Guide to interpreting elective surgery wait list data for Western Australia

1. Introduction
The online elective surgery wait list (ESWL) reports provide information on elective surgery access in the WA health system, including performance against the WA Elective Services Target (WEST).

The WA health system refers to the public health system in WA, as defined in Section 19(1) of the Health Services Act 2016. The WA health system comprises the Department of Health, Health Service Providers and contracted health entities, to the extent that contracted health entities provide health services to the State.

Data definitions for ESWL reports are based on Australian Institute of Health and Welfare (AIHW) reporting guidelines.

2. Data sources and data coverage
Data in ESWL reports is extracted from the Elective Services Wait List Data Collection (ESWLDC), which is sourced from the HCARe (Health Care and Related Information System), TOPAS (The Open Patient Administration System), webPAS (Web-based Patient Administration System) and Joondalup Health Campus, Peel Health Campus and St. John of God Midland Public Hospital data systems.

The online ESWL reports include data from all hospitals and contracted health entities within the WA health system that have elective surgery wait lists.

3. Data extraction and reporting
All on list data in the ESWL online reports is as at the end of the last day of each reported month. Data is updated on a monthly basis. The date of data extraction is noted at the base of each report page i.e. “Data extracted dd mmm yyyy”.

The online ESWL reports include the following data:

- Elective surgery cases on the wait list
  o cases on wait list, statewide results, total, within boundary and over boundary cases
  o cases on wait list and median waiting time, statewide results by clinician specialty and by clinical urgency category
  o cases on wait list by hospital
  o within boundary cases on wait list by hospital
  o over boundary cases on wait list by hospital
- Western Australian Elective Services Target
  o percentage over boundary, statewide: total and by clinical urgency category
  o cases on list and percentage over boundary by hospital and clinical urgency category
• Median waiting time
  o median waiting time for cases on list by, statewide results by clinical urgency category
  o cases on list and median waiting time by hospital and clinical urgency category for 20 designated clinician specialties, with the balance included in an “other” clinician specialty
• 90th percentile waiting time
  o 90th percentile waiting time, statewide results by clinical urgency category
  o cases on list and 90th percentile waiting time by hospital and urgency category for 20 designated clinician specialties, with the balance included in an “other” clinician specialty
• Admissions from the elective surgery wait list
  o cases admitted, statewide results
  o cases admitted by hospital for 20 designated clinician specialties, with the balance included in an “other” clinician specialty
• Admissions from the elective surgery wait list by clinical urgency category
  o cases admitted, statewide results by clinical urgency category
  o Category 1 admissions by hospital
  o Category 2 admissions by hospital
  o Category 3 admissions by hospital

4. Data interpretation

Cases
For the purposes of the ESWL reports, patients are referred to as cases. This is because a patient may be on an elective surgery waiting list for more than one procedure requiring admission on more than one occasion.

Median and 90th percentile data
Median and 90th percentile results should be interpreted with caution for small data sets.

Effects of rounding
Where figures have been rounded, discrepancies may occur between sums of the component items and totals. Published percentages are calculated prior to rounding.

Admissions to hospital from the elective surgery wait list
• All elective surgery admissions are reported.
• Admitted coded cases are excluded where the wait listed procedure does not meet the AIHW definition of elective surgery.
• Admitted uncoded cases (i.e. where procedure name is not provided) are included if the wait list type is ‘Surgical’ and the wait list category is ‘Elective’.

Number on the elective surgery wait list at the end of period
• On List cases are included where the patient’s status is ‘ready for care’.
• On List ‘ready for care’ coded cases are excluded when the wait list procedures are on the AIHW ‘excluded procedures’ list.
• On List uncoded cases are included if the wait list type is ‘Surgical’ and the wait list category is ‘Elective’.
• Data for On List cases are preliminary as they are snapshots as at the end of each month.
Revisions of historical data
Data in previously published reports may be revised due to updates to procedure codes, lags in data processing, data cleaning or other corrections. Therefore, the most recent edition of reports should be consulted.

5. Glossary
Median refers to 50% of the elective surgery waiting times found at or below this value.

90th percentile refers to 90% of the elective surgery waiting times found at or below this value.

Specialty refers to the clinician specialty i.e. “The area of clinical expertise held by the doctor who will perform the elective surgery”. (Source: Australian Institute of Health and Welfare Elective surgery waiting list episode – surgical specialty definition (http://meteor.aihw.gov.au/content/index.phtml/itemId/269607). For Bariatric surgery, these cases are identified by the wait listed procedure rather than the clinician specialty.

Clinical urgency categories prioritise patients from most urgent (Category 1) to least urgent (Category 3), as determined by the treating specialist.
  - Category 1 refers to procedures that are clinically indicated within 30 days.
  - Category 2 refers to procedures that are clinically indicated within 90 days.
  - Category 3 refers to procedures that are clinically indicated within 365 days.

Within boundary cases applies to patients waiting less than the recommended period for their clinical urgency category.

Over boundary cases applies to patients waiting longer than the recommended period for their clinical urgency category.

Western Australia Elective Services Target (WEST) refers to the statewide performance target for the provision of elective services, introduced on 1 April 2016. It replaced the National Elective Surgery Target (NEST), following the expiry of the National Partnership Agreement on Improving Public Hospital Services in 2015.

The WEST aims to ensure timely and equitable access to public elective services. WEST indicator refers to the percentage of cases on elective surgery wait lists that have waited longer than the clinically recommended time for their procedure, according to their urgency category. The current statewide target is 0%.
6. Citation of the WA health system ESWL data

Acknowledgement of the Western Australian Department of Health, Information and System Performance Directorate, should accompany any use of the data.

Suggested citation:


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This document can be made available in alternative formats on request for a person with a disability.