

# COVID-19 led to the lowest number of public elective surgeries performed in Australia in over a decade

December 6 2022

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The number of patients treated in the 2021–22 financial year from Australia's public hospital elective surgery waiting lists ('elective')

meaning non-emergency) fell to the lowest level since 2010–11. This was associated with disruptions to hospital services as a result of COVID-19.

Information on public [hospital elective surgery](#) waiting times and emergency department care in 2021–22 with national, state and territory, local hospital network and hospital-specific data was released today on the Australian Institute of Health and Welfare's (AIHW) MyHospitals platform.

"In 2021–22, [public hospitals](#) performed 623,000 elective surgeries, 131,600 (17%) fewer compared to the previous year," said AIHW spokesperson Dr. Adrian Webster (Ph.D.).

"This followed periodic suspensions of lower-urgency elective [surgery](#) starting from March 2020, which have aimed to help ensure the health system maintains adequate capacity during the pandemic."

"An elective surgery is medically necessary, and may be urgent, but applies where the patient's clinical condition does not require immediate care through an emergency admission."

"In 2020–21, as the first round of elective surgery restrictions were eased in most states and territories, a concerted effort was made to clear the backlog. This led to strong growth in the number of elective surgeries performed in that year in most states and territories, with Victoria being a notable exception due to ongoing COVID-19 outbreaks."

"During 2021–22, as outbreaks became widespread across the nation, suspensions took hold again, causing disruptions to the delivery of health care services."

The number of elective surgeries performed in 2021–22 was the lowest

since 2010–11, when 627,200 admissions from elective surgery waiting lists occurred.

Across Australia, all jurisdictions except Tasmania saw a reduction in elective surgery admissions. The largest decreases in 2021–22 were seen in New South Wales (27%) and Western Australia (23%), while Victoria experienced a much longer period of reduced activity.

Among those who were admitted from a public hospital waiting list, half (50%) of all patients were admitted for their procedures within 40 days (down from 48 days the previous year). The proportion of patients who waited longer than 365 days to be admitted was 6.3%, down from 7.6% in 2020–21.

While these data relate to admissions from the public hospital waiting lists, it should be noted that most elective surgeries are performed in Australia's private hospitals, where there is no waiting times data collated nationally.

## **Emergency department care 2021–22**

New information on emergency department care was also released today, showing there were 8.79 million presentations in 2021–22, a small decrease from 8.81 million in 2020–21.

"In the 5 years prior to the COVID-19 pandemic, presentations to [public hospital](#) emergency departments steadily increased by an average of 3.2% per year, however, the pandemic continued to impact the number of presentations throughout 2021–22," said Dr. Adrian Webster.

In 2021–22, 67% of patients were seen on time for their urgency category, down from 71% in 2020–21. Almost all patients in the most urgent category, "Resuscitation," were seen immediately.

As cases of COVID-19 rose in the community, there was an increase in the number of people presenting to emergency departments with a principal diagnosis of COVID-19.

In August 2021, average daily presentations with a COVID-19 diagnosis peaked at 739, then fell to a low of 261 in November 2021.

The highest peak of 1,682 was seen in January 2022, followed by a sharp fall to 545 in February 2022, which increased again to 801 in April 2022 and then decreased to 469 in June 2022.

Also updated today is Australia's hospital at a glance which provides an overview of the information available on MyHospitals.

The elective surgery clinical urgency categories are:

- Category 1—procedures that are clinically indicated within 30 days
- Category 2—procedures that are clinically indicated within 90 days
- Category 3—procedures that are clinically indicated within 365 days.

The triage categories for emergency department care are:

- Resuscitation (triage category 1): immediate (within seconds)
- Emergency (triage category 2): within 10 minutes
- Urgent (triage category 3): within 30 minutes
- Semi-urgent (triage category 4): within 60 minutes
- Non-urgent (triage category 5): within 120 minutes

Provided by Australian Institute of Health and Welfare (AIHW)

Citation: COVID-19 led to the lowest number of public elective surgeries performed in Australia in over a decade (2022, December 6) retrieved 14 May 2024 from <https://medicalxpress.com/news/2022-12-covid-lowest-elective-surgeries-australia.html>

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