

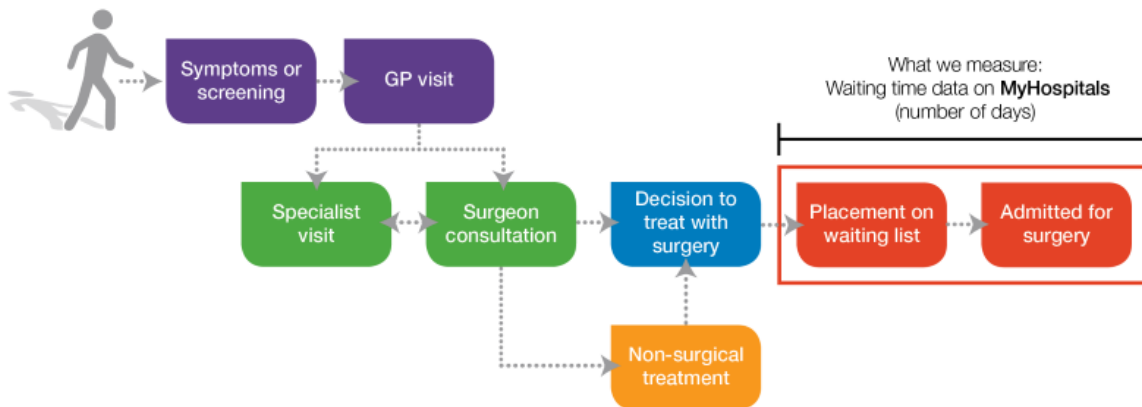
Waiting times for surgery

Elective surgery waiting times: by urgency category

The data presented on the MyHospitals website represent a component of the total waiting time for surgery. Our waiting time data measure the period that starts when a patient's name is added to the hospital's waiting list for surgery and ends when the patient is admitted to hospital to undergo that surgery. The waiting time information that we publish is supplied by states and territories and collected from hospitals under nationally agreed definitions for waiting times. It does not include the earlier period of time when a patient may be waiting to be added to the hospital's list.

Waiting lists managed by private hospitals are not included.

A typical treatment pathway



A typical treatment pathway involves a patient with symptoms visiting their GP and being referred to a specialist surgeon. The specialist will decide if the condition should be treated with surgery and the patient is then placed on a waiting list. The data presented on the MyHospitals website represents a component of the total waiting time for surgery. Our waiting time data measure the period that starts when a patient's name is added to the hospital's waiting list for surgery, and ends when the patient is admitted to hospital to undergo that surgery. The waiting time information that we publish is supplied by states and territories and collected from hospitals under nationally agreed definitions for waiting times. It does not include the earlier period of time when a patient may be waiting to be added to the hospital's list.

The information on MyHospitals about services provided by a particular hospital is intended for general information purposes only. Readers are advised to contact a hospital directly to confirm the current availability of specific services they may need to access.

Peer groups

Hospital peer grouping allows comparisons that reflect the purpose, resources and role of each hospital.

On 1 December 2016 MyHospitals updated the peer groups for elective surgery measures based on the 2015 Australian hospital peer groups (AIHW, 2015). MyHospitals further categorises some of the groups into Metropolitan and Regional using the remoteness categories defined in the 2011 Australian Statistical Geography Standard (ASGS) (ABS, 2013). The table below outlines how the peer groups used on MyHospitals for elective surgery comparisons align with the 2015 Australian hospital peer groups and ASGS remoteness categories. Note that peer groups used in other AIHW hospital reports may differ.

Alignment between MyHospitals groups and the Australian hospital peer groups and ASGS remoteness categories as used for elective surgery measures

MyHospitals groups	Australian hospital peer groups (remoteness category)
Hospitals ‘not in <i>Major cities</i> ’	may be in <i>Inner regional</i> , <i>Outer regional</i> , <i>Remote</i> or <i>Very remote areas</i> .
Major hospitals	Principal referral (all areas)
Large metropolitan hospitals	Public acute group A (in <i>Major cities</i>)
Large regional hospitals	Public acute group A (not in <i>Major cities</i>)
Medium metropolitan hospitals	Public acute group B and public Women’s hospitals (in <i>Major cities</i>)
Medium regional hospitals	Public acute group B (not in <i>Major cities</i>)
Small hospitals	Public acute group C (all areas)
Children’s hospitals	Public Children’s hospitals and public Combined women’s and children’s hospitals (all areas)

Notes

Further information on elective surgery waiting times can be found in the Elective surgery 2019-20 Appendices.

Peer group results for wait times by specialty of surgeon or selected procedures are only presented if there were more than 2 hospitals that performed the surgery in the peer group.

Percentage of patients who received their surgery within the recommended time

Percentage of patients who received their surgery within the recommended time

Data source

National Elective Surgery Waiting Times Data Collection

About the measure

Elective surgery is planned surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on an elective surgery waiting list. Once patients are assessed by a surgeon and assigned an urgency category, their surgery is booked and the details entered into the elective surgery waiting list (the waiting list).

The urgency categories provide recommended times within which surgery should be performed. The categories are: Category 1 (surgery recommended within 30 days), Category 2 (surgery recommended within 90 days), or Category 3 (surgery recommended within 365 days).

The cohort for this measure includes all patients on the waiting list who were admitted for an awaited procedure, or admitted as an emergency patient for an awaited procedure during the relevant financial year.

Calculating the measure

'Number of surgeries' refers to the number of elective and emergency admissions from public hospital elective surgery waiting lists.

The calculation of waiting times excludes: any days the patient was waiting with a less urgent elective surgery category than their urgency category at removal, and people who were transferred to another hospital's elective surgery waiting list, were treated elsewhere but not on behalf of the hospital, were not contactable, died prior to receiving their surgery, or declined surgery.

The percentage of patients who received surgery within the recommended time is calculated as the number of patients admitted for their awaited procedure within the recommended time divided by the total number of patients admitted for their awaited procedure. This is done for each urgency category.

Data are presented for the period in which the patient was admitted.

Only surgery data which met certain criteria are included in the calculation. The criteria for calculating and presenting results are:

- Valid dates for: addition to waiting list and admission as an emergency or elective patient for awaited procedure
- A valid urgency category
- 5 or more (or 0) surgeries performed on time (in the numerator)
- 10 or more surgeries in the category (in the denominator).

Notes:

1. There is variation in the assignment of elective surgery urgency categories between and within states and territories which may affect the comparability of results.
2. Additional information on data quality (including efforts to improve data quality) can be found the Elective surgery 2019-20 Appendices.

Median waiting times: all surgeries

Median waiting time

Data source

National Elective Surgery Waiting Times Data Collection

About the measure

This measure provides median waiting times, for elective surgery by urgency category.

Elective surgery is planned surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on an elective surgery waiting list. Once patients are assessed by a surgeon and assigned an urgency category, their surgery is booked and the details entered into the elective surgery waiting list (the waiting list).

The urgency categories provide recommended times within which surgery should be performed. The categories are: Category 1 (surgery recommended within 30 days), Category 2 (surgery recommended within 90 days), or Category 3 (surgery recommended within 365 days).

The cohort for this measure includes all patients on the waiting list who were removed from the list in the relevant financial year.

Calculating the measure

'Number of surgeries' refers to the number of elective and emergency admissions from public hospital elective surgery waiting lists.

The median waiting time is the number of days within which half of the patients (50%) were admitted for their elective surgery. The calculation of waiting times excludes: any days the patient was waiting with a less urgent elective surgery category than their urgency category at removal, and people who were transferred to another hospital's elective surgery waiting list, were treated elsewhere but not on behalf of the hospital, were not contactable, died prior to receiving their surgery, or declined surgery.

Data are presented for the period in which the patient was admitted.

Only data which met certain criteria are included in the calculation. The criteria for calculating and presenting results are:

- Valid dates for: addition to waiting list, admission as an emergency or elective patient for awaited procedure
- A valid urgency category
- 10 or more surgeries in the category (in the denominator).

Detailed specifications

Data are prepared according to the National Healthcare Agreement (NHA) indicator *PI 20a–Waiting times for elective surgery: waiting times in days*. Data are reported on this website for the Performance and Accountability Framework (PAF) indicator *Elective surgery patient waiting times by urgency category*. The PAF indicator has the same definition as the NHA indicator, and is reported at hospital level and peer group level. Peer group, state and national-level data are available in the Elective surgery 2019-20 Appendixes.

Notes:

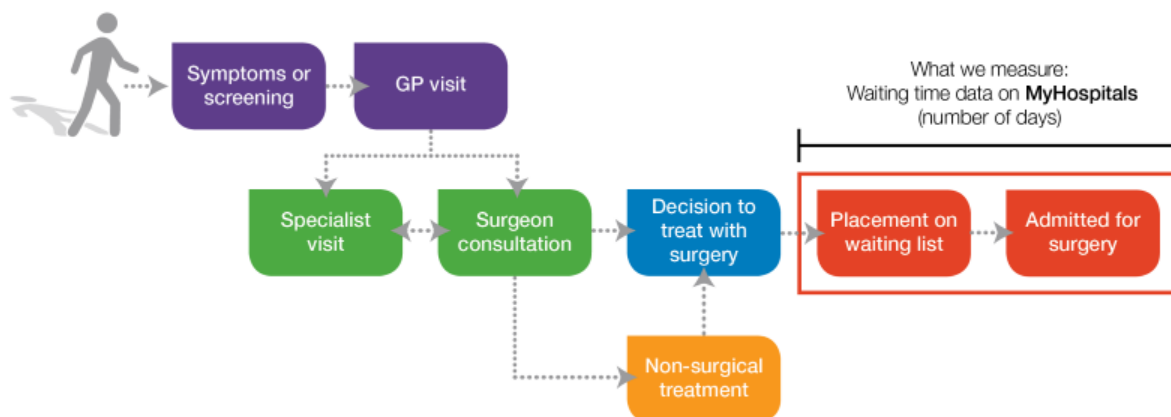
1. There is variation in the assignment of elective surgery urgency categories between and within states and territories which may affect the comparability of results.
2. Additional information on data quality (including efforts to improve data quality) can be found in the Elective surgery 2019-20 Appendices.

Elective surgery waiting times: by specialty of surgeon and intended procedure

The data presented on the MyHospitals website represent a component of the total waiting time for surgery. Our waiting time data measure the period that starts when a patient's name is added to the hospital's waiting list for surgery and ends when the patient is admitted to hospital to undergo that surgery. The waiting time information that we publish is supplied by states and territories and collected from hospitals under nationally agreed definitions for waiting times. It does not include the earlier period of time when a patient may be waiting to be added to the hospital's list.

Waiting lists managed by private hospitals are not included.

A typical treatment pathway



A typical treatment pathway involves a patient with symptoms visiting their GP and being referred to a specialist. The specialist will decide if the condition should be treated with surgery and the patient is then placed on a waiting list. The data presented on the MyHospitals website represents a small component of the total waiting time for surgery. Our waiting time data measure the period that starts when a patient's name is added to the hospital's waiting list for surgery, and ends when the patient is admitted to hospital to undergo that surgery. The waiting time information that we publish is supplied by states and territories and collected from hospitals under nationally agreed definitions for waiting times. It does not include the earlier period of time when a patient may be waiting to be added to the hospital's list.

The information on MyHospitals about services provided by a particular hospital is intended for general information purposes only. Readers are advised to contact a hospital directly to confirm the current availability of specific services they may need to access.

Peer groups

Hospital peer grouping allows comparisons that reflect the purpose, resources and role of each hospital.

On 1 December 2016 MyHospitals updated the peer groups for elective surgery measures based on the 2015 Australian hospital peer groups (AIHW, 2015). MyHospitals further categorises some of the groups into Metropolitan and Regional using the remoteness categories defined in the 2011 Australian Statistical Geography Standard (ASGS) (ABS, 2013). The table below outlines how the peer groups used on MyHospitals for elective surgery comparisons align with the 2015 Australian hospital peer groups and ASGS remoteness categories. Note that peer groups used in other AIHW hospital reports may differ.

Alignment between MyHospitals groups and the Australian hospital peer groups and ASGS remoteness categories as used for elective surgery measures

MyHospitals groups	Australian hospital peer groups (remoteness category)
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Medium regional hospitals	Public acute group B (not in <i>Major cities</i>)
Small hospitals	Public acute group C (all areas)
Children’s hospitals	Public Children’s hospitals and public Combined women’s and children’s hospitals (all areas)

Notes

Further information on elective surgery waiting times can be found in the Elective surgery 2019-20 Appendices.

Peer group results for wait times by specialty of surgeon or intended procedure are only presented if there were more than 2 hospitals that performed the surgery in the peer group.

For each specialty of surgeon and intended procedure

Median waiting time

Data source

National Elective Surgery Waiting Times Data Collection

About the measure

This measure provides median waiting times, for elective surgery. Data are presented by the area of clinical expertise held by the doctor performing the elective surgery (specialty of surgeon) and the procedure for which a patient has been placed on the elective surgery waiting list (intended procedure).

Elective surgery is planned surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on an elective surgery waiting list. Once patients are assessed by a medical specialist and assigned an urgency category based on medical need, their surgery is booked and the details entered into the elective surgery waiting list (the waiting list).

The cohort for this measure includes all patients on the waiting list who were admitted for an awaited procedure, or admitted as an emergency patient for an awaited procedure during the relevant financial year.

Calculating the measure

'Number of surgeries' refers to the number of elective and emergency admissions from public hospital elective surgery waiting lists, by specialty of surgeon and intended procedure.

The median waiting time is the number of days within which half of the patients (50%) were admitted from the waiting list for the awaited procedure. The calculation of waiting times excludes: any days the patient was waiting with a less urgent elective surgery category than their urgency category at removal, and people who were transferred to another hospital's elective surgery waiting list, were treated elsewhere but not on behalf of the hospital, were not contactable, died prior to receiving their surgery, or declined surgery.

Data are presented for the period in which the patient was admitted.

Only surgery data which met certain criteria are included in the calculation. The criteria for calculating and presenting results are:

- Valid dates for: addition to waiting list, admission as an emergency or elective patient for awaited procedure
- A valid urgency category
- 10 or more surgeries in the category (in the denominator).

Detailed specifications

Data are prepared according to the National Healthcare Agreement (NHA) indicator *PI 20a–Waiting times for elective surgery: waiting times in days*. Data are reported on this website for the Performance and Accountability Framework (PAF) indicator *Elective surgery patient waiting times by urgency category*. The PAF indicator has the same definition as the NHA indicator, and is reported at hospital level and peer group level. Peer group, state and national-level data are available in the Elective surgery 2019-20 Appendices.

The percentage of patients who waited longer than 365 days

Data source

National Elective Surgery Waiting Times Data Collection

About the measure

This measure identifies the percentage of patients who waited longer than 365 days for their surgery by specialty of surgeon and intended procedure.

The cohort for this measure includes all patients on the waiting list who were admitted for an awaited procedure, or admitted as an emergency patient for an awaited procedure during the relevant financial year.

Calculating the measure

'Number of surgeries' refers to the total number of elective and emergency admissions from public hospital elective surgery waiting lists, by specialty of surgeon and intended procedure.

The percentage of patients who waited longer than 365 days for their surgery is calculated as the number of patients who were on the waiting list longer than 365 days before being admitted for their awaited procedure, divided by the total number of patients admitted for their awaited procedure in the category.

The calculation of waiting times excludes: any days the patient was waiting with a less urgent elective surgery category than their urgency category at removal, and people who were transferred to another hospital's elective surgery waiting list, were treated elsewhere but not on behalf of the hospital, were not contactable, died prior to receiving their surgery, or declined surgery.

Data are presented for the period in which the patient was admitted.

Only surgery data which met certain criteria are included in the calculation. The criteria for calculating and presenting results are:

- Valid dates for: addition to waiting list, admission as an emergency or elective patient for awaited procedure
- A valid urgency category
- 50 or more surgeries in the category (in the denominator).

Notes:

1. In 2016–17 the list of 15 'Indicator procedures' was replaced by a more extensive list of 152 'Intended procedures'. From 2016–17, data are presented on the MyHospitals website for the original 15 procedures and the next 10 most common procedures reported for all hospitals, except Children's hospitals, combined. For Children's hospitals, the next 10 most common for those hospitals are presented. Data for all intended procedures are available in the Excel download. From 2016–17, *Myringotomy* was reported as 2 separate Intended procedures: *Myringotomy* and *Pressure equalising tubes (grommets) - insertion of*. Data for both procedures were combined and reported here as *Myringotomy*. Any comparisons over time should take into account the change from 'Indicator procedure' to 'Intended procedure'.
2. The surgical specialty *Paediatric surgery* was implemented from 1 July 2016, and was therefore not reported as a surgical specialty before the 2016–17 reporting period. Therefore, the data from 2016–17 are not comparable with data presented for earlier years. In addition, there was variation among jurisdictions in the use of the *Paediatric surgery* category. In 2016–17 New South Wales, Victoria, Queensland and the Northern Territory did not use the *Paediatric surgery* category, and in 2017–18 Victoria, Queensland and the Northern Territory did not use the *Paediatric surgery* category. As a result, it was not possible to calculate comparable peer group data for 2016–17 or 2017–18 data by surgical specialty.
3. Additional information on data quality (including efforts to improve data quality) can be found in the Elective surgery 2019-20 Appendices.