

Healthcare Quarterly

Tracking public hospital and
ambulance service activity
and performance in NSW

July to September 2024

Overview

July to September 2024



Ambulance

Ambulance incidents and responses reached record highs and response times increased compared with a year earlier.

Find out more from page 3



Elective surgery

Fewer elective surgeries were performed and the waiting list grew, however more surgeries were performed on time compared with a year earlier.

Find out more from page 15



Emergency department

Emergency department attendances increased and patients continued to wait longer 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 COVID-19 pandemic.

Find out more from page 21

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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. Activity and performance results for seclusion and restraint are now reported on a six-monthly basis. The Seclusion and Restraint Supplement is published in the April to June, and October to December reports.

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 (10 October 2024); ED (25 October 2024); elective surgery (16 October 2024); admitted patients (17 October 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. Comparisons with previous quarters should be considered in the context of the fluctuations in hospital and ambulance activity and performance during the pandemic.

Industrial action occurred in September 2024.

This report includes health system activity and performance in urban and rural areas for the July to September 2024 quarter. Rural areas include regional, remote and very remote areas.

Information warehouse transition

NSW Health transitioned to a new central information warehouse on 1 July 2024. This may result in subsequent minor corrections and updates to admitted patient and emergency department activity and performance results for July to September 2024.

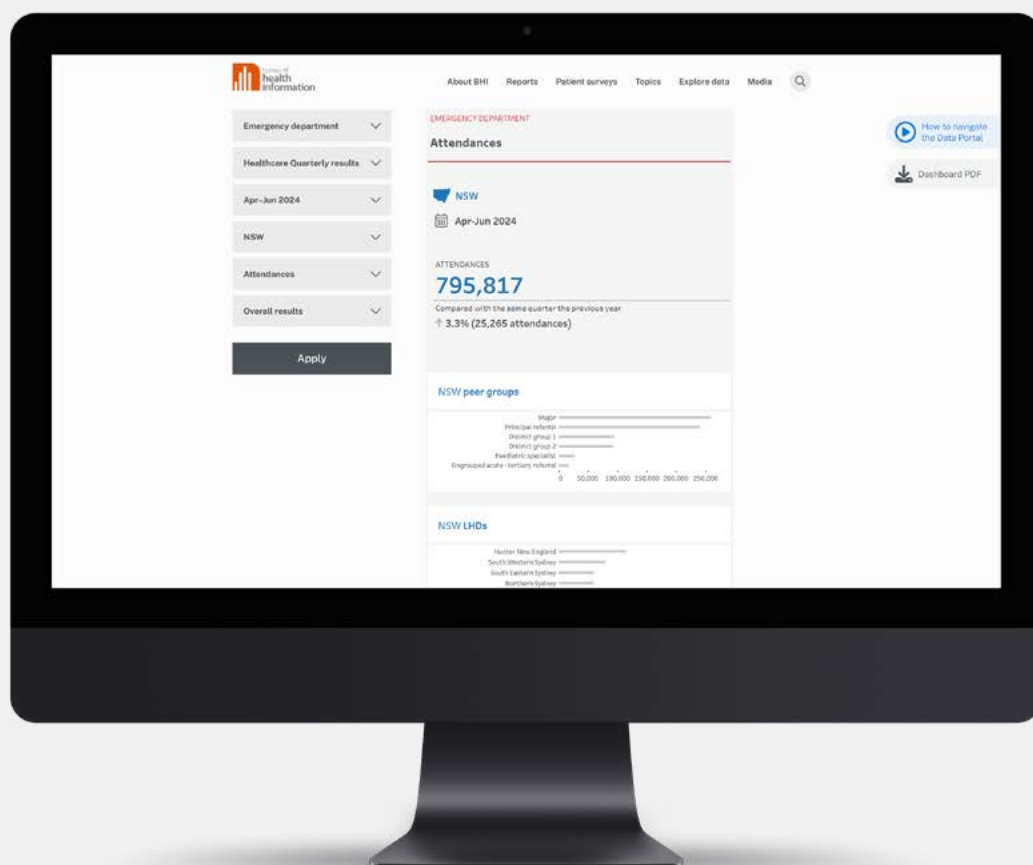
Interactive data

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.

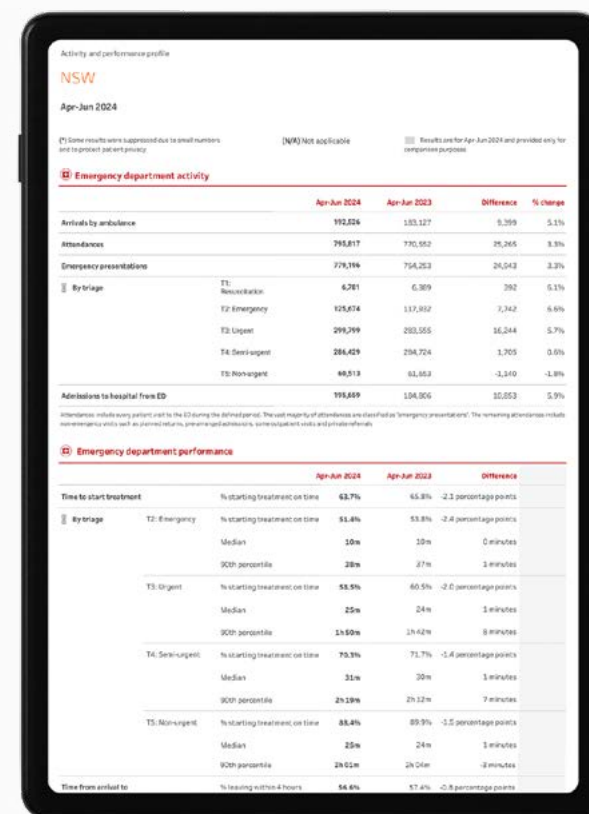
Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



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

July to September 2024

RESPONSES

There were 287,160 incidents – up 4.1% (11,364) compared with the same quarter a year earlier. 385,873 responses were dispatched to these incidents – up 6.2% (22,622).

Both were the highest of any quarter since BHI started reporting in 2010.

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 45.8% and 85.9%, respectively – down 2.8 and 3.0 percentage points from the same quarter a year earlier.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of 'highest priority – P1A' responses within 10 minutes was 63.9% – down 2.5 percentage points from the same quarter a year earlier.

The median response time for 'emergency – P1' responses was 13.7 minutes – up from 12.9 minutes during the same quarter a year earlier. One in 10 of these responses took longer than 32 minutes.



Behind the key findings

Figure 1
Ambulance calls, incidents, responses and patient transports, NSW
 July 2019 to September 2024

Of the 385,873 ambulance responses in July to September 2024, 67.5% (260,458) were in urban areas and 31.9% (123,226) were in rural areas.

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

◆ 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.

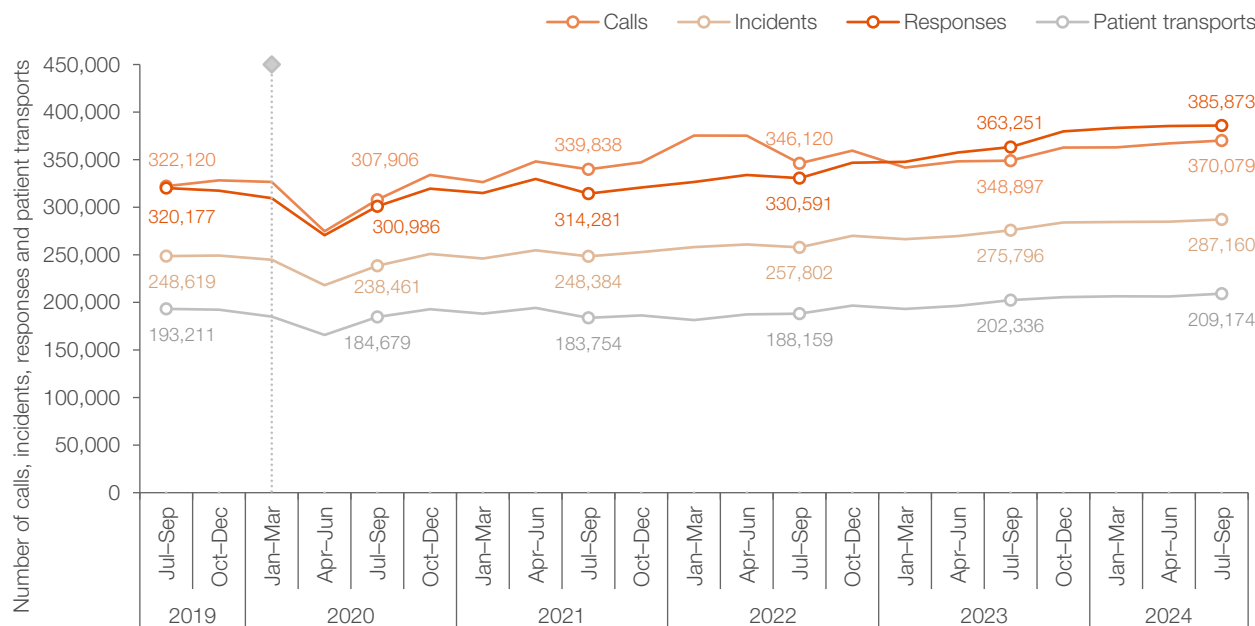
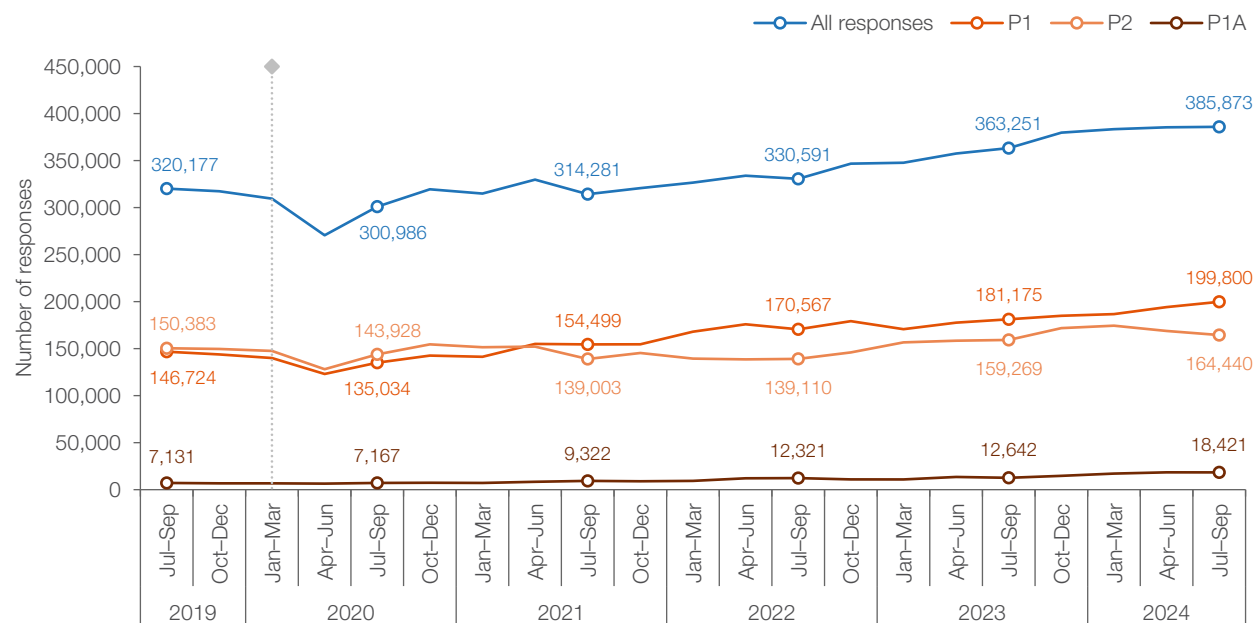


Figure 2
Ambulance responses, by priority category, NSW
 July 2019 to September 2024

In May 2022, a statewide software upgrade was implemented by NSW Ambulance to reflect a broadening of the P1A priority category to include a wider range of clinical conditions, such as breathing problems and overdoses. This change was accompanied by an education and training program for NSW Ambulance staff and the subsequent rollout of a statewide online training program in November 2023. Staff training focused on the increase in clinical conditions eligible to be assigned to P1A. These changes are likely to have increased the number of responses categorised as P1A since May 2022.

Note: 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.



Behind the key findings

Figure 3
 Percentage of call to ambulance arrival times within benchmarks, by priority, NSW
 July 2019 to September 2024

In July to September 2024, the percentage of P1 cases with a call to ambulance arrival time within 15 minutes was 45.9% in urban areas and 46.1% in rural areas.

The percentage of P1 cases with a call to ambulance arrival time within 30 minutes was 88.0% in urban areas and 81.1% in rural areas.

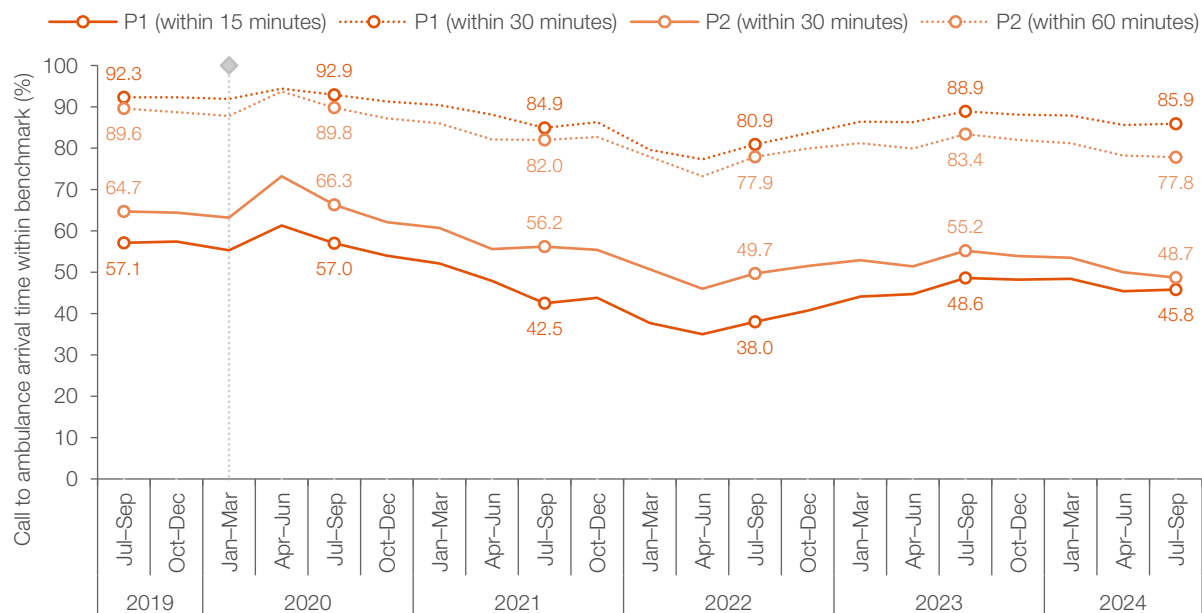
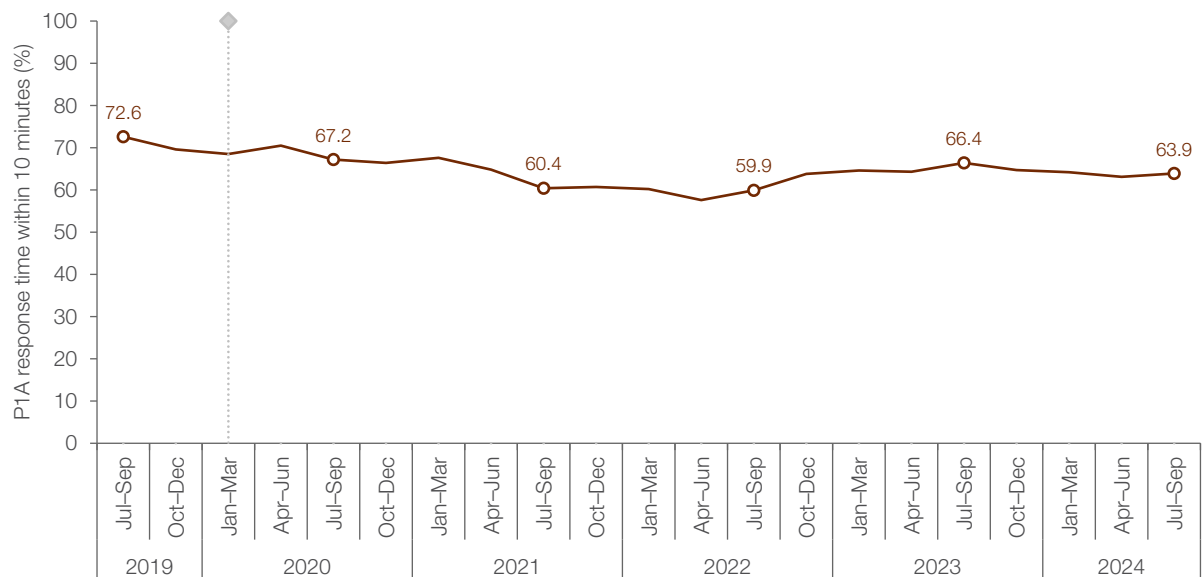


Figure 4
 Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW
 July 2019 to September 2024

In July to September 2024, the percentage of P1A responses within 10 minutes was 68.2% in urban areas and 53.8% 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
 July 2019 to September 2024

In July to September 2024, the median response time for:

- P1 cases was 13.7 minutes in urban areas and 13.9 minutes in rural areas
 - P1A cases was 8.0 minutes in urban areas and 9.4 minutes in rural areas
- P2 cases was 29.7 minutes in urban areas and 23.4 minutes in rural areas.

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

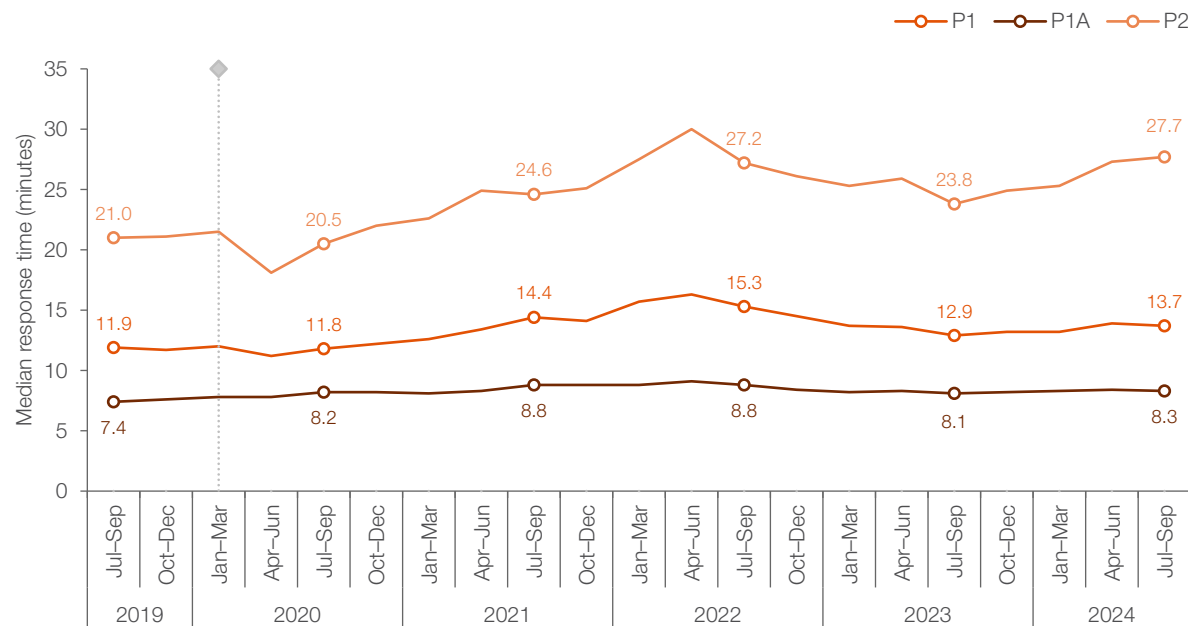
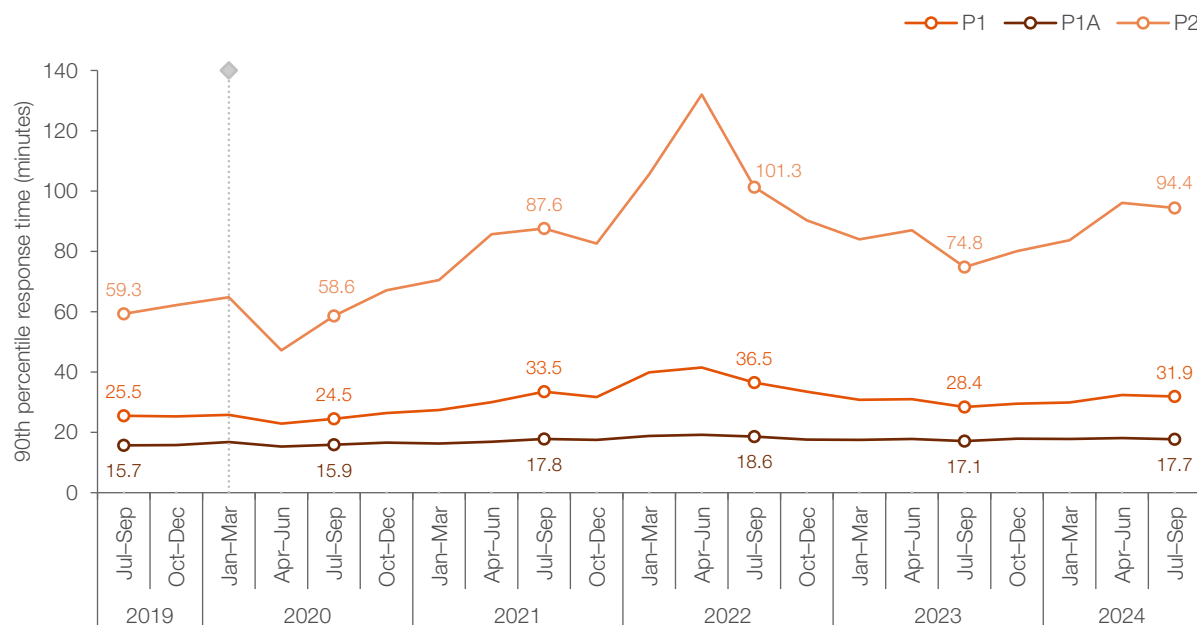


Figure 6
90th percentile response times, by priority category, NSW
 July 2019 to September 2024

In July to September 2024, the 90th percentile response time for:

- P1 cases was 29.6 minutes in urban areas and 36.8 minutes in rural areas
 - P1A cases was 14.9 minutes in urban areas and 24.8 minutes in rural areas
- P2 cases was 104.5 minutes in urban areas and 76.2 minutes in rural areas.

◆ 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

July to September 2024

ACTIVITY

There were 787,590 ED attendances – up 2.1% (15,949) compared with the same quarter a year earlier.

Triage 2 and 3 presentations were both the highest of any quarter since BHI started reporting in 2010. Triage 4 and 5 presentations have been trending down since early 2024.



TIME TO START TREATMENT

61.3% of all patients who attended the ED started their treatment on time – the lowest of any quarter since BHI started reporting in 2010.

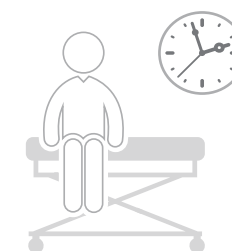
Just 49.2% of triage 2 presentations and 55.9% of triage 3 presentations were treated on time.



TIME FROM ARRIVAL TO LEAVING ED

54.7% of patients spent less than four hours in the ED. One in 10 patients spent longer than 11 hours 29 minutes in the ED.

67,737 patients left the ED without, or before completing, treatment – up 9.8% (6,027) compared with the same quarter a year earlier.



TIME TO TRANSFER CARE

195,703 patients arrived at the ED by ambulance – the highest since 2010.

77.5% of patients who arrived by ambulance had their care transferred to ED staff within 30 mins. One in 10 patients waited longer than 62 minutes for their care to be transferred – down from the record 76 minutes in the preceding quarter.



Behind the key findings

Figure 7
Emergency department attendances, NSW
July 2019 to September 2024

Of the 787,590 ED attendances in July to September 2024, 63.8% (502,715) were in urban hospitals and 36.2% (284,875) 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 the ABS. For more information, see the [technical supplement](#).

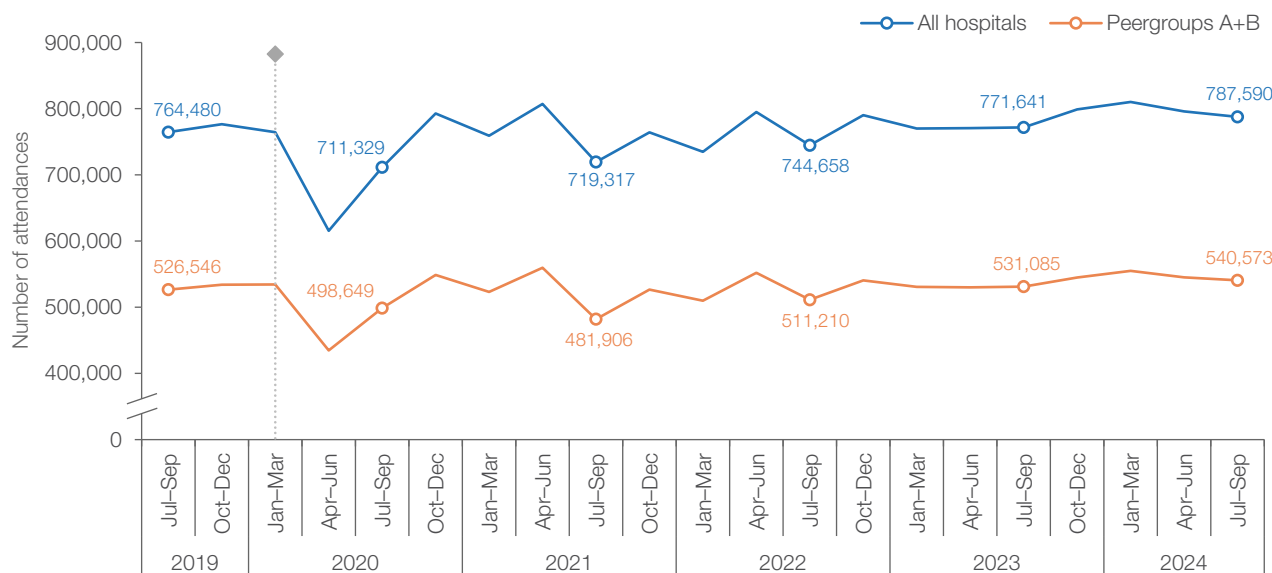
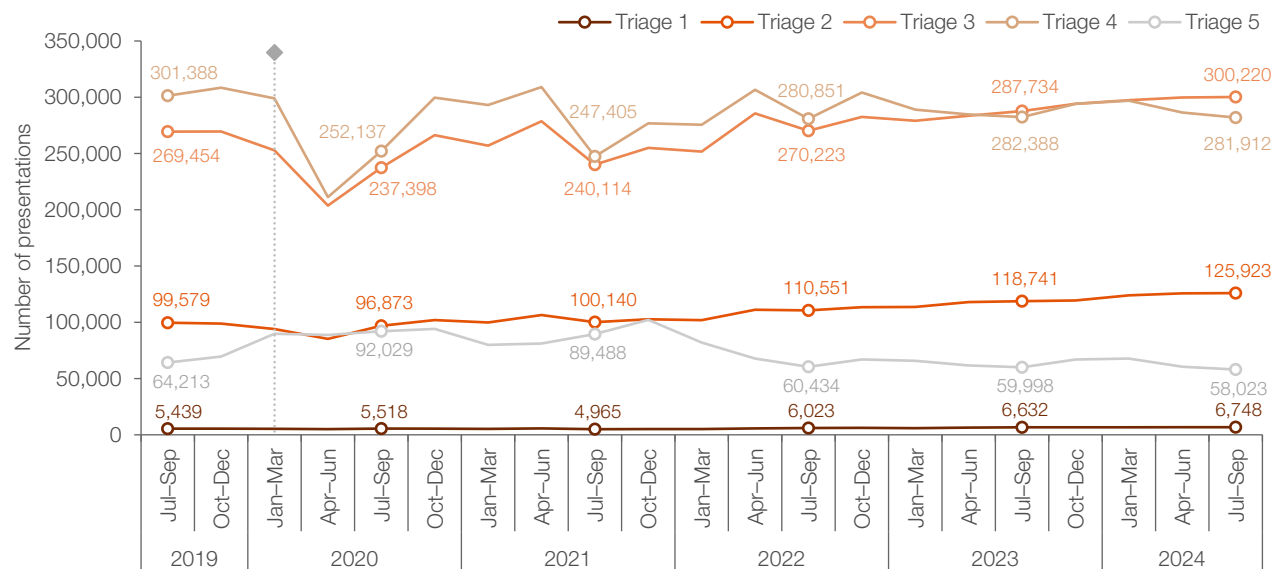


Figure 8
Emergency presentations, by triage category, NSW
July 2019 to September 2024

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 9
Percentage of patients starting treatment on time, by triage category, NSW
July 2019 to September 2024

In July to September 2024, the percentage of all patients who had their treatment start on time was 56.1% in urban hospitals and 70.7% in rural hospitals.

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

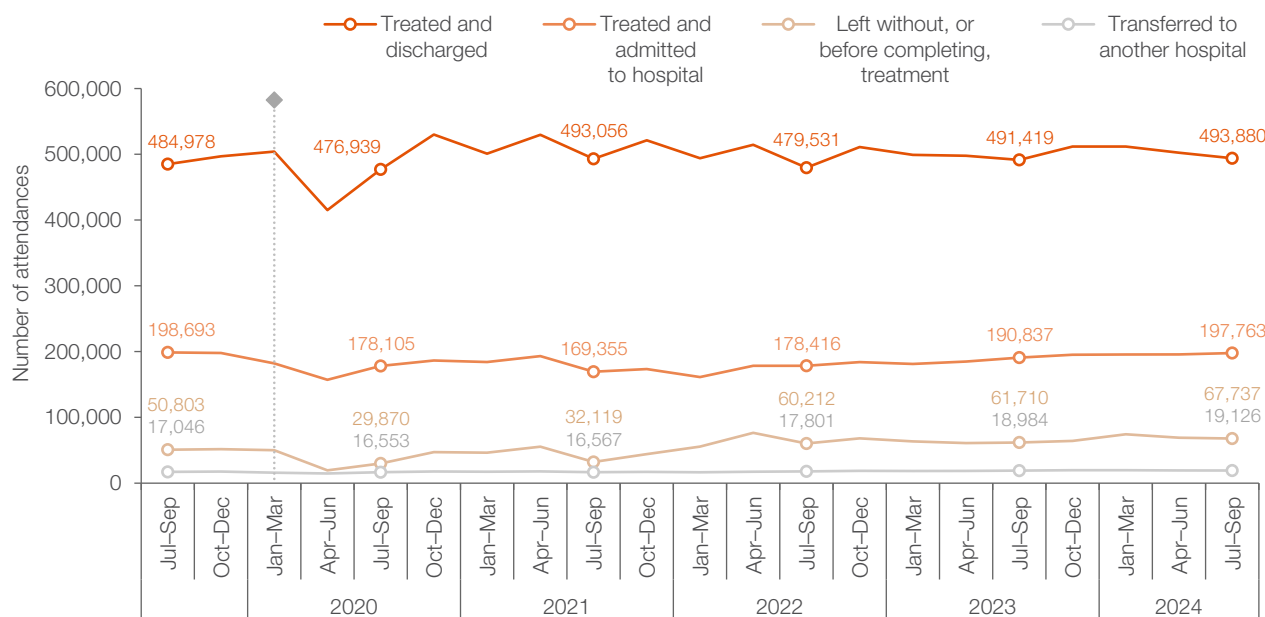
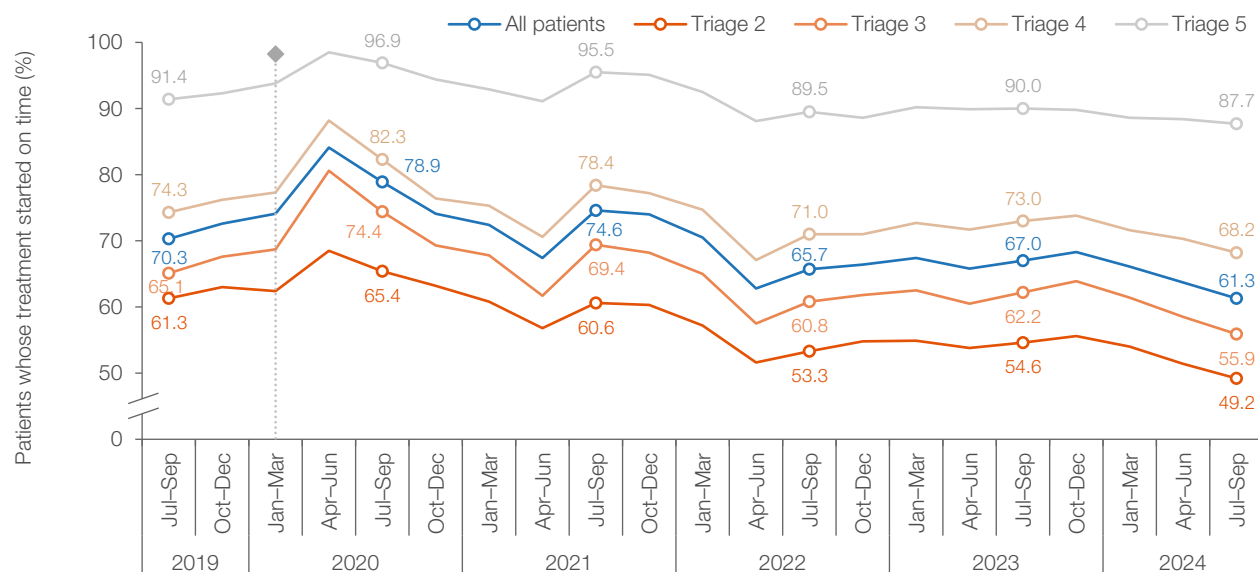
- Triage 2: Emergency – 80% within 10 minutes
- Triage 3: Urgent – 75% within 30 minutes
- Triage 4: Semi-urgent – 70% within 60 minutes
- Triage 5: Non-urgent – 70% within 120 minutes.

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. For more information, see the [technical supplement](#).

Figure 10
Emergency department attendances, by mode of leaving, NSW
July 2019 to September 2024

Of the 67,737 patients who left without, or before completing treatment in July to September 2024, 32.7% were triage 3, 45.8% were triage 4 and 13.1% were triage 5.

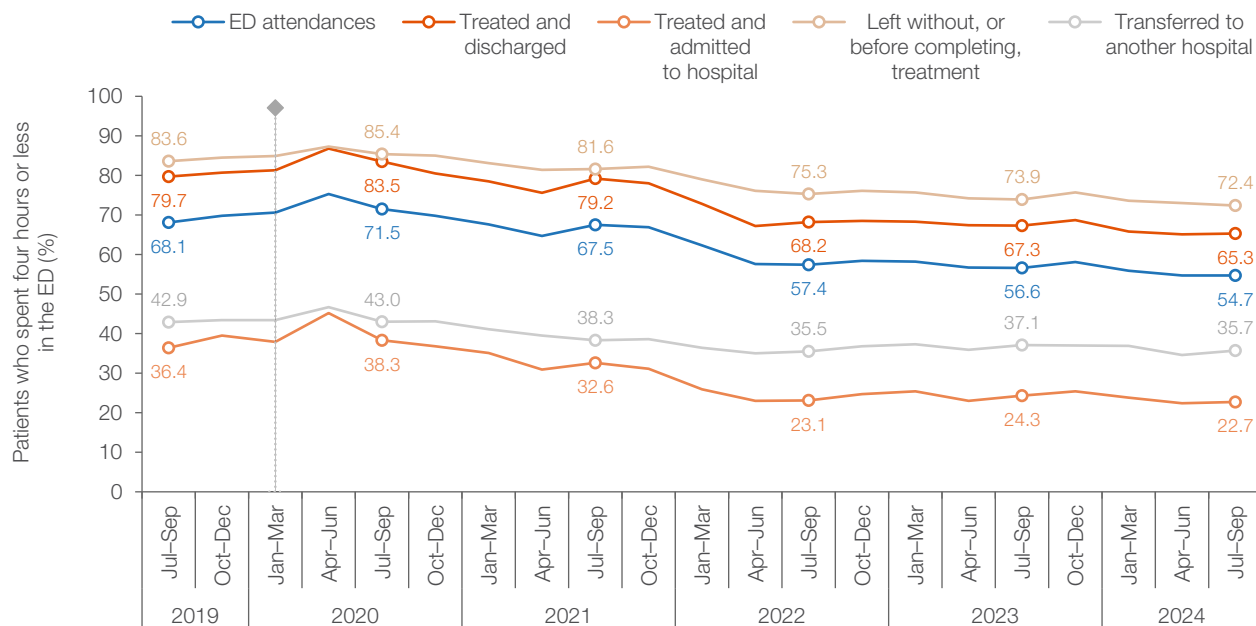
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Behind the key findings

Figure 11
 Percentage of patients leaving the emergency department within four hours, by mode of leaving, NSW
 July 2019 to September 2024

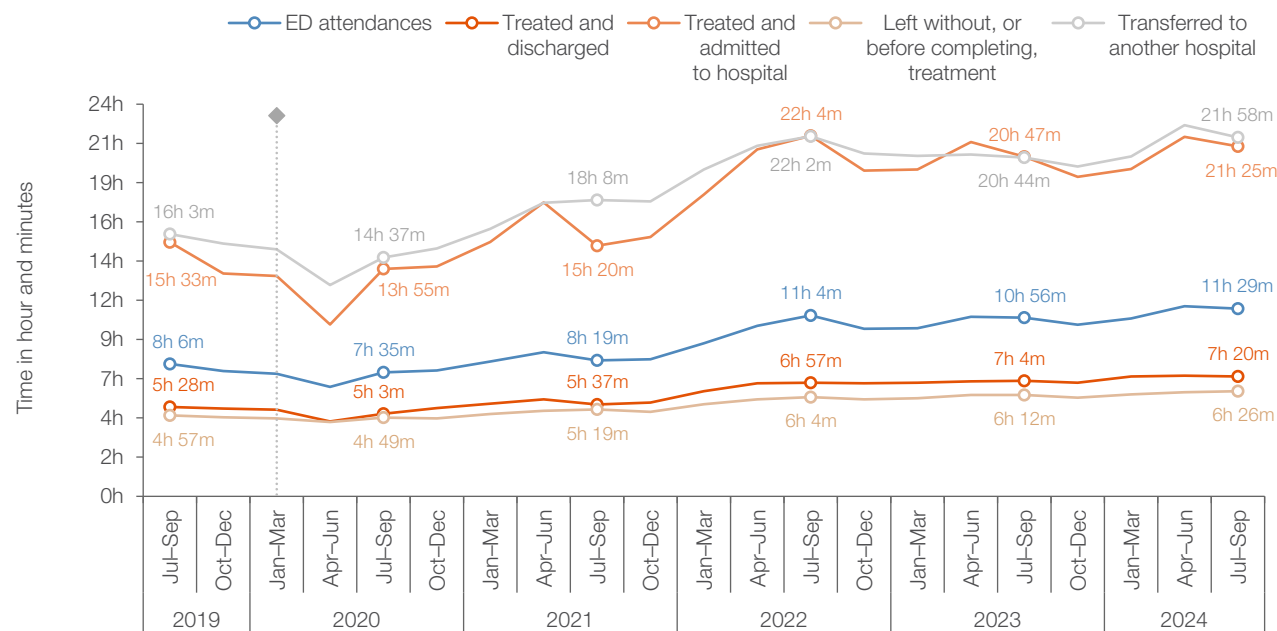
In July to September 2024, the percentage of all patients who left the ED within four hours was 47.2% in urban hospitals and 68.0% in rural hospitals.



ADDITIONAL INSIGHTS

Figure 12
 90th percentile time from arrival at the emergency department to leaving, by mode of leaving, NSW
 July 2019 to September 2024

In July to September 2024, one in 10 patients in urban hospitals spent longer than 12 hours and 47 minutes in the ED and one in 10 patients in rural hospitals spent longer than 8 hours 46 minutes.



◆ 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

ADDITIONAL INSIGHTS

Figure 13
Emergency department arrivals by ambulance, NSW
July 2019 to September 2024

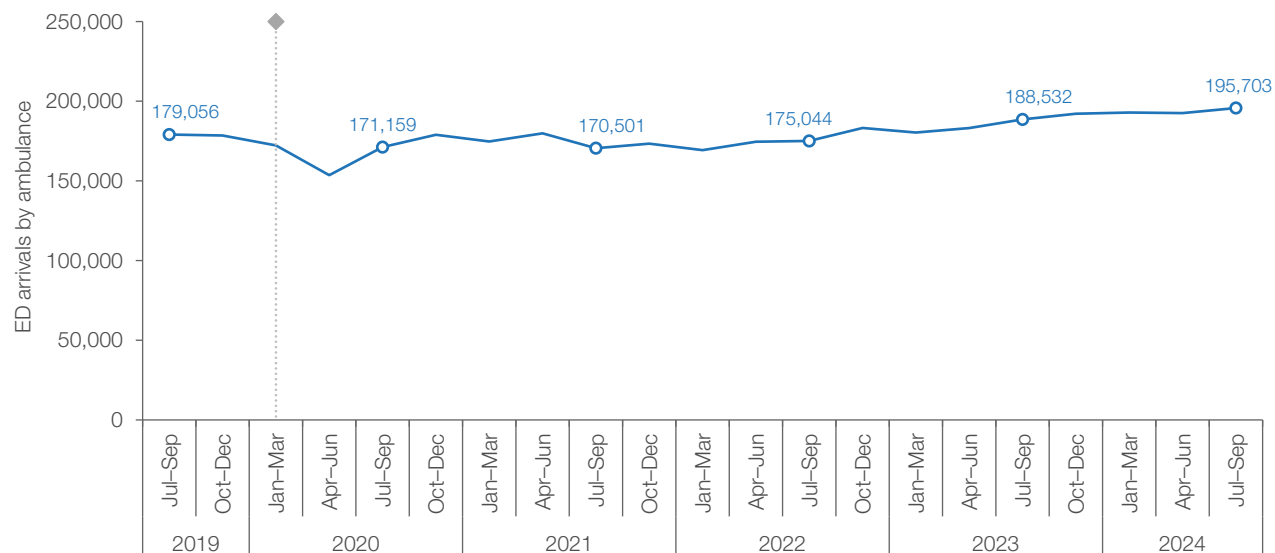
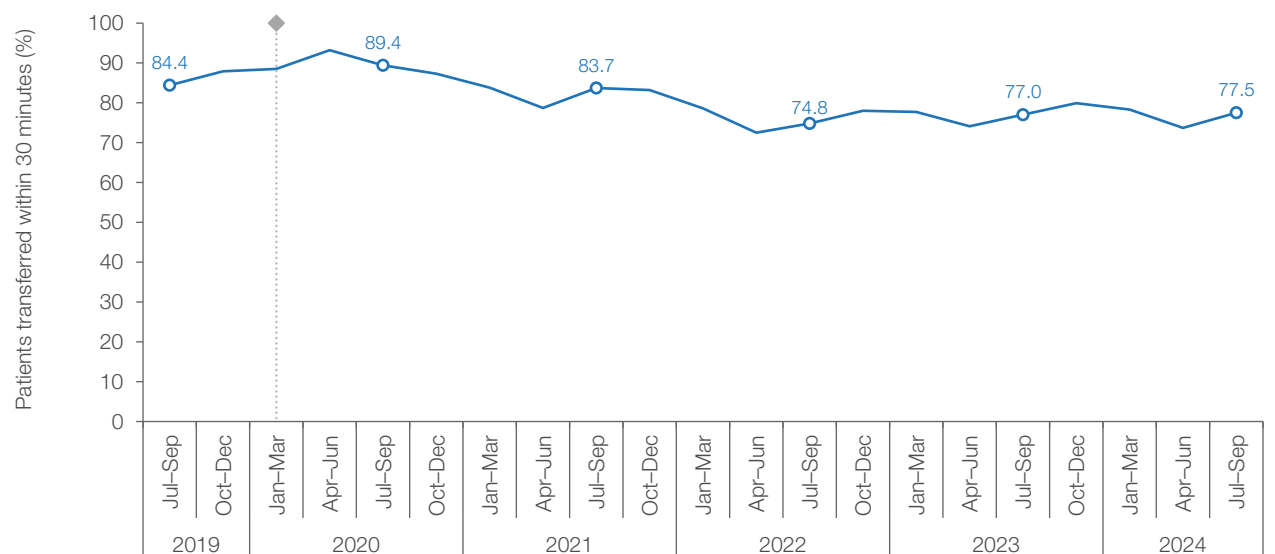


Figure 14
Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW
July 2019 to September 2024



The percentage of patients transferred from paramedics to ED staff within 30 minutes in July to September 2024 was 75.5% in urban hospitals and 82.6% in rural hospitals.

◆ 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

ADDITIONAL INSIGHTS

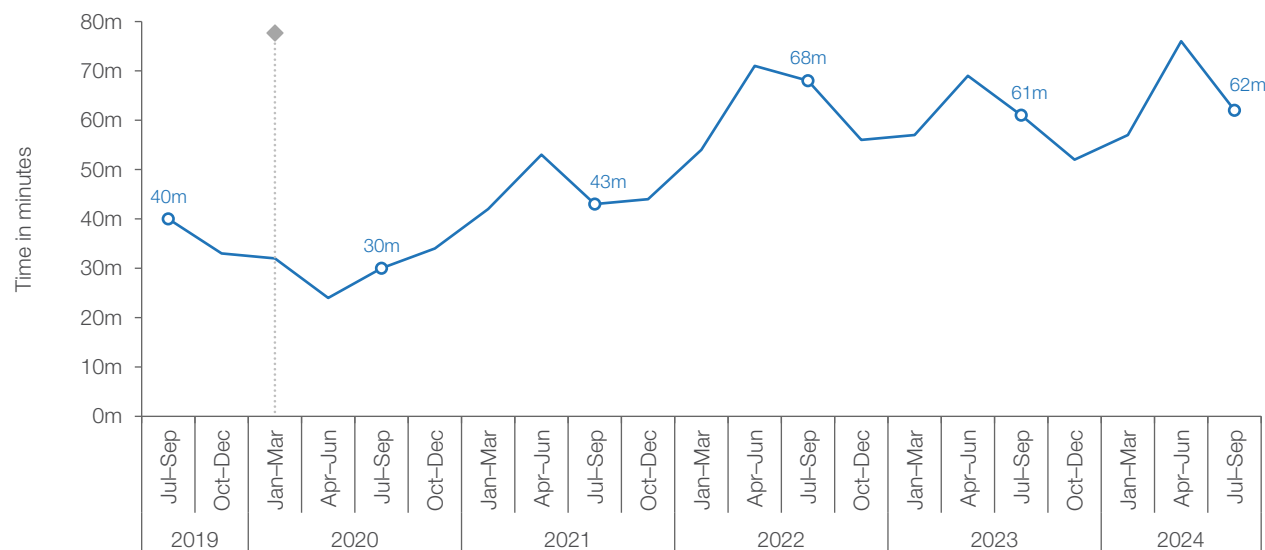
Figure 15

90th percentile time to transfer care from paramedics to emergency department staff, NSW

July 2019 to September 2024

In July to September 2024, one in 10 patients in urban hospitals waited longer than 68 minutes and one in 10 patients in rural hospitals waited longer than 48 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

July to September 2024

SURGERIES PERFORMED

There were 58,812 elective surgeries performed – down 3.9% (2,383) from the same quarter a year earlier.

1,105 elective surgeries were contracted to private hospitals – down 80.1% (4,461) from the same quarter a year earlier.



WAITING TIMES

88.8% of elective surgeries were performed on time – up 6.2 percentage points from the same quarter a year earlier.

One in 10 patients who received non-urgent surgery waited longer than 377 days – down 77 days from the same quarter a year earlier.



PATIENTS ON WAITING LIST

There were 98,608 patients on the waiting list at the end of September 2024 – up 7.7% (7,083) from the same quarter the previous year.

Of those patients, 3,991 had waited longer than clinically recommended – down 42.5% (2,946) compared with a year earlier, but up 114.9% (2,134) from the end of June 2024.



Behind the key findings

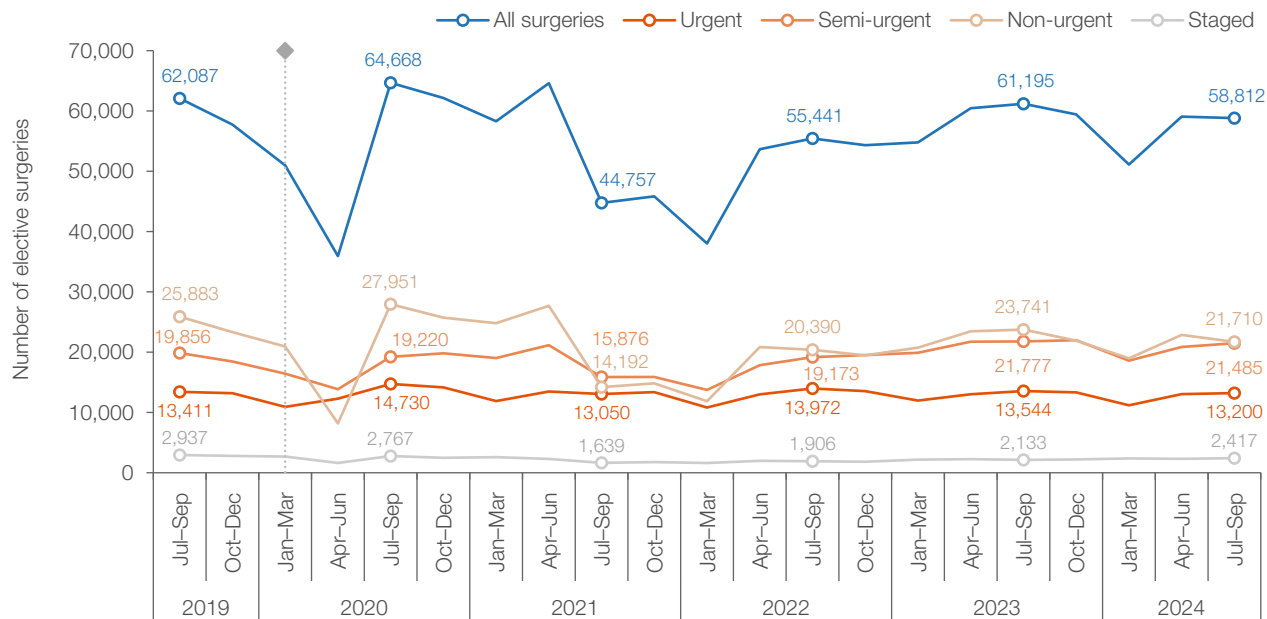
Figure 16
Elective surgeries performed, by urgency category, NSW
 July 2019 to September 2024

Of the 58,812 elective surgeries performed in July to September 2024, 73.2% (43,025) were in urban hospitals and 26.8% (15,787) were in rural hospitals.

In addition to elective surgery, there were 25,444 emergency surgeries performed in public hospitals.

In response to the COVID-19 pandemic, non-urgent elective surgery was suspended resulting in decreases in elective surgery 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 the ABS. For more information, see the [technical supplement](#).

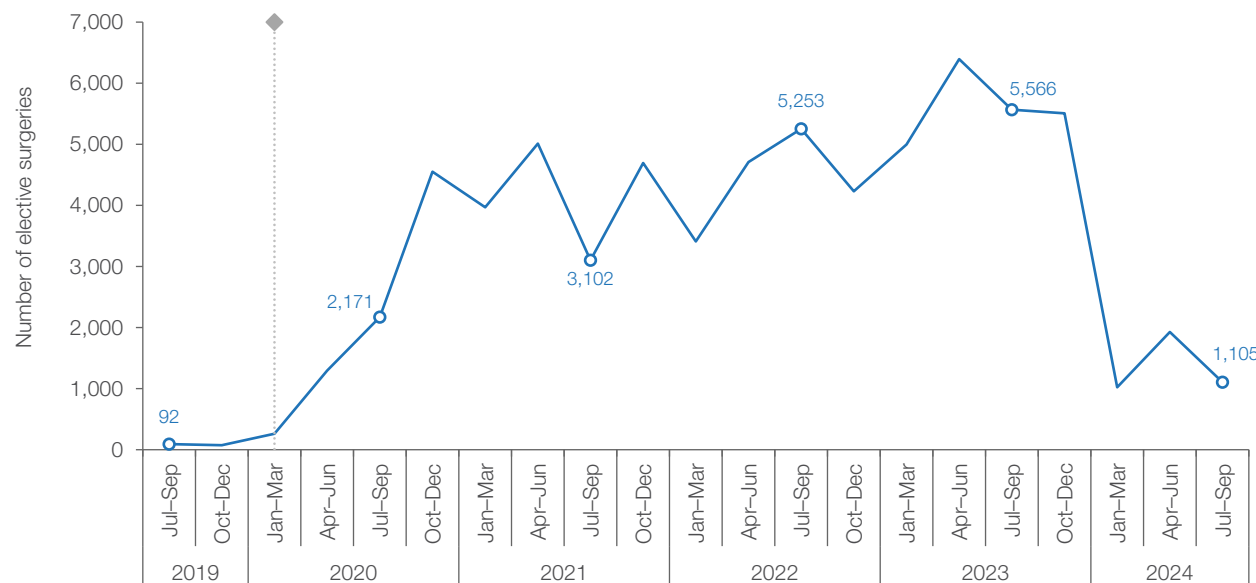


ADDITIONAL INSIGHTS

Figure 17
Elective surgeries contracted to private hospitals, NSW
 July 2019 to September 2024

A partnership with the private hospital sector was implemented under the National Partnership Agreement on Private Hospital and COVID-19 between 2020 and September 2022. Partnerships with the private hospital sector have continued under statewide agreements since 2022.

◆ 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 18
 Percentage of elective surgeries performed on time, by urgency category, NSW
 July 2019 to September 2024

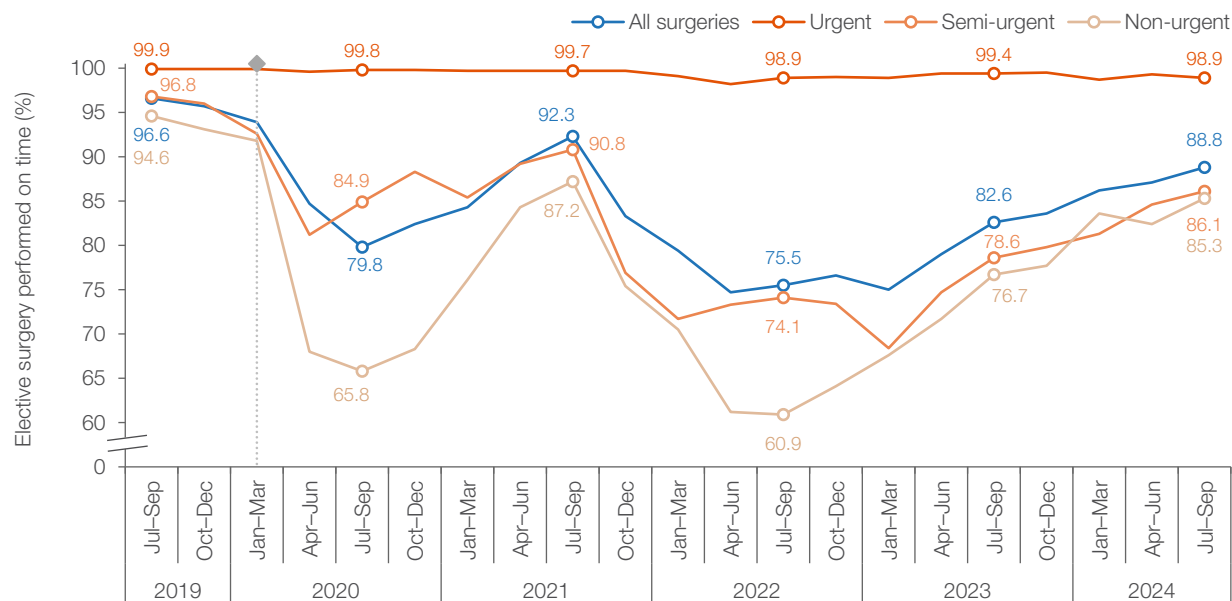
In July to September 2024, the percentage of elective surgeries performed on time was 89.1% in urban hospitals and 88.0% in rural hospitals.

Clinically recommended maximum waiting times for elective surgery are:

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

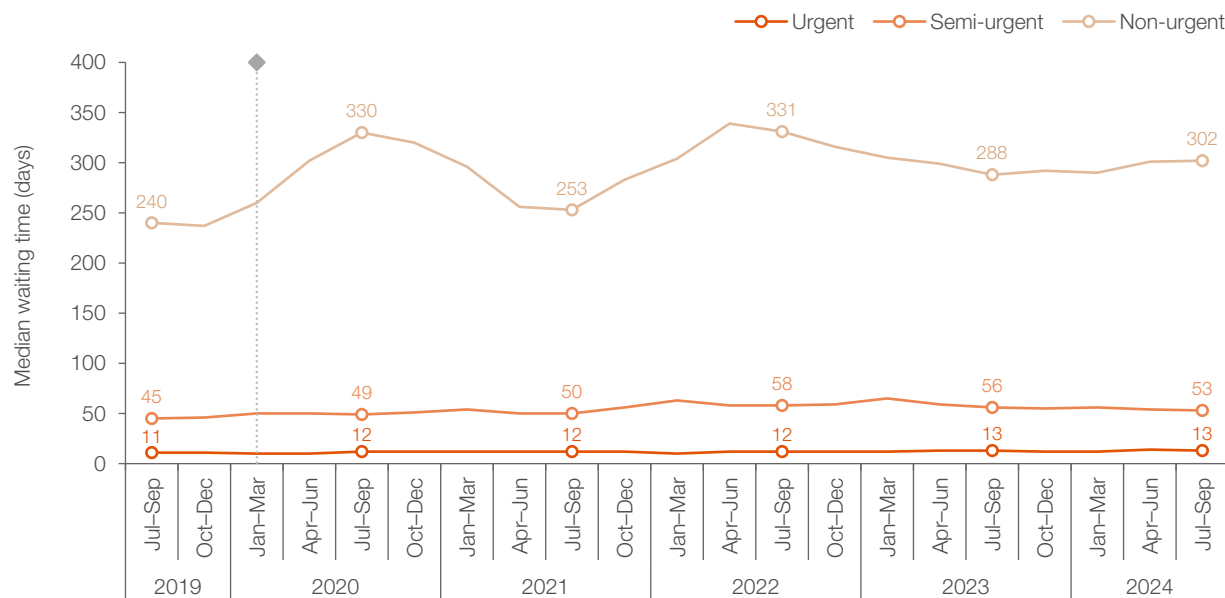
The percentage of elective surgeries performed on time is calculated based on those patients who received surgery during the quarter. This measure may be affected by previous suspensions of semi-urgent and non-urgent surgery.

◆ 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 19
 Median waiting time for elective surgery, by urgency category, NSW
 July 2019 to September 2024

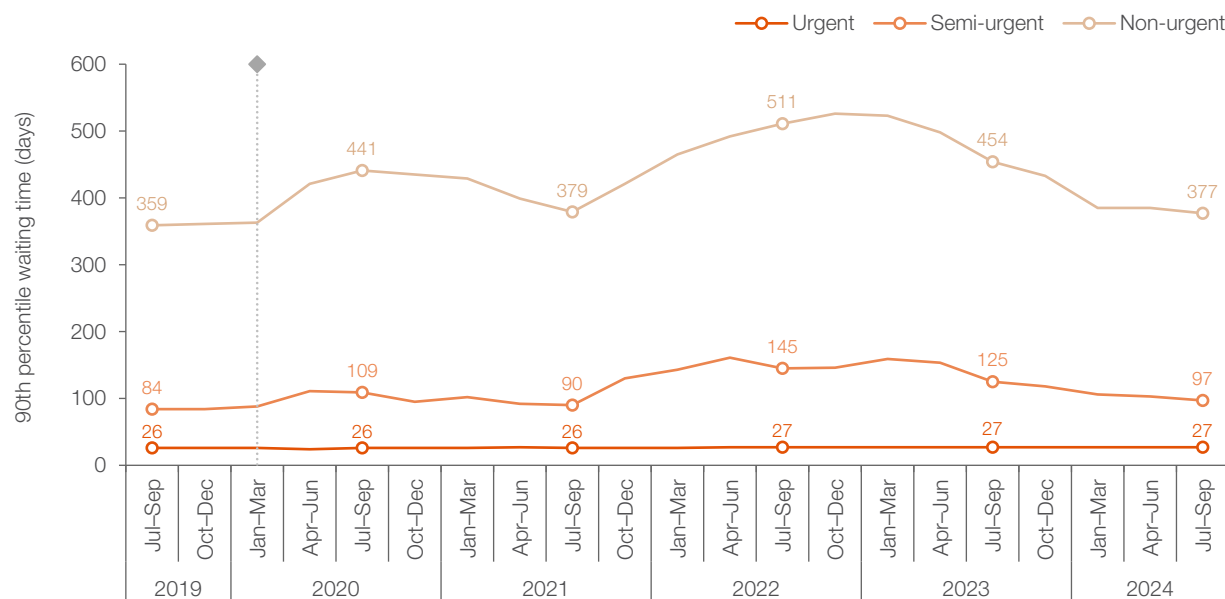


ADDITIONAL INSIGHTS

Figure 20
 90th percentile waiting time for elective surgery, by urgency category, NSW
 July 2019 to September 2024

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 21

Patients on the waiting list ready for surgery at the end of the quarter, by urgency category, NSW July 2019 to September 2024

Of those patients on the waiting list ready for surgery at the end of the July to September 2024 quarter, 70.3% (69,352) were in urban hospitals and 29.7% (29,256) were in rural hospitals.

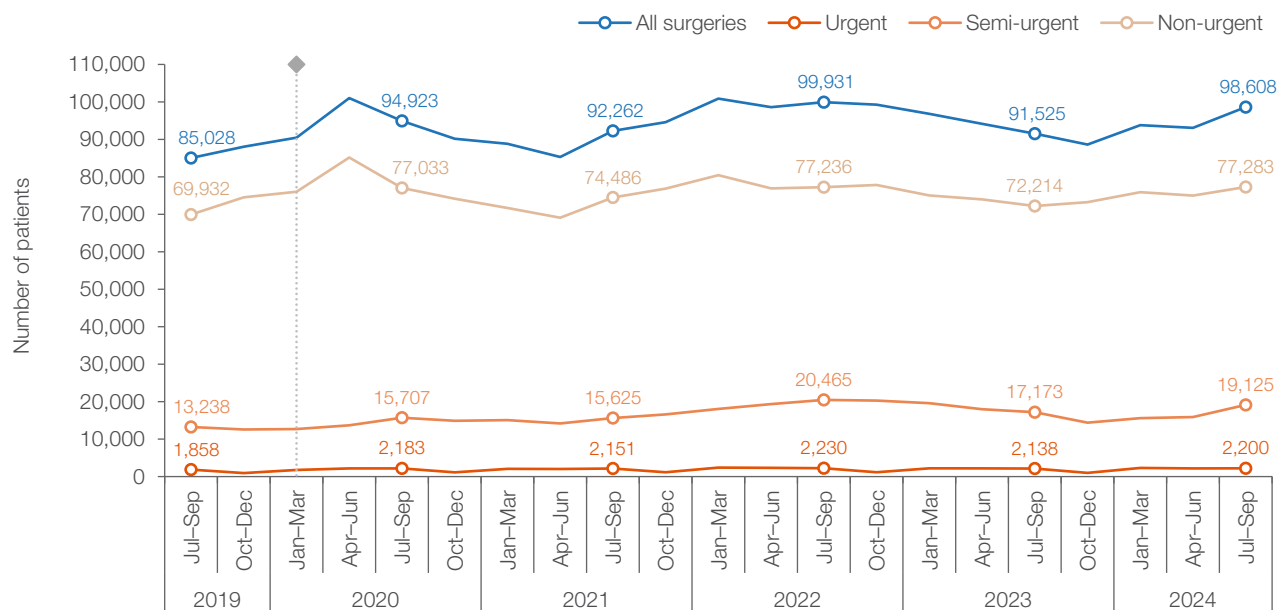
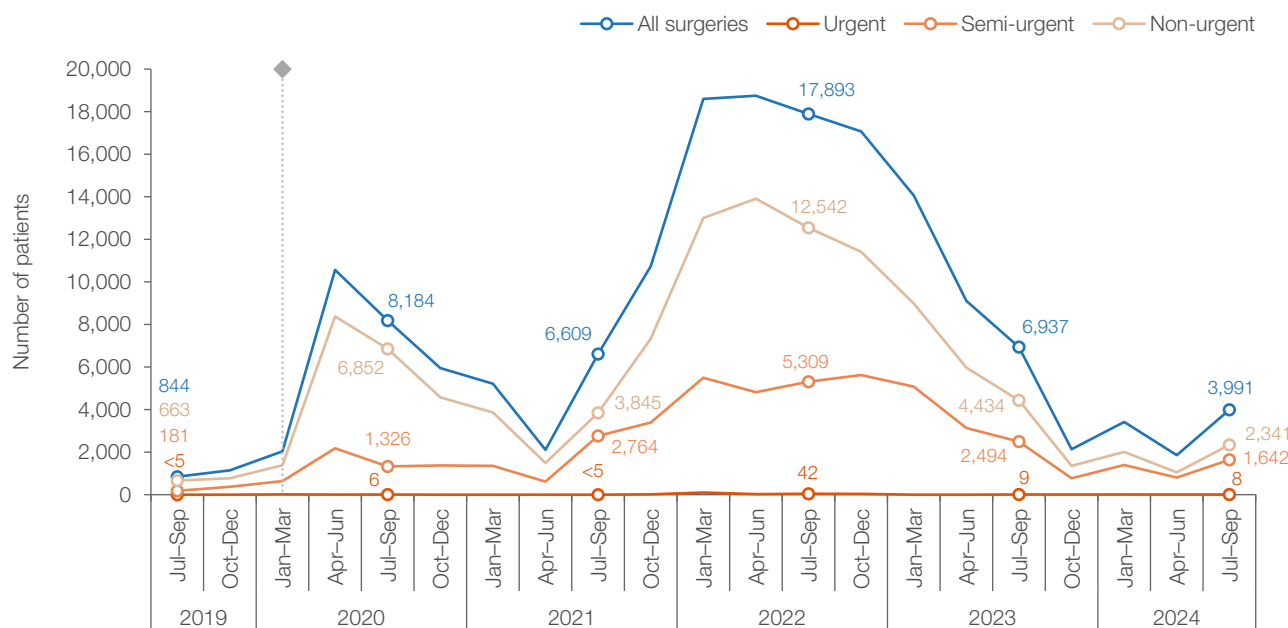


Figure 22

Patients on the waiting list ready for surgery at the end of the quarter who had waited longer than clinically recommended, by urgency category, NSW July 2019 to September 2024

Of those patients on the waiting list ready for surgery at the end of the July to September 2024 quarter who had waited longer than clinically recommended, 68.8% (2,746) were in urban hospitals and 31.2% (1,245) 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.

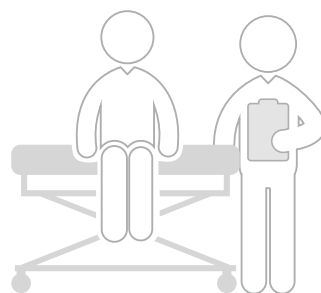
Healthcare Quarterly features a range of indicators of admitted patient activity.

Key findings

July to September 2024

EPISODES OF CARE

There were 507,561 admitted patient episodes – up 1.2% (6,126) compared with the same quarter a year earlier. There was an increase in activity across all acute and non-acute care.



BABIES BORN

16,906 babies were born in public hospitals – down 1% (166) compared with the same quarter a year earlier.



AVERAGE LENGTH OF STAY

The average length of stay for all overnight episodes was 6.2 days – stable compared with the same quarter a year earlier, but up 0.5 days from the same quarter in 2019, before the pandemic.



Behind the key findings

Figure 23
Episodes of care, by care type, NSW
July 2019 to September 2024

Admitted patient episodes of care can be:

- acute (immediate treatment)
- non-acute (e.g. rehabilitation, palliative care)
- mental health (acute or non-acute).

Of the 507,561 episodes in July to September 2024, 74.9% (380,415) were in urban hospitals and 25.1% (127,146) were in rural hospitals.

Note: 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 the ABS. For more information, see the [technical supplement](#).

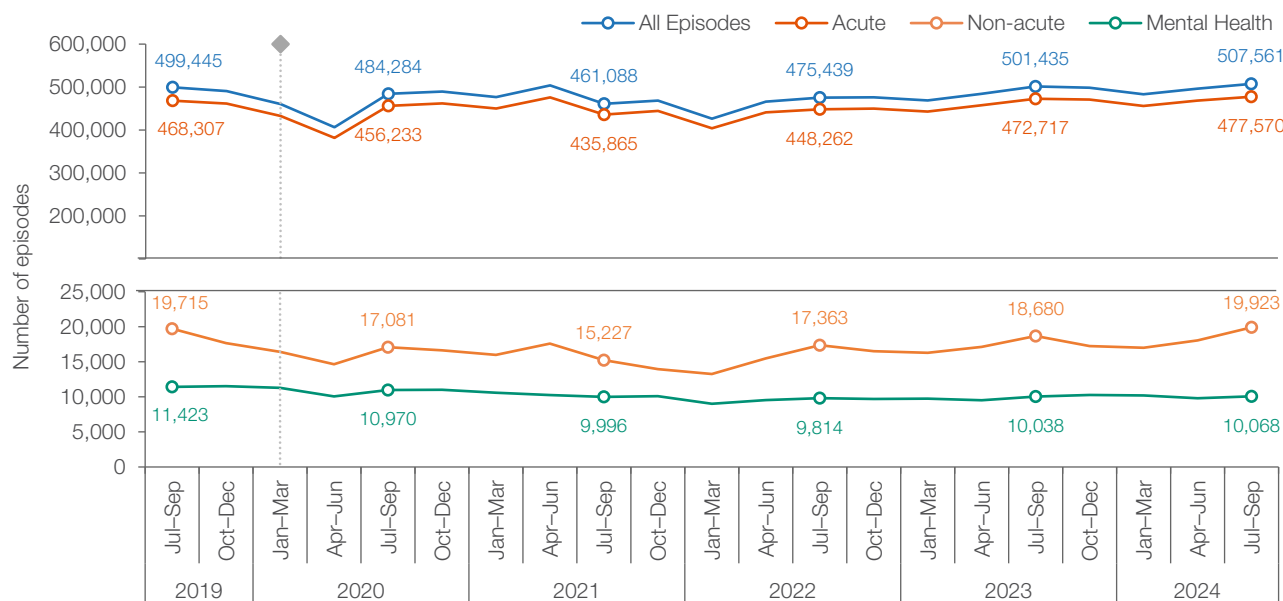


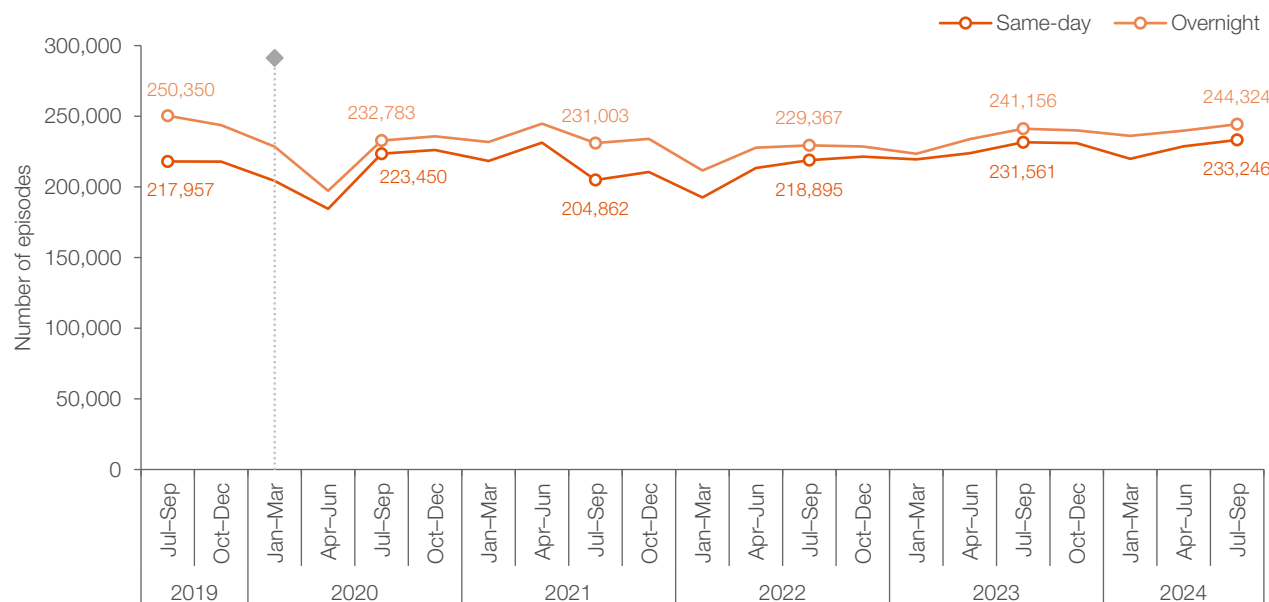
Figure 24
Acute episodes of care, by stay type, NSW
July 2019 to September 2024

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 25

Average length of stay for overnight episodes, by care type, NSW

July 2019 to September 2024

For acute overnight episodes in July to September 2024, the average length of stay was 5.0 days in urban hospitals and 4.5 days in rural hospitals.

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

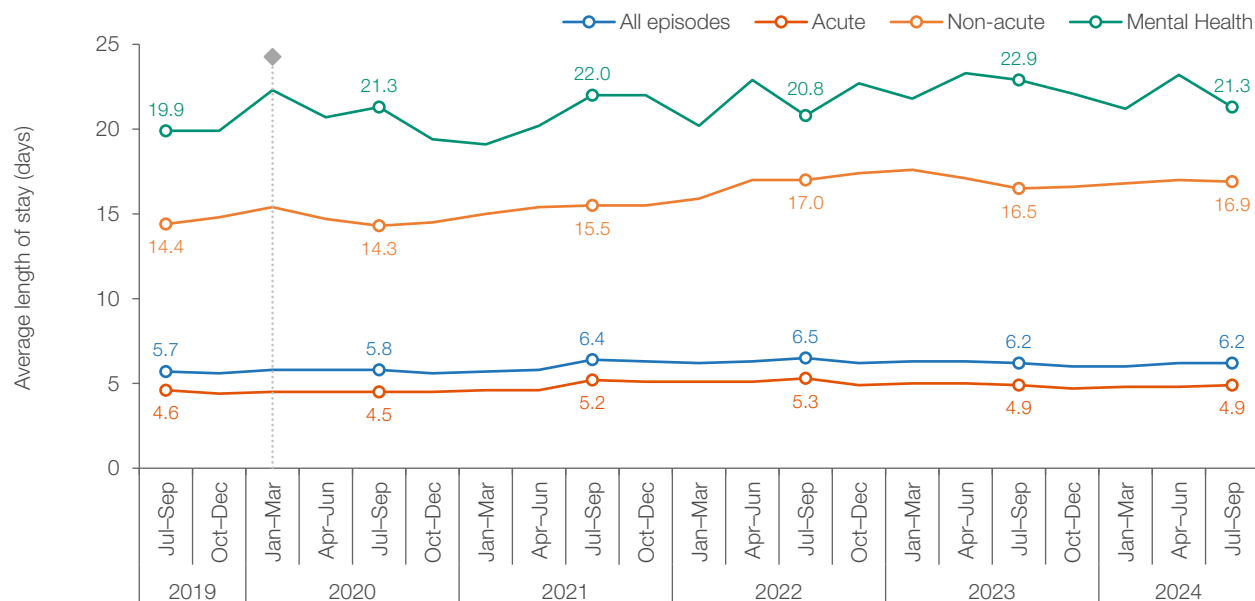
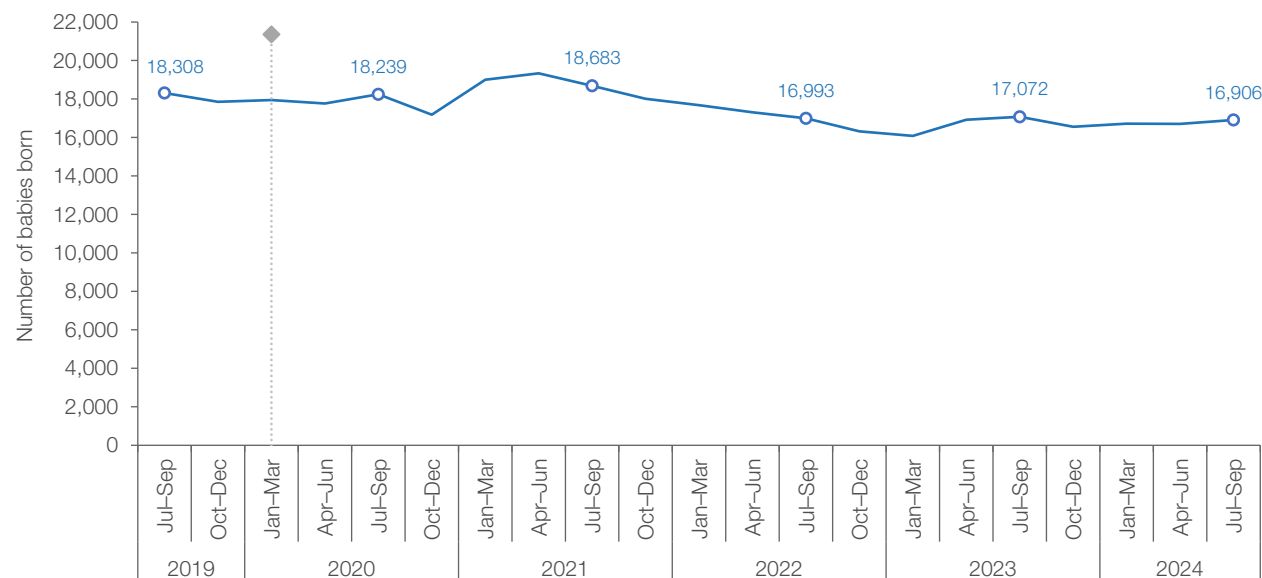


Figure 26

Babies born in public hospitals, NSW

July 2019 to September 2024

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





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.



Activity

			COMPARING 2024 WITH 2023			
			Jul-Sep 2024	Jul-Sep 2023	Difference	% change
Responses			385,873	363,251	22,622	6.2%
By priority	P1: Emergency		199,800	181,175	18,625	10.3%
	P1A: Highest priority		18,421	12,642	5,779	45.7%
	P2: Urgent		164,440	159,269	5,171	3.2%
	P3: Time critical		14,761	15,263	-502	-3.3%
	P4-9: Non-emergency		6,872	7,544	-672	-8.9%
Incidents			287,160	275,796	11,364	4.1%

Performance

			COMPARING 2024 WITH 2023		
			Jul-Sep 2024	Jul-Sep 2023	Difference
Call to ambulance arrival time					
By priority	P1 cases	% within 15 minutes	45.8%	48.6%	-2.8 percentage points
		% within 30 minutes	85.9%	88.9%	-3.0 percentage points
	P2 cases	% within 30 minutes	48.7%	55.2%	-6.5 percentage points
		% within 60 minutes	77.8%	83.4%	-5.6 percentage points
Response time					
By priority	P1 cases	Median	13.7 mins	12.9 mins	0.8 mins
		90th percentile	31.9 mins	28.4 mins	3.5 mins
	P1A cases	Median	8.3 mins	8.1 mins	0.2 mins
		90th percentile	17.7 mins	17.1 mins	0.6 mins
		% within 10 minutes	63.9%	66.4%	-2.5 percentage points
	P2 cases	Median	27.7 mins	23.8 mins	3.9 mins
		90th percentile	94.4 mins	74.8 mins	19.6 mins

Emergency department

Activity		Jul-Sep 2024	Jul-Sep 2023	COMPARING 2024 WITH 2023	
				Difference	% change
Arrivals by ambulance		195,703	188,532	7,171	3.8%
Attendances		787,590	771,641	15,949	2.1%
Emergency presentations		772,826	755,493	17,333	2.3%
By triage category	T1: Resuscitation	6,748	6,632	116	1.7%
	T2: Emergency	125,923	118,741	7,182	6.0%
	T3: Urgent	300,220	287,734	12,486	4.3%
	T4: Semi-urgent	281,912	282,388	-476	-0.2%
	T5: Non-urgent	58,023	59,998	-1,975	-3.3%
Admissions to hospital from ED		197,763	190,837	6,926	3.6%

Performance			Jul-Sep 2024	Jul-Sep 2023	COMPARING 2024 WITH 2023		
					Difference		
Percentage of patients transferred from ambulance to ED within 30 minutes			77.5%	77.0%	0.5 percentage points		
Time to start treatment	All patients	% starting treatment on time	61.3%	67.0%	-5.7 percentage points		
	By triage category	T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	49.2%	54.6%	-5.4 percentage points	
			Median	11 mins	10 mins	1 min	
			90th percentile	42 mins	36 mins	6 mins	
	T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	55.9%	62.2%	-6.3 percentage points		
		Median	27 mins	23 mins	4 mins		
		90th percentile	2 hours 4 mins	1 hour 36 mins	28 mins		
	T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	68.2%	73.0%	-4.8 percentage points		
		Median	33 mins	29 mins	4 mins		
		90th percentile	2 hours 29 mins	2 hours 7 mins	22 mins		
	T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	87.7%	90.0%	-2.3 percentage points		
		Median	27 mins	23 mins	4 mins		
		90th percentile	2 hours 14 mins	2 hours 1 min	13 mins		
	Time from arrival to leaving	% leaving within four hours		54.7%	56.6%	-1.9 percentage points	
		For patients admitted to hospital		22.7%	24.3%	-1.6 percentage points	
Median		3 hours 43 mins	3 hours 36 mins	7 mins			
90th percentile		11 hours 29 mins	10 hours 56 mins	33 mins			



Elective surgery

Activity		Jul-Sep 2024	Jul-Sep 2023	COMPARING 2024 WITH 2023	
				Difference	% change
Elective surgeries performed		58,812	61,195	-2,383	-3.9%
By urgency	Urgent	13,200	13,544	-344	-2.5%
	Semi-urgent	21,485	21,777	-292	-1.3%
	Non-urgent	21,710	23,741	-2,031	-8.6%
	Staged*	2,417	2,133	284	13.3%

Performance			Jul-Sep 2024	Jul-Sep 2023	COMPARING 2024 WITH 2023	
					Difference	% change
Waiting time	All patients	% on time	88.8%	82.6%	6.2 percentage points	
By urgency	Urgent	% on time (Recommended: within 30 days)	98.9%	99.4%	-0.5 percentage points	
		Median	13 days	13 days	0 days	
		90th percentile	27 days	27 days	0 days	
	Semi-urgent	% on time (Recommended: within 90 days)	86.1%	78.6%	7.5 percentage points	
		Median	53 days	56 days	-3 days	
		90th percentile	97 days	125 days	-28 days	
	Non-urgent	% on time (Recommended: within 365 days)	85.3%	76.7%	8.6 percentage points	
		Median	302 days	288 days	14 days	
		90th percentile	377 days	454 days	-77 days	
Patients on waiting list ready for elective surgery at end of quarter			98,608	91,525	7,083	7.7%
By urgency	Urgent		2,200	2,138	62	2.9%
	Semi-urgent		19,125	17,173	1,952	11.4%
	Non-urgent		77,283	72,214	5,069	7.0%
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			3,991	6,937	-2,946	-42.5%

* 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		Jul-Sep 2024	Jul-Sep 2023	COMPARING 2024 WITH 2023	
				Difference	% change
Episodes of care		507,561	501,435	6,126	1.2%
By care type	Acute	477,570	472,717	4,853	1.0%
	By stay type				
	Overnight	244,324	241,156	3,168	1.3%
	Same-day	233,246	231,561	1,685	0.7%
	Non-acute	19,923	18,680	1,243	6.7%
	Mental health	10,068	10,038	30	0.3%
Average length of stay for overnight episodes (days)		6.2	6.2	0.0	0.0%
By care type	Acute	4.9	4.9	0.0	0.0%
	Non-acute	16.9	16.5	0.4	2.4%
	Mental health	21.3	22.9	-1.6	-7.0%
Bed days		1,913,937	1,889,838	24,099	1.3%
By care type	Acute	1,436,532	1,417,061	19,471	1.4%
	Non-acute	281,834	262,967	18,867	7.2%
	Mental health	195,571	209,810	-14,239	-6.8%
Babies born		16,906	17,072	-166	-1.0%

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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