

Elective Surgery

Hospital Quarterly:

Performance of
NSW public hospitals

January to March 2014

Elective surgery, often called planned surgery, is surgery that a doctor considers necessary but can be delayed by at least 24 hours. Common examples of elective surgery include hip replacements, cataract extraction and ligament repairs. There are three categories of elective surgery: non-urgent, semi-urgent and urgent (see page 2 for a description of these categories).

There were 49,486 elective surgical procedures performed in January to March 2014, three per cent more than the number conducted in the same quarter one year ago.

Compared with the same quarter last year, the volume of non-urgent surgery increased by five per cent, semi-urgent increased by three per cent and urgent increased by one per cent.

Most patients (97%) received their surgery on time in NSW. This is unchanged from the previous quarter (October–December 2013), but an improvement of two percentage points from the same quarter last year. The percentage point increases in patients receiving surgery by category is shown in the table below.

This edition again includes analyses of the differences between NSW hospitals in terms of important factors that can influence a patient's time spent on the waiting list in each category.

Information at the hospital, LHD and peer group level from this issue of Hospital Quarterly will also be available for viewing and downloading on the Bureau's new online interactive tool Healthcare Observer. Visit www.bhi.nsw.gov.au/healthcareobserver

During the quarter	Jan–Mar 2013	Jan–Mar 2014	The difference
Elective surgical procedures performed	48,009 procedures	49,486 procedures	1,477 procedures (+3%)
Elective surgery patients treated on time	95%	97%	+2 percentage points
Urgent elective surgery patients treated on time	99%	100%	+1 percentage points
Semi-urgent elective surgery patients treated on time	94%	97%	+3 percentage points
Non-urgent elective surgery patients treated on time	94%	96%	+2 percentage points

Our approach to elective surgery reporting

If a person and their surgeon agree surgery is required but can be delayed by at least 24 hours, the surgeon will recommend the patient is placed on the waiting list for the procedure and assigns them to one of three urgency categories. Each category has its own target, which specifies the desired maximum time (in days) the patient should wait for their procedure. These are outlined in the box below.

Urgency categories: Elective surgery guidelines	
Category 1 Urgent (eg, heart valve replacement, amputation of limb)	Admission within 30 days desirable for a condition that has the potential to deteriorate quickly and become an emergency
Category 2 Semi-urgent (eg, colposcopy, amputation of digit)	Admission within 90 days desirable for a condition not likely to deteriorate quickly
Category 3 Non-urgent (eg, septoplasty)	Admission within 365 days acceptable for a condition not likely to deteriorate quickly

Explaining staged surgery

There are times when surgery is deemed necessary but should not, or cannot, take place until a period of time has passed. This time is determined by a clinician and is necessary for the surgery to be effective. This is called staged surgery and is an essential concept in managing elective surgery. It allows surgeons to place patients on the waiting list but prevents them from being admitted to hospital before it is clinically appropriate. Surgeons use clinical judgement to decide whether a procedure should be categorised as staged or not. One example of a staged procedure is waiting for

a broken bone to heal before removing pins or plates. The Bureau excludes staged and non-urgent cystoscopy procedures from performance measures.

Reporting waiting times

To provide a comprehensive picture of the variation in times that patients waited for surgery, the Bureau reports the 90th percentile time and the median wait time by urgency category. The median waiting time for patients who received surgery is also presented by the specialty of the surgeon and by common procedures.

The Bureau also reports on patients who are currently on the waiting list to have their surgery. For these patients, the Bureau reports by urgency category, specialty of the surgeon and most common procedures. The number of patients who have been waiting for more than 12 months is reported for each hospital and by the specialty of the surgeon for NSW.

The Bureau is committed to providing clarity on surgical waiting times in NSW. Further detail on our methods can be found in the Bureau's *Hospital Quarterly Technical Supplement: Elective surgery measures, January to March 2013* available on the Bureau's website at www.bhi.nsw.gov.au

See the **Appendices** section of this report (pages 22 to 23) for more detailed performance information about each public hospital providing elective surgery in NSW. This includes Hawkesbury Private Hospital, which is contracted to supply surgery for public patients.

In this Report

The Bureau of Health Information's *Hospital Quarterly* provides a detailed assessment of waiting times to receive elective surgery and achievement of the target of all patients receiving their elective surgery within the recommended timeframe.

As in the previous issue of *Hospital Quarterly*, the Bureau presents analyses of the differences between NSW hospitals by considering important factors that can influence a patient's time spent on the waiting list for urgent, semi-urgent and non-urgent surgery.

These analyses are for patients who received their surgery in the January to March 2014 quarter.

Factors considered in this section are:

- the urgency of the surgery received (i.e. urgent, semi-urgent, non-urgent)
- the number of elective surgery procedures performed in each hospital
- the peer group of the hospital

Hospitals are grouped by hospital type or 'peer groups'. A definition of each peer group is listed below.

Peer groups

NSW hospitals vary in size and the types and complexity of clinical services that they provide. To enable valid comparisons to be made between hospitals, it is important to compare similar or like hospitals together. To do this, the Bureau uses a NSW Health classification system called '*peer group*'. The hospital peer groups included in this report are described in the table below:

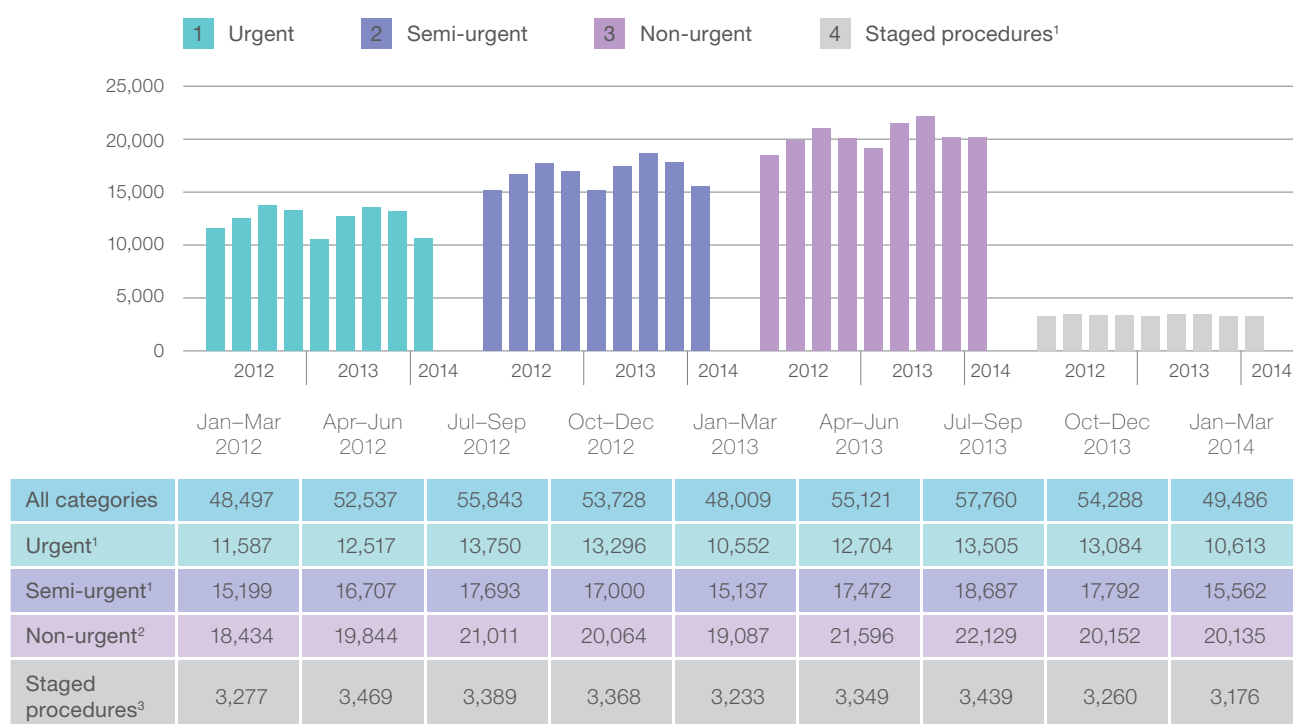
Group	Name	Description
A1	Principal referral	Very large hospitals providing a broad range of services, including specialised units at a state or national level.
A2	Paediatric specialist	Specialist hospitals for children and young people.
A3	Ungrouped acute – tertiary referral	Major specialist hospitals that are not similar enough to any other peer group to be classified with them.
B	Major	Large metropolitan and non-metropolitan hospitals.
C1	District group 1	Medium sized hospitals treating between 5,000–10,000 patients each year.
C2	District group 2	Smaller hospitals, typically in rural locations.

Number of elective surgery procedures performed

During January to March 2014, the Waiting List Collection On-line System (WLCOS) recorded that 49,486 patients were admitted from the waiting list to receive an elective surgery procedure in NSW public hospitals or facilities contracted by

NSW hospitals. This is 9% lower than the number conducted in the previous quarter and 3% higher than the 48,009 surgical procedures completed in the same quarter last year (Figure 1).

Figure 1: Total number of elective surgery procedures conducted, by urgency category, January 2012 to March 2014



1. Including non-urgent cystoscopy.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to March 2014 extracted on 22 April 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

Small number suppression

Some hospitals conduct very few surgical procedures. Publishing these small numbers could lead to some cases being recognised and can also affect the accuracy of the data. The Bureau suppresses information based on very few patients. If there are fewer than five patients in any group, patient numbers are displayed as <5. For measures reported by urgency category, counts have been pooled with another urgency group. Because the staged procedure category is excluded from performance measure calculations, low counts in this group are not suppressed (Appendix table 1a, 2a). If there are fewer than 10 patients in any group, on time performance and median waiting times are suppressed (Appendix tables 1b,1c and 2b,2c). If there are fewer than 100 patients in any group, the 90th percentile is suppressed (Appendix table 1c and 2c).

Composition of surgery

Urgent surgery: There were 10,613 procedures completed, up 1% compared with one year ago. Urgent procedures made up 21% of all completed elective surgery.

Semi-urgent surgery: There were 15,562 procedures completed, up 3% compared with one year ago. Semi-urgent procedures made up 31% of all completed elective surgery.

Non-urgent surgery: There were 20,135 procedures completed, up 5% compared with one year ago. Non-urgent procedures made up 41% of all completed elective surgery.

Staged surgery: There were 3,176 procedures, down 2% compared with one year ago. Staged procedures made up 6% of all completed elective surgery.

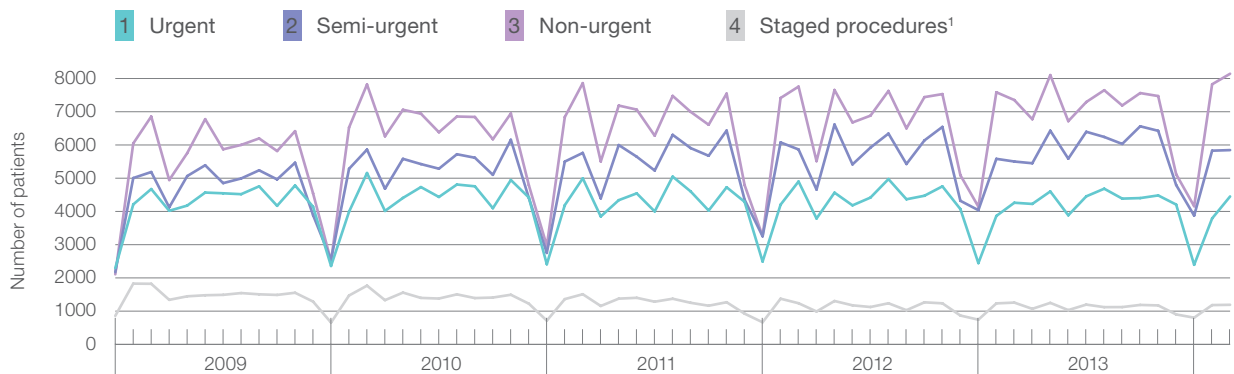
Change over five years

The composition of surgical procedures completed by urgency category has changed over the past five years (Figure 2), with this change mainly driven by the number of semi-urgent and non-urgent surgeries.

During the past five years there has been an overall increase in the number of procedures performed. Proportionally, there has been a downward trend in procedures in the urgent category and an upward trend in the semi and non-urgent categories.

The proportion of non-urgent surgery has increased over the past five years. This reflects both the increase in non-urgent surgery and the decrease in urgent surgery.

Figure 2: Patients who received elective surgery, by urgency category, by month, January 2009 to March 2014



1. Including non-urgent cystoscopy.

Source: NSW Health, *Waiting List Collection On-line System*. Data for January to March 2014 extracted on 22 April 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

Patients admitted on time for elective surgery

Of all patients who were admitted to a public hospital for elective surgery, 97% were admitted within the timeframe recommended by their surgeon (Figure 3). This remains unchanged from the preceding quarter and up two percentage points from the same quarter in 2013 (95%).

Figure 3 presents the percentage of patients in each urgency category who received their surgery on time for the most recent nine quarters.

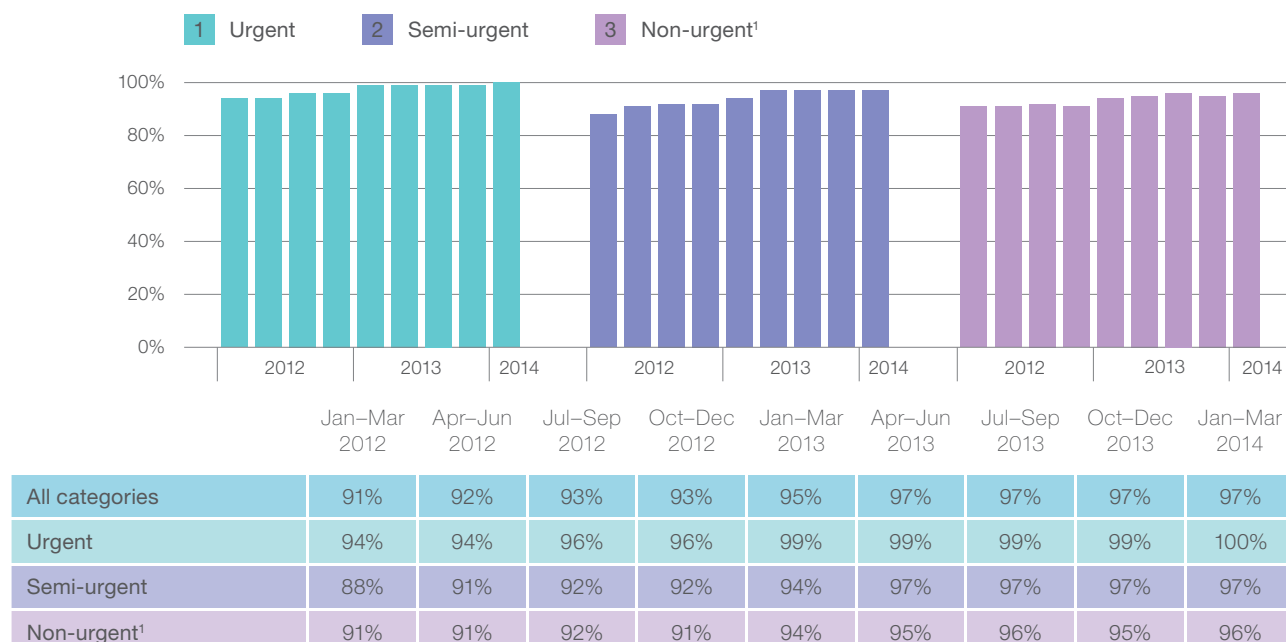
Urgent surgery: 100% of patients were admitted within the recommended 30 days, up one percentage point from last quarter and the same quarter in 2013.

Semi-urgent surgery: 97% of patients were admitted within 90 days, unchanged from last quarter and up three percentage points compared with the same quarter in 2013.

Non-urgent surgery: 96% of patients were admitted within 365 days, an increase of one percentage point from last quarter and an increase of two percentage points compared with the same quarter in 2013.

There has been a noticeable increase in the proportion of surgeries completed on time across all urgency categories over the past two years.

Figure 3: Percentage of elective surgery patients treated within recommended waiting time, by urgency category, January 2012 to March 2014



1. Excluding non-urgent cystoscopy.

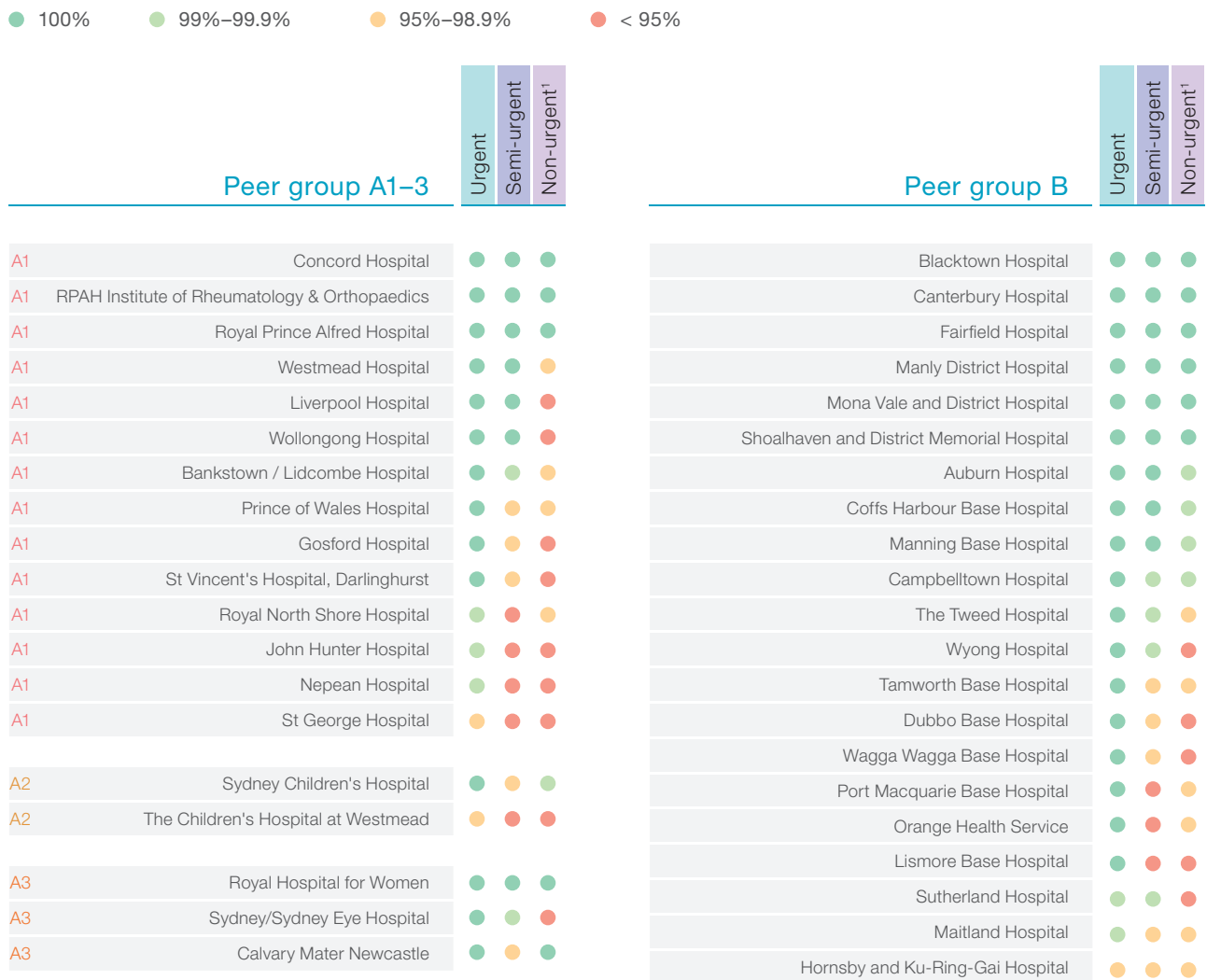
Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to March 2014 extracted on 22 April 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

Some hospitals are achieving the recommended time across all urgency categories

The rows in Figure 4 present the proportion of patients receiving their elective surgery within the recommended time frame for specific hospitals and are sorted by peer group. They highlight differences in the per cent of elective surgery that is completed on time and show some hospitals achieve 100% of surgeries on time across all categories and others complete less than 95% of surgeries on time in one or more categories.

10 hospitals from peer group C2 are treating all of their patients within the recommended waiting times across all urgency categories.

Figure 4: Percentage of elective surgery patients treated within recommended waiting time, by urgency category and peer group January to March 2014

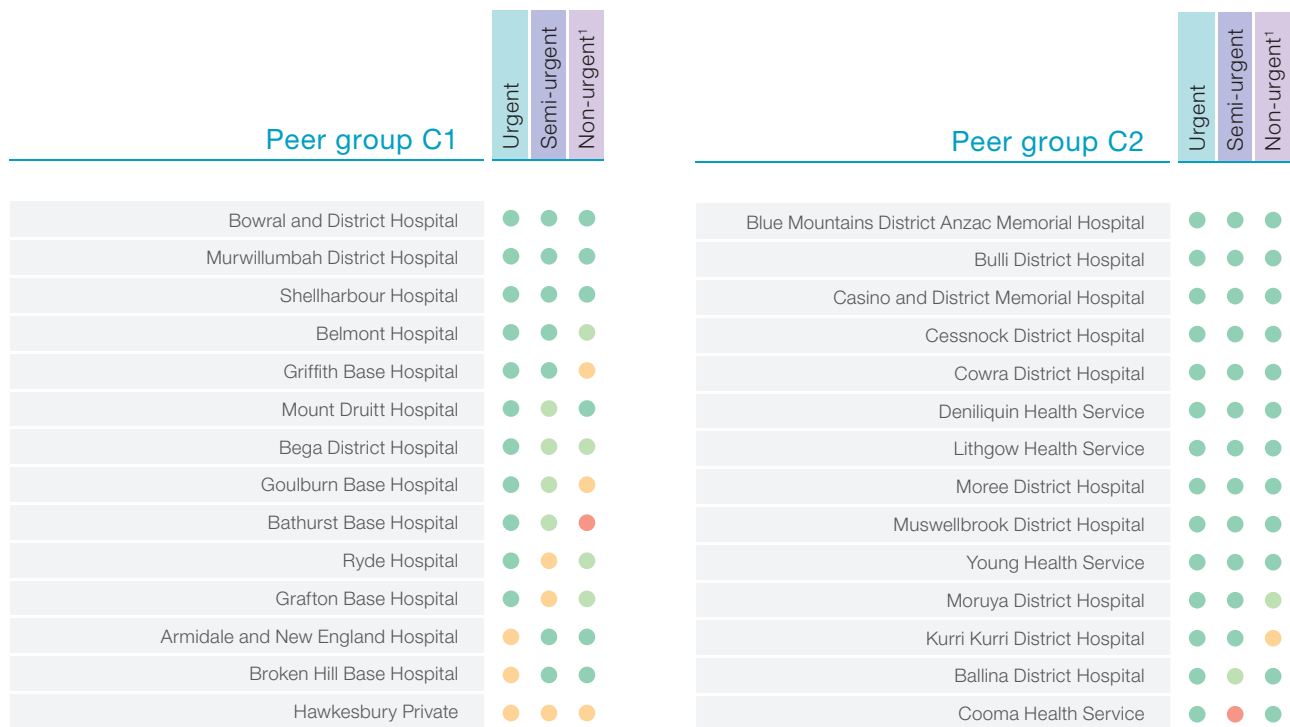


1. Excluding non-urgent cystoscopy.

Source: NSW Health, *Waiting List Collection On-line System*. Data for January to March 2014 extracted on 22 April 2014.

Figure 4: Percentage of elective surgery patients treated within recommended waiting time, by urgency category and peer group January to March 2014.

● 100% ● 99%–99.9% ● 95%–98.9% ● < 95%



1. Excluding non-urgent cystoscopy.

Source: NSW Health, *Waiting List Collection On-line System*. Data for January to March 2014 extracted on 22 April 2014.

Median waiting times for elective surgery

Median wait time is the number of days by which exactly half the number of patients received surgery. Figure 5 shows median wait times in the each urgency category

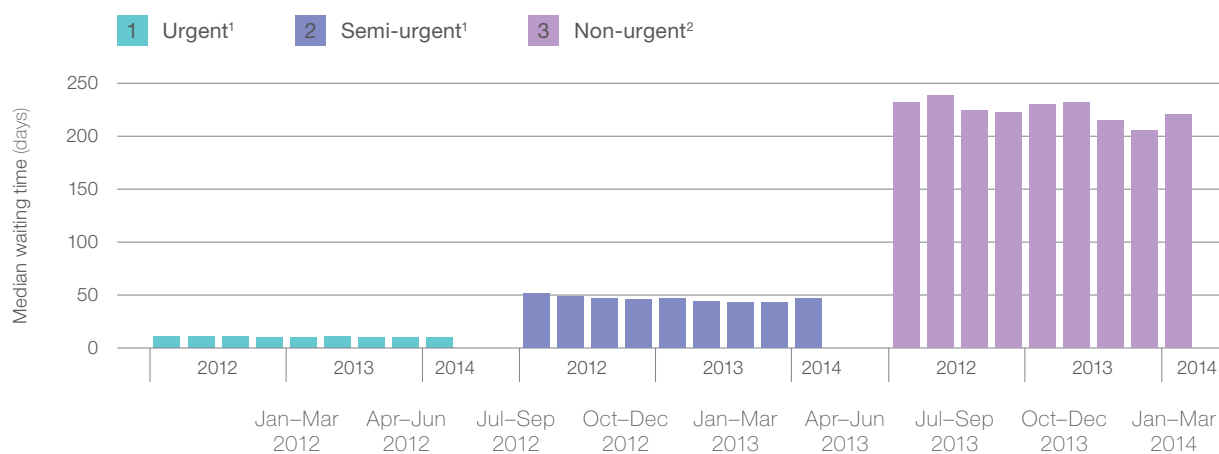
Urgent surgery: The median wait was 10 days – largely unchanged over the past two years.

Semi-urgent surgery: The median wait time for this category was 47 days, unchanged from the same quarter in 2013 and four days less than the same quarter in 2012 (51 days).

Non-urgent surgery: The median wait time for this category was 220 days, 10 days less than the same quarter in 2013 (230 days), and 12 days less than in 2012.

Semi-urgent and especially non-urgent surgery median wait times show variation between quarters, with January to March generally higher than October to December.

Figure 5: NSW elective surgery median waiting time (days), by urgency category, January 2012 to March 2014



Urgency Category	Jan-Mar 2012	Apr-Jun 2012	Jul-Sep 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-Jun 2013	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014
Urgent ¹	11	11	11	10	10	11	10	10	10
Semi-urgent ¹	51	49	47	46	47	44	43	43	47
Non-urgent ²	232	238	224	222	230	232	215	205	220

1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and Bureau of Health Information *Hospital Quarterly reports* published prior to May 2011.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to March 2014 extracted on 22 April 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

Waiting time performance is not affected by number of procedures or by the mix of patients

Figures 6 a, b and c present the median waiting times at hospitals by total number of procedures and stratified by peer group.

It can be seen that smaller hospitals (peer groups C1 and C2) perform a lower number of procedures, and therefore cluster closer to the origin of the x axis.

Peer group A hospitals generally perform a higher number of procedures and so are more dispersed towards the right hand side of the graph. Figures 6 a, b and c show variation in waiting times within peer groups. There is little or no evident relationship between number of procedures and median waiting times within urgency groups.

The Bureau also found that having a higher or lower percentage of urgent or less urgent cases was not associated with any increase or decrease in surgery completed on time (data not shown).

In addition, the Bureau investigated associations of urgency mix between the 90th percentile wait times and found no association (data not shown).

This analysis reveals there is no clear relationship between the volume of surgery performed in a hospital and the median waiting times for patients in all urgency categories: long and short waiting times are seen in hospitals performing both very low or very high numbers of surgical procedures.

Figure 6a: Urgent: NSW elective surgery median waiting time by peer group, January to March 2014

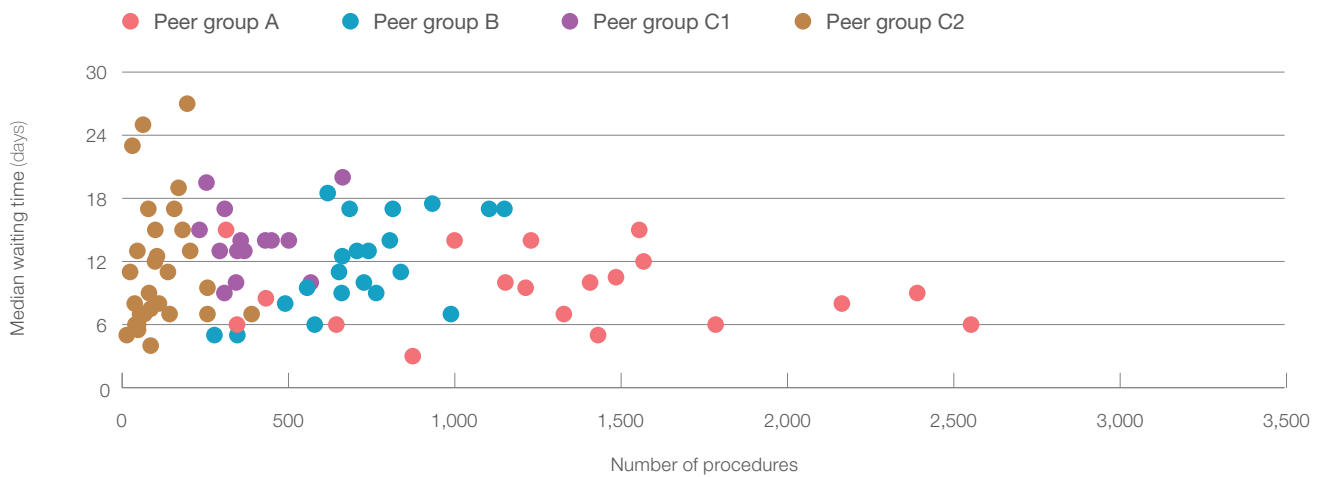


Figure 6b: Semi-urgent: NSW elective surgery median waiting time by peer group, January to March 2014

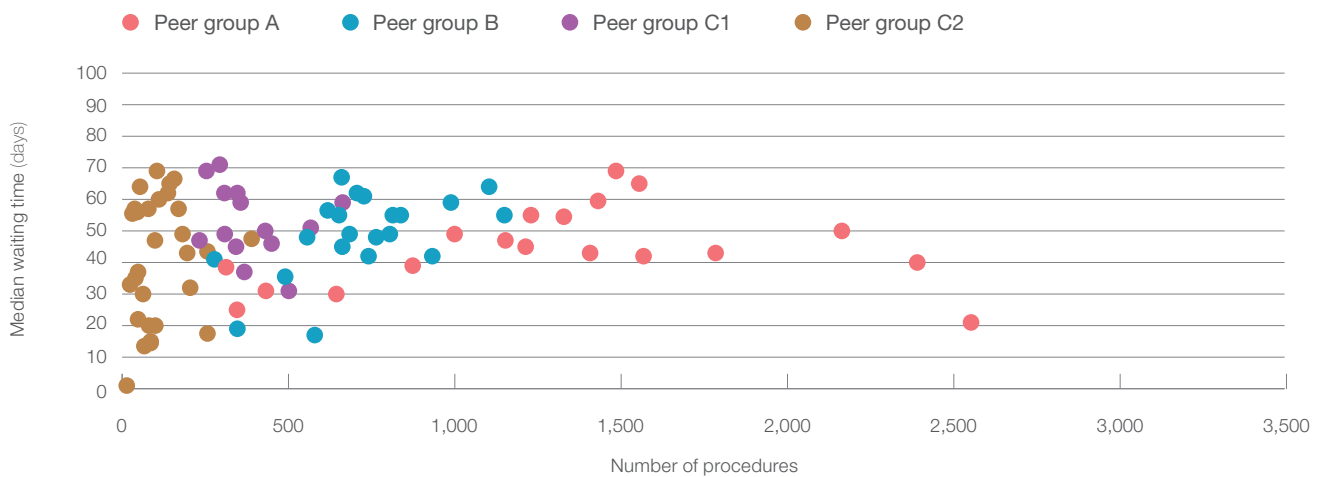
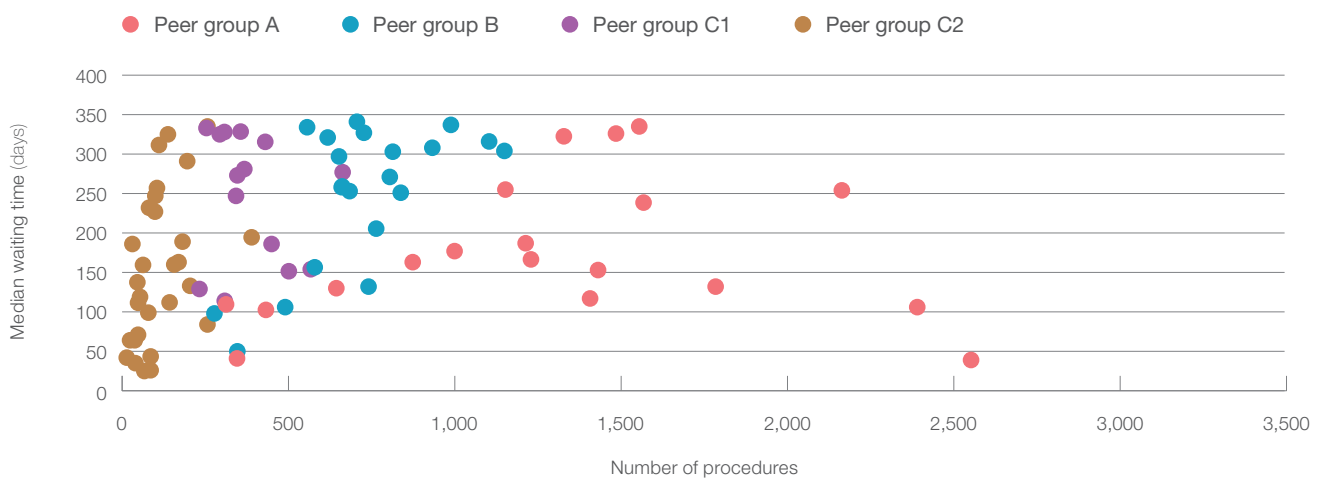


Figure 6c: Non-urgent!: NSW elective surgery median waiting time by peer group, January to March 2014



1. Excluding non-urgent cystoscopy.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July to March 2014 extracted on 22 April 2014.

90th percentile waiting times for elective surgery

The 90th percentile wait time is the number of days by which 90% of patients received surgery. The final 10% took equal to or longer than this time.

Figure 7 presents the 90th percentile wait time to be admitted for surgery for the last nine quarters. These results exclude staged patients and non-urgent cystoscopy procedures.

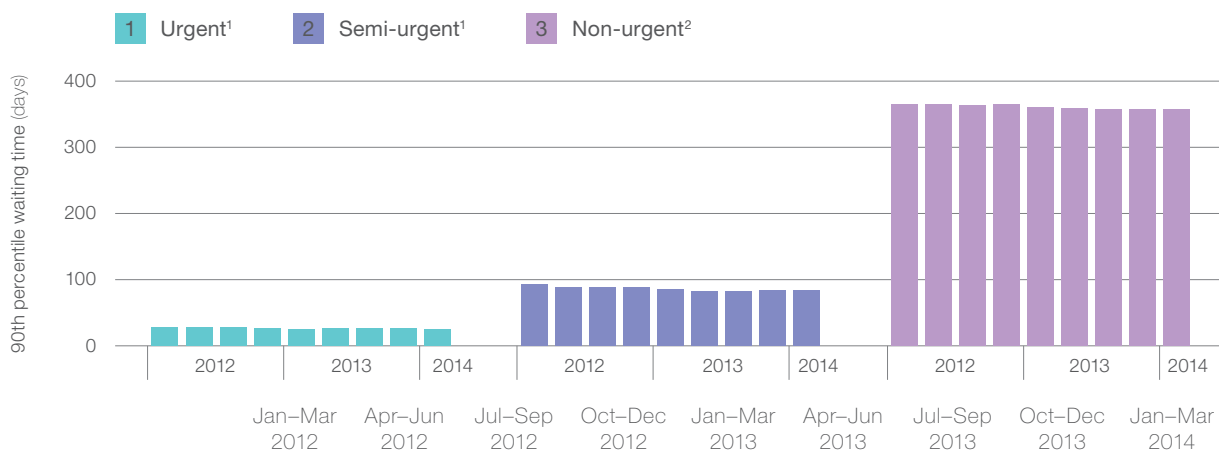
Urgent surgery: The 90th percentile wait was 25 days, no different from the same quarter last year and three days less than the same quarter two years ago.

Semi-urgent surgery: The 90th percentile wait time for this category was 84 days, two days less than the same quarter in 2013 and nine days less than the same quarter in 2012.

Non-urgent surgery: The 90th percentile wait time for this category was 357 days, four days less than the same quarter in 2013 and eight days less than the same quarter in 2012.

There is a slightly downward trend in all three categories over the past two years in the time taken for the majority of patients to have received their surgery.

Figure 7: NSW elective surgery 90th percentile waiting time (days), by urgency category, January 2012 to March 2014



Urgency Category	Jan-Mar 2012	Apr-Jun 2012	Jul-Sep 2012	Oct-Dec 2012	Jan-Mar 2013	Apr-Jun 2013	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014
Urgent ¹	28	28	28	27	25	26	26	26	25
Semi-urgent ¹	93	89	88	88	86	82	83	84	84
Non-urgent ²	365	364	363	364	361	359	357	357	357

1. Excluding staged procedures.
2. Excluding staged procedures and non-urgent cystoscopy.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and Bureau of Health Information *Hospital Quarterly reports* published prior to May 2011.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to March 2014 extracted on 22 April 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

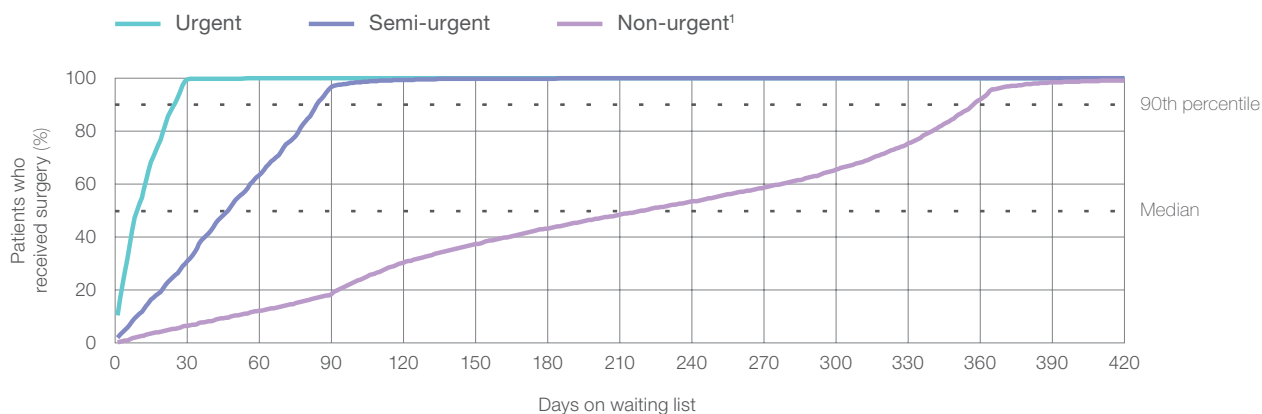
Cumulative wait time

The cumulative percentage of patients who received elective surgery by times presented in **Figure 8** indicate the rate at which patients were admitted for surgery. A steep slope indicates a high rate of completion of patients' surgery over

the period shown. A flat slope shows a lower rate of completion of patients' surgery over the period.

Urgent patients are admitted more rapidly with almost all patients admitted for surgery within 25 days. Non-urgent patients are admitted less rapidly with almost all patients admitted within 357 days.

Figure 8: Cumulative percentage of patients who received elective surgery, by waiting time (days), January to March 2014



1. Excluding non-urgent cystoscopy.

Note: Excludes the total number of days the patient was coded as 'not ready for care'.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July to March 2014 extracted on 22 April 2014.

Variation between hospitals within a peer group

Figure 9 presents the 90th percentile waiting times to receive elective surgery for each of the three urgency categories by peer group. The coloured lines across the graph represent the recommended time to receive surgery in each urgency category: 30 days for urgent, 90 days for semi-urgent and 365 days for non-urgent.

There is a considerable range in the 90th percentiles in each peer group, and every peer group has hospitals with short or long waiting times.

For example for non-urgent surgery, the 90th percentile waiting times ranged from:

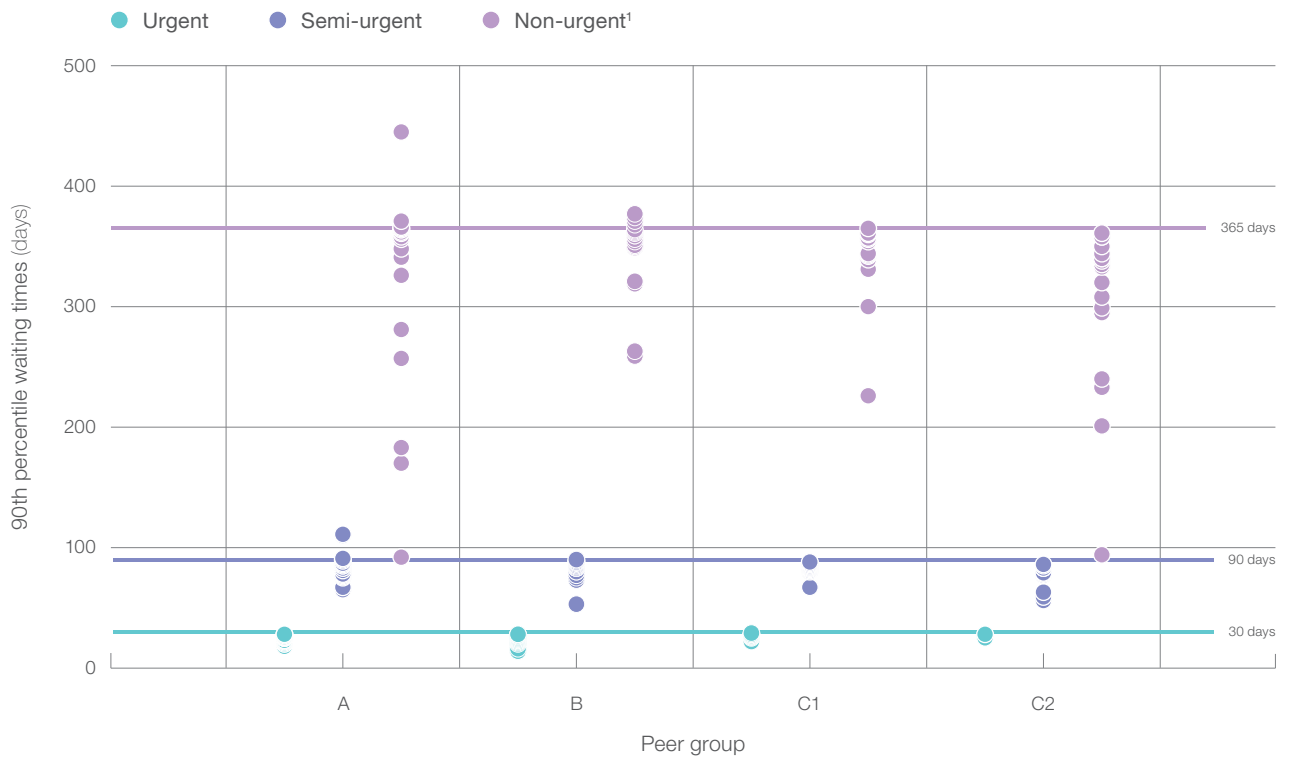
- 92 to 445 days for peer group A
- 259 to 377 days for peer group B
- 226 to 365 days for peer group C1
- 94 to 361 days for peer group C2.

Peer group A had the longest and shortest 90th percentile waiting times of non-urgent surgery

Seven hospitals had 90th percentiles greater than the recommended maximum waiting time of one year. These were in peer groups A and B.

While most hospitals in each peer group have similar 90th percentiles times for non-urgent elective surgery, each peer group has some hospitals showing particularly short waiting times.

Figure 9: NSW elective surgery 90th percentile waiting time (days) by peer group and urgency category, January to March 2014



1. Excluding non-urgent cystoscopy.

Note: 90th percentile not shown for hospitals with less than 30 patients.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to March 2014 extracted on 22 April 2014.

Median waiting times by specialty

Figure 10 presents the number of patients and median waiting times for patients who received elective surgery, by the specialty of the surgeon. The specialty of the surgeon describes the area of clinical expertise held by the doctor who performed the surgery.

The median waiting time does not include the time waited for the initial appointment with the specialist.

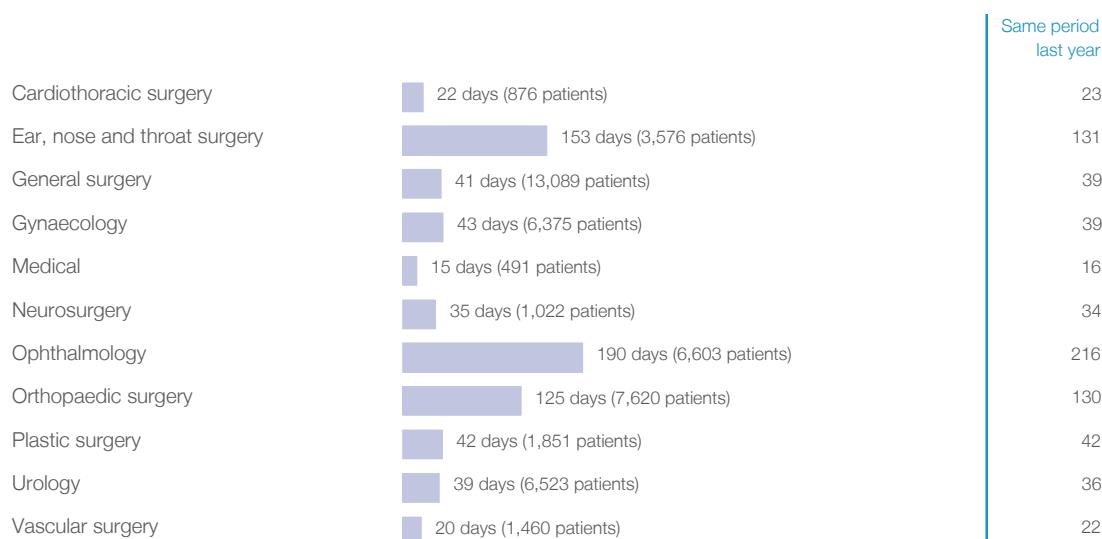
Ophthalmology (190 days), ear, nose and throat surgery (153 days) and orthopaedic surgery (125 days) were the surgical specialties with the longest median waiting times in January to March 2014. These specialties also had the longest median waiting times in the same quarter last year.

Cardio-thoracic surgery (22 days), vascular surgery (20 days) and medical ² (15 days) had the shortest median waiting times. These specialties also had the shortest median waiting times in the same quarter last year.

General surgery (13,089 patients), orthopaedic surgery (7,620 patients) and ophthalmology (6,603 patients) were the surgical specialties with the highest number of patients receiving elective surgery in the January to March 2014 quarter.

Cardio-thoracic surgery (876 patients) and medical ² (491 patients) had the lowest number of patients receiving elective surgery.

Figure 10: Median¹ waiting time (days) for patients who received elective surgery, by specialty, January to March 2014



1. This is the number of days it took for half the patients who received elective surgery during the period to be admitted and receive their surgery. The other half took equal to or longer than the median to be admitted for surgery.
2. Medical refers to surgery performed by a non-specialist medical practitioner.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to March 2014 extracted on 22 April 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

Median waiting times by common procedures

Figure 11 presents the median waiting times for patients who received common elective surgery procedures. The procedure is the treatment the patient receives when admitted to hospital for elective surgery.

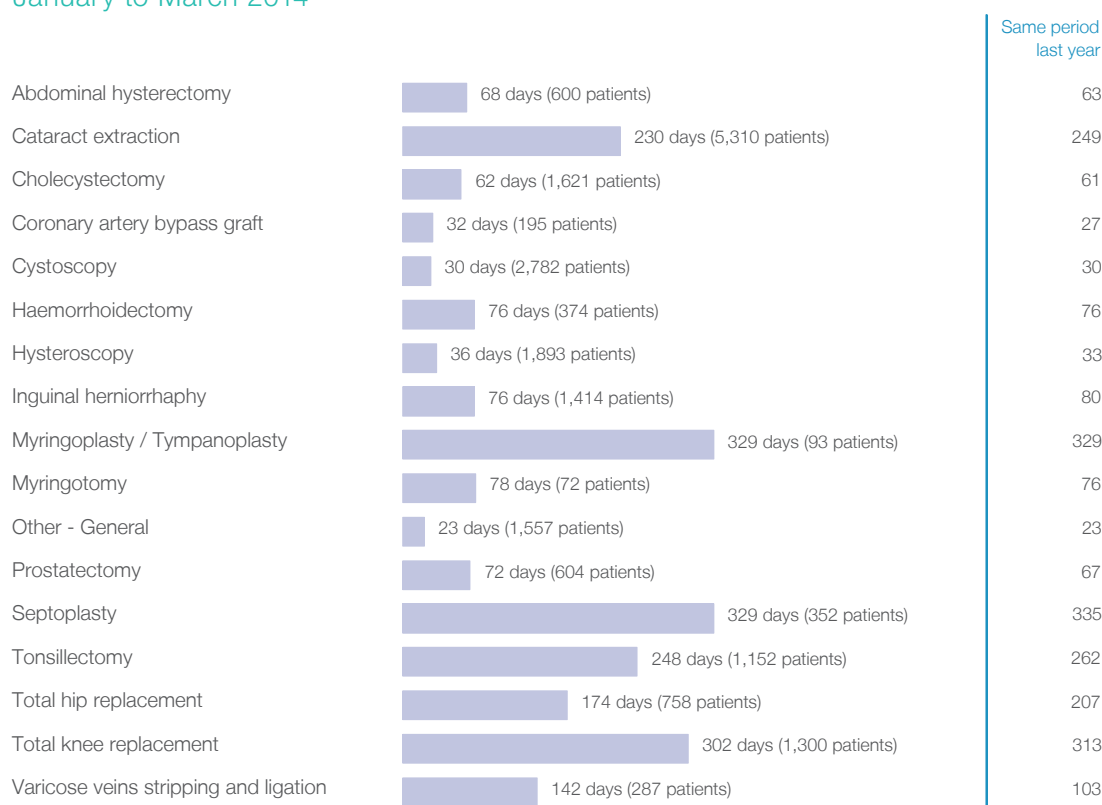
The procedures with the longest median waiting times in the January to March 2014 quarter were septoplasty (329 days) and myringoplasty / tympanoplasty (329 days), total knee replacement (302 days). The procedures with the shortest median waiting times were coronary artery bypass graft (32 days), other – general (23 days), cystoscopy (30 days) and hysteroscopy (36 days).

These procedures also had the longest and shortest median waiting times in the same quarter last year.

Cataract extraction was the most common procedure (5,310 patients) performed in the January to March 2014 quarter.

Different waiting times for different procedures is related to their relative urgency eg coronary artery bypass graft (complex heart surgery) is generally considered urgent and has a shorter waiting time than cataract extraction. Urgency category for each patient is determined by their surgeon.

Figure 11: Median¹ waiting time (days) for patients who received elective surgery, by procedure,² January to March 2014



1. This is the number of days it took for half the patients who received elective surgery during the period to be admitted and receive their surgery. The other half took equal to or longer than the median to be admitted for surgery.

2. For a description of these procedures see *Elective Surgery Glossary of Common Procedures, December 2012*.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to March 2014 extracted on 22 April 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

Elective surgery waiting list

The following three pages are about patients who are still on the elective surgery waiting list waiting for surgery.

During the quarter, patients were added to and removed from the waiting list. Patients are removed from the waiting list because they received the surgery they were waiting for, or for other reasons such as the surgeon or patient deeming that the surgery is no longer required.

At the end of the January to March 2014 quarter, there were 72,155 patients waiting for elective surgery, which is 4% more than the same quarter

last year (Figure 12). A breakdown of patients waiting for elective surgery by urgency category shows that 81% were assigned as non-urgent, 16% as semi-urgent and 3% as urgent. The number of patients waiting for urgent surgery stayed the same, semi-urgent increased by 6% and non-urgent increased by 4% (Figure 13).

As at 31 March 2014, there were 12,232 patients not ready for surgery on the waiting list, up 5% compared with the same quarter last year (Figure 12).

Figure 12: Elective surgery waiting list, January to March 2014

	Same period last year	Change since one year ago
Patients ready for surgery on waiting list at start of quarter:	69,564	0%
Patients ready for surgery on waiting list at end of quarter:	72,155	4%
Patients not ready for surgery ³ on waiting list at end of quarter:	11,643	5%

Figure 13: Elective surgery waiting list, as at 31 March 2014

Patients ready for surgery on waiting list by urgency category: 72,155 patients		Same period last year	Change since one year ago
1 Urgent ¹	1,978 (3%)	1,974	0%
2 Semi-urgent ¹	11,555 (16%)	10,905	6%
3 Non-urgent ²	58,622 (81%)	56,415	4%

1. Excluding staged procedures.
 2. Excluding staged procedures and non-urgent cystoscopy.
 3. Includes staged procedures, non-urgent cystoscopy and patients currently not available for personal reasons.
- Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to March 2014 extracted on 22 April 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

Elective surgery waiting list by specialty

Figure 14 presents the number of patients on the waiting list and those patients who have been waiting more than 12 months, by the specialty of the surgeon.

The time a patient waited for the initial appointment with the specialist is not included in the time the patient spent on the waiting list.

Orthopaedic surgery (18,086 patients) and ophthalmology (16,133 patients) were the surgical specialties with the highest number of patients waiting for surgery as at 31 March 2014.

Cardio-thoracic surgery (412 patients) and medical (247 patients) had the lowest number of patients waiting for elective surgery.

Orthopaedic surgery (149 patients) and general surgery (89 patients) were the surgical specialties with the highest number of patients waiting more than 12 months as at 31 March 2014. Cardio-thoracic surgery, and medical¹ had no patients waiting in NSW more than 12 months.

The number of patients in this quarter waiting more than 12 months for surgery was 426, 44% less than the same quarter last year (755).

Figure 14: Patients waiting for elective surgery and patients waiting more than 12 months, by specialty, as at 31 March 2014

	Patients waiting	Patients waiting (same time last year)	Change since one year ago	Patients waiting more than 12 months	Patients waiting more than 12 months (same time last year)
All specialties	72,155	69,294	4%	426	755
Cardio-thoracic surgery	412	315	31%	0	< 5
Ear, nose and throat surgery	9,536	9,822	-3%	83	292
General surgery	13,218	12,673	4%	89	74
Gynaecology	6,250	5,772	8%	27	24
Medical ¹	247	228	8%	0	< 5
Neurosurgery	1,212	1,145	6%	30	17
Ophthalmology	16,133	15,276	6%	22	58
Orthopaedic surgery	18,086	17,458	4%	149	254
Plastic surgery	2,325	2,297	1%	12	22
Urology	3,810	3,403	12%	9	5
Vascular surgery	926	905	2%	5	5

1. Medical refers to surgery performed by a non-specialist medical practitioner.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to March 2014 extracted on 22 April 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

Elective surgery waiting list by common procedures

Figure 15 presents the number of patients on the waiting list by common procedures. Cataract extraction was the procedure with the most patients waiting as at 31 March 2014 (14,176).

The procedures for which the least number of patients were waiting were coronary artery bypass graft (83 patients) and myringotomy (137 patients).

Figure 15: Patients waiting for elective surgery by procedure,¹ as at 31 March 2014

	Patients waiting	Patients waiting (same time last year)	Change since one year ago
Abdominal hysterectomy	705	703	0%
Cataract extraction	14,176	13,381	6%
Cholecystectomy	1,800	1,865	-3%
Coronary artery bypass graft	83	80	4%
Cystoscopy	1,092	1,055	4%
Haemorrhoidectomy	450	330	36%
Hysteroscopy	1,506	1,289	17%
Inguinal herniorrhaphy	2,170	2,195	-1%
Myringoplasty / Tympanoplasty	352	328	7%
Myringotomy	137	160	-14%
Other – General	1,206	1,132	7%
Prostatectomy	676	581	16%
Septoplasty	1,449	1,549	-6%
Tonsillectomy	3,668	3,598	2%
Total hip replacement	2,291	2,013	14%
Total knee replacement	4,961	4,821	3%
Varicose veins stripping and ligation	719	694	4%

1. The procedures included in this list are procedures which are high volume; some may be associated with long waiting periods. For a description of these procedures see *Elective Surgery Glossary of Common Procedures, December 2012*.

Source: NSW Health, *Waiting List Collection On-line System*. Data for July 2013 to March 2014 extracted on 22 April 2014. Data for January 2013 to June 2013 extracted on 16 March 2014. Data for all quarters from January 2012 to March 2013 extracted on 17 April 2013. Data for all previous quarters extracted on 15 October 2011.

Conclusions of analysis

97% of all patients received their surgery within the recommended timeframe, however there is variation in waiting times between similar hospitals.

Most NSW hospitals perform well in the urgent surgery category, with almost all patients receiving their procedure within the recommended timeframe. However, performance varies more for patients in the less urgent categories and variation is greatest for patients in the non-urgent category.

The analysis in this issue of *Hospital Quarterly* shows that patients can expect to receive urgent surgery within 30 days at all hospitals, but waiting time for semi-urgent and non-urgent surgery varies across hospitals. These variations are not associated with the number of procedures performed in hospitals (Figure 6) nor are they related to the percentage of cases in each urgency category. Performance varies between peer groups, and there are high and low performers in each peer group but C1 and C2 hospitals are more likely to treat all their patients within the recommended waiting times across all urgency categories (Figure 4).

Appendix 1: information by hospital and local health district

Appendix table 1a presents elective surgery activity for major hospitals in NSW. The table is ordered by local health district and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. These hospitals account for 98% of all elective surgery recorded as complete in the NSW booking system. Surgery information from smaller hospitals is presented for each local health district under the *'other'* category.

[Download Appendix 1 information by *'local health district'* in a PDF file](#)

[Download Appendix 1 information by *'local health district'* in an Excel file](#)

Appendix table 1b presents the percentages of elective surgery admissions within the clinically recommended time for each urgency category for January to March 2014. The table is ordered by local health district and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each local health district under the *'other'* category.

Appendix table 1c presents the median and 90th percentile waiting times (in days) of elective surgery admissions for each urgency category for this quarter. The table is ordered by local health district and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each local health district under the *'other'* category.

Appendix 2: information by hospital and peer group

Appendix table 2a presents elective surgery activity for major hospitals in NSW. The table is ordered by peer group and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. These hospitals account for 98% of all elective surgery recorded as complete in the NSW booking system. Surgery information from smaller hospitals is presented for each peer group under the *'other'* category.

[Download Appendix 2 information by *'peer group'* in a PDF file](#)

[Download Appendix 2 information by *'peer group'* in an Excel file](#)

Appendix table 2b presents the percentages of elective surgery admissions within the clinically recommended time for each urgency category for January to March 2014. The table is ordered by peer group and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each peer group under the *'other'* category.

Appendix table 2c presents the median and 90th percentile waiting times (in days) of elective surgery admissions for each urgency category for this quarter. The table is ordered by peer group and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each peer group under the *'other'* category.

Download our reports

The report, *Hospital Quarterly: Performance of NSW public hospitals, January to March 2014* and related reports are available at www.bhi.nsw.gov.au

The suite of products includes:

- Three core modules titled *Admitted Patients*, *Elective Surgery* and *Emergency Departments*
- Appendix tables showing key results by peer group and LHD
- Activity and performance profiles about emergency department care and elective surgery for more than 80 hospitals and NSW as a whole
- Performance dashboards of hospital, LHD and peer group results on the Bureau's new online interactive tool Healthcare Observer at www.bhi.nsw.gov.au/healthcareobserver



About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system. The work of the Bureau helps to improve and enhance accountability in the NSW health system and assists in ensuring the system benefits the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau 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.

To contact the Bureau

Telephone: +61 2 9464 4444

Fax: +61 2 9464 4445

Email: enquiries@bhi.nsw.gov.au

Postal address: PO Box 1770
Chatswood New South Wales 2057
Australia

Web: www.bhi.nsw.gov.au

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at www.bhi.nsw.gov.au for any amendments.