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Elective surgery waiting times

2017–18

Australian
hospital statistics





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Summary

This report provides an overview of elective surgery provided by public hospitals in Australia. It updates previous reports to include data for the 2017–18 reporting period.

Slow growth in elective surgery waiting lists

In 2017–18, about 874,000 patients were added to public hospital elective surgery waiting lists. This was 0.9% higher than the previous year, which represented growth well below the average over the past 5 years (an estimated 2.4% per year).

In the same year, 871,000 patients were removed from public hospital elective surgery waiting lists. Most of these patients were admitted for their awaited procedure; however, about 14% were removed for other reasons.

The number of patients admitted (admissions) was 0.1% higher than the previous year, also well below the average growth over the previous 5 years (an estimated 1.7% per year).

General surgery was the most common surgical specialty (21%) followed by *Orthopaedic surgery* (15%).

The number of admissions (and admissions per 1,000 population) fell in 2017–18 from the previous year for Queensland, Western Australia, South Australia, Tasmania and the Northern Territory.

Waiting times increasing

In 2017–18, the overall median waiting time for admission for elective surgery was 40 days, up from 38 days the previous year and 36 days in 2013–14.

The median waiting time ranged from 23 days in the Northern Territory to 55 days in New South Wales.

For individual surgeries, *Coronary artery bypass graft* had the shortest median waiting time (17 days), and *Septoplasty* (to fix a deviated nasal septum) had the longest (248 days).

The median waiting time for Indigenous Australians (48 days) was higher than for other Australians (40 days).

The proportion of patients who waited longer than 365 days to be admitted was 1.8% in 2017–18, up from 1.7% in the previous year but below the proportion in 2013–14 (2.4%).

1 Introduction

This report presents information on waiting times for most public hospitals which managed elective surgery from 1 July 2017 to 30 June 2018, as well as comparative information for the previous 4 reporting periods. It provides information on overall elective surgery activity and nationally agreed performance indicators for waiting times by state and territory. Complementary hospital-level data is released on the *MyHospitals* website. See Box 1.1 for further information.

The data presented are sourced from the AIHW's National Elective Surgery Waiting Times Data Collection (NESWTDC). The NESWTDC provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals. Elective surgery undertaken for private patients in private hospitals is not included.

For the NESWTDC, **surgery** is where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, excluding specific procedures frequently done by non-surgical clinicians (METeOR identifier: 604410).

Elective surgery describes planned surgery that can be booked in advance as a result of a specialist clinical assessment, resulting in placement on an elective surgery waiting list (METeOR identifier: 568780).

1.1 What's in this report?

Structure of the report

This introductory chapter provides contextual information on the data reported and their limitations, along with a description of the key terms used. Other chapters present information on the following subjects:

- 'Chapter 2 How much elective surgery was provided?'—presents information on the number of hospitals reporting elective surgery activity and the numbers of patients added to, or removed from, elective surgery waiting lists.
- 'Chapter 3 What elective surgery was provided?'—presents information on admissions by the specialty of the surgeon and for selected surgical procedures.
- 'Chapter 4 How long did people wait for elective surgery?'—presents performance indicator information on how long patients waited for elective surgery in public hospitals, median and 90th percentile waiting times and how waiting times differed by clinical urgency category.

These chapters present summary information on activity in 2017–18 and, where possible, changes over time.

Appendix A presents data quality information. It includes information on apparent variations in the reporting of the data used in this report and on the quality of Indigenous identification.

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

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

The Glossary defines many of the common terms used in this report.

Box 1.1 Where to go for more information

More information on *Elective surgery waiting times in 2017–18* is available online including data tables for this report available for download.

AIHW MyHospitals website

Elective surgery performance information for individual public hospitals is available on the AIHW's *MyHospitals* website: <<http://www.myhospitals.gov.au/>>.

The information is presented by urgency category, specialty of surgeon and for selected intended procedures. Reported measures include:

- median waiting time
- percentage of patients who received their surgery within the recommended time
- percentage of patients who waited longer than 365 days.

The website includes changes in these performance measures over the past 7 years and comparisons with the performance of the hospital peer group.

Although the peer groupings used in this report and on the *MyHospitals* website are based on the same peer grouping classification (AIHW 2015a), there are some differences in the names and the groupings. For example, *Principal referral* hospitals are described as *Major hospitals* on the *MyHospitals* web site. For an explanation of these differences, see <<https://www.myhospitals.gov.au/about-the-data/data-overview>>.

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

- *Emergency department care 2017–18: Australian hospital statistics* (AIHW 2018c)
- *Staphylococcus aureus bacteraemia in Australia's hospitals 2017–18: Australian hospital statistics* (AIHW 2017)
- *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a)
- *Australia's hospitals 2016–17: at a glance* (AIHW 2018b)
- *Hospital resources 2016–17: Australian hospital statistics* (AIHW 2018d)
- *Non-admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018e).

2 How much elective surgery was provided?

This chapter presents information on the number and peer group of hospitals reporting elective surgery to the NESWTDC over the period 2013–14 to 2017–18, including:

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

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

Most people removed from waiting lists are admitted for their awaited procedure. However, a proportion are removed for other reasons (see Table 2.1). For example, the surgery was no longer required, they were treated elsewhere, transferred to another hospital's waiting list, were unable to be contacted, or died.

Changes over time

Between 2013–14 and 2017–18:

- the number of patients added to public hospital elective surgery waiting lists increased by an average of 2.4% each year (Table 2.1).
- the total number of patients removed from public hospital elective surgery waiting lists increased by an average of 1.7% each year
- *Emergency admissions* from elective surgery waiting lists increased an average of 2.2% per year.

Between 2016–17 and 2017–18:

- the number of patients added to public hospital elective surgery waiting lists increased by 0.9%
- the number of patients removed from public hospital elective surgery waiting lists increased by 0.5%
- *Emergency admissions* from elective surgery waiting lists decreased by 12%.

Interpretation of changes over time should take into account changes in coverage as noted in Appendix A.

Additions and removals in 2017–18

In 2017–18, about 874,000 patients were added to and 871,000 patients removed from public hospital elective surgery waiting lists (Table 2.2). Most patients removed from waiting lists were admitted for their awaited procedure; however, about 14% were removed from waiting lists for other reasons.

Where to go for more information

Information on the number of hospitals reporting elective surgery between 2013–14 and 2017–18 is available in Appendix A.

Information on time to removal from waiting lists by reason for removal is available in “Table S4.1: Additions to waiting lists, and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2017–18’ (which accompanies this report online).

Additional information on surgery for both emergency and elective admissions in public and private hospitals, as well as additional public hospital waiting information, will be available in *Admitted patient care 2017–18: Australian hospital statistics*, to be released in early 2019.

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

Table 2.1: Numbers of additions to, and removals from, public hospital elective surgery waiting lists, 2013–14 to 2017–18^(a)

	2013–14	2014–15	2015–16 ^(b)	2016–17	2017–18	Change (%)	
						Average since 2013–14	Since 2016–17
Additions	794,401	810,223	820,825	866,363	873,933	2.4	0.9
Removals							
Elective admission	695,099	693,486	707,039	743,231	744,502	1.7	0.2
Emergency admission	3,924	4,107	4,815	4,860	4,276	2.2	-12.0
<i>Total admissions</i>	<i>699,023</i>	<i>697,593</i>	<i>711,854</i>	<i>748,091</i>	<i>748,778</i>	<i>1.7</i>	<i>0.1</i>
Not contactable/died	7,868	7,311	7,295	7,554	8,271	1.3	9.5
Treated elsewhere	21,944	21,502	23,214	21,697	20,638	-1.5	-4.9
Surgery not required	65,029	62,470	65,701	69,506	69,436	1.7	-0.1
Transferred ^(c)	15,177	16,412	15,622	15,827	20,151	7.3	27.3
Not reported	4,595	3,838	3,896	4,077	3,741	-5.0	-8.2
Total removals	813,636	809,126	827,582	866,752	871,015	1.7	0.5

(a) Interpretation of changes over time should take into account changes in coverage as noted in Appendix A.

(b) Excludes data for the Australian Capital Territory, which were not available at the time of publication.

(c) The large increase in *Transfers* between 2016–17 and 2017–18 was in part due to the closure of South Australia’s Repatriation General Hospital and the relocation of the Royal Adelaide Hospital (which also affected the numbers of patients admitted).

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

Table 2.2: Numbers of additions to, and removals from, public hospital elective surgery waiting lists, by reason for removal, states and territories, 2017–18

	NSW ^(a)	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT ^(c)	Total
Additions	256,665	228,672	171,364	102,562	67,081	22,050	15,306	10,233	873,933
Removals									
Elective admission	224,917	199,973	139,732	85,167	56,169	17,476	13,312	7,756	744,502
Emergency admission	1,582	407	1,203	637	308	88	28	23	4,276
<i>Total admissions</i>	<i>226,499</i>	<i>200,380</i>	<i>140,935</i>	<i>85,804</i>	<i>56,477</i>	<i>17,564</i>	<i>13,340</i>	<i>7,779</i>	<i>748,778</i>
Not contactable/died	2,607	2,529	638	1,126	839	233	134	165	8,271
Treated elsewhere	10,841	3,098	1,996	2,331	1,581	299	397	95	20,638
Surgery not required	18,829	19,544	16,306	7,853	3,342	982	1,320	1,260	69,436
Transferred to another hospital's waiting list	.	1,707	7,723	5,257	5,038	89	337	n.a.	20,151
Not reported	0	314	139	1,746	969	498	51	24	3,741
Total removals	258,776	227,572	167,737	104,117	68,246	19,665	15,579	9,323	871,015

(a) For New South Wales, patients are not transferred to another hospital list. Where a patient is treated at a hospital other than the hospital that manages the waiting list, the waiting time reflects the complete period from the original listing date to admission for the awaited surgery.

(b) The large number of South Australian patients transferred to another hospital's waiting list was in part due to the closure of the Repatriation General Hospital, and the relocation of the Royal Adelaide Hospital (which also affected the numbers of patients admitted).

(c) The Northern Territory did not report the number of patients who were *Transferred to another hospital's waiting list*.

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

2.2 How many admissions from waiting lists were there?

Tables 2.3 to 2.6 present the number of admissions from public hospital elective surgery waiting lists, over time and for 2017–18, as collected in the NESWTDC.

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

Changes over time

Between 2013–14 and 2017–18:

- the total number of admissions from public hospital elective surgery waiting lists increased from 699,000 to 749,000—an average annual increase of 1.7% (Table 2.3)
- *Principal referral and Women’s and children’s hospitals* and *Public acute group A hospitals* had the highest average annual increases of 2.2% and 2.0%, respectively
- the number of admissions per 1,000 population was relatively stable, rising by 0.2% on average each year (Table 2.4)

Table 2.3: Admissions from public hospital elective surgery waiting lists, by public hospital peer group, 2013–14 to 2017–18

	2013–14	2014–15	2015–16 ^(b)	2016–17	2017–18	Change (%) ^(a)	
						Average since 2013–14	Since 2016–17
Principal referral and Women’s and children’s hospitals	277,675	279,804	281,661	299,248	302,549	2.2	1.1
Public acute group A hospitals	237,944	239,464	251,897	263,992	257,869	2.0	–2.3
Public acute group B hospitals	104,352	105,654	101,802	107,971	109,845	1.3	1.7
Other hospitals	79,052	72,671	76,494	76,880	78,515	–0.2	2.1
Total	699,023	697,593	711,854	748,091	748,778	1.7	0.1

(a) Interpretation of changes over time should take into account changes in coverage as noted in Appendix A.

(b) Excludes data for the Australian Capital Territory, which were not available at the time of publication.

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

Admissions in 2017–18

In 2017–18, there were about 749,000 admissions from elective surgery waiting lists, 99% of which were elective admissions.

Together, *Principal referral and women’s and children’s hospitals* and *Public acute group A hospitals* accounted for three-quarters of these admissions (40% and 35%, respectively) (Table 2.5).

Table 2.4: Admissions from public hospital elective surgery waiting lists, states and territories, 2013–14 to 2017–18

	2013–14	2014–15	2015–16 ^(b)	2016–17	2017–18	Change (%) ^(a)	
						Average since 2013–14	Since 2016–17
New South Wales							
Number of admissions	216,675	217,727	217,817	222,893	226,499	1.1	1.6
Admissions per 1,000 population ^(c)	29.1	28.8	28.4	28.6	28.6	-0.4	0.1
Victoria^(d)							
Number of admissions	170,314	173,307	178,932	196,086	200,380	4.1	2.2
Admissions per 1,000 population ^(c)	29.2	29.1	29.4	31.4	31.4	1.8	-0.1
Queensland							
Number of admissions	127,494	126,275	141,250	143,447	140,935	2.5	-1.8
Admissions per 1,000 population ^(c)	27.2	26.6	29.4	29.4	28.4	1.1	-3.4
Western Australia							
Number of admissions	86,882	82,742	87,125	86,747	85,804	-0.3	-1.1
Admissions per 1,000 population ^(c)	34.7	32.7	34.2	33.8	33.2	-1.1	-1.9
South Australia							
Number of admissions	62,968	62,429	59,738	58,655	56,477	-2.7	-3.7
Admissions per 1,000 population ^(c)	37.5	36.9	35.0	34.2	32.7	-3.4	-4.3
Tasmania							
Number of admissions	15,315	15,598	18,973	19,187	17,564	3.5	-8.5
Admissions per 1,000 population ^(c)	29.9	30.3	36.8	36.9	33.5	2.9	-9.3
Australian Capital Territory							
Number of admissions	11,781	11,881	n.a.	12,826	13,340	3.2	4.0
Admissions per 1,000 population ^(c)	30.5	30.3	n.a.	31.5	32.1	1.3	1.8
Northern Territory							
Number of admissions	7,594	7,634	8,019	8,250	7,779	0.6	-5.7
Admissions per 1,000 population ^(c)	31.3	31.4	32.9	33.5	31.5	0.1	-5.9
Total							
Number of admissions	699,023	697,593	711,854	748,091	748,778	1.7	0.1
Admissions per 1,000 population^(c)	30.0	29.5	29.7	30.7	30.2	0.2	-1.5

(a) Interpretation of changes over time should take into account changes in coverage as noted in Appendix A.

(b) Excludes data for the Australian Capital Territory, which were not available at the time of publication.

(c) Crude rate based on the estimated resident population as at 30 June at beginning of the reference period.

(d) There was a change in coverage for Victoria between 2015–16 and 2016–17. See Appendix A.

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

Aboriginal and Torres Strait Islander people

In 2017–18, about 3.7% of admissions from public hospital elective surgery waiting lists (27,500) were reported for people of Aboriginal and Torres Strait Islander origin (Table 2.6) who represent about 3.0% of the Australian population.

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

Table 2.5: Admissions from public hospital elective surgery waiting lists, by public hospital peer group, states and territories, 2017–18

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Women's and children's hospitals	91,766	68,265	68,047	33,200	21,332	7,151	7,897	4,891	302,549
Public acute group A hospitals	74,279	74,069	55,497	22,022	15,582	8,737	5,443	2,240	257,869
Public acute group B hospitals	39,305	33,837	13,761	13,761	7,505	1,676	..	..	109,845
Other hospitals	21,149	24,209	3,630	16,821	12,058	0	0	648	78,515
Total	226,499	200,380	140,935	85,804	56,477	17,564	13,340	7,779	748,778

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

Table 2.6: Admissions from public hospital elective surgery waiting lists, by Indigenous status, states and territories, 2017–18

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	8,809	1,960	6,204	3,180	1,424	793	340	2,335	25,045
Torres Strait Islander but not Aboriginal origin	139	62	704	39	18	31	6	35	1,034
Aboriginal and Torres Strait Islander origin	313	194	619	89	60	54	15	64	1,408
<i>Indigenous Australians</i>	<i>9,261</i>	<i>2,216</i>	<i>7,527</i>	<i>3,308</i>	<i>1,502</i>	<i>878</i>	<i>361</i>	<i>2,434</i>	<i>27,487</i>
Neither Aboriginal nor Torres Strait Islander origin	216,769	195,755	132,729	82,493	53,065	16,447	12,186	5,343	714,787
Not reported	469	2,409	679	3	1,910	239	793	2	6,504
<i>Other Australians</i> ^(a)	<i>217,238</i>	<i>198,164</i>	<i>133,408</i>	<i>82,496</i>	<i>54,975</i>	<i>16,686</i>	<i>12,979</i>	<i>5,345</i>	<i>721,291</i>
Total	226,499	200,380	140,935	85,804	56,477	17,564	13,340	7,779	748,778

(a) *Other Australians* includes admissions for which the Indigenous status was not reported.

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

3 What elective surgery was provided?

This chapter presents the number of admissions from elective surgery waiting lists by the specialty of surgeon performing the surgery, and the intended surgical procedure (for selected procedures only) in 2017–18, and over time.

3.1 Surgical specialties

The surgical specialty describes the area of clinical expertise held by the doctor performing the elective surgery. From 1 July 2016, the surgical specialty data element was revised to include *Paediatric surgery*. See Appendix A for information.

Changes over time

Between 2013–14 and 2017–18, admissions from elective surgery waiting lists increased for most of the 11 surgical specialties reported (Table 3.1). The specialties with the greatest average annual increases were *Urological surgery* and *Plastic and reconstructive surgery* (both 4.3% per year), and *Ophthalmology surgery* (3.6%).

Over the same period, there were average annual decreases in admissions for *Cardiothoracic surgery* (1.8%), *General surgery* (0.9%) and *Gynaecology surgery* (0.2%).

Comparisons over time should take into consideration the reporting of *Paediatric surgery* from 2016–17.

Admissions by surgical specialty, 2017–18

In 2017–18, around 21% of patients were admitted for *General surgery* (surgery on abdominal organs, including endocrine surgery and breast surgery) and about 15% were admitted for *Orthopaedic surgery* (surgery on bones, joints, ligaments and tendons, including knee and hip replacements) (Table 3.2).

3.2 Intended surgical procedures

Between 2015–16 and 2016–17, the data element *Indicator procedure* was replaced by *Intended procedure* (intended surgical procedure) in the ESWT NMDS. The intended surgical procedure data element contains 152 categories of surgical procedures, and includes the 15 procedures that were previously reported for the *Indicator procedure* data element.

For the purpose of presenting time series information, this report presents the 15 indicator procedures. For 2017–18, the 15 indicator procedures and the 10 most common other intended surgical procedures are presented.

Information on the complete list of intended surgical procedures for 2017–18 is available online at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/683718>>.

Changes over time

Admissions from elective surgery waiting lists increased for most of the 15 indicator procedures between 2013–14 and 2017–18 (Table 3.3). The indicator procedures with the greatest average annual increases were *Cystoscopy* (6.8%) and *Total knee replacement* (4.3%).

Admissions decreased for *Cholecystectomy* (1.5% on average per year), *Coronary artery bypass graft surgery* (6.4%) and *Varicose veins treatment* (1.0%).

Between 2016–17 and 2017–18, there were:

- relatively large increases in admissions for *Cystoscopy* (10.7%) and *Septoplasty* (10.2%)
- a relatively large decrease in admissions for *Coronary artery bypass graft surgery* (11.0%).

Admissions by intended surgical procedure, 2017–18

In 2017–18, 35% of admissions were for one of the 15 indicator procedures. *Cataract extraction* was the most commonly reported intended surgical procedure with about 72,000 patients admitted, followed by *Cystoscopy* (62,000) (Table 3.4).

The 10 most common intended procedures (not included in the *Indicator procedures*) accounted for a further 21% of admissions from waiting lists. *Skin lesion—excision of* (51,500) was the most common intended surgical procedure that was not previously included as an indicator procedure.

Where to go for more information

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

Information on waiting times by intended surgical procedure is available in:

- ‘Chapter 4 How long did people wait for elective surgery?’
- ‘Table S4.2: Waiting time statistics for admissions from public hospital waiting lists for elective surgery, by intended surgical procedure, and public hospital peer group, states and territories, 2017–18’ (which accompanies this report online)
- ‘Table S4.3: Waiting time statistics for admissions from public hospital waiting lists for elective surgery, by intended surgical procedure, and Indigenous status, states and territories, 2017–18’ (which accompanies this report online).

Information on the complete list of intended surgical procedures for 2017–18 is available online at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/683718>>. Information on data limitations and methods is available in appendixes A and B.

Table 3.1: Admissions from public hospital elective surgery waiting lists, by surgical specialty, 2013–14 to 2017–18^(a)

Surgical specialty	2013–14	2014–15	2015–16 ^(c)	2016–17	2017–18	Change (%) ^(b)	
						Average since 2013–14	Since 2016–17
Cardiothoracic surgery	12,609	12,212	12,234	12,324	11,749	-1.8	-4.7
Otolaryngology, head and neck surgery ^(d)	58,477	58,562	59,416	63,344	62,721	1.8	-1.0
General surgery	162,507	160,072	161,492	163,458	157,031	-0.9	-3.9
Gynaecology	86,824	85,627	87,850	88,038	86,169	-0.2	-2.1
Neurosurgery	11,887	11,801	11,913	12,534	12,962	2.2	3.4
Ophthalmology surgery	85,165	86,052	89,440	96,348	97,930	3.6	1.6
Orthopaedic surgery	105,111	105,563	107,680	112,664	110,711	1.3	-1.7
Plastic and reconstructive surgery ^(e)	49,411	50,175	52,510	57,404	58,505	4.3	1.9
Urological surgery	89,295	90,943	93,149	101,584	105,770	4.3	4.1
Vascular surgery	16,068	16,057	16,281	17,359	17,965	2.8	3.5
Paediatric surgery	..	..	..	3,694	8,691	..	n.p.
Other	21,669	20,529	19,889	19,340	18,574	-3.8	-4.0
Total^(f)	699,023	697,593	711,854	748,091	748,778	1.7	0.1

(a) In 2016–17, *Paediatric surgery* was not reported for New South Wales, Victoria, Queensland and the Northern Territory. In 2017–18, it was not reported for Victoria, Queensland and the Northern Territory. These differences in reporting should be taken into consideration when comparing these data over time.

(b) Interpretation of changes over time should take into account changes in coverage as noted in Appendix A.

(c) Excludes data for the Australian Capital Territory, which were not available at the time of publication.

(d) Previously labelled as *Ear, nose and throat surgery*.

(e) Previously labelled as *Plastic surgery*.

(f) Includes admissions for which the *Surgical specialty* was not reported.

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

Table 3.2: Admissions from public hospital elective surgery waiting lists, by surgical specialty, states and territories, 2017–18

Surgical specialty	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Proportion (%) of Total
Cardiothoracic surgery	3,533	3,468	2,653	844	732	299	218	2	11,749	1.6%
Otolaryngology, head and neck surgery	17,658	17,410	13,241	4,944	5,826	1,145	1,698	799	62,721	8.4%
General surgery	49,663	39,972	33,813	14,390	11,287	3,347	2,012	2,547	157,031	21.0%
Gynaecology surgery	28,545	20,709	18,153	5,766	8,361	2,209	1,272	1,154	86,169	11.5%
Neurosurgery	4,565	3,254	2,624	967	502	641	338	71	12,962	1.7%
Ophthalmology surgery	31,072	27,109	13,005	13,884	7,675	2,533	1,537	1,115	97,930	13.1%
Orthopaedic surgery	36,248	23,550	25,761	12,955	7,608	2,111	1,647	831	110,711	14.8%
Plastic and reconstructive surgery	10,087	21,018	11,758	6,437	5,825	1,942	951	487	58,505	7.8%
Urological surgery	31,658	35,639	13,997	12,569	6,274	2,669	2,441	523	105,770	14.1%
Vascular surgery	6,584	4,085	3,485	1,813	1,005	238	554	201	17,965	2.4%
Paediatric surgery ^(a)	5,004	..	..	1,645	1,009	361	672	..	8,691	1.2%
Other ^(b)	1,882	4,166	2,445	9,590	373	69	0	49	18,574	2.5%
Total^(b)	226,499	200,380	140,935	85,804	56,477	17,564	13,340	7,779	748,778	100.0%

(a) The surgical specialty *Paediatric surgery* was not reported for Victoria, Queensland and the Northern Territory. Data by surgical specialty for jurisdictions that did report *Paediatric surgery* are not comparable with the data provided by jurisdictions that did not report *Paediatric surgery*.

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

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

Table 3.3: Admissions from public hospital elective surgery waiting lists, selected intended surgical procedures, 2013–14 to 2017–18

Intended procedure	2013–14	2014–15	2015–16 ^(b)	2016–17 ^(c)	2017–18	Change (%) ^(a)	
						Average since 2013–14	Since 2016–17
Cataract extraction	64,481	65,182	67,755	71,377	71,807	2.7	0.6
Cholecystectomy	19,316	18,578	18,767	18,611	18,172	-1.5	-2.4
Coronary artery bypass graft	4,084	3,837	3,641	3,531	3,129	-6.4	-11.0
Cystoscopy	47,464	48,208	48,721	55,819	61,815	6.8	10.7
Haemorrhoidectomy	4,729	4,490	4,618	4,593	4,862	0.7	5.9
Hysterectomy	10,021	9,989	10,409	11,457	11,167	2.7	-2.5
Inguinal herniorrhaphy ^(d)	16,229	16,267	17,234	16,809	16,501	0.4	-1.8
Myringoplasty	1,933	1,925	1,835	1,867	1,939	0.1	3.9
Myringotomy	5,725	4,991	4,864	6,742	6,675	3.9	-1.0
Prostatectomy	7,790	7,311	7,629	8,216	8,146	1.1	-0.9
Septoplasty	4,926	5,065	5,229	5,062	5,577	3.2	10.2
Tonsillectomy	18,337	18,163	18,112	19,466	19,920	2.1	2.3
Total hip replacement ^(d)	10,073	10,456	11,120	11,151	11,835	4.1	6.1
Total knee replacement ^(d)	15,219	15,483	16,245	16,853	17,980	4.3	6.7
Varicose veins treatment ^(d)	4,221	4,002	4,169	3,818	4,059	-1.0	6.3
Other procedures	464,475	463,646	471,506	492,719	485,194	1.1	-1.5
Total	699,023	697,593	711,854	748,091	748,778	1.7	0.1

(a) Interpretation of changes over time should take into account changes in coverage as noted in Appendix A.

(b) Excludes data for the Australian Capital Territory, which were not available at the time of publication.

(c) From 2016–17, *Intended procedure* replaced *Indicator procedure*. Changes over time in the data element definition should be taken into account when interpreting changes over time.

(d) From 2016–17, the intended surgical procedure may not be equivalent to the corresponding indicator procedure.

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

Table 3.4: Admissions from public hospital elective surgery waiting lists, for the 25 most common intended surgical procedures, states and territories, 2017–18

Intended procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Arthroscopy	4,273	2,414	2,440	1,547	1,603	272	154	162	12,865
Breast lump—excision and/or biopsy	2,610	3,003	1,832	861	474	254	168	14	9,216
Carpal tunnel release	3,551	2,502	2,544	1,271	1,087	355	119	83	11,512
Cataract extraction (with or without intra-ocular lens insertion)	24,545	20,864	7,802	9,052	5,950	1,782	1,026	786	71,807
Cholecystectomy (open/laparoscopic)	6,511	4,220	3,867	1,568	1,133	437	260	176	18,172
Colectomy/anterior resection/large bowel resection	2,016	1,305	800	271	399	n.a.	86	10	4,887
Coronary artery bypass grafting	685	1,015	819	229	199	135	47	0	3,129
Cystoscopy	19,353	21,527	6,898	8,262	2,495	1,163	1,969	148	61,815
Haemorrhoidectomy	1,186	2,053	562	444	277	54	25	261	4,862
Herniorrhaphy	4,449	3,287	2,625	1,305	325	n.a.	209	123	12,323
Hysterectomy (abdominal/vaginal/laparoscopic)	3,458	2,803	2,497	1,136	830	254	141	48	11,167
Hysteroscopy, dilatation and curettage	12,580	8,424	6,080	1,215	2,764	795	557	399	32,814
Inguinal herniotomy/herniorrhaphy	5,944	3,851	3,283	1,577	1,138	365	200	143	16,501
Laparoscopy	2,855	3,634	2,252	901	581	206	185	72	10,686
Myringoplasty/tympanoplasty	467	446	458	262	91	24	8	183	1,939
Myringotomy	1,774	1,930	1,141	627	704	180	167	152	6,675
Prostate biopsy	1,659	1,680	393	386	509	218	4	4	4,853
Prostatectomy (transurethral or open)	2,651	2,483	1,621	743	473	62	76	37	8,146
Septoplasty	1,879	1,661	883	399	499	67	137	52	5,577
Skin lesion—excision of	12,958	13,202	15,312	5,863	2,582	n.a.	865	712	51,494
Thyroidectomy/hemi-thyroidectomy	2,184	1,609	1,039	478	252	71	49	3	5,685
Tonsillectomy (with or without adenoidectomy)	5,790	5,832	4,310	1,480	1,501	317	515	175	19,920
Total hip replacement	4,013	2,956	2,108	1,361	788	331	252	26	11,835
Total knee replacement	7,065	3,546	3,433	2,026	1,149	364	334	63	17,980
Varicose veins treatment	1,371	1,449	562	276	208	29	147	17	4,059
Other procedures	90,672	82,684	65,374	42,264	28,466	9,829	5,640	3,930	328,859
Total	226,499	200,380	140,935	85,804	56,477	17,564	13,340	7,779	748,778

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

4 How long did people wait for elective surgery?

This section presents information on the length of time waited by patients on public hospital elective surgery waiting lists before being admitted for surgery in 2017–18, as well as information for the four previous periods.

It provides an overview of the number of days waited for admission from elective surgery waiting lists—at the 50th percentile (median), at the 90th percentile, and the proportion of patients who waited more than 365 days. These statistics are presented by peer group, surgical specialty, intended surgical procedure and indigenous status.

This section also includes the NHA performance indicator: *Waiting times for elective surgery—waiting time in days* (Box 4.1). See appendixes A, B and C for notes on data limitations and methods.

The **waiting times** data presented in this report represent the time elapsed (in days) for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were removed from the waiting list.

The number of days waited does not include days when the patient was not ready for care or the time waited for the initial appointment with the specialist after referral by the patient's general practitioner (GP).

Box 4.1 Performance indicator: Waiting times for elective surgery

Waiting times for elective surgery are an indicator of the provision of timely care and are included as an NHA performance indicator in the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital related care* (COAG 2011)

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

The indicator reports on the median and 90th percentile waiting times for elective surgery in public hospitals, by surgical (indicator) procedure, and overall. It includes disaggregation by states and territories, public hospital peer group and Indigenous status.

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

See the following sections for detailed information on waiting times for the median and 90th percentile waiting times (days) reported for this indicator:

- Section 4.1: by peer group, states and territories
- Section 4.3: by intended surgical procedure, states and territories
- Section 4.4: by Indigenous status, states and territories.

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

Tables 4.1 to 4.3 present information on waiting times across states and territories and by type of hospital.

Changes over time

Median (50th percentile) waiting time

The median waiting time indicates the time within which 50% of patients were admitted for the awaited procedure. Half of the patients had a shorter waiting time than the median, and half had a longer waiting time.

Between 2013–14 and 2017–18, the median waiting time:

- increased for all public hospital peer groups (Table 4.1)
- generally decreased for Victoria (from 35 to 29 days) and the Northern Territory (from 36 to 23 days) (Table 4.2)
- increased for New South Wales (from 49 to 55 days), Queensland (from 28 to 40 days), Western Australia (from 29 to 39 days), South Australia (from 35 to 42 days) and the Australian Capital territory (from 48 to 54 days)
- increased for Tasmania from 45 days to 72 days between 2013–14 and 2015–16, and then decreased to 42 days in 2017–18.

90th percentile waiting time

The 90th percentile waiting time indicates the amount of time within which 90% of patients were admitted for the awaited procedure. For the remaining 10% of patients, the wait was longer.

Between 2013–14 and 2017–18, the 90th percentile waiting time (Table 4.2):

- overall fluctuated around 260 days, increasing to 268 days in 2017–18
- decreased in Victoria, from 222 days in 2013–14 to 150 days in 2017–18
- increased for Queensland, Western Australia, South Australia and the Australian Capital Territory
- increased for Tasmania from 401 days to 452 days between 2013–14 and 2015–16, then decreased to 238 days in 2017–18.

Patients who waited more than 365 days

Patients who wait more than a year for their surgery can be regarded as not having their surgery 'on time'.

Between 2013–14 and 2017–18, the proportion of patients who waited more than 365 days to be admitted:

- decreased nationally from 2.4% to 1.8%
- decreased in *Public group A* and *Public group B* hospitals and fluctuated in *Principal referral and Women's and children's hospitals*.

Waiting times in 2017–18

In 2017–18, the median waiting time was 40 days—compared with 36 days in 2013–14 (Table 4.3).

The median waiting time for patients admitted from waiting lists for *Principal referral and Women’s and children’s hospitals* (35 days) was shorter than for *Public acute group A hospitals* and *Public acute group B hospitals* (43 days and 49 days, respectively).

Principal referral and women’s and children’s hospitals also had the shortest 90th percentile waiting time (237 days). The proportion of patients who waited more than 365 days was lowest in *Public group B hospitals* (0.9%).

Table 4.1: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by public hospital peer group, 2013–14 to 2017–18

	2013–14	2014–15	2015–16 ^(a)	2016–17	2017–18
Principal referral and Women’s and children’s hospitals					
Days waited at the 50th percentile	30	29	32	32	35
Days waited at the 90th percentile	221	208	215	219	237
Proportion (%) waited more than 365 days	2.9	1.9	2.0	1.8	2.1
Public acute group A hospitals					
Days waited at the 50th percentile	42	39	40	42	43
Days waited at the 90th percentile	297	290	290	293	300
Proportion (%) waited more than 365 days	2.8	2.2	2.5	2.1	2.1
Public acute group B hospitals					
Days waited at the 50th percentile	43	43	44	44	49
Days waited at the 90th percentile	276	287	291	274	284
Proportion (%) waited more than 365 days	1.2	1.0	1.0	0.8	0.9
Total^(b)					
Days waited at the 50th percentile	36	35	37	38	40
Days waited at the 90th percentile	262	253	260	258	268
Proportion (%) waited more than 365 days	2.4	1.8	2.0	1.7	1.8

(a) Interpretation of changes over time should take into account changes in coverage as noted in Appendix A. Excludes 2015–16 data for the Australian Capital Territory, which were not available at the time of publication.

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

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

Table 4.2: Waiting time statistics for admissions from public hospital elective surgery waiting lists, states and territories, 2013–14 to 2017–18^(a)

	2013–14	2014–15	2015–16 ^(b)	2016–17	2017–18
New South Wales					
Days waited at the 50th percentile	49	54	55	54	55
Days waited at the 90th percentile	329	330	328	327	327
Proportion (%) waited more than 365 days	1.8	1.6	2.0	1.6	1.7
Victoria					
Days waited at the 50th percentile	35	29	30	30	29
Days waited at the 90th percentile	222	177	174	162	150
Proportion (%) waited more than 365 days	3.2	2.4	2.3	2.0	1.4
Queensland					
Days waited at the 50th percentile	28	27	29	32	40
Days waited at the 90th percentile	186	147	163	211	279
Proportion (%) waited more than 365 days	2.8	0.5	0.4	0.4	1.3
Western Australia					
Days waited at the 50th percentile	29	29	30	34	39
Days waited at the 90th percentile	142	148	161	185	199
Proportion (%) waited more than 365 days	0.7	0.7	0.8	1.5	1.8
South Australia					
Days waited at the 50th percentile	35	37	40	39	42
Days waited at the 90th percentile	180	210	233	237	262
Proportion (%) waited more than 365 days	0.8	1.1	1.8	1.8	2.9
Tasmania					
Days waited at the 50th percentile	45	55	72	45	42
Days waited at the 90th percentile	401	424	452	313	238
Proportion (%) waited more than 365 days	11.0	13.0	15.0	6.6	3.3
Australian Capital Territory					
Days waited at the 50th percentile	48	45	n.a.	46	54
Days waited at the 90th percentile	270	245	n.a.	279	344
Proportion (%) waited more than 365 days	4.7	5.3	n.a.	3.8	7.9
Northern Territory					
Days waited at the 50th percentile	36	32	29	28	23
Days waited at the 90th percentile	183	217	229	202	160
Proportion (%) waited more than 365 days	2.8	3.9	4.2	4.2	0.8
Total					
Days waited at the 50th percentile	36	35	37	38	40
Days waited at the 90th percentile	262	253	260	258	268
Proportion (%) waited more than 365 days	2.4	1.8	2.0	1.7	1.8

(a) Interpretation of changes over time should take into account changes in coverage as noted in Appendix A.

(b) Excludes data for the Australian Capital Territory, which were not available at the time of publication.

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

Table 4.3: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by public hospital peer group, states and territories, 2017–18

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Women’s and children’s hospitals									
Days waited at the 50th percentile	37	30	34	33	46	49	42	22	35
Days waited at the 90th percentile	302	154	236	170	313	265	324	151	237
Proportion (%) waited more than 365 days	2.7	1.3	0.9	1.8	5.1	3.8	6.2	0.5	2.1
Public acute group A hospitals									
Days waited at the 50th percentile	62	27	46	44	53	36	74	21	43
Days waited at the 90th percentile	337	160	320	233	294	228	372	119	300
Proportion (%) waited more than 365 days	1.2	1.7	2.1	2.6	3.4	3.3	10.5	1.1	2.1
Public acute group B hospitals									
Days waited at the 50th percentile	80	34	42	35	27	50	..	..	49
Days waited at the 90th percentile	336	137	249	199	137	204	..	..	284
Proportion (%) waited more than 365 days	0.9	0.7	0.2	2.0	0.5	0.9	..	..	0.9
Other hospitals									
Days waited at the 50th percentile	57	30	42	49	29	..	..	59	41
Days waited at the 90th percentile	302	128	160	201	221	..	..	296	223
Proportion (%) waited more than 365 days	0.2	1.6	0.1	0.6	0.0	..	..	2.0	0.7
Total^(a)									
Days waited at the 50th percentile	55	29	40	39	42	42	54	23	40
Days waited at the 90th percentile	327	150	279	199	262	238	344	160	268
Proportion (%) waited more than 365 days	1.7	1.4	1.3	1.8	2.9	3.3	7.9	0.8	1.8

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

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

4.2 How did waiting times vary by surgical specialty?

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

Tables 4.4 and 4.5 present information on 11 categories of surgical specialty. The 'Other' category contains data for surgeons whose specialty was not one of the 11 specified categories.

In 2015–16, the surgical specialty data element was revised to include *Paediatric surgery*. Use of the *Paediatric surgery* category varied among jurisdictions. For 2016–17, *Paediatric surgery* was reported by Western Australia, South Australia, Tasmania and the Australian Capital Territory. New South Wales commenced reporting *Paediatric surgery* in 2017–18. Before this change, records for which the surgical specialty was *Paediatric surgery* would have been allocated to another surgical specialty or 'Other' (surgical specialty other than one of the 10 specified specialties).

Changes over time

Between 2013–14 and 2017–18:

- the surgical specialty with the lowest median waiting time was *Cardiothoracic surgery*. The median waiting time fluctuated between 16 and 19 days (Table 4.4)
- median waiting times increased for *Otolaryngology, head and neck surgery*, *Neurosurgery*, *Orthopaedic surgery*, and *Vascular surgery*. The largest increase in median waiting time was for *Otolaryngology, head and neck surgery*—from 70 days in 2013–14 to 83 days in 2017–18 (Table 4.4).

Comparisons over time should take into consideration the differences in reporting of *Paediatric surgery* between 2016–17 and 2017–18.

Waiting times in 2017–18

In 2017–18:

- *Otolaryngology, head and neck surgery* had the highest median waiting time (83 days) (Table 4.5)
- *Cardiothoracic surgery* had the lowest 90th percentile waiting time (85 days)
- *Otolaryngology, head and neck surgery* and *Ophthalmology surgery* had the highest proportions of patients who waited more than 365 days to be admitted (83 days and 74 days, respectively).

Table 4.4: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical specialty, 2013–14 to 2017–18^{(a)(b)}

	2013–14	2014–15	2015–16	2016–17	2017–18
Cardiothoracic surgery					
Days waited at the 50th percentile	18	18	17	16	19
Days waited at the 90th percentile	86	82	84	77	85
Percentage waited more than 365 days	0.2	0.2	0.2	0.2	0.1
Otolaryngology, head and neck surgery					
Days waited at the 50th percentile	70	73	74	70	83
Days waited at the 90th percentile	348	347	345	345	354
Percentage waited more than 365 days	5.0	4.8	4.5	4.3	5.2
General surgery					
Days waited at the 50th percentile	30	29	30	29	30
Days waited at the 90th percentile	163	151	162	155	160
Percentage waited more than 365 days	1.4	1.0	1.1	0.8	0.8
Gynaecology surgery					
Days waited at the 50th percentile	32	32	30	33	35
Days waited at the 90th percentile	150	150	140	145	155
Percentage waited more than 365 days	0.9	0.7	0.9	0.6	0.6
Neurosurgery					
Days waited at the 50th percentile	31	30	33	36	36
Days waited at the 90th percentile	214	172	187	172	211
Percentage waited more than 365 days	3.2	1.0	1.3	1.5	1.2
Ophthalmology surgery					
Days waited at the 50th percentile	69	70	78	73	74
Days waited at the 90th percentile	328	325	328	326	329
Percentage waited more than 365 days	2.6	1.9	2.4	1.6	2.0
Orthopaedic surgery					
Days waited at the 50th percentile	66	64	67	69	73
Days waited at the 90th percentile	337	329	333	330	333
Percentage waited more than 365 days	4.8	3.3	3.8	3.3	3.6
Plastic and reconstructive surgery					
Days waited at the 50th percentile	25	23	27	27	27
Days waited at the 90th percentile	212	153	174	183	173
Percentage waited more than 365 days	3.3	2.0	2.4	2.7	2.0

(continued)

Table 4.4 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical specialty, 2013–14 to 2017–18^{(a)(b)}

	2013–14	2014–15	2015–16	2016–17	2017–18
Urological surgery					
Days waited at the 50th percentile	25	24	25	26	26
Days waited at the 90th percentile	110	98	100	102	104
Percentage waited more than 365 days	0.9	0.6	0.8	0.6	0.6
Vascular surgery					
Days waited at the 50th percentile	19	20	21	21	23
Days waited at the 90th percentile	145	154	155	158	159
Percentage waited more than 365 days	1.8	2.1	1.3	1.2	1.4
Paediatric surgery^(b)					
Days waited at the 50th percentile	..	..	..	42	42
Days waited at the 90th percentile	..	..	..	147	206
Percentage waited more than 365 days	..	..	..	0.1	0.4
Other					
Days waited at the 50th percentile	23	22	21	22	23
Days waited at the 90th percentile	110	102	101	115	97
Percentage waited more than 365 days	0.5	0.3	0.2	0.5	0.4
Total^(c)					
Days waited at the 50th percentile	36	35	37	38	40
Days waited at the 90th percentile	262	253	260	258	268
Percentage waited more than 365 days	2.4	1.8	2.0	1.7	1.8

(a) Interpretation of changes over time should take into account changes in coverage as noted in Appendix A. Excludes 2015–16 data for the Australian Capital Territory, which were not available at the time of publication.

(b) In 2016–17, *Paediatric surgery* was not reported for New South Wales, Victoria, Queensland and the Northern Territory. In 2017–18, it was not reported for Victoria, Queensland and the Northern Territory. These differences in reporting should be taken into consideration when comparing these data over time.

(c) Includes admissions for which the *Surgical specialty* was not reported.

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

Table 4.5: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical specialty, states and territories, 2017–18

	NSW	Vic ^(a)	Qld ^(a)	WA	SA	Tas	ACT	NT ^(a)	Total
Cardiothoracic surgery									
Days waited at the 50th percentile	23	20	11	17	26	46	6	n.p.	19
Days waited at the 90th percentile	98	88	66	84	79	138	28	n.p.	85
Percentage waited more than 365 days	0.1	0.2	0.0	0.0	0.0	0.3	0.0	n.p.	0.1
Otolaryngology, head and neck surgery									
Days waited at the 50th percentile	187	66	76	91	71	46	122	26	83
Days waited at the 90th percentile	360	264	350	362	352	189	470	170	354
Percentage waited more than 365 days	6.0	3.9	3.1	6.3	5.3	3.0	25.1	1.1	5.2
General surgery									
Days waited at the 50th percentile	35	28	29	33	27	31	43	22	30
Days waited at the 90th percentile	230	122	170	145	122	159	215	91	160
Percentage waited more than 365 days	0.6	0.7	0.5	1.8	1.0	1.9	2.2	0.4	0.8
Gynaecology surgery									
Days waited at the 50th percentile	37	27	46	35	33	38	49	17	35
Days waited at the 90th percentile	199	112	177	111	169	158	161	86	155
Percentage waited more than 365 days	0.8	0.4	0.5	0.2	1.0	1.3	2.1	0.2	0.6
Neurosurgery									
Days waited at the 50th percentile	43	45	23	30	30	58	34	13	36
Days waited at the 90th percentile	280	216	94	161	194	234	263	76	211
Percentage waited more than 365 days	1.9	0.9	0.1	0.2	1.0	2.0	6.8	0.0	1.2

(continued)

Table 4.5 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical specialty, states and territories 2017–18

	NSW	Vic ^(a)	Qld ^(a)	WA	SA	Tas	ACT	NT ^(a)	Total
Ophthalmology surgery									
Days waited at the 50th percentile	191	38	71	50	86	104	115	61	74
Days waited at the 90th percentile	347	141	350	251	323	336	382	269	329
Percentage waited more than 365 days	0.9	1.2	3.4	1.9	3.8	6.8	13.4	1.3	2.0
Orthopaedic surgery									
Days waited at the 50th percentile	108	57	66	65	75	97	109	23	73
Days waited at the 90th percentile	349	239	337	232	356	329	359	255	333
Percentage waited more than 365 days	3.9	3.2	2.3	1.9	8.2	7.3	8.7	1.4	3.6
Paediatric surgery									
Days waited at the 50th percentile	36.5	..	..	55	30	36	73.5	..	42
Days waited at the 90th percentile	225	..	..	200	141	127	201	..	206
Percentage waited more than 365 days	0.4	..	..	0.1	0.2	0.0	1.8	..	0.4
Plastic and reconstructive surgery									
Days waited at the 50th percentile	33	21	28	38	29	21	25	14	27
Days waited at the 90th percentile	235	158	145	183	143	247	155	81	173
Percentage waited more than 365 days	1.7	2.3	0.7	3.2	1.7	3.8	6.0	0.8	2.0
Urological surgery									
Days waited at the 50th percentile	30	21	27	31	34	30	29	26	26
Days waited at the 90th percentile	123	83	88	166	107	143	143	131	104
Percentage waited more than 365 days	0.5	0.3	0.3	1.4	1.0	1.0	2.5	1.1	0.6

(continued)

Table 4.5 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, by surgical specialty, states and territories 2017–18

Surgical specialty	NSW	Vic^(a)	Qld^(a)	WA	SA	Tas	ACT	NT^(a)	Total
Vascular surgery									
Days waited at the 50th percentile	21	26	21	26	21	28	24	19	23
Days waited at the 90th percentile	143	223	89	111	221	147	373	85	159
Percentage waited more than 365 days	0.7	2.2	0.1	0.1	4.5	2.9	10.6	0.5	1.4
Other									
Days waited at the 50th percentile	14	33	30	20	42	n.p.	..	n.p.	23
Days waited at the 90th percentile	73	144	84	91	130	n.p.	..	n.p.	97
Percentage waited more than 365 days	0.2	0.1	0.0	0.5	1.9	n.p.	..	n.p.	0.4
Total^(b)									
Days waited at the 50th percentile	55	29	40	39	42	42	54	23	40
Days waited at the 90th percentile	327	150	279	199	262	238	344	160	268
Percentage waited more than 365 days	1.7	1.4	1.3	1.8	2.9	3.3	7.9	0.8	1.8

(a) Victoria, Queensland and the Northern Territory did not report data for the surgical specialty *Paediatric surgery* in 2017–18. Therefore, these data are not comparable with data for other jurisdictions.

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

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

4.3 How did waiting times vary by intended surgical procedure?

Waiting list statistics for intended surgical procedures can indicate performance in particular areas of elective surgery provision.

Tables 4.6 and 4.7 present time series information on the 15 indicator procedures, including those reported for the *Intended procedure* data element for 2016–17 and 2017–18. The ‘other’ category contains data for procedures not included in the 15 indicator procedure categories.

For 2017–18, data on a longer list of the 25 most common intended procedures are presented (including the 15 indicator procedures).

There was some variation in the reporting of intended surgical procedures among jurisdictions, which may indicate that the data element was not completely implemented, or that there are differences among jurisdictions in the types of procedures that are managed through elective surgery waiting lists.

The majority of states and territories reported some admissions for most of the 152 procedure categories. For Tasmania, 97 of the 152 intended procedures were not reported and for New South Wales, 30 of the intended procedures were not reported. The data by intended surgical procedure for jurisdictions that did not report against all intended surgical procedure categories may not be comparable with the data provided by other jurisdictions.

Changes over time

Between 2013–14 and 2017–18:

- *Coronary artery bypass graft surgery* consistently had the lowest median waiting time (17 days), 90th percentile waiting time (82 days) and proportion of patients who waited more than 365 days for surgery (Table 4.6)
- *Septoplasty* consistently had the highest median waiting time (ranging between 209 and 248 days)
- *Myringoplasty/tympanoplasty* had the highest 90th percentile waiting time and proportion of patients who waited more than 365 days for surgery (383 days and 14.0%, respectively)
- the median waiting time for *Haemorrhoidectomy* decreased from 59 to 48 days, with the remainder of median waiting times remaining relatively stable.

Between 2016–17 and 2017–18, there were marked increases in the proportions of patients who waited more than 365 days for admission for *Septoplasty*, *Myringoplasty/tympanoplasty*, *Tonsillectomy*, *Total knee replacement* and *Total hip replacement*.

Waiting times in 2017–18

In 2017–18:

- *Breast lump excision and/or biopsy* had the shortest median and 90th percentile waiting times across all states and territories (Table 4.7). The median waiting time ranged from 13 days in Victoria to 19 days in South Australia, and the 90th percentile waiting time varied from 38 days in Victoria to 55 days in South Australia.
- *Septoplasty* had the highest median waiting time in 2017–18 (248 days), ranging from 112 days in Victoria to 412 days in the Australian Capital Territory.

Table 4.6: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by intended surgical procedure, 2013–14 to 2017–18^(a)

Intended surgical procedure	2013–14	2014–15	2015–16 ^(b)	2016–17 ^(c)	2017–18
Cataract extraction					
Days waited at the 50th percentile	79	83	93	85	86
Days waited at the 90th percentile	333	331	334	330	334
Percentage waited more than 365 days	2.4	1.8	2.5	1.4	1.9
Cholecystectomy					
Days waited at the 50th percentile	46	43	42	41	45
Days waited at the 90th percentile	148	137	139	132	136
Percentage waited more than 365 days	0.7	0.7	0.7	0.3	0.2
Coronary artery bypass graft					
Days waited at the 50th percentile	18	14	13	13	17
Days waited at the 90th percentile	82	73	70	62	82
Percentage waited more than 365 days	0.0	0.0	0.0	0.0	0.0
Cystoscopy					
Days waited at the 50th percentile	23	22	23	24	24
Days waited at the 90th percentile	100	93	95	92	95
Percentage waited more than 365 days	0.6	0.5	0.5	0.5	0.5
Haemorrhoidectomy					
Days waited at the 50th percentile	59	56	54	49	48
Days waited at the 90th percentile	222	208	225	196	190
Percentage waited more than 365 days	2.3	1.0	2.2	0.7	0.7
Hysterectomy					
Days waited at the 50th percentile	52	55	52	55	57
Days waited at the 90th percentile	211	217	216	236	258
Percentage waited more than 365 days	1.4	1.2	1.8	1.0	1.2
Inguinal herniorrhaphy					
Days waited at the 50th percentile	56	51	52	52	56
Days waited at the 90th percentile	246	242	233	242	259
Percentage waited more than 365 days	1.8	1.5	1.8	0.9	1.0
Myringoplasty/tympanoplasty^(d)					
Days waited at the 50th percentile	128	137	173	170	195
Days waited at the 90th percentile	383	383	382	368	383
Percentage waited more than 365 days	11.8	11.8	12.0	10.7	14.0
Myringotomy					
Days waited at the 50th percentile	55	56	57	56	66
Days waited at the 90th percentile	191	190	196	225	255
Percentage waited more than 365 days	1.0	1.3	1.0	1.1	1.4

(continued)

Table 4.6 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, by intended surgical procedure, 2013–14 to 2017–18^(a)

Intended surgical procedure	2013–14	2014–15	2015–16 ^(b)	2016–17 ^(c)	2017–18
Prostatectomy					
Days waited at the 50th percentile	43	40	42	41	47
Days waited at the 90th percentile	157	121	125	132	159
Percentage waited more than 365 days	1.3	0.7	0.9	0.7	1.1
Septoplasty					
Days waited at the 50th percentile	221	214	209	209	248
Days waited at the 90th percentile	385	370	365	364	375
Percentage waited more than 365 days	12.8	10.5	9.7	9.1	12.3
Tonsillectomy					
Days waited at the 50th percentile	99	124	120	97	121
Days waited at the 90th percentile	354	353	350	347	356
Percentage waited more than 365 days	5.0	5.1	4.3	3.4	4.8
Total hip replacement					
Days waited at the 50th percentile	106	109	114	110	119
Days waited at the 90th percentile	354	344	348	344	354
Percentage waited more than 365 days	6.5	4.4	4.8	3.9	6.0
Total knee replacement					
Days waited at the 50th percentile	194	191	188	195	198
Days waited at the 90th percentile	365	359	361	358	363
Percentage waited more than 365 days	9.9	6.6	7.5	6.1	8.4
Varicose vein treatment^(e)					
Days waited at the 50th percentile	97	105	104	90	101
Days waited at the 90th percentile	353	357	348	328	350
Percentage waited more than 365 days	7.2	8.3	5.0	4.0	5.3
Other procedures					
Days waited at the 50th percentile	28	28	28	29	30
Days waited at the 90th percentile	199	186	191	196	197
Percentage waited more than 365 days	2.1	1.5	1.6	1.6	1.4
Total					
Days waited at the 50th percentile	36	35	37	38	40
Days waited at the 90th percentile	262	253	260	258	268
Percentage waited more than 365 days	2.4	1.8	2.0	1.7	1.8

(a) Interpretation of changes over time should take into account changes in coverage as noted in Appendix A.

(b) Excludes data for the Australian Capital Territory, which were not available at the time of publication.

(c) For 2016–17 the data element, *Intended procedure* replaced *Indicator procedure*. Changes over time should take into account this change in definition.

(d) *Myringoplasty* before 2016–17.

(e) *Varicose vein stripping and ligation* before 2016–17.

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

Table 4.7: Waiting time statistics for admissions from public hospital elective surgery waiting lists, for the 25 most common intended surgical procedures, states and territories, 2017–18

Intended surgical procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Arthroscopy									
Days waited at the 50th percentile	121	48	76	60	54	61	106	68	72
Days waited at the 90th percentile	339	171	332	186	223	189	326	304	311
Percentage waited more than 365 days	2.6	1.4	1.7	0.8	1.7	2.2	6.5	0.6	1.9
Breast lump—excision and/or biopsy									
Days waited at the 50th percentile	17	13	15	18	19	15	16	n.p.	15
Days waited at the 90th percentile	55	38	41	44	48	51	42	n.p.	47
Percentage waited more than 365 days	0.0	0.1	0.1	0.0	0.0	0.4	0.0	n.p.	0.1
Carpal tunnel release									
Days waited at the 50th percentile	78	45	65	51	38	83	99	n.p.	61
Days waited at the 90th percentile	312	154	244	182	140	268	372	n.p.	246
Percentage waited more than 365 days	0.6	0.5	0.5	1.4	0.4	3.4	10.9	n.p.	0.8
Cataract extraction (with or without intra-ocular lens insertion)									
Days waited at the 50th percentile	223	40	87	62	97	146	134	71	86
Days waited at the 90th percentile	349	127	357	259	324	338	391	283	334
Percentage waited more than 365 days	0.8	0.3	4.5	2.1	3.7	6.8	18.6	1.4	1.9
Cholecystectomy (open/laparoscopic)									
Days waited at the 50th percentile	54	35	51	40	40	39	76	36	45
Days waited at the 90th percentile	178	100	160	115	141	158	233	91	136
Percentage waited more than 365 days	0.3	0.1	0.3	0.1	0.0	1.1	1.9	0.0	0.2
Colectomy/anterior resection/large bowel resection									
Days waited at the 50th percentile	16	18	19	17	17	n.a.	n.p.	n.p.	17
Days waited at the 90th percentile	49	67	49	44	63	n.a.	n.p.	n.p.	53
Percentage waited more than 365 days	0.3	1.1	0.0	0.0	0.5	n.a.	n.p.	n.p.	0.5

(continued)

Table 4.7 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, for the 25 most common intended surgical procedures, states and territories, 2017–18

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Coronary artery bypass grafting									
Days waited at the 50th percentile	32	19	7	18	26	46	n.p.	..	17
Days waited at the 90th percentile	121	77	41	79	78	99	n.p.	..	82
Percentage waited more than 365 days	0.1	0.0	0.0	0.0	0.0	0.0	n.p.	..	0.0
Cystoscopy									
Days waited at the 50th percentile	28	18	26	35	30	28	28	25	24
Days waited at the 90th percentile	104	70	88	162	91	125	135	152	95
Percentage waited more than 365 days	0.3	0.2	0.2	1.5	0.5	0.3	1.7	0.0	0.5
Haemorrhoidectomy									
Days waited at the 50th percentile	64	37	69	47	49	n.p.	n.p.	24	48
Days waited at the 90th percentile	287	141	321	174	230	n.p.	n.p.	82	190
Percentage waited more than 365 days	0.5	0.5	0.7	0.7	3.2	n.p.	n.p.	0.0	0.7
Herniorrhaphy									
Days waited at the 50th percentile	81	49	75	56	54	n.a.	123	51	67
Days waited at the 90th percentile	337	149	333	181	256	n.a.	356	101	302
Percentage waited more than 365 days	1.7	1.1	1.0	0.4	1.8	n.a.	9.1	0.0	1.4
Hysterectomy (abdominal/vaginal/laparoscopic)									
Days waited at the 50th percentile	66	45	67	48	50	62	66	n.p.	57
Days waited at the 90th percentile	323	187	299	132	279	179	282	n.p.	258
Percentage waited more than 365 days	1.9	0.8	0.6	0.3	2.0	1.2	4.3	n.p.	1.2
Hysteroscopy, dilatation and curettage									
Days waited at the 50th percentile	29	18	30	25	31	28	39	19	26
Days waited at the 90th percentile	98	76	89	77	90	98	122	86	89
Percentage waited more than 365 days	0.2	0.0	0.1	0.0	0.3	0.4	0.7	0.0	0.1

(continued)

Table 4.7 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, for the 25 most common intended surgical procedures, states and territories, 2017–18

Intended surgical procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Inguinal herniotomy/herniorrhaphy									
Days waited at the 50th percentile	75	40	61	49	41	57	91	37	56
Days waited at the 90th percentile	327	120	266	163	222	186	277.5	99	259
Percentage waited more than 365 days	1.1	0.8	0.7	0.1	1.7	2.7	5.5	0.0	1.0
Laparoscopy									
Days waited at the 50th percentile	54	43	63	41	63	68	60	n.p.	51
Days waited at the 90th percentile	292	155	236	118	311	194	226	n.p.	207
Percentage waited more than 365 days	1.3	0.2	0.4	0.2	1.2	2.4	3.2	n.p.	0.7
Myringoplasty/tympanoplasty									
Days waited at the 50th percentile	319	149	298	169	n.p.	n.p.	n.p.	76	195
Days waited at the 90th percentile	381	453	364	365	n.p.	n.p.	n.p.	348	383
Percentage waited more than 365 days	16.1	24.2	7.4	9.2	n.p.	n.p.	n.p.	3.8	14.0
Myringotomy^(a)									
Days waited at the 50th percentile	73	60	60	84	63	64	87	26	66
Days waited at the 90th percentile	326	131	225	238	157	141	431	83	255
Percentage waited more than 365 days	1.6	0.5	0.5	1.0	1.0	0.6	20.4	0.0	1.4
Prostate biopsy									
Days waited at the 50th percentile	33	27	25	20	40	51	n.p.	n.p.	29
Days waited at the 90th percentile	89	86	78	59	107	78	n.p.	n.p.	88
Percentage waited more than 365 days	0.0	0.0	0.0	0.3	0.2	0.0	n.p.	n.p.	0.1
Prostatectomy (transurethral or open)									
Days waited at the 50th percentile	63	33	45	38	56	n.p.	n.p.	n.p.	47
Days waited at the 90th percentile	257	117	96	189	223	n.p.	n.p.	n.p.	159
Percentage waited more than 365 days	1.2	0.7	0.2	0.9	4.2	n.p.	n.p.	n.p.	1.1

(continued)

Table 4.7 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, for the 25 most common intended surgical procedures, states and territories, 2017–18

Intended surgical procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Septoplasty									
Days waited at the 50th percentile	328	112	302	198	198	n.p.	412	n.p.	248
Days waited at the 90th percentile	367	361	367	382	378	n.p.	596	n.p.	375
Percentage waited more than 365 days	11.1	9.0	10.5	13	19.2	n.p.	58.4	n.p.	12.3
Skin lesion—excision of									
Days waited at the 50th percentile	29	21	25	34	22	n.a.	26	15	25
Days waited at the 90th percentile	105	91	83	101	78	n.a.	128	76	90
Percentage waited more than 365 days	0.2	0.5	0.2	0.5	0.3	n.a.	2.7	0.3	0.4
Thyroidectomy/hemi-thyroidectomy									
Days waited at the 50th percentile	63	52	46	36	54	n.p.	n.p.	n.p.	54
Days waited at the 90th percentile	272	182	110	166	116	n.p.	n.p.	n.p.	195
Percentage waited more than 365 days	2.1	0.6	1.0	0.8	1.2	n.p.	n.p.	n.p.	1.3
Tonsillectomy (with or without adenoidectomy)									
Days waited at the 50th percentile	293	81	175	147	86	78	326	23	121
Days waited at the 90th percentile	361	238	352	365	357	219	430	77	356
Percentage waited more than 365 days	5.8	2.3	2.9	7.2	5.2	3.5	29.7	1.1	4.8
Total hip replacement									
Days waited at the 50th percentile	212	89	90	90	167	147	100	n.p.	119
Days waited at the 90th percentile	358	269	354	261	398	327	351	n.p.	354
Percentage waited more than 365 days	6.5	3.9	4.0	2.6	22	7.9	5.6	n.p.	6.0

(continued)

Table 4.7 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, for the 25 most common intended surgical procedures, states and territories, 2017–18

Intended surgical procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total knee replacement									
Days waited at the 50th percentile	281	114	181	120	273	233	212	n.p.	198
Days waited at the 90th percentile	364	323	362	321	409	385	364	n.p.	363
Percentage waited more than 365 days	8.4	5.8	6.3	5.6	26.4	11.8	9.0	n.p.	8.4
Varicose veins treatment									
Days waited at the 50th percentile	127	83	90	51	168	n.p.	293	n.p.	101
Days waited at the 90th percentile	351	317	348	186	427	n.p.	447	n.p.	350
Percentage waited more than 365 days	2.4	4.8	1.1	0.4	21.2	n.p.	38.8	n.p.	5.3
Other procedures									
Days waited at the 50th percentile	34	28	31	31	34	31	46	17	31
Days waited at the 90th percentile	300	167	229	178	195	201	288	104	223
Percentage waited more than 365 days	1.6	2.0	1.1	1.8	2.0	3.0	6.3	0.6	1.8
Total									
Days waited at the 50th percentile	55	29	40	39	42	42	54	23	40
Days waited at the 90th percentile	327	150	279	199	262	238	344	160	268
Percentage waited more than 365 days	1.7	1.4	1.3	1.8	2.9	3.3	7.9	0.8	1.8

(a) *Myringotomy* includes the intended procedures *Myringotomy (without insertion of grommets)* and *Pressure equalising tubes (grommets)*.

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

4.4 How did waiting times vary by Indigenous status?

Tables 4.8 and 4.9 present information on admissions, median and 90th percentile waiting times and overdue waits by Indigenous status. Table 4.9 presents waiting times for the 25 most common intended surgical procedures by Indigenous status.

In 2017–18, there were about 27,000 admissions from elective surgery waiting lists for patients who identified as being of Aboriginal and/or Torres Strait Islander origin (Table 4.8).

Overall, the median waiting time for Indigenous Australians was higher than that for other Australians (48 days compared with 40 days). This pattern was consistent across all jurisdictions, except South Australia.

The proportion of Indigenous Australians who waited more than 365 days for elective surgery in 2017–18 was similar to that for other Australians (1.7% and 1.8%, respectively).

Intended surgical procedures by Indigenous status

Indigenous Australians had higher median waiting times than other Australians for most of the 25 selected intended surgical procedures (Table 4.9).

For intended surgical procedures for which there were at least 100 admissions for Indigenous persons, the most notable differences in median waiting times between Indigenous Australians and other Australians were for *Total knee replacement* (277 days and 196 days, respectively) and *Total hip replacement* (176 days and 119 days, respectively).

Indigenous Australians had a notably lower median waiting times than other Australians for *Myringoplasty/tympanoplasty* (124 and 238 days, respectively), and *Haemorrhoidectomy* (28 days and 48 days, respectively).

For Indigenous Australians, the highest proportion of patients who waited more than 365 days to be admitted was for *Septoplasty* (13.3%), followed by *Total knee replacement* (11.1%).

Table 4.8: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by Indigenous status^(a), states and territories, 2017–18

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous									
Admissions	9,261	2,216	7,527	3,308	1,502	878	361	2,434	27,487
Days waited at the 50th percentile	65	35	49	41	39	45	57	26	48
Days waited at the 90th percentile	335	179	306	200	186	224	339	215	303
Percentage waited more than 365 days	1.7	2.1	1.3	1.4	1.9	3.1	8.3	1.4	1.7
Other Australians									
Admissions	217,238	198,164	133,408	82,496	54,975	16,686	12,979	5,345	721,291
Days waited at the 50th percentile	54	29	40	39	42	42	54	22	40
Days waited at the 90th percentile	326	149	277	199	265	239	344	128	267
Percentage waited more than 365 days	1.7	1.4	1.3	1.8	2.9	3.3	7.9	0.5	1.8

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

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

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

Table 4.9: Waiting time statistics for admissions from public hospital elective surgery waiting lists, by Indigenous status^(a) for the 25 most common intended surgical procedures, 2017–18

Intended procedure	Indigenous Australians				Other Australians ^(b)			
	Admissions	Days waited at the 50th percentile	Days waited at the 90th percentile	Proportion (%) waited more than 365 days	Admissions	Days waited at the 50th percentile	Days waited at the 90th percentile	Proportion (%) waited more than 365 days
Arthroscopy	532	85	338	2.1	12,333	71	309	1.9
Breast lump—excision and/or biopsy	203	18	74	0.0	9,013	15	46	0.1
Carpal tunnel release	322	73	335	0.9	11,190	60	242	0.8
Cataract extraction (with or without intra-ocular lens insertion)	1,955	123	340	1.9	69,852	85	334	1.9
Cholecystectomy (open/laparoscopic)	931	48	122	0.4	17,241	45	136	0.2
Colectomy/anterior resection/large bowel resection	76	n.p.	n.p.	n.p.	4,811	17	52	0.5
Coronary artery bypass grafting	134	10	67	0.0	2,995	18	83	0.0
Cystoscopy	1,227	26	106	0.3	60,588	24	95	0.5
Haemorrhoidectomy	139	28	105	0.0	4,723	48	192	0.7
Herniorrhaphy	502	75	330	0.4	11,821	66	301	1.4
Hysterectomy (abdominal/vaginal/laparoscopic)	420	67	302	0.2	10,747	56	256	1.2
Hysteroscopy, dilatation and curettage	1,259	26	87	0.3	31,555	26	89	0.1
Inguinal herniotomy/herniorrhaphy	423	49	264	0.5	16,078	56	259	1.0
Laparoscopy	447	63	277	1.6	10,239	50	203	0.7
Myringoplasty/tympanoplasty	425	124	357	4.2	1,514	238	391	16.7
Myringotomy	884	64	218	1.0	5,791	66	259	1.4
Prostate biopsy	78	n.p.	n.p.	n.p.	4,775	29	87	0.1
Prostatectomy (transurethral or open)	135	55	189	1.5	8,011	46	158	1.1
Septoplasty	135	295	379	13.3	5,442	246	375	12.3
Skin lesion—excision of	1,021	33	192	0.5	50,473	25	90	0.4
Thyroidectomy/hemi-thyroidectomy	169	50	159	1.2	5,516	54	195	1.3

(continued)

Table 4.9 (continued): Waiting time statistics for admissions from public hospital elective surgery waiting lists, by Indigenous status^(a) for the 25 most common intended surgical procedures, 2017–18

Intended surgical procedure	Indigenous Australians				Other Australians ^(b)			
	Admissions	Days waited at the 50th percentile	Days waited at the 90th percentile	Proportion (%) waited more than 365 days	Admissions	Days waited at the 50th percentile	Days waited at the 90th percentile	Proportion (%) waited more than 365 days
Tonsillectomy (with or without adenoidectomy)	1,588	153	354	4.1	18,332	120	356	4.8
Total hip replacement	214	179	361	7.9	11,621	119	353	6.0
Total knee replacement	361	277	371	11.1	17,619	196	363	8.3
Varicose veins treatment	79	n.p.	n.p.	n.p.	3,980	100	350	5.4
Other procedures	13,828	32	249	1.5	315,031	31	221	1.8
Total	27,487	48	303	1.7	721,291	40	267	1.8

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

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

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

4.5 How did waiting times differ by clinical urgency category?

When a patient is placed on the public hospital waiting list, a clinical assessment is made of the urgency (clinically recommended time) within which they require elective surgery. For more information, see Table 4.10 and Appendix A.

The information in this section includes the proportion of patients removed from waiting lists within the clinically recommended time, and the median waiting time and the average overdue waiting time for patients remaining on waiting lists at the end of the year.

The proportion of patients seen within the recommended time is the percentage of patients removed from elective surgery waiting lists who were admitted for surgery within the clinically recommended time for each clinical urgency category.

The 'overdue wait' is the amount of time spent waiting while overdue—that is, after 30, 90 or 365 days for clinical urgency categories 1, 2 and 3, respectively. The average overdue wait time (in days) is calculated for patients who were still waiting for their elective surgery as at 30 June 2018, who were ready for care, and who had waited beyond the recommended time. Information on average overdue wait time has been suppressed where there were fewer than 10 patients remaining on the waiting list.

Due to the apparent lack of comparability of clinical urgency categories between states and territories, these data are presented for each state and territory separately. Comparisons between states and territories and between reporting years should be made with reference to Appendix A.

Table 4.10: Admissions from public hospital elective surgery waiting lists, by clinical urgency category, states and territories, 2017–18

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Admissions									
Category 1	49,819	56,325	47,584	22,167	15,901	7,176	4,116	3,149	206,237
Category 2	77,926	90,608	56,055	26,751	20,256	6,604	4,657	3,190	286,047
Category 3	98,754	53,447	37,296	36,886	20,320	3,784	4,567	1,440	256,494
Total admissions	226,499	200,380	140,935	85,804	56,477	17,564	13,340	7,779	748,778
Proportion (%) of admissions									
Category 1	22.0	28.1	33.8	25.8	28.2	40.9	30.9	40.5	27.5
Category 2	34.4	45.2	39.8	31.2	35.9	37.6	34.9	41.0	38.2
Category 3	43.6	26.7	26.5	43.0	36.0	21.5	34.2	18.5	34.3

Category 1—within 30 days; Category 2—within 90 days; Category 3—within 365 days

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

New South Wales

For New South Wales, 97% of patients were admitted within the clinically recommended time, overall (Table 4.11).

Almost all *Category 1* patients were admitted for surgery within 30 days, and the median waiting time was 10 days.

For patients remaining on the waiting list as at 30 June 2018, the average overdue waiting time was 22.8 days for *Category 2* patients and 38.7 days for *Category 3* patients.

Table 4.11: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, New South Wales, 2017–18

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	49,819	77,926	98,754	226,499
Number admitted within clinically recommended time	49,728	75,806	94,977	220,511
Proportion admitted within clinically recommended time (%)	99.8	97.3	96.2	97.4
Days waited at 50th percentile	10	43	208	55
Patients remaining on waiting lists as at 30 June 2018				
Average overdue wait time (days)	n.p.	22.8	38.7	35.7

n.p.—information is not published as there were fewer than 10 patients remaining on the waiting list for this clinical urgency category.

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

Victoria

For Victoria, about 90% of all patients were admitted within the clinically recommended time, overall (Table 4.12).

All *Category 1* patients were admitted for surgery within 30 days, and the median waiting time was 11 days. About 81% of *Category 2* patients and 96% of *Category 3* patients were admitted within the clinically recommended times.

There were no overdue *Category 1* patients remaining on the waiting list as at 30 June 2018. The average overdue waiting time was 93.4 days for *Category 2* patients and 131.6 days for *Category 3* patients.

Table 4.12: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Victoria, 2017–18

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	56,325	90,608	53,447	200,380
Number admitted within clinically recommended time	56,324	73,182	51,195	180,701
Proportion admitted within clinically recommended time (%)	100	80.8	95.8	90.2
Days waited at 50th percentile	11	45	65	29
Patients remaining on waiting lists as at 30 June 2018				
Average overdue wait time (days)	..	93.4	131.6	101.4

..—there were no patients remaining on the waiting list for this category

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

Queensland

For Queensland, 95% of patients were admitted within the clinically recommended time, overall (Table 4.13), including 97% of *Category 1* and 93% of *Category 2* patients were admitted within the clinically recommended time.

For *Category 1*, *2* and *3* patients remaining on the waiting list as at 30 June 2018, the average overdue waits were 7.3, 31.8 and 39.3 days, respectively.

Table 4.13: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Queensland, 2017–18

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	47,584	56,055	37,296	140,935
Number admitted within clinically recommended time	46,270	52,185	35,453	133,908
Proportion admitted within clinically recommended time (%)	97.2	93.1	95.1	95.0
Days waited at 50th percentile	14	56	210	40
Patients remaining on waiting lists as at 30 June 2018				
Average overdue wait time (days)	7.3	31.8	39.3	32.4

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

Western Australia

For Western Australia, 90.6% of patients were admitted within the clinically recommended time, overall (Table 4.14).

For patients remaining on the waiting list as at 30 June 2018, the average overdue waiting time was 20.1 days for *Category 1* patients, 73.5 days for *Category 2* patients and 108.6 days for *Category 3* patients.

Table 4.14: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Western Australia, 2017–18

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	22,167	26,751	36,886	85,804
Number admitted within clinically recommended time	19,017	23,265	35,425	77,707
Proportion admitted within clinically recommended time (%)	85.8	87	96	90.6
Days waited at 50th percentile	14	49	84	39
Patients remaining on waiting lists as at 30 June 2018				
Average overdue wait time (days)	20.1	73.5	108.6	83.1

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

South Australia

For South Australia, about 87% of patients were admitted within the clinically recommended time, overall (Table 4.15).

The median wait for admission was 14 days for *Category 1* patients, 55 days for *Category 2* patients and 111 days for *Category 3* patients.

For patients remaining on the waiting list as at 30 June 2018, the average overdue waiting time was 18.9 days for *Category 1* patients, 112.1 days for *Category 2* patients and 104.8 days for *Category 3* patients.

Table 4.15: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, South Australia, 2017–18

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	15,901	20,256	20,320	56,477
Number admitted within clinically recommended time	13,494	16,907	18,705	49,106
Proportion admitted within clinically recommended time (%)	84.9	83.5	92.1	86.9
Days waited at 50th percentile	14	55	111	42
Patients remaining on waiting lists as at 30 June 2018				
Average overdue wait time (days)	18.9	112.1	104.8	104.7

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

Tasmania

For Tasmania, about 73% of all patients were admitted within the clinically recommended time, overall (Table 4.16).

About 76% of patients in *Category 1* were admitted within clinically recommended times, and about 61% of *Category 2* patients were admitted within clinically recommended times.

For patients remaining on the waiting list as at 30 June 2018, the average overdue waiting time was 55.0 days for *Category 3* patients (that is, they had been on the waiting list for an average of 420 days).

Table 4.16: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Tasmania, 2017–18

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	7,176	6,604	3,784	17,564
Number admitted within clinically recommended time	5,422	4,054	3,284	12,760
Proportion admitted within clinically recommended time (%)	75.6	61.4	86.8	72.6
Days waited at 50th percentile	17	70	187	42
Patients remaining on waiting lists as at 30 June 2018				
Average overdue wait time (days)	49.7	100.1	55.0	86.9

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

Australian Capital Territory

For the Australian Capital Territory, almost 79% of all patients were admitted within the clinically recommended time overall (Table 4.17).

The median waiting time for admission for *Category 1* patients was 18 days.

For *Category 2* patients remaining on the waiting list as at 30 June 2018, the average overdue wait was 55.2 days beyond the clinically recommended time.

Table 4.17: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Australian Capital Territory, 2017–18

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	4,116	4,657	4,567	13,340
Number admitted within clinically recommended time	3,744	3,271	3,528	10,543
Proportion admitted within clinically recommended time (%)	91.0	70.2	77.2	79.0
Days waited at 50th percentile	18	65	229	54
Patients remaining on waiting lists as at 30 June 2018				
Average overdue wait time (days)	n.p.	55.4	110	93.7

n.p.—information is not published as there were fewer than 10 patients remaining on the waiting list for this clinical urgency category.

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

Northern Territory

For the Northern Territory, 94% of all patients were admitted within the clinically recommended time overall (Table 4.18).

The average waiting time for admission for *Category 1* patients was 8 days.

For *Category 1* patients remaining on the waiting list as at 30 June 2018, the average overdue wait was 279.6 days beyond the clinically recommended time.

Table 4.18: Selected statistics for public hospital elective surgery waiting lists, by clinical urgency, Northern Territory, 2017–18

	Category 1 (within 30 days)	Category 2 (within 90 days)	Category 3 (within 365 days)	Total
Number of admissions	3,149	3,190	1,440	7,779
Number admitted within clinically recommended time	3,006	2,946	1,383	7,335
Proportion admitted within clinically recommended time (%)	95.5	92.4	96.0	94.3
Days waited at 50th percentile	8	41	148	23
Patients remaining on waiting lists as at 30 June 2018				
Average overdue wait time (days)	279.6	231.6	231.0	237.6

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

Where to go for more information

More information on waiting times by clinical urgency and by quarter for each state and territory for 2017–18 is available in tables S4.4 to S4.11: ‘Selected statistics for admissions from public hospital waiting lists, by clinical urgency category and quarter, 2017–18’ (which accompany this report online).

Appendix A: Data quality information

This appendix provides information on the National Elective Surgery Waiting Times Data Collection (NESWTDC), including a Data Quality Statement summary relevant to interpreting the NESWTDC. It also contains further information on variation in hospital reporting that may affect the interpretation of the data presented in this report.

National Elective Surgery Waiting Times Data Collection

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

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

The NESWTDC covers most public hospitals that undertake elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics from those of reporting hospitals. Some smaller remote hospitals may have different patterns of service delivery to those of other hospitals because specialists providing elective surgery services visit these hospitals only periodically.

Before 2016–17, the elective surgery waiting list data were reported to two separate national minimum data sets (NMDSs), which are available on the AIHW's Metadata Online Register (METeOR):

- Elective surgery waiting times (census data) NMDS—which included patients on waiting lists for elective surgery who were yet to be admitted to hospital or removed for another reason (see METeOR identifier 600059).
- Elective surgery waiting times (removals data) NMDS—which included patients removed from waiting lists for elective surgery (for admission or another reason) (see METeOR identifier 600056).

From 1 July 2016, the Elective surgery waiting times NMDS comprises both removals and census data—that is, patients on, or removed from, elective surgery waiting lists (see METeOR identifier 623795).

Detailed information about the AIHW's NESWTDC is in the Data Quality Statement. The Data Quality Statement is summarised below and accompanies this report online at <www.aihw.gov.au>.

Data quality summary for National Elective Surgery Waiting Times Data Collection 2017–18

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

(as public hospitals do), but are managed privately. Removals are counted for patients who have been removed for admission, or for another reason.

The data supplied for 1 July 2017 to 30 June 2018 are based on the ESWT NMDS for 2017–18.

The NESWTDC includes data for each year from 1999–00 to 2017–18.

Summary of coverage

How has data coverage changed over time?

For the purposes of this report, the coverage of the NESWTDC is estimated by comparing admissions for elective surgery reported to the NESWTDC with elective surgical separations reported to the National Hospital Morbidity Database (NHMD), expressed as a percentage. For more information on elective surgical separations and the estimate of coverage, see Appendix B.

As 2017–18 NHMD data are not yet available, the estimates of the coverage are preliminary, based on 2016–17 NHMD data. For 2017–18, the preliminary estimate of public hospital elective surgery covered by the NESWTDC was 95%. The estimated coverage was 100% in New South Wales, Queensland, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory. For Victoria and South Australia, the majority of public hospital elective surgery was covered by the NESWTDC (85% and 97%, respectively) (Table A1). These estimates will be updated when the total number of elective surgery separations for public hospitals is available in the NHMD, early in 2019.

Between 2013–14 and 2017–18, the coverage of the NESWTDC fluctuated between 92% and 95% (excluding data for the Australian Capital Territory from the numerator for 2015–16). Coverage was highest for *Principal referral and women's and children's hospitals* and for *Public acute group A* and *Public acute group B hospitals* (Table A2).

For 2017–18, the NESWTDC covered most hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with other hospitals.

After adjusting for the changes in coverage for Victoria and Queensland, additions to elective surgery waiting lists were estimated to have increased by 2.2% on average each year and removals were estimated to have increased by 1.6% on average each year.

Table A1: Estimated proportion (%) of elective surgery reported to the NESWTDC, states and territories, 2013–14 to 2017–18

State/territory	2013–14	2014–15	2015–16 ^(a)	2016–17	2017–18 ^(b)
New South Wales	100	100	100	100	100
Victoria	80	80	81	85	85
Queensland	98	91	100	100	100
Western Australia	100	100	100	100	100
South Australia	96	97	97	97	97
Tasmania	100	100	100	100	100
Australian Capital Territory	100	100	n.a.	100	100
Northern Territory	100	100	100	100	100
Total	94	92	93	95	95

(a) For 2015–16, excludes data for the Australian Capital Territory from the numerator only.

(b) Coverage estimate is preliminary, based on comparison with admitted patient data reported for 2016–17.

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

Table A2: Estimated proportion (%) of elective surgery reported to the NESWTDC, by public hospital peer group, 2013–14 to 2017–18

Hospital peer group	2013–14	2014–15	2015–16 ^(a)	2016–17	2017–18 ^(b)
Principal referral and women's and children's hospitals	100	99	97	100	100
Public acute group A hospitals	96	94	94	97	98
Public acute group B hospitals	96	96	96	99	99
Other hospitals ^(c)	75	71	75	76	71
Total	94	92	93	95	95

(a) For 2015–16, excludes data for the Australian Capital Territory from the numerator only.

(b) Coverage estimate is preliminary, based on comparison with admitted patient data reported for 2016–17.

(c) Includes hospitals not included in the specified hospital peer groups. See Appendix C for details.

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

Changes in the number of hospitals reporting

Between 2013–14 and 2017–18, the number of public hospitals that reported admissions from elective surgery waiting lists increased from 244 to 261 nationally, and there were changes in the number of hospitals that reported admissions for some jurisdictions (tables A3–A5)

A change in the number of hospitals reporting admissions over time does not necessarily represent a change in coverage of elective surgery data reported. For example, data provided by two separate hospitals for one period, may be combined and provided by a single hospital the following year. Any changes that made a material difference to the coverage of elective surgery reported over time, are outlined in Table A4.

Between 2016–17 and 2017–18, the number of hospitals that reported admissions from elective surgery waiting lists changed for three jurisdictions, however this increase did not constitute a change in coverage between these time periods.

In addition, the number of hospitals reported here may underestimate the number of hospitals with elective surgery waiting lists, because the coverage of the data collection is incomplete. See 'How has data coverage changed over time?' above for more information.

New South Wales

- Bulli Hospital, Temora Hospital and Pambula District Hospital ceased providing elective surgery from 2016–17. Combined, these hospitals reported about 400 admissions from elective surgery waiting lists in 2015–16. This does not constitute a change in coverage.

Victoria

- the Wodonga and Warrnambool hospitals reported elective surgery data for the first time in 2016–17. This constituted a change in coverage
- the Women's Hospital at Sandringham began reporting elective surgery data separately in 2015–16, whereas in previous years this data was reported with elective surgery data for the Royal Women's Hospital. This change in organisational arrangements did not represent an increase in coverage over this period.

Queensland

- the Sunshine Coast University Hospital opened in March 2017. This did not constitute a change in coverage, as elective surgery services were previously provided by a number of smaller hospitals in the region, which reported data for the NESWTDC
- for 2015–16, data for an additional 18 smaller hospitals were reported for the first time. This constituted a change in coverage as the activity was previously not reported for the NESWTDC
- the Lady Cilento Children's Hospital opened in November 2014, replacing the Royal Children's Hospital and the Mater Children's Hospital. The Lady Cilento Children's Hospital and the Royal Children's Hospital are both included in the 2014–15 data. This did not constitute a change in coverage
- for 2014–15, data were not provided for 2 hospitals (which reported about 9,300 admissions (combined) from elective surgery waiting lists in 2015–16) and 5 months of data for a third hospital (which closed in late 2014 and had reported about 3,700 admissions in 2013–14). The 3 hospitals comprised 2 *Principal referral and women's and children's hospitals* and 1 *Public acute group A hospital*. These periods of missing data constituted changes in coverage.

Western Australia

- in June 2018, Princess Margaret Hospital closed and Perth Children's Hospital opened, both hospitals were reported for 2017–18, this did not constitute a change in coverage.
- data was reported for Kalamunda hospital for the first time in 2017–18.
- the Fiona Stanley Hospital opened in October 2014, replacing the Royal Perth Hospital (Shenton Park campus) and Kaleeya Hospital. All 3 of these hospitals are included for 2014–15 in tables A3 and A4
- in November 2015, the St John of God, Midland Public Hospital opened, replacing the Swan District Hospital.

South Australia

- in 2017–18, Southern Yorke Peninsula Health service elective surgery data was reported as part of Northern Yorke Peninsula health service. This did not constitute a change in coverage.
- 3 small hospitals ceased providing elective surgery between 2012–13 and 2015–16. This did not represent a change in coverage.

Australian Capital Territory

- For 2015–16, Australian Capital Territory data were not available at the time of publication.

Table A3: Number of hospitals reporting admissions from waiting lists for elective surgery, by public hospital peer group, 2013–14 to 2017–18

	2013–14	2014–15	2015–16 ^(a)	2016–17	2017–18
Principal referral and Women's and children's hospitals	41	41	41	43	44
Public acute group A hospitals	58	57	59	60	60
Public acute group B hospitals	43	43	42	43	43
Other hospitals ^(b)	102	100	117	113	114
Total	244	241	259	259	261

(a) Includes public hospitals for the Australian Capital Territory, for which 2015–16 data were not available at the time of publication. Interpretation of all changes over time presented in this report should take into account changes in coverage as noted in Appendix A.

(b) Includes hospitals not included in the specified hospital peer groups. See Appendix C for details.

Table A4: Number of hospitals reporting admissions from waiting lists for elective surgery, states and territories, 2013–14 to 2017–18

	2013–14	2014–15	2015–16 ^(a)	2016–17	2017–18
New South Wales	96	95	96	93	94
Victoria ^(b)	32	32	33	35	35
Queensland ^(c)	33	31	50	51	51
Western Australia	34	35	33	33	35
South Australia	38	37	36	36	35
Tasmania	4	4	4	4	4
Australian Capital Territory	2	2	2	2	2
Northern Territory	5	5	5	5	5
Total	244	241	259	259	261

(a) Includes public hospitals for the Australian Capital Territory, for which 2015–16 data were not available at the time of publication. Interpretation of all changes over time presented in this report should take into account changes in coverage as noted in Appendix A.

(b) Wodonga Hospital and Warrnambool Hospital reported elective surgery data for the first time in 2016–17, this constituted a change in coverage.

(c) For 2015–16, Queensland provided data for an additional 18 small hospitals that accounted for about 3,000 admissions from waiting lists. This constituted a change in coverage.

Table A5: Number of hospitals providing admissions from public hospital elective surgery waiting lists, by public hospital peer group, states and territories, 2017–18

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Women's and children's hospitals	14	10	8	6	3	1	1	1	44
Public acute group A hospitals	22	13	12	5	4	2	1	1	60
Public acute group B hospitals	17	8	8	5	4	1	..	..	43
Other hospitals	41	4	23	19	24	0	0	3	114
Total	94	35	51	35	35	4	2	5	261

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

Summary of key data quality issues

- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, in Victoria, Queensland and Tasmania, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the reporting hospital only.
- For New South Wales, patients are not transferred to another hospital list. Where a patient is treated at a hospital other than the hospital that manages the waiting list, the waiting time reflects the complete period from the original listing date to admission for the awaited surgery.
- In 2016–17 and 2017–18, the Northern Territory did not report the number of patients who were *Transferred to another hospital's waiting list*.
- There is an apparent lack of comparability of the assignment of clinical urgency categories among jurisdictions, which may result in statistics that are not meaningful or comparable between jurisdictions.
- The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.
- A small number of intended procedures may be undertaken as non-admitted patient care (for example, for some cataract extractions in New South Wales). Waiting times associated with non-admitted activity are not captured in the NESWTDC.
- Between 2013–14 and 2017–18, the coverage of the data collection changed for Victoria, Queensland and the Australian Capital Territory

Additional information on data quality

Clinical urgency categorisation

As for earlier years, there is apparent variation in the assignment of urgency categories among states and territories for 2017–18. This apparent lack of comparability of clinical urgency categories among jurisdictions means that measures based on these categories are also not comparable between jurisdictions. The concepts of the proportion 'overdue' and the 'average overdue wait time' may also not be meaningful or comparable because they depend on the urgency categorisation.

Despite the differences in how clinicians assign clinical urgency categories, interpreting state and territory waiting times statistics could be assisted by having context information about the proportion of patients in each urgency category.

For example, a state or territory could report relatively long median waiting times in association with a relatively high proportion of patients assessed by clinicians in the state (or territory) as being in *Category 3* (procedure clinically indicated within 365 days). Conversely, a state or territory in which a relatively high proportion of patients are assessed by clinicians as being in *Category 1* or *2* (procedure clinically indicated within 30 days and 90 days, respectively) could have relatively short overall median waiting times.

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

The AIHW and the RACS reviewed the existing practices across Australia and reported the findings of their review and recommendations for action in the report *National definitions for elective surgery urgency categories* (AIHW 2013b) which was presented to the Standing Council on Health in late 2012.

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

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

As a result of this work, revised definitions for clinical urgency categories and for the glossary items *elective surgery*, *emergency surgery* and *other surgery* were developed and were implemented in the ESWT NMDs from 1 July 2015. In addition, the data element *Intended procedure* and the revised data element for *Surgical specialty* were implemented on 1 July 2016.

Guidelines on the assignment of the 'usual' clinical urgency category for each intended procedure were released in 2015 (AHMAC 2015). With these changes, it is expected that the comparability of the urgency categorisation data will improve over coming years.

Surgical specialties

Before 2016–17, information about the specialty of the surgeon who was to perform the procedure was collected using the data element *Elective surgery waiting list episode—surgical specialty* (of scheduled doctor) (METeOR identifier 270146). It included 10 specific surgical specialties, and an 'other' category.

From 1 July 2016, the surgical specialty data element was revised to include *Paediatric surgery*, and some surgical specialties were relabelled (METeOR identifier 605195). The revised surgical specialty data element now contains 11 specific surgical specialties, and an 'other' category.

In previous years, records for which the surgical specialty may have been *Paediatric surgery* would have been allocated to another surgical specialty or as 'Other' (surgical specialty other than one of the 10 specified specialties). Therefore, the data for 2016–17 and 2017–18 are not comparable with data presented for earlier years.

Use of the *Paediatric surgery* category varied among jurisdictions.

- In 2016–17, *Paediatric surgery* was reported by Western Australia, South Australia, Tasmania and the Australian Capital Territory.
- In 2017–18, *Paediatric surgery* was reported by New South Wales, Western Australia, South Australia, Tasmania and the Australian Capital Territory.

The data by surgical specialty for jurisdictions that did report *Paediatric surgery* are not comparable with the data provided by jurisdictions that did not report *Paediatric surgery*.

Intended surgical procedures

Between 2015–16 and 2016–17, the data element *Indicator procedure* was replaced by *Intended procedure* in the ESWT NMDS. The *Intended procedure* (intended surgical procedure) data element (METeOR identifier 637500) contains 152 categories of surgical procedures, and includes the 15 procedures that were previously reported for the *Indicator procedure* data element (METeOR identifier 514033).

The following *Intended procedures* are considered equivalent to the corresponding *Indicator procedures*:

- *Cataract extraction (with or without intra-ocular lens insertion)*
- *Cholecystectomy (open/laparoscopic)*
- *Coronary artery bypass grafting*
- *Cystoscopy*
- *Hysterectomy (abdominal/vaginal/laparoscopic)*
- *Prostatectomy*
- *Tonsillectomy (with/without adenoidectomy).*

In addition, *Myringotomy (without insertion of grommets)* and *Pressure equalising tubes—insertion of*, combined, are considered to be equivalent to the indicator procedure *Myringotomy*.

There are some minor differences between the following *Intended procedures* and the corresponding *Indicator procedures*:

- *Inguinal herniotomy/herniorrhaphy*
- *Total hip replacement*
- *Total knee replacement*
- *Varicose veins treatment.*

The previous list of 15 *Indicator procedures* represented high-volume procedures that were potentially associated with longer waiting times. These are presented in this report, in Table 3.4 along with the 10 most commonly reported intended surgical procedures (that were not in the previous set of indicator procedures).

From 2016–17, 2 separate *Intended procedures—Myringotomy and Pressure equalising tubes (grommets) - insertion of—*are regarded as equivalent to the *Myringotomy* indicator procedure. The increase in admissions for *Myringotomy* between 2015–16 and 2016–17 reflects, in part, the inclusion of New South Wales admissions for *Pressure equalising tubes (grommets) - insertion of*, that had not previously been reported for NSW under the indicator procedure *Myringotomy*.

There was some variation in the reporting of intended procedures among jurisdictions, which may indicate that the data element was not completely implemented, or that there are differences among jurisdictions in the types of procedures that are managed through elective surgery waiting lists.

For 2017–18, the majority of states and territories provided some patient counts for most of the 152 intended procedures. For Tasmania, 97 of the 152 intended procedures were not reported and for New South Wales, 30 of the 152 intended procedures were not reported.

The *Intended procedure* data element includes an ‘Other’ category for procedures other than the 152 individual procedures. In 2017–18, nationally, 26.6% of intended procedures were

categorised as 'Other'. The proportion of admissions from public hospital elective surgery waiting lists where the intended procedure was reported as 'Other' ranged from 24.1% in Victoria to 48.1% in Tasmania.

Therefore, the data by intended procedure for jurisdictions that did not report against all intended procedure categories may not be comparable with the data provided by other jurisdictions.

For time series, the 15 indicator procedures are presented, including the 2016–17 and 2017–18 data based on the *Intended procedure* data element. There is also an 'other' category which contains data for procedures not included in the 15 indicator procedure categories.

For the 2017–18 data, a longer list of 25 intended surgical procedures is presented. This includes the 15 'indicator procedures' and the 10 most common intended surgical procedures that were not 'indicator procedures'.

Quality of Indigenous status data

The quality of Indigenous status information in the data provided for the NESWTDC has not been formally assessed. Therefore, the information presented for Indigenous status for elective surgery waiting times in Chapter 4 should be used with caution.

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013a) found that, nationally, about 88% of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the 'true' number of separations for Indigenous Australians was about 9% higher than reported. This under-identification could similarly affect the NESWTDC data.

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

New South Wales

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

Victoria

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

Queensland

Available evidence suggests that the number of Indigenous patients is understated in Queensland hospital data due to both non-reporting and misreporting of Indigenous status. Despite this, Queensland Health regards the Indigenous status data used in this report to be of an appropriate quality for publication.

Western Australia

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

South Australia

The South Australian Department for Health and Wellbeing reports that the quality of Indigenous status data in its elective surgery waiting times collection has improved over recent years and is of sufficient quality to be appropriate for publication.

Tasmania

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

Australian Capital Territory

The Australian Capital Territory Health Directorate advised that the quality of its Indigenous status data for elective surgery waiting times is of sufficient quality to be appropriate for publication.

Northern Territory

The Northern Territory Department of Health considers the quality of its Indigenous status data for elective surgery waiting times patients to be good, with accuracy at over 90%. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

What are the limitations of the data?

Overall, the quality of the data in the NESWTDC is sufficient for them to be published in this report. However, the limitations of the data should be taken into consideration when they are interpreted.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data, checking for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. Except as noted, the AIHW does not adjust data to account for possible data errors or missing or incorrect values.

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

Caution should be used when interpreting the data presented in this report, as they have not been confirmed against the data on elective surgery in the National Hospital Morbidity Database (NHMD) because those data are not yet available. The NHMD includes information on patient characteristics and on the procedures performed, which can be used to check the data in the NESWTDC. These data will be reported in early 2019.

Appendix B: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2017–18 definitions in the *National health data dictionary*, versions 16, 16.1 and 16.2 (AIHW 2012, 2015b, 2015c) (summarised in the Glossary).

Data presentation

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

Data on 50th and 90th percentile waiting times and the proportion of patients who waited more than 365 days for their surgery have been suppressed if there were fewer than 100 admissions in the category being presented. The abbreviation 'n.p.' has been used to denote these suppressions. For these tables, the totals include the suppressed information.

Methods

Median and 90th percentile waiting times

The number of days a patient waits for elective surgery is calculated by states and territories as the number of calendar days between the date the patient was placed on the waiting list and the date that the patient was removed from the waiting list (the removal date), minus any days when the patient was 'not ready for care', and any days when the patient was waiting with a clinical urgency category that was less urgent than their clinical urgency category at removal (that is, if the patient's urgency category was reassigned as being more urgent while they were waiting).

The number of days waited also does not include the time waited for an initial appointment with the specialist—from the time of referral by the patient's GP—because this information is not available. The AIHW is currently working with states and territories to develop a consistent and nationally agreed approach to measuring access time for elective surgery from the time of referral by the patient's GP. The aim is that nationally consistent data will become available on the time spent between GP referral and the initial specialist appointment.

The waiting times data presented in this report are for patients who completed their wait and were admitted for their surgery as either an elective or emergency admission.

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

The 50th percentile (the median or middle value in a group of data arranged from lowest to highest value) represents the number of days within which 50% of patients were admitted for

the awaited surgery; half the waiting times will have been shorter, and half the waiting times longer, than the median.

The 90th percentile data represent the number of days within which 90% of patients were admitted for the awaited surgery. The remaining 10% of patients waited longer.

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

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

The calculation is where:

n is the number of observations, and

p is the percentile value divided by 100,

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

If $n \times p$ is an integer, the percentile value will correspond to the average of the values for the i^{th} and $(i+1)^{\text{th}}$ observations.

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

For example, if there were 100 observations, the median waiting time will correspond to the average waiting time for the 50th and 51st observations (ordered according to ascending waiting time). Similarly, the 90th percentile waiting time will correspond to the average waiting time for the 90th and 91st observations if there are 100 observations.

If there were 101 observations, the median waiting time will correspond to the waiting time for the 51st observation and the 90th percentile waiting time will correspond to the waiting time for the 91st observation.

Overdue wait time

The 'overdue wait' is the amount of time spent waiting while overdue—that is, after 30, 90 or 365 days for clinical urgency categories 1, 2 and 3, respectively. The average overdue wait time (in days) is calculated for patients who were still waiting for their elective surgery as at 30 June 2018, who were ready for care, and who had waited beyond the recommended time.

In general, at the time of being placed on the public hospital waiting list, a clinical assessment is made of the urgency with which the patient requires elective surgery. The clinical urgency categories are:

Category 1—procedures that are clinically indicated within 30 days

Category 2—procedures that are clinically indicated within 90 days

Category 3—procedures that are clinically indicated within 365 days.

Analyses of clinical urgency category data have shown notable variation in the assignment of these categories, both among and within jurisdictions, and for individual surgical specialties and surgical procedures, as well as overall (see Appendix A).

Changes over time

Tables presenting the numbers of admissions from elective surgery waiting lists over time show the average annual changes from 2013–14 to 2017–18 and from 2016–17 to 2017–18. Where noted in the text, rates were adjusted for changes in data coverage over time, as described below in 'Estimated coverage of the NESWTDC'.

The average annual rate of change, expressed as a percentage is calculated as follows:

$$\left(\left(\frac{p_n}{p_0} \right)^{\frac{1}{N}} - 1 \right) \times 100$$

Where:

p_n = indicator value in later time period

p_0 = indicator value in earlier time period

N = number of years between two time periods.

Estimated coverage of the NESWTDC

The estimated proportion of elective surgical separations covered by the NESWTDC data is calculated as the number of admissions for elective surgery reported to the NESWTDC, divided by the number of elective surgical separations (separations with an *Elective* urgency of admission and a *Surgical* Australian Refined Diagnosis Related Group for public hospital) reported to the NHMD, as a percentage.

For 2017–18, as the corresponding admitted patient care data were not available, this estimate was based on a comparison of the numbers of admissions and hospitals that were reported to the NESWTDC for 2016–17 and 2017–18, and the number of elective surgical separations reported to the NHMD for 2016–17.

For example:

- if the same hospitals were reported by a jurisdiction for the NESWTDC for both 2016–17 and 2017–18, the jurisdiction's coverage was assumed to be the same for both years
- if the hospitals reported by a jurisdiction changed between 2016–17 and 2017–18, the jurisdiction's coverage was adjusted by increasing (or decreasing) the numerator counts (NESWTDC admissions for 2016–17), based on the number of elective surgical separations reported for the individual hospital(s) to the NHMD for 2016–17
- if a hospital that was included in the NESWTDC for the first time in 2017–18 was not included in the NHMD for 2016–17, the number of elective surgical separations was assumed to be equal to the number of admissions from elective surgery waiting lists.

Appendix C: Public hospital peer groups

This report uses the Australian hospital peer group classification (AIHW 2015a). A summary of the public hospital peer group classification is presented in Table C.1.

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

Table C.1: Public hospital peer groups

Group	Description
Acute public hospitals	Are identified according to the hospital’s service profile:
Principal referral hospitals	Provide a very broad range of services, including some very sophisticated services, and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an Infectious diseases unit and a 24-hour emergency department.
Public acute group A hospitals	Provide a wide range of services to a large number of patients and are usually situated in metropolitan centres or inner regional areas. Most have an intensive care unit and a 24-hour emergency department. They are among the largest hospitals, but provide a narrower range of services than the Principal referral group. They have a range of specialist units, potentially including bone marrow transplant, coronary care and oncology units.
Public acute group B hospitals	Most have a 24-hour emergency department and perform elective surgery. They provide a narrower range of services than the Principal referral and Public acute group A hospitals. They have a range of specialist units, potentially including obstetrics, paediatrics, psychiatric and oncology units.
Public acute group C hospitals	These hospitals usually provide an obstetric unit, surgical services and some form of emergency facility. They are generally smaller than the Public acute group B hospitals.
Public acute group D hospitals	Often situated in regional and remote areas and offer a smaller range of services relative to the other public acute hospitals (groups A–C). Hospitals in this group tend to have a greater proportion of non-acute separations compared with the larger acute public hospitals.
Very small hospitals	Generally have less than 200 admitted patient separations each year.
Specialist hospital groups	Perform a readily identified role within the health system
Women’s and children’s hospitals	
Children’s hospitals	Specialise in the treatment and care of children.
Women’s hospitals	Specialise in treatment of women.
Women’s and children’s hospitals	Specialise in the treatment of both women and children.
Early parenting centres	Specialise in care and assistance for mothers and their very young children.
Drug and alcohol hospitals	Specialise in the treatment of disorders relating to drug or alcohol use.

(continued)

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

Group	Description
Psychiatric hospitals	Specialise in providing psychiatric care and/or treatment for people with a mental disorder or psychiatric disability.
Psychogeriatric hospitals	Specialise in the psychiatric treatment of older people.
Child, adolescent and young adult psychiatric hospitals	Specialise in the psychiatric treatment of children and young people.
General acute psychiatric hospitals	Provide acute psychiatric treatment.
General non-acute psychiatric hospitals	Provide non-acute psychiatric treatment—mainly to the general adult population.
Forensic psychiatric hospitals	Provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending.
Same-day hospitals	Treat patients on a same-day basis. The hospitals in the same-day hospital peer groups tend to be highly specialised.
Other day procedure hospitals	Provide a variety of specialised services on a same-day basis.
Other acute specialised hospitals	Specialise in a particular form of acute care, not grouped elsewhere. This group is too diverse to be considered a peer group for comparison purposes. It includes hospitals that specialise in the treatment of cancer, rheumatology, eye, ear and dental disorders.
Subacute and non-acute hospitals	
Rehabilitation and geriatric evaluation and management hospitals	Primarily provide rehabilitation and/or geriatric evaluation and management in which the clinical purpose or treatment goal is improvement in the functioning of a patient.
Mixed subacute and non-acute hospitals	Primarily provide a mixture of subacute (rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care) and non-acute (maintenance) care that is not covered by the hospitals in the rehabilitation and geriatric evaluation and management hospital peer group.
Outpatient hospitals	Provide a range of non-admitted patient services. Generally do not admit patients.
Unpeered hospitals	Could not be placed in one of the other peer groups.

Appendix D: National hospital statistics-related committees

The Australian Institute of Health and Welfare (AIHW) currently provides secretariat support for the following national committees that are relevant to hospital statistics:

- the Strategic Committee for National Health Information (SCHNI)
- the National Health Data and Information Standards Committee (NHDISC)
- the Australian Hospital Statistics Advisory Committee (AHSAC).

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Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ESWT NMDS	Elective surgery waiting times (removals and census data) national minimum data set
GP	general practitioner
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification
METeOR	Metadata Online Registry
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
NHMD	National Hospital Morbidity Database
NMDS	national minimum data set
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
RACS	Royal Australasian College of Surgeons
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

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

Glossary

Most definitions in this glossary contain an identification number from the Metadata Online Register (METeOR), Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for topics related to health and community services, and specifications for related national minimum data sets (NMDs). METeOR can be viewed on the AIHW website at <www.meteor.aihw.gov.au>.

For further information on the terms used in this report, refer to the definitions for the 2017–18 Elective surgery waiting times (removals and census data) NMDs in the *National health data dictionary* versions 16, 16.1 and 16.2 (AIHW 2012, 2015b, 2015c).

addition to an elective surgery waiting list: The process whereby a patient is placed on a public hospital waiting list for elective surgery.

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

In this report, the term '**admissions from elective surgery waiting lists**' describes episodes for patients who were admitted for elective surgery as either an elective or emergency admission.

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

clinical urgency: A clinical assessment of the urgency with which a patient requires elective hospital care. METeOR identifier: 598034.

elective surgery: Planned surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on an elective surgery waiting list. METeOR identifier: 568780.

hospital: A health-care facility established under Australian Government, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. METeOR identifier: 268971.

intended procedure: The procedure for which a patient has been placed on an elective surgery waiting list. Waiting list statistics for selected intended procedures give a specific indication of performance in particular areas of elective care provision. METeOR identifier: 637500.

Indigenous status: A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first 2 of 3 components of the Australian Government definition:

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives.
METeOR identifier: 602543.

overdue patient: A patient is classified as overdue if ready for care and waiting time at admission or waiting time at a census date is longer than 30 days for patients in clinical

urgency *Category 1*, 90 days for patients in clinical urgency *Category 2*, or 365 days for patients in clinical urgency *Category 3*. METeOR identifier: 613691.

peer group: A classification of hospitals into broadly similar groups in terms of characteristics (see Appendix C).

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

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

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

public patient: A patient treated at no charge in a public hospital (or provided with care by a private hospital on behalf of a public hospital). METeOR identifier: 566080.

reason for removal from waiting list: The reason a patient is removed from an elective surgery waiting list. METeOR identifier: 471735.

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

surgery: where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, excluding specific procedures frequently done by non-surgical clinicians. METeOR identifier: 604410.

surgical specialty: The area of clinical expertise held by the doctor who will perform the elective surgery. METeOR identifier: 605195.

waiting time at admission/removal: The time elapsed (in days) for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were removed from the waiting list. METeOR identifier: 598074.

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