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Waiting times for elective surgery in Australia 1998–99

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Foreword

Data on elective surgery waiting times have undergone considerable improvement over recent years. This means that this report is able to include information by the specialty of the surgeon who was to perform the surgery and for patients waiting for particular 'indicator' procedures. However, the variation in the distribution of patients among the three clinical urgency categories demonstrates that the data should still be interpreted cautiously, and suggests that further standardisation of the data is still required.

The Institute is currently undertaking a review of several national elective surgery waiting times data definitions, with funding provided by the Australian Health Ministers' Advisory Council. This review is likely to lead to further standardisation and improvements in data definitions from July 2002, for example in the area of comparability of indicator procedures. In addition, since the 1998–99 data were collected, there has been national agreement to standardise, from July 1999, the method of calculating waiting times for patients who change clinical urgency category while waiting.

These developments mean that it is anticipated that the statistics presented in this report will form the basis of future, more comprehensive reports, based on more comparable data. In addition, the Institute will work with the State and Territory data providers to improve the timeliness of future reports.

Richard Madden
Director
July 2001

Contents

List of tables

Acknowledgments

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At the Institute, the report was prepared by Narelle Grayson, Jenny Hargreaves and Ruth Penm. Amanda Nobbs managed the publication process.

1 Introduction

Waiting lists for elective surgery, and the associated waiting times, are often used to evaluate the status of health services within a community, particularly the ability of public hospitals to provide access to their services, that is, to provide timely care according to need. The States and Territories have been developing waiting times data for some years and, since 1995, have agreed to provide these data to the Australian Institute of Health and Welfare as part of the National Minimum Data Set for Elective Surgery Waiting Times. The States and Territories also provide waiting times data for reporting against elective surgery waiting times performance indicators, in association with the Australian Health Care Agreements. Elective Surgery Waiting Times are also expected to be included as indicators of accessibility in the Health System Performance tier of the National Health Performance Framework being developed by the National Health Performance Committee.

This report presents summary 1998–99 elective surgery waiting times data collected by State and Territory health authorities and provided to the National Elective Surgery Waiting Times Data Collection at the Australian Institute of Health and Welfare. Earlier data on elective surgery waiting times have been reported for the January to June period in 1995 (Moon 1996), for the two years 1995–96 and 1996–97 (AIHW 2000a) and for 1997–98 (AIHW 2000b).

The data on elective surgery waiting times have undergone considerable improvement over recent years so that, although the quality and comparability of the data could be further improved, the statistics presented in this report have been able to be compiled cautiously. There remain, however, differences among the States and Territories in collection arrangements, in the hospitals included and possibly in the assignment of clinical urgency categories. Hence, comparisons between jurisdictions and between 1998–99 and other reporting periods should be made with reference to the notes on the variations in scope and use of definitions.

2 Data sources and methods

Measures of waiting times

The focus of this report is waiting times rather than waiting lists because, without knowledge of the rate of turnover of patients on a waiting list, its size is not a reliable indicator of access to the hospital system or of the amount of time that a patient would be likely to have to wait, or to have waited, before surgery. Two summary measures are presented in this report:

- the proportion of patients admitted for elective surgery during 1998–99 after extended waits on waiting lists (throughput data);
- the proportion of patients on waiting lists on 30 June 1999 who had already had an extended wait (census data).

Waiting times for patients admitted during a period of time are generally used as the main summary measure of elective surgery waiting times, although they provide measures of waiting times only for patients who complete their wait and are admitted. Most patients are admitted after waiting, however, 10% to 20% of patients are removed from waiting lists for other reasons (for example, they were admitted as an emergency patient for the awaited procedure; or they were not contactable, had died, had been treated elsewhere, or had declined the surgery). In contrast, census data are collected on all patients on waiting lists, not just those who actually receive elective surgery at the end of their wait. These data enable assessment of waiting times for patients who do not go on to be admitted for the procedure for which they were waiting.

Definitions

National Health Data Dictionary definitions (National Health Data Committee 1998) are the basis of the National Elective Surgery Waiting Times Data Collection and are summarised in the Glossary. However, the definitions used varied slightly among the States and Territories in 1998–99, and in comparison with previous reporting periods. Comparisons between jurisdictions and between 1998–99 and previous reporting periods should therefore be made with reference to the notes on the definitions used and the coverage of the data collections.

Clinical urgency and extended waits

Patients waiting for elective surgery are classified according to their clinical urgency into three categories.

- Category 1—admission within 30 days is 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 is desirable for a condition causing some pain, dysfunction or disability, but that is not likely to deteriorate quickly or become an emergency.

- Category 3—admission at some time in the future is acceptable for a condition causing minimal or no pain, dysfunction or disability, that is unlikely to deteriorate quickly and that does not have the potential to become an emergency.

'Extended waits' have been defined as waits longer than 30 days for clinical urgency category 1, waits longer than 90 days for clinical urgency category 2 and waits longer than 12 months for clinical urgency category 3. Patients in clinical urgency categories 1 and 2 who have extended waits are referred to as 'overdue'.

Variation in the proportion of patients assigned to the different clinical urgency categories is apparent among the States and Territories (Table 1a). For example, Victoria had relatively small proportions of patients assigned to clinical urgency category 1 and Tasmania had relatively large proportions of patients assigned to this clinical urgency category. This variation may have an influence on the comparability of the data among the States and Territories. These data are presented to accompany data on extended wait patients presented in sections 3 and 4.

Calculation of waiting times

Waiting times are generally calculated by comparing the date on which a patient was added to a waiting list, with the date that they were admitted (for throughput data) or the census date (for census data). Days on which the patient was 'not ready for care' are excluded.

There was some variation in the method by which waiting times were calculated by the States and Territories for patients who changed clinical urgency category while they were on the waiting list. This may have affected the proportions of patients who were reported as having extended waits. Three methods were used.

(a) Counting the time waited in the most recent urgency category plus any time waited in more urgent categories, e.g. time waited in category 2, plus time spent previously in category 1. (This is the agreed national standard for counting from 1 July 1999.)

(b) Counting the time waited in all urgency categories.

(c) Counting the time waited in the most recent urgency category only.

Western Australia and South Australia counted only the time waited in the most recent urgency category (c). New South Wales, Victoria and Tasmania counted the time waited in the most recent urgency category and time waited in previous urgency categories, if the previous urgency categories were of higher urgency (a). Queensland and the Northern Territory used the latter method for their census data (a), and counted total waiting time in all urgency categories in their throughput data (b). The Australian Capital Territory counted total time waited in all clinical urgency categories (b) in one of its two hospitals, and time waited in the most recent category (c) in the other hospital.

It should be noted that methods (a) and (c) are equivalent for patients in urgency category 1 (the most urgent category), who cannot have spent time in a more urgent category. Method (b) would have had the effect of increasing the apparent waiting time (and thus the proportions of patients with extended waits) for category 1 patients admitted in Queensland and the Northern Territory compared with other jurisdictions. Method (b) was not used for census data, so category 1 census data would not be affected by the variation in counting.

For urgency categories 2 and 3, the variation in counting method could have the effect of increasing the reported waiting times for admissions in Queensland and the Northern Territory compared with all other jurisdictions, and in New South Wales, Victoria and Tasmania compared with Western Australia and South Australia. For census data, the effect

would have been to increase the waiting time for New South Wales, Victoria, Queensland, Tasmania and the Northern Territory relative to South Australia and Western Australia.

Data on the proportions of patients with extended waits are presented in Tables 1a and 2a. Theoretically, proportions reported with method (b) would be higher than those reported with method (a) or (c), and proportions reported for method (c) would be the lowest. However, the ranges for the methods for all categories overlap considerably, indicating that the effects of the variation in counting methods are not great.

Emergency admissions

There was some variation in the patients included in the data on admissions from the waiting lists. Most States and Territories provided data separately for patients admitted for the awaited procedure as an elective admission and for patients admitted as an emergency patient for the awaited procedure. In this case, only the data on elective admissions have been included in this report, because patients who were admitted as emergency patients for the awaited procedure can no longer be regarded as having had 'elective surgery'.

However, small numbers of records for emergency admissions could not be excluded from the patient-level admissions data supplied to the Institute by Tasmania, the Australian Capital Territory and the Northern Territory. This may have had the effect of lowering the reported waiting times and proportion of extended wait patients for these jurisdictions relative to others.

Indicator procedure

It is possible that the procedures included for each indicator procedure may have varied between jurisdictions. This is because some jurisdictions classify indicator procedures according to the descriptive list of procedures provided in the *National Health Data Dictionary* (National Health Data Committee 1998), and other jurisdictions use the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes (National Coding Centre 1996), or the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) codes (National Centre for Classification in Health 1998), also provided in the *National Health Data Dictionary*.

State and Territory data coverage and supply

The data collected for this report concern public acute care hospitals. Private hospitals were not included, except for two hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. Some public patients treated under contract in private hospitals in Victoria, Queensland and Tasmania were also included.

In New South Wales, the Australian Capital Territory and the Northern Territory, all public acute care hospitals were included in the data collection (although census data were not available for the Australian Capital Territory). In other States and Territories, all public hospitals that undertake elective surgery were generally included, although data were not collected for some smaller public hospitals. This year Western Australia included metropolitan non-teaching hospitals for the first time.

The proportion of elective surgery admissions that was covered provides a measure of the coverage of the waiting times data collection (see Tables 1a and 2a). However, hospitals that

were not included may have had different waiting list characteristics compared with reporting hospitals and, in some cases, may not have had waiting lists at all. For Western Australia, South Australia, Tasmania and Victoria, the coverage reported was the proportion of all elective surgery undertaken in those States. For Queensland, an estimate was made based on the proportion of all admissions that were in the hospitals included in the waiting times data collection.

South Australian admissions data were derived from a database linked with the South Australian hospital morbidity database. A total of 98% of waiting list admission records were linked in this database, so about 2% of records were not included in the admissions data. The Northern Territory included all admissions from waiting lists, whether they were waiting for elective surgery or for other procedures.

Most of the States and Territories provided census data for 30 June 1999; however, Queensland provided census data for 1 July 1999 and, as noted above, the Australian Capital Territory was not able to provide census data. For census data the Northern Territory included all patients on waiting lists, whether they were awaiting elective surgery or other procedures.

Tasmania was not able to provide data on indicator procedures.

Data validation by the Australian Institute of Health and Welfare

The States and Territories provide the Institute with elective surgery waiting times data at either the patient level or at the hospital level. The patient-level data are generally individual records of the amount of time waited by each patient admitted from a waiting list during the year or on a waiting list on a census date, and their clinical urgency category, with other details such as the specialty of the surgeon who was to perform the surgery, and whether the patient was waiting for a particular 'indicator' procedure. The hospital-level data are records of the total number of patients on, or admitted from, waiting lists in each clinical urgency category, and the numbers who had extended waits for each surgical specialty and indicator procedure.

The Institute undertakes detailed checking of the data, including ensuring that the data provided are internally consistent. Any apparently anomalous data are queried with the providing State or Territory and are not considered final until all anomalies are resolved. As only jurisdiction-level summary data are generally provided by the States and Territories to other agencies compiling elective surgery waiting times data, a similar validation process is not generally undertaken for other publications that include these data. Differences between the data reported here and elsewhere may reflect differences in these processes.

Data presented

The report includes the following data.

- Section 3 provides a State and Territory overview, and presents data on the proportion of patients admitted for elective surgery with extended waits and the proportion of patients on waiting lists for elective surgery on a census date with extended waits, by State and Territory and clinical urgency category. The number of patients admitted or on waiting lists, and the proportion in each clinical urgency category is also presented.

- Sections 4 and 5 provide data by the specialty of the surgeon who was to perform the elective surgery and by indicator procedure. Data are presented on the proportion of patients who were admitted following extended waits or who were on waiting lists with extended waits, by clinical urgency category. Data are also presented by State and Territory for clinical urgency category 1 patients. Denominator information on the number of admissions for elective surgery and the number of patients on elective surgery waiting lists is presented by State and Territory.
- Where denominator counts of patients were less than 10, data on the proportion that had extended waits have not been published.

3 State and Territory overview

This section includes data presented by State and Territory and clinical urgency category on the proportion of patients who were admitted for elective surgery after having waited on a waiting list for an extended period of time (Table 1a), and on the proportion of patients on waiting lists at a census date, who had experienced an extended wait (Table 2a). In addition, data on the total number of admissions from waiting lists (Table 1b) and the total number of patients on waiting lists on 30 June 1999 (Table 2b) are presented, along with the proportion of patients in each clinical urgency category.

Patients admitted from waiting lists after extended waits

Nationally, 9% of patients admitted for elective surgery in clinical urgency category 1, 14% of patients in clinical urgency category 2 and 7% of patients in clinical urgency category 3 had extended waits (Table 1a). The proportion of patients in clinical urgency category 1 reported to have been admitted with extended waits varied among jurisdictions, from 0.5% in Victorian hospitals to 22% in Tasmanian hospitals. There was also variation in the proportion with extended waits in the other clinical urgency categories, from 9% to 39% in clinical urgency category 2, and from 2% to 16% in clinical urgency category 3 (Table 1a).

Table 1a: Proportion of patients admitted from waiting lists with extended waits, by State and Territory and clinical urgency, 1998–99

	NSW	Vic	Qld	WA[(a)]	SA	Tas	ACT	NT	Aust
Clinical urgency					(Per cent)				
Category 1	11.3	0.5	4.4	14.3 (11.9)	9.7	22.0	16.9	10.8	9.3
Category 2	14.8	13.7	9.2	24.5 (24.3)	11.2	36.1	38.7	14.3	14.1
Category 3	5.7	5.6	9.0	12.2 (17.5)	2.3	15.8	10.8	3.2	6.7
Coverage	100	72	95	75	73	85	91	100	
All patients	**10.0**	**8.5**	**7.9**	**15.5 (17.3)**	**5.8**	**24.7**	**26.5**	**9.5**	**9.9**

(a) Western Australian figures are for teaching and non-teaching metropolitan public hospitals. Teaching hospitals figures (using the same scope as for previous reports) are presented in brackets.

Table 1b: Admissions from waiting lists by State and Territory and clinical urgency, 1998–99

Clinical urgency	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Category 1	87,093	19,996	31,359	10,869	8,272	5,537	2,417	1,987	167,530
per cent	39.3	16.3	26.7	27.0	22.8	43.6	29.7	35.4	29.7
Category 2	51,179	56,082	51,808	8,953	7,322	3,839	3,844	1,842	184,869
per cent	23.1	45.8	44.2	22.2	20.2	30.3	47.3	32.8	32.7
Category 3	83,604	46,462	34,171	20,465	20,656	3,312	1,874	1,786	212,330
per cent	37.7	37.9	29.1	50.8	57.0	26.1	23.0	31.8	37.6
All patients	**221,876**	**122,540**	**117,338**	**40,287**	**36,250**	**12,688**	**8,135**	**5,615**	**564,729**

The data in Table 1a should be interpreted in the context of the information presented on coverage on page 4 and in Table 1a, and in the context of the data presented in Table 1b on the number and proportion of admissions in each clinical urgency category.

Nationally, the proportion of patients admitted from waiting lists who were clinical urgency category 1 patients was 30%. The proportion of patients admitted from waiting lists who were clinical urgency category 1 patients varied, from 16% in Victorian hospitals, to 44% in Tasmanian hospitals. Variation among States and Territories was also apparent in the proportion of patients in clinical urgency categories 2 and 3 (Table 1b). The variation could be due to the variation in coverage and use of definitions (see section 2), and to variation in the types of elective surgery performed in each jurisdiction, and to variation in the assignment of urgency categories.

Patients on waiting lists on 30 June 1999 with extended waits

As outlined previously, the proportion of patients on waiting lists on a census date who have experienced extended waits is a useful measure of elective surgery waiting times. Overall, about 20% of patients on elective surgery waiting lists on 30 June 1999 were reported to have had extended waits: 20% in clinical urgency category 1, 26% in clinical urgency category 2 and 19% in clinical urgency category 3 (Table 2a).

Table 2a: Proportion of patients on waiting lists with extended waits, by State and Territory and clinical urgency, 30 June 1999

	NSW	Vic	Qld	WA[(a)]	SA	Tas	ACT	NT	Aust
Clinical urgency					(Per cent)				
Category 1	21.0	0.2	1.9	44.0 (24.3)	21.5	44.1	n.a.	47.5	20.1
Category 2	23.8	29.6	8.6	42.5 (31.7)	16.2	64.7	n.a.	35.7	25.9
Category 3	5.7	20.2	27.5	31.7 (38.1)	9.0	35.9	n.a.	13.5	18.6
Coverage	100	72	95	75	73	85	n.a.	100	
All patients	**11.0**	**22.8**	**21.7**	**33.8 (37.0)**	**10.7**	**47.4**	**n.a.**	**22.3**	**20.4**

(a) Western Australian figures are for teaching and non-teaching metropolitan public hospitals. Teaching hospitals figures (using the same scope as for previous reports) are presented in brackets.

n.a. not available

Table 2b: Patients on waiting lists by State and Territory and clinical urgency, 30 June 1999

Clinical urgency	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Category 1	4,312	590	1,498	803	441	503	n.a.	122	8,269
Per cent	8.0	1.5	3.9	4.3	4.9	6.7	n.a.	7.4	4.9
Category 2	12,294	12,249	9,780	2,763	1,252	2,853	n.a.	465	41,656
Per cent	22.7	30.5	25.3	14.9	13.9	38.0	n.a.	28.3	24.6
Category 3	37,495	27,314	27,363	14,934	7,283	4,161	n.a.	1,057	119,607
Per cent	69.3	68.0	70.8	80.7	81.1	55.4	n.a.	64.3	70.6
All patients	**54,101**	**40,153**	**38,641**	**18,500**	**8,976**	**7,517**	**n.a.**	**1,644**	**169,532**

n.a. not available

Variation in the proportion of patients reported with extended waits was marked among the jurisdictions. In clinical urgency category 1, the proportion of patients on waiting lists with extended waits ranged from 0.2% in Victoria to 48% in the Northern Territory. In clinical urgency category 2, the proportion with extended waits ranged between 9% and 65%, and for clinical urgency category 3, the range was up to 36% (Table 2a).

The data presented in Table 2a should be interpreted in the context of the information presented on coverage on page 4 and in Table 2a, and in the context of the data presented in Table 2b on the number and proportion of patients on waiting lists in each clinical urgency category.

In contrast with patients admitted for elective surgery from waiting lists (Table 1b), a relatively large proportion of patients on waiting lists on the census date were in clinical urgency category 3 (71%), and a small proportion were in clinical urgency category 1 (5%) (Table 2b). The proportion of patients on waiting lists who were in clinical urgency category 1 ranged from 2% in Victorian hospitals to 8% in hospitals in New South Wales (Table 2b). As with the admissions data, the variation among the jurisdictions may reflect variation in data collection methods, variation in the type of elective surgery undertaken and variation in the assignment of clinical urgency categories.

Census data should be interpreted with care. Longer wait patients are generally over-represented in census counts, and the data therefore show higher proportions of patients with long waits compared with throughput data for a period until the census point. In addition, census data provide no information on how long patients actually do wait before admission.

4 Specialty of surgeon

In this section data are reported by the specialty of the surgeon who was to perform the elective surgery. Data for patients who were admitted for elective surgery, and for patients who were on elective surgery waiting lists on the census date are presented by clinical urgency category and by State and Territory.

Overview

Table 3 shows the proportion of patients who were admitted from waiting lists with extended waits, by the specialty of the surgeon who was to perform the elective surgery and by clinical urgency category. Overall, orthopaedic surgery accounted for the largest proportion of patients admitted with extended waits (15%), followed by ear, nose and throat surgery (13%). For all surgical specialties except urology and vascular surgery, the largest proportions of patients with extended waits were in clinical urgency category 2. Vascular surgery accounted for the lowest proportions of patients with extended waits (disregarding 'other' surgery) in clinical urgency categories 1 and 2, 7% and 9% respectively, while cardio-thoracic surgery accounted for the lowest proportion for patients in clinical urgency category 3, 0.4%.

Table 3: Proportion of patients admitted from waiting lists with extended waits, by specialty of surgeon and clinical urgency, 1998–99

	Clinical urgency			
	Category 1	Category 2	Category 3	All patients
Surgical specialty		(Per cent)		
Cardio-thoracic	9.7	20.8	0.4	11.5
Ear, nose and throat surgery	11.0	17.1	11.6	13.3
General surgery	8.1	12.0	4.0	8.0
Gynaecology	8.7	10.7	1.1	6.5
Neurosurgery	7.5	9.1	2.8	7.2
Ophthalmology	9.8	15.9	8.0	11.0
Orthopaedic surgery	9.8	20.7	12.9	14.7
Plastic surgery	11.4	15.7	7.6	11.8
Urology	13.5	12.9	4.1	10.3
Vascular surgery	7.1	8.6	14.2	9.1
Other	4.7	5.0	1.4	3.5
Not reported	16.7	33.0	0.0	17.7
Total	**9.3**	**14.1**	**6.7**	**9.9**

Table 4 presents data on the proportion of patients on elective surgery waiting lists with extended waits at the census date, by specialty of surgeon and clinical urgency category. Overall, the proportion of patients with extended waits ranged from 9% for gynaecology to 35% for plastic surgery. The proportion of clinical urgency category 1 patients with extended waits ranged from 16% for gynaecology to 27% for orthopaedic surgery. For clinical urgency

category 3 patients, cardio-thoracic surgery had the lowest proportion of patients with extended waits (6%), and plastic surgery had for the largest proportion (39%).

Table 4: Proportion of patients on waiting lists with extended waits, by specialty of surgeon and clinical urgency, 30 June 1999[(a)]

	Clinical urgency			
	Category 1	Category 2	Category 3	All patients
Surgical specialty		(Per cent)		
Cardio-thoracic	26.1	20.2	6.1	18.8
Ear, nose & throat surgery	25.6	34.9	26.3	27.8
General surgery	17.0	23.4	14.9	17.5
Gynaecology	15.9	11.7	6.5	9.0
Neurosurgery	18.6	32.4	22.1	26.3
Ophthalmology	20.8	21.3	10.4	12.5
Orthopaedic surgery	26.6	33.8	18.8	22.2
Plastic surgery	23.3	28.8	38.9	35.3
Urology	20.4	26.0	18.8	21.4
Vascular surgery	22.9	27.1	34.7	32.1
Other	21.3	16.3	7.0	10.5
Total	**20.1**	**25.9**	**18.6**	**20.4**

(a) Data are not available for the Australian Capital Territory.

Clinical urgency category 1 patients admitted from waiting lists for elective surgery

Tables 5a and 5b present data on patients admitted from waiting lists who were in clinical urgency category 1 by State and Territory. Table 5a shows the proportion of these patients who experienced extended waits, and Table 5b shows the overall proportion of patients admitted for elective surgery who were in this clinical urgency category.

There was marked variation in the proportion of clinical urgency category 1 patients who were admitted from waiting lists following extended waits, among States and Territories for most surgical specialties. For general surgery, the highest proportion of clinical urgency category 1 patients who were admitted after experiencing extended waits was in Tasmanian hospitals (20%), and the lowest proportion was in Victorian hospitals (0.2%). For ophthalmology, the proportion of clinical urgency category 1 patients admitted from waiting lists following extended waits ranged from 0.4% in Victoria to 37% in the Northern Territory (Table 5a). These data should be interpreted in the context of the proportions of patients in each surgical specialty who were in clinical urgency category 1 (Table 5b).

There was variation among the States and Territories in the proportion of patients admitted for elective surgery, who were in clinical urgency category 1. For example, the proportion ranged from 31% in South Australia to 87% in the Australian Capital Territory for cardio-thoracic surgery and from 2% in Victoria to 17% in New South Wales for ophthalmology (Table 5b).

Table 5a: Proportion of clinical urgency category 1 patients admitted from waiting lists with extended waits, by specialty of surgeon and State and Territory, 1998–99

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Surgical specialty					(Per cent)				
Cardio-thoracic	14.7	0.4	5.3	7.1	2.6	33.1	31.7	. .	9.7
Ear, nose & throat surgery	14.2	0.6	4.3	21.2	8.2	24.0	2.3	19.7	11.0
General surgery	9.9	0.2	3.6	12.3	8.8	20.3	15.6	16.8	8.1
Gynaecology	9.8	0.5	4.8	18.4	12.6	17.2	11.6	4.0	8.7
Neurosurgery	9.1	0.9	5.5	9.8	7.8	22.8	2.6	. .	7.5
Ophthalmology	9.0	0.4	5.9	21.1	6.9	16.0	12.4	36.8	9.8
Orthopaedic surgery	12.3	0.4	2.6	21.6	11.3	27.4	20.0	27.2	9.8
Plastic surgery	17.9	0.3	5.3	12.6	13.0	17.8	13.8	8.5	11.4
Urology	17.2	1.4	7.8	10.0	11.8	33.7	28.5	n.p.	13.5
Vascular surgery	7.7	0.9	8.3	14.8	3.9	28.3	12.1	. .	7.1
Other	5.7	0.0	1.9	9.7	0.0	3.7	3.7	7.1.	4.7
Not stated	. .	. .	. .	. .	. .	. .	16.7	. .	16.7
Total	**11.3**	**0.5**	**4.4**	**14.3**	**9.7**	**22.0**	**16.9**	**10.8**	**9.3**

. . not applicable.

n.p. not published because denominator less than 10.

Table 5b: Proportion of patients admitted from waiting lists who were clinical urgency category 1, by specialty of surgeon and State and Territory, 1998–99

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Surgical specialty					(Per cent)				
Cardio-thoracic	62.8	48.1	53.2	66.0	30.8	77.7	86.6	. .	55.9
Ear, nose & throat surgery	27.8	9.9	18.8	14.9	15.3	31.1	11.4	21.6	19.4
General surgery	43.4	21.3	29.1	33.4	24.8	45.5	31.7	31.9	34.3
Gynaecology	42.1	14.9	26.9	23.9	29.7	43.6	36.7	50.9	32.0
Neurosurgery	56.1	27.8	38.2	51.9	52.2	74.8	24.1	. .	44.8
Ophthalmology	16.8	2.0	9.6	14.1	11.0	14.2	13.7	8.7	11.1
Orthopaedic surgery	30.0	7.2	23.1	18.3	13.0	25.1	20.7	27.6	21.2
Plastic surgery	49.5	22.5	26.9	35.8	25.3	51.7	37.4	51.4	33.3
Urology	43.8	21.8	29.8	32.3	27.7	47.4	36.1	6.8	34.0
Vascular surgery	63.6	39.6	38.6	40.2	42.3	55.8	43.4	. .	48.7
Other	53.1	13.9	32.1	19.7	42.3	69.4	20.5	19.4	37.8
Not stated	. .	. .	. .	. .	. .	. .	33.7	. .	33.7
Total	**39.3**	**16.3**	**26.7**	**27.0**	**22.8**	**43.6**	**29.7**	**35.4**	**29.7**

. . not applicable.

This variation in the proportion of patients assigned to clinical urgency category 1 could be due to a range of factors, including variation in the use of definitions and differing coverage (see section 2), and different types of surgery being available within the different specialties among the jurisdictions. It could also be related to variation in the application of the clinical urgency categories within each surgical specialty among the jurisdictions.

Clinical urgency category 1 patients on waiting lists on 30 June 1999

Tables 6a and 6b present data on patients who were on waiting lists for elective surgery on 30 June 1999, and who were in clinical urgency category 1, by State and Territory. Table 6a shows the proportion of these patients who experienced extended waits and Table 6b shows the overall proportion of patients on waiting lists at the census date who were in this clinical urgency category.

Table 6a: Proportion of clinical urgency category 1 patients on waiting lists with extended waits, by specialty of surgeon and State and Territory, 30 June 1999

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Surgical specialty					(Per cent)				
Cardio-thoracic	31.3	0.0	0.0	0.0	n.p.	60.0	n.a.	. .	26.1
Ear, nose & throat surgery	26.2	0.0	2.2	49.1	17.6	88.6	n.a.	n.p.	25.6
General surgery	15.5	0.5	2.0	50.6	13.9	34.0	n.a.	59.3	17.0
Gynaecology	16.6	0.0	0.0	44.6	20.6	24.3	n.a.	31.3	15.9
Neurosurgery	23.2	0.0	6.3	22.2	21.4	n.p.	n.a.	. .	18.6
Ophthalmology	12.1	n.p.	2.0	47.2	20.0	n.p.	n.a.	n.p.	20.8
Orthopaedic surgery	25.5	0.0	4.9	43.7	43.2	66.7	n.a.	55.0	26.6
Plastic surgery	31.5	0.0	1.1	42.6	12.7	31.7	n.a.	0.0	23.3
Urology	25.9	0.0	3.0	26.2	31.4	34.2	n.a.	. .	20.4
Vascular surgery	24.1	0.0	2.9	70.0	23.1	n.p.	n.a.	. .	22.9
Other	27.3	0.0	0.0	12.5	n.p.	n.p.	n.a.	n.p.	21.3
Total	**21.0**	**0.2**	**1.9**	**44.0**	**21.5**	**44.1**	**n.a.**	**47.5**	**20.1**

. . not applicable.

n.a. not available.

n.p. not published because denominator less than 10.

Table 6b: Proportion of patients on waiting lists who were clinical urgency category 1, by specialty of surgeon and State and Territory, 30 June 1999

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Surgical specialty					(Per cent)				
Cardio-thoracic	35.6	12.6	12.3	27.6	2.9	79.6	n.a.	. .	22.8
Ear, nose & throat surgery	3.7	0.8	1.5	1.9	2.4	5.0	n.a.	2.6	2.3
General surgery	11.5	2.1	4.9	7.3	6.2	5.3	n.a.	9.2	6.7
Gynaecology	12.1	2.2	7.7	13.8	8.7	12.9	n.a.	14.5	8.7
Neurosurgery	26.6	1.9	7.8	10.3	14.1	9.8	n.a.	. .	10.8
Ophthalmology	1.8	0.2	1.4	3.0	1.8	1.0	n.a.	3.1	1.6
Orthopaedic surgery	3.7	0.3	1.5	1.3	1.8	2.1	n.a.	6.5	2.0
Plastic surgery	19.5	1.7	3.6	3.0	5.3	11.1	n.a.	5.0	5.9
Urology	15.8	3.0	7.3	10.6	12.6	7.5	n.a.	n.p.	9.2
Vascular surgery	17.5	3.5	5.0	9.5	14.8	8.0	n.a.	. .	8.0
Other	25.5	2.5	6.2	5.5	3.6	41.2	n.a.	5.3	10.2
Total	**8.0**	**1.5**	**3.9**	**4.3**	**4.9**	**6.7**	**n.a.**	**7.4**	**4.9**

. . not applicable.

n.a. not available.

n.p. not published because denominator less than 10.

Victorian hospitals reported the lowest proportions (0–0.5%) of clinical urgency category 1 patients on waiting lists who experienced extended waits for all surgical specialties. The largest proportion was in Tasmanian hospitals for ear, nose and throat surgery (89%) (Table 6a). There was marked variation among jurisdictions for each surgical specialty. For example, the proportions of clinical urgency category 1 patients with extended waits for orthopaedic surgery ranged from 0% in Victoria and 5% in Queensland, to 67% in Tasmania (Table 6a). These data should be interpreted in the context of the proportions of patients in each surgical specialty who were in clinical urgency category 1 (Table 6b).

There was variation among the jurisdictions in the proportion of patients on waiting lists who were clinical urgency category 1 (Table 6b). For example, the proportion of patients on waiting lists who were assigned to clinical urgency category 1 for vascular surgery ranged from 4% in the Victoria to 18% in New South Wales. Some of this variation may be explained by the factors outlined above.

Admissions from waiting lists and patients on waiting lists

Tables 7 and 8 present State and Territory information on the total number of patients admitted for elective surgery from waiting lists in 1998–99 and the total number of patients on waiting lists for elective surgery on 30 June 1999, by surgical specialty.

Nationally, admissions from waiting lists were greatest for general surgery (154,903) and lowest for neurosurgery (8,985) (Table 7). Admissions from waiting lists were greatest for general surgery for all States and Territories except the Australian Capital Territory and the Northern Territory, where the highest numbers of admissions were for gynaecological surgery. Neurosurgery had the lowest number of admissions for all jurisdictions except South Australia and the Australian Capital Territory (Table 7).

Table 7: Admissions from waiting lists, by specialty of surgeon and State and Territory, 1998–99

Surgical specialty	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Cardio-thoracic	4,969	3,817	3,463	984	886	408	299	0	14,826
Ear, nose & throat surgery	18,858	12,619	8,595	3,650	4,011	859	1,143	518	50,253
General surgery	67,057	28,200	35,580	9,069	8,845	3,294	1,273	1,585	154,903
Gynaecology	40,680	19,662	18,660	6,033	3,843	2,582	1,500	2,073	95,033
Neurosurgery	3,296	2,040	1,680	747	767	135	320	0	8,985
Ophthalmology	20,215	13,436	7,594	4,792	3,706	353	768	438	51,302
Orthopaedic surgery	29,258	17,429	21,319	5,554	5,419	1,704	845	572	82,100
Plastic surgery	7,954	8,392	6,485	2,954	3,327	1,078	369	138	30,697
Urology	18,496	10,771	8,959	4,536	4,166	1,629	933	74	49,564
Vascular surgery	5,002	3,122	2,995	1,028	1,228	215	304	0	13,894
Other	6,091	3,052	2,008	940	52	431	132	217	13,923
Not reported	0	0	0	0	0	0	249	0	249
Total	**221,876**	**122,540**	**117,338**	**40,287**	**36,250**	**12,688**	**8,135**	**5,615**	**564,729**

Overall, the number of patients on waiting lists for elective surgery was greatest for orthopaedic surgery (40,079) and this was the case for all States and Territories except Queensland and the Northern Territory. The lowest number of patients on waiting lists was for cardio-thoracic surgery (1,577) (Table 8).

Table 8: Patients on waiting lists, by specialty of surgeon and State and Territory, 30 June 1999

Surgical specialty	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Cardio-thoracic	360	277	626	98	103	113	n.a.	0	1,577
Ear, nose & throat surgery	8,184	5,629	6,115	3,049	1,393	696	n.a.	273	25,339
General surgery	11,953	9,032	9,279	3,427	1,855	1,878	n.a.	584	38,008
Gynaecology	5,973	3,854	3,693	1,005	782	542	n.a.	220	16,069
Neurosurgery	357	520	410	174	99	82	n.a.	0	1,642
Ophthalmology	8,684	3,435	3,555	2,430	818	588	n.a.	192	19,702
Orthopaedic surgery	12,557	9,796	8,010	5,416	2,090	1,901	n.a.	309	40,079
Plastic surgery	1,531	3,094	2,503	1,572	1,039	539	n.a.	20	10,298
Urology	3,242	2,924	2,727	616	681	1,049	n.a.	8	11,247
Vascular surgery	828	1,075	1,398	420	88	112	n.a.	0	3,921
Other	432	517	325	293	28	17	n.a.	38	1,650
Total	**54,101**	**40,153**	**38,641**	**18,500**	**8,976**	**7,517**	**n.a.**	**1,644**	**169,532**

n.a. not available

5 Indicator procedure

All States and Territories except Tasmania were able to provide data on waiting list patients by indicator procedure for 1998–99. Data for patients who were admitted for elective surgery, and for patients who were on elective surgery waiting lists on the census date are presented by clinical urgency category and by State and Territory.

Overview

Table 9 shows the proportion of patients admitted from waiting lists for elective surgery who experienced extended waits, by indicator procedure and by the patient's clinical urgency category. Overall, total knee replacement accounted for the largest proportion of patients admitted with extended waits (26%). The smallest proportion of patients admitted with extended waits was 7% for myringotomy. Total knee replacement also accounted for the largest proportions of clinical urgency category 1 and 2 patients who were admitted with extended waits (38% and 33%, respectively). The smallest proportion of patients who were in clinical urgency category 1 who were admitted with extended waits was 12% for both inguinal herniorrhaphy and coronary artery bypass graft.

Table 9: Proportion of patients admitted from waiting lists with extended waits, by indicator procedure and clinical urgency, 1998–99[(a)]

	Clinical urgency			
	Category 1	Category 2	Category 3	All patients
Indicator procedure		(Per cent)		
Cataract extraction	20.7	18.9	8.2	12.3
Cholecystectomy	17.9	17.0	5.7	13.5
Coronary artery bypass graft	11.6	24.6	0.3	14.5
Cystoscopy	14.7	11.5	2.6	9.4
Haemorrhoidectomy	14.3	14.8	7.5	11.5
Hysterectomy	14.1	14.2	1.6	9.0
Inguinal herniorrhaphy	11.7	14.0	4.9	9.7
Myringoplasty	26.8	26.2	21.2	23.3
Myringotomy	12.3	12.4	2.0	7.4
Prostatectomy	13.2	15.6	7.1	12.5
Septoplasty	20.4	25.7	22.7	23.4
Tonsillectomy	20.2	16.4	10.7	13.4
Total hip replacement	27.8	33.2	13.9	23.2
Total knee replacement	37.9	33.3	20.3	26.1
Varicose veins stripping & ligation	14.0	15.2	16.6	16.0
Not applicable	7.4	11.8	5.4	8.1
Total	**9.3**	**14.1**	**6.7**	**9.9**

(a) Indicator procedure was not reported for Tasmania. Data for Tasmania are included in the total.

Table 10 presents the proportion of patients on waiting lists on 30 June 1999 with extended waits, by indicator procedure and clinical urgency category. The indicator procedures with the highest proportions of extended waits were septoplasty (38%) and myringoplasty (34%). The indicator procedure with the smallest proportion was hysterectomy (8%). The proportions of patients in clinical urgency category 1 who were on waiting lists and had extended waits ranged from 17% for both hysterectomy and prostatectomy to 40% for haemorrhoidectomy.

Table 10: Proportion of patients on waiting lists with extended waits, by indicator procedure and clinical urgency, 30 June 1999[(a)(b)]

	Clinical urgency			
	Category 1	Category 2	Category 3	All patients
Indicator procedure	(Per cent)			
Cataract extraction	27.1	21.3	8.8	10.9
Cholecystectomy	23.7	23.7	11.3	16.6
Coronary artery bypass graft	19.9	15.2	4.7	13.2
Cystoscopy	22.0	21.6	9.7	15.3
Haemorrhoidectomy	40.0	27.6	18.8	21.6
Hysterectomy	16.7	13.7	4.5	8.1
Inguinal herniorrhaphy	17.7	25.7	13.1	16.9
Myringoplasty	27.3	32.7	34.7	34.4
Myringotomy	27.5	15.6	8.6	10.9
Prostatectomy	17.1	28.9	15.9	21.1
Septoplasty	19.0	57.1	35.7	38.0
Tonsillectomy	30.6	26.8	16.7	18.3
Total hip replacement	29.3	32.8	13.2	18.2
Total knee replacement	34.4	33.2	14.4	17.9
Varicose veins stripping & ligation	28.9	31.9	33.3	33.2
Not applicable	17.1	21.6	19.2	19.7
Total	**20.1**	**25.9**	**18.6**	**20.4**

(a) Indicator procedure was not reported for Tasmania. Data for Tasmania are included in the total.

(b) Data are not available for the Australian Capital Territory.

Clinical urgency category 1 patients admitted from waiting lists for elective surgery

Tables 11a and 11b present data on patients admitted from waiting lists who were in clinical urgency category 1, by State and Territory. Table 11a shows the proportion of clinical urgency category 1 patients who were admitted after extended waits and Table 11b shows the overall proportion of patients admitted from waiting lists who were in clinical urgency category 1.

There was marked variation between jurisdictions for most indicator procedures. For example, the proportion of clinical urgency category 1 patients admitted with extended waits for cataract extraction ranged from 0% in Victorian hospitals to 53% in the Northern Territory. The proportion of clinical urgency category 1 patients who were admitted with

extended waits for coronary artery bypass graft ranged from 0.5% in Victoria to 21% in New South Wales (Table 11a).

These data should be interpreted in the context of the proportion of patients awaiting each indicator procedure who were in clinical urgency category 1 (Table 11b).

There was variation among the States and Territories in the proportion of patients admitted from waiting lists who were in clinical urgency category 1. For example, the proportion of patients admitted for total hip replacement ranged from 2% in Victoria to 62% in the Northern Territory. The proportion of patients admitted for coronary artery bypass graft who were in clinical urgency category 1 ranged from 22% in South Australia to 100% in the Australian Capital Territory (Table 11b). Some of this variation may be due to factors such as coverage, use of differing data definitions including the definition for indicator procedure (see section 2), or variation in the application of clinical urgency categories by the different jurisdictions.

Table 11a: Proportion of clinical urgency category 1 patients admitted from waiting lists with extended waits, by indicator procedure and State and Territory, 1998–99

	NSW	Vic	Qld	WA	SA	Tas[(a)]	ACT	NT	Aust
Indicator procedure					**(Per cent)**				
Cataract extraction	19.0	0.0	4.9	39.5	12.2	n.a.	n.p.	52.9	20.7
Cholecystectomy	23.1	0.5	7.2	24.0	14.6	n.a.	37.0	31.6	17.9
Coronary artery bypass graft	21.2	0.5	8.9	10.6	4.6	n.a.	17.4	. .	11.6
Cystoscopy	19.3	0.8	6.4	15.0	13.1	n.a.	46.2	18.8	14.7
Haemorrhoidectomy	14.7	0.0	6.5	27.0	26.9	n.a.	n.p.	n.p.	14.3
Hysterectomy	17.3	1.2	6.1	31.3	12.9	n.a.	50.0	n.p.	14.1
Inguinal herniorrhaphy	14.3	0.3	4.0	18.2	20.0	n.a.	n.p.	16.7	11.7
Myringoplasty	22.8	n.p.	0.0	58.8	n.p.	n.a.	. .	n.p.	26.8
Myringotomy	20.3	0.5	6.8	26.4	9.1	n.a.	. .	20.0	12.3
Prostatectomy	17.0	2.3	12.8	11.8	12.3	n.a.	n.p.	9.1	13.2
Septoplasty	20.6	0.0	0.0	40.9	35.3	n.a.	. .	. .	20.4
Tonsillectomy	23.7	1.5	6.5	46.8	14.7	n.a.	. .	n.p.	20.2
Total hip replacement	35.4	0.0	4.8	57.8	33.3	n.a.	35.7	n.p.	27.8
Total knee replacement	40.0	0.0	5.9	61.4	23.8	n.a.	n.p.	n.p.	37.9
Varicose veins stripping & ligation	13.8	n.p.	6.1	25.0	21.1	n.a.	. .	n.p.	14.0
Not applicable	9.3	0.5	4.0	12.0	8.6	n.a.	15.2	9.2	7.4
Total	**11.3**	**0.5**	**4.4**	**14.3**	**9.7**	**22.0**	**16.9**	**10.8**	**9.3**

(a) Indicator procedure was not reported for Tasmania. Data for Tasmania are included in the total.

. . not applicable.

n.a. not available.

n.p. not published because denominator less than 10.

Table 11b: Proportion of patients admitted from waiting lists who were in clinical urgency category 1, by indicator procedure and State and Territory, 1998–99

	NSW	Vic	Qld	WA	SA	Tas[(a)]	ACT	NT	Aust
Indicator procedure					(Per cent)				
Cataract extraction	6.7	0.3	2.8	7.6	4.2	n.a.	2.3	6.3	4.4
Cholecystectomy	28.3	11.4	16.3	19.5	19.6	n.a.	15.3	27.3	21.3
Coronary artery bypass graft	60.8	55.4	42.3	54.7	22.3	n.a.	100.0	. .	52.0
Cystoscopy	43.2	16.8	25.5	21.7	26.0	n.a.	43.0	34.0	31.1
Haemorrhoidectomy	28.9	5.5	12.1	15.4	12.5	n.a.	10.5	14.3	19.0
Hysterectomy	27.5	15.6	18.7	14.9	24.5	n.a.	18.0	6.1	22.5
Inguinal herniorrhaphy	28.3	8.7	13.6	20.3	11.2	n.a.	3.1	14.9	18.6
Myringoplasty	12.7	1.0	4.4	8.6	5.7	n.a.	n.p.	5.3	6.8
Myringotomy	27.8	8.0	9.6	12.3	15.6	n.a.	n.p.	25.0	12.2
Prostatectomy	42.1	22.4	32.5	40.0	35.7	n.a.	34.6	45.8	35.0
Septoplasty	11.7	1.1	4.0	5.4	6.9	n.a.	0.0	0.0	6.4
Tonsillectomy	16.1	3.9	6.2	7.0	3.9	n.a.	0.0	8.7	9.7
Total hip replacement	13.6	2.1	13.8	14.3	7.3	n.a.	9.0	61.5	10.3
Total knee replacement	8.4	1.0	2.7	10.2	3.5	n.a.	2.2	20.0	5.6
Varicose veins stripping & ligation	16.6	0.5	2.9	5.1	4.3	n.a.	0.0	2.8	9.2
Not applicable	46.1	19.4	31.1	32.5	26.7	n.a.	32.8	39.6	34.4
Total	**39.3**	**16.3**	**26.7**	**27.0**	**22.8**	**43.6**	**29.7**	**35.4**	**29.7**

(a) Indicator procedure was not reported for Tasmania. Data for Tasmania are included in the total.

. . not applicable.

n.a. not available.

Clinical urgency category 1 patients on waiting lists on 30 June 1999

Tables 12a and 12b present similar data to those presented in Tables 11a and 11b for patients on waiting lists on a census date. The data are for clinical urgency category 1 patients and are presented by State and Territory.

The proportion of clinical urgency category 1 patients with extended waits varied between the States and Territories for all the indicator procedures. For example, the proportion of clinical urgency category 1 patients on waiting lists who had extended waits for cholecystectomy ranged from 0% in Victoria to 56% in Western Australia. For some indicator procedures in some States and Territories, data were not published because the denominator information was too small to calculate meaningful proportions. For others, there were no clinical urgency category 1 patients (Table 12a).

Table 12a: Proportion of clinical urgency category 1 patients on waiting lists with extended waits, by indicator procedure and State and Territory, 30 June 1999

	NSW	Vic	Qld	WA	SA	Tas[(a)]	ACT	NT	Aust
Indicator procedure					(Per cent)				
Cataract extraction	15.7	n.p.	0.0	60.6	n.p.	n.a.	n.a.	n.p.	27.1
Cholecystectomy	26.1	0.0	3.3	55.6	17.6	n.a.	n.a.	n.p.	23.7
Coronary artery bypass graft	38.6	0.0	0.0	n.p.	n.p.	n.a.	n.a.	. .	19.9
Cystoscopy	28.2	0.0	5.6	26.5	31.1	n.a.	n.a.	n.p.	22.0
Haemorrhoidectomy	31.0	n.p.	n.p.	86.7	n.p.	n.a.	n.a.	. .	40.0
Hysterectomy	18.9	0.0	0.0	n.p.	21.4	n.a.	n.a.	. .	16.7
Inguinal herniorrhaphy	17.9	n.p.	0.0	60.0	n.p.	n.a.	n.a.	n.p.	17.7
Myringoplasty	20.0	. .	n.p.	n.p.	n.p.	n.a.	n.a.	. .	27.3
Myringotomy	n.p.	n.p.	n.p.	72.7	n.p.	n.a.	n.a.	. .	27.5
Prostatectomy	17.1	n.p.	4.3	n.p.	38.5	n.a.	n.a.	. .	17.1
Septoplasty	17.6	n.p.	. .	n.p.	. .	n.a.	n.a.	. .	19.0
Tonsillectomy	32.9	n.p.	n.p.	n.p.	n.p.	n.a.	n.a.	. .	30.6
Total hip replacement	22.2	n.p.	n.p.	n.p.	n.p.	n.a.	n.a.	. .	29.3
Total knee replacement	45.0	n.p.	n.p.	n.p.	. .	n.a.	n.a.	. .	34.4
Varicose veins stripping & ligation	8.0	n.p.	n.p.	n.p.	n.p.	n.a.	n.a.	. .	28.9
Not applicable	19.5	0.2	1.5	40.8	19.8	n.a.	n.a.	46.6	17.1
Total	**21.0**	**0.2**	**1.9**	**44.0**	**21.5**	**44.1**	**n.a.**	**47.5**	**20.1**

(a) Indicator procedure was not reported for Tasmania. Data for Tasmania are included in the total.

. . not applicable.

n.a. not available.

n.p. not published because denominator less than 10.

The data in Table 12a should be interpreted in the context of the information presented in Table 12b on the proportion of patients on waiting lists who were in clinical urgency category 1.

The largest proportion of patients on waiting lists who were in clinical urgency category 1 was 36% in New South Wales for coronary artery bypass graft, 3% of patients on waiting lists for this procedure were classified as clinical urgency category 1 in South Australia (Table 12b). This variation could be due to the factors described above.

Table 12b: Proportion of patients on waiting lists who were in clinical urgency category 1, by indicator procedure and State and Territory, 30 June 1999

	NSW	Vic	Qld	WA	SA	Tas[(a)]	ACT	NT	Aust
Indicator procedure					(Per cent)				
Cataract extraction	0.9	0.0	0.6	2.0	1.3	n.a.	n.a.	4.2	0.9
Cholecystectomy	7.2	1.6	2.4	4.8	8.0	n.a.	n.a.	10.6	4.8
Coronary artery bypass graft	35.7	13.2	7.8	33.3	3.0	n.a.	n.a.	. .	14.5
Cystoscopy	17.8	4.4	6.4	7.2	16.6	n.a.	n.a.	14.0	10.5
Haemorrhoidectomy	6.7	0.6	2.0	8.2	3.6	n.a.	n.a.	0.0	4.0
Hysterectomy	7.8	1.7	6.5	4.6	8.0	n.a.	n.a.	n.p.	6.0
Inguinal herniorrhaphy	7.5	0.5	1.5	2.8	2.2	n.a.	n.a.	3.6	3.3
Myringoplasty	1.5	0.0	0.4	0.4	3.5	n.a.	n.a.	0.0	0.7
Myringotomy	8.1	1.8	1.2	3.9	12.5	n.a.	n.a.	n.p.	3.0
Prostatectomy	16.2	1.2	6.8	10.2	8.9	n.a.	n.a.	n.p.	8.0
Septoplasty	1.5	0.1	0.0	0.4	0.0	n.a.	n.a.	0.0	0.4
Tonsillectomy	2.4	0.3	0.5	0.6	0.2	n.a.	n.a.	0.0	1.3
Total hip replacement	2.1	0.1	1.4	1.0	1.2	n.a.	n.a.	n.p.	1.2
Total knee replacement	0.8	0.2	0.4	1.4	0.0	n.a.	n.a.	0.0	0.6
Varicose veins stripping & ligation	2.1	0.1	0.1	1.9	0.7	n.a.	n.a.	0.0	0.7
Not applicable	11.2	1.8	5.2	5.3	5.7	n.a.	n.a.	9.0	6.2
Total	**8.0**	**1.5**	**3.9**	**4.3**	**4.9**	**6.7**	**n.a.**	**7.4**	**4.9**

(a) Indicator procedure was not reported for Tasmania. Data for Tasmania are included in the total.

. . not applicable.

n.a. not available.

n.p. not published because denominator less than 10.

Admissions from waiting lists and patients on waiting lists

Information on the number of patients admitted for elective surgery from waiting lists, and the number of patients on waiting lists on 30 June 1999 by indicator procedure and State and Territory is presented in Tables 13 and 14. Overall, 32% of patients admitted for elective surgery (Table 13) and 44% of patients on waiting lists on 30 June 1999 were waiting for one of the indicator procedures (Table 14).

Among the States and Territories for which data were provided, there was some variation in the proportion of admissions that were from the indicator procedure list. New South Wales, Victoria and Western Australia had the highest proportion of admissions for the indicator procedures (32%). The Australian Capital Territory had the lowest proportion (17%). Cataract extraction was the highest volume indicator procedure in all jurisdictions except Queensland and the Australian Capital Territory, where cystoscopy and cholecystectomy were the highest volume procedures respectively (Table 13).

Table 13: Admissions from waiting lists, by indicator procedure and State and Territory, 1998–99

Indicator procedure	NSW	Vic	Qld	WA	SA	Tas[(a)]	ACT	NT	Aust
Cataract extraction	14,811	8,502	4,346	3,122	2,349	n.a.	175	278	33,583
Cholecystectomy	7,675	3,246	3,686	875	982	n.a.	176	140	16,780
Coronary artery bypass graft	2,370	1,822	1,639	327	484	n.a.	46	0	6,688
Cystoscopy	11,452	5,626	5,160	2,273	2,034	n.a.	151	141	26,837
Haemorrhoidectomy	1,487	578	634	241	208	n.a.	19	21	3,188
Hysterectomy	6,505	2,188	2,798	898	664	n.a.	122	49	13,224
Inguinal herniorrhaphy	6,248	3,843	3,126	948	934	n.a.	159	131	15,379
Myringoplasty	449	394	248	197	105	n.a.	6	38	1,437
Myringotomy	1,012	2,773	2,129	865	211	n.a.	7	40	7,037
Prostatectomy	2,656	1,542	747	380	431	n.a.	26	24	5,806
Septoplasty	1,779	1,501	522	405	245	n.a.	19	12	4,483
Tonsillectomy	5,811	3,455	2,712	881	863	n.a.	87	104	13,913
Total hip replacement	2,166	1,457	1,212	449	531	n.a.	156	13	5,984
Total knee replacement	2,934	1,255	1,241	560	592	n.a.	138	10	6,730
Varicose veins stripping & ligation	2,658	934	1,125	390	443	n.a.	84	36	5,670
Not applicable	151,863	83,424	86,013	27,476	25,174	n.a.	6,764	4,588	385,302
% indicator procedure	*31.6*	*31.9*	*26.7*	*31.8*	*30.6*	*n.a.*	*16.9*	*18.3*	*31.8*
Total	**221,876**	**122,540**	**117,338**	**40,287**	**36,250**	**12688**	**8,135**	**5,615**	**564,729**

(a) Indicator procedure was not reported for Tasmania. Data for Tasmania are included in the total.
n.a. not available.

There was some variation among jurisdictions in the proportion of patients on waiting lists who were awaiting indicator procedures. The highest proportion was in New South Wales (48%) and the lowest proportion was in the Northern Territory (30%) (Table 14). Cataract extraction was the indicator procedure for which the highest number of patients were on waiting lists for all jurisdictions (Table 14).

Table 14: Patients on waiting lists, by indicator procedure and State and Territory, 30 June 1999

Indicator procedure	NSW	Vic	Qld	WA	SA	Tas[(a)]	ACT	NT	Aust
Cataract extraction	7,669	2,572	2,768	1,659	610	n.a.	n.a.	118	15,396
Cholecystectomy	2,295	1,117	1,272	377	212	n.a.	n.a.	47	5,320
Coronary artery bypass graft	196	159	503	12	66	n.a.	n.a.	0	936
Cystoscopy	1,871	1,140	1,679	469	271	n.a.	n.a.	50	5,480
Haemorrhoidectomy	431	345	305	184	83	n.a.	n.a.	11	1,359
Hysterectomy	1,358	645	536	175	174	n.a.	n.a.	8	2,896
Inguinal herniorrhaphy	1,556	1,639	1,068	351	183	n.a.	n.a.	55	4,852
Myringoplasty	328	254	701	232	57	n.a.	n.a.	71	1,643
Myringotomy	260	437	665	285	24	n.a.	n.a.	9	1,680
Prostatectomy	470	521	340	49	146	n.a.	n.a.	7	1,533
Septoplasty	1,165	1,634	1,182	692	196	n.a.	n.a.	13	4,882
Tonsillectomy	3,275	1,504	1,643	778	435	n.a.	n.a.	50	7,685
Total hip replacement	1,311	960	509	303	259	n.a.	n.a.	7	3,349
Total knee replacement	2,511	979	1,003	441	322	n.a.	n.a.	15	5,271
Varicose veins stripping & ligation	1,178	1,636	1,538	471	295	n.a.	n.a.	33	5,151
Not applicable	28,227	24,611	22,929	12,022	5,643	n.a.	n.a.	1,150	94,582
% indicator procedure	*47.8*	*38.7*	*40.7*	*35.0*	*37.1*	*n.a.*	*n.a.*	*30.1*	39.8
Total	**54,101**	**40,153**	**38,641**	**18,500**	**8,976**	**7,517**	**n.a.**	**1,644**	**169,532**

(a) Indicator procedure was not reported for Tasmania. Data for Tasmania are included in total.

n.a. not available.

6 Data development

Section 2 outlined some of the variations in the use of definitions relating to elective surgery waiting times data collection. These and other issues are being addressed by the Institute, the States and Territories and the Commonwealth Department of Health and Aged Care, through the National Health Data Committee and the National Health Information Management Group. In 2000–01, the Institute's elective surgery waiting times data development work is being assisted by funding provided by the Australian Health Ministers' Advisory Council.

Some of the issues for consideration include the following.

- Revision of the data element 'Indicator procedure' to reflect changes since 1995 in the types and volumes of surgical procedures undertaken on an elective basis.

- Revision of the data element 'Waiting list category' (which categorises procedures as either 'elective surgery' or 'other') with a view to creating a category of procedures that are not surgical but for which patients may have to wait, and in relation to which waiting times data could be collected. These procedures could include endoscopy and transluminal coronary angioplasty.

- Investigation of variation in assignment of clinical urgency categories amongst the States and Territories to identify areas in which the development of category assignment guidelines could be useful.

- The broadening of the scope of the data collection to include public patients treated in private hospitals.

- The inclusion of waiting times for patients who are transferred from one hospital's waiting list to that of another.

- The use of the data elements 'Anticipated election status' and 'Intended length of stay' (same day or overnight) in the National Minimum Dataset (NMDS) for Elective Surgery Waiting Times. The issue of when, or if, during the patient's wait, the information should be updated needs to be addressed before these data elements could be included in the NMDS.

- Restriction of the scope of the NMDS and/or data analyses for national reports to hospitals that undertake more than a minimum amount of elective surgery.

Glossary

For further information on the terms used in this report, refer to the *National Health Data Dictionary Version 7.0* (National Health Data Committee 1998).

Census data: data that include numbers of patients on waiting lists at a census date and the lengths of time patients have waited until that date.

Clinical urgency category: a clinical assessment of the urgency with which a patient requires elective hospital care. The classification employs a system of urgency categorisation based on factors such as the degree of pain, dysfunction and disability caused by the condition and its potential to deteriorate quickly into an emergency. All patients ready for care must be assigned to one of the clinical urgency categories, regardless of how long it is estimated they will need to wait for surgery. The categories used in this report are defined as follows:

- clinical urgency 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.
- clinical urgency category 2—admission within 90 days desirable for a condition causing some pain, dysfunction or disability but that is not likely to deteriorate quickly or become an emergency.
- clinical urgency category 3—admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, that is unlikely to deteriorate quickly and that does not have the potential to become an emergency.

There is no time limit placed on the clinical urgency category 3 patients in this classification.

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.

Elective surgery: elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services. The procedures that are excluded are:

- organ or tissue transplant procedures;
- procedures associated with obstetrics (for example elective caesarean section, cervical suture);
- cosmetic surgery (defined as the relevant procedures that do not attract a Medicare rebate);
- biopsy of kidney (needle only);
- biopsy of lung (needle only);
- bronchoscopy (including fibre-optic bronchoscopy);
- colonoscopy;
- dental procedures;
- endoscopic retrograde cholangio-pancreatography;

- endoscopy of biliary tract, oesophagus, small intestine or stomach;
- endovascular interventional procedures (p. 136 of Medicare Benefits Schedule book effective 1 November 1995);
- gastroscopy;
- miscellaneous cardiac procedures (pp. 152–3 of Medicare Benefits Schedule book effective 1 November 1995);
- oesophagoscopy;
- panendoscopy (except when involving the bladder);
- proctosigmoidoscopy; and
- sigmoidoscopy.

Extended wait: when a patient waits longer for admission than is desirable (see 'Clinical urgency category'). Clinical urgency category 1 patients with extended waits are those patients who have waited for more than 30 days. Clinical urgency category 2 patients have extended waits if they have waited more than 90 days for admission. Clinical urgency category 3 patients with extended waits are those patients who have waited for more than 12 months.

Overdue patient: a patient whose wait has exceeded the time that has been determined as clinically desirable in relation to the clinical urgency category to which they have been assigned. Overdue patients are clinical urgency category 1 patients who have waited for more than 30 days and clinical urgency category 2 patients who have waited for more than 90 days.

Ready for care patients: patients who are prepared to be admitted to hospital (or to begin the process leading directly to being admitted to hospital). Patients who are not ready for care are those not in a position to be admitted to hospital. These patients are either:

- staged patients whose medical condition will not require or be amenable to surgery until some future date, or
- deferred patients who for personal reasons are not yet prepared to be admitted to hospital.

Removal: a patient may be removed from a waiting list for admission on an elective basis for the surgery for which they were waiting, or they may be removed for other reasons. The other reasons include admission on an emergency basis for the surgery for which they were waiting, having been treated elsewhere, declining the surgery, death or being unable to be contacted.

Throughput data: data that relate to a specified period, and includes the numbers of patients added to waiting lists, admitted from waiting lists and removed from waiting lists for reasons other than admission, and the lengths of time waited.

Waiting list: a register that contains essential details about patients who have been assessed as needing elective hospital care. Elective surgery waiting lists are registers of patients who have been assessed as needing elective surgery in a hospital. A waiting list therefore includes patients who have been allocated an admission date (and may be referred to as 'booked' patients) as well as those who have not been allocated an admission date.

Waiting time: the length of time spent on the waiting list, between the date of listing and the date of admission or other removal from the waiting list, or the census date. Days spent as 'not ready for care' are excluded. In the situation in which a patient's clinical urgency category changes during their wait, there is variation among the States and Territories in the way in which the waiting time is calculated.

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