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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AHMAC	Australian Health Ministers Advisory Council
AIHW	Australian Institute of Health and Welfare
HDSC	Health Data Standards Committee
NAPEDC	Non-admitted patient emergency department care
NNAPEDCD	National Non-admitted Patient Emergency Department Care Database
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
NHISSC	National Health Information Standards and Statistics Committee
NHMD	National Hospital Morbidity Database
NMDS	National minimum data set
NPHEd	National Public Hospital Establishments Database
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

ave	Average
n.a.	Not available
n.e.c.	Not elsewhere classified
n.p.	Not published
..	Not applicable

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Summary

This report presents information relating to emergency department care in major public hospitals and public hospital elective surgery waiting times for the period 1 July 2009 to 30 June 2010. Timely provision of these data by state and territory health authorities has allowed this information to be reported within 5 months of the collection period for the first time, making this report more timely and relevant than previously.

Emergency department care

Almost 6 million emergency department presentations were reported by major public hospitals in 2009–10, an increase of 4.9% on average each year between 2005–06 and 2009–10.

Overall, treatment by a medical officer or nurse commenced within 23 minutes of presenting to the emergency department for 50% of patients and within 115 minutes of presentation for 90% of patients.

Since 2005–06, the overall proportion of patients seen on time has been 69% to 70% each year. For 2009–10, 70% of patients were seen on time (for their triage or urgency category), as were 100% of resuscitation patients (those requiring treatment immediately) and 78% of emergency patients (requiring treatment within 10 minutes). The proportion of patients seen on time ranged from 56% for the Northern Territory to 75% for New South Wales. For New South Wales, 50% of presentations were treated by a medical officer or nurse within 20 minutes and, for the Northern Territory, 50% of presentations were treated within 38 minutes.

About 3.8% of emergency department presentations in *Principal referral and Specialist Women's and children's hospitals* and *Large hospitals* were for Aboriginal and Torres Strait Islander people. For those hospitals, about 66% of *Indigenous Australians* were seen on time, compared with 68% for *Other Australians*.

Elective surgery waiting times

In 2009–10, Australia's public hospitals admitted about 606,000 patients from elective surgery waiting lists.

Between 2005–06 and 2009–10, admissions from elective surgery waiting lists increased by an average of 2.1% per year. There was a higher than average increase in admissions between 2007–08 and 2008–09 (5.2%), associated with the Elective Surgery Waiting List Reduction Plan implemented by the Australian Government and states and territories over that period.

In 2009–10, 50% of patients waited 35 days or less for public elective surgery, ranging from 27 days in Queensland to 73 days in the Australian Capital Territory. This continued the upward trend in waiting times over the period 2005–06 to 2009–10, with the median waiting time increasing from 32 days in 2005–06. Between 2005–06 and 2009–10, the proportion of patients who waited more than a year to be admitted for their surgery decreased from 4.6% to 3.6%.

The median waiting time for *Indigenous Australians*, was higher than for *Other Australians* (38 and 33 days, respectively) (excludes data for New South Wales), and a higher proportion of patients waited greater than 365 days for *Indigenous Australians* (4.5%) compared with *Other Australians* (2.7%).

1 Introduction

Australian hospital statistics 2009–10: Emergency department care and Elective surgery waiting times continues the Australian Institute of Health and Welfare's (AIHW) series of summary reports describing the characteristics and activity of Australia's hospitals. The AIHW has previously published reports for the financial years 1993–94 to 2008–09 (AIHW various years). Previous reports presented data supplied by state and territory health authorities on admitted patient care, elective surgery waiting times, emergency department care, outpatient care and public hospital establishments.

This report presents information for emergency department care for major public hospitals and elective surgery waiting times for public hospitals for the period 1 July 2009 to 30 June 2010. Timely provision of these data by state and territory health authorities has allowed this information to be reported within 5 months of the collection period for the first time, making this report more timely and relevant than previously.

The data for 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 in the AIHW's comprehensive annual report *Australian hospital statistics 2009–10* (to be published mid-2011). *Australian hospital statistics 2009–10* will also include additional data for:

- emergency department care, including information on the age and sex of the patient, their arrival mode, the time of arrival (hour of day) and the duration of the non-admitted patient episode. Information on total accident and emergency activity will also be included (sourced from data provided for the Public hospital establishments NMDS)
- elective surgery waiting times, including information on total elective surgery activity, the age and sex of the patient, and their area of usual residence and socioeconomic status (sourced from data provided for the Admitted patient care NMDS).

Data sources for this report

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. Most of the data collected were as defined in the National Minimum Data Sets (NMDSs) relating to hospitals.

The data supplied by state and territory health authorities were used by the AIHW to assemble the following databases used in compiling this report:

- The National Non-admitted Patient Emergency Department Care Database, covering emergency department care and waiting times for major public hospitals.
- The National Elective Surgery Waiting Times Data Collection, covering waiting times and other characteristics of elective surgery in public hospitals.

What's in this report?

Australian hospital statistics 2009–10: Emergency department care and Elective surgery waiting times presents some of the information available for emergency department care and elective surgery waiting times that were presented in past *Australian hospital statistics* annual reports. The information presented in this report includes overall activity, performance indicators and other waiting times statistics.

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, checking 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. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.
- Statistics on emergency department presentations for non-admitted patients and public hospital elective surgery waiting times may be affected by variations in reporting practices across states and territories and over time. 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 *Appendix*.

Report structure

This chapter introduces the data sources used and the structure of the report.

Chapter 2 presents activity and waiting times information for non-admitted patient care provided in major public hospital emergency departments. It includes the proportion seen on time and the median and 90th percentile waiting times (in minutes), nationally, by state or territory and by Indigenous status, triage category and hospital peer group.

For the 2008–09 collection period, these data were presented in *Chapter 5* of *Australian hospital statistics 2008–09* (AIHW 2010a).

Chapter 2 also includes performance indicators agreed under the National Healthcare Agreement (CRC 2010):

- Waiting times for emergency department care. This performance indicator can be related to National Health Performance Framework dimension 'Accessibility' within the domain 'Health System Performance' (see *Chapter 3* of *Australian hospital statistics 2008–09* (AIHW 2010a)). Under the National Healthcare Agreement, it relates to the outcome area of 'hospital and related care' and to a performance benchmark for emergency departments.
- Selected potentially avoidable GP-type presentations to emergency departments. This performance indicator can be related to National Health Performance Framework dimension 'Accessibility' within the domain 'Health System Performance'. Under the National Healthcare Agreement, it relates to the outcome area of 'primary and community health'.

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

For the 2008–09 collection period, these data were presented in *Chapter 10* of *Australian hospital statistics 2008–09* (AIHW 2010a).

Chapter 3 also includes a performance indicator agreed under the National Healthcare Agreement:

- Waiting times for elective surgery. This performance indicator can be related to National Health Performance Framework dimension ‘Accessibility’ within the domain ‘Health System Performance’ (see *Chapter 3* of *Australian hospital statistics 2008–09* (AIHW 2010a)). Under the National Healthcare Agreement, it relates to the outcome area of ‘hospital and related care’.

Some additional demographic information and estimates of coverage were not included in this report as data for the Admitted patient care NMDS or the Public hospital establishments NMDS were not available at the time of publication. Information sourced from those data sets can be used to provide a more complete picture of emergency department services and elective surgery in Australia. More detailed information will be included in *Australian hospital statistics 2009–10* (to be published mid-2011).

Chapter structure

In this report, chapters are structured to address a common set of questions concerning the source data for each chapter, including:

- *What data are reported?* This section discusses the data sets used to inform the chapter.
- *What are the limitations of the data?* This section provides caveats that should be considered when interpreting the data presented.
- *What methods were used?* This section outlines issues such as inclusions and exclusions of records and calculation methods.

Following the information on the data sources, the data presented provide answers to the following questions where appropriate:

- *How has activity changed over time?*
- *How much activity was there in 2009–10?*
- *Why did people receive the care?*
- *How urgent was the care?*
- *How long did people wait for care?*
- *How was the care completed?*

Performance indicators

The performance indicators presented in this report are those derived from the National Non-admitted Patient Emergency Department Care Database and the National Elective Surgery Waiting Times Data Collection for reporting under the National Healthcare Agreement.

They are presented according to the National Health Performance Framework (NHPF) revised as agreed by the National Health Information and Statistics Committee (NHISSC) in 2008. The NHPF can be regarded as a structure to guide the understanding and evaluation of the health system, facilitating consideration of how well the health system or program is performing. The framework has three domains: 'Health Status', 'Determinants of Health' and 'Health System Performance'. The Health System Performance domain is most relevant to assessment of the provision of hospital and other health-care services. The six dimensions identified within this domain are: *Effectiveness, Safety, Responsiveness, Continuity of care, Accessibility* and *Efficiency & sustainability*.

Background to the timing of this report

As noted above, this is the first year in which these data have been provided by state and territory health authorities to the AIHW early enough to allow this report to be released within 5 months of the end of the reporting period.

In December 2008, premiers and chief ministers of all Australian states and territories signed the Intergovernmental Agreement on Federal Financial Relations, which has a strong emphasis on 'enhanced public accountability through simpler, standardised and more transparent performance reporting by all jurisdictions, with a focus on the achievement of outcomes, efficient service delivery and timely public reporting'.

The AIHW has worked with the Australian Health Ministers' Advisory Council's (AHMAC) National Health Information Standards and Statistics Committee (NHISSC) to improve the timeliness of data required to support performance indicator reporting under the National Healthcare Agreement.

As a result, and with the cooperation of the state and territory health authorities, data for the NMDSs for Non-admitted Patient Emergency Department Care and Elective Surgery Waiting Times were made available to the AIHW by 30 September 2010. During October and November 2010, the AIHW worked with states and territories to check the data and to prepare this report.

The AIHW acknowledges the efforts of the states and territories in the supply of the data, and assistance in the preparation of this report, that has led to the improved timeliness of the 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 are downloadable as Excel spreadsheets.

Interactive data

Also on the website are interactive data from the National Elective Surgery Waiting Times Data Collection including elective surgery waiting times summary statistics for:

- Reason for removal from waiting lists (2002-03 to 2009-10)
- Surgical specialty (2001-02 to 2009-10)
- Indicator procedure (2001-02 to 2009-10).

Updates

After this report is published, the AIHW website will include updates for the tables that present coverage estimates based on data from the Admitted patient care NMDS and the Public hospital establishments NMDS.

Updates to the data presented in this report, and additional information obtained by linking the emergency department care data with the Public hospital establishments data or the elective surgery waiting times data with the Admitted patient care data, will be included in *Australian hospital statistics 2009–10* (to be published mid-2011).

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

Other hospital-related data

Information for all hospital-related data, including revisions of the data included in this report, will be presented in *Australian hospital statistics 2009–10*. This report is expected to be published in mid-2011.

2 Emergency department care

This chapter presents information about emergency department activity in public hospitals that report to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD).

The chapter is particularly focused on information related to:

- total emergency department activity (reported to the NNAPEDCD)
- emergency department waiting times
- the type of care received
- how patients left the emergency department.

This chapter does not include statistics on total accident and emergency occasions of service, patient characteristics, or duration of presentation statistics. These data will be presented in *Australian hospital statistics 2009–10* (AIHW forthcoming).

Some of the information in this chapter is limited to emergency department presentations in *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* only.

Caution should be used when interpreting the data presented in this report, as the data have not been checked against the establishment-level data provided in the National Public Hospital Establishments Database (NPHEd). The NPHEd data includes information on the number of accident and emergency occasions of service for each public hospital, and are used to check counts of presentations and to assess coverage of the NNAPEDCD. The data presented here have therefore not been subjected to the usual level of confirmation.

Also, peer group-level data presented in this report are based on the peer groups assigned to hospitals for *Australian hospital statistics 2008–09* (AIHW 2010a), as the 2009–10 peer group cannot be assigned until the level of admitted patient activity is known.

Revisions to these data, including estimates of the proportion of accident and emergency services reported to the NNAPEDCD, will be included in the AIHW's comprehensive annual report *Australian hospital statistics 2009–10* (AIHW forthcoming).

What data are reported?

The National Non-admitted Patient Emergency Department Care Database

The NNAPEDCD is a compilation of episode-level data for emergency department presentations in public hospitals. The database is based on the NMDS for Non-admitted patient emergency department care (NAPEDC), as defined in the *National health data dictionary, version 14* (HDSC 2008). It includes data on the type of emergency department visit, triage category, waiting times, arrival mode and episode end status.

The data presented in this report are based on patients completing an episode in an emergency department between 1 July 2009 and 30 June 2010.

The scope of this NMDS in 2009–10 was non-admitted patients registered for care in emergency departments in public hospitals that were classified as either peer group A (*Principal referral and Specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2008–09* (AIHW 2010a). Further information on the peer group classification is available in *Appendix 1* of that report. The use of the peer group classification is an interim measure and the scope of this collection is currently under review.

For 2009–10, all states and territories provided episode-level data to the NNAPEDCD for all public hospitals in peer groups A and B that had emergency departments (that is 100% of hospitals that were required to report episode-level data). Data were provided for 83 *Principal referral and Specialist women's and children's hospitals* and 39 *Large hospitals*.

Some states and territories also provided episode-level data for public hospitals that were classified to peer groups other than A or B, and these data have been included in some parts of this chapter. Data were also provided for:

- 19 *Medium hospitals*, 17 *Small hospitals* and 6 *Unpeered/Other hospitals* in New South Wales
- 6 *Medium hospitals* in Victoria
- 4 *Medium hospitals* in Queensland
- 3 *Medium hospitals* and 2 *Small remote acute hospitals* in Western Australia
- 1 *Medium hospital* in South Australia
- 1 *Medium hospital* in Tasmania
- 3 *Small remote acute hospitals* in the Northern Territory.

The data reported for New South Wales included data for the Hawkesbury District Health Service and the data for Tasmania included data for the Mersey Community Hospital.

From 2009–10, the data for the Albury Base Hospital was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. The Albury Wodonga Health Service was formed by the integration of Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales. Data for Albury Base Hospital are therefore now included in statistics for Victoria whereas they were formerly reported by, and included in statistics for New South Wales.

For 2009–10, the proportion of accident and emergency occasions of service for which detailed episode-level data were present in the NNAPEDCD cannot be calculated until the establishment-level data in the NPHED become available. By comparing the numbers of presentations for hospitals that reported 2009–10 data to the NNAPEDCD with the corresponding information for 2008–09, the proportion of accident and emergency services reported to the NNAPEDCD was estimated at about 80%.

Terms relevant to the discussion of emergency department care are summarised in Box 2.1.

Other emergency department data

National Public Hospital Establishments Database

All states and territories provide hospital-level data on accident and emergency occasions of service for the NPHED, which has essentially full coverage of public hospitals. These data have wider coverage than data provided for the NNAPEDCD.

The NPHEd data for 2009–10 will be reported in the AIHW's annual report *Australian hospital statistics 2009–10* (AIHW forthcoming).

Private hospital emergency department activity

Information about accident and emergency services provided by private hospitals are reported to the Australian Bureau of Statistics' (ABS) Private Hospital Establishments Collection and are presented in the ABS *Private hospitals* report. Information sourced from the latest *Private hospitals* report will be included in *Australian hospital statistics 2009–10* (AIHW forthcoming).

Box 2.1: Summary of terms and classifications relating to non-admitted patient emergency department care

The **Triage category** indicates the urgency of the patient's need for medical and nursing care (HDSC 2008). It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question 'This patient should wait for medical care no longer than...?'. The National Triage Scale has five categories that incorporate the time by which the patient should receive care:

- *Resuscitation*: immediate (within seconds)
- *Emergency*: within 10 minutes
- *Urgent*: within 30 minutes
- *Semi-urgent*: within 60 minutes
- *Non-urgent*: within 120 minutes.

Type of visit to the emergency department indicates the reason the patient presents to an emergency department.

The **Episode end status** indicates the status of the patient at the end of the non-admitted patient emergency department service episode.

Emergency presentations include only presentations for which the Type of visit was reported as an *Emergency presentation* for all states and territories except South Australia. As one South Australian hospital is unable to report Type of visit data and most presentations are expected to be emergencies, all presentations that have a Type of visit *Emergency presentation* or *Not reported* are included for South Australia.

The *National health data dictionary* definition for **Emergency department waiting time to service delivery** is 'The time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse'.

An emergency department care episode is considered to be **Seen on time** if the waiting time to service delivery was within the time specified in the definition of the Triage category. For the purpose of this report, a patient with a triage category of *Resuscitation* was considered to be seen on time if the waiting time to service delivery was less than or equal to 2 minutes. There is some variation between jurisdictions in the criteria used to determine the proportion of *Resuscitation* patients seen on time, therefore these data may differ from those reported by individual jurisdictions.

An emergency department care episode is considered to **End in admission** if the Episode end status was reported as *Admitted to this hospital*. This includes being admitted to units or beds within the emergency department.

Box 2.2: What are the limitations of the data?

- The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) does not include all public hospital accident and emergency services. As the scope of the NAPEDC is public hospitals that were classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, data for emergency services may not be included for areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Disaggregation by socioeconomic status and remoteness should also be interpreted with caution.
- Statistics on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories. Where possible, these variations have been noted in the text.
- For Western Australia, the data presented in this report are based on patients who commenced an episode in an emergency department between 1 July 2009 and 30 June 2010. Therefore, the data for Western Australia do not include records for patients who commenced the episode before 1 July 2009 and completed the episode on or after 1 July 2009. In addition, the data includes episodes that commenced before 30 June 2010, but were not completed within the reporting period. It is expected that these presentations would be counterbalanced overall by the number of presentations occurring in a similar way in adjacent reporting periods.
- The proportion of emergency services provided in the NNAPEDCD for 2009–10 was estimated by comparing the numbers of presentations for hospitals that reported 2009–10 data to the NNAPEDCD with the corresponding information for 2008–09, and the estimated proportion of accident and emergency occasions of services reported as episode-level data for 2008–09. These estimated proportions will be revised when the 2009–10 data are provided for the Public hospital establishments NMDS.
- Approximately 28,000 records for which a valid waiting time was not recorded were not used (in either the numerator or denominator) to derive waiting time statistics.

Box 2.3: What methods were used?

- Patients who present to the emergency department with a Type of visit of *Return visit*, *Planned*, *Pre-arranged admission* or *Patient in transit* do not necessarily undergo the same processes as *Emergency presentations*, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics and the proportion ending in admission are not presented in this report for patients with a Type of visit other than *Emergency presentation* (or *Not reported* for South Australia).
- The median and 90th percentile waiting time are determined from the time elapsed between presentation in the emergency department to commencement of service. The calculation is restricted to presentations with an *Emergency presentation* Type of visit (or *Not reported* for South Australia). Also, presentations were excluded if the waiting time was missing or invalid, or the patient *Did not wait to be attended by a health care professional*, or was *Dead on arrival*.

Box 2.3: (continued)

- The proportion of presentations seen on time was determined as the proportion of presentations in each triage category with a waiting time less than or equal to the maximum waiting time stated in the National Triage Scale definition (see Box 2.1). The calculation is restricted to presentations for which the median waiting time could be calculated (see above). Records with a triage category of *Not reported* were excluded from this calculation but are included in the total number of emergency department presentations.
- The proportion of presentations ending in admission is determined as the proportion of presentations with an Episode end status of *Admitted to this hospital*. The calculation is restricted to presentations with a Type of visit of *Emergency presentation* (or *Not reported* for South Australia).

How has activity changed over time?

Between 2005–06 and 2009–10, the number of hospitals reporting to the NNAPEDCD increased from 153 to 184, and the number of emergency department presentations in those hospitals increased by 21.2% (average annual increase of 4.9%) (Table 2.1).

Table 2.1: Non-admitted patient emergency department presentation statistics, major public hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Hospitals reporting to NNAPEDCD	153	164	165	184	184	4.7	0.0
Presentations	4,914,896	5,287,451	5,537,196	5,742,140	5,957,960	4.9	3.8
Estimated proportion of all accident and emergency occasions of service ^(a) (%)	78	78	78	80	80	1.7	3.8

(a) The number of presentations reported to the NNAPEDCD divided by the number of accident and emergency occasions of service reported to the NPHED as a percentage. For 2009–10, the estimated proportion of accident and emergency services reported to NNAPEDCD, is estimated by comparing the number of presentations for hospitals that reported to the NNAPEDCD for 2008–09 and 2009–10.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Between 2005–06 and 2009–10, both the proportion of *Emergency presentations* treated within an appropriate time (seen on time) and the median waiting time of *Emergency presentations* remained relatively stable. The time by which 90% of presentations were seen decreased from 123 minutes to 115 minutes over the same period (Table 2.2).

Table 2.2: Emergency presentation waiting time statistics, major public hospitals, 2005-06 to 2009-10

	2005-06	2006-07	2007-08	2008-09	2009-10
Proportion seen on time (%)	69	70	69	70	70
Median waiting time to service delivery (minutes)	24	24	24	23	23
90th percentile waiting time to service delivery (minutes)	123	120	124	119	115
Proportion ending in admission (%)	28	27	27	27	27

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

How much activity was there in 2009-10?

Table 2.3 shows the number of hospitals reporting emergency department care and the number of emergency department presentations, by state and territory for 2009-10. For 2009-10, it is estimated that the NNAPEDCD provided detailed information for about 80% of all public hospital accident and emergency occasions of service. The exact proportion for 2009-10 could not be calculated as establishment-level data were not available at the time of producing this report.

Table 2.3: Non-admitted patient emergency department presentations, by public hospital peer group, major public hospitals, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Hospitals	28	20	18	6	5	2	2	2	83
Presentations	1,238,514	943,002	887,183	303,373	285,442	89,902	106,814	97,394	3,951,624
Estimated proportion ^(a) (%)	100	100	100	100	100	100	100	100	100
Large hospitals									
Hospitals	14	13	4	5	2	1	0	0	39
Presentations	383,985	389,740	150,491	168,520	41,035	25,958	..	..	1,159,729
Estimated proportion ^(a) (%)	100	100	100	100	100	100	..	..	100
Estimated proportion of all accident and emergency occasions of service for hospitals in peer groups A and B									
	100	100	100	100	100	100	100	100	100
Other hospitals									
Hospitals	42	6	4	5	1	1	0	3	62
Presentations	413,284	100,003	96,418	128,720	47,223	25,770	..	35,189	846,607
Estimated proportion ^(a) (%)	50	35	17	36	21	61	..	100	37
Total									
Hospitals	84	39	26	16	8	4	2	5	184
Presentations	2,035,783	1,432,745	1,134,092	600,613	373,700	141,628	106,814	132,583	5,957,960
Estimated proportion^(a) (%)	83	89	72	72	67	89	100	100	80

(a) The number of presentations reported to the NNAPEDCD divided by the number of accident and emergency occasions of service reported to the NPHED as a percentage (based on 2008-09 information).

Notes: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Why did people receive this care?

Table 2.4 presents the number of emergency department presentations, by Type of visit and state or territory, reported to the NNAPEDCD for 2009–10.

Nationally, 97% of presentations were *Emergency presentations*, and 2% were *Return visit, planned*. The proportion of presentations by Type of visit varied, by state or territory. Not all states and territories reported presentations for all Type of visit categories.

Type of visit	
The data element Type of visit to emergency department describes the reason the patient presented to the emergency department. The Type of visit can be reported as:	
•	<i>Emergency presentation</i> : attendance for an actual or suspected condition that is sufficiently serious to require acute unscheduled care.
•	<i>Return visit, planned</i> : presentation is planned and is a result of a previous emergency department presentation or return visit.
•	<i>Pre-arranged admission</i> : patient who presents at the emergency department for either a clerical, nursing or medical process to be undertaken, and admission has been pre-arranged by the referring medical officer and a bed allocated.
•	<i>Patient in transit</i> : the emergency department is responsible for care and treatment of a patient awaiting transport to another facility.
•	<i>Dead on arrival</i> : a patient who is dead on arrival at the emergency department.

Table 2.4: Non-admitted patient emergency department presentations, by Type of visit, major public hospitals, states and territories, 2009–10

Type of visit	NSW	Vic	Qld	WA ^(a)	SA ^(a)	Tas	ACT	NT	Total
Emergency presentation	1,988,734	1,392,523	1,105,557	593,159	333,662	140,224	106,320	127,005	5,787,184
Return visit, planned	40,945	35,856	24,373	6,721	4,161	1,401	436	5,520	119,413
Pre-arranged admission	2,767	1,495	3,660	390	697	0	6	0	9,015
Patient in transit	54	247	365	0	0	0	21	14	701
Dead on arrival	2,472	2,393	137	0	n.a.	5	31	40	5,078
Not reported	811	231	0	343	35,180	0	0	4	36,569
Total	2,035,783	1,432,745	1,134,092	600,613	373,700	141,630	106,814	132,583	5,957,960

(a) South Australia do not provide non-admitted patient emergency department care data for patients who were *Dead on arrival* at the emergency department.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Selected potentially avoidable GP-type presentations to emergency departments

Potentially avoidable GP-type presentations to emergency departments indicate the number of attendances at public hospital emergency departments that could have potentially been avoided through the provision of appropriate non-hospital services in the community. This analysis corresponds to a National Healthcare Agreement (NHA) performance indicator in the outcome area of 'primary and community health' (CRC 2010); it is not an indicator of hospital performance. Information on the number of potentially avoidable GP-type

presentations is reported by the state or territory of residence of the patient, by hospital peer group, and by Indigenous status, remoteness area and socioeconomic area (Table 2.5).

Potentially avoidable GP-type presentations are defined as presentations to public hospital emergency departments in *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* with a Type of visit of *Emergency presentation* (or *Not reported*) where the patient:

- was allocated a triage category of 4 or 5;
- did not arrive by ambulance or police or correctional vehicle;
- was not admitted to the hospital, was not referred to another hospital, and did not die (did not have an Episode end status of *Admitted to this hospital, Non-admitted patient emergency department service episode completed - referred to another hospital for admission or Died in emergency department as a non-admitted patient*).

For 2009–10, potentially avoidable GP-type presentations accounted for about 41% of all presentations to emergency departments in *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* (Table 2.5). As these data are limited to public hospitals that were classified as *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, most of the data relates to hospitals within major cities.

In general, the proportion of presentations to emergency departments that may potentially have been avoidable was higher for *Large hospitals* (51%) than for *Principal referral and Specialist women's and children's hospitals* (39%).

There was some variation between states and territories in the proportion of presentations to emergency departments that may potentially have been avoidable. However, due to variations in reporting practices across states and territories, caution should be used in interpreting these data.

How urgent was the care?

The triage category indicates the urgency of the patient's need for medical and nursing care (HDSC 2008). It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question 'This patient should wait for medical care no longer than...?'. See Box 2.1 for more detail.

Table 2.6 presents the number of emergency department presentations for which the Type of visit was reported as *Emergency* or was *Not reported* (South Australia only), by triage category for states and territories.

Nationally in 2009–10, less than 1% of *Emergency presentations* were assigned a triage category of *Resuscitation*, and about 9% were assigned a triage category of *Emergency*. The majority of *Emergency presentations* were *Urgent* or *Semi-urgent*. There was some variation among the states and territories in the proportions of presentations in each triage category (Table 2.6).

Table 2.5: Selected potentially avoidable GP-type presentations to emergency departments, by state or territory of usual residence^(a), Principal referral and Specialist women's and children's hospitals and Large hospitals, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospital peer group^(b)									
Principal referral and Specialist women's and children's hospitals	486,749	356,163	304,027	123,074	102,632	33,277	45,751	35,596	1,487,269
Large hospitals	190,973	194,746	67,335	84,377	14,366	14,560	431	280	567,068
Proportion of all emergency presentations (%)									
Principal referral and Specialist women's and children's hospitals	40	39	35	41	36	38	49	42	39
Large hospitals	47	59	47	51	34	57	53	60	51
Indigenous status^(c)									
Indigenous	24,517	6,777	23,151	8,529	2,302	1,759	950	11,490	79,475
Other Australians ^(d)	653,205	544,132	348,211	198,922	114,696	46,078	45,232	24,386	1,974,862
Remoteness area of residence^(e)									
Major cities	470,016	374,989	218,051	143,138	109,194	..	46,082	..	1,361,470
Inner regional	188,020	151,287	92,331	41,250	4,697	28,179	47	..	505,811
Outer regional	16,880	24,418	40,296	15,031	1,751	19,232	..	19,977	137,585
Remote	1,128	205	18,700	1,597	515	348	..	11,384	33,877
Very remote	126	..	1,974	838	824	72	..	4,436	8,270
Socioeconomic status (SES) of area of residence^(f)									
1 Lowest SES	135,416	100,937	103,793	12,887	39,723	31,065	60	9,947	433,828
2	223,227	97,210	69,080	45,643	25,577	3,751	1,262	1,652	467,402
3	140,900	152,935	71,264	64,772	17,773	8,057	1,719	14,494	471,914
4	76,160	113,660	78,208	39,195	19,830	4,958	12,922	7,664	352,597
5 Highest SES	100,467	86,157	49,005	39,357	14,075	..	29,791	2,038	320,890
Total^(g)	677,722	550,909	371,362	207,451	116,998	47,837	46,182	35,876	2,054,337
Proportion of all emergency presentations (%)									
	42	44	37	44	36	43	49	42	41

(a) Data are presented by the state/territory of usual residence of the patient, not by the state/territory of hospitalisation.

(b) Limited to peer group A and B public hospitals.

(c) See Box 2.4 for notes on the quality of Indigenous identification.

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

(e) Disaggregation by remoteness area is by usual residence of the patient, not remoteness of hospital. Not all remoteness areas are represented in each state or territory.

(f) SES groups are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with 1-Lowest SES being the most disadvantaged and 5-Highest SES being the least disadvantaged. Disaggregation by SES is based on area of usual residence, not SES of hospital site. The SES groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

(g) Total includes separations for which an SES category or remoteness area could not be assigned as the place of residence was not reported.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Table 2.6: Emergency presentations, by triage category, major public hospitals, states and territories, 2009–10

Triage category	NSW	Vic	Qld	WA	SA ^(a)	Tas	ACT	NT	Total
Resuscitation	12,150	9,239	9,140	4,959	4,316	818	515	786	41,923
Emergency	165,940	120,819	113,511	65,764	42,958	10,692	9,870	9,232	538,786
Urgent	601,387	428,810	447,221	184,884	133,842	48,531	33,345	36,144	1,914,164
Semi-urgent	894,173	656,006	459,639	296,984	160,682	65,011	48,612	67,907	2,649,014
Non-urgent	312,159	177,649	76,046	40,553	27,044	14,784	13,978	12,936	675,149
Total^(b)	1,988,734	1,392,523	1,105,557	593,159	368,842	140,224	106,320	127,005	5,822,364

(a) Includes records for which the type of visit was *Not reported* for South Australia.

(b) Includes emergency presentations for which the triage category was *Not reported*.

Notes: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis. For information on *Emergency presentations* by triage category and peer group for states and territories, see Table 2.14.

How long did people wait for care?

Emergency department waiting time to service delivery is ‘The time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse’. The National Triage Scale has five categories that incorporate the time by which the patient should receive care (see Box 2.1).

The median waiting time indicates the time within which 50% of patients were treated by a medical officer or nurse. The 90th percentile waiting time indicates the amount of time within which 90% of patients were treated.

For 2009–10, there were almost 319,000 presentations with an Episode end status of *Did not wait* or *Dead on arrival* that were excluded from this analysis. Approximately 28,000 additional presentations with missing or invalid waiting times were also excluded.

Performance indicator: Waiting times for emergency department care

This performance indicator can be related to National Health Performance Framework dimension ‘Accessibility’ within the domain ‘Health System Performance’ – for further information, see *Australian hospital statistics 2008–09* (AIHW 2010a).

Accessibility

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

This indicator aligns with the NHA performance indicator and performance benchmark in the outcome area of ‘hospital and related care’ (CRC 2010). Its scope is emergency departments in hospitals classified as *Principal referral and specialist women’s and children’s hospitals* and *Large hospitals* (tables 2.8 and 2.9).

How did waiting times vary by state and territory?

There was marked variation between states and territories in the proportion of patients seen on time and the median waiting times to service delivery. For 2009–10, for all reporting hospitals and for all triage categories combined (excluding the triage category *Not reported*),

the overall proportion of *Emergency presentations* seen on time was 70%. The proportion seen on time ranged from 56% in the Northern Territory to 75% in New South Wales (Table 2.7). For New South Wales, a medical officer or nurse treated 50% of presentations within 20 minutes and, for the Northern Territory, 50% of presentations were treated within 38 minutes (Table 2.7 and Figure 2.1). The 90th percentile waiting time also varied; from 107 minutes in New South Wales to 168 minutes in the Australian Capital Territory. See Box 2.3 for more detailed information on the methods used. For more information, see Table 2.14.

Table 2.7: *Emergency presentation*^(a) statistics, major public hospitals, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Emergency presentations	1,988,734	1,392,523	1,105,557	593,159	368,842	140,224	106,320	127,005	5,822,364
Proportion seen on time (%) ^(b)	75	72	66	64	67	63	63	56	70
Median waiting time	20	22	24	28	24	29	35	38	23
90th percentile waiting time	107	118	115	113	117	139	168	152	115
Proportion ending in admission (%) ^(c)	27	33	23	23	30	21	24	26	27

(a) Records with a Type of visit of *Emergency presentation* (or *Not reported* in South Australia), records were excluded if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(b) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(c) The proportion of presentations for which the episode end status was reported as *Admitted to this hospital*.

Notes: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

In 2009–10, for emergency departments in hospitals classified as *Principal referral and specialist women's and children's hospitals* and *Large hospitals* (peer groups A and B) and for all triage categories overall, the proportion of presentations in which patients received emergency department care within the required time was 68%, ranging from 49% in the Northern Territory to 73% in New South Wales (Table 2.8).

The proportion of presentations seen on time also varied by triage category, with the more urgent presentations more likely to be seen on time. Overall, 100% of *Resuscitation* presentations were seen on time and 78% of *Emergency* presentations were seen on time.

Additional emergency presentation statistics by triage category and peer group of hospital are presented in Table 2.14.

Table 2.8: Proportion^(a) of *Emergency presentations*^(b) seen on time, by triage category, major public hospitals^(c), states and territories, 2009–10

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Resuscitation	100	100	99	100	100	99	100	100	100
Emergency	81	81	76	68	78	66	83	63	77
Urgent	67	69	58	50	60	40	60	47	62
Semi-urgent	70	65	62	61	61	50	56	44	64
Non-urgent	85	89	86	90	84	79	77	84	86
<i>Total</i>	72	71	63	60	65	50	63	49	67
Large hospitals									
Resuscitation	100	100	98	96	100	n.p.	..	..	99
Emergency	85	78	89	69	72	n.p.	..	..	80
Urgent	75	75	69	51	68	n.p.	..	..	70
Semi-urgent	74	67	76	58	75	n.p.	..	..	70
Non-urgent	89	80	93	89	94	n.p.	..	..	85
<i>Total</i>	77	72	76	59	73	n.p.	..	..	73
Peer groups A and B^(c)									
Resuscitation	100	100	99	99	100	99	100	100	100
Emergency	81	80	77	68	77	70	83	63	78
Urgent	69	70	59	51	61	49	60	47	64
Semi-urgent	71	66	65	60	62	61	56	44	65
Non-urgent	86	84	88	89	85	86	77	84	86
<i>Total^(c)</i>	73	71	65	60	66	60	63	49	68
All reporting hospitals^(d)									
Resuscitation	100	100	99	99	100	99	100	100	100
Emergency	82	80	77	71	78	71	83	63	78
Urgent	70	71	60	55	63	52	60	49	65
Semi-urgent	73	67	66	64	63	63	56	51	68
Non-urgent	89	85	89	92	85	88	77	91	88
Total^(d)	75	72	66	64	67	63	63	56	70

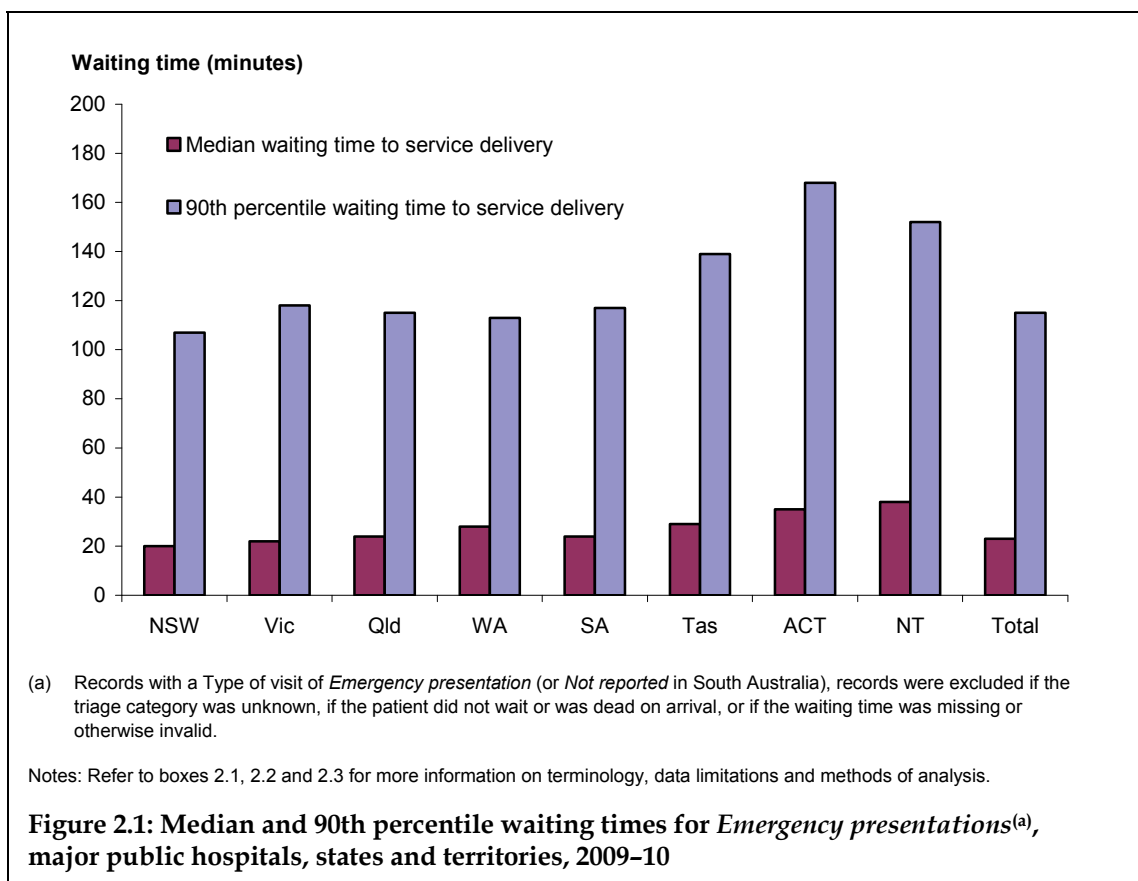
(a) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(b) Records with a Type of visit of *Emergency presentation* (or *Not reported* in South Australia), records were excluded if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(c) For emergency department presentations reported for hospitals classified as *Principal referral and specialist women's and children's hospitals* and *Large hospitals* only.

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

Notes: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.



How did waiting times vary by Indigenous status?

Box 2.4: Quality of Indigenous status data

The quality of the data reported for Indigenous status in emergency departments has not been formally assessed for completeness; 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 for Non-admitted patient emergency department care data.

For 2009-10, about 3.8% of emergency department presentations in *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* were for *Indigenous Australians* (Table 2.9). The proportion varied from 1.2% in Victoria to 40.2% in the Northern Territory. For these hospitals, there were almost 193,000 emergency department presentations for patients identified as Aboriginal and/or Torres Strait Islander persons.

Overall, the proportion of presentations for *Indigenous Australians* seen on time (66%) was lower than the proportion of *Other Australians* seen on time (68%) (Table 2.9). However, for the triage categories *Resuscitation*, *Emergency* and *Non-urgent*, *Indigenous Australians* were seen on time more often, or about as often, as *Other Australians*, at the national level. There was variation, however, among the states and territories.

The information presented in Table 2.9 relates to the NHA indicator 'Waiting times for emergency department care' and is limited to public hospitals which were classified as *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, most of the

data relates to hospitals within major cities. Consequently, the coverage may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.

Table 2.9: Proportion^(a) of *Emergency presentations*^(b) seen on time, by triage category and Indigenous status, *Principal referral and Specialist women's and children's hospitals and Large hospitals, states and territories, 2009–10*

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous Australians									
Resuscitation	100	100	99	98	100	100	100	100	100
Emergency	77	77	81	71	81	69	81	63	74
Urgent	66	73	67	54	59	48	54	52	62
Semi-urgent	68	70	70	61	58	57	54	44	63
Non-urgent	84	87	91	90	86	86	79	81	87
Total	71	74	72	62	64	58	59	50	66
Number of emergency presentations									
	50,150	15,946	56,834	20,643	4,714	3,872	2,295	38,488	192,942
Other Australians^(c)									
Resuscitation	100	100	99	99	100	99	100	100	100
Emergency	82	80	77	68	77	70	83	63	78
Urgent	69	70	59	50	61	49	60	44	64
Semi-urgent	71	66	64	60	63	61	56	44	66
Non-urgent	86	84	88	89	85	86	77	86	86
Total	73	71	65	60	66	60	63	48	68
Number of emergency presentations									
	1,546,152	1,281,397	958,379	444,367	318,464	110,586	104,025	57,204	4,820,574

(a) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(b) Records with a Type of visit of *Emergency presentation* (or *Not reported* in South Australia). Records were excluded if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

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

Notes: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

For emergency presentations in *Principal referral and specialist women's and children's hospitals*, the median waiting time for *Indigenous Australians* (26 minutes) was greater than the median waiting time for *Other Australians* (24 minutes) (Table 2.10). There was some variation among state and territories, and by triage category, with the median waiting times for *Indigenous Australians* being less than or equal to the median waiting times for *Other Australians* in Victoria, Queensland and Western Australia. This may have been influenced by the mix of triage categories for *Indigenous Australians* and *Other Australians*.

Table 2.10: Median waiting time^(a) for Emergency presentations, by triage category and Indigenous status, Principal referral and Specialist women's and children's hospitals and Large hospitals, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Emergency presentations ^(b)
Indigenous Australians										
Resuscitation	0	0	0	0	0	0	0	0	0	1,368
Emergency	6	5	6	6	4	7	4	8	6	16,114
Urgent	20	16	19	27	24	33	28	29	22	63,970
Semi-urgent	34	32	31	46	49	49	56	71	41	91,200
Non-urgent	35	30	23	38	34	34	61	42	32	20,229
Total^(b)	24	21	21	31	29	36	41	39	26	192,942
Other Australians^(c)										
Resuscitation	0	0	0	0	0	0	0	0	0	38,396
Emergency	5	5	6	7	5	7	6	8	5	477,671
Urgent	19	17	24	30	22	32	26	37	21	1,655,581
Semi-urgent	31	36	39	47	42	42	53	70	37	2,142,245
Non-urgent	31	36	30	38	35	34	59	41	34	504,164
Total^(b)	21	22	25	33	24	31	35	47	24	4,820,574

(a) The waiting time (in minutes) within which service had commenced for 50% of presentations, by triage category.

(b) Records with a Type of visit of *Emergency presentation* (or *Not reported* in South Australia). Records were excluded if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

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

Notes: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

How was care completed?

Episode end status

Episode end status describes the status of the patient at the conclusion of the non-admitted patient episode in the emergency department. The Episode end status can be reported as:

- *Admitted to this hospital* (including to units or beds within the emergency department)
- *Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital*
- *Non-admitted patient emergency department service episode completed - referred to another hospital for admission*
- *Did not wait to be attended by a health care professional*
- *Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was complete*
- *Died in emergency department as a non-admitted patient*
- *Dead on arrival, not treated in emergency department*

For 2009–10, the majority of presentations (65%) reported an Episode end status of *Non-admitted patient emergency department service episode completed – departed without being admitted or referred to another hospital* (Table 2.11). However, the proportion varied markedly by triage category, increasing as the triage category became less urgent. About 27% of presentations had an Episode end status of *Admitted to the hospital* at the conclusion of treatment in the emergency department, and this proportion decreased as the triage category became less urgent.

Over 5% of emergency department presentations had an Episode end status of *Did not wait*. The proportion of presentations where patients *Did not wait* also varied by triage category, and was highest for *Non-urgent* and *Semi-urgent* patients.

Table 2.11: Non-admitted patient emergency department presentations, by triage category and Episode end status, major public hospitals, 2009–10

Episode end status	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	Total ^(a)
Admitted to this hospital	32,878	327,423	776,825	427,489	35,869	1,600,592
Departed without being admitted or referred	4,805	185,156	1,038,295	2,017,627	626,452	3,872,886
Referred to another hospital	2,555	19,822	39,394	19,491	1,474	82,742
Did not wait	21	1,104	44,356	187,326	78,101	312,971
Left at own risk	273	5,933	24,799	38,368	8,857	78,334
Died in emergency department	1,339	374	216	42	8	1,981
Total^(b)	42,030	540,053	1,924,562	2,691,245	753,798	5,957,960

(a) Includes presentations for which the Triage category was *Not reported*.

(b) Includes presentations for which the Episode end status was *Dead on arrival* or *Not reported*.

Notes: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

Tasmania and Western Australia had higher proportions of presentations with an Episode end status of *Departed without being admitted or referred to another hospital* than the national average (72.7% and 72.5%, respectively). Western Australia also had the highest proportion *Referred to another hospital* and the lowest proportion of presentations where the patient *Did not wait* (Table 2.12).

Table 2.12: Non-admitted patient emergency department presentations, by Episode end status, major public hospitals, states and territories, 2009–10

Episode end status	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Admitted to this hospital	540,426	461,401	263,354	135,985	111,747	29,032	25,357	33,290	1,600,592
Departed without being admitted or referred	1,304,570	881,662	763,437	435,295	229,322	102,916	69,015	86,669	3,872,886
Referred to another hospital for admission	26,092	3,944	22,466	16,308	11,027	1,215	1,533	157	82,742
Did not wait	121,034	69,326	66,990	9,087	17,521	7,431	10,260	11,322	312,971
Left at own risk	38,982	13,791	16,913	3,231	3,359	445	562	1,051	78,334
Died in emergency department	n.a.	147	775	560	217	141	86	55	1,981
Total^(b)	2,035,783	1,432,745	1,134,092	600,613	373,700	141,630	106,814	132,583	5,957,960

(a) In New South Wales, presentations for which a patient dies in the emergency department are categorised as *Admitted to this hospital*.

(b) Includes presentations for which the Episode end status was *Dead on arrival* or *Not reported*.

Notes: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis.

The comparability of the data may be influenced by the comparability of the triage categories among the states and territories. Although triage category is not a measure of the need for admission to hospital, the proportion of presentations in each category that had an Episode end status of *Admitted to this hospital* can be used as an indication of the comparability of the triage categorisation. The proportions of presentations with an Episode end status of *Admitted to this hospital* are presented for the states and territories by triage category in Table 2.13. As indicated in Box 2.3, this calculation of the proportion of presentations ending in admission is restricted to presentations with a Type of visit of *Emergency presentation* (or *Not reported* for South Australia).

Nationally, 27% of all *Emergency presentations* had an Episode end status of *Admitted to this hospital*. Victoria had a higher proportion of presentations *Admitted to this hospital* than the national figures in all triage categories except *Non-urgent*. Western Australia had the lowest proportion of *Resuscitation* and *Emergency* triage category presentations with an Episode end status of *Admitted to this hospital* (Table 2.13). The proportions admitted do not include patients referred to another hospital for admission.

Table 2.13: Percentage of *Emergency presentations* with an Episode end status of *Admitted to this hospital*, by triage category, states and territories, 2009–10

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Per cent								
Resuscitation	81	90	69	68	78	79	72	72	78
Emergency	62	73	54	49	59	54	55	61	61
Urgent	41	51	32	35	41	32	38	44	40
Semi-urgent	17	21	10	11	16	10	13	14	16
Non-urgent	5	4	3	4	7	4	3	6	5
Total	27	33	23	23	30	21	24	26	27

Notes: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis. For information on the proportion of emergency presentations ending in admission by triage category and peer group for states and territories, see Table 2.14.

Additional information

Information on non-admitted patient emergency department care by state or territory of hospitalisation and public hospital peer groups is also available in the tables accompanying this report on the internet. Additional non-admitted patient emergency department care information including patient characteristics, duration of presentation and time of presentation will be available in *Australian hospital statistics 2009–10* (AIHW forthcoming).

Table 2.14: Emergency presentation^(a) statistics, by triage category and public hospital peer group, states and territories, 2009-10

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's and children's hospitals									
Resuscitation	9,393	8,257	8,553	3,599	4,030	676	515	749	35,772
Emergency	118,458	96,615	98,345	40,468	34,989	8,156	9,870	8,742	415,643
Urgent	401,754	318,813	369,020	95,839	103,459	34,327	33,345	32,022	1,388,579
Semi-urgent	514,238	422,042	350,310	143,477	115,847	37,865	48,612	50,729	1,683,120
Non-urgent	175,014	81,865	46,640	14,348	24,030	7,089	13,978	3,450	366,414
<i>Total^(b)</i>	<i>1,220,643</i>	<i>927,592</i>	<i>872,868</i>	<i>297,742</i>	<i>282,355</i>	<i>88,501</i>	<i>106,320</i>	<i>95,692</i>	<i>3,891,713</i>
Proportion seen on time (%) ^(c)									
Resuscitation	100	100	99	100	100	99	100	100	100
Emergency	81	81	76	68	78	66	83	63	77
Urgent	67	69	58	50	60	40	60	47	62
Semi-urgent	70	65	62	61	61	50	56	44	64
Non-urgent	85	89	86	90	84	79	77	84	86
<i>Total</i>	<i>72</i>	<i>71</i>	<i>63</i>	<i>60</i>	<i>65</i>	<i>50</i>	<i>63</i>	<i>49</i>	<i>67</i>
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	0	0	0	0
Emergency	5	5	6	7	5	8	5	8	6
Urgent	20	18	25	30	23	42	26	33	22
Semi-urgent	32	35	41	46	44	60	53	70	39
Non-urgent	33	25	33	40	38	54	59	41	33
<i>Total^(b)</i>	<i>21</i>	<i>20</i>	<i>25</i>	<i>32</i>	<i>25</i>	<i>43</i>	<i>35</i>	<i>44</i>	<i>24</i>
90th percentile waiting time to service delivery (minutes)									
Resuscitation	1	0	0	0	0	0	0	0	0
Emergency	20	20	23	22	19	26	17	27	21
Urgent	89	86	102	104	94	167	134	123	98
Semi-urgent	141	153	154	130	154	178	207	193	151
Non-urgent	149	129	142	123	154	167	179	150	145
<i>Total^(b)</i>	<i>117</i>	<i>120</i>	<i>121</i>	<i>113</i>	<i>122</i>	<i>165</i>	<i>168</i>	<i>161</i>	<i>122</i>
Proportion ending in admission (%) ^(d)									
Resuscitation	86	91	70	78	80	82	72	72	81
Emergency	66	76	55	55	62	58	55	61	64
Urgent	45	55	33	43	44	34	38	44	43
Semi-urgent	21	24	11	16	19	12	13	14	18
Non-urgent	7	6	3	6	6	4	3	4	6
<i>Total^(b)</i>	<i>31</i>	<i>39</i>	<i>25</i>	<i>30</i>	<i>33</i>	<i>25</i>	<i>24</i>	<i>29</i>	<i>31</i>

(continued)

Table 2.14 (continued): Emergency presentation^(a) statistics, by triage category and public hospital peer group, states and territories, 2009-10

Triage category and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Large hospitals									
Resuscitation	1,689	821	370	828	184	100	..	..	3,992
Emergency	27,662	20,171	9,611	15,154	4,277	1,267	..	..	78,142
Urgent	111,369	90,652	51,521	51,704	18,693	7,033	..	..	330,972
Semi-urgent	186,984	185,261	62,225	87,624	14,840	13,391	..	..	550,325
Non-urgent	47,564	72,846	18,618	11,956	2,829	4,166	..	..	157,979
<i>Total^(b)</i>	<i>375,659</i>	<i>369,751</i>	<i>142,345</i>	<i>167,268</i>	<i>40,823</i>	<i>25,957</i>	..	..	<i>1,121,803</i>
Proportion seen on time ^(c)									
Resuscitation	100	100	98	96	100	n.p.	..	..	99
Emergency	85	78	89	69	72	n.p.	..	..	80
Urgent	75	75	69	51	68	n.p.	..	..	70
Semi-urgent	74	67	76	58	75	n.p.	..	..	70
Non-urgent	89	80	93	89	94	n.p.	..	..	85
<i>Total</i>	<i>77</i>	<i>72</i>	<i>76</i>	<i>59</i>	<i>73</i>	<i>n.p.</i>	..	..	<i>73</i>
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	n.p.	..	..	0
Emergency	5	5	5	6	5	n.p.	..	..	5
Urgent	16	17	18	30	18	n.p.	..	..	18
Semi-urgent	28	37	25	49	28	n.p.	..	..	33
Non-urgent	26	49	24	35	22	n.p.	..	..	36
<i>Total^(b)</i>	<i>19</i>	<i>27</i>	<i>19</i>	<i>35</i>	<i>19</i>	<i>n.p.</i>	..	..	<i>24</i>
90th percentile waiting time to service delivery (minutes)									
Resuscitation	1	1	0	0	0	n.p.	..	..	0
Emergency	16	19	11	23	24	n.p.	..	..	18
Urgent	69	57	86	105	84	n.p.	..	..	75
Semi-urgent	131	125	108	146	113	n.p.	..	..	127
Non-urgent	129	174	107	124	92	n.p.	..	..	147
<i>Total^(b)</i>	<i>107</i>	<i>118</i>	<i>95</i>	<i>127</i>	<i>91</i>	<i>n.p.</i>	..	..	<i>112</i>
Proportion ending in admission ^(d)									
Resuscitation	70	78	72	32	60	n.p.	..	..	64
Emergency	57	59	50	38	62	n.p.	..	..	53
Urgent	37	40	27	27	44	n.p.	..	..	35
Semi-urgent	15	14	9	8	19	n.p.	..	..	13
Non-urgent	4	2	2	3	17	n.p.	..	..	3
<i>Total^(b)</i>	<i>24</i>	<i>21</i>	<i>18</i>	<i>16</i>	<i>35</i>	<i>n.p.</i>	..	..	<i>21</i>

(continued)

Table 2.14 (continued): Emergency presentation^(a) statistics, by triage category and public hospital peer group, states and territories, 2009-10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
All hospitals reporting waiting times data									
Resuscitation	12,150	9,239	9,140	4,959	4,316	818	515	786	41,923
Emergency	165,940	120,819	113,511	65,764	42,958	10,692	9,870	9,232	538,786
Urgent	601,387	428,810	447,221	184,884	133,842	48,531	33,345	36,144	1,914,164
Semi-urgent	894,173	656,006	459,639	296,984	160,682	65,011	48,612	67,907	2,649,014
Non-urgent	312,159	177,649	76,046	40,553	27,044	14,784	13,978	12,936	675,149
Total emergency visits^(b)	1,988,734	1,392,523	1,105,557	593,159	368,842	140,224	106,320	127,005	5,822,364
Proportion seen on time (%) ^(c)									
Resuscitation	100	100	99	99	100	99	100	100	100
Emergency	82	80	77	71	78	71	83	63	78
Urgent	70	71	60	55	60	52	60	49	65
Semi-urgent	73	67	66	64	63	63	56	51	68
Non-urgent	89	85	89	92	85	88	77	91	88
Total emergency visits seen on time	75	72	66	64	67	63	63	56	70
Median waiting time to service delivery (minutes)									
Resuscitation	0	0	0	0	0	0	0	0	0
Emergency	5	5	6	6	5	7	5	8	5
Urgent	18	17	23	26	21	29	26	31	20
Semi-urgent	28	35	37	41	41	40	53	59	35
Non-urgent	23	34	29	25	35	27	59	23	28
Total^(b)	20	22	24	28	24	29	35	38	23
90th percentile waiting time to service delivery (minutes)									
Resuscitation	1	0	0	0	0	0	0	0	0
Emergency	19	20	22	22	19	23	17	27	20
Urgent	80	78	98	98	89	141	134	119	90
Semi-urgent	128	142	142	131	145	152	207	181	139
Non-urgent	128	146	126	110	147	133	179	115	134
Total^(b)	107	118	115	113	117	139	168	153	115
Proportion ending in admission (%) ^(d)									
Resuscitation	81	90	69	68	78	79	72	72	78
Emergency	62	73	54	49	59	54	55	61	61
Urgent	41	51	32	35	41	32	38	44	40
Semi-urgent	17	21	10	11	16	10	13	14	16
Non-urgent	5	4	3	4	7	4	3	6	5
Total proportion ending in admission^(b)	27	33	23	23	30	21	24	26	27

Note: See Table 2.7.

3 Elective surgery waiting times

This chapter presents information for about 606,000 patients admitted from public acute hospital elective surgery waiting lists. These data are sourced from the National Elective Surgery Waiting Times Data Collection (NESWTDC). The records include information on waiting times, surgical specialty of the scheduled doctor and indicator procedures.

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 (HDSC 2008). 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.

This chapter is particularly focused on information related to elective surgery waiting times by:

- states and territories
- Indigenous status
- indicator procedures
- specialty of surgeon.

This chapter does not include information related to total elective surgery activity in public and private hospitals or information on patient characteristics and other related clinical data sourced from the National Hospital Morbidity Database (NHMD). Those data will be presented in more detail in *Australian hospital statistics 2009–10* (AIHW forthcoming).

Some of the information in this chapter is limited to elective surgery waiting times in *Principal referral and Specialist women’s and children’s hospitals* and *Large hospitals* only.

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). The NHMD data includes information on patient characteristics and the procedures performed, and are used to check the data in the NESWTDC, and to assess the coverage of the NESWTDC. The data presented here have therefore not been subjected to the usual level of confirmation.

In addition, peer group-level data presented in this report are based on the peer groups assigned to hospitals for *Australian hospital statistics 2008–09* (AIHW 2010a), as the 2009–10 peer group cannot be assigned until the level of admitted patient activity is known.

Revisions to these data, including coverage estimates, will be included in the AIHW’s comprehensive annual report *Australian hospital statistics 2009–10* (AIHW forthcoming).

What data are reported?

The National Elective Surgery Waiting Times Data Collection

The NESWTDC provides 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 supplied are based on the NMDS for Elective surgery waiting times (removals and census), as defined in the *National health data dictionary, version 14* (HDSC 2008). Included is information on the length of time waited, the surgical specialty and indicator procedures.

The data presented in this report are for patients admitted for elective surgery between 1 July 2009 and 30 June 2010.

Waiting times data for elective surgery

The waiting times data presented in this chapter are for patients who complete their wait and are admitted for their surgery on an elective basis. The data are generally used as the main summary measure of elective surgery waiting times. Most patients are admitted after waiting, however some patients are removed from waiting lists for other reasons. Other reasons for removal are that the patient was admitted as an emergency patient for the awaited procedure; was transferred to another hospital's waiting list; had been treated elsewhere; was not contactable; had died or had declined surgery. Information on time spent on waiting lists is also presented for those reasons for removal.

Estimated proportion of public hospital elective surgery

As noted above, the data collection covers public acute hospitals. However, some public patients treated under contract in private hospitals in Victoria and Tasmania were also included. In addition, data for the Hawkesbury District Health Service were included with the New South Wales data and data for the Mersey Community Hospital are included with the Tasmanian data.

All public hospitals that undertake elective surgery are generally included, but some are not. For 2008–09, about 91% of public hospital elective surgery admissions were performed by hospitals that also reported to the NESWTDC for 2009–10. This proportion varied by state and territory. The proportion was highest for *Principal referral and Specialist women's and children's hospitals* at 100%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups.

From 2009–10, the data for the Albury Base Hospital was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. The Albury Wodonga Health Service was formed by the integration of Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales. Data for Albury Base Hospital are therefore now included in statistics for Victoria whereas they were formerly reported by and included in statistics for New South Wales.

Box 3.1: What are the limitations of the data?

- Statistics on public hospital elective surgery waiting times may be affected by variations in reporting practices across states and territories. Where possible, these variations have been noted in the text.
- The data collection covered most public hospitals that undertake elective surgery. In 2009–10, estimated coverage of the collection was highest for the *Principal referral and Specialist women’s and children’s hospitals* peer group with 84 hospitals reported in this peer group. The collection covered 33 *Large hospitals*, and 51 *Medium hospitals*. 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.
- Data for a small number of Victoria hospitals are preliminary. These data will be updated for inclusion in *Australian hospital statistics 2009–10*, to be published in mid-2011.
- Methods to calculate waiting times have varied across states and territories and over time (see *Appendix 1, Australian hospital statistics 2008–09*). 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.
- In 2009–10 for patients who were admitted after being transferred from another hospital’s waiting list, New South Wales, Queensland, 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. Queensland has indicated that it is uncommon for patients to be transferred from a waiting list managed by one public hospital to that managed by another.
- See *Appendix 1* for more information.

Box 3.2: What methods were used?

Waiting times are calculated by the states and territories by comparing the date on which a patient is added to a waiting list with the date that the patient is removed from that list. Days on which a patient is ‘not ready for care’ are excluded.

How has activity changed over time?

Between 2005–06 and 2009–10, the number of admissions for elective surgery from waiting lists increased by an annual average of 2.1% (Table 3.1). However, there was also a rise in the coverage of the NESWTDC over that period, from 89% to 91%, that should be taken into account when interpreting the change.

Over the same period, the proportion of admissions for hospitals in the *Principal referral and Specialist womens' and children's hospitals* peer group increased from 69% to 73% of admissions from elective surgery waiting lists.

The period from 2007–08 to 2009–10 includes the period in which the Elective Surgery Waiting List Reduction Plan was implemented by the Australian Government and states and territories.

Table 3.1: Waiting list statistics for patients admitted from waiting lists for elective surgery, by public hospital peer group, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Principal referral and Specialist women's and children's hospitals							
Number of hospitals ^(a)	78	82	83	85	84	1.9	–1.2
Estimated proportion of public hospital elective surgery ^(b) (%)	100	100	100	100	100	0.0	0.0
Number of admissions ^(c)	383,334	394,831	401,469	431,675	438,303	3.4	1.5
Large hospitals							
Number of hospitals ^(a)	34	30	35	33	33	–0.7	0.0
Estimated proportion of public hospital elective surgery ^(b) (%)	83	81	84	88	88	1.4	0.5
Number of admissions ^(c)	97,816	88,433	96,362	91,766	95,700	–0.5	4.3
Medium hospitals							
Number of hospitals ^(a)	51	50	51	51	51	0.0	0.0
Estimated proportion of public hospital elective surgery ^(b) (%)	64	63	63	64	61	–0.9	–3.9
Number of admissions ^(c)	63,641	62,305	59,083	62,815	61,577	–0.8	–2.0
Total^(d)							
Number of hospitals^(a)	193	191	192	193	193	0.0	0.0
Estimated proportion of public hospital elective surgery^(b) (%)	89	88	89	91	91	0.6	0.4
Number of admissions^(c)	556,951	556,770	565,346	595,009	606,255	2.1	1.9
Admissions per 1,000 population^(e)	27.1	26.7	26.6	27.5	27.4	0.2	–0.5

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

(b) 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 as a proportion of the number of separations with an Urgency of admission reported as of Elective and a surgical procedure for all public hospitals. For 2009–10, this estimate is based on information for 2008–09.

(c) Records with a Reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

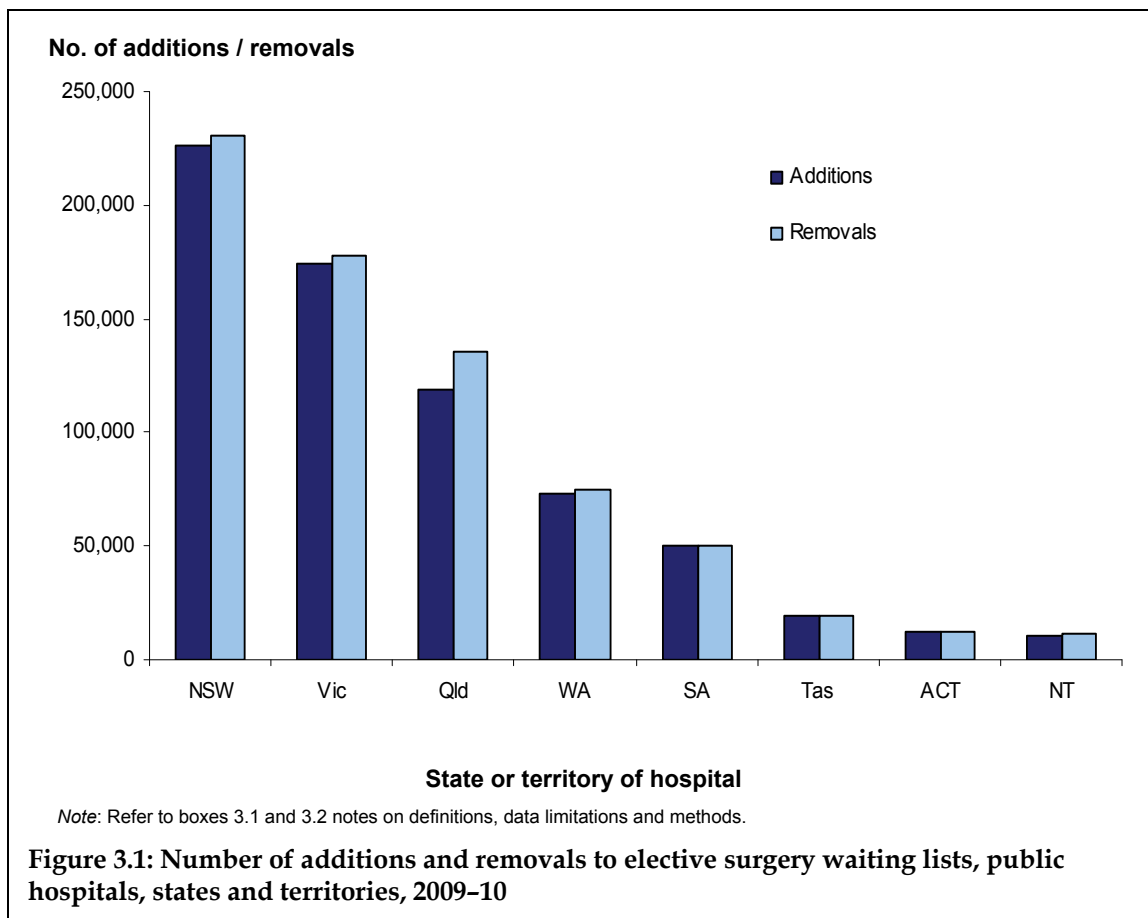
(d) Includes data for hospitals not included in the specified hospital peer groups.

(e) Crude rate based on the Australian estimated resident population as at 31 December 2009.

Notes: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.

How much activity was there in 2009–10?

Figure 3.1 shows the movement of patients on and off waiting lists in 2009–10. In 2009–10, there were almost 682,000 additions to elective surgery waiting lists and over 707,000 removals from elective surgery waiting lists (see Figure 3.1 and Table 3.8 at the end of this chapter). Removals included patients who were admitted for the procedure they were waiting for, or were removed for other reasons.



How long did people wait for care?

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 hospital care. 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.

However, analyses of clinical urgency categories 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. This apparent lack of comparability of clinical urgency categories among jurisdictions means that measures based on these categories are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics (AIHW 2008b, 2009b).

Clinical urgency categorisation (continued)

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 apparent non-comparability of the urgency category data, interpretation of state and territory waiting times statistics could be assisted by context information about the proportion of patients assessed as being less urgent by clinicians in individual jurisdictions. For example, a state could report relatively long median times waited in association with a relatively high proportion of patients assessed by the state as being in *Category 3*.

The *Appendix* includes information on the distribution of Clinical urgency categories by state and territory for 2009–10. 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 that were assigned a *Category 3* was 43% for New South Wales and 18% for Queensland.

The number of days waiting time is calculated by subtracting the listing date for care from the 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 than their clinical urgency category at removal.

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.

Information on the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery, the proportion of patients waiting greater than 365 days, and the number of patients admitted is presented by public hospital peer group. Information is also included by the specialty of the surgeon who was to perform the elective surgery and by indicator procedure.

How did waiting times for care change over time?

Overall the median waiting times for elective surgery increased from 32 days in 2005–06 to 35 days in 2009–10. Over the same period, the number of days waited at the 90th percentile increased from 237 days to 246 days and the proportion of patients that waited greater than 365 days to be admitted decreased from 4.6% to 3.6% (Table 3.2).

Table 3.2: Waiting time statistics for patients admitted from waiting lists, by public hospital peer group, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10
Principal referral and Specialist women’s & children’s hospitals					
Number of admissions ^(c)	383,334	394,831	401,469	431,675	438,303
Days waited at 50th percentile	30	33	31	31	33
Days waited at 90th percentile	230	224	233	216	234
% waited more than 365 days	4.7	3.5	3.5	3.3	3.7
Large hospitals					
Number of admissions ^(c)	97,816	88,433	96,362	91,766	95,700
Days waited at 50th percentile	35	33	38	40	42
Days waited at 90th percentile	251	224	228	227	259
% waited more than 365 days	4.7	2.8	1.6	2.5	3.0
Medium hospitals					
Number of admissions ^(c)	63,641	62,305	59,083	62,815	61,577
Days waited at 50th percentile	38	38	42	42	45
Days waited at 90th percentile	257	228	238	230	296
% waited more than 365 days	3.8	1.6	1.5	1.6	3.1
Total^(d)					
Number of admissions ^(c)	556,951	556,770	565,346	595,009	606,255
Admissions per 1,000 population ^(e)	27.1	26.7	26.6	27.5	27.4
Days waited at 50th percentile	32	32	34	34	35
Days waited at 90th percentile	237	226	235	220	246
% waited more than 365 days	4.6	3.2	3.1	3.0	3.6

(a) Records with a Reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

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

Notes: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods. Additional information by state and territory is available in Table 3.8 at the end of this chapter.

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 dimension ‘Accessibility’ within the domain ‘Health System Performance’ – for further information, see *Australian hospital statistics 2008–09* (AIHW 2010a).

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’ (CRC 2010). This indicator presents the median and 90th percentile waiting times for elective surgery in public hospitals, by indicator procedure and overall.

In 2009–10, the overall median waiting time for patients that were admitted from waiting lists was 35 days (Table 3.3).

Table 3.3: Waiting time statistics for patients admitted from waiting lists for elective surgery^(a), by hospital peer group, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Specialist women's & children's hospitals									
Number of hospitals ^(b)	29	20	19	5	5	2	2	2	84
Estimated proportion of public hospital elective surgery (%) ^(c)	100	98	100	100	96	100	97	100	100
Number of admissions ^(a)	135,790	109,398	100,846	29,888	34,660	12,443	9,778	5,500	438,303
Days waited at 50th percentile	37	32	27	30	36	36	73	42	33
Days waited at 90th percentile	319	193	150	176	197	363	357	256	234
% waited more than 365 days	5.0	3.2	2.5	2.1	1.2	9.9	9.6	5.3	3.7
Large hospitals									
Number of hospitals ^(b)	14	9	4	3	2	1	0	0	33
Estimated proportion of public hospital elective surgery (%) ^(c)	100	76	100	74	100	100	..	..	88
Number of admissions ^(a)	27,099	38,927	8,219	12,919	6,443	2,093	..	..	95,700
Days waited at 50th percentile	57	44	29	27	43	n.p.	..	..	42
Days waited at 90th percentile	342	215	174	142	181	n.p.	..	..	259
% waited more than 365 days	5.9	2.1	2.5	0.6	0.7	n.p.	..	..	3.0
Medium hospitals									
Number of hospitals ^(b)	34	3	8	4	1	1	0	0	51
Estimated proportion of public hospital elective surgery (%) ^(c)	100	24	96	77	19	100	..	..	61
Number of admissions ^(a)	30,130	7,436	4,750	14,063	3,124	2,074	..	..	61,577
Days waited at 50th percentile	65	48	30	34	n.p.	n.p.	..	..	45
Days waited at 90th percentile	342	165	125	143	n.p.	n.p.	..	..	296
% waited more than 365 days	4.6	2.3	2.1	1.1	n.p.	n.p.	..	..	3.1
Total^(d)									
Number of hospitals^(b)	96	32	32	14	8	4	2	5	193
Estimated proportion of public hospital elective surgery (%)^(c)	100	78	100	79	68	100	97	100	91
Number of admissions^(a)	198,503	155,761	113,834	61,298	44,227	16,610	9,778	6,244	606,255
Admissions per 1,000 population^(e)	27.6	28.3	25.4	27.0	27.1	32.9	27.6	27.4	27.4
Days waited at 50th percentile	44	36	27	32	36	36	73	44	35
Days waited at 90th percentile	330	197	150	161	189	332	357	271	246
% waited more than 365 days	5.1	2.9	2.5	1.5	1.1	8.8	9.6	5.9	3.6

(a) Records with a Reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

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

(c) 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 as a proportion of the number of separations with an Urgency of admission reported as Elective and a surgical procedure for all public hospitals.

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

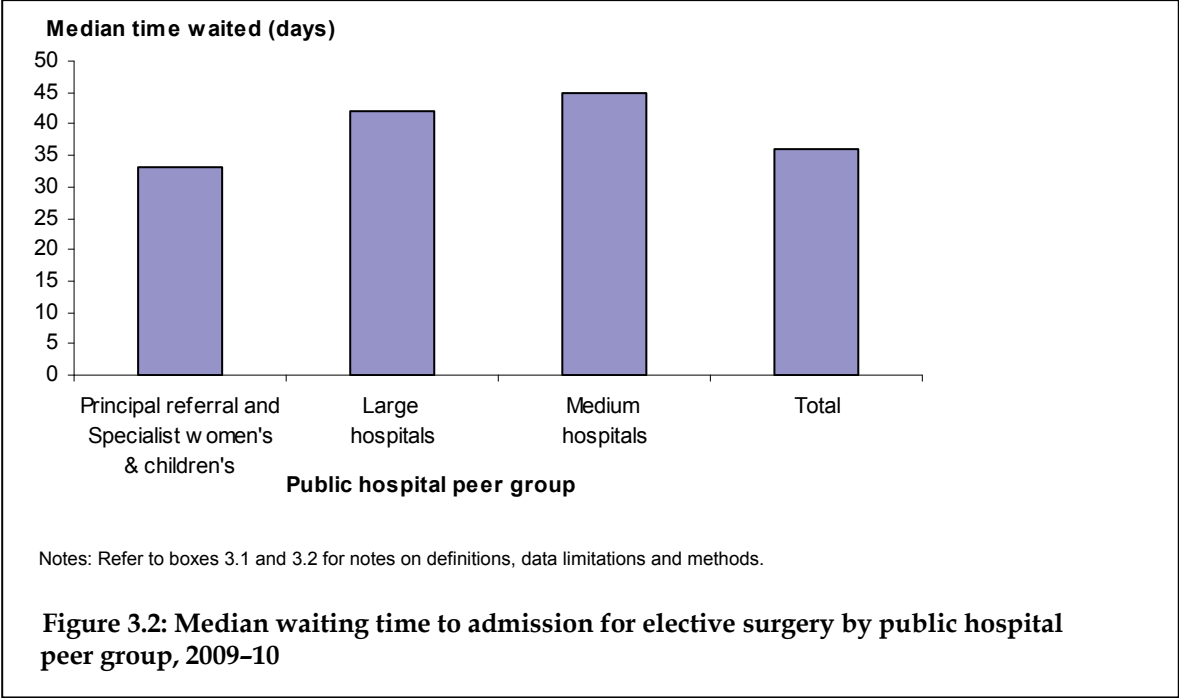
(e) Crude rate based on the Australian estimated resident population as at 31 December 2009.

Notes: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.

Following the creation of the integrated Albury-Wodonga Health Service, the management of the Albury Base Hospital transferred to Victoria on 1 July 2009. Activity for this hospital is included in Victoria for 2009–10, whereas it was included in New South Wales for 2008–09. There were 2,478 admissions from elective surgery waiting lists in 2009–10 for Albury Base Hospital. If they had been counted in New South Wales, the total for New South Wales would have been 200,981.

How did waiting times vary across public hospital peer groups?

Overall in 2009–10, the median waiting time for patients admitted from waiting lists for hospitals in the *Principal referral and Specialist women’s and children’s hospitals* peer group (33 days) was shorter than for the *Large hospitals* and *Medium hospitals* peer groups (42 days and 45 days, respectively) (Figure 3.2).

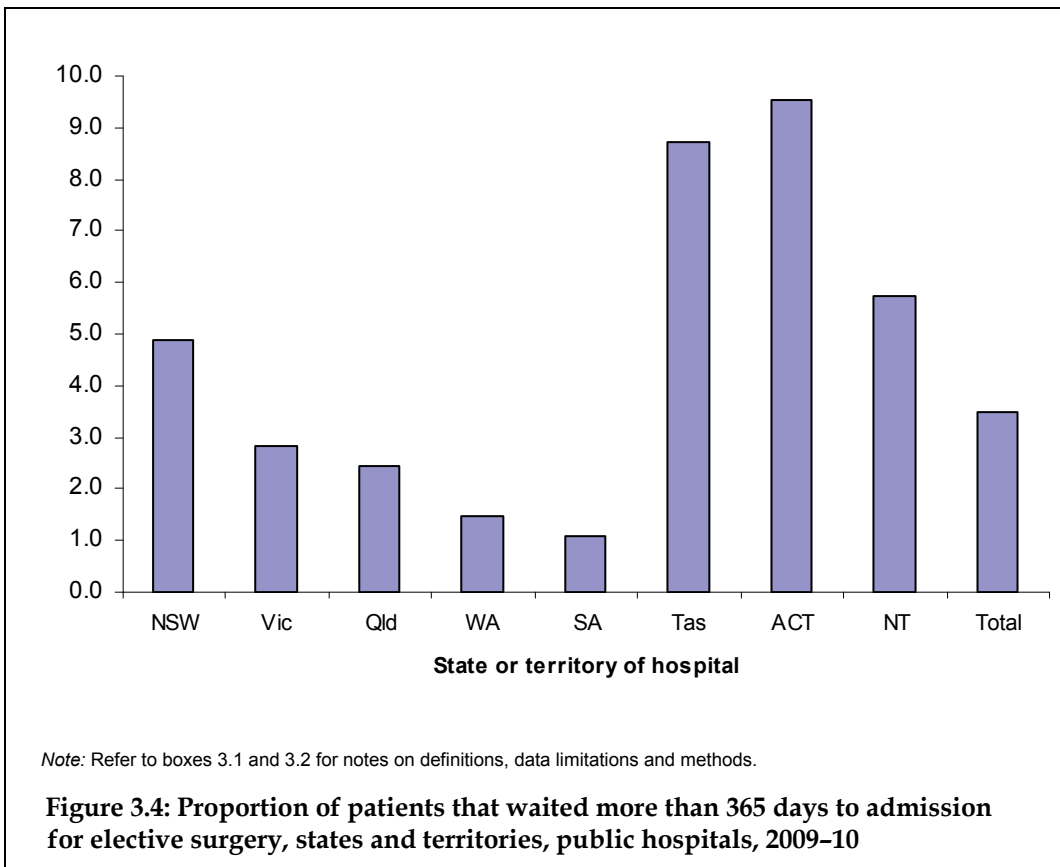
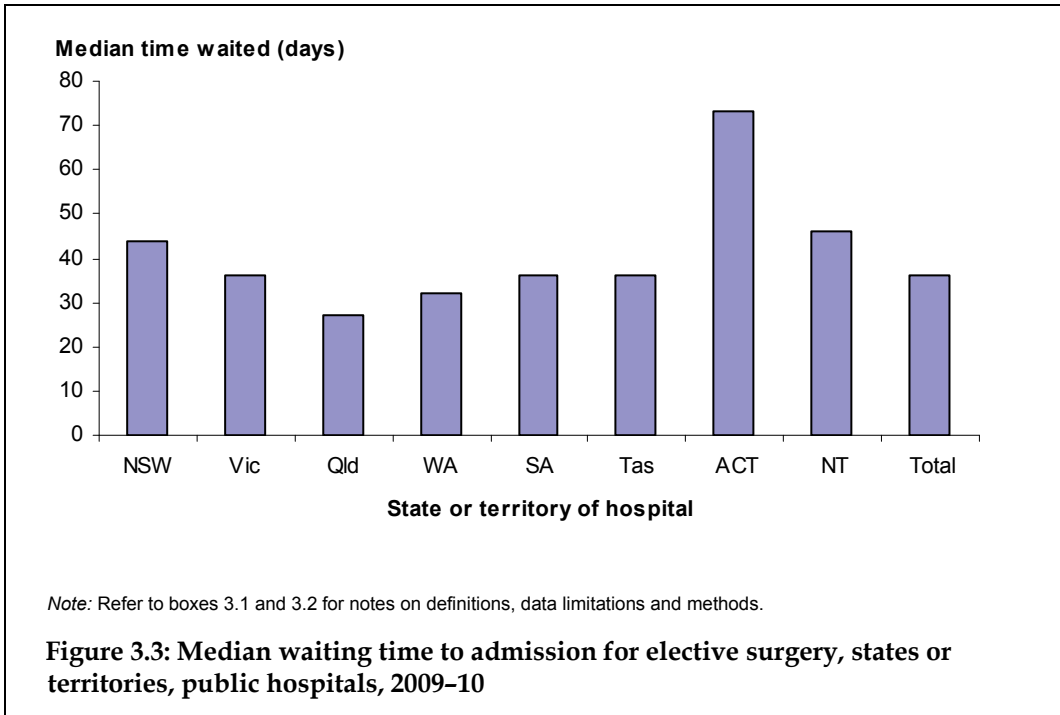


How did waiting times vary across states and territories?

In 2009–10, the median waiting time to admission ranged from 27 days in Queensland to 73 days in the Australian Capital Territory (Figure 3.3). The 90th percentile for waiting time ranged from 150 days in Queensland to 357 days in the Australian Capital Territory, with an overall value of 246 days.

In 2009–10, 3.6% of patients admitted from public hospital waiting lists waited over a year for their elective surgery (Table 3.3). The proportion differed substantially between states and territories. Overall, it ranged from 1.1% in South Australia to 9.6% in the Australian Capital Territory (Figure 3.4).

See Table 3.8 at the end of this chapter for more information on elective surgery waiting times by hospital peer group and state and territory.



How did waiting times vary by Indicator procedure?

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

Among the states and territories there was some variation in the proportion of admissions for elective surgery which were for one of the 15 indicator procedures. For New South Wales over a third of elective surgery admissions were for one of the 15 specific indicator procedures and for the Northern Territory about one in four were for one of the 15 specific indicator procedures. *Cataract extraction* was the most common indicator procedure in all jurisdictions (Table 3.9).

Nationally, the indicator procedure with the lowest median waiting time in 2009–10 was *Coronary artery bypass graft* (15 days). *Total knee replacement* had the highest median waiting time (180 days). The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 80 days for *Coronary artery bypass graft* to 414 days for *Total knee replacement*.

The proportion of admissions for patients that waited more than 365 days also varied by indicator procedure, ranging from 0.7% for *Coronary artery bypass graft* to 18.1% for *Total knee replacement*.

Median waiting times varied markedly across the states and territories. For more information on the variation between states and territories, see Table 3.9.

Table 3.4: Waiting time statistics for patients admitted from waiting lists for elective surgery, by Indicator procedure, public hospitals, 2009–10

Indicator Procedure	Admissions ^(a)	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days
Cataract extraction	52,067	86	336	4.3
Cholecystectomy	17,928	51	186	2.2
Coronary artery bypass graft	3,898	15	80	0.7
Cystoscopy	39,747	25	126	1.3
Haemorrhoidectomy	3,419	66	260	3.5
Hysterectomy	9,862	50	196	1.9
Inguinal herniorrhaphy	14,746	57	250	3.1
Myringoplasty	1,879	103	382	12.5
Myringotomy	6,067	48	151	1.2
Prostatectomy	8,393	46	188	2.9
Septoplasty	4,508	144	413	16.3
Tonsillectomy	16,825	91	357	8.4
Total hip replacement	8,572	116	373	11.1
Total knee replacement	12,513	180	414	18.1
Varicose veins stripping & ligation	4,420	96	389	12.8
Not applicable/not stated	401,411	28	184	2.6
Total admissions	606,255	35	246	3.6

(a) Records with a Reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

Notes: Refer to boxes 3.1 and 3.2 for notes on definitions, 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 3.3: Quality of Indigenous status data

The quality of the data reported for Indigenous status in the National ESWTDC has not been formally assessed for completeness; 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 for Elective surgery waiting times data.

For 2009–10, there were over 9,600 admissions from waiting lists for elective surgery for patients identified as Aboriginal and/or Torres Strait Islander persons. Indigenous status information was not available for elective surgery waiting times data provided by New South Wales, which accounts for about a third of all admissions for elective surgery. Therefore the waiting time statistics presented in tables 3.5 and 3.6 and Figure 3.5 are not directly comparable with statistics presented in other tables in this report that include data for New South Wales.

Overall, the median waiting time for *Indigenous Australians* was higher than the median waiting time for *Other Australians* (38 days and 33 days, respectively, Table 3.5).

Table 3.5: Waiting time statistics for patients admitted from public hospital waiting lists for elective surgery^(a), by Indigenous status, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Sub-total ^(b)
Indigenous Australians									
Number of admissions	n.a.	899	4,025	1,455	727	430	159	1,961	9,656
Days waited at 50th percentile	n.a.	41	35	34	33	46	69	49	38
Days waited at 90th percentile	n.a.	220	184	187	184	354	326	338	232
% waited more than 365 days	n.a.	4.1	3.1	2.1	1.7	9.8	6.3	8.9	4.5
Other Australians^(c)									
Number of admissions	n.a.	154,862	109,809	59,843	43,500	16,180	9,619	4,283	398,096
Days waited at 50th percentile	n.a.	36	27	32	36	36	74	42	33
Days waited at 90th percentile	n.a.	196	148	160	189	331	357	242	188
% waited more than 365 days	n.a.	2.8	2.4	1.5	1.1	8.7	9.6	4.4	2.7

(a) Records with a Reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

(b) The Sub-total excludes data for New South Wales, which accounts for about a third of all admissions for elective surgery. Therefore the total waiting time statistics presented in tables 3.5 and 3.6 are not directly comparable with statistics presented in other tables in this report that include data for New South Wales.

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

Notes: See Boxes 3.1, 3.2 and 3.3 for notes on definitions, data limitations and methods.

Indicator procedures

Indigenous Australians had higher median waiting times for 13 of the 15 indicator procedures. The greatest difference in median waiting times was for *Cataract extraction*, for which *Indigenous Australians* waited longer than *Other Australians* (105 and 56 days, respectively). *Myringotomy*, *Hysterectomy* and *Inguinal herniorrhaphy* had the least variation by Indigenous status (Table 3.6 and Figure 3.5).

Table 3.6: Waiting time statistics for patients admitted from waiting lists for elective surgery, by Indigenous status and Indicator procedure, public hospitals, selected states and territories^(a), 2009–10

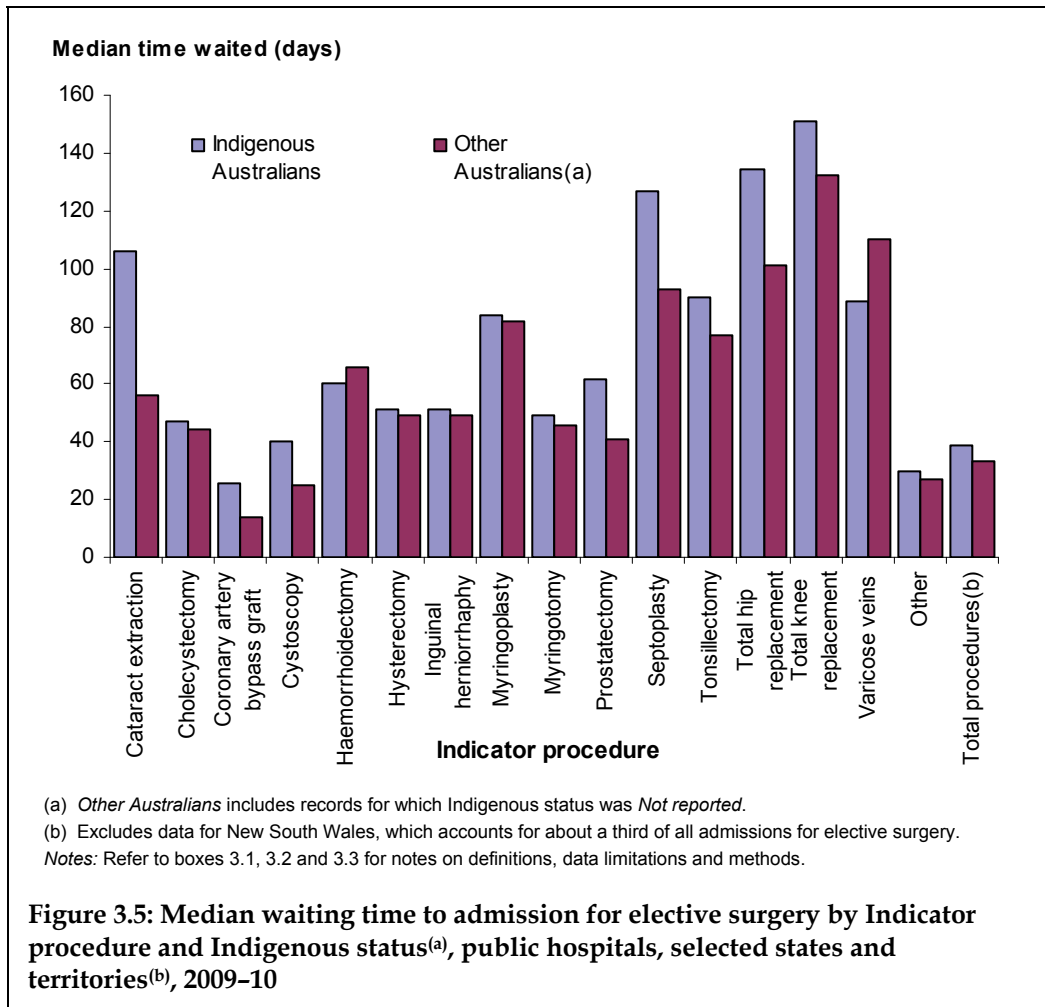
Indicator procedure	Indigenous Australians				Other Australians ^(b)			
	Admissions	Days waited at 50 th percentile	Days waited at 90 th percentile	Per cent waited more than 365 days	Admissions	Days waited at 50 th percentile	Days waited at 90 th percentile	Per cent waited more than 365 days
Cataract extraction	578	105	327	6.7	32,419	56	237	1.8
Cholecystectomy	364	47	164	2.2	10,823	44	162	2.0
Coronary artery bypass graft	132	26	104	0.8	2,876	14	83	0.9
Cystoscopy	230	39	187	3.5	25,165	25	124	1.3
Haemorrhoidectomy	26	64	315	7.7	2,218	65	234	4.1
Hysterectomy	162	51	152	1.2	5,952	49	154	0.9
Inguinal herniorrhaphy	120	51	204	0.0	8,685	49	186	2.3
Myringoplasty	282	92	519	18.4	1,152	81	334	7.7
Myringotomy	372	49	148	0.3	5,217	46	143	1.0
Prostatectomy	47	61	234	0.0	5,425	41	171	2.5
Septoplasty	33	127	350	9.1	3,148	93	380	11.3
Tonsillectomy	459	89	291	7.0	11,420	77	300	5.3
Total hip replacement	50	135	435	12.0	5,499	101	343	8.3
Total knee replacement	70	151	414	17.1	7,226	132	409	13.4
Varicose veins stripping & ligation	34	89	479	11.8	2,970	110	436	16.3
Sub-total^{(a)(c)}	9,656	38	232	4.5	398,096	33	188	2.7

(a) Excludes data for New South Wales, which accounts for about a third of all admissions for elective surgery. Therefore the waiting time statistics presented in tables 3.5 and 3.6 are not directly comparable with statistics presented in other tables in this report that include data for New South Wales.

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

(c) Total includes all removals for elective surgery, including but not limited to the procedures listed above.

Notes: Refer to boxes 3.1, 3.2 and 3.3 for notes on definitions, 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 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 distribution of days waited and the proportion of admissions for patients that waited more than 365 days in 2009–10, by surgical specialty.

Ophthalmology, *Ear, nose and throat surgery* and *Orthopaedic surgery* were the surgical specialties with the longest median waiting times in 2009–10 (69 days, 63 days and 62 days respectively). *Cardio-thoracic surgery* had the shortest median waiting time (14 days) (Table 3.7).

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 (7.9% and 6.8% respectively). *Cardio-thoracic surgery* had the lowest proportion of patients that waited more than 365 days (0.4%).

For some surgical specialties there was marked variation among the states and territories in the proportion of patients that waited more than 365 days to be admitted. See Table 3.10 at the end of this chapter for more information.

Table 3.7: Waiting time statistics for patients admitted from waiting lists for elective surgery, by specialty of surgeon, public hospitals, 2009–10

Surgical specialty	Admissions	Days waited at 50th percentile	Days waited at 90th percentile	Per cent waited more than 365 days
Cardio-thoracic surgery	11,771	14	71	0.4
Ear, nose & throat surgery	53,066	63	340	6.8
General surgery	142,205	31	171	2.1
Gynaecology	77,812	30	135	1.0
Neurosurgery	10,253	30	197	2.4
Ophthalmology	70,769	69	329	4.1
Orthopaedic surgery	91,967	62	352	7.9
Plastic surgery	44,074	22	164	2.7
Urology	71,212	28	134	1.7
Vascular surgery	14,003	20	183	3.9
Other ⁽⁹⁾	19,123	22	102	1.1
Total Removals	606,255	35	246	3.6

Notes: Refer to boxes 3.1 and 3.2 for notes on definitions, 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 detailed information by Reason for removal, Indicator procedure and Specialty of surgeon is provided in tables 3.8 to 3.10.

Further detailed information on elective surgery waiting times by state or territory of hospitalisation and public hospital peer groups is available in the tables accompanying this report on the internet. Additional information on access to elective surgery and elective surgery waiting times, including elective surgery in private hospitals, patient characteristics and the principal diagnosis of the patient will be available in *Australian hospital statistics 2009–10* (AIHW forthcoming).

Table 3.8: Additions to waiting lists and waiting time statistics for patients removed from waiting lists for elective surgery, by reason for removal, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Additions	226,337	174,190	119,138	72,653	50,311	19,449	12,304	7,528	681,910
Removals									
Elective admission	198,503	155,761	113,834	61,298	44,227	16,610	9,778	6,244	606,255
Days waited at 50th percentile	44	36	27	32	36	36	73	44	35
Days waited at 90th percentile	330	197	150	161	189	332	357	271	246
Per cent waited more than 365 days	4.9	2.8	2.5	1.5	1.1	8.7	9.5	5.8	3.6
Emergency admission	1,409	837	2,969	336	330	146	52	45	6,124
Days waited at 50th percentile	20	12	0	17	20	28	22	48	3
Days waited at 90th percentile	136	98	16	125	76	335	181	218	79
Per cent waited more than 365 days	1.3	1.6	0.4	0.9	0.0	8.9	1.9	2.2	1.0
Not contactable/died	2,872	2,224	910	573	381	734	170	381	8,245
Days waited at 50th percentile	172	176	116	137	92	277	224	240	172
Days waited at 90th percentile	388	478	569	372	329	781	519	681	463
Per cent waited more than 365 days	14.0	19.9	18.8	10.6	3.4	36.2	24.7	36.0	18.6
Treated elsewhere	10,921	3,643	6,028	1,337	772	458	591	124	23,874
Days waited at 50th percentile	117	85	126	59	56	188	168	120	108
Days waited at 90th percentile	340	357	493	335	274	586	394	455	373
Per cent waited more than 365 days	5.7	9.4	21.1	7.7	1.2	25.1	12.4	13.7	10.7

(continued)

Table 3.8 (continued): Additions to waiting lists and waiting time statistics for patients removed from waiting lists for elective surgery, by reason for removal, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Removals (continued)									
Surgery not required or declined	16,538	13,909	10,002	3,977	2,821	1,163	1,007	1,130	50,547
Days waited at 50th percentile	127	102	68	104	65	229	185	231	102
Days waited at 90th percentile	360	401	420	385	293	806	452	797	385
Per cent waited more than 365 days	8.7	12.5	13.1	14.3	1.9	34.8	17.9	34.2	12.0
Transferred to another hospital's waiting list^(a)	n.a.	239	n.a.	4,765	n.a.	220	566	n.a.	5,790
Days waited at 50th percentile	n.a.	141	n.a.	51	n.a.	114	226	n.a.	62
Days waited at 90th percentile	n.a.	437	n.a.	237	n.a.	394	535	n.a.	313
Per cent waited more than 365 days	n.a.	14.2	n.a.	3.3	n.a.	12.7	24.4	n.a.	5.8
Not reported	0	1,404	1,479	2,102	1,365	77	0	0	6,427
Days waited at 50th percentile	0	61	178	70	63	156	0	0	81
Days waited at 90th percentile	0	351	672	370	316	1,102	0	0	397
Per cent waited more than 365 days	..	8.5	24.8	10.5	4.2	23.4	..	..	12.2
Total	230,243	178,017	135,222	74,388	49,896	19,408	12,164	7,924	707,262
Days waited at 50th percentile	50	40	29	35	38	45	91	62	40
Days waited at 90th percentile	336	233	207	195	210	413	381	399	285
Per cent waited more than 365 days	5.3	4.0	4.4	2.7	1.2	11.8	11.2	11.4	4.6

(a) 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 *Transfers to other hospitals*.

Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.

Table 3.9: Waiting time statistics for patients admitted from waiting lists for elective surgery, by Indicator procedure, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Admissions	19,070	13,515	6,773	7,257	2,876	866	1,010	700	52,067
Days waited at 50th percentile	211	63	37	41	61	100	162	123	86
Days waited at 90th percentile	363	228	224	183	313	297	371	341	336
Per cent waited more than 365 days	8.4	1.4	2.2	0.5	1.6	4.6	10.9	8.7	4.3
Cholecystectomy									
Admissions	6,741	4,341	3,667	1,166	1,070	589	258	96	17,928
Days waited at 50th percentile	62	50	40	31	47	76	72	65	51
Days waited at 90th percentile	233	156	138	171	117	562	273	259	186
Per cent waited more than 365 days	2.5	1.2	0.8	1.6	0.5	16.5	6.6	0.0	2.2
Coronary artery bypass graft									
Admissions	890	980	1,059	222	387	231	129	0	3,898
Days waited at 50th percentile	19	23	5	20	12	16	16	..	15
Days waited at 90th percentile	69	122	52	70	132	75	55	..	80
Per cent waited more than 365 days	0.0	2.7	0.0	0.0	0.3	0.0	0.0	..	0.7
Cystoscopy									
Admissions	14,352	12,570	4,645	4,974	1,652	831	631	92	39,747
Days waited at 50th percentile	25	22	30	28	30	26	85	88	25
Days waited at 90th percentile	130	108	117	162	90	103	274	247	126
Per cent waited more than 365 days	1.3	0.7	1.6	2.5	0.2	0.4	5.4	6.5	1.3
Haemorrhoidectomy									
Admissions	1,175	1,129	481	272	186	47	12	117	3,419
Days waited at 50th percentile	68	77	60	33	46	51	111	69	66
Days waited at 90th percentile	284	245	190	220	189	931	320	315	260
Per cent waited more than 365 days	2.0	4.3	3.7	2.9	0.5	21.3	8.3	6.8	3.5

(continued)

Table 3.9 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by Indicator procedure, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hysterectomy									
Admissions	3,748	2,237	2,077	735	584	304	138	39	9,862
Days waited at 50th percentile	52	52	39	49	56	59	70	89	50
Days waited at 90th percentile	284	149	134	150	176	259	275	263	196
Per cent waited more than 365 days	3.6	0.4	1.1	0.1	0.2	4.3	4.3	2.6	1.9
Inguinal herniorrhaphy									
Admissions	5,941	3,602	2,219	1,234	897	505	229	119	14,746
Days waited at 50th percentile	72	52	47	37	50	63	88	75	57
Days waited at 90th percentile	319	170	155	198	162	461	270	265	250
Per cent waited more than 365 days	4.3	1.9	1.6	0.8	0.3	13.3	3.9	5.0	3.1
Myringoplasty									
Admissions	445	389	477	206	102	35	21	204	1,879
Days waited at 50th percentile	291	85	66	100	132	56	372	78	103
Days waited at 90th percentile	418	294	280	350	386	907	708	597	382
Per cent waited more than 365 days	20.9	5.1	5.5	7.8	15.7	17.1	57.1	22.1	12.5
Myringotomy									
Admissions	478	1,985	1,726	873	654	112	154	85	6,067
Days waited at 50th percentile	71	48	34	59	50	50	148	31	48
Days waited at 90th percentile	319	147	120	149	108	137	376	134	151
Per cent waited more than 365 days	5.0	0.6	0.9	0.6	0.3	0.0	11.0	0.0	1.2
Prostatectomy									
Admissions	2,921	2,419	1,445	773	675	67	57	36	8,393
Days waited at 50th percentile	61	31	39	41	56	55	71	109	46
Days waited at 90th percentile	227	198	177	111	114	127	672	462	188
Per cent waited more than 365 days	3.7	2.2	4.6	0.1	0.6	0.0	14.0	13.9	2.9

(continued)

Table 3.9 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by Indicator procedure, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Septoplasty									
Admissions	1,327	1,654	688	356	283	82	89	29	4,508
Days waited at 50th percentile	311	104	56	81	98	153	373	173	144
Days waited at 90th percentile	460	381	368	317	342	931	676	403	413
Per cent waited more than 365 days	28.4	11.0	10.3	7.0	3.9	25.6	52.8	10.3	16.3
Tonsillectomy									
Admissions	4,946	4,599	3,487	1,743	1,373	288	263	126	16,825
Days waited at 50th percentile	220	86	53	76	77	73	331	143	91
Days waited at 90th percentile	387	318	213	181	331	247	498	474	357
Per cent waited more than 365 days	15.7	6.0	4.0	1.3	3.9	3.8	43.0	12.7	8.4
Total hip replacement									
Admissions	3,023	2,244	1,412	778	629	286	171	29	8,572
Days waited at 50th percentile	167	119	69	78	120	291	222	134	116
Days waited at 90th percentile	391	352	269	209	327	740	505	360	373
Per cent waited more than 365 days	16.2	8.9	5.2	1.7	1.3	40.2	28.1	6.9	11.1
Total knee replacement									
Admissions	5,217	2,673	2,202	1,091	777	317	196	40	12,513
Days waited at 50th percentile	301	155	93	100	162	431	366	172	180
Days waited at 90th percentile	415	417	368	277	337	896	568	494	414
Per cent waited more than 365 days	24.6	14.5	10.4	5.9	1.2	59.6	50.0	15.0	18.1
Varicose veins stripping & ligation									
Admissions	1,416	1,645	632	163	374	67	88	35	4,420
Days waited at 50th percentile	77	119	70	70	144	113	254	119	96
Days waited at 90th percentile	338	474	386	308	343	680	435	471	389
Per cent waited more than 365 days	5.6	19.9	13.4	6.1	5.3	20.9	30.7	11.4	12.8

(continued)

Table 3.9 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by Indicator procedure, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Not applicable/not stated									
Admissions	126,813	99,779	80,844	39,455	31,708	11,983	6,332	4,497	401,411
Days waited at 50th percentile	29	28	23	27	29	29	42	30	28
Days waited at 90th percentile	258	169	128	144	147	283	275	223	184
Per cent waited more than 365 days	3.2	2.5	2.2	1.4	0.9	7.2	6.1	4.5	2.6
Total									
Admissions	198,503	155,761	113,834	61,298	44,227	16,610	9,778	6,244	606,255
Days waited at 50th percentile	44	36	27	32	36	36	73	44	35
Days waited at 90th percentile	330	197	150	161	189	332	357	271	246
Per cent waited more than 365 days	4.9	2.8	2.5	1.5	1.1	8.7	9.5	5.9	3.6

Note: Refer to boxes 3.1 and 3.2 for notes on definitions of elective surgery, data limitations and methods.

Table 3.10: Waiting time statistics for patients admitted from waiting lists for elective surgery, by speciality of surgeon, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic surgery									
Admissions	3,686	3,050	2,729	671	966	453	216	0	11,771
Days waited at 50th percentile	14	20	7	16	10	11	20	..	14
Days waited at 90th percentile	62	104	52	62	104	72	77	..	71
Per cent waited more than 365 days	0.0	1.3	0.0	0.1	0.1	0.0	0.0	..	0.4
Ear, nose & throat surgery									
Admissions	15,302	14,229	10,454	5,018	5,255	1,240	873	695	53,066
Days waited at 50th percentile	117	61	32	62	55	49	200	59	63
Days waited at 90th percentile	378	289	164	196	263	239	477	389	340
Per cent waited more than 365 days	12.8	4.8	3.1	2.3	2.3	6.4	29.9	10.8	6.8
General surgery									
Admissions	53,552	33,212	28,092	10,927	8,845	4,055	1,521	2,001	142,205
Days waited at 50th percentile	33	35	26	27	34	33	36	49	31
Days waited at 90th percentile	191	160	134	163	148	385	213	291	171
Per cent waited more than 365 days	1.9	2.1	1.6	1.6	0.7	10.4	4.2	6.6	2.1
Gynaecology									
Admissions	27,432	17,209	16,144	4,296	7,648	2,438	1,036	1,609	77,812
Days waited at 50th percentile	31	35	27	38	25	34	45	10	30
Days waited at 90th percentile	181	129	103	119	105	191	223	121	135
Per cent waited more than 365 days	2.0	0.4	0.6	0.1	0.2	1.8	2.9	0.7	1.0
Neurosurgery									
Admissions	3,769	2,836	1,518	779	727	301	322	1	10,253
Days waited at 50th percentile	32	30	24	39	28	55	33	n.p.	30
Days waited at 90th percentile	235	195	139	209	87	432	211	n.p.	197
Per cent waited more than 365 days	2.7	2.3	1.1	3.2	0.0	10.3	0.9	n.p.	2.4

(continued)

Table 3.10 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by speciality of surgeon, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Ophthalmology									
Admissions	24,346	19,050	10,070	9,359	4,591	1,135	1,247	971	70,769
Days waited at 50th percentile	168	53	35	42	54	75	143	112	69
Days waited at 90th percentile	361	212	216	189	302	292	326	340	329
Per cent waited more than 365 days	7.6	1.8	2.5	1.1	2.7	5.4	8.9	8.3	4.1
Orthopaedic surgery									
Admissions	30,863	20,591	22,393	7,898	5,730	2,301	1,515	676	91,967
Days waited at 50th percentile	98	61	31	54	67	156	140	56	62
Days waited at 90th percentile	371	308	228	210	286	645	503	295	352
Per cent waited more than 365 days	11.6	6.6	4.9	2.8	0.8	28.2	19.0	6.8	7.9
Plastic surgery									
Admissions	8,729	16,264	8,225	4,163	4,357	1,605	649	82	44,074
Days waited at 50th percentile	22	19	23	24	27	16	30	59	22
Days waited at 90th percentile	163	175	132	159	146	131	311	291	164
Per cent waited more than 365 days	1.4	3.2	3.3	2.0	1.8	3.1	7.1	8.5	2.7
Urology									
Admissions	23,217	21,703	9,794	8,293	4,903	2,253	951	98	71,212
Days waited at 50th percentile	29	24	29	29	36	30	84	88	28
Days waited at 90th percentile	144	122	115	140	118	143	306	338	134
Per cent waited more than 365 days	1.8	1.2	2.2	1.7	0.5	2.6	7.0	3.1	1.7
Vascular surgery									
Admissions	5,383	3,335	2,226	1,308	938	364	435	14	14,003
Days waited at 50th percentile	17	36	18	25	9	32	22	n.p.	20
Days waited at 90th percentile	103	374	86	170	33	529	301	n.p.	183
Per cent waited more than 365 days	0.7	10.4	2.3	1.6	0.0	14.8	6.7	n.p.	3.9

(continued)

Table 3.10 (continued): Waiting time statistics for patients admitted from waiting lists for elective surgery, by speciality of surgeon, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Other^(a)									
Admissions	2,224	4,282	2,189	8,586	267	465	1,013	97	19,123
Days waited at 50th percentile	11	32	25	20	9	26	42	21	22
Days waited at 90th percentile	107	114	104	76	49	182	232	111	102
Per cent waited more than 365 days	3.6	1.2	0.9	0.2	0.0	0.6	3.2	0.0	1.1
Total									
Admissions	198,503	155,761	113,834	61,298	44,227	16,610	9,778	6,244	606,255
Days waited at 50th percentile	44	36	27	32	36	36	73	44	35
Days waited at 90th percentile	330	197	150	161	189	332	357	271	246
Per cent waited more than 365 days	4.9	2.8	2.5	1.5	1.1	8.7	9.5	5.8	3.6

(a) Includes speciality of surgeon of Not reported.

Note: Refer to boxes 3.1 and 3.2 for notes on definitions, data limitations and methods.

Appendix 1: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2009–10 definitions in the *National health data dictionary, version 14* (HDSC 2008) (summarised in the Glossary).

Data presentation

For the majority of tables in this report, data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The exception is for the table presenting information on potentially preventable GP-type emergency department presentations, which are based on data on the state or territory of usual residence.

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. For example, for some tables and figures dealing with Indigenous status, data have been presented only for selected states and territories, and the totals in these tables do not include the data for the other states and territories.

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 sources

The National Non-admitted Patient Emergency Department Care Database

The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) is a compilation of episode-level data for emergency department presentations in public hospitals. The database is based on the NMDS for Non-admitted patient emergency department care. It includes data on the type and length of emergency department visit, triage category, waiting times, patient demographics, arrival mode and episode end status.

The NNAPEDCD covers public hospitals that were classified as peer groups A (*Principal referral and Specialist Women's and children's hospitals*) and B (*Large hospitals*) in *Australian hospital statistics 2008–09* (AIHW 2010a). Data were also provided by some states and territories for hospitals in peer groups other than A and B.

NNAPEDCD data for this report

The data presented in this report are for patients completing an episode in an emergency department between 1 July 2009 and 30 June 2010.

For 2009–10, all states and territories were able to provide data for all public hospitals in peer groups A and B that have emergency departments.

Some states and territories also provided episode-level data for public hospitals that were classified to peer groups other than A or B, and these data have been included in *Chapter 2*.

The data reported for New South Wales included data for the Hawkesbury District Health Service and the data for Tasmania included data for the Mersey Community Hospital.

The estimated overall coverage was 80% of all public hospitals accident and emergency occasions of service, including the Mersey Community Hospital.

Methods

Estimated proportion of emergency services

The estimated proportion of emergency services covered by the National Non-admitted Patient Emergency Department Care (NNAPEDC) episode-level data is calculated as the number of presentations reported to the NNAPEDC divided by the number of accident and emergency occasions of service reported to the National Public Hospital Establishments Database (NPHEd) as a percentage.

For 2009–10, as the corresponding public hospital establishment data were not available, this estimate was based on a comparison of the number of presentations for reporting hospitals for both 2008–09 and 2009–10.

Waiting time statistics

Patients who present to the emergency department with a Type of visit of *Return visit, planned, Pre-arranged admission* or *Patient in transit* do not necessarily undergo the same processes as Emergency presentations, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics (including the proportion ending in admission) are not presented in this report for patients with a Type of visit other than *Emergency presentation* (or *Not reported* for South Australia).

The median and 90th percentile waiting time are determined from the time elapsed between presentation in the emergency department to commencement of service. The calculation is restricted to presentations with a Type of visit of *Emergency presentation* (or *Not reported* for South Australia). In addition, presentations were excluded if the waiting time was missing or invalid, or the patient *Did not wait to be attended by a health care professional*, or was *Dead on arrival*.

The proportion of presentations seen on time was determined as the proportion of presentations in each Triage category with a waiting time less than or equal to the maximum waiting time stated in the National Triage Scale definition. The calculation is restricted to presentations with a Type of visit of *Emergency presentation* (or *Not reported* for South Australia). In addition, presentations were excluded if the waiting time was missing or invalid, the patient *Did not wait to be attended by a health care professional*, or was *Dead on arrival*, or the Triage category was *Not reported*.

The proportion of presentations ending in admission is determined as the proportion of all emergency presentations with an Episode end status of *Admitted to this hospital*. The calculation is restricted to presentations with a Type of visit of *Emergency presentation* (or *Not reported* for South Australia).

Limitations of the emergency department care data

When interpreting the data presented, the reader should note the following:

- The proportion of accident and emergency occasions of service for which detailed episode-level data were available was 100% for *Principal referral and Specialist women's and children's hospitals* and *Large hospitals* (peer group A and B hospitals), but only about 80% for all hospitals.
- Certain issues of definition have not been resolved, so comparability across jurisdictions may be limited. Development and implementation of standard data definitions is ongoing.

The National Elective Surgery Waiting Times Data Collection

The National Elective Surgery Waiting Times Data Collection (NESWTDC) provides episode-level data on patients waiting for elective surgery on waiting lists managed by public acute hospitals.

The data supplied are based on the NMDS for Elective surgery waiting times (removals and census). Included is information on the length of time waited, the surgical specialty and indicator procedures. Elective surgery census data are not reported in *Australian hospital statistics*.

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 (HDSC 2008).

NESWTDC data for this report

The data presented in this report are for patients admitted for elective surgery between 1 July 2009 and 30 June 2010.

As noted above, the data collection covers public acute hospitals. However, some public patients treated under contract in private hospitals in Victoria and Tasmania were also included. The data reported for New South Wales included data for the Hawkesbury District Health Service and the data for Tasmania included data for the Mersey Community Hospital.

Methods

Median and 90th percentile waiting times

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest value for days waited) represents the number of days within which 50% of patients were admitted for the awaited procedure; half the waiting times will have been shorter, and half the waiting times longer, than the median.

The 90th percentile data represent the number of days within which 90% of patients were admitted. The 50th and 90th percentiles have been rounded to the nearest whole number of days.

Variation in Clinical urgency categorisation

Data in this report are not presented by Clinical urgency category. The apparent lack of comparability of clinical urgency categories among jurisdictions may result in statistics that

are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics.

In 2009–10 the proportion of patients admitted from elective surgery waiting lists who were assigned a clinical urgency category of *Category 1* was 26% for New South Wales and 37% for Queensland. The proportion of patients admitted that were *Category 3* was 18% in Queensland and 43% in New South Wales (Table A1.1).

Table A1.1: Number of patients admitted from waiting lists for elective surgery, by clinical urgency category, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number admitted									
Category 1 ^(a)	52,041	41,487	42,155	17,325	14,005	6,471	2,916	2,652	179,052
Category 2 ^(b)	60,306	74,391	51,659	21,891	15,271	6,777	4,863	2,455	237,613
Category 3 ^(c)	86,156	39,883	20,020	22,082	14,951	3,362	1,999	1,137	189,590
Total	198,503	155,761	113,834	61,298	44,227	16,610	9,778	6,244	606,255
Per cent									
Category 1 ^(a)	26	27	37	28	32	39	30	42	30
Category 2 ^(b)	30	48	45	36	35	41	50	39	39
Category 3 ^(c)	43	26	18	36	34	20	20	18	31
Total	100	100	100	100	100	100	100	100	100

Notes:

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

Quality of Indigenous status data

The AIHW report *Indigenous identification in hospitals separations data-quality report* AIHW 2010c) found that the level of Indigenous identification for admitted patient data was acceptable for analysis purposes (greater than 80%) for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only). Indigenous status data reported for admitted patient care for Tasmania and the Australian Capital Territory should be interpreted with caution until further assessment of Indigenous identification is completed.

This is the first year of collection of Indigenous status in the ESWT data and the quality of Indigenous status information in these data has not been assessed. Therefore, the information presented for Indigenous status in *Chapter 3* should be used with caution.

The quality of the Indigenous status data provided for 2009–10 for emergency department presentations varied by jurisdiction. Most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients. Therefore, the information for Indigenous status presented in *Chapter 2* should be used with caution. For more information, see *Appendix 1 of Australian hospital statistics 2008–09*.

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

New South Wales

Indigenous status is a mandatory data item collected at all facilities that provide data for the New South Wales Health Emergency Department Data Collection. In 2008–09, approximately 10% of emergency department records were missing Indigenous status data, despite the information being recorded on the patient administration system. New South Wales intends to undertake a data quality survey during 2010–11. New South Wales considers that Indigenous status identification in its emergency department data is acceptable.

New South Wales Health advised that Indigenous status had not been collected for ESWT data 2009–10.

Victoria

The Victorian Department of Health reports that, despite data quality improvement in recent years, Indigenous status admitted patient data for 2009–10 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients.

For Victoria, the quality of Indigenous status data in emergency department and elective surgery data is improving but is less accurate than that of admitted patients in public hospitals.

Queensland

Queensland Health noted that comments on the quality of Indigenous data for ESWT admitted patients for 2009–10 would not be available until the Admitted Patient Care data are finalised. See *Appendix 1 of Australian hospital statistics 2008–09* for the most recent information on the quality of Indigenous status information.

Queensland Health noted that, for 2009–10 emergency department data, Indigenous status was not reported in 1.5% of cases. This is a slight improvement from the 1.6% level of non-reporting that existed in the 2008–09 data. Efforts will continue to be made to ensure that reporting of Indigenous status is as complete and accurate as possible.

Western Australia

The Western Australian Department of Health regards its Indigenous status for ESWT data 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.

The Department regards its Indigenous status for non-admitted patient Emergency Department data as being of good quality, with 99.5% of data identified by Indigenous status in 2009–10.

South Australia

The South Australian Department of Health considers that its admitted patient data on Indigenous status are suitable for inclusion in national statistical reports. It is known that

identification is generally better in country hospitals than metropolitan hospitals. The Department conducts annual training programs on the collection of admitted patient data, and the programs include instructions on the correct way to ask and record the response to the Indigenous status question.

Data quality is better in the admitted patient care than the emergency department and elective surgery collections, and efforts will continue to improve standards of identification.

The Department recently contracted the ABS to develop a training package for the collection of Indigenous status, based on the best practice guidelines developed by the AIHW. The target audience is frontline staff in hospitals and other health care units. Training sessions are being conducted in rural sites across South Australia (9 sites in total). Similar training sessions will be held in the metropolitan area in the early part of 2011.

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, is 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. The department is continuing to monitor and implement actions to improve the coverage and quality of Indigenous data in the private sector.

Australian Capital Territory

The Australian Capital Territory Health Department 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 and Families reported that the quality of its 2009–10 Indigenous status data for both ESWT admitted patients and emergency department patients, is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report (for follow up) of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

Glossary

For further information on the terms used in this report, refer to the definitions in the *National health data dictionary version 14* (HDSC 2008). Each definition 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), such as those that form the basis of this report. METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

<i>Accident and emergency occasion of service</i>	A non-admitted patient occasion of service reported to the National Public Hospital Establishments Database with a <i>Type of non-admitted patient occasion of service</i> type of <i>Emergency services</i> .
<i>Admitted patient</i> METeOR id: 268957	A patient who undergoes a hospital's formal 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).
<i>Clinical urgency</i> METeOR id: 270008	A clinical assessment of the urgency with which a patient requires elective hospital care.
<i>Elective care</i> METeOR id: 335023	Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours.
<i>Elective surgery</i> METeOR id: 335036	Elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services.
<i>Emergency department waiting time to service delivery</i> METeOR id: 270007 (superseded 22/12/2009)	The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse. It is calculated by deducting the date and time the patient presents from the date and time of the service event.
<i>Episode end status</i> METeOR id: 322641	The status of the patient at the end of the non-admitted patient emergency department occasion of service.
<i>Hospital</i> METeOR id: 268971	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.
<i>Indicator procedure</i> METeOR id: 334976	A procedure which is of high volume, and is often associated with long waiting periods. Elective surgery waiting time statistics for indicator procedures give a specific indication of waiting time for these in particular areas of elective care provision.
<i>Indigenous status</i> METeOR id: 291036	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 and is accepted as such by the community in which he or she lives.
<i>Non-admitted patient</i> METeOR id: 268973	A patient who receives care from a recognised non-admitted patient service/clinic of a hospital.
<i>Patient presentation at emergency department</i> METeOR id: 270393	The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically, or triaged.

<i>Peer group</i>	Groupings of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location.
<i>Performance indicator</i>	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.
<i>Private hospital</i>	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. See also <i>Establishment type</i> .
<i>Procedure</i> METeOR id: 361687 (superseded 22/12/2009)	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment available only in the acute care setting.
<i>Public hospital</i>	A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients. See also <i>Establishment type</i> .
<i>Public patient</i>	Public patient: includes separations with a Funding source of <i>Australian Health Care Agreements</i> , <i>Reciprocal health care agreements</i> , <i>Other hospital or public authority</i> (with a <i>Public patient election status</i>) and <i>No charge raised</i> (in public hospitals).
<i>Remoteness area</i>	A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure (2006), based on the Accessibility/Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest urban centre.
<i>Removal from waiting list</i> METeOR id: 269959	The reason a patient is removed from an elective surgery waiting list. The reason-for-removal categories are: Admitted as an elective patient for awaited procedure in this hospital or another hospital Admitted as an emergency patient for awaited procedure in this hospital or another hospital 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 as a patient of this hospital's waiting list Surgery not required or declined Transferred to another hospital's waiting list Not known.
<i>Surgical procedure</i>	A procedure used to define surgical Australian Refined Diagnosis Related Groups' version 5.2 (DoHA 2006).
<i>Surgical specialty</i> METeOR id: 270146	The area of clinical expertise held by the doctor who will perform the surgery of interest.
<i>Triage category</i> METeOR id: 270078 (superseded 22/12/2009)	Used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients are triaged into one of five categories on the National Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner.
<i>Waiting time at admission</i> METeOR id: 269477	The time elapsed 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 admitted to hospital for the procedure.

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