

# 2016

## PUBLIC HOSPITAL REPORT CARD



AN AMA ANALYSIS OF AUSTRALIA'S PUBLIC HOSPITAL SYSTEM

**AMA**



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# INTRODUCTION

The *AMA Public Hospital Report Card* presents data published by the Commonwealth, year on year. Its purpose is to enable an assessment of the performance of our public hospitals and their capacity to meet the community's need for hospital services.

Public hospitals are facing a growing funding crisis. This crisis is not generated by hospitals themselves. Rather, it is a crisis created by the political process, and political and budgetary decisions.

From July 2017, the Commonwealth will strictly limit its contribution to public hospital costs. Growth in Commonwealth funding will be restricted to indexation using the CPI and population growth only. As a result, hospitals will have insufficient funding to meet the increasing demand for services.

In the meantime, Commonwealth funding for public hospitals has been reduced by \$423 million for the three years to 2017-18.<sup>1</sup> The downward trend continued with a further reduction of \$31 million to 2018-19 in the December 2015 Budget update.<sup>2</sup>

By any measure, we have reached a crisis point in public hospital funding.

Public hospitals provide essential healthcare services across the community, services that are essential to the health of our population, and thereby to workforce and social participation. Funding public hospitals is not discretionary.

The Government's ongoing justification for its extreme health savings measures, including cuts to public hospital funding, has been that Australia's health spending is unsustainable.

This is not substantiated by the evidence.

The Government's own health expenditure figures (2013-14)<sup>3</sup> show we have achieved two years of modest, sustainable growth. We have seen 3.1 per cent growth in total health expenditure in 2013-14 on the back of 1.1 per cent growth in 2012-13; a year with the lowest growth rate in health expenditure since the Government began reporting it in the mid-1980s.

There have now been two years where growth in health expenditure has been well below the long-term average annual growth of 5 per cent over the last decade.<sup>4</sup>

According to the health expenditure report, health was 9.8 per cent of Australia's GDP in 2013-14, which is stable and sustainable when compared with the ten year average of 9.12 per cent.<sup>5</sup>

The Commonwealth Government's total health expenditure is reducing as a percentage of the total Commonwealth Budget. In the 2014-15 Commonwealth Budget, health was 16.13 per cent of the total, down from 18.09 per cent in 2006-07. It reduced further in the 2015-16 Budget, representing only 15.97 per cent of the total Commonwealth Budget.<sup>6</sup>

1 Commonwealth Budget, *Budget Paper No. 3 2015-16*

2 Commonwealth Budget, *Mid-Year Economic and Fiscal Outlook 2015-16*

3 AIHW, *Health Expenditure Australia*, 2013-14 pg viii, 6

4 *ibid*, Table 3.3, pg 39

5 *ibid*, pg 8

6 Commonwealth Budget, *Budget Overview 2006-07, 2014-15, 2015-16*

Clearly, total health spending is not out of control. The health sector is doing more than its share to ensure health expenditure is sustainable.

Despite this, the growth in Commonwealth funding for public hospitals in 2013-14 was just 0.9 per cent, well below inflation and virtually stagnant. This is off the back of a 2.2 per cent reduction in Commonwealth funding of public hospitals in 2012-13.<sup>7</sup>

This is reflected in the performance of our public hospitals. The AMA Report Card shows that, against key measures, the performance of our public hospitals is also virtually stagnant, or even declining. This is the direct effect on patient care of reduced growth in hospital funding and capacity.

Bed number ratios have deteriorated. Waiting times are largely static, with only very minor improvement. Emergency Department (ED) waiting times have worsened. The percentage of ED patients treated in four hours has not changed, and is well below target. Elective surgery waiting times and treatment targets are largely unchanged.

Without sufficient funding to increase capacity, public hospitals will never meet the targets set by governments, and patients will wait longer for treatment.

Services provided by public hospitals are essential. Funding for public hospitals is also essential.

The 2014-15 Budget decision to restrict growth in Commonwealth funding of public hospitals to CPI and population growth from 1 July 2017 has been estimated to limit growth to 1.7 per cent in real terms over the next eight years.<sup>8</sup>

The CPI measures changes in prices faced by households only, and is not an appropriate measure of increases in hospital costs. Increasing funding on the basis of population growth does not address cost increases associated with changing demographics of populations in States and Territories.

The Commonwealth's contribution to public hospital funding must be sufficient to address real increases in health costs, and to ensure public hospitals have sufficient capacity to meet the community's requirements for health care.



**Professor Brian Owler**  
President

January 2016

<sup>7</sup> AIHW, *ibid*, Table A10, pg 81

<sup>8</sup> Parliamentary Budget Office, *National fiscal trends*, Report No. 01/2015, pg 31

# 1. NATIONAL PUBLIC HOSPITAL PERFORMANCE

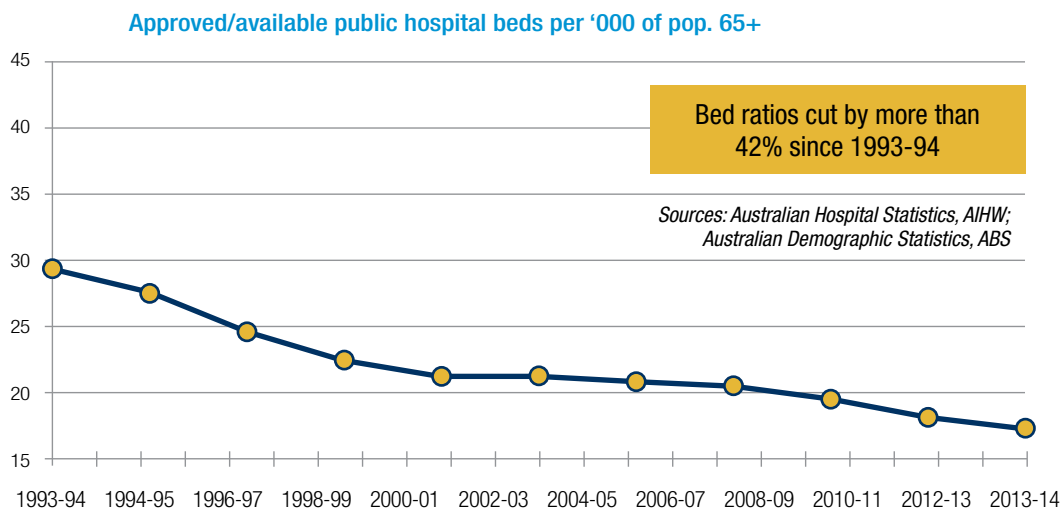
## Public hospital capacity

One of the best measures of hospital capacity is to compare the number of available beds with the size of the population.

The population aged 65 years and older is a useful way to measure the hospital-using population, because older people have more hospital episodes than young people.

Graph 1 shows the year-on-year decline in the number of public hospital beds for every 1000 people aged older than 65 years of age.

**Graph 1: Number of approved/available public hospital beds per 1000 population aged 65 and over**



Total public hospital bed numbers increased marginally by 256 in 2013-14.

Bed numbers as a ratio per 1000 of the general population reduced to 2.51 in 2013-14 from 2.57 in 2012-13. This ratio has not improved since 2009-10.

Public hospital capacity is not keeping pace with population growth, and is not increasing to meet the growing demand for services.

# Emergency department waiting and treatment times

Two performance indicators that measure the capacity of emergency departments to provide timely care are:

- 80 per cent of emergency department presentations are seen within clinically recommended triage times; and
- 90 per cent of patients leave the emergency department within four hours.

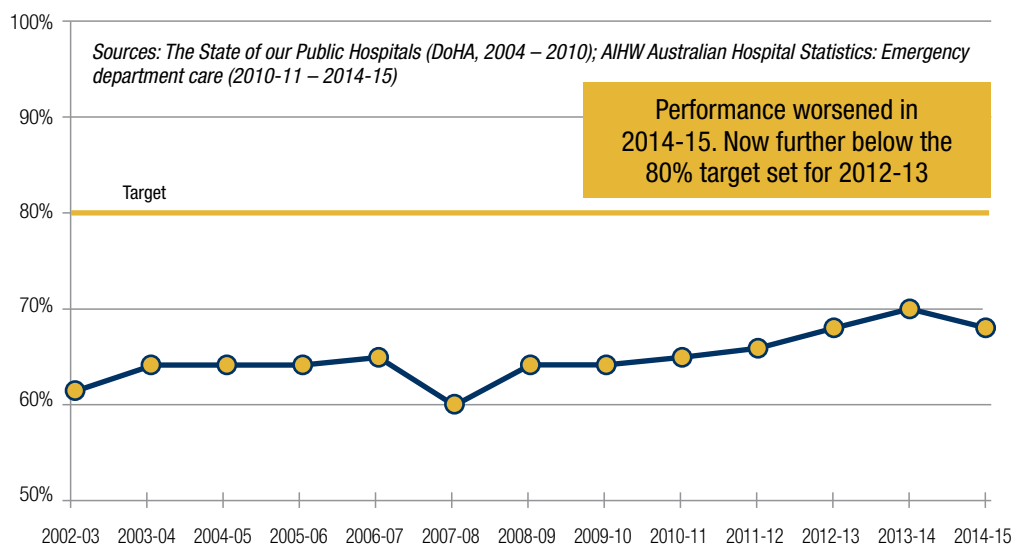
## Patients seen within clinically recommended times

Under this target, from 2012-13, 80 per cent of emergency department presentations will be seen within clinically recommended triage times, as recommended by the Australasian College for Emergency Medicine.<sup>9</sup>

Performance against this target is now heading in the opposite direction. Only 68 per cent of emergency department patients classified as urgent in 2014-15 were seen within the recommended 30 minutes.

**Graph 2: Percentage of Category 3 emergency department patients seen within recommended time**

Percentage of Triage Category 3 (urgent) Emergency Department patients seen within recommended time (<30 minutes) – Australia



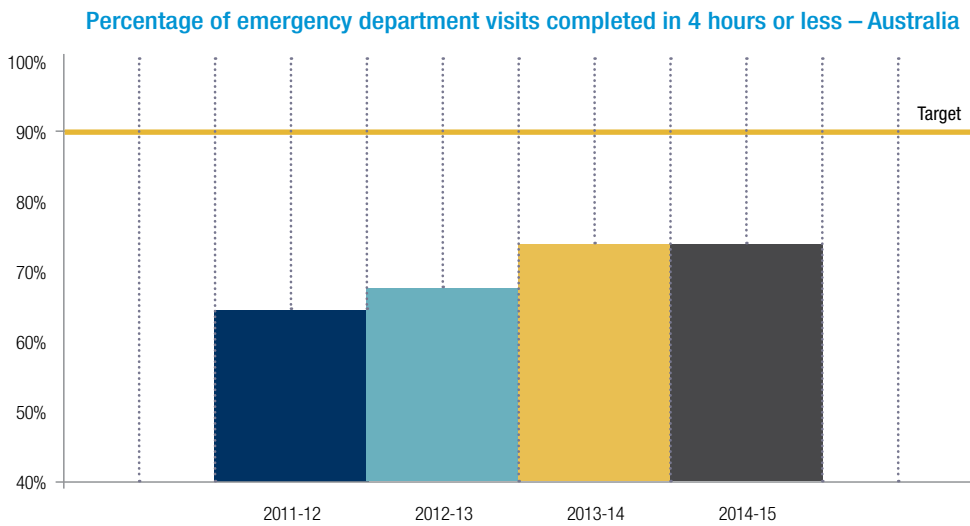
<sup>9</sup> National Partnership Agreement on Hospital and Health Workforce Reform, 2009, pg 28, clause D11

## Patients leaving within four hours

Under the National Emergency Access Target (NEAT), 90 per cent of all patients presenting to a public hospital emergency department will either physically leave the emergency department for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours<sup>10</sup>. State and Territory governments have committed to progressively achieve this target by the end of 2015, with incremental targets over four years for each State and Territory.

In 2014-15, 73 per cent of all emergency department visits were completed in four hours or less. This represents no improvement over 2013-14, and is well short of the 90 per cent target to be achieved by the end of 2015.

**Graph 3: National performance against the Four Hour National Emergency Access Target**



Source: Australian Hospitals Statistics 2011-12 to 2014-15: emergency department care (AIHW)

<sup>10</sup> National Partnership Agreement on Improving Public Hospital Services, 2011, pg 30, clause C1



# 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.

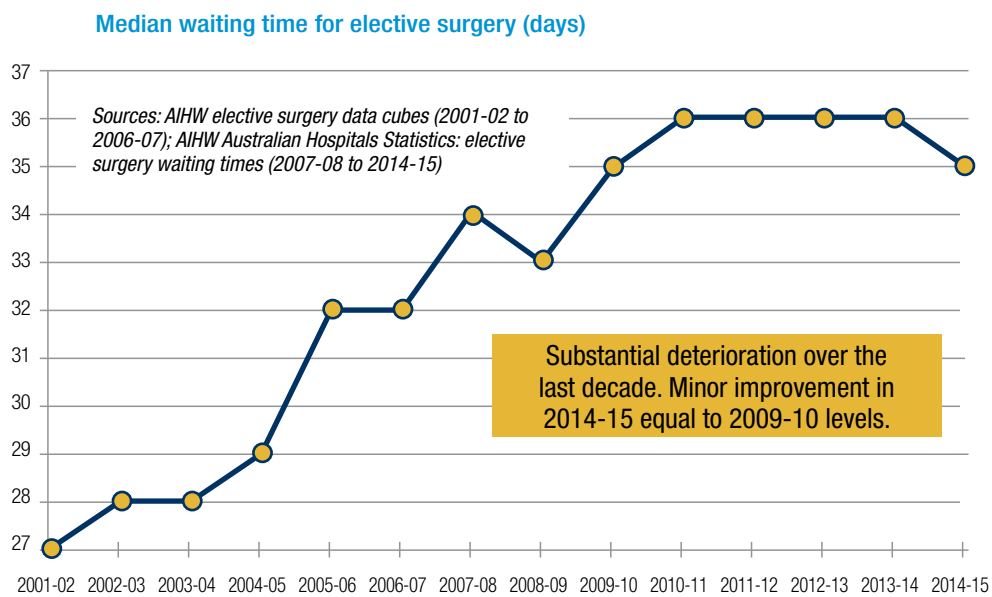
Two performance indicators that measure the performance of public hospitals to provide timely care to patients requiring elective surgery are:

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

## Median waiting time

Nationally, median waiting times for all elective surgery have increased over the last 10 years. In 2014-15, the national median waiting time reduced by one day to 35 days, the same waiting time as last achieved in 2009-10.

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

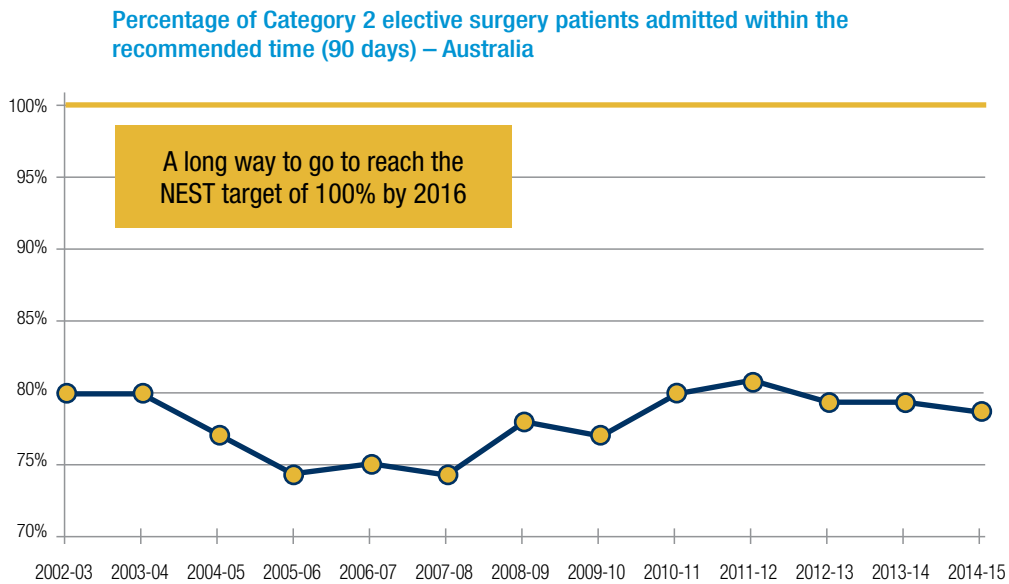


## National Elective Surgery Target

Under the National Elective Surgery Target (NEST), 100 per cent of all urgency category patients waiting for surgery are to be treated within the clinically recommended times.<sup>11</sup> In 2014-15, category 2 patients represented 39 per cent of elective surgery admissions nationally. On average across States and Territories, 78 per cent of elective surgery category 2 patients were admitted within the clinically recommended time (within 90 days). This is one per cent less than the proportion of category 2 patients admitted on time in 2013-14.

Graph 5 presents performance over the last 13 years. Official data for this indicator has not been published consistently over the full period, and performance for 2010-11 and 2011-12 has been extrapolated from various sources.

**Graph 5: Percentage of Category 2 elective surgery patients admitted within the recommended time**



*\*Sources: 2004-10 The State of Our Public Hospitals (DoHA); 2011 FOI request reference 253-1011 lodged June 2011; 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by AIHW in Australian Hospital Statistics: National emergency access and elective surgery targets 2012; AIHW Australian Hospital Statistics 2014-15: elective surgery waiting times.*

## The hidden waiting list

Elective surgery waiting list data hide the actual times that patients are waiting to be treated in the public hospital system.

The time that patients wait - from when they are referred by their general practitioner to actually seeing a specialist for assessment - is not counted. It is only after patients have seen the specialist that they are added to the official waiting list. This means that the publicly available elective surgery waiting list data actually understate the real time people wait for surgery. Some people wait longer for assessment by a specialist than they do for surgery.

This data must be publicly available on a consistent and national basis so that Australians have a full and accurate picture of waiting times for elective surgery.

<sup>11</sup> National Partnership Agreement on Improving Public Hospital Services, 2011, pg 20

# Commonwealth funding

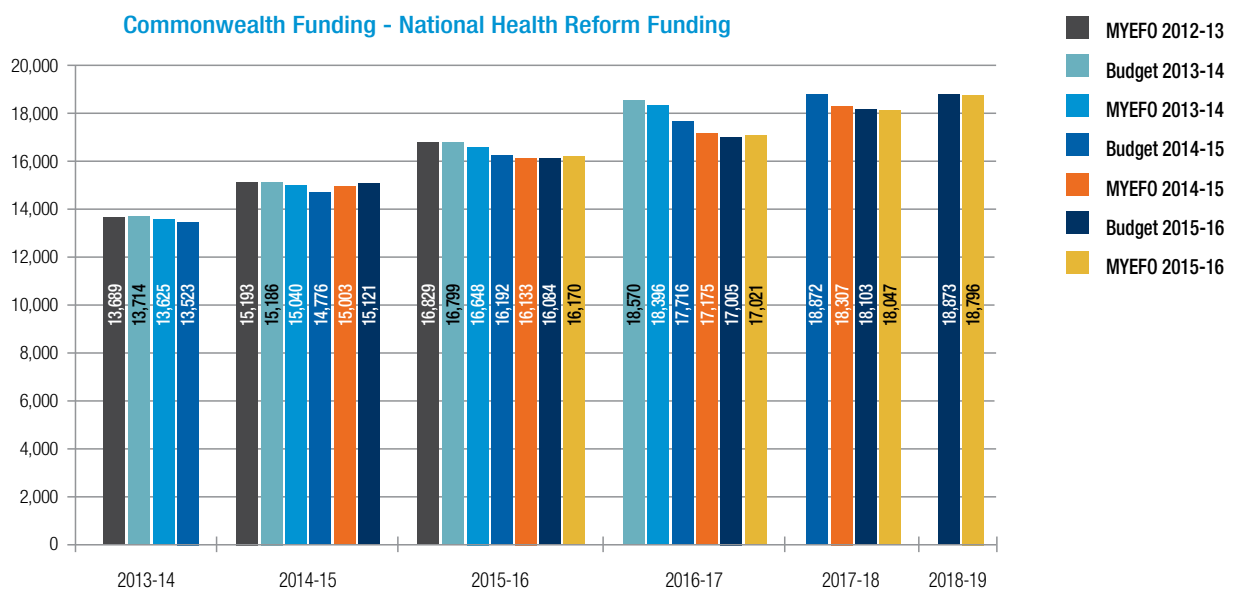
In its 2014-15 Budget, the Commonwealth Government made savings of \$1.8 billion over four years from 2014-15 by abandoning the funding guarantees made under the *National Health Reform Agreement 2011*, and revising Commonwealth Public Hospital funding arrangements from 1 July 2017.

In its 2015-16 Budget, the Commonwealth made further savings of \$423 million for the three years to 2017-18. Funding was reduced by a further \$31 million to 2018-19 in the December 2015 MYEFO.

From 2017-18, the Commonwealth will index its contribution to hospitals funding by a combination of the Consumer Price Index and population growth.

Graph 6 tracks Commonwealth funding for public hospitals as reported in the Commonwealth Budget and MYEFO papers. This graph shows the volatility of the Commonwealth's contribution to public hospital funding from one Budget update to the next, and across Budget years.

**Graph 6 Commonwealth funding for public hospitals**



Source: Commonwealth Budget and MYEFO papers, Commonwealth funding for public hospitals

Following the Commonwealth's decision to move to public hospital funding by indexation and population growth, Commonwealth funding to the States and Territories for the period 2017–18 to 2024–25 is projected to grow by 1.7 per cent annually in real terms.<sup>12</sup> This projected growth contrasts with actual average annual growth in the Commonwealth's contribution to public hospital funding of 3.2 per cent over the period 2003-04 to 2013-14.<sup>13</sup>

The Commonwealth's decision to change the basis of its contribution to public hospital funding has forced a debate on taxation so that State and Territory Governments can meet the shortfall.<sup>14</sup>

<sup>12</sup> Parliamentary Budget Office, *National fiscal trends*, Report No. 01/2015, pg 31

<sup>13</sup> AIHW, *Health Expenditure Australia 2013-14*, pg 81

<sup>14</sup> For example, 'PM wants States to increase taxes', *Courier Mail*, 26 November 2015; 'Jay Wetherill breaks ranks with conditional backing of 15% GST', *Sydney Morning Herald*, 26 November 2015



## 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 and Territory performance is shown in Table 1:

**Table 1: State and Territory Performance - Summary**

State/Territory	Improvement in Emergency Department waiting time - urgent (category 3) 2014-15	Met National Emergency Access Target (NEAT) 2014+	Improvement in Elective Surgery waiting time 2014-15	Met National Elective Surgery Target (NEST)+* 2014	Improvement in Elective Surgery Category 2 admission in 90 days	MYEFO 2015-16 increased Commonwealth funding for 2015-16 over Budget 2015-16
NSW	X	X	X	✓	✓	X
VIC	X	X	✓	X	✓	✓
QLD	X	X	✓	X	✓	✓
WA	X	X	X	X	X	✓
SA	X	X	X	X	X	X
TAS	X	X	X	X	X	X
ACT	X	X	✓	X	X	X
NT	✓	X	✓	X	X	X

+ Targets are set on a calendar year basis; performance as reported by AIHW. AIHW reported elective surgery Category 2 performance for financial year 2013-14 but data for the period 2010-11 to 2011-12, and January to June 2013 has not been published. Elective surgery Category 2 year on year performance is graphed for each State and Territory below, excluding these periods.

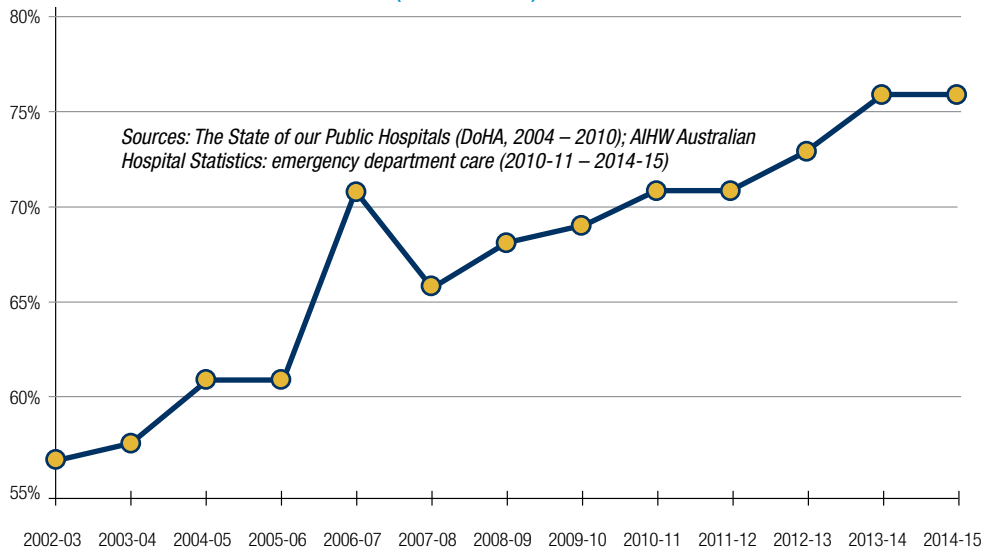
\*Treating patients within clinically recommended time – Category 2 (within 90 days)

## NEW SOUTH WALES

### Emergency Departments

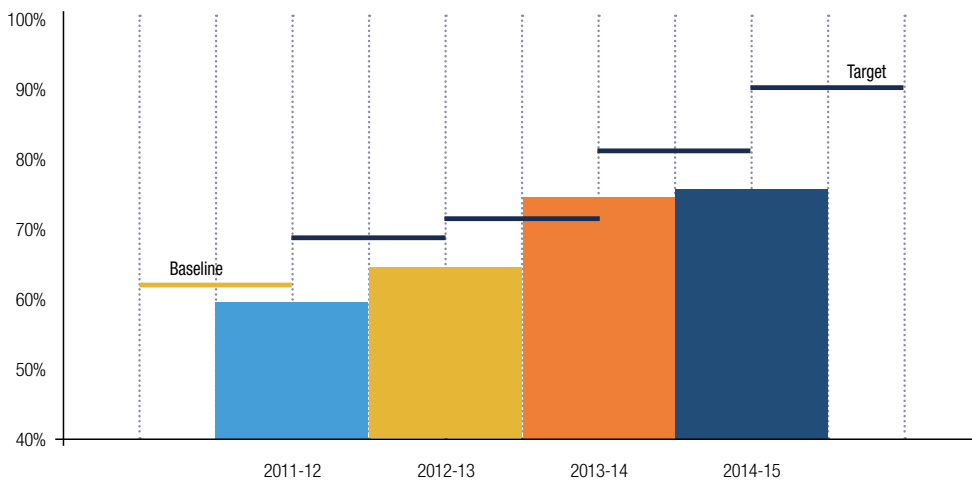
#### Waiting times

Percentage of Triage Category 3 (urgent) Emergency Department patients seen within recommended time (<30 minutes) – NSW



#### National Emergency Access Target (NEAT)

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



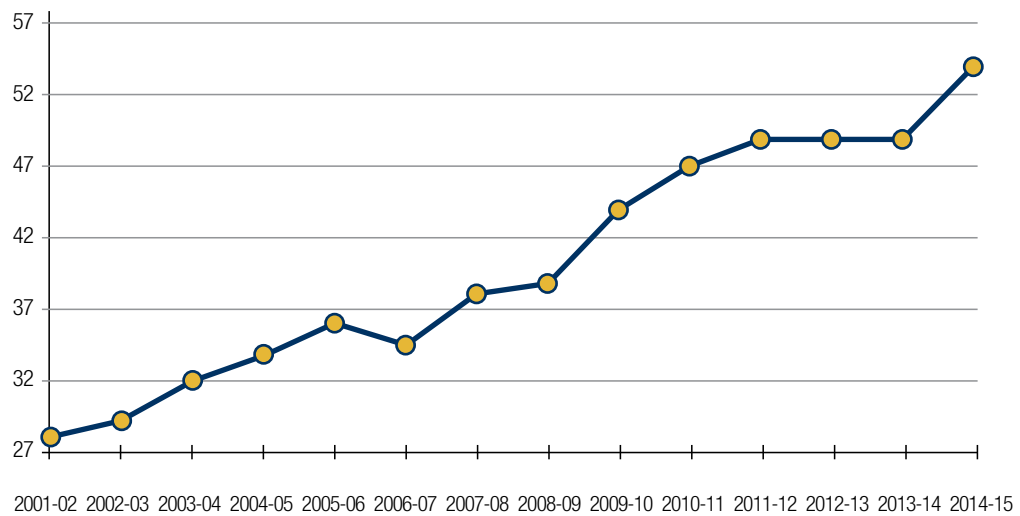
Source: *Australian Hospitals Statistics 2011-12 to 2014-15: emergency department care (AIHW)*



# Elective Surgery

## Waiting times

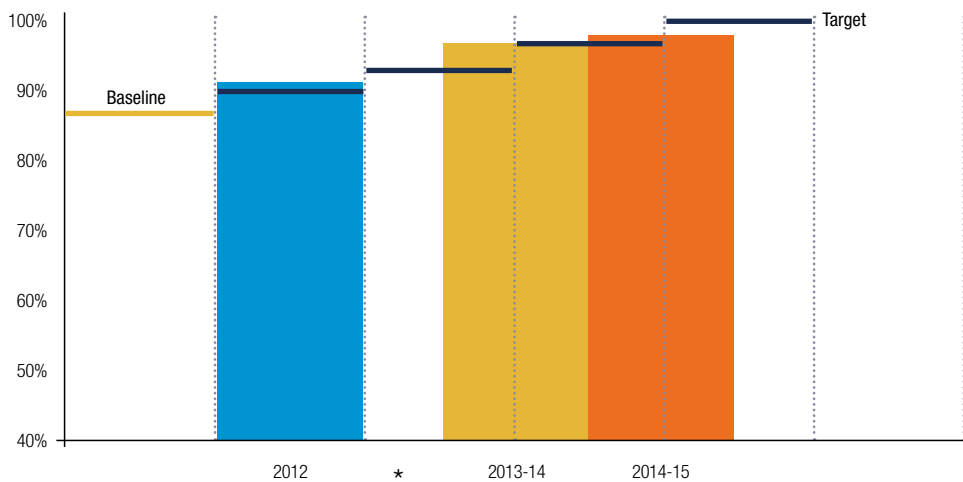
Median waiting time for elective surgery (days) – NSW



Sources: AIHW elective surgery data cubes (2001-02 to 2006-07); AIHW Australian Hospitals Statistics: elective surgery waiting times (2007-08 to 2014-15)

## National Elective Surgery Target (NEST)

National Elective Surgery Target (NEST) Category 2 percentage seen on time – NSW

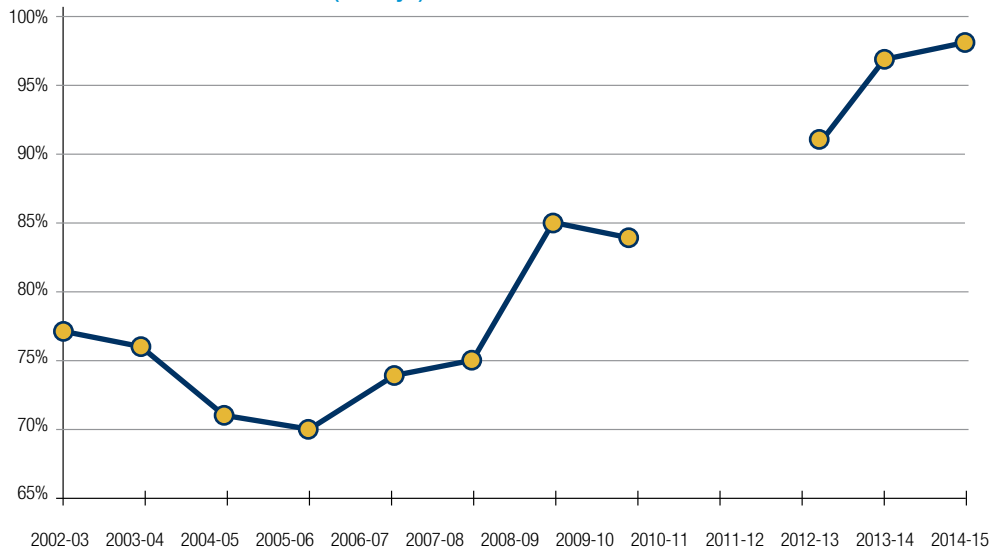


\* data for period Jan-Jun 2013 not published

Source: AIHW Australian Hospitals Statistics: National emergency access and elective surgery targets 2012; elective surgery waiting times 2014-15

### Category 2 patients

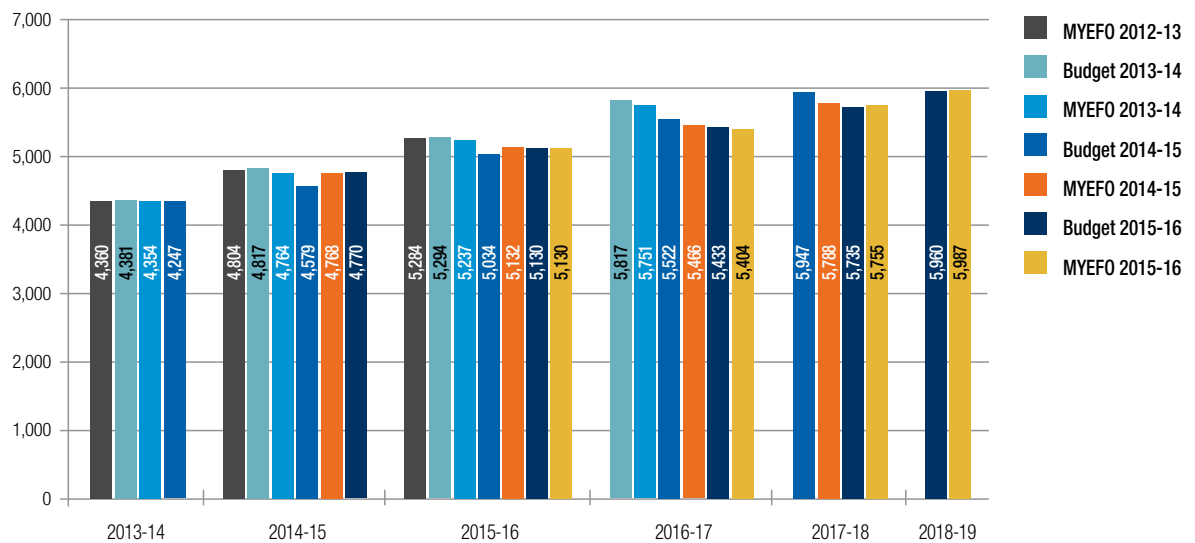
Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) – NSW



Sources: 2004-10 *The State of Our Public Hospitals* (DoHA); 2011 FOI request reference 253-1011 lodged June 2011; 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by AIHW in *Australian Hospital Statistics: National emergency access and elective surgery targets 2012*; AIHW *Australian Hospital Statistics 2014-15: Elective surgery waiting times*.

### Commonwealth Funding

#### Public Hospitals – NSW



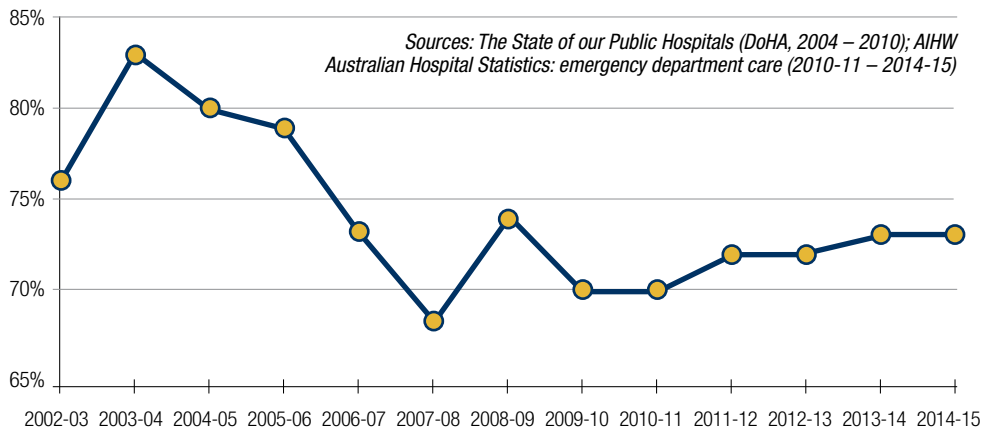
Source: Commonwealth Budget and MYEFO papers, Commonwealth funding for public hospitals

# VICTORIA

## Emergency Departments

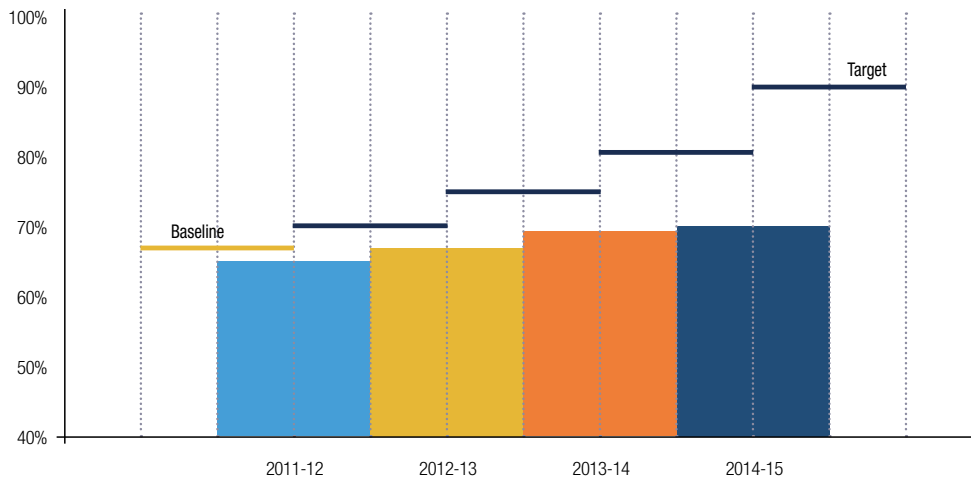
### Waiting times

Percentage of Triage Category 3 (urgent) Emergency Department patients seen within recommended time (<30 minutes) – VIC



### National Emergency Access Target (NEAT)

Percentage of emergency department visits completed in 4 hours or less – VIC

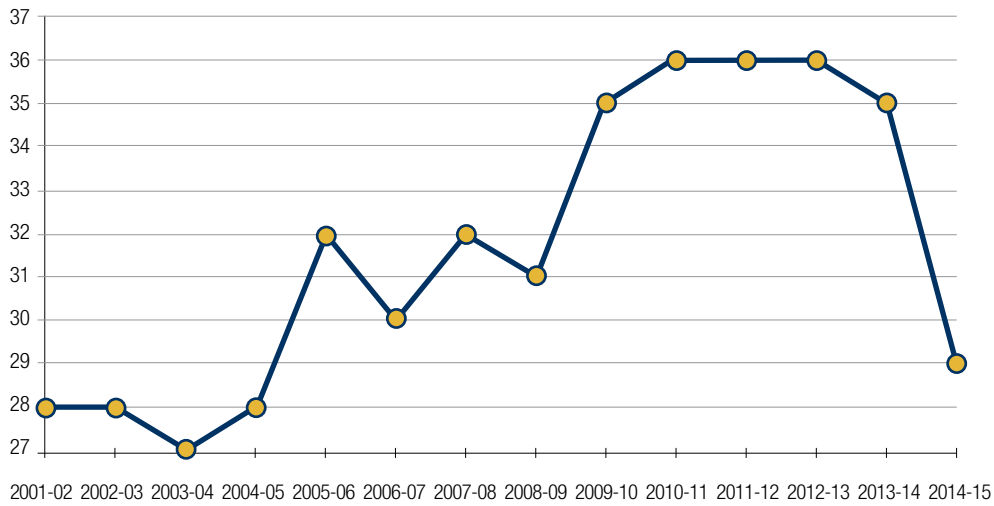


Source: Australian Hospitals Statistics 2011-12 to 2014-15: emergency department care (AIHW)

## Elective Surgery

### Waiting times

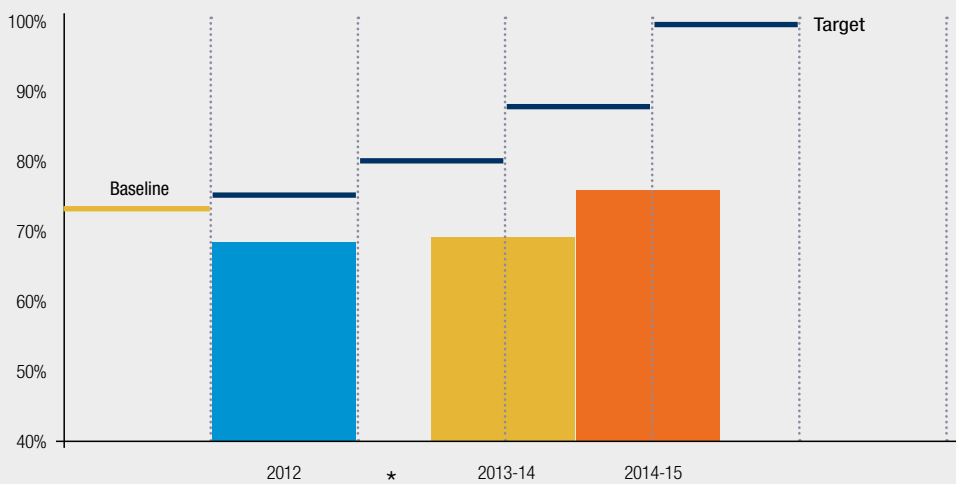
Median waiting time for elective surgery (days) – VIC



Sources: AIHW elective surgery data cubes (2001-02 to 2006-07); AIHW Australian Hospitals Statistics: elective surgery waiting times (2007-08 to 2014-15)

### National Elective Surgery Target (NEST)

National Elective Surgery Target (NEST) Category 2 percentage seen on time – VIC

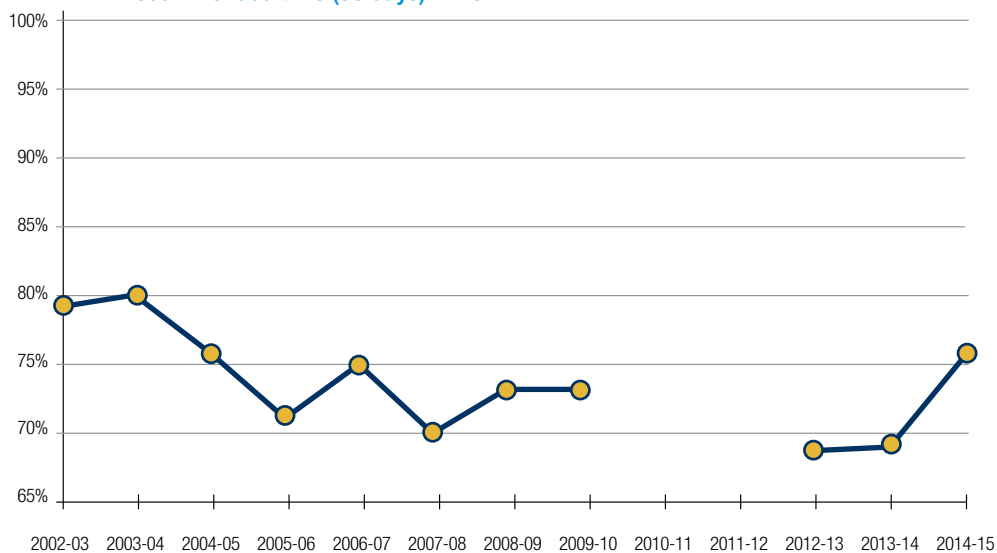


\* data for period Jan-Jun 2013 not published

Sources: AIHW Australian Hospitals Statistics: National emergency access and elective surgery targets 2012; elective surgery waiting times 2014-15

## Category 2 patients

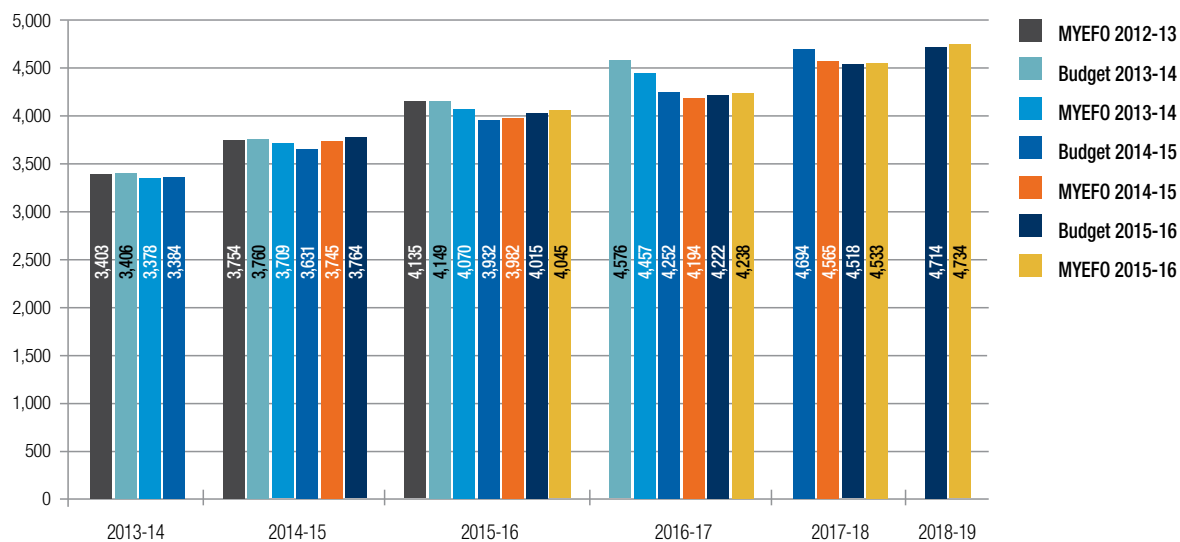
Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) – VIC



Sources: 2004-10 The State of Our Public Hospitals (DoHA); 2011 FOI request reference 253-1011 lodged June 2011; 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by AIHW in Australian Hospital Statistics: National emergency access and elective surgery targets 2012; AIHW Australian Hospital Statistics 2014-15: Elective surgery waiting times

## Commonwealth Funding

### Public Hospitals – Victoria



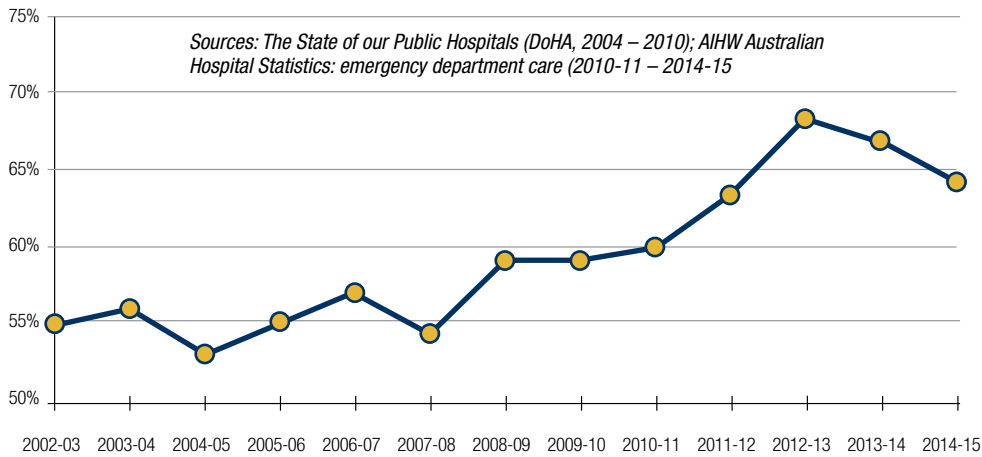
Source: Commonwealth Budget and MYEFO papers, Commonwealth funding for public hospitals

# QUEENSLAND

## Emergency Departments

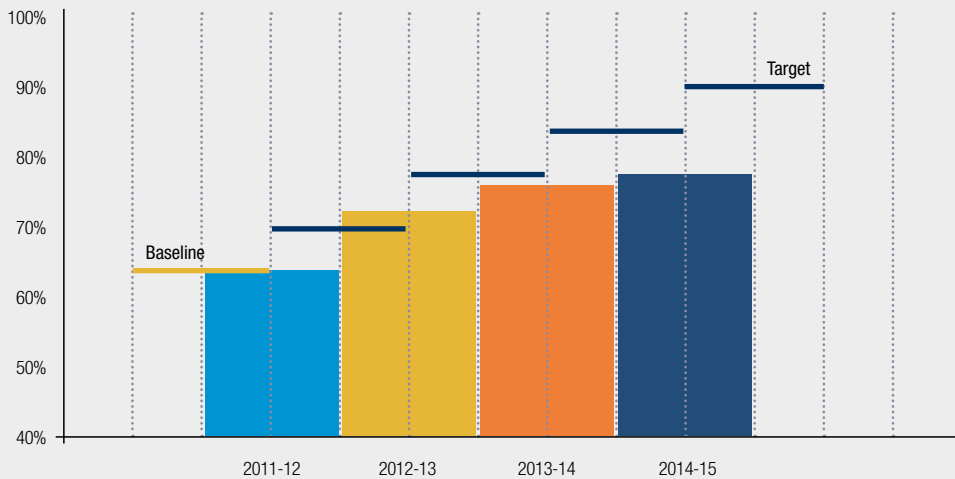
### Waiting times

Percentage of Triage Category 3 (urgent) Emergency Department patients seen within recommended time (<30 minutes) – QLD



### National Emergency Access Target (NEAT)

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



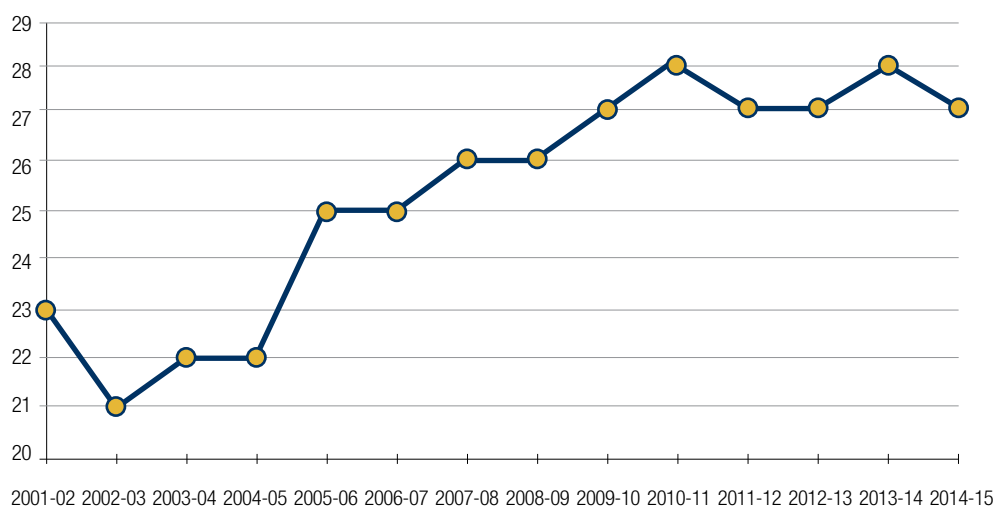
Source: *Australian Hospitals Statistics 2011-12 to 2014-15: emergency department care (AIHW)*



## Elective Surgery

### Waiting times

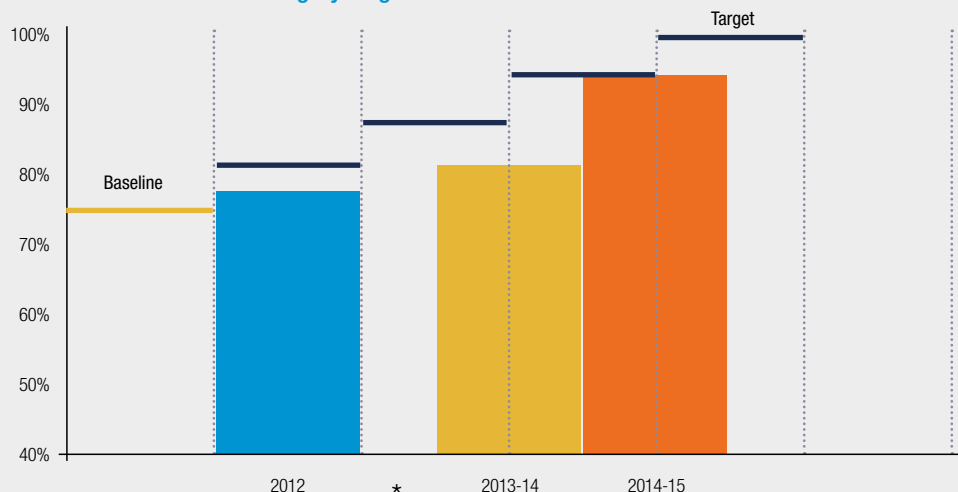
Median waiting time for elective surgery (days) – QLD



Sources: AIHW elective surgery data cubes (2001-02 to 2006-07); AIHW Australian Hospitals Statistics: elective surgery waiting times (2007-08 to 2014-15)

### National Elective Surgery Target (NEST)

National Elective Surgery Target QLD

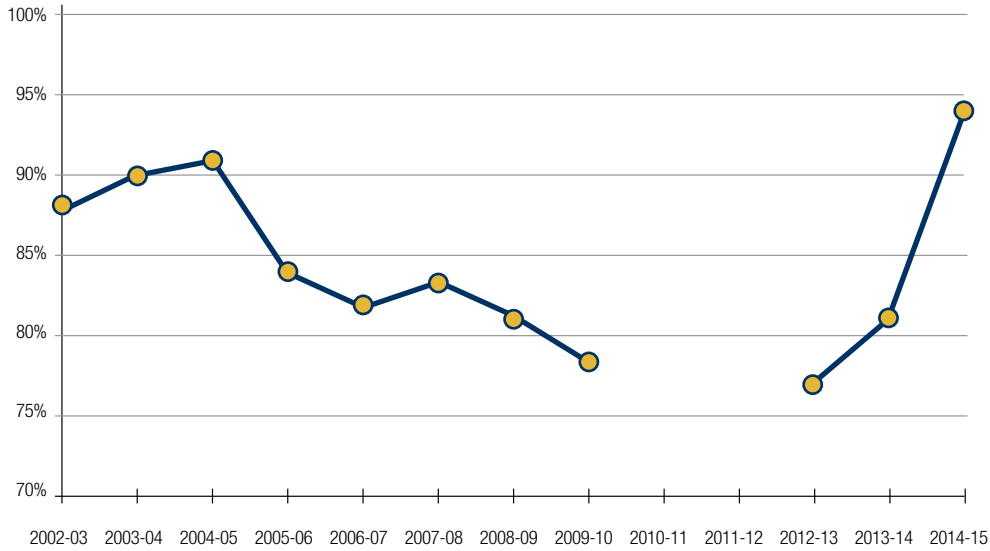


\* data for period Jan-Jun 2013 not published

Source: AIHW Australian Hospitals Statistics: National emergency access and elective surgery targets 2012; elective surgery waiting times 2014-15

### Category 2 patients

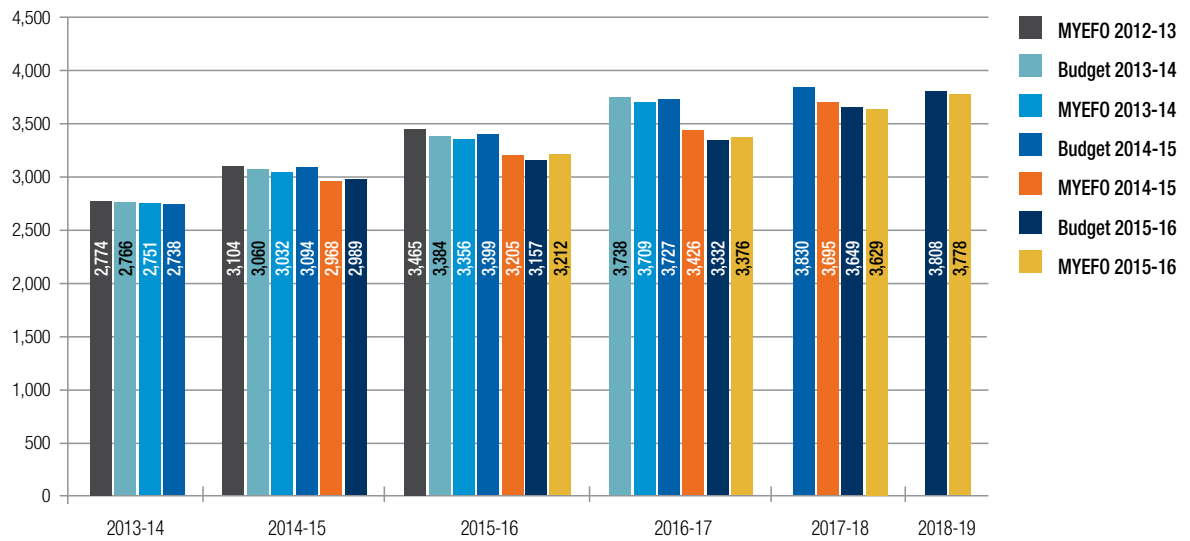
Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) – QLD



Sources: 2004-10 *The State of Our Public Hospitals (DoHA)*; 2011 FOI request reference 253-1011 lodged June 2011; 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by AIHW in *Australian Hospital Statistics: National emergency access and elective surgery targets 2012*; AIHW *Australian Hospital Statistics 2014-15: Elective surgery waiting times*

### Commonwealth Funding

#### Public Hospitals – QLD



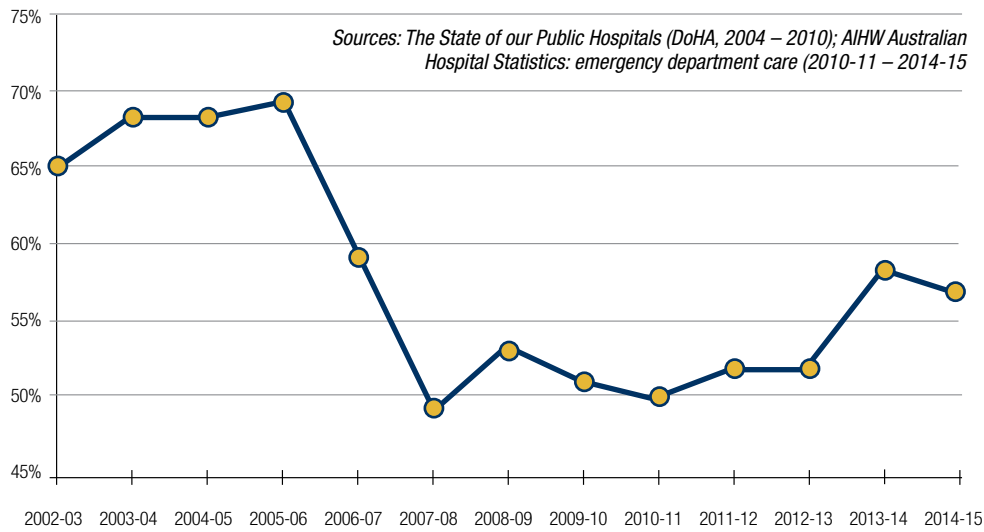
Source: Commonwealth Budget and MYEFO papers, Commonwealth funding for public hospitals

# WESTERN AUSTRALIA

## Emergency Departments

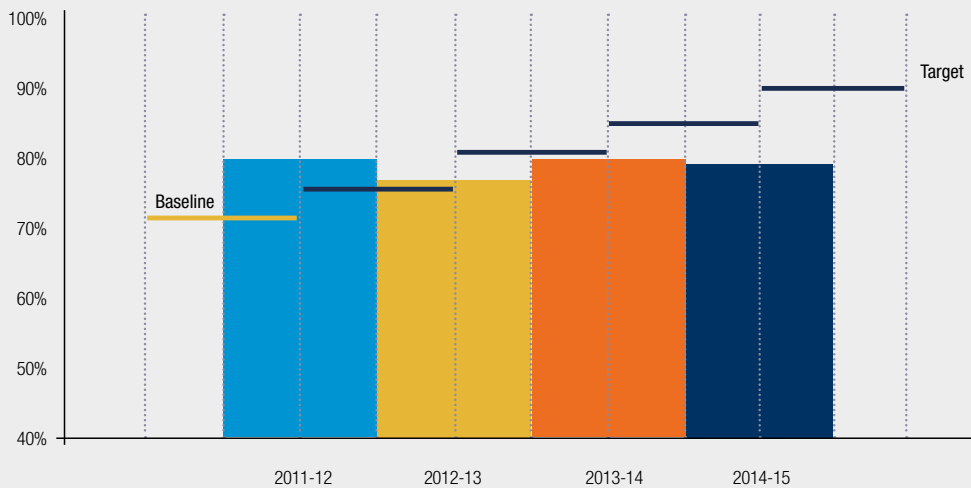
### Waiting times

Percentage of Triage Category 3 (urgent) Emergency Department patients seen within recommended time (<30 minutes) – WA



### National Emergency Access Target (NEAT)

Percentage of emergency department visits completed in four hours or less - WA

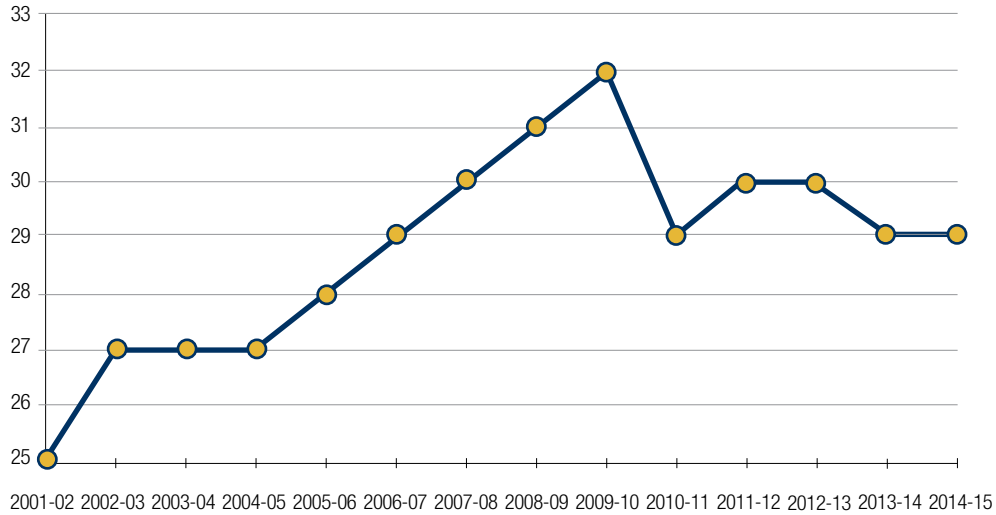


Source: Australian Hospitals Statistics 2011-12 to 2014-15: emergency department care (AIHW)

## Elective Surgery

### Waiting times

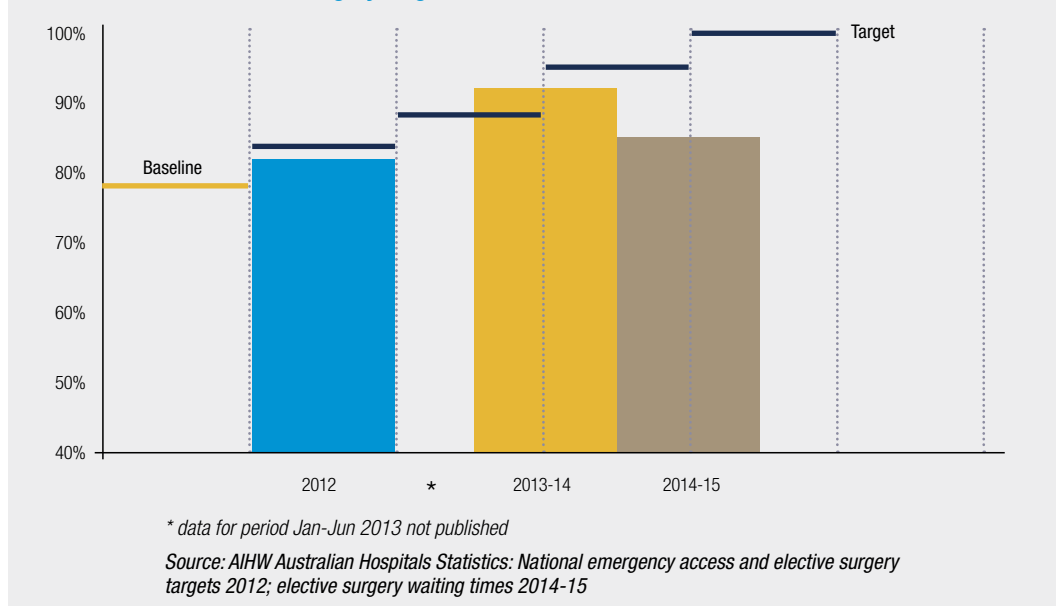
Median waiting time for elective surgery (days) – WA



Sources: AIHW elective surgery data cubes (2001-02 to 2006-07); AIHW Australian Hospitals Statistics: elective surgery waiting times (2007-08 to 2014-15)

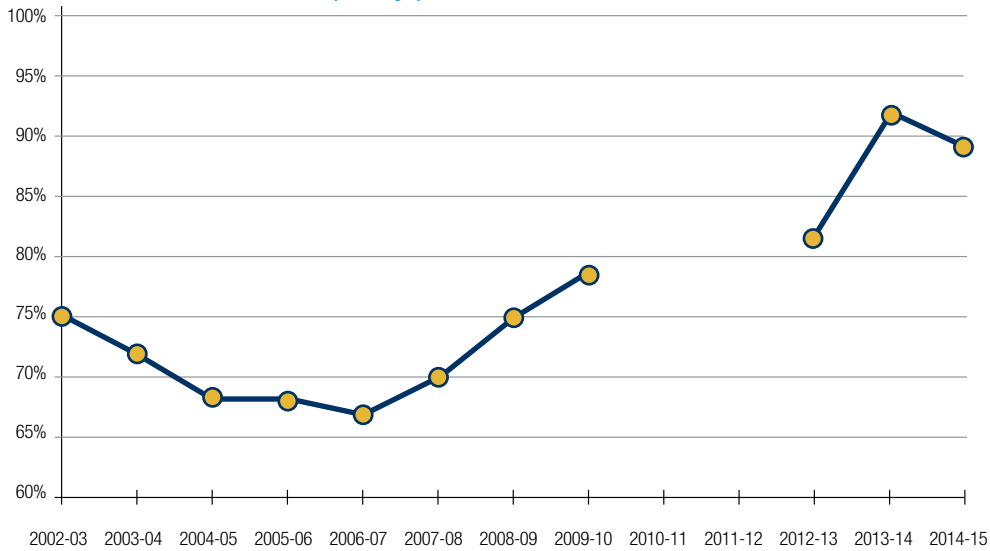
### National Elective Surgery Target (NEST) Category 2 percentage seen on time

National Elective Surgery Target WA



## Category 2 patients

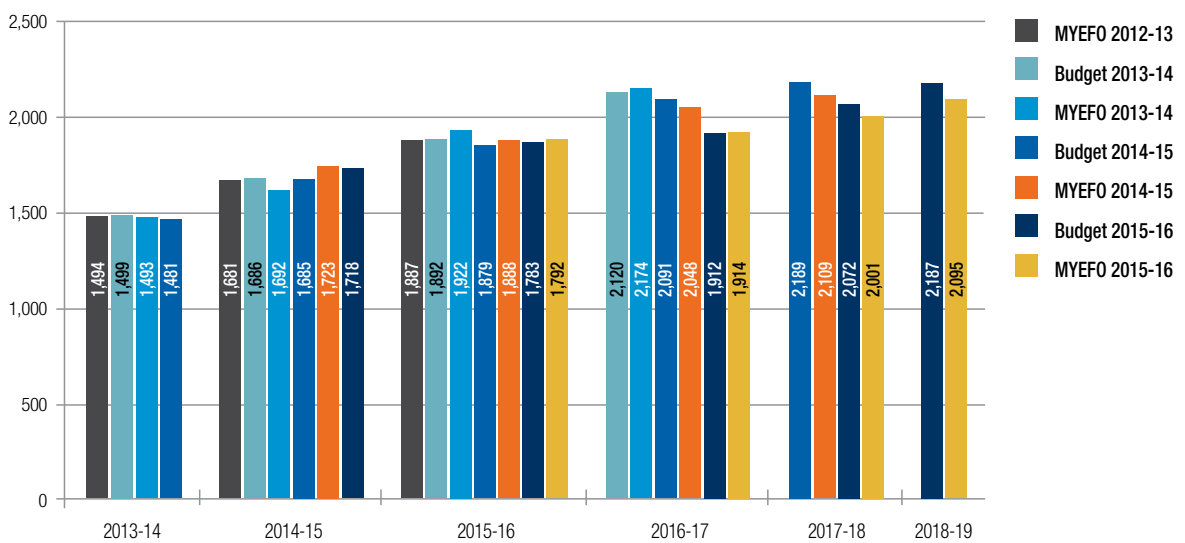
Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) – WA



Sources: 2004-10 The State of Our Public Hospitals (DoHA); 2011 FOI request reference 253-1011 lodged June 2011; 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by AIHW in Australian Hospital Statistics: National emergency access and elective surgery targets 2012; AIHW Australian Hospital Statistics 2014-15: Elective surgery waiting times

## Commonwealth Funding

### Public Hospitals – WA



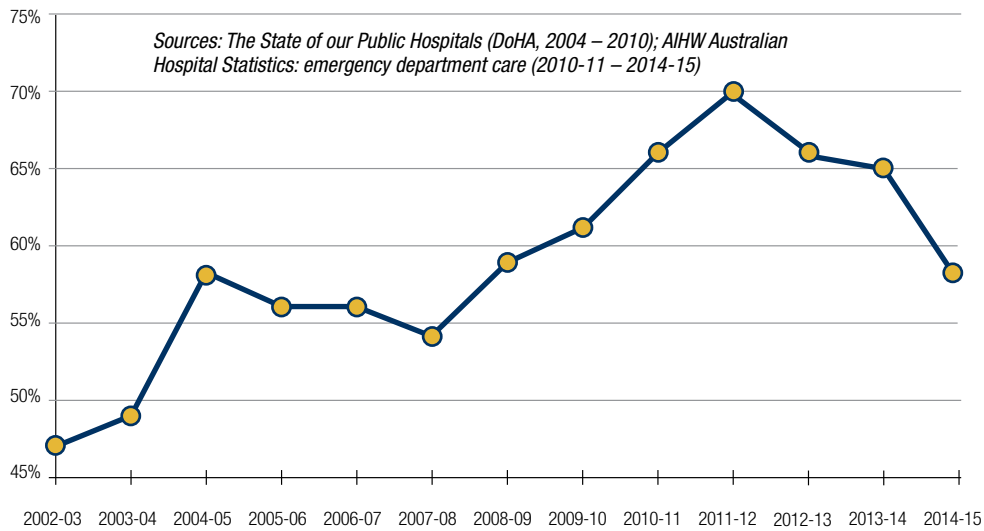
Source: Commonwealth Budget and MYEFO papers, Commonwealth funding for public hospitals

## SOUTH AUSTRALIA

### Emergency Departments

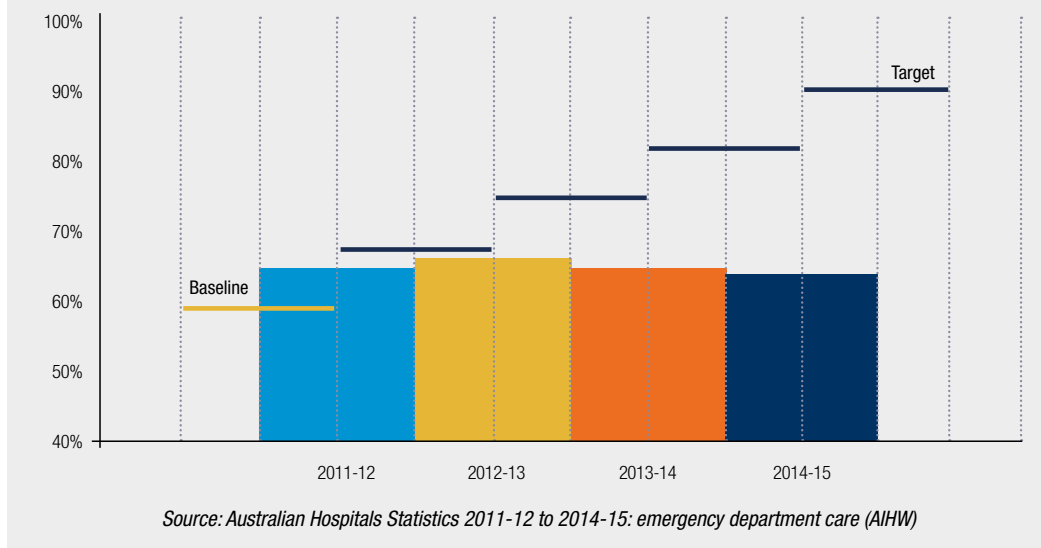
#### Waiting times

Percentage of Triage Category 3 (urgent) Emergency Department patients seen within recommended time (<30 minutes) – SA



#### National Emergency Access Target (NEAT)

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

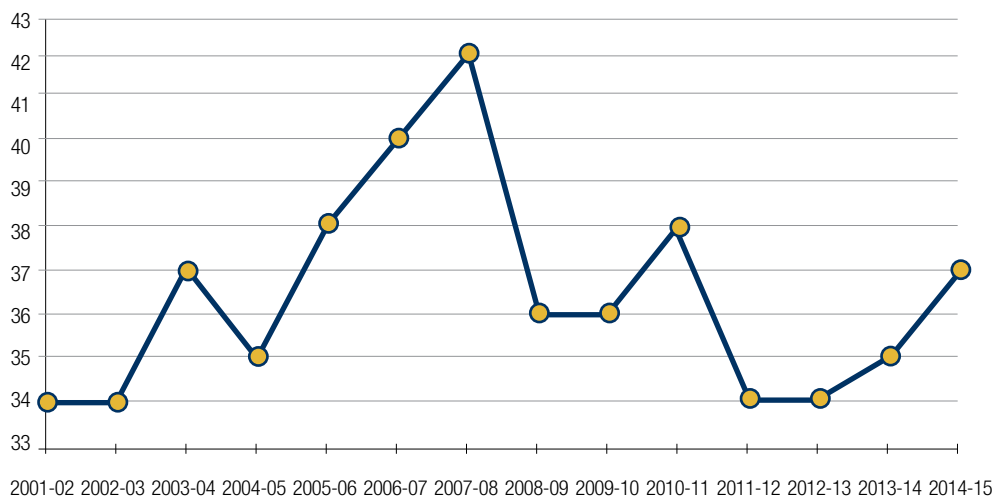




## Elective Surgery

### Waiting times

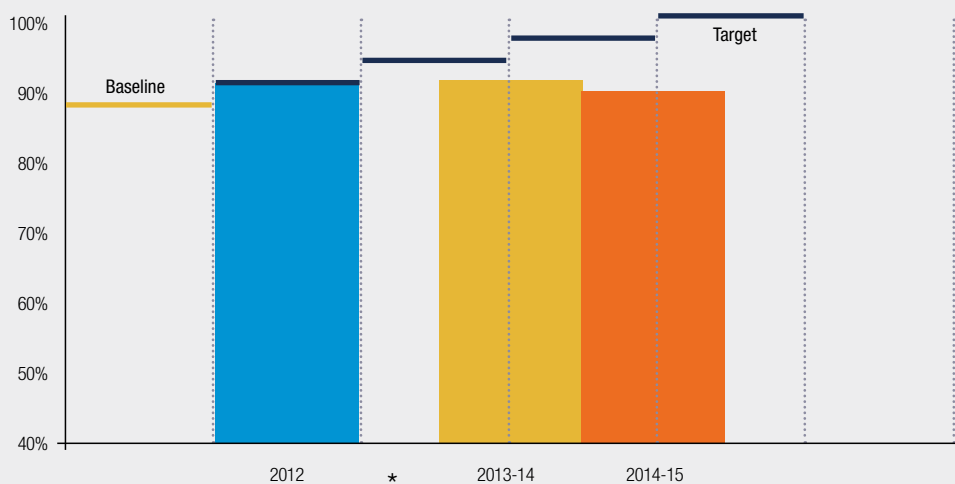
Median waiting time for elective surgery (days) – SA



Sources: AIHW elective surgery data cubes (2001-02 to 2006-07); AIHW Australian Hospitals Statistics: elective surgery waiting times (2007-08 to 2014-15)

### National Elective Surgery Target (NEST)

National Elective Surgery Target Category 2 percentage seen on time – SA

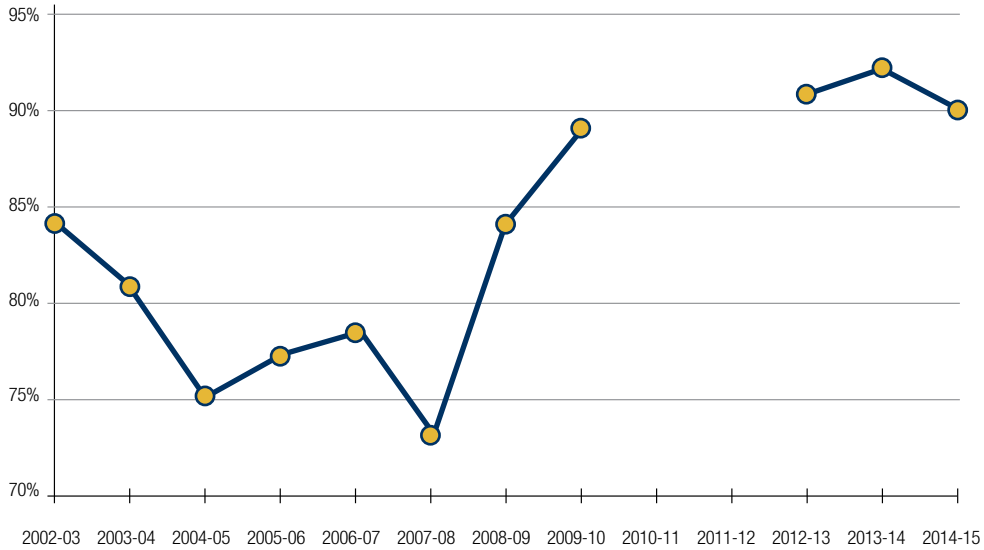


\* data for period Jan-Jun 2013 not published

Source: AIHW Australian Hospitals Statistics: National emergency access and elective surgery targets 2012; elective surgery waiting times 2014-15

### Category 2 patients

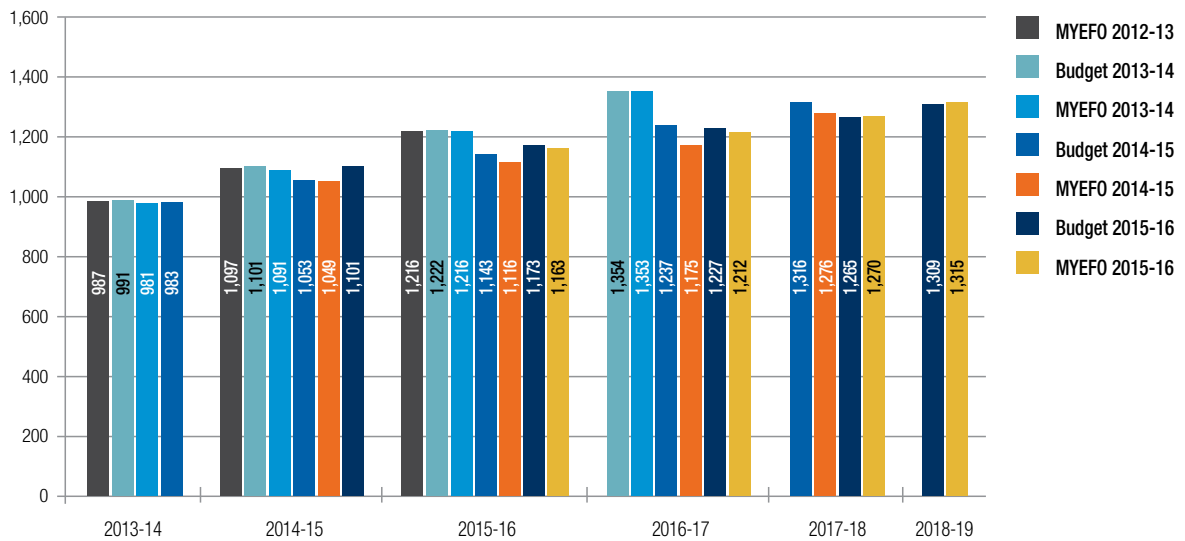
Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) – SA



Sources: 2004-10 The State of Our Public Hospitals (DoHA); 2011 FOI request reference 253-1011 lodged June 2011; 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by AIHW in Australian Hospital Statistics: National emergency access and elective surgery targets 2012; AIHW Australian Hospital Statistics 2014-15: Elective surgery waiting times

### Commonwealth Funding

#### Public Hospitals – SA



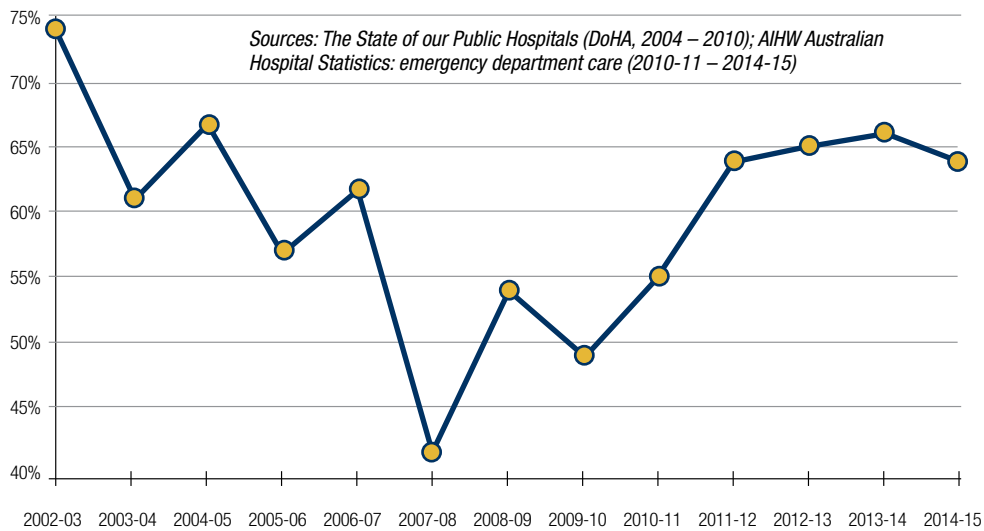
Source: Commonwealth Budget and MYEFO papers, Commonwealth funding for public hospitals

# TASMANIA

## Emergency Departments

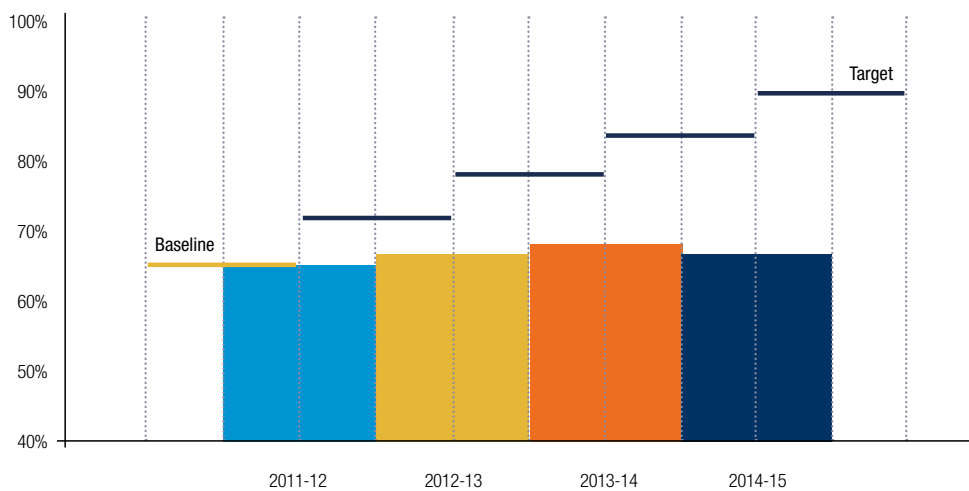
### Waiting times

Percentage of Triage Category 3 (urgent) Emergency Department patients seen within recommended time (<30 minutes) – TAS



### National Emergency Access Target (NEAT)

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

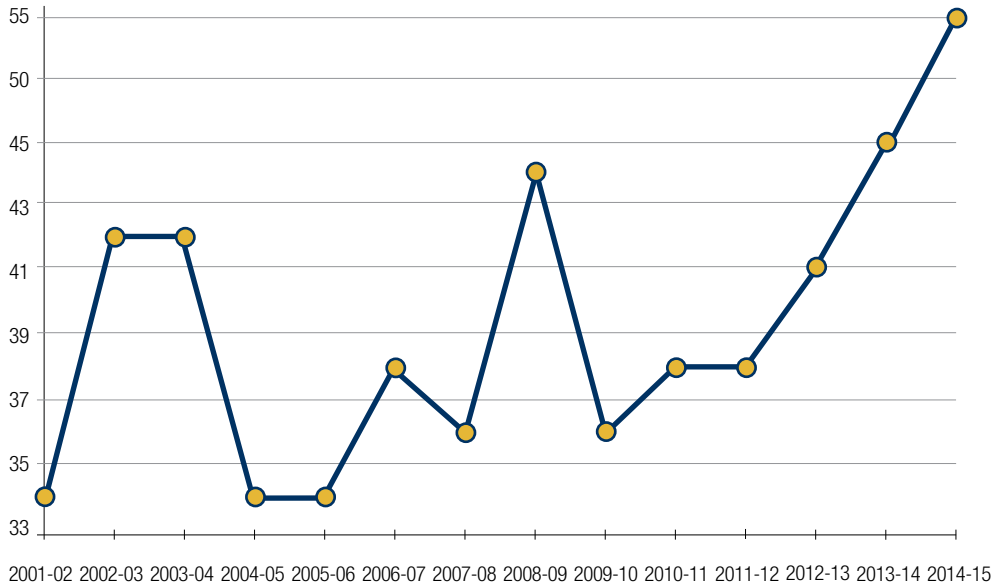


Source: Australian Hospitals Statistics 2011-12 to 2014-15: emergency department care (AIHW)

## Elective Surgery

### Waiting times

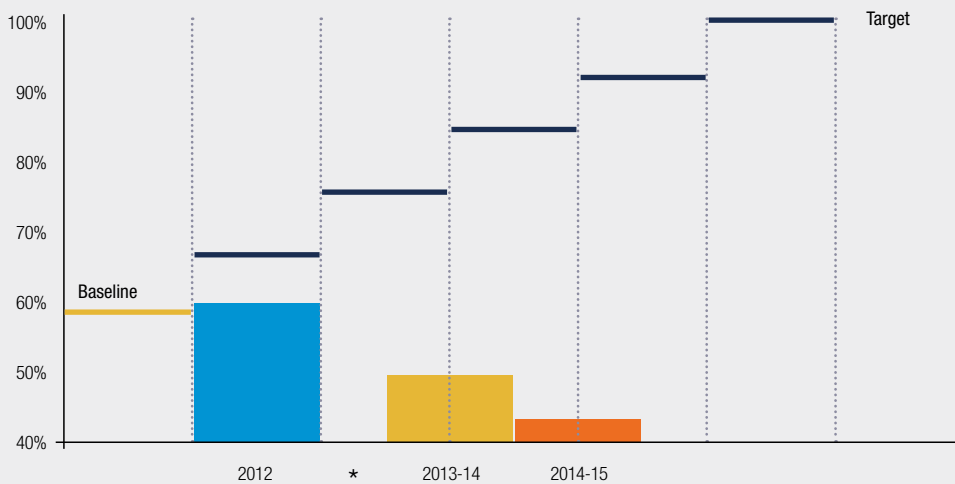
Median waiting time for elective surgery (days) – TAS



Sources: AIHW elective surgery data cubes (2001-02 to 2006-07); AIHW Australian Hospitals Statistics: elective surgery waiting times (2007-08 to 2014-15)

### National Elective Surgery Target (NEST)

National Elective Surgery Target – TAS Category 2 percentage seen on time

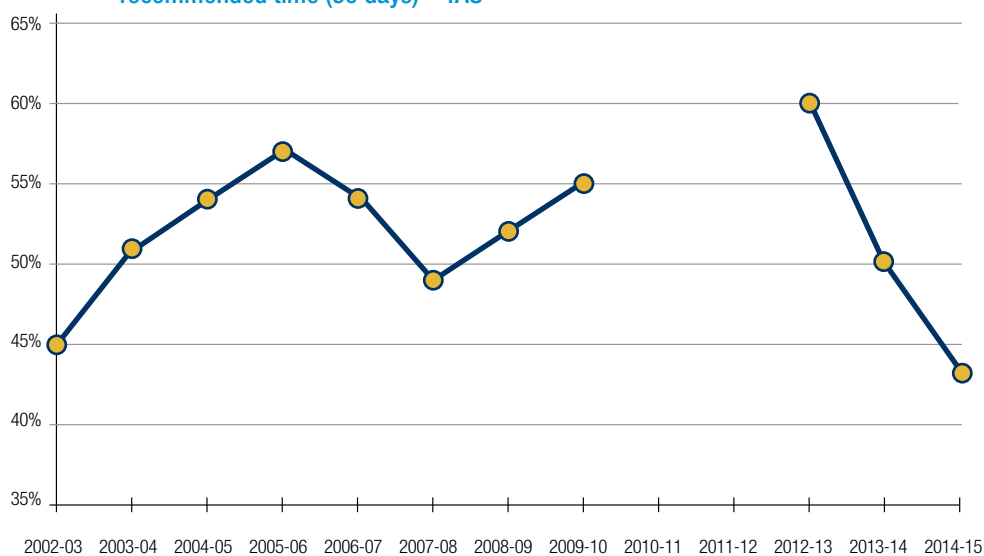


\* data for period Jan-Jun 2013 not published

Source: AIHW Australian Hospitals Statistics: National emergency access and elective surgery targets 2012; elective surgery waiting times 2014-15

## Category 2 patients

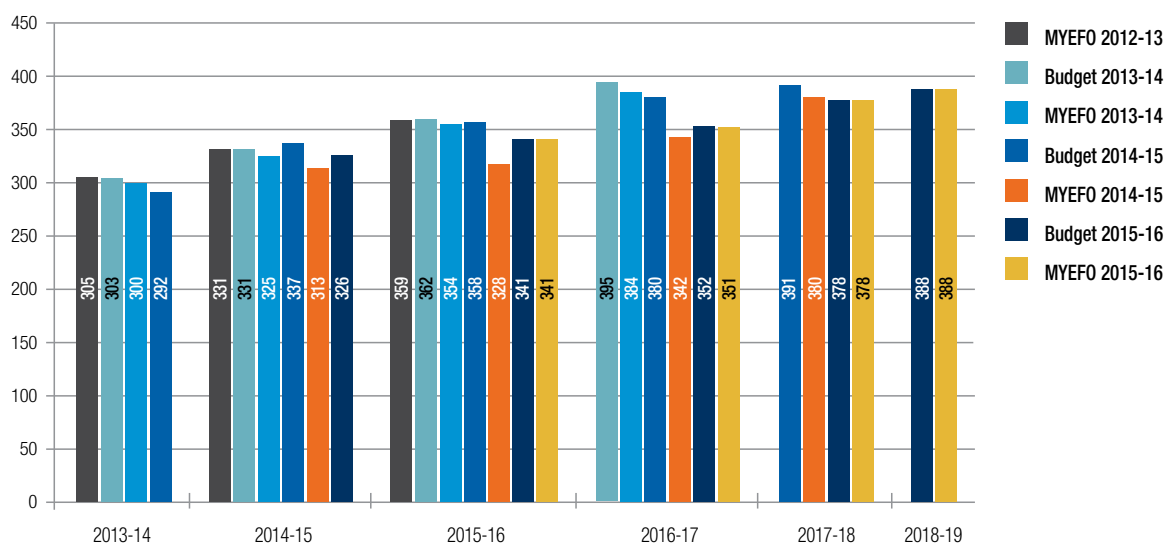
Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) – TAS



Sources: 2004-10 The State of Our Public Hospitals (DoHA); 2011 FOI request reference 253-1011 lodged June 2011; 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by AIHW in Australian Hospital Statistics: National emergency access and elective surgery targets 2012; AIHW Australian Hospital Statistics 2014-15: Elective surgery waiting times

## Commonwealth Funding

### Public Hospitals – TAS



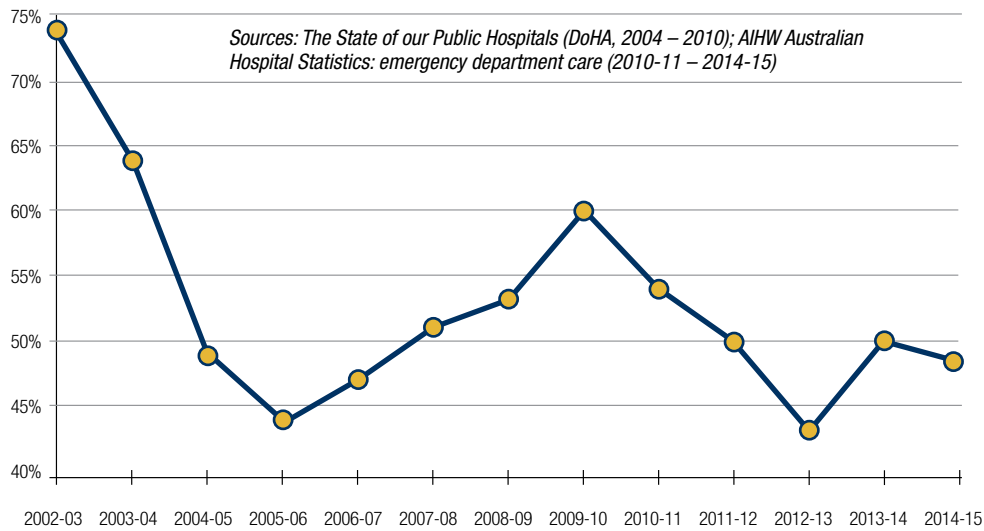
Source: Commonwealth Budget and MYEFO papers, Commonwealth funding for public hospitals

# AUSTRALIAN CAPITAL TERRITORY

## Emergency Departments

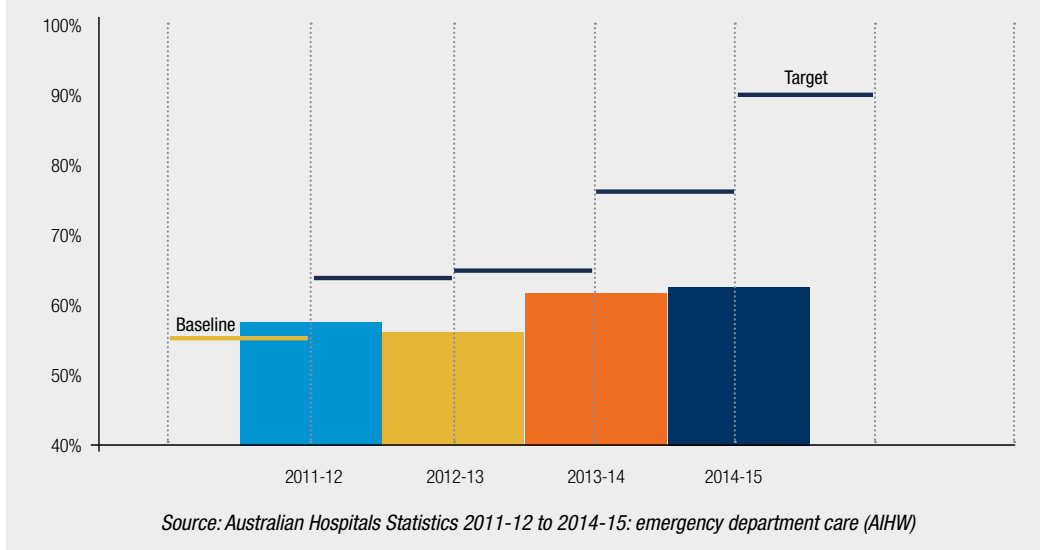
### Waiting times

Percentage of Triage Category 3 (urgent) Emergency Department patients seen within recommended time (<30 minutes) – ACT



### National Emergency Access Target (NEAT)

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

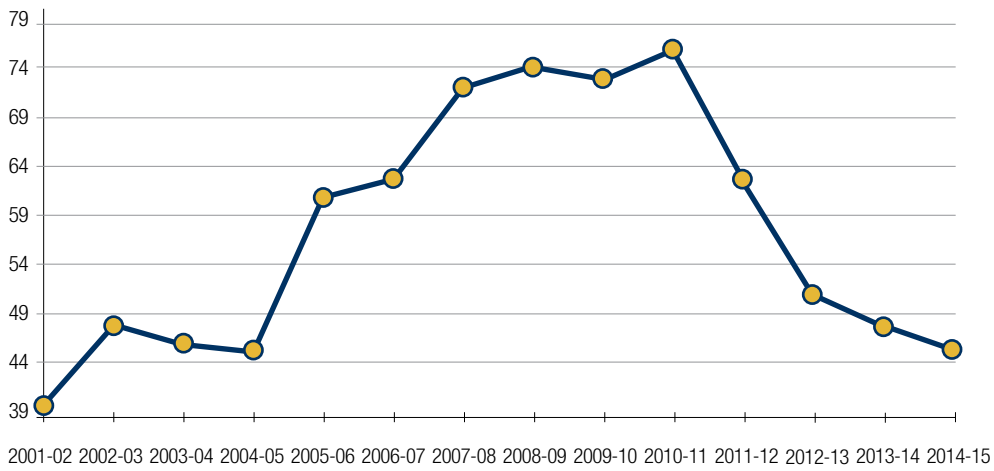




# Elective Surgery

## Waiting times

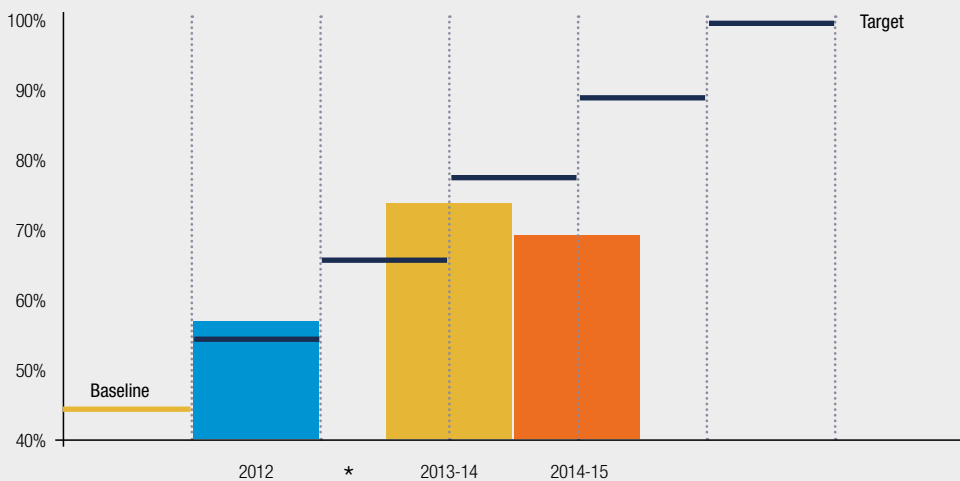
Median waiting time for elective surgery (days) – ACT



Sources: AIHW elective surgery data cubes (2001-02 to 2006-07); AIHW Australian Hospitals Statistics: elective surgery waiting times (2007-08 to 2014-15)

## National Elective Surgery Target (NEST)

National Elective Surgery Target ACT Category 2 percentage seen on time

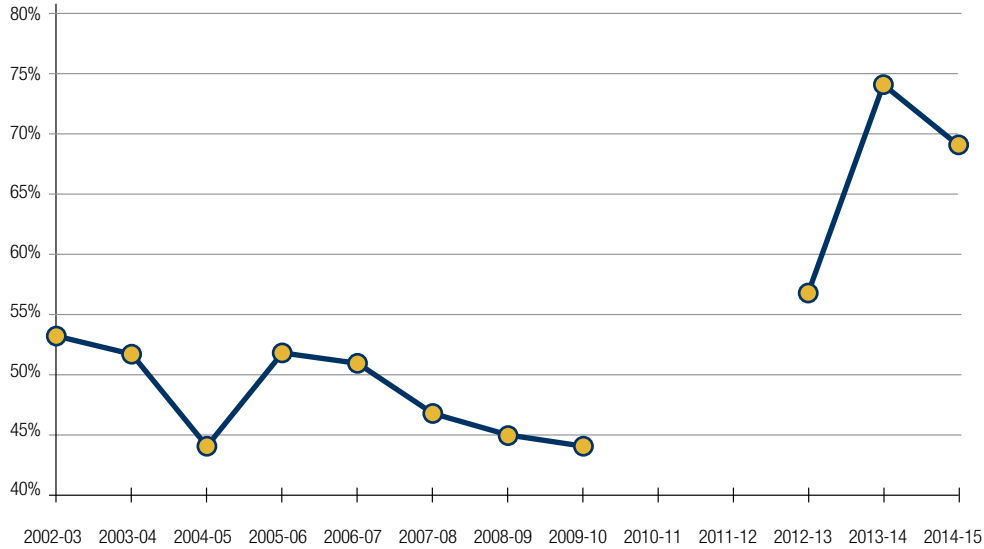


\* data for period Jan-Jun 2013 not published

Source: AIHW Australian Hospitals Statistics: National emergency access and elective surgery targets 2012; elective surgery waiting times 2014-15

### Category 2 patients

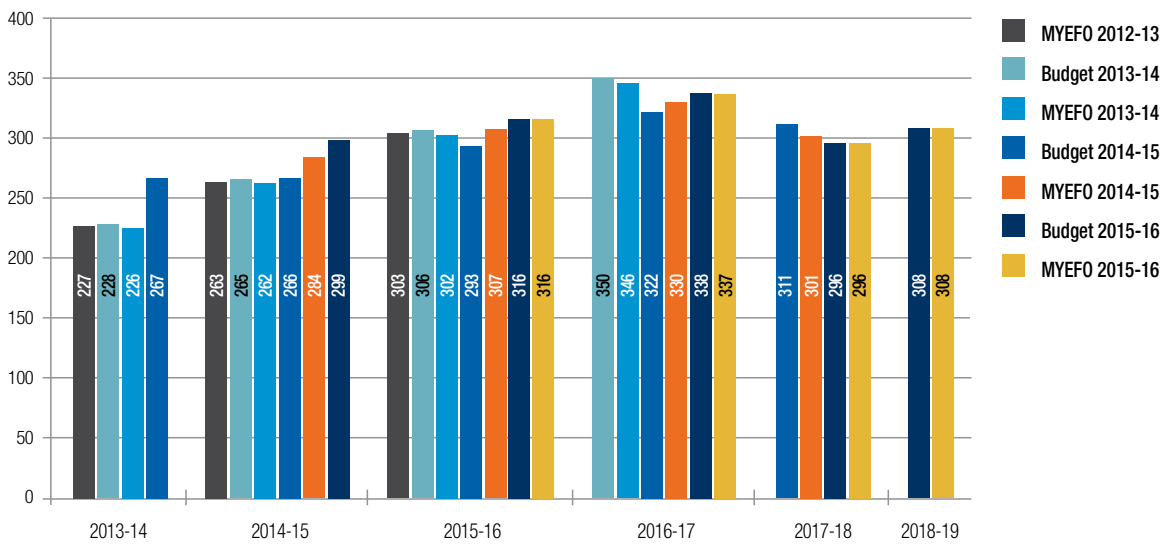
Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) – ACT



Sources: 2004-10 The State of Our Public Hospitals (DoHA); 2011 FOI request reference 253-1011 lodged June 2011; 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by AIHW in Australian Hospital Statistics: National emergency access and elective surgery targets 2012; AIHW Australian Hospital Statistics 2014-15: Elective surgery waiting times

### Commonwealth Funding

#### Public Hospitals – ACT



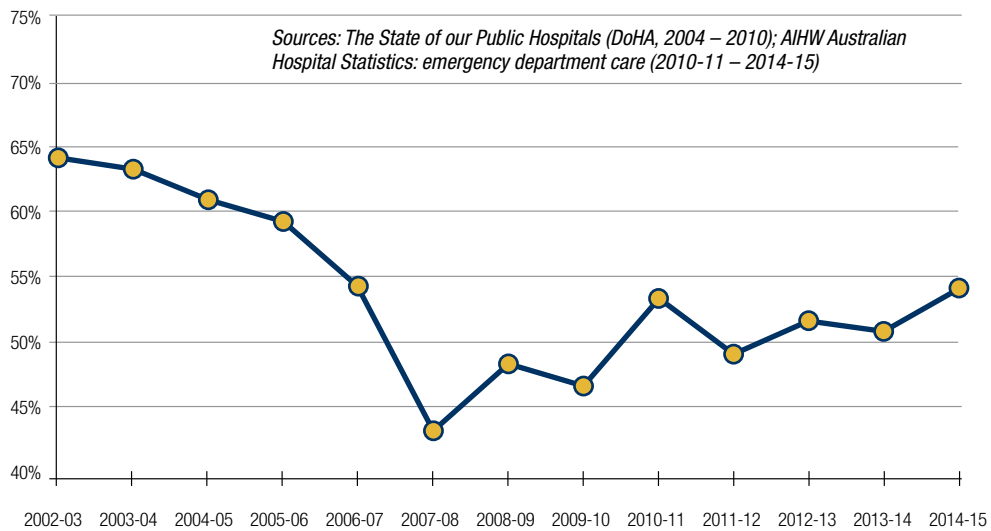
Source: Commonwealth Budget and MYEFO papers, Commonwealth funding for public hospitals

# NORTHERN TERRITORY

## Emergency Departments

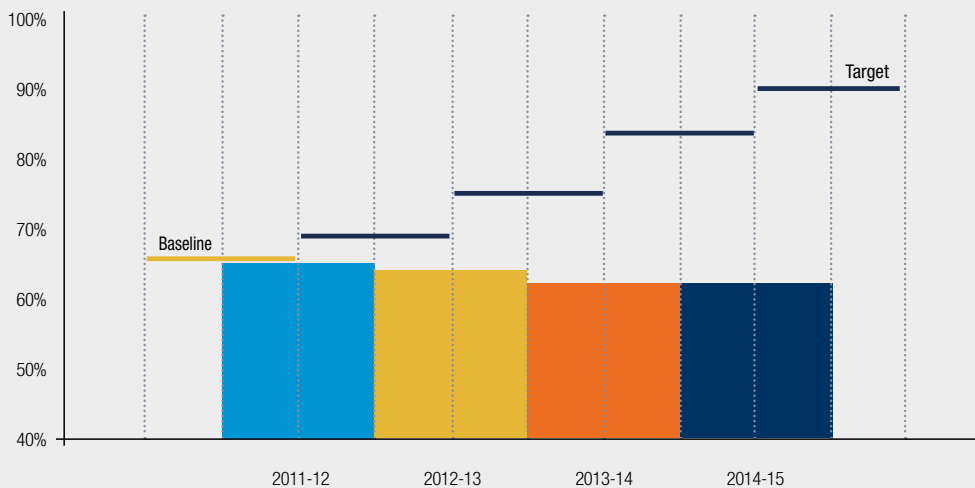
### Waiting times

Percentage of Triage Category 3 (urgent) Emergency Department patients seen within recommended time (<30 minutes) – NT



### National Emergency Access Target (NEAT)

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

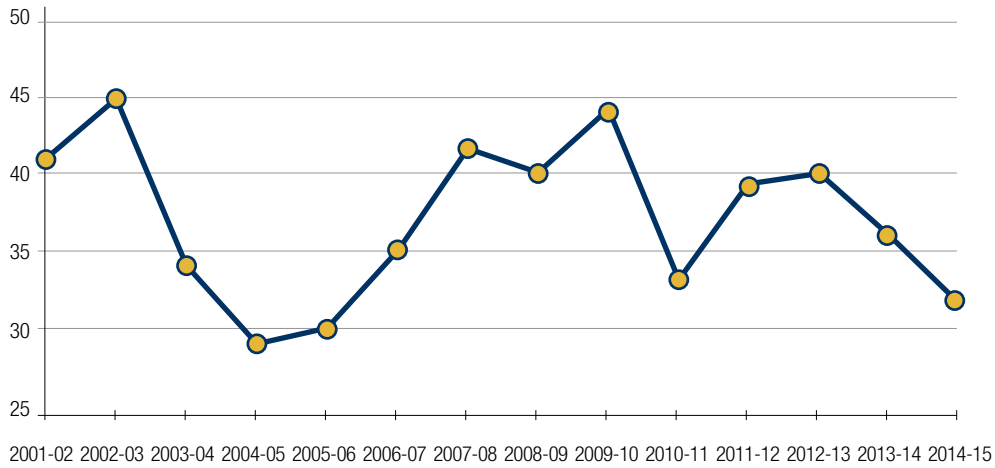


Source: *Australian Hospitals Statistics 2011-12 to 2014-15 emergency department care (AIHW)*

## Elective Surgery

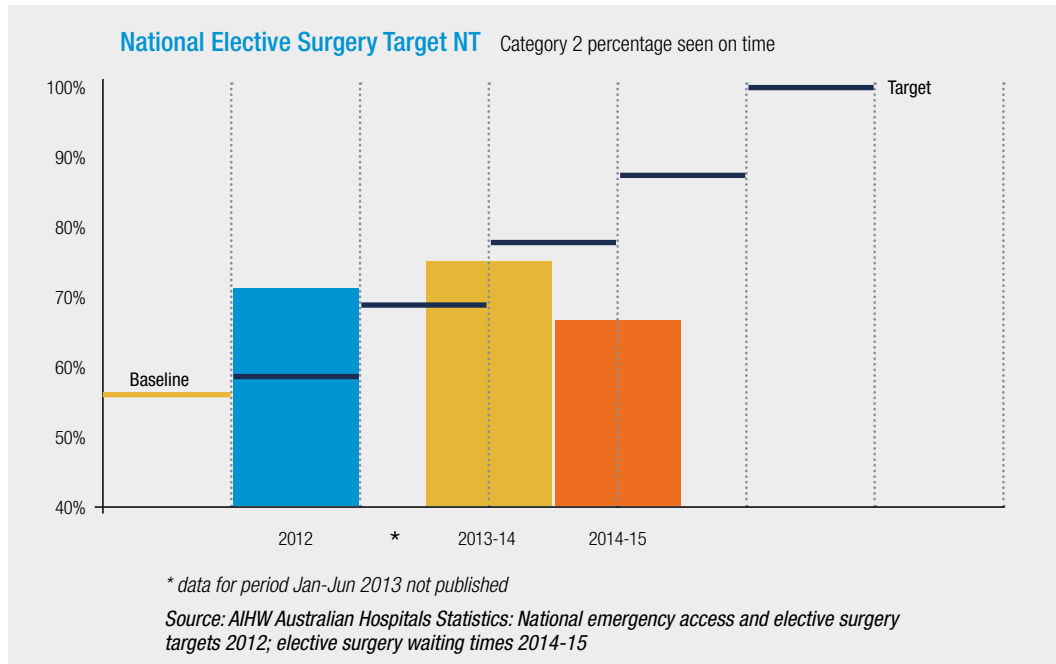
### Waiting times

Median waiting time for elective surgery (days) – NT



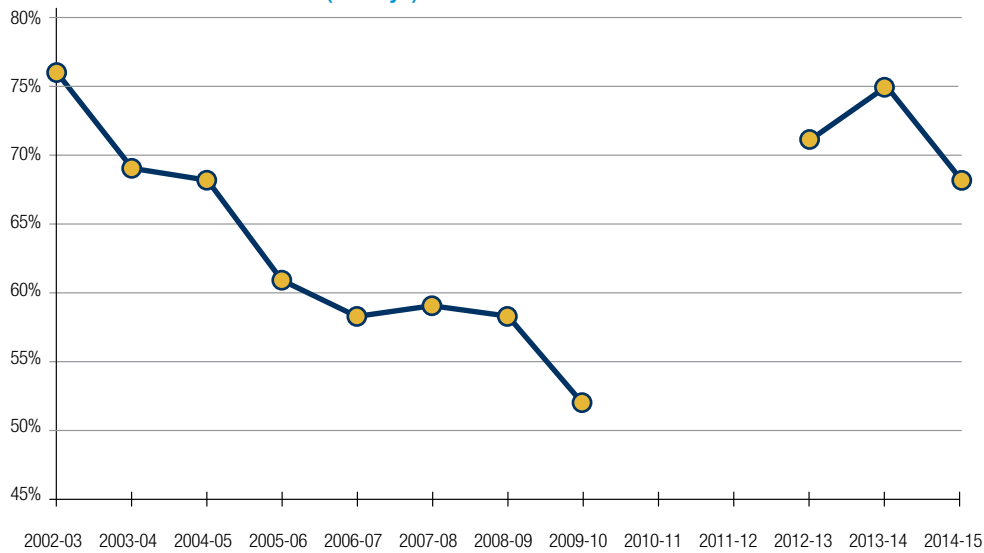
Sources: AIHW elective surgery data cubes (2001-02 to 2006-07); AIHW Australian Hospitals Statistics: elective surgery waiting times (2007-08 to 2014-15)

### National Elective Surgery Target (NEST)



## Category 2 patients

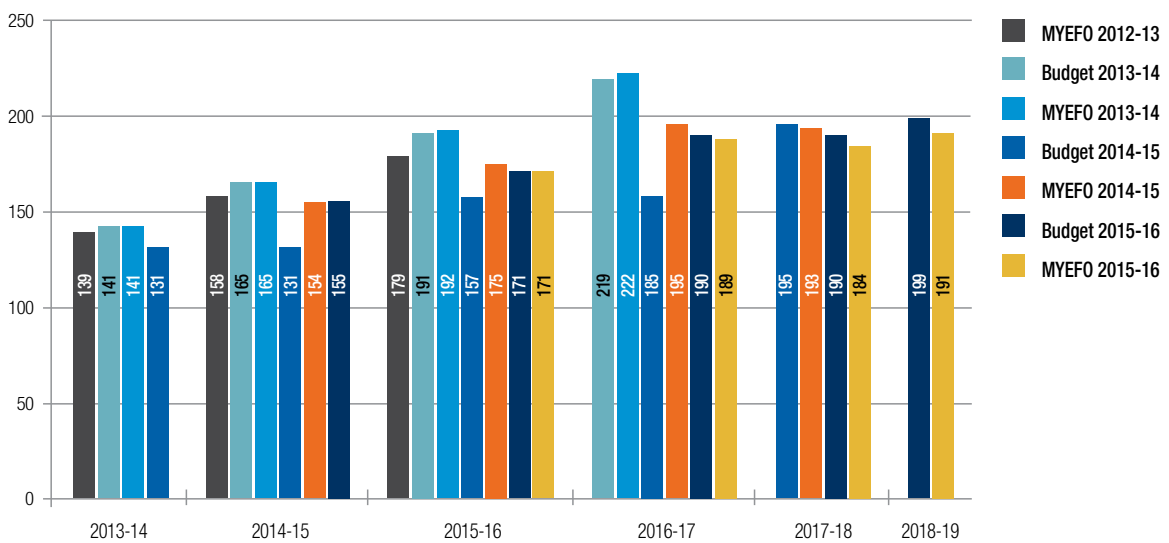
Percentage of Category 2 elective surgery patients admitted within the recommended time (90 days) – NT



Sources: 2004-10 *The State of Our Public Hospitals* (DoHA); 2011 FOI request reference 253-1011 lodged June 2011; 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by AIHW in *Australian Hospital Statistics: National emergency access and elective surgery targets 2012*; AIHW *Australian Hospital Statistics 2014-15: Elective surgery waiting times*

## Commonwealth Funding

### Public Hospitals – NT



Source: Commonwealth Budget and MYEFO papers, Commonwealth funding for public hospitals

## **DATA SOURCES**

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