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| **Change Notification:** advisory\_2021\_NCAMP\_NPF\_optimal\_date\_for \_service\_2022v1.0**Date of Issue:** 11 December 2020 | **http://www.peoplenet.co.nz/Images/Logos/MinistryOfHealth.jpg** |

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| **Proposed Implementation Date:** 01 July 2022 | **Subject:** National Patient Flow Optimal Date for Service Change for 2022 |
| **CHANGE NOTIFICATION** |
| Summary:Currently waiting times reporting for planned care services (including elective surgery) are measured within set timeframes – i.e. all patients should receive surgery within a maximum of 4 months; patients should receive a CT/MRI scan within 42 days etc. As part of the revised planned care programme, shifting to patient care being reported against clinically appropriate timeframes (within a maximum timeframe) has been identified as more appropriate for measuring the timeliness principle. The Optimal Date for Service within National Patient Flow was added as a field during the NPF build phase to collect this information however at time this information wasn’t widely captured within DHB systems, so the field was left as optional for submissions. It was included in the NPF file spec that planned, staged and surveillance patients should have a date provided for Clinical Exclusion Code is “P – Planned”, "S - Surveillance" or "G - Staged" as these patients are currently not included in the maximum waiting time reporting of the ESPIs. Performance reporting has yet to formally commence from NPF and data quality work continues to ensure that all in scope records are submitted. Preliminary investigations suggest that the Optimal Date for Service field in is not widely submitted to, or default dates are submitted. |
| **National Collections Impacted by Change:** | National Patient Flow (NPF) |
| Context of the Change: The lack of data on the optimal date for service affects the Ministry’s ability to report against clinically appropriate timeframes for patients and progression of the refined set of measures. The current outdated and less appropriate measures continued to be reported against.This creates 2 problems:1. patients who have a maximum timeframe (“N – Normal”) but should be treated sooner than the maximum do not have the clinically appropriate date recorded and therefore can’t be measured against this time
2. patients who do not fit within the maximum timeframe (“P – Planned”, "S - Surveillance" or "G - Staged") do not have accurate measurement timeframes where this date is not submitted.

Both problems result in inaccurate or incomplete reporting of patient waiting timesThe shift to reporting against clinically appropriate timeframes and the use of NPF to collect this information was discussed and recommended by a group of MOH and sector representatives as part of the ministerial priority to refresh the scope, reporting and measurement of planned services during 2019 and 2020. It is supported by the Planned Care Sector Advisory group. The collection of clinically appropriate timeframes data has been raised with Regional NPF Teleconferences. This information is currently inconsistently captured and recorded within DHB systems.This may require DHBs to capture information that is not elsewhere collected or stored electronically.The Ministry will undertake introductory reporting and produce guidance and other communications in the 20/21 and 21/22 years. |
| **Details of Proposed Change:**

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| This is an advisory to a proposed change for NCAMP 2022 |
| NPF File Specification Section 10.10.9 Optimal Date for Service |
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| **Definition** |  The clinically appropriate time frame for the intended service to occur. May have been determined during an earlier activity.  |
|  **Data Type** |  Datetime |
|  **Layout** |  YYY-MM-DDThh:mm:ss |
|  **Data Domain** |   |
|  **Obligation** |  ~~Optional~~ Mandatory (from 2022) |
|  **Guide for Use** |  The Optimal Date for Service will be clinically determined and may be derived from the Responsible Health Specialty and Clinical Priority Score. The expectation is that this will be a maximum of 120 days from the receipt of the referral unless a Clinical Exclusion Code other than 'Normal' is provided. ~~Provide an Optimal Date for Service when the Clinical Exclusion Code is “N – Normal”, “P – Planned”, "S - Surveillance" or "G - Staged", “T – Clinical Trial”, “D – Donor”.~~ |

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| **What is Expected of the Sector:** Note the change and any impacts to present procedures and reporting. |
| **Impact of Change on National Collection(s):** None for 2021 |
| **Comments:** The Ministry will undertake introductory reporting and produce guidance and other communications in the 20/21 and 21/22 years. |
| **Contact:** If you have any questions regarding this change notice, please email ncamp@health.govt.nz |