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Emergency department care and elective surgery waiting times

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

Contents

Foreword

I am pleased to present this report on emergency department care and elective surgery waiting times for Australian public hospitals for the period July 2010 to June 2011. As for the similar report for 2009–10, this report is being released within five months of the end of the reference period. The Institute is grateful for the cooperation of the states and territories that helped make that possible.

The Institute aims to maximise the usefulness of its reports, and improving their timeliness is one way to do that. We are currently exploring mechanisms to further improve timeliness of the Institute's reporting on Australian hospitals, in consultation with the states and territories. Future reports may therefore be even more timely than this one.

This report is one of a suite of products produced by the Institute to report on Australia's hospitals each year. Later this year, we will release a new report on rates of *Staphylococcus aureus* bacteraemia (SAB) for public hospitals of each of the states and territories. SAB is an important infection associated with hospital care, and reporting national data on it is a major step forward in making information available on the safety and quality of care in Australia's hospitals.

As in previous years, a comprehensive report and a summary report on Australian hospitals (covering other aspects, in addition to emergency department care and elective surgery waiting times) will be published in April 2012.

This report is a complement to the *MyHospitals* website (www.myhospitals.gov.au). *MyHospitals* includes the same information provided in this report, but for individual public hospitals. The *MyHospitals* information is based on the same data and the same standards as the information in this report, so users can be assured that the information is comparable.

The performance information published in this report also matches the data provided by the AIHW for the Council of Australian Governments Reform Council report on the National Healthcare Agreement (CRC 2010), and the Steering Committee for the Review of Government Service Provision's *Report on Government Services (SCRGSP 2011)*, both due for publication in early 2012.

An innovation in this report is the inclusion of time series information for key performance indicators for each state and territory. This allows easy access to information about changes in waiting times.

Another innovation is the inclusion of formal data quality statements for the Institute's data collections used for this report. The statements are presented using a nationally accepted framework, and provide information that should be considered when interpreting the data in the report. They are included in Appendixes 1 and 2.

As always, comments on this report are welcome.

David Kalisch

Director

November 2011

Acknowledgments

This report would not have been possible without the valued cooperation and efforts of the data providers: the health authorities of the states and territories, and individual public hospitals. The Australian Institute of Health and Welfare (AIHW) thanks them for their timely supply of the data, assistance with data validation and in the preparation of this report.

The AIHW's Australian Hospital Statistics Advisory Committee was also of great assistance. Particular thanks are due to the representatives of the state and territory health authorities who contributed to the report. Members of the Committee are:

- Jenny Hargreaves (AIHW) (Chair)
- John Agland (New South Wales Ministry of Health)
- Paul Basso (South Australian Health)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Health)
- Louise Edmonds (Australian Capital Territory Government Health Directorate)
- Mark Gill (Victorian Department of Health)
- Jerry Hearn (Australian Government Department of Health and Ageing)
- Gary Inglis (Northern Territory Department of Health)
- Jiten Mangal (Commonwealth Grants Commission)
- Peter Mansfield (Tasmanian Department of Health and Human Services)
- Jennifer McNamee (National Casemix and Classification Centre)
- George Neale (Australian Private Hospitals Association Limited)
- Elisabeth Sallur (Western Australian Department of Health)
- Paul Tridgell (Australian Healthcare and Hospitals Association)

Within the AIHW the report was prepared by Katrina Burgess, Jane McIntyre, Tony Mole, Nick Thompson and Katie Williams, with expert advice provided by Jenny Hargreaves, George Bodilsen, Brett Henderson and Katrina Hicks. Malcolm Deasey coordinated the publication process.

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AHMAC	Australian Health Ministers Advisory Council
AIHW	Australian Institute of Health and Welfare
HDSC	Health Data Standards Committee
NAPEDC	Non-admitted patient emergency department care
NNAPEDCD	National Non-admitted Patient Emergency Department Care Database
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Health Agreement
NHPF	National Health Performance Framework
NHISSC	National Health Information Standards and Statistics Committee
NHMD	National Hospital Morbidity Database
NMDS	National minimum data set
NPHED	National Public Hospital Establishments Database
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SAB	*Staphylococcus aureus* bacteraemia
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

ave	Average
n.a.	Not available
n.p.	Not published
. .	Not applicable

Summary

This report presents information relating to emergency department care in selected public hospitals and public hospital elective surgery waiting times for the period 1 July 2010 to 30 June 2011. Corresponding information for individual public hospitals is available on the *MyHospitals* website at www.myhospitals.gov.au.

Emergency department care

Almost 6.2 million emergency department presentations were reported by selected public hospitals in 2010–11, with an increase of 4.0% on average each year between 2006–07 and 2010–11. Between 2009–10 and 2010–11, emergency department presentations increased in all states and territories, with increases ranging from 1.6% in Tasmania to 8.1% in Western Australia.

Overall in 2010–11, treatment by a medical officer or nurse commenced within 23 minutes of a patient presenting to the emergency department for 50% of patients and within 114 minutes of presentation for 90% of patients.

Since 2006–07, the overall proportion of patients seen on time in *Principal referral and specialist women's and children's hospitals* and *Large hospitals* has been about 68% each year. For 2010–11, 100% of resuscitation patients (those requiring treatment immediately) and 79% of emergency patients (requiring treatment within 10 minutes) were seen on time. The proportion seen on time varied across the states and territories, from 52% in the Northern Territory, to 74% in New South Wales.

About 4% of emergency department presentations in *Principal referral and specialist women's and children's hospitals* and *Large hospitals* were for Aboriginal and Torres Strait Islander people. About 66% of Indigenous Australians were seen on time, compared with 69% for other Australians.

Elective surgery waiting times

In 2010–11, Australia's public hospitals admitted about 621,000 patients from elective surgery waiting lists.

Between 2006–07 and 2010–11, admissions from elective surgery waiting lists increased by an average of 2.8% per year. They increased in all states and territories, with increases ranging from 0.7% per year in New South Wales to 7.2% per year in Western Australia.

In 2010–11, 50% of patients waited up to 36 days for public elective surgery, increasing from 32 days in 2006–07 and 35 days in 2009–10. The median waiting time ranged from 29 days in Queensland and Western Australia to 76 days in the Australian Capital Territory. Between 2006–07 and 2010–11, the proportion of patients who waited more than a year to be admitted for their surgery decreased from 3.1% to 2.9%.

The median waiting time for Indigenous Australians was higher than for other Australians (39 and 36 days, respectively), and a higher proportion of Indigenous Australians waited greater than 365 days (3.3%) compared with other Australians (2.9%).

1 Introduction

Australian hospital statistics 2010–11: emergency department care and elective surgery waiting times continues the Australian Institute of Health and Welfare's (AIHW) series of summary annual reports (commencing with the 1993–94 financial year, AIHW 1997a–2011b) describing the characteristics and activity of Australia's hospitals. The *Australian hospital statistics* suite of products present data supplied by state and territory health authorities on admitted patient care, elective surgery waiting times, emergency department care, outpatient care, public hospital establishments and rates of infection with *Staphylococcus aureus* bacteraemia (SAB), an indicator of hospital safety and quality.

This report presents information on emergency department care for selected public hospitals and elective surgery waiting times for all public hospitals for the period 1 July 2010 to 30 June 2011. It includes information on overall activity, performance indicators and other waiting times statistics.

Data based on the NMDSs for Admitted patient care, Public hospital establishments and Outpatient care form the basis of other Institute hospitals databases, and will be provided by state and territory health authorities later in 2011. Hence, whilst this report (and a new report accompanying it on *Staphylococcus aureus* bacteraemia; AIHW 2011c) provide some information on Australia's hospitals for 2010–11 , the AIHW's annual report *Australian hospital statistics 2010–11* (to be published early 2012) will present comprehensive information on Australia's hospitals. *Australian hospital statistics 2010–11* will also include additional emergency department and elective surgery data:

- emergency department care: information on the age and sex of the patients, their arrival mode, the times of arrival (hour of day) and the duration of the non-admitted patient episodes. Information on total emergency department activity will also be included (sourced from data provided for the Public hospital establishments NMDS)
- elective surgery waiting times: information on total elective surgery activity (public and private hospitals), the age and sex of the patients and the remoteness area and socioeconomic status of their usual residence (sourced from data provided for the Admitted patient care NMDS).

Data sources for this report

The AIHW has undertaken the collection and reporting of the data in this report under the auspices of the Australian Health Ministers' Advisory Council, through the National Health Information Agreement.

The data supplied by state and territory health authorities were used by the AIHW to assemble the following databases used in compiling this report:

- The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD), covering emergency department care and waiting times for selected public hospitals.
- The National Elective Surgery Waiting Times Data Collection (NESWTDC), covering waiting times and other characteristics of elective surgery in all public hospitals.

Box 1.1: Data limitations

- States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values, unless stated otherwise.
- Statistics on emergency department presentations for non-admitted patients and public hospital elective surgery waiting times may be affected by variations in reporting practices across states and territories and over time. Where possible, these variations have been noted in the text. Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and the appendixes.

Additional data quality information is included in appendixes 1 and 2.

What's in this report?

This chapter provides an introduction to the report and the data sources used for it.

Chapter 2 presents activity and waiting times information for non-admitted patient care provided in selected public hospital emergency departments. It includes the proportion of patients seen on time and the median and 90th percentile waiting times (in minutes), nationally, by state or territory and by Indigenous status, triage category and hospital peer group.

It also includes performance indicators agreed under the National Healthcare Agreement (NHA) (CRC 2010):

- Waiting times for emergency department care. This performance indicator can be related to National Health Performance Framework (NHPF) dimension 'Accessibility' within the domain 'Health System Performance' (see Chapter 3 of *Australian hospital statistics 2009–10* (AIHW 2011a)). Under the NHA, it relates to the outcome area of 'hospital and related care' and to a performance benchmark for emergency departments.
- Selected potentially avoidable GP-type presentations to emergency departments. This performance indicator can be related to NHPF dimension 'Accessibility' within the domain 'Health System Performance'. Under the NHA, it relates to the outcome area of 'primary and community health'.

Chapter 3 presents information on patients admitted for elective surgery from public hospital waiting lists. It includes information on the median and 90th percentile waiting times (in days), nationally, by state or territory and by Indigenous status, surgical specialty, indicator procedure and hospital peer group.

It also includes a performance indicator agreed under the NHA:

- Waiting times for elective surgery. This performance indicator can be related to NHPF dimension 'Accessibility' within the domain 'Health System Performance'. Under the NHA, it relates to the outcome area of 'hospital and related care'.

Appendixes 1 and 2 present data quality information and technical notes for the data sources used in this report. They also include additional information on apparent variations in the reporting of the data used in this report, including variation in:

- the assignment of clinical urgency categories for elective surgery list patients
- the recording of waiting times for elective surgery patients awaiting 'staged procedures' and
- the quality of Indigenous identification.

Chapter structure

In this report, chapters are structured to address a common set of questions concerning the topic for each chapter, including:

- *What data are reported?* This section outlines the data sets used to inform the chapter.
- *What are the limitations of the data?* This section provides caveats that should be considered when interpreting the data presented.
- *What methods were used?* This section outlines issues such as inclusions and exclusions of records and calculation methods.

Following the information on the data sources, the data presented provide answers to the following questions where appropriate:

- *How has activity changed over time?*
- *How much activity was there in 2010–11?*
- *Why did people receive the care?*
- *How urgent was the care?*
- *How long did people wait for care?*
- *How was the care completed?*

Performance indicators

The performance indicators presented in this report are those derived from the NNAPEDCD and the NESWTDC for reporting under the NHA.

They are presented according to the NHPF revised as agreed by the National Health Information and Statistics Committee (NHISSC) in 2008. The NHPF can be regarded as a structure to guide the understanding and evaluation of the health system, facilitating consideration of how well the health system or program is performing. The framework has three domains: 'Health Status', 'Determinants of Health' and 'Health System Performance'. The Health System Performance domain is most relevant to assessment of the provision of hospital and other health-care services. The six dimensions identified within this domain are: *Effectiveness*, *Safety*, *Responsiveness*, *Continuity of care*, *Accessibility* and *Efficiency & sustainability*.

Additional data on the Internet

This report can be found at <www.aihw.gov.au>. It is available as a PDF and all tables (including some additional tables not included in the hardcopy) are downloadable as Excel

spread sheets. Corresponding data for individual public hospitals is available on the *MyHospitals* website at www.myhospitals.gov.au.

Interactive data

Also on the AIHW website are interactive data from the NESWTDC including elective surgery waiting times summary statistics for:

- Reason for removal from waiting lists (2002–03 to 2010–11)
- Surgical specialties (2001–02 to 2010–11)
- Indicator procedures (2001–02 to 2010–11).

Updates

After this report is published, the AIHW website will include updates for the tables that present estimates of the proportion of episodes included in the data sources used for this report, based on data from the Admitted patient care NMDS and the Public hospital establishments NMDS.

Updates to the data presented in this report, and additional information obtained by linking the emergency department care data with the Public hospital establishments data or the elective surgery waiting times data with the Admitted patient care data, will be included in *Australian hospital statistics 2010–11* (to be published early-2012).

Internet tables and interactive data are also updated in the event of errors being found or if data are resupplied after release of the publication.

2 Emergency department care

This chapter presents information about emergency department activity in public hospitals included in the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD). They include the major public hospitals in each state and territory.

The chapter is particularly focused on information related to:

- total emergency department activity
- emergency department waiting times
- the type of care received
- how patients left the emergency department.

It does not include statistics on total emergency occasions of service, patient characteristics, or duration of presentation statistics. These data will be presented in *Australian hospital statistics 2010–11* (due to be published in early 2012).

The performance indicator information in this chapter is limited to emergency department presentations in *Principal referral and specialist women's and children's hospitals* and *Large hospitals*.

Caution should be used when interpreting the data presented in this report, as the data have not been checked against the establishment-level data provided in the National Public Hospital Establishments Database (NPHED). The NPHED data includes information on the number of emergency occasions of service for each public hospital, and are used to check counts of presentations. The data presented here have therefore not been subjected to the usual level of confirmation.

Peer group-level data presented in this report are based on the peer groups assigned to hospitals for *Australian hospital statistics 2009–10* (AIHW 2011a), as the 2010–11 peer group cannot be assigned until the level of admitted patient activity is known.

Revisions to these data, including estimates of the proportion of total emergency occasions of service reported to the NNAPEDCD, will be included in the AIHW's comprehensive annual report *Australian hospital statistics 2010–11*.

What data are reported?

The National Non-admitted Patient Emergency Department Care Database

The NNAPEDCD is a compilation of episode-level data for emergency department presentations in public hospitals. The database is based on the NMDS for Non-admitted patient emergency department care (NAPEDC), as defined in the *National health data dictionary, version 14* (HDSC 2008). It includes data on the type of emergency department visit, triage category, waiting times, arrival mode and episode end status.

The data presented in this report are based on patients completing an episode in an emergency department between 1 July 2010 and 30 June 2011. See Appendix 1 for more information.

The scope of this NMDS in 2010–11 was non-admitted patients registered for care in emergency departments in public hospitals that were classified as either peer group A (*Principal referral and specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2009–10* (AIHW 2011a). Further information on the peer group classification is available in Appendix 1 of that report. The use of the peer group classification to scope the collection is an interim measure and the scope of this collection is currently under review.

For 2010–11, all states and territories provided data to the NNAPEDCD for all public hospitals in peer groups A and B that had emergency departments (that is 100% of hospitals that were required to report data). Data were provided for 84 *Principal referral and specialist women's and children's hospitals* and 41 *Large hospitals*.

Some states and territories also provided data for public hospitals that were classified to peer groups other than A or B, and these data have been included in some parts of this chapter. Data were provided for:

- 15 *Medium hospitals*, 18 *Small hospitals* and 8 *Unpeered/Other hospitals* in New South Wales
- 6 *Medium hospitals* in Victoria
- 4 *Medium hospitals* in Queensland
- 3 *Medium hospitals* and 2 *Small remote acute hospitals* in Western Australia
- 1 *Medium hospital* in South Australia
- 1 *Medium hospital* in Tasmania
- 3 *Small remote acute hospitals* in the Northern Territory.

From 2009–10, the data for the Albury Base Hospital, formerly reported by New South Wales, has been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service, which integrates the Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales.

Terms relevant to the discussion of emergency department care are summarised in Box 2.1. The data quality statement for the NNAPEDCD for 2010–11 is included in Appendix 1.

Other emergency occasions of service data

National Public Hospital Establishments Database

All states and territories provide hospital-level data on emergency occasions of service for the NPHED, which has essentially full coverage of public hospitals. These emergency occasions of service data have wider coverage than data provided for the NNAPEDCD (emergency departments only).

The NPHED data for 2010–11 will be reported in the AIHW's annual report *Australian hospital statistics 2010–11*.

Private hospital emergency department activity

Information about emergency occasions of service provided by private hospitals are reported to the Australian Bureau of Statistics' (ABS) Private Hospital Establishments Collection and are presented in the ABS *Private hospitals, Australia* report (ABS 2011). Information sourced from the latest *Private hospitals, Australia* report will be included in *Australian hospital statistics 2010–11*.

Box 2.1: Summary of terms relating to non-admitted patient emergency department care

The triage category indicates the urgency of the patient's need for medical and nursing care. It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question: 'This patient should wait for medical assessment and treatment no longer than...?'. The National Triage Scale has five categories (as defined in the *National health data dictionary, version 14* (HDSC 2008)) that incorporate the time by which the patient should receive care:

- *Resuscitation*: immediate (within seconds)
- *Emergency*: within 10 minutes
- *Urgent*: within 30 minutes
- *Semi-urgent*: within 60 minutes
- *Non-urgent*: within 120 minutes.

These categories are equivalent to the Australasian Triage Scale triage categories—*Immediately life-threatening*, *Imminently life-threatening*, *Potentially life-threatening*, *Potentially serious* and *Less urgent* (respectively) (ACEM 2000).

The **type of visit** to the emergency department indicates the reason the patient presents to an emergency department.

The **episode end status** indicates the status of the patient at the end of the non-admitted patient emergency department service episode.

Emergency presentations include only presentations for which the type of visit was reported as *Emergency presentation*.

Emergency department waiting time to service delivery is 'the time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse' (HDSC 2008).

An emergency department care episode is considered to be **seen on time** if the waiting time to service delivery was within the time specified in the definition of the triage category. For the purpose of this report, a patient with a triage category of *Resuscitation* was considered to be seen on time if the waiting time to service delivery was less than or equal to 2 minutes. There is some variation between jurisdictions in the criteria used to determine the proportion of *Resuscitation* patients seen on time, therefore these data may differ from those reported by individual jurisdictions.

An emergency department care episode is considered to **end in admission** if the episode end status was reported as *Admitted to this hospital*. This includes being admitted to units or beds within the emergency department.

Box 2.2: What are the limitations of the data?

- The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) does not include all public hospital emergency occasions of service. As the scope of the NAPEDC is public hospitals that were classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, data for emergency occasions of service may not be included for areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Disaggregations by socioeconomic status and remoteness should also be interpreted with caution.
- Statistics on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories. Where possible, these variations have been noted in the text.
- The proportion of emergency occasions of service for which data were present in the NNAPEDCD cannot be calculated for 2010–11 until the establishment-level data in the NPHED become available. For 2010–11, a preliminary estimate is that about 81% of emergency occasions of services were reported to the NNAPEDCD.

See Appendix 1 for more information.

Box 2.3: What methods were used?

- The waiting times are determined from the time elapsed between presentation in the emergency department to commencement of service. The calculation is restricted to presentations with an *Emergency presentation* type of visit. Also, presentations were excluded if the waiting time was missing or invalid or the patient *Did not wait to be attended by a health care professional*, or was *Dead on arrival*.
- Approximately 32,000 records for which a valid waiting time was not recorded were not used (in either the numerator or denominator) to derive waiting time statistics.
- The proportion of presentations seen on time was determined as the proportion of presentations in each triage category with a waiting time less than or equal to the maximum waiting time stated in the definition (see Box 2.1). The calculation is restricted to presentations for which the waiting time could be calculated (see above). Records with a triage category of *Not reported* were excluded from this calculation but are included in the total number of emergency department presentations.
- The proportion of presentations ending in admission is determined as the proportion of presentations with an episode end status of *Admitted to this hospital*. The calculation is restricted to presentations with a type of visit of *Emergency presentation*.

See Appendix 1 for more information.

How has activity changed over time?

National

Between 2006–07 and 2010–11, the number of hospitals reporting to the NNAPEDCD increased from 164 to 186, and the number of emergency department presentations increased by 16.9% (average annual increase of 4.0%) (Table 2.1). However, taking into account the

change in estimated coverage over this period, the increase in the number of emergency department presentations was about 13.2% (average annual increase of 3.2%).

Table 2.1: Non-admitted patient emergency department presentations, selected public hospitals, 2006–07 to 2010–11

						Change (per cent)	
	2006–07	2007–08	2008–09	2009–10	2010–11	Ave since 2006–07	Since 2009–10
Hospitals reporting emergency department episode-level data	164	165	184	184	186	3.2	1.1
Emergency department presentations	5,287,451	5,537,196	5,742,140	5,957,960	6,183,289	4.0	3.8
Estimated proportion (%)[(a)]	78	78	80	81	81		

(a) The number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHED as a percentage. For 2010–11, the proportion of emergency occasions of service reported to NNAPEDCD is a preliminary estimate.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Between 2006–07 and 2010–11, both the proportion of *Emergency presentations* seen on time and the median waiting time of *Emergency presentations* remained relatively stable, despite the increasing numbers of presentations. The time by which 90% of presentations were seen decreased from 120 minutes to 114 minutes over the same period (Table 2.2).

Table 2.2: *Emergency presentation* waiting time statistics, selected public hospitals, 2006–07 to 2010–11

	2006–07	2007–08	2008–09	2009–10	2010–11
Proportion seen on time (%)	70	69	70	70	70
Median waiting time to service delivery (minutes)	24	24	23	23	23
90th percentile waiting time to service delivery (minutes)	120	124	119	115	114
Proportion ending in admission (%)	27	27	27	27	28

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

States and territories

Between 2006–07 and 2010–11, the numbers of emergency department presentations reported to the NNAPEDCD, and the estimated proportion of emergency occasions of service for which data were reported, varied by state and territory (Table 2.3).

Over this period, the largest increase in the numbers of reporting hospitals occurred in Queensland, and this was accompanied by a corresponding increase in the number of emergency department presentations reported (7.7% per year).

Table 2.3: Non-admitted patient emergency department presentations, selected public hospitals, states and territories, 2006–07 to 2010–11

						Change (per cent)	
	2006–07	2007–08	2008–09	2009–10	2010–11	Ave since 2006–07	Since 2009–10
New South Wales[a]							
Emergency department presentations	1,876,615	1,962,496	2,007,863	2,035,783	2,074,098	2.5	1.9
Estimated proportion (%)[b]	81	81	83	83	84		
Victoria[a]							
Emergency department presentations	1,305,114	1,352,129	1,358,202	1,432,745	1,483,159	3.2	3.5
Estimated proportion (%)[b]	89	89	88	90	90		
Queensland							
Emergency department presentations	888,108	948,921	1,091,076	1,134,092	1,195,325	7.7	5.4
Estimated proportion (%)[b]	64	64	72	72	72		
Western Australia							
Emergency department presentations	523,966	560,688	566,411	600,613	649,215	5.5	8.1
Estimated proportion (%)[b]	72	72	72	73	74		
South Australia							
Emergency department presentations	355,295	364,549	357,417	373,700	383,992	2.0	2.8
Estimated proportion (%)[b]	69	67	67	67	67		
Tasmania							
Emergency department presentations	119,451	124,853	130,108	141,630	143,848	4.8	1.6
Estimated proportion (%)[b]	82	88	89	89	89		
Australian Capital Territory							
Emergency department presentations	96,312	98,441	101,898	106,814	112,233	3.9	5.1
Estimated proportion (%)[b]	100	100	100	100	100		
Northern Territory							
Emergency department presentations	122,590	125,119	129,165	132,583	141,419	3.6	6.7
Estimated proportion (%)[b]	100	100	100	100	100		
Total							
Emergency department presentations	**5,287,451**	**5,537,196**	**5,742,140**	**5,957,960**	**6,183,289**	**4.0**	**3.8**
Estimated proportion (%)[b]	**78**	**78**	**80**	**81**	**81**		

(a) From 2009–10 the Albury Wodonga Health Service was formed by the integration of Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales. From 2009–10, the data for Albury Base Hospital have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Therefore, data for Albury Base Hospital are included in statistics for Victoria for 2009–10 and 2010–11.

(b) The number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHED as a percentage. For 2010–11, the proportion of emergency occasions of service reported to NNAPEDCD is a preliminary estimate.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Table 2.4 shows the proportion of emergency presentations seen on time and the overall median waiting time, for states and territories from 2006–07 to 2010–11. The proportion of emergency presentations seen on time varied by state and territory. In 2010–11, New South Wales had both the highest proportion of emergency presentations seen on time (76%) and the lowest median waiting time (19 minutes).

Table 2.4: *Emergency presentation* waiting time statistics, selected public hospitals, states and territories, 2006–07 to 2010–11

	2006–07	2007–08	2008–09	2009–10	2010–11
New South Wales[(a)]					
Median waiting time to service delivery (minutes)	20	20	20	20	19
Proportion seen on time (%)	76	76	75	75	76
Victoria[(a)]					
Median waiting time to service delivery (minutes)	22	23	20	22	22
Proportion seen on time (%)	74	71	73	72	71
Queensland					
Median waiting time to service delivery (minutes)	29	28	25	24	23
Proportion seen on time (%)	62	63	66	66	67
Western Australia					
Median waiting time to service delivery (minutes)	28	30	29	28	30
Proportion seen on time (%)	64	61	62	64	63
South Australia					
Median waiting time to service delivery (minutes)	26	29	27	24	20
Proportion seen on time (%)	63	61	64	67	71
Tasmania					
Median waiting time to service delivery (minutes)	27	32	31	29	29
Proportion seen on time (%)	64	60	62	63	62
Australian Capital Territory					
Median waiting time to service delivery (minutes)	44	40	38	35	40
Proportion seen on time (%)	54	58	60	63	58
Northern Territory					
Median waiting time to service delivery (minutes)	39	42	39	38	38
Proportion seen on time (%)	55	52	54	56	58
Total					
Median waiting time to service delivery (minutes)	**24**	**24**	**23**	**23**	**23**
Proportion seen on time (%)	**70**	**69**	**70**	**70**	**70**

(a) From 2009–10 the Albury Wodonga Health Service was formed by the integration of Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales. From 2009–10, the data for Albury Base Hospital have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Therefore, data for Albury Base Hospital are included in statistics for Victoria for 2009–10 and 2010–11.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

How much activity was there in 2010–11?

Table 2.5 shows the number of hospitals reporting emergency department care and the number of emergency department presentations, by state and territory for 2010–11. All states and territories provided data for all hospitals in peer groups A and B.

Table 2.5: Non-admitted patient emergency department presentations, by public hospital peer group, selected public hospitals, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and specialist women's and children's hospitals									
Hospitals	29	20	18	7	5	2	1	2	84
Presentations	1,287,494	1,019,798	932,125	366,031	292,789	91,304	60,871	103,446	4,153,858
Estimated proportion (%)[(a)]	100	100	100	100	100	100	100	100	100
Large hospitals									
Hospitals	16	13	4	4	2	1	1	0	41
Presentations	430,726	365,549	157,089	147,672	43,454	26,396	51,362	. .	1,222,248
Estimated proportion (%)[(a)]	100	100	100	100	100	100	100	. .	100
Estimated proportion of all emergency occasions of service for hospitals in peer groups A and B									
	100	***100***	***100***	***100***	***100***	***100***	***100***	***100***	***100***
Other hospitals									
Hospitals	41	6	4	5	1	1	0	3	61
Presentations	355,878	97,812	106,111	135,512	47,749	26,148	. .	37,973	807,183
Estimated proportion (%)[(a)]	48	38	20	39	21	60	. .	100	37
Total									
Hospitals	86	39	26	16	8	4	2	5	186
Presentations	2,074,098	1,483,159	1,195,325	649,215	383,992	143,848	112,233	141,419	6,183,289
Estimated proportion (%)[(a)]	84	90	72	74	67	89	100	100	81

(a) The number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHED as a percentage. This is a preliminary estimate.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Why did people receive this care?

Type of visit describes the reason the patient presented to the emergency department. The type of visit can be reported as:

- *Emergency presentation*: attendance for an actual or suspected condition that is sufficiently serious to require acute unscheduled care.
- *Return visit, planned*: presentation is planned and is a result of a previous emergency department presentation or return visit.
- *Pre-arranged admission*: patient who presents at the emergency department for either a clerical, nursing or medical process to be undertaken, and admission has been pre-arranged by the referring medical officer and a bed allocated.
- *Patient in transit*: the emergency department is responsible for care and treatment of a patient awaiting transport to another facility.
- *Dead on arrival*: a patient who is dead on arrival at the emergency department.

Table 2.6 presents the number of emergency department presentations, reported to the NNAPEDCD for 2010–11, by type of visit for states and territories.

Nationally, about 98% of presentations were *Emergency presentations*. The proportion of presentations by type of visit varied by state and territory, with not all states and territories reporting presentations for all type of visit categories.

Table 2.6: Non-admitted patient emergency department presentations, by type of visit, selected public hospitals, states and territories, 2010–11

Type of visit	NSW	Vic	Qld	WA[(a)]	SA[(b)]	Tas[(c)]	ACT	NT	Total
Emergency presentation	2,028,603	1,446,577	1,166,580	640,426	376,733	137,868	112,078	137,035	6,045,900
Return visit, planned	38,880	32,796	23,994	7,940	5,624	5,980	122	4,300	119,636
Pre-arranged admission	3,415	1,400	4,223	390	714	0	2	0	10,144
Patient in transit	46	176	403	0	0	0	5	49	679
Dead on arrival	2,463	2,210	125	. .	. .	n.a.	26	35	4,859
Not reported	691	0	0	459	921	0	0	0	2,071
Total	**2,074,098**	**1,483,159**	**1,195,325**	**649,215**	**383,992**	**143,848**	**112,233**	**141,419**	**6,183,289**

(a) For Western Australia, patients who are *Dead on arrival* are only occasionally managed and reported by emergency departments.

(b) For South Australia, patients who are *Dead on arrival* are not managed or reported by emergency departments.

(c) For Tasmania, patients who were *Dead on arrival* were identified by their episode end status; see Table 2.14.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Abbreviations: . . — Not applicable. n.a.—Not available.

Selected potentially avoidable GP-type presentations to emergency departments

Potentially avoidable GP-type presentations to emergency departments indicate the number of attendances at public hospital emergency departments that could have potentially been avoided through the provision of appropriate non-hospital services in the community. This is a National Healthcare Agreement (NHA) performance indicator in the outcome area of 'primary and community health' (CRC 2010); it is not an indicator of hospital performance.

Information on the number of potentially avoidable GP-type presentations is reported by the state or territory of residence of the patient, by hospital peer group, and by Indigenous status, remoteness area and socioeconomic area (Table 2.7).

Potentially avoidable GP-type presentations are defined as presentations to public hospital emergency departments in *Principal referral and specialist women's and children's hospitals* and *Large hospitals* with a type of visit of *Emergency presentation* where the patient:

- was allocated a triage category of 4 or 5
- did not arrive by ambulance or police or correctional vehicle
- was not admitted to the hospital, was not referred to another hospital, and did not die (did not have an episode end status of *Admitted to this hospital*, *Non-admitted patient emergency department service episode completed - referred to another hospital for admission* or *Died in emergency department as a non-admitted patient*).

For 2010–11, potentially avoidable GP-type presentations accounted for about 39% of all presentations to emergency departments in *Principal referral and specialist women's and*

children's hospitals and *Large hospitals* (Table 2.7). As these data are limited to those public hospitals, most of the data relate to hospitals within major cities.

In general, the proportion of presentations to emergency departments that may have been potentially avoidable was higher for *Large hospitals* (48%) than for *Principal referral and specialist women's and children's hospitals* (37%).

Table 2.7: Selected potentially avoidable GP-type presentations to emergency departments, by state or territory of usual residence[(a)], *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospital peer group									
Principal referral and specialist women's and children's hospitals	500,197	374,070	307,020	144,980	101,224	34,702	22,596	42,005	1,526,794
Large hospitals	212,418	180,821	67,982	68,895	16,192	12,928	25,912	264	585,412
Proportion of all presentations									
Principal referral and specialist women's and children's hospitals	39	37	33	40	35	38	37	41	37
Large hospitals	49	49	43	47	37	49	50	. .	48
Indigenous status[(b)]									
Indigenous	26,267	6,921	23,033	8,896	3,833	1,962	1,096	13,483	85,491
Other Australians[(c)]	686,348	547,970	351,969	204,979	113,583	45,668	47,412	28,786	2,026,715
Remoteness of residence[(d)]									
Major cities	500,562	376,756	214,427	154,384	109,455	. .	48,290	. .	1,403,874
Inner regional	192,050	153,904	99,783	41,568	4,582	29,433	47	. .	521,367
Outer regional	16,387	24,002	42,308	15,139	1,777	17,761	. .	24,871	142,245
Remote	1,234	206	16,777	1,641	482	349	. .	12,547	33,236
Very remote	125	. .	1,687	939	969	85	. .	4,838	8,643
Socioeconomic status (SES) of area of residence[(e)]									
1—Lowest	144,641	97,290	105,539	13,608	40,137	30,412	84	11,232	442,943
2	218,832	105,407	68,562	48,142	26,718	3,776	1,279	2,620	475,336
3	145,073	157,383	73,643	65,361	16,638	8,527	1,856	16,406	484,887
4	95,170	110,156	78,225	47,227	20,371	4,913	14,089	9,202	379,353
5—Highest	106,642	84,631	49,013	39,333	13,401	. .	30,678	2,791	326,489
Total[(f)]	**712,615**	**554,891**	**375,002**	**213,875**	**117,416**	**47,630**	**48,508**	**42,269**	**2,112,206**
Proportion of all presentations (%)	**41**	**40**	**34**	**42**	**35**	**40**	**43**	**41**	**39**

(a) Data are presented by the state/territory of usual residence of the patient, not by the state/territory of hospitalisation.

(b) See Box 2.4 for notes on the quality of Indigenous identification.

(c) *Other Australians* includes records for which Indigenous status was *Not reported*.

(d) Disaggregation by remoteness area is by usual residence of the patient, not remoteness of hospital. Not all remoteness areas are represented in each state or territory.

(e) SES groups are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with 1-Lowest being the most disadvantaged and 5-Highest being the least disadvantaged. Disaggregation is based on area of usual residence, not of hospital site. The SES groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory or in the catchment areas of hospitals included in the NNAPEDCD.

(f) Total includes presentations for which an SES category or remoteness area could not be assigned as the area of usual residence was not reported.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

It should be noted that this definition does not take into account the patient's condition or the treatment required as this information is not available in the data reported to the NNAPEDCD. It is anticipated that the AIHW will be involved in further work to refine the definition of this indicator in the future.

There was variation between states and territories in the proportion of emergency department presentations that may have been potentially avoidable. However, due to variations in reporting practices, caution should be used in interpreting these data.

How urgent was the care?

The **triage category** indicates the urgency of the patient's need for medical and nursing care (HDSC 2008). See Box 2.1 for more detail.

Table 2.8 presents the number of emergency department presentations for which the type of visit was reported as *Emergency presentation*, by triage category for states and territories.

Nationally in 2010–11, less than 1% of *Emergency presentations* were assigned a triage category of *Resuscitation*, and about 10% were assigned a triage category of *Emergency*. The majority of *Emergency presentations* were *Urgent* or *Semi-urgent*. New South Wales had the highest proportion of presentations that were *Non-urgent* (15%) and South Australia had the highest proportions of presentations that were *Resuscitation* or *Emergency* (1.2% and 12.5%, respectively) (Table 2.8 and Appendix 1).

Table 2.8: *Emergency presentations*, by triage category, selected public hospitals, states and territories, 2010–11

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation	12,128	7,844	10,792	5,126	4,479	619	493	761	42,242
Emergency	172,439	132,658	125,899	71,834	47,193	10,151	11,121	8,646	579,941
Urgent	616,862	465,729	479,268	204,966	138,481	47,952	34,421	36,255	2,023,934
Semi-urgent	915,551	683,015	477,221	316,344	159,937	66,765	51,364	77,191	2,747,388
Non-urgent	311,189	157,331	73,400	42,137	26,643	11,967	14,679	14,182	651,528
Total[(a)]	**2,028,603**	**1,446,577**	**1,166,580**	**640,426**	**376,733**	**137,868**	**112,078**	**137,035**	**6,045,900**

(a) Includes emergency presentations for which the triage category was *Not reported*.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis. For information on *Emergency presentations* by triage category and peer group for states and territories, see Table S2.1.

How long did people wait for care?

Patients who present to the emergency department with a type of visit of *Return visit, Planned*, *Pre-arranged admission* or *Patient in transit* do not necessarily undergo the same processes as *Emergency presentations*, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics and the proportion ending in admission are not presented in this report for patients with a type of visit other than *Emergency presentation*.

Emergency department waiting time to service delivery is 'The time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse'. The National Triage Scale has five categories that incorporate the time by which the patient should receive care (see Box 2.1).

For 2010–11, there were almost 347,000 presentations with an episode end status of *Did not wait* or *Dead on arrival* that were excluded from this analysis. Approximately 32,000 additional presentations with missing or invalid waiting times were also excluded.

How did waiting times vary by state and territory?

For 2010–11, for all reporting hospitals and for all triage categories combined, the overall proportion of *Emergency presentations* seen on time was 70% (excludes records for which the triage category *Not reported*) (Table 2.9).

There was marked variation between states and territories in the proportion of patients seen on time and the median waiting times to service delivery. The proportion seen on time ranged from 58% in the Australian Capital Territory and the Northern Territory to 76% in New South Wales. For New South Wales, a medical officer or nurse treated 50% of patients within 19 minutes and, for the Australian Capital Territory, 50% of patients were treated within 40 minutes (Table 2.9 and Figure 2.1). The 90th percentile waiting time also varied, from 104 minutes in South Australia to 188 minutes in the Australian Capital Territory. For more information, see Table S2.1.

Table 2.9: *Emergency presentation*[a] statistics, selected public hospitals, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Emergency presentations[a]	2,028,603	1,446,577	1,166,580	640,426	376,733	137,868	112,078	137,035	6,045,900
Proportion seen on time (%)[b]									
Resuscitation	100	100	100	99	100	100	100	100	100
Emergency	83	81	78	71	78	72	82	65	79
Urgent	71	70	60	50	66	55	54	53	65
Semi-urgent	73	65	67	65	70	63	49	54	68
Non-urgent	88	86	90	92	88	83	76	90	88
Total	*76*	*71*	*67*	*63*	*71*	*62*	*58*	*58*	*70*
Median waiting time (minutes)	19	22	23	30	20	29	40	38	23
90th percentile waiting time (minutes)	108	118	111	114	104	144	188	136	114
Proportion ending in admission (%)[c]	27	33	24	26	30	21	24	26	28

a) Records with a type of visit of *Emergency presentation*. Records were excluded if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(b) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(c) The proportion of presentations for which the episode end status was reported as *Admitted to this hospital*.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

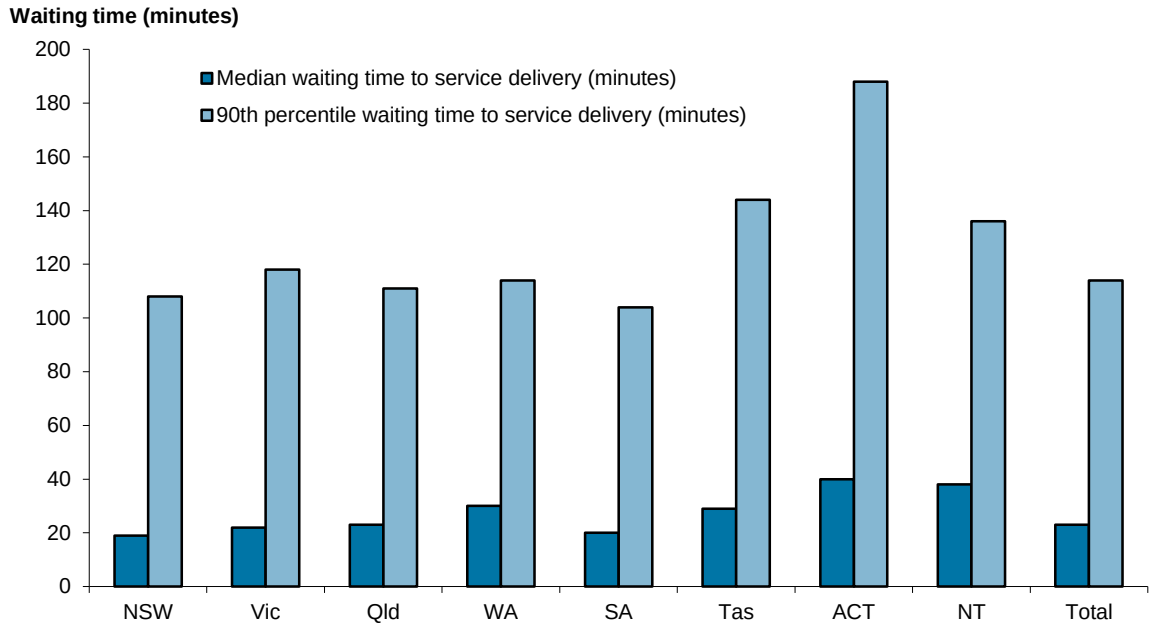


Figure 2.1: Median and 90th percentile waiting times for *Emergency presentations*[(a)], selected public hospitals, states and territories, 2010–11

(a) Records with a type of visit of *Emergency presentation*. Records were excluded if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Performance indicator: Waiting times for emergency department care

This performance indicator can be related to the National Health Performance Framework dimension 'Accessibility' within the domain 'Health System Performance'—for further information, see *Australian hospital statistics 2009–10* (AIHW 2011a).

> **Accessibility**
>
> People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.

This indicator aligns with the NHA performance indicator and performance benchmark in the outcome area of 'hospital and related care' (CRC 2010). Its scope is emergency departments in hospitals classified as *Principal referral and specialist women's and children's hospitals* and *Large hospitals* (Table 2.10).

In 2010–11, for emergency departments in hospitals classified as *Principal referral and specialist women's and children's hospitals* and *Large hospitals* (peer groups A and B) and for all triage categories overall, the proportion of presentations in which patients received emergency department care within the required time was 68%, ranging from 52% in the Northern Territory to 74% in New South Wales (Table 2.10).

The proportion of presentations seen on time also varied by triage category, with the more urgent presentations more likely to be seen on time. Overall, 100% of *Resuscitation* patients were seen on time and 79% of *Emergency* patients were seen on time.

Table 2.10: Proportion[(a)] of *Emergency presentations*[(b)] seen on time, by triage category, *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, states and territories, 2010–11

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and specialist women's and children's hospitals									
Resuscitation	100	100	100	100	100	100	n.p.	100	100
Emergency	83	81	77	68	77	67	n.p.	65	79
Urgent	68	68	58	46	63	41	n.p.	50	62
Semi-urgent	70	65	65	63	68	49	n.p.	48	65
Non-urgent	84	87	89	91	87	76	n.p.	83	85
Total	*73*	*70*	*65*	*60*	*69*	*50*	*n.p.*	*52*	*67*
Large hospitals									
Resuscitation	100	100	97	96	100	n.p.	n.p.	. .	99
Emergency	83	78	88	70	80	n.p.	n.p.	. .	80
Urgent	75	74	71	45	76	n.p.	n.p.	. .	70
Semi-urgent	73	64	77	58	79	n.p.	n.p.	. .	69
Non-urgent	89	82	93	90	97	n.p.	n.p.	. .	87
Total	*76*	*70*	*77*	*57*	*80*	*n.p.*	*n.p.*	. .	*72*
Peer groups A and B									
Resuscitation	100	100	100	99	100	100	100	100	100
Emergency	83	81	78	69	77	70	82	65	79
Urgent	70	69	59	46	65	51	54	50	64
Semi-urgent	71	64	67	61	70	59	49	48	66
Non-urgent	85	85	90	91	88	81	76	83	86
Total	**74**	**70**	**66**	**59**	**71**	**59**	**58**	**52**	**68**

(a) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(b) Records with a type of visit of *Emergency presentation*. Records were excluded if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

How did waiting times vary by Indigenous status?

Box 2.4: Quality of Indigenous status data

The quality of the data reported for Indigenous status in emergency departments has not been formally assessed; therefore, caution should be exercised when interpreting these data. See Appendix 1 for comments provided by states and territories on the perceived quality of Indigenous status data provided for Non-admitted patient emergency department care.

The NNAPEDCD does not include all public hospital emergency occasions of service. As the scope of the collection is public hospitals that were classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, data for emergency occasions of service may not be included for areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.

The information presented in Table 2.11 relates to the NHA indicator 'Waiting times for emergency department care'.

For 2010–11, there were almost 215,000 emergency department presentations for patients identified as Aboriginal and/or Torres Strait Islander persons in *Principal referral and specialist women's and children's hospitals* and *Large hospitals* (Table 2.11). This was about 4.1%

of all emergency department presentations for these types of hospitals. The proportion varied from 1.3% in Victoria to 41.0% in the Northern Territory.

Overall, the proportion of presentations for Indigenous Australians seen on time (66%) was lower than the proportion of other Australians seen on time (69%) (Table 2.11). These differences may have been influenced by the mix of triage categories for Indigenous Australians and other Australians. For the triage categories *Resuscitation* and *Non-urgent*, Indigenous Australians were seen on time more often, or about as often, as other Australians, at the national level. There was variation, however, among the states and territories.

Table 2.11: Proportion[(a)] of *Emergency presentations*[(b)] seen on time, by triage category and Indigenous status, *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous Australians									
Resuscitation	100	100	100	99	100	100	100	100	100
Emergency	78	78	82	71	76	68	83	66	76
Urgent	66	72	66	50	64	49	50	53	61
Semi-urgent	68	68	70	63	67	58	47	46	63
Non-urgent	84	87	91	91	85	82	76	78	86
Total[(b)]	71	72	71	62	69	57	56	52	66
Emergency presentations[(c)]	**54,582**	**17,366**	**60,774**	**22,724**	**10,283**	**4,353**	**2,781**	**41,967**	**214,830**
Other Australians[(d)]									
Resuscitation	100	100	100	99	100	100	100	100	100
Emergency	83	81	78	69	77	70	82	64	79
Urgent	70	69	59	46	65	51	54	48	64
Semi-urgent	71	64	66	61	70	59	49	49	66
Non-urgent	85	85	90	91	88	81	76	86	86
Total[(b)]	74	70	66	59	71	59	58	52	69
Emergency presentations[(c)]	**1,637,168**	**1,336,255**	**1,005,079**	**482,587**	**321,262**	**109,476**	**109,297**	**60,348**	**5,061,472**

(a) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(b) Records with a type of visit of *Emergency presentation*. Records were excluded if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(c) Includes records for which triage category was unknown.

(d) Other Australians includes records for which Indigenous status was *Not reported*.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

For emergency presentations in *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, the median waiting time for Indigenous Australians (27 minutes) was greater than the median waiting time for other Australians (24 minutes) (Table 2.12). The median waiting times for Indigenous Australians were less than or equal to the median waiting times for other Australians in Victoria, Queensland, Western Australia and the Northern Territory. These differences may have been influenced by the mix of triage categories for Indigenous Australians and other Australians.

Table 2.12: Median waiting time[(a)] for *Emergency presentations*, by triage category and Indigenous status, *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Emergency presentations[(b)]
Indigenous										
Resuscitation	0	0	0	0	0	0	0	0	0	1,716
Emergency	6	5	6	6	5	7	5	8	6	18,298
Urgent	21	17	20	30	20	32	31	28	22	72,253
Semi-urgent	34	33	33	44	34	46	68	67	41	101,415
Non-urgent	39	31	27	37	37	40	66	50	36	21,128
Total [(b)]	**24**	**22**	**21**	**32**	**22**	**35**	**42**	**41**	**27**	**214,830**
Other Australians[(c)]										
Resuscitation	0	0	0	0	0	0	0	0	0	38,750
Emergency	5	4	6	7	5	7	6	8	5	516,845
Urgent	19	17	24	34	20	30	30	32	21	1,766,309
Semi-urgent	30	38	37	46	32	45	62	62	37	2,250,347
Non-urgent	32	36	31	36	31	44	61	43	34	488,508
Total [(b)]	**20**	**23**	**24**	**34**	**20**	**32**	**40**	**44**	**24**	**5,061,472**

(a) The waiting time (in minutes) within which service had commenced for 50% of presentations, by triage category.

(b) Records with a type of visit of *Emergency presentation*. Records were excluded if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(c) Other Australians includes records for which Indigenous status was *Not reported*.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

How was care completed?

Episode end status describes the status of the patient at the conclusion of the non-admitted patient episode in the emergency department. The episode end status can be reported as:

- *Admitted to this hospital* (including to units or beds within the emergency department)
- Non-admitted patient emergency department service episode completed - *departed without being admitted or referred* to another hospital
- Non-admitted patient emergency department service episode completed - *referred to another hospital for admission*
- *Did not wait* to be attended by a health care professional
- *Left at own risk* after being attended by a health care professional but before the non-admitted patient emergency department service episode was complete
- *Died in emergency department* as a non-admitted patient
- *Dead on arrival*, not treated in emergency department.

For 2010–11, the majority of presentations (64%) reported an episode end status of *Departed without being admitted or referred* (Table 2.13). However, the proportion varied markedly by triage category, increasing as the triage category became less urgent. About 27% of all presentations had an episode end status of *Admitted to this hospital* at the conclusion of treatment in the emergency department, and this proportion decreased as the triage category became less urgent.

Over 5% of emergency department presentations had an episode end status of *Did not wait* and this proportion varied by triage category, and was highest for *Non-urgent* patients.

Table 2.13: Non-admitted patient emergency department presentations, by triage category and episode end status, selected public hospitals, 2010–11

Episode end status	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	Total[(a)]
Admitted to this hospital	32,607	349,072	820,376	454,571	37,289	1,693,997
Departed without being admitted or referred	4,950	200,457	1,087,206	2,062,891	591,643	3,947,321
Referred to another hospital for admission	3,048	23,336	46,840	23,521	2,153	98,898
Did not wait	24	1,428	51,138	203,726	84,811	341,370
Left at own risk	298	6,689	28,449	46,942	9,596	91,982
Died in emergency department	1,418	463	266	57	9	2,217
Total[(b)]	**42,435**	**581,608**	**2,034,793**	**2,792,243**	**728,497**	**6,183,289**

(a) Includes presentations for which the triage category was *Not reported*.

(b) Includes presentations for which the episode end status was *Dead on arrival* or *Not reported*.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Tasmania and Western Australia had higher proportions of presentations with an episode end status of *Departed without being admitted or referred* than the national average (73% and 70%, respectively). Western Australia also had the lowest proportion of presentations where the patient *Did not wait*. South Australia had the highest proportion of presentations where the patient was *Referred to another hospital for admission* (Table 2.14).

Table 2.14: Non-admitted patient emergency department presentations, by episode end status, selected public hospitals, states and territories, 2010–11

Episode end status	NSW[(a)]	Vic	Qld	WA[(b)]	SA[(c)]	Tas	ACT	NT	Total
Admitted to this hospital	561,370	479,407	280,584	166,194	114,810	29,221	26,719	35,692	1,693,997
Departed without being admitted or referred	1,305,688	878,617	802,128	454,156	238,591	104,324	71,616	92,201	3,947,321
Referred to another hospital for admission	37,280	9,133	24,143	14,859	10,446	1,173	1,677	187	98,898
Did not wait	122,087	94,525	67,070	10,061	16,454	8,027	11,100	12,046	341,370
Left at own risk	43,799	18,737	20,488	3,287	2,974	454	1,038	1,205	91,982
Died in emergency department	. .	394	787	548	226	130	79	53	2,217
Dead on arrival	2,780	2,200	125	. .	. .	417	4	35	5,561
Not reported	1,094	146	0	110	491	102	0	0	1,943
Total	**2,074,098**	**1,483,159**	**1,195,325**	**649,215**	**383,992**	**143,848**	**112,233**	**141,419**	**6,183,289**

(a) In New South Wales, presentations for which the patient died in the emergency department were categorised as *Admitted to this hospital*.

(b) For Western Australia, patients who are *Dead on arrival* are only occasionally managed and reported by emergency departments.

(c) For South Australia, patients who are *Dead on arrival* are not managed or reported by emergency departments.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Abbreviation: . .—Not applicable.

The comparability of the data may be influenced by the comparability of the triage categories among the states and territories. Although triage category is not a measure of the need for admission to hospital, the proportion of presentations in each category that had an episode end status of *Admitted to this hospital* can be used as an indication of the comparability of the triage categorisation. The proportions of presentations with an episode end status of *Admitted to this hospital* are presented for the states and territories by triage category in Table 2.15.

Nationally, 28% of all *Emergency presentations* had an episode end status of *Admitted to this hospital*. Victoria had the highest proportion of presentations *Admitted to this hospital* in all triage categories except *Non-urgent*. Queensland had the lowest proportion of *Resuscitation* and *Emergency* patients *Admitted to this hospital* (Table 2.15). The proportions admitted do not include patients referred to another hospital for admission.

Table 2.15: Proportion of *emergency presentations* with an episode end status of *Admitted to this hospital*, by triage category, selected public hospitals, states and territories, 2010–11

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
				Per cent					
Resuscitation	81	87	67	72	76	77	75	76	77
Emergency	62	69	52	54	58	53	54	62	60
Urgent	41	49	32	38	40	32	37	46	40
Semi-urgent	18	21	10	13	16	11	14	15	16
Non-urgent	6	5	3	4	8	4	4	5	5
Total	**27**	**33**	**24**	**26**	**30**	**21**	**24**	**26**	**28**

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis. For information on the proportion of emergency presentations ending in admission by triage category and peer group for states and territories, see Table 2.14.

Additional information

Information on non-admitted patient emergency department care by state or territory of hospitalisation and public hospital peer group is available in the tables accompanying this report on the Internet. Corresponding information for individual public hospitals is available on the *MyHospitals* website at www.myhospitals.gov.au.

Additional non-admitted patient emergency department care information including patient characteristics, duration of presentation and time of presentation will be available in *Australian hospital statistics 2010–11*.

Table S2.1: *Emergency presentation*[a] statistics, by public hospital peer group and triage category, selected public hospitals, states and territories, 2010–11

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and specialist women's and children's hospitals									
Resuscitation	9,594	6,931	10,107	3,917	4,193	479	378	718	36,317
Emergency	124,420	110,663	107,831	45,380	38,474	7,308	7,820	7,839	449,735
Urgent	415,923	358,397	393,199	118,562	107,907	32,712	18,686	31,191	1,476,577
Semi-urgent	539,740	443,506	359,312	173,678	115,517	40,660	26,160	57,824	1,756,397
Non-urgent	179,921	87,114	45,313	17,238	22,604	7,393	7,824	4,743	372,150
Total emergency visits[b]	*1,269,827*	*1,006,611*	*915,762*	*358,787*	*288,695*	*88,963*	*60,868*	*102,315*	*4,091,828*
Proportion seen on time (%)[c]									
Resuscitation	100	100	100	100	100	100	n.p.	100	100
Emergency	83	81	77	68	77	67	n.p.	65	79
Urgent	68	68	58	46	63	41	n.p.	50	62
Semi-urgent	70	65	65	63	68	49	n.p.	48	65
Non-urgent	84	87	89	91	87	76	n.p.	83	85
Total proportion seen on time[b]	*73*	*70*	*65*	*60*	*69*	*50*	*n.p.*	*52*	*67*
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	0	n.p.	0	0
Emergency	5	4	6	7	5	7	n.p.	8	5
Urgent	20	17	25	34	21	41	n.p.	30	22
Semi-urgent	31	37	39	45	33	62	n.p.	63	38
Non-urgent	33	32	32	36	34	60	n.p.	45	34
Total median waiting time[b]	*21*	*21*	*25*	*33*	*21*	*45*	*n.p.*	*43*	*24*
90th percentile waiting time to service delivery (minutes)									
Resuscitation	1	0	1	0	0	0	n.p.	0	1
Emergency	17	19	21	23	20	24	n.p.	25	20
Urgent	88	85	105	110	94	164	n.p.	104	98
Semi-urgent	143	151	147	126	143	195	n.p.	170	149
Non-urgent	155	136	129	113	144	183	n.p.	152	147
Total 90th percentile waiting time[b]	*119*	*118*	*117*	*113*	*111*	*175*	*n.p.*	*145*	*121*
Proportion ending in admission (%)[d]									
Resuscitation	86	88	68	81	79	82	n.p.	78	80
Emergency	67	72	53	61	62	58	n.p.	62	64
Urgent	46	52	33	46	43	36	n.p.	46	44
Semi-urgent	21	24	11	17	18	13	n.p.	16	19
Non-urgent	7	6	4	7	7	5	n.p.	5	6
Total proportion ending in admission[b]	*32*	*38*	*26*	*32*	*34*	*25*	*n.p.*	*29*	*32*

(continued)

Table S2.1 (continued): *Emergency presentation*[a] statistics, by public hospital peer group and triage category, selected public hospitals, states and territories, 2010–11

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Large hospitals									
Resuscitation	1,842	783	430	740	155	84	115	. .	4,149
Emergency	31,909	17,334	11,375	15,423	4,613	1,453	3,301	. .	85,408
Urgent	128,572	86,946	57,492	46,989	18,413	7,838	15,735	. .	361,985
Semi-urgent	209,266	193,137	64,773	73,946	15,752	13,287	25,204	. .	595,365
Non-urgent	50,257	48,810	16,021	9,423	3,917	2,203	6,855	. .	137,486
Total emergency visits[b]	*421,923*	*347,010*	*150,091*	*146,524*	*42,850*	*24,866*	*51,210*	*. .*	*1,184,474*
Proportion seen on time (%)[c]									
Resuscitation	100	100	97	96	100	n.p.	n.p.	. .	99
Emergency	83	78	88	70	80	n.p.	n.p.	. .	80
Urgent	75	74	71	45	76	n.p.	n.p.	. .	70
Semi-urgent	73	64	77	58	79	n.p.	n.p.	. .	69
Non-urgent	89	82	93	90	97	n.p.	n.p.	. .	87
Total proportion seen on time[b]	*76*	*70*	*77*	*57*	*80*	*n.p.*	*n.p.*	*. .*	*72*
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	n.p.	n.p.	. .	0
Emergency	5	5	5	7	5	n.p.	n.p.	. .	5
Urgent	17	17	17	35	14	n.p.	n.p.	. .	18
Semi-urgent	28	40	26	49	25	n.p.	n.p.	. .	35
Non-urgent	28	41	27	36	20	n.p.	n.p.	. .	33
Total median waiting time[b]	*20*	*28*	*19*	*36*	*16*	*n.p.*	*n.p.*	*. .*	*24*
90th percentile waiting time to service delivery (minutes)									
Resuscitation	1	1	1	0	0	n.p.	n.p.	. .	1
Emergency	18	19	12	24	15	n.p.	n.p.	. .	18
Urgent	66	57	72	126	57	n.p.	n.p.	. .	74
Semi-urgent	127	142	100	151	93	n.p.	n.p.	. .	132
Non-urgent	130	166	107	120	80	n.p.	n.p.	. .	138
Total 90th percentile waiting time[b]	*104*	*124*	*87*	*134*	*71*	*n.p.*	n.p.	*. .*	*112*
Proportion ending in admission (%)[d]									
Resuscitation	67	77	69	39	56	n.p.	n.p.	. .	63
Emergency	54	55	47	44	57	n.p.	n.p.	. .	51
Urgent	37	38	25	29	41	n.p.	n.p.	. .	34
Semi-urgent	16	14	8	10	18	n.p.	n.p.	. .	13
Non-urgent	5	3	2	3	11	n.p.	n.p.	. .	4
Total proportion ending in admission[b]	*24*	*21*	*17*	*20*	*32*	*n.p.*	*n.p.*	*. .*	*21*

(continued)

Table S2.1 (continued): *Emergency presentation*[a] statistics, by public hospital peer group and triage category, selected public hospitals, states and territories, 2010–11

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
All hospitals									
Resuscitation	12,128	7,844	10,792	5,126	4,479	619	493	761	42,242
Emergency	172,439	132,658	125,899	71,834	47,193	10,151	11,121	8,646	579,941
Urgent	616,862	465,729	479,268	204,966	138,481	47,952	34,421	36,255	2,023,934
Semi-urgent	915,551	683,015	477,221	316,344	159,937	66,765	51,364	77,191	2,747,388
Non-urgent	311,189	157,331	73,400	42,137	26,643	11,967	14,679	14,182	651,528
Total emergency visits[b]	**2,028,603**	**1,446,577**	**1,166,580**	**640,426**	**376,733**	**137,868**	**112,078**	**137,035**	**6,045,900**
Proportion seen on time (%)[c]									
Resuscitation	100	100	100	99	100	100	100	100	100
Emergency	83	81	78	71	78	72	82	65	79
Urgent	71	70	60	50	66	55	54	53	65
Semi-urgent	73	65	67	65	70	63	49	54	68
Non-urgent	88	86	90	92	88	83	76	90	88
Total proportion seen on time [b]	**76**	**71**	**67**	**63**	**71**	**62**	**58**	**58**	**70**
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	0	0	0	0
Emergency	5	4	6	6	5	7	6	8	5
Urgent	18	17	23	30	19	27	30	28	21
Semi-urgent	27	37	36	40	32	40	62	55	35
Non-urgent	25	34	29	27	31	37	61	29	29
Total median waiting time[b]	**19**	**22**	**23**	**30**	**20**	**29**	**40**	**38**	**23**
90th percentile waiting time to service delivery (minutes)									
Resuscitation	1	0	1	0	0	0	0	0	1
Emergency	18	19	20	22	19	22	18	26	20
Urgent	79	78	98	108	86	134	143	100	91
Semi-urgent	129	145	136	128	131	160	237	160	138
Non-urgent	132	142	120	110	133	156	189	121	133
Total 90th percentile waiting time[b]	**108**	**118**	**111**	**114**	**104**	**144**	**188**	**136**	**114**
Proportion ending in admission (%)[d]									
Resuscitation	81	87	67	72	76	77	75	76	77
Emergency	62	69	52	54	58	53	54	62	60
Urgent	41	49	32	38	40	32	37	46	40
Semi-urgent	18	21	10	13	16	11	14	15	16
Non-urgent	6	5	3	4	8	4	4	5	5
Total proportion ending in admission[b]	**27**	**33**	**24**	**26**	**30**	**21**	**24**	**26**	**28**

(a) Includes records for which the type of visit was reported as *Emergency presentation*.

(b) Includes presentations for which the triage category was *Not reported*.

(c) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(d) The proportion of presentations for which the emergency department episode end status was reported as *Admitted to this hospital*.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

3 Elective surgery waiting times

This chapter presents information for the 621,000 patients admitted from public acute hospital elective surgery waiting lists in 2010–11. These data are sourced from the National Elective Surgery Waiting Times Data Collection (NESWTDC). The records include information on waiting times, surgical specialty of the scheduled doctor and indicator procedures.

For the NESWTDC, elective surgery comprises elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians (HDSC 2008). Elective care is care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least 24 hours.

This chapter is particularly focused on information related to elective surgery waiting times by:

- state and territory
- Indigenous status
- indicator procedure
- specialty of surgeon.

This chapter does not include information related to total elective surgery activity in public and private hospitals or information on patient characteristics and diagnoses sourced from the National Hospital Morbidity Database (NHMD). Those data will be presented in *Australian hospital statistics 2010–11*.

Caution should be used when interpreting the data presented in this report, as the data have not been checked against the data on elective surgery in the NHMD. The NHMD data includes information on patient characteristics and the procedures performed, and are used to check the data in the NESWTDC. The data presented here have therefore not been subjected to the usual level of confirmation.

Peer group-level data presented in this report are based on the peer groups assigned to hospitals for *Australian hospital statistics 2009–10* (AIHW 2011a), as the 2010–11 peer group cannot be assigned until the level of admitted patient activity is known.

Revisions to these data, including estimated proportion of public hospital elective surgery separations covered by the data, will be included in the AIHW's comprehensive annual report *Australian hospital statistics 2010–11*.

What data are reported?

The National Elective Surgery Waiting Times Data Collection

The NESWTDC includes episode-level data on patients waiting for elective surgery on waiting lists managed by public acute hospitals. This may include public patients (see Glossary) treated in private hospitals and other patients treated in public hospitals.

The data supplied are based on the NMDS for Elective surgery waiting times (removals and census), as defined in the *National health data dictionary, version 14* (HDSC 2008). Included is

information on the length of time waited, the surgical specialty and whether the patient was waiting for a particular indicator procedure.

The data presented in this report are for patients admitted for elective surgery between 1 July 2010 and 30 June 2011.

Data limitations relevant to the discussion of elective surgery waiting times are summarised in Box 3.1. The data quality statement for the NESWTDC for 2010–11 is included in Appendix 2.

Waiting times data

The waiting times data presented in this chapter are for patients who complete their wait and are admitted for elective surgery.

Most patients are admitted after waiting, however some patients are removed from waiting lists for other reasons including: the patient was admitted as an emergency patient for the awaited procedure; was transferred to another hospital's waiting list; had been treated elsewhere; was not contactable; had died or had declined surgery. Information on time spent on waiting lists is also presented for those reasons for removal.

Estimated coverage of public hospital elective surgery

While the data collection covers most public acute hospitals that undertake elective surgery, some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

For 2010–11, a preliminary estimate is that about 93% of public hospital elective surgery separations were reported as elective admissions for the NESWTDC. This proportion varied by state and territory from 71% for South Australia to 100% for New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory. The proportion was highest for *Principal referral and specialist women's and children's hospitals* at 100%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups (92% and 48%, respectively).

From 2009–10, the data for the Albury Base Hospital, formerly reported by New South Wales, has been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service which integrates the Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales. For 2010–11, the data for Albury Base Hospital was not available.

Box 3.1: What are the limitations of the data?

- Statistics on public hospital elective surgery waiting times may be affected by variations in reporting practices across states and territories. Where possible, these variations have been noted in the text.
- The data collection covered most public hospitals that undertake elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals. Some smaller remote hospitals may have different patterns of service delivery compared with other hospitals because specialists providing elective surgery services visit these hospitals only periodically.
- For 2010–11, Victoria's information does not include the Albury Base Hospital as data were not available.
- Methods to calculate waiting times have varied across states and territories and over time (see Appendix 1, *Australian hospital statistics 2009–10* (AIHW 2011a)). For example, in some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the second hospital only.
- In 2010–11 for patients who were admitted after being transferred from another hospital's waiting list, New South Wales, South Australia and the Northern Territory reported the total time waited on all hospital waiting lists. This could have an effect of increasing the waiting times reported for overall removals for those jurisdictions relative to others.
- The number of days waited does not include the time waited for the initial appointment with the specialist.

See Appendix 2 for more information.

How has activity changed over time?

Between 2006–07 and 2010–11, the number of admissions for elective surgery from waiting lists increased by an annual average of 2.8% (Table 3.1). Over the same period, *Principal referral and specialist women's' and children's hospitals* consistently accounted for about 73% of admissions from elective surgery waiting lists. The numbers of admissions per 1,000 population increased slightly over this period.

Table 3.1: Waiting list statistics for admissions[(a)] from waiting lists for elective surgery, by public hospital peer group, 2006–07 to 2010–11

						Change (per cent)	
	2006–07	2007–08	2008–09	2009–10	2010–11	Ave since 2006–07	Since 2009–10
Principal referral and specialist women's and children's hospitals							
Number of hospitals[(b)]	82	83	84	85	85	0.9	0.0
Estimated proportion of peer group elective surgery (%)[(c)]	100	100	100	100	100	0.1	0.0
Number of admissions[(a)]	394,831	401,469	431,675	442,727	449,891	3.3	1.6
Large hospitals							
Number of hospitals[(b)]	30	35	33	36	36	4.7	0.0
Estimated proportion of peer group elective surgery (%)[(c)]	81	84	88	87	92	3.0	5.3
Number of admissions[(a)]	88,433	96,362	91,766	98,015	102,214	3.7	4.3
Medium hospitals							
Number of hospitals[(b)]	51	51	51	47	48	–1.5	2.1
Estimated proportion of peer group elective surgery (%)[(c)]	64	63	62	61	61	–1.4	–0.6
Number of admissions[(a)]	63,658	59,083	62,815	56,936	59,197	–1.8	4.0
Total[(d)]							
Number of hospitals[(b)]	**191**	**192**	**193**	**193**	**195**	**0.5**	**1.0**
Estimated proportion (%)[(c)]	**88**	**89**	**90**	**91**	**93**	**1.3**	**2.4**
Number of admissions[(a)]	**556,770**	**565,346**	**595,009**	**606,305**	**620,783**	**2.8**	**2.4**
Admissions per 1,000 population[(e)]	**26.7**	**26.6**	**27.5**	**27.4**	**27.6**	**0.9**	**0.9**

(a) Records with a reason for removal *of Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

(b) Number of hospitals included in the National Elective Surgery Waiting Times Data Collection. Caution should be used in interpreting the numbers of hospitals by peer group over time as a hospital may be categorised to different peer groups in different years, based on changes in admitted patient activity.

(c) The number of separations with an urgency of admission reported as *Elective* and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with an urgency of admission reported as *Elective* and a surgical procedure for all public hospitals. For 2010–11, this is a preliminary estimate.

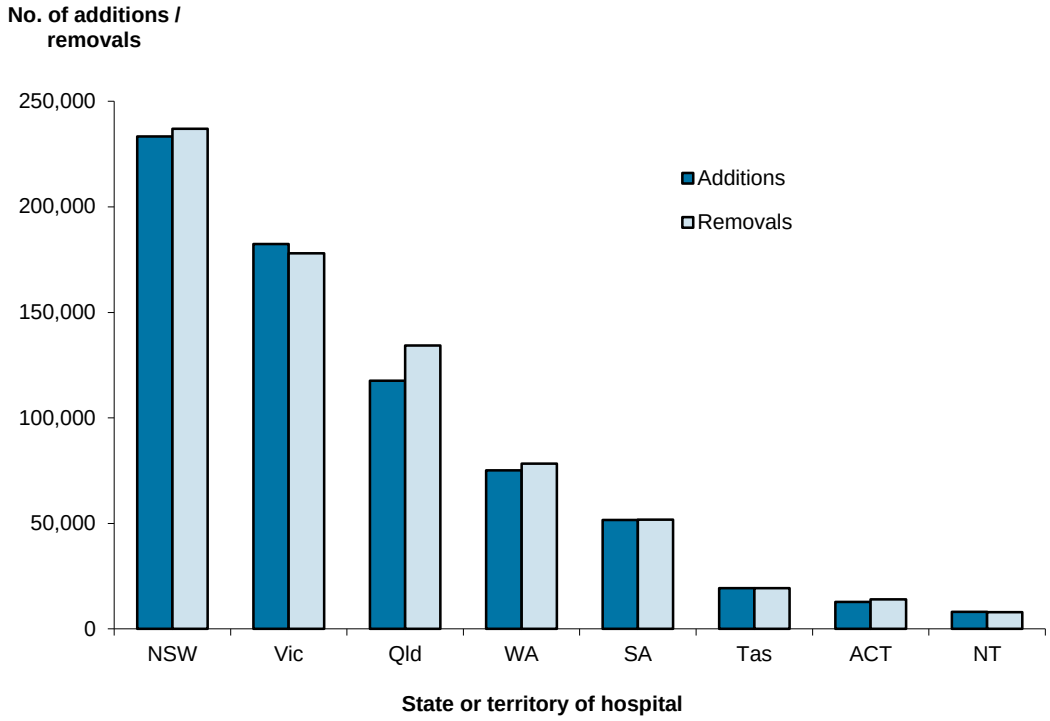
(d) Includes hospitals not included in the specified hospital peer groups.

(e) Crude rate based on the Australian estimated resident population as at 31 December for the relevant year.

Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.

How much activity was there in 2010–11?

Figure 3.1 shows the movement of patients on and off waiting lists in 2010–11. In 2010–11, there were about 700,000 additions to elective surgery waiting lists and over 721,000 removals from elective surgery waiting lists (see Figure 3.1 and Table 3.9 at the end of this chapter). Removals included patients who were admitted for the procedure they were waiting for, or were removed for other reasons.



Note: Refer to boxes 3.1 and 3.2 notes on definitions, data limitations and methods.

Figure 3.1: Number of additions to and removals from elective surgery waiting lists, public hospitals, states and territories, 2010–11

How long did people wait for care?

The number of days waited is calculated by subtracting the date the patient was placed on the waiting list from the date that the patient was admitted (removal date), minus any days when the patient was 'not ready for care', and also minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal.

The number of days waited does not include the time waited for the initial appointment with the specialist.

The median waiting time indicates the time within which 50% of patients were admitted for the awaited procedure. The 90th percentile waiting time indicates the amount of time within which 90% of patients were admitted for the awaited procedure.

Information on the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery, the proportion of patients waiting greater than 365 days, and the number of patients admitted is presented by public hospital peer group. Information is also included by the specialty of the surgeon who was to perform the elective surgery and by indicator procedure.

Clinical urgency categorisation

In general, at the time of being placed on the public hospital waiting list, a clinical assessment is made of the urgency with which the patient requires elective hospital care. The clinical urgency categories are

- *Category 1*—admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency
- *Category 2*—admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency
- *Category 3*—admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

However, analyses of clinical urgency categories have shown notable variation in the assignment of these categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall. This apparent lack of comparability of clinical urgency categories among jurisdictions means that measures based on these categories are not comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics (AIHW 2008b, 2009b).

Because of the apparent variation, the AIHW has not incorporated urgency categorisation in national reporting on elective surgery waiting times since the 1999–2000 reference year. This follows a decision made by the Australian Health Ministers' Advisory Council in 2001 that the AIHW should present the data without making invalid comparisons of differently-based jurisdictional figures.

Despite the apparent non-comparability of the urgency category data, interpretation of state and territory waiting times statistics could be assisted by context information about the proportion of patients assessed as being less urgent by clinicians in individual jurisdictions. For example, a state could report relatively long median times waited in association with a relatively high proportion of patients assessed by the state as being in *Category 3*.

Appendix 2 includes information on the distribution of clinical urgency categories by state and territory for 2010–11. As for earlier years, there is apparent variation in the assignment of urgency categories among states and territories. For example, the proportion of patients admitted from waiting lists who were assigned to a *Category 3* was 43% for New South Wales and 16% for Queensland.

Appendix 2 also includes information on apparent variation in reporting of waiting times for patients who were waiting for a 'staged' procedure, such as pin or plate removal following orthopaedic surgery. For some hospitals, relatively short waiting times were reporting for these patients, although they were reported as assigned to *Category 3*. In these cases, the urgency category assignment was probably in line with national standards, but the calculation of waiting times was atypical.

How did waiting times vary over time?

National

Overall, the median waiting times for elective surgery increased from 32 days in 2006–07 to 36 days in 2010–11. Over the same period, the number of days waited at the 90th percentile increased from 226 days to 252 days and the proportion of patients who waited greater than 365 days to be admitted decreased from 3.1% to 2.9% (Table 3.2).

Table 3.2: Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by public hospital peer group, 2006–07 to 2010–11

	2006–07	2007–08	2008–09	2009–10	2010–11
Principal referral and specialist women's and children's hospitals					
Number of admissions[(a)]	394,831	401,469	431,675	442,727	449,891
Days waited at 50th percentile	30	31	31	33	34
Days waited at 90th percentile	225	233	216	234	242
Per cent waited more than 365 days	3.4	3.4	3.2	3.6	3.1
Large hospitals					
Number of admissions[(a)]	88,433	96,362	91,766	98,015	102,214
Days waited at 50th percentile	33	39	40	42	42
Days waited at 90th percentile	224	237	227	260	263
Per cent waited more than 365 days	2.7	2.4	2.4	3.3	2.4
Medium hospitals					
Number of admissions[(a)]	63,658	59,083	62,815	56,936	59,197
Days waited at 50th percentile	39	42	42	43	46
Days waited at 90th percentile	231	238	230	287	273
Per cent waited more than 365 days	1.7	1.4	1.5	2.8	1.6
Total[(b)]					
Number of admissions[(a)]	**556,770**	**565,346**	**595,009**	**606,305**	**620,783**
Days waited at 50th percentile	**32**	**34**	**34**	**35**	**36**
Days waited at 90th percentile	**226**	**235**	**220**	**246**	**252**
Per cent waited more than 365 days	**3.1**	**3.0**	**2.9**	**3.5**	**2.9**

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

(b) Includes hospitals not included in the specified hospital peer groups.

Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods. Additional information by state and territory is available in Tables 3.9 to 3.11 at the end of this chapter.

States and territories

Table 3.3 shows the numbers of admissions from elective surgery waiting lists and the overall median waiting times for states and territories from 2006–07 to 2010–11. Between 2006–07 and 2010–11, the numbers of admissions from elective surgery waiting lists increased in all jurisdictions with the largest proportional increase in Western Australia.

After adjusting for coverage changes in New South Wales and Victoria (due to the changed reporting for the Albury Base Hospital), admissions increased by an average of 0.7% per year for New South Wales and by 4.5% in Victoria.

Table 3.3: Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, states and territories, 2006–07 to 2010–11

						Change (per cent)	
	2006–07	2007–08	2008–09	2009–10	2010–11	Ave since 2006–07	Since 2009–10
New South Wales [(b)]							
Number of admissions[(a)]	201,630	199,578	199,384	198,503	204,820	0.4	3.2
Days waited at 50th percentile	35	39	39	44	47		
Victoria[(b)]							
Number of admissions[(a)]	131,669	130,306	147,690	155,761	157,073	4.5	0.8
Days waited at 50th percentile	30	33	31	36	36		
Queensland							
Number of admissions[(a)]	107,893	107,623	109,940	113,884	113,760	1.3	–0.1
Days waited at 50th percentile	25	27	27	27	29		
Western Australia							
Number of admissions[(a)]	48,986	57,122	60,398	61,298	64,785	7.2	5.7
Days waited at 50th percentile	29	30	31	32	29		
South Australia							
Number of admissions[(a)]	37,194	41,046	44,152	44,227	46,081	5.5	4.2
Days waited at 50th percentile	40	42	36	36	38		
Tasmania							
Number of admissions[(a)]	14,181	13,994	16,931	16,610	16,497	3.9	–0.7
Days waited at 50th percentile	38	36	44	36	38		
Australian Capital Territory							
Number of admissions[(a]	9,306	9,577	10,104	9,778	11,338	5.1	16.0
Days waited at 50th percentile	63	72	75	73	76		
Northern Territory							
Number of admissions[(a)]	5,911	6,100	6,410	6,244	6,429	2.1	3.0
Days waited at 50th percentile	35	43	40	44	33		
Total							
Number of admissions[(a)]	**556,770**	**565,346**	**595,009**	**606,305**	**620,783**	**2.8**	**2.4**
Days waited at 50th percentile	**32**	**34**	**34**	**35**	**36**		

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

(b) From 2009–10 the Albury Wodonga Health Service was formed by the integration of Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales. For 2009–10, the data for Albury Base Hospital were reported by the Victorian Department of Health as part of the Albury Wodonga Health Service and were included in statistics for Victoria. For 2010–11, the data for Albury Base Hospital were not available.

Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.

Performance indicator: Waiting times for elective surgery

Waiting times for elective surgery are an indicator of the provision of timely care.

This performance indicator can be related to the National Health Performance Framework dimension 'Accessibility' within the domain 'Health System Performance'—for further information, see *Australian hospital statistics 2009–10* (AIHW 2011a).

> **Accessibility**
> People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.

This is an NHA performance indicator in the outcome area of 'hospital and related care' (CRC 2010) and includes the median and 90th percentile waiting times for elective surgery in public hospitals, by indicator procedure and overall.

In 2010–11, the overall median waiting time for patients who were admitted from waiting lists was 36 days (Table 3.4). More detailed information by indicator procedure and public hospital peer group is included in Table S3.1, accompanying this report on the Internet.

How did waiting times vary across public hospital peer groups?

Overall in 2010–11, the median waiting time for patients admitted from waiting lists for *Principal referral and specialist women's and children's hospitals* (34 days) was shorter than for *Large hospitals* and *Medium hospitals* (42 days and 46 days, respectively) (Figure 3.2). This may reflect different mixes of patients in the different hospital groups.

How did waiting times vary across states and territories?

In 2010–11, the median waiting time to admission ranged from 29 days in Queensland and Western Australia to 76 days in the Australian Capital Territory (Figure 3.3). The 90th percentile for waiting time ranged from 148 days in Queensland to 378 days in the Australian Capital Territory, with a national value of 252 days.

In 2010–11, 2.9% of patients admitted from public hospital waiting lists waited over a year for their elective surgery (Table 3.4). The proportion differed substantially between states and territories. Overall, it ranged from 1.3% in Queensland to 10.8% in the Australian Capital Territory (Figure 3.4).

See Table 3.9 at the end of this chapter for more information on elective surgery waiting times by hospital peer group and state and territory.

Table 3.4: Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by hospital peer group, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and specialist women's and children's hospitals									
Number of hospitals[(b)]	30	20	19	6	5	2	1	2	85
Estimated proportion of peer group elective surgery (%)[(c)]	100	99	100	100	99	100	100	100	100
Number of admissions[(a)]	142,084	112,381	100,808	34,286	35,970	12,334	6,245	5,783	449,891
Days waited at 50th percentile	39	34	29	29	38	38	n.p.	30	34
Days waited at 90th percentile	332	188	151	171	214	332	n.p.	211	242
Per cent waited more than 365 days	4.0	3.0	1.4	1.8	2.1	10.8	n.p.	3.4	3.1
Large hospitals									
Number of hospitals[(b)]	16	9	4	3	2	1	1	0	36
Estimated proportion of peer group elective surgery (%)[(c)]	100	71	100	94	100	100	100	. .	92
Number of admissions[(a)]	30,158	36,090	8,568	13,179	7,044	2,082	5,093	. .	102,214
Days waited at 50th percentile	63	40	28	26	48	n.p.	n.p.	. .	42
Days waited at 90th percentile	335	167	125	132	236	n.p.	n.p.	. .	263
Per cent waited more than 365 days	3.3	1.1	1.0	1.0	1.8	n.p.	n.p.	. .	2.4
Medium hospitals									
Number of hospitals[(b)]	30	4	8	4	1	1	0	0	48
Estimated proportion of peer group elective surgery (%)[(c)]	100	27	85	85	19	100	. .	. .	61
Number of admissions[(a)]	26,045	8,520	4,373	15,111	3,067	2,081	. .	. .	59,197
Days waited at 50th percentile	63	56	29	33	n.p.	n.p.	. .	. .	46
Days waited at 90th percentile	331	165	139	148	n.p.	n.p.	. .	. .	273
Per cent waited more than 365 days	1.7	1.0	0.7	1.2	n.p.	n.p.	. .	. .	1.6
Total[(d)]									
Number of hospitals[(b)(d)]	**96**	**34**	**32**	**14**	**8**	**4**	**2**	**5**	**195**
Estimated proportion of public hospital elective surgery (%)[(c)]	**100**	**78**	**98**	**92**	**71**	**100**	**100**	**100**	**93**
Number of admissions[(a)]	**204,820**	**157,073**	**113,760**	**64,785**	**46,081**	**16,497**	**11,338**	**6,429**	**620,783**
Admissions per 1,000 population[(e)]	**28.2**	**28.1**	**25.0**	**28.0**	**27.9**	**32.4**	**31.3**	**28.0**	**27.6**
Days waited at 50th percentile	**47**	**36**	**29**	**29**	**38**	**38**	**76**	**33**	**36**
Days waited at 90th percentile	**333**	**182**	**148**	**159**	**208**	**359**	**378**	**223**	**252**
Per cent waited more than 365 days	**3.6**	**2.5**	**1.3**	**1.6**	**2.0**	**9.6**	**10.8**	**3.9**	**2.9**

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

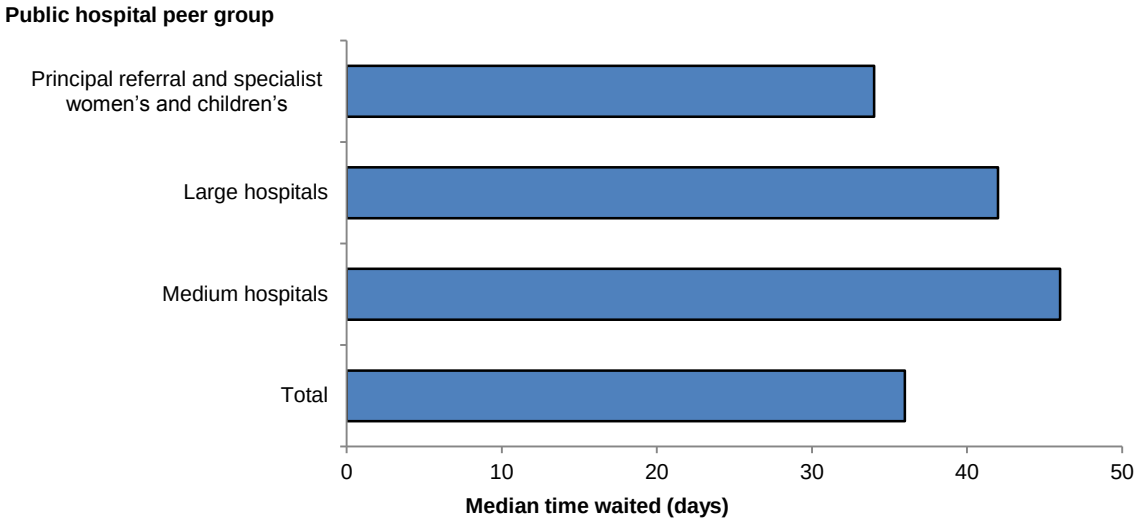
(b) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection.

(c) This is a preliminary estimate; see Appendix 2 for more information.

(d) Includes hospitals not included in the specified hospital peer groups.

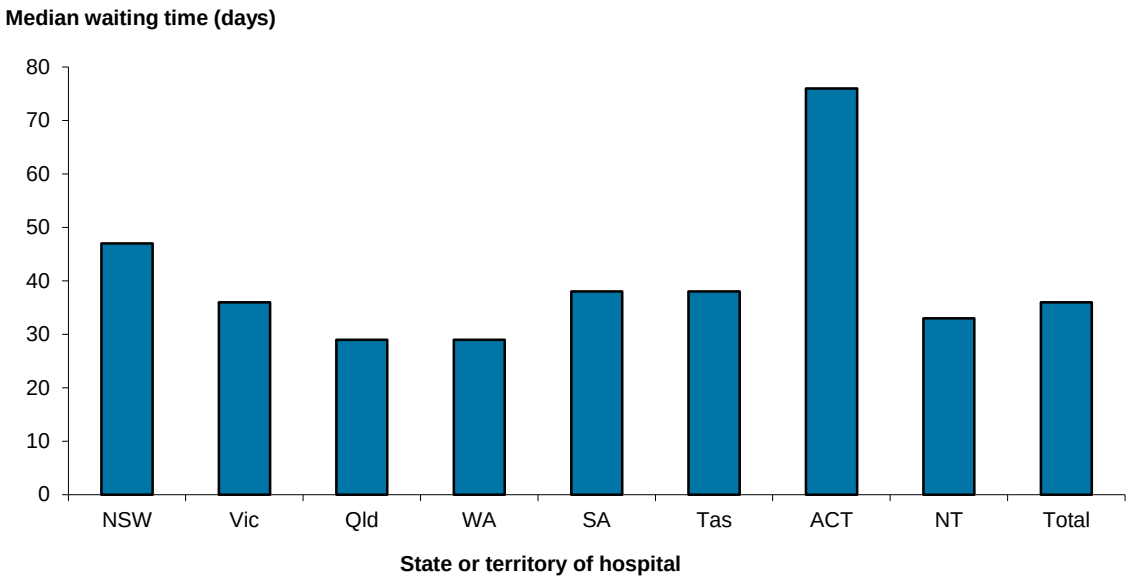
(e) Crude rate based on the Australian estimated resident population as at 31 December 2010.

Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.



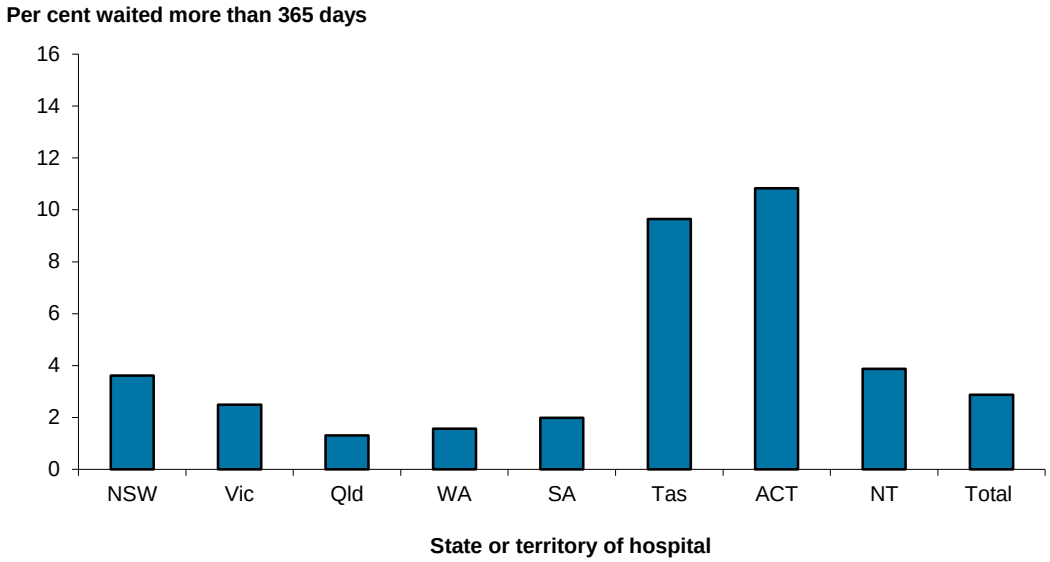
Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.

Figure 3.2: Median waiting time to admission for elective surgery by public hospital peer group, 2010–11



Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.

Figure 3.3: Median waiting time to admission for elective surgery, public hospitals, states and territories, 2010–11



Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.

Figure 3.4: Proportion of patients that waited more than 365 days to admission for elective surgery, public hospitals, states and territories, 2010–11

How did waiting times vary by indicator procedure?

Indicator procedures are those of high volume and are often associated with long waits. Overall, a third of patients admitted for elective surgery had been waiting for one of the 15 indicator procedures (Table 3.5).

For New South Wales over a third of elective surgery admissions were for one of the 15 specific indicator procedures and for the Northern Territory about a quarter were for one of the 15 specific indicator procedures. *Cataract extraction* was the most common indicator procedure in all jurisdictions except Victoria, where *Cystoscopy* was the most common (Table 3.10).

Nationally, the indicator procedure with the lowest median waiting time in 2010–11 was *Coronary artery bypass graft* (17 days). *Total knee replacement* had the highest median waiting time (173 days). The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 75 days for *Coronary artery bypass graft* to 382 days for *Septoplasty*.

The proportion of admissions that were for patients who waited more than 365 days also varied by indicator procedure, ranging from 0.2% for *Coronary artery bypass graft* to 13.7% for *Septoplasty*.

For more information on median waiting times and the proportion of admissions that were for patients who waited more than 365 days, for states and territories, see Table 3.10.

Table 3.5: Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by indicator procedure, public hospitals, 2010–11

Indicator procedure	Admissions[(a)]	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days
Cataract extraction	53,573	90	343	4.1
Cholecystectomy	18,085	54	171	1.8
Coronary artery bypass graft	3,738	17	75	0.2
Cystoscopy	41,787	25	115	1.3
Haemorrhoidectomy	3,647	60	255	3.4
Hysterectomy	9,939	49	201	1.7
Inguinal herniorrhaphy	14,791	57	259	2.6
Myringoplasty	1,713	108	369	10.7
Myringotomy	6,358	47	139	0.9
Prostatectomy	8,182	47	170	2.5
Septoplasty	4,481	159	382	13.7
Tonsillectomy	17,349	94	351	6.5
Total hip replacement	8,554	108	357	7.6
Total knee replacement	12,939	173	376	12.6
Varicose veins stripping & ligation	4,251	100	368	10.2
Other procedures	411,396	28	184	2.2
Total	**620,783**	**36**	**252**	**2.9**

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods. Additional information by state and territory is available in Table 3.10 at the end of this chapter.

How did waiting times vary by Indigenous status?

Box 3.2: Quality of Indigenous status data

The quality of the data reported for Indigenous status in the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.

See Appendix 2 for comments provided by states and territories on the perceived quality of Indigenous status data provided for elective surgery waiting times.

For 2010–11, there were over 15,000 admissions from waiting lists for elective surgery for patients who identified as Aboriginal and/or Torres Strait Islander persons. Overall, the median waiting time for Indigenous Australians was higher than the median waiting time for other Australians (39 days and 36 days, respectively, Table 3.6). Overall median waiting times for Indigenous Australians were lower than the median waiting time for other Australians in Victoria, South Australia and the Australian Capital Territory. However, for Victoria, a higher proportion of Indigenous Australians than other Australians waited greater than 365 days for elective surgery (3.2% and 2.5%, respectively).

Table 3.6: Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by Indigenous status, public hospitals, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous Australians									
Number of admissions[(a)]	5,028	1,050	4,304	1,452	874	601	245	1,870	15,424
Days waited at 50th percentile	50	34	33	32	33	40	67	42	39
Days waited at 90th percentile	337	209	155	189	157	360	366	276	265
Per cent waited more than 365 days	3.7	3.2	1.4	1.4	1.1	9.8	10.2	5.9	3.3
Other Australians[(b)]									
Number of admissions[(a)]	199,792	156,023	109,456	63,333	45,207	15,896	11,093	4,559	605,359
Days waited at 50th percentile	47	36	28	29	38	38	77	30	36
Days waited at 90th percentile	333	182	148	158	209	358	378	204	252
Per cent waited more than 365 days	3.6	2.5	1.3	1.6	2.0	9.6	10.8	3.0	2.9

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

(b) Other Australians includes records for which the Indigenous status was *Not reported*.

Note: See Boxes 3.1, 3.2 and 3.3 for notes on definitions, data limitations and methods.

Indicator procedures

Indigenous Australians had higher median waiting times than other Australians for 13 of the 15 indicator procedures. The greatest difference in median waiting times was for *Total knee replacement*, for which Indigenous Australians waited longer than other Australians (227 days and 173 days, respectively). Indigenous Australians had lower median waiting times than other Australians for *Inguinal herniorrhaphy* and *Myringoplasty*. *Myringotomy*, *Varicose vein stripping and ligation* and *Cystoscopy* had the least variation by Indigenous status (Table 3.7 and Figure 3.5).

Septoplasty was the indicator procedure with the highest proportion of patients who waited more than 365 days to be admitted for both Indigenous Australians and other Australians (22.4% and 13.5% respectively) and *Coronary artery bypass graft* had the lowest proportion of patients who waited more than 365 days (0.0% and 0.2%, respectively).

Table 3.7: Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by Indigenous status and indicator procedure, public hospitals, 2010–11

	Indigenous Australians				Other Australians[(b)]			
Indicator procedure	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days
Cataract extraction	828	118	352	5.6	52,745	90	343	4.0
Cholecystectomy	609	58	177	1.5	17,476	53	170	1.8
Coronary artery bypass graft	138	20	76	0.0	3,600	16	74	0.2
Cystoscopy	537	28	131	1.3	41,250	25	115	1.3
Haemorrhoidectomy	67	67	250	1.5	3,580	60	257	3.4
Hysterectomy	307	53	244	1.3	9,632	49	200	1.8
Inguinal herniorrhaphy	254	43	222	3.5	14,537	57	259	2.6
Myringoplasty	260	104	441	12.7	1,453	110	367	10.3
Myringotomy	407	49	125	0.5	5,951	47	140	0.9
Prostatectomy	64	63	173	4.7	8,118	47	170	2.5
Septoplasty	58	189	416	22.4	4,423	158	381	13.5
Tonsillectomy	811	100	355	6.2	16,538	93	350	6.5
Total hip replacement	95	140	362	8.4	8,459	108	357	7.6
Total knee replacement	150	227	386	15.3	12,789	173	376	12.5
Varicose veins stripping & ligation	42	104	358	9.5	4,209	100	368	10.2
Other procedures	10,797	29	208	2.7	400,599	28	183	2.2
Total	**15,424**	**39**	**265**	**3.3**	**605,359**	**36**	**252**	**2.9**

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

(b) Other Australians includes records for which the Indigenous status was *Not reported*.

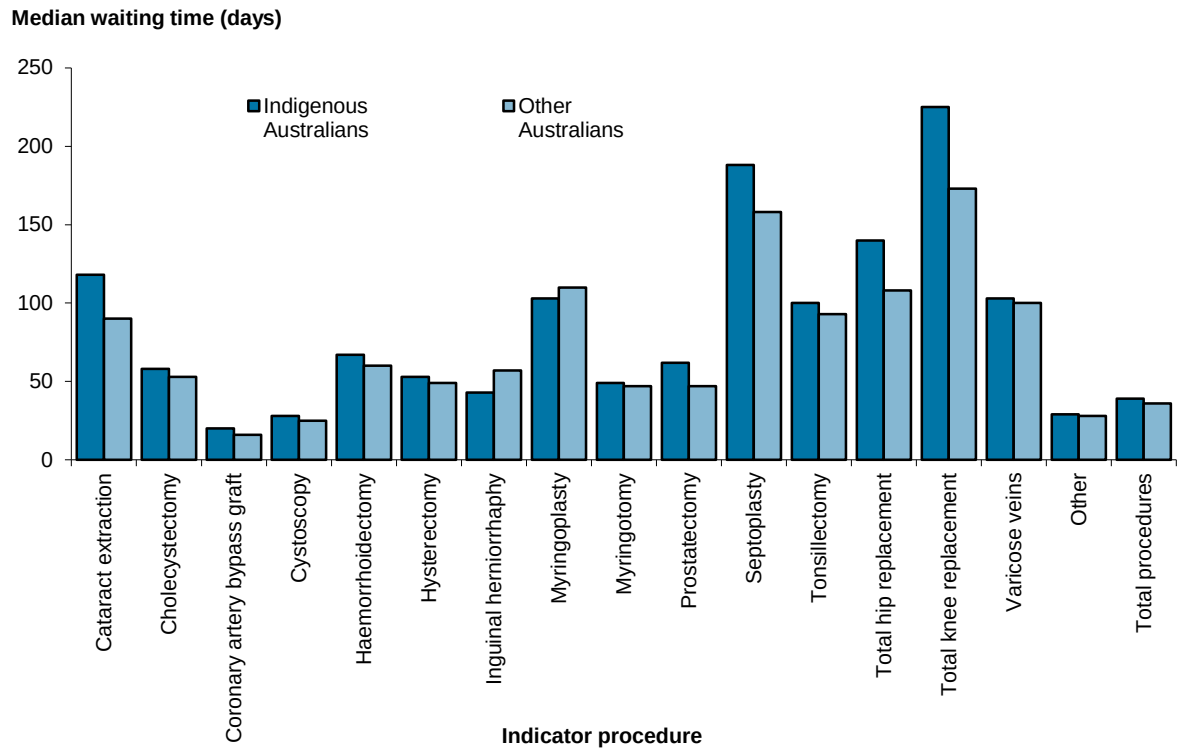
Note: Refer to boxes 3.1, 3.2 and 3.3 for notes on definitions, data limitations and methods. Additional information by state and territory is available in Table 3.10 at the end of this chapter.

How did waiting times vary by specialty of surgeon?

The specialty of the surgeon describes the area of clinical expertise held by the doctor who was to perform the elective surgery. Table 3.8 shows the number of admissions from waiting lists, the number of days waited at the 50th and 90th percentile, and the proportion of admissions that were for patients who waited more than 365 days in 2010–11, by surgical specialty.

Ophthalmology, *Ear, nose and throat surgery* and *Orthopaedic surgery* were the surgical specialties with the longest median waiting times in 2010–11 (71 days, 64 days and 64 days, respectively). *Cardio-thoracic surgery* had the shortest median waiting time (16 days) (Table 3.8).

Orthopaedic surgery and *Ear, nose and throat surgery* were the specialties with the highest proportion of patients who waited more than 365 days to be admitted (6.2% and 5.6%, respectively). *Cardio-thoracic surgery* had the lowest proportion of patients that waited more than 365 days (0.2%). See Table 3.11 for detailed state and territory information.



(a) *Other Australians* includes records for which Indigenous status was *Not reported.*

Note: Refer to boxes 3.1, 3.2 and 3.3 for notes on definitions, data limitations and methods.

Figure 3.5: Median waiting time to admission for elective surgery by indicator procedure and Indigenous status[(a)], public hospitals, 2010–11

Table 3.8: Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by specialty of surgeon, public hospitals, 2010–11

Surgical specialty	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days
Cardio-thoracic surgery	11,853	16	77	0.2
Ear, nose & throat surgery	54,134	64	340	5.6
General surgery	146,074	32	164	1.8
Gynaecology	79,736	30	133	0.8
Neurosurgery	10,548	34	221	3.3
Ophthalmology	73,234	71	335	3.6
Orthopaedic surgery	93,351	64	345	6.2
Plastic surgery	45,152	24	156	2.1
Urology	73,282	28	122	1.6
Vascular surgery	14,325	21	149	2.6
Other	19,094	23	98	0.6
Total	**620,783**	**36**	**252**	**2.9**

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods. Additional information by state and territory is available in Table 3.11 at the end of this chapter.

Additional information

Further detailed information by reason for removal, indicator procedure and specialty of surgeon is provided in tables 3.9 to 3.11.

Further detailed information on elective surgery waiting times by state or territory of hospitalisation and public hospital peer group is available in the tables accompanying this report on the Internet. Corresponding information for individual public hospitals is available on the *MyHospitals* website at www.myhospitals.gov.au.

Additional information on access to elective surgery and elective surgery waiting times, including elective surgery in private hospitals, patient characteristics and the principal diagnoses will be available in *Australian hospital statistics 2010–11*.

Table 3.9: Additions to waiting lists and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Additions	**233,419**	**182,462**	**117,623**	**75,143**	**51,708**	**19,342**	**12,757**	**8,028**	**700,482**
Removals									
Elective admission	**204,820**	**157,073**	**113,760**	**64,785**	**46,081**	**16,497**	**11,338**	**6,429**	**620,783**
Days waited at 50th percentile	47	36	29	29	38	38	76	33	36
Days waited at 90th percentile	333	182	148	159	208	359	378	223	252
Per cent waited more than 365 days	3.6	2.5	1.3	1.6	2.0	9.6	10.8	3.9	2.9
Emergency admission[(a)]	**1,446**	**499**	**3,401**	**357**	**352**	**127**	**51**	**52**	**6,285**
Days waited at 50th percentile	16	12	0	19	19	28	17	19	1
Days waited at 90th percentile	130	76	14	126	82	415	194	108	69
Per cent waited more than 365 days	0.8	0.4	0.4	1.1	0.3	10.2	2.0	3.8	0.7
Not contactable/died	**2,293**	**1,730**	**712**	**643**	**407**	**408**	**148**	**169**	**6,510**
Days waited at 50th percentile	177	119	76	120	95	368	208	190	140
Days waited at 90th percentile	367	398	330	374	338	1,012	570	488	391
Per cent waited more than 365 days	10.5	12.9	3.9	11.2	3.9	50.0	22.3	26.6	13.2
Treated elsewhere	**10,312**	**3,213**	**2,775**	**1,359**	**808**	**461**	**526**	**120**	**19,574**
Days waited at 50th percentile	115	64	83	67	62	228	137	88	92
Days waited at 90th percentile	351	301	344	320	269	798	436	390	348
Per cent waited more than 365 days	7.6	5.1	8.4	6.3	1.2	32.8	12.9	10.8	7.7

(continued)

Table 3.9 (continued): Additions to waiting lists and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Removals (continued)									
Surgery not required or declined	**18,138**	**13,364**	**10,728**	**4,395**	**2,811**	**1,108**	**1,117**	**1,123**	**52,784**
Days waited at 50th percentile	136	85	62	106	66	209	186	104	91
Days waited at 90th percentile	351	366	297	374	303	791	544	421	353
Per cent waited more than 365 days	6.1	10.1	3.9	12.1	2.6	31.9	22.9	14.8	8.0
Transferred to another hospital's waiting list[(a)]	**n.a.**	**623**	**2,915**	**4,726**	**327**	**319**	**845**	**n.a.**	**9,755**
Days waited at 50th percentile	n.a.	85	81	50	70	65	211	n.a.	69
Days waited at 90th percentile	n.a.	316	342	242	344	421	486	n.a.	329
Per cent waited more than 365 days	n.a.	7.7	7.0	4.0	7.3	13.2	21.1	n.a.	7.0
Not reported	**0**	**1,505**	**0**	**2,077**	**1,025**	**441**	**0**	**0**	**5,048**
Days waited at 50th percentile	. .	63	. .	63	60	105	. .	. .	65
Days waited at 90th percentile	. .	308	. .	354	324	1,200	. .	. .	354
Per cent waited more than 365 days	. .	6.0	. .	6.6	4.5	29.7	. .	. .	8.0
Total removals	**237,009**	**178,007**	**134,291**	**78,342**	**51,811**	**19,361**	**14,025**	**7,893**	**720,739**
Days waited at 50th percentile	**53**	**40**	**30**	**34**	**40**	**45**	**92**	**40**	**41**
Days waited at 90th percentile	**337**	**211**	**171**	**194**	**228**	**423**	**406**	**273**	**282**
Per cent waited more than 365 days	**4.0**	**3.2**	**1.8**	**2.6**	**2.1**	**12.8**	**12.6**	**6.0**	**3.5**

(a) There is some variation in practices and in the reporting of waiting times among states and territories with respect to the categories *Emergency Admissions* and *Transfers to other hospitals*.

Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods

Table 3.10: Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by indicator procedure, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Admissions	19,997	13,268	6,246	7,783	3,486	1,021	1,134	638	53,573
Days waited at 50th percentile	227	57	48	35	87	246	140	126	90
Days waited at 90th percentile	361	196	333	159	349	435	300	285	343
Per cent waited more than 365 days	6.3	0.6	3.7	0.4	6.1	27.3	5.1	3.3	4.1
Cholecystectomy									
Admissions	6,973	4,197	3,650	1,199	1,085	564	295	122	18,085
Days waited at 50th percentile	61	50	52	28	49	68	70	68	54
Days waited at 90th percentile	240	137	141	163	99	454	261	234	171
Per cent waited more than 365 days	2.1	0.9	0.4	1.9	0.2	14.7	3.4	3.3	1.8
Coronary artery bypass graft									
Admissions	906	924	974	249	382	201	102	0	3,738
Days waited at 50th percentile	16	22	7	14	23	28	13	. .	17
Days waited at 90th percentile	77	87	58	63	88	86	49	. .	75
Per cent waited more than 365 days	0.2	0.2	0.0	0.0	0.5	0.5	0.0	. .	0.2
Cystoscopy[(b)]									
Admissions	15,412	13,446	4,268	4,817	1,854	789	1,110	91	41,787
Days waited at 50th percentile	23	23	28	27	35	28	73	83	25
Days waited at 90th percentile	105	99	126	176	98	112	380	224	115
Per cent waited more than 365 days	1.2	0.6	0.7	2.6	0.4	0.6	11.1	4.4	1.3
Haemorrhoidectomy									
Admissions	1,092	1,394	517	361	136	45	24	78	3,647
Days waited at 50th percentile	66	63	61	34	55	33	126	60	60
Days waited at 90th percentile	310	248	155	212	220	366	286	250	255
Per cent waited more than 365 days	3.8	4.0	1.0	3.6	2.2	11.1	0.0	0.0	3.4

(continued)

Table 3.10 (continued): Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by indicator procedure, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hysterectomy									
Admissions	3,581	2,454	2,079	749	570	296	152	58	9,939
Days waited at 50th percentile	55	49	40	43	54	48	55	71	49
Days waited at 90th percentile	300	137	141	127	169	210	218	224	201
Per cent waited more than 365 days	3.6	0.4	1.1	0.1	0.2	1.4	3.3	0.0	1.7
Inguinal herniorrhaphy									
Admissions	6,008	3,540	2,305	1,220	816	477	325	100	14,791
Days waited at 50th percentile	70	54	58	33	43	54	82	58	57
Days waited at 90th percentile	329	161	159	168	136	587	290	241	259
Per cent waited more than 365 days	3.3	1.3	0.7	2.3	1.0	15.7	5.2	5.0	2.6
Myringoplasty									
Admissions	447	340	471	183	96	23	15	138	1,713
Days waited at 50th percentile	316	84	68	90	182	180	317	147	108
Days waited at 90th percentile	383	356	190	246	354	694	672	539	369
Per cent waited more than 365 days	19.0	9.7	1.1	4.9	7.3	21.7	46.7	23.2	10.7
Myringotomy									
Admissions	448	2,137	1,848	868	716	122	138	81	6,358
Days waited at 50th percentile	68	49	35	43	48	119	164	22	47
Days waited at 90th percentile	297	139	108	114	110	197	384	106	139
Per cent waited more than 365 days	2.9	0.6	0.2	1.0	0.0	1.6	11.6	0.0	0.9
Prostatectomy									
Admissions	3,003	2,256	1,403	725	614	53	77	51	8,182
Days waited at 50th percentile	62	29	45	33	49	82	82	56	47
Days waited at 90th percentile	222	174	169	119	91	191	749	154	170
Per cent waited more than 365 days	3.1	2.9	1.4	0.3	0.8	0.0	23.4	2.0	2.5

(continued)

Table 3.10 (continued): Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by indicator procedure, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Septoplasty									
Admissions	1,529	1,513	641	330	279	69	109	11	4,481
Days waited at 50th percentile	312	110	58	94	137	231	404	277	159
Days waited at 90th percentile	385	384	263	349	301	721	894	489	382
Per cent waited more than 365 days	18.7	12.2	2.8	9.4	2.5	31.9	55.0	36.4	13.7
Tonsillectomy									
Admissions	5,053	4,384	3,594	2,016	1,349	335	481	137	17,349
Days waited at 50th percentile	192	97	56	78	71	120	336	64	94
Days waited at 90th percentile	370	330	183	210	263	302	637	385	351
Per cent waited more than 365 days	11.6	5.3	0.9	1.7	0.9	3.3	42.4	13.1	6.5
Total hip replacement									
Admissions	3,016	2,218	1,322	823	641	277	231	26	8,554
Days waited at 50th percentile	149	98	78	80	118	194	253	148	108
Days waited at 90th percentile	363	323	273	237	312	635	581	273	357
Per cent waited more than 365 days	8.0	6.9	4.2	2.9	3.3	33.2	28.6	0.0	7.6
Total knee replacement									
Admissions	5,353	2,715	2,216	1,144	864	300	295	52	12,939
Days waited at 50th percentile	295	133	109	94	136	377	328	213	173
Days waited at 90th percentile	372	382	350	306	351	717	585	404	376
Per cent waited more than 365 days	13.8	11.7	7.7	5.1	5.7	51.0	42.7	28.8	12.6
Varicose veins stripping & ligation									
Admissions	1,315	1,476	708	207	349	36	133	27	4,251
Days waited at 50th percentile	101	104	63	68	204	85	319	94	100
Days waited at 90th percentile	350	434	305	274	411	421	584	462	368
Per cent waited more than 365 days	5.3	13.8	4.1	4.8	18.9	19.4	33.8	11.1	10.2

(continued)

Table 3.10 (continued): Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by indicator procedure, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Other procedures									
Admissions	130,687	100,811	81,518	42,111	32,844	11,889	6,717	4,819	411,396
Days waited at 50th percentile	31	29	25	27	29	29	41	24	28
Days waited at 90th percentile	276	164	126	143	153	272	305	165	184
Per cent waited more than 365 days	2.6	2.4	1.0	1.5	1.6	7.1	7.0	2.9	2.2
Total									
Admissions	**204,820**	**157,073**	**113,760**	**64,785**	**46,081**	**16,497**	**11,338**	**6,429**	**620,783**
Days waited at 50th percentile	**47**	**36**	**29**	**29**	**38**	**38**	**76**	**33**	**36**
Days waited at 90th percentile	**333**	**182**	**148**	**159**	**208**	**359**	**378**	**223**	**252**
Per cent waited more than 365 days	**3.6**	**2.5**	**1.3**	**1.6**	**2.0**	**9.6**	**10.8**	**3.9**	**2.9**

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

(b) For New South Wales, waiting times reported for *Cystoscopy* were atypical, with some very short waiting times reported for relatively large proportions of admissions for patients with a clinical urgency category of 3. See Appendix 2 for more information.

Note: Refer to boxes 3.1 and 3.2 for notes on definitions of elective surgery, data limitations and methods.

Table 3.11: Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic surgery									
Admissions	3,820	3,052	2,519	840	989	451	182	0	11,853
Days waited at 50th percentile	15	21	10	16	21	25	17	. .	16
Days waited at 90th percentile	65	99	57	63	110	82	51	. .	77
Per cent waited more than 365 days	0.2	0.1	0.2	0.0	0.4	0.2	0.0	. .	0.2
Ear, nose & throat surgery									
Admissions	16,012	13,595	11,007	5,257	5,244	1,232	1,192	595	54,134
Days waited at 50th percentile	100	68	32	58	50	82	255	42	64
Days waited at 90th percentile	364	316	148	215	243	280	655	415	340
Per cent waited more than 365 days	9.0	5.3	0.8	3.3	0.9	5.5	33.4	12.1	5.6
General surgery									
Admissions	54,858	34,569	28,084	11,386	9,202	4,082	1,785	2,108	146,074
Days waited at 50th percentile	34	36	29	26	34	28	46	34	32
Days waited at 90th percentile	207	158	129	142	141	273	233	200	164
Per cent waited more than 365 days	1.7	2.2	0.6	1.8	1.7	7.9	2.9	4.1	1.8
Gynaecology									
Admissions	27,919	17,931	16,083	4,696	7,850	2,429	1,195	1,633	79,736
Days waited at 50th percentile	33	36	28	34	23	29	44	11	30
Days waited at 90th percentile	189	120	104	128	109	125	199	99	133
Per cent waited more than 365 days	1.6	0.4	0.5	0.1	0.1	0.8	2.6	0.6	0.8
Neurosurgery									
Admissions	3,882	2,998	1,545	841	664	335	282	1	10,548
Days waited at 50th percentile	34	39	29	32	34	74	26	n.p.	34
Days waited at 90th percentile	288	195	207	151	110	436	132	n.p.	221
Per cent waited more than 365 days	4.2	2.4	3.0	1.7	0.2	14.0	2.1	n.p.	3.3

(continued)

Table 3.11 (continued): Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Ophthalmology									
Admissions	25,310	18,580	10,226	9,994	5,200	1,521	1,470	933	73,234
Days waited at 50th percentile	178	49	37	35	77	168	121	98	71
Days waited at 90th percentile	358	188	298	171	349	422	294	278	335
Per cent waited more than 365 days	5.6	0.7	2.9	0.7	6.5	20.8	4.5	3.0	3.6
Orthopaedic surgery									
Admissions	31,643	20,661	21,934	8,594	5,905	2,233	1,655	726	93,351
Days waited at 50th percentile	97	61	34	53	73	147	179	49	64
Days waited at 90th percentile	360	293	214	237	315	622	491	273	345
Per cent waited more than 365 days	7.4	6.1	2.9	3.5	4.0	29.2	21.5	6.1	6.2
Plastic surgery									
Admissions	8,894	16,734	8,340	4,115	4,672	1,653	561	183	45,152
Days waited at 50th percentile	29	21	26	23	29	22	10	18	24
Days waited at 90th percentile	211	154	119	161	132	223	260	101	156
Per cent waited more than 365 days	2.4	2.3	0.9	1.6	1.8	5.6	6.4	1.6	2.1
Urology[(b)]									
Admissions	24,649	22,309	9,480	8,209	4,930	2,072	1,531	102	73,282
Days waited at 50th percentile	29	24	28	27	37	30	70	50	28
Days waited at 90th percentile	116	110	120	156	106	153	423	154	122
Per cent waited more than 365 days	1.5	1.1	0.8	1.8	0.6	2.4	13.3	0.0	1.6
Vascular surgery									
Admissions	5,536	3,147	2,524	1,351	992	296	479	0	14,325
Days waited at 50th percentile	17	31	18	26	12	25	24	. .	21
Days waited at 90th percentile	108	305	76	145	41	315	369	. .	149
Per cent waited more than 365 days	0.8	7.5	0.3	0.7	0.1	8.1	10.4	. .	2.6

(continued)

Table 3.11 (continued): Waiting time statistics for admissions[(a)] from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Other[(c)]									
Admissions	2,297	3,497	2,018	9,502	433	193	1,006	148	19,094
Days waited at 50th percentile	11	28	37	22	21	11	42	15	23
Days waited at 90th percentile	86	82	120	82	80	29	253	303	98
Per cent waited more than 365 days	1.3	0.2	0.8	0.3	0.0	0.0	3.2	3.4	0.6
Total									
Admissions	**204,820**	**157,073**	**113,760**	**64,785**	**46,081**	**16,497**	**11,338**	**6,429**	**620,783**
Days waited at 50th percentile	**47**	**36**	**29**	**29**	**38**	**38**	**76**	**33**	**36**
Days waited at 90th percentile	**333**	**182**	**148**	**159**	**208**	**359**	**378**	**223**	**252**
Per cent waited more than 365 days	**3.6**	**2.5**	**1.3**	**1.6**	**2.0**	**9.6**	**10.8**	**3.9**	**2.9**

(a) Records with a reason for removal of Admitted as an elective patient for the awaited procedure in this hospital or another hospital.

(b) For New South Wales, waiting times reported for *Urology* were atypical, with some very short waiting times reported for relatively large proportions of admissions for patients with a clinical urgency category of 3. See Appendix 2 for more information.

(c) Includes specialty of surgeon *Not reported.*

Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.

Appendix 1: National Non-Admitted Patient Emergency Department Care Database

This appendix includes a data quality statement and additional detailed information relevant to interpretation of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) data in Chapter 2.

Data quality statement

Summary of key issues

- The NNAPEDCD is a compilation of episode-level data for emergency department presentations in public hospitals. The database is based on the National Minimum Data Set (NMDS) for Non-admitted patient emergency department care (NAPEDC).
- The scope of this NMDS is non-admitted patients registered for care in emergency departments in selected public hospitals that are classified as either peer group A or B (*Principal referral and specialist women's and children's hospitals* or *Large hospitals*) in the Australian Institute of Health and Welfare's *Australian hospital statistics* publication from the preceding financial year.
- The actual coverage of the database includes hospitals other than peer group A and B hospitals. For 2010–11, a preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100% for public hospitals in peer groups A and B and 81% for all public hospitals. This estimate will be finalised when the total number of emergency occasions of service are available early in 2012 in the National Public Hospital Establishments Database for 2010–11.
- The data collection does not include care provided to admitted patients in emergency departments.
- Although there are national standards for data on non-admitted patient emergency department services there are some variations in how those services are defined and counted across states and territories and over time. For example, there is variation in the point at which the emergency department presentation is reported as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital.
- The quality of the data reported for Indigenous status has not been formally assessed; therefore, caution should be exercised when interpreting these data.

Description	The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) includes episode-level data on non-admitted patients treated in the emergency departments of Australian public hospitals. The data supplied are based on the National Minimum Data Set for Non-admitted patient emergency department care (NAPEDC NMDS). While the scope of the NNAPEDCD covers public hospitals in public hospital peer groups A (*Principal referral and specialist women's and children's hospitals)* and B (*Large hospitals)* in *Australian hospital statistics* of the previous year, data were also provided by some states and territories for hospitals in peer groups other than A and B.

	For 2010–11, the preliminary estimates of the proportion of all emergency service occasions of service reported to the NNAPEDCD was 100% for public hospitals in peer groups A and B and 81% for all public hospitals. The NNAPEDCD includes data on the type and length of the emergency department visit, triage category, waiting times, patient demographics, arrival mode and departure status.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988, (Cth) ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website <www.aihw.gov.au> Data for the NNAPEDCD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following link). <http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc> The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation. The NNAPEDCD includes data for each year from 2003–04 to 2010–11.
Timeliness	The reference period for this data set is 2010–11. The data set includes records for Non-admitted patient emergency department service episodes between 1 July 2010 and 30 June 2011. States and territories provided a first version of the data to the AIHW at the end of September 2011. This report was published on 30 November 2011. Data provision and publication were in accordance with agreed timetables.

Accessibility	The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are: • *Australian hospital statistics* suite of products with associated Excel tables. • The *MyHospitals* website, which provides information on individual public hospitals and some private hospitals throughout Australia. These products may be accessed on the AIHW website <http://www.aihw.gov.au/hospitals/>
Interpretability	Metadata information for the NAPEDC NMDS are published in the AIHW's online metadata repository—METeOR, and the *National health data dictionary*. METeOR and the *National health data dictionary* can be accessed on the AIHW website: <http://meteor.aihw.gov.au/content/index.phtml/itemId/181162> <http://www.aihw.gov.au/publication-detail/?id=6442468385>
Relevance	The NNAPEDCD provides information on the care provided to non-admitted patients (including waiting times for care) for non-admitted patients registered for care in emergency departments in public hospitals that were classified as either peer group A (*Principal referral and specialist women's and children's hospitals*) or B (*Large hospitals*). Data were also provided by some states and territories for hospitals that were not classified as either peer group A or B hospitals. The data in the NNAPEDCD are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B. The NNAPEDCD is the source of information for two performance indicators for the National Healthcare Agreement and other national performance reporting. Although the NNAPEDCD is a valuable source of information on non-admitted patient emergency department care, the data have limitations. For example, sick or injured people who do not present to emergency departments are not included. Persons who present to an emergency department more than once in a reference year are counted on each occasion. The care provided to patients in emergency departments is, in most instances, recognised as being provided to 'non-admitted' patients. Patients being treated in emergency departments may subsequently become 'admitted'. The care provided to non-admitted patients who are treated in the emergency department prior to being admitted is included in this database. Care provided to patients who are being treated in an emergency department site as an admitted patient (e.g. in an observation unit, short-stay unit, 'emergency department ward' or awaiting a bed in an admitted patient ward of the hospital) is not included in this database. Non-admitted patients who are treated in outpatient clinics are not included in the NNAPEDCD.
Accuracy	States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values, except as stated.

	Although there are national standards for data on emergency department care, statistics may be affected by variations in reporting practices across states and territories. There was variation in the reporting of Type of visit by state or territory. Not all states and territories reported presentations for all type of visit categories. In particular, for patients who were dead on arrival: • Western Australian emergency departments only occasionally manage and report patients who are *Dead on arrival*. • South Australian emergency departments do not manage or report patients who are *Dead on arrival* • Tasmanian emergency departments did not identify patients who were *Dead on arrival* by type of visit, but did record the episode end status as *Dead on arrival*. There is variation in the way that patients who died in the emergency department were reported to the NNAPEDCD. In New South Wales, presentations where the patient died in the emergency department were categorised as 'Admissions to this hospital', whereas other jurisdictions reported these to the NNAPEDCD as 'Died in the emergency department as a non-admitted patient'. In addition, Western Australia and South Australia did not use the episode end status 'Dead on arrival'. For 2010–11, approximately 32,000 records did not have a valid waiting time recorded. The quality of the data reported for Indigenous status in emergency departments has not been formally assessed; therefore, caution should be exercised when interpreting these data. As the scope of the database is limited to public hospitals in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the NNAPEDCD may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Similarly, disaggregations by socioeconomic status and remoteness should be interpreted with caution. While the NAPEDC NMDS specifies that states and territories should provide SLA of usual residence of patient, not all states provided this information in the form of an SLA code for all presentations. In addition, not all states and territories provided the version of SLA specified in the NMDS. Where necessary, the AIHW mapped the supplied area of residence data for each presentation to the same SLA and to remoteness area categories based on the ABS ASGC Remoteness Structure for 2006. This mapping was done on a probabilistic basis. Because of the probabilistic nature of the mapping, the SLA and remoteness areas data for individual records may not be accurate; however, the overall distribution of records by geographical area is considered useful. Socioeconomic status is based on the reported area of usual residence of the patient. The SEIFA categories for socioeconomic status are assigned at the national level, not at the individual state/territory level.
Coherence	The data reported for 2010–11 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals. In addition, the data reported to the NNAPEDCD in previous years has been consistent with the numbers of emergency occasions of services reported to the NPHED for each hospital for the same reference year. Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage.

	The number of hospitals in peer groups A and B included in the NNAPEDCD increased from 112 in 2003–04 to 125 in 2010–11. Over the same period, there was a notable increase in the number of hospitals that were not classified in peer groups A and B included in the NNAPEDCD (from 21 to 61). Between 2003–04 and 2010–11, the estimated proportion of emergency occasions of service reported to the NNAPEDCD increased from 98% to 100% for hospitals in peer groups A and B and from 73% to 81% for all public hospitals.

Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2010–11 definitions in the *National health data dictionary, version 14* (HDSC 2008) (summarised in the Glossary).

Data presentation

For the majority of tables in Chapter 2, data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The exception is for the table presenting information on potentially avoidable GP-type emergency department presentations, which are based on data on the state or territory of usual residence.

Except as noted below, the totals in tables include data only for those states and territories for which data were available, as indicated in the tables. Throughout the report, percentages may not add up to 100.0 because of rounding. Percentages and rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

Data on waiting times (50th and 90th percentile waiting times), proportions seen on time and proportions admitted have been suppressed if there were fewer than 10 presentations in the category being presented. The abbreviation 'n.p.' has been used to denote these suppressions. For these tables, the totals include the suppressed information.

Methods

Median and 90th percentile waiting times

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest value for minutes waited) represents the number of minutes within which 50% of patients received treatment; half the waiting times will have been shorter, and half the waiting times longer, than the median.

The 90th percentile data represent the number of minutes within which 90% of patients were treated.

The 50th percentile and 90th percentile waiting times are calculated using an empirical distribution function with averaging. Using this method, observations are sorted in ascending order.

The calculation is where:

n is the number of observations and

p is the percentile value divided by 100,

then n x p= i + f (where i is an integer and f is the fractional part of n x p).

If n x p is an integer, then the percentile value will correspond to the average of the values for the i^{th} and $(i+1)^{th}$ observations.

If n x p is not an integer, then the percentile value will correspond to the value for the $(i+1)^{th}$ observation.

For example, if there were 100 observations, the median waiting time will correspond to the average waiting time for the 50th and 51st observations (ordered according to waiting time). Similarly, the 90th percentile waiting time will correspond to the average waiting time for the 90th and 91st observations if there are 100 observations.

If there were 101 observations, then the median waiting time will correspond to the waiting time for the 51st observation and the 90th percentile waiting time will correspond to the waiting time for the 91st observation.

The 50th and 90th percentiles have been rounded to the nearest whole number of minutes.

Estimated coverage of emergency department services

The estimated proportion of emergency occasions of service covered by the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) data is calculated as the number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the National Public Hospital Establishments Database (NPHED), as a percentage.

For 2010–11, as the corresponding public hospital establishment data were not available, a preliminary estimate was based on a comparison of the number of presentations and hospitals that were reported to the NNAPEDCD for 2009–10 and 2010–11, and the numbers of emergency occasions of service reported to the NPHED for 2009–10.

For example:

- If the same hospitals were reported by a jurisdiction for the NNAPEDCD for both 2009–10 and 2010–11, then the jurisdiction's coverage was assumed to be the same for both years.
- If the hospitals reported by a jurisdiction changed between 2009–10 and 2010–11, then the jurisdiction's coverage was adjusted by increasing (or decreasing) the numerator counts (NNAPEDCD presentations for 2009–10), based on the number of emergency occasions of service reported for the individual hospital(s) to the NPHED for 2009–10.
- If a hospital that was included in the NNAPEDCD for the first time in 2010–11 was not included in the NPHED for 2009–10, then an adjustment could not be made.

Waiting time statistics

Patients who present to the emergency department with a type of visit of *Return visit, planned*, *Pre-arranged admission* or *Patient in transit* do not necessarily undergo the same processes as *Emergency presentations*, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics (including the

proportion ending in admission) are not presented in this report for patients with a type of visit other than *Emergency presentation*.

The waiting times are determined from the time elapsed between presentation in the emergency department and the commencement of service. The calculation is restricted to presentations with a type of visit of *Emergency presentation*. In addition, presentations were excluded if the waiting time was missing or invalid or the patient *Did not wait to be attended by a health care professional*, or was *Dead on arrival*. Approximately 32,000 records for which a valid waiting time was not recorded were not used (in either the numerator or denominator) to derive waiting time statistics.

The proportion of presentations seen on time was determined as the proportion of presentations in each triage category with a waiting time less than or equal to the maximum waiting time stated in the National Triage Scale definition. The calculation is restricted to presentations with a type of visit of *Emergency presentation*. In addition, presentations were excluded if the waiting time was missing or invalid, the patient *Did not wait to be attended by a health care professional*, or was *Dead on arrival*, or the triage category was *Not reported*.

The proportion of presentations ending in admission is determined as the proportion of all emergency presentations with an episode end status of *Admitted to this hospital*. The calculation is restricted to presentations with a type of visit of *Emergency presentation*.

Variation in reporting

Triage category

The proportion of presentations by triage category varied by state or territory. New South Wales had the highest proportion of presentations that were *Non-urgent* (15.3%) and South Australia had the highest proportions of presentations that were *Resuscitation* or *Emergency* (1.2% and 12.5%, respectively) (Table A1.1). This may reflect different triage categorisation, differing mixes of patients or both.

Table A1.1: Proportion of *Emergency presentations* by triage category, selected public hospitals, states and territories, 2010–11

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation	0.6	0.5	0.9	0.8	1.2	0.4	0.4	0.6	0.7
Emergency	8.5	9.2	10.8	11.2	12.5	7.4	9.9	6.3	9.6
Urgent	30.4	32.2	41.1	32.0	36.8	34.8	30.7	26.5	33.5
Semi-urgent	45.1	47.2	40.9	49.4	42.5	48.4	45.8	56.3	45.4
Non-urgent	15.3	10.9	6.3	6.6	7.1	8.7	13.1	10.3	10.8
Total[(a)]	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

(a) Includes emergency presentations for which the triage category was *Not reported*.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis. For information on *Emergency presentations* by triage category and peer group for states and territories, see Table S2.1.

Quality of Indigenous status data

Monitoring of aspects of the health of Aboriginal and Torres Strait Islanders is dependent on the quality of Indigenous identification data in national health data sources, including the hospitals data collections. However, there are inaccuracies in the information on Indigenous status in the data collections.

The quality of the Indigenous status data provided for 2010–11 for emergency department presentations varied by jurisdiction. Most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients. Therefore, the information for Indigenous status presented in Chapter 2 should be used with caution.

The following information has been provided by the states and territories to provide some insight into the quality of Indigenous status data in the NNAPEDCD.

New South Wales

Indigenous status is a mandatory data item collected at all facilities that provide data for the New South Wales Health Emergency Department Data Collection. In 2009–10, about 10% of emergency department records were missing Indigenous status data, despite the information being recorded on the patient administration system. New South Wales considers that Indigenous status identification in its emergency department data is acceptable.

Victoria

The Victorian Department of Health reports that, despite data quality improvement in recent years, the Indigenous status admitted patient data for 2010–11 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients. The quality of Indigenous status data in emergency department data is improving but is less accurate than that of admitted patients in public hospitals.

Queensland

Queensland Health noted that, for 2010–11 emergency department data, Indigenous status was not reported in 1.6% of cases. This is a slight increase from the 1.5% reported for 2009–10. Efforts will continue to be made to ensure that reporting of Indigenous status is as complete and accurate as possible.

Western Australia

The Western Australian Department of Health regards its Indigenous status for non-admitted patient emergency department data as being of good quality, with 99.5% of data identified by Indigenous status in 2010–11.

South Australia

South Australia Health considers the quality of Indigenous status data to be better in admitted patient care than in the emergency department data collection. In particular, high numbers of *Not stated* continue to be reported to the department's emergency department collection.

The department contracted the Australian Bureau of Statistics to develop a training package for the collection of the Indigenous identifier aimed at frontline staff in hospitals and other health care units. The package is based on the best practice guidelines developed by the

AIHW. Training sessions have been conducted in metropolitan and country locations throughout the state. This is expected to lead to improvements in data quality.

Tasmania

The Tasmanian Department of Health and Human Services reports that the quality and the level of Indigenous status identification, across public hospital information collections, are of a high standard. However, as with all data collections, there is constant and continued work on maintaining and improving, where needed, the collection of this data element.

Australian Capital Territory

The Australian Capital Territory Government Health Directorate is continuing to undertake a number of initiatives aligned with local and national developments to improve the quality of collection and reporting of Aboriginal and Torres Strait Islander data.

Northern Territory

The Northern Territory Department of Health reported that the quality of its 2010–11 Indigenous status data for emergency department patients is considered to be acceptable. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

Appendix 2: National Elective Surgery Waiting Times Data Collection

This appendix includes a data quality statement and additional detailed information relevant to interpretation of the National Elective Surgery Waiting Times Data Collection (NESWTDC) data in Chapter 3.

Data quality statement

Summary of key issues

- The NESWTDC contains records for patients added to and/or removed from waiting lists for elective surgery that are managed by public acute hospitals. This may include public patients treated in private hospitals and other patients treated in public hospitals.
- The data provided are based on the Elective surgery waiting times (removals data) National Minimum Data Set.
- For 2010–11, the data collection covered most public hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared to other hospitals.
- For 2010–11, a preliminary estimate of the proportion of public hospital elective surgery covered by the NESWTDC was 93%. This estimate will be finalised when the total number of public elective surgery separations are available early in 2012 in the National Hospital Morbidity Database for 2010–11.
- For 2010–11, Victoria's data does not include the Albury Base Hospital as data were not available.
- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, some states and territories vary in how they report on patients transferred from a waiting list managed by one hospital to that managed by another.
- The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.
- There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics.
- There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting 'staged' procedures (such as follow-up care, cystoscopy or the removal of pins or plates), that may result in statistics that are not meaningful or comparable between or within jurisdictions.

Description	The NESWTDC provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals. This includes private patients treated in public hospitals, and may include public patients treated in private hospitals. 'Public hospitals' may include hospitals which are set up to provide services for public patients (as public hospitals do), but which are managed privately. In 2010–11, the preliminary estimate of the proportion of public hospital elective surgery covered by the NESWTDC is 93%. The data supplied are based on the National Minimum Data Set for Elective surgery waiting times (removals data) (ESWT NMDS). The NESWTDC includes information on the number of additions to and removals from elective surgery waiting lists, the lengths of time waited, specialties of surgeons and indicator procedures. Removals are counted for patients who have been removed for admission or another reason. Patients who were 'ready for care' and patients who were 'not ready for care' at the time of removal are included.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988, (Cth) ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website <www.aihw.gov.au> Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following link). <http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc>

	The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation. The NESWTDC includes data for each year from 2002–03 to 2010–11.
Timeliness	The reference period for the data presented in this report is 2010–11. This includes records for additions and removals from elective surgery waiting lists between 1 July 2010 and 30 June 2011. States and territories provided a first version of the data to the AIHW at the end of September 2011. This report was published on 30 November 2011. Data provision and publication were in accordance with agreed timetables.
Accessibility	The AIHW provides a variety of products that draw upon the NESWTDC. Published products available on the AIHW website are: The *Australian hospital statistics* suite of products with associated Excel tables and interactive data cubes for elective surgery waiting times. The *MyHospitals* website, which provides information on individual public hospitals and some private hospitals throughout Australia. These products may be accessed on the AIHW website <http://www.aihw.gov.au/hospitals/>
Interpretability	Metadata information for the ESWT NMDS are published in the AIHW's online metadata repository—METeOR, and the *National health data dictionary*. METeOR and the *National health data dictionary* can be accessed on the AIHW website: <http://meteor.aihw.gov.au/content/index.phtml/itemId/181162> <http://www.aihw.gov.au/publication-detail/?id=6442468385 >
Relevance	The NESWTDC provides information on waiting times for elective surgery in public hospitals. The scope of the data collection is patients on waiting lists for elective surgery that are managed by public hospitals. This may include public patients treated in private hospitals and other patients treated in public hospitals. For 2010–11, the NESWTDC covered most public hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared to other hospitals. The NESWTDC is the source of information for a performance indicator for the National Healthcare Agreement and other national performance reporting.
Accuracy	States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

	Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, in some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the reporting hospital only. The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data. There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics. There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting 'staged' procedures (such as follow-up care, cystoscopy or the removal of pins or plates), that may result in statistics that are not meaningful or comparable between or within jurisdictions.
Coherence	The data reported for the 2010–11 NEWSTDC are consistent with data reported for previous years. Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage. Between 1999–00 and 2010–11 the number of hospitals reporting to the NESWTDC increased from 191 to 195. Over the same period, the estimated proportion of public elective surgery that was reported to the NEWSTDC increased from 85% to 93%. For 2010–11, Victoria's information does not include the Albury Base Hospital as data were not available. For 2009–10, Albury Base Hospital was included in data for Victoria. In previous years, that hospital was included in data for NSW. Time series analyses may also be affected by changes in quality and coverage for individual data items. For example, data for Indigenous status was first included in the collection in 2009–10. New South Wales first provided Indigenous status for the NEWSTDC in 2010–11.

Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2010–11 definitions in the *National health data dictionary, version 14* (HDSC 2008) (summarised in the Glossary).

Data presentation

Data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient.

Except as noted below, the totals in tables include data only for those states and territories for which data were available, as indicated in the tables. Throughout the report, percentages

may not add up to 100.0 because of rounding. Percentages and rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

Data on waiting times (50th and 90th percentile waiting times) and the proportion of patients who waited greater than 365 days for their surgery have been suppressed if there were fewer than 10 admissions in the category being presented. The abbreviation 'n.p.' has been used to denote these suppressions. For these tables, the totals include the suppressed information.

Methods

Median and 90th percentile waiting times

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest value for days waited) represents the number of days within which 50% of patients were admitted for the awaited procedure; half the waiting times will have been shorter, and half the waiting times longer, than the median.

The 90th percentile data represent the number of days within which 90% of patients were admitted. The 50th and 90th percentiles have been rounded to the nearest whole number of minutes.

The 50th percentile (median) and 90th percentile waiting times are calculated using an empirical distribution function with averaging. See Appendix 1 for more information.

Estimated coverage of elective surgery

The estimated proportion of elective surgical separations covered by the NESWTDC data is calculated as the number of elective admissions reported to the NESWTDC divided by the number of elective surgical separations (separations with an *Elective* urgency of admission and a surgical AR-DRG) reported to the National Hospital Morbidity Database (NHMD), as a percentage.

For 2010–11, as the corresponding hospital morbidity data were not available, this estimate was based on a comparison of the numbers of admissions and hospitals that were reported to the NESWTDC for 2009–10 and 2010–11, and the numbers of elective surgical separations reported to the NHMD for 2009–10.

For example:

- If the same hospitals were reported by a jurisdiction for the NESWTDC for both 2009–10 and 2010–11, then the jurisdiction's coverage was assumed to be the same for both years.
- If the hospitals reported by a jurisdiction changed between 2009–10 and 2010–11, then the jurisdiction's coverage was adjusted by increasing (or decreasing) the numerator counts (NESWTDC admissions for 2009–10), based on the number of elective surgical separations reported for the individual hospital(s) to the NHMD for 2009–10.
- If a hospital that was included in the NESWTDC for the first time in 2010–11 was not included in the NHMD for 2009–10, then an adjustment could not be made.

For 2010–11, there was one hospital in Victoria for which admitted patient data were not reported for 2009–10. Therefore the estimate of coverage for Victoria should be interpreted with caution.

Variation in reporting

Clinical urgency categorisation

Data in this report are not presented by clinical urgency category. The apparent lack of comparability of clinical urgency categories among jurisdictions may result in statistics that are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics.

In 2010–11, the proportion of patients admitted from elective surgery waiting lists who were assigned a clinical urgency category of *Category 1* was 26% for New South Wales and 43% for the Northern Territory. The proportion of patients admitted that were *Category 3* was 16% in Queensland and 43% in New South Wales (Table A2.1).

Table A2.1: Number of admissions[(a)] from waiting lists for elective surgery, by clinical urgency category, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Number admitted				
Category 1[(b)]	52,280	44,389	42,333	16,894	15,413	6,728	3,294	2,743	184,074
Category 2[(c)]	63,928	74,764	53,121	22,810	15,773	7,012	5,505	2,458	245,371
Category 3[(d)]	88,612	37,920	18,306	25,081	14,895	2,757	2,539	1,228	191,338
Total	**204,820**	**157,073**	**113,760**	**64,785**	**46,081**	**16,497**	**11,338**	**6,429**	**620,783**
					Per cent				
Category 1[(b)]	26	28	37	26	33	41	29	43	30
Category 2[(c)]	31	48	47	35	34	43	49	38	40
Category 3[(d)]	43	24	16	39	32	17	22	19	31
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

(b) Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.

(c) Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.

(d) Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

Apparent variation in recording elective surgery waiting times for staged procedures

Currently all states and territories provide elective surgery waiting times data to the AIHW based on the NMDS for Elective Surgery Waiting Times. The NMDS includes metadata which describes 'staged' patients as those "whose medical condition will not require or be amenable to surgery until some future date; for example, a patient who has had internal fixation of a fractured bone and who will require removal of the fixation device after a suitable time".

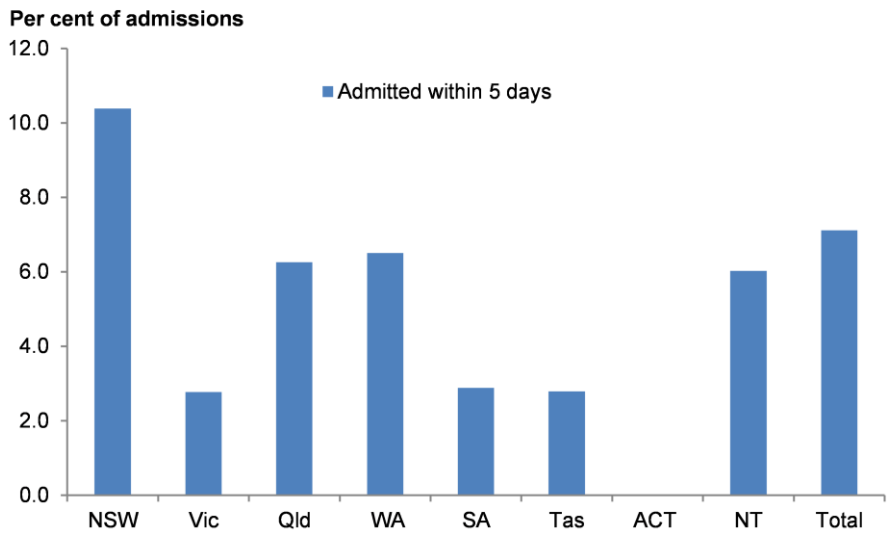
The AIHW has noted some apparently atypical recording practices for waiting times for elective surgery for staged patients in some public hospitals, mostly in New South Wales. For those hospitals, there was a relatively large number of records with a clinical urgency category of 3 and admitted within 5 days for 2010–11. Patients assigned a clinical urgency

category of 3 typically have longer waits than patients assigned clinical urgency categories of 1 (admission within 30 days desirable) or 2 (admission within 90 days desirable).

The apparent atypical reporting practices could reflect differing waiting list practices for patients awaiting staged procedures. For most staged patients, it appears that they are put on the waiting list (or reassigned to 'ready for care') when they are clinically ready for care, and they then wait for a date to be assigned for their surgery. However, for others, the data appear to reflect patients (once becoming clinically ready for care) only being put on the waiting list at the time that a date is assigned for their surgery.

There is variation in the national data on the lengths of time waited for urgency category 3 (the category expected for most follow-up procedures) consistent with varying reporting practices as described above (Figure A2.1).

Therefore, the data published at the hospital-level on the *MyHospitals* website, and at jurisdiction-level in this report (and earlier reports) may not be completely comparable between hospitals and/or between jurisdictions.



(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

Figure A2.1: Per cent of total removals[(a)] within 5 days of wait list date, clinical urgency category 3, by day(s) waited, states and territories, 2010–11

Atypical practices may be indicated if, for specific surgical specialties, indicator procedures or overall, more than 50 episodes were reported for urgency category 3, and more than 50% had been admitted within 5 days.

Analyses of waiting times by indicator procedure and surgical specialty (not published) showed that the waiting times for New South Wales urgency category 3 patients who were waiting for *Cystoscopy* (63% admitted within 5 days) and *Urology* (53% admitted within 5 days) were considered 'atypical' compared with waiting times for these patients in other jurisdictions. For all other states and territories, less than 13% of *Cystoscopy* urgency category 3 patients were admitted within 5 days. Atypical practices were not apparent for other indicator procedures and surgical specialties.

Table A2.2 presents the difference in the calculated median waiting times for *Cystoscopy* and all admissions when urgency category 3 patients were excluded (for 2010–11). It is expected that the exclusion of urgency category 3 patients would have the effect of decreasing the median waiting time for *Cystoscopy*, and overall. However, the median waiting time for *Cystoscopy* increased for New South Wales and for the Australian total. It decreased (or remained the same) for other states and territories when urgency category 3 patients were excluded.

Similarly, the overall median waiting time (for all admissions) increased for New South Wales and for the Australian total. It decreased (or remained the same) for other states and territories when urgency category 3 patients were excluded.

Table A2.2: Median waiting times for elective surgery, for *Cystoscopy* and all procedures, states and territories, 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cystoscopy									
All admissions[(a)]	23	23	28	27	35	28	73	83	25
Excludes Cystoscopy Category 3	32	22	26	23	35	28	57	60	27
All admissions									
All admissions[(a)]	47	36	29	29	38	38	76	33	36
Excludes Cystoscopy Category 3	48	36	28	29	38	38	74	33	37

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

Quality of Indigenous status data

The quality of Indigenous status information in these data has not been formally assessed. Therefore, the information presented for Indigenous status in Chapter 3 should be used with caution. The following information has been provided by the states and territories to provide some insight into the quality of Indigenous status data in the NESWTDC.

New South Wales

New South Wales Health advised that Indigenous status was collected for elective surgery waiting times data from 2010–11.

Victoria

The Victorian Department of Health reports that, despite data quality improvement in recent years, Indigenous status admitted patient data for 2010–11 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients. The quality of Indigenous status data in elective surgery data is improving but is less accurate than that of admitted patients in public hospitals.

Queensland

Queensland Health noted that comments on the quality of Indigenous data for elective surgery waiting times admitted patients for 2010–11 would not be available until the Admitted patient care data are finalised, to allow verification of the information reported for the waiting list. See Appendix 1 of *Australian hospital statistics 2009–10* (AIHW 2011a) for the most recent information on the quality of Indigenous status information.

Western Australia

The Western Australian Department of Health regards its Indigenous status data for elective surgery waiting times as being of good quality. Quality improvement activities, including cross-referencing between metropolitan and country hospitals, continue to enhance the accuracy of this data element.

South Australia

South Australia Health considers the quality of Indigenous status data to be better in admitted patient care than in elective surgery data collections.

The department contracted the Australian Bureau of Statistics to develop a training package for the collection of the Indigenous identifier aimed at frontline staff in hospitals and other health care units. The package is based on the best practice guidelines developed by the AIHW. Training sessions have been conducted in metropolitan and country locations throughout the state. This is expected to lead to improvements in data quality.

Tasmania

The Tasmanian Department of Health and Human Services reports that the quality and the level of Indigenous status identification, across public hospital information collections, is of a high standard. However, as with all data collections, there is constant and continued work on maintaining and improving, where needed, the collection of this data element.

Australian Capital Territory

The Australian Capital Territory Government Health Directorate is continuing to undertake a number of initiatives aligned with local and national developments to improve the quality of collection and reporting of Aboriginal and Torres Strait Islander data.

Northern Territory

The Northern Territory Department of Health reported that the quality of its 2010–11 Indigenous status data for elective surgery waiting times admitted patients is considered to be acceptable. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

Glossary

For further information on the terms used in this report, refer to the definitions in the *National health data dictionary version 14* (HDSC 2008). Each definition contains an identification number from the Metadata Online Registry (METeOR). METeOR is Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for health and community services-related topics, and specifications for related national minimum data sets (NMDSs), such as those that form the basis of this report. METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

Admitted patient	A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). METeOR id: 268957
Clinical urgency	A clinical assessment of the urgency with which a patient requires elective hospital care. METeOR id: 270008
Elective care	Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. METeOR id: 335036
Elective surgery	Elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services. METeOR id: 335048
Emergency department waiting time to service delivery	The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse. It is calculated by deducting the date and time the patient presents from the date and time of the service event. METeOR id: 390412
Emergency occasion of service	A non-admitted patient occasion of service reported to the National Public Hospital Establishments Database with a Type of non-admitted patient occasion of service type of Emergency services.
Hospital	A health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. METeOR id: 268971
Indicator procedure	A procedure which is of high volume, and is often associated with long waiting periods. Elective surgery waiting time statistics for indicator procedures give a specific indication of waiting time for these in particular areas of elective care provision. METeOR id: 334976

Indigenous status	A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below: An Aboriginal or Torres Strait Islander person is one of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives. METeOR id: 291036
Non-admitted patient	A patient who receives care from a recognised non-admitted patient service/clinic of a hospital. METeOR id: 268973
Patient presentation at emergency department	The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically, or triaged. METeOR id: 270393
Peer group	Groupings of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location.
Performance indicator	A statistic or other unit of information that reflects, directly or indirectly, the extent to which an expected outcome is achieved or the quality of processes leading to that outcome.
Presentation	A non-admitted patient emergency department service episode.
Private hospital	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities.
Public hospital	A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.
Public patient	Public patient includes patients treated at no charge in a public hospital (or provided with care by a private hospital on behalf of a public hospital)
Remoteness area	A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure (2006), based on the Accessibility/Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest urban centre.

Removal from waiting list	The reason a patient is removed from an elective surgery waiting list. The reason-for-removal categories are: • Admitted as an elective patient for awaited procedure in this hospital or another hospital • Admitted as an emergency patient for awaited procedure in this hospital or another hospital • Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment) • Treated elsewhere for awaited procedure, but not as a patient of this hospital's waiting list • Surgery not required or declined • Transferred to another hospital's waiting list • Not known. METeOR id: 269959
Surgical procedure	A procedure used to define surgical Australian Refined Diagnosis Related Groups' version 6.0 (DoHA 2006).
Surgical specialty	The area of clinical expertise held by the doctor who will perform the surgery of interest. METeOR id: 270146
Triage category	Used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients are triaged into one of five categories on the National Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner. METeOR id: 390392
Waiting time at admission	The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure. METeOR id: 269477

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List of tables

List of figures

List of boxes

Related publications

This report, Australian hospital statistics 2010–11: Emergency department care and elective surgery waiting times 2010–11, is part of an annual series. The earlier editions and any published subsequently can be downloaded for free from the AIHW website <www.aihw.gov.au/hospitals-publications/>. The website also includes information on ordering printed copies.

The following AIHW publications relating to hospitals, hospital service utilisation and hospital resources might also be of interest:

- AIHW 2011. Australian hospital statistics 2010–11: *Staphylococcus aureus* bacteraemia in Australian public hospitals. Health services series no. 42. Cat. No. HSE 116. Canberra: AIHW.
- AIHW 2011. Australian hospital statistics 2009–10. Health services series no. 40. Cat. no. HSE 107. Canberra: AIHW.
- AIHW 2011. Australia's hospitals 2009–10: at a glance. Health services series no. 39. Cat. no. HSE 106. Canberra: AIHW.
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