

Activity and performance

Emergency department, ambulance, admitted patients, seclusion and restraint, and elective surgery

January to March 2021



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Please check the online version at **bhi.nsw.gov.au** for any amendments or errata.

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

Full results for *Healthcare Quarterly* are available through the new Bureau of Health Information Data Portal. Results are reported at a state, local health district, hospital peer group and hospital level for public hospitals and at a state level and by statistical area level 3 (SA3) for ambulance services.

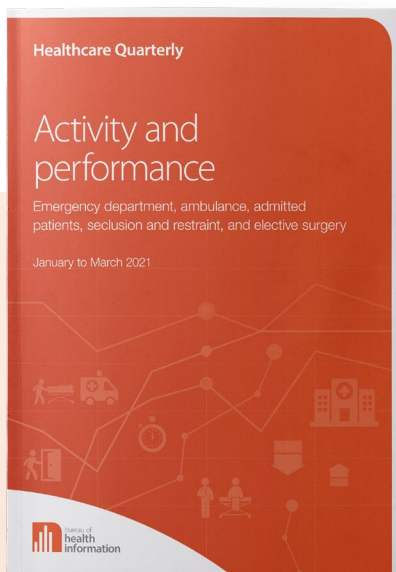
Figures in the Data Portal may differ from those in published reports and information products due to subsequent changes in data coverage and analytic methods, and updates to databases. At any time, the most up-to-date results are available in the Data Portal and supersede all previously published figures.

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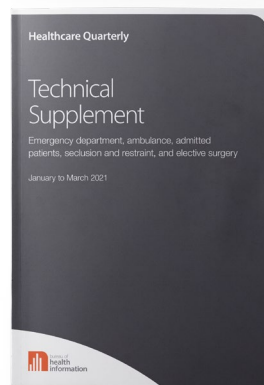
A guide to Healthcare Quarterly



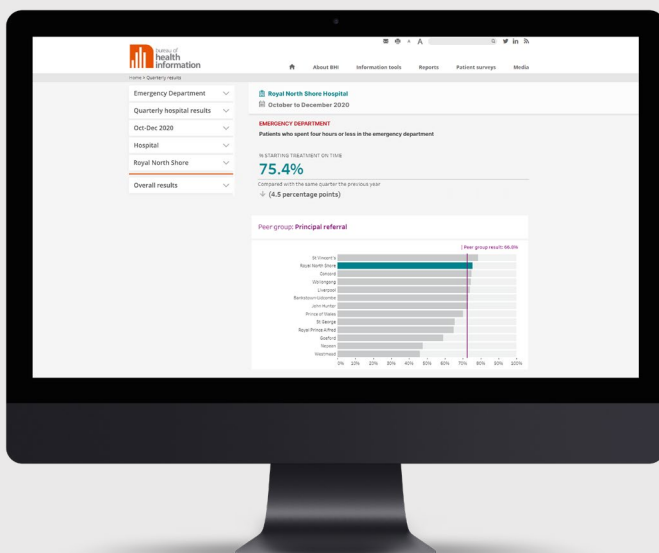
Healthcare Quarterly shows how public hospitals and ambulance services performed in the January to March 2021 quarter. The key measures focus on the timeliness of services delivered to people across NSW.



The *Trend report* provides five-year trends in activity and performance for emergency departments, ambulance services, admitted patients and elective surgery.



The technical supplement describes the data, methods and technical terms used to calculate activity and performance measures.



Bureau of Health Information Data Portal

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

These *Healthcare Quarterly* results – including historical data – are the first to appear in the new portal as part of a staged rollout over the coming months.

10 key findings

January to March 2021

- 1** There were **759,157 emergency department attendances in January to March 2021, which was stable, down 0.7% (5,272) compared with the same quarter the previous year.** Triage category 2 (emergency) presentations were up 6.2% (5,808).
- 2** Around seven in 10 emergency department patients (**72.4%**) were treated within clinically recommended time frames. This was 1.7 percentage points lower than the same quarter the previous year (74.1%).
- 3** Almost seven in 10 patients (**67.6%**) spent four hours or less in the emergency department, down 3.0 percentage points compared with the same quarter the previous year. This was the lowest percentage of patients who spent four hours or less in the emergency department for any quarter over the past five years. The median time patients spent in the emergency department was 2 hours and 58 minutes, up 11 minutes.
- 4** The percentage of patients who had their care transferred from paramedics to hospital staff within 30 minutes was **83.8%, down 4.7 percentage points.** This was the lowest result for this measure for any quarter over the past five years.
- 5** The number of ambulance responses, where a vehicle was dispatched, was **314,942, up 1.7% (5,414) compared with the same quarter the previous year.** This was the highest number of ambulance responses for any January to March quarter over the past five years.
- 6** The percentage of life-threatening (priority 1A) responses within 10 minutes was **67.6%, down 0.9 percentage points.** This was the lowest percentage of P1A responses within 10 minutes for any January to March quarter over the past five years. The number of P1A responses was 7,173, up 6.8% (454).
- 7** The number of elective surgeries performed was **58,044, up 13.9% (7,065) compared with the same quarter the previous year.** This was the highest number of surgeries performed for any January to March quarter over the past five years.
- 8** The number of patients added to the elective surgery waiting list was **61,390, 4.4% (2,584) more than in the same quarter the previous year.** The number of patients added to the list was 13,357 (up 8.0%) for urgent surgery, 20,435 (up 10.0%) for semi-urgent surgery and 24,322 (down 0.5%) for non-urgent surgery.
- 9** The number of people on the waiting list at the end of the quarter was **88,908, down 1.7% (1,548).** There were 5,227 patients who had waited longer than the clinically recommended time frame at the end of the quarter, compared with 2,037 on the same day in 2020.
- 10** The median waiting times for elective surgery performed were **12 days for urgent surgery (up two days), 54 days for semi-urgent surgery (up four days) and 295 days for non-urgent surgery (up 35 days).** More than eight in 10 surgeries (84.4%) were performed within clinically recommended time frames, down 9.5 percentage points.

Healthcare Quarterly – Activity

Emergency department activity		January to March 2021	January to March 2020	Difference	% change
All arrivals at NSW EDs by ambulance		174,701	172,250	2,451	1.4%
ED attendances		759,157	764,429	-5,272	-0.7%
Emergency presentations		735,737	741,305	-5,568	-0.8%
Triage category	T1: Resuscitation	5,228	5,299	-71	-1.3%
	T2: Emergency	99,816	94,008	5,808	6.2%
	T3: Urgent	257,096	252,888	4,208	1.7%
	T4: Semi-urgent	293,368	299,203	-5,835	-2.0%
T5: Non-urgent		80,229	89,907	-9,678	-10.8%
Admissions to hospital from NSW EDs		184,186	182,058	2,128	1.2%

Ambulance activity		January to March 2021	January to March 2020	Difference	% change
Calls		326,390	326,601	-211	-0.1%
Responses		314,942	309,528	5,414	1.7%
Priority category	P1: Emergency	141,358	140,044	1,314	0.9%
	P1A: Highest priority	7,173	6,719	454	6.8%
	P2: Urgent	151,497	147,517	3,980	2.7%
	P3: Time critical	14,758	13,704	1,054	7.7%
	P4–9: Non-emergency	7,329	8,263	-934	-11.3%
Incidents		246,131	244,797	1,334	0.5%
Patient transports		188,152	185,072	3,080	1.7%

Admitted patient activity		January to March 2021	January to March 2020	Difference	% change
All admitted patient episodes		476,600	460,401	16,199	3.5%
Acute episodes		449,981	432,693	17,288	4.0%
Overnight episodes		231,746	228,485	3,261	1.4%
Same-day episodes		218,235	204,208	14,027	6.9%
Non-acute episodes		16,040	16,417	-377	-2.3%
Mental health episodes		10,579	11,291	-712	-6.3%
All episodes		3.5	3.6	-0.1	
Average length of stay (days)	Acute episodes	2.8	2.9	-0.1	
	Non-acute episodes	12.8	13.1	-0.3	
	Mental health episodes	17.5	19.7	-2.2	
All bed days		1,667,444	1,680,098	-12,654	-0.8%
Hospital bed days	Acute bed days	1,277,065	1,241,743	35,322	2.8%
	Non-acute bed days	204,830	215,824	-10,994	-5.1%
	Mental health bed days	185,549	222,531	-36,982	-16.6%
Babies born in NSW public hospitals		18,708	17,727	981	5.5%

Elective surgery activity		January to March 2021	January to March 2020	Difference	% change
Elective surgeries performed		58,044	50,979	7,065	13.9%
Urgency category	Urgent surgery	11,882	10,919	963	8.8%
	Semi-urgent surgery	18,953	16,436	2,517	15.3%
	Non-urgent surgery	24,630	20,939	3,691	17.6%
Patients on waiting list ready for elective surgery at end of quarter		88,908	90,456	-1,548	-1.7%
Urgency category	Urgent surgery	2,070	1,768	302	17.1%
	Semi-urgent surgery	15,072	12,678	2,394	18.9%
	Non-urgent surgery	71,766	76,010	-4,244	-5.6%

Note: Ambulance activity data do not include outage estimates. Data drawn on: 21 April 2021 (emergency department), 7 April 2021 (ambulance), 27 April 2021 (admitted patients), 14 April 2021 (elective surgery).

Healthcare Quarterly – Performance

Emergency department performance		January to March 2021	January to March 2020	Difference	
Percentage of patients transferred from ambulance to ED within 30 minutes		83.8%	88.5%	-4.7 percentage points	
Time to treatment by triage category	T2: Emergency	Median	9 mins	9 mins	0 mins
		90th percentile	29 mins	26 mins	3 mins
	T3: Urgent	Median	21 mins	21 mins	0 mins
		90th percentile	77 mins	72 mins	5 mins
	T4: Semi-urgent	Median	27 mins	26 mins	1 mins
		90th percentile	114 mins	104 mins	10 mins
	T5: Non-urgent	Median	18 mins	20 mins	-2 mins
		90th percentile	103 mins	96 mins	7 mins
All patients		72.4%	74.1%	-1.7 percentage points	
Percentage of patients whose treatment started on time	T2: Emergency (Recommended: 80% in 10 minutes)	60.8%	62.4%	-1.6 percentage points	
	T3: Urgent (Recommended: 75% in 30 minutes)	67.8%	68.7%	-0.9 percentage points	
	T4: Semi-urgent (Recommended: 70% in 60 minutes)	75.3%	77.3%	-2.0 percentage points	
	T5: Non-urgent (Recommended: 70% in 120 minutes)	92.8%	93.8%	-1.0 percentage points	
Median time spent in the ED		2h 58m	2h 47m	11 mins	
90th percentile time spent in the ED		8h 15m	7h 30m	45 mins	
Percentage of patients who spent four hours or less in the ED		67.6%	70.6%	-3.0 percentage points	

Ambulance performance		January to March 2021	January to March 2020	Difference
Call to ambulance arrival time				
Percentage of P1 call to ambulance arrival within 15 minutes		52.1%	55.3%	-3.2 percentage points
Percentage of P1 call to ambulance arrival within 30 minutes		90.4%	91.9%	-1.5 percentage points
Percentage of P2 call to ambulance arrival within 30 minutes		60.7%	63.2%	-2.5 percentage points
Percentage of P2 call to ambulance arrival within 60 minutes		86.0%	87.8%	-1.8 percentage points
Response time				
Percentage of P1A responses within 10 minutes		67.6%	68.5%	-0.9 percentage points

Elective surgery performance		January to March 2021	January to March 2020	Difference
Median waiting time (days)	Urgent surgery	12 days	10 days	2 days
	Semi-urgent surgery	54 days	50 days	4 days
	Non-urgent surgery	295 days	260 days	35 days
All surgeries		84.4%	93.9%	-9.5 percentage points
Elective surgeries performed on time	Urgent surgery (Recommended: 30 days)	99.6%	99.9%	-0.3 percentage points
	Semi-urgent surgery (Recommended: 90 days)	85.4%	92.6%	-7.2 percentage points
	Non-urgent surgery (Recommended: 365 days)	76.2%	91.8%	-15.6 percentage points

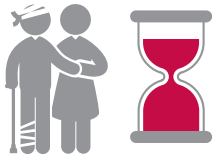
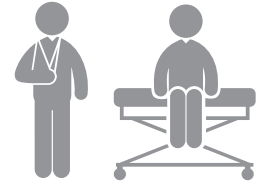
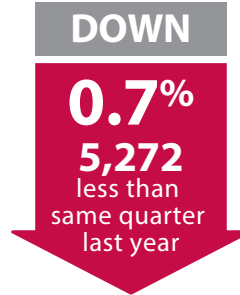
Notes: Data drawn on: 21 April 2021 (emergency department), 7 April 2021 (ambulance), 14 April 2021 (elective surgery).

Triage 1 patients are the most urgent and are almost all treated within two minutes. Clinicians are focused on providing immediate and essential care, rather than recording times, therefore times to start treatment are generally not reported. Time frames to treat other triage categories are recommended by the Australasian College for Emergency Medicine.

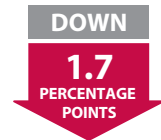
In the January to March 2021 quarter...

Emergency department

There were **759,157** emergency department attendances



72.4% of patients' treatment started on time

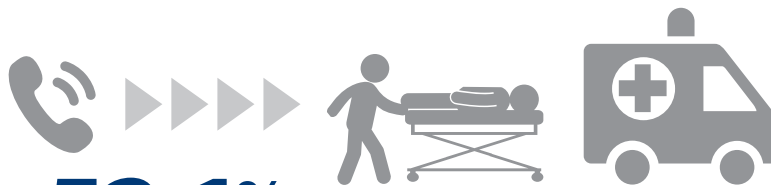
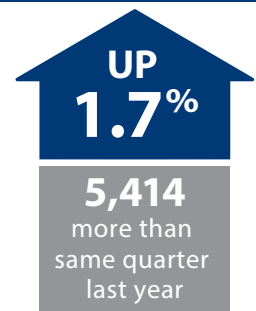


67.6% of patients spent **four hours or less** in the emergency department



Ambulance

There were **314,942** ambulance responses



52.1% of priority 1 cases had a call to ambulance arrival time of 15 minutes or less



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



Admitted patients

There were **476,600** admitted patient episodes of care



51.5% of acute admitted patients episodes were for overnight stays



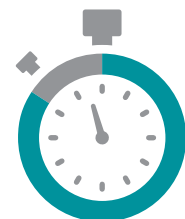
Elective surgery

There were **58,044** surgeries performed



84.4% were performed within recommended time frames

Median waiting times increased by two days for urgent (12 days), by four days for semi-urgent (54 days) and by 35 days for non-urgent surgery (295 days)



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

About this report

The data

Healthcare Quarterly draws on five main data sources:

- **Emergency Department Data Collection (EDDC)** – data drawn from the Health Information Exchange (HIE) on 21 April 2021
- **NSW Ambulance Computer Aided Dispatch (CAD) system** – provided on 7 April 2021
- **Admitted Patient Data Collection (APDC)** – data drawn from the HIE on 27 April 2021
- **Seclusion and Restraint Data Collection** – data drawn from the HIE on 21 April 2021, and manually collected measures received from InforMH, System Information and Analytics Branch, NSW Ministry of Health on 4 May 2021
- **Waiting List Collection Online System (WLCOS)** – elective surgery data drawn from the Enterprise Data Warehouse for Analysis, Reporting & Decisions (EDWARD) on 14 April 2021.

Hospital data are transmitted by the state's hospitals to centralised data warehouses administered by the NSW Ministry of Health and are extracted by BHI from the NSW HIE and EDWARD. Ambulance data are provided directly to BHI by NSW Ambulance and resultant information is calculated by BHI. Seclusion and restraint events, manually collected by InforMH, NSW Ministry of Health, are provided to BHI and resultant information is calculated by BHI.

The analyses and measures

For some hospital analyses, results are stratified by 'peer group' into principal referral hospitals (peer group A), major hospitals (peer group B) and district hospitals (peer group C). For ambulance analyses, results are reported by statistical area level 3 (SA3). SA3s are geographical areas created under the Australian Bureau of Statistics' geographical regional framework. For both the hospital-based and ambulance-based indicators, stratification by acuity or urgency are also used to report on performance.

For seclusion and restraint analysis, results are reported for 46 public hospitals that have one or more specialised acute mental health inpatient units. There are six Mental Health Intensive Care Units in these hospitals, providing treatment for patients with a higher level of severity and complexity. These six hospitals are grouped together for reporting. The Justice Health and Forensic Mental Health Network provides specialised mental health services for forensic patients.

Data analyses are conducted in SAS 9.4. Codes that form the basis of routine reporting are written by two data analysts independently and only accepted when matching results are achieved.

Healthcare Quarterly uses nine core measures of performance (Table 1). For timeliness indicators, two different measurement approaches are used.

The first approach is based on units of time such as minutes or days and generally reports median and 90th percentile times, where:

- The median is the middle value of all observations, once they have been ordered from the lowest to the highest value. For example, in measuring the time that patients waited for their treatment to start, the median time refers to the 'middle wait' – half of all patients waited a shorter time and the other half waited a longer time.
- The 90th percentile time gives an indication of the longest waiting times experienced by patients – most patients have a shorter wait than the 90th percentile time but one in 10 patients waits longer.

The second approach is based on achievement against a recommended or defined time. Here, results are reported in percentages, such as the percentage of patients who received elective surgery within clinically recommended time frames of 30, 90 and 365 days.

The large datasets used in *Healthcare Quarterly* mean that analyses have considerable statistical power to detect significant differences. However, not all of

these differences are clinically or organisationally meaningful. Therefore, a more than five percentage point threshold is used to highlight hospitals with marked variation in results – either over time, or relative to the NSW result.

Reporting

Hospital results based on very few patients are not reported. If there are fewer than five patients in any group for admitted patient, emergency department (ED) and elective surgery data, patient numbers are displayed as <5. NSW and local health district (LHD) results include data from all public hospitals.

Ambulance activity and performance are reported at NSW level and by SA3. Results for two SA3s, Blue Mountains – South and Illawarra Catchment Reserve,

are suppressed because the estimated resident population is below 1,000. SA3s with fewer than 10 incidents in a quarter are also suppressed.

For seclusion and restraint reporting, episode numbers are displayed as <5 if there are fewer than five seclusion or physical restraint events. Due to the infrequent use of mechanical restraint, it is only reported at NSW level to respect patient privacy.

Healthcare Quarterly compares this quarter's results with the same quarter in previous years, to take into account seasonal effects on activity and performance.

Table 1 Description of main performance measures featured in *Healthcare Quarterly**

Emergency department	
Transfer of care time	For patients who are transported to the ED by ambulance, the time from arrival at hospital to when responsibility for their care is transferred from paramedics to ED staff in an ED treatment zone.
Time to start treatment	The time from patient arrival at the ED until the start of clinical treatment.
Time spent in the ED	The time from patient arrival at the ED until their departure.
Ambulance	
Call to ambulance arrival time	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 of an incident.
Response time	The time from when a call for an ambulance is placed 'in queue' for vehicle dispatch by the ambulance control centre, to the time the first vehicle arrives at the scene.
Seclusion and restraint	
Rate of seclusion/physical restraint	Number of seclusion/physical restraint events per 1,000 bed days.
Frequency of seclusion/physical restraint	Percentage of acute mental health admitted episodes of care where at least one seclusion/physical restraint event occurs.
Average duration of seclusion/physical restraint	The average duration in hours of seclusion events/minutes of restraint events.
Elective surgery	
Elective surgery waiting time	The number of days from a patient's placement on the elective surgery waiting list until they undergo surgery.

* For some measures, other agencies report similar metrics, often with slightly different data definitions, so cross-publication comparisons should be made with care.



Emergency department activity and performance

Emergency department activity

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

There were 759,157 ED attendances in the January to March 2021 quarter across more than 170 public hospitals, which was stable, down 0.7% (5,272) compared with the same quarter the previous year. The number of ambulance arrivals was 174,701, up 1.4% (2,451) compared with the same quarter the previous year (Figure 1).

Most attendances (96.9%) were classified as emergency presentations. The remaining 3.1% (23,420) of attendances to EDs were for non-emergency reasons such as a planned return visit (Figure 1).

Triage category 2 (emergency) and triage category 3 (urgent) were up 6.2% (5,808) and 1.7% (4,208) to 99,816 and 257,096, respectively. The numbers of presentations for triage categories 1 (resuscitation) and 4 (semi-urgent) were slightly lower compared with the same quarter the previous year (Figure 1).

Triage category 5 (non-urgent) saw a 10.8% (9,678) decrease in January to March 2021 compared with the same quarter the previous year (Figure 1).

The change in triage 5 presentations was primarily due to the decrease in COVID-19 testing provided in EDs. For more information on the impact of COVID-19 testing on ED activity and performance, please see page 18 of this report.

Figure 1 Emergency department activity and ambulance arrivals at NSW emergency departments, January to March 2021

	This quarter	Same quarter previous year	Change since one year ago
ED attendances	759,157	764,429	-0.7%
Emergency presentations by triage category	735,737	741,305	-0.8%
Triage 1: Resuscitation	5,228	5,299	-1.3%
Triage 2: Emergency	99,816	94,008	6.2%
Triage 3: Urgent	257,096	252,888	1.7%
Triage 4: Semi-urgent	293,368	299,203	-2.0%
Triage 5: Non-urgent	80,229	89,907	-10.8%
Ambulance arrivals	174,701	172,250	1.4%

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.

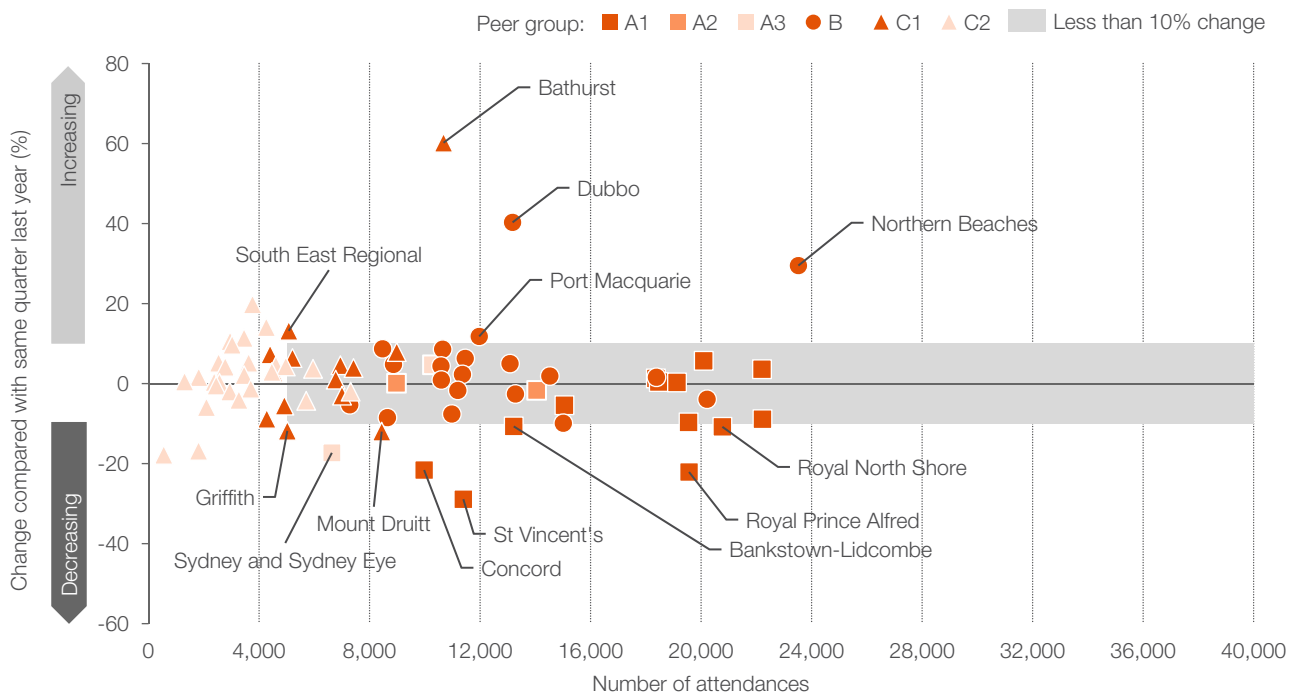
Compared with the same quarter the previous year, the number of ED attendances was higher in 46 out of the 77 large public hospital EDs reported individually in *Healthcare Quarterly*.

There were 13 hospitals with more than 5,000 ED attendances and a more than 10% change in the number of attendances compared with the same quarter the previous year. The number of attendances was down more than 10% for eight hospitals. It was up more than 10% for five hospitals (Figure 2).

Hospitals with >10% change in the number of ED attendances, compared with same quarter the previous year

Hospital	Peer group	ED attendances	Change (%)
Bathurst	C1	10677	60.2
Dubbo	B	13175	40.3
Northern Beaches	B	23521	29.5
South East Regional	C1	5074	13.2
Port Macquarie	B	11968	11.8
Bankstown-Lidcombe	A1	13218	-10.7
Royal North Shore	A1	20770	-10.8
Griffith	C1	5023	-11.8
Mount Druitt	C1	8438	-12
Sydney and Sydney Eye	A3	6634	-17.3
Concord	A1	9975	-21.6
Royal Prince Alfred	A1	19563	-22.1
St Vincent's	A1	11393	-28.9

Figure 2 Change in number of emergency department attendances compared with the same quarter the previous year, hospitals by peer group, January to March 2021



Note: The higher numbers of ED attendances for Bathurst, Dubbo and Northern Beaches hospitals were primarily due to COVID-19 testing provided by these EDs. For more information, see the activity and performance profiles for these hospitals at bhi.nsw.gov.au

Time to treatment

On arrival at the ED, patients are allocated to one of five triage categories, based on urgency. Each category has a maximum recommended waiting time within which treatment should start, ranging from two minutes for triage category 1 to 120 minutes for triage category 5.

In January to March 2021, 72.4% of ED patients' treatment started within clinically recommended time frames, 1.7 percentage points lower than the same quarter the previous year. The percentage of patients starting treatment on time was lower across triage categories 2 to 5 (Figure 3).

The median time to treatment was unchanged for triage categories 2 and 3, one minute longer for triage category 4, and two minutes shorter for triage category 5 compared with the same quarter the previous year. The 90th percentile times to treatment were longer across triage categories 2 to 5 (Figure 3).

Figure 3 Percentage of patients whose treatment started on time and time to treatment, by triage category, January to March 2021

	This quarter	Same quarter previous year	Percentage point change since one year ago
Emergency presentations	72.4%	74.1%	-1.7
Triage 2: Emergency	Recommended: 80% in 10 minutes 60.8%	62.4%	-1.6
Triage 3: Urgent	Recommended: 75% in 30 minutes 67.8%	68.7%	-0.9
Triage 4: Semi-urgent	Recommended: 70% in 60 minutes 75.3%	77.3%	-2.0
Triage 5: Non-urgent	Recommended: 70% in 120 minutes 92.8%	93.8%	-1.0

	This quarter	Same quarter previous year	Change since one year ago
Triage 2: Emergency (e.g. chest pain, severe burns)			
Median time to start treatment	9m	9m	0m
90th percentile time to start treatment	29m	26m	3m
Triage 3: Urgent (e.g. moderate blood loss, dehydration)			
Median time to start treatment	21m	21m	0m
90th percentile time to start treatment	1h 17m	1h 12m	5m
Triage 4: Semi-urgent (e.g. sprained ankle, earache)			
Median time to start treatment	27m	26m	1m
90th percentile time to start treatment	1h 54m	1h 44m	10m
Triage 5: Non-urgent (e.g. small cuts or abrasions)			
Median time to start treatment	18m	20m	-2m
90th percentile time to start treatment	1h 43m	1h 36m	7m

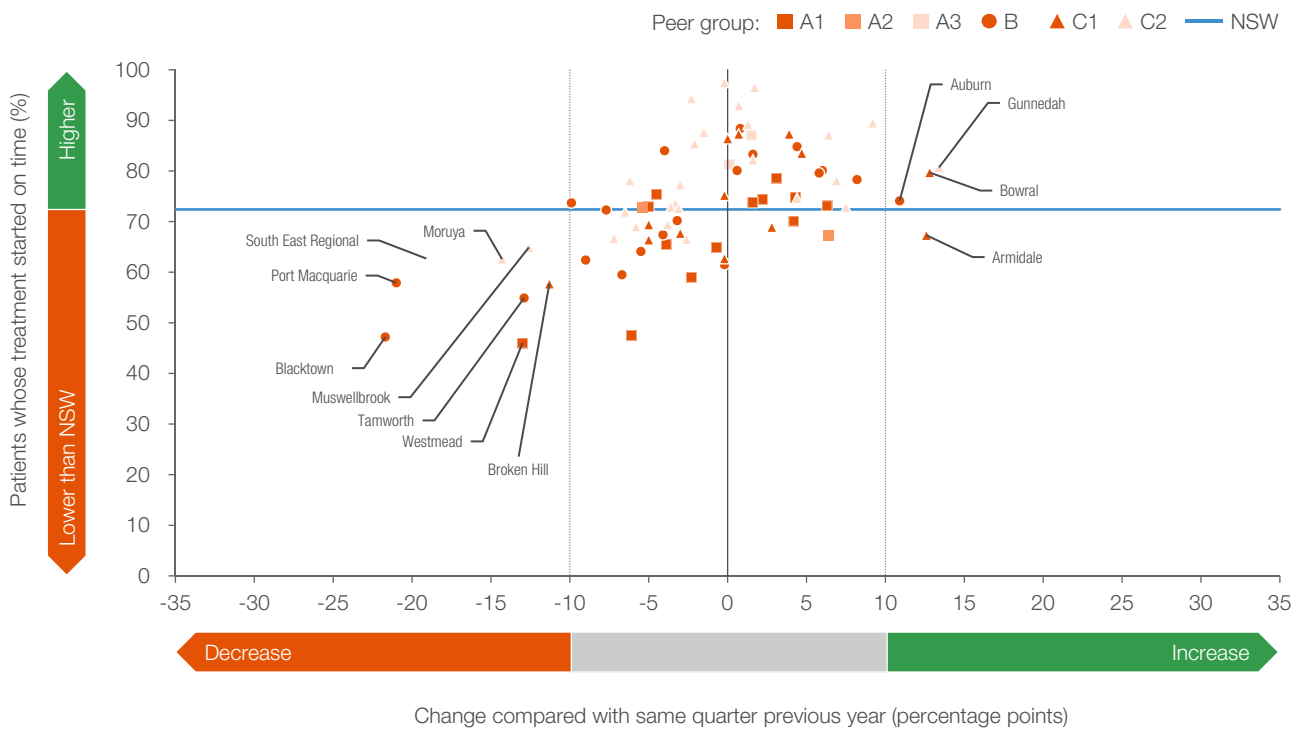
Note: Triage 1 patients are the most urgent and are almost all treated within two minutes. Clinicians are focused on providing immediate and essential care, rather than recording times, therefore times to start treatment are generally not reported. Time frames to treat other triage categories are recommended by the Australasian College for Emergency Medicine.

Compared with the same quarter the previous year, the percentage of patients whose treatment started on time was higher in 33 out of the 77 large public hospital EDs reported on individually in *Healthcare Quarterly*. The percentage of patients whose treatment started on time was more than 10 percentage points higher for four hospitals. It was more than 10 percentage points lower for eight hospitals (Figure 4).

Hospitals with >10 percentage point change in patients whose treatment started on time in the emergency department, compared with the same quarter the previous year

Hospital	Peer group	Emergency visits treated on time (%)	Percentage point change
Gunnedah	C2	80.7	13.4
Bowral	C1	79.7	12.8
Armidale	C1	67.3	12.6
Auburn	B	74.1	10.9
Broken Hill	C1	57.7	-11.3
Muswellbrook	C2	64.9	-12.6
Tamworth	B	54.9	-12.9
Westmead	A1	46	-13
Moruya	C2	62.6	-14.3
South East Regional	C1	62.7	-19.1
Port Macquarie	B	57.9	-21
Blacktown	B	47.2	-21.7

Figure 4 Percentage of patients whose treatment started on time, and percentage point change compared with the same quarter the previous year, hospitals by peer group, January to March 2021



Time spent in the emergency department

Following treatment in the ED, the majority of patients are either discharged home or admitted to hospital. Some patients choose not to wait for treatment and leave, and others are transferred to a different hospital. Collectively, these categories are referred to as the 'mode of separation' (Figure 5).

In January to March 2021, 67.6% of patients spent four hours or less in the ED, down 3.0 percentage points from the same quarter the previous year (Figure 6).

Patients who require admission to hospital from the ED or who are transferred to another hospital usually have more complex health needs than those who are

treated and discharged, and therefore often spend longer periods in the ED. Fewer than half of these patients left within four hours (Figure 6).

The percentage of patients spending four hours or less in the ED was 78.5% for patients who were treated and discharged, and 83.0% for patients who left without, or before completing, treatment. The percentage of patients spending four hours or less in the ED was 35.1% for patients who were admitted to hospital, and 40.9% for patients who were transferred to another hospital (Figure 6).

Figure 5 Percentage of patients who presented to the emergency department, by mode of separation, January to March 2021

		This quarter	Same quarter previous year	Change since one year ago
Treated and discharged		501,346	504,163	-0.6%
Treated and admitted to hospital		184,186	182,058	1.2%
Left without, or before completing, treatment		46,033	50,052	-8.0%
Transferred to another hospital		16,957	15,812	7.2%
Other		10,635	12,344	-13.8%

Figure 6 Percentage of patients who spent four hours or less in the emergency department, by mode of separation, January to March 2021

	Number	This quarter	Same quarter previous year	Percentage point change since one year ago
ED attendances	513,141		70.6%	-3.0
Treated and discharged	393,773		81.3%	-2.8
Treated and admitted	64,597		37.9%	-2.8
Left without, or before completing, treatment	38,212		84.9%	-1.9
Transferred to another hospital	6,938		43.3%	-2.4

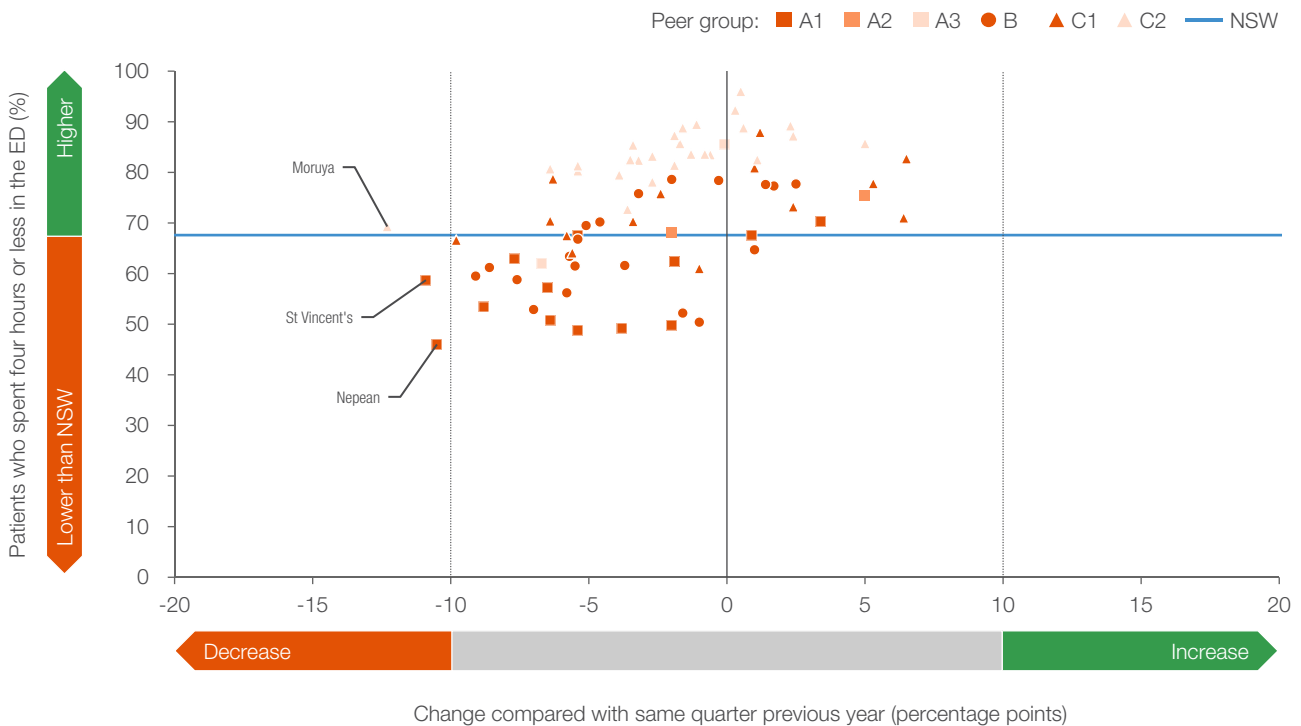
Compared with the same quarter the previous year, for the 77 large public hospital EDs reported individually in *Healthcare Quarterly*:

- In 20 hospitals, the percentage of patients who spent four hours or less in the ED was higher (Figure 7).
- In 57 hospitals, the percentage of patients who spent four hours or less in the ED was lower. In three hospitals, it was down more than 10 percentage points: Nepean (10.5%), St Vincent's (10.9%) and Moruya (12.3%) (Figure 7).

Hospitals with >10 percentage point change in the percentage of patients who spent four hours or less in the ED, compared with the same quarter the previous year

Hospital	Peer group	Left ED within four hours (%)	Percentage point change
Nepean	A1	46.0	-10.5
St Vincent's	A1	58.7	-10.9
Moruya	C2	69.3	-12.3

Figure 7 Percentage of patients who spent four hours or less in the emergency department, and percentage point change since the same quarter the previous year, hospitals by peer group, January to March 2021



Transfer of care

The target for transfer of care from NSW Ambulance paramedics to ED staff is within 30 minutes for at least 90% of patients. In January to March 2021, 83.8% of patients who arrived by ambulance had their care transferred within 30 minutes, down 4.7 percentage points compared with the same quarter the previous year (Figure 8).

The median and 90th percentile times for patient care to be transferred from paramedics to ED staff in January to March 2021 were one and 10 minutes longer, respectively, compared with the same quarter the previous year (Figure 8).

The number of ambulance arrivals was up by more than 10% in 16 hospitals. In four hospitals, it was up by more than 20%: South East Regional (20.1%), Batemans Bay (22.2%), Milton (24.4%) and Armidale (25.8%).

The number of ambulance arrivals was down by more than 10% in four hospitals: Cowra (10.7%), Prince of Wales (11.0%), Mount Druitt (13.2%) and Mudgee (14.5%).

Figure 8 Emergency presentations, ambulance arrivals and transfer of care time, January to March 2021

	This quarter	Same quarter previous year	Change since one year ago
Emergency presentations	735,737	741,305	-0.8%
ED transfer of care time			
Median time	13m	12m	1m
90th percentile time	42m	32m	10m
Percentage of patients transferred from ambulance to ED within 30 minutes	83.8%	88.5%	-4.7 percentage points

Note: Transfer of care time requires matched records between ambulance service and ED data. The number of ambulance arrivals used to calculate transfer of care time in January to March was 156,975 arrivals, up 1.8% compared with the same quarter the previous year.

COVID-19 tests and emergency department activity

Most COVID-19 testing takes place in dedicated clinics, which were established from late March 2020. However, some EDs continued to provide COVID-19 tests, so a proportion of ED activity comprises patients visiting only for a test.

The provision of COVID-19 tests has required EDs to expand their services. This practice will vary across hospitals and local health districts (LHDs), and contribute to changes in ED case mix and performance.

In January to March 2021, there was a total of 759,157 ED attendances, with 2.3% (17,130) identified as patients likely to be visiting only for a COVID-19 test. Of 80,229 triage 5 emergency presentations, 15.8% (12,701) were likely to be only for a COVID-19 test (Table 2).

Patients presenting to an ED for a COVID-19 test tended to start treatment sooner and spend less time in the ED than patients presenting for care and treatment. There may be an impact on performance measures for those hospitals or LHDs where testing of these non-urgent, non-admitted patients was provided in high volume and represented a higher percentage of ED attendances.

If ED attendances identified as likely to be only for a COVID-19 test are excluded, the impact on statewide performance measures is limited. For example, there would be a lower percentage of:

- patients whose treatment started on time of up to 0.5 percentage points
- triage category 5 (non-urgent) patients whose treatment started on time of up to 1.2 percentage points
- patients who spent four hours or less in the ED of up to 0.7 percentage points (data not shown).

However, the level of ED activity relating only to COVID-19 testing and therefore the effect on these measures of performance, will be more notable for hospitals and LHDs with a large percentage of triage 5 attendances identified as likely to be only for a COVID-19 test. In the hospital activity and performance profiles accompanying *Healthcare Quarterly, January to March 2021*, BHI has noted three hospitals (Bathurst, Dubbo and Northern Beaches hospitals) where more than 30% of triage 5 attendances were identified as patients likely to be visiting an ED only for a COVID-19 test.

With the exception of this page, all activity and performance figures in *Healthcare Quarterly, January to March 2021* include attendances for COVID-19 tests.

Identifying patients who have visited the ED only for a COVID-19 test is not straightforward, due to the different ways individual hospitals record them in their information systems.

BHI identified ED attendances as likely to be only for a COVID-19 test where they were recorded in ED information systems: with COVID-19 included in the presenting problem or diagnosis fields; and as triage 5 (non-urgent) attendance; and as treated and discharged from the ED. For further information, see the technical supplement to *Healthcare Quarterly* at bhi.nsw.gov.au

Table 2 Emergency department activity, January to March 2021

	Total	Total (excl. COVID-19 tests)	Difference
ED attendances	759,157	742,027	17,130
Emergency presentations	735,737	723,036	12,701
Triage 5: Non-urgent	80,229	67,528	12,701



Ambulance activity and performance

Ambulance activity and performance

Activity

Ambulance activity can be quantified in terms of calls, incidents, responses and patient transports (Table 3).

In January to March 2021, there were 326,390 calls (down 0.1%) and 246,131 incidents (up 0.5%), relatively stable compared with the same quarter the previous year. There were 314,942 responses (up 1.7%) with most categorised as emergency – priority 1 (P1: 44.9%), and urgent – priority 2 (P2: 48.1%). Within the 141,358 P1 responses, there were 7,173 of the highest priority 1A (P1A) cases, up 6.8% compared with the same quarter the previous year (Figure 9).

Call to ambulance arrival time

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 10).






The percentage of P1 call to ambulance arrival times within 15 minutes was 52.1% in January to March 2021, down 3.2 percentage points compared with the same quarter the previous year. The percentage of P2 call to ambulance arrival times within 30 minutes was 60.7%, down 2.5 percentage points (Figure 10).

Table 3 Definition of calls, incidents, responses and patient transports

Calls	Calls received at the ambulance control centre, requesting an ambulance vehicle.
Incidents	Calls that result in the dispatch of one or more ambulance vehicles.
Responses	A response is the dispatch of an ambulance vehicle. There may be multiple responses to a single incident. Responses include vehicles cancelled prior to arrival at the incident scene. Responses are prioritised as priority 1 (emergency response under lights and siren, with category 1A as highest acuity); priority 2 (urgent – undelayed response required without lights and siren); priority 3 (time critical – undelayed response required); and priority 4–9 (non-emergency).
Patient transports	Number of patients transported by NSW Ambulance.

Note: Ambulance activity data do not include Computer-Aided Dispatch (CAD) outages and activity estimates. Patient Transport Service (formerly known as NEPT or Non-Emergency Patient Transport) activity is not included in ambulance activity data. For more information refer to the technical supplement to this issue of *Healthcare Quarterly*.

Figure 9 Ambulance calls, incidents, responses and transports, NSW, January to March 2021

		This quarter	Same quarter previous year	Change since one year ago
Calls		326,390	326,601	-0.1%
Incidents		246,131	244,797	0.5%
All responses		314,942	309,528	1.7%
P1: Emergency	 44.9%	141,358	140,044	0.9%
P1A: Highest priority	 5.1%	7,173	6,719	6.8%
P2: Urgent	 48.1%	151,497	147,517	2.7%
P3: Time critical	 4.7%	14,758	13,704	7.7%
P4–9: Non-emergency	 2.3%	7,329	8,263	-11.3%
Patient transports		188,152	185,072	1.7%

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.

Response time

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 11).

In January to March 2021, median response times for the high-volume response categories were 12.6 minutes for emergency – priority 1 (P1) cases and 22.6 minutes for urgent – priority 2 (P2) cases. These were 0.6 minutes and 1.1 minutes longer than the same quarter the previous year, respectively (Figure 11).

In NSW, the benchmark for the median P1A response time is 10 minutes. The median response time for P1A cases was 8.1 minutes, 0.3 minutes longer than the same quarter the previous year (Figure 11).

The percentage of P1A responses within 10 minutes in January to March 2021 was 67.6%, down 0.9 percentage points compared with the same quarter the previous year (Figure 11).

Figure 10 Call to ambulance arrival time, by priority category, NSW, January to March 2021

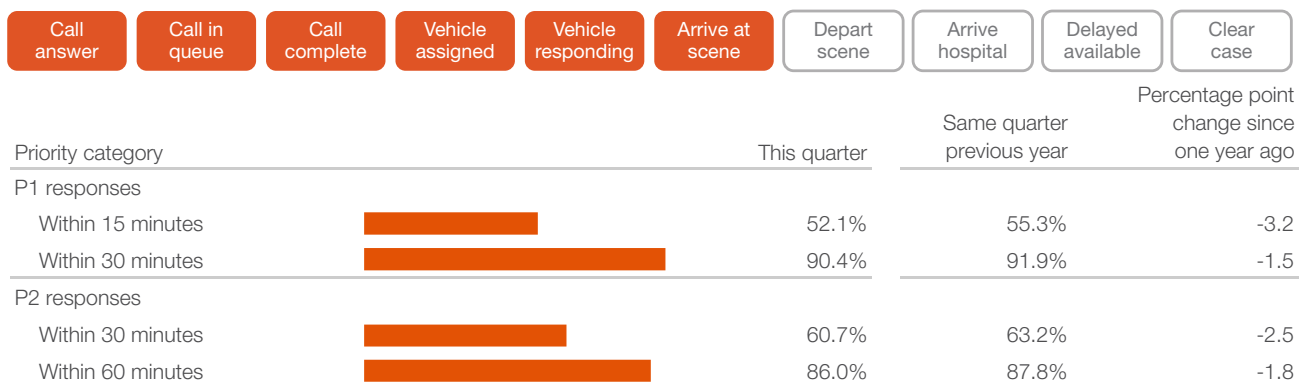
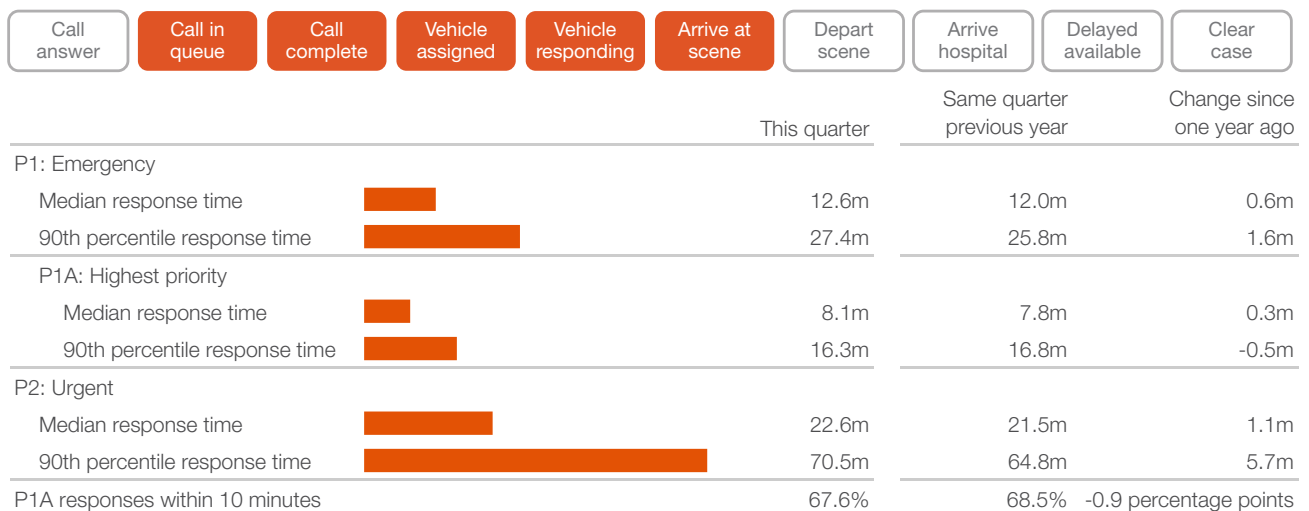


Figure 11 Ambulance response time, by priority category, NSW, January to March 2021



Ambulance activity

Regional, rural and remote NSW

The rate of incidents requiring an ambulance is the number of incidents for every 1,000 people living in an area. Any case requiring dispatch of one or more ambulance vehicles is defined as an incident.

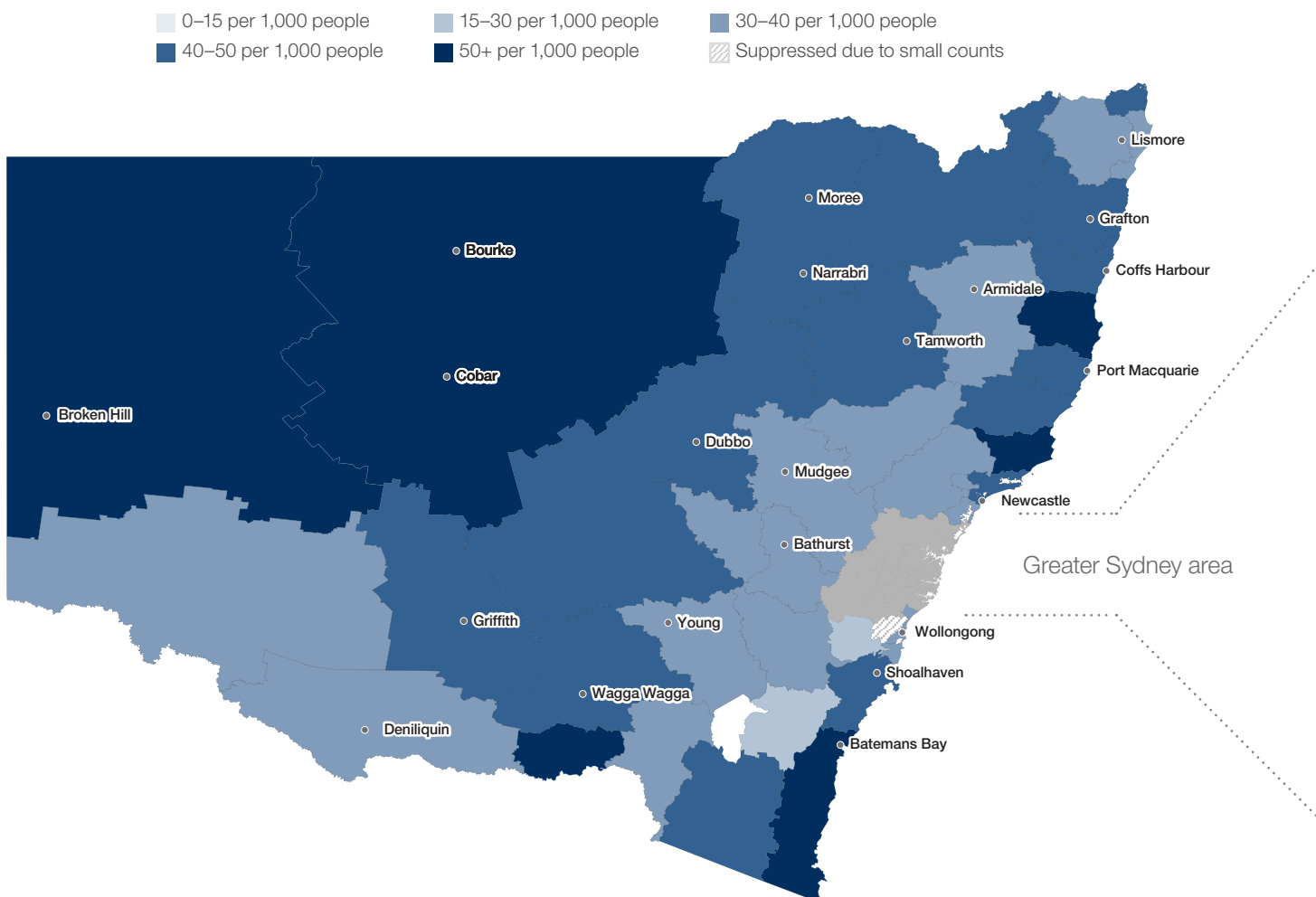
Across the 43 statistical areas level 3 (SA3s) in regional, rural and remote NSW, the incident rate ranged from 24.5 to 72.8 per 1,000 people during January to March 2021. Broken Hill and Far West had the highest rate (72.8) while Queanbeyan (24.5) and Southern Highlands (28.9) had an incident rate below 30 (Figure 12).

A summary of results by SA3 is available online through BHI's ambulance performance tool:

bhi.nsw.gov.au/search-ambulance-performance

Full activity and performance results by SA3, including trends over time, are available on the new Bureau of Health Information Data Portal.

Figure 12 Incident rate, by SA3, per 1,000 people, regional, rural and remote NSW, January to March 2021



Note: Statistical areas level 3 (SA3s) are geographical areas defined by the Australian Bureau of Statistics and used by BHI for reporting ambulance activity and performance. See the technical supplement to this report for more information.

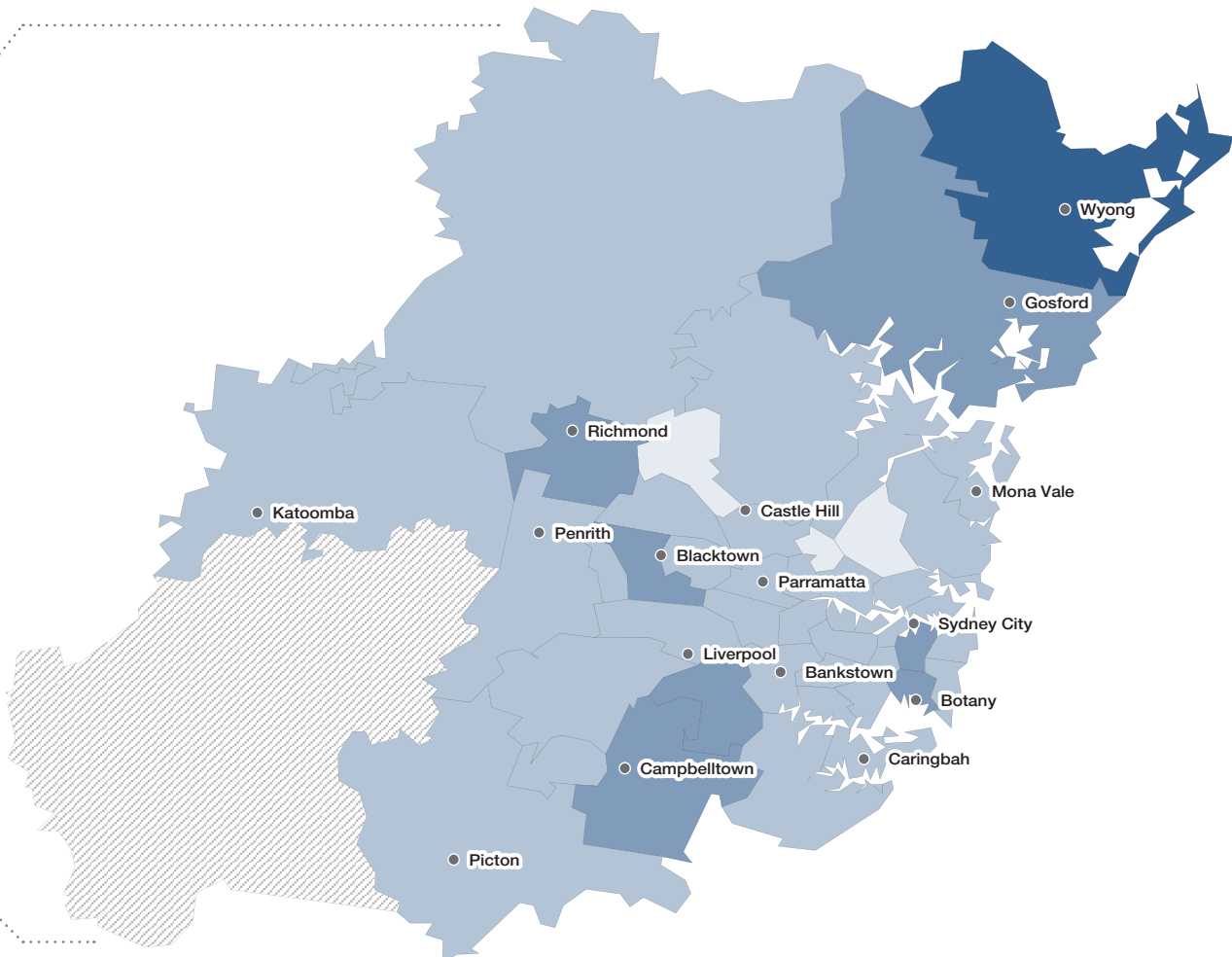
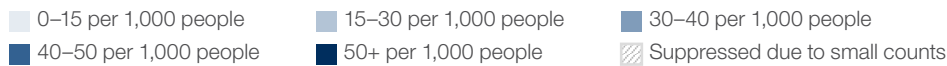
Greater Sydney area

Across the 46 SA3s in the Greater Sydney area, the incident rate for January to March 2021 ranged from 12.3 to 41.7 per 1,000 people.

Eight SA3s in Greater Sydney had incident rates above 30 per 1,000 people: Wyong (41.7), Richmond – Windsor (37.6), Gosford (36.6), Botany (34.1), Mount Druitt (31.8), Campbelltown (31.3), Sydney Inner City (31.1) and Liverpool (30.3) (Figure 13).

There were 38 SA3s in Greater Sydney with incident rates below 30 per 1,000 people. The three SA3s in NSW with an incident rate below 15 per 1,000 people, all within Greater Sydney, were: Pennant Hills – Epping (12.3), Rouse Hill - McGraths Hill (14.7) and Ku-ring-gai (14.9) (Figure 13).

Figure 13 Incident rate, by SA3, per 1,000 people, Greater Sydney, January to March 2021



Call to ambulance arrival times

Emergency cases are classified as priority 1 (P1) by NSW Ambulance and require an immediate response under lights and siren. There were 141,358 P1 responses across NSW in January to March 2021.

Statewide, 52.1% of P1 call to ambulance arrival times were within 15 minutes, down 3.2 percentage points compared with the same quarter the previous year (Figure 10).

Regional, rural and remote NSW

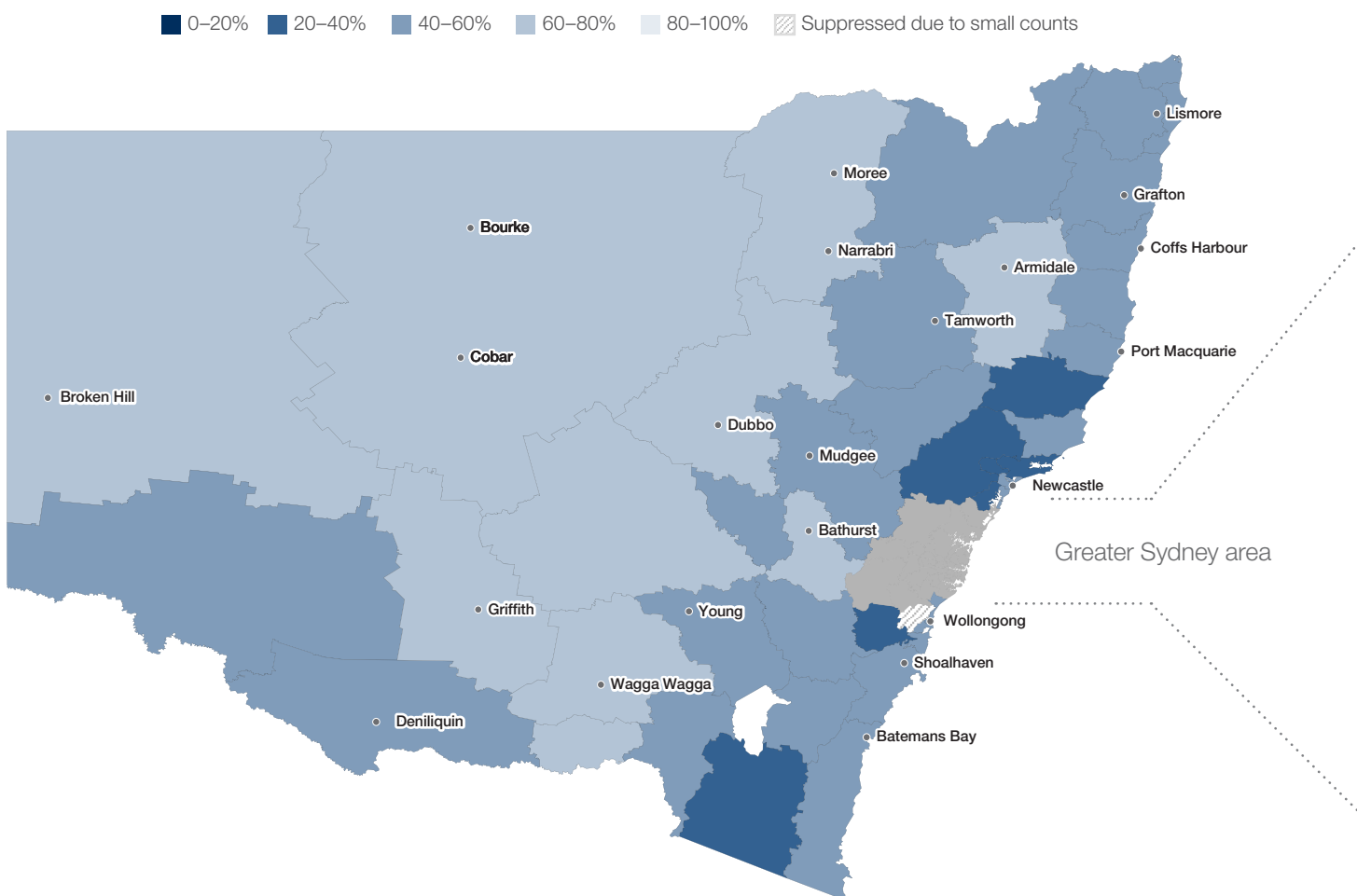
Regional, rural and remote NSW has a higher proportion of non-24-hour ambulance stations than metropolitan Sydney, and longer distances between incidents and major hospitals, which can affect the

time it takes for NSW Ambulance paramedics to reach patients.

In some of these areas, NSW Ambulance-trained first responders are also available, who can arrive on scene to deliver first aid and defibrillation before the first paramedic crew arrives, and transport patients if needed.

In January to March 2021, there was only one SA3 out of 43 in regional, rural and remote NSW that had more than 70% of P1 call to ambulance arrival times within 15 minutes: Broken Hill and Far West (71.0%). Overall, results in regional, rural and remote NSW ranged from 31.9% (Taree – Gloucester) to 71.0% (Broken Hill and Far West) (Figure 14).

Figure 14 Percentage of emergency (P1) call to ambulance arrival times under 15 minutes, by SA3, regional, rural and remote NSW, January to March 2021

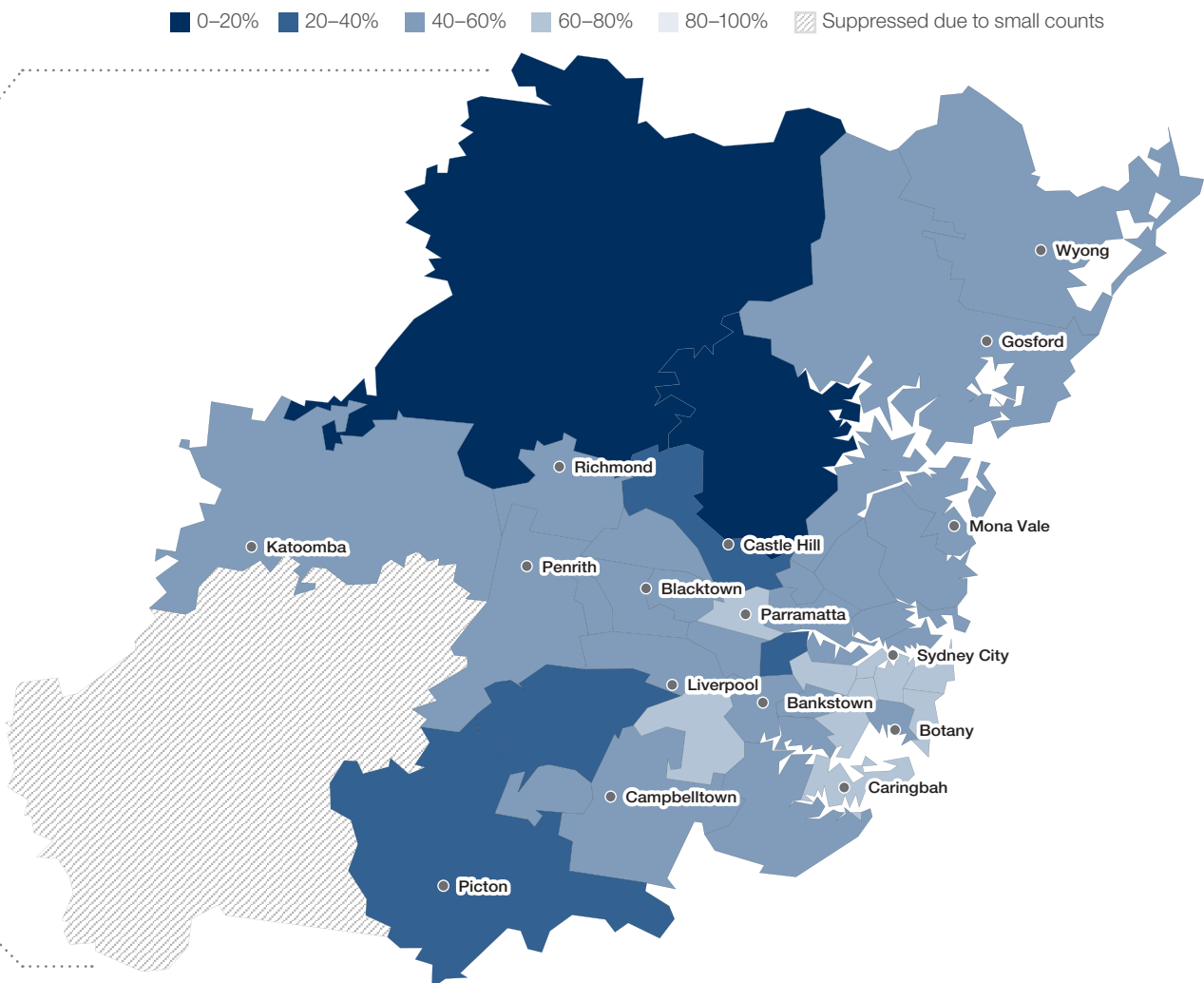


Greater Sydney area

For emergency – priority 1 (P1) responses, there was only one SA3 out of 46 in Greater Sydney with more than 70% call to ambulance arrival times within 15 minutes: Sydney Inner City (72.9%). Overall, results in Greater Sydney ranged from 6.2% (Dural - Wisemans Ferry) to 72.9% (Sydney Inner City) (Figure 15).

Two SA3s in Greater Sydney had less than 30% of P1 call to ambulance arrival times within 15 minutes: Dural – Wisemans Ferry (6.2%) and Hawkesbury (9.5%) (Figure 15).

Figure 15 Percentage of emergency (P1) call to ambulance arrival times under 15 minutes, by SA3, Greater Sydney, January to March 2021





Admitted patient activity

Admitted patients

Admitted patient episodes can be acute (short-term admissions for immediate treatment) or non-acute (longer admissions for rehabilitation, palliative care or other reasons). Admissions that involve treatment for mental health can be acute or non-acute.

There were 476,600 admitted patient episodes in NSW public hospitals in January to March 2021, which was up 3.5% (16,199) compared with the same quarter the previous year. Among those, 94.4% were acute admitted patient episodes, of which 51.5% were overnight episodes. In January to March 2021, the number of acute patient episodes increased by 4.0% (17,288), compared with the same quarter the previous year. The number of non-acute patient episodes decreased by 2.3% (377) (Figure 16).

There were 10,579 mental health episodes, down 6.3% (712) compared with the same quarter the previous year. Overnight and same-day mental health episodes were down by 2.6% and 33.0%, respectively (Figure 16).

The use of restrictive practices in acute mental health units is reported in the seclusion and restraint section of this report (pages 32–38).

Figure 16 Total number of admitted patient episodes, by stay type, January to March 2021




		This quarter	Same quarter previous year	Change since one year ago
All episodes*		476,600	460,401	3.5%
Acute	94.4%	449,981	432,693	4.0%
Non-acute	3.4%	16,040	16,417	-2.3%
Mental health	2.2%	10,579	11,291	-6.3%
<hr/>				
		This quarter	Same quarter previous year	Change since one year ago
Acute				
Overnight	51.5%	231,746	228,485	1.4%
Same-day	48.5%	218,235	204,208	6.9%
Non-acute				
Overnight	84.0%	13,478	13,857	-2.7%
Same-day	16.0%	2,562	2,560	0.1%
Mental health				
Overnight	91.2%	9,651	9,906	-2.6%
Same-day	8.8%	928	1,385	-33.0%

* Episodes of care include same-day and overnight completed episodes. Non-completed episodes are excluded.

Bed days are used to establish levels of inpatient occupancy and are calculated for all admitted patient episodes that ended during the period. The total number of bed days for all admitted patient episodes was 1,667,444 in January to March 2021, which was stable, down 0.8% (12,654) compared with the same quarter the previous year (Figure 17).

Total bed days were up 2.8% for acute admitted patient episodes. They were down 5.1% and 16.6% for non-acute and mental health admitted patient episodes, respectively, compared with the same quarter the previous year (Figure 17).

Figure 17 Total number of hospital bed days, by episode type, January to March 2021

		This quarter	Same quarter previous year	Change since one year ago
Total bed days		1,667,444	1,680,098	-0.8%
Acute	 76.6%	1,277,065	1,241,743	2.8%
Non-acute	 12.3%	204,830	215,824	-5.1%
Mental health	 11.1%	185,549	222,531	-16.6%



Seclusion and restraint

Seclusion and restraint

Seclusion and restraint involves the use of interventions to restrict the freedom of movement of a patient. These restrictive practices are not therapeutic but may be needed to support care.

In NSW, there are 46 public hospitals, plus the forensic hospital, with specialised acute mental health units that treat patients with varying severities of mental illness. There are Mental Health Intensive Care Units (MHICUs) in six of these hospitals, providing treatment for patients with a higher level of clinical severity and complexity who may be more likely to experience seclusion and restraint.

The Justice Health and Forensic Mental Health Network (JHFMHN) provides specialised mental health services for forensic patients. JHFMHN is reported separately and not included in NSW totals to acknowledge the differences in model of care and the patient cohort.

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

Most episodes of care in acute mental health units did not have a seclusion or restraint event in January to March 2021 (Figure 18).

The NSW Ministry of Health introduced a new key performance indicator (KPI) related to the use of seclusion for 2020–21. The KPI target for the percentage of acute mental health episodes of care with at least one seclusion event in 2020–21 is less than 4.1% for each hospital.

The percentage of acute mental health episodes of care with at least one seclusion event was 3.1%, down 0.7 percentage points compared with the same quarter the previous year (Figure 18, Table 4). The percentage was 4.1 or above in 11 hospitals: Morisset (7.7), Concord (6.6), Maitland (6.4), Liverpool (6.0), Gosford (5.7), Cumberland (5.7), Hunter New England Mater Mental Health Centre (5.7), Broken Hill (5.2), Bankstown–Lidcombe (5.0), Nepean (4.8) and Wyong (4.2) (Table 4).

The percentage of acute mental health episodes of care with at least one physical restraint event was 4.4%, relatively stable (down 0.2 percentage points) compared with the same quarter the previous year (Figure 18, Table 4).

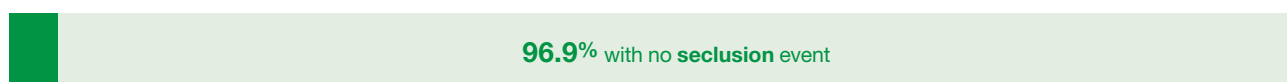
There is variation across public hospitals in the use of these interventions (Table 4).

A **seclusion event** occurs when a patient is placed alone in a room or an area at any time of day or night, with no freedom of exit. The duration of the event, or the size and type of area in which a patient is confined is not relevant in determining what is or is not seclusion.

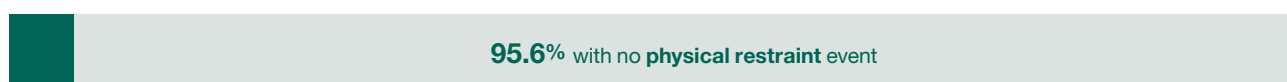
A **restraint event** occurs when a patient's freedom of movement is restricted by physical means (i.e. hands-on immobilisation by healthcare staff) or mechanical means (i.e. application of devices).

Figure 18 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion or physical restraint event, January to March 2021*

3.1% with ≥ 1 **seclusion event**



4.4% with ≥ 1 **physical restraint event**



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

Table 4 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion or physical restraint event, by public hospital, January to March 2021*

Hospital	Number of acute mental health episodes of care	Seclusion		Physical restraint		
		% of episodes with at least one event	Percentage point change since one year ago	% of episodes with at least one event	Percentage point change since one year ago	
NSW†	12,308	3.1	-0.7	4.4	-0.2	
No mental health intensive care unit	Armidale	98	0	0	0	
	Bankstown-Lidcombe	242	5	2.5	3.3	-1.2
	Bathurst	25	0	0	0	0
	Blacktown	515	2.5	0.8	2.7	-0.4
	Blue Mountains	83	0	0	7.2	7.2
	Braeside	45	0	0	2.2	2.2
	Broken Hill	58	5.2	-1.8	0	-7.0
	Campbelltown	560	1.8	-1.8	2.7	-2.4
	Coffs Harbour	241	2.9	1.2	4.1	0.4
	Dubbo	81	1.2	-2.0	1.2	-2.0
	Gosford	158	5.7	3.2	6.3	3.8
	Goulburn	240	0.4	-3.1	5.8	-0.4
	Greenwich	51	0	0	0	0
	John Hunter	100	0	-1.1	4.0	-10.1
	Kempsey	93	0	0	0	-1.3
	Lismore	212	3.3	0.7	5.2	0.9
	Liverpool	518	6.0	-1.9	4.1	-0.7
	Macquarie	67	1.5	-0.1	4.5	1.3
	Maitland	219	6.4	-0.3	2.7	-2.9
	Manning	121	0	-0.8	4.1	4.1
	Morisset	13	7.7	7.7	15.4	3.6
	Nepean	661	4.8	0.8	4.7	1.0
	Port Macquarie	97	1	-0.9	3.1	0.3
	Royal North Shore	311	0.3	-0.9	2.6	-1.4
	Royal Prince Alfred	682	1.8	-0.2	2.8	-0.2
	Shellharbour	379	2.1	-6.1	4.0	-2.9
	South East Regional	94	1.1	-1.1	3.2	-3.5
	St George	344	1.7	0.6	4.7	-0.6
	St Joseph's	18	0	0	0	0
	St Vincent's	367	0.5	-2.4	3.5	-1.3
	Sutherland	202	3.5	1.0	4.5	0.9
	Sydney Children's, Randwick	253	2.0	0.5	2.0	0.5
Tamworth	233	3.9	1.0	2.6	-2.7	
Tweed	196	1.0	-1.4	4.6	-0.3	
Wagga Wagga	368	1.6	-1.4	3.8	0.1	
Westmead	158	0	0	1.3	-2.1	
Children's at Westmead	61	0	-1.3	4.9	1.0	
Wollongong	286	3.5	-2.0	4.2	-0.7	
Wyong	312	4.2	-1.0	5.8	2.5	
MHICU	Concord	821	6.6	-1.0	6.2	0.8
	Cumberland	737	5.7	-1.8	6.2	0.2
	Hornsby	329	1.5	-2.7	7.6	0.6
	Hunter New England Mater MH	792	5.7	2.0	6.7	0.8
	Orange	420	2.9	0.5	3.1	1.3
Prince of Wales	447	0.9	0.3	8.5	2.9	
JH	The Forensic Hospital†	62	21.0	-5.2	25.8	-0.4

* Episodes of care include same-day, overnight, completed and non-completed episodes excluding episodes at the Forensic Hospital. Episodes of care for the Forensic Hospital include same-day, overnight, completed and non-completed episodes.

† Justice Health (JH) is not included in NSW totals because of the differences in model of care and the patient cohort. For more information, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*.

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

Results for Northern Beaches Hospital are not included. See the technical supplement to this issue of *Healthcare Quarterly* for further information.

Seclusion and restraint events and rate

Seclusion and restraint interventions are not therapeutic and should only be used as a last resort when other options have been unsuccessful in maintaining safety for the patient, staff or others.

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

Across NSW, there were 652 seclusion events in January to March 2021, down 80 events compared with the same quarter the previous year. There were 959 physical restraint events, up 50 (Table 5).

The number of seclusion and restraint events varied across public hospitals. The highest numbers of seclusion and restraint events mostly occurred in hospitals with a MHICU and at the Forensic Hospital (Table 5).

The NSW Health KPI target for rate of seclusion in 2020–21 is less than 5.1 per 1,000 bed days for each hospital. In January to March 2021, the NSW rate of seclusion was 5.1, down 0.5 compared with the same quarter the previous year (Table 5).

The rate of seclusion was below 5.1 per 1,000 bed days in 32 hospitals. The rate was 5.1 or above in 13 hospitals: Sydney Children's, Randwick (20.7), Liverpool (11.5), Cumberland (11.2), Hunter New England Mater Mental Health Centre (11.1), Tamworth (9.5), Nepean (8.5), Maitland (8.0), Broken Hill (7.5), Concord (7.4), Morisset (6.7), Bankstown-Lidcombe (6.0), Blacktown (5.5) and Port Macquarie (5.4) (Table 5).

The rate of physical restraint was 7.5 per 1,000 bed days, up 0.5 compared with the same quarter the previous year (Table 5).

There were 31 mechanical restraint events in NSW public hospitals with specialised acute mental health units (excluding the Forensic Hospital). This was down by 24 events compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, there were 70 mechanical restraint events, down by 25 events compared with the same quarter the previous year.

For more information on analyses of seclusion and restraint, see *Measurement Matters: Reporting on seclusion and restraint in NSW public hospitals* at bhi.nsw.gov.au/BHI_reports/measurement_matters

Table 5 Number of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, January to March 2021

Hospital	Seclusion			Physical restraint			
	Total number of seclusion events	Change in events since one year ago	Rate per 1,000 bed days	Total number of physical restraint events	Change in events since one year ago	Rate per 1,000 bed days	
NSW*	652	-80	5.1	959	50	7.5	
No mental health intensive care unit	Armidale	0	0	0	0	0	
	Bankstown-Lidcombe	16	10	6.0	18	9	6.7
	Bathurst	0	0	0	0	0	0
	Blacktown	17	9	5.5	20	9	6.4
	Blue Mountains	0	0	0	6	6	4.7
	Braeside	0	0	0	<5	1	0.7
	Broken Hill	<5	-4	7.5	0	-5	0
	Campbelltown	13	-13	2.4	18	-22	3.3
	Coffs Harbour	8	4	2.8	14	-5	4.9
	Dubbo	<5	-2	1.8	<5	-2	1.8
	Gosford	9	5	4	14	10	6.2
	Goulburn	<5	-24	0.5	21	-11	11.5
	Greenwich	0	0	0	0	0	0
	John Hunter	0	-3	0	16	-10	31.7
	Kempsey	0	0	0	0	-1	0
	Lismore	14	-17	3.7	22	-12	5.8
	Liverpool	57	-24	11.5	26	-23	5.2
	Macquarie	<5	0	0.9	<5	0	2.7
	Maitland	15	-3	8	7	-16	3.7
	Manning	0	-1	0	6	6	5.0
	Morisset	6	6	6.7	6	2	6.7
	Nepean	51	15	8.5	45	8	7.5
	Port Macquarie	6	2	5.4	9	6	8.2
	Royal North Shore	<5	-3	0.4	14	-2	5.4
	Royal Prince Alfred	22	8	3.4	37	-1	5.8
	Shellharbour	14	-35	3.9	29	-8	8.1
	South East Regional	<5	-2	0.9	6	-2	5.5
	St George	7	4	2.6	31	4	11.6
	St Joseph's	0	0	0	0	0	0
	St Vincent's	<5	-11	0.7	31	0	10.8
	Sutherland	9	-2	4.6	20	0	10.1
	Sydney Children's, Randwick	15	14	20.7	20	18	27.7
Tamworth	18	4	9.5	10	-12	5.3	
Tweed	<5	-2	0.9	9	-8	4.0	
Wagga Wagga	6	-14	1.9	16	-4	5.1	
Westmead	0	0	0	<5	-6	1.2	
Children's at Westmead	0	-1	0	<5	1	7.8	
Wollongong	14	-16	4.8	15	-6	5.1	
Wyong	13	-10	3.5	20	4	5.4	
MHICU	Concord	82	-30	7.4	96	11	8.7
	Cumberland	94	4	11.2	56	-7	6.7
	Hornsby	20	-5	4.4	60	14	13.1
	Hunter New England Mater MH	92	51	11.1	124	53	14.9
	Orange	14	1	3.4	30	19	7.3
Prince of Wales	8	5	1.4	75	32	13.3	
JH	The Forensic Hospital*	22	-258	5.8	184	-40	48.4

* Justice Health (JH) is not included in NSW totals because of the differences in model of care and the patient cohort. For more information, see *Measurement Matters: Reporting on seclusion and restraint in NSW public hospitals*.

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

Results for Northern Beaches Hospital are not included. See the technical supplement to this issue of *Healthcare Quarterly* for further information.

Seclusion and restraint duration

While seclusion and restraint is used to maintain safety for a patient, staff or others, the length of time that an individual is exposed to these restrictive interventions should be as short as possible.

When examining average duration of seclusion and restraint events, it should be noted that variation can be affected by a single event lasting considerably longer than others.

The NSW Health KPI target for seclusion duration in 2020–21 is less than four hours for each hospital. Statewide, the average duration of a seclusion event was 6 hours and 24 minutes in January to March 2021, relatively stable (up 3 minutes) compared with the same quarter the previous year (Table 6).

The average duration of seclusion events was less than four hours in 29 hospitals. The average duration was longer than four hours in eight hospitals: Concord (16h 27m), Cumberland (10h 26m), Prince of Wales (10h 23m), St George (8h 31m), Port Macquarie (8h 16m), Nepean (7h 8m), Liverpool (5h 43m) and Lismore (5h 42m) (Table 6).

In January to March 2021, the average duration of a physical restraint event was five minutes, the same as the same quarter the previous year (Table 6).

The average duration of a mechanical restraint event in NSW public hospitals (excluding the Forensic Hospital) was 1 hour 14 minutes. This was down 22 minutes compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, the average duration of a mechanical restraint event was 28 minutes, down 4 minutes compared with the same quarter the previous year.

For more information on analyses of seclusion and restraint, see *Measurement Matters: Reporting on seclusion and restraint in NSW public hospitals* at bhi.nsw.gov.au/BHI_reports/measurement_matters

Table 6 Average duration of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, January to March 2021

Hospital	Seclusion		Physical restraint		
	Average duration	Change since one year ago	Average duration	Change since one year ago	
NSW*	6h 24m	3m	5m	0m	
No mental health intensive care unit	Armidale	0m	0m	0m	
	Bankstown-Lidcombe	3h 20m	58m	1m	-1m
	Bathurst	0m	0m	0m	0m
	Blacktown	3h 17m	-20m	1m	0m
	Blue Mountains	0m	0m	3m	3m
	Braeside	0m	0m	†	‡
	Broken Hill	†	‡	0m	-1m
	Campbelltown	1h 56m	1m	1m	-2m
	Coffs Harbour	3h 49m	‡	3m	-1m
	Dubbo	†	‡	†	‡
	Gosford	1h 13m	‡	4m	‡
	Goulburn	†	‡	2m	0m
	Greenwich	0m	0m	0m	0m
	John Hunter	0m	‡	1m	-5m
	Kempsey	0m	0m	0m	‡
	Lismore	5h 42m	2h 24m	3m	0m
	Liverpool	5h 43m	-3h 53m	1m	-1m
	Macquarie	†	‡	†	‡
	Maitland	2h 6m	-40m	4m	1m
	Manning	0m	‡	2m	2m
	Morrisset	3h 43m	3h 43m	8m	‡
	Nepean	7h 8m	5h 5m	2m	0m
	Port Macquarie	8h 16m	‡	2m	‡
	Royal North Shore	†	‡	2m	0m
	Royal Prince Alfred	3h 13m	-17m	9m	-4m
	Shellharbour	3h 46m	-38m	7m	3m
	South East Regional	†	‡	5m	1m
	St George	8h 31m	‡	1m	0m
	St Joseph's	0m	0m	0m	0m
	St Vincent's	†	‡	2m	0m
	Sutherland	43m	-8m	2m	1m
	Sydney Children's, Randwick	35m	‡	7m	‡
	Tamworth	2h 22m	-23m	4m	2m
Tweed	†	‡	4m	3m	
Wagga Wagga	34m	-20m	2m	0m	
Westmead	0m	0m	†	‡	
Children's at Westmead	0m	‡	†	‡	
Wollongong	3h 17m	-1h 40m	6m	3m	
Wyong	1h 4m	-2h 18m	3m	-2m	
MHICU	Concord	16h 27m	6h 29m	8m	0m
	Cumberland	10h 26m	-5h 1m	3m	1m
	Hornsby	3h 36m	1h 51m	13m	3m
	Hunter New England Mater MH	3h 13m	-1h 43m	6m	-3m
	Orange	35m	-32m	8m	-17m
Prince of Wales	10h 23m	‡	3m	-1m	
JH	The Forensic Hospital†	10h 17m	-6h 33m	8m	4m

* Justice Health (JH) is not included in NSW totals because of the differences in model of care and the patient cohort. For more information, see *Measurement Matters: Reporting on seclusion and restraint in NSW public hospitals*.

† Suppressed due to small number of seclusion/physical restraint events in the reporting period, to protect patient privacy.

‡ Suppressed due to small number of seclusion/physical restraint events in the reporting period or in the same quarter the previous year, to protect patient privacy.

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

Results for Northern Beaches Hospital are not included. See the technical supplement to this issue of *Healthcare Quarterly* for further information.



Elective surgery activity and performance

Elective surgery activity

There are three main categories for elective surgery: urgent, semi-urgent and non-urgent. The urgency category is determined by the surgeon and is based on clinical criteria.

In January to March 2021, there were 58,044 elective surgeries performed in NSW public hospitals. The numbers of urgent, semi-urgent and non-urgent surgery performed were up by 8.8%, 15.3% and 17.6%, respectively, compared with the same quarter the previous year (Figure 19).



In response to the COVID-19 pandemic, a partnership with the private hospital sector was established under the National Partnership Agreement on Private Hospitals and COVID-19. A total of 3,724 elective surgeries contracted to NSW private hospitals was performed in January to March 2021. This represented 6.4% of all elective surgery performed (Figure 19).

Following NSW Health advice for resuming non-urgent procedures in public hospitals, elective surgery activity has been restored incrementally in stages since late April 2020.

Some patients waited longer to receive their surgery due to the suspension and have received surgery following the resumption. Other patients have had to wait longer while backlogs are being cleared. This may have contributed to the lower percentage of elective surgery performed within recommended time frames and the higher median and 90th percentile waiting times (Figure 20).

In response to the COVID-19 pandemic, from 26 March 2020, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional 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.

Figure 19 Elective surgery performed, by urgency category, January to March 2021

		This quarter	Same quarter previous year	Change since one year ago
Total number of elective surgeries performed in public hospitals		58,044	50,979	13.9%
Urgent	 20.5%	11,882	10,919	8.8%
Semi-urgent	 32.7%	18,953	16,436	15.3%
Non-urgent	 42.4%	24,630	20,939	17.6%
Staged*	 4.4%	2,579	2,685	-3.9%
Total number of elective surgeries performed in private hospitals		3,724	262	1321.4%

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

Note: From 26 March 2020, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional 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.





Elective surgery waiting time by urgency category







Timeliness of elective surgery is measured by median and 90th percentile waiting times, and the percentage of elective surgery performed within clinically recommended time frames. The recommended waiting times for elective surgery are up to: 30 days for urgent, 90 days for semi-urgent, and 365 days for non-urgent surgery.

At 84.4%, the percentage of elective surgery performed within recommended time frames was down 9.5 percentage points compared with the same quarter the previous year. The non-urgent category saw the biggest decrease (15.6 percentage points) in the percentage of surgery performed on time (Figure 20).

Compared with the same quarter the previous year, median waiting times in January to March 2021 were 12 days for urgent (up two days), 54 days for semi-urgent (up four days) and 295 days for non-urgent surgery (up 35 days) (Figure 20).

Figure 20 Percentage of elective surgery performed on time and waiting times, by urgency category, January to March 2021

		This quarter	Same quarter previous year	Percentage point change since one year ago
All procedures		84.4%	93.9%	-9.5
Urgent	Recommended: 30 days 	99.6%	99.9%	-0.3
Semi-urgent	Recommended: 90 days 	85.4%	92.6%	-7.2
Non-urgent	Recommended: 365 days 	76.2%	91.8%	-15.6

		This quarter	Same quarter previous year	Change since one year ago
Urgent: 11,882 patients				
Median time to receive surgery		12 days	10 days	2 days
90th percentile time to receive surgery		26 days	26 days	0 days
Semi-urgent: 18,953 patients				
Median time to receive surgery		54 days	50 days	4 days
90th percentile time to receive surgery		102 days	88 days	14 days
Non-urgent: 24,630 patients				
Median time to receive surgery		295 days	260 days	35 days
90th percentile time to receive surgery		429 days	363 days	66 days

Note: From 26 March 2020, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional 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.

Percentage of elective surgery on time

The hospital-level results for this quarter are presented on two axes: the percentage of elective surgery performed on time (y-axis) and the percentage point change since the same quarter the previous year (x-axis). For hospitals shown above the blue NSW line, a higher percentage of surgery was performed on time this quarter compared with the overall NSW result. Hospitals are named if they had a more than 20 percentage point change in performance (Figure 21).

The pattern in Figure 21 reflects the effect of the suspension of non-urgent surgery on the variation between hospitals in the percentage of elective surgery performed on time.

Compared with the same quarter the previous year, the percentage of surgery performed on time was

lower this quarter in 60 out of the 77 large public hospitals reported on individually in *Healthcare Quarterly* (Figure 21).

In January to March 2021, the percentage of elective surgery performed on time for different specialities ranged from 70.8% for ear, nose and throat surgery to 96.1% for cardiothoracic surgery (Figure 22).

The percentage of elective surgery performed on time for common procedures ranged from 57.5% for septoplasty to 93.6% for coronary artery bypass graft. The percentage of surgery performed on time was down for 16 of the 17 common procedures, with a more than 10 percentage point decrease in 12 common procedures compared with the same quarter the previous year (Figure 23).

Figure 21 Percentage of elective surgery performed on time and percentage point change since the same quarter the previous year, hospitals by peer group, January to March 2021

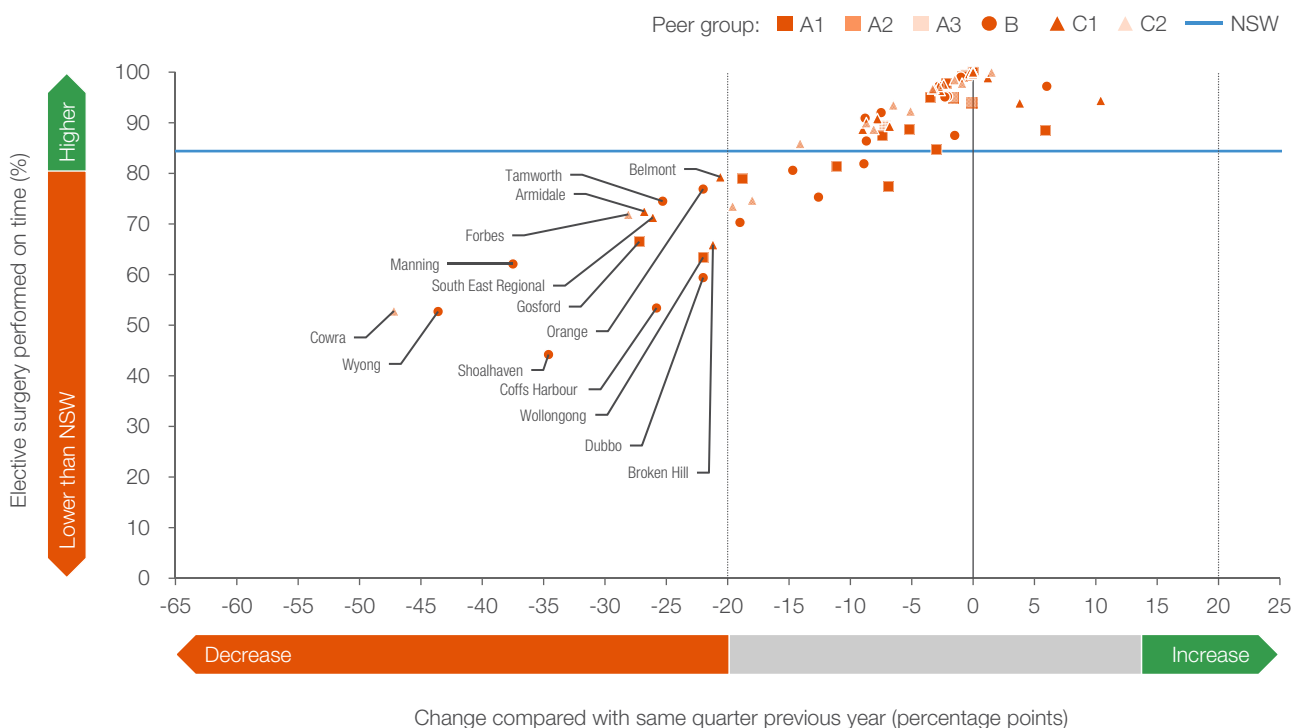


Figure 22 Percentage of elective surgery performed on time, by specialty, January to March 2021

	Number of procedures	Percentage on time	Same quarter previous year	Percentage point change since one year ago
Cardiothoracic surgery	914	96.1%	91.8%	4.3
Plastic surgery	2,486	92.2%	95.2%	-3.0
Vascular surgery	1,605	92.0%	96.8%	-4.8
Medical	431	91.6%	99.1%	-7.5
Gynaecology	7,216	88.3%	96.3%	-8.0
General surgery	13,581	87.9%	96.0%	-8.1
Urology	8,508	86.9%	91.7%	-4.8
Ophthalmology	8,698	84.0%	93.3%	-9.3
Neurosurgery	1,192	83.8%	95.8%	-12.0
Orthopaedic surgery	9,391	75.8%	92.3%	-16.5
Ear, nose and throat surgery	4,022	70.8%	88.2%	-17.4

Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 23 Percentage of elective surgery performed on time, by common procedure, January to March 2021

	Number of procedures	Percentage on time	Same quarter previous year	Percentage point change since one year ago
Coronary artery bypass graft	158	93.6%	84.8%	8.8
Other – General	1,467	91.4%	97.1%	-5.7
Hysteroscopy	2,561	91.3%	96.8%	-5.5
Cystoscopy	3,388	86.8%	90.4%	-3.6
Cholecystectomy	1,726	83.4%	94.4%	-11.0
Inguinal herniorrhaphy	1,434	83.1%	93.2%	-10.1
Haemorrhoidectomy	275	82.8%	93.3%	-10.5
Cataract extraction	7,197	82.3%	92.8%	-10.5
Abdominal hysterectomy	573	78.9%	95.3%	-16.4
Varicose veins stripping and ligation	279	78.4%	95.8%	-17.4
Prostatectomy	691	73.4%	90.1%	-16.7
Total hip replacement	1,129	66.9%	89.2%	-22.3
Myringoplasty/Tympanoplasty	115	64.9%	71.9%	-7.0
Myringotomy	25	64.0%	92.6%	-28.6
Tonsillectomy	1,261	61.3%	89.4%	-28.1
Total knee replacement	2,062	58.5%	85.6%	-27.1
Septoplasty	442	57.5%	77.8%	-20.3

Note: 'Other – General' refers to general surgery procedures recorded as 'Other' in the Waiting List Collection Online System (WLCOS).

Elective surgery waiting time by specialty and procedure

The median waiting time refers to the number of days it took for half of all patients to be admitted to hospital and undergo surgery. The other half waited the same amount of time or longer.

Following the suspension of all non-urgent elective surgery in response to the COVID-19 pandemic, and its subsequent resumption, median waiting times for many specialties and procedures were longer in January to March 2021, compared with the same quarter the previous year (Figures 24, 25).

In January to March 2021, the median waiting time was up for seven specialties, by between five and 47 days, compared with the same quarter the previous year. This was most notable for orthopaedic

surgery, up 47 days. The median waiting time for ophthalmology was down seven days (Figure 24).

The median waiting time was up for 15 common procedures. It was up by more than 50 days for three procedures: varicose veins stripping and ligation (up 101 days), myringotomy (up 59 days) and total hip replacement (up 52 days) (Figure 25).

Figure 24 Median waiting time for patients who received elective surgery, by specialty, January to March 2021

	Number of procedures	This quarter	Same quarter previous year	Change since one year ago
Ophthalmology	8,698	266 days	273 days	-7 days
Ear, nose and throat surgery	4,022	233 days	202 days	31 days
Orthopaedic surgery	9,391	174 days	127 days	47 days
Neurosurgery	1,192	69 days	64 days	5 days
Gynaecology	7,216	54 days	49 days	5 days
General surgery	13,581	53 days	46 days	7 days
Urology	8,508	42 days	37 days	5 days
Plastic surgery	2,486	29 days	33 days	-4 days
Vascular surgery	1,605	23 days	24 days	-1 day
Cardiothoracic surgery	914	21 days	26 days	-5 days
Medical	431	21 days	14 days	7 days

Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 25 Median waiting time for patients who received elective surgery, by common procedure, January to March 2021

	Number of procedures	This quarter	Same quarter previous year	Change since one year ago
Septoplasty	442	353 days	330 days	23 days
Total knee replacement	2,062	347 days	309 days	38 days
Tonsillectomy	1,261	335 days	294 days	41 days
Myringoplasty/Tympanoplasty	115	328 days	309 days	19 days
Varicose veins stripping and ligation	279	293 days	192 days	101 days
Cataract extraction	7,197	292 days	302 days	-10 days
Total hip replacement	1,129	281 days	229 days	52 days
Myringotomy	25	127 days	68 days	59 days
Abdominal hysterectomy	573	93 days	72 days	21 days
Inguinal herniorrhaphy	1,434	92 days	90 days	2 days
Prostatectomy	691	82 days	80 days	2 days
Haemorrhoidectomy	275	81 days	83 days	-2 days
Cholecystectomy	1,726	72 days	66 days	6 days
Hysteroscopy	2,561	50 days	48 days	2 days
Coronary artery bypass graft	158	35 days	32 days	3 days
Cystoscopy	3,388	34 days	32 days	2 days
Other – General	1,467	27 days	26 days	1 day

Note: 'Other – General' refers to general surgery procedures recorded as 'Other' in WLCOS.

End of quarter elective surgery waiting list

Understanding access to, and the provision of, elective surgery can be aided by measuring shifts over time in the size of the waiting list and composition of patients on it.





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. In this case, it is the number of patients who were ready for surgery on the last day of the quarter.

In January to March 2021, 61,390 patients were added to the elective surgery waiting list, up 4.4% (2,584) compared with the same quarter the previous year. The number of patients added to the waiting list for non-urgent procedures was relatively stable, down 0.5% (123) (Figure 26).

At the end of the January to March 2021 quarter, there were 88,908 patients on the elective surgery waiting list, down 1.7% (1,548) compared with the same time in 2020. The number of patients on the waiting list was up for urgent and semi-urgent surgery by 17.1% (302) and 18.9% (2,394), respectively, compared with the same quarter the previous year. The number of patients on the waiting list for non-urgent surgery was down 5.6% (4,244) (Figure 27).

Among those patients waiting for semi-urgent elective surgery, the specialties with most patients waiting were general surgery (4,341) and urology (3,271), up 22.4% and 16.5%, respectively, compared with the same time the previous year (Figure 28). Most of those patients waiting for general surgery and urology were waiting for cholecystectomy (844) and cystoscopy procedures (1,299). There were also 1,119 women waiting for a hysteroscopy procedure (Figure 29).




Figure 26 Patients added to the elective surgery waiting list, by urgency category, January to March 2021

		This quarter	Same quarter previous year	Change since one year ago
Patients added to the elective surgery waiting list		61,390	58,806	4.4%
Urgent	 21.8%	13,357	12,368	8.0%
Semi-urgent	 33.3%	20,435	18,570	10.0%
Non-urgent	 39.6%	24,322	24,445	-0.5%
Staged*	 5.3%	3,276	3,423	-4.3%

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

Note: From 26 March 2020, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional 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.

Figure 27 Patients on the elective surgery waiting list, by urgency category, as at 31 March 2021

		This quarter	Same quarter previous year	Change since one year ago
Patients ready for surgery on waiting list as at 31 March 2021		88,908	90,456	-1.7%
Urgent	 2.3%	2,070	1,768	17.1%
Semi-urgent	 17.0%	15,072	12,678	18.9%
Non-urgent	 80.7%	71,766	76,010	-5.6%
Patients not ready for surgery on waiting list at the end of quarter		16,012	16,505	-3.0%

Note: From 26 March 2020, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional 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.

Figure 28

Patients on elective surgery waiting list for **semi-urgent surgery** at end of quarter, by specialty, as at 31 March 2021

	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
All specialties	15,072	12,678	18.9%
General surgery	4,341	3,548	22.4%
Urology	3,271	2,807	16.5%
Gynaecology	2,525	2,040	23.8%
Orthopaedic surgery	1,350	980	37.8%
Ophthalmology	1,141	1,015	12.4%
Ear, nose and throat surgery	756	636	18.9%
Plastic surgery	747	755	-1.1%
Vascular surgery	354	344	2.9%
Neurosurgery	280	218	28.4%
Cardiothoracic surgery	211	266	-20.7%
Medical	96	69	39.1%

Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 29

Patients on elective surgery waiting list for **semi-urgent surgery** at end of quarter, by common procedure, as at 31 March 2021

Procedure	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
Cystoscopy	1,299	1,174	10.6%
Hysteroscopy	1,119	891	25.6%
Cholecystectomy	844	671	25.8%
Cataract extraction	716	648	10.5%
Inguinal herniorrhaphy	463	360	28.6%
Other – General	410	358	14.5%
Prostatectomy	341	323	5.6%
Abdominal hysterectomy	193	138	39.9%
Total hip replacement	190	130	46.2%
Haemorrhoidectomy	161	131	22.9%
Tonsillectomy	145	180	-19.4%
Total knee replacement	137	106	29.2%
Coronary artery bypass graft	50	81	-38.3%
Septoplasty	31	14	121.4%
Varicose veins stripping and ligation	25	32	-21.9%
Myringoplasty/Tympanoplasty	20	16	25.0%
Myringotomy	3	10	-70.0%

Note: 'Other – General' refers to general surgery procedures recorded as 'Other' in WLCOS.

End of quarter elective surgery waiting list

The majority of patients (80.7%) on the elective surgery waiting list were waiting for non-urgent surgery. At the end of the January to March 2021 quarter, there were 71,766 patients on the waiting list waiting for non-urgent elective surgery.

Among those patients waiting for non-urgent elective surgery, the specialties with most patients waiting were orthopaedic surgery (20,920) and ophthalmology (19,436). The number of patients waiting for orthopaedic surgery was up 2.5% compared with the same time in 2020. The number of patients waiting for ophthalmology was down 9.9% (Figure 30).

Most of those patients waiting for orthopaedic surgery and ophthalmology were waiting for total knee replacement (6,659), total hip replacement (2,925) and cataract extraction (17,452) procedures (Figure 31).

The largest proportionate growth in the waiting list for non-urgent surgery among specialties was for vascular surgery, up 10.2% compared with the same time the previous year. Among those waiting for vascular surgery, most were waiting for a varicose veins stripping and ligation procedure (855), up 14.3% (Figure 31).

Figure 30 Patients on elective surgery waiting list for non-urgent surgery at end of quarter, by specialty, as at 31 March 2021

	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
All specialties	71,766	76,010	-5.6%
Orthopaedic surgery	20,920	20,410	2.5%
Ophthalmology	19,436	21,580	-9.9%
General surgery	10,746	11,434	-6.0%
Ear, nose and throat surgery	9,272	10,699	-13.3%
Gynaecology	5,619	5,852	-4.0%
Plastic surgery	1,746	1,786	-2.2%
Urology	1,673	1,869	-10.5%
Neurosurgery	1,262	1,332	-5.3%
Vascular surgery	941	854	10.2%
Medical	88	118	-25.4%
Cardiothoracic surgery	63	76	-17.1%

Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 31 Patients on elective surgery waiting list for **non-urgent surgery** at end of quarter, by common procedure, as at 31 March 2021

Procedure	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
Cataract extraction	17,452	19,242	-9.3%
Total knee replacement	6,659	6,635	0.4%
Tonsillectomy	3,246	4,172	-22.2%
Total hip replacement	2,925	3,001	-2.5%
Inguinal herniorrhaphy	2,186	2,304	-5.1%
Septoplasty	1,751	1,607	9.0%
Cholecystectomy	1,125	1,177	-4.4%
Hysteroscopy	1,077	1,242	-13.3%
Abdominal hysterectomy	991	931	6.4%
Other – General	871	1,019	-14.5%
Varicose veins stripping and ligation	855	748	14.3%
Prostatectomy	406	505	-19.6%
Myringoplasty/Tympanoplasty	370	392	-5.6%
Haemorrhoidectomy	342	367	-6.8%
Myringotomy	38	67	-43.3%
Coronary artery bypass graft	10	12	-16.7%

Note: 'Other – General' refers to general surgery procedures recorded as 'Other' in WLCOS. Non-urgent cystoscopy is reported in staged procedures.

Patients on elective surgery waiting list who had waited longer than clinically recommended time

For patients categorised as semi-urgent, the clinically recommended maximum waiting time is 90 days. For patients categorised as non-urgent, the clinically recommended maximum waiting time is 365 days.

At the end of January to March 2021, there were 5,227 patients on the waiting list who had waited longer than the clinically recommended time, up from 2,037 at the same time in 2020. Of those, 1,350 were waiting for semi-urgent and 3,872 were waiting for non-urgent surgery (Figure 32).

Among those patients waiting for semi-urgent elective surgery, and who had waited longer than 90 days, the specialties with most patients waiting were general surgery (471) and urology (282) (Figure 33).

Most of those patients waiting for general surgery and urology, and who had waited longer than 90 days, were waiting for cholecystectomy (116) and cystoscopy (107) procedures (Figure 34).

Figure 32 Patients on elective surgery waiting list who had waited longer than clinically recommended time, by urgency category, as at 31 March 2021

		This quarter	Same quarter previous year	Change since one year ago
Patients on waiting list who had waited longer than clinically recommended time		5,227	2,037	3,190
Urgent	0.1%	5	13	-8
Semi-urgent	25.8%	1,350	640	710
Non-urgent	74.1%	3,872	1,384	2,488

Note: From 26 March 2020, National Cabinet suspended all non-urgent elective surgery. From 27 April, additional 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.

Figure 33

Patients on elective surgery waiting list for **semi-urgent surgery** at end of quarter, who had waited longer than clinically recommended time, by specialty, as at 31 March 2021

	Patients on waiting list who had waited longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
All specialties	1,350	640	710
General surgery	471	155	316
Urology	282	208	74
Gynaecology	267	77	190
Ear, nose and throat surgery	95	53	42
Orthopaedic surgery	82	25	57
Plastic surgery	66	44	22
Vascular surgery	32	9	23
Neurosurgery	20	10	10
Cardiothoracic surgery	18	49	-31
Ophthalmology	12	7	5
Medical	5	3	2

Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 34

Patients on elective surgery waiting list for **semi-urgent surgery** at end of quarter, who had waited longer than clinically recommended time, by common procedure, as at 31 March 2021

Procedure	Patients on waiting list who had waited longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
Cholecystectomy	116	37	79
Cystoscopy	107	91	16
Hysteroscopy	93	31	62
Prostatectomy	46	34	12
Inguinal herniorrhaphy	45	23	22
Abdominal hysterectomy	27	9	18
Other – General	27	13	14
Tonsillectomy	26	5	21
Haemorrhoidectomy	24	5	19
Total hip replacement	18	6	12
Total knee replacement	12	5	7
Cataract extraction	8	2	6
Coronary artery bypass graft	4	21	-17
Septoplasty	4	1	3
Myringoplasty/Tympanoplasty	3	2	1
Varicose veins stripping and ligation	2	0	2
Myringotomy	1	1	0

Note: 'Other – General' refers to general surgery procedures recorded as 'Other' in WLCOS.

Patients on elective surgery waiting list who had waited longer than clinically recommended time

The majority of patients (74.1%) on the elective surgery waiting list who had waited longer than the clinically recommended time were waiting for non-urgent surgery. At the end of the January to March 2021 quarter, there were 3,872 patients on the waiting list waiting for non-urgent elective surgery who had waited longer than 365 days, compared with 1,384 in 2020.

Among those patients waiting for non-urgent elective surgery, who had waited longer than 365 days, the specialties with most patients waiting were orthopaedic surgery (1,500) and ear, nose and throat surgery (756) (Figure 35).

Most of those patients waiting for orthopaedic surgery and ear, nose and throat surgery, who had waited longer than 365 days, were waiting for total knee replacement (605), total hip replacement (220) and tonsillectomy (283) procedures. There were also 313 patients who had waited longer than 365 days for cataract extraction surgery (Figure 36).

Figure 35 Patients on elective surgery waiting list for **non-urgent surgery** at end of quarter, who had waited longer than clinically recommended time, by specialty, as at 31 March 2021

	Patients on waiting list who had waited longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
All specialties	3,872	1,384	2,488
Orthopaedic surgery	1,500	477	1,023
Ear, nose and throat surgery	756	315	441
General surgery	547	204	343
Gynaecology	426	87	339
Ophthalmology	360	171	189
Plastic surgery	96	46	50
Urology	76	54	22
Neurosurgery	60	20	40
Vascular surgery	44	5	39
Medical	5	4	1
Cardiothoracic surgery	2	1	1

Note: 'Medical' refers to surgery performed by a non-specialist medical practitioner.

Figure 36 Patients on elective surgery waiting list for **non-urgent surgery** at end of quarter, who had waited longer than clinically recommended time, by common procedure, as at 31 March 2021

Procedure	Patients on waiting list who had waited longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
Total knee replacement	605	174	431
Cataract extraction	313	142	171
Tonsillectomy	283	90	193
Total hip replacement	220	103	117
Inguinal herniorrhaphy	167	47	120
Septoplasty	154	60	94
Abdominal hysterectomy	113	23	90
Varicose veins stripping and ligation	44	4	40
Cholecystectomy	37	15	22
Hysteroscopy	36	17	19
Myringoplasty/Tympanoplasty	35	14	21
Other – General	32	17	15
Prostatectomy	27	18	9
Haemorrhoidectomy	20	6	14
Myringotomy	1	0	1

Note: 'Other – General' refers to general surgery procedures recorded as 'Other' in WLCOS. Non-urgent cystoscopy is reported in staged procedures.

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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