

## 8.10 Elective surgery waiting times

Elective surgery is a term used for non-emergency surgery that is medically necessary, but for which admission can be delayed for at least 24 hours. Prioritising and scheduling patients for elective surgery is an important consideration for Australian hospitals, with the larger public hospitals managing waiting lists for this type of surgery.

Although private hospitals perform about two-thirds of elective surgery in Australia (1.3 million admissions for private hospitals compared with 673,000 for public hospitals in 2012–13), waiting time information is only collected for public hospitals.

### How much elective surgery was performed in public hospitals in 2012–13?

- In 2012–13, 673,000 patients were admitted to public hospitals from elective surgery waiting lists (as elective or emergency hospitalisations).
- These hospitalisations increased by an average of 2.9% each year between 2008–09 and 2012–13, and admissions per 1,000 population increased by an average of 1.2% per year, from 28.0 to 29.4.
- At the same time, however, there was an overall increase in the estimated coverage of the data collection, from 88% to 93% of admissions, mostly due to an increase in the number of reporting hospitals.
- Almost 1 in 4 people who had elective surgery were admitted for general surgery (that focuses on organs of the abdomen) and about 1 in 7 for orthopaedic surgery.

### How long did people wait for surgery?

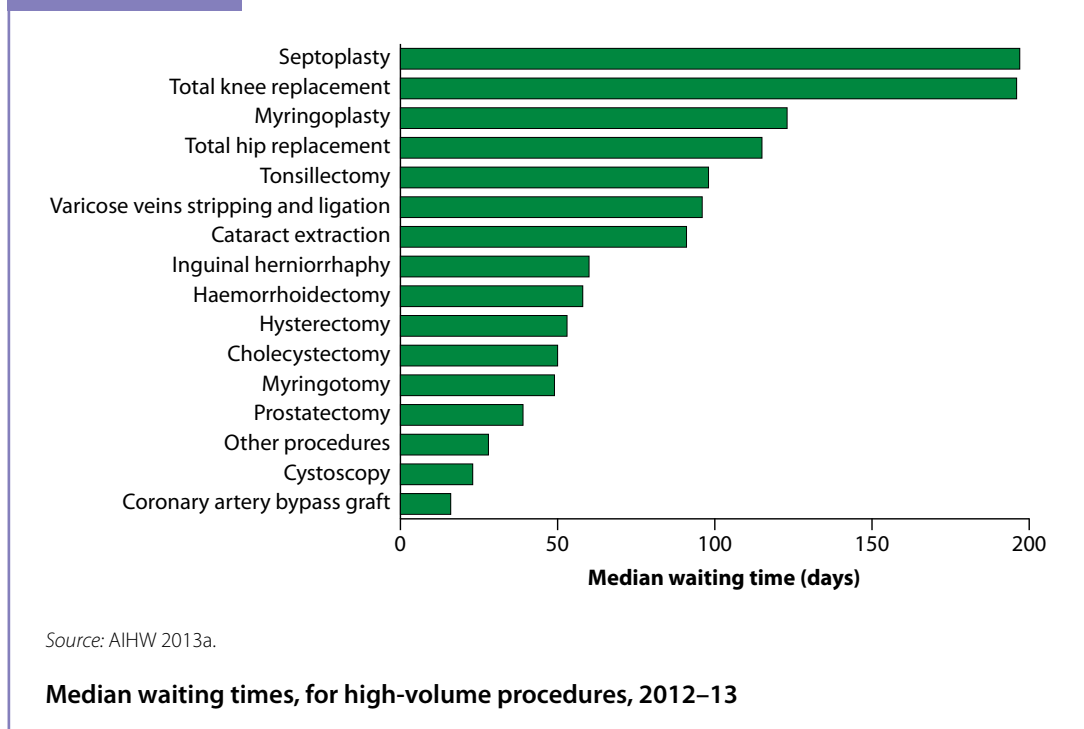
- In 2012–13, 50% of patients (the median) were admitted within 36 days of being placed on the waiting list and 90% were admitted within 265 days. Just 2.7% waited more than 1 year.
- The shortest median waiting time was in Queensland (27 days) and the longest in the Australian Capital Territory (51 days).
- The median waiting time was 35 days for *Principal referral and specialist women's and children's* hospitals, 38 days for *Large* hospitals and 45 days for *Medium* hospitals.
- In 2011–12, there were shorter waiting times for admissions with a principal diagnosis of cancer (median of 19 days) compared with other admissions (43 days) and for most surgical specialties.

### Surgical specialties and specific procedures

- The longest median waiting times by surgical specialty were for ophthalmology; ear, nose and throat surgery and orthopaedic surgery (76, 68, and 65 days respectively). Cardiothoracic surgery had the shortest median waiting time (17 days).
- Between 2008–09 and 2012–13, the median waiting time increased for all surgical specialties except urology and vascular surgery. The largest increase in median waiting time was for orthopaedic surgery, from 52 days to 65 days.

- Since 2008–09, ear, nose and throat surgery, and orthopaedic surgery, have been the 2 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.
- In 2012–13, about one-third of patients admitted for elective surgery had been waiting for 1 of 15 high-volume procedures (Figure 8.18). Surgery to straighten the cartilage and bone between the nostrils (septoplasty) and total knee replacement had the longest median waiting times in 2012–13, at 197 days and 196 days respectively.

Figure 8.18



### How have waiting times changed over time?

During the 5 years from 2008–09 to 2012–13, median waiting times for elective surgery in public hospitals increased from 33 to 36 days and the number of days within which 90% of patients were admitted rose from 219 to 265. However, the proportion of patients who were admitted after a year or more remained at about 3%. Median waiting times rose for the surgical specialties of: cardio-thoracic surgery; gynaecological surgery; ophthalmic surgery; and orthopaedic surgery. Median waiting times fluctuated or remained fairly steady for other specialties.

## The National Elective Surgery Target

The National Elective Surgery Target (NEST) is a performance measure required to be reported under the National Partnership Agreement on Improving Public Hospital Services (NPA IHPS). The aim of the NEST is to increase the proportion of people seen within the clinically recommended time, to reduce overdue wait times, and to treat those who have waited longest beyond the clinically recommended time. The Council of Australian Governments (COAG) Reform Council reports progress towards specific state and territory targets, and against baseline performance in 2010. The first report covered the 2012 calendar year (COAG Reform Council 2013).

There are 2 parts to the NEST covering 3 requirements. Part 1 sets targets for the proportion of patients seen within clinically recommended times. Part 2 sets targets for the average number of days waiting, for patients who waited longer than clinically recommended times. Part 2 also requires governments to ensure that, in a given year, of all the patients who have waited longer than clinically recommended, the 10% who have waited the longest are seen in that year.

Each of these 3 requirements is assessed with regard to the 3 clinical urgency categories that determine clinically recommended times for procedures—surgery required within 30, 90 and 365 days. Hence, there are 9 specific targets for each state and territory. Variations in the assignment of clinical urgency categories mean that the measures based on these categories are not comparable between jurisdictions.

For 2012, the COAG Reform Council assessed that:

- New South Wales, Victoria, Queensland, the Australian Capital Territory and the Northern Territory achieved their targets for people seen within clinically recommended times for at least 1 clinical urgency category. The remaining states partially achieved their targets for at least 1 clinical urgency category.
- New South Wales, Victoria, Western Australia, the Australian Capital Territory and the Northern Territory achieved their targets to reduce average overdue waiting times for at least 1 clinical urgency category.
- New South Wales, Victoria, Western Australia, South Australia and the Australian Capital Territory had provided surgery, or appropriate treatment options had been identified, for the 10% of longest waiting patients (those who had waited longest at 31 December 2011).
- Tasmania and the Northern Territory had provided treatment or referral for all patients who had been assessed as requiring surgery within 30 days.

### What is missing from the picture?

For 2012–13, the National Elective Surgery Waiting Times Data Collection (NESWTDC) covered most public hospitals that undertook elective surgery and about 93% of public hospital elective surgery. Private hospitals do not report to the NESWTDC.

In 2011, an expert panel established by the Council of Australian Governments noted inconsistencies in clinical urgency categorisation for elective surgery among the states and territories. In response, the AIHW, in collaboration with the Royal Australasian College of Surgeons, developed a package of integrated reforms for national definitions for elective surgery urgency categories (AIHW 2013b). Health ministers have agreed with these recommendations, which are being implemented. Once this has occurred, waiting times can be meaningfully compared for each state and territory for each urgency category; the same will apply to proportions of patients who had their surgery within the clinically recommended time.

### Where do I go for more information?

More information on elective surgery in Australia is available on the AIHW website [www.aihw.gov.au/hospitals](http://www.aihw.gov.au/hospitals). The report [Australian hospital statistics 2012-13: elective surgery waiting times](#) and other recent publications are available for free download.

### References

- AIHW (Australian Institute of Health and Welfare) 2013a. Australian hospital statistics 2012–13: elective surgery waiting times. Health services series no. 51. Cat. no. HSE 140. Canberra: AIHW.
- AIHW 2013b. 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 2013. National Partnership Agreement on Improving Public Hospital Services: performance report for 2012. Sydney: COAG Reform Council.