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Australian Institute of
Health and Welfare

Australian hospital statistics 2011–12



Elective surgery waiting times



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to promote better health and wellbeing*

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Foreword

I am pleased to present this report on elective surgery waiting times for Australian public hospitals for the period July 2011 to June 2012. For the first time, these data are being reported within 4 months of the end of the reference period. The Australian Institute of Health and Welfare (AIHW) is grateful to the states and territories who worked with us to make this possible.

This report is one of a suite of products produced by the Institute to report on Australia's hospitals each year. A separate report on emergency department care was released in September and a report on hospital-associated *Staphylococcus aureus* bacteraemia cases is scheduled for release later in 2012. As in previous years, a comprehensive report and a summary report on Australian hospitals will be published in early 2013.

The performance information published in this report matches the data to be provided by the AIHW for the Council of Australian Governments Reform Council report on the National Healthcare Agreement, and the Steering Committee for the Review of Government Service Provision's *Report on government services* (SCRGSP 2012), both due for publication in the first half of 2013.

The data also align with data to be provided by the AIHW to the National Health Performance Authority for its reporting on the performance of individual public hospitals, through the *MyHospitals* website.

David Kalisch

Director

October 2012

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Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
NEST	National Elective Surgery Target
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
NHMD	National Hospital Morbidity Database
NMDS	National minimum data set
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

n.a.	Not available
n.p.	Not published
..	Not applicable

Summary

How much elective surgery was done in 2011–12?

In 2011–12, Australia's public hospitals admitted about 662,000 patients from elective surgery waiting lists (as either elective or emergency admissions).

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

Between 2010–11 and 2011–12, the increase in admissions was 5.5%. This increase was driven, in part, by an increase in the number of smaller hospitals reporting elective surgery waiting times data. There were notable increases in the numbers of reporting hospitals for South Australia (32 additional hospitals), and Western Australia (22 additional hospitals).

Between 2007–08 and 2011–12, admissions from elective surgery waiting lists increased by an average of 3.8% per year, and by an average of 2.7% for hospitals that reported throughout the period.

Elective surgery admissions per 1,000 population increased by an average of 2.2% per year, from 27.0 per 1,000 in 2007–08, to 29.4 per 1,000 in 2011–12. These numbers are not adjusted for changes in the numbers of hospitals reporting over this period.

How long did people wait for surgery?

In 2011–12, 50% of patients waited up to 36 days for public elective surgery, an increase over the 34 days in 2007–08 and unchanged since 2010–11. The median waiting time ranged from 27 days in Queensland to 63 days in the Australian Capital Territory.

The median waiting time was shortest for *Principal referral and specialist women's and children's hospitals* (35 days). It was 40 days in *Large hospitals* and 44 days in *Medium hospitals*.

The surgical specialties with the longest median waiting times in 2011–12 were *Ophthalmology*, *Ear, nose and throat surgery* and *Orthopaedic surgery* (74, 66, and 63 days, respectively). *Cardiothoracic surgery* had the shortest median waiting time (16 days).

Coronary artery bypass graft was the procedure with the shortest median waiting time (16 days) and *Total knee replacement* had the longest median waiting time (184 days).

Overall, the amount of time within which 90% of patients were admitted for the awaited procedure increased from 234 days in 2007–08 to 251 days in 2011–12. In 2011–12, the 90th percentile waiting time ranged from 147 days in Queensland to 348 days in Tasmania.

Between 2007–08 and 2011–12, the proportion of patients who waited more than a year to be admitted for their surgery decreased from 3.0% to 2.7%. In 2011–12, the proportion of patients who waited more than a year ranged from 1.5% in South Australia to 9.4% in Tasmania.

Ear, nose and throat surgery and *Orthopaedic surgery* were the surgical specialties with the highest proportion of patients who waited more than a year (5.6% and 5.4%, respectively). *Cardiothoracic surgery* had the lowest proportion (0.1%).

Septoplasty and *Total knee replacement* were the procedures with the highest proportion of patients who waited more than a year (11.9% and 11.6%, respectively).

1 Introduction

Australian hospital statistics 2011–12: elective surgery waiting times continues the Australian Institute of Health and Welfare's (AIHW) series of summary annual reports describing the characteristics and activity of Australia's hospitals (commencing with the 1993–94 financial year, AIHW 1997–2012c). The *Australian hospital statistics* suite of products present data supplied by state and territory health authorities on admitted patient care, elective surgery waiting times, emergency department care, outpatient care, public hospital establishments and rates of infection with *Staphylococcus aureus* bacteraemia (an indicator of hospital safety and quality).

This report presents information on elective surgery waiting times for public hospitals for the period 1 July 2011 to 30 June 2012. It includes information on overall activity, waiting times performance indicators and other waiting times statistics. It also includes comparative information for the previous 4 reporting periods.

Data for the same period for emergency department care were released in *Australian hospital statistics 2011–12: emergency department care* in September 2012 (AIHW 2012c). A report on hospital-associated *Staphylococcus aureus* bacteraemia cases – *Australian hospital statistics 2011–12: Staphylococcus aureus bacteraemia in Australian public hospitals* – is scheduled for release later in 2012.

Data based on the national minimum data sets (NMDSs) for Admitted patient care, Public hospital establishments and Outpatient care will be provided by state and territory health authorities later in 2012. The AIHW's annual report *Australian hospital statistics 2011–12* will incorporate these data to present comprehensive information on Australia's hospitals (to be published in early 2013).

Australian hospital statistics 2011–12 will include additional information about surgery in Australian hospitals. Included will be information on all elective and emergency admissions involving surgery (including private hospitals), the age and sex of the patient and the remoteness area and socioeconomic status of their area of usual residence (sourced from data provided for the Admitted patient care NMDS).

What's in this report?

This chapter provides an introduction to the report and the data sources used for it.

Chapter 2 presents information on patients admitted for elective surgery from public waiting lists. It includes information on the numbers of reporting hospitals and the numbers of patients added to or removed from elective surgery waiting lists in 2011–12.

Chapter 3 presents information on how long patients waited for elective surgery in public hospitals. It includes information on the median and 90th percentile waiting times (in days), nationally, by state and territory and by Indigenous status, surgical specialty, indicator procedure and by hospital peer group.

It also presents the national waiting times for elective surgery performance indicator agreed under the National Healthcare Agreement (NHA). This performance indicator can be related to National Health Performance Framework dimension 'Accessibility' within the domain

‘Health System Performance’. Under the NHA, it relates to the outcome area of ‘hospital and related care’.

The waiting times data presented in Chapter 3 are for patients who complete their wait and are admitted for elective surgery as either an elective or emergency admission. In previous reports, this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with the data reported in previous years.

Most patients are admitted after waiting, however some patients are removed from waiting lists for other reasons, including if:

- the patient was transferred to another hospital’s waiting list,
- the patient had been treated elsewhere,
- the patient was not contactable or had died,
- the surgery was not required or the patient declined surgery.

Information on time spent on waiting lists is also presented for those reasons for removal.

Appendix 1 presents data quality information for the National Elective Surgery Waiting Times Data Collection (NESWTDC). It also includes additional information on apparent variations in the reporting of the data used in this report, including variation in the:

- assignment of clinical urgency categories for elective surgery list patients
- recording of waiting times for elective surgery patients awaiting ‘staged procedures’
- quality of Indigenous identification.

Appendix 2 presents technical notes for the methods used in this report.

Appendix 3 presents information on the National Partnership Agreement on Improving Public Hospital Services – National Elective Surgery Target (NEST).

What data are reported?

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 NESWTDC, covering waiting times and other characteristics of elective surgery in all public hospitals.

The National Elective Surgery Waiting Times Data Collection

The NESWTDC includes episode-level data on patients waiting for elective surgery on waiting lists managed by public acute hospitals. This may include public patients (see Glossary) treated in private hospitals and other patients treated in public hospitals.

The data collection is based on the NMDS for Elective surgery waiting times (removals and census), as defined in the *National health data dictionary, version 16* (AIHW 2012d). Included is information on the length of time waited, the surgical specialty and whether the patient was waiting for a particular indicator procedure.

The quality of the data in the NESWTDC is summarised in Appendix 1. Overall, the data are of sufficient quality to be published in this report. However, the limitations of the data (as

outlined in Box 1.1 and Appendix 1) should be taken into consideration when they are interpreted. Data on urgency categories are not considered comparable among the states and territories and are not presented in the body of the report. Summary information on urgency categories is presented in Box 3.1 and in Appendix 1 as context information.

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

Estimated coverage of public hospital elective surgery

The data collection covers most public acute hospitals that undertake elective surgery. In addition, some public patients treated under contract in private hospitals in Victoria, Queensland and Tasmania are also included.

For 2011–12, a preliminary estimate is that about 92% of public hospital elective surgery episodes were reported for the NESWTDC. This proportion varied by state and territory, from 80% for Victoria to 100% for New South Wales, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory. The proportion was highest for *Principal referral and specialist women's and children's hospitals* at 97%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups (89% and 78%, respectively).

Box 1.1: Data limitations

- States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values, unless stated otherwise.
- Caution should be used when interpreting the data presented in this report, as the data have not been checked against the data on elective surgery in the National Hospital Morbidity Database (NHMD) because the data are not yet available. The NHMD includes information on patient characteristics and the procedures performed that can be used to check the data in the NESWTDC. The data presented here have therefore not been subjected to the usual level of confirmation.
- Statistics on public hospital elective surgery waiting times may be affected by variations in reporting practices across states and territories and over time, including in relation to clinical urgency categorisation (see Box 3.1). Where possible, these variations have been noted in the text. Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and the appendixes.
- The data collection covered most public hospitals that undertake elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals. Some smaller remote hospitals may have different patterns of service delivery compared with other hospitals because specialists providing elective surgery services visit these hospitals only periodically.

(continued)

Box 1.1 (continued): Data limitations

- Peer group-level data presented in this report are based on the peer groups assigned to hospitals for *Australian hospital statistics 2010–11* (AIHW 2012a), as the 2011–12 peer group cannot be assigned until the level of admitted patient activity is known.
- From 2009–10, the data for the Albury Base Hospital, formerly reported by New South Wales, have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service which integrates the Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales. For 2011–12 and 2010–11, the data for Albury Base Hospital were not available.
- For 2011–12, South Australia reported elective surgery waiting times data for 32 small hospitals that were not included in previous years' data.
- For 2011–12, Western Australia reported elective surgery waiting times data for 22 small hospitals that were not included in previous years' data.
- For 2011–12, due to changes in reporting systems, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11.
- The increase in numbers of admissions for the Northern Territory between 2010–11 and 2011–12, was, in part, due to the inclusion of certain surgical procedures in 2011–12 that had previously been incorrectly excluded from the NESWTDC by the Northern Territory.
- Methods to calculate waiting times have varied across states and territories and over time. For example, in some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the second hospital only.
- In 2011–12, for patients who were admitted after being transferred from another hospital's waiting list, New South Wales, South Australia and the Northern Territory reported the total time waited on all hospital waiting lists. This could have an effect of increasing the waiting times reported for overall removals for those jurisdictions relative to others.
- The number of days waited does not include the time waited for the initial appointment with the specialist.

See appendixes 1 and 2 for more information.

Additional data on the Internet

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

Interactive data

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

- reason for removal from waiting lists (2002–03 to 2011–12)
- surgical specialties (2001–02 to 2011–12)

- indicator procedures (2001–02 to 2011–12).

Updates

After this report is published, the AIHW website will include updates for the tables that present estimates of the proportion of episodes included in the NESWTDC, based on data from the Admitted patient care NMDS.

Updates to the data presented in this report, and additional information obtained by linking the elective surgery waiting times data with the Admitted patient care data, will be included in *Australian hospital statistics 2011–12* (to be published in early 2013).

Internet tables and interactive data are also updated in the event of errors being found or if data are resupplied by jurisdictions after release of the publication.

2 Elective surgery activity

This chapter presents information for 662,000 patients admitted (as either an elective or emergency admission) from public acute hospital elective surgery waiting lists in 2011–12. In previous reports this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with the data presented in previous *Australian hospital statistics* reports. Time series information for elective admissions is available in previous *Australian hospital statistics* reports.

This chapter also includes information on the numbers of patients added to or removed from public hospital elective surgery waiting lists in 2011–12.

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

This chapter does not include information related to total elective surgery activity in public and private hospitals or information on patient characteristics and diagnoses sourced from the National Hospital Morbidity Database (NHMD). Those data will be presented in *Australian hospital statistics 2011–12* (to be published early 2013).

Revisions to these data, including the finalised estimated proportion of public hospital elective surgery separations covered by the data, will be included in *Australian hospital statistics 2011–12*.

How have admissions changed over time?

Between 2007–08 and 2011–12, the number of admissions for elective surgery from waiting lists increased by an average of 3.8% each year, and 5.5% between 2010–11 and 2011–12 (Table 2.1). Admissions per 1,000 population increased by an average of 2.2% per year, from 27.0 per 1,000 in 2007–08, to 29.4 per 1,000 in 2011–12.

However, there was also a rise in the estimated coverage of the NESWTDC between 2007–08 and 2011–12, from 90% to an estimated 92%. This should be taken into account in interpreting the change.

In 2011–12, elective surgery waiting times data were reported for 244 public hospitals, compared with 193 reporting hospitals in 2010–11. For the hospitals that reported to the NESWTDC for both 2010–11 and 2011–12, it is estimated that the numbers of admissions increased by an average of 2.7% between 2007–08 and 2011–12 and by 1.2% between 2010–11 and 2011–12.

The majority of admissions from elective surgery waiting lists were to *Principal referral and specialist women's and children's hospitals*—consistently about 70% of admissions between 2007–08 and 2011–12.

Table 2.1: Admissions^(a) from waiting lists for elective surgery, by public hospital peer group, 2007–08 to 2011–12

	2007–08	2008–09	2009–10	2010–11	2011–12 ^(b)	Change (per cent)	
						Average since 2007–08	Since 2010–11
Principal referral and specialist women's and children's hospitals							
Number of hospitals ^(c)	83	84	85	87	85		
Estimated proportion (%) ^(d)	100	100	100	100	97	-0.7	-2.9
Number of admissions	406,307	437,133	448,247	464,218	465,046	3.4	0.2
Large hospitals							
Number of hospitals ^(c)	35	33	36	33	36		
Estimated proportion (%) ^(d)	85	89	87	88	89	1.2	0.9
Number of admissions	96,938	92,179	98,458	94,395	101,502	1.2	7.5
Medium hospitals							
Number of hospitals ^(c)	51	51	47	49	63		
Estimated proportion (%) ^(d)	63	63	61	63	78	5.4	23.2
Number of admissions	59,212	62,960	57,090	60,720	76,888	6.7	26.6
Total^(e)							
Number of hospitals^(c)	192	193	193	193	244		
Estimated proportion (%)^(d)	90	91	91	92	92	0.6	-0.8
Number of admissions	570,907	601,037	612,439	627,184	661,707	3.8	5.5

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

(b) In 2011–12, an additional 54 hospitals not previously included have been reported. The majority of these hospitals are small and are therefore only included in the total. Queensland was not able to provide data for 3 hospitals in 2011–12 that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11.

(c) Number of hospitals included in the National Elective Surgery Waiting Times Data Collection. Caution should be used in interpreting the numbers of hospitals by peer group over time as a hospital may be categorised to different peer groups in different years, based on changes in admitted patient activity.

(d) The number of separations with an urgency of admission reported as *Elective* and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection for 2010–11, as a proportion of the number of separations with an urgency of admission reported as *Elective* and a surgical procedure for all public hospitals for 2010–11. For 2011–12, this is a preliminary estimate.

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

Note: Refer to Box 1.1 and appendixes 1 and 2 for notes on data limitations and methods.

States and territories

Between 2007–08 and 2011–12, the numbers of admissions from elective surgery waiting lists increased in all states and territories (Table 2.2).

Compared with 2010–11, there were large increases in the number of hospitals reporting to the NESWTDC for both Western Australia and South Australia. For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11. Changes in the reporting arrangements for the Albury Base Hospital should also be considered when interpreting changes in the numbers of admissions for New South Wales and Victoria over time (see Box 1.1).

For the hospitals that reported to the NESWTDC for both 2010–11 and 2011–12 in Queensland, Western Australia and South Australia, it is estimated that the numbers of admissions for elective surgery increased by:

- 3.7% in Queensland
- 0.2% in Western Australia and
- 2.9% in South Australia.

The increase in numbers of admissions for the Northern Territory between 2010–11 and 2011–12, was, in part, due to the inclusion of certain surgical procedures in 2011–12 that had previously been incorrectly excluded from the NESWTDC by the Northern Territory. An estimate of the actual increase or decrease in activity for the Northern Territory is not available.

In 2011–12, the number of admissions per 1,000 population varied among states and territories, ranging from 25.3 per 1,000 in Queensland to 39.6 per 1,000 in South Australia.

How much activity was there in 2011–12?

In 2011–12, 662,000 patients were admitted from public acute hospital elective surgery waiting lists, as either an elective or an emergency admission, for their awaited procedure (Table 2.3). In 2011–12, emergency admissions accounted for less than 0.5% of admissions from public hospital elective surgery waiting lists, ranging from about 0.3% in Queensland to 0.8% in Tasmania.

There were about 756,000 additions to elective surgery waiting lists and over 757,000 removals from elective surgery waiting lists (Table 2.3 and Figure 2.1). Most patients are admitted after waiting, however some patients were removed from waiting lists for other reasons.

Almost 18,000 patients were removed from the waiting list because they were *Treated elsewhere* and about 56,000 for *Surgery not required or declined*. Over 9,000 patients were *Transferred to another hospital's waiting list* and these patients could appear as more than one addition and/or more than one removal during the year. For information on waiting times by reason for removal, see Table 3.8.

Table 2.2: Admissions^(a) from waiting lists for elective surgery, public hospitals, states and territories, 2007–08 to 2011–12

	2007–08	2008–09	2009–10	2010–11	2011–12	Change (per cent)	
						Average since 2007–08	Since 2010–11
New South Wales^(b)							
Number of hospitals	97	97	96	96	96		
Number of admissions	200,949	200,775	199,912	206,266	211,452	1.3	2.5
Admissions per 1,000 population ^(c)	29.0	28.6	28.1	28.7	29.2	0.1	1.5
Victoria^(b)							
Number of hospitals	31	31	32	32	32		
Number of admissions	131,211	148,516	156,598	157,572	154,079	4.1	–2.2
Admissions per 1,000 population ^(c)	25.0	27.8	28.8	28.7	27.6	2.5	–3.5
Queensland^(d)							
Number of hospitals	31	32	32	32	29		
Number of admissions ^(e)	110,219	112,876	116,863	117,277	114,328	0.9	–2.5
Admissions per 1,000 population ^(c)	26.1	26.1	26.6	26.4	25.3	–0.8	–4.0
Western Australia^(d)							
Number of hospitals	14	14	14	14	36		
Number of admissions	57,389	60,701	61,634	65,142	82,248	9.4	26.3
Admissions per 1,000 population ^(c)	26.8	27.4	27.2	28.1	34.5	6.5	22.7
South Australia^(d)							
Number of hospitals	8	8	8	8	40		
Number of admissions	41,328	44,454	44,557	46,433	65,186	12.1	40.4
Admissions per 1,000 population ^(c)	26.0	27.7	27.5	28.4	39.6	11.1	39.4
Tasmania							
Number of hospitals	4	4	4	4	4		
Number of admissions	14,067	17,090	16,756	16,624	15,802	3.0	–4.9
Admissions per 1,000 population ^(c)	28.4	34.1	33.1	32.6	30.9	2.2	–5.3
Australian Capital Territory							
Number of hospitals	2	2	2	2	2		
Number of admissions	9,618	10,160	9,830	11,389	11,362	4.3	–0.2
Admissions per 1,000 population ^(c)	28.0	29.0	27.5	31.3	30.6	2.3	–2.0
Northern Territory^(e)							
Number of hospitals	5	5	5	5	5		
Number of admissions	6,126	6,465	6,289	6,481	7,250	n.p.	n.p.
Admissions per 1,000 population ^(c)	28.1	28.9	27.5	28.1	31.2	n.p.	n.p.
Total							
Number of hospitals	192	193	193	193	244		
Number of admissions	570,907	601,037	612,439	627,184	661,707	3.8	5.5
Admissions per 1,000 population^(c)	27.0	27.8	27.9	28.3	29.4	2.2	4.1

- (a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.
- (b) For 2007–08 and 2008–09, elective surgery activity for the Albury Base Hospital was reported in New South Wales. From 2009–10, the data for Albury Base Hospital are included in statistics for Victoria. For 2010–11 and 2011–12, the data for Albury Base Hospital were not available.
- (c) Crude rate based on the estimated resident population as at 31 December for that year.
- (d) For 2011–12, Western Australia reported data for an additional 22 rural hospitals and South Australia reported data for an additional 32 hospitals. Queensland was not able to provide data for 3 hospitals in 2011–12 that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11.
- (e) Between 2010–11 and 2011–12, the increase in numbers of admissions for the Northern Territory was, in part, due to the inclusion of certain surgical procedures that had previously been incorrectly excluded from the NESWTDC by the Northern Territory.

Note: Refer to Box 1.1 and appendixes 1 and 2 for notes on data limitations and methods.

Table 2.3: Additions to and removals from waiting lists for elective surgery, by reason for removal, states and territories, 2011–12

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Additions	233,841	182,218	130,555	97,790	71,438	18,114	13,314	9,022	756,292
Removals									
Elective admission	209,944	153,484	113,931	81,844	64,795	15,674	11,300	7,203	658,175
Emergency admission ^(b)	1,508	595	397	404	391	128	62	47	3,532
<i>Total admissions</i>	<i>211,452</i>	<i>154,079</i>	<i>114,328</i>	<i>82,248</i>	<i>65,186</i>	<i>15,802</i>	<i>11,362</i>	<i>7,250</i>	<i>661,707</i>
Not contactable/died	2,043	1,700	759	973	629	309	96	166	6,675
Treated elsewhere	7,729	3,434	2,437	2,003	1,232	383	491	155	17,864
Surgery not required or declined	18,098	13,740	10,905	5,665	3,893	1,104	1,223	1,183	55,811
Transferred to another hospital's waiting list	n.a.	773	2,224	5,273	475	105	430	n.a.	9,280
Not reported	0	1,241	0	3,067	1,028	370	144	0	5,850
Total removals	239,322	174,967	130,653	99,229	72,443	18,073	13,746	8,754	757,187

(a) For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11.

(b) There is some variation in practices and in the reporting of waiting times among states and territories with respect to the categories *Emergency Admissions* and *Transferred to another hospital's waiting list*.

Note: Refer to Box 1.1 and appendixes 1 and 2 for notes on data limitations and methods.

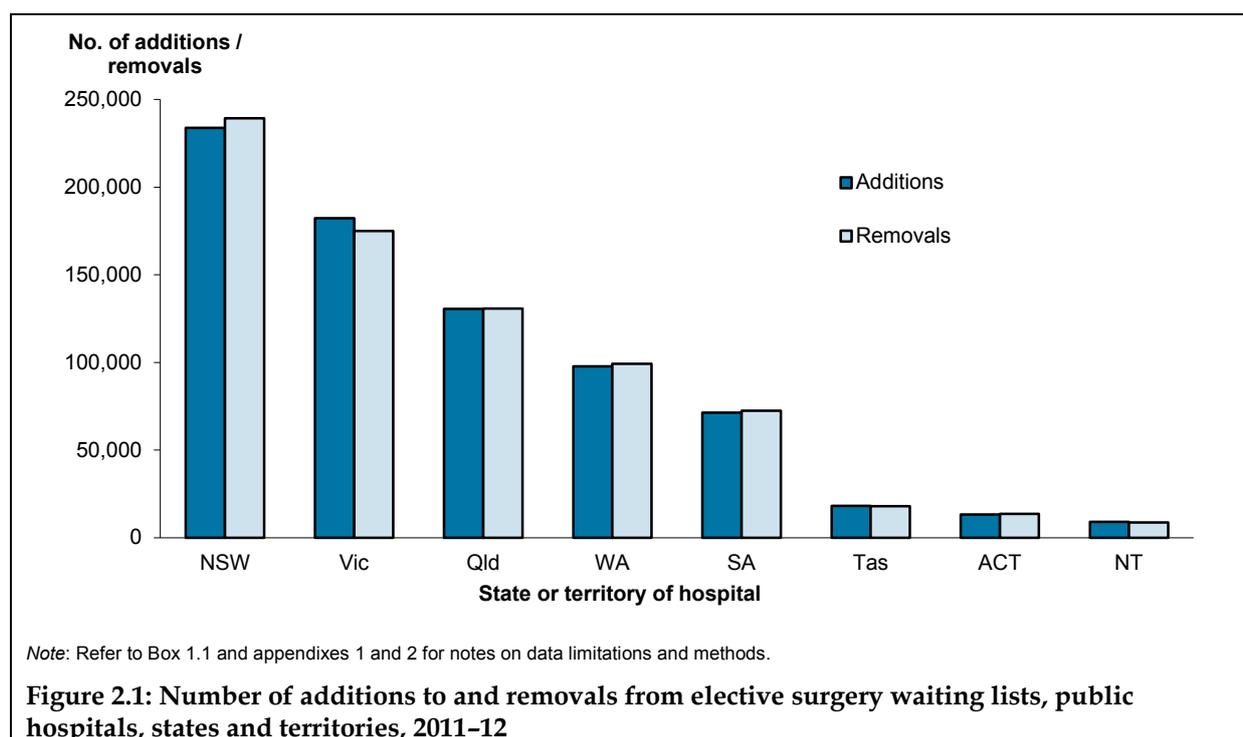


Figure 2.1: Number of additions to and removals from elective surgery waiting lists, public hospitals, states and territories, 2011–12

3 Waiting times for elective surgery

This chapter presents information about the length of time waited by patients on public hospital elective surgery waiting lists before being admitted for surgery. The waiting times data presented are for patients who complete their wait and are admitted for surgery as either an elective or emergency admission. In previous reports this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with the data presented in previous *Australian hospital statistics* reports.

This chapter includes information on elective surgery waiting times by:

- state and territory
- Indigenous status
- indicator procedure
- specialty of surgeon.

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

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

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

Box 3.1: Clinical urgency categorisation

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

- *Category 1* – admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency
- *Category 2* – admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency
- *Category 3* – admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

Analyses of clinical urgency category data have shown notable variation in the assignment of these categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall (AIHW 2008b, 2009b). This apparent lack of comparability of clinical urgency categories among jurisdictions means that measures based on these categories are not comparable between jurisdictions.

(continued)

Box 3.1 (continued): Clinical urgency categorisation

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

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

Appendix 1 includes information on the distribution of clinical urgency categories by state and territory for 2011–12. As for earlier years, there is apparent variation in the assignment of urgency categories among states and territories. For example, the proportion of patients admitted from waiting lists who were assigned to *Category 3* was 43% for New South Wales and 14% for Queensland (Table B3.1).

Table B3.1: Admissions from waiting lists for elective surgery, by clinical urgency category, states and territories, 2011–12 (per cent)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Per cent								
Category 1	25	30	41	23	27	39	30	39	30
Category 2	32	47	45	35	33	44	49	41	39
Category 3	43	23	14	42	40	17	21	20	32
Total	100	100	100	100	100	100	100	100	100

Data not shown, but available for 2010–11 at the Elective Surgery Urgency Category website <<http://www.aihw.gov.au/national-definitions-for-elective-surgery-urgency-categories>>, illustrates variation in the urgency category distribution for indicator procedures (for which patient mixes would be expected to be relatively uniform at the state/territory-level).

Appendix 1 also includes information on apparent variation in reporting of waiting times for patients who were waiting for a 'staged' procedure, such as pin or plate removal following orthopaedic surgery. For some hospitals, relatively short waiting times were reported for these patients, although they were reported as assigned to *Category 3*. Longer waiting times for other hospitals indicate that there is variation in urgency categorisation and waiting times measurement for such patients.

The AIHW is currently working with the Royal Australian College of Surgeons to revise the national definitions of urgency categories, at the request of Health Ministers. A report with recommendations for new definitions will be provided to Ministers in December 2012.

How did waiting times vary over time?

Overall, the median waiting time (days waited at the 50th percentile) for elective surgery increased from 34 days in 2007–08 to 36 days in 2011–12 (Table 3.1). Over this period, the

median waiting times for *Principal referral and specialist women's and children's* hospitals increased from 30 days to 35 days.

The number of days waited at the 90th percentile increased from 234 days in 2007–08 to 251 days in 2011–12, and the proportion of patients who waited more than 365 days to be admitted decreased from 3.0% to 2.7%.

Table 3.1: Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by public hospital peer group, 2007–08 to 2011–12^(b)

	2007–08	2008–09	2009–10	2010–11	2011–12
Principal referral and specialist women's and children's hospitals					
Days waited at 50th percentile	30	30	32	34	35
Days waited at 90th percentile	231	215	232	243	253
Per cent waited more than 365 days	3.4	3.2	3.5	3.2	3.2
Large hospitals					
Days waited at 50th percentile	39	40	42	39	40
Days waited at 90th percentile	237	226	259	241	236
Per cent waited more than 365 days	2.4	2.4	3.3	1.7	1.9
Medium hospitals					
Days waited at 50th percentile	42	42	43	50	44
Days waited at 90th percentile	238	230	287	297	260
Per cent waited more than 365 days	1.4	1.5	2.8	2.1	1.5
Total^(c)					
Days waited at 50th percentile	34	33	35	36	36
Days waited at 90th percentile	234	219	245	250	251
Per cent waited more than 365 days	3.0	2.9	3.4	2.8	2.7

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

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

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

Note: Refer to boxes 1.1 and 3.1 and appendixes 1 and 2 for notes on data limitations and methods.

States and territories

Table 3.2 shows the number of days patients waited at the median and 90th percentiles, and the proportion of patients that waited more than 365 days for admission for elective surgery, states and territories from 2007–08 to 2011–12.

It should be noted that there are considerable differences among states and territories in the proportion of patients assigned to different clinical urgency categories (see Appendix 1). These differences may be attributed to differing mixes of patients between states and territories or to other factors that influence the assignment of clinical urgency categories (for example, differing interpretations of the definitions for assigning categories). These factors should be taken into account when interpreting the waiting times presented in this report.

For New South Wales, the median waiting times increased from 38 days in 2007–08 to 49 days in 2011–12. For the Australian Capital Territory, the median waiting time decreased from 76 days to 63 days between 2010–11 and 2011–12.

The number of days waited at the 90th percentile and the proportion of patients who waited more than 365 days decreased between 2007–08 and 2011–12 for most states and territories.

Tasmania had the longest number of days waited at the 90th percentile (348 days) in 2011–12, down from 369 days in 2007–08.

Table 3.2: Waiting time statistics for admissions^(a) from waiting lists for elective surgery, states and territories, 2007–08 to 2011–12

	2007–08	2008–09	2009–10	2010–11	2011–12
New South Wales^(b)					
Days waited at 50th percentile	38	39	44	47	49
Days waited at 90th percentile	277	282	329	332	335
Per cent waited more than 365 days	1.8	2.5	4.9	3.6	3.4
Victoria^(b)					
Days waited at 50th percentile	32	31	35	36	36
Days waited at 90th percentile	220	193	196	181	189
Per cent waited more than 365 days	3.6	2.9	2.8	2.5	2.4
Queensland^(c)					
Days waited at 50th percentile	26	26	27	28	27
Days waited at 90th percentile	134	131	147	146	147
Per cent waited more than 365 days	2.3	1.8	2.4	1.3	2.0
Western Australia^(c)					
Days waited at 50th percentile	30	31	32	29	30
Days waited at 90th percentile	205	174	160	159	159
Per cent waited more than 365 days	3.0	2.0	1.5	1.6	1.7
South Australia^(c)					
Days waited at 50th percentile	42	36	36	38	34
Days waited at 90th percentile	208	206	188	207	191
Per cent waited more than 365 days	3.8	2.6	1.1	2.0	1.5
Tasmania					
Days waited at 50th percentile	36	44	36	38	38
Days waited at 90th percentile	369	448	332	359	348
Per cent waited more than 365 days	10.1	13.1	8.7	9.6	9.4
Australian Capital Territory					
Days waited at 50th percentile	72	74	73	76	63
Days waited at 90th percentile	372	376	356	377	296
Per cent waited more than 365 days	10.3	10.5	9.5	10.8	6.2
Northern Territory^(d)					
Days waited at 50th percentile	42	40	44	33	39
Days waited at 90th percentile	337	254	269	223	219
Per cent waited more than 365 days	8.6	5.5	5.8	3.9	3.5
Total					
Days waited at 50th percentile	34	33	35	36	36
Days waited at 90th percentile	234	219	245	250	251
Per cent waited more than 365 days	3.0	2.9	3.4	2.8	2.7

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

(b) For 2007–08 and 2008–09, elective surgery activity for the Albury Base Hospital was reported in New South Wales. From 2009–10, the data for Albury Base Hospital are included in statistics for Victoria. For 2010–11 and 2011–12, the data for Albury Base Hospital were not available.

(c) For 2011–12, Western Australia reported data for an additional 22 rural hospitals and South Australia reported data for an additional 32 hospitals. Queensland was not able to provide data for 3 hospitals in 2011–12 that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11.

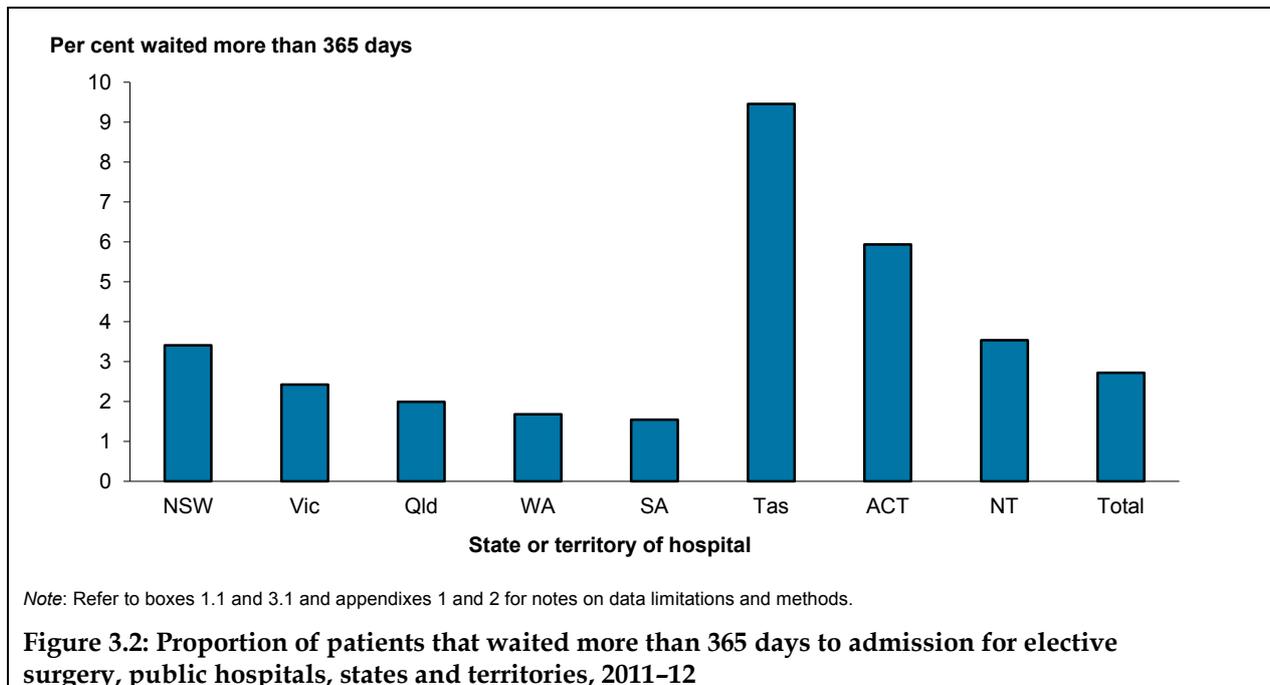
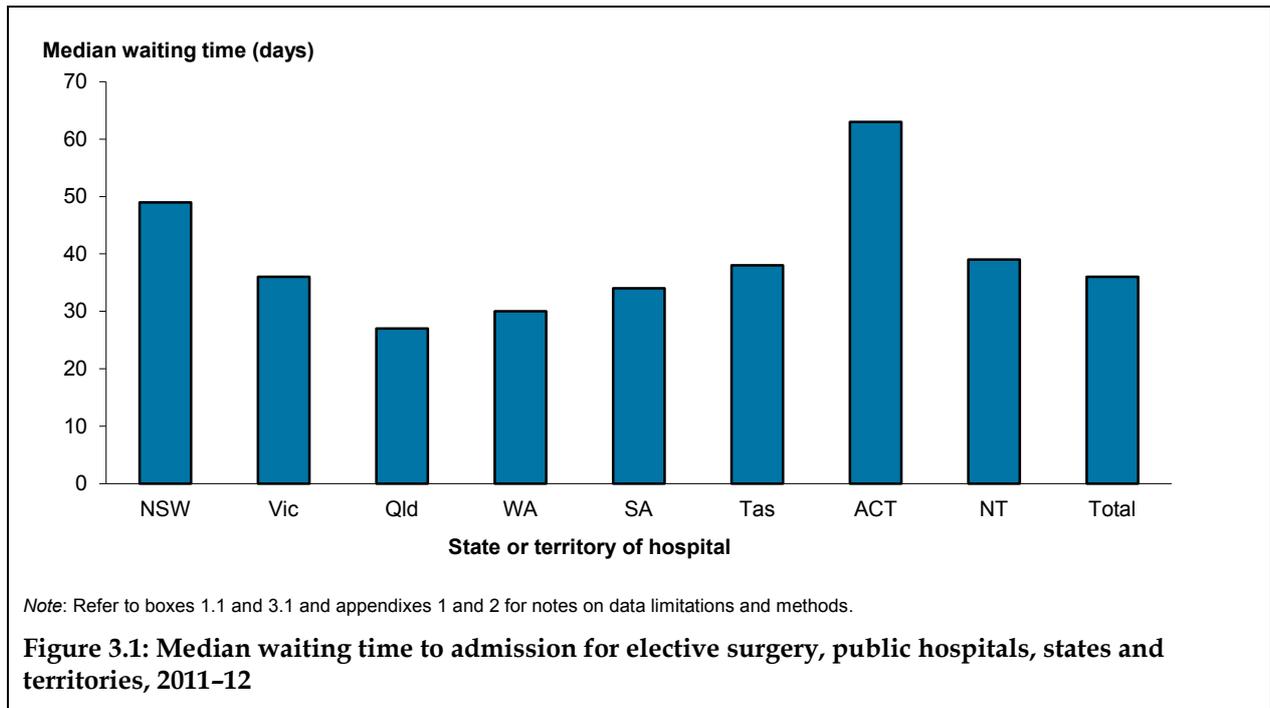
(d) Between 2010–11 and 2011–12, the increase in numbers of admissions for the Northern Territory was, in part, due to the inclusion of certain surgical procedures that had previously been incorrectly excluded from the NESWTDC by the Northern Territory.

Note: Refer to boxes 1.1 and 3.1 and appendixes 1 and 2 for notes on data limitations and methods.

How long did people wait for surgery in 2011–12?

In 2011–12, the median waiting times for admission for elective surgery ranged from 27 days in Queensland to 63 days in the Australian Capital Territory. The 90th percentile for waiting time ranged from 147 days in Queensland to 348 days in Tasmania (Table 3.2, Figure 3.1).

In 2011–12, the proportion of patients who waited more than 365 days for admission differed substantially between states and territories. Overall, it ranged from 1.5% in South Australia to 9.4% in Tasmania (Table 3.2, Figure 3.2).



Performance indicator: waiting times for elective surgery

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

This performance indicator can be related to the National Health Performance Framework (NHPF) dimension 'Accessibility' within the domain 'Health System Performance' – for further information, see *Australian hospital statistics 2010–11* (AIHW 2012a).

Accessibility
 People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.

This is an NHA performance indicator in the outcome area of 'hospital and related care' (COAG Reform Council 2012) and includes the median and 90th percentile waiting times for elective surgery in public hospitals, by indicator procedure and overall.

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

In 2011–12, the overall median waiting time for patients who were admitted from waiting lists was 36 days (Table 3.3). This information by indicator procedure (Table 3.9), by surgical speciality (Table 3.10) and by public hospital peer group is included in Table S3.1 (accompanying this report on the website).

How did waiting times vary across public hospital peer groups?

Overall in 2011–12, the median waiting time for patients admitted from waiting lists for *Principal referral and specialist women's and children's hospitals* (35 days) was shorter than for *Large hospitals* and *Medium hospitals* (40 days and 44 days, respectively) (Table 3.3, Figure 3.3). This may reflect different mixes of patients in the different hospital groups.

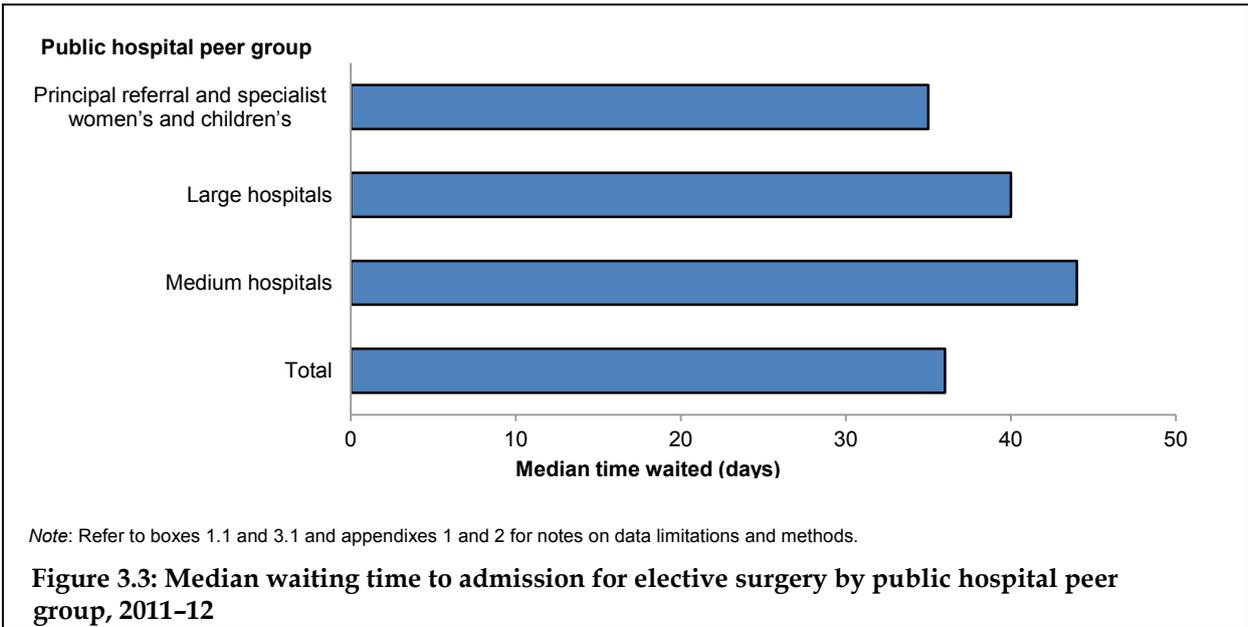


Table 3.3: Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by hospital peer group, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and specialist women's and children's hospitals									
Number of hospitals ^(b)	30	21	16	7	5	2	2	2	85
Estimated proportion (%) ^(c)	100	98	89	100	100	100	100	100	97
Number of admissions	146,951	114,380	98,950	37,685	37,176	11,970	11,362	6,572	465,046
Days waited at 50th percentile	43	34	26	31	35	39	63	36	35
Days waited at 90th percentile	339	193	150	173	195	418	296	212	253
Per cent waited more than 365 days	3.9	2.7	2.1	2.2	2.0	11.9	6.2	3.1	3.2
Large hospitals									
Number of hospitals ^(b)	14	8	4	7	2	1	..	..	36
Estimated proportion (%) ^(c)	100	74	100	100	100	100	..	..	89
Number of admissions	27,461	32,461	8,961	23,195	7,490	1,934	..	..	101,502
Days waited at 50th percentile	63	38	29	28	49	n.p.	..	..	40
Days waited at 90th percentile	322	166	154	141	235	n.p.	..	..	236
Per cent waited more than 365 days	2.8	1.6	2.1	1.2	1.4	n.p.	..	..	1.9
Medium hospitals									
Number of hospitals ^(b)	33	3	8	5	13	1	..	..	63
Estimated proportion (%) ^(c)	100	26	86	100	100	100	..	..	78
Number of admissions	31,849	7,238	4,523	14,584	16,796	1,898	..	..	76,888
Days waited at 50th percentile	64	58	29	33	30	n.p.	..	..	44
Days waited at 90th percentile	330	207	119	160	174	n.p.	..	..	260
Per cent waited more than 365 days	2.1	1.9	0.1	1.4	0.7	n.p.	..	..	1.5
Total^(d)									
Number of hospitals^{(b)(d)}	96	32	29	36	40	4	2	5	244
Estimated proportion of public hospital elective surgery (%)^(c)	100	80	89	100	96	100	100	100	92
Number of admissions	211,452	154,079	114,328	82,248	65,186	15,802	11,362	7,250	661,707
Days waited at 50th percentile	49	36	27	30	34	38	63	39	36
Days waited at 90th percentile	335	189	147	159	191	348	296	219	251
Per cent waited more than 365 days	3.4	2.4	2.0	1.7	1.5	9.4	6.2	3.5	2.7

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

(b) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection.

(c) This is a preliminary estimate; see appendixes 1 and 2 for more information on the method used.

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

Note: Refer to boxes 1.1 and 3.1 and appendixes 1 and 2 for notes on data limitations and methods.

How did waiting times vary by indicator procedure?

Indicator procedures are those of high volume and are often associated with long waits. Overall, about a third of patients admitted for elective surgery had been waiting for one of the 15 indicator procedures (Table 3.4).

Cataract extraction was the most common indicator procedure in all jurisdictions except Victoria and the Australian Capital Territory, where *Cystoscopy* was the most common (Table 3.9).

Nationally, the indicator procedure with the lowest median waiting time in 2011–12 was *Coronary artery bypass graft* (16 days). *Total knee replacement* had the highest median waiting time (184 days). The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 76 days for *Coronary artery bypass graft* to 371 days for *Total knee replacement*.

The proportion of admissions that were for patients who waited more than 365 days ranged from less than 0.1% for *Coronary artery bypass graft* to 11.8% for *Septoplasty*.

For state and territory information on the median and 90th percentile waiting times and the proportion of admissions for patients who waited more than 365 days, see Table 3.9.

Table 3.4: Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by indicator procedure, public hospitals, 2011–12

Indicator procedure	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days
Cataract extraction	61,698	91	344	4.0
Cholecystectomy	18,967	51	176	2.0
Coronary artery bypass graft	3,926	16	76	<0.1
Cystoscopy	46,014	25	108	1.0
Haemorrhoidectomy	4,318	57	245	3.2
Hysterectomy	10,413	53	207	1.8
Inguinal herniorrhaphy	15,576	57	277	3.1
Myringoplasty	1,854	106	364	9.5
Myringotomy	5,821	49	145	1.1
Prostatectomy	7,944	42	160	1.7
Septoplasty	4,551	160	370	11.8
Tonsillectomy	16,734	97	358	7.2
Total hip replacement	9,166	116	357	7.2
Total knee replacement	13,766	184	371	11.6
Varicose veins stripping and ligation	4,307	103	365	10.0
Other procedures	436,652	28	181	2.1
Total	661,707	36	251	2.7

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

Note: Refer to boxes 1.1 and 3.1 and appendixes 1 and 2 for notes on data limitations and methods. Additional information by state and territory is available in Table 3.9 at the end of this chapter.

How did waiting times vary by Indigenous status?

Box 3.2: Quality of Indigenous status data

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

See Appendix 1 for comments provided by states and territories on the perceived quality of Indigenous status data provided for the NESWTDC.

For 2011–12, there were almost 19,000 admissions from waiting lists for elective surgery for patients who were identified as Aboriginal and/or Torres Strait Islander persons.

Overall, the median waiting time for Indigenous Australians was higher than that for other Australians (40 days and 36 days, respectively, Table 3.5). However, median waiting times for Indigenous Australians were lower than those for other Australians in South Australia.

Overall, a higher proportion of Indigenous Australians than other Australians waited more than 365 days for elective surgery (3.0% and 2.7%, respectively).

Table 3.5: Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by Indigenous status, public hospitals, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous Australians									
Number of admissions	5,755	1,080	4,677	3,141	1,353	636	256	2,056	18,954
Days waited at 50th percentile	56	42	28	35	29	44	74	45	40
Days waited at 90th percentile	338	232	170	171	159	348	292	240	259
Per cent waited more than 365 days	3.5	3.1	2.2	1.1	1.2	9.3	5.9	5.0	3.0
Other Australians^(b)									
Number of admissions	205,697	152,999	109,651	79,107	63,833	15,166	11,106	5,194	642,753
Days waited at 50th percentile	49	36	27	30	34	37	63	36	36
Days waited at 90th percentile	335	189	146	159	192	349	296	210	250
Per cent waited more than 365 days	3.4	2.4	2.0	1.7	1.5	9.4	6.2	2.9	2.7

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

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

Note: Refer to boxes 1.1 and 3.1 and appendixes 1 and 2 for notes on data limitations and methods.

Indicator procedures

Indigenous Australians had higher median waiting times than other Australians for 11 of the 15 indicator procedures. There were notable differences in median waiting times for *Total knee replacement* (243 days for Indigenous Australians and 183 days for other Australians) and *Total hip replacement* (173 days for Indigenous Australians and 115 days for other Australians). Indigenous Australians had lower median waiting times than other Australians for *Haemorrhoidectomy*, *Inguinal herniorrhaphy* and *Myringoplasty*. *Hysterectomy*

and *Tonsillectomy* had the least variation in median waiting times by Indigenous status (Table 3.6 and Figure 3.4).

Total knee replacement and *Total hip replacement* were the indicator procedures with the highest proportion of patients who waited more than 365 days to be admitted for Indigenous Australians (16.3% and 12.5%, respectively). For other Australians, *Septoplasty* and *Total knee replacement* were the indicator procedures with the highest proportion of patients who waited more than 365 days to be admitted (11.9% and 11.6%, respectively).

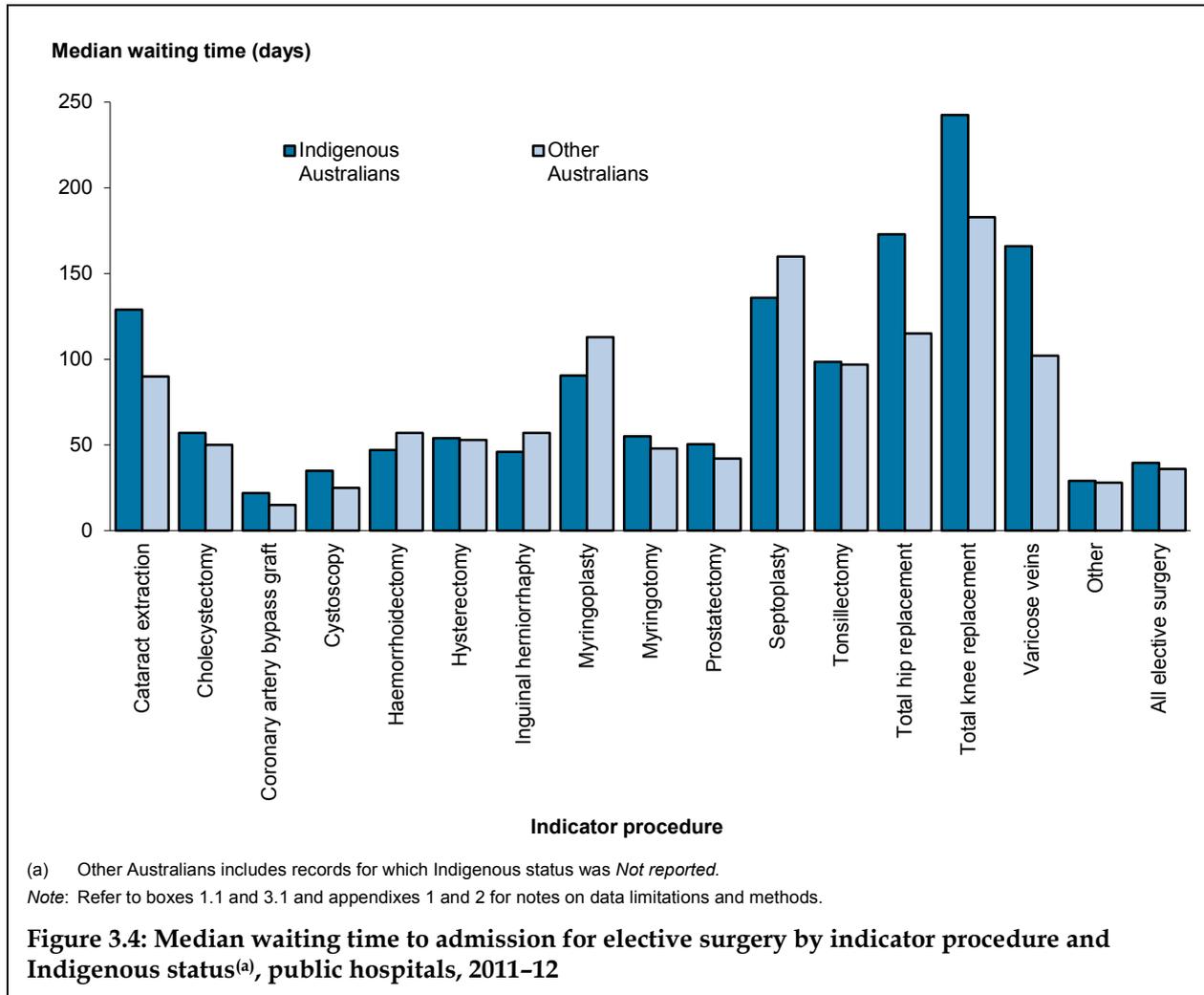
Table 3.6: Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by Indigenous status and indicator procedure, public hospitals, 2011–12

Indicator procedure	Indigenous Australians				Other Australians ^(b)			
	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days
Cataract extraction	1,177	129	356	9.2	60,521	90	344	3.9
Cholecystectomy	804	57	198	2.0	18,163	50	175	2.0
Coronary artery bypass graft	209	22	96	0.0	3,717	15	76	<0.1
Cystoscopy	618	35	132	1.8	45,396	25	108	0.9
Haemorrhoidectomy	105	47	224	1.9	4,213	58	245	3.2
Hysterectomy	320	54	180	1.3	10,093	53	208	1.8
Inguinal herniorrhaphy	304	46	274	3.0	15,272	57	277	3.1
Myringoplasty	444	91	346	7.2	1,410	113	367	10.2
Myringotomy	519	56	169	1.0	5,302	48	141	1.2
Prostatectomy	78	51	176	0.0	7,866	42	160	1.8
Septoplasty	79	136	365	6.3	4,472	161	370	11.9
Tonsillectomy	906	99	356	6.3	15,828	97	358	7.3
Total hip replacement	112	173	376	12.5	9,054	115	356	7.2
Total knee replacement	160	243	385	16.3	13,606	183	371	11.6
Varicose veins stripping and ligation	54	166	358	7.4	4,253	102	366	10.0
Other procedures	13,065	29	198	2.4	423,587	28	180	2.1
Total	18,954	40	259	3.0	642,753	36	250	2.7

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

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

Note: Refer to boxes 1.1 and 3.1 and appendixes 1 and 2 for notes on data limitations and methods.



How did waiting times vary by specialty of surgeon?

The specialty of the surgeon describes the area of clinical expertise held by the doctor who was to perform the elective surgery. Table 3.7 shows the number of admissions from waiting lists, the number of days waited at the 50th and 90th percentile, and the proportion of admissions that were for patients who waited more than 365 days in 2011–12, by surgical specialty.

Ophthalmology, *Ear, nose and throat surgery* and *Orthopaedic surgery* were the surgical specialties with the longest median waiting times in 2011–12 (74 days, 66 days and 63 days, respectively). *Cardio-thoracic surgery* had the shortest median waiting time (16 days).

Orthopaedic surgery and *Ear, nose and throat surgery* were the specialties with the highest proportion of patients who waited more than 365 days to be admitted (5.4% and 5.6%, respectively). *Cardio-thoracic surgery* had the lowest proportion of patients that waited more than 365 days (0.1%). See Table 3.10 for information by state and territory.

Table 3.7: Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by specialty of surgeon, public hospitals, 2011–12

Surgical specialty	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days
Cardio-thoracic surgery	12,079	16	81	0.1
Ear, nose and throat surgery	54,663	66	344	5.6
General surgery	155,916	31	164	1.8
Gynaecology	84,717	31	133	0.9
Neurosurgery	10,668	31	191	2.7
Ophthalmology	82,089	74	335	3.6
Orthopaedic surgery	99,829	63	338	5.4
Plastic surgery	45,528	24	182	2.7
Urology	80,205	27	116	1.2
Vascular surgery	14,967	20	147	2.5
Other	21,046	25	100	0.6
Total	661,707	36	251	2.7

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

Note: Refer to boxes 1.1 and 3.1 and appendixes 1 and 2 for notes on data limitations and methods. Additional information by state and territory is available in Table 3.10 at the end of this chapter.

Additional information

Further information on elective surgery waiting times by state or territory of hospitalisation, public hospital peer group and indicator procedure is available in the tables accompanying this report on the Internet.

Additional information on surgery for both emergency and elective admissions in public and private hospitals, as well as waiting times information by patient characteristics and principal diagnoses for public hospital elective surgery will be available in *Australian hospital statistics 2011–12*, to be released in early 2013.

Table 3.8: Additions to waiting lists and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2011–12

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Additions	233,841	182,218	130,555	97,790	71,438	18,114	13,314	9,022	756,292
Removals									
Total elective and emergency admissions	211,452	154,079	114,328	82,248	65,186	15,802	11,362	7,250	661,707
Days waited at 50th percentile	49	36	27	30	34	38	63	39	36
Days waited at 90th percentile	335	189	147	159	191	348	296	219	251
Per cent waited more than 365 days	3.4	2.4	2.0	1.7	1.5	9.4	6.2	3.5	2.7
Elective admission	209,944	153,484	113,931	81,844	64,795	15,674	11,300	7,203	658,175
Days waited at 50th percentile	50	36	27	30	34	38	64	39	36
Days waited at 90th percentile	335	189	147	159	192	349	297	219	251
Per cent waited more than 365 days	3.4	2.4	2.0	1.7	1.5	9.5	6.2	3.5	2.7
Emergency admission^(b)	1,508	595	397	404	391	128	62	47	3,532
Days waited at 50th percentile	18	12	11	19	20	21	13	15	16
Days waited at 90th percentile	112	98	75	117	81	299	182	119	104
Per cent waited more than 365 days	0.5	0.2	0.5	1.2	0.3	7.8	1.6	2.1	0.8
Not contactable/died	2,043	1,700	759	973	629	309	96	166	6,675
Days waited at 50th percentile	178	136	77	171	106	319	124	163	149
Days waited at 90th percentile	352	425	352	433	340	713	292	470	383
Per cent waited more than 365 days	4.9	15.9	8.8	21.1	2.9	40.8	6.3	22.9	12.5
Treated elsewhere	7,729	3,434	2,437	2,003	1,232	383	491	155	17,864
Days waited at 50th percentile	97	77	88	73	70	234	94	92	87
Days waited at 90th percentile	337	330	299	352	312	602	314	461	336
Per cent waited more than 365 days	3.6	7.4	4.2	9.0	2.0	33.4	6.7	17.4	5.8

(continued)

Table 3.8 (continued): Additions to waiting lists and waiting time statistics for patients removed from waiting lists, by reason for removal, states and territories, 2011–12

	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Removals (continued)									
Surgery not required or declined	18,098	13,740	10,905	5,665	3,893	1,104	1,223	1,183	55,811
Days waited at 50th percentile	141	84	62	108	74	169	163	126	93
Days waited at 90th percentile	344	360	322	383	323	687	474	458	352
Per cent waited more than 365 days	4.1	9.5	5.8	13.5	3.2	30.6	18.0	18.6	7.8
Transferred to another hospital's waiting list^(b)	n.a.	773	2,224	5,273	475	105	430	n.a.	9,280
Days waited at 50th percentile	n.a.	17	28	60	76	145	100	n.a.	52
Days waited at 90th percentile	n.a.	295	301	280	364	653	326	n.a.	303
Per cent waited more than 365 days	n.a.	6.5	6.5	4.8	9.7	21.0	7.0	n.a.	5.9
Not reported	0	1,241	0	3,067	1,028	370	144	0	5,850
Days waited at 50th percentile	..	56	..	50	45	89	5	..	49
Days waited at 90th percentile	..	307	..	313	307	849	197	..	317
Per cent waited more than 365 days	..	5.4	..	5.2	2.8	23.0	2.1	..	5.8
Total removals	239,322	174,967	130,653	99,229	72,443	18,073	13,746	8,754	757,187
Days waited at 50th percentile	55	40	29	34	35	43	71	47	41
Days waited at 90th percentile	337	217	175	202	220	420	316	275	280
Per cent waited more than 365 days	3.5	3.2	2.5	3.0	1.7	12.1	7.2	6.2	3.3

(a) For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11.

(b) There is some variation in practices and in the reporting of waiting times among states and territories with respect to the categories *Emergency Admissions* and *Transferred to another hospital's waiting list*.

Note: Refer to boxes 1.1 and 3.1 and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.9: Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by indicator procedure, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Admissions	22,571	12,943	7,182	9,595	6,966	804	1,047	590	61,698
Days waited at 50th percentile	225	61	51	38	78	244	162	170	91
Days waited at 90th percentile	359	192	363	191	323	551	291	280	344
Per cent waited more than 365 days	5.0	0.5	9.7	0.8	2.3	35.2	1.1	3.1	4.0
Cholecystectomy									
Admissions	7,135	3,957	3,714	1,598	1,529	584	295	155	18,967
Days waited at 50th percentile	60	54	44	28	42	89	57	63	51
Days waited at 90th percentile	252	161	127	148	104	521	167	267	176
Per cent waited more than 365 days	2.2	1.4	0.4	2.3	0.6	18.0	0.7	3.2	2.0
Coronary artery bypass graft									
Admissions	854	879	1,297	207	391	187	111	0	3,926
Days waited at 50th percentile	23	18	8	25	18	21	20	..	16
Days waited at 90th percentile	85	83	56	78	84	72	70	..	76
Per cent waited more than 365 days	0.1	0.0	0.0	0.0	0.0	0.0	0.0	..	<0.1
Cystoscopy									
Admissions	17,077	14,410	3,671	6,125	2,764	675	1,058	234	46,014
Days waited at 50th percentile	25	21	24	29	32	27	55	48	25
Days waited at 90th percentile	101	97	93	176	93	132	230	166	108
Per cent waited more than 365 days	0.6	0.5	1.1	2.9	0.4	1.6	2.2	2.6	1.0
Haemorrhoidectomy									
Admissions	1,200	1,332	550	541	403	63	43	186	4,318
Days waited at 50th percentile	70	63	52	34	36	52	83	131	57
Days waited at 90th percentile	304	263	154	181	120	781	306	228	245
Per cent waited more than 365 days	3.3	4.1	1.3	2.8	0.5	25.4	2.3	0.5	3.2

(continued)

Table 3.9 (continued): Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by indicator procedure, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hysterectomy									
Admissions	3,613	2,312	2,040	1,034	945	283	131	55	10,413
Days waited at 50th percentile	58	57	55	39	40	53	60	74	53
Days waited at 90th percentile	307	171	167	120	174	200	217	158	207
Per cent waited more than 365 days	3.2	1.6	1.2	0.2	0.2	1.4	1.5	1.8	1.8
Inguinal herniorrhaphy									
Admissions	6,020	3,341	2,200	1,685	1,421	516	257	136	15,576
Days waited at 50th percentile	73	60	54	29	33	58	73	73	57
Days waited at 90th percentile	342	175	152	151	142	516	198	283	277
Per cent waited more than 365 days	4.1	1.3	1.1	2.7	1.4	14.9	1.6	7.4	3.1
Myringoplasty									
Admissions	421	355	387	342	115	34	16	184	1,854
Days waited at 50th percentile	314	108	82	84	63	130	399	92	106
Days waited at 90th percentile	376	355	290	259	295	702	588	399	364
Per cent waited more than 365 days	18.8	8.7	4.1	2.0	2.6	23.5	56.3	12.5	9.5
Myringotomy									
Admissions	384	1,842	1,434	1,015	636	173	199	138	5,821
Days waited at 50th percentile	76	49	31	48	43	91	116	43	49
Days waited at 90th percentile	322	144	110	123	98	194	270	122	145
Per cent waited more than 365 days	2.6	1.6	1.1	0.2	0.5	0.0	2.0	1.4	1.1
Prostatectomy									
Admissions	2,699	2,152	1,527	755	650	42	83	36	7,944
Days waited at 50th percentile	56	33	38	34	36	46	45	55	42
Days waited at 90th percentile	178	187	139	135	90	97	188	106	160
Per cent waited more than 365 days	1.7	2.3	1.4	1.9	0.8	0.0	3.6	0.0	1.7

(continued)

Table 3.9 (continued): Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by indicator procedure, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Septoplasty									
Admissions	1,478	1,395	621	409	411	109	101	27	4,551
Days waited at 50th percentile	320	101	60	99	133	200	323	110	160
Days waited at 90th percentile	372	370	298	358	316	601	552	414	370
Per cent waited more than 365 days	16.0	11.0	4.7	9.0	2.9	22.9	39.6	18.5	11.8
Tonsillectomy									
Admissions	5,267	4,089	2,807	2,087	1,621	356	367	140	16,734
Days waited at 50th percentile	221	98	61	78	64	103	177	73	97
Days waited at 90th percentile	370	333	253	243	254	336	335	301	358
Per cent waited more than 365 days	13.5	6.3	3.5	3.3	1.7	5.1	5.4	4.3	7.2
Total hip replacement									
Admissions	3,134	2,149	1,556	1,037	853	189	215	33	9,166
Days waited at 50th percentile	193	99	81	95	130	229	193	98	116
Days waited at 90th percentile	365	288	285	266	337	669	434	233	357
Per cent waited more than 365 days	9.6	4.8	4.6	3.4	6.1	30.7	18.6	3.0	7.2
Total knee replacement									
Admissions	5,626	2,667	2,196	1,531	1,168	201	314	63	13,766
Days waited at 50th percentile	303	123	120	119	173	476	216	123	184
Days waited at 90th percentile	372	343	362	342	362	833	444	490	371
Per cent waited more than 365 days	13.7	8.0	9.2	8.7	8.9	52.2	20.7	14.3	11.6
Varicose veins stripping and ligation									
Admissions	1,458	1,270	480	321	478	26	235	39	4,307
Days waited at 50th percentile	100	112	77	66	119	66	256	236	103
Days waited at 90th percentile	343	417	356	379	363	667	660	562	365
Per cent waited more than 365 days	3.7	13.3	6.9	11.5	8.2	23.1	33.2	35.9	10.0

(continued)

Table 3.9 (continued): Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by indicator procedure, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Other procedures									
Admissions	132,515	98,986	82,666	53,966	44,835	11,560	6,890	5,234	436,652
Days waited at 50th percentile	33	29	23	27	28	30	33	27	28
Days waited at 90th percentile	280	175	122	129	137	264	265	158	181
Per cent waited more than 365 days	2.4	2.4	1.2	1.3	1.2	6.7	5.8	3.0	2.1
Total									
Admissions	211,452	154,079	114,328	82,248	65,186	15,802	11,362	7,250	661,707
Days waited at 50th percentile	49	36	27	30	34	38	63	39	36
Days waited at 90th percentile	335	189	147	159	191	348	296	219	251
Per cent waited more than 365 days	3.4	2.4	2.0	1.7	1.5	9.4	6.2	3.5	2.7

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

Note: Refer to boxes 1.1 and 3.1 and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.10: Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic surgery									
Admissions	3,711	2,973	2,902	857	1,040	414	182	0	12,079
Days waited at 50th percentile	19	19	11	19	18	20	23	..	16
Days waited at 90th percentile	78	109	58	77	98	73	72	..	81
Per cent waited more than 365 days	<0.1	0.2	0.1	0.0	<0.1	0.0	0.0	..	<0.1
Ear, nose and throat surgery									
Admissions	16,218	12,808	9,839	6,229	6,537	1,206	1,116	710	54,663
Days waited at 50th percentile	111	68	28	60	47	62	160	56	66
Days waited at 90th percentile	365	317	178	253	213	311	481	293	344
Per cent waited more than 365 days	9.7	5.2	2.0	3.8	1.2	5.5	15.7	7.0	5.6
General surgery									
Admissions	55,400	32,653	28,456	16,467	14,249	4,077	1,896	2,718	155,916
Days waited at 50th percentile	35	38	26	26	28	35	35	39	31
Days waited at 90th percentile	223	170	119	118	110	356	150	211	164
Per cent waited more than 365 days	1.8	1.7	0.9	1.8	1.1	9.7	0.8	4.1	1.8
Gynaecology									
Admissions	27,938	17,992	15,709	7,357	10,622	2,344	1,181	1,574	84,717
Days waited at 50th percentile	35	41	32	24	20	28	35	15	31
Days waited at 90th percentile	174	142	124	98	95	133	159	123	133
Per cent waited more than 365 days	1.2	1.2	0.8	0.1	0.1	0.9	1.0	1.3	0.9
Neurosurgery									
Admissions	4,001	2,843	1,876	796	684	287	181	0	10,668
Days waited at 50th percentile	34	38	16	40	32	66	19	..	31
Days waited at 90th percentile	286	171	110	175	104	506	104	..	191
Per cent waited more than 365 days	3.8	1.7	1.8	0.9	0.6	13.9	0.6	..	2.7

(continued)

Table 3.10 (continued): Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Ophthalmology									
Admissions	27,984	18,203	10,891	12,551	9,009	1,255	1,346	850	82,089
Days waited at 50th percentile	181	49	40	36	70	113	131	133	74
Days waited at 90th percentile	357	188	303	190	314	531	287	274	335
Per cent waited more than 365 days	4.8	0.7	7.3	1.2	2.4	25.3	1.2	2.9	3.6
Orthopaedic surgery									
Admissions	32,650	19,890	22,499	11,106	8,881	2,283	1,702	818	99,829
Days waited at 50th percentile	100	66	28	48	70	121	145	42	63
Days waited at 90th percentile	359	273	211	222	294	602	428	192	338
Per cent waited more than 365 days	7.0	5.0	3.0	2.9	4.1	22.0	15.9	3.4	5.4
Plastic surgery									
Admissions	8,709	16,557	7,388	4,481	5,795	1,670	713	215	45,528
Days waited at 50th percentile	32	20	23	26	28	24	6	29	24
Days waited at 90th percentile	254	196	140	151	146	205	168	128	182
Per cent waited more than 365 days	1.8	4.3	1.0	1.6	2.2	4.7	4.9	2.8	2.7
Urology									
Admissions	26,836	23,667	9,073	10,177	6,823	1,975	1,490	164	80,205
Days waited at 50th percentile	28	23	26	28	35	28	46	54	27
Days waited at 90th percentile	110	111	100	157	106	151	224	210	116
Per cent waited more than 365 days	1.0	0.9	0.8	2.2	0.6	3.1	2.6	4.9	1.2
Vascular surgery									
Admissions	5,860	3,015	2,700	1,466	1,086	203	561	76	14,967
Days waited at 50th percentile	19	29	13	22	14	22	28	63	20
Days waited at 90th percentile	120	247	70	166	50	101	505	296	147
Per cent waited more than 365 days	0.9	5.5	0.4	2.5	0.4	4.9	14.3	7.9	2.5

(continued)

Table 3.10 (continued): Waiting time statistics for admissions^(a) from waiting lists for elective surgery, by specialty of surgeon, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Other^(b)									
Admissions	2,145	3,478	2,995	10,761	460	88	994	125	21,046
Days waited at 50th percentile	17	27	25	26	21	10	59	14	25
Days waited at 90th percentile	96	88	112	90	81	40	266	66	100
Per cent waited more than 365 days	0.8	0.2	1.0	0.2	0.2	0.0	5.8	0.0	0.6
Total									
Admissions	211,452	154,079	114,328	82,248	65,186	15,802	11,362	7,250	661,707
Days waited at 50th percentile	49	36	27	30	34	38	63	39	36
Days waited at 90th percentile	335	189	147	159	191	348	296	219	251
Per cent waited more than 365 days	3.4	2.4	2.0	1.7	1.5	9.4	6.2	3.5	2.7

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure*.

(b) Includes specialty of surgeon *Not reported*.

Note: Refer to boxes 1.1 and 3.1 and appendixes 1 and 2 for notes on data limitations and methods.

Appendix 1: Data quality information

This appendix includes a data quality statement relevant to the interpretation of the National Elective Surgery Waiting Times Data Collection (NESWTDC). It also contains information on variation in hospital reporting that may affect interpretation of the data presented in this report.

The data quality statement for the NESWTDC is also available online at www.aihw.gov.au.

Data quality statement: National Elective Surgery Waiting Times Data Collection 2011–12

Summary of key data quality issues

- The NESWTDC provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals.
- For 2011–12, 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 lists compared with other hospitals. The following changes in coverage should be taken into account when interpreting changes over time:
 - For 2011–12, South Australia provided data for 32 small hospitals that were not included in the data for previous years.
 - For 2011–12, Western Australia provided data for 22 small hospitals that were not included in the data for previous years.
 - For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11.
 - For 2007–08 and 2008–09, elective surgery activity for the Albury Base Hospital was reported in New South Wales. From 2009–10, the data for Albury Base Hospital are included in statistics for Victoria. For 2010–11 and 2011–12, the data for Albury Base Hospital were not available.
 - The increase in numbers of admissions for the Northern Territory between 2010–11 and 2011–12, was, in part, due to the inclusion of certain surgical procedures in 2011–12 that had previously been incorrectly excluded from the NESWTDC by the Northern Territory.
- For 2011–12, the preliminary estimate of public hospital elective surgery covered by the NESWTDC was 92%. This estimate will be finalised when the total number of elective surgery separations for public hospitals are available early in 2013, in the National Hospital Morbidity Database (NHMD).
- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, some states and territories vary in how they report on patients transferred from a waiting list managed by one hospital to that managed by another.

- The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.
- There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions.
- There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting 'staged' procedures (such as follow-up care, cystoscopy or the removal of pins or plates) that may result in statistics that are not meaningful or comparable between or within jurisdictions.

Description

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

The data supplied for 1 July 2011 to 31 December 2011 are based on the Elective surgery waiting times (removals data) National Minimum Data Set (ESWT NMDS). The data contains records for patients added to and/or removed from waiting lists for elective surgery that are managed by public acute hospitals. The data supplied for 1 January 2012 to 30 June 12 are based on the Elective Surgery Waiting Times (removals data) Data Set Specification (ESWT DSS).

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

The NESWTDC includes data for each year from 2002–03 to 2011–12.

Institutional environment

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

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

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

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on

data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>

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

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

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

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

Timeliness

Data for the NESWTDC are reported annually. The reference period for this data set is 2011–12. This includes records for additions and removals from elective surgery waiting lists between 1 July 2011 and 30 June 2012.

States and territories provided a first version of the data to the AIHW during August 2012. These data were reported in October 2012. Data provision and publication were in accordance with agreed timetables.

Accessibility

The AIHW provides a variety of products that draw upon the NESWTDC. Published products available on the AIHW website are the:

- *Australian hospital statistics* suite of products with associated Excel tables.

These products may be accessed on the AIHW website

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

Interpretability

Metadata information for the ESWT NMDS and ESWT DSS are published in the AIHW's online metadata repository – METeOR, and the *National health data dictionary*.

METeOR and the *National health data dictionary* can be accessed on the AIHW website:

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/181162>>

<<http://www.aihw.gov.au/publication-detail/?id=6442468385>>

Relevance

Scope and coverage

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

For 2011–12, the NESWTDC covered most public hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared with other hospitals. For 2011–12, a preliminary estimate of the proportion of elective surgical separations reported to the NESWTDC was 92%. This estimate will be finalised in early 2013 when data are reported for the NHMD for 2011–12.

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

- Between 2002–03 and 2011–12, the number of hospitals reporting to the NESWTDC increased from 191 to 244. Over the same period, the estimated proportion of public elective surgery that was reported to the NESWTDC increased from 90% to 92%.
- For 2011–12, South Australia provided data for 32 small hospitals that were not included in the data for previous years. Coverage increased from 71% in 2010–11 to 96% (estimated) in 2011–12.
- For 2011–12, Western Australia provided data for 22 small hospitals that were not included in the data for previous years. Coverage increased from 94% in 2010–11 to 100% (estimated) in 2011–12.
- For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11.
- For 2011–12 and 2010–11, Victoria's data does not include the Albury Base Hospital as the data were not available. For 2009–10, Albury Base Hospital was included in data for Victoria. In previous years, that hospital was included in data for New South Wales.

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

Reference period

The reference period for this data set is 2011–12. This includes records for additions and removals from elective surgery waiting lists between 1 July 2011 and 30 June 2012.

Accuracy

Potential sources of variation

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

the number of days waited in those jurisdictions reflected the waiting time on the list managed by the reporting hospital only.

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

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

There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting 'staged' procedures (such as follow-up care, cystoscopy or the removal of pins or plates), that may result in some statistics that are not comparable between or within jurisdictions.

Data validation

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

Non-response adjustment

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

Coherence

The data reported for the 2011–12 NEWSTDC are consistent with data reported for previous years for individual hospitals.

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

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

Variation in reporting

Clinical urgency categorisation

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

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

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

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

In 2011–12, the proportion of patients admitted from elective surgery waiting lists who were assigned a clinical urgency category of *Category 1* ranged from 23% for Western Australia to 41% for Queensland. The proportion of patients admitted that were *Category 3* ranged from 14% in Queensland to 43% in New South Wales (Table A1.1).

Data not shown, but available for 2010–11 at the Elective Surgery Urgency Category website at <<http://www.aihw.gov.au/national-definitions-for-elective-surgery-urgency-categories>> illustrates variation in the urgency category distribution for indicator procedures (for which patient mixes would be expected to be relatively uniform at the state/territory-level).

Table A1.1: Number of admissions^(a) from waiting lists for elective surgery, by clinical urgency category, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Admissions									
Category 1^(b)	52,113	46,763	47,046	19,290	17,666	6,148	3,449	2,811	195,286
Category 2^(c)	68,028	72,360	51,262	28,709	21,725	6,966	5,515	3,003	257,568
Category 3^(d)	91,311	34,956	16,020	34,249	25,795	2,688	2,398	1,436	208,853
Total	211,452	154,079	114,328	82,248	65,186	15,802	11,362	7,250	661,707
Per cent									
Category 1^(b)	25	30	41	23	27	39	30	39	30
Category 2^(c)	32	47	45	35	33	44	49	41	39
Category 3^(d)	43	23	14	42	40	17	21	20	32
Total	100	100	100	100	100	100	100	100	100

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

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

(c) Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.

(d) Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

Apparent variation in recording elective surgery waiting times for staged procedures

Currently all states and territories provide elective surgery waiting times data to the AIHW based on the ESWT NMDS. The NMDS includes metadata which describes 'staged' patients as those "whose medical condition will not require or be amenable to surgery until some future date; for example, a patient who has had internal fixation of a fractured bone and who will require removal of the fixation device after a suitable time".

The AIHW has noted some apparently atypical recording practices for waiting times for elective surgery for staged patients in some states. For those states, there were a relatively large number of records with a clinical urgency of *Category 3* and admitted within 5 days for 2011–12 (Figure A1.1). Patients assigned a clinical urgency of *Category 3* typically have longer waits than patients assigned clinical urgency *Category 1* (admission within 30 days desirable) or *Category 2* (admission within 90 days desirable).

The apparent atypical reporting practices could reflect differing waiting list practices for patients awaiting staged procedures. For most staged patients, it appears that they are put on the waiting list (or reassigned to 'ready for care') when they are clinically ready for care, and they then wait for a date to be assigned for their surgery. However, for others, the data appear to reflect patients (once becoming clinically ready for care) only being put on the waiting list at the time that a date is assigned for their surgery.

Alternative interpretations are that:

- there may be variation in the urgency category assigned for patients awaiting staged procedures
- some patients awaiting staged procedures are added to the waiting list before they are ready for care, whereas others are added only when they are ready for their staged procedure
- some patients awaiting staged procedures may be excluded from the reported data.

There is variation in the national data on the lengths of time waited for *Category 3* (the category expected for most follow-up procedures) consistent with varying reporting practices as described above. Therefore, the data published in this report (and earlier reports) may not be completely comparable between jurisdictions.

Table A1.2 presents the difference in the calculated median waiting times for *Cystoscopy* and all admissions when *Cystoscopy Category 3* patients were excluded (for 2011–12). It is expected that the exclusion of *Cystoscopy Category 3* patients would have the effect of decreasing the median waiting time for *Cystoscopy*, and overall. However, the median waiting time for *Cystoscopy* increased for New South Wales, South Australia and for the Australian total. It decreased (or remained the same) for other states and territories when *Cystoscopy Category 3* patients were excluded.

Similarly, the overall median waiting time (for all admissions) increased for New South Wales. It remained the same (or decreased) for other states and territories when *Cystoscopy Category 3* patients were excluded.

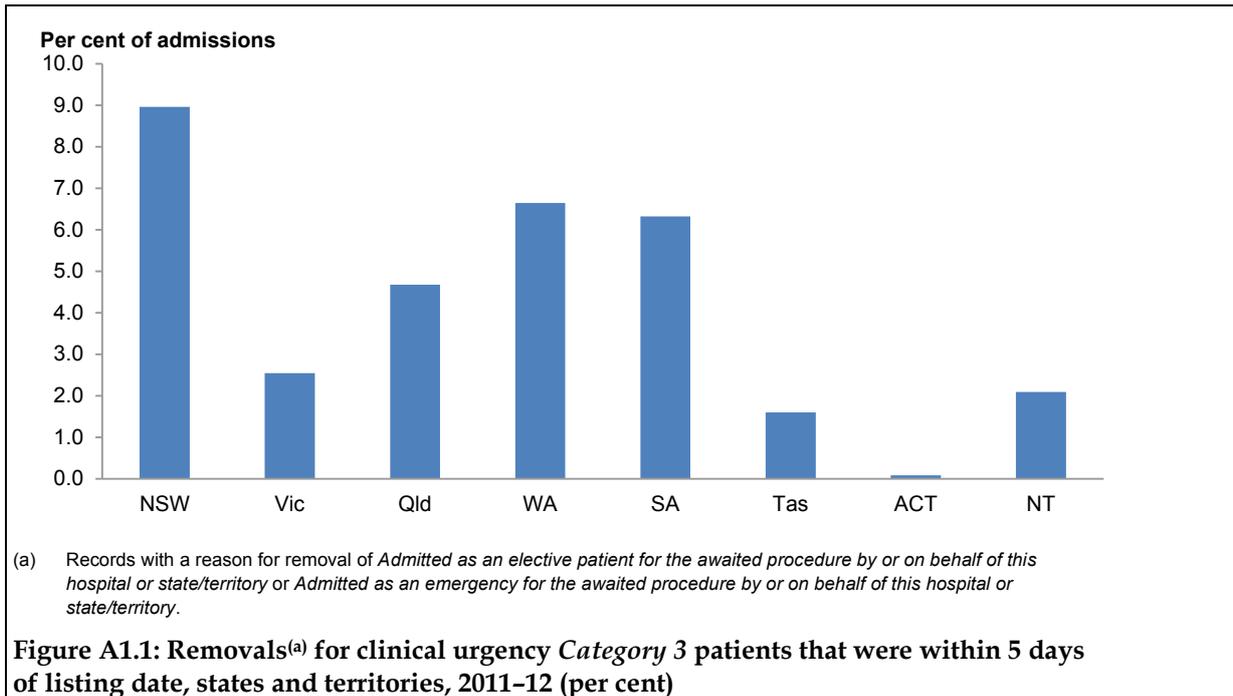


Table A1.2: Median waiting times for elective surgery, for Cystoscopy and all procedures, states and territories, 2011-12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cystoscopy									
All admissions ^(a)	25	21	24	29	32	27	55	48	25
Excluding Cystoscopy Category 3	30	21	23	28	33	27	47	41	26
All admissions									
All admissions ^(a)	49	36	27	30	34	38	63	39	36
Excluding Cystoscopy Category 3	51	36	27	30	34	38	62	38	36

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure by or on behalf of this hospital or state/territory* or *Admitted as an emergency for the awaited procedure by or on behalf of this hospital or state/territory*.

Quality of Indigenous status data

The quality of Indigenous status information in the data provided for the NESWTDC has not been formally assessed. Therefore, the information presented for Indigenous status for elective surgery waiting times in Chapter 3 should be used with caution. The following information has been provided by the states and territories to provide some insight into the quality of Indigenous status data in the NESWTDC.

New South Wales

New South Wales Ministry of Health advised that Indigenous status was collected for elective surgery waiting times data from 2011-12.

Victoria

The Victorian Department of Health reports that, despite data quality improvement in recent years, Indigenous status in the admitted patient data for 2011–12 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients. The quality of Indigenous status data in elective surgery data is improving but is less accurate than that of admitted patients in public hospitals.

Queensland

Queensland Health considers that the quality of its 2011–12 Indigenous status data for elective surgery waiting times to be acceptable, with 1.4% of all elective surgery admissions reported as 'not stated'.

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 between metropolitan and country hospitals, continue to enhance the accuracy of this data element.

South Australia

SA Health considers the quality of Indigenous status data to be better in admitted patient care than in the elective surgery data collections but efforts are continuing to improve data quality.

The Department contracted the Australian Bureau of Statistics to develop a training package for the collection of the Indigenous identifier aimed at frontline staff in hospitals and other health care units. The package is based on the best practice guidelines developed by the AIHW. Training of more than 430 staff was conducted in metropolitan and country locations throughout the state during 2011. A second round of training is due to start in the second half of 2012. This initiative is expected to lead to further improvements in data quality.

Tasmania

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

Australian Capital Territory

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

Northern Territory

The Northern Territory Department of Health reported that the quality of its 2011–12 Indigenous status data for elective surgery waiting times admitted patients is considered to be acceptable. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

Appendix 2: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2011–12 definitions in the *National health data dictionary, version 16* (AIHW 2012d) (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. Except as noted below, 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 may denote less than 0.05 or 0.5, respectively.

Data on waiting times (50th and 90th percentile waiting times) and the proportion of patients who waited more than 365 days for their surgery have been suppressed if there were fewer than 10 admissions in the category being presented. The abbreviation 'n.p.' has been used to denote these suppressions. For these tables, the totals include the suppressed information.

Methods

Median and 90th percentile waiting times

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

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest value for minutes waited) represents the number of minutes 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 minutes within which 90% of patients were admitted for the awaited surgery.

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

The calculation is where:

n is the number of observations and

p is the percentile value divided by 100,

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

If $n \times p$ is an integer, then 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, then 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 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, then the median waiting time will correspond to the waiting time for the 51st observation and the 90th percentile waiting time will correspond to the waiting time for the 91st observation.

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

Estimated coverage of elective surgery

The estimated proportion of elective surgical separations covered by the NESWTDC data is calculated as the number of elective admissions 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 – AR-DRG) reported to the National Hospital Morbidity Database (NHMD), as a percentage.

For 2011–12, as the corresponding hospital morbidity data were not available, this estimate was based on a comparison of the numbers of admissions and hospitals that were reported to the NESWTDC for 2010–11 and 2011–12, and the numbers of elective surgical separations reported to the NHMD for 2010–11.

For example:

- If the same hospitals were reported by a jurisdiction for the NESWTDC for both 2010–11 and 2011–12, then the jurisdiction's coverage was assumed to be the same for both years.
- If the hospitals reported by a jurisdiction changed between 2010–11 and 2011–12, then the jurisdiction's coverage was adjusted by increasing (or decreasing) the numerator counts (NESWTDC admissions for 2010–11), based on the number of elective surgical separations reported for the individual hospital(s) to the NHMD for 2010–11.
- If a hospital that was included in the NESWTDC for the first time in 2011–12 was not included in the NHMD for 2010–11, then an adjustment could not be made.

For states and territories with incomplete reporting of elective surgery waiting times data in 2011–12, the estimate of coverage should be interpreted with caution.

Appendix 3: Elective surgery reporting under the National Partnership Agreement on Improving Public Hospital Services

The objective of the National Partnership Agreement on Improving Public Hospital Services (NPA IPHS, DoHA 2011) is to drive major improvements in public hospital service delivery and better health outcomes for Australians.

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

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

- NEST (Part 1): States and territories are required to progressively improve the percentage of patients waiting for surgery seen within the clinically recommended time for all urgency categories.
This is measured as the percentage of patients removed from elective surgery waiting lists who received surgery within the clinically recommended time, by urgency category.
- NEST (Part 2): Reduction in long waits – this is measured as the average overdue wait time (in days) for those who are still waiting for their elective surgery, who are ready for care and have waited beyond the clinically recommended time. It is calculated by adding the total number of overdue days in each respective urgency category, and dividing this by the total number of overdue patients in each urgency category.
In addition, in each urgency category, the 10% of patients who have waited the longest must have their procedure in each (calendar) year.

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

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

The NEST reporting period commenced on 1 January 2012, and therefore does not cover the entire 2011–12 reporting period.

The NPA IPHS performance indicators included in this report are:

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

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

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

Glossary

For further information on the terms used in this report, refer to the definitions in the *National health data dictionary version 16* (AIHW 2012d).

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

Admitted patient	A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). METeOR id: 268957
Clinical urgency	A clinical assessment of the urgency with which a patient requires elective hospital care. METeOR id: 270008
Elective care	Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. METeOR id: 335036
Elective surgery	Elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule book, with the exclusion of specific procedures frequently done by non-surgical clinicians. METeOR id: 327226
Hospital	A health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. METeOR id: 268971
Indicator procedure	Indicator procedure for which an elective surgery patient is waiting, as represented by a code. Waiting list statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision. METeOR id: 472513
Indigenous status	A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives. METeOR id: 291036
Peer group	Groupings of hospitals into broadly similar groups in terms of their

	volume of admitted patient activity and their geographical location.
Performance indicator	A statistic or other unit of information that reflects, directly or indirectly, the extent to which an expected outcome is achieved or the quality of processes leading to that outcome.
Private hospital	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities.
Public hospital	A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.
Public patient	Public patient includes patients treated at no charge in a public hospital (or provided with care by a private hospital on behalf of a public hospital).
Removal from waiting list	<p>The reason a patient is removed from an elective surgery waiting list. The reason-for-removal categories are:</p> <ul style="list-style-type: none"> • Admitted as an elective patient for awaited procedure by or on behalf of this hospital or the state/territory • Admitted as an emergency patient for awaited procedure by or on behalf of this hospital or the state/territory • Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment) • Treated elsewhere for awaited procedure, but not on behalf of this hospital or the state/territory • Surgery not required or declined • Transferred to another hospital's waiting list • Not known. <p>METeOR id: 471735</p>
Surgical procedure	A procedure used to define surgical Australian Refined Diagnosis Related Groups' version 6.0 (DoHA 2008).
Surgical specialty	The area of clinical expertise held by the doctor who will perform the surgery of interest. METeOR id: 270146
Waiting time at admission/removal	<p>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.</p> <p>METeOR id: 471744</p>

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Related publications

This report, *Australian hospital statistics 2011–12: Emergency department care and elective surgery waiting times*, is part of an annual series. The earlier editions and any published subsequently can be downloaded for free from the AIHW website <www.aihw.gov.au/hospitals-publications/>. The website also includes information on ordering printed copies.

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- AIHW 2012. Australia's hospitals 2010–11: at a glance. Health Services series 44. Cat. no. HSE 118. Canberra: AIHW.
- AIHW 2012. Surgery in Australian hospitals 2010–11. Canberra: AIHW. <<http://www.aihw.gov.au/hospitals/surgery-2010-11>>
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- AIHW 2009. Report on the evaluation of the National Minimum Data Sets for Elective Surgery Waiting Times. Health services series no. 32. Cat. no. HSE 70. Canberra: AIHW.
- AIHW 2008. Elective surgery in Australia: new measures of access. Cat. no. HSE 57. Canberra: AIHW.

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In 2011–12:

- about 662,000 patients were admitted to Australian public hospitals from elective surgery waiting lists
 - 50% of patients were admitted for their surgery within 36 days of being placed on the waiting list and 90% were admitted within 251 days.
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