



WAITING LISTS IN NSW PUBLIC HOSPITALS

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The number of people waiting for in-hospital treatment and the length of time for which they are required to wait are important health service performance indicators. This article outlines the major concepts and definitions relevant to the analysis of waiting list data, and summarises some recent information on NSW public hospital admissions and waiting lists as a background to future reports on waiting lists. The waiting list terms described here are now used uniformly throughout all Australian States and the Commonwealth.

HOSPITAL ADMISSIONS

Hospital admissions may be emergency or elective. If admission to hospital is required for clinical reasons within 24 hours, it is categorised as an emergency admission. An elective admission is one which, in the opinion of the treating clinician, may be deferred for at least 24 hours. Emergency cases are immediately admitted to NSW hospitals. Waiting lists therefore cover only elective admissions.

Elective admissions are further categorised according to their clinical urgency. The categories are:

- 1 Urgent** – to be admitted within seven days
- 2 High priority** – to be admitted within one month
- 3 Standard** – to be admitted at the next available opportunity
- 4 Not ready for care.** This category is defined below.

WHAT IS A WAITING LIST?

A waiting list is a list which is kept by a hospital and contains the names of all people registered as requiring elective admission to that hospital. The term "booking list" is synonymous with "waiting list", the latter now being preferred.

Some of the people on a waiting list have been allocated a planned admission date. These people are known as scheduled or booked patients. Conversely, unscheduled or unbooked patients do not have a planned admission date.

All NSW public hospitals are required to report waiting list information to the NSW Health Department each month, using the Department of

Contents

Articles

37 *Waiting lists in NSW public hospitals*

40 *News and Comment*

43 *Infectious Diseases*

48 *Public Health Abstracts*

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Continued on page 38 ►

Hospital waiting lists

► *Continued from page 37*

Health Reporting System (DOHRS). This information is compiled into Statewide reports.

HOW IS A WAITING LIST MADE?

The process of being placed on a hospital's waiting list begins when the patient's doctor sends in a completed form recommending admission. This form contains the information items listed in Table 1. The day on which the patient is added to the waiting list is the listing date (previously known as the "notification date"). The patient's clinical type is the same as his/her attending medical officer's specialty. For the purposes of waiting lists, 14 specialties are defined (Table 2). The planned procedure is the procedure or treatment the person is to undergo when admitted.

For the purposes of analysis, 57 indicator procedures have been chosen, linked to specialties. Examples of indicator procedures (and their related specialties) are as follows:

- | | | |
|---|---|---------------------------------|
| ■ | Coronary artery bypass graft | (cardio-thoracic) |
| ■ | Haemorrhoidectomy | (general surgery) |
| ■ | Hysterectomy | (gynaecology) |
| ■ | Cataract extraction, with or without intraocular lens insertion | (ophthalmology) |
| ■ | Laminectomy | (orthopaedics/
neurosurgery) |
| ■ | Colonoscopy | (general surgery/
medical) |

Other important items recorded from the recommendation for admission form are:

- the name of the attending medical officer, i.e. the doctor responsible for the care of the patient;
- the anticipated accommodation status, i.e. the election the person is expected to make on admission (public, private); and
- discharge intention – whether the patient is expected to be admitted and discharged on the same day or admitted to stay at least overnight.

PATIENTS' READINESS FOR CARE

A patient on the waiting list is described as ready for care if (i) he/she would be prepared to accept admission for the awaited procedure should it be offered in the near future, and (ii) in the opinion of the treating clinician, he/she is ready to be admitted. Conversely, a patient is not ready for care if he or she

TABLE 1

DATA ITEMS ON THE RECOMMENDATION FOR ADMISSION FORMS

- Surname
- Other names
- Sex
- Date of birth
- Address
- Telephone numbers (home and work)
- Anticipated accommodation status
- Local medical officer (general practitioner)
- Clinical urgency
- Presenting problem
- Planned procedure/proposed operation
- Indicator procedure code
- Co-morbidity/other illness
- Planned length of stay
- Attending medical officer
- Status review date for not-ready-for-care patients

TABLE 2

STANDARD SPECIALTIES FOR WAITING LISTS

Cardio-thoracic
ENT
General surgery
Gynaecology
Neurosurgery
Ophthalmology
Orthopaedics
Plastic surgery
Urology
Dental surgery
Other surgery
Renal
Obstetrics
Other medical

is not at present available for admission, but will become available some time in the future.

Patients who are not ready for care are classified as staged or deferred.

Staged means not ready for admission for medical reasons. This will often happen when the planned treatment has to occur at staged intervals or at some definite time in the future (e.g. a check cystoscopy). Obstetric patients are considered to be staged because they are awaiting confinement.

Deferred means not ready for admission for personal or social reasons. For example, elective surgery on a child could be postponed until the next school vacation.

ADMISSIONS AND WAITING LISTS IN 1993-94

There were about 1,240,000 admissions to NSW public hospitals in 1993-94. Of these:

- 400,000 were emergency admissions (admitted immediately);

- 85,000 were obstetric patients, and 75,000 were admissions for renal dialysis (admitted immediately on clinical need);
- 60,000 were admissions of psychiatric, geriatric and rehabilitation patients (admitted under special categories); and
- 600,000 were elective admissions booked into hospitals for surgical or medical treatment via waiting lists.

The average waiting times for the 10 most common procedures on waiting lists in September 1994 are listed in Table 3. These procedures together accounted for 23 per cent of the total number of admissions from waiting lists in that year. The admissions were mostly for investigative procedures (upper and lower gastrointestinal endoscopy, cystoscopy, diagnostic laparoscopy, hysteroscopy and cardiac catheterisation) with average waiting times in the range 3-5 weeks, and the great majority were likely to have been same-day admissions. Cataract extraction, removal of skin lesions, and inguinal herniorrhaphy were also among the 10 most frequent procedures. Average waiting times for cataract extraction (3 months) and inguinal herniorrhaphy (8 weeks) were considerably longer.

The procedures with the longest average waiting times in 1994 were as follows:

- Average waiting time three months: vaginal repair, tonsillectomy, cataract extraction, stripping and ligation of varicose veins, repair of cystocele and rectocele, and total hip replacement.
- Average waiting time four months: repair of knee ligament, total knee replacement, removal of bunion, septoplasty.
- Average waiting time five months: rhinoplasty.

The procedures with the shortest average waiting time (<3 weeks) were bronchoscopy, breast biopsy,

TABLE 3

TOP 10 PROCEDURES ON NSW PUBLIC HOSPITALS' WAITING LISTS, 1993-94

Procedure	No. of elective admissions ²	Average waiting time
Endoscopy – small intestine	20,749	3 weeks
Cataract extraction	20,165	3 months
Cystoscopy	17,152	5 weeks
Colonoscopy	16,815	4 weeks
Removal of skin lesion	14,780	4 weeks
Diagnostic laparoscopy	11,891	5 weeks
Gastroscopy	10,132	3 weeks
Cardiac catheterisation	10,079	3 weeks
Hysteroscopy	8,074	4 weeks
Inguinal herniorrhaphy	7,310	8 weeks

² Sources: Elective Admissions – Inpatient Statistics Collection 1993-1994
Waiting Time – Waiting List Information System, September 1994

dilatation of oesophagus, repair of knee cartilage, colectomy, coronary angioplasty, lithotripsy, insufflation of the Fallopian tubes.

NEW DEVELOPMENTS IN THE REPORTING OF WAITING LISTS

A new information system for waiting list data will be introduced on July 1, 1995. From that date public hospitals will supply the Department with unit record-based waiting list data. It will be possible to link these data with the NSW Inpatient Statistics Collection, enabling a more comprehensive analysis of waiting lists to be undertaken.

Future issues of the *NSW Public Health Bulletin* will publish reports on the epidemiology of waiting lists in NSW, seeking to answer questions such as:

- Who are waiting? (demographic characteristics)
- What are they waiting for? (proposed surgical procedures or medical reasons for admission)
- How long are they waiting?

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