Healthcare Quarterly

Seclusion and Restraint Supplement

January to March 2023

bureau of
**health
information**

The conclusions in this report are those of BHI and no official endorsement by the NSW
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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.

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 patient cohort.

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

Most episodes of care in acute mental health units did not have a seclusion or restraint event in January to March 2023 (Figure 1).

The NSW Health Performance Framework includes three key performance indicators (KPIs) related to the use of restrictive practices. The KPI target for the percentage of acute mental health episodes of care with at least one seclusion event in 2022–23 is less than 4.1% for each hospital.

In the January to March 2023 quarter, the percentage of acute mental health episodes of care with at least one seclusion event in NSW was 3.1%, down 0.3 percentage points compared with the same quarter the previous year (Figure 1, Table 1). The percentage was 4.1% or above in nine hospitals: Morisset (15.4), Concord (9.1), Liverpool (6.9), Cumberland (6.1), Shellharbour (4.5), Gosford (4.4), Maitland (4.2), Bankstown-Lidcombe (4.1) and Nepean (4.1) (Table 1).

The percentage of acute mental health episodes of care with at least one physical restraint event in NSW was 4.6%, up 0.4 percentage points compared with the same quarter the previous year (Figure 1, Table 1).

There was 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, NSW, January to March 2023

3.1% with ≥1 **seclusion** event

	96.9% with no **seclusion** event
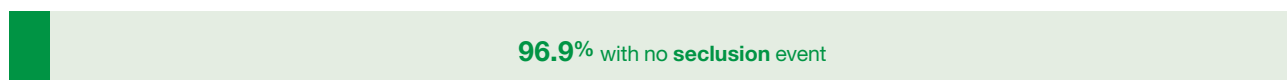
4.6% with ≥1 **physical restraint** event

	95.4% with no **physical restraint** event
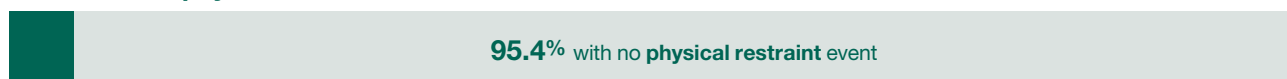
Note: Seclusion and restraint data were drawn from the HIE on 19 April 2023, and manually collected measures received from InforMH, System Information and Analytics, NSW Ministry of Health on 8 May 2023.

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, January to March 2023*

Hospital	Number of acute mental health episodes of care	Seclusion		Physical restraint	
		% of episodes with at least one event	Percentage point change since one year ago	% of episodes with at least one event	Percentage point change since one year ago
NSW†	**11,817**	**3.1**	**-0.3**	**4.6**	**0.4**
Armidale	78	0.0	0.0	0.0	0.0
Bankstown-Lidcombe	218	4.1	-2.7	4.1	-2.2
Blacktown	386	2.1	-1.2	3.9	0.0
Blue Mountains	83	1.2	0.1	3.6	-3.1
Braeside	39	0.0	0.0	5.1	-0.2
Broken Hill	44	0.0	0.0	2.3	-2.1
Campbelltown	573	2.3	0.0	3.7	1.4
Children's at Westmead	38	0.0	-1.9	13.2	5.5
Coffs Harbour	229	2.6	-1.6	3.5	-1.2
Dubbo	99	0.0	0.0	2.0	1.0
Gosford	158	4.4	-1.5	5.7	-0.8
Goulburn	171	1.2	1.2	6.4	1.1
Greenwich	60	0.0	0.0	1.7	-1.9
John Hunter	57	1.8	1.8	5.3	-0.8
Kempsey	95	0.0	0.0	0.0	0.0
Lismore	238	2.1	0.3	3.4	-0.7
Liverpool	552	6.9	0.0	3.8	-1.4
Macquarie	45	0.0	0.0	4.4	4.4
Maitland	165	4.2	0.4	3.6	0.2
Manning	104	1.9	1.9	3.8	1.3
Morisset	13	15.4	6.3	23.1	14.0
Nepean	517	4.1	0.9	5.6	0.7
Northern Beaches§	313	0.0	-1.0	6.4	3.5
Port Macquarie	102	3.9	1.8	3.9	0.8
Royal North Shore	390	1.3	0.6	3.6	0.7
Royal Prince Alfred	681	1.9	-1.6	3.2	1.4
Shellharbour	422	4.5	1.9	3.1	-0.8
South East Regional	82	0.0	0.0	11.0	6.3
St George	275	1.5	1.0	5.8	-2.7
St Joseph's	26	0.0	0.0	0.0	-4.5
St Vincent's	287	1.7	1.4	5.2	2.8
Sutherland	137	2.2	-0.1	5.1	1.0
Sydney Children's	205	0.0	-0.6	0.5	-0.1
Tamworth	192	2.6	1.7	3.6	1.0
Tweed	219	0.9	-0.7	5.9	3.3
Wagga Wagga	354	1.4	-0.3	3.4	-0.6
Westmead	157	0.0	0.0	5.1	0.4
Wollongong	236	2.5	-0.8	4.2	1.7
Wyong	309	3.9	0.4	5.5	-0.8
Concord	694	9.1	-2.2	5.0	-2.3
Cumberland	824	6.1	-1.4	6.2	1.8
Hornsby	332	3.6	2.5	7.2	2.6
Hunter New England Mater MH	840	3.6	0.0	6.1	0.6
Orange	386	1.0	-1.4	2.6	-2.1
Prince of Wales	392	1.8	-0.7	4.8	0.1
The Forensic Hospital†	57	15.8	-10.1	36.8	-5.8

Row groups (left margin labels): No mental health intensive care unit (Armidale through Wyong); MHICU (Concord through Prince of Wales); JH (The Forensic Hospital).

* 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 patient cohort. For more information, see *Measurement Matters – Reporting on seclusion and restraint in NSW public hospitals*, available at **bhi.nsw.gov.au**

§ Northern Beaches operates as a public/private partnership with NSW Health. Only public patients are included in the Northern Beaches analysis. For more information, please refer to the **technical supplement**.

Notes: MHICU = Mental Health Intensive Care Unit.

Seclusion and physical restraint

The percentage of acute mental health episodes of care in NSW with at least one seclusion event peaked at 4.3% in April to June 2020 (data not shown), decreasing to 3.1% in January to March 2023 (Figure 2).

The percentage of acute mental health episodes of care in NSW with at least one physical restraint event increased from 3.7% in January to March 2018 to a peak of 5.3% in April to June 2020 (data not shown), before decreasing to 4.6% in 2023 (Figure 3).

The percentage of acute mental health episodes of care with at least one seclusion or physical restraint event in hospitals with a MHICU was typically higher, and showed more variation than in hospitals without a MHICU (Figures 2, 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, January 2018 to March 2023
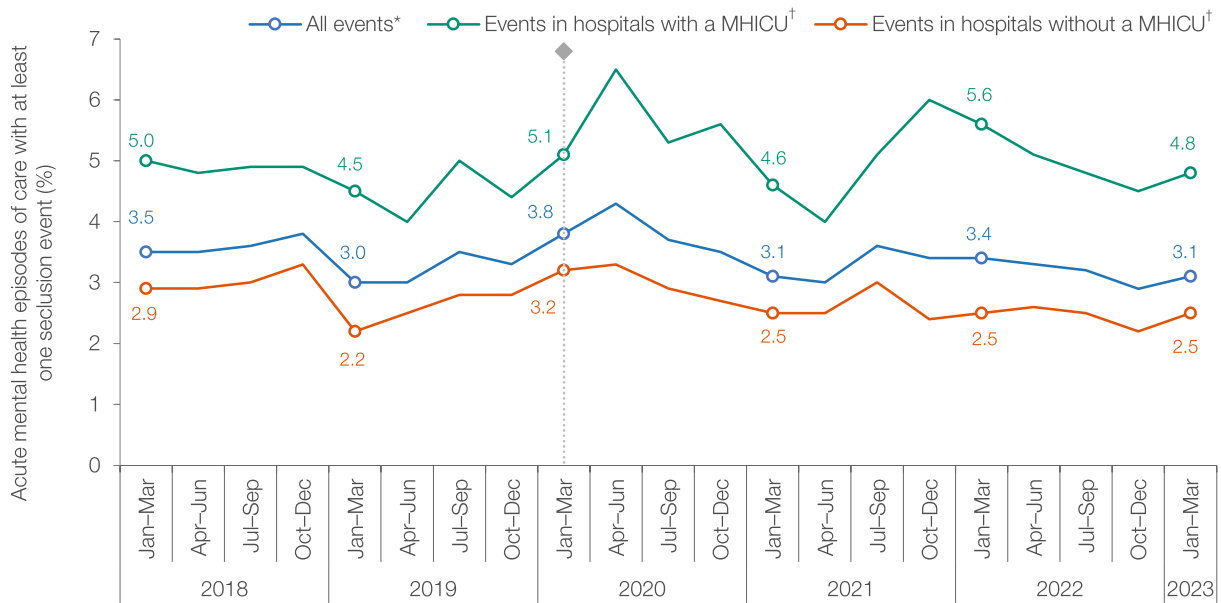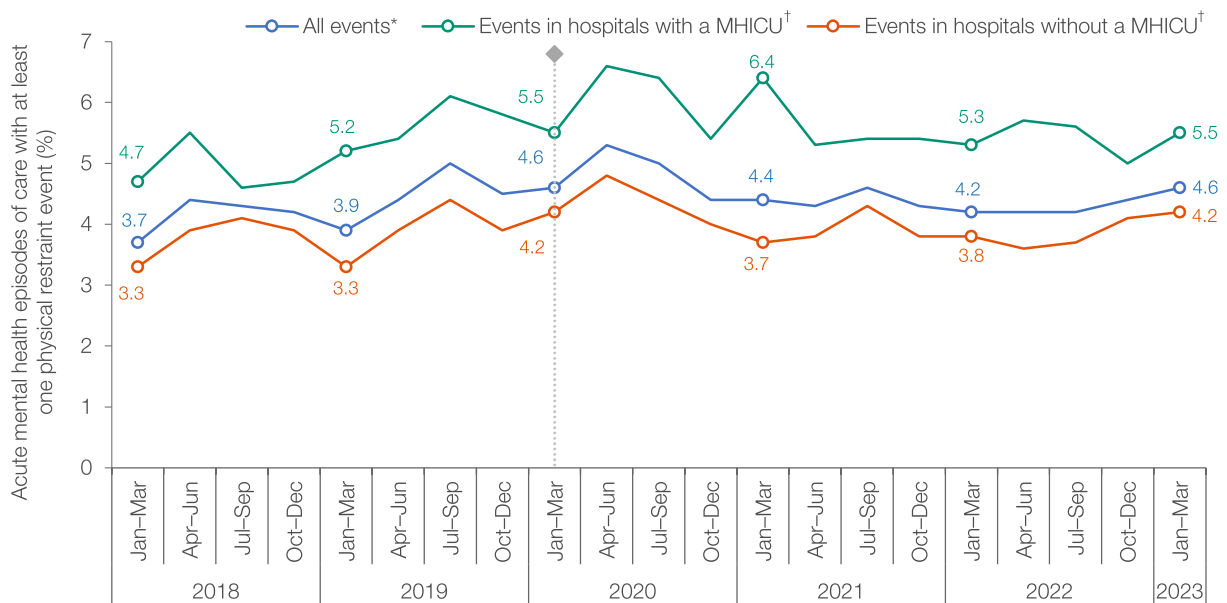

Figure 3 Percentage of acute mental health episodes of care occurring in specialised acute mental health inpatient units with at least one physical restraint event, January 2018 to March 2023

* '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: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020. For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.

◆ 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.

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 599 seclusion events in January to March 2023, down 46 events compared with the same quarter the previous year. There were 970 physical restraint events, up 106 events compared with the same quarter the previous year (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 42 mechanical restraint events in NSW public hospitals with specialised acute mental health inpatient units (excluding the Forensic Hospital). This was up by seven events compared with the same quarter the previous year (data not shown by hospital due to small numbers). At the Forensic Hospital, there were 143 mechanical restraint events, relatively stable (up by one event) compared with the same quarter the previous year (data not shown).

The NSW Health KPI target for rate of seclusion in 2022–23 is less than 5.1 per 1,000 bed days for each hospital. In January to March 2023, the NSW rate of seclusion was 4.6, down 1.0 compared with the same quarter the previous year (Table 2).

The rate of seclusion was below 5.1 per 1,000 bed days in 35 hospitals. The rate was 5.1 or above in 10 hospitals: Morisset (28.3), Hornsby (12.8), Concord (10.0), Liverpool (9.1), Cumberland (8.3), Shellharbour (8.3), Wollongong (7.6), Nepean (5.6), Bankstown-Lidcombe (5.1) and Wyong (5.1) (Table 2).

The rate of physical restraint in NSW was 7.5 per 1,000 bed days, no change compared with the same quarter the previous year. The rate varied widely across hospitals and was above the NSW average in 18 hospitals: Children's at Westmead (119.9), Morisset (26.7), Northern Beaches (14.2), Hornsby (13.9), South East Regional (13.6), Broken Hill (13.3), Wollongong (12.0), Tweed (11.8), Hunter New England Mater Mental Health Centre (10.6), Royal North Shore (9.4), Cumberland (8.8), Lismore (8.6), Prince of Wales (8.4), Coffs Harbour (8.3), St George (8.3), John Hunter (8.2), St Vincent's (8.0) and Blacktown (7.6) (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, January to March 2023

Hospital	Seclusion			Physical restraint		
	Total number of seclusion events	Change in events since one year ago	Rate per 1,000 bed days	Total number of physical restraint events	Change in events since one year ago	Rate per 1,000 bed days
NSW	**599**	**-46**	**4.6**	**970**	**106**	**7.5**
Armidale	0	0	0	0	0	0
Bankstown-Lidcombe	14	-21	5.1	12	-5	4.4
Blacktown	11	-10	3.5	24	1	7.6
Blue Mountains	<5	2	2.3	5	-4	3.9
Braeside	0	0	0	<5	-9	1.4
Broken Hill	0	0	0	<5	2	13.3
Campbelltown	15	0	2.6	30	8	5.1
Children's at Westmead	0	-1	0	64	53	119.9
Coffs Harbour	8	0	3.2	21	6	8.3
Dubbo	0	0	0	<5	1	2.5
Gosford	7	-4	2.9	10	-4	4.1
Goulburn	<5	2	1.2	12	-8	7.1
Greenwich	0	0	0	<5	-5	0.6
John Hunter	<5	1	2.7	<5	-14	8.2
Kempsey	0	0	0	0	0	0
Lismore	12	8	4.0	26	14	8.6
Liverpool	44	-25	9.1	23	-12	4.7
Macquarie	0	0	0	<5	2	1.5
Maitland	7	-3	3.4	8	1	3.9
Manning	<5	2	1.3	<5	2	2.6
Morisset	18	17	28.3	17	13	26.7
Nepean	31	6	5.6	32	-3	5.7
Northern Beaches§	0	-3	0	33	11	14.2
Port Macquarie	5	2	4.9	<5	0	3.9
Royal North Shore	5	3	1.5	32	14	9.4
Royal Prince Alfred	28	-6	4.1	40	24	5.9
Shellharbour	27	15	8.3	17	-5	5.2
South East Regional	0	0	0	12	5	13.6
St George	5	4	1.9	22	-10	8.3
St Joseph's	0	0	0	0	-3	0
St Vincent's	5	4	1.7	23	15	8.0
Sutherland	5	-9	2.3	13	-10	5.9
Sydney Children's	0	-1	0	<5	1	4.7
Tamworth	6	4	2.9	10	3	4.8
Tweed	<5	-3	1.0	24	13	11.8
Wagga Wagga	6	0	1.9	17	-10	5.4
Westmead	0	0	0	15	2	6.5
Wollongong	19	10	7.6	30	23	12.0
Wyong	21	5	5.1	23	-7	5.6
Concord	110	-20	10.0	56	-47	5.1
Cumberland	71	-38	8.3	75	23	8.8
Hornsby	59	55	12.8	64	30	13.9
Hunter New England Mater MH	38	-29	4.4	92	-20	10.6
Orange	<5	-8	1.0	24	4	5.8
Prince of Wales	8	-5	1.7	40	11	8.4
The Forensic Hospital	50	-13	12.3	114	-114	27.9

Row group labels (left vertical bands): "No mental health intensive care unit" (Armidale through Wyong), "MHICU" (Concord through Prince of Wales), "JH" (The Forensic Hospital).

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

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Notes: MHICU = Mental Health Intensive Care Unit.

Seclusion events and rate

The number of seclusion events peaked at 873 in July to September 2020 (data not shown), decreasing to 599 in January to March 2023. The number of seclusion events in hospitals with a MHICU remained relatively stable over the past five years (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.

The rate of seclusion peaked at 7.3 in April to June 2020 (data not shown), decreasing to 4.6 per 1,000 in January to March 2023, the lowest of any January to March quarter in five years. The rate of seclusion in hospitals with a MHICU was typically higher and showed more variation than in hospitals without a MHICU (Figure 5).

Figure 4 Number of seclusion events occurring in specialised acute mental health inpatient units, January 2018 to March 2023
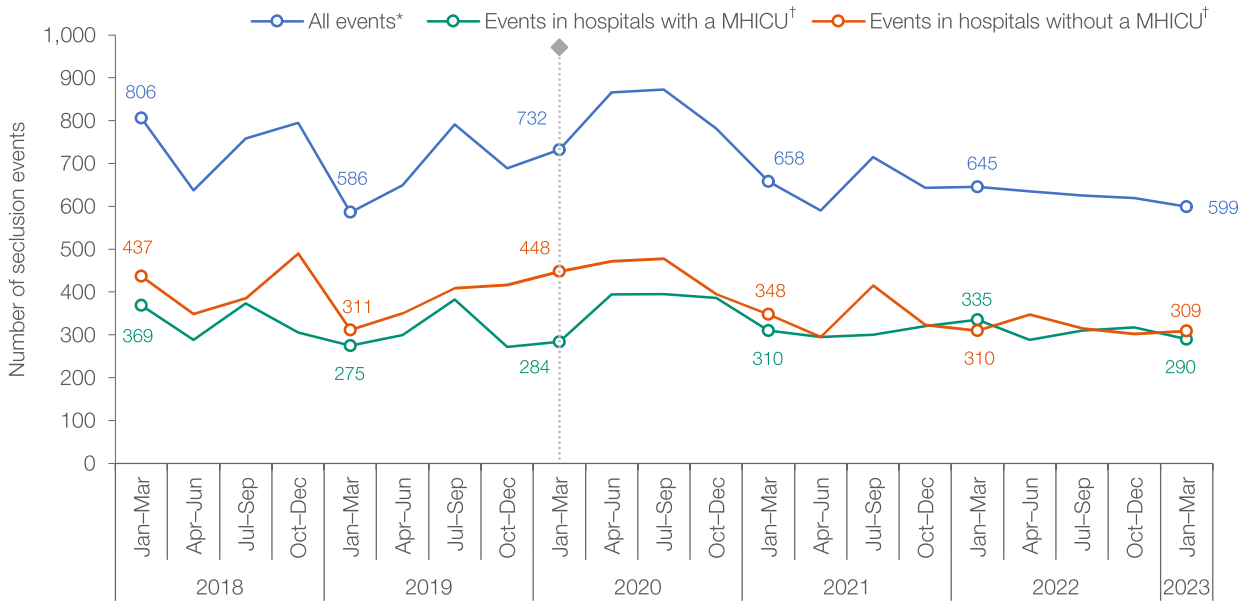
Figure 5 Number of seclusion events per 1,000 bed days in specialised acute mental health inpatient units, January 2018 to March 2023
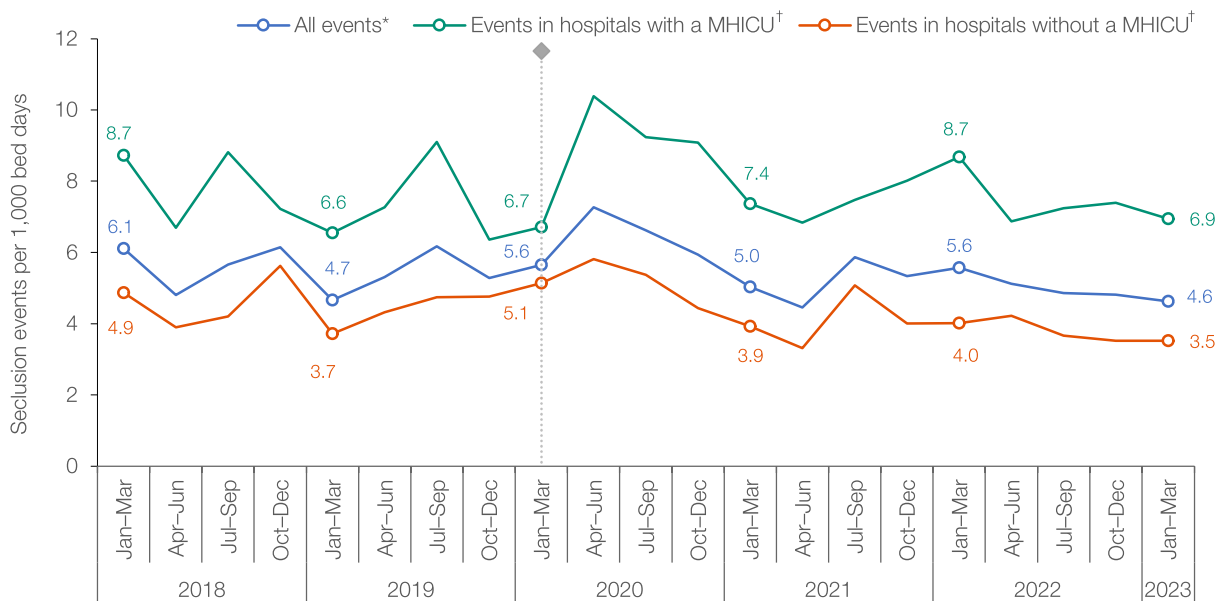
* 'All events' includes all seclusion events occurring in specialised acute mental health inpatient units, excluding episodes in the Justice Health and Forensic Mental Health Network (JHFMHN).
† MHICU = Mental Health Intensive Care Unit
Note: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020. For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Physical restraint events and rate

The number of physical restraint events showed some seasonal variation, trending upwards to a peak of 1,170 in July to September 2020 (data not shown). It then decreased to 970 in January to March 2023. The number of physical restraint events in hospitals with a MHICU remained relatively stable over the past five years (Figure 6).

The rate of physical restraint refers to the number of physical restraint events per 1,000 bed days. It followed a similar trend to the number of physical restraint events over five years. The rate peaked at 9.6 in April to June 2020 (data not shown), followed by a decrease to 7.5 in January to March 2023. The rate of physical restraint in hospitals with a MHICU was typically higher and showed more variation than in hospitals without a MHICU (Figure 7).

Figure 6

Number of physical restraint events occurring in specialised acute mental health inpatient units, January 2018 to March 2023

Legend: All events* (blue) — Events in hospitals with a MHICU† (green) — Events in hospitals without a MHICU† (orange)

Y-axis: Number of physical restraint events

Selected data labels:
- All events*: 757, 840, 909, 997, 864, 970
- Events in hospitals without a MHICU†: 465, 486, 590, 556, 514, 619
- Events in hospitals with a MHICU†: 292, 354, 319, 441, 350, 351

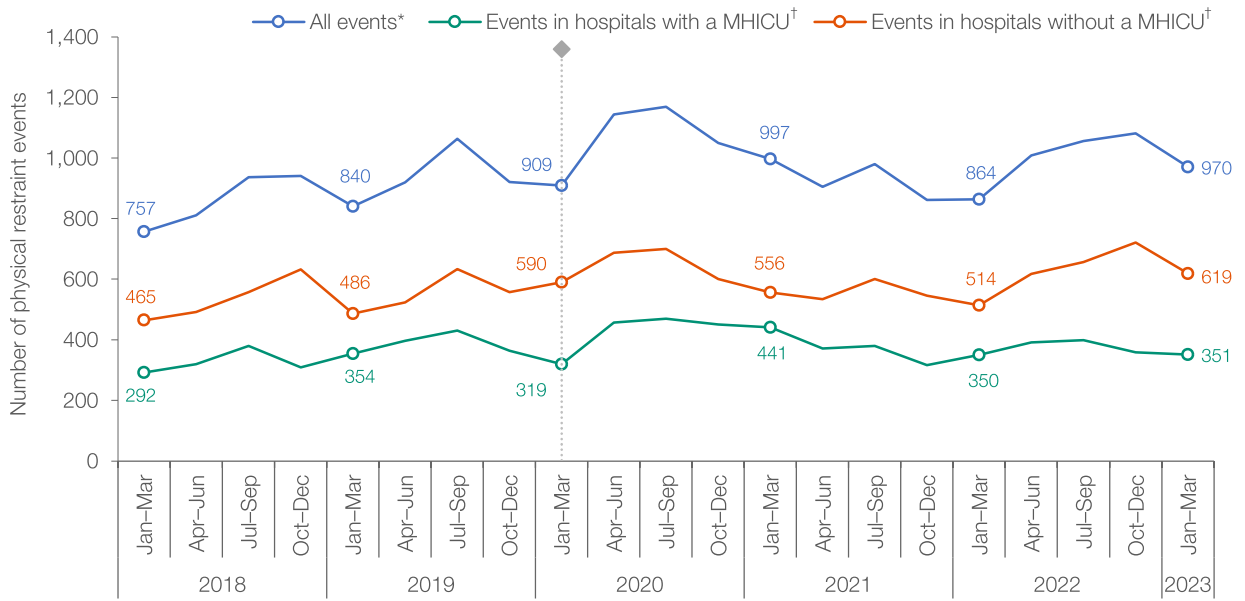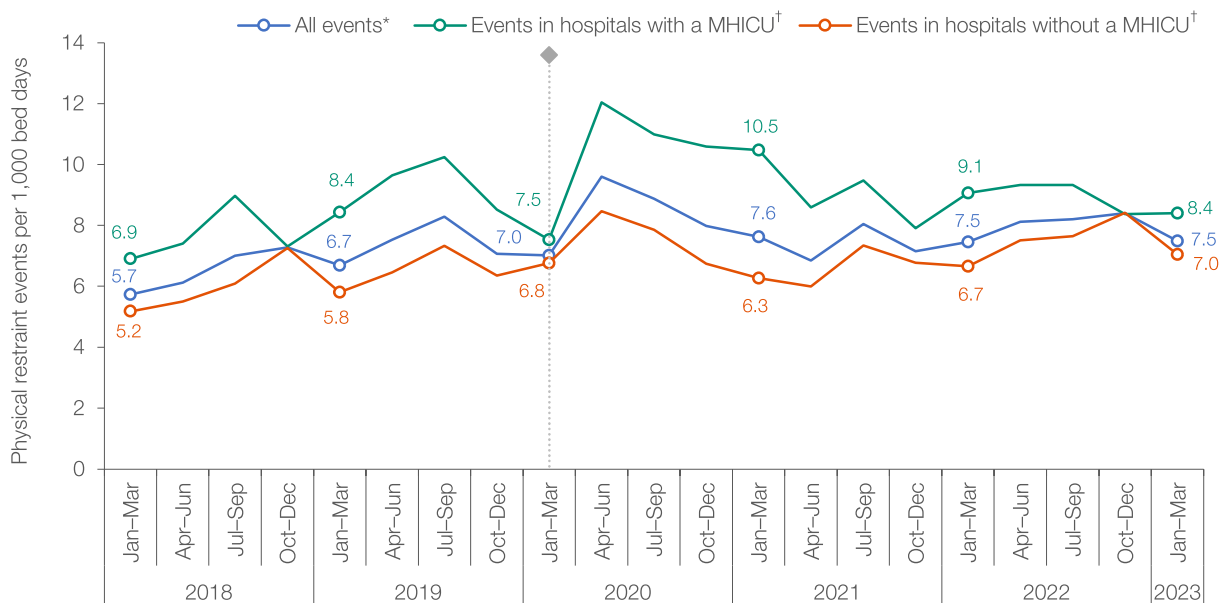X-axis: Jan–Mar, Apr–Jun, Jul–Sep, Oct–Dec for years 2018, 2019, 2020, 2021, 2022, 2023 (Jan–Mar)

Figure 7

Number of physical restraint events per 1,000 bed days in specialised acute mental health inpatient units, January 2018 to March 2023

Legend: All events* (blue) — Events in hospitals with a MHICU† (green) — Events in hospitals without a MHICU† (orange)

Y-axis: Physical restraint events per 1,000 bed days

Selected data labels:
- Events in hospitals with a MHICU†: 6.9, 8.4, 7.5, 10.5, 9.1, 8.4
- All events*: 5.7, 6.7, 7.0, 7.6, 7.5, 7.5
- Events in hospitals without a MHICU†: 5.2, 5.8, 6.8, 6.3, 6.7, 7.0

X-axis: Jan–Mar, Apr–Jun, Jul–Sep, Oct–Dec for years 2018, 2019, 2020, 2021, 2022, 2023 (Jan–Mar)

* '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: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020. For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

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, or a small number of events, lasting considerably longer than others.

The NSW Health KPI target for the average duration of seclusion events in 2022–23 is less than four hours.

Statewide, the average duration of a seclusion event was 8 hours 35 minutes in January to March 2023, down 2 hours 42 minutes compared with the same quarter the previous year (Table 3). The average duration was longer than four hours in 13 hospitals: Royal Prince Alfred (21h 18m), Concord (13h 31m), Hornsby (11h 48m), Cumberland (11h 21m), Liverpool (9h 37m), Nepean (8h 21m), Prince of Wales (8h 2m), Coffs Harbour (7h 54m), Maitland (6h 34m), Bankstown-Lidcombe (6h 4m), Blacktown (5h 37m), Shellharbour (4h 36) and Royal North Shore (4h 25m) (Table 3).

In January to March 2023, the average duration of a physical restraint event was 4 minutes in NSW, unchanged 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 1 hour 33 minutes. This was down 23 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 1 hour 55 minutes, up 45 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, January to March 2023

Hospital	Seclusion		Physical restraint	
	Average duration	Change since one year ago	Average duration	Change since one year ago
NSW	**8h 35m**	**-2h 42m**	**4m**	**0m**
No mental health intensive care unit				
Armidale	0m	0m	0m	0m
Bankstown-Lidcombe	6h 4m	-28m	2m	1m
Blacktown	5h 37m	-1h 22m	1m	-1m
Blue Mountains	†	‡	3m	-5m
Braeside	0m	0m	†	‡
Broken Hill	0m	0m	†	‡
Campbelltown	3h 28m	1h 19m	3m	1m
Children's at Westmead	0m	‡	4m	3m
Coffs Harbour	7h 54m	-14h 54	1m	-2m
Dubbo	0m	0m	†	‡
Gosford	56m	-1h 16m	2m	1m
Goulburn	†	‡	2m	1m
Greenwich	0m	0m	†	‡
John Hunter	†	‡	†	‡
Kempsey	0m	0m	0m	0m
Lismore	3h 44m	‡	2m	0m
Liverpool	9h 37m	-4h 6m	1m	0m
Macquarie	0m	0m	†	‡
Maitland	6h 34m	3h 16m	4m	2m
Manning	†	‡	†	‡
Morisset	1h 42m	‡	3m	‡
Nepean	8h 21m	-10h 35	3m	0m
Northern Beaches§	0m	‡	1m	0m
Port Macquarie	1h 49m	‡	†	‡
Royal North Shore	4h 25m	‡	2m	1m
Royal Prince Alfred	21h 18m	14h 36m	4m	-2m
Shellharbour	4h 36m	-44m	3m	0m
South East Regional	0m	0m	2m	0m
St George	2h 4m	‡	1m	0m
St Joseph's	0m	0m	0m	‡
St Vincent's	2h 17m	‡	3m	-1m
Sutherland	1h 11m	16m	2m	-4m
Sydney Children's	0m	‡	†	‡
Tamworth	3h 14m	‡	5m	-8m
Tweed	†	‡	3m	0m
Wagga Wagga	41m	1m	3m	1m
Westmead	0m	0m	1m	0m
Wollongong	2h 21m	-1h 22m	4m	2m
Wyong	2h 14m	1h 10m	3m	-3m
MHICU				
Concord	13h 31m	-1h 15m	4m	0m
Cumberland	11h 21m	-10h 59	3m	1m
Hornsby	11h 48m	‡	7m	-1m
Hunter New England Mater MH	2h 40m	-26m	3m	-4m
Orange	†	‡	3m	-2m
Prince of Wales	8h 2m	-31m	5m	3m
JH				
The Forensic Hospital	15h 5m	3h 8m	5m	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*, available at **bhi.nsw.gov.au**

† 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.

§ Northern Beaches operates as a public/private partnership with NSW Health. Only public patients are included in the Northern Beaches analysis. For more information, please refer to the **technical supplement**.

Notes: MHICU = Mental Health Intensive Care Unit.

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 four hours since January to March 2018 (Figure 8).

The average duration of a seclusion event increased from 4 hours 18 minutes in January to March 2018, to a peak of 11 hours 17 minutes in 2022, followed by a decrease to 8 hours 35 minutes in January to March 2023. The average duration of a seclusion event in hospitals with a MHICU was typically longer and showed more variation than in hospitals without a MHICU (Figure 8).

The average duration of a physical restraint event peaked at 6 minutes 12 seconds in July to September 2022 (data not shown), followed by a decrease to 3 minutes 37 seconds in January to March 2023. Hospitals with a MHICU have seen a downward trend in the average duration of physical restraint events since early 2020. Hospitals without a MHICU saw a sharp increase in the average duration of physical restraint events in July to September 2022 (data not shown), followed by a decrease to 3 minutes 22 seconds in January to March 2023 (Figure 9).

Figure 8   Average duration of seclusion events occurring in specialised acute mental health inpatient units, January 2018 to March 2023
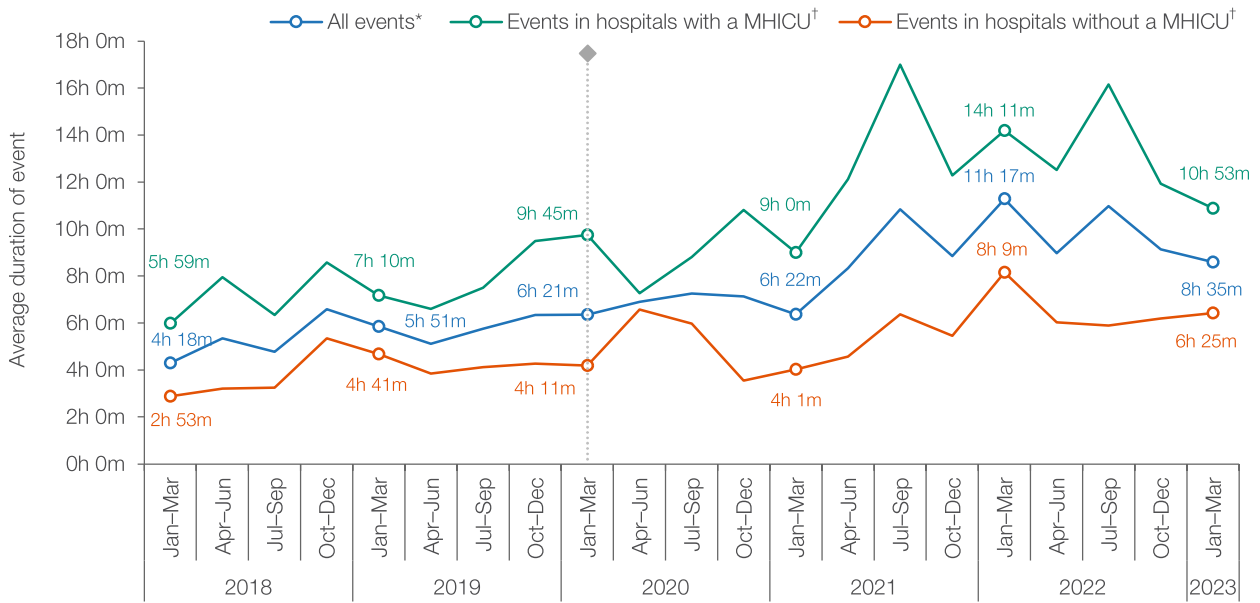
Figure 9   Average duration of physical restraint events occurring in specialised acute mental health inpatient units, January 2018 to March 2023

* '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: Results for Northern Beaches Hospital are included in aggregated data for hospitals without a MHICU and NSW totals back to July to September 2020. For more information, including which hospitals are included each quarter, please refer to the **technical supplement**.
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

bureau of
health
information

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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