

## Healthcare Quarterly

# Admitted patients and elective surgery

Activity and performance

January to March 2017



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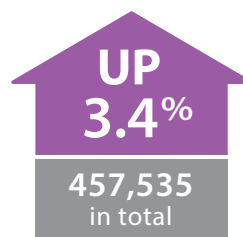
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# In the January to March 2017 quarter...

## Admitted patients

There were **14,849**  
more acute admissions  
to hospital



The average length of stay  
for patients admitted for  
acute overnight care was

**4.9 days**



Admitted patient activity		January to March 2017	January to March 2016	Difference	% change
All admitted patient episodes		477,983	459,494	18,489	4.0%
All acute episodes		457,535	442,686	14,849	3.4%
Overnight episodes		245,195	237,852	7,343	3.1%
Same-day episodes		212,340	204,834	7,506	3.7%
Non-acute episodes		20,448	16,808	3,640	21.7%
Average length of stay (days)	All acute episodes	3.1	3.0	0.1	
	Acute overnight episodes	4.9	4.8	0.1	
	Non-acute episodes	22.1	15.4	6.7	
Hospital bed days	All bed days	1,853,263	1,600,674	252,589	15.8%
	Acute bed days	1,401,693	1,341,723	59,970	4.5%
	Non-acute bed days	451,570	258,951	192,619	74.4%
Babies born in NSW public hospitals		18,070	18,201	-131	-0.7%

## Elective surgery

There were **51,830**  
elective surgical  
procedures performed



Almost all (97.1%) were performed  
within recommended time frames

Median waiting times were unchanged  
or shorter than same quarter last year

10, 46 and 221 days for urgent, semi-urgent and non-urgent, respectively



Elective surgery activity		January to March 2017	January to March 2016	Difference	% change
Elective surgical procedures performed		51,830	49,069	2,761	5.6%
Urgency category	Urgent surgery	10,646	10,289	357	3.5%
	Semi-urgent surgery	16,492	15,415	1,077	7.0%
	Non-urgent surgery	21,915	20,744	1,171	5.6%
Patients on waiting list ready for elective surgery at end of quarter		74,855	74,250	605	0.8%
Urgency category	Urgent surgery	2,006	1,753	253	14.4%
	Semi-urgent surgery	11,803	11,297	506	4.5%
	Non-urgent surgery	61,046	61,200	-154	-0.3%

Elective surgery performance		January to March 2017	January to March 2016	Difference
Median waiting time (days)	Urgent	10 days	10 days	0 days
	Semi-urgent	46 days	47 days	-1 day
	Non-urgent	221 days	229 days	-8 days
Elective surgery procedures performed on time	All procedures	97.1%	97.0%	+0.1 percentage points
	Urgent surgery	99.7%	99.7%	unchanged
	Semi-urgent surgery	96.5%	96.6%	-0.1 percentage points
	Non-urgent surgery	96.3%	96.0%	+0.3 percentage points



# Admitted patient activity and performance

# Patients admitted to a public hospital

In the January to March 2017 quarter, there were 477,983 admitted patient episodes; up 4.0% compared with the same quarter last year (Figure 1). Most were acute admitted patient episodes (95.7%) and of these, 53.6% were for overnight care and 46.4% were for same-day care (Figure 2).

Admissions to hospital can be planned (arranged in advance) or unplanned (emergency hospital admissions or surgical procedures). This quarter, most acute same-day admitted patient episodes (71.5%) were planned. In contrast, most acute overnight episodes (85.7%) were unplanned [data not shown].

There has been a gradual increase over the past five years in admitted patient episodes and in acute admitted patient episodes (Figure 1). Since the January to March quarter in 2012, the number of acute overnight admitted patient episodes has increased by 11.3% and the number of same-day episodes increased by 19.3% (Figure 2).

Figure 3 shows differences in the proportion of acute admitted patient episodes that were same-day episodes this quarter across hospital peer groups. Peer group C2 (smaller district hospitals) overall had a higher percentage of same-day episodes compared with other peer groups. Peer group C2 also had the greatest variation – ranging across hospitals from 16.0% to 79.1% of all acute admitted patient episodes.

The number of babies born in NSW public hospitals (18,070) decreased by 0.7% this quarter compared with the same quarter last year (Figure 1).

Patients can have more than one admitted episode during the same hospitalisation. For example, a person may be admitted for acute care and then require an episode of rehabilitation or palliative care prior to being discharged.

**Figure 1 All admitted patient episodes, acute admitted patient episodes and babies born, January 2012 to March 2017**

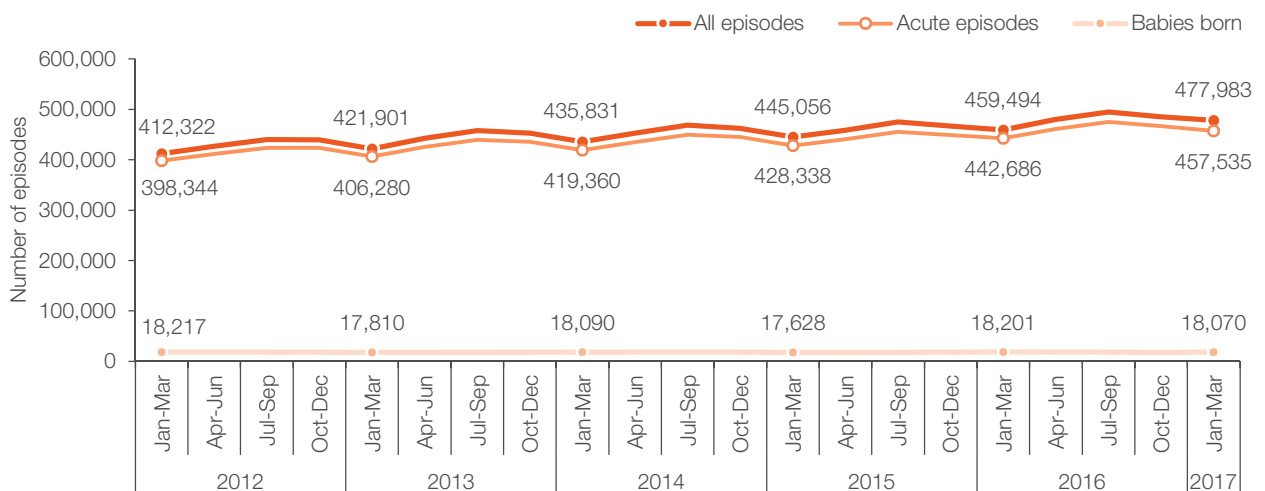




Figure 2 Overnight and same day acute admitted patient episodes, January 2012 to March 2017

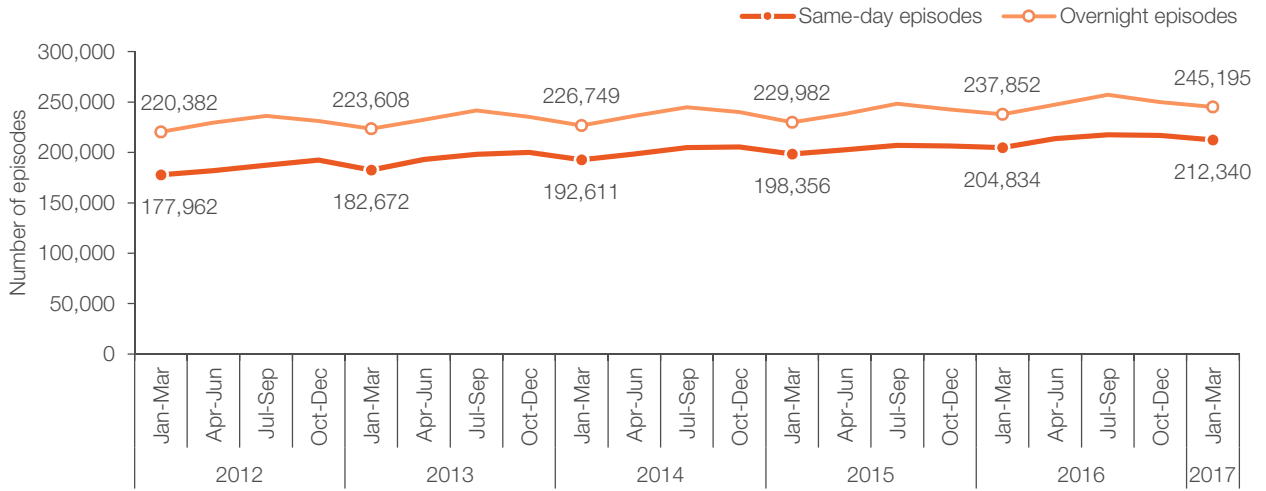
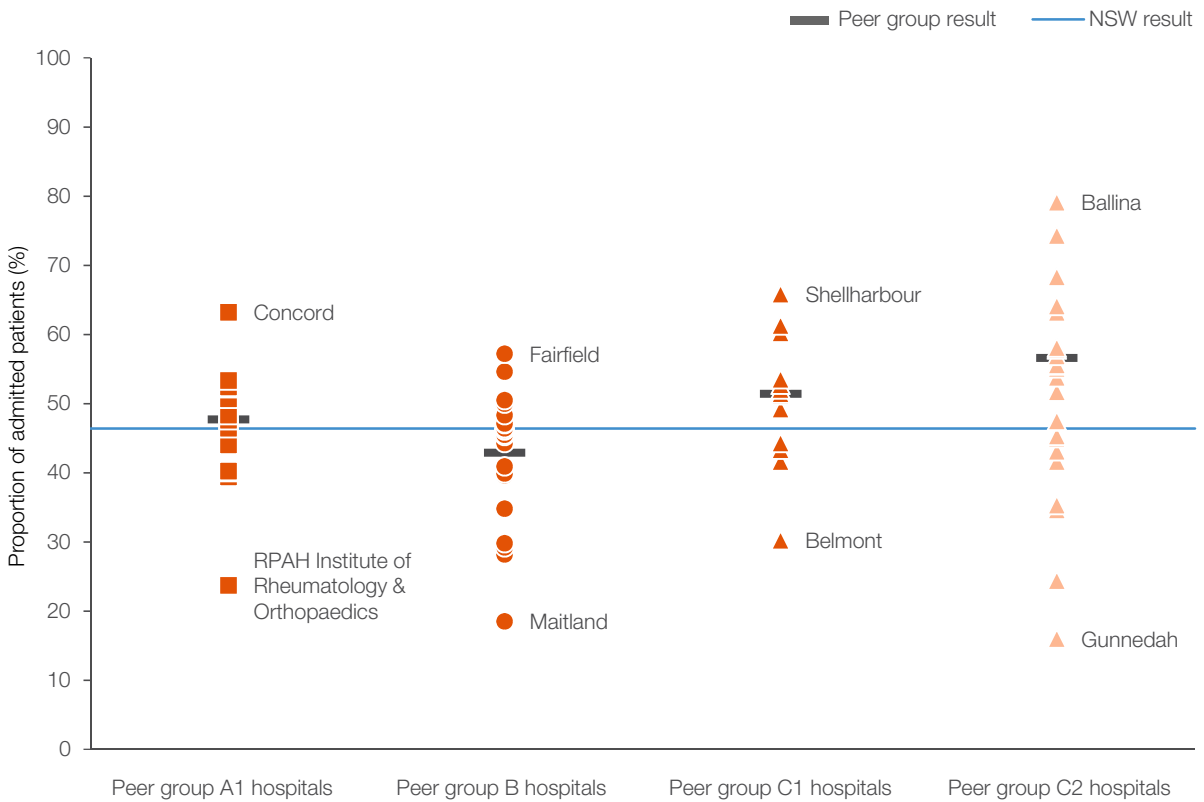


Figure 3 Same-day admitted patient episodes as percentage of all acute admitted patient episodes, by peer group, January to March 2017



Note: Same-day refers to patients who are admitted and discharged on the same day. Same-day episodes count as one bed day.

# Bed days and length of stay in hospital

In the January to March 2017 quarter, there were 1,853,263 hospital bed days; up 15.8% compared with the same quarter last year.\* The number of acute bed days this quarter was 4.5% higher than in the same quarter last year. The number of non-acute bed days was 74.4% higher than in the same quarter last year\*\* (Figure 4).

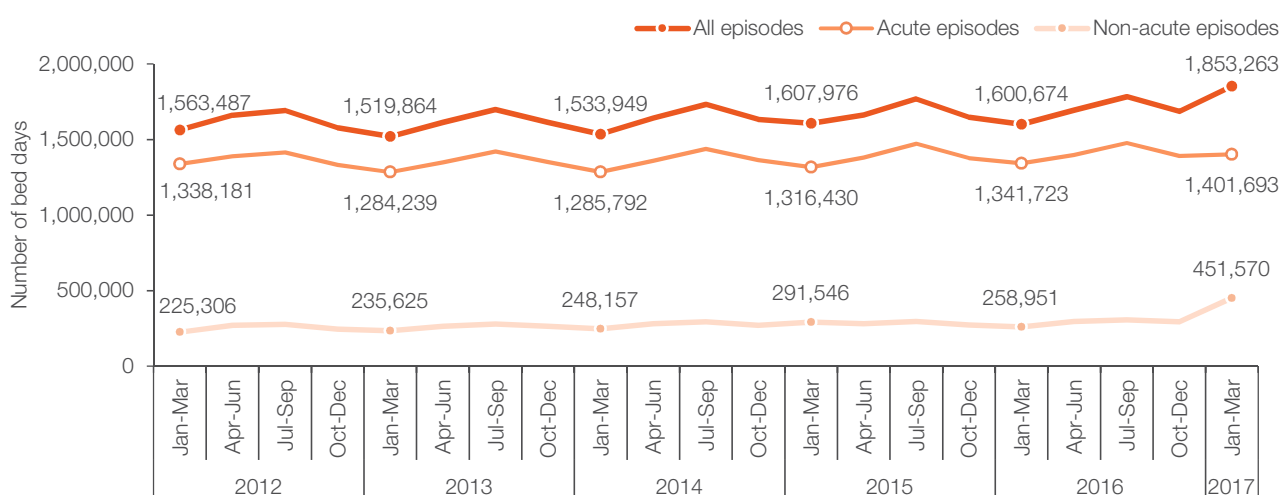
The average length of stay this quarter was 3.1 days for all acute admitted patient episodes and 4.9 days for all acute overnight episodes (both up 0.1 days compared with the same quarter last year). Since 2012, the average length of stay for all acute episodes has remained relatively stable for the January to March quarters (Figure 6).

The total number of acute bed days this quarter represents a 4.7% increase compared with the same quarter in 2012 (Figure 5).

Figure 4 Total number of hospital bed days, by episode type, January to March 2017

	This quarter	Same quarter last year	Change since one year ago
Total admitted patient episodes	477,983	459,494	4.0%
Acute	457,535	442,686	3.4%
Non-acute	20,448	16,808	21.7%
Total bed days	1,853,263	1,600,674	15.8%
Acute	1,401,693	1,341,723	4.5%
Non-acute	451,570	258,951	74.4%

Figure 5 Total number of hospital bed days by episode type, January 2012 to March 2017



\* Bed days are calculated for all admitted patient episodes completed during the reference period. Total bed days for an overnight episode is the difference, in days, between the episode start date and the episode end date, minus the number of episode leave days recorded. Same-day episodes count as one bed day.

\*\* The 74.4% increase in the number of bed days for non-acute care this quarter may reflect changes in the designation of mental health care stay types, creating an artefactual spike in results.

There were hospital-level differences in the average length of stay for acute overnight episodes, even within peer groups. The greatest variation was in principal referral hospitals (peer group A), with an 8.2 day range (Figure 7).

Differences in case-mix of patients both between and within hospital peer groups may affect length of stay measures and have not been taken into account in these analyses.

Figure 6 Average length of stay, by type of admitted patient episode, January 2012 to March 2017

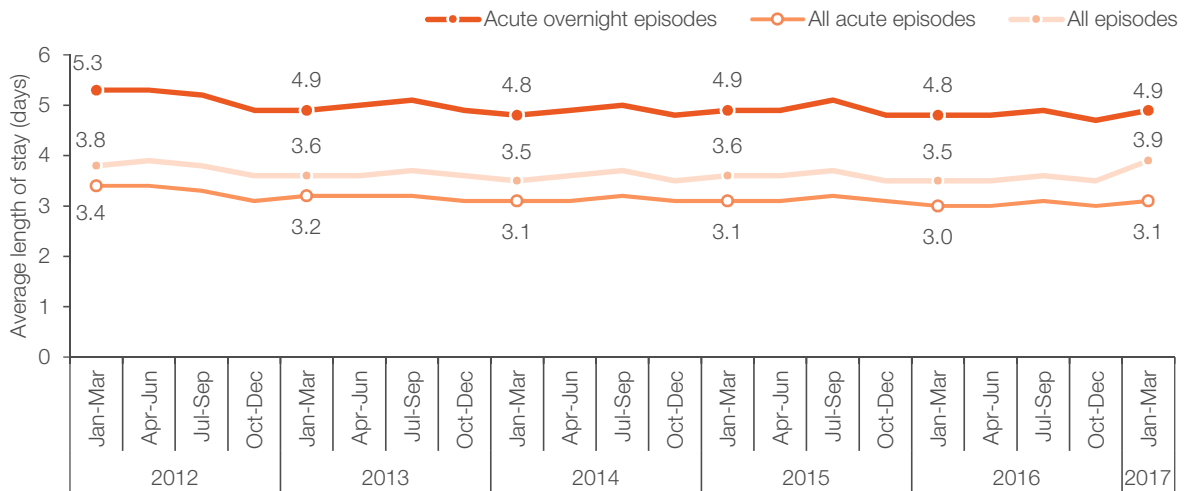
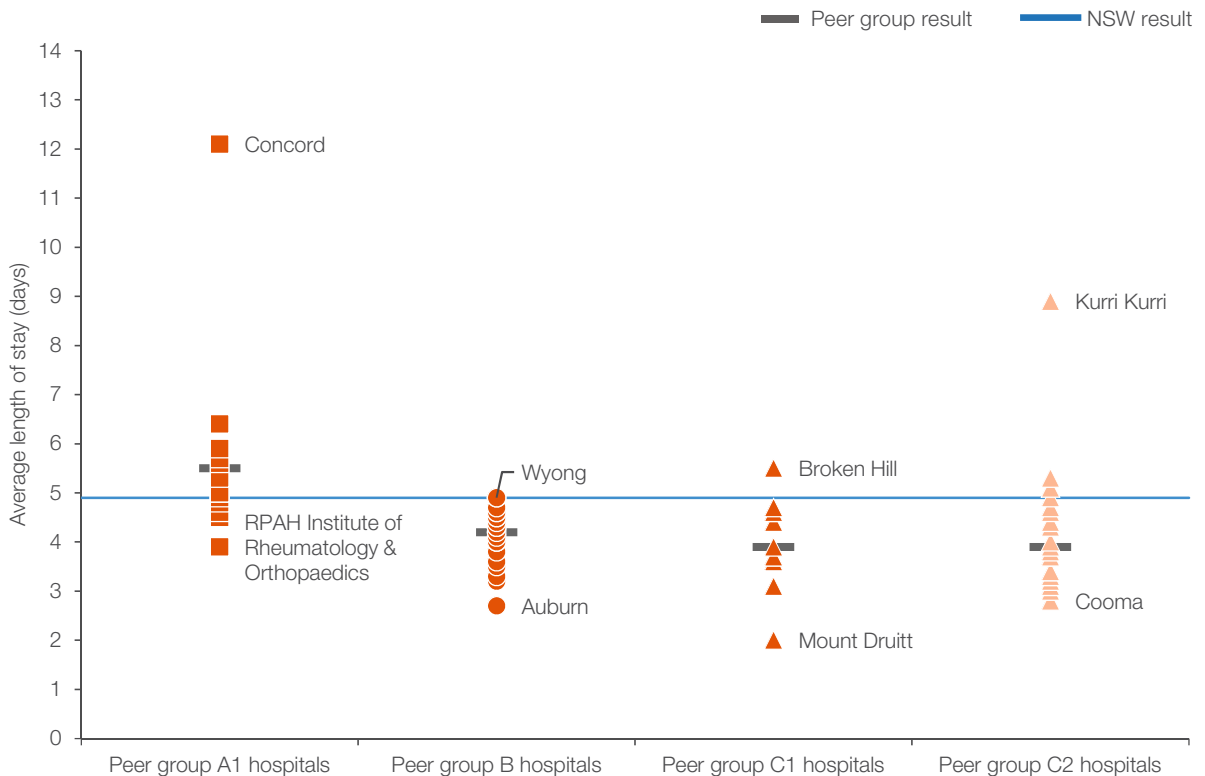


Figure 7 Average length of stay for acute overnight admitted patient episodes, by peer group, January to March 2017





# Elective surgery activity and performance

# Elective surgical procedures

In the January to March 2017 quarter, a total of 51,830 elective surgical procedures were performed. This was 2,761 (5.6%) more than in the same quarter last year. Of all the elective surgical procedures performed this quarter, 20.5% were categorised as urgent, 31.8% as semi-urgent, and 42.3% as non-urgent. A further 5.4% were categorised as staged (Figure 8).

Compared with the same quarter last year, there was an increase in the number of urgent (up 3.5%), semi-urgent (up 7.0%) and non-urgent procedures (up 5.6%) performed (Figure 8).

There are three elective surgery urgency categories, each with a clinically recommended maximum time by which the procedure should be performed: urgent (within 30 days), semi-urgent (within 90 days) and non-urgent surgery (within 365 days).

Figure 8 Elective surgical procedures performed, by urgency category, January to March 2017





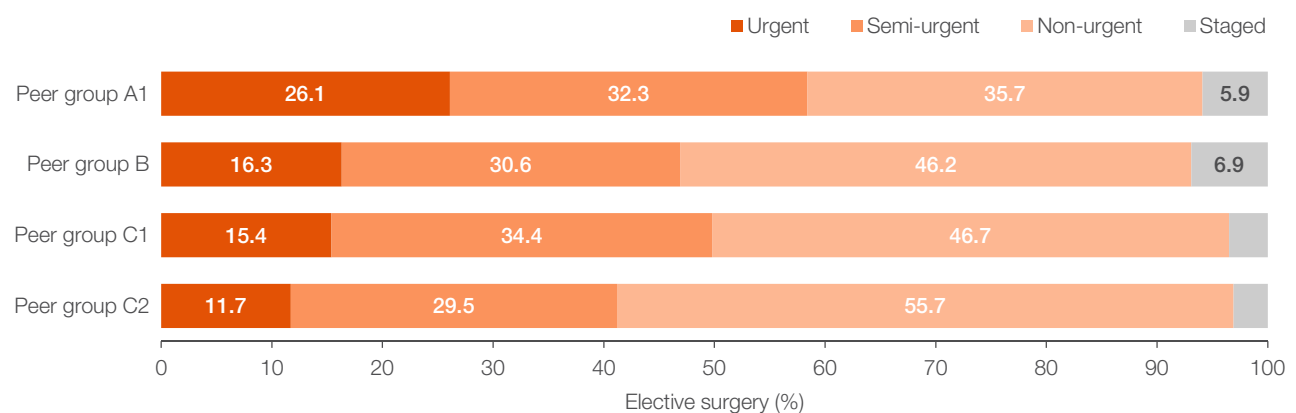
		This quarter	Same quarter last year	Change since one year ago
Total number of elective surgical procedures		51,830	49,069	5.6%
Urgent	 20.5%	10,646	10,289	3.5%
Semi-urgent	 31.8%	16,492	15,415	7.0%
Non-urgent	 42.3%	21,915	20,744	5.6%
Staged*	 5.4%	2,777	2,621	6.0%

Figure 9 Distribution of elective surgery, by urgency category and peer group, January to March 2017

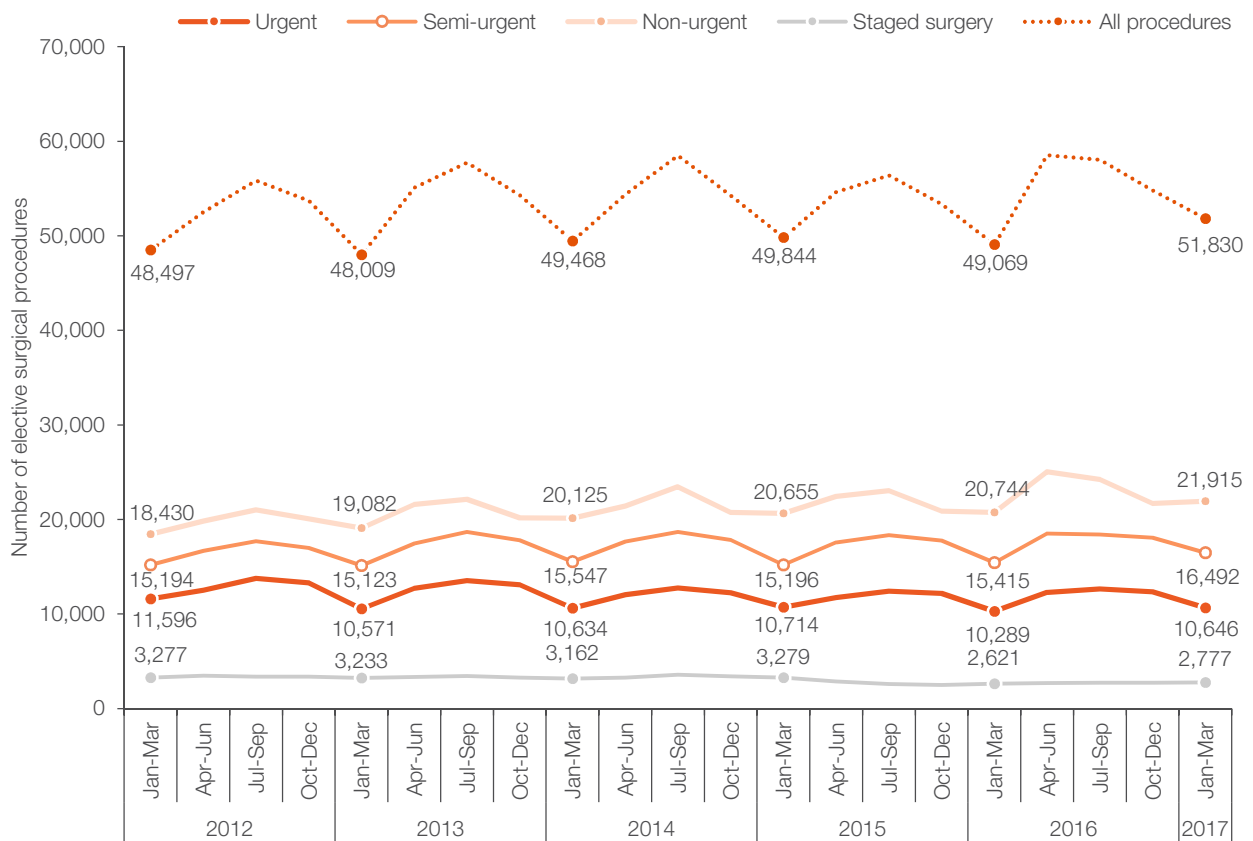


\* Surgery that, for medical reasons, cannot take place before a certain amount of time has elapsed. BHI uses this term to define all patients that could be identified as being a staged patient for most of their time on the waiting list and all non-urgent cystoscopy patients.

Comparing across peer groups, principal referral hospitals (peer group A1) had the highest proportion of elective surgical procedures that were urgent and the lowest proportion that were non-urgent (Figure 9).

The number of elective surgical procedures performed in the January to March quarter has increased over the past five years. Compared with 2012, the number of procedures performed that were semi-urgent or non-urgent increased by 8.5% and 18.9%, respectively. In contrast, the number of urgent procedures decreased by 8.2% (Figure 10).

Figure 10 Elective surgical procedures performed, by urgency category, January 2012 to March 2017



# Median waiting time for elective surgery

In the January to March 2017 quarter, median waiting times for elective surgery were 10 days for urgent procedures, 46 days for semi-urgent procedures and 221 days for non-urgent procedures. These median times were shorter or were unchanged compared with the same quarter last year. The one-year decrease was most pronounced in the non-urgent category (down eight days) (Figure 11).

Over a longer time horizon, median waiting times have fallen in all urgency categories over the past five years: a one day drop for urgent surgery (9.1% decrease), a five day drop for semi-urgent (9.8% decrease), and a 11 day drop for non-urgent surgery (4.7% decrease) (Figure 12).

These five-year decreases in median waiting times have occurred in the context of changes in the number of procedures performed (the number of urgent procedures is down 8.2%; semi-urgent up 8.5%; and non-urgent up 18.9%) (page 12).

There has also been a downward trend in the 90th percentile waiting times for elective surgery across all urgency categories since 2012 (Figure 13).

Figure 11 Waiting times for elective surgery, by urgency category, January to March 2017







		This quarter	Same quarter last year	Change since one year ago
Urgent: 10,646 patients				
Median time to receive surgery		10 days	10 days	0 days
90th percentile time to receive surgery		26 days	26 days	0 days
Semi-urgent: 16,492 patients				
Median time to receive surgery		46 days	47 days	-1 day
90th percentile time to receive surgery		84 days	84 days	0 days
Non-urgent: 21,915 patients				
Median time to receive surgery		221 days	229 days	-8 days
90th percentile time to receive surgery		356 days	356 days	0 days



Figure 12 Median waiting time for elective surgery, by urgency category, January 2012 to March 2017

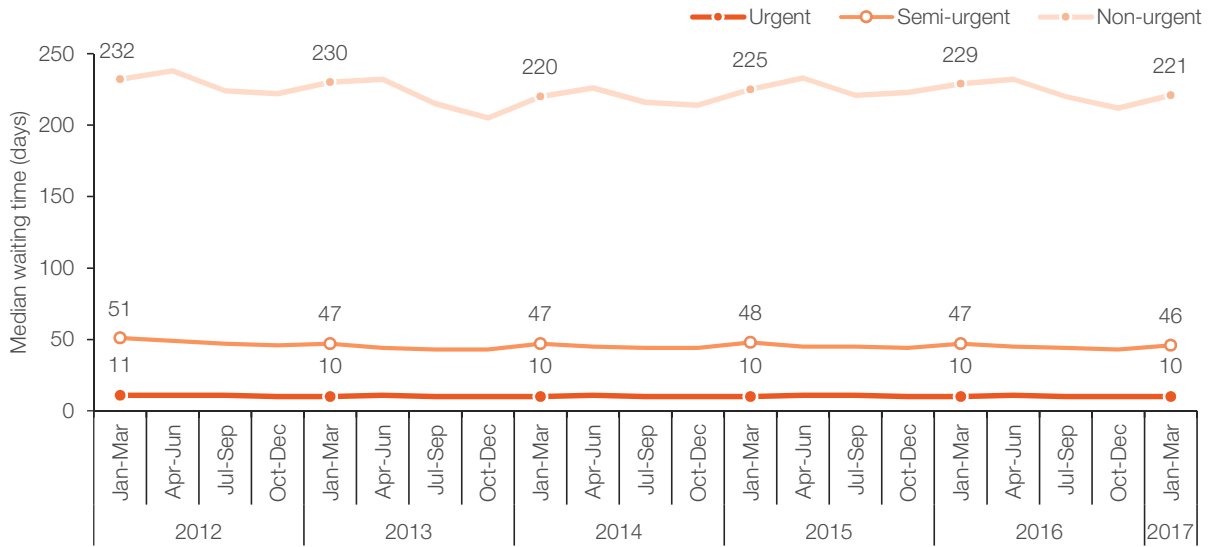
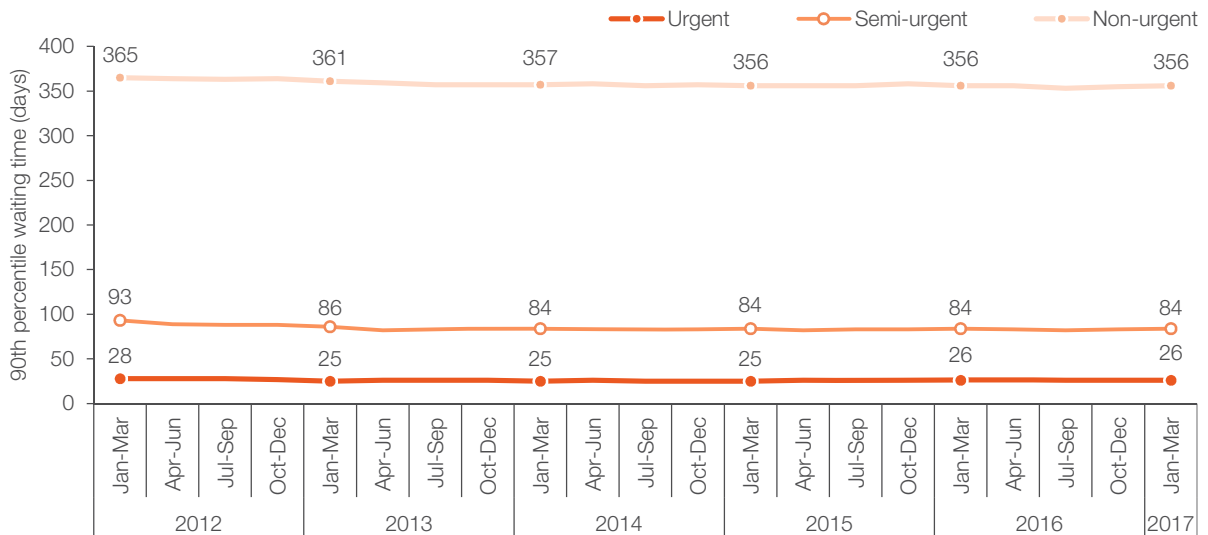


Figure 13 90th percentile waiting time for elective surgery, by urgency category, January 2012 to March 2017



# Percentage of elective surgery on time

Most elective surgical procedures (97.1%) were performed on time this quarter – 99.7% of urgent surgery, 96.5% of semi-urgent surgery and 96.3% of non-urgent surgery (Figure 14). Results for the January to March quarter have remained fairly stable since 2014 (Figure 15).

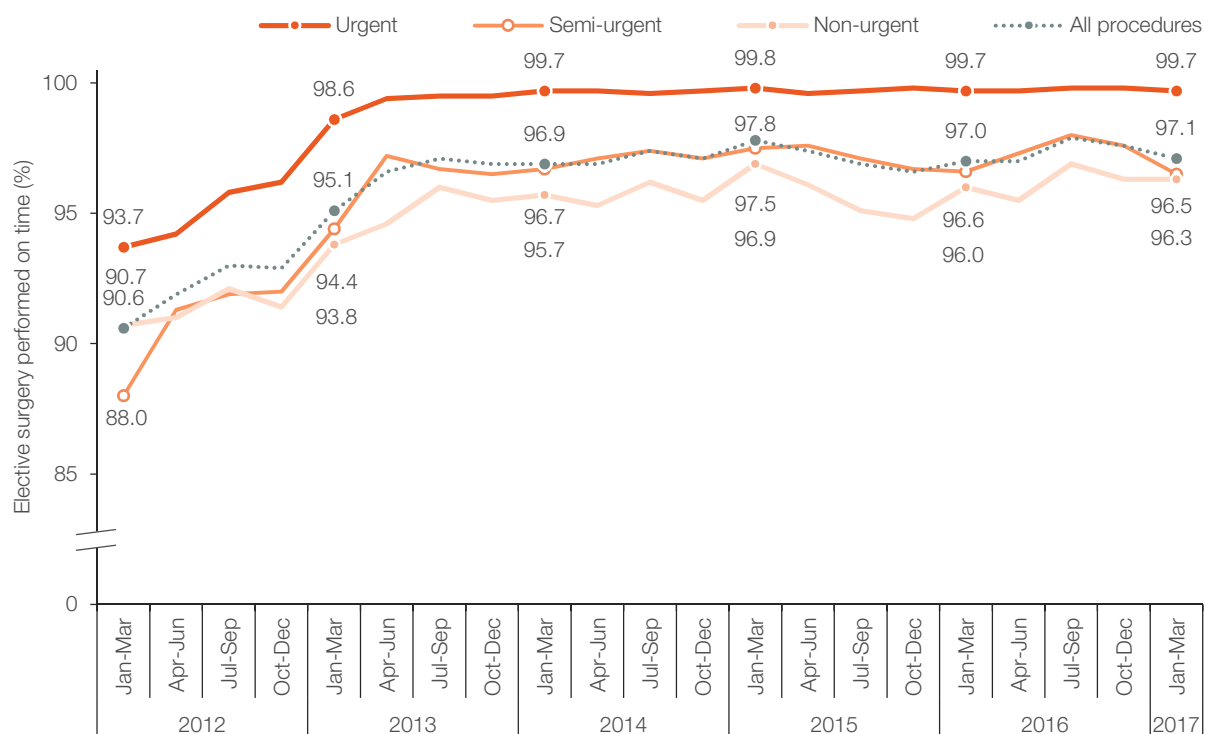
For hospitals shown above the blue NSW line, a higher percentage of procedures were performed on time this quarter compared with the overall NSW result. For hospitals below this line, a lower percentage of procedures were performed on time. Hospitals shown to the left of the vertical '0' line had lower results, compared with the same quarter last year, while those shown to the right of the vertical line had higher results.

Figure 16 maps hospital results for this quarter on two axes: the percentage of elective surgery performed on time (Y-axis), and the percentage point change since the same quarter last year (X-axis).

Figure 14 Percentage of elective surgical procedures performed on time, by urgency, January to March 2017

	This quarter	Same quarter last year	Percentage point change since one year ago
All procedures	97.1%	97.0%	0.1
Urgent	99.7%	99.7%	unchanged
Semi-urgent	96.5%	96.6%	-0.1
Non-urgent	96.3%	96.0%	0.3

Figure 15 Percentage of elective surgical procedures performed on time, by urgency, January 2012 to March 2017



Hospitals in the upper right quadrant achieved higher results than NSW overall, and an increase in the percentage of elective surgical procedures performed on time this quarter, compared with the same quarter last year. Hospitals in the upper left quadrant achieved results higher than NSW this quarter and a decrease in the percentage of procedures performed on time.

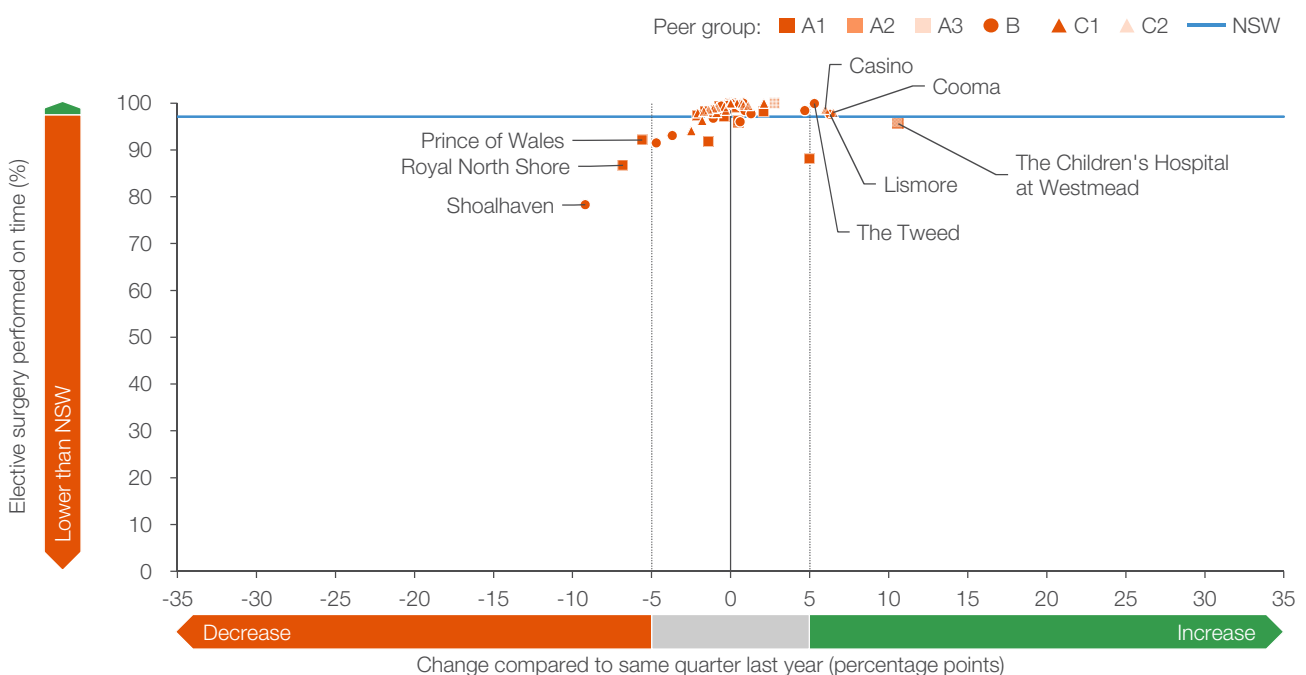
Hospitals in the lower right quadrant had results that were lower than NSW overall, and an increase in the percentage of procedures performed on time this quarter, compared with the same quarter last year. Hospitals in the lower left quadrant had results that were lower than NSW and a decrease in the percentage of procedures performed on time, compared with the same quarter last year.

Hospitals identified in Figure 16 are those for which the proportion of procedures performed on time this quarter had changed by more than five percentage points, compared with the same quarter last year.

Across hospitals, the percentage of elective surgical procedures performed on time increased in 24 out of 78 hospitals. For five hospitals, the increase was more than five percentage points and for one of these, the increase was more than 10 percentage points (Figure 16).

The percentage of procedures performed on time decreased in 28 hospitals. For three hospitals, the decrease was more than five percentage points (Figure 16).

Figure 16 Percentage of elective surgical procedures performed on time and percentage point change since same quarter last year, hospitals by peer group, January to March 2017



# Median waiting time for specialties and specific procedures

In the January to March 2017 quarter, the longest specialty median waiting times were for ophthalmological surgery (206 days), ear, nose and throat surgery (192 days), and orthopaedic surgery (128 days). Medical (non-specialist) surgery had the shortest median waiting time (19 days). In absolute

terms the most marked fall in median waiting times was seen in ophthalmology (down 17 days; a 7.6% decrease compared to same quarter last year). In relative terms, the most marked fall was seen in plastic surgery (down 5 days; an 11.9% decrease) (Figure 17).

Figure 17 Median waiting time for patients who received elective surgery, by specialty, January to March 2017

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
General surgery	12,834	42 days	40 days	2 days
Orthopaedic surgery	8,387	128 days	142 days	-14 days
Urology	7,260	36 days	39 days	-3 days
Ophthalmology	6,947	206 days	223 days	-17 days
Gynaecology	6,263	39 days	41 days	-2 days
Ear, nose and throat surgery	3,819	192 days	183 days	9 days
Plastic surgery	2,252	37 days	42 days	-5 days
Vascular surgery	1,642	22 days	22 days	0 days
Neurosurgery	1,067	50 days	55 days	-5 days
Cardiothoracic surgery	858	28 days	27 days	1 day
Medical	501	19 days	18 days	1 day

Across common surgical procedures, the longest median waiting times were for septoplasty (324 days), and total knee replacement (291 days). Other-general (26 days) and cystoscopy (30 days) had the shortest median waiting times. In absolute terms, the most marked fall was seen in cataract

extractions (down 23 days; a 9.1% decrease) while in relative terms, the most marked fall was seen in prostatectomy (down 10 days; a 13.2% decrease) (Figure 18).

Figure 18 Median waiting time for patients who received elective surgery, by common procedure, January to March 2017

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Cataract extraction	5,488	230 days	253 days	-23 days
Cystoscopy	3,111	30 days	30 days	0 days
Hysteroscopy	2,089	34 days	36 days	-2 days
Total knee replacement	1,620	291 days	301 days	-10 days
Cholecystectomy	1,574	56 days	62 days	-6 days
Other - General	1,503	26 days	26 days	0 days
Inguinal herniorrhaphy	1,460	81 days	76 days	5 days
Tonsillectomy	1,339	279 days	277 days	3 days
Total hip replacement	903	223 days	221 days	3 days
Prostatectomy	625	66 days	76 days	-10 days
Abdominal hysterectomy	540	60 days	64 days	-5 days
Septoplasty	366	324 days	328 days	-4 days
Varicose veins stripping and ligation	364	136 days	134 days	2 days
Haemorrhoidectomy	317	77 days	76 days	1 day
Coronary artery bypass graft	174	42 days	28 days	14 days
Myringoplasty / Tympanoplasty	76	288 days	308 days	-20 days
Myringotomy	58	78 days	70 days	8 days

# Percentage of elective surgery for specific procedures on time

The percentage of elective surgical procedures performed on time reached almost 100% this quarter across several specialty groups.

Ophthalmological surgery and medical (non-specialist) surgery had the highest percentages of patients who received surgery on time (99.3% and 98.5% respectively). Ear, nose and throat surgery (93.7%) and orthopaedic surgery (95.6%) had the lowest percentages (Figure 19).

Cardiothoracic surgery had the largest increase in the percentage of patients who received surgery on time this quarter (up 2.2 percentage points), while medical surgery had the largest percentage point decrease (down 1.0 percentage point), compared with the same quarter last year.

Figure 19 Percentage of elective surgical procedures performed on time, by specialty, January to March 2017

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
General surgery	12,834	97.8%	97.6%	0.2
Orthopaedic surgery	8,387	95.6%	95.9%	-0.3
Urology	7,260	95.9%	96.6%	-0.7
Ophthalmology	6,947	99.3%	98.6%	0.7
Gynaecology	6,263	98.2%	98.4%	-0.2
Ear, nose and throat surgery	3,819	93.7%	92.1%	1.6
Plastic surgery	2,252	96.3%	97.2%	-0.9
Vascular surgery	1,642	98.3%	98.2%	0.1
Neurosurgery	1,067	96.9%	97.0%	-0.1
Cardiothoracic surgery	858	97.8%	95.6%	2.2
Medical	501	98.5%	99.5%	-1.0

Among common surgical procedures, cataract extraction and hysteroscopy had the highest percentage performed on time (99.4% and 98.6% respectively), while myringoplasty/tympanoplasty (89.3%) and myringotomy (89.7%) had the lowest.

Myringoplasty/Tympanoplasty had the largest increase in the percentage of patients who received surgery on time this quarter (up 6.7 percentage points), while myringotomy had the largest decrease (down 8.3 percentage points) compared with the same quarter last year (Figure 20).

Figure 20 Percentage of elective surgical procedures performed on time, by common procedure, January to March 2017

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Cataract extraction	5,488	99.4%	99.0%	0.4
Cystoscopy	3,111	95.8%	97.1%	-1.3
Hysteroscopy	2,089	98.6%	98.9%	-0.3
Total knee replacement	1,620	93.0%	93.0%	unchanged
Cholecystectomy	1,574	96.2%	97.7%	-1.5
Other - General	1,503	97.9%	97.5%	0.4
Inguinal herniorrhaphy	1,460	96.5%	97.4%	-0.9
Tonsillectomy	1,339	93.7%	92.5%	1.2
Total hip replacement	903	95.0%	95.5%	-0.5
Prostatectomy	625	91.7%	94.5%	-2.8
Abdominal hysterectomy	540	96.8%	96.2%	0.6
Septoplasty	366	92.1%	90.1%	2.0
Varicose veins stripping and ligation	364	94.8%	95.5%	-0.7
Haemorrhoidectomy	317	97.1%	94.5%	2.6
Coronary artery bypass graft	174	97.7%	96.5%	1.2
Myringoplasty / Tympanoplasty	76	89.3%	82.6%	6.7
Myringotomy	58	89.7%	98.0%	-8.3

# End of quarter elective surgery waiting list

At the end of March 2017, there were 74,855 patients who were ready for surgery and on the elective surgery waiting list. Of these, 2.7% were waiting for urgent surgery, 15.8% were waiting for semi-urgent surgery and 81.6% were waiting for non-urgent surgery (Figure 21).

The waiting list is dynamic and this statistic provides a snapshot of the list on a single day. Among the patients on the list on 31 March 2017, there were 16,983 (22.7%) who had been waiting for 30 days or less.

Compared with the last day of the same quarter last year, there was an increase in the number of patients on the waiting list for urgent and semi-urgent categories (2,006; up 14.4% and 11,803; up 4.5%, respectively). There was a decrease in the number of patients waiting for non-urgent surgery (61,046; down 0.3%) (Figure 21).




At the end of the quarter, there were 13,362 patients 'not ready for surgery'\* and on the elective surgery waiting list, up 2.8% compared with the same quarter last year (Figure 21).

Orthopaedic surgery and ophthalmological surgery were the specialties for which the largest proportion of patients were waiting at the end of the quarter. Together, these specialties represented 48.3% of all patients on the elective surgery waiting list (Figure 22).

Cataract extraction which is the highest volume procedure, had most patients on the waiting list at the end of the quarter (14,802 patients) – 1.9% fewer than in the same quarter last year. Procedures with relatively few patients on the waiting list at the end of the quarter were coronary artery bypass graft (78 patients) and myringotomy (88 patients) (Figure 23).

At the end of the quarter, there were 316 patients still waiting for surgery after more than 12 months on the waiting list; a decrease of 284 patients (47.3%) compared with the same quarter last year. Almost half of these patients (132 patients; 41.8%) were waiting for orthopaedic surgery. Compared with the same quarter last year, fewer patients had been waiting for general surgery for more than 12 months (from 121 to 42 patients) (Figures 21 and 22).

Figure 21 Elective surgery waiting list, by urgency category, as at 31 March 2017

		This quarter	Same quarter last year	Change since one year ago
Patients ready for surgery on waiting list as at 31 March 2017		74,855	74,250	0.8%
Urgent	 2.7%	2,006	1,753	14.4%
Semi-urgent	 15.8%	11,803	11,297	4.5%
Non-urgent	 81.6%	61,046	61,200	-0.3%
Patients not ready for surgery on waiting list at the end of quarter		13,362	12,999	2.8%

\* These patients are either staged patients (whose medical condition does not require, or is not amenable to, surgery until a future date) or deferred patients (who for personal reasons are not yet prepared to be admitted to hospital).



Figure 22 Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by specialty, as at 31 March 2017

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Change since one year ago	This quarter	Same quarter last year
<b>All specialties</b>	<b>74,855</b>	<b>74,250</b>	<b>0.8%</b>	<b>316</b>	<b>600</b>
Orthopaedic surgery	18,955	19,033	-0.4%	132	192
Ophthalmology	17,186	17,267	-0.5%	24	24
General surgery	12,511	12,539	-0.2%	42	121
Ear, nose and throat surgery	10,401	9,983	4.2%	58	133
Gynaecology	6,092	6,250	-2.5%	13	33
Urology	4,322	3,842	12.5%	7	24
Plastic surgery	2,376	2,478	-4.1%	18	37
Neurosurgery	1,291	1,237	4.4%	18	30
Vascular surgery	1,077	1,071	0.6%	<5	<5
Cardiothoracic surgery	365	321	13.7%	0	<5
Medical	279	229	21.8%	0	0

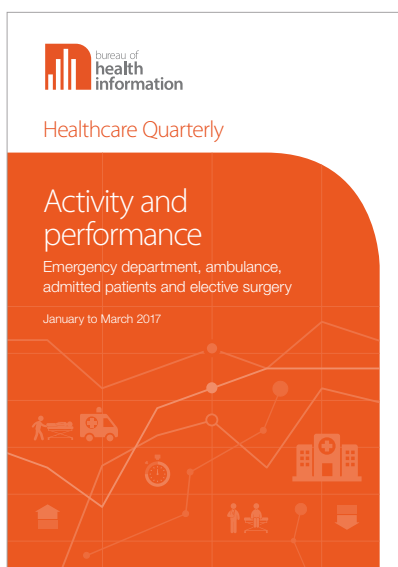
Figure 23 Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by common procedure, as at 31 March 2017

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Change since one year ago	This quarter	Same quarter last year
Cataract extraction	14,802	15,081	-1.9%	16	16
Total knee replacement	5,653	5,592	1.1%	38	35
Tonsillectomy	4,199	3,883	8.1%	16	24
Total hip replacement	2,548	2,514	1.4%	20	20
Inguinal herniorrhaphy	2,263	2,213	2.3%	8	29
Hysteroscopy	1,589	1,561	1.8%	<5	<5
Cholecystectomy	1,542	1,684	-8.4%	0	<5
Septoplasty	1,475	1,323	11.5%	14	37
Cystoscopy	1,162	1,105	5.2%	0	0
Other - General	1,065	1,266	-15.9%	<5	21
Abdominal hysterectomy	821	836	-1.8%	<5	11
Prostatectomy	767	622	23.3%	<5	<5
Varicose veins stripping and ligation	678	740	-8.4%	<5	6
Haemorrhoidectomy	425	403	5.5%	<5	11
Myringoplasty / Tympanoplasty	364	319	14.1%	<5	10
Myringotomy	88	134	-34.3%	0	0
Coronary artery bypass graft	78	64	21.9%	0	0

# Healthcare Quarterly

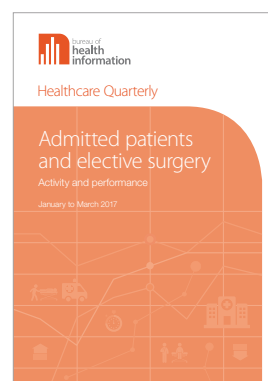
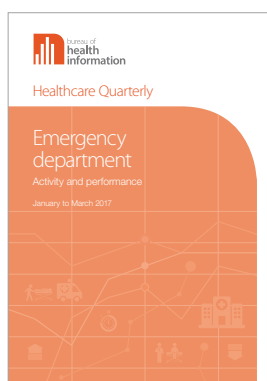
*Healthcare Quarterly* is a series of regular reports that describes the number and types of services provided to the people of NSW and the timeliness with which they are provided.

The reports feature key indicators of activity and performance across ambulance and public hospital services in NSW.

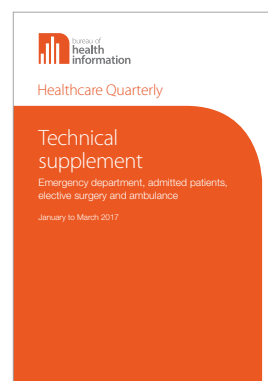
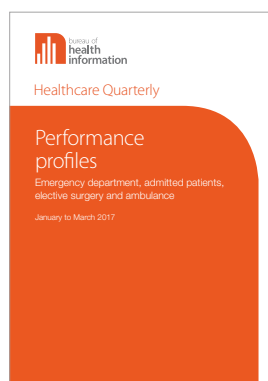


**Every day around 25,000 people receive care in the NSW public hospital system and around 1,800 are transported to hospital by ambulance.**

*Healthcare Quarterly* is published alongside three standalone modules that provide more detailed information about emergency department care, admitted patients and elective surgery, and ambulance services.



Additional information on local performance is available in our hospital profiles or from BHI's interactive portal Healthcare Observer, at [bhi.nsw.gov.au/healthcare\\_observer](http://bhi.nsw.gov.au/healthcare_observer)



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## 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 public healthcare system.

BHI was established in 2009 to provide system-wide support through transparent reporting.

BHI 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 in public hospitals and other healthcare facilities.

BHI publishes a range of reports and tools that provide relevant, accurate and impartial information about how the health system is measuring up in terms of:

- Accessibility – healthcare when and where needed
- Appropriateness – the right healthcare, the right way
- Effectiveness – making a difference for patients
- Efficiency – value for money
- Equity – health for all, healthcare that's fair
- Sustainability – caring for the future

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 report data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

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