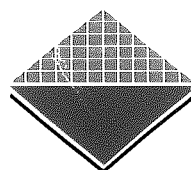
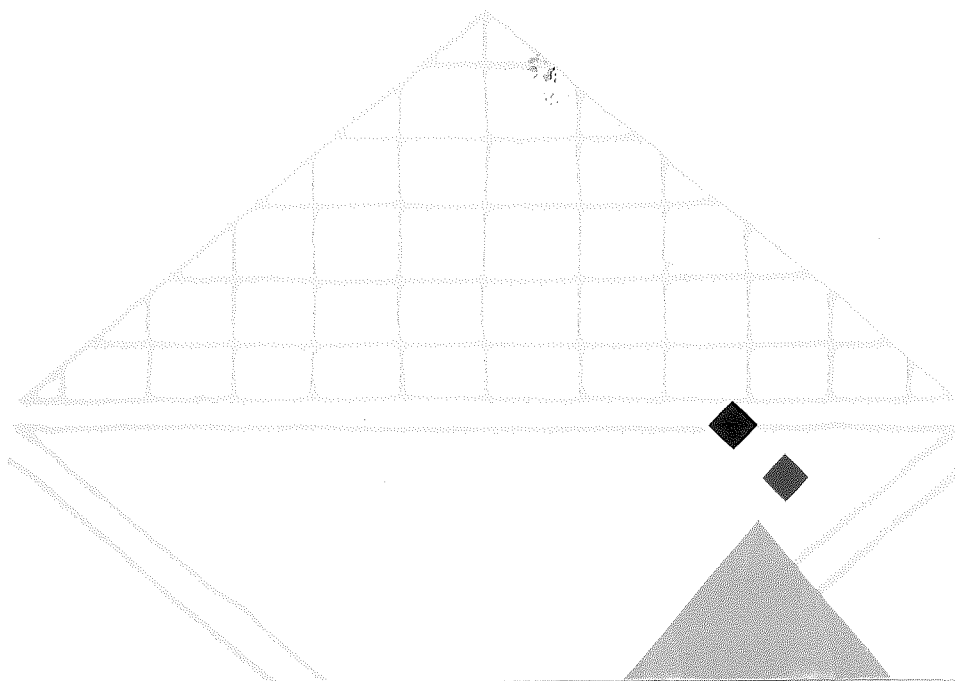


Waiting for elective surgery in Australian public hospitals, 1995

Lynelle Moon



AUSTRALIAN INSTITUTE OF
HEALTH & WELFARE



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Number 7

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Lynelle Moon

**Australian Institute of Health and Welfare
Canberra**

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Australian Institute of Health and Welfare

Board Chair

Professor Janice Reid

Director

Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Lynelle Moon
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (06) 244 1155

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Preface

Results of the second annual survey conducted by the Australian Institute of Health and Welfare are presented in this report. The surveys aim to collect nationally consistent waiting list information, using data collected from the State and Territory health authorities. In this latest collection, the survey period has been increased from one month to six months.

Although Queensland Health did not supply data in time for inclusion in the main report, data were supplied part way through the production process, and thus compiled tables have been included as an appendix. The Queensland results are not comparable with those obtained from the other States and Territories. This is because data were collected over a shorter period—two months—and over a later time period. Interpretation of waiting list and waiting time data is complex, and methods and definitions continue to evolve. Readers should therefore carefully read the commentary in the Introduction (pages 3 to 4). Further, State and Territory data are not yet fully comparable, so, in interpreting interstate differences, readers should take account of qualifications given in the text of the report.

The project was initiated by the 1993 Medicare Agreements, and States and Territories agreed to provide to the Institute information on people waiting for elective surgery. The project is funded in part by the Department of Health and Family Services.

Richard Madden
Director

Acknowledgments

Thanks are given to the many officers from the State and Territory health authorities whose contributions to this report were invaluable. Input from the Commonwealth Department of Human Services and Health is also acknowledged.

Within the Institute, contributions were made by many officers. In particular, Dr Ossama El Saadi and Susan Salloom's work in project planning and coordinating the intake of data in the early stages of the project, and Jonette McDonnell's assistance with developments in data definitions, are gratefully acknowledged.

Summary

This report—*Waiting for Elective Surgery in Australian Public Hospitals, 1995*—presents the results of the second survey aimed at collecting nationally consistent waiting list data. The agreed definitions used in the survey come from the *National Health Data Dictionary, Version 4.0*. This report focuses on waiting times for elective surgery, rather than solely on the number of patients on the waiting lists, as the preferred indicator of hospital performance in relation to elective surgery waiting lists.

Two types of data were collected from the State and Territory health authorities:

- information about additions and deletions to the waiting list during the six-month survey period in 1995;
- information about patients waiting to be admitted for elective surgery on a census date.

For the purpose of the survey, patients were classified into one of two groups based on the clinical urgency of the awaited procedure:

- Category 1: admission desirable within 30 days;
- Category 2: all other patients, with no desirable time set for admission.

Performance measures

Performance measures examined in this report include:

- clearance time: a comparative measure which estimates the theoretical time it would take to clear the waiting list of all people waiting on the census date, assuming the clearance rate remained constant and patients could be treated at any hospital. It is a performance measure, but does not equate to actual patient waiting time (see section 4.1 for further details);
- proportion of Category 1 patients waiting over 30 days for admission;
- proportion of Category 2 patients waiting over 12 months for admission.

Results

- 30% of patients admitted during the survey period were classified as Category 1 patients (section 3.1).
- 14% of all patients deleted from the lists during the survey were removed for reasons other than admission for the awaited procedure (section 3.1).
- The clearance time is estimated to be 0.6 months for Category 1 patients, and 3.5 months for Category 2 patients (section 4.1).
- All the specialty groups had clearance times of less than 1 month for Category 1 patients (section 4.1).

- For Category 2 patients, the lowest clearance time was for the cardio-thoracic surgical specialty (1.5 months); the highest clearance time was for the orthopaedic surgical specialty (5.2 months) (section 4.1).
- 10.5% of Category 1 patients admitted during the survey period waited over 30 days for admission—longer than the clinically desirable wait (section 4.2).
- 3.8% of Category 2 patients admitted during the survey period waited over 12 months for admission (section 4.2).
- For Category 1 patients, the lowest proportion of patients admitted who had waited over 30 days was for the neurosurgical specialty (5.5%); the highest proportion was for the orthopaedic surgical specialty (15.1%) (section 4.2).
- For Category 2 patients, the lowest proportion of patients admitted who had waited over 12 months was for the neurosurgical specialty (0.6%); the highest proportion was for the plastic and reconstructive surgical specialty (10.1%) (section 4.2).
- 11% of Category 1 public patients admitted during the survey period waited over 30 days for admission, compared with 8.2% of other patients (section 5).
- 4.4% of Category 2 public patients admitted during the survey period waited over 12 months for admission, compared with 0.4% of other patients (section 5).

The text of the report suggests possible reasons for these results.

Although much effort has taken place to make the data of each State and Territory comparable, there remain inconsistencies which must be considered when comparisons are made. These inconsistencies are discussed in the text.

1. Introduction

Media attention is frequently focused on elective surgery waiting lists as a public evaluation of the extent to which public hospitals are coping with the demand for elective surgery. Because of the potential for waiting list figures to be used in policy debate, and at times to be misinterpreted, there is a need for consistent and reliable waiting list statistics and objective interpretation of these statistics. A focus on waiting times for elective surgery, rather than solely on the number of patients on the waiting lists, is the preferred indicator of the system's ability to cope with elective surgery demand.

Within the 1993 Medicare agreements, States and Territories undertook to collect nationally consistent and comparable data on waiting lists and waiting times, and to provide these to the Australian Institute of Health and Welfare for publication at a national level.

In March 1994, the Institute produced a report on elective surgery waiting lists based on data collected in the second half of 1993. The report highlighted varying practices between the States and Territories in the collection and reporting of waiting list data. Consequently, it was not possible to use the data for planning, performance monitoring and policy purposes at a national level.

Two surveys, aiming to collect nationally consistent information relating to as many public hospital waiting lists as possible, have been conducted by the Institute, in 1994 and 1995. The definitions for these surveys are included in the *National Health Data Dictionary, Version 4.0* (NHDC 1995).

This report is concerned with elective surgery waiting lists in Australian public hospitals. It does not examine waiting lists and waiting times for medical or emergency treatment, nor does it examine the situation in private hospitals. The report addresses only the timeliness of the provision of care, and not other aspects of the quality of care provided. Although the focus here is on the period of care prior to admission, it should be noted that management of waiting lists can impact on the quality of care after admission.

Although the size of waiting lists is often quoted when elective surgery provisions are discussed, the emphasis in this report is on waiting times. This is because waiting list size is a result of many factors, including the size of the hospital, the number of people in the associated community and the health needs of that community. It does not indicate the ability of the hospital system to meet the demand for elective surgery. However, measurement of waiting time for elective surgery does address this issue. That is, if a long waiting list could be cleared in a matter of days, there is unlikely to be any cause for concern.

An important focus when examining waiting lists is the trends in waiting times over time. However, comparison between waiting time performance measures in this report and results obtained from the first survey in 1994 is not recommended for a number of

reasons. These include the fact that the survey period has been increased to six months from one month, making the estimates from 1995 less likely to be affected by seasonal patterns. Also, observation at only two time points is not enough to determine a reliable indication of trends. More importantly, it is invalid to compare the size of the waiting list between the two surveys, as the survey coverage has increased, and no adjustment has been made in either year to allow estimation of the total size of the list. Although much effort has taken place to make each State and Territory's data comparable, there remain some inconsistencies in this survey which must be considered when comparisons are made. These inconsistencies are discussed in the report.

This report firstly outlines the data sources and coverage (section 2). Then follows an examination of the characteristics and structure of the waiting lists (section 3), including the proportion of additions and deletions to the list and characteristics of waiting list patients—the surgical specialty and clinical urgency of the awaited procedure, and the intended length of stay of their admission for the procedure. In addition, these characteristics are examined by accommodation status (public patients compared with other patients) for patients who have been admitted from the list. Section 4 contains a number of performance measures aimed at examining waiting times for elective surgery—clearance times (the theoretical time it would take to clear the lists), the proportion of patients admitted who had extended waits and the proportion of patients still on the waiting list who already had extended waits. Equity of access in terms of the timely provision of care is reported and discussed in section 5. Previous Institute publications on waiting lists and waiting times are listed on page 46.

2. Data sources and coverage

The data used in this report were obtained from a survey of Australian public hospitals conducted in 1995. The survey aims to obtain information on elective surgery waiting lists from as many public hospitals as possible. The State and Territory health authorities collected the information relating to a six-month period and then forwarded the data to the Australian Institute of Health and Welfare for collating.

The 1995 survey is the second survey overseen by the Institute which aims to obtain nationally consistent information on elective surgery waiting lists in Australian public hospitals. The first survey was conducted in 1994 covering a one-month period. To decrease the effect of seasonal patterns on the results, the survey period for collecting throughput data was increased from one month to six months in 1995.

Health authorities provided two types of information for this report:

- information about additions and deletions to the waiting list during the survey period (throughput data). This includes patients added to the waiting list, patients removed from the list after admission for the awaited procedure, and patients removed from the list for other reasons;
- information about 'ready for care' patients waiting to be admitted for elective surgery on a census date (census data).

Most of the States and Territories providing data used the survey period from 1 January 1995 to 30 June 1995. The exception was South Australia, with a survey period from 1 February 1995 to 31 July 1995. In all cases, the census date fell on the last day of the survey period. Queensland was unable to provide any information for this report.

The data provided were used to calculate aggregate national statistics and statistics for each State or Territory.

2.1 Definitions

The guidelines and definitions used for collecting the survey data come from the *National Health Data Dictionary, Version 4.0* (NHDC 1995).¹ The waiting list definitions contained in the data dictionary are largely those recommended by the Hospital Access Program Waiting Lists Working Group, who met formally in 1993 and 1994. The National Health Data Committee (NHDC) conducts continuing reviews of the waiting list definitions, and subsequently submits its recommendations to the National Health Information Management Group (NHIMG). Data items approved by the NHIMG are included in the next version of the *National Health Data Dictionary*.

The following definitions are relevant to this report.

A **waiting list** is a register that contains essential details about patients who have been clinically assessed as needing elective surgery in a hospital.

By this definition, the waiting list includes patients who have been given a definite date for admission. The waiting list therefore includes patients who have been given an admission date and who may sometimes be called 'booked' patients, as well as those who have not been given an admission date.

Elective surgery is surgery which, in the clinician's opinion, is necessary but can be delayed for at least 24 hours.

Elective surgery covers procedures that are listed in the 'Surgical operations' section of the Medicare benefits schedule book, with the exclusion of specific procedures frequently carried out by clinicians without special qualifications in surgery, and some other procedures for which the waiting time is strongly influenced by factors other than the supply of services. Box 1 lists the procedures from the 'Surgical operations' section that are excluded.

Throughput data relates to a specified period of time, and includes the numbers of patients added to and removed from waiting lists and, for patients admitted, the lengths of time waited prior to admission. Patients may be removed from the list for a variety of reasons including seeking treatment elsewhere, seeking alternate treatment (e.g. medical treatment, outpatient treatment), death, declining treatment or being unable to be contacted.

Census data include the number of patients on waiting lists at a point in time and the lengths of time patients have waited up until that point.

Census data used in this report only include 'ready for care' patients (see below under 'Listing status'). Census data therefore involve patients who are waiting to be admitted for elective surgery.

¹ Definitions contained in Version 4.0 of the *National Health Data Dictionary* generally became effective from 1 July 1995. However, the subgroup of waiting list definitions all became effective from 1 January 1995.

Box 1: Patients awaiting or admitted for the following procedures are excluded from the data in this report²

- All patients awaiting organ or tissue transplant procedures
- All patients awaiting procedures associated with obstetrics, such as elective caesarean section, cervical suture³
- All patients awaiting cosmetic surgery
- Biopsy of:
 - kidney (needle only)
 - lung (needle only)
- Bronchoscopy:
 - including fibre-optic bronchoscopy
- Colonoscopy
- Dental procedures
- Endoscopic retrograde cholangio-pancreatography (ERCP)
- Endoscopy of:
 - biliary tract
 - oesophagus
 - small intestine
 - stomach
- Endovascular interventional procedures⁴
- Gastroscopy
- Miscellaneous cardiac procedures⁵
- Oesophagoscopy
- Panendoscopy (except when involving the bladder)
- Proctosigmoidoscopy
- Sigmoidoscopy

Listing status on the waiting list refers to a patient's readiness to begin the process leading directly to admission for the awaited procedure. A patient may be 'ready for care' or 'not ready for care'.

'Ready for care' patients are those who are prepared to accept an offer of a hospital admission (or to begin the process leading directly to admission).

'Not ready for care' patients are those who are not in a position to accept an offer of hospital admission for either personal or medical reasons.

² There is some repetition in this list.

³ If tubular ligation (a gynaecological surgical procedure) is to be performed concurrently with an elective caesarean section (an obstetrical procedure), the primary procedure in terms of the waiting list is the caesarean section, and these patients are therefore not counted.

⁴ p. 136 of MBS book effective 1 November 1995.

⁵ pp. 152-3 of MBS book effective 1 November 1995.

Indicator procedures are 15 procedures selected by the Hospital Access Program Waiting Lists Working Group as those which are performed relatively frequently, and which often are associated with long waiting times.

For a number of reasons, it is difficult to code all elective surgery procedures at the time of addition to the waiting list. However, a list of common procedures with a tendency to long waiting times is useful. The indicator procedures comprise about 37% of the elective surgery waiting list census, and about 25% of the elective surgery admissions from the waiting list.

Urgency categorisation is based on a clinical assessment of the urgency with which a patient requires elective surgery. This assessment is 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.

The categories for this survey are the same as those used in last year's survey. These categories are defined as follows:

- Category 1: admission desirable within 30 days;
- Category 2: admission desirable within 31 days or over.

There is no time limit placed on the Category 2 patients.

Clearance time is the theoretical length of time that it would take to clear the waiting list of all patients waiting at a point in time, if the rate of clearance remained constant and patients could be treated at any hospital. It is calculated as the number of patients waiting at a point in time (the census count) divided by the mean number cleared (admitted and removed) from the waiting list per month.

Specialty is the area of clinical expertise held by the doctor who will perform the elective surgery. The 'other' specialty classification used in the tables refers to data about elective surgery patients who were not classified into one of the 10 categories. Patients in the 'other' specialty category comprise 2% of the elective surgery waiting list census and 5% of admissions from the waiting lists during the survey period.

2.2 Survey coverage

The survey aimed to cover as many public hospitals throughout Australia as possible. As was the case for the 1994 survey, Queensland Health was unable to provide any data. Coverage of public hospitals among the other States and Territories was reasonably comprehensive. To give an indication of the survey coverage, the health authorities provided information on the total number of separations and the number of surgical separations corresponding to the included and non-included hospitals. In some cases, this information was not available to correspond with the actual survey period: Victorian estimates covered the period from July 1994 to June 1995; Western Australian estimates related to the 1994 calendar year and Australian Capital Territory estimates covered the 1993-94 financial year. Despite these varying periods, the figures can still be used to give an indication of the proportion of separations relating to hospitals included in the survey.

'Surgical' separations in figures 1 and 2 correspond to estimates of elective surgical separations. The numbers of separations were determined from the hospital morbidity data, and not directly from waiting list data. As national definitions of surgery, elective surgery and specialties are not easily applied to hospital morbidity data, methods for identifying the items varied to some degree between the health authorities. Thus, estimates of surgical separations in reporting hospitals, given in figures 1 and 2, may not exactly correspond to the numbers of elective surgical admissions associated with the corresponding waiting lists.

Figure 1 indicates the survey coverage among the different health authorities contributing data. In total, excluding Queensland, surveyed hospitals account for an estimated 81% of public hospital separations, and 76% of surgical separations in public hospitals. The remaining separations almost exclusively correspond to non-teaching hospitals. New South Wales, Tasmania and the two Territories include data from almost all public hospitals. In the other three States, the main excluded hospitals are non-teaching hospitals.

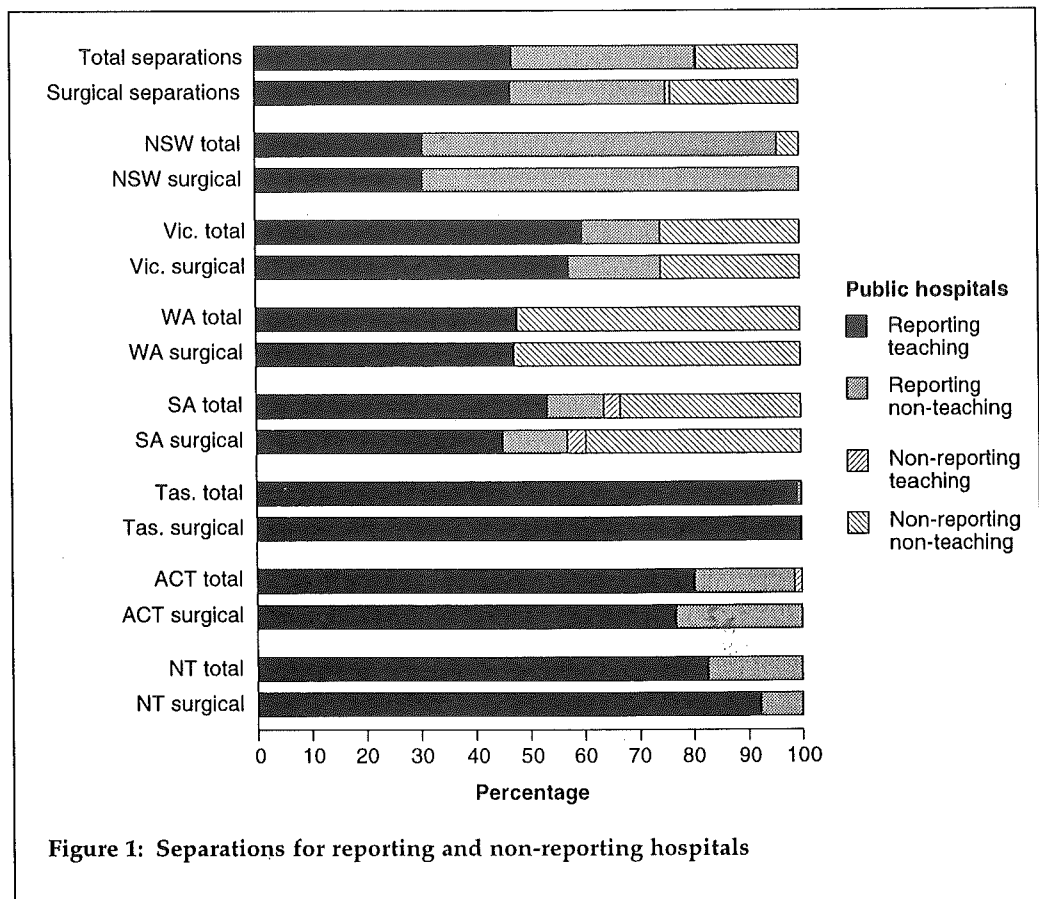
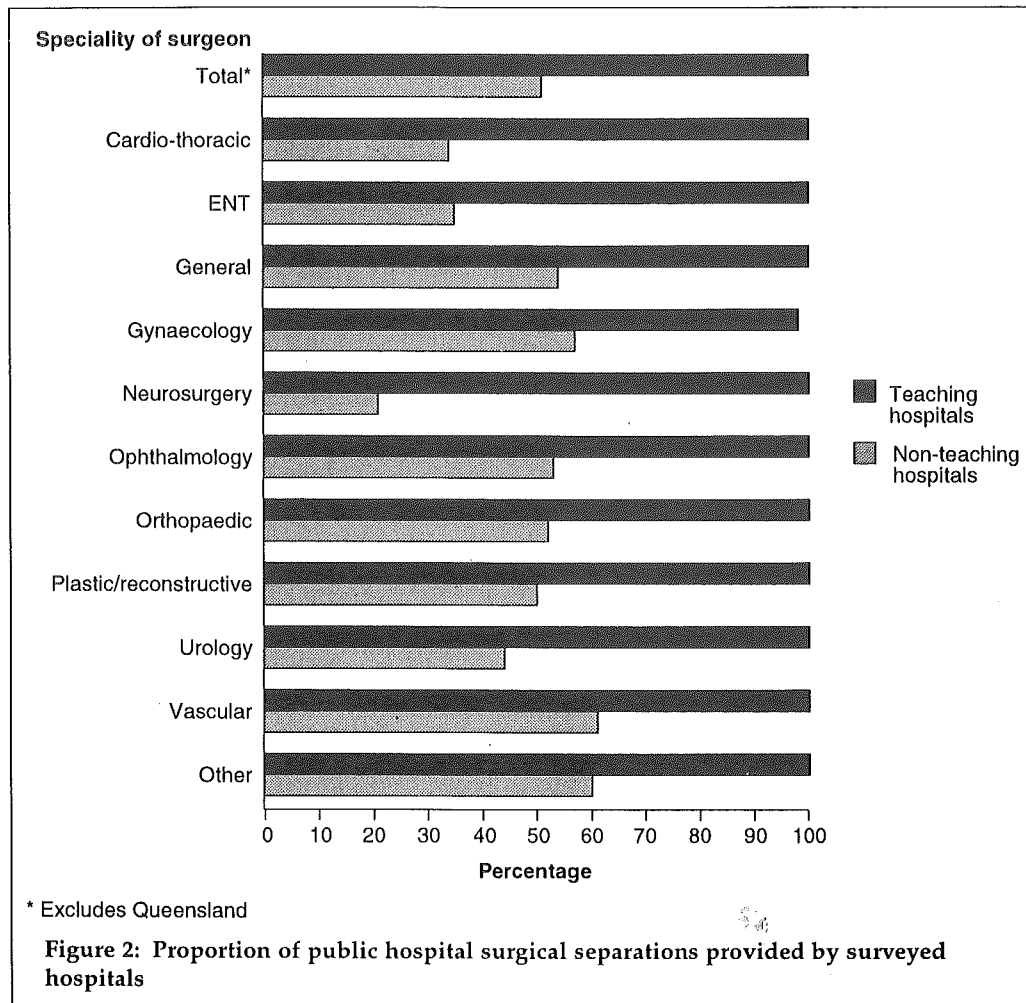


Figure 2 shows the estimated proportion of surgical separations in surveyed hospitals for the different specialties. As mentioned previously, the survey includes almost all teaching hospitals, indicated by the high proportion of surgical separations corresponding to surveyed hospitals. However, in non-teaching hospitals the proportion of surgical separations corresponding to surveyed hospitals varies between 21% and 61% among the surgical specialties.



As waiting lists correspond to elective surgery only, an indication of the volume of elective surgery in the reporting hospitals was supplied by the health authorities. From these figures, it is estimated that around 65% of surgery in reporting hospitals is elective. It is not known from supplied data whether this proportion is similar in public hospitals not included in the survey.

This report is based on data from public hospitals only. Although private hospitals may also have waiting lists, no attempt has been made in this report to examine the waiting list situation in private hospitals.

Table 1: Number of patients covered by the survey

	Teaching hospitals	Non-teaching hospitals	Total
Number of patients on waiting list at census date	70,705	42,627	113,332
Number of patients admitted during the survey period	131,639	84,095	215,734

Table 1 shows the number of patients covered by the survey. There were over 100,000 patients included in the census data. This cannot be equated with the total number of patients on waiting lists. This is because not all hospitals were included in the survey and no attempt has been made to impute for non-surveyed hospitals. It is likely that non-surveyed hospitals have different waiting list characteristics. As these differences are unknown, the total size of waiting lists has not been estimated. Table 1 also indicates that over 200,000 patient admissions from elective surgery waiting lists are included in the survey.

The majority of results presented in this report are based on ratio estimates (including percentages and clearance times). Potentially, ratio estimates can become very large as the denominator becomes smaller. For example, clearance times can be very large if the number cleared off the list is small. For this reason, ratio estimates calculated with less than five observations in the denominator are suppressed in this report.

2.3 State and Territory differences

With regard to State and Territory estimates presented in this report, it is important to note the different factors affecting each estimate.

Firstly, there are differences between States and Territories in terms of geographic factors. Comparatively isolated hospitals may experience patients being admitted from waiting lists in an irregular pattern compared with other hospitals— as when a specialist surgeon attends periodically to perform surgery. Consequently, as States and Territories have potentially different proportions of isolated hospitals, periodic treatment of patients will have varying impacts on waiting lists.

Secondly, differences between States and Territories in terms of demographic factors, such as population age, sex and ethnic distributions, may be present. These differences can impact on the health status of the population, potentially requiring different priorities and strategies for the management of elective surgery waiting lists.

Thirdly, there are cross-border flows in the provision of elective surgery in Australia, which are complex and will impact on waiting lists. Patients are usually treated in the closest hospital providing the required procedure. Thus, patients are often placed on waiting lists in a different State or Territory to their place of residence. For example, hospitals in the Australian Capital Territory often treat patients from surrounding New South Wales. Also, patients from the Australian Capital Territory are referred to New South Wales hospitals (particularly Sydney) when the treatment required is not available in the Australian Capital Territory. Cross-border flows are likely to have greater impact on waiting lists for the smaller health authorities.

Fourthly, there may be differences in the organisational structure of the different State and Territory health systems. The balance between public and private hospital treatment may differ, as may the size of the hospitals, the procedures performed and the management of the hospitals.

Finally, there remain issues and differences in the data collected by the different States. The main area for potential differences is in the scope of the waiting list data. The definition of elective surgery (see section 2.1) in the *National Health Data Dictionary, Version 4.0* specifies a number of procedures to be excluded from waiting list data. However, the implementation of these exclusions has proven difficult, with differing methods being used among the health authorities. This could result in some differences in the scope of the supplied data. However, these differences are unlikely to impact greatly, as all States and Territories were able to generally exclude these procedures.

In addition, there appear to be some differences in the implementation of the definitions of 'elective' surgery. In the *National Health Data Dictionary, Version 4.0*, surgery is elective if it can be delayed for over 24 hours (otherwise it is classed as an emergency). There are two interpretations of this definition: surgery able to be delayed for over 24 hours is elective (regardless of whether the *admission* was an emergency) OR the admission for surgery can be delayed for over 24 hours. It is possible that health authorities have differed in deciding which definition to use. This issue is being addressed by the NHDC.

Other specific differences in the data are outlined in the following text.

New South Wales

- New South Wales waiting list data includes public patients contracted to one private hospital for treatment.
- The urgency classifications used in New South Wales, which directly maps to the national standard, allow for separate coding of urgency for patients who require admission within one week. This potentially may lead to less stringent criteria being applied when identifying patients who require admission within a one-month period than would otherwise have been the case.

Victoria

- Health and Community Services Victoria partitions the register of patients awaiting elective surgery into two—the 'booked' and 'unbooked' patient registers. 'Booked' patients have been given a definite admission date (within six weeks), and 'unbooked' patients are still waiting for an admissions date. All other State and Territory waiting list reports do not distinguish between patients with and without an admission date.
- In order to permit comparability with other States' estimates and aggregated Australian estimates, statistics corresponding to Victoria were derived from data which included both 'booked' and 'unbooked' patients. Waiting list figures published by the Department of Health and Community Services for Victoria do not normally include 'booked' patients.

- Victorian non-reporting hospitals have 'booked' patient lists only. Patients unable to be booked immediately are referred to larger reporting hospitals to be placed on the 'unbooked' patient register.
- All Category 1 patients ready for care in Victoria who were included in the survey were 'booked'.

Queensland

- Queensland was unable to provide any information for inclusion in this report.

Western Australia

- No information is available on waiting lists in West Australian non-teaching hospitals.
- There is no provision in the waiting list system for changing patient listing status. Thus the length of time a patient spends on the waiting list may include time when the patient was 'not ready for care'. This may result in the estimates of the number of patients with extended waiting times being overstated (see section 2.1).
- During the survey period for this report, Western Australia introduced an urgency classification system consistent with the *National Health Data Dictionary, Version 4.0* definitions. However, it is possible that urgency classifications assigned prior to this introduction may not be consistent with the new definitions.
- Urology patients contracted to other hospitals have been included in this year's survey (unlike the 1994 survey). The data do not include orthopaedic cases contracted to other hospitals for treatment.

Tasmania

- All three hospitals providing surgical services in Tasmania (two teaching, one metropolitan) have been classified as teaching hospitals for this report.
- Tasmania does not place admitted patients on waiting lists. (See paragraph 7 in the introduction to section 2.3.)
- For a small number of patients at one hospital, waiting time has been incorrectly calculated. Waiting times for the most recent urgency classification includes time spent waiting during the previous classification. Not all patients 'not ready for care' have been excluded. These factors may result in the estimates at clearance times and overdue patients being overstated.
- Three categories of non-surgical procedures (colonoscopy, tattoo removal and cosmetic surgery) have not been excluded from the data.

Australian Capital Territory

- Patients 'not ready for care' have not been excluded. This could result in the clearance times and the number of patients with extended waits being overstated.
- There were some limitations to the throughput data available: no throughput data were available for the non-teaching hospital, and indicator procedure throughput data were not available for the teaching hospital. In addition, throughput data in relation to long-wait patients were not available from any hospital.
- Any ACT waiting list data for the cardio-thoracic specialty refers to thoracic surgery only.

The coverage for each State is presented in table 2.

Table 2: Number of patients covered by the survey, by State

State	Number of patients on waiting list at census date		Number of patients admitted during the survey period	
	Teaching hospitals	Non-teaching hospitals	Teaching hospitals	Non-teaching hospitals
New South Wales	12,512	30,617	43,141	70,672
Victoria: unbooked	21,105	5,760		
booked	6,866	2,429		
total			46,713 ^(a)	9,950 ^(a)
Western Australia	10,819	0 ^(b)	14,070	0 ^(b)
South Australia	6,436	2,395	14,237	3,164
Tasmania	7,251	0	8,468	0
Australian Capital Territory	3,309	1,006	3,142	0 ^(b)
Northern Territory	2,407	420	1,868	309

(a) The Victorian figures represent elective surgery waiting lists admissions for the six-month period. They do not include elective surgery patients treated at non-waiting list hospitals.

(b) Data not available.

2.4 Data development since 1994

There have been a number of developments in waiting list data collection since the previous survey in 1994. These changes in survey methodology and data quality have provided improved indications of the status of elective surgery waiting lists in Australian public hospitals.

The major improvements have been the lengthening of the survey period, and the improvement in data quality. The survey period for the 1995 survey was six months, increased from the one-month period surveyed in 1994. This increase aims to reduce the effect of seasonal events on the estimates. There have also been improvements in the survey coverage—notable in Victoria—with more hospitals included in this year's survey. The data quality has also improved in a number of areas: urgency classifications appear to be more consistent, and Victorian performance measures are now comparable with those of all other States and Territories, being derived from data that include both 'booked' and 'unbooked' patients.

2.5 Future data development

A number of issues are currently being addressed by the NHDC to refine waiting list definitions for the next version of the National Health Data Dictionary. These issues include:

- the definition of 'elective surgery'
- the issue of exclusions from waiting list data
- urgency classifications—a three tiered system is being considered
- verification of collections of data
- consideration of an upper time limit for the lowest urgency category.

3. Structure of waiting lists

This chapter presents an overview of the structure of the waiting lists in surveyed hospitals. Information is presented on the characteristics of admissions from the waiting lists during the survey period. Following that, some aspects of the waiting lists on the census date are examined.

Information presented relating to patients admitted from elective surgery waiting lists avoids the problems associated with examining census data. These problems include patients with longer waiting times being over-represented (as such patients have a higher chance of being included in a census count) and only part of an individual's wait being measured. Examining admission or throughput data gives a comprehensive picture of waiting lists only if all patients are eventually admitted. However, examining admission data still gives the best picture of waiting lists, even though we do not have any information on patients deleted from the list for reasons other than admission, nor on patients never being admitted.

3.1 Characteristics from throughput data

There were more additions to waiting lists during the survey period than total deletions (total deletions includes admissions for the awaited procedure plus removals for reasons other than admission) (figure 3). This was also the case for most specialty groups, with ear, nose and throat (ENT) surgery and neurosurgery being the only exceptions. There could be concern that where waiting lists are becoming larger, the hospital system may not be coping with the demand for elective surgery. Of the total number of patients deleted from the waiting lists, 14% were removed for reasons other than admission for the awaited procedure. This occurs in cases such as when the patient elects to be treated elsewhere, the treatment is no longer required, the patient is admitted for emergency care, the patient dies or cannot be contacted.

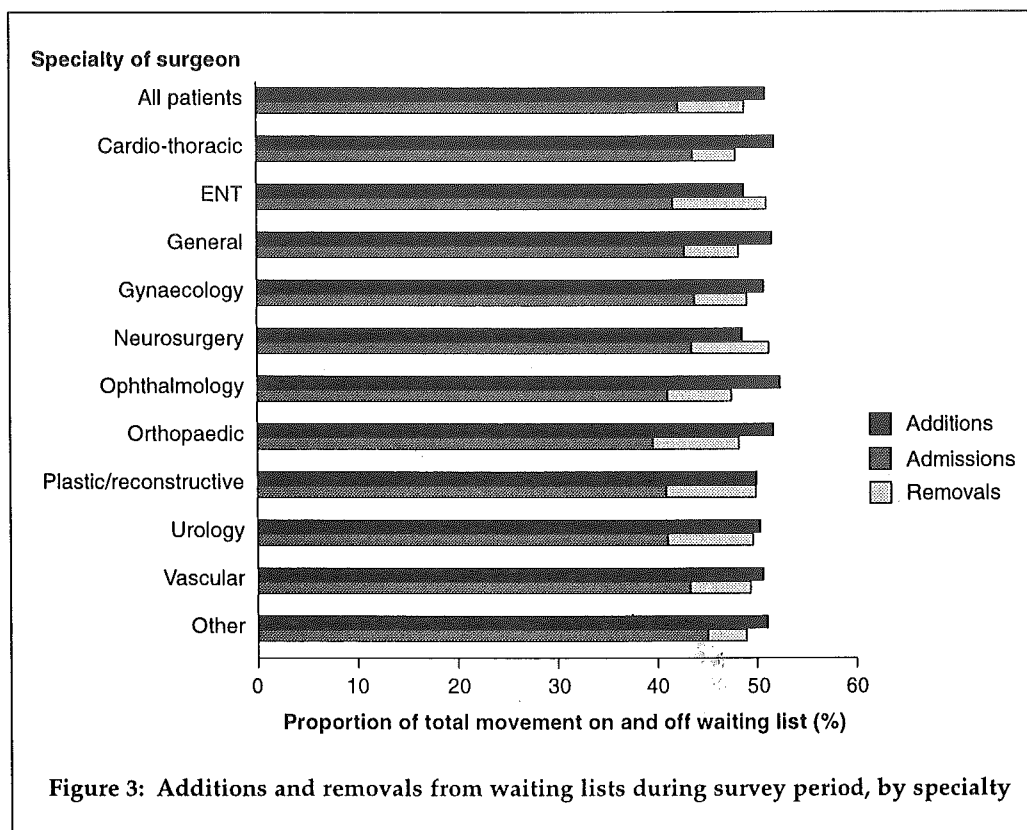


Figure 4 shows varying patterns of additions and deletions from the lists between the jurisdictions. New South Wales had the largest percentage increase in the size of its list, although in this case there was a low number of removals for reasons other than admission. Northern Territory showed the largest percentage decrease. It is possible that some seasonal effects may result from the six-month survey period. A 12-month survey period would remove this possibility.

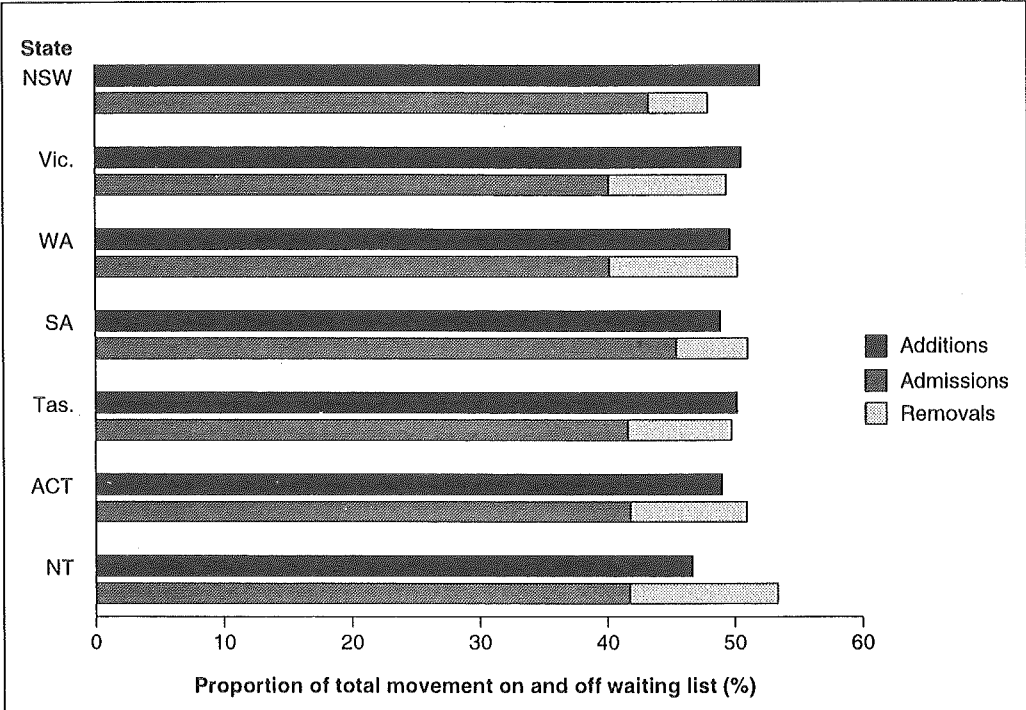


Figure 4: Additions and removals from waiting lists during survey periods, by State

3.1.1 Admissions from waiting lists

Almost one-third of patients admitted during the survey period were classified as Category 1 patients (table 3). This figure is highest for patients admitted under cardio-thoracic, neuro or vascular surgeons. Possible reasons for some specialties having higher proportions of Category 1 patients include:

- patients on waiting lists in these groups generally may require more urgent surgery than patients in other groups
- Category 1 patients in these groups may be admitted at a much faster rate than other patients, potentially creating a backlog of Category 2 patients
- Category 2 patients in these groups may be removed from the lists for reasons other than admission more often (for treatment elsewhere, or for other reasons) than Category 1 patients.

Over 80% of patients admitted from waiting lists were admitted as public patients (table 3). Non-public patients, or 'other' patients, include private patients, Department of Veterans' Affairs patients, compensable patients, entitled Defence Force personnel and common law cases. The majority of 'other' patients are private patients. Possible reasons for higher proportions of public patient admissions in some groups compared with other groups include:

- there may be a higher proportion of patients eligible to be admitted as public patients
- there may be a higher proportion of patients electing to be public patients
- there may be more patients choosing to be treated in the private sector, thereby reducing the proportion of private (and thus 'other') patients in some groups.

Table 3: Characteristics of admissions from elective surgery waiting lists, by specialty and indicator procedure, Australian public hospitals, 1995^(a)

Specialty of surgeon	Proportion of patients who were:		
	Category 1	Intended same-day	Public patients
	patients %	patients %	%
Cardio-thoracic surgery	46	8	79
ENT surgery	20	37	83
General surgery	34	42	83
Gynaecology	27	61	80
Neurosurgery	44	17	74
Ophthalmology	16	50	78
Orthopaedic surgery	25	35	87
Plastic and reconstructive surgery	31	41	86
Urology	31	44	85
Vascular surgery	44	11	79
Other	35	72	80
All patients	30	44	82
Indicator procedure			
Cataract extraction	8	46	81
Cholecystectomy	25	2	90
Coronary artery bypass graft	53	1	80
Cystoscopy	29	63	84
Haemorrhoidectomy	20	16	89
Hysterectomy	23	3	82
Inguinal herniorrhaphy	20	22	84
Myringoplasty	15	24	89
Myringotomy	12	78	86
Prostatectomy	25	3	88
Septoplasty	8	10	91
Tonsillectomy	13	7	86
Total hip replacement	15	3	88
Total knee replacement	14	3	87
Varicose veins stripping & ligation	11	17	85

(a) Excludes Queensland

Note: Public patients exclude private patients, Department of Veterans' Affairs patients, compensable patients, entitled Defence Force personnel and common law cases.

Twenty-seven percent of public patients admitted from waiting lists were classified as Category 1 patients, while 40% of 'other' patients admitted were classified similarly (table 4). Possible reasons for these differences include:

- 'other' patients possibly requiring more urgent surgery than public patients;
- Category 2 patients who would have been admitted as 'other' patients dropping off the list before admission for treatment elsewhere.

The largest differences between the estimates for public and 'other' patients were for patients in the ENT, orthopaedic and urology groups.

Table 4: Patients admitted from waiting lists—proportion classified as Category 1: accommodation status by specialty and indicator procedure, Australian public hospitals, 1995^(a)

Specialty of surgeon	Proportion of public patients %	Proportion of 'other' patients %
Cardio-thoracic surgery	45	49
ENT surgery	18	31
General surgery	31	48
Gynaecology	27	30
Neurosurgery	41	52
Ophthalmology	14	22
Orthopaedic surgery	22	47
Plastic and reconstructive surgery	30	43
Urology	28	48
Vascular surgery	42	55
Other	33	43
All patients	27	40
Indicator procedure		
Cataract extraction	8	8
Cholecystectomy	24	41
Coronary artery bypass graft	53	53
Cystoscopy	26	43
Haemorrhoidectomy	19	28
Hysterectomy	21	30
Inguinal herniorrhaphy	18	31
Myringoplasty	13	32
Myringotomy	12	14
Prostatectomy	23	38
Septoplasty	7	21
Tonsillectomy	10	27
Total hip replacement	13	24
Total knee replacement	12	26
Varicose veins stripping & ligation	10	18

(a) Excludes Queensland

Note: 'Other' patients include private patients, Department of Veterans' Affairs patients, compensable patients, entitled Defence Force personnel and common law cases.

Possible reasons for differences among State estimates in table 5 include the reasons outlined prior to table 3. In addition, some States may place greater emphasis on treating Category 1 patients than other States. Alternatively, classification of patients may still not be consistent across States. This final reason appears to be the most likely situation, because the States with the highest proportions of Category 1 patients from the admission data (table 5) also have the highest proportions of Category 1 patients from the census data (table 8).

Table 5: Characteristics of admissions from elective surgery waiting lists, by State, Australian public hospitals, 1995^(a)

State	Proportion of patients who were:		
	Category 1 patients %	Intended same-day patients %	Public patients %
New South Wales	39	47	80
Victoria ^(b)	17	43	82
Western Australia	17	39	83
South Australia	24	36	89
Tasmania	21	43	100
Australian Capital Territory	36	45	93
Northern Territory	14	59	88
Australia^(a)	30	44	82

(a) Excludes Queensland

(b) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

Note: Public patients exclude private patients, Department of Veterans' Affairs patients, compensable patients, entitled Defence Force personnel and common law cases.

The differences between the proportions of public patient admissions classified as Category 1 compared with 'other' patient admissions varies between the States (table 6). Notes preceding table 4 may assist in interpreting the results. However, in contrast to data in table 4, there are States where the proportion of Category 1 admissions is lower for 'other' patients than for public patients.

Table 6: Patients admitted from elective surgery waiting lists—proportion classified as Category 1: accommodation status by State, Australian public hospitals 1995^(a)

State	Proportion of patients who were:	
	Public patients	Other patients
	%	%
New South Wales	37	47
Victoria ^(b)	13	32
Western Australia	16	23
South Australia	25	22
Tasmania	21	*
Australian Capital Territory	36	42
Northern Territory	15	10
Australia^(a)	27	40

(a) Excludes Queensland

(b) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

* Suppressed due to small number of observations.

Note: 'Other' patients include private patients, Department of Veterans' Affairs patients, compensable patients, entitled Defence Force personnel and common law cases.

3.2 Characteristics on census date

As noted at the beginning of this chapter, patients with longer waits are more likely to be counted in census data than patients with shorter waiting times. Thus patients waiting longer are 'over-represented' in census data. However, information from census data does provide insight into the structure of waiting lists on a particular date, regardless of whether all these patients are eventually admitted or not.

Almost 95% of patients on waiting lists at the census date were classified as Category 2 patients (table 7). This high proportion is likely to be due to Category 2 patients waiting longer for admission, and thus being more likely to be counted in the census.

Table 7: Proportion of total elective surgery waiting list patients: urgency classification by speciality and indicator procedure, Australian public hospitals, 1995^(a)

Specialty of surgeon	Urgency classification		
	Category 1	Category 2	Total
	%	%	%
0 Cardio-thoracic surgery	0.2	0.9	1.1
1 ENT surgery	0.4	13.9	14.3
2 General surgery	1.6	19.8	21.3
3 Gynaecology	1.0	10.8	11.8
4 Neurosurgery	0.1	0.9	1.0
5 Ophthalmology	0.2	9.8	10.0
6 Orthopaedic surgery	0.8	19.5	20.3
7 Plastic and reconstructive surgery	0.4	6.1	6.4
8 Urology	0.7	9.1	9.8
9 Vascular surgery	0.2	2.0	2.1
10 Other	0.1	1.7	1.8
All patients	5.7	94.3	100.0
Indicator procedure			
Cataract extraction	0.1	7.2	7.3
Cholecystectomy	0.2	2.6	2.8
Coronary artery bypass graft	0.1	0.5	0.6
Cystoscopy	0.4	3.5	3.9
Haemorrhoidectomy	0.0	0.8	0.8
Hysterectomy	0.1	1.9	2.0
Inguinal herniorrhaphy	0.1	2.4	2.5
Myringoplasty	0.0	0.7	0.7
Myringotomy	0.1	1.0	1.1
Prostatectomy	0.1	1.8	1.9
Septoplasty	0.0	2.2	2.2
Tonsillectomy	0.1	4.0	4.1
Total hip replacement	0.1	1.8	1.9
Total knee replacement	0.1	2.2	2.3
Varicose veins stripping and ligation	0.0	3.1	3.2

(a) Excludes Queensland

Note: Sum of estimates may not exactly equal total due to rounding.

The largest groups of patients on the waiting list were Category 2 patients in the orthopaedic and general surgery groups—each accounting for almost 20% of the list. From table 7, the proportion of Category 1 patients on the list for each specialty group can be calculated. As was the case from the admission data (table 3), patients in the cardio-thoracic surgery, neurosurgery and vascular surgery groups were more likely to be Category 1 patients compared with other groups (calculated proportions from table 7 of 18%, 10% and 10% respectively).

As can be seen from table 8, New South Wales has a much larger proportion of Category 1 patients on its waiting lists than the other States. The reasons for this are unknown, and the estimates need to be monitored closely over time to determine the cause.

Table 8: Characteristics of elective surgery waiting list patients, by State, Australian public hospitals, 1995^(a)

State	Proportion of patients who were:	
	Category 1 patients %	Same-day patients %
New South Wales	10.6	37.9
Victoria ^(b)	1.8	27.0
Western Australia	1.6	25.6
South Australia	4.7	26.1
Tasmania	3.5	29.6
Australian Capital Territory	7.9	36.3
Northern Territory	2.5	42.9
Australia^(a)	5.7	31.9

(a) Excludes Queensland

(b) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

4. Waiting times

As discussed earlier, providing timely care for patients on waiting lists is more important than the number of patients on the waiting lists (see also Mordue et al. 1989). This chapter presents performance measures in relation to waiting times.

The data available do not allow calculation of the average time spent on elective surgery waiting lists. It does permit calculation of 'clearance time', which is a measure of the hospital system's capacity to handle demand for elective surgery under a number of assumptions. With the current inability to calculate average waiting time, clearance time may be used as an indicator of comparative waiting list performance, though not of actual patient waiting times. In addition, information is available on the number of patients waiting longer than the desirable time, given their urgency classification. These two pieces of information provide an insight into the timeliness of care for elective surgery waiting list patients, but do not allow conclusions to be drawn on the time an individual is likely to spend on a waiting list.

4.1 Clearance times

Clearance time is expressed in months, and is defined as the number of patients on the waiting list at a point in time (the census count) divided by the number of patients cleared (admitted and removed) from the waiting list per month. As noted earlier, the census count may be affected by seasonal factors.

Clearance time is the theoretical time it would take to clear all patients from the waiting lists at a point in time (census count), assuming the clearance rate remained constant. That is, clearance time can be thought of as the time it would take to clear the lists if no new patients were added to the list. In addition, the calculation also assumes that waiting lists are pooled, so that patients can be treated at any hospital. If the assumptions hold, clearance time is the maximum time a patient currently on the lists could expect to wait. Actual waiting time for an individual is much more complicated, as patients are unlikely to be able to be treated at any hospital. Additions also complicate waiting lists because patients are not necessarily admitted in the order that they are added to the list.

When comparing different groups (specialties or States), it is important for clearance times to be seen in the context of the proportions of patients in different urgency categories. For example, the proportion of admitted patients classified as Category 1 varies with specialty, ranging from 46% for cardio-thoracic surgery to 16% for ophthalmology (table 3). In this context, a longer clearance time for ophthalmology patients would not necessarily mean that they are receiving less timely care.

Where the clearance time for patients is longer than the desirable maximum wait (30 days for Category 1 patients), the system will be unlikely to provide timely care for all patients. However, the converse is not necessarily true—a clearance time lower than

one month does not necessarily mean that all patients receive timely care, because any of the assumptions underlying clearance time calculations may not hold in practice. This is why it is also possible to have overdue patients (see section 4.2) in a particular group, even though clearance time is less than the desirable waiting time.

By specialty, the lowest clearance times were estimated for the cardio-thoracic surgery and neurosurgery groups, with higher clearance time estimates for ENT surgery and orthopaedic surgery (table 9). The higher estimates result when clearance times for Category 2 patients are relatively high (table 10).

Table 9: Clearance times for elective surgery waiting lists: hospital type by specialty and indicator procedure (months), Australian public hospitals, 1995^(a)

Specialty of surgeon	Teaching hospitals	Non-teaching hospitals	All hospitals
Cardio-thoracic surgery	1.1	0.4	1.1
ENT surgery	3.9	4.2	4.0
General surgery	2.3	2.1	2.2
Gynaecology	1.6	2.0	1.8
Neurosurgery	1.3	1.7	1.3
Ophthalmology	2.9	5.4	3.6
Orthopaedic surgery	4.9	3.5	4.2
Plastic and reconstructive surgery	4.5	2.1	3.8
Urology	3.1	2.5	2.9
Vascular surgery	2.6	2.1	2.5
Other	1.0	0.8	1.0
All patients	2.7	2.6	2.7
Indicator procedure			
Cataract extraction	3.8	6.3	4.8
Cholecystectomy	3.1	3.0	3.0
Coronary artery bypass graft	1.4	0.8	1.4
Cystoscopy	2.7	2.5	2.6
Haemorrhoidectomy	4.8	3.4	4.0
Hysterectomy	2.6	2.5	2.6
Inguinal herniorrhaphy	3.4	2.8	3.1
Myringoplasty	6.7	7.0	6.8
Myringotomy	2.7	2.5	2.6
Prostatectomy	4.9	2.8	3.9
Septoplasty	10.9	7.2	9.2
Tonsillectomy	4.9	4.7	4.8
Total hip replacement	6.8	4.0	5.4
Total knee replacement	7.8	5.8	6.8
Varicose veins stripping & ligation	12.7	5.4	8.5

(a) Excludes Queensland

An overall clearance time of 0.6 months for Category 1 patients and 3.5 months for Category 2 patients (table 10) are reasonably low. It is reasonable to claim the hospital system is managing elective surgery waiting lists successfully as long as:

- there is adequate pooling between lists (hospitals, areas and clinicians) to cope with higher demands for elective surgery;
- the clearance rate can be maintained;
- the waiting lists are not growing;
- patients are admitted in the order they are placed on the lists (within urgency categories and specialty groups).

If any of these criteria are not met, it is likely that actual waiting time will be longer than the estimated clearance times.

Table 10: Clearance times for elective surgery waiting lists: urgency classification and length of stay by specialty and indicator procedure (months), Australian public hospitals, 1995^(a)

Specialty of surgeon	Urgency classification		Intended length of stay	
	Category 1	Category 2	Same-day	Overnight
Cardio-thoracic surgery	0.5	1.5	0.1	1.2
ENT surgery	0.7	4.7	1.7	5.3
General surgery	0.5	3.0	1.7	2.6
Gynaecology	0.6	2.2	1.5	2.2
Neurosurgery	0.4	1.9	1.0	1.4
Ophthalmology	0.5	4.2	3.5	3.8
Orthopaedic surgery	0.8	5.2	2.9	4.9
Plastic and reconstructive surgery	0.8	5.0	3.1	4.3
Urology	0.8	3.7	2.5	3.2
Vascular surgery	0.5	3.9	1.7	2.6
Other	0.2	1.4	0.7	1.7
All patients	0.6	3.5	2.0	3.3
Indicator procedure				
Cataract extraction	0.8	5.1	5.2	4.4
Cholecystectomy	0.9	3.7	3.1	3.0
Coronary artery bypass graft	0.6	2.2	0.2	1.4
Cystoscopy	0.8	3.2	2.7	2.4
Haemorrhoidectomy	1.0	4.7	2.7	4.3
Hysterectomy	0.9	3.0	0.7	2.6
Inguinal herniorrhaphy	0.8	3.6	2.0	3.4
Myringoplasty	0.6	7.8	2.2	8.2
Myringotomy	1.2	2.8	2.3	3.6
Prostatectomy	1.1	4.8	2.6	4.0
Septoplasty	1.5	9.8	3.8	9.8
Tonsillectomy	1.2	5.3	2.7	5.0
Total hip replacement	1.8	6.0	2.7	5.5
Total knee replacement	2.4	7.4	2.8	6.9
Varicose veins stripping & ligation	1.0	9.3	5.5	9.0

(a) Excludes Queensland

Estimates of clearance times by specialty group and indicator procedure (table 10) may indicate areas requiring closer attention. For Category 1 patients, the clearance times by specialty group are all within one month. However, some indicator procedures have high clearance times for Category 1 patients, including total knee replacements, total hip replacements and septoplasties. For Category 2 patients there is more variation in clearance times between specialty groups, with orthopaedic surgery, plastic/reconstructive surgery and ENT surgery having the highest clearance times. The highest clearance times for indicator procedures for Category 2 patients were for septoplasties and varicose vein stripping and ligation. It is likely that there is a large diversity among Category 2 patients. Consequently, the NHDC is considering increasing the number of urgency classifications from two to three.

The cautionary notes given in section 2.3 need to be taken into account when examining tables 11 and 12. In particular, the coverage of non-teaching hospitals in some States is lower than in others. However, the coverage of teaching hospitals was comprehensive in all States.

In general, there is an negative correlation between the population of the State/Territory and the estimated clearance time (table 11). Thus the larger States have lower clearance times. The reasons for this are unknown but may include larger States, because of their size, having greater capacity to manage waiting lists.

Table 11: Clearance time for elective surgery waiting lists: hospital type by State (months), Australian public hospitals, 1995^(a)

State	Teaching hospitals	Non-teaching hospitals	All hospitals
New South Wales	1.6	2.3	2.1
Victoria ^(b)	2.9	4.1	3.1
Western Australia	3.7	n.a.	3.7 ^(c)
South Australia	2.4	3.9	2.7
Tasmania	4.3	..	4.3
Australian Capital Territory	5.2	n.a.	5.2 ^(c)
Northern Territory	6.4	4.9	6.1
Australia^(a)	2.7	2.6	2.7

(a) Excludes Queensland

(b) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

(c) Based on teaching hospitals only

n.a. not available

.. not applicable

Victoria and Western Australia have the lowest clearance time for Category 1 patients while New South Wales has the lowest clearance time for Category 2 patients (table 12). These patterns are the likely result of there being varying proportions of Category 1 admissions in different States (see tables 5 and 8). In general, the States with higher proportions of Category 1 admissions have higher estimated clearance times for Category 1 patients and lower clearance times for Category 2 patients. The Australian Capital Territory has the highest clearance times in both categories, likely to be due, in some part, to the inclusion of 'not ready for care' patients in its waiting lists.

Table 12: Clearance time for elective surgery waiting lists: urgency classification by State (months), Australian public hospitals, 1995^a

State	Urgency classification	
	Category 1	Category 2
New South Wales	0.6	2.9
Victoria ^(b)	0.4	3.6
Western Australia ^(c)	0.4	4.3
South Australia	0.6	3.3
Tasmania	0.8	5.1
Australian Capital Territory ^(c)	1.7	6.8
Northern Territory	1.3	6.8
Australia^(a)	0.6	3.5

(a) Excludes Queensland

(b) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

(c) Based on teaching hospitals only

Table 13 shows estimates of clearance time for each State by specialty and indicator procedure. Tables 14–15 show similar information for Category 1 and Category 2 patients, respectively.

Table 13: Clearance times for elective surgery waiting lists: State by specialty and indicator procedure (months), Australian public hospitals, 1995^(a)

Specialty of surgeon	NSW	Vic ^(b)	WA	SA	Tas	ACT	NT	Aust. ^(a)
Cardio-thoracic surgery	1.1	1.2	0.6	1.0	2.3	0.6	..	1.1
ENT surgery	3.6	3.5	6.4	4.2	5.8	3.9	10.3	4.0
General surgery	1.6	2.8	2.9	2.3	3.1	6.7	6.6	2.2
Gynaecology	1.5	1.9	1.1	1.8	3.6	3.2	3.8	1.8
Neurosurgery	0.8	2.1	0.8	0.6	7.0	2.7	..	1.3
Ophthalmology	3.9	3.5	4.3	1.6	3.8	3.9	5.8	3.6
Orthopaedic surgery	3.3	4.7	6.6	4.5	7.1	7.9	12.6	4.2
Plastic and reconstructive surgery	2.0	5.1	5.1	3.2	6.5	6.3	3.8	3.8
Urology	2.0	3.2	4.4	2.4	6.9	7.4	1.7	2.9
Vascular surgery	1.7	4.2	1.8	1.3	3.7	7.2	..	2.5
Other	0.4	2.5	1.7	0.0	0.3	6.6	..	1.0
All patients	2.1	3.1	3.7	2.7	4.3	5.2	6.1	2.7
Indicator procedure								
Cataract extraction	5.2	4.7	5.1	1.9	6.2	n.a.	5.9	4.8
Cholecystectomy	2.7	3.8	4.6	2.1	3.0	n.a.	8.9	3.0
Coronary artery bypass graft	1.4	1.5	0.6	1.1	2.9	n.a.	..	1.4
Cystoscopy	1.9	4.0	4.3	1.8	4.2	n.a.	7.1	2.6
Haemorrhoidectomy	2.6	6.8	6.7	3.2	5.8	n.a.	16.0	4.0
Hysterectomy	2.1	3.3	1.9	2.2	6.7	n.a.	5.3	2.6
Inguinal herniorrhaphy	2.3	4.6	3.1	3.3	4.6	n.a.	12.7	3.1
Myringoplasty	4.8	7.8	8.6	6.4	18.9	n.a.	11.5	6.8
Myringotomy	2.7	2.1	3.7	3.7	1.4	n.a.	10.0	2.6
Prostatectomy	2.6	5.1	8.6	3.9	3.8	n.a.	5.6	3.9
Septoplasty	6.5	10.8	17.3	9.0	32.3	n.a.	23.5	9.2
Tonsillectomy	4.2	5.5	6.5	4.7	4.3	n.a.	11.1	4.8
Total hip replacement	3.7	6.4	13.7	5.8	9.0	n.a.	9.6	5.4
Total knee replacement	5.4	7.3	13.7	7.6	11.4	n.a.	9.8	6.8
Varicose veins stripping & ligation	5.0	15.4	17.7	8.5	12.5	n.a.	21.3	8.5

(a) Excludes Queensland

(b) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

.. not applicable

n.a. not available

Table 14: Clearance times for Category 1 patients on elective surgery waiting lists (months), Australian public hospitals, 1995^(a)

Specialty of surgeon	NSW	Vic ^(b)	WA	SA	Tas	ACT	NT	Aust. ^(a)
Cardio-thoracic surgery	0.5	0.7	0.1	0.3	0.2	0.4	..	0.5
ENT surgery	0.8	0.3	0.4	1.2	0.7	0.9	2.3	0.7
General surgery	0.5	0.2	0.2	0.4	0.8	2.1	1.3	0.5
Gynaecology	0.5	0.6	1.3	0.6	0.7	1.3	0.8	0.6
Neurosurgery	0.4	0.4	0.1	0.3	1.4	0.8	..	0.4
Ophthalmology	0.6	0.1	0.1	0.4	1.2	2.6	*	0.5
Orthopaedic surgery	0.9	0.2	0.5	1.0	1.0	1.5	1.7	0.8
Plastic and reconstructive surgery	1.0	0.4	0.6	0.5	0.5	0.9	1.7	0.8
Urology	0.8	0.5	0.7	0.6	1.3	3.1	0.0	0.8
Vascular surgery	0.5	0.7	0.1	0.3	1.1	2.1	..	0.5
Other	0.2	0.2	0.9	..	0.4	1.6	..	0.2
All patients	0.6	0.4	0.4	0.6	0.8	1.7	1.3	0.6
Indicator procedure								
Cataract extraction	1.0	0.1	0.0	0.4	3.6	n.a.	*	0.8
Cholecystectomy	0.8	1.1	0.0	0.7	1.7	n.a.	2.4	0.9
Coronary artery bypass graft	0.7	0.7	0.2	0.2	0.4	n.a.	..	0.6
Cystoscopy	0.8	1.0	0.9	0.8	1.5	n.a.	6.0	0.8
Haemorrhoidectomy	1.1	1.4	0.0	0.3	0.9	n.a.	*	1.0
Hysterectomy	0.9	2.0	*	0.6	1.0	n.a.	*	0.9
Inguinal herniorrhaphy	0.8	1.3	0.0	0.5	1.2	n.a.	0.0	0.8
Myringoplasty	0.4	..	..	*	..	n.a.	2.0	0.6
Myringotomy	1.3	1.0	0.5	1.3	0.0	n.a.	*	1.2
Prostatectomy	1.1	1.8	1.8	0.4	*	n.a.	0.0	1.1
Septoplasty	1.3	0.9	0.0	2.8	..	n.a.	*	1.5
Tonsillectomy	1.1	0.9	1.5	3.4	*	n.a.	3.6	1.2
Total hip replacement	1.7	0.9	5.0	2.5	*	n.a.	..	1.8
Total knee replacement	2.4	0.5	0.0	4.0	*	n.a.	*	2.4
Varicose veins stripping & ligation	0.8	3.5	0.0	1.5	0.0	n.a.	..	1.0

(a) Excludes Queensland

(b) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

.. not applicable

n.a. not available

* Estimate suppressed due to small sample size

Table 15: Clearance times for Category 2 patients on elective surgery waiting lists (months), Australian public hospitals, 1995^(a)

Specialty of surgeon	NSW	Vic ^(b)	WA	SA	Tas	ACT	NT	Aust. ^(a)
Cardio-thoracic surgery	1.6	1.5	0.8	1.7	3.0	1.1	..	1.5
ENT surgery	4.6	3.9	7.1	4.7	6.4	4.3	11.6	4.7
General surgery	2.3	3.4	3.6	2.8	3.7	10.2	7.4	3.0
Gynaecology	2.1	2.0	1.1	2.2	4.4	4.3	4.3	2.2
Neurosurgery	1.2	2.5	1.1	1.0	14.1	3.2	..	1.9
Ophthalmology	4.8	3.7	5.0	1.8	4.0	3.9	5.9	4.2
Orthopaedic surgery	4.4	5.2	7.4	5.0	7.9	10.7	13.7	5.2
Plastic and reconstructive surgery	2.6	6.1	6.8	4.1	7.6	11.7	3.9	5.0
Urology	2.7	3.9	5.1	3.1	8.7	11.7	1.7	3.7
Vascular surgery	2.9	6.0	2.2	2.3	5.0	11.4	..	3.9
Other	0.6	3.1	1.7	0.0	0.3	7.1	..	1.4
All patients	2.9	3.6	4.3	3.3	5.1	6.8	6.8	3.5
Indicator procedure								
Cataract extraction	5.6	4.8	5.2	2.1	6.3	n.a.	5.9	5.1
Cholecystectomy	3.5	4.0	5.0	2.5	3.2	n.a.	9.4	3.7
Coronary artery bypass graft	2.1	3.9	0.7	1.9	3.5	n.a.	..	2.2
Cystoscopy	2.5	4.9	4.8	2.3	4.8	n.a.	7.2	3.2
Haemorrhoidectomy	3.1	7.1	6.8	3.7	6.5	n.a.	16.7	4.7
Hysterectomy	2.6	3.3	1.9	2.9	8.0	n.a.	5.4	3.0
Inguinal herniorrhaphy	2.8	4.8	3.4	3.7	5.0	n.a.	13.7	3.6
Myringoplasty	6.4	7.8	8.6	6.5	18.9	n.a.	12.9	7.8
Myringotomy	3.0	2.1	4.0	4.2	1.4	n.a.	8.5	2.8
Prostatectomy	3.2	5.4	10.1	5.4	4.0	n.a.	6.0	4.8
Septoplasty	7.1	10.9	17.5	9.6	32.3	n.a.	22.9	9.8
Tonsillectomy	4.8	5.7	6.6	4.7	4.3	n.a.	12.2	5.3
Total hip replacement	4.2	6.5	14.2	6.2	9.2	n.a.	9.6	6.0
Total knee replacement	6.1	7.5	13.9	7.8	11.5	n.a.	9.4	7.4
Varicose veins stripping & ligation	5.7	15.9	18.2	8.7	13.0	n.a.	21.3	9.3

(a) Excludes Queensland

(b) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

.. not applicable

n.a. not available

4.2 Long waiting times

This section presents estimates of the proportion of patients waiting longer for admission for elective surgery than is desirable ('overdue' patients). Category 1 patients are overdue if they have waited for over 30 days before admission. Although no time limit is placed on the desirable period for treating Category 2 patients (see section 2.1), the distribution of waiting times for Category 2 patients is also of interest. Therefore, proportions of Category 2 patients waiting for over 12 months are also reported in this section.

As in chapter 3, there are two types of data that are used—throughput and census. From the throughput data, the number of Category 1 patients who were overdue on admission, as well as the number of Category 2 patients who waited for over 12 months, can be estimated. From the census data, the number of Category 1 patients who are already overdue and the number of Category 2 patients who had already waited over 12 months can be estimated.

Patients who wait for long periods are more likely to be counted at census points (Nicholl B M J 1988). Therefore, a distribution of the times people have waited up until a census point would show a higher proportion of people who had had long waits, compared with throughput data for a time period up until that census point. In addition, no information is provided in census data on how long patients actually do wait.

Throughput data preferably should be used to determine the true incidence of undesirably long waiting periods for elective surgery. However, use of throughput data relies on the assumption that all waiting list patients are eventually treated. This is not the case, as evidenced by the number of removals from waiting lists (figures 3 and 4). Thus both throughput and census data are important in fully assessing performance in elective surgery waiting list management.

4.2.1 Evidence from admission data

Depending on the priorities of health systems, it may be that more importance is placed on providing timely care to more urgent cases (Category 1) compared with less urgent cases (Category 2).

Table 16 provides information on extended waiting times by urgency category. Overall, 10.5% of Category 1 patients admitted were overdue while nearly 4% of Category 2 patients had waited over 12 months for admission (table 16). The large difference between the two groups could be because:

- it may be easier for hospitals to meet a 12-month limit than a 30-day limit;
- Category 2 patients may drop off the lists at a faster rate than Category 1 patients (e.g., for treatment elsewhere or because treatment is no longer needed);
- Category 2 patients may not be gaining admission.

The third point is addressed further in section 4.2.2.

Table 16: Proportion of admissions from elective surgery waiting lists with extended waits:^(a) urgency classification by speciality and indicator procedure, Australian public hospitals, 1995^(b)

Specialty of surgeon	Teaching hospitals		Non-teaching hospitals		All hospitals	
	Category 1	Category 2	Category 1	Category 2	Category 1	Category 2
	%	%	%	%	%	%
Cardio-thoracic surgery	10.8	1.0	7.5	0.0	10.7	1.0
ENT surgery	13.0	6.0	13.5	4.7	13.2	5.6
General surgery	5.7	3.1	11.1	2.6	8.6	2.9
Gynaecology	7.2	1.5	14.4	2.1	11.4	1.7
Neurosurgery	5.2	0.6	10.2	1.8	5.5	0.6
Ophthalmology	10.1	2.2	14.9	5.1	11.6	3.0
Orthopaedic surgery	12.1	9.4	17.0	5.7	15.1	7.7
Plastic and reconstructive surgery	10.9	8.7	17.2	13.5	13.4	10.1
Urology	11.3	3.9	18.2	3.3	14.1	3.7
Vascular surgery	7.4	3.7	16.4	3.8	9.2	3.7
Other	2.2	1.1	3.0	0.0	2.4	0.8
All patients	8.1	3.8	13.5	3.7	10.5	3.8
Indicator procedure						
Cataract extraction	14.5	2.3	24.3	5.6	19.1	3.5
Cholecystectomy	13.4	3.1	25.8	3.7	21.6	3.4
Coronary artery bypass graft	13.3	1.3	*	0.0	13.3	1.3
Cystoscopy	14.4	2.8	20.2	2.3	17.5	2.6
Haemorrhoidectomy	15.7	6.8	13.9	4.2	14.5	5.4
Hysterectomy	11.7	3.0	26.0	2.4	19.3	2.7
Inguinal herniorrhaphy	10.5	3.5	16.6	2.6	14.2	3.1
Myringoplasty	9.1	15.1	10.6	6.5	9.9	12.4
Myringotomy	16.8	3.1	15.1	0.8	15.9	2.3
Prostatectomy	23.4	5.3	18.3	4.3	20.5	4.8
Septoplasty	23.5	11.2	26.8	10.6	25.7	10.9
Tonsillectomy	20.6	8.2	23.5	5.0	22.3	6.7
Total hip replacement	32.1	14.0	36.8	4.3	35.5	9.4
Total knee replacement	36.1	15.9	49.7	6.3	45.8	10.9
Varicose veins stripping & ligation	12.5	19.6	21.9	4.9	18.2	10.8

(a) Category 1 patients who waited for over 30 days and Category 2 patients who waited for over 12 months.

(b) Excludes Queensland

* Estimate suppressed due to small number of observations

The State estimates vary quite markedly (table 17). Tasmania and the Northern Territory have the highest proportions of overdue patients among the States. Also, New South Wales and South Australia have relatively high proportions of overdue Category 1 patient admissions. These high figures could result from increased activity (e.g., under policies aimed at clearing lists) or from interstate differences in the way urgency categories are assigned. Such issues may be further addressed by comparing these estimates from admissions data with those from census data (see section 4.2.2). Also, it is important to examine whether these high proportions are sustained over time, or are merely 'one-offs'—which would again suggest an effort to reduce hospital waiting lists. A comparison over time is valid only when a number of years of comparable data is available. This is not yet the case for national waiting lists data in Australia.

Table 17: Proportion of admissions from elective surgery waiting lists with extended waits:^(a) urgency classification by State, Australian public hospitals, 1995^(b)

State	Teaching hospitals		Non-teaching hospitals		All hospitals	
	Category 1	Category 2	Category 1	Category 2	Category 1	Category 2
	%	%	%	%	%	%
New South Wales	9.7	1.0	13.5	1.4	11.9	1.2
Victoria ^(c)	1.2	2.1	13.2	15.2	3.0	4.4
Western Australia	6.5	5.0	n.a.	n.a.	6.5 ^(d)	5.0 ^(d)
South Australia	11.4	3.4	11.2	6.1	11.3	3.9
Tasmania	17.4	22.1	..	..	17.4	22.1
Australian Capital Territory	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Northern Territory	20.2	8.5	24.7	5.1	21.2	8.1
Australia^(b)	8.1	3.8	13.5	3.7	10.5	3.8

(a) Category 1 patients who waited for over 30 days and Category 2 patients who waited for over 12 months.

(b) Excludes Queensland

(c) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

(d) Based on teaching hospitals only

n.a. not available

.. not applicable

Tables 18 and 19 show, by urgency category, the proportion of patients with extended waits, for each State by specialty and indicator procedure.

Table 18: Proportion of Category 1 admissions from elective surgery waiting lists that were overdue:^(a) State by specialty and indicator procedure, Australian public hospitals, 1995^(b)

Specialty of surgeon	NSW %	Vic ^(c) %	WA %	SA %	Tas %	ACT %	NT %	Aust. ^(b) %
Cardio-thoracic surgery	17.8	0.0	1.0	9.7	2.0	n.a.	..	10.7
ENT surgery	14.7	8.8	9.2	12.5	19.2	n.a.	28.1	13.2
General surgery	9.9	2.7	1.0	9.1	12.2	n.a.	19.1	8.6
Gynaecology	11.8	2.1	0.0	12.5	16.0	n.a.	18.2	11.4
Neurosurgery	6.8	2.2	1.6	7.4	0.0	n.a.	..	5.5
Ophthalmology	15.0	0.3	3.7	7.2	4.0	n.a.	*	11.6
Orthopaedic surgery	16.5	3.7	10.9	16.8	35.2	n.a.	50.0	15.1
Plastic and reconstructive surgery	16.3	9.1	5.3	13.5	21.1	n.a.	0.0	13.4
Urology	16.5	1.5	24.3	14.3	31.6	n.a.	*	14.1
Vascular surgery	11.6	2.3	0.0	9.9	46.7	n.a.	..	9.2
Other	2.6	0.0	8.7	..	3.2	n.a.	..	2.4
All patients	11.9	3.0	6.5	11.3	17.4	n.a.	21.2	10.5
Indicator procedure								
Cataract extraction	25.2	0.0	0.0	10.7	0.0	n.a.	..	19.1
Cholecystectomy	24.6	0.0	4.5	10.8	33.3	n.a.	0.0	21.6
Coronary artery bypass graft	21.4	0.0	0.0	11.8	0.0	n.a.	..	13.3
Cystoscopy	18.8	1.8	43.7	14.8	35.1	n.a.	33.3	17.5
Haemorrhoidectomy	13.3	0.0	0.0	30.0	16.7	n.a.	*	14.5
Hysterectomy	20.6	0.0	0.0	10.9	30.2	n.a.	*	19.3
Inguinal herniorrhaphy	15.4	0.0	3.3	15.8	13.3	n.a.	*	14.2
Myringoplasty	9.4	..	..	*	..	n.a.	0.0	9.9
Myringotomy	16.1	0.0	27.3	27.8	*	n.a.	*	15.9
Prostatectomy	22.7	3.0	40.0	16.4	*	n.a.	0.0	20.5
Septoplasty	27.7	0.0	0.0	28.6	..	n.a.	..	25.7
Tonsillectomy	23.8	0.0	16.7	23.8	*	n.a.	33.3	22.3
Total hip replacement	36.2	0.0	*	31.6	*	n.a.	*	35.5
Total knee replacement	49.1	0.0	*	0.0	*	n.a.	0.0	45.8
Varicose veins stripping & ligation	18.5	0.0	0.0	57.1	*	n.a.	..	18.2

(a) Waited for over 30 days

(b) Excludes Queensland

(c) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

n.a. not available

.. not applicable

* Estimate suppressed due to small number of observations

Table 19: Proportion of Category 2 admissions from elective surgery waiting lists with extended waits:^(a) State by specialty and indicator procedure, Australian public hospitals, 1995^(b)

Specialty of surgeon	NSW %	Vic ^(c) %	WA %	SA %	Tas %	ACT %	NT %	Aust. ^(b) %
Cardio-thoracic surgery	0.1	1.4	0.0	0.0	11.7	n.a.	..	1.0
ENT surgery	3.4	2.7	13.7	8.6	24.1	n.a.	18.2	5.6
General surgery	0.5	4.0	4.2	2.9	16.0	n.a.	7.0	2.9
Gynaecology	0.2	2.0	0.2	2.2	13.8	n.a.	5.3	1.7
Neurosurgery	0.3	0.8	0.0	0.0	26.1	n.a.	..	0.6
Ophthalmology	2.7	1.8	6.2	0.7	29.4	n.a.	9.2	3.0
Orthopaedic surgery	2.6	8.8	11.9	4.6	57.3	n.a.	5.9	7.7
Plastic and reconstructive surgery	0.8	20.9	5.5	4.8	29.3	n.a.	17.1	10.1
Urology	1.2	5.2	3.0	3.2	22.0	n.a.	5.1	3.7
Vascular surgery	2.1	4.6	2.8	5.4	30.8	n.a.	..	3.7
Other	0.1	1.6	2.0	0.0	3.4	n.a.	..	0.8
All patients	1.2	4.4	5.0	3.9	22.1	n.a.	8.1	3.8
Indicator procedure								
Cataract extraction	3.3	2.2	6.1	0.6	49.0	n.a.	11.1	3.5
Cholecystectomy	1.3	5.2	9.2	0.8	13.4	n.a.	9.1	3.4
Coronary artery bypass graft	0.1	0.0	0.0	0.0	14.4	n.a.	..	1.3
Cystoscopy	1.0	6.1	3.1	3.3	7.3	n.a.	6.3	2.6
Haemorrhoidectomy	0.6	9.3	5.9	2.0	52.9	n.a.	23.1	5.4
Hysterectomy	0.4	4.2	0.0	3.2	25.6	n.a.	6.1	2.7
Inguinal herniorrhaphy	1.2	4.5	4.6	1.6	16.7	n.a.	5.4	3.1
Myringoplasty	5.9	7.2	23.7	15.9	87.5	n.a.	18.2	12.4
Myringotomy	0.9	3.1	2.6	1.6	5.9	n.a.	0.0	2.3
Prostatectomy	2.4	6.8	10.0	7.8	0.0	n.a.	6.7	4.8
Septoplasty	6.1	5.1	69.4	23.6	92.3	n.a.	50.0	10.9
Tonsillectomy	3.7	3.7	12.5	17.7	23.2	n.a.	16.9	6.7
Total hip replacement	3.3	6.3	25.6	4.1	75.9	n.a.	*	9.4
Total knee replacement	4.5	8.2	42.3	5.4	67.7 ^(d)	n.a.	14.3	10.9
Varicose veins stripping & ligation	3.7	8.8	40.9	22.7	35.5	n.a.	47.1	10.8

(a) Waited for over 12 months.

(b) Excludes Queensland

(c) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

(d) Estimated from partial data.

n.a. not available

.. not applicable

* Estimate suppressed due to small number of observations

4.2.2 Evidence from census data

The proportion of patients with extended waits is expected to be higher from census data than from throughput data, because the chance of being counted in census data increases as the length of time spent on the list increases. However, if the proportion of patients with extended waits is substantially higher in census data than in throughput data, further investigation may be justified, because this may indicate that some patients are waiting for admission for a very long time.

There were an estimated 27% of Category 1 patients overdue on the census date, compared with 11% of Category 2 patients (table 20). The highest proportion of Category 1 patients is found in the plastic/reconstructive surgery and orthopaedic surgery groups. The proportions for these groups are also substantially higher than from throughput data. Under these circumstances, it is possible that there are patients who are having trouble gaining admission for the awaited procedure.

Table 20: Proportion of patients on elective surgery waiting lists with extended waits:^(a) urgency classification by specialty and indicator procedure, Australian public hospitals, 1995^(b)

Specialty of surgeon	Teaching hospitals		Non-teaching hospitals		All hospitals	
	Category 1 %	Category 2 %	Category 1 %	Category 2 %	Category 1 %	Category 2 %
Cardio-thoracic surgery	13.7	3.0	20.0	0.0	13.8	3.0
ENT surgery	34.9	19.4	31.1	9.3	33.3	16.1
General surgery	22.4	14.9	21.6	3.4	21.9	9.8
Gynaecology	22.7	8.1	22.1	2.1	22.3	5.3
Neurosurgery	12.6	8.1	0.0	0.0	11.2	7.5
Ophthalmology	25.5	5.2	25.6	5.1	25.5	5.2
Orthopaedic surgery	37.4	13.0	44.3	7.6	42.0	10.9
Plastic and reconstructive surgery	34.5	24.3	40.7	17.9	37.6	23.4
Urology	28.7	19.3	25.3	5.6	27.4	15.2
Vascular surgery	19.2	25.1	20.5	4.6	19.4	21.9
Other	18.1	7.7	9.4	0.6	14.7	6.5
All patients	25.5	14.8	27.9	5.6	26.7	11.4
Indicator procedure						
Cataract extraction	29.7	4.3	30.0	4.3	29.9	4.3
Cholecystectomy	34.4	10.8	32.0	4.5	33.0	7.5
Coronary artery bypass graft	19.3	1.5	*	..	19.8	1.5
Cystoscopy	24.7	10.4	22.6	4.3	23.6	7.7
Haemorrhoidectomy	13.3	15.9	36.0	2.8	27.5	9.9
Hysterectomy	17.2	9.0	32.0	1.3	26.2	5.3
Inguinal herniorrhaphy	26.9	12.2	20.0	3.2	23.0	8.1
Myringoplasty	*	33.0	50.0	11.2	60.0	26.0
Myringotomy	31.0	5.1	12.9	1.9	21.7	4.1
Prostatectomy	40.0	25.1	32.8	9.0	37.0	19.9
Septoplasty	70.6	19.4	30.8	5.8	53.3	14.8
Tonsillectomy	44.1	15.5	43.9	7.7	44.0	11.9
Total hip replacement	47.2	13.6	33.9	5.4	38.9	10.4
Total knee replacement	58.1	15.9	54.9	7.6	55.8	12.1
Varicose veins stripping & ligation	36.0	28.7	27.8	7.4	32.6	21.0

(a) Category 1 patients waiting for over 30 days and Category 2 patients waiting for over 12 months.

(b) Excludes Queensland

* Estimate suppressed due to small number of observations

.. not applicable

Most of the States have comparatively high proportions of overdue Category 1 patients and Category 2 patients waiting over 12 months on the waiting lists, particularly Category 1 patients (table 21). The obvious exception to this is in Victoria, where there is a very low proportion of patients in both the extended wait groups. Again note that there appear to be some differences in the way urgency categories have been assigned.

Table 21: Proportion of patients on elective surgery waiting lists with extended waits:^(a) urgency classification by State, Australian public hospitals, 1995^(b)

State	Teaching hospitals		Non-teaching hospitals		All hospitals	
	Category 1 %	Category 2 %	Category 1 %	Category 2 %	Category 1 %	Category 2 %
New South Wales	20.9	6.3	28.7	4.1	26.2	4.8
Victoria ^(c)	3.9	8.9	0.0	7.1	3.4	8.5
Western Australia	25.6	24.3	n.a.	n.a.	25.6 ^(d)	24.3 ^(d)
South Australia	35.3	10.1	25.5	8.9	32.7	9.8
Tasmania	40.6	26.7	..	..	40.6	26.7
Australian Capital Territory	50.1	29.0	..	23.1	50.1	27.5
Northern Territory	84.7	39.1	75.0	17.9	83.1	35.9
Australia^(b)	25.5	14.8	27.9	5.6	26.7	11.4

(a) Category 1 patients waiting for over 30 days and Category 2 patients waiting for over 12 months.

(b) Excludes Queensland

(c) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

(d) Based on teaching hospitals only

n.a. not available

.. not applicable

Tables 22 and 23 display information on the proportion of patients on the list who have already experienced long waits, for each State by specialty and indicator procedure.

Table 22: Proportion of Category 1 patients on elective surgery waiting lists who were overdue:^(a) State by specialty and indicator procedure, Australian public hospitals, 1995^(b)

Specialty of surgeon	NSW %	Vic. ^(c) %	WA %	SA %	Tas %	ACT %	NT %	Aust. ^(b) %
Cardio-thoracic surgery	20.9	5.3	0.0	15.4	0.0	0.0	..	13.8
ENT surgery	31.6	15.4	0.0	42.7	66.7	45.5	71.4	33.3
General surgery	21.0	0.0	0.0	18.7	28.6	49.5	78.6	21.9
Gynaecology	18.9	2.2	0.0	21.9	45.6	51.5	90.0	22.3
Neurosurgery	13.0	0.0	0.0	9.1	22.2	*	..	11.2
Ophthalmology	27.1	0.0	0.0	5.6	80.0	0.0	*	25.5
Orthopaedic surgery	41.9	0.0	50.0	58.3	59.1	33.3	100.0	42.0
Plastic and reconstructive surgery	42.7	0.0	25.7	63.3	42.9	27.8	*	37.6
Urology	21.7	3.9	43.1	27.6	44.9	63.3	..	27.4
Vascular surgery	18.9	6.6	*	16.7	50.0	50.0	..	19.4
Other	15.2	0.0	25.0	..	0.0	*	..	14.7
All patients	26.2	3.4	25.6	32.7	40.6	50.1	83.1	26.7
Indicator procedure								
Cataract extraction	30.1	0.0	..	0.0	*	..	*	29.9
Cholecystectomy	31.2	0.0	..	18.2	20.0	90.0	*	33.0
Coronary artery bypass graft	25.5	11.3	0.0	0.0	0.0	..	..	19.8
Cystoscopy	22.5	1.8	35.7	26.7	36.8	47.8	85.7	23.6
Haemorrhoidectomy	30.3	0.0	..	0.0	0.0	0.0	*	27.5
Hysterectomy	24.2	0.0	0.0	38.5	28.6	*	*	26.2
Inguinal herniorrhaphy	18.3	0.0	..	40.0	33.3	100.0	..	23.0
Myringoplasty	50.0	..	..	*	..	..	*	60.0
Myringotomy	16.7	0.0	0.0	*	..	*	*	21.7
Prostatectomy	27.5	4.8	50.0	37.5	*	87.5	..	37.0
Septoplasty	38.9	0.0	..	71.4	..	*	*	53.3
Tonsillectomy	41.9	0.0	0.0	66.7	*	*	66.7	44.0
Total hip replacement	35.1	0.0	60.0	44.4	*	*	..	38.9
Total knee replacement	54.5	0.0	..	83.3	*	*	*	55.8
Varicose veins stripping & ligation	27.6	0.0	..	*	*	*	..	32.6

(a) Waiting for over 30 days.

(b) Excludes Queensland

(c) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

.. not applicable

* Estimate suppressed due to small number of observations

Table 23: Proportion of Category 2 patients on elective surgery waiting lists with extended waits:^(a) State by specialty and indicator procedure, Australian public hospitals, 1995^(b)

Specialty of surgeon	NSW %	Vic ^(c) %	WA %	SA %	Tas %	ACT %	NT %	Aust. ^(b) %
Cardio-thoracic surgery	1.2	5.1	6.3	1.2	2.5	0.0	..	3.0
ENT surgery	8.3	9.8	33.1	12.2	48.7	20.8	54.9	16.1
General surgery	2.4	8.7	18.3	5.1	23.6	28.1	33.7	9.8
Gynaecology	0.9	1.7	0.8	5.0	22.3	13.6	29.8	5.3
Neurosurgery	2.1	4.7	2.8	3.3	40.0	17.5	..	7.5
Ophthalmology	3.4	3.7	17.8	0.8	12.9	10.6	20.7	5.2
Orthopaedic surgery	6.5	8.6	18.1	8.6	18.7	27.5	38.4	10.9
Plastic and reconstructive surgery	13.3	18.7	35.3	18.5	39.9	46.1	33.3	23.4
Urology	4.3	8.3	31.6	18.6	29.9	44.7	8.3	15.2
Vascular surgery	15.5	21.5	26.5	3.5	29.6	58.2	..	21.9
Other	2.1	5.6	12.8	..	43.5	8.2	..	6.5
All patients	4.8	8.5	24.3	9.8	26.7	27.5	35.9	11.4
Indicator procedure								
Cataract extraction	3.7	1.8	14.5	0.7	14.4	10.1	21.2	4.3
Cholecystectomy	3.4	3.2	18.9	0.6	16.5	33.8	36.2	7.5
Coronary artery bypass graft	1.8	0.0	0.0	0.0	4.0	..	..	1.5
Cystoscopy	2.8	2.8	23.4	14.5	12.1	15.3	22.7	7.7
Haemorrhoidectomy	1.0	1.8	29.5	2.9	37.0	33.3	38.5	9.9
Hysterectomy	0.7	1.0	0.0	2.8	27.0	13.6	21.7	5.3
Inguinal herniorrhaphy	2.8	1.4	14.6	0.5	21.1	32.9	37.4	8.1
Myringoplasty	8.9	16.6	32.9	15.1	61.4	42.1	76.2	26.0
Myringotomy	2.1	2.5	6.3	5.2	13.6	11.1	17.6	4.1
Prostatectomy	7.3	10.6	43.5	25.9	0.0	46.4	31.3	19.9
Septoplasty	5.3	5.8	50.0	14.9	60.5	13.3	64.3	14.8
Tonsillectomy	8.0	1.5	28.5	14.2	31.4	23.3	52.7	11.9
Total hip replacement	3.6	6.3	24.9	7.0	24.7	17.0	62.5	10.4
Total knee replacement	4.9	9.7	30.4	12.4	22.0	21.4	63.6	12.1
Varicose veins stripping & ligation	12.6	14.0	42.6	12.1	43.4	59.8	48.4	21.0

(a) Waiting for over 12 months.

(b) Excludes Queensland

(c) To permit comparability with other State estimates, Victorian data include 'booked' and 'unbooked' patients (see section 2.3).

.. not applicable

5. Equity measures

The 1993–98 Medicare agreements state that 'access to public hospital services is to be on the basis of clinical need' (Principle 2: Universality of Services). Using the urgency categories as a guide to clinical need, the survey showed that for all the categories reported, the clearance times for Category 1 patients were lower than for all patients (tables 10 and 12). This suggests that admission from waiting lists is influenced by clinical need.

The Medicare agreements also state that 'whether or not an eligible person intends to elect or elects to be treated as a public or private patient' is not to be a determinant of an eligible person's priority for receiving hospital services. This principle applies equally to waiting times for elective surgery' (Principle 2: explanatory notes 1 and 2). Information is usually not collected on patients' intended accommodation status at the time of being added to the waiting list, for the following reasons:

- people can change their election prior to admission;
- there is a concern that if a hospital asks for a person's intended election, this may signal that different priority is given for public and other patients.

However, it is possible to compare the waiting times of elective surgery patients who have actually been admitted. To achieve this, the proportion of public patients admitted who were overdue is compared with the proportion of 'other' patients admitted who were overdue. The 'other' patients group is comprised mainly of private patients, but also includes Department of Veterans' Affairs patients, compensable patients, entitled Defence Force personnel and common law cases. In some instances, the intended accommodation status is collected at the time a patient is added to the list. In the absence of information about actual accommodation status on admission, the intended status has been used.

Comparison of waiting times for public and 'other' patient groups may be complicated by the following factors:

- The rates of patients dropping off the waiting list may not be equivalent for public and 'other' patient groups. Patients in both groups may have an option to have procedures performed in private facilities, although those with private health insurance are more likely to take up this option. It is not possible to determine the drop-out rates for the two groups from the data collected.
- The populations in the two groups may not be similar in terms of age, sex, co-morbidities or severity of illness.

These two points are highlighted by the proportions of 'other' admitted patients classified as Category 1 being higher than the proportions of public admitted patients classified as Category 1, for all specialties (table 4).

Over 6% of public patients admitted were either overdue Category 1 patients or Category 2 patients waiting for over 12 months, compared with 3.5% of 'other' patients admitted (table 24). As outlined previously, this is likely to be due, to some extent, to 'other' patients choosing to be treated elsewhere (including in private hospitals). This explanation is backed up by the results presented for the two urgency classifications. The difference between the estimates for public and 'other' patients in table 24 is greater for Category 2 patients than for Category 1 patients. This would be the expected pattern if 'other' patients are in fact electing to be treated elsewhere, because the longer the wait (as is the case for Category 2 patients compared with Category 1 patients) the higher the likelihood that patients will seek treatment elsewhere.

Table 24: Proportion of admissions from elective surgery waiting lists with extended waits:^(a) urgency classification by accommodation status by speciality, Australian public hospitals, 1995^(b)

Specialty of surgeon	Urgency classification					
	Category 1		Category 2		All patients	
	Public patients %	'Other' patients %	Public patients %	'Other' patients %	Public patients %	'Other' patients %
Cardio-thoracic surgery	10.0	13.3	1.2	0.0	5.2	6.4
ENT surgery	14.3	10.3	6.5	0.4	7.9	3.5
General surgery	9.1	7.1	3.3	0.5	5.1	3.7
Gynaecology	12.4	7.6	2.1	0.1	4.8	2.3
Neurosurgery	5.6	5.4	0.8	0.2	2.8	2.9
Ophthalmology	13.4	7.6	3.7	0.5	5.1	2.1
Orthopaedic surgery	15.8	12.8	8.4	0.8	10.0	6.5
Plastic and reconstructive surgery	13.6	12.2	11.3	0.4	12.0	5.5
Urology	15.8	8.6	4.1	0.3	7.3	4.3
Vascular surgery	9.8	7.6	4.4	0.6	6.6	4.5
Other	2.6	1.9	1.0	0.1	1.5	0.9
All patients	11.2	8.2	4.4	0.4	6.3	3.5

(a) Category 1 patients who waited for over 30 days and Category 2 patients who waited for over 12 months

(b) Excludes Queensland

Without more information on why patients are removed from the list, it is difficult to draw any conclusions about whether any groups of patients are given preferential treatment on hospital waiting lists. However, even if patients on the lists are treated equitably, there may remain the issue that some groups of patients have more choices in the Australian hospital system than other groups of patients.

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APPENDIX:

Elective surgery waiting lists in Queensland public hospitals 1995

Survey coverage

The data used in this appendix were obtained from a survey of Queensland public hospitals conducted in 1995. The survey aimed to obtain information on elective surgery waiting lists from as many public hospitals as possible. The survey gathered information on waiting times as at 30 November 1995. Information was also collected for the throughput of waiting lists for the period 1 October to 30 November 1995. Throughput refers to the patients either admitted for elective surgery or whose names were removed from waiting lists during the survey period. Information was collected for both public and private patients admitted for elective surgery as either sameday or as overnight patients. Surveyed hospitals accounted for over 70% of elective surgery in the State.

Sample size

Table 1 shows the number of patients covered by the survey. There were over 22,000 patients included in the census data. As mentioned in the main report this cannot be equated with the total number of patients on waiting lists. This is because not all hospitals were included in the survey and no attempt has been made to impute for non-surveyed hospitals. It is likely that non-surveyed hospitals have different waiting list characteristics. As these differences are unknown, the total size of waiting lists has not been estimated. Table 1 also indicates that over 10,500 patient admissions from elective surgery waiting lists are included in the survey.

Table A1: Number of patients covered by the survey, Queensland public hospitals

	Teaching hospitals	Non-teaching hospitals	Total
Number of patients on waiting list as at 30 November 1995	10,293	12,212	22,505
Number of patients admitted from list during October & November 1995	5,980	4,596	10,576

Note: Corresponds to Table 1 of main report

Table A2: Characteristics of admissions from elective surgery waiting lists, by specialty and indicator procedure, Queensland public hospitals, 1995^(a)

Specialty of surgeon	Proportion of patients who were:		
	Category 1 patients %	Intended same-day patients %	Public patients %
Cardio-thoracic surgery	59	0	78
ENT surgery	23	7	82
General surgery	23	25	85
Gynaecology	15	38	78
Neurosurgery	22	3	84
Ophthalmology	6	48	65
Orthopaedic surgery	14	20	77
Plastic and reconstructive surgery	29	31	91
Urology	18	20	89
Vascular surgery	22	1	76
Other	28	78	88
All patients	23	33	82
Indicator procedure			
Cataract extraction	1	47	53
Cholecystectomy	7	0	81
Coronary artery bypass graft	47	0	71
Cystoscopy	17	39	91
Haemorrhoidectomy	8	4	80
Hysterectomy	14	0	80
Inguinal herniorrhaphy	4	15	79
Myringoplasty	7	20	87
Myringotomy	7	11	86
Prostatectomy	15	1	85
Septoplasty	3	3	78
Tonsillectomy	10	1	73
Total hip replacement	11	0	70
Total knee replacement	6	0	69
Varicose veins stripping & ligation	3	13	73

(a) Survey period differs from those used by other States

Notes:

Public patients exclude private patients, Department of Veterans' Affairs patients, compensable patients, entitled Defence Force personnel and common law cases.

Corresponds to Table 3 of main report

Table A3: Patients admitted from waiting lists—proportion classified as Category 1: accommodation status by speciality and indicator procedure, Queensland public hospitals, 1995^(a)

Speciality of surgeon	Proportion of public patients %	Proportion of 'other' patients %
Cardio-thoracic surgery	59	59
ENT surgery	28	3
General surgery	26	11
Gynaecology	18	6
Neurosurgery	25	5
Ophthalmology	9	1
Orthopaedic surgery	17	4
Plastic and reconstructive surgery	31	11
Urology	20	3
Vascular surgery	26	9
Other	26	49
All patients	24	14
Indicator procedure		
Cataract extraction	2	0
Cholecystectomy	8	2
Coronary artery bypass graft	45	54
Cystoscopy	18	0
Haemorrhoidectomy	6	13
Hysterectomy	17	0
Inguinal herniorrhaphy	5	2
Myringoplasty	8	*
Myringotomy	8	*
Prostatectomy	17	0
Septoplasty	4	0
Tonsillectomy	13	3
Total hip replacement	13	7
Total knee replacement	6	7
Varicose veins stripping & ligation	3	3

(a) Survey period differs from those used by other States

* Suppressed due to small sample size

Notes:

'Other' patients include private patients, Department of Veterans' Affairs patients, compensable patients, entitled Defence Force personnel and common law cases.

Corresponds to Table 4 of main report

Table A4: Proportion of total elective surgery waiting list patients: urgency classification by specialty and indicator procedure, Queensland public hospitals, 1995^(a)

Specialty of surgeon	Urgency classification		
	Category 1 %	Category 2 %	Total %
Cardio-thoracic surgery	0.4	2.2	2.6
ENT surgery	0.3	15.4	15.6
General surgery	1.5	17.1	18.5
Gynaecology	0.4	7.2	7.6
Neurosurgery	0.1	0.8	0.9
Ophthalmology	0.3	8.5	8.8
Orthopaedic surgery	0.9	23.6	24.4
Plastic and reconstructive surgery	0.2	4.1	4.3
Urology	0.4	7.1	7.4
Vascular surgery	0.2	1.7	1.9
Other	0.6	7.3	7.9
All patients	5.1	94.9	100.0
Indicator procedure			
Cataract extraction	0.1	6.9	7.0
Cholecystectomy	0.1	2.7	2.7
Coronary artery bypass graft	0.1	1.5	1.7
Cystoscopy	0.2	4.6	4.8
Haemorrhoidectomy	0.0	0.7	0.7
Hysterectomy	0.0	1.1	1.2
Inguinal herniorrhaphy	0.0	1.9	2.0
Myringoplasty	0.0	1.5	1.5
Myringotomy	0.0	0.8	0.8
Prostatectomy	0.0	1.4	1.4
Septoplasty	0.0	3.9	3.9
Tonsillectomy	0.1	4.0	4.1
Total hip replacement	0.1	1.8	1.9
Total knee replacement	0.1	2.9	3.0
Varicose veins stripping and ligation	0.0	1.7	1.7

(a) Census date differs from those used by other States

Notes:

Corresponds to Table 7 of main report

Sum of estimates may not exactly equal total due to rounding.

Table A5: Clearance times for elective surgery waiting lists: hospital type by specialty and indicator procedure (months), Queensland public hospitals, 1995^(a)

Specialty of surgeon	Teaching hospitals	Non-teaching hospitals	All hospitals
Cardio-thoracic surgery	2.1	..	2.1
ENT surgery	5.4	8.0	6.5
General surgery	1.5	4.2	2.9
Gynaecology	0.9	3.7	3.1
Neurosurgery	2.8	2.6	2.7
Ophthalmology	3.8	7.0	4.3
Orthopaedic surgery	3.7	5.2	4.5
Plastic and reconstructive surgery	2.9	2.7	2.8
Urology	2.3	4.1	2.8
Vascular surgery	1.8	3.5	2.4
Other	1.7	1.5	1.6
All patients	2.7	4.2	3.3
Indicator procedure			
Cataract extraction	5.3	5.7	5.4
Cholecystectomy	2.7	5.2	4.1
Coronary artery bypass graft	2.6	..	2.6
Cystoscopy	3.0	4.2	3.5
Haemorrhoidectomy	2.3	3.6	3.1
Hysterectomy	1.8	3.2	3.0
Inguinal herniorrhaphy	1.7	4.7	3.5
Myringoplasty	9.2	28.5	14.1
Myringotomy	*	12.3	11.4
Prostatectomy	4.8	8.6	5.9
Septoplasty	6.7	15.4	9.0
Tonsillectomy	4.7	8.6	6.9
Total hip replacement	4.3	11.7	7.3
Total knee replacement	7.3	13.4	10.7
Varicose veins stripping & ligation	3.0	4.8	4.2

(a) Survey period and census date differ from those used by other States

* Suppressed due to small sample size

.. not applicable

Note: Corresponds to Table 9 in main report

Table A6: Clearance times for elective surgery waiting lists: urgency classification and length of stay by specialty and indicator procedure (months), Queensland public hospitals, 1995^(a)

Specialty of surgeon	Urgency classification		Intended length of stay	
	Category 1	Category 2	Same-day	Overnight
Cardio-thoracic surgery	0.6	4.2	*	2.1
ENT surgery	0.8	7.4	3.3	6.7
General surgery	1.1	3.4	2.8	3.0
Gynaecology	1.3	3.4	3.4	2.9
Neurosurgery	0.9	3.3	1.4	2.8
Ophthalmology	3.0	4.3	5.1	3.4
Orthopaedic surgery	1.4	4.9	3.5	4.7
Plastic and reconstructive surgery	0.6	3.5	2.0	3.1
Urology	0.9	3.2	3.0	2.8
Vascular surgery	1.3	2.6	*	2.4
Other	0.4	2.1	1.7	1.4
All patients	0.9	3.9	2.7	3.6
Indicator procedure				
Cataract extraction	*	5.4	8.6	2.7
Cholecystectomy	1.5	4.3	..	4.1
Coronary artery bypass graft	0.5	4.4	..	2.6
Cystoscopy	1.1	3.9	3.2	3.6
Haemorrhoidectomy	0.0	3.4	*	3.2
Hysterectomy	0.9	3.3	*	3.0
Inguinal herniorrhaphy	0.9	3.6	1.9	3.8
Myringoplasty	*	14.4	*	14.3
Myringotomy	*	12.5	*	11.8
Prostatectomy	1.0	6.7	*	6.0
Septoplasty	*	9.1	*	9.2
Tonsillectomy	1.2	7.3	*	6.9
Total hip replacement	2.8	7.7	..	7.4
Total knee replacement	5.3	11.0	..	10.7
Varicose veins stripping & ligation	*	4.2	3.7	4.3

(a) Survey period and census date differ from those used by other States

.. not applicable

* Suppressed due to small sample size

Note: Corresponds to Table 10 of main report

Table A7: Proportion of admissions from elective surgery waiting lists with extended waits:^(a) urgency classification by specialty and indicator procedure, Queensland public hospitals, 1995^(b)

Specialty of surgeon	Teaching hospitals		Non-teaching hospitals		All hospitals	
	Category 1 %	Category 2 %	Category 1 %	Category 2 %	Category 1 %	Category 2 %
Cardio-thoracic surgery	21.0	4.6	..	..	21.0	4.6
ENT surgery	6.0	30.9	34.6	25.7	18.9	28.3
General surgery	4.1	1.5	23.6	5.0	16.2	3.3
Gynaecology	0.0	0.0	20.9	3.1	19.7	2.4
Neurosurgery	28.6	3.5	58.3	2.9	42.3	3.2
Ophthalmology	24.1	7.4	37.5	34.5	27.0	11.5
Orthopaedic surgery	25.9	8.7	20.2	12.1	22.8	10.4
Plastic and reconstructive surgery	27.2	5.8	11.4	18.9	23.2	9.4
Urology	37.6	7.8	31.2	9.8	35.3	8.2
Vascular surgery	33.3	2.6	4.0	9.9	21.9	4.8
Other	10.2	1.5	20.4	1.8	11.1	1.7
All patients	16.6	5.8	23.2	8.0	19.0	6.8
Indicator procedure						
Cataract extraction	*	7.6	*	12.9	*	9.3
Cholecystectomy	*	3.0	16.7	3.9	12.5	3.5
Coronary artery bypass graft	20.2	4.9	..	..	20.2	4.9
Cystoscopy	53.3	9.0	26.7	2.7	40.0	6.4
Haemorrhoidectomy	*	0.0	*	4.0	16.7	2.7
Hysterectomy	..	0.0	23.8	5.6	23.8	4.6
Inguinal herniorrhaphy	0.0	0.0	*	3.4	11.1	2.0
Myringoplasty	..	42.9	*	28.6	*	35.7
Myringotomy	*	*	*	4.2	*	3.9
Prostatectomy	33.3	12.3	60.0	0.0	42.9	8.6
Septoplasty	*	63.6	*	20.8	*	45.6
Tonsillectomy	*	33.3	53.9	23.5	46.7	26.9
Total hip replacement	*	20.8	50.0	18.8	40.0	20.0
Total knee replacement	..	11.9	16.7	14.6	16.7	13.3
Varicose veins stripping & ligation	*	0.0	..	16.0	*	9.8

(a) Category 1 patients who waited over 30 days and Category 2 patients who waited over 12 months

(b) Survey period differs from those used by other States

* Estimate suppressed due to small number of observations

.. not applicable

Note: Corresponds to Table 16 of main report

Table A8: Proportion of patients on elective surgery waiting lists with extended waits:^(a) urgency classification by specialty and indicator procedure, Queensland public hospitals, 1995^(b)

Specialty of surgeon	Teaching hospitals		Non-teaching hospitals		All hospitals	
	Category 1 %	Category 2 %	Category 1 %	Category 2 %	Category 1 %	Category 2 %
Cardio-thoracic surgery	24.0	8.3	..	..	24.0	8.3
ENT surgery	36.0	55.6	61.3	39.9	50.0	47.2
General surgery	16.3	18.1	41.9	13.4	34.3	14.6
Gynaecology	*	0.0	27.1	13.7	29.3	12.8
Neurosurgery	75.0	18.6	42.9	8.2	60.0	14.5
Ophthalmology	86.8	20.4	*	35.5	80.7	23.8
Orthopaedic surgery	75.0	25.4	57.7	22.3	64.9	23.6
Plastic and reconstructive surgery	31.1	42.2	60.0	49.8	29.2	44.3
Urology	50.0	17.0	33.3	26.1	42.3	20.5
Vascular surgery	50.0	33.9	80.0	47.8	66.7	40.7
Other	26.5	3.9	60.0	10.1	33.1	6.4
All patients	41.1	26.0	44.9	22.7	43.0	24.2
Indicator procedure						
Cataract extraction	87.5	19.8	*	25.5	63.6	21.5
Cholecystectomy	*	20.2	50.0	18.9	46.2	19.3
Coronary artery bypass graft	25.8	9.4	..	..	25.8	9.4
Cystoscopy	52.2	11.4	31.0	17.4	40.4	14.4
Haemorrhoidectomy	..	11.1	..	10.6	..	10.7
Hysterectomy	..	..	40.0	15.6	40.0	13.5
Inguinal herniorrhaphy	*	18.6	*	10.9	*	12.4
Myringoplasty	..	52.2	..	52.1	..	52.1
Myringotomy	..	..	*	5.3	*	5.0
Prostatectomy	*	17.8	60.0	11.4	50.0	15.1
Septoplasty	*	62.7	*	62.4	71.4	62.5
Tonsillectomy	..	49.5	72.7	30.1	72.7	36.1
Total hip replacement	*	29.7	83.3	36.8	85.7	34.3
Total knee replacement	*	29.4	83.3	43.2	87.5	39.1
Varicose veins stripping & ligation	*	34.7	*	42.9	50.0	40.8

(a) Category 1 patients waiting over 30 days and category 2 patients waiting over 12 months

(b) Census date differs from those used by other States

* Estimate suppressed due to small number of observations

.. not applicable

Note: Corresponds to Table 20 of main report

Table A9: Proportion of admissions from elective surgery waiting lists with extended waits:^(a) Queensland public hospitals, 1995^(b)

Specialty of surgeon	Urgency classification					
	Category 1		Category 2		Total	
	Public patients %	'Other' patients %	Public patients %	'Other' patients %	Public patients %	'Other' patients %
Cardio-thoracic surgery	23.3	12.9	5.9	0.0	16.1	7.6
ENT surgery	17.7	66.7	35.3	4.4	30.4	6.4
General surgery	17.2	2.5	3.9	0.3	7.3	0.5
Gynaecology	21.5	0.0	3.1	0.0	6.5	0.0
Neurosurgery	44.0	0.0	4.0	0.0	14.0	0.0
Ophthalmology	28.6	0.0	18.4	0.0	19.3	0.0
Orthopaedic surgery	23.3	14.3	13.9	0.3	15.6	0.8
Other	12.8	4.5	1.8	0.9	4.6	2.6
Plastic and reconstructive surgery	23.3	20.0	10.7	0.0	14.6	2.3
Urology	35.9	0.0	9.4	0.0	14.6	0.0
Vascular surgery	24.1	0.0	6.7	0.0	11.3	0.0
All patients	20.5	7.5	8.3	0.4	11.3	1.4

(a) Category 1 patients who waited for over 30 days and Category 2 patients who waited for over 12 months

(b) Survey period differs from those used by other States

Note: Corresponds to Table 24 of main report.

Waiting for Elective Surgery in Australian Public Hospitals, 1995 presents the findings of the second survey on waiting lists. It provides information and analysis on waiting lists in public hospitals by State and Territory for each surgical speciality. Specific issues examined in this report include access to services based on clinical need, and equity of access to services.

This report presents information on an important public issue. It will be of interest to health planners and administrators at all levels, medical and other health workers, and health researchers and students.