

# Activity and performance

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

July to September 2020



## BUREAU OF HEALTH INFORMATION

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

© Copyright Bureau of Health Information 2020

This work is copyrighted. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the Bureau of Health Information (BHI).

State Health Publication Number: (BHI) 200756  
ISSN: 2207-9564 (online)

Suggested citation:

Bureau of Health Information. Healthcare Quarterly, Activity and performance, Emergency department, ambulance, admitted patients, seclusion and restraint, and elective surgery, July to September 2020. Sydney (NSW); BHI; 2020.

Please note there is the potential for minor revisions of data in this report.  
Please check the online version at **bhi.nsw.gov.au** for any amendments or errata.

Published December 2020

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 BHI's interactive data portal, Healthcare Observer. 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 published in Healthcare Observer 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 Healthcare Observer and supersede all previously published figures.

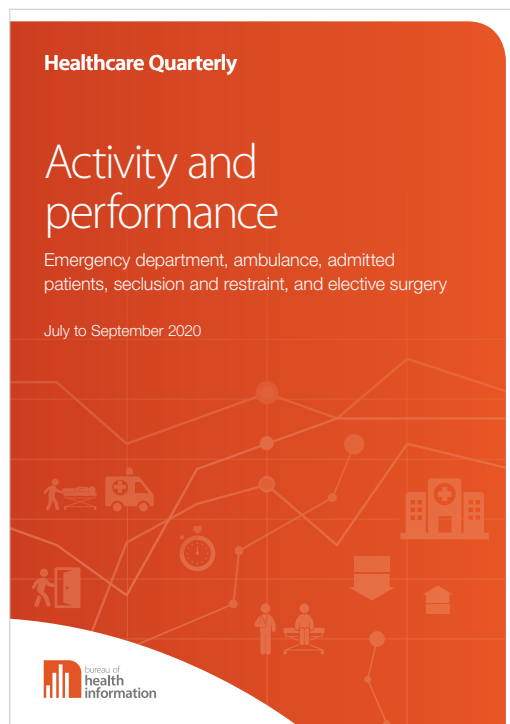
Please visit **[bhi.nsw.gov.au/Healthcare\\_Observer](https://bhi.nsw.gov.au/Healthcare_Observer)**

# Table of contents

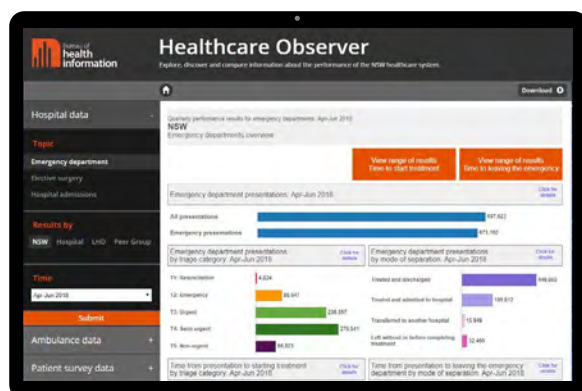
10 key findings	2
Healthcare Quarterly – Activity	3
Healthcare Quarterly – Performance	4
In the July to September 2020 quarter...	5
About this report	7
<b>Emergency department activity and performance</b>	<b>10</b>
Emergency department activity	11
Time to treatment	13
Time spent in the emergency department	15
Transfer of care	17
COVID-19 tests and emergency department activity	18
<b>Ambulance activity and performance</b>	<b>20</b>
Ambulance activity and performance	21
Ambulance activity	23
Call to ambulance arrival times	25
<b>Admitted patient activity</b>	<b>28</b>
Admitted patients	29
<b>Seclusion and restraint</b>	<b>32</b>
Seclusion and restraint	33
Seclusion and restraint events and rate	35
Seclusion and restraint duration	37
<b>Elective surgery activity and performance</b>	<b>40</b>
Elective surgery activity	41
Elective surgery waiting time by urgency category	42
Percentage of elective surgery on time	43
Elective surgery waiting time by specialty and procedure	45
End of quarter elective surgery waiting list	47
Patients on elective surgery waiting list who had waited longer than clinically recommended time	51

# A guide to Healthcare Quarterly

*Healthcare Quarterly* reports on activity and performance for public hospital and ambulance services across NSW.



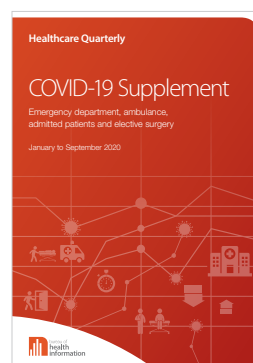
*Healthcare Quarterly* shows how public hospitals and ambulance services performed in the July to September 2020 quarter. The key measures focus on the timeliness of services delivered to people across NSW.



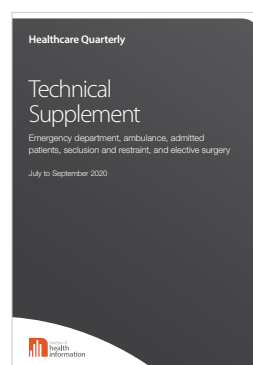
Full results are available from BHI's interactive data portal Healthcare Observer, at [bhi.nsw.gov.au/healthcare\\_observer](http://bhi.nsw.gov.au/healthcare_observer)



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



The *COVID-19 Supplement* for this quarter is the third released by BHI. It tracks activity in the NSW healthcare system from January to September 2020, with a particular focus on July to September 2020.



The technical supplement describes the data, methods and technical terms used to calculate activity and performance measures. It profiles report activity and performance at hospital, peer group and local health district level.

All reports and profiles are available at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)



# 10 key findings

July to September 2020

- 1 There were 711,422 emergency department attendances in July to September 2020, down 7.0% (53,150) compared with the same quarter the previous year.** Triage categories 3 (urgent) and 4 (semi-urgent) had the most striking decreases in emergency presentations, down 11.9% and 16.3%, respectively.
- 2 Almost eight in 10 emergency department patients (78.9%) were treated within clinically recommended time frames.** This was 8.6 percentage points higher than the same quarter the previous year (70.3%).
- 3 More than seven in 10 patients (71.5%) spent four hours or less in the emergency department, up 3.4 percentage points from the same quarter the previous year.** The median time patients spent in the emergency department was 2 hours and 42 minutes, down 19 minutes.
- 4 The total number of admitted patient episodes was 482,119, down 3.5% (17,378) compared with the same quarter the previous year.** The number of same-day acute patient episodes was 221,885, up 1.8% (3,905).
- 5 There were 861 seclusion events (up 70) and 1,134 physical restraint events (up 71) in specialised acute mental health inpatient units.** The average duration of seclusion events was 7 hours and 19 minutes, up 1 hour and 34 minutes compared with the same quarter the previous year. The average duration of physical restraint events was up 1 minute to 5 minutes.
- 6 The number of elective surgical procedures performed was 64,668, up 4.2% (2,581) compared with the same quarter the previous year.** This was the highest number of procedures performed for any quarter over the past five years.
- 7 The number of patients added to the elective surgery waiting list was 66,330, down 2.6% (1,794) compared with the same quarter the previous year.** The number of patients added to the list was 15,296 (up 10.4%) for urgent procedures, 22,333 (up 1.9%) for semi-urgent procedures and 25,132 (down 11.4%) for non-urgent procedures.
- 8 The number of people on the waiting list at the end of the quarter was up 11.8% (10,024) to 95,052 compared with the same quarter the previous year.** This was down from a peak of 101,024 at the end of the April to June 2020 quarter.
- 9 There were 8,193 patients who had waited longer than the clinically recommended time frame at the end of the quarter, compared with 844 on the same day in 2019.** This was down from a peak of 10,563 at the end of the April to June 2020 quarter.
- 10 The median waiting times for elective surgical procedures performed were 12 days for urgent procedures (up one day), 49 days for semi-urgent procedures (up four days) and 330 days for non-urgent procedures (up 90 days).** Almost eight in 10 procedures (79.8%) were performed within clinically recommended times frames, down 16.8 percentage points.

# Healthcare Quarterly – Activity

Emergency department activity		July to September 2020	July to September 2019	Difference	% change
All arrivals at NSW EDs by ambulance		171,159	179,056	-7,897	-4.4%
<b>ED attendances</b>		<b>711,422</b>	<b>764,572</b>	<b>-53,150</b>	<b>-7.0%</b>
Emergency presentations		684,301	740,578	-56,277	-7.6%
Triage category	T1: Resuscitation	5,511	5,439	72	1.3%
	T2: Emergency	96,869	99,601	-2,732	-2.7%
	T3: Urgent	237,434	269,549	-32,115	-11.9%
	T4: Semi-urgent	252,290	301,589	-49,299	-16.3%
	T5: Non-urgent	92,197	64,400	27,797	43.2%
Admissions to hospital from NSW EDs		178,124	198,694	-20,570	-10.4%
Ambulance activity		July to September 2020	July to September 2019	Difference	% change
Calls		307,906	322,120	-14,214	-4.4%
<b>Responses</b>		<b>300,986</b>	<b>320,177</b>	<b>-19,191</b>	<b>-6.0%</b>
Priority category	P1: Emergency	135,034	146,724	-11,690	-8.0%
	P1A: Highest priority	7,167	7,131	36	0.5%
	P2: Urgent	143,928	150,383	-6,455	-4.3%
	P3: Time-critical	14,709	14,931	-222	-1.5%
	P4–9: Non-emergency	7,315	8,139	-824	-10.1%
Incidents		238,461	248,619	-10,158	-4.1%
Patient transports		184,679	193,211	-8,532	-4.4%
Admitted patient activity		July to September 2020	July to September 2019	Difference	% change
<b>All admitted patient episodes</b>		<b>482,119</b>	<b>499,497</b>	<b>-17,378</b>	<b>-3.5%</b>
Acute episodes		454,123	468,359	-14,236	-3.0%
Overnight episodes		232,238	250,379	-18,141	-7.2%
Same-day episodes		221,885	217,980	3,905	1.8%
Non-acute episodes		17,073	19,717	-2,644	-13.4%
Mental health episodes		10,923	11,421	-498	-4.4%
<b>All episodes</b>		<b>3.5</b>	<b>3.6</b>	<b>-0.1</b>	
Average length of stay (days)	Acute episodes	2.8	2.9	-0.1	
	Non-acute episodes	12.5	12.1	0.4	
	Mental health episodes	19.8	17.1	2.7	
<b>All bed days</b>		<b>1,706,467</b>	<b>1,803,459</b>	<b>-96,992</b>	<b>-5.4%</b>
Hospital bed days	Acute bed days	1,276,566	1,370,200	-93,634	-6.8%
	Non-acute bed days	213,480	238,119	-24,639	-10.3%
	Mental health bed days	216,421	195,140	21,281	10.9%
Babies born in NSW public hospitals		18,048	18,112	-64	-0.4%
Elective surgery activity		July to September 2020	July to September 2019	Difference	% change
<b>Elective surgical procedures performed</b>		<b>64,668</b>	<b>62,087</b>	<b>2,581</b>	<b>4.2%</b>
Urgency category	Urgent surgery	14,729	13,411	1,318	9.8%
	Semi-urgent surgery	19,220	19,856	-636	-3.2%
	Non-urgent surgery	27,951	25,883	2,068	8.0%
<b>Patients on waiting list ready for elective surgery at end of quarter</b>		<b>95,052</b>	<b>85,028</b>	<b>10,024</b>	<b>11.8%</b>
Urgency category	Urgent surgery	2,186	1,858	328	17.7%
	Semi-urgent surgery	15,744	13,238	2,506	18.9%
	Non-urgent surgery	77,122	69,932	7,190	10.3%

Note: Ambulance activity data do not include outage estimates. Data drawn on: 20 October 2020 (emergency department), 13 October 2020 (ambulance), 20 October 2020 (admitted patients), 14 October 2020 (elective surgery).

# Healthcare Quarterly – Performance

Emergency department performance			July to September 2020	July to September 2019	Difference
Percentage of patients transferred from ambulance to ED within 30 minutes			89.4%	84.4%	5.0 percentage points
Time to treatment by triage category	T2: Emergency	Median	8 mins	9 mins	-1 mins
		90th percentile	23 mins	29 mins	-6 mins
	T3: Urgent	Median	18 mins	22 mins	-4 mins
		90th percentile	58 mins	82 mins	-24 mins
	T4: Semi-urgent	Median	22 mins	29 mins	-7 mins
		90th percentile	87 mins	116 mins	-29 mins
	T5: Non-urgent	Median	10 mins	24 mins	-14 mins
		90th percentile	66 mins	113 mins	-47 mins
All patients			78.9%	70.3%	8.6 percentage points
Percentage of patients whose treatment started on time	T2: Emergency (Recommended: 80% in 10 minutes)		65.4%	61.3%	4.1 percentage points
	T3: Urgent (Recommended: 75% in 30 minutes)		74.4%	65.1%	9.3 percentage points
	T4: Semi-urgent (Recommended: 70% in 60 minutes)		82.3%	74.3%	8.0 percentage points
	T5: Non-urgent (Recommended: 70% in 120 minutes)		96.9%	91.4%	5.5 percentage points
Median time spent in the ED			2h 42m	3h 1m	-19 mins
90th percentile time spent in the ED			7h 35m	8h 6m	-31 mins
Percentage of patients who spent four hours or less in the ED			71.5%	68.1%	3.4 percentage points

Ambulance performance		July to September 2020	July to September 2019	Difference
<b>Call to ambulance arrival time</b>				
Percentage of P1 call to ambulance arrival within 15 minutes		57.0%	57.1%	-0.1 percentage points
Percentage of P1 call to ambulance arrival within 30 minutes		92.9%	92.3%	0.6 percentage points
Percentage of P2 call to ambulance arrival within 30 minutes		66.3%	64.7%	1.6 percentage points
Percentage of P2 call to ambulance arrival within 60 minutes		89.8%	89.6%	0.2 percentage points
<b>Response time</b>				
Percentage of P1A responses within 10 minutes		67.2%	72.6%	-5.4 percentage points

Elective surgery performance		July to September 2020	July to September 2019	Difference
Median waiting time (days)	Urgent surgery	12 days	11 days	+1 days
	Semi-urgent surgery	49 days	45 days	+4 days
	Non-urgent surgery	330 days	240 days	+90 days
<b>All surgeries</b>		79.8%	96.6%	-16.8 percentage points
Elective surgeries performed on time	Urgent surgery (Recommended: 30 days)	99.8%	99.9%	-0.1 percentage points
	Semi-urgent surgery (Recommended: 90 days)	84.9%	96.8%	-11.9 percentage points
	Non-urgent surgery (Recommended: 365 days)	65.8%	94.6%	-28.8 percentage points

Notes: Data drawn on: 20 October 2020 (emergency department), 13 October 2020 (ambulance), 14 October 2020 (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.

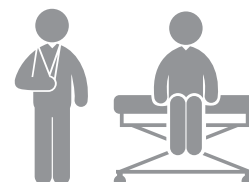
In the July to September 2020 quarter...

## Emergency department

There were **711,422**  
emergency department attendances

DOWN

**7.0%**  
**53,150**  
fewer than  
same quarter  
last year



**78.9%** of patients' treatment  
**started on time**

UP  
**8.6**

PERCENTAGE  
POINTS



**71.5%** of patients spent  
**four hours or less** in the  
emergency department

UP  
**3.4**

PERCENTAGE  
POINTS

## Ambulance

There were **300,986**  
ambulance responses

DOWN

**6.0%**  
**19,191**  
fewer than  
same quarter  
last year



**57.0%** of priority 1 cases had a  
call to ambulance arrival time  
of 15 minutes or less

DOWN

**0.1**  
PERCENTAGE  
POINTS

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





## Admitted patients

There were **482,119**  
admitted patient episodes of care

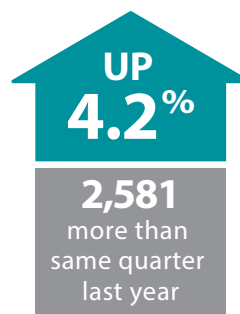


**51.1%**  
of acute admitted patient  
episodes were for overnight stays



## Elective surgery

There were **64,668**  
elective surgical  
procedures performed



79.8% were performed within  
recommended time frames

Median waiting times increased by one day  
for urgent (12 days), by four days for  
semi-urgent (49 days) and by 90 days  
for non-urgent procedures (330 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 20 October 2020
- **NSW Ambulance Computer Aided Dispatch (CAD) system** – provided on 13 October 2020
- **Admitted Patient Data Collection (APDC)** – data drawn from the HIE on 20 October 2020; diagnosis data drawn from the HIE on 3 November 2020
- **Seclusion and Restraint Data Collection** – data drawn from the HIE on 14 October 2020, and manually collected measures received from InforMH, System Information and Analytics Branch, NSW Ministry of Health on 3 November 2020
- **Waiting List Collection Online System (WLCOS)** – data drawn on 14 October 2020.

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. 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 (MHICUs) 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 (JHFMHN) 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 wait 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 and emergency department (ED) 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 711,422 ED attendances in the July to September 2020 quarter across more than 170 public hospitals, down 7.0% compared with the same quarter the previous year. The number of ambulance arrivals was down 7,897 (4.4%) to 171,159 (Figure 1).

Most attendances (96.2%) were classified as emergency presentations. The remaining 3.8% (27,121) of attendances to EDs were for non-emergency reasons such as a planned return visit (Figure 1).

Triage 1 (resuscitation) was up 1.3% (72) to 5,511 presentations. The numbers of patient presentations for triage categories 2 to 4 were lower this quarter than the same quarter the previous year. Triage 3 (urgent) and triage 4 (semi-urgent) saw the biggest decrease in presentations, down 11.9% (32,115) to 237,434 and 16.3% (49,299) to 252,290 presentations, respectively (Figure 1).

Triage 5 (non-urgent) presentations increased to 92,197, up 43.2% (27,797), compared with the same quarter the previous year (Figure 1).

The increase in triage 5 presentations was primarily due to 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, July to September 2020

		This quarter	Same quarter previous year	Change since one year ago
ED attendances		711,422	764,572	-7.0%
Emergency presentations by triage category		684,301	740,578	-7.6%
Triage 1: Resuscitation	0.8%	5,511	5,439	1.3%
Triage 2: Emergency	14.2%	96,869	99,601	-2.7%
Triage 3: Urgent	34.7%	237,434	269,549	-11.9%
Triage 4: Semi-urgent	36.9%	252,290	301,589	-16.3%
Triage 5: Non-urgent	13.5%	92,197	64,400	43.2%
Ambulance arrivals		171,159	179,056	-4.4%

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.

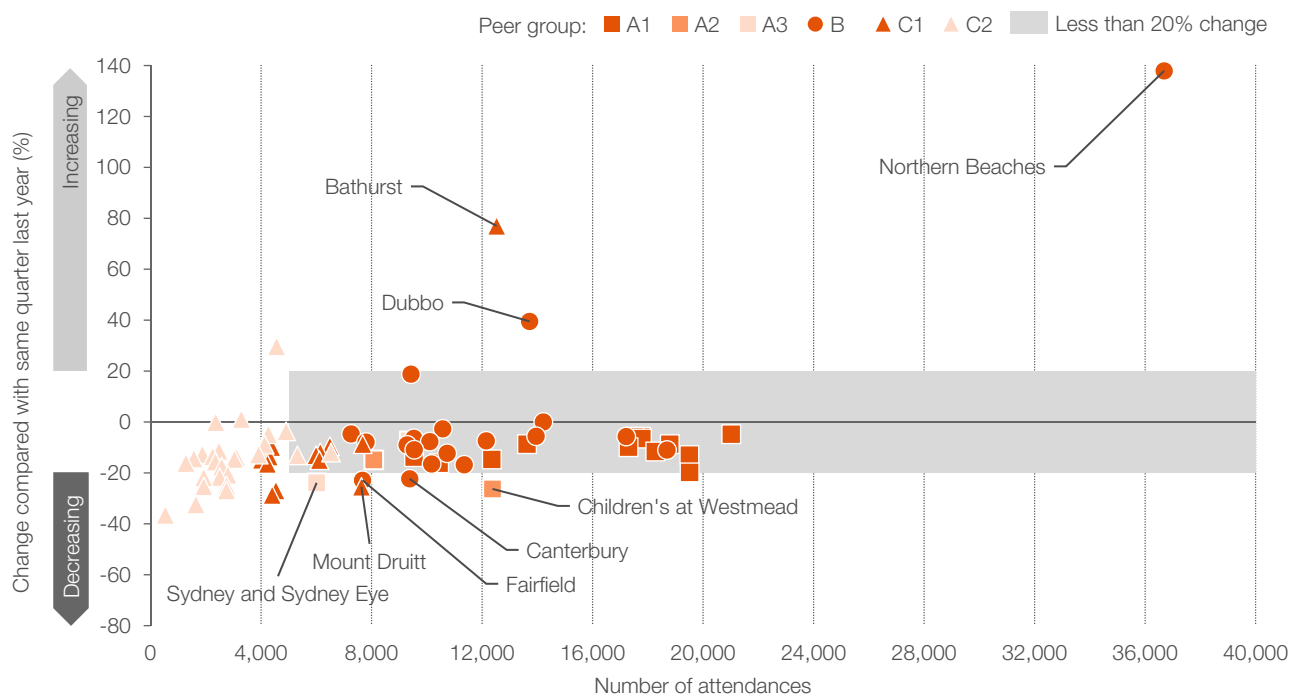
Compared with the same quarter the previous year, the number of ED attendances was lower this quarter in 70 out of the 77 large public hospital EDs reported on individually in *Healthcare Quarterly*.

This quarter, there were 26 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. Of those 26 hospitals, five had a more than 20% decrease in the number of attendances: Canterbury (22.3%), Fairfield (22.9%), Sydney and Sydney Eye (23.9%), Mount Druitt (25.5%), and Children's at Westmead (26.3%). Three hospitals had a more than 20% increase in the number of attendances: Dubbo (39.5%), Bathurst (77.0%) and Northern Beaches (137.9%) (Figure 2).

Hospitals with >20% change in the number of ED attendances, compared with same quarter the previous year

Hospital	Peer group	ED attendances	Change (%)
Northern Beaches	B	36,687	137.9
Bathurst	C1	12,526	77.0
Dubbo	B	13,719	39.5
Canterbury	B	9,380	-22.3
Fairfield	B	7,671	-22.9
Sydney and Sydney Eye	A3	6,010	-23.9
Mount Druitt	C1	7,633	-25.5
Children's at Westmead	A2	12,377	-26.3

Figure 2 Change in number of emergency department attendances compared with the same quarter the previous year, hospitals by peer group, July to September 2020



Note: The increase in ED attendances for Northern Beaches, Bathurst and Dubbo hospitals was 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](http://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 July to September 2020, 78.9% of ED patients' treatment started within clinically recommended time frames, 8.6 percentage points higher than the same quarter the previous year. The percentage of patients starting treatment on time was higher across triage categories 2 to 5 (Figure 3).

The median and 90th percentile time to treatment was shorter across triage categories 2 to 5 compared with the same quarter the previous year (Figure 3).

**Figure 3** Percentage of patients whose treatment started on time and time to treatment, by triage category, July to September 2020

	This quarter	Same quarter previous year	Percentage point change since one year ago
Emergency presentations	 78.9%	70.3%	8.6
Triage 2: Emergency	 65.4%	61.3%	4.1
Triage 3: Urgent	 74.4%	65.1%	9.3
Triage 4: Semi-urgent	 82.3%	74.3%	8.0
Triage 5: Non-urgent	 96.9%	91.4%	5.5

	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	 8m	9m	-1m
90th percentile time to start treatment	 23m	29m	-6m
Triage 3 Urgent (e.g. moderate blood loss, dehydration)			
Median time to start treatment	 18m	22m	-4m
90th percentile time to start treatment	 58m	1h 22m	-24m
Triage 4 Semi-urgent (e.g. sprained ankle, earache)			
Median time to start treatment	 22m	29m	-7m
90th percentile time to start treatment	 1h 27m	1h 56m	-29m
Triage 5 Non-urgent (e.g. small cuts or abrasions)			
Median time to start treatment	 10m	24m	-14m
90th percentile time to start treatment	 1h 6m	1h 53m	-47m

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.



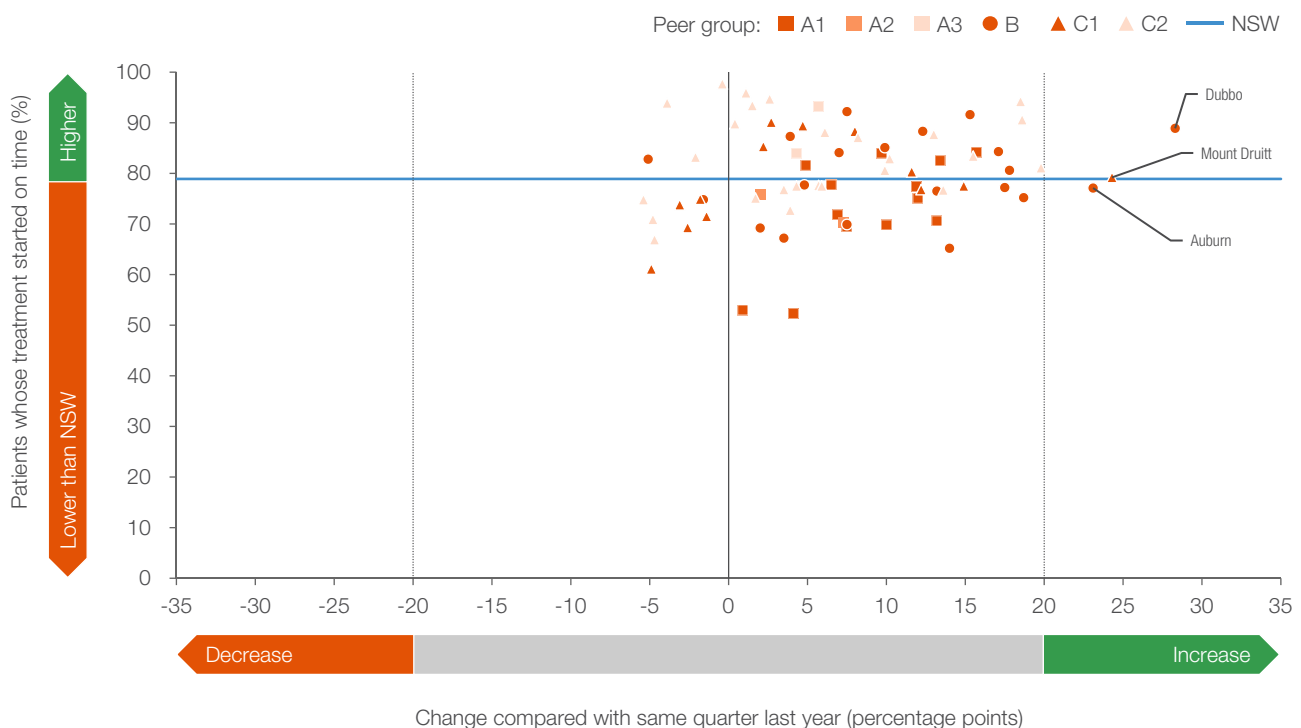
Compared with the same quarter the previous year, the percentage of patients whose treatment started on time increased this quarter in 64 out of the 77 large public hospital EDs reported on individually in *Healthcare Quarterly*. Twenty-seven hospitals had an increase of more than 10 percentage points in patients whose treatment started on time.

Figure 4 presents hospital results this quarter compared with the same quarter the previous year. Three hospitals had a more than 20 percentage point increase in patients whose treatment started on time (Figure 4).

Hospitals with >20 percentage point change in the percentage of 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
Dubbo	B	88.9	28.3
Mount Druitt	C1	79.2	24.3
Auburn	B	77.1	23.1

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, July to September 2020



Note: The increase in triage 5 presentations due to COVID-19 testing provided by emergency departments could contribute to changes in performance measures in ED.

# 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 July to September 2020, 71.5% of patients spent four hours or less in the ED, up 3.4 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 83.5% for patients who were treated and discharged, and 85.4% for patients who left without, or before completing, treatment. The percentage of patients spending four hours or less in the ED was 38.3% for patients who were admitted to hospital, and 42.7% 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, July to September 2020

		This quarter	Same quarter previous year	Change since one year ago
Treated and discharged	 67.1%	477,297	485,164	-1.6%
Treated and admitted to hospital	 25.0%	178,124	198,694	-10.4%
Left without, or before completing, treatment	 4.2%	29,802	50,802	-41.3%
Transferred to another hospital	 2.3%	16,279	16,935	-3.9%
Other	 1.4%	9,920	12,977	-23.6%

**Figure 6** Percentage of patients who spent four hours or less in the emergency department, by mode of separation, July to September 2020

	Number	This quarter	Same quarter previous year	Percentage point change since one year ago
ED attendances	508,400	 71.5%	68.1%	3.4
Treated and discharged	398,676	 83.5%	79.7%	3.8
Treated and admitted	68,229	 38.3%	36.4%	1.9
Left without, or before completing, treatment	25,454	 85.4%	83.6%	1.8
Transferred to another hospital	6,945	 42.7%	42.7%	unchanged

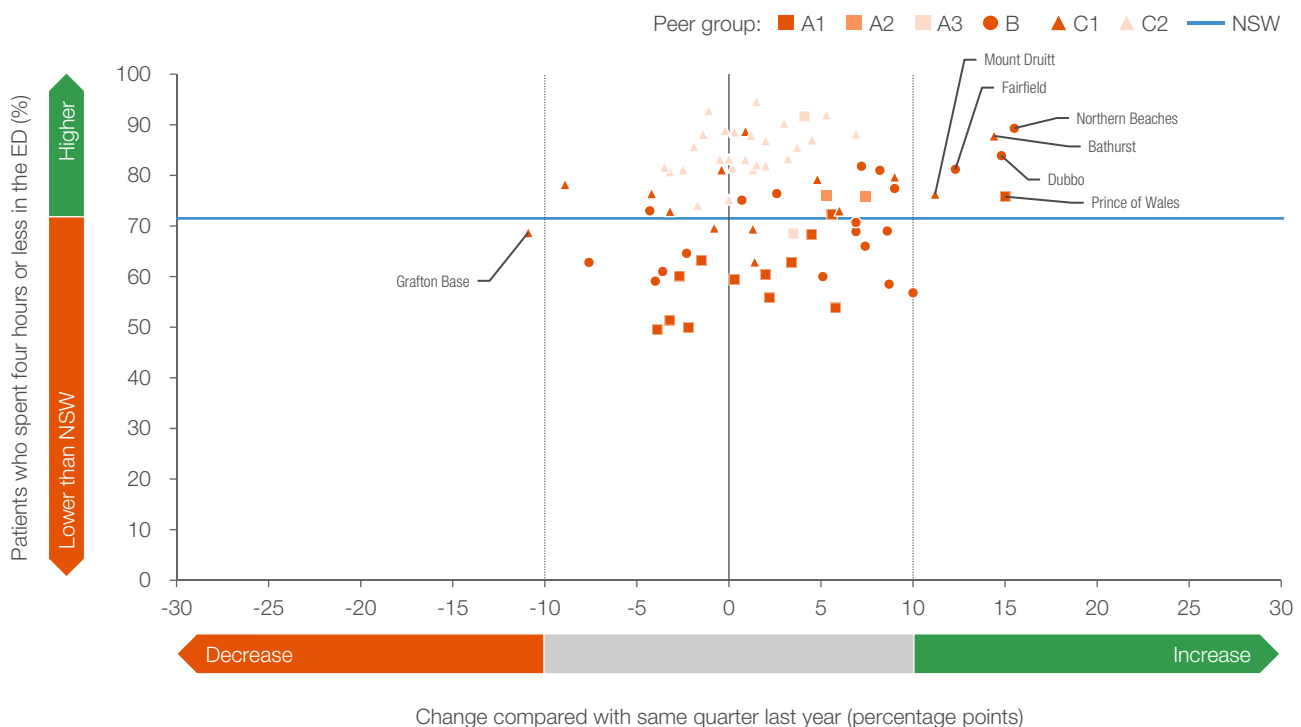
Compared with the same quarter the previous year, for the 77 large public hospital EDs reported on individually in *Healthcare Quarterly*:

- In 50 hospitals, the percentage of patients who spent four hours or less in the ED was higher. Six hospitals had an increase of more than 10 percentage points (Figure 7).
- In 25 hospitals, there was a decrease in the percentage of patients who spent four hours or less in the ED. Grafton had a decrease of more than 10 percentage points (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
Northern Beaches	B	89.3	15.5
Prince of Wales	A1	75.8	15.0
Dubbo	B	83.9	14.8
Bathurst	C1	87.8	14.4
Fairfield	B	81.2	12.3
Mount Druitt	C1	76.3	11.2
Grafton	C1	68.7	-10.9

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, July to September 2020



Note: The increase in ED attendances due to COVID-19 testing provided by emergency departments could contribute to changes in performance measures in ED.

# 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 July to September 2020, 89.4% of patients who arrived by ambulance had their care transferred within 30 minutes, up 5.0 percentage points, compared with the same quarter the previous year (Figure 8).

The median time for patient care to be transferred from paramedics to ED staff in July to September 2020 was 11 minutes, two minutes shorter than the same quarter the previous year. The 90th percentile time for patient care to be transferred from paramedics to ED staff was 30 minutes, 10 minutes shorter than the same quarter the previous year (Figure 8).

The number of ambulance arrivals was up by more than 10% in two hospitals: Queanbeyan (10.8%) and Forbes (26.3%).

The number of ambulance arrivals was down by more than 10% in 23 hospitals. Three hospitals had a more than 20% decrease in the number of ambulance arrivals: Murwillumbah (23.0%), Kurri Kurri (45.9%), and Sydney and Sydney Eye (60.8%).

**Figure 8**      **Emergency presentations, ambulance arrivals and transfer of care time, July to September 2020**

	This quarter	Same quarter previous year	Change since one year ago
Emergency presentations	684,301	740,578	-7.6%
ED transfer of care time			
Median time	11m	13m	-2m
90th percentile time	30m	40m	-10m
Percentage of patients transferred from ambulance to ED within 30 minutes	89.4%	84.4%	5.0 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 July to September 2020 was 153,926 arrivals, down 3.6% 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. However, some emergency departments (EDs) continued to provide COVID-19 tests, so a proportion of ED activity comprises patients visiting an ED 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 July to September 2020, there were a total of 711,422 ED attendances, with 6.3% (44,796) identified as patients likely to be visiting an ED only for a COVID-19 test. Of 92,197 triage 5 emergency presentations, 38.3% (35,303) 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 local health districts (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 decrease in the percentage of:

- patients whose treatment started on time of up to 1.2 percentage points

- triage category 5 (non-urgent) patients whose treatment started on time of up to 1.8 percentage points
- patients who spent four hours or less in the ED of up to 1.9 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, July to September 2020*, BHI has noted 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, and page 6 of the *COVID Supplement*, all activity and performance figures in *Healthcare Quarterly, July to September 2020* 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](http://bhi.nsw.gov.au)

Table 2 Emergency department activity, July to September 2020

	Total	Total (excl. COVID-19 tests)	Difference
<b>ED attendances</b>	711,422	666,626	44,796
Emergency presentations	684,301	648,998	35,303
Triage 5: Non-urgent	92,197	56,894	35,303





# 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 July to September 2020, there were 307,906 calls and 238,461 incidents, down 4.4% and 4.1%, respectively, compared with the same quarter the previous year. There were 300,986 responses (down 6.0%) with most categorised as emergency – priority 1 (P1: 44.9%), and urgent – priority 2 (P2: 47.8%) (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 57.0% in July to September 2020, down 0.1 percentage points compared with the same quarter the previous year. The percentage of P2 call to ambulance arrival times within 30 minutes was 66.3%, up 1.6 percentage points (Figure 10).

For more information on ambulance activity, see *Healthcare Quarterly – COVID-19 Supplement, January to September 2020* at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)

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

<b>Calls</b>	Calls received at the ambulance control centre, requesting an ambulance vehicle.
<b>Incidents</b>	Calls that result in the dispatch of one or more ambulance vehicles.
<b>Responses</b>	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).
<b>Patient transports</b>	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 this report's technical supplement.

Figure 9 Ambulance calls, incidents, responses and transports, NSW, July to September 2020

		This quarter	Same quarter previous year	Change since one year ago
Calls		307,906	322,120	-4.4%
Incidents		238,461	248,619	-4.1%
All responses		300,986	320,177	-6.0%
P1: Emergency	<div style="width: 44.9%;"></div> 44.9%	135,034	146,724	-8.0%
P1A: Highest priority	<div style="width: 5.3%;"></div> 5.3%	7,167	7,131	0.5%
P2: Urgent	<div style="width: 47.8%;"></div> 47.8%	143,928	150,383	-4.3%
P3: Time-critical	<div style="width: 4.9%;"></div> 4.9%	14,709	14,931	-1.5%
P4–9: Non-emergency	<div style="width: 2.4%;"></div> 2.4%	7,315	8,139	-10.1%
Patient transports		184,679	193,211	-4.4%

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 July to September 2020, median response times for the high-volume response categories were 11.8 minutes for emergency – priority 1 (P1) cases, and 20.5 minutes for urgent – priority 2 (P2) cases. These were 0.1 minutes and 0.5 minutes shorter than the same quarter the previous year, respectively (Figure 11).

Within the 135,034 P1 responses, there were 7,167 of the highest priority 1A (P1A) cases, up 0.5% compared with the same quarter the previous year (Figure 9). In NSW, the benchmark for the median P1A response time is 10 minutes. The median response time for P1A cases was 8.2 minutes, 0.8 minutes longer than the same quarter the previous year (Figure 11).

The percentage of P1A responses within 10 minutes in July to September 2020 was 67.2%, down 5.4 percentage points compared with the same quarter the previous year (Figure 11).

Figure 10 Call to ambulance arrival time, by priority category, NSW, July to September 2020

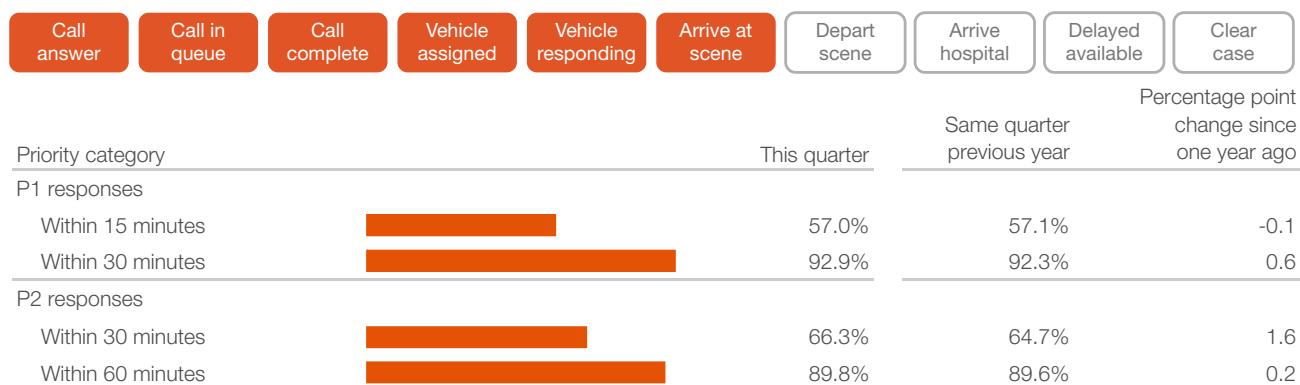
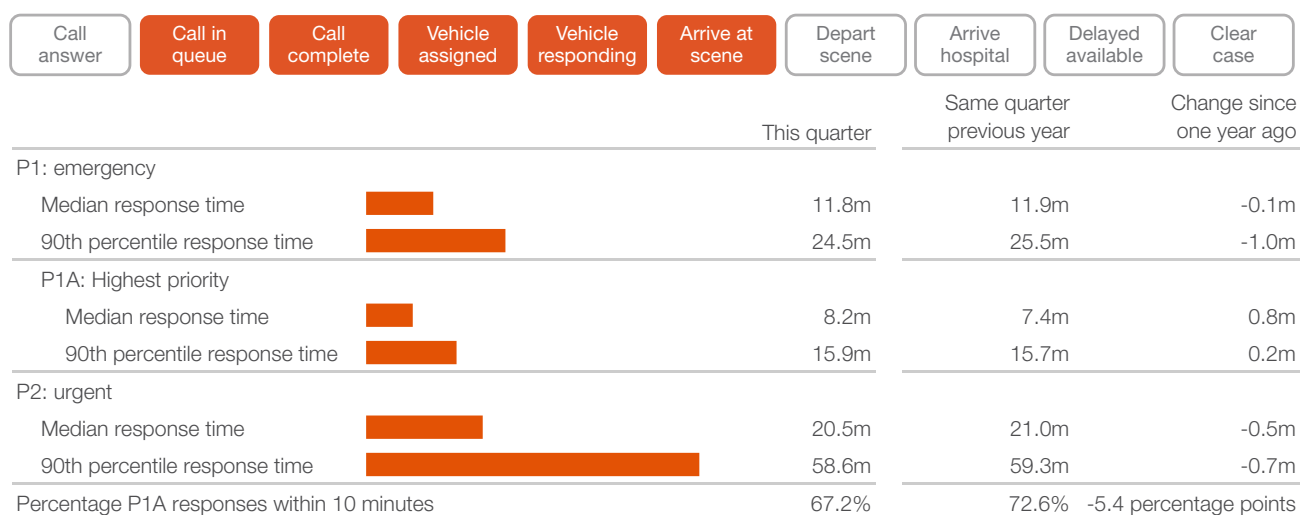


Figure 11 Ambulance response time by priority category, NSW, July to September 2020



# Ambulance activity

## Regional, rural and remote NSW

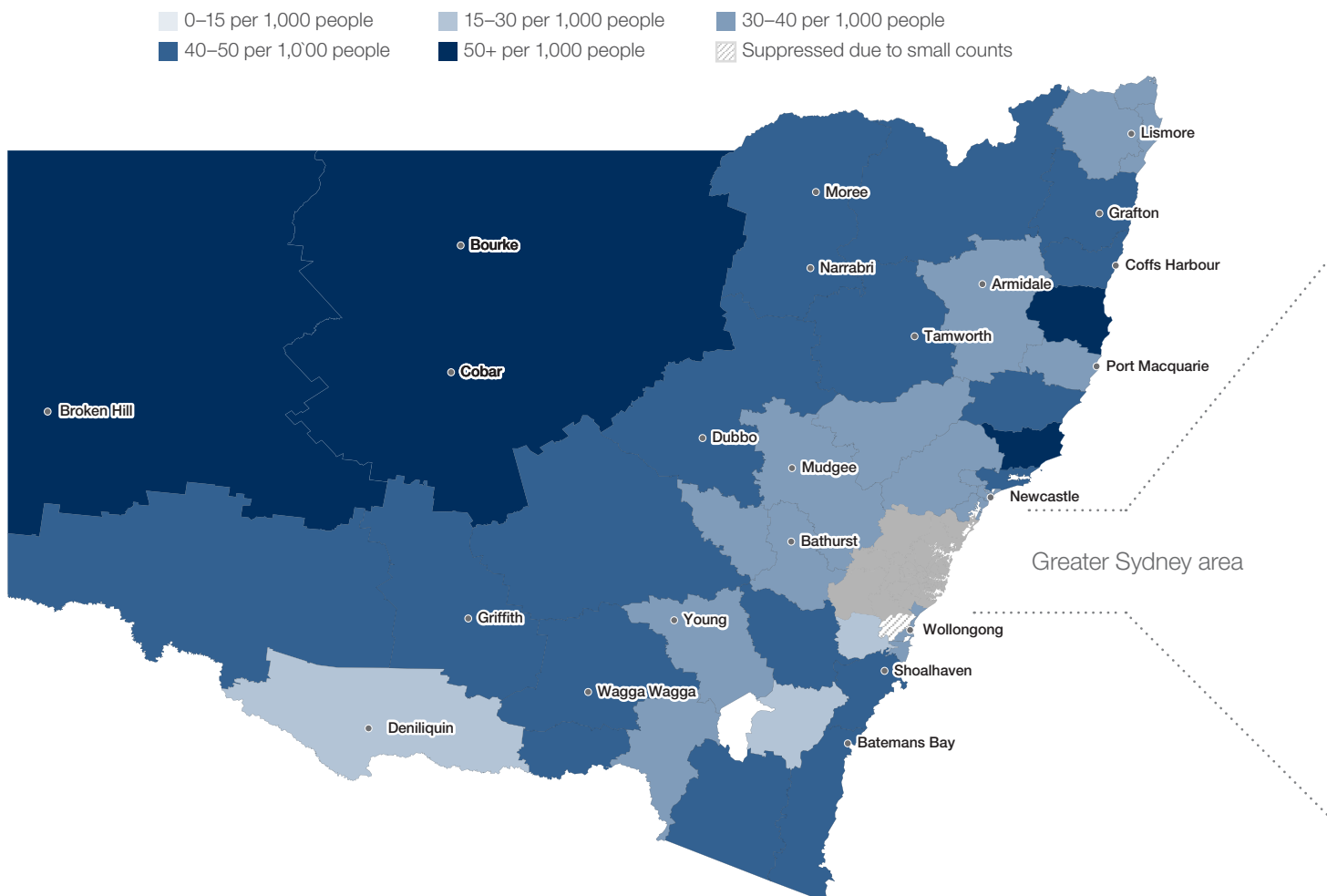
The rate of incidents requiring an ambulance is the number of incidents for every 1,000 people living in an area. Any case requiring dispatch of one or more ambulance vehicles is defined as an incident.

Across the 43 statistical areas level 3 (SA3s) in regional, rural and remote NSW, the incident rate ranged from 24.6 to 72.3 per 1,000 people during July to September 2020. Broken Hill and Far West had the highest rate in NSW at 72.3 incidents per 1,000 people. There were three regional, rural and remote SA3s with an incident rate below 30 per 1,000 people: Queanbeyan (24.6), Southern Highlands (28.2), and Upper Murray exc. Albury (29.1) (Figure 12).

A summary of results by SA3 is available online through BHI's ambulance performance tool: [bhi.nsw.gov.au/search-ambulance-performance](https://bhi.nsw.gov.au/search-ambulance-performance)

Full activity and performance results by SA3, including trends over time, are available on BHI's interactive data portal, **Healthcare Observer**.

Figure 12 Incident rate by statistical area level 3, per 1,000 people, regional, rural and remote NSW, July to September 2020



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.

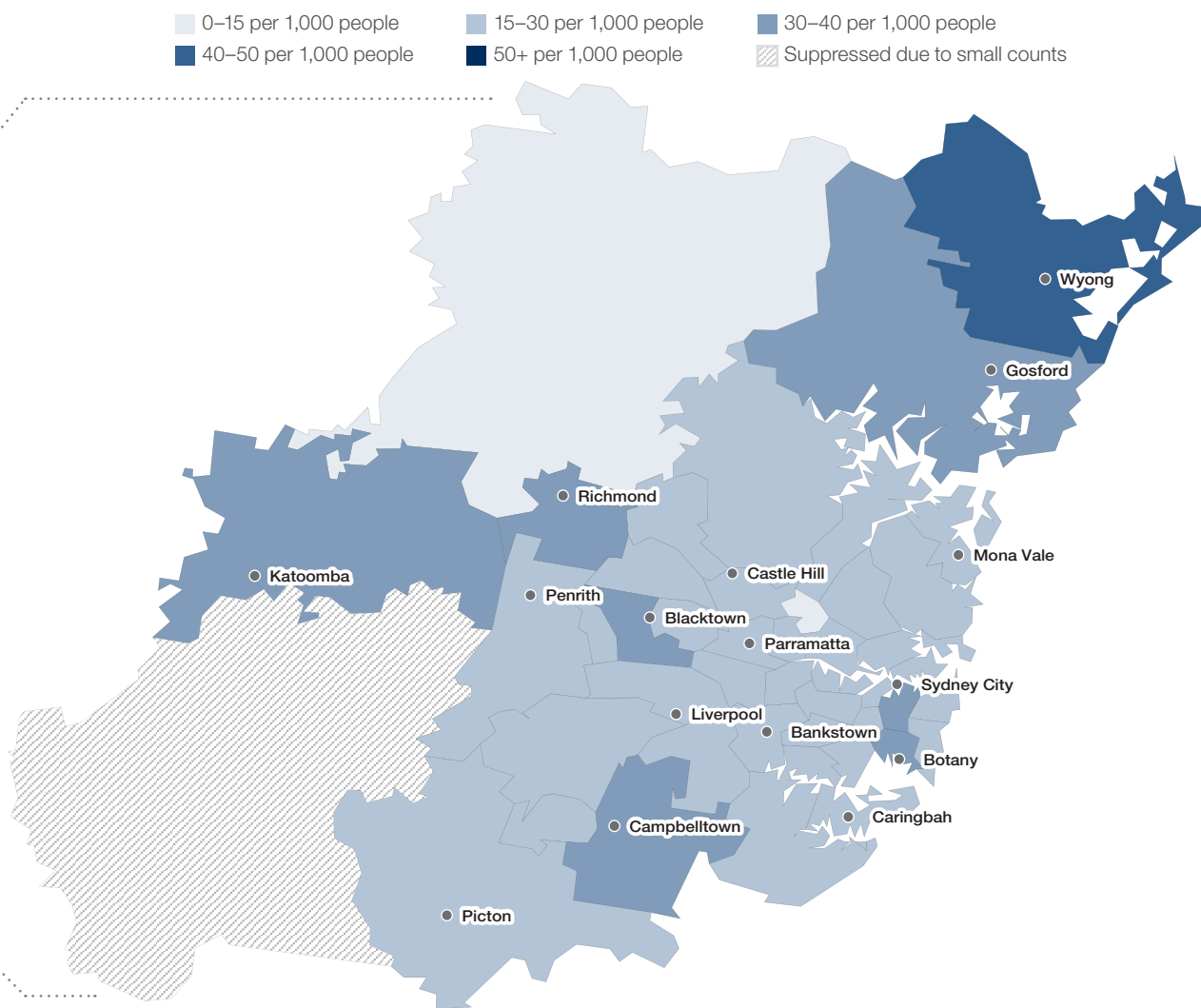
## Greater Sydney area

Across the 46 SA3s in the Greater Sydney area, the incident rate for July to September 2020 ranged from 12.7 to 40.6 per 1,000 people.

Eight SA3s in Greater Sydney had incident rates above 30 per 1,000 people: Wyong (40.6), Gosford (35.4), Richmond – Windsor (35.4), Botany (34.7), Mount Druitt (32.5), Campbelltown (30.4), Blue Mountains (30.3), and Sydney Inner City (30.2) (Figure 13).

There were 38 SA3s in Greater Sydney with incident rates below 30 per 1,000 people. The two SA3s in NSW with an incident rate below 15 per 1,000 people, both within Greater Sydney, were: Hawkesbury (12.7), and Pennant Hills – Epping (12.7) (Figure 13).

Figure 13 Incident rate by statistical area level 3, per 1,000 people, Greater Sydney, July to September 2020



# 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 135,034 P1 responses across NSW in July to September 2020.

Statewide, 57.0% of P1 call to ambulance arrival times were within 15 minutes, which was stable (down 0.1 percentage points) compared with the same quarter the previous year (Figure 10).

## Regional, rural and remote NSW

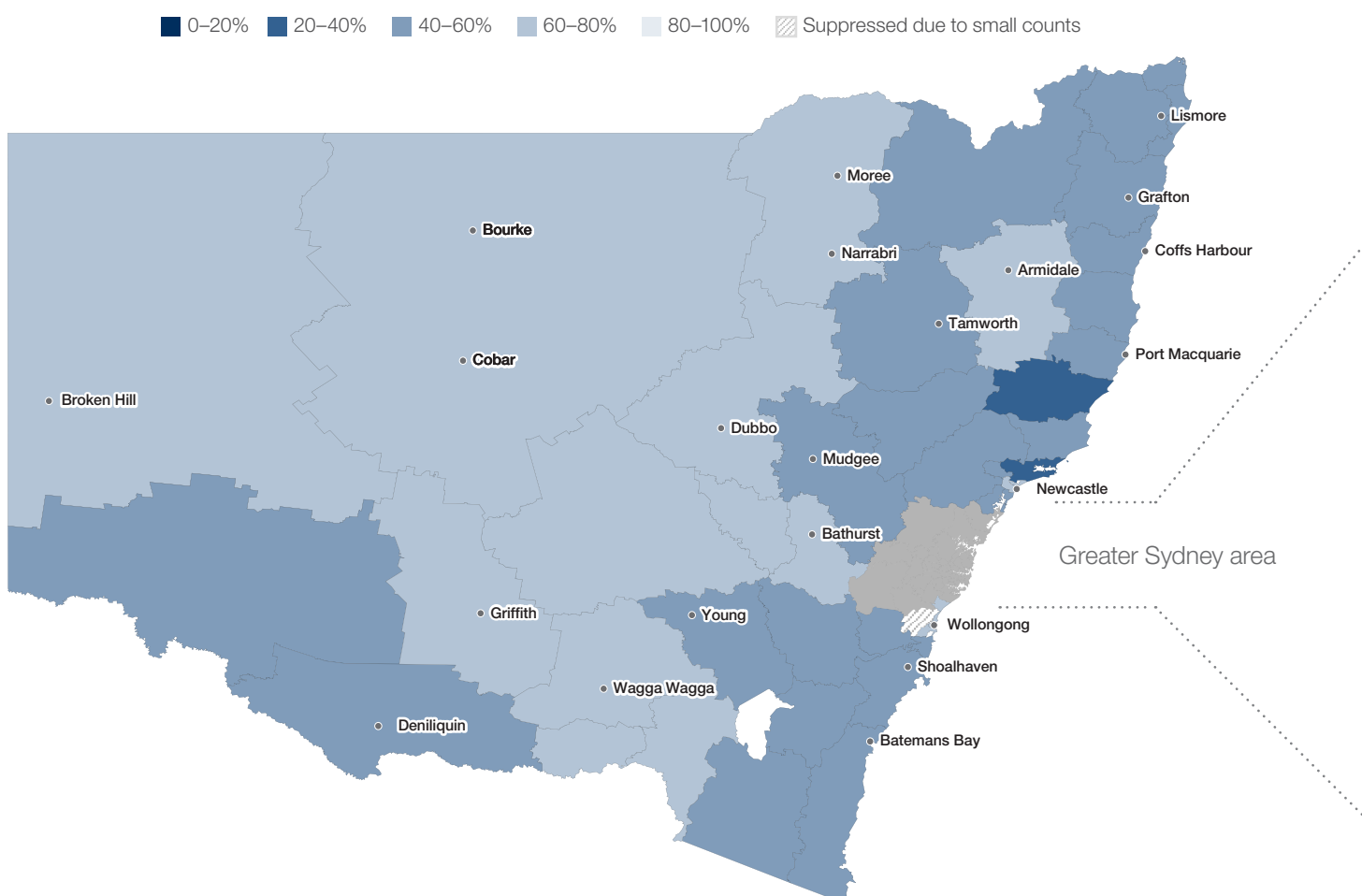
Regional, rural and remote NSW has a higher proportion of non-24-hour ambulance stations than in metropolitan Sydney, and longer distances between incidents and major hospitals, which

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.

Two of the 43 SA3s in regional, rural and remote NSW had more than 70% of P1 call to ambulance arrival times within 15 minutes in July to September 2020: Broken Hill and Far West (74.4%) and Armidale (70.1%). Overall, results in regional, rural and remote NSW ranged from 37.5% (Taree – Gloucester) to 74.4% (Broken Hill and Far West) (Figure 14).

Figure 14 Percentage of emergency (P1) call to ambulance arrival times under 15 minutes by statistical area level 3, regional, rural and remote NSW, July to September 2020



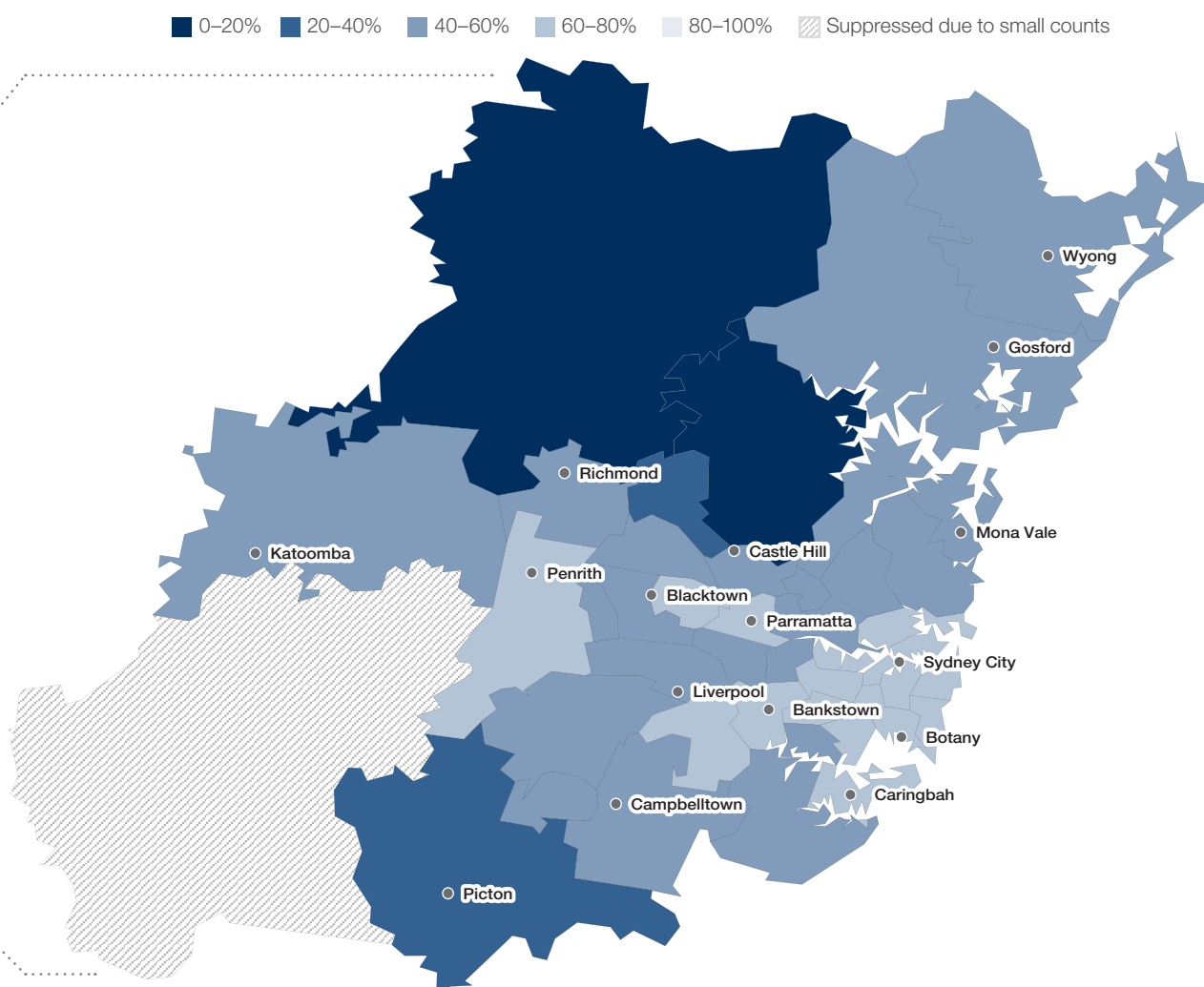
## Greater Sydney area

For emergency – priority 1 (P1) cases, there were eight SA3s out of 46 in Greater Sydney with 70% or above of call to ambulance arrival times within 15 minutes: Sydney Inner City (77.8%), Cronulla – Miranda – Caringbah (73.5%), Eastern Suburbs – South (71.3%), Marrickville – Sydenham – Petersham (71.0%), Eastern Suburbs – North (70.9%), Kogarah – Rockdale (70.9%), Chatswood – Lane Cove (70.1%), and Strathfield – Burwood – Ashfield (70.0%),

Overall, results in Greater Sydney ranged from 12.5% (Dural – Wisemans Ferry) to 77.8% (Sydney Inner City) (Figure 15).

Two SA3s in Greater Sydney had less than 30% of P1 call to ambulance arrival times within 15 minutes: Hawkesbury (13.8%), and Dural – Wisemans Ferry (12.5%) (Figure 15).

Figure 15 Percentage of emergency (P1) call to ambulance arrival times under 15 minutes by statistical area level 3, Greater Sydney, July to September 2020







## Admitted patient activity

# Admitted patients

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

There were 482,119 admitted patient episodes in NSW public hospitals in July to September 2020, down 3.5% compared with the same quarter the previous year. Among those, 94.2% were acute admitted patient episodes, of which 51.1% were overnight episodes. The number of non-acute patient episodes saw the biggest percentage decrease in July to September 2020, down 13.4% compared with the same quarter the previous year (Figure 16).

There were 10,923 mental health episodes in July to September 2020, down 4.4% compared with the same quarter the previous year (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).

For more information on admitted patient activity, see *Healthcare Quarterly – COVID-19 Supplement, January to September 2020* at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)

Figure 16 Total number of admitted patient episodes, by stay type, July to September 2020

		This quarter	Same quarter previous year	Change since one year ago
All episodes*		482,119	499,497	-3.5%
Acute	94.2%	454,123	468,359	-3.0%
Non-acute	3.5%	17,073	19,717	-13.4%
Mental health	2.3%	10,923	11,421	-4.4%

		This quarter	Same quarter previous year	Change since one year ago
Acute				
Overnight	51.1%	232,238	250,379	-7.2%
Same-day	48.9%	221,885	217,980	1.8%
Non-acute				
Overnight	86.0%	14,675	16,240	-9.6%
Same-day	14.0%	2,398	3,477	-31.0%
Mental health				
Overnight	92.4%	10,093	9,740	3.6%
Same-day	7.6%	830	1,681	-50.6%

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






Bed days are a unit of time used to establish levels of inpatient occupancy, and are calculated for all admitted patient episodes that ended during the period. Total bed days for all admitted patient episodes were 1,706,467 in July to September 2020, down 5.4% compared with the same quarter the previous year (Figure 17).

Total bed days for acute and non-acute admitted patient episodes were down by 6.8% and 10.3%, respectively, and up by 10.9% for mental health admitted patient episodes, compared with the same quarter the previous year (Figure 17).

The increase in mental health bed days is due, in part, to the number of long-stay patients discharged. This resulted in a longer average length of stay for mental health episodes in this quarter (see *Healthcare Quarterly – Trend report, July to September 2020* at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)).

Figure 17 Total number of hospital bed days, by episode type, July to September 2020

		This quarter	Same quarter previous year	Change since one year ago
Total bed days		1,706,467	1,803,459	-5.4%
Acute	 74.8%	1,276,566	1,370,200	-6.8%
Non-acute	 12.5%	213,480	238,119	-10.3%
Mental health	 12.7%	216,421	195,140	10.9%





## 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.

Most episodes of care in acute mental health units did not have a seclusion or restraint event in July to September 2020 (Figure 18).

The NSW Ministry of Health introduced a new key performance indicator (KPI) related to the use of seclusion in the 2020–21 Service Performance Agreements. 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 3.7%, up 0.2 percentage points compared with the same quarter the previous year (Figure 18). The percentage was 4.1 or above in 12 hospitals: Liverpool (10.4); Concord (9.4); Maitland (9.0); Shellharbour (6.8); Cumberland (6.4); Broken Hill (6.3); Wyong (6.0); Sydney Children's (4.7); Hornsby (4.6); Lismore (4.3); Hunter New England Mater Mental Health Centre (4.2); and Wollongong (4.1) (Table 4).

The percentage of acute mental health episodes of care with at least one physical restraint event was 5.0%, unchanged compared with the same quarter the previous year (Figure 18, Table 4).

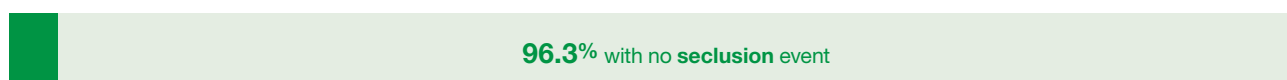
There is variation across public hospitals in the use of these interventions (Table 4).

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.

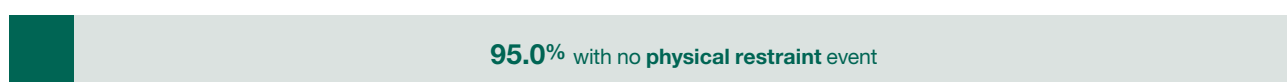
A **restraint event** occurs when the patient's freedom of movement is restricted by physical means (i.e. the hands-on immobilisation by health care staff), or mechanical means (i.e. application of devices).

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, July to September 2020\*

**3.7%** with ≥1 **seclusion event**



**5.0%** with ≥1 **physical restraint event**



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

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, July to September 2020\*

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
<b>NSW†</b>	<b>12,624</b>	<b>3.7</b>	<b>0.2</b>	<b>5.0</b>	<b>0.0</b>
No mental health intensive care unit	Armidale	86	0.0	0.0	0.0
	Bankstown–Lidcombe	232	2.2	-2.7	5.6
	Blacktown	530	1.9	0.1	1.9
	Blue Mountains	93	1.1	-0.7	4.3
	Braeside	36	0.0	0.0	8.3
	Broken Hill	48	6.3	-1.2	8.3
	Campbelltown	608	1.2	-2.3	1.6
	Coffs Harbour	251	2.0	0.9	3.6
	Dubbo	121	0.0	-2.0	0.8
	Gosford	174	3.4	-4.3	5.2
	Goulburn	273	1.5	0.4	5.1
	Greenwich	70	0.0	0.0	2.9
	John Hunter	98	0.0	0.0	10.2
	Kempsey	85	0.0	0.0	0.0
	Lismore	255	4.3	1.4	7.5
	Liverpool	508	10.4	4.1	6.5
	Macquarie	80	1.3	-0.1	5.0
	Maitland	188	9.0	4.7	4.8
	Manning	112	3.6	0.2	3.6
	Morisset	13	0.0	0.0	0.0
	Nepean	575	3.7	0.2	5.9
	Port Macquarie	90	3.3	3.3	4.4
	Royal North Shore	357	1.7	-0.7	3.6
	Royal Prince Alfred	854	1.8	-0.6	3.4
	Shellharbour	369	6.8	1.9	5.7
	South East Regional	93	0.0	0.0	5.4
	St George	318	2.2	0.2	4.7
	St Joseph's	27	0.0	0.0	3.7
	St Vincent's	351	1.7	-0.2	4.6
	Sutherland	179	3.9	0.0	5.6
	Sydney Children's	86	4.7	4.7	7.0
	Tamworth	208	2.9	2.2	3.8
	Tweed	212	2.4	-0.3	3.8
	Wagga Wagga	316	0.3	-0.4	2.2
	Westmead	149	0.0	0.0	6.7
	Children's at Westmead	92	0.0	-2.0	5.4
	Wollongong	290	4.1	1.2	4.1
	Wyong	302	6.0	0.0	7.3
MHICU	Concord	970	9.4	1.7	8.2
	Cumberland	828	6.4	1.0	6.8
	Hornsby	305	4.6	0.9	9.8
	Hunter New England Mater MH	834	4.2	-0.8	5.6
	Orange	397	1.8	-1.5	3.8
JH	Prince of Wales	561	1.4	-0.1	3.7
	The Forensic Hospital†	54	25.9	5.5	31.5

\* 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 Bathurst Health Service and 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 mix of patients, local models of care, staffing levels and training, and the physical environment of the unit.

Across NSW, there were 861 seclusion events in July to September 2020, up 70 events compared with the same quarter the previous year. There were 1,134 physical restraint events, up 71 (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 July to September 2020, the NSW rate of seclusion was 6.7, up 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 27 hospitals. The rate was 5.1 or above in 17 hospitals: Liverpool (23.9); Concord (16.9); Broken Hill (15.9); Shellharbour (14.4); Maitland (13.3); Bankstown-Lidcombe (11.4); Hunter New England Mater Mental Health Centre (10.4); Tamworth (8.4); Cumberland (7.9); Coffs Harbour (7.3); Goulburn (6.8); Wyong (6.5); Sydney Children's (6.2); Hornsby (6.0); Wollongong (5.5); Sutherland (5.2); and Nepean (5.1) (Table 5).

There were 51 mechanical restraint events in NSW public hospitals with specialised acute mental health units (excluding the Forensic Hospital). This was up by 15 events compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, there were 69 mechanical restraint events, down by 63 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*. [bhi.nsw.gov.au/BHI\\_reports/measurement\\_matters](https://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, July to September 2020

		Seclusion			Physical restraint		
Hospital		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
<b>NSW*</b>		<b>861</b>	<b>70</b>	<b>6.7</b>	<b>1,134</b>	<b>71</b>	<b>8.8</b>
No mental health intensive care unit	Armidale	0	0	0	0	0	0
	Bankstown–Lidcombe	31	13	11.4	31	11	11.4
	Blacktown	11	4	3.4	13	8	4
	Blue Mountains	<5	0	1.7	6	0	5
	Braeside	0	0	0	16	14	11.1
	Broken Hill	6	2	15.9	6	3	15.9
	Campbelltown	9	-34	1.6	19	-49	3.3
	Coffs Harbour	22	18	7.3	19	5	6.3
	Dubbo	0	-2	0	<5	-1	1.3
	Gosford	7	-18	2.9	20	-7	8.4
	Goulburn	11	-6	6.8	39	0	24.1
	Greenwich	0	0	0	7	2	4.3
	John Hunter	0	0	0	14	9	20.4
	Kempsey	0	0	0	0	0	0
	Lismore	12	2	3.3	29	19	7.9
	Liverpool	116	52	23.9	46	12	9.5
	Macquarie	<5	0	0.9	5	3	4.4
	Maitland	25	8	13.3	11	-29	5.9
	Manning	5	-1	4.6	6	4	5.5
	Morisset	0	0	0	0	-3	0
	Nepean	30	-5	5.1	42	8	7.1
	Port Macquarie	<5	4	3.5	5	3	4.4
	Royal North Shore	6	-2	2.1	16	-6	5.7
	Royal Prince Alfred	18	-12	2.8	35	-3	5.5
	Shellharbour	52	21	14.4	35	2	9.7
	South East Regional	0	0	0	12	9	10.4
	St George	12	1	5	40	-11	16.5
	St Joseph's	0	0	0	<5	0	1.2
	St Vincent's	7	-3	2.6	24	-15	8.8
	Sutherland	10	-7	5.2	20	-11	10.4
	Sydney Children's	<5	4	6.2	6	-1	9.4
	Tamworth	15	13	8.4	17	5	9.5
	Tweed	5	-1	2.1	15	-8	6.4
	Wagga Wagga	<5	-2	0.4	9	-5	3.3
	Westmead	0	0	0	15	11	5.7
	Children's at Westmead	0	-1	0	36	31	56.7
	Wollongong	17	6	5.5	16	4	5.2
	Wyang	27	3	6.5	32	17	7.7
MHICU	Concord	196	22	16.9	136	12	11.7
	Cumberland	68	10	7.9	71	0	8.3
	Hornsby	29	7	6	84	57	17.5
	Hunter New England Mater MH	84	5	10.4	125	-22	15.5
	Orange	8	-29	1.9	17	-1	4.0
JH	Prince of Wales	10	-2	1.8	37	-6	6.8
	The Forensic Hospital*	223	-19	53	246	109	58.4

\* 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 Bathurst Health Service and 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 7 hours and 19 minutes in July to September 2020, up 1 hour and 34 minutes compared with the same quarter the previous year (Table 6).

The average duration of seclusion events was less than four hours in 25 hospitals. The average duration was longer than four hours in 14 hospitals: Blacktown (11h 22m); Nepean (10h 43m); Concord (9h 58m); Hunter New England Mater Mental Health Centre (9h 31m); Liverpool (9h 12m); Coffs Harbour (9h 8m); Cumberland (9h 1m); St George (6h 38m); Wyong (5h 29m); Sutherland (5h 27m); Shellharbour (5h 3m); Wollongong (4h 35m); Broken Hill (4h 31m); and Prince of Wales (4h 24m) (Table 6).

In July to September 2020, the average duration of a physical restraint event was five minutes, up one minute when compared with 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 55 minutes. This was down 16 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 48 minutes, up 23 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*. [bhi.nsw.gov.au/BHI\\_reports/measurement\\_matters](https://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, July to September 2020

		Seclusion		Physical restraint	
Hospital		Average duration	Change since one year ago	Average duration	Change since one year ago
NSW*		7h 19m	1h 34m	5m	1m
No mental health intensive care unit	Armidale	0m	0m	0m	0m
	Bankstown–Lidcombe	3h 52m	1h 51m	1m	-1m
	Blacktown	11h 22m	1h 12m	1m	-2m
	Blue Mountains	†	‡	1m	-2m
	Braeside	0m	0m	2m	‡
	Broken Hill	4h 31m	‡	1m	‡
	Campbelltown	50m	-20m	1m	-1m
	Coffs Harbour	9h 8m	‡	2m	0m
	Dubbo	0m	‡	†	‡
	Gosford	1h 47m	-33m	2m	-2m
	Goulburn	1h 17m	-34m	2m	0m
	Greenwich	0m	0m	1m	0m
	John Hunter	0m	0m	3m	-7m
	Kempsey	0m	0m	0m	0m
	Lismore	1h 54m	-6h 6m	4m	1m
	Liverpool	9h 12m	2h 24m	1m	0m
	Macquarie	†	‡	3m	‡
	Maitland	3h 17m	33m	8m	-2m
	Manning	1h 3m	-55m	3m	‡
	Morisset	0m	0m	0m	‡
	Nepean	10h 43m	4h 41m	3m	1m
	Port Macquarie	†	‡	4m	‡
	Royal North Shore	3h 24m	53m	7m	4m
	Royal Prince Alfred	2h 32m	-2h 12m	6m	-3m
	Shellharbour	5h 3m	-38m	3m	0m
	South East Regional	0m	0m	2m	‡
	St George	6h 38m	5h 36m	2m	1m
	St Joseph's	0m	0m	†	‡
	St Vincent's	24m	-1h 42m	2m	-1m
	Sutherland	5h 27m	2h 13m	2m	1m
	Sydney Children's	†	‡	3m	-2m
	Tamworth	2h 32m	‡	10m	7m
	Tweed	2h 18m	-4h 18m	1m	0m
	Wagga Wagga	†	‡	4m	1m
	Westmead	0m	0m	3m	‡
	Children's at Westmead	0m	‡	13m	4m
	Wollongong	4h 35m	2h 20m	3m	-7m
	Wyong	5h 29m	43m	4m	0m
MHICU	Concord	9h 58m	1h 35m	6m	2m
	Cumberland	9h 1m	-4h 10m	2m	-1m
	Hornsby	2h 9m	15m	11m	-1m
	Hunter New England Mater MH	9h 31m	3h 10m	8m	2m
	Orange	56m	7m	2m	-1m
JH	Prince of Wales	4h 24m	-1h 4m	3m	-1m
	The Forensic Hospital†	12h 57m	-4h 30m	8m	3m

\* 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 Bathurst Health Service and 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 July to September 2020, there were 64,668 elective surgical procedures performed in NSW public hospitals. The number of urgent and non-urgent procedures performed increased by 9.8% and 8.0%, respectively, while the number of semi-urgent procedures performed decreased by 3.2%, 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 2,171 elective surgical procedures contracted to NSW private hospitals were performed in July to September 2020. This represented approximately 3% of all elective surgical procedures performed (Figure 19).

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

As patients who had waited longer for surgery due to the suspension began to receive their surgery in July to September 2020, it may have contributed to a decrease in the percentage of procedures performed within recommended time frames and an increase in the median and 90th percentile waiting times (Figure 20).

In response to the COVID-19 pandemic, from 26 March, 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 surgical procedures performed, by urgency category, July to September 2020

		This quarter	Same quarter previous year	Change since one year ago
Total number of elective surgical procedures performed in public hospitals		64,668	62,087	4.2%
Urgent	 22.8%	14,729	13,411	9.8%
Semi-urgent	 29.7%	19,220	19,856	-3.2%
Non-urgent	 43.2%	27,951	25,883	8.0%
Staged*	 4.3%	2,768	2,937	-5.8%
Total number of elective surgery procedures performed in private hospitals		2,171	92	2,259.8%

\* 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, 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 procedures 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 procedures. At 79.8%, the percentage of procedures performed within recommended time frames was down 16.8 percentage points compared with the same quarter the previous year. The non-urgent category saw the biggest decrease (28.8 percentage points) in the percentage of procedures performed on time (Figure 20).

Compared with the same quarter the previous year, median waiting times in July to September 2020 were 12 days for urgent (up one day), 49 days for semi-urgent (up four days) and 330 days for non-urgent procedures (up 90 days) (Figure 20).

For more information on elective surgery, see *Healthcare Quarterly – COVID-19 Supplement, January to September 2020* at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)

Figure 20 Percentage of elective surgical procedures performed on time and waiting times, by urgency category, July to September 2020

		This quarter	Same quarter previous year	Percentage point change since one year ago
All procedures		79.8%	96.6%	-16.8
Urgent		99.8%	99.9%	-0.1
Semi-urgent		84.9%	96.8%	-11.9
Non-urgent		65.8%	94.6%	-28.8

		This quarter	Same quarter previous year	Change since one year ago
Urgent: 14,729 patients				
Median time to receive surgery		12 days	11 days	1 day
90th percentile time to receive surgery		26 days	26 days	0 days
Semi-urgent: 19,220 patients				
Median time to receive surgery		49 days	45 days	4 days
90th percentile time to receive surgery		109 days	84 days	25 days
Non-urgent: 27,951 patients				
Median time to receive surgery		330 days	240 days	90 days
90th percentile time to receive surgery		441 days	359 days	82 days

Note: From 26 March, 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 surgical procedures 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 procedures were performed on time this quarter compared with the overall NSW result. Hospitals are named if they had a more than 25 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 procedures performed on time.

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

was lower this quarter in 69 out of the 77 large public hospitals reported on individually in *Healthcare Quarterly* (Figure 21).

In July to September 2020, the percentage of elective surgical procedures performed on time for different specialities ranged from 65.9% for ophthalmology to 97.1% for cardiothoracic surgery (Figure 22).

The percentage of elective surgical procedures performed on time for common procedures ranged from 48.4% for septoplasty to 94.1% for coronary artery bypass graft. The percentage of procedures performed on time was down for all 17 common procedures, with a more than 10 percentage point decrease in the 13 out of 17 common procedures, compared with the same quarter the previous year (Figure 23).

Figure 21 Percentage of elective surgical procedures performed on time and percentage point change since the same quarter the previous year, hospitals by peer group, July to September 2020

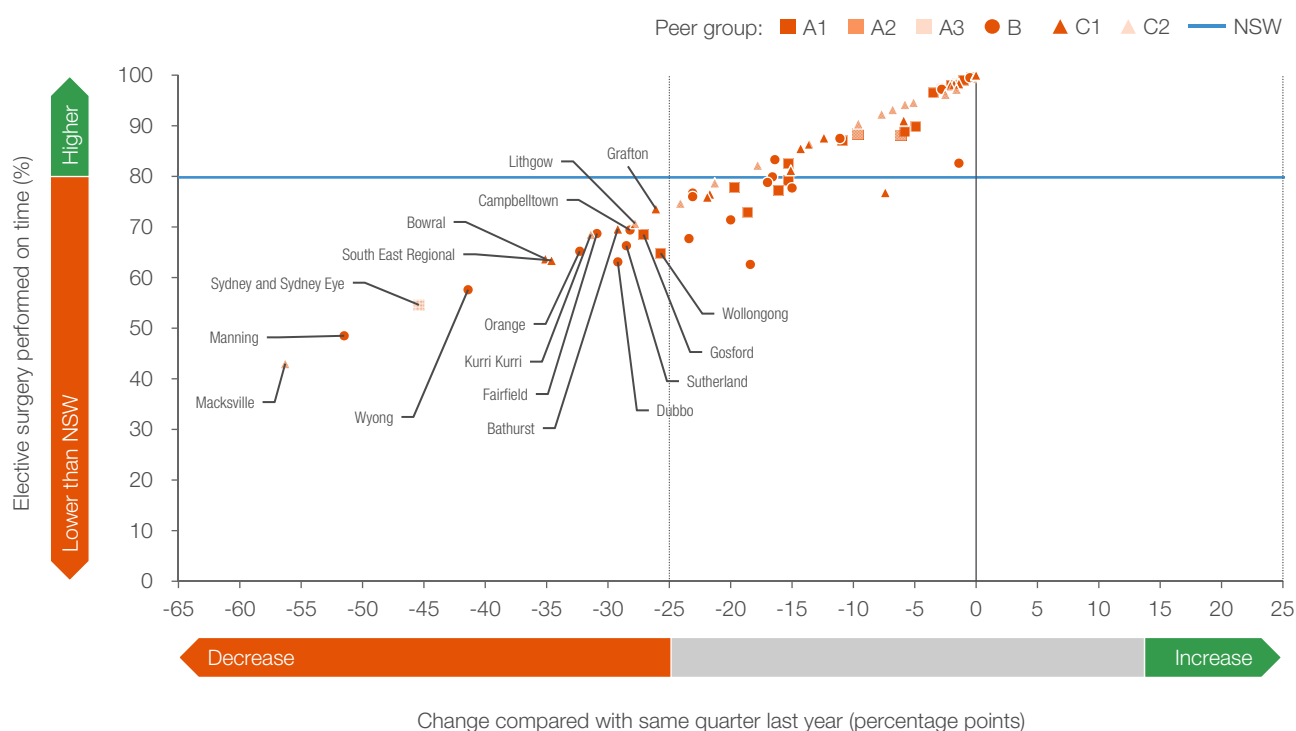


Figure 22 Percentage of elective surgical procedures performed on time, by specialty, July to September 2020

	Number of procedures	Percentage on time	Same quarter previous year	Percentage point change since one year ago
Cardiothoracic surgery	908	97.1%	98.6%	-1.5
Medical	482	94.2%	97.0%	-2.8
Vascular surgery	1,827	90.6%	98.6%	-8.0
Plastic surgery	2,697	90.2%	95.4%	-5.2
Gynaecology	8,067	88.1%	98.2%	-10.1
Neurosurgery	1,182	87.8%	97.7%	-9.9
Urology	9,157	86.4%	97.8%	-11.4
General surgery	15,043	85.4%	97.0%	-11.6
Orthopaedic surgery	10,128	73.0%	94.2%	-21.2
Ear, nose and throat surgery	4,879	66.3%	90.7%	-24.4
Ophthalmology	10,298	65.9%	98.5%	-32.6

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

Figure 23 Percentage of elective surgical procedures performed on time, by common procedure, July to September 2020

	Number of procedures	Percentage on time	Same quarter previous year	Percentage point change since one year ago
Coronary artery bypass graft	175	94.1%	98.1%	-4.0
Hysteroscopy	2,790	90.6%	98.6%	-8.0
Cystoscopy	3,795	89.2%	98.3%	-9.1
Other – General	1,747	89.0%	97.8%	-8.8
Cholecystectomy	1,768	84.1%	95.7%	-11.6
Abdominal hysterectomy	701	82.0%	95.7%	-13.7
Inguinal herniorrhaphy	1,707	78.5%	95.5%	-17.0
Prostatectomy	753	77.6%	96.0%	-18.4
Haemorrhoidectomy	379	76.3%	93.9%	-17.6
Varicose veins stripping and ligation	348	72.7%	95.9%	-23.2
Myringotomy	39	64.1%	97.6%	-33.5
Total hip replacement	1,285	63.5%	88.7%	-25.2
Cataract extraction	8,426	62.6%	98.6%	-36.0
Tonsillectomy	1,522	57.3%	89.3%	-32.0
Myringoplasty/Tympanoplasty	128	56.7%	82.8%	-26.1
Total knee replacement	1,985	50.5%	89.8%	-39.3
Septoplasty	502	48.4%	83.4%	-35.0

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 surgery and the subsequent resumption of elective surgery in response to the COVID-19 pandemic, median waiting times for many specialties and procedures were longer in July to September 2020, compared with the same quarter the previous year (Figures 24, 25).

In July to September 2020, the median waiting time was up for seven specialties, by between one and 98 days, compared with the same quarter the previous year. The largest increase in median waiting time was for ophthalmology, up 98 days compared with the same quarter the previous year (Figure 24).

The median waiting time for common procedures ranged from 22 days for 'other – general' surgical procedures to 365 days for septoplasty. Out of 17 common procedures, the median waiting time was up for 14 procedures, and down for two (Figure 25).

The median waiting time increased by more than 50 days for five procedures: varicose veins stripping and ligation (up 94 days), myringotomy (up 92 days), total hip replacement (up 73 days), cataract extraction (up 71 days), and total knee replacement (up 65 days) (Figure 25).

**Figure 24** Median waiting time for patients who received elective surgery, by specialty, July to September 2020

	Number of procedures	This quarter	Same quarter previous year	Change since one year ago
Ophthalmology	10,298	330 days	232 days	98 days
Ear, nose and throat surgery	4,879	291 days	217 days	74 days
Orthopaedic surgery	10,128	205 days	112 days	93 days
General surgery	15,043	47 days	38 days	9 days
Gynaecology	8,067	46 days	42 days	4 days
Neurosurgery	1,182	41 days	41 days	unchanged
Urology	9,157	34 days	32 days	2 days
Plastic surgery	2,697	28 days	35 days	-7 days
Vascular surgery	1,827	22 days	21 days	1 day
Cardiothoracic surgery	908	19 days	24 days	-5 days
Medical	482	14 days	14 days	unchanged

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, July to September 2020

	Number of procedures	This quarter	Same quarter previous year	Change since one year ago
Septoplasty	502	365 days	336 days	29 days
Total knee replacement	1,985	358 days	293 days	65 days
Myringoplasty/Tympanoplasty	128	350 days	319 days	31 days
Cataract extraction	8,426	343 days	272 days	71 days
Tonsillectomy	1,522	342 days	297 days	45 days
Total hip replacement	1,285	296 days	223 days	73 days
Varicose veins stripping and ligation	348	262 days	168 days	94 days
Myringotomy	39	169 days	77 days	92 days
Inguinal herniorrhaphy	1,707	100 days	76 days	24 days
Haemorrhoidectomy	379	83 days	76 days	7 days
Abdominal hysterectomy	701	76 days	70 days	6 days
Prostatectomy	753	70 days	60 days	10 days
Cholecystectomy	1,768	62 days	57 days	5 days
Hysteroscopy	2,790	44 days	40 days	4 days
Cystoscopy	3,795	28 days	28 days	unchanged
Coronary artery bypass graft	175	24 days	29 days	-5 days
Other – General	1,747	22 days	25 days	-3 days

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 July to September 2020, 66,330 patients were added to the elective surgery waiting list, down 2.6% (1,794) compared with the same quarter the previous year. (Figure 26).

At the end of the July to September quarter, there were 95,052 patients on the elective surgery waiting list, up 11.8% (10,024) compared with the same time in 2019. The number of patients on the waiting list increased for all urgency categories: up 17.7% (328) to 2,186 for urgent surgery, up 18.9% (2,506) to 15,744 for semi-urgent surgery and up 10.3% (7,190) to 77,122 for non-urgent surgery (Figure 27).

Among those patients waiting for semi-urgent elective surgery, the specialties with most patients waiting were general surgery (4,601) and urology (3,127), up 19.8% and 14.7%, 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 (943) and cystoscopy procedures (1,190) (Figure 29).




**Figure 26 Patients added to the elective surgery waiting list, by urgency category, July to September 2020**

		This quarter	Same quarter previous year	Change since one year ago
Patients added to the elective surgery waiting list		66,330	68,124	-2.6%
Urgent	 23.1%	15,296	13,854	10.4%
Semi-urgent	 33.7%	22,333	21,921	1.9%
Non-urgent	 37.9%	25,132	28,378	-11.4%
Staged*	 5.4%	3,569	3,971	-10.1%

\* 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, 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 30 September 2020**

		This quarter	Same quarter previous year	Change since one year ago
Patients ready for surgery on waiting list as at 30 September 2020		95,052	85,028	11.8%
Urgent	 2.3%	2,186	1,858	17.7%
Semi-urgent	 16.6%	15,744	13,238	18.9%
Non-urgent	 81.1%	77,122	69,932	10.3%
Patients not ready for surgery on waiting list at the end of quarter		16,265	16,203	0.4%

Note: From 26 March, 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 30 September 2020

	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
<b>All specialties</b>	<b>15,744</b>	<b>13,238</b>	<b>18.9%</b>
General surgery	4,601	3,840	19.8%
Urology	3,127	2,727	14.7%
Gynaecology	2,723	2,084	30.7%
Orthopaedic surgery	1,500	1,170	28.2%
Ophthalmology	1,312	1,145	14.6%
Ear, nose and throat surgery	799	811	-1.5%
Plastic surgery	717	623	15.1%
Vascular surgery	356	293	21.5%
Neurosurgery	326	233	39.9%
Cardiothoracic surgery	204	240	-15.0%
Medical	79	72	9.7%

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 30 September 2020

Procedure	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
Cystoscopy	1,190	1,179	0.9%
Hysteroscopy	1,171	888	31.9%
Cholecystectomy	943	697	35.3%
Cataract extraction	892	714	24.9%
Inguinal herniorrhaphy	519	403	28.8%
Other – General	419	357	17.4%
Prostatectomy	382	293	30.4%
Abdominal hysterectomy	239	174	37.4%
Total hip replacement	196	156	25.6%
Haemorrhoidectomy	187	170	10.0%
Total knee replacement	153	104	47.1%
Tonsillectomy	145	174	-16.7%
Coronary artery bypass graft	60	62	-3.2%
Varicose veins stripping and ligation	32	37	-13.5%
Septoplasty	29	24	20.8%
Myringoplasty/Tympanoplasty	20	9	122.2%
Myringotomy	10	20	-50.0%

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

## End of quarter elective surgery waiting list

The majority of patients (81.1%) on the elective surgery waiting list were waiting for non-urgent surgery. At the end of the July to September 2020 quarter, there were 77,122 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 (22,192) and ophthalmology (20,281). The number of patients waiting for orthopaedic surgery was up 19.9%, compared with the same time in 2019. The number of patients waiting for orthopaedic surgery remained relatively stable (down 0.8%) (Figure 30).

Most of those patients waiting for orthopaedic surgery and ophthalmology were waiting for total knee replacement (7,362), total hip replacement (3,295) and cataract extraction (18,351) procedures (Figure 31).

The largest proportionate growth in the waiting list for non-urgent surgery among specialties was for vascular surgery, up 21.0%, 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 (785), up 23.0%, compared with the same time the previous year (Figure 31).

Figure 30 Patients on elective surgery waiting list for **non-urgent surgery** at end of quarter, by specialty, as at 30 September 2020

	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
<b>All specialties</b>	<b>77,122</b>	<b>69,932</b>	<b>10.3%</b>
Orthopaedic surgery	22,192	18,507	19.9%
Ophthalmology	20,281	20,453	-0.8%
General surgery	11,731	10,420	12.6%
Ear, nose and throat surgery	10,648	9,732	9.4%
Gynaecology	6,280	5,274	19.1%
Urology	1,935	1,749	10.6%
Plastic surgery	1,678	1,617	3.8%
Neurosurgery	1,334	1,224	9.0%
Vascular surgery	886	732	21.0%
Medical	90	113	-20.4%
Cardiothoracic surgery	67	111	-39.6%

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 30 September 2020

Procedure	Patients on waiting list at end of quarter		
	This quarter	Same quarter previous year	Change since one year ago
Cataract extraction	18,351	18,213	0.8%
Total knee replacement	7,362	6,069	21.3%
Tonsillectomy	4,145	3,870	7.1%
Total hip replacement	3,295	2,624	25.6%
Inguinal herniorrhaphy	2,365	2,131	11.0%
Septoplasty	1,840	1,430	28.7%
Hysteroscopy	1,253	1,086	15.4%
Cholecystectomy	1,180	1,064	10.9%
Abdominal hysterectomy	1,010	819	23.3%
Other – General	961	863	11.4%
Varicose veins stripping and ligation	785	638	23.0%
Prostatectomy	504	515	-2.1%
Myringoplasty/Tympanoplasty	406	371	9.4%
Haemorrhoidectomy	342	353	-3.1%
Myringotomy	55	67	-17.9%
Coronary artery bypass graft	8	23	-65.2%

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 July to September 2020, there were 8,193 patients who had waited longer than the clinically recommended time, including 1,329 waiting for semi-urgent and 6,858 waiting for non-urgent procedures. At the same time in 2019, there were 844 patients on the waiting list who had waited longer than the clinically recommended time (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 (537) and urology (261) (Figure 33).

Most of those patients waiting for general surgery and urology, and who had waited longer than 90 days, were waiting for cholecystectomy (131) and cystoscopy (82) procedures (Figure 34).

Figure 32 Patients on elective surgery waiting list who had waited longer than clinically recommended time, by urgency category, as at 30 September 2020

		This quarter	Same quarter previous year	Change since one year ago
Patients on the waiting list who had waited longer than clinical recommended time		8,193	844	7,349
Urgent	0.1%	6	0	6
Semi-urgent	16.2%	1,329	181	1,148
Non-urgent	83.7%	6,858	663	6,195

Note: From 26 March, 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 30 September 2020

	Patients on waiting list wait longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
<b>All specialties</b>	<b>1,329</b>	<b>181</b>	<b>1,148</b>
General surgery	537	78	459
Urology	261	30	231
Gynaecology	159	13	146
Plastic surgery	99	28	71
Ear, nose and throat surgery	96	13	83
Orthopaedic surgery	96	10	86
Vascular surgery	34	0	34
Neurosurgery	18	0	18
Ophthalmology	16	<5	*
Cardiothoracic surgery	12	<5	*
Medical	<5	<5	*

\* Values suppressed due to small numbers, to protect patient privacy.  
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 30 September 2020

Procedure	Patients on waiting list wait longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
Cholecystectomy	131	11	120
Cystoscopy	82	14	68
Hysteroscopy	70	<5	*
Inguinal herniorrhaphy	61	7	54
Prostatectomy	59	5	54
Other – General	46	13	33
Haemorrhoidectomy	24	<5	*
Total hip replacement	21	<5	*
Abdominal hysterectomy	19	5	14
Tonsillectomy	18	<5	*
Total knee replacement	12	<5	*
Septoplasty	5	0	5
Varicose veins stripping and ligation	5	0	5
Cataract extraction	<5	<5	*
Myringoplasty/Tympanoplasty	<5	0	*
Coronary artery bypass graft	<5	<5	*
Myringotomy	<5	0	*

\* Values suppressed due to small numbers, to protect patient privacy.  
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 (83.7%) 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 July to September 2020 quarter, there were 6,858 patients on the waiting list waiting for non-urgent elective surgery who had waited longer than 365 days, compared with 663 in 2019.

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 (2,297) and ophthalmology (1,444) (Figure 35).

Most of those patients waiting for orthopaedic surgery and ophthalmology, who had waited longer than 365 days, were waiting for total knee replacement (992), total hip replacement (356) and cataract extraction (1,268) procedures (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 30 September 2020

	Patients on waiting list wait longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
<b>All specialties</b>	<b>6,858</b>	<b>663</b>	<b>6,195</b>
Orthopaedic surgery	2,297	148	2,149
Ophthalmology	1,444	52	1,392
Ear, nose and throat surgery	1,285	253	1,032
General surgery	895	142	753
Gynaecology	502	27	475
Urology	176	16	160
Plastic surgery	104	13	91
Neurosurgery	92	<5	*
Vascular surgery	56	10	46
Medical	<5	0	*
Cardiothoracic surgery	<5	0	*

\* Values suppressed due to small numbers, to protect patient privacy.

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 30 September 2020

Procedure	Patients on waiting list wait longer than clinically recommended time		
	This quarter	Same quarter previous year	Change since one year ago
Cataract extraction	1,268	40	1,228
Total knee replacement	992	48	944
Tonsillectomy	466	69	397
Total hip replacement	356	18	338
Septoplasty	278	47	231
Inguinal herniorrhaphy	219	28	191
Abdominal hysterectomy	110	<5	*
Cholecystectomy	69	15	54
Prostatectomy	62	5	57
Myringoplasty/Tympanoplasty	48	17	31
Varicose veins stripping and ligation	48	7	41
Other – General	47	7	40
Hysteroscopy	44	6	38
Haemorrhoidectomy	33	8	25
Myringotomy	9	0	9

\* Values suppressed due to small numbers, to protect patient privacy.

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.

**[bhi.nsw.gov.au](http://bhi.nsw.gov.au)**