

28 June 2018

Reporter - Stuff
PO Box 1327,
Auckland, 1140

E-mail:

Dear ,

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 30 May 2018. You requested the following information, and our responses are set out below:

1. **On what extent the DHB was at or over-capacity last year compared with the previous two years.**
 - **How many days was the DHB operating at 100% capacity or more in the 2017, 2016, and 2015 calendar years - Broken down by day/ month?**
 - **What was the highest capacity measured on any given day?**

Please refer to **Table 1** (below) that shows a summary of capacity in our Adult Acute ward specialties at Middlemore Hospital, being Medical, Surgical and Adult Rehabilitation/ Health of Older People (ARHOP). This reflects capacity at 7:00am, showing occupancy of available beds, including current occupancy and numbers waiting for admission in the Emergency Department. This is not the same as a midnight census, but better captures daily demand.

Calendar Year	Service Group	Median Rate	Most Common Occurrence		Days >=90%	Days >= 100%
			Rate	No. Days		
2015	Medical Surgical, ARHOP Combined	95%	95%	45	347	49
	Medical	94%	93%	26	284	108
	Surgical	96%	97%	24	279	112
	ARHOP	94%	91%	34	276	67
2016	Medical Surgical, ARHOP Combined	96%	94%	42	349	45
	Medical	98%	100%	25	325	168
	Surgical	92%	89%	27	231	70
	ARHOP	95%	99%	29	300	87
2017	Medical Surgical, ARHOP Combined	98%	99%	40	363	132
	Medical	105%	101%	22	362	267
	Surgical	96%	97%	32	314	104
	ARHOP	86%	90%	31	113	0

Table 1

Data of the daily acute bed occupancy rates against open beds is provided (**appendix 1**).

Please note we have specifically excluded from this report the capacity in specialist clinical areas, such as Mental Health, Maternity and Paediatrics, as well as the Critical Care complex. These areas have different clinical parameters and occupancy arrangements, and that inclusion can distort the occupancy rates of acute ward areas.

Counties Manukau Health monitors in real-time the demand for hospital beds and capacity across the entire system, with a focus on maintaining availability and flow through the hospital, via our Middlemore Central operational centre. Our aim is to maintain safe staffing levels within our hospitals at all times. We manage staffing levels proactively to match clinical needs, safe skill mix and use of additional resources as required.

Demand for hospital admission varies depending on a wide range of variables, including time of day, time of year and season. Over the 3 years, total available beds varied from 378-593 per day, with lowest numbers open and required over the Christmas holiday periods, and acute adult bed occupancy averaged 97% for the period specified. The number of beds available in each service on any given day may include over-census, short-stay and flex-beds and unbudgeted beds opened in times of additional demand. Beds are ‘opened and closed’ on a daily basis in response to demands and staffing, and during winter we allocate additional capacity to medical specialties.

We have mechanisms to organisationally signal high demand for beds, including “Hospital Full Days”, and agreed escalation plans for management of demand. Please refer to **Chart 1** summarising the number of ‘Full Hospital Alert’ days for each of the three years, noting the criteria for these days outlined below.

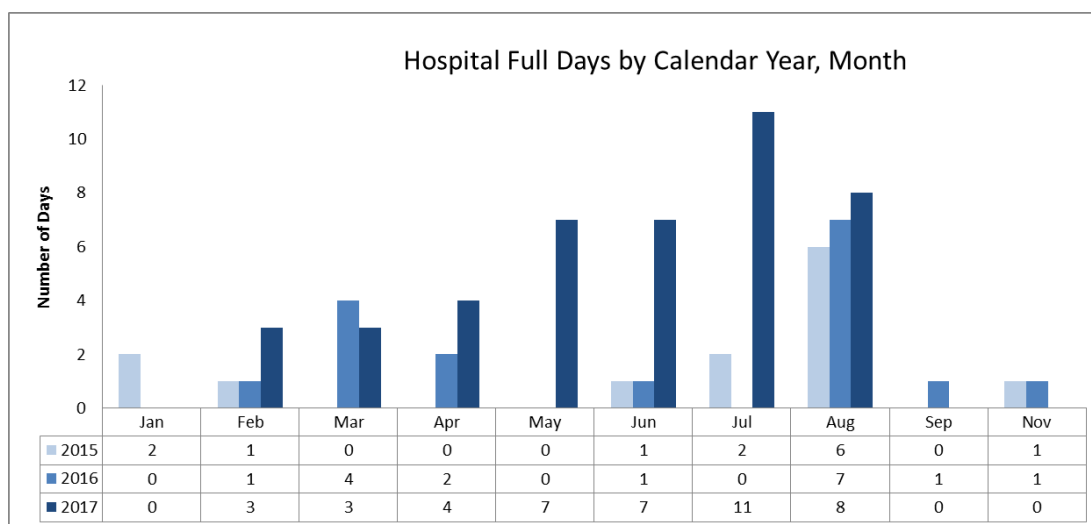


Chart 1

Please note a ‘Hospital Full Day’ at Middlemore is measured every morning at 7.00am, our criteria for these days as follows:

1. Occupancy in medical and surgical services adult inpatient wards is $\geq 100\%$
2. There are ≥ 20 acute admission bed requests
3. Medical Assessment Unit occupancy is $\geq 75\%$
4. Consideration is also given to:
 - a. High Operating Theatre minutes
 - b. Over-census patients on wards

In the 2018 year-to-date, there have been three Hospital Alert days, 2 in March, and 1 in June.

For the 3 years covered by this request, the highest 'over-capacity' calculated rate for these three specialities combined (at the 07.00 am report) was 110% on 25 July 2017, reflecting high demand for acute medical care, and mid-winter levels of Emergency Care presentations needing admission. However, the 'over-capacity' events vary for each speciality. For ARHOP, occupancy was highest on 18 February 2015; medical occupancy was highest on 25 July 2017, and for surgical services acute occupancy was highest on 07 December 2017.

We have a range of bed management and capacity strategies to manage these situations, including opening additional 'flex or short stay' beds, a hospital-wide focus on discharge by 11:00am, the Discharge Lounge available to care for patients who are due to leave hospital that day, and access to additional health and care support services for patients in the community.

We also continue to promote "The Right Care for You" Campaign across our community. This encourages people to consider the range of available options for healthcare, including use of the national 0800 Healthline, Community Pharmacy, and early contact with General Practices (including for free and subsidised care), Accident and Medical Care centres, and community NGO support services. This assists us to ensure that Emergency Care and hospital is available for those in greatest need.

2. I am also requesting any internal communications/ correspondence sent from staff - including but not exclusive to department heads, clinical leads - to the Board or the Health Ministry regarding concerns to the number of medical beds available or staff levels, year to date.

In December 2017, we submitted to the Ministry of Health our 'Strategic Assessment - Immediate Demand' which summarised our need to address our responses to growth in demand for health services in Counties Manukau, along with our regular submission of the CMDHB Statement of Performance Expectations and Annual Report 2016/17, which are all publicly available on our CMDHB website:

- <http://countiesmanukau.health.nz/about-us/performance-and-planning/planning-documents/>

Our Executive staff provides regular updates to the CMDHB Board members on hospital performance via the 6 weekly reporting to the Hospital Advisory Committee of the Board, publicly available on our website. In addition, each year we agree and document a Winter Plan for hospital capacity, and review this with a Lesson's Learnt Report in November. This covers the forecast demand based on capacity planning algorithms, reallocation of beds to match forecasting, escalation plans and service level arrangements for staffing, leave management and outsourcing. The review matches forecasts to actual demand and any other lessons learnt over the period such as demand from seasonal illnesses such as influenza. These reports are both available to the Board and our Ministry of Health liaison team; please advise if you believe these are pertinent to your query.

This year, there have been a number of other reports provided to the Board detailing planning options for responding to future growth in demand for both hospital and wider health care demand. We believe the most useful summary of these deliberations is reflected in the paper presented to the Board meeting on 27 June.

In addition, we are aware that you have requested a copy of the Briefing to the incoming Board Chair under the Official Information Act from the Ministry of Health. That document was informed by information from DHB executives, and addresses several of these matters, along with a range of other challenges for our services.

Public Hospital capacity and occupancy are a complex and multi-factorial area of hospital operational management, and we are happy to further discuss interpretation of the data provided if you have any questions.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

A handwritten signature in blue ink, appearing to be 'G. Johnson', with a long, sweeping horizontal line extending to the right.

Gloria Johnson
Chief Executive (Acting)