

Healthcare Quarterly

Tracking public hospital and
ambulance service activity
and performance in NSW

October to December 2023

Overview

October to December 2023



Ambulance

The upward trend in activity continued, as did the improvement in response times compared with late 2022.

Find out more from [page 3](#)



Elective surgery

The elective surgery waiting list decreased and there was a significant decrease in those waiting longer than recommended.

Find out more from [page 14](#)



Emergency department

The upward trend in the most urgent ED presentations continued and patients had long waits in the ED.

Find out more from [page 8](#)



Admitted patients

Admitted patient activity increased and patients continued to spend longer in hospital than they did before the pandemic.

Find out more from [page 20](#)

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Special reporting

Additional insights into average length of stay for admitted patients.

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Activity and performance tables

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About this report

Healthcare Quarterly tracks activity and performance for ambulance, emergency department (ED), elective surgery and admitted patient services in NSW. For seclusion and restraint activity and performance results, please see the [Seclusion and Restraint Supplement](#).

Healthcare Quarterly presents this quarter's results in comparison with the same period for previous years – taking into account seasonal effects on activity and performance – to show how demands on the system and the supply of services have changed over time.

NSW-level results in this report include more than 200 public hospitals and 91 local ambulance reporting areas. The Bureau of Health Information (BHI) Data Portal and the activity and performance profiles include individual results for the 77 larger public hospitals – including 41 in rural areas – and each of the local ambulance areas.

Data were drawn on the following dates: ambulance (11 January 2024); ED (29 January 2024); elective surgery (17 January 2024); admitted patients (23 January 2024). See the [technical supplement](#) to this report for descriptions of the data, methods and technical terms used to calculate activity and performance measures.

Interpreting results

The COVID-19 pandemic began in March 2020 and has continued to impact the NSW healthcare system.

Comparisons with previous quarters should be considered in the context of the fluctuations in hospital and ambulance activity and performance during the pandemic.

To enable more stable comparisons with pre-pandemic activity and performance, this report includes comparisons with the same quarter four years earlier (October to December 2019).

This report includes health system activity and performance in urban and rural areas for the October to December 2023 quarter.

This report also includes a Special Reporting section, incorporating additional analyses undertaken to highlight variation in average length of stay across public hospitals and identify potential opportunities for reducing average length of stay.



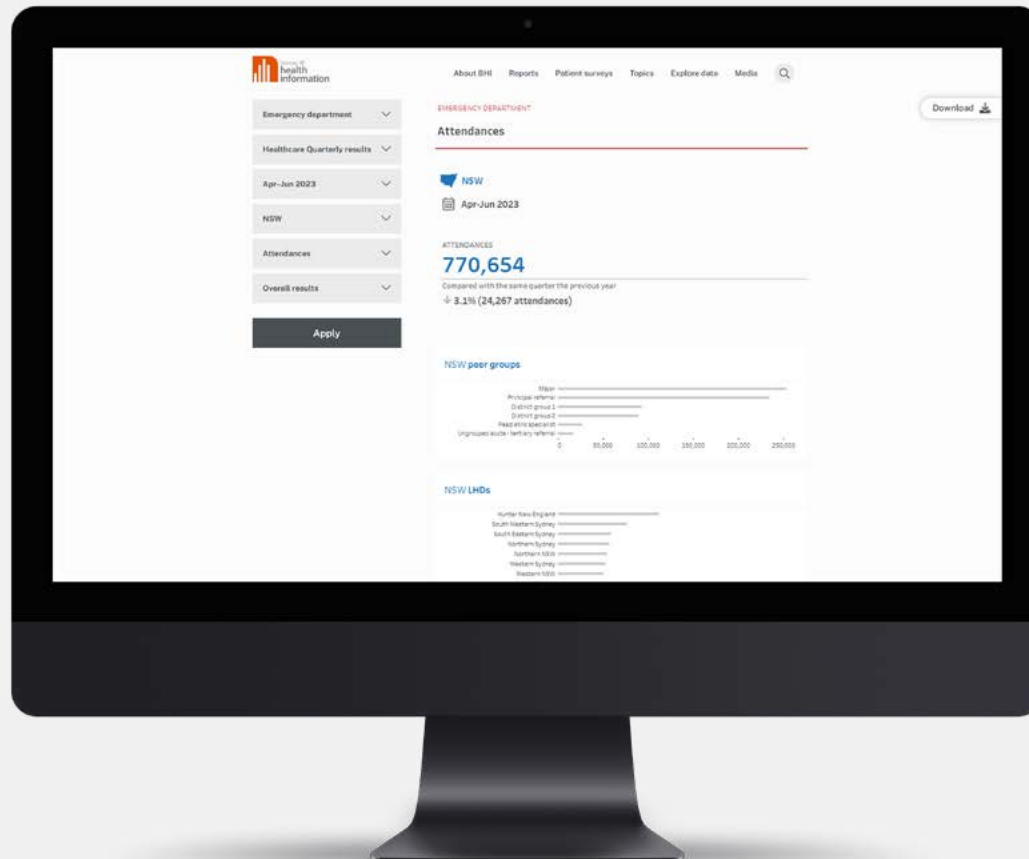
Interactive data

Bureau of Health Information Data Portal

The [BHI Data Portal](#) is part of a transition to a digital-first way of reporting healthcare performance results in NSW, making them more accessible and user friendly.

The Data Portal allows you to find and compare results showing the performance of the NSW healthcare system.

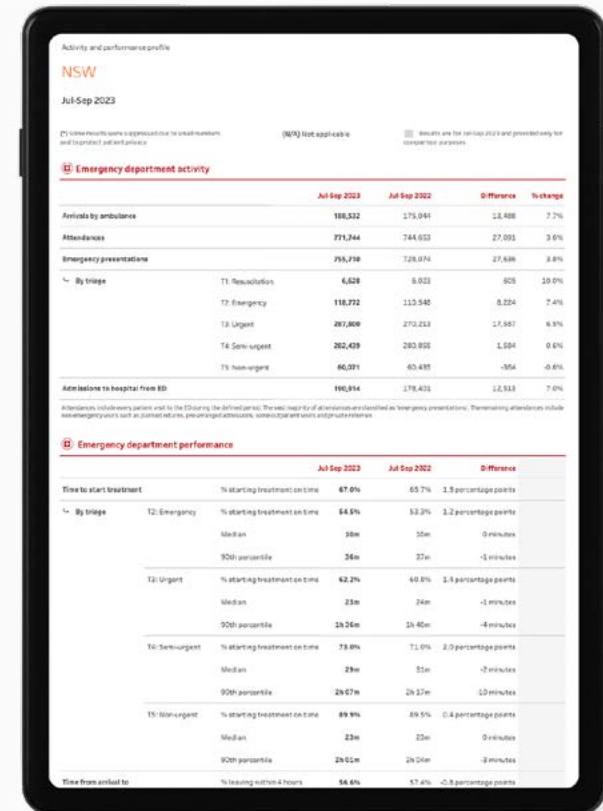
Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



Activity and performance profiles

[Activity and performance profiles](#) provide a snapshot of selected ED, elective surgery and admitted patient measures for NSW, 77 individual hospitals, LHDs and hospital peer groups.

The profiles are a good starting point to see an overview of your local hospital's performance before a more detailed search in the Data Portal.





Ambulance

NSW Ambulance delivers mobile health services and provides clinical care, rescue and retrieval services to people with emergency and medical health needs.

Healthcare Quarterly features a range of indicators of ambulance activity and performance, including ambulance responses and timeliness measures.

Key findings

October to December 2023

RESPONSES

Ambulance activity continued an upward trend, with 379,705 responses – the highest of any quarter since BHI began reporting in 2010.

The number of responses for the most urgent priority categories continued to increase. There were a record 14,741 'highest priority – P1A' responses for patients with a life-threatening condition – up 34.8% (3,804) from the same quarter the previous year.

CALL TO AMBULANCE ARRIVAL TIMES

The percentage of 'emergency – P1' responses with a call to ambulance arrival time within 15 minutes and 30 minutes was 48.2% and 88.1%, respectively. Both results have improved compared with the same quarter the previous year.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of P1A responses within 10 minutes was 64.7% – a small improvement compared with the same quarter the previous year.



Behind the key findings

Figure 1
Ambulance calls, incidents, responses and patient transports, NSW
October 2018 to December 2023

Of the 379,705 ambulance responses in October to December 2023, 66.7% (253,396) were in urban areas and 32.8% (124,366) were in rural areas.

Note: Local areas are classified as 'urban' or 'rural' using the Accessibility and Remoteness Index of Australia (ARIA+), which is the standard used by the Australian Bureau of Statistics (ABS). For more information, see the [technical supplement](#).

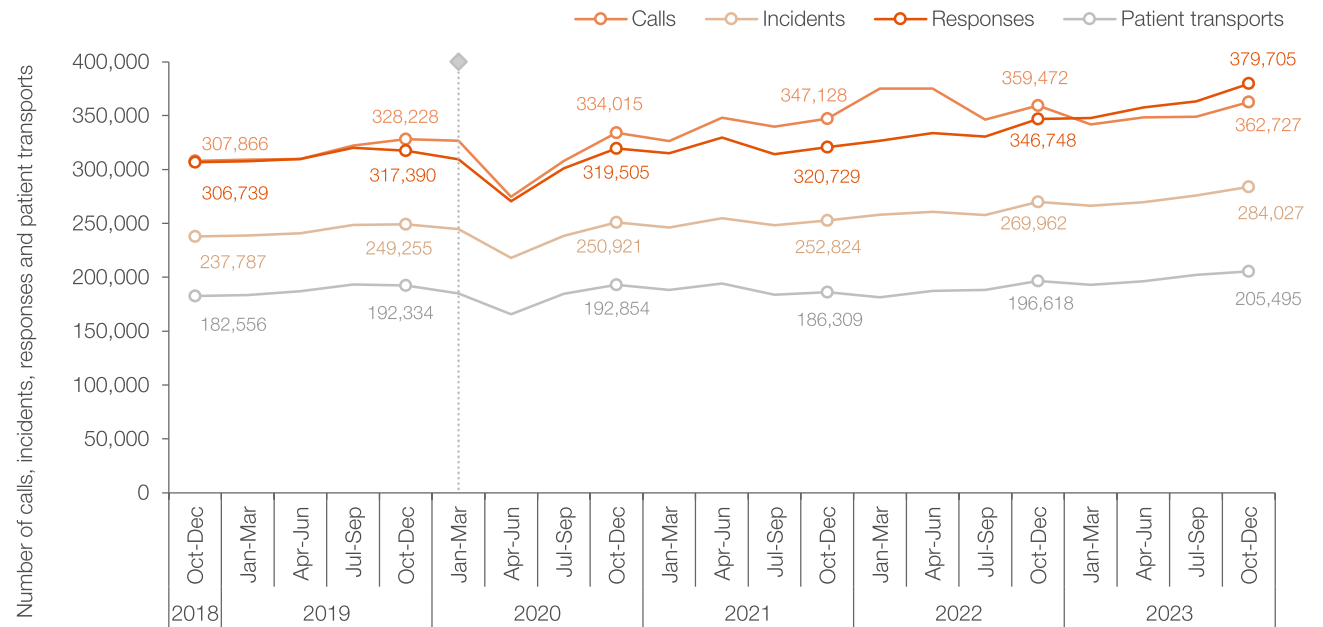
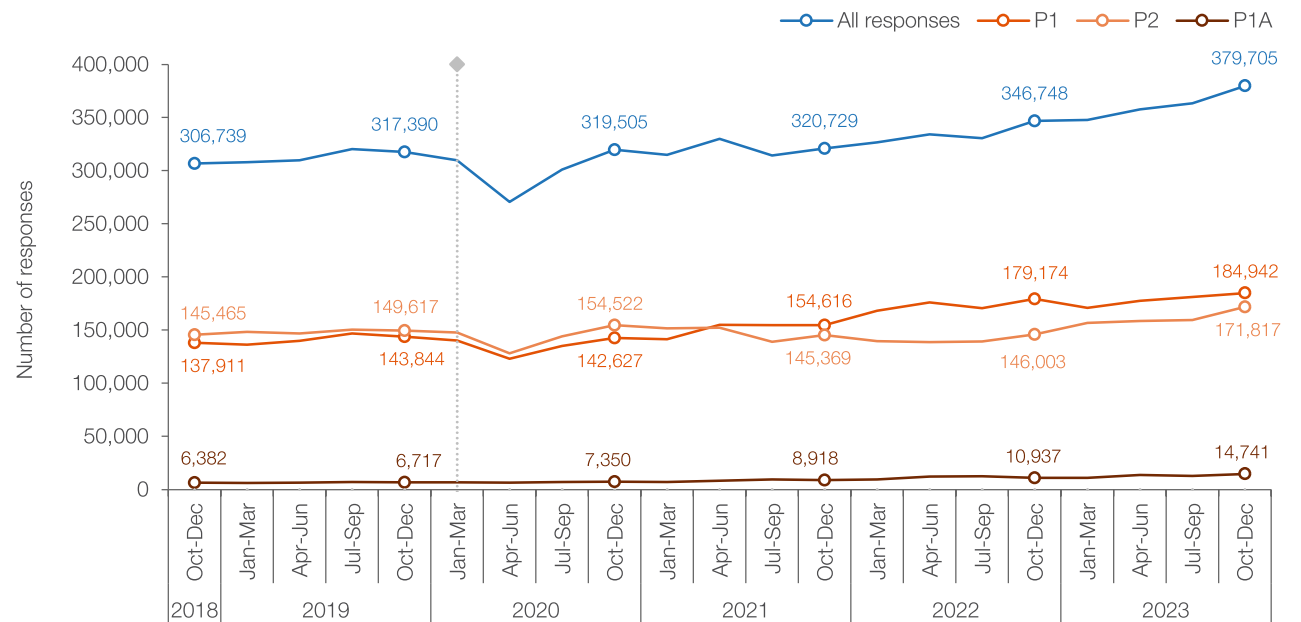


Figure 2
Ambulance responses, by priority category, NSW
October 2018 to December 2023

Ambulance responses are categorised as:

- Priority 1: Emergency (emergency response under lights and siren)
 - Priority 1A: Highest priority (patients with life-threatening conditions)
- Priority 2: Urgent (undelayed response without lights and siren)
- Priority 3: Time critical (undelayed response required)
- Priority 4–9: Non-emergency.

◆ 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.



Behind the key findings

Figure 3
Percentage of call to ambulance arrival times within benchmarks, by priority, NSW
October 2018 to December 2023

In October to December 2023, the percentage of P1 cases with a call to ambulance arrival time within 15 minutes was 49.4% in urban areas and 45.7% in rural areas.

The percentage of P1 cases with a call to ambulance arrival time within 30 minutes was 90.6% in urban areas and 82.2% in rural areas.

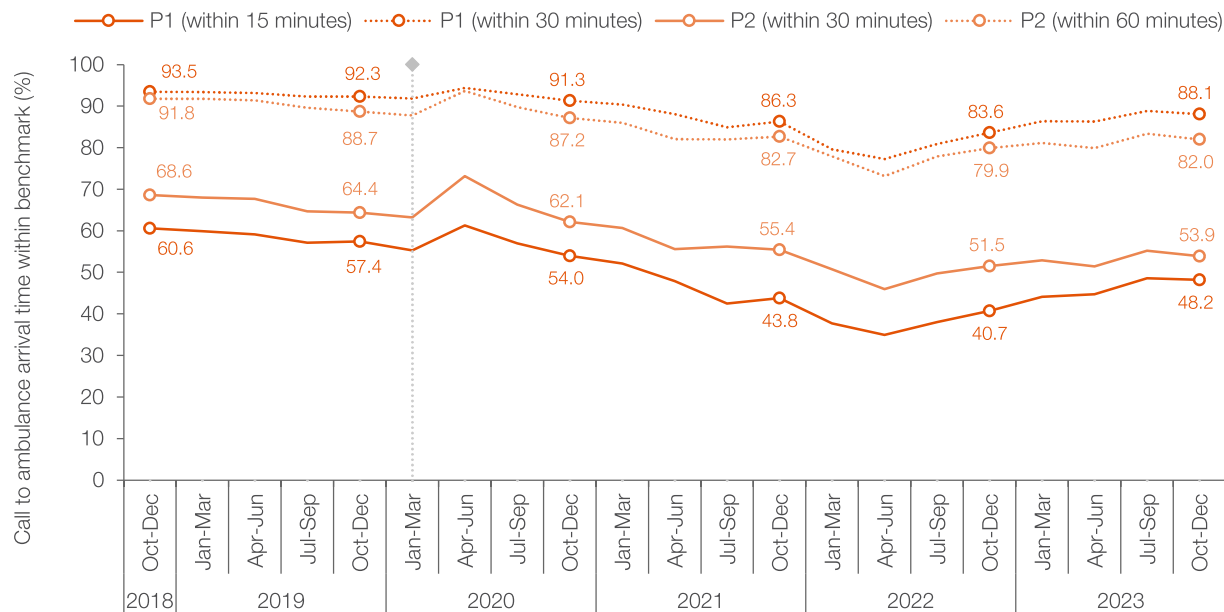
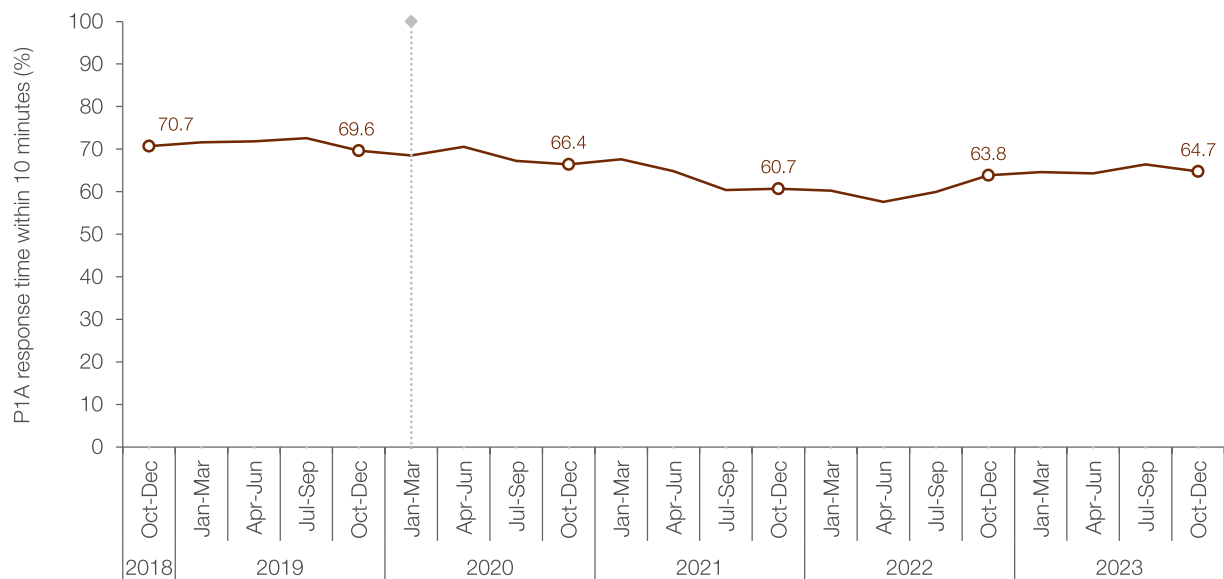


Figure 4
Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW
October 2018 to December 2023

In October to December 2023, the percentage of P1A responses within 10 minutes was 69.4% in urban areas and 54.5% in rural areas.

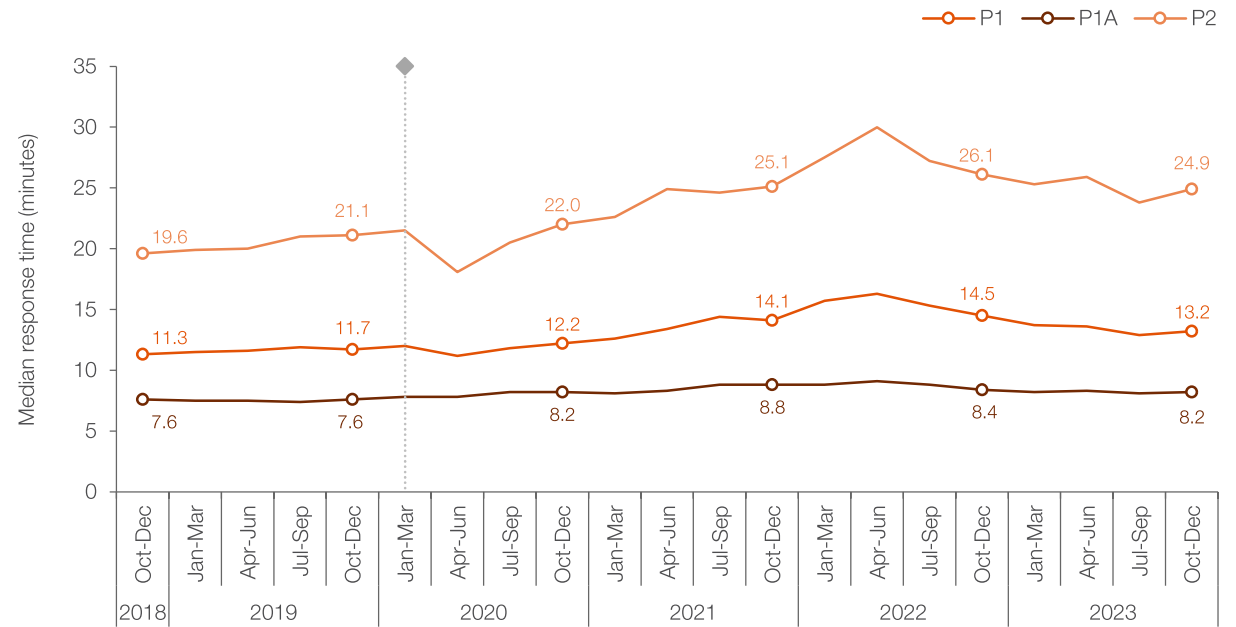


◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 5
 Median response times, by priority category, NSW
 October 2018 to December 2023

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.





Emergency department

NSW public hospital emergency departments (EDs) are open to everyone and provide specialised assessment and life-saving care for acutely unwell patients. EDs often act as an entry point to inpatient services.

Healthcare Quarterly features a range of indicators of ED activity and performance, including ED attendances and timeliness measures.

Key findings

October to December 2023

ACTIVITY

There were 798,813 ED attendances – relatively stable compared with the same quarter the previous year but up 2.9% (22,269) on pre-pandemic levels.

EDs continued to see more of the most urgent patients, with 6,649 triage 1 presentations and 119,389 triage 2 presentations – both the highest of any quarter since BHI started reporting in 2010.



TIME TO START TREATMENT

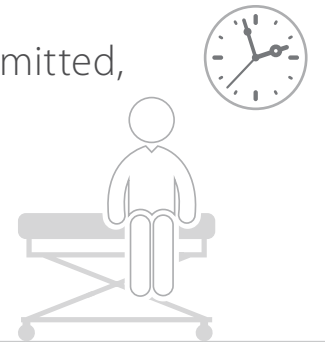
68.3% of all patients who attended the ED started their treatment on time – up 1.9 percentage points from the same quarter the previous year.



TIME FROM ARRIVAL TO LEAVING ED

58.1% of patients spent less than four hours in the ED, a slight improvement compared with the record low in the preceding quarter. One in 10 patients spent longer than 10 hours 30 minutes in the ED – well above pre-pandemic levels.

Of the 195,269 people treated and admitted, 25.4% spent less than four hours in the ED. One in 10 of these patients spent longer than 19 hours and 33 minutes in the ED.



TIME TO TRANSFER CARE

79.9% of patients who arrived by ambulance had their care transferred to ED staff within 30 minutes – up 1.9 percentage points on the same quarter the previous year. One in 10 patients waited longer than 52 minutes.



Behind the key findings

Figure 6
Emergency department attendances, NSW
October 2018 to December 2023

Of the 798,813 ED attendances in October to December 2023, 63.3% (505,389) were in urban hospitals and 36.7% (293,424) were in rural hospitals.

*'All hospitals' cohort includes more than 170 EDs submitting data to the Emergency Department Data Collection (EDDC) in each quarter.
 Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by ABS. For more information, see the [technical supplement](#).

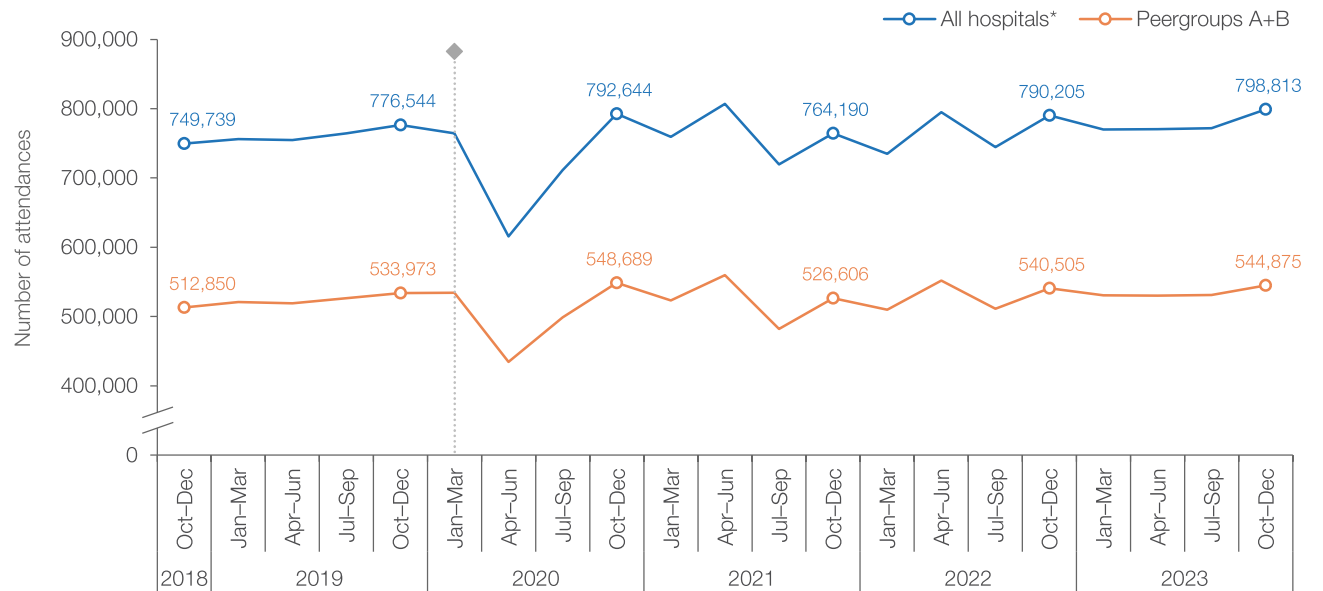
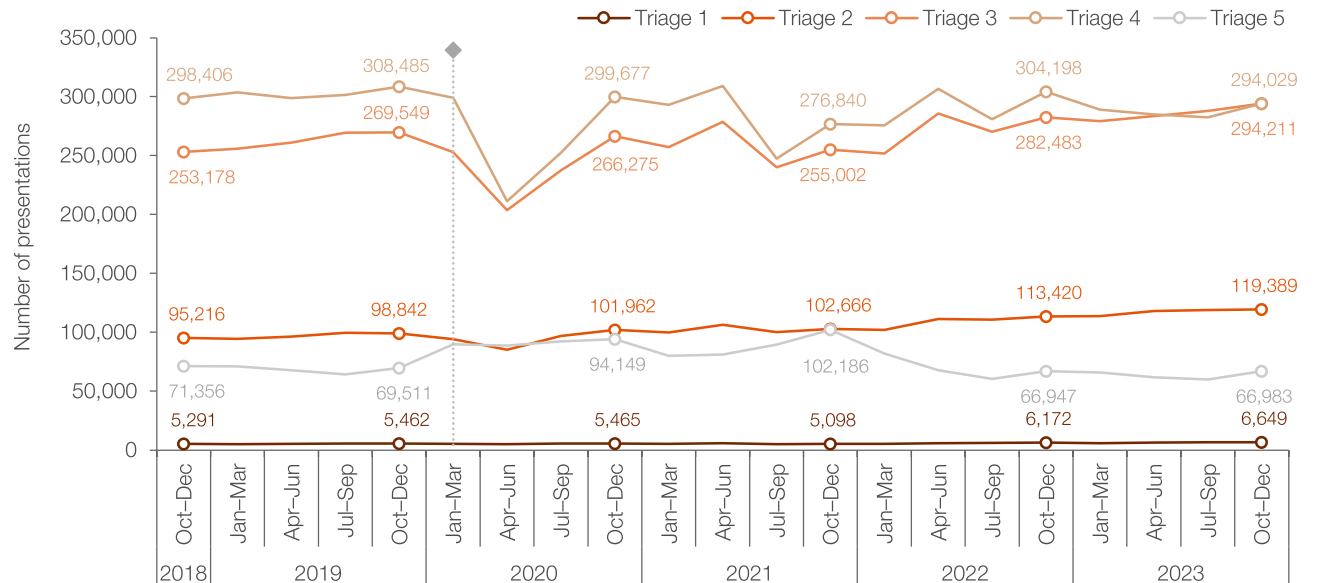


Figure 7
Emergency presentations, by triage category, NSW
October 2018 to December 2023

On arrival at the ED, patients are allocated to one of five triage categories, based on urgency.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Behind the key findings

Figure 8
Percentage of patients starting treatment on time, by triage category, NSW
October 2018 to December 2023

In October to December 2023, the percentage of all patients who had their treatment start on time was 64.2% in urban hospitals and 75.5% in rural hospitals.

The Australasian College for Emergency Medicine (ACEM) recommended maximum waiting times for ED treatment to start are:

- Triage 2: Emergency – 80% within 10 minutes
- Triage 3: Urgent – 75% within 30 minutes
- Triage 4: Semi-urgent – 70% within 60 minutes
- Triage 5: Non-urgent – 70% within 120 minutes.

Note: Due to differences in data definitions, reporting periods and the number of hospitals included, *Healthcare Quarterly* results for the percentage of patients whose treatment started on time are not directly comparable with figures reported by other agencies and jurisdictions.

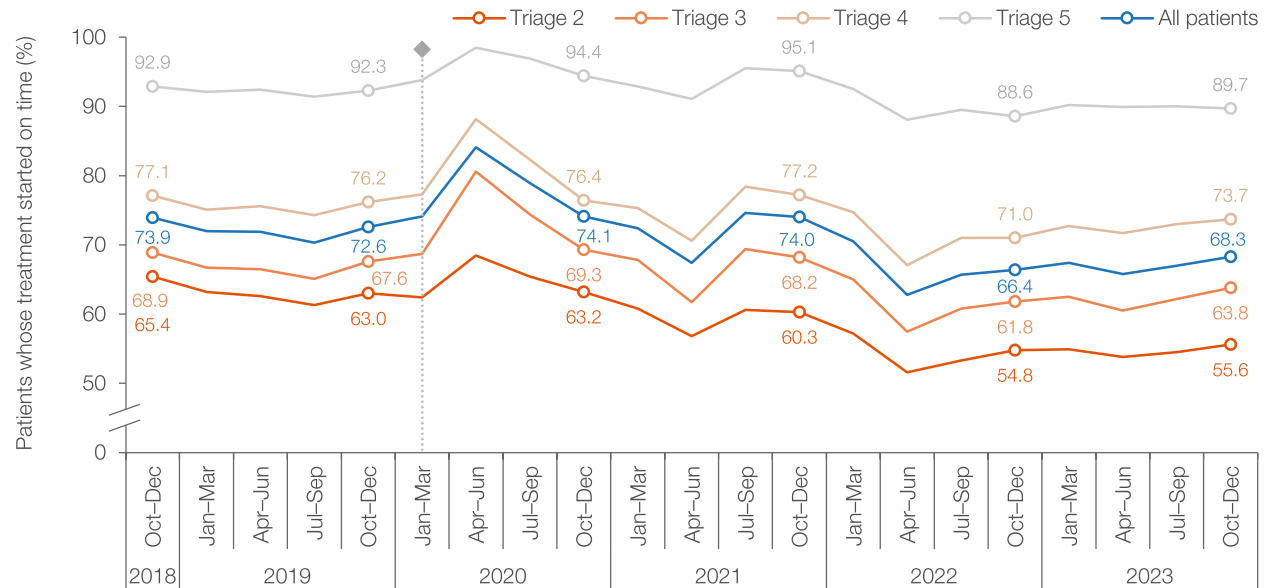
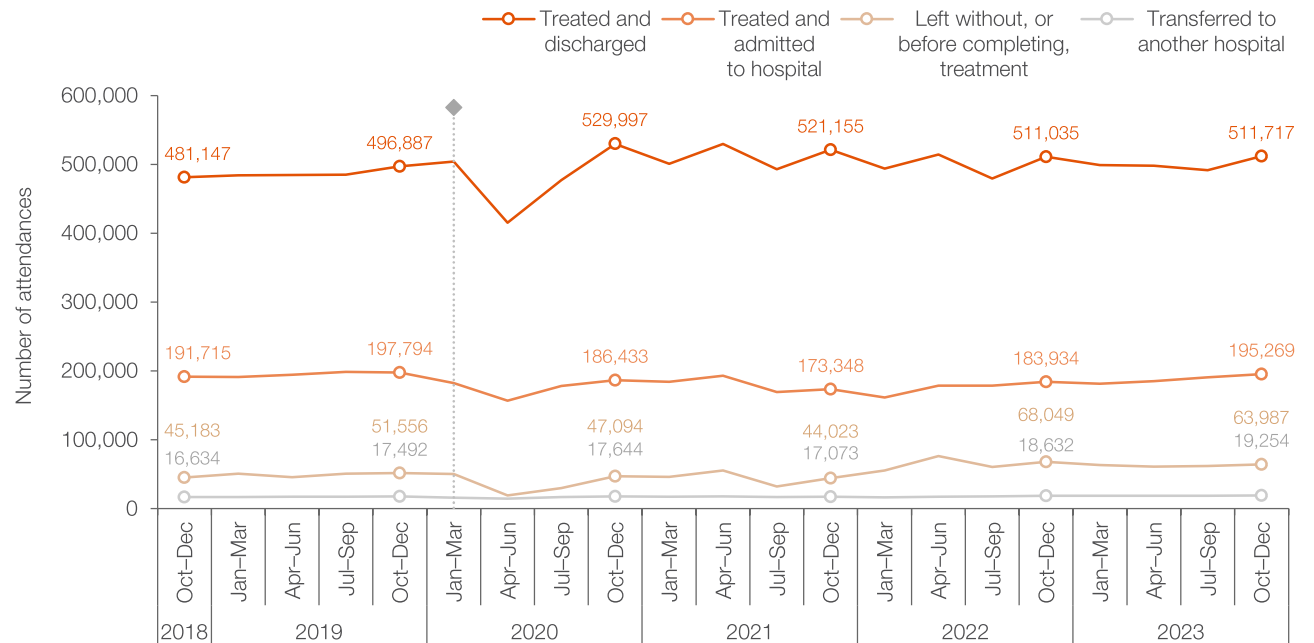


Figure 9
Emergency department attendances, by mode of leaving, NSW
October 2018 to December 2023

Of the 63,987 patients who left without, or before completing treatment in October to December 2023, 31.2% were triage 3, 46.0% were triage 4 and 14.9% were triage 5.

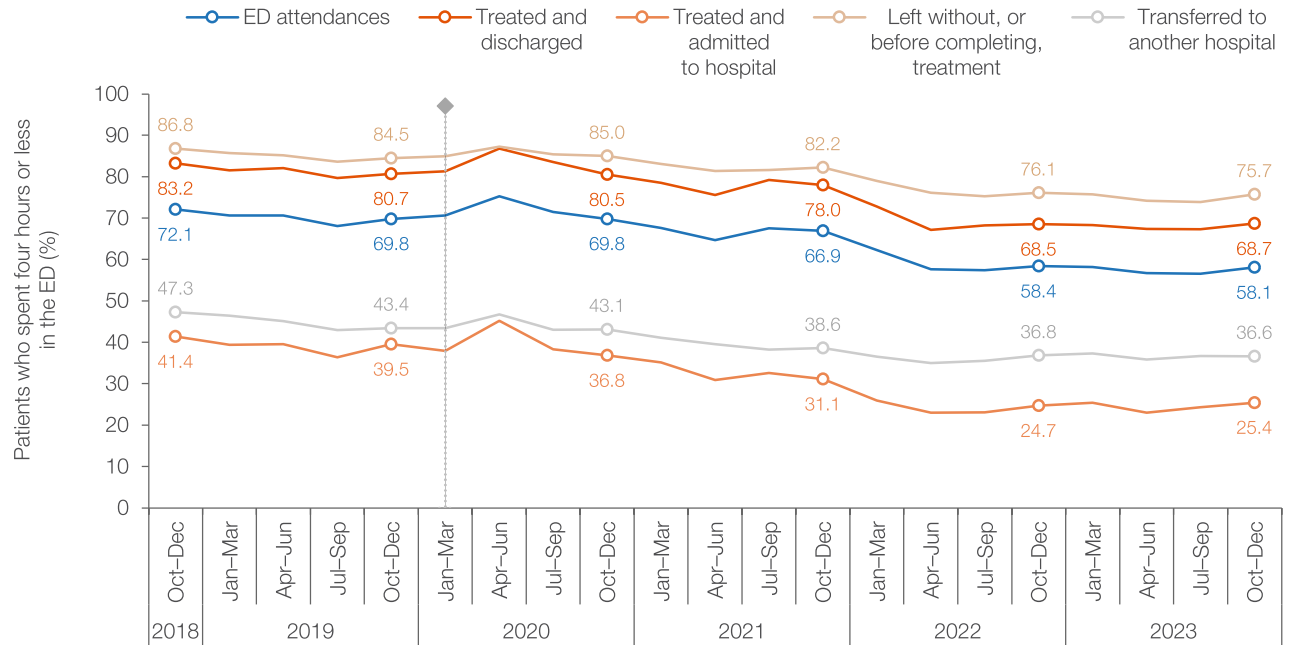


♦ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 10
Percentage of patients leaving the emergency department within four hours, by mode of leaving, NSW
October 2018 to December 2023

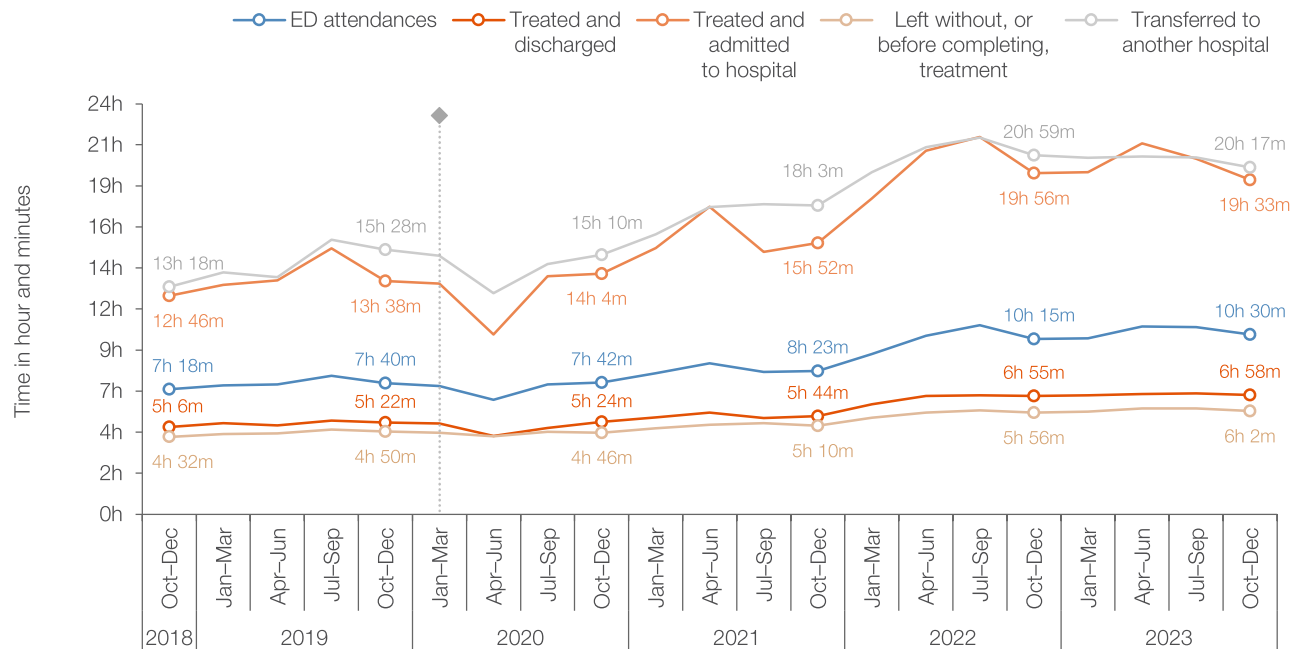
In October to December 2023, the percentage of all patients who spent less than four hours in the ED was 50.5% in urban hospitals and 71.1% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 11
90th percentile time from arrival at the emergency department to leaving, by mode of leaving, NSW
October 2018 to December 2023

In October to December 2023, one in 10 patients in urban hospitals spent longer than 11 hours 43 minutes in the ED and one in 10 patients in rural hospitals spent longer than eight hours.



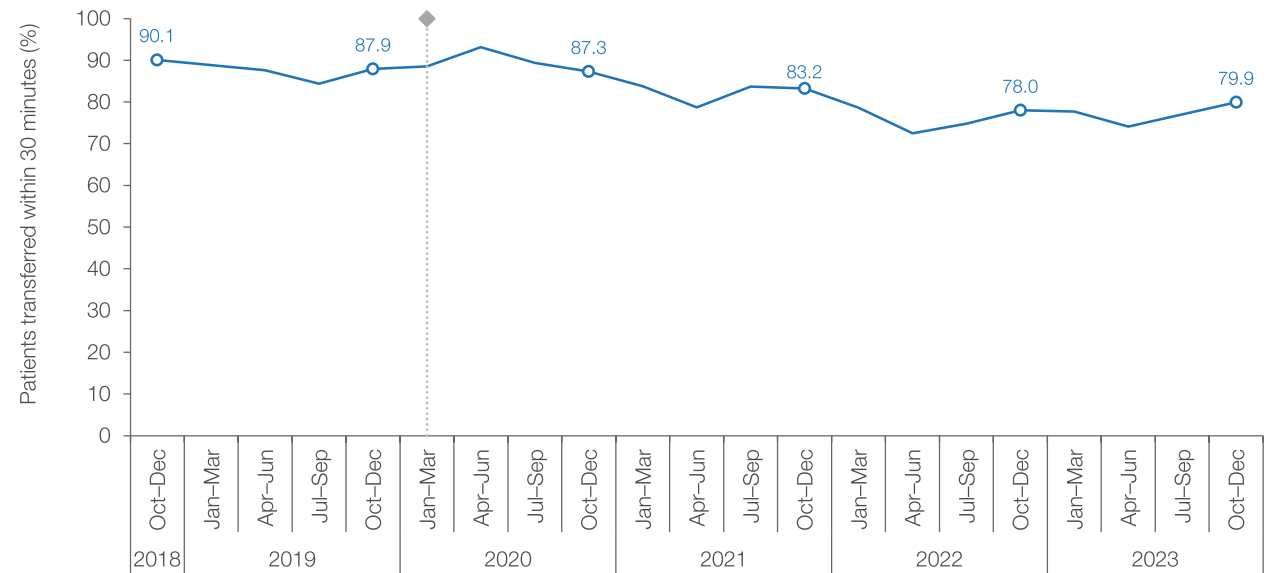
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 12
**Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW
 October 2018 to December 2023**

In October to December 2023, the number of patients arriving at the ED by ambulance was 192,112.

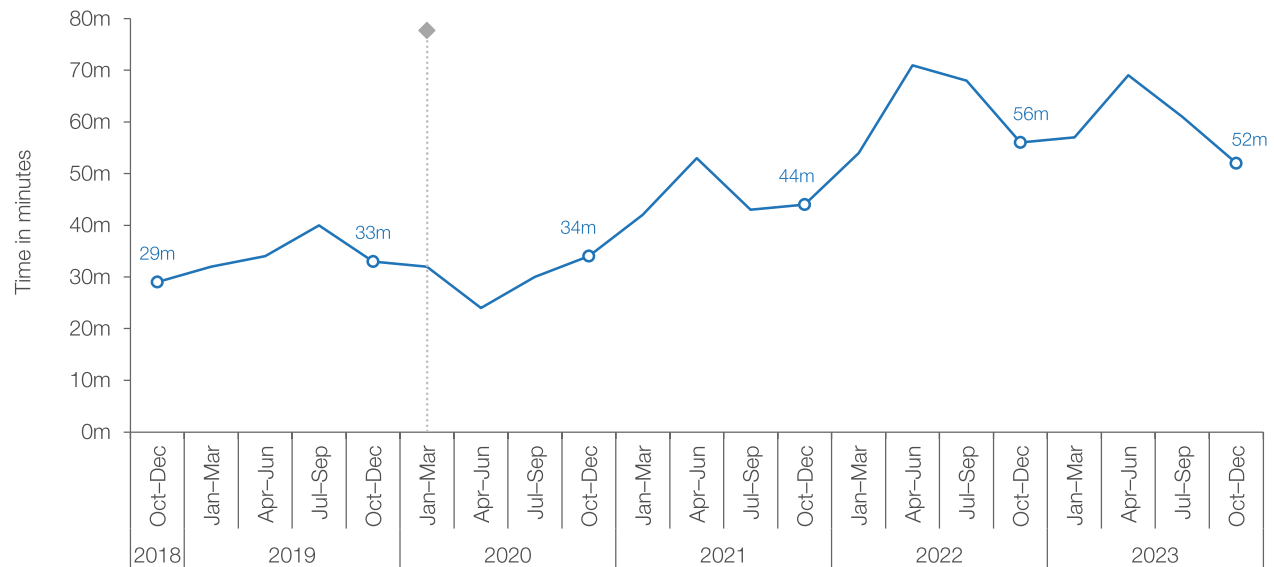
The percentage of patients transferred from paramedics to ED staff within 30 minutes was 78.1% in urban hospitals and 84.5% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 13
**90th percentile time to transfer care from paramedics to emergency department staff, NSW
 October 2018 to December 2023**

In October to December 2023, one in 10 patients in urban hospitals waited longer than 56 minutes and one in 10 patients in rural hospitals waited longer than 43 minutes.



◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Elective surgery

Elective surgery is planned and can be booked in advance. Following specialist clinical assessment, patients are placed on a waiting list and given a clinical priority – urgent, semi-urgent or non-urgent – depending on the seriousness of their condition.

Healthcare Quarterly features a range of indicators of elective surgery activity and performance, including surgical volumes and timeliness measures.

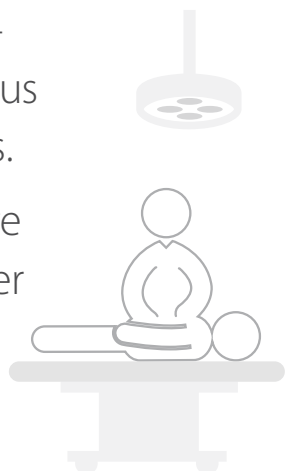
Key findings

October to December 2023

SURGERIES PERFORMED

There were 59,422 elective surgeries performed – up 9.4% (5,099) from the same quarter the previous year and slightly higher than pre-pandemic levels.

5,506 elective surgeries were contracted to private hospitals – up 30.2% (1,276) from the same quarter the previous year.



WAITING TIMES

83.6% of elective surgeries were performed on time – up 7.0 percentage points from the same quarter the previous year.

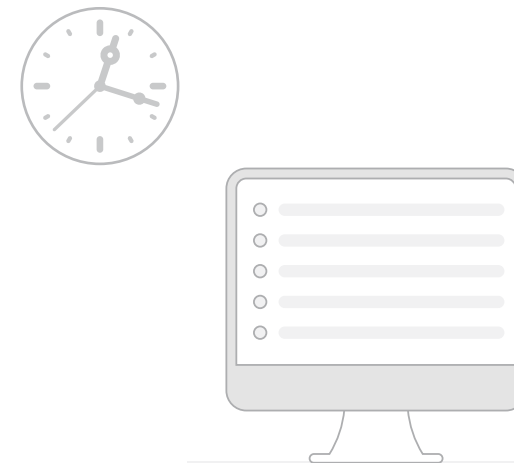
One in 10 patients who received non-urgent surgery waited longer than 433 days – down from the record long wait times in late 2022.



PATIENTS ON WAITING LIST

There were 88,618 patients on the waiting list at the end of December 2023 – down 10.7% (10,639) from the same quarter the previous year and similar to pre-pandemic levels.

Of these, 2,133 patients had waited longer than clinically recommended – down 87.5% (14,937) compared with the end of December 2022.



Behind the key findings

Figure 14
Elective surgeries performed, by urgency category, NSW
October 2018 to December 2023

Of the 59,422 elective surgeries performed in October to December 2023, 73.6% (43,725) were in urban hospitals and 26.4% (15,697) were in rural hospitals.

In addition to elective surgery, 25,967 emergency surgeries were performed in public hospitals.

In response to the COVID-19 pandemic, non-urgent elective surgery was intermittently suspended, resulting in decreases in the number of elective surgeries performed in April to June 2020, July to September 2021, October to December 2021 and January to March 2022. For more information, see the [technical supplement](#).

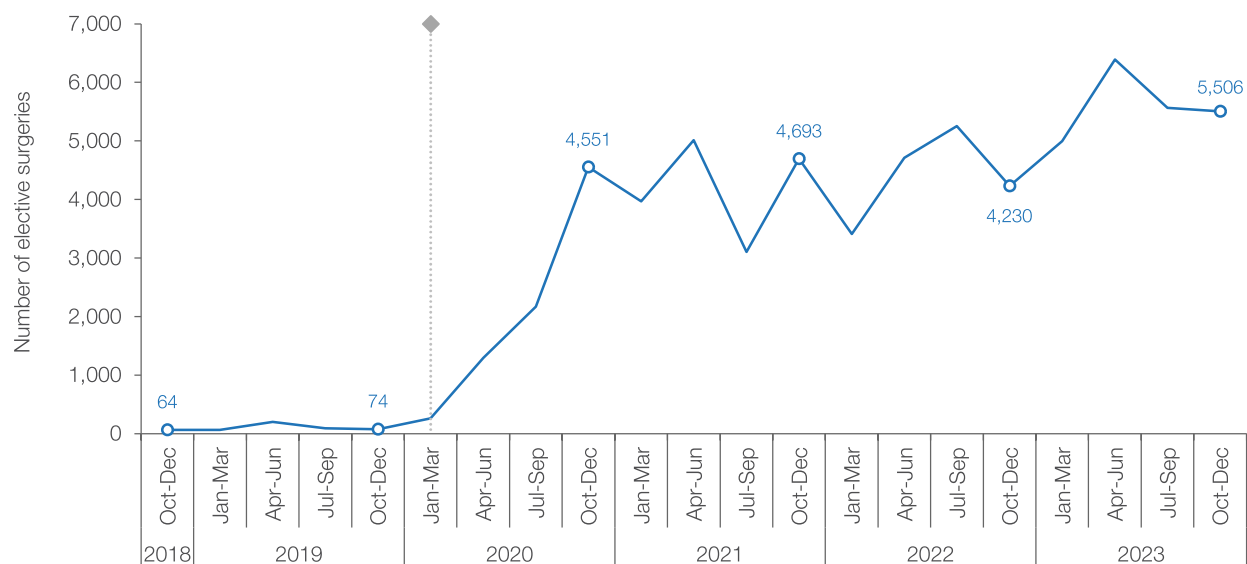
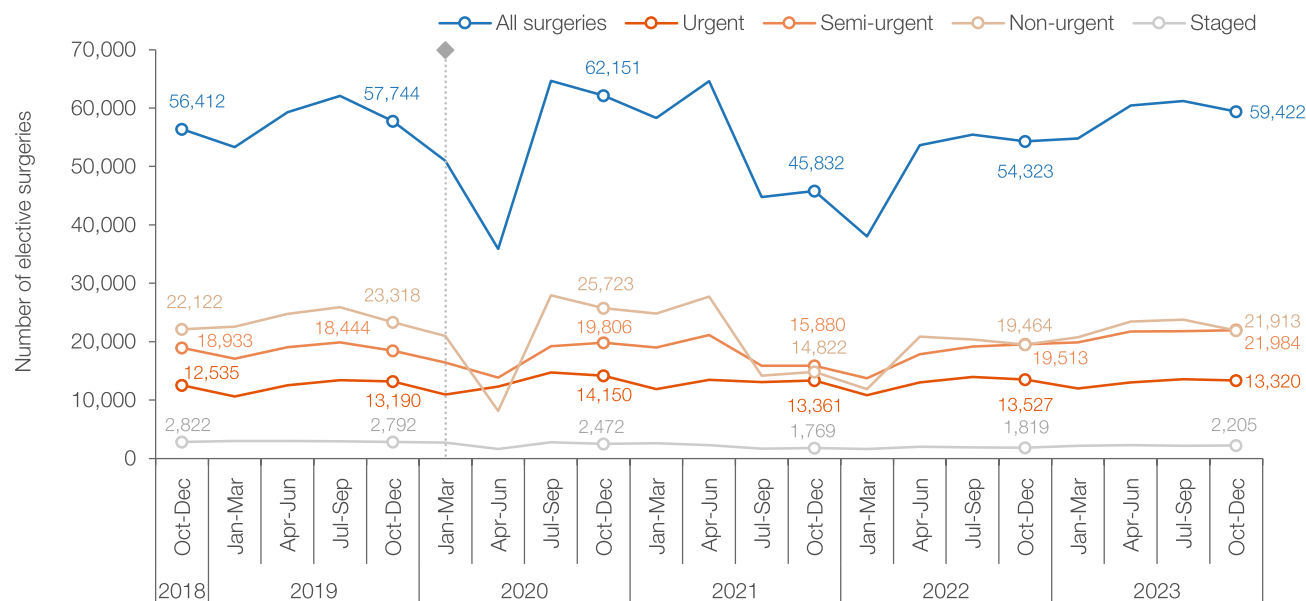
Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by ABS. For more information, see the [technical supplement](#).

ADDITIONAL INSIGHTS

Figure 15
Elective surgeries contracted to private hospitals, NSW
October 2018 to December 2023

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 2020.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Behind the key findings

Figure 16
Percentage of elective surgeries performed on time, by urgency category, NSW
October 2018 to December 2023

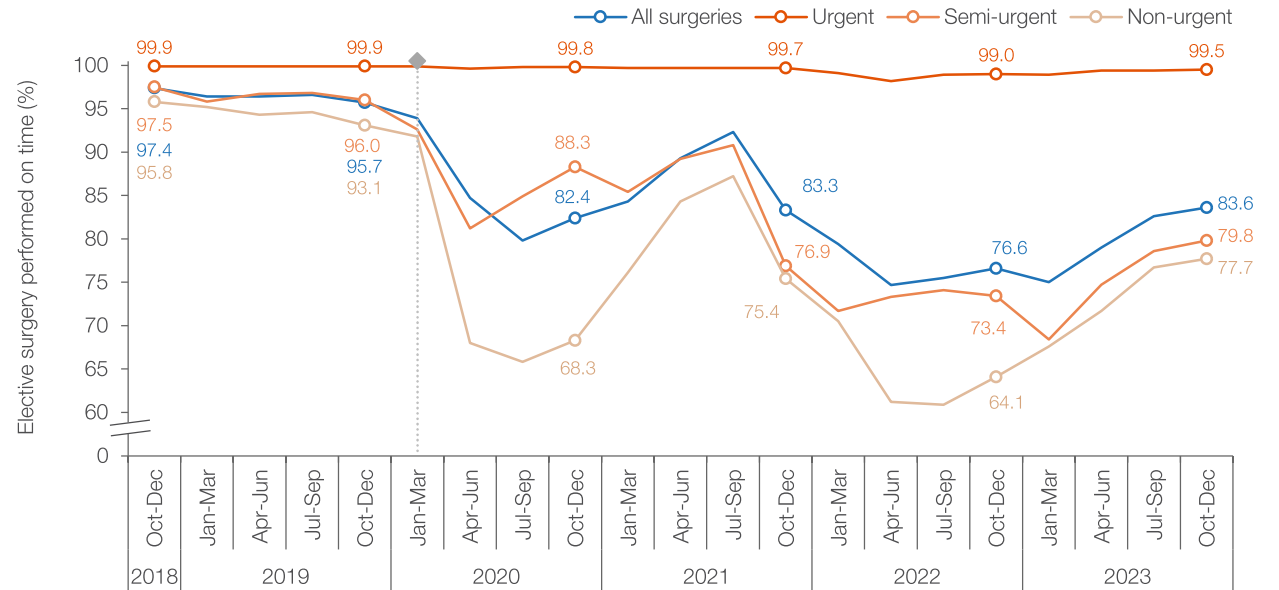
In October to December 2023, the percentage of elective surgeries performed on time was 83.9% in urban hospitals and 82.6% in rural hospitals.

Clinically recommended maximum waiting times for elective surgery are:

- Urgent – 30 days
- Semi-urgent – 90 days
- Non-urgent – 365 days.

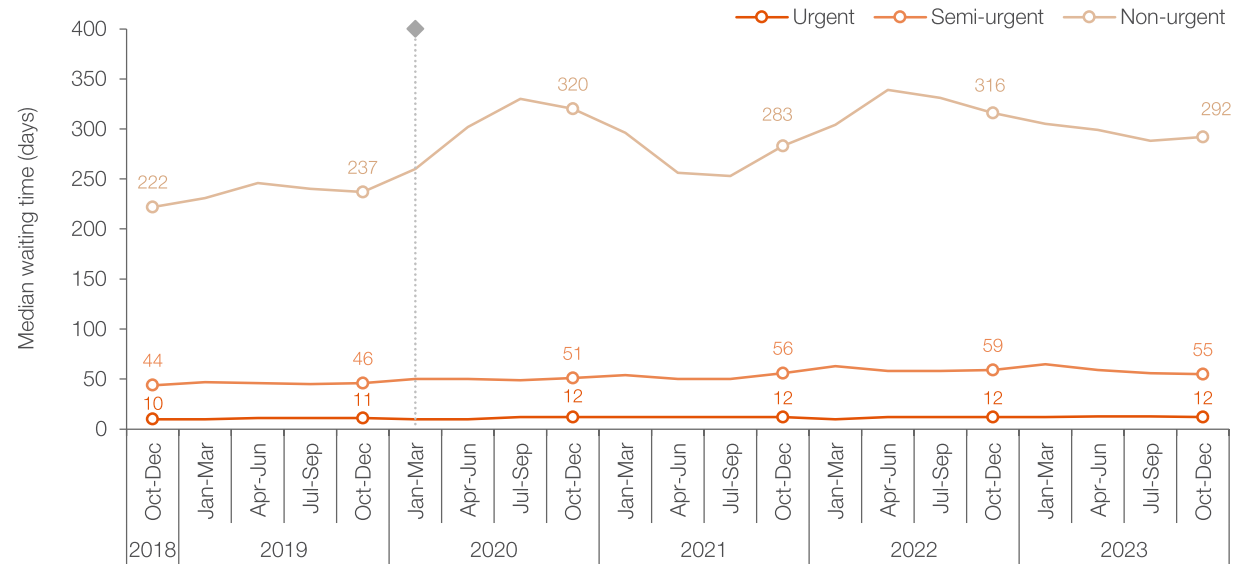
The percentage of elective surgeries performed on time is calculated based on those patients who received surgery during the quarter. This measure may be affected by previous suspensions of semi-urgent and non-urgent surgery.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Behind the key findings

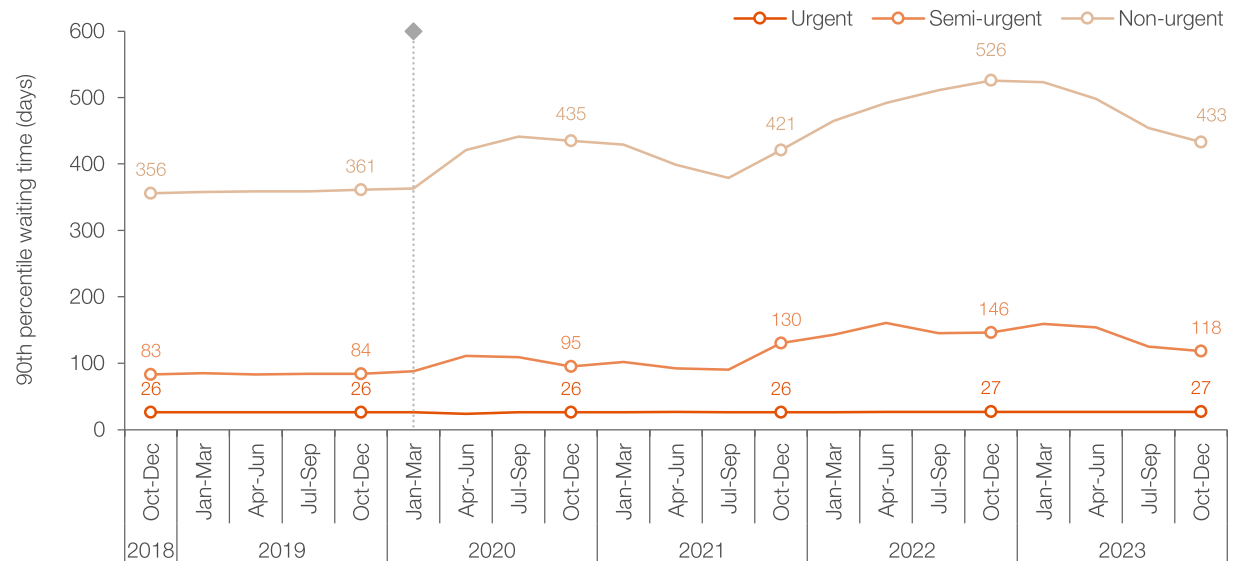
Figure 17
 Median waiting time for elective surgery, by urgency category, NSW
 October 2018 to December 2023



ADDITIONAL INSIGHTS

Figure 18
 90th percentile waiting time for elective surgery, by urgency category, NSW
 October 2018 to December 2023

Waiting times are calculated based on those patients who received surgery during the quarter. These measures may be affected by previous suspensions of semi-urgent and non-urgent surgery.



◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 19
 Patients on the waiting list ready for surgery at the end of December 2023, by urgency category, NSW
 October 2018 to December 2023

Of those patients on the waiting list ready for surgery at the end of December 2023, 69.3% (61,419) were in urban hospitals and 30.7% (27,199) were in rural hospitals.

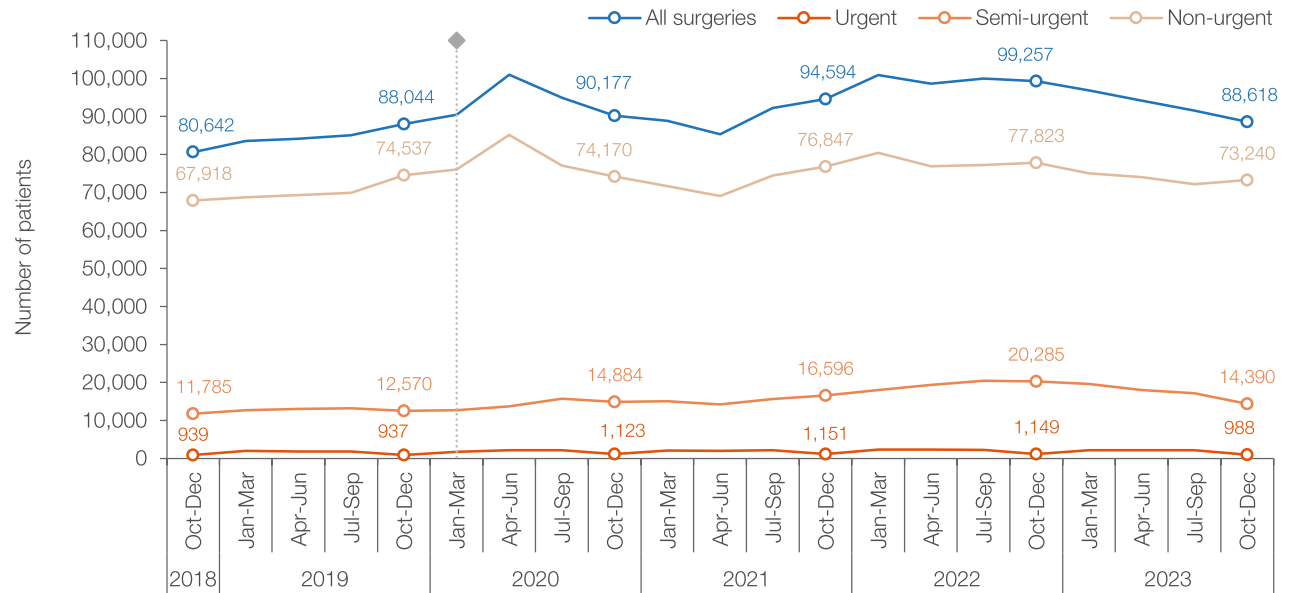
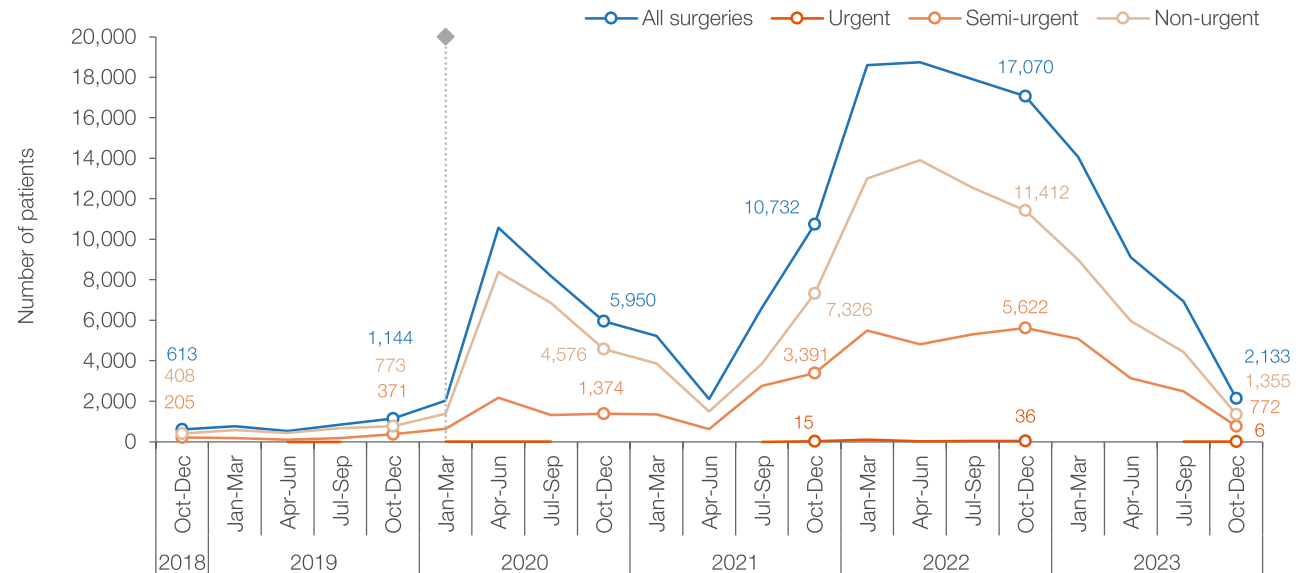


Figure 20
 Patients on the waiting list ready for surgery at the end of December 2023 who had waited longer than clinically recommended, by urgency category, NSW
 October 2018 to December 2023

Of those patients on the waiting list ready for surgery at the end of December 2023 who had waited longer than clinically recommended, 64.0% (1,366) were in urban hospitals and 36.0% (767) were in rural hospitals.



◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Admitted patients

People are admitted to hospital for a wide range of services, including medical and surgical care. Admissions can be acute (for immediate treatment) or non-acute (for rehabilitation, palliative care, geriatric or other reasons). People may also be admitted for mental health-related reasons, which can be acute or non-acute.

Healthcare Quarterly features a range of indicators of admitted patient activity.

Information regarding seclusion and restraint practices in NSW public hospitals can be found in the [Seclusion and Restraint Supplement](#).

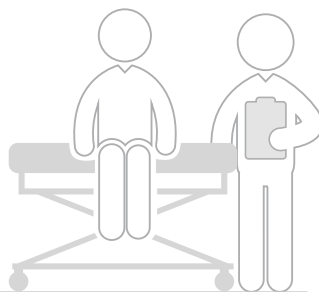
Key findings

October to December 2023

EPISODES OF CARE

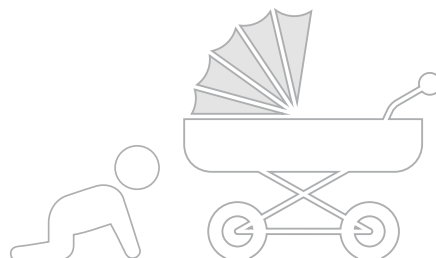
There were 497,870 admitted patient episodes – up 4.6% (21,838) from the same quarter the previous year and up 1.5% (7,142) from pre-pandemic levels.

There were 230,643 acute same day patient episodes – the largest increase (5.9%) in type of care compared to pre-pandemic levels.



BABIES BORN

16,297 babies were born in public hospitals – similar to the same quarter the previous year.



AVERAGE LENGTH OF STAY

The average length stay for all overnight episodes was 6.0 days – down 0.2 days from the same quarter a year earlier. This measure remained above pre-pandemic levels.

The average length of stay for overnight non-acute episodes was 16.7 days – down 0.7 days from the same quarter the previous year but 12.8% higher than pre-pandemic levels.

Refer to the **Special Reporting** section for additional insights into average length of stay for admitted patients.



Behind the key findings

Figure 21
Episodes of care, by care type, NSW
October 2018 to December 2023

Of the 497,870 episodes in October to December 2023, 74.9% (372,901) were in urban hospitals and 25.1% (124,969) in rural hospitals.

Admitted patient episodes of care can be:

- Acute (immediate treatment)
- Non-acute (e.g. rehabilitation, palliative care, geriatric)
- Mental health (acute or non-acute).

Notes: Results are calculated from more than 200 hospitals in each quarter reported in *Healthcare Quarterly*.

Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by ABS. For more information, see the [technical supplement](#).

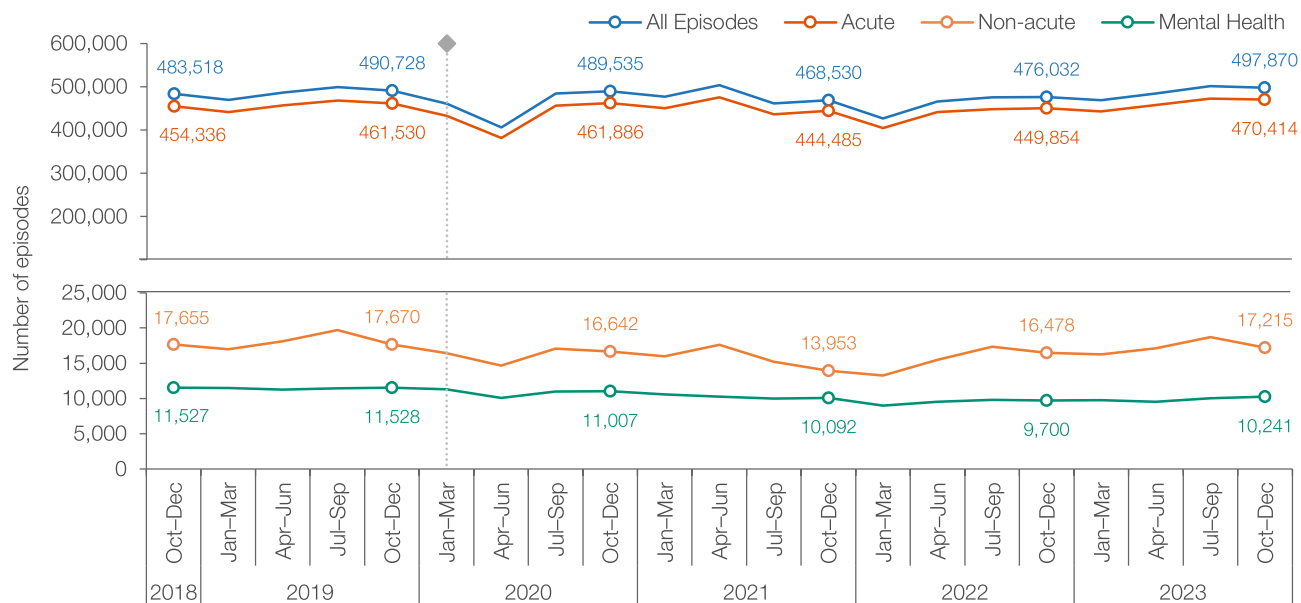


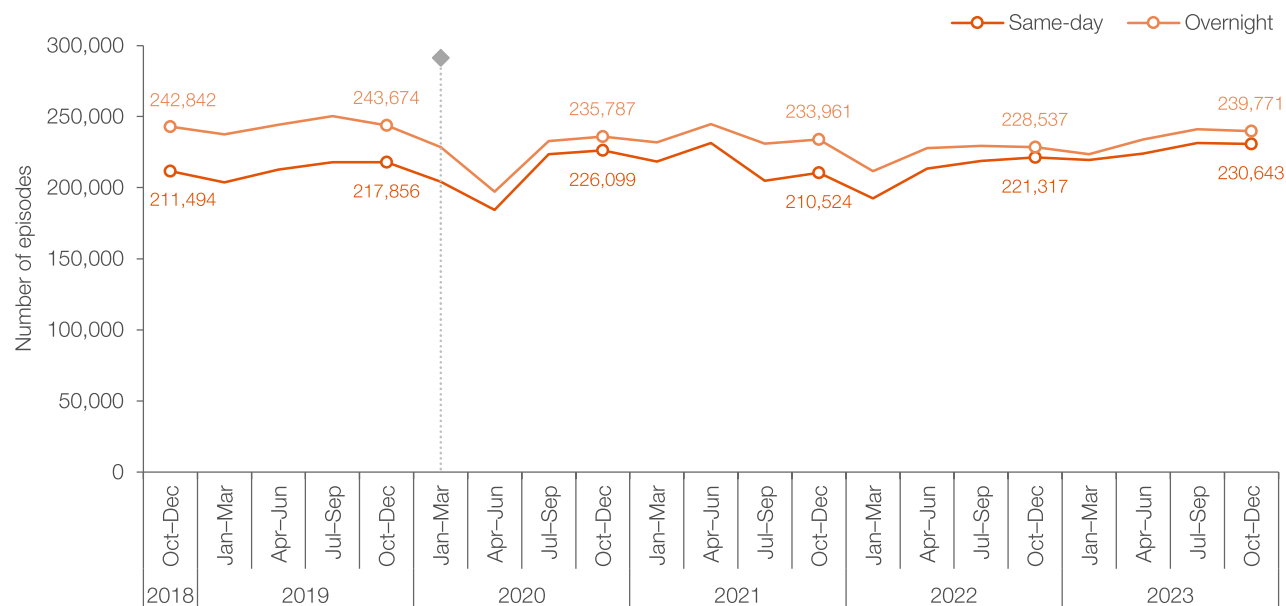
Figure 22
Acute episodes of care, by stay type, NSW
October 2018 to December 2023

Admitted patient episodes of care can be:

- Same-day
- Overnight.

Note: 'Same-day' refers to patients who were admitted and discharged on the same day. 'Overnight' refers to patients who spent at least one night in hospital.

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Behind the key findings

Figure 23
Average length of stay for overnight episodes, by care type, NSW
October 2018 to December 2023

For acute overnight episodes in October to December 2023, the average length of stay was 4.9 days in urban hospitals and 4.3 days in rural hospitals.

Note: Results are calculated from more than 200 hospitals in each quarter reported in *Healthcare Quarterly*.

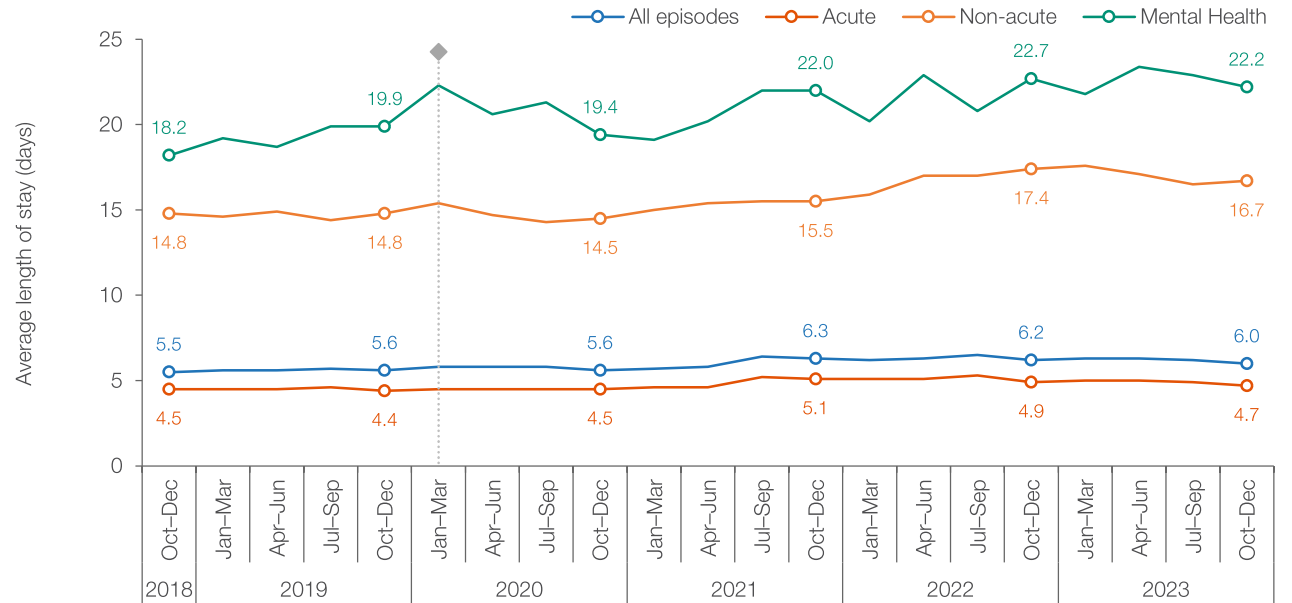
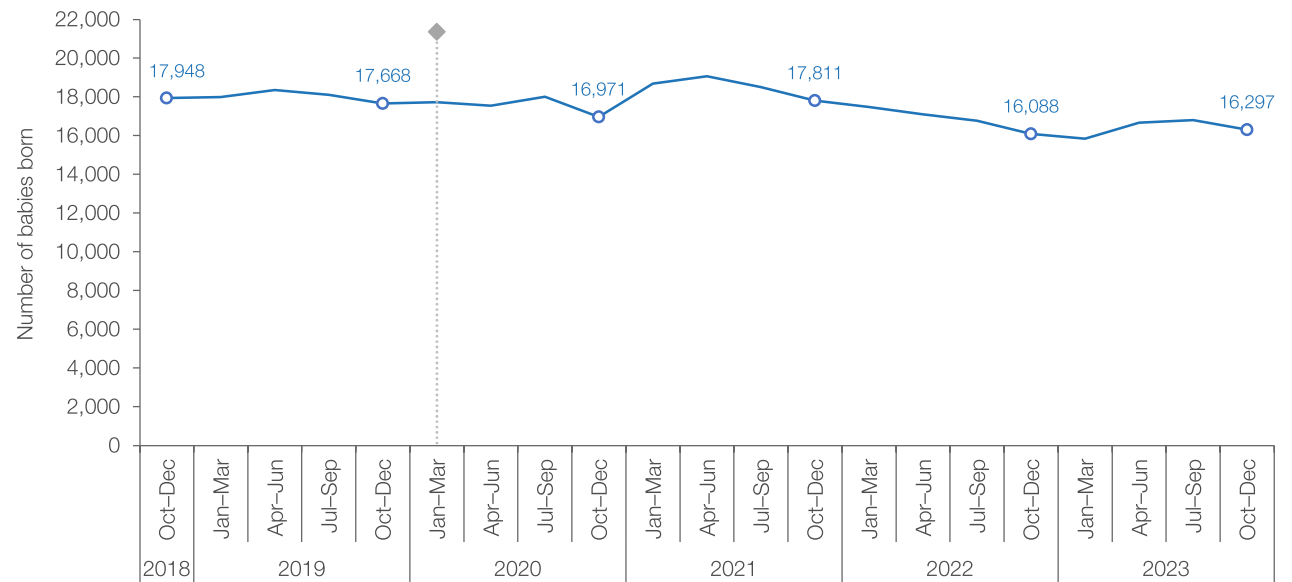


Figure 24
Babies born in public hospitals, NSW
October 2018 to December 2023

◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.





Special Reporting

This issue of *Healthcare Quarterly* includes a Special Reporting section, incorporating additional analyses undertaken to identify potential opportunities for reducing average length of stay for admitted patients and to highlight variation across NSW public hospitals.



Introduction

Average length of stay for overnight episodes is a routine measure incorporated in *Healthcare Quarterly* to provide an understanding of demand and capacity in hospitals. Recent editions of *Healthcare Quarterly* identified that the average length of stay has remained above pre-pandemic levels following a rapid rise in mid-2021.

In a previous issue of *Healthcare Quarterly*, special analyses identified that the increase in length of stay between 2021 and 2022 had principally been driven by two factors – patients discharged to residential aged care and those with a COVID-19 diagnosis during their hospital stay.

This Special Reporting section provides key findings from additional analyses undertaken to highlight variation in average length of stay across public hospitals and identify potential opportunities for reducing length of stay.

Four clinical conditions and surgical procedures have been selected as examples:

- cellulitis (a common bacterial infection of the skin)
- heart failure
- hip replacement
- knee replacement

Cellulitis and heart failure were selected as they account for the largest number of bed days among patients with acute and chronic conditions, and hospitalisations for these conditions are considered potentially preventable. Hip and knee replacements were selected as these are common elective surgical procedures.

The analyses presented in this section focus on patients with minor complexities (patients with less severe conditions) and excludes those who were discharged to residential aged care and those who had a COVID-19 diagnosis during their hospital stay to highlight opportunities unrelated to our previous reporting. The analyses included both same-day and overnight acute admissions.

Trends in admissions and average length of stay for the selected clinical conditions and surgical procedures have been included at the NSW level for 2018–19 to 2022–23.

Additionally, statistical modelling was undertaken to identify hospitals that have significantly higher (red) or lower (green) average length of stay relative to NSW in 2022–23. To enable fairer comparisons, BHI has standardised results to take into account differences in patient characteristics (eg. age, gender, level of home support, whether the admission was planned and comorbidities) at each hospital. The results are therefore more likely reflective of the differences in average length of stay rather than a hospital's patient mix.

For further detail regarding the methodology, refer to the [technical supplement](#).

Key findings

Cellulitis

A common bacterial infection of the skin which is usually treated with antibiotics.

The average length of stay for patients admitted with cellulitis was relatively stable between 2018–19 and 2022–23. Results ranged from 1.4 to 4.0 days across hospitals in 2022–23.

Heart failure

A condition that occurs when the heart is unable to keep up with the demands of, or provide adequate blood flow to, other organs.

The average length of stay for patients admitted with heart failure increased between 2018–19 and 2022–23. Results ranged from 2.9 to 5.5 days across hospitals in 2022–23.

Hip replacement

A surgical procedure involving the removal of a hip that has been damaged, usually by arthritis, and replacing it with an artificial joint.

The average length of stay for patients who had hip replacement increased between 2018–19 and 2022–23. Results ranged from 3.2 to 5.8 days across hospitals in 2022–23.

Knee replacement

A surgical procedure involving the removal of a knee joint that has been damaged, usually due to arthritis, and replacing it with an artificial joint.

The average length of stay for patients who had knee replacement decreased between 2018–19 and 2022–23. Results ranged from 2.0 to 5.4 days across hospitals in 2022–23.

Note: To enable fairer comparison, BHI has standardised results to take into account differences in patient characteristics (eg. age, gender, level of home support, whether the admission was planned, comorbidities) at each hospital. For more information, see the [technical supplement](#).

Figure 25
 Number of same-day and overnight acute admissions, by condition and procedure, NSW
 2018–19 to 2022–23

The number of admissions varied across the four selected clinical conditions and surgical procedures and provides important context for Figures 26–30.

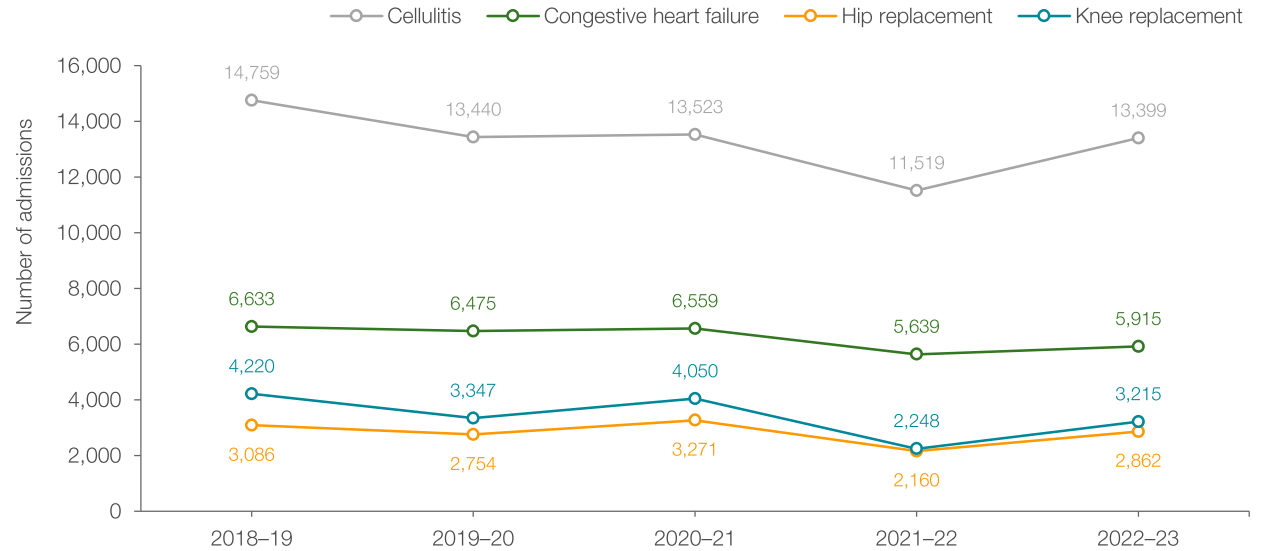
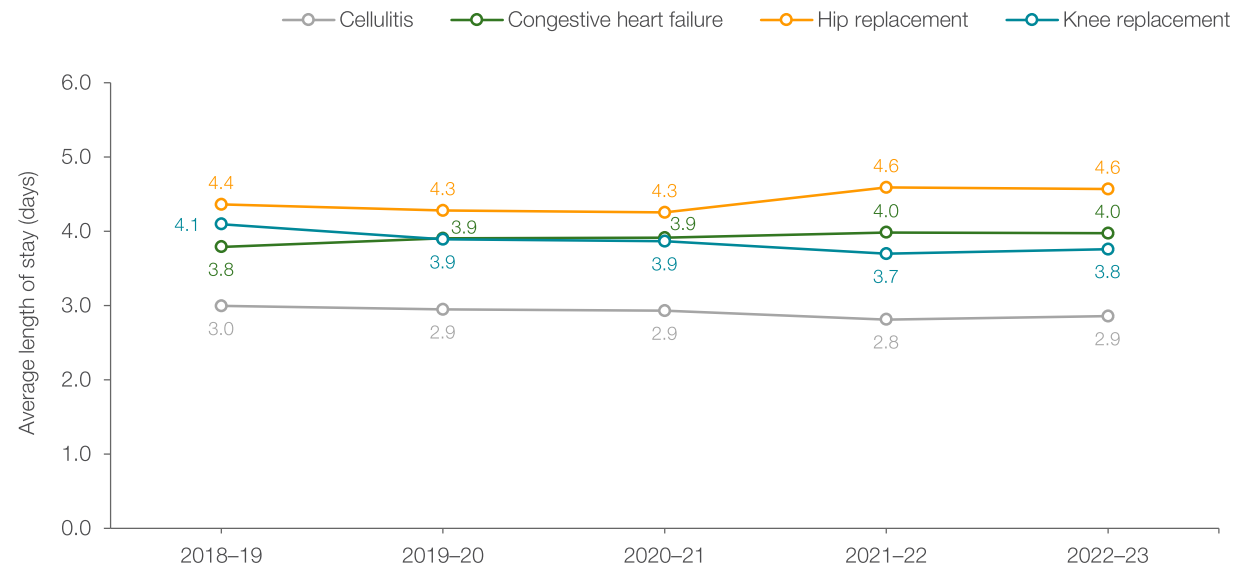


Figure 26
 Average length of stay, by condition and procedure, NSW
 2018–19 to 2022–23

The average length of stay varies across the selected clinical conditions and surgical procedures and should be interpreted alongside the number of admissions presented in Figure 25.

A small decrease or increase in the average length of stay has a greater impact if the volume of admissions is higher.



Interpreting figures 27–30

To enable fairer comparison, BHI has standardised results to take into account differences in patient characteristics (eg. age, gender, level of home support, whether the admission was planned, comorbidities) at each hospital. For more information, see the [technical supplement](#).

Each dot in the graph represents an individual hospital's result

Those with results significantly different from NSW are listed in order from lowest to highest

Hospital 1, Hospital 2, Hospital 3

Hospital 4, Hospital 5

Figure 27

Cellulitis with minor complexities, variation in standardised average length of stay for same-day and overnight acute admissions, by hospital, NSW 2022–23

In 2022–23, there were 13,399 acute admissions for cellulitis in NSW. After accounting for differences in patient characteristics, on average, people admitted for cellulitis spent 2.5 days in hospital.

The standardised average length of stay across public hospitals ranged from 1.4 to 4.0 days.

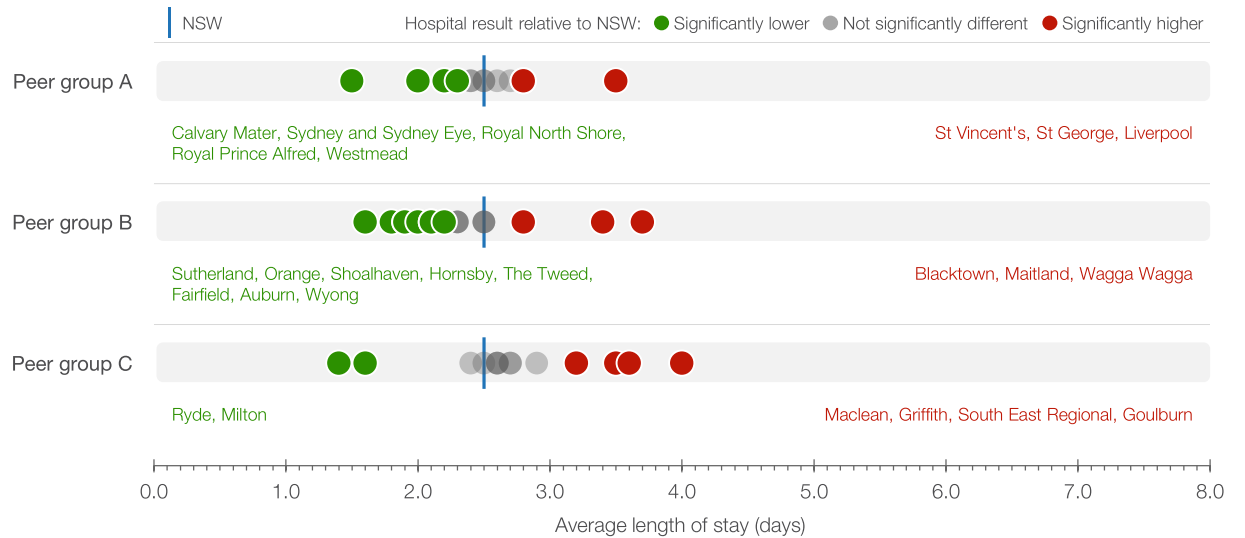


Figure 28

Heart failure with minor complexities, variation in standardised average length of stay for same-day and overnight acute admissions, by hospital, NSW 2022–23

In 2022–23, there were 5,915 acute admissions for heart failure in NSW. After accounting for the differences in patient characteristics, on average, people admitted for heart failure spent 3.9 days in hospital.

The standardised average length of stay across public hospitals ranged from 2.9 to 5.5 days.

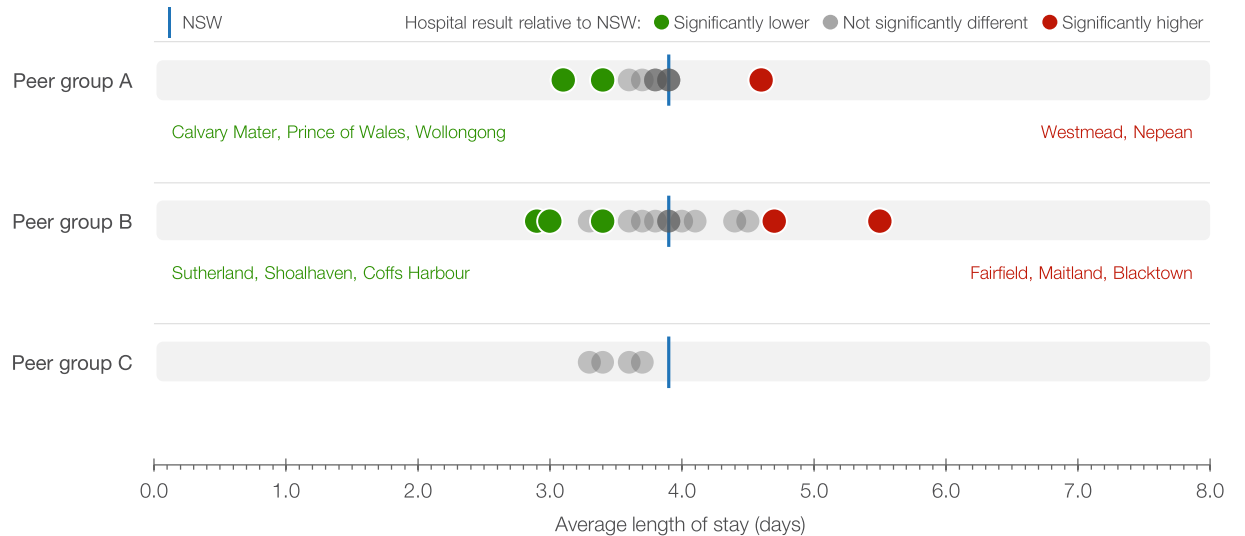


Figure 29

Hip replacement, variation in standardised average length of stay for same day and overnight acute admissions, by hospital, NSW 2022–23

In 2022–23, there were 2,862 acute admissions for planned and unplanned hip replacement in NSW. After accounting for the differences in patient characteristics, on average, people admitted for hip replacement spent 4.5 days in hospital in NSW.

The standardised average length of stay across public hospitals ranged from 3.2 to 5.8 days.

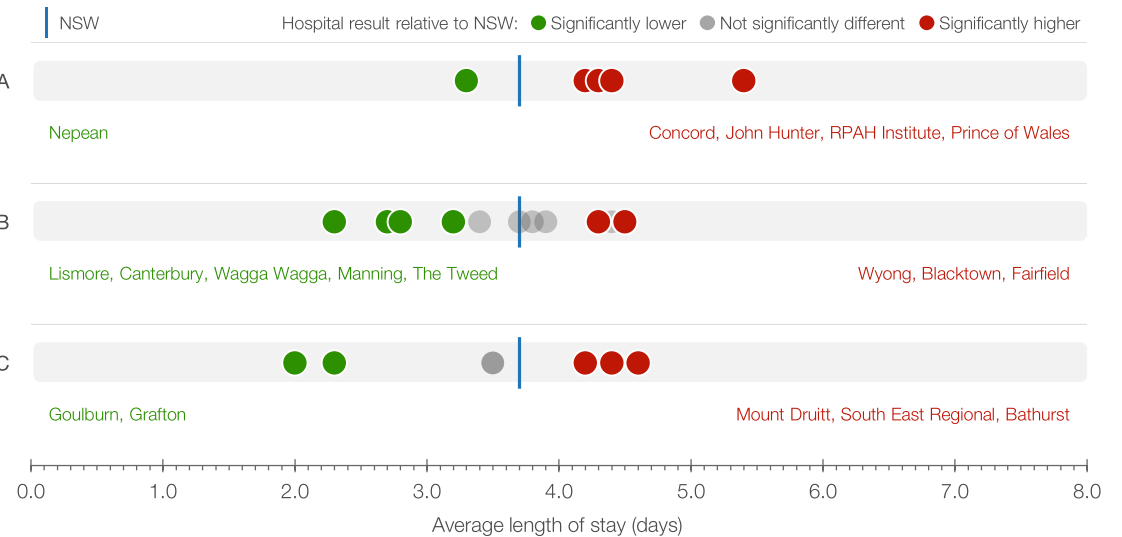


Figure 30

Knee replacement, variation in standardised average length of stay for same day and overnight acute admissions, by hospital, NSW 2022–23

In 2022–23, there were 3,215 acute admissions for planned and unplanned knee replacement. After accounting for the differences in patient characteristics, on average, people admitted for knee replacement spent 3.7 days in hospital.

The standardised average length of stay across public hospitals ranged from 2.0 to 5.4 days.





Activity and performance tables

Features a range of selected measures of activity and performance for this quarter for ambulance, emergency department, admitted patients and elective surgery.

Comparisons are provided with the same quarter a year earlier, and four years earlier to allow stable comparisons with pre-pandemic levels.

Activity

		Oct-Dec 2023	Oct-Dec 2022	COMPARING 2023 WITH 2022		Oct-Dec 2019	COMPARING 2023 WITH 2019	
				Difference	% change		Difference	% change
Responses		379,705	346,748	32,957	9.5%	317,390	62,315	19.6%
By priority	P1: Emergency	184,942	179,174	5,768	3.2%	143,844	41,098	28.6%
	P1A: Highest priority	14,741	10,937	3,804	34.8%	6,717	8,024	119.5%
	P2: Urgent	171,817	146,003	25,814	17.7%	149,617	22,200	14.8%
	P3: Time critical	15,354	14,133	1,221	8.6%	14,898	456	3.1%
	P4-9: Non-emergency	7,592	7,438	154	2.1%	9,031	-1,439	-15.9%
Incidents		284,027	269,962	14,065	5.2%	249,255	34,772	14.0%

Performance

			Oct-Dec 2023	Oct-Dec 2022	COMPARING 2023 WITH 2022		Oct-Dec 2019	COMPARING 2023 WITH 2019	
					Difference	Difference			
Call to ambulance arrival time									
By priority	P1 cases	% within 15 minutes	48.2%	40.7%	7.5 percentage points	57.4%	-9.2 percentage points		
		% within 30 minutes	88.1%	83.6%	4.5 percentage points	92.3%	-4.2 percentage points		
	P2 cases	% within 30 minutes	53.9%	51.5%	2.4 percentage points	64.4%	-10.5 percentage points		
		% within 60 minutes	82.0%	79.9%	2.1 percentage points	88.7%	-6.7 percentage points		
Response time									
By priority	P1 cases	Median	13.2 minutes	14.5 minutes	-1.3 minutes	11.7 minutes	1.5 minutes		
		P1A cases	% within 10 minutes	64.7%	63.8%	0.9 percentage points	69.6%	-4.9 percentage points	
		Median	8.2 minutes	8.4 minutes	-0.2 minutes	7.6 minutes	0.6 minutes		
	P2 cases	Median	24.9 minutes	26.1 minutes	-1.2 minutes	21.1 minutes	3.8 minutes		

Emergency department

Activity	Oct-Dec 2023	Oct-Dec 2022	COMPARING 2023 WITH 2022		Oct-Dec 2019	COMPARING 2023 WITH 2019	
			Difference	% change		Difference	% change
Arrivals by ambulance	192,112	183,207	8,905	4.9%	178,465	13,647	7.6%
Attendances	798,813	790,205	8,608	1.1%	776,544	22,269	2.9%
Emergency presentations	781,261	773,220	8,041	1.0%	751,849	29,412	3.9%
By triage category							
T1: Resuscitation	6,649	6,172	477	7.7%	5,462	1,187	21.7%
T2: Emergency	119,389	113,420	5,969	5.3%	98,842	20,547	20.8%
T3: Urgent	294,211	282,483	11,728	4.2%	269,549	24,662	9.1%
T4: Semi-urgent	294,029	304,198	-10,169	-3.3%	308,485	-14,456	-4.7%
T5: Non-urgent	66,983	66,947	36	0.1%	69,511	-2,528	-3.6%
Admissions to hospital from ED	195,269	183,934	11,335	6.2%	197,794	-2,525	-1.3%

Performance	Oct-Dec 2023	Oct-Dec 2022	COMPARING 2023 WITH 2022		Oct-Dec 2019	COMPARING 2023 WITH 2019	
			Difference			Difference	
Percentage of patients transferred from ambulance to ED within 30 minutes	79.9%	78.0%	1.9 percentage points		87.9%	-8.0 percentage points	
Time to start treatment							
All patients	% starting treatment on time	68.3%	66.4%	1.9 percentage points	72.6%	-4.3 percentage points	
By triage category							
T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	55.6%	54.8%	0.8 percentage points	63.0%	-7.4 percentage points	
	Median	10 mins	10 mins	unchanged	9 mins	1 min	
	90th percentile	33 mins	35 mins	-2 mins	26 mins	7 mins	
T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	63.8%	61.8%	2 percentage points	67.6%	-3.8 percentage points	
	Median	23 mins	24 mins	-1 min	21 mins	2 mins	
	90th percentile	1 hour 31 mins	1 hour 38 mins	-7 mins	1 hour 14 mins	17 mins	
T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	73.7%	71.0%	2.7 percentage points	76.2%	-2.5 percentage points	
	Median	27 mins	30 mins	-3 mins	27 mins	unchanged	
	90th percentile	2 hours 4 mins	2 hours 16 mins	-12 mins	1 hour 48 mins	16 mins	
T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	89.7%	88.6%	1.1 percentage points	92.3%	-2.6 percentage points	
	Median	24 mins	24 mins	unchanged	24 mins	unchanged	
	90th percentile	2 hours 2 mins	2 hours 9 mins	-7 mins	1 hour 48 mins	14 mins	
Time from arrival to leaving							
% leaving within four hours		58.1%	58.4%	-0.3 percentage points	69.8%	-11.7 percentage points	
For patients admitted to hospital		25.4%	24.7%	0.7 percentage points	39.5%	-14.1 percentage points	
Median		3 hours 29 mins	3 hours 29 mins	unchanged	2 hours 55 mins	34 mins	
90th percentile		10 hours 30 mins	10 hours 15 mins	15 mins	7 hours 40 mins	2 hours 50 mins	



Elective surgery

Activity

			COMPARING 2023 WITH 2022		COMPARING 2023 WITH 2019				
			Oct-Dec 2023	Oct-Dec 2022	Difference	% change	Oct-Dec 2019	Difference	% change
Elective surgeries performed			59,422	54,323	5,099	9.4%	57,744	1,678	2.9%
By urgency	Urgent		13,320	13,527	-207	-1.5%	13,190	130	1.0%
	Semi-urgent		21,984	19,513	2,471	12.7%	18,444	3,540	19.2%
	Non-urgent		21,913	19,464	2,449	12.6%	23,318	-1,405	-6.0%
	Staged*		2,205	1,819	386	21.2%	2,792	-587	-21.0%

Performance

			COMPARING 2023 WITH 2022		COMPARING 2023 WITH 2019				
			Oct-Dec 2023	Oct-Dec 2022	Difference	% change	Oct-Dec 2019	Difference	% change
Waiting time	All patients	% on time	83.6%	76.6%	7.0 percentage points		95.7%	-12.1 percentage points	
By urgency	Urgent	% on time (Recommended: within 30 days)	99.5%	99.0%	0.5 percentage points		99.9%	-0.4 percentage points	
		Median	12 days	12 days	0 days		11 days	1 days	
		90th percentile	27 days	27 days	0 days		26 days	1 days	
	Semi-urgent	% on time (Recommended: within 90 days)	79.8%	73.4%	6.4 percentage points		96.0%	-16.2 percentage points	
		Median	55 days	59 days	-4 days		46 days	9 days	
		90th percentile	118 days	146 days	-28 days		84 days	34 days	
Non-urgent	% on time (Recommended: within 365 days)	77.7%	64.1%	13.6 percentage points		93.1%	-15.4 percentage points		
	Median	292 days	316 days	-24 days		237 days	55 days		
	90th percentile	433 days	526 days	-93 days		361 days	72 days		
Patients on waiting list ready for elective surgery at end of quarter			88,618	99,257	-10,639	-10.7%	88,044	574	0.7%
By urgency	Urgent		988	1,149	-161	-14.0%	937	51	5.4%
	Semi-urgent		14,390	20,285	-5,895	-29.1%	12,570	1,820	14.5%
	Non-urgent		73,240	77,823	-4,583	-5.9%	74,537	-1,297	-1.7%
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			2,133	17,070	-14,937	-87.5%	1,144	989	86.5%

* Staged surgery refers to surgery that, for medical reasons, cannot take place before a certain amount of time has elapsed (includes all non-urgent cystoscopy patients).



Admitted patients

Activity		Oct-Dec 2023	Oct-Dec 2022	COMPARING 2023 WITH 2022		Oct-Dec 2019	COMPARING 2023 WITH 2019	
				Difference	% change		Difference	% change
Episodes of care		497,870	476,032	21,838	4.6%	490,728	7,142	1.5%
By care type	Acute	470,414	449,854	20,560	4.6%	461,530	8,884	1.9%
	Overnight	239,771	228,537	11,234	4.9%	243,674	-3,903	-1.6%
	Same-day	230,643	221,317	9,326	4.2%	217,856	12,787	5.9%
	Non-acute	17,215	16,478	737	4.5%	17,670	-455	-2.6%
	Mental health	10,241	9,700	541	5.6%	11,528	-1,287	-11.2%
Average length of stay for overnight episodes (days)		6.0	6.2	-0.2	-3.2%	5.6	0.4	7.1%
By care type	Acute	4.7	4.9	-0.2	-4.1%	4.4	0.3	6.8%
	Non-acute	16.7	17.4	-0.7	-4.0%	14.8	1.9	12.8%
	Mental health	22.2	22.7	-0.5	-2.2%	19.9	2.3	11.6%
Bed days		1,815,102	1,791,528	23,574	1.3%	1,719,633	95,469	5.6%
By care type	Acute	1,365,319	1,345,552	19,767	1.5%	1,299,280	66,039	5.1%
	Non-acute	244,162	242,953	1,209	0.5%	221,887	22,275	10.0%
	Mental health	205,621	203,023	2,598	1.3%	198,466	7,155	3.6%
Babies born		16,297	16,088	209	1.3%	17,668	-1,371	-7.8%

Explanation of key terms

Ambulance

Calls

Calls received at the ambulance control centre, requesting an ambulance vehicle.

Call to ambulance arrival time

The time from when a call is first answered in the ambulance control centre to the time the first ambulance arrives at the scene of an incident.

Incident

A call to the ambulance control centre that results in the dispatch of one or more ambulance vehicles.

Response

The dispatch of an ambulance vehicle to an incident. There may be multiple responses to a single incident. Responses include vehicles cancelled prior to arrival at the incident scene.

Response time

The time from when a call for an ambulance is placed 'in queue' for vehicle dispatch by the ambulance control centre, to the time the first vehicle arrives at the scene.

Emergency department (ED)

ED attendances

The count of every patient visit to the ED during the defined period.

Emergency presentations

The vast majority of ED attendances are classified as 'emergency presentations', where the intent of the visit to the ED is to receive emergency care. The remaining attendances include non-emergency visits such as planned returns, pre-arranged admissions, some outpatient visits and private referrals.

Time from arrival to leaving ED

The time from a patient's arrival at the ED until their departure from the ED.

Time to start treatment

The time from a patient's arrival at the ED until the start of their clinical treatment in the ED.

Time to transfer care

For patients transported to the ED by ambulance, the time from their arrival at the ED to when responsibility for their care is transferred from paramedics to ED staff in an ED treatment zone.

Admitted patients

Average length of stay

The mean of total bed days for all completed episodes of care. That is, the total number of days in hospital for all episodes of care divided by the total number of episodes of care.

Bed days

For an overnight admitted patient episode, the difference, in days, between the episode start date and the episode end date, minus any leave days during the episode. Same-day episodes count as one bed day.

Episode of care

When a person is admitted to hospital, they begin what is termed an admitted patient episode or 'episode of care'. Patients may have more than one type of care during the same hospital stay, each of which is regarded as a separate episode of care.

Elective surgery

Waiting list

The elective surgery waiting list is dynamic, driven by the number of patients added to the list and the number of patients who receive their surgery or otherwise leave the list. Information about the number of patients waiting for surgery is a snapshot of the list on a single day.

Waiting time

The number of days from a patient's placement on the elective surgery waiting list until they undergo surgery.



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