



2024 Public Hospital Report Card

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President's introduction



Professor Steve Robson
Federal AMA President

The AMA Public Hospital Report Card uses data from the Australian Institute of Health and Welfare to present a snapshot of Australia's public hospital performance. We publish this annual report card to highlight areas of concern in our public hospital system and ensure health ministers are focused on fixing the problems.

2024 is an incredibly important year for Australia's public hospitals. After a decade of declining performance, health ministers late last year agreed to a new funding model for public hospitals that will see the Commonwealth increase its share of the funding and change the cap on funding growth. These were key asks in the [AMA's Clear the Logjam campaign](#).

How this welcome investment is used will be determined by health ministers over the coming months as they consider the findings of [the Mid-Term Review of the National Health Reform Agreement \(NHRA\) Addendum 2020-2025](#) and negotiate the next NHRA. Health ministers must commit to genuine reform to improve our public hospitals.

We need to see the next NHRA include greater support for public hospitals to push for improved performance, with performance-based funding designed to incentivise improved patient outcomes. We need stronger alignment across our health system, including better integration with NDIS and aged care. We also need proper investment in primary care and intermediate care to alleviate the burden on our public hospitals while improving the wellbeing of Australians.

Unfortunately, this year's report card shows that our hospitals are at breaking point. We cannot wait until the next NHRA in 2025 to act.

Emergency department (ED) wait times tell us how quickly patients are seen when they present to an ED. Across the country, hospital bed block is creating a situation where our EDs cannot move patients through, leading to wait times continuing to blow out.

Incredibly, the 2022–23 national average of patients seen on time was the lowest figure in the past ten years across the four categories of Emergency (68 per cent), Urgent (58 per cent on time), Semi Urgent (68 per cent), and Non-Urgent (88 per cent).

President's introduction

Planned surgery, otherwise known as elective surgery, is a fundamental part of addressing and preventing serious sickness for Australians. The longer people wait for surgery, the more they are exposed to unnecessary pain, and a greater likelihood the seriousness of their ailment worsens. Unfortunately, median wait times for planned surgery are at their longest on record at 49 days, which is 22 days longer than reported in 2003. Even though a much lower proportion of our population is being admitted to Category 2 surgery than five years ago, the proportion of people being admitted within the recommended timeframe has again fallen to the lowest point on record.

Capacity within our public hospitals is falling across the board, but it is even more serious when viewed through the lens of an ageing population. The proportion of public hospital beds for every Australian over 65 has yet again fallen to the lowest point on record at just 14.3 beds per 1000 population, compared to 32.5 beds in 1991–92.

It is clear for anyone to see — the numbers point to a system in dire need of urgent attention. This is why the AMA is calling for federal and state governments to invest \$4.12 billion in a national plan to address the growing and increasingly critical backlog of planned surgeries until the new funding agreement is implemented.

The AMA is advocating for these reforms at every level. We will continue to push for funding and policies to support access for our patients and protect our overworked doctors and other hospital staff.



Professor Steve Robson

Performance indicators and terminology used in this report card

The AMA uses the following indicators to measure the performance of Australian public hospitals:

- Public hospital capacity:
 - The number of available public hospital beds relative to the size of the Australian population, including available public hospital beds per 1,000 people aged 65 years and over.
- Emergency department waiting and treatment times:
 - proportion of patients seen within the clinically recommended timeframes set by the Australian Triage Scale, maximum waiting time for medical assessment and treatment:
 - Category 1 - Immediate treatment
 - Category 2 - 10 minutes
 - Category 3 - 30 minutes
 - Category 4 - 60 minutes
 - Category 5 - 120 minutes
 - length of stay for emergency department care — the proportion of presentations where the length of the emergency department stay (from entering the hospital to physically leaving the hospital) is 4 hours or less.
- Planned surgery waiting and treatment times:
 - the median waiting time for planned surgery — number of days within which 50 per cent of patients were admitted for their planned surgical procedure
 - the percentage of Category 2 patients — clinically indicated to be treated/receive surgery within 90 days, treated within the clinically recommended timeframe.
- Funding for public hospitals
 - public hospital expenditure per person (constant prices).

Due to the potential misunderstanding of the term “elective” in the broader public, this report card uses the term “planned surgery” instead of “elective surgery” to highlight the medical necessity of the surgery that is required to improve the patient’s health and wellbeing. This surgery is planned in accordance with the triage scale and the health system’s capacity, as opposed it being something that is the patient’s choice and may not be seen as necessary.

Please see page 45 for a guide of data and references used throughout the report card.

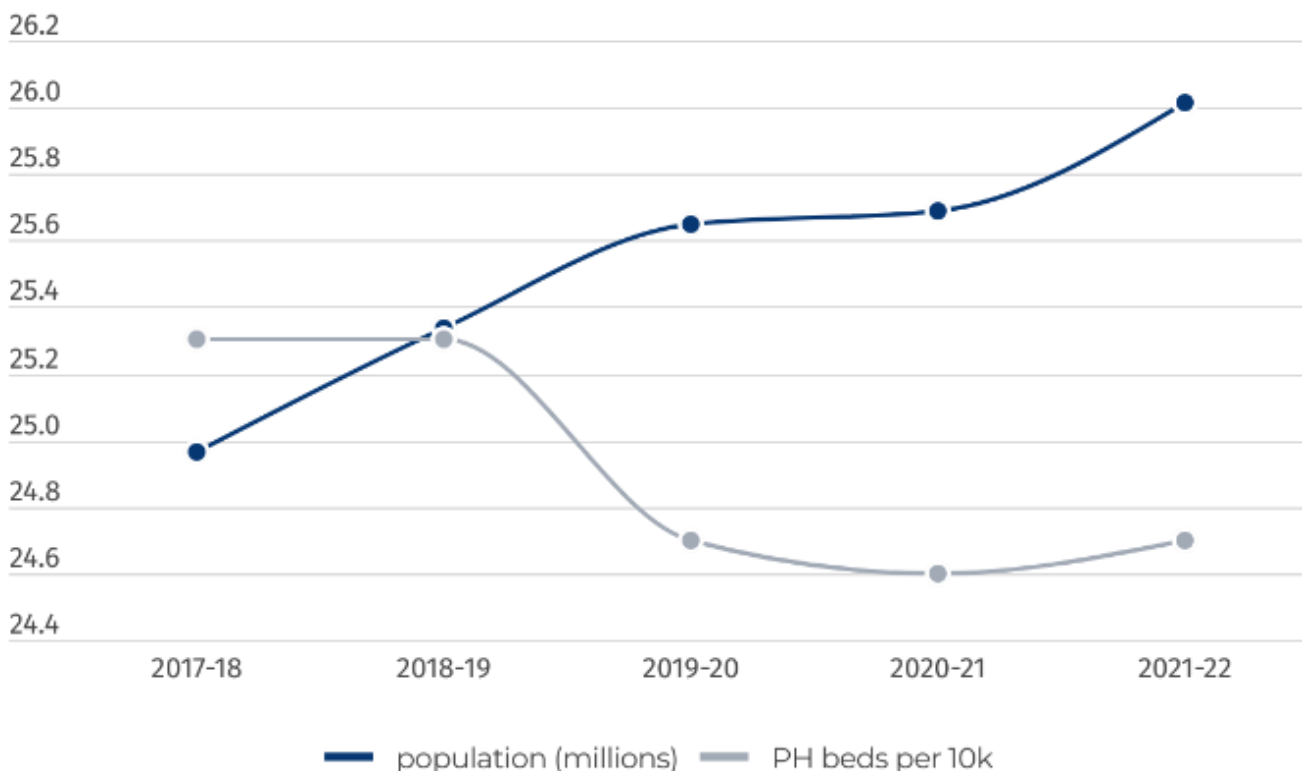
National public hospital performance

Public hospital capacity

The most important prerequisite to receiving care in a public hospital is an available bed. Without enough beds and physical resources, hospitals frequently experience “access block”, where sick patients must wait for others to be discharged before they can receive proper care. Despite the world-class doctors and nurses staffing our public hospitals, their ability to deliver the care that sick Australians deserve relies on hospitals having sufficient capacity.

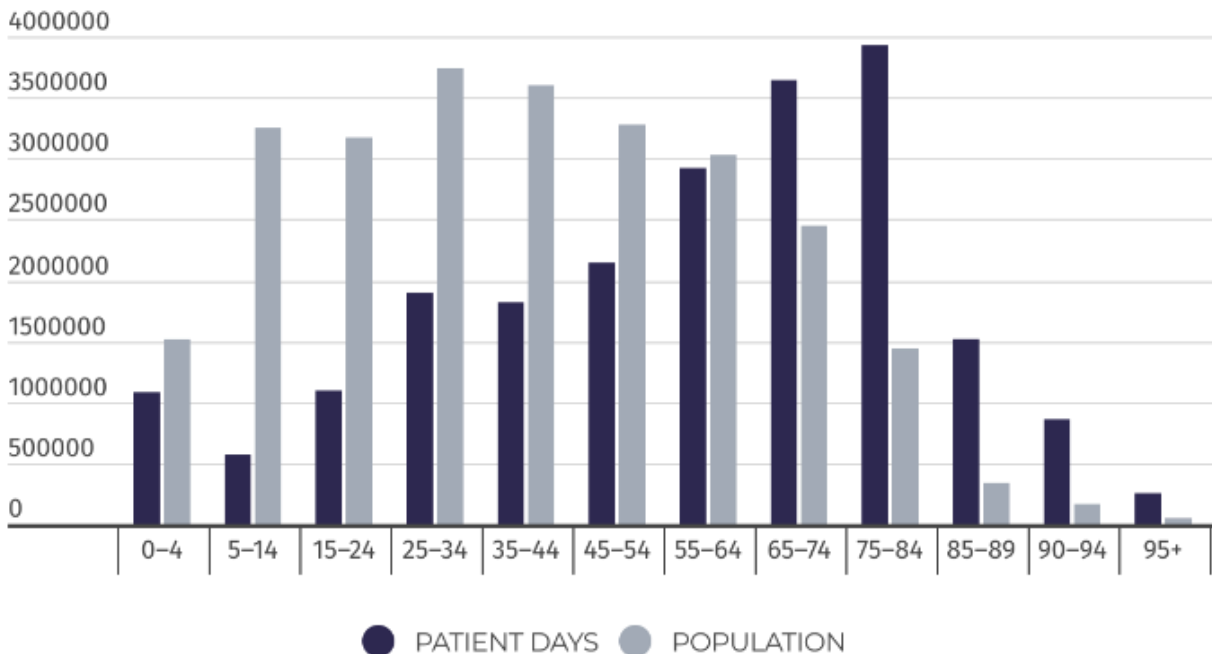
While the number of public hospital beds in Australia has slowly been increasing over time, our population has been growing much faster. In total, 1,220 new public hospital beds became available between 2017–18 to 2021–22 (from 62,224 to 63,444), yet our population grew by more than a million people over the same period. Unfortunately, this means we have only installed **11.6 new beds for every 10,000 new Australians since 2017–18, far below our capacity of 25.3 beds for every 10,000 Australians as of 2017–18.**

Figure 1: Australian population compared to public hospital beds for every 10,000 Australians



Not only is our current system not keeping up with overall population growth, but it is also failing to keep up with our changing demographics. Following the trend of most Western countries, Australia’s population is getting older, as people are living longer lives and reproduction rates fall. As demonstrated in figure 2, older Australians disproportionately use the public hospital system more often and for longer than younger Australians.

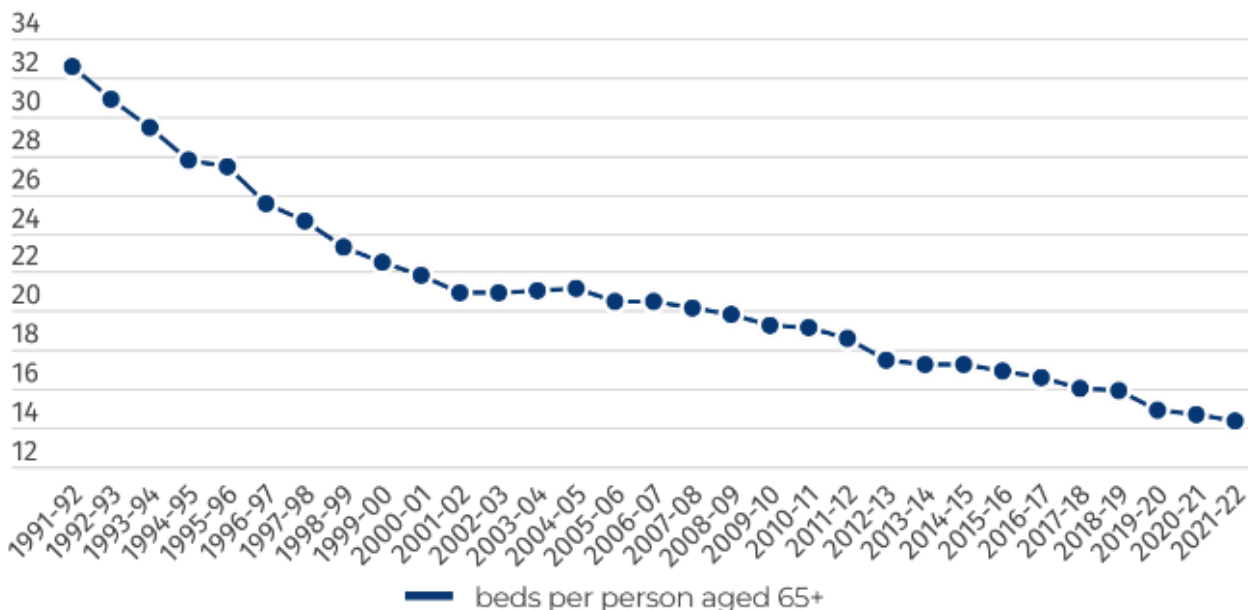
Figure 2: Population compared to public hospital patient days – by age (2021–22)



According to ABS data, Australians over 65 represented 17.1 per cent of Australia’s total population in 2022 (compared to 15.9 per cent in 2019), yet this portion of our population represented over 40 per cent of total separations from public hospitals in 2021–22, and 47 per cent of the total patient days occupying beds within public hospitals. This highlights the inevitability that **as the number of older Australians continues to rise, so will the workload of Australia’s public hospital system increase.**

The most recent data show that the number of beds per 1000 Australians aged over 65 has again fallen to the lowest number on record, down to 14.3. Without immediate investment into the capacity of our public health system, this long-term decline will continue, impacting the ability of both young and old Australians to access the public hospital care they deserve.

Figure 3; Australian public hospital beds per 1000 population, aged 65 and over



National public hospital performance

Emergency department waiting times

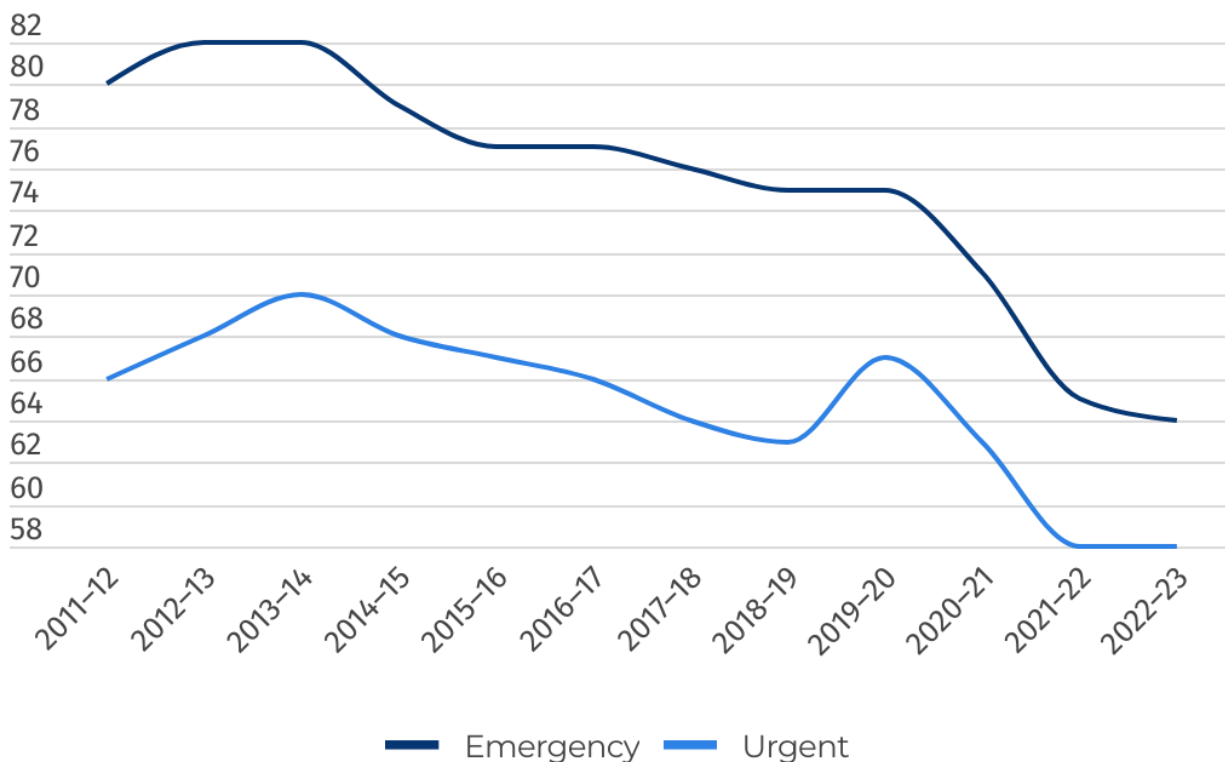
The public hospital system’s ability to address emergency department presentations in a timely manner is a key indicator of its health. Australians who require emergency treatment should expect to be seen within the recommended timeframe.

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

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

Unfortunately, fewer emergency department patients are being seen on time. This is particularly true in Category 2 (emergency - under 10 minutes) and Category 3 (urgent - under 30 minutes), as demonstrated in Figure 4.

Figure 4; National proportion of ED patients seen on time



The data are clear, the ability of our public hospital system to treat patients on time is falling, and has been falling since well before the impact of COVID-19.

While the percentage of Category 1 (resuscitation – within two minutes) patients seen on time has remained at 100 per cent, Category 4 and 5 performance has also failed to improve over the last ten years. **The 2022–23 national average of patients seen on time was the lowest figure in the past ten years across the four categories of Emergency (68 per cent seen on time), Urgent (58 per cent seen on time), Semi Urgent (68 per cent seen on time), Non-Urgent (88 per cent seen on time).**

Figure 5: National percentage of emergency department visits completed in four hours or less

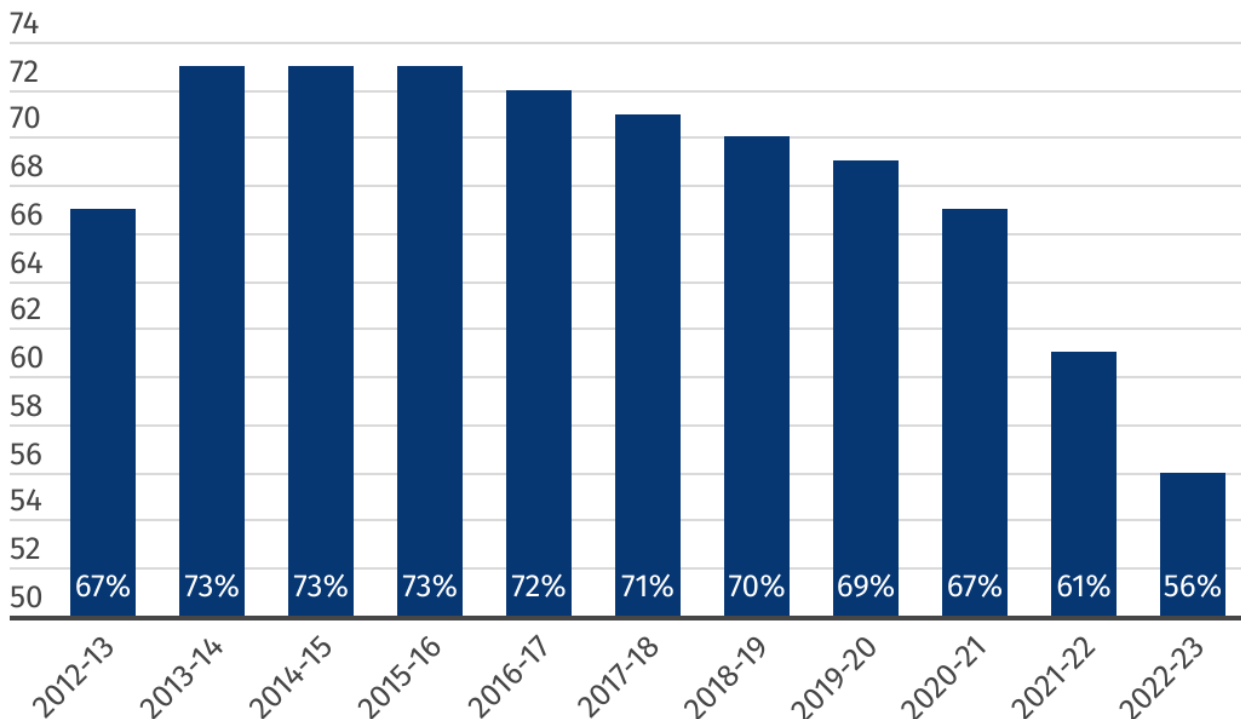


Figure 5 shows that in 2022–23, the proportion of people in all triage categories who completed their emergency presentation within four hours or less was at 56 per cent, representing a fall of 5 per cent since last year, the lowest number since 2011 and a fall of over 14 per cent since pre-pandemic levels. The visit is counted as completed within four hours if a patient departs the emergency department within four hours of arrival.

Notably, the best performing jurisdiction in 2022–23 under the four-hour rule, Northern Territory at 61 per cent, would have been the worst performing state/territory just five years prior in 2017–18, where the poorest performance was 63 per cent of visits completed within four hours, and the national average was 71 per cent.

National public hospital performance

Planned surgery waiting times

Planned surgery is any form of surgery considered medically necessary, but which can be delayed for at least 24 hours. The AMA uses the term “planned surgery” rather than “elective surgery” to avoid confusion about the necessity of these procedures. Planned surgeries are essential and include lifesaving procedures, diagnostic procedures and procedures which will restore basic functions for patients — they are not elective for patients, they are essential.

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

- *the median waiting time for planned surgery*
- *the percentage of patients treated within the clinically recommended times.*

While the detrimental effect of COVID-19 across the health system must still be acknowledged, this report card will not include a dedicated report on the pandemic’s impact as in the previous reports. Performance indicators have been falling across the board since well before 2020, and long-standing performance issues cannot be attributed to COVID-19.

Figure 6: Median waiting time for elective surgery (days)



The median waiting time for planned surgery indicates the number of days within which 50 per cent of patients were admitted for their planned procedure. This means half of the patients had a shorter wait time than the median, and half had a longer waiting time. Unfortunately, the record improvement in planned surgery wait times seen in the year to 2021–22 has been immediately negated, as the median national planned surgery wait time has increased to the highest on record. The nine day increase between 2021–22 to 2022–23 represents the equal highest jump on record, matched only by the period directly impacted by COVID-19. Australians are now waiting almost twice as long on average for planned surgery than they were 20 years ago.

Figure 7 – National Category 2 planned surgery admissions — proportion of patients seen on time compared to moving average of surgeries completed per person

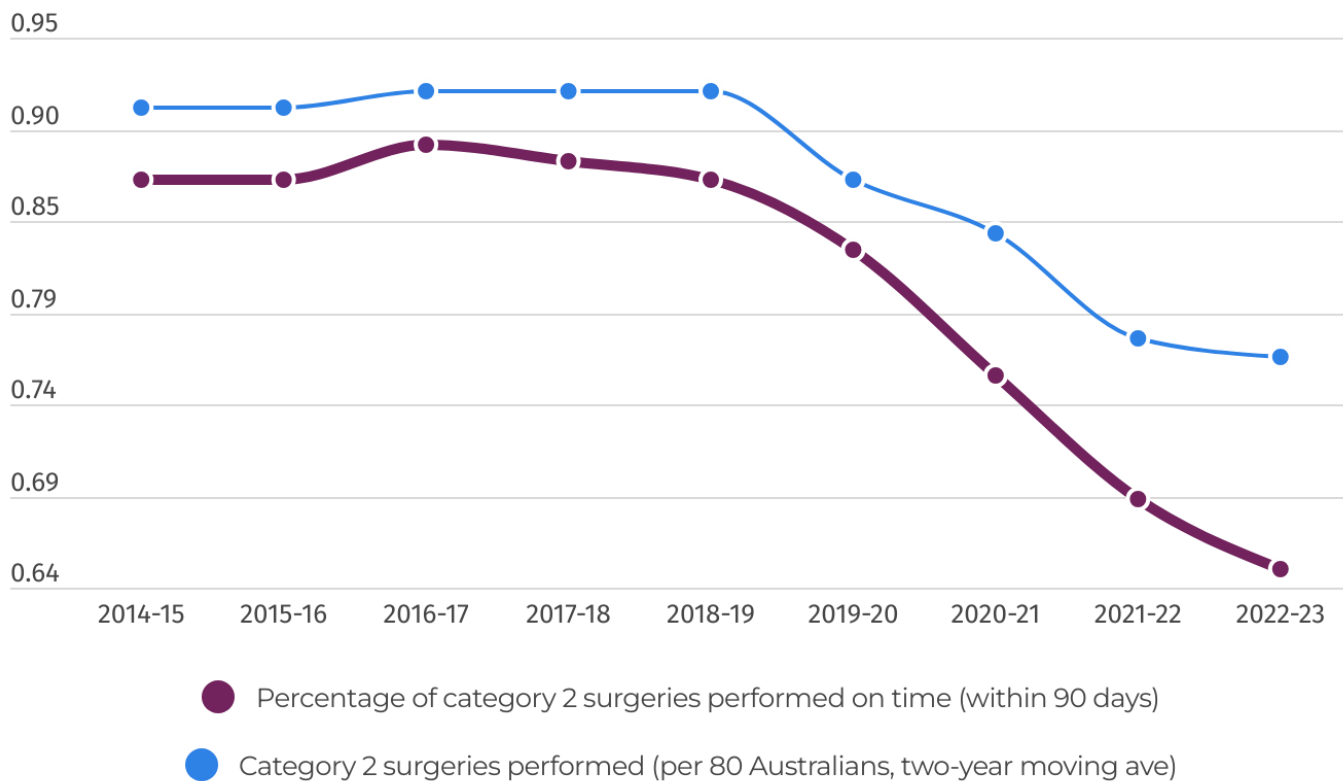


Figure 7 demonstrates that the proportion of Category 2 patients admitted within the recommended 90-day timeframe has fallen yet again, while the number of Category 2 surgeries performed per person has also been falling. This means that across Australia, fewer surgeries are being performed on time, even as fewer patients receive surgery.

The national proportion of individuals receiving Category 2 planned surgery on time has fallen 23 per cent in just five years. In the meantime, the number of Category 2 surgeries performed per every 80 Australians has fallen from 0.915 to 0.837 over that same period, with the two-year moving average of Cat 2 surgeries per population trending sharply downward as demonstrated in figure 7.

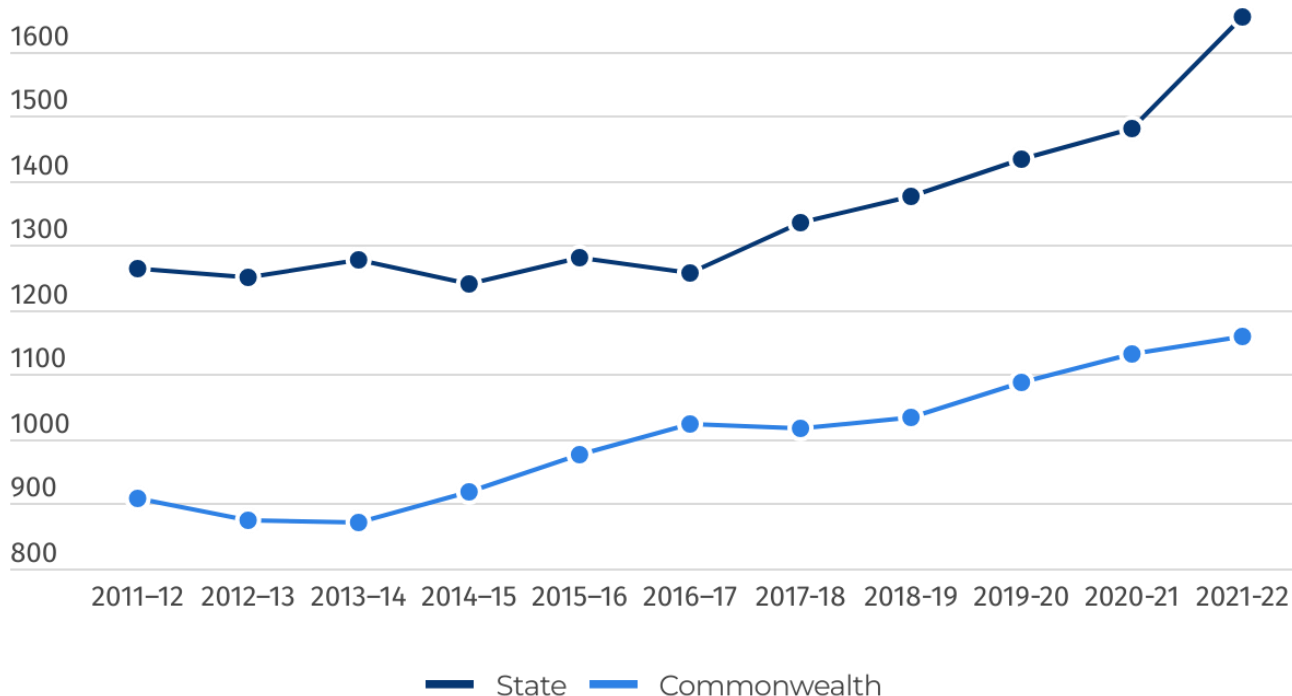
Examples of Category 2 planned surgeries include heart valve replacements, congenital cardiac defects, curettage nerve decompression and surgery of fractures that won't heal. These surgeries are not elective or cosmetic. They are essential, and every day of waiting can bring serious pain and increased risks to patients.

National public hospital performance

Public hospital expenditure

In 2021–22 (latest data), per person funding for public hospital resources across Australia has seen a major jump in the contribution of state and territory governments, contrasted by another small increase from the Commonwealth Government.

Figure 8 – National public hospital expenditure, per person (constant prices)



While funding for public hospitals is gradually increasing, performance continues to decline, and a disproportionate funding burden continues to fall on state and territory governments. Funding arrangements require a refreshed approach to ensure that we are appropriately investing in the healthcare of Australia’s population.

Figure 9: Per person average annual percent increase in public hospital funding by government source (constant prices)

	2011–12 to 2021–22	2011–12 to 2016–17	2016–17 to 2021–22
Commonwealth	2.23%	2.03%	2.07%
All states and territories	2.47%	-0.10%	4.67%

State-by-state public hospital performance

National overview

This section of the report includes performance information for each state and territory. A summary of state and territory performance as per the four key metrics analysed at a national level is shown in table 1. It represents data from 2022–23 compared to the previous year.

As shown in table 1, the performance for most states and territories declined in the past reporting period (✗ indicates a fall of more than 1 per cent, ✓ indicates an improvement of more than 1 per cent). Table 2 compares each jurisdiction to the national average (▲ indicates above average performance, ▼ indicates below average performance).

Some key takeaways are:

- New South Wales, despite being the overall best performing state, was one of two states (alongside Western Australia) to have a performance decline across all four performance metrics.
- The only jurisdictions to have more than one area of gain in performance were the Northern Territory and Tasmania. While positive, Tasmania still sits well below the national averages in most metrics.
- 22 out of 32 (69 per cent) of the state-by-state performance measures saw a decline in the past reporting period.

Table 1: State and territory performance 2022–23 compared to the previous year

	Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
New South Wales	✗	✗	✗	✗
Victoria	✓	✗	✗	✗
Queensland	✓	✗	✗	✗
Western Australia	✗	✗	✗	✗
South Australia	✗	✗	=	=
Tasmania	✓	✗	✓	✓
ACT	✓	✗	✗	✗
NT	✗	✓	✓	✓

Table 2: State and territory performance 2022–23 compared to national average

	Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
New South Wales	▲	▲	▼	▲
Victoria	▲	▼	▲	▼
Queensland	▲	▼	▲	▲
Western Australia	▼	▲	▼	▲
South Australia	▼	▼	=	▼
Tasmania	▼	▼	▼	▼
ACT	▼	▼	=	▼
Northern Territory	▼	▲	▲	=

NEW SOUTH WALES



Dr Michael Bonning
President, AMA NSW

The New South Wales health system has repeatedly been recognised as one of the most effective systems in Australia. It is built upon the day-to-day heroism of doctors and other healthcare workers. Despite its strengths, the NSW public hospital system risks losing its status if it is not possible to attract and retain doctors to work in it.

The workforce pressures that have been apparent for some time were exacerbated by the COVID-19 pandemic, and by the growing differential between the terms and conditions available under VMO, Staff Specialist and doctor-in-training arrangements, compared to those offered by other states and territories and the private system.

As a result, patients wait for treatment, for surgery, appointments and basic care because of under-resourcing and an attitude that our system is “good enough”. The current workforce is exhausted due to chronic understaffing.

In addition, NSW doctors are amongst the lowest paid in Australia, as the government continues to fail to address the need for reform of terms and conditions. Award conditions must be updated to attract and retain staff in the NSW public hospital system.

In September, the state’s health system was dealt a further blow by the newly elected Minns government’s first budget. It included a mere 0.87 per cent increase in health spending, an amount which, after health indexation, amounts to a dire funding cut.

According to the 2024 Public Hospital Report Card, the NSW health system’s performance fell across the board. Despite being the best performing state overall, in 2023 the state reclaimed the unwanted title of longest median wait time for planned surgery.

Patient outcomes worsened for the percentage of emergency department Category 3 patients seen within 30 minutes, the proportion of patients leaving the emergency department within four hours or less, median waiting time for planned surgery and the percentage of Category 2 patients seen on time (90 days).

These figures should be a wakeup call for the NSW government. The health system is crumbling under unprecedented demand, while staff try to manage with fewer health dollars.

There is a view that health is a cost to be managed, as opposed to an investment to be made, which has resulted in a healthcare system that responds to poor health outcomes rather than actively preventing them. It is time to reframe our thinking and expand our focus.

Key takeaways

While NSW remains the best performing state in a number of key metrics, 2022-23 saw the state reclaim the unwanted title of **longest median wait time for planned surgery**. People from NSW are now waiting over twice as long for planned surgery as they were twenty years ago. It is also one of the two states to fall in performance across **all four key metrics**.

Figure 1: New South Wales performance 2022–23 compared to the previous year

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
✗	✗	✗	✗

Figure 2: New South Wales performance 2022–23 compared to national average (below or above)

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
▲	▲	▼	▲

Emergency department performance – New South Wales

New South Wales’ emergency department performance declined in comparison to the previous reporting period. Despite remaining a national leader in the percentage of emergency patients seen within the recommended time and above average performance the “four-hour rule”, NSW public hospitals are failing to keep up with demand.

The fall from 75 per cent of emergency patients seen within four hours or less in 2016–17 to 59 per cent of patients seen within four hours in the last reporting period is indicative of a public hospital system which has failed to bounce back from the effects of COVID-19.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes - NSW

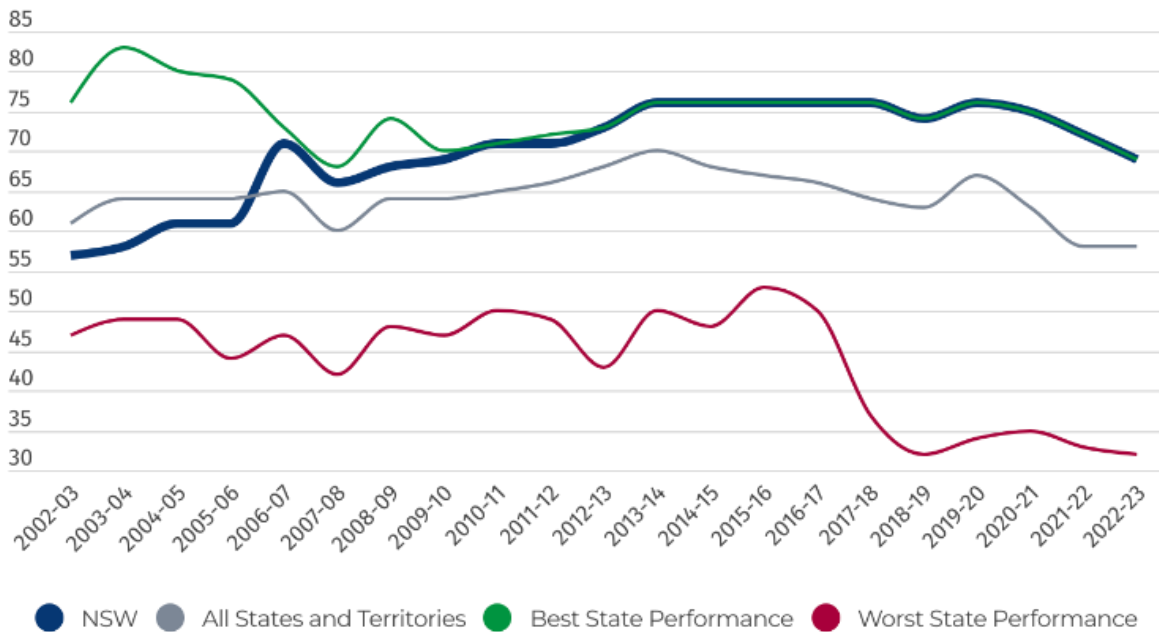
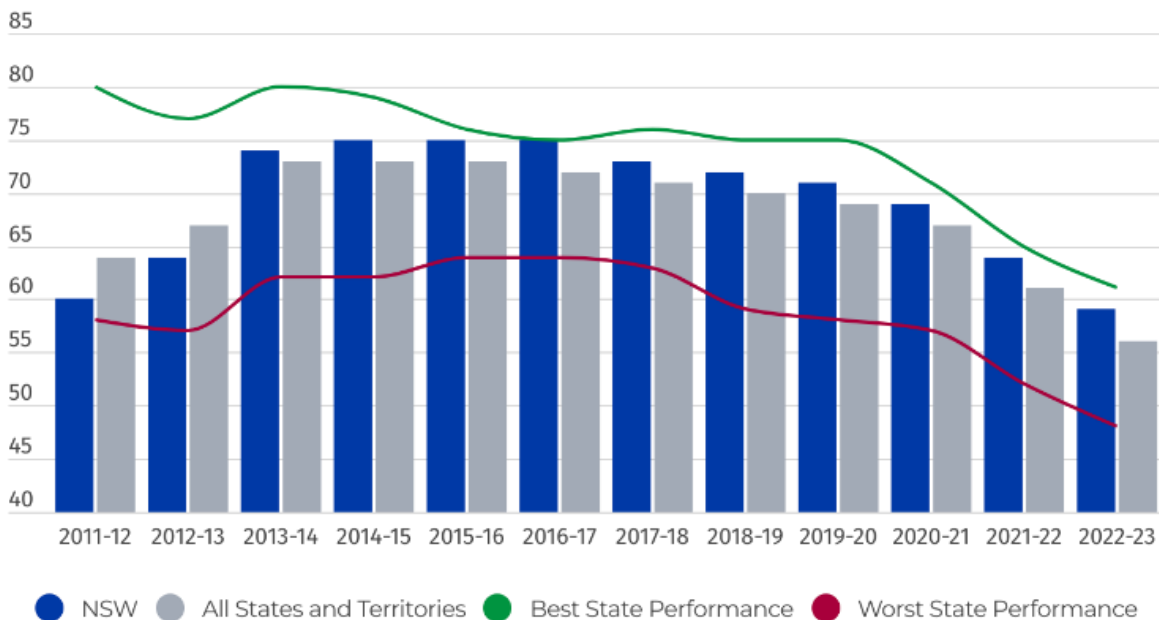


Figure 4: Percentage of ED visits completed in four hours or less - NSW



Planned surgery performance – New South Wales

The greatest weakness of New South Wales’ public hospital performance remains the state’s historically long waiting time for planned surgery. Despite leading the field in other areas, the median patient living in NSW must now wait more than twice as long as they did for planned surgery twenty years ago, **making NSW the worst performing state in this regard in 2022–23**. NSW leads the nation in the proportion of Category 2 planned surgery patients admitted within the recommended timeframe, however **their performance in this category has seen a major fall off since pre-COVID levels, from over 95 per cent to under 75 per cent in 2022–23**.

Figure 5: Median waiting time for planned surgery (days) - NSW

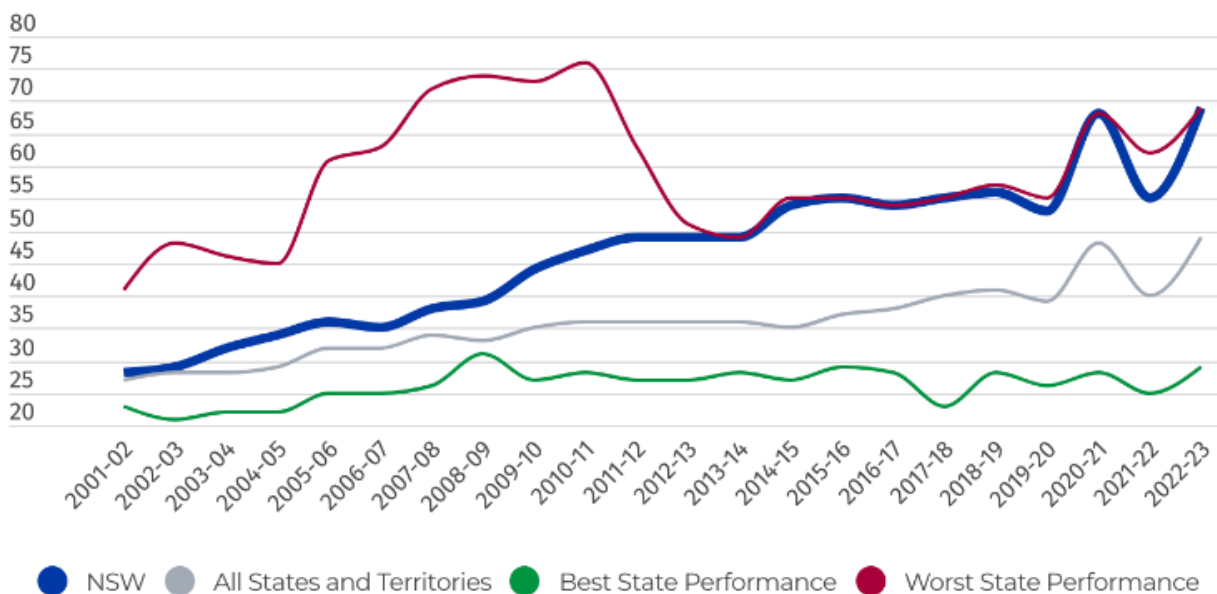
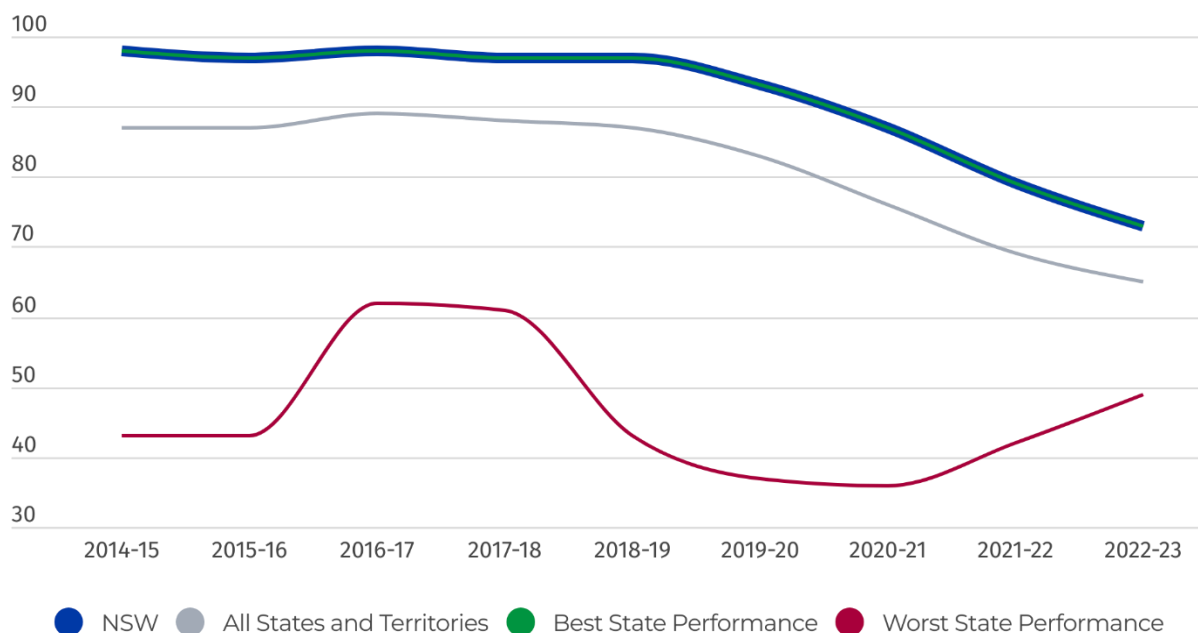


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) - NSW

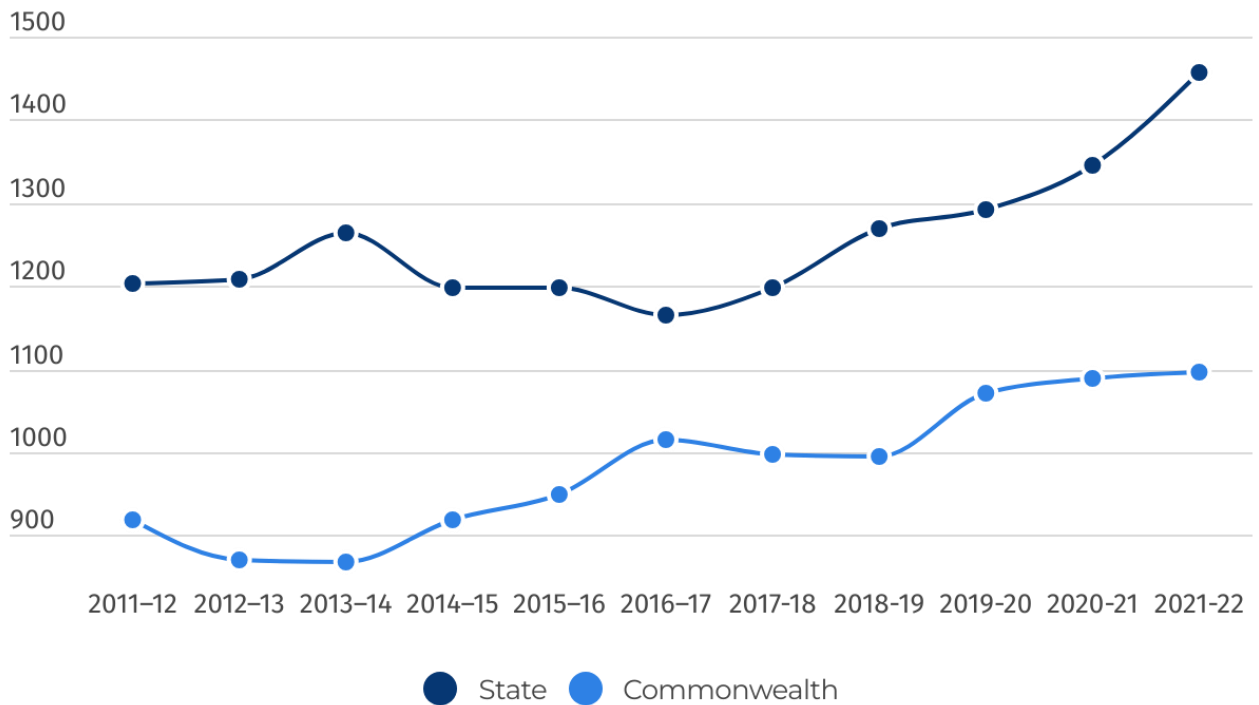


Public hospital expenditure – New South Wales

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices)

	2011–12 to 2021–22	2011–12 to 2016–17	2016–17 to 2021–22
Commonwealth	1.62%	1.69%	1.27%
NSW Government	1.76%	-0.51%	3.79%

Figure 8: Public hospital funding, per person, by government source (constant prices)



The most recent public hospital funding data are from 2021–22. In New South Wales, the majority of public hospital funding (58 per cent) comes from the state government. This is largely in line with the national average of 59 per cent, as most state and territory governments continue to take on a majority of the funding burden for our public hospital system.

VICTORIA



Dr Jill Tomlinson

President, AMA Victoria

Victoria's public hospital performance presents a nuanced picture of resilience and adversity. Despite significant increases in funding from the Victorian Government outlined in this report, the extent of the increase must nonetheless be viewed as modest given the extraordinary circumstances of the pandemic in Victoria. The ongoing struggle to maintain healthcare standards amid (now) severe financial strain underscores the uphill battle toward healthcare resilience. Targeted, effective interventions and strategic resource allocation are therefore imperative to address system shortcomings.

In line with this imperative, AMAV's advocacy priorities for 2024–2025 centre on "Restoring Confidence" in Victoria's healthcare system. We offer tangible and achievable solutions to Victoria's healthcare challenges. Our goal is to bolster confidence and morale while enhancing the quality, accessibility, and safety of healthcare services.

Central to our efforts is supporting general practice, the backbone of our healthcare system. With appropriate investment and support, avoidable hospital admissions can be reduced, producing tangible patient benefits and healthcare savings.

Beyond general practice, AMA Victoria is committed to enhancing Victoria's healthcare system by focusing on key areas: advancing digital health, supporting the medical workforce, elevating rural and regional health, lessening the administrative burdens placed on all medical practitioners, and addressing equity and diversity issues, amongst others.

Our overarching objective in all this is to usher in a more resilient and responsive era – one that advances a Victorian healthcare system that empowers doctors and enriches patient care. This report card underscores the extent of our challenge and the urgency of our task.

Key takeaways

Victoria's performance paints a mixed picture. While the state remains a relatively strong performer in median scheduled surgery and Category 3 emergency waiting times, its poor performance in both the "four-hour rule" and Category 2 scheduled surgery waiting times are close to the worst in Australia. Following broader national trends, Victoria's performance **fell across most of the key performance indicators** between the 2021–22 and 2022–23 periods.

Figure 1: Victoria's performance 2022–23 compared to the previous year

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
✓	✗	✗	✗

Figure 2: Victoria's performance 2022–23 compared to national average (below or above)

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
▲	▼	▲	▼

Emergency department performance – Victoria

During the 2022–23 reporting period, Victoria’s emergency department performance was varied. The state’s ability to see Category 3 ED patients within the recommended time of 30 minutes improved slightly compared to 2021–22, while **the percentage of patients being seen within four hours of presenting to ED fell to 52 per cent, compared to 71 per cent just six years ago.**

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes - Victoria

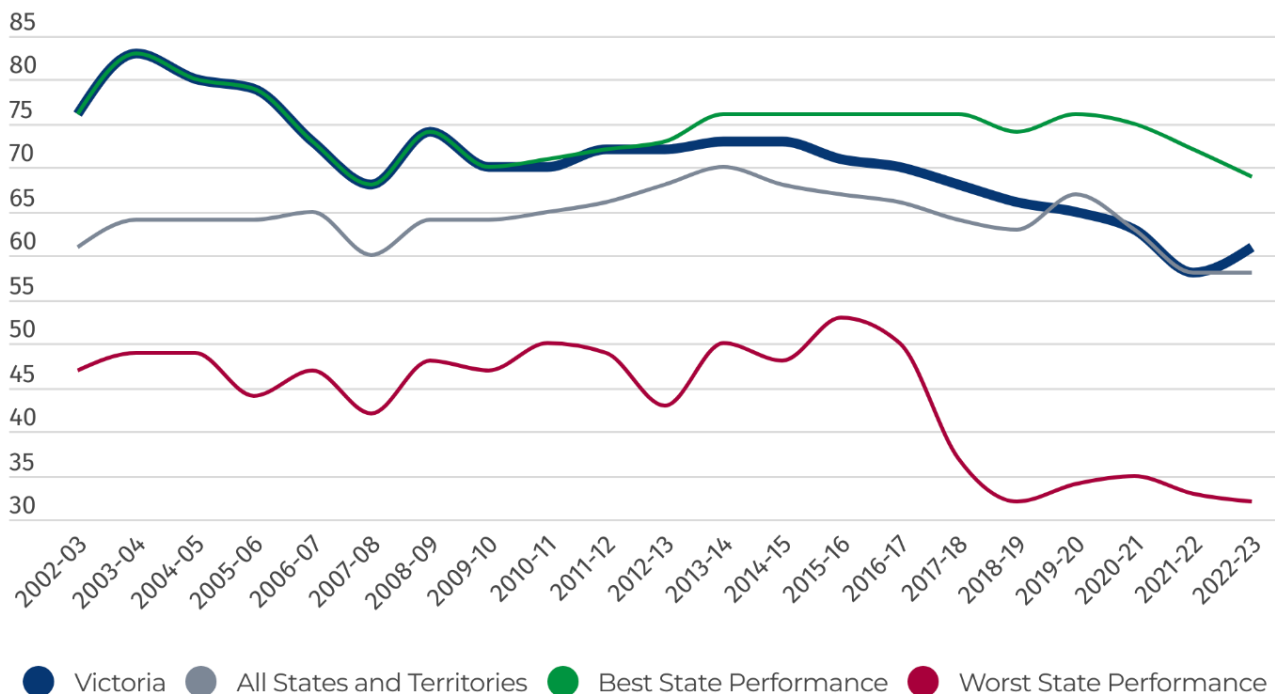
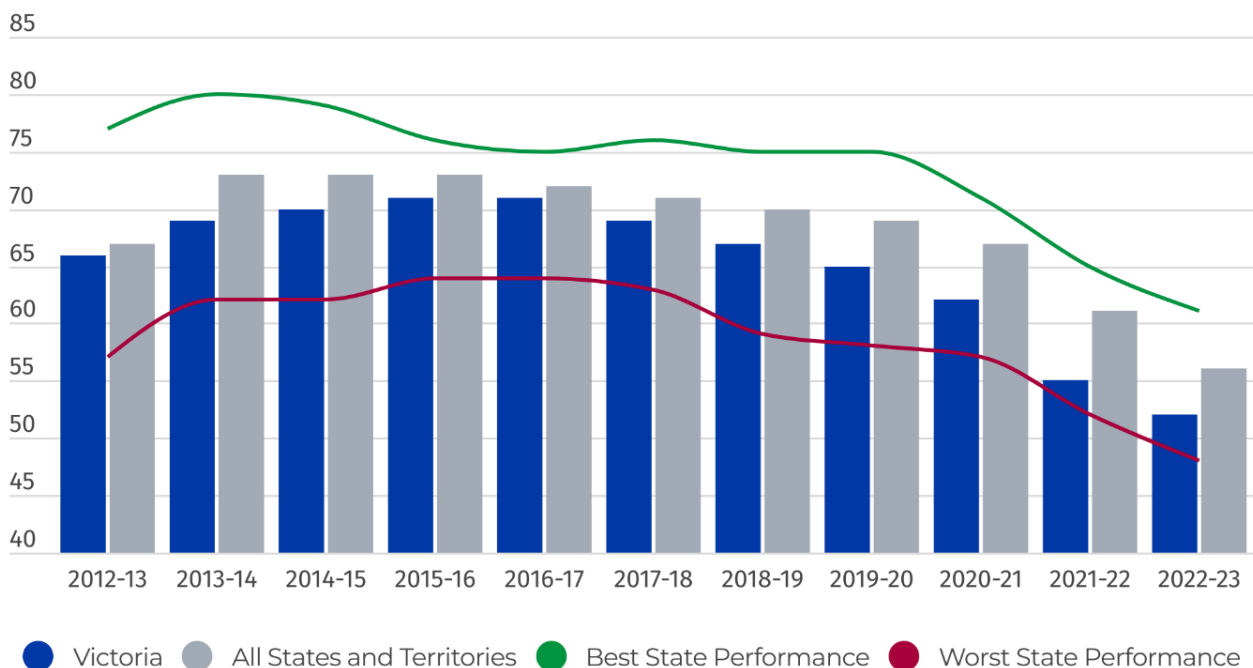


Figure 4: Percentage of ED visits completed in four hours or less - Victoria



Planned surgery performance – Victoria

While Victoria has maintained a relatively short median waiting time for planned surgery in recent years, including best in class performances in 2018–19, 2020–21 and 2021–22, last year saw a **major jump from 25 to 36 days** for the median patient on the planned surgery waiting list. Meanwhile, the percentage of Category 2 patients being admitted within the recommended time remains very poor at **just 55 per cent**.

Figure 5: Median waiting time for planned surgery (days) - Victoria

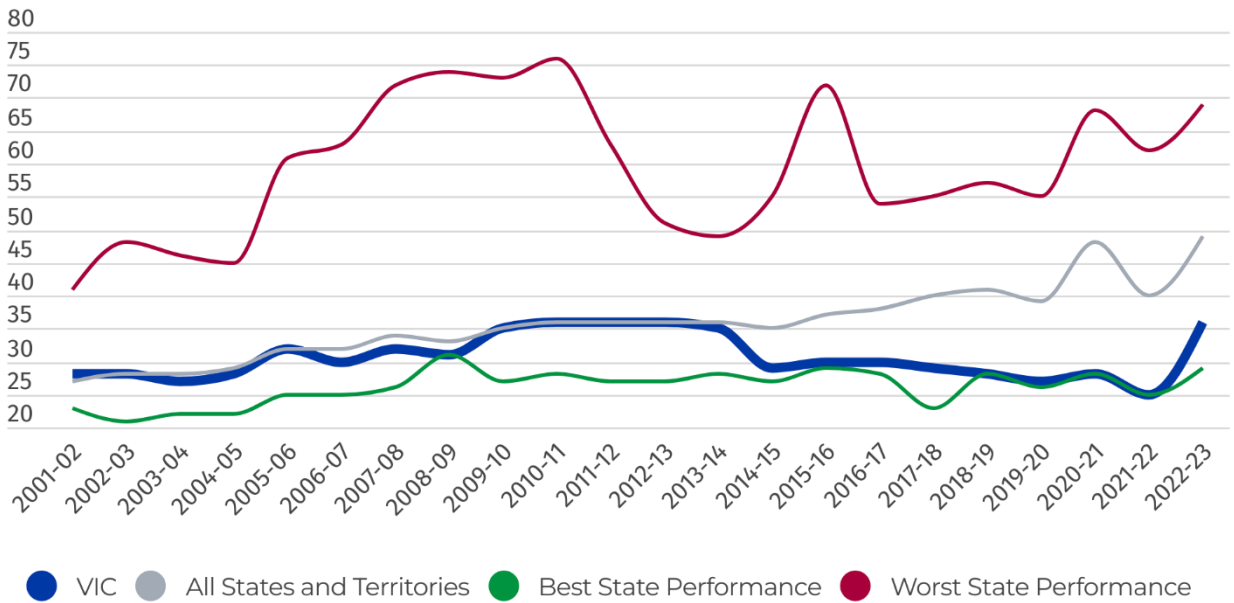
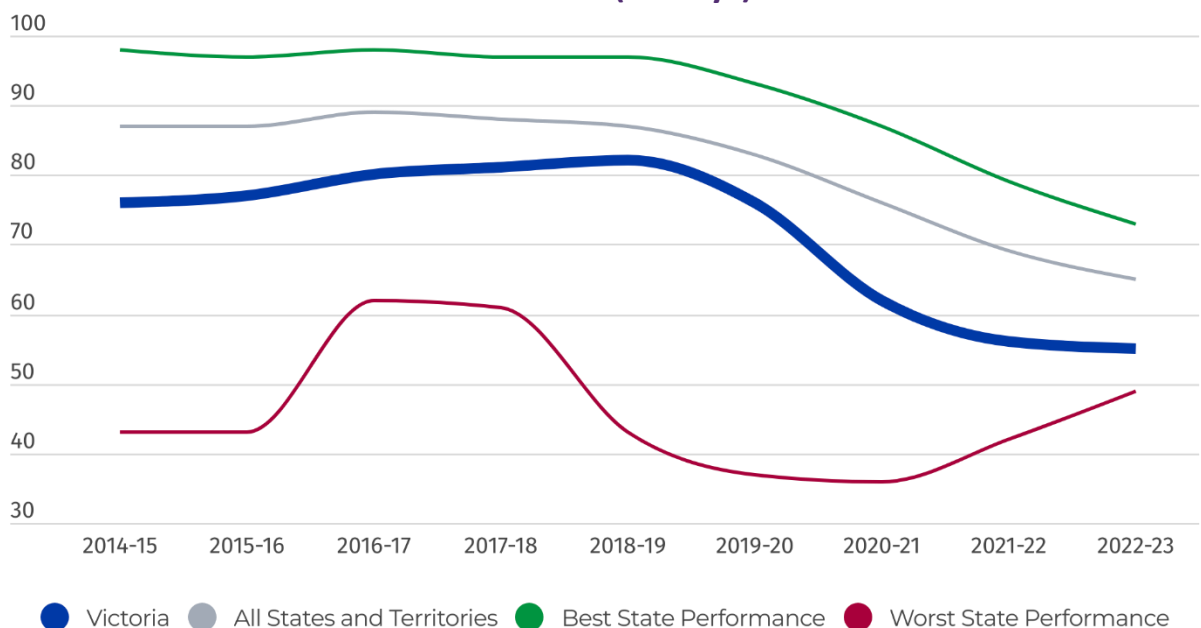


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) - Victoria

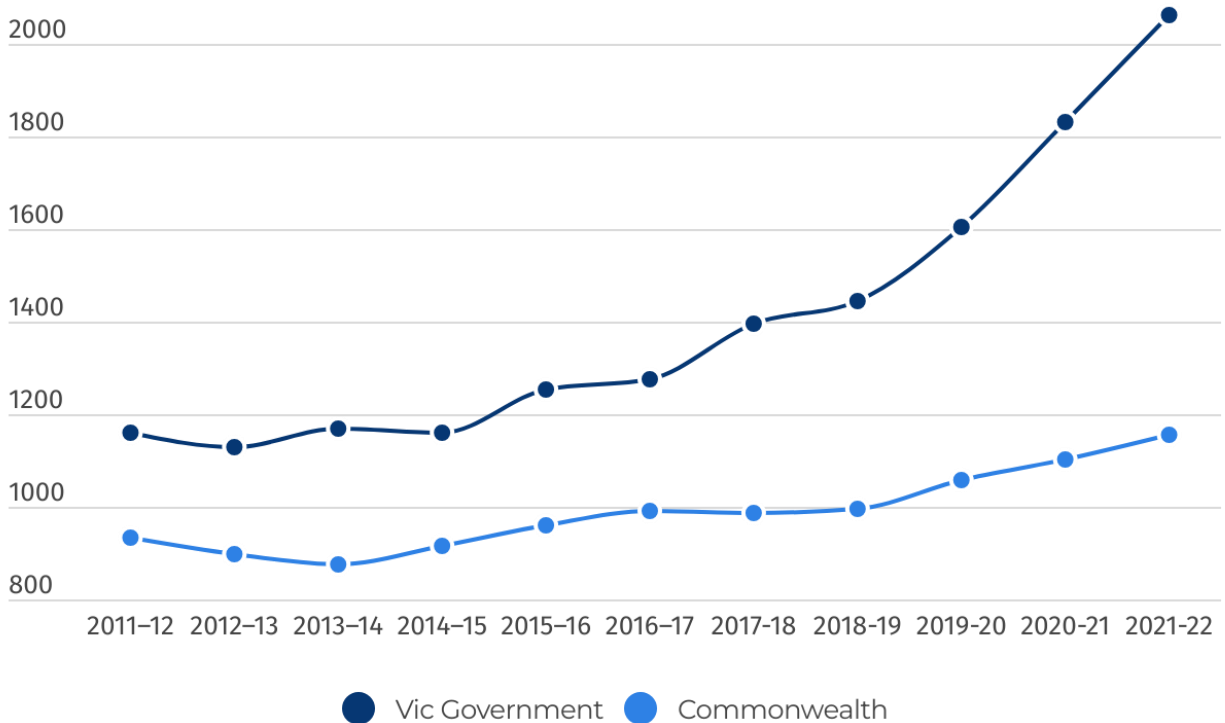


Public hospital expenditure – Victoria

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) - Victoria

	2011–12 to 2021–22	2011–12 to 2016–17	2016–17 to 2021–22
Commonwealth	1.94%	0.98%	2.59%
Vic Government	5.37%	1.57%	8.36%

Figure 8: Public hospital funding, per person, by government source (constant prices) - Victoria



The most recent public hospital funding data are from 2021–22. In Victoria, most public hospital funding (64 per cent) comes from the state government. This is much higher than the national average of 59 per cent, even as most state and territories continue to take on most of the funding burden for our public hospital system.

QUEENSLAND



Dr Maria Boulton

President, AMA Queensland

First, let me thank our dedicated and hardworking health workforce. Our healthcare system relies on their altruism and goodwill at a time of stretched resources and staffing shortages.

The figures in this report are disappointing but not surprising, and reflect the reality that our members on the ground experience every day. While Queensland sits in the middle of the field in this national table, we know that there are vast differences between our big cities and our small communities.

Our median waiting times for elective surgery are below the national average, but they are rising, not falling. This is particularly true in our regional communities, where hospital doctors are justifiably concerned that their patients face a longer wait than their city counterparts. We are convening a Surgical Wait List Roundtable, similar to our 2021 Ramping Roundtable, to develop practical, achievable recommendations to government to address waiting lists and workforce shortages in our regions.

We need to find ways to attract new doctors, nurses and healthcare workers to our regions and encourage them to stay. Queensland is the most decentralised state with communities sometimes hours from their nearest hospital.

The Queensland Government has borne a disproportionate share of the public hospital funding burden for more than a decade.

This is a state election year and we will be looking closely at all sides of politics and their policies and proposals. In particular, we will be calling on our state representatives to argue for a fairer share of federal funding for our public hospitals.

Key takeaways

Queensland’s performance remains middle-of-the-field across most key metrics. Following worrying trends on a national level, the state’s performance **fell** between the 2021–22 and 2022–23 periods **across most of the elective surgery and emergency department indicators.**

Figure 1: Queensland performance 2022–23 compared to the previous year

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
✓	✗	✗	✗

Figure 2: Queensland performance 2022–23 compared to national average (below or above)

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
▲	▼	▲	▲

Emergency department performance – Queensland

Queensland’s emergency department performance saw mixed results during the 2022–23 reporting period. **A slight improvement from 60 per cent to 62 per cent** of Cat 3 ED patients being seen within the recommended time of 30 minutes was unfortunately offset by a major decline in ED visits completed in four hours or less, where Queensland **fell from 61 per cent in 2021–22 to the below average 54 per cent last year**.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes - Queensland

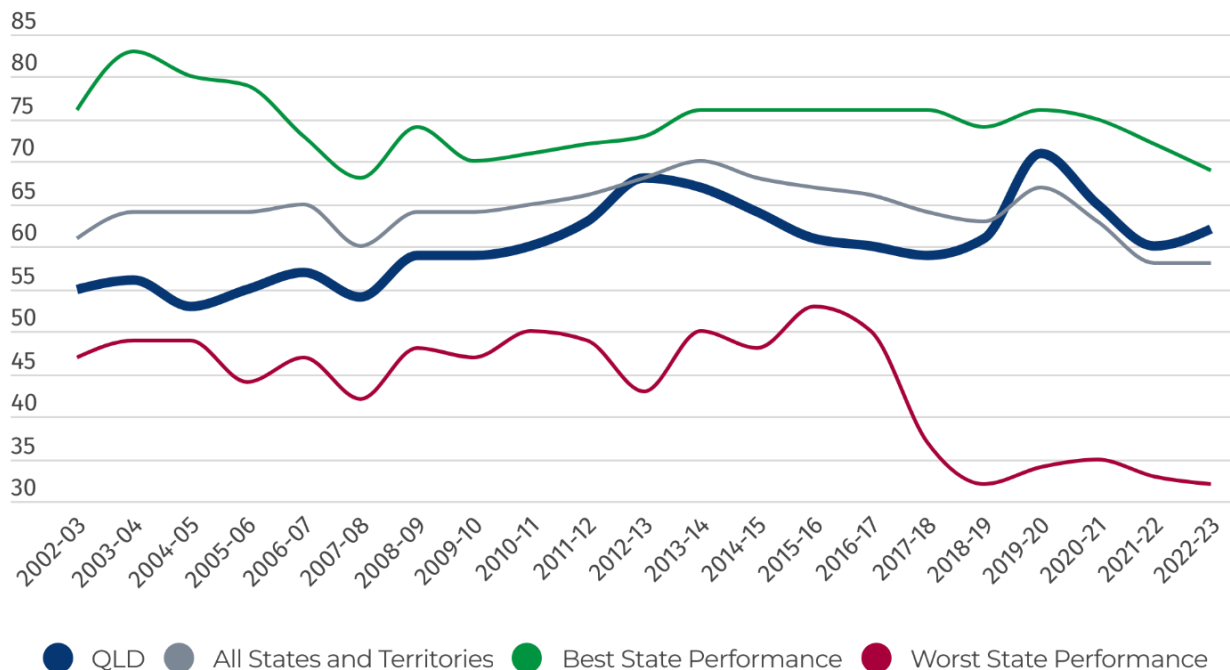
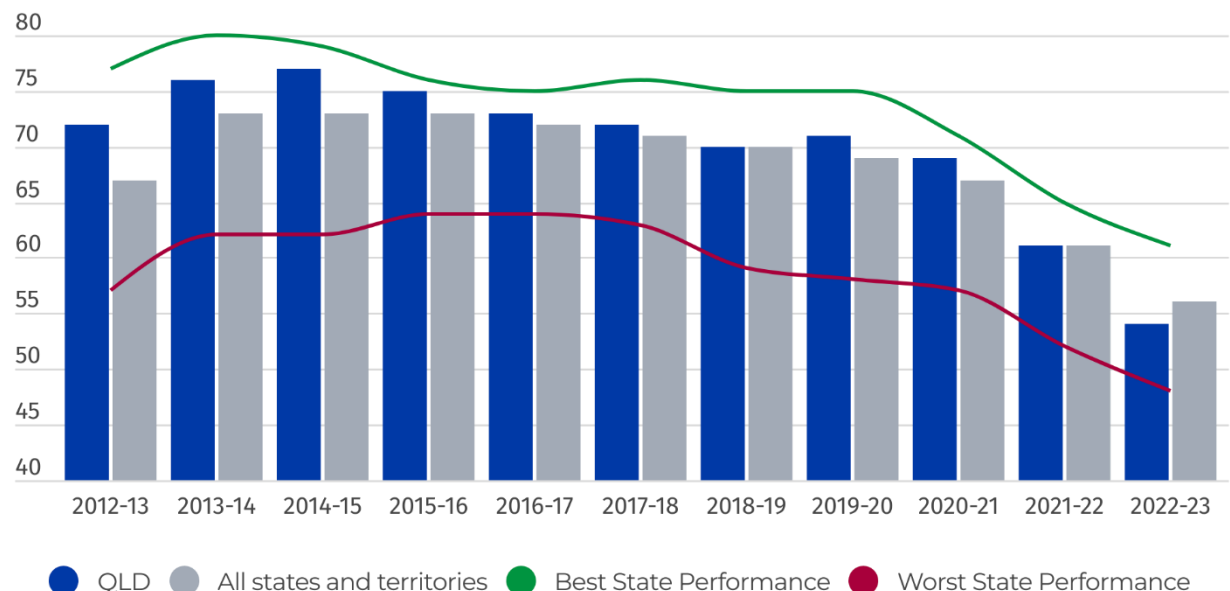


Figure 4: Percentage of ED visits completed in four hours or less - Queensland



Planned surgery performance — Queensland

Despite performing better than the national average in both planned surgery metrics measured by the AMA in 2022–23, Queensland followed national trends with declining performance in both realms. Queensland’s median wait times were the best in the country for the first 15 years of the 21st century, but now patients are waiting almost twice as long for planned surgery than they were 20 years ago. Queensland has also seen plummeting performance for the proportion of Category 2 patients admitted within the recommended time frame, which has fallen from **96 per cent in 2016–17 to just 70 per cent in 2022–23**.

Figure 5: Median waiting time for planned surgery (days) - Queensland

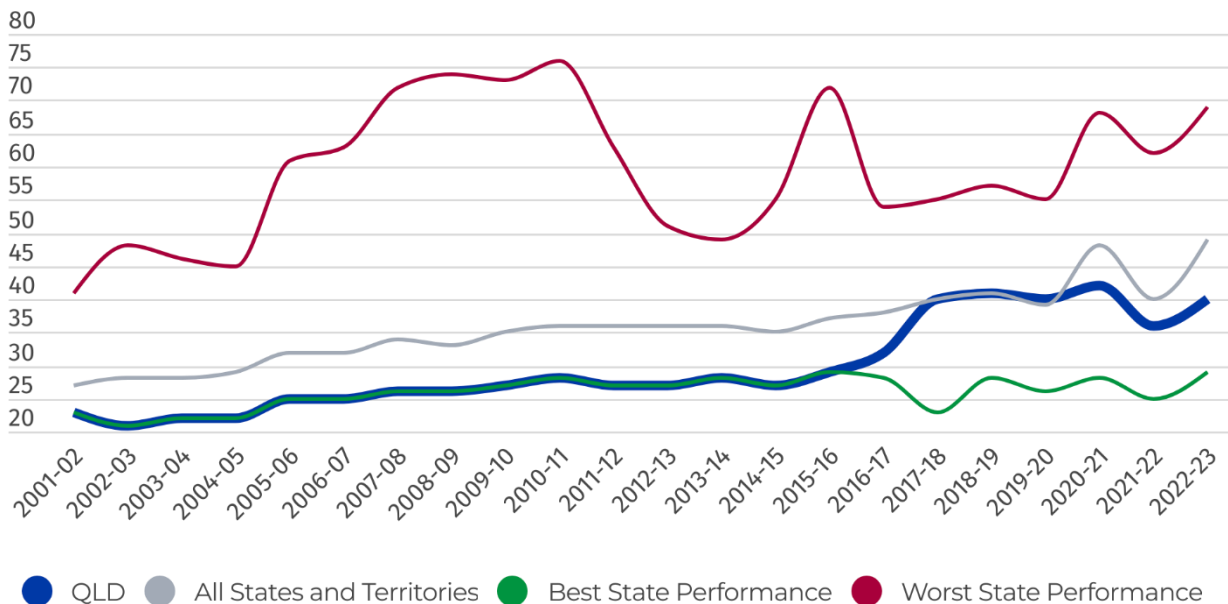
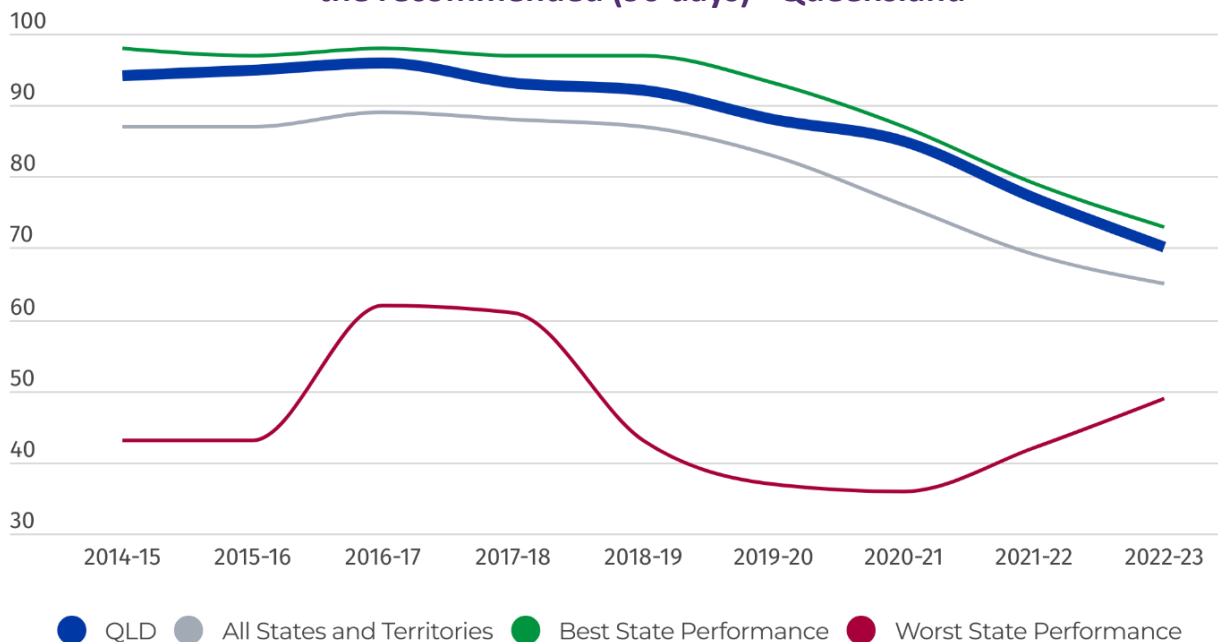


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) - Queensland

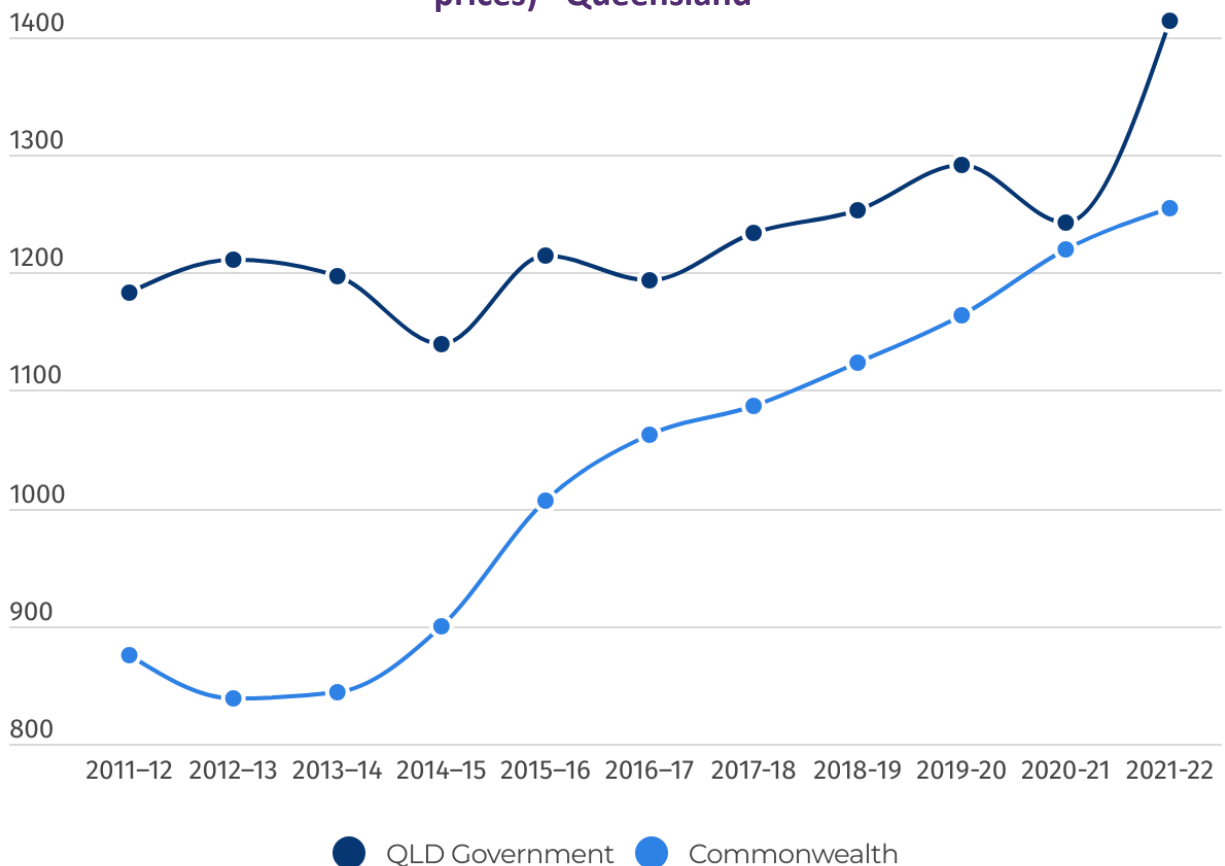


Public hospital expenditure – Queensland

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) - Queensland

	2011–12 to 2021–22	2011–12 to 2016–17	2016–17 to 2021–22
Commonwealth	3.33%	3.29%	2.81%
Queensland Government	1.63%	0.15%	2.86%

Figure 8: Public hospital funding, per person, by government source (constant prices) - Queensland



The most recent public hospital funding data is from 2021–22. In Queensland, most public hospital funding (53 per cent) comes from the state government, however state public hospital spending per person of \$1413 per person represents the second lowest figure in the nation.

Western Australia

Key takeaways

Western Australia remains the nation’s second-best performer in the “four-hour rule” Category, yet its **performance fell across all four metrics between 2021–22 and 2022–23**. The state remains the worst performer in the “Percentage of Triage Category 3 (urgent) emergency department patients seen within recommended time” Category.

Figure 1: Western Australia’s performance 2022–23 compared to the previous year

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
✗	✗	✗	✗

Figure 2: Western Australia’s performance 2022–23 compared to national average (below or above)

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
▼	▲	▼	▲

Emergency department performance

WA’s emergency department performance varies widely, with a performance close to best-in-class in one metric, and worst in class in the other.

Despite falling performance alongside national averages in the “four-hour rule”, WA was the second-best performing state in this metric, indicating that 60 per cent of patients who appear to the emergency department have their visits completed within 4 hours. This has fallen from pre-COVID levels from over 75 per cent.

Meanwhile, WA has maintained the position of lowest proportion of Category three (urgent) patients seen within the recommended time of 30 minutes, with **only 32 percent of these patients being seen on time, a figure that is 26 per cent below the national average**.

Emergency department performance – Western Australia

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes - WA

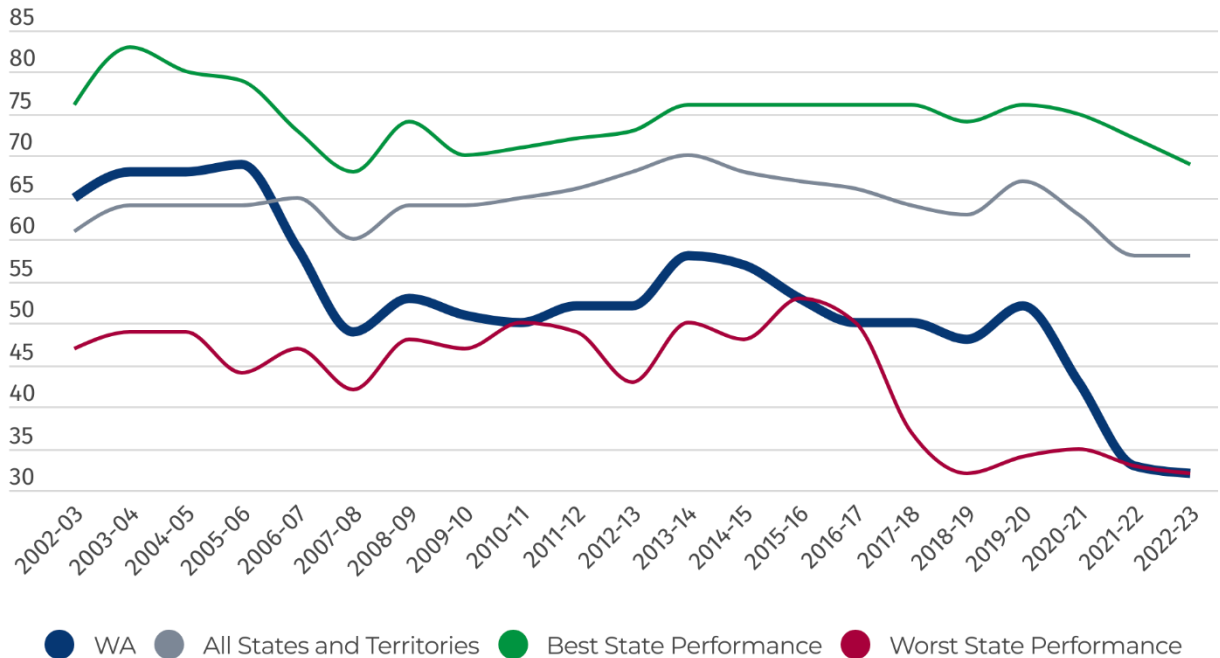
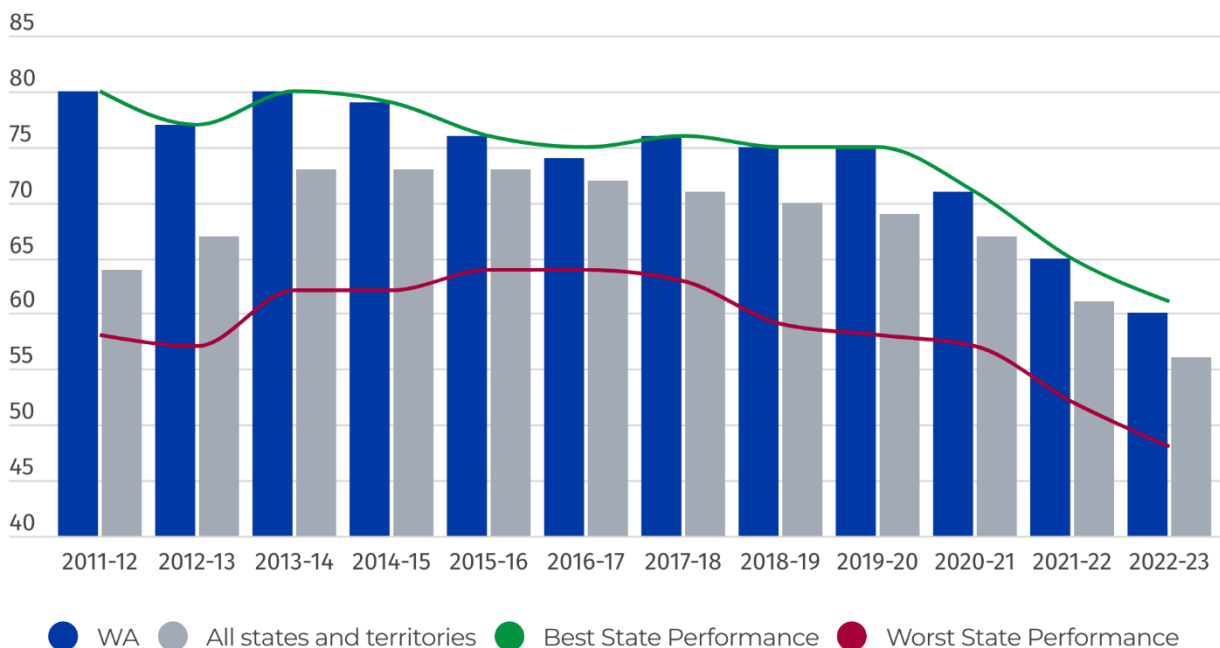


Figure 4: Percentage of ED visits completed in four hours or less - WA



Planned surgery performance – Western Australia

Western Australia’s planned surgery performance continues its decline, one that began well before the onset of COVID-19. The median waiting time for public planned surgery patients has blown out to 51 days, WA’s longest on record and longer than the national average. The state’s percentage of Category 2 planned surgery patients, while higher than the national average, has fallen from a peak of 90 per cent to 69 per cent over the past ten years.

Figure 5: Median waiting time for planned surgery (days) - WA

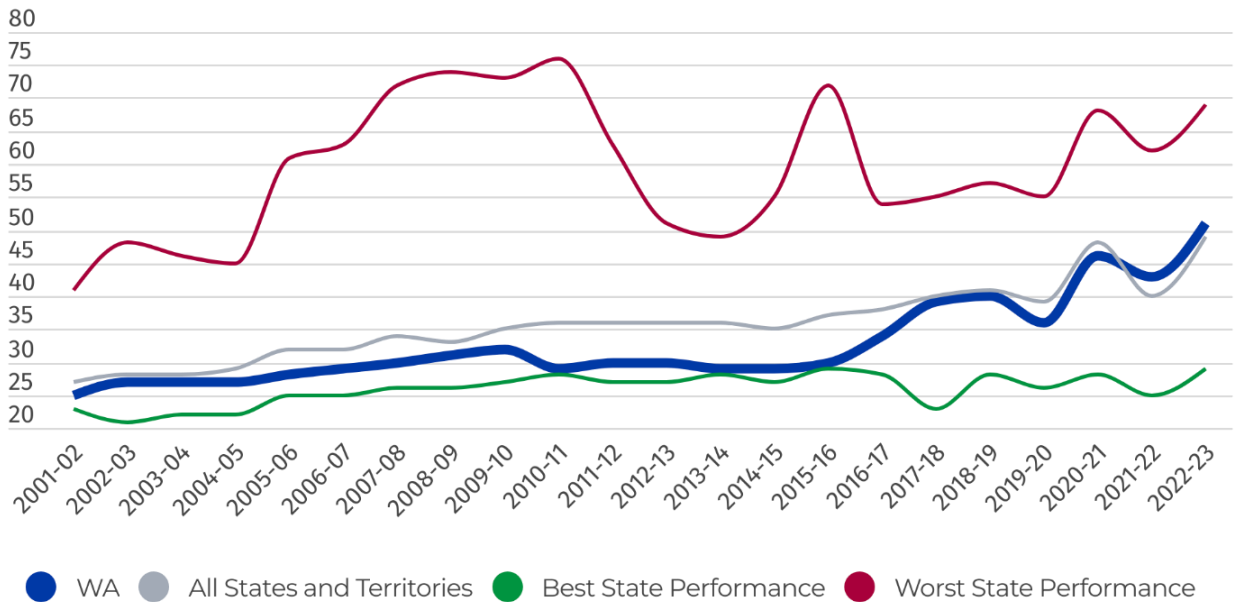
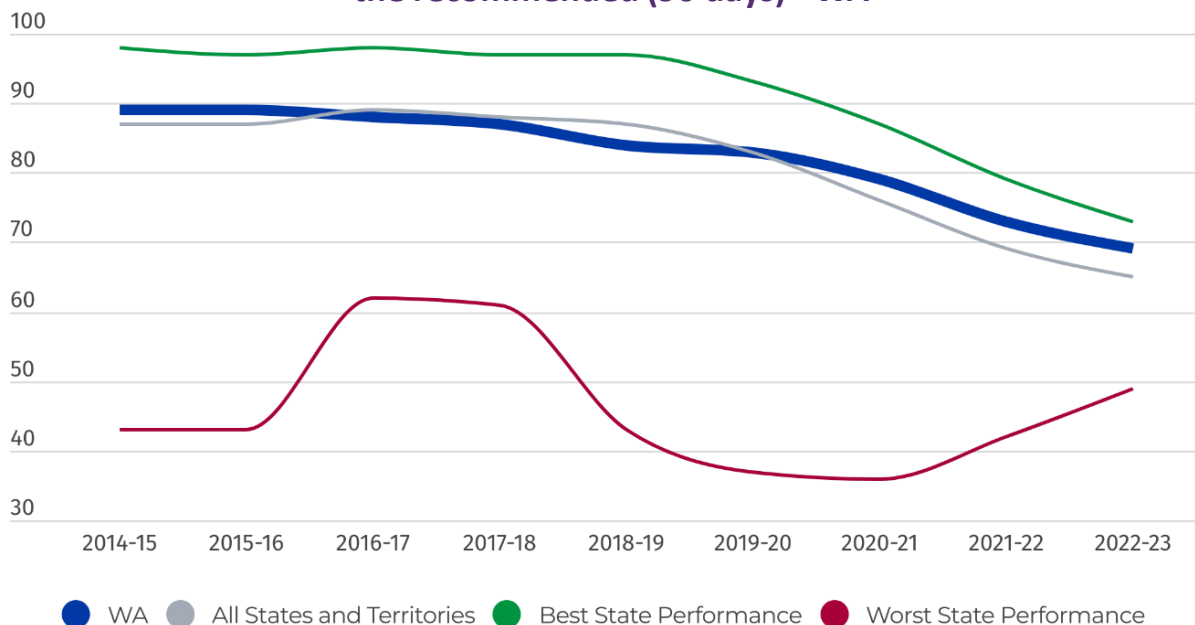


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) - WA

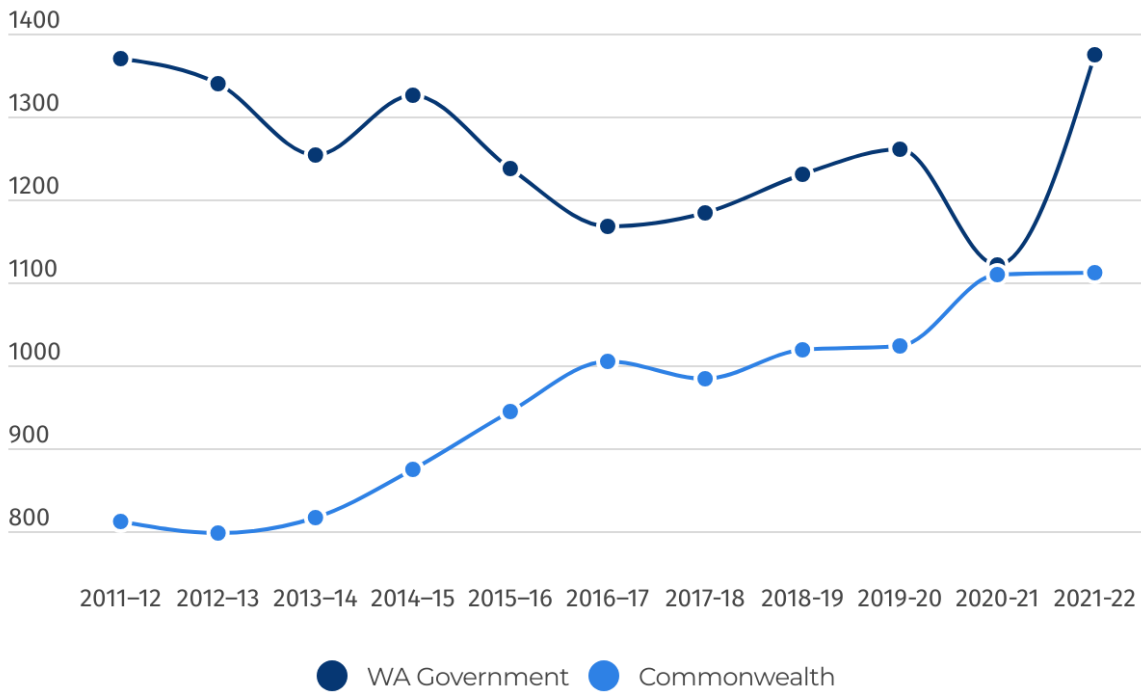


Public hospital expenditure – Western Australia

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) - WA

	2011–12 to 2021–22	2011–12 to 2016–17	2016–17 to 2021–22
Commonwealth	2.89%	3.60%	1.69%
WA Government	0.03%	-2.63%	2.76%

Figure 8: Public hospital funding, per person, by government source (constant prices) - WA



The most recent public hospital funding data is from 2021–22. Western Australia has now started to increase its public hospital spending after a long decline in per-person expenditure. However, the state’s per-person expenditure of \$1374 is the lowest total figure of all of the states and territories.

SOUTH AUSTRALIA



Dr John Williams
President, AMA SA

There are surely few times in history when it has been so worrisome to be a person who may need care in South Australia’s public hospitals. Whether it is waiting for treatment in our emergency departments (EDs) or to progress to the front of the waiting-list queue, South Australians continue to suffer the health ramifications of living in one of the worst-performing hospital jurisdictions in this country.

Compared to last year, South Australia has slumped in terms of its hospitals’ capacity to treat Category 3 ED patients. The percentage of ED visits completed in less than the target time of four hours is lower. The median wait time for surgery is higher. The one parameter in which the state’s hospitals is no worse than last year is the percentage of Category 2 planned-surgery patients admitted within 90 days — and even there, we’re a long way below the best state performance.

It seems that the South Australian hospitals’ capacity to meet their own targets has deteriorated since the beginning of the pandemic. For example, the line indicating the percentage of urgent ED patients seen in less than 30 minutes is an almost straight decline from a recent high in 2019–20 to 2022–23. And to a degree that makes sense. We doctors know how hard we’ve worked for our patients since January 2020 — and we know when, how and usually why our efforts have had the most impact, and the least. What isn’t so clear is why clinicians are not included in more of the discussions about fixing this crisis, so our hospitals are better placed to deliver our patients expect, want and need.

Meanwhile, South Australian doctors continue to bang our heads against the brick wall of the Treasurer’s office, trying to explain why payroll tax on medical practitioners will only continue to steer these lines towards increasingly unacceptable milestones. A worrying time, indeed.

Key takeaways

Following national trends, South Australia’s performance **fell** between the 2021–22 and 2022–23 periods **across most of the key performance indicators**. The sharpest drop came in the percentage of Cat 3 patients seen within the recommended time (<30 minutes), with a 16 per cent drop in the past four years.

Figure 1: SA performance 2022–23 compared to the previous year

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
✗	✗	=	=

Figure 2: SA performance 2022–23 compared to national average (below or above)

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
▼	▼	=	▼

Emergency department performance – South Australia

South Australia’s performance remains below average in emergency department related metrics, where the state saw a **worst in recent record performance in both areas for the second year in a row**. In total, 39 per cent of Category 3 patients are being seen on time, down from 70 per cent in 2011–12, and only 52 per cent of patients who attend the emergency department are discharged within four hours or less.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes - SA

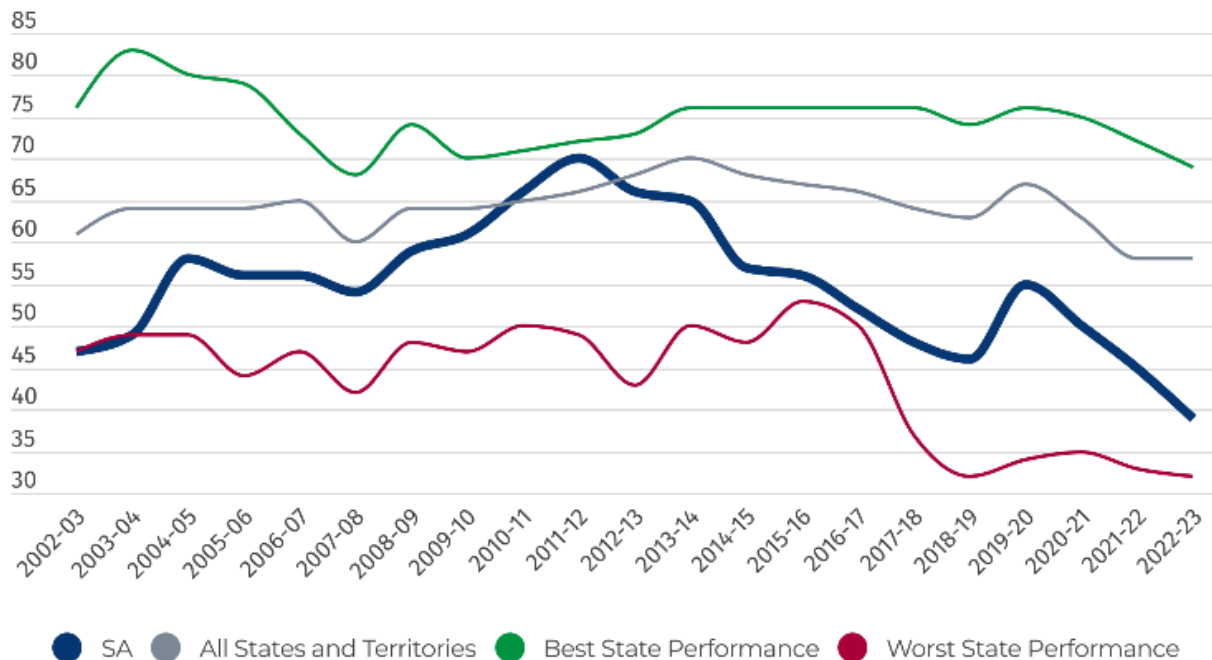
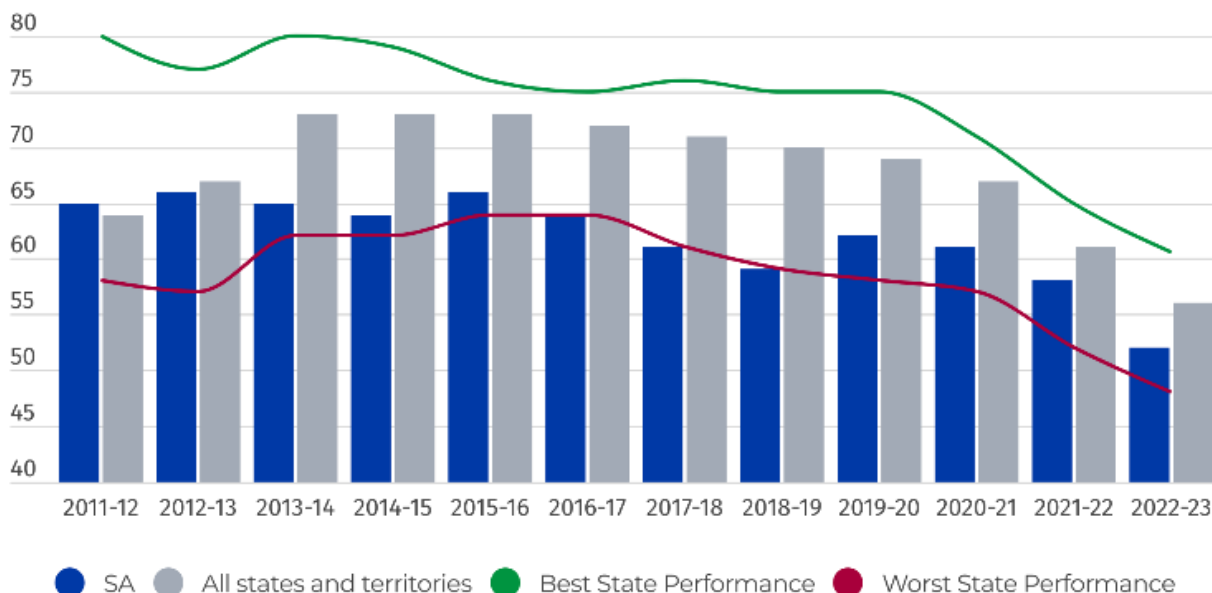


Figure 4: Percentage of ED visits completed in four hours or less - SA



Planned surgery performance – South Australia

South Australia’s 2022–23 performance closely reflects the national average when it comes to planned surgery wait times. While the median waiting time for planned surgery slowly increases, the proportion of Category 3 patients admitted within the recommended time slowly decreases. Both results are bad for South Australian patients, **where the median wait time for planned surgery has blown out by ten days in only six years.**

Figure 5: Median waiting time for planned surgery (days) - SA

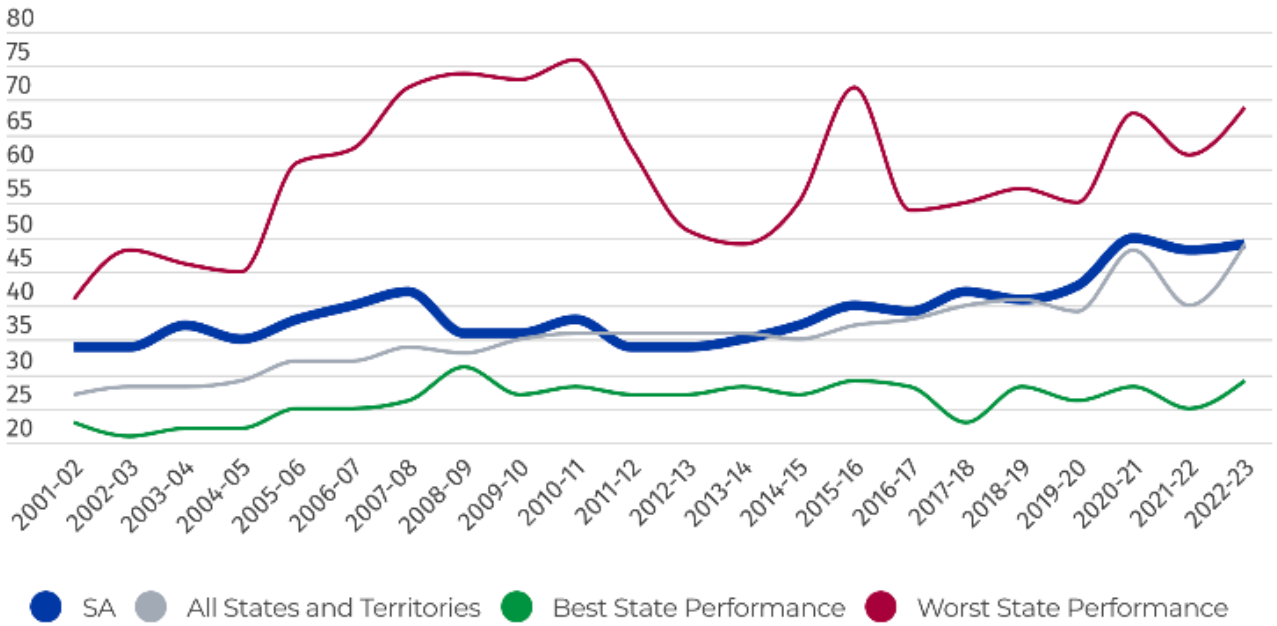
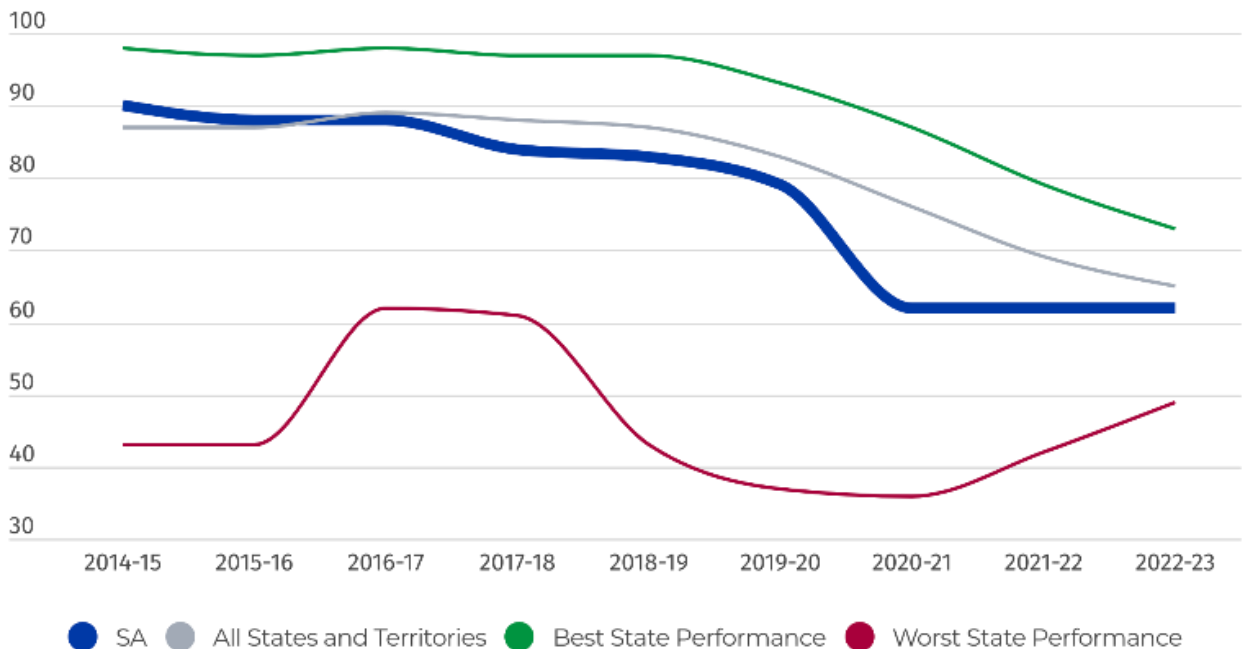


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) - SA

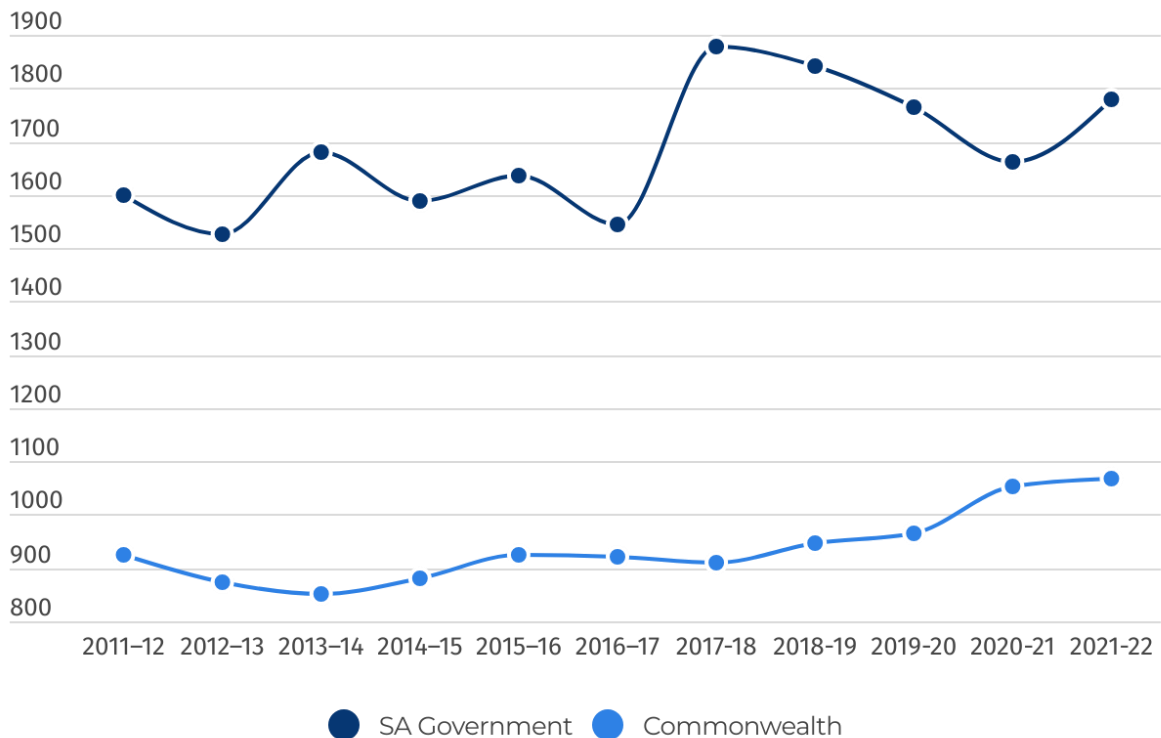


Public hospital expenditure – South Australia

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) - SA

	2011–12 to 2021–22	2011–12 to 2016–17	2016–17 to 2021–22
Commonwealth	1.31%	-0.09%	2.51%
SA Government	0.98%	-0.56%	2.38%

Figure 8: Public hospital funding, per person, by government source (constant prices) - SA



With only 37 per cent of public hospital funding coming from the Commonwealth, South Australia’s public hospital system is disproportionately funded by the state government.

TASMANIA



Dr John Saul

President, AMA Tasmania

There's no hiding that this year's AMA Public Hospital Report Card paints a concerning picture of national performance, with four key metrics showing disappointing averages.

While there have been slight improvements in Category 2 elective surgery and median waiting times, Tasmania lags, ranking among the worst-performing states across all critical indicators, including emergency department and planned surgery wait times.

These results highlight areas that demand urgent attention. We know that the ongoing decline in performance is affecting the morale of our doctors and their healthcare colleagues; poses a risk to the reputation of Tasmania's healthcare system; and potentially hinders urgently needed recruitment efforts.

Although bed and access blocks aren't the sole obstacles, they represent significant challenges within the public system. They contribute to ambulance ramping, prolonged elective surgery wait times, and extended emergency department stays, disrupting patient flow and limiting surge capacity. Moreover, an overburdened outpatient waiting list and delays in accessing pathology and radiology results compound these issues, creating a perfect storm of challenges.

Addressing these issues requires sustained investment in beds, resources, and infrastructure. Our members' insights, those working in the wards, theatres, and emergency departments, are invaluable in navigating these challenges. They offer experienced perspectives on the system's pressures and successes, and the government needs to listen.

More than cosmetic improvements and masterplans will be required; we require systemic changes for long-term efficiency and sustainability.

The state government can only do so much. We need governments of all levels to work together to invest in public hospitals, primary care, older person care, disability services, and a Medicare system that keeps pace with the economic climate. We urge the government to carefully consider these findings and collaborate on meaningful solutions to address the pressing challenges facing Tasmania's public hospital system.

Key takeaways

Despite moving out of last place in two metrics by improving their results in both Cat 2 and median planned surgery waiting times, Tasmania remains one of the worst performing states overall, sitting **below the national average in all four key performance indicators.**

Table 1: Tasmanian performance 2022–23 compared to the previous year

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
✓	✗	✓	✓

Table 2: Tasmanian performance 2022–23 compared to national average (below or above)

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
▼	▼	▼	▼

Emergency department performance – Tasmania

Tasmania’s ability to treat and discharge emergency department patients within the recommended timeframe is well below average. Only **44 per cent of Category 3 patients** are seen within the recommended timeframe, a major fall from the **66 per cent** figure of ten years ago. Meanwhile, Tasmania’s performance sits close to the bottom of the scorecard when it comes to the “four-hour rule”, with only **51 per cent of ED visits being completed within four hours or less**.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes - Tas

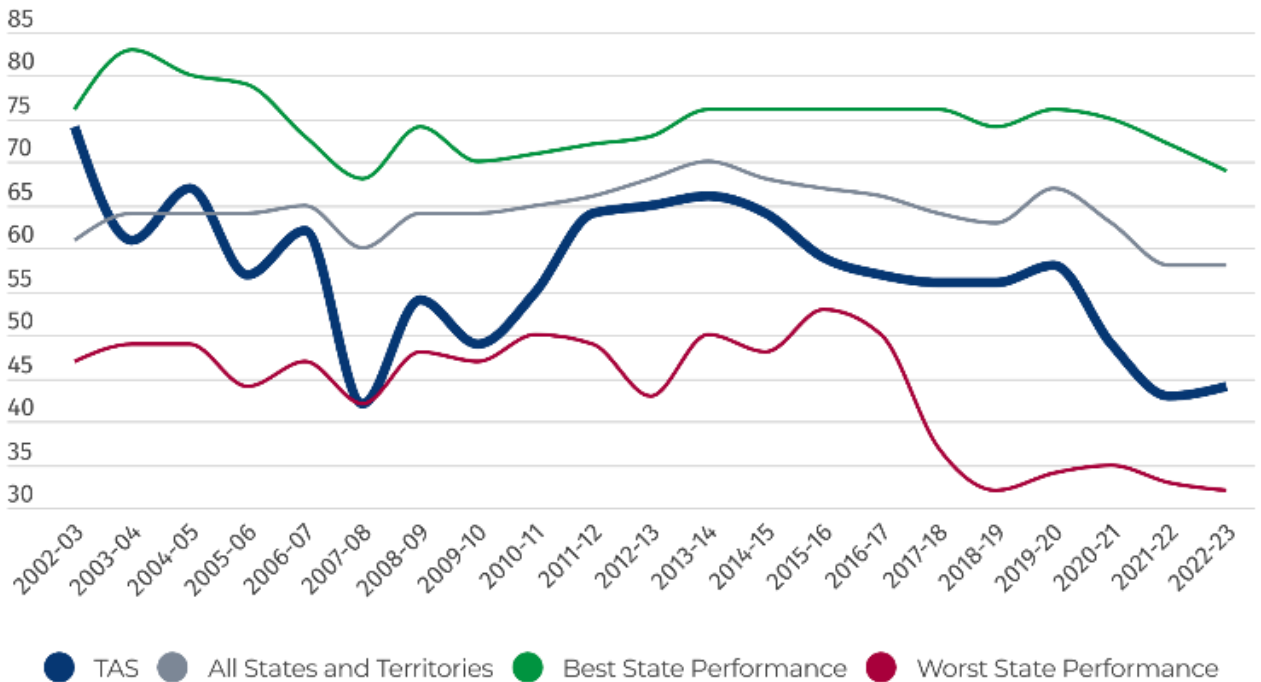
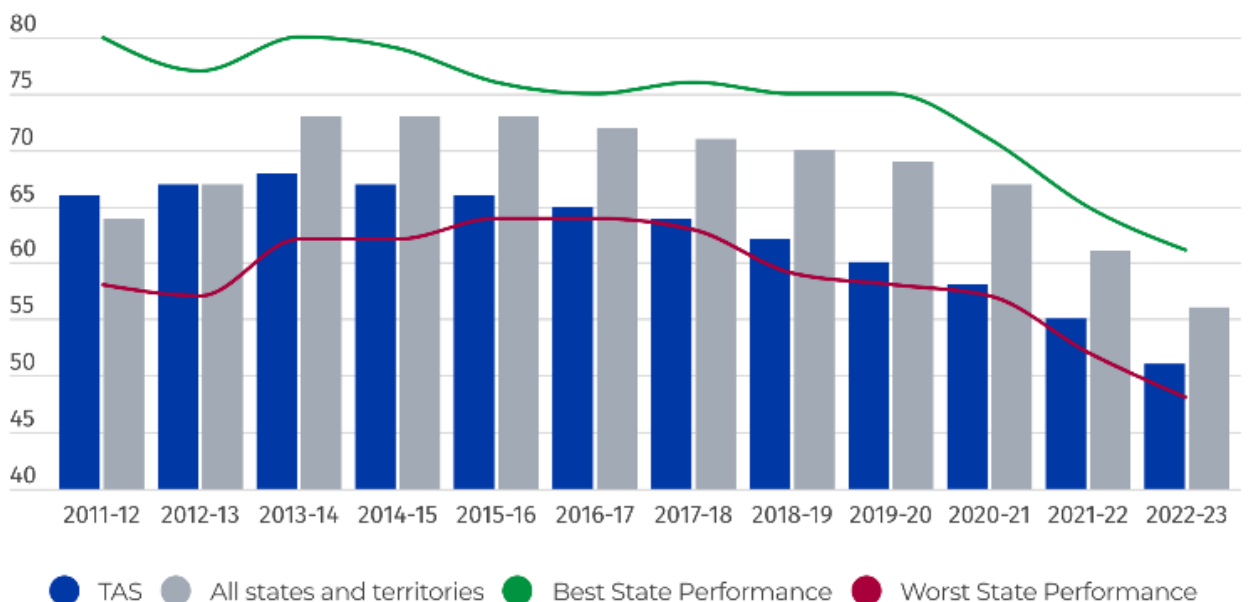


Figure 4: Percentage of ED visits completed in four hours or less - Tas



Planned surgery performance – Tasmania

Despite positive improvements meaning that Tasmania moved out of last place in both planned surgery metrics, performance remains below average in both areas. The median waiting time for planned surgery is **four days longer than the national average**, and the proportion of Category 2 patients admitted on time is **12 per cent below the national average**.

Figure 5: Median waiting time for planned surgery (days) - Tas

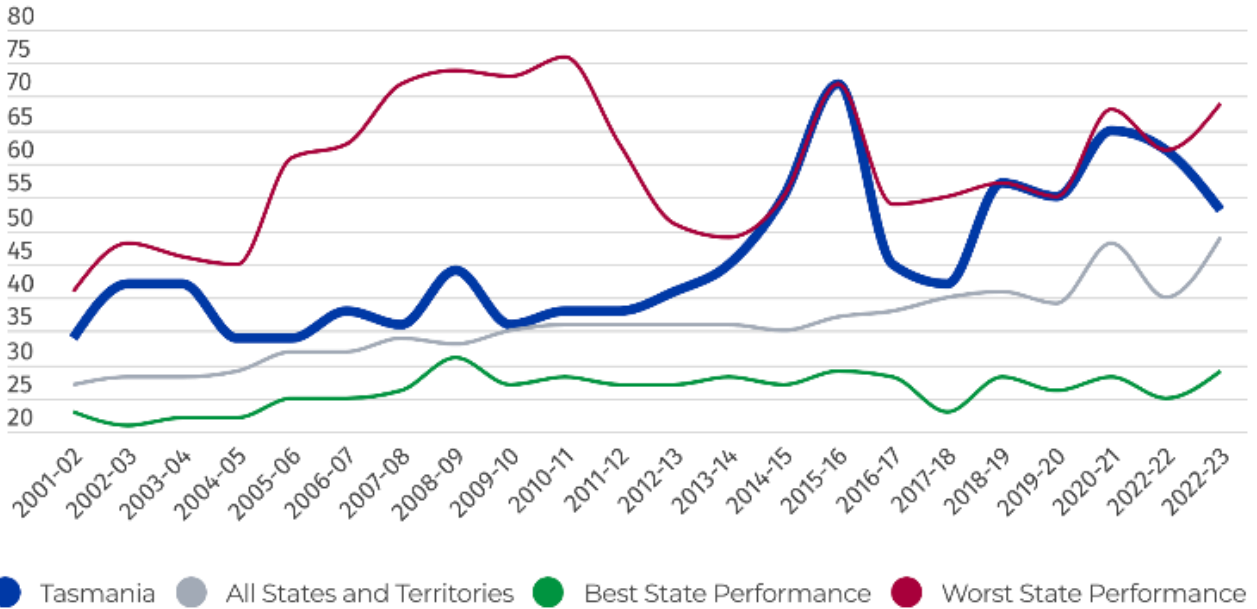
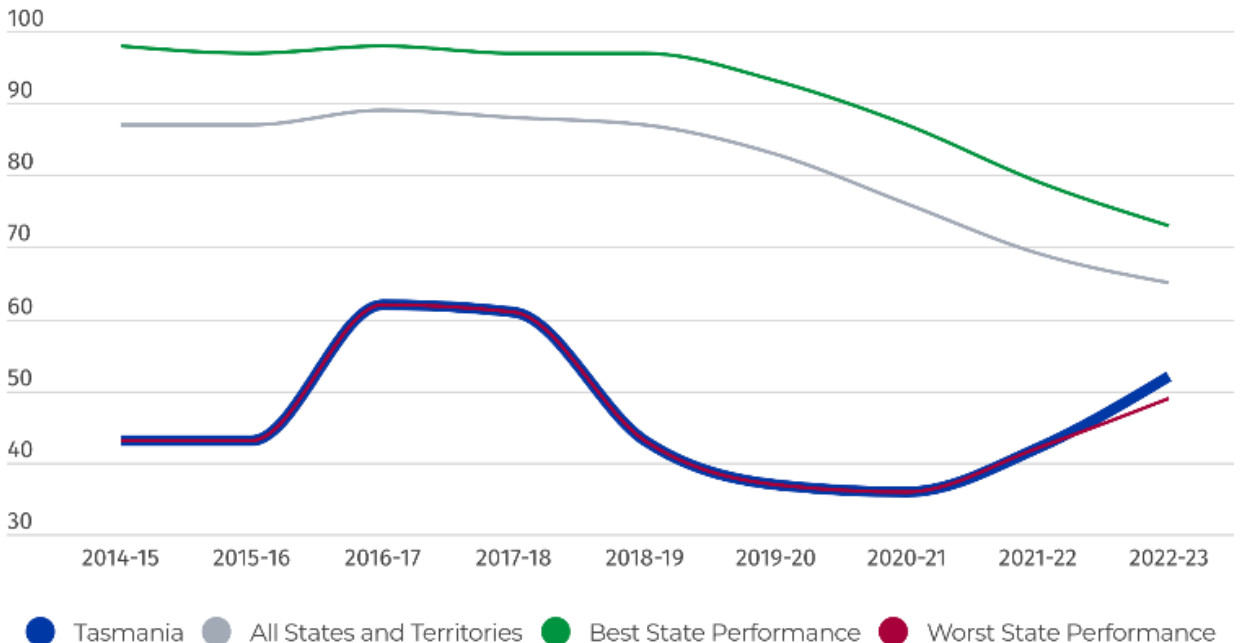


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) - Tas

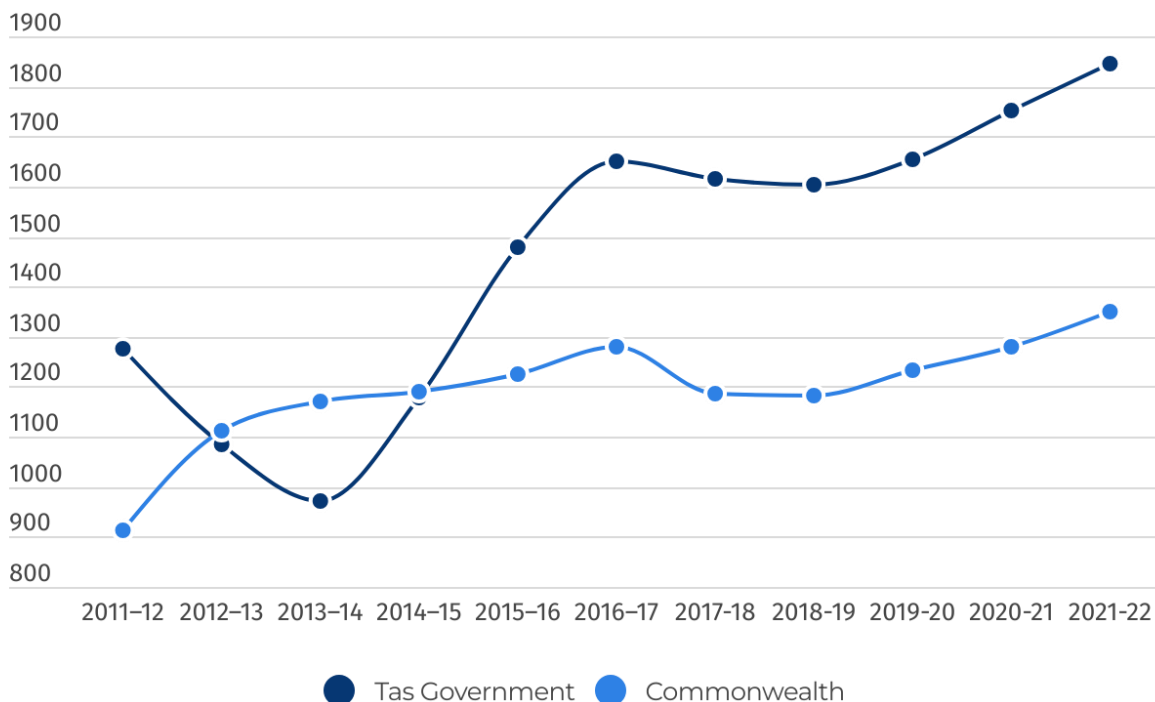


Public hospital expenditure – Tasmania

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) - Tas

	2011–12 to 2021–22	2011–12 to 2016–17	2016–17 to 2021–22
Commonwealth	3.62%	5.79%	0.89%
Tasmania Government	3.34%	4.42%	1.69%

Figure 8: Public Hospital Funding, per person, by government source (constant prices) - Tas



The most recent public hospital funding data is from 2021–22. In Tasmania, most public hospital funding (58 per cent) comes from the state government. This is largely in line with the national average of 59 per cent, as state and territory governments continue to take on most of the funding burden for our public hospital system.

AUSTRALIAN CAPITAL TERRITORY



Dr Walter Abhayaratna
President, AMA ACT

Once again, the AMA Public Hospital Report Card shows that ACT Public Hospitals are performing below the standard our community should expect. This is happening despite the tireless efforts of our hospital staff and the highest proportion of public hospital funding coming from any State or Territory Government.

The ACT continues to struggle under the ‘four-hour rule’, with only 48 per cent of emergency department presentations being completed in less than the requisite four hours. This result has been in decline for almost a decade now. ACT residents deserve better. While it’s little comfort to know that public hospital performance is down across the country, it does show just how much pressure all our public hospitals are under.

On a more positive note, the integration of North Canberra Hospital into Canberra Health Services presents an opportunity to better coordinate our public hospital services, and that prospect gives some hope that better, more streamlined services will result. While this has not yet materialised in the Report Card data, we will be watching closely to see any resultant impact on care from better integrated hospitals.

2024 is an election year in the ACT and we look forward to a vigorous and policy-driven debate about our local healthcare system. However, one thing we do know, is that a decade of Walk-In-Centres has not improved the ACT’s public hospital emergency waiting times, and change is needed.

Disappointingly, the ACT Government does not seem to appreciate that the continued funding of fragmented care, and the imposition of a payroll tax on medical practices will result in increased utilisation of emergency departments, as the cost of care in the community for those with chronic diseases increases. In turn, this will result in more pressure on our hospitals, and an increase in high-cost, hospital-based care that should have been provided earlier and at a lower cost in the community.

The long-term solution must include better integration of care for patients with chronic diseases so that higher value care can be provided in the community. The challenge for all of us is that this will require a re-organisation of the Territory’s fragmented healthcare resources in order to better support general practice.

The lead up to this year’s election will also see the opening of the Canberra Hospital Expansion with all the excitement and challenges that go with it. It’s to be hoped that the new facility will provide a much needed boost to our hard-working staff and play an important role as the ACT seeks to turn around its public hospital performance.

Key takeaways

In 2022–23, the ACT was the **worst performer in two key metrics**.

Figure 6 demonstrates the fall in Category 2 planned surgery patients admitted on time in the ACT. The territory also remains the worst “four-hour rule” performer for the **fifth year in a row, as a record low of 47 per cent** of emergency visits are completed within four hours or less.

Figure 1: ACT performance 2022–23 compared to the previous year

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
✓	✗	✗	✗

Figure 2: ACT performance 2022–23 compared to national average (below or above)

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
▼	▼	=	▼

Emergency department performance – ACT

The ACT remains the worst performing jurisdiction under the “four-hour rule”, with a **record low of 48 per cent of emergency department visits being completed within four hours** during 2022–23. Although the percentage of Category 3 emergency department patients being seen within the recommended time has improved for the fourth year in a row, the ACT’s figure sits at **41 per cent, 17 per cent below the national average**. Note that data was not available for 2015-16.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes - ACT

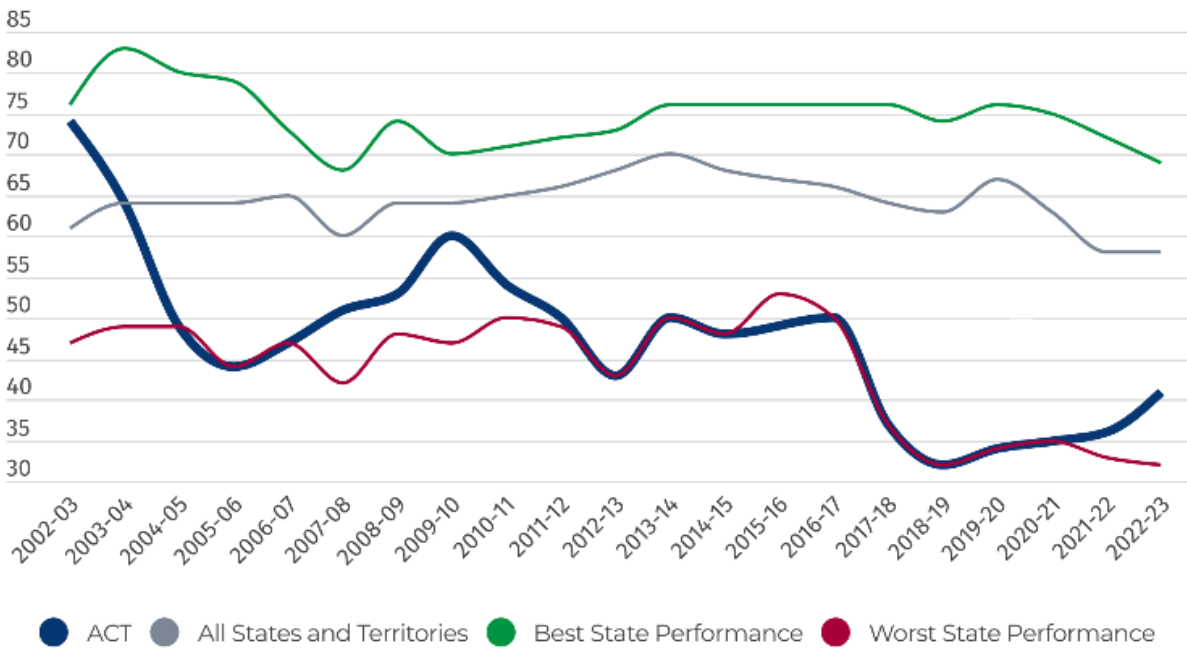
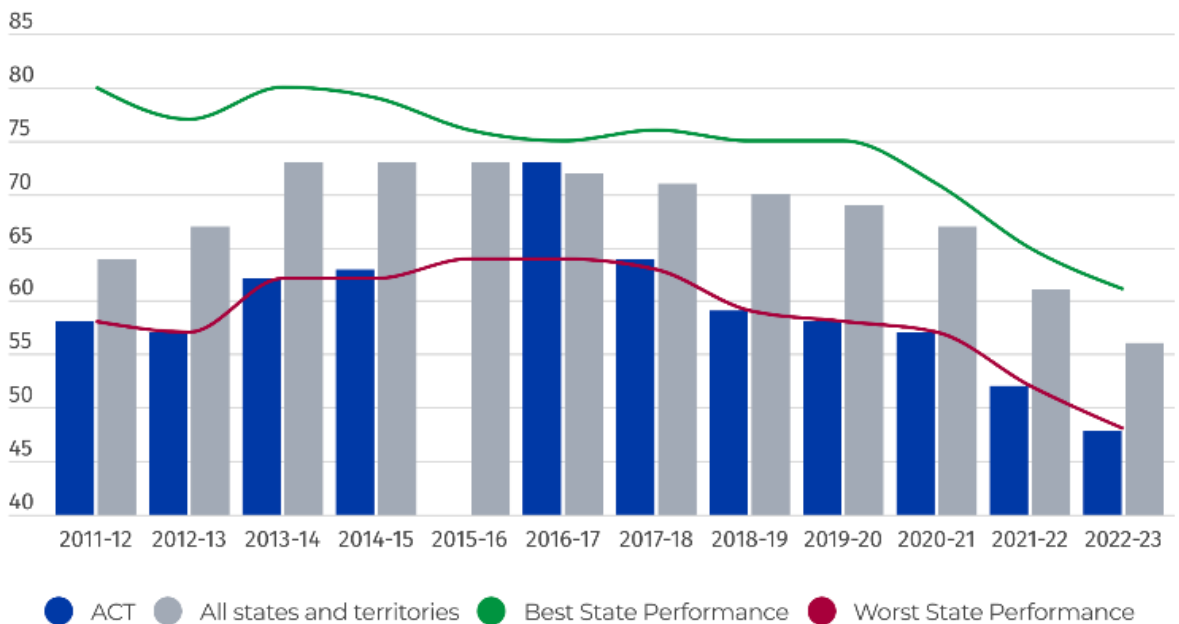


Figure 4: Percentage of ED visits completed in four hours or less - ACT



Planned surgery performance – ACT

While the overall median waiting time for planned surgery sits right on the median (representing the ACT’s best performance when compared to national standards), the percentage of Category 2 planned surgery patients being admitted within the recommended time has fallen from **81 per cent to 49 per cent** in just six years, the worst in the country.

Figure 5: Median waiting time for planned surgery (days) - ACT

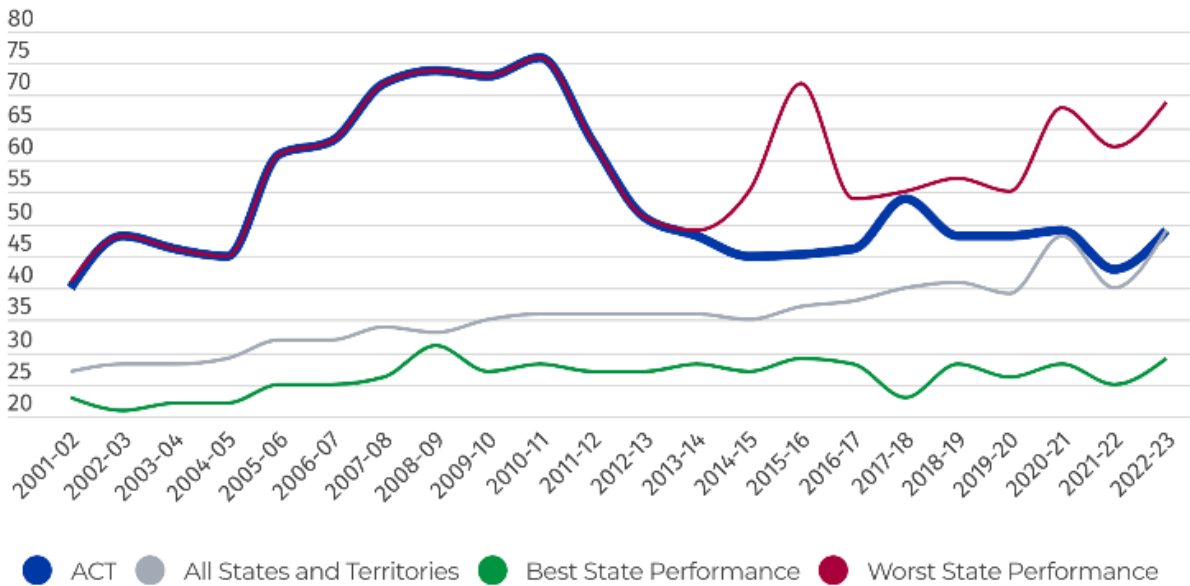
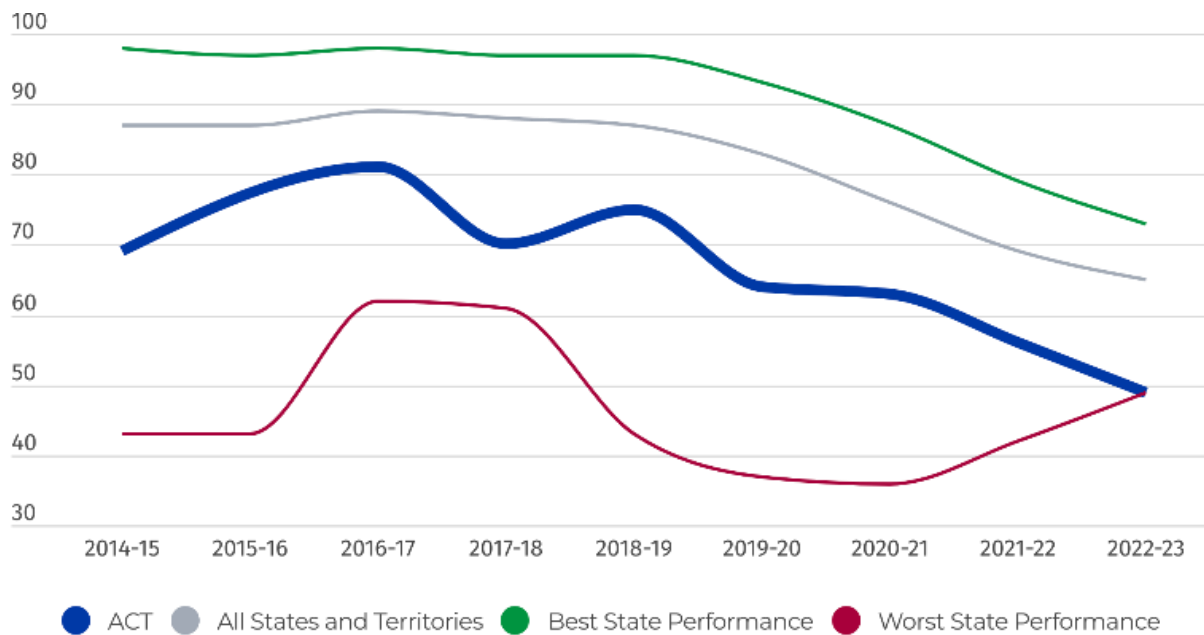


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) - ACT

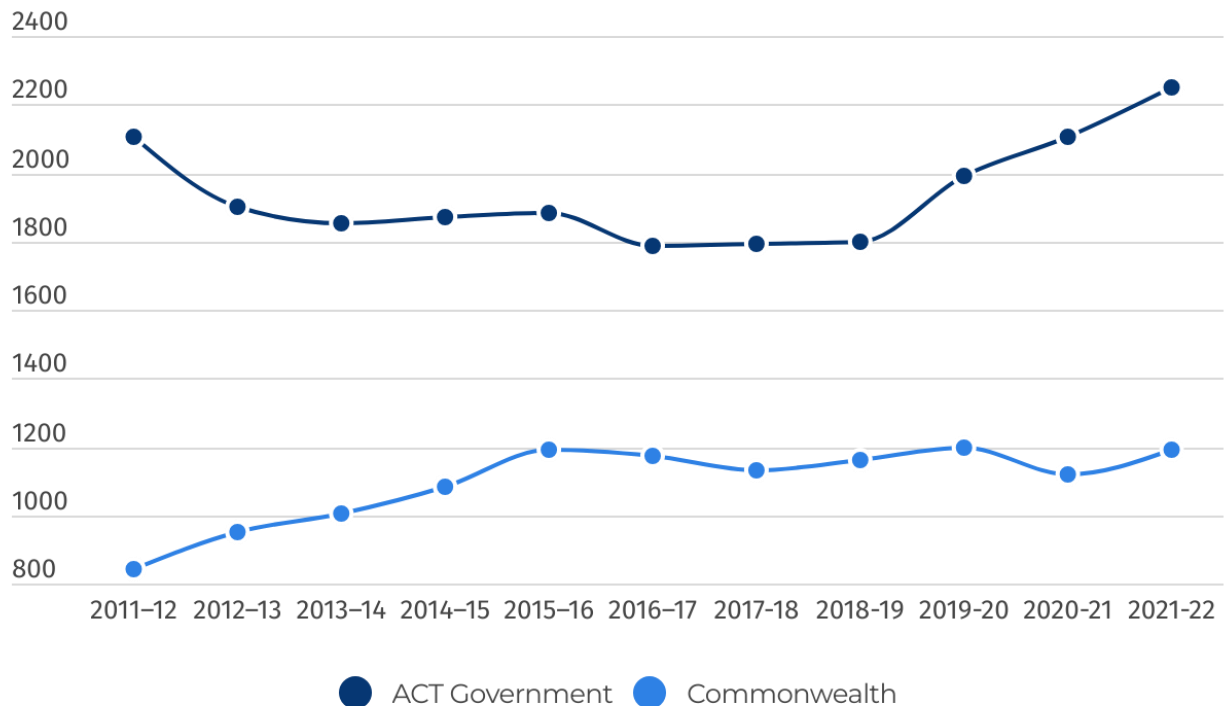


Public hospital expenditure – ACT

Figure 6: Per person average annual percentage increase in public hospital funding by government source (constant prices) - ACT

	2011–12 to 2021–22	2011–12 to 2016–17	2016–17 to 2021–22
Commonwealth	3.19%	5.59%	0.31%
Queensland Government	0.59%	-2.71%	3.90%

Figure 7: Public hospital funding, per person, by government source (constant prices) - ACT



Note that the most recent public hospital funding data is from 2021–22. In the ACT, the territory government takes on the largest proportion of public hospital funding of any jurisdiction, where 65 per cent of per person funding comes from the territory, and only 35 per cent by the federal government.

NORTHERN TERRITORY



Dr Robert Parker
President, AMA NT

In 2019, I wrote a letter to then federal Health Minister Greg Hunt pointing out that from Productivity Commission data, NT Hospitals were two to three times as busy as hospitals in other Australian states and territories.

There has also been recent publicity that Emergency Departments in the NT have twice the activity level of other hospitals in Australia. This also reflects unique characteristics of health issues in the NT with a significant proportion (30 per cent) of the Territory’s population being Indigenous with a significant number of the Indigenous population living in remote and rural areas and suffering from a high burden of chronic disease. This has, in the main, to be serviced by Royal Darwin Palmerston and Alice Springs Hospitals, adding to their activity level.

The pressure on NT hospitals has led to repeated “Code Yellow” crisis situations at Royal Darwin and Palmerston Hospitals and the reallocation of elective surgical waiting lists to help cope with the crisis. In the context of the above, the results of the most recent hospital data for the NT are not unexpected but also pleasantly surprising in some respects.

The median time for elective surgery appears to be the best in Australia whilst the percentage of Category 2 elective surgery patients admitted within the recommended time is equivalent to most other states and territories, although there has been a significant reduction in pre-covid performance in this regard. It is also pleasing to see that the NT has improved its performance in respect to the percentage of emergency department visits completed within 4 hours.

Key takeaways

Despite a large fall in the proportion of urgent ED patients being seen within 30 minutes or less, the Northern Territory saw the most improvements by national comparisons in the 2024 Public Hospital Report Card. The Territory saw improvements in three of four metrics and had the best “four-hour rule” and median surgery waiting times.

Figure 1: NT performance 2022-23 compared to the previous year

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
✗	✓	✓	✓

Figure 2: NT performance 2022–23 compared to national average (below or above)

Cat 3 ED on time	4 Hour Rule	Median Surgery wait	Cat 2 Surgery wait
▼	▲	▲	▼

Emergency department performance — Northern Territory

The Northern Territory performed equal best in the “four-hour rule”, with 2022–23 figures bouncing back towards the territory’s long-term average. The proportion of Category 3 patients being seen within the recommended time of 30 minutes, however, **is far below the national average at only 44 per cent.**

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes – NT

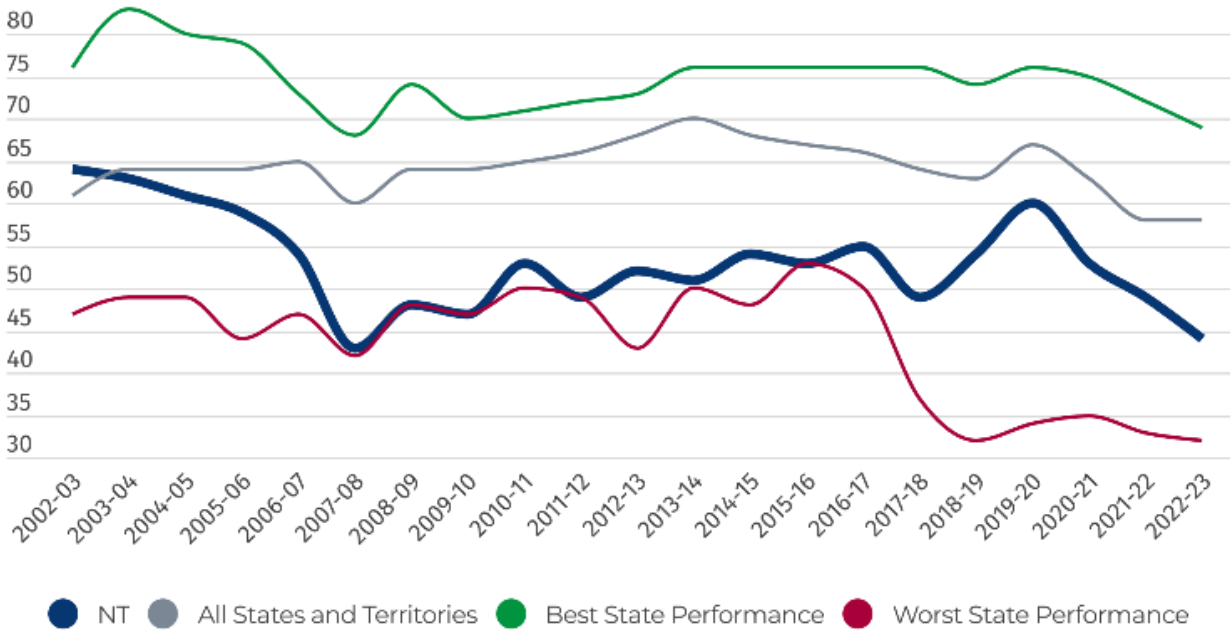
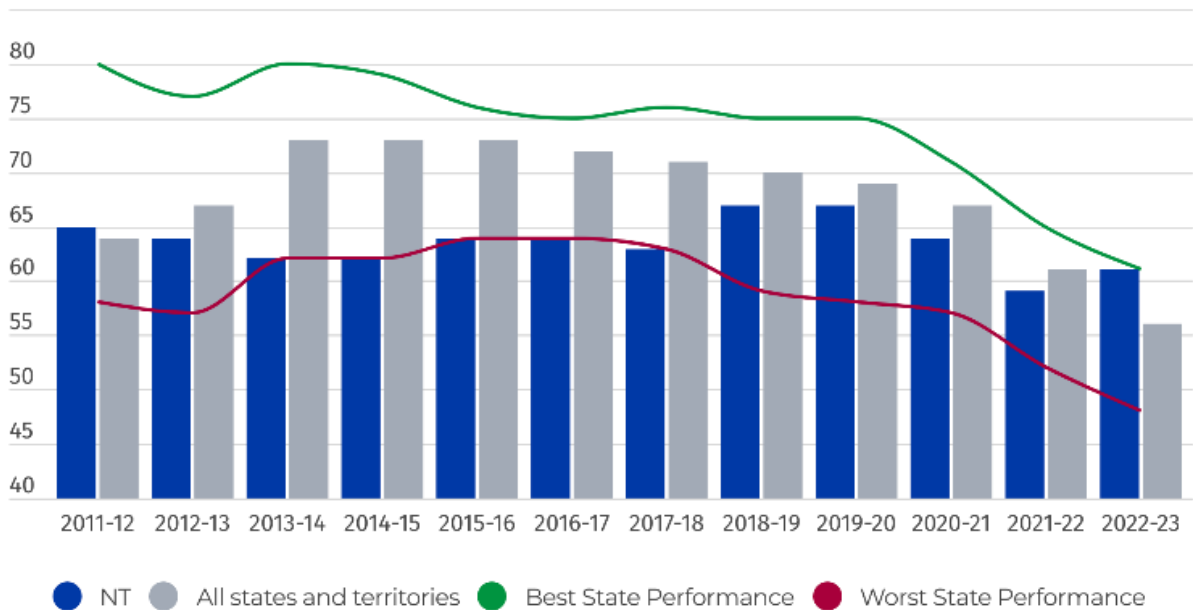


Figure 4: Percentage of ED visits completed in four hours or less - NT



Planned surgery performance — Northern Territory

The Northern Territory is again a relatively strong performer when it comes to planned surgery wait times. The Northern Territory has maintained lower median wait times for public planned surgery than they had between 2005 and 2014, with a nation leading **29 days representing a 1-day** improvement from last year’s figure. The territory sits right on the national average of Category 2 patients admitted within the recommended time, a slight improvement to **62 per cent**.

Figure 5: Median waiting time for planned surgery (days) - NT

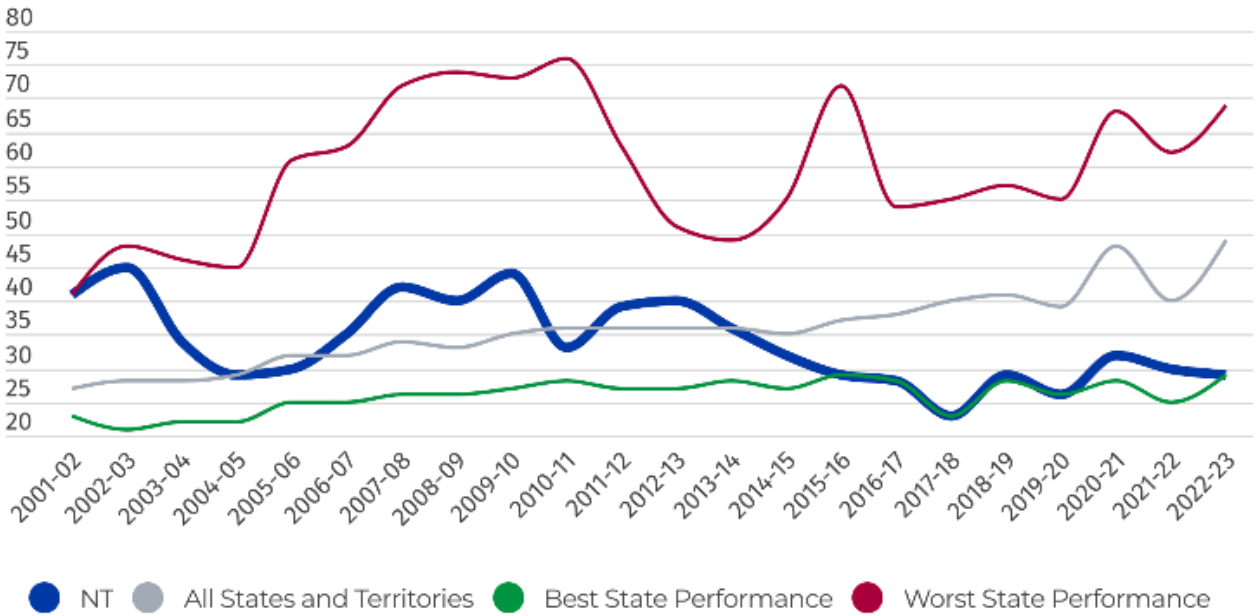
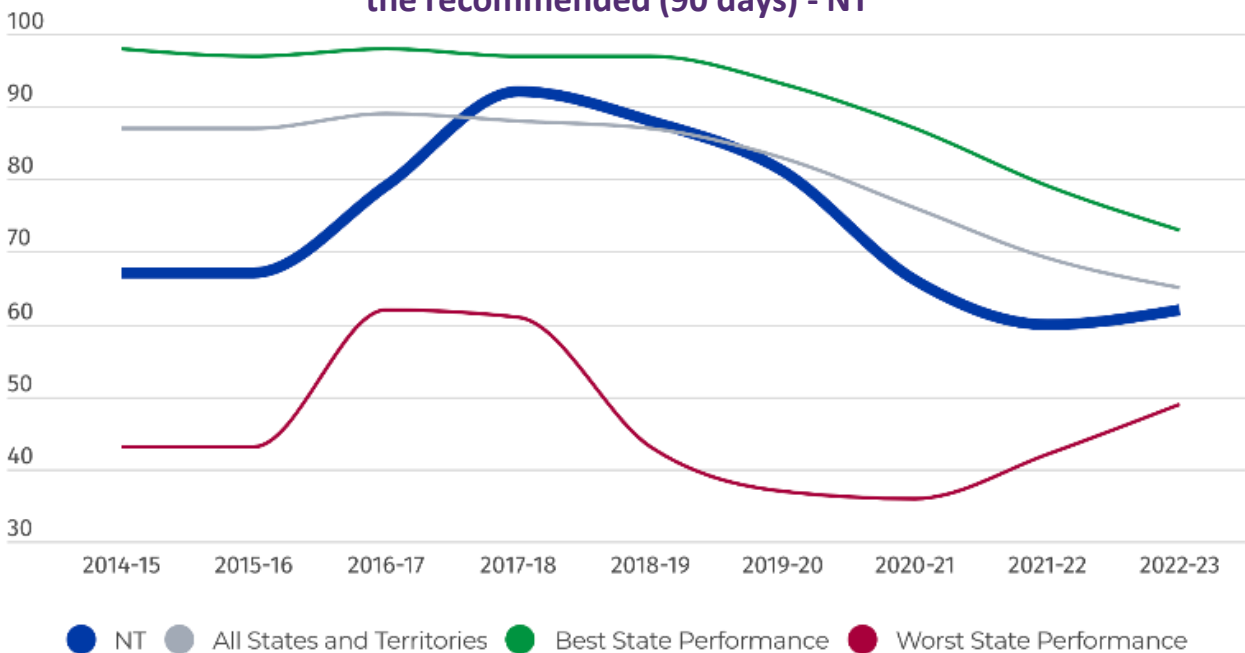


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) - NT

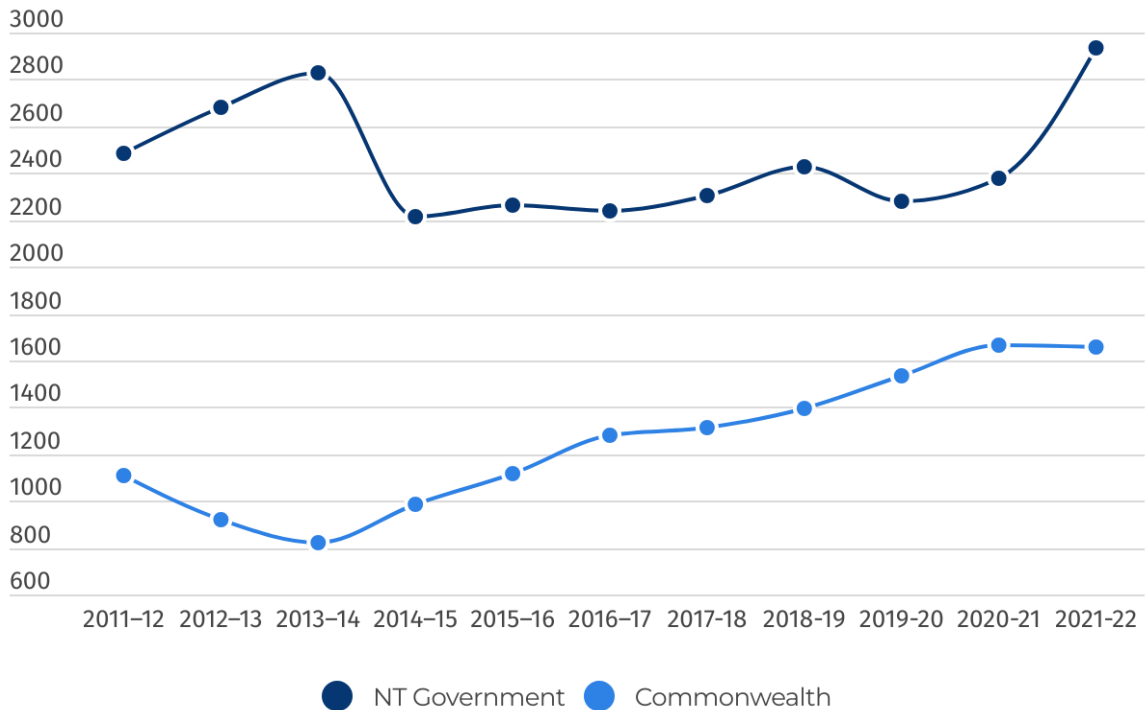


Public hospital expenditure

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) - NT

	2011–12 to 2021–22	2011–12 to 2016–17	2016–17 to 2021–22
Commonwealth	3.77%	2.47%	4.44%
Northern Territory Government	1.52%	-1.73%	4.61%

Figure 8: Public hospital funding, per person, by government source (constant prices) - NT



At \$2931 of public hospital spending by the Northern Territory government per person, the territory invests the most in its public hospital system per person.

DATA SOURCES AND REFERENCES USED IN THIS REPORT CARD

The 2024 Public Hospital Report Card utilises data from two sources: The Australian Institute of Welfare, and the Australian Bureau of Statistics. Rather than referencing each graph individually, this section provides a guide for the data sources referenced throughout the report card.

All population data are taken from current and past ABS "National, state and territory population" data downloads. The most up to date version at the time of publication is;

- Australian Bureau of Statistics (2023) – "National, state and territory population"; data downloads - data cubes; National, state and territory populations. Accessed 9th April 2024 from; https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/sep-2023/31010do001_202309.xlsx

Note that some figures and statistics have been calculated internally by the AMA using the referenced sources.

NATIONAL FIGURES

Figure 1; Australian Population compared to Public Hospital Beds for every 10,000 Australians

- Australian Government – Australian Institute of Health and Welfare (2023) "Admitted Patients"; Hospital resources 2021-22 data tables – Table 4.5. Available at; <https://www.aihw.gov.au/getmedia/baadf9bf-f9af-4cd1-8c3c-c385ae4c8564/Hospital-resources-tables-2021-22.xlsx>
- Compared to ABS data (as above)

Figure 2; Population compared to public hospital patient days – by age

- Australian Government – Australian Institute of Health and Welfare (2023) "Admitted patients"; Admitted care 2021-22 3 Who used admitted patient services? – Table S3.2. Available at; <https://www.aihw.gov.au/getmedia/a5f0102d-a177-4f6c-a8cf-8da41ae698b4/3-admitted-patient-care-2021-22-tables-access.xlsx.aspx>
- Compared to ABS data (as above)

Figure 3; Australian Public Hospital beds per 100 population, aged 65 and over;

- Australian Government – Australian Institute of Health and Welfare (2023) "Admitted Patients"; Hospital resources 2021-22 data tables – Table 4.5. Available at; <https://www.aihw.gov.au/getmedia/baadf9bf-f9af-4cd1-8c3c-c385ae4c8564/Hospital-resources-tables-2021-22.xlsx>
- Calculated with ABS data (as above) and historical AIHW data archived by the AMA

Figures 4 & 5;

- Australian Government – Australian Institute of Health and Welfare (2023) "Emergency Department Care"; Emergency department data extract 2011-2 to Latest. Available at; <https://myhospitalsapi.aihw.gov.au/api/v1/measure-downloads/myh-ed>

Figure 6; Median waiting time for elective surgery (days);

- Australian Government – Australian Institute of Health and Welfare (2023) "Elective Surgery"; Elective Surgery waiting times 2022-23 data tables – Table 4.3. Available at; <https://www.aihw.gov.au/getmedia/61e4dfcb-d285-4505-9874-9d3a856b6564/Elective-surgery-waiting-times-2022-23.xlsx>
- This graph also utilises historical AIHW data archived by the AMA

DATA SOURCES AND REFERENCES USED IN THIS REPORT CARD

Figure 7; National Category 2 planned surgery admissions – proportion seen on time compared to 2 year moving average of surgeries completed in person.

- Australian Government – Australian Institute of Health and Welfare (2023) "*Elective Surgery*"; Elective Surgery waiting times 2022-23 data tables – Tables 4.11-4.18. Available at; <https://www.aihw.gov.au/getmedia/61e4dfcb-d285-4505-9874-9d3a856b6564/Elective-surgery-waiting-times-2022-23.xlsx>
- Calculated with ABS data (as above)

Figures 8 and 9;

- Australian Government – Australian Institute of Health and Welfare (2023) "*Health expenditure Australia 2021-22*" (Website Visualiser). Accessed 10/4/2024 from <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2021-22/contents/main-visualisations/overview>

STATE BY STATE FIGURES

Note that all state and territory figures use the same data sources to compare state-by-state performance. Tables 1 and 2 from each section provide a summary of each state's results in comparison to the previous year and this year's national average.

Figures 3 and 4;

- Australian Government – Australian Institute of Health and Welfare (2023) "*Emergency Department Care*"; Emergency department data extract 2011-2 to Latest. Available at; <https://myhospitalsapi.aihw.gov.au/api/v1/measure-downloads/myh-ed>
- Figure 3 also utilises historical AIHW data archived by the AMA

Figures 5 and 6;

- Australian Government – Australian Institute of Health and Welfare (2023) "*Elective Surgery*"; Elective Surgery waiting times 2022-23 data tables – Tables 4.11-4.18. Available at; <https://www.aihw.gov.au/getmedia/61e4dfcb-d285-4505-9874-9d3a856b6564/Elective-surgery-waiting-times-2022-23.xlsx>
- Figure 5 also utilises historical AIHW data archived by the AMA

Figure 7 and 8;

- Australian Government – Australian Institute of Health and Welfare (2023) "*Health expenditure Australia 2021-22*" (Website Visualiser). Accessed 10/4/2024 from <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2021-22/contents/main-visualisations/overview>



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