Healthcare Quarterly

Tracking public hospital and ambulance service activity and performance in NSW

April to June 2023

bureau of health information

Overview

April to June 2023

Ambulance

Demand continued an upward trend and response times have improved from the record long waits in mid-2022.

Find out more from page 3

Elective surgery

Electivesurgeryactivitywas slightlyabove pre-pandemic levels. The number of people waiting longer than clinically recommended continued a downward trend.

Find out more from page 14

Emergency department

ED demand remained high, particularlyfor the most urgent presentations. Patients continued to wait longer in the ED than before the pandemic.

Find out more from page 8

Admitted patients

The number of admitted patient episodes of care was similarto pre-pandemiclevels.Patientstypically spent longer in hospitalthan beforethe pandemic.

Find out more from page 20

About this report

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

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

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

Data were drawn on the following dates: ambulance (6 July 2023); admitted patients (19 July 2023); elective surgery (17 July 2023); ED (21 July 2023). See the technical supplement to this report for descriptions of the data, methods and technical terms used to calculate activity and performance measures.

Interpreting results

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

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

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

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

This report also includes a Special Reporting section, incorporating additional analyses undertaken to identify potential drivers of increased average length of stay for admitted patients.

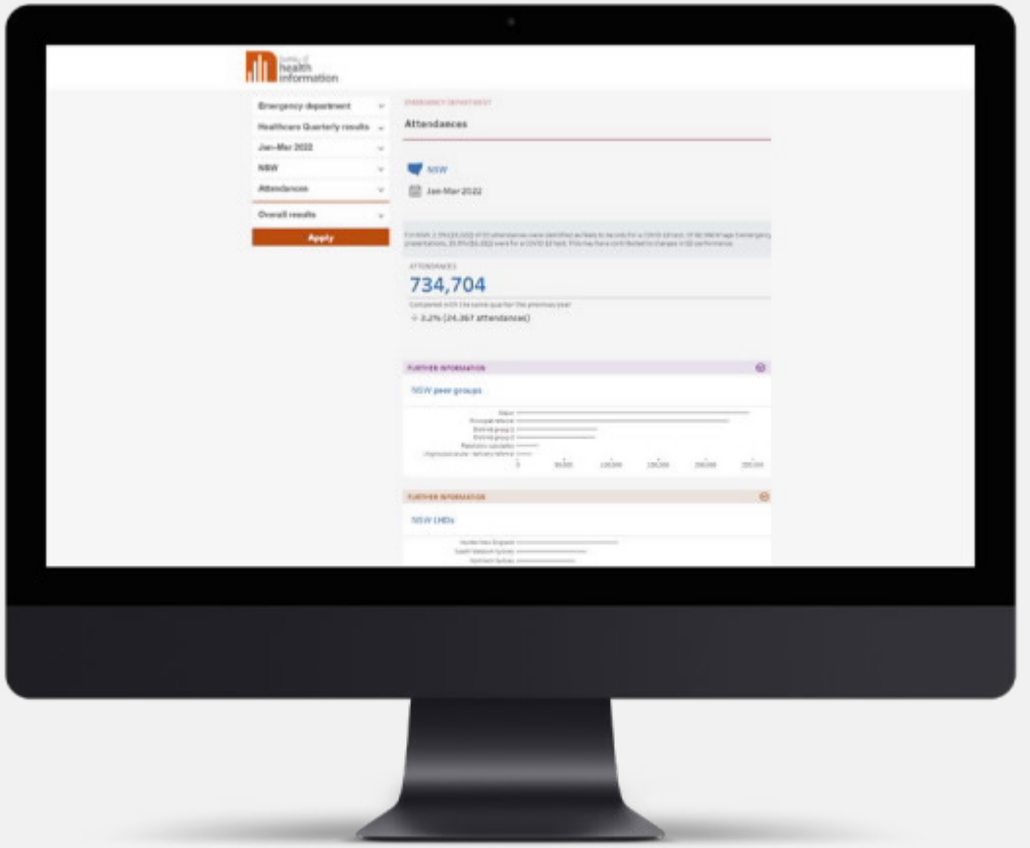
Interactive data

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.

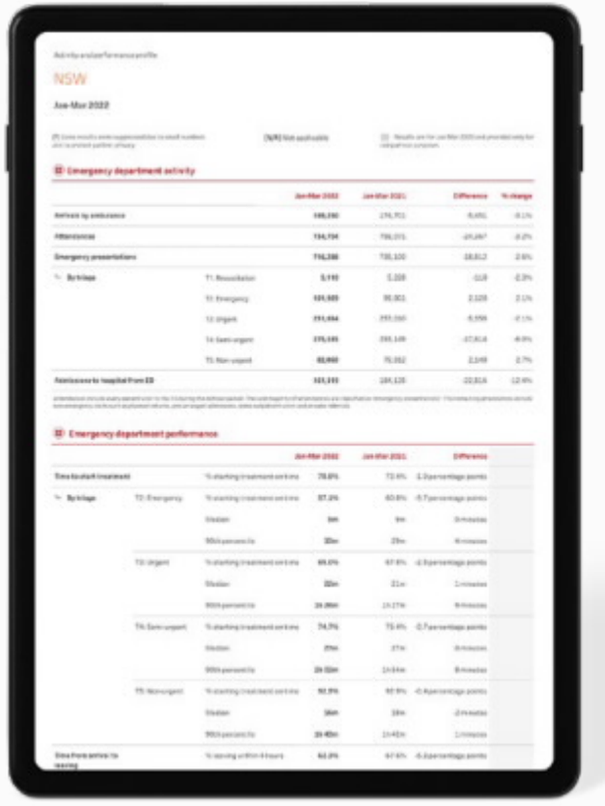
Detailed results, including trends, are provided for 77 individual hospitals, along with local health districts (LHDs) and hospital peer groups. Ambulance information is available for 91 local areas.



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.

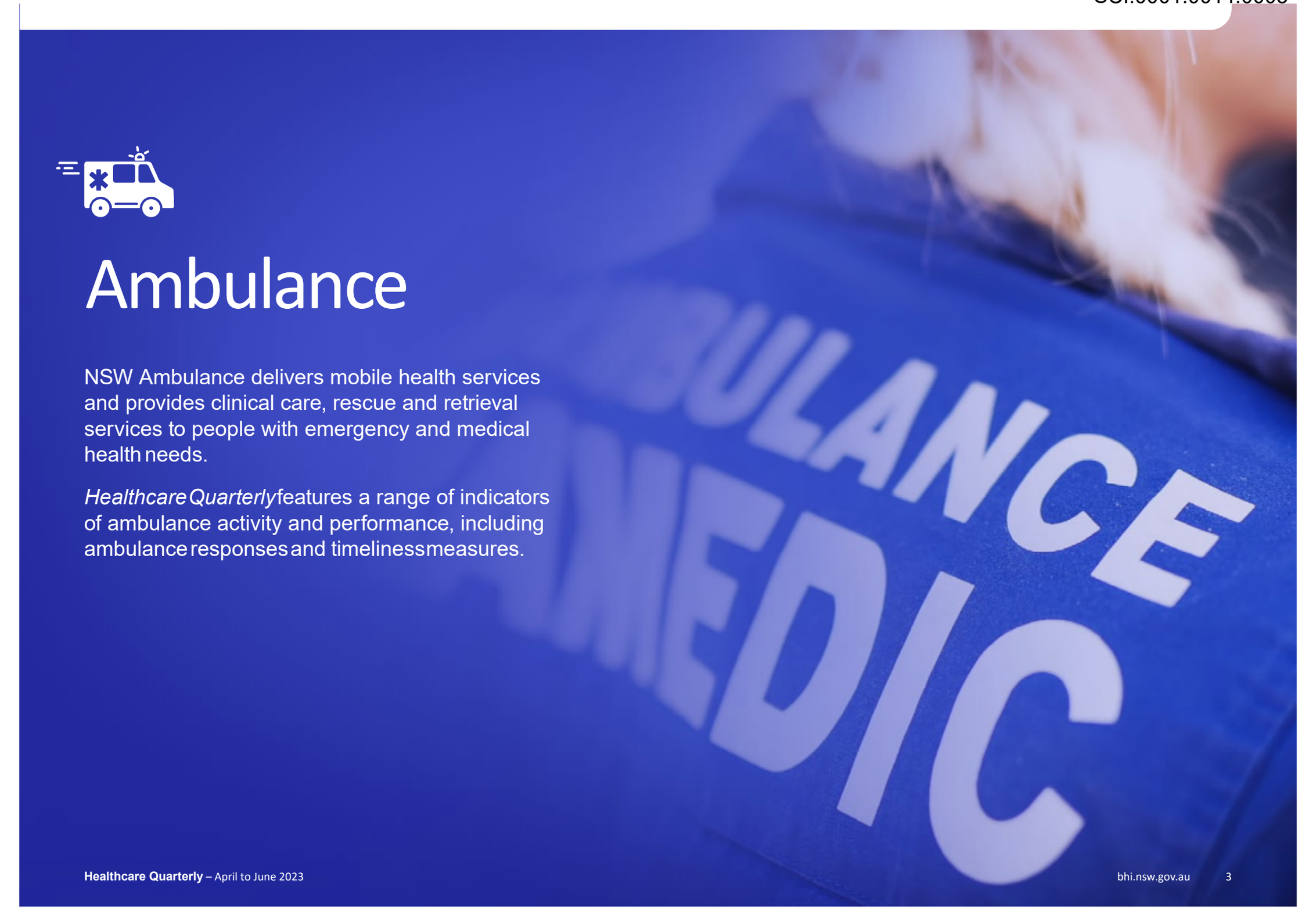
The profiles are a good starting point to see an overview of your local hospital's performance before a more detailed search in the Data Portal.



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

April to June 2023

RESPONSES

Ambulance activity continued an upward trend with 357,491 responses – the highest of any quarter since BHI began reporting in 2010.

There were 177,594 'emergency – P1 cases' – the highest of any April to June quarter since 2010. There were 13,525 'highest priority – P1A' responses for patients with a life-threatening condition – the highest of any quarter since 2010.

CALL TO AMBULANCE ARRIVAL TIMES

The percentage of 'emergency – P1' cases with a call to ambulance arrival time within 15 mins and 30 mins was 44.7% and 86.3%, respectively. Both results have increased from record lows in April to June 2022.

HIGHEST PRIORITY RESPONSE TIMES

The percentage of P1A responses within 10 minutes was 64.3%, and half of the P1A patients waited longer than 8.3 minutes. Both results have improved compared with the April to June 2022 quarter.

Behind the key findings

Figure 1

Ambulance calls, incidents, responses and patient transports, NSW

April 2018 to June 2023

Of the 357,491 ambulance responses in April to June 2023, 66.7% (238,301) were in urban areas and 32.7% (116,944) were in rural areas.

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

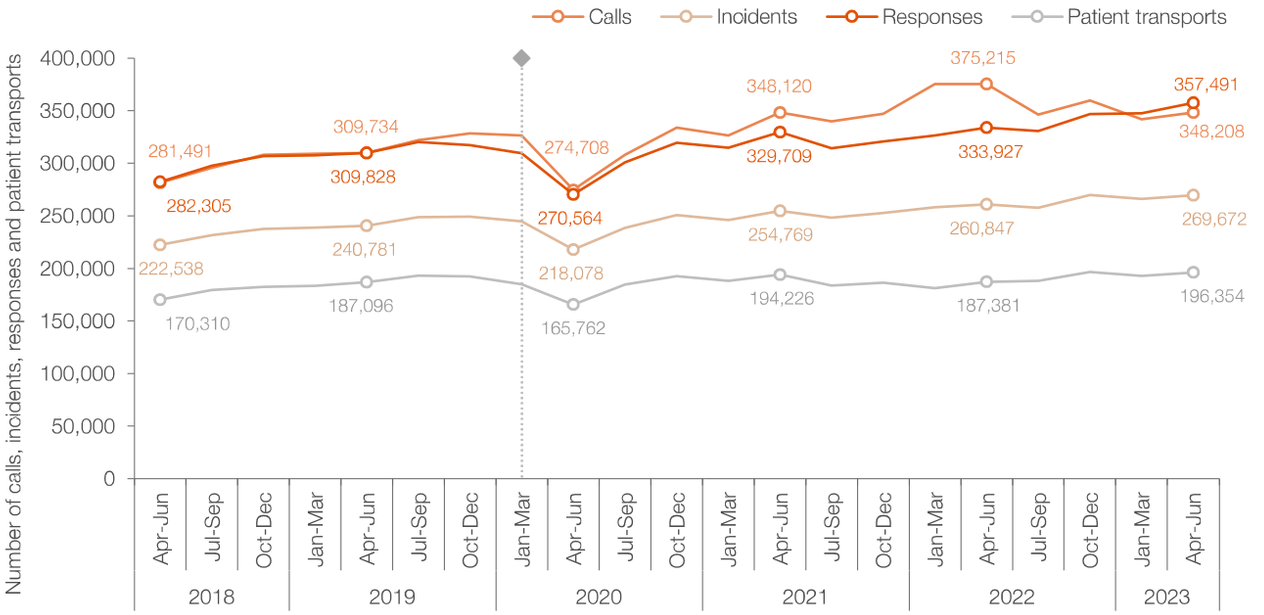


Figure 2

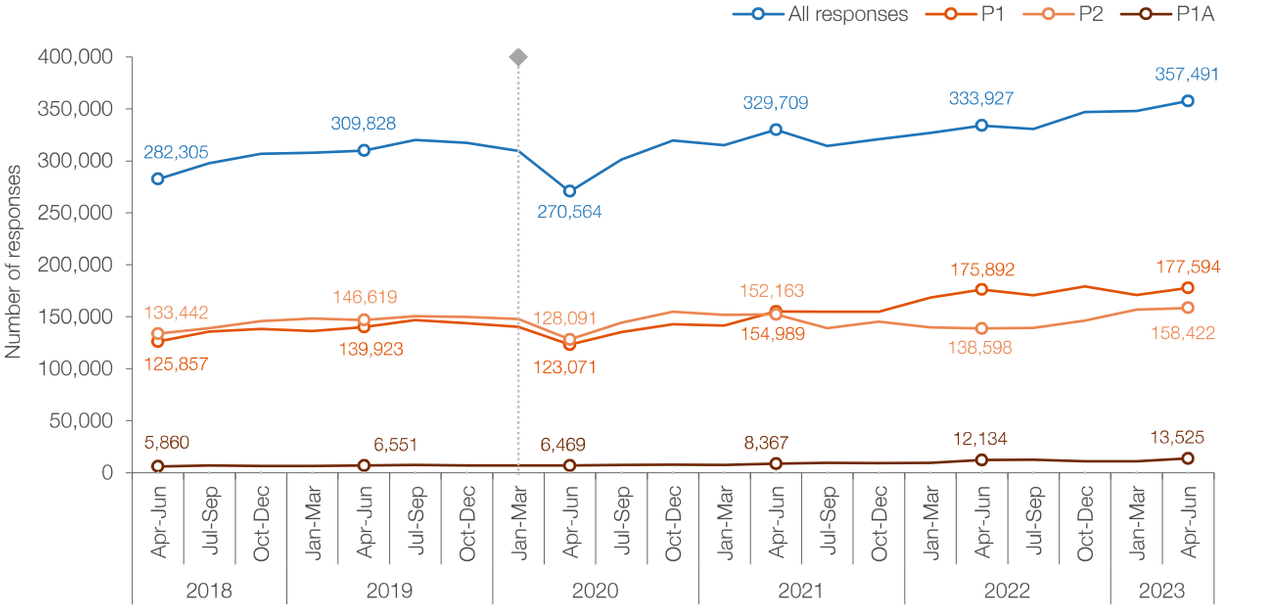
Ambulance responses, by priority category, NSW

April 2018 to June 2023

Ambulance responses are categorised as:

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

◆ The World Health Organisation (WHO) declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.



Behind the key findings

Figure 3

Percentage of call to ambulance arrivaltimes within benchmarks,by priority,NSW

April 2018 to June 2023

In April to June 2023, the percentage of P1 cases with a call to ambulance arrival time within 15 minutes was 45.3% in urban areas and 43.7% in rural areas.

The percentage of P1 cases with a call to ambulance arrival time within 30 minutes was 88.6% in urban areas and 81.0% in rural areas.

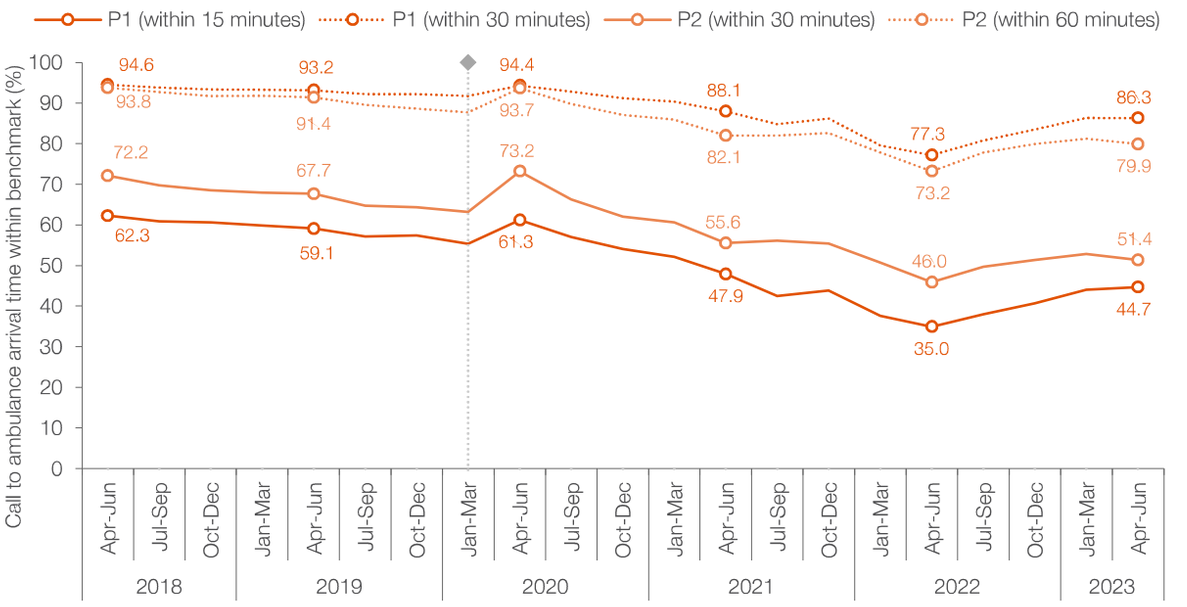
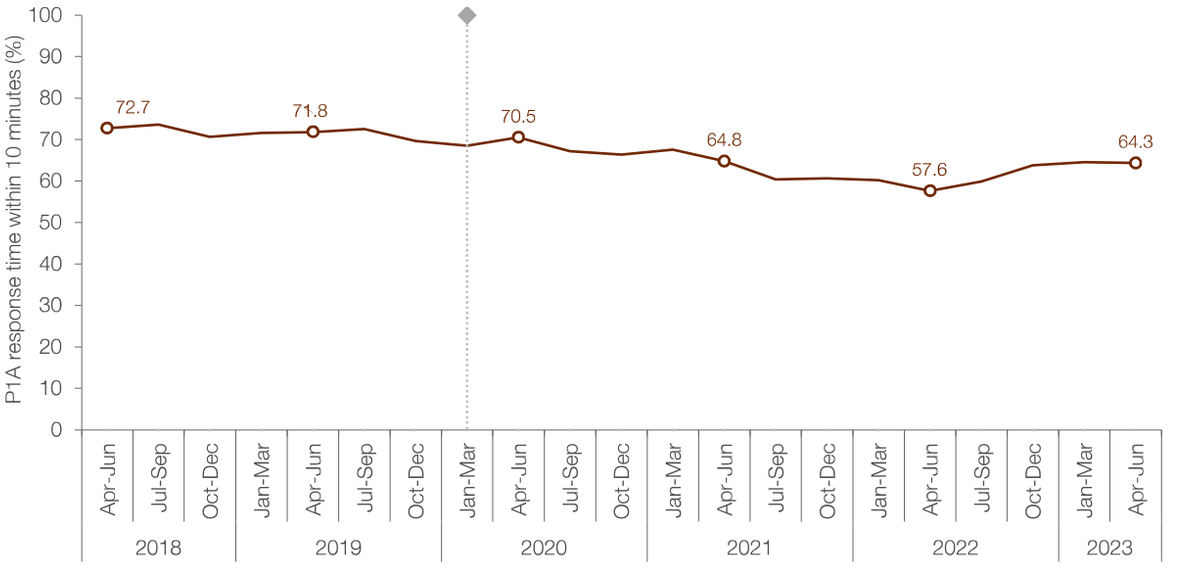


Figure 4

Percentage of responses within 10 minutes, highest priority (P1A) cases, NSW

April 2018 to June 2023

In April to June 2023, the percentage of P1A responses within 10 minutes was 69.4% in urban areas and 52.9% in rural areas.



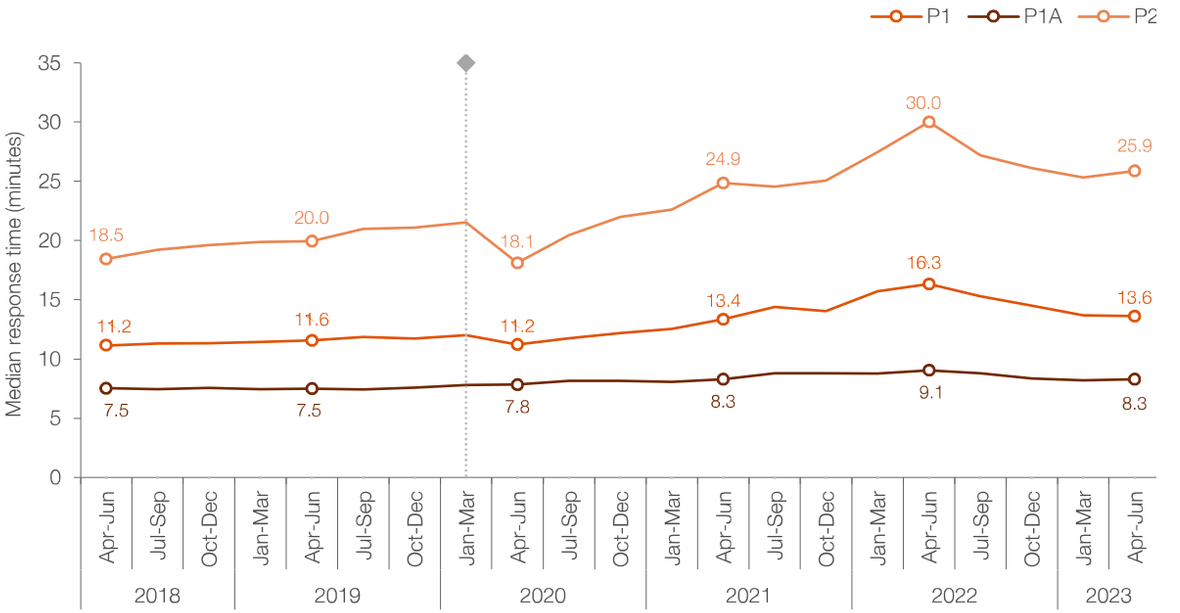
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Behind the key findings

Figure 5

Median response times, by priority category, NSW

April 2018 to June 2023

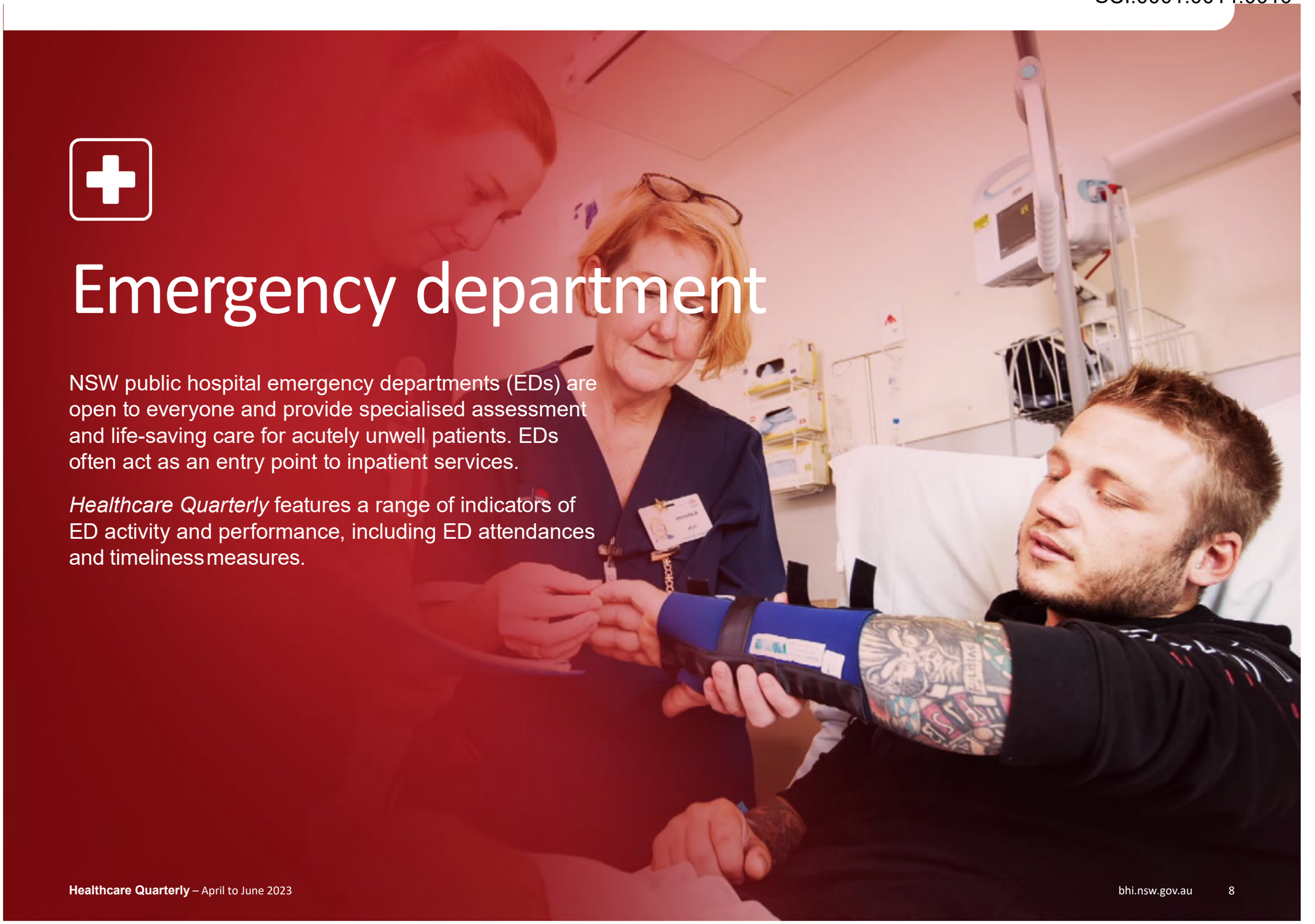


◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Emergency department

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

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



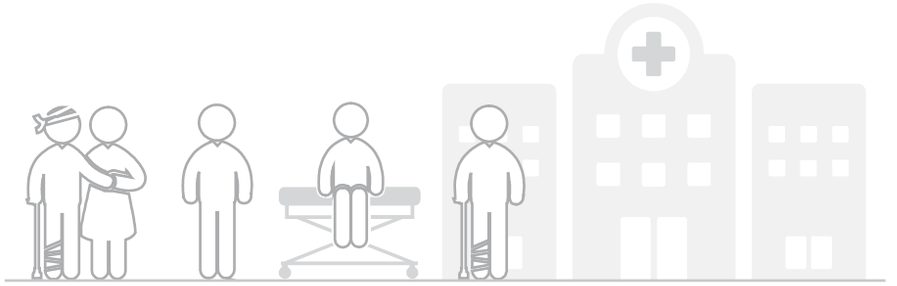
Key findings

April to June 2023

ACTIVITY

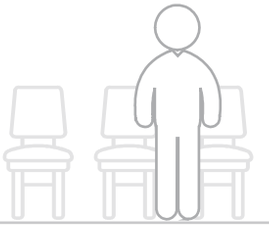
There were 770,654 ED attendances, down 3.1% compared with the same quarter last year but slightly higher than pre-pandemic levels.

There were 6,385 triage 1 presentations and 117,949 triage 2 presentations,which continued an upward trend for the most urgent presentations.



TIME TO START TREATMENT

65.8% of all patients had their treatment start on time, slightly above the record low in April to June 2022 (62.8%).



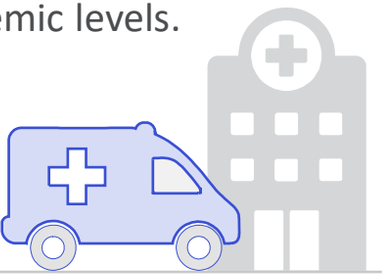
TIME FROM ARRIVAL TO LEAVING ED

56.7% of all patients spent less than four hours in ED – the lowest of any quarter since BHI began reporting in 2010. One in 10 patients spent longer than 11 hours in the ED – the longest of any April to June quarter since 2010.

Of the 184,835 patients treated and admitted to hospital, 23.0% spent less than four hours in the ED.

TIME TO TRANSFER CARE

74.1% of patients who arrived by ambulance had their care transferred to ED staff within 30 minutes – slightly higher than the record low in April to June 2022 (72.5%). One in 10 patients waited longer than 69 minutes – well above pre-pandemic levels.



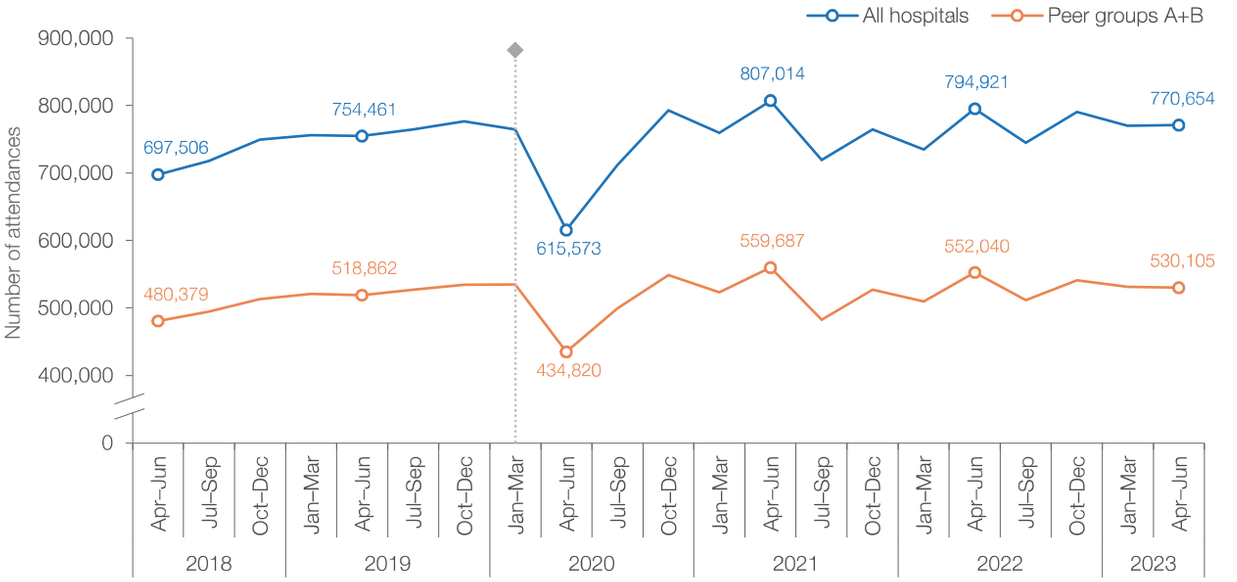
Behind the key findings

Figure 6

Emergency department attendances, NSW

April 2018 to June 2023

Of the 770,654 ED attendances in April to June 2023, 64.0% (493,596) were in urban hospitals and 36.0% (277,058) were in rural hospitals.



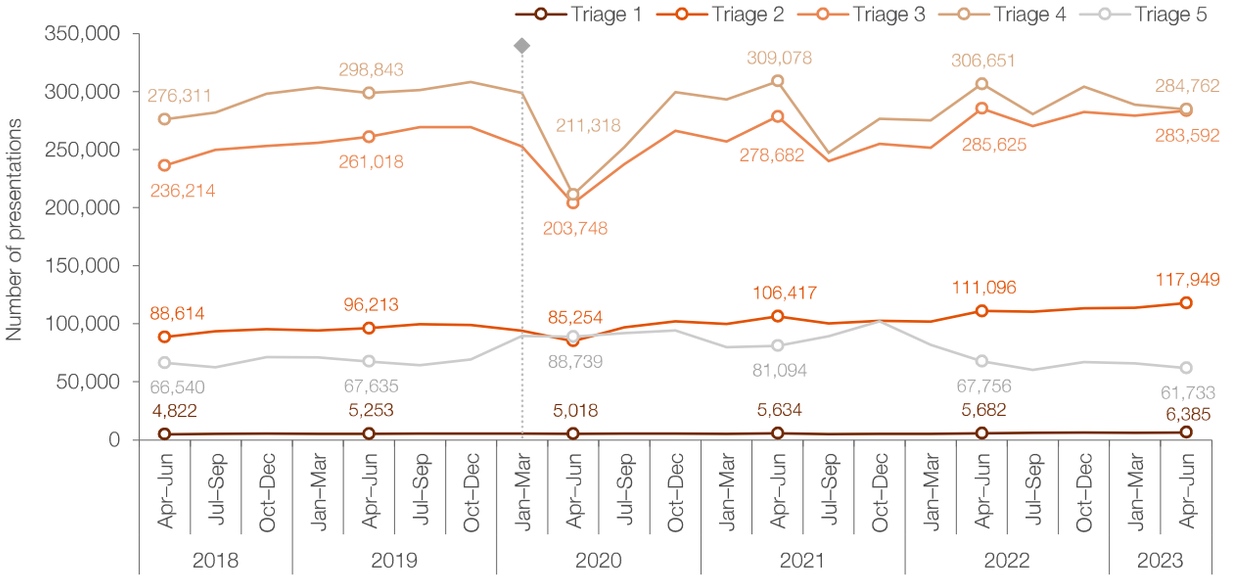
*'All hospitals' cohort includes more than 170 EDs submitting data to the Emergency Department Data Collection (EDDC) in each quarter.
Note: Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by ABS. For more information, see the technical supplement

Figure 7

Emergency presentations, by triage category, NSW

April 2018 to June 2023

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



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

For more results, including for the 77 larger hospitals, explore the Data Portal

Behind the key findings

Figure 8

Percentage of patients starting treatment on time, by triage category, NSW

April 2018 to June 2023

In April to June 2023, the percentage of all patients who had their treatment start on time was 60.9% in urban hospitals and 74.8% in rural hospitals.

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

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

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

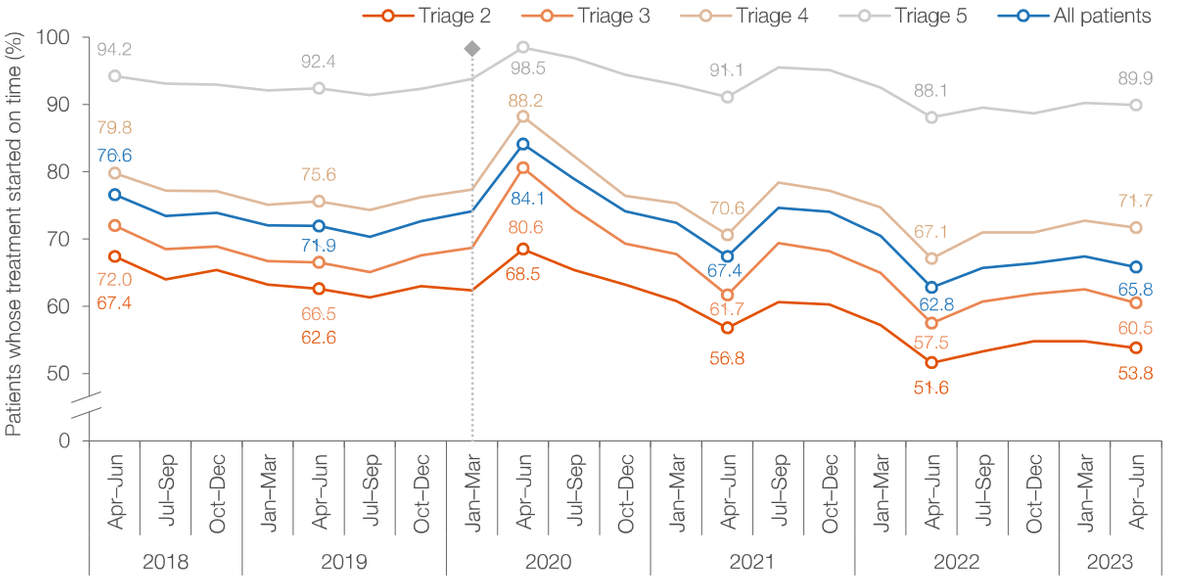


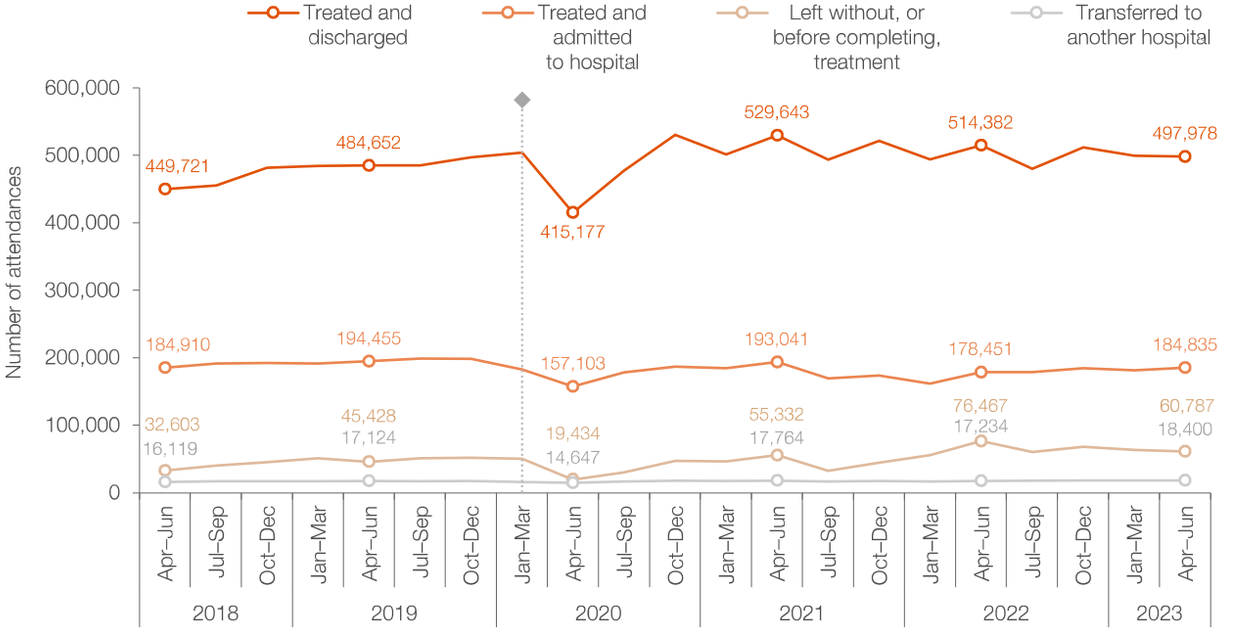
Figure 9

Emergency department attendances, by mode of leaving, NSW

April 2018 to June 2023

'Left without, or before completing, treatment' includes patients who were triaged but left the ED before treatment began, and patients who began treatment but left before it was completed.

Of the 60,787 patients who left without, or before completing, treatment in April to June 2023, 31.3% were triage 3, 47.4% were triage 4 and 13.8% were triage 5.



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

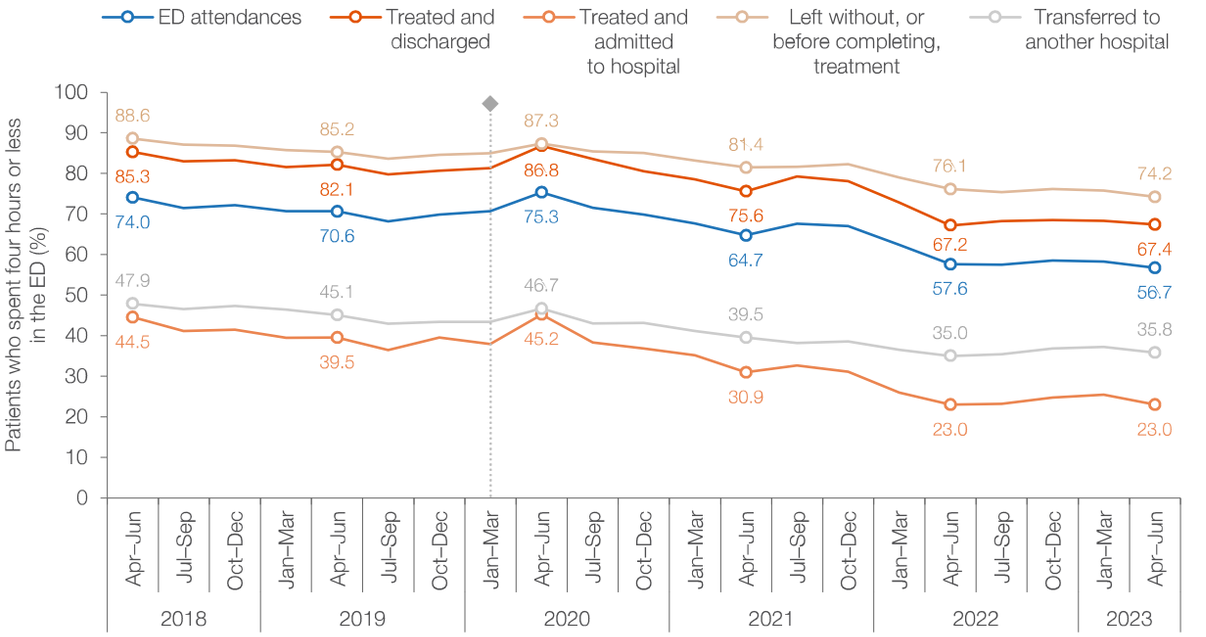
Behind the key findings

Figure 10

Percentage of patients leaving the emergency department within four hours, by mode of leaving, NSW

April 2018 to June 2023

In April to June 2023, the percentage of all patients who spent less than four hours in the ED was 48.9% in urban hospitals and 70.6% in rural hospitals.



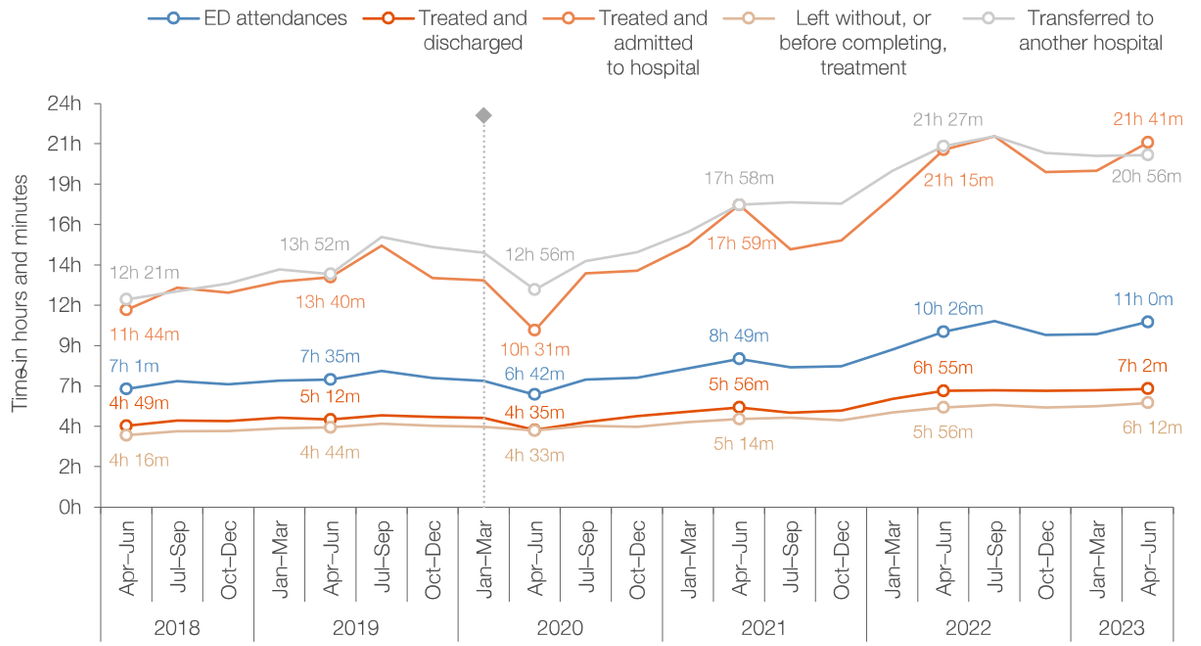
ADDITIONAL INSIGHTS

Figure 11

90th percentile time from arrival at the emergency department to leaving, by mode of leaving, NSW

April 2018 to June 2023

In April to June 2023, one in 10 patients in urban hospitals spent longer than 12 hours 17 minutes in the ED and one in 10 patients in rural hospitals spent longer than 8 hours 9 minutes.



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For more results, including for the 77 larger hospitals, explore the Data Portal

Behind the key findings

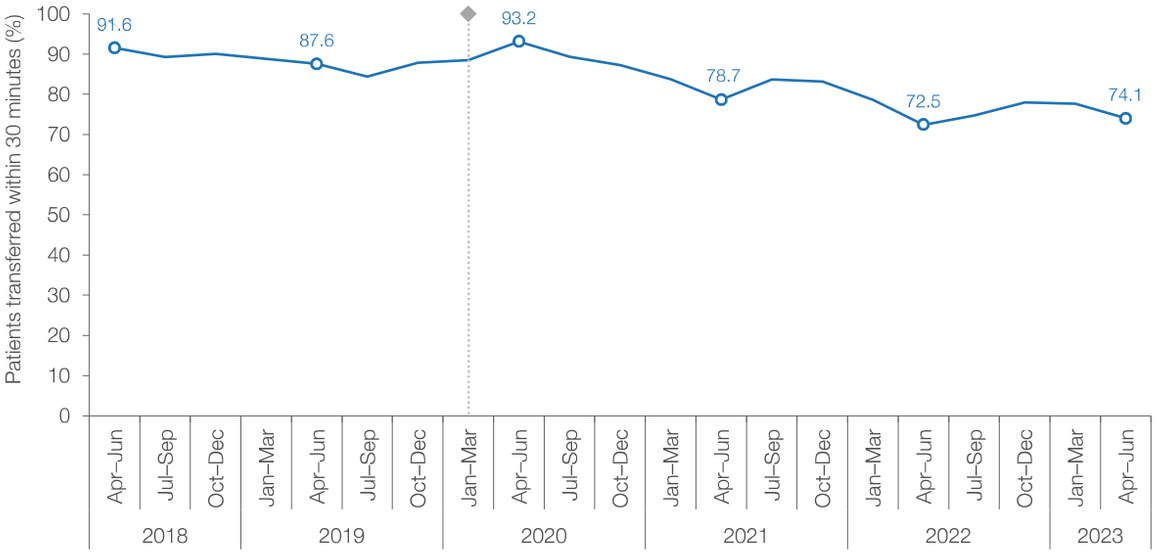
Figure 12

Percentage of patients transferred from paramedics to emergency department staff within 30 minutes, NSW

April 2018 to June 2023

In April to June 2023, the number of patients arriving at the ED by ambulance was 183,127.

The percentage of patients transferred from paramedics to ED staff within 30 minutes was 70.9% in urban hospitals and 82.3% in rural hospitals.



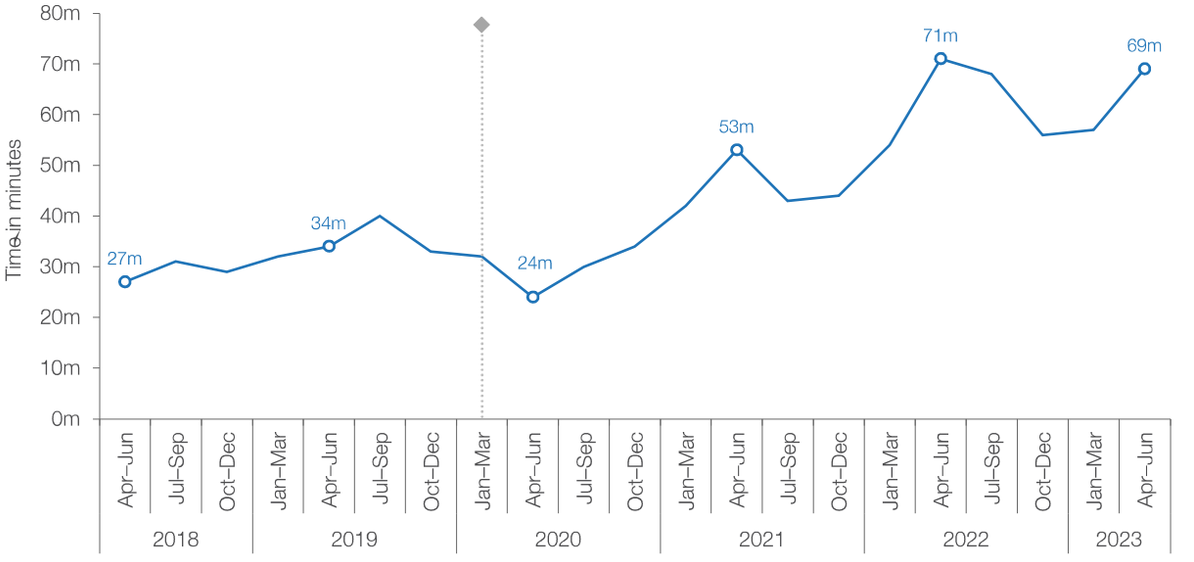
ADDITIONAL INSIGHTS

Figure 13

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

April 2018 to June 2023

In April to June 2023, one in 10 patients in urban hospitals waited longer than 1 hour 16 minutes and one in 10 patients in rural hospitals waited longer than 49 minutes.



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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

April to June 2023

SURGERIES PERFORMED

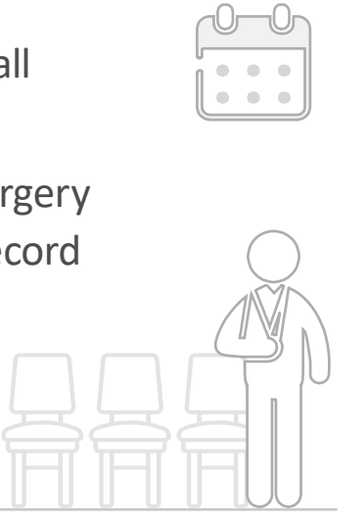
There were 60,499 elective surgeries performed – up 12.6% (6,787) compared with the same quarter last year and slightly above pre-pandemic levels.

There were 6,402 elective surgeries contracted to private hospitals – the highest number since the National Partnership was established in 2020.

WAITING TIMES

79.0% of all elective surgeries were performed on time, up 4.3 percentage points from the record low in April to June 2022 and up across all urgency categories.

One in 10 patients who received non-urgent surgery waited longer than 498 days, down from the record high in October to December 2022.



PATIENTS ON WAITING LIST

There were 94,238 patients on the waiting list at the end of June 2023, a decrease of 4.4% (4,386) compared with June 2022 but higher than pre-pandemic levels.

Of these, 9,142 patients had waited longer than clinically recommended – a decrease of 51.2% (9,606) compared with June 2022. Most were waiting for non-urgent (65.3%) and semi-urgent (34.6%)surgeries.

Behind the key findings

Figure 14

Elective surgeries performed, by urgency category, NSW

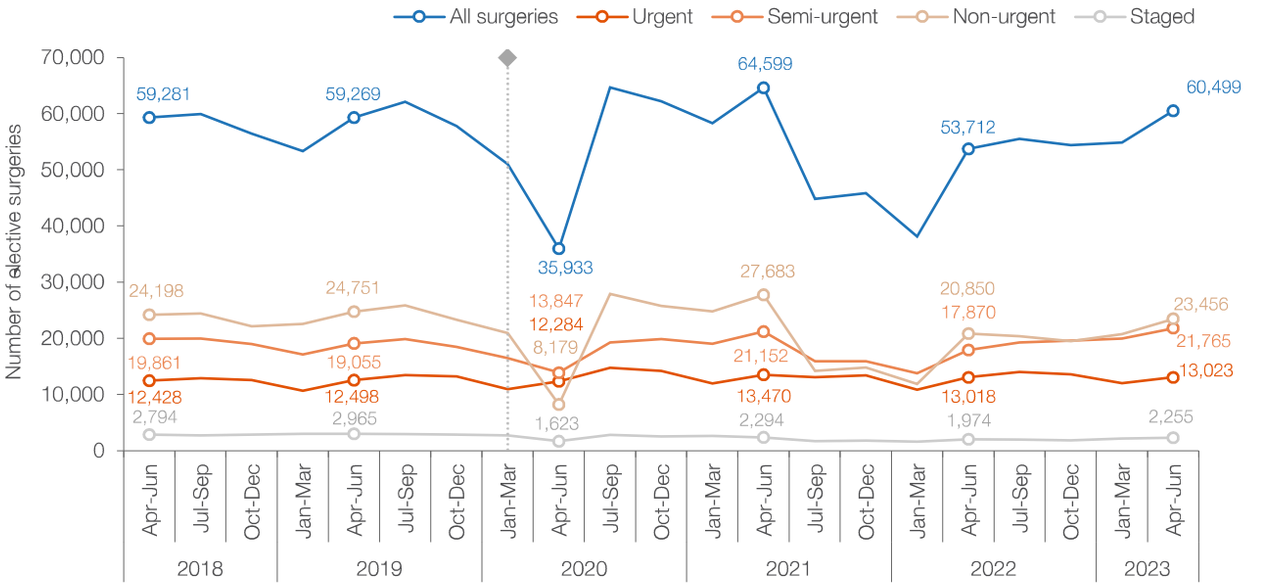
April 2018 to June 2023

Of the 60,499 elective surgeries performed in April to June 2023, 73.7% (44,596) were in urban hospitals and 26.3% (15,903) were in rural hospitals.

In addition to elective surgery, there were 25,361 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 ABS. For more information, see the technical supplement



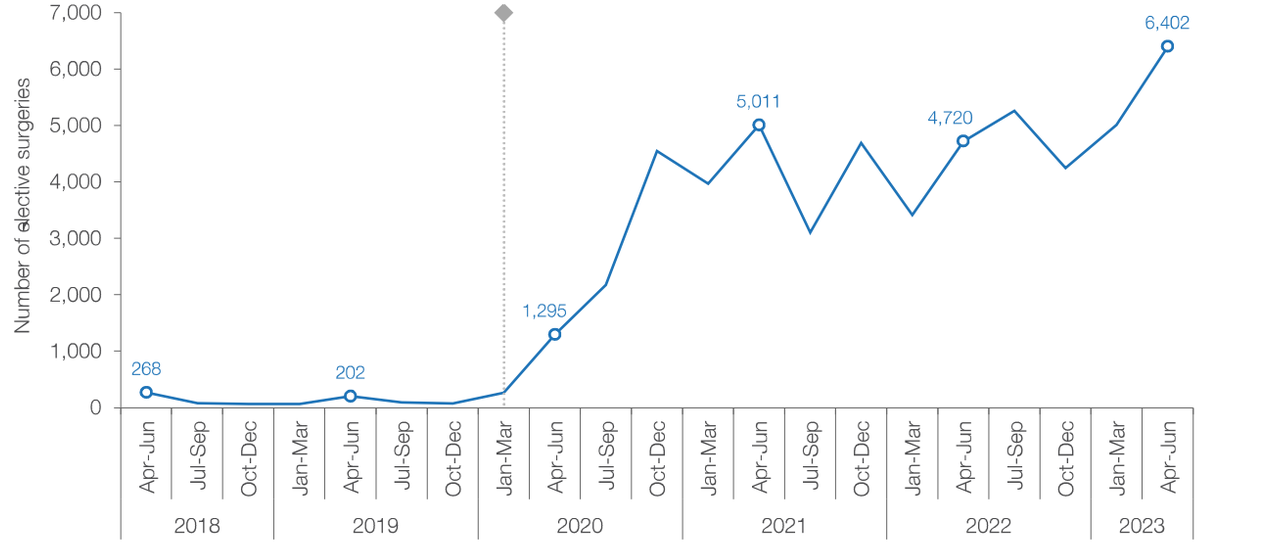
ADDITIONAL INSIGHTS

Figure 15

Elective surgeries contracted to private hospitals, NSW

April 2018 to June 2023

In response to the COVID-19 pandemic, a partnership with the private hospital sector was established under the National Partnership Agreement on Private Hospitals and COVID-19 in 2020.



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

Behind the key findings

Figure 16

Percentage of elective surgeries performed on time, by urgency category, NSW

April 2018 to June 2023

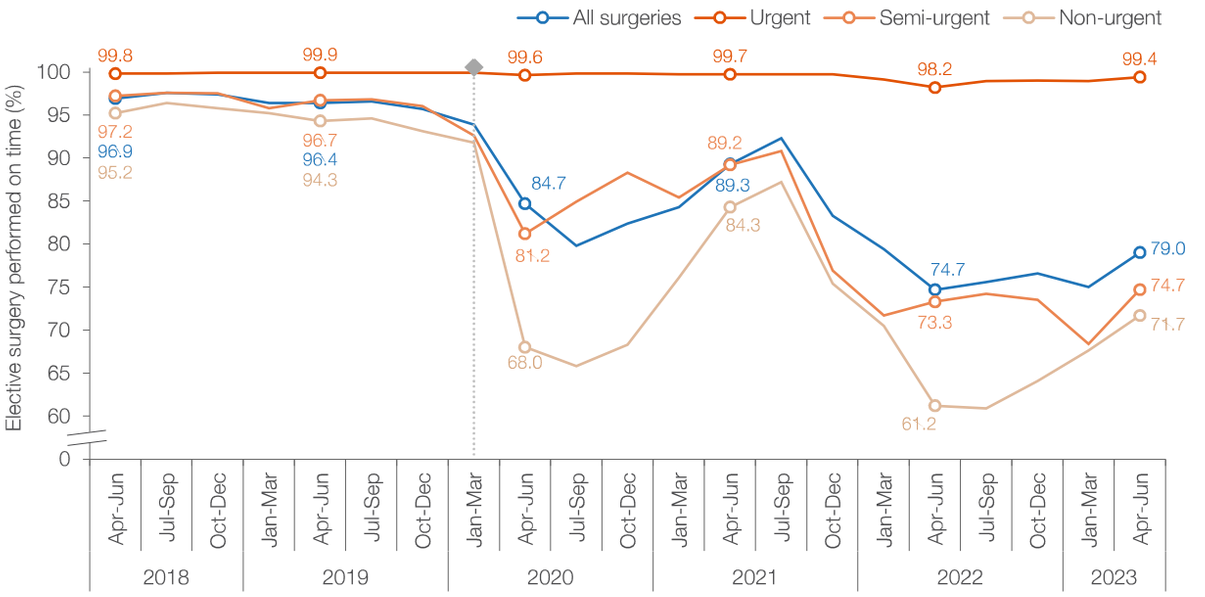
In April to June 2023, the percentage of elective surgeries performed on time was 78.8% in urban hospitals and 79.7% in rural hospitals.

Clinically recommended maximum waiting times for elective surgery are:

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

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

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

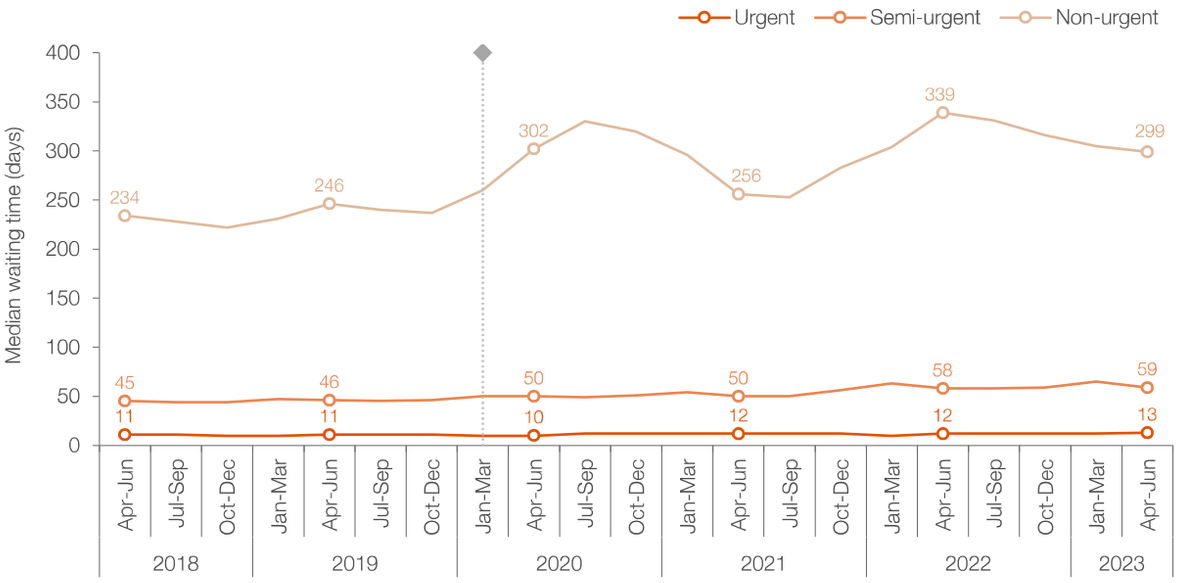


Behind the key findings

Figure 17

Median waiting time for elective surgery, by urgency category, NSW

April 2018 to June 2023



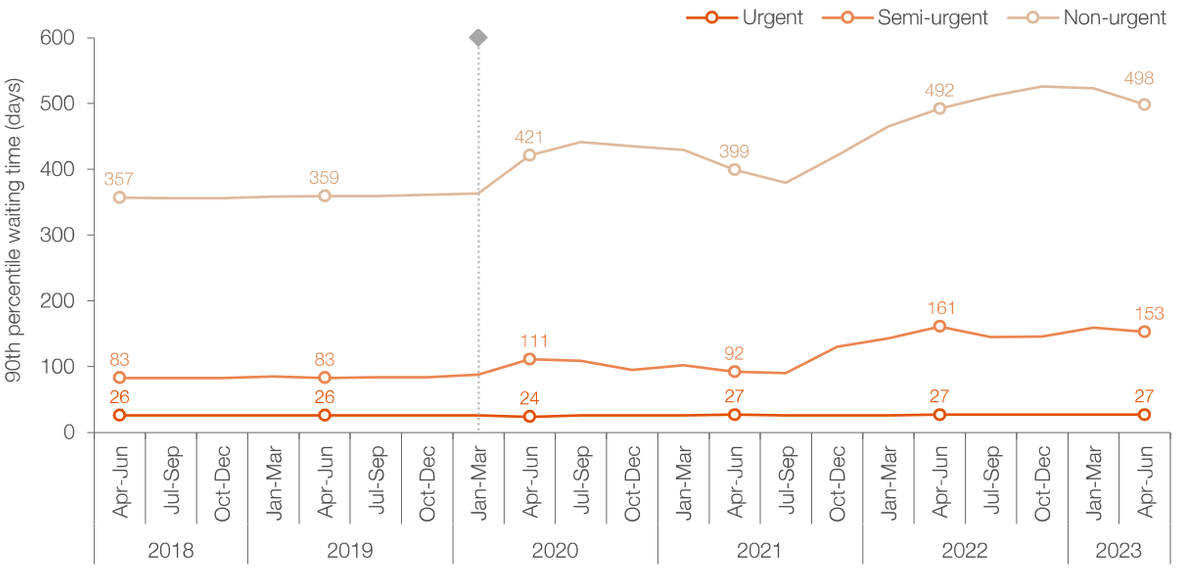
ADDITIONAL INSIGHTS

Figure 18

90th percentile waiting time for elective surgery, by urgency category, NSW

April 2018 to June 2023

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



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For more results, including for the 77 larger hospitals, explore the Data Portal

Behind the key findings

Figure 19

Patients on the waiting list ready for surgery at the end of June 2023 by urgency category, NSW

April 2018 to June 2023

Of those patients on the waiting list ready for surgery at the end of the April to June 2023 quarter, 69.4% (65,442) were in urban hospitals and 30.6% (28,796) were in rural hospitals.

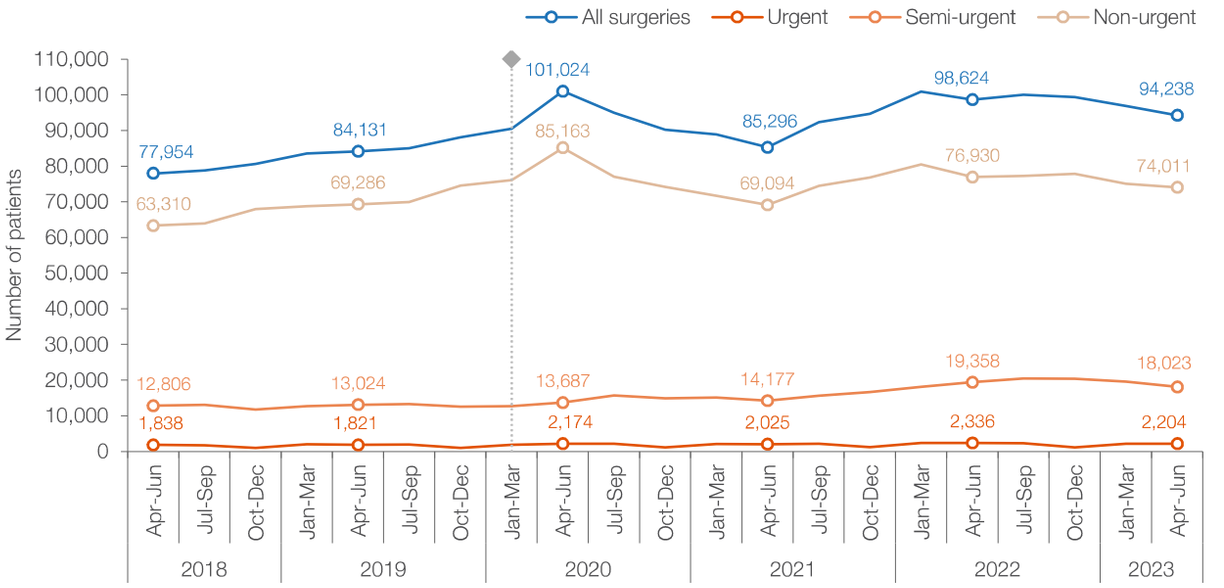
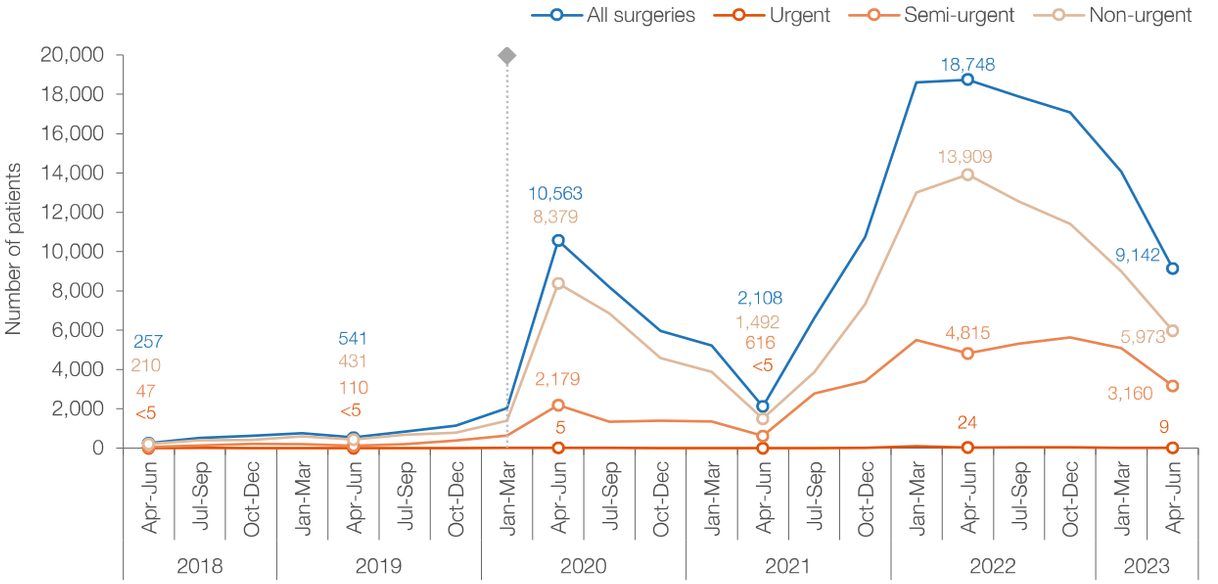


Figure 20

Patients on the waiting list ready for surgery at the end of June 2023 who had waited longer than clinically recommended, by urgency category, NSW

April 2018 to June 2023

Of those patients on the waiting list ready for surgery at the end of the April to June 2023 quarter who had waited longer than clinically recommended, 71.1% (6,496) were in urban hospitals and 28.9% (2,646) were in rural hospitals.



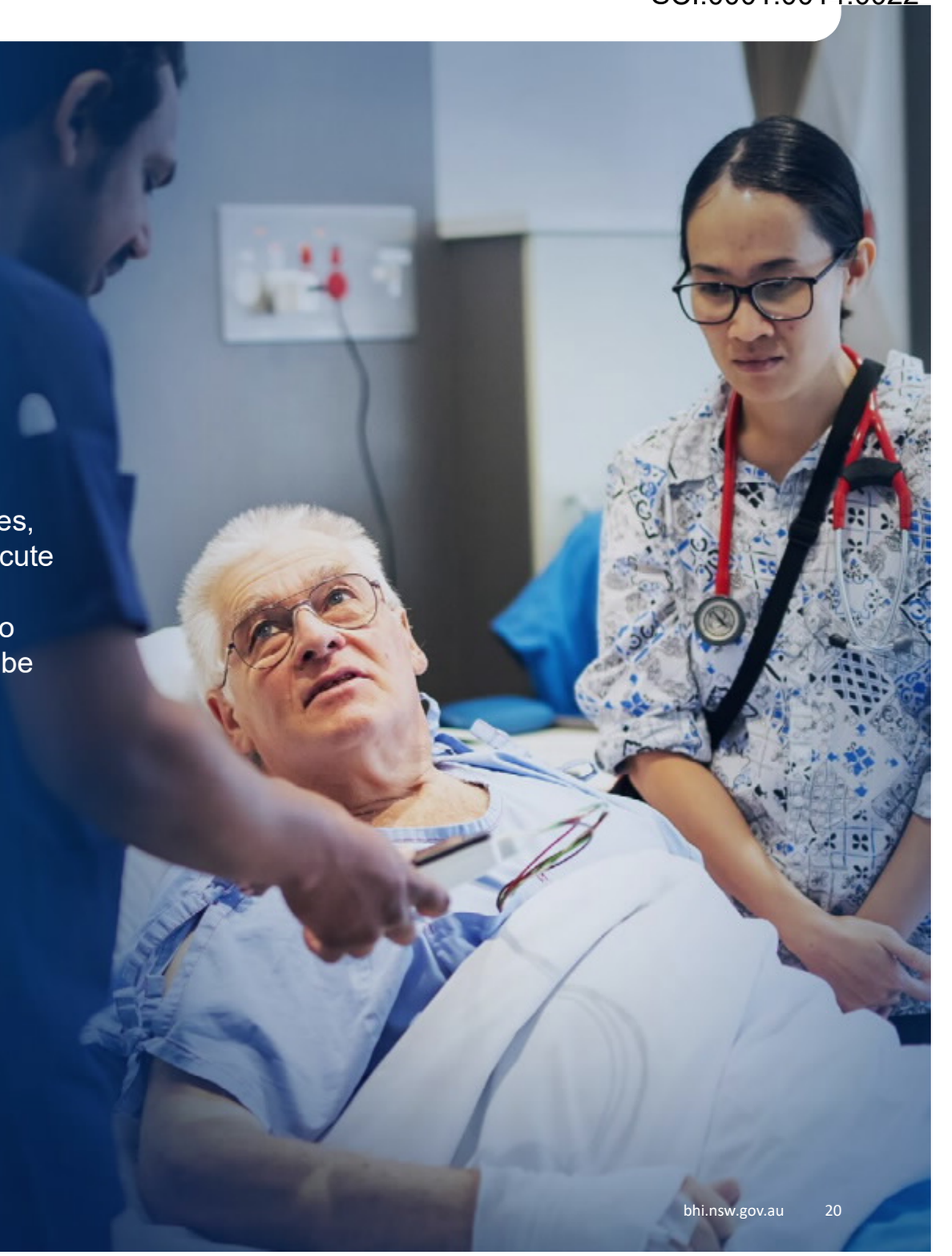
◆ WHO declared the COVID-19 pandemic on 12 March 2020 and first restrictions were introduced in NSW on 16 March 2020.

Admitted patients

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

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

Information regarding seclusion and restraint practices in NSW public hospitals can be found in the Seclusion and Restraint Supplement



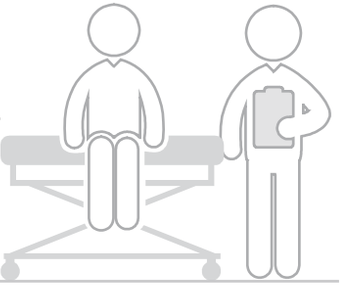
Key findings

April to June 2023

EPISODES OF CARE

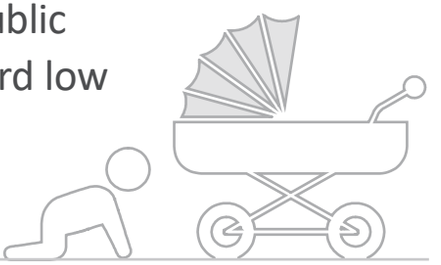
There were 483,500 admitted patient episodes – higher than early 2022 and similar to pre-pandemic levels.

There were 17,079 non-acute episodes, higher than in early 2022.



BABIES BORN

16,662 babies were born in public hospitals, up 5.1% from a record low in the preceding quarter.



AVERAGE LENGTH OF STAY

The average length of stay for all overnight episodes was 6.3 days, 12.5% higher than pre-pandemic levels. This measure has remained above pre-pandemic levels, for acute and non-acute, since mid-2021.

The average length of stay for overnight non-acute episodes was 17.2 days, 15.4% higher than pre-pandemic levels.

Refer to the Special Reporting section for additional insights on drivers of increased average length of stay.

Behind the key findings

Figure 21

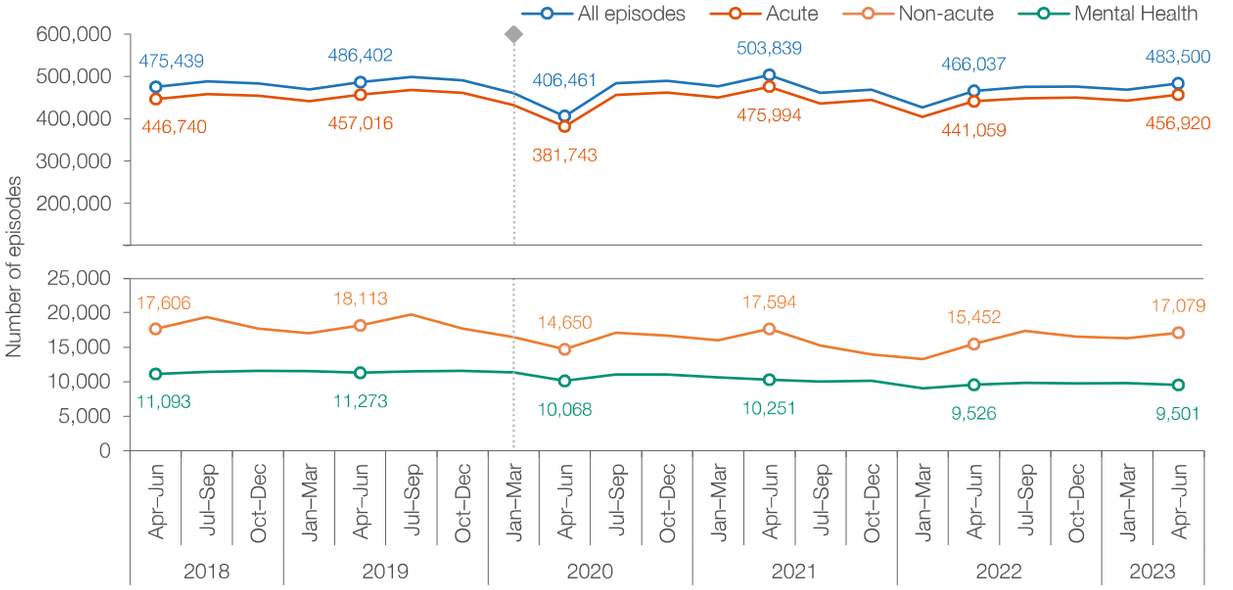
Episodes of care, by care type, NSW

April 2018 to June 2023

Of the 483,500 episodes in April to June 2023, 74.8% (361,444) were in urban hospitals and 25.2% (122,056) were in rural hospitals.

Admitted patient episodes of care can be:

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



Note: Results are calculated from more than 200 hospitals in each quarter reported in *HealthcareQuarterly*

Hospitals are classified as 'urban' or 'rural' using ARIA+, which is the standard used by ABS. For more information, see the technicalsupplement

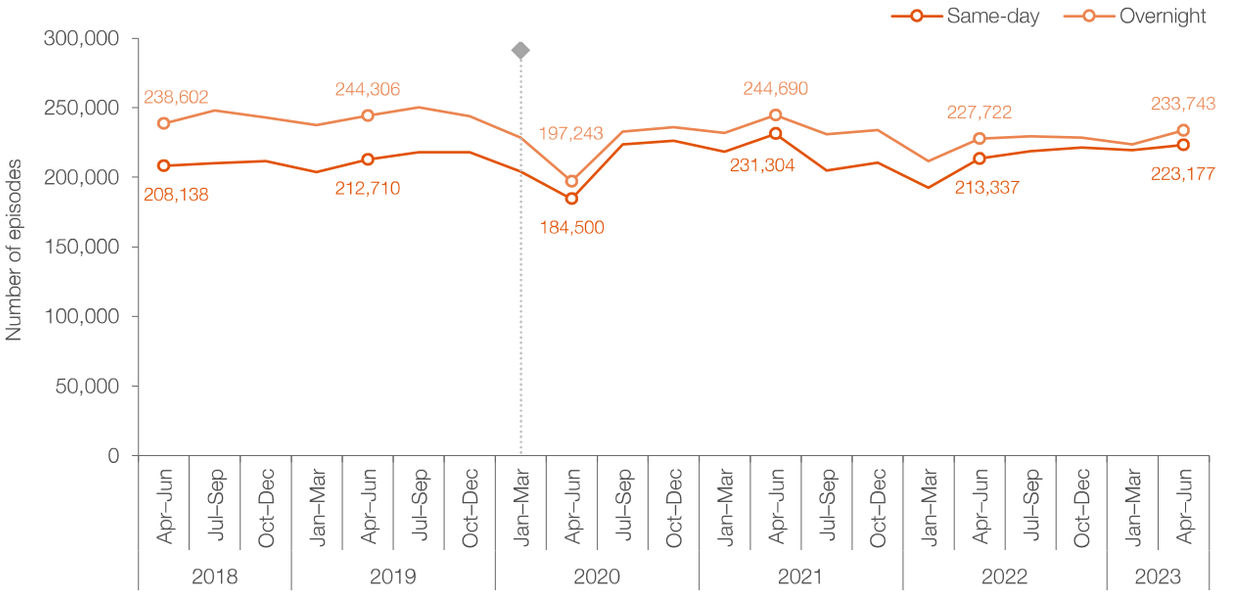
Figure 22

Acute episodes of care, by stay type, NSW

April 2018 to June 2023

Admitted patient episodes of care can be:

- Same-day
- Overnight.



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

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

Behind the key findings

Figure 23

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

April 2018 to June 2023

For acute overnight episodes in April to June 2023, the average length of stay was 5.1 days in urban hospitals and 4.5 days in rural hospitals.

Notes: Results are calculated from more than 200 hospitals in each quarter reported in *HealthcareQuarterly*

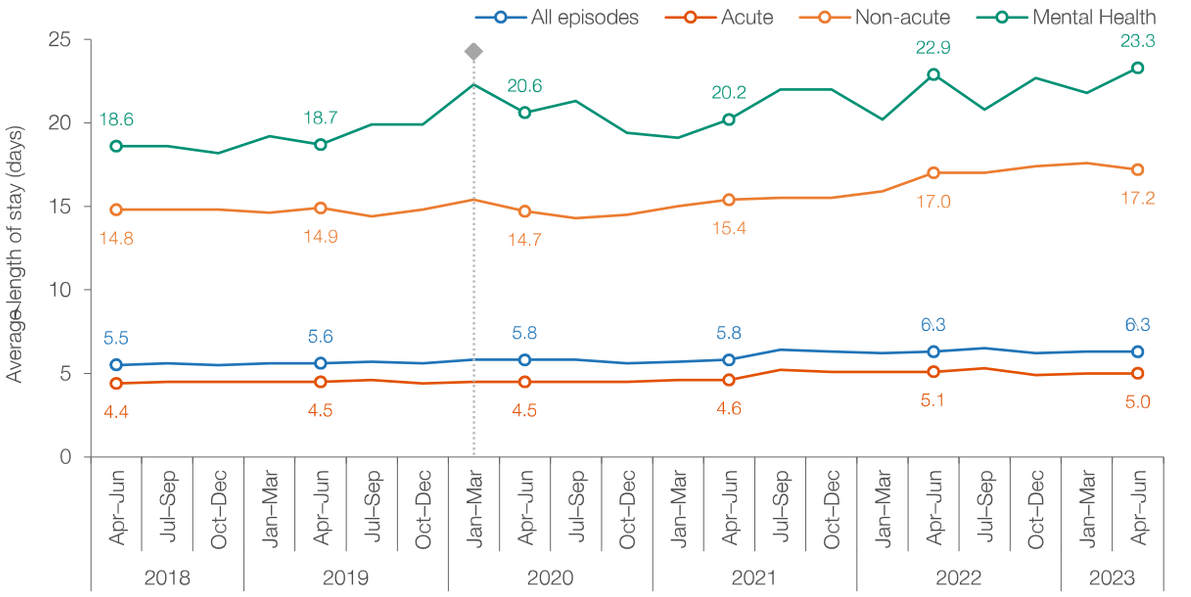
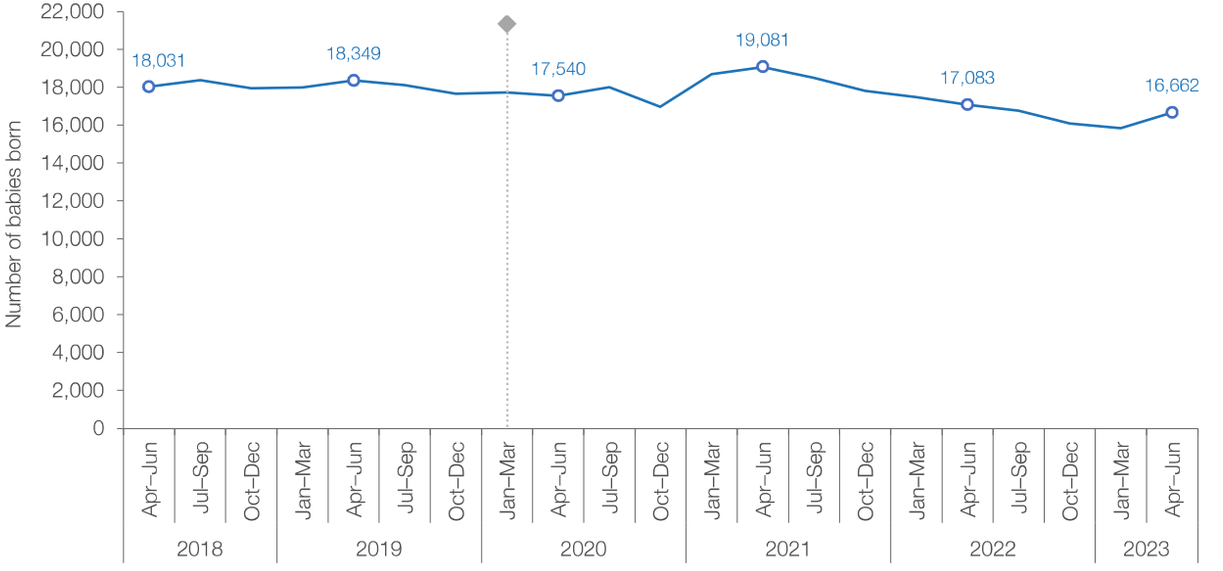


Figure 24

Babies born in public hospitals, NSW

April 2018 to June 2023

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



Special Reporting

This *Healthcare Quarterly* includes a Special Reporting section, incorporating additional analyses undertaken to identify potential drivers of increased average length of stay for admitted patients.

Introduction

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

This Special Reporting section provides key findings from additional analyses undertaken to identify potential drivers of the increased average length of stay since 2021. This section highlights the impact of patients with COVID-19 and those discharged to residential aged care, with a focus on four identified cohorts:

- Patients with a COVID-19 diagnosis recorded during their hospital stay who were discharged to residential aged care
- Patients with a COVID-19 diagnosis recorded during their hospital stay who were discharged elsewhere
- Patients without a COVID-19 diagnosis who were discharged to residential aged care ; and
- Patients without a COVID-19 diagnosis who were discharged elsewhere

The different sizes of the four cohorts is important when interpreting the results (refer to Figure 25).

A two-phased approach was adopted to analyse trends in average length of stay over five years across the four cohorts:

- 'Admission based analyses' focused on understanding variation in average length of stay throughout the entire patient journey within and across hospitals, with annual trends presented from 2018 to 2022.
- 'Episode based analyses' focused on understanding differences in average length of stay by type of care provided within a hospital, with quarterly trends presented from January 2018 to March 2023. The analyses are presented by two types of care – acute, or non-acute.

Refer to the technical supplement for further detail regarding the analytical approach.

Key findings

The increase in average length of stay over the last two years, has principally been driven by two factors – patients discharged to residential aged care and those with a COVID-19 diagnosis during their hospital stay.

- Patients with a COVID-19 diagnosis had an average length of stay twice as long as those without. This increased rapidly between 2021 and 2022 for those who were also discharged to residentialaged care.
- For patients without a COVID-19 diagnosis who were discharged to residentialaged care, average length of stay increased by 19.6% from 2021 to 2022.

Figure 25

Number of overnight admissions, by COVID-19 diagnosis and discharge to residentialaged care, NSW

2018 to 2022

The number of admissions for each cohort provides important context to assist in interpreting average length of stay in Figure 26.

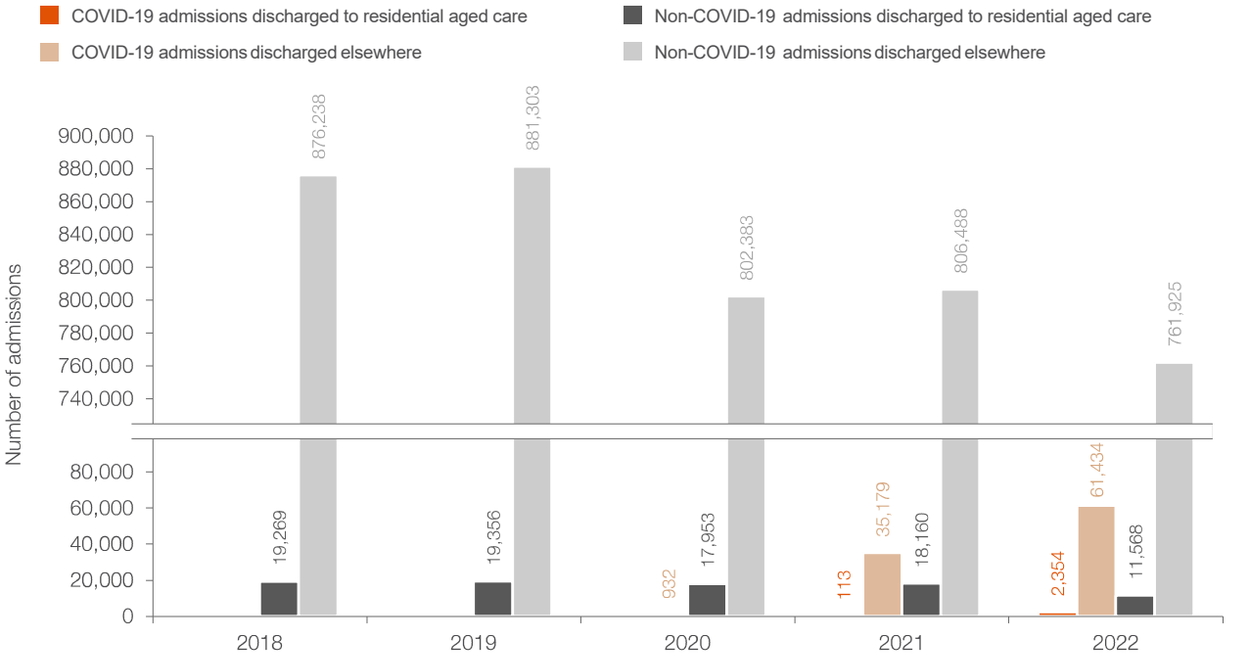
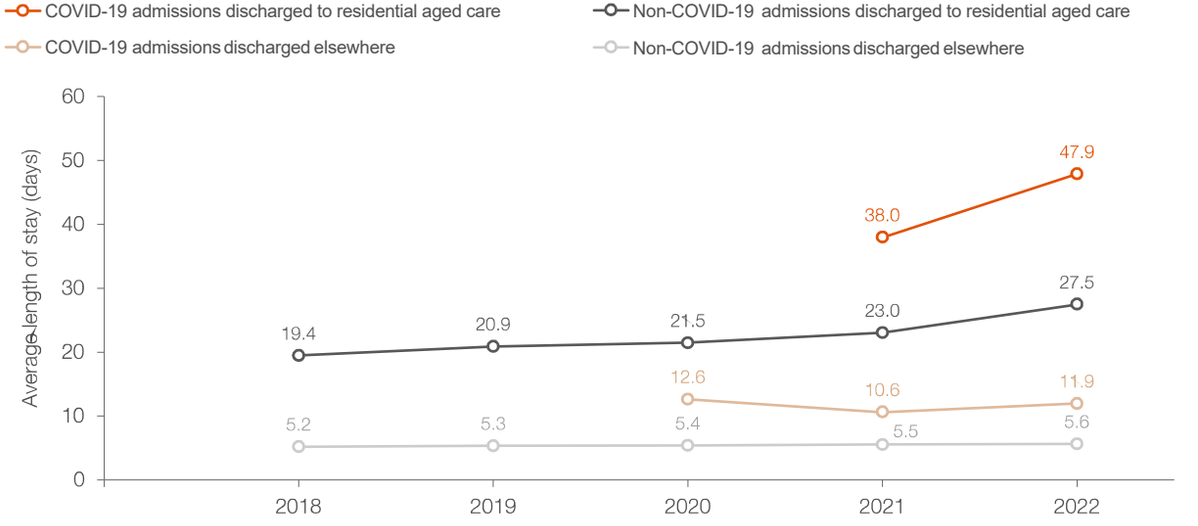


Figure 26

Average length of stay for overnight admissions, by COVID-19 diagnosis and discharge to residential aged care, NSW

2018 to 2022

As outlined above, the number of admissions varies across the four cohorts. The average length of stay for smaller cohorts should be interpreted with caution.



Note: The rules for coding and reporting COVID-19 episodes of care using the ICD-10 classification were effective from early 2020, aligned with advice from WHO.

Figure 27

Average length of stay for acute overnight episodes, by COVID-19 diagnosis and discharge to residential aged care, NSW

January 2018 to March 2023

The number of episodes varies across the four cohorts so the average length of stay for smaller cohorts should be interpreted with caution. For the number of acute overnight episodes in each cohort, please see the technicalsupplement.

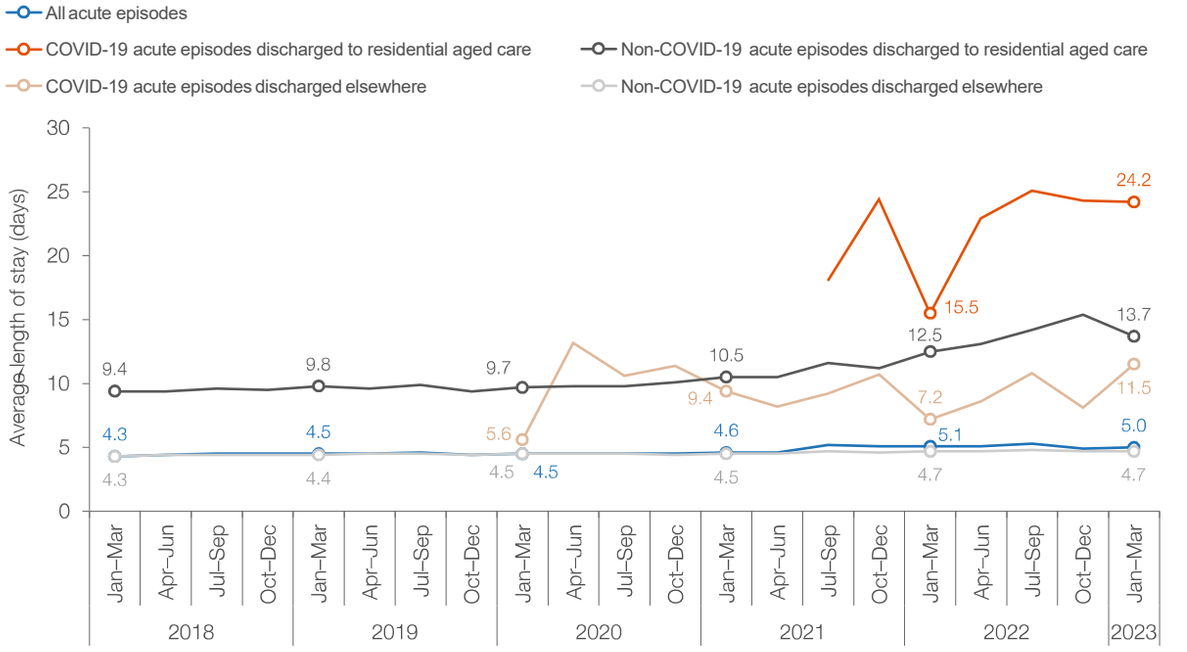
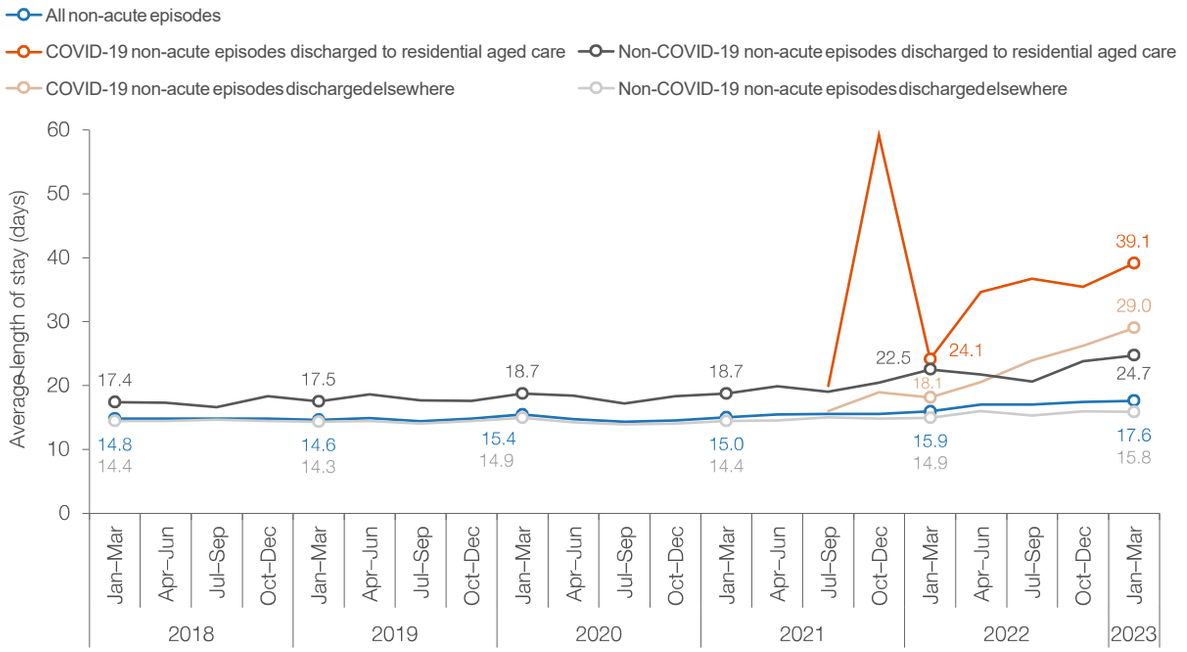


Figure 28

Average length of stay for non-acute overnight episodes, by COVID-19 diagnosis and discharge to residential aged care, NSW

January 2018 to March 2023

The number of episodes varies across the four cohorts so the average length of stay for smaller cohorts should be interpreted with caution. For the number of non-acute overnight episodes in each cohort, please see the technicalsupplement.

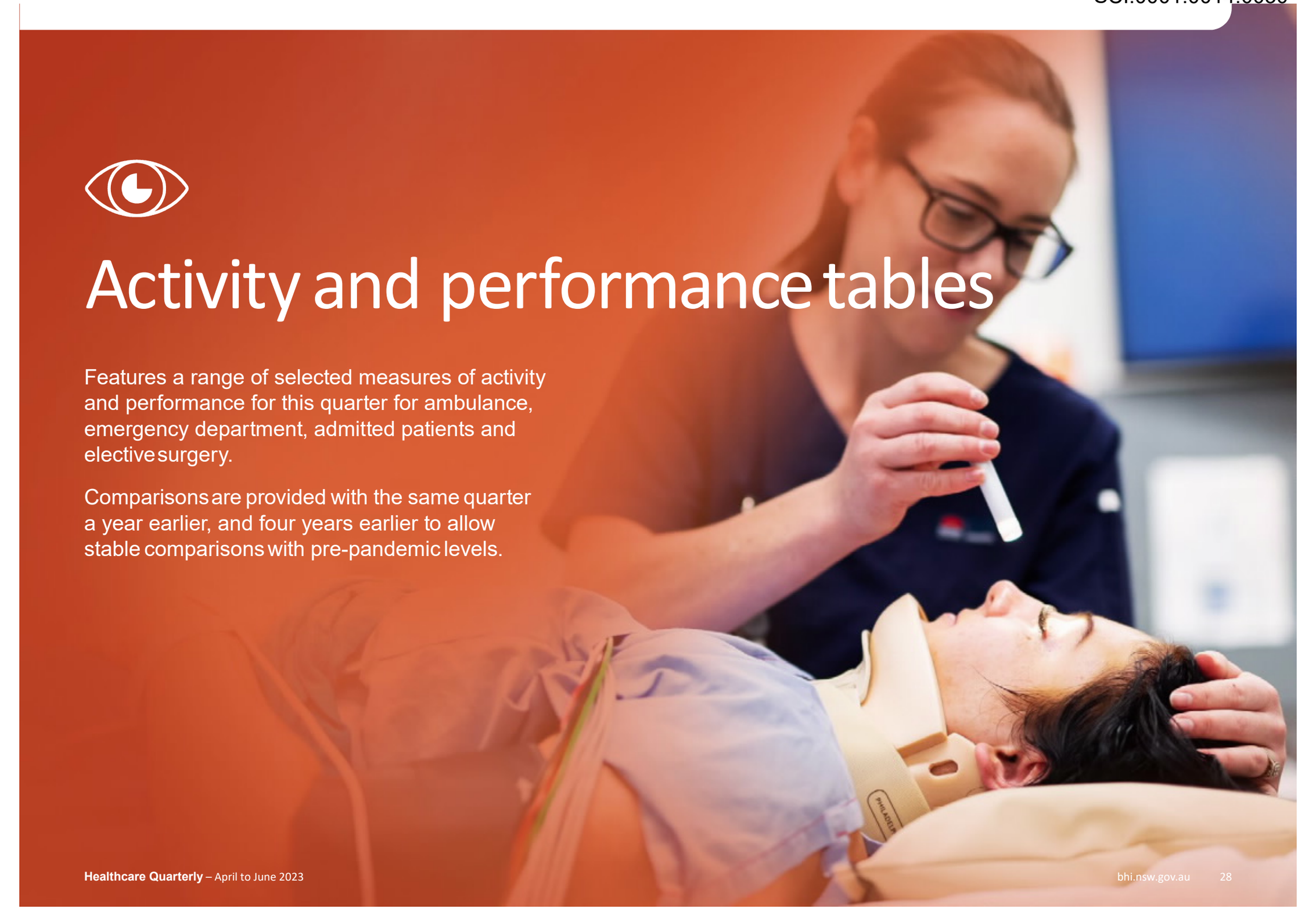


Note: The rules for coding and reporting COVID-19 episodes of care using the ICD-10 classification were effective from early 2020, aligned with advice from WHO.

Activity and performance tables

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

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



Ambulance

Activity

		Apr–Jun 2023	Apr–Jun 2022	COMPARING 2023 WITH 2022 Difference	COMPARING 2023 WITH 2022 % change	Apr–Jun 2019	COMPARING 2023 WITH 2019 Difference	COMPARING 2023 WITH 2019 % change
Responses		357,491	333,927	23,564	7.1%	309,828	47,663	15.4%
By priority	P1: Emergency	177,594	175,892	1,702	1.0%	139,923	37,671	26.9%
	P1A: Highest priority	13,525	12,134	1,391	11.5%	6,551	6,974	106.5%
	P2: Urgent	158,422	138,598	19,824	14.3%	146,619	11,803	8.1%
	P3: Time critical	14,244	12,420	1,824	14.7%	14,847	-603	-4.1%
	P4–9: Non-emergency	7,231	7,017	214	3.0%	8,439	-1,208	-14.3%
Incidents		269,672	260,847	8,825	3.4%	240,781	28,891	12.0%

Performance

			Apr–Jun 2023	Apr–Jun 2022	COMPARING 2023 WITH 2022 Difference	Apr–Jun 2019	COMPARING 2023 WITH 2019 Difference
Call to ambulance arrival time							
By priority	P1 cases	% within 15 minutes	44.7%	35.0%	9.7 percentage points	59.1%	-14.4 percentage points
		% within 30 minutes	86.3%	77.3%	9.0 percentage points	93.2%	-6.9 percentage points
	P2 cases	% within 30 minutes	51.4%	46.0%	5.4 percentage points	67.7%	-16.3 percentage points
		% within 60 minutes	79.9%	73.2%	6.7 percentage points	91.4%	-11.5 percentage points
Response time							
By priority	P1 cases	Median	13.6 minutes	16.3 minutes	-2.7 minutes	11.6 minutes	2.0 minutes
	P1A cases	% within 10 minutes	64.3%	57.6%	6.7 percentage points	71.8%	-7.5 percentage points
		Median	8.3 minutes	9.1 minutes	-0.8 minutes	7.5 minutes	0.8 minutes
	P2 cases	Median	25.9 minutes	30.0 minutes	-4.1 minutes	20.0 minutes	5.9 minutes

Emergency department

Activity

		Apr–Jun 2023	Apr–Jun 2022	COMPARING 2023 WITH 2022 Difference	COMPARING 2023 WITH 2022 % change	Apr–Jun 2019	COMPARING 2023 WITH 2019 Difference	COMPARING 2023 WITH 2019 % change
Arrivals by ambulance		183,127	174,541	8,586	4.9%	173,437	9,690	5.6%
Attendances		770,654	794,921	-24,267	-3.1%	754,461	16,193	2.1%
Emergency presentations		754,421	776,810	-22,389	-2.9%	728,962	25,459	3.5%
By triage category	T1: Resuscitation	6,385	5,682	703	12.4%	5,253	1,132	21.5%
	T2: Emergency	117,949	111,096	6,853	6.2%	96,213	21,736	22.6%
	T3: Urgent	283,592	285,625	-2,033	-0.7%	261,018	22,574	8.6%
	T4: Semi-urgent	284,762	306,651	-21,889	-7.1%	298,843	-14,081	-4.7%
	T5: Non-urgent	61,733	67,756	-6,023	-8.9%	67,635	-5,902	-8.7%
Admissions to hospital from ED		184,835	178,451	6,384	3.6%	194,455	-9,620	-4.9%

Performance

			Apr–Jun 2023	Apr–Jun 2022	COMPARING 2023 WITH 2022 Difference	Apr–Jun 2019	COMPARING 2023 WITH 2019 Difference
Percentage of patients transferred from ambulance to ED within 30 minutes			74.1%	72.5%	1.6 percentage points	87.6%	-13.5 percentage points
Time to start treatment	All patients	% starting treatment on time	65.8%	62.8%	3 percentage points	71.9%	-6.1 percentage points
By triage category	T2: Emergency (Recommended: 80% in 10 minutes)	% starting treatment on time	53.8%	51.6%	2.2 percentage points	62.6%	-8.8 percentage points
		Median	10 mins	10 mins	unchanged	9 mins	1 min
		90th percentile	37 mins	41 mins	-4 mins	28 mins	9 mins
	T3: Urgent (Recommended: 75% in 30 minutes)	% starting treatment on time	60.5%	57.5%	3 percentage points	66.5%	-6 percentage points
		Median	24 mins	26 mins	-2 mins	22 mins	2 mins
		90th percentile	1 hour 42 mins	1 hour 51 mins	-9 mins	1 hour 17 mins	25 mins
	T4: Semi-urgent (Recommended: 70% in 60 minutes)	% starting treatment on time	71.7%	67.1%	4.6 percentage points	75.6%	-3.9 percentage points
		Median	30 mins	35 mins	-5 mins	28 mins	2 mins
		90th percentile	2 hours 12 mins	2 hours 32 mins	-20 mins	1 hour 49 mins	23 mins
	T5: Non-urgent (Recommended: 70% in 120 minutes)	% starting treatment on time	89.9%	88.1%	1.8 percentage points	92.4%	-2.5 percentage points
		Median	24 mins	24 mins	unchanged	24 mins	unchanged
		90th percentile	2 hours 1 min	2 hours 12 mins	-11 mins	1 hour 47 mins	14 mins
Time from arrival to leaving	% leaving within four hours		56.7%	57.6%	-0.9 percentage points	70.6%	-13.9 percentage points
	For patients admitted to hospital		23.0%	23.0%	0 percentage points	39.5%	-16.5 percentage points
	Median		3 hours 35 mins	3 hours 33 mins	2 mins	2 hours 53 mins	42 mins
	90th percentile		11 hours 0 mins	10 hours 26 mins	34 mins	7 hours 35 mins	3 hours 25 mins

Elective surgery

Activity

			Apr–Jun 2023	Apr–Jun 2022	COMPARING 2023 WITH 2022 Difference	% change	Apr–Jun 2019	COMPARING 2023 WITH 2019 Difference	% change
Elective surgeries performed			60,499	53,712	6,787	12.6%	59,269	1,230	2.1%
By urgency	Urgent		13,023	13,018	5	0.0%	12,498	525	4.2%
	Semi-urgent		21,765	17,870	3,895	21.8%	19,055	2,710	14.2%
	Non-urgent		23,456	20,850	2,606	12.5%	24,751	-1,295	-5.2%
	Staged*		2,255	1,974	281	14.2%	2,965	-710	-23.9%

Performance

			Apr–Jun 2023	Apr–Jun 2022	COMPARING 2023 WITH 2022 Difference	% change	Apr–Jun 2019	COMPARING 2023 WITH 2019 Difference	% change
Waiting time	All patients	% on time	79.0%	74.7%	4.3 percentage points		96.4%	-17.4 percentage points	
By urgency	Urgent	% on time (Recommended: within 30 days)	99.4%	98.2%	1.2 percentage points		99.9%	-0.5 percentage points	
		Median	13 days	12 days	1 day		11 days	2 days	
		90th percentile	27 days	27 days	0 days		26 days	1 day	
	Semi-urgent	% on time (Recommended: within 90 days)	74.7%	73.3%	1.4 percentage points		96.7%	-22 percentage points	
		Median	59 days	58 days	1 day		46 days	13 days	
		90th percentile	153 days	161 days	-8 days		83 days	70 days	
	Non-urgent	% on time (Recommended: within 365 days)	71.7%	61.2%	10.5 percentage points		94.3%	-22.6 percentage points	
		Median	299 days	339 days	-40 days		246 days	53 days	
		90th percentile	498 days	492 days	6 days		359 days	139 days	
Patients on waiting list ready for elective surgery at end of quarter			94,238	98,624	-4,386	-4.4%	84,131	10,107	12.0%
By urgency	Urgent		2,204	2,336	-132	-5.7%	1,821	383	21.0%
	Semi-urgent		18,023	19,358	-1,335	-6.9%	13,024	4,999	38.4%
	Non-urgent		74,011	76,930	-2,919	-3.8%	69,286	4,725	6.8%
Patients on waiting list ready for elective surgery who had waited longer than clinically recommended at end of quarter			9,142	18,748	-9,606	-51.2%	541	8,601	1589.8%

* 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		Apr–Jun 2023	Apr–Jun 2022	COMPARING 2023 WITH 2022 Difference	COMPARING 2023 WITH 2022 % change	Apr–Jun 2019	COMPARING 2023 WITH 2019 Difference	COMPARING 2023 WITH 2019 % change
Episodes of care		483,500	466,037	17,463	3.7%	486,402	-2,902	-0.6%
By care type	Acute	456,920	441,059	15,861	3.6%	457,016	-96	0.0%
	Overnight	233,743	227,722	6,021	2.6%	244,306	-10,563	-4.3%
	Same-day	223,177	213,337	9,840	4.6%	212,710	10,467	4.9%
	Non-acute	17,079	15,452	1,627	10.5%	18,113	-1,034	-5.7%
	Mental health	9,501	9,526	-25	-0.3%	11,273	-1,772	-15.7%
Average length of stay for overnight episodes (days)		6.3	6.3	0.0	0.0%	5.6	0.7	12.5%
By care type	Acute	5.0	5.1	-0.1	-2.0%	4.5	0.5	11.1%
	Non-acute	17.2	17.0	0.2	1.2%	14.9	2.3	15.4%
	Mental health	23.3	22.9	0.4	1.7%	18.7	4.6	24.6%
Bed days		1,837,522	1,795,053	42,469	2.4%	1,720,388	117,134	6.8%
By care type	Acute	1,384,859	1,365,023	19,836	1.5%	1,315,332	69,527	5.3%
	Non-acute	251,547	228,022	23,525	10.3%	223,858	27,689	12.4%
	Mental health	201,116	202,008	-892	-0.4%	181,198	19,918	11.0%
Babies born		16,662	17,083	-421	-2.5%	18,349	-1,687	-9.2%

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.