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| **Change Notification:**  cn\_2022\_NCAMP\_Optimal Date for Service\_v1.0    **Date of Issue:**  9 March 2022 |  |

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| **Proposed Implementation Date:**  01 July 2022 | **Subject:** Optimal Date for Service Conditional Mandatory |
| **CHANGE NOTIFICATION** | |
| Summary:  Currently wait 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 four 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 (NPF) was added as a field during the NPF build phase to collect this information. However, at times this information wasn’t widely captured within DHB systems, therefore the field was left as optional for submissions.  The NPF file specification states that planned, staged and surveillance patients should have a date provided where the 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 Elective Services Patient Flow Indicators (ESPIs).  Data quality work continues to ensure that all in scope records are submitted.  Preliminary investigations suggest that the Optimal Date for Service is not widely submitted, or, when it is, default dates are used. | |
| **National Collections Impacted by Change:** | National Patient Flow |
| Context of the Change:  The of lack of data on the optimal date for service affects the Ministry DHB Performance, Support and Infrastructure (DHB-PSI) directorate’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 The current outdated and less appropriate measures continued to be reported against.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 times. | |
| **Details of Proposed Change:**   |  | | --- | | Optimal Date for Service for all NPF Prioritisation activities from 1 July 2022 where the Prioritisation Outcome (PRIOUT) code is A – Accepted and the clinical exclusion code (CLINEX) is not Clinical Trial (T) or Waiting for Donor (D) will be conditionally mandatory.  An error message will occur if an add or update Prioritisation message has been submitted with a Prioritisation Outcome of Accepted and the clinical exclusion code (CLINEX) is not Clinical Trial (T) or Waiting for Donor (D) and an optimal date for service has not been entered. | | |
| **What is Expected of the Sector:**  DHBs must include an Optimal Date for Service for all NPF Prioritisation activities from 1 July 2022 where the Prioritisation Outcome (PRIOUT) code is A – Accepted. | |
| **Impact of Change on National Collection(s):**  An error message will occur if an Optimal Date for Service has not been entered for NPF Prioritisation activities. | |
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| **Contact:** If you have any questions regarding this change notice, please email [ncamp@health.govt.nz](mailto:ncamp@health.govt.nz) | |