

National Health Performance Authority

Hospital Performance:

Cancer surgery waiting times in public hospitals in 2012-13



National Health Performance Authority GPO Box 9848 Sydney, NSW 2001 Australia Telephone: +61 2 9186 9210 www.nhpa.gov.au

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Please note that there is the potential for minor revisions of this report. Please check **www.myhospitals.gov.au** for any amendments.

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Summary

Cancer is a major cause of premature death and the second most common cause of death overall in Australia.^{1,2} Cancers of the bowel, breast and lung are among the most frequent causes of potentially preventable death in people younger than 75 years. Timely interventions such as surgery can prevent deaths occurring from these three types of cancer.²

This is the second report from the National Health Performance Authority (the Authority) on cancer surgery waiting times at public hospitals across Australia. The report presents waiting times for surgery for malignant bowel, breast and lung cancers.

Waiting times for surgery is a measure of access to treatment that can help maintain quality of life or be potentially life-saving. Without timely surgery, cancers may progress and patients with early-stage disease may face a reduced opportunity for cure.

In Australia, planned (or elective) cancer surgeries are prioritised using the same waiting list system as other planned surgeries. The patients covered in this report were assigned to planned surgery waiting lists by surgeons as urgent or semiurgent cases. Urgent cases are expected to be completed within 30 days, while semi-urgent cases are meant to be completed within 90 days.

Most patients waiting for bowel, breast or lung cancer surgery in most hospitals are listed as urgent. However, there are some hospitals where the proportion of patients assigned as semi-urgent is much higher. As such, the Authority focuses both on reporting the time within which half of patients received their surgery (median waiting times) and the time until the vast majority of patients (at least 90%) received their surgery at each hospital. Importantly, there is no agreed definition of poor performance in relation to waiting times for cancer surgery. Therefore, the Authority makes no determination that any hospital is performing either well or poorly. Instead, the information in this report is intended to help clinicians, hospital managers, and system managers see what is possible at similar hospitals and support sharing of successful strategies to manage surgery waiting lists.

Key findings

In 2012–13, a total of 32,665 patients received surgery for malignant bowel, breast or lung cancer in Australia. Of these, 13,697 patients received planned surgery for malignant bowel, breast or lung cancer at a public hospital. The remaining patients received their surgery at a private hospital or had emergency cancer surgery.

The vast majority (92%) of patients received their planned surgery within 30 days and almost all (97%) received their surgery within 45 days. However, there were 1,028 patients nationally who waited longer than 30 days and 346 patients who waited longer than 45 days.

- **Bowel cancer:** 564 patients waited longer than 30 days; 216 of these patients waited longer than 45 days
- **Breast cancer:** 357 patients waited longer than 30 days; 102 of these patients waited longer than 45 days
- Lung cancer: 107 patients waited longer than 30 days; 28 of these patients waited longer than 45 days.

This report focuses on the 12,927 patients who received their surgery for malignant bowel, breast or lung cancer at one of Australia's major or large public hospitals that performed 10 or more surgeries in 2012–13. For information on the hospitals where the remaining 770 patients received their surgery, see the **Appendix (page 17)**. For information on waiting times performance for all hospitals, visit **www.myhospitals.gov.au**

Waiting times across metropolitan and regional hospitals

In 2012–13, patients in metropolitan and regional areas of Australia experienced, on average, similar median waiting times for malignant bowel, breast and lung cancer surgeries. More specifically, the median waiting time for these surgeries (the time it took for 50% of patients to receive their surgery) was similar across major metropolitan, major regional and large hospitals.

Looking at results by hospital, most hospitals provided timely surgery for malignant bowel, breast and lung cancer in 2012–13. However, there was a small group of major and large hospitals where some patients faced longer waits. At some hospitals, it took between 45 and 90 days for the vast majority of patients to receive their surgery.

What is malignant cancer?

In this report, the term 'malignant' refers to those cancers that have the ability to progress to a more serious disease and spread to surrounding tissue or other organs, if left untreated.

Malignant bowel cancer surgery at major and large public hospitals

In 2012–13, a total of 89 major and large hospitals performed at least 10 surgeries for malignant bowel cancer.

The time within which half of patients received their bowel cancer surgery (median waiting time) was similar across major and large hospitals. The median waiting time was 15 days at major metropolitan hospitals, 16 days at major regional hospitals and 12 days at large hospitals (Figure 2b, page 7).

The time within which the vast majority of patients (at least 90%) received their surgery was also similar across hospitals. Of the 89 hospitals, 56 completed at least 90% of surgeries within 30 days and this rose to 82 of 89 hospitals having completed at least 90% of surgeries within 45 days. However, there were seven hospitals that took longer than 45 days to complete at least 90% of bowel cancer surgeries **(Figure 2c, page 8)**.

Malignant breast cancer surgery at major and large public hospitals

In 2012–13, a total of 86 major and large hospitals performed at least 10 surgeries for malignant breast cancer.

The time within which half of patients received their breast cancer surgery (median waiting time) was similar across major and large hospitals. The median waiting time was 12 days at major metropolitan hospitals, 14 days at major regional hospitals and 12 days at large hospitals (Figure **3b, page 11)**. The time within which the vast majority of patients received their surgery was also similar across hospitals. Of the 86 hospitals, 79 completed at least 90% of surgeries within 30 days and this rose to 85 of 86 hospitals by 45 days. Only one hospital took longer than 45 days to complete at least 90% of its breast cancer surgeries (Figure 3c, page 12).

Malignant lung cancer surgery at major hospitals

In 2012–13, a total of 29 major hospitals performed at least 10 surgeries for malignant lung cancer.

The time within which half of patients received their lung cancer surgery (median waiting time) at a major hospital was 13 days (Figure 4b, page 15).

The time within which the vast majority of patients received their surgery was similar across hospitals. Of the 29 hospitals, 20 completed at least 90% of surgeries within 30 days and this rose to 27 of 29 hospitals having completed at least 90% of surgeries within 45 days. Two hospitals took longer than 45 days to complete at least 90% of their lung cancer surgeries (Figure 4c, page 16).

Changes in cancer surgery waiting times from 2011–12 to 2012–13

With the release of this report, two years of comparable data are now available on waiting times for surgery for malignant bowel, breast and lung cancer at Australian public hospitals. These reports measure the time from being placed on a waiting list until being admitted to hospital for planned surgery. As there are no data collected on the time to get onto the waiting list, the reports do not measure this period. In 2011–12 and 2012–13, the median waiting time for these surgeries was similar across metropolitan and regional hospitals. Both years of data indicate that the vast majority of patients waited no longer than 30 days for their surgery. In 2011–12, a total of 91% of 12,699 patients received their cancer surgery within 30 days and this rose to 97% of patients by 45 days. In 2012–13, a total of 92% of 13,697 patients received their cancer surgery within 30 days and 97% by 45 days.

At a hospital level, the variation within peer groups was similar to that shown in the last report. There were only small changes in median waiting times from 2011–12 to 2012–13. Nearly all hospitals completed most of their surgeries within 45 days in both 2011–12 and 2012–13.

In 2012–13, the percentage of patients who received surgery within 45 days compared to 2011–12 was as follows:

receiving surgery in 45 daysMalignant cancer type2011–12**2012–13**Bowel cancer94%**95%**Breast cancer99%**99%**Lung cancer96%**97%**

Percentage of patients

However, some hospitals took longer than 45 days to complete at least 90% of surgeries and a small number took between 76 days and 90 days to complete 90% of malignant bowel cancer surgeries. These hospitals were Princess Alexandra Hospital (Qld) and Royal Hobart (Tas).*

^{*} One hospital also fell into the 76 to 90 days to complete 90% of surgeries category for malignant lung cancer surgeries. However, the percentage of patients assigned to waiting lists as semi-urgent at this hospital was much higher than other hospitals in its peer group. This may affect interpretation of information about waiting times for cancer surgery at this hospital.

Introduction

About this report

In this report, the Authority presents data on the Performance and Accountability Framework indicator, Cancer care pathway – waiting times for cancer care.

Cancer affects the lives of millions of Australians. It is responsible for one-third of all deaths and nearly one-fifth of the total burden due to disease and disability in Australia. One in two men and one in three women will be diagnosed with cancer before the age of 85. The five most common cancers in Australia are bowel, breast, lung, prostate and melanoma.³⁻⁶

This report examines waiting times for surgery for three of the most common cancers in Australia and the ones most responsible for potentially avoidable deaths: malignant bowel, breast and lung cancer.² Cancer treatment is likely to involve one or more of the following: surgery, chemotherapy, radiotherapy or palliative care. Surgery for the treatment of cancer can be provided on an elective (planned) or emergency basis.

The waiting time for planned cancer surgery is the time (in days) between being placed on a waiting list for surgery and the date of admission for that surgery. The waiting time does not include any days during which the patient was not ready for their surgery due to personal or medical reasons **(Figure 1)**.

There is no agreed definition of poor performance in relation to waiting times for cancer surgery. As such, the Authority makes no determination that any hospital is performing poorly or well in relation to cancer surgery waiting times.

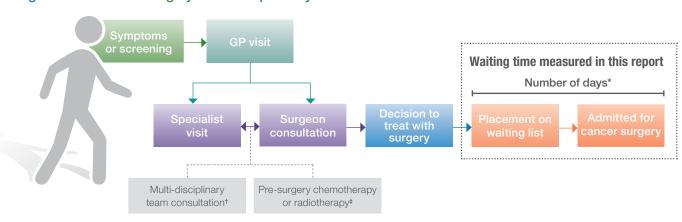


Figure 1: The cancer surgery treatment pathway

Excluding any days the patient was not ready for surgery or any days the patient was waiting with a less urgent clinical urgency category than at admission. Some patients may be seen by multi-disciplinary teams to decide on their treatment. Teams can include the surgeon, oncologist (cancer specialist doctor), and other health care professionals.

In some cases, treatment for cancer may involve chemotherapy or radiotherapy prior to surgery.

This report presents hospital-level waiting times across a group of Australia's public hospitals that performed 10 or more planned surgeries for the treatment of malignant bowel, breast or lung cancer surgery:

- 73 major and 16 large hospitals for bowel cancer
- 71 major and 15 large hospitals for breast cancer
- 29 major hospitals for lung cancer.

The information in this report is intended to provide the public, clinicians and hospital managers with greater insight into how hospitals are performing relative to similar hospitals, and to highlight where there may be opportunities for improvement.

The importance of waiting times for cancer surgery

Surgery is often a component of evidence-based treatment for bowel, breast and lung cancer.^{4–6} This report focuses on surgery used to treat malignant cancers that may progress to more advanced disease and spread to other organs if left untreated.

Without timely surgery, the cancer may progress and for those with early stage disease there may be less opportunity for cure.^{7–8} Delays in cancer surgery can also cause distress for patients and their carers.^{7–8} Surgery for benign or precancerous lesions of the bowel, breast or lung are not included in this report.

Urgency categories for cancer surgery in Australia

Australia does not have national clinically recommended maximum waiting times that are specific to cancer surgery. Instead, Australia has nationally defined categories that describe the

What is planned (elective) surgery?

Planned surgery (also known as elective) is surgery that can be scheduled by placing a patient on a waiting list.

Patients that require emergency surgery are not placed on public hospital surgery waiting lists. Emergency surgeries are not included in this report.

For information on cancer surgery waiting times at more than 150 hospitals see **www.myhospitals.gov.au**

urgency of all **planned surgeries** in Australian public hospitals, including cancer surgeries. Surgeons classify patients waiting for planned surgery as urgent, semi-urgent or non-urgent.

Most patients waiting for bowel, breast or lung cancer surgery are listed as urgent (in which case surgery within 30 days is clinically recommended) and a smaller number are listed as semi-urgent (surgery within 90 days is clinically recommended).

The bowel, breast and lung cancer surgical procedures included in this report were selected with advice from a clinical advisory group. The group advised on which procedures should be included in this report as being surgery for malignant cancers that would be categorised as urgent (requiring surgery within 30 days).

The 2012–13 cancer surgery waiting times data show that in most hospitals, a vast majority of patients waiting for bowel, breast or lung cancer surgery are listed as urgent. There are some hospitals where the proportion of cancer surgeries listed as semi-urgent (that is, requiring surgery within 90 days) is higher. Variation in the assignment of the urgency category is a recognised issue for collating consistent data for planned surgery in Australia.⁹ Similarly, there is variation in the application of the 'ready for care' status of patients waiting for elective surgery. Ready for care status means a patient is allocated to an elective surgery category, and is ready and able to have their surgery performed. The patient may or may not have a date for their surgery. In 2012, work began to further standardise elective surgery urgency categories nationally and approaches to recording patients not ready for surgery.⁹ Since this work has not yet been implemented, it does not affect the findings in this report.

For more information about urgency categories see Hospital Performance: Cancer surgery waiting times in public hospitals in 2012–13, Technical Supplement.

About the data

Data source

Data used to calculate the measures in this report were provided by the states and territories to the Admitted Patient Care National Minimum Data Set (elective surgery waiting times cluster).

Which patients are included in this report?

Waiting times are reported for patients who:

- Had a principal diagnosis of malignant bowel, breast or lung cancer
- Were on an elective surgery waiting list and were admitted to hospital for surgery for the treatment of malignant bowel, breast or lung cancer
- Were classified with a clinical urgency category of urgent or semi-urgent.[‡]

Measuring surgery waiting times

The report shows hospital-level information on waiting times at major and large hospitals that performed at least 10 bowel, breast or lung cancer surgeries in 2012–13. It includes the:

• Median waiting times for surgery (in days) at each hospital which is the time within which half of patients received their surgery (meaning that the remaining half waited longer than this time)

	Bowel cancer	Breast cancer	Lung cancer	TOTAL
Number of surgeries in public and private ⁺ hospitals	11,402	19,008	2,255	32,665
	4,533	8,077	1,087	13,697
Numbers and percentages of planned surgeries in public hospitals covered in this report	40%	42%	48%	42%

Table 1: Surgeries for the treatment of malignant bowel, breast and lung cancer in Australia, 2012–13

Private hospitals do not use the same waiting list systems as public hospitals. Patients that received their surgery at private hospitals are not included in this report.

In 2012–13 there were a small number of patients that had planned cancer surgery that was classified as non-urgent. These patients are not covered in this report.

- Time until the vast majority (at least 90%) of surgeries at each hospital were complete:
 - up to 30 days
 - 31 to 45 days
 - 46 to 60 days
 - 61 to 75 days
 - 76 to 90 days.

Fair comparisons: hospital peer groups

A hospital peer classification has been applied to report cancer elective surgery waiting times in a comparable manner. Peer groups allow hospitals to be compared to other similar hospitals. This minimises the effect of different hospital size, service provision and rurality when comparing hospitals.

This report focuses on comparing information from large and major hospitals. These peer groups include hospitals that performed at least 10 bowel, breast or lung cancer surgeries in 2012–13. The surgeries covered in the report were performed mostly at these hospitals. Hospitals in the major and large hospital peer groups are further split into metropolitan and regional groups.

Results are reported for some hospitals in two other categories:

- Unpeered hospitals These hospitals are not similar to other hospitals or each other so they are not peered or compared with other hospitals
- Low surgical volume hospitals These hospitals performed a small number of surgeries (fewer than 10) in 2012–13.

For a complete list of unpeered and low surgical volume hospitals in 2012–13 for each cancer, see the **Appendix (page 17)**.

For more information see *Hospital Performance: Cancer surgery waiting times in public hospitals in* 2012–13, *Technical Supplement*.

How well does your hospital perform?

The National Health Performance Authority has released new 2012–13 data on the MyHospitals website for:

- Waiting times for malignant bowel cancer surgery
- Waiting times for malignant breast cancer surgery
- Waiting times for malignant lung cancer surgery.

To find more information about your local hospital, go to **www.myhospitals.gov.au**

Waiting times for surgery

Malignant bowel cancer, 2012-13



Waiting times for surgery for malignant bowel cancer, 2012–13

In 2012–13, there were 11,402 patients who received planned or emergency surgery for malignant bowel cancer at private and public hospitals in Australia. Of these patients, 4,533 (40%) received their planned surgery across 127 public hospitals. The vast majority (88%) of these patients received their surgery within 30 days; by 45 days, 95% of patients had received their surgery **(Figure 2a)**.

This meant there were 564 patients nationally who waited longer than 30 days for surgery and 216 patients who waited longer than 45 days.

A total of 4,362 patients received their surgery for malignant bowel cancer at one of 89 major or large public hospitals that completed 10 or more surgeries. For information on the hospitals where the remaining 171 patients received their surgery, see the **Appendix (page 17)**.

Median waiting times

In 2012–13, the time within which half of patients received their surgery (median waiting time) was similar across metropolitan and regional hospitals.

Median waiting time varied, however, from hospital to hospital. The ranges in median waiting times across peer groups were:

- Major metropolitan hospitals: 7 to 32 days
- Major regional hospitals: 6 to 38 days
- Large hospitals: 3 to 22 days

(Figure 2b, page 7).

Time to complete at least 90% of surgeries

In 2012–13, the time to complete the vast majority (at least 90%) of bowel cancer surgeries varied across hospitals. A total of 56 major and large hospitals provided surgery for the vast majority of patients within 30 days. This meant that 549 of the 4,362 patients waited longer than 30 days. By 45 days, a total of 82 hospitals provided surgery for the vast majority (at least 90%) of patients. This meant that 211 patients waited longer than 45 days.

Seven hospitals took longer than 45 days to complete the vast majority of their surgeries for malignant bowel cancer **(Figure 2c, page 8)**.

	Number of hospitals	Number of surgeries	Percentage of patients who received surgery within 30 days	Patients who waited longer than 30 days	Percentage of patients who received surgery within 45 days	Patients who waited longer than 45 days
Major metropolitan hospitals	48	3,061	87%	391	95%	152
Major regional hospitals	25	937	88%	112	96%	33
Large hospitals	16	364	87%	46	93%	26
Unpeered hospitals	3	43	88%	5	93%	3
Low surgical volume hospitals [†]	35	128	92%	10	98%	2
TOTAL	127	4,533	88%	564	95%	216

Figure 2a: Percentages of patients who received surgery for malignant *bowel cancer* within 30 and 45 days, by *peer group*, 2012–13

t Low surgical volume hospitals performed fewer than 10 surgeries for malignant bowel cancer in 2012–13. For a complete list of these hospitals, see the Appendix (page 17).

Note: For information on measures, suppression and peer groups, see www.myhospitals.gov.au

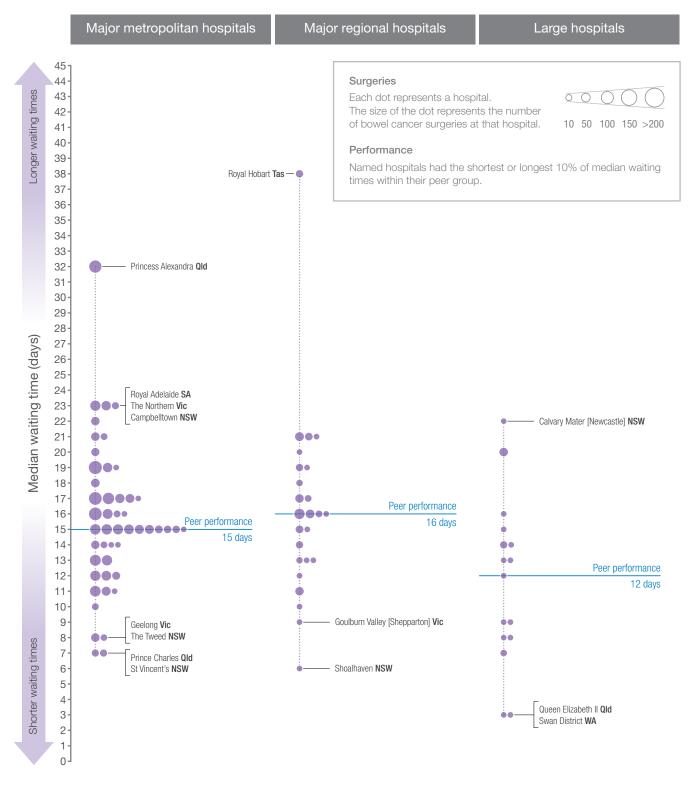


Figure 2b: Median waiting times for malignant *bowel cancer* surgery at public hospitals in Australia, by *peer group*, 2012–13

Note: For information on measures, suppression and peer groups, see www.myhospitals.gov.au

Figure 2c: Time to complete at least 90% of surgeries for malignant bowel cancer at public hospitals in Australia, by peer group, 2012-13

t least 90% f surgeries	Major metropolitan hospitals	Major regional hospitals	Large hospitals
ompleted /ithin:	Hospital	Hospital	Hospital
	26 hospitals	17 hospitals	13 hospitals
	Bankstown NSW	Lismore NSW	Bathurst NSW
	Blacktown NSW	Manning NSW	Grafton NSW
	Hornsby NSW	Port Macquarie NSW	Maitland NSW
	Prince of Wales NSW	Shoalhaven NSW	Northeast Health [Wangaratta] Vic
	St Vincent's NSW	Tamworth NSW	West Gippsland [Warragul] Vic
	The Tweed NSW	Wagga Wagga NSW	Queen Elizabeth II QId
	Wollongong NSW	Ballarat Vic	Redland Qld
	Austin Vic	Bendigo Vic	Modbury SA
	Box Hill Vic	Goulburn Valley [Shepparton] Vic	Repatriation General SA
	Dandenong Vic	Latrobe Regional [Traralgon] Vic	Albany WA
	Frankston Vic	Bundaberg Qld	Armadale-Kelmscott WA
to 30 days	Geelong Vic	Hervey Bay Qld	Swan District WA
	Maroondah Vic	Mackay Qld	North West Regional [Burnie] Tas
	Royal Melbourne Vic	Rockhampton Qld	
	St Vincent's Vic	Toowoomba Qld	
	The Alfred Vic	Launceston Tas	
	Western Vic	Royal Darwin NT	
	Caboolture Qld		
	Gold Coast Qld		
	lpswich Qld		
	Logan Qld		
	Mater Adult QId		
	Prince Charles Qld		
	Royal Brisbane & Women's Qld		
	Calvary Public ACT		
	Canberra ACT		
	19 hospitals	7 hospitals	0 hospitals
	Campbelltown NSW	Coffs Harbour NSW	
	Concord NSW	Dubbo NSW	
	Gosford NSW	Orange NSW	
	John Hunter NSW	Cairns Qld	
	Liverpool NSW	Nambour Qld	
	Nepean NSW	Townsville Qld	
	Royal North Shore NSW	South West [Bunbury] WA	
–45 days	St George NSW		
	Sutherland NSW		
	Westmead NSW		
	Wyong NSW		
	The Northern Vic		
	Redcliffe QId		
	Flinders SA		
	Lyell McEwin SA		
	Queen Elizabeth SA	_	
	Royal Adelaide SA		
	Fremantle WA	_	
	Sir Charles Gairdner WA		
-60 days	2 hospitals	0 hospitals	1 hospital
	Royal Prince Alfred NSW	_	Calvary Mater [Newcastle] NSW*
	Royal Perth WA		
-75 days	0 hospitals	0 hospitals	2 hospitals
			Ryde NSW *
			Peter MacCallum Vic [†]
-90 days	1 hospital	1 hospital	0 hospitals
	Princess Alexandra Qld	Royal Hobart Tas	
OTAL	48 hospitals	25 hospitals	16 hospitals

t The percentage of patients assigned to waiting lists as semi-urgent at this hospital was much higher than other hospitals in this peer group. This may affect interpretation of information about waiting times for cancer surgery at this hospital.

Note: For information on measures, suppression and peer groups, see www.myhospitals.gov.au Source: National Health Performance Authority analysis of Admitted Patient Care National Minimum Data Set 2012–13 (elective surgery waiting times cluster), data extracted 9 April 2014.

Waiting times for surgery

Malignant breast cancer, 2012–13



Waiting times for surgery for malignant breast cancer, 2012–13

In 2012–13, there were 19,008 patients who received planned or emergency surgery for malignant breast cancer at private and public hospitals in Australia. Of these patients, 8,077 (42%) received their planned surgery across 145 public hospitals. Almost all (96%) of these patients received their surgery within 30 days; by 45 days, 99% of patients had received their surgery **(Figure 3a)**.

This meant there were 357 patients nationally who waited longer than 30 days for surgery and 102 patients who waited longer than 45 days.

A total of 7,553 patients received their surgery for malignant breast cancer at one of 86 major or large public hospitals that completed 10 or more surgeries. For information on the hospitals where the remaining 524 patients received their surgery, see the **Appendix (page 18)**.

Median waiting times

In 2012–13, the time within which half of patients received their surgery (median waiting time) was similar across metropolitan and regional hospitals.

Median waiting time varied, however, from hospital to hospital. The ranges in median waiting times across peer groups were:

- Major metropolitan hospitals: 6 to 25 days
- Major regional hospitals: 8 to 22 days
- Large hospitals: 3 to 21 days.

(Figure 3b, page 11).

Time to complete at least 90% of surgeries

In 2012–13, the time to complete the vast majority (at least 90%) of breast cancer surgeries varied across hospitals. A total of 79 major and large hospitals provided surgery for the vast majority of patients within 30 days. This meant that 341 of the 7,553 patients waited longer than 30 days. By 45 days, a total of 85 hospitals provided surgery for the vast majority (at least 90%) of patients. This meant that 95 patients waited longer than 45 days.

One hospital took longer than 45 days to complete the vast majority of its surgeries for malignant breast cancer (Figure 3c, page 12).

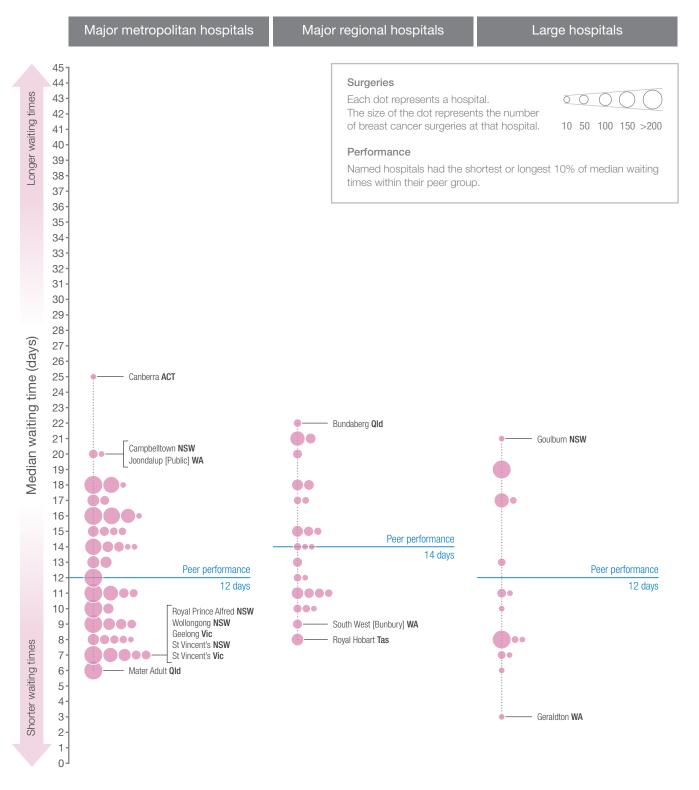
Figure 3a: Percentages of patients who received surgery for malignant *breast cancer* within 30 and 45 days, by *peer group*, 2012–13

	Number of hospitals	Number of surgeries	Percentage of patients who received surgery within 30 days	Patients who waited longer than 30 days	Percentage of patients who received surgery within 45 days	Patients who waited longer than 45 days
Major metropolitan hospitals	45	4,896	96%	218	99%	67
Major regional hospitals	26	1,644	95%	74	99%	15
Large hospitals	15	1,013	95%	49	99%	13
Unpeered hospitals	8	372	98%	9	99%	3
Low surgical volume hospitals [†]	51	152	95%	7	97%	4
TOTAL	145	8,077	96%	357	99%	102

t Low surgical volume hospitals performed fewer than 10 surgeries for malignant breast cancer in 2012–13. For a complete list of these hospitals, see the Appendix (page 17).

Note: For information on measures, suppression and peer groups, see www.myhospitals.gov.au

Figure 3b: Median waiting times for malignant *breast cancer* surgery at public hospitals in Australia, by *peer group*, 2012–13



Note: For information on measures, suppression and peer groups, see www.myhospitals.gov.au

Figure 3c: Time to complete at least 90% of surgeries for malignant breast cancer at public hospitals in Australia, by peer group, 2012–13

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Result should be interpreted with caution as this hospital performed 10-30 surgeries and so may be in this category due to a longer wait for only one or two surgeries.

 Note: For information on measures, suppression and peer groups, see www.myhospitals.gov.au
 Source: National Health Performance Authority analysis of Admitted Patient Care National Minimum Data Set 2012–13 (elective surgery waiting times cluster), data extracted 9 April 2014.

*

Waiting times for surgery

Malignant lung cancer, 2012–13



Waiting times for surgery for malignant lung cancer, 2012–13

In 2012–13, there were 2,255 patients who received planned or emergency surgery for malignant lung cancer at private and public hospitals in Australia. Of these patients, 1,087 (48%) received their planned surgery across 41 public hospitals. The vast majority (at least 90%) of these patients received their surgery within 30 days; by 45 days, 97% of patients had received their surgery **(Figure 4a)**.

This meant there were 107 patients nationally who waited longer than 30 days for surgery and 28 patients who waited longer than 45 days.

A total of 1,012 patients received their surgery for malignant lung cancer at one of 29 major public hospitals that completed 10 or more surgeries. For information on the hospitals where the remaining 75 patients received their surgery, see the **Appendix (page 19)**.

Median waiting times

In 2012–13, the time within which half of patients received their surgery (median waiting time) was similar across metropolitan and regional hospitals.

Median waiting time varied, however, from hospital to hospital. The range in median waiting times across major metropolitan hospitals was from 3 to 35 days (Figure 4b, page 15).

Time to complete at least 90% of surgeries

In 2012–13, the time to complete the vast majority (at least 90%) of lung cancer surgeries varied across hospitals. A total of 20 major hospitals provided surgery for the vast majority of patients within 30 days. This meant that 98 of the 1,012 patients waited longer than 30 days. By 45 days, a total of 27 hospitals provided surgery for the vast majority (at least 90%) of patients. This meant that 26 patients waited longer than 45 days.

Two hospitals took longer than 45 days to complete the vast majority of their surgeries for malignant lung cancer (Figure 4c, page 16).

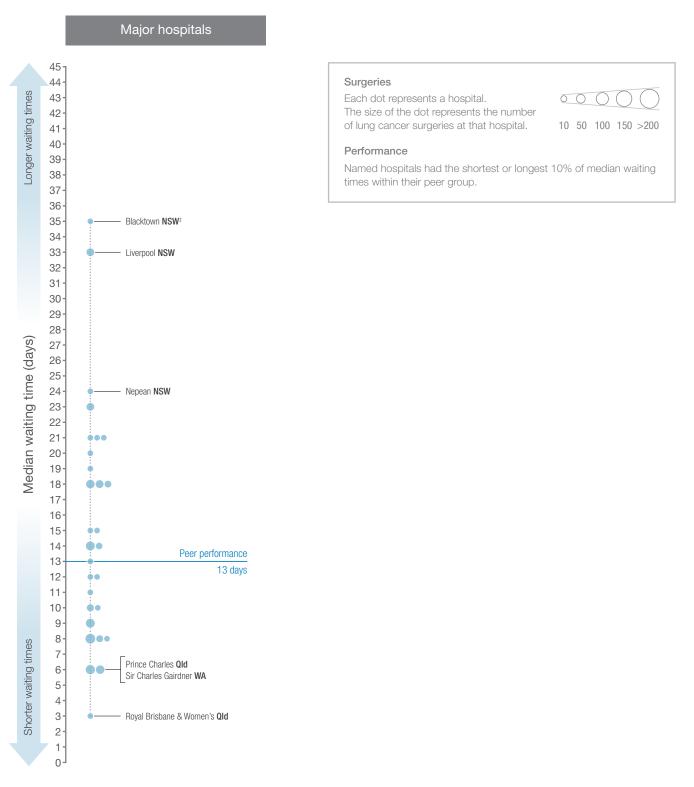
Figure 4a: Percentages of patients who received surgery for malignant *lung cancer* within 30 and 45 days, by *peer group*, 2012–13

	Number of hospitals	Number of surgeries	Percentage of patients who received surgery within 30 days	Patients who waited longer than 30 days	Percentage of patients who received surgery within 45 days	Patients who waited longer than 45 days
Major hospitals	29	1,012	90%	98	97%	26
Other hospitals [†]	12	75	88%	9	97%	2
TOTAL	41	1,087	90%	107	97%	28

† Other hospitals include low surgical volume hospitals that performed fewer than 10 surgeries for malignant lung cancer in 2012–13. For a complete list of these hospitals, see the Appendix (page 17).

Note: For information on measures, suppression and peer groups, see www.myhospitals.gov.au

Figure 4b: Median waiting times for malignant *lung cancer* surgery at *major*[†] public hospitals in Australia, 2012–13



t Includes major metropolitan and major regional hospitals.

The percentage of patients assigned to waiting lists as semi-urgent at this hospital was much higher than other hospitals in this peer group. This may affect interpretation of information about waiting times for cancer surgery at this hospital.

Note: For information on measures, suppression and peer groups, see www.myhospitals.gov.au

Figure 4c: Time to complete at least 90% of surgeries for malignant *lung cancer* at *major*[†] public hospitals in Australia, 2012–13

At least 90% of surgeries completed within:	Major hospitals Hospital
	20 hospitals
	Royal Prince Alfred NSW
	St George NSW Westmead NSW
	Austin Vic
	Ballarat Vic
	Bendigo Vic
	Box Hill Vic
	Geelong Vic [‡]
up to 30 days	Monash [Clayton] Vic
up to oo days	Royal Melbourne Vic
	The Alfred Vic
	Western Vic
	Prince Charles Qld
	Royal Brisbane & Women's Qld
	Flinders SA
	Royal Adelaide SA
	Fremantle WA
	Roval Perth WA
	Sir Charles Gairdner WA
	Canberra ACT
	7 hospitals
	Nepean NSW
	Prince of Wales NSW
31–45 days	St Vincent's Vic
	Gold Coast Qld
	Princess Alexandra Qld
	Townsville Qld
	Royal Hobart Tas
46-60 days	1 hospital
	Liverpool NSW
61-75 days	0 hospitals
76-90 days	1 hospital
	Blacktown NSW*
TOTAL	29 hospitals

* Result should be interpreted with caution as this hospital performed 10–30 surgeries and so may be in this category due to a longer wait for only one or two surgeries.

t Includes major metropolitan and major regional hospitals.

The percentage of patients assigned to waiting lists as semi-urgent at this hospital was much higher than other hospitals in this peer group. This may affect interpretation of information about waiting times for cancer surgery at this hospital.

Note: For information on measures, suppression and peer groups, see www.myhospitals.gov.au

Appendix: Unpeered and low surgical volume hospitals

Bowel cancer

Unpeered hospitals

Number of hospitals	3
Number of surgeries	43
Percentage of patients who received surgery within 30 days	88%
Patients who waited longer than 30 days	5
Percentage of patients who received surgery within 45 days	93%
Patients who waited longer than 45 days	3

These hospitals are not peered because they are not similar to each other or to other hospitals. For more information on waiting times for cancer surgery at these hospitals, visit **www.myhospitals.gov.au**

- Bega **NSW**
- Belmont NSW
- Mount Gambier SA

Low surgical volume hospitals

Number of hospitals	35
Number of surgeries	128
Percentage of patients who received surgery within 30 days	92%
Patients who waited longer than 30 days	10
Percentage of patients who received surgery within 45 days	98%
Patients who waited longer than 45 days	2

These hospitals performed fewer than 10 surgeries for malignant bowel cancer in 2012–13. For more information about these hospitals and the services they provide, visit **www.myhospitals.gov.au**

- Armidale **NSW**
- Auburn **NSW**
- Bowral NSW
- Broken Hill NSW
- Canterbury NSW
- Goulburn NSW
- Griffith NSW
- Manly NSW
- Mona Vale NSW
- Moruya NSW
- Sydney Children's NSW
- Angliss Vic

- Mercy Women's Vic
- Monash [Clayton] Vic
- Royal Women's Vic
- Sandringham Vic
- Werribee Mercy Public Vic
- Gladstone **Qld**
- Mount Isa QId
- Robina **Qld**
- Noarlunga Public SA
- Port Lincoln SA
- Port Pirie SA
- Riverland Regional [Berri] SA

- Whyalla SA
- Women's & Children's SA
- Bentley WA
- Geraldton WA
- Joondalup [Public] WA
- Kalgoorlie WA
- King Edward Women's WA
- Osborne Park WA
- Peel [Public] WA
- Rockingham WA
- Alice Springs NT

Breast cancer

Unpeered hospitals

Number of hospitals	8
Number of surgeries	372
Percentage of patients who received surgery within 30 days	98%
Patients who waited longer than 30 days	9
Percentage of patients who received surgery within 45 days	99%
Patients who waited longer than 45 days	3

Bega NSW .

•

Belmont NSW Bowral **NSW**

Griffith NSW

- Moruya NSW
- Mount Druitt NSW
 - Heidelberg Repatriation Vic
 - Kaleeya WA

These hospitals are not peered because they are not similar to each other or to other hospitals. For more information on waiting times for cancer surgery at these hospitals, visit www.myhospitals.gov.au

These hospitals performed fewer than 10 surgeries for malignant breast cancer in 2012–13. For more information about these hospitals and the services they provide, visit www.myhospitals.gov.au

Low surgical volume hospitals

Number of hospitals

Number of hospitals	51
Number of surgeries	152
Percentage of patients who received surgery within 30 days	95%
Patients who waited longer than 30 days	7
Percentage of patients who received surgery within 45 days	97%
Patients who waited longer than 45 days	4

- Armidale **NSW** •
- Blacktown NSW .
- Blue Mountains NSW
- Broken Hill NSW •
- Canterbury NSW •
- Casino NSW •
- Cooma NSW •
- Cowra NSW •
- Grafton NSW •
- Kempsey NSW •
- Lithgow NSW •
- Maitland NSW •
- Mona Vale NSW .
- Mudgee NSW
- Parkes NSW .
- Ryde **NSW** •
- Shellharbour NSW

- Singleton NSW •
- Sutherland NSW
- Angliss Vic
- Dandenong Vic •
- Sandringham Vic
- Werribee Mercy Public Vic
- Williamstown Vic
- Atherton **Old**
- Emerald **Qld**
- Gladstone **Qld**
- Gold Coast Qld
- Logan **Qld**
- Maryborough **Qld**
- Mount Isa **Qld**
- Prince Charles **Qld**
- Queen Elizabeth II QId
- Gawler SA

- Kapunda SA
- Millicent SA
- Mount Barker SA
- Mount Gambier SA
- Murray Bridge SA
- Naracoorte SA
- Port Pirie SA
- Riverland Regional [Berri] SA
- Whyalla SA
- Women's & Children's SA
- Armadale-Kelmscott WA
- Broome WA
- Fremantle WA
- Osborne Park WA
- Rockingham WA
- Swan District WA
- Mersey Tas

www.nhpa.gov.au

Lung cancer

Other hospitals

Data for the unpeered and low volume hospitals have been combined. This is to maintain the anonymity of individual patients due to the low number of patients undergoing lung cancer surgery in unpeered hospitals.

Number of hospitals	12
Number of surgeries	75
Percentage of patients who received surgery within 30 days	88%
Patients who waited longer than 30 days	9
Percentage of patients who received surgery within 45 days	97%
Patients who waited longer than 45 days	2

Unpeered hospitals

Peter MacCallum Vic

This hospital is not peered because it is not similar to other hospitals. For more information on waiting times for cancer surgery at this hospital, visit www.myhospitals.gov.au Low surgical volume hospitals

- Auburn NSW
- Gosford NSW
- John Hunter NSW
- Royal North Shore NSW
- St Vincent's NSW
- The Tweed NSW
- Frankston Vic
- Royal Children's Vic
- The Northern Vic
- Queen Elizabeth SA
- Royal Darwin NT

These hospitals performed fewer than 10 surgeries for malignant lung cancer in 2012–13. For more information about these hospitals and the services they provide, visit www.myhospitals.gov.au

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Acknowledgements

This report has benefited from advice from a number of individuals and organisations with interest and expertise in cancer surgery waiting times.

The National Health Performance Authority established a time limited expert advisory group to provide advice on clinical and technical aspects of this work. The group provided the Authority with advice on the cancers and surgeries to be reported, measures of waiting times and appropriate waiting times for surgery for malignant cancer. The group did not have a direct role in writing the report.

The group comprised:

- Ms Sally Crossing AM, Cancer Voices Australia nominee
- Professor Marc Gladman, Consultant Colorectal Surgeon
- Professor Bruce Mann, Consultant Breast Surgeon
- Mr Don Matters, Cancer Voices
 Australia nominee
- Associate Professor Brian McCaughan AM, Consultant Cardiothoracic Surgeon
- Professor David Watters, Consultant General Surgeon, Royal Australasian College of Surgeons nominee
- Professor Helen Zorbas AO, CEO, Cancer Australia.

The group also included two representatives from the National Cancer Expert Reference Group (NCERG):

- Professor David Currow
- Associate Professor Rosemary Knight.

The Authority received advice from its Jurisdictional Advisory Committee with regard to methods and content.

The report relies on data provided by state and territory governments. These data were used to calculate the performance measure in this report. The Authority conducts checks to ensure data quality and also relies on the data quality work of AIHW done under contract to the Authority. The Authority provides jurisdictions with the opportunity to verify their data.

Thanks are extended to all those who contributed.

About the Authority

The National Health Performance Authority has been set up as an independent agency under the *National Health Reform Act 2011*. It commenced full operations in 2012.

Under the terms of the Act, the Authority monitors and reports on the performance of Local Hospital Networks, public and private hospitals, primary health care organisations and other bodies that provide health care services.

The Authority's reports give all Australians access to timely and impartial information that allows them to compare fairly their local health care organisations against other similar organisations and against national standards.

The reports let people see, often for the first time, how their local health care organisations measure up against comparable organisations across Australia.

The Authority's activities are also guided by a document known as the Performance and Accountability Framework agreed by the Council of Australian Governments. The framework contains a set of indicators that form the basis for the Authority's performance reports.

The Authority's role will include reporting on the performance of health care organisations against these indicators in order to identify both high-performing Local Hospital Networks, Medicare Locals and hospitals (so effective practices can be shared), and Local Hospital Networks and Medicare Local catchments that perform poorly (so that steps can be taken to address problems). The Authority releases reports on a quarterly basis, and also publishes performance data on the MyHospitals website (**www.myhospitals. gov.au**), the MyHealthyCommunities website (**www.myhealthycommunities.gov.au**) and on **www.nhpa.gov.au**

The Authority consists of a Chairman, a Deputy Chairman and five other members, appointed for up to five years. Members of the Authority are:

- Ms Patricia Faulkner AO (Chairman)
- Mr John Walsh AM (Deputy Chairman)
- Dr David Filby PSM
- Professor Michael Reid
- Professor Paul Torzillo AM
- Professor Claire Jackson
- Professor Bryant Stokes AM RFD (on leave).

The conclusions in this report are those of the Authority. No official endorsement from any Minister, department of health or health care organisation is intended or should be inferred.

National Health Performance Authority

MDP 158, GPO Box 9848 Sydney, NSW 2001, Australia Telephone: +61 2 9186 9210

www.nhpa.gov.au