

# PUBLIC HOSPITAL REPORT CARD 2021



**AMA**

An AMA analysis of  
Australia's Public Hospital System

# PUBLIC HOSPITAL REPORT CARD 2021

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# PRESIDENT'S INTRODUCTION



**Dr Omar Khorshid**  
Federal AMA President

When the AMA released the 2020 Public Hospital Report Card on 1 October 2020, I highlighted the importance of our public hospitals in the response to the first wave of COVID-19.

Our hospital system was not ready for the pandemic and we have seen the implementation of public health orders at different times that have restricted access to care for non-COVID-19 patients. These have sought to protect our health system and ensure that it had the capacity to treat patients with COVID-19.

While this approach was justified in the context of a national emergency, it is not sustainable going forward. Efforts to deliver surge capacity in an under resourced public hospital has meant that we have seen significant compromises in access to care, particularly impacting on those patients who need elective surgery and have been pushed back down the queue.

Indeed, the key reason this report card shows some degree of improvement on some public hospital performance measures is because the data includes the first six months of the COVID-19 pandemic when the volume of patients treated temporarily declined because of public health measures.

As I write this introduction, public hospitals are in a very different situation to earlier in the pandemic. The more contagious COVID-19 Delta strain has arrived and we have seen substantial outbreaks in South Eastern Australia. Many public hospital staff are exhausted, with staff shortages across the country, made worse by furlough requirements.

The gradual lift in public health measures and the push to re-open state borders means that the virus will become endemic and this will intensify pressure on an already stretched public hospital system. Hospitals must now comply with more onerous infection control requirements and face the prospect of dealing with surgery backlogs and providing normal care as well as treating patients with COVID-19. Indeed, as Australia opens up, we can also expect that other viruses, like Influenza, which have been suppressed by border closures and social distancing will also return. The solution to this pressure must not be more delays to elective surgery. Non-urgent elective surgery is still necessary surgery that may now have become more urgent. There will be a big and growing volume of these patients. They waited during the COVID-19 delay. They waited to see an outpatient specialist for an initial assessment and were then added to the elective surgery waiting list, hoping to eventually get to the front of the queue. These periods of waiting are cumulative and the volume of patients in this category are also cumulative.

We will need to build the long-term capacity of our public hospital system so that it is fit for purpose as it faces a vastly different environment that the pandemic has created. The human cost of delayed treatment is real and patients were already waiting, in some cases, years to access care well before this pandemic started. This situation was intolerable and in the absence of additional funding and deep system reform, it will only get worse.

COVID-19 should serve as a wake up call for governments across the country. It has shown just how vulnerable our public hospital system is and how easily it could be brought to its knees . While we now have very good vaccines and these are being embraced by the population, the reality is that we must now live with COVID-19 and this will be in addition to the many other challenges our public hospital system faces.

During the pandemic, Governments have come to understand the importance of health advice in driving policy. It is time for the same approach to be taken to public hospital funding and reform. If we instead continue with the blame game that has plagued our federation for many years then patient access to care will suffer even further and health outcomes across the community will deteriorate.

A handwritten signature in black ink, consisting of several loops and a final flourish.

**Dr Omar Khorshid**  
Federal AMA President

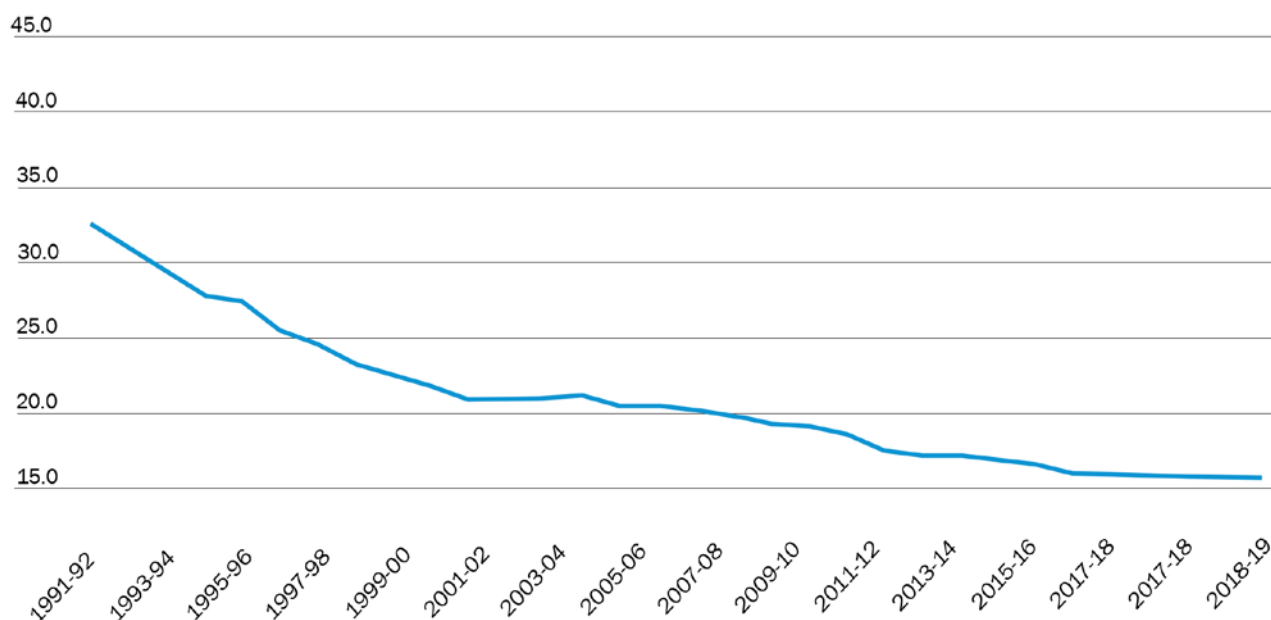
# 1. NATIONAL PUBLIC HOSPITAL PERFORMANCE

## 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 if it is required. In 2018-19 there were on average 2.53 public hospital available beds per 1,000 population.<sup>1</sup> This means no increase in available beds compared to the previous year (2017-18) and a bed ratio that has remained static since 2014-15 (2.57).<sup>2</sup>

The availability of hospital beds for the people most likely to need an admission is a far worse. In 2018-19, people aged 65 years and over accounted for only 15.8 per cent of the Australian population<sup>3</sup> but they utilised 40 per cent of total public hospital separations.<sup>4</sup> Once admitted, people aged 65 years or more remain hospitalised for 31.5 per cent longer than all other age cohorts.<sup>5</sup> 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:** The State of Our public Hospitals (DOHA 2004-2010); Australian Institute of Health and Welfare (AIHW) 2021 Australian Hospital Statistics: Hospital Resources 2018-19, Table 4.5, viewed 21 January, <https://www.aihw.gov.au/getmedia/0f041ca3-081d-4f90-913b-4ddde10a5eec/Hospital-resources-2018-19-Tables.xlsx.aspx> 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>

1 Australian Institute of Health and Welfare (AIHW) 2021 Australian Hospital Statistics: Hospital Resources 2018-19, Table 4.5, viewed 21 January 2021, <https://www.aihw.gov.au/getmedia/0f041ca3-081d-4f90-913b-4ddde10a5eec/Hospital-resources-2018-19-Tables.xlsx.aspx>

2 Australian Institute of Health and Welfare (AIHW) 2021 Australian Hospital Statistics: Hospital Resources 2018-19, Table 4.5, viewed 21 January 2021, <https://www.aihw.gov.au/getmedia/0f041ca3-081d-4f90-913b-4ddde10a5eec/Hospital-resources-2018-19-Tables.xlsx.aspx>

3 ABS Publication National, state and territory population, <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release#data-download>

4 Australian Institute of Health and Welfare 2020 Australian hospital statistics. Admitted patient care 2018-19, Table S3.1, <https://www.aihw.gov.au/getmedia/f9234f50-0dc5-45a5-ba4c-2011bdf0cbfa/admitted-patient-care-2018-19-chapter-3-tables.xls.aspx>

5 Australian Institute of Health and Welfare 2020 Australian hospital statistics. Admitted patient care 2018-19, Table 3.1, <https://www.aihw.gov.au/getmedia/f9234f50-0dc5-45a5-ba4c-2011bdf0cbfa/admitted-patient-care-2018-19-chapter-3-tables.xls.aspx>

Graph 1 shows, in 2018-19 the ratio of total public hospital beds for every 1,000 people aged 65 years and older was close to 16.0 (15.8) – unchanged from the previous year (2017-18).<sup>6</sup> 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 who are able to manage their chronicity in the community or from within a residential aged care facility.

The long-established correlation between illness and low income means many multi-morbid patients will continue to seek public hospital emergency care and rely on public hospital admitted beds, unless the Commonwealth and States co-invest in a greater volume of community service solutions that fully support these vulnerable patients outside of the hospital. If not, unacceptably long waiting times in emergency and on elective surgery lists will continue to increase.

<sup>6</sup> Australian Institute of Health and Welfare (AIHW) 2021 Australian Hospital Statistics: Hospital Resources 2018-19, Table 4.5, viewed 21 January, <https://www.aihw.gov.au/getmedia/0f-041ca3-081d-4f90-913b-4dddde10a5eec/Hospital-resources-2018-19-Tables.xlsx.aspx> 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>

## Emergency department waiting and treatment times

The public hospital system's ability to cope with emergency and urgency 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 2019-20 emergency department activity data is affected by Australia's response to the first wave of Novel Coronavirus in Australia (COVID-19). The first case was confirmed on 25 January 2020. The Commonwealth and States announced Stage 1 restrictions on large social gatherings on 22 March 2020.<sup>7</sup> However, the rate and spread of community transmission continued to rise, mainly from returned overseas travelers but also two super-spreader events in Sydney.<sup>8</sup>

On 24 March 2020 restrictions had escalated to Stage 3. The Prime Minister, and State and Territory leaders, ordered all Australians to stay at home, with limited exceptions, to reduce personal interactions and reduce community spread.<sup>9</sup>

On 30 March 2020, Commonwealth, State and Territory governments agreed that variation in COVID-19 epidemiology by local area required greater flexibility to adapt public health measures locally, based on the advice of State Chief Health Officers.<sup>10</sup>

Local scaling, both up and down, of public health measures to respond to community transmission rates at different times continued until the end of June 2020.

These public health measures reduced the usual volume of accidents and sporting injuries that, pre-pandemic, would have presented in a public hospital emergency.<sup>11</sup> Some patients also avoided public hospital emergency departments out of fear of infection. The Commonwealth government also began funding telehealth that allowed patient consultations to be delivered virtually.

Between the week starting 9 March 2020 and the week beginning 30 March 2020, public hospital emergency presentations fell by 38 per cent.<sup>12</sup>

However, when considered over the full financial year, total emergency presentations (all categories) were just 1.4 per cent lower in 2019-20 compared to 2018-19<sup>13</sup> - but still a considerable reversal from the 3.2 per cent year-on-year growth in national emergency presentations between 2014-15 and 2018-19 prior to COVID-19.<sup>14</sup>

The impact of COVID-19 on the volume of Triage Category 3 (Urgent) emergency department presentations was similar. Nationally, Urgent emergency presentations declined from 8,806 in the week beginning 9 March 2020 to 6,124 in the week beginning 30 March 2020 – a 30 per cent decline. However, over the full financial year 2019-20, the national number of Urgent emergency department presentations was just one per cent lower than the previous year.<sup>15,16</sup>

7 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/pressrel/7256002/upload\\_binary/7256002.pdf;fileType=application%2Fpdf#search=%22media/pressrel/7256002%22](https://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/7256002/upload_binary/7256002.pdf;fileType=application%2Fpdf#search=%22media/pressrel/7256002%22)

8 Australian Health Protection Principle Committee, COVID-19 statement on 22 March 2020 <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-covid-19-statement-on-22-march-2020-0>

9 Morrison, S (Prime Minister of Australia) 2020. *Update on Coronavirus measures*, media statement, Parliament House, Canberra, 24 March 2020. [https://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/7259116/upload\\_binary/7259116.pdf;fileType=application%2Fpdf#search=%22media/pressrel/7259116%22](https://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/7259116/upload_binary/7259116.pdf;fileType=application%2Fpdf#search=%22media/pressrel/7259116%22)

10 Morrison, S (Prime Minister of Australia) 2020. *Update on Coronavirus measures*, media statement, Parliament House, Canberra, 30 March 2020. [https://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/7269617/upload\\_binary/7269617.pdf;fileType=application%2Fpdf#search=%22media/pressrel/7269617%22](https://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/7269617/upload_binary/7269617.pdf;fileType=application%2Fpdf#search=%22media/pressrel/7269617%22)

11 Australian Institute of Health and Welfare (AIHW) 2020. *COVID-19 looking back on health in 2020*, viewed 31 July 2021, <https://www.aihw.gov.au/reports-data/australias-health-performance/covid-19-and-looking-back-on-health-in-2020>

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>

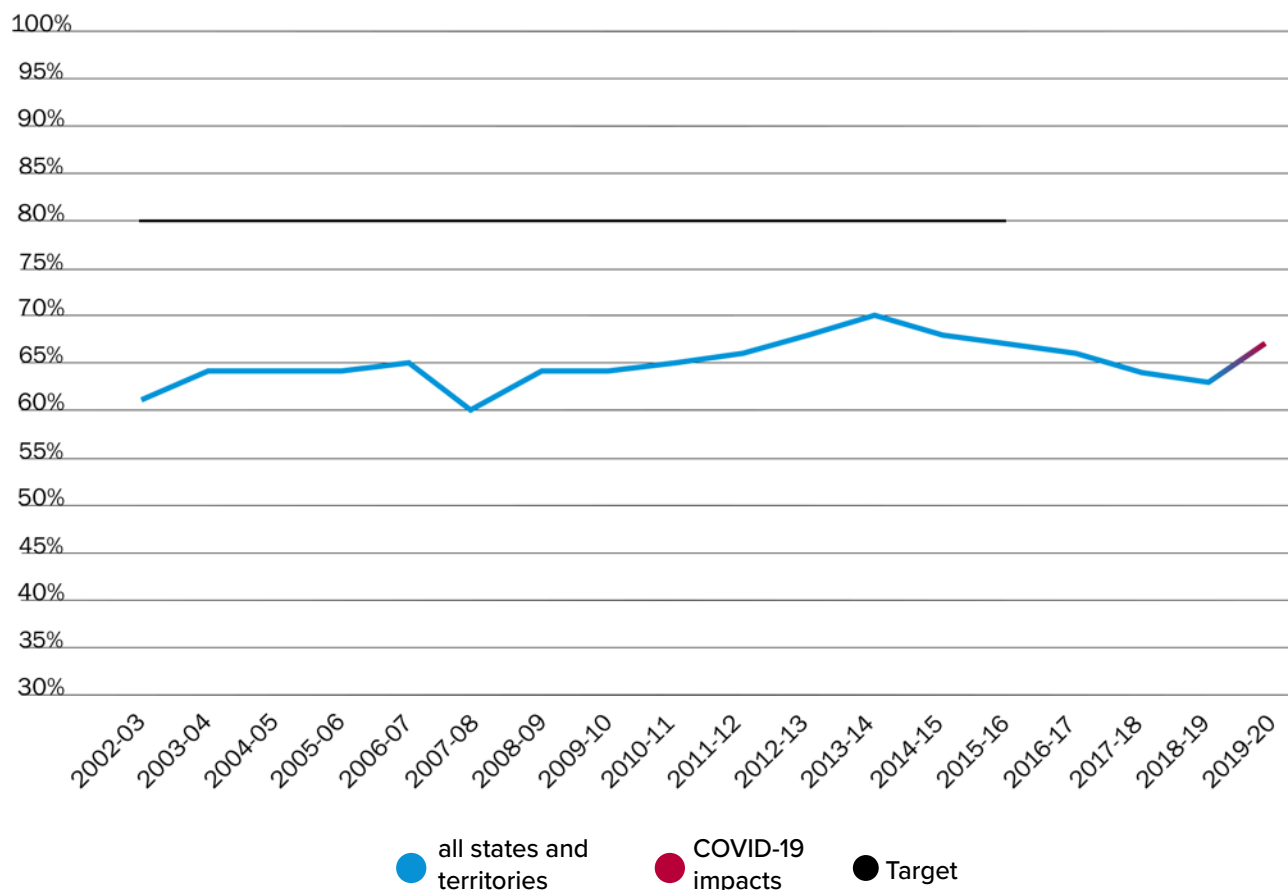
13 Australian Institute of Health and Welfare (AIHW) 2020. Emergency department care 2019-20, viewed 31 July 2021, <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

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

15 Australian Institute of Health and Welfare (AIHW) 2021. Australian hospital statistics: Emergency department care 2019-20, table S5.1, viewed 31 July 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care#more-data>

16 Australian Institute of Health and Welfare (AIHW) 2019. Australian hospital statistics: Emergency department care 2018-19, table S5.1, viewed 31 July 2021 <https://www.aihw.gov.au/reports-data/myhospitals/content/data-downloads>

**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 2019-20); Australian hospital statistics.

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

In 2019-20, the percentage of triage Category 3 Urgent emergency patients seen on time (within 30 minutes) was 67 per cent - a 4 per cent improvement in national performance compared to 2018-19 when 63 per cent of Urgent emergency patients were seen on time.

The improved performance on this measure is unlikely to be fully explained by the small decline (one per cent) in total Urgent presentations in 2019-20 compared to the previous year. Instead, improved emergency department performance is more likely correlated to a simultaneous decline in public hospital admissions. Pre-pandemic, the year-on-year rate of growth in public hospital admissions was 2.1 per cent.<sup>17</sup> In 2019-20 public hospital admissions fell by 2 (1.7) per cent.<sup>18</sup> If there is no delay admitting the 31 per cent of emergency patients who historically need to be admitted to a suitable ward bed for ongoing care<sup>19</sup>, then emergency staff can quickly refocus their attention on the remaining Category 3 patients still waiting in emergency for treatment.

<sup>17</sup> Australian Institute of Health and Welfare (AIHW) 2021. Australian hospital statistics: Admitted patient care 2019-20, table 2.2 viewed 8 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients>

<sup>18</sup> Australian Institute of Health and Welfare (AIHW) 2021. Australian hospital statistics: Admitted patient care 2019-20, table 2.2 viewed 8 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients>

<sup>19</sup> 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>



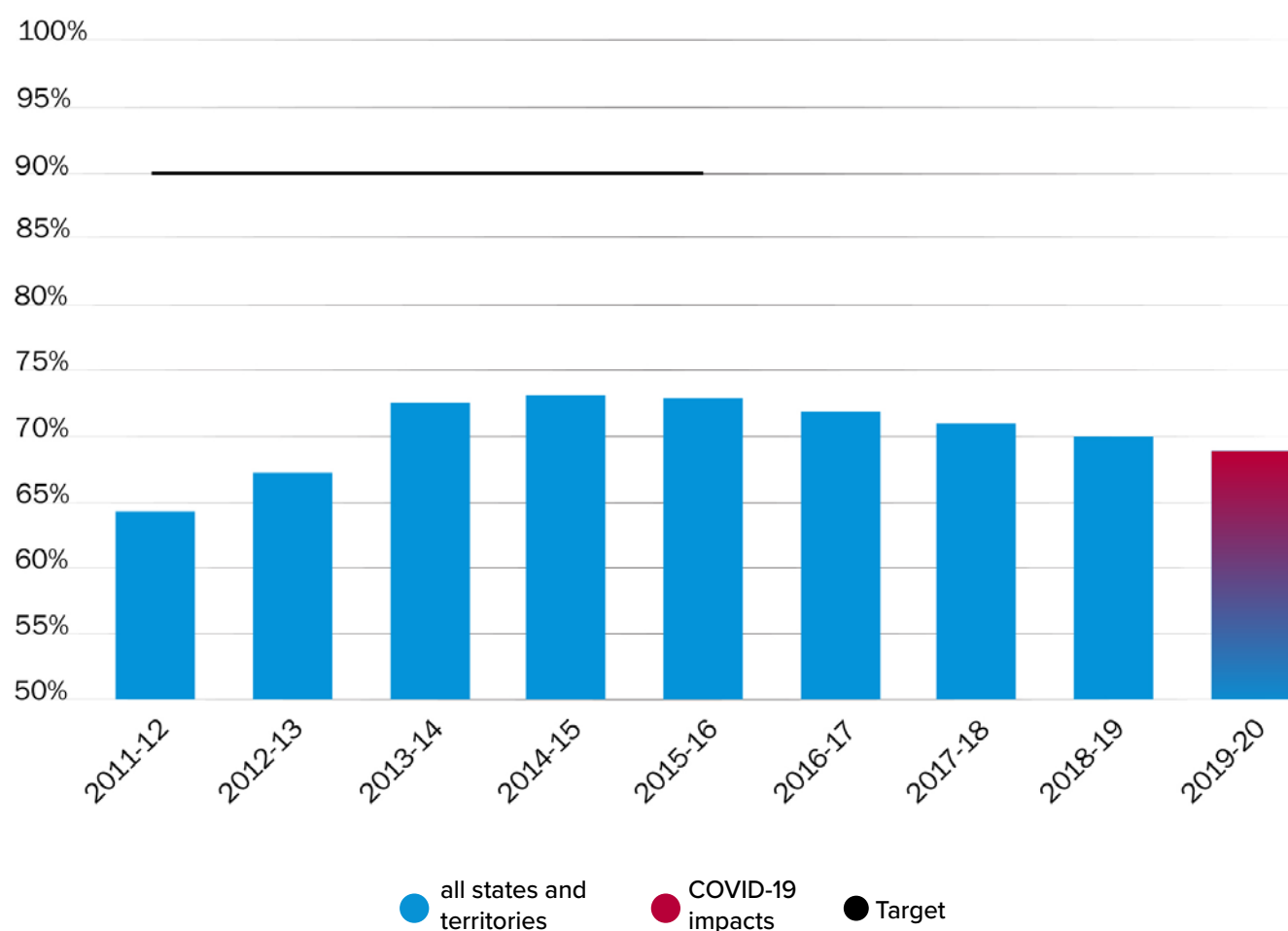
## Patients leaving emergency within four hours

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 2019-20, the proportion of people in all triage categories who completed their emergency presentation within four hours or less, declined a further percentage point to 69 per cent – down from 70 per cent the year before.<sup>20 21</sup> A likely explanation for this decline was the increase in patient presentations to emergency with respiratory symptoms. In just New South Wales, respiratory presentations in triage categories 4-5 (least urgent) increased from 15,036 (5 March to 22 April 2019) to 46,212 for the same period in 2020.<sup>22</sup> The authors of this NSW report, note that many of these emergency respiratory presentations were symptomatic patients who presented for testing, before COVID-19 community testing clinics were established.

Although emergency department performance in 2019-20 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 2019-20): Australian hospital statistics.

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

20 Australian Institute of Health and Welfare 2021, Australian hospital statistics: Emergency department care 2019-20, Table 6.4 viewed 31 July 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care#more-data>

21 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>

22 Sutherland K, Chessman J, Zhao J, Sara G, Shetty A, Smith S, Went A, Dyson S, Levesque JF. *Impact of COVID-19 on healthcare activity in NSW, Australia*. Public Health Res Pract. 2020;30(4):e3042030. Viewed 31 July 2021 <https://www.phrp.com.au/issues/december-2020-volume-30-issue-4/impact-of-covid-19-on-healthcare-activity-in-nsw-australia/>

## 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

On 25 March 2020, all State and Territory leaders agreed to immediately pause public and private hospital elective surgeries from 1 April 2020, except Category 1 and high priority Category 2 patients, to preserve personal protective equipment for hospital staff treating COVID-19 patients and make ICU beds available for pandemic patients. Some public hospital operating theatres were converted to increase ICU capacity in readiness for a surge of critically unwell pandemic patients.

On 31 March 2020, the Commonwealth announced a partnership with the private hospital sector to ensure their viability during the private elective surgery pause. This agreement also allowed state and territory governments to enter into private hospital COVID-19 partnership agreements to purchase surgical 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.

From 27 April 2020, Category 2 and some Category 3 elective procedures resumed, although the date of return to normal surgery volumes varied across jurisdictions according to the local scale of COVID-19 spread.<sup>23</sup> (Further information on elective surgery in each jurisdiction is in Part 2 of this Report Card).

Nationally, the volume of public hospital elective surgery admissions was nearly 10 per cent (9.2) lower in 2019-20 compared to 2018-19. Non urgent category 3 elective surgery declined the most – down 18.4 per cent in 2018-19 compared to 2019-20.<sup>24, 25</sup>

<sup>23</sup> Hunt G (Federal Minister for Health), *Elective surgery restrictions eased*, media statement, 21 April 2020 <https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22media%2Fpressrel%2F7306428%22>

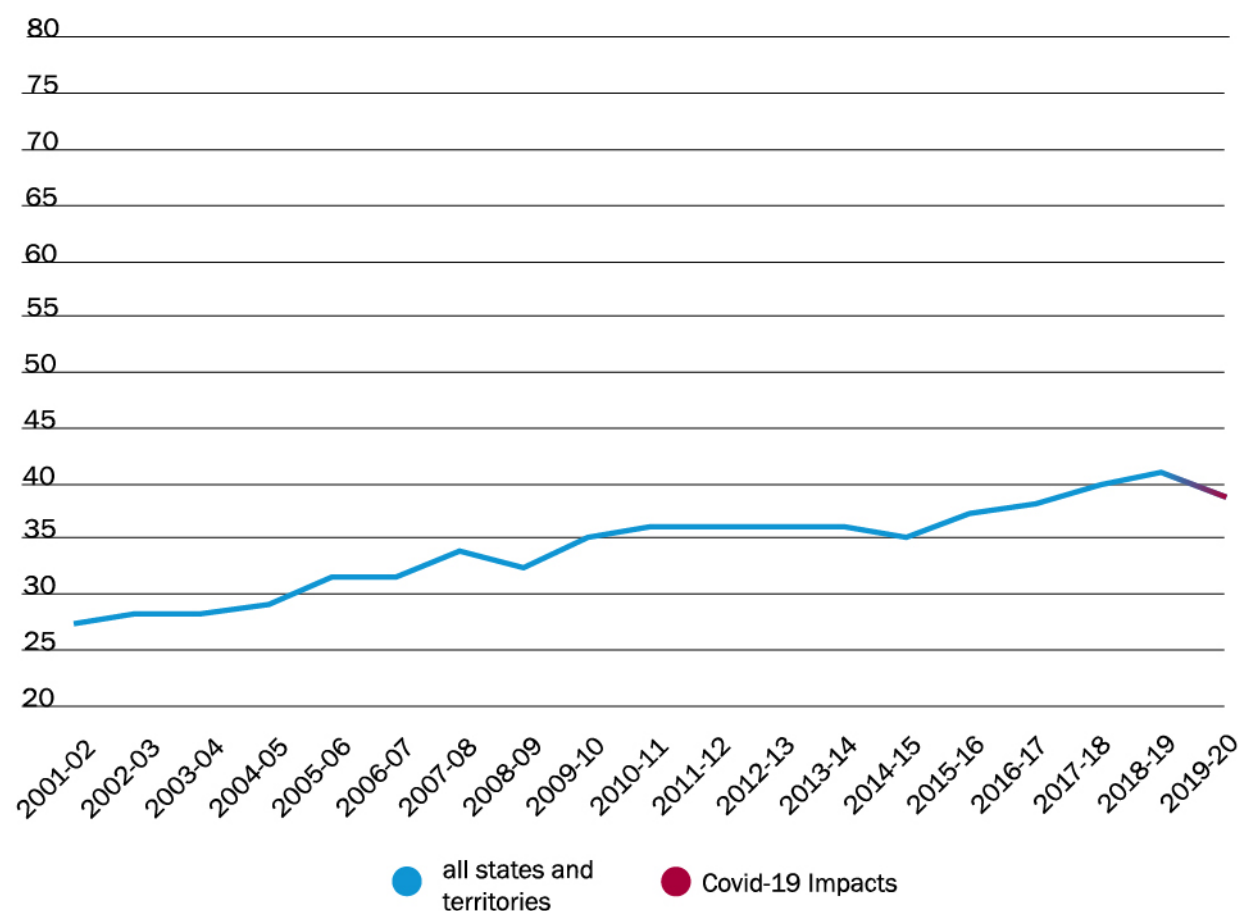
<sup>24</sup> Australian Institute of Health and Welfare 2019. Australian hospital statistics: Elective surgery waiting times 2018-19 Table 4.10 viewed 28 July 2021 <https://www.aihw.gov.au/reports-data/myhospitals/content/data-downloads>

<sup>25</sup> Australian Institute of Health and Welfare 2020. Australian hospital statistics: Elective surgery waiting times 2019-20 Table 4.10 viewed 28 July 2021 <https://www.aihw.gov.au/getmedia/f72949da-cba8-4f36-a47d-2c5bbcccd55a/Elective-surgery-waiting-times-2019-20.xlsx.aspx>

## 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.

**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 2019-20).

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

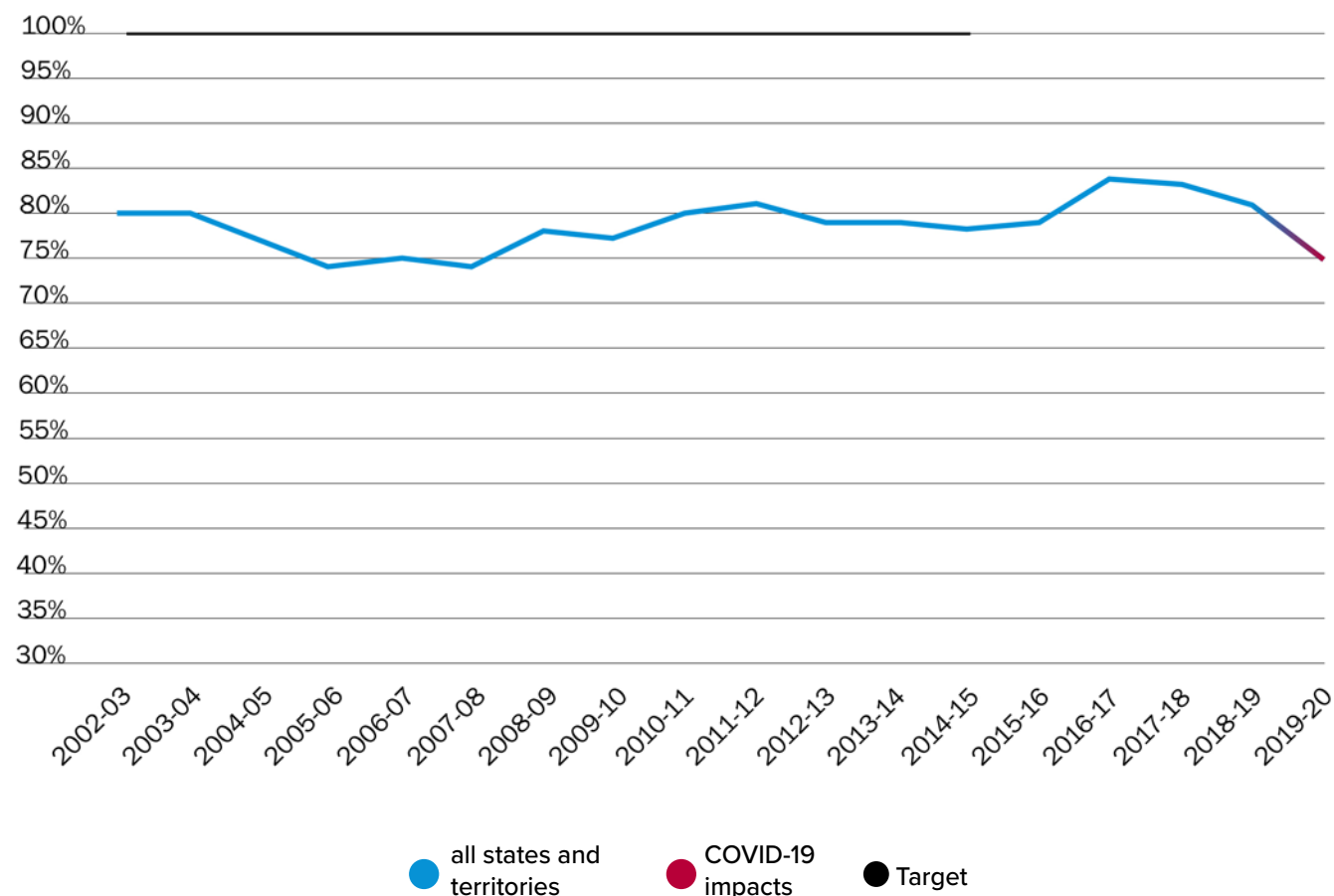
**Category 3** – clinically indicated within 365 days.

Although some Category 2 patients were admitted, many others did not receive their surgery within 90 days. The COVID-19 effect is seen in graph 5 below that shows the proportion of Category 2 patients admitted for surgery fell to 75 per cent, down from 81 per cent the year before.<sup>26 27</sup> The relentless, long-term pressure on public hospital beds and operating theatres pre-dates the pandemic. The cumulative effect of already long elective surgery waiting times overlayed with pandemic caused elective surgery delays will be hard to overcome without substantial additional public hospital resourcing. There is every likelihood that even after Australia achieves high vaccination rates across all adult age cohorts and all socio-economic levels, the demand pressures on public hospitals, will remain escalated into the foreseeable future. The cumulative public hospital elective surgery demand is building. From an already high baseline of patients on long waiting lists, now layered with surgeries delayed during the 2019-20 response to COVID and new surgery patients incrementally, and continually, identified.

<sup>26</sup> Australian Institute of Health and Welfare 2020. Australian hospital statistics: Elective surgery waiting times 2019-20 Tables 4.11–4.18 viewed 28 July 2021 <https://www.aihw.gov.au/getmedia/f72949da-cba8-4f36-a47d-2c5bbcccd55a/Elective-surgery-waiting-times-2019-20.xlsx.aspx>

<sup>27</sup> Australian Institute of Health and Welfare 2020. Australian Hospital Statistics: Elective surgery waiting times 2018-19 Tables 4.11-4.18 viewed 28 July 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954f8e/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**



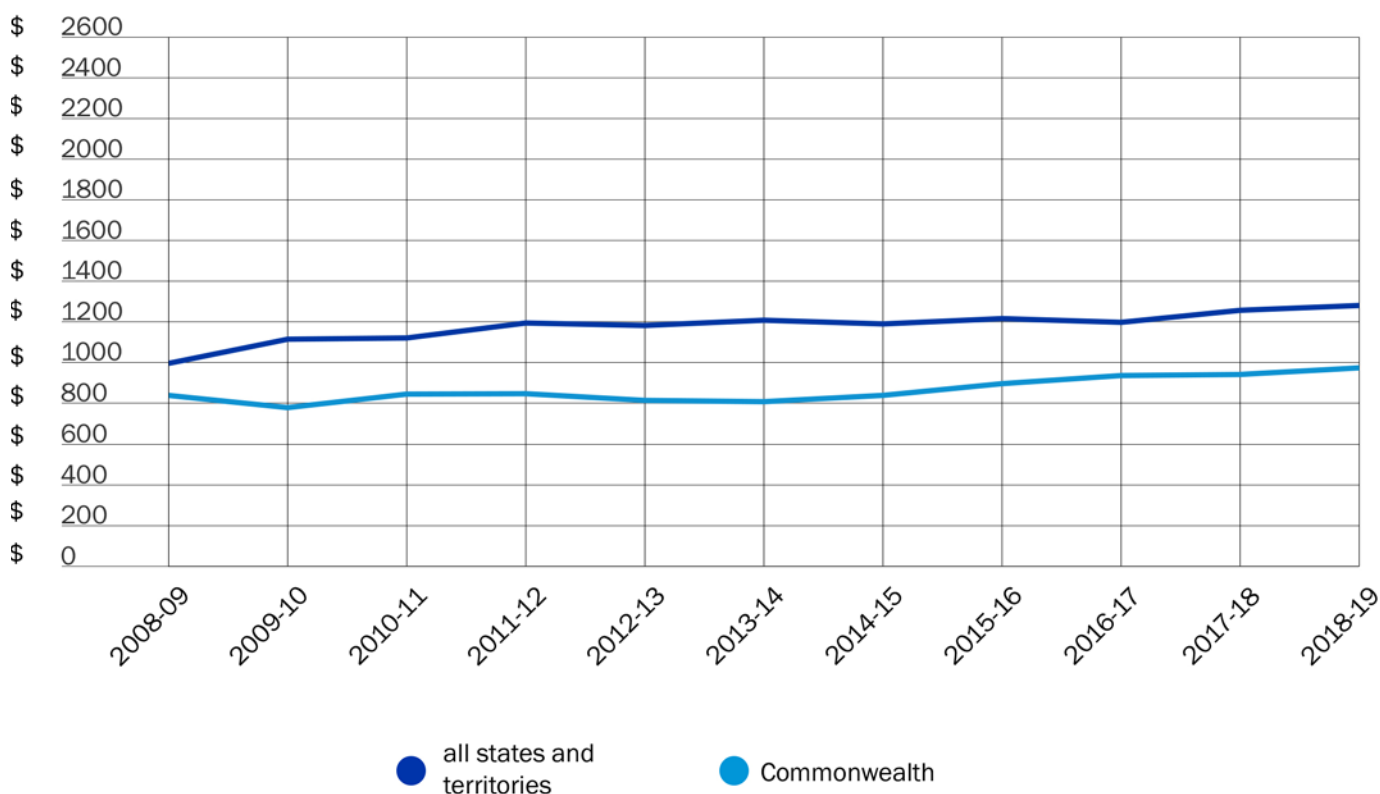
By the time the patient is added to the official elective surgery waiting list, they have already waited the period between referral from their general practitioner to the date of a consultation with an out-patient specialists to assesses their surgery urgency/need.

The AMA has been calling for the publication of the 'hidden waitlist' data for years. Without it, there is no transparency of just how long public patients currently have to wait for treatment. The AMA understands work is underway to publish this data in the next 12-24 months.

## 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 2018-19 so is not yet affected by COVID-19.

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



**Source:** Australian Institute of Health and Welfare (AIHW) 2020, Health Expenditure Australia: 2008-09 to 2018-19 viewed 8 June 2021 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

Graph 6 shows that State 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)**

	<b>2008-09 to 2013-14</b>	<b>2013-14 to 2018-19</b>	<b>2008-09 to 2018-19</b>
<b>Commonwealth</b>	-0.74%	3.82%	1.51%
<b>All States and Territories</b>	3.94%	1.17%	2.55%

The funding levels generated by the current public hospital funding formula are underwhelming. Between 2008-09 to 2018-19, Commonwealth per person funding (constant prices) increased by just 1.51 per cent on average each year over the decade.<sup>28</sup> In comparison, state governments per person funding increased by 2.55 per cent on average each year over the same ten-year period.<sup>29</sup> However, over the most recent five-year period, we have seen the rate of growth of state government per person funding slow significantly.

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.

The State governments with the highest average annual per person funding growth over the decade (2008-09 to 2018-19), were Victoria (5.1%); South Australia (4.7%); Tasmania (4.9%) and the Northern Territory (3.1%).<sup>30</sup> (See part 2 of the Report Card for more details on public hospital performance in each jurisdiction.)

<sup>28</sup> Australian Institute of Health and Welfare 2020. Health Expenditure Australia 2018-19 data visualisation <https://www.aihw.gov.au/reports/hwe/80/health-expenditure-australia-2018-19/contents/data-visualisation>

<sup>29</sup> Australian Institute of Health and Welfare 2020. Health Expenditure Australia 2018-19 data visualisation <https://www.aihw.gov.au/reports/hwe/80/health-expenditure-australia-2018-19/contents/data-visualisation>

<sup>30</sup> Australian Institute of Health and Welfare 2020. Health Expenditure Australia 2018-19 data visualisation <https://www.aihw.gov.au/reports/hwe/80/health-expenditure-australia-2018-19/contents/data-visualisation>

## 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 2019-20 compared to the previous year. Latest public hospital per person funding data is for the year 2018-19.

COVID-19 community transmission was worse in some jurisdictions than others. The measures taken by Premiers and Chief Health Officers to slow or stop the virus spread, affected the treatment seeking behaviour of patients and the timeliness of treatments. Caution should be exercised when comparing public hospital performance in 2019-20 to the previous year before COVID-19.

**Table 1: State and Territory performance 2019-20 compared to the previous year.**  
Latest hospital per person funding data is for the year 2018-19

State/ Territory	Improved access to emergency treatment – urgent category (within 30 mins) 2019-20	Improvement in proportion of patients leaving emergency within 4 hours 2019-20	Improvement in median wait time for elective surgery (all categories) 2019-20	Improvement in Elective Surgery Category 2* – patients seen on time 2019-20	Commonwealth public hospitals per person funding (constant prices) 2018- 19 (latest data)	State public hospitals per person funding (constant prices) 2018- 19 (latest data)
NSW	✓	✗	✓	✗	✓	✓
VIC	✗	✗	✓	✗	✗	✓
QLD	✓	✓	✓	✗	✓	✗
WA	✓	static	✓	✗	✓	✓
SA	✓	✓	✗	✗	✗	✓
TAS	✓	✗	✓	✗	✗	✓
ACT	✓	✗	static	✗	✓	✓
NT	✓	static	✓	✗	✓	✓

**Source:** Australian Institute of Health and Welfare (AIHW). Elective surgery waiting times 2018-19 to 2019-2020: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Emergency department care 2018-19 to 2019-20: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Health Expenditure Australia 2018-19, data visualisation.

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

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

# NEW SOUTH WALES

Dr Danielle McMullen,  
President of AMA New South Wales



*NSW has a world-class health system and a highly skilled workforce that is committed to providing high quality, patient-centred care that is integrated and connected. However, more patients than ever before are coming through hospital emergency department doors, and doctors are dealing with more complex health needs that require serious immediate attention. Even prior to COVID-19, our public health system was under incredible pressure. It is clear from the data, that our ability to meet performance measures such as seeing patients within the clinically recommended timeframes is declining.*

*Public hospitals across the state are struggling, but the situation in regional, rural and remote NSW is deeply worrying. Our rural and regional communities deserve the highest standards of care and the doctors and nurses working in our rural and regional communities deserve to be well supported beyond new buildings. We need our best doctors looking for a career in rural and regional health, if we are going to address the inequity of healthcare that currently exists in our State.*

*We also need a plan to address the suspension of elective surgery in NSW and the subsequent delays to care this creates. Patients already faced inexcusably long waitlists and the decision to shut down elective surgery to focus on COVID-19 – whilst justifiable – will have significant ramifications on our patients. Whilst we need to focus our attention on dealing with the immediate threat of COVID-19, we must also be prepared for the challenges that will come from a patient population that has delayed non-COVID care.*



## Emergency department

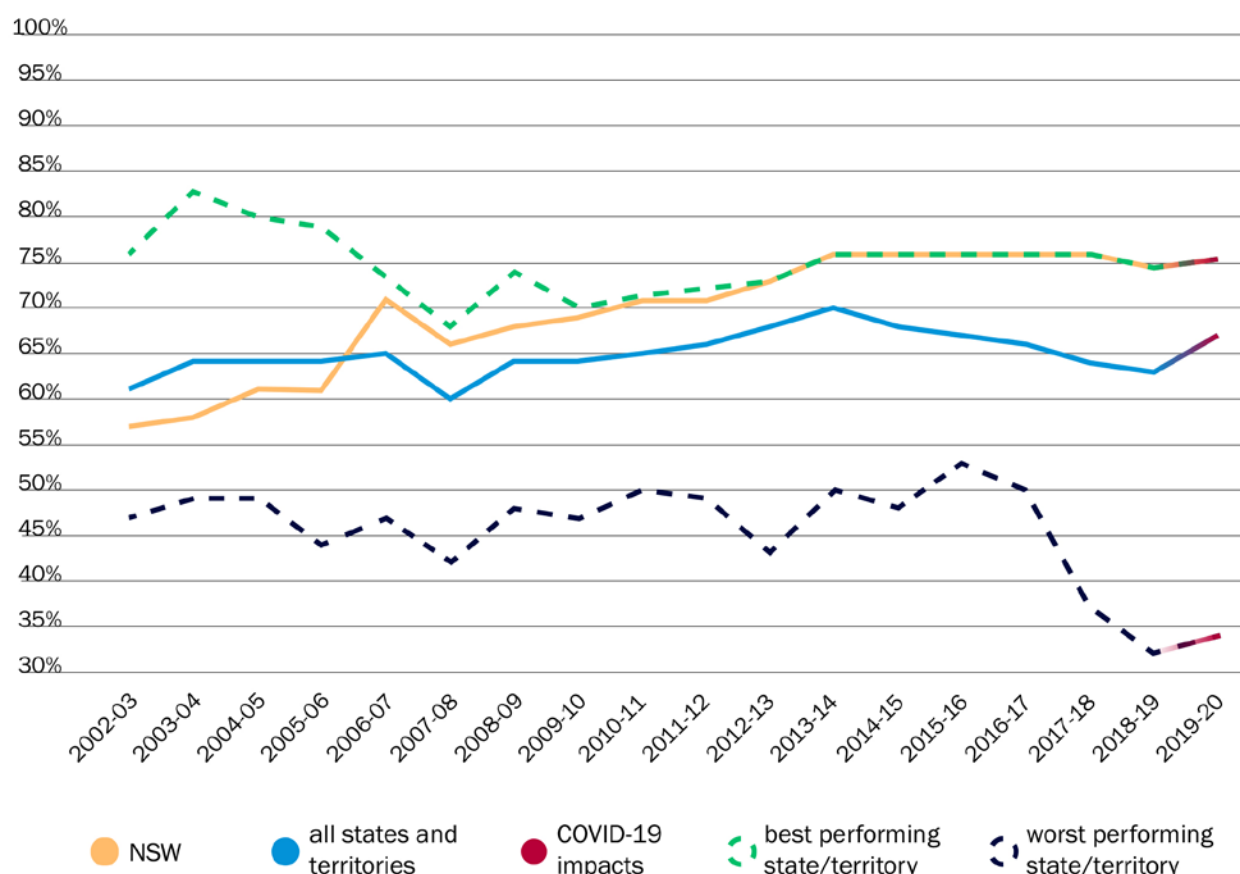
### New South Wales - COVID-19 impact on public hospital emergency department patient volumes

New South Wales recorded its first case of COVID-19 on 25 January 2020. In line with the National Cabinet decision, on 15 March 2020 the New South Wales Minister for Health announced the immediate cancellation of major events with more than 500 people. On 24 March 2020 all States and Territories issued stay at home orders with limited exceptions, and non-essential businesses were forced to close. By the end of March 2020, State governments had greater flexibility to scale public health orders according to local levels of COVID-19 community transmission. On 28 April 2020 New South Wales began to reduce public health restrictions and they were not reintroduced for the remainder of the 2019-20 financial year.<sup>31</sup>

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.<sup>32</sup> 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.<sup>33 34</sup>

### 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 2010-2019-20

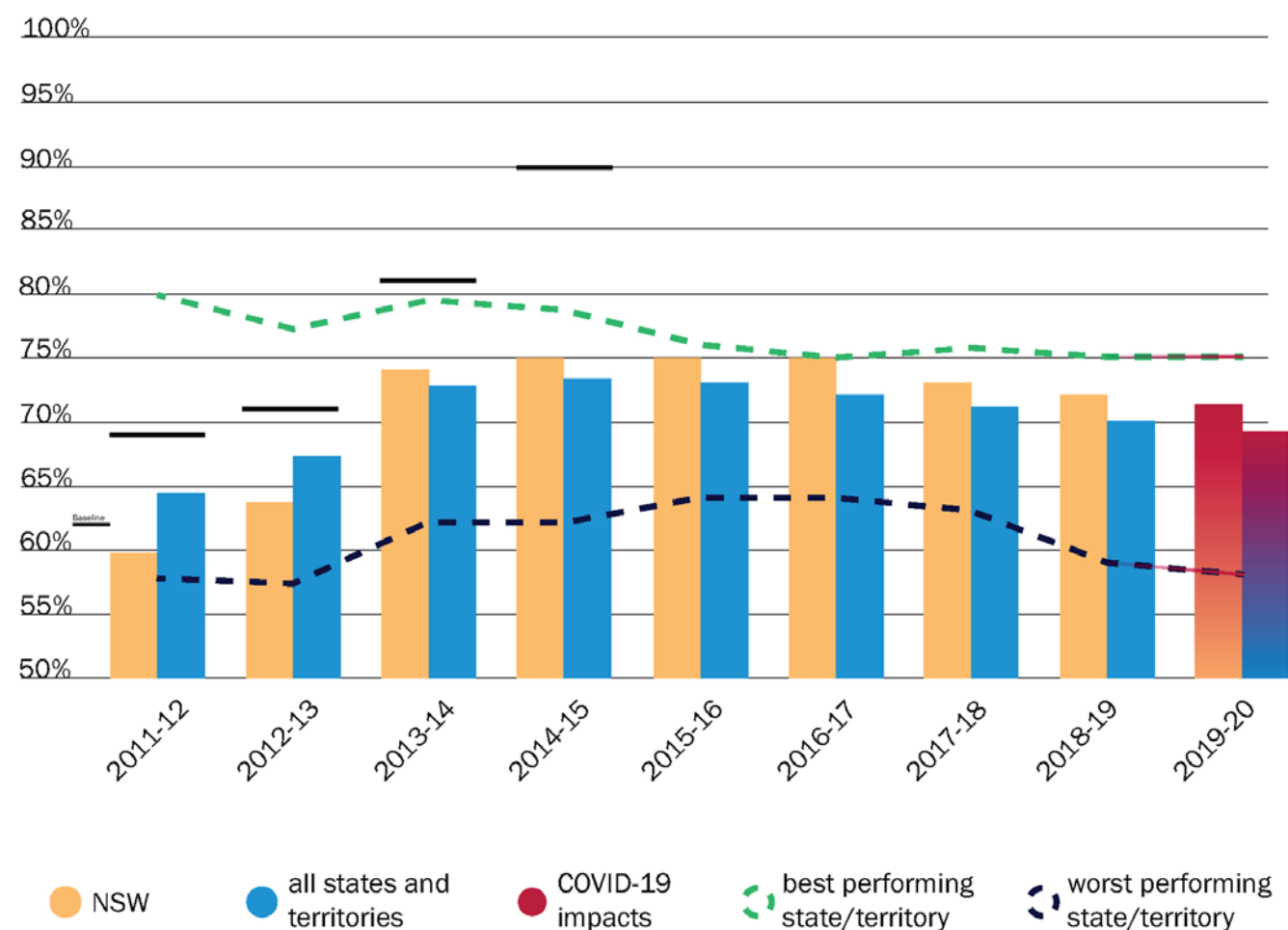
31 Australian Parliament House, Parliamentary Library 2020. Chronologies of state and territory government announcements [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#\\_Toc52275795](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#_Toc52275795)

32 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/inter-section/activity/ed>

33 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>

34 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 2019-20): 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.<sup>35 36</sup> This funding included fast-tracking some elective surgeries in private hospitals.<sup>37</sup>

New South Wales Category 2 and 3 public patient elective surgeries did not restart until 16 June 2020, accelerated by a NSW government \$388 million funding boost, to fast-track public patient delayed elective surgeries in private hospitals.<sup>38</sup>

## Waiting times

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

Sutherland et al<sup>39</sup> report that between March and June 2020, elective surgery admissions (all categories) in New South Wales public hospitals declined by 32.6 per cent compared to the same period in 2019. The largest decline in New South Wales public patient elective surgery occurred in April 2020 (57.5 per cent lower) and May 2020 (47.9 per cent lower). However, over the full 2019-20-year, New South Wales elective surgeries were 10 (9.7) per cent lower than the pre-pandemic level in 2018-19.<sup>40 41</sup>

The impact on each category of elective surgery was different. Compared to 2019, between March and June 2020, Category 1 surgeries (Urgent) declined just 1 per cent. Category 2 surgeries declined 23 per cent<sup>42</sup> and Category 3 elective surgery patients were impacted the most – declining 54 per cent. Over the full 2019-20 year, Category 2 and 3 elective surgeries were respectively 9 per cent and 16 per cent lower than 2018-19.<sup>43 44</sup>

35 Berejiklian G (Premier of New South Wales) 2020, *Elective surgery wound back to prepare for Coronavirus*, media release, Office of the Premier, Melbourne, 25 March 2020 <https://www.premier.vic.gov.au/elective-surgery-wound-back-prepare-coronavirus>

36 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>

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

38 Berejiklian G (New South Wales Premier) 2020, *\$388 million funding for elective surgeries*, media release, 16 June 2020 <https://www.nsw.gov.au/news/388-million-funding-for-elective-surgeries>

39 Sutherland K, Chessman J, Zhao J, Sara G, Shetty A, Smith S, Went A, Dyson S, Levesque JF. *Impact of COVID-19 on healthcare activity in NSW, Australia*. Public Health Res Pract. 2020;30(4):e3042030. Viewed 31 July 2021 <https://www.phrp.com.au/issues/december-2020-volume-30-issue-4/impact-of-covid-19-on-healthcare-activity-in-nsw-australia/>

40 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>

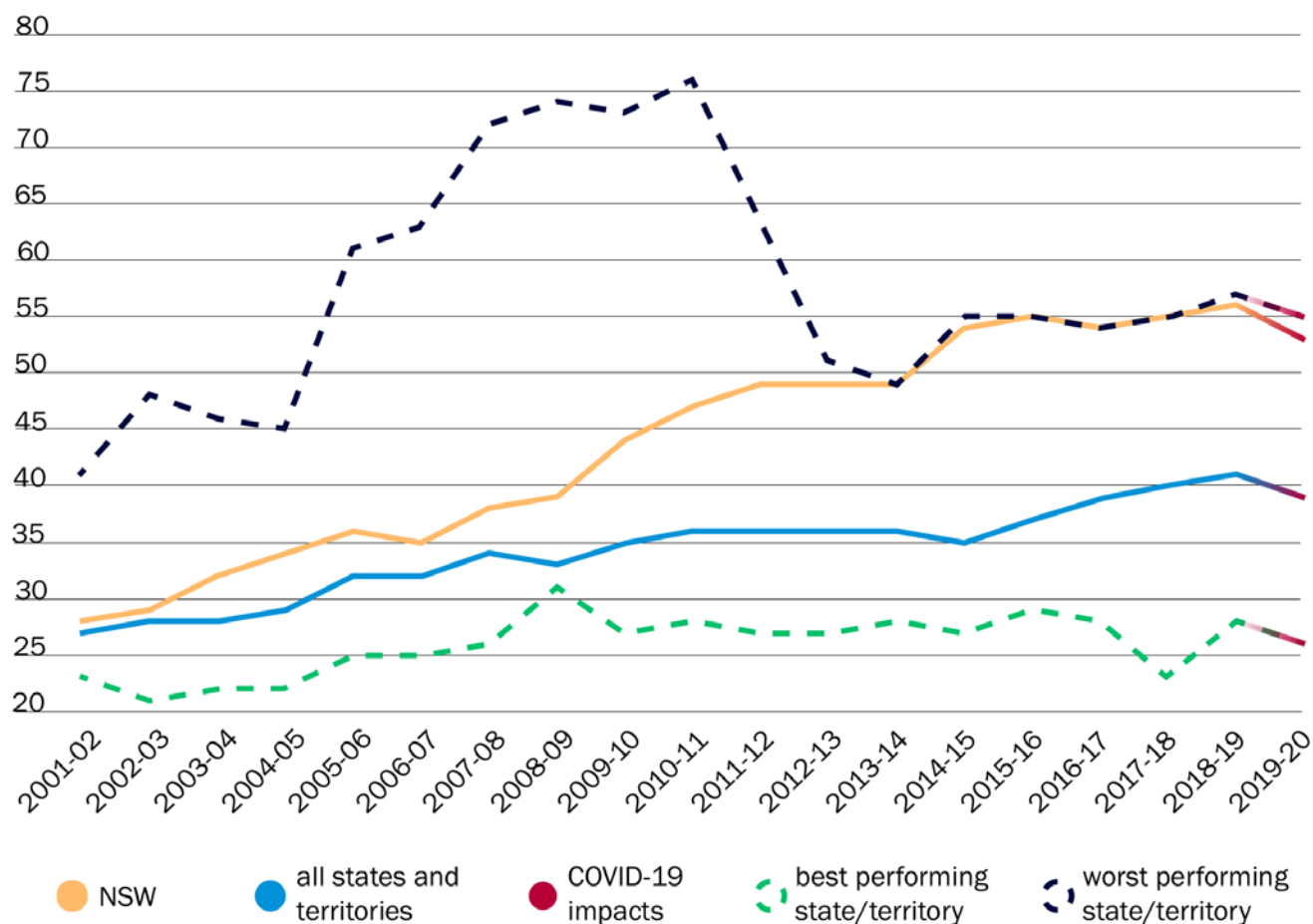
41 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2018-19 Table 4.11 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954f8e/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

42 Sutherland K, Chessman J, Zhao J, Sara G, Shetty A, Smith S, Went A, Dyson S, Levesque JF. *Impact of COVID-19 on healthcare activity in NSW, Australia*. Public Health Res Pract. 2020;30(4):e3042030. Viewed 31 July 2021 <https://www.phrp.com.au/issues/december-2020-volume-30-issue-4/impact-of-covid-19-on-healthcare-activity-in-nsw-australia/>

43 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>

44 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-60650f954f8e/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

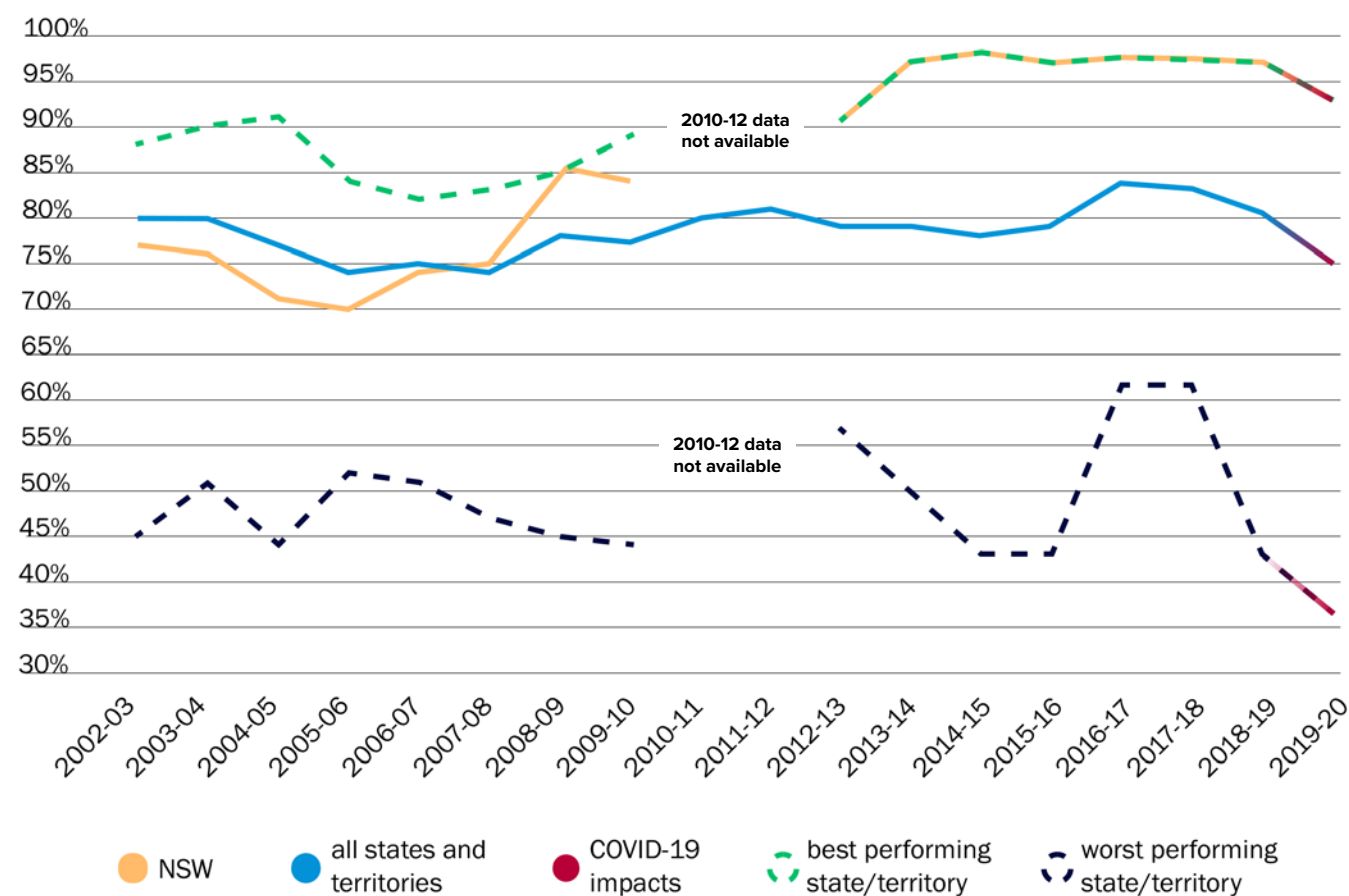
### Median waiting time for elective surgery (days) – New South Wales



**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 2019-20): Australian hospital statistics

## Category 2 patients

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

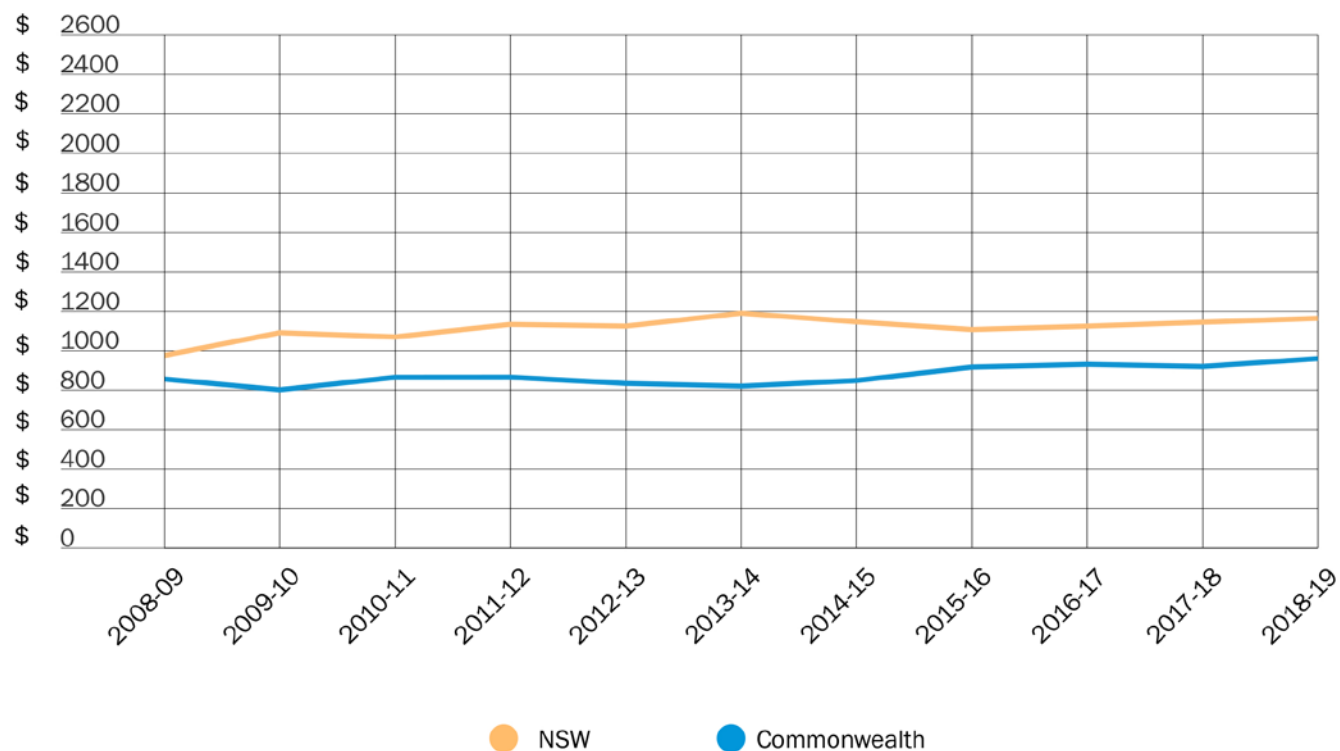


**Source:** The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2019-20: Australian hospital statistics  
2010-12 data not available

## Public hospital funding

The most recent public hospital funding data is 2018-19 so is not yet 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) 2020, Health Expenditure Australia: 2008-09 to 2018-19 viewed 8 June 2021 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

	2008-09 to 2013-14	2013-14 to 2018-19	2008-09 to 2018-19
Commonwealth	-0.9%	3.2%	1.1%
New South Wales government	4.0%	-0.4%	1.8%

# VICTORIA

Dr Roderick McRae,  
President of AMA Victoria



*The figures in this report highlight the profound impact in the Victorian public health system wrought by the beginnings of the COVID-19 pandemic in the second half of 2019-20. These effects have been felt even more acutely in the period since.*

*This impact was seen in significant declines in public hospital emergency department presentations, particularly in the early days of the pandemic in March 2020, large drops in public patient elective surgeries and a sharp decline in the proportion of Category 2 elective surgery patients admitted within the recommended period of 90 days.*

*However, the data also shows a Victorian health system that was already stretched as it responded to the healthcare needs of a growing population living longer and experiencing more complex disease - pressures exacerbated by a continued long term downward trend in private health insurance participation.*

*These underlying stresses will only continue, and will need to be addressed as the state emerges from the pandemic in the years ahead.*

*AMA Victoria has called on the state government to put greater focus and investment into preventative health measures to help reduce the need for comparatively expensive public hospital care.*

*There also needs to be a continued focus on reducing elective surgery wait times.*

*The figures in this report suggest that Victoria performed well on this metric compared to other states and territories. But the government needs to provide greater transparency on wait times through the introduction of a new basis of reporting to replace the current system which publicly reports only after a patient has seen a specialist and has been allocated a time for surgery.*

*This is just one part of the patient journey. Our reporting system should be triggered when a patient sees their general practitioner (GP) and is referred for a specialist outpatient appointment.*

*This part of the patient journey - referred to as 'the hidden wait list' - can take months to years.*

*Measuring elective surgery waiting times from the point of referral right through to treatment, and ensuring those wait lists are transparent, would allow our GPs and patients to make more informed clinical, referral and treatment decisions.*

*AMA Victoria looks forward to pursuing further advocacy to our state government on Victoria's real wait times to ensure greater accountability from both government and public hospitals and deliver meaningful improvement to the system in the years ahead.*

## Emergency department

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

Victoria recorded its first COVID-19 case on 25 January 2020. Following the National Cabinet decision on 15 March 2020, the Victorian government announced a four-week State of Emergency that prohibited non-essential social gatherings of over 500 people to slow the spread of the virus.<sup>45</sup> On 18 March 2020, Premier Andrews imposed stronger restrictions that banned public gatherings of more than 100 people and restricted visitors to residential aged care facilities, following agreement by National Cabinet.<sup>46</sup>

On 22 March Victoria went into a 48-hour shutdown of all non-essential activities which escalated to Stage 2 restrictions from midnight 25 March 2020.<sup>47</sup>

On 30 March 2020, following a decision by National Cabinet, Victoria entered Stage 3 restrictions which required people to stay at home, with limited exceptions.<sup>48</sup> These restrictions were slightly eased from 11 May 2020<sup>49</sup>, but Victoria remained subject to a State of Emergency Order until the end of the 2019-20 financial year.<sup>50</sup>

Despite the severity and duration of the COVID-19 outbreak in Victoria in the first half of 2020, data produced by the Australian Institute of Health and Welfare shows the steepest decline in Victorian public hospital emergency department presentations occurred in early March 2020. Between the week beginning 9 March and 30 March 2020, total average daily emergency presentations (all urgency categories) fell from 5,794 to 3,284 - a drop of 43 per cent.<sup>51</sup> Total emergency presentations began to rise towards normal levels from the start of the second week in April 2020, to finish the full 2019-20 financial year 4 per cent lower than in 2018-19.<sup>52</sup>

Urgent emergency presentations in Victoria was similarly affected. Between the week beginning 2 March 2020 to 30 March 2020 average daily Urgent emergency presentations fell from 2,104 to 1,329 – a decline of 37 per cent.<sup>53</sup> The volume of Urgent emergency presentations in Victoria finished the full 2019-20 financial year just 1.1 per cent lower than in 2018-19.<sup>54 55</sup>

45 Andrews, D (Victorian Premier) 2020, *State of emergency declared in Victoria over COVID-19*, media release, Office of the Premier, Melbourne, 16 March 2020 <https://www.premier.vic.gov.au/state-emergency-declared-victoria-over-covid-19>

46 Andrews, D (Victorian Premier), J Mikakos (Victorian Minister for Health), and B Sutton (Victorian Chief Health officer), *More restrictions put in place in the fight against COVID-19*, 2020, media release, Office of the Premier, Melbourne, 18 March 2020 <https://www.premier.vic.gov.au/more-restrictions-put-in-place-fight-against-covid-19>

47 Andrews, D (Victorian Premier) 2020, *Statement from the Premier*, media release, Office of the Premier, Melbourne, 22 March 2020 <https://www.premier.vic.gov.au/statement-premier-61>

48 Andrews, D (Victorian Premier) 2020, *Statement from the Premier*, media release, Office of the Premier, Melbourne, 30 March 2020 <https://www.premier.vic.gov.au/statement-premier-65>

49 Andrews, D (Victorian Premier) 2020, *Statement from the Premier*, media release, Office of the Premier, Melbourne, 11 May 2020 <https://www.premier.vic.gov.au/statement-premier-65>

50 Andrews, D (Victorian Premier) 2020, *State of emergency extended to keep slowing the spread*, media release, Office of the Premier, Melbourne, 21 June 2020 <https://www.premier.vic.gov.au/state-emergency-extended-keep-slowing-spread>

51 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>

52 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-aa4-03ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

53 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>

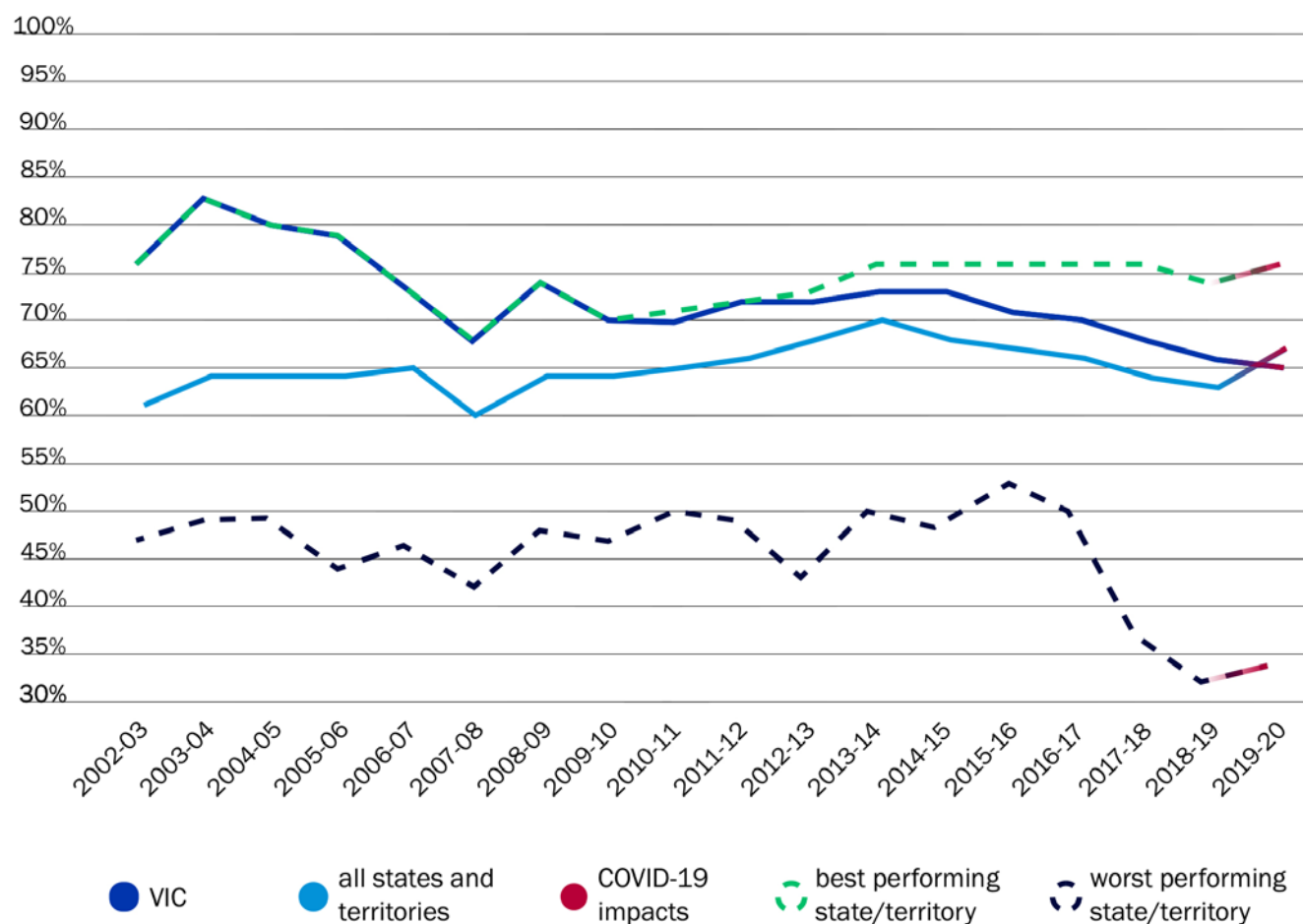
54 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* table S5.1 viewed 2 August 2021 <https://www.aihw.gov.au/getmedia/433ca-aa4-03ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

55 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>



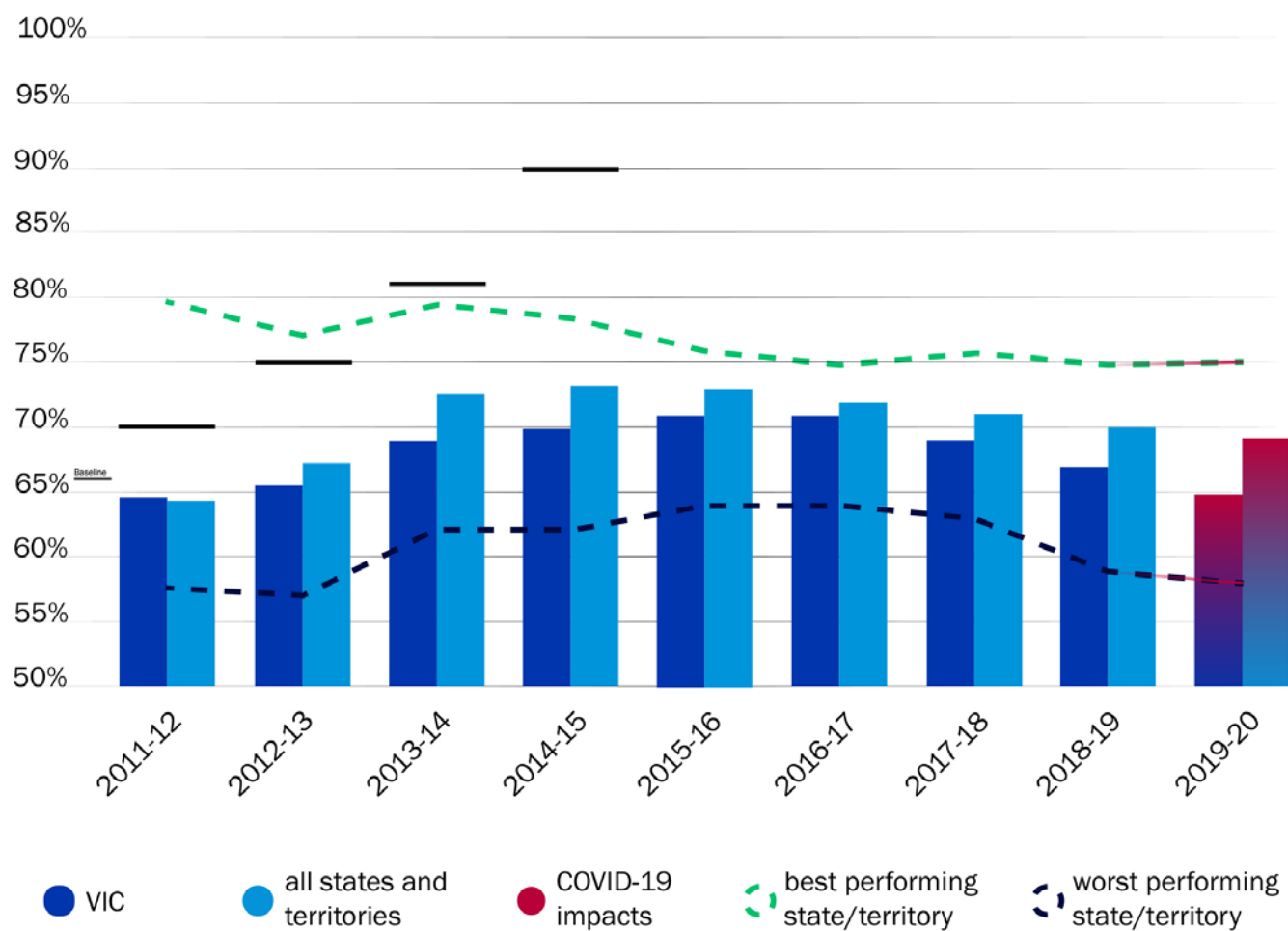
## Waiting times

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 2010-2019-20

## 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 2019-20): Australian hospital statistics.

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

## Elective surgery

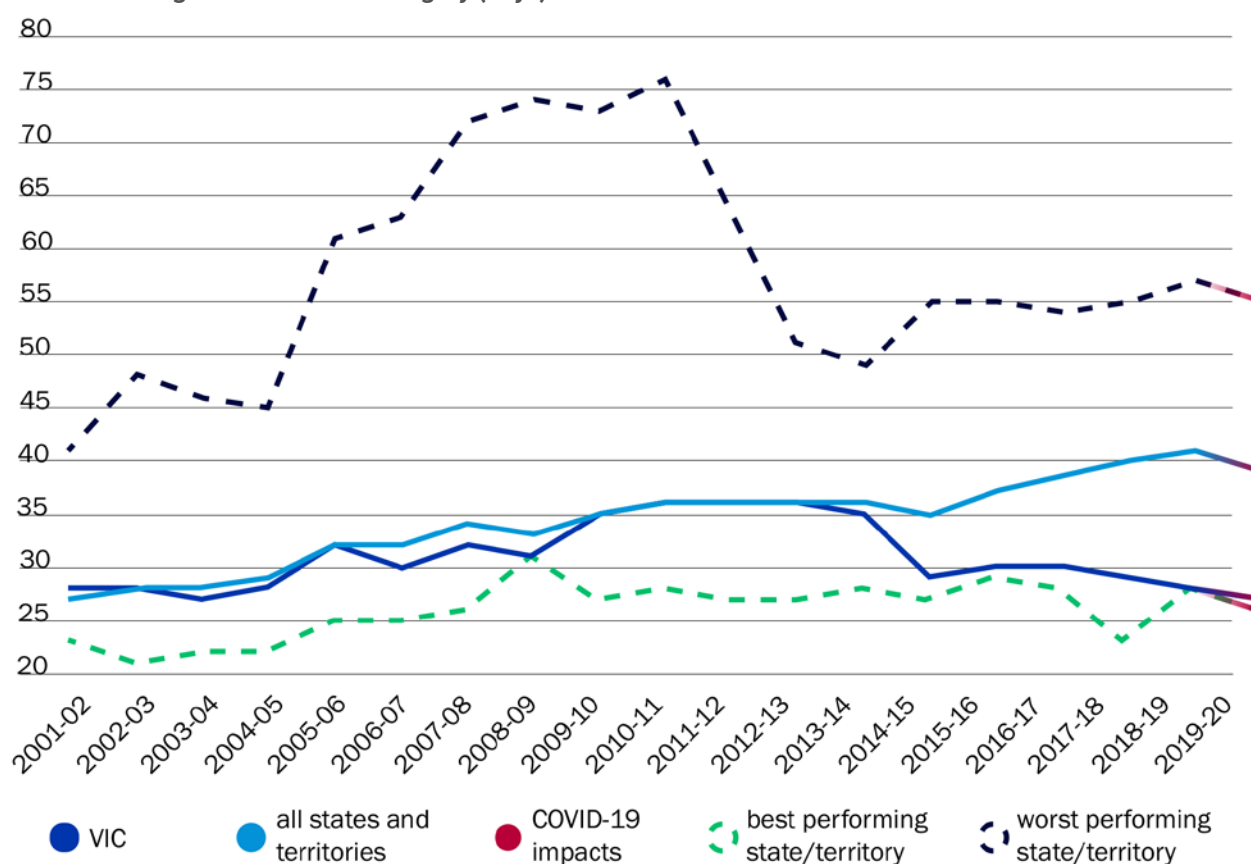
The pandemic also interrupted public hospital elective surgery to preserve healthcare provider PPE and free up hospital beds and ICU capacity for COVID-19 patients who become critically ill. Before the National Cabinet decision to cancel elective surgeries except Category 1 and exceptional Category 2, from 1 April 2020,<sup>56</sup> the Victorian government provided a \$60m funding boost to fast-track 7,000 elective surgeries.<sup>57</sup> Some increase in elective surgeries - Categories 2 and 3 – began in Victoria from 27 April 2020.<sup>58</sup> However, on 30 June 2020 the Premier had announced a return to tougher restrictions in some Victorian postcodes where the outbreak had re-escalated.<sup>59</sup>

## Waiting times

Annual data published by the Australian Institute of Health and Welfare shows public patient elective surgeries in Victoria (all Categories) were 12.2 per cent lower in 2019-20 compared to 2018-19.

The decision to prioritise Category 1 surgeries meant this patient category remained unaffected by COVID-19 measures. Category 2 elective surgeries declined by 14 per cent compared to 2018-19<sup>60 61</sup> and like other jurisdictions, Category 3 elective surgeries declined the most, dropping 23 per cent in 2019-20 compared to 2018-19.<sup>62 63</sup>

### 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 2019-20): Australian hospital statistics

56 Andrews, D (Victorian Premier) 2020, *Elective surgery wound back to prepare for Coronavirus*, media release, Office of the Premier, Melbourne, 25 March 2020 <https://www.premier.vic.gov.au/elective-surgery-wound-back-prepare-coronavirus>

57 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>

58 Andrews, D (Victorian Premier) 2020, *Elective surgeries to increase after Anzac day weekend*, media release, Office of the Premier, Melbourne, 22 April 2020 <https://www.premier.vic.gov.au/elective-surgeries-increase-after-anzac-day-weekend>

59 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>

60 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>

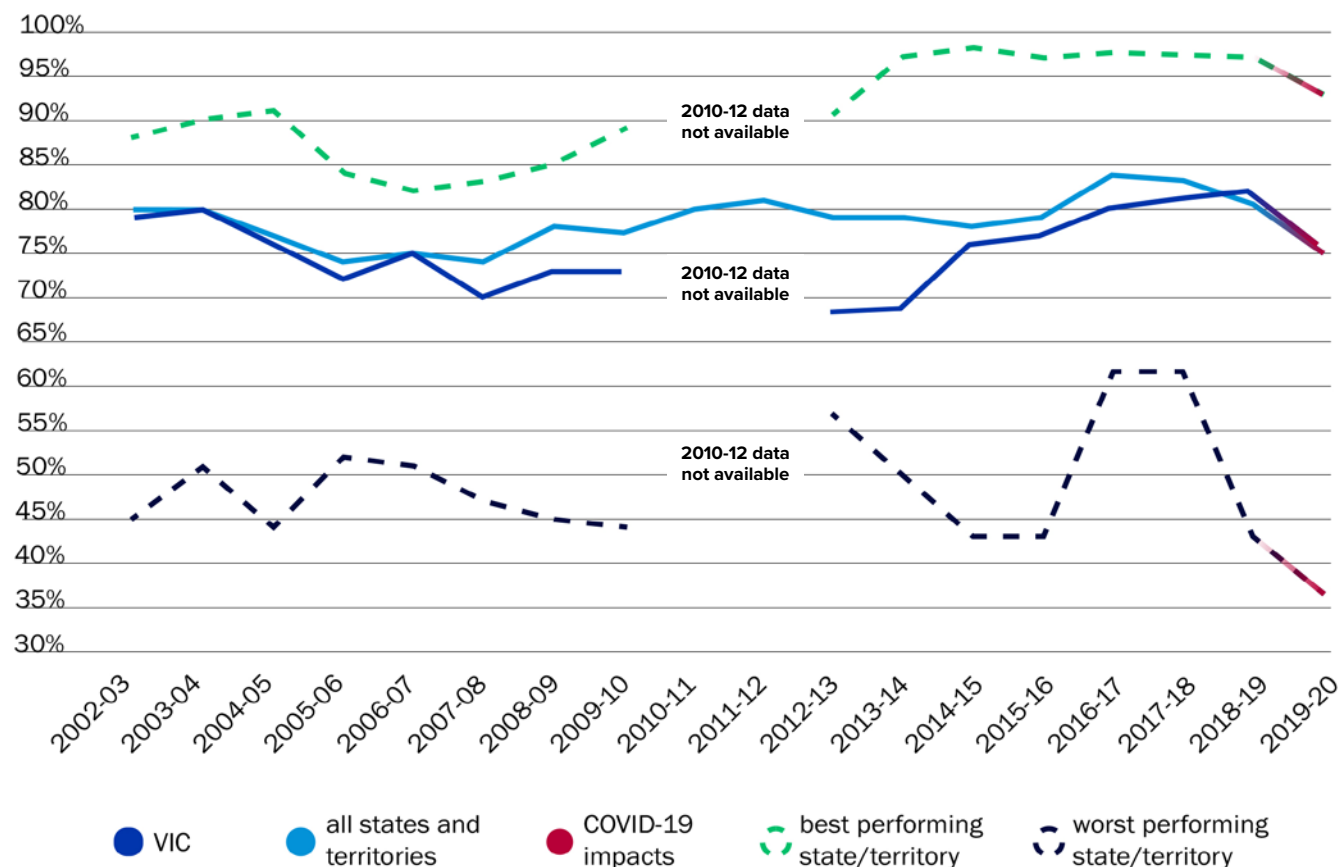
61 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: *Elective surgery waiting times 2018-19* Table 4.12 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954fbc/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

62 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>

63 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: *Elective surgery waiting times 2018-19* Table 4.12 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) Victoria



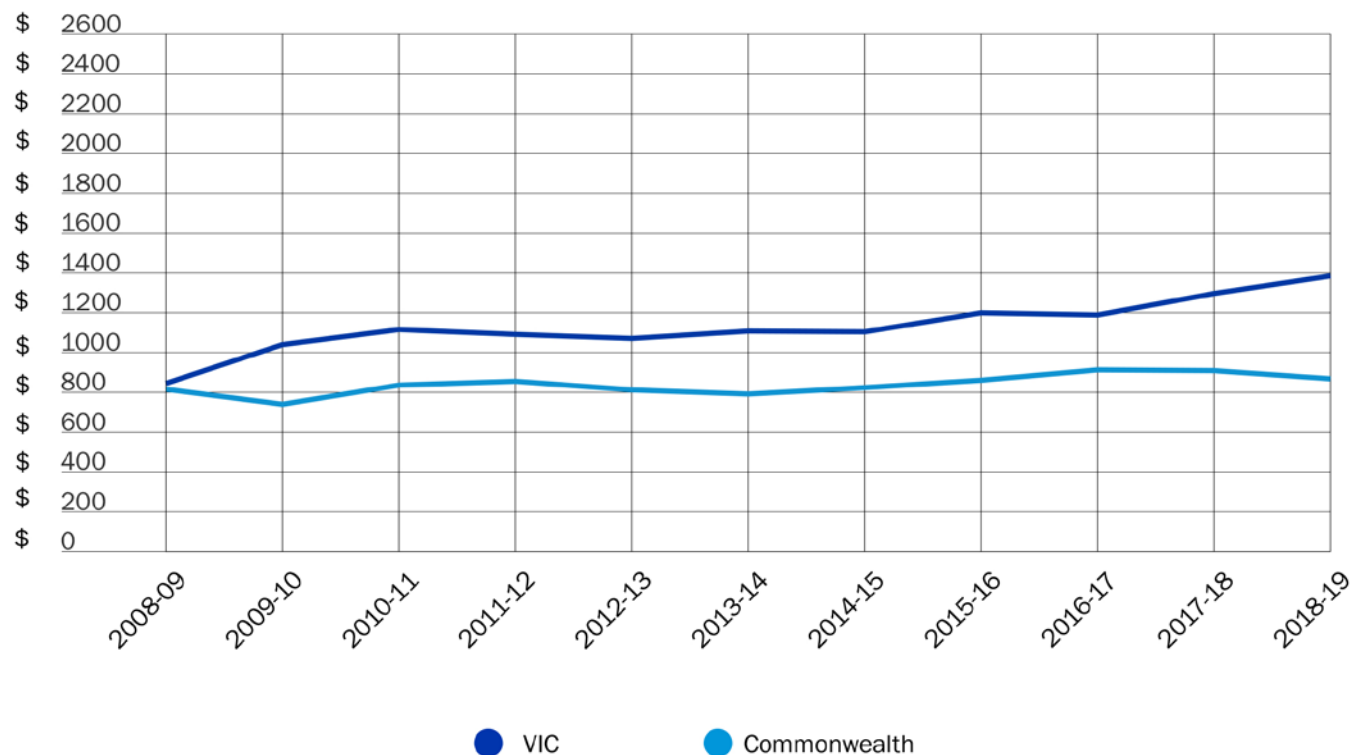
**Source:** The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2019-20: Australian hospital statistics

2010-12 data not available

## Public hospital funding

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

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



**Source:** Australian Institute of Health and Welfare (AIHW) 2020, Health Expenditure Australia: 2008-09 to 2018-19 viewed 8 June 2021 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

	2008-09 to 2013-14	2013-14 to 2018-19	2008-09 to 2018-19
Commonwealth	-0.6%	1.9%	0.6%
Victoria	5.6%	4.6%	5.1%

# QUEENSLAND

Prof Chris Perry,  
President of AMA Queensland



*While Queensland continues to track quite well, this report card shows real cause for concern about our public hospitals' capacity to cope in the event of a major COVID-19 outbreak. Queensland has done well to escape a significant outbreak so far, but it is inevitable that the virus will cross into the state at some point.*

*Outbreaks do not just mean more patients in hospital – they create staffing shortages as health care workers become sick themselves, or have to be furloughed to self-isolate. We saw this with the Indooroopilly cluster this year, when 400 doctors were forced to quarantine for weeks, leaving holes in rosters and pressure on the whole health care system.*

*Outbreaks also mean that elective surgeries are cancelled to free up hospital beds for COVID patients, leading to longer waiting times for people who are in pain.*

*Our emergency departments (EDs) and hospitals are already clogged. Patients are stuck for hours in waiting rooms and ramped ambulances because there are not enough hospital beds or staff to cope. This is without, at the time of writing, any COVID patients in ICU and only a handful in hospital.*

*Our EDs are rated on outdated measures that don't recognise the complex hospital system they feed into. We need to be measuring patient flow through the entire hospital system and not just ED wait times.*

*Access block cannot be fixed without hundreds more hospital beds and staff in intensive care, mental health and general wards.*

*Queensland has the lowest number of mental health inpatient beds per capita in Australia, and people who can't get help in the community end up in crisis at an ED, the worst place for these patients.*

*We have hospital beds occupied by people waiting to get Home Care or disability packages, or into residential aged care. This is occurring all across the state – in our cities and our regions.*

*Hospitals should be kept at 90 per cent capacity so there is room for patients to be admitted into wards. Ramping happens when hospitals operate at 100 per cent capacity and patient movement grinds to a halt.*

*Queensland's population is booming as people are increasingly relocating from southern states where COVID is circulating in the community. Clearly, we have far too few hospital beds to cater for our population and urgent action is needed to deliver high quality health care for our community.*

## Emergency department

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

Queensland recorded its first case of COVID-19 on 29 January 2020 – just four days after cases were confirmed in New South Wales and Victoria.<sup>64</sup>

In line with the National Cabinet decision, on 18 March 2020, Queensland adopted State 1 restrictions and limited indoor gatherings to 100 people and cancelled all major outside events with more than 500 people to stem community spread of COVID-19.<sup>65 66</sup>

The next day (25 March 2020) Queensland borders closed to people living outside that State and Queensland residents were urged not to travel interstate unless necessary.<sup>67</sup>

On 29 March 2020, Queensland recorded 656 cases of COVID-19. In the days prior to this, Queensland implemented special orders to enforce a limit of 10 people in a single residence at any one time. If more than ten people usually live in a house, then no visitors are allowed.<sup>68</sup>

On 30 March 2020, Queensland implemented the decision by National Cabinet and entered Stage 3 public health measures. Stay at home restrictions began to ease from 1 May 2020.<sup>69</sup> Easing of Stage 2 restrictions followed from 12 June 2020, but Queensland borders remained closed beyond 30 June 2020.<sup>70</sup>

On the recommendation of the Australian Health Protection Principal Committee, by the end of March 2020, National Cabinet agreed State governments needed greater flexibility to scale public health orders according to local levels of COVID-19 community transmission.

Australian Institute of Health and Welfare data shows from the beginning of the 2019-20 year, the volume of emergency presentations at Queensland public hospitals were tracking above 2018-19 levels. Between 9 March and 30 March 2020, average daily presentations fell sharply from 5,320 to just 3,388 – a drop of 36 per cent.<sup>71</sup> Thereafter, patient presentations started to rise again so that in the week beginning 25 May 2020, Queensland emergency presentations returned to pre COVID-19 trends finishing the full 2019-20 financial year 3 per cent higher than 2018-19.<sup>72</sup>

Urgent public hospital emergency presentations in Queensland followed a very similar pattern to total emergency presentations except the steep decline in Urgent presentations occurred one week earlier. Between the week beginning 2 March to 30 March 2020, average daily Urgent presentations fell from 2,195 to 1,475 – a drop of 29 per cent.<sup>73</sup> Over the full 2019-20 year Urgent emergency presentations were 0.6 per cent higher than 2018-19.<sup>74 75</sup>

64 Australian Parliamentary Library 2021 Chronologies of state and territory government announcements viewed 3 August 2021 [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#\\_Toc52275789](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#_Toc52275789)

65 Australian Health Protection Principal Committee, coronavirus (COVID-19) statement on 18 March 2020, statement to the general public, <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-covid-19-statement-on-18-march-2020-0>

66 Miles, S (Queensland Minister for Health and Minister for Ambulance Services) Business closures and restrictions, media statement <https://statements.qld.gov.au/statements/89582>

67 Palaszcauk, A (Queensland Premier and Minister for Trade) Border Control Slows Virus Spread, Media Statement, 24 March 2020 <https://statements.qld.gov.au/statements/89585>

68 Miles, S (Queensland Minister for Health and Minister for Ambulance Services) Business closures and restrictions, media statement, 29 March 2020 <https://www.health.qld.gov.au/news-events/doh-media-releases/releases/queensland-novel-coronavirus-covid-19-update15>

69 Palaszcauk, A (Queensland Premier and Minister for Trade) COVID restrictions ease, Media Statement, 26 April 2020 <https://statements.qld.gov.au/statements/89738>

70 Palaszcauk, A (Queensland Premier and Minister for Trade) Major easing of restrictions will open Queensland for Queenslanders, Media Statement 31 May 2020 <https://statements.qld.gov.au/statements/89931>

71 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>

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>

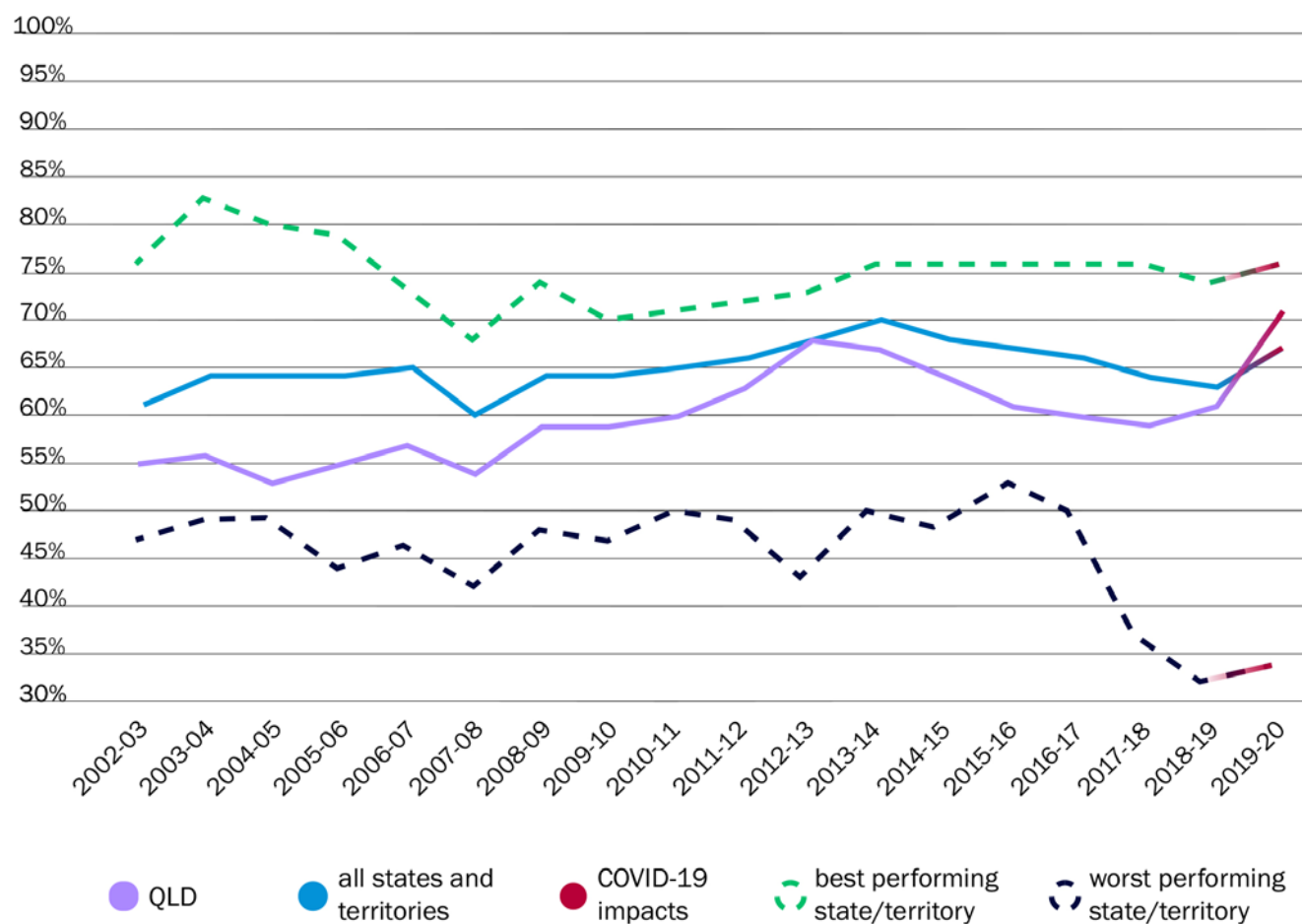
73 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency Department care 2019-20 viewed 2 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

74 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency Department care 2019-20 table S5.1 viewed 2 August 2021 <https://www.aihw.gov.au/getmedia/433cae4-03ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

75 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>

## Waiting times

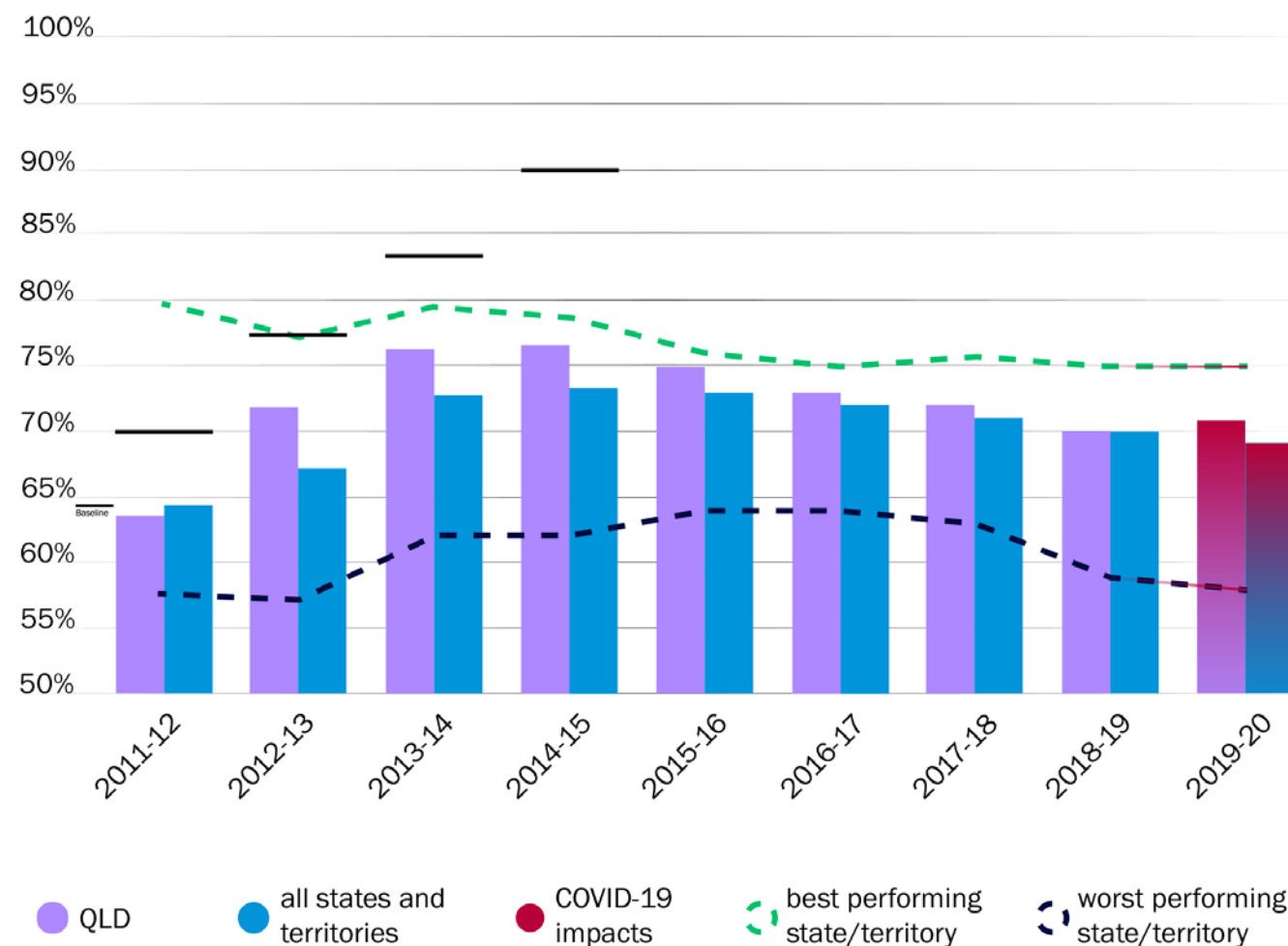
Percentage of Triage Category 3 (Urgent) emergency department patients seen within recommended time (<30 minutes) – Queensland



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2019-20



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



**Source:** Australian Institute of Health and Welfare (AIHW). Emergency department care (2011-12 to 2019-20): Australian hospital statistics.

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

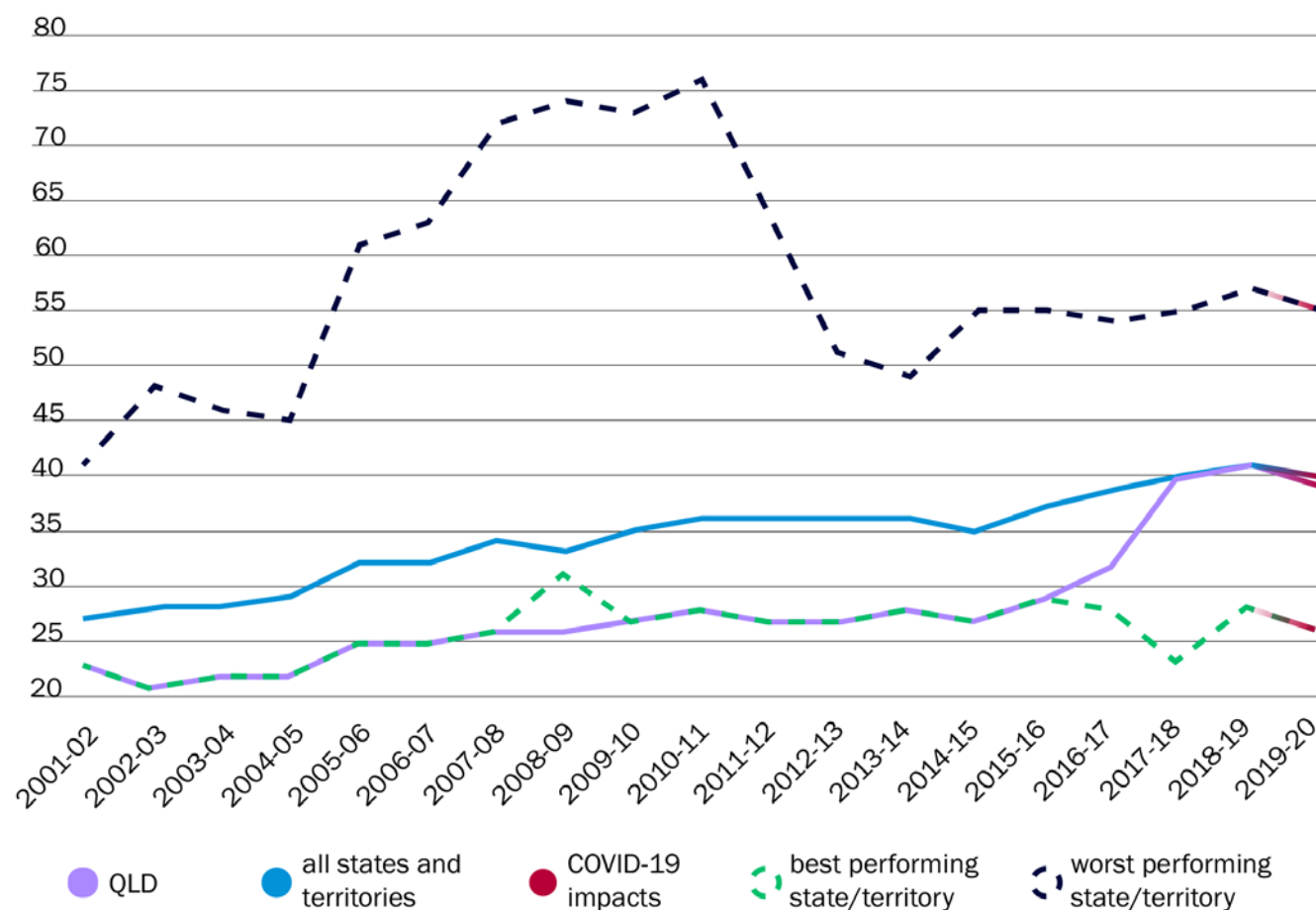
## Elective surgery

### Waiting times

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

In the first six months of 2020 the Queensland seven-day COVID-19 average peaked on 28 March 2020 at 58 infections. By the 27th April 2020, the seven day average confirmed infections had dropped to 2 and community transmission remained low for the remainder of the 2019-20 year.<sup>76</sup> Category 2 and some Category 3 elective surgeries recommenced from mid to late May 2020 finishing the 2019-20 year respectively 5 per cent and 19 per cent lower compared to 2018-19.<sup>77 78</sup>

#### Median waiting time for elective surgery (days) – Queensland



**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 2019-20): Australian hospital statistics

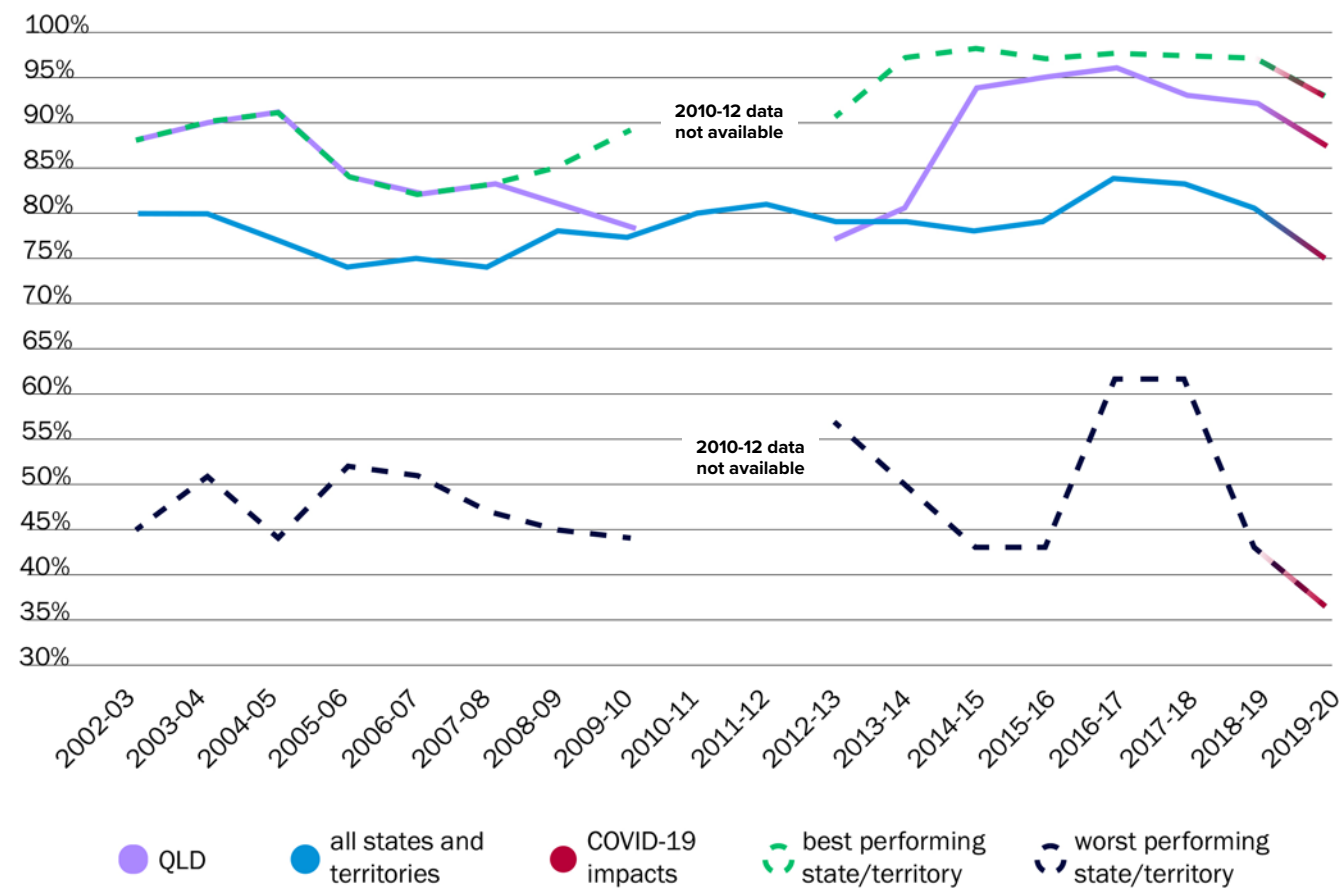
<sup>76</sup> COVID-19 Tracker Queensland [https://www.google.com/search?q=covid+19+tracker+queensland+2020&rlz=1C1GCEU\\_enAU822AU823&oq=covid+19+tracker+queensland+2020&aqs=chrome..69j57j33j22i29j30j12585j0j7&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=covid+19+tracker+queensland+2020&rlz=1C1GCEU_enAU822AU823&oq=covid+19+tracker+queensland+2020&aqs=chrome..69j57j33j22i29j30j12585j0j7&sourceid=chrome&ie=UTF-8)

<sup>77</sup> Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2018-19 Table 4.13 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954f8e/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

<sup>78</sup> Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.13 viewed 5 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>

## Category 2 patients

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

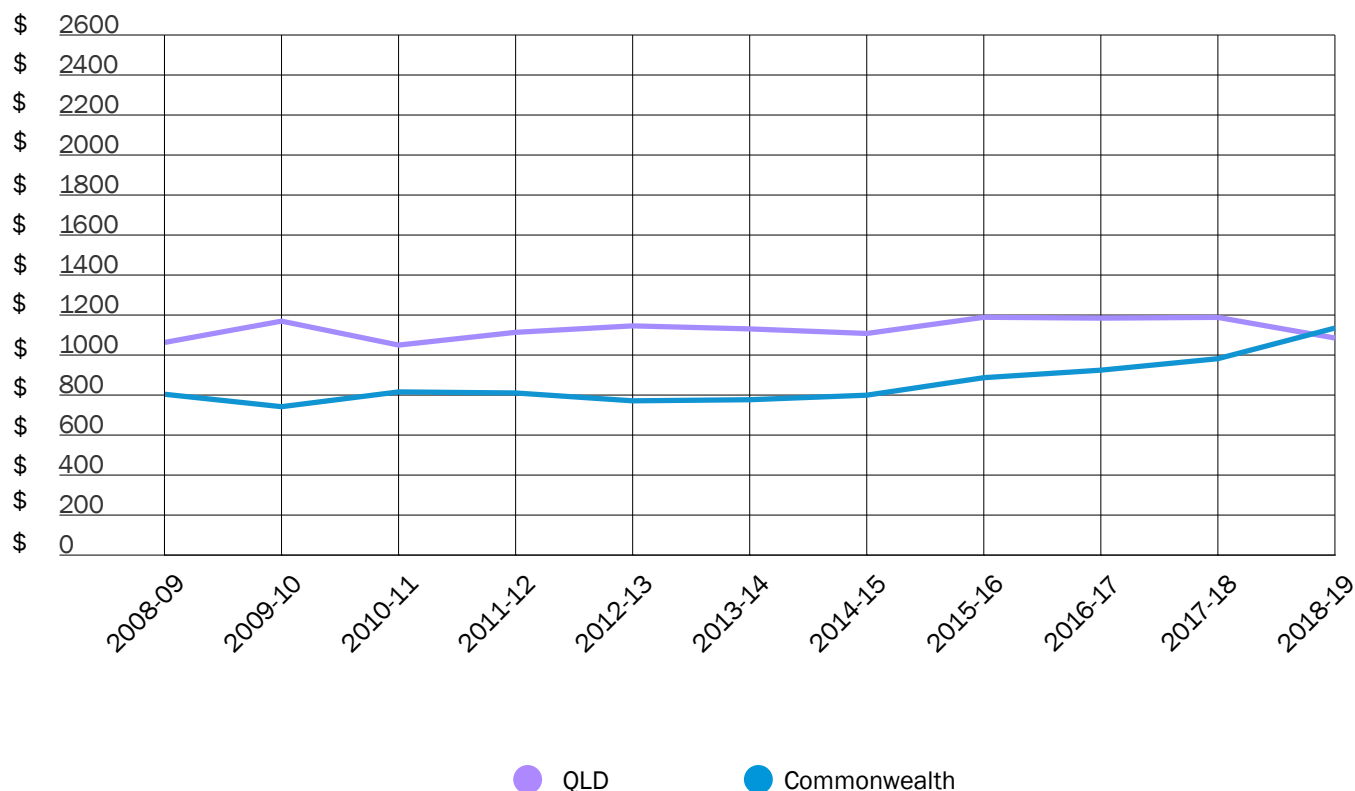


**Source:** The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2019-20: Australian hospital statistics  
2010-12 data not available.

## Public hospital funding

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

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



**Source:** Australian Institute of Health and Welfare (AIHW) 2020, Health Expenditure Australia: 2008-09 to 2018-19 viewed 8 June 2021 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

	2008-09 to 2013-14	2013-14 to 2018-19	2008-09 to 2018-19
Commonwealth	-0.69%	7.88%	3.51%
Queensland	1.24%	-0.82%	0.21%

# WESTERN AUSTRALIA

Dr Mark Duncan-Smith,  
President of AMA Western Australia



*Over the last two years, the public hospital health system in WA has moved from crisis to crisis, with episodes of catastrophe.*

*The current State Government took office in 2017 when there was on average 1,000 hours of ramping per month. Ambulance ramping has increased by approximately 1,000 hours per month, per year to peak at more than 6,500 hours for the month of August 2021.*

*This has culminated with the State Government cancelling elective surgery (non-urgent Cat 2 and 3 multi-bed stay) for the month of September. This cancellation is to create bed availability and therefore capacity to reduce ramping, and effectively a concession that the current system cannot deal with business as usual, let alone a COVID-19 outbreak. WA also has record elective surgery wait lists.*

*The system cannot cope with current, predicated demand and business as usual (demand has gone up by 3-4 per cent per year on average for the last four years).*

*WA also has the dubious record of the lowest number of beds per head of population at 2.24 beds of any state or territory in Australia.*

*WA has very poor doctor engagement, morale and trust in the system.*

*We await the September budget for the next four years with an expected increase in operational revenue of less than 2 per cent. Thus an expected outcome of 'four more years' of the same terrible performance moving from crisis to crisis, with episodes of catastrophe.*

## Emergency department

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

Western Australia recorded its first case of COVID-19 on 3 February 2020. The government declared a state of emergency on 17 March 2020. Restrictions quickly escalated and on 31 March 2020 gatherings of more than two people were banned and Western Australian borders were set to close on 6 April 2020. Restrictions eased from on 27 April 2020 by which time community transmission of the virus hovered close to zero. WA borders remained shut for the rest of the 2019-20 financial year.<sup>79 80</sup>

Although the Western Australian government moved quickly to introduce restrictions and successfully eliminated community transmission in late April 2020, Australian Institute of Health and Welfare data still shows the impact on emergency department presentations followed the same pattern as all other jurisdictions. Prior to March 2020, emergency presentations were mostly tracking week by week at a higher level than in 2018-19. Between 9 March and 30 March 2020, average daily emergency presentations dropped from 2,708 to 1,747 - a drop of 35 per cent.<sup>81</sup> The next week total emergency presentations rose gradually to end the full 2019-20 financial year 2.7 per cent lower than 2018-19.<sup>82</sup> The restrictions on movement in Western Australia to stop the virus spreading, also reduced the volume of Urgent emergency department presentations in 2019-20 by 3.0 per cent compared to 2018-19.<sup>83 84</sup>

79 Australian Parliamentary Library 2021. *COVID-19: a chronology of state and territory government announcements*, viewed 2 March 2021 [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#\\_Toc52275801](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#_Toc52275801)

80 McNeill H, WAtoday 2020 A timeline of WA's COVID-19 response *Was our success luck, good management, or a bit of both?* Viewed 4 August 2021 <https://www.watoday.com.au/national/western-australia/a-timeline-of-wa-s-covid-19-response-was-our-success-luck-good-management-or-a-bit-of-both-20200827-p55q03.html>

81 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/inter-section/activity/ed>

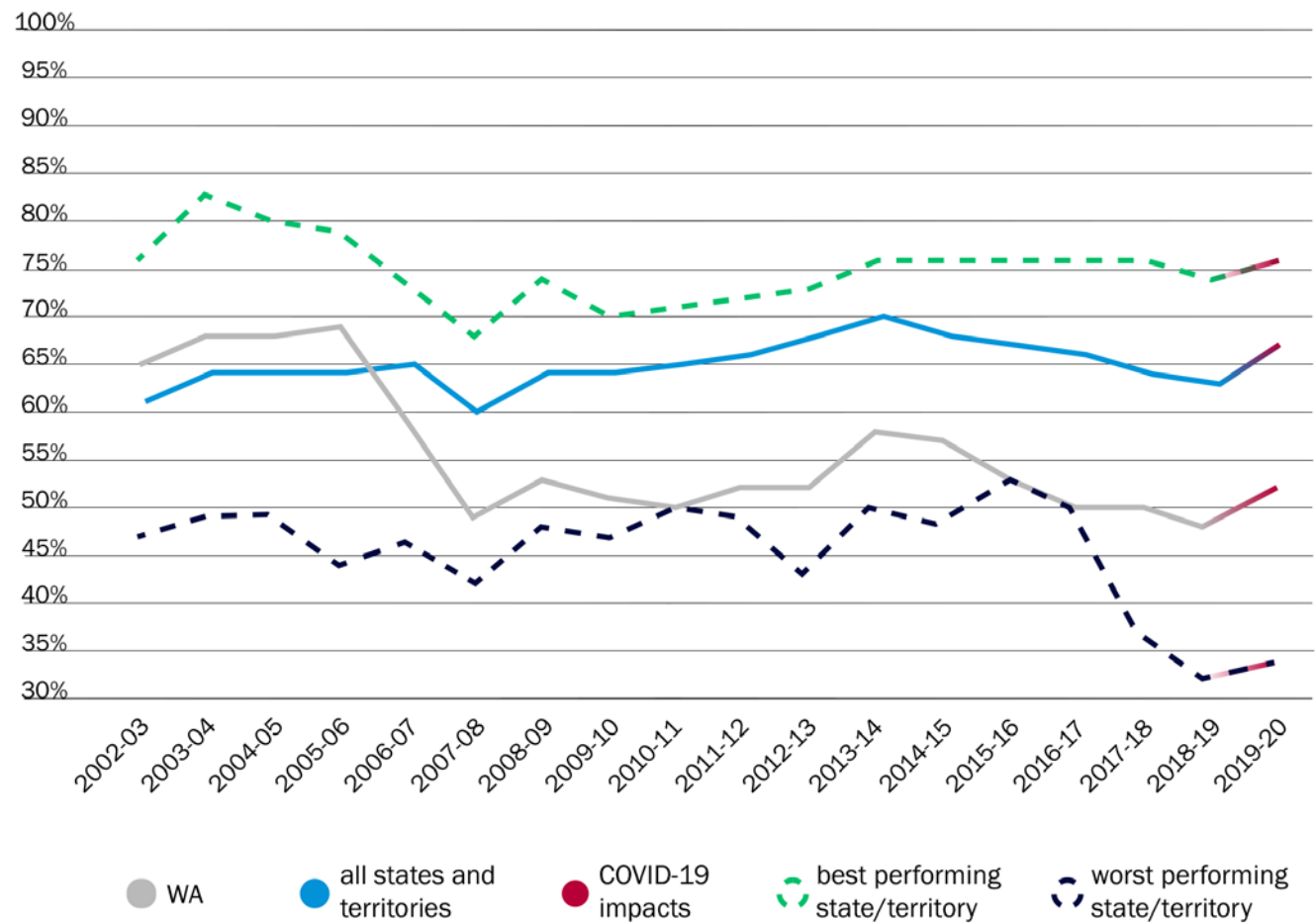
82 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* table 2.2 viewed 2 August 2021 <https://www.aihw.gov.au/getmedia/433cae4-03ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

83 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/433cae4-03ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

84 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>

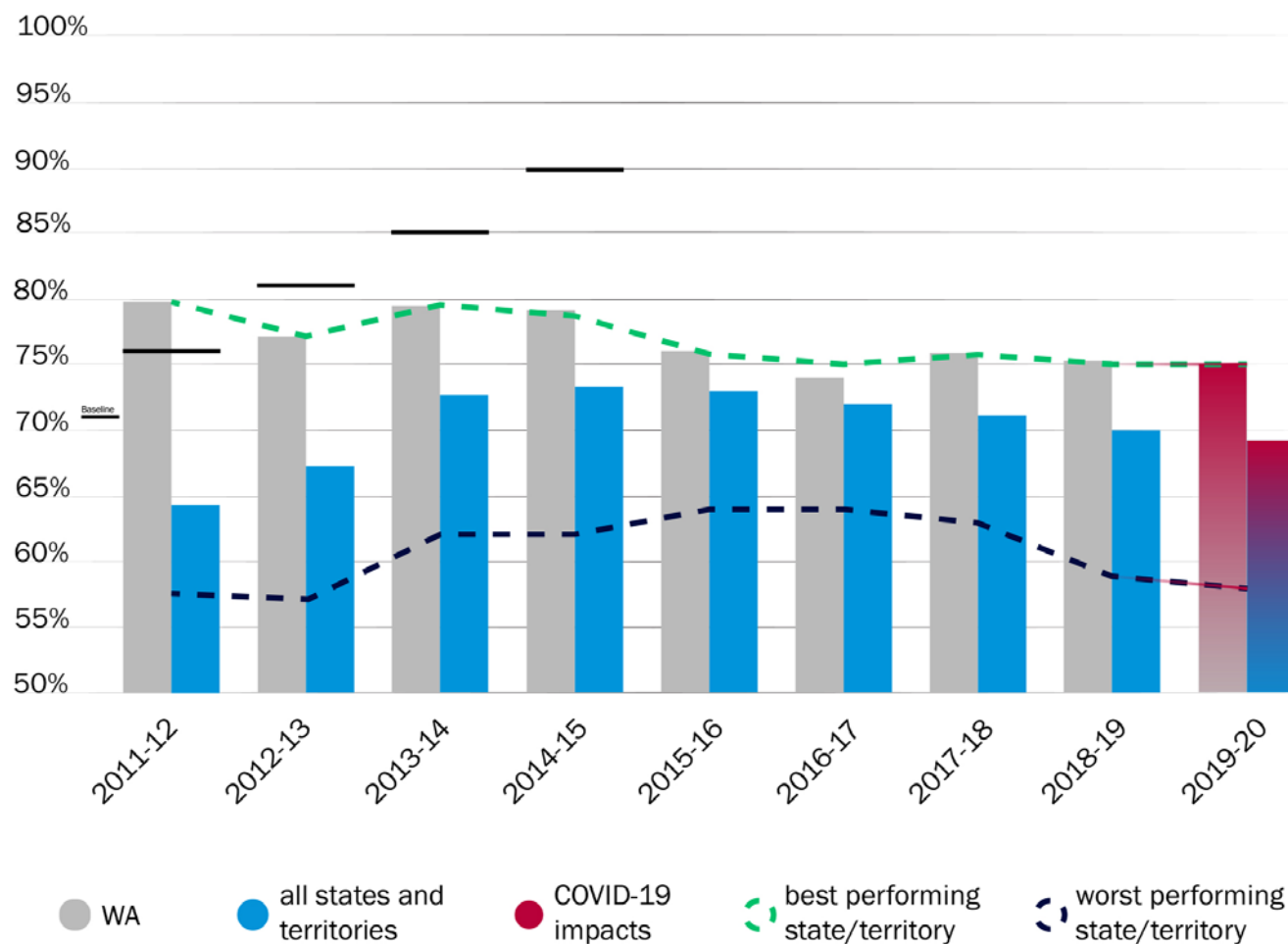
## Waiting times

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



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2019-20

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



**Source:** Australian Institute of Health and Welfare (AIHW). Emergency department care (2011-12 to 2019-20): Australian hospital statistics.

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



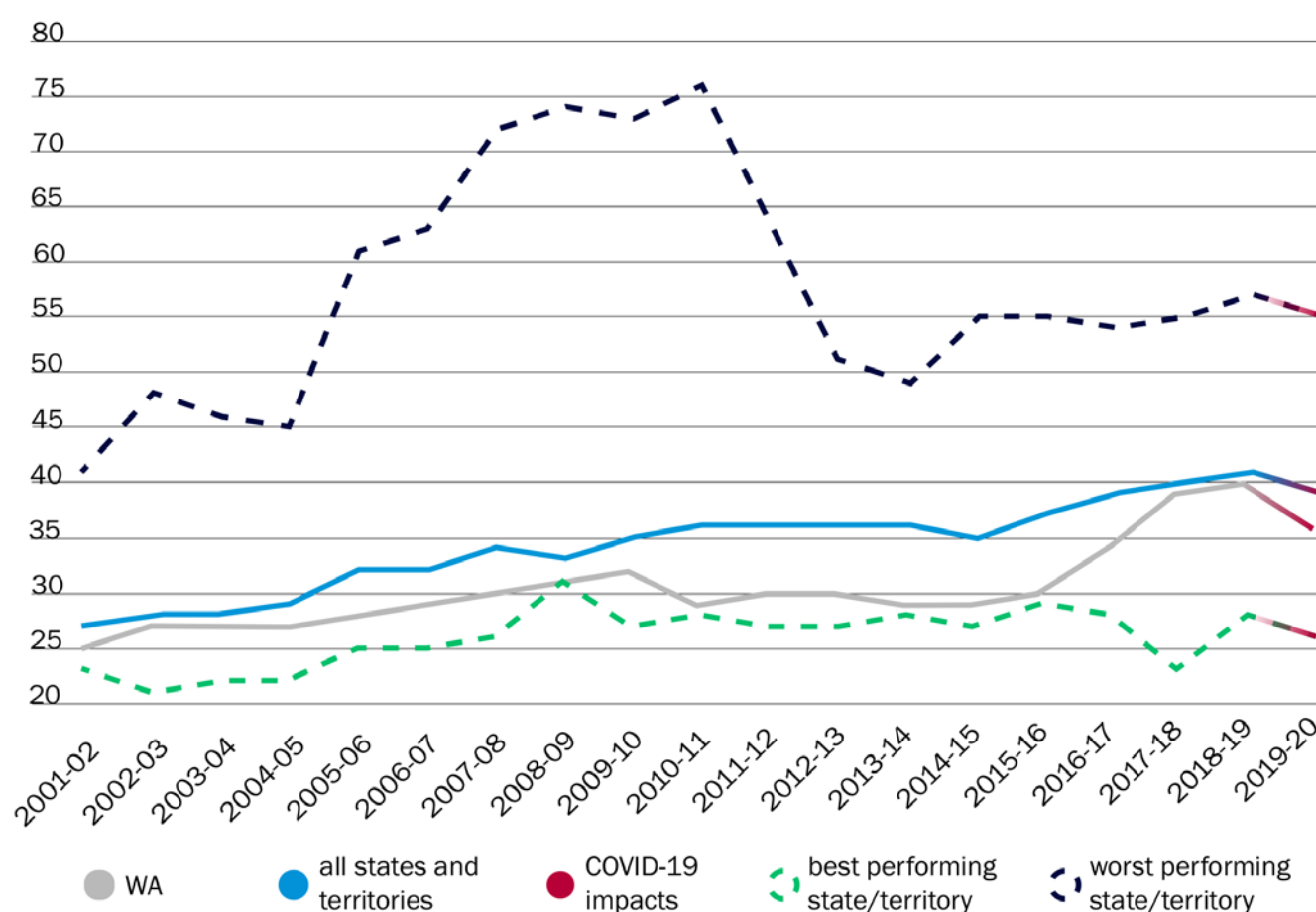
## Elective surgery

### 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, the successful suppression of COVID-19 in Western Australia produced low case numbers from early May 2020 which allowed public hospital Category 2 and 3 surgeries to recommence on 28 April 2020 and by 15 June 2020 elective surgeries had returned to pre-pandemic levels.<sup>85</sup> Over the full 2019-20 year, Category 2 elective surgeries were 8 per cent lower and category 3 was 19 per cent lower than 2018-19.<sup>86 87</sup>

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



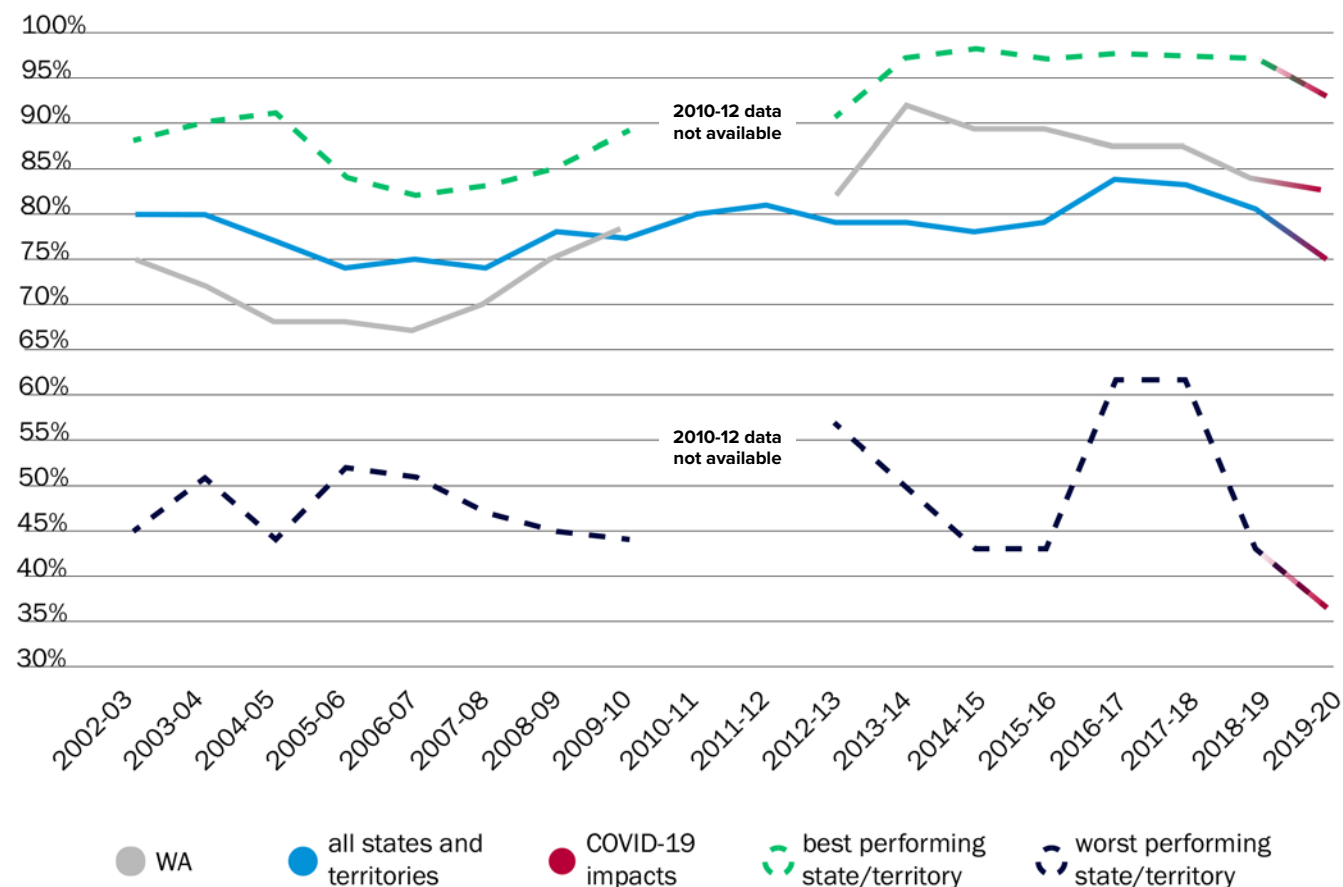
**Source:** Australian Institute of Health and Welfare (AIHW). Elective surgery data cubes (2001-02 to 2006-07): Australian hospital statistics. Australian Institute of Health and Welfare (AIHW). Elective surgery waiting times (2007-08 to 2019-20): Australian hospital statistics

<sup>85</sup> Hon Roger Cook, Deputy Premier, Minister for Health, Medical Research, State Development, Jobs and Trade, and Science, press release dated 15 June 2020 <https://www.mediastatements.wa.gov.au/Pages/McGowan/2020/06/Public-hospital-elective-surgery-back-at-full-capacity.aspx>  
<sup>86</sup> 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-60650f954f95/Elective-surgery-waiting-times-2018-19.xlsx.aspx>  
<sup>87</sup> 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/reports-data/myhospitals/sectors/elective-surgery>

## Category 2 patients

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

Western Australia

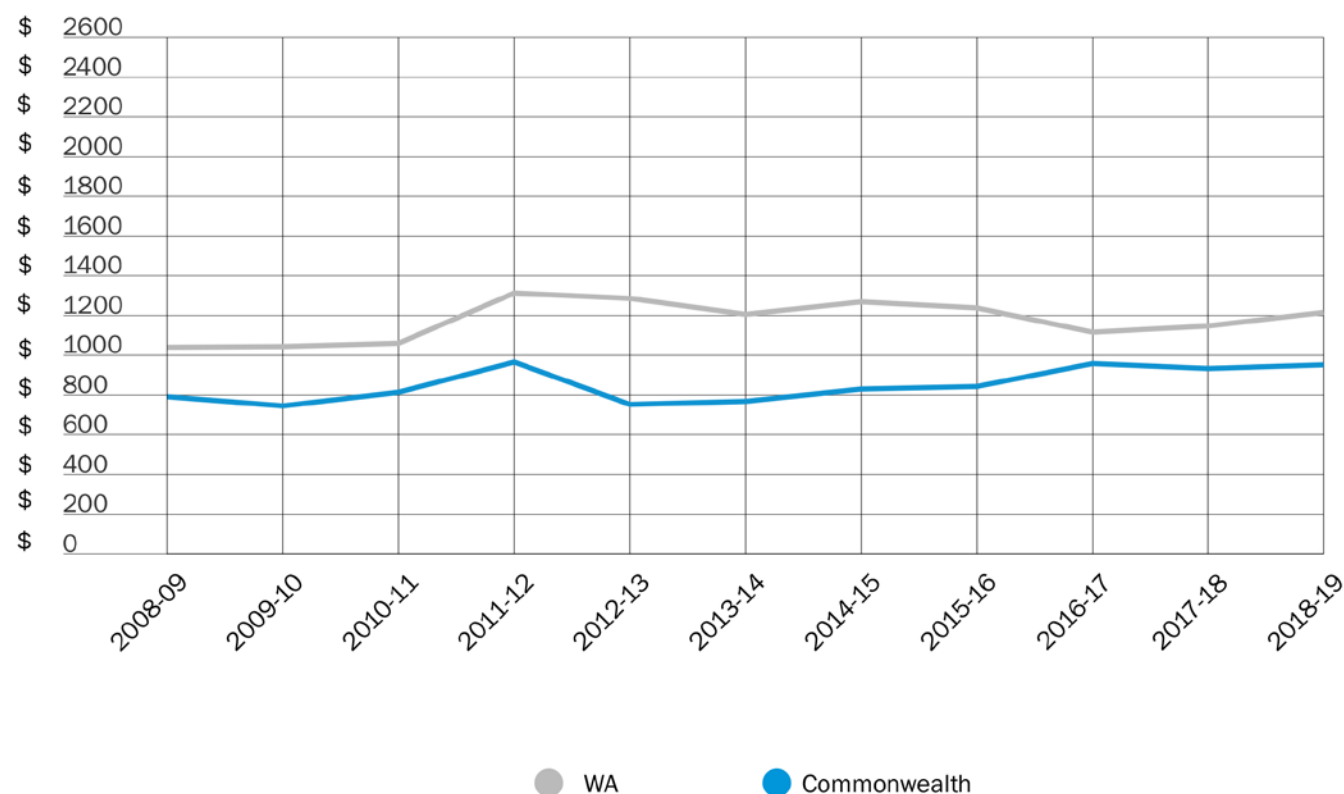


**Source:** The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2019-20: Australian hospital statistics  
2010-12 data not available

## Public hospital funding

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

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



**Source:** Australian Institute of Health and Welfare (AIHW) 2020, Health Expenditure Australia: 2008-09 to 2018-19 viewed 8 June 2021 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

	2008-09 to 2013-14	2013-14 to 2018-19	2008-09 to 2018-19
Commonwealth	-0.60%	4.39%	1.86%
Western Australia	3.0%	0.16%	1.57%

# SOUTH AUSTRALIA

Dr Michelle Atchison,  
President of AMA South Australia



*'Code yellow' is not a declaration any of us want to hear in relation to a public hospital – yet in South Australia, these and other 'emergency' and 'disaster' declarations are becoming distressingly common – and this is in a state where the impact of COVID-19 on hospital presentations has been very low. While the 2020-21 (and next year's) public hospital data may not track according to previous trends because of COVID, it is apparent that the systemic issues that have denied South Australians timely care for years have not disappeared. The data relating to emergency department presentations indicates a greater proportion of patients were treated within the accepted period of 30 minutes, but this may be only because fewer people attended EDs for some months because of COVID restrictions and infection fears. Similarly, the real effects of COVID on patients' decisions to undergo elective surgeries, and the impact of any delays on the health system, may not be known for some time.*

*Along with our peers across the country, South Australian medicos are holding our collective breath as we await the true impacts of the Delta variant of COVID and long COVID on our hospitals, our patients, and our economy.*

## Emergency department

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

South Australia recorded its first case of COVID-19 on 1 February 2020. In the first six months of 2020, case numbers peaked on 28 March 2020 with a 7-day average of 367 cases.<sup>88</sup>

On 24th March 2020 state borders closed and South Australia went into a 14-day lockdown.<sup>89</sup> South Australians were urged to stay home during Easter 2020 to limit community transmission.<sup>90</sup>

Australian Institute of Health and Welfare data shows that prior to March 2020, the number of South Australian public hospital presentations (all urgency categories) was tracking well above 2018-19 levels. Between 9 March and 30 March 2020, average daily emergency presentations dropped from 1,553 to 1,083 - a drop of 30 per cent.<sup>91</sup> Thereafter, the number of emergency presentations gradually increased to end the 2019-20 financial year 3.0 per cent above 2018-19 levels.<sup>92</sup>

The decline in South Australian Urgent emergency presentations followed a similar pattern. Between 9 March and 30 March 2020, average daily Urgent emergency presentations declined from 627 to 449 – a drop of 28 per cent<sup>93</sup> - before rising to finish the 2019-20 financial year 5 percent higher than in 2018-19.<sup>94 95</sup>

The March drops in public hospital Emergency Department presentations, all urgency categories, coincided with South Australia's first experience of a COVID-19 outbreak in the state.

88 South Australian Department of Health 2020. *Coronavirus disease statistics* viewed 4 August 2021 [https://www.google.com/search?q=sa+health+covid&rlz=1C1GCEU\\_enAU822AU823&q=SA+health+&ags=chrome1.69i57j0i433i512j0i131i433j69i60i3j69i65i2.18824j0j7&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=sa+health+covid&rlz=1C1GCEU_enAU822AU823&q=SA+health+&ags=chrome1.69i57j0i433i512j0i131i433j69i60i3j69i65i2.18824j0j7&sourceid=chrome&ie=UTF-8)

89 Marshall S (Premier of South Australia) *New process to control spread of COVID-19*, media release 28 March 2020 [https://www.covid-19.sa.gov.au/\\_data/assets/pdf\\_file/0004/145687/Major-Emergency-Declaration-Signed-1300-Hrs-22032020.pdf](https://www.covid-19.sa.gov.au/_data/assets/pdf_file/0004/145687/Major-Emergency-Declaration-Signed-1300-Hrs-22032020.pdf)

90 Marshall S (Premier of South Australia) *For the health and wellbeing of all South Australians – please stay home this Easter*, media release 28 March 2020 <https://www.premier.sa.gov.au/news/media-releases/news/for-the-health-and-wellbeing-of-all-south-australians-please-stay-home-this-easter>

91 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-section/activity/ed>

92 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* table 2.2 viewed 2 August 2021 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>

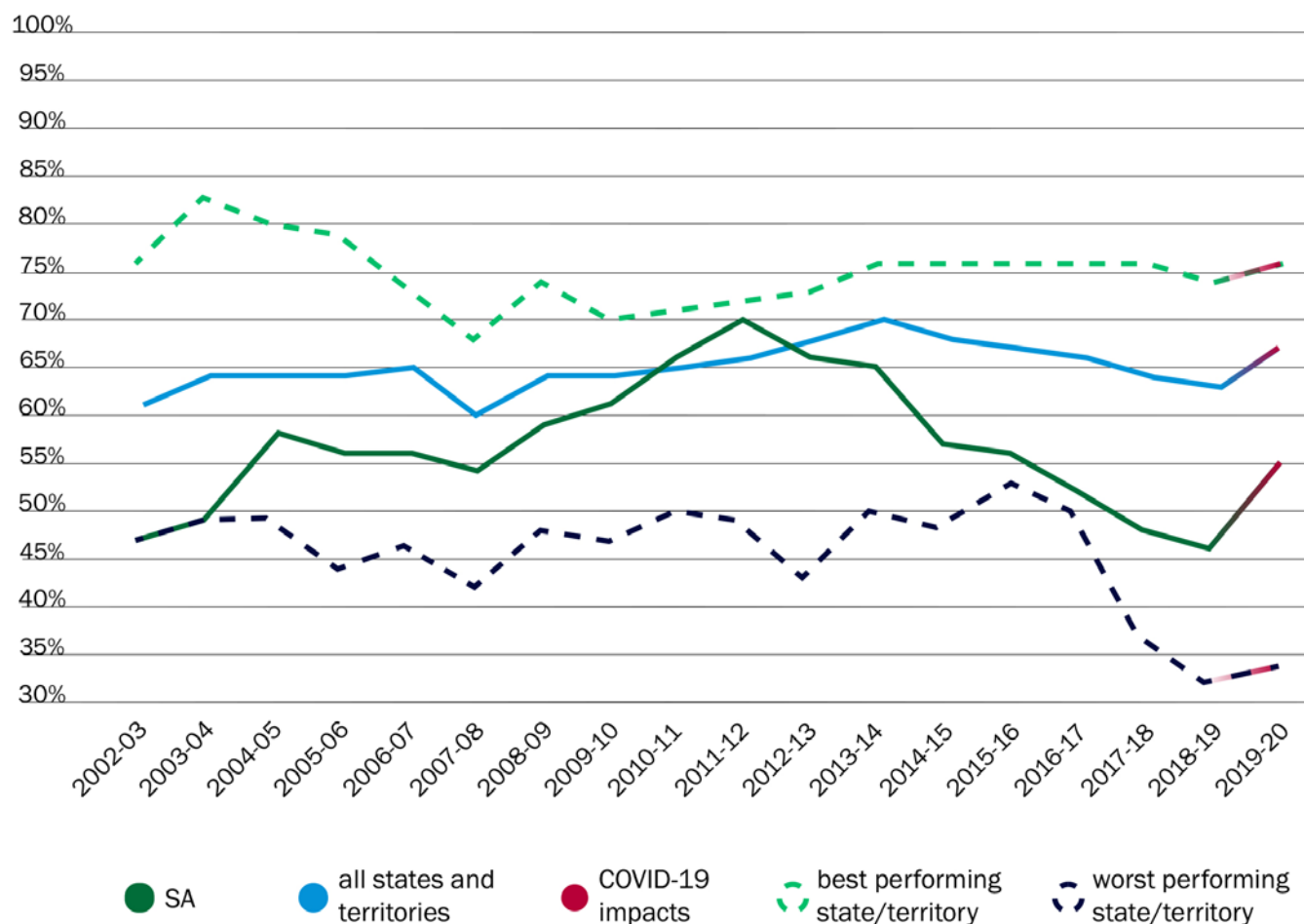
93 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* viewed 2 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

94 Australian Institute of Health and Welfare 2020. 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>

95 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* table S5.1 viewed 4 August 2021 <https://www.aihw.gov.au/getmedia/433cae4-03ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

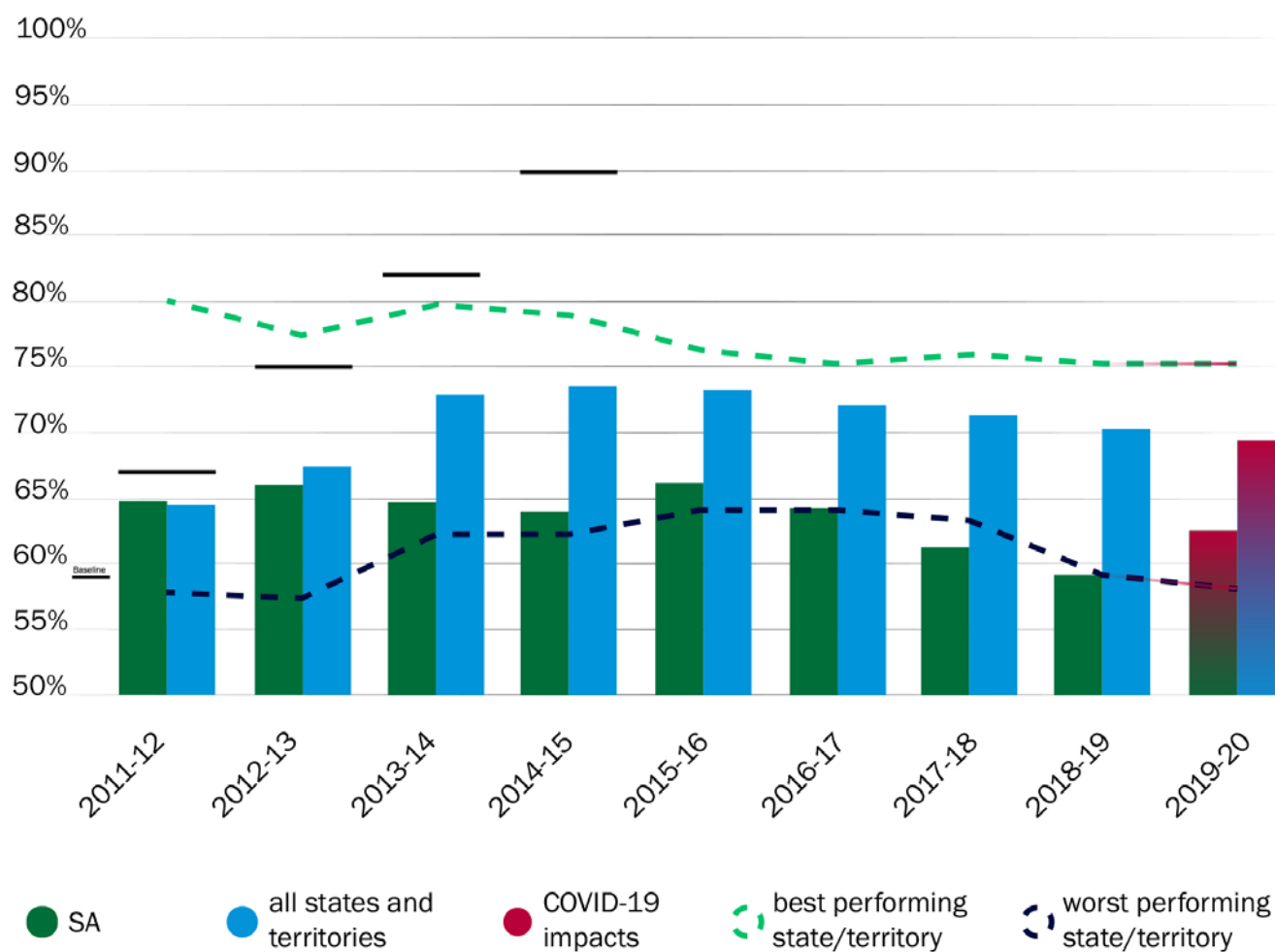
## Waiting times

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



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2019-20

## 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 2019-20): Australian hospital statistics.

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

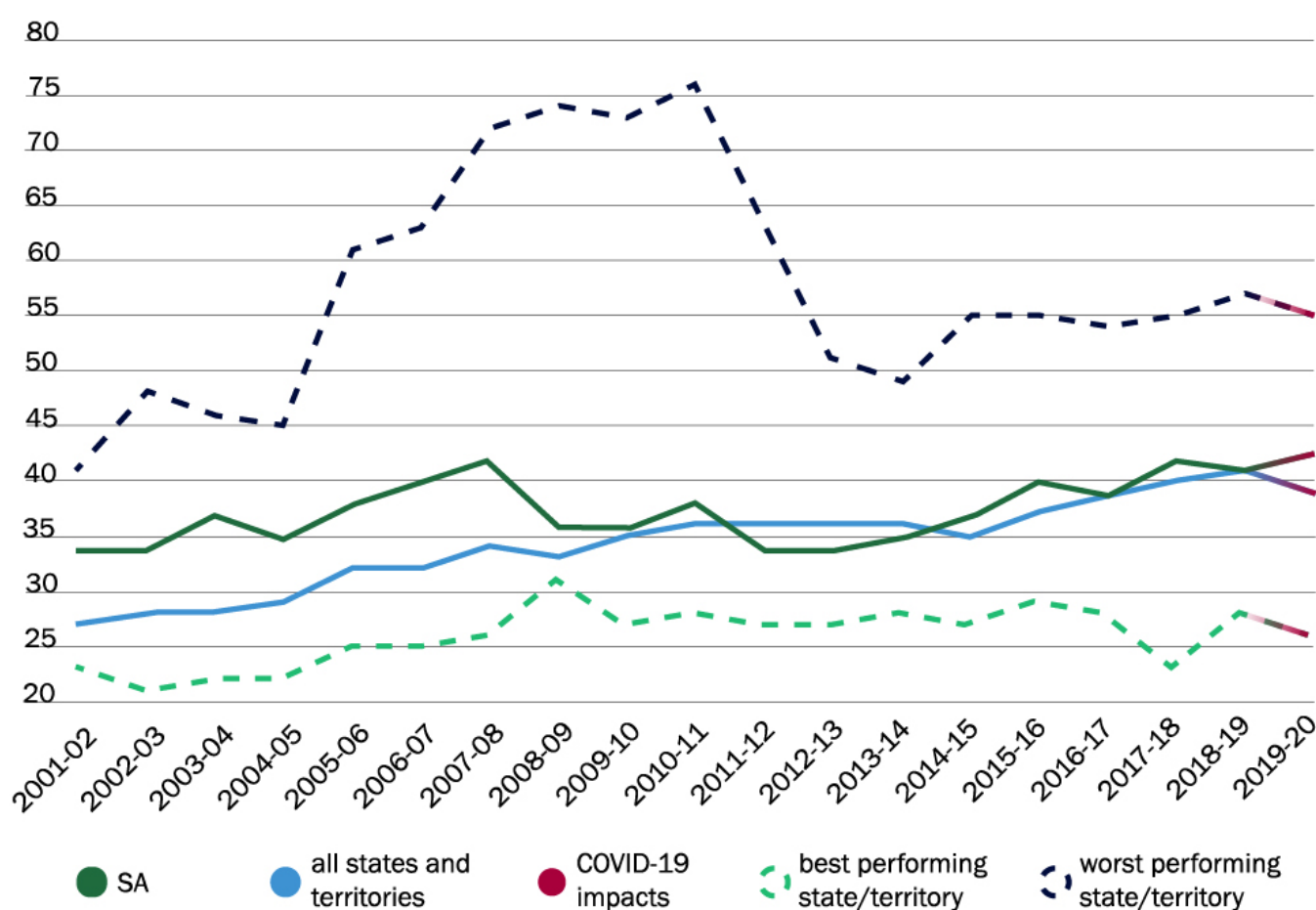
## Elective surgery

### Waiting times

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

After the Category 2 and 3 elective surgery restrictions commenced on 25 March 2020, the seven-day average of COVID-19 infections peaked on 30 April 2020 and remained low. South Australia fully resumed Category 2 and 3 elective surgery on 12 May 2020. This meant that between 2018-19 and 2019-20 the volume of Category 2 elective surgeries declined by just 4 per cent. Category 3 elective surgeries declined 15 per cent.<sup>96 97</sup>

#### 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 2019-20): Australian hospital statistics

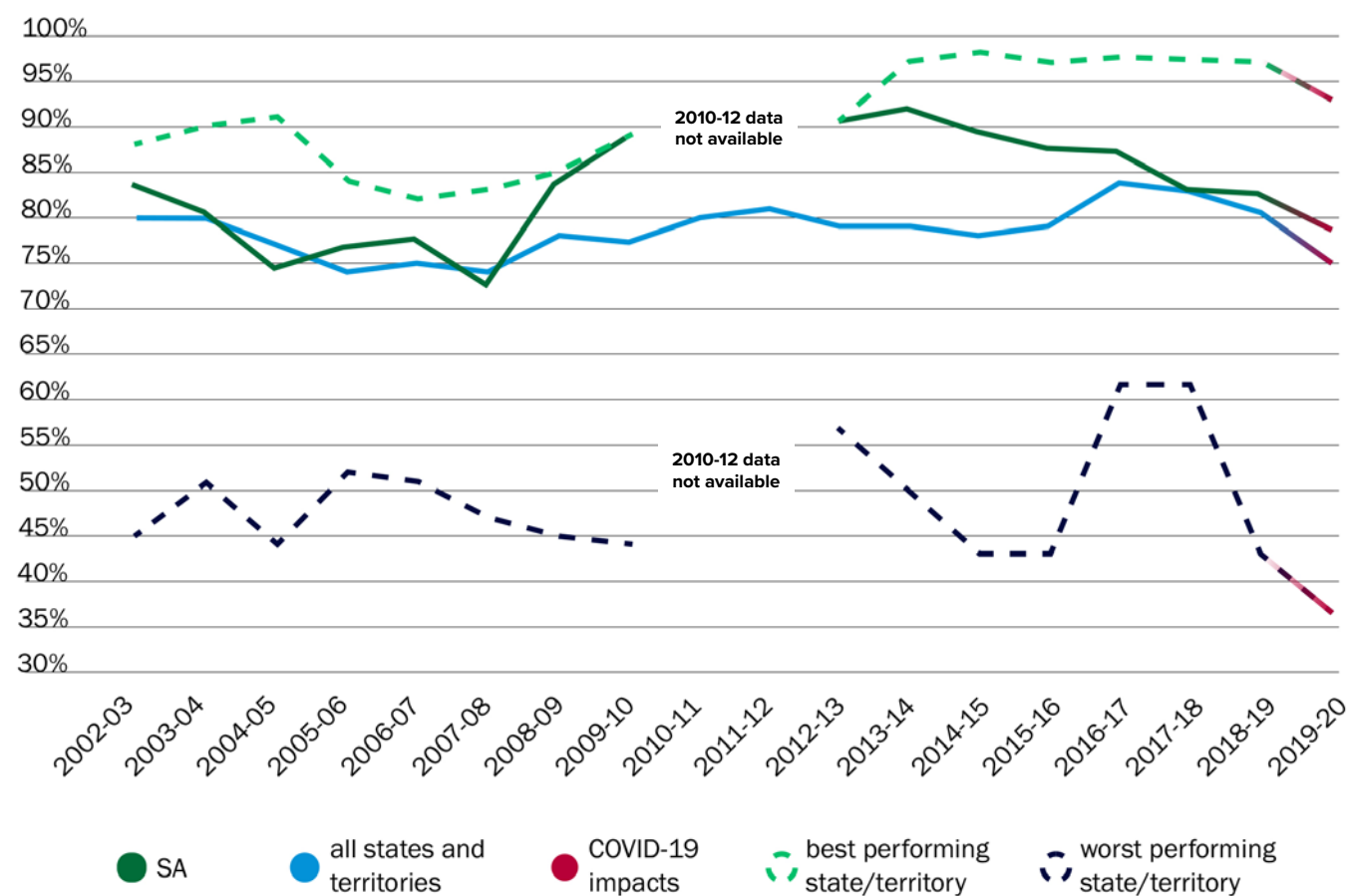
<sup>96</sup> Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2018-19 Table 4.15 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954fbc/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

<sup>97</sup> Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.15 viewed 5 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>



## Category 2 patients

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

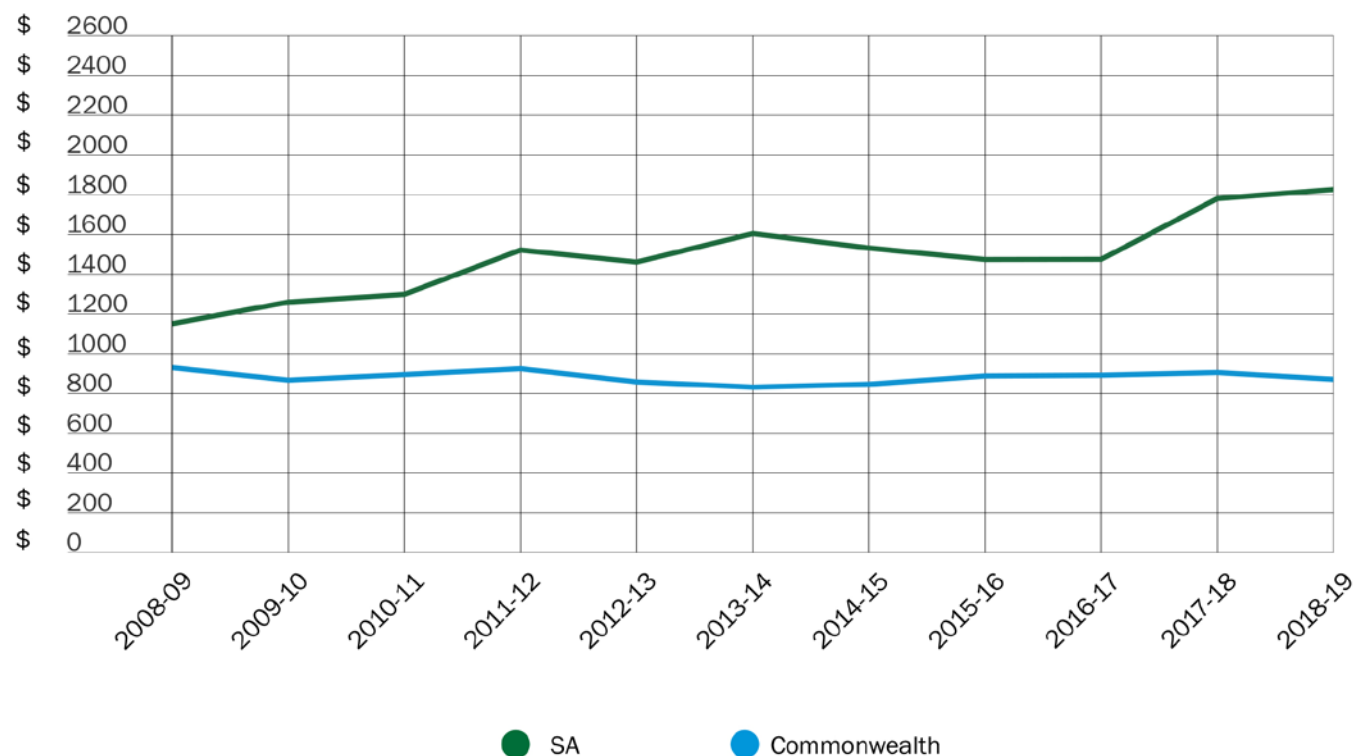


**Source:** The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2019-20: Australian hospital statistics  
2010-12 data not available

## Public hospital funding

The most recent public hospital funding data is for the year 2018-19 so is not yet 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) 2020, Health Expenditure Australia: 2008-09 to 2018-19 viewed 8 June 2021 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

	2008-09 to 2013-14	2013-14 to 2018-19	2008-09 to 2018-19
Commonwealth	-2.21%	0.93%	-0.65%
South Australia	6.88%	2.62%	4.73%

# TASMANIA

Dr Helen McArdle,  
President of AMA Tasmania



*We know that delivering health services is one of the most challenging jobs in an environment of ever-increasing demand, whether it be in our general practices, emergency departments, outpatient clinics, managing elective surgery lists, mental health services or drug and alcohol services, all of which are overstretched and on the brink of breaking down. Staff are overloaded and exhausted. Patients are not receiving care in a timely manner, and investment in vital modern integrated communication is lacking.*

*Within Tasmania, while the government has increased recurrent funding to health in more recent years, after having significantly cut health spending, our three major hospitals continue to suffer from growing demand. While there are plans currently underway to open additional beds; this relies on recruiting additional staff, a significant issue in Tasmania.*

*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 specialities.*

*Despite having nearly the highest level of public hospital beds per capita<sup>98</sup>, 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. Only 56 per cent of patients are seen within the clinically recommended time.*

*The COVID pandemic caused a temporary pause of most elective surgeries in 2020, exacerbating an already significant issue. An ever-increasing number of emergency patients needing theatre time, as well as the growing number of medical patients in surgical beds, has meant elective cases having to be cancelled.*

*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.*

*Bed block at the Royal Hobart and the Launceston General Hospitals continue to be extreme and are now experienced at an increasing level at the Northwest Regional Hospital.*

*Tasmania's hospital health system needs vision, reform, and significant investment, ideally via a single funder model to take hospital health services into the future that can respond to changes in demand from an older, sicker population.*

<sup>98</sup> Australian Institute of Health and Welfare (2021). Hospital Resources 2019-20

## Emergency department

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

Tasmania remained COVID-19 free until the first case was recorded on 2 March 2020. The Tasmanian government declared a Public Health Emergency on 17 March 2020 and banned mass gatherings. Three days later the Tasmanian border closed to all non-residents and non-essential travelers and by the end of March Tasmanians were ordered to stay at home other than shopping for essential supplies, going to school etc.<sup>99</sup> Tasmania's North-West region was locked down from 3 April to 5 May 2020 after a COVID-19 outbreak at the North West Regional and North West Private Hospitals.<sup>100 101</sup> Restrictions in Tasmania did not begin to ease until 11 May 2020 and were not fully lifted until 26 June 2020. Tasmanian borders remained shut until 24 July 2020.<sup>102</sup>

Australian Institute of Health and Welfare data shows from the beginning of the 2019-20 year, the volume of total emergency presentations (all triage categories) in Tasmania was tracking at similar levels to 2018-19. Between the week beginning 9 March to 13 April 2020 average daily presentations fell from 452 to 241 - a decline of 47 per cent.<sup>103</sup> Thereafter emergency presentations rose gradually to end the full 2019-20 financial year 7.4 per cent lower than 2018-19 levels.<sup>104</sup>

The decline in Tasmania's Urgent emergency presentations followed a similar pattern. Between the week beginning 9 March and 13 April 2020, average daily Urgent emergency presentations dropped from 161 to just 101 – a drop of 37 per cent<sup>105</sup> before rising again to finish the 2019-20 financial year 2.6 percent lower than 2018-19.<sup>106 107</sup>

99 Gutwein P 2020 press release Keeping Tasmanians safe, secure – stay home, save lives viewed 5 August 2021 [http://www.premier.tas.gov.au/releases/keeping\\_tasmanians\\_safe\\_and\\_secure\\_stay\\_home\\_save\\_lives](http://www.premier.tas.gov.au/releases/keeping_tasmanians_safe_and_secure_stay_home_save_lives)

100 Australian Parliamentary Library 2021, COVID-19: a chronology of state and territory government announcements, viewed 4 August 2021 [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements)

101 Independent Review of the Response to the North-West Tasmania COVID-19 Outbreak (2020) Final Report viewed 31 July 2021 [http://www.dpac.tas.gov.au/independent\\_review\\_of\\_the\\_response\\_to\\_the\\_north-west\\_tasmania\\_covid-19\\_outbreak](http://www.dpac.tas.gov.au/independent_review_of_the_response_to_the_north-west_tasmania_covid-19_outbreak)

102 Australian Parliamentary Library 2021, COVID-19: a chronology of state and territory government announcements, viewed 4 August 2021 [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements)

103 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>

104 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency Department care 2019-20 table 2.2 viewed 2 August 2021 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>

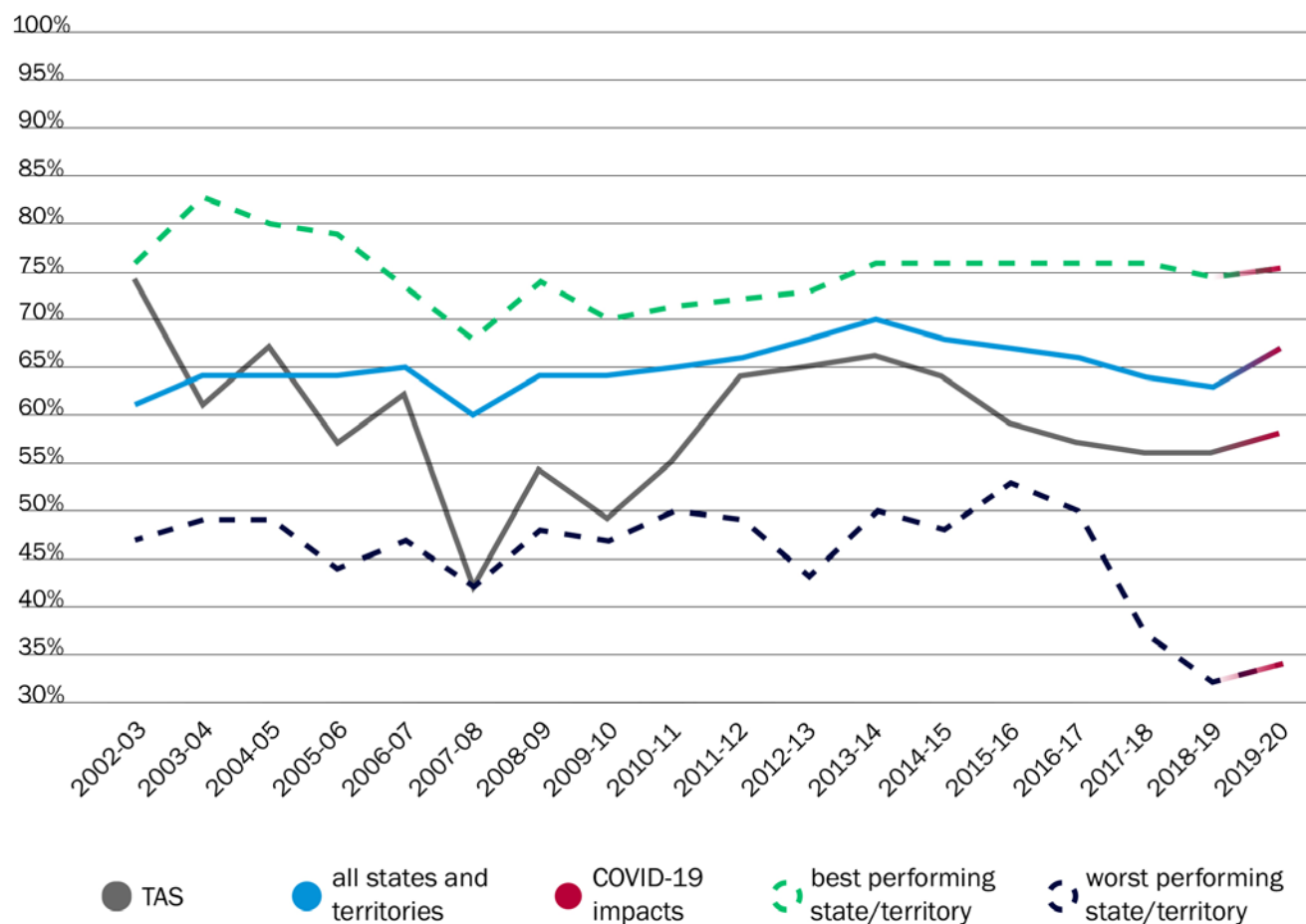
105 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency Department care 2019-20 viewed 2 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

106 Australian Institute of Health and Welfare 2020. 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>

107 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: Emergency Department care 2019-20 table S5.1 viewed 4 August 2021 <https://www.aihw.gov.au/getmedia/433cae4-043ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

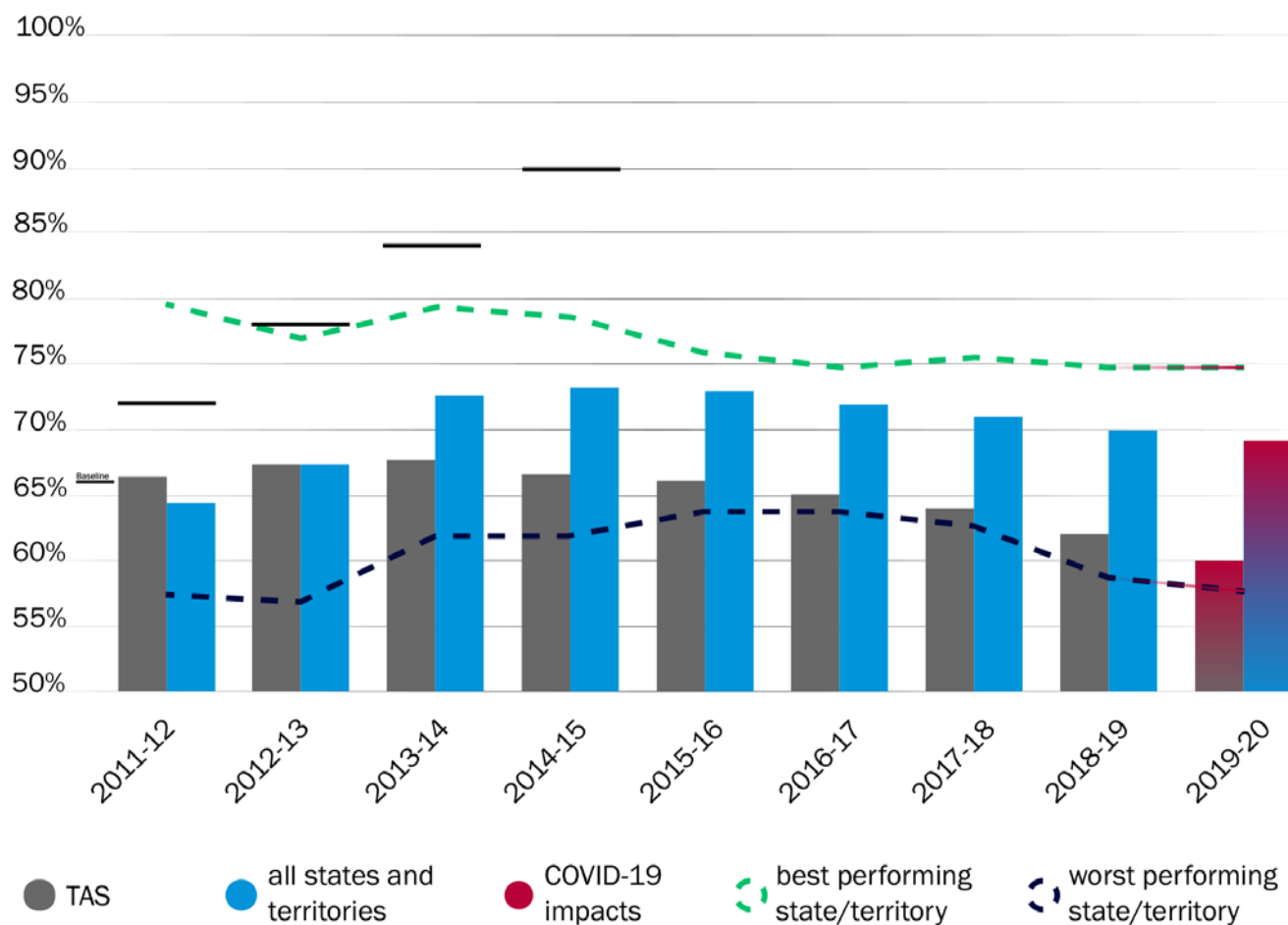
## Waiting times

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



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2019-20

## 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 2019-20): Australian hospital statistics.

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

# Elective surgery

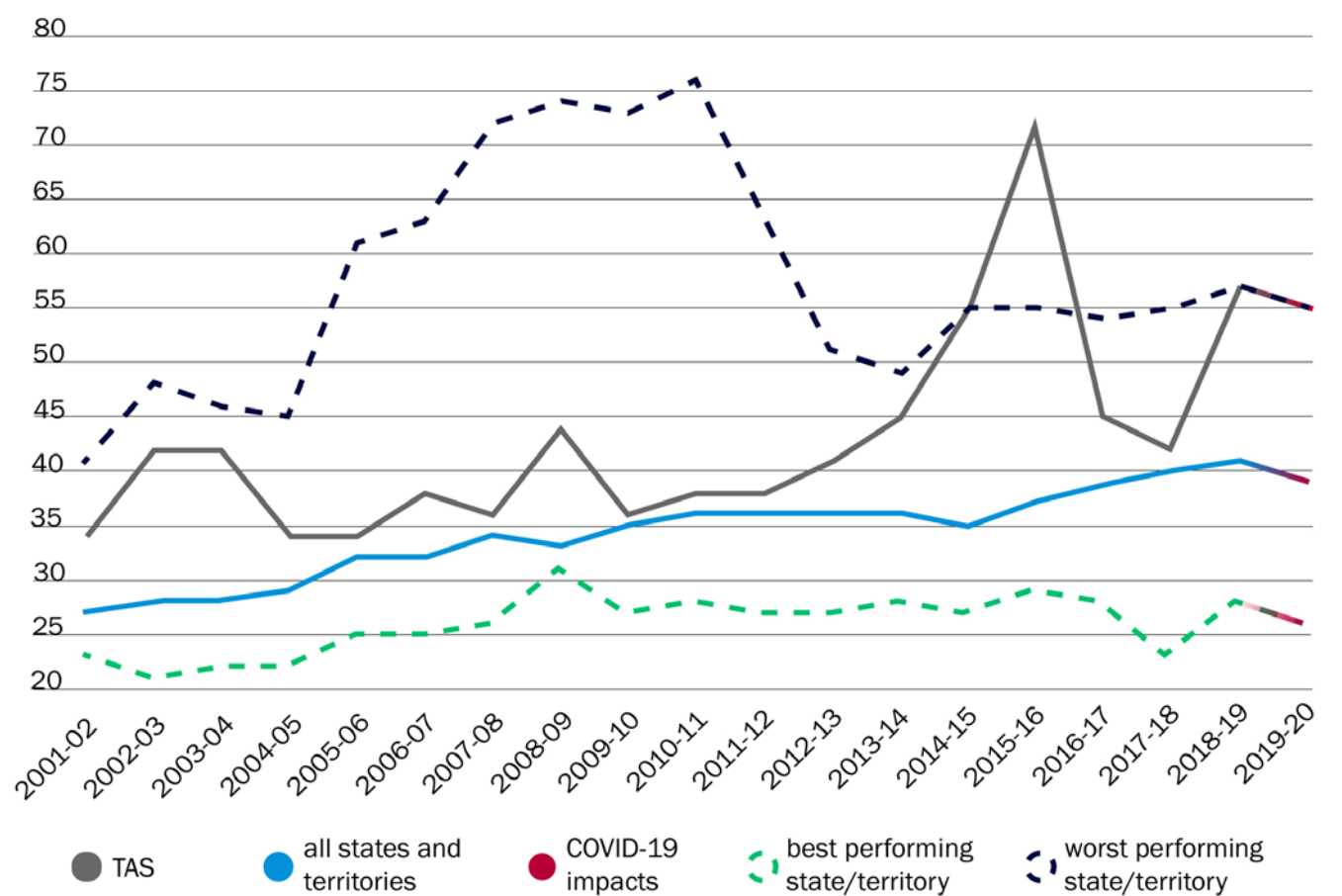
## Waiting times

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

Following the national decision to pause Category 2 and 3 elective surgery from 25 March 2020, Tasmania fully resumed elective surgery from 12 May 2020.<sup>108</sup>

The COVID-19 caused closure of the North-West Regional Hospital between 13 April 2020 and 4 May 2020<sup>109</sup> contributed to, but was not fully responsible for, a 15 per cent decline in Tasmania’s public hospital elective surgeries in 2019-20 compared to 2018-19.<sup>110 111</sup> Category 2 declined 17 per cent compared to 2018-19, while Category 3 surgeries declined the most - 31 per cent in 2019-20 compared to the previous year.

### Median waiting time for elective surgery (days) – Tasmania



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 2019-20): Australian hospital statistics

108 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](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#_Toc52275801)

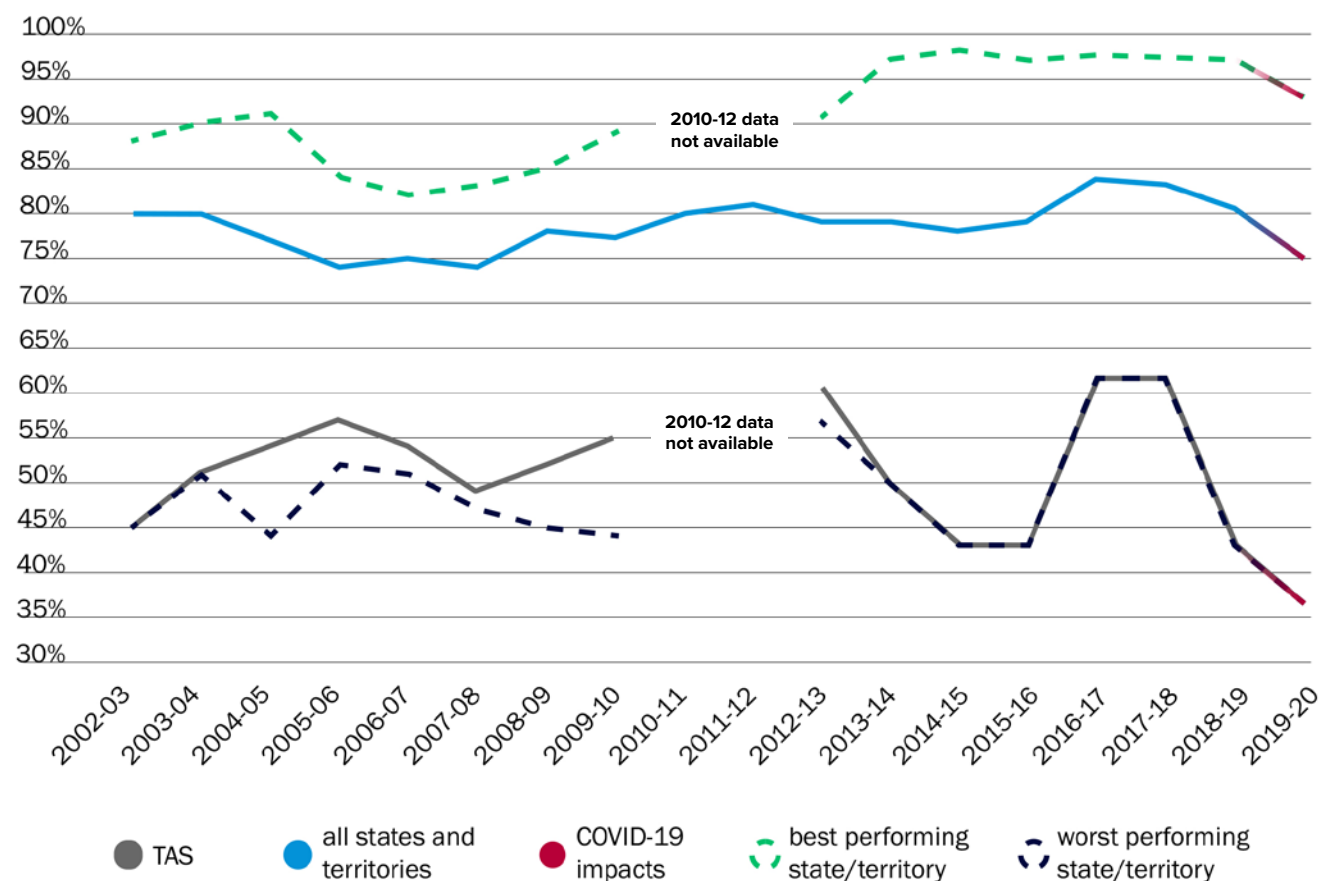
109 Tasmanian Government response to the Independent Review of the Response to the North-West COVID-19 Outbreak [http://www.dpac.tas.gov.au/independent\\_review\\_of\\_the\\_response\\_to\\_the\\_north-west\\_tasmania\\_covid-19\\_outbreak/submissions/tasmanian\\_government\\_response](http://www.dpac.tas.gov.au/independent_review_of_the_response_to_the_north-west_tasmania_covid-19_outbreak/submissions/tasmanian_government_response)

110 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2018-19 Table 4.16 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954fbc/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

111 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.16 viewed 5 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>

## Category 2 patients

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



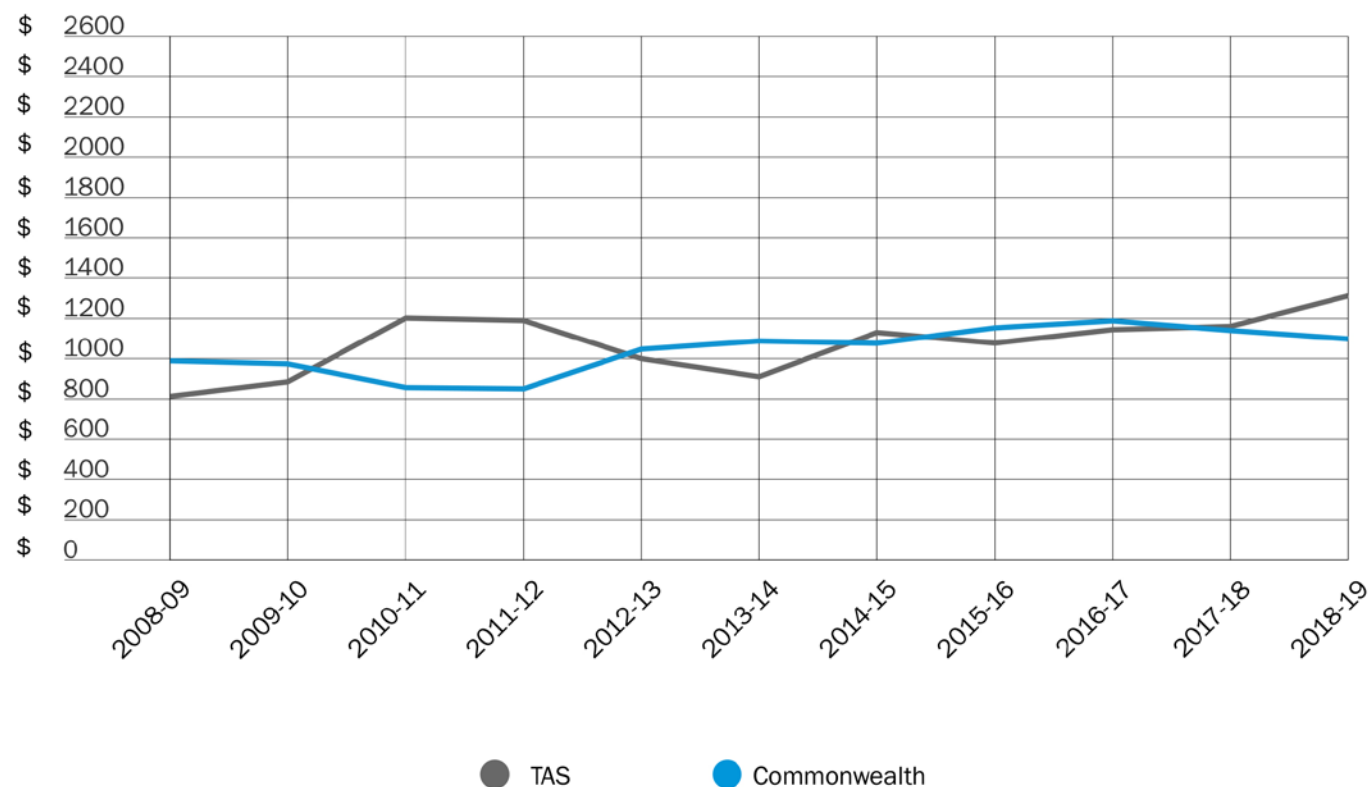
**Source:** The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2019-20: Australian hospital statistics  
2010-12 data not available



## Public hospital funding

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

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



**Source:** Australian Institute of Health and Welfare (AIHW) 2020, Health Expenditure Australia: 2008-09 to 2018-19 viewed 8 June 2021 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

	2008-09 to 2013-14	2013-14 to 2018-19	2008-09 to 2018-19
Commonwealth	1.92%	0.19%	1.05%
Tasmania	2.28%	7.59%	4.90%

# AUSTRALIAN CAPITAL TERRITORY

Prof Walter Abhayaratna,  
President of AMA Australian Capital Territory



*Regardless of the overall performance of the ACT in the 2019/20 year; it is important to remember that when COVID-19 threatened our community, the ACT Government, our community, and our healthcare system rose to the occasion. The committed performance of our doctors, nurses and other healthcare workers has confirmed that our healthcare system can respond in a timely and effective way to major threats. We responded as a team, adopting new ways to work cooperatively and communicate effectively.*

*Our collective efforts when threatened by COVID-19 shows that we can adapt and change the way we do things. The performance and funding of our healthcare system over more than a decade shows that we need to change, and that change needs to happen soon. On almost every performance indicator in this year's report, the ACT is at or near the bottom of the national ladder. This is incredibly frustrating for the clinicians who work in our healthcare system, doing their best, day in, day out. It should also be frustrating for those who govern our health system.*

*I know there is a desire and willingness to change and do better. What we need to work out is how we all come together - citizens, health service workers, the bureaucracy, and politicians - to honestly and transparently commit to a process of change. In the first instance, we need to commit to the long-term goal of excellence in the quality of healthcare in the Territory, including evidence-based planning to shape our future healthcare workforce. In the shorter term, this needn't be major change; it can be work to improve the integration of care, including better role delineation and co-ordination between our public hospitals. But we need to start soon, or else we will remain at or near the bottom of the national ladder.*

## Emergency department

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

The first case of COVID-19 patient in the Australian Capital Territory was announced on 12 March 2020.<sup>112</sup> Four days later a public health emergency was declared, and major tourist attractions were all but closed.<sup>113</sup> In line with the National Cabinet decision announced on 23 March 2020, the Australian Capital Territory closed all businesses attracting large groups of people including restaurants and cafes (takeaway/home delivery continued).<sup>114</sup> On the 29 March 2020 Australian Capital Territory residents were ordered to stay at home.<sup>115</sup>

Virus infections seven-day average peaked at 9 new cases on 28 March 2020 before petering out to very low case numbers for the rest of the 2019-20 financial year. Restrictions started to ease from 15 May 2020<sup>116</sup> but were not fully lifted until 10 July 2020.<sup>117</sup>

Australian Institute of Health and Welfare data shows prior to March 2020 the average daily volume of emergency presentations tracked along at similar levels to 2019. Between the week beginning 9 March and 30 March 2020, average daily emergency presentations dropped from 417 to 264 – a decline of 37 per cent. Thereafter emergency presentations rose again to finish the 2019-20 financial year -5.5 per cent lower than 2018-19.<sup>118</sup>

The decline in the Australian Capital Territory Urgent emergency presentations followed a similar pattern. Between the week beginning 2 March and 6 April 2020, average daily Urgent emergency presentations dropped from 183 to 116 – a 37 per cent decline<sup>119</sup> before rising again to finish the 2019-20 financial year 2.8 percent lower than 2018-19.<sup>120 121</sup>

112 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](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#_Toc52275801)

113 Stephen-Smith R (ACT Health Minister) *Public health emergency declared for ACT*, press release 16 March 2020 [https://www.cmtedd.act.gov.au/open\\_government/inform/act\\_government\\_media\\_releases/barr/2020/public-health-emergency-declared-for-act](https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/barr/2020/public-health-emergency-declared-for-act)

114 Barr A (ACT Chief Minister) *Statement*, media release 23 March 2020. [https://www.cmtedd.act.gov.au/open\\_government/inform/act\\_government\\_media\\_releases/barr/2020/state-ment-act-chief-minister2](https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/barr/2020/state-ment-act-chief-minister2)

115 Barr A (ACT Chief Minister) *Canberrans must stay at home unless essential*, media release 29 March 2020. [https://www.cmtedd.act.gov.au/open\\_government/inform/act\\_government\\_media\\_releases/barr/2020/act-chief-minister-statement-canberrans-must-stay-at-home-unless-essential](https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/barr/2020/act-chief-minister-statement-canberrans-must-stay-at-home-unless-essential)

116 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](https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/barr/2020/statement-chief-minister)

117 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](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)

118 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* table 2.2 viewed 2 August 2021 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>

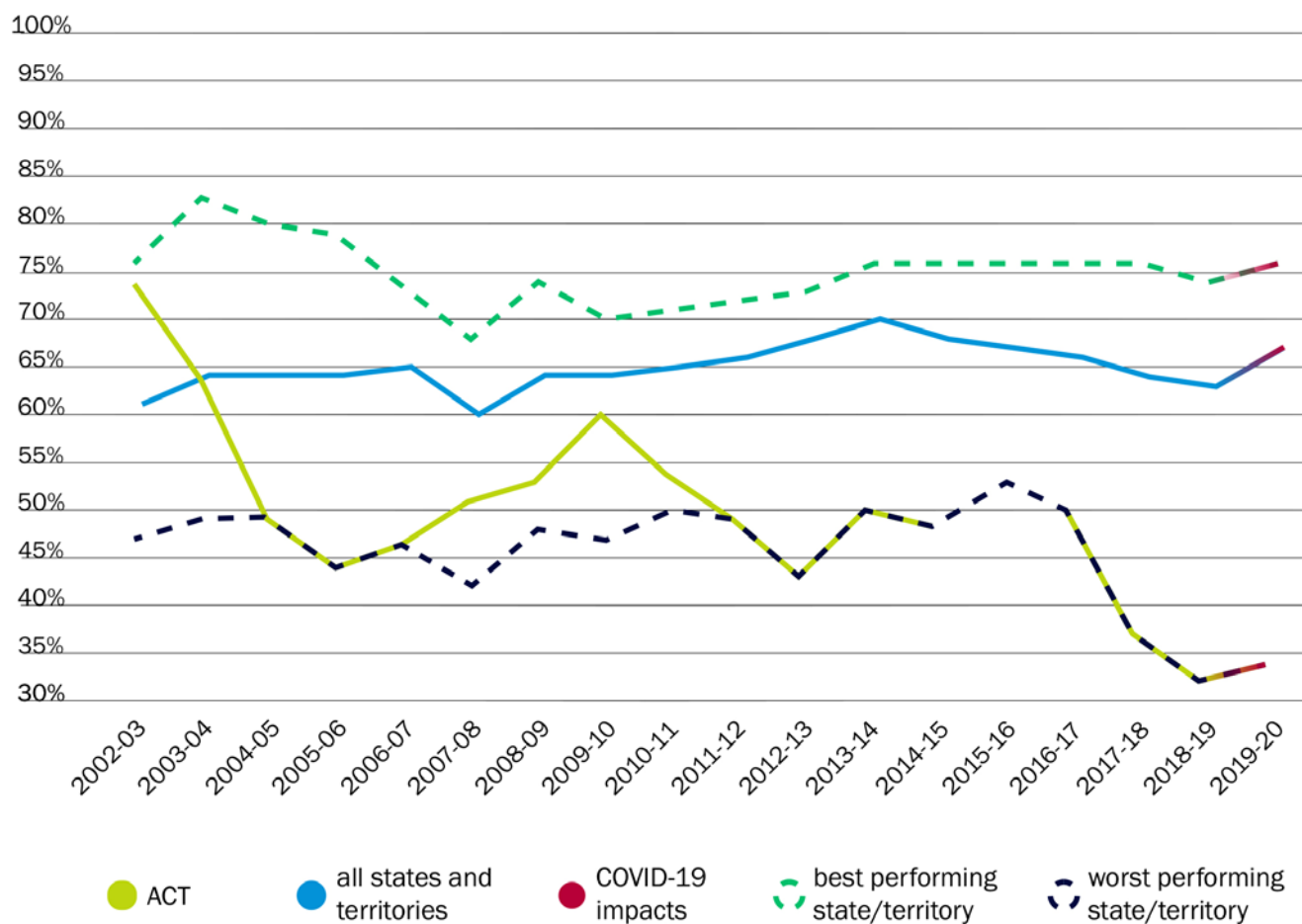
119 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* viewed 2 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

120 Australian Institute of Health and Welfare 2020. 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>

121 Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* table S5.1 viewed 4 August 2021 <https://www.aihw.gov.au/getmedia/433ca-ea4-03ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

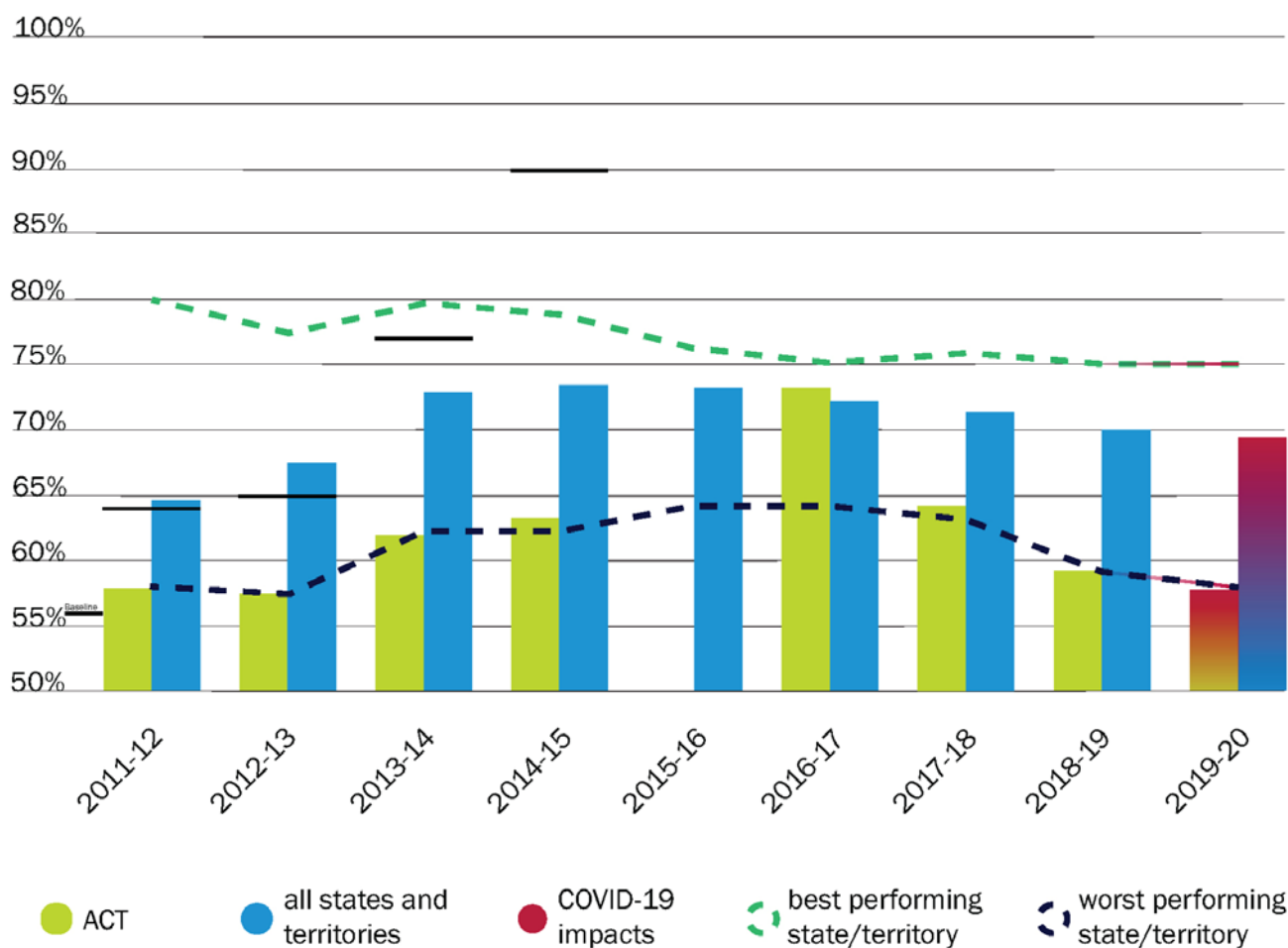
## Waiting times

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



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2019-20

## 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 2019-20): Australian hospital statistics.

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

## Elective surgery

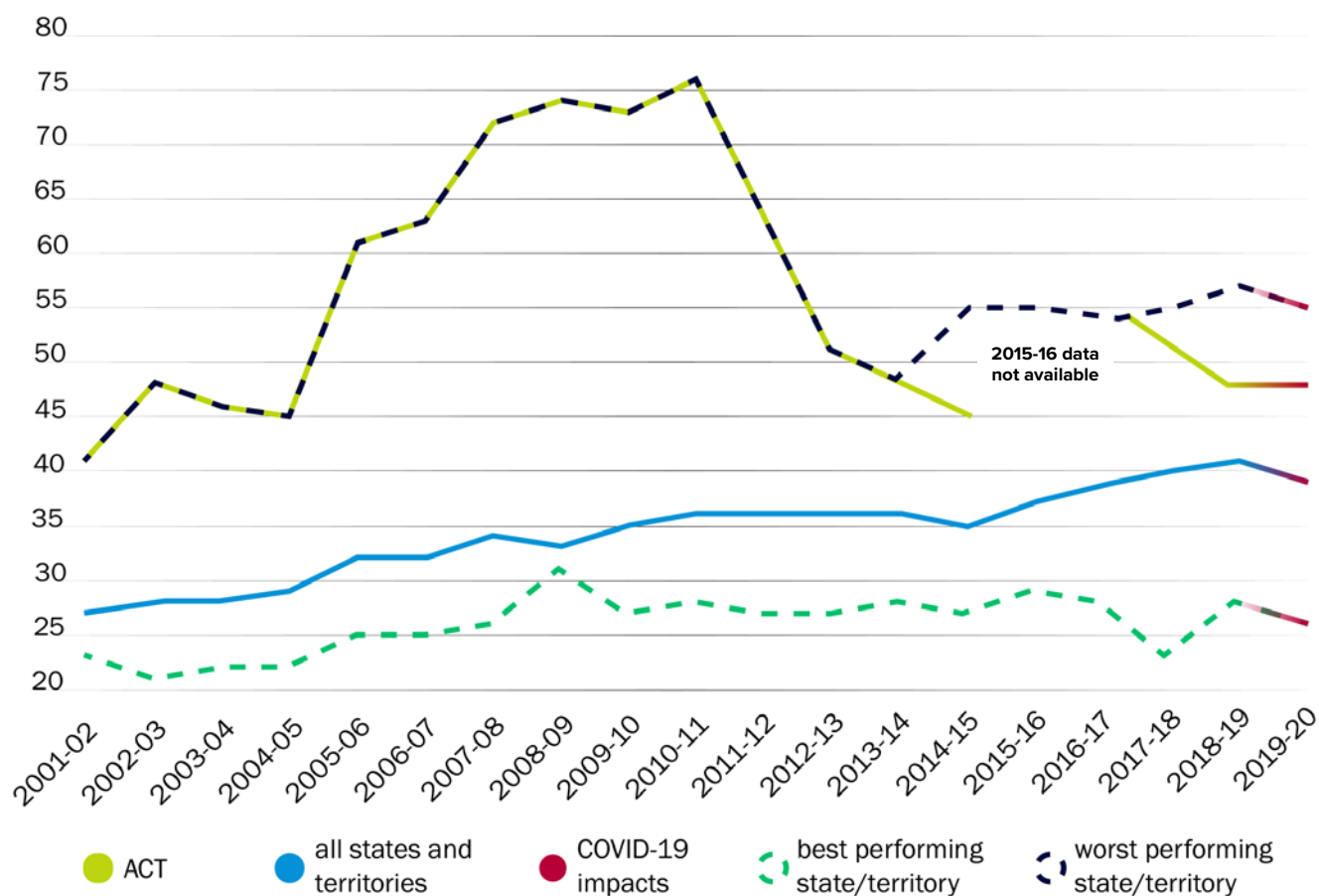
### Waiting times

#### 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 25 March 2020 and did not resume until 24 April 2020.<sup>122</sup>

The suspension caused an 8.1 per cent decline in total elective surgery volume in 2019-20 compared to 2018-19 levels. Category 2 and 3 declined the most, dropping 3 per cent and 21 per cent respectively.<sup>123 124</sup>

#### 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 2019-20): Australian hospital statistics

<sup>122</sup> 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](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#_Toc52275801)

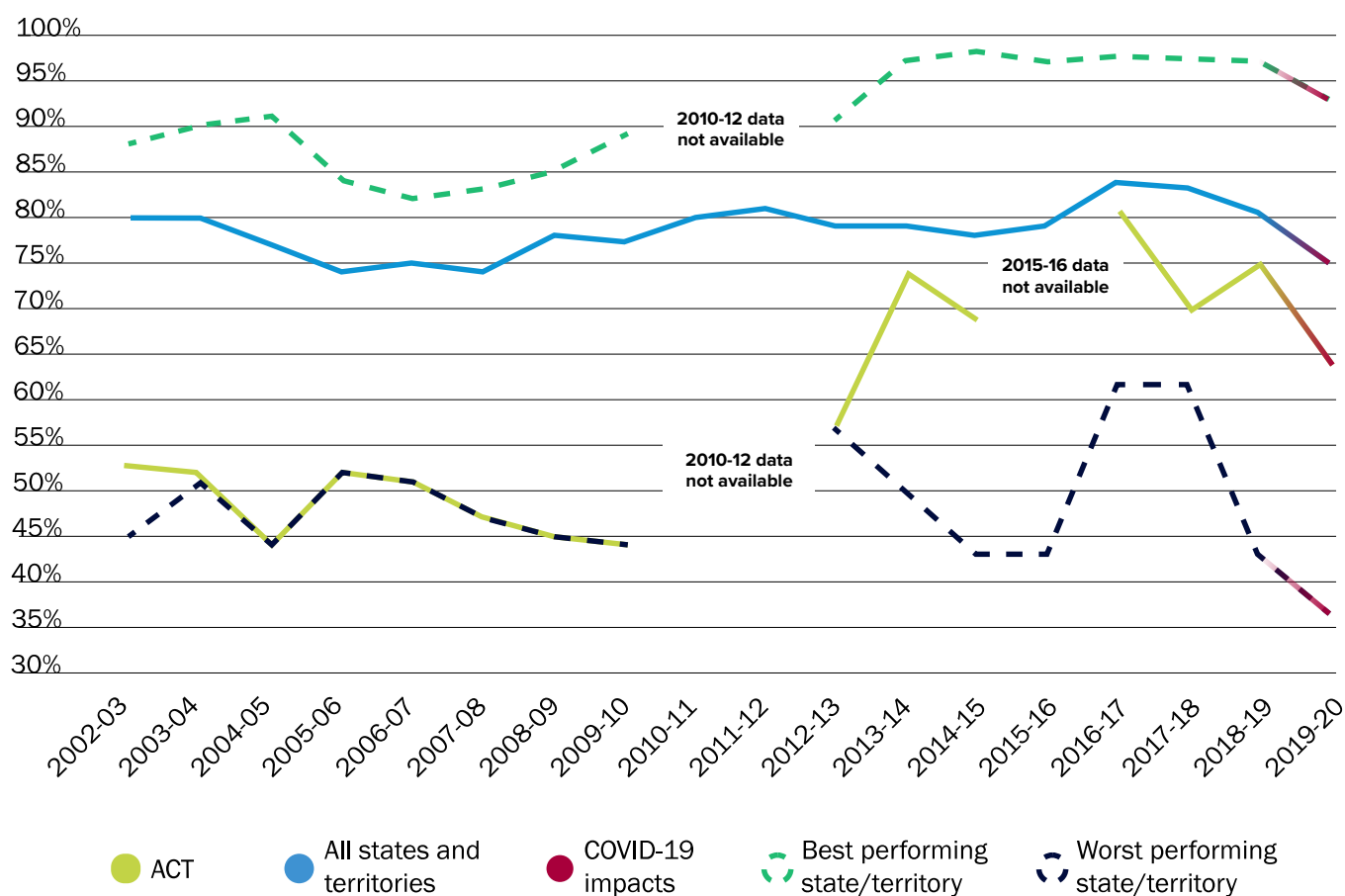
<sup>123</sup> Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2018-19 Table 4.17 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954fbc/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

<sup>124</sup> 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>

## Category 2 patients

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

Australian Capital Territory

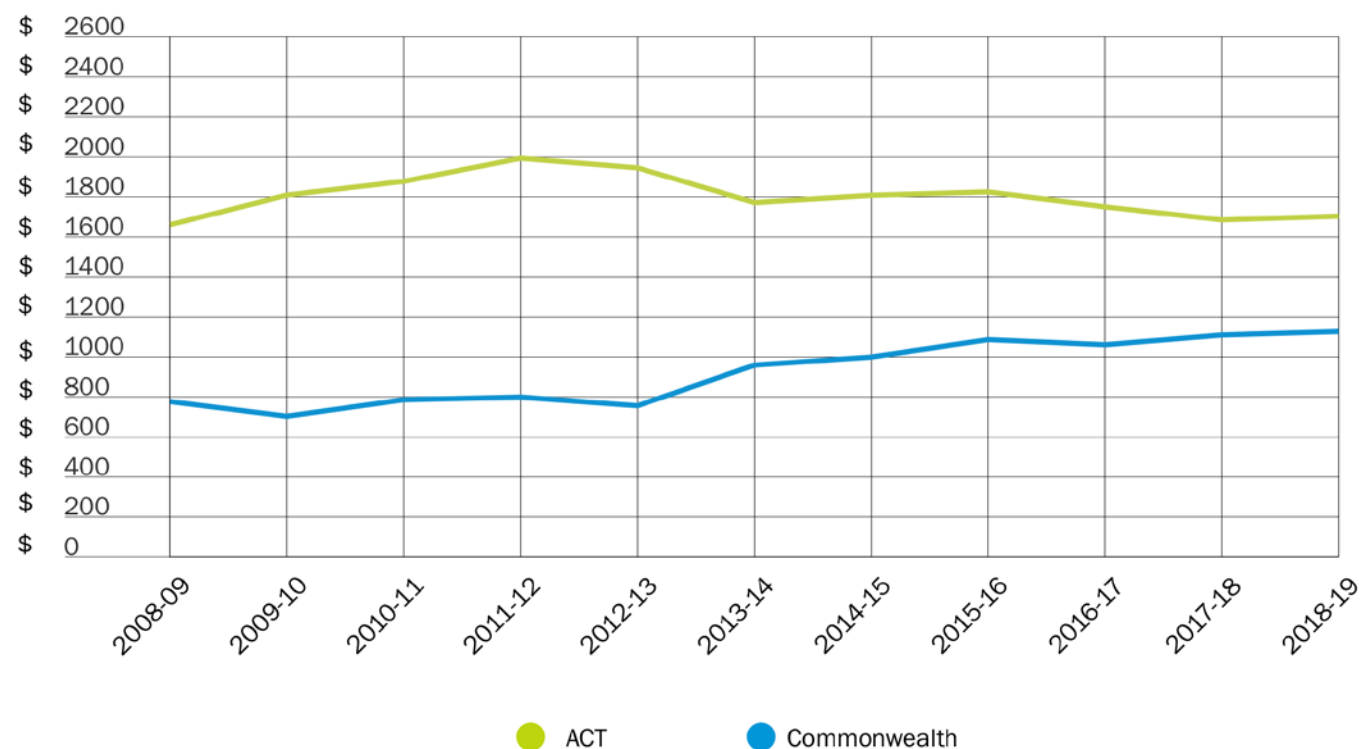


**Source:** The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2019-20: Australian hospital statistics  
2010-12 data not available

## Public hospital funding

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

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



**Source:** Australian Institute of Health and Welfare (AIHW) 2020, Health Expenditure Australia: 2008-09 to 2018-19 viewed 8 June 2021 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

	2008-09 to 2013-14	2013-14 to 2018-19	2008-09 to 2018-19
Commonwealth	4.30%	3.28%	3.79%
Australian Capital Territory	1.31%	-0.78%	0.26%



# NORTHERN TERRITORY

A/Prof Robert Parker,  
President of AMA Northern Territory



*The report shows even more pressure on NT hospitals in 2021 and this has been reflected in Royal Darwin and Palmerston Hospital having to elevate to a “Code Yellow” crisis situation at times. The issues with avoidable admissions and chronic underfunding of mental health services over many years have placed further pressure on existing hospital resources. The pressures on hospital ED’s have also placed significant pressure on surgical lists with some Territorians with renal failure waiting over a year to receive a year to receive a required vascath! The high cost of providing health to Territorians in remote and rural locations is also reflected in the increasing cost of providing healthcare.*

## Emergency department

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

Northern Territory recorded its first case of COVID-19 on 4 March 2020<sup>125</sup> and on 19 March 2020 a state of emergency was declared. A ban on most large gatherings was announced on 16 March 2020<sup>126</sup> followed soon after by a ban on entering remote communities to protect local residents from the virus.<sup>127</sup> On 23 March 2020 the government announced Northern Territory restaurants and cafes etc would have to close for an initial period of one month, but retail stores remained open.<sup>128</sup> State borders were effectively closed from 24 March 2020 apart from individuals or categories of individuals considered essential workers.<sup>129</sup>

On 30 March 2020 the Northern Territory adopted stay at home orders as agreed by National Cabinet. At the time there were 15 known positive COVID cases, and no community transmission.<sup>130</sup>

Public health measures started to ease from 1 May 2020 and by 15 May 2020 restaurants and other commercial activities incrementally opened so that by 5 June 2020 the Northern Territory had practically returned to business as usual, with COVID-19 Safety Plans in place. Internal border controls were lifted from 18 June 2020, but the Northern Territory borders remained closed until after the end of the 2019-20 financial year.<sup>131</sup>

Australian Institute of Health and Welfare data shows prior to 16 March 2020 Northern Territory emergency presentations (all urgency categories) were tracking above 2018-19 levels. Between the week beginning 9 March and 30 March 2020, average daily emergency presentations dropped from 535 to 321 - a drop of 40 per cent.<sup>132</sup> Thereafter emergency presentations had a lumpy recovery to end the full 2019-20 financial year just 0.2 per cent below 2018-19 levels.<sup>133</sup>

Between the week beginning 9 March and 23 March 2020, average daily Urgent Emergency presentations dropped from 163 to 115 – a drop of 29 per cent<sup>134</sup> before rising again to finish the 2019-20 financial year 5 percent higher than 2018-19.<sup>135 136</sup>

<sup>125</sup> <https://health.nt.gov.au/news/first-confirmed-covid-19-case-in-northern-territory>

<sup>126</sup> Moss L (Minister for Tourism, Sport and Culture) *Update on events affected by COVID-19 measures*, media statement 16 March 2020 <https://newsroom.nt.gov.au/mediaRelease/32096>

<sup>127</sup> Gunner M (Chief Minister of the Northern Territory) *Media statement – national cabinet*, 20 March 2020 <https://newsroom.nt.gov.au/mediaRelease/32110>

<sup>128</sup> Gunner M (Chief Minister of the Northern Territory) *Media statement – Statement from the Chief Minister*, 23 March 2020 <https://newsroom.nt.gov.au/mediaRelease/32113>

<sup>129</sup> Gunner M (Chief Minister of the Northern Territory) *Securing the borders to protect territorians*, media Statement 21 March 2020 <https://newsroom.nt.gov.au/mediaRelease/32111>

<sup>130</sup> Gunner M (Chief Minister of the Northern Territory) *Statement from the Chief Minister*, 30 March 2020 <https://www.fedcourt.gov.au/media/online-file/NSD464of2020/Tab88.pdf>

<sup>131</sup> 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>

<sup>132</sup> 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>

<sup>133</sup> Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* table 2.2 viewed 2 August 2021 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>

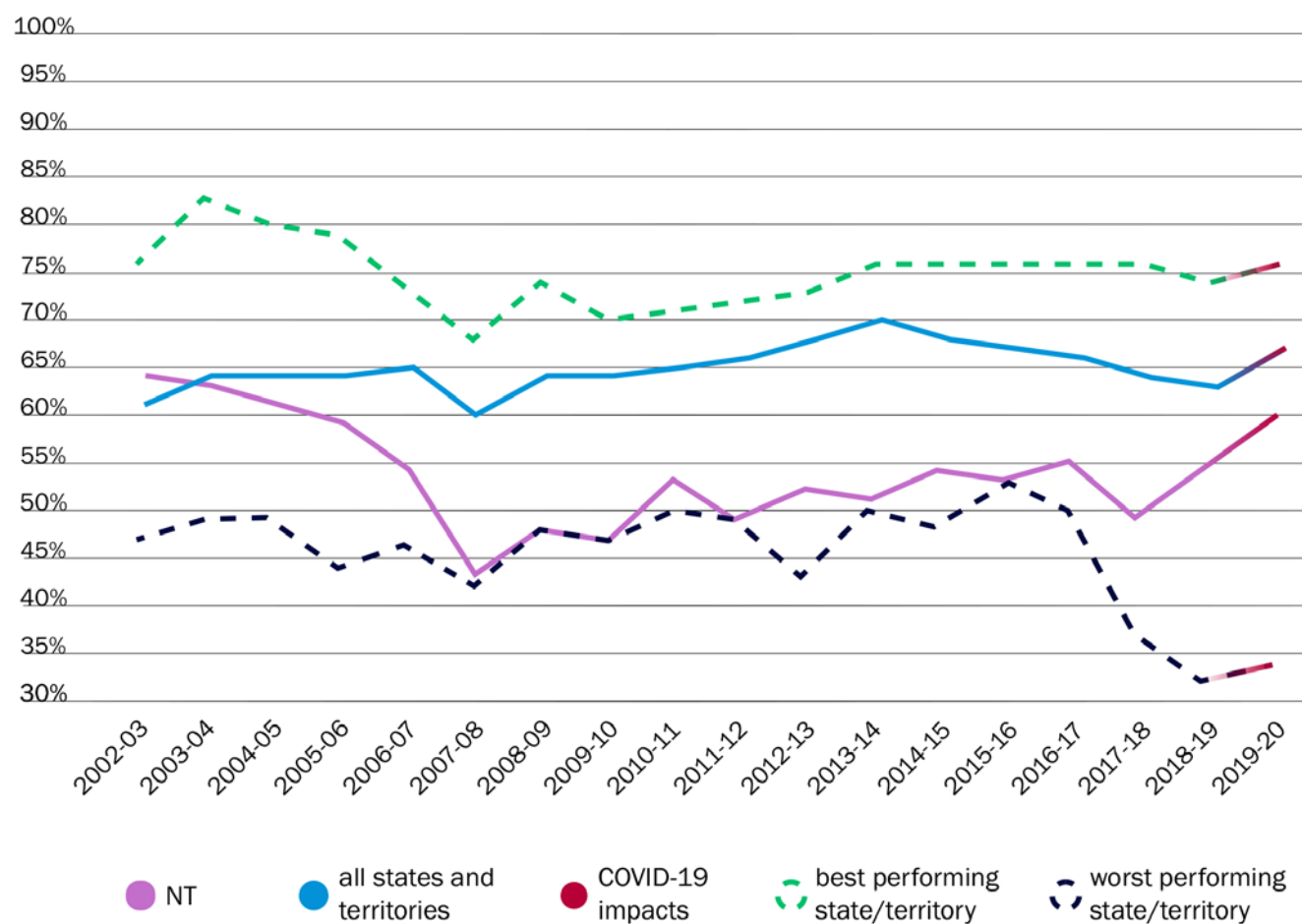
<sup>134</sup> Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* viewed 2 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/intersection/activity/ed>

<sup>135</sup> Australian Institute of Health and Welfare 2020. 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>

<sup>136</sup> Australian Institute of Health and Welfare 2021. Australian Hospital Statistics: *Emergency Department care 2019-20* table S5.1 viewed 4 August 2021 <https://www.aihw.gov.au/getmedia/433ca-ea4-03ff-4569-96ac-042f2844f29c/Emergency-department-care-2019-20.xlsx.aspx>

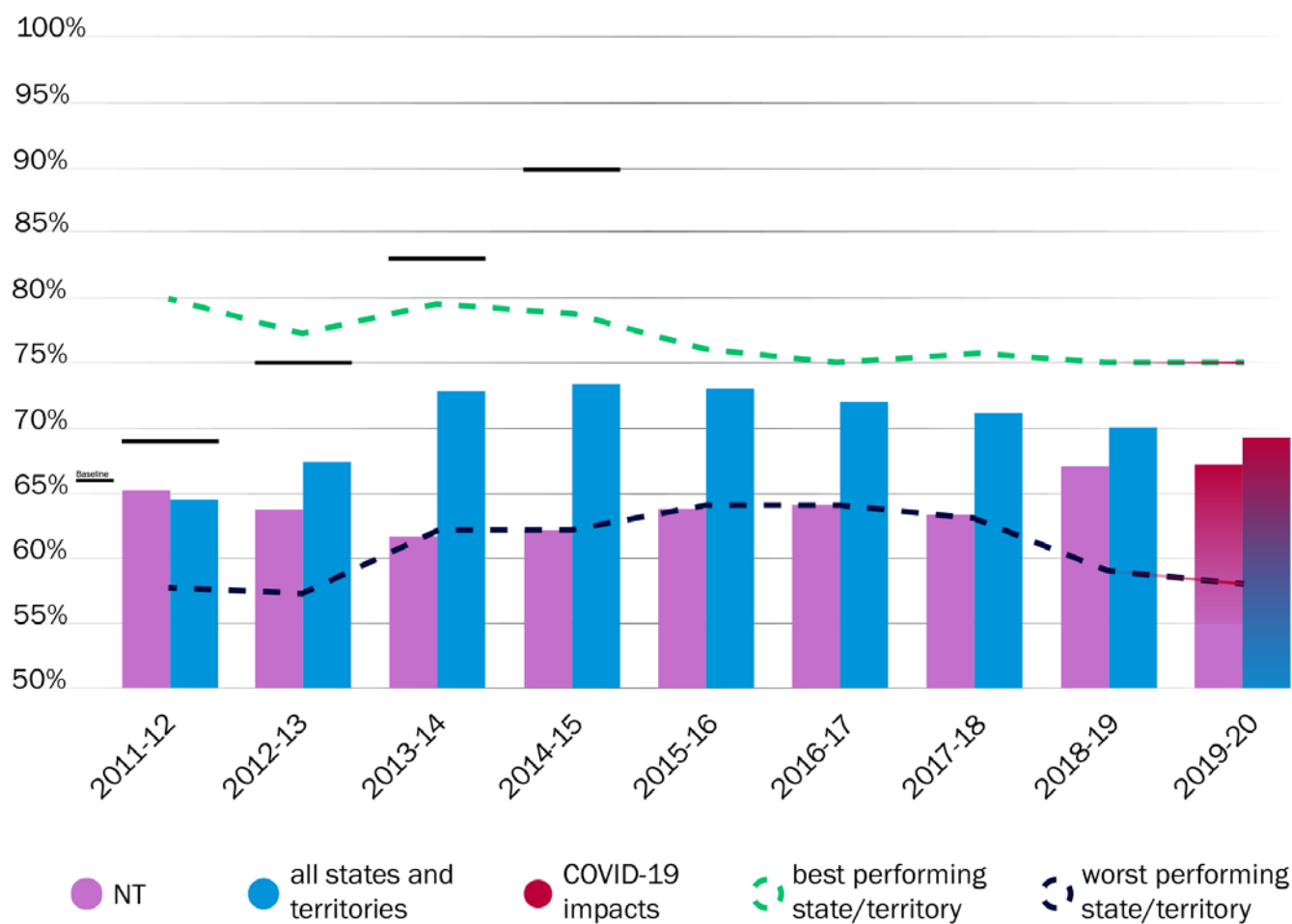
## Waiting times

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



Source: The State of our Public Hospitals (DOHA 2004-2010). Australian Institute of Health and Welfare (AIHW). Emergency department care 2010-2019-20

### 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 2019-20): Australian hospital statistics.

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

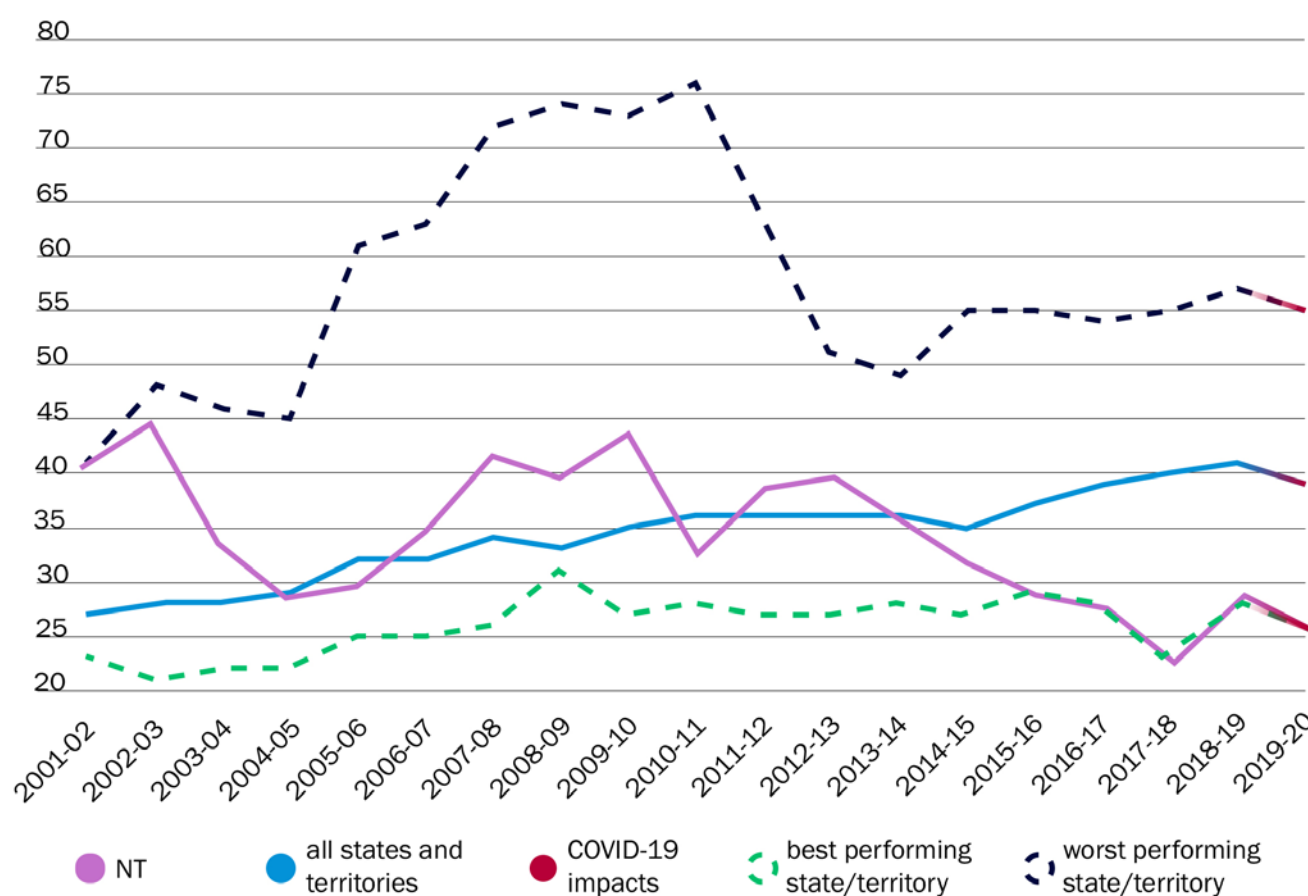
## Elective surgery

### Waiting times

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

Despite low case numbers throughout the first half of 2020, Category 2 and 3 elective surgeries in the Northern Territory public hospitals were suspended from 25 March 2020. Category 2 surgeries resumed on 29 April 2020.<sup>137 138</sup> The one-month suspension meant the volume of total elective surgery admissions in 2019-20 was 2.4 per cent lower than 2018-19.<sup>139 140</sup> 2019-20 levels of Category 2 and 3 elective surgeries were respectively 9 per cent and 3 per cent lower than the previous year.<sup>141 142</sup>

#### Median waiting time for elective surgery (days) – Northern 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 2019-20): Australian hospital statistics

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139 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>

140 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.18 viewed 5 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>

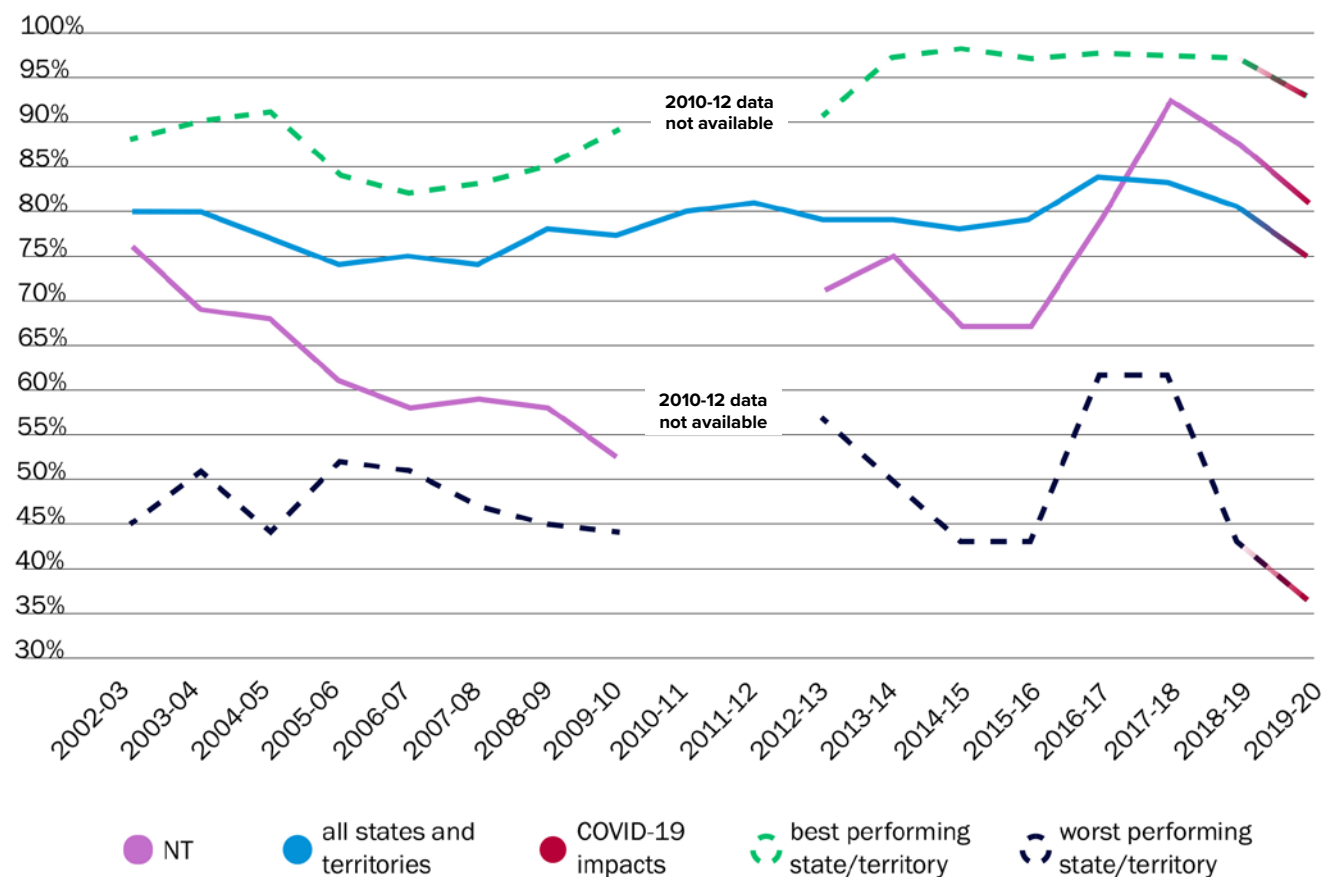
141 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2018-19 Table 4.18 viewed 5 August 2021 <https://www.aihw.gov.au/getmedia/5042f8a8-4711-455a-9c6d-60650f954f8e/Elective-surgery-waiting-times-2018-19.xlsx.aspx>

142 Australian Institute of Health and Welfare (2021). Australian Hospital Statistics: Elective surgery waiting times 2019-20 Table 4.18 viewed 5 August 2021 <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>

## Category 2 patients

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

Northern Territory

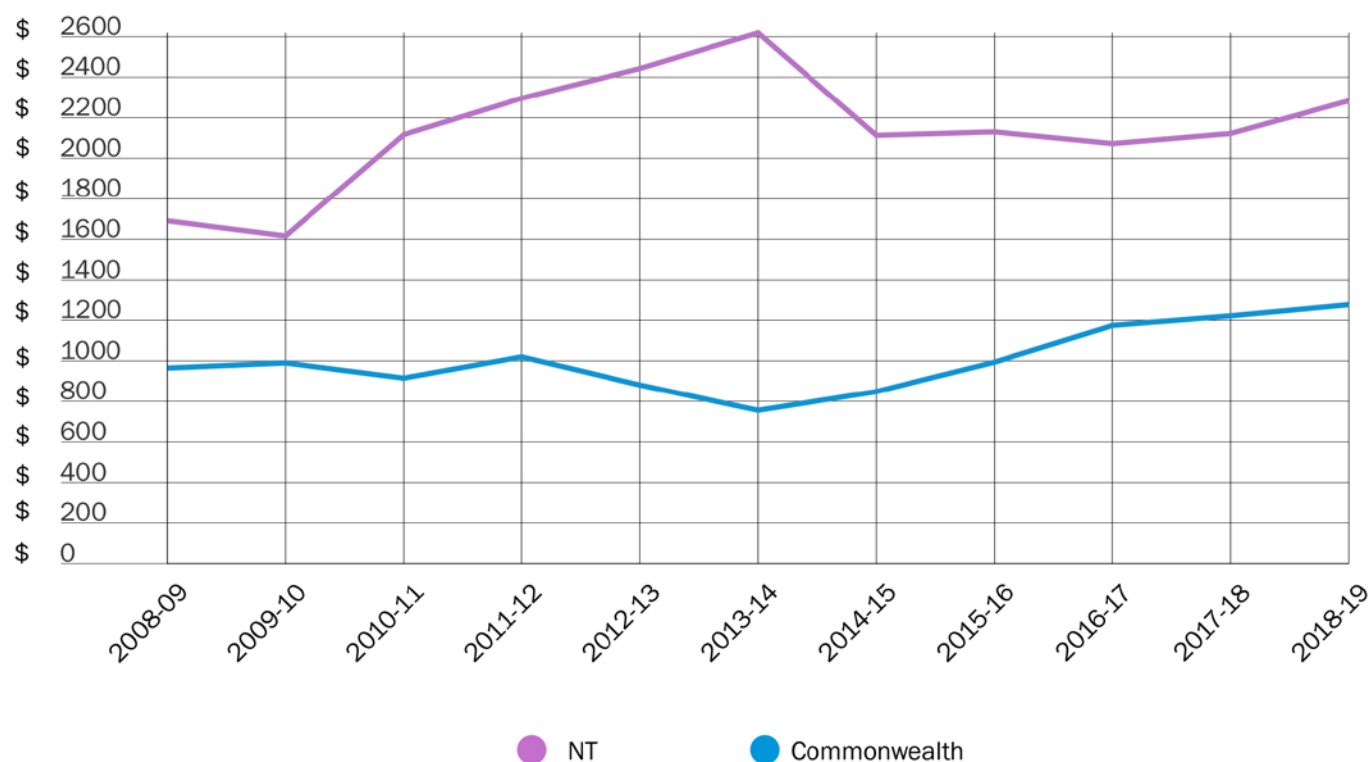


**Source:** The State of Our Public Hospitals (DoHA 2004-2010) FOI request reference 253-1001 lodged June 2011. 2011-12 estimate based on State and Territory Government published data; State and Territory data for 2012 calendar year published by Australian Institute of Health and Welfare (AIHW) National emergency access and elective surgery targets 2012: Australian hospital statistics. Australian Institute of Health and Welfare (AIHW) Elective surgery waiting times 2013-14 to 2019-20: Australian hospital statistics  
2010-12 data not available

## 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) 2020, Health Expenditure Australia: 2008-09 to 2018-19 viewed 8 June 2021 <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2018-19/contents/data-visualisation>

	2008-09 to 2013-14	2013-14 to 2018-19	2008-09 to 2018-19
Commonwealth	-4.77%	11.06%	2.84%
Northern Territory	9.14%	-2.70%	3.05%

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