

Healthcare Quarterly

Admitted patients and elective surgery

Activity and performance

January to March 2018



BUREAU OF HEALTH INFORMATION

Level 11, 67 Albert Avenue
Chatswood NSW 2067
Australia
Telephone: +61 2 9464 4444
bhi.nsw.gov.au

© Copyright Bureau of Health Information 2018

This work is copyrighted. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the Bureau of Health Information.

State Health Publication Number: (BHI) 180362
ISSN: 2207-9556 (print); 2207-9564 (online)

Suggested citation:

Bureau of Health Information. *Healthcare Quarterly, Activity and performance – Emergency department, ambulance, admitted patients and elective surgery, January to March 2018*. Sydney (NSW); BHI; 2018.

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

Published June 2018

Healthcare Quarterly reports present data at the point in time when data become available to BHI. Changes in data coverage and analytic methods from quarter to quarter mean that figures published in this document are superseded by subsequent reports. At any time, the most up-to-date data are available on BHI's online interactive data portal, Healthcare Observer, at **bhi.nsw.gov.au/healthcare_observer**

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.

Table of contents

In summary	1
Admitted patient activity and performance	4
Patients admitted to a public hospital	5
Bed days and length of stay in hospital	7
Elective surgery activity and performance	10
Elective surgical procedures	11
Waiting time for elective surgery	13
Percentage of elective surgery on time	15
Median waiting time for specialties and specific procedures	17
Percentage of elective surgery for specific procedures on time	19
End of quarter elective surgery waiting list	21

In the January to March 2018 quarter...

Admitted patients

There were
458,797
admitted patient episodes
of care

53.8%
of admitted patient episodes
were for overnight stays



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

Admitted patient activity		January to March 2018	January to March 2017	Difference	% change
All admitted patient episodes		458,797	*	*	*
All acute episodes		431,394	*	*	*
Overnight episodes		232,279	*	*	*
Same-day episodes		199,115	*	*	*
Non-acute episodes		15,984	*	*	*
Mental health episodes		11,419	*	*	*
Average length of stay (days)	All acute episodes	3.5	*	*	
	Acute overnight episodes	2.8	*	*	
	Non-acute episodes	12.3	*	*	
	Mental health episodes	15.8	*	*	
Hospital bed days	All bed days	1,586,098	*	*	*
	Acute bed days	1,208,534	*	*	*
	Non-acute bed days	196,692	*	*	*
	Mental health bed days	180,872	*	*	*
Babies born in NSW public hospitals		18,207	18,041	166	0.9%

Note: Data drawn from the Admitted Patient Data Collection on 17 April 2018.

* This number is not reported due to a policy change in the definition of patient stay types. A new mental health care stay type has been introduced that comprises patients who were previously included in the acute and non-acute stay types. Accordingly, it is not possible to fairly compare numbers across time.

Elective surgery

There were **52,717** elective surgical procedures performed



Almost all (96.5%) were performed within recommended time frames

Median waiting times were longer for semi- and non-urgent surgery compared with same quarter last year



10, 47 and 226 days waiting for urgent, semi-urgent and non-urgent surgery, respectively

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

Elective surgery activity		January to March 2018	January to March 2017	Difference	% change
Elective surgical procedures performed		52,717	51,831	886	1.7%
Urgency category	Urgent surgery	10,731	10,646	85	0.8%
	Semi-urgent surgery	17,156	16,492	664	4.0%
	Non-urgent surgery	22,056	21,916	140	0.6%
Patients on waiting list ready for elective surgery at end of quarter		77,575	74,745	2,830	3.8%
Urgency category	Urgent surgery	1,812	2,003	-191	-9.5%
	Semi-urgent surgery	12,535	11,764	771	6.6%
	Non-urgent surgery	63,228	60,978	2,250	3.7%

Elective surgery performance		January to March 2018	January to March 2017	Difference
Median waiting time (days)	Urgent surgery	10 days	10 days	unchanged
	Semi-urgent surgery	47 days	46 days	+1 days
	Non-urgent surgery	226 days	221 days	+5 days
Elective surgeries performed on time	All surgeries	96.5%	97.1%	-0.6 percentage points
	Urgent surgery	99.6%	99.7%	-0.1 percentage points
	Semi-urgent surgery	95.9%	96.5%	-0.6 percentage points
	Non-urgent surgery	95.5%	96.3%	-0.8 percentage points

Note: Data drawn from the Waiting List Collection Online System on 13 April 2018.

Admitted patient activity

Patients admitted to a public hospital

There were 458,797 admitted patient episodes in NSW public hospitals in the January to March 2018 quarter (Figure 1).

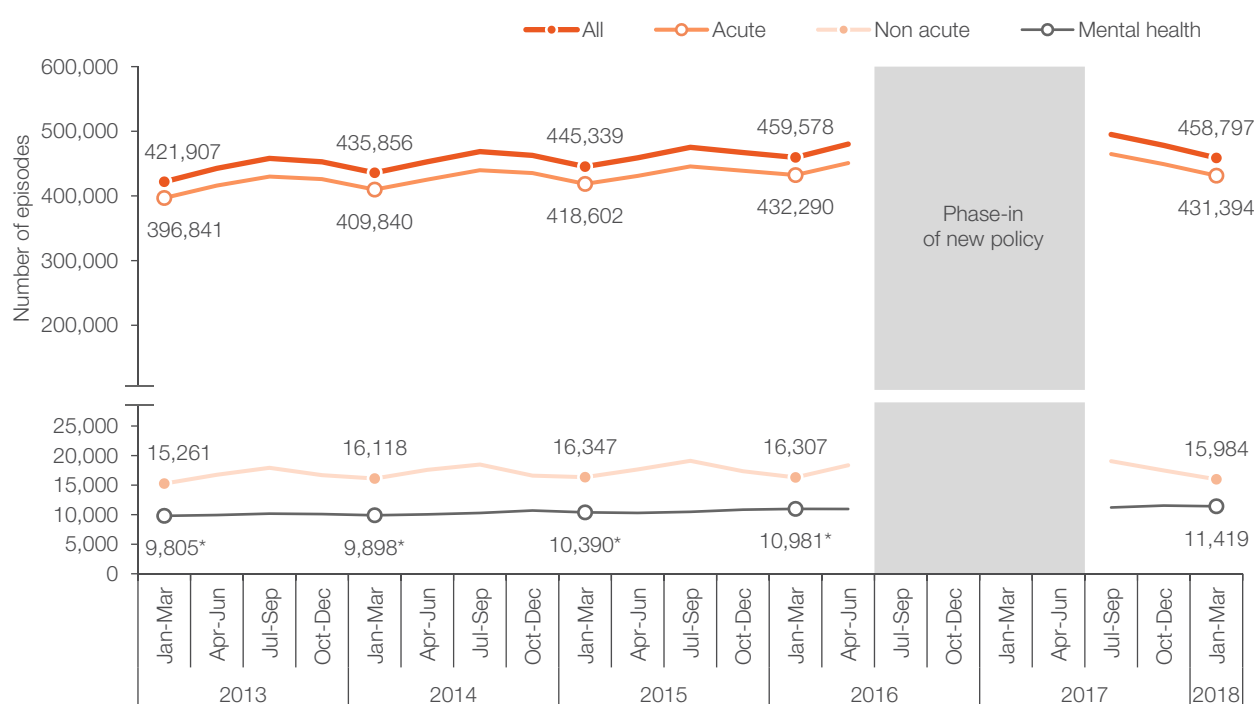
Admissions to hospital can be planned (arranged in advance) or unplanned (emergency hospital admissions or surgical procedures). Most same-day admitted patient episodes (77.7%) were planned. In contrast, most overnight episodes (85.1%) were unplanned [data not shown]. The number of acute overnight episodes in January to March quarters has steadily increased over five years. Compared with the same quarter in 2013, the number of acute overnight episodes went up by 16,310 to 232,279 in the January to March 2018 quarter (up 7.6%) (Figure 2).

Figure 3 shows differences in the proportion of acute admitted patient episodes that were same-day across hospital peer groups in the January to March 2018 quarter. Peer group C2 (smaller district hospitals) overall had a higher percentage of same-day episodes compared with other peer groups.

Between 1 July 2016 and 30 June 2017, all local health districts (LHDs) and health networks introduced a mental health stay type when classifying newly admitted or long-standing mental health patients. The new mental health stay type comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI.

Fair comparisons cannot be made with results from the policy phase-in period due to staggered implementation across LHDs that affected activity counts in the acute, non-acute and mental health categories. Mental health activity counts presented before the introduction of the classification change are estimates that were calculated using a flag for days in a psychiatric unit. Accordingly, comparisons between the pre- and post-policy period should be made with caution.

Figure 1 Total, acute, non-acute and mental health episodes, January 2013 to March 2018



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

* Estimates of mental health episodes calculated using a flag for days in a psychiatric unit.

Figure 2 Overnight and same day acute admitted patient episodes, January 2013 to March 2018

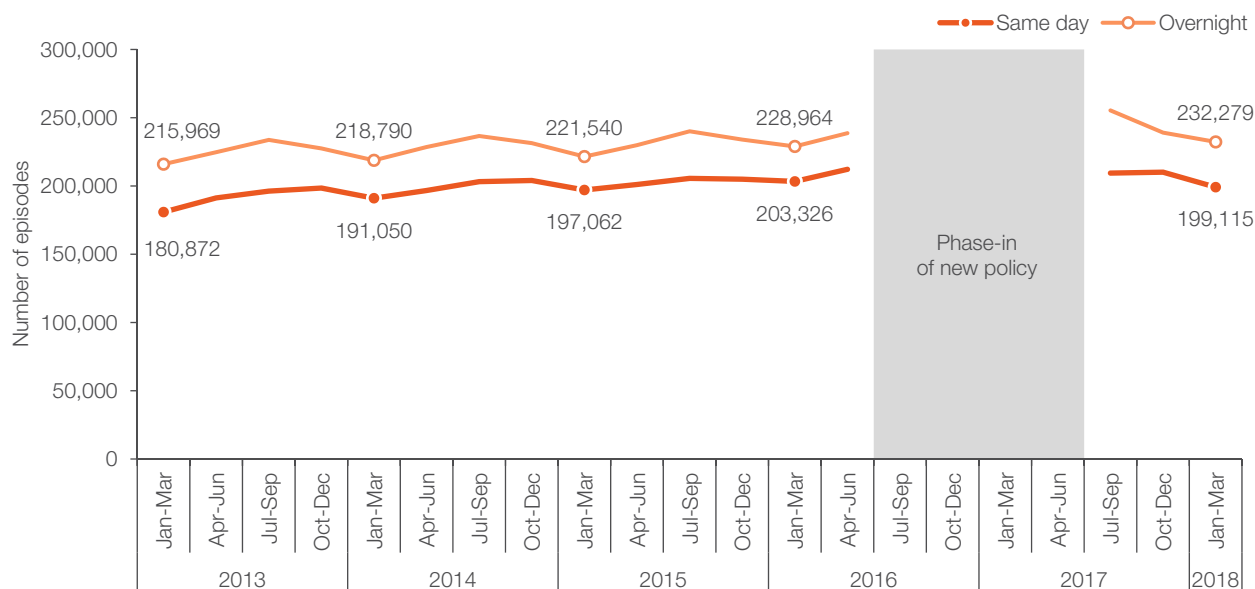
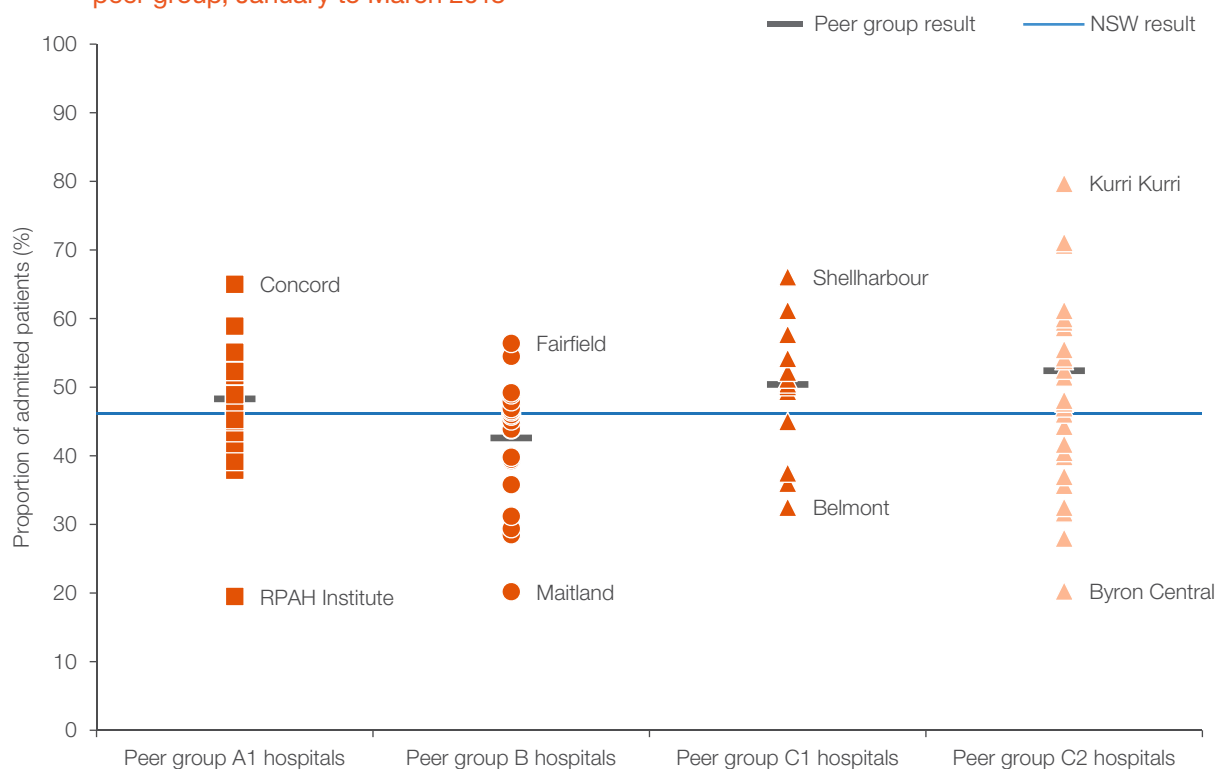


Figure 3 Same-day admitted patient episodes as percentage of all acute admitted patient episodes, by peer group, January to March 2018



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

Bed days and length of stay in hospital

In the January to March 2018 quarter, there were 1,586,098 hospital bed days. Mental health bed days accounted for 11.4% of the total (Figure 4).

Since the January to March 2016 quarter, there was a decline in the number of bed days for non-acute and mental health stay types (Figure 5).

With the exception of the trend for mental health stays, the average length of stay was relatively stable over a five-year period across all other categories (Figure 6). There were hospital-level differences in the average length of stay for acute overnight episodes, even within peer groups (Figure 7). Length of stay measures did not account for case-mix differences between and within peer groups.

Between 1 July 2016 and 30 June 2017, all local health districts (LHDs) and health networks introduced a mental health stay type when classifying newly admitted or long-standing mental health patients. The new mental health stay type comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI.

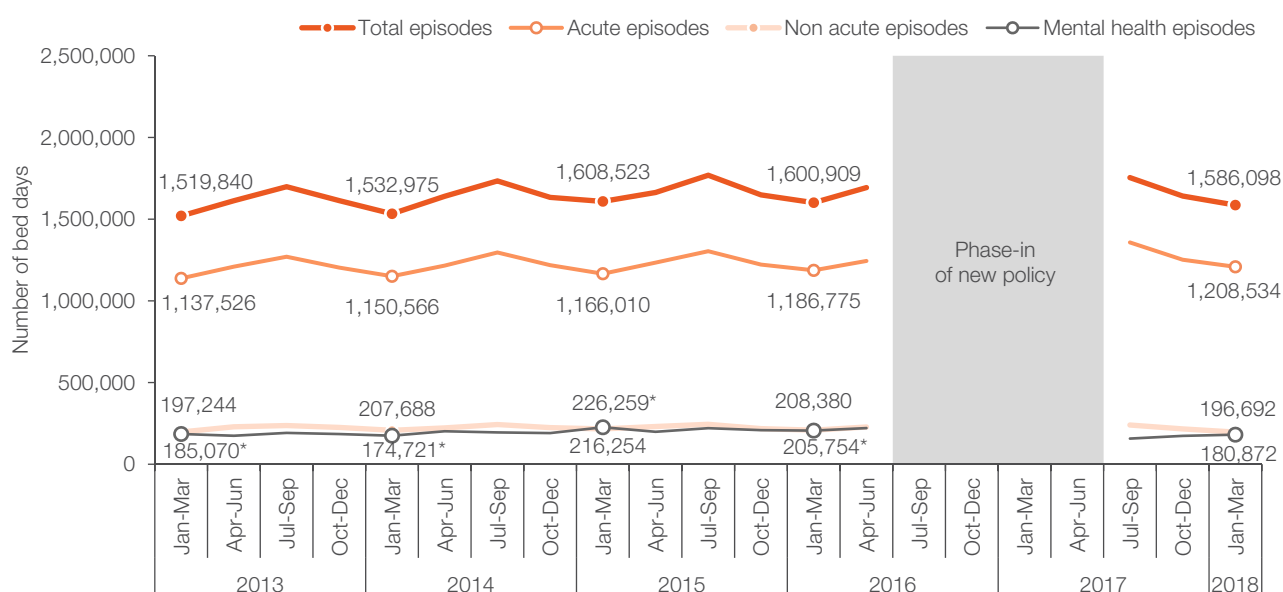
Fair comparisons cannot be made with results from the policy phase-in period due to staggered implementation across LHDs that affected activity counts in the acute, non-acute and mental health categories. Mental health activity counts presented before the introduction of the classification change are estimates that were calculated using a flag for days in a psychiatric unit. Accordingly, comparisons between the pre- and post-policy period should be made with caution.

Figure 4 Total number of hospital bed days, by episode type, January to March 2018

		This quarter	Same quarter last year	Change since one year ago
Total bed days		1,586,098	*	*
Acute	76.2%	1,208,534	*	*
Non-acute	12.4%	196,692	*	*
Mental health	11.4%	180,872	*	*

* This number is not reported due to a policy change in the definition of patient stay types.

Figure 5 Total number of hospital bed days by episode type, January 2013 to March 2018

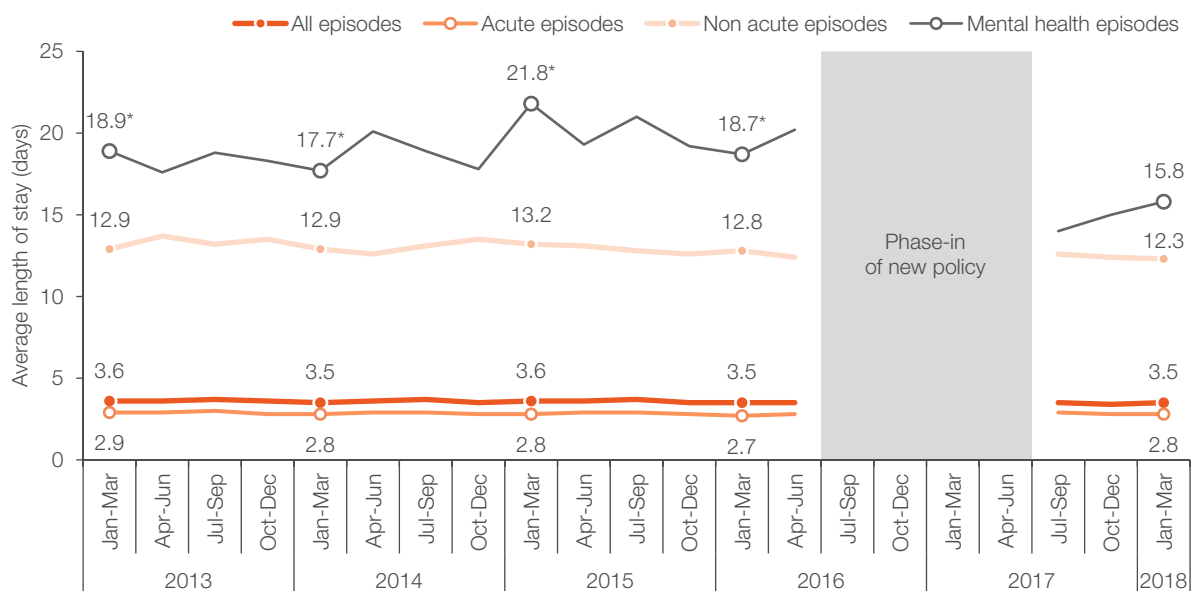


Note: Same-day refers to patients who are admitted and discharged on the same day. Same-day episodes count as one bed day.

* Estimates of mental health episodes calculated using a flag for days in a psychiatric unit.

Figure 6

Average length of stay, by type of admitted patient episode, January 2013 to March 2018

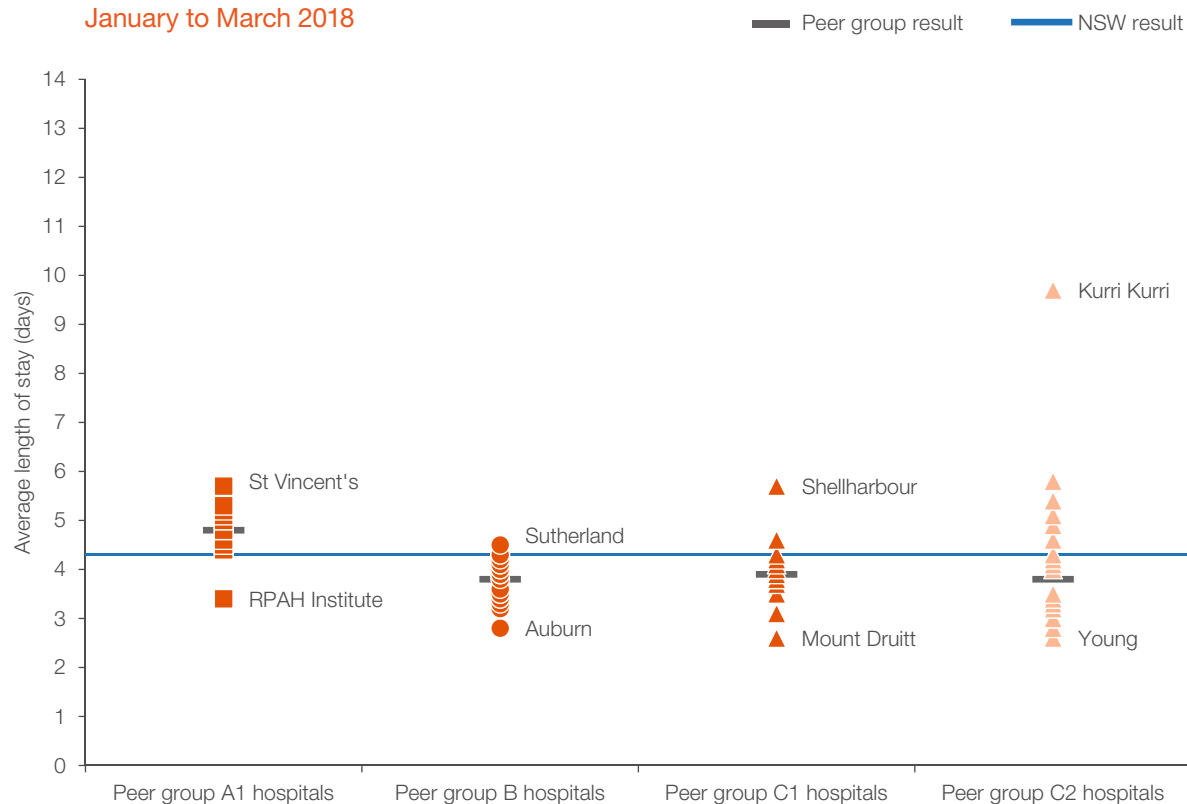


Note: Same-day refers to patients who are admitted and discharged on the same day. Same-day episodes count as one bed day.

* Estimates of mental health episodes calculated using a flag for days in a psychiatric unit.

Figure 7

Average length of stay for acute overnight admitted patient episodes, by peer group, January to March 2018



Elective surgery activity and performance

Elective surgical procedures

In the January to March 2018 quarter, 52,717 elective surgical procedures were performed. This was 886 (1.7%) more than in the same quarter last year. Of the elective surgical procedures performed this quarter, 20.4% were categorised as urgent, 32.5% as semi-urgent and 41.8% as non-urgent. A further 5.3% were categorised as staged* (Figure 8).

Compared with the same quarter last year, the largest change was in the number of semi-urgent procedures (up 4.0%) (Figure 8).

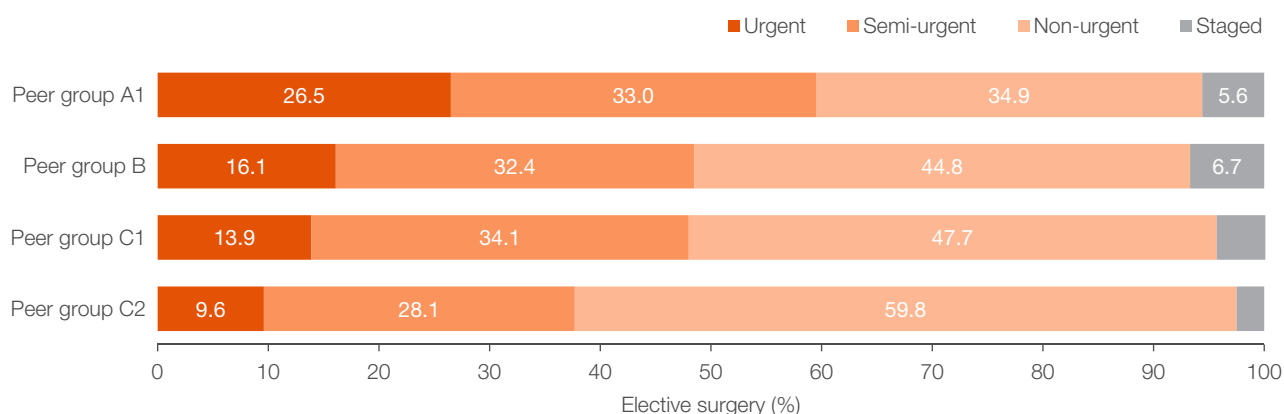
Comparing across peer groups, principal referral hospitals (peer group A1) had the highest proportion of elective surgical procedures that were urgent and the lowest proportion that were non-urgent (Figure 9).

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, January to March 2018

		This quarter	Same quarter last year	Change since one year ago
Total number of elective surgical procedures		52,717	51,831	1.7%
Urgent	20.4%	10,731	10,646	0.8%
Semi-urgent	32.5%	17,156	16,492	4.0%
Non-urgent	41.8%	22,056	21,916	0.6%
Staged*	5.3%	2,774	2,777	-0.1%

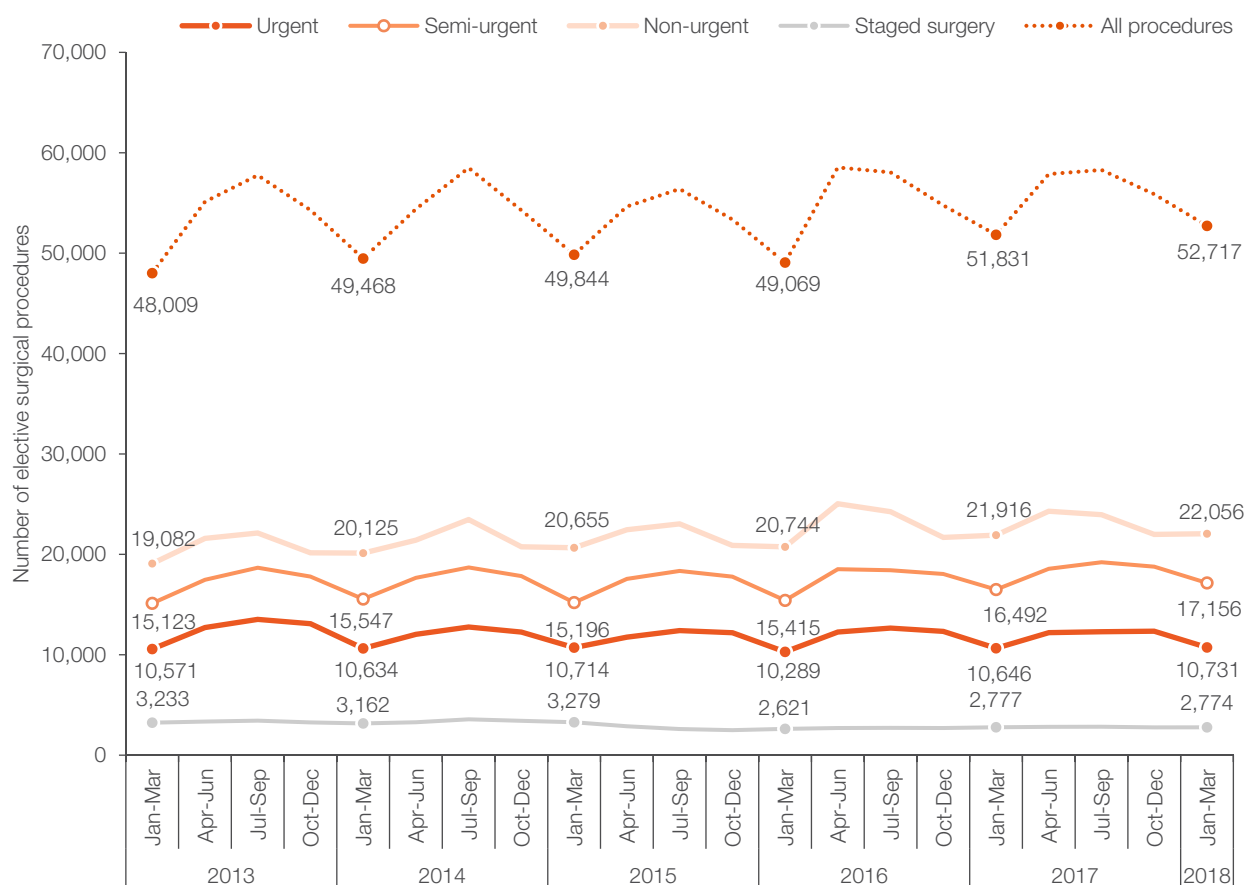
Figure 9 Distribution of elective surgery, by urgency category and peer group, January to March 2018



* 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.

Elective surgical activity is subject to seasonal change. For this reason, comparisons are made with the same quarter. Compared with the same quarter in 2013, there was an increase in the number of procedures that were performed in the urgent, semi-urgent and non-urgent categories (up 1.5%, 13.4% and 15.6%, respectively). Staged procedures were the exception with a 14.2% decline (Figure 10).

Figure 10 Elective surgical procedures performed, by urgency category, January 2013 to March 2018



Waiting time for elective surgery

Median wait times for elective surgical procedures in the January to March 2018 quarter were 10 days for urgent (unchanged), 47 days for semi-urgent (up one day) and 226 days for non-urgent procedures (up five days) (Figure 11).

Over a longer time horizon, median waiting times for non-urgent procedures showed more fluctuation than urgent and semi-urgent procedures. Compared with the same quarter five years ago, the median wait time for non-urgent elective surgeries decreased by four days and was unchanged for urgent and semi-urgent procedures (Figure 12).

These five-year trends in median wait times have occurred in the context of changes in the number of procedures performed – up 1.5% for urgent; up 13.4% for semi-urgent; and up 15.6% for non-urgent.

Since 2013, there has been a gradual decline in the 90th percentile waiting times for non-urgent elective surgery (down five days). The trend was relatively stable for urgent and semi-urgent procedures (Figure 13).

Figure 11 Waiting time for elective surgery, by urgency category, January to March 2018







		This quarter	Same quarter last year	Change since one year ago
Urgent: 10,731 patients				
Median time to receive surgery		10 days	10 days	unchanged
90th percentile time to receive surgery		26 days	26 days	unchanged
Semi-urgent: 17,156 patients				
Median time to receive surgery		47 days	46 days	1 day
90th percentile time to receive surgery		85 days	84 days	1 day
Non-urgent: 22,056 patients				
Median time to receive surgery		226 days	221 days	5 days
90th percentile time to receive surgery		356 days	356 days	unchanged

Figure 12

Median waiting time for elective surgery, by urgency category, January 2013 to March 2018

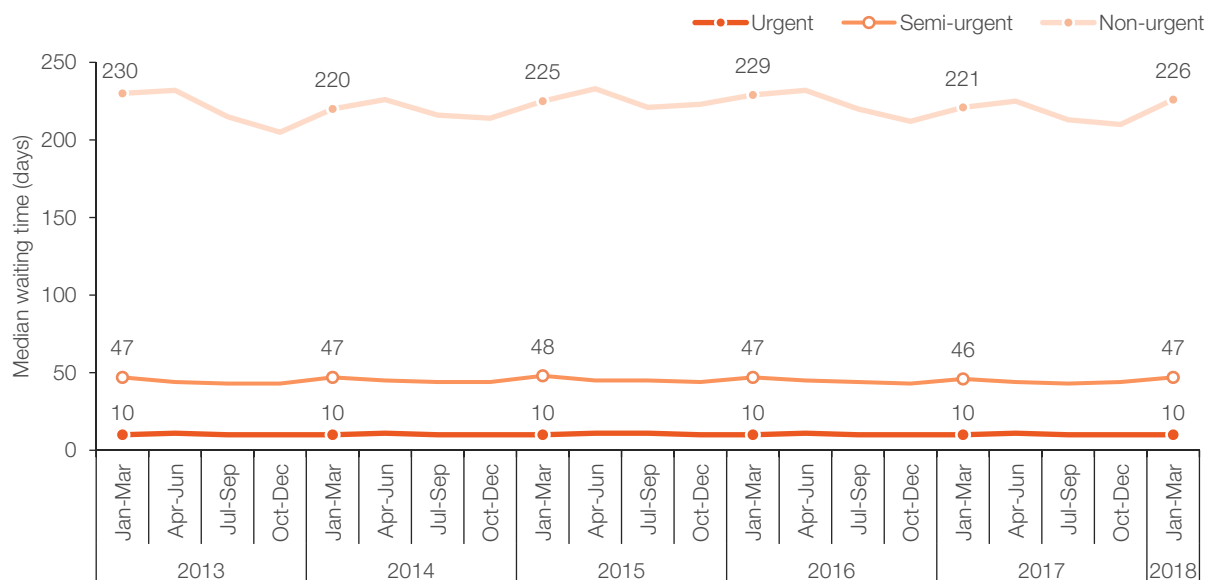
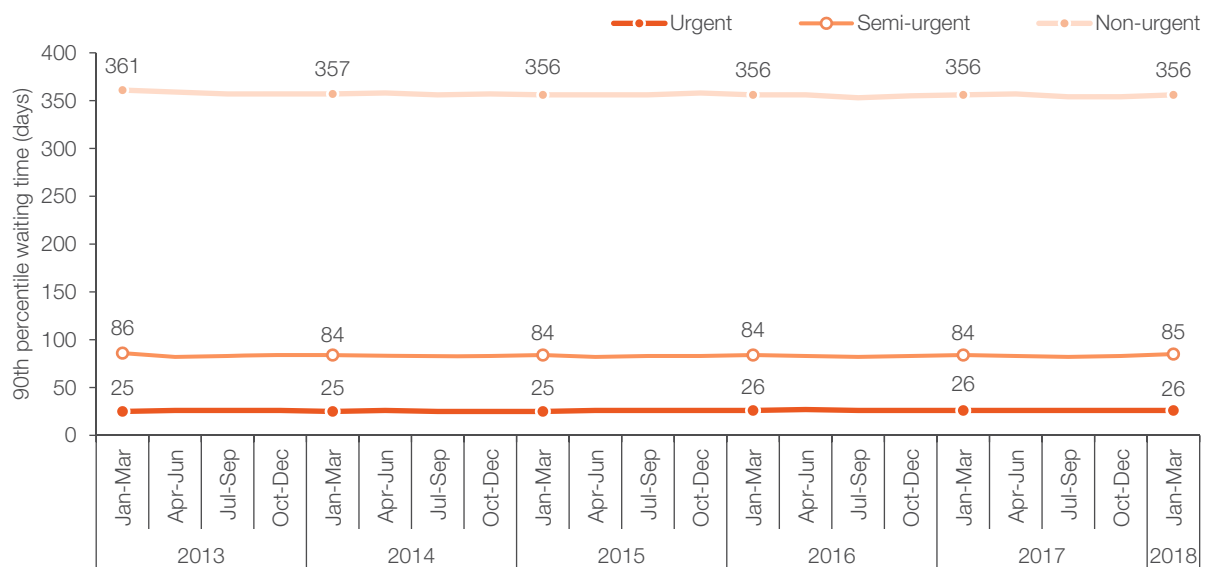


Figure 13

90th percentile waiting time for elective surgery, by urgency category, January 2013 to March 2018



Percentage of elective surgery on time

Most elective surgeries (96.5%) were performed on time in the January to March 2018 quarter. All categories saw a drop in the percentage of procedures performed on time – 99.6% of urgent surgeries were on time (down 0.1 percentage points), 95.9% of semi-urgent surgeries (down 0.6 percentage points) and 95.5% of non-urgent surgeries (down 0.8 percentage points) (Figure 14).

Since 2014, results for January to March quarters have remained stable for urgent surgery but with

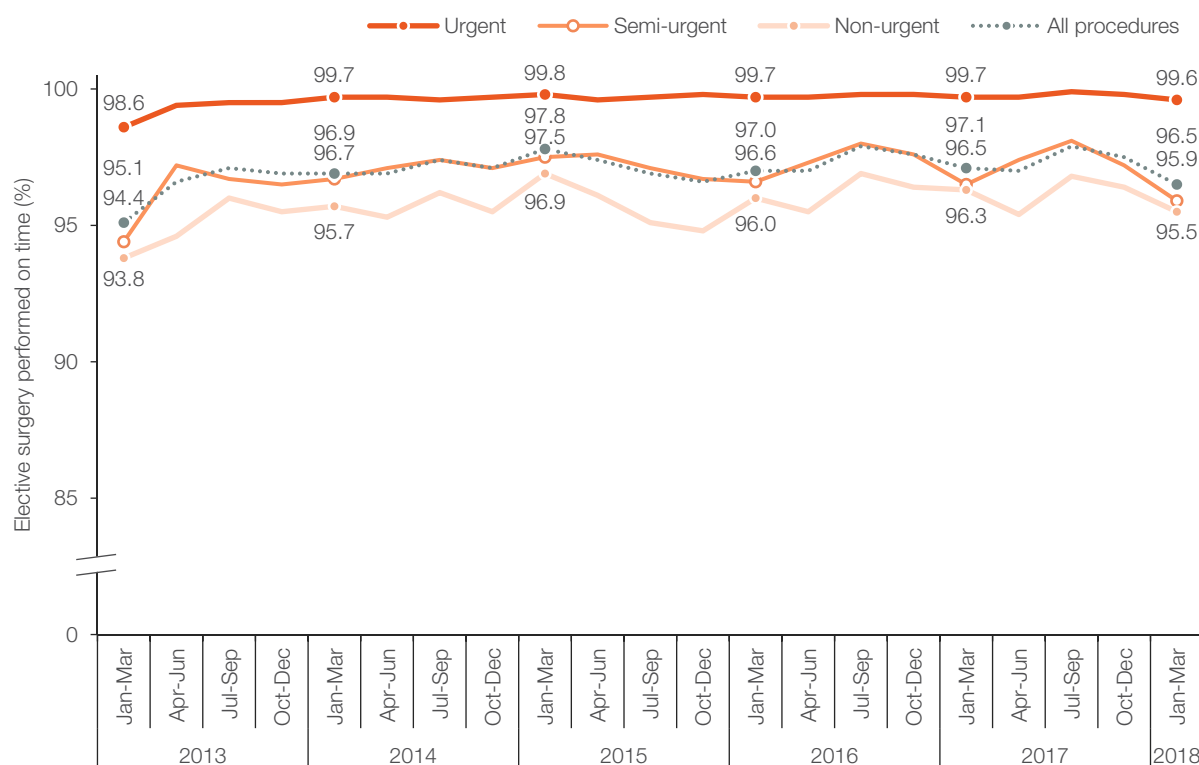
some fluctuation for semi-urgent and non-urgent surgery (Figure 15).

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

Figure 14 Percentage of elective surgical procedures performed on time, by urgency, January to March 2018

	This quarter	Same quarter last year	Percentage point change since one year ago
All procedures	96.5%	97.1%	-0.6
Urgent	99.6%	99.7%	-0.1
Semi-urgent	95.9%	96.5%	-0.6
Non-urgent	95.5%	96.3%	-0.8

Figure 15 Percentage of elective surgical procedures performed on time, by urgency, January 2013 to March 2018



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.

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

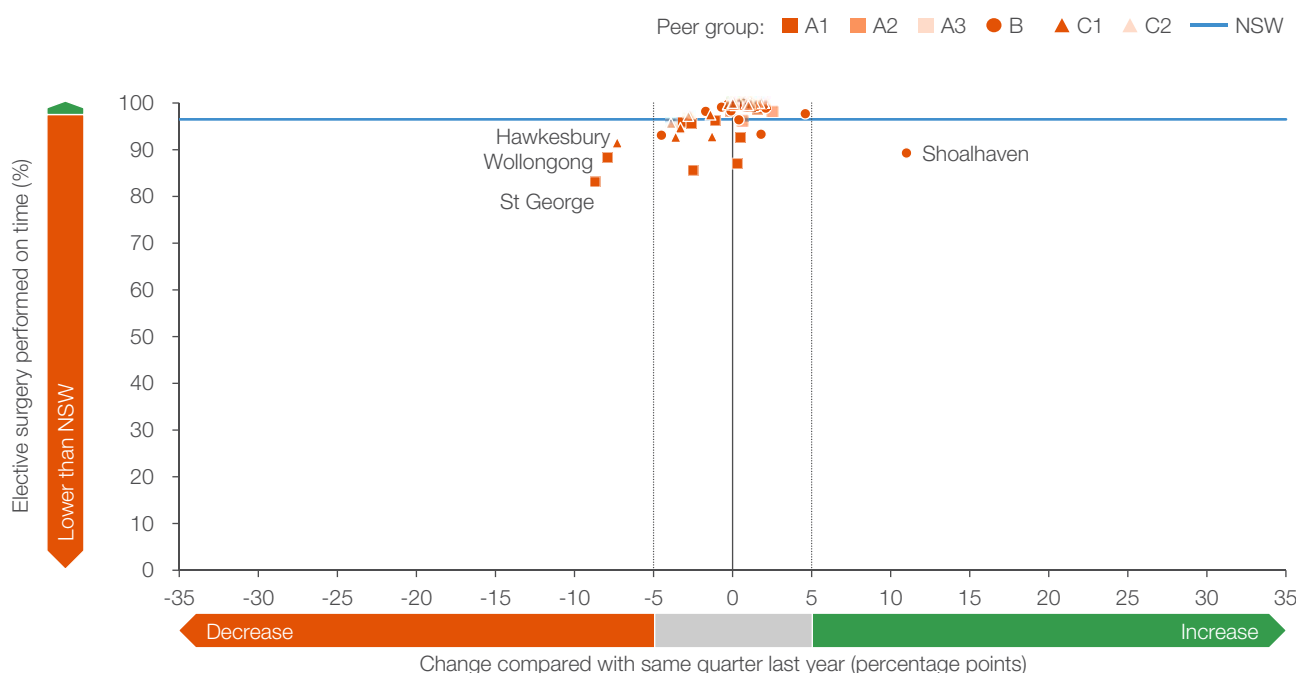
results that were lower than NSW and a decrease in the percentage of procedures performed on time, compared with the same quarter last year.

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

Compared with the same quarter last year, the percentage of elective surgical procedures performed on time was higher in 26 out of 79 hospitals. For one hospital, Shoalhaven, the percentage of procedures performed on time was up by more than 10 percentage points (Figure 16).

The percentage of procedures performed on time was lower in 25 hospitals. For three hospitals, St George, Wollongong and Hawkesbury, the decrease was more than five percentage points (Figure 16).










Figure 16 Percentage of elective surgical procedures performed on time and percentage point change since same quarter last year, hospitals by peer group, January to March 2018



Median waiting time for specialties and specific procedures

Across specialties in the January to March 2018 quarter, the longest median wait times were for ear, nose and throat surgery (206 days), ophthalmic surgery (205 days), and orthopaedic surgery (124 days). The shortest median wait time was for medical (non-specialist) surgery (14 days) (Figure 17).

Figure 17 Median waiting time for patients who received elective surgery, by specialty, January to March 2018

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Ear, nose and throat surgery	4,134	 206 days	192 days	14 days
Ophthalmology	7,157	 205 days	206 days	-1 day
Orthopaedic surgery	8,353	 124 days	128 days	-4 days
Neurosurgery	1,089	 58 days	50 days	8 days
General surgery	12,855	 42 days	42 days	unchanged
Gynaecology	6,564	 42 days	39 days	3 days
Urology	7,458	 40 days	36 days	4 days
Plastic surgery	2,331	 36 days	37 days	-1 day
Cardiothoracic surgery	834	 26 days	28 days	-2 days
Vascular surgery	1,512	 24 days	22 days	2 days
Medical	430	 14 days	19 days	-5 days

Across common surgical procedures, the median wait time was the longest for septoplasty (335 days, up 11 days) and myringoplasty/tympanoplasty (332 days, up 44 days). General elective surgical procedures had the shortest median wait time (24 days, down two days) (Figure 18).

Figure 18 Median waiting time for patients who received elective surgery, by common procedure, January to March 2018

	Number of procedures	This quarter	Same quarter last year	Change since one year ago
Septoplasty	428	335 days	324 days	11 days
Myringoplasty / Tympanoplasty	96	332 days	288 days	44 days
Tonsillectomy	1,444	301 days	279 days	22 days
Total knee replacement	1,680	290 days	291 days	-1 day
Cataract extraction	5,692	235 days	230 days	5 days
Total hip replacement	936	219 days	223 days	-5 days
Myringotomy	39	118 days	78 days	41 days
Varicose veins stripping and ligation	300	115 days	136 days	-21 days
Inguinal herniorrhaphy	1,402	83 days	81 days	2 days
Haemorrhoidectomy	236	76 days	77 days	-1 day
Prostatectomy	633	74 days	66 days	8 days
Cholecystectomy	1,555	60 days	56 days	4 days
Abdominal hysterectomy	644	54 days	60 days	-6 days
Coronary artery bypass graft	157	42 days	42 days	unchanged
Hysteroscopy	2,261	41 days	34 days	7 days
Cystoscopy	3,178	31 days	30 days	1 day
Other - General	1,562	24 days	26 days	-2 days

Percentage of elective surgery for specific specialties procedures on time

Across specialties in the January to March 2018 quarter, the highest percentage of patients who received surgery on time was seen in medical (non-specialist) surgery (99.8%). The lowest percentage of procedures performed on time was seen in ear, nose and throat surgery (90.9%) (Figure 19).

Compared with the same quarter last year, the largest change in the percentage of patients who received surgery on time was seen in plastic surgery (up 1.8 percentage points) and ear, nose and throat surgery (down 2.8 percentage points).

Figure 19 Percentage of elective surgical procedures performed on time, by specialty, January to March 2018

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Medical	430	<div></div> 99.8%	98.5%	1.3
Ophthalmology	7,157	<div></div> 98.2%	99.3%	-1.1
Plastic surgery	2,331	<div></div> 98.1%	96.3%	1.8
Gynaecology	6,564	<div></div> 98.0%	98.2%	-0.2
General surgery	12,855	<div></div> 97.8%	97.8%	unchanged
Vascular surgery	1,512	<div></div> 97.4%	98.3%	-0.9
Cardiothoracic surgery	834	<div></div> 97.3%	97.8%	-0.5
Neurosurgery	1,089	<div></div> 95.9%	96.9%	-1.0
Orthopaedic surgery	8,353	<div></div> 95.0%	95.6%	-0.6
Urology	7,458	<div></div> 94.8%	95.9%	-1.1
Ear, nose and throat surgery	4,134	<div></div> 90.9%	93.7%	-2.8

By common procedure in January to March 2018, the highest percentage of patients who received surgery on time was seen in cataract extraction (98.6%) while the lowest was seen in myringoplasty/tympanoplasty (78.7%) (Figure 20).

Compared with the same quarter last year, the largest rise in the percentage of patients who received surgery on time was seen in myringotomy (up 2.4 percentage points) while the largest drop was seen in myringoplasty/tympanoplasty (down 10.6 percentage points) (Figure 20).

Figure 20 Percentage of elective surgical procedures performed on time, by common procedure, January to March 2018

	Number of procedures	Percentage on time	Same quarter last year	Percentage point change since one year ago
Cataract extraction	5,692	98.6%	99.4%	-0.8
Haemorrhoidectomy	236	98.3%	97.1%	1.2
Hysteroscopy	2,261	98.2%	98.6%	-0.4
Other - General	1,562	97.8%	97.9%	-0.1
Cholecystectomy	1,555	97.8%	96.2%	1.6
Varicose veins stripping and ligation	300	97.0%	94.8%	2.2
Coronary artery bypass graft	157	96.8%	97.7%	-0.9
Inguinal herniorrhaphy	1,402	96.7%	96.5%	0.2
Abdominal hysterectomy	644	96.7%	96.8%	-0.1
Cystoscopy	3,178	94.9%	95.8%	-0.9
Total hip replacement	936	92.2%	95.0%	-2.8
Myringotomy	39	92.1%	89.7%	2.4
Tonsillectomy	1,444	91.7%	93.7%	-2.0
Total knee replacement	1,680	90.8%	93.0%	-2.2
Prostatectomy	633	90.5%	91.7%	-1.2
Septoplasty	428	84.3%	92.1%	-7.8
Myringoplasty / Tympanoplasty	96	78.7%	89.3%	-10.6

End of quarter elective surgery waiting list

On 31 March 2018, there were 77,575 patients who were ready for surgery and on the elective surgery waiting list, up 3.8% compared with the same quarter last year. Of these, 2.3%, 16.2% and 81.5% were waiting for urgent, semi-urgent and non-urgent surgery, respectively (Figure 21).

The waiting list is dynamic and this statistic provides a snapshot of the list on a single day. Among the patients on the list on 31 March 2018, there were 16,595 (21.4%) who had been waiting for 30 days or less.

Compared with the last day of the same quarter last year, the number of patients on the waiting list was lower for urgent surgery (1,812, down 9.5%) and higher for semi-urgent surgery (12,535, up 6.6%) and non-urgent surgery (63,228, up 3.7%) (Figure 21).




At the end of the quarter, there were 14,339 patients 'not ready for surgery'* and on the elective surgery waiting list, up 7.6% compared with the same quarter last year (Figure 21).

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

By procedure, most patients were waiting for cataract extraction (15,832 patients); 7.0% more than in the same quarter last year. Procedures with relatively fewer patients on the waiting list at the end of the quarter were coronary artery bypass graft (78 patients) and myringotomy (111 patients) (Figure 23).

At the end of the quarter, there were 483 patients still waiting for surgery after more than 12 months on the waiting list; up 167 patients compared with the same quarter last year. The majority of these patients were waiting for orthopaedic surgery (212 patients; 43.9%) and ear, nose and throat surgery (110 patients; 22.8%) (Figure 22).

Figure 21 Elective surgery waiting list, by urgency category, as of 31 March 2018

		This quarter	Same quarter last year	Change since one year ago
Patients ready for surgery on waiting list as at 31 March 2018		77,575	74,745	3.8%
Urgent	 2.3%	1,812	2,003	-9.5%
Semi-urgent	 16.2%	12,535	11,764	6.6%
Non-urgent	 81.5%	63,228	60,978	3.7%
Patients not ready for surgery on waiting list at the end of quarter		14,339	13,321	7.6%

* 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 of 31 March 2018

	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	77,575	74,745	3.8	483	316
Orthopaedic surgery	19,106	18,929	0.9	212	132
Ophthalmology	18,017	17,175	4.9	15	24
General surgery	13,225	12,492	5.9	58	42
Ear, nose and throat surgery	11,096	10,384	6.9	110	58
Gynaecology	6,111	6,076	0.6	28	13
Urology	4,453	4,312	3.3	23	7
Plastic surgery	2,396	2,370	1.1	14	18
Neurosurgery	1,490	1,291	15.4	15	18
Vascular surgery	1,090	1,074	1.5	7	4
Cardiothoracic surgery	371	365	1.6	1	unchanged
Medical	220	277	-20.6	0	unchanged

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 of 31 March 2018

Procedure	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	15,832	14,794	7.0	5	16
Total knee replacement	6,024	5,648	6.7	80	38
Tonsillectomy	4,336	4,193	3.4	34	16
Total hip replacement	2,589	2,543	1.8	33	20
Inguinal herniorrhaphy	2,361	2,259	4.5	9	8
Hysteroscopy	1,704	1,584	7.6	0	2
Cholecystectomy	1,667	1,540	8.2	1	0
Septoplasty	1,662	1,472	12.9	21	14
Cystoscopy	1,271	1,158	9.8	0	0
Other - General	1,125	1,062	5.9	5	2
Prostatectomy	744	763	-2.5	5	2
Abdominal hysterectomy	742	817	-9.2	7	1
Varicose veins stripping and ligation	719	677	6.2	6	5
Myringoplasty / Tympanoplasty	376	363	3.6	8	4
Haemorrhoidectomy	366	425	-13.9	4	2
Myringotomy	111	88	26.1	0	0
Coronary artery bypass graft	78	78	0.0	1	0

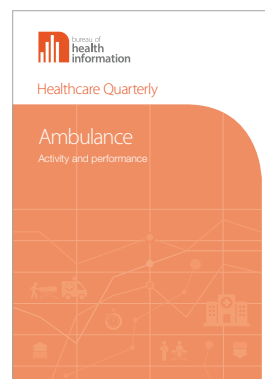
Healthcare Quarterly

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.

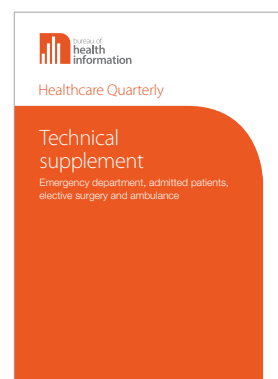
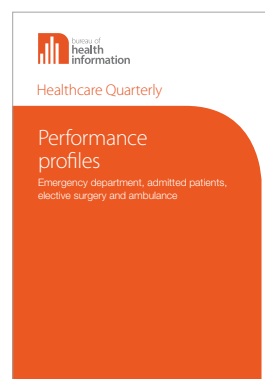
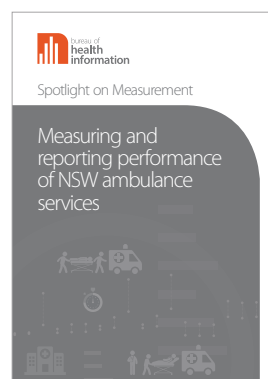
The reports feature key indicators of activity and performance across ambulance and public hospital services in NSW.



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



All reports and profiles are available at bhi.nsw.gov.au

Additional information on local performance is available from BHI's interactive data portal Healthcare Observer, at bhi.nsw.gov.au/healthcare_observer

About the Bureau of Health Information

The Bureau of Health Information (BHI) is a board-governed organisation that provides independent information about the performance of the NSW public healthcare system.

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

BHI supports the accountability of the healthcare system by providing regular and detailed information to the community, government and healthcare professionals. This in turn supports quality improvement by highlighting how well the healthcare system is functioning and where there are opportunities to improve.

BHI manages the NSW Patient Survey Program, gathering information from patients about their experiences in public hospitals and other healthcare facilities.

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

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

BHI's work relies on the efforts of a wide range of healthcare, data and policy experts. All of our assessment efforts leverage the work of hospital coders, analysts, technicians and healthcare providers who gather, codify and report data. Our public reporting of performance information is enabled and enhanced by the infrastructure, expertise and stewardship provided by colleagues from NSW Health and its pillar organisations.

bhi.nsw.gov.au