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# Australian hospital statistics 2012–13



*Elective surgery waiting times*



**Australian Government**

**Australian Institute of  
Health and Welfare**

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

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# **Australian hospital statistics 2012–13**

## **Elective surgery waiting times**

Australian Institute of Health and Welfare  
Canberra

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

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**Please note that there is the potential for minor revisions of data in this report. Please check the online version at <[www.aihw.gov.au](http://www.aihw.gov.au)> for any amendments.**

# Foreword

I am pleased to present this report on elective surgery waiting times for Australian public hospitals for the period July 2012 to June 2013.

The Australian Institute of Health and Welfare (AIHW) understands the importance of relevant, timely and high-quality statistics to inform discussion and decisions on policy and services. For the first time, these data are being reported about 3 months after the end of the reference period. The AIHW is grateful to the data providers in states and territories who worked with us to make this possible.

This report is one of a suite of products produced by the AIHW to report on Australia's hospitals each year. It is planned to release a separate report on emergency department care later in October, with a report on hospital-associated *Staphylococcus aureus* bacteraemia cases scheduled for release in November 2013. As in previous years, a comprehensive report and a summary report on Australian hospitals for 2012–13 will be published in April 2014.

The AIHW continues to work with data providers and other stakeholders to enhance consistency among national, state and territory statistics so that it can produce comprehensive national data of the highest standard.

Information on the clinical urgency of elective surgery patients is not currently nationally consistent and, therefore, waiting times by clinical urgency categories are not published in this report. The AIHW was asked by health ministers to work with the Royal Australasian College of Surgeons (RACS) to develop a nationally consistent approach to elective surgery urgency category definitions. Health ministers agreed with the proposed recommendations and have asked the Australian Health Ministers' Advisory Council (AHMAC) to implement the recommendations.

The performance information published in this report matches the data to be provided by the AIHW for the Council of Australian Governments Reform Council report on the National Healthcare Agreement, and the Steering Committee for the Review of Government Service Provision's *Report on government services*, both due for publication in the first half of 2014. In this way, the AIHW supports the principle of 'supply once, use often' so that national data are consistent wherever reported.

David Kalisch

Director

October 2013

# Contents

<b>Acknowledgments</b> .....	<b>v</b>
<b>Abbreviations</b> .....	<b>vi</b>
<b>Symbols</b> .....	<b>vi</b>
<b>Summary</b> .....	<b>vii</b>
<b>1 Introduction</b> .....	<b>1</b>
Data source.....	1
What's in this report?.....	3
<b>2 Elective surgery activity</b> .....	<b>6</b>
How have admissions changed over time? .....	6
How much activity was there in 2012–13? .....	10
<b>3 Waiting times for elective surgery</b> .....	<b>12</b>
How did waiting times vary over time? .....	13
How long did people wait for surgery in 2012–13? .....	19
<b>Appendix A: Data quality information</b> .....	<b>35</b>
Data quality statement: National Elective Surgery Waiting Times Data Collection 2012–13 .....	35
Variation in reporting.....	39
Quality of Indigenous status data.....	42
<b>Appendix B: Technical notes</b> .....	<b>44</b>
Definitions .....	44
Data presentation .....	44
Methods .....	44
<b>Appendix C: Elective surgery reporting under the National Partnership Agreement on     Improving Public Hospital Services</b> .....	<b>46</b>
<b>Glossary</b> .....	<b>48</b>
<b>References</b> .....	<b>50</b>
<b>List of tables</b> .....	<b>51</b>
<b>List of figures</b> .....	<b>52</b>
<b>List of boxes</b> .....	<b>52</b>
<b>Related publications</b> .....	<b>53</b>

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- Jenny Hargreaves (AIHW) (Chair)
- John Agland (New South Wales Ministry of Health)
- Paul Basso (South Australian Department for Health and Ageing)
- Neville Board (Australian Commission on Safety and Quality in Health Care)
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Within the AIHW, the report was prepared by Katrina Burgess, Liz Berryman, Jane McIntyre, Tony Mole and Nick Thompson, with expert advice provided by Jenny Hargreaves and George Bodilsen.

# Abbreviations

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

# Symbols

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

# Summary

## How much elective surgery was there in 2012–13?

In 2012–13, Australia's public hospitals admitted about 673,000 patients from elective surgery waiting lists (as either elective or emergency admissions).

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

Between 2011–12 and 2012–13, admissions for elective surgery increased by 1.8%.

Admissions increased in New South Wales, Western Australia, the Australian Capital Territory and the Northern Territory; they decreased in Victoria, South Australia and Tasmania. Elective surgery admissions per 1,000 population increased by an average of 1.2% per year, from 28.0 per 1,000 in 2008–09, to 29.4 per 1,000 in 2012–13. However, rates were stable between 2011–12 and 2012–13. These numbers are not adjusted for coverage changes over this period.

Between 2008–09 and 2012–13, admissions for *Cataract extraction* increased by an average of 5.9% each year and admissions for *Total knee replacement* increased by an average of 5.5% each year.

## How long did people wait for surgery?

In 2012–13, 50% of patients waited up to 36 days for public elective surgery, an increase over the 33 days in 2008–09 and unchanged since 2011–12. The median waiting time ranged from 27 days in Queensland to 51 days in the Australian Capital Territory.

The median waiting time was shortest for *Principal referral and specialist women's and children's hospitals* (35 days). It was 38 days for *Large hospitals* and 45 days for *Medium hospitals*.

The surgical specialties with the longest median waiting times in 2012–13 were *Ophthalmology*, *Ear, nose and throat surgery* and *Orthopaedic surgery* (76, 68, and 65 days, respectively). *Cardio-thoracic surgery* had the shortest median waiting time (17 days).

*Coronary artery bypass graft* was the procedure with the shortest median waiting time (16 days). *Septoplasty* and *Total knee replacement* had the longest median waiting times (197 days and 196 days, respectively).

The amount of time within which 90% of patients were admitted for the awaited procedure increased from 219 days in 2008–09 to 265 days in 2012–13.

Between 2008–09 and 2012–13, the proportion of patients who waited more than a year to be admitted for their surgery was relatively stable at around 3%. In 2012–13, the national proportion of patients who waited more than a year was 2.7%.

*Ear, nose and throat surgery* and *Orthopaedic surgery* were the surgical specialties with the highest proportion of patients who waited more than 365 days (5.9% and 5.5%, respectively). *Cardio-thoracic surgery* had the lowest proportion (0.3%).

*Septoplasty* and *Total knee replacement* were the procedures with the highest proportion of patients who waited more than 365 days (15.7% and 12.1%, respectively).





# 1 Introduction

*Australian hospital statistics 2012–13: elective surgery waiting times* continues the series of summary annual reports produced by the Australian Institute of Health and Welfare (AIHW) that describe the characteristics and activity of Australia's hospitals (starting with the 1993–94 financial year, AIHW 1997, 2013a). The *Australian hospital statistics* suite of products present data supplied by state and territory health authorities on admitted patient care, elective surgery waiting times, emergency department care, outpatient care, public hospital establishments and rates of infection with *Staphylococcus aureus* bacteraemia (an indicator of hospital safety and quality).

This report presents information on elective surgery waiting times for public hospitals for the period 1 July 2012 to 30 June 2013. It includes information on overall activity and nationally agreed waiting times performance indicators based on nationally consistent data. It also includes comparative information for the previous four reporting periods.

Data for the same period for emergency department care will be released in *Australian hospital statistics 2012–13: emergency department care* later in October 2013. A report on hospital-associated *Staphylococcus aureus* bacteraemia cases – *Australian hospital statistics 2012–13: Staphylococcus aureus bacteraemia in Australian public hospitals* – is scheduled for release in November 2013.

Data based on the national minimum data sets (NMDSs) for Admitted patient care, Public hospital establishments and Outpatient care will be provided by state and territory health authorities later in 2013. The AIHW's annual report *Australian hospital statistics 2012–13* will incorporate these data to present comprehensive information on Australia's hospitals (to be published in April 2014).

*Australian hospital statistics 2012–13* will present additional information about surgery in Australia's hospitals. Information on all elective and emergency admissions involving surgery (including private hospitals), the age and sex of the patient, the remoteness area and socioeconomic status of their area of usual residence will be included.

## Data source

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

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

For the NESWTDC, **elective surgery** comprises elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians (AIHW 2012). **Elective care** is care that, in the opinion of the treating clinician, is necessary and admission for which can be delayed for at least 24 hours.

Detailed information about the AIHW's NESWTDC is in the Data Quality Statement at Appendix A and accompanying this report online at <[www.aihw.gov.au](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 (as outlined in Box 1.1 and Appendix A) should be taken into consideration when they are interpreted.

#### **Box 1.1: Data limitations**

- States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values, unless stated otherwise.
- The data collection covered most public hospitals that undertake elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with those of reporting hospitals. Some smaller remote hospitals may have different patterns of service delivery compared with those of other hospitals because specialists providing elective surgery services visit these hospitals only periodically.
- Data presented at peer group-level in this report are based on the peer groups assigned to hospitals for *Australian hospital statistics 2011–12* (AIHW 2013a), as the 2012–13 peer group cannot be assigned until the level of admitted patient activity is known.
- 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.
- Statistics on public hospital elective surgery waiting times may be affected by variations in reporting practices across states and territories and over time, including in relation to clinical urgency categorisation (see Box 3.1). Where possible, these variations have been noted in the text. When comparing data for states and territories, or for reporting years, refer to the accompanying notes in the chapters and the appendixes.
- The number of days waited does not include the time waited for the initial appointment with the specialist.
- Methods to calculate waiting times have varied across states and territories and over time. For example, in some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the second hospital only.
- In 2012–13, for patients who were admitted after being transferred from another hospital's waiting list, New South Wales, South Australia and the Northern Territory reported the total time waited on all hospital waiting lists. This could have an effect of increasing the waiting times reported for overall removals for those jurisdictions relative to others.

*(continued)*

### **Box 1.1 (continued): Data limitations**

- For 2009–10, the data for the Albury Base Hospital were included in statistics for Victoria; they were formerly reported by, and included in statistics for, New South Wales for earlier years. From 2010–11, the data for Albury Base Hospital were not available.
- For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11. These hospitals did report data for three of the four quarterly periods in 2012–13.
- From 2011–12, Western Australia reported data for an additional 22 rural hospitals and South Australia reported data for an additional 32 hospitals.
- The increase in the number of admissions for the Northern Territory between 2010–11 and 2011–12, was, in part, due to the inclusion of certain surgical procedures in 2011–12 that had previously been incorrectly excluded from the NESWTDC by the Northern Territory.

See appendixes A and B for more information.

## **What's in this report?**

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

Chapter 3 presents information on how long patients waited for elective surgery in public hospitals, including the elective surgery performance indicator agreed for the National Healthcare Agreement (NHA).

The waiting times data presented in Chapter 3 are for patients who complete their wait and are admitted for elective surgery as either an elective or emergency admission, including the time series data presented for 2008–09 to 2012–13. In reports before 2011–12, this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with the data included in reports before 2011–12.

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

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

Appendix C presents information on elective surgery reporting under the National Partnership Agreement on Improving Public Hospital Services (NPA IPHS) – National Elective Surgery Target (NEST).

## **Hospital performance indicators**

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

This report presents data on the following nationally agreed waiting times performance indicators based on nationally consistent data:

- NHA performance indicator 20a: Waiting times for elective surgery – waiting time in days. This performance indicator can be related to National Health Performance Framework (NHPF) dimension ‘Accessibility’ within the domain ‘Health System Performance’. Under the NHA, it relates to the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital-related care*.

Data presented are the median and 90th percentile waiting times by indicator procedure and overall nationally and by state/territory, hospital peer group and Indigenous status (Table 1.1).

- NPA IPHS – selected NEST performance indicators:
  - the number of patients removed from waiting lists for reasons other than admission as an elective patient
  - the median waiting times for the 15 indicator procedures.

**Table 1.1: Hospital performance indicators in this report, for the NHPF dimension – accessibility**

Table/figure	Indicator	Related national indicator set		
		NHA	NPA IPHS	NHPF
Tables 3.5, 3.6, 3.7, 3.8, 3.11, S3.1 and S3.2 <sup>(a)</sup>	NHA #20a Waiting times for elective surgery, 2012–13	✓		✓
Tables 3.6, 3.10 and 3.11	NEST selected measures, 2012–13 <sup>(b)</sup>	✓	✓	

(a) Tables S3.1 and S3.2 accompany this report online at <www.aihw.gov.au>.

(b) See Appendix A for more information.

## Hospital performance indicators not included

Performance indicator information in this report is based on nationally consistent data. Therefore, it does not include reporting against clinical urgency categories as these data are not considered sufficiently comparable between states and territories. Summary information on urgency categories is presented in Box 3.1 and in Appendix A as context information.

This report therefore does not include the performance indicators based on urgency categories as specified for the National Elective Surgery Target (NEST) under the National Partnership Agreement on Improving Public Hospital Services (NPA IPHS). Those NEST performance indicators incorporate urgency category-specific baselines and targets that are specific to individual states and territories.

State and territory data relevant to the NEST for the calendar year 2012 were reported in *Australian hospital statistics: national emergency access and elective surgery targets 2012* (AIHW 2013b). Assessments of performance against the targets were reported in *National Partnership Agreement on Improving Public Hospital Services: performance report for 2012* (COAG Reform Council 2013a).

The NHA performance indicator #20b: Waiting times for elective surgery: proportion seen on time, is also not included in this report as it is based on urgency categories.

This report also does not present performance indicators based on data that are not available in the National Elective Surgery Waiting Times Data Collection (NESWTDC), including adverse events occurring during episodes of care for elective surgery, and unplanned readmissions following such episodes.

## **Additional data online**

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

## **Interactive data**

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

- reason for removal from waiting lists (2002–03 to 2012–13)
- surgical specialties (2001–02 to 2012–13)
- indicator procedures (2001–02 to 2012–13).

## **Updates**

In April 2014, *Australian hospital statistics 2012–13* will include:

- updates for the tables that present estimates of the proportion of episodes included in the NESWTDC, based on 2012–13 admitted patient care data from the NHMD
- additional information obtained by linking the elective surgery waiting times data with the admitted patient care data from the NHMD.

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

## 2 Elective surgery activity

This chapter presents information for the 673,000 patients admitted (as either an elective or emergency admission) from public acute hospital elective surgery waiting lists in 2012–13, as well as comparable information for the four previous periods.

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

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

This chapter also includes information on the number of patients added to or removed from public hospital elective surgery waiting lists in 2012–13.

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

This chapter does not include information related to total elective surgery activity in public and private hospitals or information on patient characteristics and diagnoses sourced from the NHMD. Those data will be presented in *Australian hospital statistics 2012–13* (to be published in April 2014).

Revisions to the data in this report, including the finalised estimated proportion of public hospital elective surgery separations covered by the NESWTDC data, will also be included in *Australian hospital statistics 2012–13*.

### How have admissions changed over time?

Between 2008–09 and 2012–13, the number of admissions for elective surgery from waiting lists increased by an average of 2.9% each year, and by 1.8% between 2011–12 and 2012–13 (Table 2.1). Admissions per 1,000 population increased by an average of 1.2% per year, from 28.0 per 1,000 in 2008–09, to 29.4 per 1,000 in 2012–13.

However, there was also a rise in the estimated coverage of the NESWTDC between 2008–09 and 2012–13, from 88% to 93%, mostly due to an increase in the number of reporting hospitals. This should be taken into account in interpreting the change.

In 2012–13, elective surgery waiting times data were reported for 246 public hospitals.

The majority of admissions from elective surgery waiting lists were to *Principal referral and specialist women's and children's hospitals*—consistently about 71% of admissions between 2008–09 and 2012–13.

### States and territories

Between 2008–09 and 2012–13, the numbers of admissions from elective surgery waiting lists increased in all states and territories except Tasmania (Table 2.2).

Between 2011–12 and 2012–13, admissions for elective surgery increased by 1.8%. Admissions increased in New South Wales, Western Australia, the Australian Capital

Territory and the Northern Territory; they decreased in Victoria, South Australia and Tasmania.

In 2012–13, the number of admissions per 1,000 population varied among states and territories, ranging from 26.0 per 1,000 in Queensland to 38.6 per 1,000 in South Australia.

The increase in the number of admissions for the Northern Territory between 2010–11 and 2011–12 was, in part, due to the inclusion of certain surgical procedures in 2011–12 that had previously been incorrectly excluded from the NESWTDC by the Northern Territory. Between 2011–12 and 2012–13, admissions for the Northern Territory increased by 7.7%.

Compared with 2011–12, there was a small increase in the number of hospitals reporting to the NESWTDC for 2012–13 that can mostly be attributed to 3 Queensland hospitals that were not able to provide data in 2011–12. Changes in the reporting arrangements for the Albury Base Hospital should also be considered when interpreting changes in the numbers of admissions for New South Wales and Victoria over time (see Box 1.1).

**Table 2.1: Admissions from waiting lists for elective surgery, by public hospital peer group, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12 <sup>(a)(b)</sup>	2012–13 <sup>(a)</sup>	Change (%)	
						Average since 2008–09	Since 2011–12 <sup>(c)</sup>
<b>Principal referral and specialist women's and children's hospitals</b>							
Number of hospitals <sup>(d)</sup>	84	85	87	87	90		
Estimated proportion (%) <sup>(e)</sup>	100	99	99	97	99	–0.1	2.4
Number of admissions	437,133	448,247	464,218	468,431	476,368	2.2	1.7
<b>Large hospitals</b>							
Number of hospitals <sup>(d)</sup>	33	36	33	34	35		
Estimated proportion (%) <sup>(e)</sup>	83	84	85	88	87	1.2	–0.8
Number of admissions	92,179	98,458	94,395	98,120	100,482	2.2	2.4
<b>Medium hospitals</b>							
Number of hospitals <sup>(d)</sup>	51	47	49	59	59		
Estimated proportion (%) <sup>(e)</sup>	60	60	61	76	78	7.2	3.6
Number of admissions	62,960	57,090	60,720	74,378	75,646	4.7	1.7
<b>Total<sup>(f)</sup></b>							
<b>Number of hospitals<sup>(d)</sup></b>	<b>193</b>	<b>193</b>	<b>193</b>	<b>244</b>	<b>246</b>		
<b>Estimated proportion (%)<sup>(e)</sup></b>	<b>88</b>	<b>89</b>	<b>89</b>	<b>91</b>	<b>93</b>	<b>1.4</b>	<b>2.2</b>
<b>Number of admissions</b>	<b>601,037</b>	<b>612,439</b>	<b>627,184</b>	<b>661,710</b>	<b>673,316</b>	<b>2.9</b>	<b>1.8</b>
<b>Admissions per 1,000 population<sup>(g)</sup></b>	<b>28.0</b>	<b>28.0</b>	<b>28.3</b>	<b>29.4</b>	<b>29.4</b>	<b>1.2</b>	<b>&lt;0.1</b>

- (a) Between 2010–11 and 2011–12, an additional 54 hospitals not previously included were reported. One small hospital that provided data in 2011–12 did not perform any elective surgery in 2012–13. The majority of these hospitals are small and therefore included only in the total.
- (b) For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11. These hospitals did report data for three of the four quarterly periods in 2012–13.
- (c) Not adjusted for coverage change.
- (d) Number of hospitals included in the NESWTDC. Caution should be used in interpreting the number of hospitals by peer group over time as a hospital may be categorised to different peer groups in different years, based on changes in admitted patient activity.
- (e) The number of separations with an urgency of admission reported as *Elective* and a surgical procedure for public hospitals reporting to the NESWTDC for the reference period, as a proportion of the number of separations with an urgency of admission reported as *Elective* and a surgical procedure for all public hospitals for the reference period. For 2012–13, this is a preliminary estimate based on 2011–12 data.
- (f) Includes hospitals not included in the specified hospital peer groups.
- (g) Crude rate based on the estimated resident population as at 31 December for that year.

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



**Table 2.2: Admissions from waiting lists for elective surgery, states and territories, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>New South Wales<sup>(a)</sup></b>							
Number of hospitals	97	96	96	96	96		
Number of admissions	200,775	199,912	206,266	211,452	216,106	1.9	2.2
Estimated proportion <sup>(b)</sup>	99	100	100	100	100	0.1	0.0
Admissions per 1,000 population <sup>(c)</sup>	28.7	28.2	28.7	29.1	29.4	0.6	0.9
<b>Victoria<sup>(a)</sup></b>							
Number of hospitals	31	32	32	32	32		
Number of admissions	148,516	156,598	157,572	154,079	153,415	0.8	–0.4
Estimated proportion <sup>(b)</sup>	77	79	78	77	80	0.8	3.5
Admissions per 1,000 population <sup>(c)</sup>	28.0	28.9	28.7	27.6	27.0	–0.9	–2.2
<b>Queensland<sup>(d)</sup></b>							
Number of hospitals	32	32	32	29	33		
Number of admissions	112,876	116,863	117,277	114,328	119,767	n.p.	n.p.
Estimated proportion <sup>(b)</sup>	98	98	98	89	98	0.0	9.8
Admissions per 1,000 population <sup>(c)</sup>	26.4	26.8	26.4	25.3	26.0	–0.4	n.p.
<b>Western Australia<sup>(e)</sup></b>							
Number of hospitals	14	14	14	36	35		
Number of admissions	60,701	61,634	65,142	82,248	84,981	n.p.	3.3
Estimated proportion <sup>(b)</sup>	85	81	82	100	100	4.3	0.0
Admissions per 1,000 population <sup>(c)</sup>	27.5	27.2	28.1	34.4	34.4	n.p.	–0.1
<b>South Australia<sup>(e)</sup></b>							
Number of hospitals	8	8	8	40	39		
Number of admissions	44,454	44,557	46,433	65,186	64,136	n.p.	–1.6
Estimated proportion <sup>(b)</sup>	70	70	71	97	97	8.5	0.0
Admissions per 1,000 population <sup>(c)</sup>	27.8	27.5	28.4	39.6	38.6	n.p.	–2.5
<b>Tasmania</b>							
Number of hospitals	4	4	4	4	4		
Number of admissions	17,090	16,756	16,624	15,802	15,475	–2.5	–2.1
Estimated proportion <sup>(b)</sup>	100	100	100	100	100	0.0	0.0
Admissions per 1,000 population <sup>(c)</sup>	34.1	33.1	32.6	30.9	30.2	–3.0	–2.1
<b>Australian Capital Territory</b>							
Number of hospitals	2	2	2	2	2		
Number of admissions	10,160	9,830	11,389	11,362	11,628	3.4	2.3
Estimated proportion <sup>(b)</sup>	100	100	100	100	100	0.0	0.0
Admissions per 1,000 population <sup>(c)</sup>	28.9	27.5	31.2	30.6	30.6	1.4	<0.1
<b>Northern Territory<sup>(f)</sup></b>							
Number of hospitals	5	5	5	5	5		
Number of admissions	6,465	6,289	6,481	7,253	7,808	n.p.	7.7
Estimated proportion <sup>(b)</sup>	100	100	100	100	100	0.0	0.0
Admissions per 1,000 population <sup>(c)</sup>	29.1	27.6	28.1	31.2	33.0	n.p.	5.8

(a) For 2008–09, elective surgery activity for the Albury Base Hospital was reported in New South Wales. For 2009–10, the data for Albury Base Hospital were included in statistics for Victoria. From 2010–11, the data for Albury Base Hospital were not available.

(b) The number of separations with an urgency of admission reported as *Elective* and a surgical procedure for public hospitals reporting to the NESWTDC for the reference period, as a proportion of the number of separations with an urgency of admission reported as *Elective* and a surgical procedure for all public hospitals for the reference period. For 2012–13, this is a preliminary estimate based on 2011–12 data.

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

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

(e) From 2011–12, Western Australia reported data for an additional 22 rural hospitals and South Australia reported data for an additional 32 hospitals. One small South Australian hospital that provided data in 2011–12 did not perform any elective surgery in 2012–13.

(f) 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.

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

## Indicator procedures

Indicator procedures are procedures that are of high volume and are often associated with long waits. Overall, about one-third of patients admitted for elective surgery had been waiting for one of the 15 indicator procedures. Information on *Other procedures* is included at Appendix A.

Between 2008–09 and 2012–13, *Cataract extraction* was the most commonly reported indicator procedure; admissions for this procedure increased by an average of 5.9% each year, and by 5.3% between 2011–12 and 2012–13 (Table 2.3). *Cystoscopy* was the next most common indicator procedure and admissions for this procedure increased by 4.0% per year between 2008–09 and 2012–13.

Between 2008–09 and 2012–13, admissions for *Total knee replacement* increased by an average of 5.5% each year, while admissions for *Coronary artery bypass graft* and *Myringotomy* procedures decreased by an average of 4.6% and 4.3%, respectively.

Between 2011–12 and 2012–13, admissions for *Hysterectomy* decreased by 7.1%.

**Table 2.3: Admissions from waiting lists for elective surgery, by indicator procedure, 2008–09 to 2012–13**

Indicator procedure	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
Cataract extraction	51,465	52,119	53,606	61,698	64,770	5.9	5.0
Cholecystectomy	17,645	18,447	18,621	18,967	18,915	1.8	–0.3
Coronary artery bypass graft	4,651	4,252	4,139	3,926	3,858	–4.6	–1.7
Cystoscopy	39,738	40,055	42,134	46,014	46,463	4.0	1.0
Haemorrhoidectomy	3,987	3,430	3,660	4,318	4,304	1.9	–0.3
Hysterectomy	9,915	9,892	9,967	10,413	9,670	–0.6	–7.1
Inguinal herniorrhaphy	14,831	14,845	14,881	15,576	15,913	1.8	2.2
Myringoplasty	2,001	1,882	1,719	1,854	1,842	–2.0	–0.6
Myringotomy	6,821	6,073	6,362	5,821	5,712	–4.3	–1.9
Prostatectomy	8,178	8,454	8,248	7,944	7,535	–2.0	–5.1
Septoplasty	4,582	4,508	4,482	4,551	4,538	–0.2	–0.3
Tonsillectomy	16,967	16,847	17,375	16,734	17,653	1.0	5.5
Total hip replacement	8,044	8,654	8,680	9,166	9,400	4.0	2.6
Total knee replacement	11,526	12,554	12,994	13,766	14,252	5.5	3.5
Varicose veins stripping and ligation	4,230	4,423	4,257	4,307	4,234	<0.1	–1.7
Other procedures	396,456	406,004	416,059	436,655	444,257	2.9	1.7
<b>Total</b>	<b>601,037</b>	<b>612,439</b>	<b>627,184</b>	<b>661,710</b>	<b>673,316</b>	<b>2.9</b>	<b>1.8</b>

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

## Surgical specialties

The specialty of the surgeon describes the area of clinical expertise held by the doctor who was to perform the elective surgery.

In 2012–13, almost 1 in 4 patients was admitted for *General surgery* and about 1 in 7 was admitted for *Orthopaedic surgery* (Table 2.4).

Between 2008–09 and 2012–13, *Ophthalmology* (which includes the indicator procedure *Cataract extraction*) and *Urology* (which includes the majority of *Cystoscopy* procedures) had the largest increases in the number of admissions from waiting lists, with average increases of 5.4% and 5.2% per year, respectively.

Between 2011–12 and 2012–13, there was a 2.0% decrease in admissions from waiting lists for *Gynaecology*.

**Table 2.4: Admissions from waiting lists for elective surgery, by surgical specialty, 2008–09 to 2012–13**

Surgical specialty	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
Cardio-thoracic surgery	12,479	12,441	12,508	12,079	12,242	–0.5	1.4
Ear, nose and throat surgery	53,863	53,305	54,378	54,663	55,989	1.0	2.4
General surgery	142,934	144,206	148,058	155,918	156,994	2.4	0.7
Gynaecology	76,673	78,135	80,077	84,718	82,990	2.0	–2.0
Neurosurgery	10,166	10,550	10,810	10,668	11,007	2.0	3.2
Ophthalmology	68,869	70,902	73,355	82,089	85,068	5.4	3.6
Orthopaedic surgery	90,587	92,970	94,674	99,829	100,829	2.7	1.0
Plastic surgery	44,605	44,356	45,435	45,528	46,992	1.3	3.2
Urology	68,720	71,928	73,983	80,205	84,235	5.2	5.0
Vascular surgery	13,566	14,377	14,677	14,967	15,332	3.1	2.4
Other	18,575	19,269	19,229	21,046	21,638	3.9	2.8
<b>Total</b>	<b>601,037</b>	<b>612,439</b>	<b>627,184</b>	<b>661,710</b>	<b>673,316</b>	<b>2.9</b>	<b>1.8</b>

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

## How much activity was there in 2012–13?

In 2012–13, there were about 763,000 additions to elective surgery waiting lists and over 776,000 removals from elective surgery waiting lists (Table 2.5). Most patients are admitted after waiting; however, some patients were removed from waiting lists for other reasons.

*Emergency admissions* accounted for 0.5% of admissions from public hospital elective surgery waiting lists, ranging from about 0.3% in Queensland to 0.7% in New South Wales and Western Australia.

Over 18,000 patients were removed from the waiting list because they were *Treated elsewhere* and about 61,000 for *Surgery not required or declined*. Over 11,600 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. For information on time to removal from waiting list by reason for removal, see Table 3.10.

**Table 2.5: Additions to and removals from waiting lists for elective surgery, by reason for removal, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Additions</b>	<b>239,383</b>	<b>179,777</b>	<b>133,506</b>	<b>99,257</b>	<b>71,073</b>	<b>17,532</b>	<b>13,671</b>	<b>9,115</b>	<b>763,314</b>
<b>Removals</b>									
<i>Total admissions</i>	<i>216,106</i>	<i>153,415</i>	<i>119,767</i>	<i>84,981</i>	<i>64,136</i>	<i>15,475</i>	<i>11,628</i>	<i>7,808</i>	<i>673,316</i>
Elective admission	214,518	152,843	119,366	84,380	63,759	15,369	11,583	7,764	669,582
Emergency admission <sup>(a)</sup>	1,588	572	401	601	377	106	45	44	3,734
<b>Other reasons for removal</b>									
Not contactable/died <sup>(a)</sup>	2,080	2,035	982	1,095	627	394	129	164	7,506
Treated elsewhere	7,426	3,931	2,439	2,362	1,115	448	388	151	18,260
Surgery not required or declined	19,486	15,104	12,692	6,945	3,799	1,009	1,152	1,198	61,385
Transferred to another hospital's waiting list <sup>(a)</sup>	n.a.	1,800	3,765	4,893	824	95	231	n.a.	11,608
Not reported	0	274	80	2,330	1,145	444	117	0	4,390
<b>Total removals</b>	<b>245,098</b>	<b>176,559</b>	<b>139,725</b>	<b>102,606</b>	<b>71,646</b>	<b>17,865</b>	<b>13,645</b>	<b>9,321</b>	<b>776,465</b>

(a) There is some variation in practices and in the reporting of waiting times among states and territories with respect to the categories *Emergency admissions*, *Not contactable/died* and *Transferred to another hospital's waiting list*.

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

### 3 Waiting times for elective surgery

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

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

This chapter includes information on elective surgery waiting times by:

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

The number of days a patient waits for elective surgery is calculated by states and territories by subtracting the date the patient was placed on the waiting list from the date that the patient was removed (removal date), minus any days when the patient was ‘not ready for care’, and also minus any days the patient was waiting with a less urgent clinical urgency category (Box 3.1) than their clinical urgency category at removal.

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

Information is presented on the number of patients admitted and the number of days waited at the 50th percentile (median) and 90th percentile, and the proportion of patients who waited more than 365 days. The median waiting time indicates the time within which 50% of patients were admitted for the awaited procedure. The 90th percentile waiting time indicates the amount of time within which 90% of patients were admitted for the awaited procedure.

#### **Box 3.1: 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.

*(continued)*

### Box 3.1 (continued): Clinical urgency categorisation

Analyses of clinical urgency category data have shown notable variation in the assignment of these categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall (AIHW 2013c). This apparent lack of comparability of clinical urgency categories among jurisdictions means that measures based on these categories are not comparable between jurisdictions.

In 2012, the AIHW and the RACS worked together to develop national definitions for elective surgery urgency categories, at the request of the Standing Council on Health (the Commonwealth, state and territory health ministers). The development of the national definitions resulted in a package of six integrated components proposed for adoption, and presented in the report *National definitions for elective surgery urgency categories: proposal for the Standing Council on Health* (AIHW 2013c). The report recommended that work be undertaken in 2013 so that the national elective surgery urgency category definitions package could be implemented by 1 January 2014.

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

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

Appendix A includes information on the distribution of clinical urgency categories by state and territory for 2012–13. As for earlier years, there is apparent variation in the assignment of urgency categories among states and territories. For example, the proportion of patients admitted from waiting lists who were assigned to *Category 3* was 44% for New South Wales and 16% for Queensland (Table B3.1).

**Table B3.1: Admissions from waiting lists for elective surgery, by clinical urgency category, states and territories, 2012–13 (per cent)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Per cent								
Category 1	24	31	40	25	26	40	31	29	29
Category 2	32	47	44	35	36	41	45	49	39
Category 3	44	22	16	40	38	20	24	22	32
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

## How did waiting times vary over time?

Overall, the median waiting time (days waited at the 50th percentile) for elective surgery increased from 33 days in 2008–09 to 36 days in 2012–13 (Table 3.1). Over this period, the median waiting times for *Principal referral and specialist women's and children's hospitals* increased from 30 days to 35 days.

The number of days waited at the 90th percentile increased from 219 days in 2008–09 to 265 days in 2012–13, and the proportion of patients who waited more than 365 days to be admitted was about 3% each year.

**Table 3.1: Waiting time statistics for admissions from waiting lists for elective surgery, by public hospital peer group, 2008–09 to 2012–13<sup>(a)</sup>**

	2008–09	2009–10	2010–11	2011–12	2012–13
<b>Principal referral and specialist women's and children's hospitals</b>					
Number of admissions	437,133	448,247	464,218	468,431	476,368
Days waited at 50th percentile	30	32	34	35	35
Days waited at 90th percentile	215	232	243	253	269
Per cent waited more than 365 days	3.2	3.5	3.2	3.2	3.3
<b>Large hospitals</b>					
Number of admissions	92,179	98,458	94,395	98,120	100,482
Days waited at 50th percentile	40	42	39	40	38
Days waited at 90th percentile	226	259	241	236	237
Per cent waited more than 365 days	2.4	3.3	1.7	1.9	1.6
<b>Medium hospitals</b>					
Number of admissions	62,960	57,090	60,720	74,378	75,646
Days waited at 50th percentile	42	43	50	43	45
Days waited at 90th percentile	230	287	297	256	287
Per cent waited more than 365 days	1.5	2.8	2.1	1.5	1.3
<b>Total<sup>(b)</sup></b>					
<b>Number of admissions</b>	<b>601,037</b>	<b>612,439</b>	<b>627,184</b>	<b>661,710</b>	<b>673,316</b>
<b>Days waited at 50th percentile</b>	<b>33</b>	<b>35</b>	<b>36</b>	<b>36</b>	<b>36</b>
<b>Days waited at 90th percentile</b>	<b>219</b>	<b>245</b>	<b>250</b>	<b>251</b>	<b>265</b>
<b>Per cent waited more than 365 days</b>	<b>2.9</b>	<b>3.4</b>	<b>2.8</b>	<b>2.7</b>	<b>2.7</b>

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

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

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

## States and territories

It should be noted that there are considerable differences among states and territories in the proportion of patients assigned to different clinical urgency categories (see Box 3.1 and Appendix A). These differences may be attributed to differing mixes of patients between states and territories or to other factors that influence the assignment of clinical urgency categories. These factors should be taken into account when interpreting the waiting times presented in this report.

In addition, the days waited at the 90th percentile and the proportion of patients who waited more than 365 days can be impacted by strategies to provide surgery for long wait patients, for example, through the NPA IHPS – NEST and the Commonwealth funded initiative to provide extra elective surgery in Tasmania, targeting patients who had waited longer than the clinically recommended time.

For New South Wales, the median waiting time increased from 39 days in 2008–09 to 50 days in 2012–13 (Table 3.2). Over the same period, the median waiting time for the Australian Capital Territory decreased from 74 days to 51 days, particularly over the last two years.

**Table 3.2: Waiting time statistics for admissions from waiting lists for elective surgery, states and territories, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13
<b>New South Wales<sup>(a)</sup></b>					
Days waited at 50th percentile	39	44	47	49	50
Days waited at 90th percentile	282	329	332	335	335
Per cent waited more than 365 days	2.5	4.9	3.6	3.4	2.8
<b>Victoria<sup>(a)</sup></b>					
Days waited at 50th percentile	31	35	36	36	36
Days waited at 90th percentile	193	196	181	189	223
Per cent waited more than 365 days	2.9	2.8	2.5	2.4	3.3
<b>Queensland<sup>(b)</sup></b>					
Days waited at 50th percentile	26	27	28	27	27
Days waited at 90th percentile	131	147	146	147	163
Per cent waited more than 365 days	1.8	2.4	1.3	2.0	2.5
<b>Western Australia<sup>(c)</sup></b>					
Days waited at 50th percentile	31	32	29	30	30
Days waited at 90th percentile	174	160	159	159	159
Per cent waited more than 365 days	2.0	1.5	1.6	1.7	1.5
<b>South Australia<sup>(c)</sup></b>					
Days waited at 50th percentile	36	36	38	34	34
Days waited at 90th percentile	206	188	207	191	182
Per cent waited more than 365 days	2.6	1.1	2.0	1.5	1.0
<b>Tasmania</b>					
Days waited at 50th percentile	44	36	38	38	41
Days waited at 90th percentile	448	332	359	348	406
Per cent waited more than 365 days	13.1	8.7	9.6	9.4	11.5
<b>Australian Capital Territory</b>					
Days waited at 50th percentile	74	73	76	63	51
Days waited at 90th percentile	376	356	377	296	277
Per cent waited more than 365 days	10.5	9.5	10.8	6.2	4.1
<b>Northern Territory<sup>(d)</sup></b>					
Days waited at 50th percentile	40	44	33	39	40
Days waited at 90th percentile	254	269	223	219	196
Per cent waited more than 365 days	5.5	5.8	3.9	3.5	3.3
<b>Total</b>					
<b>Days waited at 50th percentile</b>	<b>33</b>	<b>35</b>	<b>36</b>	<b>36</b>	<b>36</b>
<b>Days waited at 90th percentile</b>	<b>219</b>	<b>245</b>	<b>250</b>	<b>251</b>	<b>265</b>
<b>Per cent waited more than 365 days</b>	<b>2.9</b>	<b>3.4</b>	<b>2.8</b>	<b>2.7</b>	<b>2.7</b>

(a) For 2008–09, elective surgery activity for the Albury Base Hospital was reported in New South Wales. For 2009–10, the data for Albury Base Hospital are included in statistics for Victoria. From 2010–11, the data for Albury Base Hospital were not available.

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

(c) From 2011–12, Western Australia reported data for an additional 22 rural hospitals and South Australia reported data for an additional 32 hospitals. One small South Australian hospital that provided data in 2011–12 did not perform any elective surgery in 2012–13.

(d) Between 2010–11 and 2011–12, the increase in 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.

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

Between 2011–12 and 2012–13, the number of days waited at the 90th percentile and the proportion of patients who waited more than 365 days increased in Victoria, Queensland and Tasmania. The proportion of patients who waited more than 365 days was highest in Tasmania for most of the 5 year period.



## Indicator procedures

Between 2008–09 and 2012–13, *Coronary artery bypass graft* was consistently the indicator procedure with the lowest median waiting time, which increased from 13 to 16 days (Table 3.3).

Over this period, the median waiting time increased for all elective surgery indicator procedures except *Cystoscopy and Prostatectomy*, with the largest increase (from 128 to 197 days) being for *Septoplasty*.

Between 2008–09 and 2012–13, the length of time waited by 90% of patients admitted for *Inguinal herniorrhaphy* increased from 218 days to 284 days and the time waited for 90% of patients admitted for *Cystoscopy* decreased from 133 days to 108 days.

**Table 3.3: Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13
<b>Cataract extraction</b>					
Days waited at 50th percentile	84	86	90	91	91
Days waited at 90th percentile	320	336	343	344	338
Per cent waited more than 365 days	3.6	4.3	4.1	4.0	3.1
<b>Cholecystectomy</b>					
Days waited at 50th percentile	46	50	52	51	50
Days waited at 90th percentile	169	184	170	176	181
Per cent waited more than 365 days	1.8	2.2	1.7	2.0	1.7
<b>Coronary artery bypass graft</b>					
Days waited at 50th percentile	13	14	14	16	16
Days waited at 90th percentile	93	77	71	76	77
Per cent waited more than 365 days	0.5	0.7	0.2	<0.1	0.2
<b>Cystoscopy</b>					
Days waited at 50th percentile	25	25	25	25	23
Days waited at 90th percentile	133	126	115	108	108
Per cent waited more than 365 days	1.5	1.3	1.3	1.0	0.9
<b>Haemorrhoidectomy</b>					
Days waited at 50th percentile	51	66	59	57	58
Days waited at 90th percentile	216	260	254	245	257
Per cent waited more than 365 days	3.3	3.4	3.4	3.2	3.5
<b>Hysterectomy</b>					
Days waited at 50th percentile	48	50	49	53	53
Days waited at 90th percentile	171	195	201	207	218
Per cent waited more than 365 days	1.2	1.9	1.7	1.8	1.9
<b>Inguinal herniorrhaphy</b>					
Days waited at 50th percentile	52	57	57	57	60
Days waited at 90th percentile	218	250	260	277	284
Per cent waited more than 365 days	3.0	3.1	2.7	3.1	3.1

(continued)

**Table 3.3 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13
<b>Myringoplasty</b>					
Days waited at 50th percentile	92	103	108	106	123
Days waited at 90th percentile	370	381	369	364	365
Per cent waited more than 365 days	10.8	12.4	10.7	9.5	9.7
<b>Myringotomy</b>					
Days waited at 50th percentile	44	48	47	49	49
Days waited at 90th percentile	141	151	139	145	141
Per cent waited more than 365 days	1.2	1.2	0.9	1.1	1.3
<b>Prostatectomy</b>					
Days waited at 50th percentile	41	46	47	42	39
Days waited at 90th percentile	171	188	170	160	167
Per cent waited more than 365 days	2.8	2.9	2.5	1.7	1.7
<b>Septoplasty</b>					
Days waited at 50th percentile	128	144	159	160	197
Days waited at 90th percentile	378	413	382	370	389
Per cent waited more than 365 days	12.6	16.3	13.7	11.8	15.7
<b>Tonsillectomy</b>					
Days waited at 50th percentile	85	91	93	97	98
Days waited at 90th percentile	335	357	351	358	359
Per cent waited more than 365 days	5.7	8.4	6.5	7.2	7.3
<b>Total hip replacement</b>					
Days waited at 50th percentile	99	115	106	116	115
Days waited at 90th percentile	364	372	357	357	357
Per cent waited more than 365 days	9.5	11.0	7.6	7.2	7.5
<b>Total knee replacement</b>					
Days waited at 50th percentile	146	179	173	184	196
Days waited at 90th percentile	392	414	376	371	374
Per cent waited more than 365 days	14.9	18.1	12.6	11.6	12.1
<b>Varicose veins stripping and ligation</b>					
Days waited at 50th percentile	87	96	100	103	96
Days waited at 90th percentile	373	389	368	365	356
Per cent waited more than 365 days	10.6	12.8	10.2	10.0	7.7
<b>Other procedures</b>					
Days waited at 50th percentile	26	27	28	28	28
Days waited at 90th percentile	167	183	182	181	195
Per cent waited more than 365 days	2.2	2.6	2.2	2.1	2.2
<b>Total</b>					
<b>Days waited at 50th percentile</b>	<b>33</b>	<b>35</b>	<b>36</b>	<b>36</b>	<b>36</b>
<b>Days waited at 90th percentile</b>	<b>219</b>	<b>245</b>	<b>250</b>	<b>251</b>	<b>265</b>
<b>Per cent waited more than 365 days</b>	<b>2.9</b>	<b>3.4</b>	<b>2.8</b>	<b>2.7</b>	<b>2.7</b>

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

## Surgical specialties

Between 2008–09 and 2012–13, the surgical specialty with the lowest median waiting time was *Cardio-thoracic surgery* (increasing from 11 days to 17 days); *Ophthalmology* was consistently the surgical specialty with the longest median waiting time (increasing from 65 to 76 days) (Table 3.4).

Over this period, the median waiting time increased for most surgical specialties except *Urology* and *Vascular surgery*. The largest increase in median waiting time was for *Orthopaedic surgery*, from 52 days to 65 days.

Between 2008–09 and 2012–13, the length of time waited by 90% of patients admitted for *Neurosurgery* increased from 156 days to 210 days, while the length of time waited for 90% of patients admitted for *Urology* decreased from 136 days to 113 days.

Since 2008–09, *Ear, nose and throat surgery* and *Orthopaedic surgery* have been the surgical specialties with the highest proportion of patients who waited more than 365 days to be admitted; *Cardio-thoracic surgery* has been the specialty with the lowest proportion.

**Table 3.4: Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13
<b>Cardio-thoracic surgery</b>					
Days waited at 50th percentile	11	13	15	16	17
Days waited at 90th percentile	75	70	76	81	80
Per cent waited more than 365 days	0.3	0.4	0.2	0.1	0.3
<b>Ear, nose and throat surgery</b>					
Days waited at 50th percentile	57	63	64	66	68
Days waited at 90th percentile	318	340	340	344	349
Per cent waited more than 365 days	5.2	6.8	5.6	5.6	5.9
<b>General surgery</b>					
Days waited at 50th percentile	29	31	32	31	30
Days waited at 90th percentile	156	170	163	164	178
Per cent waited more than 365 days	1.9	2.1	1.8	1.8	1.9
<b>Gynaecology</b>					
Days waited at 50th percentile	28	30	30	31	31
Days waited at 90th percentile	126	134	133	133	157
Per cent waited more than 365 days	0.9	1.0	0.8	0.9	1.2
<b>Neurosurgery</b>					
Days waited at 50th percentile	23	29	33	31	30
Days waited at 90th percentile	156	196	217	191	210
Per cent waited more than 365 days	1.5	2.3	3.2	2.7	2.6
<b>Ophthalmology</b>					
Days waited at 50th percentile	65	69	70	74	76
Days waited at 90th percentile	306	329	335	335	335
Per cent waited more than 365 days	3.0	4.1	3.6	3.6	3.2

(continued)

**Table 3.4 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13
<b>Orthopaedic surgery</b>					
Days waited at 50th percentile	52	61	63	63	65
Days waited at 90th percentile	329	351	344	338	342
Per cent waited more than 365 days	6.2	7.9	6.2	5.4	5.5
<b>Plastic surgery</b>					
Days waited at 50th percentile	22	21	24	24	24
Days waited at 90th percentile	167	163	155	182	187
Per cent waited more than 365 days	3.0	2.6	2.1	2.7	2.8
<b>Urology</b>					
Days waited at 50th percentile	27	28	28	27	25
Days waited at 90th percentile	136	134	122	116	113
Per cent waited more than 365 days	1.7	1.7	1.6	1.2	1.1
<b>Vascular surgery</b>					
Days waited at 50th percentile	20	20	20	20	20
Days waited at 90th percentile	171	176	147	147	153
Per cent waited more than 365 days	3.5	3.8	2.5	2.5	2.0
<b>Other</b>					
Days waited at 50th percentile	21	22	23	25	25
Days waited at 90th percentile	105	101	98	100	110
Per cent waited more than 365 days	1.5	1.1	0.6	0.6	0.5
<b>Total</b>					
<b>Days waited at 50th percentile</b>	<b>33</b>	<b>35</b>	<b>36</b>	<b>36</b>	<b>36</b>
<b>Days waited at 90th percentile</b>	<b>219</b>	<b>245</b>	<b>250</b>	<b>251</b>	<b>265</b>
<b>Per cent waited more than 365 days</b>	<b>2.9</b>	<b>3.4</b>	<b>2.8</b>	<b>2.7</b>	<b>2.7</b>

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

## How long did people wait for surgery in 2012–13?

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

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

This is an NHA performance indicator in the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital related care* (COAG Reform Council 2013b) and includes the median and 90th percentile waiting times for elective surgery in public hospitals, by indicator procedure and overall. This performance indicator can be related to the NHPF dimension 'Accessibility' within the domain 'Health System Performance'.

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

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

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

Overall in 2012–13, the median waiting time for patients admitted from waiting lists for *Principal referral and specialist women's and children's hospitals* (35 days) was shorter than for *Large hospitals* and *Medium hospitals* (38 days and 45 days, respectively) (Table 3.5). This may reflect different mixes of patients in the different hospital groups.

**Table 3.5: Waiting time statistics for admissions from waiting lists for elective surgery, by public hospital peer group, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Principal referral and specialist women's and children's hospitals</b>									
Number of hospitals <sup>(a)</sup>	31	21	20	7	5	2	2	2	90
Estimated proportion (%) <sup>(b)</sup>	100	98	100	100	100	100	100	100	99
Number of admissions	151,744	115,578	102,656	40,325	35,664	11,654	11,628	7,119	476,368
Days waited at 50th percentile	43	35	26	30	36	45	51	37	35
Days waited at 90th percentile	340	222	168	175	175	462	277	193	269
Per cent waited more than 365 days	3.4	3.5	2.6	2.2	1.4	12.9	4.1	3.3	3.3
<b>Large hospitals</b>									
Number of hospitals <sup>(a)</sup>	13	8	4	7	2	1	..	..	35
Estimated proportion (%) <sup>(b)</sup>	100	70	100	100	100	100	..	..	87
Number of admissions	25,784	31,223	10,661	23,359	7,639	1,816	..	..	100,482
Days waited at 50th percentile	63	32	28	30	43	n.p.	..	..	38
Days waited at 90th percentile	323	176	140	149	227	n.p.	..	..	238
Per cent waited more than 365 days	1.5	2.3	2.5	0.4	1.0	n.p.	..	..	1.6
<b>Medium hospitals</b>									
Number of hospitals <sup>(a)</sup>	30	3	8	5	12	1	..	..	59
Estimated proportion (%) <sup>(b)</sup>	100	26	84	100	100	100	..	..	78
Number of admissions	31,177	6,614	4,255	14,673	16,922	2,005	..	..	75,646
Days waited at 50th percentile	63	80	28	32	28	n.p.	..	..	45
Days waited at 90th percentile	326	320	115	140	188	n.p.	..	..	287
Per cent waited more than 365 days	1.1	3.8	0.2	1.3	0.2	n.p.	..	..	1.3
<b>Total<sup>(c)</sup></b>									
<b>Number of hospitals<sup>(a)(c)</sup></b>	<b>96</b>	<b>32</b>	<b>33</b>	<b>35</b>	<b>39</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>246</b>
<b>Estimated proportion (%)<sup>(b)</sup></b>	<b>100</b>	<b>80</b>	<b>98</b>	<b>100</b>	<b>97</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>93</b>
<b>Number of admissions</b>	<b>216,106</b>	<b>153,415</b>	<b>119,767</b>	<b>84,981</b>	<b>64,136</b>	<b>15,475</b>	<b>11,628</b>	<b>7,808</b>	<b>673,316</b>
<b>Days waited at 50th percentile</b>	<b>50</b>	<b>36</b>	<b>27</b>	<b>30</b>	<b>34</b>	<b>41</b>	<b>51</b>	<b>40</b>	<b>36</b>
<b>Days waited at 90th percentile</b>	<b>335</b>	<b>223</b>	<b>163</b>	<b>159</b>	<b>182</b>	<b>406</b>	<b>277</b>	<b>196</b>	<b>265</b>
<b>Per cent waited more than 365 days</b>	<b>2.8</b>	<b>3.3</b>	<b>2.5</b>	<b>1.5</b>	<b>1.0</b>	<b>11.5</b>	<b>4.1</b>	<b>3.3</b>	<b>2.7</b>

(a) Number of hospitals reporting to the NESWTDC.

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

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

Note: See boxes 1.1 and 3.1 and appendixes A and B for notes on data limitations and methods. Further information by indicator procedures is available in Table S3.1 (which accompanies this report online at <[www.aihw.gov.au](http://www.aihw.gov.au)>).

## How did waiting times vary by indicator procedure?

Table 3.6 presents national waiting time statistics for indicator procedures and Table 3.11 (at the end of this chapter) presents similar information for states and territories.

Nationally, the indicator procedure with the lowest median waiting time in 2012–13 was *Coronary artery bypass graft* (16 days) and *Septoplasty* had the highest median waiting time (197 days) (Table 3.6).

The median waiting time for *Coronary artery bypass graft* ranged from 7 days in the Australian Capital Territory to 45 days in Tasmania (Table 3.11). For *Septoplasty* the median waiting time ranged from 76 days in Queensland to 340 days in the Australian Capital Territory.

*Coronary artery bypass graft* was also the indicator procedure with the lowest 90th percentile waiting time in 2012–13 (77 days) (Table 3.6). The 90th percentile waiting time for *Coronary artery bypass graft* ranged from 43 days in the Western Australia to 134 days in Tasmania (Table 3.11).

**Table 3.6: Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, 2012–13**

Indicator procedure	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days
Cataract extraction	64,770	91	338	3.1
Cholecystectomy	18,915	50	181	1.7
Coronary artery bypass graft	3,858	16	77	0.2
Cystoscopy	46,463	23	108	0.9
Haemorrhoidectomy	4,304	58	257	3.5
Hysterectomy	9,670	53	218	1.9
Inguinal herniorrhaphy	15,913	60	284	3.1
Myringoplasty	1,842	123	365	9.7
Myringotomy	5,712	49	141	1.3
Prostatectomy	7,535	39	167	1.7
Septoplasty	4,538	197	389	15.7
Tonsillectomy	17,653	98	359	7.3
Total hip replacement	9,400	115	357	7.5
Total knee replacement	14,252	196	374	12.1
Varicose veins stripping and ligation	4,234	96	356	7.7
Other procedures	444,257	28	195	2.2
<b>Total</b>	<b>673,316</b>	<b>36</b>	<b>265</b>	<b>2.7</b>

*Note:* See boxes 1.1 and 3.1 and appendixes A and B for notes on data limitations and methods. Additional information by state and territory is available in Table 3.11 at the end of this chapter.

## How did waiting times vary by Indigenous status?

### Box 3.2: Quality of Indigenous status data

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

See Appendix A for comments provided by states and territories on the perceived quality of Indigenous status data provided for the NESWTDC.

For 2012–13, there were over 20,000 admissions from waiting lists for elective surgery for patients who identified as being Aboriginal and/or Torres Strait Islander people.

Overall, the median waiting time for Indigenous Australians was higher than that for other Australians (40 days and 36 days, respectively) (Table 3.7). However, median waiting times for Indigenous Australians were lower than those for other Australians in South Australia and the Australian Capital Territory.

Overall, a slightly higher proportion of Indigenous Australians than other Australians waited more than 365 days for elective surgery (3.1% and 2.7%, respectively).

**Table 3.7: Waiting time statistics for admissions from waiting lists for elective surgery, by Indigenous status, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Indigenous Australians</b>									
Number of admissions	6,420	1,095	5,079	3,051	1,307	611	247	2,406	20,216
Days waited at 50th percentile	56	44	28	34	28	47	38	52	40
Days waited at 90th percentile	342	247	173	174	167	328	218	259	278
Per cent waited more than 365 days	3.2	4.0	2.8	1.0	1.5	8.8	3.2	5.2	3.1
<b>Other Australians<sup>(a)</sup></b>									
Number of admissions	209,686	152,320	114,688	81,930	62,829	14,864	11,381	5,402	653,100
Days waited at 50th percentile	49	36	27	30	34	41	51	35	36
Days waited at 90th percentile	335	223	162	158	182	408	278	174	265
Per cent waited more than 365 days	2.8	3.2	2.5	1.5	1.0	11.6	4.1	2.5	2.7

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

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

### Indicator procedures

Indigenous Australians had higher median waiting times than other Australians for 9 of the 15 indicator procedures. There were notable differences in median waiting times for *Cataract extraction* (140 days for Indigenous Australians and 90 days for other Australians) and *Total knee replacement* (297 days for Indigenous Australians and 195 days for other Australians).

Indigenous Australians had lower median waiting times than other Australians for *Cholecystectomy*, *Coronary artery bypass graft*, *Haemorrhoidectomy*, *Inguinal herniorrhaphy*, *Myringoplasty* and *Varicose veins stripping and ligation*. *Coronary artery bypass graft*,

*Cholecystectomy* and *Prostatectomy* had the least variation in median waiting times by Indigenous status (Table 3.8 and Figure 3.1).

For Indigenous Australians, *Total knee replacement* and *Total hip replacement* were the indicator procedures with the highest proportion of patients who waited more than 365 days to be admitted (23.0% and 12.5%, respectively). For other Australians, *Septoplasty* and *Total knee replacement* were the indicator procedures with the highest proportion of patients who waited more than 365 days to be admitted (15.8% and 12.0%, respectively).

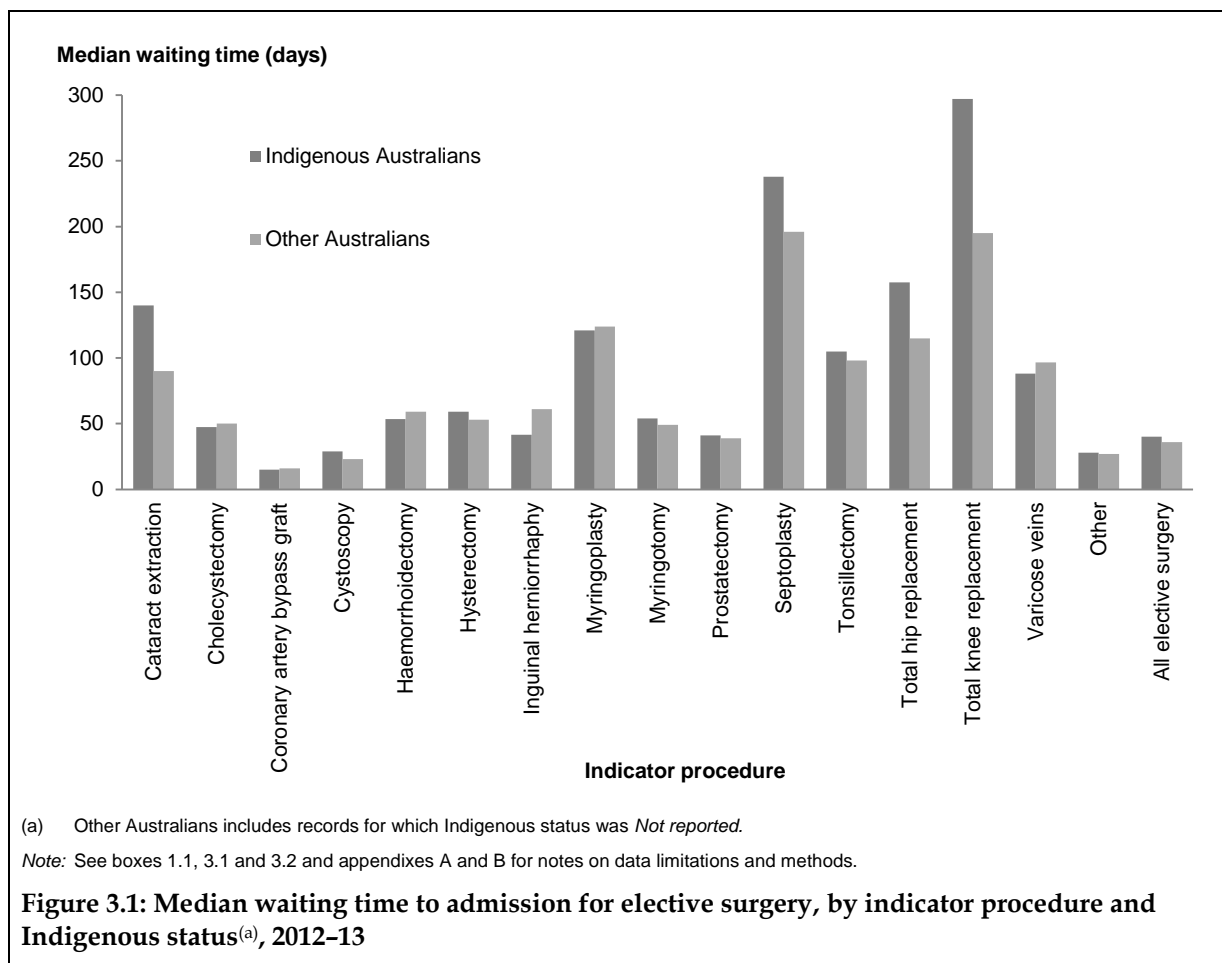
**Table 3.8: Waiting time statistics for admissions from waiting lists for elective surgery, by Indigenous status and indicator procedure, 2012–13**

Indicator procedure	Indigenous Australians				Other Australians <sup>(a)</sup>			
	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days
Cataract extraction	1,446	140	357	6.5	63,324	90	338	3.0
Cholecystectomy	776	48	197	2.4	18,139	50	181	1.7
Coronary artery bypass graft	168	15	88	0.0	3,690	16	76	0.2
Cystoscopy	741	29	126	1.1	45,722	23	107	0.9
Haemorrhoidectomy	96	54	261	6.3	4,208	59	257	3.4
Hysterectomy	319	59	240	1.3	9,351	53	217	1.9
Inguinal herniorrhaphy	344	42	225	1.2	15,569	61	286	3.2
Myringoplasty	456	121	348	7.0	1,386	124	367	10.5
Myringotomy	551	54	177	1.3	5,161	49	139	1.3
Prostatectomy	86	41	168	1.2	7,449	39	167	1.7
Septoplasty	103	238	399	11.7	4,435	196	389	15.8
Tonsillectomy	1,025	105	358	6.2	16,628	98	359	7.4
Total hip replacement	112	158	372	12.5	9,288	115	357	7.5
Total knee replacement	196	297	406	23.0	14,056	195	373	12.0
Varicose veins stripping and ligation	52	88	356	5.8	4,182	97	356	7.7
Other procedures	7,033	28	195	2.4	221,562	27	186	2.2
<b>Total</b>	<b>20,216</b>	<b>40</b>	<b>278</b>	<b>3.1</b>	<b>653,100</b>	<b>36</b>	<b>265</b>	<b>2.7</b>

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

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





## How did waiting times vary by surgical specialty?

Table 3.9 presents national waiting time statistics for surgical specialties and Table 3.12 (at the end of this chapter) presents similar information for states and territories.

Nationally, the surgical specialty with the lowest median waiting time in 2012–13 was *Cardio-thoracic surgery* (17 days) and *Ophthalmology* had the highest median waiting time (76 days) (Table 3.9).

The median waiting time for *Cardio-thoracic surgery* ranged from 10 days in the Australian Capital Territory to 37 days in Tasmania (Table 3.12). For *Ophthalmology* the median waiting time ranged from 39 days in Queensland to 196 days in New South Wales.

*Cardio-thoracic surgery* was also the indicator procedure with the lowest 90th percentile waiting time in 2012–13 (80 days) (Table 3.9). The 90th percentile waiting time for *Cardio-thoracic surgery* ranged from 54 days in the Australian Capital Territory to 137 days in Tasmania (Table 3.12).

*Ear, nose and throat surgery* and *Orthopaedic surgery* were the specialties with the highest proportion of patients who waited more than 365 days to be admitted (5.9% and 5.5%, respectively). *Cardio-thoracic surgery* had the lowest proportion of patients who waited more than 365 days (0.3%). See Table 3.12 for information by state and territory.

**Table 3.9: Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, 2012–13**

<b>Surgical specialty</b>	<b>Admissions</b>	<b>Days waited at 50th percentile</b>	<b>Days waited at 90th percentile</b>	<b>Per cent waited more than 365 days</b>
Cardio-thoracic surgery	12,242	17	80	0.3
Ear, nose and throat surgery	55,989	68	349	5.9
General surgery	156,994	30	178	1.9
Gynaecology	82,990	31	157	1.2
Neurosurgery	11,007	30	210	2.6
Ophthalmology	85,068	76	335	3.2
Orthopaedic surgery	100,829	65	342	5.5
Plastic surgery	46,992	24	187	2.8
Urology	84,235	25	113	1.1
Vascular surgery	15,332	20	153	2.0
Other	21,638	25	110	0.5
<b>Total</b>	<b>673,316</b>	<b>36</b>	<b>265</b>	<b>2.7</b>

*Note:* See boxes 1.1 and 3.1 and appendixes A and B for notes on data limitations and methods. Additional information by state and territory is available in Table 3.12 at the end of this chapter.

## Additional information

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

Additional information on surgery for both emergency and elective admissions in public and private hospitals, as well as public hospital waiting times information by patient characteristics and principal diagnoses for elective surgery, will be available in *Australian hospital statistics 2012–13*, to be released in April 2014.

**Table 3.10: Additions to waiting lists and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Additions</b>	<b>239,383</b>	<b>179,777</b>	<b>133,506</b>	<b>99,257</b>	<b>71,073</b>	<b>17,532</b>	<b>13,671</b>	<b>9,115</b>	<b>763,314</b>
<b>Removals</b>									
<b>Total admissions</b>	<b>216,106</b>	<b>153,415</b>	<b>119,767</b>	<b>84,981</b>	<b>64,136</b>	<b>15,475</b>	<b>11,628</b>	<b>7,808</b>	<b>673,316</b>
Days waited at 50th percentile	50	36	27	30	34	41	51	40	36
Days waited at 90th percentile	335	223	163	159	182	406	277	196	265
Per cent waited more than 365 days	2.8	3.3	2.5	1.5	1.0	11.5	4.1	3.3	2.7
<b>Elective admission</b>	<b>214,518</b>	<b>152,843</b>	<b>119,366</b>	<b>84,380</b>	<b>63,759</b>	<b>15,369</b>	<b>11,583</b>	<b>7,764</b>	<b>669,582</b>
Days waited at 50th percentile	50	36	27	31	34	41	51	40	36
Days waited at 90th percentile	335	224	163	159	182	406	278	196	266
Per cent waited more than 365 days	2.8	3.3	2.5	1.5	1.0	11.6	4.1	3.3	2.7
<b>Emergency admission<sup>(a)</sup></b>	<b>1,588</b>	<b>572</b>	<b>401</b>	<b>601</b>	<b>377</b>	<b>106</b>	<b>45</b>	<b>44</b>	<b>3,734</b>
Days waited at 50th percentile	16	13	13	19	16	24	8	20	16
Days waited at 90th percentile	132	126	88	112	69	241	115	141	112
Per cent waited more than 365 days	0.8	1.4	0.5	1.2	0.0	5.7	0.0	4.5	1.0
<b>Other reasons for removal</b>									
<b>Not contactable/died<sup>(a)</sup></b>	<b>2,080</b>	<b>2,035</b>	<b>982</b>	<b>1,095</b>	<b>627</b>	<b>394</b>	<b>129</b>	<b>164</b>	<b>7,506</b>
50th percentile time to removal	171	161	74	142	88	422	86	149	144
90th percentile time to removal	354	443	370	413	333	916	328	406	400
Per cent removed after 365 days	5.9	18.0	10.5	15.9	2.7	57.4	5.4	17.7	13.9
<b>Treated elsewhere</b>	<b>7,426</b>	<b>3,931</b>	<b>2,439</b>	<b>2,362</b>	<b>1,115</b>	<b>448</b>	<b>388</b>	<b>151</b>	<b>18,260</b>
50th percentile time to removal	87	99	88	53	67	285	85	80	84
90th percentile time to removal	326	339	362	294	326	792	318	258	333
Per cent removed after 365 days	2.6	8.0	9.5	4.1	3.0	40.6	7.5	5.3	5.9

(continued)

**Table 3.10 (continued): Additions to waiting lists and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Removals (continued)</b>									
<b>Surgery not required or declined</b>	<b>19,486</b>	<b>15,104</b>	<b>12,692</b>	<b>6,945</b>	<b>3,799</b>	<b>1,009</b>	<b>1,152</b>	<b>1,198</b>	<b>61,385</b>
50th percentile time to removal	136	92	70	96	69	211	96	108	94
90th percentile time to removal	346	371	371	365	323	925	375	391	355
Per cent removed after 365 days	4.2	10.4	10.6	9.9	2.6	36.2	10.4	11.9	8.4
<b>Transferred to another hospital's waiting list<sup>(a)</sup></b>	<b>n.a.</b>	<b>1,800</b>	<b>3,765</b>	<b>4,893</b>	<b>824</b>	<b>95</b>	<b>231</b>	<b>n.a.</b>	<b>11,608</b>
50th percentile time to removal	n.a.	32	100	45	73	114	85	n.a.	60
90th percentile time to removal	n.a.	362	595	256	271	531	328	n.a.	407
Per cent removed after 365 days	n.a.	9.8	26.0	4.8	1.2	22.1	2.6	n.a.	12.3
<b>Not reported</b>	<b>0</b>	<b>274</b>	<b>80</b>	<b>2,330</b>	<b>1,145</b>	<b>444</b>	<b>117</b>	<b>0</b>	<b>4,390</b>
50th percentile time to removal	..	142	..	29	50	150	5	..	43
90th percentile time to removal	..	446	..	265	318	812	98	..	329
Per cent removed after 365 days	..	19.3	..	2.2	3.5	31.5	2.6	..	6.5
<b>Total removals<sup>(b)</sup></b>	<b>245,098</b>	<b>176,559</b>	<b>139,725</b>	<b>102,606</b>	<b>71,646</b>	<b>17,865</b>	<b>13,645</b>	<b>9,321</b>	<b>776,465</b>
<b>50th percentile time to removal</b>	<b>55</b>	<b>41</b>	<b>29</b>	<b>35</b>	<b>35</b>	<b>48</b>	<b>54</b>	<b>47</b>	<b>41</b>
<b>90th percentile time to removal</b>	<b>336</b>	<b>254</b>	<b>213</b>	<b>195</b>	<b>210</b>	<b>489</b>	<b>288</b>	<b>244</b>	<b>293</b>
<b>Per cent removed after 365 days</b>	<b>2.9</b>	<b>4.2</b>	<b>4.0</b>	<b>2.4</b>	<b>1.2</b>	<b>15.2</b>	<b>4.7</b>	<b>4.7</b>	<b>3.5</b>

(a) There is some variation in practices and in the reporting of waiting times among states and territories with respect to the categories *Emergency admissions*, *Not contactable/died* and *Transferred to another hospital's waiting list*.

(b) Total removals include elective and emergency admissions for the awaited surgery and other reasons for removal.

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

**Table 3.11: Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Cataract extraction</b>									
Admissions	24,165	12,529	7,511	10,502	6,701	1,288	1,245	829	64,770
Days waited at 50th percentile	232	52	44	45	82	275	157	156	91
Days waited at 90th percentile	355	249	219	208	302	753	305	308	338
Per cent waited more than 365 days	3.2	0.8	3.3	1.1	2.5	40.3	0.6	6.6	3.1
<b>Cholecystectomy</b>									
Admissions	7,052	4,084	3,684	1,705	1,400	570	245	175	18,915
Days waited at 50th percentile	56	60	46	29	30	71	63	58	50
Days waited at 90th percentile	235	188	141	112	90	399	217	170	181
Per cent waited more than 365 days	1.7	1.8	0.9	0.6	0.1	13.0	0.0	3.4	1.7
<b>Coronary artery bypass graft</b>									
Admissions	882	872	1,237	233	406	151	77	0	3,858
Days waited at 50th percentile	27	20	8	13	15	45	7	..	16
Days waited at 90th percentile	85	85	69	43	55	134	56	..	77
Per cent waited more than 365 days	0.2	0.3	0.2	0.0	0.0	0.0	0.0	..	0.2
<b>Cystoscopy</b>									
Admissions	14,364	15,268	4,321	7,227	2,894	722	1,325	342	46,463
Days waited at 50th percentile	25	21	24	22	30	34	34	50	23
Days waited at 90th percentile	104	96	100	136	97	182	168	158	108
Per cent waited more than 365 days	0.6	0.5	1.5	2.2	0.5	1.8	0.5	3.2	0.9
<b>Haemorrhoidectomy</b>									
Admissions	1,136	1,313	472	590	427	114	40	212	4,304
Days waited at 50th percentile	67	79	56	36	19	68	86	75	58
Days waited at 90th percentile	310	284	210	121	90	754	235	226	257
Per cent waited more than 365 days	3.0	4.4	3.6	0.2	0.2	22.8	0.0	6.6	3.5

(continued)

**Table 3.11 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Hysterectomy</b>									
Admissions	2,800	2,378	2,022	1,098	847	314	150	61	9,670
Days waited at 50th percentile	60	60	55	35	42	70	55	60	53
Days waited at 90th percentile	316	213	171	120	131	237	189	254	218
Per cent waited more than 365 days	2.3	2.6	1.8	0.0	0.0	4.1	0.7	6.6	1.9
<b>Inguinal herniorrhaphy</b>									
Admissions	6,409	3,390	2,149	1,771	1,303	467	271	153	15,913
Days waited at 50th percentile	71	71	65	34	29	99	81	52	60
Days waited at 90th percentile	337	232	181	120	119	633	232	133	284
Per cent waited more than 365 days	3.4	2.7	2.2	0.8	0.2	25.9	0.7	0.7	3.1
<b>Myringoplasty</b>									
Admissions	417	320	402	353	98	30	8	214	1,842
Days waited at 50th percentile	303	131	84	87	68	80	399	143	123
Days waited at 90th percentile	383	374	322	279	364	553	525	386	365
Per cent waited more than 365 days	15.3	11.3	6.2	3.4	9.2	16.7	62.5	10.3	9.7
<b>Myringotomy</b>									
Admissions	348	1,536	1,728	1,098	593	149	127	133	5,712
Days waited at 50th percentile	68	51	36	51	42	71	59	73	49
Days waited at 90th percentile	329	171	103	133	96	266	296	177	141
Per cent waited more than 365 days	2.3	2.0	0.9	0.2	0.2	4.7	4.7	2.3	1.3
<b>Prostatectomy</b>									
Admissions	2,578	1,901	1,411	858	629	38	103	17	7,535
Days waited at 50th percentile	53	27	36	31	36	52	65	63	39
Days waited at 90th percentile	198	179	168	147	107	121	139	157	167
Per cent waited more than 365 days	1.8	1.8	2.3	1.0	0.5	0.0	1.9	0.0	1.7

(continued)

**Table 3.11 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Septoplasty</b>									
Admissions	1,654	1,218	598	390	442	113	88	35	4,538
Days waited at 50th percentile	327	129	76	124	100	272	340	117	197
Days waited at 90th percentile	377	569	379	390	331	584	572	443	389
Per cent waited more than 365 days	16.6	18.7	12.2	13.6	2.3	31.9	31.8	22.9	15.7
<b>Tonsillectomy</b>									
Admissions	5,517	4,359	3,368	1,971	1,655	287	299	197	17,653
Days waited at 50th percentile	258	105	56	88	69	96	170	75	98
Days waited at 90th percentile	366	354	216	259	279	448	377	363	359
Per cent waited more than 365 days	10.1	8.4	4.3	4.6	1.5	16.4	13.4	9.6	7.3
<b>Total hip replacement</b>									
Admissions	3,178	2,158	1,572	1,152	842	248	205	45	9,400
Days waited at 50th percentile	195	105	78	92	108	372	136	107	115
Days waited at 90th percentile	362	309	347	271	317	831	373	281	357
Per cent waited more than 365 days	7.4	5.8	7.8	4.2	3.0	50.8	10.7	2.2	7.5
<b>Total knee replacement</b>									
Admissions	5,857	2,600	2,390	1,646	1,125	267	295	72	14,252
Days waited at 50th percentile	297	141	153	105	153	615	177	121	196
Days waited at 90th percentile	368	368	462	312	342	962	448	366	374
Per cent waited more than 365 days	11.3	10.1	18.2	5.6	3.3	66.7	19.0	11.1	12.1
<b>Varicose veins stripping and ligation</b>									
Admissions	1,456	1,284	494	331	408	28	197	36	4,234
Days waited at 50th percentile	97	144	56	70	88	39	157	98	96
Days waited at 90th percentile	353	403	317	342	339	273	545	387	356
Per cent waited more than 365 days	4.7	12.5	4.9	7.3	3.4	3.6	14.7	11.1	7.7

(continued)

**Table 3.11 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Other procedures</b>									
Admissions	138,293	98,205	86,408	54,056	44,366	10,689	6,953	5,287	444,257
Days waited at 50th percentile	32	29	23	26	28	29	29	26	28
Days waited at 90th percentile	283	209	139	132	129	225	211	139	195
Per cent waited more than 365 days	2.1	3.3	1.9	1.2	0.7	5.8	3.9	1.9	2.2
<b>Total</b>									
<b>Admissions</b>	<b>216,106</b>	<b>153,415</b>	<b>119,767</b>	<b>84,981</b>	<b>64,136</b>	<b>15,475</b>	<b>11,628</b>	<b>7,808</b>	<b>673,316</b>
<b>Days waited at 50th percentile</b>	<b>50</b>	<b>36</b>	<b>27</b>	<b>30</b>	<b>34</b>	<b>41</b>	<b>51</b>	<b>40</b>	<b>36</b>
<b>Days waited at 90th percentile</b>	<b>335</b>	<b>223</b>	<b>163</b>	<b>159</b>	<b>182</b>	<b>406</b>	<b>277</b>	<b>196</b>	<b>265</b>
<b>Per cent waited more than 365 days</b>	<b>2.8</b>	<b>3.3</b>	<b>2.5</b>	<b>1.5</b>	<b>1.0</b>	<b>11.5</b>	<b>4.1</b>	<b>3.3</b>	<b>2.7</b>

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



**Table 3.12: Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Cardio-thoracic surgery</b>									
Admissions	3,777	3,143	2,989	836	984	352	161	0	12,242
Days waited at 50th percentile	21	18	11	14	15	37	10	..	17
Days waited at 90th percentile	75	103	75	64	69	137	54	..	80
Per cent waited more than 365 days	0.1	0.7	0.1	0.0	0.2	0.0	0.0	..	0.3
<b>Ear, nose and throat surgery</b>									
Admissions	16,808	12,182	11,416	6,088	6,720	1,097	871	807	55,989
Days waited at 50th percentile	127	69	28	68	50	59	95	75	68
Days waited at 90th percentile	364	335	174	259	244	383	429	323	349
Per cent waited more than 365 days	8.4	7.4	3.0	4.4	1.3	10.3	15.8	7.3	5.9
<b>General surgery</b>									
Admissions	56,302	33,009	29,794	15,241	14,213	3,920	1,733	2,782	156,994
Days waited at 50th percentile	34	43	26	26	24	35	43	34	30
Days waited at 90th percentile	230	213	131	111	99	340	184	157	178
Per cent waited more than 365 days	1.5	2.9	1.5	0.9	0.5	9.3	0.2	2.5	1.9
<b>Gynaecology</b>									
Admissions	28,168	16,789	16,264	7,454	9,383	2,254	1,149	1,529	82,990
Days waited at 50th percentile	35	39	33	26	23	29	33	18	31
Days waited at 90th percentile	192	187	144	98	89	139	132	99	157
Per cent waited more than 365 days	1.1	2.1	1.5	0.1	0.2	1.4	0.5	1.3	1.2
<b>Neurosurgery</b>									
Admissions	4,137	2,905	2,009	734	659	343	220	0	11,007
Days waited at 50th percentile	33	44	14	34	28	86	20	..	30
Days waited at 90th percentile	256	217	127	182	92	429	95	..	210
Per cent waited more than 365 days	2.7	2.1	2.2	2.9	0.6	12.2	0.9	..	2.6

*(continued)*

**Table 3.12 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Ophthalmology</b>									
Admissions	29,601	17,854	11,030	13,346	8,737	1,786	1,573	1,141	85,068
Days waited at 50th percentile	196	44	39	43	72	178	134	138	76
Days waited at 90th percentile	353	253	211	213	295	739	302	307	335
Per cent waited more than 365 days	3.3	1.9	3.1	1.5	2.3	34.5	0.7	6.4	3.2
<b>Orthopaedic surgery</b>									
Admissions	32,840	20,091	22,972	11,576	8,918	1,925	1,638	869	100,829
Days waited at 50th percentile	106	69	29	55	58	113	126	45	65
Days waited at 90th percentile	358	301	280	223	275	720	435	189	342
Per cent waited more than 365 days	6.1	5.8	5.5	2.6	1.4	24.5	15.2	2.2	5.5
<b>Plastic surgery</b>									
Admissions	8,974	16,309	8,352	4,813	6,040	1,465	768	271	46,992
Days waited at 50th percentile	33	20	23	24	28	22	7	43	24
Days waited at 90th percentile	277	226	127	148	137	147	79	149	187
Per cent waited more than 365 days	1.8	5.0	1.3	1.6	1.4	2.9	0.5	3.0	2.8
<b>Urology</b>									
Admissions	27,560	24,158	9,797	11,739	7,032	1,916	1,877	156	84,235
Days waited at 50th percentile	27	22	25	23	33	34	31	70	25
Days waited at 90th percentile	107	112	108	130	101	217	160	180	113
Per cent waited more than 365 days	0.7	1.0	1.4	1.6	0.5	4.3	0.9	2.6	1.1
<b>Vascular surgery</b>									
Admissions	6,007	3,031	2,736	1,673	993	303	527	62	15,332
Days waited at 50th percentile	20	29	15	21	13	14	21	37	20
Days waited at 90th percentile	118	284	82	151	44	92	267	197	153
Per cent waited more than 365 days	1.0	5.1	0.5	1.8	0.0	2.3	5.5	4.8	2.0

(continued)

**Table 3.12 (continued): Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, states and territories, 2012–13**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Other<sup>(a)</sup></b>									
Admissions	1,932	3,944	2,408	11,481	457	114	1,111	191	21,638
Days waited at 50th percentile	15	42	21	23	22	43	36	9	25
Days waited at 90th percentile	86	114	148	103	77	403	164	79	110
Per cent waited more than 365 days	0.6	0.4	0.7	0.3	0.0	11.4	1.3	1.1	0.5
<b>Total</b>									
<b>Admissions</b>	<b>216,106</b>	<b>153,415</b>	<b>119,767</b>	<b>84,981</b>	<b>64,136</b>	<b>15,475</b>	<b>11,628</b>	<b>7,808</b>	<b>673,316</b>
<b>Days waited at 50th percentile</b>	<b>50</b>	<b>36</b>	<b>27</b>	<b>30</b>	<b>34</b>	<b>41</b>	<b>51</b>	<b>40</b>	<b>36</b>
<b>Days waited at 90th percentile</b>	<b>335</b>	<b>223</b>	<b>163</b>	<b>159</b>	<b>182</b>	<b>406</b>	<b>277</b>	<b>196</b>	<b>265</b>
<b>Per cent waited more than 365 days</b>	<b>2.8</b>	<b>3.3</b>	<b>2.5</b>	<b>1.5</b>	<b>1.0</b>	<b>11.5</b>	<b>4.1</b>	<b>3.3</b>	<b>2.7</b>

(a) Includes surgical specialty not reported.

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

# Appendix A: Data quality information

This appendix includes a data quality statement relevant to interpreting the NESWTDC. It also contains additional information on variation in hospital reporting that may affect 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).

## Data quality statement: National Elective Surgery Waiting Times Data Collection 2012–13

### Summary of key data quality issues

- The National Elective Surgery Waiting Times Data Collection (NESWTDC) provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals.
- For 2012–13, 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 2012–13, the number of hospitals reporting data for the NESWTDC increased from 193 to 246. However for 2011–12, data was missing for 3 hospitals that had reported in previous years, and were able to provide some data for 2012–13. These changes in coverage should be taken into account when interpreting changes over time.
- For 2012–13, the preliminary estimate of public hospital elective surgery covered by the NESWTDC was 93%. This estimate will be finalised when the total number of elective surgery separations for public hospitals is available in the National Hospital Morbidity Database (NHMD), early in 2014.
- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, some states and territories vary in how they report on patients transferred from a waiting list managed by one hospital to that managed by another.
- The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.
- There is an apparent lack of comparability of clinical urgency categories among jurisdictions, which may result in statistics that are not meaningful or comparable between jurisdictions.

### Description

The NESWTDC provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals. This includes private patients treated in public hospitals, and may include public patients treated in private hospitals. 'Public hospitals' may include hospitals that are set up to provide services for public patients (as public hospitals do), but are managed privately.

The data supplied for 1 July 2012 to 30 June 2013 are based on the Elective surgery waiting times (removals data) National Minimum Data Set (ESWT NMDS).

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

The NESWTDC includes data for each year from 1999–2000 to 2012–13.

## **Institutional environment**

The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* (Cwlth) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The AIHW also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <[www.aihw.gov.au](http://www.aihw.gov.au)>.

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

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

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

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

## **Timeliness**

Data for the NESWTDC are reported annually. The reference period for this data set is 2012–13. This includes records for additions and removals from elective surgery waiting lists between 1 July 2012 and 30 June 2013.

States and territories provided a first version of the data to the AIHW during July 2013. These data were reported in early October 2013, originally planned for late September 2013. Data provision was in accordance with agreed timetables.

## Accessibility

The AIHW provides a variety of products that draw upon the NESWTDC. Published products available on the AIHW website are the *Australian hospital statistics* suite of products, with associated Excel tables.

These products may be accessed on the AIHW website at <[www.aihw.gov.au/hospitals/](http://www.aihw.gov.au/hospitals/)>.

## Interpretability

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

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

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/472497>>

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

## Relevance

### Scope and coverage

The NESWTDC provides information on waiting times for elective surgery in public hospitals. The scope of the data collection is patients on waiting lists for elective surgery that are managed by public hospitals. This may include public patients treated in private hospitals and other patients treated in public hospitals.

For 2012–13, the NESWTDC covered most public hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared with those of other hospitals. For 2012–13, a preliminary estimate of the proportion of elective surgical separations reported to the NESWTDC was 93%. This estimate of coverage nationally and by state and territory will be finalised in early 2014 when data are reported for the NHMD for 2012–13.

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

- Between 2010–11 and 2012–13, the number of hospitals reporting data for the NESWTDC increased from 193 to 246. However for 2011–12, data was missing for 3 hospitals that had reported in previous years, and were able to provide data for 2012–13. Over the same period, the estimated proportion of public hospital elective surgery that was reported to the NESWTDC increased from 88% to 93%.
- For 2011–12, South Australia provided data for 32 small hospitals that were not included in the data for previous years. One small hospital that provided data in 2011–12 did not perform any elective surgery in 2012–13. Coverage for South Australia increased from 71% in 2010–11 to 97% in 2012–13.

- For 2012–13 and 2011–12, Western Australia provided data for 22 small hospitals that were not included in the data for previous years. Coverage for Western Australia increased from 82% in 2010–11 to 100% in 2011–12.
- For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11. These hospitals were able to provide data for three of the four quarterly periods in 2012–13.
- For 2008–09, elective surgery activity for the Albury Base Hospital was reported for New South Wales. For 2009–10, the data for Albury Base Hospital were included in statistics for Victoria. From 2010–11, the data for Albury Base Hospital have not been available.
- The increase in number of admissions for the Northern Territory between 2010–11 and 2011–12, was, in part, due to the inclusion of certain surgical procedures from 2011–12 that had previously been incorrectly excluded from the NESWTDC by the Northern Territory.

The NESWTDC is the source of information for a performance indicator for the NHA and other national performance reporting.

### **Reference period**

The reference period for this data set is 2012–13. This includes records for additions and removals from elective surgery waiting lists between 1 July 2012 and 30 June 2013.

### **Accuracy**

#### **Potential sources of variation**

Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, in some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the reporting hospital only.

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

There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions.

#### **Data validation**

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries.

#### **Non-response adjustment**

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

## Coherence

The data reported for the 2012–13 NESWTDC are consistent with data reported for previous years for individual hospitals.

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

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

## Variation in reporting

### Clinical urgency categorisation

Analyses of clinical urgency category data have shown notable variation in the assignment of clinical urgency categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall. This apparent lack of comparability of clinical urgency categories among jurisdictions means that measures based on these categories are not comparable between jurisdictions.

The concepts of the proportion ‘overdue’ and the ‘average overdue wait time’ may also not be meaningful or comparable, because they depend on the urgency categorisation.

In 2012, the AIHW and the Royal Australasian College of Surgeons worked together to develop national definitions for elective surgery urgency categories, at the request of the Standing Council on Health (the Commonwealth, state and territory health ministers). The development of the national definitions resulted in a package of six integrated components proposed for adoption, and presented in the report *National definitions for elective surgery urgency categories: proposal for the Standing Council on Health* (AIHW 2013c). The report recommended that work be undertaken in 2013 so that the national elective surgery urgency category definitions package could be implemented by 1 January 2014. Health ministers agreed with the proposed recommendations and have asked the Australian Health Ministers’ Advisory Council (AHMAC) to implement them.

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

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

In 2012–13, the proportion of patients admitted from elective surgery waiting lists who were assigned a clinical urgency category of *Category 1* ranged from 24% for New South Wales to



40% for Queensland and Tasmania. The proportion of patients admitted that were *Category 3* ranged from 16% in Queensland to 44% in New South Wales (Table A1).

**Table A1: Number of admissions from waiting lists for elective surgery, by clinical urgency category, states and territories, 2012–13**

Urgency category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
<b>Admissions</b>									
Category 1 <sup>(a)</sup>	51,866	47,737	48,456	21,292	16,906	6,124	3,658	2,270	198,309
Category 2 <sup>(b)</sup>	69,716	71,380	52,340	29,784	22,892	6,273	5,219	3,846	261,450
Category 3 <sup>(c)</sup>	94,524	34,298	18,971	33,905	24,338	3,078	2,751	1,692	213,557
<b>Total</b>	<b>216,106</b>	<b>153,415</b>	<b>119,767</b>	<b>84,981</b>	<b>64,136</b>	<b>15,475</b>	<b>11,628</b>	<b>7,808</b>	<b>673,316</b>
<b>Per cent</b>									
Category 1 <sup>(a)</sup>	24	31	40	25	26	40	31	29	29
Category 2 <sup>(b)</sup>	32	47	44	35	36	41	45	49	39
Category 3 <sup>(c)</sup>	44	22	16	40	38	20	24	22	32
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

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

## Indicator procedures

An indicator procedure is defined as a procedure ‘which is of high volume and is often associated with long waiting periods’. Measures of waiting times are commonly presented by indicator procedures as they are considered to be reasonably comparable among jurisdictions.

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

The 30 most common first procedures reported for elective surgery admissions for which the indicator procedure was *Not applicable* are presented in Table A2. These data are based on 2011–12 data sourced from the NESWTDC and linked to admitted patient care data. The 30 procedures accounted for 44% of the *Not applicable* indicator procedures, or about 27% of all records reported for the NESWTDC in 2011–12. This information could be used to recommend the addition of other high volume procedures as indicator procedures, for example *Release of carpal and tarsal tunnel* and *Thyroidectomy*.

Some miscoding of indicator procedures may also occur. For example, in 2011–12, there were 2,875 records with a *Not applicable* indicator procedure that had a first procedure for *Myringotomy*, which is an indicator procedure.

**Table A2: The 30 most common first procedures for admissions from public hospital elective surgery waiting lists for which the indicator procedure was reported as *Not applicable*, states and territories, 2011–12**

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1620 Excision of lesion(s) of skin and subcutaneous tissue	11,858	9,410	10,133	5,156	4,396	1,347	349	372	43,021
1265 Curettage and evacuation of uterus	5,268	4,082	3,271	2,191	2,815	464	208	783	19,082
1554 Other application, insertion or removal procedures on other musculoskeletal sites	3,176	3,013	2,931	1,314	709	258	294	144	11,839
76 Release of carpal and tarsal tunnel	3,219	2,200	1,775	1,147	1,308	350	99	68	10,166
1744 Excision of lesion of breast	2,911	2,377	1,602	757	592	239	127	52	8,657
1259 Examination procedures on uterus	2,457	2,088	1,703	214	1,010	250	142	153	8,017
1275 Destruction procedures on cervix	2,299	1,748	1,793	577	532	173	114	150	7,386
1503 Arthroscopic excision of knee	1,724	1,340	1,204	623	611	246	51	79	5,878
1517 Arthroscopic meniscectomy of knee with repair	1,712	1,028	548	1,011	1,097	120	57	62	5,635
992 Repair of umbilical, epigastric or linea alba hernia	1,680	1,013	1,223	630	453	126	72	65	5,262
1266 Excision of lesion of uterus	1,766	1,348	544	318	379	90	88	16	4,549
114 Thyroidectomy	1,643	1,149	797	497	277	72	56	26	4,517
1196 Excision procedures on penis	1,119	832	691	878	328	112	24	159	4,143
1163 Closed biopsy of prostate or seminal vesicle	1,446	1,175	402	296	376	190	112	2	3,999
1183 Vasectomy and epididymectomy	986	609	151	927	774	123	1	41	3,612
984 Laparoscopy	882	756	859	334	279	115	45	33	3,303
1748 Simple mastectomy	1,036	697	769	347	244	84	53	23	3,253
1283 Repair of prolapse of uterus, pelvic floor or enterocele	1,236	645	547	296	353	94	39	14	3,224
1522 Reconstruction procedures on knee	888	635	810	469	265	31	49	42	3,189
1566 Excision procedures on other musculoskeletal sites	971	754	709	295	276	53	43	17	3,118
913 Colectomy	1,017	677	666	214	294	109	61	12	3,050
309 Myringotomy	1,635	153	107	117	798	35	20	10	2,875
1404 Other repair procedures on shoulder	902	507	563	330	294	66	58	37	2,757
1257 Procedures for female sterilisation	793	459	450	320	399	203	30	52	2,706
754 Transluminal balloon angioplasty	1,097	239	310	779	105	12	4	0	2,546
1299 Other procedures on female genital organs	830	908	336	131	248	29	56	8	2,546
207 Vitrectomy	682	658	550	239	238	66	79	11	2,523
993 Repair of incisional hernia	812	571	438	307	251	55	28	16	2,478
1067 Endoscopic insertion, replacement or removal of ureteric stent	449	496	571	455	348	85	39	32	2,475
766 Vascular access device	657	334	540	403	187	204	104	37	2,466
Other	62,850	54,295	46,571	29,597	23,488	5,872	4,140	1,915	228,728
<b>Total</b>	<b>120,001</b>	<b>96,196</b>	<b>83,564</b>	<b>51,169</b>	<b>43,724</b>	<b>11,273</b>	<b>6,642</b>	<b>4,431</b>	<b>417,000</b>

Note: These data were sourced from the 2011–12 National Hospital Morbidity Database as 2012–13 data were not available at the time the publication was released.

## Quality of Indigenous status data

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

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

### New South Wales

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

### Victoria

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

### Queensland

Queensland Health noted that the quality of reporting of Indigenous status has improved compared to previous years. However, the available evidence continues to suggest that the number of Indigenous patients is understated in the Queensland hospital data due to non-reporting as well as misreporting of Indigenous status. Efforts continue to be made to address these data quality issues.

### Western Australia

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

### South Australia

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

### Tasmania

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

### **Australian Capital Territory**

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

### **Northern Territory**

The Northern Territory Department of Health reports that the quality of its 2012–13 Indigenous status data for elective surgery waiting times patients is considered to be acceptable. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

# Appendix B: Technical notes

## Definitions

If not otherwise indicated, data elements were defined according to the 2012–13 definitions in the *National health data dictionary, version 16* (AIHW 2012) (summarised in the Glossary).

## Data presentation

Data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The totals in tables include data only for those states and territories for which data were available, as indicated in the tables. Throughout the report, percentages may not add up to 100.0 because of rounding. Percentages and rates printed as 0.0 or 0 generally indicate a zero, the symbol '<0.1' has been used to denote less than 0.05.

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 10 admissions in the category being presented. The abbreviation 'n.p.' has been used to denote these suppressions. For these tables, the totals include the suppressed information.

## Methods

### Median and 90th percentile waiting times

The waiting times data presented in this report are for patients who complete their wait and are admitted for their surgery as either an elective or emergency admission. In previous reports, this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with that reported in previous years.

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

The 90th percentile data represent the number of days within which 90% of patients were admitted for the awaited surgery.

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

The calculation is where:

$n$  is the number of observations and

$p$  is the percentile value divided by 100,

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

If  $n \times p$  is an integer, the percentile value will correspond to the average of the values for the  $i^{\text{th}}$  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.

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

## Estimated coverage of elective surgery

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

For 2012–13, as the corresponding hospital morbidity data were not available, this estimate was based on a comparison of the numbers of admissions and hospitals that were reported to the NESWTDC for 2011–12 and 2012–13, and the number of elective surgical separations reported to the NHMD for 2011–12.

For example:

- If the same hospitals were reported by a jurisdiction for the NESWTDC for both 2011–12 and 2012–13, the jurisdiction's coverage was assumed to be the same for both years.
- If the hospitals reported by a jurisdiction changed between 2011–12 and 2012–13, the jurisdiction's coverage was adjusted by increasing (or decreasing) the numerator counts (NESWTDC admissions for 2011–12), based on the number of elective surgical separations reported for the individual hospital(s) to the NHMD for 2011–12.
- If a hospital that was included in the NESWTDC for the first time in 2012–13 was not included in the NHMD for 2011–12, an adjustment could not be made.

For states and territories with incomplete reporting of elective surgery waiting times data in 2012–13, the estimate of coverage should be interpreted with caution.

# Appendix C: Elective surgery reporting under the National Partnership Agreement on Improving Public Hospital Services

The objective of the NPA IPHS (COAG 2011) is to drive major improvements in public hospital service delivery and better health outcomes for Australians.

An aim of the agreement is to increase the percentage of elective surgery patients seen within the clinically recommended time, and to reduce the number of patients who have waited longer than the clinically recommended time. The clinically recommended time is specified in the clinical urgency category assigned to the patient for *Category 1* and *Category 2* and is defined as 'no longer than 365 days' for *Category 3* under the NPA IPHS.

The NEST is specified under the agreement, and annual targets are set for each state and territory over the period 1 January 2012 to 31 December 2015 to achieve continual improvement over two performance measures:

- NEST (Part 1): States and territories are required to progressively improve the percentage of patients waiting for surgery seen within the clinically recommended time for all urgency categories.

This is measured as the percentage of patients removed from elective surgery waiting lists who received surgery within the clinically recommended time, by urgency category.

- NEST (Part 2): Reduction in long waits – this is measured as the average overdue wait time (in days) for those who are still waiting for their elective surgery, who are ready for care and have waited beyond the clinically recommended time. It is calculated by adding the total number of overdue days in each respective urgency category, and dividing this by the total number of overdue patients in each urgency category.

In addition, in each urgency category, the 10% of patients who have waited the longest must have their procedure in each (calendar) year.

The following performance indicators are also specified under the NPA IPHS:

- the number of additional patients receiving elective surgery from waiting lists
- the number of patients removed from waiting lists for reasons other than admission as an elective patient
- the median waiting times for the 15 indicator procedures
- the median waiting times by urgency category
- the number of elective surgical episodes with one or more adverse events
- the number of unplanned re-admissions within 28 days of discharge from hospital following an episode of elective surgery.

The NEST measures are reported annually, based on the calendar year and the NEST reporting period commenced on 1 January 2012.

The performance of state and territory governments against both the elective surgery and emergency department targets specified under the NPA IPHS for 2012 were reported in the COAG report—*National Partnership Agreement on Improving Public Hospital Services: Performance report for 2012* (COAG Reform Council 2013a).

The NPA IPHS performance indicators included in this report are:

- the number of patients removed from waiting lists for reasons other than admission as an elective patient
- the median waiting times for the 15 indicator procedures.

The following NPA IPHS performance indicators are not included in this report for the following reasons:

1. Indicator not presented as the information is not included in the NESWTDC:
  - the number of additional patients receiving elective surgery from waiting lists
  - the number of elective surgical episodes with one or more adverse events
  - the number of unplanned re-admissions within 28 days of discharge from hospital following an episode of elective surgery.
2. Indicator not presented as the urgency category data are not considered comparable among states and territories (see Appendix A):
  - the percentage of patients removed from elective surgery waiting lists who received surgery within the clinically recommended time, by urgency category
  - the average overdue wait time (in days) for those who are still waiting for their elective surgery and are ready for care, and have waited beyond the recommended time, by urgency category
  - the median waiting times by urgency category.



# Glossary

Most definitions in this glossary contain an identification number from the METeOR, Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for topics related to health and community services, and specifications for related NMDs. METeOR can be viewed on the 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 in the *National health data dictionary version 16* (AIHW 2012).

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

**Admitted patient:** a patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). METeOR id: 268957

**Clinical urgency:** a clinical assessment of the urgency with which a patient requires elective hospital care. METeOR id: 270008

**Elective care:** care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. METeOR id: 514017

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

**Hospital:** a health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. METeOR id: 268971

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

**Indigenous status:** a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below:

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives.

METeOR id: 291036

**Peer group:** a classification of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location.

**Performance indicator:** a statistic or other unit of information that reflects, directly or indirectly, the extent to which an expected outcome is achieved, or the quality of processes leading to that outcome.

**Private hospital:** a privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities.

**Public hospital:** a hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.

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

**Reason for removal from waiting list:** the reason a patient is removed from an elective surgery waiting list. The reason-for-removal categories are:

- Admitted as an elective patient for awaited procedure by or on behalf of this hospital or the state/territory
- Admitted as an emergency patient for awaited procedure by or on behalf of this hospital or the state/territory
- Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment)
- Treated elsewhere for awaited procedure, but not on behalf of this hospital or the state/territory
- Surgery not required or declined
- Transferred to another hospital's waiting list
- Not known.

METeOR id: 471735

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

**Surgical specialty:** the area of clinical expertise held by the doctor who will perform the surgery of interest. 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

# References

- AIHW (Australian Institute of Health and Welfare) 1997. Australian hospital statistics, 1993–95: an overview. Health services series no. 9. Cat. no. HSE 2. Canberra: AIHW.
- AIHW 2012. National health data dictionary 2012 version 16. Cat. no. HWI 119. Canberra: AIHW.
- AIHW 2013a. Australian hospital statistics 2011–12. Health services series no. 50. Cat. no. HSE 134. Canberra: AIHW.
- AIHW 2013b. Australian hospital statistics: national emergency access and elective surgery targets 2012. Health services series no. 48. Cat. no. HSE 131. Canberra: AIHW.
- AIHW 2013c. National definitions for elective surgery urgency categories: proposal for the Standing Council on Health. Cat. no. HSE 138. Canberra: AIHW.
- COAG (Council of Australian Governments) Reform Council 2013a. National Partnership Agreement on Improving Public Hospital Services: performance report for 2012, COAG Reform Council, Sydney.
- COAG Reform Council 2013b. Healthcare 2011–12: comparing performance across Australia. Sydney: COAG Reform Council.
- COAG 2011. National Partnership Agreement on Improving Public Hospital Services. Canberra. Viewed 30 August 2013, <<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/npa-improvingpublichospitals-agreement>>.
- DoHA (Department of Health and Ageing) 2010. Australian Refined Diagnosis Related Groups, version 6.0x. Canberra: DoHA.
- NHPC (National Health Performance Committee) 2001. National report on health sector performance indicators 2001 – a report to the Australian Health Ministers' Conference. Sydney: New South Wales Health Department.

# List of tables

Table 1.1:	Hospital performance indicators in this report, for the NHPF dimension – accessibility .....	4
Table 2.1:	Admissions from waiting lists for elective surgery, by public hospital peer group, 2008–09 to 2012–13 .....	7
Table 2.2:	Admissions from waiting lists for elective surgery, states and territories, 2008–09 to 2012–13 .....	8
Table 2.3:	Admissions from waiting lists for elective surgery, by indicator procedure, 2008–09 to 2012–13 .....	9
Table 2.4:	Admissions from waiting lists for elective surgery, by surgical specialty, 2008–09 to 2012–13 .....	10
Table 2.5:	Additions to and removals from waiting lists for elective surgery, by reason for removal, states and territories, 2012–13 .....	11
Table B3.1:	Admissions from waiting lists for elective surgery, by clinical urgency category, states and territories, 2012–13 .....	13
Table 3.1:	Waiting time statistics for admissions from waiting lists for elective surgery, by public hospital peer group, 2008–09 to 2012–13 .....	14
Table 3.2:	Waiting time statistics for admissions from waiting lists for elective surgery, states and territories, 2008–09 to 2012–13 .....	15
Table 3.3:	Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, 2008–09 to 2012–13 .....	16
Table 3.4:	Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, 2008–09 to 2012–13 .....	18
Table 3.5:	Waiting time statistics for admissions from waiting lists for elective surgery, by public hospital peer group, states and territories, 2012–13 .....	20
Table 3.6:	Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, 2012–13 .....	21
Table 3.7:	Waiting time statistics for admissions from waiting lists for elective surgery, by Indigenous status, states and territories, 2012–13 .....	22
Table 3.8:	Waiting time statistics for admissions from waiting lists for elective surgery, by Indigenous status and indicator procedure, 2012–13 .....	23
Table 3.9:	Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, 2012–13 .....	25
Table 3.10:	Additions to waiting lists and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2012–13 .....	26
Table 3.11:	Waiting time statistics for admissions from waiting lists for elective surgery, by indicator procedure, states and territories, 2012–13 .....	28
Table 3.12:	Waiting time statistics for admissions from waiting lists for elective surgery, by surgical specialty, states and territories, 2012–13 .....	32
Table A1:	Number of admissions from waiting lists for elective surgery, by clinical urgency category, states and territories, 2012–13 .....	40
Table A2:	The 30 most common first procedures for admissions from public hospital elective surgery waiting lists for which the indicator procedure was reported as <i>Not applicable</i> , states and territories, 2011–12 .....	41

# List of figures

Figure 3.1: Median waiting time to admission for elective surgery by indicator procedure and Indigenous status, 2012–13 .....24

# List of boxes

Box 1.1: Data limitations.....2

Box 3.1: Clinical urgency categorisation .....12

Box 3.2: Quality of Indigenous status data .....22

## Related publications

This report, *Australian hospital statistics 2012–13: elective surgery waiting times*, is part of an annual series. The earlier editions and any published subsequently can be downloaded for free from the AIHW website <[www.aihw.gov.au/hospitals-publications/](http://www.aihw.gov.au/hospitals-publications/)>. The website also includes information on ordering printed copies.

Recent related reports include:

- AIHW 2013. Australian hospital statistics 2011–12. Health services series 50. Cat. no. HSE 134. Canberra: AIHW.
- AIHW 2013. Australia's hospitals 2011–12: at a glance. Health services series 49. Cat. no. HSE 133. Canberra: AIHW.
- AIHW 2013. Australian hospital statistics 2011–12: *Staphylococcus aureus* bacteraemia in Australian public hospitals. Health services series no. 47. Cat. no. HSE 129. Canberra: AIHW.
- AIHW 2013. Australian hospital statistics: national emergency access and elective surgery targets 2012. Health services series no. 48. Cat. no. HSE 131. Canberra: AIHW.
- AIHW 2013. National definitions for elective surgery urgency categories: proposal for the Standing Council on Health. Cat. no. HSE 138. Canberra: AIHW.
- AIHW 2012. Australian hospital statistics 2011–12: emergency department care. Health services series no. 45. Cat. no. HSE 126. Canberra: AIHW.
- AIHW 2012. Surgery in Australian hospitals 2010–11. Canberra: AIHW. <<http://www.aihw.gov.au/hospitals/surgery-2010-11>>.
- AIHW 2011. Australian hospital statistics 2010–11: emergency department care and elective surgery waiting times. Health Services series no. 41. Cat. no. HSE 115. Canberra: AIHW.
- AIHW 2010. Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times. Health services series no. 38. Cat. no. HSE 93. Canberra: AIHW.
- AIHW 2009. Report on the evaluation of the National Minimum Data Sets for Elective Surgery Waiting Times. Health services series no. 32. Cat. no. HSE 70. Canberra: AIHW.
- AIHW 2008. Elective surgery in Australia: new measures of access. Cat. no. HSE 57. Canberra: AIHW.

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In 2012–13:

- about 673,000 patients were admitted to Australian public hospitals from elective surgery waiting lists
- 50% of patients were admitted for their surgery within 36 days of being placed on the waiting list and 90% were admitted within 265 days.

