Te Whatu Ora
Health New Zealand

Public reporting of key performance metrics

Key Performance Metrics Summary

Priority Area	High Level Indicator	Description
Improving Child Wellbeing	1. Immunisation Rates for children at 24 months	Coverage is calculated as the percentage of children who turned two years of age during the period who are recorded as fully immunised for age on the National Immunisation Register (NIR), including all scheduled vaccines due between birth and age two years. This measure excludes children for whom vaccination has been declined by parents of guardians or those that have opted off the national immunisation register.
Improving Child Wellbeing	2. Ambulatory sensitive hospitalisations for children (age range 0-4)	Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through interventions deliverable in a primary care setting. Results are presented as a rate per 100,000 population. Rates are calculated as the number of ASH admissions to hospital for children aged between 0 and 4 years divided by the number of children in the population.
Improving Mental Wellbeing	3. Under 25s able to access specialist mental health services within three weeks of referral	Coverage is calculated as the percentage of young people (aged under 25) who have been referred to and seen by a specialist mental health service with a wait time of three weeks or less. Waiting times are counted from the time the referral is received for a person who has not been seen for at least a year (or not at all) to the time of the first face to face contact with a mental health professional.
Improving Wellbeing through Prevention	4. Ambulatory sensitive hospitalisations for adults (age range 45-64)	Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through interventions deliverable in a primary care setting. Results are presented as a rate per 100,000 population. Rates are calculated as the number of ASH admissions to hospital for adults aged between 45 and 64 years divided by the number of adults in the population.
Strong and Equitable Public Health System	5. Acute hospital bed day rate	Acute bed days are the number of days a person spends in hospital, following an acute admission. The acute bed days per capita rate is presented as the number of bed days for acute hospital stays per 1000 population. This measure is intended to reflect the demand for acute inpatient services on the health system.

Priority Area	High Level Indicator	Description
Strong and Equitable Public Health System	6. Faster cancer treatment (31 days)	The 31-day faster cancer treatment measure is calculated as the proportion of eligible cancer patients who receive their first treatment within 31 days of a decision to treat by a health professional. The days are counted from the decision to treat date to the delivery of their first treatment.
Planned Care	7. ESPI 2: Patients waiting longer than 4 months for their first specialist assessment	Elective Services Patient Flow Indicators (ESPI) measure whether local areas are meeting the required performance standard at a number of key decision or indicator points on the person's journey through the Planned Care system. ESPI 2 refers to Patients waiting longer than 4 months for their first specialist assessment (FSA). The goal is to have no patients waiting more than 4 months for an FSA.
Planned Care	8. ESPI 5: Patients given a commitment to treatment but not treated within 4 months	Elective Services Patient Flow Indicators (ESPI) measure whether local areas are meeting the required performance standard at a number of key decision or indicator points on the person's journey through the Planned Care system. ESPI 5 refers to Patients given a commitment to treatment but not treated within 4 months. The goal is to ensure no patients with this status remain untreated after 4 months.
Planned Care	9. Volume of people waiting for planned care (elective services) through a public hospital for > 365 days	Coverage is calculated as the total number of people in each local area who have been on a planned care waitlist for more than 365 days. In an effort to address growing waitlists this is a new measure aimed at reducing the number of long wait patients.
Acute Demand	10. ED attendances	Emergency Department attendances reflects the number of people who present to any emergency department. National growth in acute presentations has created challenges across the country for hospital services as well as appropriate access to emergency care for the population.
Acute Demand	11. ED admissions	Emergency Department admissions reflect the proportion of patients who are admitted to an inpatient ward directly from an emergency department. Inpatient wards can include ED short stay units such as ED observation or other wards designed to support surge capacity. Coverage is calculated as a percentage of admitted patients divided by all ED presentations.
Acute Demand	12.Short stay ED performance	Coverage is calculated as the proportion of ED patients who were admitted, discharged, or transferred from an emergency department within six-hours. Long stays in emergency departments are linked to overcrowding, which is associated with delays to care, longer hospital stays, decreased satisfaction, adverse outcomes and, most significantly, increased mortality. This measure excludes those people who presented to ED in error as well as those who did not wait to be seen.

1. Immunisation rates for children at 24 months

Immunisation rates reported for the period 01 July to 30 September 2022 – this information com es from the Te Whatu Ora / Ministry of Health Qlik data environment.

	Ethnicity					
	Total	NZE	Māori	Pacific	Asian	Other
Region	**% Fully Immunised**	**% Fully Immunised**	**% Fully Immunised**	**% Fully Immunised**	**% Fully Immunised**	**% Fully Immunised**
National	**82.2%**	**85.8%**	**67.3%**	**80.4%**	**94.4%**	**85.9%**
Northern	81.4%	82.2%	63.3%	79.3%	94.5%	85.4%
Te Manawa Taki	75.1%	80.6%	63.4%	70.1%	94.2%	80.8%
Central	83.4%	88.6%	70.6%	85.5%	93.4%	84.6%
Te Waipounamu	90.1%	91.2%	81.8%	89.1%	94.9%	90.7%

Numbers for this measure are reported quarterly because the small monthly numbers of eligible children for some population groups may mean that the data may be identifiable if reported monthly. Immunisation coverage for New Zealand children at 24 months of age is 82.2% percent for the three-month period ending 30 September 2022. Immunisation coverage is measured at 'milestone ages' using National Immunisation Register (NIR) data. The milestone ages are six months, eight months, 12 months (one year), 18 months, 24 months (two years), 54 months (four and a half years) and five years of age. National and regional data for previous quarters can be found at https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data

It should be noted that with the launch of the second phase of the Aotearoa Immunisation Register (AIR), from 1 October 2022 not all MMR records will be visible in this reporting. A very small proportion delivered primarily at pharmacies or non-GP sites are not included. This measure also excludes children for whom vaccination has been declined by parents of guardians or those that have opted off the national immunisation register.

2. Ambulatory sensitive (avoidable) hospitalisations (ASH) for children (age 0-4)

ASH rates are reported for the 12-month period to June 2022 – this information comes from the Nationwide Service Framework Library (NSFL).

	Ethnicity							
	Total		Māori		Pacific		Other	
Region	**ASH Events**	**ASH Rate***	**ASH Events**	**ASH Rate***	**ASH Events**	**ASH Rate***	**ASH Events**	**ASH Rate***
National	**16951**	**5618**	**5603**	**6594**	**2558**	**9812**	**8790**	**4610**
Northern	6274	5300	1580	5965	1898	9620	2796	3875
Te Manawa Taki	4098	6418	1999	7333	101	8417	1998	5645
Central	3345	6016	1278	6901	391	11500	1676	4976
Te Waipounamu	3234	5061	746	5874	168	9655	2320	4691

* ASH unstandardised rates are calculated at the number of ASH events per 100,000 of the 0-4 population.

It should be noted that the reporting of this measure varies between regions – for local areas with small Pacific populations, the 'Pacific" ethnicity is rolled into 'Other'. The local areas with large enough populations to report to report under 'Pacific' ethnicity are; Auckland, Waitemata, Counties Manukau, Waikato, Hawke's Bay, Capital and Coast, Hutt, Canterbury.

Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions for a wide range of conditions that are considered potentially reducible through prophylactic or therapeutic intervention deliverable in a primary care setting. High admission rates may indicate difficulty in accessing care in a timely fashion, poor care coordination or care continuity, or structural constraints such as limited supply of primary care workers. ASH rates are also determined by other factors, such as, health literacy and overall social determinants of health. This measure can also highlight variation between different population groups that will assist regional planning to reduce disparities. Additional information on ASH rates can be downloaded at https://nsfl.health.govt.nz/accountability/performance-and-monitoring/data-quarterly-reports-and-reporting/ambulatory-sensitive

3. Under 25s able to access specialist mental health services within three weeks of referral

Access rates are reported for the 12-month period September 2021 to August 2022 – data is taken from the Ministry of Health PP8 Mental Health Access Rates reporting.

	Ethnicity			
	Total	Māori	Pacific	Other
Region	**% Wait Time within 21 days**	**% Wait Time within 21 days**	**% Wait Time within 21 days**	**% Wait Time within 21 days**
National	**72.1%**	**77.8%**	**84.0%**	**68.2%**
Northern	73.0%	77.2%	85.5%	68.5%
Te Manawa Taki	70.1%	75.5%	81.8%	66.2%
Central	73.3%	80.3%	78.9%	69.1%
Te Waipounamu	70.5%	78.0%	80.3%	67.9%

Coverage is calculated as the percentage of young people (aged under 25) who have been referred to and seen by a specialist mental health service with a wait time of three weeks or less. Waiting times are counted from the time the referral is received for a person who has not been seen for at least a year (or not at all) to the time of the first face to face contact with a mental health professional.

4. Ambulatory sensitive (avoidable) hospitalisations (ASH) for adults (age 45-64)

ASH rates are reported for the 12-month period to June 2022 – this information comes from the Nationwide Service Framework Library (NSFL).

	Ethnicity							
	Total		Māori		Pacific		Other	
Region	**ASH Events**	**ASH Rate***	**ASH Events**	**ASH Rate***	**ASH Events**	**ASH Rate***	**ASH Events**	**ASH Rate***
National	**46037**	**3587**	**11329**	**6572**	**4378**	**6996**	**30330**	**2893**
Northern	17967	3802	3832	6933	3487	7330	10648	2880
Te Manawa Taki	10620	4216	4085	7329	182	6766	6353	3284
Central	9624	3890	2423	6522	597	6468	6604	3285
Te Waipounamu	7826	2511	989	4082	112	3625	6725	2365

* ASH unstandardised rates are calculated at the number of ASH events per 100,000 of the 45-64 population.

It should be noted that the reporting of this measure varies between regions – for local areas with small Pacific populations, the 'Pacific" ethnicity is rolled into 'Other'. The local areas with large enough populations to report to report under 'Pacific' ethnicity are; Auckland, Waitemata, Counties Manukau, Waikato, Hawke's Bay, Capital and Coast, Hutt, Canterbury.

Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions for a wide range of conditions that are considered potentially reducible through prophylactic or therapeutic intervention deliverable in a primary care setting. High admission rates may indicate difficulty in accessing care in a timely fashion, poor care coordination or care continuity, or structural constraints such as limited supply of primary care workers. ASH rates are also determined by other factors, such as, health literacy and overall social determinants of health. This measure can also highlight variation between different population groups that will assist regional planning to reduce disparities. Additional information on ASH rates can be downloaded at https://nsfl.health.govt.nz/accountability/performance-and-monitoring/data-quarterly-reports-and-reporting/ambulatory-sensitive

5. Acute hospital bed day rate

Acute hospital bed day rates are reported for the 12-month period to June 2022 – this information comes from the Nationwide Service Framework Library (NSFL).

	Ethnicity							
	Total		Māori		Pacific		Other	
Region	**No. Acute Bed Days**	**Acute Bed Day Rate***	**No. Acute Bed Days**	**Acute Bed Day Rate***	**No. Acute Bed Days**	**Acute Bed Day Rate***	**No. Acute Bed Days**	**Acute Bed Day Rate***
National	**2,084,267**	**405**	**343,451**	**391**	**159,455**	**453**	**1,581,361**	**404**
Northern	796,966	406	120,740	432	120,554	497	555,672	386
Te Manawa Taki	458,419	455	114,753	410	8,790	353	334,876	477
Central	375,875	385	68,342	360	19,974	371	287,558	393
Te Waipounamu	444,222	370	39,208	307	9,959	323	395,055	380

* Acute hospital bed day rates calculated at number per 1000 of the population

This measure can be used to manage the demand for acute inpatient services on the health system. The intent of the measure is to reflect integration between community, primary, and secondary care and it supports the strategic goal of maximising the use of health resources for planned care rather than acute care.

The measure is the rate calculated by dividing acute hospital bed days by the number of people in the New Zealand (NZ) resident population (NZ Census 2018). The acute bed days per capita rates are presented using the number of bed days for acute hospital stays per 1,000 population domiciled within a local area with age standardisation. The measure is calculated quarterly with a rolling 12-month data period. Acute hospital bed days are calculated by adding up the length of stays in days for patients presented to a NZ hospital acutely that are publicly funded. A stay is counted if the first event in that stay is classified as an acute inpatient event. Additional information on acute hospital bed day rates split by local area can be downloaded at: https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/acute

6. Faster cancer treatment (31 days)

This measure reports the percentage of patients within the 31-day Faster Cancer Treatment (FCT) health target cohort by month of first treatment. This information comes from Te Aho o Te Kahu – Cancer Control Agency.

	Month of first treatment								
Region	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**
National	**82.4%**	**86.6%**	**88.1%**	**87.7%**	**87.4%**	**86.1%**	**86.6%**	**85.9%**	**84.8%**
Northern	84.6%	87.5%	86.6%	86.9%	89.9%	87.7%	85.3%	84.1%	84.1%
Te Manawa Taki	79.9%	83.6%	88.9%	85.9%	84.6%	85.6%	88.2%	83.1%	83.9%
Central	83.3%	85.6%	89.9%	89.2%	89.2%	84.3%	85.1%	86.1%	87.1%
Te Waipounamu	81.1%	88.7%	88.1%	90.0%	84.3%	85.4%	88.9%	91.5%	84.7%

The 31-day faster cancer treatment measure is calculated as the proportion of eligible cancer patients who receive their first treatment within 31 days of a decision to treat by a health professional. The days are counted from the decision to treat date to the delivery of their first treatment. Overall, 84.8% of eligible cancer patients who received their first treatment in September, received it within 31 days of a decision to treat. Differences in performance may reflect clinical capacity to treat, complexity of individuals, or patient choice to delay treatment.

7. ESPI 2: Patients waiting longer than 4 months for their first specialist assessment

Data for this measure is from the National Booking System Key Performance Indicator (KPI) Qlik App. It includes all specialities with the exception of Dental. The numerator for this measure is the number of people who have been waiting for first specialist assessment (FSA) for > 4 months of the date of referral (indicator #67), the denominator is the total number waiting for FSA at the end of the month (indicator #14).

	End of Month									
Region	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**
National										
Total	**35,779**	**35,227**	**36,340**	**39,323**	**35,803**	**35,080**	**37,239**	**34,697**	**34,948**	**38,051**
%	**26%**	**26%**	**27%**	**29%**	**26%**	**26%**	**26%**	**24%**	**24%**	**25%**
Northern										
Total	14,350	13,566	14,325	16,116	14,989	15,243	16,545	15,607	16,467	17,838
%	28%	26%	27%	29%	27%	26%	28%	26%	27%	28%
Te Manawa Taki										
Total	9,621	9,541	9,985	10,536	9,775	9,204	9,391	8,610	8,178	9,089
%	30%	30%	32%	34%	32%	30%	31%	28%	28%	28%
Central										
Total	4,555	4,959	5,026	5,354	4,358	4,005	4,409	4,209	4,336	4,719
%	18%	20%	21%	23%	19%	18%	19%	17%	17%	18%
Te Waipounamu										
Total	7,253	7,161	7,004	7,317	6,681	6,628	6,894	6,271	5,967	6,405
%	26%	27%	27%	28%	26%	25%	26%	23%	22%	23%

The goal is have no patients waiting for >4 months for a first specialist assessment.

8. ESPI 5: Patients given a commitment to treatment but not treated within 4 months

Data for this measure is from the National Booking System Key Performance Indicator (KPI) Qlik App. It Includes General Surgery, Cardiothoracic Surgery, Maxillofacial Surgery, ENT, Gynaecology, Neurosurgery, Ophthalmology, Orthopaedics, Paediatric Surgery, Plastics, Urology, Vascular Surgery and Cardiology.

The numerator for this measure is the number of people on inpatient waiting lists who have been waiting > 4 months from the date they were given certainty of treatment (indicator #77). The denominator is the number who have been booked to a given date (including rebooked) (indicator #34) plus the number who have been given certainty of treatment within 6 months (including those who have been deferred) (indicator #86).

	End of Month									
Region	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**
National										
Total	**22,137**	**22,106**	**25,125**	**27,444**	**26,305**	**27,272**	**28,694**	**27,269**	**28,471**	**29,899**
%	**37%**	**37%**	**40%**	**43%**	**40%**	**40%**	**41%**	**39%**	**40%**	**42%**
Northern										
Total	8,039	7,615	8,981	9,216	8,431	8,388	8,205	7,401	7,708	7,924
%	39%	36%	41%	43%	38%	37%	35%	31%	32%	33%
Te Manawa Taki										
Total	4,312	4,508	5,273	6,073	6,055	6,408	6,987	6,648	6,810	7,333
%	35%	36%	38%	42%	42%	42%	44%	41%	41%	44%
Central										
Total	4,487	4,596	5,186	5,897	5,641	6,143	6,518	6,278	6,618	6,964
%	37%	37%	40%	44%	40%	42%	44%	43%	45%	49%
Te Waipounamu										
Total	5,299	5,387	5,685	6,258	6,178	6,333	6,984	6,942	7,335	7,678
%	39%	40%	41%	43%	41%	41%	44%	43%	45%	47%

The goal is to ensure no patients with this status remain untreated after 4 months.

9. Volume of people waiting for planned care (elective services) through a public hospital for >365 days

Data for this measure is from the National Booking System Key Performance Indicator (KPI) Qlik App. ESPI 2 Numerator = Number who have been waiting for FSA for > 12 months (indicator #64), ESPI5 Numerator = Number on IP waiting lists who have been waiting with assured status > 12 months (booked, certainty or residual) (indicator #79), Denominator = Number who have been booked to a given date (including rebooked) (indicator #34) + Number who have been given certainty of treatment within 6 months (including deferred) (indicator #86)

ESPI2	End of Month									
Region	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
National										
Total	**2,215**	**2,368**	**2,657**	**3,201**	**3,582**	**4,125**	**5,142**	**4,832**	**3,783**	**3,529**
%	**2%**	**2%**	**2%**	**2%**	**3%**	**3%**	**4%**	**3%**	**3%**	**2%**
Northern										
Total	305	361	586	901	1,174	1,574	2,005	1,855	1,301	1,167
%	1%	1%	1%	2%	2%	3%	3%	3%	2%	2%
Te Manawa Taki										
Total	1,329	1,340	1,300	1,380	1,348	1,312	1,737	1,717	1,657	1,575
%	4%	4%	4%	4%	4%	4%	6%	6%	6%	5%
Central										
Total	210	220	218	234	186	219	272	213	123	132
%	1%	1%	1%	1%	1%	1%	1%	1%	0%	1%
Te Waipounamu										
Total	371	447	553	686	874	1,020	1,128	1,047	702	655
%	1%	2%	2%	3%	3%	4%	4%	4%	3%	2%

ESPI5	End of Month									
Region	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
National										
Total	**2,548**	**2,814**	**3,362**	**3,975**	**4,484**	**5,169**	**5,786**	**5,521**	**5,370**	**5,498**
%	**4%**	**5%**	**5%**	**6%**	**7%**	**8%**	**8%**	**8%**	**8%**	**8%**
Northern										
Total	811	900	1,073	1,213	1,351	1,550	1,689	1,420	1,175	1,073
%	4%	4%	5%	6%	6%	7%	7%	6%	5%	4%
Te Manawa Taki										
Total	312	387	534	728	831	965	1,208	1,254	1,246	1,295
%	3%	3%	4%	5%	6%	6%	8%	8%	8%	8%
Central										
Total	676	728	814	971	1,109	1,273	1,375	1,316	1,315	1,418
%	6%	6%	6%	7%	8%	9%	9%	9%	9%	10%
Te Waipounamu										
Total	749	799	941	1,063	1,193	1,381	1,514	1,531	1,634	1,712
%	5%	6%	7%	7%	8%	9%	10%	10%	10%	11%

10. ED Attendances

This measure is the total number of ED presentations at an Emergency Departments

	Month									
Region	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**
National	**101,752**	**91,168**	**93,180**	**91,660**	**105,216**	**104,452**	**101,407**	**105,469**	**102,049**	**93,508**
Northern	29,366	27,171	28,798	28,289	32,800	33,901	31,492	32,569	32,768	33,136
Te Manawa Taki	28,215	23,712	25,030	24,946	28,222	28,536	26,307	27,591	27,573	17,573*
Central	20,221	17,473	18,770	18,592	21,198	20,435	19,137	19,726	19,724	20,377
Te Waipounamu	23,950	22,812	20,582	19,833	22,996	21,580	24,471	25,583	21,984	22,422

*Data for the Waikato area is missing for the period of October 2022 – Te Manawa Taki region volumes are incomplete as a result.

ED presentation volumes show the impact of a Winter season including an early respiratory outbreak and ongoing acute pressures across the health system.

11. ED Admissions

Measure: Total number of ED Presentations where the ED event has an “Admitted” Flag

	Month									
Region	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**
National										
Total	**32,788**	**29,225**	**31,169**	**30,956**	**34,797**	**33,596**	**33,717**	**34,262**	**33,346**	**30,121**
%	**32%**	**32%**	**33%**	**34%**	**33%**	**32%**	**33%**	**32%**	**33%**	**32%**
Northern										
Total	11,137	9,905	10,826	10,906	12,171	12,123	11,737	12,054	11,999	12,038
%	38%	36%	38%	39%	37%	36%	37%	37%	37%	36%
Te Manawa Taki										
Total	8,726	7,532	8,348	8,307	9,339	9,063	9,211	9,317	9,390	5,772*
%	31%	32%	33%	33%	33%	32%	35%	34%	34%	33%
Central										
Total	7,003	6,056	6,741	6,685	7,298	6,910	6,766	6,778	6,845	7,033
%	35%	35%	36%	36%	34%	34%	35%	34%	35%	35%
Te Waipounamu										
Total	5,922	5,732	5,254	5,058	5,989	5,500	6,003	6,113	5,112	5,278
%	25%	25%	26%	26%	26%	25%	25%	24%	23%	24%

*Data for the Waikato area is missing for the period of October 2022 – Te Manawa Taki region volumes are incomplete as a result.

The proportion of ED presentations admitted to hospital remains constant through the year.

12. Short Stays in ED performance

The shorter stays in ED measure excludes ED presentations where there attend Code is DNW (Did Not Wait).
Numerator is the number of ED Events Under 6 Hours, Denominator is remaining total ED Presentations.

	Month									
Region	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**
National										
Events under 6 hrs	**77,078**	**68,061**	**70,147**	**69,193**	**75,084**	**74,347**	**70,504**	**72,428**	**69,546**	**63,388**
Total Qualifying ED Attendances	**97,845**	**87,986**	**90,245**	**88,957**	**100,205**	**99,874**	**97,544**	**101,090**	**97,519**	**88,687**
%	**79%**	**77%**	**78%**	**78%**	**75%**	**74%**	**72%**	**72%**	**71%**	**71%**
Northern										
Events under 6 hrs	23,214	20,862	22,733	22,868	24,891	25,284	22,994	23,168	23,059	22,563
Total Qualifying ED Attendances	28,811	26,657	28,423	27,973	32,230	33,180	30,954	31,965	32,113	32,346
%	81%	78%	80%	82%	77%	76%	74%	72%	72%	70%
Te Manawa Taki										
Events under 6 hrs	21,097	17,481	18,385	18,363	20,041	19,972	18,123	19,006	19,118	13,269*
Total Qualifying ED Attendances	27,343	23,058	24,365	24,363	27,328	27,517	25,621	26,747	26,651	16,712
%	77%	76%	75%	75%	73%	73%	71%	71%	72%	79%
Central										
Events under 6 hrs	13,411	11,644	12,495	11,929	12,992	12,116	11,370	11,454	10,935	11,363
Total Qualifying ED Attendances	18,633	16,309	17,567	17,328	19,331	18,487	17,665	18,102	17,876	18,492
%	72%	71%	71%	69%	67%	66%	64%	63%	61%	61%
Te Waipounamu										
Events under 6 hrs	19,356	18,074	16,534	16,033	17,160	16,975	18,017	18,800	16,434	16,193
Total Qualifying ED Attendances	23,058	21,962	19,890	19,293	21,316	20,690	23,304	24,276	20,879	21,137
%	84%	82%	83%	83%	81%	82%	77%	77%	79%	77%

*Data for the Waikato area is missing for the period of October 2022 – Te Manawa Taki region volumes are incomplete as a result.

Note this will be different to Short Stay ED results submitted by local areas as part of the non-financial quarterly reporting responses. The official Short Stay ED measure definition excludes patients who do not wait for treatment, as managed here by the exclusion of DNW attend codes. The measure also excludes GP referrals that are assessed at the ED triage desk (using the Australasian Triage Scale) but are then directed to an Admission and Planning Unit or similar unit without further ED intervention. There is no option in the current Qlik app to exclude these events.

The Short Stay ED measure is provided for all ED departments at Level 3 and above, and some agreed Level 2 facilities. It is not known if the Qlik data app also limits the ED dataset to these same facilities.

The Short Stay ED measure shows a deterioration in 6-hour performance from the start of the year. This is an indication of increased acute pressures on the whole system, not just isolated ED performance. Increased acute demand in the community over Winter, together with high levels of acute occupancy and resource issues in hospital inpatient settings have had an adverse effect on the ability of EDs across the country to meet the Short Stay ED target.

NOTE: As a result of the health system reform, data for this Short Stay ED Performance is now sourced centrally from the National Non-Admitted Patient Collection (NNPAC). Due to data availability this measure is different to the previous Ministry of Health Shorter Stays in Emergency Departments measure, and caution should be used comparing different published measures and data sources.