

Healthcare Quarterly

Tracking public hospital and
ambulance service activity
and performance in NSW

January to March 2023



Overview

January to March 2023



Ambulance

Demand continued to increase and response times continued to improve from the record long waits in mid-2022.

Find out more from page 3



Admitted patients

The number of admitted patient episodes of care gradually increased. Patients typically spent longer in hospital than before the pandemic.

Find out more from page 14



Emergency department

ED demand remained high, particularly for 'emergency – triage 2' presentations. While performance has improved in recent quarters, patients still had long waits in the ED.

Find out more from page 8



Elective surgery

Elective surgery activity returned to pre-pandemic levels. The number of people waiting longer than clinically recommended remained high but has decreased in recent quarters.

Find out more from page 18

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About this report

Healthcare Quarterly tracks activity and performance for ambulance, emergency department (ED), elective surgery and admitted patient services in NSW. For seclusion and restraint activity and performance results, please see the [Seclusion and Restraint Supplement](#).

Healthcare Quarterly presents this quarter's results in comparison with the same period for previous years – taking into account seasonal effects on activity and performance – to show how demands on the system and the supply of services have changed over time.

NSW-level results in this report include more than 200 public hospitals and 91 local ambulance reporting areas. The Bureau of Health Information (BHI) Data Portal and the activity and performance profiles include individual results for the 77 larger public hospitals – including 41 in rural areas – and each of the local ambulance areas.

Data were drawn on the following dates: ambulance (6 April, 2023); admitted patients (18 April, 2023); elective surgery; (19 April, 2023); ED (21 April, 2023).

See the [technical supplement](#) to this report for descriptions of the data, methods and technical terms used to calculate activity and performance measures.

Interpreting results

The COVID-19 pandemic began in March 2020 and has continued to impact the NSW healthcare system.

Comparisons with previous quarters should be considered in the context of the fluctuations in hospital and ambulance activity and performance during the pandemic.

To enable more stable comparisons with pre-pandemic activity and performance, this report includes comparisons with the same quarter four years earlier (January to March 2019).

This report includes health system activity and performance in urban and rural areas for the January to March 2023 quarter.

Interactive data

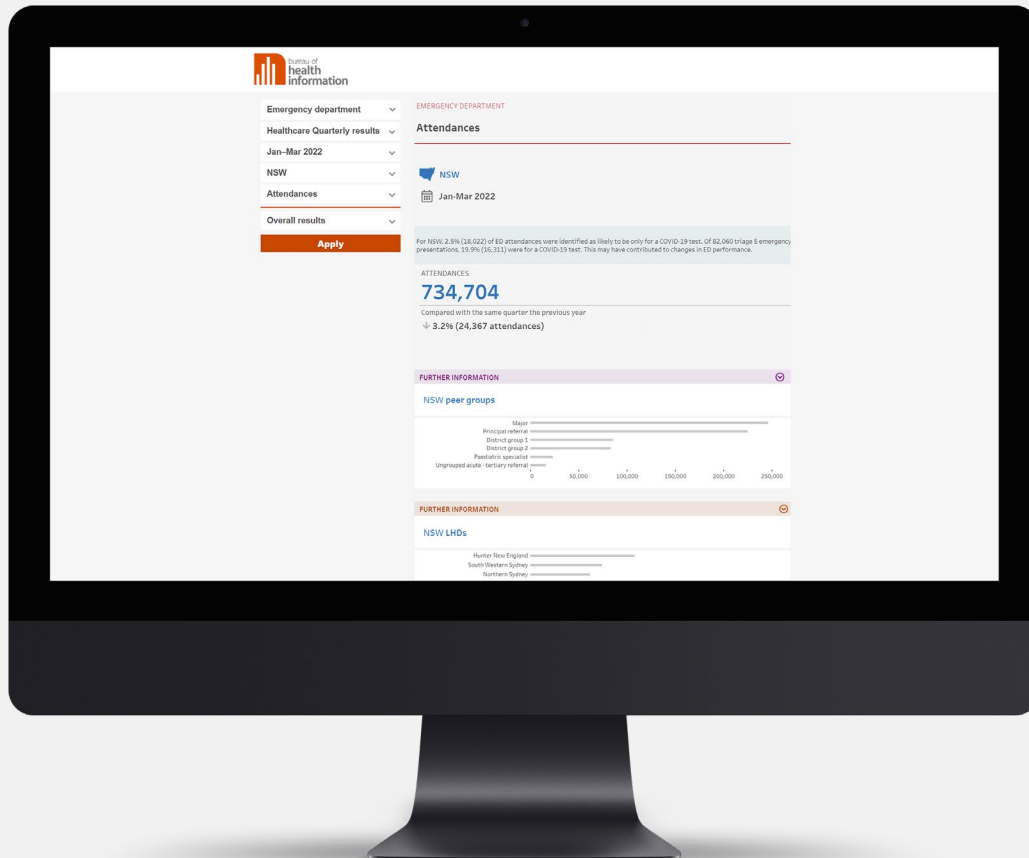
Bureau of Health Information Data Portal

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

The Data Portal allows you to find and compare results showing

the performance of the NSW healthcare system.

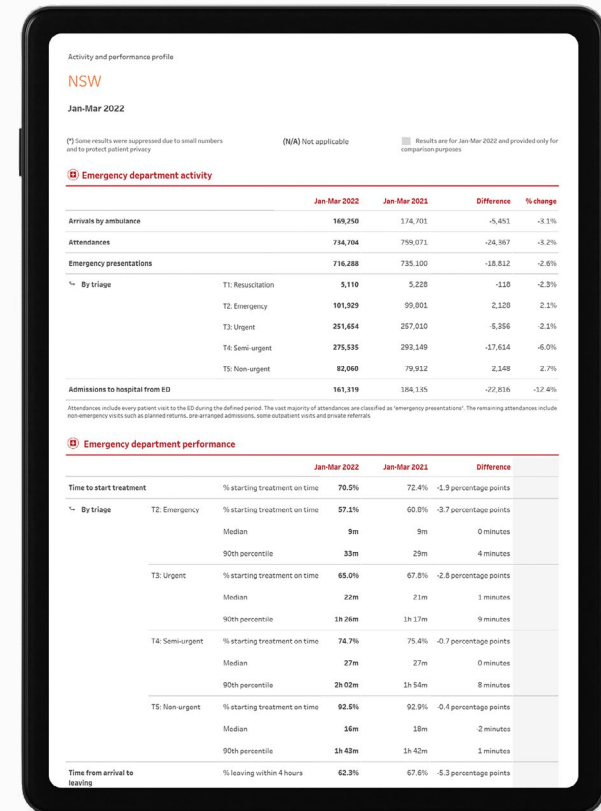
Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



Activity and performance profiles

Activity and performance profiles provide a snapshot of selected ED, elective surgery and admitted patient measures for NSW, 77 individual hospitals, LHDs and hospital peer groups.

The profiles are a good starting point to see an overview of your local hospital's performance before a more detailed search in the Data Portal.





Ambulance

NSW Ambulance delivers mobile health services and provides clinical care, rescue and retrieval services to people with emergency and medical health needs.

Healthcare Quarterly features a range of indicators of ambulance activity and performance, including ambulance responses and timeliness measures.

Key findings

January to March 2023

RESPONSES

Ambulance activity continued an upward trend with 347,720 responses, the highest of any quarter since BHI began reporting in 2010.

Of these, 156,657 were 'urgent – priority 2' responses – the highest of any quarter since 2010.

HIGHEST PRIORITY RESPONSES

There were 10,868 highest priority responses (P1A) for patients with life-threatening conditions. P1A responses increased by 16.1% (1,508) from the same quarter a year earlier.

CALL TO AMBULANCE ARRIVAL TIMES

The percentage of 'emergency – priority 1' cases with a call to ambulance arrival time within 15 minutes was 44.1%. Despite being an improvement from the record low in mid-2022, this result remained lower than pre-pandemic levels.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of P1A responses within 10 minutes was 64.6% and half of P1A patients waited longer than 8.2 minutes – both improvements from mid-2022, although patients waited longer than before the pandemic.



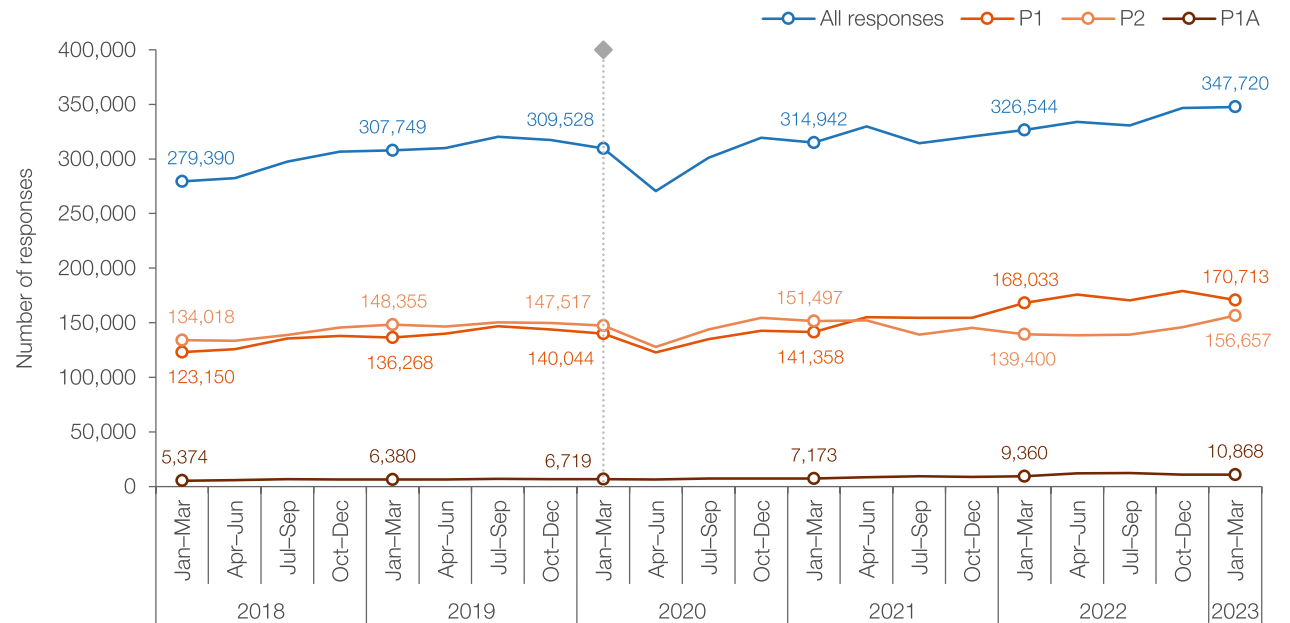
Behind the key findings

Figure 1
Ambulance responses, by priority category, NSW
January 2018 to March 2023

Ambulance responses are categorised as:

- Priority 1: Emergency (emergency response under lights and siren)
 - Priority 1A: Highest priority (patients with life-threatening conditions)
- Priority 2: Urgent (undelayed response without lights and siren)
- Priority 3: Time critical (undelayed response required)
- Priority 4–9: Non-emergency.

♦ The World Health Organisation (WHO) declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

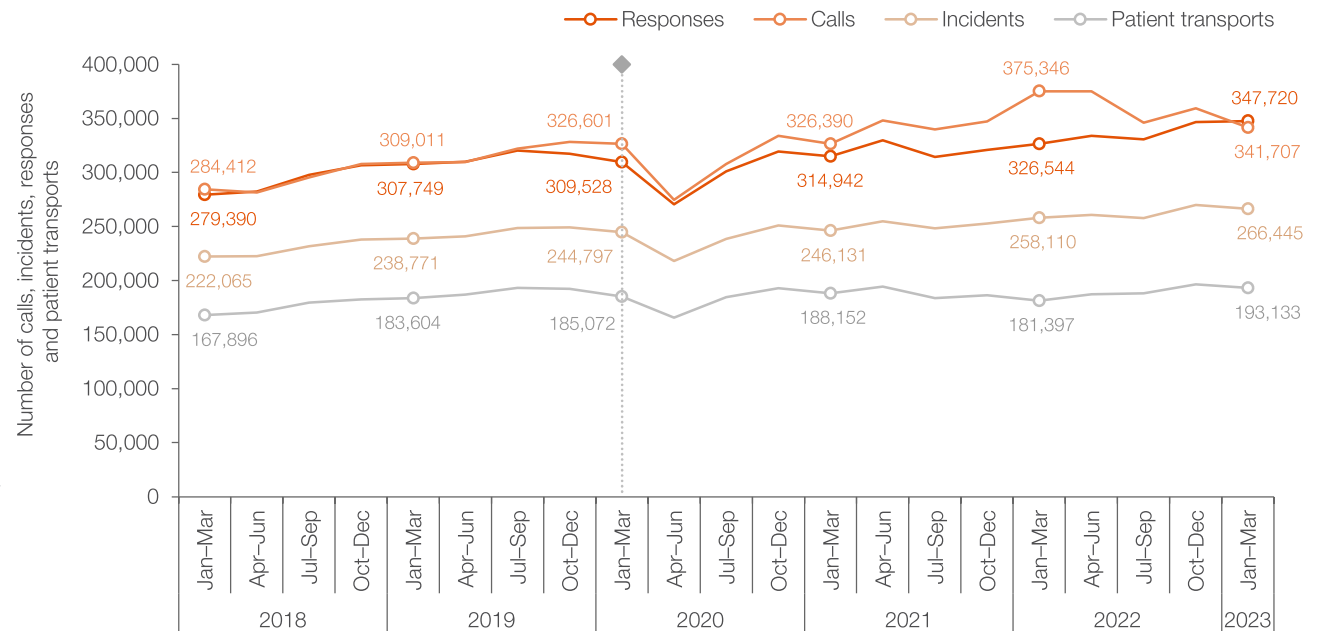


ADDITIONAL INSIGHTS

Figure 2
Ambulance calls, incidents, responses and patient transports, NSW
January 2018 to March 2023

Of the 347,720 ambulance responses in January to March 2023, 66.3% (230,452) were in urban areas and 33.2% (115,401) were in rural areas.

Note: Local areas are classified as 'urban' or 'rural' using ARIA+, which is the standard used by the Australian Bureau of Statistics (ABS). For more information, see the technical supplement.



Behind the key findings

Figure 3
Percentage of call to ambulance arrival times within benchmarks, by priority, NSW
January 2018 to March 2023

In January to March 2023, the percentage of P1 cases with a call to ambulance arrival time within 15 minutes was 44.4% in urban areas and 43.6% in rural areas.

The percentage of P1 cases with a call to ambulance arrival time within 30 minutes was 88.7% in urban areas and 81.2% in rural areas.

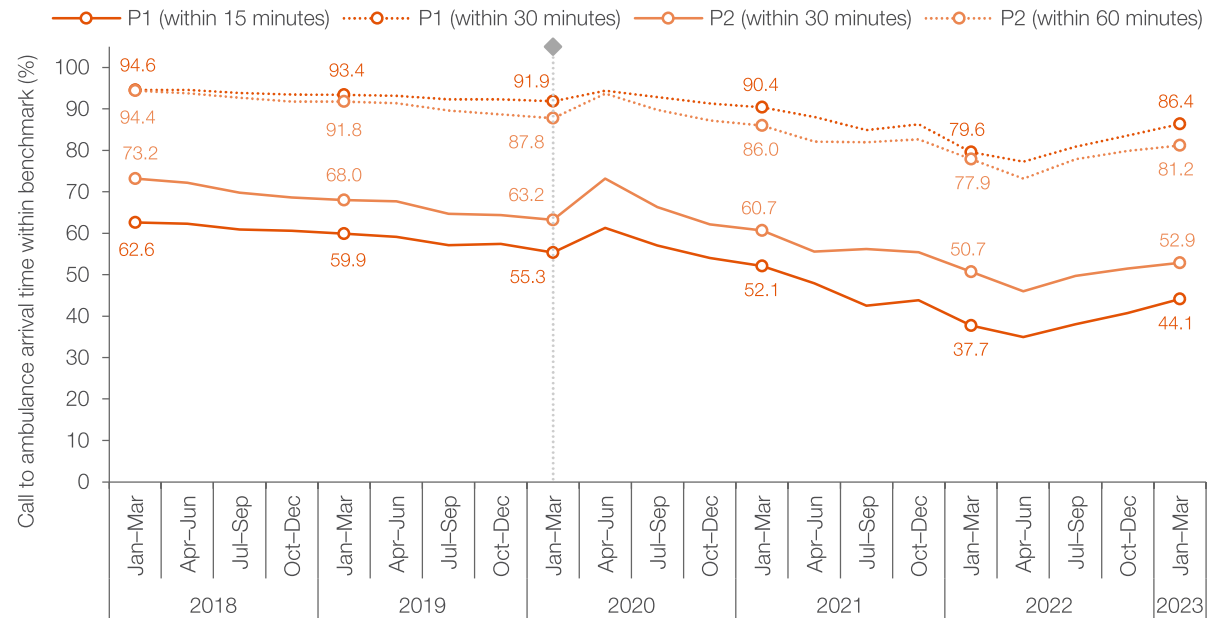
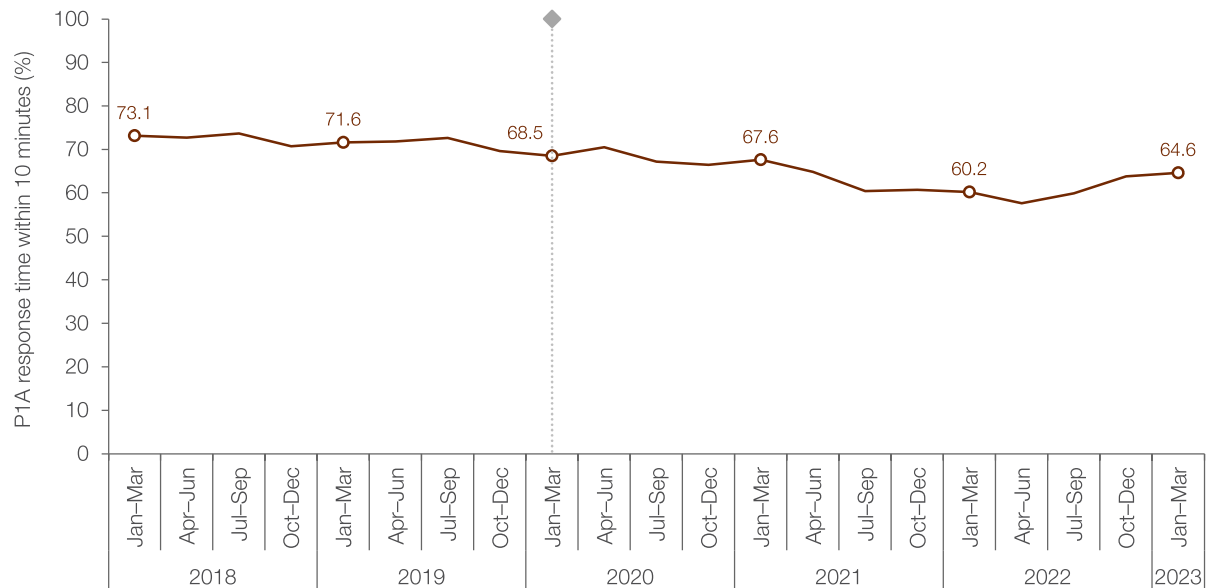


Figure 4
Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW
January 2018 to March 2023

In NSW, the benchmark for the median P1A response time is 10 minutes.

In January to March 2023, the percentage of P1A responses within 10 minutes was 69.4% in urban areas and 54.2% in rural areas.

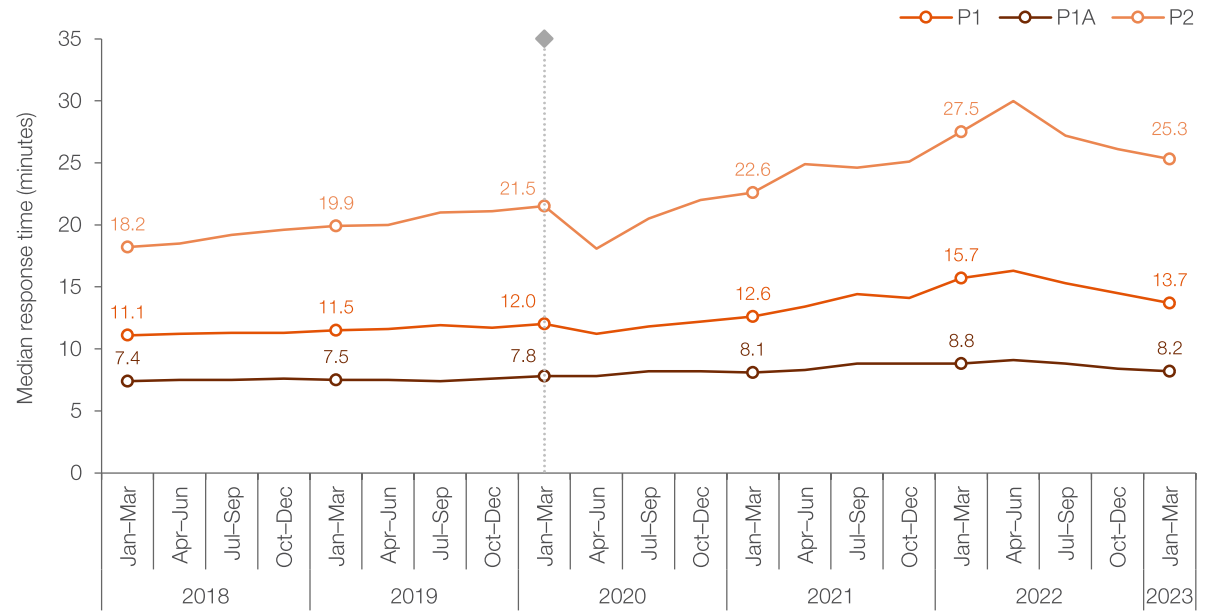


◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 5
 Median response times, by priority category, NSW
 January 2018 to March 2023

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.





Emergency department

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.

Healthcare Quarterly features a range of indicators of ED activity and performance, including ED attendances and timeliness measures.

Key findings

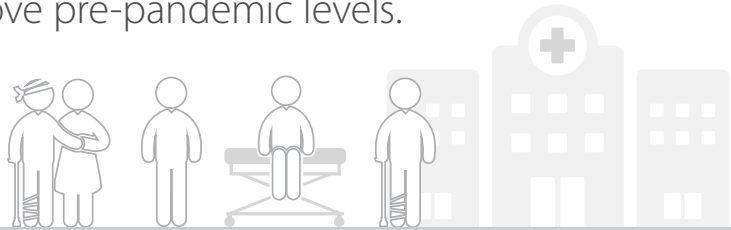
January to March 2023

ACTIVITY

There were 770,089 ED attendances, the highest of any January to March quarter since BHI began reporting in 2010.

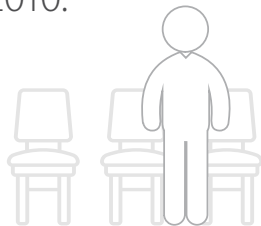
Of these, 113,637 were 'emergency – triage 2' presentations – the highest of any quarter since 2010.

63,282 patients left without, or before completing treatment – down from the record high in mid-2022 but above pre-pandemic levels.



TIME TO START TREATMENT

67.4% of all patients, and 54.9% of triage 2 patients, had their treatment start on time – both the lowest of any January to March quarter since 2010.



TIME FROM ARRIVAL TO LEAVING ED

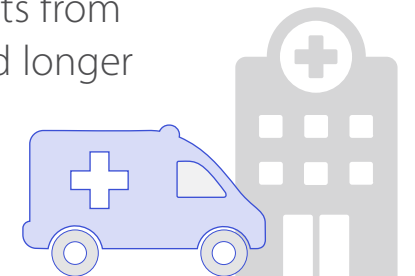
58.2% of all patients presenting to an ED spent less than four hours in the ED – the lowest of any January to March quarter since 2010.

Of the 181,218 patients who were treated and admitted to hospital, 25.4% spent less than four hours in the ED. One in 10 of these patients spent longer than 20 hours.



TIME TO TRANSFER CARE

77.7% of patients who arrived by ambulance had their care transferred to ED staff within 30 minutes. One in 10 waited longer than 57 minutes to be transferred – both improvements from mid-2022, although patients waited longer than before the pandemic.



Behind the key findings

Figure 6
Emergency department attendances, NSW
January 2018 to March 2023

Of the 770,089 ED attendances in January to March 2023, 64.2% (494,528) were in urban hospitals and 35.8% (275,561) were in rural hospitals.

*All hospitals' cohort includes more than 170 EDs submitting data to the Emergency Department Data Collection (EDDC) in each quarter.
 Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by ABS. For more information, see the [technical supplement](#).

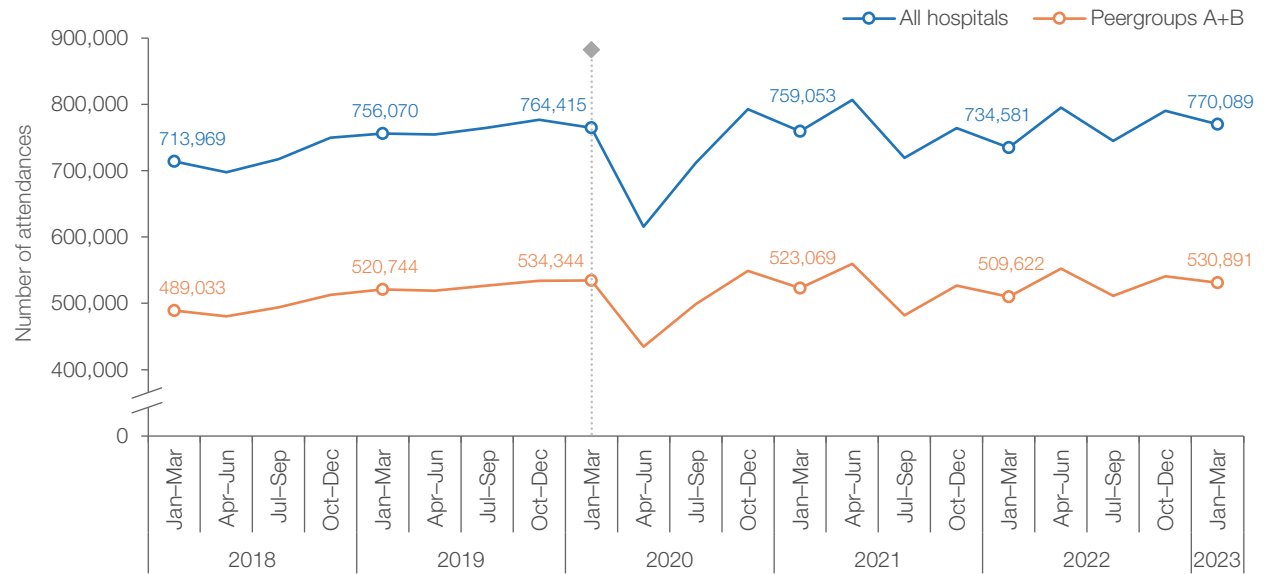
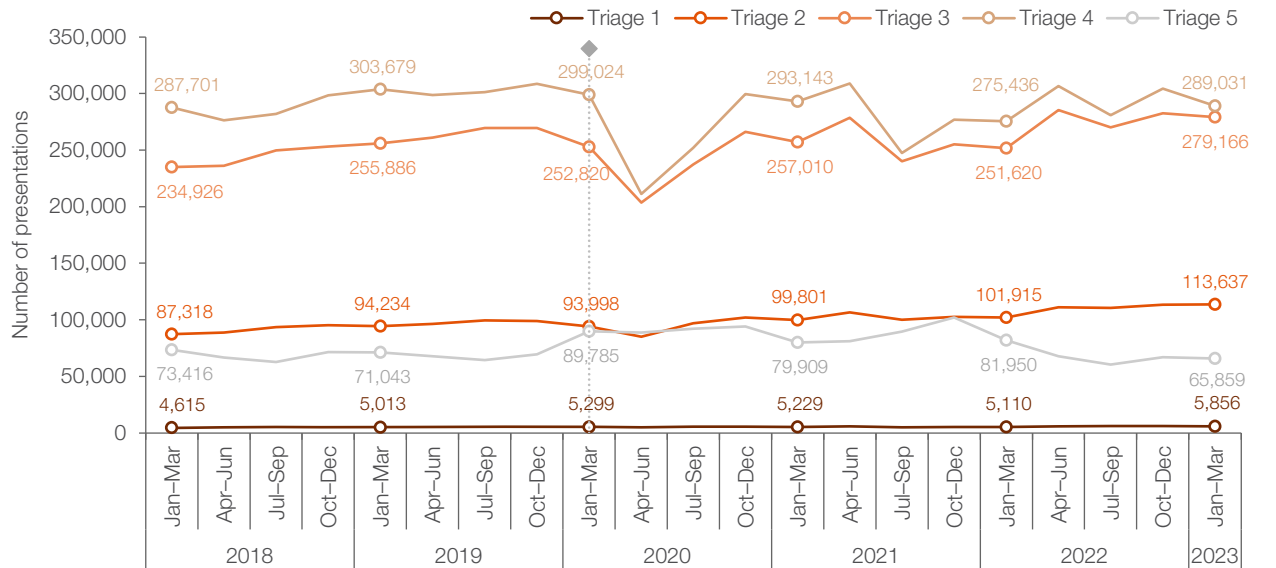


Figure 7
Emergency presentations, by triage category, NSW
January 2018 to March 2023

On arrival at the ED, patients are allocated to one of five triage categories, based on urgency.



♦ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 8
Percentage of patients starting treatment on time, by triage category, NSW
January 2018 to March 2023

In January to March 2023, the percentage of all patients who had their treatment start on time was 63.0% in urban hospitals and 75.6% in rural hospitals.

The Australasian College for Emergency Medicine (ACEM) recommended maximum waiting times for ED treatment to start are:

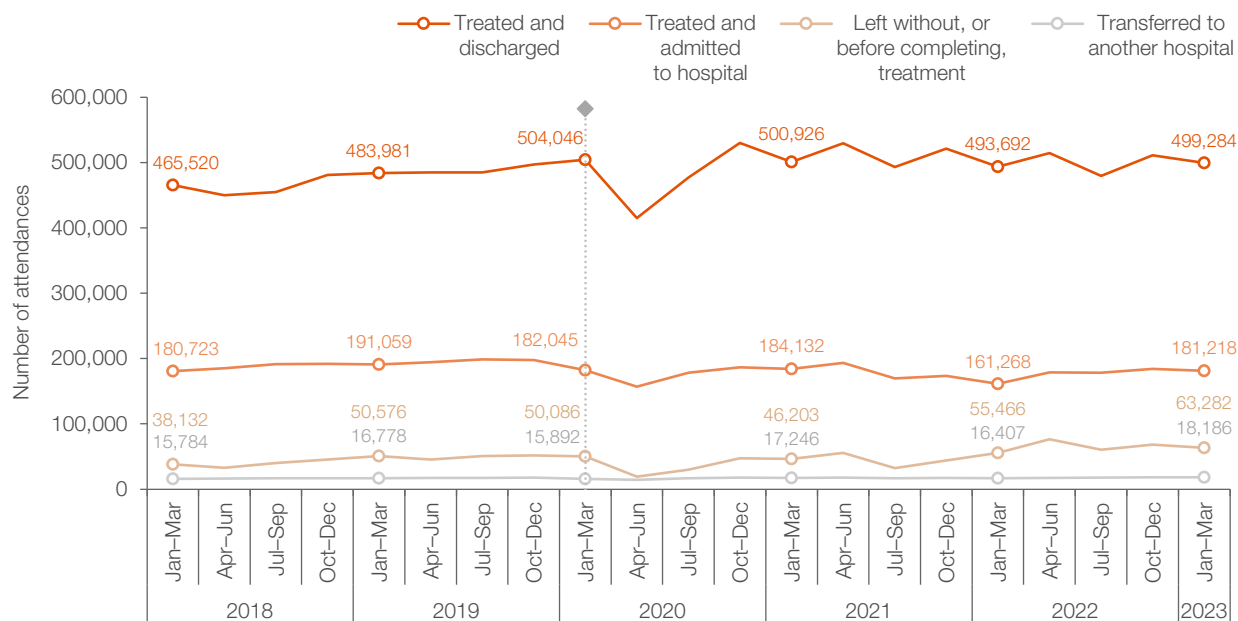
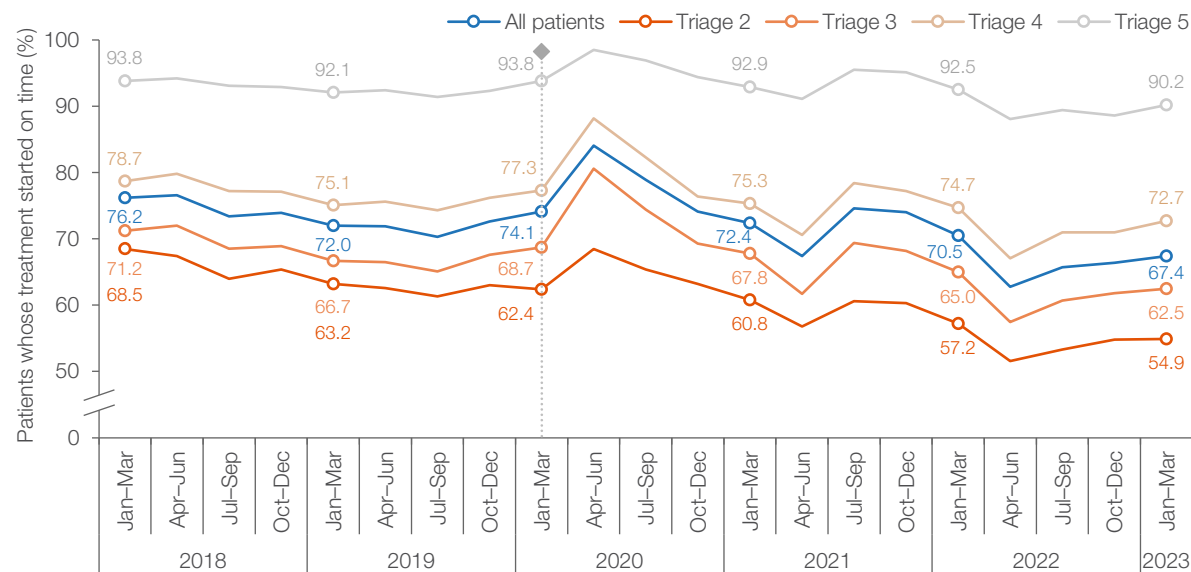
- Triage 2: Emergency – 80% within 10 minutes
- Triage 3: Urgent – 75% within 30 minutes
- Triage 4: Semi-urgent – 70% within 60 minutes
- Triage 5: Non-urgent – 70% within 120 minutes.

Note: Due to differences in data definitions, reporting periods and the number of hospitals included, *Healthcare Quarterly* results for the percentage of patients whose treatment started on time are not directly comparable with figures reported by other agencies and jurisdictions.

Figure 9
Emergency department attendances, by mode of leaving, NSW
January 2018 to March 2023

'Left without, or before completing, treatment' includes patients who were triaged but left the ED before treatment began, and patients who began treatment but left before it was completed.

Of the 63,282 patients who left without, or before completing, treatment in January to March 2023, 47.4% were triage 4, 30.8% were triage 3 and 14.5% were triage 5.

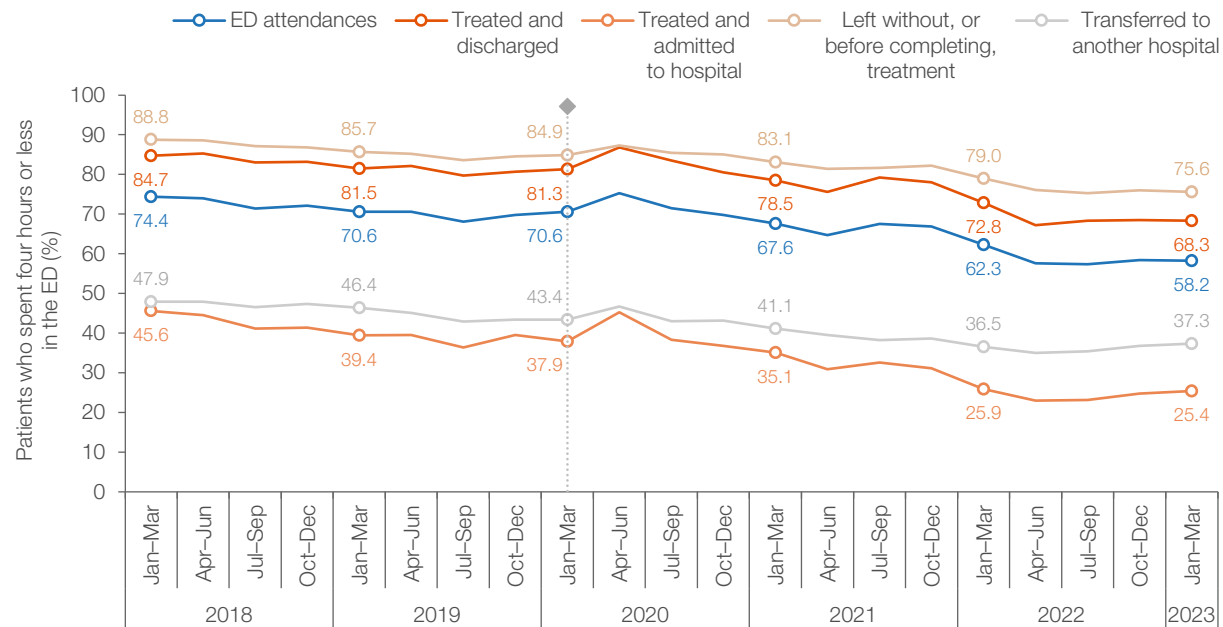


♦ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 10
Percentage of patients leaving the emergency department within four hours, by mode of leaving, NSW January 2018 to March 2023

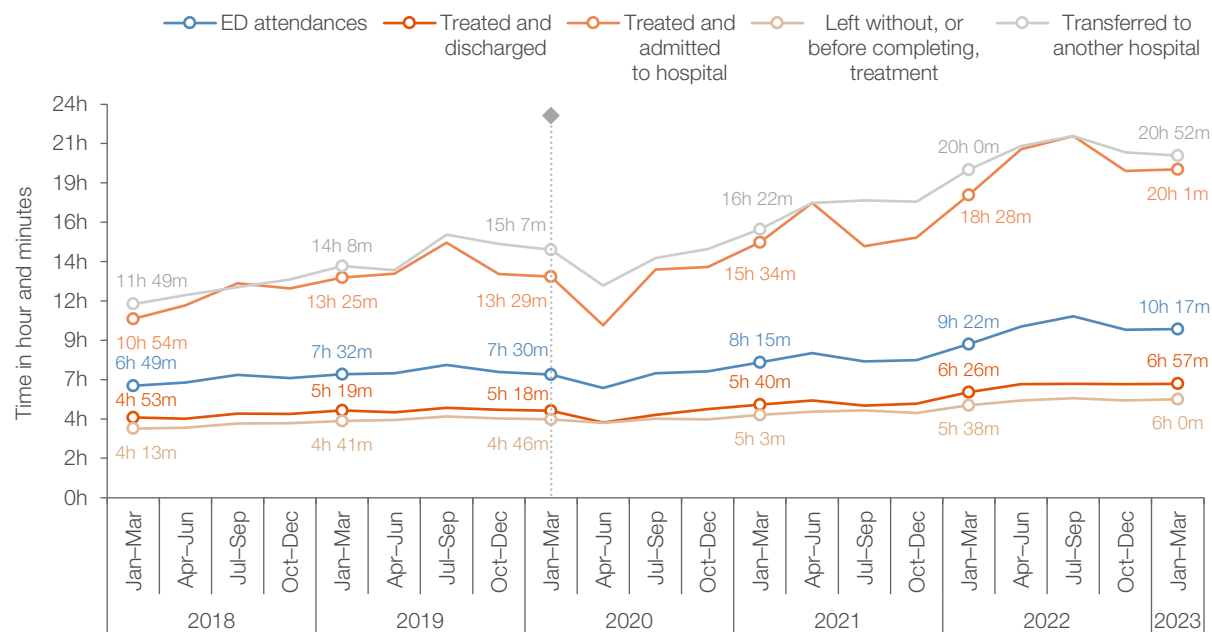
In January to March 2023, the percentage of all patients who spent less than four hours in the ED was 50.9% in urban hospitals and 71.4% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 11
90th percentile time from arrival at the emergency department to leaving, by mode of leaving, NSW January 2018 to March 2023

In January to March 2023, one in 10 patients in urban hospitals spent longer than 11 hours 22 minutes in the ED and one in 10 patients in rural hospitals spent longer than 7 hours 53 minutes.



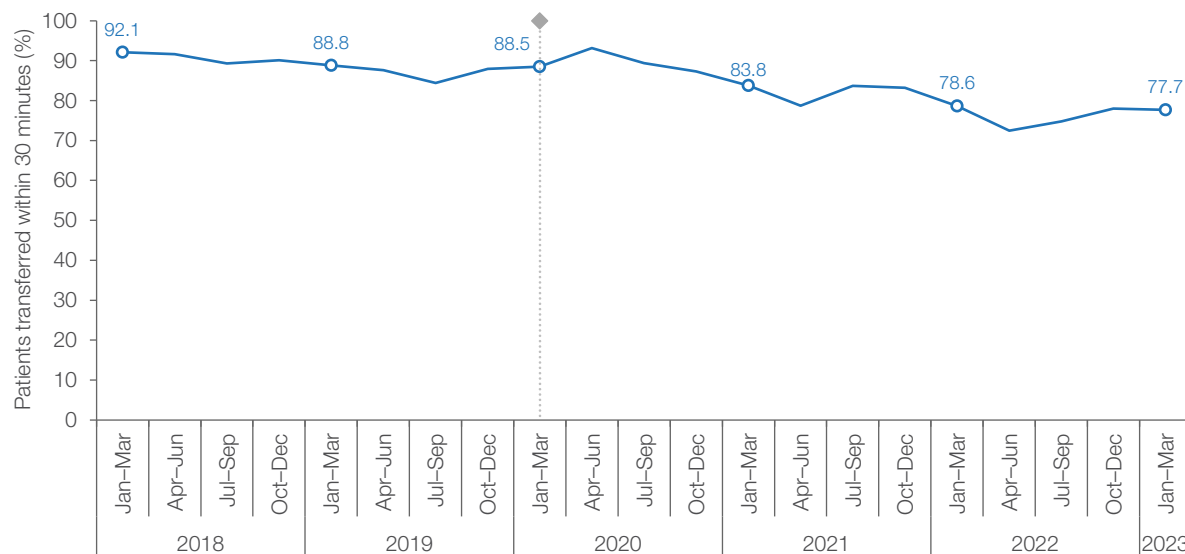
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 12
Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW
January 2018 to March 2023

In January to March 2023, the number of patients arriving at the ED by ambulance was 180,317.

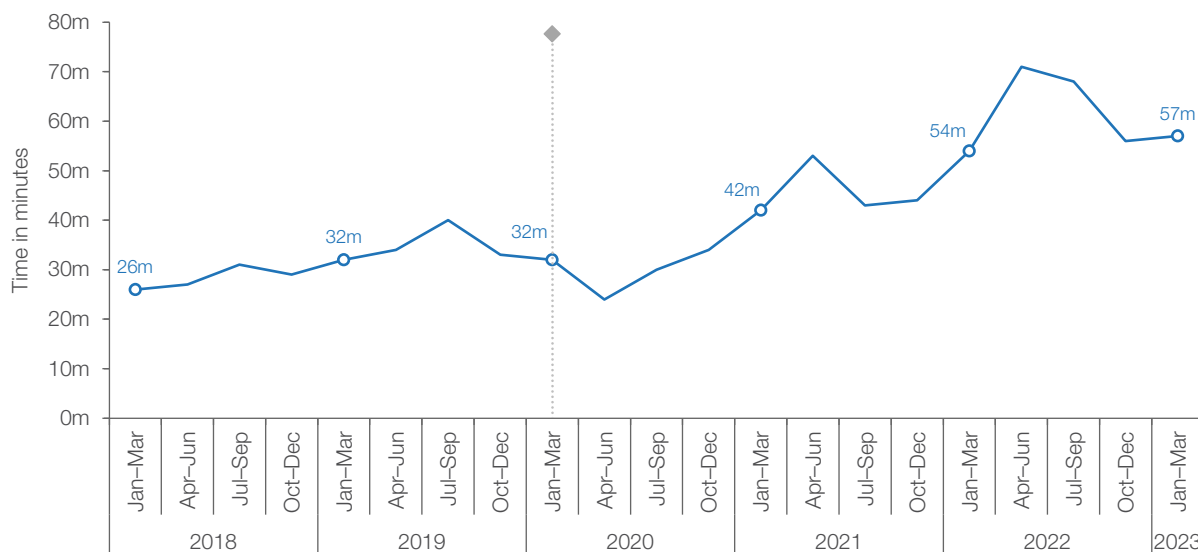
The percentage of patients transferred from paramedics to ED staff within 30 minutes in January to March 2023 was 75.1% in urban hospitals and 84.5% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 13
90th percentile time to transfer care from paramedics to emergency department staff, NSW
January 2018 to March 2023

In January to March 2023, one in 10 patients in urban hospitals waited longer than 1 hour 2 minutes to be transferred and one in 10 patients in rural hospitals waited longer than 42 minutes.



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Admitted patients

People are admitted to hospital for a wide range of services, including medical and surgical care. Admissions can be acute (for immediate treatment) or non-acute (for rehabilitation, palliative care, geriatric or other reasons). People may also be admitted for mental health-related reasons, which can be acute or non-acute.

Healthcare Quarterly features a range of indicators of admitted patient activity.

Information regarding seclusion and restraint practices in NSW public hospitals can be found in the [Seclusion and Restraint Supplement](#).

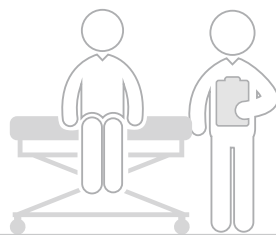
Key findings

January to March 2023

EPISODES OF CARE

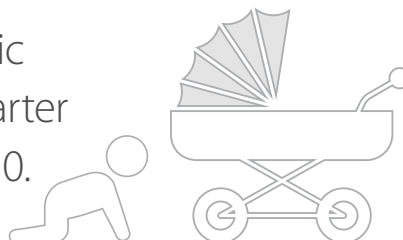
There were 468,401 admitted patient episodes. Following fluctuations during the pandemic, the number of episodes was similar to pre-pandemic levels.

Of these, 16,146 were non-acute episodes – up 22.0% (2,914) from the same quarter in the previous year.



BABIES BORN

15,868 babies were born in public hospitals – the lowest of any quarter since BHI began reporting in 2010.



AVERAGE LENGTH OF STAY

The average length of stay for overnight episodes was 6.3 days. This measure has remained higher than pre-pandemic levels since the Delta wave in mid-2021.

Non-acute overnight episodes reached 17.6 days – the highest of any quarter in five years and a continuation of an upward trend that began since COVID-19.



Behind the key findings

Figure 14
Episodes of care, by care type, NSW
January 2018 to March 2023

Of the 468,401 admitted patient episodes in January to March 2023, 74.8% (350,404) were in urban hospitals and 25.20% (117,997) were in rural hospitals.

Admitted patient episodes of care can be:

- Acute (immediate treatment)
- Non-acute (e.g. rehabilitation, palliative care, geriatric)
- Mental health (acute or non-acute).

Note: Results are calculated from more than 200 hospitals in each quarter reported in *Healthcare Quarterly*. Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by ABS. For more information, see the [technical supplement](#).

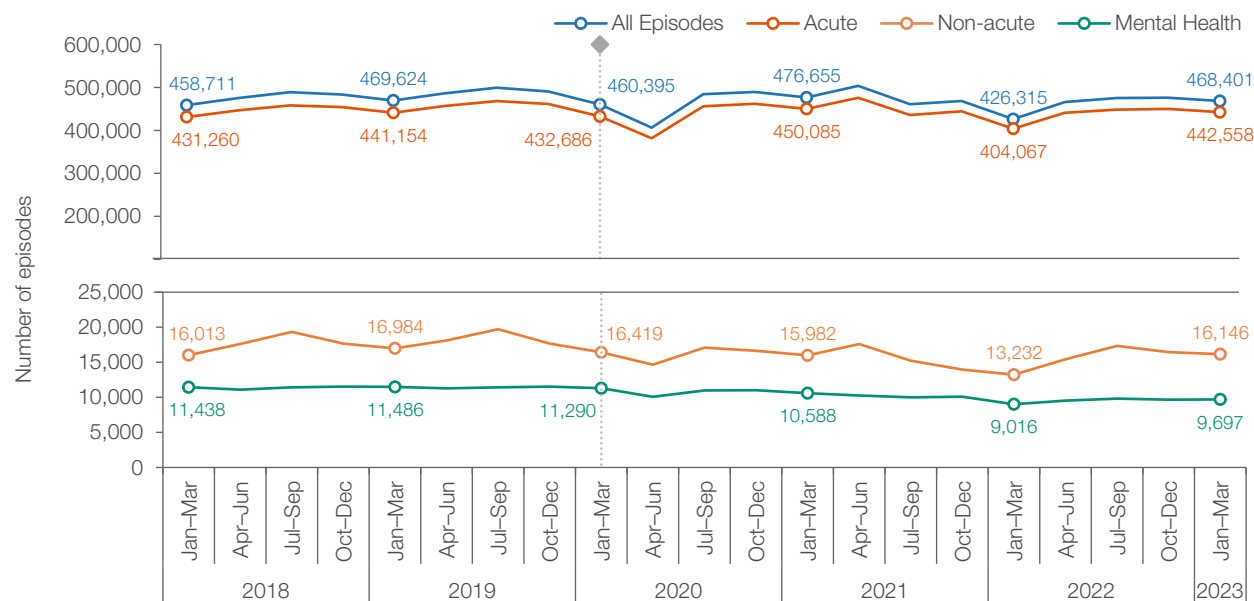
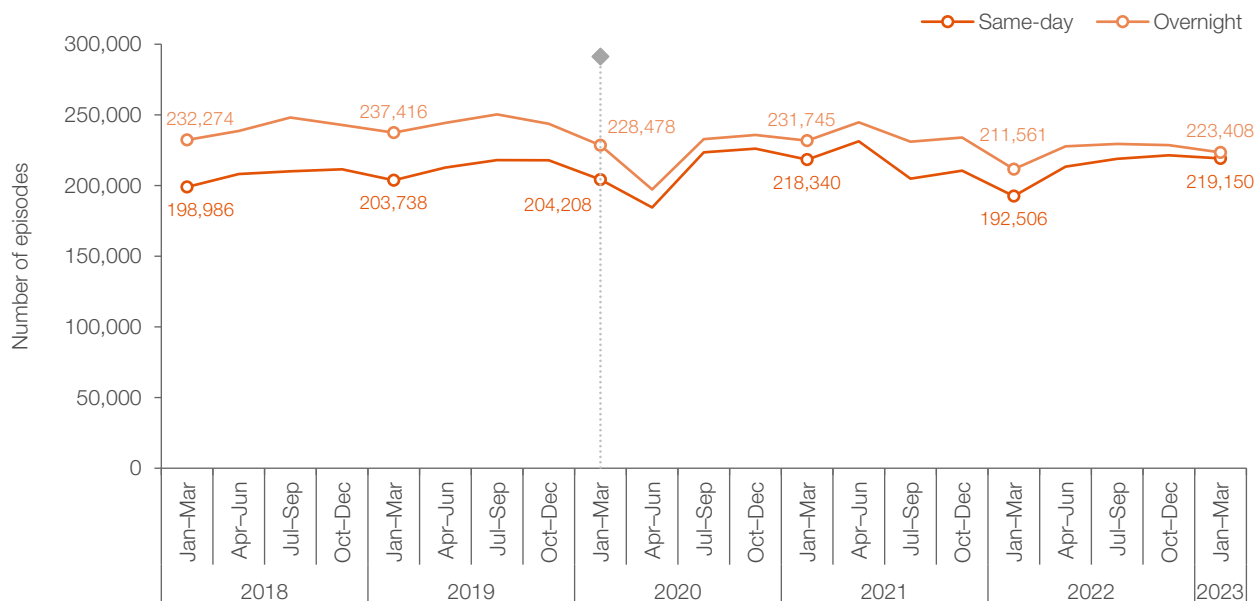


Figure 15
Acute episodes of care, by stay type, NSW
January 2018 to March 2023

Admitted patient episodes of care can be:

- Same-day
- Overnight.

Note: 'Same-day' refers to patients who were admitted and discharged on the same day. 'Overnight' refers to patients who spent at least one night in hospital.
♦ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Behind the key findings

Figure 16
Average length of stay for overnight episodes, by care type, NSW
January 2018 to March 2023

For acute overnight episodes in January to March 2023, the average length of stay was 5.1 days in urban hospitals and 4.5 days in rural hospitals.

Notes: Results are calculated from more than 200 hospitals in each quarter reported in *Healthcare Quarterly*.

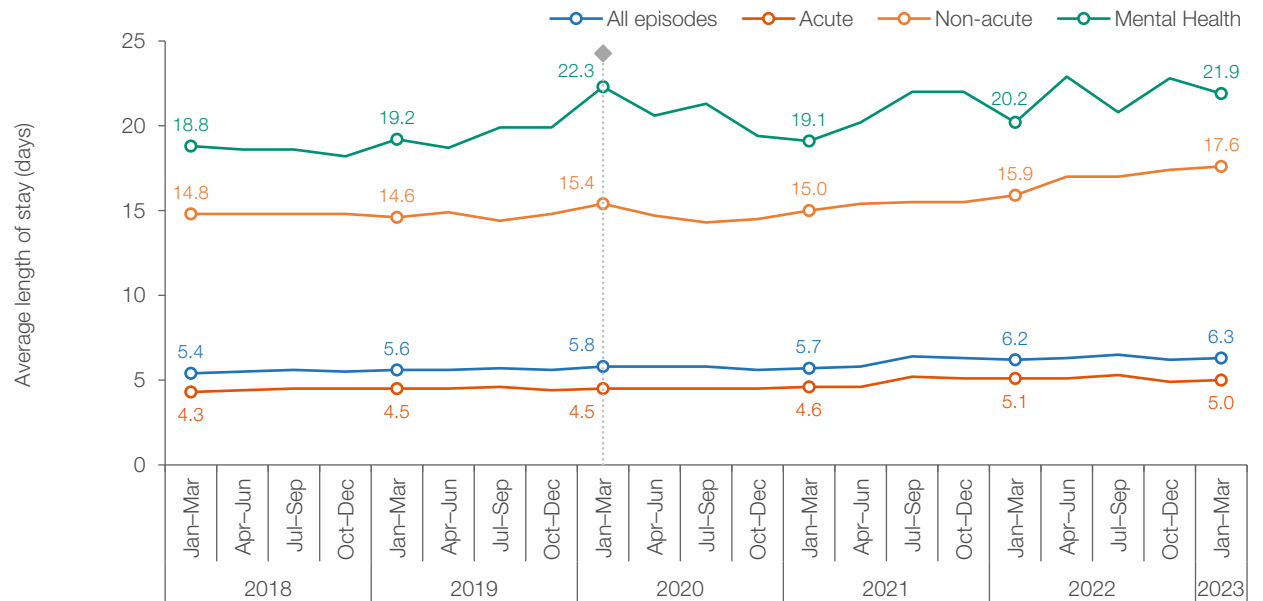
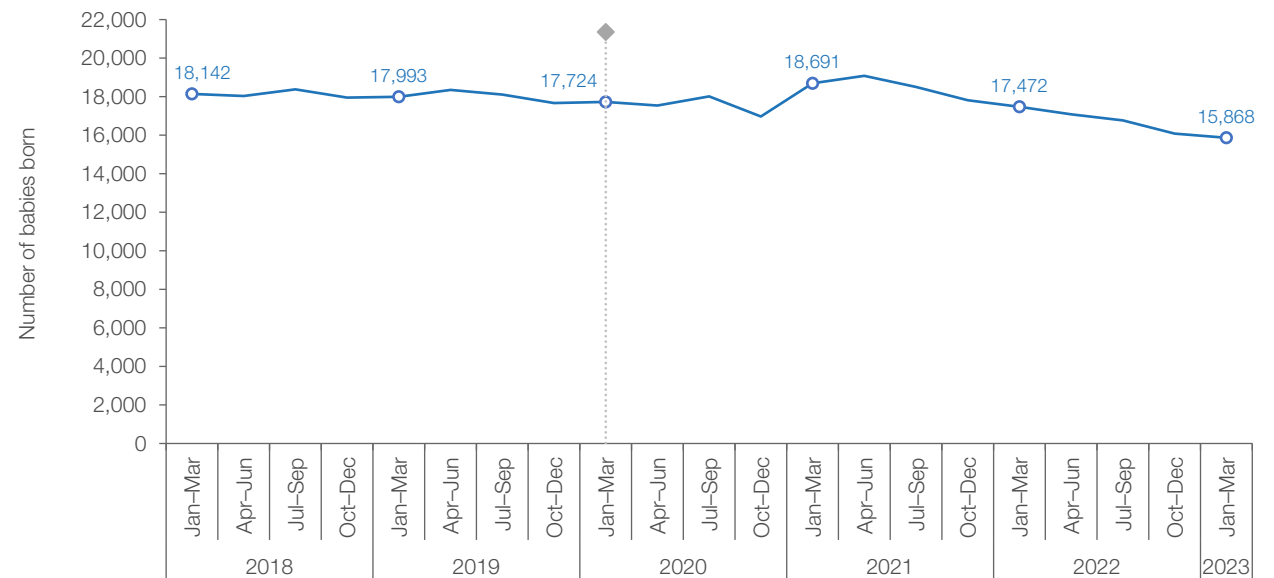


Figure 17
Babies born in public hospitals, NSW
January 2018 to March 2023

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.





Elective surgery

Elective surgery is planned and can be booked in advance. Following specialist clinical assessment, patients are placed on a waiting list and given a clinical priority – urgent, semi-urgent or non-urgent – depending on the seriousness of their condition.

Healthcare Quarterly features a range of indicators of elective surgery activity and performance, including surgical volumes and timeliness measures.

Key findings

January to March 2023

SURGERIES PERFORMED

There were 54,820 elective surgeries performed. Following fluctuations in elective surgery activity during the pandemic, this was similar to the same quarters in pre-pandemic years.

Of these, 19,924 were semi-urgent surgeries – a marked increase on pre-pandemic levels.

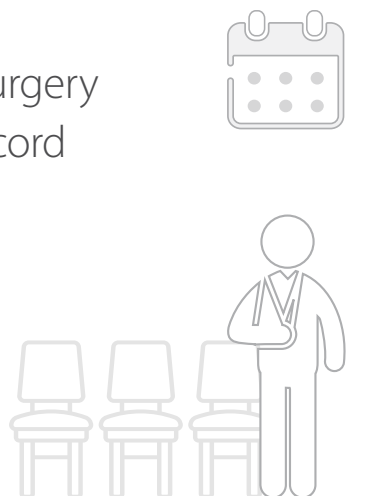


WAITING TIMES

75.0% of all elective surgery was performed on time – near the record low in mid-2022.

One in 10 patients who received non-urgent surgery waited longer than 523 days – similar to the record high in the preceding quarter.

One in 10 patients who received semi-urgent surgery waited longer than 159 days – continuing an increase from recent quarters.



PATIENTS ON WAITING LIST

There were 96,857 patients on the waiting list at the end of March, down 4.0% (4,053) from one year earlier but well above pre-pandemic levels.

Of these patients, 14,067 had waited longer than clinically recommended, down 24.4% (4,535) from the end of March 2022. Most were waiting for semi-urgent (36.1%) and non-urgent (63.9%) surgeries.



Behind the key findings

Figure 18
Elective surgeries performed, by urgency category, NSW
January 2018 to March 2023

Of the 54,820 elective surgeries performed in January to March 2023, 73.8% (40,466) were in urban hospitals and 26.2% (14,354) were in rural hospitals.

In addition to elective surgery, there were 25,568 emergency surgeries performed in public hospitals.

In response to the COVID-19 pandemic, non-urgent elective surgery was suspended resulting in decreases in elective surgery performed in April to June 2020, July to September 2021, October to December 2021 and January to March 2022. For more information, see the [technical supplement](#).

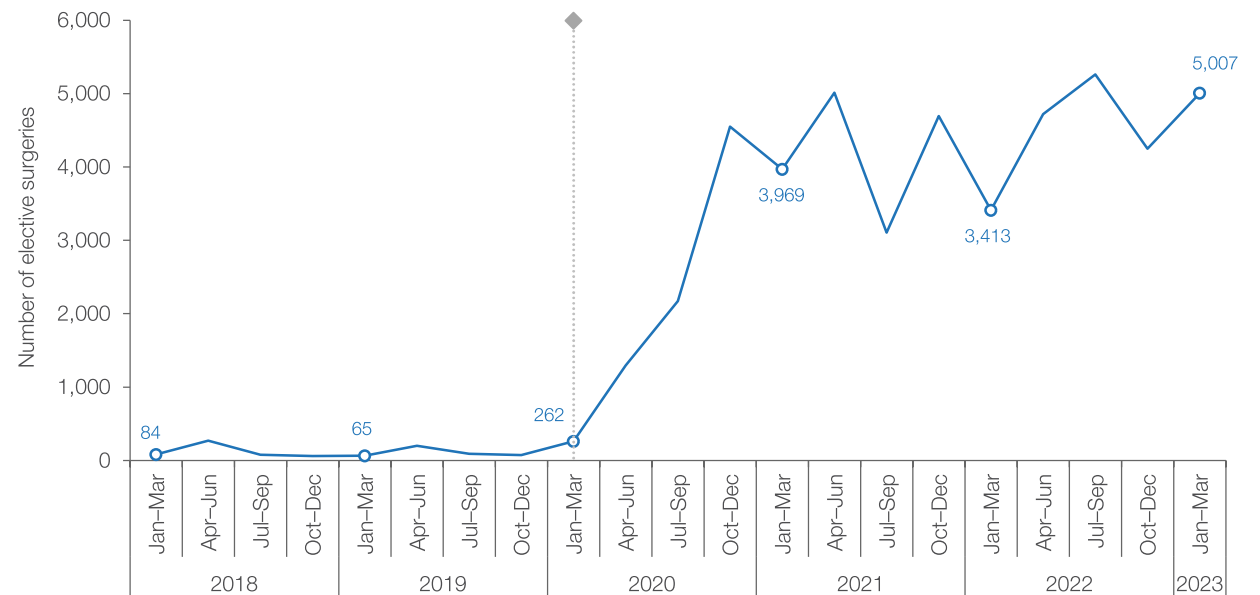
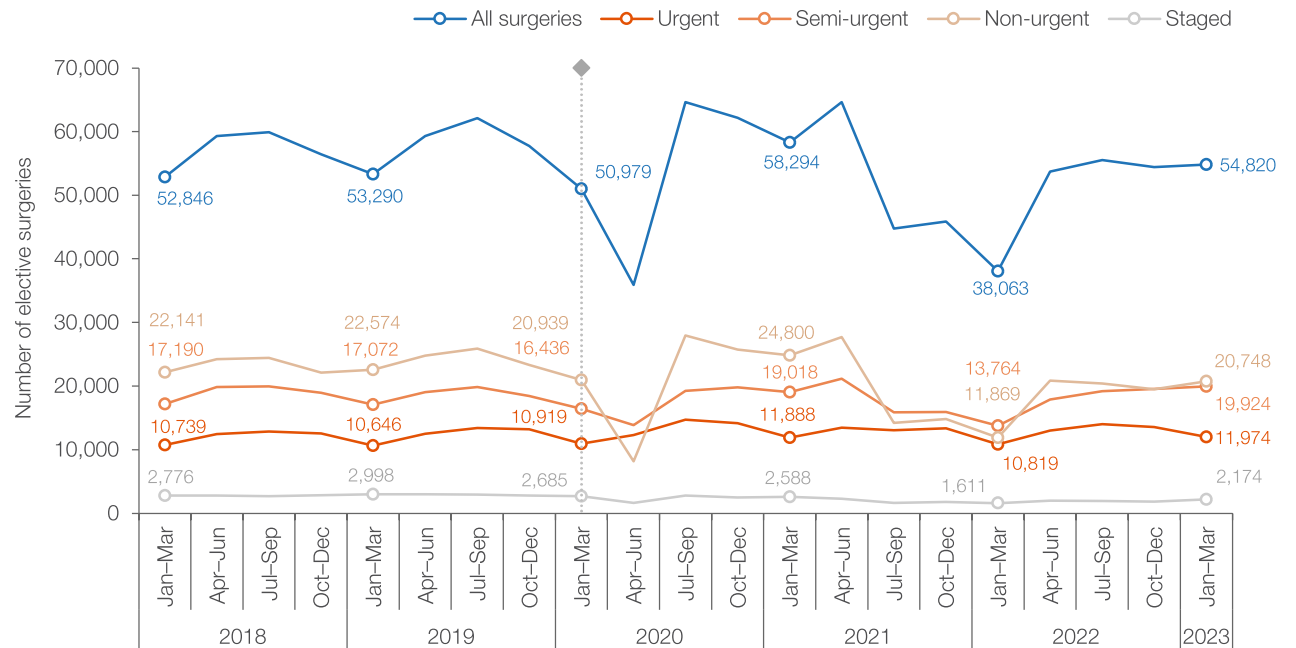
Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by ABS. For more information, see the [technical supplement](#).

ADDITIONAL INSIGHTS

Figure 19
Elective surgeries contracted to private hospitals, NSW
January 2018 to March 2023

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 in 2020.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Behind the key findings

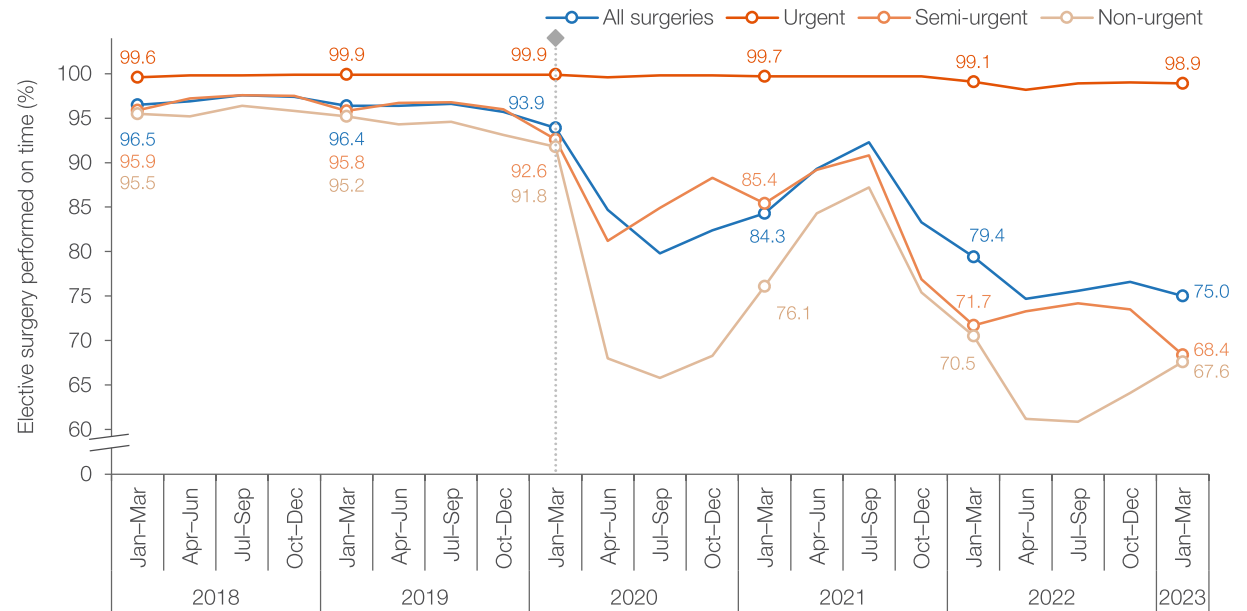
Figure 20
Percentage of elective surgeries performed on time, by urgency category, NSW
January 2018 to March 2023

In January to March 2023, the percentage of elective surgeries performed on time was 74.8% in urban hospitals and 75.6% in rural hospitals.

Clinically recommended maximum waiting times for elective surgery are:

- Urgent – 30 days
- Semi-urgent – 90 days
- Non-urgent – 365 days.

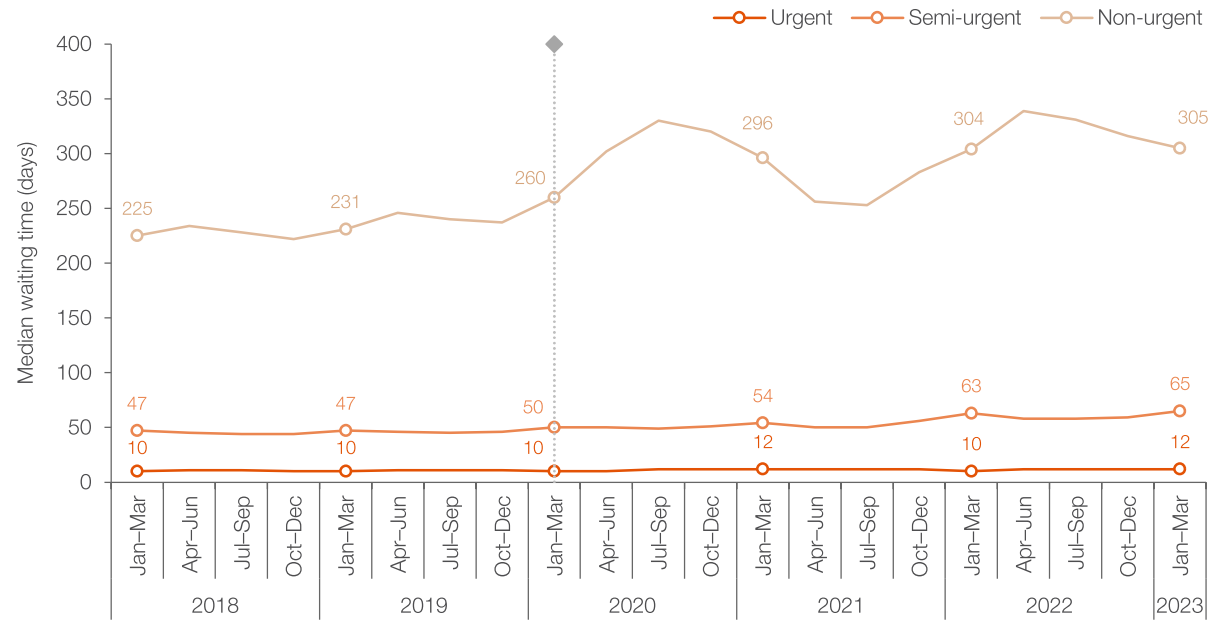
The percentage of elective surgeries performed on time is calculated based on those patients who received surgery during the quarter. This measure may be affected by previous suspensions of semi-urgent and non-urgent surgery.



◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

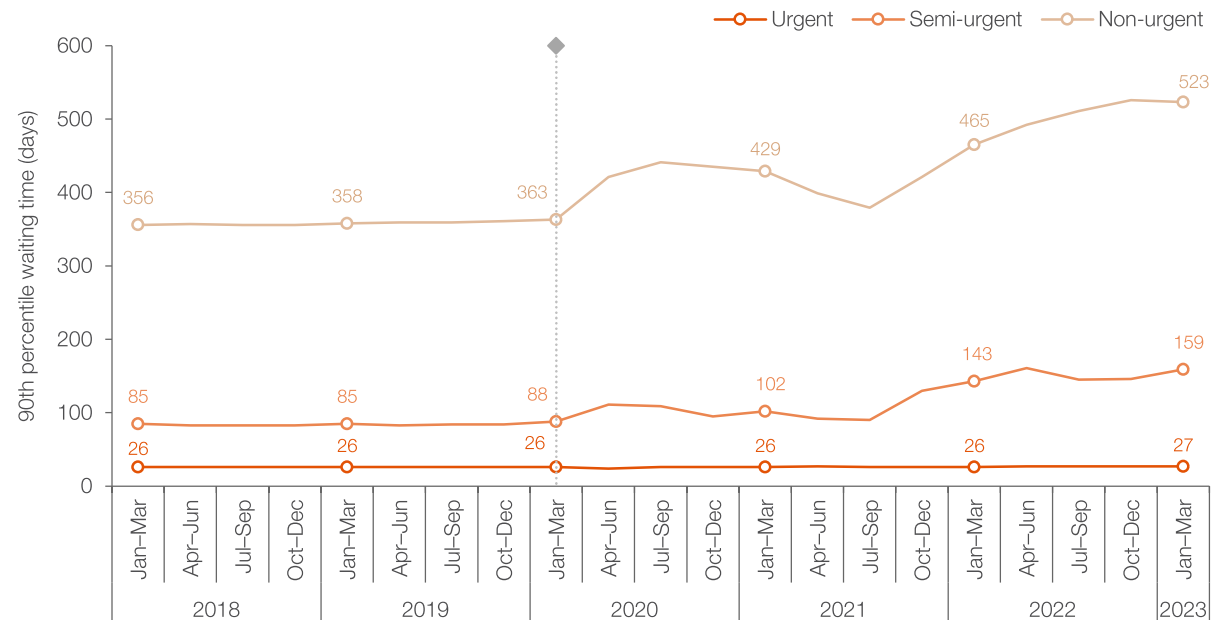
Figure 21
 Median waiting time for elective surgery,
 by urgency category, NSW
 January 2018 to March 2023



ADDITIONAL INSIGHTS

Figure 22
 90th percentile waiting time for elective surgery,
 by urgency category, NSW
 January 2018 to March 2023

Waiting times are calculated based on those patients who received surgery during the quarter. These measures may be affected by previous suspensions of semi-urgent and non-urgent surgery.



◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 23
Patients on the waiting list ready for surgery at the end of March 2023 by urgency category, NSW January 2018 to March 2023

Of those patients on the waiting list ready for surgery at the end of the January to March 2023 quarter, 69.6% (67,390) were in urban hospitals and 30.4% (29,467) were in rural hospitals.

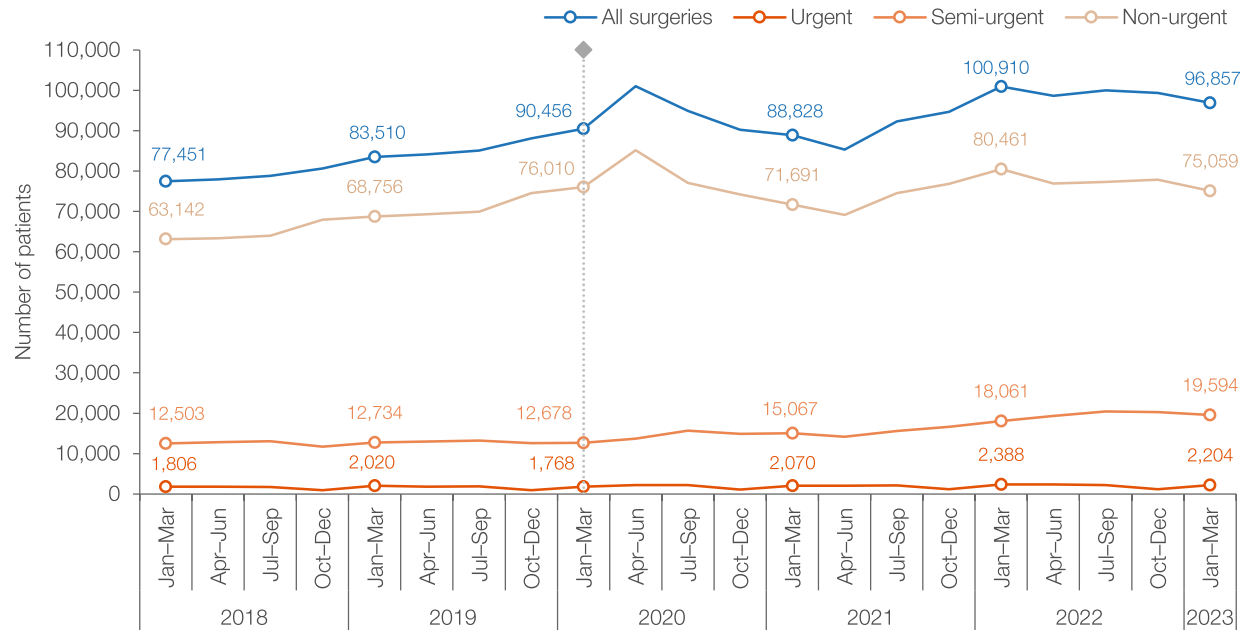
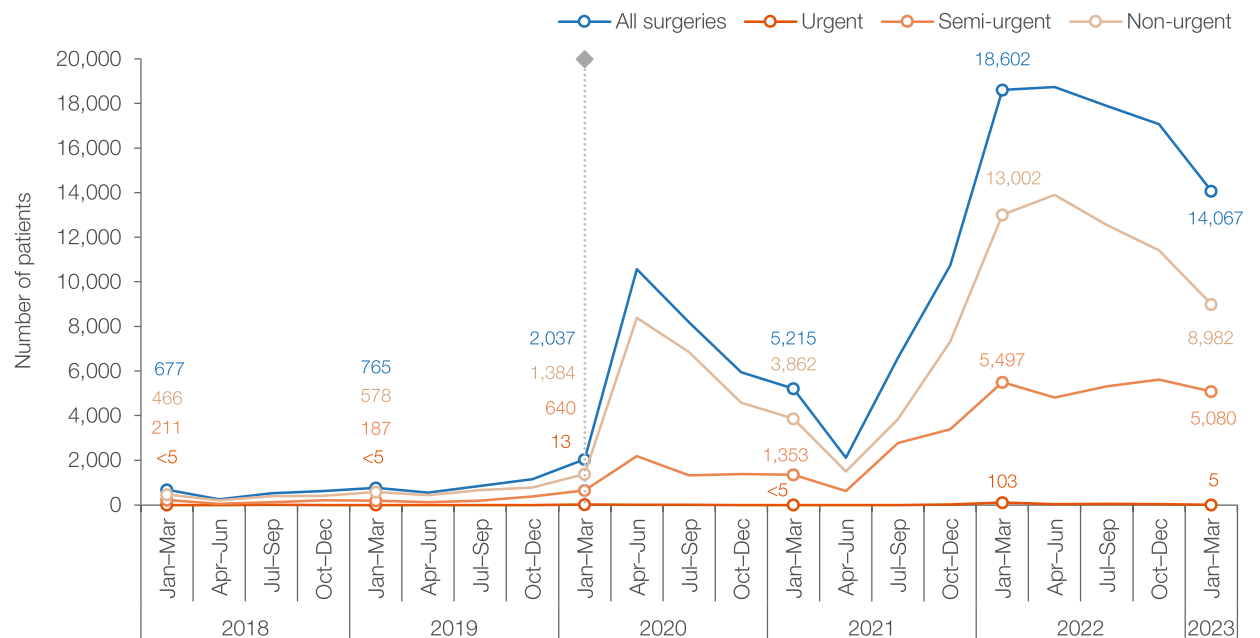


Figure 24
Patients on the waiting list ready for surgery at the end of March 2023 who had waited longer than clinically recommended, by urgency category, NSW January 2018 to March 2023

Of those patients on the waiting list ready for surgery at the end of the January to March 2023 quarter who had waited longer than clinically recommended, 74.9% (10,540) were in urban hospitals and 25.1% (3,527) were in rural hospitals.



◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Activity and performance tables

Features a range of selected measures of activity and performance for this quarter for ambulance, emergency department, admitted patients and elective surgery.

Comparisons are provided with the same quarter a year earlier, and four years earlier to allow stable comparisons with pre-pandemic levels.

Activity

Activity	Jan-Mar 2023	Jan-Mar 2022	COMPARING 2023 WITH 2022		Jan-Mar 2019	COMPARING 2023 WITH 2019	
			Difference	% change		Difference	% change
Responses	347,720	326,544	21,176	6.5%	307,749	39,971	13.0%
By priority							
P1: Emergency	170,713	168,033	2,680	1.6%	136,268	34,445	25.3%
P1A: Highest priority	10,868	9,360	1,508	16.1%	6,380	4,488	70.3%
P2: Urgent	156,657	139,400	17,257	12.4%	148,355	8,302	5.6%
P3: Time critical	13,231	12,858	373	2.9%	14,402	-1,171	-8.1%
P4-9: Non-emergency	7,119	6,253	866	13.8%	8,718	-1,599	-18.3%
Incidents	266,445	258,110	8,335	3.2%	238,771	27,674	11.6%

Performance

Performance	Jan-Mar 2023	Jan-Mar 2022	COMPARING 2023 WITH 2022		Jan-Mar 2019	COMPARING 2023 WITH 2019	
			Difference			Difference	
Call to ambulance arrival time							
By priority							
P1 cases							
% within 15 minutes	44.1%	37.7%	6.4 percentage points		59.9%	-15.8 percentage points	
% within 30 minutes	86.4%	79.6%	6.8 percentage points		93.4%	-7.0 percentage points	
P2 cases							
% within 30 minutes	52.9%	50.7%	2.2 percentage points		68.0%	-15.1 percentage points	
% within 60 minutes	81.2%	77.9%	3.3 percentage points		91.8%	-10.6 percentage points	
Response time							
By priority							
P1 cases							
Median	13.7 minutes	15.7 minutes	-2.0 minutes		11.5 minutes	2.2 minutes	
P1A cases							
% within 10 minutes	64.6%	60.2%	4.4 percentage points		71.6%	-7.0 percentage points	
Median	8.2 minutes	8.8 minutes	-0.6 minutes		7.5 minutes	0.7 minutes	
P2 cases							
Median	25.3 minutes	27.5 minutes	-2.2 minutes		19.9 minutes	5.4 minutes	

Emergency department

Activity	Jan-Mar 2023	Jan-Mar 2022	COMPARING 2023 WITH 2022		Jan-Mar 2019	COMPARING 2023 WITH 2019	
			Difference	% change		Difference	% change
Arrivals by ambulance	180,317	169,250	11,067	6.5%	170,366	9,951	5.8%
Attendances	770,089	734,581	35,508	4.8%	756,070	14,019	1.9%
Emergency presentations	753,549	716,031	37,518	5.2%	729,855	23,694	3.2%
By triage category							
T1: Resuscitation	5,856	5,110	746	14.6%	5,013	843	16.8%
T2: Emergency	113,637	101,915	11,722	11.5%	94,234	19,403	20.6%
T3: Urgent	279,166	251,620	27,546	10.9%	255,886	23,280	9.1%
T4: Semi-urgent	289,031	275,436	13,595	4.9%	303,679	-14,648	-4.8%
T5: Non-urgent	65,859	81,950	-16,091	-19.6%	71,043	-5,184	-7.3%
Admissions to hospital from ED	181,218	161,268	19,950	12.4%	191,059	-9,841	-5.2%

Performance	Jan-Mar 2023	Jan-Mar 2022	COMPARING 2023 WITH 2022		Jan-Mar 2019	COMPARING 2023 WITH 2019	
			Difference			Difference	
Percentage of patients transferred from ambulance to ED within 30 minutes	77.7%	78.6%	-0.9 percentage points		88.8%	-11.1 percentage points	
Time to start treatment							
All patients	% starting treatment on time	67.4%	70.5%	-3.1 percentage points	72.0%	-4.6 percentage points	
By triage category							
T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	54.9%	57.2%	-2.3 percentage points	63.2%	-8.3 percentage points	
	Median	10 mins	9 mins	1 min	9 mins	1 min	
	90th percentile	34 mins	33 mins	1 min	27 mins	7 mins	
T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	62.5%	65.0%	-2.5 percentage points	66.7%	-4.2 percentage points	
	Median	23 mins	22 mins	1 min	21 mins	2 mins	
	90th percentile	1 hour 35 mins	1 hour 26 mins	9 mins	1 hour 18 mins	17 mins	
T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	72.7%	74.7%	-2 percentage points	75.1%	-2.4 percentage points	
	Median	28 mins	27 mins	1 min	28 mins	unchanged	
	90th percentile	2 hours 9 mins	2 hours 2 mins	7 mins	1 hour 52 mins	17 mins	
T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	90.2%	92.5%	-2.3 percentage points	92.1%	-1.9 percentage points	
	Median	23 mins	16 mins	7 mins	24 mins	-1 min	
	90th percentile	1 hour 59 mins	1 hour 42 mins	17 mins	1 hour 49 mins	10 mins	
Time from arrival to leaving							
% leaving within four hours		58.2%	62.3%	-4.1 percentage points	70.6%	-12.4 percentage points	
For patients admitted to hospital		25.4%	25.9%	-0.5 percentage points	39.4%	-14 percentage points	
Median		3 hours 29 mins	3 hours 14 mins	15 mins	2 hours 54 mins	35 mins	
90th percentile		10 hours 17 mins	9 hours 22 mins	55 mins	7 hours 32 mins	2 hours 45 mins	



Admitted patients

Activity	Jan-Mar 2023	Jan-Mar 2022	COMPARING 2023 WITH 2022		Jan-Mar 2019	COMPARING 2023 WITH 2019	
			Difference	% change		Difference	% change
Episodes of care	468,401	426,315	42,086	9.9%	469,624	-1,223	-0.3%
By care type							
Acute	442,558	404,067	38,491	9.5%	441,154	1,404	0.3%
Overnight	223,408	211,561	11,847	5.6%	237,416	-14,008	-5.9%
Same-day	219,150	192,506	26,644	13.8%	203,738	15,412	7.6%
Non-acute	16,146	13,232	2,914	22.0%	16,984	-838	-4.9%
Mental health	9,697	9,016	681	7.6%	11,486	-1,789	-15.6%
Average length of stay for overnight episodes (days)	6.3	6.2	0.1	1.6%	5.6	0.7	12.5%
By care type							
Acute	5.0	5.1	-0.1	-2.0%	4.5	0.5	11.1%
Non-acute	17.6	15.9	1.7	10.7%	14.6	3.0	20.5%
Mental health	21.9	20.2	1.7	8.4%	19.2	2.7	14.1%
Bed days	1,762,685	1,630,406	132,279	8.1%	1,661,288	101,397	6.1%
By care type							
Acute	1,331,269	1,266,145	65,124	5.1%	1,260,876	70,393	5.6%
Non-acute	237,488	193,692	43,796	22.6%	209,917	27,571	13.1%
Mental health	193,928	170,569	23,359	13.7%	190,495	3,433	1.8%
Babies born	15,868	17,472	-1,604	-9.2%	17,993	-2,125	-11.8%



Elective surgery

Activity

			COMPARING 2023 WITH 2022				COMPARING 2023 WITH 2019		
			Jan-Mar 2023	Jan-Mar 2022	Difference	% change	Jan-Mar 2019	Difference	% change
Elective surgeries performed			54,820	38,063	16,757	44.0%	53,290	1,530	2.9%
By urgency	Urgent		11,974	10,819	1,155	10.7%	10,646	1,328	12.5%
	Semi-urgent		19,924	13,764	6,160	44.8%	17,072	2,852	16.7%
	Non-urgent		20,748	11,869	8,879	74.8%	22,574	-1,826	-8.1%
	Staged*		2,174	1,611	563	34.9%	2,998	-824	-27.5%

Performance

			COMPARING 2023 WITH 2022				COMPARING 2023 WITH 2019		
			Jan-Mar 2023	Jan-Mar 2022	Difference	% change	Jan-Mar 2019	Difference	% change
Waiting time	All patients	% on time	75.0%	79.4%	-4.4 percentage points		96.4%	-21.4 percentage points	
By urgency	Urgent	% on time (Recommended: within 30 days)	98.9%	99.1%	-0.2 percentage points		99.9%	-1 percentage point	
		Median	12 days	10 days	2 days		10 days	2 days	
		90th percentile	27 days	26 days	1 day		26 days	1 day	
	Semi-urgent	% on time (Recommended: within 90 days)	68.4%	71.7%	-3.3 percentage points		95.8%	-27.4 percentage points	
		Median	65 days	63 days	2 days		47 days	18 days	
		90th percentile	159 days	143 days	16 days		85 days	74 days	
Non-urgent	% on time (Recommended: within 365 days)	67.6%	70.5%	-2.9 percentage points		95.2%	-27.6 percentage points		
	Median	305 days	304 days	1 day		231 days	74 days		
	90th percentile	523 days	465 days	58 days		358 days	165 days		
Patients on waiting list ready for elective surgery at end of quarter			96,857	100,910	-4,053	-4.0%	83,510	13,347	16.0%
By urgency	Urgent		2,204	2,388	-184	-7.7%	2,020	184	9.1%
	Semi-urgent		19,594	18,061	1,533	8.5%	12,734	6,860	53.9%
	Non-urgent		75,059	80,461	-5,402	-6.7%	68,756	6,303	9.2%
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			14,067	18,602	-4,535	-24.4%	765	13,302	1738.8%

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

Note: In response to the COVID-19 pandemic, non-urgent elective surgery was suspended for a period during January to March 2021. For more information, see the [technical supplement](#).

Explanation of key terms

Ambulance

Calls

Calls received at the ambulance control centre, requesting an ambulance vehicle.

Call to ambulance arrival time

The time from when a call is first answered in the ambulance control centre to the time the first ambulance arrives at the scene of an incident.

Incident

A call to the ambulance control centre that results in the dispatch of one or more ambulance vehicles.

Response

The dispatch of an ambulance vehicle to an incident. There may be multiple responses to a single incident. Responses include vehicles cancelled prior to arrival at the incident scene.

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.

Emergency department (ED)

ED attendances

The count of every patient visit to the ED during the defined period.

Emergency presentations

The vast majority of ED attendances are classified as 'emergency presentations', where the intent of the visit to the ED is to receive emergency care. The remaining attendances include non-emergency visits such as planned returns, pre-arranged admissions, some outpatient visits and private referrals.

Time from arrival to leaving ED

The time from a patient's arrival at the ED until their departure from the ED.

Time to start treatment

The time from a patient's arrival at the ED until the start of their clinical treatment in the ED.

Time to transfer care

For patients transported to the ED by ambulance, the time from their arrival at the ED to when responsibility for their care is transferred from paramedics to ED staff in an ED treatment zone.

Admitted patients

Average length of stay

The mean of total bed days for all completed episodes of care. That is, the total number of days in hospital for all episodes of care divided by the total number of episodes of care.

Bed days

For an overnight admitted patient episode, the difference, in days, between the episode start date and the episode end date, minus any leave days during the episode. Same-day episodes count as one bed day.

Episode of care

When a person is admitted to hospital, they begin what is termed an admitted patient episode or 'episode of care'. Patients may have more than one type of care during the same hospital stay, each of which is regarded as a separate episode of care.

Elective surgery

Waiting list

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.

Waiting time

The number of days from a patient's placement on the elective surgery waiting list until they undergo surgery.



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