

Healthcare Quarterly

Ambulance

Activity and performance

July to September 2017



BUREAU OF HEALTH INFORMATION

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Healthcare Quarterly reports present data at the point in time when data become available to BHI. Changes in data coverage and analytic methods from quarter to quarter mean that figures published in this document are superseded by subsequent reports. At any time, the most up-to-date data are available on BHI's online data portal, Healthcare Observer, at **bhi.nsw.gov.au/healthcare_observer**

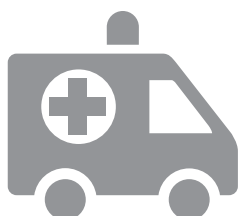
The conclusions in this report are those of BHI and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

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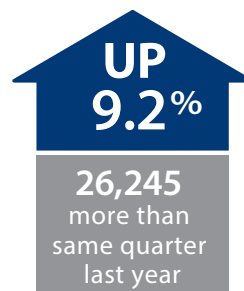
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In the July to September 2017 quarter...

Ambulance



There were **311,679**
ambulance responses



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

Ambulance activity		July to September 2017	July to September 2016	Difference	% change
Calls		313,530	287,181	26,349	9.2%
Responses		311,679	285,434	26,245	9.2%
Priority category	P1: Emergency	144,875	128,136	16,739	13.1%
	P1A: Highest priority	6,517	5,854	663	11.3%
	P2: Urgent	132,848	121,334	11,514	9.5%
	P3: Time-critical	24,084	25,502	-1,418	-5.6%
	P4–9: Non-emergency	9,871	10,462	-591	-5.6%
Incidents		243,469	225,472	17,997	8.0%
Patient transports		182,037	167,806	14,231	8.5%

Note: Ambulance activity data do not include outage estimates

Ambulance performance	July to September 2017	July to September 2016	Difference
Call to ambulance arrival time			
Percentage of P1 call to arrival within 15 minutes	60.1%	62.5%	-2.4 percentage points
Percentage of P1 call to arrival within 30 minutes	93.7%	94.3%	-0.6 percentage points
Local response areas meeting 90% threshold (arrival within 30 minutes)	103 (of 145)	114 (of 145)	
Percentage of P2 call to arrival within 30 minutes	69.9%	73.8%	-3.9 percentage points
Percentage of P2 call to arrival within 60 minutes	92.4%	94.1%	-1.7 percentage points
Local response areas meeting 90% threshold (arrival within 60 minutes)	120 (of 145)	138 (of 145)	
Mobilisation time			
Median	2.5m	2.5m	unchanged
P1: Emergency			
90th percentile	6.6m	6.2m	0.4m
Percentage P1 within 3 minutes	60.8%	61.8%	-1.0 percentage points
P2: Urgent			
Median	4.4m	4.0m	0.4m
90th percentile	25.2m	21.3m	3.9m
Ambulance response time			
P1: Emergency			
Median	11.6m	11.2m	0.4m
90th percentile	24.0m	23.5m	0.5m
P1A: Highest priority			
Median	7.7m	7.5m	0.2m
90th percentile	15.4m	15.2m	0.2m
P2: Urgent			
Median	19.1m	17.8m	1.3m
90th percentile	51.4m	46.3m	5.1m
Percentage of P1A responses within 10 minutes	70.6%	72.0%	-1.4 percentage points
Number of days median priority 1A response time > 10 minutes	1 day	1 day	unchanged
Turnaround time			
Median	38.3m	36.0m	2.3m
P1: Emergency			
90th percentile	65.4m	59.5m	5.9m
Percentage within 45 minutes	64.9%	71.1%	-6.2 percentage points
P2: Urgent			
Median	35.6m	33.7m	1.9m
90th percentile	61.5m	56.2m	5.3m
Percentage within 45 minutes	70.8%	76.0%	-5.2 percentage points

About this module

Data for this module are drawn from the NSW Ambulance Computer Aided Dispatch (CAD) system, which is used to manage and record ambulance activity and service time points.

Detailed data specifications and analytic methods used in this module are described in the technical supplements section of the Bureau of Health Information (BHI) website at bhi.nsw.gov.au

About the measures

Activity is measured as the number of ambulance calls, incidents, responses and transports during the quarter. Timeliness is measured using four key measures: call to ambulance arrival time, mobilisation time, response time and turnaround time. These measures cover different combinations of time points captured in the electronic data system (Figure 1).

Results are reported at NSW and zone levels. Results for local response areas (or stations) have been shown to be subject to random variation and impacted by non-modifiable factors and so are not reported on a nominal (named) basis.

More detailed state and zone level information is available from the BHI interactive data portal, Healthcare Observer at bhi.nsw.gov.au/healthcare_observer

Background

A triple zero call generally initiates ambulance activity. An **incident** is an event that results in a response by one or more ambulances. A **response** is the dispatch of an ambulance from a local response area. Not all triple zero calls result in an ambulance response. Responses are prioritised according to the urgency of the case, based on the information provided by the caller.

Depending on the seriousness of an incident, or the number of people involved, multiple responses (vehicles) may be required for a single incident. Most incidents have one vehicle assigned. Around two in 10 incidents have multiple vehicles assigned. Some vehicles are cancelled en route.

Incidents involve one or multiple patients. Once an ambulance arrives at the scene, patients are either treated and transported, or treated at the scene only. About six in 10 responses result in **patient transport**.

Descriptions of ambulance indicator development, validation and sensitivity testing, are provided in the supplementary report, *Spotlight on Measurement: Measuring and reporting performance of NSW ambulance services*.

Figure 1 Ambulance service time points and timeliness measures

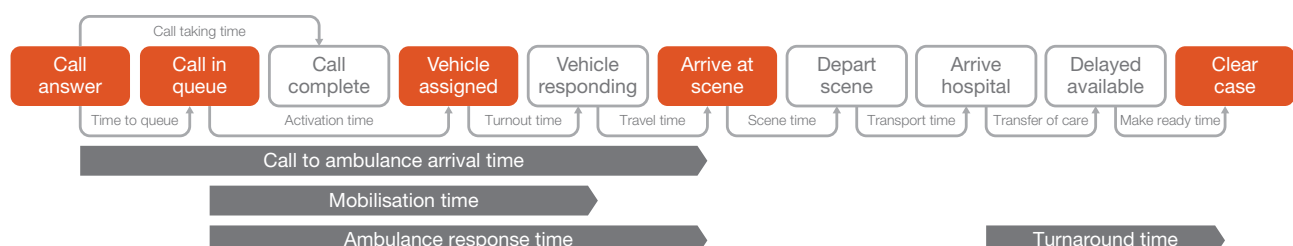


Table 1 Incident and response priority codes

Code	Priority	Description	Example	Response required
1	1A Emergency	Highest priority – life-threatening case	Cardiac or respiratory arrest, unconscious, ineffective breathing	Immediate response – median within 10 minutes – under 'lights and sirens'
	1B Emergency	High priority	Unconscious	Emergency response – under 'lights and sirens'
	1C Emergency	Priority	Breathing problems, chest or neck injury, serious haemorrhage	Emergency response – under 'lights and sirens'
2	Urgent	Urgent	Abdominal pain	Urgent response without 'lights and sirens' within specified timeframes
3	Time-critical	Time-critical	Medical responses requested by medical practitioners often pre-booked	Undelayed response within specified timeframes
4-9	Non-emergency	Non-emergency	Routine transport	Routine

Table 2 Ambulance local response area typology

Service type	Description
24-hour	Primarily situated in urban areas providing mostly urban, 24-hour operation. These are higher volume response areas, the majority with multiple vehicles and ambulance staff.
24-hour (with on-call)	Primarily situated in regional areas providing 24-hour operation, supplemented with on-call staff.
Non-24-hour	Primarily situated in regional and rural areas providing 8, 12 or 16-hour operation with remaining time covered by on-call staff.
Community and volunteer (volunteer ambulance officers, community first responder programs and community initiated groups)	<p>Volunteer ambulance officers provide a first response and transport role in more remote areas. Some are attached to smaller stations, work with certified paramedics and respond in an ambulance vehicle.</p> <p>Members of community first responder programs are attached to emergency services, such as Fire Rescue NSW, NSW Rural Fire Service and the NSW State Emergency Service, and respond in their agency vehicle. Community-initiated groups (not attached to a response agency) can form a community first responder unit. Members agree to be available on a regular basis and respond from within the community in a private, or community-funded, vehicle.</p>

Ambulance activity and performance

Ambulance activity

In the July to September 2017 quarter, there were 313,530 calls and 311,679 ambulance responses; for both this was 9.2% higher compared with the same quarter last year (Figure 2). Most responses were categorised as emergency (priority 1; 46.5%) or urgent (priority 2; 42.6%). Of priority 1 responses, 6,517 were priority 1A (4.5% of priority 1 and 2.1% of total responses, respectively) (Figure 2).

The number of calls, incidents and responses has decreased over the past five years (Figure 3).

This decrease coincided with the introduction of a dedicated patient transport service for non-emergency cases in 2014. Throughout the July to September 2017 quarter, the daily number of priority 1 to 3 responses fluctuated from 136 to 1,790 (Figure 4).

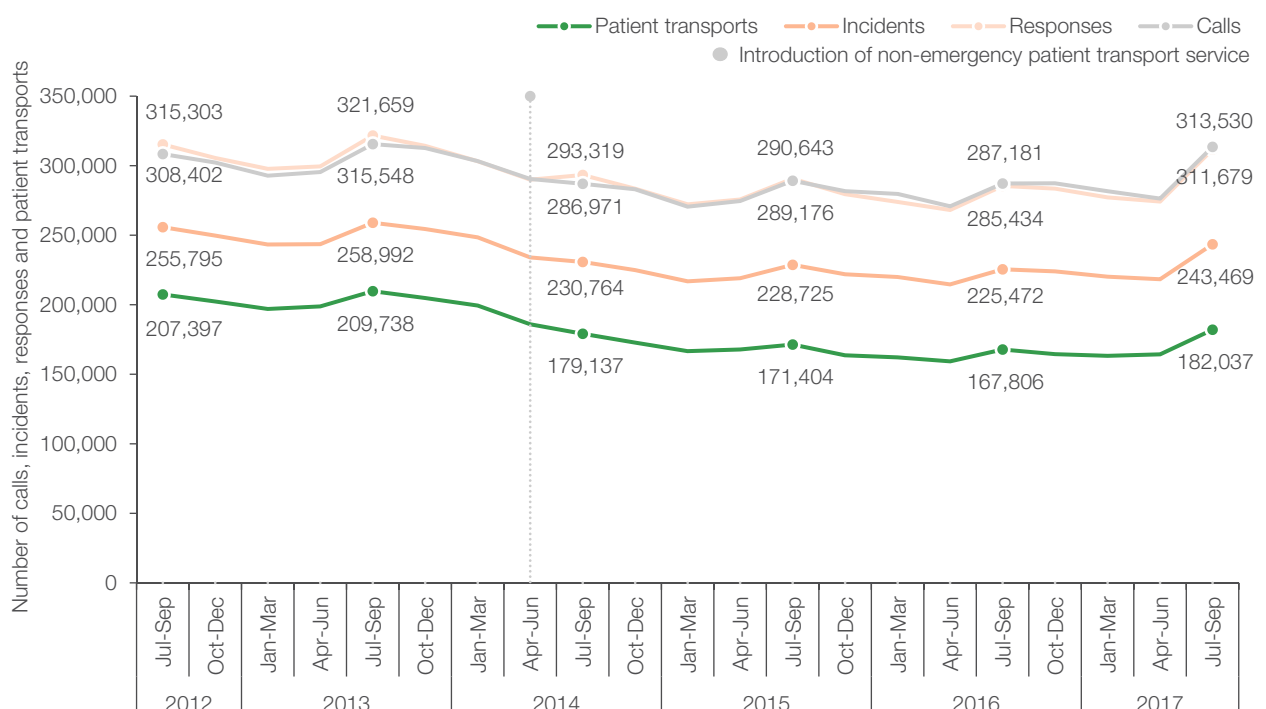
Changes in urgency categorisation or the 'grid' resulted in an apparent increase in the number of priority 2 responses and a corresponding decrease in the number of priority 1 responses between 2012 and 2016 (Figure 5).

Figure 2 Ambulance calls, incidents and responses by priority, July to September 2017

		This quarter	Same quarter last year	Change since one year ago
Calls		313,530	287,181	9.2%
Incidents		243,469	225,472	8.0%
All responses		311,679	285,434	9.2%
P1: Emergency		144,875	128,136	13.1%
P1A: Highest priority		6,517	5,854	11.3%
P2: Urgent		132,848	121,334	9.5%
P3: Time-critical		24,084	25,502	-5.6%
P4-9: Non-emergency		9,871	10,462	-5.6%
Patient transports		182,037	167,806	8.5%

Note: All calls, incidents and responses that have been assigned a priority number are included in the total counts. Most priority numbers correspond to priority codes P1 to P9.

Figure 3 Ambulance calls, incidents, responses and patient transports, July 2012 to September 2017



Amidst the normal seasonal increases in ambulance activity in the July to September quarters, there was a sharper rise in the July to September 2017 quarter.

Figure 4 Daily number of priority 1, 2 and 3 responses, July to September 2017

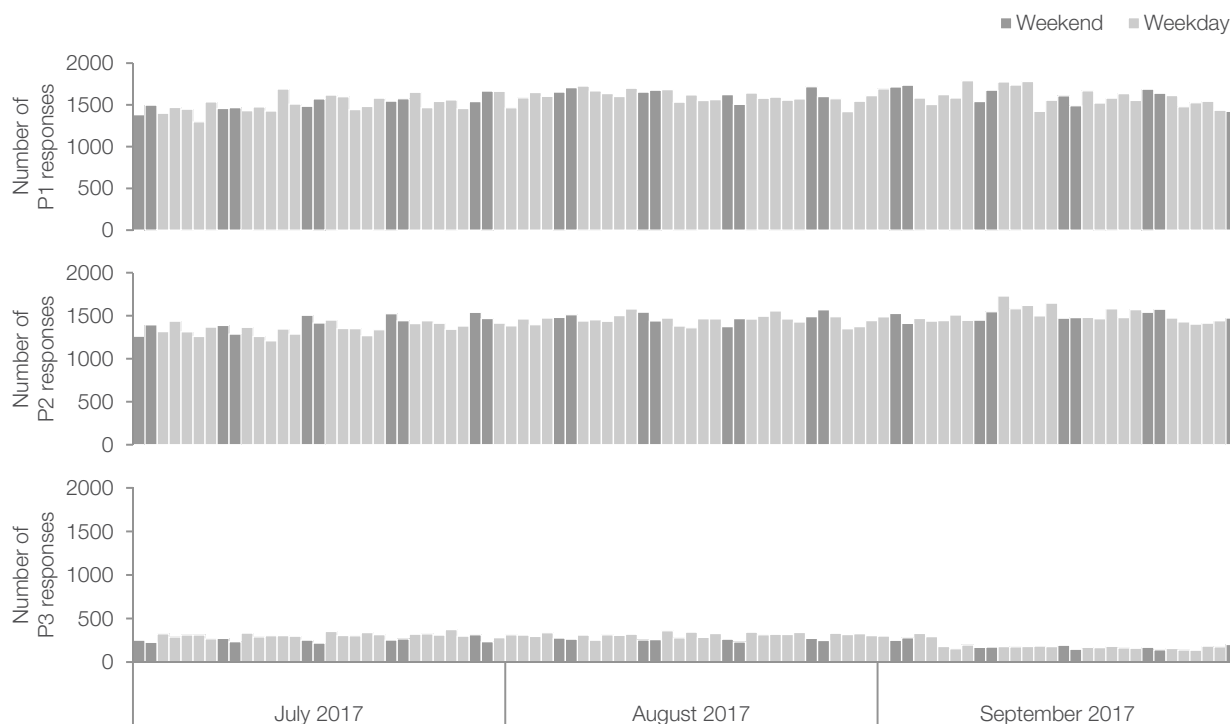
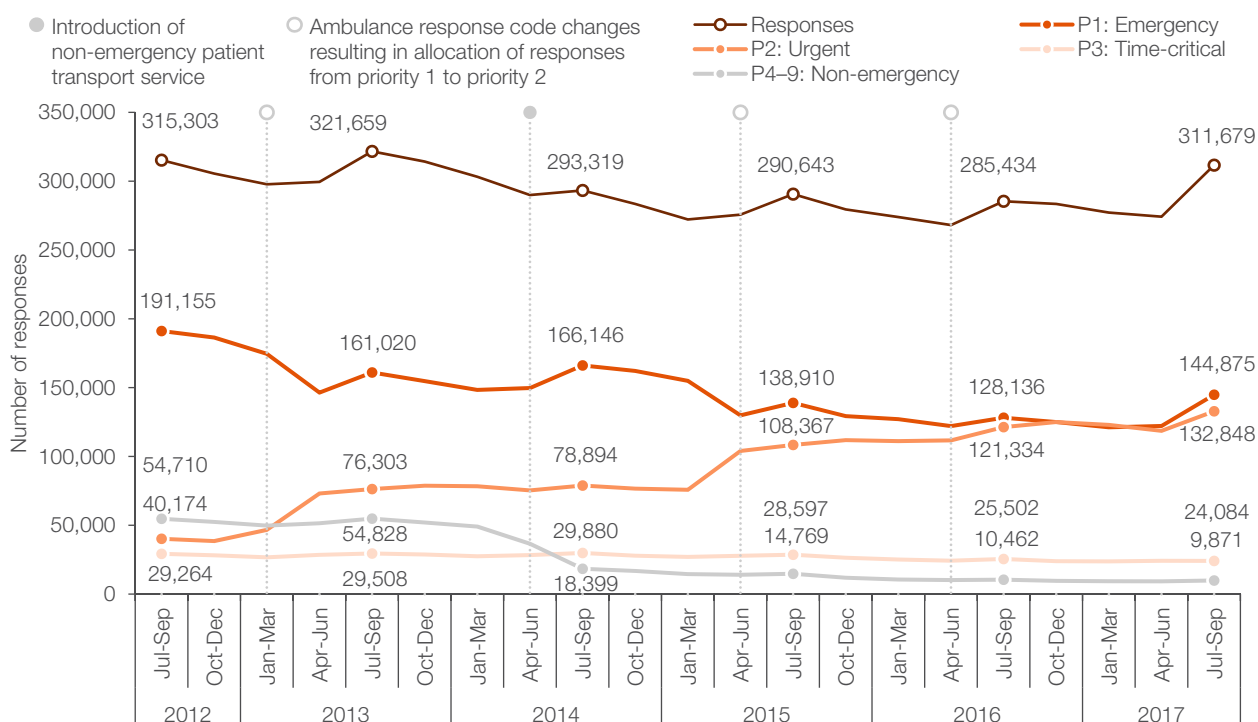


Figure 5 Ambulance responses by priority, July 2012 to September 2017



Call to ambulance arrival time – NSW and zone performance

Call to ambulance arrival time reflects patients' experiences, spanning the time from when a call is first answered in the ambulance control centre (phone pick-up), to the time the first ambulance arrives at the scene.

In the July to September 2017 quarter, 60.1% of priority category 1 call to ambulance arrival times were within 15 minutes and 93.7% were within 30 minutes (down 2.4 and 0.6 percentage points, respectively, compared with the same quarter last year). For priority 2 call to ambulance arrival times, 69.9% were within 30 minutes and 92.4% were within 60 minutes (down 3.9 and 1.7 percentage points, respectively, compared with the same quarter last year) (Figure 7).

At a state level, call to ambulance arrival percentages for priority 1 and priority 2 were lower this quarter compared to the same quarter last year (Figure 8).

Across zones, the percentage of priority 1 call to ambulance arrival times within 30 minutes ranged from 85.0% in Southern NSW to 96.2% in Sydney and South Eastern Sydney.

For priority 2, the percentage of call to ambulance arrival times within 60 minutes ranged from 87.9% in South West Zone 2 to 98.4% in Central West Zone 1 and Central and Far West Zone 2 (Figure 9).

Figure 6 Intervals covering call to ambulance arrival time, NSW



Figure 7 Call to ambulance arrival time, by priority category, July to September 2017

Priority category		This quarter	Same quarter last year	Change since one year ago
P1 responses	107,479			
Within 15 minutes		60.1%	62.5%	-2.4 percentage points
Within 30 minutes		93.7%	94.3%	-0.6 percentage points
Local response areas meeting 90% threshold (arrival within 30 minutes)		103 (of 145)	114 (of 145)	
P2 responses	99,713			
Within 30 minutes		69.9%	73.8%	-3.9 percentage points
Within 60 minutes		92.4%	94.1%	-1.7 percentage points
Local response areas meeting 90% threshold (arrival within 60 minutes)		120 (of 145)	138 (of 145)	

Figure 8 Percentage of call to ambulance arrival times, by priority category, July 2012 to September 2017

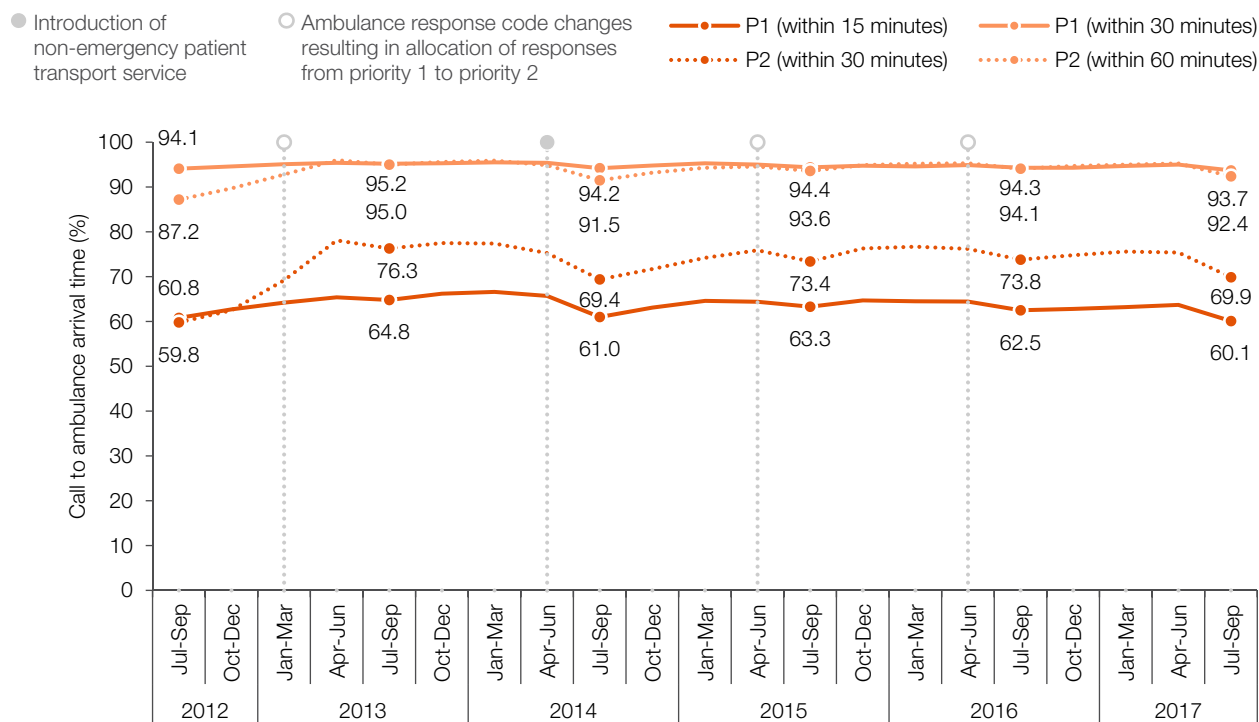
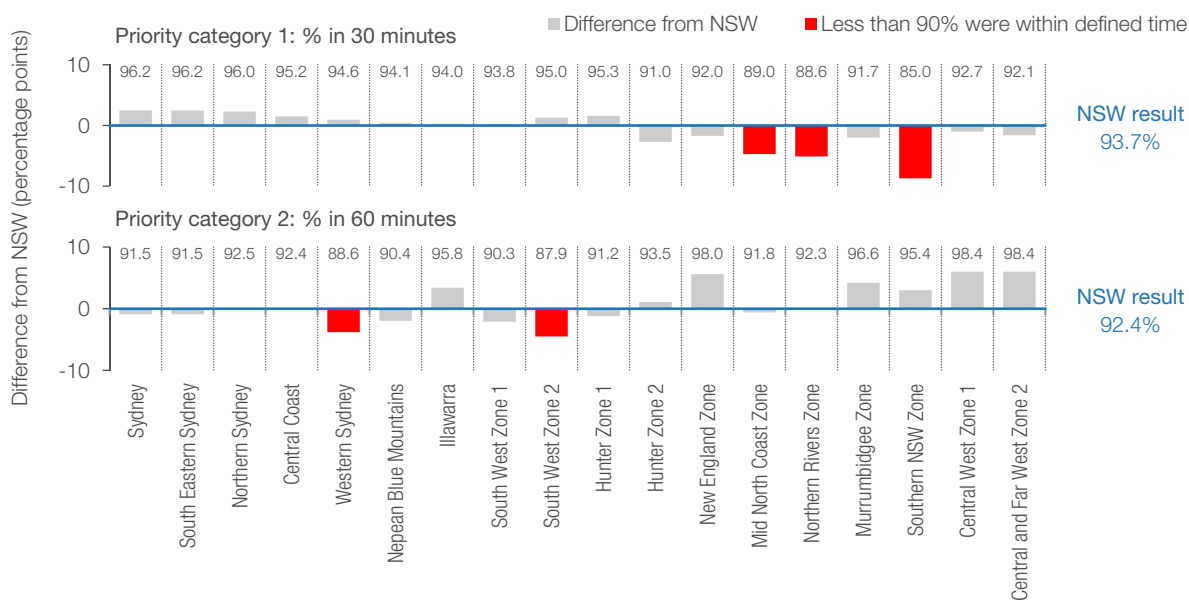


Figure 9 Percentage of call to ambulance arrival times, by zone, relative to NSW, July to September 2017



Call to ambulance arrival time – variation

For priority 1 responses this quarter, 103 of 145 local response areas (LRAs) achieved 90% of call to ambulance arrival times within 30 minutes (Figure 10). For priority 2 responses this quarter,

120 of 145 LRAs achieved 90% of call to ambulance arrival times within 60 minutes (Figure 12). As a percentage of the NSW total of priority 1 and 2 responses, Figures 11 and 13 compare each zone's

Figure 10 Percentage of priority 1 call to ambulance arrival times within 30 minutes, by zone and local response area type, July to September 2017

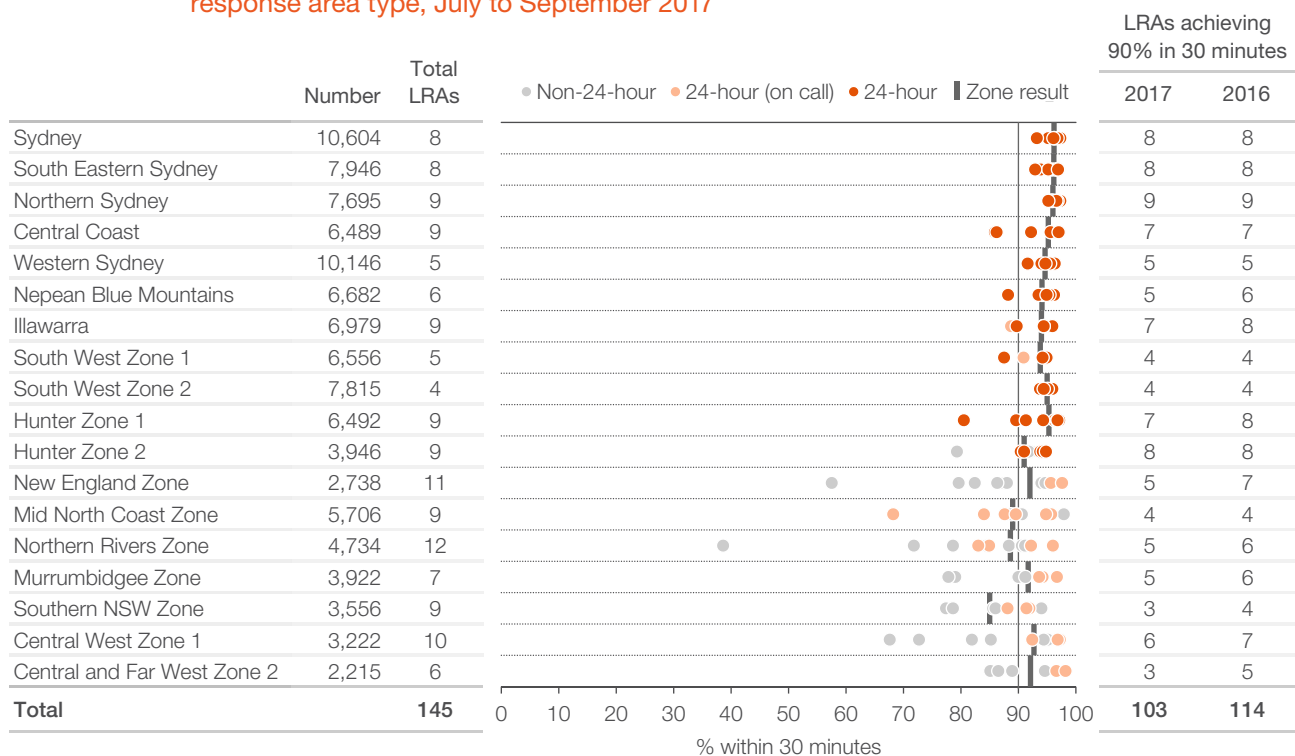


Figure 11 Percentage of priority 1 responses and call to ambulance arrival times outside 30 minutes, by zone, July to September 2017



share of responses that are over 30 minutes or 60 minutes, respectively. Mid North Coast crews met 5.3% of NSW priority 1 responses in the quarter, but this zone saw 9.2% of all call to ambulance arrival times

over 30 minutes (Figure 11). Western Sydney crews met 8.1% of NSW priority 2 responses in the quarter, and had disproportionately more call to ambulance arrival times over 60 minutes (12.3%) (Figure 13).

Figure 12 Percentage of priority 2 call to ambulance arrival times within 60 minutes, by zone and local response area type, July to September 2017

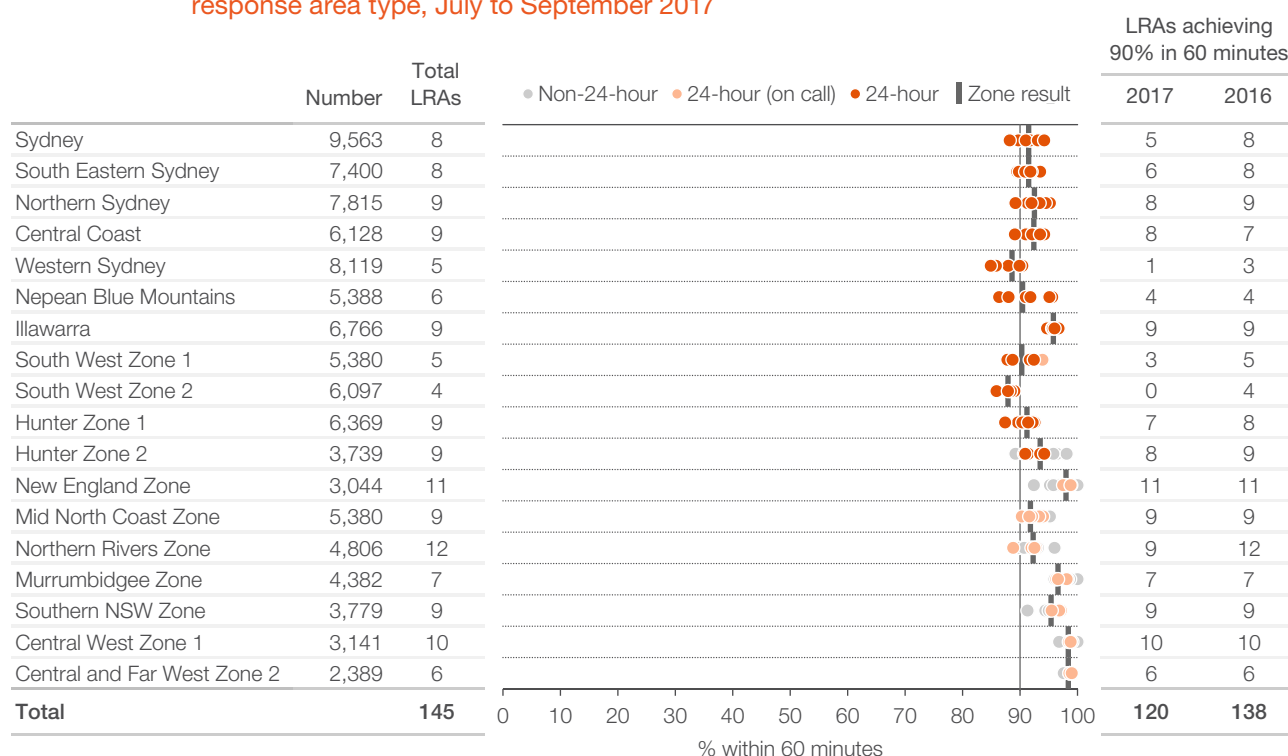
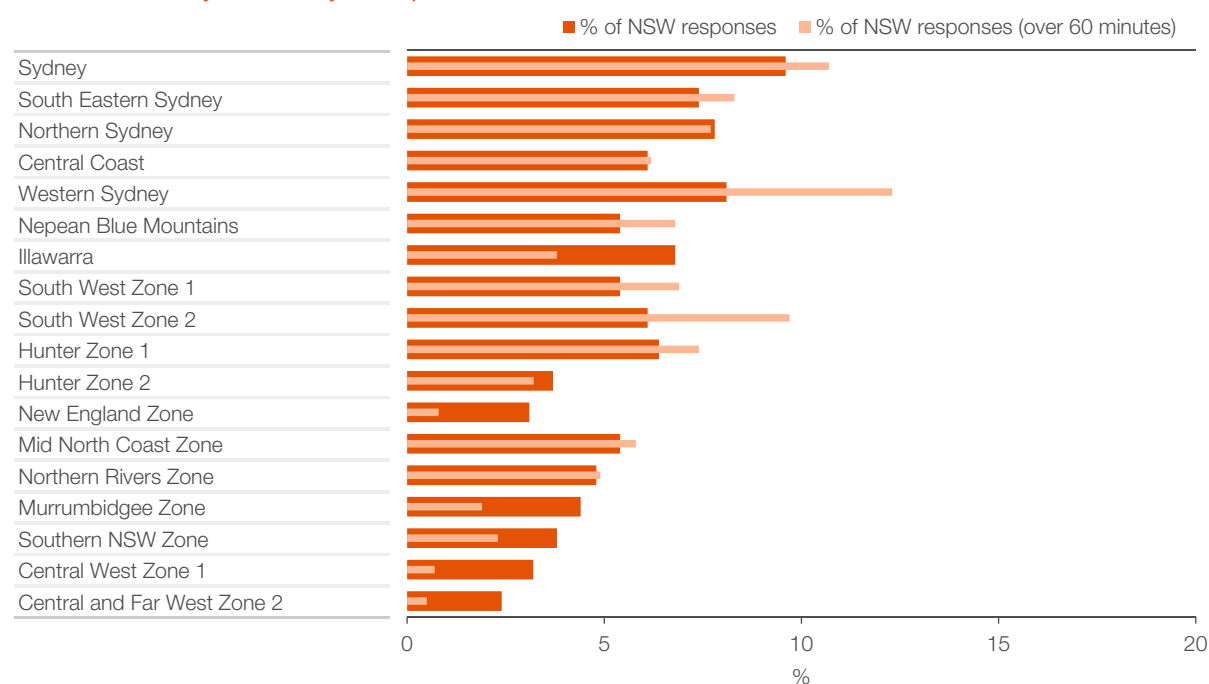


Figure 13 Percentage of priority 2 responses and call to ambulance arrival times outside 60 minutes, by zone, July to September 2017



Mobilisation time – NSW performance

Once a call has been placed 'in queue' for vehicle dispatch, there is typically a short period of time before crews begin driving to the scene (Figure 14). This period – the mobilisation time – is a measure of preparedness and operational responsiveness. For operational purposes, NSW Ambulance monitors the percentage of priority 1 mobilisation times within three minutes.

In the July to September 2017 quarter, the median mobilisation time was 2.5 minutes for priority 1 and 4.4 minutes for priority 2 responses. For priority 1 responses, 60.8% were within three minutes (Figure 15).

For July to September quarters between 2012 and 2017, priority 1 median mobilisation time has remained relatively unchanged (Figure 16).

The median mobilisation time for priority 2 was higher compared to the same quarter last year (4.4 minutes; up 0.4). The five-year time series shows little seasonal variation in mobilisation times (Figure 17).

Figure 14 Intervals covering mobilisation time, NSW



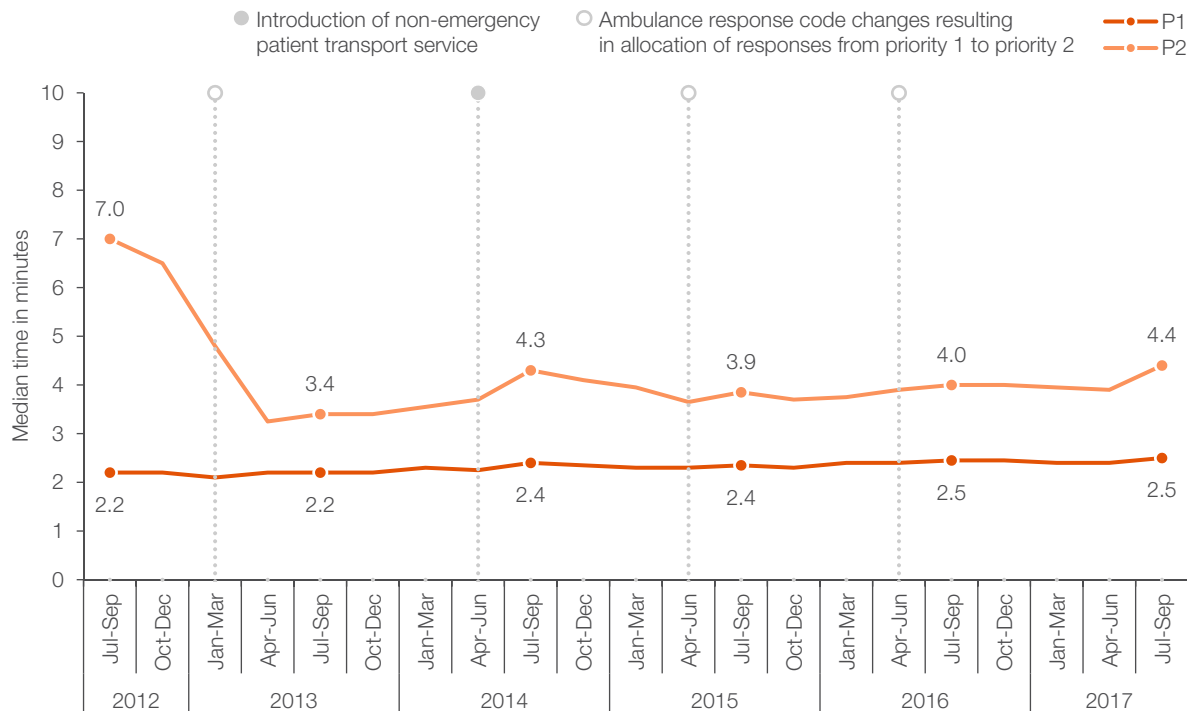
Figure 15 Mobilisation time, by priority category, July to September 2017

	Volume		This quarter	Same quarter last year	Change since one year ago
P1	107,461				
Median			2.5m	2.5m	unchanged
90th percentile			6.6m	6.2m	0.4m
Percentage P1 within 3 minutes			60.8%	61.8%	-1.0 percentage points
P2	99,701				
Median			4.4m	4.0m	0.4m
90th percentile			25.2m	21.3m	3.9m

Figure 16 Median priority category 1 mobilisation time, July to September quarters, 2012 to 2017



Figure 17 Median mobilisation time, by priority category, July 2012 to September 2017



Mobilisation time – variation

The NSW priority 1 median mobilisation time for July to September 2017 was 2.5 minutes. Across zones, median times ranged from 2.2 minutes in Sydney, Nepean Blue Mountains, South West Zones 1 and 2 to 3.8 minutes in Southern NSW (a 1.6 minute range) (Figure 18).

The NSW priority 2 median mobilisation time was 4.4 minutes this quarter, and ranged across zones from 4.0 minutes in Central Coast, Nepean Blue Mountains, Illawarra, South West Zone 1 and New England Zone, to 5.1 minutes in Northern Rivers (a 1.1 minute range). In general, zones in non-metropolitan areas had longer mobilisation times for both priority 1 and priority 2 responses (Figure 18).

Within zones, median mobilisation times for individual LRAs were more variable in non-metropolitan zones (Figures 19 and 20).

This may reflect differences in the distribution of LRA types across zones. Metropolitan zones primarily have 24 hour LRAs while non-metropolitan zones mostly have non-24 hour and 24 hour (on-call) LRAs, which rely on staff that are not always based at the ambulance station, ready to respond immediately to calls.

The degree of variation seen within metropolitan zones is smaller for priority 1 compared with priority 2 responses (Figures 19 and 20).

Figure 18 Median mobilisation time, by zone, relative to NSW, July to September 2017

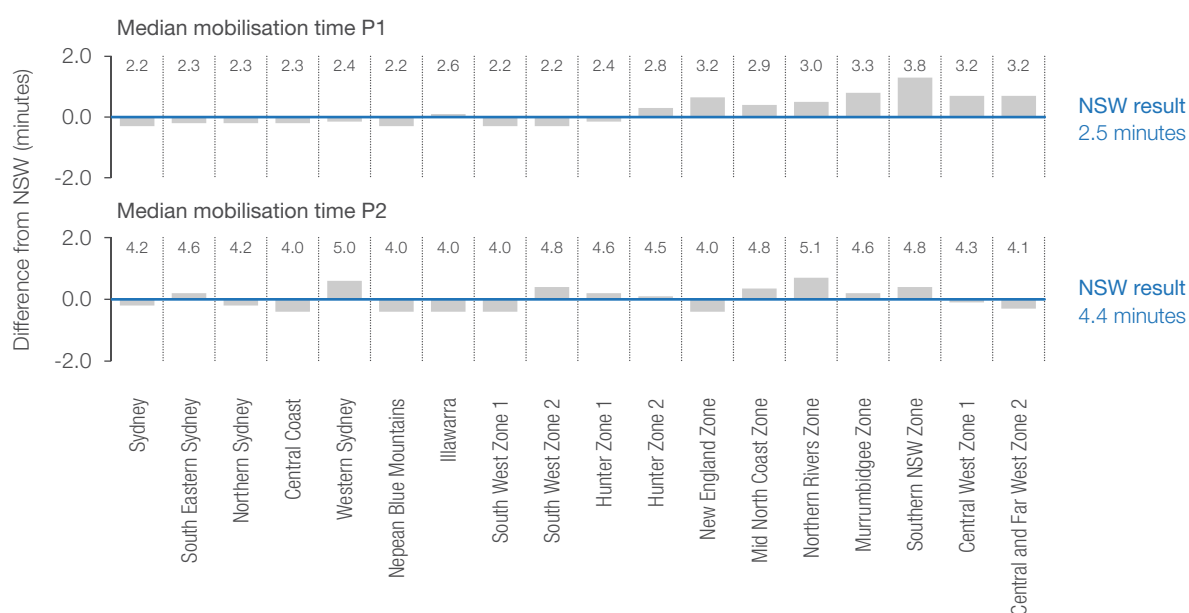


Figure 19 Median priority 1 mobilisation time, by zone and local response area type, July to September 2017

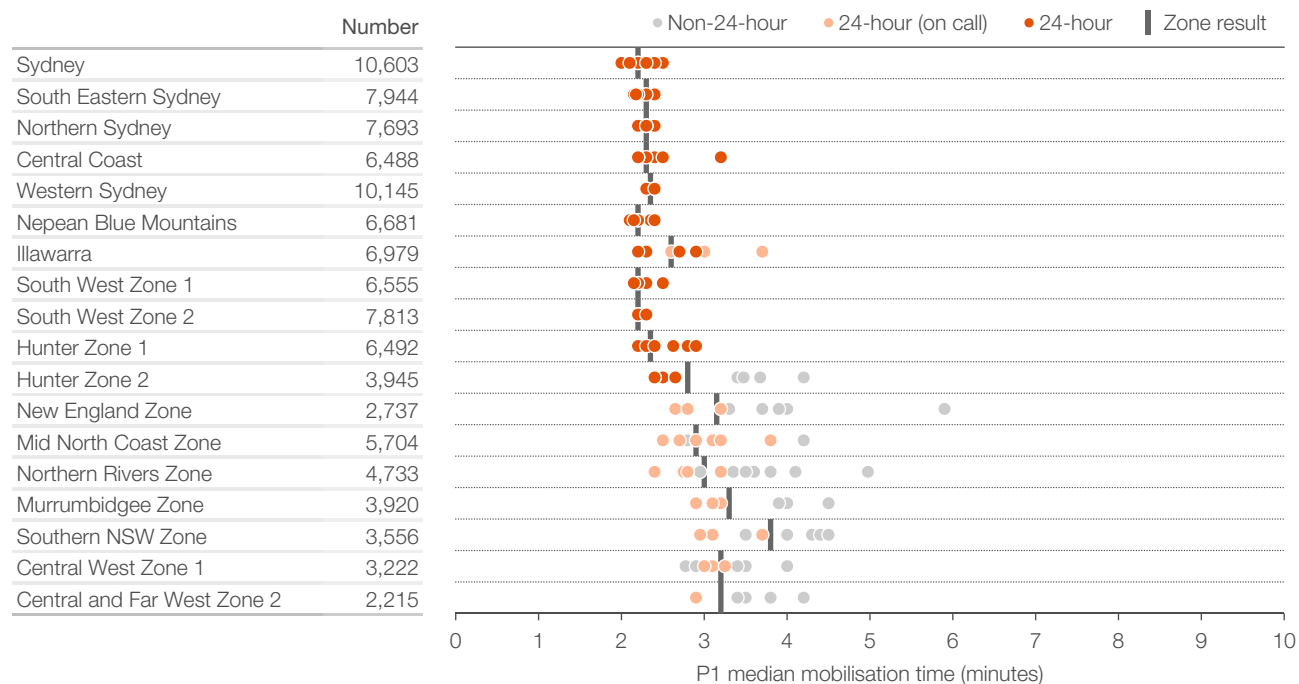
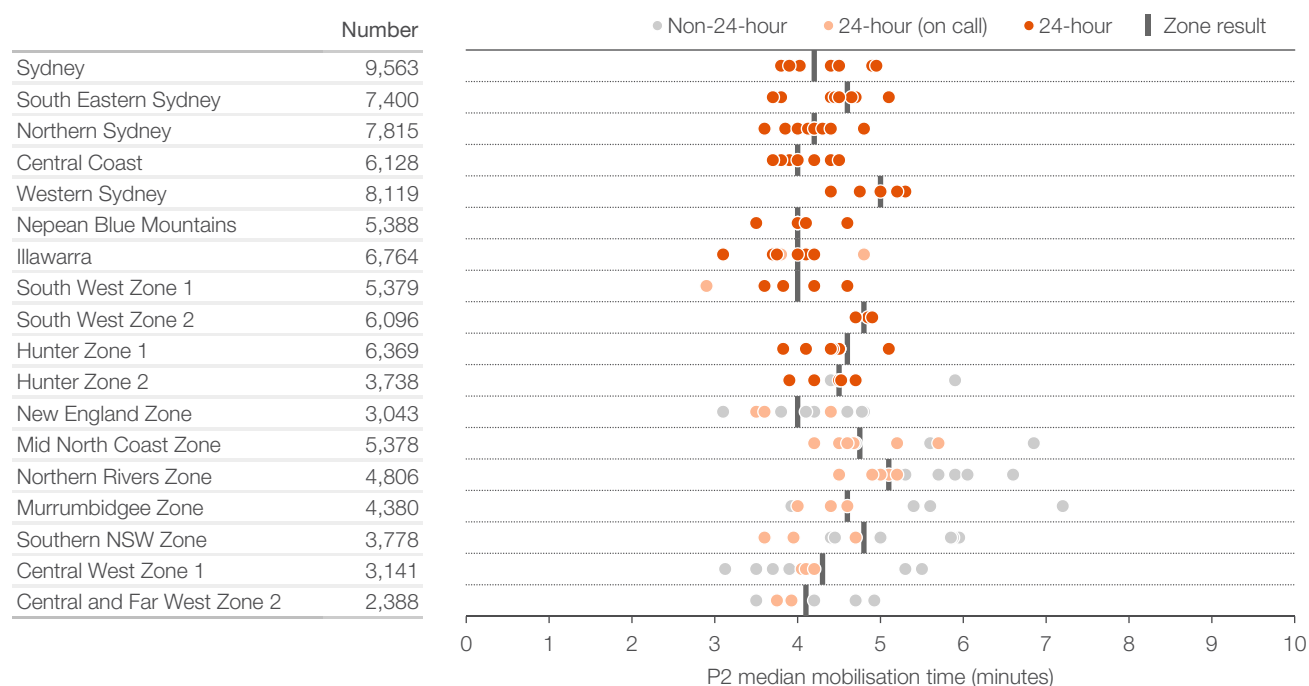


Figure 20 Median priority 2 mobilisation time, by zone and local response area type, July to September 2017



Response time – NSW performance

Ambulance response time is measured from when a call for an ambulance is placed 'in queue' for vehicle dispatch by the ambulance control centre to the time the first vehicle arrives at the scene (Figure 21).

In the July to September 2017 quarter, median response times were 11.6 minutes for priority 1, 7.7 minutes for priority 1A and 19.1 minutes for priority 2 (Figure 22).

This quarter, 70.6% of priority 1A response times were within 10 minutes; 1.4 percentage points lower compared with the same quarter last year.

There was one day in the quarter when the median response time for priority 1A responses exceeded 10 minutes (unchanged compared with the same quarter last year).

There has been little change in median priority 1 response times since 2012 (Figure 23). While seasonal increases in median response times are normally seen in July to September quarters, compared with the same quarter last year, there was a rise in the priority 2 response time (Figure 24).

Figure 21 Intervals covering response time, NSW



Figure 22 Ambulance response time, by priority category, July to September 2017

	This quarter	Same quarter last year	Change since one year ago
P1: Emergency (107,479 responses)			
Median response time	11.6m	11.2m	0.4m
90th percentile response time	24.0m	23.5m	0.5m
P1A: Highest priority (2,521 responses)			
Median response time	7.7m	7.5m	0.2m
90th percentile response time	15.4m	15.2m	0.2m
P2: Urgent (99,713 responses)			
Median response time	19.1m	17.8m	1.3m
90th percentile response time	51.4m	46.3m	5.1m
Percentage P1A responses within 10 minutes	70.6%	72.0%	-1.4 percentage points
Number of days P1A median response time exceeded 10 minutes	1 day	1 day	unchanged

Figure 23 Median priority category 1 response time, July to September quarters, 2012 to 2017

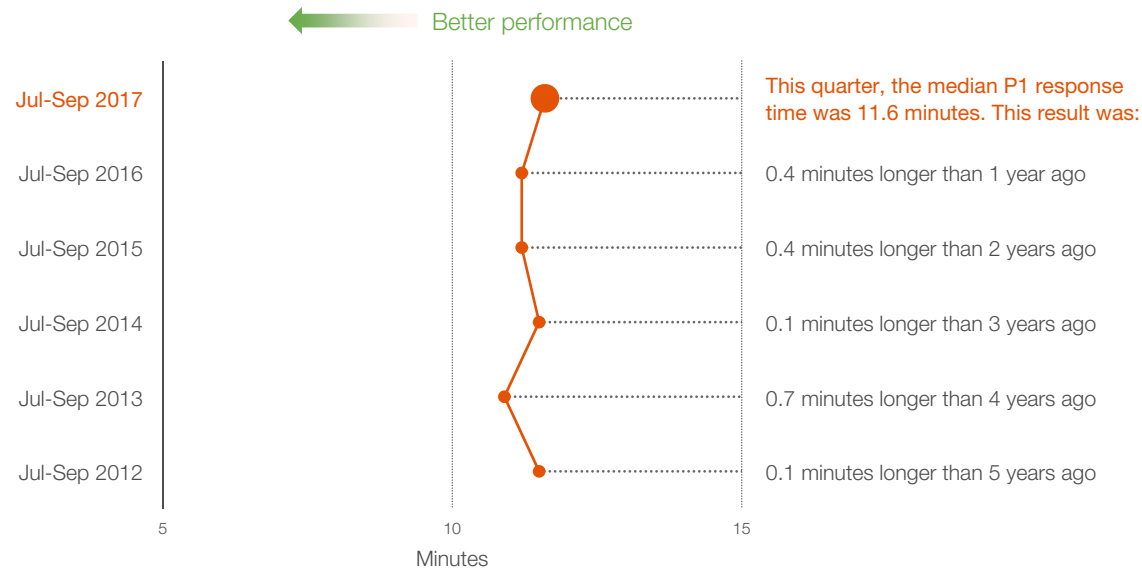
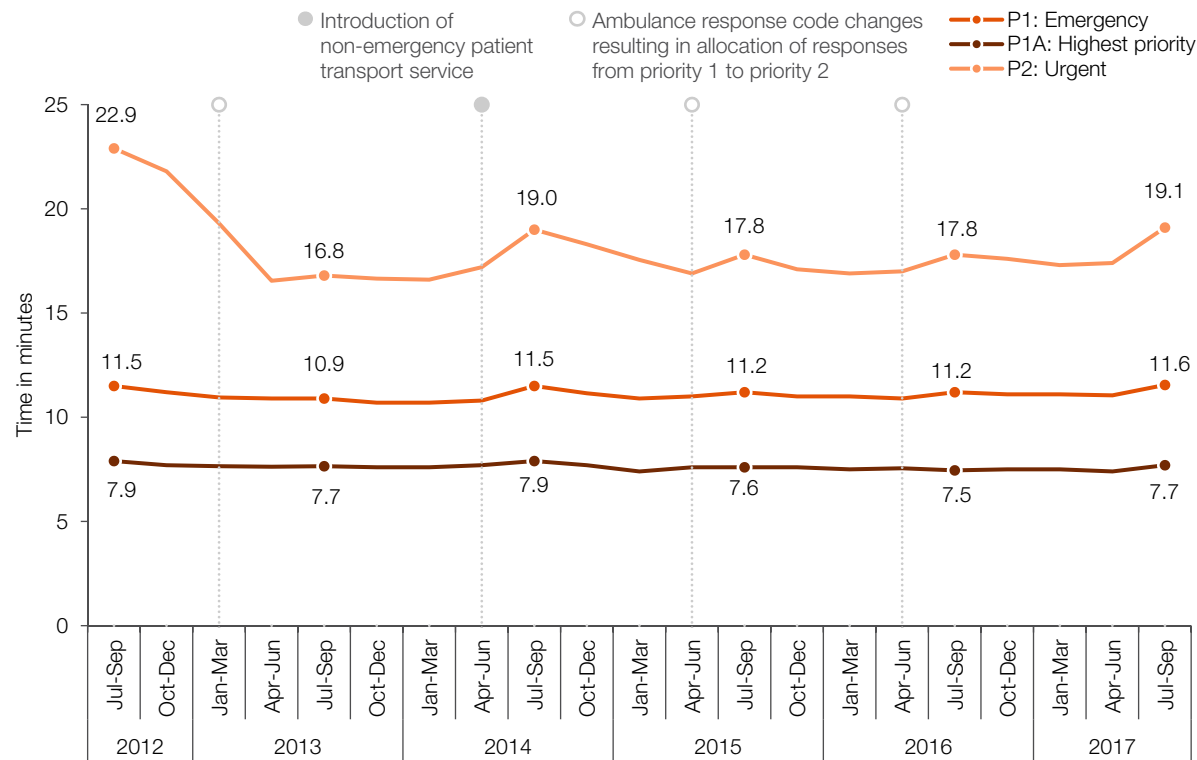


Figure 24 Median ambulance response time, by priority category, July 2012 to September 2017



Response time – variation

The NSW priority 1A median response time was 7.7 minutes in the July to September 2017 quarter. Across zones, priority 1A median response times ranged from 6.2 minutes in Central and Far West Zone 2 to 9.7 minutes in Northern Rivers Zone (a 3.5 minute range) (Figure 25).

The statewide priority 1 median response time was 11.6 minutes in the July to September 2017 quarter. Across zones, median response times ranged from 9.0 minutes in Central and Far West Zone 2 to 13.4 minutes in Hunter Zone 2 (a 4.4 minute range) (Figure 25).

The median priority 2 response time was 19.1 minutes this quarter. Across zones, median response times ranged from 10.7 minutes in Central and Far West Zone 2 to 24.9 minutes in Western Sydney (a 14.2 minute range) (Figure 25 and 27).

Within zones, the median response times of constituent LRAs varied more widely in non-metropolitan settings. Within-zone variation was more marked for priority 2 responses than for priority 1 responses (Figures 26 and 27).

Figure 25 Median ambulance response time, by zone, relative to NSW, July to September 2017

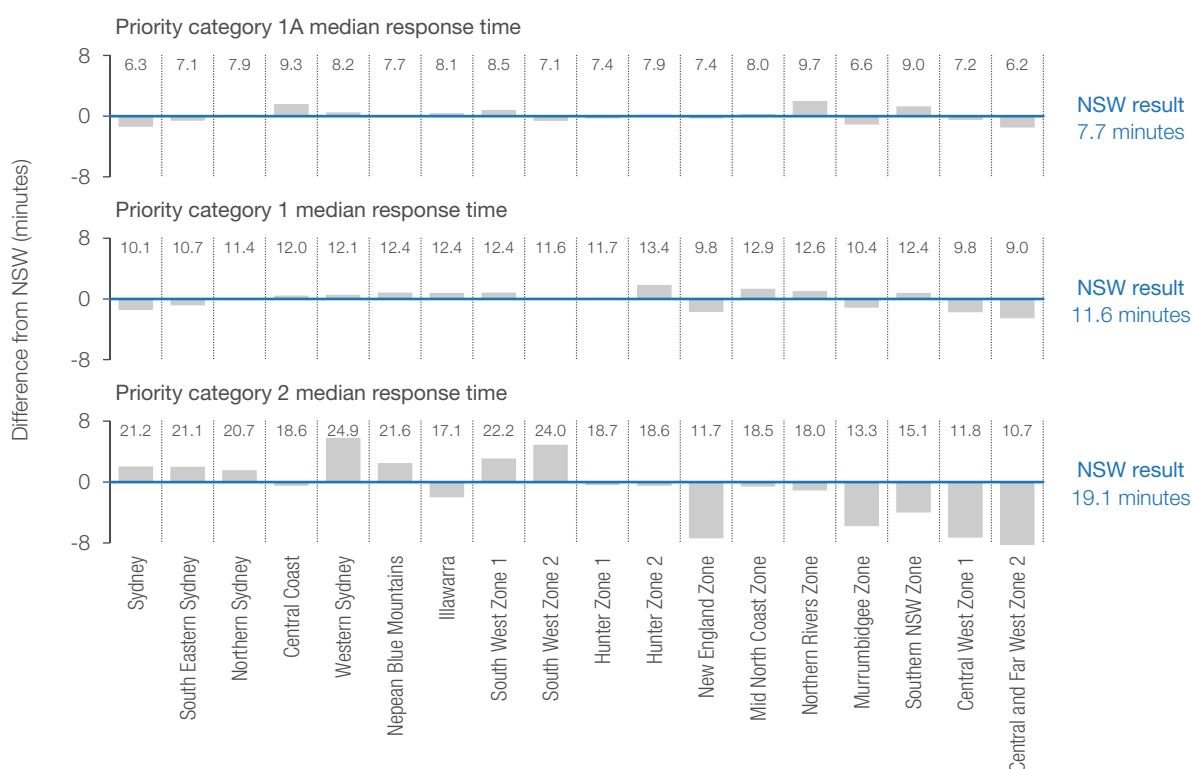


Figure 26 Median priority category 1 ambulance response time, by zone and local response area type, July to September 2017

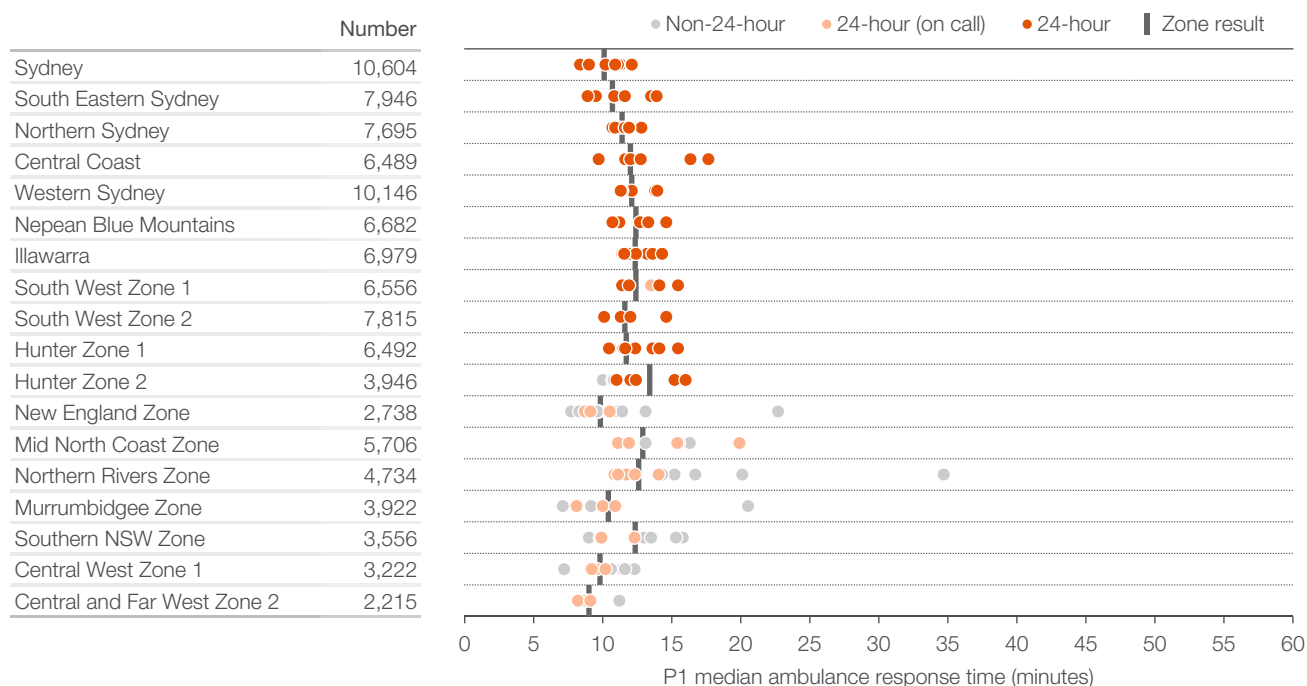
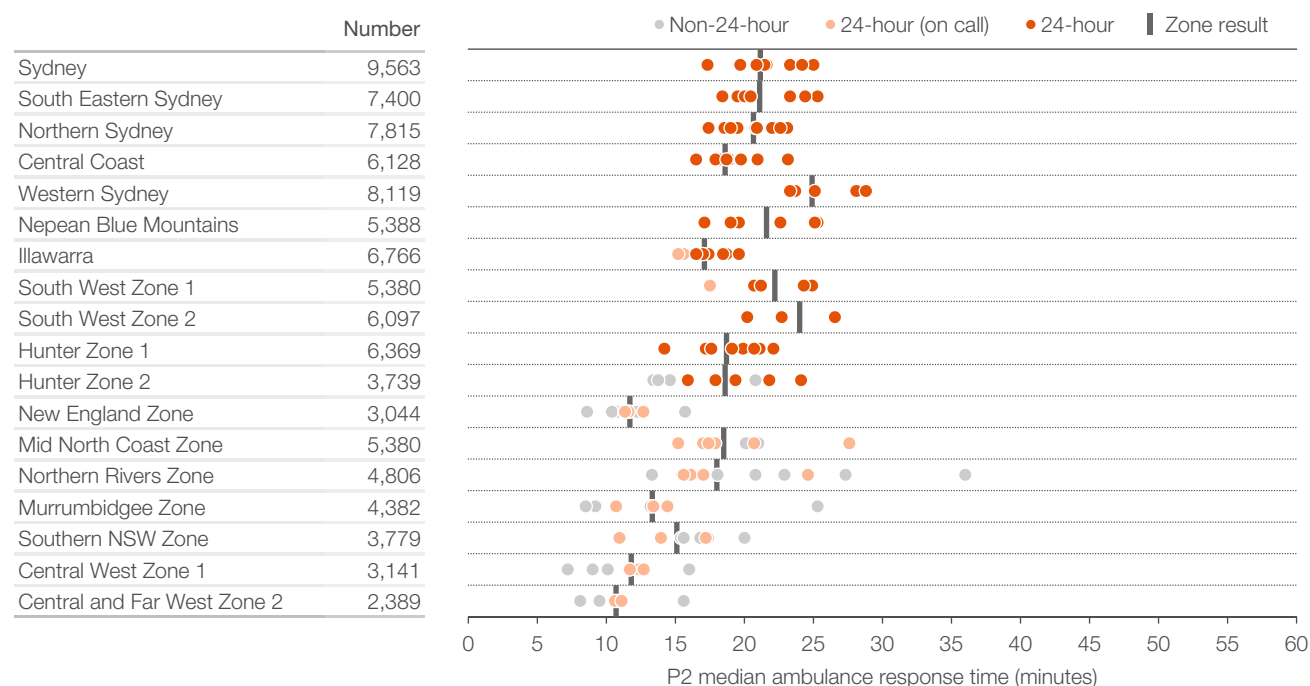


Figure 27 Median priority category 2 ambulance response time, by zone and local response area type, July to September 2017



Turnaround time – NSW and zone performance

Turnaround time refers to the period paramedics spend at hospital emergency departments. It is measured from the time an ambulance arrives with a patient at a hospital until the time it is cleared and available to respond to another incident (Figure 28).

Turnaround time encapsulates transfer of care, off stretcher time and make ready time. In the July to September 2017 quarter, 64.9% of priority 1 and 70.8% of priority 2 turnaround times were within 45 minutes (Figure 29).

Since 2012, median turnaround times have decreased overall. There is generally a seasonal effect, with longer priority 1 and 2 median turnaround times in July to September quarters. A sharper rise was seen for the July September 2017 quarter (Figure 30).

Across zones, priorities 1 and 2 combined median turnaround times ranged from 22.5 minutes in Central and Far West Zone 2 to 46.1 minutes in South West Zone 2 (a 23.6 minute range) (Figure 31).

Non-metropolitan zones in general performed better than the NSW result for turnaround time (Figure 31).

Figure 28 Intervals covering turnaround time, NSW



Figure 29 Turnaround time, by priority category, July to September 2017







		This quarter	Same quarter last year	Change since one year ago
Patients transported to hospital		151,395	135,855	11.4%
P1: Emergency				
Median		38.3m	36.0m	2.3m
90th percentile		65.4m	59.5m	5.9m
Percentage P1 within 45 minutes		64.9%	71.1%	-6.2 percentage points
P2: Urgent				
Median		35.6m	33.7m	1.9m
90th percentile		61.5m	56.2m	5.3m
Percentage P2 within 45 minutes		70.8%	76.0%	-5.2 percentage points

Figure 30 Median turnaround time, by priority category, July to September 2017

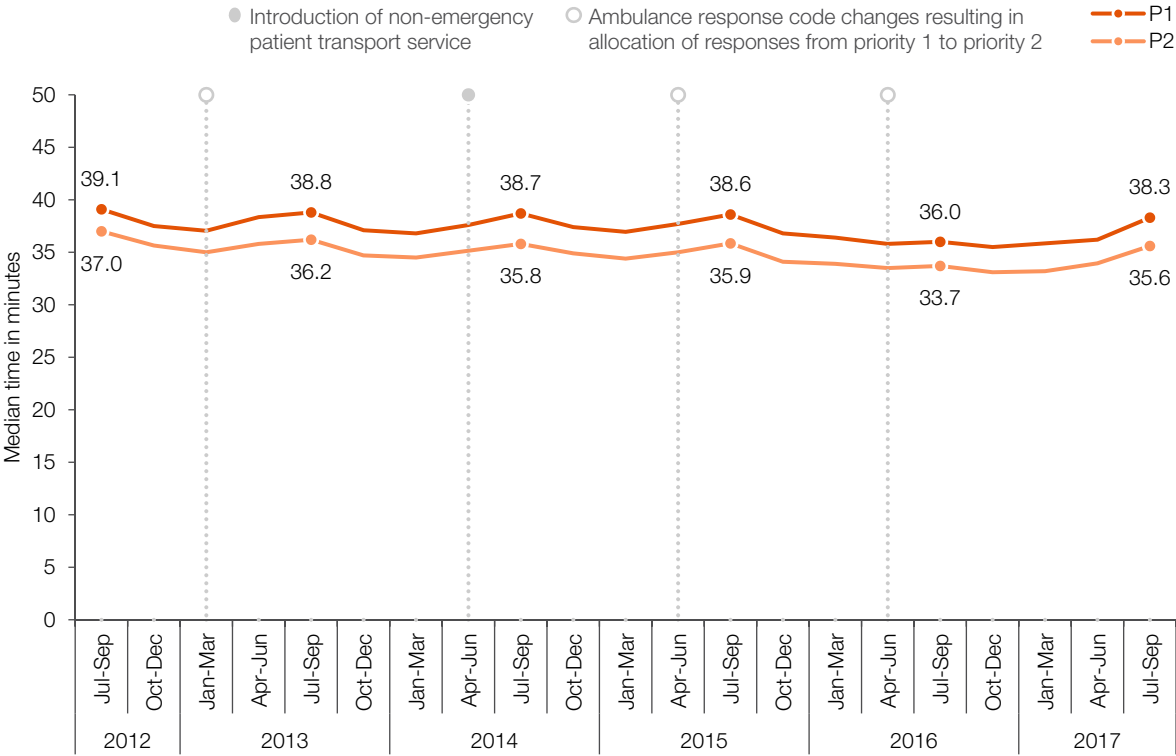
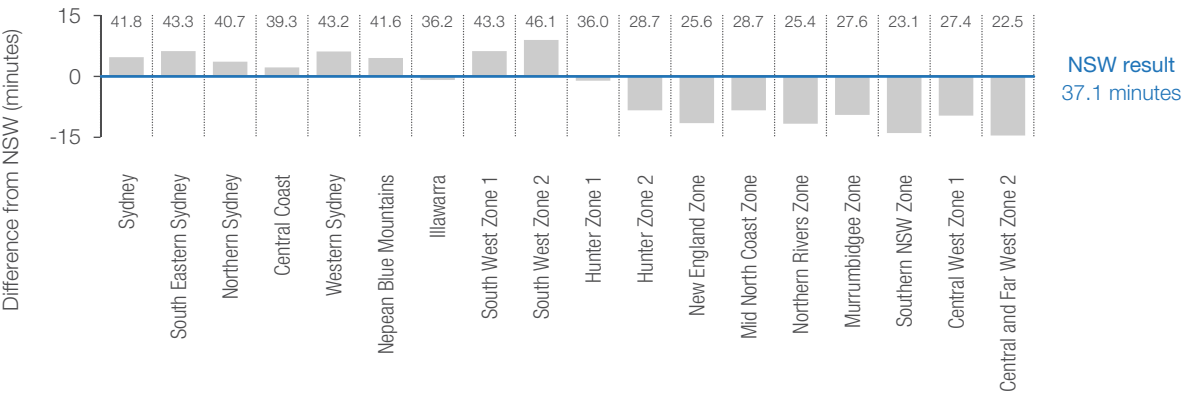


Figure 31 Median turnaround time, by zone, priority category 1 and 2, relative to NSW, July to September 2017



Activity and performance

The daily demand for ambulance services varies and can be affected by a range of factors such as local events, adverse weather conditions and outbreaks of disease. Some of this variation occurs in predictable patterns, however there are days when demand is either much higher (surge days) or much lower (lull days) than historical patterns would predict on the basis of the day of the week, the week and month of the year, and public holidays (Figure 32).

Looking at patterns of activity, identifying surge and lull days and presenting this information alongside performance results can reflect on the system's resilience and preparedness.

The daily number of priority 1 to 3 responses ranged between 2,896 and 3,683. In the July to September 2017 quarter, there were 13 surge days (gold bars) (Figure 33).

The surge days were concentrated in September including four consecutive days spanning September 10th to 13th. On these four days, timeliness measures for median priority 1 and priority 2 response times were in the 10% of lowest performing days. However, the median priority 1A response times were either within the 10% of highest performing days or within normal range - suggesting system resilience when tending to the highest priority incidents.

Figure 34 describes performance on surge days, performance on busy days, and levels of activity on the days with the lowest performance levels.

Figure 32 Daily ambulance responses, observed and expected, July to September 2017

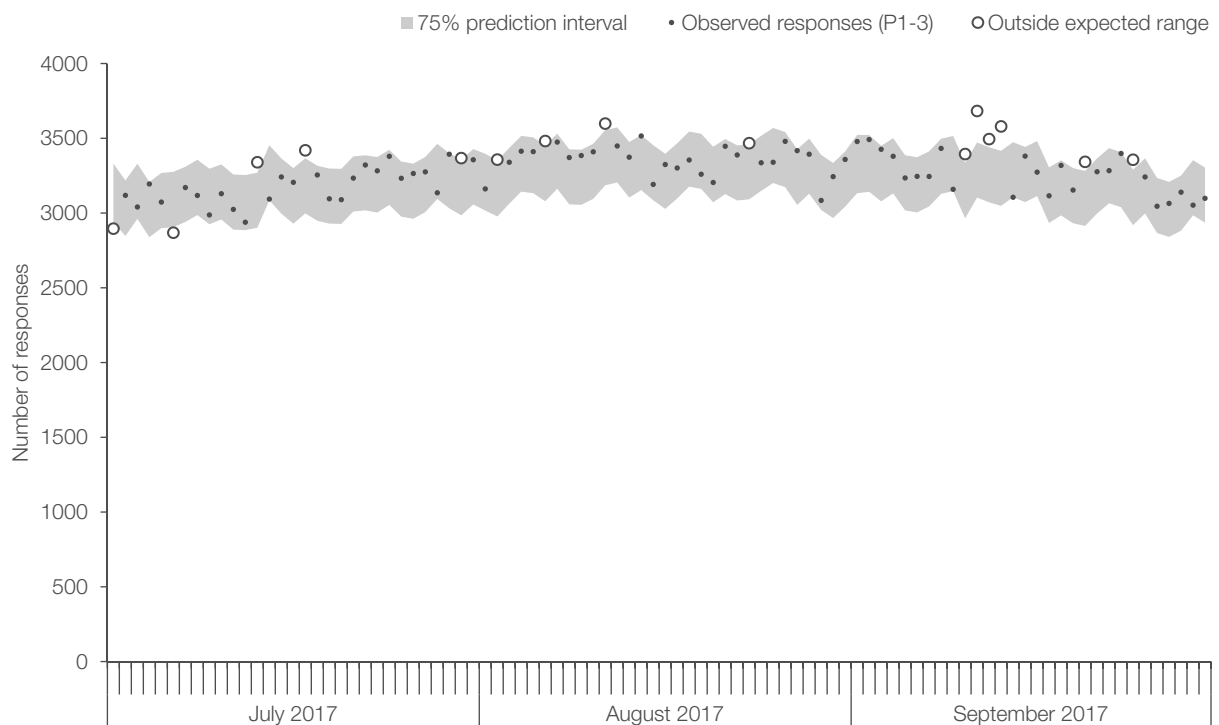


Figure 33 Daily activity and timeliness measures, July to September 2017

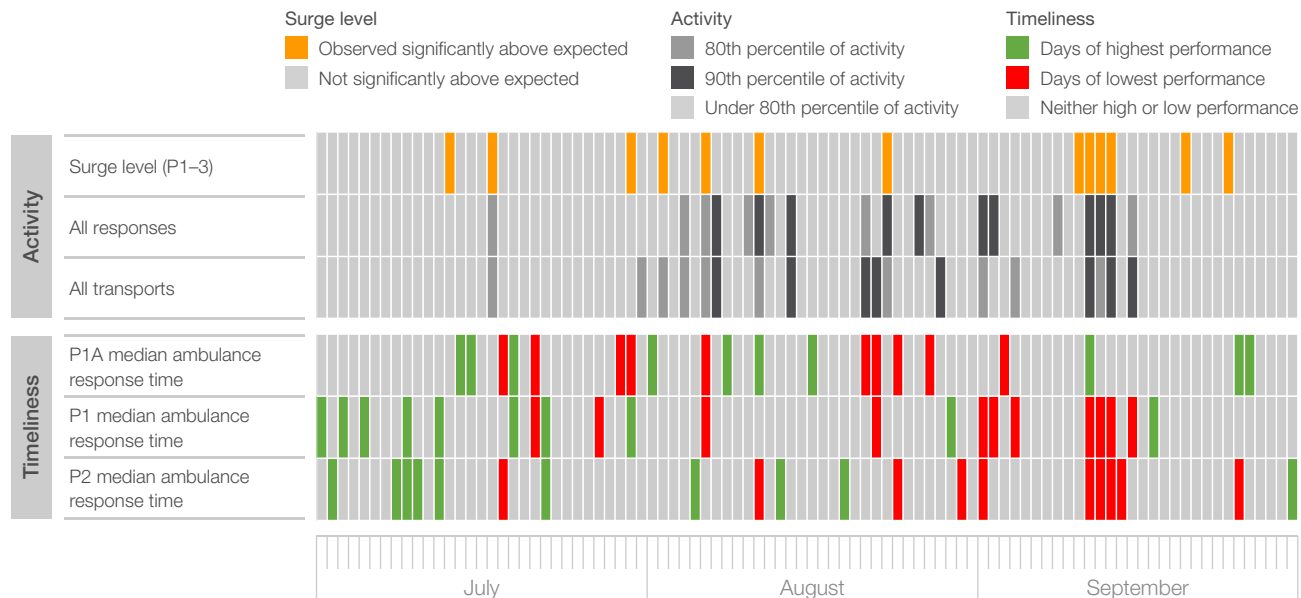


Figure 34 Summary of daily activity and timeliness measures, July to September 2017

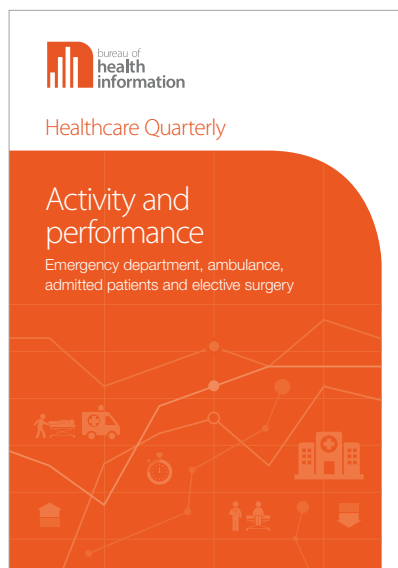
	Of the 13 surge day this quarter, performance was:		Of the ten busy days this quarter (all responses), performance was:		Of the 10% of days this quarter with relatively poor performance:		
	Relatively low	Relatively high	Relatively low	Relatively high	Normal days	Busy days	Surge days
P1A median ambulance response time	2 ■	9 ■ 2		8 ■ 2	■ 10		■ 2
P1 median ambulance response time	4 ■	8 ■ 1	5 ■	5	■ 6	■ 5	■ 4
P2 median ambulance response time	4 ■	9	5 ■	5	■ 5	■ 5	■ 4

Note: The range of daily median response times was: 5.8 minutes to 11.1 minutes for P1A, 10.5 minutes to 12.7 minutes for P1, 16.2 minutes to 22.0 minutes for P2 and 35.9 minutes to 65.0 minutes for P3.

Healthcare Quarterly

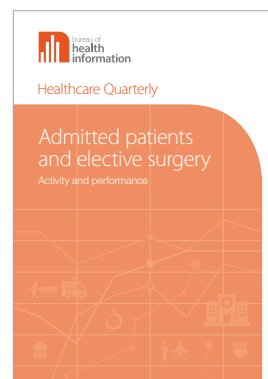
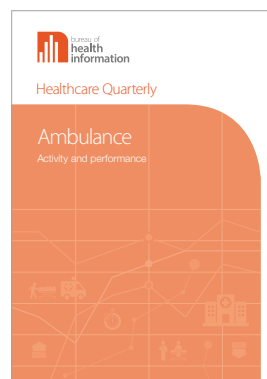
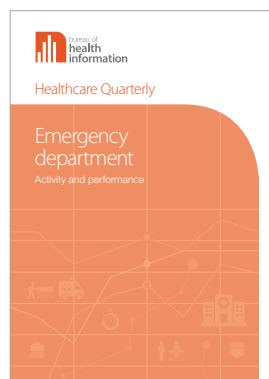
Healthcare Quarterly is a series of regular reports that describes the number and types of services provided to the people of NSW and the timeliness with which they are provided.

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

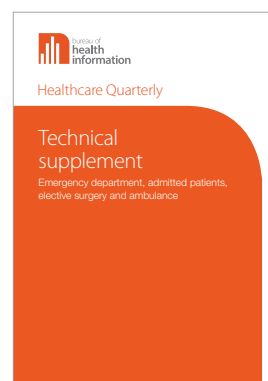
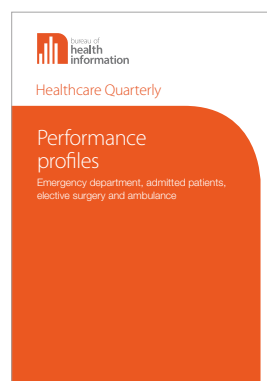
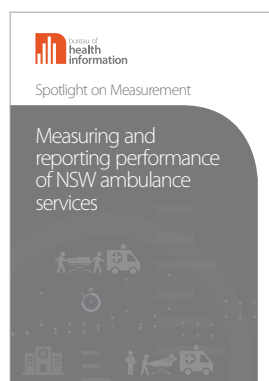


Every day around 25,000 people receive care in the NSW public hospital system and around 1,800 are transported to hospital by ambulance.

Healthcare Quarterly is published alongside three standalone modules that provide more detailed information about emergency department care, admitted patients and elective surgery, and ambulance services.



Additional information on local performance is available in our hospital profiles or from BHI's interactive portal Healthcare Observer, at bhi.nsw.gov.au/healthcare_observer



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

Additional information on local performance is available from BHI's interactive portal Healthcare Observer, at bhi.nsw.gov.au/healthcare_observer

About the Bureau of Health Information

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

BHI was established in 2009 to provide system-wide support through transparent reporting.

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

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

BHI publishes a range of reports and tools that provide relevant, accurate and impartial information about how the health system is measuring up in terms of:

- Accessibility – healthcare when and where needed
- Appropriateness – the right healthcare, the right way
- Effectiveness – making a difference for patients
- Efficiency – value for money
- Equity – health for all, healthcare that's fair
- Sustainability – caring for the future

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

bhi.nsw.gov.au