

Healthcare Quarterly

COVID-19 Supplement

Emergency department, ambulance,
admitted patients and elective surgery

January to September 2020



BUREAU OF HEALTH INFORMATION

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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.

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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.

Summary

This *COVID-19 Supplement* is the third released by the Bureau of Health Information (BHI). It tracks activity in the NSW healthcare system from January to September 2020, with a particular focus on July to September 2020.

New cases of COVID-19 in NSW peaked in mid March 2020. By 30 September, there had been 4,054 confirmed cases. The majority of people have remained outside of hospital settings to recover. COVID-19 testing increased significantly from mid March with a total 2,727,207 tests by 30 September.

Having peaked in mid March, weekly emergency department (ED) attendances decreased 39.8% to 38,903 by mid April 2020 before starting to steadily increase again. By the last week of September, ED attendances were 48,558, down 4.6% compared with the same week in 2019.

The most striking decreases in emergency presentations in late March were seen in triage categories 3 (urgent) and 4 (semi-urgent). By the end of September, they remained down, by 8% and 8.9% respectively, compared with the same week in 2019.

Emergency presentations for respiratory system conditions peaked in mid March. By the last week of September 2020, they remained down, by 43.5%, compared with the same week in 2019. In September 2020, weekly emergency presentations for injury were above 2019 levels. For other selected clinical cohorts (mental health, circulatory system and nervous system), emergency presentations were at similar levels in the July to September 2020 quarter, compared with the same period in 2019.

Ambulance responses declined in late March/early April, and have increased steadily since mid April. In July to September 2020, the weekly number of ambulance responses remained consistently lower than 2019 levels. By the week ending 26 September 2020, there were 23,443 ambulance responses, down 3.7% compared with the same week in 2019.

The weekly number of priority 1A (P1A) responses for life-threatening conditions remained at similar levels compared with the same period in 2019.

After declining through March and early April, admitted patient episodes increased steadily. In the last week of September, episodes were down just 2.9% compared with the same week in 2019. Among those patients admitted for non-acute care, rehabilitation episodes have remained lower than 2019 levels.

Admitted patient episodes for respiratory system conditions began a decline that commenced in mid March and then remained low throughout May to September.

A decline in elective surgical procedures performed was accelerated by the suspension of non-urgent (category 3) elective surgery from 26 March. Following a gradual resumption of elective surgery from 27 April, the number of elective surgical procedures performed rapidly increased.

During July to September 2020, the weekly numbers of urgent and non-urgent procedures performed remained consistently above 2019 levels. The weekly number of semi-urgent procedures performed was lower than 2019 levels in July and August 2020, and increased to levels similar to 2019 in September.

There were 95,052 patients on the waiting list as at 30 September 2020, up 11.8% compared with the same day in 2019. This was 5,972 fewer than at the end of the April to June 2020 quarter. Of these patients, 8,193 had waited longer than the clinically recommended time, compared with 844 on the same day in 2019. This was 2,370 fewer than at the end of the April to June 2020 quarter.

Introduction

This report is a supplement to this issue of *Healthcare Quarterly*, which tracks public hospital and ambulance activity and performance in NSW for the July to September 2020 quarter.

This supplement provides additional information on activity in EDs, and for ambulance services, hospital admissions and elective surgery. It outlines weekly or monthly patterns of activity over this period to provide greater insights into the impact of the pandemic on the NSW public health system. It is intended to provide context to the July to September 2020 results presented in *Healthcare Quarterly – Activity and performance*, and the *Trend report*.

This has been an unprecedented period for the people of NSW and their healthcare system. The arrival of COVID-19 has seen far-reaching changes to people's lives and a large-scale response to the COVID-19 pandemic by the health system.

This involved significant changes in how services were delivered during this period, including the establishment of dedicated COVID-19 testing clinics. Hospitals acted to maintain sufficient capacity and personal protective equipment, protecting the safety of staff and patients. 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:

- Stage 1 – up to 50% of normal surgery activity levels
- Stage 2 – up to 75% of normal surgery activity levels
- Stage 3 – up to 100% of normal surgery activity levels or as close to normal activity levels as safely possible.

COVID-19 in NSW

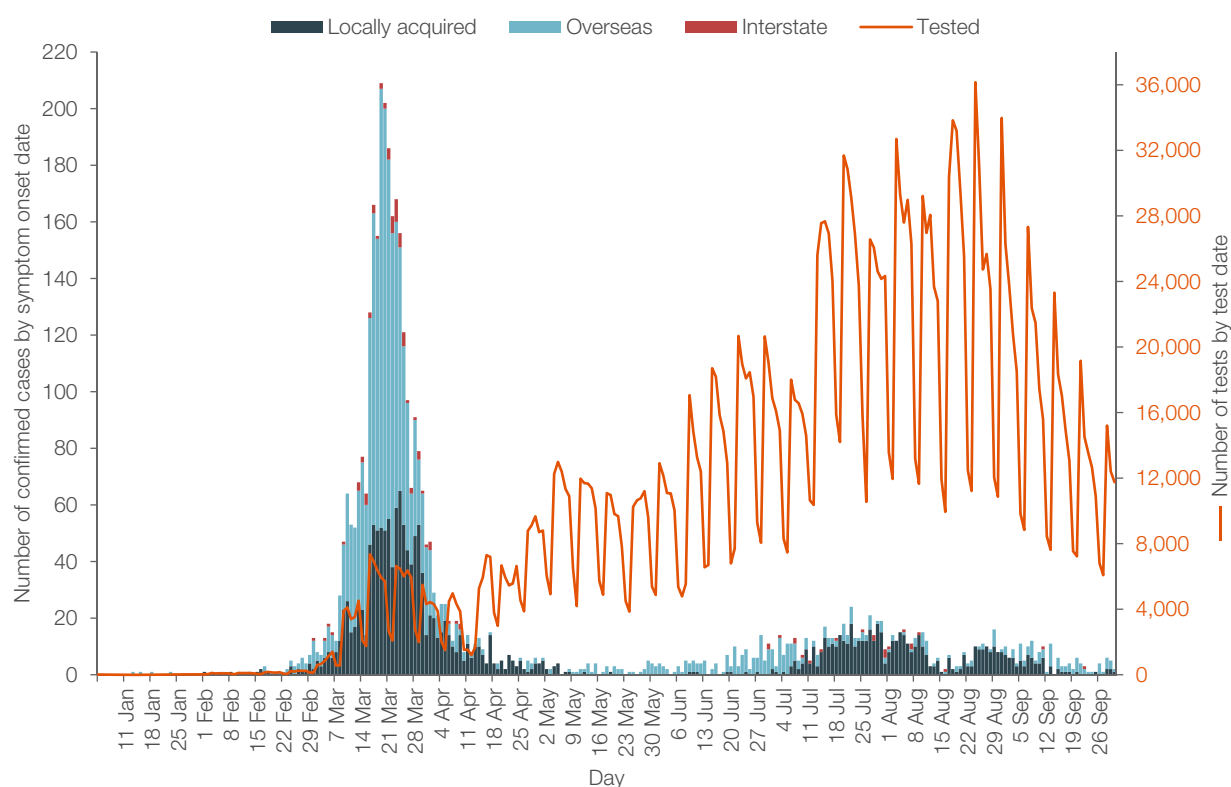
-  12 March – World Health Organisation (WHO) declares pandemic.
-  16 March – Restrictions declared on public gatherings of more than 500 people.
-  18 March – Restrictions declared on indoor gatherings of more than 100 people.
-  20 March – Stricter social distancing guidelines introduced.
-  26 March – All non-urgent elective surgery suspended.
-  March – New cases peak.
-  27 April – Additional elective surgery up to 25% of normal levels permitted.
-  15 May – Staged reopening of elective surgery capacity permitted.

New cases of COVID-19 in NSW peaked in the middle of March and then decreased. By 30 September 2020, there were 4,054 confirmed cases in NSW, with 2,159 (53.3%) having been acquired locally (Figure 1).

COVID-19 testing increased significantly from mid March when testing criteria broadened and availability increased. By 30 September 2020, 2,727,207 tests had been carried out. The number of tests per day peaked at 36,148 on 24 August 2020 (Figure 1).

Of confirmed cases of COVID-19 in NSW, the majority of people have remained outside of hospital settings to recover. More information on the hospitalisation of patients confirmed to have COVID-19 is provided in the NSW Health Weekly COVID-19 Surveillance report, available at: health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx

Figure 1 Confirmed COVID-19 cases by symptom onset date and COVID-19 tests performed by test date, NSW, January to June 2020



Notes: 'Confirmed COVID-19 cases by symptom onset date' is based on the date the person first developed symptoms. For asymptomatic cases or where symptom onset date is not available, the onset date is calculated from the earliest test date.

'COVID-19 tests performed by test date' refers to the total number of diagnostic tests done in NSW by the date the person presented for the test. This means that people who have multiple tests on different days have each test counted separately. Multiple tests on the same person on any one day are only counted as one test. While public health facilities are open seven days a week, less testing occurs through general practitioners (GPs) and private collection centres on weekends and public holidays. This explains the lower number of tests on weekends.

Source: COVID-19 weekly surveillance in NSW. 'Confirmed COVID-19 cases by symptom onset date' data drawn on 30 September 2020. 'COVID-19 tests performed by test date' data drawn on 30 September 2020.

These reports have been published since 1 May 2020 and are available at health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx



Emergency department activity

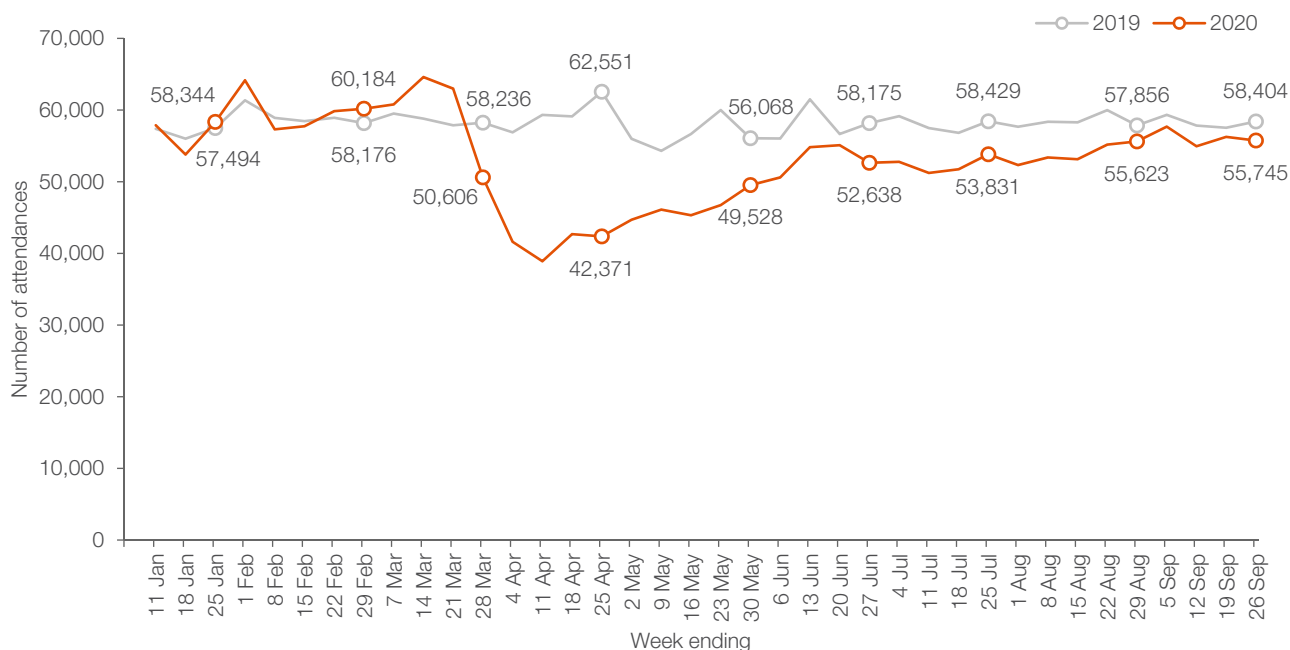
Emergency department attendances

Having peaked in the week ending 14 March 2020 at 64,603, weekly emergency department (ED) attendances decreased 39.8% to 38,903 by the week ending 11 April, before increasing again. While remaining below 2019 levels, by the week ending 26 September, there were 55,745 ED attendances, down 4.6% compared with the same week in 2019 (Figure 2).

While the increase in ED attendances in March 2020 was principally concentrated in large, metropolitan hospitals, the decline to the middle of April – followed by a steady increase to the end of September – was experienced by all LHDs and public hospital peer groups (data not shown).

For more information on COVID-19 testing and ED activity and performance, see page 18 of *Healthcare Quarterly – Activity and performance* for July to September 2020 at bhi.nsw.gov.au

Figure 2 Emergency department attendances, January to September 2019 and 2020



Notes: '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.

Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

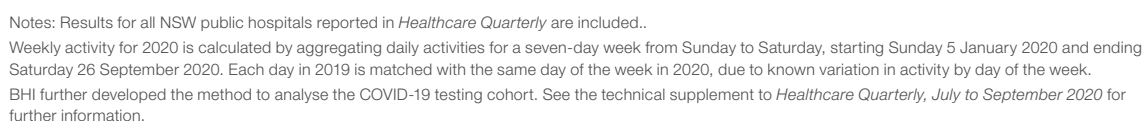
Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Emergency department activity

Triage 5 presentations unrelated to COVID-19 testing decreased from late March and remained lower than 2019 levels until the end of September 2020. There were 4,705 non-COVID-19 triage 5 presentations in the week ending 26 September, down 0.6% compared with the same week in 2019 (Figure 3).

Triage 5 presentations unrelated to COVID-19 testing decreased from late March and remained lower than 2019 levels until the end of September 2020. There were 4,705 non-COVID-19 triage 5 presentations in the week ending 26 September, down 0.6% compared with the same week in 2019 (Figure 3).

Emergency department activity



Emergency presentations by triage category

The most striking decreases in emergency presentations in late March were seen in triage categories 3 (urgent) and 4 (semi-urgent). In the week ending 11 April, emergency presentations for triage 3 and 4 were at their lowest at 12,998 (down 37.2% compared with the same week in 2019) and 13,693 (down 41.3%), respectively (Figures 4, 5).

Emergency presentations for triage 3 and 4 gradually increased from mid April, but remained lower than 2019 levels to the end of September. In the week ending 26 September, there were 18,957 triage 3 presentations (down 8.0% compared with the same week in 2019) and there were 20,816 triage 4 presentations (down 8.9%) (Figures 4, 5).

Emergency presentations in triage 2 (emergency) declined slightly from the middle of March 2020, before gradually increasing from the middle of April. Weekly triage 2 presentations were similar to the same time in 2019 throughout June to September 2020 (Figure 6).

Figure 4 Emergency presentations, triage category 4 (semi-urgent), January to September 2019 and 2020

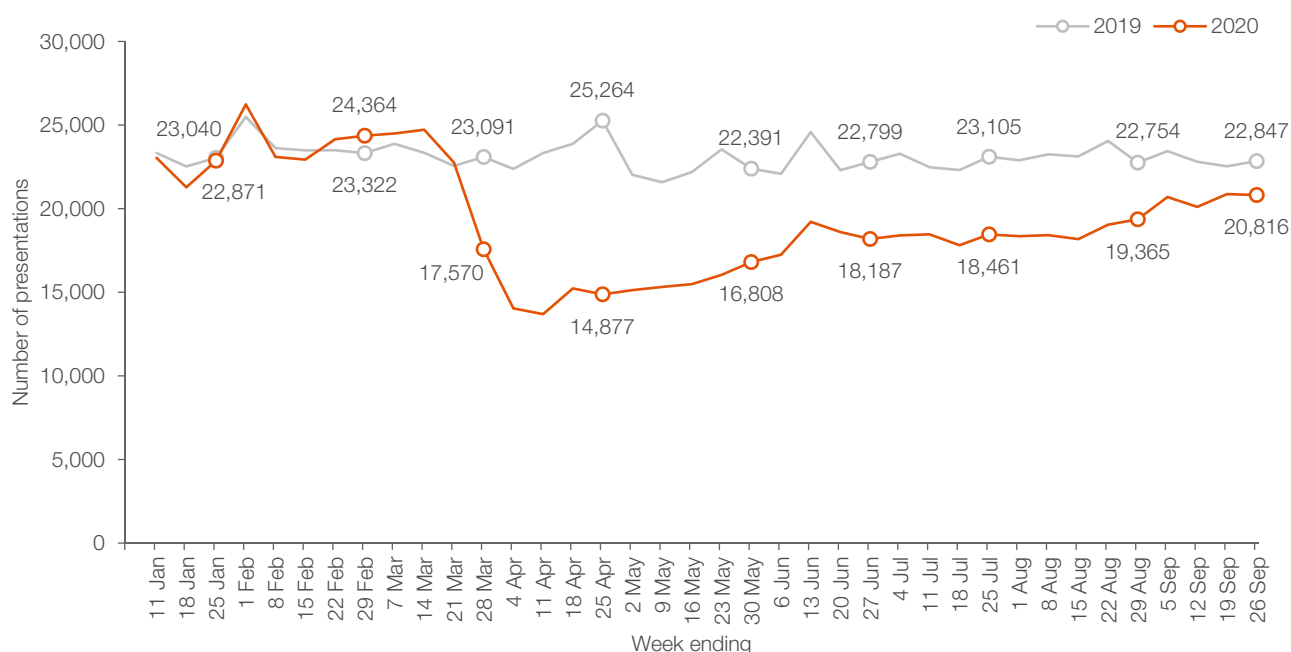


Figure 5 Emergency presentations, triage category 3 (urgent), January to September 2019 and 2020

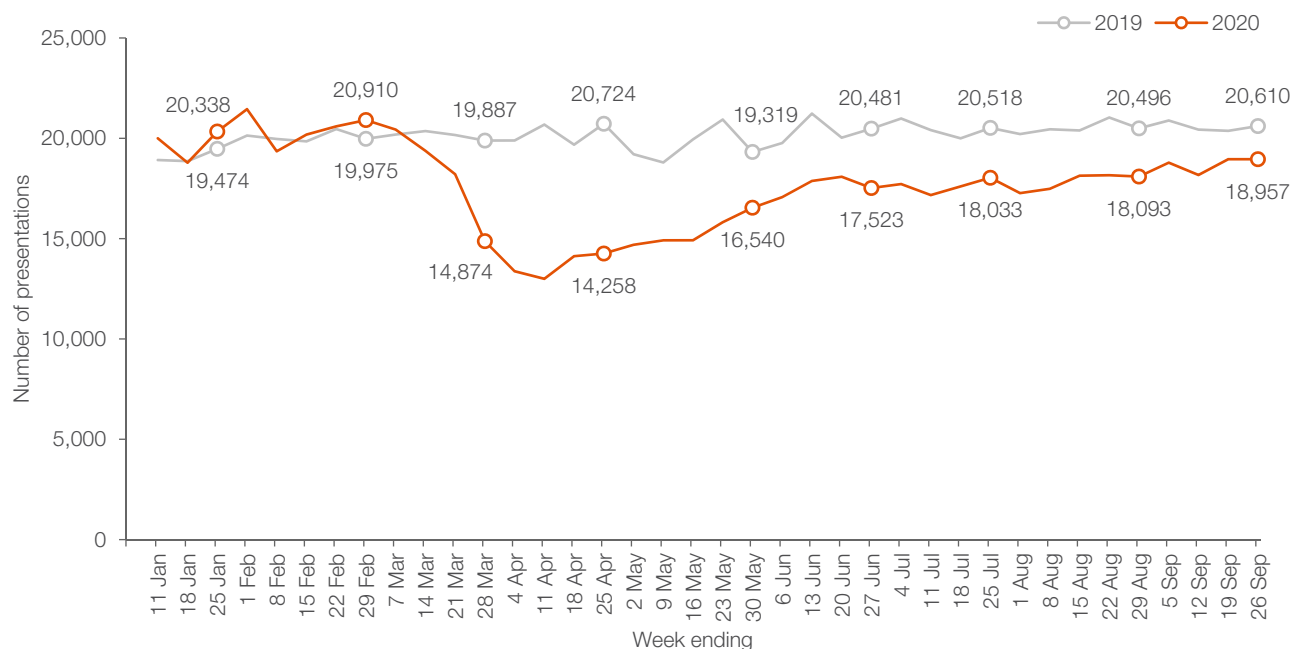
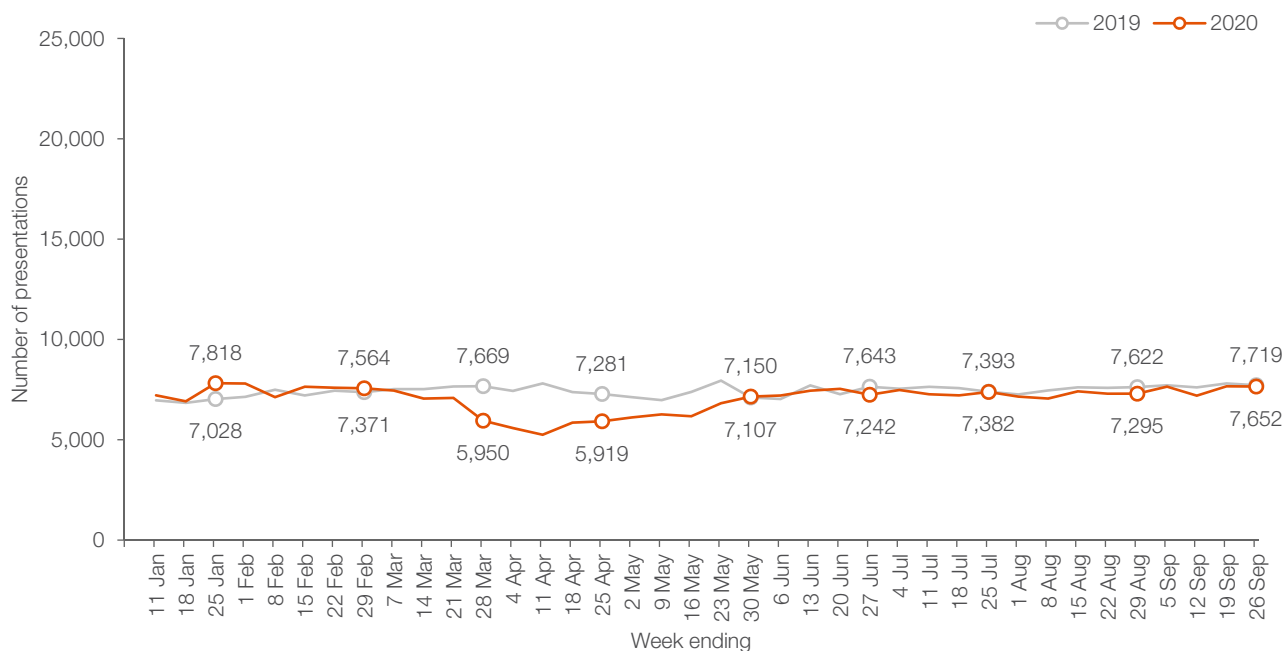


Figure 6 Emergency presentations, triage category 2 (emergency), January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

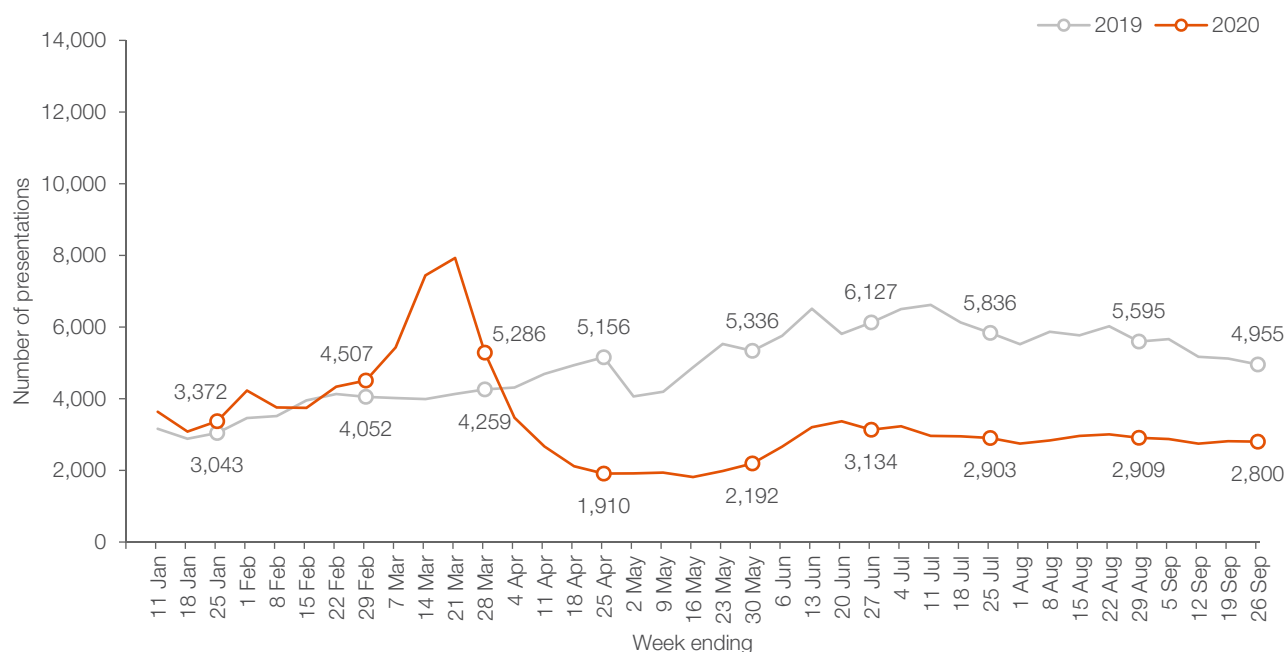
Emergency presentations by clinical cohort

Patients present to EDs for diagnosis and treatment of acute conditions, though diagnosis may only occur after admission or once a patient has returned home, following completion of diagnostic tests and procedures. It is possible, however, to assign presentations to clinical cohorts based on the types of symptoms patients present with or diagnoses made while the patient is in the ED. This approach enables reporting of clinical cohorts, including: respiratory system, injury, mental health, circulatory system and nervous system (Table 1). These cohorts account for 36.4% of all emergency presentations: respiratory system (6.5%), injury (21.8%), circulatory system (3.7%), mental health (3.3%) and nervous system (1.1%).

Emergency presentations for respiratory system conditions were 54.0% higher in March 2020 compared with March 2019. They decreased in April 2020 and remained below 2019 levels throughout April to September. Respiratory system presentations peaked at 7,927 in the week ending 21 March 2020, almost twice as many as the same week in 2019. By the week ending 26 September 2020, weekly emergency presentations for respiratory system conditions were 2,800, down 43.5% compared with the same week in 2019 (Figures 7, 8).

In July to September 2020, respiratory system presentations were lower across all age groups, compared with the same period in 2019 (Figure 9).

Figure 7 Emergency presentations, respiratory system, January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

The discharging diagnoses which patients receive in the ED were aggregated to represent clinical cohorts using methodology developed and validated in Australia. See the technical supplement to *Healthcare Quarterly*, July to September 2020 for further information.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Table 1 Example conditions in clinical cohorts

Clinical cohort	Example conditions
Respiratory system	Acute tonsillitis, acute tracheitis, influenza, pneumonia, acute bronchitis, allergic rhinitis, asthma, chronic bronchitis.
Injury	Injuries for different body region, burns and corrosions, toxic effects of substances.
Mental health	Dementia, mental and behavioural disorders due to psychoactive substance use, schizophrenia, delusional disorder, bipolar affective disorder, depressive episodes, anxiety disorders.
Circulatory system	Acute rheumatic fever, essential hypertension, various forms of heart diseases, stroke (haemorrhage or infarction).
Nervous system	Bacterial meningitis, encephalitis, Huntington's disease, Parkinson's disease, Alzheimer's disease, epilepsy, migraine.

Figure 8 Emergency presentations, respiratory system, by age group, March 2020 and 2019

	% of all respiratory system presentations	March 2020	March 2019	Change
All age groups		27,314	17,740	54.0%
0–4 yrs	48.2%	6,078	6,128	-0.8%
5–14 yrs	25.3%	3,195	2,649	20.6%
15–24 yrs	23.1%	2,919	1,378	111.8%
25–44 yrs	49.0%	6,181	2,030	204.5%
45–59yrs	27.0%	3,409	1,342	154.0%
60–75 yrs	23.8%	3,001	1,947	54.1%
75+ yrs	20.1%	2,531	2,266	11.7%

Figure 9 Emergency presentations, respiratory system, by age group, September 2020 and 2019

	% of all respiratory system presentations	September 2020	September 2019	Change
All age groups		11,742	22,015	-46.7%
0–4 yrs	32.9%	3,861	6,602	-41.5%
5–14 yrs	10.7%	1,251	3,068	-59.2%
15–24 yrs	7.5%	883	1,649	-46.5%
25–44 yrs	13.2%	1,546	2,794	-44.7%
45–59yrs	8.6%	1,004	1,790	-43.9%
60–75 yrs	12.5%	1,466	2,801	-47.7%
75+ yrs	14.7%	1,731	3,311	-47.7%

Emergency presentations by clinical cohort

Emergency presentations for injury declined from the middle of March 2020 and were lowest at 7,473 in the week ending 4 April (down 40.6% compared with the same week in 2019). They increased from mid April to levels similar to 2019 in July and August 2020 (Figure 10).

In September 2020, emergency presentations for injury rose and continued above 2019 levels (Figure 10).

Emergency presentations for mental health were lower from March to May 2020 compared with 2019, but returned to levels similar to 2019 throughout June to September. In the week ending 26 September, there were 1,798 emergency presentations for mental health, down 55 compared with 2019 (Figure 11).

Figure 10 Emergency presentations, injury, January to September 2019 and 2020

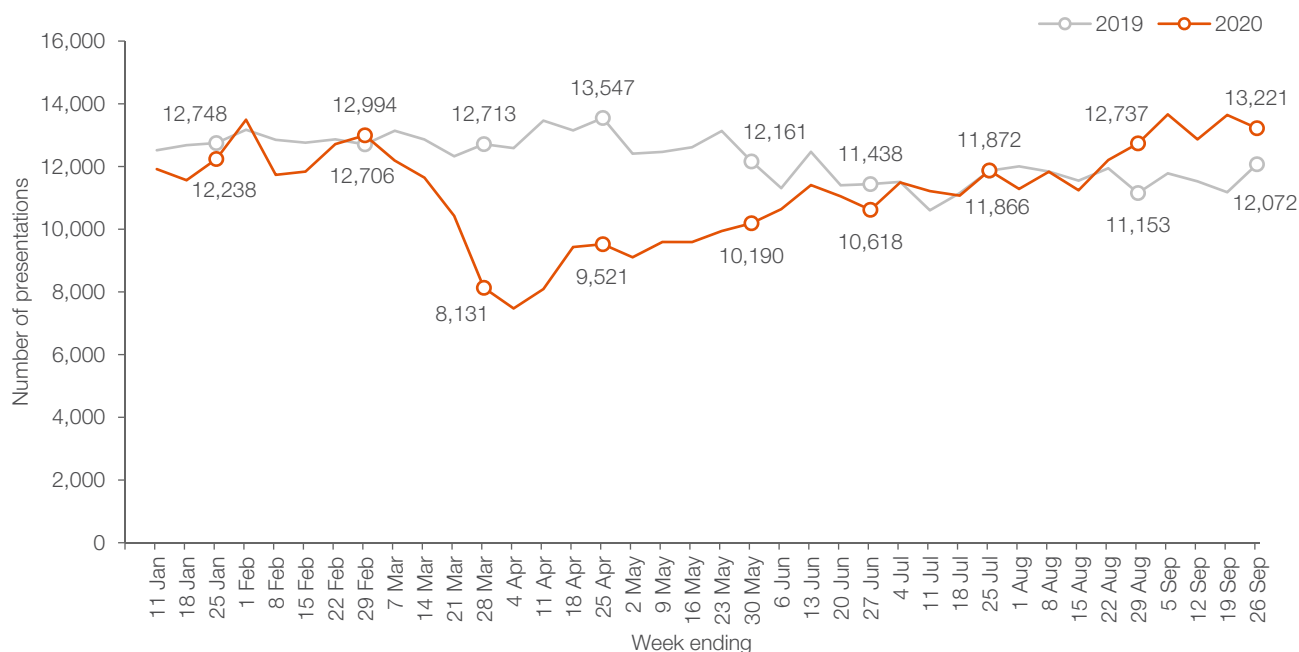
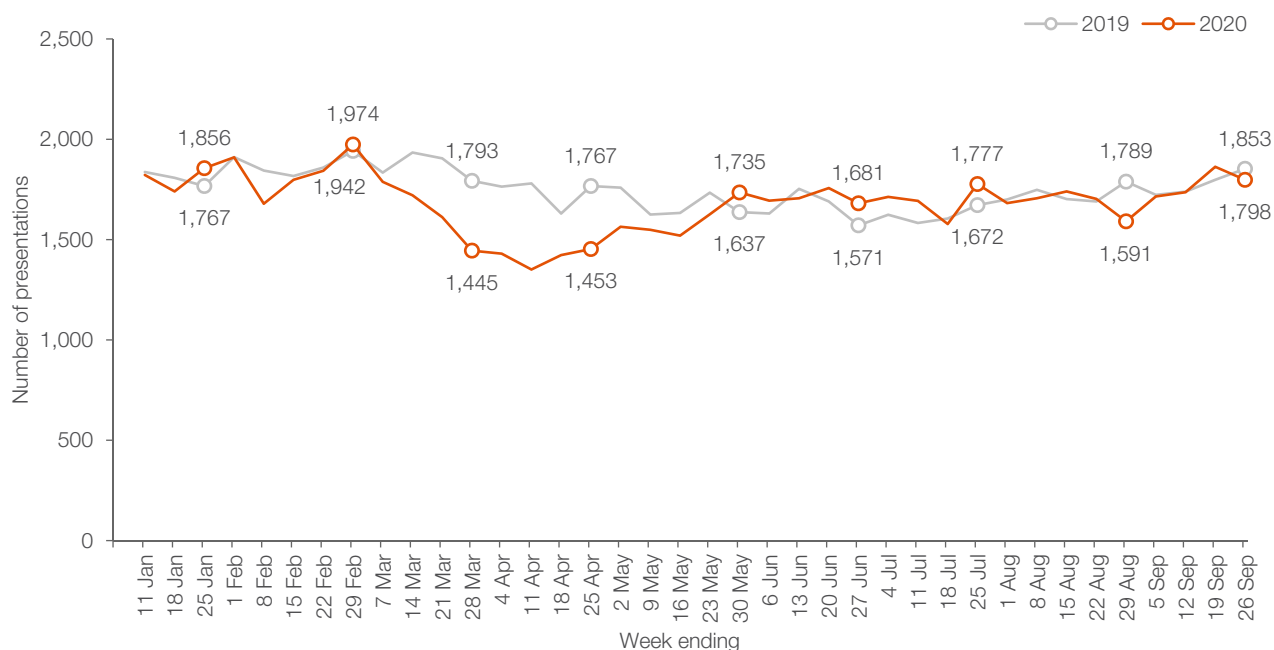


Figure 11 Emergency presentations, mental health, January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

The discharging diagnoses which patients receive in the ED were aggregated to represent clinical cohorts using methodology developed and validated in Australia. See the technical supplement to *Healthcare Quarterly, July to September 2020* for further information.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Emergency presentations by clinical cohort

Circulatory system and nervous system emergency presentations were lower from March to May 2020 compared with 2019, but returned to levels similar to 2019 throughout June to September (Figures 12, 13).

In the week ending 26 September 2020, there were 1,999 circulatory system emergency presentations (down 22 compared with the same week in 2019) and 562 nervous system emergency presentations (up 28) (Figures 12, 13).

Figure 12 Emergency presentations, circulatory system, January to September 2019 and 2020

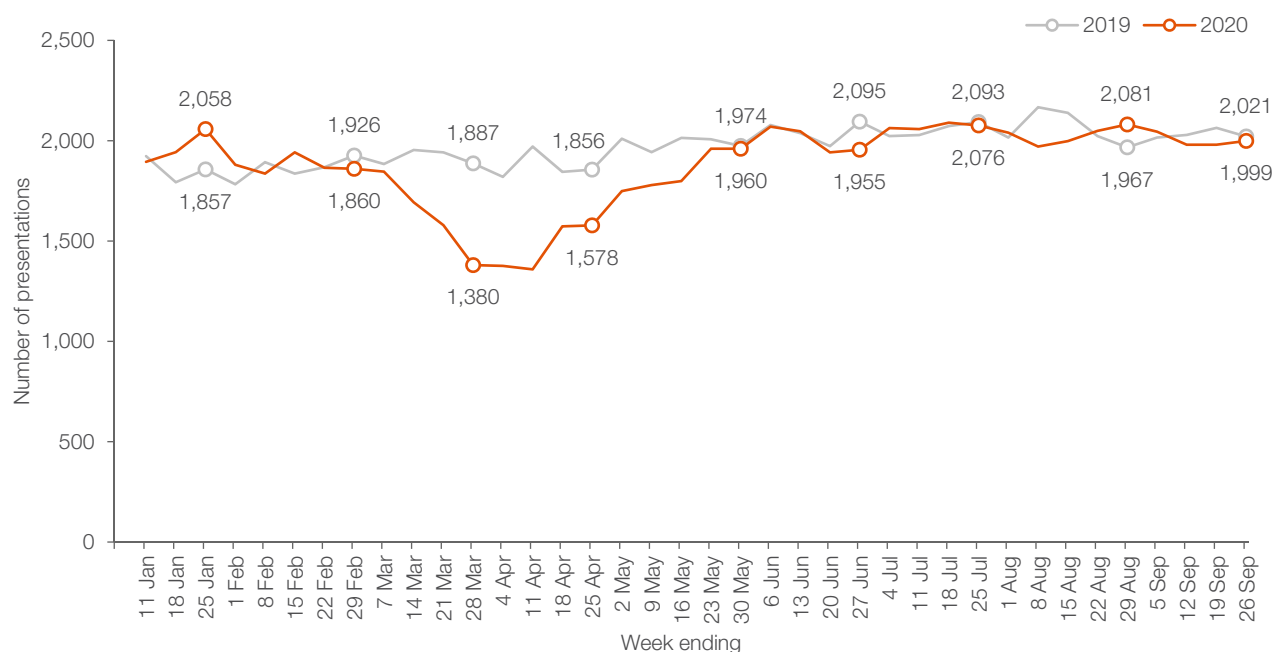
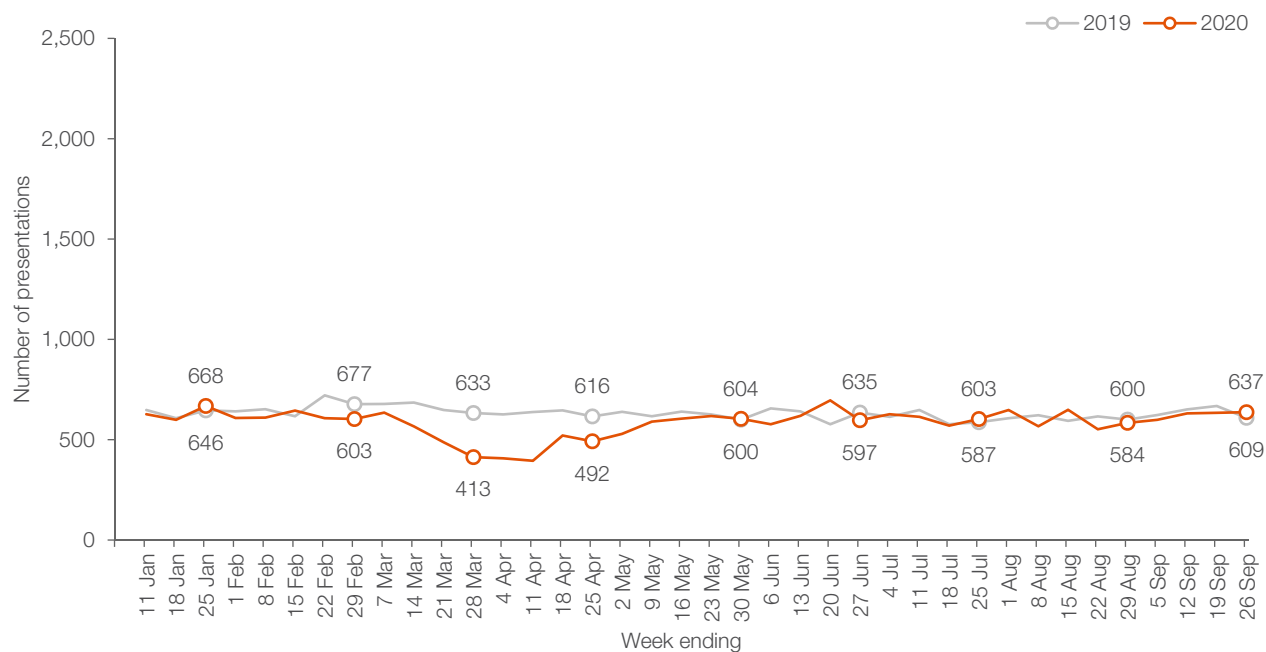


Figure 13 Emergency presentations, nervous system, January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

The discharging diagnoses which patients receive in the ED were aggregated to represent clinical cohorts using methodology developed and validated in Australia. See the technical supplement to *Healthcare Quarterly*, April to June 2020 for further information.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.



Ambulance activity

Ambulance responses

Between late March and mid April, the number of ambulance responses decreased 20.5% from 24,156 to 19,193 per week. Responses then increased steadily from mid April to the end of September.

During July to September 2020, the number of ambulance responses remained consistently lower than 2019 levels. By the week ending 26 September 2020, there were 23,443 ambulance responses, down 3.7% compared with the same week in 2019 (Figure 14).

The weekly number of priority 1A (P1A: highest priority) responses for life-threatening conditions in January to September 2020 was similar to 2019 throughout the period (Figure 15).

Figure 14 Ambulance responses, all priority categories, January to September 2019 and 2020

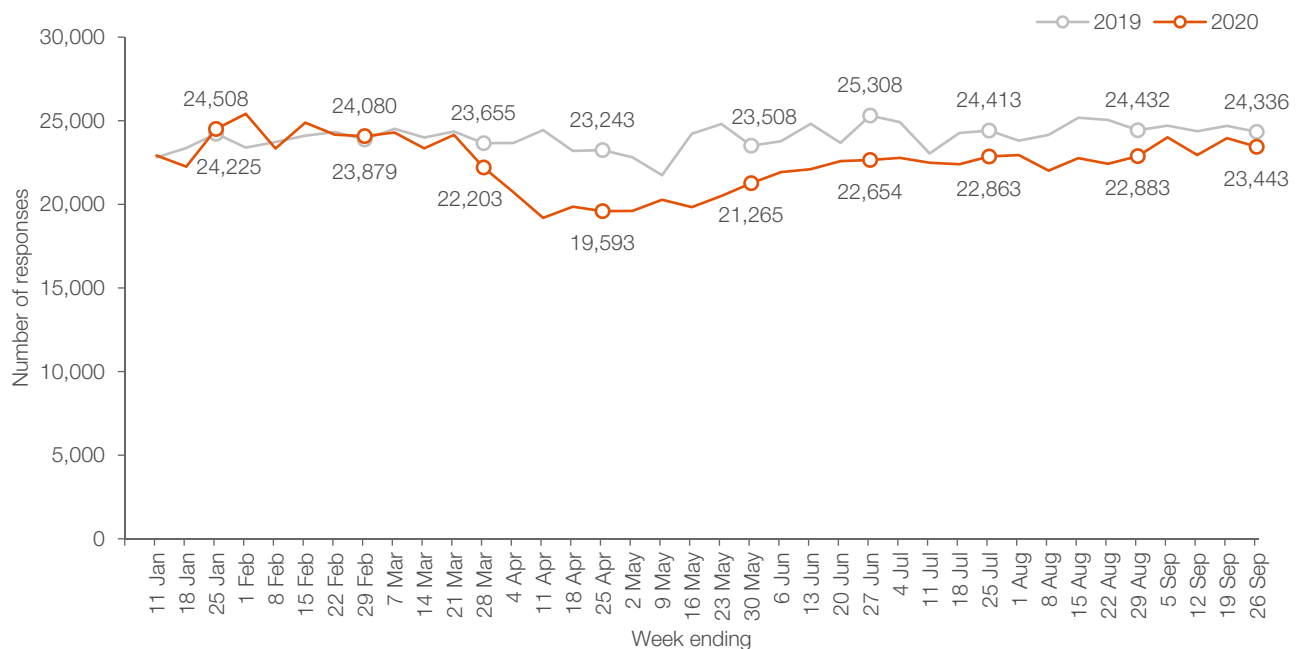
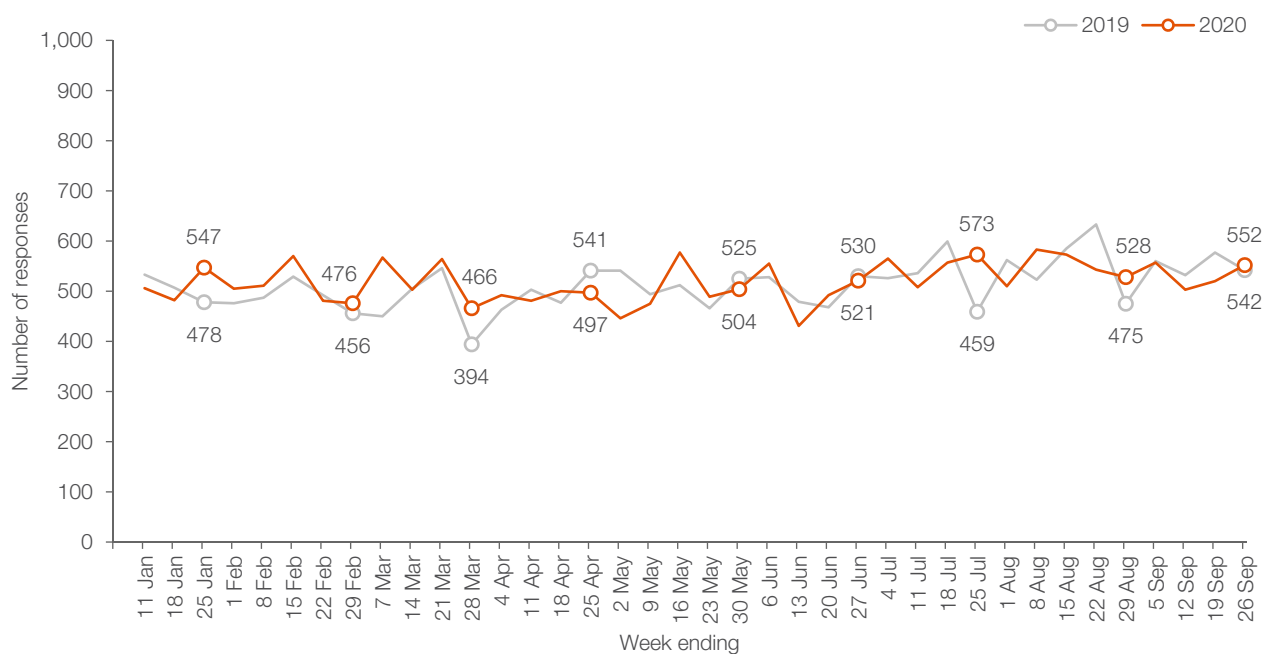


Figure 15 Ambulance responses, priority 1A (P1A: highest priority), January to September 2019 and 2020



Note: Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Ambulance responses

Priority 1 (P1: emergency) and priority 2 (P2: urgent) responses decreased from late March 2020, followed by a steady increase from the middle of April. The number of P1 responses reached its lowest in the week ending 2 May 2020 at 8,745 (down 15.5% compared with the same week in 2019). The number of P2 responses reached its lowest in the week ending 11 April 2020 at 9,164 (down 21.1%) (Figures 16, 17).

During July to September 2020, the number of P1 responses remained consistently lower than 2019 level (Figure 16).

The number of P2 responses was comparable with 2019 levels in September 2020 (Figure 17).

By the week ending 26 September 2020, weekly ambulance responses for P1 and P2 cases were 10,403 (down 7.0%) and 11,268 (down 0.5%), respectively, compared with the same week in 2019 (Figures 16, 17).

Figure 16 Ambulance responses, priority 1 (P1: emergency), January to September 2019 and 2020

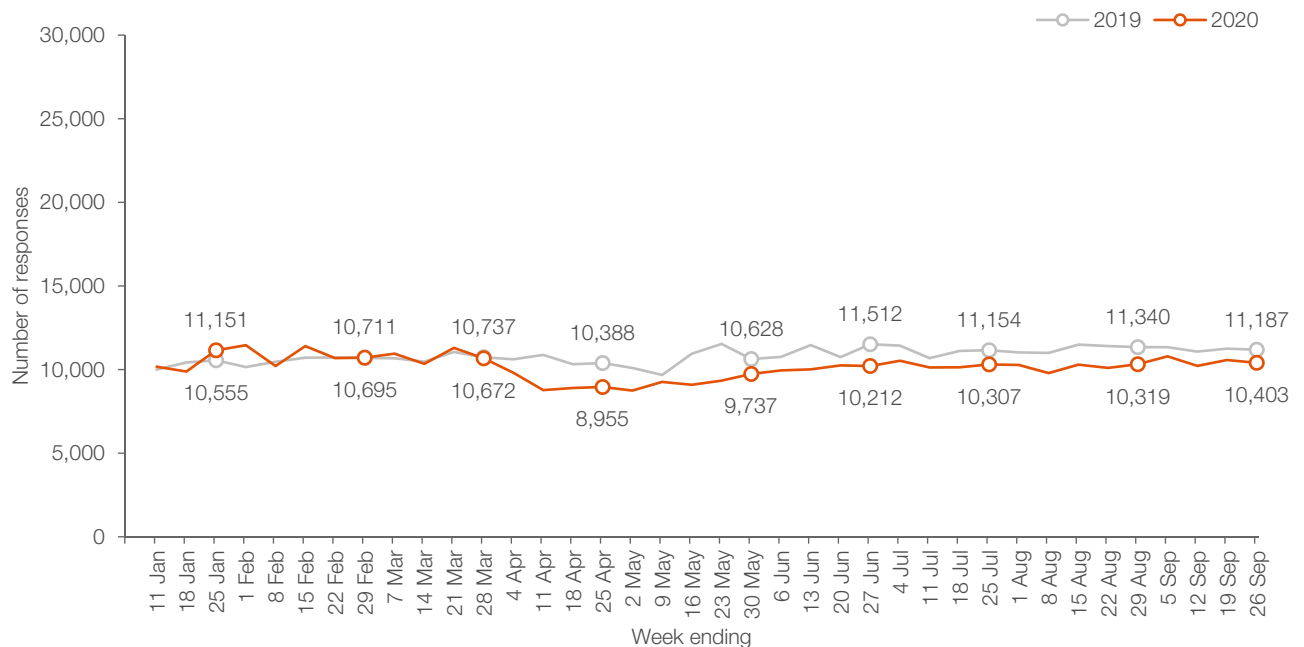
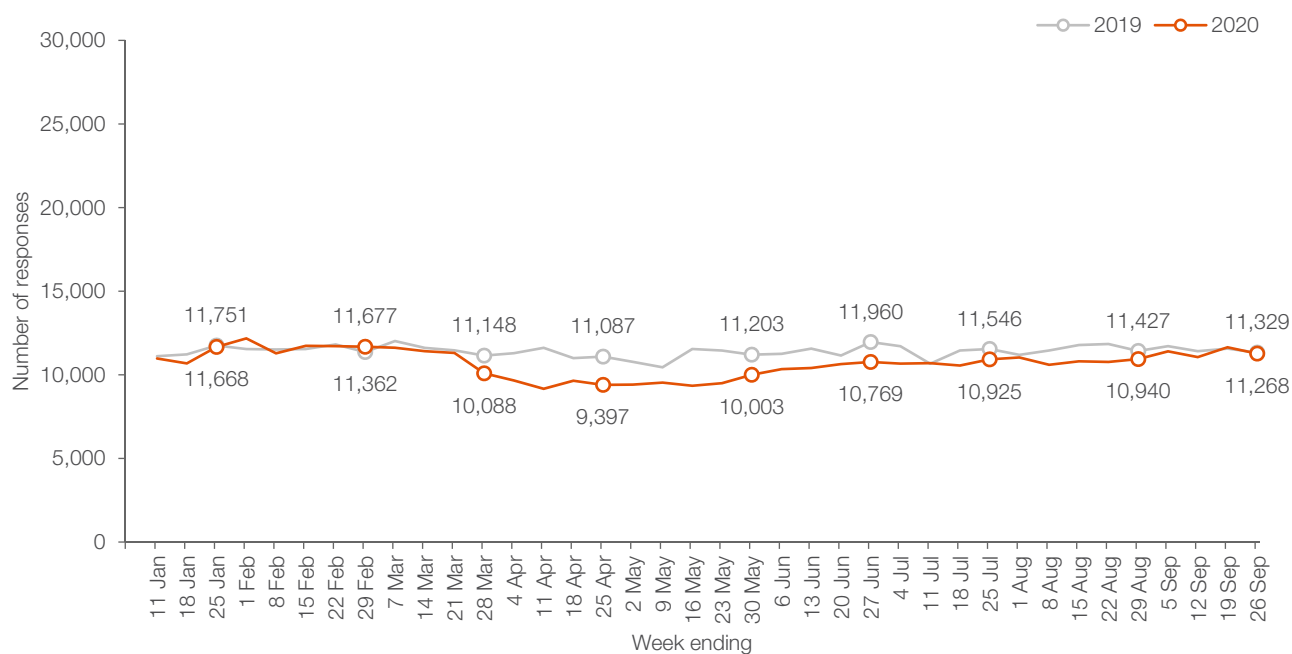


Figure 17 Ambulance responses, priority 2 (P2: urgent), January to September 2019 and 2020



Note: Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.



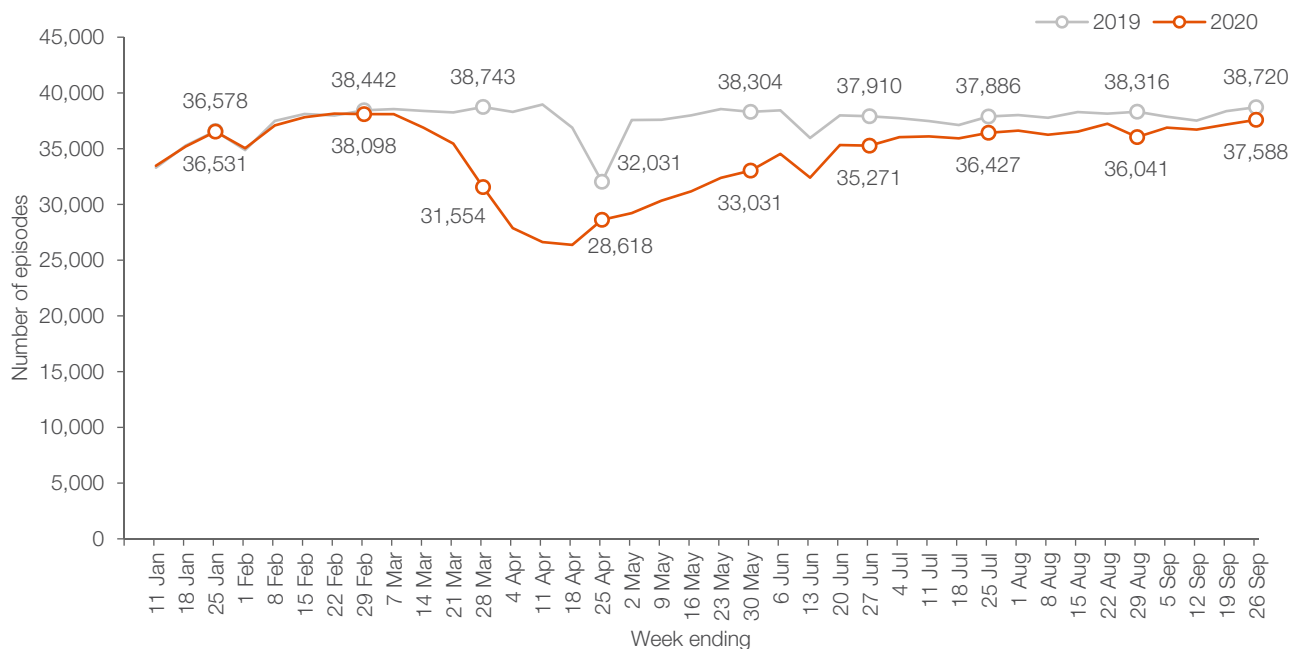
Admitted patient activity

Admitted patient episodes

Between the week ending 14 March and the week ending 18 April 2020, admitted patient episodes decreased 28.5% from 36,880 to 26,372 per week. Episodes then increased steadily, with 37,588 in the week ending 26 September, down 2.9% compared with the same week in 2019 (Figure 18).

This pattern of activity was evident across all public hospital peer groups, in hospitals in both metropolitan and rural, regional and remote areas, and across all local health districts (LHDs) (data not shown).

Figure 18 Total admitted patient episodes, January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

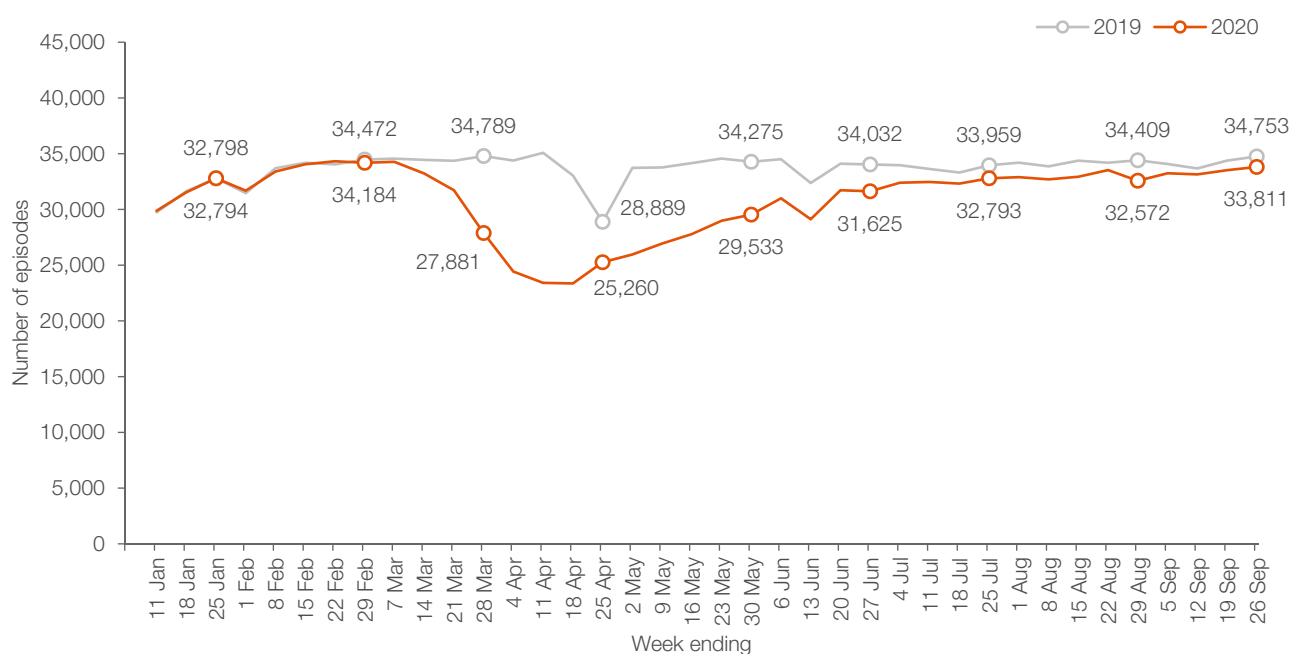
Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Admitted patient episodes by care type

Admitted patient episodes can be broken down by different types of care, including acute, non-acute (admissions for rehabilitation, palliative care, or other reasons) and mental health. Acute care represented 94.2% of all admitted patient episodes in July to September 2020.

As the largest of these cohorts, acute care showed a similar pattern of activity to total admitted patient episodes. Acute care episodes decreased from the middle of March 2020, followed by a steady increase from the middle of April to the end of September. In the week ending 26 September, there were 33,811 acute care episodes, down 2.7% compared with the same week in 2019 (Figure 19).

Figure 19 Number of completed admitted patient episodes, acute care, January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Admitted patient episodes by care type

Analysis showed the decrease in the percentage of rehabilitation episodes from mid March was more notable than for other types of non-acute care.

By the week ending 18 April 2020, rehabilitation episodes of care were 49.1% lower than the same week in 2019. They increased gradually from late April to the end of September 2020, while remaining consistently lower than 2019 levels. There were 548 rehabilitation episodes of care in the week ending 26 September 2020, down 21.4% compared with the same week in 2019 (Figure 20).

Admitted patient episodes for mental health care decreased in April, followed by a steady increase from the end April 2020. While they remained slightly below 2019 levels in subsequent months, by September 2020 they were at similar levels to the same period in 2019 (Figure 21).

Figure 20 Number of completed admitted patient episodes, rehabilitation care, January to September 2019 and 2020

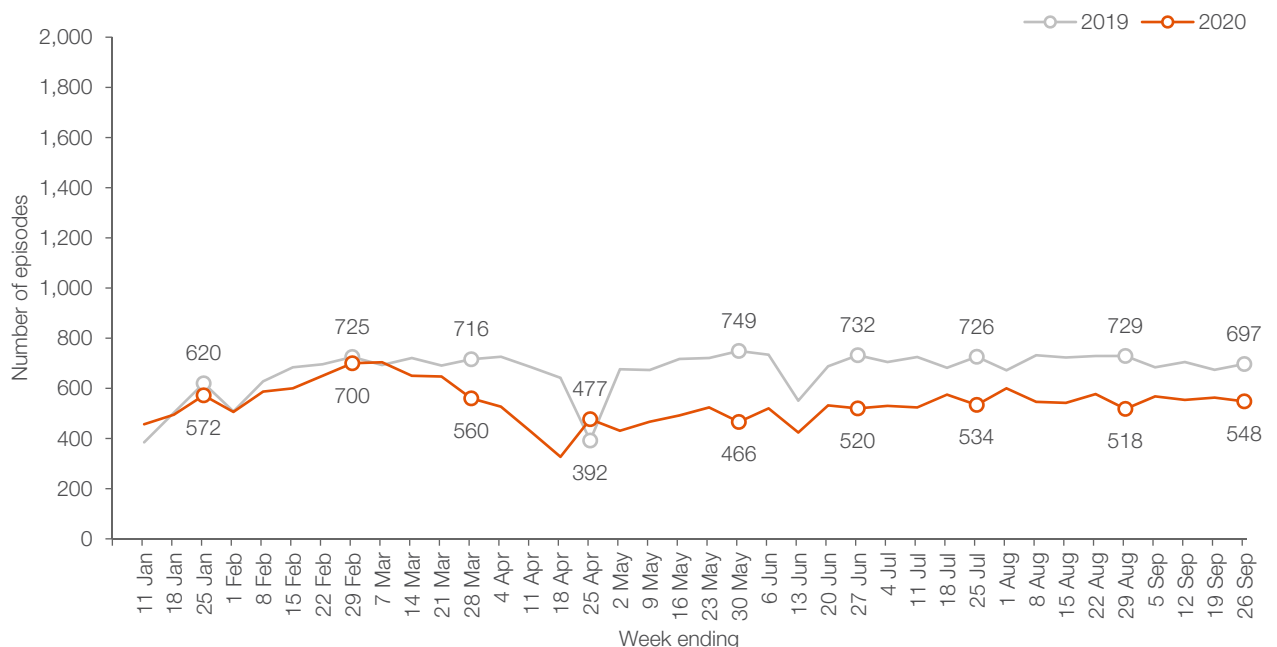
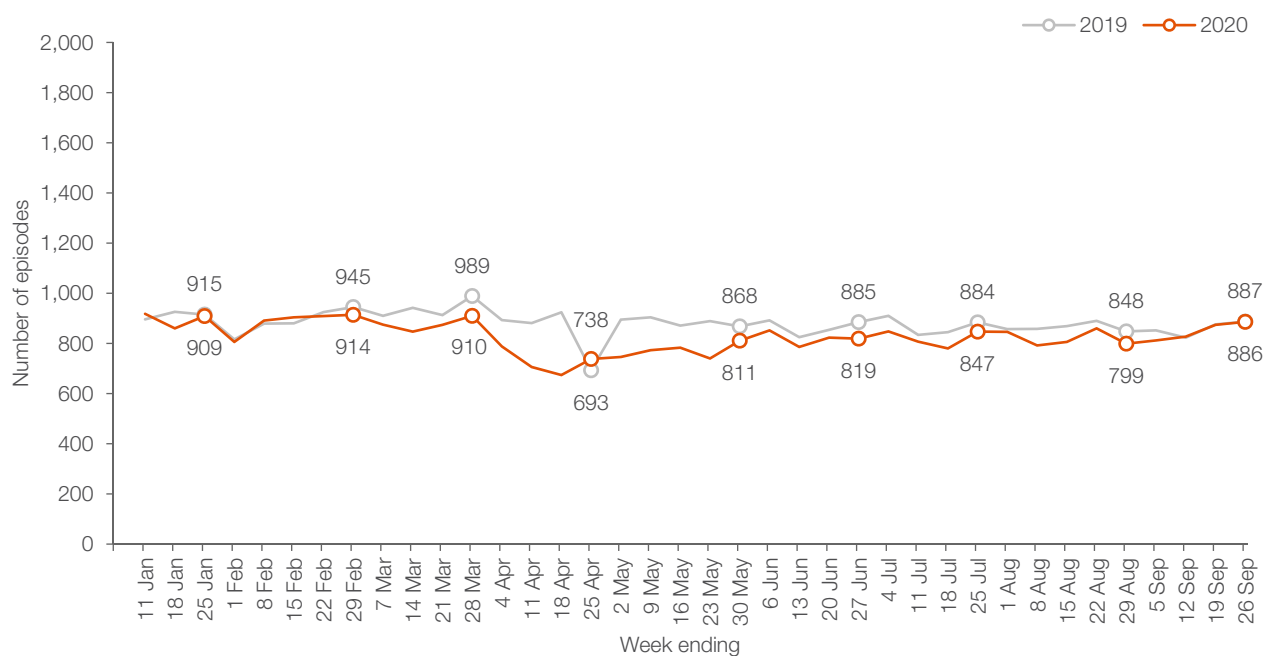


Figure 21 Number of completed admitted patient episodes, mental health care, January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Admitted patient episodes by clinical cohort

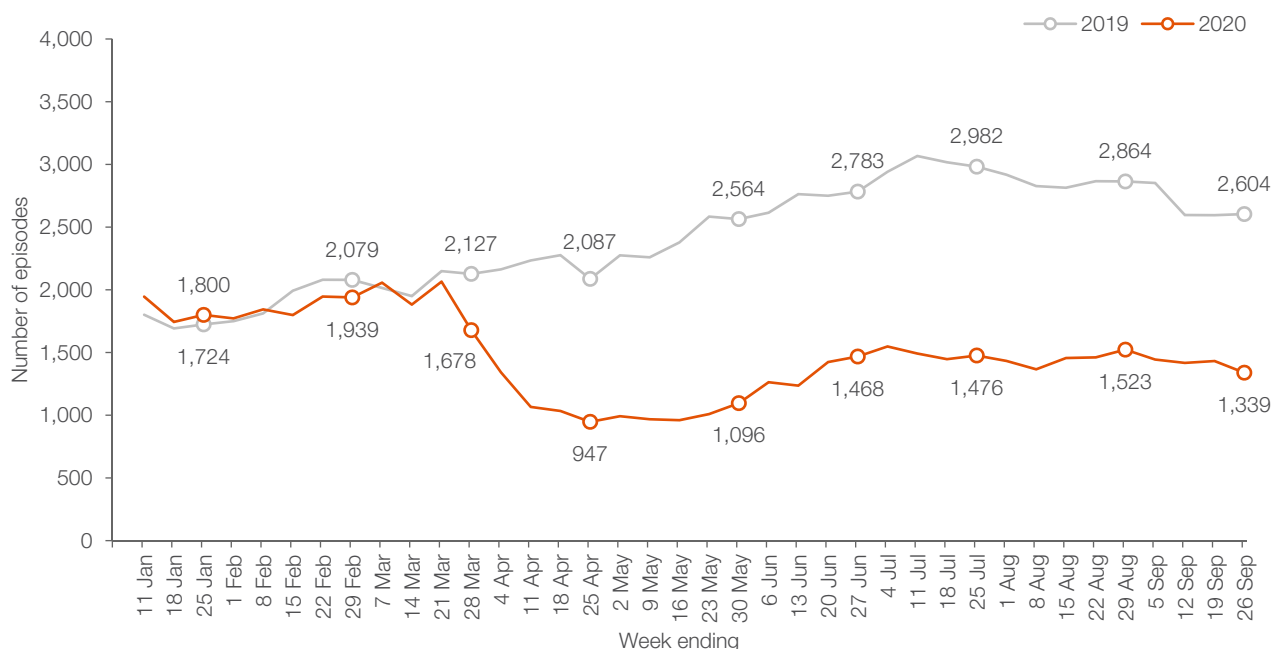
The principal diagnosis is established at the completion of an episode of care and is considered primarily responsible for a patient's admission. It is used here to enable reporting of five clinical cohorts, which account for 25.8% of all completed admitted patient episodes: respiratory system (4.3%), injury (9.2%), circulatory system (6.2%), mental health (3.8%) and nervous system (2.3%).

Admitted patient episodes for respiratory system conditions began to decrease in the week ending 21 March 2020 and remained low throughout April to September (Figure 22).

This reduction in the number of respiratory system episodes was most pronounced among very young children (0–4 years), falling to approximately 100 each week in April/May 2020, compared with approximately 400 each week at the same time in 2019 (data not shown).

In June to September 2020, episodes of care for respiratory system conditions remained lower across all age groups, when compared with 2019 (Figure 23).

Figure 22 Number of completed admitted patient episodes, respiratory system, January to September 2019 and 2020










Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

The principal diagnoses that patients receive in hospital for both acute and non-acute care were aggregated to represent clinical cohorts using methodology developed and validated in Australia. See the technical supplement to *Healthcare Quarterly, July to September 2020* for further information.

Results for the week ending 26 September 2020 should be interpreted with caution, as the completion rate for diagnosis information for this week was lower than all other weeks. See the technical supplement for further information.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Figure 23 Admitted patient episodes for respiratory system, by age group, September 2020 and 2019

	% of all respiratory system presentations	September 2020	September 2019	Change
All age groups		6,137	11,254	-45.5%
0–4 yrs	 15.7%	966	2,067	-53.3%
5–14 yrs	 7.3%	446	757	-41.1%
15–24 yrs	 5.6%	346	513	-32.6%
25–44 yrs	 9.5%	585	997	-41.3%
45–59 yrs	 10.8%	664	1,061	-37.4%
60–75 yrs	 21.2%	1,298	2,323	-44.1%
75+ yrs	 29.9%	1,832	3,536	-48.2%

Admitted patient episodes by clinical cohort

For the injury and mental health clinical cohorts, admitted patient episodes decreased from the middle of March 2020, and increased from the middle of April (Figures 24, 25).

During June to September 2020, weekly admitted patient episodes for injury and mental health were at similar levels to the same period in 2019 (Figures 24, 25).

Admitted patient episodes for injury were lowest in the week ending 11 April 2020 at 2,301 (down 35.5% compared with the same week in 2019) (Figure 24). Admitted patient episodes for mental health were lowest in the week ending 18 April 2020 at 1,053 (down 23.4%) (Figure 25).

Figure 24 Number of completed admitted patient episodes, injury, January to September 2019 and 2020

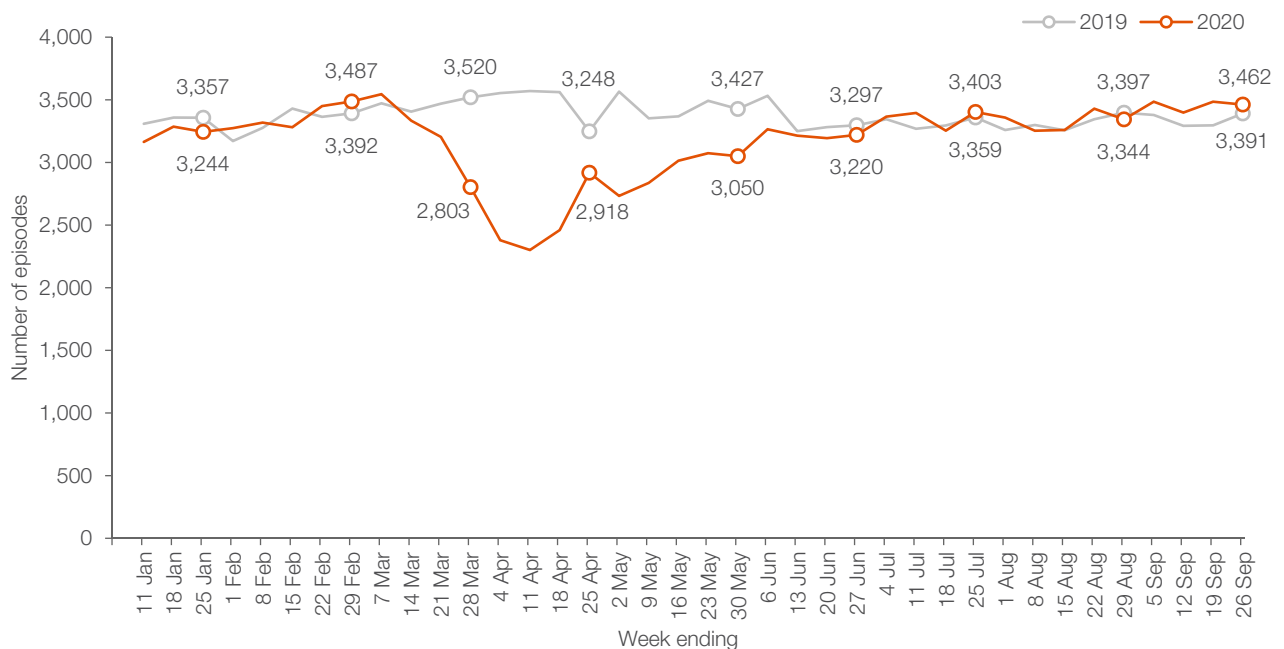
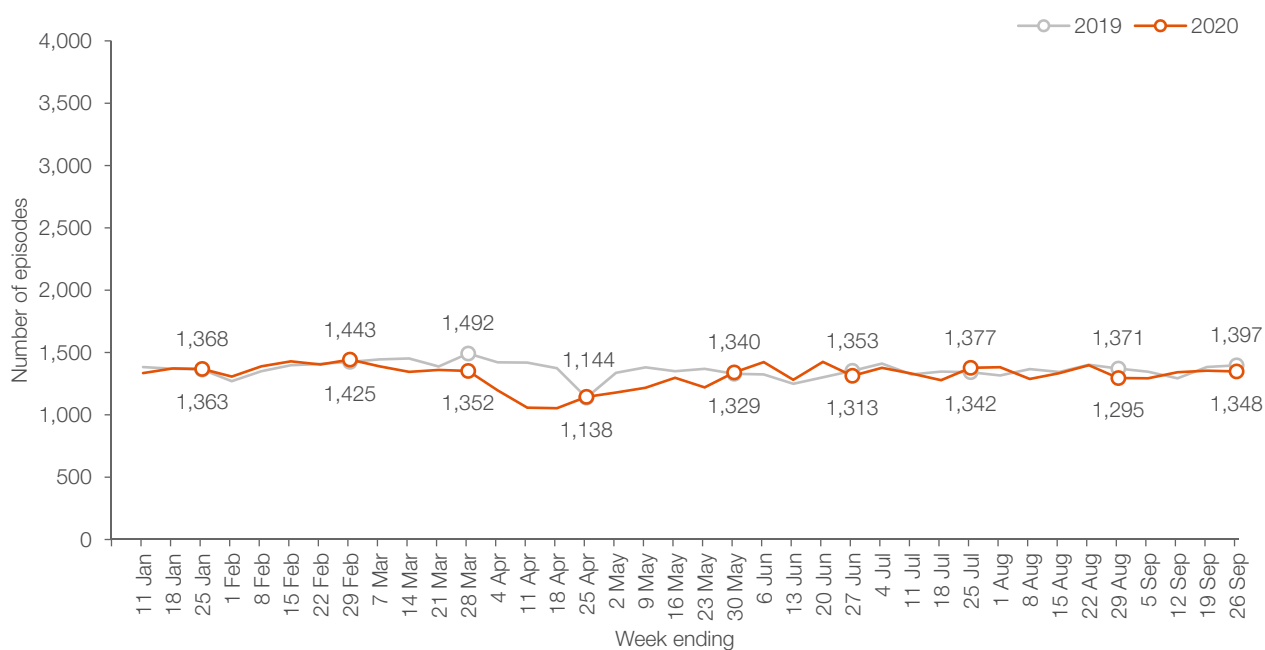


Figure 25 Number of completed admitted patient episodes, mental health diagnoses, January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

The principal diagnoses that patients receive in hospital for both acute and non-acute care were aggregated to represent clinical cohorts using methodology developed and validated in Australia. See the technical supplement to *Healthcare Quarterly, July to September 2020* for further information.

Results for the week ending 26 September 2020 should be interpreted with caution, as the completion rate for diagnosis information for this week was lower than all other weeks. See the technical supplement for further information.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Admitted patient episodes by clinical cohort

For the circulatory system and nervous system clinical cohorts, admitted patient episodes decreased from the middle of March 2020 before increasing again from the middle of April (Figures 26, 27).

Admitted patient episodes for circulatory system and nervous system were lowest in the week ending 18 April 2020 at 1,482 (down 30.7% compared with the same week in 2019) and 516 (down 43.9%), respectively (Figures 26, 27).

While remaining slightly below 2019 levels in subsequent months, admitted patient episodes for circulatory system and nervous system increased steadily from mid-April 2020, and by mid September 2020 they were at similar levels to 2019 before decreasing again in the last two weeks in September 2020 (Figures 26, 27).

Figure 26 Number of completed admitted patient episodes, circulatory system, January to September 2019 and 2020

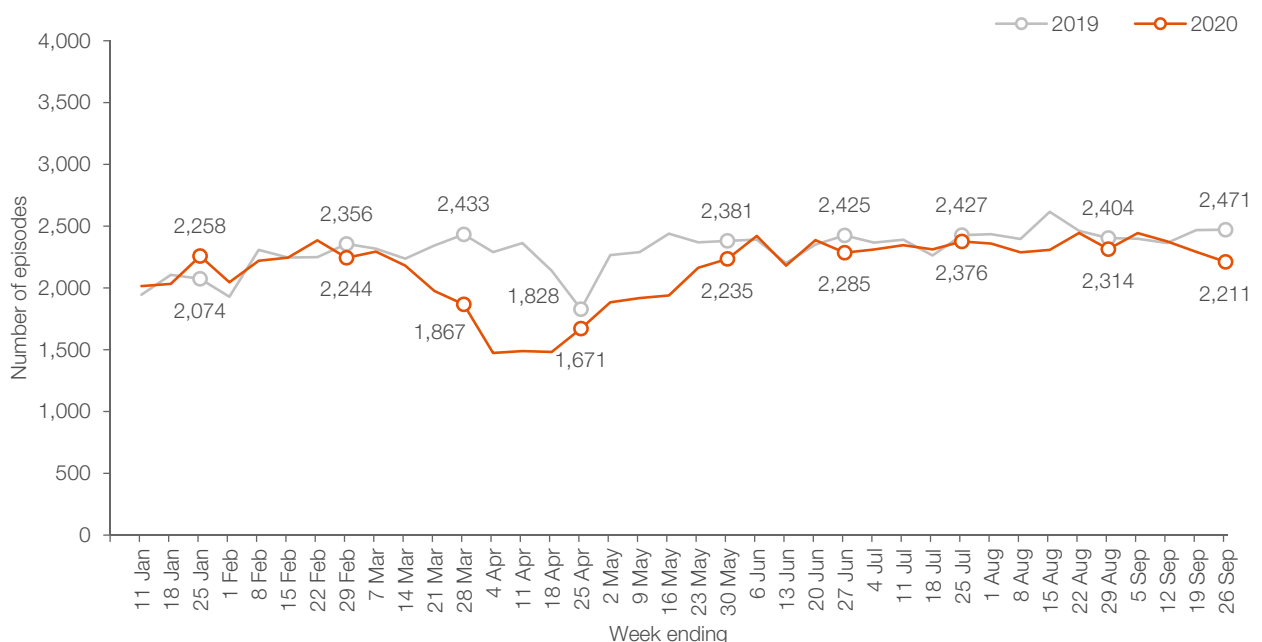
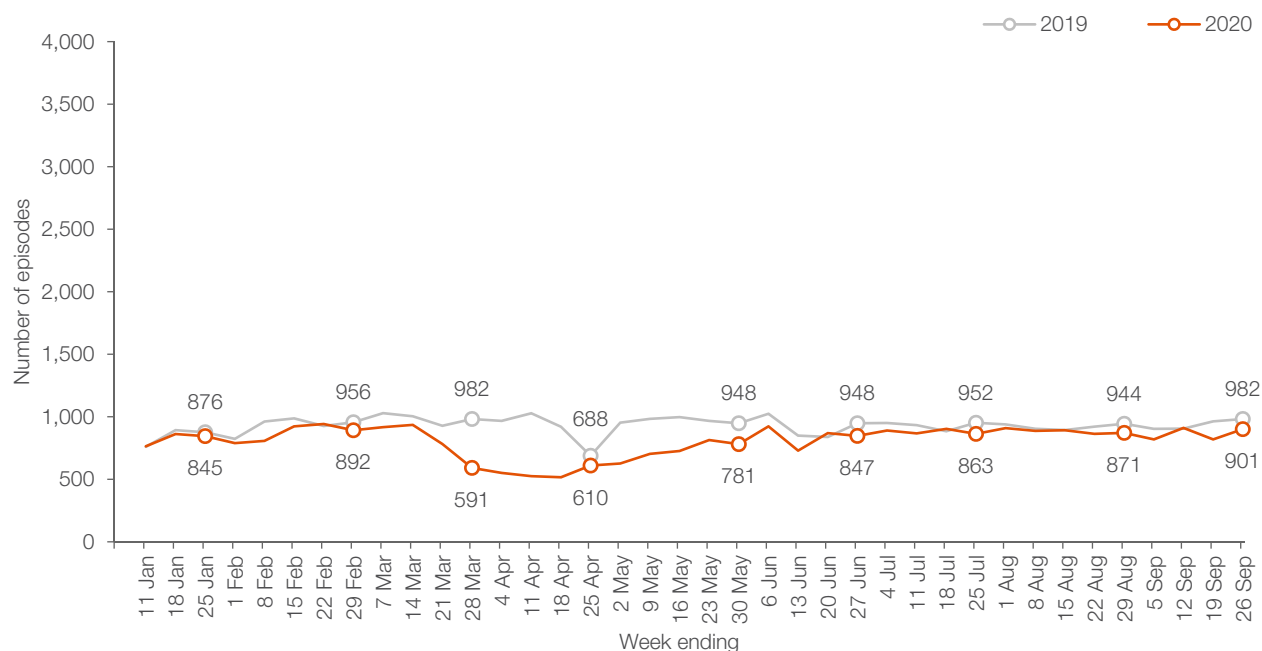


Figure 27 Number of completed admitted patient episodes, nervous system, January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

The principal diagnoses that patients receive in hospital for both acute and non-acute care were aggregated to represent clinical cohorts using methodology developed and validated in Australia. See the technical supplement to *Healthcare Quarterly, July to September 2020* for further information.

Results for the week ending 26 September 2020 should be interpreted with caution, as the completion rate for diagnosis information for the week was lower than all other weeks. See the technical supplement for further information.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.



Elective surgery activity

Elective surgical procedures

A progressive reduction in the number of elective surgical procedures was evident from early March, before declining sharply from 26 March when all non-urgent elective surgery was suspended.

Following NSW Health advice for resuming elective surgery, the number of elective surgical procedures performed increased steadily from the week ending 25 April. From mid July to the end of September 2020, the weekly number of procedures performed remained consistently above 2019 levels (Figure 28).

The number of urgent (category 1) procedures through January to June 2020 was similar to 2019 levels for almost all weeks. In July to September 2020, the number of urgent procedures performed each week was higher than the comparable weeks in 2019 (Figure 29).

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 28 Elective surgical procedures performed, all urgency categories, January to September 2019 and 2020

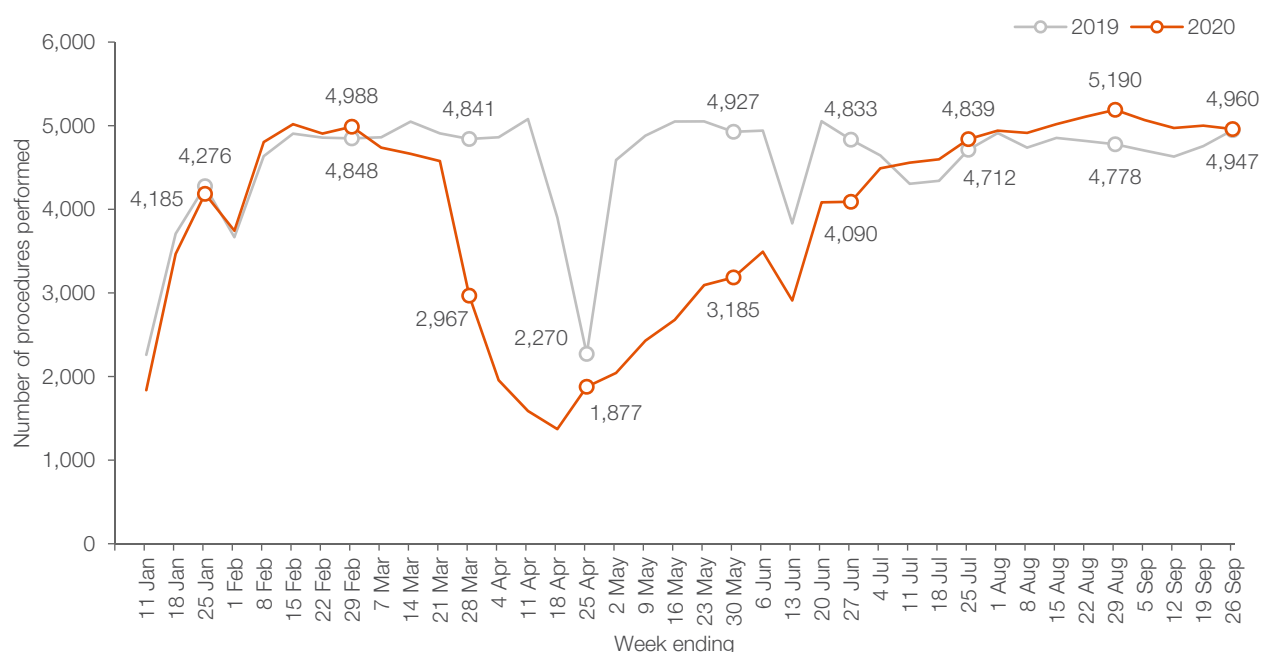
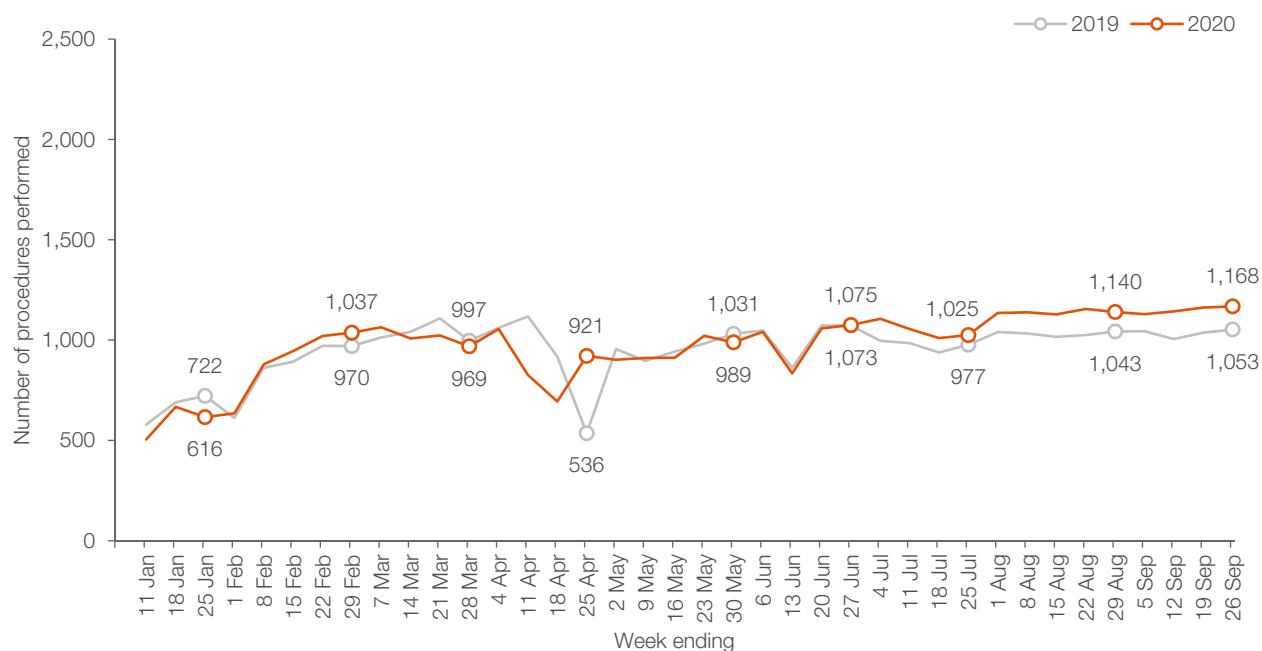


Figure 29 Elective surgical procedures performed, urgent (category 1), January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

The lower numbers of procedures performed in April and June 2019 were due to the respective long weekends.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Elective surgical procedures

Following the suspension of all non-urgent surgery in response to the COVID-19 pandemic, there were large decreases in semi-urgent and non-urgent procedures during late March and April (Figures 30, 31).

The number of semi-urgent elective surgical procedures increased steadily from late April. During July to September 2020, the number of semi-urgent procedures performed was down just 3.2%, compared with the same quarter in 2019 (Figures 30).

The number of non-urgent elective surgical procedures increased steadily from May. From mid July to the end of September 2020, the weekly number of non-urgent procedures performed remained consistently above 2019 levels (Figure 31).

Figure 30 Elective surgical procedures performed, semi-urgent (category 2), January to September 2019 and 2020

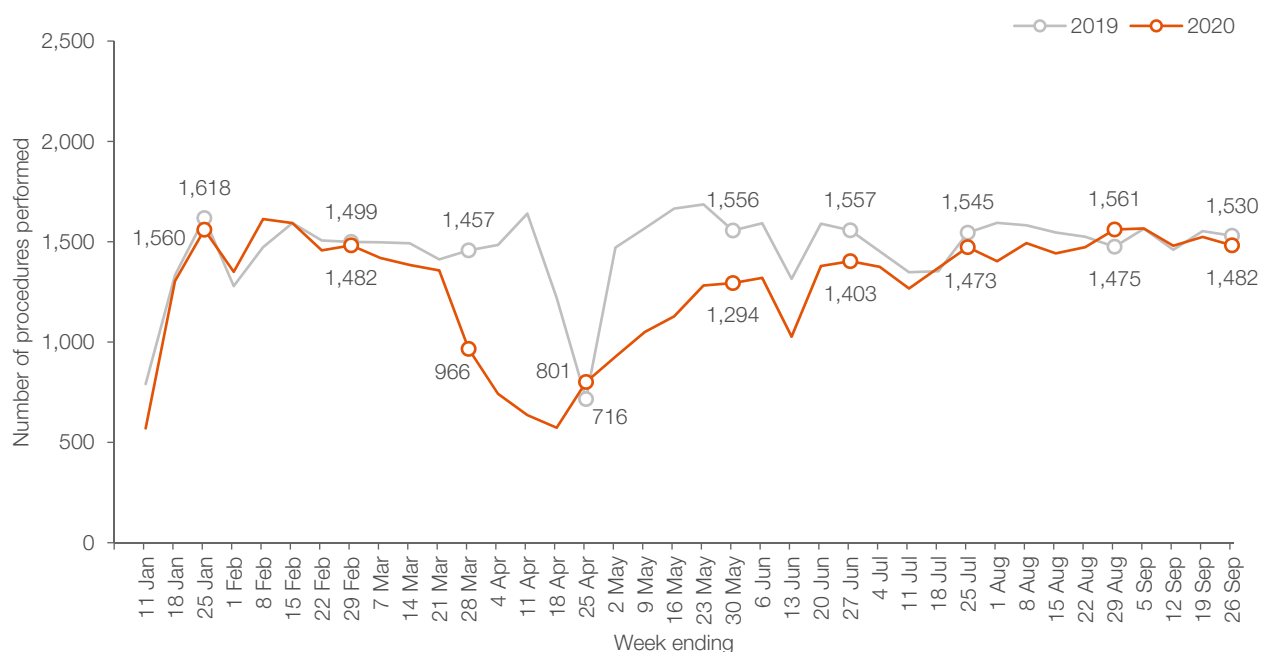
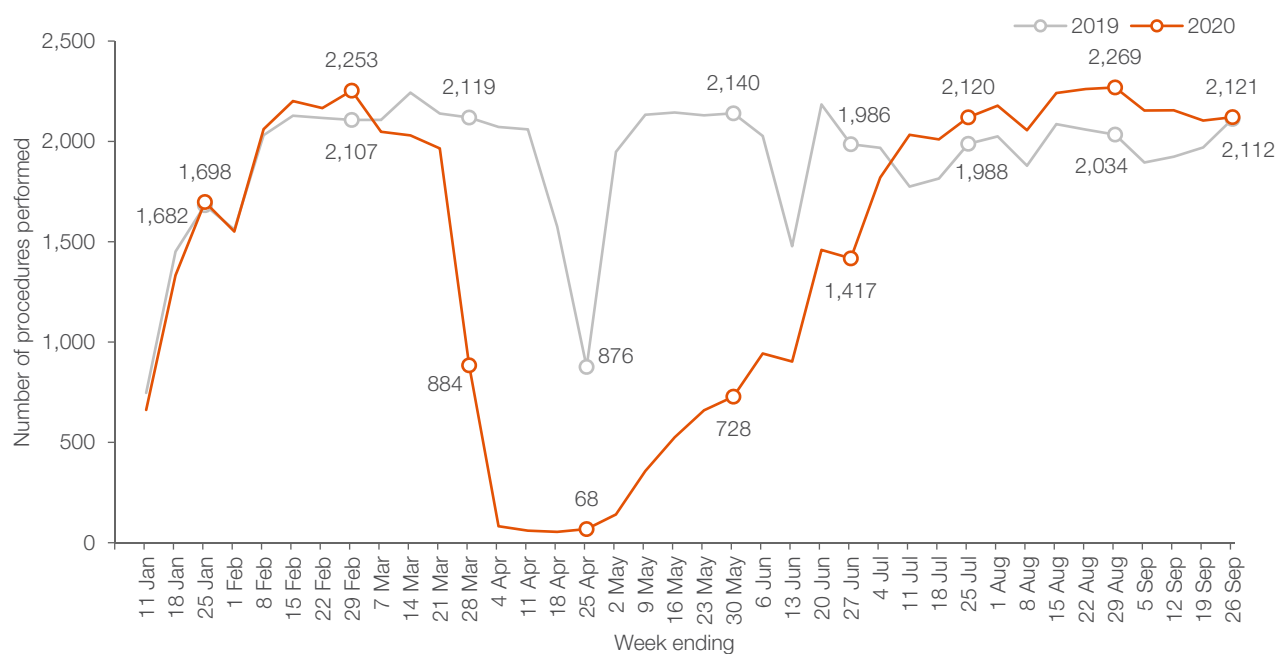


Figure 31 Elective surgical procedures performed, non-urgent (category 3), January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

The lower numbers of procedures performed in April and June 2019 were due to the respective long weekends.

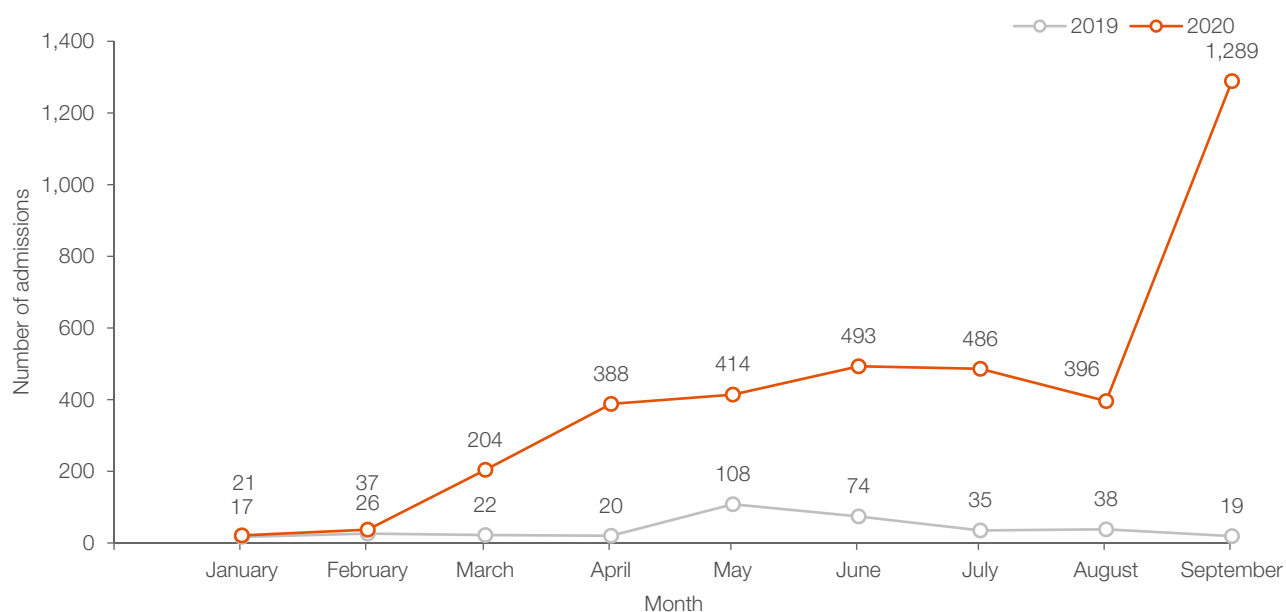
Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Elective surgery in private hospitals

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 September 2020, there was a striking increase in the number of elective surgical procedures (increasing 226% from 396 to 1,289) performed in a NSW private hospital under this agreement (Figure 32). The number of procedures contracted to private hospitals in September 2020 represented about 5.9% of all elective surgical procedures performed in NSW, increasing from 1.9% in August 2020 (data not shown).

Figure 32 Elective surgical procedures contracted to private hospitals, January to September 2019 and 2020



Elective surgery activity

Overall, there were 66,330 patients added to the waiting list in July to September 2020, down 2.6% compared with the same quarter in 2019 (Figure 33).



Elective surgery waiting list

The number of patients added to the waiting list for urgent elective surgery increased rapidly from mid May until the end of the July to September 2020 quarter (Figure 34).

In July to September 2020, the number of patients added to the waiting list for semi-urgent elective surgery was similar to 2019 levels. In the week ending 26 September, 1,661 patients were added to the semi-urgent waiting list (up 14.3% compared with the same time in 2019) (Figure 35).

The number of patients who were added to the waiting list for non-urgent elective surgery began to increase in late April, but remained lower than 2019 levels until the end of September 2020. In the week ending 26 September, 1,980 were added to the non-urgent list (up 20.4% compared with the same time in 2019) (Figure 36).

Figure 34 Number of patients added to elective surgery waiting list, urgent category, January to September 2019 and 2020

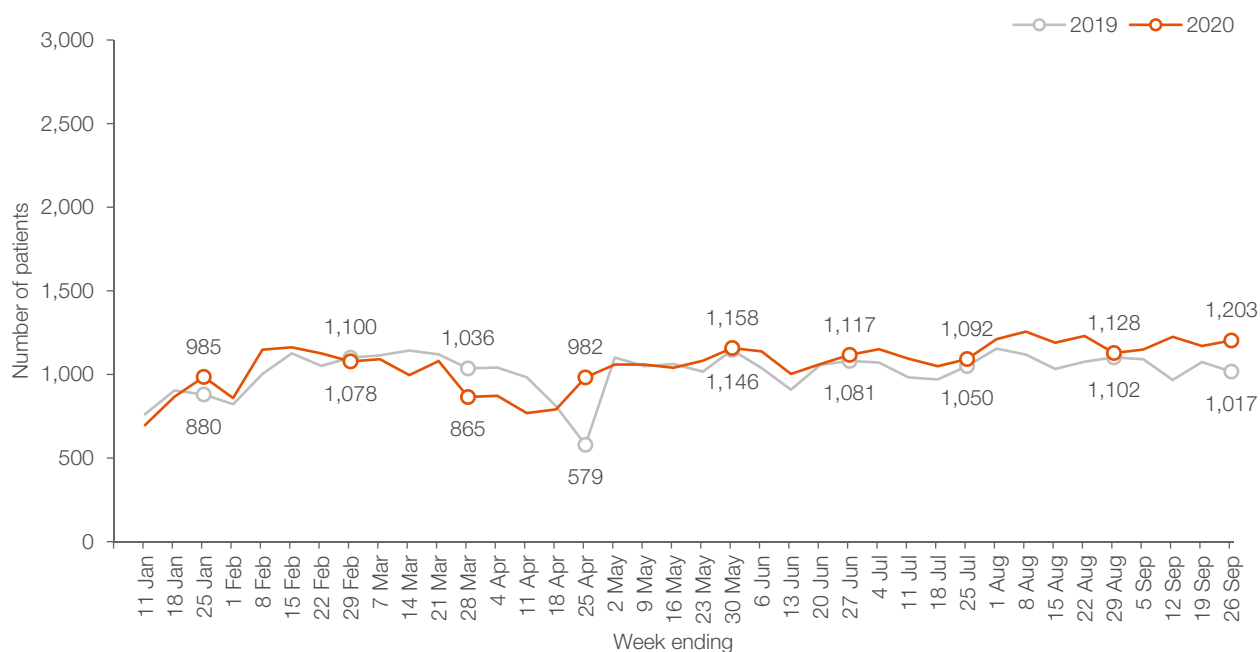


Figure 35 Number of patients added to elective surgery waiting list, semi-urgent category, January to September 2019 and 2020

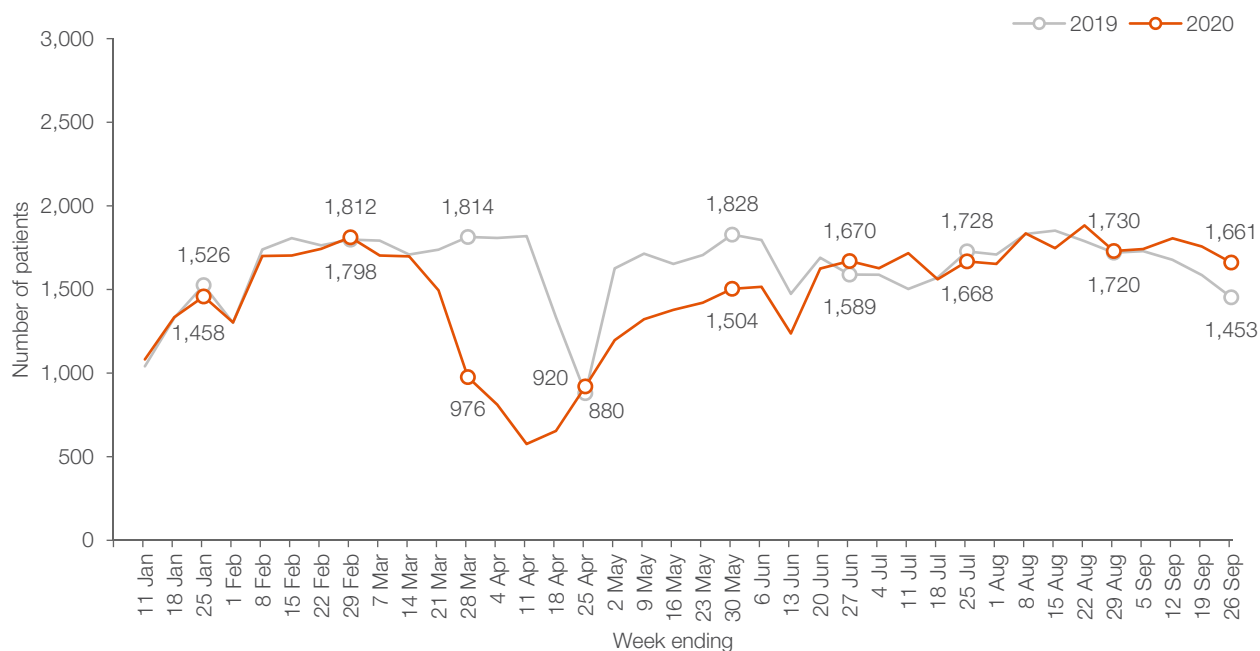
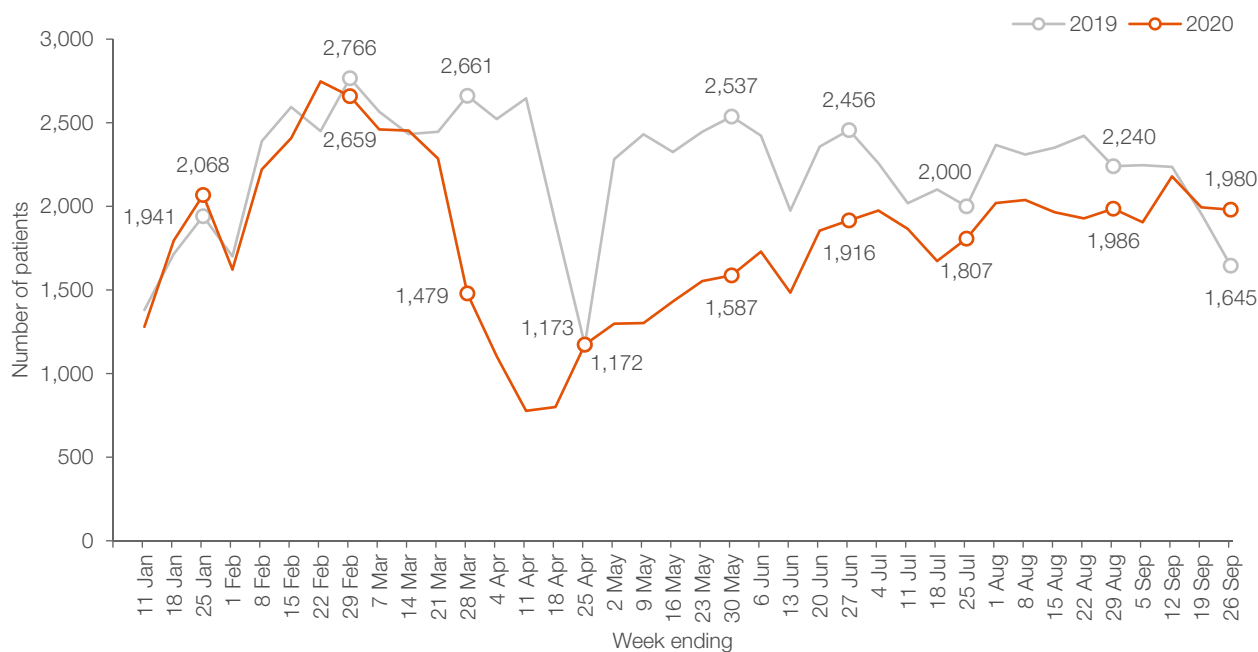


Figure 36 Number of patients added to elective surgery waiting list, non-urgent category, January to September 2019 and 2020



Notes: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

The lower numbers of patients added to the waiting list in April and June 2019 were due to the respective long weekends.

Weekly activity for 2020 is calculated by aggregating daily activities for a seven-day week from Sunday to Saturday, starting Sunday 5 January 2020 and ending Saturday 26 September 2020. Each day in 2019 is matched with the same day of the week in 2020, due to known variation in activity by day of the week.

Results for the last week in September should be interpreted with caution. Data completeness for this week was lower than all other weeks due to the lag in including new patients in WLCOS.

Elective surgery waiting list

Patients are removed from the waiting list when their elective surgical procedures are performed, transferred to another facility (public or private), but in some cases they may also leave the list on the advice of a doctor or their own preference. In some cases, they will be for emergency surgery. During January to September 2020, the number of patients removed from the waiting list for emergency surgery each month was similar to 2019 (approximately 1% each month) (data not shown).

As at 30 September 2020, there were 95,052 patients on the waiting list, up 11.8% compared with the same day in 2019 (Figure 37). Of these, 8,193 patients had waited longer than the clinically recommended timeframe, compared with 844 on the same day in 2019 (Figure 38).

More information about patients on the waiting list in terms of urgency category and type of procedure, as at 30 September, is available in *Healthcare Quarterly – Activity and performance* for July to September 2020.

Figure 37 Patients on the waiting list at end of month, January to September 2019 and 2020

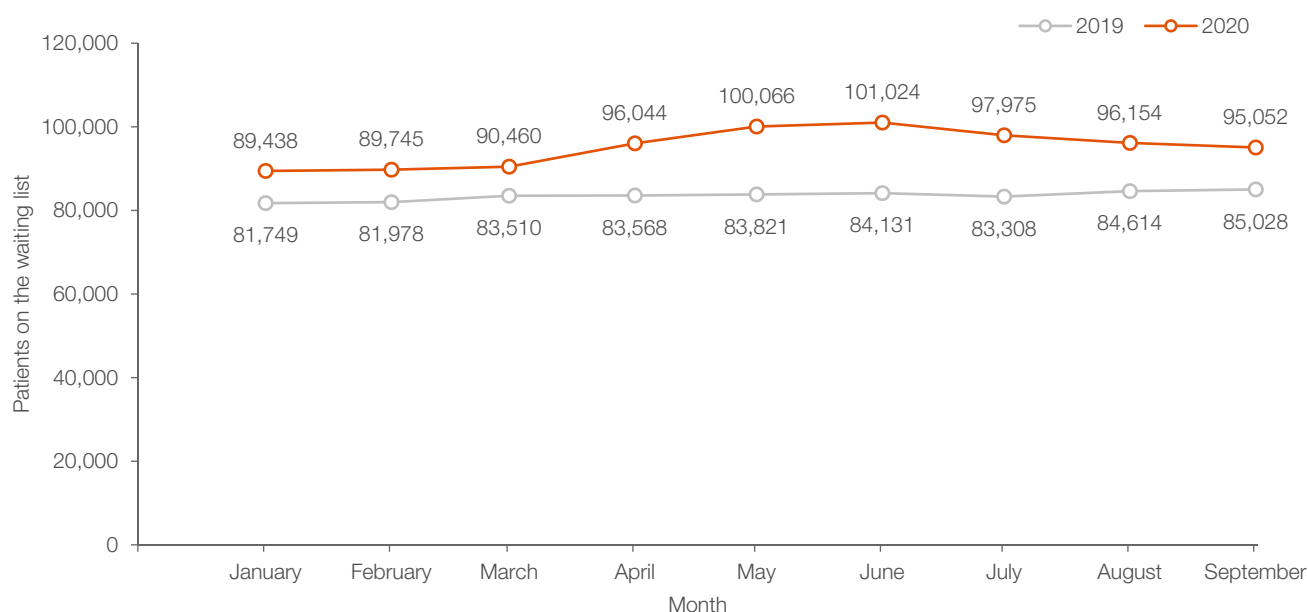
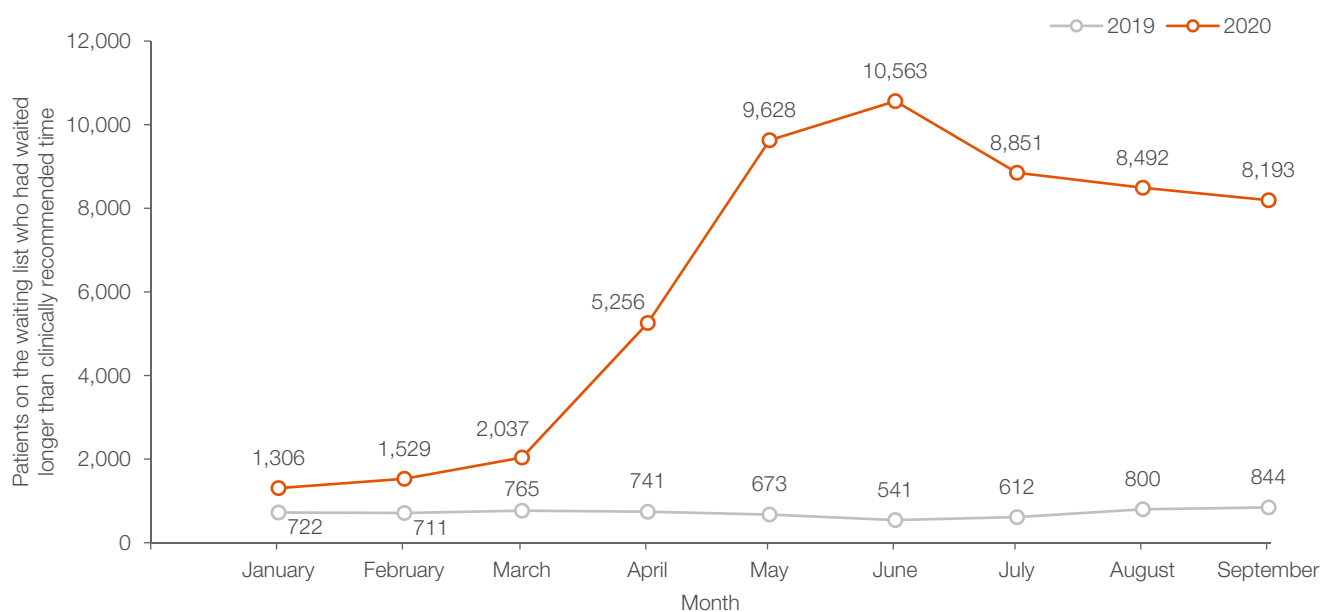


Figure 38 Patients on the waiting list at end of month who had waited longer than clinically recommended timeframe, January to September 2019 and 2020



Note: Results for all NSW public hospitals reported in *Healthcare Quarterly* are included.

About the Bureau of Health Information

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

BHI was established in 2009 and supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

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

BHI publishes a range of reports and information products, including interactive tools, that provide objective, accurate and meaningful information about how the health system is performing.

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

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