

In Australia's public hospitals, post-COVID elective surgery wait times are longer than ever

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The number of patients undergoing elective (non-emergency) surgery in Australia's public hospitals increased by 18% from 2021–22 to 2022–23,

but many patients are still facing long wait times, according to data from the Australian Institute of Health and Welfare (AIHW).

Elective [surgery](#) waiting times were at the highest level in 20 years during 2022–23 as public hospitals worked to catch up following pandemic-related delays that arose due to disruptions in the health system.

Information on [public hospital](#) elective surgery waiting times and emergency department care in 2022–23 with national, state and territory, local hospital network and hospital-specific data was released today on the AIHW's [MyHospitals](#) platform.

"Nationally, there were 735,500 admissions to hospital from public elective surgery waiting lists in 2022–23, up from 623,000 admissions in 2021–22, but still lower than before the COVID-19 pandemic (758,000 admissions in 2018–19)," said AIHW spokesperson Clara Jellie.

"Public hospitals made concerted efforts during 2020–21 and 2022–23 to work through procedures earlier delayed when non-urgent surgeries were suspended. But because of these earlier delays, overall waiting times for people admitted for care have increased."

The data shows that half (50%) of all [patients](#) admitted from a public elective surgery waiting list were admitted for their procedure within 49 days (up from 40 the previous year and similar to 48 days in 2020–21). The proportion of patients who waited longer than 365 days to be admitted was 9.6%, up from 2.1% pre-pandemic (2018–19).

While overall waiting times have increased, the majority of patients in the most urgent category (admission recommended within 30 days) continue to be seen on time. In 2022–23, one-third (33%) of all patients admitted for care from a public hospital elective surgery waiting list

were assigned to the most urgent category.

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. National waiting times data for private hospitals is not available.

Emergency department care 2022–23

New information on emergency department care was also released today, showing there were 8.80 million presentations in 2022–23, a small increase from 8.79 million in 2021–22.

"In the five years prior to the COVID-19 pandemic, presentations to public hospital emergency departments steadily increased by an average of 3.2% per year, however, in more recent years the numbers have fluctuated and increased at an annual average annual rate of 1.3% over the most recent five years," Jellie said.

Overall in 2022–23, 17% of patients were in the most urgent categories (Resuscitation and Emergency), and 76% were categorized as Urgent or Semi-urgent.

In 2022–23, 65% of patients were seen on time for their urgency category, down from 67% in 2021–22. Almost all patients in the most urgent category, "Resuscitation," were seen immediately.

Three in 10 (29%) patients seen in the emergency department were admitted to [hospital](#) for further care.

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

Elective surgery urgency category: For [elective surgery](#) in [public hospitals](#) (or for public patients treated in [private hospitals](#)), patients are placed on a waiting list and assigned one of three clinical urgency categories by their treating doctor that indicates when their surgery is required.

The categories are:

- Category 1: Admission recommended within 30 days
- Category 2: Admission recommended within 90 days
- Category 3: Admission recommended within 365 days.

Emergency department triage category: A category used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients are triaged into one of five categories on the Australasian Triage Scale.

- Resuscitation (triage category 1) is the most urgent category. It is for conditions that are immediately life threatening-such as [heart attack](#), severe burns or injuries resulting from a motor vehicle accident. Patients in this category should be seen within two minutes of presenting to the emergency department.
- Emergency (triage category 2) is for conditions that could be life threatening and require prompt attention such as chest pain or possible stroke. Patients in this category should be seen within 10 minutes of presenting to the emergency department.
- Urgent (triage category 3) is for serious but stable conditions, such as wounds or abdominal pain. Patients in this category should be seen within 30 minutes of presenting to the emergency department.
- Semi-urgent (triage category 4) is for conditions such as broken arms or legs. Patients in this category should be seen within 60 minutes of presenting to the emergency department.

Non-urgent (triage category 5) is the least urgent category. It is for problems or illnesses such as cough or cold. Patients in this category should be seen within 160 minutes of presenting to the [emergency department](#).

Provided by Australian Institute of Health and Welfare

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