

Healthcare Quarterly

Seclusion and Restraint Supplement

April to June 2021



BUREAU OF HEALTH INFORMATION

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

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Please note there is the potential for minor revisions of data in this report.

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

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Seclusion and physical 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. They should only be used as a last resort when other options are unsuccessful in maintaining safety for the patient, staff or others.

In NSW, there are more than 40 public hospitals, plus the forensic hospital, with specialised acute mental health units that treat patients with varying severities of mental illness. There are Mental Health Intensive Care Units (MHICUs) in six of these hospitals, providing treatment for patients with a higher level of clinical severity and complexity who may be more likely to experience seclusion and restraint.

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

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

Most episodes of care in acute mental health units did not have a seclusion or restraint event in April to June 2021 (Figure 1).

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

The percentage of acute mental health episodes of care with at least one seclusion event was 3.0%, down 1.3 percentage points compared with the same quarter the previous year (Figure 1, Table 1). The percentage was 4.1 or above in 13 hospitals: Morisset (20.0), Broken Hill (10.7), Maitland (7.9), Bankstown-Lidcombe (7.1), Concord (6.5), Cumberland (6.3), Shellharbour (5.4), Lismore (5.3), Gosford (5.2), Nepean (4.8), Port Macquarie (4.4), Liverpool (4.1) and Wyong (4.1) (Table 1).

The percentage of acute mental health episodes of care with at least one physical restraint event was 4.3%, relatively stable (down 1.0 percentage point) compared with the same quarter the previous year (Figure 1, Table 1).

There is variation across public hospitals in the use of these interventions (Table 1).

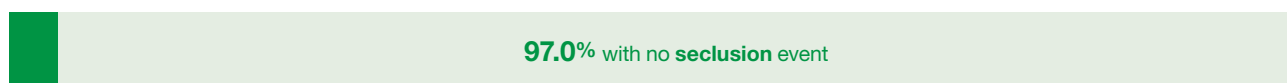
For more information on analyses of seclusion and restraint, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals* at bhi.nsw.gov.au/BHI_reports/measurement_matters

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

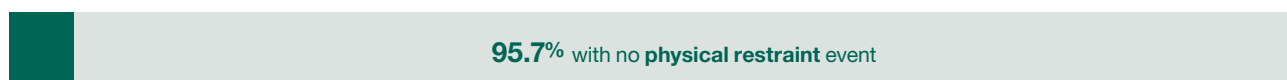
A **restraint event** occurs when a patient's freedom of movement is restricted by physical means (i.e. hands-on immobilisation by healthcare staff) or mechanical means (i.e. application of devices).

Figure 1 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, April to June 2021*

3.0% with ≥1 **seclusion event**



4.3% with ≥1 **physical restraint event**



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

Note: Seclusion and restraint data were drawn from the HIE on 23 July 2021, and manually collected measures received from InforMH, System Information and Analytics, NSW Ministry of Health on 2 August 2021.

Table 1 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, April to June 2021*

	Hospital	Number of acute mental health episodes of care	Seclusion		Physical restraint	
			% of episodes with at least one event	Percentage point change since one year ago	% of episodes with at least one event	Percentage point change since one year ago
No mental health intensive care unit	NSW†	11,753	3.0	-1.3	4.3	-1.0
	Armidale	88	0.0	0.0	0.0	0.0
	Bankstown-Lidcombe	210	7.1	0.6	7.1	0.2
	Blacktown	451	2.7	1.0	3.1	1.4
	Blue Mountains	83	1.2	1.2	13.3	9.0
	Braeside	36	0.0	0.0	0.0	-7.9
	Broken Hill	56	10.7	-6.5	10.7	-3.1
	Campbelltown	504	0.8	-0.8	3.4	-1.1
	Children's at Westmead	88	0.0	0.0	3.4	-9.1
	Coffs Harbour	212	1.4	-1.7	3.8	-0.1
	Dubbo	82	0.0	-1.1	1.2	0.1
	Gosford	153	5.2	-2.7	5.2	-1.5
	Goulburn	264	1.1	-2.7	4.9	-4.1
	Greenwich	56	0.0	0.0	1.8	0.3
	John Hunter	88	0.0	-1.2	8.0	-2.7
	Kempsey	94	0.0	0.0	0.0	0.0
	Lismore	206	5.3	-1.8	6.8	0.5
	Liverpool	540	4.1	-2.4	3.7	-1.6
	Macquarie	54	0.0	-1.4	3.7	0.9
	Maitland	189	7.9	0.8	3.7	2.2
	Manning	123	1.6	-1.6	4.9	3.8
	Morisset	10	20.0	20.0	10.0	0.0
	Nepean	601	4.8	1.5	4.2	-0.1
	Port Macquarie	114	4.4	2.3	1.8	-2.5
	Royal North Shore	329	1.2	-1.3	3.3	-2.5
	Royal Prince Alfred	626	2.4	-0.5	2.7	-2.0
	Shellharbour	350	5.4	-1.5	2.9	-3.8
	South East Regional	97	1.0	1.0	5.2	2.5
	St George	285	0.7	-1.4	5.6	0.3
	St Joseph's	25	0.0	0.0	4.0	4.0
	St Vincent's	350	2.3	2.0	5.1	2.9
	Sutherland	166	0.6	-3.3	4.2	-1.0
	Sydney Children's	226	0.0	-4.3	0.4	-17.0
	Tamworth	179	2.8	0.2	5.0	-2.0
	Tweed	178	0.0	-2.3	3.9	1.2
	Wagga Wagga	318	0.3	-2.3	2.8	-2.4
	Westmead	158	0.0	0.0	3.2	0.4
	Wollongong	298	2.3	0.6	1.3	-1.1
	Wyong	320	4.1	-2.0	4.4	-2.3
MHICU	Concord	819	6.5	-3.8	5.9	-2.4
	Cumberland	725	6.3	-2.2	5.0	-1.0
	Hornsby	374	1.3	-3.3	4.8	-2.4
	Hunter New England Mater MH	696	3.9	-1.2	6.0	0.3
	Orange	437	0.9	-2.5	4.1	-0.9
JH	Prince of Wales	495	1.4	1.2	5.1	-1.1
	The Forensic Hospital†	51	15.7	-10.2	31.4	-3.1

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

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

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

Results for Northern Beaches Hospital are not included. Bathurst Hospital no longer provides acute mental health care, so is not included from the April to June 2021 quarter onwards. See the technical supplement to this issue of *Healthcare Quarterly* for further information.

Seclusion and physical restraint

Across April to June quarters, the percentage of acute mental health episodes of care in NSW with at least one seclusion event decreased from 5.7% in 2016 to 3.0% in 2021 (Figure 2).

The percentage of acute mental health episodes of care with at least one seclusion event in hospitals with a MHICU followed a similar pattern, and was typically higher than in hospitals without a MHICU (Figure 2).

The percentage of acute mental health episodes of care in NSW with at least one physical restraint event remained relatively stable over the past five years (Figure 3).

The percentage of acute mental health episodes of care with at least one physical restraint event in hospitals with a MHICU followed a similar pattern, and was typically higher than in hospitals without a MHICU (Figure 3).

Figure 2 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one seclusion event, April 2016 to June 2021

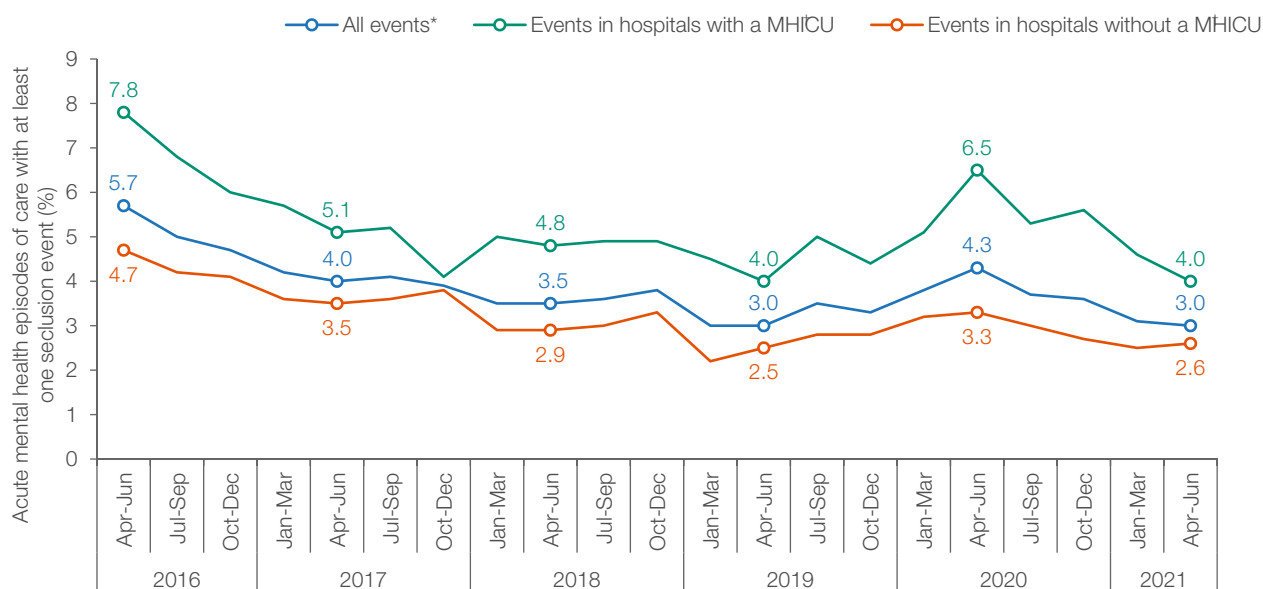
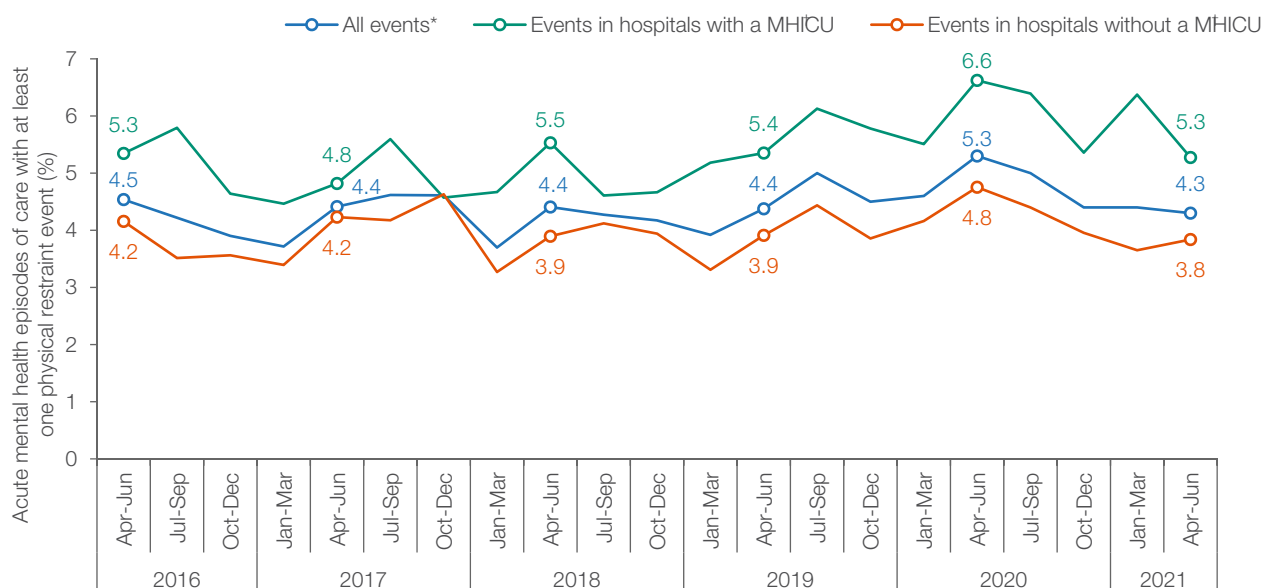


Figure 3 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one physical restraint event, April 2016 to June 2021



* 'All events' includes all seclusion or physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the Justice Health and Forensic Mental Health Network (JHFMHN).

* MHICU = Mental Health Intensive Care Unit

Note: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au

Seclusion and restraint events and rate

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

Across NSW, there were 588 seclusion events in April to June 2021, down 278 events compared with the same quarter the previous year. There were 888 physical restraint events, down 256 (Table 2).

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 2).

There were 38 mechanical restraint events in NSW public hospitals with specialised acute mental health units (excluding the Forensic Hospital). This was down by 25 events compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, there were 96 mechanical restraint events, up by 26 events compared with the same quarter the previous year (data not shown).

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 April to June 2021, the NSW rate of seclusion was 4.5, down 2.8 compared with the same quarter the previous year (Table 2).

The rate of seclusion was below 5.1 per 1,000 bed days in 33 hospitals. The rate was 5.1 or above in 11 hospitals: Broken Hill (16.8), Maitland (16.0), Hunter New England Mater Mental Health Centre (12.3), Concord (8.9), Cumberland (8.1), Liverpool (8.0), Lismore (7.3), Port Macquarie (7.1), Bankstown-Lidcombe (5.6), Nepean (5.5) and Shellharbour (5.3) (Table 2).

The rate of physical restraint was 6.8 per 1,000 bed days, down 2.8 compared with the same quarter the previous year (Table 2).

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

Table 2 Number and rate of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, April to June 2021

		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
NSW		588	-278	4.5	888	-256	6.8
No mental health intensive care unit	Armidale	0	0	0	0	0	0
	Bankstown-Lidcombe	15	-14	5.6	15	-17	5.6
	Blacktown	13	4	4.4	23	14	7.7
	Blue Mountains	<5	1	0.8	18	13	14.7
	Braeside	0	0	0	0	-6	0
	Broken Hill	7	-4	16.8	10	6	24
	Campbelltown	5	-6	0.9	26	-11	4.7
	Children's at Westmead	0	0	0	11	-3	18.2
	Coffs Harbour	<5	-10	0.9	9	-6	2.8
	Dubbo	0	-1	0	<5	1	4.2
	Gosford	12	-4	5	10	-8	4.2
	Goulburn	<5	-13	2.2	23	-21	12.8
	Greenwich	0	0	0	<5	1	1.2
	John Hunter	0	-1	0	12	-56	17
	Kempsey	0	0	0	0	0	0
	Lismore	27	-8	7.3	36	21	9.8
	Liverpool	39	-42	8	30	-13	6.1
	Macquarie	0	-1	0	<5	0	1.7
	Maitland	31	12	16	8	4	4.1
	Manning	<5	-1	1.9	15	14	14.2
	Morisset	<5	4	4.6	5	4	5.8
	Nepean	32	16	5.5	29	8	5
	Port Macquarie	8	5	7.1	6	0	5.3
	Royal North Shore	<5	-4	1.3	18	0	6
	Royal Prince Alfred	21	-9	3.2	24	-57	3.7
	Shellharbour	21	-44	5.3	26	-24	6.5
	South East Regional	<5	1	0.9	8	5	7.2
	St George	<5	-4	0.7	21	-6	7.6
	St Joseph's	0	0	0	<5	1	1.2
	St Vincent's	8	5	2.8	31	22	11
	Sutherland	<5	-6	0.4	8	-3	3.6
	Sydney Children's	0	-2	0	<5	-10	4
	Tamworth	8	-5	4.8	13	-15	7.8
	Tweed	0	-11	0	11	-8	5.2
	Wagga Wagga	<5	-11	0.3	12	-10	3.8
	Westmead	0	0	0	6	-2	2.4
	Wollongong	9	3	2.8	19	8	5.9
	Wyong	14	-29	3.6	24	-16	6.2
MHICU	Concord	101	-98	8.9	67	-100	5.9
	Cumberland	67	-20	8.1	48	-15	5.8
	Hornsby	7	-23	1.5	32	-36	6.9
	Hunter New England Mater MH	105	38	12.3	154	50	18.1
	Orange	<5	-6	0.9	36	18	7.9
	Prince of Wales	11	10	1.9	34	-3	5.9
JH	The Forensic Hospital	19	-312	5	103	-256	27.2

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

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

Results for Northern Beaches Hospital are not included. Bathurst Hospital no longer provides acute mental health care, so is not included from the April to June 2021 quarter onwards. See the technical supplement to this issue of *Healthcare Quarterly* for further information.

Seclusion events and rate

Across April to June quarters, the number of seclusion events decreased from 1,159 in 2016 to 588 in 2021, down 49.3% (571). The number of seclusion events in hospitals with a MHICU decreased from 534 in April to June 2016 to 295 in April to June 2021, down 44.8% (239) (Figure 4).

The rate of seclusion is the number of seclusion events per 1,000 bed days. Since 2018–19, the NSW Ministry of Health's KPI target for the rate of seclusion has been less than 5.1 per 1,000 bed days.

Across April to June quarters, the rate decreased from 8.9 per 1,000 bed days in 2016 to 4.5 per 1,000 in 2021. Similarly, the rate of seclusion in hospitals with a MHICU also declined over five years, and was typically higher than in hospitals without a MHICU (Figure 5).

Figure 4 Number of seclusion events occurring in specialised acute mental health inpatient units, April 2016 to June 2021

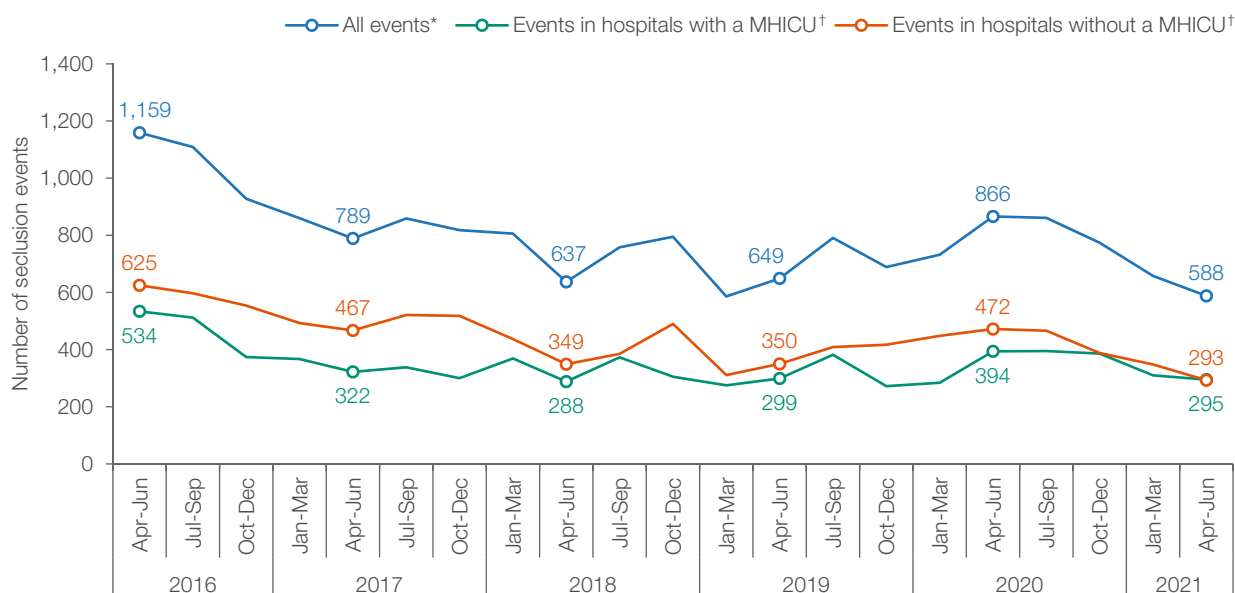
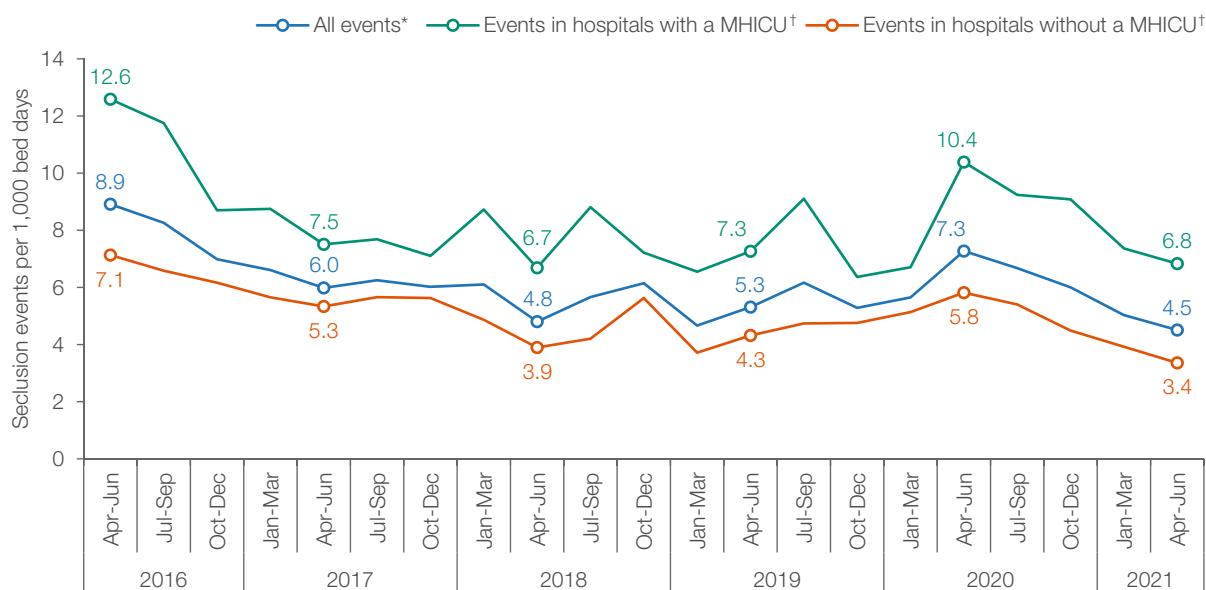


Figure 5 Number of seclusion events per 1,000 bed days in specialised acute mental health inpatient units, April 2016 to June 2021



* 'All events' includes all seclusion events occurring in specialised acute mental health inpatient units, excluding episodes in the Justice Health and Forensic Mental Health Network (JHFMHN).

† MHICU = Mental Health Intensive Care Unit

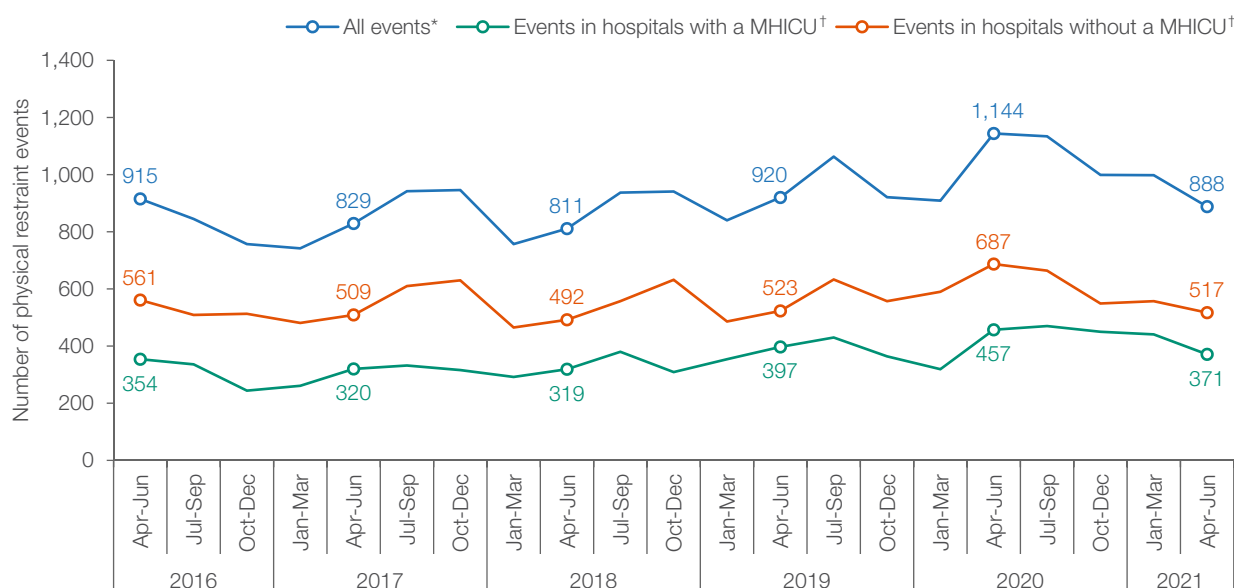
Note: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au

Physical restraint events and rate

The number of physical restraint events showed some seasonal variation over five years. It peaked at 1,144 in April to June 2020, followed by a decrease to 888 in April to June 2021 (Figure 6).

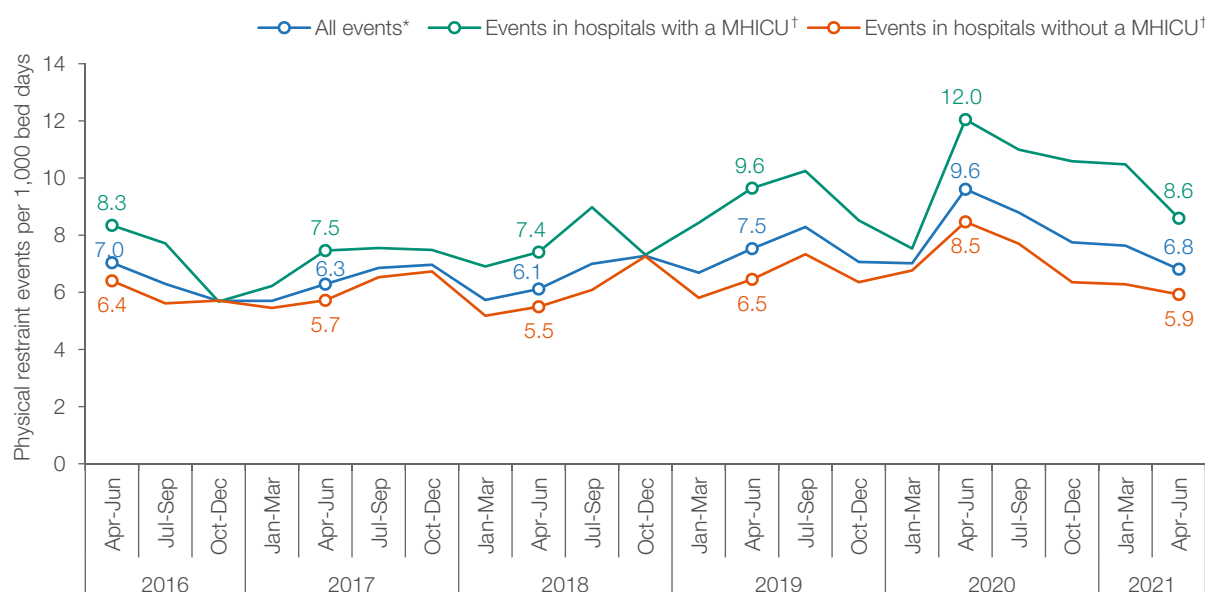
The rate of restraint refers to the number of restraint events per 1,000 bed days. The rate of physical restraint increased and peaked at 9.6 per 1,000 bed days in April to June 2020, followed by a decrease to 6.8 per 1,000 bed days in April to June 2021, slightly lower than it was five years previously. The rate of physical restraint in hospitals with a MHICU increased over five years, and was typically higher than in hospitals without a MHICU (Figure 7).

Figure 6 Number of physical restraint events occurring in specialised acute mental health inpatient units, April 2016 to June 2021



Note: Data collection for physical restraint commenced in 2015–16. The variation in the number of physical restraint events over time may be due to differences in the processes for manual collection of data and/or a maturing understanding of the definition of physical restraint rather than actual differences in the use of physical restraint.

Figure 7 Number of physical restraint events per 1,000 bed days in specialised acute mental health inpatient units, April 2016 to June 2021



* 'All events' includes all physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the JHFMHN.

† MHICU = Mental Health Intensive Care Unit

Note: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au

Duration of seclusion and physical restraint events

While seclusion and restraint are 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 the average duration of seclusion events in 2020–21 is less than four hours.

Statewide, the average duration of a seclusion event was 8 hours and 21 minutes in April to June 2021, up 1 hour and 27 minutes compared with the same quarter the previous year (Table 3). The average duration of seclusion events was less than four hours in 28 of the hospitals reported. The average duration was longer than four hours in five hospitals: Concord (24h 45m), Liverpool (12h 17m), Nepean (10h 25m), Cumberland (9h 58m) and Prince of Wales (8h 1m) (Table 3).

In April to June 2021, the average duration of a physical restraint event was four minutes, down one minute compared with the same quarter the previous year (Table 3).

The average duration of a mechanical restraint event in NSW public hospitals (excluding the Forensic Hospital) was 24 minutes. This was down 35 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 55 minutes, down 23 minutes compared with the same quarter the previous year (data not shown).

Table 3

Average duration of seclusion and physical restraint events occurring in specialised acute mental health inpatient units, by public hospital, April to June 2021

Hospital	Seclusion		Physical restraint	
	Average duration	Change since one year ago	Average duration	Change since one year ago
NSW	8h 21m	1h 27m	4m	-1m
Armidale	0m	0m	0m	0m
Bankstown-Lidcombe	2h 57m	-47m	2m	1m
Blacktown	3h 20m	-11h 48m	1m	-1m
Blue Mountains	†	‡	7m	3m
Braeside	0m	0m	0m	-1m
Broken Hill	1h 23m	-1h 40m	2m	‡
Campbelltown	1h 7m	9m	2m	0m
Children's at Westmead	0m	0m	11m	3m
Coffs Harbour	†	‡	5m	-1m
Dubbo	0m	‡	†	‡
Gosford	3h 8m	-2h 41m	3m	0m
Goulburn	†	‡	2m	1m
Greenwich	0m	0m	†	‡
John Hunter	0m	‡	3m	-1m
Kempsey	0m	0m	0m	0m
Lismore	3h 38m	-5h 49m	7m	0m
Liverpool	12h 17m	-1h 55m	1m	-1m
Macquarie	0m	‡	†	‡
Maitland	1h 45m	-40m	4m	‡
Manning	†	‡	2m	‡
Morisset	†	‡	3m	‡
Nepean	10h 25m	7h 49m	2m	1m
Port Macquarie	1h 49m	‡	2m	0m
Royal North Shore	†	‡	4m	2m
Royal Prince Alfred	3h 7m	-8h 13m	7m	1m
Shellharbour	1h 24m	-2h 20m	5m	3m
South East Regional	†	‡	3m	‡
St George	†	‡	1m	0m
St Joseph's	0m	0m	†	‡
St Vincent's	25m	‡	2m	0m
Sutherland	†	‡	1m	-1m
Sydney Children's	0m	‡	†	‡
Tamworth	1h 42m	-22m	4m	1m
Tweed	0m	-1h 15m	1m	-1m
Wagga Wagga	†	‡	2m	0m
Westmead	0m	0m	4m	3m
Wollongong	2h 21m	-2h 1m	5m	2m
Wyang	1h 53m	-2h 51m	4m	-1m
MHICU				
Concord	24h 45m	16h 50m	5m	0m
Cumberland	9h 58m	34m	3m	0m
Hornsby	3h 2m	1h 39m	9m	-5m
Hunter New England Mater MH	2h 49m	-3h 11m	7m	1m
Orange	†	‡	3m	-16m
Prince of Wales	8h 1m	‡	3m	0m
JH				
The Forensic Hospital	9h 54m	-2h 35m	6m	-1m

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

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

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

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

Results for Northern Beaches Hospital are not included. Bathurst Hospital no longer provides acute mental health care, so is not included from the April to June 2021 quarter onwards. See the technical supplement to this issue of *Healthcare Quarterly* for further information.

Duration of seclusion and physical restraint events

The NSW Health KPI for average seclusion duration of less than four hours has been in place since 2017–18.

The average duration of a seclusion event at NSW level has been longer than the NSW Health KPI target of four hours since April to June 2016 (Figure 8).

The average duration of a seclusion event increased from 4 hours 39 minutes in April to June 2016 to 8 hours 21 minutes in April to June 2021, the longest of any quarter over the past five years. The average duration of a seclusion event in hospitals with a MHICU rose sharply in the past year, whereas it decreased in hospitals without a MHICU (Figure 8).

The average duration of physical restraint events varied between 4 minutes 15 seconds, and 5 minutes 41 seconds across April to June quarters over five years. The average duration of a physical restraint event in hospitals with a MHICU was typically longer than in hospitals without a MHICU (Figure 9).

Figure 8 Average duration of seclusion events occurring in specialised acute mental health inpatient units, April 2016 to June 2021

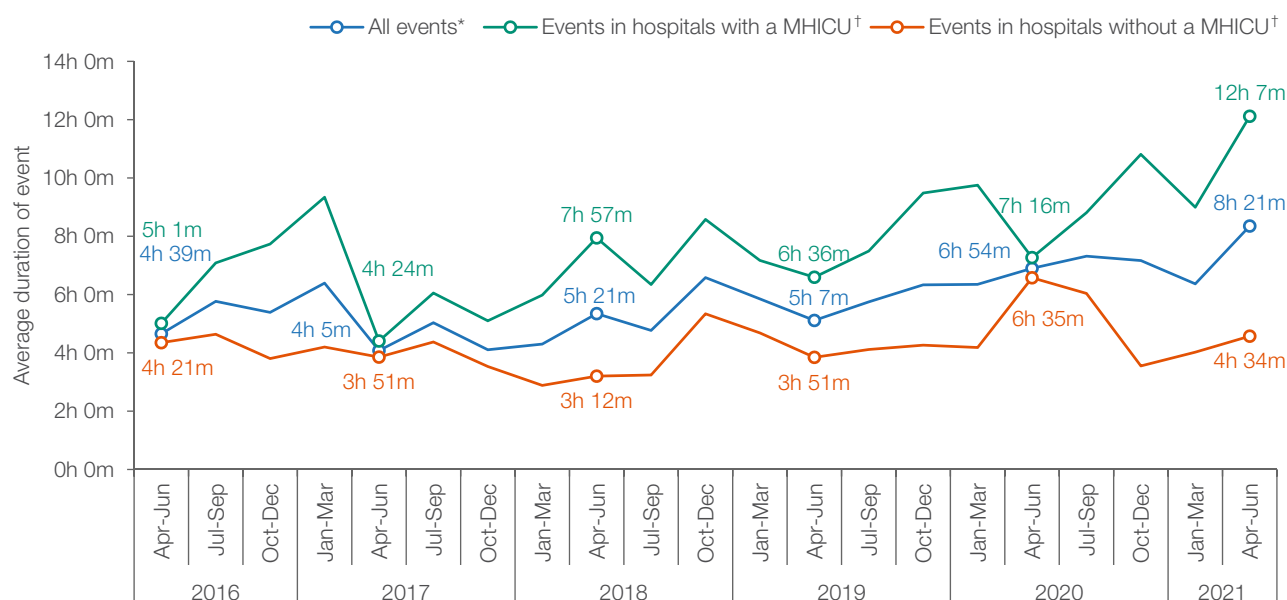
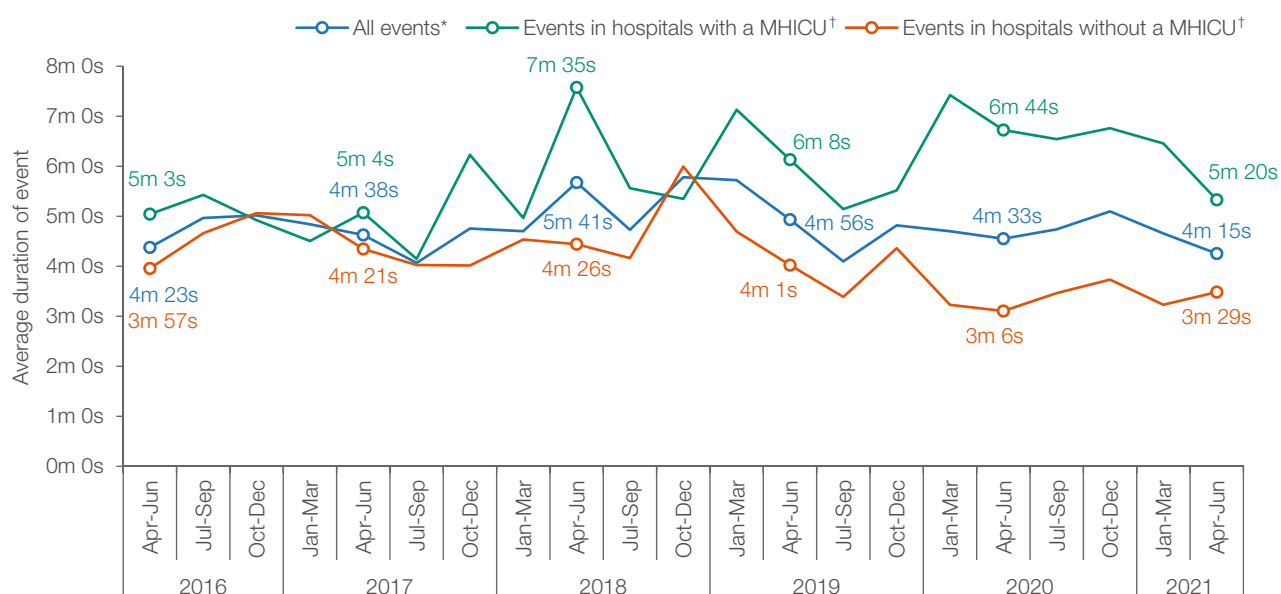


Figure 9 Average duration of physical restraint events occurring in specialised acute mental health inpatient units, April 2016 to June 2021



* 'All events' includes all seclusion or physical restraint events occurring in specialised acute mental health inpatient units, excluding episodes in the JHFMHN.

† MHICU = Mental Health Intensive Care Unit

Note: For more information, including which hospitals are included each quarter, please refer to the technical supplement to this *Healthcare Quarterly* and *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at bhi.nsw.gov.au

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