Australian Government
Australian Institute of Health and Welfare

Australian hospital statistics 2013–14

Elective surgery waiting times

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Authoritative information and statistics to promote better health and wellbeing

HEALTH SERVICES SERIES
Number 56

Australian hospital statistics 2013–14

Elective surgery waiting times

Australian Institute of Health and Welfare
Canberra

Cat. no. HSE 151

The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is *authoritative information and statistics to promote better health and wellbeing*.

This publication is part of the Australian Institute of Health and Welfare's Health services series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISSN 1036-613X
ISBN 978-1-74249-644-3

Suggested citation
Australian Institute of Health and Welfare 2014. Australian hospital statistics 2013–14: elective surgery waiting times. Health services series no. 56. Cat. no. HSE 151. Canberra: AIHW.

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Published by the Australian Institute of Health and Welfare

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Foreword

I am pleased to present this report on elective surgery waiting times for Australian public hospitals for the period July 2013 to June 2014.

As in previous reports, *Australian hospital statistics 2013–14: elective surgery waiting times* answers questions about the number of patients admitted from public hospital elective surgery waiting lists, the type of surgery they were waiting for, how long they waited and whether waiting times have changed over time.

This report also presents information on whether patients were admitted within the clinically recommended time, and the average time spent waiting past the clinically recommended time for patients still on the waiting lists. It also includes selected information about the safety and quality of the care provided.

This report is one of a series of products released by the Australian Institute of Health and Welfare (AIHW) to report on Australia's hospitals each year. A separate report on emergency department care is also to be published in October, with a report on hospital-associated *Staphylococcus aureus* bacteraemia cases scheduled for release in December. As in previous years, reports covering the data for admitted patients, non–admitted patients and hospital resources for 2013–14 will be published in early 2015.

The AIHW understands the importance of relevant, timely and high-quality statistics to inform discussion and decisions on policy and services. The AIHW continues to work with data providers and other stakeholders to enhance the consistency of state and territory statistics so that it can produce comprehensive national data of the highest standard.

The data published in this report matches the data to be provided by the AIHW to the Steering Committee for the Review of Government Service Provision for their *Report on government services*, due for publication in early 2015 and to incorporate performance indicators for the National Healthcare Agreement. The data will also match the data to be provided by the AIHW to the National Health Performance Authority for the *MyHospitals* website. In this way, the AIHW supports the principle of 'supply once, use often' so that national data are consistent wherever reported.

David Kalisch

Director

October 2014

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Acknowledgments

This report would not have been possible without the valued cooperation and efforts of the data providers: the state and territory health authorities and individual public hospitals. The AIHW thanks them for their timely supply of the data and for their assistance with data validation and preparing 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)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Department of Health)
- Bruce Cutting (Independent Hospital Pricing Authority)
- James Eynstone-Hinkins (Australian Bureau of Statistics)
- Tina Hardin (South Australian Department for Health and Ageing)
- Jerry Hearn (Australian Government Department of Health)
- Lynette Lee (clinical advisor)
- Peter Mansfield (Tasmanian Department of Health and Human Services)
- Rosangela Merlo (Victorian Department of Health)
- Julie Mitchell (Northern Territory Department of Health)
- Lisa Murphy (Australian Commission on Safety and Quality in Health Care)
- George Neale (Australian Private Hospitals Association)
- Julie Price (Department of Veterans' Affairs)
- Elisabeth Sallur (Western Australian Department of Health)
- Mohan Singh (Australian Capital Territory Health Directorate)
- Melanie Taylor (National Health Performance Authority)
- Paul Tridgell (Australian Healthcare and Hospitals Association)
- Allan Went (New South Wales Ministry of Health).

Within the AIHW, the report was prepared by Katrina Burgess, Liz Berryman, Jane McIntyre, Tony Mole and Nick Thompson, with expert advice provided by Jenny Hargreaves and George Bodilsen.

Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AR-DRG	Australian Refined Diagnosis Related Group
COAG	Council of Australian Governments
ESWT NMDS	Elective surgery waiting times (removals data) national minimum data set
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
METeOR	Metadata Online Registry
NESTD	National Elective Surgery Target Database
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
NHMD	National Hospital Morbidity Database
NHPF	National Health Performance Framework
NMDS	national minimum data set
NPA-IPHS	National Partnership Agreement on Improving Public Hospital Services
NSW	New South Wales
NT	Northern Territory
RACS	Royal Australasian College of Surgeons
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

. .	not applicable
n.a.	not available
n.p.	not published
<	less than

Summary

How much elective surgery was there in 2013–14?

In 2013–14, Australia's public hospitals admitted almost 700,000 patients from elective surgery waiting lists (as either elective or emergency admissions).

Almost 1 in 4 of these patients was admitted for *General surgery* (surgery on organs of the abdomen) and about 1 in 7 was admitted for *Orthopaedic surgery* (surgery on bones, joints, ligaments and tendons, including knee and hip replacements).

Between 2012–13 and 2013–14, national admissions for elective surgery increased by 4.2%. Admissions increased in most states and territories. They decreased in South Australia, Tasmania and the Northern Territory.

There were 30.0 admissions for elective surgery per 1,000 population in 2013–14. After adjusting for changes in the coverage of the collection, there was very little change in the number of admissions per 1,000 population between 2009–10 and 2013–14.

Between 2009–10 and 2013–14, admissions for *Cataract extraction* increased by an average of 5.5% each year and admissions for *Total knee replacement* increased by an average of 4.9% each year.

How long did people wait for surgery?

Between 2009–10 and 2013–14, the median waiting time was relatively stable.

In 2013–14, 50% of patients waited up to 36 days for public elective surgery. The median waiting time ranged from 28 days in Queensland to 49 days in New South Wales.

The surgical specialties with the longest median waiting times in 2013–14 were *Ear, nose and throat surgery*, *Ophthalmology*, and *Orthopaedic surgery* (70, 69, and 66 days, respectively). *Cardio-thoracic surgery* and *Vascular surgery* had the shortest median waiting times (18 days and 19 days, respectively).

Coronary artery bypass graft was the procedure with the shortest median waiting time (18 days). *Septoplasty* and *Total knee replacement* had the longest median waiting times (221 days and 194 days, respectively).

Between 2009–10 and 2012–13, the amount of time within which 90% of patients were admitted for the awaited procedure increased from 245 days to 265 days. It decreased between 2012–13 and 2013–14 from 265 days to 262 days.

Between 2009–10 and 2013–14, the proportion of patients who waited more than a year to be admitted for their surgery decreased from 3.4% to 2.4% (a 29% decrease in the proportion of patients who waited more than a year over the five year period).

In 2013–14, the median waiting time for Indigenous Australians (41 days) was higher than for other Australians (36 days).

The proportion of Indigenous Australians who waited more than a year for elective surgery was higher than for other Australians (2.8% and 2.3%, respectively).

1 Introduction

Australian hospital statistics 2013–14: elective surgery waiting times continues the series of summary annual reports produced by the Australian Institute of Health and Welfare (AIHW) that describe the characteristics and activity of Australia's hospitals including elective surgery waiting times (see *Related publications*). The *Australian hospital statistics* series 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 (an indicator of hospital safety and quality).

This report presents information on elective surgery waiting times for public hospitals for the period 1 July 2013 to 30 June 2014. It includes information on overall activity and nationally agreed waiting times performance indicators. It also includes comparative information for the previous four reporting periods.

Data for the same period for emergency department care will be released in *Australian hospital statistics 2013–14: emergency department care* in October 2014. A report on hospital associated *Staphylococcus aureus* bacteraemia cases—*Australian hospital statistics 2013–14:* Staphylococcus aureus *bacteraemia in Australian public hospitals*—is scheduled for release in December 2014.

Data based on the national minimum data sets (NMDSs) for Admitted patient care, Public hospital establishments and Non-admitted patient care will be provided by state and territory health authorities later in 2014. These data will be reported by the AIHW in early 2015.

Australian hospital statistics 2013–14 will present additional information about surgery in Australia's hospitals, sourced from the Admitted patient care NMDS. Information on all elective and emergency admissions involving surgery (including private hospitals), the age and sex of the patient as well as the remoteness area and the socioeconomic status of their area of usual residence will be included.

Data sources

National Elective Surgery Waiting Times Data Collection

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

The data supplied by state and territory health authorities were used by the AIHW to assemble the National Elective Surgery Waiting Times Data Collection (NESWTDC), covering waiting times and other characteristics of elective surgery in all public hospitals.

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, excluding specific procedures frequently done by non-surgical clinicians (AIHW 2012). **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.

Detailed information about the AIHW's NESWTDC is in the Data Quality Statement at Appendix A and accompanying this report online at <www.aihw.gov.au>.

Overall, the quality of the data in the NESWTDC is sufficient for them to be published in this report. However, the limitations of the data (as outlined in Box 1.1 and Appendix A) should be taken into consideration when they are interpreted.

Box 1.1: Data limitations

Data quality

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.

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 than those of reporting hospitals. Some smaller remote hospitals may have different patterns of service delivery than those of other hospitals because specialists providing elective surgery services visit these hospitals only periodically.

Caution should be used when interpreting the data presented in this report, as they have not been confirmed against the data on elective surgery in the National Hospital Morbidity Database (NHMD) because those data are not yet available. The NHMD includes information on patient characteristics and the procedures performed that can be used to check the data in the NESWTDC. These data will be reported in early 2015.

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

Data comparability among the states and territories

Statistics on public hospital elective surgery waiting times may be affected by variations in reporting practices across states and territories and over time, including in relation to clinical urgency categorisation (see Box 3.2). Where possible, these variations have been noted in the text. When comparing data between states and territories, or between reporting years, refer to the accompanying notes in the chapters and the appendixes.

Methods to calculate waiting times have varied across states and territories and over time. For example, in Victoria, Queensland, Western Australia, Tasmania and the Australian Capital Territory, 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 2013–14, 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 the effect of increasing the waiting times reported for overall removals for those jurisdictions relative to others. There were about 15,000 patients who were transferred to another hospital's waiting list in the other jurisdictions, or about 2% of the total (Table 2.5).

(continued)

Box 1.1 (continued): Data limitations

Coverage of the data collection

The coverage of the data collection has improved over the last five years, particularly for Western Australia and South Australia. The estimated coverage in 2013–14 was 93% nationally, and 97% or more in all states and territories except Victoria, where it was 77%.

For 2009–10, the data for Albury Base Hospital were included in statistics for Victoria. From 2010–11, the data for Albury Base Hospital have not been available.

For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11. These hospitals reported data for only 3 of the 4 quarterly periods in 2012–13.

Between 2010–11 and 2011–12, an additional 54 hospitals not previously included were reported. From 2011–12, Western Australia reported data for an additional 22 rural hospitals and South Australia reported data for an additional 32 hospitals.

In 2013–14, one hospital in Western Australia that provided data in 2012–13 did not perform elective surgery.

In 2012–13 and 2013–14, one and two small South Australian hospitals that provided data in 2011–12, respectively, did not perform elective surgery.

Between 2010–11 and 2011–12, the increase in the number of admissions for the Northern Territory was, in part, due to the inclusion of certain surgical procedures that had previously been incorrectly excluded from the NESWTDC by the Northern Territory.

See appendixes A and B for more information.

National Elective Surgery Target Database

The National Elective Surgery Target Database (NESTD) includes 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 that are set up to provide services for public patients (as public hospitals do), but are managed privately.

States and territories provided data to the NESTD as agreed between the Commonwealth and states and territories for the purposes of the National Partnership Agreement on Improving Public Hospital Services (NPA-IPHS) (COAG 2011a). The NESTD covered most 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 with other hospitals.

The NESTD data for 2013–14 were reported quarterly and are based on the NMDS for ESWT NMDS—Removals 2013—. The NESTD includes information on adverse events and readmissions that are not specified under the ESWT NMDS and are derived by the states and territories from the admitted patient care data.

The reference period for the 2013–14 NESTD is from 1 July 2013 to 30 June 2014.

What's in this report?

Chapter 2 presents information on patients admitted for elective surgery from public waiting lists. It includes information on the number of reporting hospitals and the number of patients

added to or removed from elective surgery waiting lists. It also includes selected safety and quality measures.

Chapter 3 presents information on how long patients waited for elective surgery in public hospitals, including the elective surgery performance indicator agreed for the National Healthcare Agreement (NHA) (COAG 2011b). It also presents information on the proportion of patients seen within the clinically recommended time.

The waiting times data presented in Chapter 3 are for patients who completed their wait and were admitted for elective surgery as either an elective or emergency admission, including the time series data presented for 2009–10 to 2013–14. In reports before 2011–12, this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with the data included in reports before 2011–12.

Appendix A presents data quality information for the NESWTDC and the NESTD. It includes additional information on apparent variations in the reporting of the data used in this report.

Appendix B presents technical notes for the methods used in this report.

Appendix C presents information on the public hospital peer groups.

Hospital performance indicator

'Performance measurement is essential to assessing the population's health and the success of health services and the health system more broadly, as well as highlighting where improvements need to be made' (AIHW 2014a).

In Australia, national public reporting of hospital performance is undertaken by a number of organisations under nationally agreed arrangements (AIHW 2014b).

Performance indicators are defined as statistics or other units of information that, directly or indirectly, reflect either the extent to which an expected outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

This report presents data on the following nationally agreed waiting times performance indicator:

- NHA performance indicator 20a: Waiting times for elective surgery—waiting time in days.
  - This performance indicator can be related to National Health Performance Framework (NHPF) dimension 'Accessibility' within the domain 'Health System Performance'. Under the NHA, it relates to the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital-related care*.
  - Data presented are the median and 90th percentile waiting times by indicator procedure and overall, nationally and by state/territory, hospital peer group and Indigenous status.

Public hospital peer groups

This report presents data using two different public hospital peer group classifications.

The public hospital peer group classification used in *Australian hospital statistics* publications between 1998–99 and 2011–12 is used to present information for the NHA performance indicator 20a: Waiting times for elective surgery (tables 3.5 and S3.1—accompanying this

report online), where data are presented by hospital peer group. This previous AIHW peer group classification is used for this performance indicator to align the data presented in this report with that proposed to be reported by the Steering Committee for the Review of Government Service Provision in relation to the NHA performance indicator in the *Report on government services 2015*.

All other data presented by peer group (for example, in tables 2.1, 3.1 and S3.5), are presented using the AIHW's revised peer group classification. See Appendix C for more information.

Additional data online

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 PDF) are downloadable as Excel spreadsheets.

Interactive data

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

- reason for removal from waiting lists (2002–03 to 2013–14)
- surgical specialties (2001–02 to 2013–14)
- indicator procedures (2001–02 to 2013–14).

Updates

Australian hospital statistics 2013–14, to be published in early 2015, will include additional information obtained by linking the elective surgery waiting times data with the admitted patient care data from the NHMD.

Online tables and interactive data are also updated as necessary, in the event of errors being found in the report after publication or if data are resupplied by jurisdictions after release of the publication.

2 Elective surgery activity

This chapter presents information for the almost 700,000 patients admitted (as either an elective or emergency admission) from public acute hospital elective surgery waiting lists in 2013–14, as well as comparable information for the four previous periods.

In this report, the term admission has been used for records with a reason for removal of either *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency patient for the awaited procedure by or on behalf of this hospital or state/territory*.

In reports before 2011–12, this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with those presented in *Australian hospital statistics* reports before 2011–12.

This chapter includes estimates of the coverage of the NESWTDC data, that is, the proportion of public hospital elective surgery separations that are covered by the NESWTDC data. The coverage is calculated as the number of separations reported to the National Hospital Morbidity Database (NHMD, under the Admitted patient care NMDS) with an urgency of admission reported as *Elective* and a surgical procedure for public hospitals reporting to the NESWTDC, as a proportion of those separations for all public hospitals for the reference period. For 2013–14, this is a preliminary estimate based on 2012–13 NHMD data, as 2013–14 NHMD data are not yet available (see Appendix B for more information).

This chapter also includes information on the number of patients added to or removed from public hospital elective surgery waiting lists in 2013–14 and selected information on the safety and quality of the care provided.

Information on waiting times to admission for elective surgery is presented in Chapter 3.

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 NHMD. Those data will be presented in *Australian hospital statistics 2013–14* (to be published in early 2015).

How have admissions changed over time?

Between 2009–10 and 2013–14, the number of admissions for elective surgery from waiting lists increased by an average of 3.4% each year, and by 4.2% between 2012–13 and 2013–14 (Table 2.1). Admissions per 1,000 population increased by an average of 1.7% per year, from 28.0 per 1,000 in 2009–10, to 30.0 per 1,000 in 2013–14, roughly in line with the average increase in coverage due to additional reporting hospitals of 1.5% per year.

In 2013–14, about 40% of admissions from elective surgery waiting lists were to *Principal referral and Women's and children's hospitals*.

Table 2.1: Admissions from waiting lists for elective surgery, by public hospital peer group[a], 2009–10 to 2013–14[b]

						Change (%)	
	2009–10	2010–11	2011–12[c]	2012–13[c]	2013–14	Average since 2009–10[d]	Since 2012–13[d]
Principal referral and Women's and children's hospitals							
Number of hospitals[e]	41	41	39	41	41		
Estimated proportion (%)[f]	100	100	98	100	100	0.0	0.0
Number of admissions	263,101	269,003	266,416	268,191	277,675	1.4	3.5
Public acute group A hospitals							
Number of hospitals[e]	59	58	57	58	58		
Estimated proportion (%)[f]	97	96	94	96	96	–0.2	0.2
Number of admissions	218,610	221,455	220,508	226,305	237,944	2.1	5.1
Public acute group B hospitals							
Number of hospitals[e]	35	35	42	43	43		
Estimated proportion (%)[f]	81	82	96	97	97	4.7	0.2
Number of admissions	78,176	80,416	96,132	99,013	104,352	7.5	5.4
Total[g]							
Number of hospitals[e]	**193**	**193**	**244**	**246**	**244**		
Estimated proportion (%)[f]	**88**	**89**	**91**	**93**	**93**	**1.5**	**0.3**
Number of admissions	**612,439**	**627,184**	**659,710**	**671,033**	**699,023**	**3.4**	**4.2**
Admissions per 1,000 population[h]	**28.0**	**28.3**	**29.3**	**29.3**	**30.0**	**1.7**	**2.3**

(a) This table presents data using the AIHW's revised peer group classification. See Appendix C.

(b) Changes in reporting should be taken into consideration when interpreting changes over time. See Box 1.1 for information on changes in reporting for Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

(c) Data for New South Wales for 2011–12 and 2012–13 have been resupplied to align with data provided for 2013–14 in terms of the mapping of local data elements to national data elements for certain procedures. Due to slight differences in data mapping used in previous years, data needed to be resupplied to ensure consistency across the entire time series. For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11. These hospitals also only reported data for 3 of the 4 quarterly periods in 2012–13.

(d) Not adjusted for coverage change.

(e) Number of hospitals included in the NESWTDC.

(f) For 2013–14, this is a preliminary estimate based on 2012–13 data. For more information, see Appendix B.

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

(h) Crude rate based on the estimated resident population as at 31 December for that year.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

States and territories

Between 2009–10 and 2013–14, the numbers of admissions from elective surgery waiting lists increased in all states and territories except Tasmania (Table 2.2). This included substantial increases in admissions reported in Western Australia and South Australia between 2010–11 and 2011–12, coinciding with a large number of additional hospitals reporting.

Between 2012–13 and 2013–14, admissions for elective surgery increased in most states and territories; they increased by 11.0% for Victoria and decreased for South Australia, Tasmania and the Northern Territory.

In 2013–14, the number of admissions per 1,000 population varied among states and territories, ranging from 27.2 per 1,000 in Queensland to 37.5 per 1,000 in South Australia. Differences in these rates should be interpreted taking into account the differences in

coverage; coverage was not complete for Victoria, Queensland and South Australia (77%, 98% and 97%, respectively).

Table 2.2: Admissions from waiting lists for elective surgery, states and territories, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10[a]	Since 2012–13[a]
New South Wales[b]							
Number of hospitals	96	96	96	96	96		
Number of admissions	199,912	206,266	209,452	213,799	216,675	2.0	1.3
Estimated proportion (%)[c]	100	100	100	100	100	0.0	0.0
Admissions per 1,000 population[d]	28.2	28.7	28.8	29.1	29.0	0.8	–0.2
Victoria[e]							
Number of hospitals	32	32	32	32	32		
Number of admissions	156,598	157,572	154,079	153,415	170,314	2.1	11.0
Estimated proportion (%)[c]	76	78	77	77	77	0.2	0.1
Admissions per 1,000 population[d]	28.9	28.7	27.6	27.0	29.4	0.4	8.9
Queensland[e]							
Number of hospitals	32	32	29	33	33		
Number of admissions	116,863	117,277	114,328	119,767	127,494	2.2	6.5
Estimated proportion (%)[c]	98	98	89	98	98	0.0	–0.1
Admissions per 1,000 population[d]	26.8	26.4	25.3	26.0	27.2	0.4	4.6
Western Australia[e]							
Number of hospitals	14	14	36	35	34		
Number of admissions	61,634	65,142	82,248	84,981	86,882	9.0	2.2
Estimated proportion (%)[c]	81	82	100	100	100	5.5	0.0
Admissions per 1,000 population[d]	27.2	28.1	34.4	34.3	34.1	5.8	–0.6
South Australia[e]							
Number of hospitals	8	8	40	39	38		
Number of admissions	44,557	46,433	65,186	64,136	62,968	9.0	–1.8
Estimated proportion (%)[c]	70	71	97	97	97	8.4	0.0
Admissions per 1,000 population[d]	27.5	28.4	39.6	38.6	37.5	8.1	–2.7
Tasmania							
Number of hospitals	4	4	4	4	4		
Number of admissions	16,756	16,624	15,802	15,487	15,315	–2.2	–1.1
Estimated proportion (%)[c]	100	100	100	100	100	0.0	0.0
Admissions per 1,000 population[d]	33.1	32.6	30.9	30.2	29.8	–2.6	–1.4

(continued)

Table 2.2 (continued): Admissions from waiting lists for elective surgery, states and territories, 2009–10 to 2013–14

						Change (%)	
	2009–10	2010–11	2011–12	2012–13	2013–14	Average since 2009–10[a]	Since 2012–13[a]
Australian Capital Territory							
Number of hospitals	2	2	2	2	2		
Number of admissions	9,830	11,389	11,362	11,640	11,781	4.6	1.2
Estimated proportion (%)[c]	100	100	100	100	100	0.0	0.0
Admissions per 1,000 population[d]	27.5	31.2	30.6	30.8	30.7	2.8	–0.4
Northern Territory[e]							
Number of hospitals	5	5	5	5	5		
Number of admissions	6,289	6,481	7,253	7,808	7,594	4.8	–2.7
Estimated proportion (%)[c]	100	100	100	100	100	0.0	0.0
Admissions per 1,000 population[d]	27.6	28.1	31.2	32.7	31.3	3.2	–4.4

(a) Not adjusted for coverage change.

(b) Data for New South Wales for 2011–12 to 2012–13 have been resupplied to align with data provided for 2013–14 in terms of the mapping of local data elements to national data elements for certain procedures. Due to slight differences in data mapping used in previous years, data needed to be resupplied to ensure consistency across the entire time series.

(c) For 2013–14, this is a preliminary estimate based on 2012–13 data.

(d) Crude rate based on the estimated resident population as at 31 December for that year.

(e) Changes in reporting should be taken into consideration when interpreting changes over time. See Box 1.1 for information on changes in reporting for Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Indicator procedures

Indicator procedures are procedures that are of high volume and are often associated with long waits. Waiting list statistics for indicator procedures can provide an indication of performance in particular areas of elective surgery provision.

Overall, about one-third of patients admitted for elective surgery had been waiting for 1 of the 15 indicator procedures. Information on *Other procedures* is included at Appendix A.

Between 2009–10 and 2013–14, *Cataract extraction* was the most commonly reported indicator procedure; admissions for this procedure increased by an average of 5.5% each year (Table 2.3). *Cystoscopy* was the next most common indicator procedure and admissions for this procedure increased by an average of 4.3% each year between 2009–10 and 2013–14.

Between 2009–10 and 2013–14, the largest average annual increases in the number of admissions from waiting lists were for *Haemorrhoidectomy* and *Cataract extraction,* increasing by an average of 8.4% and 5.5% each year, respectively. Admissions for *Prostatectomy* and *Myringotomy* decreased by an average of 2.0% and 1.5%, respectively.

Changes in numbers of admissions should be interpreted taking into account the changes in coverage of the data collection over time.

Table 2.3: Admissions from waiting lists for elective surgery, by indicator procedure, 2009–10 to 2013–14[(a)]

Indicator procedure	2009–10	2010–11	2011–12[(b)]	2012–13[(b)]	2013–14	Change (%)	
						Average since 2009–10[(c)]	Since 2012–13[(c)]
Cataract extraction	52,119	53,606	59,847	62,933	64,481	5.5	2.5
Cholecystectomy	18,447	18,621	18,967	18,915	19,316	1.2	2.1
Coronary artery bypass graft	4,252	4,139	3,927	3,858	4,084	–1.0	5.9
Cystoscopy	40,055	42,134	45,323	45,952	47,464	4.3	3.3
Haemorrhoidectomy	3,430	3,660	4,318	4,304	4,729	8.4	9.9
Hysterectomy	9,892	9,967	10,431	9,670	10,021	0.3	3.6
Inguinal herniorrhaphy	14,845	14,881	15,612	15,912	16,229	2.3	2.0
Myringoplasty	1,882	1,719	1,857	1,842	1,933	0.7	4.9
Myringotomy	6,073	6,362	5,821	5,712	5,725	–1.5	0.2
Prostatectomy	8,454	8,248	7,937	7,535	7,790	–2.0	3.4
Septoplasty	4,508	4,482	4,551	4,539	4,926	2.2	8.5
Tonsillectomy	16,847	17,375	16,776	17,656	18,337	2.1	3.9
Total hip replacement	8,654	8,680	9,166	9,395	10,073	3.9	7.2
Total knee replacement	12,554	12,994	13,766	14,252	15,219	4.9	6.8
Varicose veins stripping and ligation	4,423	4,257	4,307	4,234	4,221	–1.2	–0.3
Other procedures	406,004	416,059	437,104	444,324	464,475	3.4	4.5
Total	**612,439**	**627,184**	**659,710**	**671,033**	**699,023**	**3.4**	**4.2**

(a) Changes in reporting should be taken into consideration when interpreting changes over time. See Box 1.1 for information on changes in reporting for Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

(b) Data for New South Wales for 2011–12 to 2012–13 have been resupplied to align with data provided for 2013–14 in terms of the mapping of local data elements to national data elements for certain procedures. Due to slight differences in data mapping used in previous years, data needed to be resupplied to ensure consistency across the entire time series.

(c) Not adjusted for coverage changes

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Surgical specialties

In 2013–14, almost 1 in 4 patients was admitted for *General surgery* and about 1 in 7 was admitted for *Orthopaedic surgery* (Table 2.4).

Between 2009–10 and 2013–14, *Urology* (which includes the majority of *Cystoscopy* procedures) and *Ophthalmology* (which includes the indicator procedure *Cataract extraction*) had the largest increases in the number of admissions from waiting lists, with average increases of 5.6% and 4.7% per year, respectively.

Between 2012–13 and 2013–14, there was an 8.0% increase in admissions from waiting lists for *Neurosurgery*.

Changes in numbers of admissions should be interpreted taking into account the changes in coverage of the data collection over time.

Table 2.4: Admissions from waiting lists for elective surgery, by surgical specialty, 2009–10 to 2013–14[a]

Surgical specialty	2009–10	2010–11	2011–12[b]	2012–13[b]	2013–14	Change (%)	
						Average since 2009–10[c]	Since 2012–13[c]
Cardio-thoracic surgery	12,441	12,508	12,111	12,242	12,609	0.3	3.0
Ear, nose and throat surgery	53,305	54,378	54,770	55,995	58,477	2.3	4.4
General surgery	144,206	148,058	156,068	157,042	162,507	3.0	3.5
Gynaecology	78,135	80,077	84,726	82,981	86,824	2.7	4.6
Neurosurgery	10,550	10,810	10,680	11,007	11,887	3.0	8.0
Ophthalmology	70,902	73,355	80,291	83,232	85,165	4.7	2.3
Orthopaedic surgery	92,970	94,674	99,930	100,826	105,111	3.1	4.2
Plastic surgery	44,356	45,435	45,564	47,002	49,411	2.7	5.1
Urology	71,928	73,983	79,540	83,736	89,295	5.6	6.6
Vascular surgery	14,377	14,677	14,967	15,332	16,068	2.8	4.8
Other	19,269	19,229	21,063	21,638	21669	3.0	0.1
Total	**612,439**	**627,184**	**659,710**	**671,033**	**699,023**	**3.4**	**4.2**

(a) Changes in reporting should be taken into consideration when interpreting changes over time. See Box 1.1 for information on changes in reporting for Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

(b) Data for New South Wales for 2011–12 and 2012–13 have been resupplied to align with data provided for 2013–14 in terms of the mapping of local data elements to national data elements for certain procedures. Due to slight differences in data mapping used in previous years, data needed to be resupplied to ensure consistency across the entire time series.

(c) Not adjusted for coverage changes

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

How much activity was there in 2013–14?

In 2013–14, there were more than 794,000 additions to elective surgery waiting lists and almost 814,000 removals from elective surgery waiting lists (Table 2.5). Most patients were admitted after waiting; however, some were removed from waiting lists for other reasons.

Emergency admissions accounted for 0.6% of admissions from public hospital elective surgery waiting lists, ranging from about 0.3% in Victoria to 0.8% in Tasmania.

About 14% of all patients removed from waiting lists were removed for reasons other than admission for the awaited procedure.

Almost 22,000 patients were removed from the waiting list because they were *Treated elsewhere* and more than 65,000 for *Surgery not required or declined*. More than 15,000 patients were *Transferred to another hospital's waiting list* and these patients could appear as more than one addition and/or more than one removal during the year. There was some variation in the proportion of patients removed from the waiting list due to being transferred to another waiting list, ranging from less than 0.4% in Tasmania to 4.6% in Queensland. New South Wales and the Northern Territory did not report the number of patients who were *Transferred to another hospital's waiting list*.

For information on time to removal from waiting list by reason for removal, see Table S3.6, accompanying this report online.

Table 2.5: Additions to and removals from waiting lists for elective surgery, by reason for removal, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Additions	**246,461**	**187,038**	**145,260**	**102,141**	**71,416**	**18,849**	**13,848**	**9,388**	**794,401**
Removals									
Total admissions	*216,675*	*170,314*	*127,494*	*86,882*	*62,968*	*15,315*	*11,781*	*7,594*	*699,023*
Elective admission	215,051	169,772	126,810	86,340	62,637	15,198	11,736	7,555	695,099
Emergency admission[(a)]	1,624	542	684	542	331	117	45	39	3,924
Other reasons for removal									
Not contactable/died[(a)]	2,101	2,409	985	959	661	488	139	126	7,868
Treated elsewhere	11,043	3,903	2,363	2,496	1,173	459	397	110	21,944
Surgery not required or declined	19,017	17,515	14,121	7,352	3,867	927	1,094	1,136	65,029
Transferred to another hospital's waiting list[(a)]	n.a.	2,430	6,978	4,761	674	77	257	n.a.	15,177
Not reported	0	254	111	2,236	1,346	480	168	0	4,595
Total removals	**248,836**	**196,825**	**152,052**	**104,686**	**70,689**	**17,746**	**13,836**	**8,966**	**813,636**

(a) There is some variation in practices and in the reporting of the categories *Emergency admission*, *Not contactable/died* and *Transferred to another hospital's waiting list*. New South Wales and the Northern Territory did not report the number of patients who were *Transferred to another hospital's waiting list*.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

What was the safety and quality of the care?

This section presents information on some aspects of safety and quality of public hospital elective surgery. It includes information for:

- adverse events reported for public hospital elective surgery admissions
- unplanned readmissions following public hospital elective surgery.

Box 2.1: Limitations of the data for adverse events and unplanned readmissions following surgery

Information on adverse events and unplanned readmissions was calculated and provided (on a quarterly basis) by the states and territories. The AIHW is therefore unable to assess the quality of the data.

Adverse events

Hospital separations data include information on diagnoses, places of occurrence and external causes of injury and poisoning that can indicate that an adverse event was treated and/or occurred during the hospitalisation. However, other diagnosis codes may also suggest that an adverse event has occurred, and some adverse events are not identifiable using these codes.

(continued)

Box 2.1 (continued): Limitations of the data for adverse events and unplanned readmissions following surgery

The data in Table 2.6 can be interpreted as representing selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals. Some of the adverse events included in these tables may represent events that occurred before admission. For information on the specification used for adverse events, see Appendix B.

Diagnosis information that can indicate that adverse events occurred is available only at a time following the end of the episode of care. Therefore, information on adverse events may be incomplete at the end of the reporting period during which the surgery was undertaken. For that reason, data are presented here for the year ending 31 March 2014, rather than the year ending 30 June 2014.

It should be noted that the use of the NESWTDC data for purposes such as reporting adverse events has not been validated for accuracy in Australia. The results should therefore be treated with caution.

Readmissions

Data on readmissions within 28 days following elective surgery are also incomplete at the end of the reporting period during which the surgery occurred, as the readmission may occur during the following period. For that reason, data presented for readmissions are also for the year ending 31 March 2014, rather than the year ending 30 June 2014. In addition, the numbers of readmissions following surgery may not be final for patients who were readmitted and not separated by 30 June.

It should be noted that the use of the NESWTDC data for purposes such as reporting readmissions has not been validated for accuracy in Australia. The results should therefore be treated with caution.

For information on the specification used for unplanned readmissions following elective surgery, see Appendix B.

Adverse events reported for elective surgery admissions

Adverse events are generally defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some of these adverse events may be preventable.

Table 2.6 presents information on the proportion of separations for patients admitted from elective surgery waiting lists where an adverse event was reported, for patients admitted to hospitals from elective surgery waiting lists between 1 April 2013 and 31 March 2014. Data for the April to June quarter 2014 were not available at the time this report was published.

Between 1 April 2013 and 31 March 2014, adverse events were reported for 6.5% of patients admitted from public hospital elective surgery waiting lists. This was the same as the rate of adverse events (6.5%) reported for elective surgery for the period 1 October 2012 to 30 September 2013 in *Australian hospital statistics 2012–13* (AIHW 2014b).

Table 2.6: Adverse events reported for admissions from public hospital elective surgery waiting lists, states and territories, April 2013 to March 2014

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Admissions[(a)]	211,495	156,972	110,758	84,818	63,530	16,013	11,340	7,099	662,025
Admissions with adverse events	10,791	13,306	8,020	4,714	4,081	1,265	799	384	43,360
Proportion with an adverse event (%)	5.1	8.5	7.2	5.6	6.4	7.9	7.0	5.4	6.5

(a) *Admissions* represents the number of records for which an adverse event flag was reported as either 1 (adverse event recorded) or 2 (no adverse event reported). It does not include records for which the adverse event flag was not assigned.

Note: See boxes 1.1 and 2.1 for notes on definitions and data limitations.

Unplanned readmissions following admission from elective surgery waiting list

Unplanned readmissions following admissions from elective surgery waiting lists are defined as separations where the principal diagnosis indicated an unplanned or unexpected readmission and where admission occurred within 28 days of the episode in which the surgery occurred. The 28 day readmission period was calculated from the patient's date of separation (for the initial episode that included the surgery) to the patient's date of admission for subsequent hospital treatment.

Table 2.7 presents information on unplanned readmissions within 28 days to the same hospital, for patients admitted to hospitals from elective surgery waiting lists between 1 April 2013 and 31 March 2014.

Data for the April to June quarter 2014 were not available when this report was published.

The indicator is likely to underestimate all possible unplanned readmissions because:

- it was only calculated for readmissions to the same hospital, whereas readmissions can take place to other hospitals and even across state and territory borders
- the unplanned readmissions are limited to those having a principal diagnosis of a post-operative adverse event for which a specified ICD-10-AM diagnosis code has been assigned. This does not include all possible unplanned readmissions
- the indicator includes only unplanned readmissions where the urgency of admission was *Emergency*, whereas some readmissions can be on an elective (non-emergency) basis.

Between 1 April 2013 and 31 March 2014, approximately 1.2% of patients who were admitted from a public hospital elective surgery waiting list had an unplanned readmission to hospital within 28 days following an admission from an elective surgery waiting list. This was similar to the rate of unplanned readmissions reported for the period 1 October 2012 to 30 September 2013 (AIHW 2014b).

Table 2.7: Unplanned readmissions reported as following admissions from elective surgery waiting lists, states and territories, April 2013 to March 2014

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total[(a)]
Admissions[(b)]	211,495	156,972	110,757	84,818	63,530	16,013	11,340	7,099	662,024
Readmissions within 28 days	2,281	1,697	1,796	932	752	n.a.	161	146	7,765
Proportion with a readmission (%)	1.1	1.1	1.6	1.1	1.2	n.a.	1.4	2.1	1.2

(a) The national *Proportion with a readmission* excludes data for Tasmania.

(b) *Admissions* represents the number of records for which a readmission flag was reported as either 1 (readmission reported) or 2 (no readmission reported). It does not include records for which the readmission flag was not assigned.

Note: See boxes 1.1 and 2.1 for notes on definitions and data limitations.

3 Waiting times for elective surgery

This chapter presents information about the length of time waited by patients on public hospital elective surgery waiting lists before being admitted for surgery. The waiting times data presented are for patients who complete their wait and are admitted for surgery as either an elective or emergency admission, as well as comparable information for the four previous periods.

In reports before 2011–12, this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with those presented in *Australian hospital statistics* reports before 2011–12.

This chapter includes information on elective surgery waiting times by:

- state and territory
- Indigenous status
- indicator procedure
- surgical specialty
- urgency category.

The number of days a patient waits for elective surgery is calculated by states and territories as the number of calendar days between the date the patient was placed on the waiting list and the date that the patient was removed (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 (Box 3.2) 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 (from the time of referral by the patient's general practitioner [GP]), because this information is not available. The AIHW is currently working with stakeholders, including the Royal Australasian College of Surgeons (RACS), the Royal Australian College of General Practitioners (RACGP) and the Consumers Health Forum of Australia, to develop a consistent and nationally agreed approach to measuring access time for elective surgery from the time of referral by the patient's GP. The aim is that nationally consistent data will become available on the time spent between GP referral and the initial specialist appointment.

Information is presented in this chapter on the number of patients admitted and the number of days waited at the 50th percentile (median) and 90th percentile, and the proportion of patients who waited more than 365 days. 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.

For tables presenting data by urgency category, the information also includes the number and proportion of patients who were admitted within the clinically recommended time, and the average overdue wait time for patients remaining on the waiting list who had waited more than the clinically recommended time.

It should be noted that there are considerable differences among states and territories in the proportion of patients assigned to different clinical urgency categories (see Box 3.2).

How did waiting times vary over time?

Overall, the median waiting time (days waited at the 50th percentile) for elective surgery was fairly stable between 2009–10 and 2013–14 (Table 3.1). Over this period, the median waiting times for *Public acute group B hospitals* decreased from 47 days to 43 days; they increased for *Principal referral and Women's and children's hospitals* (from 28 days to 30 days) and for *Public acute group A hospitals* (from 39 to 42 days).

Between 2009–10 and 2012–13, the amount of time within which 90% of patients were admitted for the awaited procedure increased from 245 days to 265 days. However, between 2012–13 and 2013–14, the amount of time within which 90% of patients were admitted decreased to 262 days.

Between 2009–10 and 2013–14, the proportion of patients who waited more than 365 days to be admitted decreased from 3.4% to 2.4% (a 29% decrease in the proportion of patients who waited over a year over the five year period).

Table 3.1: Waiting time statistics for admissions from waiting lists for elective surgery, by public hospital peer group[(a)], 2009–10 to 2013–14[(b)]

	2009–10	2010–11	2011–12[(c)]	2012–13[(c)]	2013–14
Principal referral and Women's and children's hospitals					
Number of admissions	263,101	269,003	266,416	268,191	277,675
Days waited at 50th percentile	28	29	30	29	30
Days waited at 90th percentile	198	198	209	221	221
Per cent waited more than 365 days	3.0	2.8	2.9	3.1	2.9
Public acute group A hospitals					
Number of admissions	218,610	221,455	220,508	226,305	237,944
Days waited at 50th percentile	39	40	40	41	42
Days waited at 90th percentile	273	285	292	306	297
Per cent waited more than 365 days	4.2	3.3	3.2	3.4	2.8
Public acute group B hospitals					
Number of admissions	78,176	80,416	96,132	99,013	104,352
Days waited at 50th percentile	47	49	47	45	43
Days waited at 90th percentile	294	290	264	275	276
Per cent waited more than 365 days	3.4	2.4	2.1	1.6	1.2
Total[(d)]					
Number of admissions	**612,439**	**627,184**	**659,710**	**671,033**	**699,023**
Days waited at 50th percentile	**35**	**36**	**36**	**36**	**36**
Days waited at 90th percentile	**245**	**250**	**250**	**265**	**262**
Per cent waited more than 365 days	**3.4**	**2.8**	**2.7**	**2.7**	**2.4**

(a) This table presents data using the AIHW's revised peer group classification. See Appendix C.

(b) Changes in reporting should be taken into consideration when interpreting changes over time. See Box 1.1 for information on changes in reporting for Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

(c) Data for New South Wales for 2011–12 and 2012–13 have been resupplied to align with data provided for 2013–14 in terms of the mapping of local data elements to national data elements for certain procedures. Due to slight differences in data mapping used in previous years, data needed to be resupplied to ensure consistency across the entire time series.

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

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

States and territories

In 2013–14, the median waiting time ranged from 28 days in Queensland to 49 days in New South Wales.

For the Australian Capital Territory, the median waiting time decreased from 73 days in 2009–10 to 48 days in 2013–14. Over the same period, the median waiting time for Tasmania increased from 36 days to 45 days.

In 2013–14, the proportion of patients waiting more than 365 days ranged from 0.7% in Western Australia to 11.5% in Tasmania.

Between 2009–10 and 2013–14, the proportion of patients waiting more than 365 days generally decreased except in Victoria, Queensland and Tasmania (Table 3.2).

Table 3.2: Waiting time statistics for admissions from waiting lists for elective surgery, states and territories, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14
New South Wales[(a)]					
Days waited at 50th percentile	44	47	49	49	49
Days waited at 90th percentile	329	332	335	335	329
Per cent waited more than 365 days	4.9	3.6	3.4	2.8	1.8
Victoria[(b)]					
Days waited at 50th percentile	35	36	36	36	35
Days waited at 90th percentile	196	181	189	223	222
Per cent waited more than 365 days	2.8	2.5	2.4	3.3	3.2
Queensland[(b)]					
Days waited at 50th percentile	27	28	27	27	28
Days waited at 90th percentile	147	146	147	163	186
Per cent waited more than 365 days	2.4	1.3	2.0	2.5	2.8
Western Australia[(b)]					
Days waited at 50th percentile	32	29	30	30	29
Days waited at 90th percentile	160	159	159	159	142
Per cent waited more than 365 days	1.5	1.6	1.7	1.5	0.7
South Australia[(b)]					
Days waited at 50th percentile	36	38	34	34	35
Days waited at 90th percentile	188	207	191	182	180
Per cent waited more than 365 days	1.1	2.0	1.5	1.0	0.8
Tasmania					
Days waited at 50th percentile	36	38	38	41	45
Days waited at 90th percentile	332	359	348	406	401
Per cent waited more than 365 days	8.7	9.6	9.4	11.5	11.5
Australian Capital Territory					
Days waited at 50th percentile	73	76	63	51	48
Days waited at 90th percentile	356	377	296	277	270
Per cent waited more than 365 days	9.5	10.8	6.2	4.1	4.7
Northern Territory[(b)]					
Days waited at 50th percentile	44	33	39	40	36
Days waited at 90th percentile	269	223	219	196	183
Per cent waited more than 365 days	5.8	3.9	3.5	3.3	2.8
Total					
Days waited at 50th percentile	**35**	**36**	**36**	**36**	**36**
Days waited at 90th percentile	**245**	**250**	**250**	**265**	**262**
Per cent waited more than 365 days	**3.4**	**2.8**	**2.7**	**2.7**	**2.4**

(a) Data for New South Wales for 2011–12 and 2012–13 have been resupplied to align with data provided for 2013–14 in terms of the mapping of local data elements to national data elements for certain procedures. Due to slight differences in data mapping used in previous years, data needed to be resupplied to ensure consistency across the entire time series.

(b) Changes in reporting should be taken into consideration when interpreting changes over time. See Box 1.1 for information on changes in reporting for Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Indicator procedures

Between 2009–10 and 2013–14, *Coronary artery bypass graft* was consistently the indicator procedure with the lowest median waiting time; it increased from 14 days in 2009–10 to 18 days in 2013–14 (Table 3.3).

Over this period, the median waiting time increased for 8 of the 15 indicator procedures, with the largest increase (from 144 to 221 days) being for *Septoplasty*.

Between 2009–10 and 2013–14, the length of time waited by 90% of patients admitted for *Total knee replacement* decreased from 414 days to 365 days.

Table 3.3: Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, 2009–10 to 2013–14[(a)]

	2009–10	2010–11	2011–12[(b)]	2012–13[(b)]	2013–14
Cataract extraction					
Days waited at 50th percentile	86	90	89	89	79
Days waited at 90th percentile	336	343	345	339	333
Per cent waited more than 365 days	4.3	4.1	4.0	3.1	2.4
Cholecystectomy					
Days waited at 50th percentile	50	52	51	50	46
Days waited at 90th percentile	184	170	176	181	148
Per cent waited more than 365 days	2.2	1.7	2.0	1.7	0.7
Coronary artery bypass graft					
Days waited at 50th percentile	14	14	16	16	18
Days waited at 90th percentile	77	71	76	77	82
Per cent waited more than 365 days	0.7	0.2	<0.1	0.2	<0.1
Cystoscopy					
Days waited at 50th percentile	25	25	25	23	23
Days waited at 90th percentile	126	115	108	107	100
Per cent waited more than 365 days	1.3	1.3	1.0	0.9	0.6
Haemorrhoidectomy					
Days waited at 50th percentile	66	59	57	59	59
Days waited at 90th percentile	260	254	245	257	222
Per cent waited more than 365 days	3.4	3.4	3.2	3.5	2.3
Hysterectomy					
Days waited at 50th percentile	50	49	53	53	52
Days waited at 90th percentile	195	201	207	218	211
Per cent waited more than 365 days	1.9	1.7	1.8	1.9	1.4
Inguinal herniorrhaphy					
Days waited at 50th percentile	57	57	57	60	56
Days waited at 90th percentile	250	260	276	284	246
Per cent waited more than 365 days	3.1	2.7	3.0	3.1	1.8
Myringoplasty					
Days waited at 50th percentile	103	108	105	123	128
Days waited at 90th percentile	381	369	364	365	383
Per cent waited more than 365 days	12.4	10.7	9.5	9.7	11.8
Myringotomy					
Days waited at 50th percentile	48	47	49	49	55
Days waited at 90th percentile	151	139	145	142	191
Per cent waited more than 365 days	1.2	0.9	1.1	1.3	1.0

(continued)

Table 3.3 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, 2009–10 to 2013–14[a]

	2009–10	2010–11	2011–12[b]	2012–13[b]	2013–14
Prostatectomy					
Days waited at 50th percentile	46	47	42	39	43
Days waited at 90th percentile	188	170	160	167	157
Per cent waited more than 365 days	2.9	2.5	1.7	1.7	1.3
Septoplasty					
Days waited at 50th percentile	144	159	160	197	221
Days waited at 90th percentile	413	382	370	390	385
Per cent waited more than 365 days	16.3	13.7	11.8	15.7	12.8
Tonsillectomy					
Days waited at 50th percentile	91	93	98	98	99
Days waited at 90th percentile	357	351	358	359	354
Per cent waited more than 365 days	8.4	6.5	7.2	7.3	5.0
Total hip replacement					
Days waited at 50th percentile	115	106	116	116	106
Days waited at 90th percentile	372	357	357	357	354
Per cent waited more than 365 days	11.0	7.6	7.2	7.5	6.5
Total knee replacement					
Days waited at 50th percentile	179	173	184	196	194
Days waited at 90th percentile	414	376	371	374	365
Per cent waited more than 365 days	18.1	12.6	11.6	12.1	9.9
Varicose veins stripping and ligation					
Days waited at 50th percentile	96	100	103	96	97
Days waited at 90th percentile	389	368	365	356	353
Per cent waited more than 365 days	12.8	10.2	10.0	7.7	7.2
Other procedures					
Days waited at 50th percentile	27	28	28	28	28
Days waited at 90th percentile	183	182	181	195	199
Per cent waited more than 365 days	2.6	2.2	2.1	2.2	2.1
Total					
Days waited at 50th percentile	35	36	36	36	36
Days waited at 90th percentile	245	250	250	265	262
Per cent waited more than 365 days	3.4	2.8	2.7	2.7	2.4

(a) Changes in reporting should be taken into consideration when interpreting changes over time. See Box 1.1 for information on changes in reporting for Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

(b) Data for New South Wales for 2011–12 and 2012–13 have been resupplied to align with data provided for 2013–14 in terms of the mapping of local data elements to national data elements for certain procedures. Due to slight differences in data mapping used in previous years, data needed to be resupplied to ensure consistency across the entire time series.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Surgical specialties

Between 2009–10 and 2013–14, the surgical specialty with the lowest median waiting time was *Cardio-thoracic surgery*; the median waiting time increased from 13 to 18 days (Table 3.4).

Over this period, median waiting times increased for 6 out of 10 surgical specialties. The largest increase in median waiting time was for *Ear, nose and throat surgery*, which increased from 63 days in 2009–10 to 70 days in 2013–14.

Between 2009–10 and 2013–14, the length of time waited by 90% of patients admitted for *Plastic surgery* increased from 163 days to 212 days, while the length of time waited for 90% of patients admitted for *Vascular surgery* decreased from 176 days to 145 days.

Since 2009–10, *Ear, nose and throat surgery* and *Orthopaedic surgery* have been the surgical specialties with the highest proportion of patients who waited more than 365 days to be admitted; *Cardio-thoracic surgery* was the specialty with the lowest proportion. For *Orthopaedic surgery,* the proportion of patients who waited more than 365 days to be admitted decreased from 7.9% in 2009–10 to 4.8% in 2013–14.

Table 3.4: Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, 2009–10 to 2013–14[(a)]

	2009–10	2010–11	2011–12[(b)]	2012–13[(b)]	2013–14
Cardio-thoracic surgery					
Days waited at 50th percentile	13	15	16	17	18
Days waited at 90th percentile	70	76	81	80	86
Per cent waited more than 365 days	0.4	0.2	0.1	0.3	0.2
Ear, nose and throat surgery					
Days waited at 50th percentile	63	64	66	68	70
Days waited at 90th percentile	340	340	344	349	348
Per cent waited more than 365 days	6.8	5.6	5.6	5.9	5.0
General surgery					
Days waited at 50th percentile	31	32	31	30	30
Days waited at 90th percentile	170	163	164	178	163
Per cent waited more than 365 days	2.1	1.8	1.8	1.9	1.4
Gynaecology					
Days waited at 50th percentile	30	30	31	31	32
Days waited at 90th percentile	134	133	133	157	150
Per cent waited more than 365 days	1.0	0.8	0.9	1.2	0.9
Neurosurgery					
Days waited at 50th percentile	29	33	31	30	31
Days waited at 90th percentile	196	217	191	210	214
Per cent waited more than 365 days	2.3	3.2	2.7	2.6	3.2
Ophthalmology					
Days waited at 50th percentile	69	70	71	75	69
Days waited at 90th percentile	329	335	336	335	328
Per cent waited more than 365 days	4.1	3.6	3.7	3.3	2.6
Orthopaedic surgery					
Days waited at 50th percentile	61	63	63	65	66
Days waited at 90th percentile	351	344	338	342	337
Per cent waited more than 365 days	7.9	6.2	5.4	5.5	4.8
Plastic surgery					
Days waited at 50th percentile	21	24	24	24	25
Days waited at 90th percentile	163	155	182	187	212
Per cent waited more than 365 days	2.6	2.1	2.7	2.8	3.3

(continued)

Table 3.4 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, 2009–10 to 2013–14[(a)]

	2009–10	2010–11	2011–12[(b)]	2012–13[(b)]	2013–14
Urology					
Days waited at 50th percentile	28	28	27	25	25
Days waited at 90th percentile	134	122	116	113	110
Per cent waited more than 365 days	1.7	1.6	1.2	1.1	0.9
Vascular surgery					
Days waited at 50th percentile	20	20	20	20	19
Days waited at 90th percentile	176	147	147	153	145
Per cent waited more than 365 days	3.8	2.5	2.5	2.0	1.8
Other					
Days waited at 50th percentile	22	23	25	25	23
Days waited at 90th percentile	101	98	100	110	110
Per cent waited more than 365 days	1.1	0.6	0.6	0.5	0.5
Total					
Days waited at 50th percentile	**35**	**36**	**36**	**36**	**36**
Days waited at 90th percentile	**245**	**250**	**250**	**265**	**262**
Per cent waited more than 365 days	**3.4**	**2.8**	**2.7**	**2.7**	**2.4**

(a) Changes in reporting should be taken into consideration when interpreting changes over time. See Box 1.1 for information on changes in reporting for Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

(b) Data for New South Wales for 2011–12 and 2012–13 have been resupplied to align with data provided for 2013–14 in terms of the mapping of local data elements to national data elements for certain procedures. Due to slight differences in data mapping used in previous years, data needed to be resupplied to ensure consistency across the entire time series.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

How long did people wait for surgery in 2013–14?

Performance indicator: waiting times for elective surgery—waiting time in days

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

This is an NHA performance indicator in the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital related care* (Council of Australian Governments [COAG] 2011b) and includes the median and 90th percentile waiting times for elective surgery in public hospitals, by indicator procedure and overall. This performance indicator can be related to the NHPF dimension 'Accessibility' within the domain 'Health System Performance'.

This performance indicator includes disaggregations (overall and by indicator procedures) for states and territories, public hospital peer groups and Indigenous status.

The waiting times data presented are for patients who complete their wait and are admitted for elective surgery as either an elective or emergency admission, as well as comparable information for the 4 previous periods.

In reports before 2011–12, this information was presented for elective admissions only. Therefore, the data presented here (including for past years) are not directly comparable with those presented in AIHW reports before 2011–12.

How did waiting times vary across public hospital peer groups?

With the aim of aligning reporting of this indicator with other reports (including previous reports in this series and NHA reporting including in the *Report on government services* series), this indicator is presented using the AIHW's previous peer group classification (see Appendix C for more information). Therefore, the data presented by peer groups in Table 3.5 differ from the data presented by peer groups in tables 2.1 and 3.1.

Overall in 2013–14, the median waiting time for patients admitted from waiting lists for *Principal referral and specialist women's and children's hospitals* (35 days) was shorter than for *Large hospitals* and *Medium hospitals* (39 days and 46 days, respectively) (Table 3.5). Variations between hospital groups may reflect differences in the mix of patients.

Table S3.5 accompanying this report online, presents these data using the AIHW's revised peer group classification.

Table 3.5: Waiting time statistics for admissions from waiting lists for elective surgery, by public hospital peer group[(a)], states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and specialist women's and children's hospitals									
Number of hospitals[(b)]	31	21	21	9	5	2	2	2	93
Estimated proportion (%)[(c)]	100	100	100	100	100	100	100	100	100
Number of admissions	151,072	127,686	114,831	50,413	35,349	11,327	11,781	6,804	509,263
Days waited at 50th percentile	43	35	28	28	38	49	48	32	35
Days waited at 90th percentile	330	221	197	150	154	479	270	167	258
Per cent waited more than 365 days	2.1	3.5	3.1	1.0	1.0	13.2	4.7	2.3	2.8
Large hospitals									
Number of hospitals[(b)]	14	8	3	5	3	2	0	0	35
Estimated proportion (%)[(c)]	100	67	100	100	100	100	. .	. .	85
Number of admissions	28,644	34,132	7,303	15,116	8,755	3,988	. .	. .	97,938
Days waited at 50th percentile	62	31	31	29	47	38	. .	. .	39
Days waited at 90th percentile	317	185	142	139	256	330	. .	. .	253
Per cent waited more than 365 days	0.7	2.6	0.5	0.0	1.1	6.7	. .	. .	1.5
Medium hospitals									
Number of hospitals[(b)]	30	3	8	5	11	0	0	0	57
Estimated proportion (%)[(c)]	100	21	83	100	100	. .	. .	. .	73
Number of admissions	29,587	8,496	3,879	15,523	14,950	. .	. .	. .	72,435
Days waited at 50th percentile	63	68	27	31	30	. .	. .	. .	46
Days waited at 90th percentile	332	309	124	124	195	. .	. .	. .	289
Per cent waited more than 365 days	0.9	1.8	0.2	0.3	0.2	. .	. .	. .	0.7
Total[(d)]									
Number of hospitals[(b)(d)]	**96**	**32**	**33**	**34**	**38**	**4**	**2**	**5**	**244**
Estimated proportion (%)[(c)]	**100**	**77**	**98**	**100**	**97**	**100**	**100**	**100**	**93**
Number of admissions	**216,675**	**170,314**	**127,494**	**86,882**	**62,968**	**15,315**	**11,781**	**7,594**	**699,023**
Days waited at 50th percentile	**49**	**35**	**28**	**29**	**35**	**45**	**48**	**36**	**36**
Days waited at 90th percentile	**329**	**222**	**186**	**142**	**180**	**401**	**270**	**183**	**262**
Per cent waited more than 365 days	**1.8**	**3.2**	**2.8**	**0.7**	**0.8**	**11.5**	**4.7**	**2.8**	**2.4**

(a) This table presents data using the AIHW's previous peer group classification. See Appendix C.

(b) Number of hospitals reporting to the NESWTDC.

(c) This is a preliminary estimate; see Appendix B for more information on the method used.

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

Note: See Box 1.1 and appendixes A, B and C for notes on data limitations and methods. Further information by indicator procedure is available in Table S3.1 and information using the AIHW's revised peer groups is available in Table S3.5 (accompanying this report online at <www.aihw.gov.au>).

How did waiting times vary by indicator procedure?

Table 3.6 (see page 25) presents waiting time statistics by indicator procedure for states and territories.

Nationally, *Coronary artery bypass graft* was the indicator procedure with the lowest median waiting time in 2013–14 (18 days) (Table 3.6). The median waiting time for *Coronary artery bypass graft* ranged from 10 days in the Queensland to 25 days in New South Wales.

Coronary artery bypass graft was also the indicator procedure with the lowest 90th percentile waiting time in 2013–14 (82 days). The 90th percentile waiting time for *Coronary artery bypass graft* ranged from 63 days in the Western Australia to 90 days in Victoria and Queensland.

Septoplasty was the indicator procedure with the highest waiting time in 2013–14 (221 days). The median waiting time for *Septoplasty* ranged from 87 days in Queensland to 380 days in the Australian Capital Territory.

How did waiting times vary by Indigenous status?

The NHA performance indicator 'Waiting times for elective surgery—waiting time in days' includes reporting by the Indigenous status of the patient, overall and for indicator procedures.

Box 3.1: Quality of Indigenous status data

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013a) found that nationally, about 88% of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the 'true' number of separations for Indigenous Australians was about 9% higher than reported.

The quality of the data reported for Indigenous status in the NESWTDC has not been assessed by AIHW; therefore, caution should be exercised when interpreting these data. See Appendix A for comments provided by states and territories on the perceived quality of Indigenous status data provided for the NESWTDC.

For 2013–14, there were over 21,000 admissions from waiting lists for elective surgery for patients who identified as being Aboriginal and/or Torres Strait Islander people (Table 3.7, see page 28).

Overall, the median waiting time for Indigenous Australians was higher than that for other Australians (41 days and 36 days, respectively). In South Australia, the median waiting time for Indigenous Australians was lower than that for other Australians.

Overall, the proportion of Indigenous Australians who waited more than 365 days for elective surgery was higher than for other Australians (2.8% and 2.3%, respectively).

Table 3.6: Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Admissions	22,236	14,170	7,752	10,192	6,494	1,550	1,290	797	64,481
Days waited at 50th percentile	218	41	52	43	78	167	125	116	79
Days waited at 90th percentile	351	205	292	191	309	716	303	298	333
Per cent waited more than 365 days	2.1	0.3	4.0	0.4	1.0	36.1	0.5	5.0	2.4
Cholecystectomy									
Admissions	6,877	4,360	3,971	1,709	1,425	472	325	177	19,316
Days waited at 50th percentile	55	47	42	27	34	71	67	49	46
Days waited at 90th percentile	224	147	122	90	83	335	211	170	148
Per cent waited more than 365 days	0.7	0.7	0.4	0.1	0.0	7.0	1.8	2.8	0.7
Coronary artery bypass graft									
Admissions	850	941	1,389	255	436	137	76	0	4,084
Days waited at 50th percentile	25	21	10	20	18	18	n.p.	. .	18
Days waited at 90th percentile	79	90	90	63	81	76	n.p.	. .	82
Per cent waited more than 365 days	0.0	0.2	0.0	0.0	0.0	0.0	n.p.	. .	<0.1
Cystoscopy									
Admissions	12,392	16,929	4,855	7,663	2,975	893	1,351	406	47,464
Days waited at 50th percentile	27	21	23	19	31	31	29	47	23
Days waited at 90th percentile	106	89	98	104	99	138	136	184	100
Per cent waited more than 365 days	0.3	0.6	0.9	0.8	1.0	1.9	0.5	1.7	0.6
Haemorrhoidectomy									
Admissions	1,529	1,375	543	583	382	74	54	189	4,729
Days waited at 50th percentile	64	69	53	40	21	n.p.	n.p.	70	59
Days waited at 90th percentile	230	262	237	116	89	n.p.	n.p.	171	222
Per cent waited more than 365 days	1.0	3.6	3.7	0.2	0.3	n.p.	n.p.	4.8	2.3
Hysterectomy									
Admissions	2,498	2,662	2,276	1,203	881	295	150	56	10,021
Days waited at 50th percentile	55	63	56	33	47	71	63	n.p.	52
Days waited at 90th percentile	268	254	165	103	143	230	206	n.p.	211
Per cent waited more than 365 days	0.9	2.8	1.4	0.0	0.1	3.1	1.3	n.p.	1.4

(continued)

Table 3.6 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Inguinal herniorrhaphy									
Admissions	6,129	3,839	2,457	1,754	1,271	365	262	152	16,229
Days waited at 50th percentile	69	57	56	34	33	84	62	42	56
Days waited at 90th percentile	335	192	156	104	104	452	214	138	246
Per cent waited more than 365 days	1.8	2.3	2.0	0.0	0.0	13.4	0.8	1.3	1.8
Myringoplasty									
Admissions	383	435	480	336	61	17	10	211	1,933
Days waited at 50th percentile	316	140	88	81	n.p.	n.p.	n.p.	155	128
Days waited at 90th percentile	402	443	352	253	n.p.	n.p.	n.p.	439	383
Per cent waited more than 365 days	17.0	14.7	7.7	2.1	n.p.	n.p.	n.p.	20.9	11.8
Myringotomy									
Admissions	349	1,768	1,695	921	607	135	127	123	5,725
Days waited at 50th percentile	71	61	47	55	35	72	80	61	55
Days waited at 90th percentile	324	195	195	171	88	215	204	195	191
Per cent waited more than 365 days	1.7	1.7	0.6	0.4	0.0	2.2	1.6	1.6	1.0
Prostatectomy									
Admissions	2,612	2,098	1,589	846	512	28	89	16	7,790
Days waited at 50th percentile	60	34	40	26	41	n.p.	n.p.	n.p.	43
Days waited at 90th percentile	162	198	145	92	97	n.p.	n.p.	n.p.	157
Per cent waited more than 365 days	0.6	2.8	1.6	0.0	0.4	n.p.	n.p.	n.p.	1.3
Septoplasty									
Admissions	1,699	1,592	624	396	409	44	122	40	4,926
Days waited at 50th percentile	324	138	87	139	138	n.p.	380	n.p.	221
Days waited at 90th percentile	365	446	384	360	336	n.p.	730	n.p.	385
Per cent waited more than 365 days	9.1	16.3	13.1	9.6	2.0	n.p.	54.1	n.p.	12.8
Tonsillectomy									
Admissions	5,205	5,547	3,507	2,077	1,278	262	304	157	18,337
Days waited at 50th percentile	233	104	56	98	71	114	342	67	99
Days waited at 90th percentile	360	355	309	293	286	321	483	277	354
Per cent waited more than 365 days	4.3	8.1	2.3	2.4	1.4	5.0	26.3	7.6	5.0

(continued)

Table 3.6 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total hip replacement									
Admissions	3,258	2,518	1,872	1,110	830	223	217	45	10,073
Days waited at 50th percentile	191	111	76	69	104	366	110	n.p.	106
Days waited at 90th percentile	357	316	363	205	313	761	455	n.p.	354
Per cent waited more than 365 days	4.7	6.1	9.4	0.9	1.7	50.2	16.6	n.p.	6.5
Total knee replacement									
Admissions	5,864	3,093	2,920	1,617	1,135	258	268	64	15,219
Days waited at 50th percentile	290	160	146	83	161	540	151	n.p.	194
Days waited at 90th percentile	362	389	428	276	321	881	491	n.p.	365
Per cent waited more than 365 days	6.8	12.2	16.3	1.4	1.0	64.0	19.8	n.p.	9.9
Varicose veins stripping and ligation									
Admissions	1,400	1,478	458	322	347	29	137	50	4,221
Days waited at 50th percentile	122	126	64	83	60	n.p.	73	n.p.	97
Days waited at 90th percentile	353	410	340	295	182	n.p.	306	n.p.	353
Per cent waited more than 365 days	4.6	12.7	6.3	1.2	0.3	n.p.	8.8	n.p.	7.2
Other procedures									
Admissions	143,394	107,509	91,106	55,898	43,925	10,533	6,999	5,111	464,475
Days waited at 50th percentile	33	29	24	26	29	35	31	25	28
Days waited at 90th percentile	281	210	152	119	126	284	199	131	199
Per cent waited more than 365 days	1.4	3.3	2.4	0.6	0.8	7.3	3.9	1.4	2.1
Total									
Admissions	**216,675**	**170,314**	**127,494**	**86,882**	**62,968**	**15,315**	**11,781**	**7,594**	**699,023**
Days waited at 50th percentile	**49**	**35**	**28**	**29**	**35**	**45**	**48**	**36**	**36**
Days waited at 90th percentile	**329**	**222**	**186**	**142**	**180**	**401**	**270**	**183**	**262**
Per cent waited more than 365 days	**1.8**	**3.2**	**2.8**	**0.7**	**0.8**	**11.5**	**4.7**	**2.8**	**2.4**

Note: See boxes 1.1 and 3.2 and appendixes A and B for notes on data limitations and methods.

Table 3.7: Waiting time statistics for admissions from waiting lists for elective surgery, by Indigenous status, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous									
Number of admissions	6,700	1,374	5,631	3,072	1,374	654	257	2,315	21,377
Days waited at 50th percentile	54	40	30	31	29	55	61	50	41
Days waited at 90th percentile	335	224	233	155	146	356	320	245	275
Per cent waited more than 365 days	2.2	3.3	3.5	0.4	0.7	9.2	5.1	4.8	2.8
Other Australians[(a)]									
Number of admissions	209,975	168,940	121,863	83,810	61,594	14,661	11,524	5,279	677,646
Days waited at 50th percentile	49	35	28	29	35	45	47	31	36
Days waited at 90th percentile	328	222	183	141	181	406	269	158	262
Per cent waited more than 365 days	1.7	3.2	2.8	0.7	0.8	11.6	4.7	2.0	2.3

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

Note: See boxes 1.1, 3.1 and 3.2 and appendixes A and B for notes on data limitations and methods.

Indicator procedures by Indigenous status

Indigenous Australians had higher median waiting times than other Australians for most of the 15 indicator procedures (Table 3.8). For indicator procedures for which there were at least 100 admissions for Indigenous persons, the most notable difference in median waiting times between Indigenous Australians and other Australians was for *Total knee replacement* (244 days and 194 days, respectively).

Indigenous Australians had lower median waiting times than other Australians for *Myringoplasty* and *Inguinal herniorrhaphy,* and similar median waiting times for *Coronary artery bypass graft* and *Cholecystectomy*.

For Indigenous Australians, *Total hip replacement* and *Myringoplasty* were the indicator procedures with the highest proportion of patients who waited more than 365 days to be admitted (14.3% and 12.2%, respectively). For other Australians, *Septoplasty* and *Myringoplasty* were the indicator procedures with the highest proportion of patients who waited more than 365 days to be admitted (12.9% and 11.7%, respectively).

Table 3.8: Waiting time statistics for admissions from waiting lists for elective surgery, by Indigenous status and indicator procedure, 2013–14

	Indigenous Australians				Other Australians[(a)]			
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	1,447	107	346	5.2	63,034	78	332	2.3
Cholecystectomy	826	46	147	1.6	18,490	46	148	0.7
Coronary artery bypass graft	214	18	78	0.0	3,870	18	83	0.1
Cystoscopy	833	29	140	0.8	46,631	23	100	0.6
Haemorrhoidectomy	97	n.p.	n.p.	n.p.	4,632	58	221	2.4
Hysterectomy	383	57	185	0.8	9,638	52	212	1.5
Inguinal herniorrhaphy	344	45	282	2.6	15,885	56	246	1.8
Myringoplasty	452	117	379	12.2	1,481	132	383	11.7
Myringotomy	562	58	232	1.8	5,163	54	186	0.9
Prostatectomy	108	64	184	3.7	7,682	43	157	1.3
Septoplasty	89	n.p.	n.p.	n.p.	4,837	218	385	12.9
Tonsillectomy	1,050	105	353	4.3	17,287	98	354	5.1
Total hip replacement	112	129	377	14.3	9,961	106	354	6.4
Total knee replacement	216	244	389	11.1	15,003	194	365	9.9
Varicose vein stripping and ligation	57	n.p.	n.p.	n,p,	4,164	97	353	7.2
Other	14,587	28	219	2.2	449,888	28	198	2.0
Total	**21,377**	**41**	**275**	**2.8**	**677,646**	**36**	**262**	**2.3**

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

Note: See boxes 1.1, 3.1 and 3.2 and appendixes A and B for notes on data limitations and methods.

How did waiting times vary by surgical specialty?

Table 3.9 (on page 32) presents waiting time statistics by surgical specialties for states and territories.

Nationally, the surgical specialty with the lowest median waiting time in 2013–14 was *Cardio-thoracic surgery* (18 days) and *Ear, nose and throat surgery* had the highest median waiting time (70 days) (Table 3.9).

The median waiting time for *Cardio-thoracic surgery* ranged from 12 days in Queensland to 21 days in New South Wales and Victoria. The greatest variation in median waiting times was for *Ophthalmology,* ranging from 37 days in Victoria to 175 days in New South Wales.

Cardio-thoracic surgery was also the indicator procedure with the lowest 90th percentile waiting time in 2013–14 (86 days). The 90th percentile waiting time for *Cardio-thoracic surgery* ranged from 68 days in Western Australia to 112 days in Victoria.

Tasmania had the highest proportion of patients who waited more than 365 days to be admitted (11.5%) and Western Australia the lowest (0.7%).

How did waiting times differ by clinical urgency category?

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 surgery. See Box 3.2 for more information on urgency categories.

This section includes the proportion seen within the clinically recommended time, the median waiting time and the average overdue waiting time for patients remaining on waiting lists at the end of the year. This information is presented by the clinical urgency category of the patient.

The proportion of patients seen within the recommended time is the percentage of patients removed from elective surgery waiting lists who received surgery within the clinically recommended time for each clinical urgency category.

The 'overdue wait' is the amount of time spent waiting while overdue, that is, after 30, 90 or 365 days for clinical urgency categories 1, 2 and 3, respectively. The average overdue wait time (in days) is calculated for patients who were still waiting for their elective surgery as at 30 June 2014, were ready for care, and had waited beyond the recommended time.

Due to the apparent lack of comparability of clinical urgency categories between states and territories, these data are presented for each state and territory separately.

Waiting time statistics by clinical urgency category were reported for the 2012 and 2013 calendar years in *Australian hospital statistics 2012–13* (AIHW 2014b).

Box 3.2: 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 surgery. 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

(continued)

Box 3.2 (continued): Clinical urgency categorisation

- *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.

Analyses of clinical urgency category data 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 (AIHW 2013b). This apparent lack of comparability of clinical urgency categories among jurisdictions means that measures based on these categories are not comparable between jurisdictions. The concepts of the proportion 'overdue' and the 'average overdue wait time' may also not be meaningful or comparable, because they depend on the urgency categorisation.

In 2012, the AIHW, in collaboration with the Royal Australasian College of Surgeons, developed a package of integrated reforms for national definitions for elective surgery urgency categories (AIHW 2013b). Health ministers have agreed with these recommendations, which are being implemented. Once this has occurred, waiting times will be able to be presented in a comparable way for each state and territory for each urgency category, as will the proportions of patients who had their surgery within the clinically recommended time.

Despite the differences in how clinicians assign clinical urgency categories, interpreting state and territory waiting times statistics could be assisted by having context information about the proportion of patients in each urgency category. For example, a state could report relatively long median waiting times in association with a relatively high proportion of patients assessed by clinicians in the state as being in *Category 3* (generally recommended within 365 days). Conversely, a state in which a relatively high proportion of patients are assessed by clinicians as being in *Category 1* or *2* (treatment clinically recommended within 30 days and 90 days, respectively) could have relatively short overall median waiting times.

As for earlier years, there is apparent variation in the assignment of urgency categories among states and territories for 2013–14. For example, the proportion of patients admitted from waiting lists who were assigned to *Category 3* was 43% for New South Wales and 19% for Queensland (Table B3.1).

Table B3.1: Admissions from waiting lists for elective surgery, by clinical urgency category, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Admissions				
Category 1	50,966	49,302	49,770	21,668	16,052	5,845	3,446	2,266	199,315
Category 2	71,977	81,281	53,329	32,236	22,646	6,431	5,242	3,683	276,825
Category 3	93,732	39,731	24,395	32,978	24,270	3,039	3,093	1,645	222,883
Total	**216,675**	**170,314**	**127,494**	**86,882**	**62,968**	**15,315**	**11,781**	**7,594**	**699,023**
					Per cent				
Category 1	24	29	39	25	25	38	29	30	29
Category 2	33	48	42	37	36	42	44	48	40
Category 3	43	23	19	38	39	20	26	22	32
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Table 3.9: Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic surgery									
Admissions	3,812	3,289	3,192	795	997	351	173	0	12,609
Days waited at 50th percentile	21	21	12	20	20	15	19	. .	18
Days waited at 90th percentile	75	112	88	68	91	71	69	. .	86
Per cent waited more than 365 days	<0.1	0.5	<0.1	0.0	0.1	0.0	0.0	. .	0.2
Ear, nose and throat surgery									
Admissions	16,351	15,207	11,881	6,059	6,293	954	958	774	58,477
Days waited at 50th percentile	131	77	36	73	53	62	154	62	70
Days waited at 90th percentile	359	351	249	271	271	305	521	344	348
Per cent waited more than 365 days	4.9	8.1	2.4	2.6	1.3	5.7	24.7	9.2	5.0
General surgery									
Admissions	56,822	36,121	31,765	15,625	13,969	3,711	1,803	2,691	162,507
Days waited at 50th percentile	34	38	27	26	25	41	44	29	30
Days waited at 90th percentile	221	186	127	98	91	304	171	138	163
Per cent waited more than 365 days	0.9	2.2	1.5	0.2	0.3	7.5	1.3	1.6	1.4
Gynaecology									
Admissions	28,722	18,469	17,379	7,723	9,407	2,344	1,238	1,542	86,824
Days waited at 50th percentile	34	38	35	26	27	34	40	15	32
Days waited at 90th percentile	183	189	132	90	89	182	140	112	150
Per cent waited more than 365 days	0.5	1.9	1.2	0.0	0.1	1.6	0.6	1.2	0.9
Neurosurgery									
Admissions	4,398	3,261	2,037	976	618	344	253	0	11,887
Days waited at 50th percentile	31	36	20	38	27	60	27	. .	31
Days waited at 90th percentile	228	215	192	217	95	365	83	. .	214
Per cent waited more than 365 days	2.5	2.6	4.5	4.8	1.5	9.9	2.0	. .	3.2

(continued)

Table 3.9 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Ophthalmology									
Admissions	28,042	19,582	11,132	13,007	8,570	2,082	1,656	1,094	85,165
Days waited at 50th percentile	175	37	46	42	70	124	112	113	69
Days waited at 90th percentile	350	213	272	199	307	683	302	298	328
Per cent waited more than 365 days	2.2	1.3	3.7	0.8	1.3	32.2	1.0	5.7	2.6
Orthopaedic surgery									
Admissions	33,282	21,650	24,850	12,315	8,783	1,896	1,556	779	105,111
Days waited at 50th percentile	104	73	35	51	59	141	86	39	66
Days waited at 90th percentile	351	313	333	174	265	737	425	156	337
Per cent waited more than 365 days	3.7	5.9	6.5	0.8	1.0	27.3	15.0	0.6	4.8
Plastic surgery									
Admissions	8,836	18,250	8,961	5,098	5,981	1,303	696	286	49,411
Days waited at 50th percentile	35	22	26	20	31	30	22	32	25
Days waited at 90th percentile	295	241	198	110	134	203	91	245	212
Per cent waited more than 365 days	2.0	5.3	3.2	0.5	1.6	4.9	1.4	3.1	3.3
Urology									
Admissions	28,152	27,035	11,064	12,158	6,864	1,989	1,846	187	89,295
Days waited at 50th percentile	28	22	24	19	33	36	29	81	25
Days waited at 90th percentile	109	112	106	98	103	221	143	207	110
Per cent waited more than 365 days	0.4	1.2	1.2	0.6	0.9	5.1	0.3	2.7	0.9
Vascular surgery									
Admissions	6,176	3,356	2,887	1,753	988	301	524	83	16,068
Days waited at 50th percentile	19	28	16	18	12	14	18	n.p.	19
Days waited at 90th percentile	131	288	79	136	42	95	97	n.p.	145
Per cent waited more than 365 days	0.9	5.6	0.7	0.3	0.0	0.7	2.3	n.p.	1.8

(continued)

Table 3.9 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Other[(a)]									
Admissions	2,082	4,094	2,346	11,373	498	40	1,078	158	21,669
Days waited at 50th percentile	13	42	18	22	26	n.p.	29	9	23
Days waited at 90th percentile	77	135	103	111	71	n.p.	105	44	110
Per cent waited more than 365 days	0.4	0.8	1.1	0.4	0.0	n.p.	0.0	0.0	0.5
Total									
Admissions	**216,675**	**170,314**	**127,494**	**86,882**	**62,968**	**15,315**	**11,781**	**7,594**	**699,023**
Days waited at 50th percentile	**49**	**35**	**28**	**29**	**35**	**45**	**48**	**36**	**36**
Days waited at 90th percentile	**329**	**222**	**186**	**142**	**180**	**401**	**270**	**183**	**262**
Per cent waited more than 365 days	**1.8**	**3.2**	**2.8**	**0.7**	**0.8**	**11.5**	**4.7**	**2.8**	**2.4**

(a) Includes surgical specialty not reported.

Note: See boxes 1.1 and 3.2 and appendixes A and B for notes on data limitations and methods.

New South Wales—waiting times statistics by clinical urgency category

For New South Wales, 99.7% of *Category 1* patients were admitted for their procedure within 30 days, and the median waiting time was 10 days (Table 3.10a). For *Category 1* patients remaining on the waiting list as at 30 June 2014, the average overdue wait was 19 days (that is, they had been on the waiting list for an average of 49 days).

Table 3.10a: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, New South Wales, 2013–14

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	50,966	71,977	93,732
Number admitted within clinically recommended time	50,810	69,751	89,929
Proportion admitted within clinically recommended time (%)	99.7	96.9	95.9
Average overdue wait time (days) for patients on list at 30 June 2014	19.2	44.3	65.8
Days waited at 50th percentile for patients admitted from waiting lists	10	43	193

Note: See boxes 1.1 and 3.2 for notes on definitions and data limitations. Similar information for each quarter of 2013–14 is available in tables S3.3a to S3.3h, accompanying this report online.

Victoria—waiting times statistics by clinical urgency category

For Victoria, all *Category 1* patients were admitted for surgery within 30 days (Table 3.10b). Just over two-thirds of *Category 2* patients and 90% of *Category 3* patients were admitted within the clinically recommended times. There were no overdue *Category 1* patients remaining on the waiting list as at 30 June 2014.

Table 3.10b: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Victoria, 2013–14

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	49,302	81,281	39,731
Number admitted within clinically recommended time	49,302	55,749	35,792
Proportion admitted within clinically recommended time (%)	100.0	68.6	90.1
Average overdue wait time (days) for patients on list at 30 June 2014	0.0	120.1	207.8
Days waited at 50th percentile for patients admitted from waiting lists	11	59	92

Note: See boxes 1.1 and 3.2 for notes on definitions and data limitations. Similar information for each quarter of 2013–14 is available in tables S3.3a to S3.3h, accompanying this report online.

Queensland—waiting times statistics by clinical urgency category

For Queensland, 42% of admissions were *Category 2* patients—requiring admission within 90 days—and 81% of these were admitted within the clinically recommended time (Table 3.10c). For *Category 2* patients remaining on the waiting list as at 30 June 2014, the average overdue wait was 73 days (that is, they had been on the waiting list for an average of 163 days).

Table 3.10c: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Queensland, 2013–14

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	49,770	53,329	24,395
Number admitted within clinically recommended time	47,290	42,915	21,622
Proportion admitted within clinically recommended time (%)	95.0	80.5	88.6
Average overdue wait time (days) for patients on list at 30 June 2014	19.4	72.7	181.5
Days waited at 50th percentile for patients admitted from waiting lists	11	55	136

Note: See boxes 1.1 and 3.2 for notes on definitions and data limitations. Similar information for each quarter of 2013–14 is available in tables S3.3a to S3.3h, accompanying this report online.

Western Australia—waiting times statistics by clinical urgency category

For Western Australia, more than 90% of all patients were admitted within the clinically recommended time (Table 3.10d). For patients remaining on the waiting list as at 30 June 2014, the average overdue waiting time for *Category 1* patients was 9 days, for *Category 2* patients it was 44 days and 45 days for *Category 3* patients.

Table 3.10d: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Western Australia, 2013–14

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	21,668	32,236	32,978
Number admitted within clinically recommended time	21,190	29,598	32,425
Proportion admitted within clinically recommended time (%)	97.8	91.8	98.3
Average overdue wait time (days) for patients on list at 30 June 2014	9.2	43.5	44.8
Days waited at 50th percentile for patients admitted from waiting lists	9	38	66

Note: See boxes 1.1 and 3.2 for notes on definitions and data limitations. Similar information for each quarter of 2013–14 is available in tables S3.3a to S3.3h, accompanying this report online.

South Australia—waiting times statistics by clinical urgency category

For South Australia, more than 90% of all patients were admitted within the clinically recommended time (Table 3.10e). The median wait for admission was 11 days for *Category 1* patients, 44 days for *Category 2* patients and 78 days for *Category 3* patients. There were no overdue *Category 1* patients remaining on the waiting list as at 30 June 2014.

Table 3.10e: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, South Australia, 2013–14

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	16,052	22,646	24,270
Number admitted within clinically recommended time	14,979	20,901	23,764
Proportion admitted within clinically recommended time (%)	93.3	92.3	97.9
Average overdue wait time (days) for patients on list at 30 June 2014	0.0	22.8	41.8
Days waited at 50th percentile for patients admitted from waiting lists	11	44	78

Note: See boxes 1.1 and 3.2 for notes on definitions and data limitations. Similar information for each quarter of 2013–14 is available in tables S3.3a to S3.3h, accompanying this report online.

Tasmania—waiting times statistics by clinical urgency category

For Tasmania, 75% of patients in *Category 1* and *Category 3* were admitted within clinically recommended times (Table 3.10f), and almost 50% of *Category 2* patients were admitted within clinically recommended times. For patients remaining on the waiting list as at 30 June 2014, the average overdue wait time for *Category 1* patients was 30 days, with patients in *Category 2* and *Category 3* waiting an average of 191 and 491 days over the clinically recommended time, respectively.

Table 3.10f: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Tasmania, 2013–14

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	5,845	6,431	3,039
Number admitted within clinically recommended time	4,397	3,195	2,288
Proportion admitted within clinically recommended time (%)	75.2	49.7	75.3
Average overdue wait time (days) for patients on list at 30 June 2014	29.9	191.1	491.0
Days waited at 50th percentile for patients admitted from waiting lists	17	91	149

Note: See boxes 1.1 and 3.2 for notes on definitions and data limitations. Similar information for each quarter of 2013–14 is available in tables S3.3a to S3.3h, accompanying this report online.

Australian Capital Territory—waiting times statistics by clinical urgency category

For the Australian Capital Territory, 99% of *Category 1* patients were admitted within the clinically recommended time (Table 3.10g). For patients remaining on the waiting list as at 30 June 2014, the average overdue waits for *Category 2* and *3* patients were 126 and 111 days, respectively.

Table 3.10g: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Australian Capital Territory, 2013–14

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	3,446	5,242	3,093
Number admitted within clinically recommended time	3,394	3,871	2,698
Proportion admitted within clinically recommended time (%)	98.5	73.8	87.2
Average overdue wait time (days) for patients on list at 30 June 2014	4.0	125.8	111.3
Days waited at 50th percentile for patients admitted from waiting lists	14	59	166

Note: See boxes 1.1 and 3.2 for notes on definitions and data limitations. Similar information for each quarter of 2013–14 is available in tables S3.3a to S3.3h, accompanying this report online.

Northern Territory—waiting times statistics by clinical urgency category

For the Northern Territory, 90% of *Category 1* patients were admitted within 30 days (Table 3.10h) and 88% of *Category 3* patients were admitted within 365 days. The average waiting time for admission for *Category 1* patients was 13 days. For *Category 3* patients remaining on the waiting list as at 30 June 2014, the average overdue wait was 169 days beyond the clinically recommended time.

Table 3.10h: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Northern Territory, 2013–14

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)
Number of admissions	2,266	3,683	1,645
Number admitted within clinically recommended time	2,044	2,772	1,440
Proportion admitted within clinically recommended time (%)	90.2	75.3	87.5
Average overdue wait time (days) for patients on list at 30 June 2014	39.3	86.0	169.1
Days waited at 50th percentile for patients admitted from waiting lists	13	47	140

Note: See boxes 1.1 and 3.2 for notes on definitions and data limitations. Similar information for each quarter of 2013–14 is available in tables S3.3a to S3.3h, accompanying this report online.

Additional information

Additional information on surgery for both emergency and elective admissions in public and private hospitals, as well as public hospital waiting times information by patient characteristics and principal diagnoses for elective surgery, will be available in *Australian hospital statistics 2013–14*, to be released in April 2015.

Further information on elective surgery waiting times by state or territory of hospitalisation, public hospital peer group and indicator procedure is available in the tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Table S3.1: Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure and public hospital peer group, states and territories, 2013–14

Table S3.2: Waiting time statistics for patients admitted from waiting lists for elective surgery, by indicator procedure and Indigenous status, public hospitals, states and territories, 2013–14

Table S3.3a: Selected statistics for admissions from public hospital waiting lists, by clinical urgency category and quarter, New South Wales, 2013–14

Table S3.3b: Selected statistics for admissions from public hospital waiting lists, by clinical urgency category and quarter, Victoria, 2013–14

Table S3.3c: Selected statistics for admissions from public hospital waiting lists, by clinical urgency category and quarter, Queensland, 2013–14

Table S3.3d: Selected statistics for admissions from public hospital waiting lists, by clinical urgency category and quarter, Western Australia, 2013–14

Table S3.3e: Selected statistics for admissions from public hospital waiting lists, by clinical urgency category and quarter, South Australia, 2013–14

Table S3.3f: Selected statistics for admissions from public hospital waiting lists, by clinical urgency category and quarter, Tasmania, 2013–14

Table S3.3g: Selected statistics for admissions from public hospital waiting lists, by clinical urgency category and quarter, Australian Capital Territory, 2013–14

Table S3.3h: Selected statistics for admissions from public hospital waiting lists, by clinical urgency category and quarter, Northern Territory, 2013–14

Table S3.4a: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, New South Wales, 2013–14

Table S3.4b: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Victoria, 2013–14

Table S3.4c: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Queensland, 2013–14

Table S3.4d: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Western Australia, 2013–14

Table S3.4e: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, South Australia, 2013–14

Table S3.4f: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Tasmania, 2013–14

Table S3.4g: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Australian Capital Territory, 2013–14

Table S3.4h: Median waiting times and admissions from public hospital elective surgery waiting lists, by indicator procedure and quarter, Northern Territory, 2013–14

Table S3.5: Waiting time statistics for admissions from waiting lists for elective surgery, by public hospital peer group (revised AIHW peer groups), states and territories, 2013–14

Table S3.6: Additions to waiting lists and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2013–14

Appendix A: Data quality information

This appendix includes a data quality statement relevant to interpreting the National Elective Surgery Waiting Times Data Collection (NESWTDC) and the National Elective Surgery Target Database (NESTD). It also contains additional information on variation in hospital reporting that may affect the interpretation of the data presented in this report.

The data quality statements for the NESWTDC and the NESTD are also available online at <www.aihw.gov.au>.

Data quality statement: National Elective Surgery Waiting Times Data Collection 2013–14

Summary of key data quality issues

- The NESWTDC provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals.
- NESWTDC 2013–14 data for 1 July 2013 to 30 June 2014 were collated from the 2013 and 2014 calendar Year to Date (YTD) National Elective Surgery Target data.
- Also reported are data provided by states and territories to indicate where admissions from waiting lists had an adverse event or unplanned readmission.
- For 2013–14, the NESWTDC covered most 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 list characteristics compared with other hospitals.
- Between 2009–10 and 2013–14, the number of hospitals reporting data for the NESWTDC increased from 193 to 244. These changes in coverage should be taken into account when interpreting changes over time.
- Data for New South Wales for 2011–12 and 2012–13 have been resupplied to align with data provided for 2013–14 in terms of the mapping of local data elements to national data elements for certain procedures. Due to slight differences in data mapping used in previous years, data needed to be resupplied to ensure consistency across the entire time series.
- For 2013–14, the preliminary estimate of public hospital elective surgery covered by the NESWTDC was 93%. The estimated coverage was 97% or more in all states and territories except Victoria, where it was 77%. These estimates will be finalised when the total number of elective surgery separations for public hospitals is available in the National Hospital Morbidity Database (NHMD), early in 2015.
- 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.
- 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, which may result in statistics that are not meaningful or comparable between 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 that are set up to provide services for public patients (as public hospitals do), but are managed privately.

The data supplied for 1 July 2013 to 30 June 2014 are based on the Elective surgery waiting times (removals data) National Minimum Data Set (ESWT NMDS).

Removals are counted for patients who have been removed for admission or for another reason.

The NESWTDC includes data for each year from 1999–2000 to 2013–14.

Also reported are data provided by states and territories for admissions from waiting lists that had an adverse event or unplanned readmission within 28 days of separation. These data are not defined under the ESWT NMDS but are collated as part of the NESTD data provided to the AIHW.

Institutional environment

The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* (Cwlth) 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 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 AIHW 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 data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act*, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), 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 links):

<http://www.aihw.gov.au/nhissc/>

<http://meteor.aihw.gov.au/content/index.phtml/itemId/182135>.

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.

Timeliness

Data for the NESWTDC are reported annually. The reference period for this data set is 2013–14. This includes records for additions and removals from elective surgery waiting lists between 1 July 2013 and 30 June 2014.

Most states and territories provided a first version of the data to the AIHW during July 2014. These data were reported in October 2014. Data provision and reporting was mostly 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* series of products, with associated Excel tables.

These products may be accessed on the AIHW website at <www.aihw.gov.au/hospitals/>.

Interpretability

Metadata information for the ESWT NMDS is published in the AIHW's Metadata Online Registry (METeOR) and the *National health data dictionary*.

METeOR and the *National health data dictionary* can be accessed on the AIHW websites, respectively:

<http://meteor.aihw.gov.au/content/index.phtml/itemId/520154>

<http://www.aihw.gov.au/publication-detail/?id=10737422826>.

Relevance

Scope and coverage

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 2013–14, 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 with those of other hospitals.

For 2013–14, a preliminary estimate of the proportion of elective surgical separations reported to the NESWTDC was 93%. The estimated coverage was 97% or more in all states and territories except Victoria, where it was 77%. These estimates of coverage nationally and by state and territory will be finalised in early 2015 when data are reported for the NHMD for 2013–14.

The following changes in coverage should be taken into account when interpreting changes over time:

- Between 2010–11 and 2011–12, the number of hospitals reporting data for the NESWTDC increased from 193 to 244.
- Between 2009–10 and 2013–14, the estimated proportion of public hospital elective surgery that was reported to the NESWTDC increased from 88% to 93%.
- Data for New South Wales for 2011–12 and 2012–13 have been resupplied to align with data provided for 2013–14 in terms of the mapping of local data elements to national data elements for certain procedures. Due to slight differences in data mapping used in previous years, data needed to be resupplied to ensure consistency across the entire time series.
- For 2011–12, South Australia provided data for 32 small hospitals that were not included in the data for previous years. Coverage for South Australia increased from 71% in 2010–11 to 97% in 2011–12. In 2012–13 and 2013–14, one or two small South Australian hospitals that provided data in 2011–12 did not perform elective surgery.
- From 2011–12, Western Australia provided data for an additional 22 small hospitals. Coverage for Western Australia increased from 82% in 2010–11 to 100% in 2011–12.
- For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11. These hospitals were also not able to provide data for one quarter of 2012–13.
- For 2009–10, the data for Albury Base Hospital were included in statistics for Victoria. From 2010–11, the data for Albury Base Hospital have not been available.
- The increase in number of admissions for the Northern Territory between 2010–11 and 2011–12, was, in part, due to the inclusion of certain surgical procedures from 2011–12 that had previously been incorrectly excluded from the NESWTDC by the Northern Territory.

The NESWTDC is the source of information for a performance indicator for the National Healthcare Agreement (NHA) and other national performance reporting.

Reference period

The reference period for this data set is 2013–14. This includes records for additions and removals from elective surgery waiting lists between 1 July 2013 and 30 June 2014.

Accuracy

Potential sources of variation

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 Victoria, Queensland, Western Australia, Tasmania and the Australian Capital Territory, 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 which may result in statistics that are not meaningful or comparable between jurisdictions.

Information on adverse events and unplanned readmissions was calculated and provided by the states and territories on a quarterly basis. Comparisons between jurisdictions should be interpreted with caution.

Data validation

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.

Non-response adjustment

The AIHW does not adjust data to account for possible data errors or missing or incorrect values, except as stated.

Coherence

The data reported for the 2013–14 NESWTDC are consistent with data reported for previous years for individual hospitals.

Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage (see 'Relevance').

Time series analyses may also be affected by changes in quality and coverage for individual data items. For example, data for Indigenous status were first included in the collection in 2009–10. New South Wales first provided Indigenous status for the NESWTDC in 2010–11.

Variation in reporting

Clinical urgency categorisation

As in previous years, analyses of clinical urgency category data for 2013–14 have shown notable variation in the assignment of clinical urgency 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. See Box 3.2 for more information.

Indicator procedures

An indicator procedure is defined as a procedure 'which is of high volume and is often associated with long waiting periods'. Measures of waiting times are commonly presented by indicator procedures as they are considered to be reasonably comparable among jurisdictions and indicative of elective surgery performance more generally.

Collection of national data using the current list of 15 indicator procedures began in 1995. These indicator procedures usually account for about 30–35% of elective surgery reported. The remainder of records are assigned to a *Not applicable* indicator procedure category.

The 30 most common first procedures reported for elective surgery admissions for which the indicator procedure was *Not applicable* are presented in Table A1 (see page 48). These data are based on 2012–13 data sourced from the NESWTDC and linked to admitted patient care data.

The 30 most common procedures accounted for 45% of the *Not applicable* indicator procedures, or about 28% of all records reported for the NESWTDC in 2012–13. This information could be used to recommend the addition of other high volume procedures as indicator procedures, for example *Release of carpal and tarsal tunnel* and *Thyroidectomy*.

Some miscoding of indicator procedures may also occur. For example, in 2012–13, there were 2,967 records with a *Not applicable* indicator procedure that had a first procedure for *Myringotomy*, and 2,605 with a first procedure of *Tonsillectomy or adenoidectomy*, both of which are indicator procedures.

There were also 6,468 records with no procedure reported, which may represent uncoded/miscoded episodes, or episodes for which the patient was admitted but the procedure was not carried out (for example, due to contraindication).

Quality of Indigenous status data

The quality of Indigenous status information in the data provided for the NESWTDC has not been formally assessed. Therefore, the information presented for Indigenous status for elective surgery waiting times in Chapter 3 should be used with caution.

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

New South Wales

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

Victoria

The Victorian Department of Health reports that Indigenous status data is of acceptable quality, with valid information recorded for more than 98% of patients admitted and/or removed from elective surgery waiting lists. However, the number of identified Aboriginal and Torres Strait Islander patients is likely to be more accurate within the admitted patient care data.

Queensland

Available evidence suggests that the number of Indigenous patients is understated in Queensland hospital data due to non-reporting as well as misreporting of Indigenous status. Despite this, Queensland Health regards the Indigenous status data used in this report of a quality appropriate for publication.

Western Australia

The Western Australian Department of Health and Ageing 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

The South Australian Department for Health and Ageing considers that the Indigenous status data is reasonably complete, and of sufficient quality for publication. The proportion of *Not stated* responses continues to fall.

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 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 reports that the quality of its 2013–14 Indigenous status data for elective surgery waiting times patients is considered to be of good quality, with accuracy at over 90% for patients admitted and/or removed from the elective surgery waiting list. 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.

Table A1: The 30 most common first procedures for admissions from public hospital elective surgery waiting lists for which the indicator procedure was reported as *Not applicable*, states and territories, 2012–13

Procedure block		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1620	Excision of lesion(s) of skin and subcutaneous tissue	12,764	9,806	10,004	5,261	4,551	1,227	417	437	44,467
1265	Curettage and evacuation of uterus	5,373	4,053	3,343	2,275	2,774	425	197	772	19,212
1554	Other application, insertion or removal procedures on other musculoskeletal sites	3,360	3,148	3,065	1,353	746	259	296	166	12,393
76	Release of carpal and tarsal tunnel	3,367	2,071	1,608	1,109	1,287	258	110	85	9,895
1744	Excision of lesion of breast	3,314	2,368	1,670	783	659	264	99	65	9,222
1259	Examination procedures on uterus	2,429	2,009	1,423	163	1,038	252	121	132	7,567
1275	Destruction procedures on cervix	2,252	1,744	1,850	607	486	125	96	157	7,317
	No procedure reported	5,359	119	50	469	382	68	14	7	6,468
1503	Arthroscopic excision of knee	1,555	1,381	1,028	633	637	173	47	84	5,538
1517	Arthroscopic meniscectomy of knee with repair	1,506	985	517	1,045	1,172	109	88	78	5,500
992	Repair of umbilical, epigastric or linea alba hernia	1,731	1,138	1,220	607	464	145	88	73	5,466
114	Thyroidectomy	1,727	1,232	854	473	288	71	57	32	4,734
1266	Excision of lesion of uterus	1,868	1,296	591	339	396	93	71	27	4,681
1196	Excision procedures on penis	1,069	909	751	958	324	104	39	141	4,295
1163	Closed biopsy of prostate or seminal vesicle	1,529	1,027	320	496	436	151	102	1	4,062
1748	Simple mastectomy	1,160	703	835	387	309	93	54	29	3,570
1183	Vasectomy and epididymectomy	975	557	98	974	714	96	5	47	3,466
1566	Excision procedures on other musculoskeletal sites	1,083	837	768	334	292	60	49	35	3,458
1522	Reconstruction procedures on knee	980	658	853	473	261	29	75	42	3,371
1089	Examination procedures on bladder	2,182	208	190	68	260	361	23	3	3,295
913	Colectomy	1,094	704	722	210	245	109	63	18	3,165
984	Laparoscopy	935	701	681	307	310	122	56	30	3,142
1283	Repair of prolapse of uterus, pelvic floor or enterocele	1,213	584	540	267	306	86	51	4	3,051
1067	Endoscopic insertion, replacement or removal of ureteric stent	894	526	479	510	402	65	60	37	2,973
309	Myringotomy	1,723	155	97	119	832	21	17	3	2,967
207	Vitrectomy	739	717	580	288	242	66	94	23	2,749
1404	Other repair procedures on shoulder	944	478	549	355	251	59	60	37	2,733
754	Transluminal balloon angioplasty	1,339	222	282	754	77	53	1	0	2,728
412	Tonsillectomy or adenoidectomy	1,174	201	205	257	650	83	24	11	2,605
765	Procedures for surgically created arteriovenous fistula	772	613	505	258	163	59	67	104	2,541
	Other	68,795	55,061	46,872	30,336	22,862	5,648	4,210	2,100	235,884
Total		**135,205**	**96,211**	**82,550**	**52,468**	**43,816**	**10,734**	**6,751**	**4,780**	**432,515**

Note: These data were sourced from the 2012–13 NHMD as 2013–14 data were not available at the time the publication was released.

Appendix B: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2013–14 definitions in the *National health data dictionary*, version 16 (AIHW 2012) (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. 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 generally indicate a zero, the symbol '<0.1' and '>–0.1' have been used to denote numbers between zero and 0.05 and zero and negative 0.05, respectively.

Data on waiting times (50th and 90th percentile waiting times) and the proportion of patients who waited more than 365 days for their surgery have been suppressed if there were fewer than 100 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 waiting times data presented in this report are for patients who completed their wait and were admitted for their surgery as either an elective or emergency admission. In previous reports, this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with that reported in previous years.

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 surgery; 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 for the awaited surgery.

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 $n \times p = i + f$ (where i is an integer and f is the fractional part of $n \times p$).

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

If $n \times p$ is not an integer, 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 ascending 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, 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 days.

Elective surgical episodes with one or more adverse events

This analysis presents the number and proportion of separations for patients admitted from elective surgery waiting lists where an adverse event was reported. In general, adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some of these adverse events may be preventable.

The NESTD included a flag indicating whether an adverse event had been reported for a patient after admission from the elective surgery waiting list. The flag was derived from the data reported for the admitted patient episode by the states and territories, not the AIHW. States and territories were provided with the specification to assist calculation.

The flag was specified as one or more of the following ICD-10-AM (7th edition) codes reported:

- For diagnoses:
  - T80–T88 code range for complications of surgical and medical care, not elsewhere classified
  - T98.3 *Sequelae of complications of surgical and medical care, not elsewhere classified*
  - ICD-10-AM chapter-specific diagnosis code for post procedural disorders (E89, G97, H59, H95, I97, J95, K91, M96 or N99)
- For external causes of injury and poisoning:
  - Y60–Y69 *Misadventures to patients during surgical and medical care*
  - Y70–Y82 *Medical devices associated with misadventures in diagnostic and therapeutic use*
  - Y83–Y84 *Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure*.

Unplanned readmissions

The NESTD included a flag indicating where a patient admitted from an elective surgery waiting list was readmitted to the same hospital within 28 days. The flag was derived from the data reported for the admitted patient episode by the states and territories, not the AIHW. States and territories were provided with the specification to assist calculation.

The specification was that the 28-day period was calculated from patient's date of separation from the admitted patient episode during which the surgery occurred to the patient's

admission date for subsequent hospital treatment. Where a patient had more than one subsequent admission, only the first admission was flagged.

Records were flagged where the subsequent separation:

- had one of the following ICD-10-AM (7th edition) principal diagnosis codes:
  - T80–T88 code range for complications of surgical and medical care, not elsewhere classified
  - T98.3 *Sequelae of complications of surgical and medical care, not elsewhere classified*
  - ICD-10-AM chapter-specific diagnosis code for post procedural disorders (E89, G97, H59, H95, I97, J95, K91, M96 or N99).
- where the readmission has an urgency of admission of *Emergency*.

Estimated coverage of elective surgery

The estimated proportion of elective surgical separations covered by the NESWTDC data is calculated as the number of admissions for elective surgery reported to the NESWTDC divided by the number of elective surgical separations (separations with an *Elective* urgency of admission and a *Surgical* Australian Refined Diagnosis Related Group [AR-DRG]) reported to the NHMD, as a percentage.

For 2013–14, as the corresponding admitted patient care 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 2012–13 and 2013–14, and the number of elective surgical separations reported to the NHMD for 2012–13.

For example:

- If the same hospitals were reported by a jurisdiction for the NESWTDC for both 2012–13 and 2013–14, the jurisdiction's coverage was assumed to be the same for both years.
- If the hospitals reported by a jurisdiction changed between 2012–13 and 2013–14, the jurisdiction's coverage was adjusted by increasing (or decreasing) the numerator counts (NESWTDC admissions for 2012–13), based on the number of elective surgical separations reported for the individual hospital(s) to the NHMD for 2012–13.
- If a hospital that was included in the NESWTDC for the first time in 2013–14 was not included in the NHMD for 2012–13, an adjustment could not be made.

For states and territories with incomplete reporting of elective surgery waiting times data in 2013–14, the estimate of coverage should be interpreted with caution.

Appendix C: Public hospital peer groups

This report uses a new public hospital peer group classification, developed by the AIHW in consultation with the Australian Hospital Statistics Advisory Committee. An AIHW report on the new peer group classification will be released later in 2014 (*Australian hospital peer groups 2014*, AIHW forthcoming). This appendix presents a summary of the method used to develop the new peer groups.

Since 1999, AIHW has grouped public hospitals into peer groups when reporting hospital data. This reflects the need to compare hospitals against other hospitals with similar characteristics when reporting statistics and monitoring performance.

The AIHW's original peer grouping was developed with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC). It was developed to examine variability in the average cost per casemix-adjusted separation and to group hospitals into broadly similar groups in terms of their range of admitted patient activities.

This grouping was first published in *Australian hospital statistics 1998-99* (AIHW 2000) and continued to be used in all subsequent *Australian hospital statistics* publications until the 2011–12 report. It grouped hospitals based on a number of criteria, including specialisation of hospital (categories such as multi-purpose services, hospices, rehabilitation, mothercraft, psychiatric or other non-acute; categorisation was based on advice from states and territories); workload of hospital, measured in acute separations or acute weighted separations; and geographic location (see Table C1).

However, changes in hospital workloads and work practices over time highlighted the need for a review of the appropriateness of the peer groups.

The new AIHW peer grouping has been developed as a flexible and robust system for the categorisation of hospitals into peer groups:

- The groups are based on logical groupings of hospitals according to available data. It is based on a broader range of hospital data sources than the original peer group classification and does not rely on advice from state and territories to create particular groups.
- The grouping is intended to be multi-purpose. The peer groups were defined according to common criteria and not for any particular type of statistical analysis or performance reporting purpose. They should be useful for a range of different purposes.
- The grouping is intended to be stable over time. The individual groups have been defined by the type and nature of the services provided rather than by size-based characteristics which can change through activity increases. The stability of the grouping membership was also tested using several years of data.

A summary of the new peer group classification is presented in Table C2.

Table C1: Public hospital peer group classification, 1998 to 2013

Peer group	Subgroup	Code	Definition
Principal referral and specialist women's and children's hospitals	Principal referral	A1	Major city hospitals with >20,000 acute casemix-adjusted separations, and Regional hospitals with >16,000 acute casemix-adjusted separations per annum.
	Specialist women's and children's	A2	Specialised acute women's and children's hospitals with >10,000 acute casemix-adjusted separations per annum.
Large hospitals	Major city	B1	Major city acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum.
	Regional and Remote	B2	Regional acute hospitals treating >8,000 acute casemix-adjusted separations per annum, and Remote hospitals with >5,000 casemix-adjusted separations.
Medium hospitals	Group 1	C1	Medium acute hospitals in Regional and Major city areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum.
	Group 2	C2	Medium acute hospitals in Regional and Major city areas treating between 2,000 and 5,000 acute casemix-adjusted separations per annum, and acute hospitals treating <2,000 casemix-adjusted separations per annum but with >2,000 separations per annum.
Small acute hospitals	Regional	D1	Small Regional acute hospitals (mainly small country town hospitals), acute hospitals treating <2,000 separations per annum, and with less than 40% non-acute and outlier patient days of total patient days.
	Remote	D3	Small Remote hospitals (<5,000 acute casemix-adjusted separations but not 'multi-purpose services' and not 'small non-acute'). Most are <2,000 separations.
Subacute and non-acute hospitals	Small non-acute	D2	Small non-acute hospitals, treating <2,000 separations per annum, and with more than 40% non-acute and outlier patient days of total patient days.
	Multi-purpose services	E2	
	Hospices	E3	
	Rehabilitation	E4	
	Mothercraft	E5	
	Other non-acute	E9	For example, geriatric treatment centres combining rehabilitation and palliative care, with a small number of acute patients.
Unpeered and other hospitals		G	Prison medical services, dental hospitals, special circumstance hospitals, Major city hospitals with <2,000 acute casemix-adjusted separations, hospitals with <200 separations etc.
Psychiatric hospitals		F	

Table C2: List of new peer groups including number of public hospitals, 2014

Group	Description	Public hospitals
Public acute hospitals	**Are identified according to the hospital's service profile:**	
Principal referral hospitals	Provide a very broad range of services, including some very sophisticated services, and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an infectious diseases unit and a 24-hour emergency department.	29
Public acute group A hospitals	Provide a wide range of services to a large number of patients and are usually situated in metropolitan centres or inner regional areas. Most have an intensive care unit and a 24-hour emergency department. They are among the largest hospitals, but provide a narrower range of services than the *Principal referral* group. They have a range of specialist units, potentially including bone marrow transplant, coronary care and oncology units.	62
Public acute group B hospitals	Most have a 24-hour emergency department and perform elective surgery. They provide a narrower range of services than the *Principal referral* and *Public acute group A* hospitals. They have a range of specialist units, potentially including obstetrics, paediatrics, psychiatric and oncology units.	45
Public acute group C hospitals	These hospitals usually provide an obstetric unit, surgical services and some form of emergency facility. Generally smaller than the *Public acute group B* hospitals.	143
Public acute group D hospitals	Often situated in regional and remote areas and offer a smaller range of services relative to the other public acute hospitals groups. Hospitals in this group tend to have a greater proportion of non-acute separations compared with other public acute hospitals.	191
Very small hospitals	Generally provide less than 200 admitted patient separations each year.	136
Specialist overnight hospitals	**Perform a readily identified role within the health system**	
Women's and children's hospitals		**12**
Children's hospitals	Specialise in the treatment and care of children.	6
Women's hospitals	Specialise in treatment of women.	5
Women's and children's hospitals	Specialise in the treatment of both women and children.	1
Early parenting centres	Specialise in care and assistance for mothers and their very young children.	8
Drug and alcohol hospitals	Specialise in the treatment of disorders relating to drug or alcohol use.	2
Psychiatric hospitals	Specialise in providing psychiatric care and/or treatment for people with a mental disorder or psychiatric disability.	**27**
Psychogeriatric hospitals	Specialise in the psychiatric treatment of older people .	7
Child, adolescent and young adult psychiatric hospitals	Specialise in the psychiatric treatment of children and young people.	4
General acute psychiatric hospitals	Provide acute psychiatric treatment.	5
General non-acute psychiatric hospitals	Provide non-acute psychiatric treatment—mainly to the general adult population.	6
Forensic psychiatric hospitals	Provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending.	5

Table C2 (continued): List of new peer groups including number of public hospitals, 2014

Group	Description	Public hospitals
Other acute specialised hospitals	Specialise in a particular form of acute care, not grouped elsewhere. This group is too diverse to be considered a peer group for comparison purposes. It includes hospitals that specialise in the treatment of cancer, rheumatology, eye, ear and dental disorders.	3
Subacute and non-acute hospitals		
Public rehabilitation hospitals	Primarily provide rehabilitation and/or geriatric evaluation and management in which the clinical purpose or treatment goal is improvement in the functioning of a patient.	14
Mixed subacute and non-acute hospitals	Primarily provide a mixture of subacute (rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care) and non-acute (maintenance) care that is not covered by the hospitals in the Public rehabilitation hospitals peer group.	26
Same-day hospitals	Treat patients on a same-day basis. The hospitals in the same-day hospital peer groups tend to be highly specialised.	
Mixed day procedure hospitals	Provide a variety of specialised services on a same-day basis.	4
Outpatient hospitals	Provide a range of non-admitted patient services. Generally do not admit patients.	44
Unpeered hospitals	Could not be placed in one of the other peer groups.	11

Glossary

Most definitions in this glossary contain an identification number from the METeOR, Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for topics related to health and community services, and specifications for related NMDSs. METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

For further information on the terms used in this report, refer to the definitions in the *National health data dictionary version 16* (AIHW 2012).

Admission: the process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight care or treatment. METeOR id: 327206

Admitted patient: a patient who undergoes a hospital's 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: 514017

Elective surgery: elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule book, with the exclusion of specific procedures frequently done by non-surgical clinicians. METeOR id: 327226

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: the type of procedure for which an elective surgery patient is waiting. Waiting list statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision. METeOR id: 472513

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 is a person 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

Overdue patient: a patient is classified as overdue if ready for care and waiting time at admission or waiting time at a census date is longer than 30 days for patients in clinical urgency Category 1, 90 days for patients in clinical urgency Category 2, or 365 days for patients in clinical urgency Category 3. METeOR id: 471710

Peer group: a classification of hospitals into broadly similar groups in terms of the types of services provided and the volume and complexity of admitted patient activity.

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.

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: a patient treated at no charge in a public hospital (or provided with care by a private hospital on behalf of a public hospital).

Reason for 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 by or on behalf of this hospital or the state/territory
- admitted as an emergency patient for awaited procedure by or on behalf of this hospital or the state/territory
- 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 on behalf of this hospital or the state/territory
- surgery not required or declined
- transferred to another hospital's waiting list
- not known.

METeOR id: 471735

Surgical procedure: a procedure used to define surgical Australian Refined Diagnosis Related Groups in AR-DRG version 6.0x (DoHA 2010).

Surgical specialty: the area of clinical expertise held by the doctor who will perform the elective surgery. METeOR id: 270146

Waiting time at admission/removal: the time elapsed (in days) 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 removed from the waiting list. METeOR id: 471744

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Related publications

This report, *Australian hospital statistics 2013–14: elective surgery waiting times*, is part of an annual series. The earlier editions and any published later can be downloaded for free from the AIHW website <www.aihw.gov.au/hospitals-publications/>. The website also includes information on ordering printed copies.

Recent related reports include:

- AIHW 2014. Australian hospital statistics 2012–13. Health services series no. 54. Cat. no. HSE 145. Canberra: AIHW.
- AIHW 2014. Australia's hospitals 2012–13: at a glance. Health services series no. 55. Cat. no. HSE 146. Canberra: AIHW.
- AIHW 2013. Australian hospital statistics 2012–13: *Staphylococcus aureus* bacteraemia in Australian public hospitals. Health services series no. 53. Cat. no. HSE 144. Canberra: AIHW.
- AIHW 2013. Australian hospital statistics 2012–13: emergency department care. Health services series no. 52. Cat. no. HSE 142. Canberra: AIHW.
- AIHW 2013. Australian hospital statistics 2012–13: elective surgery waiting times. Health services series no. 51. Cat. no. HSE 140. Canberra: AIHW.
- AIHW 2013. Australian hospital statistics: national emergency access and elective surgery targets 2012. Health services series no. 48. Cat. no. HSE 131. Canberra: AIHW.
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- AIHW 2012. Surgery in Australian hospitals 2010–11. Canberra: AIHW. <http://www.aihw.gov.au/hospitals/surgery-2010-11>.
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Please see <www.aihw.gov.au/publications-catalogue/> to access a complete list of AIHW publications relating to Australia's health and welfare.

In 2013–14:

- about 700,000 patients were admitted to Australian public hospitals from elective surgery waiting lists;
- 50% of patients were admitted for their surgery within 36 days of being placed on the waiting list and 90% were admitted within 262 days.