

12 August 2019

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

E-mail: [REDACTED]

Dear [REDACTED]

Official Information Act (1982) Request

I write in response to your Official Information Act request, received by CM Health on 12 July 2019, via transfer from TAS Wellington under section 14 of the Act.

You requested the following information:

All data from July 2016 (monthly or, if not readily available, quarterly) to the latest available:

- 1. Elective surgery discharges (case weights and actual number) ***
- 2. Planned (funded) elective surgery discharges (case weights) ***
- 3. Elective medical discharges (case weights and actual number) ***
- 4. Planned (funded) elective medical discharges (case weights) ***
- 5. Acute case weight discharges ***
- 6. Acute case weights planned (funded) ***
- 7. Number and % of patients with a confirmed cancer diagnosis receive their first cancer treatment (or other management) within 31 days of a decision to treat.**
- 8. Number and % of patients referred urgently with a high suspicion of cancer receive their first treatment (or other management) within 62 days of the referral being received by the hospital.**
- 9. Number and % of accepted referrals for CT scans receiving procedures within 42 days.**
- 10. Number and % of accepted referrals for MRI scans receiving procedures within 42 days**
- 11. Number and % of ED patients discharged or treated, within 6 hours**
- 12. Number of presentations to ED**

**This data should include any Inter District Flow activity delivered by the DHB for people who are domiciled in other DHBs. The purpose behind the data is to assess whether the DHB provider arm is delivering to the budgeted (funded) volumes.*

Our responses are in the tables attached to this letter. We have grouped our responses to each broad area (question 1-6 related to volumes, question 7 and 8 related to Faster Cancer Treatment, question 9 and 10 related to Diagnostic Access, and question 11 and 12 related to Emergency Care length of stay).

We note that this information of this type is also routinely provided in the Balanced Scorecard section of each report to the CMDHB Hospital Advisory Committee meeting. The scorecard information provides the monthly results related to volumes and targets, along with the relevant commentary on the range of operational contributing factors that can impact performance, including capacity, workforce and demand growth. In addition, our performance on all government targets, including Faster Cancer Treatment, Diagnostic Access and Shorter waits in Emergency departments is reported to the CMDHB Board Meeting each quarter. Both these reports are publicly available on our website.

We are providing the attached collated reports on the metrics request by you as at July 2019, without charge, and to the best of our ability to retrospectively extract from systems. We note that the commentary in the above publicly available reporting should also be reviewed to understand the many factors contributing to these results.

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 read 'F. Apa', is positioned above the typed name.

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health

All data from July 2016 (monthly or, if not readily available, quarterly) to the latest available:

1. Elective surgery discharges (case weights and actual number) *
2. Planned (funded) elective surgery discharges (case weights) *
3. Elective medical discharges (case weights and actual number) *
4. Planned (funded) elective medical discharges (caseweights) *
5. Acute case weight discharges *
6. Acute case weights planned (funded) *

**This data should include any Inter District Flow activity delivered by the DHB for people who are domiciled in other DHBs. The purpose behind the data is to assess whether the DHB provider arm is delivering to the budgeted (funded) volumes.*

Refer to tables 1 and 2 below. Definitions used are below the tables.

Table 1 provides responses to question 1, 2 (surgical electives) and question 5 and 6 for surgical acute.

Table 2 provides responses to question 3, 4 (medical electives) and question 5 and 6 for medical acute.

PLEASE NOTE: providing this retrospective data has required an analyst to manually re-extract data from coding/costing systems, and is therefore per financial year.

Surgical Purchase Units				
Admit Type Group	Values	16/17	17/18	18/19
Acute	Discharges	20,311	20,836	20,276
	CWD	24,779	24,932	25,344
	Contract	24,658	24,217	24,617
Elective	Discharges	15,032	14,598	13,823
	CWD	16,122	15,300	14,834
	Contract	16,405	15,894	15,607

Table 1 – Surgical actual, case weighted and contract volumes per year by Acute and Elective

Medical Purchase Units				
Admit Type Group	Values	16/17	17/18	18/19
Acute	Discharges	42,051	42,340	42,155
	CWD	30,457	31,571	31,252
	Contract	30,793	30,769	30,797
Elective	Discharges	659	649	679
	CWD	653	677	719
	Contract	971	855	700

Table 2 – Medical actual, case weighted and contract volumes per year by Acute and Elective

Definitions

- Full Fiscal Year Description
- Purchaser = DHB Funded & Overseas eligible only
- Unit of Measure = Case Weighted Discharges (CWD)
- Contract = Price Volume Schedule
- Acute, includes Arranged admit type

We do not routinely set a 'contract' against surgical DRGs in medical Purchase Unit Codes, and therefore cannot retrospectively create a contract against the new Planned Care criteria.

Volume activity and performance is routinely reported in financial and performance reports to the CMDHB Board. In addition, a more detailed summary report of the Case weights and Discharge volumes data is included in the monthly Balanced Scorecard provided to the Hospital Advisory Committee of the Counties Manukau District Health Board, and is publicly available in the agenda and papers of these meetings. The Balanced Scorecard reports include a month and Year to Date result for all of the months covered in your request.

- <https://countiesmanukau.health.nz/about-us/governance/board-and-committees/>

Annual Caseload Monitoring reports are also publicly available on the Ministry of Health website – currently up to June 2018, with 2018/19 results expected to be available in September 2019. These reports track the services delivered by DHB hospitals against annual service delivery plans. It includes inpatient and outpatient service delivery and data is presented from both DHB of Service and DHB of Domicile views.

- <https://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/district-health-board-data-and-stats/caseload-monitoring-reports>

7. Number and % of patients with a confirmed cancer diagnosis receive their first cancer treatment (or other management) within 31 days of a decision to treat.
8. Number and % of patients referred urgently with a high suspicion of cancer receive their first treatment (or other management) within 62 days of the referral being received by the hospital.

Refer to Table 3 below

Counties Manukau DHB Quarterly Faster Cancer Treatment target results - 1 July 2016 - 30 June 2019

measure	Q2 - 1 July - 31 Dec 2016	Q3 - 1 Oct - 31 Mar 2017	Q4 - 1 Jan - 30 June 2017	Q1 - 1 Apr - 30 Sept 2017	#Q2- 1 July - 31 Dec 2017	Q3 - 1 Oct - 31 Mar 2018	Q4 - 1 Jan - 30 June 2018	Q1 - 1 Apr - 30 Sept 2018	Q2- 1 July - 31 Dec 2018	Q3 - 1 Oct - 31 Mar 2019	Q4 - 1 Jan - 30 June 2019
Number of patients with confirmed cancer receive treatment within 31 days of decision to treat	738/859	720/819	691/772	769/800	771/816	747/793	709/769	732/796	773/848	746/854	706/831
% patients with confirmed cancer receive treatment within 31 days of decision to treat	86%	88%	90%	89%	95%	94%	92%	92%	91%	87%	85%
Number of patients with high suspicion cancer receive treatment within 62 days	189/249	178/228	161/201	181/220	198/211	205/214	195/207	171/192	171/202	151/197	152/187
% patients with high suspicion cancer receive treatment within 62 days	76%	78%	80%	82%	94%	96%	94%	89%	85%	77%	81%

Table 3 – Faster Cancer Treatment target results (31 days and 62 days)

PLEASE NOTE: #Q2. July 2017 - MoH advise a Technical Change to measure - to exclude patient choice and clinical consideration breaches and the target increases to 90% of cases.

PLEASE NOTE: Reporting periods for the FCT results are provided as reported to Ministry of Health - being in rolling and overlapping 6 months periods, as per the table (July - December, October - March, January - June and April - September).

Monthly and ongoing data is reported via the Hospital Advisory Committee agenda, and are publicly available.

- 9. Number and % of accepted referrals for CT scans receiving procedures within 42 days.
- 10. Number and % of accepted referrals for MRI scans receiving procedures within 42 days

Refer to Table 4 below

Period	CT % accepted with 42 days	CT total procedures within 42 days	MR % accepted within 42 days	MRI total procedures within 42 days
Q1 2016/17	98%	2,300	91%	1,017
Q2 2016/17	98%	2,386	78%	704
Q3 2016/17	96%	2,236	70%	680
Q4 2016/17	95%	2,334	79%	810
Q1 2017/18	94%	2,383	69%	578
Q2 2017/18	91%	2,159	51%	432
Q3 2017/18	78%	1,762	40%	364
Q4 2017/18	91%	2,453	43%	823
Q1 2018/19	93%	2,522	37%	472
Q2 2018/19	95%	2,509	31%	449
Q3 2018/19	88%	2,190	27%	438
Q4 2018/19	95%	2,367	40%	737

Table 4: Number and % of accepted CT scan and MRI scans completed within 42 days

PLEASE NOTE: This data is only for referrals and procedures completed that are under the criteria of the current Diagnostic Access target; and does not include cases completed as part of an acute admission.

11. Number and % of ED patients discharged or treated, within 6 hours**12. Number of presentations to ED**

Refer to Table 5 and 6 below:

PLEASE NOTE: As per Ministry of Health rules, not all ED presentations are counted for the “6-hour Length of Stay” rule and target results. We have identified the number of eligible cases, and the pass rate for those cases

There are two exclusions

- 1) People who self discharge
- 2) People who go directly to a short-stay area on arrival.

Month	Number Pass target	Pass target %	Total eligible for 6 hour Rule
2016 01	7,931	96%	8,220
2016 02	7,650	94%	8,104
2016 03	8,270	96%	8,577
2016 04	7,539	95%	7,916
2016 05	8,038	96%	8,362
2016 06	7,915	96%	8,231
2016 07	8,255	96%	8,568
2016 08	8,217	96%	8,576
2016 09	8,035	96%	8,386
2016 10	7,870	96%	8,179
2016 11	7,554	95%	7,958
2016 12	7,841	95%	8,212
2017 01	7,557	95%	7,930
2017 02	7,000	94%	7,479
2017 03	7,944	95%	8,360
2017 04	7,560	93%	8,149
2017 05	7,691	93%	8,299
2017 06	8,079	91%	8,916
2017 07	7,503	84%	8,908
2017 08	7,920	89%	8,900
2017 09	7,605	92%	8,239
2017 10	7,688	92%	8,401
2017 11	7,349	90%	8,175
2017 12	7,765	89%	8,691
2018 01	7,717	88%	8,744
2018 02	6,920	87%	7,926
2018 03	7,908	89%	8,873
2018 04	7,369	90%	8,232
2018 05	7,725	91%	8,458
2018 06	7,449	88%	8,507

Month	Number Pass target	Pass target %	Total eligible for 6 hour Rule
2018 07	7,655	84%	9,165
2018 08	7,728	83%	9,299
2018 09	6,701	80%	8,340
2018 10	7,214	86%	8,340
2018 11	6,874	84%	8,178
2018 12	7,219	86%	8,367
2019 01	7,207	86%	8,349
2019 02	6,629	86%	7,674
2019 03	7,051	82%	8,635
2019 04	6,647	83%	8,044
2019 05	7,078	80%	8,828
2019 06	6,508	76%	8,550

Table 5: Number and percentage of “6 hour rule” passes by month

Month	All Presentations to Emergency Dept
2016 01	9,322
2016 02	9,473
2016 03	9,774
2016 04	9,019
2016 05	9,513
2016 06	9,404
2016 07	9,866
2016 08	9,926
2016 09	9,685
2016 10	9,442
2016 11	9,270
2016 12	9,473
2017 01	9,080
2017 02	8,558
2017 03	9,577
2017 04	9,281
2017 05	9,601
2017 06	10,334
2017 07	10,293
2017 08	10,285
2017 09	9,507
2017 10	9,679
2017 11	9,509
2017 12	10,081
2018 01	10,133
2018 02	9,139

Month	All Presentations to Emergency Dept
2018 03	10,143
2018 04	9,352
2018 05	9,678
2018 06	9,703
2018 07	10,539
2018 08	10,877
2018 09	9,773
2018 10	9,672
2018 11	9,421
2018 12	9,585
2019 01	9,708
2019 02	8,851
2019 03	10,147
2019 04	9,498
2019 05	10,406
2019 06	10,121

Table 6: Number of total presentations to the Middlemore Hospital Emergency Dept by month

ENDS