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Australian hospital statistics



*National emergency access and
elective surgery targets 2012*



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Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
COAG	Council of Australian Governments
CRC	COAG Reform Council
DoHA	Department of Health and Ageing
DSS	Data Set Specification
EWST	Elective Surgery Waiting Times
NAPEDC	Non-Admitted Patient Emergency Department Care
NNAPEDCD	National Non-admitted Patient Emergency Department Care Database
NEAT	National Emergency Access Target
NEATD	National Emergency Access Target Database
NEST	National Elective Surgery Target
NESTD	National Elective Surgery Target Database
NHA	National Healthcare Agreement
NMDS	National minimum data set
NPA-IPHS	National Partnership Agreement on Improving Public Hospital Services
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

..	not applicable
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Summary

This report presents 2012 data for performance indicators in the *National Partnership Agreement on Improving Public Hospital Services*. It includes measures of the extent to which states and territories met targets for emergency department lengths of stay of four hours or less, and for lengths of time spent waiting for elective surgery. It is being released on 28 February 2013, two months after the end of the 2012 reporting period, the date by which most of the data are required by the Council of Australian Governments Reform Council.

The National Emergency Access Target (NEAT)

The goal of the NEAT is to increase the proportion of emergency department patients who physically leave the emergency department (for admission to hospital, referral to another hospital, or discharge) in 4 hours or less.

In 2012, five states and territories achieved proportions of patients leaving the emergency department in 4 hours or less that were higher than the baseline figures specified in the Agreement, and one state had a proportion greater than the target specified for it in the Agreement.

Overall, 65.5% of patients presenting to a public hospital emergency department had their visit to the emergency department completed in 4 hours or less. Nationally, and for most states and territories, the highest proportion of presentations with length of stay of 4 hours or less were in the October–December quarter.

The National Elective Surgery Target (NEST)

The goal of the NEST is to increase the proportion of elective surgery patients seen within clinically recommended times and to reduce the number of patients waiting beyond the clinically recommended time.

In 2012, six states and territories achieved proportions seen on time greater than or equal to the baseline figures specified in the Agreement for two or three clinical urgency categories. Three states achieved proportions seen on time greater than the targets specified for them in the Agreement for two or three urgency categories.

Six states and territories had average overdue waits shorter than the baseline figures in the Agreement for two or three clinical urgency categories. Four states and territories had average overdue waits shorter than their targets for two or three urgency categories.

During 2012, five states and territories had provided treatment or referral for the longest wait overdue patients (those who had waited the longest at 31 December 2011) for all urgency categories. A further two states and territories had provided treatment or referral for all urgency category 1 patients.

There were almost 671,000 admissions from public hospital elective surgery waiting lists, as either an elective or an emergency admission in 2012. Median waiting times ranged from 27 days in Queensland to 55 days in the Australian Capital Territory. Numbers of admissions were highest in the July–September quarter nationally and in six states and territories.

1 Introduction

This report presents data provided by the AIHW to the Council of Australian Governments (COAG) Reform Council (CRC) for its report on jurisdictions' progress against the *National Partnership Agreement on Improving Public Hospital Services* (NPA-IPHS) (COAG, 2011) for 2012.

The NPA-IPHS is an agreement between the Australian and state and territory governments that is intended to improve access to public hospital services including:

- increasing the proportion of emergency department patients to physically leave the emergency department (for admission to hospital, referral to another hospital, or discharge) in 4 hours or less. Under the NPA IPHS, this goal is specified as the National Emergency Access Target (NEAT).
- increasing the proportion of elective surgery patients seen within clinically recommended times and reducing the number of patients waiting beyond the clinically recommended time. Under the NPA-IPHS, this goal is specified as the National Elective Surgery Target (NEST).

The report also presents other data required to be reported under the NPA-IPHS and relating to state and territory performance in provision of emergency department and elective surgery services.

Australian hospital statistics: National emergency access and elective surgery targets 2012 is a new addition to the Australian Institute of Health and Welfare's (AIHW) series of reports describing the characteristics and activity of Australia's hospitals (AIHW 1997a to 2012d).

The *Australian hospital statistics* suite of products presents data supplied by state and territory health authorities on admitted patient care, elective surgery waiting times, emergency department care, outpatient care, public hospital establishments and rates of infection with *Staphylococcus aureus* bacteraemia (an indicator of hospital safety and quality).

What's in this report

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

Chapter 2 describes the NEAT and related performance indicators; that is the proportion of emergency department presentation with a length of stay of 4 hours or less.

Chapter 3 describes the NEST and related performance indicators specified under the NPA-IPHS, that is:

- NEST 'Part 1', the percentage of patients removed from elective surgery waiting lists who received surgery within the clinically recommended time for each urgency category
- NEST 'Part 2'
 - the average overdue wait time in days for patients who have waited beyond the recommended time for their clinical urgency category
 - the 10 per cent longest waiting overdue patients in clinical urgency categories 1, 2 and 3 (as at 31 December 2011), who were still waiting for care (that is, they have not had their surgery or had appropriate alternative treatment options identified) during 2012, for each urgency category
- the number of additional patients removed (as an elective or emergency admission) from elective surgery waiting lists managed by public hospitals
- the number of removals from waiting lists for reasons other than elective or emergency admission
- the number and proportion of elective and emergency admissions within the clinically recommended time by clinical urgency category
- days waited at the 50th percentile (median waiting times) for the 15 indicator procedures
- days waited at the 50th percentile by clinical urgency category
- the number of elective or emergency surgical episodes with one or more adverse events
- the number of unplanned readmissions within 28 days of discharge from the hospital following an episode of elective or emergency surgery.

Appendix 1 presents data quality information.

Appendix 2 presents technical notes on methods used in this report, including specifications for the performance indicators.

Appendix 3 presents additional tables with quarterly data for some elective surgery performance indicators.

What data are reported?

Under the NPA-IPHS, states and territories are required to provide data for performance reporting (Clauses C35 and A44). The AIHW collates and then provides the data to the Commonwealth Department of Health and Ageing (DoHA). At the request of the CRC, the AIHW also collates and provides data to the CRC to support its role as the independent assessor of whether performance benchmarks have been met before rewards are made under a National Partnership Agreement.

The data supplied by states and territories were used by the AIHW to assemble:

- the National Emergency Access Target Database (NEATD), covering emergency department care and length of stay in emergency departments
- the National Elective Surgery Target Database (NESTD), covering waiting times and other characteristics of elective surgery in public hospitals.

Summary information on the NEATD and NESTD are provided below. See Box 1.1 for a summary of data limitations and Appendix 1 for more information.

National Emergency Access Target Database

The National Emergency Access Target Database (NEATD) is a compilation of episode-level data for emergency department presentations in public hospitals. From 1 January 2012 to 30 June 2012, the database was based on the Data Set Specification (DSS) for Non-admitted patient emergency department care (NAPEDC). Information on the DSS is published in the AIHW's online metadata repository (METeOR). From 1 July 2012 to 31 December 2012, the dataset was based on the National Minimum Data Set (NMDS) for NAPEDC 2012–13, as defined in the *National health data dictionary, version 16* (AIHW 2012e).

The scope for the NEATD is all hospitals reporting to the NAPEDC NMDS (Peer Groups A, B and other) as at August 2011 (when the NPA-IPHS was signed). For the duration of the agreement, hospitals that have not previously reported to the NAPEDC NMDS can come into scope, subject to agreement between the jurisdiction and the Commonwealth.

National Elective Surgery Target Database

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

From 1 January 2012 to 30 June 12, the database was based on the Elective Surgery Waiting Times (ESWT) Data Set Specification (DSS), which covers the same period. The data supplied for 1 July 2012 to 31 December 2012 are based on the National Minimum Data Set for Elective Surgery Waiting Times (Census and Removals) (ESWT NMDS) 2012–13, as defined in the *National health data dictionary, version 16* (AIHW 2012e). Included is information on the length of time waited, the surgical specialty and whether the patient was waiting for a particular indicator procedure.

Overall, the data are of sufficient quality to be published in this report. However, the limitations of the data should be taken into consideration when they are interpreted. Data on urgency categories are not considered comparable among the states and territories and are presented separately for each jurisdiction. Summary information on urgency categories is presented in Box 3.1.

Box 1.1: Data Limitations

- States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values, unless stated otherwise.
- The data presented in this publication are broadly comparable with NAPEDC data and ESWT data presented in Australian hospital statistics 2011–12: Emergency department care and Australian hospital statistics 2011–12: Elective surgery waiting times. However, the reader should note that the reference year for this report is the 2012 calendar year.

NEATD

- Statistics on emergency department presentations for non-admitted patients 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 periods should be made with reference to the accompanying notes in the chapters and the appendixes.
- Comparisons between states and territories and with NAPEDC data reported in other Australian hospital statistics reports should be made with reference to the accompanying notes in the chapters and appendixes.
- Approximately 3,000 records for which a valid length of stay could not be calculated due to missing or incorrect values (for example, for time of presentation or physical departure) were not used to derive data on length of stay in the emergency department.

NESTD

- Statistics on public hospital elective surgery waiting times may be affected by variations in reporting practices across states and territories and over time, including in relation to clinical urgency categorisation (see Box 3.1). Where possible, these variations have been noted in the text.
- Comparisons between states and territories and with elective surgery waiting times data reporting in other *Australian hospital statistics* products should be made with reference to the accompanying notes in the chapters and the appendixes.
- The data collection covered most public hospitals that undertake elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals. Some smaller remote hospitals may have different patterns of service delivery compared with other hospitals because specialists providing elective surgery services visit these hospitals only periodically.
- For 2012, the data for Albury Base Hospital were not available. (*continued*)

Box 1.1 (continued)

NESTD (continued)

- For 1 June to 31 July 2012, data for the Children's Hospital at Westmead were not available due to local systems issues.
- Methods to calculate waiting times have varied across states and territories and over time. For example, in some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESTD from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the second hospital only.
- In 2012, for patients who were admitted after being transferred from another hospital's waiting list, New South Wales, South Australia and the Northern Territory reported the total time waited on all hospital waiting lists. This could have an effect of increasing the waiting times reported for overall removals for those jurisdictions relative to others.
- The number of days waited does not include the time waited for the initial appointment with the specialist.

See appendixes 1 and 2 for more information.

Additional data on the Internet

This report can be found at <www.aihw.gov.au>. It is available as a PDF, with tables presented in this report and additional tables for Chapter 2 (not included in the PDF) downloadable as Excel spreadsheets.

Updates

Internet tables are updated in the event of errors being found or if data are resupplied after publication of the report.

2 National emergency access target

The National Emergency Access Target (NEAT) is specified under the National Health Reform Agreement – National Partnership Agreement (NPA) on Improving Public Hospital Services (NPA-IPHS).

Under Clause C1 of the NPA-IPHS, the objective of the NEAT is that, by 31 December 2015, 90% of patients presenting to public hospital emergency departments will either physically leave the emergency department for admission to hospital, be referred to another hospital for treatment, or be discharged within 4 hours (COAG, 2011).

The calculation of the NEAT performance indicator includes all visits to emergency departments (including patients who were dead on arrival). Patients are considered to have completed their visit to the emergency department when they physically leave the emergency department (regardless of whether they were admitted to the hospital, referred to another hospital, departed without being admitted or referred to another hospital, or left at their own risk).

The NEAT sets annual targets for each state and territory to achieve continual improvement in the proportion of presentations completed within 4 hours over the period 1 January 2012 to 31 December 2015 (Clause 34).

This report relates to annual targets for the 2012 calendar year under the NPA-IPHS, and also reports on data provided quarterly by states and territories as stipulated under Clause C35 of the NPA-IPHS, according to the timetable stipulated under Clause C41.

Box 2.1 What methods were used?

In this chapter:

- data presented includes all presentations to emergency departments, except for approximately 3,000 records for which a valid length of stay could not be calculated due to missing or incorrect values (for example, for time of presentation or physical departure).
- length of stay is calculated as the length of time between presentation to the emergency department and physical departure.

How did states and territories progress towards the NEAT?

Table 2.1 presents the baseline proportion of presentations with length of stay of 4 hours or less, the agreed targets for 2012 and the proportion of presentations with length of stay of 4 hours or less achieved in 2012 for each state and territory. These data have been provided to the CRC to support its role in assessment of state and territory performance under the NPA IPHS. The baseline and target figures are as agreed under Clause C34 of the NPA-IPHS. The baseline data were for 2009–10.

Five states and territories achieved higher proportions than the baseline and one state had a proportion greater than its target.

Table 2.1: Emergency department presentations, performance against NEAT targets, states and territories, 2012

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Measure	Per cent							
Baseline	61.8	65.9	63.8	71.3	59.4	66.0	55.8	66.2
2012 target	69.0	70.0	70.0	76.0	67.0	72.0	64.0	69.0
2012 achievement	61.1	65.0	66.9	78.5	66.0	67.0	56.7	64.3

Note: Refer to boxes 1.1 and 2.1 and appendices 1 and 2 for more information on terminology, data limitations and methods.

During 2012, 65.5% of patients presenting to a public hospital emergency department had their visit to the emergency department completed in 4 hours or less (Table 2.2). Nationally, and for most states and territories, the highest proportions of presentations with length of stay of 4 hours or less were in the October-December quarter.

Table 2.2: Emergency department presentations, proportion with a length of stay of 4 hours or less, by quarter, states and territories, 2012

Quarter	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Presentations with length of stay of 4 hours or less									
Jan–Mar	344,525	252,212	202,661	149,868	71,890	23,226	16,912	22,779	1,084,073
Apr–Jun	340,276	243,950	205,426	150,251	73,478	23,433	17,193	22,877	1,076,884
Jul–Sep	330,459	238,568	208,440	145,238	73,767	24,155	16,529	23,041	1,060,197
Oct–Dec	372,824	254,438	230,587	147,582	77,924	25,822	17,235	23,920	1,150,332
Total	1,388,084	989,168	847,114	592,939	297,059	96,636	67,869	92,617	4,371,486
Total presentations									
Jan–Mar	561,434	376,301	309,203	185,812	108,813	35,095	29,705	35,197	1,641,560
Apr–Jun	566,015	376,060	313,159	188,200	110,408	34,820	30,249	36,070	1,654,981
Jul–Sep	564,171	379,763	323,499	192,220	113,798	36,532	29,489	36,523	1,675,995
Oct–Dec	578,461	389,748	320,607	188,679	117,336	37,877	30,223	36,354	1,699,285
Total	2,270,081	1,521,872	1,266,468	754,911	450,355	144,324	119,666	144,144	6,671,821
Proportion of presentations with length of stay of 4 hours or less									
Jan–Mar	61.4	67.0	65.5	80.7	66.1	66.2	56.9	64.7	66.0
Apr–Jun	60.1	64.9	65.6	79.8	66.6	67.3	56.8	63.4	65.1
Jul–Sep	58.6	62.8	64.4	75.6	64.8	66.1	56.1	63.1	63.3
Oct–Dec	64.5	65.3	71.9	78.2	66.4	68.2	57.0	65.8	67.7
Total	61.1	65.0	66.9	78.5	66.0	67.0	56.7	64.3	65.5

Note: Refer to boxes 1.1 and 2.1 and appendices 1 and 2 for more information on terminology, data limitations and methods.

Internet Tables 2.3a through 2.3h present counts of emergency department presentations with length of stay of 4 hours or less, total presentations, and the proportion of presentations with length of stay of 4 hours or less, by hospital for each state and territory. These data are required to be reported on a Commonwealth website under Clause C37.

3 National elective surgery target

The National Elective Surgery Target (NEST) is specified under the National Health Reform Agreement – National Partnership Agreement on Improving Public Hospital Services (NPA-IPHS).

Under Clause A1 of the NPA-IPHS, the objectives of the NEST are to increase the percentage of elective surgery patients seen so that 100 per cent of all patients are seen within the clinically recommended time for their clinical urgency category, and to reduce the number of patients who have waited longer than the clinically recommended time (COAG, 2011).

Clause A31 of the NPA-IPHS sets out annual targets for each state and territory to progressively improve the proportion of patients waiting for surgery seen within the clinically recommended time for their clinical urgency categories (Clause A31).

Clause A37 of the NPA-IPHS sets out targets for the reduction of average wait times for overdue patients, so that there are no overdue patients by the conclusion of the agreement. Clause A26(c) of the NPA-IPHS also notes that of the patients who have not had their procedure within the clinically recommended time, the 10 per cent who have waited the longest must have their procedure in the next year.

Clause A45 of the NPA-IPHS also describes a number of other performance indicators presented in this report.

This report relates to annual targets for the 2012 calendar year under the NPA-IPHS. The report also reports on data provided quarterly by states and territories as stipulated under Clause A44 of the NPA-IPHS, according to the timetable stipulated under Clause A48.

Box 3.1: What methods were used?

In this chapter:

- performance indicators include patients who were removed for elective and emergency admission from waiting lists for elective surgery, unless otherwise stated.

Box 3.2: Clinical urgency categorisation

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

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

For the purposes of the NPA-IPHS, Clause A55 notes the recommended waiting times for Categories 1, 2 and 3 are no longer than 30, 90 and 365 days respectively.

Analyses of clinical urgency category data have shown notable variation in the assignment of these categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall (AIHW 2008b, 2009b, 2012d). This apparent lack of comparability of clinical urgency categories among jurisdictions means that measures based on these categories are not comparable between jurisdictions.

How did states and territories perform against the NEST?

This section presents information on the proportion of patients seen on time for each clinical urgency category, average overdue waits by clinical urgency category and the number of overdue patients who had waited the longest for elective surgery at 31 December 2011 who had not had surgery or been referred to other appropriate treatment during 2012. The baseline and target figures presented are as agreed under Clause A31 and A38 of the NPA-IPHS. The baseline data for the proportions seen on time were for 2010.

Proportions seen on time and average overdue waits

Tables 3.1a through 3.1h present information on the proportion of admissions where patients were seen within the clinically recommended time for their clinical urgency category, and the average (mean) overdue wait for people who were not admitted within the clinically recommended time. Data are presented in separate tables for each state and territory as clinical urgency categories are not comparable across states and territories. These were provided to the CRC as stipulated under Clause A44.

Six states and territories achieved proportions seen on time greater than or equal to the baseline for two or three urgency categories. Three states achieved proportions greater than their targets for two or three of the urgency categories.

Six states and territories had average overdue waits shorter than the baseline for two or three urgency categories. Four states and territories had average overdue waits shorter than their targets for two or three urgency categories.

Table 3.1a: Elective surgery performance against NEST, New South Wales, 2012 (per cent)

	Baseline	Target	Achieved
Proportion seen on time			
Category 1 (within 30 days)	92.3	96.0	95.1
Category 2 (within 90 days)	86.6	90.0	91.0
Category 3 (within 365 days)	89.4	92.0	92.2
Average overdue wait (days)			
Category 1 (within 30 days)	0.0	0.0	11.0
Category 2 (within 90 days)	39.0	29.0	23.6
Category 3 (within 365 days)	130.0	98.0	63.4

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.1b: Elective surgery performance against NEST, Victoria, 2012 (per cent)

	Baseline	Target	Achieved
Proportion seen on time			
Category 1 (within 30 days)	100.0	100.0	100.0
Category 2 (within 90 days)	72.5	75.0	68.3
Category 3 (within 365 days)	91.9	93.0	90.3
Average overdue wait (days)			
Category 1 (within 30 days)	0.0	0.0	0.0
Category 2 (within 90 days)	129.0	97.0	96.4
Category 3 (within 365 days)	165.0	124.0	144.4

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

Table 3.1c: Elective surgery performance against NEST, Queensland, 2012 (per cent)

	Baseline	Target	Achieved
Proportion seen on time			
Category 1 (within 30 days)	83.0	89.0	89.0
Category 2 (within 90 days)	74.8	81.0	77.1
Category 3 (within 365 days)	88.1	91.0	88.7
Average overdue wait (days)			
Category 1 (within 30 days)	18.0	0.0	87.5
Category 2 (within 90 days)	89.0	67.0	137.1
Category 3 (within 365 days)	81.0	61.0	135.8

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

Table 3.1d: Elective surgery performance against NEST, Western Australia, 2012 (per cent)

	Baseline	Target	Achieved
Proportion seen on time			
Category 1 (within 30 days)	87.4	94.0	86.3
Category 2 (within 90 days)	79.2	84.0	82.0
Category 3 (within 365 days)	97.2	98.0	96.4
Average overdue wait (days)			
Category 1 (within 30 days)	27.0	0.0	12.1
Category 2 (within 90 days)	90.0	68.0	54.2
Category 3 (within 365 days)	87.0	65.0	66.9

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.1e: Elective surgery performance against NEST, South Australia, 2012 (per cent)

	Baseline	Target	Achieved
Proportion seen on time			
Category 1 (within 30 days)	87.5	94.0	91.0
Category 2 (within 90 days)	87.6	91.0	90.7
Category 3 (within 365 days)	95.5	97.0	96.3
Average overdue wait (days)			
Category 1 (within 30 days)	31.0	0.0	22.7
Category 2 (within 90 days)	30.0	23.0	38.2
Category 3 (within 365 days)	45.0	34.0	65.8

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.1f: Elective surgery performance against NEST, Tasmania, 2012 (per cent)

	Baseline	Target	Achieved
Proportion seen on time			
Category 1 (within 30 days)	75.4	84.0	76.1
Category 2 (within 90 days)	59.3	67.0	60.4
Category 3 (within 365 days)	76.8	81.0	72.8
Average overdue wait (days)			
Category 1 (within 30 days)	138.0	69.0	72.9
Category 2 (within 90 days)	356.0	285.0	287.1
Category 3 (within 365 days)	440.0	352.0	586.4

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.1g: Elective surgery performance against NEST, Australian Capital Territory, 2012 (per cent)

	Baseline	Target	Achieved
Proportion seen on time			
Category 1 (within 30 days)	91.8	95.0	98.5
Category 2 (within 90 days)	44.1	55.0	57.3
Category 3 (within 365 days)	76.9	82.0	89.3
Average overdue wait (days)			
Category 1 (within 30 days)	45.0	23.0	20.3
Category 2 (within 90 days)	179.0	143.0	127.1
Category 3 (within 365 days)	246.0	197.0	109.0

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.1h: Elective surgery performance against NEST, Northern Territory, 2012 (per cent)

	Baseline	Target	Achieved
Proportion seen on time			
Category 1 (within 30 days)	79.1	83.0	87.5
Category 2 (within 90 days)	56.9	59.0	71.3
Category 3 (within 365 days)	81.6	84.0	86.0
Average overdue wait (days)			
Category 1 (within 30 days)	67.0	34.0	23.8
Category 2 (within 90 days)	97.0	78.0	82.6
Category 3 (within 365 days)	144.0	115.0	70.8

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

How many of the longest wait overdue patients were removed from waiting lists in 2012?

Tables 3.2a through 3.2h present the 10 per cent longest waiting overdue patients in clinical urgency categories 1, 2 and 3 as at 31 December 2011, who were still waiting for care at the end of each quarter in 2012 (that is, they had not had their surgery or had appropriate alternative treatment options identified), for each clinical urgency category. Data are presented in separate tables for each state and territory because clinical urgency category data are not comparable across jurisdictions. These data were provided to the CRC as stipulated under Clause A44. The data were provided by the Department of Health and Ageing. They are based on anonymised lists of patients still waiting at 31 December 2011 agreed between the Department and states and territories, and anonymised information on patients removed from elective surgery waiting lists supplied to the Department by AIHW from the NESTD.

Five states and territories had provided treatment or referral for all these longest wait overdue patients by 31 December 2012 for all urgency categories. A further two states and territories had provided treatment or referral for all urgency category 1 patients.

Table 3.2a: Number of longest wait overdue patients at 31 December 2011 remaining on elective surgery waiting lists at end of each quarter, New South Wales, 2012

	31 Dec 2011	31 Mar 2012	30 Jun 2012	30 Sep 2012	31 Dec 2012
Category 1 (within 30 days)	2	0	0	0	0
Category 2 (within 90 days)	14	3	2	0	0
Category 3 (within 365 days)	26	9	0	0	0

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.2a: Number of longest wait overdue patients at 31 December 2011 remaining on elective surgery waiting lists at end of each quarter, Victoria, 2012

	31 Dec 2011	31 Mar 2012	30 Jun 2012	30 Sep 2012	31 Dec 2012
Category 1 (within 30 days)	0	0	0	0	0
Category 2 (within 90 days)	641	378	210	124	0
Category 3 (within 365 days)	184	123	87	50	0

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.2c: Number of longest wait overdue patients at 31 December 2011 remaining on elective surgery waiting lists at end of each quarter, Queensland, 2012

	31 Dec 2011	31 Mar 2012	30 Jun 2012	30 Sep 2012	31 Dec 2012
Category 1 (within 30 days)	37	6	2	1	1
Category 2 (within 90 days)	422	306	202	121	65
Category 3 (within 365 days)	107	81	57	27	12

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.2d: Number of longest wait overdue patients at 31 December 2011 remaining on elective surgery waiting lists at end of each quarter, Western Australia, 2012

	31 Dec 2011	31 Mar 2012	30 Jun 2012	30 Sep 2012	31 Dec 2012
Category 1 (within 30 days)	15	2	0	0	0
Category 2 (within 90 days)	120	46	15	4	0
Category 3 (within 365 days)	37	17	5	0	0

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.2e: Number of longest wait overdue patients at 31 December 2011 remaining on elective surgery waiting lists at end of each quarter, South Australia, 2012

	31 Dec 2011	31 Mar 2012	30 Jun 2012	30 Sep 2012	31 Dec 2012
Category 1 (within 30 days)	6	0	0	0	0
Category 2 (within 90 days)	14	3	2	2	0
Category 3 (within 365 days)	13	4	2	2	0

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.2f: Number of longest wait overdue patients at 31 December 2011 remaining on elective surgery waiting lists at end of each quarter, Tasmania, 2012

	31 Dec 2011	31 Mar 2012	30 Jun 2012	30 Sep 2012	31 Dec 2012
Category 1 (within 30 days)	17	6	2	1	0
Category 2 (within 90 days)	252	179	124	97	57
Category 3 (within 365 days)	105	101	100	99	98

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.2g: Number of longest wait overdue patients at 31 December 2011 remaining on elective surgery waiting lists at end of each quarter, Australian Capital Territory, 2012

	31 Dec 2011	31 Mar 2012	30 Jun 2012	30 Sep 2012	31 Dec 2012
Category 1 (within 30 days)	2	0	0	0	0
Category 2 (within 90 days)	109	41	22	5	0
Category 3 (within 365 days)	20	9	0	0	0

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.2h: Number of longest wait overdue patients at 31 December 2011 remaining on elective surgery waiting lists at end of each quarter, Northern Territory, 2012

	31 Dec 2011	31 Mar 2012	30 Jun 2012	30 Sep 2012	31 Dec 2012
Category 1 (within 30 days)	4	1	0	0	0
Category 2 (within 90 days)	23	17	8	3	2
Category 3 (within 365 days)	10	5	3	1	1

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Other performance indicators

This section presents performance indicators required to be reported under Clauses A44 and A45 of the NPA-IPHS.

Admissions and other removals from waiting lists

Table 3.3 incorporates total removals for elective and emergency admission from elective surgery waiting lists in 2012. There were almost 671,000 admissions from public hospital elective surgery waiting lists, as either an elective or an emergency admission. Emergency admissions accounted for around 0.5% of admissions across Australia, ranging from 0.2% in Queensland to 0.8% in Tasmania.

In this table 'elective admissions' refer to patients admitted as elective patients for their awaited procedure by or on behalf of this hospital or the state/territory. 'Emergency admissions' refer to patients admitted as emergency patients for their awaited procedure by or on behalf of this hospital or the state/territory.

Table 3.3: Number of patients admitted for elective surgery from waiting lists, by quarter, public hospitals, states and territories, 2012

State or territory	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
New South Wales					
Elective admissions	48,877	52,401	55,694	54,213	211,185
Emergency admissions	362	412	430	374	1,578
Total admissions	49,239	52,813	56,124	54,587	212,763
Victoria					
Elective admissions	35,741	38,756	40,615	38,257	153,369
Emergency admissions	153	174	147	131	605
Total admissions	35,894	38,930	40,762	38,388	153,974
Queensland					
Elective admissions	28,966	31,471	31,364	30,442	122,243
Emergency admissions	22	38	85	94	239
Total admissions	28,988	31,509	31,449	30,536	122,482
Western Australia					
Elective admissions	19,625	19,913	21,952	20,987	82,477
Emergency admissions	125	117	181	146	569
Total admissions	19,750	20,030	22,133	21,133	83,046
South Australia					
Elective admissions	15,527	16,528	16,160	15,842	64,057
Emergency admissions	110	87	100	88	385
Total admissions	15,637	16,615	16,260	15,930	64,442
Tasmania					
Elective admissions	3,438	3,834	3,895	3,743	14,910
Emergency admissions	30	26	32	28	116
Total admissions	3,468	3,860	3,927	3,771	15,026
Australian Capital Territory					
Elective admissions	2,634	2,905	3,134	2,902	11,575
Emergency admissions	14	17	12	9	52
Total admissions	2,648	2,922	3,146	2,911	11,627
Northern Territory					
Elective admissions	1,603	1,811	2,032	1,923	7,369
Emergency admissions	9	14	13	8	44
Total admissions	1,612	1,825	2,045	1,931	7,413
TOTAL					
Elective admissions	156,411	167,619	174,846	168,309	667,185
Emergency admissions	825	885	1,000	878	3,588
Total admissions	157,236	168,504	175,846	169,187	670,773

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

In 2012, there were 98,311 removals from elective surgery waiting list for reasons other than admission to hospital (Table 3.4). Data for states and territories are provided in Appendix 3.

Table 3.4: Removals from waiting lists for elective surgery, for reasons other than surgery, by reason for removal, states and territories, 2012

Reason for removal	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
Not contactable/died	1,721	1,851	2,017	1,815	7,404
Treated elsewhere	4,402	4,599	4,483	4,128	17,612
Surgery not required or declined	14,554	14,895	15,511	14,171	59,131
Transferred to another hospital's waiting list	2,273	2,494	2,498	2,774	10,039
Not reported	918	985	1,110	1,112	4,125
Total removals	23,868	24,824	25,619	24,000	98,311

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Median waiting times

Tables 3.5a through 3.5h present information on elective and emergency admissions from waiting lists, and median waiting times by clinical urgency category, for each state and territory.

Median waiting times ranged from 27 days in Queensland to 55 days in the Australian Capital Territory. Numbers of admissions were highest in the July–September quarter nationally and in six states and territories.

Table 3.5a: Median waiting times and admissions from waiting lists for elective surgery, by clinical urgency category and quarter, New South Wales, 2012

	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
Category 1 (within 30 days)					
Number of admissions	11,988	12,736	13,983	13,637	52,344
Days waited at 50 th percentile	11	11	11	10	11
Category 2 (within 90 days)					
Number of admissions	15,793	17,130	18,172	17,651	68,746
Days waited at 50 th percentile	51	48	46	45	48
Category 3 (within 365 days)					
Number of admissions	21,458	22,947	23,969	23,299	91,673
Days waited at 50 th percentile	199	209	199	195	200
Total					
Number of admissions	49,239	52,813	56,124	54,587	212,763
Days waited at 50 th percentile	55	51	49	47	50

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.5b: Median waiting times and admissions from waiting lists for elective surgery, by clinical urgency category and quarter, Victoria, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1 (within 30 days)					
Number of admissions	10,967	11,842	12,215	12,199	47,223
Days waited at 50 th percentile	11	11	11	11	11
Category 2 (within 90 days)					
Number of admissions	17,097	18,216	19,185	17,830	72,328
Days waited at 50 th percentile	67	57	57	59	60
Category 3 (within 365 days)					
Number of admissions	7,830	8,872	9,362	8,359	34,423
Days waited at 50 th percentile	113	109	98	97	105
Total					
Number of admissions	35,894	38,930	40,762	38,388	153,974
Days waited at 50th percentile	41	37	35	33	36

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.5c: Median waiting times and admissions from waiting lists for elective surgery, by clinical urgency category and quarter, Queensland, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1 (within 30 days)					
Number of admissions	11,504	12,267	12,727	12,662	49,160
Days waited at 50 th percentile	12	13	11	10	12
Category 2 (within 90 days)					
Number of admissions	13,055	13,636	13,851	12,904	53,446
Days waited at 50 th percentile	56	51	51	51	52
Category 3 (within 365 days)					
Number of admissions	4,429	5,606	4,871	4,970	19,876
Days waited at 50 th percentile	121	84	120	113	109
Total					
Number of admissions	28,988	31,509	31,449	30,536	122,482
Days waited at 50th percentile	28	28	27	26	27

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.5d: Median waiting times and admissions from waiting lists for elective surgery, by clinical urgency category and quarter, Western Australia, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1 (within 30 days)					
Number of admissions	4,449	4,834	5,297	5,694	20,274
Days waited at 50 th percentile	14	12	12	10	12
Category 2 (within 90 days)					
Number of admissions	6,815	6,807	7,968	7,305	28,895
Days waited at 50 th percentile	42	39	39	39	40
Category 3 (within 365 days)					
Number of admissions	8,486	8,389	8,868	8,134	33,877
Days waited at 50 th percentile	49	49	54	61	53
Total					
Number of admissions	19,750	20,030	22,133	21,133	83,046
Days waited at 50th percentile	33	30	30	29	30

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.5e: Median waiting times and admissions from waiting lists for elective surgery, by clinical urgency category and quarter, South Australia, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1 (within 30 days)					
Number of admissions	4,186	4,588	4,327	4,375	17,476
Days waited at 50 th percentile	10	12	11	11	11
Category 2 (within 90 days)					
Number of admissions	5,244	5,528	5,875	5,627	22,274
Days waited at 50 th percentile	46	43	41	41	42
Category 3 (within 365 days)					
Number of admissions	6,207	6,499	6,058	5,928	24,692
Days waited at 50 th percentile	85	89	85	84	85
Total					
Number of admissions	15,637	16,615	16,260	15,930	64,442
Days waited at 50th percentile	35	35	33	32	34

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.5f: Median waiting times and admissions from waiting lists for elective surgery, by clinical urgency category and quarter, public hospitals, Tasmania, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1 (within 30 days)					
Number of admissions	1,403	1,529	1,571	1,510	6,013
Days waited at 50 th percentile	14	15	15	15	15
Category 2 (within 90 days)					
Number of admissions	1,486	1,583	1,641	1,533	6,243
Days waited at 50 th percentile	70	65	63	64	66
Category 3 (within 365 days)					
Number of admissions	579	748	715	728	2,770
Days waited at 50 th percentile	171	199	169	188	183
Total					
Number of admissions	3,468	3,860	3,927	3,771	15,026
Days waited at 50th percentile	40	40	39	35	38

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.5g: Median waiting times and admissions from waiting lists for elective surgery, by clinical urgency category and quarter, public hospitals, Australian Capital Territory, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1 (within 30 days)					
Number of admissions	699	879	955	1,022	3,555
Days waited at 50 th percentile	14	13	13	12	13
Category 2 (within 90 days)					
Number of admissions	1,333	1,416	1,484	1,214	5,447
Days waited at 50 th percentile	109	77	70	66	77
Category 3 (within 365 days)					
Number of admissions	616	627	707	675	2,625
Days waited at 50 th percentile	201	179	162	150	175
Total					
Number of admissions	2,648	2,922	3,146	2,911	11,627
Days waited at 50th percentile	85	56	52	42	55

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.5h: Median waiting times and admissions from waiting lists for elective surgery, by clinical urgency category and quarter, public hospitals, Northern Territory, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1 (within 30 days)					
Number of admissions	716	593	583	597	2,489
Days waited at 50 th percentile	10	14	12	12	12
Category 2 (within 90 days)					
Number of admissions	644	821	1,014	955	3,434
Days waited at 50 th percentile	71	61	53	50	57
Category 3 (within 365 days)					
Number of admissions	252	411	448	379	1,490
Days waited at 50 th percentile	168	208	154	160	170
Total					
Number of admissions	1,612	1,825	2,045	1,931	7,413
Days waited at 50th percentile	35	48	42	36	41

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Indicator procedures are those of high volume and are often associated with long waits. Tables 3.6a through 3.6h present elective and emergency admissions from elective surgery waiting lists, and median waiting times for each quarter, for states and territories, by indicator procedure, for 2012.

Median waiting times were shortest for coronary artery bypass grafts in six states and territories and longest for total knee replacement in five states and territories. There is variation in how states and territories record waiting times data for cystoscopy. See *Australian hospital statistics 2011–12: elective surgery waiting times* for more information (AIHW, 2012d).

Table 3.6a: Median waiting times and admissions from elective surgery waiting lists, by indicator procedure and quarter, New South Wales, 2012

Indicator procedure	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec		Total	
	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile
Cataract extraction	5,116	237	5,874	246	6,269	224	6,161	217	23,420	231
Cholecystectomy	1,660	67	1,802	60	1,807	58	1,766	55	7,035	60
Coronary artery bypass graft	199	23	220	27	217	28	231	29	867	27
Cystoscopy	4,011	26	4,288	24	4,136	24	3,766	23	16,201	24
Haemorrhoidectomy	271	83	324	73	320	77	301	62	1,216	74
Hysterectomy	840	62	921	61	848	71	658	54	3,267	62
Inguinal herniorrhaphy	1,354	79	1,486	79	1,721	68	1,643	68	6,204	73
Myringoplasty	114	315	85	327	115	278	113	278	427	301
Myringotomy	72	88	93	86	99	68	96	71	360	77
Prostatectomy	641	66	633	50	689	52	654	50	2,617	55
Septoplasty	356	323	384	338	379	330	439	329	1,558	331
Tonsillectomy	1,262	224	1,272	254	1,403	251	1,469	267	5,406	252
Total hip replacement	710	211	857	194	785	159	840	193	3,192	189
Total knee replacement	1,339	315	1,443	296	1,565	285	1,441	291	5,788	296
Varicose veins stripping and ligation	332	103	414	117	420	99	352	94	1,518	103
Other procedures	30,962	35	32,717	34	35,351	32	34,657	30	133,687	33
Total	49,239	55	52,813	51	56,124	49	54,587	47	212,763	50

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.6b: Median waiting times and admissions from elective surgery waiting lists, by indicator procedure and quarter, Victoria, 2012

Indicator procedure	Jan–Mar		Apr–Jun		Jul–Sep		Oct–Dec		Total	
	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile
Cataract extraction	2,848	70	3,378	63	3,437	48	2,992	48	12,655	56
Cholecystectomy	970	68	1,006	57	1,008	55	1,064	62	4,048	59
Coronary artery bypass graft	212	18	213	21	213	18	213	18	851	18
Cystoscopy	3,509	22	3,765	21	3,988	21	3,773	19	15,035	21
Haemorrhoidectomy	303	79	342	76	346	65	328	71	1,319	72
Hysterectomy	591	63	552	59	601	62	632	56	2,376	60
Inguinal herniorrhaphy	791	73	873	63	904	65	815	66	3,383	67
Myringoplasty	70	110	93	95	84	125	91	103	338	110
Myringotomy	333	69	393	57	384	32	426	40	1,536	49
Prostatectomy	514	41	514	31	533	29	485	26	2,046	29
Septoplasty	318	105	330	106	341	107	305	117	1,294	107
Tonsillectomy	1,023	105	1,013	113	1,079	104	1,059	90	4,174	104
Total hip replacement	472	114	553	95	579	97	550	88	2,154	99
Total knee replacement	608	126	666	129	694	136	628	134	2,596	132
Varicose veins stripping and ligation	294	131	309	132	345	126	304	134	1,252	130
Other procedures	23,038	31	24,930	30	26,226	30	24,723	28	98,917	29
Total	35,894	41	38,930	37	40,762	35	38,388	33	153,974	36

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.6c: Median waiting times and admissions from elective surgery waiting lists, by indicator procedure and quarter, Queensland, 2012

Indicator procedure	Jan–Mar		Apr–Jun		Jul–Sep		Oct–Dec		Total	
	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile
Cataract extraction	1,567	63	2,729	49	1,820	49	1,790	51	7,906	52
Cholecystectomy	919	53	906	41	964	44	923	43	3,712	45
Coronary artery bypass graft	333	8	313	9	300	7	320	8	1,266	8
Cystoscopy	949	26	910	23	1,065	24	1,061	23	3,985	24
Haemorrhoidectomy	143	61	124	59	142	45	120	47	529	52
Hysterectomy	537	57	564	58	546	47	517	53	2,164	54
Inguinal herniorrhaphy	588	62	545	55	586	51	526	63	2,245	57
Myringoplasty	118	83	95	83	125	70	103	80	441	80
Myringotomy	356	45	374	31	457	30	506	29	1,693	31
Prostatectomy	367	45	383	34	356	34	338	42	1,444	38
Septoplasty	154	62	171	65	188	78	166	71	679	70
Tonsillectomy	861	66	874	62	863	51	815	51	3,413	56
Total hip replacement	368	86	400	89	395	94	435	78	1,598	86
Total knee replacement	524	129	544	141	611	140	610	138	2,289	138
Varicose veins stripping and ligation	119	69	135	61	140	44	99	45	493	51
Other procedures	21,085	24	22,442	24	22,891	23	22,207	22	88,625	23
Total	28,988	28	31,509	28	31,449	27	30,536	26	122,482	27

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.6d: Median waiting times and admissions from elective surgery waiting lists, by indicator procedure and quarter, Western Australia, 2012

Indicator procedure	Jan–Mar		Apr–Jun		Jul–Sep		Oct–Dec		Total	
	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile
Cataract extraction	2,290	38	2,287	34	2,687	41	2,464	47	9,728	40
Cholecystectomy	409	36	416	28	436	28	442	29	1,703	29
Coronary artery bypass graft	47	28	63	18	68	14	56	9	234	15
Cystoscopy	1,316	28	1,468	28	1,715	22	1,744	22	6,243	24
Haemorrhoidectomy	143	30	129	43	169	41	150	29	591	35
Hysterectomy	263	38	276	41	285	35	285	30	1,109	36
Inguinal herniorrhaphy	433	33	422	35	531	34	423	28	1,809	32
Myringoplasty	64	108	98	92	106	111	87	50	355	96
Myringotomy	250	57	267	55	288	46	325	45	1,130	50
Prostatectomy	174	37	165	40	223	36	211	33	773	36
Septoplasty	97	103	107	112	115	117	90	73	409	103
Tonsillectomy	516	93	543	84	516	83	473	76	2,048	83
Total hip replacement	277	99	236	83	303	103	293	92	1,109	96
Total knee replacement	336	116	355	121	429	110	401	112	1,521	114
Varicose veins stripping and ligation	76	90	90	78	89	54	93	67	348	75
Other procedures	13,059	29	13,108	27	14,173	27	13,596	25	53,936	27
Total	19,750	33	20,030	30	22,133	30	21,133	29	83,046	30

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.6e: Median waiting times and admissions from elective surgery waiting lists, by indicator procedure and quarter, South Australia, 2012

Indicator procedure	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec		Total	
	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile
Cataract extraction	1,550	90	1,851	75	1,602	85	1,576	90	6,579	84
Cholecystectomy	378	48	398	42	391	41	304	29	1,471	41
Coronary artery bypass graft	96	17	95	11	87	14	116	18	394	16
Cystoscopy	639	32	755	31	725	28	749	29	2,868	30
Haemorrhoidectomy	103	36	124	22	124	20	96	16	447	24
Hysterectomy	235	43	268	41	223	46	216	43	942	42
Inguinal herniorrhaphy	364	32	299	35	360	31	287	26	1,310	31
Myringoplasty	28	76	31	56	28	65	25	90	112	70
Myringotomy	119	70	103	43	186	31	169	58	577	46
Prostatectomy	151	36	153	35	140	34	167	29	611	34
Septoplasty	109	116	105	139	94	123	80	88	388	117
Tonsillectomy	429	69	420	65	401	66	388	68	1,638	67
Total hip replacement	182	142	221	140	192	127	203	139	798	137
Total knee replacement	297	175	309	195	282	154	310	146	1,198	171
Varicose veins stripping and ligation	111	126	123	103	107	81	109	94	450	102
Other procedures	10,846	29	11,360	28	11,318	27	11,135	27	44,659	28
Total	15,637	35	16,615	35	16,260	33	15,930	32	64,442	34

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.6f: Median waiting times and admissions from elective surgery waiting lists, by indicator procedure and quarter, Tasmania, 2012

Indicator procedure	Jan–Mar		Apr–Jun		Jul–Sep		Oct–Dec		Total	
	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile
Cataract extraction	178	243	263	313	205	309	392	390	1,038	309
Cholecystectomy	112	94	139	88	134	83	160	75	545	84
Coronary artery bypass graft	45	20	37	23	48	47	30	14	160	26
Cystoscopy	146	33	121	24	163	30	202	29	632	30
Haemorrhoidectomy	9	n.p.	13	102	12	102	20	35	54	76
Hysterectomy	58	74	63	65	83	48	83	80	287	65
Inguinal herniorrhaphy	111	55	122	56	117	97	142	102	492	67
Myringoplasty	5	n.p.	13	55	10	65	7	n.p.	35	62
Myringotomy	43	90	40	48	32	72	38	37	153	55
Prostatectomy	12	66	7	n.p.	17	56	7	n.p.	43	61
Septoplasty	21	133	21	244	23	136	19	226	84	190
Tonsillectomy	71	105	74	94	65	70	66	89	276	88
Total hip replacement	36	256	45	206	53	297	59	322	193	259
Total knee replacement	44	591	41	538	52	286	66	724	203	546
Varicose veins stripping and ligation	3	n.p.	5	n.p.	11	39	5	n.p.	24	40
Other procedures	2,574	32	2,856	32	2,902	29	2,475	25	10,807	29
Total	3,468	40	3,860	40	3,927	39	3,771	35	15,026	38

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.6g: Median waiting times and admissions from elective surgery waiting lists, by indicator procedure and quarter, Australian Capital Territory, 2012

Indicator procedure	Jan–Mar		Apr–Jun		Jul–Sep		Oct–Dec		Total	
	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile
Cataract extraction	321	177	270	156	340	150	298	147	1,229	157
Cholecystectomy	75	67	78	38	54	62	62	48	269	50
Coronary artery bypass graft	21	19	26	13	24	5	18	6	89	11
Cystoscopy	239	66	275	48	364	49	333	29	1,211	44
Haemorrhoidectomy	12	70	7	n.p.	9	n.p.	9	n.p.	37	71
Hysterectomy	36	57	35	57	49	52	23	96	143	57
Inguinal herniorrhaphy	63	113	66	56	79	63	68	85	276	84
Myringoplasty	2	n.p.	6	n.p.	0	..	5	n.p.	13	405
Myringotomy	47	135	55	78	36	41	34	62	172	80
Prostatectomy	17	36	24	44	27	67	31	78	99	54
Septoplasty	25	319	23	158	14	114	28	346	90	246
Tonsillectomy	103	148	116	132	86	92	61	97	366	130
Total hip replacement	49	168	51	173	62	123	47	109	209	147
Total knee replacement	76	223	66	173	70	154	62	149	274	181
Varicose veins stripping and ligation	41	196	63	178	63	168	41	192	208	182
Other procedures	1,521	41	1,761	29	1,869	30	1,791	27	6,942	29
Total	2,648	85	2,922	56	3,146	52	2,911	42	11,627	55

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

.. Not applicable

Table 3.6h: Median waiting times and admissions from elective surgery waiting lists, by indicator procedure, by quarter, Northern Territory, 2012

Indicator procedure	Jan-Mar		Apr-Jun		Jul-Sep		Oct-Dec		Total	
	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile	Admissions	Days waited at 50 th percentile
Cataract extraction	103	155	159	212	171	176	183	167	616	177
Cholecystectomy	35	58	47	63	42	61	47	54	171	58
Coronary artery bypass graft	0	..	0	..	0	..	0	..	0	..
Cystoscopy	68	41	83	55	89	57	82	52	322	50
Haemorrhoidectomy	41	106	52	132	62	92	62	49	217	97
Hysterectomy	12	87	14	89	17	95	13	61	56	82
Inguinal herniorrhaphy	27	62	45	70	42	55	37	43	151	56
Myringoplasty	40	152	58	119	46	105	46	154	190	127
Myringotomy	35	63	36	58	33	39	30	43	134	50
Prostatectomy	7	n.p.	4	n.p.	4	n.p.	5	n.p.	20	59
Septoplasty	5	n.p.	11	118	6	n.p.	10	108	32	102
Tonsillectomy	23	80	47	73	54	75	45	81	169	74
Total hip replacement	6	n.p.	13	146	13	107	14	130	46	124
Total knee replacement	9	n.p.	16	211	19	133	22	117	66	129
Varicose veins stripping and ligation	11	223	9	n.p.	17	127	7	n.p.	44	172
Other procedures	1,190	25	1,231	29	1,430	28	1,327	25	5,178	26
Total	1,612	35	1,825	48	2,045	42	1,931	36	7,413	41

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

.. Not applicable

Adverse events

Adverse events are generally defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some of these adverse events may be preventable.

Hospital separations data (see Glossary) include information on diagnoses, places of occurrence and external causes of injury and poisoning that can indicate that an adverse event was treated and/or occurred during the hospitalisation. However, other diagnosis codes may also suggest that an adverse event has occurred, and some adverse events are not identifiable using these codes.

Table 3.7 presents information on the proportion of separations for patients admitted from elective surgery waiting lists where an adverse event was reported, for patients admitted to hospitals from elective surgery waiting lists in the first three quarters of 2012.

The data presented in Table 3.7 can be interpreted as representing selected adverse events in health care that have affected the hospital admissions, rather than all adverse events that occurred.

Information on adverse events was calculated by the states and territories, not the AIHW. Therefore, the comparability of the calculations is unknown. Data for the October to December quarter were not available at the time of publication of this report. Further information on the definition for this indicator is provided in Appendix 2.

Unplanned readmissions

Unplanned readmissions following selected surgical episodes of care are generally defined as the number of separations where the principal diagnosis indicates an unplanned or unexpected readmission following an episode of care, and where admission occurred within a specified period (in days).

Table 3.8 presents information on unplanned readmissions within 28 days to the same hospital, for patients admitted to hospitals from elective surgery waiting lists in the first three quarters of 2012. The indicator is an underestimate of all possible unplanned readmissions because:

- it could only be calculated for readmissions to the same hospital
- the unplanned and/or unexpected readmissions are limited to those having a principal diagnosis of a post-operative adverse event for which a specified *International statistical classification of diseases and related health problems, tenth revision, Australian modification* (ICD-10-AM) (NCCH, 2010) diagnosis code has been assigned. This does not include all possible unplanned/unexpected readmissions
- the indicator only includes unplanned readmissions where the urgency of admission was *Emergency*.

Information on unplanned readmissions was calculated by the states and territories, not the AIHW. Therefore, the comparability of the calculations is unknown. Data for the October to December quarter were not available at the time of publication of this report. Further information on the definition for this indicator is provided in Appendix 2.

Table 3.7: Admissions from elective surgery waiting lists with adverse events reported, by quarter, states and territories, January through September 2012

State	Jan-Mar	Apr-Jun	Jul-Sep	Total
New South Wales				
Admissions with adverse events	2,772	2,883	2,710	8,365
Total admissions	47,691	51,021	54,331	153,043
Proportion with an adverse event (%)	5.8	5.7	5.0	5.5
Victoria				
Admissions with adverse events	755	796	759	2,310
Total admissions	34,666	37,655	39,480	111,801
Proportion with an adverse event (%)	2.2	2.1	1.9	2.1
Queensland				
Admissions with adverse events	1,897	1,792	2,068	5,757
Total admissions	27,416	27,767	29,665	84,848
Proportion with an adverse event (%)	6.9	6.5	7.0	6.8
Western Australia				
Admissions with adverse events	1,046	971	990	3,007
Total admissions	19,482	19,692	21,075	60,249
Proportion with an adverse event (%)	5.4	4.9	4.7	5.0
South Australia				
Admissions with adverse events	980	939	932	2,851
Total admissions	15,447	16,409	16,029	47,885
Proportion with an adverse event (%)	6.3	5.7	5.8	6.0
Tasmania				
Admissions with adverse events	220	233	252	705
Total admissions	3,425	3,814	3,865	11,104
Proportion with an adverse event (%)	6.4	6.1	6.5	6.3
Australian Capital Territory				
Admissions with adverse events	166	187	244	597
Total admissions	2,558	2,760	3,146	8,464
Proportion with an adverse event (%)	6.5	6.8	7.8	7.1
Northern Territory				
Admissions with adverse events	79	82	80	241
Total admissions	1,450	1,668	1,867	4,985
Proportion with an adverse event (%)	5.4	4.9	4.3	4.8
Total				
Admissions with adverse events	7,915	7,883	8,035	23,833
Total admissions	152,135	160,786	169,458	482,379
Proportion with an adverse event (%)	5.2	4.9	4.7	4.9

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table 3.8: Unplanned readmissions reported as following admissions from elective surgery waiting lists, by quarter, states and territories, January through September 2012

State	Jan–Mar	Apr–Jun	Jul–Sep	Total
New South Wales				
Readmissions within 28 days	525	508	533	1,566
Admissions	47,691	51,021	54,331	153,043
Proportion with a readmission (%)	1.1	1.0	1.0	1.0
Victoria				
Readmissions within 28 days	787	830	793	2,410
Admissions	34,666	37,655	39,480	111,801
Proportion with a readmission (%)	2.3	2.2	2.0	2.2
Queensland				
Readmissions within 28 days	400	333	401	1,134
Admissions	27,416	27,767	29,665	84,848
Proportion with a readmission (%)	1.5	1.2	1.4	1.3
Western Australia				
Readmissions within 28 days	219	205	205	629
Admissions	19,482	19,692	21,075	60,249
Proportion with a readmission (%)	1.1	1.0	1.0	1.0
South Australia				
Readmissions within 28 days	204	195	167	566
Admissions	15,447	16,409	16,029	47,885
Proportion with a readmission (%)	1.3	1.2	1.0	1.2
Tasmania				
Readmissions within 28 days	19	16	24	59
Admissions	3,425	3,814	3,865	11,104
Proportion with a readmission (%)	0.6	0.4	0.6	0.5
Australian Capital Territory				
Readmissions within 28 days	33	25	49	107
Admissions	2,558	2,760	3,146	8,464
Proportion with a readmission (%)	1.3	0.9	1.6	1.3
Northern Territory				
Readmissions within 28 days	35	39	46	120
Admissions	1,450	1,668	1,867	4,985
Proportion with a readmission (%)	2.4	2.3	2.5	2.4
Total				
Readmissions within 28 days	2,222	2,151	2,218	6,591
Admissions	152,135	160,786	169,458	482,379
Proportion with a readmission (%)	1.5	1.3	1.3	1.4

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Appendix 1: Data quality statements

This appendix includes data quality statements relevant to the interpretation of the National Emergency Access Database (NEATD) and the National Elective Surgery Target Database (NESTD).

The data quality statements for the NEATD and the NESTD are also available online at <www.aihw.gov.au>.

The National Emergency Access Target Database

Summary of key data quality issues

- The National Emergency Access Target Database (NEATD) is a compilation of episode-level data for emergency department presentations in public hospitals.
- The scope of the NEATD is all hospitals reporting to the NAPEDC NMDS (as at August 2011 (when the NPA-IPHS was signed)). For the duration of the Agreement, hospitals that have not previously reported to the NAPEDC NMDS can come into scope, subject to agreement between the jurisdiction and the Commonwealth.
- The NEATD includes all care provided to patients treated in emergency departments. Care is included until the patient is recorded as having physically departed the emergency department, regardless of whether they have been admitted to hospital. Care provided to patients admitted to 'short stay units' within emergency departments is not included.
- Although there are national standards for data on non-admitted patient emergency department services, there are some variations in how those services are defined and counted across states and territories and over time.

Description

The NEATD includes episode-level data on non-admitted patients treated in the emergency departments of Australian public hospitals. The data supplied for the period from 1 January to 30 June 2012 are based on the Non-admitted patient emergency department care Data Set Specification (NAPEDC DSS), which covered the same period. The data supplied from 1 July to 31 December 2012 are based on the NMDS for National Non-admitted patient emergency department care (NAPEDC NMDS) 2012-13.

The scope for the NEATD is all hospitals reporting to the NAPEDC NMDS (Peer Groups A, B and other) as at August 2011 (when the NPA-IPHS was signed). For the duration of the agreement, hospitals that have not previously reported to the NAPEDC NMDS can come into scope, subject to agreement between the jurisdiction and the Commonwealth.

The data include data elements on length of stay in the emergency department, waiting times for emergency department care, triage categorisation and other characteristics of the patients and care provided.

The care provided to patients in emergency departments is, in most instances, recognised as being provided to 'non-admitted' patients. Patients being treated in emergency departments may subsequently become 'admitted'. The NEATD includes care provided to all patients

treated in emergency departments until they are recorded as having physically departed the emergency department, regardless of whether they have been admitted. However, care provided to patients admitted to 'short stay units' within emergency departments is not included.

Non-admitted patients who are treated in outpatient clinics are not included in the NEATD.

Institutional environment

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

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

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

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

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

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

Data for the NEATD were supplied to the AIHW by state and territory health authorities under the terms of the NPA-IPHS. The NPA-IPHS requires states and territories to provide the data to the Department of Health and Ageing (DoHA). AIHW collated the data on behalf of DoHA.

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

Timeliness

Data for the NEATD are reported quarterly. The NEATD includes records for emergency department service episodes between 1 January and 31 December 2012.

States and territories provided a first version of the full 2012 data to the AIHW during January and February 2013. The data were first published on 28 February 2013. Data provision and publication were in accordance with agreed timetables.

Accessibility

The AIHW has released data drawn from the NEATD in:

- Australian hospital statistics: National emergency access and elective surgery targets 2012 with associated Excel tables.

This publication is part of the Australian hospital statistics suite of products. These products may be accessed on the AIHW website at:

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

Interpretability

Metadata information for the NAPEDC DSS 1 January 2012 to 20 June 2012 and the NAPEDC NMDS 2012–13 are published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.

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

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

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

Relevance

The NEATD is the source for performance indicator information for the NPA-IPHS.

Scope and coverage

The scope for the NEATD is all hospitals reporting to the NAPEDC NMDS (Peer Groups A, B and other) as at August 2011 (when the NPA-IPHS was signed). For the duration of the agreement, hospitals that have not previously reported to the NAPEDC NMDS can come into scope, subject to agreement between the jurisdiction and the Commonwealth.

For 2012, coverage of the NEATD in relation to the reporting requirements for the NPA-IPHS was 100%.

Reference period

The reference period for this data set is 2012. The data set includes records for emergency department service episodes between 1 January 2012 and 31 December 2012.

Accuracy

Potential sources of variation

Although there are national standards for data on emergency department care, statistics may be affected by variations in reporting practices across states and territories.

Data validation

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

Incomplete responses

For 2012, approximately 3,000 records did not have a valid length of stay in emergency department recorded.

Non-response adjustment

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

National Elective Surgery Target Database

Summary of key data quality issues

- The National Elective Surgery Target Database (NESTD) is a compilation of episode-level data on patients added to, removed from, or still waiting on elective surgery waiting lists managed by public hospitals.
- States and territories provided data to the NESTD as agreed between the Commonwealth and states and territories for the purposes of the *National Partnership Agreement on Improving Public Hospitals* (NPA-IPHS). The NESTD covered most hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared with other hospitals.
- While coverage of the NESTD was essentially complete for the purposes of reporting the NPA-IPHS the NESTD did not include data from:
 - Albury Base Hospital (for 2012)
 - The Children's Hospital at Westmead for 1 June to 31 July.
- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, some states and territories vary in how they report on patients transferred from a waiting list managed by one hospital to that managed by another.
- There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions.
- There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting 'staged' procedures (such as follow-up care, cystoscopy or the removal of pins or plates) that may result in statistics that are not meaningful or comparable between or within jurisdictions.

Description

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

States and territories provided data to the NESTD as agreed between the Commonwealth and states and territories for the purposes of the *National Partnership Agreement on Improving Public Hospitals* (NPA-IPHS).

The data supplied for 1 January 2012 to 30 June 12 are based on the Elective Surgery Waiting Times Data Set Specification (ESWT DSS), which covers the same period. The data supplied for 1 July 2012 to 31 December 2012 are based on the National Minimum Data Set for Elective Surgery Waiting Times (Census and Removals) (ESWT NMDS) 2012-13.

The NESTD includes data elements on waiting times for elective surgery, clinical urgency category, indicator procedure and reason for removal from the waiting list. The database

also includes flags provided by states and territories to indicate where admissions from waiting lists had an adverse event or unplanned readmission reported.

Institutional environment

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

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

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

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

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

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

Data for the NESTD were supplied to the AIHW by state and territory health authorities under the terms of the NPA-IPHS. The NPA-IPHS requires states and territories to provide the data to the Department of Health and Ageing (DoHA). AIHW collated the data on behalf of DoHA.

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

Timeliness

Data for the NESTD are reported quarterly. The NESTD includes episode-level data on patients added to, removed from, or still waiting on elective surgery waiting lists managed by public hospitals from 1 January 2012 to 31 December 2012.

States and territories provided a first version of the full 2012 data to the AIHW during January and February 2013. The data were first published on 28 February 2013. Data provision and publication were in accordance with agreed timetables.

Accessibility

The AIHW has released data drawn from the NESTD in:

- Australian hospital statistics: National emergency access and elective surgery targets 2012 with associated Excel tables.

This publication is part of the Australian hospital statistics suite of products. These products may be accessed on the AIHW website at:

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

Interpretability

Metadata information for the ESWT DSS 1 January 2012 to 30 June 2012 and the ESWT NMDS 2012–13 are published in the AIHW's online metadata repository – METeOR, and the *National health data dictionary*.

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

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

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

Relevance

The NESTD is the source of information is to report performance indicator information for the NPA-IPHS.

The NESTD includes data on patients added to, removed from, or still waiting on elective surgery waiting lists managed by public hospitals from 1 January 2012 to 31 December 2012.

Scope and coverage

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

States and territories provided data to the NESTD as agreed between the Commonwealth and states and territories for the purposes of the *National Partnership Agreement on Improving Public Hospitals* (NPA-IPHS). The NESTD covered most hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared with other hospitals.

While coverage of the NESTD was essentially complete for the purposes of reporting the NPA-IPHS.

The NESTD did not include data for the Albury Base Hospital (for all of 2012).

The NEST did not include data for the Children's Hospital at Westmead for 1 June to 31 July.

In addition, a small number of records for peritonectomy were not provided by New South Wales due to data quality issues.

Reference period

The reference period for this data set is 2012. The data set includes records for on patients added to, removed from, or still waiting on elective surgery waiting lists managed by public hospitals between 1 January and 31 December 2012.

Data for adverse events occurring during admissions from elective surgery waiting lists, and readmissions following them are provided by states and territories one quarter after the quarter in which the admission occurred, when the data on adverse events and readmissions become available.

Accuracy

Potential sources of variation

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

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

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

Data validation

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

Non-response adjustment

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

Appendix 2: Technical appendix

This appendix presents additional information on analysis methods and the presentation of data in this report. It also presents information on performance indicator specifications.

National Emergency Access Target calculations

Length of stay statistics are calculated for all emergency department type of visit categories.

Proportion of emergency department presentations completed in 4 hours or less

The proportion of presentations completed in 4 hours or less is determined as the proportion of all emergency presentations with time elapsed between the presentation and the physical departure of the patient of less than or equal to 240 minutes.

Presentations were excluded if either (or both) of the presentation date/time or physical departure date/time were missing or invalid, or if the calculation resulted in an invalid length of stay (that is, missing or negative number of minutes).

If not otherwise indicated, data elements were defined according to the 2011–12 definitions in the *National health data dictionary, version 16* (AIHW 2012d) (summarised in the Glossary).

Specifications for the National Emergency Access Target performance indicators are published on METeOR:

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/489441>>.

National Elective Surgery Access Target and related performance indicators

Specifications for the National Elective Surgery Target performance indicators for Part 1, Part 2 and numbers of longest wait overdue patients are published on METeOR:

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/489441>>.

Median waiting times for elective surgery

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

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

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

The calculation is where:

n is the number of observations and

p is the percentile value divided by 100,

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

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

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

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

Days waited at the 50th percentile have been rounded to the nearest whole number of days.

Elective surgical episodes with one or more adverse events

This performance indicator presents the number and proportion of separations for patients admitted from elective surgery waiting lists where an adverse event was reported. In general, adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some of these adverse events may be preventable.

The NESTD included a flag indicating whether an adverse event had been reported for a patient after admission from the elective surgery waiting list. The flag was calculated by the states and territories, not the AIHW. States and territories were provided with the specification to assist calculation.

The flag was specified by one or more of the following ICD-10-AM (7th edition) codes reported:

- For diagnoses:
 - T80- T88 code range for complications of surgical and medical care, not elsewhere classified
 - T98.3 sequelae of complications of surgical and medical care, not elsewhere classified
 - Chapter specific codes for post procedural disorders from blocks E89, G97, H59, H95, I97, J95, K91, M96 or N99
- For external causes of injury and poisoning:
 - Y60-Y69 Misadventures to patients during surgical and medical care
 - Y70-Y82 Medical devices associated with misadventures in diagnostic and therapeutic use
 - Y83- Y84 Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure.

Unplanned readmissions

Unplanned readmissions following selected surgical episodes of care are generally defined admissions where the principal diagnosis indicates an unplanned or unexpected readmission following an episode of care, and where admission occurred within a specified period (in days).

The NESTD included a flag indicating where a patient admitted from an elective surgery waiting list was readmitted to the same hospital within 28 days. The flag was calculated by

the states and territories, not the AIHW. States and territories were provided with the specification to assist calculation.

The specification was that the 28-day period was calculated from patient's separation date of the admitted patient episode to the patient's admission date for subsequent hospital treatment. Where a patient has more than one subsequent admission, only the first admission was flagged.

Records were flagged where the subsequent separation:

- had one of the following ICD-10-AM (7th edition) principal diagnosis codes:
 - T80- T88 code range for complications of surgical and medical care, not elsewhere classified
 - T98.3 sequelae of complications of surgical and medical care, not elsewhere classified
 - Chapter specific codes for post procedural disorders from blocks E89, G97, H59, H95, I97, J95, K91, M96 or N99
- where the readmission has an urgency of admission of *Emergency*.

Data presentation

Data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. Except as noted below, the totals in tables include data only for those states and territories for which data were available, as indicated in the tables. Throughout the report, percentages may not add up to 100.0 because of rounding. Percentages and rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

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

Appendix 3: Additional tables

This appendix presents additional tables with quarterly data for each state and territory for two elective surgery performance indicators presented in Chapter 3:

- the number and proportion of patients seen on time
- removals from waiting lists for reasons other than admission.

Proportions of patients seen on time by quarter

Tables A3.1a through A3.1h present the number and proportion of admissions treated within clinically recommended waiting times for each clinical urgency category, for each quarter, individually for each state and territory.

Table A3.1a: Number and proportion of patients seen within clinically recommended times, by clinical urgency category and quarter, New South Wales, 2012

	Jan–Mar	Apr–Jun	July–Sep	Oct–Dec	Total
Category 1					
Number seen within 30 days	11,235	12,001	13,397	13,128	49,761
Proportion seen within 30 days	93.7	94.2	95.8	96.3	95.1
Category 2					
Number seen within 90 days	13,918	15,641	16,715	16,261	62,535
Proportion seen within 90 days	88.1	91.3	92.0	92.1	91.0
Category 3					
Number seen within 365 days	19,684	21,093	22,259	21,482	84,518
Proportion seen within 365 days	91.7	91.9	92.9	92.2	92.2
Total					
Number of admissions	44,837	48,735	52,371	50,871	196,814
Proportion treated on time	91.1	92.3	93.3	93.2	92.5

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.1b: Number and proportion of patients seen within clinically recommended times, by clinical urgency category and quarter, Victoria, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1					
Number seen within 30 days	10,967	11,842	12,215	12,199	47,223
Proportion seen within 30 days	100.0	100.0	100.0	100.0	100.0
Category 2					
Number seen within 90 days	11,228	12,650	13,363	12,151	49,392
Proportion seen within 90 days	65.7	69.4	69.7	68.1	68.3
Category 3					
Number seen within 365 days	7,121	7,996	8,470	7,486	31,073
Proportion seen within 365 days	90.9	90.1	90.5	89.6	90.3
Total					
Number of admissions	29,316	32,488	34,048	31,836	127,688
Proportion treated on time	81.7	83.5	83.5	82.9	82.9

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.1c: Number and proportion of patients seen within clinically recommended times, by clinical urgency category and quarter, Queensland, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1					
Number seen within 30 days	9,901	10,689	11,551	11,628	43,769
Proportion seen within 30 days	86.1	87.1	90.8	91.8	89.0
Category 2					
Number seen within 90 days	9,462	10,633	10,910	10,210	41,215
Proportion seen within 90 days	72.5	78.0	78.8	79.1	77.1
Category 3					
Number seen within 365 days	3,946	4,978	4,326	4,377	17,627
Proportion seen within 365 days	89.1	88.8	88.8	88.1	88.7
Total					
Number of admissions	23,309	26,300	26,787	26,215	102,611
Proportion treated on time	80.4	83.5	85.2	85.8	83.8

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.1d: Number and proportion of patients seen within clinically recommended times, by clinical urgency category and quarter, Western Australia, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1					
Number seen within 30 days	3,631	4,022	4,623	5,226	17,502
Proportion seen within 30 days	81.6	83.2	87.3	91.8	86.3
Category 2					
Number seen within 90 days	5,403	5,583	6,516	6,206	23,708
Proportion seen within 90 days	79.3	82.0	81.8	85.0	82.0
Category 3					
Number seen within 365 days	8,224	8,073	8,545	7,819	32,661
Proportion seen within 365 days	96.9	96.2	96.4	96.1	96.4
Total					
Number of admissions	17,258	17,678	19,684	19,251	73,871
Proportion treated on time	87.4	88.3	88.9	91.1	89.0

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.1e: Number and proportion of patients seen within clinically recommended times, by clinical urgency category and quarter, South Australia, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1					
Number seen within 30 days	3,761	4,090	4,017	4,033	15,901
Proportion seen within 30 days	89.8	89.1	92.8	92.2	91.0
Category 2					
Number seen within 90 days	4,520	4,934	5,506	5,232	20,192
Proportion seen within 90 days	86.2	89.3	93.7	93.0	90.7
Category 3					
Number seen within 365 days	5,982	6,152	5,909	5,739	23,782
Proportion seen within 365 days	96.4	94.7	97.5	96.8	96.3
Total					
Number of admissions	14,263	15,176	15,432	15,004	59,875
Proportion treated on time	91.2	91.3	94.9	94.2	92.9

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.1f: Number and proportion of patients seen within clinically recommended times, by clinical urgency category and quarter, Tasmania, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1					
Number seen within 30 days	1,048	1,157	1,191	1,179	4,575
Proportion seen within 30 days	74.7	75.7	75.8	78.1	76.1
Category 2					
Number seen within 90 days	884	952	1,004	930	3,770
Proportion seen within 90 days	59.5	60.1	61.2	60.7	60.4
Category 3					
Number seen within 365 days	428	532	556	501	2,017
Proportion seen within 365 days	73.9	71.1	77.8	68.8	72.8
Total					
Number of admissions	2,360	2,641	2,751	2,610	10,362
Proportion treated on time	68.1	68.4	70.1	69.2	69.0

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.1g: Number and proportion of patients seen within clinically recommended times, by clinical urgency category and quarter, Australian Capital Territory, 2012

	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
Category 1					
Number seen within 30 days	686.0	865.0	944.0	1,008.0	3,503.0
Proportion seen within 30 days	98.1	98.4	98.8	98.6	98.5
Category 2					
Number seen within 90 days	566.0	833.0	931.0	792.0	3,122.0
Proportion seen within 90 days	42.5	58.8	62.7	65.2	57.3
Category 3					
Number seen within 365 days	547.0	559.0	628.0	611.0	2,345.0
Proportion seen within 365 days	88.8	89.2	88.8	90.5	89.3
Total					
Number of admissions	1,799.0	2,257.0	2,503.0	2,411.0	8,970.0
Proportion treated on time	67.9	77.2	79.6	82.8	77.1

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.1h: Number and proportion of patients seen within clinically recommended times, by clinical urgency category and quarter, Northern Territory, 2012

	Jan-Mar	Apr-Jun	July-Sep	Oct-Dec	Total
Category 1					
Number seen within 30 days	605	499	523	551	2,178
Proportion seen within 30 days	84.5	84.1	89.7	92.3	87.5
Category 2					
Number seen within 90 days	401	587	741	721	2,450
Proportion seen within 90 days	62.3	71.5	73.1	75.5	71.3
Category 3					
Number seen within 365 days	210	345	399	328	1,282
Proportion seen within 365 days	83.3	83.9	89.1	86.5	86.0
Total					
Number of admissions	1,216	1,431	1,663	1,600	5,910
Proportion treated on time	75.4	78.4	81.3	82.9	79.7

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Removals for other reasons by state and territory

Tables A3.2a through A3.2h present information on removals from elective surgery waiting lists for reasons other than admission for the awaited procedure.

Table A3.2a: Removals from waiting lists for reasons other than admission, New South Wales, 2012

	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
Not contactable/died	437	531	561	473	2,002
Treated elsewhere	1,812	1,880	1,870	1,747	7,309
Surgery not required or declined	4,665	4,552	4,968	4,098	18,283
Transferred to another hospital's waiting list	0	0	0	0	0
Not reported	0	0	0	0	0
Total	6,914	6,963	7,399	6,318	27,594

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.2b: Removals from waiting lists for reasons other than admission, Victoria, 2012

	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
Not contactable/died	458	533	537	473	2,001
Treated elsewhere	801	1,001	882	803	3,487
Surgery not required or declined	3,733	4,050	3,793	3,666	15,242
Transferred to another hospital's waiting list	142	287	392	369	1,190
Not reported	47	59	69	72	247
Total	5,181	5,930	5,673	5,383	22,167

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.2c: Removals from waiting lists for reasons other than admission, Queensland, 2012

	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
Not contactable/died	240	236	265	241	982
Treated elsewhere	637	555	610	575	2,377
Surgery not required or declined	2,823	2,853	3,065	2,943	11,684
Transferred to another hospital's waiting list	584	822	481	855	2,742
Not reported	46	29	25	27	127
Total	4,330	4,495	4,446	4,641	17,912

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.2d: Removals from waiting lists for reasons other than admission, Western Australia, 2012

	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
Not contactable/died	285	256	272	317	1,130
Treated elsewhere	550	620	542	481	2,193
Surgery not required or declined	1,557	1,564	1,872	1,751	6,744
Transferred to another hospital's waiting list	1,310	1,186	1,335	1,256	5,087
Not reported	505	507	639	600	2,251
Total	4,207	4,133	4,660	4,405	17,405

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.2e: Removals from waiting lists for reasons other than admission, South Australia, 2012

	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
Not contactable/died	176	180	158	156	670
Treated elsewhere	338	296	286	306	1,226
Surgery not required or declined	972	1,023	931	936	3,862
Transferred to another hospital's waiting list	106	129	209	217	661
Not reported	221	263	254	284	1,022
Total	1,813	1,891	1,838	1,899	7,441

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.2f: Removals from waiting lists for reasons other than admission, Tasmania, 2012

	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
Not contactable/died	41	54	134	100	329
Treated elsewhere	81	98	129	92	400
Surgery not required or declined	202	288	263	224	977
Transferred to another hospital's waiting list	30	37	41	23	131
Not reported	70	86	102	99	357
Total	424	563	669	538	2,194

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.2g: Removals from waiting lists for reasons other than admission, Australian Capital Territory, 2012

	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
Not contactable/died	36	12	29	15	92
Treated elsewhere	145	121	125	86	477
Surgery not required or declined	344	294	289	247	1,174
Transferred to another hospital's waiting list	101	33	40	54	228
Not reported	29	41	21	30	121
Total	655	501	504	432	2,092

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Table A3.2h: Removals from waiting lists for reasons other than admission, Northern Territory, 2012

	Jan–Mar	Apr–Jun	Jul–Sep	Oct–Dec	Total
Not contactable/died	48	49	61	40	198
Treated elsewhere	38	28	39	38	143
Surgery not required or declined	258	271	330	306	1,165
Transferred to another hospital's waiting list	0	0	0	0	0
Not reported	0	0	0	0	0
Total	344	348	430	384	1,506

Note: Refer to boxes 1.1, 3.1 and 3.2, and appendixes 1 and 2 for notes on data limitations and methods.

Glossary

For further information on the terms used in this report, refer to the definitions in the *National health data dictionary version 16* (AIHW 2012c). 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 (NMDSs), METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

Admitted patient	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). METeOR id: 268957
Clinical urgency	A clinical assessment of the urgency with which a patient requires elective hospital care. METeOR id: 270008
Elective admission	Admission as an elective patient for awaited procedure by or on behalf of this hospital or the state/territory. METeOR id: 471735
Elective care	Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours. METeOR id: 335036
Elective surgery	Elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule book, with the exclusion of specific procedures frequently done by non-surgical clinicians. METeOR id: 327226
Emergency admission	Admission as an emergency patient for awaited procedure by or on behalf of this hospital or the state/territory. METeOR id: 471735
Emergency department stay	The period between when a patient presents at an emergency department and when that person is recorded as having physically departed the emergency department. METeOR id: 472757
Hospital	A health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. METeOR id: 268971
Indicator procedure	Indicator procedure for which an elective surgery patient is waiting, as represented by a code. Waiting list statistics for indicator procedures give a specific indication of performance in particular areas of elective care provision. METeOR id: 472513
Patient presentation at emergency	The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It

department	is the earliest occasion of being registered clerically, or triaged. METeOR id: 327262
Performance indicator	A statistic or other unit of information that reflects, directly or indirectly, the extent to which an expected outcome is achieved or the quality of processes leading to that outcome.
Presentation	A non-admitted patient emergency department service episode.
Private hospital	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities.
Public hospital	A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.
Public patient	Public patient includes patients treated at no charge in a public hospital (or provided with care by a private hospital on behalf of a public hospital).
Removal from waiting list	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 by or on behalf of this hospital or the state/territory • Admitted as an emergency patient for awaited procedure by or on behalf of this hospital or the state/territory • Could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment) • Treated elsewhere for awaited procedure, but not on behalf of this hospital or the state/territory • Surgery not required or declined • Transferred to another hospital's waiting list • Not known. METeOR id: 471735

Separation	An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.
Waiting time at admission/removal	The time elapsed (in days) for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were removed from the waiting list. METeOR id: 471744

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Related publications

This report, *Australian hospital statistics: National emergency access and elective surgery targets 2012* is part of an annual series. The earlier editions and any published subsequently can be downloaded for free from the AIHW website <www.aihw.gov.au/hospitals-publications/>. The website also includes information on ordering printed copies.

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- AIHW 2012. Australian hospital statistics 2010–11. Health services series Health Services series 43. Cat. no. HSE 117. Canberra: AIHW.
- AIHW 2012. Australia's hospitals 2010–11: at a glance. Health Services series 44. Cat. no. HSE 118. Canberra: AIHW.
- AIHW 2012. Surgery in Australian hospitals 2010–11. Canberra: AIHW.
<<http://www.aihw.gov.au/hospitals/surgery-2010-11>> .
- AIHW 2011. Australian hospital statistics 2010–11: emergency department care and elective surgery waiting times. Health Services series no. 41. Cat. no. HSE 115. Canberra: AIHW.
- AIHW 2011. Australian hospital statistics 2009–10. Health Services series 40. Cat. no. HSE 105. Canberra: AIHW.
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- AIHW 2010. Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times. Health Services series no. 38. Cat. no. HSE 93. Canberra: AIHW.
- AIHW 2009. Report on the evaluation of the National Minimum Data Sets for Elective Surgery Waiting Times. Health services series no. 32. Cat. no. HSE 70. Canberra: AIHW.
- AIHW 2008. Elective surgery in Australia: new measures of access. Cat. no. HSE 57. Canberra: AIHW.

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This report presents 2012 data for performance indicators in the National Partnership Agreement on Improving Public Hospital Services. Included are measures of the extent to which states and territories met targets for emergency department lengths of stay of 4 hours or less and for lengths of time spent waiting for elective surgery.