



## 7.11 Elective surgery

Surgery that is planned and can be booked in advance is classified as elective surgery. Prioritising and scheduling patients for elective surgery is an important consideration for Australian hospitals.

Private hospitals report about two-thirds (67%) of the 2.2 million hospitalisations for elective surgery in Australia (1.5 million hospitalisations compared with about 733,000 for public hospitals in 2015–16). The most common procedure group reported for elective admissions involving surgery in both public and private hospitals were *Procedures on musculoskeletal system* (155,000 and 436,000, respectively). In public hospitals, these were followed by *Gynaecological procedures* (124,000) and *Dermatological and plastic procedures* (107,000). In private hospitals, the second and third most common procedure groups were *Procedures on eye and adnexa* (320,000) and *Dermatological and plastic procedures* (269,000). Between 2011–12 and 2015–16, hospitalisations involving elective surgery rose by an average of 2.2% each year—2.5% in private hospitals and 1.7% in public hospitals. For overnight hospitalisations involving elective surgery, the average length of stay was 3.6 days in public hospitals and 3.1 days in private hospitals.

### Elective surgery in public hospitals, 2016–17

In 2016–17, Australia's public hospitals admitted 748,000 patients from elective surgery waiting lists. For patients undergoing elective surgery:

- 22% were admitted for *General surgery* (surgery on organs of the abdomen, including breast surgery)
- 15% were admitted for *Orthopaedic surgery* (surgery on bones, joints, ligaments and tendons, including hip and knee replacements).

The most common type of surgery performed in 2016–17 was *Cataract extraction*, with 71,500 admissions. This was followed by *Cystoscopy* (56,000 admissions); *Skin lesion—excision of* (49,000); *Hysteroscopy, dilatation and curettage* (32,000); *Tonsillectomy* (removal of the tonsils and adenoids; 19,500); *Cholecystectomy* (19,000); *Total knee replacement* (17,000); *Inguinal herniorrhaphy* (hernia repair; 17,000); *Hysterectomy* (11,500); and *Total hip replacement* (11,000).

### Waiting times for elective surgery in public hospitals, 2016–17

Information on elective surgery waiting times is only available for patients admitted from public hospital waiting lists. These patients are assessed clinically by a surgeon, who determines the urgency of their need for surgery, before they are placed on a waiting list. Waiting time for elective surgery is calculated from the time a patient is placed on the waiting list until they are admitted for surgery.



In 2016–17:

- the median waiting time (the time within which 50% of all patients were admitted) for elective surgery was 38 days
- 90% of all patients were admitted within 258 days
- just under 1.7% of people took longer than 365 days to be admitted for surgery
- median waiting times were longest in New South Wales (54 days) and shortest in the Northern Territory (28 days)
- the median waiting time for Aboriginal and Torres Strait Islander people was higher than for Other Australians—45 days and 38 days, respectively
- the surgical speciality with the longest median waiting time was *Ophthalmology surgery* (eye surgery), at 73 days; the shortest median waiting time was *Cardiothoracic surgery*, at 16 days
- the median waiting times for surgical procedures varied: it was 209 days for *Septoplasty* (surgery to correct the septum) and 13 days for *Coronary artery bypass graft* (Figure 7.11.1).

## Changes in elective surgery and waiting times in public hospitals

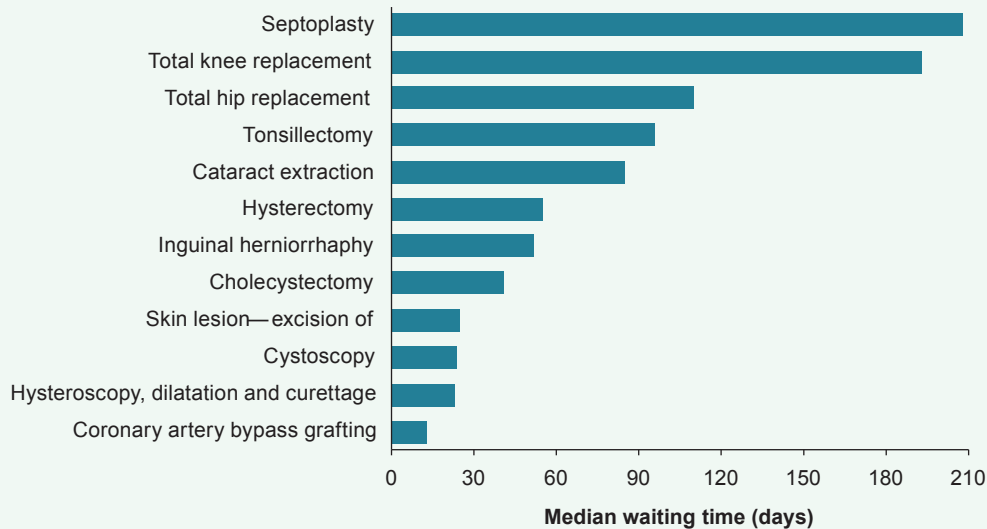
Between 2012–13 and 2016–17:

- admissions from public hospital elective surgery waiting lists increased by about 2.0% per year (after adjusting for the number of hospitals included)
- elective surgery admissions per 1,000 population increased by an average of 0.9% per year (after adjusting for the number of hospitals included)
- the largest annual increases in elective surgery admissions were for *Cystoscopy* (increasing by 5.0% each year, on average) and *Total hip replacement* (increasing by 4.4% each year, on average)
- the largest annual decrease in elective surgery admissions was for *Varicose vein treatment*, which decreased by around 2.6% on average each year
- the overall median waiting time for elective surgery tended to increase—it was 36 days in both 2012–13 and 2013–14, 35 days in 2014–15, 37 days in 2015–16 and 38 days in 2016–17
- the largest increase in median waiting times was for *Myringoplasty/tympanoplasty* (surgery to repair a perforated eardrum), increasing from 123 to 170 days
- the proportion of people who waited more than 365 days for elective surgery decreased, from 2.7% to 1.7%.





Figure 7.11.1: Median waiting time (days) for admission to public hospital for selected surgical procedures, 2016–17



Source: National Elective Surgery Waiting Times Data Collection; Table S7.11.1.

### What is missing from the picture?

There is no information available about waiting times for elective surgery in private hospitals. Data on the urgency of the need for elective surgery have not been reported in this snapshot. In 2012, the AIHW and the Royal Australasian College of Surgeons worked together to develop national definitions for elective surgery urgency categories, at the request of the Standing Council on Health. The development of the national definitions resulted in a package of six integrated components proposed for adoption. These are outlined in *National definitions for elective surgery urgency categories: proposal for the Standing Council on Health*. The revised definitions were implemented in 2015; however, some inconsistencies still exist in the assignment of urgency categories between the states and territories. These inconsistencies are expected to decrease over the coming years.

The measurement of waiting time from placement on the elective surgery waiting list to hospital admission for that surgery does not take account of the time patients wait from their initial referral for consultation with a surgical specialist. Under the auspices of the Australian Health Minister’s Advisory Council, the AIHW is progressing work to develop a nationally agreed approach for measuring access time to elective surgery that includes the time from referral.

### Where do I go for more information?

More information can be found in the reports *Elective surgery waiting times 2016–17: Australian hospital statistics*; *Admitted patient care 2015–16: Australian hospital statistics*; and the *National definitions for elective surgery urgency categories: proposal for the Standing Council on Health*.