

PUBLIC HOSPITAL REPORT CARD 2022

An AMA analysis of Australia's Public Hospital System



AMA

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PRESIDENT'S INTRODUCTION



Dr Omar Khorshid
Federal AMA President

Australia's public hospitals are in crisis. Our experiences on the front line have been verified by the data in this year's AMA Public Hospital Report Card. Problems that have existed for years have only been amplified by COVID-19. It's time to fix this mess through better funding and more innovation.

The Report Card data show that since 2008 we have lost 6 public hospital beds for every 1000 persons over the age of 65. Whereas 30 years ago we had over 30 beds in our public hospital system per 1000 people over the age of 65, we now have less than 15. At the same time our population is ageing. We expect that by 2035 over one million people will be older than 85,¹ almost double what it is today. 2035 is not that far away. If we want to save our public hospital system, we must act now.

This year's data demonstrates the growing pressure on our emergency departments. More than one in three people will wait longer than the clinically recommended 30 minutes to receive urgent care. One in three people who present to an ED will wait longer than four hours to be either discharged or admitted. This is why we see increased ramping of ambulances in front of our hospitals and why patients are suffering unnecessarily. There just isn't enough capacity to meet the growing demand and little appreciation of the role primary care can play in keeping people out of hospital.

The situation is even worse when it comes to elective surgery. We continue to see more people being added to the elective surgery waiting lists than are taken off the lists through provision of surgery. As this Public Hospital Report Card shows, during 2020-21 reporting period, for Category 2 elective surgery – procedures like heart valve replacements or coronary artery bypass surgery, one in three patients waited longer than the clinically indicated 90 days, a performance decline of 17 per cent since 2016-17.

When it comes to orthopaedic surgery, waiting times continue to blow out. Over 20 percent of patients, one in five, waited over a year for a hip replacement surgery in 2020-21. The figure is even worse for knee replacements with almost one in three (31.7 per cent) patients waiting longer than clinically indicated 365 days. That's almost three times the increase compared to the year before when only 11.4 per cent waited over a year.

Our public hospital capacity must be increased to meet the demands of a population that is increasing in size, age and suffering from multiple chronic health issues. This needs to be backed by greater investment in primary care, giving GPs the support they desperately need to keep people out of hospital.

¹ https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook43p/ageingpopulationfigure

Our health policy decision makers need to understand and recognise that costs associated with inadequate prevention and delayed elective surgeries go beyond the health system. Every delayed surgery has an impact, leading to loss of quality of life and further deterioration of health. Delaying a minor surgical intervention to improve the hearing of a child may mean they miss crucial time for physical and mental development. This is likely to incur much larger costs throughout their life than the cost of surgery. All these costs are covered by taxpayers and should not be seen as separate. We need all levels of government to stop shifting the costs and work together to solve these problems.

Australia urgently needs a recovery plan for its public hospital system. We need appropriate funding to clear the backlog of elective surgeries, and to build enough capacity to meet the growing needs of the community.

The AMA has a solution. Our four-point plan proposes:

- Improved performance by reintroducing funding for performance improvement;
- Expanded capacity for public hospitals through additional funding for extra beds and staff;
- Addressing demand for out-of-hospital alternatives, prioritising programs that work with GPs; and
- Increased funding and removal of funding cap by increasing the Commonwealth contribution to 50 per cent for activity.

We need to end the blame game that often stifles innovation and to agree on a range of measures to support general practice deliver the type of care that will help keep people out of hospital and enjoy a better quality of life.



Dr Omar Khorshid
Federal AMA President

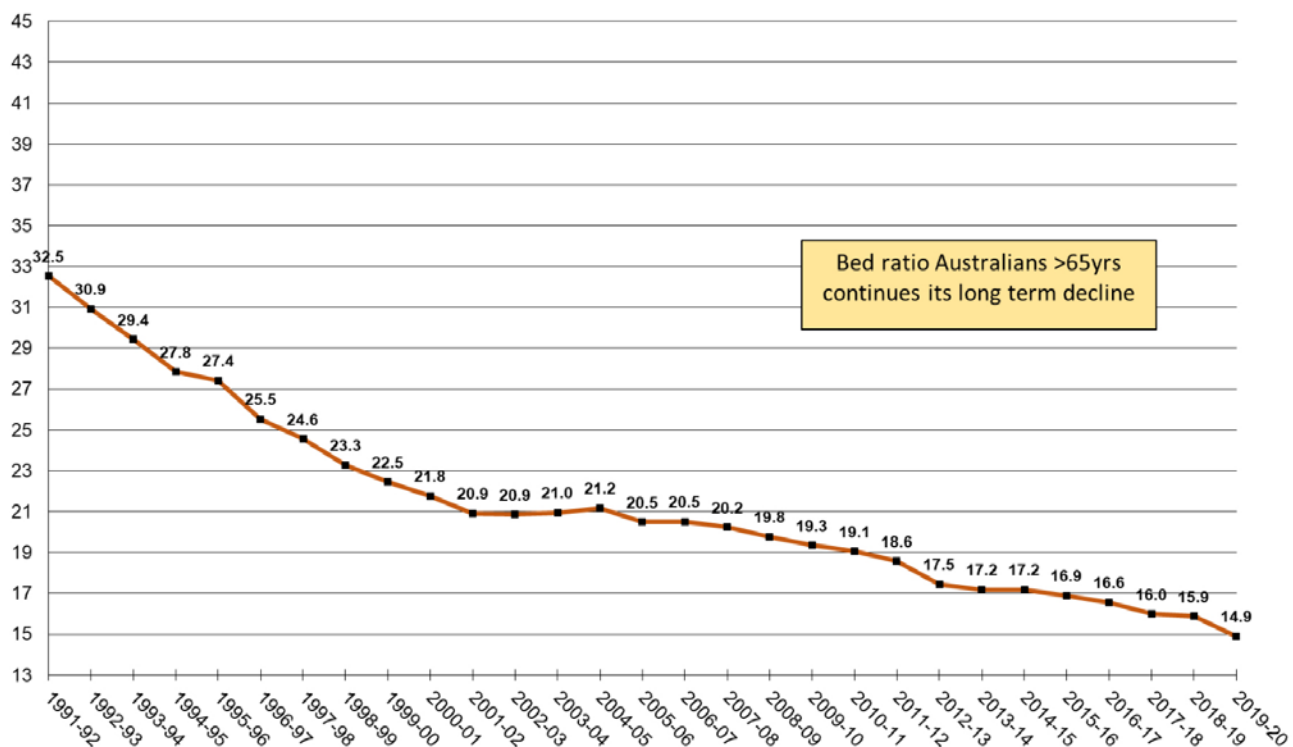
1. NATIONAL PUBLIC HOSPITAL PERFORMANCE

Public hospital capacity

The number of available public hospital beds relative to the size of the Australian population is a broad indicator of whether a person will receive a timely admission when required. In 2019-20 there were on average 2.47 public hospital available beds per 1,000 population.² This is a decrease in available beds compared to the previous year (2018-19). Prior to this year's decline, the bed ratio has remained largely static since 2015-16, ranging between 2.53 and 2.56.³

The availability of hospital beds for the people most likely to need an admission is far worse. In 2019-20, people aged 65 years and over accounted for only 16 per cent of the Australian population⁴ but they utilised two-fifths (39.9 per cent) of total public hospital separations.⁵ Once admitted, people aged 65 years or more remain hospitalised for 32.4 per cent longer than all other age cohorts.⁶ This makes public hospital beds per 1,000 people aged 65 years a very important measure of public hospital capacity.

Number of approved/available public hospital beds per 1000 population aged 65 and over -all States and Territories



Source: Australian Bureau of Statistics, national, state and territory population, <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release#data-download>

2 Source: Australian Institute of Health and Welfare (AIHW) 2022, Australian Hospital Statistics: Hospital Resources 2019-20, Table 4.6, <https://www.aihw.gov.au/getmedia/fb227d5e-0084-487d-b921-0ac-5c6f65803/Hospital-resources-2019-20-data-tables-17-August-2021.xlsx.aspx>

3 Ibid.

4 Australian Institute of Health and Welfare 2021. Web Report Older Australians <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/summary>

5 Australian Institute of Health and Welfare 2020. Australian hospital statistics. Admitted patient care 2019-20, Table S3.1 <https://www.aihw.gov.au/getmedia/e99a94f1-2811-4496-84e1-d1e50692cb74/3-admitted-patient-care-2019-20-tables-access.xls.aspx>

6 Australian Institute of Health and Welfare 2020. Australian hospital statistics. Admitted patient care 2019-20, Table S3.1 <https://www.aihw.gov.au/getmedia/e99a94f1-2811-4496-84e1-d1e50692cb74/3-admitted-patient-care-2019-20-tables-access.xls.aspx>

Graph 1 shows that in 2019-20 the ratio of total public hospital beds for every 1,000 people aged 65 years and older was close to 14.9 – a decrease of 1 per cent from the previous year (2018-19).⁷ This ratio has now been on a downward trend for 27 years and is a major cause of public hospital over-crowding and long waiting times for emergency and elective surgery treatments.

Unsafe or unsuitable discharge destinations for vulnerable patients at risk of readmission, also keeps public patients admitted longer than is necessary once their acute phase of hospital treatment has ended. Delayed access for patients who require an admission, either from the emergency department or for elective surgery, will almost certainly continue unless these multimorbid, vulnerable, often elderly patients, can be safely discharged to the care of a multidisciplinary service team. This is a team who can manage their condition in the community or within a residential aged care facility.

With the lack of access to multidisciplinary community and primary care (due to geographical, cultural and socioeconomic factors), many multi-morbid patients will continue to seek public hospital emergency care and rely on public hospital admitted beds. Unless the Commonwealth, State and Territory governments co-invest in additional community service solutions that fully support these vulnerable patients outside of the hospital, long waiting times in emergency and on elective surgery lists will continue to increase.

⁷ Australian Institute of Health and Welfare (AIHW) 2021 Australian Hospital Statistics: Hospital Resources 2018-19, Table 4.5 <https://www.aihw.gov.au/getmedia/fb227d5e-0084-487d-b921-0ac5c6f65803/Hospital-resources-2019-20-data-tables-17-August-2021.xlsx.aspx>; <https://www.aihw.gov.au/reports-data/myhospitals/content/data-downloads>

Emergency department waiting and treatment times

The public hospital system's ability to cope with emergency and urgent cases is a crucial measure of public hospital performance.

Under the Australian Health Performance Framework, two of the public hospital emergency department performance measures are:

- Proportion of patients seen within the clinically recommended timeframes set by the Australian Triage Scale; and
- Length of stay for emergency department care, proportion of patients staying for four hours or less.

The effect of COVID-19 on emergency department activity

The 2020-21 emergency department activity data continued to be affected by Australia's response to the SARS-CoV -2 in Australia (COVID-19).

The first case of COVID-19 in Australia was confirmed on 25 January 2020. The Commonwealth and States announced Stage 1 restrictions on large social gatherings on 22 March 2020.⁸

Throughout 2020-21, lockdowns, as a means of preventing community spread, were implemented intermittently,⁹ as per the National Cabinet agreed definition of a hotspot,¹⁰ with local scaling, both up and down, of public health measures.

In addition, the Commonwealth Government funding of telehealth services continued throughout 2020-21 reporting period,¹¹ allowing for patient consultations to be delivered virtually.

While public hospital emergency presentations fell by 38 per cent in the early stages of the pandemic in 2020 (between 9 March 2020 and 30 March 2020),¹² this did not continue throughout the pandemic. Overall emergency presentations (all categories) were just 1.4 per cent lower in 2019-20 compared to 2018-19.¹³ In 2020-21, the number of emergency department presentations (all categories) increased by 6.9 per cent compared to 2019-20.¹⁴

Triage Category 3 (Urgent) emergency department presentations in 2020-21 financial year seen within recommended time (< 30 minutes) dropped to 63 per cent, down from 67 per cent in the previous financial year.¹⁵ The 2020-21 data present a return to 2018-19 pre-pandemic levels. The 2019-20 reporting period was marked by a 4 per cent uptick that was correlated to the decline in public hospital admissions.¹⁶

Throughout 2020-21 financial year, COVID-19 continued to impact the performance of public hospitals differentially around Australia. With COVID-19 public hospital data currently only available for 2019-20 financial year, it is difficult to discern the extent of the impact on Emergency presentations and Urgent Emergency presentations in 2020-21. The picture may become clearer as more recent COVID-19 data become available.

8 Morrison, S (Prime Minister of Australia) 2020. *Update on Coronavirus measures*, media statement, Parliament House, Canberra, 22 March 2020 https://parlinfo.aph.gov.au/parlInfo/download/media/press-rel/7256002/upload_binary/7256002.pdf;fileType=application%2Fpdf#search=%22media/pressrel/7256002%22

9 Australian Government, Department of Health 2022. COVID-19 hotspots. <https://www.health.gov.au/health-alerts/covid-19/support/covid-19-hotspots>

10 Morrison, S (Prime Minister of Australia) 2020. National Cabinet Media Statement 04 Sep 2020 <https://www.pm.gov.au/media/national-cabinet-040920>

11 Hunt, G (Minister for Health and Aged Care) 2021. *\$9.8 billion new investment in Australia's health care and COVID response*, Media Release 16 December 2021 <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/98-billion-new-investment-in-australias-health-care-and-covid-response>

12 Australian Institute of Health and Welfare (AIHW) 2020. Emergency department care 2019-20, viewed 31 July 2021, <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

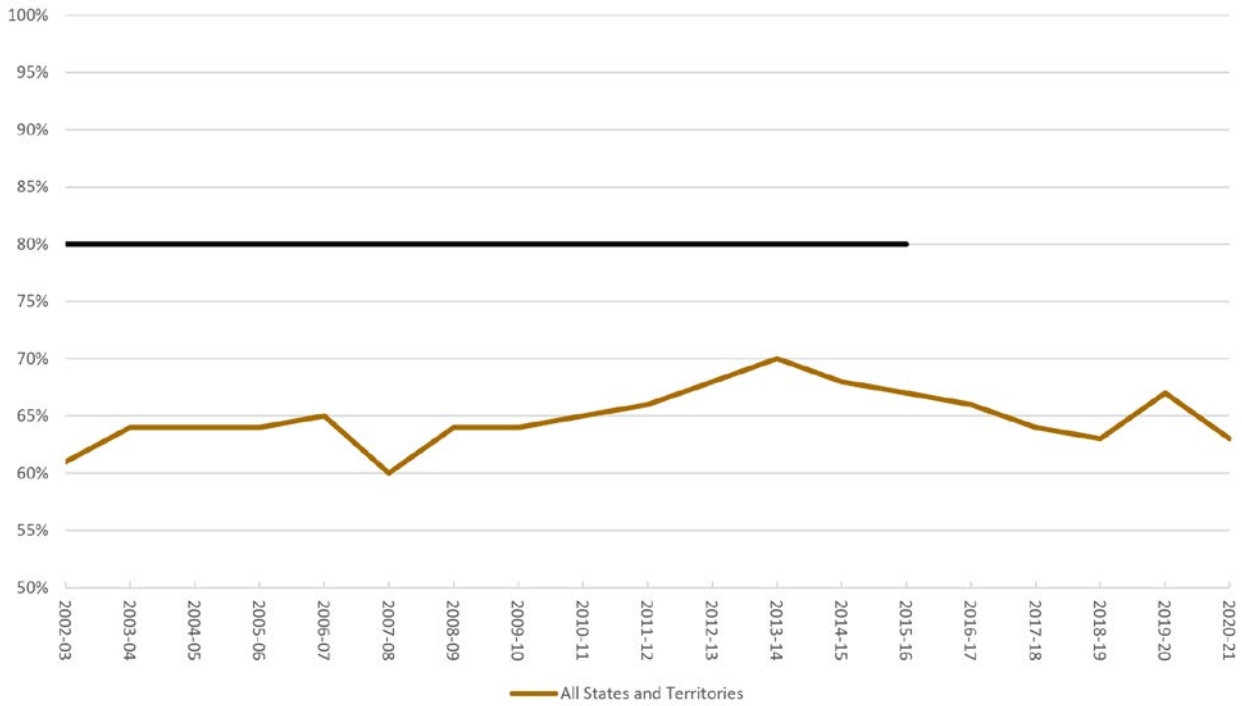
13 Australian Institute of Health and Welfare (AIHW) 2020. Emergency department care 2019-20, viewed 31 July 2021, <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

14 Australian Institute of Health and Welfare (AIHW) 2022. Emergency department care 2020-21, viewed 20 January 2022, <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

15 Australian Institute of Health and Welfare (AIHW) 2022. Emergency department care 2020-21: Australian hospital statistics, viewed 20 January 2022 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

16 Australian Medical Association 2021. Public Hospital Report Card 2021 <https://www.ama.com.au/articles/ama-public-hospital-report-card-2021>

Percentage of triage category 3 (urgent) emergency department patients seen within recommended time (< 30 minutes)



Source: The State of Our Public Hospitals (DoHA 2004 to 2010); Australian Institute of Health and Welfare (AIHW) Emergency department care (2010-11 to 2020-21): Australian hospital statistics.

Note: National Emergency Admission targets were abolished with effect from 1 July 2015.

Patients leaving emergency within four hours

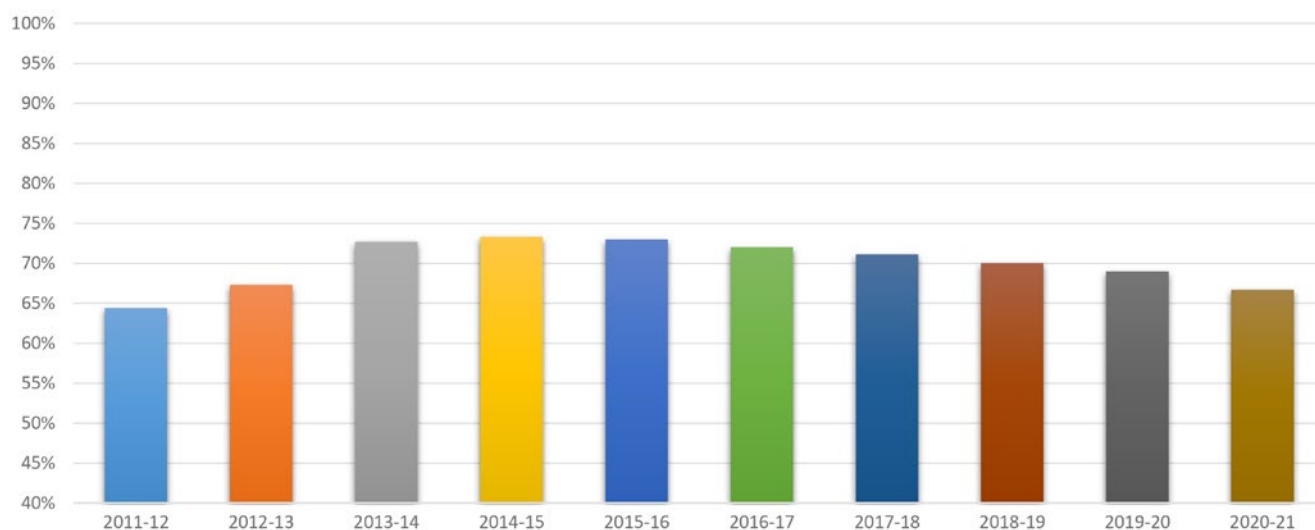
The proportion of emergency department presentations completed within four hours is one important indicator of whether Australians receive appropriate high quality and affordable hospital care. Patients are considered to have completed their visit to the emergency department when they physically leave (regardless of whether they were admitted to the hospital, were referred to another hospital, were discharged, or left the hospital at their own risk).

Graph 3 shows that in 2020-21, the proportion of people in all triage categories who completed their emergency presentation within four hours or less was 67 per cent. This is a decline of two per cent compared to the previous year and a further decline of 3 per cent compared to the pre-pandemic levels – in 2018-19, 70 per cent of patients received care within four hours or less.^{17,18}

Translated into hours, this meant that nationally, 90 per cent of patients left the emergency departments 8 hours after presenting in 2020-21 reporting year. For patients whose visit to emergency departments ended in hospital admission, the 90th percentile length of emergency department stay was almost 13 hours (12 hours 57 minutes), ranging from 10h 21min in Queensland to 22h 33min in Tasmania.¹⁹

Although it is likely that the emergency department performance in 2020-21 was influenced by COVID-19, the proportion of public hospital emergency patients leaving within four hours has been in decline since 2014-15.

Percentage of emergency department visits completed in four hours or less – all states and territories



Source: Australian Institute of Health and Welfare (AIHW) Emergency department care (2011-12 to 2020-21): Australian hospital statistics.

Note: National Emergency Admission targets were abolished with effect from 1 July 2015

17 Australian Institute of Health and Welfare (AIHW) 2021. Australian hospital statistics: Emergency Department Care 2019-20 viewed 8 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>

18 Australian Institute of Health and Welfare 2021. Australian hospital statistics: Emergency department care 2018-19, Table 6.4 viewed 31 July 2021 <https://www.aihw.gov.au/getmedia/6f15c095-e669-428c-9cef-a887cb65f3b0/Emergency-department-care-2018-19.xlsx.aspx>

19 Australian Institute of Health and Welfare (AIHW) 2022. Australian hospital statistics: Emergency Department Care 2020-21, Table 6.1 viewed 22 February 2022 <https://www.aihw.gov.au/getmedia/0d0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx> <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>

Elective Surgery Waiting and Treatment times

Elective surgery is any form of surgery considered medically necessary, but which can be delayed for at least 24 hours.

For the elective surgery that is provided in public hospitals, the Australian Health Performance Framework includes the following two performance indicators that measure the provision of timely elective surgery:

- The median waiting time for elective surgery; and
- The percentage of patients treated within the clinically recommended times.

The effect of COVID-19 on public hospital elective surgery activity during 2020-21 reporting period

At the start of the COVID-19 pandemic in 2020, an agreement was reached at the national level to pause public and private hospital elective surgeries from 1 April 2020, except for Category 1 and high priority Category 2 patients. This was done to preserve personal protective equipment for hospital staff treating COVID-19 patients and make Intensive Care Unit (ICU) beds available for pandemic patients. Shortly after, the Commonwealth announced a partnership with the private hospital sector to ensure their viability during the private elective surgery pause.²⁰ This agreement also allowed state and territory governments to enter into private hospital COVID-19 partnership agreements to purchase capacity for public patients, with 50 per cent of the cost covered by the Commonwealth. State and territory governments have pursued different paths to reaching these agreements.

Nationally, the volume of public hospital elective surgery admissions was nearly 10 per cent (9.2) lower in 2019-20 compared to 2018-19.^{21,22} Non urgent category 3 elective surgery declined the most – down 18.4 per cent in 2020 compared to 2019.²³

Following the decline in elective surgery in 2020, during 2020–21, admissions increased by 10.7%²⁴ across all jurisdictions, with some jurisdictions exceeding 2019 pre-pandemic volumes. The greatest increase occurred in Category 3 admissions.

The increases are the result of elective surgery recuperation that was initiated post the first wave of COVID19 in several jurisdictions in 2020–21,^{25,26,27} with the aim of clearing the backlog to some extent.

AIHW data shows 754,600 admissions to hospital from the public elective surgery waiting lists in 2020–21, an increase from 688,000 admissions in 2019–20 financial year, that was affected by COVID-19. The 2020-21 admission figures are still slightly lower than the 758,000 admissions in 2018–19.²⁸

Importantly, the increase in admissions was followed by an increase in additions to the waiting list in the 2020-21 financial year. 893,000 patients were added to elective surgery waiting lists in 2020–21.

20 Hunt, G. MP 2020. Minister's Hunt Media – Media Release: Australian Government partnership with private health sector secures 30,000 hospital beds and 105,000 nurses and staff, to help fight COVID-19 pandemic <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/australian-government-partnership-with-private-health-sector-secures-30000-hospital-beds-and-105000-nurses-and-staff-to-help-fight-covid-19-pandemic>

21 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Admitted patient activity 2019-20, <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/apc>

22 Australian Institute of Health and Welfare 2019. Australian hospital statistics: Elective surgery waiting times 2018-19 Table 4.10 <https://www.aihw.gov.au/reports-data/myhospitals/content/data-downloads>

23 Australian Institute of Health and Welfare 2020. Australian hospital statistics: Elective surgery waiting times 2019-20 Table 4.10 <https://www.aihw.gov.au/getmedia/f72949da-cba8-4f36-a47d-2c5bbcccd55a/Elective-surgery-waiting-times-2019-20.xlsx.aspx>

24 Australian Institute of Health and Welfare (AIHW) 2022. Hospital activity elective surgery <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/eswt>

25 NSW Health Annual Report 2020-21. Response to the COVID pandemic <https://www.health.nsw.gov.au/annualreport/Publications/2021/a-pandemic-emerges.pdf>

26 Andrews, D. Premier of Victoria 2020. Media Statement: COVID-19 Capacity Boost As Elective Surgery Blitz Starts <https://www.premier.vic.gov.au/covid-19-capacity-boost-elective-surgery-blitz-starts>

27 Queensland Government Deputy Premier and Minister for Health and Minister for Ambulance Services The Honourable Steven Miles Media Statement June 2020. Quarter of a billion dollar elective surgery blitz <https://statements.qld.gov.au/statements/90009>

28 Australian Institute of Health and Welfare (2022) AIHW Media Releases Public hospitals worked to clear elective surgery backlog during 2020–21 <https://www.aihw.gov.au/news-media/media-releases/2021/january-1/public-hospitals-worked-to-clear-elective-surgery#:~:text=There%20were%20893%2C000%20patients%20added,number%20added%20in%202018%E2%80%9319.&text=Information%20on%20Emergency%20department%20care,the%20AIHW%20in%20December%202021.>

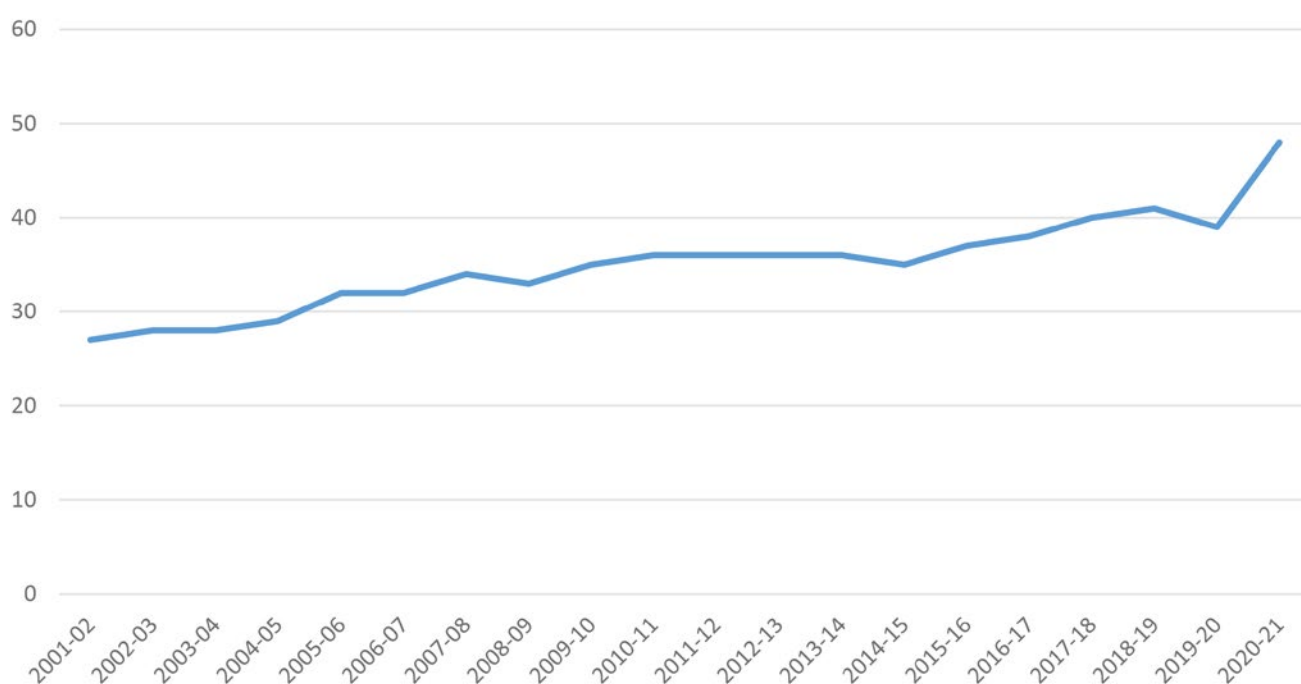
Median waiting time

The median waiting time indicates the number of days within which 50 per cent of patients were admitted for their elective procedure. Half of the patients had a shorter wait time than the median, and half had a longer waiting time.

Even with increases in admissions from elective surgery waiting lists, nationally in 2020-21, the median wait time for elective surgery was 48 days. This is an increase of almost 10 days compared to the year before.

The ratio of additions to the wait list and removals from wait lists due to admissions, plays an important role in the ability of the system to provide timely medical procedures to patients on the lists. The data shows that over a number of years, the volume of patients being added to the list is greater than the number who are taken off the list.²⁹ These data speak to the hospitals system's capacity and the need for that capacity to be increased to be able to meet the demand of a population that is increasing in size, age and in people living with multiple chronic health issues.

Graph 4: Median waiting time for elective surgery (days) – national



Source: Australian Institute of Health and Welfare (AIHW), Australian Hospital Statistics: Elective surgery data cubes (2001-02 to 2006-07); Australian Institute of Health and Welfare (AIHW), Australian Hospital Statistics: Elective surgery waiting times (2007-08 to 2020-21).

Elective surgery within clinically recommended timeframes

There are three elective surgery clinical urgency categories:

Category 1 – procedures that are clinically indicated within 30 days;

Category 2 – clinically indicated within 90 days; and

Category 3 – clinically indicated within 365 days.

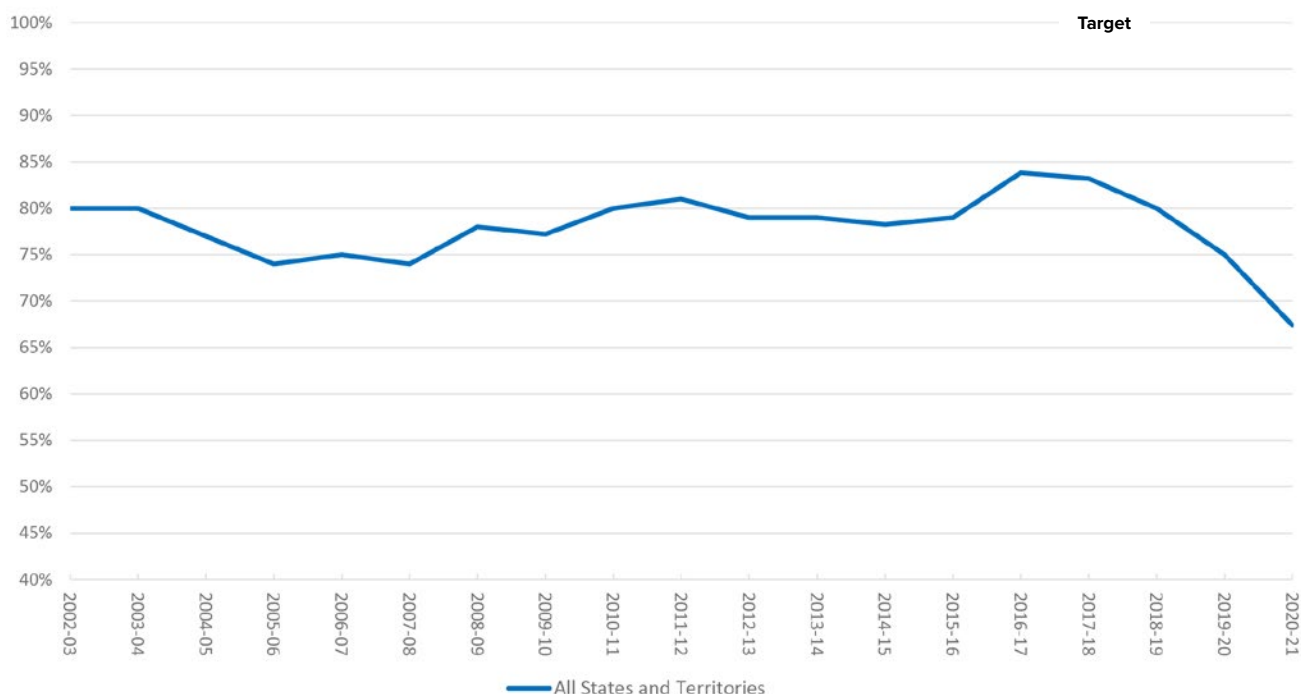
Even with additional efforts and programs implemented by States and Territories to support elective surgery provision, and increases in in admissions, nationally, the percentage of Category 2 elective surgery that was provided within the recommended 90 days dropped to 67 per cent in the 2020-21 reporting period. This is 7 per cent below the 2019-20 levels³⁰ and 13 per cent down on pre-pandemic 2018-19 levels.³¹

²⁹ Australian Government. Productivity Commission 2022. Report on Government Services 12. Public Hospitals Table 12A.33 <https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/health/public-hospitals>

³⁰ Australian Institute of Health and Welfare 2020. Australian hospital statistics: Elective surgery waiting times 2019-20 Tables 4.11-4.18 <https://www.aihw.gov.au/getmedia/f72949da-cba8-4f36-a47d-2c5bbc-ccd55a/Elective-surgery-waiting-times-2019-20.xlsx.aspx>

³¹ Australian Institute of Health and Welfare 2020. Australian Hospital Statistics: Elective surgery waiting times 2018-19 Tables 4.11-4.18 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954f-be/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

Graph 5: Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) All States and Territories



Source: Australian Institute of Health and Welfare (AIHW), Australian Hospital Statistics: Elective surgery data cubes (2001-02 to 2006-07): Australian Institute of Health and Welfare (AIHW), Australian Hospital Statistics: Elective surgery waiting times (2007-08 to 2020-21).

As the above graph shows, during 2020-21 reporting period, one in three patients waited longer than the clinically indicated 90 days for Category 2 elective surgery.

Although the increase in wait times can, to some extent, be explained by the COVID-19 impact, the long-term pressure on public hospital beds and operating theatres pre-dates the pandemic. With an ageing population and hospital capacities not keeping up with population growth, the cumulative public hospital elective surgery demand will continue to build from an already high baseline of patients on long waiting lists.

With COVID-19 pandemic far from over, it is likely we will continue to see it impact on public hospital capacity and the ability to perform elective surgeries.³² Even though Australia has achieved one of the highest COVID-19 vaccination rates internationally, the impact of new COVID-19 virus variants such as Omicron has been significant. The majority of States and Territories reintroduced suspensions of elective surgeries in early 2022 to free up public hospital capacity to manage growing numbers of COVID patients.^{33,34,35,36,37}

As a result, the cumulative public hospital elective surgery demand will continue to build. This is on top of a weak foundation of an already high baseline of patients on long waiting lists, surgeries delayed during the multiple elective surgery cancellations over the past two years, delayed diagnoses and referrals due to the impact on health seeking behaviour as a result of the pandemic, and natural growth to the elective surgery waiting list.

32 Meredith JW, High KP, Freischlag JA. Preserving Elective Surgeries in the COVID-19 Pandemic and the Future. JAMA. 2020;324(17):1725–1726. doi:10.1001/jama.2020.19594 <https://jamanetwork.com/journals/jama/fullarticle/2771580>

33 Andrews, D. Premier of Victoria 2022. Media statement: Pandemic Code Brown To Support Hospitals <https://www.premier.vic.gov.au/pandemic-code-brown-support-hospitals>

34 Victorian Government Department of Health 2022. Media statement: Changes to non-urgent surgery settings helping hospitals respond to Omicron <https://www.health.vic.gov.au/media-releases/changes-to-non-urgent-surgery-settings-helping-hospitals-respond-to-omicron>

35 D'Ath, Y. Minister for Health and Ambulance Services 2022. Media statement: Non-urgent elective surgeries postponed <https://statements.qld.gov.au/statements/94231>

36 Stevens, G. 2022. Emergency Management (Appropriate Surgery During COVID-19 Pandemic No 6) Direction 2022 https://www.covid-19.sa.gov.au/_data/assets/pdf_file/0011/584309/Emergency-Management-Appropriate-Surgery-During-COVID-19-Pandemic-No-6-Direction-06012022.pdf

37 NSW Government 2022. Media release: Support measures for hospitals, community <https://www.nsw.gov.au/media-releases/support-measures-for-hospitals-community>

Hidden waiting list

Specialist clinics in public hospitals provide planned, non-admitted services to patients. To attend a specialist clinic, patients must have a referral from their GP, hospital doctor or other health professional. These specialist attendances often result in patients being added to the elective surgery waiting lists.

The available data shows that by the time a patient is added to the official elective surgery waiting list, they have already waited the period between referral from their general practitioner to the date of a consultation with an out-patient specialist to assess their surgery urgency or need. This period between the referral and the patient being officially added to the elective surgery list is known as the 'hidden waiting list'.

Similar to the elective surgery urgency categorisation, the outpatient urgency categories are classified as:

Urgent (Category 1) – specialist consultation recommended within 30 days of being added to the outpatient wait list

Semi-urgent (Category 2) – specialist consultation recommended within 90 days of being added to the outpatient wait list

Non-urgent (Category 3) – specialist consultation recommended within 365 days of being added to the outpatient wait list.³⁸

Although there is no consistent national reporting methodology on the number of people waiting to see a specialist as an outpatient in the public system, some States and Territories have started reporting their own figures.^{39,40,41} In Tasmania for example, in 2021 there were over 57,000 patients waiting to see a specialist in the public health system for their medical condition.⁴² That includes patients waiting over 800 days to see a specialist with urgent referrals.⁴³

Looking into the future, significant investment in public hospital resourcing will be required to not just to overcome delays further exacerbated by COVID-19, but also to restore the capacity of public hospitals to provide access to surgery to all those who require it within the clinically indicated time frames. International evidence also indicates that surgeries in the time of COVID-19 are more expensive than in normal times due to costs associated with infection prevention and use of personal protective equipment (PPE).^{44,45}

Moreover, costs associated with delayed elective surgeries go beyond the health system. Every delayed surgery has an impact, leading to loss of quality of life and further deterioration of health. Loss of health impacts on productivity and results in increased societal cost. For example, an individual waiting for a procedure to manage chronic pain is unable to work, and often must rely on prescription medication to manage their pain. This will incur costs to the health system through more consults with their General Practitioner, more medicine subsidised by the pharmaceutical benefits scheme, and through income support from the Government due to an inability to work. This could also lead to further health issues, including mental health issues, for an individual due to their limited ability to participate in work, physical and social activities.

Australia urgently needs a recovery plan for its public hospital system, with funding associated with it, that will factor in clearing of backlog of elective surgeries, establishing enough capacity to meet the population demand and factoring in the possibility of repeat waves of COVID-19 infections into the future. Improved funding and more innovation are the only ways forward. Ultimately, people should be kept out of hospitals for as long as possible. To achieve that, a range of measures will have to be agreed among all stakeholders to better support general practice to deliver the type of care that will enable people to have a much better quality of life and thereby not need to rely on hospital services as much.

38 Queensland Government Queensland Health 2022. Queensland Reporting Hospitals – Outpatient Indicators <http://www.performance.health.qld.gov.au/Home/SpecialistOutpatientIndicators/99999?Indicator=Category1>

39 Victorian Agency for Health Information 2022. Victorian Health Services Performance – Specialist Clinics – Urgent first appointments <https://vahi.vic.gov.au/specialist-clinics/urgent-first-appointments?nid=8586>

40 Queensland Government Queensland Health 2022. Queensland Reporting Hospitals – Specialist Outpatient <http://www.performance.health.qld.gov.au/Hospital/SpecialistOutpatient/99999>

41 Government of South Australia SA Health 2021. SA Health Specialist Outpatient Clinics Waiting Time Report <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/our+performance/specialist+outpatient+waiting+time+report/specialist+outpatient+waiting+time+report>

42 Tasmanian Government HealthStats 2022. Health System Dashboard Publication date: 28 January 2022, Accessed on 28 January 2022 <https://healthstats.dhhs.tas.gov.au/healthsystem>

43 Tasmanian Government Tasmanian Health Service 2022. Estimated outpatient waiting times Southern Region Waiting times as of 31 December 2021 Release date: 28 January 2022 Accessed on 28 January 2022 https://outpatients.tas.gov.au/clinicians/wait_times/wait_times

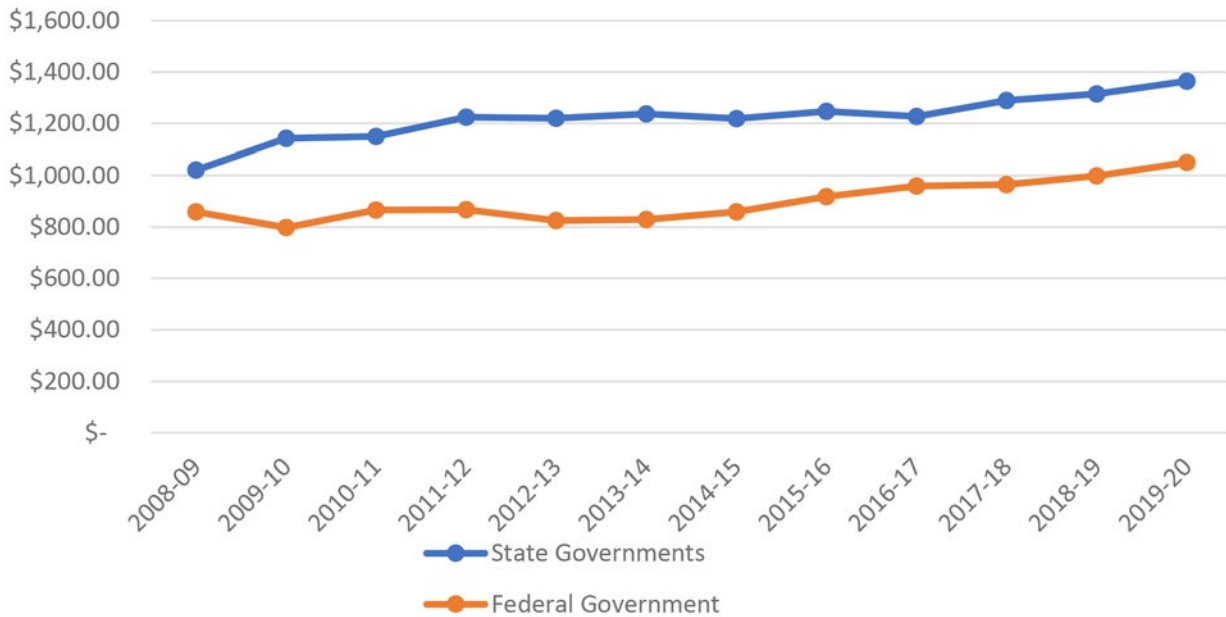
44 A J Fowler, T D Dobbs, Y I Wan, R Laloo, S Hui, D Nepogodiev, A Bhangu, I S Whitaker, R M Pearce, T E F Abbott, Resource requirements for reintroducing elective surgery during the COVID-19 pandemic: modelling study, *British Journal of Surgery*, Volume 108, Issue 1, January 2021, Pages 97–103, <https://doi.org/10.1093/bjs/znaa012>

45 COVIDSurg Collaborative, Elective surgery cancellations due to the COVID-19 pandemic: global predictive modelling to inform surgical recovery plans, *British Journal of Surgery*, Volume 107, Issue 11, October 2020, Pages 1440–1449, <https://doi.org/10.1002/bjs.11746>

Commonwealth funding for public hospitals

The latest Addendum to the National Health Reform Agreement 2020-25 continues the Commonwealth commitment to fund 45 per cent of the efficient growth in public hospital activity, capped at 6.5 per cent per annum. States and Territories must fund all public hospital expenditure over and above this amount. The most recent public hospital funding data is 2019-20, to the end of the financial year in June 2020, so it is partially affected by COVID-19.

Graph 6: Public hospital expenditure per person (constant prices)



Source: Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2008-09 to 2019-20 viewed 9 February 2022 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/main-visualisations/overview>

Graph 6 shows that State and Territory Governments have, on average over the last ten years, allocated substantially higher levels of public hospital growth funding per person each year than has the Commonwealth. The table below compares the rate of growth in per person Commonwealth public hospital funding in each five-year period over the last decade.

Per person average annual per cent increase in public hospital funding by government source (constant prices)

	2008-09 to 2013-14	2014-15 to 2019-20	2009-10 to 2019-20
Commonwealth	-0.7%	4.1%	2.8%
All States and Territories	3.9%	2.3%	1.8%

In the AMA's view, this rate of per person funding growth from the Commonwealth and State governments falls well short of that needed to cover annual public hospital input increases (including wages growth), plus a higher volume of services to provide timely patient treatment.

Significant effort will be required from both the Commonwealth and the State and Territory governments to turn things around. While the Commonwealth will need to increase its share by a greater amount, the States and Territories must lift their game too. It is the AMA position that the Commonwealth must increase its contribution to 50 per cent for activity-based funding. This increase would require the States and Territories to reinvest the 5 per cent into public hospitals. Furthermore, the removal of the Commonwealth's annual growth cap would allow public hospitals to meet community demand, meaning an indirect increase in funding from all governments due to increased activity. Funding to address demand and expand capacity would be partnership funding, shared between the Commonwealth and States and Territories. Commonwealth funding for pay-for-performance targets would only be paid if States and Territories improved their public hospital performance.⁴⁶

⁴⁶ Australian Medical Association 2021. Public Hospitals – Cycle of Crisis https://www.ama.com.au/sites/default/files/2021-10/Public%20hospitals_Cycle%20of%20crisis_online%20%281%29.pdf

2. STATE-BY-STATE PUBLIC HOSPITAL PERFORMANCE

This section includes performance information for each State and Territory using available data sources. A summary of State performance is shown in Table 1. It represents 2020-21 compared to the previous year. The funding section of the Table 1 reflects the 2019-20 data.

Table 1: State and Territory performance 2020-21 compared to the previous year. Latest hospital per person funding data are for the year 2019-20

State/ Territory	Improved access to emergency treatment – urgent category (within 30 mins) 2020-21	Improvement in proportion of patients leaving emergency within 4 hours 2020-21	Improvement in median wait time for elective surgery (all categories) 2020-21	Improvement in Elective Surgery Category 2* – patients seen on time 2020-21	Commonwealth public hospitals per person funding (constant prices) 2019-20 (latest data)	State public hospitals per person funding (constant prices) 2019-20 (latest data)
NSW	X	X	X	X	✓	✓
VIC	X	X	X	X	✓	✓
QLD	X	X	X	X	X	✓
WA	X	X	X	X	✓	static
SA	X	X	X	X	✓	X
TAS	X	X	X	X	✓	X
ACT	✓	X	X	X	✓	✓
NT	X	X	X	X	✓	X

Source: Australian Institute of Health and Welfare (AIHW). Elective surgery waiting times 2019-20 to 2020-21: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Emergency department care 2019-20 to 2020-21: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Health Expenditure Australia 2019-20, data visualisation.

*Treating patients within clinically recommended time – Category 2 (within 90 days)

✓ or X indicates a change in performance of at least 1 per cent compared to 2018-19. In the case of per person public hospital funding the ✓ or X shows a change of 1 per cent or more between 2017-18 and 2018-19. Median wait time for elective surgery expressed in days.

✓ or X indicates a change of at least 1 day compared to 2019-20.

NEW SOUTH WALES

Dr Danielle McMullen,
President of AMA New South Wales



As we learn to live with COVID-19 and the direct impacts on our healthcare system become less significant, tackling deferred care for non-COVID illnesses will be increasingly important. Delays in care for patients with both chronic and episodic conditions can lead to significant deterioration in their condition and ability to participate in work, and their quality of life. The cost of treating these conditions is expected to rise as the severity of a patient's symptoms worsen. As a health system, we must be prepared to deal with the substantial economic impact of deferred care.

Simultaneously, we need to be prepared for another COVID wave and ensure that doing so maximises the ability to maintain non-COVID care during an outbreak.

Governments at all levels need to invest in public hospitals and, importantly, we need to increase our workforce to adequately meet the needs of a growing and ageing population, who are increasingly presenting with complex, chronic conditions.

Emergency department

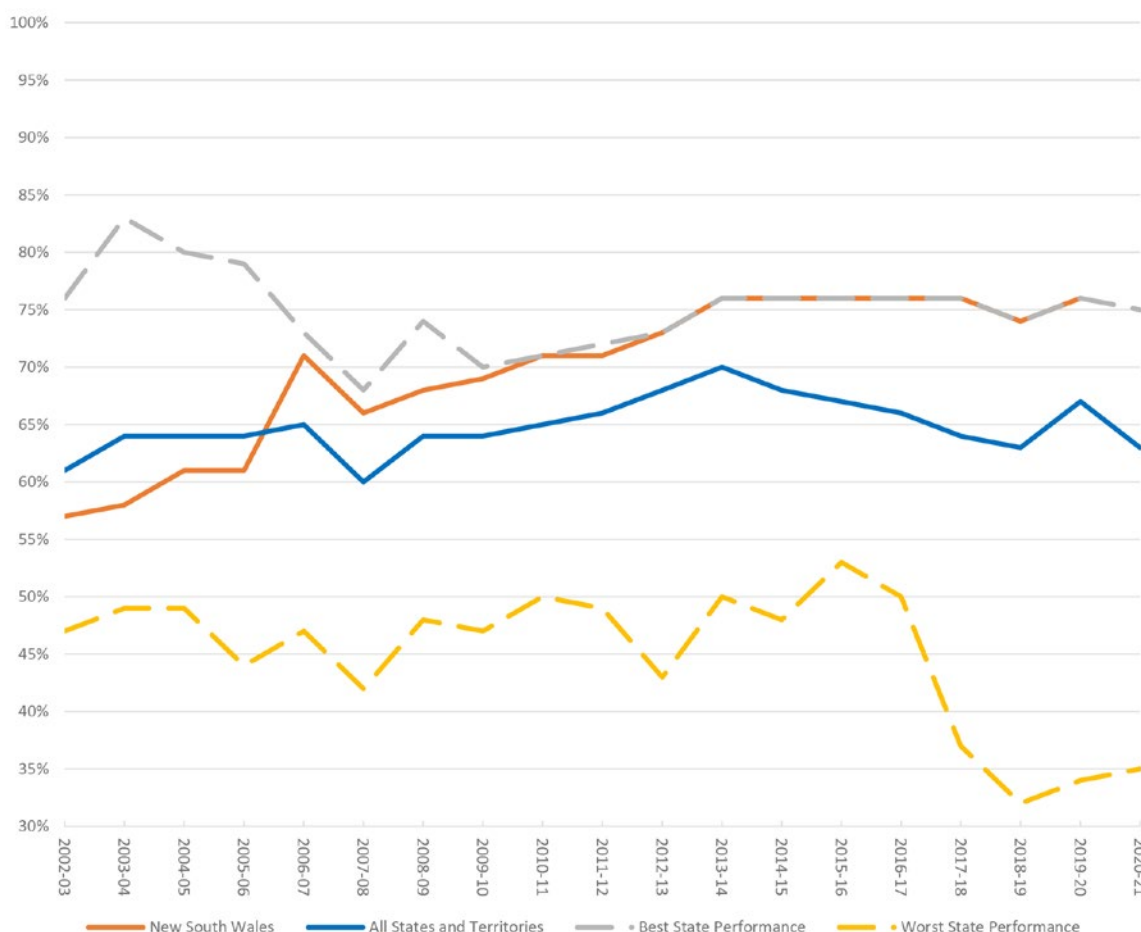
New South Wales - COVID-19 impact on public hospital emergency department patient volumes

New South Wales recorded its first case of COVID-19 on 25 January 2020. Between 9 March and 30 March 2020 average daily Urgent emergency presentations at New South Wales public hospitals fell from 2,769 to 1,909 – a decline of 31 per cent.⁴⁷ Thereafter, Urgent presentations followed the same trajectory as total presentations and mostly recovered, but still finished the full 2019-20 financial year 2.4 per cent lower than 2018-19.^{48,49}

During 2020-21 reporting period, NSW emergency department public hospital performance declined compared to the year before. Percentage of Triage Category 3 (Urgent) Emergency department patients seen within recommended time (<30 minutes) dropped by one per cent. However, NSW was still the best performer nationally on this important indicator, and 12 per cent above the national average of 63 per cent.

Waiting times

Percentage of Triage Category 3 (Urgent) emergency department patients seen within recommended time (<30 minutes) – New South Wales



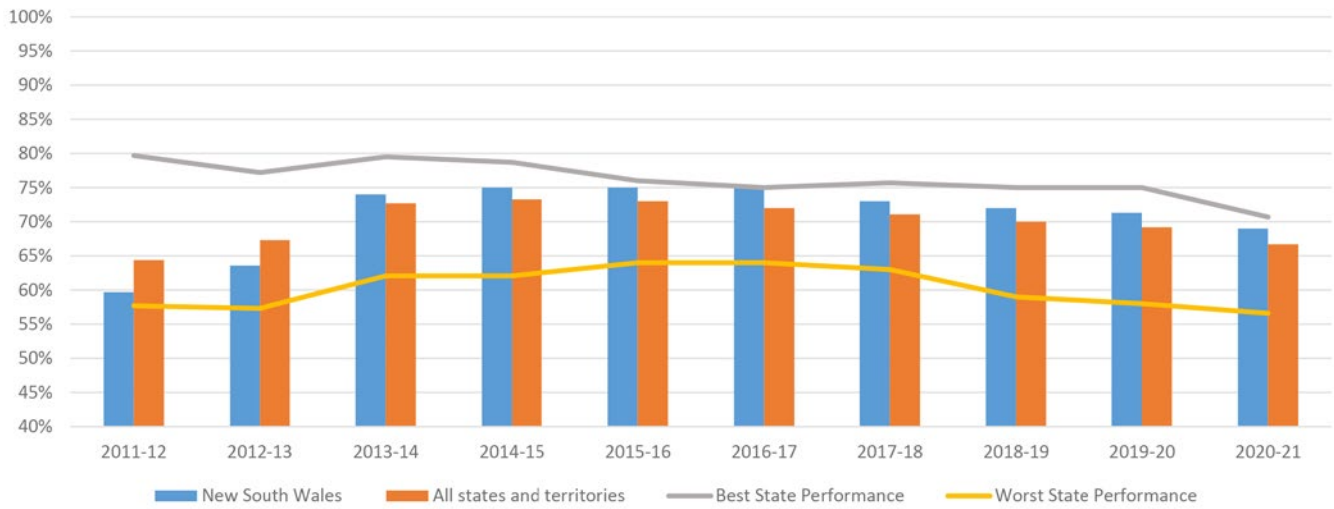
Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2020-21

47 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* viewed 2 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

48 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* table S5.1 viewed 2 August 2021 <https://www.aihw.gov.au/getmedia/433ca-ea4-03ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

49 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2018-19* table S5.1 viewed 2 August 2021 <https://www.aihw.gov.au/getmedia/6f15c095-e669-428c-9cef-a887cb65f3b0/Emergency-department-care-2018-19.xlsx.aspx>

Percentage of emergency department visits completed in four hours or less – New South Wales



Source: Australian Institute of Health and Welfare (AIHW). Emergency department care (2011-12 to 2020-21): Australian hospital statistics.

Note: National emergency access targets were abolished with effect from 1 July 2015

Elective surgery

Before the National Cabinet decision to cancel elective surgeries (other than Category 1 and exceptional Category 2) from 1 April 2020, the New South Wales government announced a \$700 million funding boost to expand ICU capacity and other public hospital pandemic preparedness.⁵⁰

New South Wales Category 2 and 3 public patient elective surgeries were restored on 16 June 2020, accelerated by the NSW government \$388 million funding boost, to fast-track public patient delayed elective surgeries in private hospitals.⁵¹

Following the announcement and the acceleration in elective surgery, NSW recorded significant increases in elective surgeries compared to the same period the year before:

- Jul to Sept 2020 increase of 4.2 per cent;
- Oct to Dec increase of 7.6 per cent;
- Jan to Mar 2021 increase of 14.3 per cent;

In the period March to June 2021 NSW recorded a sharp increase in the number of elective surgeries in comparison to the same period in 2020, when elective surgeries were almost entirely paused after the declaration of the pandemic.⁵²

Waiting times

New South Wales – COVID-19 impact on public hospital elective surgery volumes

The impact of COVID-19 on elective surgeries in NSW in 2020 was significant, with April to June 2020 quarter recording a drop of 39.4 per cent in elective surgeries performed, compared to the same quarter in 2019.⁵³ Over the full 2019-20 financial year, New South Wales elective surgeries were 10 (9.7) per cent lower than the pre-pandemic level in 2018-19.⁵⁴

Even with the significant investment by the NSW Government into elective surgeries and the continuous increase in the number of surgeries performed over the 2020-21 reporting period, the median wait time for elective surgery in NSW increased from 53 days in 2019-20 to 68 days in 2020-21.^{55,56} In 2020-21, the median wait time in NSW was 40 days longer than the best performing State (Victoria).⁵⁷

50 Berejiklian G (Premier of the New South Wales) 2020, \$2.3 billion health boost and economic stimulus, 17 March 2020 <https://www.nsw.gov.au/media-releases/23-billion-health-boost-and-economic-stimulus>

51 NSW Government NSW Health 2020, \$388 million to fast-track elective surgeries https://www.health.nsw.gov.au/news/Pages/20200616_01.aspx

52 NSW Bureau of Health Information 2022, Data portal – Healthcare Quarterly Results-Elective surgeries performed-Overall results <https://www.bhi.nsw.gov.au/data-portal>

53 NSW Bureau of Health Information 2022, Data portal – Healthcare Quarterly Results-Elective surgeries performed-Overall results -Apr to June 2020 <https://www.bhi.nsw.gov.au/data-portal>

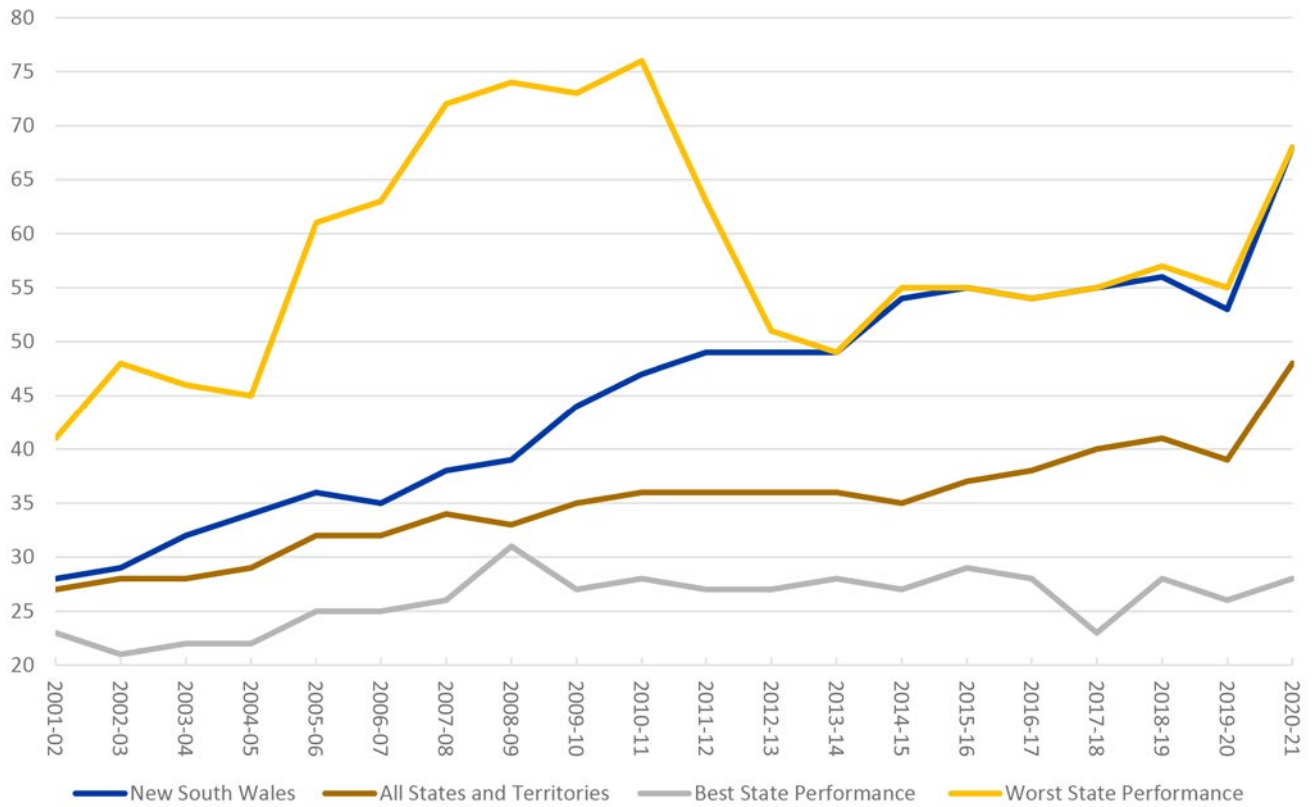
54 Australian Institute of Health and Welfare (2021), Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.11 viewed 5 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>

55 Australian Institute of Health and Welfare (2021), Australian Hospital Statistics: Elective surgery waiting times 2018-19 Table 4.11 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954fbc/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

56 Australian Institute of Health and Welfare (2022), Australian Hospital Statistics: Elective surgery waiting times 2020-21 data tables Table 4.11 viewed 31 January 2022 <https://www.aihw.gov.au/getmedia/9d847d52-b1d3-4366-9900-1a0d4db1055d/Elective-surgery-waiting-times-2020-21.xlsx.aspx>

57 Ibid.

Median waiting time for elective surgery (days) – New South Wales

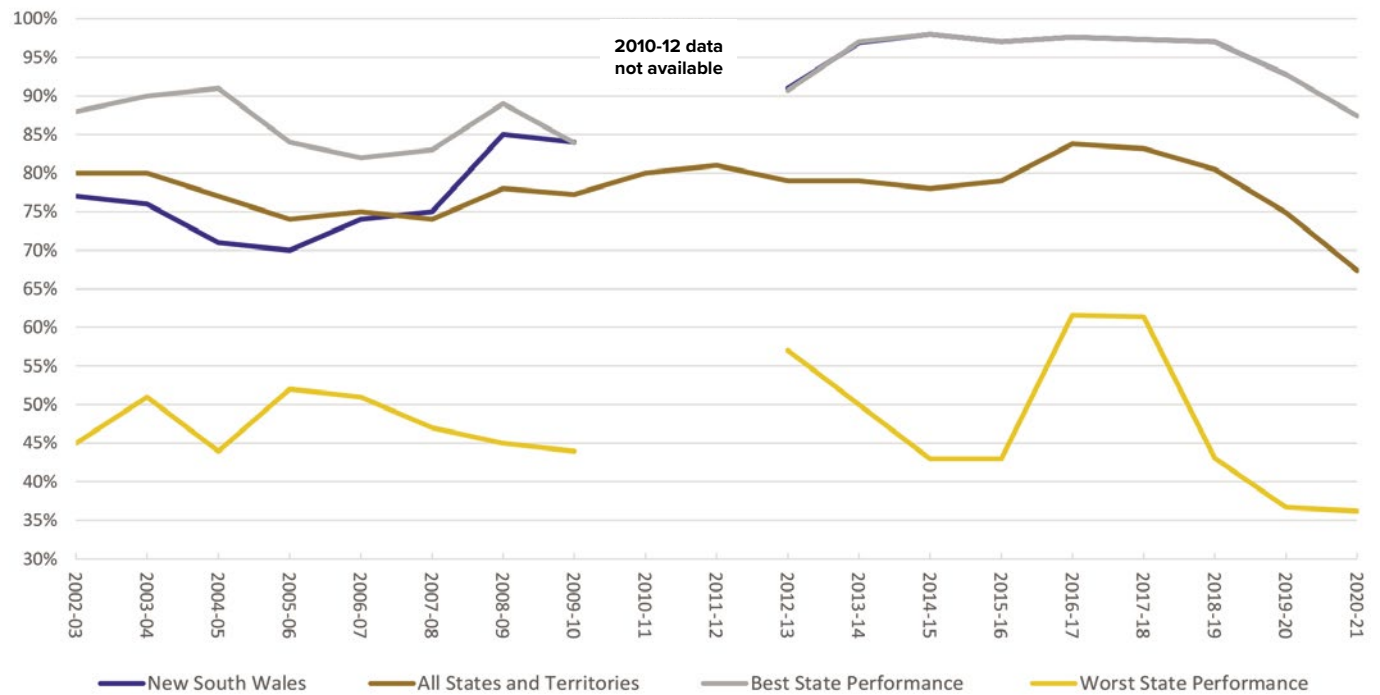


Source: Australian Institute of Health and Welfare (AIHW), Elective surgery data cubes (2001-02 to 2006-07); Australian hospital statistics. Australian Institute of Health and Welfare (AIHW), Elective surgery waiting times (2007-08 to 2020-21); Australian hospital statistics

Category 2 patients

Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) New South Wales

In 2020-21 87.4 per cent of category 2 elective surgery patients were admitted within the recommended period. That is a drop of 5.4 per cent compared to the year before. However, even with this marked decrease, nationally NSW is the best performing State on this indicator.

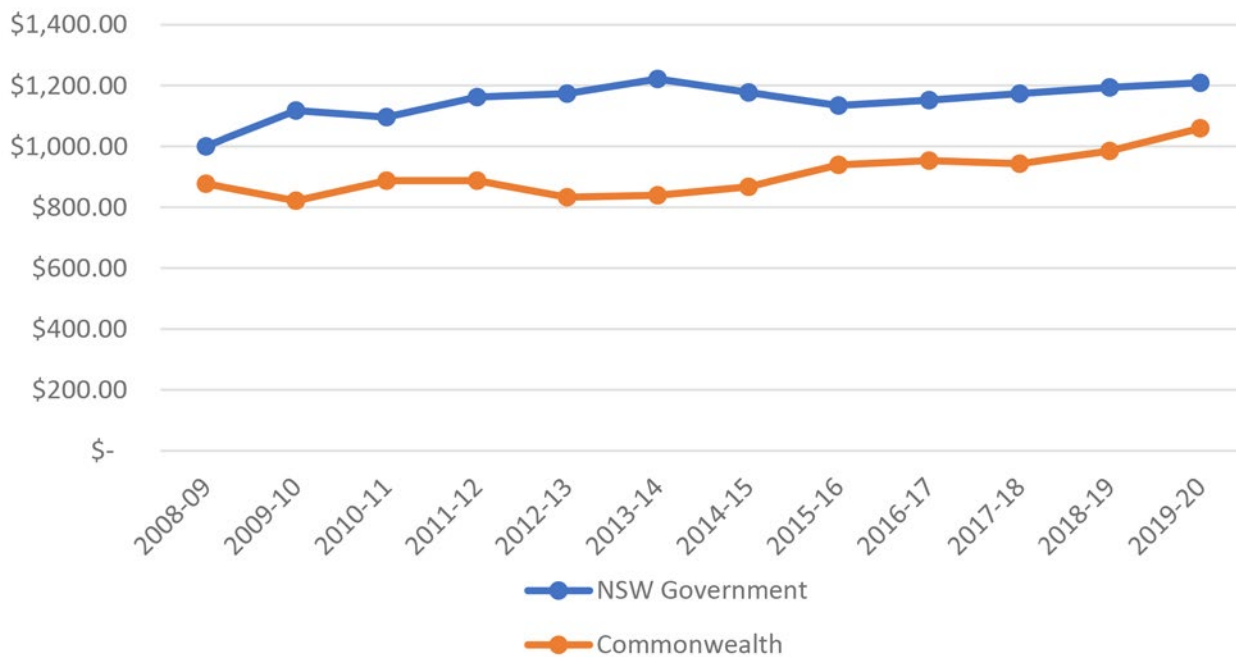


Source: The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2020-21: Australian hospital statistics

Public hospital funding

The most recent public hospital funding data is 2019-20 and it is partially affected by COVID-19.

Commonwealth and New South Wales government per person funding for public hospitals (constant prices)



Source: Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2008-09 to 2019-20 viewed 10 February 2022 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/main-visualisations/overview>

	2008-09 to 2013-14	2014-15 to 2019-20	2009-10 to 2019-20
Commonwealth	-0.9%	4.1%	2.6%
New South Wales government	4.1%	0.5%	0.8%

VICTORIA

Dr Roderick McRae,
President of AMA Victoria



Victoria's public hospitals are in crisis. This status pre-existed SARS-CoV-2, and all that has flowed from its emergence. They have faced a significant increase in demand over several years which has not been met by sufficient increased investment in staffing and infrastructure. Factors including an aging population, an increase in chronic and complex health conditions, and escalating presentations to Emergency Departments (EDs) for mental health conditions, have contributed to a health system under immense pressure. An under-availability of inpatient beds means EDs are unable to admit patients in a timely manner, important for overall care, and this 'access block' leads to overcrowding and longer wait times for emergency patients.

The statistics are damning, however the solutions are not complicated. Victoria's public hospital system requires urgent investment in both infrastructure and workforce.

During the 2020-21 reporting period, only 63 per cent of patients in Victoria were seen within the recommended 30 minutes and just 62 per cent of emergency department visits were completed in four hours or less in Victoria. It's a mess - due to protracted underinvestment.

2019-20 saw a drop of 12.2 per cent in elective surgeries in Victoria compared to the year before, with Category 2 elective surgery declining by 14 per cent and Category 3 by 23 per cent. This trend continued in 2020-21, with number of Category 2 elective surgeries conducted dropping by 8.6 per cent compared to the year before. This is simply just not good enough.

In 2020-21, 62 per cent of patients for Category 2 elective surgery were admitted within the recommended 90 days, marking a drop of 14.5 per cent compared to the year before. Moreover, the remaining 38 per cent of patients who are overdue on the waiting list (a patient is considered overdue if the number of days they waited for elective surgery exceeded the clinically recommended time) on average wait additional 130 to 140 days on top of the 90 days that is clinically indicated for Category 2 elective surgery.

Something must change.

Emergency department

Victoria - COVID-19 impact on public hospital emergency department patient volumes

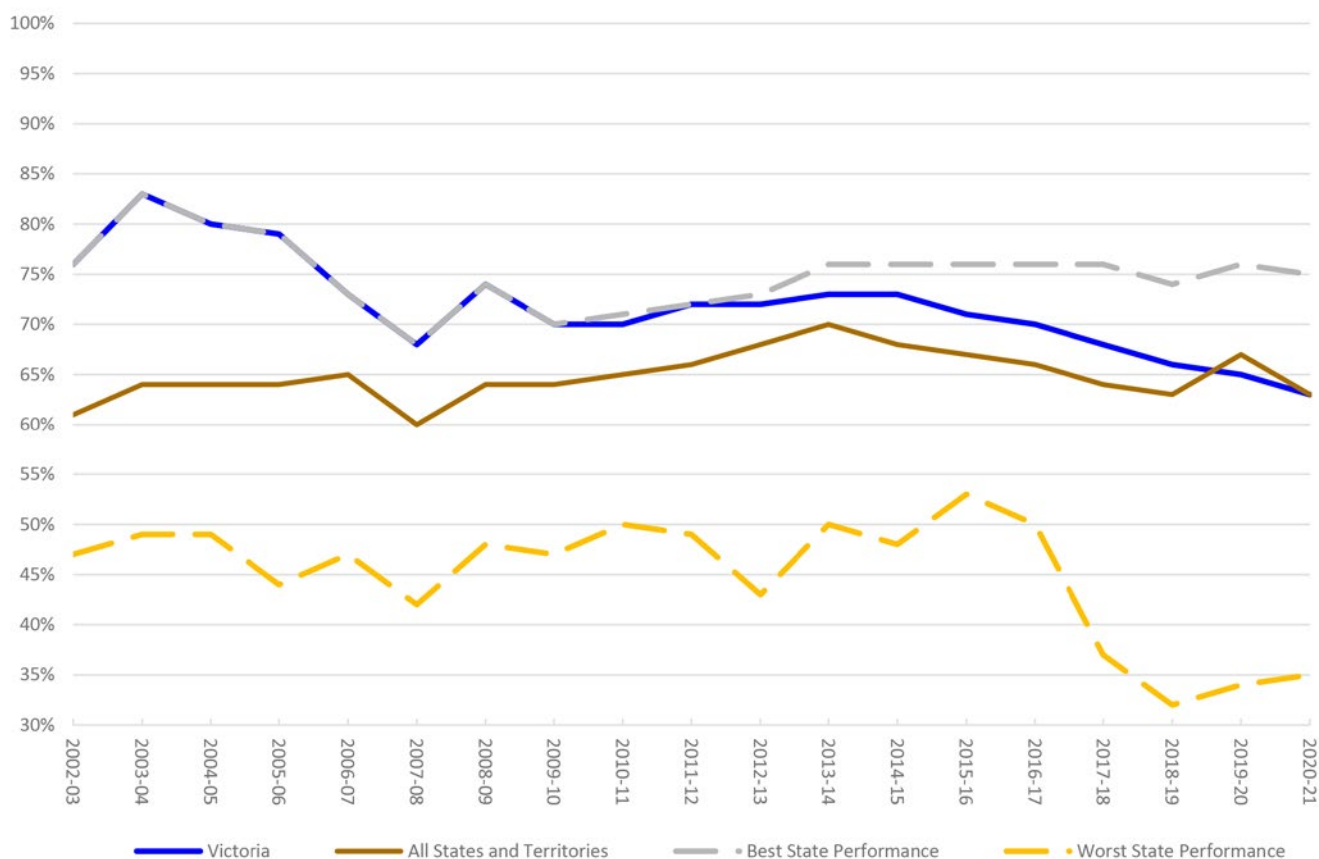
Throughout 2020-21 Victoria imposed strict lockdowns intermittently to curb the spread of the COVID-19. On 2 August 2020, Stage 4 restrictions were introduced that lasted until 18 October 2020.^{58,59} Further Stage 4 restrictions were imposed in February 2021⁶⁰ and May 2021.⁶¹

During the second wave of the COVID-19 outbreak in the latter half of 2020, Victorian aged care facilities were significantly affected, resulting in increased emergency presentations and hospital transfers.⁶² On 28 July 2020 the Victorian Premier reported that there were around 150 transfers to hospitals from aged care facilities.⁶³

Overall, the volume of public hospital emergency presentations in Victoria during 2020-21 dropped by 0.7 per cent compared to the year before.⁶⁴

Waiting times

Percentage of Triage Category 3 (Urgent) emergency department patients seen within recommended time (<30 minutes) – Victoria



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2020-21

58 Victoria State Government Health and Human Services 2020. Premier's statement on changes to Melbourne's restrictions <https://www.dhhs.vic.gov.au/updates/coronavirus-covid-19/premiers-statement-changes-melbournes-restrictions-2-august-2020>

59 Andrews, D. Premier of Victoria 2020. Media statement <https://www.premier.vic.gov.au/statement-premier-77>

60 Andrews, D. Premier of Victoria 2021. Circuit Breaker Action <https://www.premier.vic.gov.au/sites/default/files/2021-02/210212%20-%20Table%20of%20restrictions.pdf>

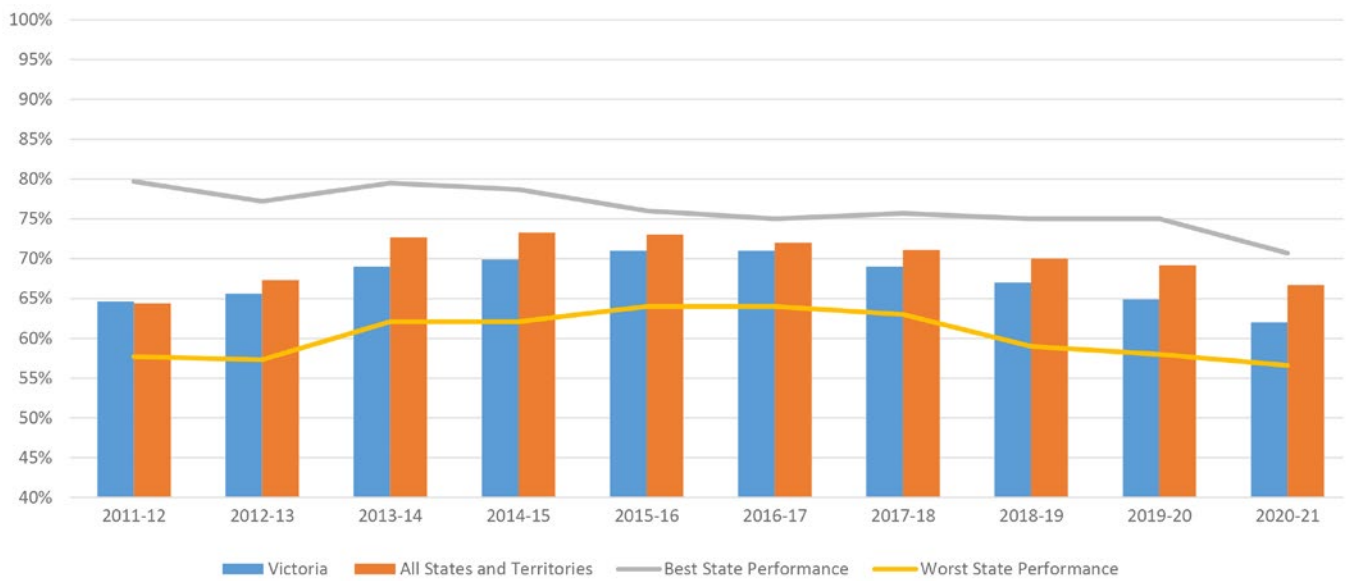
61 Victoria State Government Health and Human Services 2021. Coronavirus update for Victoria - 28 May 2021 <https://www.dhhs.vic.gov.au/coronavirus-update-victoria-28-may-2021>

62 Australian Government Department of Health 2020. A media release from the Victorian Aged Care Response Centre about the transfer of St Basil's aged care residents to hospital. <https://www.health.gov.au/news/st-basils-aged-care-residents-transferred-to-hospital-0>

63 Andrews, D. Premier of Victoria 2020. Media statements: Working Together To Protect Our Aged Care Residents <https://www.premier.vic.gov.au/working-together-protect-our-aged-care-residents>

64 Australian Institute of Health and Welfare 2022. Australian Hospital Statistics: Emergency Department care 2020-21 viewed 1 Feb 2021 Table 2.2 <https://www.aihw.gov.au/getmedia/0d0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx>

Percentage of emergency department visits completed in four hours or less – Victoria



Source: Australian Institute of Health and Welfare (AIHW). Emergency department care (2011-12 to 2020-21): Australian hospital statistics.

Note: National emergency access targets were abolished with effect from 1 July 2015

Elective surgery

Throughout 2020-21 the pandemic continued to affect the delivery of elective surgery in Victoria, even with additional funding provided by the Victorian Government to fast-track 7,000 elective surgeries.⁶⁵

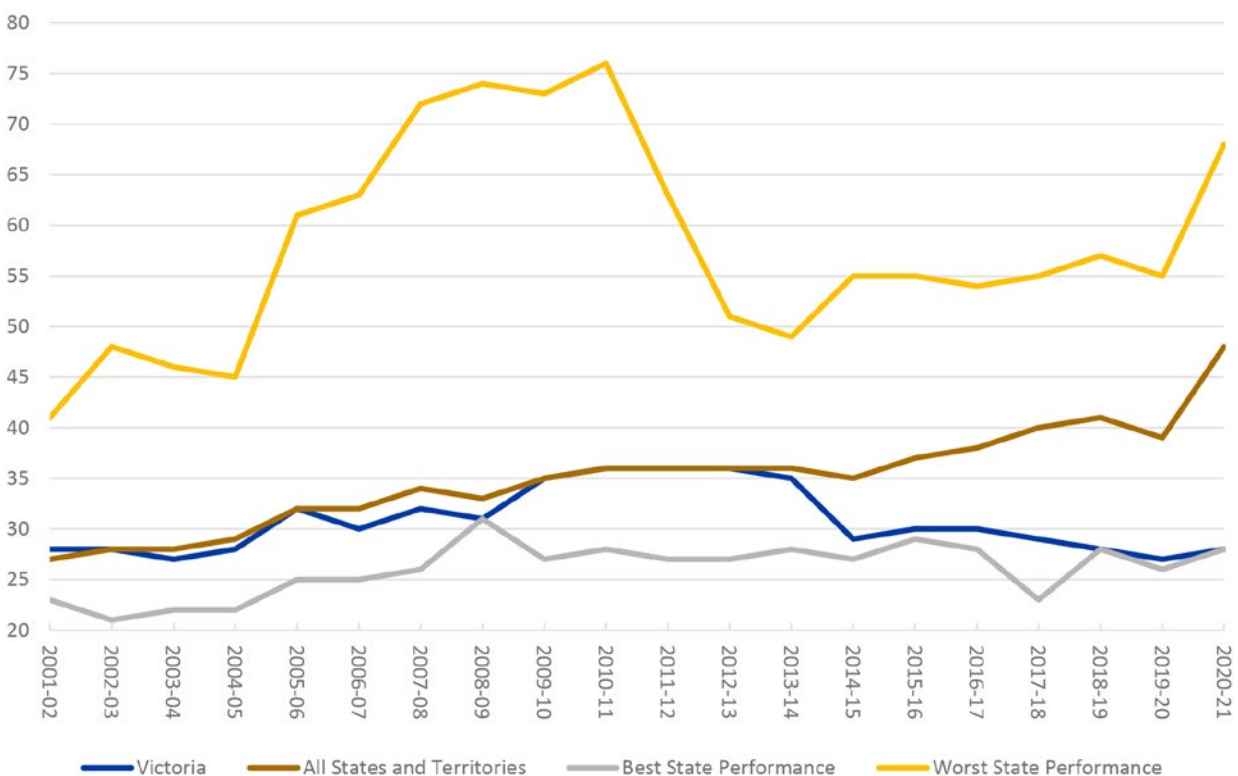
On 30 June 2020 the Premier had announced a return to tougher restrictions in some Victorian postcodes where the outbreak had re-escalated.⁶⁶ On 28 July 2020 the bulk of elective surgery in Metropolitan Melbourne was suspended with only new Category 1 and the most urgent Category 2 surgeries conducted.⁶⁷

Waiting times

Year 2019-20 saw a drop of 12.2 per cent in elective surgeries in Victoria compared to the year before, with Category 2 elective surgery declining by 14 per cent and Category 3 by 23 per cent.⁶⁸

This trend continued in 2020-21, with the number of Category 2 elective surgeries conducted dropping by 8.6 per cent compared to the year before.^{69,70} On average, Victorians waited 28 days for elective surgery. Victoria is the best performing state on this parameter. However, similar to other states and territories, this data may be affected by the hidden waiting list – patients who are waiting to see a specialist as an outpatient in the public hospital system, who will eventually be added to the waiting list.

Median waiting time for elective surgery (days) – Victoria



Source: Australian Institute of Health and Welfare (AIHW). Elective surgery data cubes (2001-02 to 2006-07): Australian hospital statistics. Australian Institute of Health and welfare (AIHW). Elective surgery waiting times (2007-08 to 2020-21): Australian hospital statistics

65 Andrews, D (Victorian Premier) 2020, COVID-19 capacity boost as elective surgery blitz starts, media release, Office of the Premier, Melbourne, 15 March 2020 <https://www.premier.vic.gov.au/covid-19-capacity-boost-elective-surgery-blitz-starts>

66 Andrews, D (Victorian Premier) 2020, *statement from the Premier*, media release, Office of the Premier, Melbourne, 30 June 2020 <https://www.premier.vic.gov.au/statement-premier-72>

67 <https://www.premier.vic.gov.au/working-together-protect-our-aged-care-residents>

68 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.12 viewed 5 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>

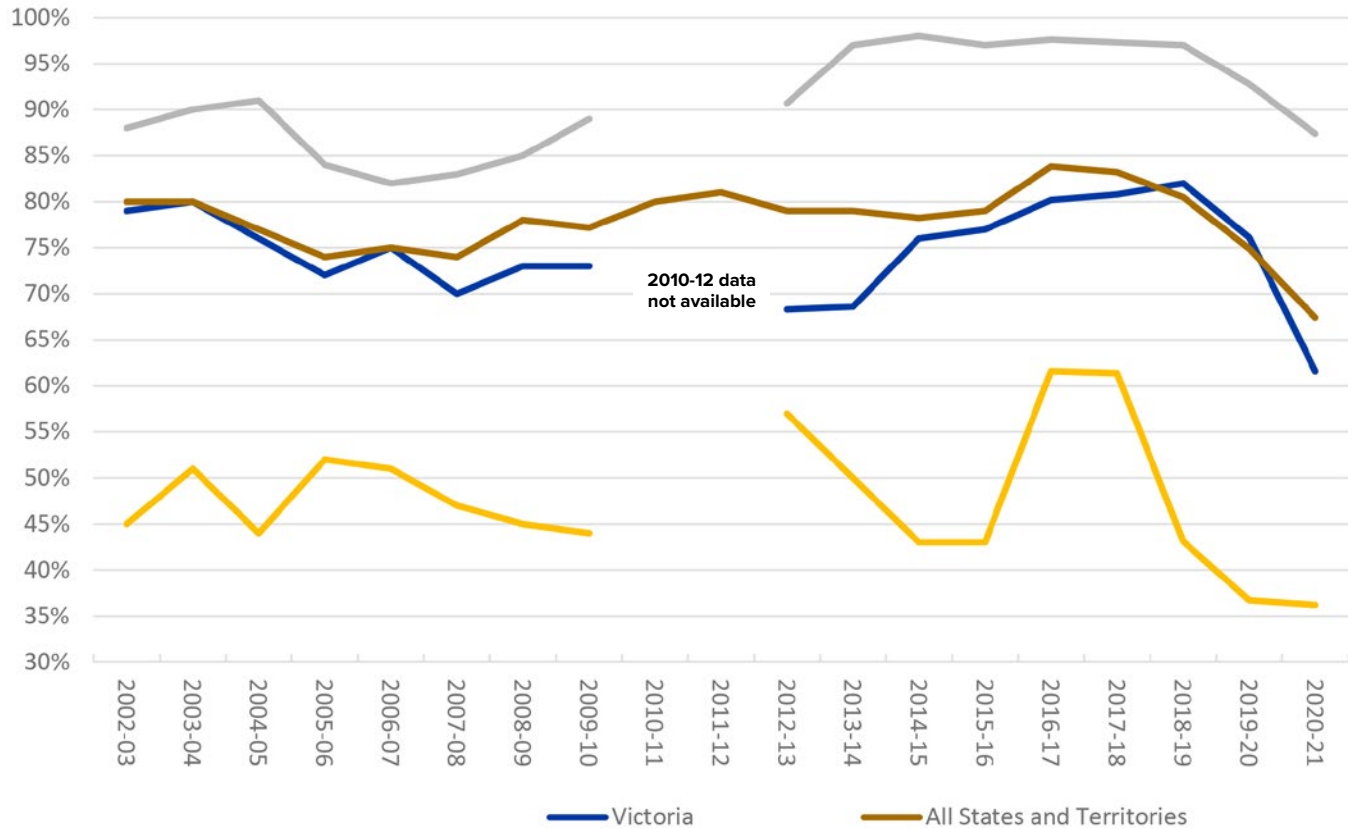
69 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.12 viewed 5 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>

70 Australian Institute of Health and Welfare (2022). Australian Hospital Statistics: Elective surgery waiting times 2020-21 Table 4.12 viewed 1 Feb 2022 <https://www.aihw.gov.au/getmedia/9d847d52-b1d3-4366-9900-1a0d4db1055d/Elective-surgery-waiting-times-2020-21.xlsx.aspx>

Category 2 patients

Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) Victoria

In 2020-21, 62 per cent of patients for Category 2 elective surgery were admitted within the recommended 90 days, marking a drop of 14.5 per cent compared to the year before. Moreover, the remaining 38 per cent of patients who are overdue on the waiting list (a patient is considered overdue if the number of days they waited for elective surgery exceeded the clinically recommended time) on average wait an additional 130 to 140 days on top of the 90 days that is clinically indicated for Category 2 elective surgery.⁷¹



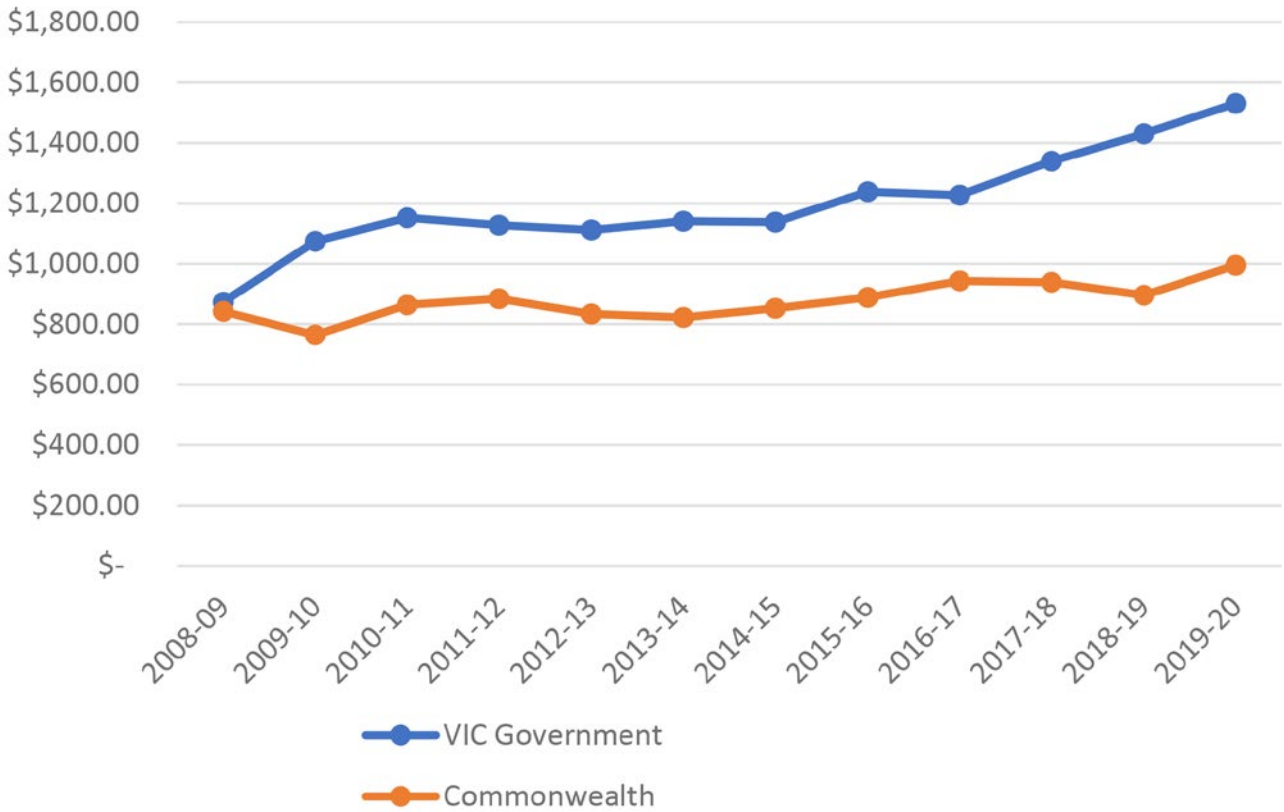
Source: The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2020-21: Australian hospital statistics

71 Victorian Agency for Health Information 2022. Victorian Health Services Performance Elective ?Surgery? Patients waiting for treatment Average Overdue Time State-wide Category 2 viewed on 4 February 2022 <https://vahi.vic.gov.au/elective-surgery/patients-waiting-treatment?nid=8579>

Public hospital funding

The most recent public hospital funding data is 2019-20, so it is partially affected by COVID19.

Commonwealth and Victorian government per person funding for public hospitals (constant prices)



Source: Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2008-09 to 2019-20 viewed 10 February 2022 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/main-visualisations/overview>

	2008-09 to 2013-14	2014-15 to 2019-20	2009-10 to 2019-20
Commonwealth	-0.5%	3.1%	2.7%
Victorian government	5.5%	6.1%	3.6%

QUEENSLAND

Prof Chris Perry,
President of AMA Queensland



Queensland's public hospitals are performing well overall, given their stretched resources, but more than a third of Category 3 emergency department patients are not seen within the recommended 30 minutes and elective surgery patients are waiting too long.

This report card shows that slightly more elective surgery patients were not admitted within the recommended time and Queenslanders are waiting 14 days longer than other states for category 2 surgeries. We must act now before our public hospitals fall further behind in Queensland.

AMA Queensland has put together a five-point plan of recommended short, medium and long-term actions to address the hospital bed block that is leading to emergency department (ED) ramping.

We need 1,500 more beds, extended hours for non-ED hospital functions like pharmacy, and different ways for patients to access hospital care other than through the ED. Our hospitals must run at less than 90 per cent occupancy so there is surge capacity, and Hospital and Health Services must conduct a detailed analysis of patient flow within the hospital and report against that analysis. This can work if it is underpinned by strong effective leadership, innovation, and appropriate investment by the State and Federal Governments.

Emergency department

Queensland - COVID-19 impact on public hospital emergency department patient volumes

Following the decline in emergency department presentations recorded in early 2020, at the start of the pandemic, by the end of 2019-20 financial year Queensland returned to pre-pandemic patient levels, recording an increase of 3 per cent compared to 2018-19.⁷²

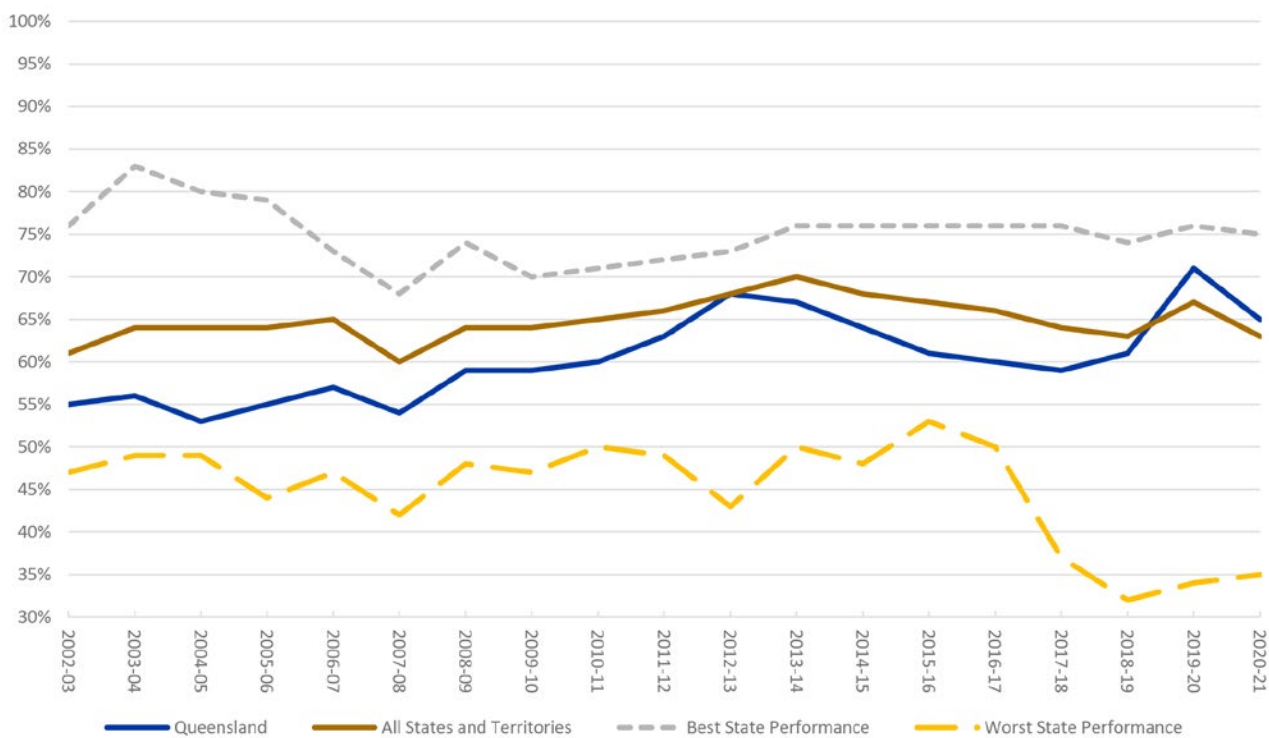
Australian Institute of Health and Welfare data show that in 2020-21 year, the volume of emergency presentations at Queensland public hospitals increased by 17.5 per cent, averaging around 5,171 daily presentations in 2020-21, compared to 4,401 presentations per day in 2019-20.^{73,74}

Urgent public hospital emergency presentations in Queensland followed a very similar pattern to total emergency presentations, averaging around 2,000 per day in the 2020-21 reporting period.⁷⁵

Waiting times

Percentage of Triage Category 3 (Urgent) emergency department patients seen within recommended time (<30 minutes) – Queensland

In 2020-21, 65 per cent of patients visiting emergency department in Queensland and triaged as Category 3 Urgent were seen within the recommended 30 minutes.



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2020-21

72 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* viewed 2 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

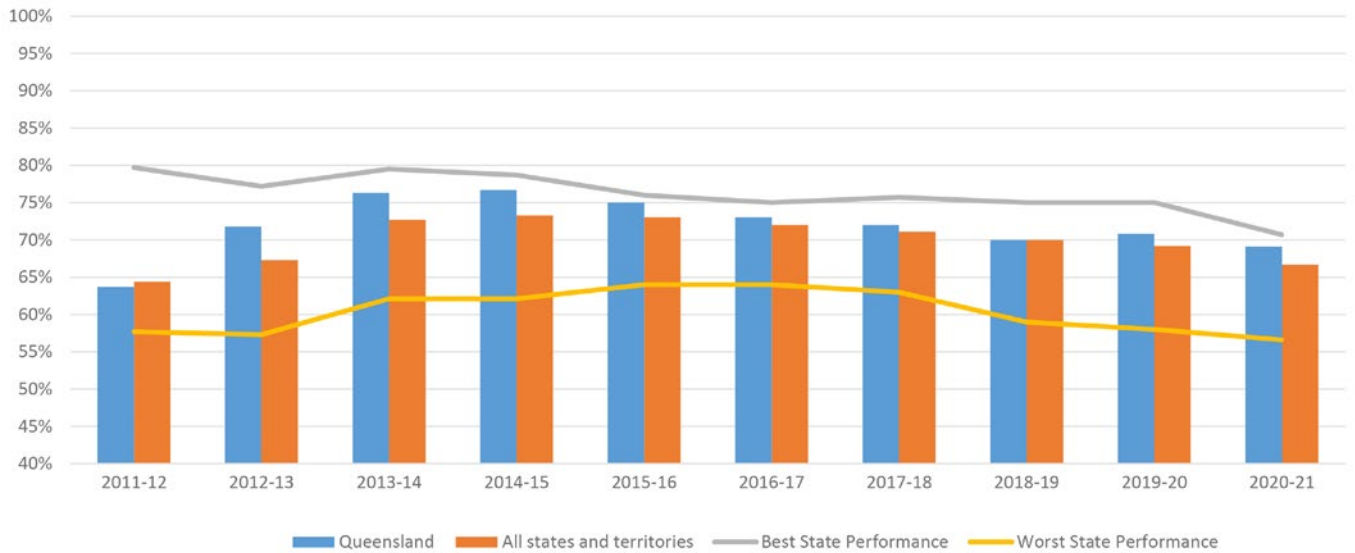
73 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* viewed 2 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

74 Australian Institute of Health and Welfare 2022. Australian Hospital Statistics: *Emergency Department care 2020-21* viewed 1 Feb 2021 Table 2.2 <https://www.aihw.gov.au/getmedia/0d0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx>

75 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency department care 2020-21* Viewed on 1 February 2022 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

Percentage of emergency department visits completed in four hours or less – Queensland

In the same reporting period, 69 per cent of emergency department visits were completed in four hours or less.



Source: Australian Institute of Health and Welfare (AIHW). Emergency department care (2011-12 to 2020-21); Australian hospital statistics.

Note: National emergency access targets were abolished with effect from 1 July 2015

Elective surgery

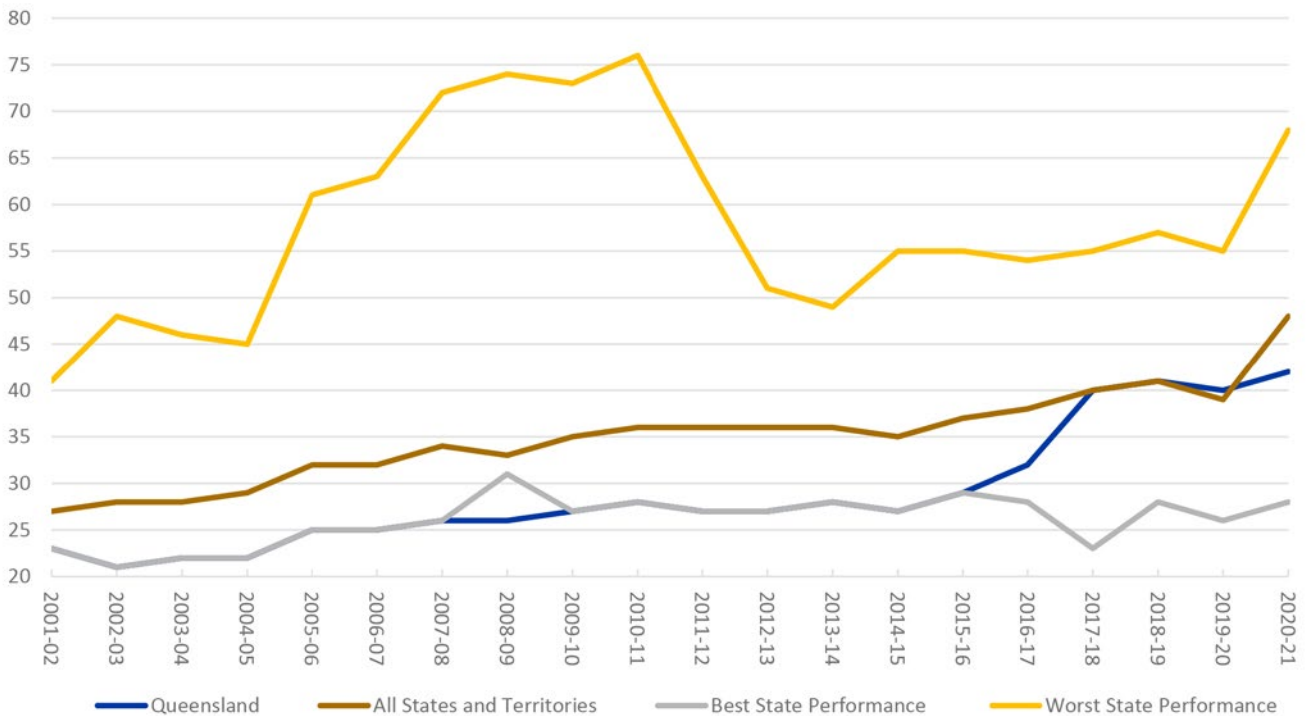
Waiting times

Queensland – COVID-19 impact on public hospital elective surgery volumes

As in the other jurisdictions, COVID-19 continued to impact elective surgery volumes in 2020-21 in Queensland. On 14 June 2020 Queensland Premier announced a “Quarter of a billion-dollar elective surgery blitz” aiming to work through the backlog of elective surgeries created by the suspensions implemented at the start of the pandemic and get back to pre-covid levels of elective surgery.⁷⁶

Median waiting time for elective surgery (days) – Queensland

Median wait time for elective surgery in Queensland in the 2020-21 reporting period was 42 days, 14 days longer than the best performing State, Victoria.



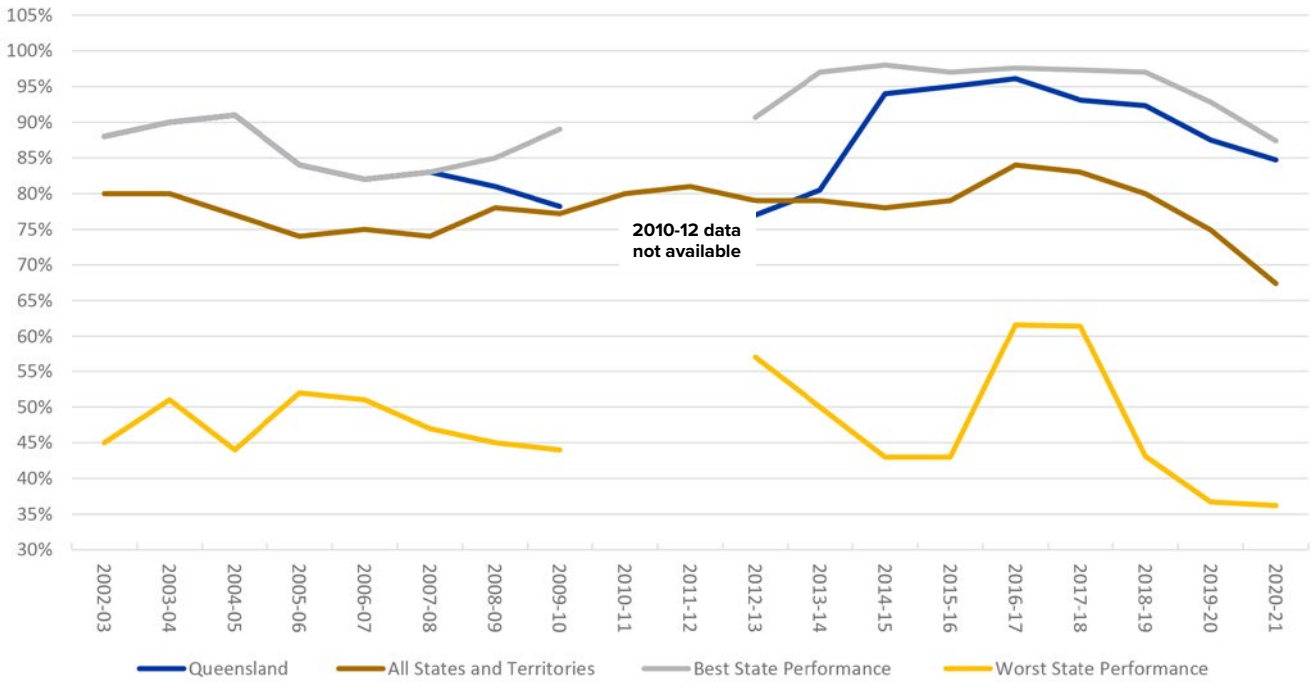
Source: Australian Institute of Health and Welfare (AIHW). Elective surgery data cubes (2001-02 to 2006-07): Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Elective surgery waiting times (2007-08 to 2020-21): Australian hospital statistics

⁷⁶ Miles, S 2020. Deputy Premier and Minister for Health and Minister for Ambulance Services, Queensland Government, 2020. Media Statement: Quarter of a billion dollar elective surgery blitz <https://statements.qld.gov.au/statements/90009>

Category 2 patients

Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) Queensland

85 per cent of patients on the Category 2 elective surgery waiting list were seen within the recommended 90 days in Queensland. This is a 3.3 per cent drop compared to previous year.

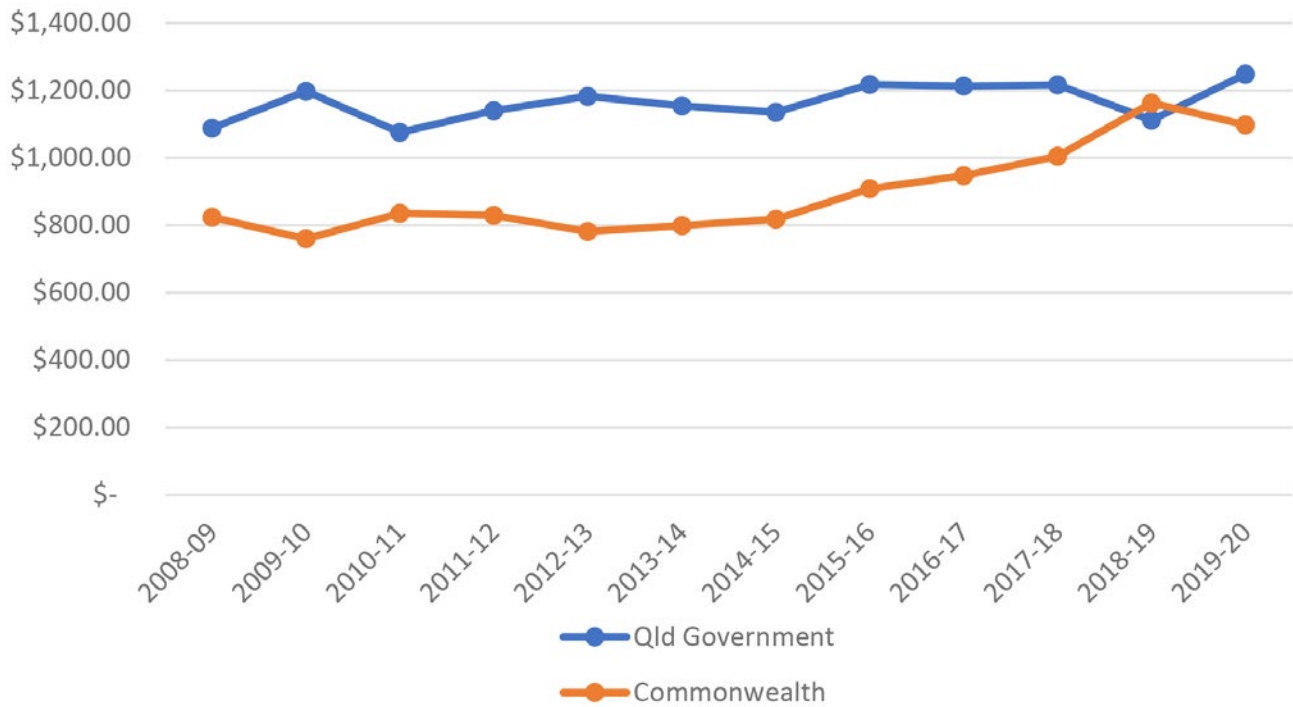


Source: The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2020-21: Australian hospital statistics

Public hospital funding

The most recent public hospital funding data is 2019-20 so it is partially affected by COVID-19.

Commonwealth and Queensland government per person funding for public hospitals (constant prices)



Source: Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2008-09 to 2019-20 viewed 10 February 2022 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/main-visualisations/overview>

	2008-09 to 2013-14	2014-15 to 2019-20	2009-10 to 2019-20
Commonwealth	-0.60%	6.06%	3.75%
Queensland	1.18%	1.92%	0.42%

WESTERN AUSTRALIA

Dr Mark Duncan-Smith,
President of AMA Western Australia



WA is currently staring down the throat of the Omicron outbreak, with quadruple-figure new daily cases expected into March. COVID is certainly preoccupying WA Health resources and attention. An approximately two-month reduction in elective surgery in the public system is expected to start in early March. This all occurs against the background of WA starting the pandemic with the lowest number of public hospital beds and ICU beds per head of population in Australia.

Little if anything was done in 2020 and 2021 to increase capacity, and old beds that had previously been closed by WA Health are now starting to be reopened. Therefore, there is no surprise that elective surgery is taking longer to be done.

Hospitals and ED, are in constant bed block, and it is therefore little surprise that the triage of Cat 3 emergency cases has dropped, and is a staggering 24 per cent behind the best-performing state.

Complying with the four-hour rule is surprisingly 71 per cent (best state) and reflects the efficiency of our ED staff once the patient is triaged.

There is concern amongst doctors that post-COVID, the WA Government will go back to its old ways of starving WA Health of operational budget, and not have a focus on quality and safety of patient care again.

Emergency department

Western Australia - COVID-19 impact on public hospital emergency department patient volumes

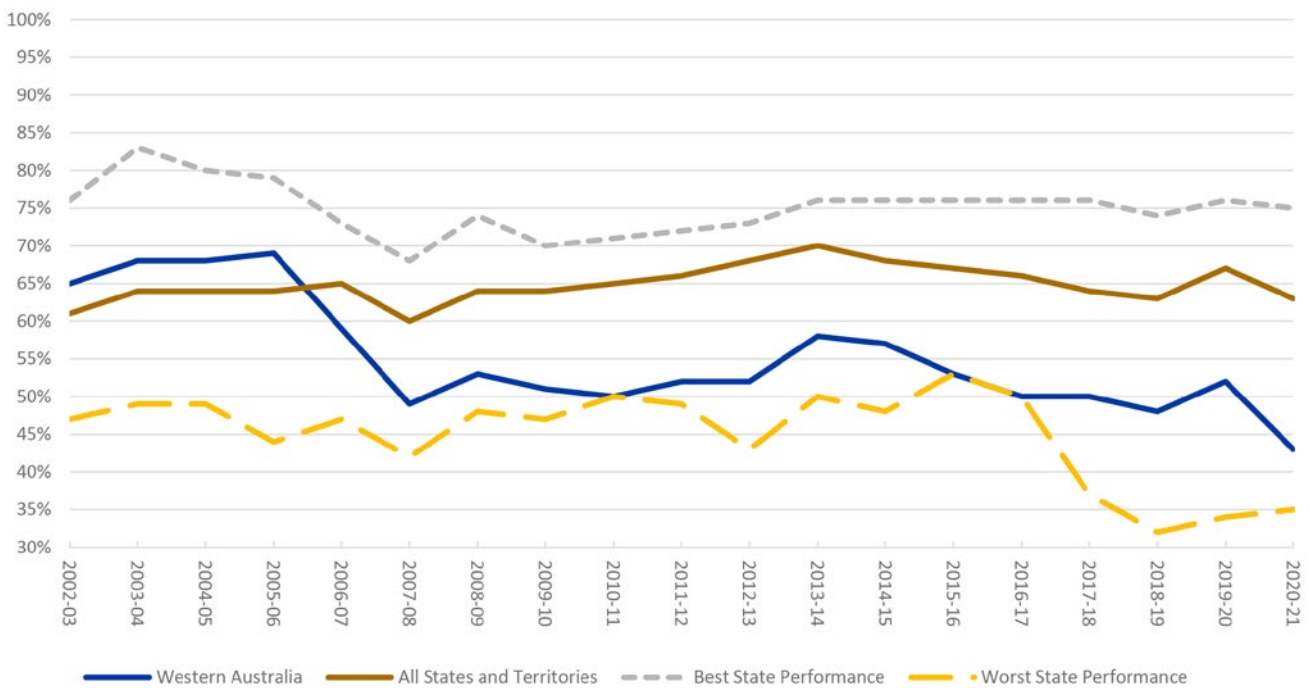
Western Australia was one of the first jurisdictions to eliminate COVID-19 in 2020, and has been successful at keeping the community spread at low levels throughout the pandemic. Between July 2020 and June 2021, average number of daily registered COVID19 cases was below 10.⁷⁷

In the 2019-20 financial year total number of emergency presentations was 2.7 per cent lower than 2018-19.⁷⁸ However, in 2020-21 emergency presentations in Western Australia increased by 7.3 per cent compared to the year before, and significantly above the average yearly increase of 4.5 per cent since 2016-17.⁷⁹

Waiting times

Percentage of Triage Category 3 (Urgent) emergency department patients seen within recommended time (<30 minutes) – Western Australia

43 per cent of Category 3 patients in Western Australia emergency departments are seen within the recommended 30-minute time period. This is a drop of 9 per cent compared to the year before. Western Australia is 24 per cent behind Victoria which is the best performing state on this indicator.



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2020-21

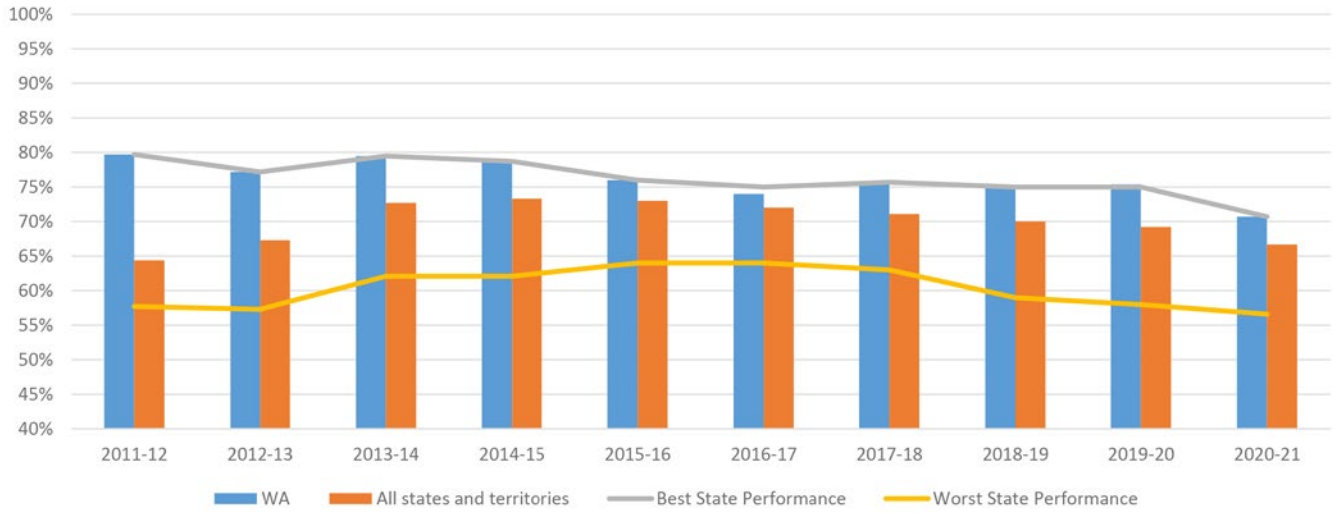
77 Government of Western Australia Department of Health 2022. Coronavirus COVID-19 in Western Australia Viewed on 31 January 2022 <https://experience.arcgis.com/experience/359b-ca83a1264e3fb8d3b6f0a028d768>

78 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency department care 2019-20 table 2.2 viewed 2 August 2021 <https://www.aihw.gov.au/getmedia/433ca-ea4-03ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

79 Australian Institute of Health and Welfare 2022. Australian Hospital Statistics: Emergency department care 2020-21 table 2.2 viewed 1 February 2022 <https://www.aihw.gov.au/getmedia/Od0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx>

Percentage of emergency department visits completed in four hours or less – Western Australia

With 71 per cent of emergency department visits completed in four hours or less, Western Australia is the best performing state on this parameter.



Source: Australian Institute of Health and Welfare (AIHW). Emergency department care (2011-12 to 2020-21): Australian hospital statistics.

Note: National emergency access targets were abolished with effect from 1 July 2015

Elective surgery

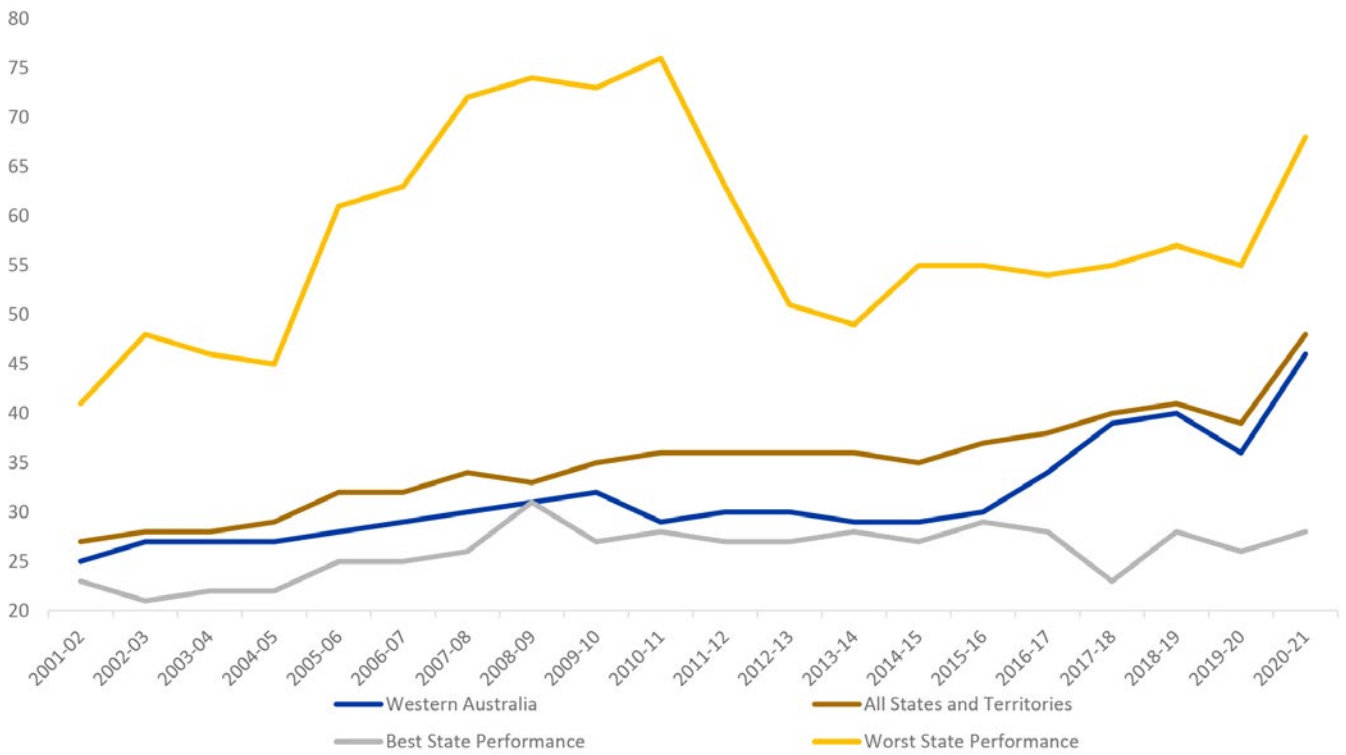
Waiting times

Western Australia – COVID-19 impact on public hospital elective surgery volumes

Following the suspension of Category 2 and 3 elective surgeries from 23 March 2020, public hospital Category 2 and 3 elective surgeries recommenced in April 2020 and returned to pre-pandemic levels by June 2020.⁸⁰ After the drop in Category 2 elective surgeries of 8 per cent in 2019-20,⁸¹ during 2020-21 the number of performed Category 2 elective surgeries in WA increased by 16 per cent.

Median waiting time for elective surgery (days) – Western Australia

Median wait time for elective surgery in 2020-21 in Western Australia was 46 days, 18 days longer than the best performing state and an increase of 10 days compared to 2019-20.

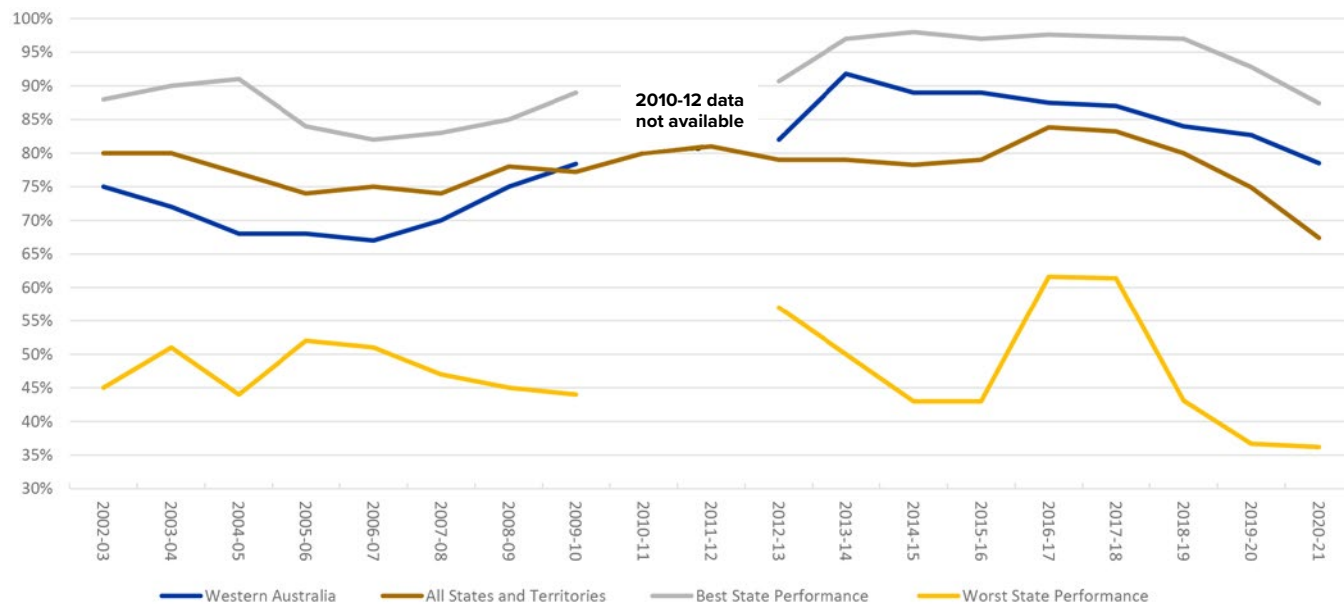


Source: Australian Institute of Health and Welfare (AIHW). Elective surgery data cubes (2001-02 to 2006-07): Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Elective surgery waiting times (2007-08 to 2020-21): Australian hospital statistics

80 Cook R, (Western Australia Deputy Premier, Minister for Health, Medical Research, State Development, Jobs and Trade, and Science), press release dated 15 June 2020 <https://www.mediastate-ments.wa.gov.au/Pages/McGowan/2020/06/Public-hospital-elective-surgery-back-at-full-capacity.aspx>
 81 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2018-19 Table 4.14 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954fbc/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

Category 2 patients

Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) Western Australia

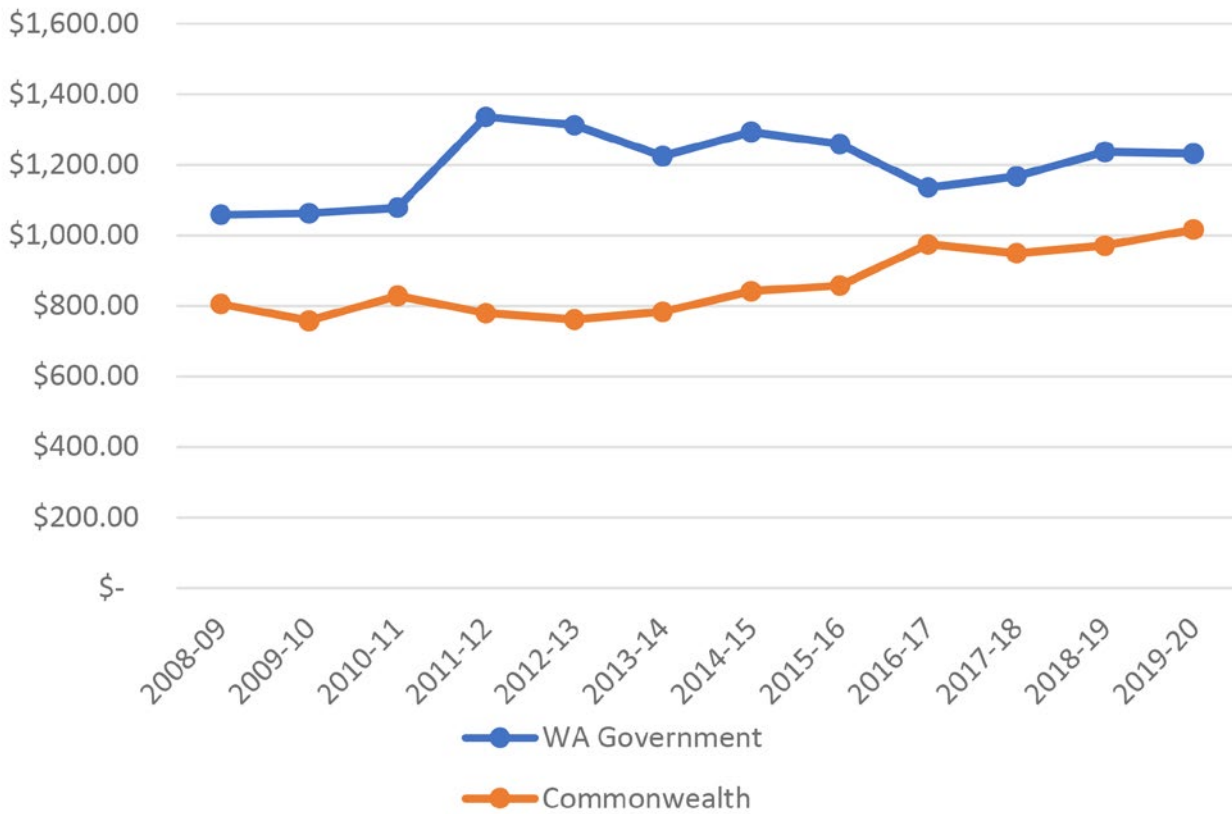


Source: The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2020-21: Australian hospital statistics

Public hospital funding

The most recent public hospital funding data is 2018-19 so it is not yet affected by COVID-19.

Commonwealth and Western Australia Australian government per person funding for public hospitals (constant prices)⁸²



Source: Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2008-09 to 2019-20 viewed 10 February 2022 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/main-visualisations/overview>

	2008-09 to 2013-14	2014-15 to 2019-20	2009-10 to 2019-20
Commonwealth	-0.56%	3.84%	2.98%
Western Australia	2.97%	-0.96%	1.49%

⁸² Note: The funding data in the AMA Public Hospital Report Card 2022 differs slightly compared to the Public Hospital Report Card 2021 for Western Australia. The data change is in line with the latest updates from AIHW and their ongoing work program to consolidate the data. For more information see Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2019-20 – Different Reports on Health Expenditure <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/comparison-and-alignment-of-health-expenditure-estimates/different-reports-on-health-expenditure>

SOUTH AUSTRALIA

Dr Michelle Atchison,
President of AMA South Australia



Within a nation of states plagued by public hospital crises and below-par performances, South Australia continues to stand out for all the wrong reasons. Our hospitals are not managing. Our emergency departments (EDs) are among the worst-performing in Australia. Our sick, injured and overwrought patients don't know where to turn.

The AMA's review of 2020-21 data shows the percentage of urgent ED presentations seen within 30 minutes in South Australia has dropped to 50 per cent – 25 per cent below the next-worst state – and only 61 per cent of ED presentations were completed within the benchmark four hours.

As I mentioned to South Australian Government committee looking into ramping and logjams in February, it's not what I'd want or expect for my own care, let alone that of an ageing parent or young child. Our hospitals must be better, and they need the funds to be better.

Emergency department

South Australia - COVID-19 impact on public hospital emergency department patient volumes

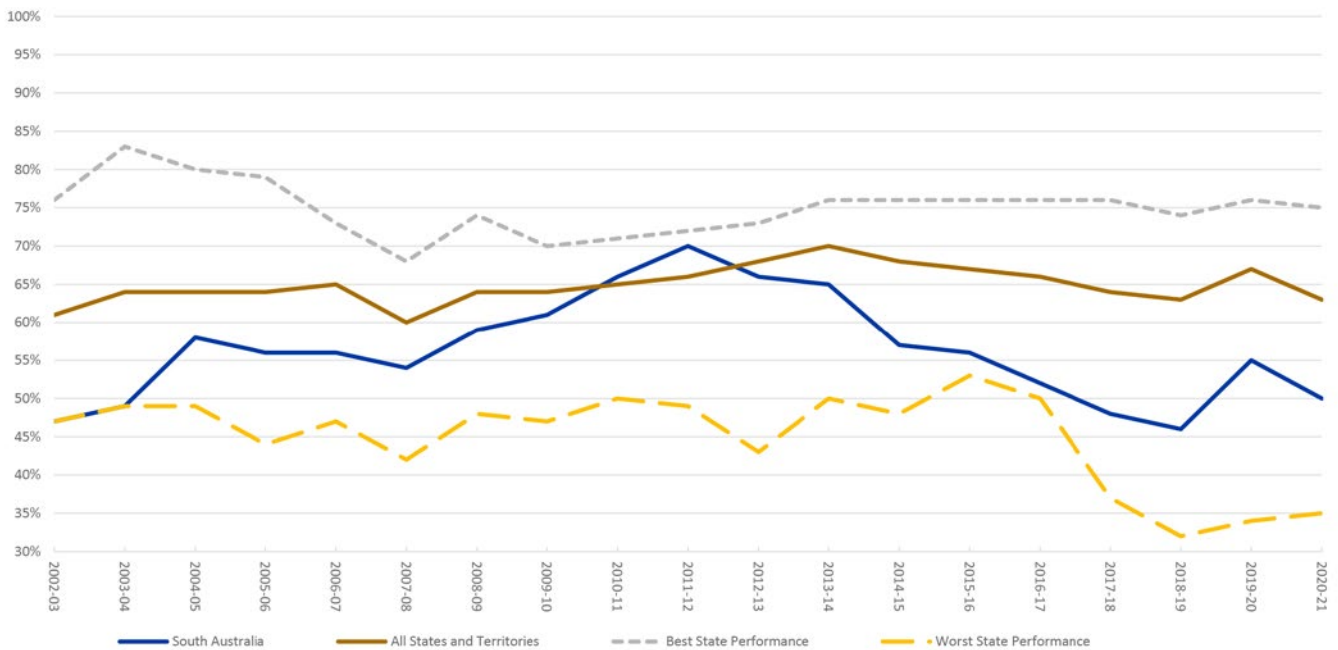
Following the March 2020 pandemic declaration and the subsequent drop in emergency department presentations, South Australia saw the number of emergency presentations gradually increase to the end of the 2019-20 financial year which was 3.0 per cent above 2018-19 levels.

In 2020-21 South Australia recorded a 8.4 per cent increase in emergency presentations compared to 2019-20.⁸³

Waiting times

Percentage of triage Category 3 (Urgent) emergency department patients seen within recommended time (<30 minutes) – South Australia

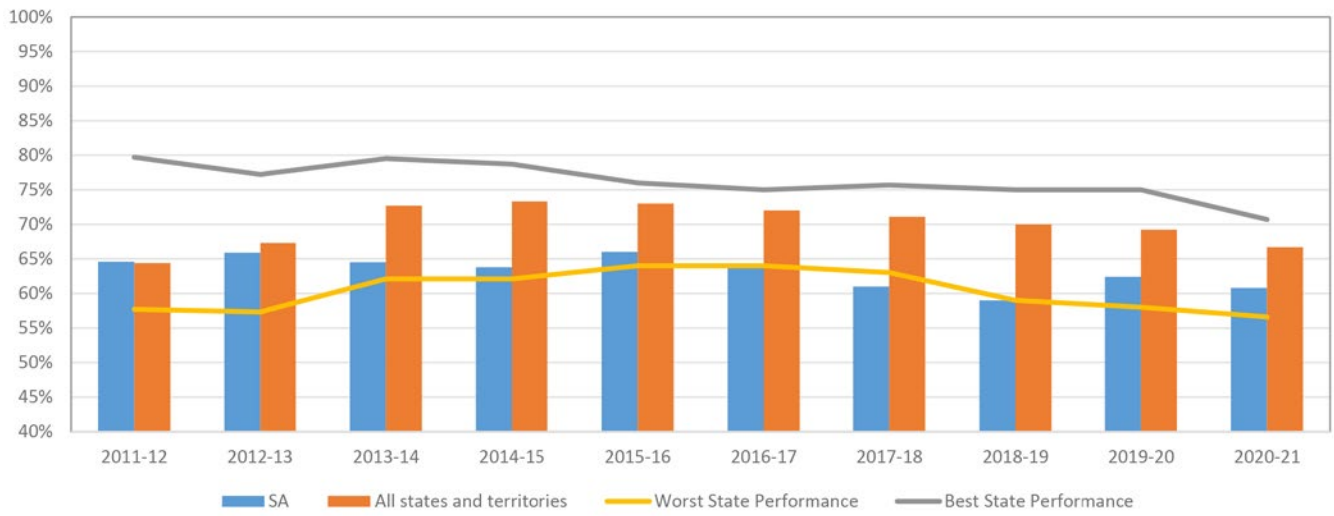
In 2020-21 the percentage of Category 3 Urgent emergency presentations seen on time in South Australia was 50 per cent, a 5.0 per cent drop compared to the year before and 25 per cent below the best performing state.



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2020-21

83 Australian Institute of Health and Welfare 2022. Australian Hospital Statistics: Emergency department care 2020-21 table 2.2 viewed 1 February 2022 <https://www.aihw.gov.au/getmedia/Od0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx>

Percentage of emergency department visits completed in four hours or less – South Australia



Source: Australian Institute of Health and Welfare (AIHW). Emergency department care (2011-12 to 2020-21): Australian hospital statistics.

Note: National emergency access targets were abolished with effect from 1 July 2015

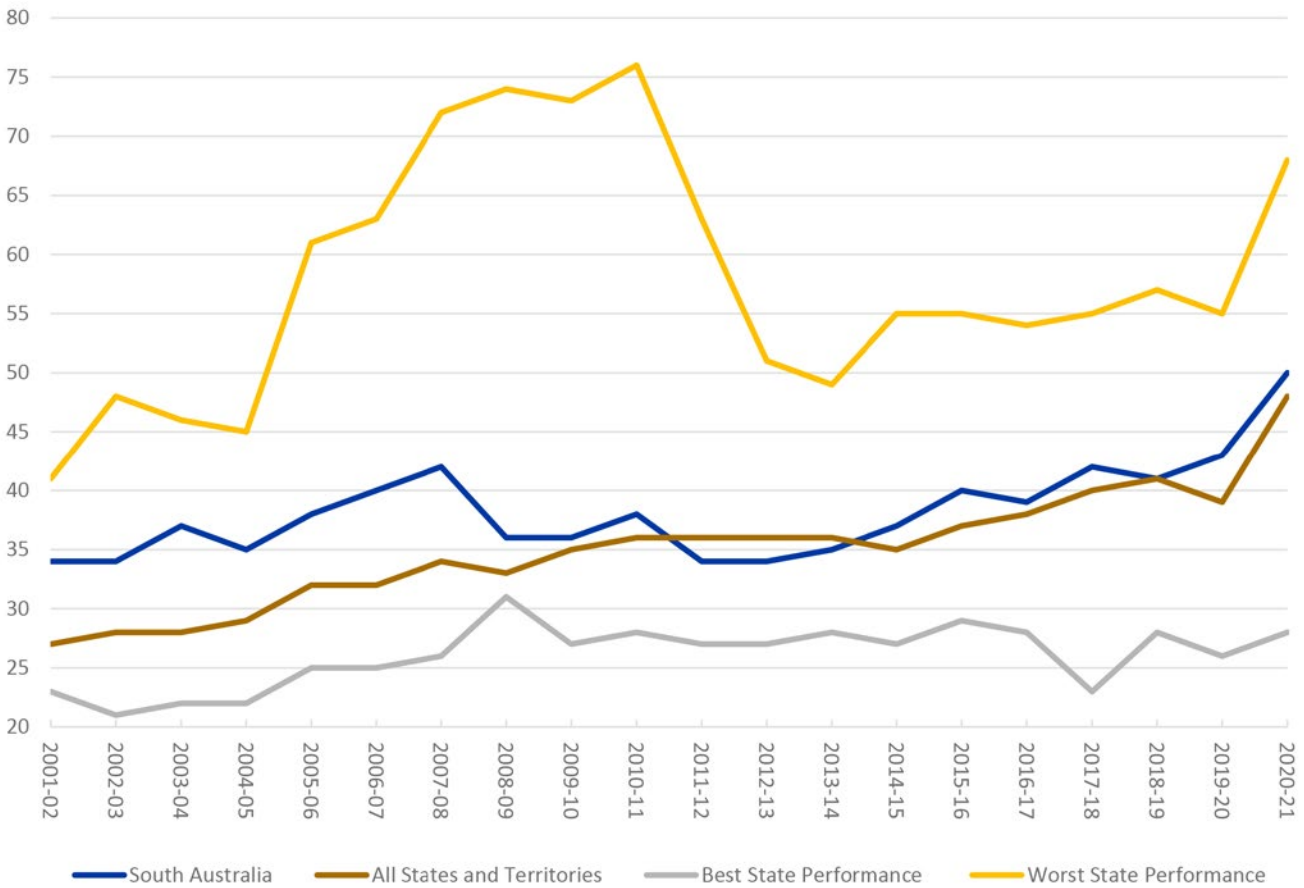
Elective surgery

Waiting times

South Australia – COVID-19 impact on public hospital elective surgery volumes

South Australia introduced Category 2 and 3 elective surgery restrictions in March 2020, followed by full resumption in May 2020.⁸⁴ This meant that between 2018-19 and 2019-20 the volume of Category 2 elective surgeries declined by just 4 per cent.⁸⁵ In 2020-21 the volume Category 2 elective surgeries increased by 2.3 per cent.⁸⁶

Median waiting time for elective surgery (days) – South Australia

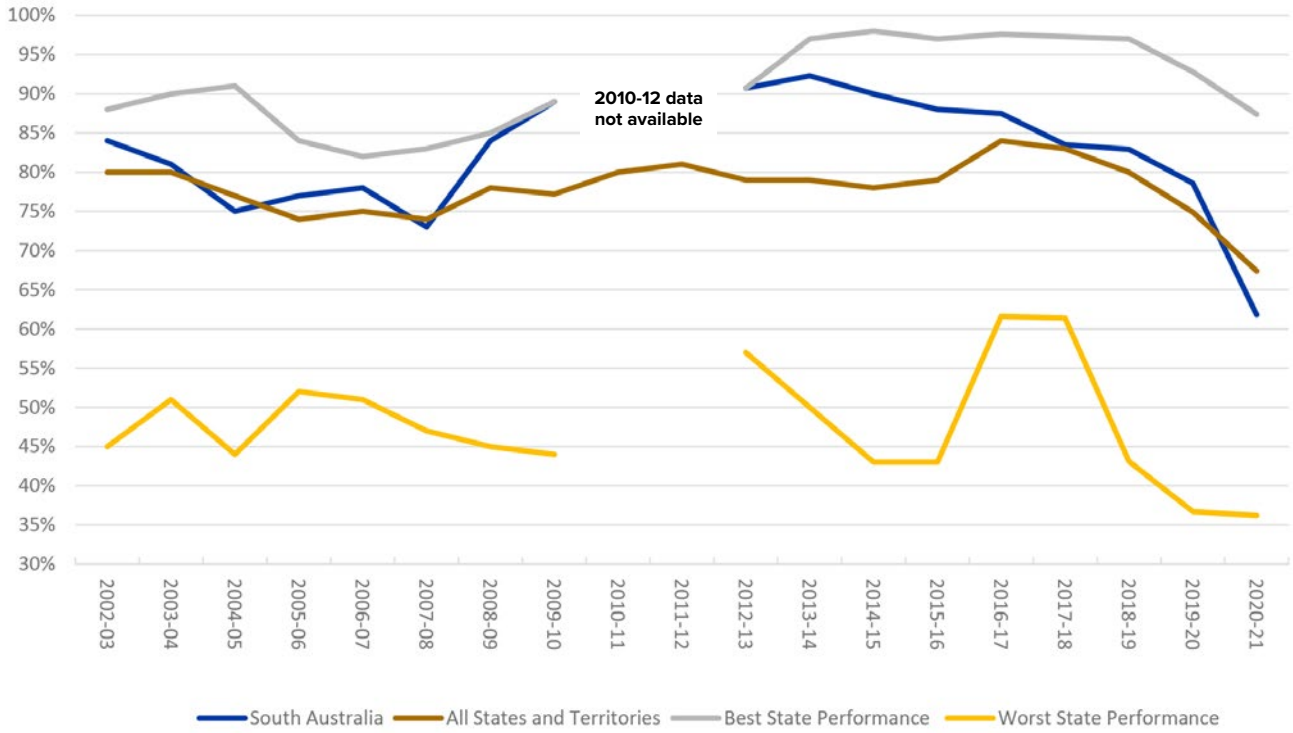


Source: Australian Institute of Health and Welfare (AIHW). Elective surgery data cubes (2001-02 to 2006-07): Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Elective surgery waiting times (2007-08 to 2020-21): Australian hospital statistics

84 Steven Marshal Premier of South Australia 2020. Media Releases Operation Restore Elective Surgery <https://www.premier.sa.gov.au/news/media-releases/news/operation-restore-elective-surgery>
 85 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.14 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954fbc/Elective-surgery-waiting-times-2018-19.xlsx.aspx>
 86 Australian Institute of Health and Welfare (2022). Australian Hospital Statistics: Elective surgery waiting times 2020-21 Table 4.15 viewed 2 Feb 2022 <https://www.aihw.gov.au/getmedia/9d847d52-b1d3-4366-9900-1a0d4db1055d/Elective-surgery-waiting-times-2020-21.xlsx.aspx>

Category 2 patients

Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) South Australia
 62 per cent of patients on the Category 2 elective surgery waiting list were seen within the recommended 90 days in South Australia. This is a 17 per cent drop compared to the previous year.

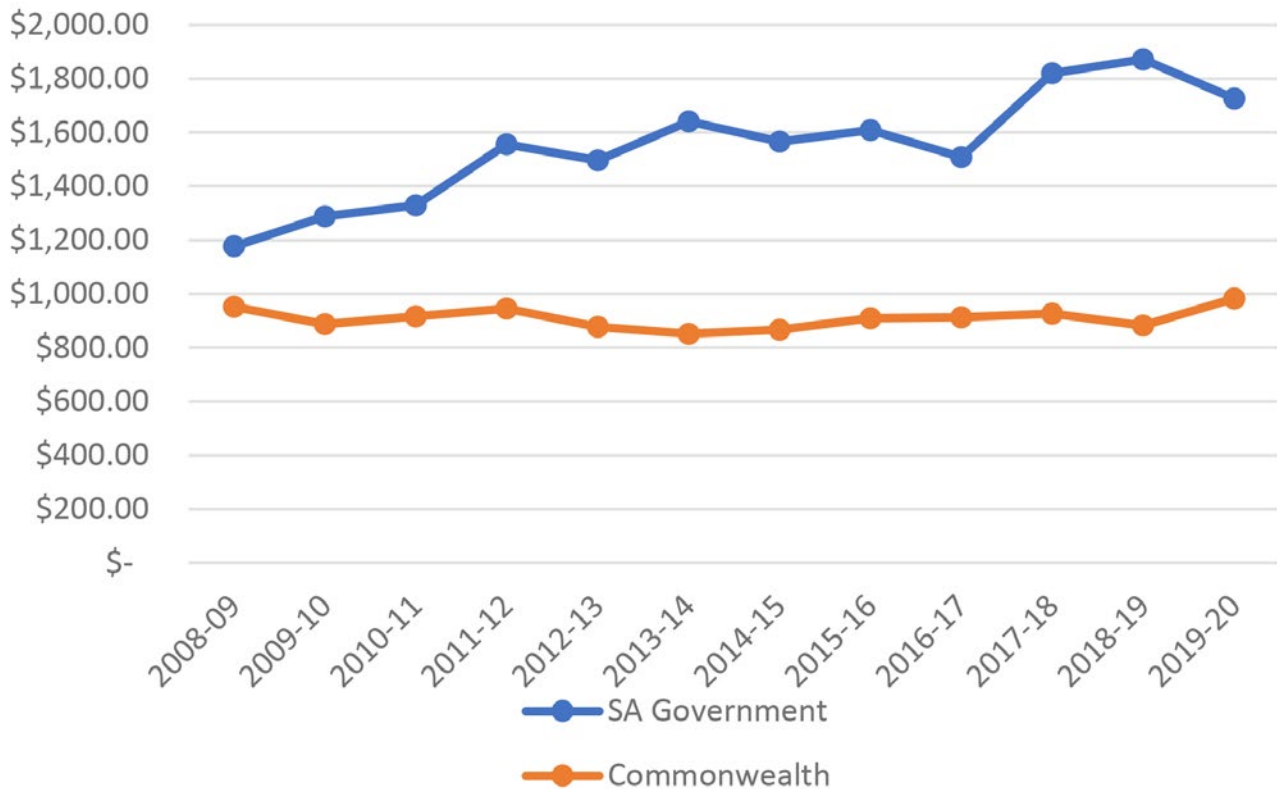


Source: The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2020-21: Australian hospital statistics

Public hospital funding

The most recent public hospital funding data is for the year 2019-20, so it is partially affected by COVID-19.

Commonwealth and South Australian government per person funding for public hospitals (constant prices)



Source: Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2008-09 to 2019-20 viewed 10 February 2022 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/main-visualisations/overview>

	2008-09 to 2013-14	2014-15 to 2019-20	2009-10 to 2019-20
Commonwealth	-2.18%	2.55%	1.03%
South Australia	6.87%	1.95%	2.97%

TASMANIA

Dr Helen McArdle,
President of AMA Tasmania



With COVID-19 continuing to require a strong focus on health, it is easy to be distracted from other pressing priorities in our health system, particularly ongoing support for our acute hospitals.

With very few GPs able to afford bulk billing, many practices have closed their books, and the number of GP vacancies is rising exponentially; therefore, patients are being left behind. As a result, Tasmanian's are getting sicker and delaying care until they require an emergency department assessment. But our hospital inpatient beds are full, and our ED's bed blocked. Elective surgery and outpatient waiting lists are blowing out, and ambulances are frequently ramped.

Healthcare professionals are burning out, and recruitment is getting harder.

With its older, sicker population in Tasmania, we have no choice but to make changes.

Within Tasmania, the government has increased recurrent funding to health in more recent years after significantly cutting health spending. In 2019-20 there was an increase in expenditure per person in public hospitals in terms of both state and federal funding, with the Tasmanian government investing \$1,375.05 and the federal government investing \$1,197.07, but it is not enough.

Our three major hospitals continue to suffer from growing demand. While plans are currently underway to open additional beds, this relies on recruiting additional staff, an ongoing issue in Tasmania. While bed blocks at the Royal Hobart and the Launceston General Hospitals continue to be extreme, we are now experiencing these blocks at an increasing level at the Northwest Regional Hospital.

Despite having nearly, the highest level of public hospital beds per capita, Tasmania's elective surgery waiting list is one of the worst in the country, more times than not the largest on record and is continuing to blow out.

Elective surgery was underfunded and struggling to keep up with demand pre-COVID, where we were completing about 15,000 elective surgery cases a year on average while adding a further 19,000 to the list.

The figures speak for themselves, we urgently need more inpatient hospital beds opened and different models to deliver care in the community funded. We need greater integration with primary care providers and more services closer to home for patients. And we need to look at how we can support our medical workforce to ensure the Tasmanian health system attracts and retains health professionals across the specialties.

Emergency department

Tasmania - COVID-19 impact on public hospital emergency department patient volumes

Tasmania introduced restrictions in March 2020 to slow the spread of COVID-19. The restrictions were not fully lifted June 2020, with borders remaining shut until 24 July 2020.⁸⁷

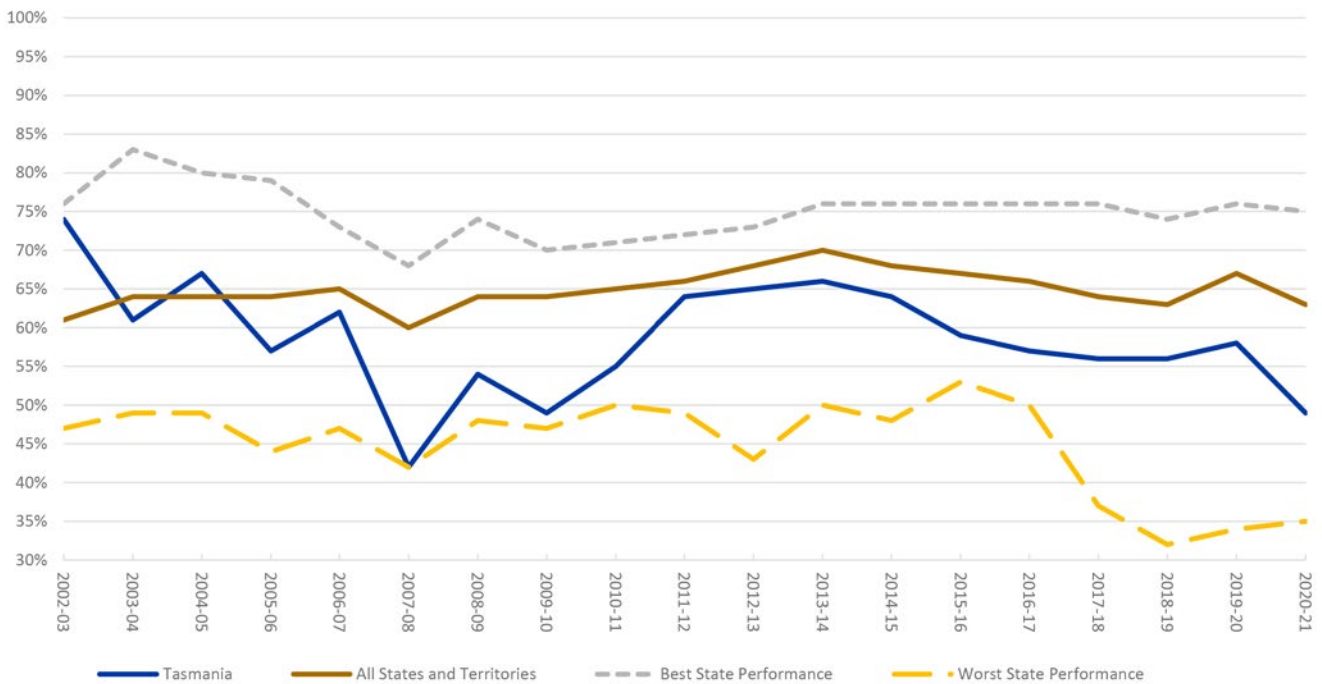
After a decline in emergency presentations in March and April 2020 of 47 per cent⁸⁸ at the end of 2019-20 financial year, emergency presentations were 7.4 per cent below the 2018-19 levels.⁸⁹

In 2020-21, the emergency department presentations were 10.8 per cent higher than the previous year.⁹⁰ The number of Category 3 Urgent presentations grew in the same percentage.⁹¹

Waiting times

Percentage of Triage Category 3 (Urgent) emergency department patients seen within recommended time (<30 minutes) – Tasmania

Less than 50 per cent of patients in Triage Category 3 in Tasmania were seen within the recommended time in 2020-21 reporting period.



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2020-21

87 Peter Gutwein Premier of Tasmania 2020. Media Release Date of Borders to Reopen <https://www.coronavirus.tas.gov.au/media-releases/date-for-borders-to-reopen>

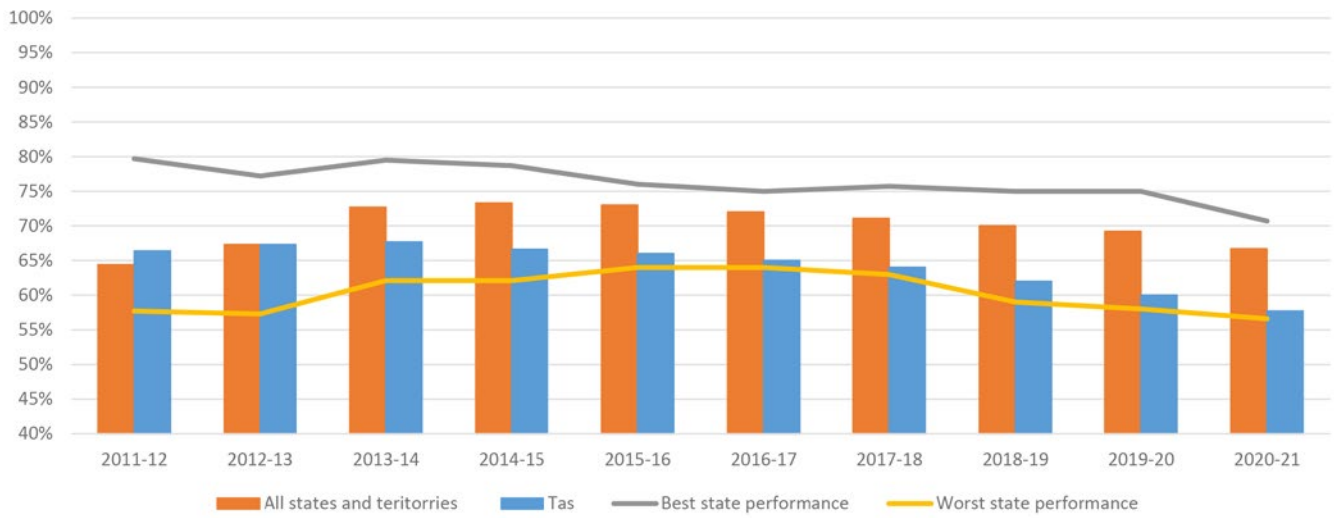
88 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency department care 2019-20 viewed 2 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/intersec-tion/activity/ed>

89 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency Department care 2019-20 table 2.2 viewed 2 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/intersec-tion/activity/ed>

90 Australian Institute of Health and Welfare 2022. Australian Hospital Statistics: Emergency department care 2020-21 Table 2.2 viewed 2 February 2022 <https://www.aihw.gov.au/getmedia/0d0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx>

91 Australian Institute of Health and Welfare 2022. Australian Hospital Statistics: Emergency department care 2020-21 Table 4.2 viewed 2 February 2022 <https://www.aihw.gov.au/getmedia/0d0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx>

Percentage of emergency department visits completed in four hours or less – Tasmania



Source: Australian Institute of Health and Welfare (AIHW). Emergency department care (2011-12 to 2020-21); Australian hospital statistics.

Note: National emergency access targets were abolished with effect from 1 July 2015

Elective surgery

Waiting times

Tasmania – COVID-19 impact on public hospital elective surgery volumes

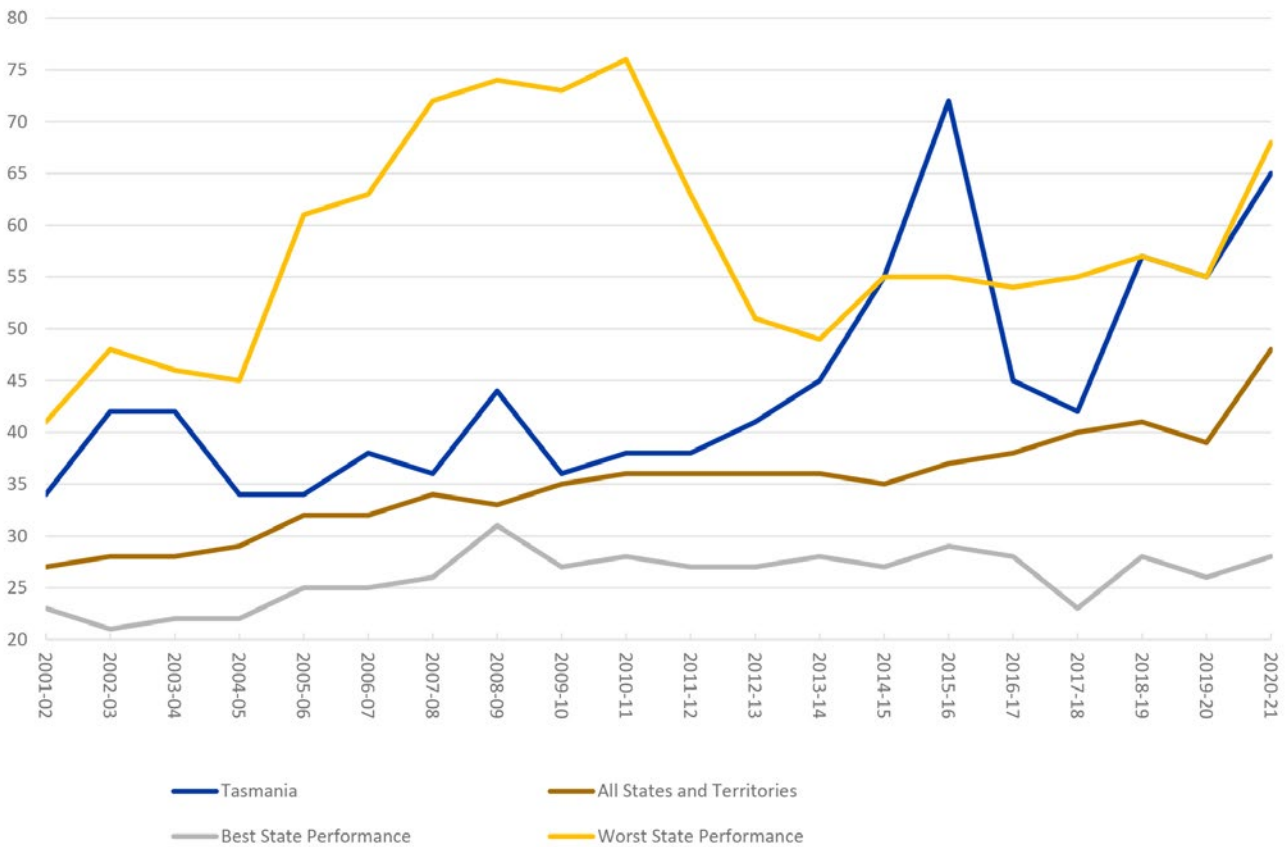
After the national decision to pause Category 2 and 3 elective surgery from 25 March 2020, Tasmania fully resumed elective surgery on 12 May 2020.⁹²

The suspension of elective surgeries due to COVID in 2020 has resulted in an increase in wait times and the number of patients on the wait list in 2020-21.⁹³

Due to the impact of the cessation of elective surgery in early 2020, the \$15 million in Community Health and Hospitals Program funding that was provided by the Federal Government in 2019-20 for elective surgery and endoscopies was held over for use in 2020-21 and 2021-22. The Tasmanian Government expects that that funding, together with State Government investment, will assist with reducing the backlog of waiting patients.⁹⁴

Median waiting time for elective surgery (days) – Tasmania

In 2020-21, median wait in Tasmania was 37 days longer than best performing State.



Source: Australian Institute of Health and Welfare (AIHW). Elective surgery data cubes (2001-02 to 2006-07): Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Elective surgery waiting times (2007-08 to 2020-21): Australian hospital statistics

92 Parliamentary Library *Chronology of COVID 19 States and Territory announcements* viewed 4 August 2021 https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#_Toc52275801

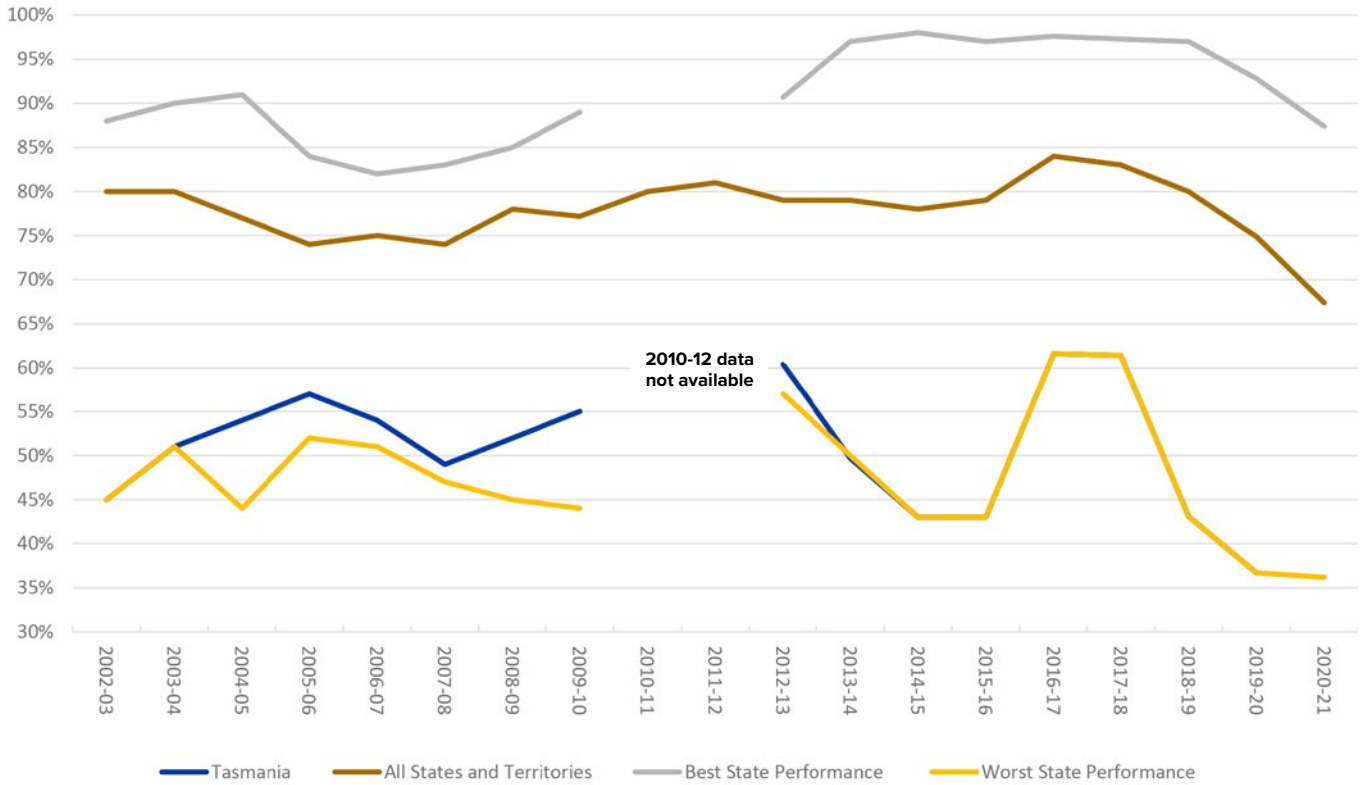
93 Tasmanian Government Department of Health 2021. *Statewide Elective Surgery Four-Year Plan* https://doh.health.tas.gov.au/_data/assets/pdf_file/0005/438845/Elective_Surgery_Plan_2021-22_to_2024-25.pdf

94 Ibid

Category 2 patients

Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) Tasmania

Tasmania is 51 per cent below the best performing state on this parameter and has been the worst performing state every year since 2013-14.

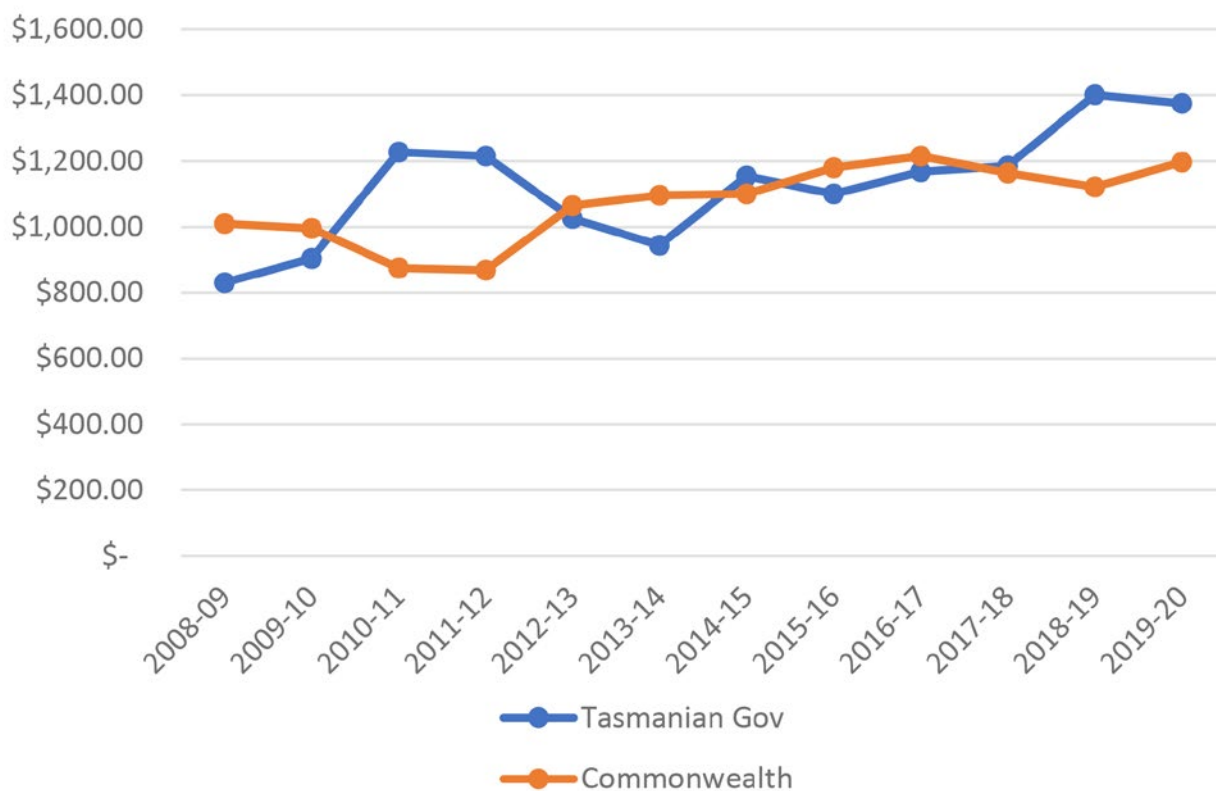


Source: The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2020-21: Australian hospital statistics

Public hospital funding

The most recent public hospital funding data is 2019-20, so it is partially affected by COVID19.

Commonwealth and Tasmania government per person funding for public hospitals (constant prices)



Source: Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2008-09 to 2019-20 viewed 10 February 2022 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/main-visualisations/overview>

	2008-09 to 2013-14	2014-15 to 2019-20	2009-10 to 2019-20
Commonwealth	1.65%	1.70%	1.87%
Tasmania	2.60%	3.56%	4.29%

AUSTRALIAN CAPITAL TERRITORY

Prof Walter Abhayaratna-OAM,
President of AMA Australian Capital Territory



Once again, the latest public hospital data shows the ACT lagging all other Australian jurisdictions. This situation has persisted for years and shows little sign of changing.

Despite this, what I also know is that our frontline staff in the ACT's public hospitals have a deep commitment to serving the healthcare needs of our patients from the ACT and surrounding NSW regions. The local response to COVID-19 has again shown that our public healthcare system can rise to meet such significant challenges, including working with our community to lead the country on vaccination rates. These are notable achievements and point to the strength and resilience of our healthcare workers and ACT community.

The challenge before us is how we take these underlying strengths and work to improve the performance of our public hospitals. Efforts to improve care in our region need considerably more investment than the historic funding from governments, which is illustrated in this report and reflects a decline in public hospital funding during the last decade.

It also requires considerable reform to our healthcare system; and where better for the State/Territory government and Commonwealth to work as partners on the development and piloting of innovative models of funding and care than our Nation's Capital.

In last year's AMA Public Hospital Report Card, I outlined a way forward that centred around a commitment to a long-term goal of excellence in the quality of healthcare in the Territory, and evidence-based planning to shape our future healthcare workforce. In my view this remains our best way forward.

In the shorter term, we need to look at incremental change, such as working to improve the integration of care, including better role delineation and co-ordination between our public hospitals.

But whatever change is to occur, it needs to start soon or the ACT will continue to lag the nation in public hospital performance.

Emergency department

Australian Capital Territory - COVID-19 impact on public hospital emergency department patient volumes

Australian Capital Territory introduced restrictions to stop the spread of COVID-19 in March 2020, with restrictions starting to ease from May 2020⁹⁵ and fully lifting 10 July 2020.⁹⁶

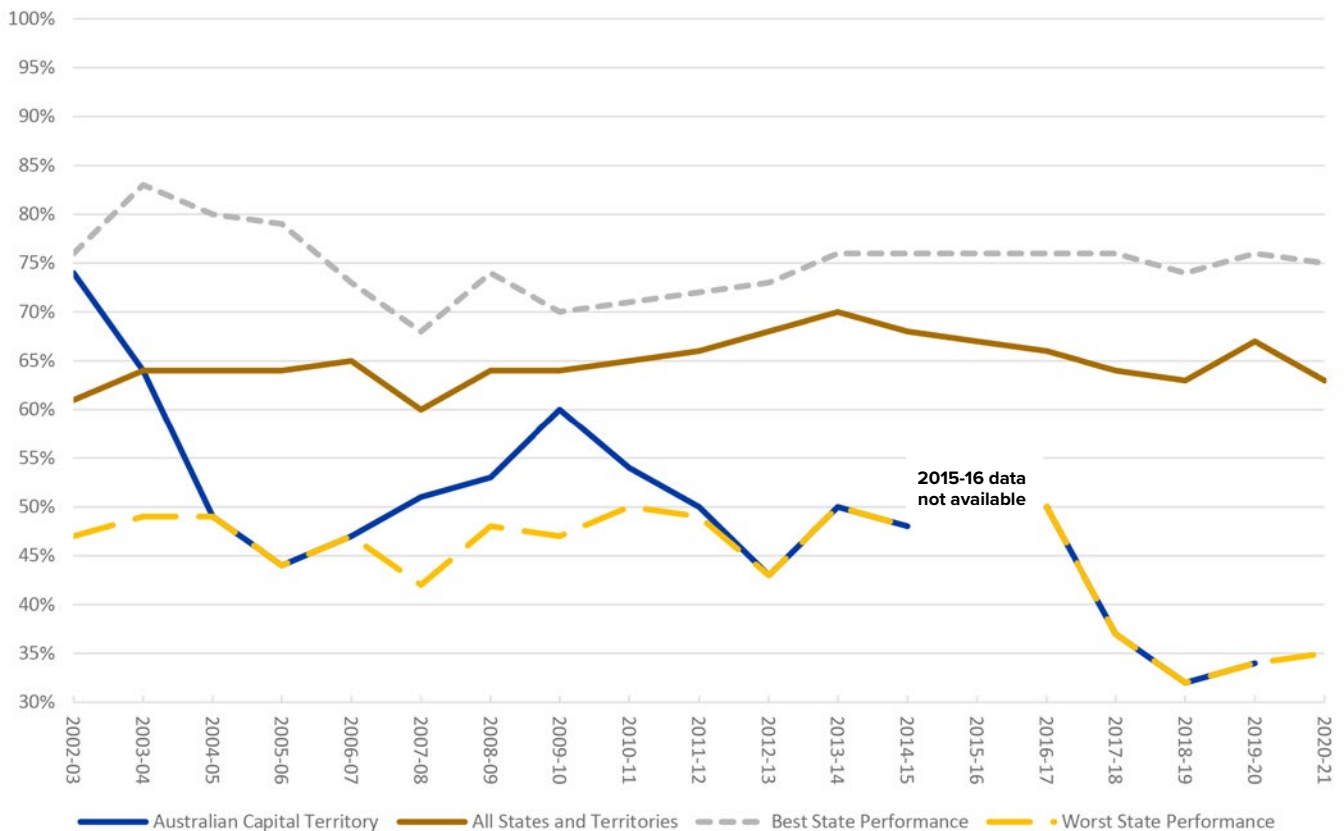
Similar to other States and Territories, at the start of the pandemic visits to emergency departments in the Australian Capital Territory declined by 37 per cent, only to finish the 2019-20 financial year 5.5 per cent lower compared to 2018-19.⁹⁷

The total number of emergency department presentations in 2020-21 in the ACT rose by 9 per cent compared to the year before.⁹⁸ The number of Category 3 Urgent emergency department presentations remained steady compared to the previous year.^{99,100}

Waiting times

Percentage of Triage Category 3 (Urgent) emergency department patients seen within recommended time (<30 minutes) – Australian Capital Territory

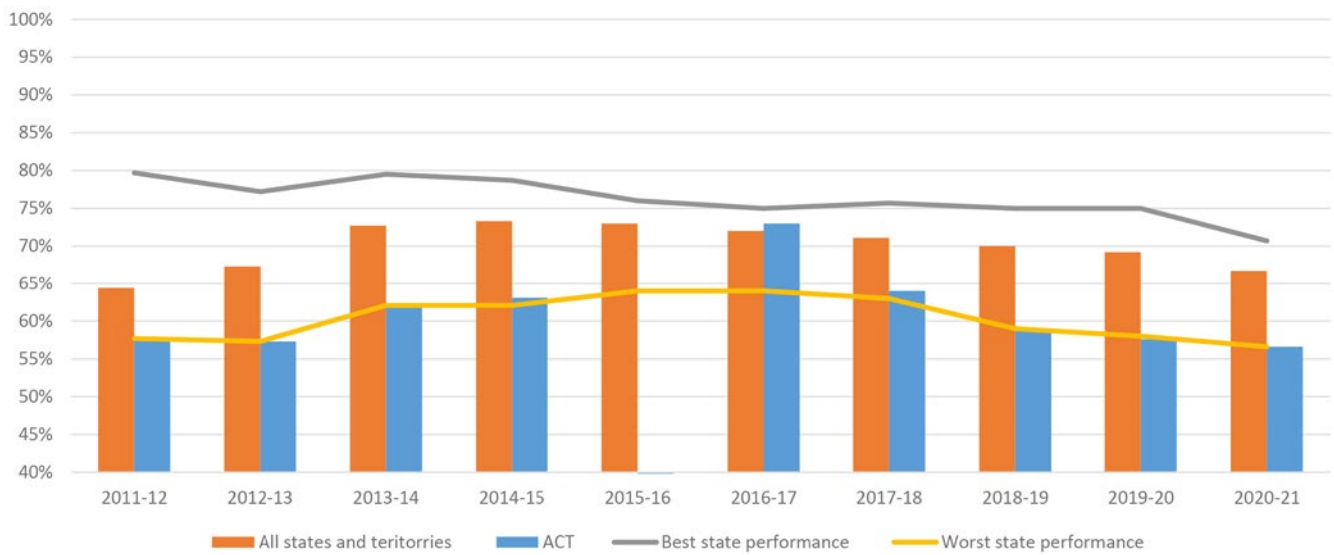
Only 35 per cent of Urgent presentations in the Australian Capital Territory were seen on time in 2020-21 reporting period. This is a one per cent increase on the year before. Australian Capital Territory has been the worst performer on this parameter of all States and Territories since 2012-13 (noting that the data for 2015-16 are not available).



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2020-21

95 Barr A (ACT Chief Minister) statement 12 May 2020 https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/barr/2020/statement-chief-minister
 96 Barr A (ACT Chief Minister) Next stage of Canberra's recovery plan – choose local to support our locals, media release 12 June 2020 https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/barr/2020/next-stage-of-canberras-recovery-plan-choose-local-to-support-our-locals
 97 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency department care 2019-20 table 2.2 viewed 2 August <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>
 98 Australian Institute of Health and Welfare 2022. Australian Hospital Statistics: Emergency department care 2020-21 Table 2.2 viewed 2 February 2022 <https://www.aihw.gov.au/getmedia/0d0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx>
 99 Australian Institute of Health and Welfare 2022. Australian Hospital Statistics: Emergency department care 2020-21 Table 4.2 viewed 2 February 2022 <https://www.aihw.gov.au/getmedia/0d0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx>
 100 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency department care 2019-20 Table 4.2 viewed 2 February 2022 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

Percentage of emergency department visits completed in four hours or less – Australian Capital Territory



Source: Australian Institute of Health and Welfare (AIHW). Emergency department care (2011-12 to 2020-21): Australian hospital statistics.

Note: National emergency access targets were abolished with effect from 1 July 2015

Elective surgery

Waiting times

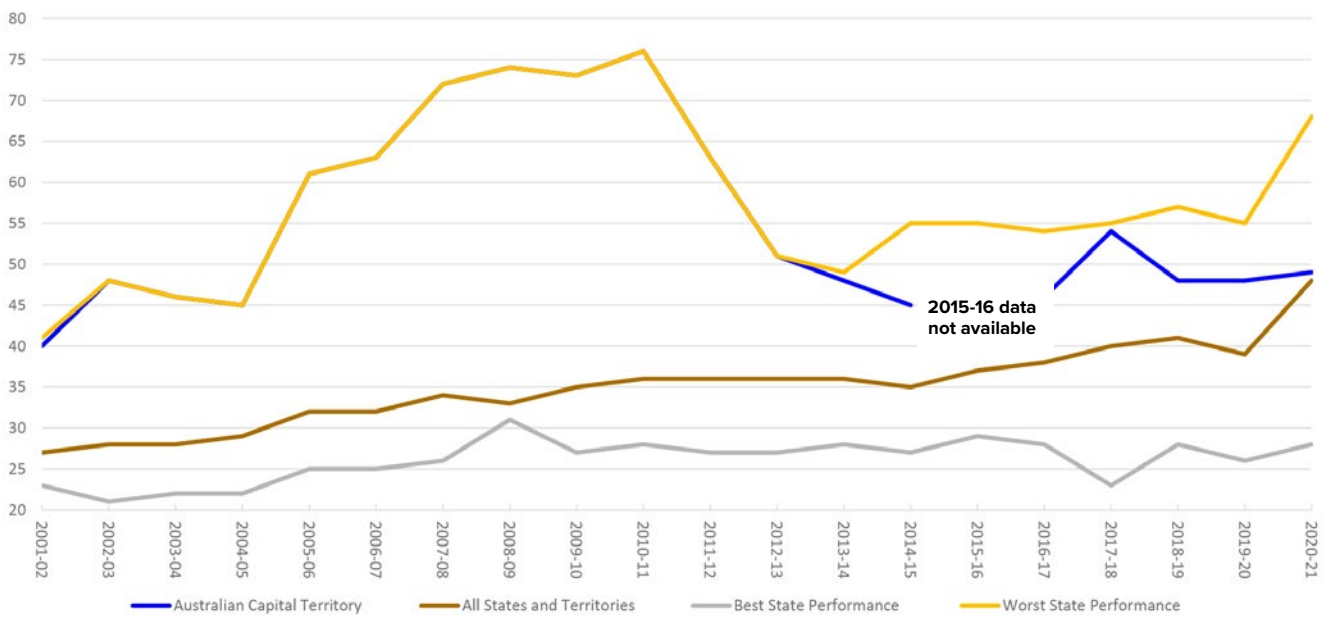
Australian Capital Territory – COVID-19 impact on public hospital elective surgery volumes

Like all other jurisdictions, all public hospital elective surgeries except Category 1 and high priority Category 2 were suspended in the Australian Capital Territory from late March 2020, only returning to normal levels from June 2020.¹⁰¹

The suspension caused a 8.1 per cent decline in total elective surgery volume in 2019-20 compared to 2018-19 levels.^{102,103}

In 2020-21 the median wait time in the Australian Capital Territory was 21 days longer than best performing state.

Median waiting time for elective surgery (days) – Australian Capital Territory



Source: Australian Institute of Health and Welfare (AIHW). Elective surgery data cubes (2001-02 to 2006-07): Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Elective surgery waiting times (2007-08 to 2020-21): Australian hospital statistics

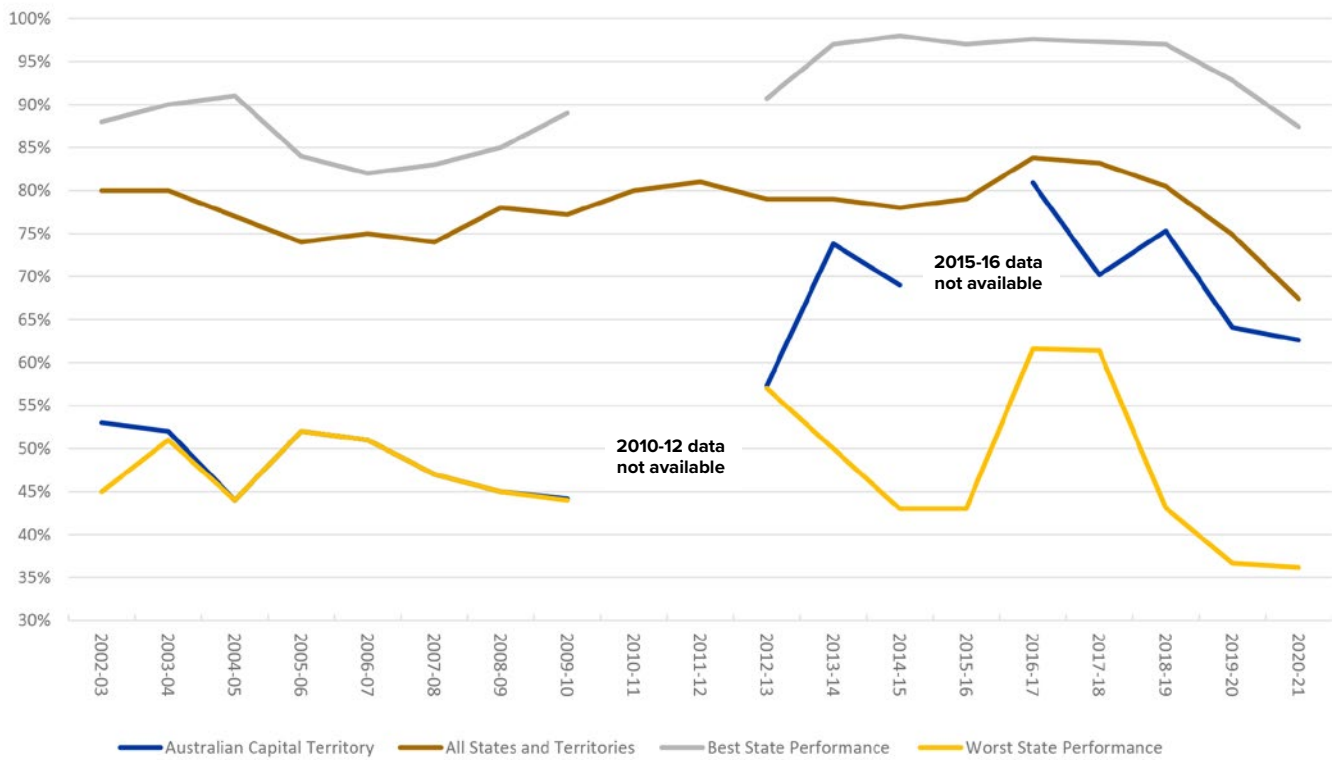
101 ACT Health ACT PUBLIC HEALTH SERVICES QUARTERLY PERFORMANCE REPORT January to March 2021 <https://www.health.act.gov.au/sites/default/files/2021-07/Quarter%203%2C%202020-21%20QPR.PDF>

102 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.17 viewed 5 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>; <https://www.aihw.gov.au/getmedia/f72949da-cba8-4f36-a47d-2c5bbcccd55a/Elective-surgery-waiting-times-2019-20.xlsx.aspx>

103 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2018-19 Table 4.17 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954f8e/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

Category 2 patients

Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) Australian Capital Territory

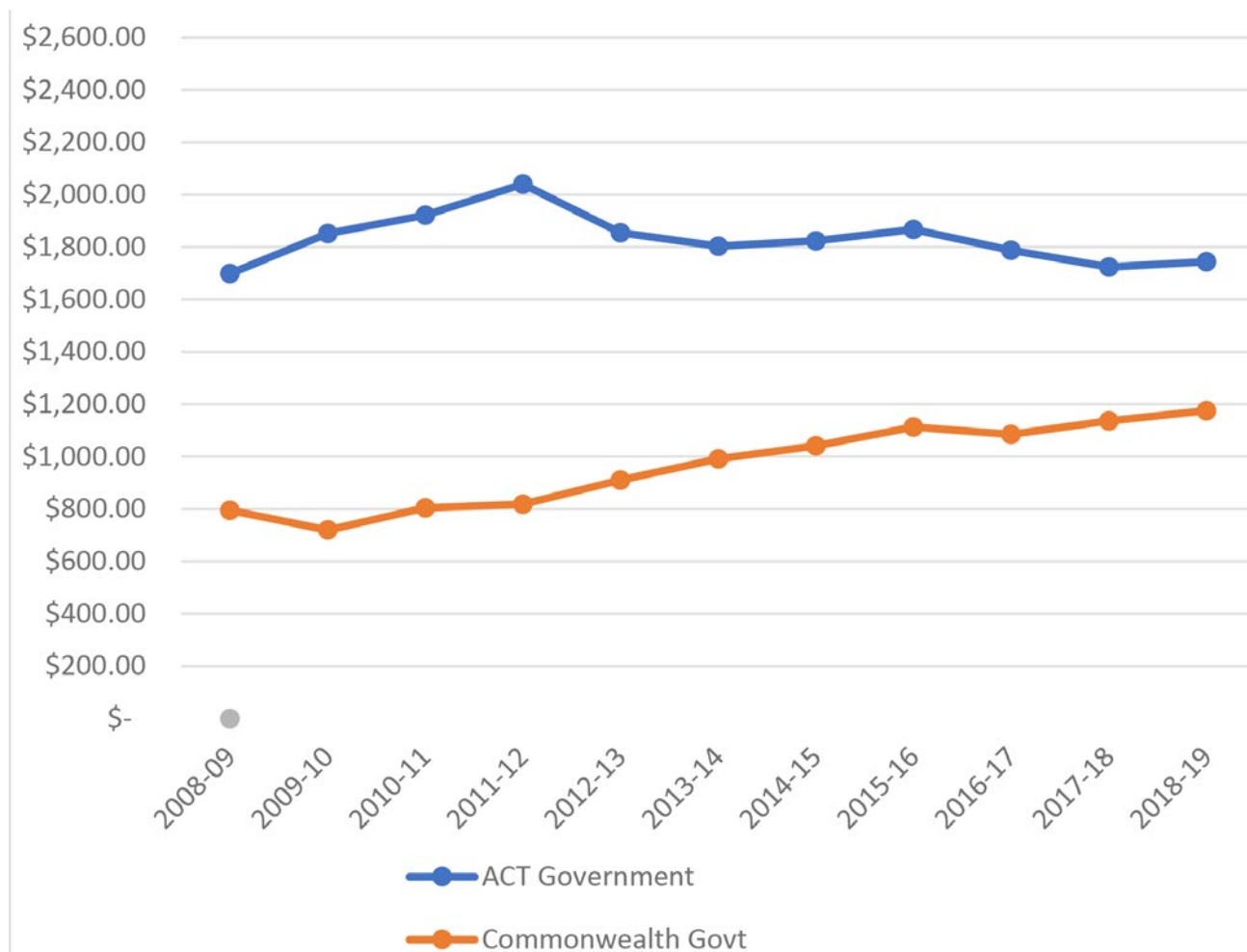


Source: The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2020-21: Australian hospital statistics

Public hospital funding

The most recent public hospital funding data is 2019-20 so it is partially affected by COVID19.

Commonwealth and Australian Capital Territory government per person funding for public hospitals (constant prices)¹⁰⁴



Source: Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2008-09 to 2019-20 viewed 10 February 2022 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/main-visualisations/overview>

	2008-09 to 2013-14	2014-15 to 2019-20	2009-10 to 2019-20
Commonwealth	4.52%	3.57%	5.60%
Australian Capital Territory	1.20%	1.18%	0.44%

¹⁰⁴ Note: The funding data in the AMA Public Hospital Report Card 2022 differs slightly compared to the Public Hospital Report Card 2021 for the Australian Capital Territory. The data change is in line with the latest updates from AIHW and their ongoing work program to consolidate the data. For more information see Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2019-20 – Different Reports on Health Expenditure <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/comparison-and-alignment-of-health-expenditure-estimates/different-reports-on-health-expenditure>

NORTHERN TERRITORY

A/Prof Robert Parker,
President of AMA Northern Territory



The NT health system continued to struggle throughout 2020-21 reporting period. In my recent letter Minister Hunt I pointed out that NT Hospitals had two to three times the activity level of hospitals in other Australian States and Territories. My claim is supported by the most recent data - this Report Card shows that urgent presentations to our emergency departments continue to grow, recording a spike of 15.1 percent in 2021. The data also shows further performance decline of the NT health system on all parameters, those pertaining to emergency department presentations and elective surgery.

Unfortunately, with the recent surge of Omicron, this intense activity level has led to a number of Code Yellows particularly affecting Royal Darwin Hospital. The very high rate of COVID affecting the NT has had a further negative effect, substantially increasing wait times for elective surgery. Our doctors and medical staff are at a breaking point. Both Federal and State governments need to step up and do more to address the ongoing issues in our public hospital system before it is too late.

Emergency department

Northern Territory - COVID-19 impact on public hospital emergency department patient volumes

Northern Territory introduced COVID-19 related restrictions in March 2020, with measures starting to ease from May 2020.¹⁰⁵

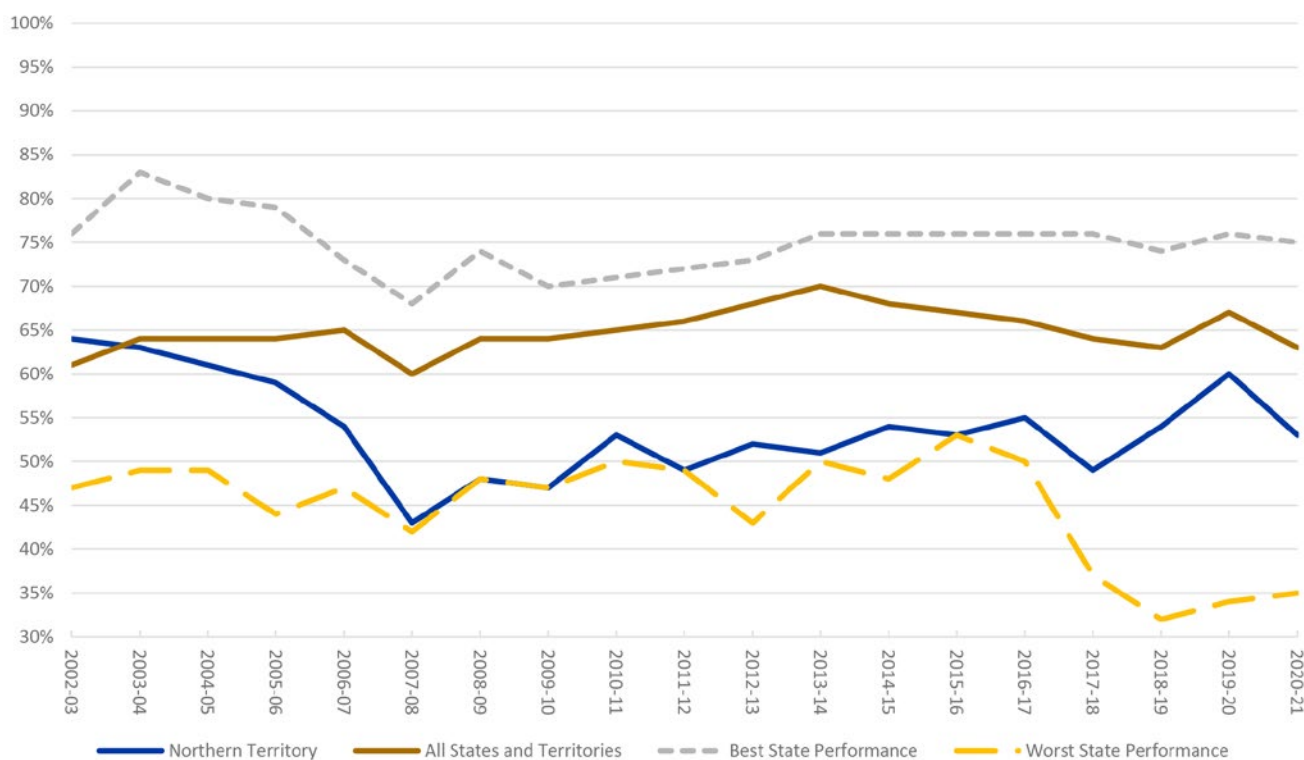
With the drop in emergency presentations at the start of the pandemic, the 2019-2020 financial year ended with emergency presentations just 0.2 per cent below 2018-19 levels.¹⁰⁶

In 2020-21 financial year Northern Territory emergency presentations increased by 7.9 per cent compared to the year before¹⁰⁷, with Urgent presentations recording a spike of 15.1 per cent.¹⁰⁸

Waiting times

Percentage of Triage Category 3 (Urgent) emergency department patients seen within recommended time (<30 minutes) – Northern Territory

In 2020-21 proportion of patients in the Urgent category seen on time in Northern Territory dropped by 7 percent compared to the year before. The Northern Territory is 22 per cent below the best performing state in this category.



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2020-21

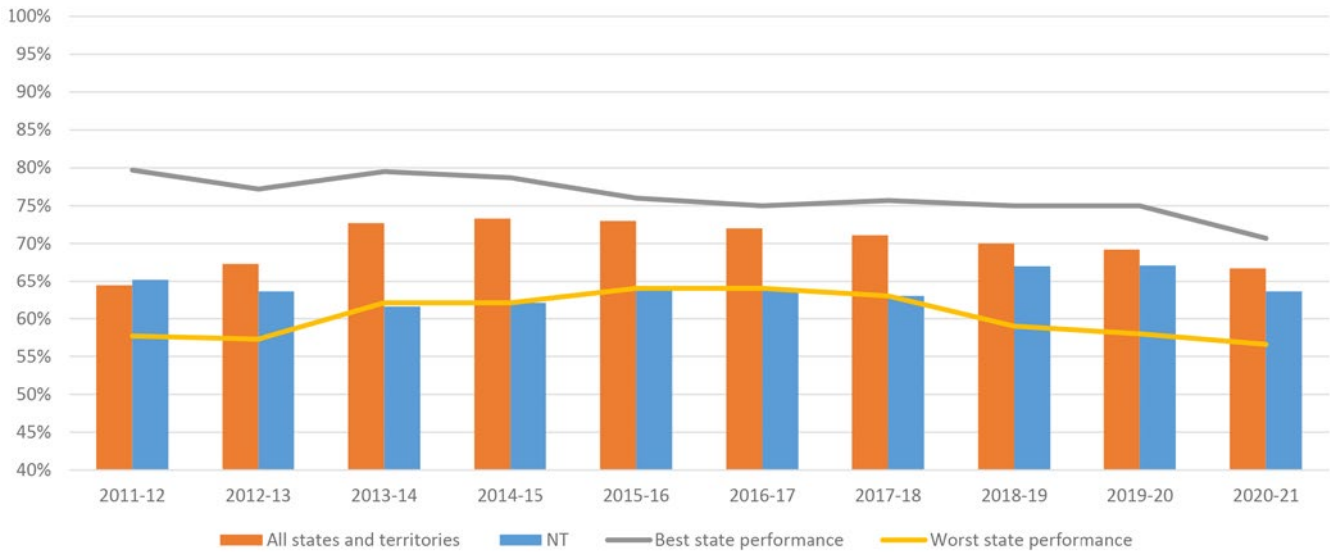
¹⁰⁵ Gunner M (Chief Minister of the Northern Territory), The Territory's roadmap to the new normal, Media statement, 30 April 2020 <https://newsroom.nt.gov.au/mediaRelease/33205>

¹⁰⁶ Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency department care 2019-20 table 2.2 viewed 2 August <https://www.aihw.gov.au/reports-data/myhospitals/intersec-tion/activity/ed>

¹⁰⁷ Australian Institute of Health and Welfare 2022. Australian Hospital Statistics: Emergency department care 2020-21 Table 2.2 viewed 2 February 2022 <https://www.aihw.gov.au/getmedia/0d0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx>

¹⁰⁸ Australian Institute of Health and Welfare 2022. Australian Hospital Statistics: Emergency department care 2020-21 Table 4.2 viewed 2 February 2022 <https://www.aihw.gov.au/getmedia/0d0d6cbf-e764-4a89-a71a-b03c5156235d/Emergency-Department-Care-2020-21.xlsx.aspx>

Percentage of emergency department visits completed in four hours or less – Northern Territory



Source: Australian Institute of Health and Welfare (AIHW). Emergency department care (2011-12 to 2020-21): Australian hospital statistics.

Note: National emergency access targets were abolished with effect from 1 July 2015

Elective surgery

Waiting times

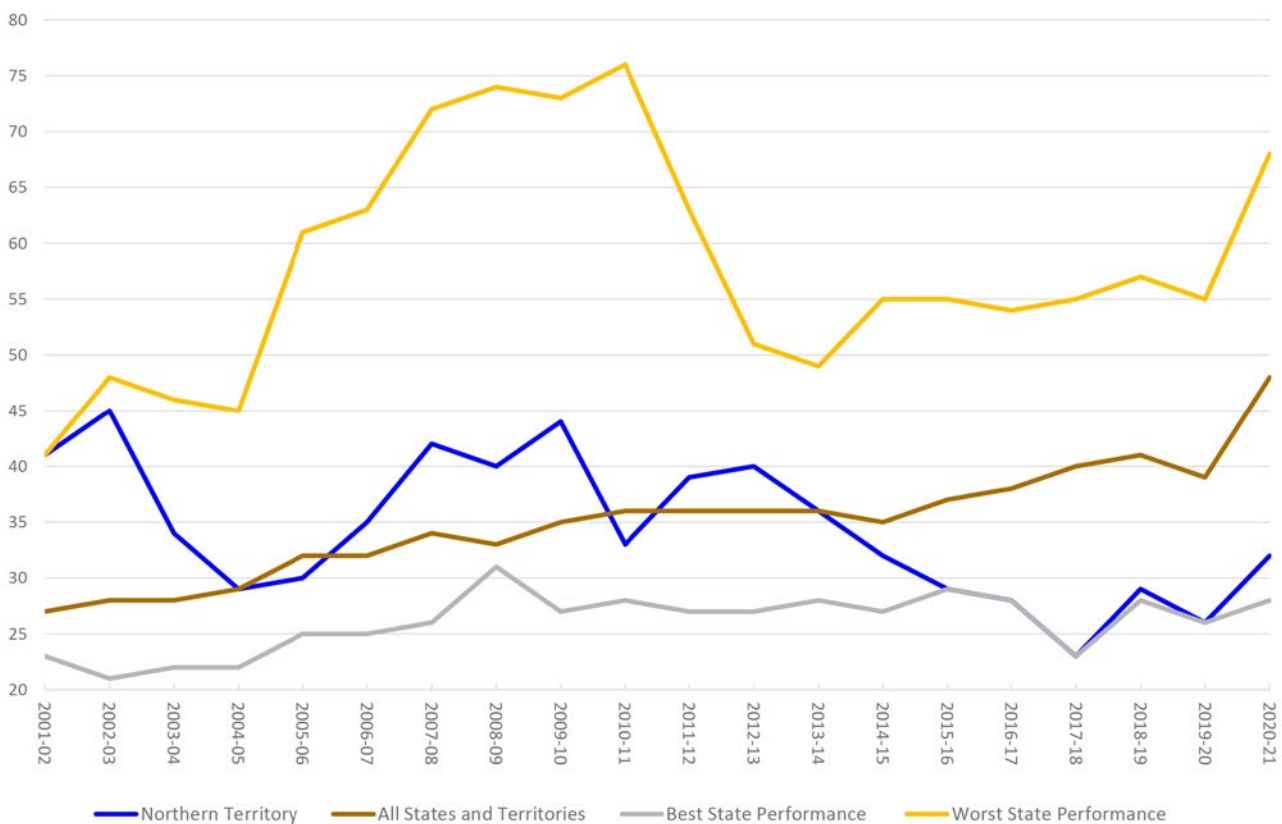
Northern Territory – COVID-19 impact on public hospital elective surgery volumes

Northern Territory introduced restrictions on Category 2 and 3 elective surgeries in late March 2020, only to allow their resumption a month later. The one-month suspension resulted in the volume of elective surgeries being 2.4 per cent lower in 2019-20 than the year before.^{109,110}

In 2020-21 Northern Territory the elective surgery number of admissions remained roughly the same as in 2019-20.^{111,112}

Median waiting time for elective surgery (days) – Northern Territory

In 2020-21, median wait in the Northern Territory was 4 days longer than the best performing State in this category.



Source: Australian Institute of Health and Welfare (AIHW). Elective surgery data cubes (2001-02 to 2006-07): Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Elective surgery waiting times (2007-08 to 2020-21): Australian hospital statistics

109 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2018-19 Table 4.18 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954f8e/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

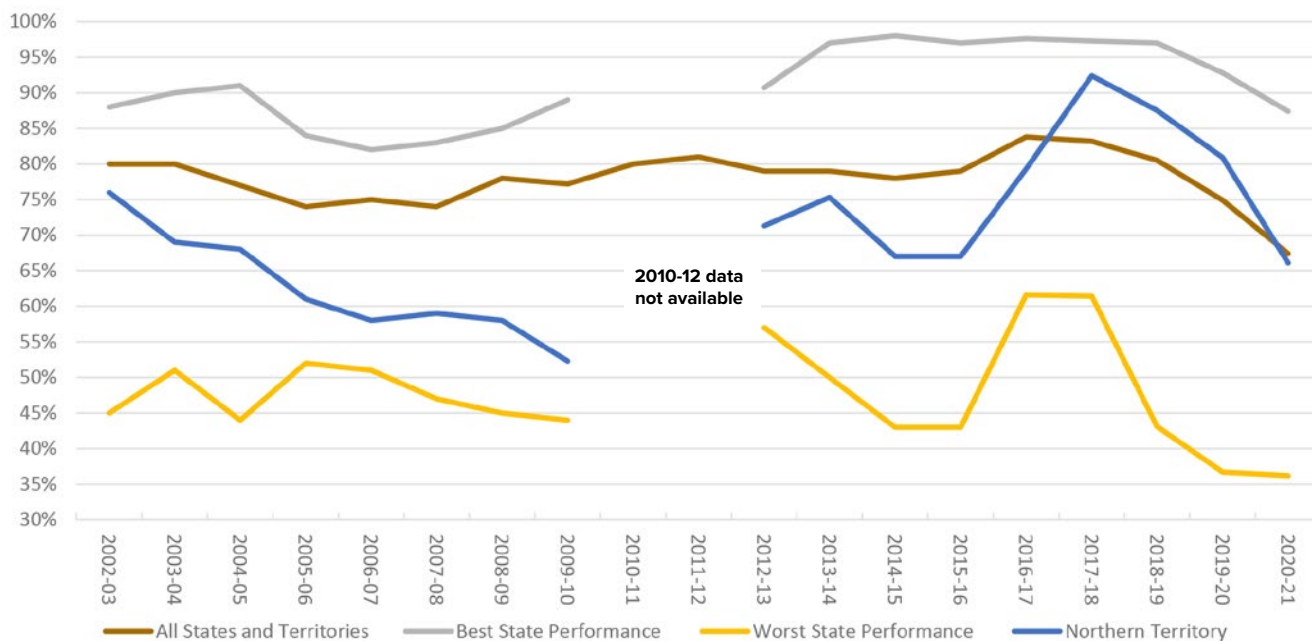
110 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.18 viewed 2 February 2022 <https://www.aihw.gov.au/getmedia/f72949da-cba8-4f36-a47d-2c5bbcccd55a/Elective-surgery-waiting-times-2019-20.xlsx.aspx>

111 Australian Institute of Health and Welfare (2022). Australian Hospital Statistics: Elective surgery waiting times 2020-21 Table 4.18 viewed 2 February 2022 <https://www.aihw.gov.au/getmedia/9d847d52-b1d3-4366-9900-1a0d4db1055d/Elective-surgery-waiting-times-2020-21.xlsx.aspx>

112 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.18 viewed 2 February 2022 <https://www.aihw.gov.au/getmedia/f72949da-cba8-4f36-a47d-2c5bbcccd55a/Elective-surgery-waiting-times-2019-20.xlsx.aspx>

Category 2 patients

Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) Northern Territory

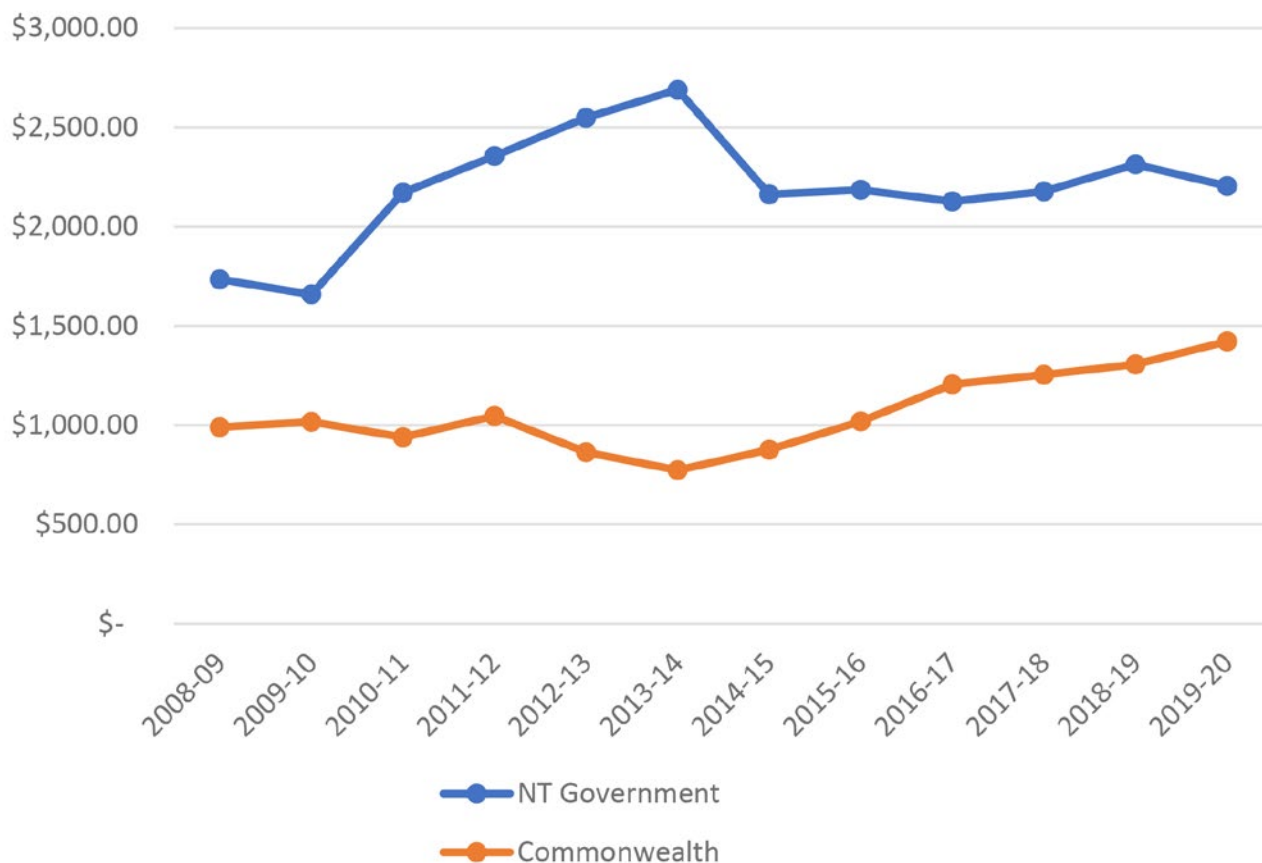


Source: The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2020-21: Australian hospital statistics

Public hospital funding

The most recent public hospital funding data is 2018-19 so is not yet affected by COVID-19.

Commonwealth and Northern Territory government per person funding for public hospitals (constant prices)



Source: Australian Institute of Health and Welfare (AIHW) 2022, Health Expenditure Australia: 2008-09 to 2019-20 viewed 10 February 2022 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2019-20/contents/main-visualisations/overview>

	2008-09 to 2013-14	2014-15 to 2019-20	2009-10 to 2019-20
Commonwealth	-4.82%	10.14%	3.41%
Northern Territory	9.16%	0.38%	2.89%



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