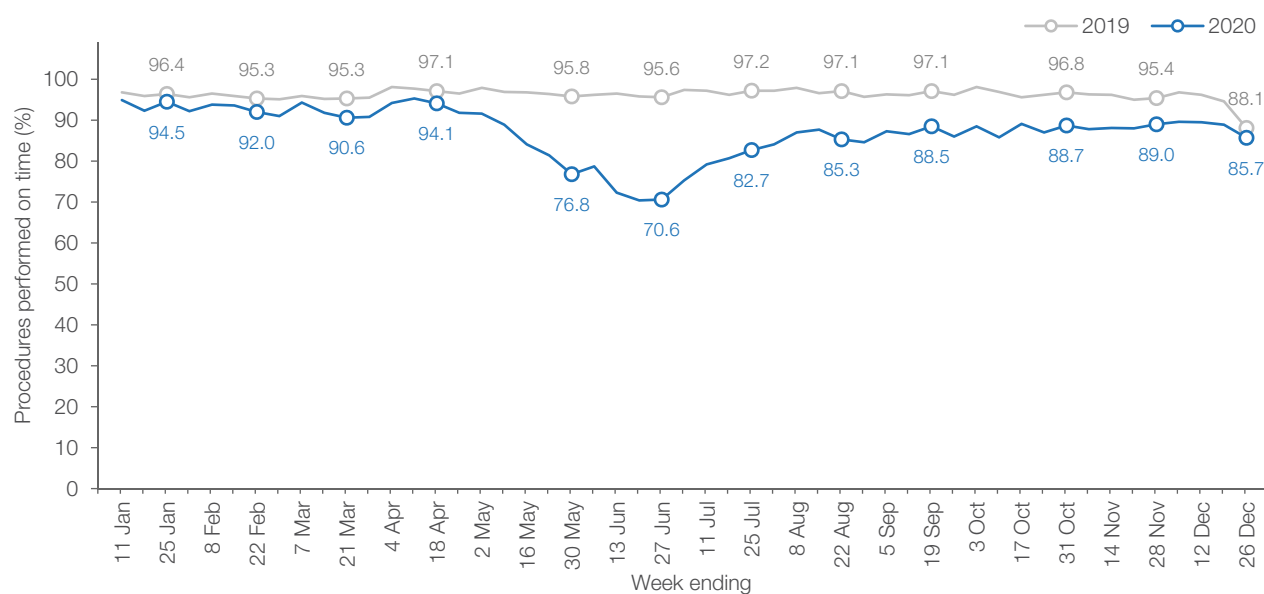
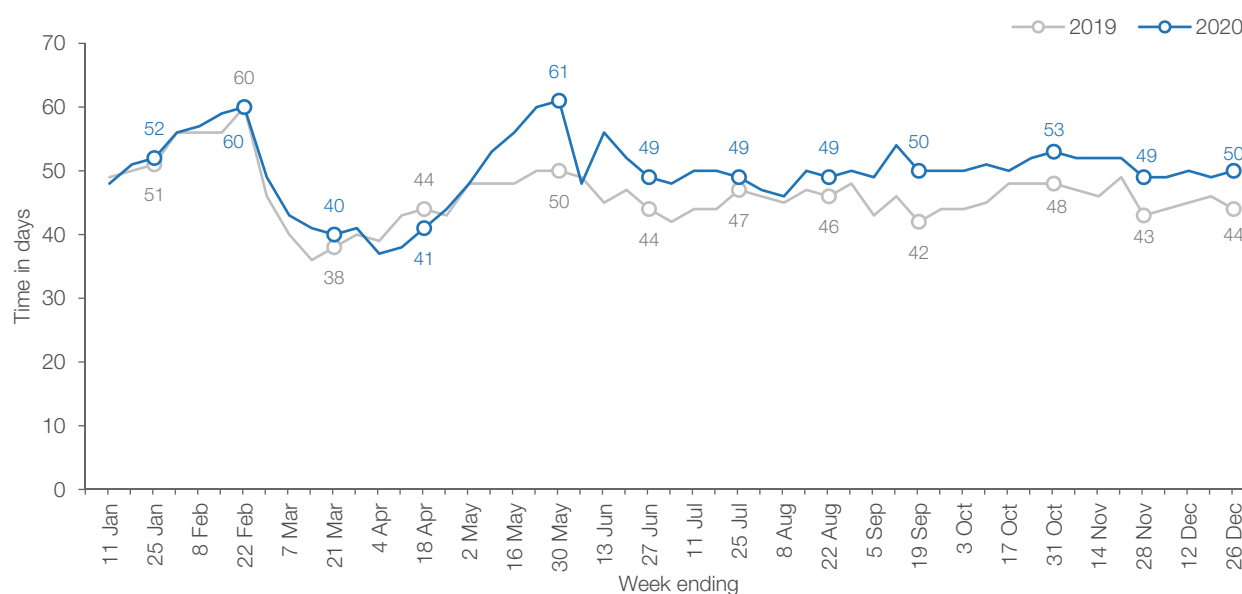


Figure 26 Median time to receive semi-urgent surgery, NSW, January to December 2020 and 2019



Non-urgent elective surgery

Waiting times for non-urgent procedures were up but gradually recovered

The most notable effects of the COVID-19 response on elective surgery activity and performance were in the non-urgent category.

There were 82,792 non-urgent elective surgical procedures performed in 2020, 13,734 (14.2%) fewer than in 2019 (data not shown).

Following the suspension of all non-urgent surgery, the number of non-urgent elective surgical procedures performed dropped by about 95% between late March and early April (Figure 27). During this period, as very few non-urgent procedures were being performed, the percentage of non-urgent procedures performed on time increased and the median waiting time declined sharply (Figures 28, 29).

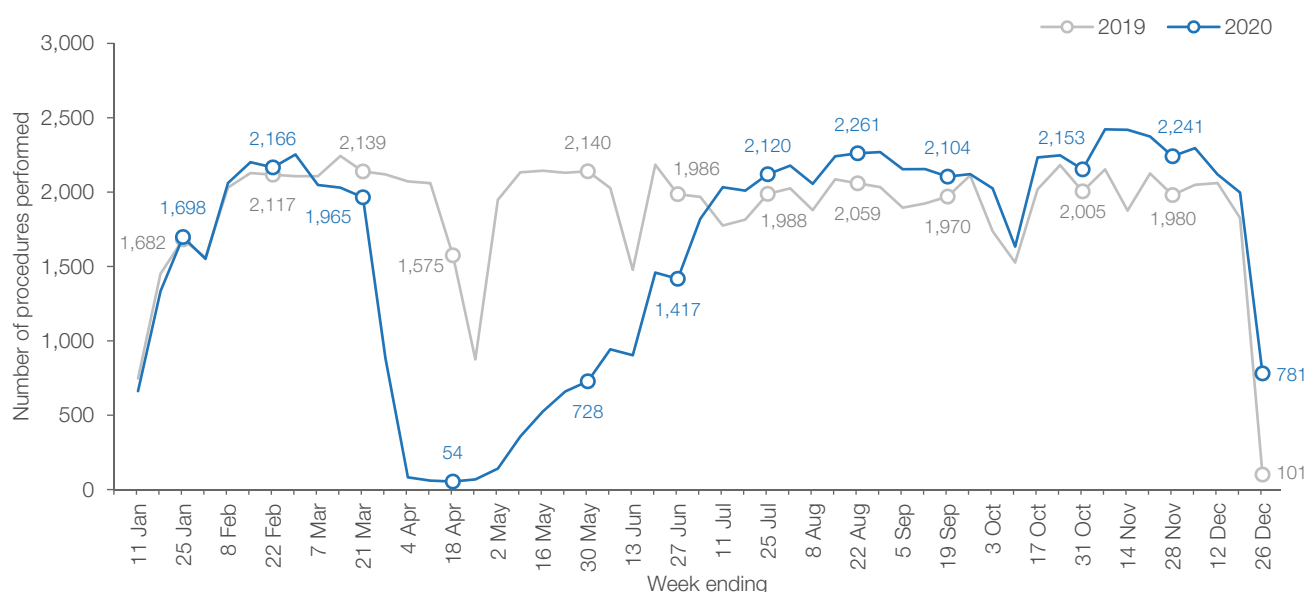
As non-urgent surgery was resumed in stages from mid-April, the number of non-urgent procedures performed increased rapidly (Figure 27). At the

same time, median waiting times also increased and procedures performed on time decreased as hospitals continued to deal with the large backlog of overdue procedures (Figures 28, 29).

In early July, the number of weekly non-urgent procedures performed reached 2019 numbers and remained above 2019 levels for the rest of the year (Figure 27). There were 4,473 (9.1%) more procedures performed from the beginning of July to the end of December than in the same period in 2019.

The percentage of procedures performed on time reached a low of 59.6% in late June, before steadily increasing to 70.3% by the end of the year (Figure 28). Median waiting times decreased gradually from late June to December, but remained well above 2019 times until the week ending 26 December (Figure 29).

Figure 27 Number of non-urgent elective surgical procedures performed, NSW, January to December 2020 and 2019



Note: Typically, fewer procedures are performed in weeks with public holidays including in April, June, October and January/December.



Figure 28 Percentage of non-urgent elective surgical procedures performed on time, NSW, January to December 2020 and 2019

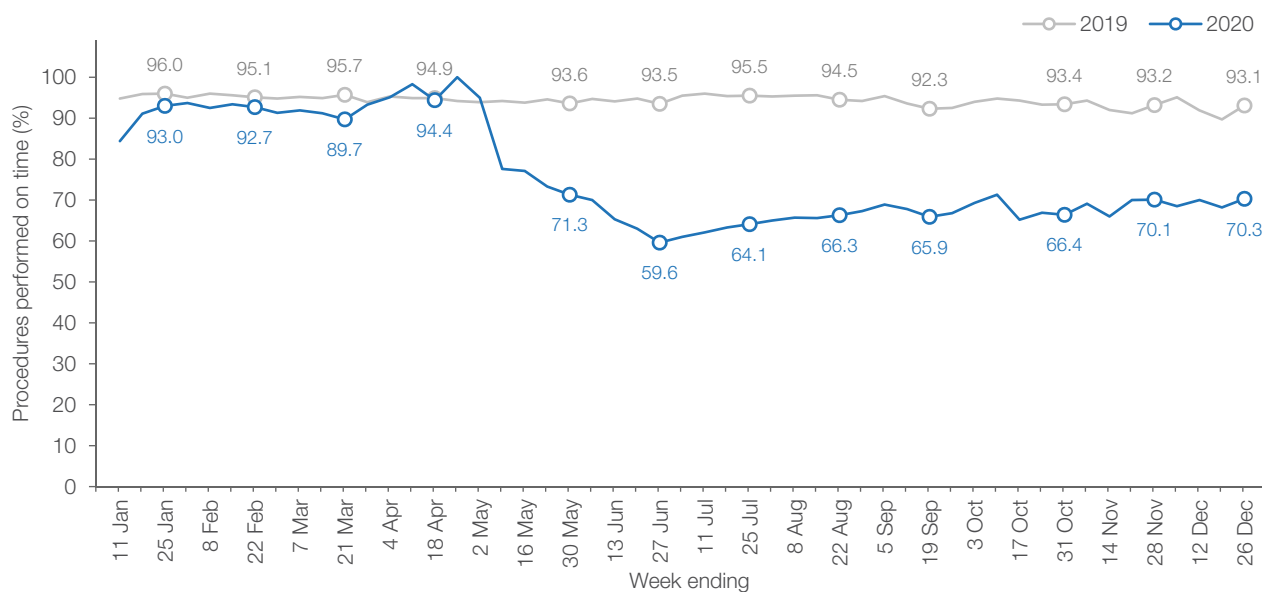
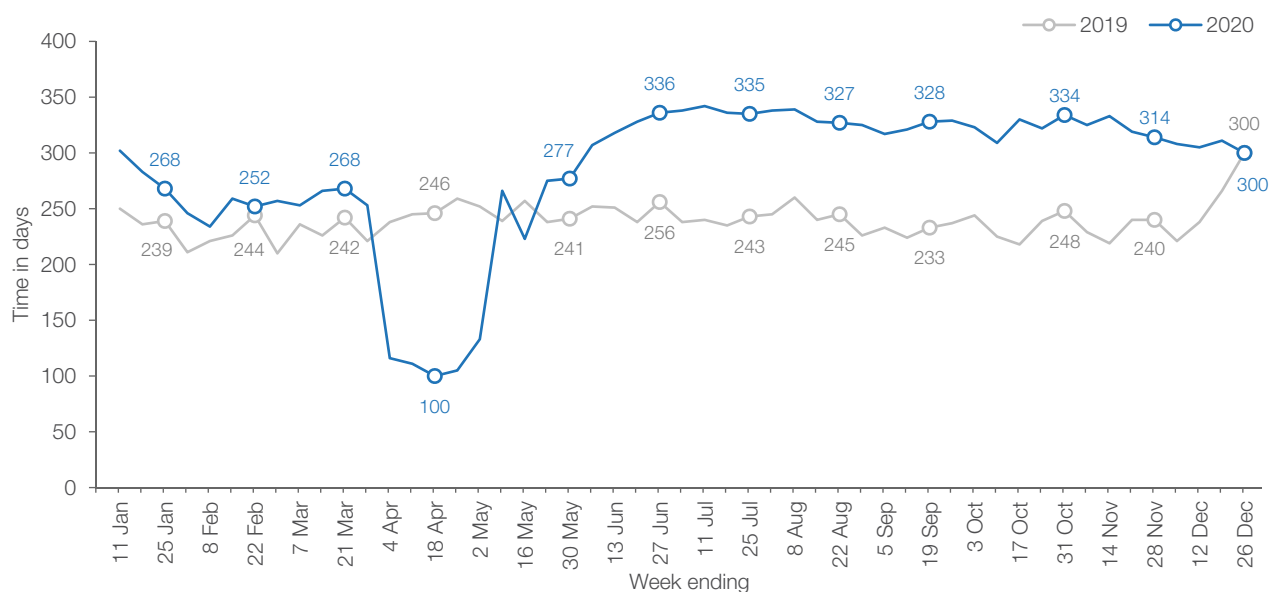


Figure 29 Median time to receive non-urgent surgery, NSW, January to December 2020 and 2019



Elective surgery waitlist

Waiting list surged before gradually decreasing nearer to 2019 levels

The number of patients on the waiting list for elective surgery in NSW increased steadily from March to a high of 101,024 at the end of June, 20% higher than in the same month in 2019 (Figure 30). During this period there was a sharp increase in the number of patients who waited longer than the clinically recommended time frame for their surgical procedures. This reached a high of 10,563 in June, which was primarily made up of people waiting for non-urgent procedures (Figure 31).

From June to November, the number of patients on the waiting list decreased notably, before increasing slightly in December (Figure 30). The number of patients waiting longer than clinically recommended also decreased steadily from June to December (Figure 31). At the end of December 2020, the number of people on the elective surgery waiting list was similar to the same time in 2019. However, the number of people waiting longer than clinically recommended was five times higher than the previous year.

Throughout 2020, 70.6% of patients who received elective surgery, and waited longer than the clinically recommended timeframe, were in the non-urgent category (data not shown).

In March, in response to the pandemic, a partnership with the private hospital sector was established under the National Partnership Agreement on Private Hospitals and COVID-19 to increase elective surgery capacity. A total of 8,279 elective surgical procedures contracted to NSW private hospitals were performed under the agreement in 2020 – 3.9% of all procedures performed in NSW. Most of these were performed during September to December. In November, they reached a high of 1,772 (7.7% of all elective procedures performed) (data not shown).

After falling sharply from the end of March 2020, the number of patients added to the waiting list increased from late April and returned to levels similar to 2019 for most of the second half of the year. Non-urgent surgery followed a similar pattern, though it took until later in the year for numbers to return closer to 2019 levels (data not shown).

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.



Figure 30 Number of patients on the waiting list at end of month, NSW, January to December 2020 and 2019

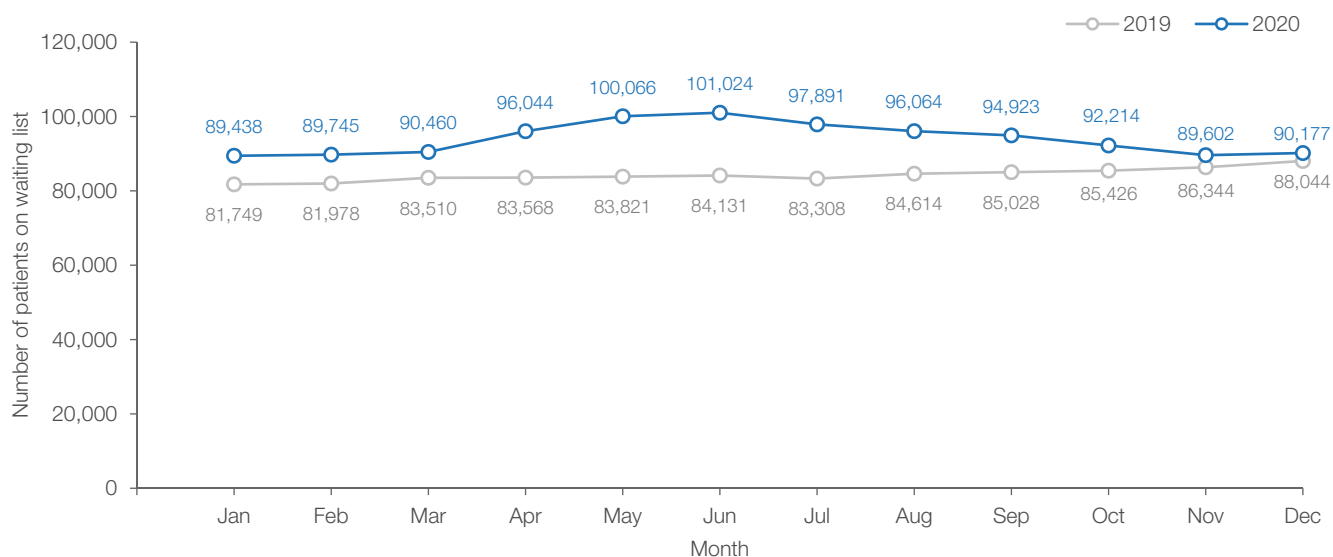
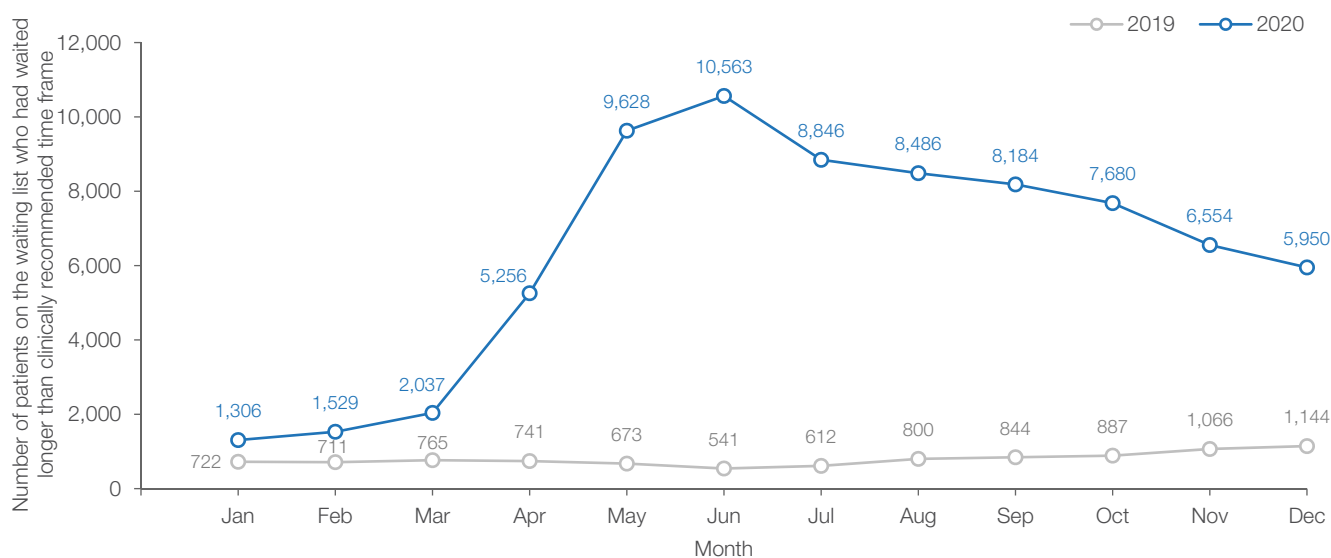


Figure 31 Number of patients on the waiting list at end of month who had waited longer than clinically recommended time frame, NSW, January to December 2020 and 2019





Admitted patients





Key findings

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.



Sharp drop in patient admissions **before a gradual return** to 2019 levels



Admissions for **respiratory system conditions remained lower than 2019** from April



Admissions for **injuries** and **mental health returned to 2019 levels** by June



Patients rated their **overall care more highly** than the previous year



Patients **continued to feel informed** about their care

Admitted patient episodes

Sharp drop in activity before gradual return to 2019 levels

There were 1,839,158 admitted patient episodes in NSW public hospitals in 2020, 107,095 (5.5%) fewer than in 2019 (data not shown).

Between mid-March and mid-April, weekly admitted patient episodes decreased by almost 30%. Episodes then increased steadily until October before stabilising at levels similar to 2019 until the end of December (Figure 32).

After declining sharply from mid-March to mid-April, the number of same-day admitted patient episodes increased steadily from late April to levels similar to 2019 during July to December (Figure 33). An increase in acute same-day episodes during this period was responsible for the return to 2019 levels. For non-acute and mental health care, same-day admitted patient episodes remained consistently lower than 2019 throughout April to December (data not shown).

From mid-March to mid-April, there was a sharp decrease in the number of rehabilitation episodes of

care – a drop that was more notable than for other types of non-acute care. At its lowest point, this number was almost 50% less than at the same time in 2019. It then increased gradually from late April to the end of December, while remaining consistently lower than 2019 levels (Figure 34).

As the largest admitted care type, acute care showed a similar pattern of activity to total admitted patient episodes (data not shown).

For more information about admitted patient activity during 2020, see BHI's *Healthcare Quarterly* reports at bhi.nsw.gov.au/BHI_reports/healthcare_quarterly

Admitted patient episodes can be for same-day or overnight care, and can be broken down by different types of care, including acute, non-acute (admissions for rehabilitation, palliative care, or other reasons) and mental health.

Figure 32 Number of total completed admitted patient episodes, January to December 2020 and 2019

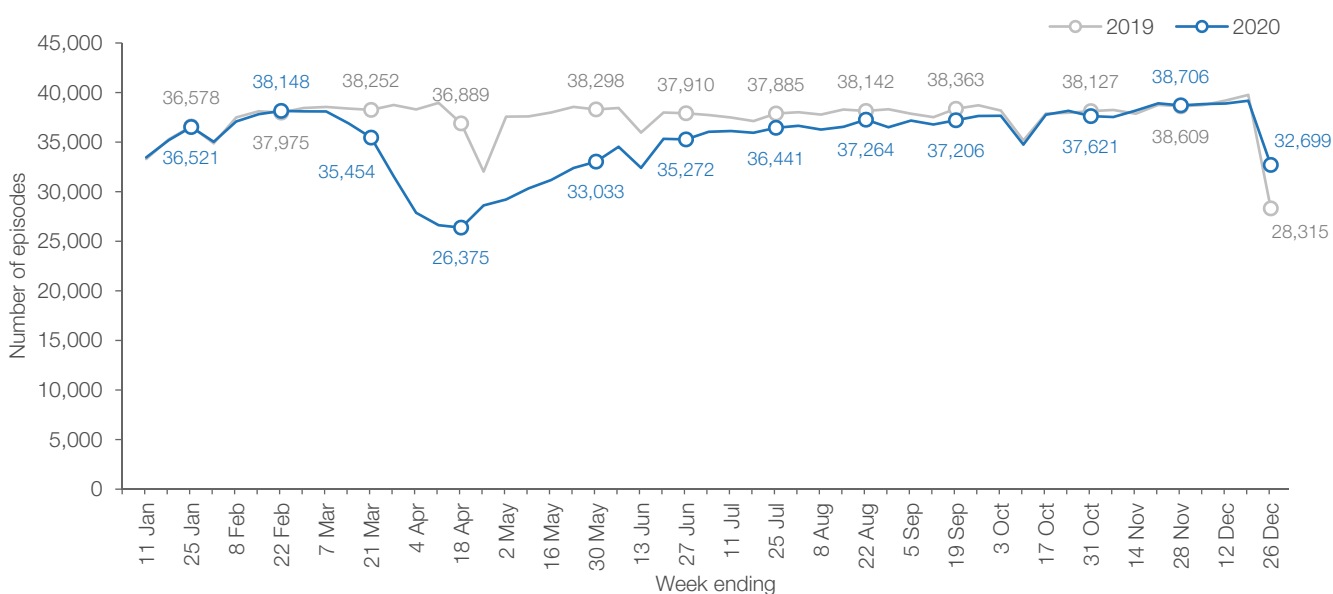


Figure 33 Number of same-day completed admitted patient episodes, January to December 2020 and 2019

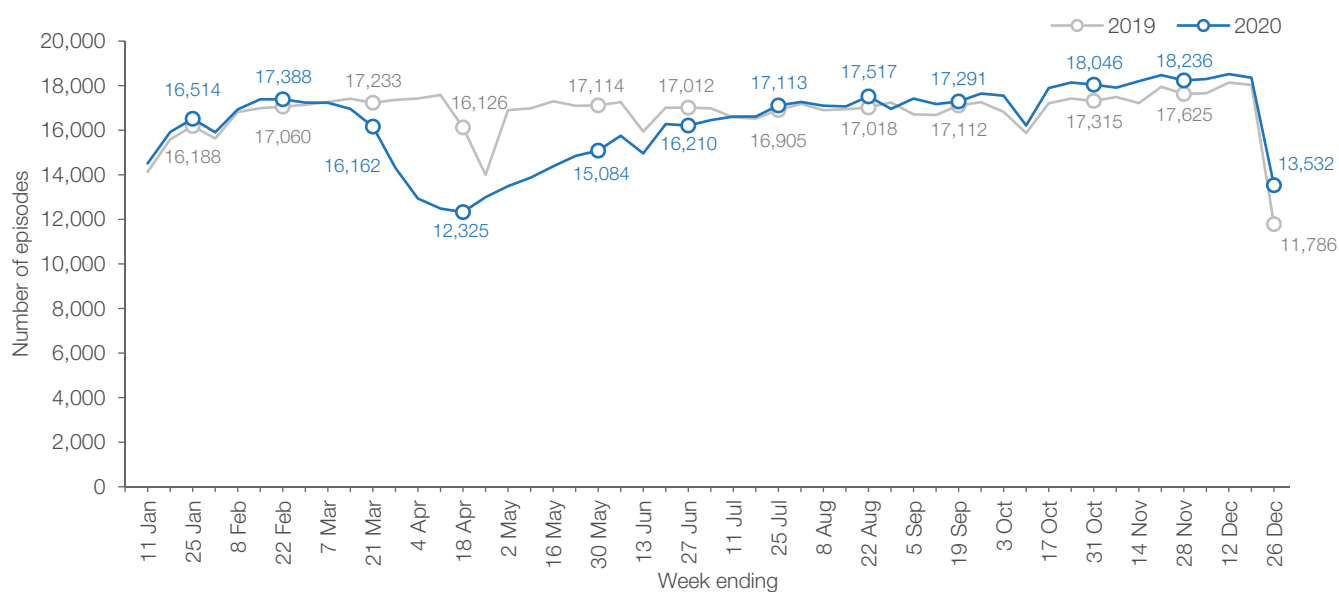
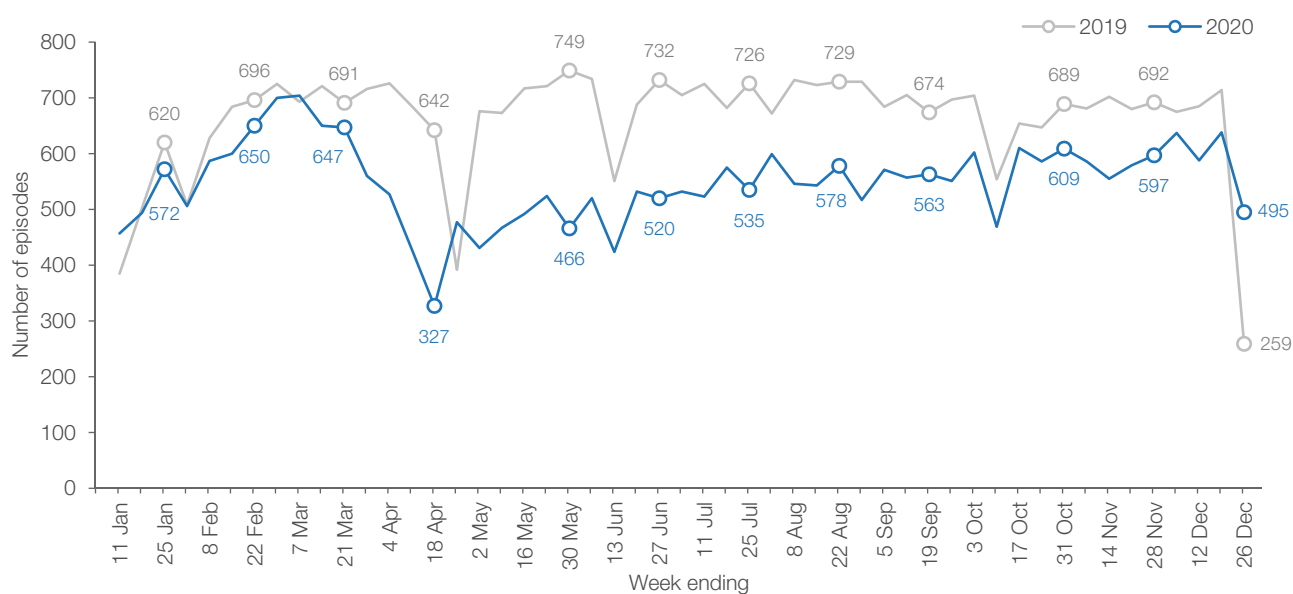


Figure 34 Number of completed admitted patient episodes, rehabilitation care, January to December 2020 and 2019



Note: Typically, fewer procedures are performed in weeks with public holidays including in April, June, October and January/December.

Admitted patient episodes by clinical cohort

Respiratory condition episodes remained low following a sharp drop

The number of admitted patient episodes for respiratory system conditions in NSW public hospitals in 2020 decreased sharply from mid-March to mid-April. Throughout the rest of the year, there were notably fewer weekly episodes for this cohort than in 2019 (Figure 35).

For patients admitted with injuries or for mental health reasons, episodes decreased from mid-March to mid-April, and then increased again. Admitted patient episodes for injury and mental health were at their lowest in mid-April, down more than 30% and more than 20%, respectively, compared with the same time in 2019. During June to December 2020, there were similar numbers of weekly admitted patient episodes for these cohorts compared with the same period in 2019 (Figures 36, 37).

The number of patients admitted for circulatory and nervous system reasons followed a similar pattern to injury and mental health admissions (data not shown).

A patient's principal diagnosis is established when an episode of care is completed and is considered the primary reason for the patient's admission. It is used here to enable reporting of five clinical cohorts, which account for 25.6% of all completed admitted patient episodes: respiratory system (4.3%), injury (9.2%), circulatory system (6.1%), mental health (3.7%) and nervous system (2.3%).

Figure 35 Number of completed admitted patient episodes, respiratory system conditions, NSW, January to December 2020 and 2019

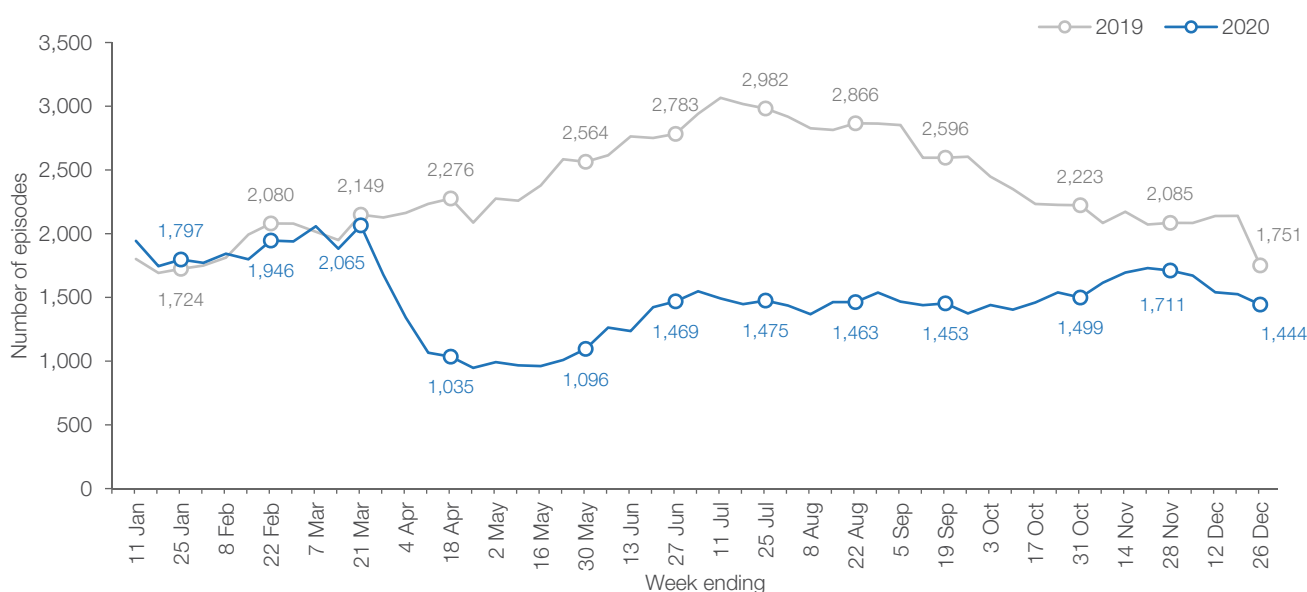


Figure 36 Number of completed admitted patient episodes, injury, NSW, January to December 2020 and 2019

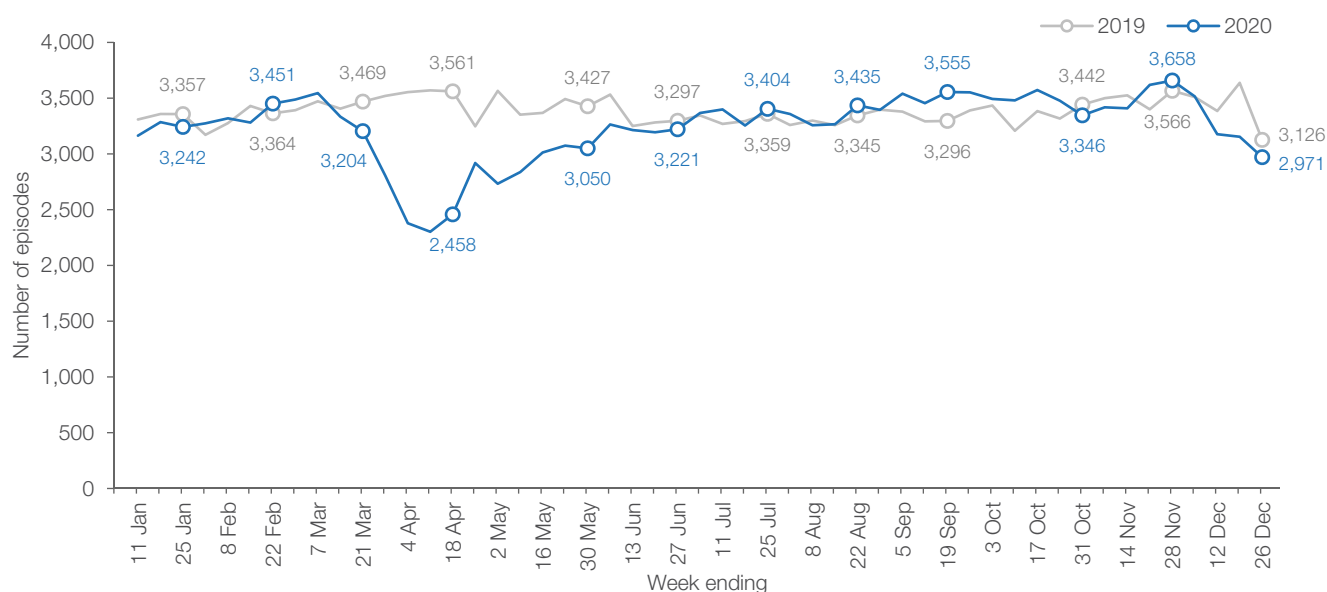
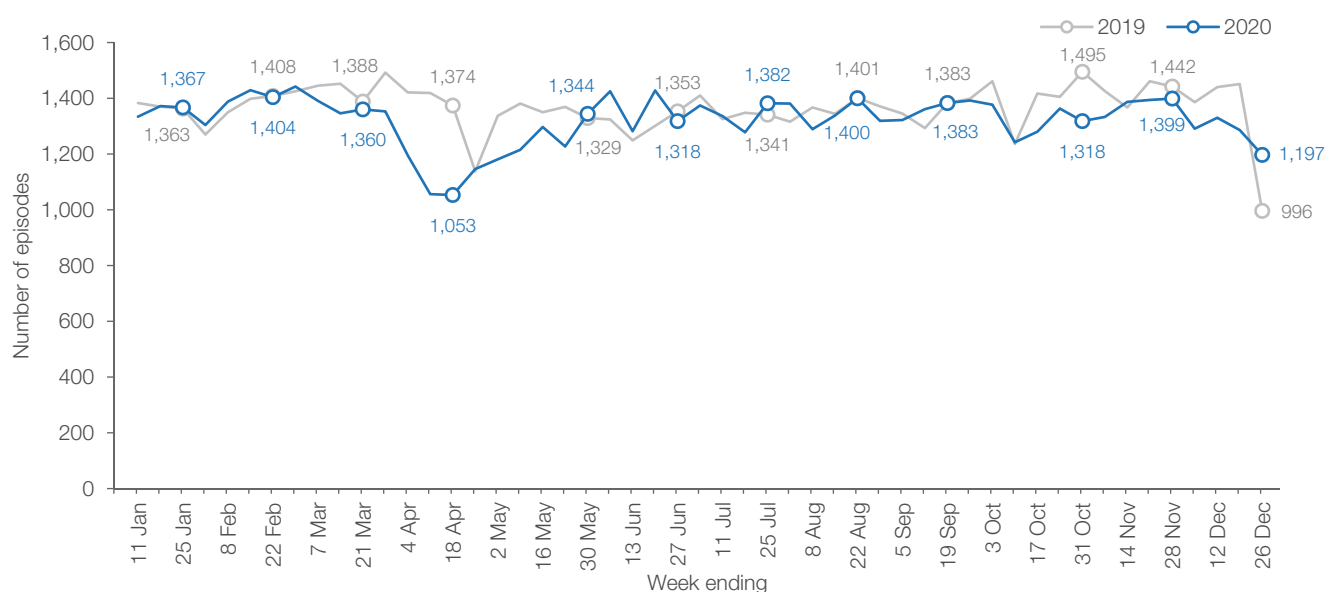



Figure 37 Number of completed admitted patient episodes, mental health, NSW, January to December 2020 and 2019



Note: Typically, fewer procedures are performed in weeks with public holidays including in April, June, October and January/December.

From the week ending 12 December 2020, results for all weeks should be interpreted with caution, as the completion rate for diagnosis information for this week was lower than all other weeks. See the technical supplement for further information.



Patient experience

Adults admitted to hospital

Each year, people admitted to NSW public hospitals give feedback about their experiences of care in the Adult Admitted Patient Survey. The patient comments and results on pages 46–50 reflect the experiences of people who responded to this survey between January and June 2020. Survey results enable people to learn what others have said about their experiences with local health services, and how well those services are performing. Healthcare professionals and system managers are able to use these results to see where services are performing well and where there is room to improve.



Adult patients' comments on their experiences of care in NSW in 2020...

“

Very efficient service. My surgery was moved so the hospital could fit me in before the COVID-19 restrictions came in. I was very appreciative ... it meant I could have the day surgery and then get back to running my business during these difficult times.

”

“

All the medical staff were very professional and courteous at all times. The amenities were fantastic. My procedure was also at a time COVID-19 was starting to really take its toll in NSW and the manner in which staff took precautions to minimise infection was very reassuring.

”

“

I eventually had to have a COVID-19 test and be moved to isolation – I was not told this while my daughter was there, even though we had been asking for the test to be done. I was scared and felt alone as this happened after I'd been in the ward for several days.

”

Overall experiences of care

Admitted patients rated their overall care more highly than in 2019

While 2020 was a challenging time – as health professionals responded to the pandemic and changed the way they delivered care – patients admitted to NSW public hospitals in the first half of the year gave higher ratings of their overall care compared with the same period in 2019.

In total, more than 18,500 adults aged 18+ years responded to the Adult Admitted Patient Survey in the first half of 2019 and the first half of 2020.

Monthly ratings of care in 2020 were above 2019 levels in January prior to the pandemic and remained higher than 2019 throughout January to March. In 2020, ratings of care fell in April before stabilising through May and June (Figures 38–40).

Looking at the first half of 2020 in its entirety, more than seven in 10 patients (73%) said overall, the care they received was ‘very good’, seven percentage points higher than during the same period in 2019 (66%) (data not shown).

When asked to rate how well health professionals worked together, almost seven in 10 patients (67%) said ‘very good’, seven percentage points higher than during the same period in 2019 (60%).

And seven in 10 patients (72%) said the care they received in hospital was ‘very well organised’, seven percentage points higher than during the same period in 2019 (65%).

The results of the Adult Admitted Patient Survey reflect the experiences of adults admitted to one of 75 public hospitals in NSW.

Figure 38 **Percentage of adult admitted patients who rated their overall care as ‘very good’, NSW, January to June 2020 and 2019**

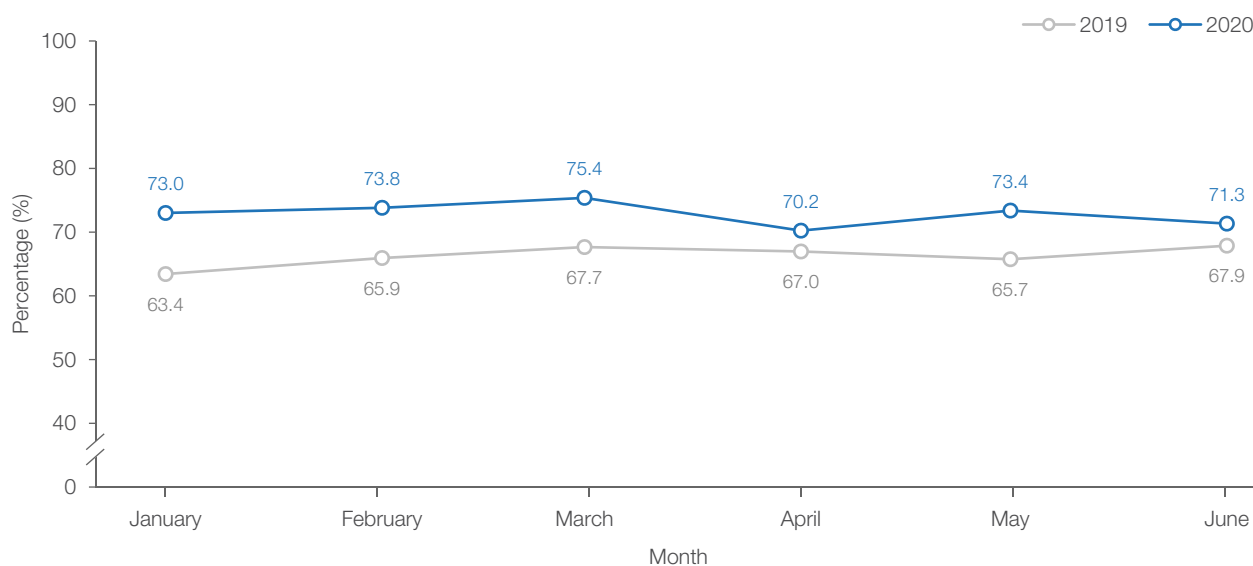


Figure 39 Percentage of adult admitted patients who rated how health professionals worked together as 'very good', NSW, January to June 2020 and 2019

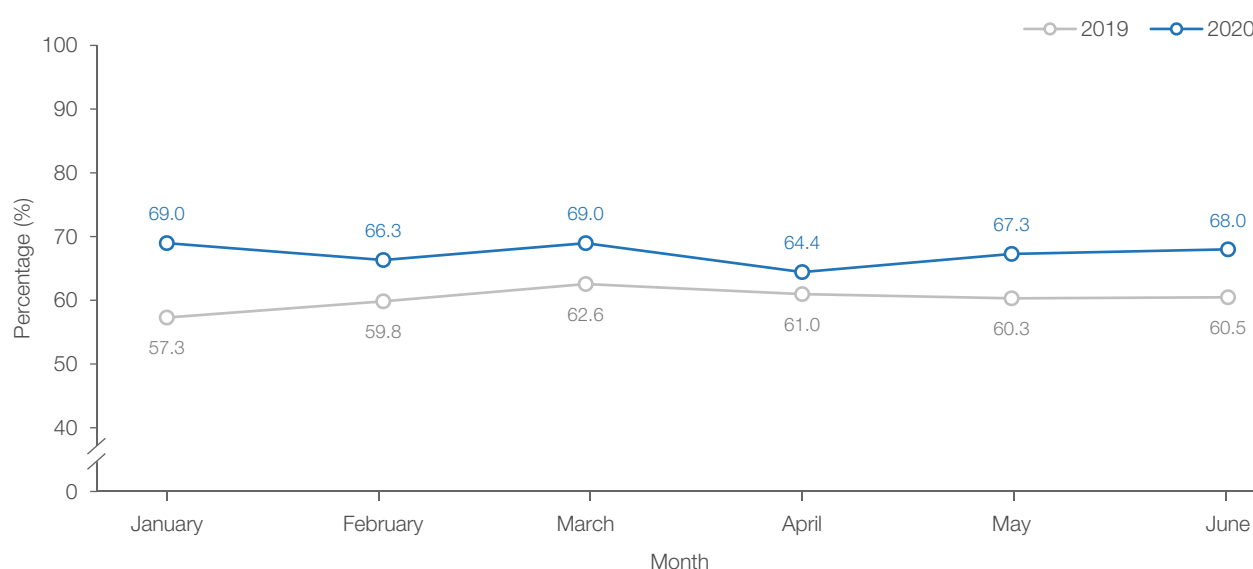
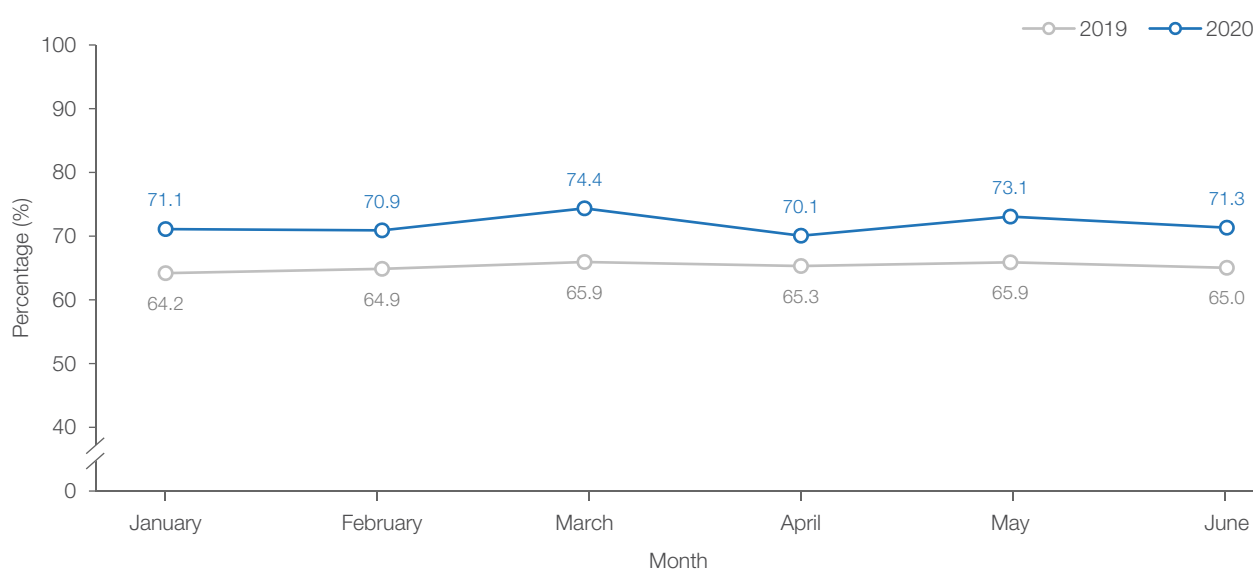


Figure 40 Percentage of adult admitted patients who rated their care as 'very well organised', NSW, January to June 2020 and 2019



Patient engagement

Patients continued to feel informed about their care

When patients and their carers feel engaged and involved in their care, it improves communication, understanding of their condition and their ability to actively manage their health problems outside the hospital. This was especially important during 2020 as the healthcare system worked to create capacity and ensure people stayed well in the community.

For each month during January to June 2020, patients who responded to the Adult Admitted Patient Survey gave similar or slightly higher ratings of their engagement in their care compared with the same period in 2019 (Figures 41–43).

In both years, almost all admitted patients said they needed information about their condition or treatment. Looking at the first half of 2020 in its entirety, almost nine in 10 (87%) of these patients said they received ‘the right amount’ of information during their hospital stay, two percentage points higher than during the same period in 2019 (85%) (data not shown).

More than five in 10 patients (55%) said they were ‘always’ involved in decisions about their care, similar to the same period in 2019 (54%).

Almost nine in 10 patients (89%) said they were told who to contact if they were worried about their condition or treatment after discharge, three percentage points higher than during the same period in 2019 (86%).

Figure 41 **Percentage of adult admitted patients who said they received ‘the right amount’ of information about their condition or treatment, NSW, January to June 2020 and 2019**

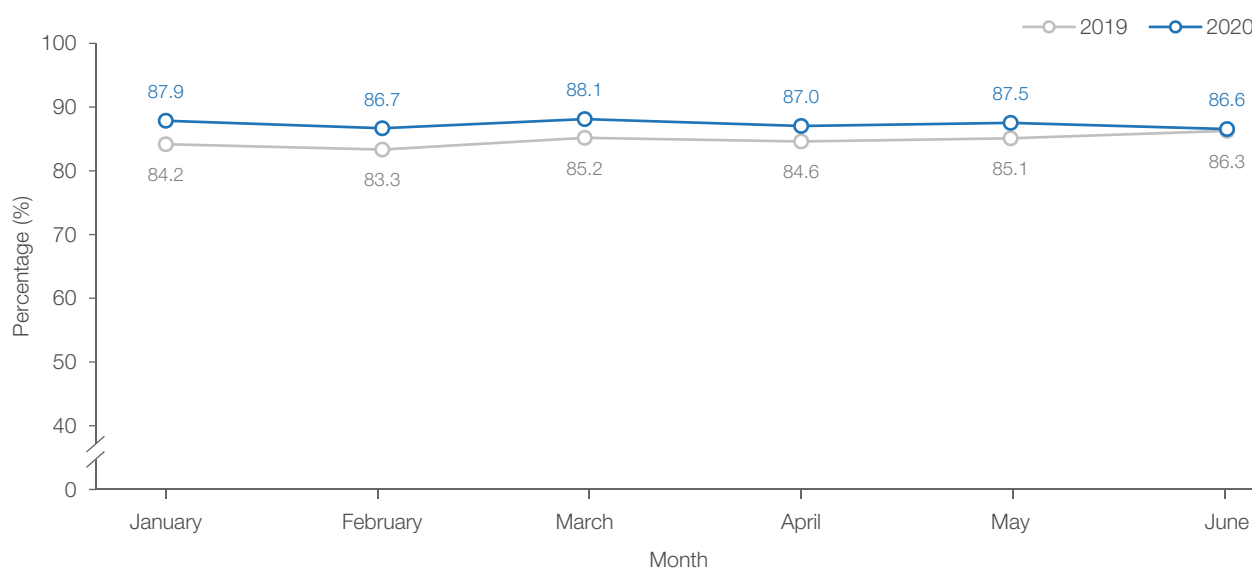


Figure 42 Among adult admitted patients who wanted involvement, percentage who said they were 'always' involved as much they wanted in decisions about their care, NSW, January to June 2020 and 2019

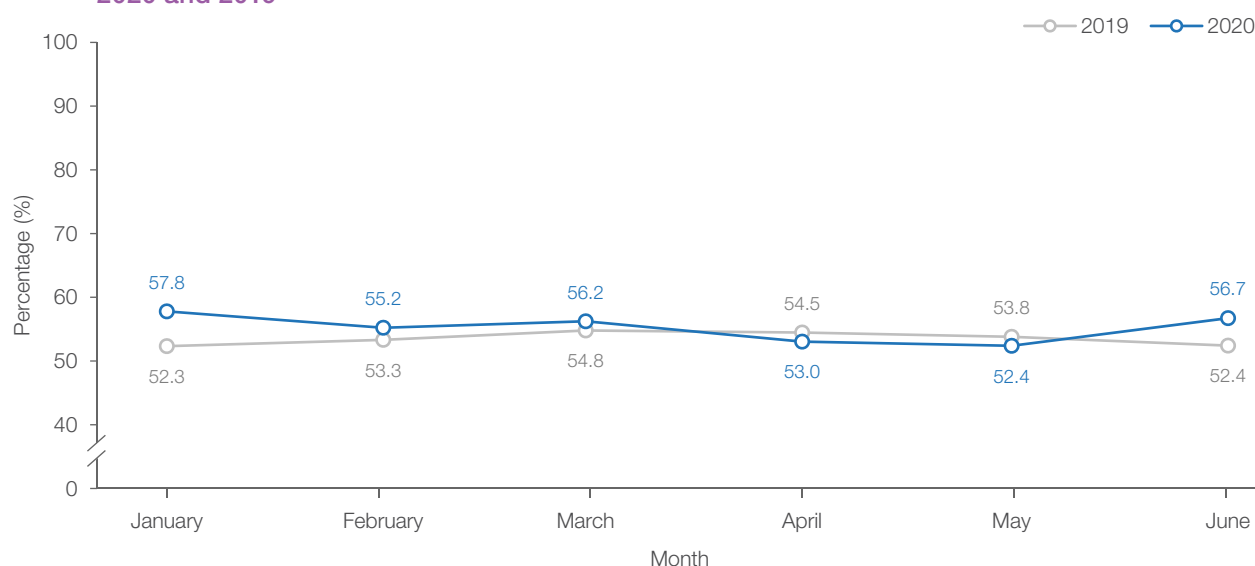
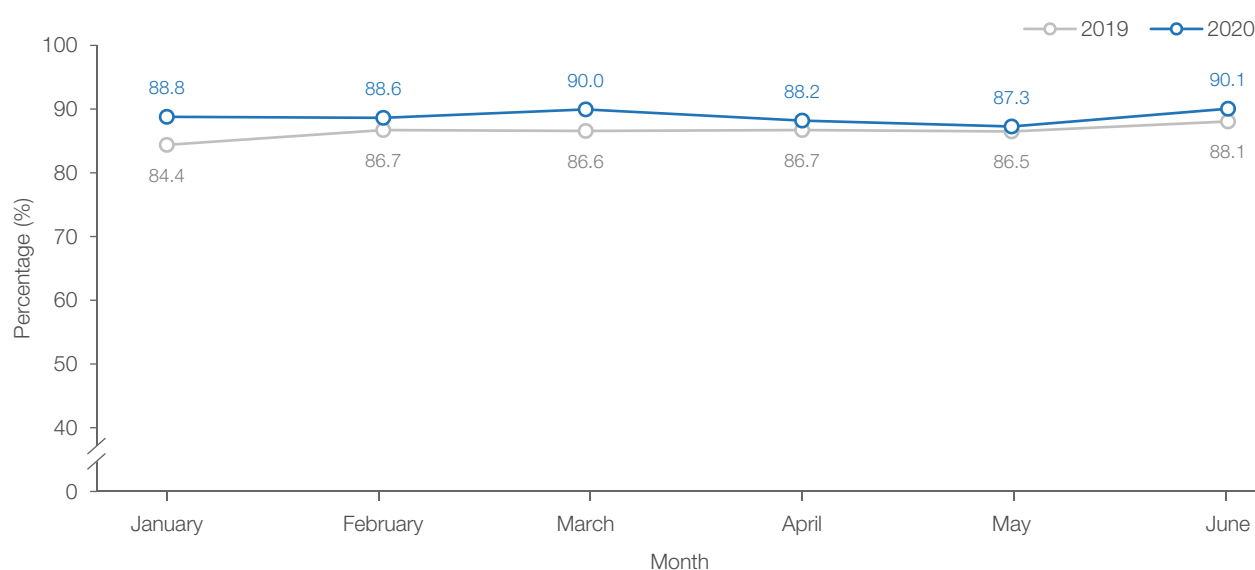


Figure 43 Percentage of adult admitted patients who said they were told who to contact if they were worried about their condition after discharge, NSW, January to June 2020 and 2019





Ambulance





Key findings

NSW Ambulance provides essential health services to the people of NSW through high-quality out-of-hospital care. The majority of cases responded to by paramedics are in the emergency or urgent priority categories.



Sharp decrease in ambulance responses during the March–April outbreak **before steadily increasing** again



The number of highest priority (P1A) **responses remained relatively stable** during 2020



Median P1A **response time was similar** to 2019 from January to May, **before increasing** to longer than 2019 for most of June to December

Ambulance activity and performance

Sharp decrease in ambulance responses during the March–April outbreak

In NSW in 2020, there were 1,200,583 ambulance responses, 54,561 (4.3%) fewer than in 2019.

Between mid-March and mid-April, there were fewer triple zero (000) calls requiring paramedic care (data not shown). During this period, weekly ambulance responses decreased by around 20%. At its lowest point, the weekly number of responses was 21.5% lower than in 2019. Ambulance activity then steadily increased. From mid-April to the end of September, responses increased by around 22%, before remaining relatively similar to 2019 levels from October to December. There were 23,981 responses in the last week of 2020, compared with 23,818 during the last week of 2019 (Figure 44).

From mid-March to mid-April, there were improvements in the time it took for paramedics to reach patients. During this period, the percentage of emergency (priority 1) call to ambulance arrival times within 15 minutes increased by around seven percentage points (Figure 45). This gradually

decreased from mid April until December, and was below 2019 levels from September to December.

For more information about ambulance activity and performance during 2020, see BHI's *Healthcare Quarterly* reports at bhi.nsw.gov.au/BHI_reports/healthcare_quarterly

A **response** involves the dispatch of an ambulance vehicle. There may be multiple responses to a single incident. Ambulance responses are assigned one of nine priority categories. The most serious and highest volume categories are priority 1 (emergency response under lights and siren; including the highest priority 1A subset) and priority 2 (urgent – undelayed response required without lights and siren).

Call to ambulance arrival time covers the period from when a triple zero (000) call is first answered in the ambulance control centre (phone pick-up), to the time the first ambulance arrives at the scene.

Figure 44 **Weekly ambulance responses, all priority categories, NSW, January to December 2020 and 2019**

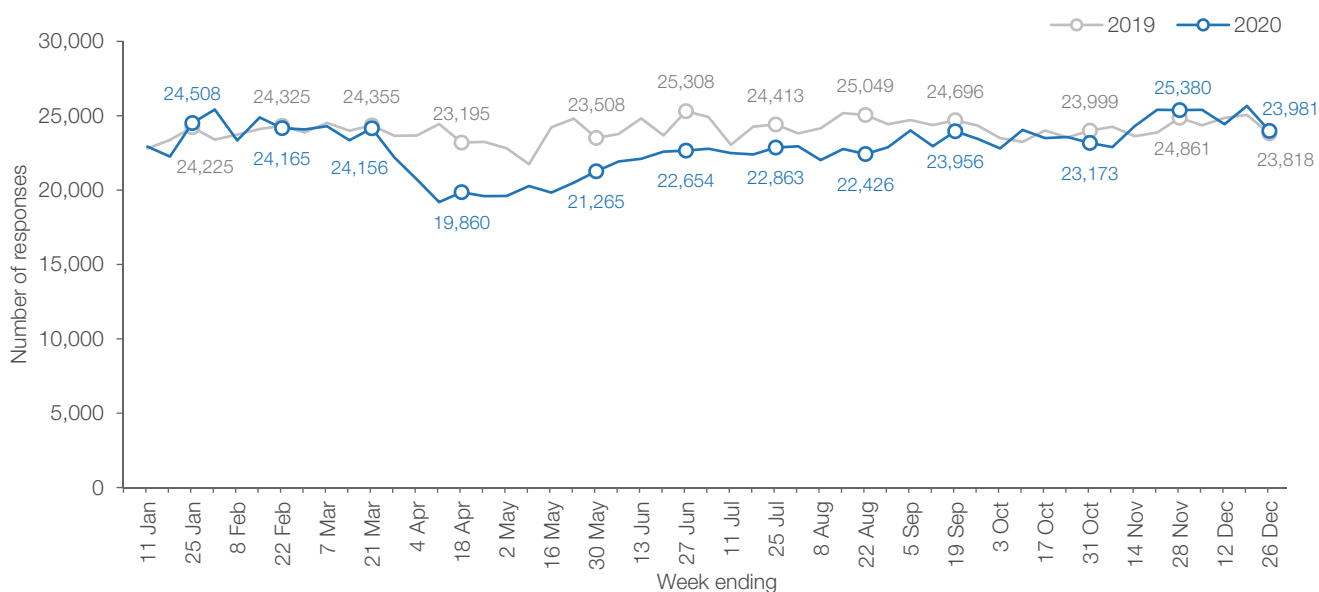


Figure 45 **Percentage of emergency (P1) call to ambulance arrival times under 15 minutes, NSW, January to December 2020 and 2019**

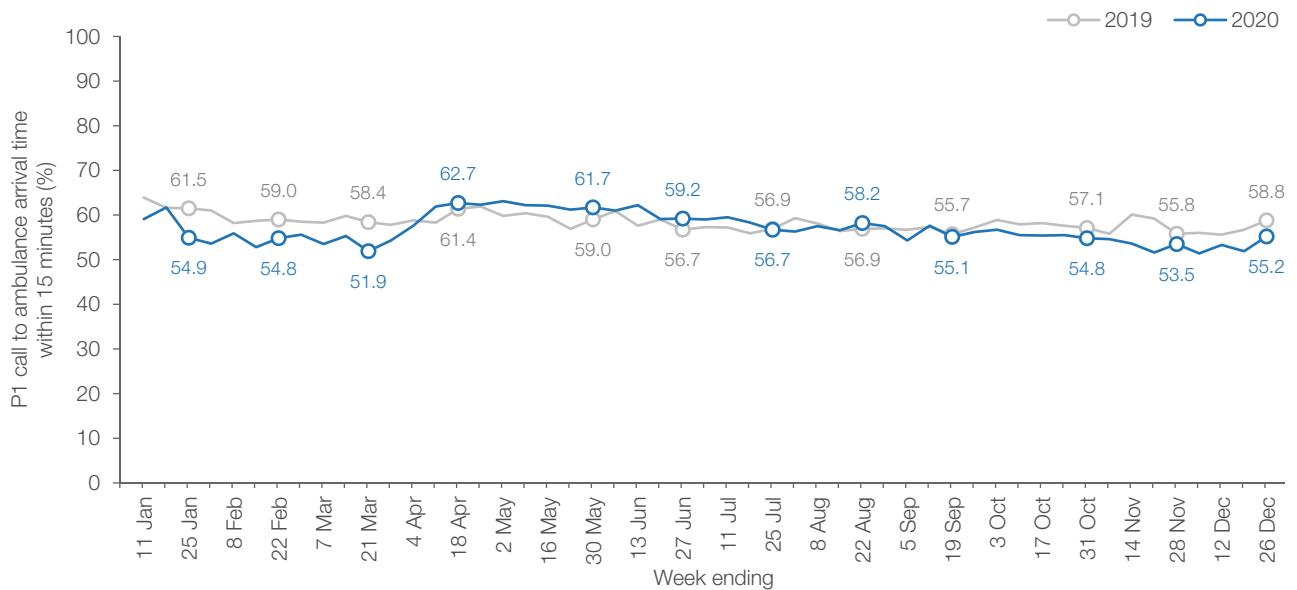
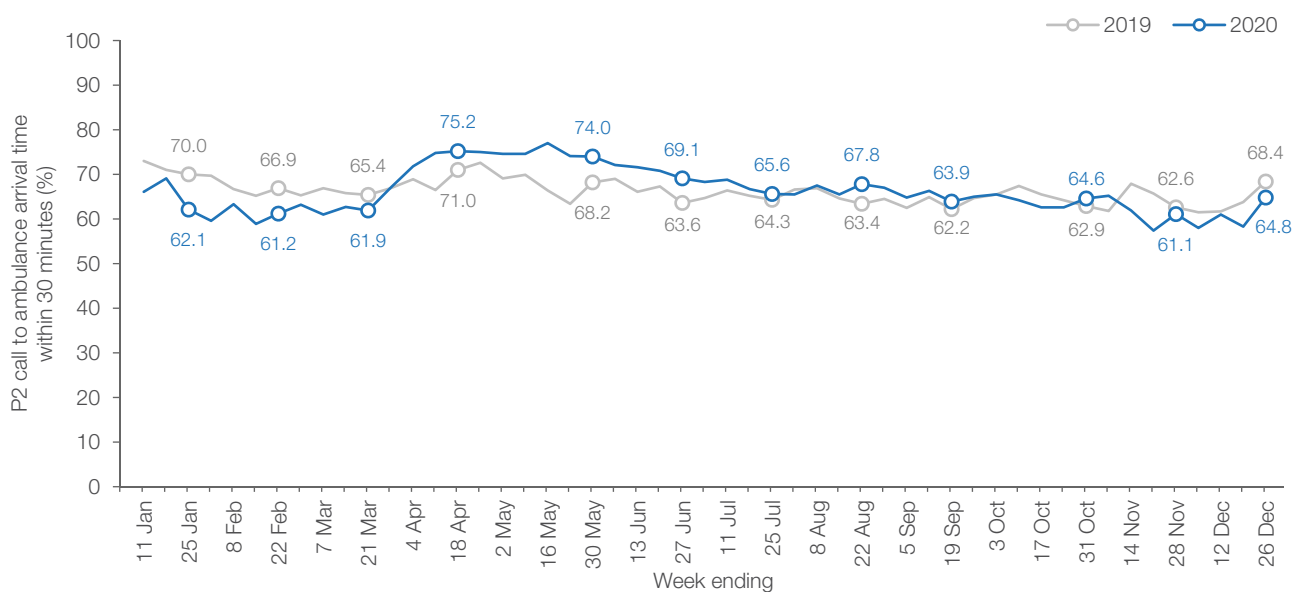


Figure 46 **Percentage of urgent (P2) call to ambulance arrival times under 30 minutes, NSW, January to December 2020 and 2019**



Responses to life-threatening cases

The number of highest priority responses remained relatively stable during 2020

Throughout the year, the numbers of weekly ambulance responses in NSW for life-threatening conditions such as cardiac or respiratory arrest were similar to 2019 (Figure 47) apart from a notable spike in December. These responses are categorised as the highest priority 1A (P1A) and are a subset of the P1 category.

There were 27,705 P1A responses in 2020, up 3.5% (926) compared with 2019 (data not shown).

In NSW, the benchmark for the median P1A response time is 10 minutes. From January to May, median response times were similar to 2019. From

June, these response times gradually increased and they remained longer than 2019 times for most weeks until the end of the year (Figure 48).

The percentage of P1A response times within 10 minutes followed an inverse pattern, with fluctuation until May, before the percentage decreased to below 2019 levels for most of the remainder of the year (Figure 49).

In NSW, ambulance **response time** refers to the period from the placement of a triple zero (000) call 'in queue' for an ambulance dispatch until the first vehicle arrives at the scene.

Figure 47 **Number of ambulance responses, highest priority (P1A), NSW, January to December 2020 and 2019**

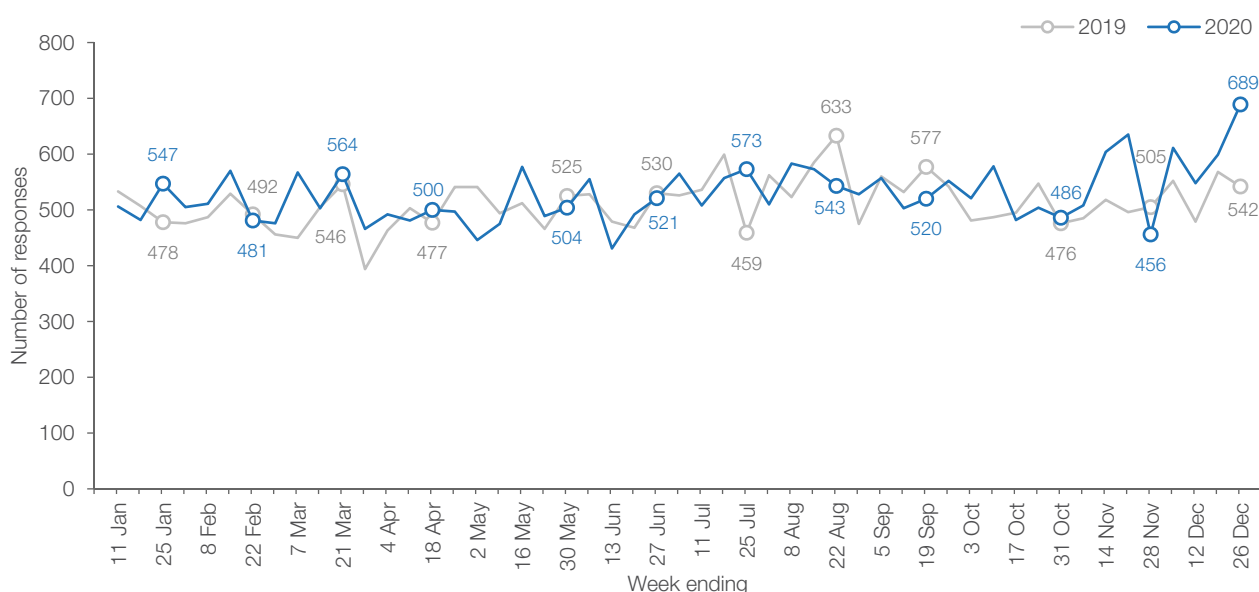


Figure 48 **Median ambulance response times, highest priority (P1A), NSW, January to December 2020 and 2019**

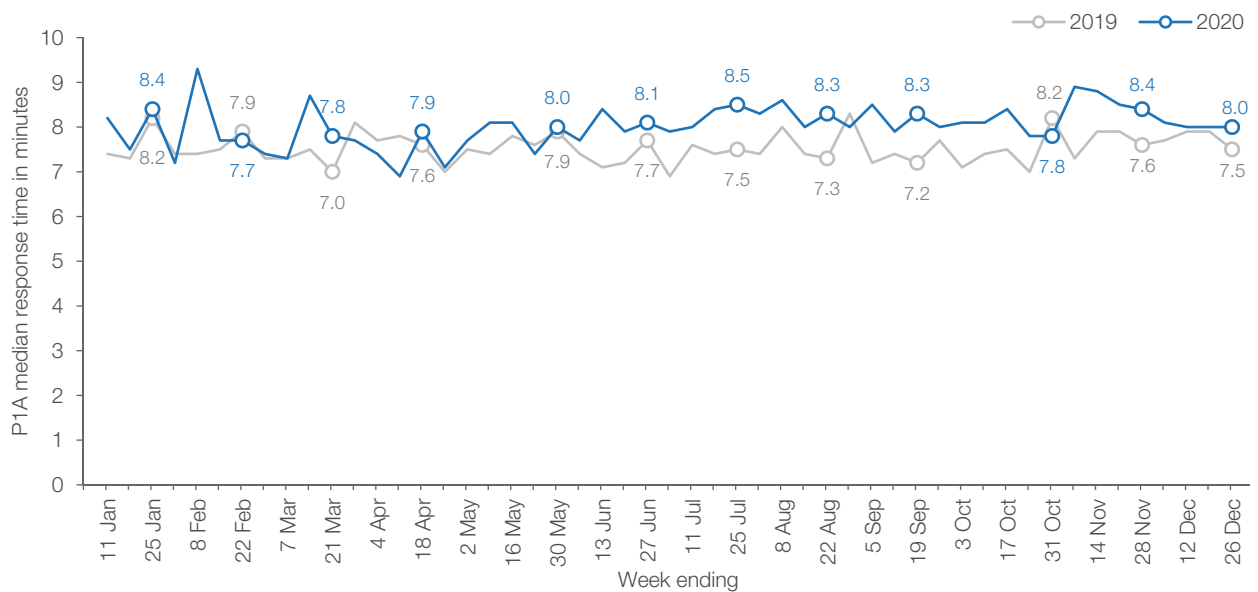
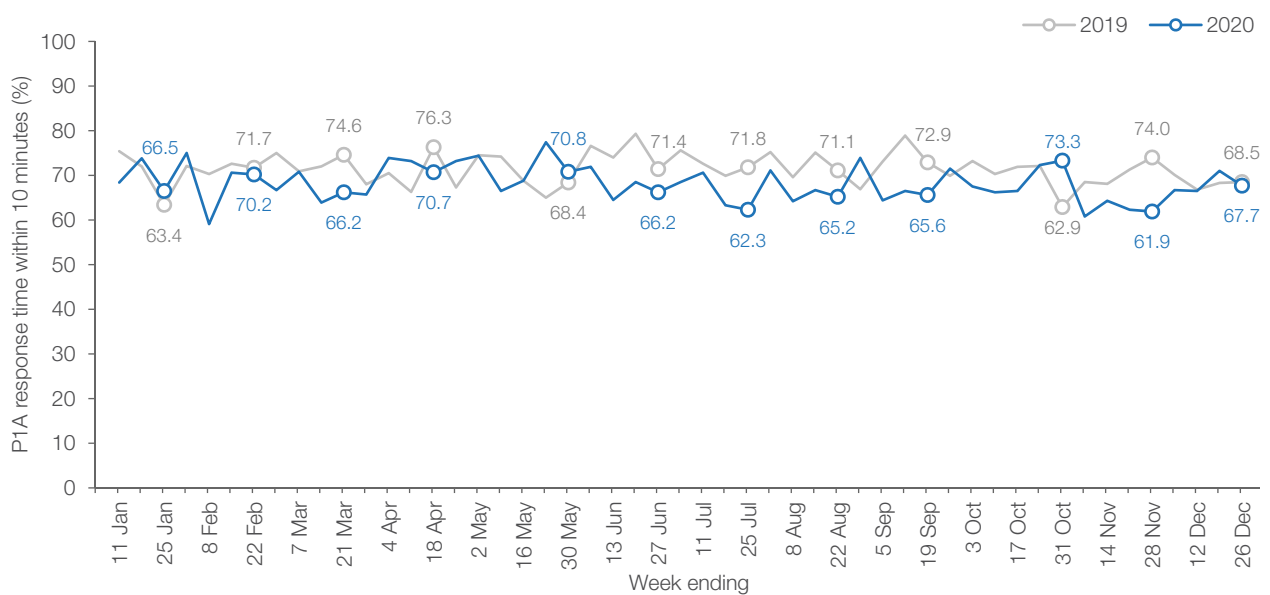


Figure 49 **Percentage of highest priority (P1A) response times within 10 minutes, NSW, January to December 2020 and 2019**





References and Acknowledgments

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The Bureau of Health Information (BHI) is the main source of information for the people of NSW about the performance of their public healthcare system.

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BHI is led by Chief Executive Dr Diane Watson and overseen by an independent board chaired by Professor Carol Pollock.

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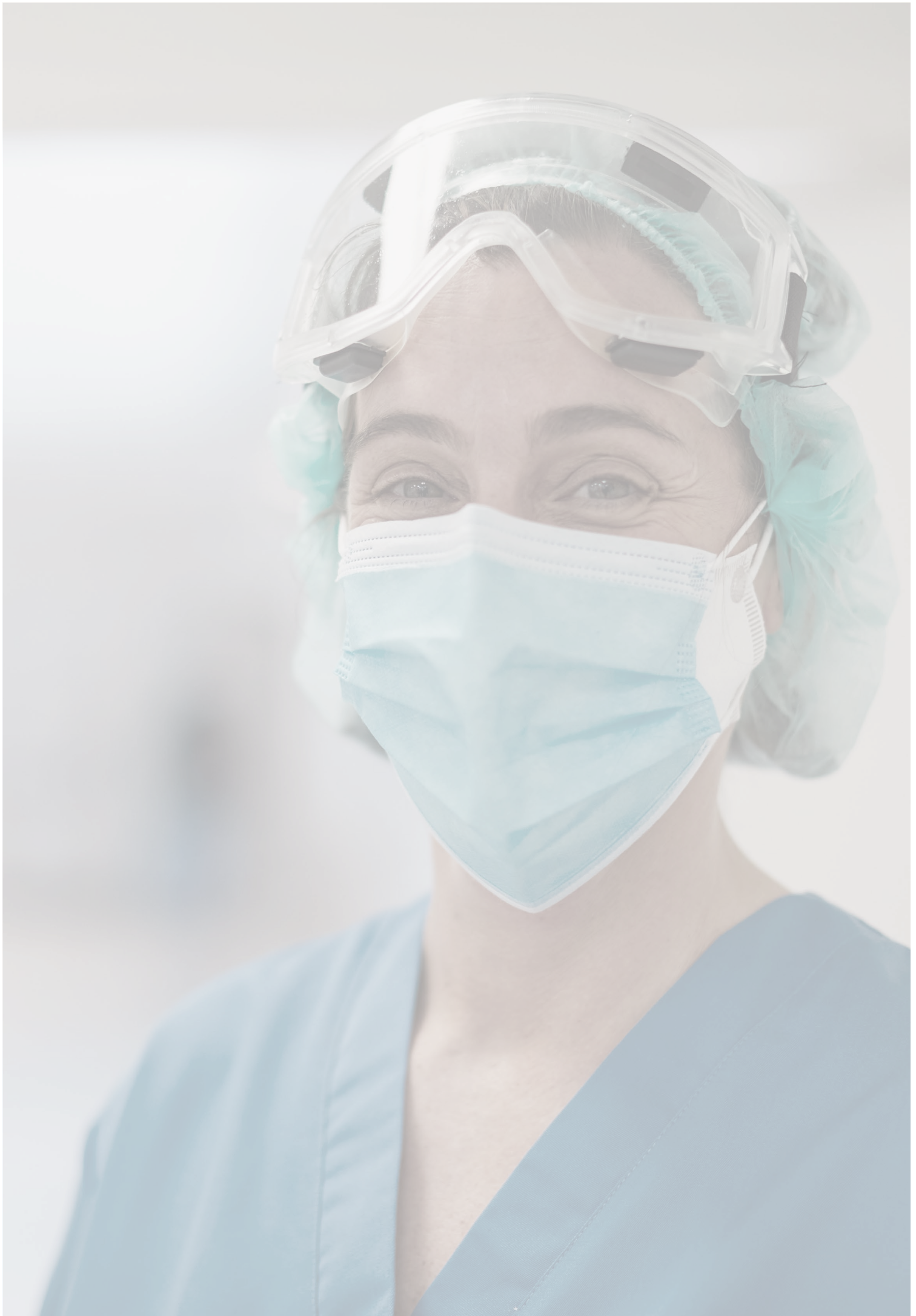
BHI acknowledges and respects the Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and emerging.

“

Taking into account how difficult the time was (COVID-19), I have to admire the professionalism of all the doctors and nurses... despite the risks involved for themselves and their families. Thank you very much for your care.

Survey respondent

”



About the Bureau of Health Information

The Bureau of Health Information (BHI) is a board-governed organisation that provides independent information about the performance of the NSW healthcare system.

BHI was established in 2009 and supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

BHI manages the NSW Patient Survey Program, gathering information from patients about their experiences and outcomes of care in public hospitals and other healthcare facilities.

BHI publishes a range of reports and information products, including interactive tools, that provide objective, accurate and meaningful information about how the health system is performing.

BHI's work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of hospital coders, analysts, technicians and healthcare providers who gather, codify and supply data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

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