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# Elective surgery waiting times

2014–15



Australian hospital statistics





**Australian Government**

**Australian Institute of  
Health and Welfare**

*Authoritative information and statistics  
to promote better health and wellbeing*

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# **Elective surgery waiting times 2014–15**

**Australian hospital statistics**

Australian Institute of Health and Welfare  
Canberra

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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 2014 to June 2015.

As in previous reports, *Elective surgery waiting times 2014–15: Australian hospital statistics* 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 year's report includes a greater amount of information on changes over time, and expanded information on Indigenous status.

The structure of this report differs from previous *Elective surgery waiting times* reports, with information presented in short, self-contained sections on specific topics. This should make it easier for readers to find and use the information they are interested in.

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 2014–15 will be published in early 2016.

The *Australian hospital statistics* reports are based on the AIHW's comprehensive national hospitals databases. These databases are also the source of data for nationally agreed hospital performance indicators reported by the National Health Performance Authority. As well, the Steering Committee for the Review of Government Service Provision uses these data for its *Report on Government Services*.

The Institute is committed to working with stakeholders to improve the national statistical information base on hospitals and its relevance to contemporary public policy debate on hospital service delivery. We look forward to continuing to work with data users and data providers to improve the quality and usefulness of the national data collections and to enhance the presentation of information in our *Australian hospital statistics* products.

Kerry Flanagan  
Director

October 2015

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# Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ESWT NMDS	Elective surgery waiting times (removals and census data) national minimum data set
GP	general practitioner
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
METeOR	Metadata Online Registry
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
NHMD	National Hospital Morbidity Database
NMDS	national minimum data set
NSW	New South Wales
NT	Northern Territory
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 provided?

In 2014–15, Australia’s public hospitals admitted almost 698,000 patients from elective surgery waiting lists (as either elective or emergency admissions).

Between 2011–12 and 2014–15, the number of admissions from public hospital elective surgery waiting lists increased by 1.9% on average each year. After adjusting for a change in reporting in Queensland, it is estimated that admissions would have increased by about 1.8% on average each year.

After adjusting for the change in Queensland, admissions per 1,000 population remained stable between 2011–12 and 2014–15.

Between 2013–14 and 2014–15, admissions from public hospital elective surgery waiting lists decreased by 0.2%. After adjusting for the change in Queensland, they increased by an estimated 1.0%.

## What care was provided?

In 2014–15, around 23% of patients were admitted for the surgical specialty *General surgery* (surgery on organs of the abdomen) and about 15% were admitted for *Orthopaedic surgery* (surgery on bones, joints, ligaments and tendons, including knee and hip replacements).

In 2014–15, the most common surgical procedure for admissions from public hospital elective surgery waiting lists was *Cataract extraction* (65,000 admissions).

Between 2011–12 and 2014–15, there were large annual average increases in admissions for *Total hip replacement* (4.5% per year) and *Total knee replacement* (4.0% per year). Over the same period, admissions for *Myringotomy* decreased by 5.0% on average each year.

## How long did people wait for surgery?

Between 2010–11 and 2013–14, the time within which 50% of all patients were admitted (the median waiting time) was stable at 36 days.

In 2014–15, the median waiting time decreased to 35 days; it ranged from 27 days in Queensland to 55 days in Tasmania.

Between 2010–11 and 2014–15, the proportion of patients who waited greater than 365 days to be admitted for their procedure decreased from 2.8% to 1.8%.

The surgical specialties with the longest median waiting times in 2014–15 were *Ear, nose and throat surgery*, *Ophthalmology*, and *Orthopaedic surgery* (73, 70, and 64 days, respectively). *Cardio-thoracic surgery* had the shortest median waiting times (18 days).

*Coronary artery bypass graft* was the procedure with the shortest median waiting time (14 days) and *Septoplasty* had the longest median waiting time (214 days).

The median waiting time for Indigenous Australians (42 days) was higher than for other Australians (35 days). The proportion of Indigenous Australians who waited more than a year for elective surgery was higher than for other Australians (2.3% and 1.8%, respectively).

# 1 Introduction

*Elective surgery waiting times 2014–15: Australian hospital statistics* focuses on information about public hospital elective surgery waiting lists. It continues the Australian Institute of Health and Welfare's (AIHW) *Australian hospital statistics* series of reports describing the characteristics and activity of Australia's hospitals.

This report presents information on elective surgery waiting times for public hospitals for the period 1 July 2014 to 30 June 2015. It includes information on overall activity and nationally agreed waiting times performance indicators. It also includes comparative information for the previous 4 reporting periods.

Data for the same period for emergency department care will be released in *Emergency department care 2014–15: Australian hospital statistics* in October 2015 (AIHW 2015, forthcoming). A report on hospital-associated *Staphylococcus aureus* bacteraemia cases – *Staphylococcus aureus bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics* – is scheduled for release in December 2015.

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 2015. These data will be reported by the AIHW in early 2016.

*Admitted patient care 2014–15: Australian hospital statistics* 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 and the socioeconomic status of their area of usual residence will be included.

## 1.1 What's in this report?

### Structure of the report

This introduction provides contextual information on the data reported in this report and its limitations, along with a description of the key terms used. Other chapters present information on the following subjects:

- Chapter 2 – 'How much elective surgery was provided?' – the number of hospitals reporting elective surgery activity; admissions and removals from waiting lists; and the numbers of patients added to or removed from elective surgery waiting lists in 2014–15, and over the previous 4 years
- Chapter 3 – 'What care was provided?' – admissions by surgical specialty and surgical procedure – both for the current year (by jurisdiction) and as national time series tables
- Chapter 4 – 'How long did people wait for elective surgery?' – presents performance indicator information on how long patients waited for elective surgery in public hospitals, median and 90th percentile waiting times and how waiting times differed by clinical urgency category
- Chapter 5 – 'What was the safety and quality of the care?' – presents information on adverse events and unplanned readmissions following admissions for elective surgery.

Where possible these chapters consistently present information on:

- changes over time
- activity in 2014–15
- where to go for more information.

Appendix A provides summary information on the database used in preparing this report and issues affecting the quality or comparability of the data.

Appendix B includes notes on definitions and classifications, the presentation of data and analysis methods.

Appendix C includes information on the public hospital peer groups used in this report.

The Glossary provides definitions for many of the common terms used in this report.

## Hospital performance indicators

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).

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 hospital performance indicator information for:

- Waiting times for elective surgery – see Chapter 4 'How long did people wait for elective surgery?'
- Adverse events following admission for elective surgery – see Chapter 5 'What was the safety and quality of care?'
- Readmissions following admission for elective surgery – see Chapter 5 'What was the safety and quality of care?'

## 1.2 What data are reported?

This section presents information on the data used in this report and their limitations, plus a summary of the key terms used throughout the report.

### 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, 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, which is summarised at Appendix A and accompanies this report online at <[www.aihw.gov.au](http://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 should be taken into consideration when they are interpreted.

### **What are the limitations of the data?**

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data, checking 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 queries. Except as noted, the AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and in the appendixes.

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 2016.

### **How has data coverage changed over time?**

The NESWTDC 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.

For the purposes of this report, the coverage of the NESWTDC is estimated by comparing admissions for elective surgery reported to the NESWTDC with elective surgical separations reported to the NHMD, as a percentage. For more information, see Appendix B.

The coverage of the data collection has improved over the last 5 years, increasing from an estimated 89% in 2010–11 to 91% or over since 2011–12. Coverage was highest for *Principal referral and Women's and children's hospitals* and *Public acute group A hospitals* (Table 1.1).

For 2014–15, the estimates of the coverage are preliminary, based on 2013–14 NHMD data, as 2014–15 NHMD data are not yet available. The estimated coverage in 2014–15 was 91% nationally, and 100% in most states and territories except Victoria, Queensland and South Australia (78%, 90% and 96%, respectively; Table 1.2).

In 2011–12, an additional 54 hospitals not previously included were reported; Western Australia reported data for an additional 22 rural hospitals and South Australia reported data for an additional 32 hospitals (Table 1.2).

The Northern Territory coverage also increased between 2010–11 and 2011–12; this was due to the inclusion of certain surgical procedures that had previously been incorrectly excluded from the NESWTDC by the Northern Territory.

For 2014–15, Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). In 2011–12, Queensland was not able to provide data for the same 3 hospitals and these hospitals reported data for only 3 of the 4 quarterly periods in 2012–13. The three hospitals comprised two *Principal referral and Women's and children's hospitals* and one *Public acute group A hospital*.

A list of all public hospitals contributing to this report is available in Table S1.1, accompanying this report online at <[www.aihw.gov.au/hospitals](http://www.aihw.gov.au/hospitals)>.

**Table 1.1: Estimated proportion of elective surgery reported to the NESWTDC, by public hospital peer group, 2010–11 to 2014–15**

Hospital peer group	2010–11	2011–12	2012–13	2013–14	2014–15
Principal referral and Women's and children's hospitals	100	98	100	100	98
Public acute group A hospitals	96	94	96	96	94
Public acute group B hospitals	82	96	97	96	96
Other hospitals	52	67	67	66	64
<b>Total</b>	<b>89</b>	<b>91</b>	<b>93</b>	<b>93</b>	<b>91</b>

Note: See appendixes A, B and C for notes on data limitations and methods.

**Table 1.2: Estimated proportion of elective surgery reported to the NESWTDC, states and territories, 2010–11 to 2014–15**

State/territory	2010–11	2011–12	2012–13	2013–14	2014–15
New South Wales	100	100	100	100	100
Victoria	78	77	77	77	78
Queensland	98	89	98	98	90
Western Australia	82	100	100	100	100
South Australia	71	97	97	96	96
Tasmania	100	100	100	100	100
Australian Capital Territory	100	100	100	100	100
Northern Territory <sup>(a)</sup>	92	100	100	100	100
<b>Total</b>	<b>89</b>	<b>91</b>	<b>93</b>	<b>93</b>	<b>91</b>

(a) Between 2010–11 and 2011–12, coverage for the Northern Territory increased due to the inclusion of certain surgical procedures that had previously been incorrectly excluded from the NESWTDC. The estimate of coverage for 2010–11 is based on information provided by the Northern Territory.

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

## 1.3 What terms and methods are used?

This section gives a brief description of some of the terms and methods used in this report. For more information, see Appendix B and the Glossary.

### Terms

The term **admissions** has been used to describe episodes for patients who were admitted for elective surgery as either an elective or emergency admission.

The **waiting times** data presented in this report represent 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.

The waiting times do not include days where the patient was not ready for care. The number of days waited does not include the time waited for the initial appointment with the specialist.

### Changes over time

For tables presenting the numbers of admissions from elective surgery waiting lists over time, the annual change for 2011–12 to 2014–15 is shown (rather than from 2010–11) because coverage changes between 2010–11 and 2011–12 mean that the data for 2010–11 are not comparable to the data provided for subsequent years for Queensland, Western Australia, South Australia, the Northern Territory and nationally (tables 2.4, 2.6, 2.7, 3.1 and 3.3).

For tables presenting waiting time statistics over time, the average annual changes from 2010–11 to 2014–15 and from 2013–14 to 2014–15 are shown. Annual change rates are not adjusted for changes in data coverage, except where noted for the changes in coverage for Queensland, as described above.

### Public hospital peer groups

Public hospital peer groups are used to classify hospitals that share similar characteristics to provide a basis for meaningful comparisons. This report presents analyses by hospital peer group, including the National Healthcare Agreement (NHA) performance indicator, using the AIHW's current peer group classification. The Steering Committee for the Review of Government Service Provision will also use these peer groups for reporting the NHA performance indicator to be reported in the *Report on government services 2016*.

In previous reports, this information was presented using the AIHW's previous peer group classification. Therefore, the data presented here by public hospital peer group are not directly comparable with those presented in AIHW reports before 2014–15. See Appendix C and *Australian hospital peer groups* (AIHW 2015, forthcoming) for more information.

## 1.4 Additional information

This report is available on the AIHW website at <[www.aihw.gov.au/hospitals](http://www.aihw.gov.au/hospitals)> in PDF format and all tables are available as downloadable Excel spread-sheets.

### Interactive data

Also on the AIHW website are interactive data from the NESWTDC, including summary statistics for elective surgery waiting times by reason for removal, surgical specialties and surgical (indicator) procedures.

### Updates

Online tables will be updated in the event of errors being found in this report after publication, or if data are resupplied by states and territories after its release.

#### Where to go for more information

More information on Australia's public hospitals is available in:

- *Hospital resources 2013–14: Australian hospital statistics* (AIHW 2015c)
- *Admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015a)
- *Non-admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015d)
- *Emergency department care 2014–15: Australian hospital statistics* (AIHW 2015, forthcoming)
- *Staphylococcus aureus bacteraemia in Australia's public hospitals 2013–14: Australian hospital statistics* (AIHW 2014b).
- *Australia's hospitals 2013–14: at a glance* (AIHW 2015b)



## 2 How much elective surgery was provided?

This chapter presents information on additions to and removals from public hospital elective surgery waiting lists in 2014–15, as well as information for the 4 previous periods.

The term ‘admission’ has been used for patients whose reason for removal from a waiting list was 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*.

The information in this chapter includes:

- the number of public hospitals that admitted patients from elective surgery waiting lists
- the number of patients added to and removed from waiting lists
- the number of patients admitted for their awaited procedure.

It 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, which will be presented in *Admitted patient care 2014–15: Australian hospital statistics* (to be published in early 2016).

### Key findings

#### How many hospitals provided elective surgery?

In 2014–15, 241 of Australia’s public hospitals reported admissions from public hospital elective surgery waiting lists to the NESWTDC. These included the major public hospitals in each state and territory, classified as *Principal referral and Women’s and children’s hospitals* and *Public acute group A hospitals*, as well as other hospitals located in regional and remote areas.

#### How many additions to and removals from waiting lists were there?

In 2014–15, about 810,000 patients were added to and 809,000 patients removed from public hospital elective surgery waiting lists. Most patients removed from waiting lists were admitted for their awaited procedure; some patients were removed for other reasons.

#### How many admissions were reported?

In 2014–15, Australia’s public hospitals admitted almost 698,000 patients from elective surgery waiting lists (as either elective or emergency admissions). *Principal referral and women’s and children’s hospitals* and *Public acute group A hospitals* accounted for almost three-quarters of these admissions (40% and 34%, respectively).

#### How have admissions changed over time?

Between 2011–12 and 2014–15, the number of admissions from public hospital elective surgery waiting lists increased by 1.9% on average each year. After adjusting for a change in reporting for Queensland, it is estimated that admissions would have increased by about 1.8% on average each year. Between 2013–14 and 2014–15, after adjusting for a change in reporting in Queensland, admissions increased by about 1.0%.

Admissions per 1,000 population were fairly stable between 2011–12 and 2014–15.

## 2.1 How many public hospitals provided elective surgery?

This section presents information on the number of public hospitals that reported admissions from elective surgery waiting lists, over time and for 2014–15.

### Changes over time

Between 2010–11 and 2011–12, there was a large increase in the total number of public hospitals that reported admissions from elective surgery waiting lists, from 193 hospitals in 2010–11 to 244 in 2011–12 (tables 2.1 and 2.2).

This increase was mostly due to an increase in reporting hospitals in South Australia and Western Australia. These additional hospitals were not classified as *Principal referral and Women's and children's hospitals*, *Public acute group A hospitals* or *Public acute group B hospitals* (see Section 1.2 for more information).

Consequently, although tables presenting admissions over time show data from 2010–11 to 2014–15, the per cent change over time is presented for the periods 2011–12 to 2014–15 and 2013–14 to 2014–15 (tables 2.4, 2.6 and 2.7).

In 2014–15, 241 public hospitals reported admissions from elective surgery waiting lists to the NESWTDC. For Queensland, the Lady Cilento Children's Hospital in Queensland opened in November 2014, replacing the Royal Children's Hospital and the Mater Children's Hospital. The Lady Cilento Children's Hospital and the Royal Children's Hospital are both included in tables 2.1 and 2.2. For Western Australia, the Fiona Stanley Hospital opened in October 2014, replacing the Royal Perth Hospital (Shenton Park campus) and Kaleeya Hospital. All 3 of these hospitals are included in tables 2.1 and 2.2.

The numbers of hospitals reported here may underestimate the number of hospitals with elective surgery waiting lists, because the coverage of the data collection is incomplete, as detailed in Section 1.2.

**Table 2.1: Number of hospitals reporting admissions from waiting lists for elective surgery, by public hospital peer group, 2010–11 to 2014–15**

	2010–11	2011–12 <sup>(a)</sup>	2012–13 <sup>(a)</sup>	2013–14	2014–15 <sup>(a)</sup>
Principal referral and Women's and children's hospitals	41	39	41	41	41
Public acute group A hospitals	58	57	58	58	57
Public acute group B hospitals	35	42	43	43	43
Other hospitals <sup>(b)</sup>	59	106	104	102	100
<b>Total</b>	<b>193</b>	<b>244</b>	<b>246</b>	<b>244</b>	<b>241</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, estimated coverage nationally was 89% in 2010–11, 91% in 2011–12 and 2014–15, and 93% in 2012–13 and 2013–14.

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

Note: See Section 1.2 and appendixes A, B and C for notes on data limitations and methods.

**Table 2.2: Number of hospitals reporting admissions from waiting lists for elective surgery, states and territories, 2010–11 to 2014–15**

	2010–11	2011–12	2012–13	2013–14	2014–15
New South Wales	96	96	96	96	95
Victoria	32	32	32	32	32
Queensland <sup>(a)</sup>	32	29	33	33	31
Western Australia <sup>(a)</sup>	14	36	35	34	35
South Australia <sup>(a)</sup>	8	40	39	38	37
Tasmania	4	4	4	4	4
Australian Capital Territory	2	2	2	2	2
Northern Territory <sup>(a)</sup>	5	5	5	5	5
<b>Total</b>	<b>193</b>	<b>244</b>	<b>246</b>	<b>244</b>	<b>241</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, coverage changed for Queensland (with lower coverage in 2011–12 and 2014–15 than in other years) and for Western Australia, South Australia and the Northern Territory (with lower coverage in 2010–11 than in subsequent years).

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

## Hospitals reporting elective surgery in 2014–15

In 2014–15, admissions from elective surgery waiting lists were reported for:

- 41 of the 43 *Principal referral and Women's and children's hospitals* (Table 2.3) – these hospitals are mainly located in *Major cities* and provide a very broad range of specialist services.
- 57 of the 62 *Public acute group A hospitals* – about half of these hospitals are located in regional and remote areas and provide a wide range of specialist services.
- 43 of the 45 *Public acute group B hospitals* – these hospitals provide a narrower range of services than *Principal referral and Women's and children's hospitals* and *Public acute group A hospitals*.

Admissions from elective surgery waiting lists were also reported for 100 other hospitals. For more information on public hospital peer groups, see Appendix C.

**Table 2.3: Number of hospitals reporting admissions from public hospital elective surgery waiting lists, by public hospital peer group, states and territories, 2014–15**

	NSW	Vic <sup>(a)</sup>	Qld <sup>(a)</sup>	WA	SA <sup>(a)</sup>	Tas	ACT	NT	Total
Principal referral and Women's and children's hospitals	14	9	7	5	3	1	1	1	41
Public acute group A hospitals	22	12	11	4	4	2	1	1	57
Public acute group B hospitals	17	7	8	6	4	1	0	0	43
Other hospitals	42	4	5	20	26	0	0	3	100
<b>Total</b>	<b>95</b>	<b>32</b>	<b>31</b>	<b>35</b>	<b>37</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>241</b>

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,900 additions to, 8,200 removals from and 7,000 admissions in 2013–14) and 5 months of data for a third hospital (that reported about 3,900 additions to, 4,000 removals from and 3,700 admissions in 2013–14). Coverage was also not complete in Victoria and South Australia.

Note: See Section 1.2 and appendixes A, B and C for notes on data limitations and methods.

## 2.2 How many patients were added to or removed from elective surgery waiting lists?

This section presents information on the numbers of additions to and removals from elective surgery waiting lists, over time and for 2014–15. Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2.

### Changes over time

Between 2011–12 and 2014–15, the number of additions to public hospital elective surgery waiting lists increased by an average of 2.2% each year, and by 2.0% between 2013–14 and 2014–15 (Table 2.4).

After adjusting for changes in coverage for Queensland, additions were estimated to have increased by 2.1% on average each year between 2011–12 and 2014–15 and by 3.2% between 2013–14 and 2014–15.

Between 2011–12 and 2014–15, the number of removals from public hospital elective surgery waiting lists increased by an average of 2.2% each year, and decreased by 0.6% between 2013–14 and 2014–15. After adjusting for the change in coverage for Queensland, removals were estimated to have increased by 2.1% on average each year, and increased by 0.7% between 2013–14 and 2014–15.

**Table 2.4: Numbers of additions to, and removals from public hospital elective surgery waiting lists, 2010–11 to 2014–15**

	2010–11	2011–12	2012–13	2013–14	2014–15	Change (%) <sup>(a)</sup>	
						Average since 2011–12	Since 2013–14
Additions	700,594	758,961	763,358	794,401	810,178	2.2	2.0
<b>Removals</b>							
Elective admission	620,899	656,166	667,294	695,099	693,460	1.9	–0.2
Emergency admission	6,285	3,544	3,739	3,924	4,106	5.0	4.6
<i>Total admissions</i>	<i>627,184</i>	<i>659,710</i>	<i>671,033</i>	<i>699,023</i>	<i>697,566</i>	<i>1.9</i>	<i>–0.2</i>
Other reasons for removal							
Not contactable/died	6,510	6,676	7,504	7,868	7,308	3.1	–7.1
Treated elsewhere	19,574	20,432	20,622	21,944	21,497	1.7	–2.0
Surgery not required	52,784	55,842	61,370	65,029	62,459	3.8	–4.0
Transferred	9,755	9,280	11,609	15,177	16,405	20.9	8.1
Not reported	5,048	5,850	4,384	4,595	3,845	–13.1	–16.3
<b>Total removals</b>	<b>720,855</b>	<b>757,790</b>	<b>776,522</b>	<b>813,636</b>	<b>809,080</b>	<b>2.2</b>	<b>–0.6</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, estimated coverage nationally was 89% in 2010–11, 91% in 2011–12 and 2014–15, and 93% in 2012–13 and 2013–14.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

## Additions and removals in 2014–15

In 2014–15, there were more than 810,000 additions to elective surgery waiting lists and about 809,000 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 0.9% in Tasmania.

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

About 21,500 patients were removed from waiting lists because they were *Treated elsewhere* and around 62,500 were removed for *Surgery not required or declined*. More than 16,000 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 *Transferred to another hospital's waiting list*, ranging from 1.1% in Victoria and Tasmania to 5.7% in Western Australia. New South Wales did not report the number of patients who were *Transferred to another hospital's waiting list*.

**Table 2.5: Numbers of additions to and removals from public hospital elective surgery waiting lists, by reason for removal, states and territories, 2014–15**

	NSW	Vic <sup>(a)</sup>	Qld <sup>(a)</sup>	WA	SA <sup>(a)</sup>	Tas	ACT	NT	Total
<b>Additions</b>	<b>245,214</b>	<b>200,630</b>	<b>151,125</b>	<b>100,323</b>	<b>70,306</b>	<b>18,538</b>	<b>14550</b>	<b>9,492</b>	<b>810,178</b>
<b>Removals</b>									
Elective admission	216,085	172,862	125,389	82,264	61,995	15,460	11807	7,598	693,460
Emergency admission	1,642	445	886	478	407	138	74	36	4,106
<i>Total admissions</i>	<i>217,727</i>	<i>173,307</i>	<i>126,275</i>	<i>82,742</i>	<i>62,402</i>	<i>15,598</i>	<i>11881</i>	<i>7,634</i>	<i>697,566</i>
Other reasons for removal									
Not contactable/died	2,278	2,091	599	937	695	470	99	139	7,308
Treated elsewhere	11,826	3,222	1,566	2,598	1,241	519	348	177	21,497
Surgery not required or declined	19,244	16,703	12,117	7,298	3,754	1,115	1002	1,226	62,459
Transferred to another hospital's waiting list	n.a.	2,140	6,828	5,799	990	198	450	0	16,405
Not reported	0	273	0	1,751	1,128	515	178	0	3,845
<b>Total removals</b>	<b>251,075</b>	<b>197,736</b>	<b>147,385</b>	<b>101,125</b>	<b>70,210</b>	<b>18,415</b>	<b>13958</b>	<b>9,176</b>	<b>809,080</b>

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,900 additions to, 8,200 removals from and 7,000 admissions in 2013–14) and 5 months of data for a third hospital (that reported about 3,900 additions to, 4,000 removals from and 3,700 admissions in 2013–14). Coverage was also not complete in Victoria and South Australia.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

### Where to go for more information

Information on time to removal from waiting list by reason for removal is available in Table S4.1: Additions to waiting lists and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2014–15 (accompanying this report online).

Information on data limitations and methods is available in appendixes A and B.

## 2.3 How many admissions were there from waiting lists?

This section presents the number of admissions from public hospital elective surgery waiting lists, over time and for 2014–15 as collected in the NESWTDC.

Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2.

### Changes over time

Between 2011–12 and 2014–15, the number of admissions from public hospital elective surgery waiting lists increased by an average of 1.9% each year, and decreased by 0.2% between 2013–14 and 2014–15 (Table 2.6). After adjusting for the change in reporting for Queensland, admissions were estimated to have increased by 1.8% on average each year and by 1.0% between 2013–14 and 2014–15.

The majority of public hospital elective surgery is performed in the larger public hospitals. Between 2011–12 and 2014–15, about three-quarters of admissions from elective surgery waiting lists each year were reported for *Principal referral and Women's and children's hospitals* and *Public acute group A hospitals*.

**Table 2.6: Admissions from public hospital elective surgery waiting lists, by public hospital peer group, 2010–11 to 2014–15**

	2010–11	2011–12	2012–13	2013–14	2014–15	Change (%) <sup>(a)</sup>	
						Average since 2011–12	Since 2013–14
Principal referral and Women's and children's hospitals	269,003	266,416	268,191	277,675	279,804	1.6	0.8
Public acute group A hospitals	222,717	220,508	226,305	237,944	239,463	2.8	0.6
Public acute group B hospitals	79,154	96,132	99,013	104,352	105,644	3.2	1.2
Other hospitals	56,310	76,654	77,524	79,052	72,655	-1.8	-8.1
<b>Total</b>	<b>627,184</b>	<b>659,710</b>	<b>671,033</b>	<b>699,023</b>	<b>697,566</b>	<b>1.9</b>	<b>-0.2</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, estimated coverage nationally was 89% in 2010–11, 91% in 2011–12 and 2014–15, and 93% in 2012–13 and 2013–14.

Note: See Section 1.2 and appendixes A, B and C for notes on data limitations and methods.

Between 2011–12 and 2014–15, the numbers of admissions from elective surgery waiting lists increased in all states and territories except South Australia and Tasmania (Table 2.7). For Queensland, the increase was 3.4%; after adjusting for coverage change, it was estimated to be 2.8% each year.

There were 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 (see Section 1.2). 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.

Between 2013–14 and 2014–15, admissions for elective surgery were relatively stable in most states and territories; they decreased for Western Australia and South Australia by 4.8% and 0.9%, respectively. In Queensland, they decreased by 1.0%; after adjusting for coverage changes, it is estimated that there was an increase of 6.3%.

Between 2011–12 and 2014–15, admissions per 1,000 population fluctuated, increasing overall by an average of 0.3% per year, from 29.3 per 1,000 in 2011–12, to 29.5 per 1,000 in 2014–15 (Table 2.7). After adjusting for the coverage change in Queensland, admissions per 1,000 population were 29.7 per 1,000 in both 2011–12 and 2014–15.

**Table 2.7: Admissions from public hospital elective surgery waiting lists, state and territories, 2010–11 to 2014–15**

	2010–11	2011–12	2012–13	2013–14	2014–15	Change (%) <sup>(a)</sup>	
						Average since 2011–12	Since 2013–14
<b>New South Wales</b>							
Number of admissions	206,266	209,452	213,799	216,675	217,727	1.3	0.5
Admissions per 1,000 population <sup>(b)</sup>	28.7	28.8	29.1	29.0	28.8	-0.1	-0.9
<b>Victoria<sup>(a)</sup></b>							
Number of admissions	157,572	154,079	153,415	170,314	173,307	4.0	1.8
Admissions per 1,000 population <sup>(b)</sup>	28.7	27.6	27.0	29.4	29.4	2.2	0.0
<b>Queensland<sup>(a)</sup></b>							
Number of admissions	117,277	114,328	119,767	127,494	126,275	3.4	-1.0
Admissions per 1,000 population <sup>(b)</sup>	26.4	25.3	26.0	27.2	26.6	1.7	-2.3
<b>Western Australia<sup>(a)</sup></b>							
Number of admissions	65,142	82,248	84,981	86,882	82,742	0.2	-4.8
Admissions per 1,000 population <sup>(b)</sup>	28.1	34.4	34.3	34.2	32.1	-2.3	-6.2
<b>South Australia<sup>(a)</sup></b>							
Number of admissions	46,433	65,186	64,136	62,968	62,402	-1.4	-0.9
Admissions per 1,000 population <sup>(b)</sup>	28.4	39.6	38.6	37.6	36.9	-2.3	-1.8
<b>Tasmania</b>							
Number of admissions	16,624	15,802	15,487	15,315	15,598	-0.4	1.8
Admissions per 1,000 population <sup>(b)</sup>	32.6	30.9	30.2	29.8	30.3	-0.6	1.6
<b>Australian Capital Territory</b>							
Number of admissions	11,389	11,362	11,640	11,781	11,881	1.5	0.8
Admissions per 1,000 population <sup>(b)</sup>	31.2	30.6	30.8	30.7	30.6	0.0	-0.3
<b>Northern Territory<sup>(a)</sup></b>							
Number of admissions	6,481	7,253	7,808	7,594	7,634	1.7	0.5
Admissions per 1,000 population <sup>(b)</sup>	28.1	31.2	32.6	31.2	31.3	0.1	0.1
<b>Total</b>							
<b>Number of admissions</b>	<b>627,184</b>	<b>659,710</b>	<b>671,033</b>	<b>699,023</b>	<b>697,566</b>	<b>1.9</b>	<b>-0.2</b>
<b>Admissions per 1,000 population<sup>(b)</sup></b>	<b>28.3</b>	<b>29.3</b>	<b>29.3</b>	<b>30.0</b>	<b>29.5</b>	<b>0.3</b>	<b>-1.6</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, coverage changed for Queensland (with lower coverage in 2011–12 and 2014–15 than in other years) and for Western Australia, South Australia and the Northern Territory (with lower coverage in 2010–11 than in subsequent years).

(b) Crude rate based on the estimated resident population as at 31 December during the reference period.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

## Admissions in 2014–15

In 2014–15, there were around 698,000 admissions from public hospital elective surgery waiting lists (Table 2.7).

The number of admissions per 1,000 population varied among states and territories, ranging from 28.8 per 1,000 in New South Wales to 36.9 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 (78%, 90% and 96%, respectively; see Table 1.1).

In 2014–15, the majority of elective surgery was performed in the larger public hospitals, with *Principal referral and Women's and children's hospitals* accounting for about 40% of admissions and *Public acute group A hospitals* accounting for a further 34% (Table 2.8).

For Western Australia, *Public acute group B hospitals* and *Other hospitals* accounted for about 45% of admissions from public hospital elective surgery waiting lists.

**Table 2.8: Admissions from public hospital elective surgery waiting lists, by public hospital peer group, states and territories, 2014–15**

	NSW	Vic <sup>(a)</sup>	Qld <sup>(a)</sup>	WA	SA <sup>(a)</sup>	Tas	ACT	NT	Total
Principal referral and Women's and children's hospitals	88,321	64,090	58,757	27,362	23,479	6,455	6,640	4,700	279,804
Public acute group A hospitals	70,143	63,560	54,333	18,395	18,446	7,033	5,241	2,312	239,463
Public acute group B hospitals	37,996	26,192	11,970	19,759	7,617	2,110	..	..	105,644
Other hospitals	21,267	19,465	1,215	17,226	12,860	0	..	622	72,655
<b>Total</b>	<b>217,727</b>	<b>173,307</b>	<b>126,275</b>	<b>82,742</b>	<b>62,402</b>	<b>15,598</b>	<b>11,881</b>	<b>7,634</b>	<b>697,566</b>

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). Coverage was also incomplete for Victoria and South Australia.

Note: See Section 1.2 and appendixes A, B and C for notes on data limitations and methods.

## Aboriginal and Torres Strait Islander people

In 2014–15, about 3.2% of admissions from public hospital elective surgery waiting lists (22,500) were reported for people of Aboriginal and Torres Strait Islander origin (Table 2.9) who represent about 3.0% of the Australian population. See Box 2.1 and Appendix A for information on the quality of the data provided for Indigenous status.

### Box 2.1: Limitations of data provided for Indigenous status

The quality of the data reported for Indigenous status in elective surgery waiting lists has not been formally assessed. Therefore, the information on Indigenous status presented in this report should be interpreted with caution.

States and territories reported differing assessments of the quality of their data. Victoria, Queensland, Western Australia, South Australia, Tasmania and the Northern Territory advised that the quality of the information provided for Indigenous status (for elective surgery waiting lists) was acceptable for reporting purposes. New South Wales and the Australian Capital Territory did not comment on the suitability of their data for reporting. See Appendix A for more information.



Indigenous Australians accounted for more than 30% of admissions from public hospital elective surgery waiting lists in the Northern Territory.

For admissions for persons reported as Indigenous Australians, 92% were reported as being of *Aboriginal but not Torres Strait Islander origin*, about 3% as *Torres Strait Islander but not Aboriginal origin* and about 5% as *Aboriginal and Torres Strait Islander origin*.

**Table 2.9: Admissions from public hospital elective surgery waiting lists, by Indigenous status, states and territories, 2014–15**

	NSW	Vic <sup>(a)</sup>	Qld <sup>(a)</sup>	WA	SA <sup>(a)</sup>	Tas	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	6,847	1,329	4,914	3,040	1,400	626	259	2,238	20,653
Torres Strait Islander but not Aboriginal origin	128	44	513	22	17	30	2	27	783
Aboriginal and Torres Strait Islander origin	247	156	427	55	24	39	15	59	1,022
<i>Indigenous Australians</i>	<i>7,222</i>	<i>1,529</i>	<i>5,854</i>	<i>3,117</i>	<i>1,441</i>	<i>695</i>	<i>276</i>	<i>2,324</i>	<i>22,458</i>
Neither Aboriginal nor Torres Strait Islander origin	209,987	169,561	119,493	79,612	59,217	14,697	11,468	5,306	669,341
Not reported	518	2,217	928	13	1,744	206	137	4	5,767
<i>Other Australians</i>	<i>210,505</i>	<i>171,778</i>	<i>120,421</i>	<i>79,625</i>	<i>60,961</i>	<i>14,903</i>	<i>11,605</i>	<i>5,310</i>	<i>675,108</i>
<b>Total</b>	<b>217,727</b>	<b>173,307</b>	<b>126,275</b>	<b>82,742</b>	<b>62,402</b>	<b>15,598</b>	<b>11,881</b>	<b>7,634</b>	<b>697,566</b>

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). Coverage was also incomplete for Victoria and South Australia.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

### Where to go for more information

Information on waiting times (to removal from waiting list) is available in:

- Chapter 4 – ‘How long did people wait for elective surgery?’
- Table S4.1: Additions to waiting lists and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2014–15 (accompanying this report online).

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 *Admitted patient care 2014–15: Australian hospital statistics*, to be released in early 2016.

Information on data limitations and methods is available in appendixes A and B.

## 3 What care was provided?

This chapter presents information on the types of elective surgery provided by public hospitals in 2014–15 and over time. It includes information on the numbers of admissions from elective surgery waiting lists by:

- surgical specialty
- surgical (indicator) procedure.

Between 2010–11 and 2011–12, there was a large increase in the coverage of the data collection. Between 2011–12 and 2014–15, the coverage of the data collection was relatively stable, except for Queensland – see Section 1.2 for more information. Consequently, although tables presenting admissions over time show data from 2010–11 to 2014–15, the per cent change over time is only presented for the periods 2011–12 to 2014–15 and 2013–14 to 2014–15 (tables 3.1 and 3.3).

### Key findings

#### Surgical specialty

Between 2011–12 and 2014–15, the largest annual average increases in admissions by surgical specialty were for *Urology* (4.6% per year) and *Neurosurgery* (3.4% per year).

In 2014–15, around 23% of patients were admitted for the surgical specialty *General surgery* (surgery on organs of the abdomen) and about 15% were admitted for *Orthopaedic surgery* (surgery on bones, joints, ligaments and tendons, including knee and hip replacements).

#### Surgical (indicator) procedure

In 2014–15, the most common surgical procedure for admissions from public hospital elective surgery waiting lists was *Cataract extraction* (65,000 admissions).

Between 2011–12 and 2014–15, there were large annual average increases in admissions for *Total hip replacement* (4.5% per year) and *Total knee replacement* (4.0% per year).

Between 2011–12 and 2014–15, admissions for *Myringotomy* decreased by 5.0% on average each year.

## 3.1 Surgical specialties

The surgical specialty describes the area of clinical expertise held by the doctor performing the elective surgery.

For the NESWTDC, 10 categories of surgical specialty are specified and these are presented in this report.

### Changes over time

Between 2011–12 and 2014–15, *Urology* (which includes the majority of *Cystoscopy* procedures) and *Neurosurgery* were the surgical specialties with the largest increases in the number of admissions from waiting lists, with average increases of 4.6% and 3.4% per year, respectively (Table 3.1). Over the same period, admissions for *Plastic surgery* increased by an average of 3.3% per year. *Plastic surgery* includes reconstructive surgery, craniofacial surgery, hand surgery, microsurgery and the treatment of burns.

### Admissions by surgical specialty in 2014–15

In 2014–15, around 23% of patients were admitted for *General surgery* and about 15% were admitted for *Orthopaedic surgery* (Table 3.2).

The proportion of patients admitted for *General surgery* ranged from 14% in the Australian Capital Territory to 35% in the Northern Territory.

**Table 3.1: Admissions from public hospital elective surgery waiting lists, by surgical specialty, 2010–11 to 2014–15**

Surgical specialty	2010–11	2011–12	2012–13	2013–14	2014–15	Change (%) <sup>(a)</sup>	
						Average since 2011–12	Since 2013–14
Cardio-thoracic surgery	12,508	12,111	12,243	12,609	12,212	0.3	–3.1
Ear, nose and throat surgery	54,378	54,770	55,995	58,477	58,561	2.3	0.1
General surgery	148,058	156,068	157,042	162,507	160,060	0.8	–1.5
Gynaecology	80,077	84,726	82,981	86,824	85,625	0.4	–1.4
Neurosurgery	10,810	10,680	11,007	11,887	11,801	3.4	–0.7
Ophthalmology	73,355	80,291	83,232	85,165	86,050	2.3	1.0
Orthopaedic surgery	94,674	99,930	100,826	105,111	105,558	1.8	0.4
Plastic surgery	45,435	45,564	47,002	49,411	50,173	3.3	1.5
Urology	73,983	79,540	83,736	89,295	90,940	4.6	1.8
Vascular surgery	14,677	14,967	15,332	16,068	16,057	2.4	–0.1
Other <sup>(b)</sup>	19,229	21,063	21,637	21,669	20,529	–0.9	–5.3
<b>Total</b>	<b>627,184</b>	<b>659,710</b>	<b>671,033</b>	<b>699,023</b>	<b>697,566</b>	<b>1.9</b>	<b>–0.2</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, estimated coverage nationally was 89% in 2010–11, 91% in 2011–12 and 2014–15, and 93% in 2012–13 and 2013–14.

(b) Includes admissions for which the surgical specialty was not reported.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

**Table 3.2: Admissions from public hospital elective surgery waiting lists, by surgical specialty, states and territories, 2014–15**

<b>Surgical specialty</b>	<b>NSW</b>	<b>Vic<sup>(a)</sup></b>	<b>Qld<sup>(a)</sup></b>	<b>WA</b>	<b>SA<sup>(a)</sup></b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
Cardio-thoracic surgery	3,630	3,585	2,945	733	894	331	94	0	12,212
Ear, nose and throat surgery	16,572	16,045	11,209	5,717	6,169	1,082	963	804	58,561
General surgery	55,698	35,898	32,027	14,798	13,430	3,808	1,704	2,697	160,060
Gynaecology	28,538	18,813	16,521	7,478	9,289	2,316	1,218	1,452	85,625
Neurosurgery	4,457	3,153	2,055	879	637	349	271	0	11,801
Ophthalmology	29,308	20,003	10,131	13,231	8,754	2,008	1,588	1,027	86,050
Orthopaedic surgery	33,894	21,617	25,695	11,606	8,676	1,838	1,450	782	105,558
Plastic surgery	9,123	18,534	8,403	5,024	6,417	1,507	762	403	50,173
Urology	28,274	28,156	11,908	11,683	6,568	2,035	2,061	255	90,940
Vascular surgery	6,288	3,241	2,897	1,701	1,028	285	521	96	16,057
Other <sup>(b)</sup>	1,945	4,262	2,484	9,892	540	39	1,249	118	20,529
<b>Total</b>	<b>217,727</b>	<b>173,307</b>	<b>126,275</b>	<b>82,742</b>	<b>62,402</b>	<b>15,598</b>	<b>11,881</b>	<b>7,634</b>	<b>697,566</b>

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). Coverage was also incomplete for Victoria and South Australia.

(b) Includes admissions for which the surgical specialty was not reported.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

### **Where to go for more information**

Information on waiting times by surgical specialty is available in Chapter 4—‘How long did people wait for elective surgery?’

Information on data limitations and methods is available in appendixes A and B.

## 3.2 Surgical (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.

For this report, the more general term of 'surgical procedures' is used when referring to the procedures that are technically known as 'indicator procedures'.

### Changes over time

Between 2011–12 and 2014–15, *Cataract extraction* was the most commonly reported surgical procedure with around 65,000 patients having these procedures in 2014–15; admissions for this procedure increased by an average of 2.9% each year (Table 3.3). *Cystoscopy* was the next most common surgical procedure; admissions for this procedure increased by an average of 2.1% each year between 2011–12 and 2014–15.

Between 2011–12 and 2014–15, the largest increases in the number of admissions from waiting lists were for *Total hip replacement* (increasing by an average of 4.5% each year) and *Total knee replacement* (4.0% on average each year).

Between 2011–12 and 2014–15, admissions for *Myringotomy* decreased by 5.0% on average each year.

It should be noted that the changes over time have not been adjusted for coverage changes.

### Admissions by surgical procedure in 2014–15

Overall, about one-third of patients admitted for elective surgery had been waiting for 1 of the 15 specified surgical procedures and the remaining two-thirds of admissions were for other procedures (Table 3.4).

*Cataract extraction* accounted for about 9.3% of all admissions from public hospital elective surgery waiting lists. The proportion of admissions from public hospital elective surgery waiting lists that were for *Cataract extraction* ranged from 5.5% in Queensland to 12.6% in Western Australia.

*Cystoscopy* was the next most common surgical procedure. It accounted for about 6.9% of admissions, and the proportion ranged from 4.2% in South Australia to 13.1% in the Australian Capital Territory.

The proportion of admissions from public hospital elective surgery waiting lists that were for other procedures (rather than 1 of the 15 indicator procedures) ranged from 59.0% in the Australian Capital Territory to 71.9% in Queensland.

**Table 3.3: Admissions from public hospital elective surgery waiting lists, by surgical procedure, 2010–11 to 2014–15**

Surgical (indicator) procedure	2010–11	2011–12	2012–13	2013–14	2014–15	Change (%) <sup>(a)</sup>	
						Average since 2011–12	Since 2013–14
Cataract extraction	53,606	59,847	62,933	64,481	65,180	2.9	1.1
Cholecystectomy	18,621	18,967	18,915	19,316	18,576	-0.7	-3.8
Coronary artery bypass graft	4,139	3,927	3,858	4,084	3,837	-0.8	-6.0
Cystoscopy	42,134	45,323	45,952	47,464	48,206	2.1	1.6
Haemorrhoidectomy	3,660	4,318	4,304	4,729	4,489	1.3	-5.1
Hysterectomy	9,967	10,431	9,670	10,021	9,989	-1.4	-0.3
Inguinal herniorrhaphy	14,881	15,612	15,912	16,229	16,268	1.4	0.2
Myringoplasty	1,719	1,857	1,842	1,933	1,925	1.2	-0.4
Myringotomy	6,362	5,821	5,712	5,725	4,990	-5.0	-12.8
Prostatectomy	8,248	7,937	7,535	7,790	7,311	-2.7	-6.1
Septoplasty	4,482	4,551	4,539	4,926	5,065	3.6	2.8
Tonsillectomy	17,375	16,776	17,656	18,337	18,163	2.7	-0.9
Total hip replacement	8,680	9,166	9,395	10,073	10,456	4.5	3.8
Total knee replacement	12,994	13,766	14,252	15,219	15,482	4.0	1.7
Varicose veins stripping and ligation	4,257	4,307	4,234	4,221	4,002	-2.4	-5.2
Other procedures	416,059	437,104	444,324	464,475	463,627	2.0	-0.2
<b>Total</b>	<b>627,184</b>	<b>659,710</b>	<b>671,033</b>	<b>699,023</b>	<b>697,566</b>	<b>1.9</b>	<b>-0.2</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, estimated coverage nationally was 89% in 2010–11, 91% in 2011–12 and 2014–15, and 93% in 2012–13 and 2013–14.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

### Where to go for more information

Information on waiting times by surgical procedure is available in:

- Chapter 4 – ‘How long did people wait for elective surgery?’
- Table S4.2: Waiting time statistics for admissions from public hospital waiting lists for elective surgery, by surgical procedure, and public hospital peer group, states and territories, 2014–15 (accompanying this report online)
- Table S4.3: Waiting time statistics for admissions from public hospital waiting lists for elective surgery, by surgical procedure, and Indigenous status, states and territories, 2014–15 (accompanying this report online).

Information on the most common types of procedures (other than the 15 specified surgical procedures) for 2013–14 is included at Appendix A.

Information on data limitations and methods is available in appendixes A and B.

**Table 3.4: Admissions from public hospital elective surgery waiting lists, by surgical procedure, states and territories, 2014–15**

<b>Surgical (indicator) procedure</b>	<b>NSW</b>	<b>Vic<sup>(a)</sup></b>	<b>Qld<sup>(a)</sup></b>	<b>WA</b>	<b>SA<sup>(a)</sup></b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
Cataract extraction	23,304	14,290	6,892	10,397	6,799	1,490	1,279	729	65,180
Cholecystectomy	6,628	4,018	3,999	1,608	1,388	513	247	175	18,576
Coronary artery bypass graft	749	1,112	1,234	225	318	119	80	..	3,837
Cystoscopy	12,139	17,409	5,642	7,479	2,620	906	1,556	455	48,206
Haemorrhoidectomy	1,441	1,378	621	477	275	48	60	189	4,489
Hysterectomy	2,457	2,742	2,169	1,091	1,107	256	112	55	9,989
Inguinal herniorrhaphy	6,075	3,688	2,843	1,711	1,167	401	229	154	16,268
Myringoplasty	443	435	426	293	97	21	8	202	1,925
Myringotomy	303	1,840	1,083	760	622	166	102	114	4,990
Prostatectomy	2,513	2,020	1,463	744	415	40	96	20	7,311
Septoplasty	1,654	1,749	594	434	445	56	80	53	5,065
Tonsillectomy	5,480	5,623	3,201	1,870	1,107	359	326	197	18,163
Total hip replacement	3,531	2,507	1,919	1,051	858	313	248	29	10,456
Total knee replacement	6,210	2,951	3,060	1,461	1,112	284	349	55	15,482
Varicose veins stripping and ligation	1,459	1,379	353	317	328	29	104	33	4,002
Other procedures	143,341	110,166	90,776	52,824	43,744	10,597	7,005	5,174	463,627
<b>Total</b>	<b>217,727</b>	<b>173,307</b>	<b>126,275</b>	<b>82,742</b>	<b>62,402</b>	<b>15,598</b>	<b>11,881</b>	<b>7,634</b>	<b>697,566</b>

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). Coverage was also incomplete for Victoria and South Australia.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

## 4 How long did people wait 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 completed their wait and were admitted for surgery in 2014–15 as either an elective or emergency admission, as well as information for the four previous periods.

This chapter includes information on the number of days waited at the 50th percentile (median) and 90th percentile, and the proportion of patients who waited more than 365 days. It also includes the National Healthcare Agreement performance indicator: *Waiting times for elective surgery – waiting time in days*.

### Key findings

Between 2010–11 and 2013–14, the time within which 50% of all patients were admitted (the median waiting time) was stable at 36 days. In 2014–15, the median waiting time decreased to 35 days.

In 2014–15, the median waiting time ranged from 27 days in Queensland to 55 days in Tasmania.

Between 2010–11 and 2014–15, the proportion of patients who waited more than 365 days to be admitted for their procedure decreased from 2.8% to 1.8%.

In 2014–15, the proportion of patients who waited more than 365 days ranged from 0.5% in Queensland to 12.9% in Tasmania.

### Hospital peer groups

In 2014–15, the median waiting time was shortest for *Principal referral and women's and children's hospitals* (29 days). The proportion of patients who waited more than 365 days was lowest in *Public acute group B hospitals* (1.0%).

### Surgical specialties

The surgical specialties with the longest median waiting times in 2014–15 were *Ear, nose and throat surgery*, *Ophthalmology*, and *Orthopaedic surgery* (73, 70, and 64 days, respectively). *Cardio-thoracic surgery* had the shortest median waiting time (18 days).

### Surgical procedures

*Coronary artery bypass graft* was the procedure with the shortest median waiting time (14 days) and *Septoplasty* had the longest median waiting time (214 days).

### Indigenous status

In 2014–15, the median waiting time for Indigenous Australians (42 days) was higher than for other Australians (35 days).

The proportion of Indigenous Australians who waited more than a year for elective surgery was higher than for other Australians (2.3% and 1.8%, respectively).



## 4.1 How did waiting times vary across states and territories and by type of hospital?

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 from the waiting list (removal date), minus any days when the patient was 'not ready for care', and any days the patient was waiting with a less urgent clinical urgency category (Box 4.1) than their clinical urgency category at removal (that is, if the patient's urgency category was reassigned as more urgent while they were waiting).

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 states and territories 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.

In reports before 2011–12, waiting times information was presented for elective admissions only. In subsequent reports, this information has been presented for elective and emergency admissions from elective surgery waiting lists. Therefore, the information presented is not directly comparable with those presented in *Australian hospital statistics* reports before 2011–12.

### Changes over time

#### Median (50th percentile) waiting time

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

Between 2010–11 and 2013–14, the median waiting time was stable at 36 days. In 2014–15, the overall median waiting time decreased to 35 days (Table 4.1).

The median waiting time was fairly stable between 2010–11 and 2014–15 for most public hospital peer groups. The median waiting time for *Public acute group B hospitals* decreased from 49 days to 43 days.

For Queensland, Western Australia, South Australia and the Northern Territory, the median waiting time to admission was relatively stable between 2010–11 and 2014–15 (Table 4.2).

For Victoria and the Australian Capital Territory, the median waiting time decreased between 2010–11 and 2014–15 (from 36 to 29 days and from 76 to 45 days, respectively). Over the same period, the median waiting times for New South Wales and Tasmania increased (from 47 to 54 days and from 38 to 55 days, respectively).

#### 90th percentile waiting time

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

Between 2010–11 and 2012–13, the amount of time within which 90% of patients were admitted for the awaited procedure increased from 250 days to 265 days (Table 4.1).

However, between 2012–13 and 2014–15, the 90th percentile waiting time decreased to 253 days.

For most states and territories, the 90th percentile waiting time was relatively stable between 2010–11 and 2014–15 (Table 4.2). For the Australian Capital Territory, the 90th percentile waiting time decreased from 377 to 245 days.

### Patients who waited more than 365 days

Between 2010–11 and 2014–15, the proportion of patients who waited more than 365 days to be admitted decreased from 2.8% to 1.8% (a 36% decrease over the 5 year period) (Table 4.1). The proportion of patients who waited more than 365 days decreased for all public hospital peer groups.

Between 2010–11 and 2014–15, the proportion of patients waiting more than 365 days generally decreased in most states and territories, with the exception of Tasmania (Table 4.2).

**Table 4.1: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by public hospital peer group, 2010–11 to 2014–15<sup>(a)</sup>**

	2010–11	2011–12	2012–13	2013–14	2014–15
<b>Principal referral and Women's and children's hospitals</b>					
Days waited at 50th percentile	29	30	29	30	29
Days waited at 90th percentile	198	209	221	221	208
Per cent waited more than 365 days	2.8	2.9	3.1	2.9	1.9
<b>Public acute group A hospitals</b>					
Days waited at 50th percentile	40	40	42	42	39
Days waited at 90th percentile	285	293	307	298	290
Per cent waited more than 365 days	3.3	3.2	3.4	2.8	2.2
<b>Public acute group B hospitals</b>					
Days waited at 50th percentile	49	47	45	43	43
Days waited at 90th percentile	290	264	275	276	287
Per cent waited more than 365 days	2.4	2.1	1.6	1.2	1.0
<b>Total<sup>(b)</sup></b>					
<b>Days waited at 50th percentile</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>35</b>
<b>Days waited at 90th percentile</b>	<b>250</b>	<b>250</b>	<b>265</b>	<b>262</b>	<b>253</b>
<b>Per cent waited more than 365 days</b>	<b>2.8</b>	<b>2.7</b>	<b>2.7</b>	<b>2.4</b>	<b>1.8</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, estimated coverage nationally was 89% in 2010–11, 91% in 2011–12 and 2014–15, and 93% in 2012–13 and 2013–14.

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

Note: See Section 1.2 and appendixes A, B and C for notes on data limitations and methods.

### Waiting times in 2014–15

In 2014–15, the median waiting time and the 90th percentile waiting time were shortest for *Principal referral and Women's and children's hospitals* (29 days) (Table 4.1). The proportion of patients who waited more than 365 days was lowest in *Public acute group B hospitals* (1.0%).

In 2014–15:

- the median waiting time ranged from 27 days in Queensland to 55 days in Tasmania

- the 90th percentile waiting time ranged from 147 days in Queensland to 424 days in Tasmania
- the proportion of patients who waited more than 365 days ranged from 0.5% in Queensland to 12.9% in Tasmania (Table 4.2).

**Table 4.2: Waiting time statistics for admissions from public hospital elective surgery waiting lists, states and territories, 2010–11 to 2014–15<sup>(a)</sup>**

	2010–11	2011–12	2012–13	2013–14	2014–15
<b>New South Wales</b>					
Days waited at 50th percentile	47	49	49	49	54
Days waited at 90th percentile	332	335	335	329	330
Per cent waited more than 365 days	3.6	3.4	2.8	1.8	1.6
<b>Victoria</b>					
Days waited at 50th percentile	36	36	36	35	29
Days waited at 90th percentile	181	189	223	222	177
Per cent waited more than 365 days	2.5	2.4	3.3	3.2	2.4
<b>Queensland</b>					
Days waited at 50th percentile	28	27	27	28	27
Days waited at 90th percentile	146	147	163	186	147
Per cent waited more than 365 days	1.3	2.0	2.5	2.8	0.5
<b>Western Australia</b>					
Days waited at 50th percentile	29	30	30	29	29
Days waited at 90th percentile	159	159	159	142	148
Per cent waited more than 365 days	1.6	1.7	1.5	0.7	0.7
<b>South Australia</b>					
Days waited at 50th percentile	38	34	34	35	37
Days waited at 90th percentile	207	191	182	180	210
Per cent waited more than 365 days	2.0	1.5	1.0	0.8	1.1
<b>Tasmania</b>					
Days waited at 50th percentile	38	38	41	45	55
Days waited at 90th percentile	359	348	406	401	424
Per cent waited more than 365 days	9.6	9.4	11.5	11.5	12.9
<b>Australian Capital Territory</b>					
Days waited at 50th percentile	76	63	51	48	45
Days waited at 90th percentile	377	296	277	270	245
Per cent waited more than 365 days	10.8	6.2	4.1	4.7	5.3
<b>Northern Territory</b>					
Days waited at 50th percentile	33	39	40	36	32
Days waited at 90th percentile	223	219	196	183	217
Per cent waited more than 365 days	3.9	3.5	3.3	2.8	3.9
<b>Total</b>					
<b>Days waited at 50th percentile</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>35</b>
<b>Days waited at 90th percentile</b>	<b>250</b>	<b>250</b>	<b>265</b>	<b>262</b>	<b>253</b>
<b>Per cent waited more than 365 days</b>	<b>2.8</b>	<b>2.7</b>	<b>2.7</b>	<b>2.4</b>	<b>1.8</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, coverage changed for Queensland (with lower coverage in 2011–12 and 2014–15 than in other years) and for Western Australia, South Australia and the Northern Territory (with lower coverage in 2010–11 than in subsequent years).

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

## 4.2 How did waiting times vary by surgical specialty?

The surgical specialty describes the area of clinical expertise held by the doctor performing the elective surgery. For the NESWTDC, 10 categories of surgical specialty are specified and these are presented in this report.

### Changes over time

Between 2010–11 and 2014–15, the surgical specialty with the lowest median waiting time was *Cardio-thoracic surgery*; the median waiting time increased from 15 to 18 days (Table 4.3).

Median waiting times decreased for 4 out of the 10 surgical specialties. The largest decrease in median waiting time was for *Urology*; from 28 days in 2010–11 to 24 days in 2014–15. The largest increase in median waiting time was for *Ear, nose and throat surgery*; from 64 days in 2010–11 to 73 days in 2014–15.

Between 2010–11 and 2014–15, the 90th percentile waiting time for *Neurosurgery* decreased from 217 days to 172 days, while the 90th percentile waiting time for *Urology* decreased from 122 days to 98 days.

Since 2010–11, *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. For *Orthopaedic surgery*, the proportion of patients who waited more than 365 days to be admitted decreased from 6.2% in 2010–11 to 3.3% in 2014–15.

### Waiting times in 2014–15

Nationally, the surgical specialty with the lowest median waiting time in 2014–15 was *Cardio-thoracic surgery* (18 days) and the highest median waiting time was for *Ear, nose and throat surgery* (73 days) (Table 4.4).

The median waiting time for *Cardio-thoracic surgery* ranged from 10 days in Queensland to 23 days in New South Wales. The greatest variation in median waiting times was for *Ophthalmology*, ranging from 33 days in Victoria to 214 days in Tasmania.

*Cardio-thoracic surgery* was also the surgical specialty with the lowest 90th percentile waiting time in 2014–15 (82 days). The 90th percentile waiting time for *Cardio-thoracic surgery* ranged from 61 days in Queensland to 102 days in Victoria.

The highest proportion of patients who waited more than 365 days to be admitted was reported for *Ear, nose and throat surgery* (4.8%), ranging from 1.5% in Queensland to 28.5% in the Australian Capital Territory.

**Table 4.3: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical specialty, 2010–11 to 2014–15<sup>(a)</sup>**

	2010–11	2011–12	2012–13	2013–14	2014–15
<b>Cardio-thoracic surgery</b>					
Days waited at 50th percentile	15	16	17	18	18
Days waited at 90th percentile	76	81	80	86	82
Per cent waited more than 365 days	0.2	0.1	0.3	0.2	0.2
<b>Ear, nose and throat surgery</b>					
Days waited at 50th percentile	64	66	68	70	73
Days waited at 90th percentile	340	344	349	348	347
Per cent waited more than 365 days	5.6	5.6	5.9	5.0	4.8
<b>General surgery</b>					
Days waited at 50th percentile	32	31	30	30	29
Days waited at 90th percentile	163	164	178	163	151
Per cent waited more than 365 days	1.8	1.8	1.9	1.4	1.0
<b>Gynaecology</b>					
Days waited at 50th percentile	30	31	31	32	32
Days waited at 90th percentile	133	133	157	150	150
Per cent waited more than 365 days	0.8	0.9	1.2	0.9	0.7
<b>Neurosurgery</b>					
Days waited at 50th percentile	33	31	30	31	30
Days waited at 90th percentile	217	191	210	214	172
Per cent waited more than 365 days	3.2	2.7	2.6	3.2	1.0
<b>Ophthalmology</b>					
Days waited at 50th percentile	70	71	75	69	70
Days waited at 90th percentile	335	336	335	328	325
Per cent waited more than 365 days	3.6	3.7	3.3	2.6	1.9
<b>Orthopaedic surgery</b>					
Days waited at 50th percentile	63	63	65	66	64
Days waited at 90th percentile	344	338	342	337	329
Per cent waited more than 365 days	6.2	5.4	5.5	4.8	3.3

*(continued)*

**Table 4.3 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical specialty, 2010–11 to 2014–15<sup>(a)</sup>**

	2010–11	2011–12	2012–13	2013–14	2014–15
<b>Plastic surgery</b>					
Days waited at 50th percentile	24	24	24	25	23
Days waited at 90th percentile	155	182	187	212	153
Per cent waited more than 365 days	2.1	2.7	2.8	3.3	2.0
<b>Urology</b>					
Days waited at 50th percentile	28	27	25	25	24
Days waited at 90th percentile	122	116	113	110	98
Per cent waited more than 365 days	1.6	1.2	1.1	0.9	0.6
<b>Vascular surgery</b>					
Days waited at 50th percentile	20	20	20	19	20
Days waited at 90th percentile	147	147	153	145	154
Per cent waited more than 365 days	2.5	2.5	2.0	1.8	2.1
<b>Other</b>					
Days waited at 50th percentile	23	25	25	23	22
Days waited at 90th percentile	98	100	110	110	102
Per cent waited more than 365 days	0.6	0.6	0.5	0.5	0.3
<b>Total</b>					
<b>Days waited at 50th percentile</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>35</b>
<b>Days waited at 90th percentile</b>	<b>250</b>	<b>250</b>	<b>265</b>	<b>262</b>	<b>253</b>
<b>Per cent waited more than 365 days</b>	<b>2.8</b>	<b>2.7</b>	<b>2.7</b>	<b>2.4</b>	<b>1.8</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, estimated coverage nationally was 89% in 2010–11, 91% in 2011–12 and 2014–15, and 93% in 2012–13 and 2013–14.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

**Table 4.4: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical specialty, states and territories 2014–15**

	NSW	Vic <sup>(a)</sup>	Qld <sup>(a)</sup>	WA	SA <sup>(a)</sup>	Tas	ACT	NT	Total
<b>Cardio-thoracic surgery</b>									
Days waited at 50th percentile	23	20	10	14	18	16	n.p.	..	18
Days waited at 90th percentile	83	102	61	72	81	75	n.p.	..	82
Per cent waited more than 365 days	0.1	0.7	0.1	0.0	0.1	0.0	n.p.	..	0.2
<b>Ear, nose and throat surgery</b>									
Days waited at 50th percentile	172	69	35	78	60	126	109	90	73
Days waited at 90th percentile	358	313	258	322	319	385	581	552	347
Per cent waited more than 365 days	4.2	6.7	1.5	3.5	2.5	11.5	28.5	19.2	4.8
<b>General surgery</b>									
Days waited at 50th percentile	36	29	26	28	24	44	39	28	29
Days waited at 90th percentile	235	139	89	111	101	381	176	172	151
Per cent waited more than 365 days	1.0	1.2	0.3	0.4	0.3	10.8	2.0	1.7	1.0
<b>Gynaecology</b>									
Days waited at 50th percentile	36	28	36	27	27	35	41	17	32
Days waited at 90th percentile	205	152	108	85	106	239	169	132	150
Per cent waited more than 365 days	0.6	1.3	0.1	<0.1	0.3	4.0	1.8	1.7	0.7
<b>Neurosurgery</b>									
Days waited at 50th percentile	35	34	15	29	39	55	29	..	30
Days waited at 90th percentile	228	169	85	104	138	332	116	..	172
Per cent waited more than 365 days	0.6	1.6	0.5	0.3	0.8	7.7	1.1	..	1.0
<b>Ophthalmology</b>									
Days waited at 50th percentile	188	33	50	40	87	214	85	120	70
Days waited at 90th percentile	350	139	259	203	297	586	235	269	325
Per cent waited more than 365 days	1.8	0.6	0.9	0.4	1.1	32.1	2.8	3.7	1.9

*(continued)*

**Table 4.4 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical specialty, states and territories 2014–15**

	NSW	Vic <sup>(a)</sup>	Qld <sup>(a)</sup>	WA	SA <sup>(a)</sup>	Tas	ACT	NT	Total
<b>Orthopaedic surgery</b>									
Days waited at 50th percentile	120	66	34	52	70	180	101	36	64
Days waited at 90th percentile	351	289	234	180	295	618	441	189	329
Per cent waited more than 365 days	3.4	5.1	0.9	1.0	1.7	27.8	15.4	2.3	3.3
<b>Plastic surgery</b>									
Days waited at 50th percentile	36	19	22	22	34	41	20	20	23
Days waited at 90th percentile	265	152	93	129	157	209	111	123	153
Per cent waited more than 365 days	1.3	3.2	0.6	0.8	1.9	4.6	1.0	3.2	2.0
<b>Urology</b>									
Days waited at 50th percentile	29	21	23	19	30	39	30	54	24
Days waited at 90th percentile	120	84	79	97	104	278	114	188	98
Per cent waited more than 365 days	0.4	0.7	0.2	0.5	0.9	6.7	0.3	1.6	0.6
<b>Vascular surgery</b>									
Days waited at 50th percentile	20	27	13	20	15	31	19	n.p.	20
Days waited at 90th percentile	157	313	64	163	52	128	127	n.p.	154
Per cent waited more than 365 days	0.8	7.9	0.1	1.0	0.3	0.4	1.9	n.p.	2.1
<b>Other<sup>(b)</sup></b>									
Days waited at 50th percentile	14	30	23	20	16	n.p.	34	9	22
Days waited at 90th percentile	83	97	113	103	63	n.p.	146	55	102
Per cent waited more than 365 days	0.3	0.4	0.2	0.3	0.0	n.p.	0.3	0.0	0.3
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>54</b>	<b>29</b>	<b>27</b>	<b>29</b>	<b>37</b>	<b>55</b>	<b>45</b>	<b>32</b>	<b>35</b>
<b>Days waited at 90th percentile</b>	<b>330</b>	<b>177</b>	<b>147</b>	<b>148</b>	<b>210</b>	<b>424</b>	<b>245</b>	<b>217</b>	<b>253</b>
<b>Per cent waited more than 365 days</b>	<b>1.6</b>	<b>2.4</b>	<b>0.5</b>	<b>0.7</b>	<b>1.1</b>	<b>12.9</b>	<b>5.3</b>	<b>3.9</b>	<b>1.8</b>

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). Coverage was also incomplete for Victoria and South Australia.

(b) Includes surgical specialty not reported.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.



## 4.3 How did waiting times vary by surgical (indicator) procedure?

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

### Changes over time

Between 2010–11 and 2014–15, *Coronary artery bypass graft* was consistently the surgical procedure with the lowest median waiting time; it fluctuated between 14 and 18 days (Table 4.5).

Over this period, the median waiting time increased for 7 of the 15 surgical procedures, with the largest increase in median waiting time being for *Septoplasty*.

Between 2010–11 and 2014–15, the length of time waited by 90% of patients admitted for *Prostatectomy* decreased from 170 days to 121 days.

#### Where to go for more information

Information on waiting times by surgical procedure for 2014–15 is available in:

- Section 4.5: 'Performance indicator – Waiting times for elective surgery – waiting time in days'
- Table S4.2: Waiting time statistics for admissions from public hospital waiting lists for elective surgery, by surgical procedure, and public hospital peer group, states and territories, 2014–15 (accompanying this report online)
- Table S4.3: Waiting time statistics for admissions from public hospital waiting lists for elective surgery, by surgical procedure, and Indigenous status, states and territories, 2014–15 (accompanying this report online).

Information on data limitations and methods is available in appendixes A and B.

**Table 4.5: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical procedure, 2010–11 to 2014–15<sup>(a)</sup>**

	2010–11	2011–12	2012–13	2013–14	2014–15
<b>Cataract extraction</b>					
Days waited at 50th percentile	90	89	89	79	83
Days waited at 90th percentile	343	345	339	333	331
Per cent waited more than 365 days	4.1	4.0	3.1	2.4	1.8
<b>Cholecystectomy</b>					
Days waited at 50th percentile	52	51	50	46	43
Days waited at 90th percentile	170	176	181	148	137
Per cent waited more than 365 days	1.7	2.0	1.7	0.7	0.7
<b>Coronary artery bypass graft</b>					
Days waited at 50th percentile	14	16	16	18	14
Days waited at 90th percentile	71	76	77	82	73
Per cent waited more than 365 days	0.2	<0.1	0.2	<0.1	<0.1
<b>Cystoscopy</b>					
Days waited at 50th percentile	25	25	23	23	22
Days waited at 90th percentile	115	108	107	100	93
Per cent waited more than 365 days	1.3	1.0	0.9	0.6	0.5
<b>Haemorrhoidectomy</b>					
Days waited at 50th percentile	59	57	59	59	56
Days waited at 90th percentile	254	245	257	222	208
Per cent waited more than 365 days	3.4	3.2	3.5	2.3	1.0
<b>Hysterectomy</b>					
Days waited at 50th percentile	49	53	53	52	55
Days waited at 90th percentile	201	207	218	211	217
Per cent waited more than 365 days	1.7	1.8	1.9	1.4	1.2
<b>Inguinal herniorrhaphy</b>					
Days waited at 50th percentile	57	57	60	56	51
Days waited at 90th percentile	260	276	284	246	242
Per cent waited more than 365 days	2.7	3.0	3.1	1.8	1.5
<b>Myringoplasty</b>					
Days waited at 50th percentile	108	105	123	128	137
Days waited at 90th percentile	369	364	365	383	383
Per cent waited more than 365 days	10.7	9.5	9.7	11.8	11.8
<b>Myringotomy</b>					
Days waited at 50th percentile	47	49	49	55	56
Days waited at 90th percentile	139	145	142	191	190
Per cent waited more than 365 days	0.9	1.1	1.3	1.0	1.3

*(continued)*

**Table 4.5 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical procedure, 2010–11 to 2014–15<sup>(a)</sup>**

	2010–11	2011–12	2012–13	2013–14	2014–15
<b>Prostatectomy</b>					
Days waited at 50th percentile	47	42	39	43	40
Days waited at 90th percentile	170	160	167	157	121
Per cent waited more than 365 days	2.5	1.7	1.7	1.3	0.7
<b>Septoplasty</b>					
Days waited at 50th percentile	159	160	197	221	214
Days waited at 90th percentile	382	370	390	385	370
Per cent waited more than 365 days	13.7	11.8	15.7	12.8	10.5
<b>Tonsillectomy</b>					
Days waited at 50th percentile	93	98	98	99	124
Days waited at 90th percentile	351	358	359	354	353
Per cent waited more than 365 days	6.5	7.2	7.3	5.0	5.1
<b>Total hip replacement</b>					
Days waited at 50th percentile	106	116	116	106	109
Days waited at 90th percentile	357	357	357	354	344
Per cent waited more than 365 days	7.6	7.2	7.5	6.5	4.4
<b>Total knee replacement</b>					
Days waited at 50th percentile	173	184	196	194	191
Days waited at 90th percentile	376	371	374	365	359
Per cent waited more than 365 days	12.6	11.6	12.1	9.9	6.6
<b>Varicose veins stripping and ligation</b>					
Days waited at 50th percentile	100	103	96	97	105
Days waited at 90th percentile	368	365	356	353	357
Per cent waited more than 365 days	10.2	10.0	7.7	7.2	8.3
<b>Other procedures</b>					
Days waited at 50th percentile	28	28	28	28	28
Days waited at 90th percentile	182	181	195	199	186
Per cent waited more than 365 days	2.2	2.1	2.2	2.1	1.5
<b>Total</b>					
<b>Days waited at 50th percentile</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>35</b>
<b>Days waited at 90th percentile</b>	<b>250</b>	<b>250</b>	<b>265</b>	<b>262</b>	<b>253</b>
<b>Per cent waited more than 365 days</b>	<b>2.8</b>	<b>2.7</b>	<b>2.7</b>	<b>2.4</b>	<b>1.8</b>

(a) Interpretation of changes over time should take into account changes in coverage as noted in Section 1.2. In summary, estimated coverage nationally was 89% in 2010–11, 91% in 2011–12 and 2014–15, and 93% in 2012–13 and 2013–14.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

## 4.4 How did waiting times vary by Indigenous status?

The quality of the data reported for Indigenous status in elective surgery waiting lists has not been formally assessed. Therefore, the information on Indigenous status presented in this report should be interpreted with caution (see Appendix A).

For 2014–15, there were more than 22,000 admissions from elective surgery waiting lists for patients who identified as being of Aboriginal and/or Torres Strait Islander origin (Table 2.9, and preceding text).

Overall, the median waiting time for Indigenous Australians was higher than that for other Australians (42 days and 35 days, respectively) (Table 4.6). For South Australia and the Australian Capital Territory, the median waiting times for Indigenous Australians were lower than those for other Australians in their state/territory.

Overall, the proportion of Indigenous Australians who waited more than 365 days for elective surgery was higher than for other Australians (2.3% and 1.8%, respectively).

**Table 4.6: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by Indigenous status<sup>(a)</sup>, states and territories, 2014–15**

	NSW	Vic <sup>(b)</sup>	Qld <sup>(b)</sup>	WA	SA <sup>(b)</sup>	Tas	ACT	NT	Total
<b>Indigenous Australians</b>									
Days waited at the 50th percentile	61	36	30	35	33	60	44	49	42
Days waited at the 90th percentile	338	196	169	174	146	406	296	301	284
Per cent waited more than 365 days	1.8	2.9	0.7	0.6	1.4	12.2	6.2	6.8	2.3
<b>Other Australians<sup>(c)</sup></b>									
Days waited at the 50th percentile	53	29	27	29	37	55	45	29	35
Days waited at the 90th percentile	329	177	146	147	212	425	244	189	252
Per cent waited more than 365 days	1.6	2.4	0.5	0.7	1.0	13.0	5.3	2.6	1.8

(a) The quality of the data reported for Indigenous status in elective surgery waiting lists has not been formally assessed. Therefore, the information on Indigenous status presented in this report should be interpreted with caution.

(b) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). Coverage was also incomplete for Victoria and South Australia.

(c) *Other Australians* includes patients for whom Indigenous status was *Not reported*.

Note: See Section 1.2, Box 2.1 and appendixes A and B for notes on data limitations and methods.

### Surgical (indicator) procedures by Indigenous status

Indigenous Australians had higher median waiting times than other Australians for most of the 15 surgical (indicator) procedures (Table 4.7). For surgical 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* (263 days and 190 days, respectively).

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

*Myringoplasty* was the surgical procedure with the highest proportion of patients who waited more than 365 days to be admitted for Indigenous Australians (17.2%).

**Table 4.7: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by Indigenous status<sup>(a)</sup> and surgical procedure, 2014–15**

Surgical (indicator) procedure	Indigenous Australians				Other Australians <sup>(b)</sup>			
	Admissions	Days waited at the 50th percentile	Days waited at the 90th percentile	Per cent waited more than 365 days	Admissions	Days waited at the 50th percentile	Days waited at the 90th percentile	Per cent waited more than 365 days
Cataract extraction	1,494	142	345	3.5	63,686	83	331	1.7
Cholecystectomy	847	46	166	1.2	17,729	43	136	0.7
Coronary artery bypass graft	159	11	61	0.0	3,678	14	74	<0.1
Cystoscopy	930	26	132	0.9	47,276	22	92	0.5
Haemorrhoidectomy	103	68	282	1.9	4,386	56	207	1.0
Hysterectomy	356	69	299	1.7	9,633	54	213	1.2
Inguinal herniorrhaphy	362	48	195	0.8	15,906	51	243	1.6
Myringoplasty	447	149	492	17.2	1,478	134	367	10.2
Myringotomy	463	62	243	3.2	4,527	55	185	1.1
Prostatectomy	88	n.p.	n.p.	n.p.	7,223	40	121	0.7
Septoplasty	89	n.p.	n.p.	n.p.	4,976	215	370	10.5
Tonsillectomy	1,196	111	354	4.8	16,967	124	353	5.1
Total hip replacement	136	151	358	6.6	10,320	109	344	4.4
Total knee replacement	270	263	371	11.1	15,212	190	358	6.5
Varicose veins stripping and ligation	60	n.p.	n.p.	n.p.	3,942	105	357	8.4
Other	15,458	30	212	1.5	448,169	28	185	1.5
<b>Total<sup>(c)</sup></b>	<b>22,458</b>	<b>42</b>	<b>284</b>	<b>2.3</b>	<b>675,108</b>	<b>35</b>	<b>252</b>	<b>1.8</b>

(a) The quality of the data reported for Indigenous status in elective surgery waiting lists has not been formally assessed. Therefore, the information on Indigenous status presented in this report should be interpreted with caution.

(b) *Other Australians* includes patients for whom Indigenous status was *Not reported*.

(c) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). Coverage was also incomplete for Victoria and South Australia.

*Note:* See Section 1.2, Box 2.1 and appendixes A and B for notes on data limitations and methods.

## 4.5 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 and are included as a National Healthcare Agreement performance indicator in the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital related care* (COAG 2011).

This performance indicator can be related to the National Health Performance Framework dimension 'Accessibility' within the domain 'Health System Performance'.

The indicator reports on the median and 90th percentile waiting times for elective surgery in public hospitals, by surgical (indicator) procedure, and overall. It includes disaggregations (overall and by surgical procedures) for states and territories, by public hospital peer group and Indigenous status (see Section 4.4— 'How did waiting times vary by Indigenous status?').

In previous reports, this information was presented using the AIHW's previous peer group classification. The change from the previous peer group classification to the current AIHW peer group classification has resulted in a 'break in series' for data disaggregated by peer group. Therefore, the performance indicator information presented here by public hospital peer group is not directly comparable with information presented in AIHW reports before 2014–15.

### How did waiting times vary across public hospital peer groups?

Variations between hospital groups may reflect differences in the mix of patients and the types of surgery performed.

Overall in 2014–15, the median waiting time for patients admitted from waiting lists for *Principal referral and Women's and children's hospitals* (29 days) was shorter than for *Public acute group A hospitals* and *Public acute group B hospitals* (39 days and 43 days, respectively) (Table 4.8). For *Principal referral and Women's and children's hospitals*, the median waiting time ranged from 24 days in Queensland to 52 days in Tasmania. For *Public acute group A hospitals*, the median waiting time ranged from 27 days in Victoria to 69 days in New South Wales.

### How did waiting times vary by surgical (indicator) procedure?

Nationally, *Coronary artery bypass graft* was the surgical procedure with the lowest median waiting time in 2014–15 (14 days) (Table 4.9). The median waiting time for *Coronary artery bypass graft* ranged from 8 days in the Queensland to 27 days in New South Wales.

*Coronary artery bypass graft* was also the surgical procedure with the lowest 90th percentile waiting time in 2014–15 (73 days). The 90th percentile waiting time for *Coronary artery bypass graft* ranged from 38 days in the Queensland to 93 days in New South Wales.

*Septoplasty* was the surgical procedure with the highest median waiting time in 2014–15 (214 days). The median waiting time for *Septoplasty* ranged from 84 days in Queensland to 322 days in the New South Wales.

**Table 4.8: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by public hospital peer group, states and territories, 2014–15**

	NSW	Vic <sup>(a)</sup>	Qld <sup>(a)</sup>	WA	SA <sup>(a)</sup>	Tas	ACT	NT	Total
<b>Principal referral and Women's and children's hospitals</b>									
Days waited at the 50th percentile	33	31	24	26	38	52	31	30	29
Days waited at the 90th percentile	260	188	161	135	189	357	279	226	208
Per cent waited more than 365 days	1.3	2.9	0.8	1.0	1.4	9.3	6.6	4.5	1.9
<b>Public acute group A hospitals</b>									
Days waited at the 50th percentile	69	27	28	35	48	63	56	29	39
Days waited at the 90th percentile	348	180	132	164	239	538	219	145	290
Per cent waited more than 365 days	2.5	2.3	0.3	0.5	1.7	17.5	3.6	0.8	2.2
<b>Public acute group B hospitals</b>									
Days waited at the 50th percentile	77	32	34	27	28	43	..	..	43
Days waited at the 90th percentile	334	175	156	127	195	348	..	..	287
Per cent waited more than 365 days	0.7	2.0	0.1	0.7	0.1	8.7	..	..	1.0
<b>Other hospitals<sup>(b)</sup></b>									
Days waited at the 50th percentile	59	29	23	37	27	..	..	112	37
Days waited at the 90th percentile	318	139	90	164	212	..	..	384	228
Per cent waited more than 365 days	1.1	1.5	0.0	0.4	0.0	..	..	10.8	0.9
<b>Total</b>									
<b>Days waited at the 50th percentile</b>	<b>54</b>	<b>29</b>	<b>27</b>	<b>29</b>	<b>37</b>	<b>55</b>	<b>45</b>	<b>32</b>	<b>35</b>
<b>Days waited at the 90th percentile</b>	<b>330</b>	<b>177</b>	<b>147</b>	<b>148</b>	<b>210</b>	<b>424</b>	<b>245</b>	<b>217</b>	<b>253</b>
<b>Per cent waited more than 365 days</b>	<b>1.6</b>	<b>2.4</b>	<b>0.5</b>	<b>0.7</b>	<b>1.1</b>	<b>12.9</b>	<b>5.3</b>	<b>3.9</b>	<b>1.8</b>

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). Coverage was also incomplete for Victoria and South Australia.

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

Note: See Section 1.2 and appendixes A, B and C for notes on data limitations and methods.

**Table 4.9: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical procedure, states and territories, 2014–15**

<b>Surgical (indicator) procedure</b>	<b>NSW</b>	<b>Vic<sup>(a)</sup></b>	<b>Qld<sup>(a)</sup></b>	<b>WA</b>	<b>SA<sup>(a)</sup></b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
<b>Cataract extraction</b>									
Days waited at 50th percentile	221	35	57	41	99	273	107	143	83
Days waited at 90th percentile	351	126	265	202	299	589	252	281	331
Per cent waited more than 365 days	1.8	0.2	0.6	0.1	0.6	36.4	3.4	4.5	1.8
<b>Cholecystectomy</b>									
Days waited at 50th percentile	56	36	38	32	35	59	70	50	43
Days waited at 90th percentile	229	118	86	97	92	359	264	204	137
Per cent waited more than 365 days	0.8	0.2	0.1	0.2	0.1	9.4	4.0	1.7	0.7
<b>Coronary artery bypass graft surgery</b>									
Days waited at 50th percentile	27	18	8	11	14	12	n.p.	..	14
Days waited at 90th percentile	93	83	38	56	60	60	n.p.	..	73
Per cent waited more than 365 days	0.0	0.1	0.0	0.0	0.0	0.0	n.p.	..	0.0
<b>Cystoscopy</b>									
Days waited at 50th percentile	29	20	22	19	27	32	29	42	22
Days waited at 90th percentile	119	78	77	98	104	184	101	180	93
Per cent waited more than 365 days	0.3	0.5	0.1	0.6	0.8	5.2	0.1	1.1	0.5
<b>Haemorrhoidectomy</b>									
Days waited at 50th percentile	67	58	50	48	31	n.p.	n.p.	32	56
Days waited at 90th percentile	269	184	147	129	240	n.p.	n.p.	267	208
Per cent waited more than 365 days	0.9	1.4	0.3	0.2	0.0	n.p.	n.p.	2.1	1.0
<b>Hysterectomy</b>									
Days waited at 50th percentile	60	51	62	38	46	86	73	n.p.	55
Days waited at 90th percentile	288	225	182	104	145	316	175	n.p.	217
Per cent waited more than 365 days	1.1	2.1	0.0	0.0	0.4	9.0	0.0	n.p.	1.2

*(continued)*



**Table 4.9 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical procedure, states and territories, 2014–15**

<b>Surgical (indicator) procedure</b>	<b>NSW</b>	<b>Vic<sup>(a)</sup></b>	<b>Qld<sup>(a)</sup></b>	<b>WA</b>	<b>SA<sup>(a)</sup></b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
<b>Inguinal herniorrhaphy</b>									
Days waited at 50th percentile	70	42	47	35	32	106	73	54	51
Days waited at 90th percentile	334	149	107	110	111	481	240	149	242
Per cent waited more than 365 days	1.9	1.0	0.2	0.4	0.0	19.2	3.1	2.6	1.5
<b>Myringoplasty</b>									
Days waited at 50th percentile	309	121	79	85	n.p.	n.p.	n.p.	243	137
Days waited at 90th percentile	364	432	321	279	n.p.	n.p.	n.p.	792	383
Per cent waited more than 365 days	9.0	18.2	1.6	2.7	n.p.	n.p.	n.p.	38.6	11.8
<b>Myringotomy</b>									
Days waited at 50th percentile	78	47	51	65	56	135	73	113	56
Days waited at 90th percentile	331	145	195	173	96	313	246	394	190
Per cent waited more than 365 days	1.7	0.5	1.4	0.9	0.2	6.0	3.9	12.3	1.3
<b>Prostatectomy</b>									
Days waited at 50th percentile	59	29	34	28	42	n.p.	n.p.	n.p.	40
Days waited at 90th percentile	180	90	87	113	149	n.p.	n.p.	n.p.	121
Per cent waited more than 365 days	0.6	1.1	0.1	0.3	1.4	n.p.	n.p.	n.p.	0.7
<b>Septoplasty</b>									
Days waited at 50th percentile	322	131	84	183	170	n.p.	n.p.	n.p.	214
Days waited at 90th percentile	363	422	331	357	358	n.p.	n.p.	n.p.	370
Per cent waited more than 365 days	6.0	14.7	2.9	7.1	5.2	n.p.	n.p.	n.p.	10.5
<b>Tonsillectomy</b>									
Days waited at 50th percentile	260	106	73	118	76	219	251	80	124
Days waited at 90th percentile	359	293	332	338	343	373	592	506	353
Per cent waited more than 365 days	4.5	5.3	3.0	2.8	4.3	10.3	38.0	13.2	5.1

(continued)

**Table 4.9 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical procedure, states and territories, 2014–15**

<b>Surgical (indicator) procedure</b>	<b>NSW</b>	<b>Vic<sup>(a)</sup></b>	<b>Qld<sup>(a)</sup></b>	<b>WA</b>	<b>SA<sup>(a)</sup></b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Total</b>
<b>Total hip replacement</b>									
Days waited at 50th percentile	206	105	57	84	117	274	128	n.p.	109
Days waited at 90th percentile	356	287	277	251	323	564	450	n.p.	344
Per cent waited more than 365 days	4.5	4.1	1.0	1.5	1.2	36.7	15.7	n.p.	4.4
<b>Total knee replacement</b>									
Days waited at 50th percentile	290	147	92	102	213	374	232	n.p.	191
Days waited at 90th percentile	361	356	340	271	347	775	526	n.p.	359
Per cent waited more than 365 days	5.9	8.7	2.2	3.1	3.7	51.8	28.9	n.p.	6.6
<b>Varicose veins stripping and ligation</b>									
Days waited at 50th percentile	142	112	40	73	77	n.p.	119	n.p.	105
Days waited at 90th percentile	347	546	196	304	295	n.p.	305	n.p.	357
Per cent waited more than 365 days	3.8	17.9	0.3	1.9	2.4	n.p.	8.7	n.p.	8.3
<b>Other procedures</b>									
Days waited at 50th percentile	35	26	23	25	29	41	30	22	28
Days waited at 90th percentile	287	167	102	124	144	338	187	147	186
Per cent waited more than 365 days	1.2	2.3	0.4	0.6	1.0	8.7	3.4	1.9	1.5
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>54</b>	<b>29</b>	<b>27</b>	<b>29</b>	<b>37</b>	<b>55</b>	<b>45</b>	<b>32</b>	<b>35</b>
<b>Days waited at 90th percentile</b>	<b>330</b>	<b>177</b>	<b>147</b>	<b>148</b>	<b>210</b>	<b>424</b>	<b>245</b>	<b>217</b>	<b>253</b>
<b>Per cent waited more than 365 days</b>	<b>1.6</b>	<b>2.4</b>	<b>0.5</b>	<b>0.7</b>	<b>1.1</b>	<b>12.9</b>	<b>5.3</b>	<b>3.9</b>	<b>1.8</b>

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). Coverage was also incomplete for Victoria and South Australia.

Note: See Section 1.2 and appendixes A and B for notes on data limitations and methods.

## 4.6 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 (clinically recommended time) with which the patient requires elective surgery. For more information, see Box 4.1.

The information in this section includes the proportion of patients removed from waiting lists 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.

The proportion of patients seen within the recommended time is the percentage of patients removed from elective surgery waiting lists who were admitted for 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 2015, 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. Comparisons between states and territories and between reporting years should be made with reference to Box 4.1, Table 4.10 and Appendix A.

### Box 4.1: 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
- *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 surgical (indicator) procedures, as well as overall (AIHW 2013). 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.

As for earlier years, there is apparent variation in the assignment of urgency categories among states and territories for 2014–15. For example, the proportion of patients admitted from waiting lists who were assigned to *Category 3* was 44% for New South Wales and 18% for Queensland (Table 4.10).

(continued)

#### Box 4.1 (continued): Clinical urgency categorisation

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 or territory could report relatively long median waiting times in association with a relatively high proportion of patients assessed by clinicians in the state (or territory) as being in *Category 3* (generally recommended within 365 days). Conversely, a state or territory 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.

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 2013), which were agreed by the Australian Health Ministers' Advisory Council.

The revised definitions for urgency categories were implemented from 1 July 2015, and it is expected that urgency categories will begin to be assigned in a comparable way for each state and territory from the 2015–16 collection period.

See appendixes A and B for more information.

**Table 4.10: Admissions from public hospital elective surgery waiting lists, by clinical urgency category, states and territories, 2014–15**

Clinical urgency category	NSW	Vic <sup>(a)</sup>	Qld <sup>(a)</sup>	WA	SA <sup>(a)</sup>	Tas	ACT	NT	Total
<b>Admissions</b>									
Category 1	49,239	52,483	50,179	21,102	16,186	5,828	3,865	2,823	201,705
Category 2	71,935	81,248	52,869	28,710	22,093	6,568	4,965	3,402	271,790
Category 3	96,553	39,576	23,227	32,930	24,123	3,202	3,051	1,409	224,071
<b>Total</b>	<b>217,727</b>	<b>173,307</b>	<b>126,275</b>	<b>82,742</b>	<b>62,402</b>	<b>15,598</b>	<b>11,881</b>	<b>7,634</b>	<b>697,566</b>
<b>Per cent of admissions</b>									
Category 1	22.6	30.3	39.7	25.5	25.9	37.4	32.5	37.0	28.9
Category 2	33.0	46.9	41.9	34.7	35.4	42.1	41.8	44.6	39.0
Category 3	44.3	22.8	18.4	39.8	38.7	20.5	25.7	18.5	32.1

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). Coverage was also incomplete for Victoria and South Australia.

Note: See Section 1.2, Box 4.1 and appendixes A and B for notes on data limitations and methods.

## New South Wales

For New South Wales, almost 98% of all patients were admitted within the clinically recommended time (Table 4.11).

Almost all (99.8%) *Category 1* patients were admitted for their procedure within 30 days, and the median waiting time was 10 days. For *Category 1* patients remaining on the waiting list as at 30 June 2015, the average overdue wait was 9 days (that is, they had been on the waiting list for an average of 39 days).

**Table 4.11: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, New South Wales, 2014–15**

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	49,239	71,935	96,553	217,727
Number admitted within clinically recommended time	49,143	70,163	93,141	212,447
Proportion admitted within clinically recommended time (%)	99.8	97.5	96.5	97.6
Average overdue wait time (days)	9.4	28.4	56.4	..
Days waited at 50th percentile	10	44	203	*

\* See Table 4.8.

Note: See Section 1.2, Box 4.1 and appendixes A and B for notes on definitions and data limitations.

## Victoria

For Victoria, 87% of all patients were admitted within the clinically recommended time (Table 4.12).

Almost all *Category 1* patients were admitted for surgery within 30 days. About 76% of *Category 2* patients and 93% 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 2015.

**Table 4.12: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Victoria, 2014–15**

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions <sup>(a)</sup>	52,483	81,248	39,576	173,307
Number admitted within clinically recommended time	52,481	61,615	36,628	150,724
Proportion admitted within clinically recommended time (%)	100.0	75.8	92.6	87.0
Average overdue wait time (days)	..	124.0	210.9	..
Days waited at 50th percentile	11	50	75	*

(a) Coverage was incomplete for Victoria.

\* See Table 4.8.

Note: See Section 1.2, Box 4.1 and appendixes A and B for notes on definitions and data limitations.

## Queensland

For Queensland, more than 96% of all patients were admitted within the clinically recommended time (Table 4.13).

About 42% of Queensland admissions were *Category 2* patients—requiring admission within 90 days—and 94% of these were admitted within the clinically recommended time. For *Category 2* patients remaining on the waiting list as at 30 June 2015, the average overdue wait was 47 days (that is, they had been on the waiting list for an average of 137 days).

**Table 4.13: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Queensland, 2014–15**

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions <sup>(a)</sup>	50,179	52,869	23,227	126,275
Number admitted within clinically recommended time	49,096	49,646	22,620	121,362
Proportion admitted within clinically recommended time (%)	97.8	93.9	97.4	96.1
Average overdue wait time (days)	9.3	47.3	33.7	..
Days waited at 50th percentile	10	48	154	*

(a) Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14).

\* See Table 4.8.

Note: See Section 1.2, Box 4.1 and appendixes A and B for notes on definitions and data limitations.

## Western Australia

For Western Australia, almost 95% of all patients were admitted within the clinically recommended time (Table 4.14).

For patients remaining on the waiting list as at 30 June 2015, the average overdue waiting time for *Category 1* patients was 11 days, for *Category 2* patients it was 88 days and it was 86 days for *Category 3* patients.

**Table 4.14: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Western Australia, 2014–15**

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	21,102	28,710	32,930	82,742
Number admitted within clinically recommended time	20,261	25,634	32,377	78,272
Proportion admitted within clinically recommended time (%)	96.0	89.3	98.3	94.6
Average overdue wait time (days)	11.2	87.6	85.9	..
Days waited at 50th percentile	10	40	60	*

\* See Table 4.8.

Note: See Section 1.2, Box 4.1 and appendixes A and B for notes on definitions and data limitations.

## South Australia

For South Australia, 93% of all patients were admitted within the clinically recommended time (Table 4.15).

The median wait for admission was 12 days for *Category 1* patients, 47 days for *Category 2* patients and 97 days for *Category 3* patients. There were no overdue patients remaining on the waiting list as at 30 June 2015.

**Table 4.15: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, South Australia, 2014–15**

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions <sup>(a)</sup>	16,186	22,093	24,123	62,402
Number admitted within clinically recommended time	14,896	19,788	23,466	58,150
Proportion admitted within clinically recommended time (%)	92.0	89.6	97.3	93.2
Average overdue wait time (days)	..	..	..	..
Days waited at 50th percentile	12	47	97	*

(a) Coverage was incomplete for South Australia.

\* See Table 4.8.

Note: See Section 1.2, Box 4.1 and appendixes A and B for notes on definitions and data limitations.

## Tasmania

For Tasmania, 59% of all patients were admitted within the clinically recommended time (Table 4.16).

More than two-thirds of patients in *Category 1* and *Category 3* were admitted within clinically recommended times, and more than 40% of *Category 2* patients were admitted within clinically recommended times. For patients remaining on the waiting list as at 30 June 2015, the average overdue wait time for *Category 1* patients was 21 days.

**Table 4.16: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Tasmania, 2014–15**

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	5,828	6,568	3,202	15,598
Number admitted within clinically recommended time	4,240	2,808	2,148	9,196
Proportion admitted within clinically recommended time (%)	72.8	42.8	67.1	59.0
Average overdue wait time (days)	21.0	181.9	247.1	..
Days waited at 50th percentile	18	113	247	*

\* See Table 4.8.

Note: See Section 1.2, Box 4.1 and appendixes A and B for notes on definitions and data limitations.

## Australian Capital Territory

For the Australian Capital Territory, 81% of all patients were admitted within the clinically recommended time (Table 4.17).

For the Australian Capital Territory, 95% of *Category 1* patients were admitted within the clinically recommended time. For patients remaining on the waiting list as at 30 June 2015, the average overdue waits for *Category 2* and *3* patients were 139 and 148 days, respectively.

**Table 4.17: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Australian Capital Territory, 2014–15**

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	3,865	4,965	3,051	11,881
Number admitted within clinically recommended time	3,689	3,423	2,540	9,652
Proportion admitted within clinically recommended time (%)	95.4	68.9	83.3	81.2
Average overdue wait time (days)	11.4	139.2	148.2	..
Days waited at 50th percentile	15	63	144	*

\* See Table 4.8.

Note: See Section 1.2, Box 4.1 and appendixes A and B for notes on definitions and data limitations.

## Northern Territory

For the Northern Territory, almost 78% of all patients were admitted within the clinically recommended time (Table 4.18).

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 2015, the average overdue wait was 176 days beyond the clinically recommended time.

**Table 4.18: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Northern Territory, 2014–15**

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	2,823	3,402	1,409	7,634
Number admitted within clinically recommended time	2,474	2,287	1,152	5,913
Proportion admitted within clinically recommended time (%)	87.6	67.2	81.8	77.5
Average overdue wait time (days)	24.9	102.8	175.4	..
Days waited at 50th percentile	13	55	176	*

\* See Table 4.8.

Note: See Section 1.2, Box 4.1 and appendixes A and B for notes on definitions and data limitations.

### Where to go for more information

More information on waiting times by clinical urgency and by quarter for each state and territory for 2014–15 is available in tables S4.4 to S4.11: Selected statistics for admissions from public hospital waiting lists, by clinical urgency category and quarter, 2014–15 (accompanying this report online).



## 5 What was the safety and quality of the care?

This chapter 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.

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

### Key findings

#### Adverse events

Between 1 April 2012 and 31 March 2015, for Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory (for which data was provided for all 3 years) combined, the proportion of separations for patients admitted from elective surgery waiting lists for which an adverse event was reported was relatively stable. The rate of adverse events reported for public hospital elective surgery admissions was relatively stable for most of these states and territories although it decreased in the Australian Capital Territory.

Between 1 April 2014 and 31 March 2015, the rate of adverse events reported for public hospital elective surgery admissions ranged from 5.4% in the Northern Territory to 7.3% in Queensland.

#### Readmission following surgery

Between 1 April 2012 and 31 March 2015, Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory (for which data was provided for all 3 years) combined, the rate of unplanned readmission to hospital following elective surgery was relatively stable.

Between 1 April 2014 and 31 March 2015, the rate of unplanned readmission to hospital following elective surgery ranged from 1.1% in Western Australia to 2.7% in the Northern Territory.

## 5.1 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 (see Box 5.1).

### **Box 5.1: Adverse events reported for elective surgery—data limitations**

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.

The data in Table 5.1 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 association with the elective surgery episode. 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 years ending 31 March, rather than the years ending 30 June.

For the period 1 April 2014 to 31 March 2015, the data for the 1 April 2014 to 30 June 2014 quarter were not available for New South Wales and Victoria. Therefore, the data presented for those jurisdictions in Table 5.1 are for the period 1 July 2014 to 31 March 2015.

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.

### **Changes over time**

Between 1 April 2012 and 31 March 2015, for Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory (for which data was provided for all 3 years) combined, the overall proportion of separations for patients admitted from elective surgery waiting lists for which an adverse event was reported was relatively stable (Table 5.1).

The calculation of the rate is limited to 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 (about 4% of admissions). The proportion of admissions for which the adverse event flag was not assigned ranged from 0% in the Australian Capital Territory to 20% in the Northern Territory.

Between 1 April 2012 and 31 March 2015, the rate of adverse events was relatively stable for most of these states and territories; it decreased in the Australian Capital Territory.

## Adverse events reported for elective surgery, 2014–15

Between 1 April 2014 and 31 March 2015, for Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory (for which data was provided for the entire year), the rate of adverse events following elective surgery ranged from 5.4% in the Northern Territory to 7.3% in Queensland (Table 5.1).

**Table 5.1: Adverse events reported for admissions<sup>(a)</sup> from public hospital elective surgery waiting lists, states and territories, April 2012 to March 2015**

	April 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
<b>New South Wales<sup>(b)</sup></b>			
Admissions with adverse events	10,921	10,791	8,707
Admissions	205,613	211,495	159,127
Proportion with an adverse event (%)	5.3	5.1	5.5
<b>Victoria<sup>(b)</sup></b>			
Admissions with adverse events	11,737	13,306	10,549
Admissions	147,549	156,972	123,473
Proportion with an adverse event (%)	8.0	8.5	8.5
<b>Queensland</b>			
Admissions with adverse events	7,902	8,020	8,283
Admissions	112,508	110,758	114,025
Proportion with an adverse event (%)	7.0	7.2	7.3
<b>Western Australia</b>			
Admissions with adverse events	4,084	4,717	4,565
Admissions	80,945	84,832	81,955
Proportion with an adverse event (%)	5.0	5.6	5.6
<b>South Australia</b>			
Admissions with adverse events	3,776	4,081	3,755
Admissions	62,785	63,530	60,871
Proportion with an adverse event (%)	6.0	6.4	6.2
<b>Tasmania</b>			
Admissions with adverse events	1,094	1,265	1,015
Admissions	14,980	16,021	14,503
Proportion with an adverse event (%)	7.3	7.9	7.0
<b>Australian Capital Territory</b>			
Admissions with adverse events	845	799	735
Admissions	11,178	11,340	11,667
Proportion with an adverse event (%)	7.6	7.0	6.3
<b>Northern Territory</b>			
Admissions with adverse events	306	386	371
Admissions	7,016	7,100	6,856
Proportion with an adverse event (%)	4.4	5.4	5.4
<b>Total</b>			
<b>Admissions with adverse events</b>	<b>40,665</b>	<b>43,365</b>	<b>37,980</b>
<b>Admissions</b>	<b>642,574</b>	<b>662,048</b>	<b>572,477</b>
<b>Proportion with an adverse event (%)<sup>(c)</sup></b>	<b>6.2</b>	<b>6.6</b>	<b>6.5</b>

- (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.
- (b) For the period 1 April 2014 to 31 March 2015, the data for the 1 April 2014 to 30 June 2014 quarter were not available for New South Wales and Victoria. Therefore, the data for those jurisdictions are for the period 1 July 2014 to 31 March 2015.
- (c) The national *Proportion with an adverse event* is calculated for Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory (for which data was provided for all 3 years).

Note: See Section 1.2, Box 5.1 and appendixes A and B for notes on definitions and data limitations.

## 5.2 Unplanned readmissions following admission from elective surgery waiting lists

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 to the same hospital occurred within 28 days of the episode in which the surgery occurred. The 28 day readmission period is 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 (See Box 5.2).

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

- it is 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 *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM)* diagnosis code has been assigned. This does not include all possible diagnoses that may relate to 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.

### **Box 5.2: Unplanned readmissions following elective surgery—data limitations**

Data on readmissions within 28 days following elective surgery are 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 for the year ending 31 March, rather than the year ending 30 June. In addition, the numbers of readmissions following surgery may not be final for patients who were readmitted but not separated by 30 June.

For the period 1 April 2014 to 31 March 2015, the data for the 1 April 2014 to 30 June 2014 quarter were not available for New South Wales and Victoria. Therefore, the data presented for those jurisdictions in Table 5.2 are for the period 1 July 2014 to 31 March 2015.

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.

### **Changes over time**

Between 1 April 2012 and 31 March 2015, for Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory (for which data was provided for all 3 years) combined, the rate of unplanned readmission to hospital following elective surgery was relatively stable (Table 5.2). Over this period, the rate of unplanned readmission to hospital following elective surgery was consistently highest for the Northern Territory.

The calculation of the rate is limited to 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 (about 4% of admissions). The proportion of admissions for which the readmission flag was not assigned ranged from 0% in the Australian Capital Territory to 20% in the Northern Territory.

## **Readmissions following surgery, 2014–15**

Between 1 April 2014 and 31 March 2015, for Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory (for which data was provided for the entire year) combined, approximately 1.3% 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.

Between 1 April 2014 and 31 March 2015, for states and territories that reported readmission information for the entire period, the rate of unplanned readmission to hospital following elective surgery ranged from less than 0.1% in Tasmania to 2.7% in the Northern Territory.

### **Where to go for more information**

More information on adverse events and on readmissions following selected procedures for all admitted patients will be available in *Admitted patient care 2014–15: Australian hospital statistics*, to be released in early 2016.

**Table 5.2: Unplanned readmissions reported as following admissions<sup>(a)</sup> from elective surgery waiting lists, states and territories, April 2012 to March 2015**

	April 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015
<b>New South Wales<sup>(b)</sup></b>			
Readmissions within 28 days	2,219	2,281	1,765
Admissions	205,613	211,495	159,127
Proportion with readmission (%)	1.1	1.1	1.1
<b>Victoria<sup>(b)</sup></b>			
Readmissions within 28 days	1,701	1,697	1,357
Admissions	147,549	156,972	123,473
Proportion with readmission (%)	1.2	1.1	1.1
<b>Queensland</b>			
Readmissions within 28 days	1,584	1,796	1,815
Admissions	112,508	110,757	114,025
Proportion with readmission (%)	1.4	1.6	1.6
<b>Western Australia</b>			
Readmissions within 28 days	892	941	911
Admissions	80,945	84,832	81,955
Proportion with readmission (%)	1.1	1.1	1.1
<b>South Australia</b>			
Readmissions within 28 days	714	752	583
Admissions	62,785	63,530	45,965
Proportion with readmission (%)	1.1	1.2	1.3
<b>Tasmania</b>			
Readmissions within 28 days	3	1	3
Admissions	14,980	16,021	14,503
Proportion with readmission (%)	<0.1	<0.1	<0.1
<b>Australian Capital Territory</b>			
Readmissions within 28 days	147	161	153
Admissions	11,178	11,340	11,810
Proportion with readmission (%)	1.3	1.4	1.3
<b>Northern Territory</b>			
Readmissions within 28 days	177	147	186
Admissions	7,016	7,100	6,856
Proportion with readmission (%)	2.5	2.1	2.7
<b>Total</b>			
<b>Readmissions within 28 days</b>	<b>7,437</b>	<b>7,776</b>	<b>6,770</b>
<b>Admissions</b>	<b>642,574</b>	<b>662,047</b>	<b>557,714</b>
<b>Proportion with readmission (%)<sup>(c)</sup></b>	<b>1.2</b>	<b>1.3</b>	<b>1.3</b>

(a) *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.

(b) The data for the 1 April 2014 to 30 June 2014 quarter were not available for New South Wales and Victoria. Therefore, the data for those jurisdictions are for the period 1 July 2014 to 31 March 2015.

(c) The national *Proportion with a readmission* was calculated for Queensland, Western Australia, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory (for which data was provided for all 3 years).

Note: See Section 2.1, Box 5.2 and appendixes A and B for notes on definitions and data limitations.

# Appendix A: Data quality information

This appendix includes a Data Quality Statement summary relevant to interpreting the National Elective Surgery Waiting Times Data Collection (NESWTDC). 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 Statement for the NESWTDC is also available online at <[www.aihw.gov.au](http://www.aihw.gov.au)>.

## National Elective Surgery Waiting Times Data Collection 2014–15

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

The data supplied for 1 July 2014 to 30 June 2015 are based on the Elective surgery waiting times (removals and census data) National Minimum Data Set (ESWT NMDS) for 2014–15.

The NESWTDC includes data for each year from 1999–00 to 2014–15.

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.

### Summary of key data quality issues

- For 2014–15, 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 2010–11 and 2014–15, the coverage of the NESWTDC fluctuated between 89% and 93%. These changes in coverage should be taken into account when interpreting changes over time:
  - For 2011–12, South Australia provided data for 32 small hospitals that were not included in the data for previous years. Estimated coverage for South Australia increased from 71% in 2010–11 to 97% in 2011–12.
  - 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 2014–15, Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). In 2011–12, Queensland was not able to provide data for the same 3 hospitals and these hospitals reported data for only 3 of the 4 quarterly periods in 2012–13. Estimated

coverage for Queensland was 98% in 2010–11, 2012–13 and 2013–14, 89% in 2011–12 and 90% in 2014–15.

- 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. Estimated coverage was 92% in 2010–11 and 100% in subsequent years.
- For 2014–15, the preliminary estimate of public hospital elective surgery covered by the NESWTDC was 91%. The estimated coverage was 100% in most states and territories except for Victoria, Queensland and South Australia (78%, 90% and 96%, respectively). These estimates will be updated when the total number of elective surgery separations for public hospitals is available in the National Hospital Morbidity Database (NHMD), early in 2016.
- 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, 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.
- For 2014–15, New South Wales did not report the number of patients who were *Transferred to another hospital's waiting list*.
- 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.
- 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.
- The Australian Institute of Health and Welfare (AIHW) is unable to assess the quality of the data provided by states and territories to indicate whether admissions from waiting lists had an adverse event or unplanned readmission.

### **Clinical urgency categorisation**

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.

As in previous years, analyses of clinical urgency category data for 2014–15 have shown notable variation in the assignment of clinical urgency categories, both among and within jurisdictions, and for individual surgical specialties and surgical procedures, as well as overall. See Box 4.1 for more information.

With the aim of promoting more nationally consistent and comparable elective surgery urgency categorisation, the AIHW worked with the Royal Australasian College of Surgeons (RACS) to develop national definitions for elective surgery urgency categories, including 'not ready for care'.

The AIHW and the RACS reviewed the current practices across Australia and reported the findings of their review and recommendations for action in the report *National definitions for*



*elective surgery urgency categories* (AIHW 2013) which was presented to the Standing Council on Health in late 2012.

The Australian Health Ministers Advisory Council was asked to progress the implementation of the report's recommendations:

1. Adopt a statement of an overarching principle for urgency category assignment.
2. Adopt simplified, time based definitions of urgency categories.
3. A listing of usual urgency categories for higher volume procedures, to be developed by surgical specialty groups.
4. Establish a national process to provide information on comparative urgency categorisation between states and territories.
5. Adopt 'treat in turn' as a principle for elective surgery management.
6. Clarified approaches for patients who are not ready for surgery because of clinical or personal reasons.

Also as a result of this work, revised definitions for clinical urgency categories, and for the glossary items *elective surgery*, *emergency surgery* and *other surgery* were developed and were implemented in the ESWT NMDs from 1 July 2015.

Revised definitions for the concept of *ready for surgery* and for the *intended procedure* (replacing the *Indicator procedure* data element) will be implemented from 1 July 2016.

### **Surgical (indicator) procedures**

For this report the more general term of 'surgical procedures' is used when referring to the procedures that are technically known as 'indicator procedures'.

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. These data are based on 2013–14 data sourced from the NESWTDC and linked to NHMD data.

The 30 most common procedures accounted for 45% of the *Not applicable* indicator procedures, or about 29% of all records reported for the NESWTDC in 2013–14. High volume procedures included, for example, *Excision of lesion of skin and subcutaneous tissue*, *Curettage and evacuation of uterus*, *Release of carpal and tarsal tunnel* and *Thyroidectomy*.

Some miscoding of indicator procedures apparently occurs. For example, in 2013–14, there were 2,957 with a first procedure of *Tonsillectomy or adenoidectomy* and 2,702 records with a first procedure for *Myringotomy*, both of which could be expected to be reported as specific indicator procedures.

There were also 6,611 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 4 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 has been 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 to be of an appropriate quality for publication.

### **Western Australia**

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

### **South Australia**

The South Australian Department for Health and Ageing considers that the Indigenous status data are 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 considers the quality of its Indigenous status data for elective surgery waiting times patients to be good, with accuracy at over 90%. 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* in the NESWTDC, states and territories, 2013–14**

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1620 Excision of lesion(s) of skin and subcutaneous tissue	12,741	10,595	9,747	5,403	4,530	1,127	493	427	45,063
1265 Curettage and evacuation of uterus	5,879	4,648	3,831	2,339	2,917	545	196	794	21,149
1554 Other application, insertion or removal procedures on other musculoskeletal sites	3,418	3,334	3,100	1,587	715	291	306	164	12,915
76 Release of carpal and tarsal tunnel	3,217	2,441	1,689	1,156	1,258	252	105	63	10,181
1744 Excision of lesion of breast	3,430	2,680	1,721	746	693	214	117	63	9,664
1275 Destruction procedures on cervix	2,251	1,699	1,723	635	516	147	104	150	7,225
1259 Examination procedures on uterus	2,170	2,120	1,143	162	865	145	169	108	6,882
992 Repair of umbilical, epigastric or linea alba hernia	1,925	1,337	1,196	661	411	156	67	65	5,818
1503 Arthroscopic excision of knee	1,658	1,450	1,076	690	586	117	42	87	5,706
1517 Arthroscopic meniscectomy of knee with repair	1,370	1,043	472	1,120	1,109	76	68	79	5,337
1266 Excision of lesion of uterus	2,115	1,475	579	328	404	98	76	25	5,100
114 Thyroidectomy	1,743	1,412	826	516	247	75	49	36	4,904
1089 Examination procedures on bladder	3,276	264	193	67	284	224	13	2	4,323
1196 Excision procedures on penis	1,133	899	646	922	334	112	59	153	4,258
1163 Closed biopsy of prostate or seminal vesicle	1,469	975	402	459	439	203	89	1	4,037
1748 Simple mastectomy	1,282	719	923	437	315	89	49	21	3,835
1522 Reconstruction procedures on knee	1,084	793	873	547	328	57	72	38	3,792
1183 Vasectomy and epididymectomy	915	578	85	1,004	711	94	3	51	3,441
1566 Excision procedures on other musculoskeletal sites	1,065	767	803	356	249	65	53	20	3,378
913 Colectomy	1,112	730	699	236	306	125	61	15	3,284
1067 Endoscopic insertion, replacement or removal of ureteric stent	1,100	673	524	443	337	37	62	34	3,210
1283 Repair of prolapse of uterus, pelvic floor or enterocele	1,234	627	511	298	353	90	37	10	3,160
207 Vitrectomy	847	854	548	315	286	72	91	29	3,042
984 Laparoscopy	842	739	622	341	241	123	59	26	2,993
412 Tonsillectomy or adenoidectomy	1,255	283	200	285	828	79	19	8	2,957
1404 Other repair procedures on shoulder	954	507	667	368	276	46	58	36	2,912
754 Transluminal balloon angioplasty	1,326	236	345	854	105	39	2	0	2,907
1260 Insertion or removal of intrauterine device	750	495	512	331	452	120	43	39	2,742
309 Myringotomy	1,546	178	118	111	687	19	35	8	2,702
Other	70,659	60,295	48,431	31,180	22,263	5,665	4,131	2,002	244,626
No procedure reported	5,431	136	41	481	425	34	9	54	6,611
<b>Total separations</b>	<b>139,197</b>	<b>104,982</b>	<b>84,246</b>	<b>54,378</b>	<b>43,470</b>	<b>10,536</b>	<b>6,737</b>	<b>4,608</b>	<b>448,154</b>

Note: These data were sourced from the 2013–14 National Hospital Morbidity Database (NHMD) as 2014–15 data were not available at the time this report was released.

# Appendix B: Technical notes

## Definitions

If not otherwise indicated, data elements were defined according to the 2014–15 definitions in the *National health data dictionary*, versions 16, 16.1 and 16.2 (AIHW 2012, 2015e, 2015f) (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 symbols '<0.1' and '>-0.1' are 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 reports before 2011–12, waiting times 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.

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

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  $i^{\text{th}}$  and  $(i+1)^{\text{th}}$  observations.

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

## 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 National Elective Surgery Waiting Times Data Collection (NESWTDC) 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 by the states and territories from the data reported for the admitted patient episode, not the Australian Institute of Health and Welfare (AIHW). States and territories were provided with the specification to assist calculation.

The flag was specified as one or more of the following *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM)* (8th 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 codes 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 NESWTDC 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 an urgency of admission of *Emergency* and had one of the following ICD-10-AM (8th 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 codes for post-procedural disorders (E89, G97, H59, H95, I97, J95, K91, M96 or N99).

## **Estimated coverage of the NESWTDC**

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) reported to the National Hospital Morbidity Database (NHMD), as a percentage.

Between 2010–11 and 2011–12, coverage for the Northern Territory increased due to the inclusion of certain surgical procedures that had previously been incorrectly excluded from the NESWTDC. The estimate of coverage for 2010–11 (92%) is based on information provided by the Northern Territory.

For 2014–15, 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 2013–14 and 2014–15, and the number of elective surgical separations reported to the NHMD for 2013–14.

For example:

- If the same hospitals were reported by a jurisdiction for the NESWTDC for both 2013–14 and 2014–15, the jurisdiction's coverage was assumed to be the same for both years.
- If the hospitals reported by a jurisdiction changed between 2013–14 and 2014–15, the jurisdiction's coverage was adjusted by increasing (or decreasing) the numerator counts (NESWTDC admissions for 2013–14), based on the number of elective surgical separations reported for the individual hospital(s) to the NHMD for 2013–14.
- If a hospital that was included in the NESWTDC for the first time in 2014–15 was not included in the NHMD for 2013–14, the number of elective surgical separations was assumed to be equal to the number of admissions from elective surgery waiting lists.
- In 2014–15, the opening of two new hospitals (the Lady Cilento Children's Hospital in Queensland and the Fiona Stanley Hospital in Western Australia) were accompanied by the closure or cessation of elective surgery activity by one or more hospitals in those jurisdictions. In these cases, the admissions reported to the NESWTDC for both the new and old reporting hospitals were combined and compared with the elective surgical separations reported to the NHMD for the old hospital in 2013–14.

# Appendix C: Public hospital peer groups

This report uses a public hospital peer group classification, developed by the AIHW in consultation with the Australian Hospital Statistics Advisory Committee and the Australian Private Hospital Statistics Advisory Committee in 2013 and 2014. An AIHW report on the peer group classification will be released later in 2015 – *Australian hospital peer groups* (AIHW, forthcoming).

A summary of the peer group classification is presented in Table C.1.

**Table C.1: Public hospital peer groups**

<b>Group</b>	<b>Description</b>
<b>Acute public hospitals</b>	<b>Are identified according to the hospital's service profile:</b>
<b>Principal referral hospitals</b>	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.
<b>Public acute group A hospitals</b>	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.
<b>Public acute group B hospitals</b>	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.
<b>Public acute group C hospitals</b>	These hospitals usually provide an obstetric unit, surgical services and some form of emergency facility. Generally smaller than the Public acute group B hospitals.
<b>Public acute group D hospitals</b>	Often situated in regional and remote areas and offer a smaller range of services relative to the other public acute hospitals (groups A-C). Hospitals in this group tend to have a greater proportion of non-acute separations compared with the larger acute public hospitals.
<b>Very small hospitals</b>	Generally provide less than 200 admitted patient separations each year.
<b>Specialist hospital groups</b>	<b>Perform a readily identified role within the health system</b>
<b>Women's and children's hospitals</b>	
Children's hospitals	Specialise in the treatment and care of children.
Women's hospitals	Specialise in treatment of women.
Women's and children's hospitals	Specialise in the treatment of both women and children.
<b>Early parenting centres</b>	Specialise in care and assistance for mothers and their very young children.
<b>Drug and alcohol hospitals</b>	Specialise in the treatment of disorders relating to drug or alcohol use.

*(continued)*

**Table C.1 (continued): Public hospital peer groups**

<b>Group</b>	<b>Description</b>
<b>Psychiatric hospitals</b>	Specialise in providing psychiatric care and/or treatment for people with a mental disorder or psychiatric disability.
Psychogeriatric hospitals	Specialise in the psychiatric treatment of older people.
Child, adolescent and young adult psychiatric hospitals	Specialise in the psychiatric treatment of children and young people.
General acute psychiatric hospitals	Provide acute psychiatric treatment.
General non-acute psychiatric hospitals	Provide non-acute psychiatric treatment—mainly to the general adult population.
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.
<b>Same day hospitals</b>	Treat patients on a same-day basis. The hospitals in the same day hospital peer groups tend to be highly specialised.
Other day procedure hospitals	Provide a variety of specialised services on a same day basis.
<b>Other acute specialised hospitals</b>	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.
<b>Subacute and non-acute hospitals</b>	
Rehabilitation and geriatric evaluation and management 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.
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 rehabilitation and geriatric evaluation and management hospital peer group.
<b>Outpatient hospitals</b>	Provide a range of non-admitted patient services. Generally do not admit patients.
<b>Unpeered hospitals</b>	Could not be placed in one of the other peer groups.



# Glossary

Most definitions in this glossary contain an identification number from the Metadata Online Register (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 national minimum data sets (NMDSs). METeOR can be viewed on the Australian Institute of Health and Welfare (AIHW) website at <[www.aihw.gov.au](http://www.aihw.gov.au)>.

For further information on the terms used in this report, refer to the definitions for the 2014–15 Elective surgery waiting times (removals and census data) NMDSs in the *National health data dictionary* versions 16, 16.1 and 16.2 (AIHW 2012, 2015e, 2015f).

**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: 514023

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

**hospital:** A health-care facility established under Australian Government, 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. Also referred to in this report as **surgical procedure**. Waiting list statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision. METeOR id: 514033

**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 Australian Government definition:

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 characteristics (see Appendix C).

**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. METeOR id: 471735

**separation:** An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). METeOR id: 327268

**surgical procedure:** See **indicator procedure**.

**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, *Elective surgery waiting times 2014–15: Australian hospital statistics*, is part of an annual series. The earlier editions and any published later can be downloaded for free from the Australian Institute of Health and Welfare (AIHW) website <[www.aihw.gov.au/hospitals-publications/](http://www.aihw.gov.au/hospitals-publications/)>. The website also includes information on ordering printed copies.

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- AIHW 2014. *Staphylococcus aureus* bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics. Health services series no. 59. Cat. no. HSE 155. Canberra: AIHW.
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<<http://www.aihw.gov.au/hospitals/surgery-2010-11>>.

Please see <[www.aihw.gov.au/publications-catalogue/](http://www.aihw.gov.au/publications-catalogue/)> to access a complete list of AIHW publications relating to Australia's health and welfare.

In 2014–15:

- about 700,000 patients were admitted to Australian public hospitals from elective surgery waiting lists;
- 50% of patients were admitted for their surgery within 35 days;
- fewer than 2% of patients waited more than a year for their surgery.