

Clinical: Hospital Capacity  
Proactive Release 13 December 2018



02 November 2018

[REDACTED]

Via Email: [REDACTED]

Dear [REDACTED]

### **Official Information Act (1982) Request**

I write in response to your Official Information Act request, received on transfer from the Ministry of Health under section 14 of the OIA on 23 October 2018.

You requested the following information:

**The number of beds at DHBs, and found that the statistics on bed count by DHB from 2013 to 2015 are available. However, it seems that the bed count at each DHB in 2016 and 2017 has not been updated.**

- **Could you please kindly provide me the number of available beds as well as occupancy rate at each DHB in 2016 and 2017?**

For Counties Manukau DHB, we confirm the following information for total physical capacity of beds.

**In August 2017, the Ministry of Health reported our CMDHB Bed census (covering FY 2016.17) as:**

- 917 inpatient and maternity beds (adult/ paediatric medical and surgical beds, rehabilitation beds, maternity (ante & post-natal, excluding baby cots), as well as the Intensive Care and Neonatal unit beds and beds at our satellite hospitals)
- Plus 90 Mental Health inpatient beds, (20 of which provide a regional facility), and excluding contracted NGO provider beds.

**As at August 2018 (covering FY 2017/18), our current maximum physical Bed census is**

- 963 inpatient and maternity beds - covering the same range of services as noted above. The increase in capacity from August 2017 numbers reflects additional adult medical beds added for winter reflecting very high demand in 2017, and a small difference in definition of resourced beds between the two reports.
- Plus 90 Mental Health inpatient beds, (20 of which provide a regional facility), and excluding contracted NGO provider beds.

Our emergency department has a further 146 beds, including Resuscitation and monitored area, Medical and Surgical Short stay and Assessment, and Paediatric short stay areas. Additionally, there

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are “chairs and other non-beds” provided, which support delivery of acute assessment, short stay and procedure units, outpatient clinics and diagnostic rooms, day-stay surgery, delivery suites, emergency department trolley’s.

Variations in bed count data from different sources may be due to different counting methods, the timing of a count, and definitions of what constitutes a bed (for example Day stay and Clinic treatment chairs, Emergency Department trolley). There is also a difference between ‘maximum physical bed capacity’ and resourced (open) capacity.

Regarding your request for hospital occupancy data for 2016 and 2017, again there can be methodology variation between reporting systems, and we would urge caution in comparing data between different DHBs, as inclusions and exclusions can affect the reported rates.

Please refer to **Table 1** (below) that shows a summary of capacity for calendar year 2016 and 2017 (as median occupancy rate). The data is in our adult acute ward specialties at Middlemore Hospital, being Medical, Surgical and Adult Rehabilitation/ Health of Older People (ARHOP). In addition, the calculation is based on occupancy of ‘open’ and staffed beds, rather than maximum physical capacity.

Calendar Year	Service Group	Median Rate	Most Common Occurrence	
			Rate	No. Days
2016	<b>Medical Surgical, ARHOP Combined</b>	<b>96%</b>	<b>94%</b>	<b>42</b>
	Medical	98%	100%	25
	Surgical	92%	89%	27
	ARHOP	95%	99%	29
2017	<b>Medical Surgical, ARHOP Combined</b>	<b>98%</b>	<b>99%</b>	<b>40</b>
	Medical	105%	101%	22
	Surgical	96%	97%	32
	ARHOP	86%	90%	31

**Table 1**

This table reflects capacity at 7:00am, showing the occupancy of available (open) beds, being a total current occupied beds and numbers waiting for admission in the Emergency Department. This is not the same as a midnight census, but better captures daily demand.

Please note: we have excluded from this data the capacity in specialist clinical areas, such as Mental Health, Maternity and Paediatrics, as well as the Critical Care complex. These areas have different clinical parameters and occupancy arrangements, and that inclusion can distort the occupancy rates of acute ward areas.

Demand for hospital admission varies depending on a wide range of variables, including time of day, time of year and season. The number of beds available in each service on any given day may include over-census, short-stay and flex-beds and unbudgeted beds opened in times of additional demand. Beds are ‘opened and closed’ on a daily basis in response to demands and staffing, and during winter we allocate additional capacity to the medical specialties.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'F. Apa', with a stylized flourish above the name.

Fepulea'i Margie Apa  
**Chief Executive**