

Healthcare Quarterly

Admitted patients and elective surgery

Activity and performance

July to September 2017



BUREAU OF HEALTH INFORMATION

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

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In the July to September 2017 quarter...

Admitted patients

There were **9,915** fewer acute episodes to hospital compared to the same quarter last year

465,070
in total

DOWN
2.1%



The average length of stay for acute overnight episodes was **4.5 days**

DOWN
0.4
DAYS

Note: All comparisons are in reference to the same quarter last year.

Admitted patient activity		July to September 2017	July to September 2016	Difference	% change
All admitted patient episodes		494,767	494,950	-183	0.0%
All acute episodes		465,070	474,985	-9,915	-2.1%
Overnight episodes		255,737	257,351	-1,614	-0.6%
Same-day episodes		209,333	217,634	-8,301	-3.8%
Non-acute episodes*		29,697	19,965	9,732	48.7%
Average length of stay (days)	All acute episodes	2.9	3.1	-0.2	-6.5%
	Acute overnight episodes	4.5	4.9	-0.4	-8.2%
	Non-acute episodes	13.4	15.3	-1.9	-12.4%
Hospital bed days	All bed days	1,764,261	1,782,932	-18,671	-1.0%
	Acute bed days*	1,367,626	1,476,664	-109,038	-7.4%
	Non-acute bed days*	396,635	306,268	90,367	29.5%
Babies born in NSW public hospitals		18,782	18,532	250	1.3%

* The 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. The decrease in the number of acute bed days is due to a lower number of bed days for overnight psychiatric patients.

Elective surgery

There were **58,289**
elective surgical
procedures performed



Almost all (97.9%) were performed
within recommended time frames

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



10, 43 and 213 days for urgent, semi-urgent and non-urgent surgery, respectively

Note: All comparisons are in reference to the same quarter last year.

Elective surgery activity		July to September 2017	July to September 2016	Difference	% change
Elective surgical procedures performed		58,289	58,046	243	0.4%
Urgency category	Urgent surgery	12,291	12,660	-369	-2.9%
	Semi-urgent surgery	19,216	18,418	798	4.3%
	Non-urgent surgery	23,951	24,247	-296	-1.2%
Patients on waiting list ready for elective surgery at end of quarter		75,815	73,226	2,589	3.5%
Urgency category	Urgent surgery	1,670	1,657	13	0.8%
	Semi-urgent surgery	12,644	11,877	767	6.5%
	Non-urgent surgery	61,501	59,692	1,809	3.0%

Elective surgery performance		July to September 2017	July to September 2016	Difference
Median waiting time (days)	Urgent surgery	10 days	10 days	unchanged
	Semi-urgent surgery	43 days	44 days	-1 day
	Non-urgent surgery	213 days	220 days	-7 days
Urgency category	All surgeries	97.9%	97.9%	unchanged
	Urgent surgery	99.9%	99.8%	0.1 percentage points
	Semi-urgent surgery	98.1%	98.0%	0.1 percentage points
	Non-urgent surgery	96.8%	96.9%	-0.1 percentage points

Admitted patient activity and performance

Patients admitted to a public hospital

In the July to September 2017 quarter, there were 494,767 admitted patient episodes in NSW public hospitals; which was similar compared with the same quarter last year (Figure 1). Most were acute admitted patient episodes (94.0%) and of these, 55.0% were for overnight care and 45.0% 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 (76.3%) were planned. In contrast, most acute overnight episodes (84.6%) were unplanned [data not shown].

There has been a gradual increase over the past five years in total and acute admitted patient episodes (Figure 1). Since the July to September quarter in 2012, the number of acute overnight admitted patient episodes has increased by 8.3% and the number of same-day episodes has increased by 11.7%. Compared to the same quarter last year, however, the number of episodes has dropped for same-day

and overnight episodes (down 1,614 and down 8,301, respectively) (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. District hospitals (peer group C2) had a higher percentage of same-day episodes compared with other peer groups. This peer group also had the greatest variation – ranging across hospitals from 28.7% to 74.2% of all acute admitted patient episodes.

The number of babies born in NSW public hospitals (18,782) was 1.3% higher 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, July 2012 to September 2017

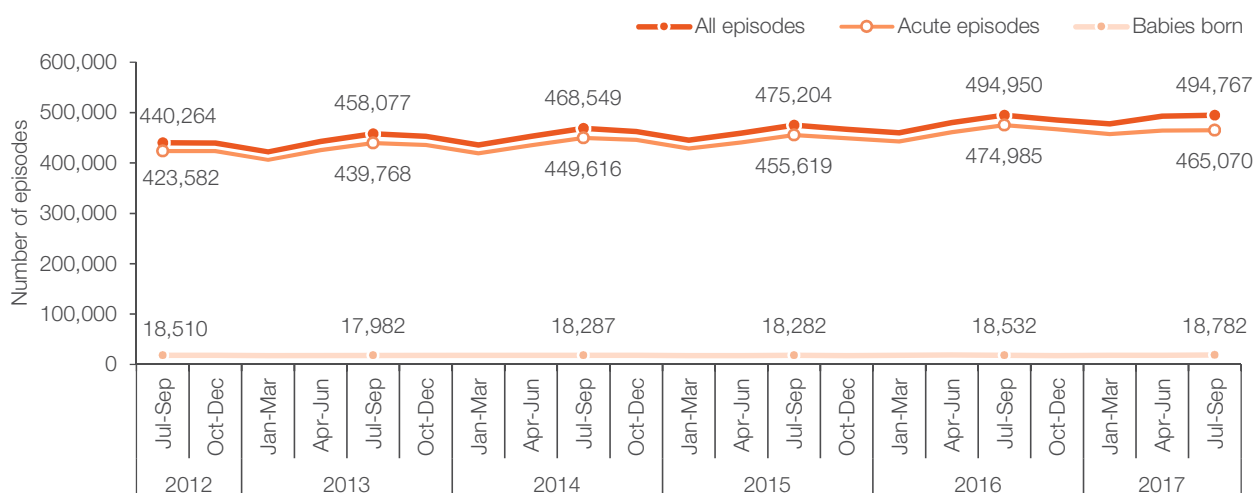


Figure 2 Overnight and same day acute admitted patient episodes, July 2012 to September 2017

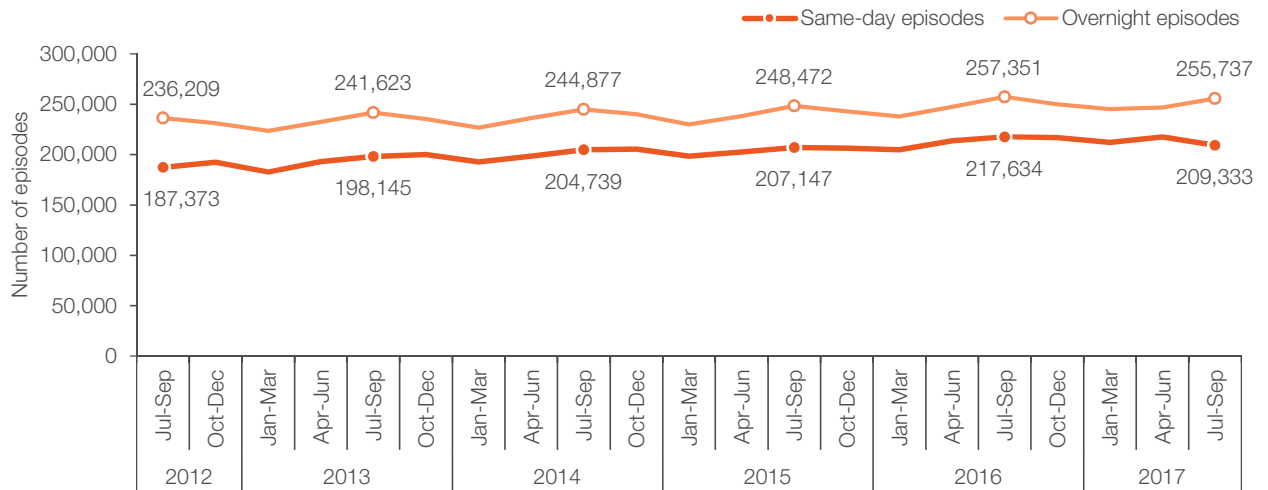
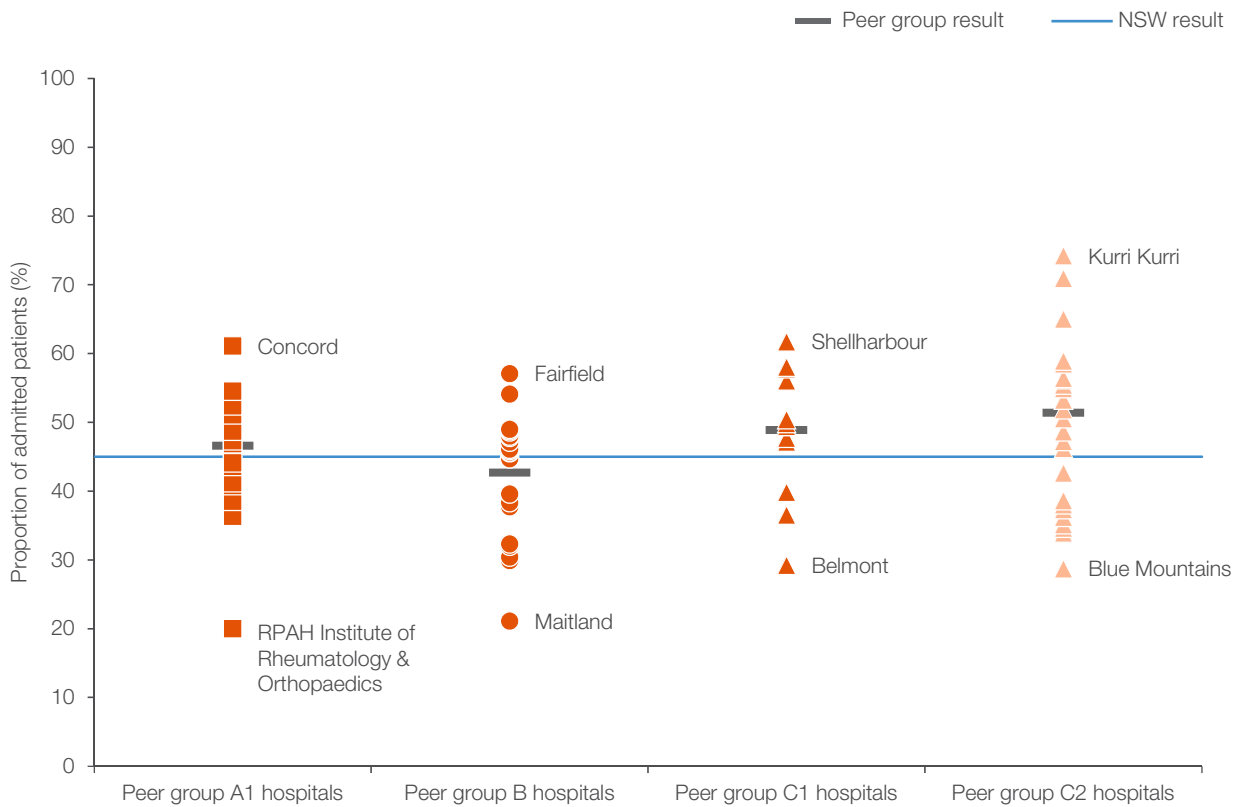


Figure 3 Same-day admitted patient episodes as percentage of all acute admitted patient episodes, by peer group, July to September 2017



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

Bed days are calculated for all admitted patient episodes completed during the 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.

In the July to September 2017 quarter, there were 1,764,261 hospital bed days, down 1.0% compared with the same quarter last year. The number of acute bed days this quarter was 7.4% lower than in the same quarter last year. The number of non-acute

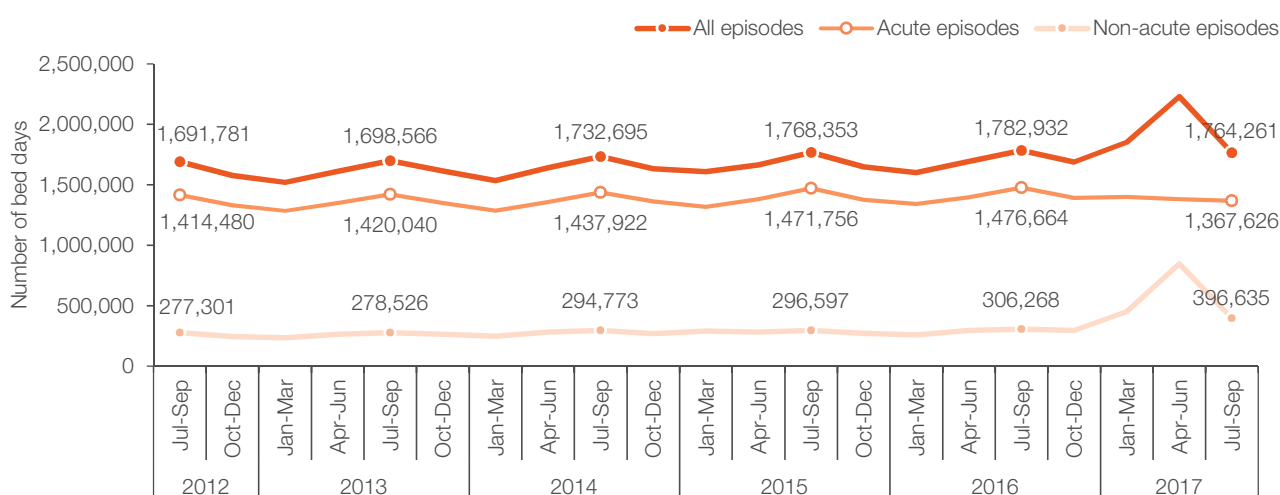
bed days was 29.5% higher than in the same quarter last year* (Figure 4). There were 3.3% fewer acute bed days compared with the same quarter in 2012 (Figure 5).

Compared with the same quarter last year, the average length of stay was 2.9 days for all acute admitted patient episodes and 4.5 days for all acute overnight episodes (down 0.2 and 0.4 days, respectively). The average length of stay for all episodes was unchanged (Figure 6).

Figure 4 Total number of hospital bed days, by episode type, July to September 2017

	This quarter	Same quarter last year	Change since one year ago
Total bed days	1,764,261	1,782,932	-1.0%
Acute	1,367,626	1,476,664	-7.4%
Non-acute	396,635	306,268	29.5%

Figure 5 Total number of hospital bed days by episode type, July 2012 to September 2017



* The increase in the number of bed days for non-acute care may reflect changes in the designation of mental health care stay types, creating a spike in results. The decrease in the number of acute bed days is due to a lower number of bed days for overnight psychiatric patients.

There were hospital-level differences in the average length of stay for acute overnight episodes, even within peer groups. The greatest variation was in smaller district hospitals (peer group C2), with a 5.8 day range (Figure 7).

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

Figure 6 Average length of stay, by type of admitted patient episode, July 2012 to September 2017

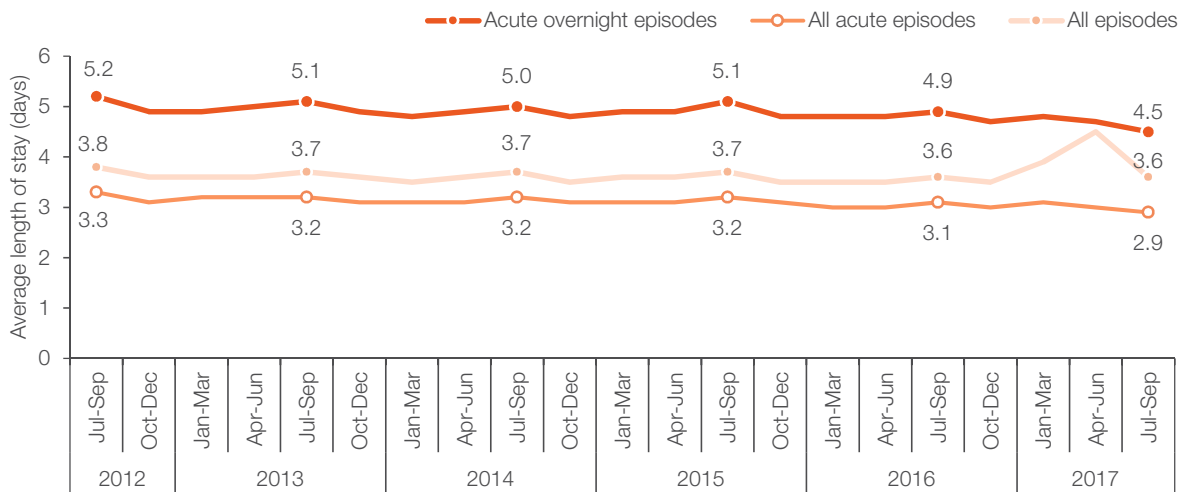
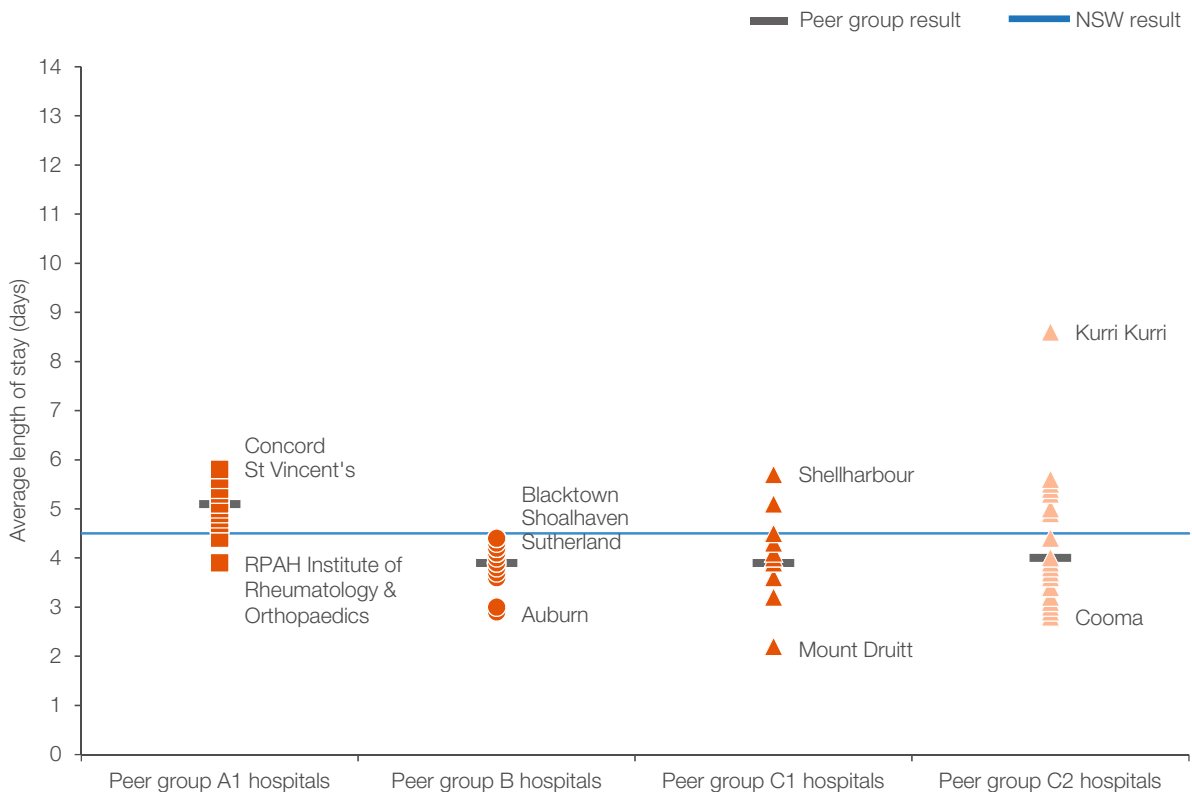


Figure 7 Average length of stay for acute overnight admitted patient episodes, by peer group, July to September 2017



Elective surgery activity and performance

Elective surgical procedures

In the July to September 2017 quarter, 58,289 elective surgical procedures were performed. This was 243 (0.4%) more than in the same quarter last year. Of the elective surgical procedures performed this quarter, 21.1% were categorised as urgent, 33.0% as semi-urgent, and 41.1% as non-urgent. A further 4.9% were categorised as staged (Figure 8).

Compared with the same quarter last year, there were changes in the number of urgent (down 2.9%), semi-urgent (up 4.3%), non-urgent (down 1.2%) and staged (up 4.0%) procedures (Figure 8).

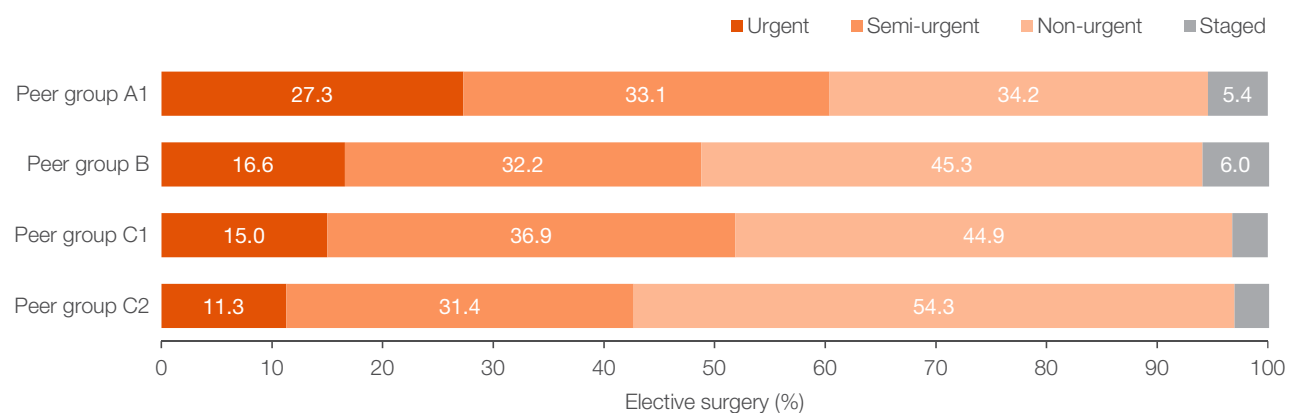
Comparing across peer groups, principal referral hospitals (peer group A1) had the highest proportion of elective surgical procedures that were urgent and the lowest proportion that were non-urgent (Figure 9).

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, July to September 2017

	This quarter	Same quarter last year	Change since one year ago
Total number of elective surgical procedures	58,289	58,046	0.4%
Urgent	12,291	12,660	-2.9%
Semi-urgent	19,216	18,418	4.3%
Non-urgent	23,951	24,247	-1.2%
Staged*	2,831	2,721	4.0%

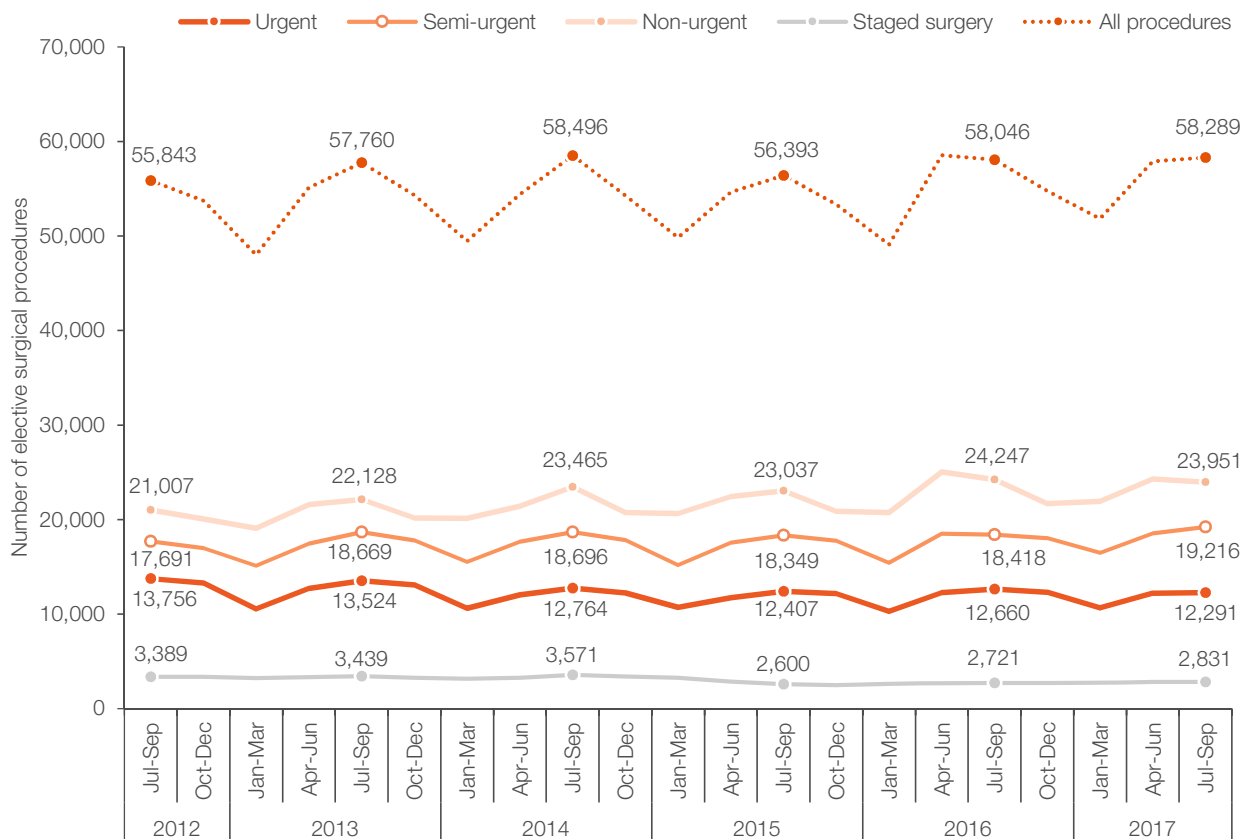
Figure 9 Distribution of elective surgery, by urgency category and peer group, July to September 2017



* 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.

Amidst seasonal effects, the number of elective surgical procedures performed in the July to September quarter increased over the past five years. Compared with 2012, the number of semi-urgent and non-urgent procedures increased by 8.6% and 14.0%, respectively. In contrast, the number of urgent and staged procedures decreased by 10.6% and 16.5%, respectively (Figure 10).

Figure 10 Elective surgical procedures performed, by urgency category, July 2012 to September 2017



Waiting time for elective surgery

In the July to September 2017 quarter, median waiting times for elective surgery times were 10 days for urgent procedures (unchanged), 43 days for semi-urgent procedures (down 1 day) and 213 days for non-urgent procedures (down 7 days) (Figure 11).

Over a longer time horizon, median waiting times have fallen in urgent, semi-urgent and non-urgent surgery categories by one day, four days and 11 days, respectively (Figure 12).

These five-year decreases in median waiting times have occurred in the context of changes in the number of procedures performed - urgent procedures down 10.6%; semi-urgent up 8.6%; and non-urgent up 14.0% (Figure 10).

There has also been a modest downward trend in the 90th percentile waiting times for elective surgery across urgent and semi-urgent categories since 2012 (Figure 13).

Figure 11 Waiting time for elective surgery, by urgency category, July to September 2017







		This quarter	Same quarter last year	Change since one year ago
Urgent: 12,291 patients				
Median time to receive surgery		10 days	10 days	unchanged
90th percentile time to receive surgery		26 days	26 days	unchanged
Semi-urgent: 19,216 patients				
Median time to receive surgery		43 days	44 days	-1 day
90th percentile time to receive surgery		82 days	82 days	unchanged
Non-urgent: 23,951 patients				
Median time to receive surgery		213 days	220 days	-7 days
90th percentile time to receive surgery		354 days	353 days	1 day

Figure 12 Median waiting time for elective surgery, by urgency category, July 2012 to September 2017

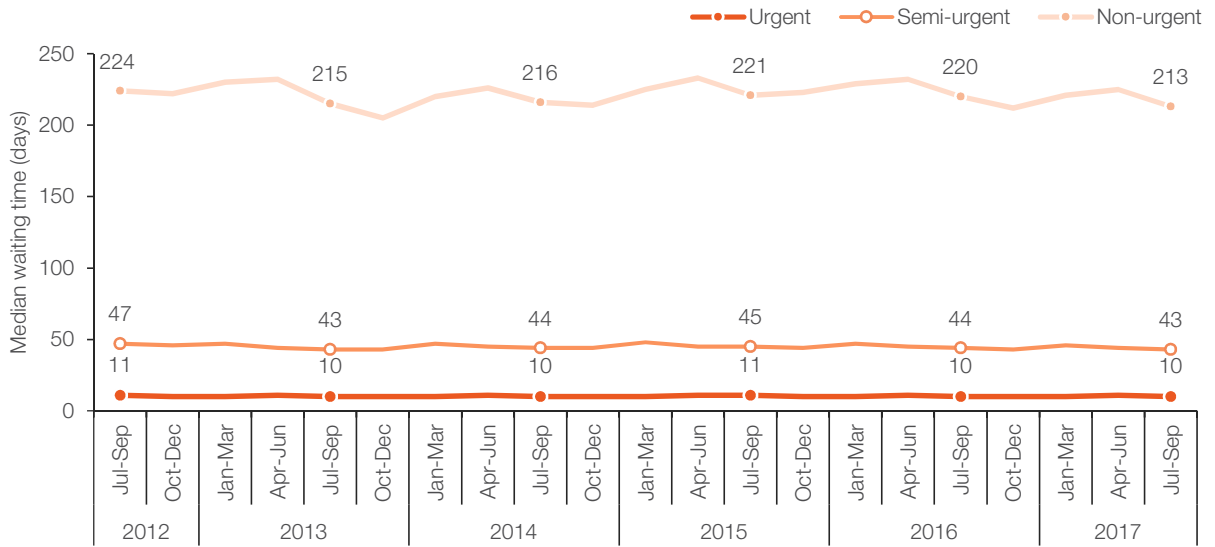
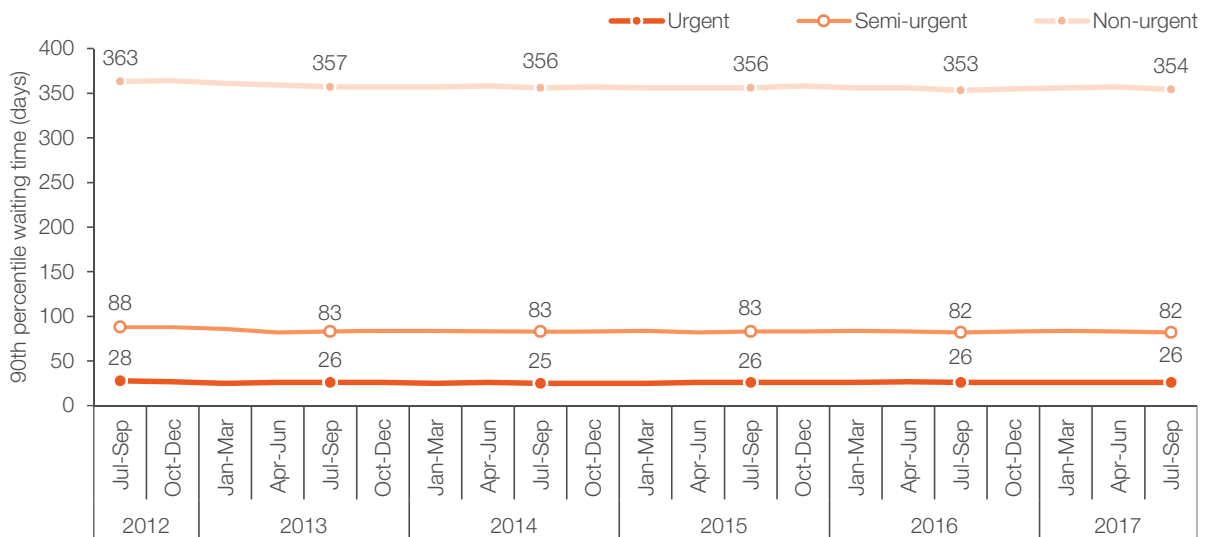


Figure 13 90th percentile waiting time for elective surgery, by urgency category, July 2012 to September 2017



Percentage of elective surgery on time

Most elective surgical procedures (97.9%) were performed on time this quarter – 99.9% of urgent surgical procedures, 98.1% of semi-urgent surgery and 96.8% of non-urgent surgery (Figure 14). Since 2014, results for the July to September quarters have remained stable for urgent surgery but with some fluctuation for semi-urgent and non-urgent surgery (Figure 15).

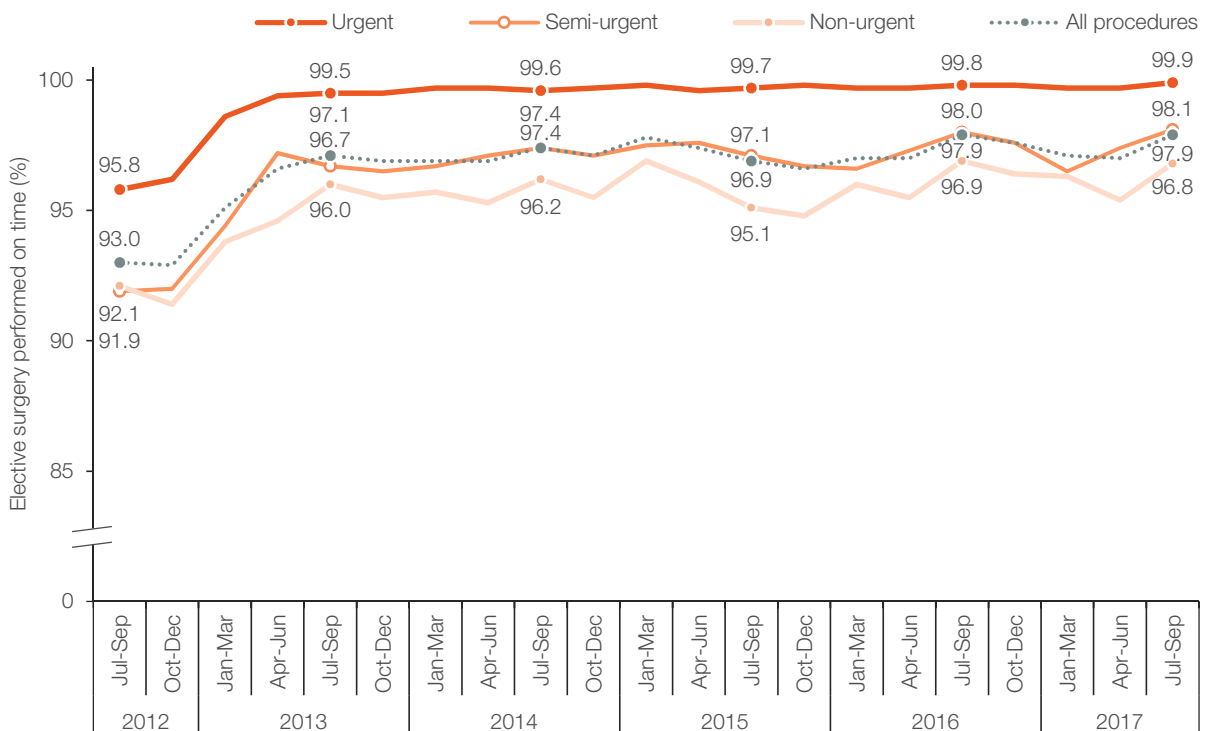
performed on time (Y-axis), and the percentage point change since the same quarter last year (X-axis). For hospitals shown above the blue NSW line, a higher percentage of procedures were performed on time this quarter compared with the overall NSW result. For hospitals below this line, a lower percentage 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

Figure 14 Percentage of elective surgical procedures performed on time, by urgency, July to September 2017

	This quarter	Same quarter last year	Percentage point change since one year ago
All procedures	97.9%	97.9%	unchanged
Urgent	99.9%	99.8%	0.1
Semi-urgent	98.1%	98.0%	0.1
Non-urgent	96.8%	96.9%	-0.1

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



Hospitals in the upper right quadrant achieved both 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.

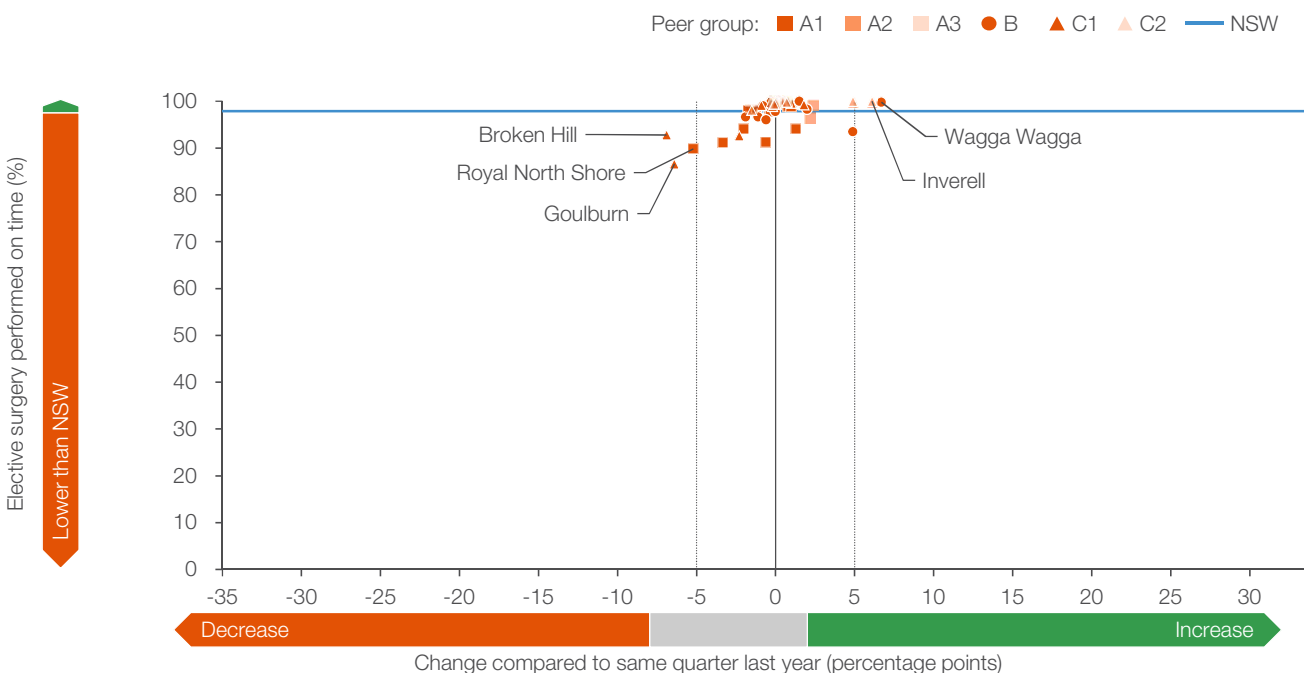
Hospitals in the lower right quadrant had results that were lower than NSW overall, and an increase in the percentage of procedures performed on time this quarter, compared with the same quarter last year. Hospitals in the lower left quadrant had results that were lower than NSW and a decrease in the 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 23 out of 79 hospitals. For two hospitals, Wagga Wagga and Inverell, the increase was more than five percentage points (Figure 16).

The percentage of procedures performed on time decreased in 24 hospitals. For three hospitals, Royal North Shore, Goulburn and Broken Hill, 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, July to September 2017



Median waiting time for specialties and specific procedures

Across specialties in the July to September 2017 quarter, the longest median waiting times were for ear, nose and throat surgery (184 days), ophthalmological surgery (175 days), and orthopaedic surgery (111 days). The shortest median waiting times was for medical (non-

specialist) surgery (17 days). The largest difference in median waiting times since the same quarter last year was seen in ophthalmological surgery (22 days; down 11.2%). The largest increase was for ear, nose and throat surgery (14 days; up 8.2%) (Figure 17).

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

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Ear, nose and throat surgery	4,524	184 days	170 days	14 days
Ophthalmology	8,112	175 days	197 days	-22 days
Orthopaedic surgery	9,387	111 days	118 days	-7 days
Neurosurgery	1,129	42 days	39 days	3 days
Gynaecology	7,572	39 days	38 days	1 day
General surgery	13,909	36 days	35 days	1 day
Urology	8,026	36 days	36 days	unchanged
Plastic surgery	2,581	35 days	33 days	2 days
Cardiothoracic surgery	867	21 days	22 days	-1 day
Vascular surgery	1,701	20 days	18 days	2 days
Medical	481	17 days	14 days	3 days

Across common surgical procedures, the longest median waiting times were for septoplasty (325 days), and tonsillectomy (297 days). Other-general (22 days) and coronary artery bypass graft procedures (27 days) had the shortest median

waiting times. The largest drop was seen in cataract extractions (30 days; down 12.9%). The largest increase was seen in tonsillectomy (16 days; up 5.7%) (Figure 18).

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

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Septoplasty	490	325 days	318 days	7 days
Tonsillectomy	1,470	297 days	281 days	16 days
Myringoplasty / Tympanoplasty	112	289 days	301 days	-12 days
Total knee replacement	1,763	281 days	293 days	-12 days
Total hip replacement	1,039	209 days	220 days	-11 days
Cataract extraction	6,330	203 days	233 days	-30 days
Varicose veins stripping and ligation	368	119 days	119 days	unchanged
Inguinal herniorrhaphy	1,573	74 days	73 days	1 day
Haemorrhoidectomy	334	67 days	57 days	10 days
Prostatectomy	699	64 days	57 days	7 days
Abdominal hysterectomy	661	63 days	64 days	-1 day
Myringotomy	79	55 days	53 days	2 days
Cholecystectomy	1,585	53 days	53 days	unchanged
Hysteroscopy	2,619	34 days	33 days	1 day
Cystoscopy	3,329	30 days	31 days	-1 day
Coronary artery bypass graft	194	27 days	26 days	1 day
Other - General	1,772	22 days	24 days	-2 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.

Medical (non-specialist), ophthalmology, vascular surgery and cardiothoracic surgery had the highest percentage of patients who received surgery on time (99.8%, 99.4%, 99.2% and 99.0%, respectively).

Ear, nose and throat surgery (95.0%) had the lowest percentage of surgery on time (Figure 19).

Neurosurgery had the largest increase in the percentage of patients who received surgery on time this quarter (up 1.3 percentage points), while ear, nose and throat surgery, and orthopaedic surgery had the largest percentage point decreases (each down 0.8 percentage points), compared with the same quarter last year.

Figure 19 Percentage of elective surgical procedures performed on time, by specialty, July to September 2017

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
General surgery	13,909	98.9%	98.5%	0.4
Orthopaedic surgery	9,387	96.1%	96.9%	-0.8
Ophthalmology	8,112	99.4%	98.7%	0.7
Urology	8,026	98.1%	97.7%	0.4
Gynaecology	7,572	98.4%	98.7%	-0.3
Ear, nose and throat surgery	4,524	95.0%	95.8%	-0.8
Plastic surgery	2,581	96.7%	97.2%	-0.5
Vascular surgery	1,701	99.2%	99.3%	-0.1
Neurosurgery	1,129	97.8%	96.5%	1.3
Cardiothoracic surgery	867	99.0%	97.9%	1.1
Medical	481	99.8%	99.1%	0.7

Among common surgical procedures, cataract extraction had the highest percentage performed on time (99.6%), while myringoplasty/tympanoplasty (86.6%) had the lowest (Figure 20).

Coronary artery bypass graft had the largest increase in the percentage of patients who received surgery on time this quarter (up 3.5 percentage points), while myringoplasty/tympanoplasty had the largest decrease (down 5.5 percentage points) compared with the same quarter last year (Figure 20).

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

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Cataract extraction	6,330	99.6%	98.6%	1.0
Cystoscopy	3,329	98.4%	97.8%	0.6
Hysteroscopy	2,619	99.2%	99.0%	0.2
Other - General	1,772	99.1%	97.2%	1.9
Total knee replacement	1,763	92.5%	96.0%	-3.5
Cholecystectomy	1,585	98.4%	98.0%	0.4
Inguinal herniorrhaphy	1,573	98.8%	97.5%	1.3
Tonsillectomy	1,470	95.7%	96.6%	-0.9
Total hip replacement	1,039	94.1%	96.8%	-2.7
Prostatectomy	699	96.9%	97.7%	-0.8
Abdominal hysterectomy	661	95.9%	97.6%	-1.7
Septoplasty	490	91.6%	95.0%	-3.4
Varicose veins stripping and ligation	368	99.4%	97.5%	1.9
Haemorrhoidectomy	334	98.8%	98.9%	-0.1
Coronary artery bypass graft	194	97.4%	93.9%	3.5
Myringoplasty / Tympanoplasty	112	86.6%	92.1%	-5.5
Myringotomy	79	98.7%	98.9%	-0.2

End of quarter elective surgery waiting list

On the 30th of September 2017, there were 75,815 patients who were ready for surgery and on the elective surgery waiting list. Of these, 2.2% were waiting for urgent surgery, 16.7% were waiting for semi-urgent surgery and 81.1% 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 30 September 2017, there were 16,352 (21.6%) 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 (1,670, up 0.8%), semi-urgent (12,644, up 6.5%), and non-urgent (61,501, up 3.0%) (Figure 21).




At the end of the quarter, there were 14,614 patients 'not ready for surgery'* and on the elective surgery waiting list, up 1.8% compared with the same quarter last year (Figure 21).

Across specialties, patients waiting for orthopaedic surgery and ophthalmological surgery represented the largest proportion of patients on the list. Together, these specialties represented 47.9% of all patients on the elective surgery waiting list (Figure 22).

In terms of specialist procedures, most patients were waiting for cataract extraction (15,300 patients); 2.6% more 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 (104 patients) and myringotomy (112 patients) (Figure 23).

At the end of the quarter, there were 315 patients still waiting for surgery after more than 12 months on the waiting list; an increase of 58 patients (22.6%) compared with the same quarter last year. Nearly half of these patients (147 patients; 46.7%) were waiting for orthopaedic surgery (Figure 22).

Figure 21 Elective surgery waiting list, by urgency category, as at 30 September 2017

	This quarter	Same quarter last year	Change since one year ago
Patients ready for surgery on waiting list as at 30 September 2017	75,815	73,226	3.5%
Urgent  2.2%	1,670	1,657	0.8%
Semi-urgent  16.7%	12,644	11,877	6.5%
Non-urgent  81.1%	61,501	59,692	3.0%
Patients not ready for surgery on waiting list at the end of quarter	14,614	14,357	1.8%

* 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 30 September 2017

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Percentage change since one year ago	This quarter	Same quarter last year
All specialties	75,815	73,226	3.5	315	257
Orthopaedic surgery	18,681	18,579	0.5	147	139
Ophthalmology	17,616	17,305	1.8	10	6
General surgery	12,617	12,121	4.1	36	20
Ear, nose and throat surgery	11,027	10,029	10.0	68	46
Gynaecology	6,180	6,020	2.7	7	18
Urology	4,264	4,060	5.0	6	<5
Plastic surgery	2,332	2,309	1.0	21	9
Neurosurgery	1,412	1,183	19.4	19	15
Vascular surgery	1,036	1,038	-0.2	<5	<5
Cardiothoracic surgery	436	316	38.0	0	0
Medical	214	266	-19.5	0	0

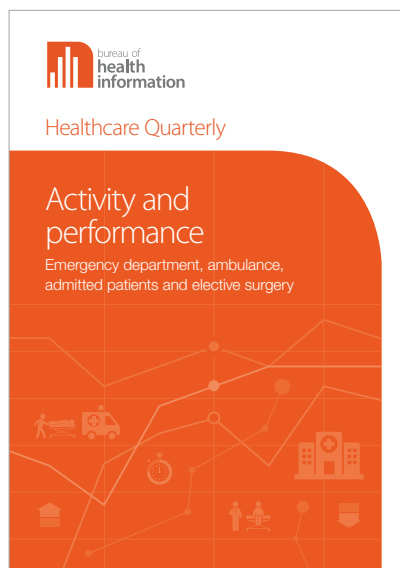
Figure 23 Patients waiting for elective surgery and patients still waiting after more than 12 months on the waiting list at the end of the quarter, by common procedure, as at 30 September 2017

	Patients on waiting list at end of quarter			Patients still waiting after more than 12 months	
	This quarter	Same quarter last year	Percentage change since one year ago	This quarter	Same quarter last year
Cataract extraction	15,300	14,912	2.6	6	<5
Total knee replacement	5,732	5,514	4.0	61	36
Tonsillectomy	4,362	3,965	10.0	11	19
Total hip replacement	2,644	2,397	10.3	20	19
Inguinal herniorrhaphy	2,183	2,095	4.2	<5	5
Hysteroscopy	1,663	1,541	7.9	0	<5
Cholecystectomy	1,624	1,572	3.3	<5	<5
Septoplasty	1,620	1,359	19.2	10	10
Cystoscopy	1,263	1,121	12.7	0	0
Other - General	1,125	1,242	-9.4	<5	0
Abdominal hysterectomy	744	787	-5.5	<5	5
Prostatectomy	695	746	-6.8	0	0
Varicose veins stripping and ligation	630	675	-6.7	0	<5
Haemorrhoidectomy	381	412	-7.5	<5	<5
Myringoplasty / Tympanoplasty	369	335	10.1	<5	0
Myringotomy	112	89	25.8	0	0
Coronary artery bypass graft	104	59	76.3	0	0

Healthcare Quarterly

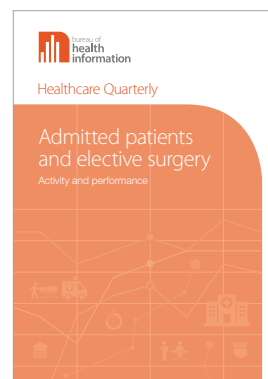
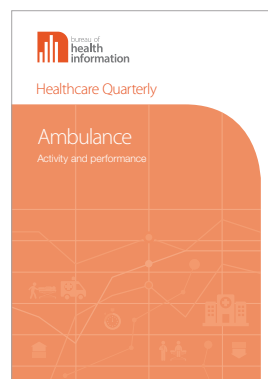
Healthcare Quarterly is a series of regular reports that describes the number and types of services provided to the people of NSW and the timeliness with which they are provided.

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

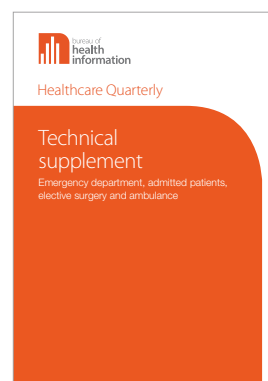
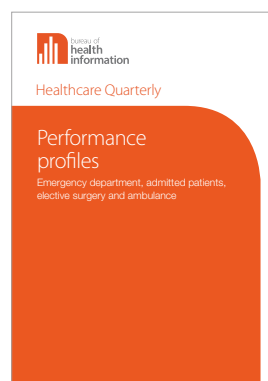


Every day around 25,000 people receive care in the NSW public hospital system and around 1,800 are transported to hospital by ambulance.

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



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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.

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