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RE Official Information Act request CDHB 10579

I refer to your email dated 31 March 2021 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

1. **Regarding the unavailability of 2018 report - what you are saying is actually that that data was not moved from one system to the other and therefore you did not produce these very basic quality reports for at least 3 years? 2020 is an outlier, so I can get no meaningful data out of it. I would think that the data I am asking for is the very minimum DHB has to monitor in order to provide quality assessment for the services they are providing. To phrase the question more formally: Was the CDHB not monitoring the quality of cardiac services for 2017, 2018, 2019? If they did, can I have the quality reports.**

In October 2018, Canterbury DHB implemented a new patient management system called SI PICS. The way the data is captured and stored in SI PICS is significantly different from the previous system, Homer. While waitlist reports were created and regularly reviewed in Homer at the time to ensure timeliness of treatment, these reports are no longer available as of 2021. Instead, we can only access and use the reports which are available from SI PICS.

Additionally, there is no mandatory requirement by the Ministry of Health to report on Echocardiogram wait times retrospectively. Current Echocardiogram wait time data is reviewed on a regular basis.

2. **From your response I understand that Echo (which is currently the most definitive low cost screening procedure) wait times are not monitored by the CDHB for the last 3 years and no one is looking for correlation between Echo wait times and hospitalisation/death incidents? Again, more formally: Was the CDHB not monitoring the quality of cardiac diagnostic services and the correlation to hospitalisation/death for 2017, 2018, 2019? If they did, can I have the quality reports.**

Canterbury DHB does not cross-examine Echocardiogram wait time data with hospitalisation or death incidents. The DHB does not consider Echocardiograms to be a low-cost screening service. Examinations are performed by highly skilled operators with post-graduate qualifications. We monitor Echocardiogram wait times on a regular basis to ensure that we are seeing patients according to clinical priority and longest wait. In the event that a patient's waiting time is considered clinically unacceptable, then we will arrange a specialist appointment for the patient.

- 3. Same goes to ED while on waiting list. If you do not hold this information, this is a bit worrying. How can you budget your services without such report? Cost of ED vs cost of increasing procedures bandwidth, etc. Formally: Does the CDHB produce quality reports to measure how many people were admitted to ED for heart condition while waiting for a diagnostic/procedure?**

Canterbury DHB does not currently produce reports to specifically measure how many people were admitted to the Emergency Department (ED) for a heart condition while on the waitlist for a diagnostic/procedure.

The provision of health care services in Canterbury DHB is established according to the state of performance expectations, which sets out clinical and financial performance indicators and is agreed on by the DHB and the Crown. There are many determinants that can affect ED presentations and a delay in a low utility investigation such as an Echocardiogram is unlikely to have an effect.

I trust this satisfies your interest in this matter.

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

Yours sincerely



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