



# West Coast District Health Board

## Te Poari Hauora a Rohe o Tai Poutini

Corporate Office  
High Street, Greymouth 7840

Telephone 03 769-7400  
Fax 03 769-7791

26 August 2019

9(2)(a)  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

### RE Official Information Act request WCDHB 9325

I refer to your email dated 9 July 2019 sent to the TAS which they subsequently transferred to us on 12 July 2019 requesting the following information under the Official Information Act from West Coast DHB regarding KPI data. Specifically:

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

**\*\*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 budgeted (funded) volumes.**

We note your purpose for this Official Information Act request as being related to our DHB's Provider Arm activities. Accordingly, in relation to questions 1 to 6 and questions 9, 11 and 12, we present the data you have requested in relation to activity provided at and through Grey Base Hospital – being our only Provider Arm facility at which the relevant secondary care level 3-4 services are undertaken locally. We would also like to note these numbers include work done by Canterbury DHB clinicians, working under the Transalpine agreement, performing work locally on the West Coast. With this noted, please find the answers to your questions as follows:

#### 1. Elective surgery discharges (caseweights and actual number)\*\*

For those elective surgical discharges publicly funded on a case-weight basis, the caseweight discharges undertaken through our Provider Arm services each month over the past three years has been as follows:

##### Elective Surgery Caseweights:

|         | JUL   | AUG   | SEP   | OCT   | NOV   | DEC   | JAN   | FEB   | MAR   | APR   | MAY   | JUN   |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2016/17 | 98.7  | 147.4 | 127.5 | 113.3 | 155   | 110.5 | 106.7 | 75.3  | 143.9 | 116.2 | 106.4 | 135.6 |
| 2017/18 | 122.8 | 136.6 | 110   | 123.3 | 141   | 118.8 | 110.1 | 107.8 | 128.9 | 112.1 | 160.6 | 126.1 |
| 2018/19 | 106.8 | 151.4 | 121.2 | 121.7 | 124.8 | 106.8 | 136.8 | 97.5  | 145.2 | 128.5 | 172   | 96.3  |

##### Elective Surgery - Raw Numbers:

|         | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2016/17 | 127 | 206 | 161 | 154 | 212 | 138 | 157 | 119 | 186 | 140 | 177 | 168 |
| 2017/18 | 152 | 173 | 132 | 170 | 183 | 148 | 144 | 158 | 165 | 145 | 199 | 154 |
| 2018/19 | 169 | 196 | 185 | 160 | 166 | 141 | 166 | 146 | 149 | 161 | 180 | 129 |

In addition, our Provider Arm has undertaken a number of elective surgical discharges each year which do not fall under the category of discharges funded on a case-weight basis. The volume of these surgical discharges from our public waiting list undertaken through our Provider Arm services each month over the past three years has been as follows:

|         | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2016/17 | 52  | 89  | 69  | 72  | 90  | 53  | 58  | 54  | 89  | 69  | 63  | 61  |
| 2017/18 | 62  | 72  | 57  | 73  | 69  | 53  | 60  | 55  | 72  | 63  | 74  | 76  |
| 2018/19 | 79  | 83  | 80  | 57  | 65  | 78  | 38  | 54  | 52  | 55  | 54  | 45  |

## 2. Planned (funded) elective surgery discharges (caseweights)\*\*

West Coast DHB funds our Provider Arm for the portion of caseweight funded elective surgical services via internally budgeted annual funding, based on an indicative volume of 1,232 case-weighted discharges per annum, in combination with other funding streams. This has been the same indicative volume for our Provider Arm for the past three years. Volumes have not been specifically phased on a monthly basis over this time.

## 3. Elective medical discharges (caseweights and actual number)\*\*

West Coast DHB does not generally provide elective medical services from public waiting lists through its Provider Arm services. There have only been two such cases over the last three years; one in October 2016 and the other in June 2019.

## 4. Planned (funded) elective medical discharges (caseweights)\*\*

West Coast DHB does not generally provide elective medical services from public waiting lists through its Provider Arm services, so does not specifically fund any as a separate item. The cost of provision of such cases as we have had has been included within our budget for acute funded medical services.

## 5. Acute caseweight discharges\*\*

Data for this question uses the Ministry of Health definition for counting acute medical service admission types as being both arranged (require to be admitted within 7 days) and acute (urgent, requiring to be admitted same day), along with acute surgery volumes.

Accordingly, for those acute medical and surgical discharges publicly funded on a case-weight basis, the caseweight discharges and accompanying raw number of acute discharges undertaken through our Provider Arm services each month over the past three years has been as follows:

### Acute Discharges - Caseweights:

|         | JUL   | AUG   | SEP   | OCT   | NOV   | DEC   | JAN   | FEB   | MAR   | APR   | MAY   | JUN   |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2016/17 | 191.2 | 229.0 | 184.3 | 201.7 | 187.0 | 187.8 | 176.4 | 177.2 | 176.2 | 229.4 | 213.0 | 193.8 |
| 2017/18 | 191.8 | 195.1 | 223.8 | 243.4 | 222.2 | 217.2 | 244.8 | 241.7 | 244.6 | 227.6 | 220.7 | 203.8 |
| 2018/19 | 201.5 | 239.2 | 214.1 | 230.8 | 198.4 | 217.0 | 226.7 | 215.8 | 209.7 | 231.0 | 215.5 | 214.5 |

### Acute Discharges – Raw Numbers:

|         | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2016/17 | 257 | 289 | 268 | 303 | 257 | 273 | 229 | 261 | 263 | 260 | 258 | 264 |
| 2017/18 | 289 | 287 | 300 | 361 | 333 | 373 | 396 | 352 | 368 | 327 | 317 | 307 |
| 2018/19 | 324 | 344 | 340 | 364 | 342 | 366 | 362 | 344 | 342 | 350 | 353 | 315 |

## 6. Acute caseweights planned (funded)\*\*

West Coast DHB funds our Provider Arm for the portion of acute surgical and medical services via internally budgeted annual funding, based on an indicative volume of 2,513 case-weighted discharges per annum, in combination with other funding streams. This has been the same indicative volume for our Provider Arm for the past three years. Volumes have not been specifically phased on a monthly basis over this time.

## 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

Data in the following table - showing the 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 - is reported using the Ministry of Health policy priority reporting criteria for people on the 31-day pathway for receiving cancer treatment. This target measures time from a decision to treat to first treatment following clinical evaluation of the confirmed cancer case and agreement with the patient on what course (or courses) of treatment they would like to follow, which once accepted, should ideally be conducted within 31 days. As such, it shows results for West Coast domiciled people receiving treatment at secondary and tertiary facilities wherever the first treatment may commence. This includes treatment at other DHBs, and is therefore not reflective of the West Coast DHB Provider Arm alone.

The percentage achievement result is calculated quarterly, based on a rolling 6-month average consistent with the Ministry of Health measurement of performance in this indicator.

|         |     | JUL   | AUG | SEP | OCT   | NOV | DEC | JAN   | FEB | MAR | APR   | MAY | JUN |
|---------|-----|-------|-----|-----|-------|-----|-----|-------|-----|-----|-------|-----|-----|
| 2016/17 | A * | 9     | 17  | 10  | 18    | 13  | 15  | 8     | 9   | 12  | 7     | 18  | 15  |
|         | B * | 12    | 18  | 16  | 20    | 13  | 15  | 10    | 10  | 16  | 11    | 19  | 15  |
|         | C * | 75.0% |     |     | 87.2% |     |     | 89.3% |     |     | 85.2% |     |     |
| 2017/18 | A * | 8     | 12  | 14  | 13    | 17  | 11  | 6     | 12  | 12  | 15    | 11  | 5   |
|         | B * | 9     | 15  | 16  | 14    | 18  | 12  | 9     | 14  | 15  | 16    | 12  | 8   |
|         | C * | 87.1% |     |     | 89.3% |     |     | 86.6% |     |     | 82.4% |     |     |
| 2018/19 | A * | 15    | 18  | 15  | 12    | 7   | 15  | 10    | 13  | 13  | 24    | 14  | 12  |
|         | B * | 16    | 20  | 18  | 14    | 9   | 15  | 10    | 14  | 14  | 25    | 17  | 15  |
|         | C * | 87.7% |     |     | 89.1% |     |     | 92.1% |     |     | 90.5% |     |     |

\* Key to data fields in rows of table above:

- Number of patient records of patients referred with confirmed diagnosis of cancer receiving first cancer treatment (or other management) within 31 days of decisions to treat.
- Total number of patients within the 31-day pathway cohort, by month of first treatment.
- Quarterly % achievement of target – six-month rolling average.

## 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

Data in the following table - showing the 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 - is reported using the Ministry of Health reporting criteria for people on the 62-day pathway for Faster Cancer Treatment. As such, it shows results for West Coast domiciled people receiving treatment at secondary and tertiary facilities wherever the first treatment (or other management) may commence. This includes treatment (or other management) at other DHBs, and is therefore not reflective of the West Coast DHB Provider Arm alone.

The percentage achievement result is calculated quarterly, based on a rolling 6-month average consistent with the Ministry of Health measurement of performance in this indicator. Quarterly results may differ from results publicly reported by the Ministry of Health at the time of release, due to subsequent data submission update changes.

|         |     | JUL | AUG | SEP   | OCT | NOV | DEC   | JAN | FEB | MAR   | APR | MAY | JUN   |
|---------|-----|-----|-----|-------|-----|-----|-------|-----|-----|-------|-----|-----|-------|
| 2016/17 | A * | 0   | 2   | 4     | 4   | 1   | 5     | 1   | 1   | 0     | 0   | 1   | 2     |
|         | B * | 2   | 3   | 5     | 5   | 1   | 5     | 1   | 3   | 1     | 0   | 1   | 3     |
|         | C * |     |     | 63.2% |     |     | 76.2% |     |     | 75.0% |     |     | 55.6% |
| 2017/18 | A * | 1   | 2   | 3     | 1   | 3   | 2     | 1   | 3   | 2     | 5   | 1   | 0     |
|         | B * | 1   | 2   | 3     | 2   | 5   | 2     | 2   | 3   | 2     | 6   | 1   | 1     |
|         | C * |     |     | 90.0% |     |     | 80.0% |     |     | 75.0% |     |     | 80.0% |
| 2018/19 | A * | 2   | 2   | 3     | 1   | 3   | 3     | 1   | 3   | 1     | 4   | 5   | 6     |
|         | B * | 4   | 3   | 3     | 2   | 4   | 4     | 2   | 4   | 2     | 6   | 5   | 8     |
|         | C * |     |     | 72.2% |     |     | 70.0% |     |     | 66.7% |     |     | 74.1% |

\* Key to data fields in rows of table above:

- A. Number of patient records of patients referred with high suspicion of cancer on the 62-day Faster Cancer Treatment health target pathway receiving first cancer treatment (or other management) within 62 days.
- B. Total number of patients within the 62-day Faster Cancer Treatment health target pathway cohort, by month of first treatment.
- C. Quarterly % achievement of target – six-month rolling average.

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

The number and % of accepted referrals for CT scans and receiving CT scan procedures within 42 days for West Coast domiciled patients each month over the last three years is as follows:

|         |     | JUL  | AUG  | SEP  | OCT  | NOV  | DEC  | JAN  | FEB  | MAR  | APR  | MAY  | JUN   |
|---------|-----|------|------|------|------|------|------|------|------|------|------|------|-------|
| 2016/17 | A * | 102  | 124  | 114  | 109  | 111  | 113  | 94   | 131  | 131  | 133  | 142  | 131   |
|         | B * | 102  | 124  | 114  | 109  | 111  | 113  | 94   | 131  | 131  | 133  | 142  | 131   |
|         | C * | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100%  |
| 2017/18 | A * | 107  | 132  | 122  | 140  | 142  | 97   | 125  | 103  | 119  | 119  | 154  | 137   |
|         | B * | 107  | 132  | 122  | 140  | 142  | 97   | 125  | 103  | 119  | 119  | 154  | 137   |
|         | C * | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100%  |
| 2018/19 | A * | 124  | 131  | 116  | 147  | 121  | 127  | 126  | 115  | 146  | 119  | 143  | 89    |
|         | B * | 124  | 131  | 116  | 147  | 121  | 127  | 126  | 115  | 146  | 119  | 143  | 93    |
|         | C * | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 95.7% |

\* Key to data fields in rows of table above:

- A. Number waiting or scanned and reported in 42 days (6 weeks) or less.
- B. Total number waiting or scanned and reported.
- C. % of CT scans in 42 days (6 weeks) or less.

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

West Coast DHB does not operate Magnetic Resonance Imaging at all within its Provider Arm service. West Coast patients are referred to services in other DHB regions for MRI scans - principally to services in the public and private sector in Christchurch, as being the nearest providers. In noting this, the number and % of accepted referrals for MRI scans and receiving MRI scan procedures within 42 days for West Coast domiciled patients each month over the last three years is as follows (overleaf):

|         |     | JUL   | AUG   | SEP   | OCT   | NOV   | DEC   | JAN   | FEB   | MAR   | APR   | MAY   | JUN   |
|---------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2016/17 | A * | 67    | 74    | 78    | 90    | 55    | 68    | 55    | 66    | 97    | 66    | 50    | 77    |
|         | B * | 79    | 95    | 109   | 102   | 63    | 83    | 87    | 88    | 123   | 73    | 69    | 84    |
|         | C * | 84.8% | 77.9% | 71.6% | 88.2% | 87.3% | 81.9% | 63.2% | 75.0% | 78.9% | 90.4% | 72.5% | 91.7% |
| 2017/18 | A * | 53    | 57    | 65    | 56    | 50    | 54    | 35    | 51    | 41    | 41    | 55    | 60    |
|         | B * | 68    | 70    | 82    | 70    | 64    | 58    | 48    | 56    | 44    | 44    | 64    | 64    |
|         | C * | 77.9% | 81.4% | 79.3% | 80.0% | 78.1% | 93.1% | 72.9% | 91.1% | 93.2% | 93.2% | 85.9% | 93.8% |
| 2018/19 | A * | 57    | 54    | 45    | 54    | 41    | 17    | 36    | 31    | 24    | 25    | 25    | 51    |
|         | B * | 67    | 64    | 51    | 73    | 55    | 24    | 46    | 37    | 28    | 32    | 32    | 54    |
|         | C * | 85.1% | 84.4% | 88.2% | 74.0% | 74.5% | 70.8% | 78.3% | 83.8% | 85.7% | 78.1% | 78.1% | 94.4% |

\* Key to data fields in rows of table above:

- A. Number waiting or scanned and reported in 42 days (6 weeks) or less.
- B. Total number waiting or scanned and reported.
- C. % of MRI scans in 42 days (6 weeks) or less.

#### 11. Number and % of ED patients discharged or treated within 6 hours.

The total number of Emergency Department patients at Grey Base Hospital in triage levels 1 – 3, (being the triage levels measured by the Ministry of Health for this performance measurement), and percentage of these patients who were discharged or treated within 6 hours each month over the past three years, has been as follows:

|         | JUL   | AUG   | SEP   | OCT   | NOV   | DEC   | JAN   | FEB   | MAR   | APR   | MAY   | JUN   |
|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2016/17 | 361   | 365   | 334   | 387   | 351   | 318   | 324   | 362   | 341   | 346   | 345   | 326   |
|         | 99.7% | 98.4% | 97.6% | 98.7% | 99.4% | 99.1% | 99.7% | 99.4% | 99.1% | 98.8% | 99.7% | 98.8% |
| 2017/18 | 381   | 414   | 465   | 475   | 461   | 417   | 458   | 387   | 444   | 404   | 401   | 397   |
|         | 99.0% | 98.6% | 99.4% | 98.1% | 99.6% | 97.4% | 94.8% | 97.9% | 96.8% | 97.0% | 97.8% | 99.0% |
| 2018/19 | 418   | 495   | 455   | 470   | 444   | 431   | 476   | 442   | 444   | 450   | 438   | 456   |
|         | 97.6% | 98.2% | 97.4% | 96.2% | 97.1% | 96.1% | 97.3% | 97.5% | 96.8% | 98.0% | 97.9% | 97.4% |

#### 12. Number of presentations to ED.

The total number of Emergency Department presentations to Grey Base Hospital each month over the past three years, in all triage levels 1 to 5 inclusive, has been as follows:

|         | JUL | AUG | SEP | OCT  | NOV  | DEC  | JAN  | FEB  | MAR  | APR | MAY | JUN |
|---------|-----|-----|-----|------|------|------|------|------|------|-----|-----|-----|
| 2016/17 | 876 | 945 | 900 | 980  | 967  | 967  | 932  | 978  | 1060 | 970 | 909 | 898 |
| 2017/18 | 905 | 952 | 954 | 1028 | 1013 | 1094 | 1074 | 938  | 988  | 892 | 897 | 882 |
| 2018/19 | 961 | 986 | 996 | 990  | 987  | 1080 | 1037 | 1032 | 967  | 973 | 900 | 920 |

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery  
**Executive Director**  
**Planning, Funding & Decision Support**