COUNTIES MANUKAU HEALTH

2nd July 2020

[redacted]
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Email: [redacted]

Dear [redacted]

Official Information Act (1982) Request

I write in response to your Official Information Act request, received by us on 03 June 2020. You requested the following information.

1. **What medical tests are administered to a patient before they are admitted to the mental health ward?**
2. **What mandatory medical checks are carried out in the Emergency Department before a patient is transferred to the mental health ward?**
3. **How are the checks monitored/ checklist carried out?**
4. **Which symptoms must a patient present with for an MRI scan on their brain to be ordered?**
5. **In the past four years,**
    a. **How many patients admitted to the mental health unit have subsequently been diagnosed with a brain tumour?**
    6. **Of these patients,**
        a. **What was the period between their first admittance date to the mental health unit, and their brain tumour diagnosis?**
    7. **Of these patients,**
        a. **How many died as a result of their diagnosis?**
        b. **How many survived their diagnosis?**
8. **What is the percentage of brain tumour patients dying in hospital (without specialist care) while waiting for treatment?**
9. **We understand that while waiting for treatment, brain tumour patients are sent to the hospital zoned by the suburb they live in, even though there are no neurosurgeons in that particular hospital and despite families objecting to the transfer.**
    a. **Could confirm if this is correct, and if so, why this policy is in place?**
10. **In the past four years, how many patients and/or families have lodged complaints with the DHB about a delayed brain tumour diagnosis?**

As context, Counties Manukau Health (CM Health) provides health and support services to people living in the Counties Manukau region (approx. 569,400 people). Our services are delivered via hospital, outpatient/ ambulatory and community-based models of care. We provide regional and

supra-regional specialist services (for orthopaedics, plastics, burns and spinal services). We employ more than 7,500 FTE staff, and see more than 118,000 people in our Emergency Department each year. We receive more than $1.6 billion from the Government to deliver these services. There are also several specialist services provided for our community via other metro Auckland DHBs, including tertiary surgical/ medical services, some mental health and addiction services.

Our responses to each of your questions are below.

1. **What medical tests are administered to a patient before they are admitted to the mental health ward?**
2. **What mandatory medical checks are carried out in the Emergency Department before a patient is transferred to the mental health ward?**
3. **How are the checks monitored/checklist carried out?**

Our patients may present to the Emergency Department in a number of different ways, including with new symptoms, illness or injury, a crisis in an existing health condition, or with an acute medical problem which may or may not be exacerbating mental health, behaviours, or cognitive capacity. Patients may also present having taken an overdose, self-harmed or be under the influence of drugs and alcohol.

Therefore, a broad and varied range of investigations can be required to inform clinical care. We do not define a set of “mandatory” testing which must be performed on all patients arriving in the Emergency Department.

Rather, on arrival all patients are triaged using the Australasian Triage Scale - to prioritise those who need immediate life-saving intervention from those who can be assessed in a timely fashion. All patients also receive an initial Nursing assessment, including noting a brief clinical and social history, and a full set of vital signs are performed. This includes temperature, pulse rate, blood pressure, respiratory rate, oxygen saturations and a calculation of their level of consciousness (using the Glasgow Coma Scale - GCS).

An Emergency Department doctor will then assess the patient. Their role is to identify immediate medical conditions that need urgent investigation and treatment to preserve life or limb, or make a time-critical diagnosis. Further clinical investigations and diagnostics will be based on subsequent clinician assessments and consultations over the course of the admission.

Assigning a diagnosis is the clinical process of determining which disease or condition explains a person's symptoms and signs. Often this process will see one or more diagnostic options progressively narrowed down or confirmed using medical tests, but this doesn’t always lead to an immediate definitive and absolute diagnosis.

Once any acute, critical or life-threatening problems have been excluded, a patient medical records will state that it is medically safe to be admitted to a ward for continued assessment/treatment and care (including to mental health), or to be discharged from hospital. This process will also include consideration of safety arrangements – either in the community or wards.

4. Which symptoms must a patient present with for an MRI scan on their brain to be ordered?

There is no exhaustive list of symptoms for an MRI Scan to be indicated. As per the comments above, the process of clinical assessment and diagnostics may include requesting a MRI scan to inform clinical intervention. This can occur in primary care, ambulatory/ outpatient services, hospital admission and emergency care.

Broadly, but not exclusively, a patient with the following signs/ circumstances presenting in the Emergency Department may suggest a need for clinician consideration of imaging of the brain (by CT or MRI scans):

- Onset of psychiatric disorder/symptoms in middle age and older
- Acute onset or delirium-like symptoms/ behaviour
- Neurological signs or symptoms
- Pre-existing neurological condition, or brain pathology
- Significant change in presentation/ behaviours
- Family history of neurological disorders
- History of head injury
- Seizures

5. In the past four years,
   a. How many patients admitted to the mental health unit have subsequently been diagnosed with a brain tumour?

6. Of these patients,
   b. What was the period between their first admittance date to the mental health unit, and their brain tumour diagnosis?

7. Of these patients,
   c. How many died as a result of their diagnosis?
   d. How many survived their diagnosis?

We have searched our clinical coding data base, which includes all cases discharged from our hospital facilities. We have identified any patient with an ICD10 code of C71* *Malignant Neoplasm of Brain,* between the start of 2016 and the end of 2019, and then any of those patients discharged from the mental health services.

In the specified four years, 337 patients were discharged from CM Health services (all areas with a C71* diagnosis). Two of these patients were discharged from the Mental Health services, one in 2017, and the other in 2019. In one case, the patient was admitted to mental health prior to the diagnosis of a brain tumour. Both passed away in 2019.

Given the very specific parameters of these two cases, and the small number identified as matching this, we believe that providing further details will enable individual identification of the individuals. We do not believe in the circumstances of this request, that the public interest outweighs the right to privacy of these individuals and their families. We do this under section 9(2)(a) of the Act – *to protect the privacy of natural persons, including deceased persons*.

8. **What is the percentage of brain tumour patients dying in hospital (without specialist care) while waiting for treatment?**

The Faster Cancer Treatment target case data (01.01.2016 – 31.05.2020), identified one case of a patient who died before commencing initial treatment. It is not appropriate to comment further on the possible contributory reasons for this, without full clinical review of the case notes, and we note again the need to right of patients for privacy as outlined above.

9. **We understand that while waiting for treatment, brain tumour patients are sent to the hospital zoned by the suburb they live in, even though there are no neurosurgeons in that particular hospital and despite families objecting to the transfer.**
   e. **Could confirm if this is correct, and if so, why this policy is in place?**

Any patient who becomes unwell and presents to hospital care will be clinically assessed. If admission to hospital is needed, this will generally first be in the DHB of domicile (closest to their home). Patients with a neurological disease are admitted to General Medicine and the Neurology specialists. These clinicians will do daily reviews (ward rounds), including arranging any ongoing assessment/ diagnostic investigations and commence treatments.

In the Northern Region, specialist Neurology and Neurosurgery services are provided regionally by Auckland DHB for people living in Northland, Waitemata, Auckland, and Counties Manukau DHB areas. Therefore, patients assessed by the Neurology team as requiring acute/ complex Neurology care are transferred to Auckland Neurology at Auckland City Hospital.

For patients diagnosed with a brain tumour, as a new finding, the case will first be discussed/ reviewed with the Neurosurgery Services at Auckland DHB. In many instances, further diagnostics and care is able to be arranged at the local DHB hospital, including initial MRI and staging CT-body scans. The multidisciplinary team will then arrange for either outpatient follow-up, or transfer to Neurosurgery services at Auckland City Hospital as appropriate for biopsy and ongoing treatment decision-making.

10. **In the past four years, how many patients and/or families have lodged complaints with the DHB about a delayed brain tumour diagnosis?**

From our Feedback system, we identified one formal complaint about a missed/delayed brain tumour diagnosis in the past 4 years (2016 – 2019). This was raised by a patient's family in 2017, and is not related to the two cases detailed above. We responded to the family, at the time the complaint was received.

We are aware of correspondence in 2019 with the CEO Office on behalf of a patient admitted in 2019, and we have responded directly to the family on their concerns.

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

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health