

26 August 2019

Thank you for your request received on 5 August 2019 requesting information under the Official Information Act 1982. You requested:

- 1) *"The total annual cost (or the DHB's contribution to the cost) of the Well Homes programme, in whatever format is most practicable (calendar/financial year, for a block of years - over to you).*
- 2) *The number of asthma deaths (or number of asthma deaths per 100K popn) that have been recorded in the Hutt DHB area, for each year, for the years 2014 to 2018. [Data for prior years being available in 2016 Asthma Foundation/Otago University asthma report].*
- 3) *If practicable, noting privacy concerns, spatial, temporal and demographic information relating to asthma deaths/year. E.g. Suburb/Postcode; Month-Year at date of death; Age, Biological Sex, Ethnicity; for asthma deaths.*
- 4) *If such information is recorded, socioeconomic data for asthma victims. Specifically, whether the decedents were homeless; lived in "social" housing (specifically HNZ's appalling slums); lived in care facilities (aged care facilities, similar), or lived in their own/family home.*
- 5) *The number of patient nights per annum attributed to asthma at Hutt DHB hospital(s), if possible broken down into paediatric/geriatric/general/other ward; and the number of ICU patient nights per annum, for each of the years between 2014 and 2018 (inclusive).*
- 6) *The documents outlining what steps and actions Hutt DHB has taken in the last three to five years to address the fact that, as the 2016 Asthma Foundation report shows, your DHB has the highest asthma mortality rate in the entire country. By A LOT.... If such documents exist.*
- 7) *For 2018, the total amount spent on hospitality, entertainment, travel/transport, and gifts for/to be used or given by DHB board members."*

The information pertaining to your request is below:

Question 1:

"The total annual cost (or the DHB's contribution to the cost) of the Well Homes programme, in whatever format is most practicable (calendar/financial year, for a block of years - over to you)."

Please see the table on the next page.

Year	Actual Cost
2015/16	408,963
2016/17	530,130
2017/18	692,578

2018/19	613,738
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Question 2:

“The number of asthma deaths (or number of asthma deaths per 100K popn) that have been recorded in the Hutt DHB area, for each year, for the years 2014 to 2018. [Data for prior years being available in 2016 Asthma Foundation/Otago University asthma report]. “

The DHB does not have access to deaths for DHB residents for asthma as cause of death for all age groups. We do have Amenable Mortality data, which includes certain causes of death for the age group 0-74 at any location or hospital. This information is from the most recent Ministry of Health (MoH) Amenable Mortality DHB Condition report with data for 2010-2015. There is usually a 2-3 year lag in mortality data due to the usual processes to confirm causes of death. We also looked at Hutt hospital data for 2014-2018 for deaths caused by asthma for all age groups. See next tab for copy of relevant tables and graphs from Asthma Foundation report referenced in OIA request.

The number of Amenable Mortalities due to Asthma for Hutt Residents (0-74 year of age) by Year of Death at any Location including any Hospital:

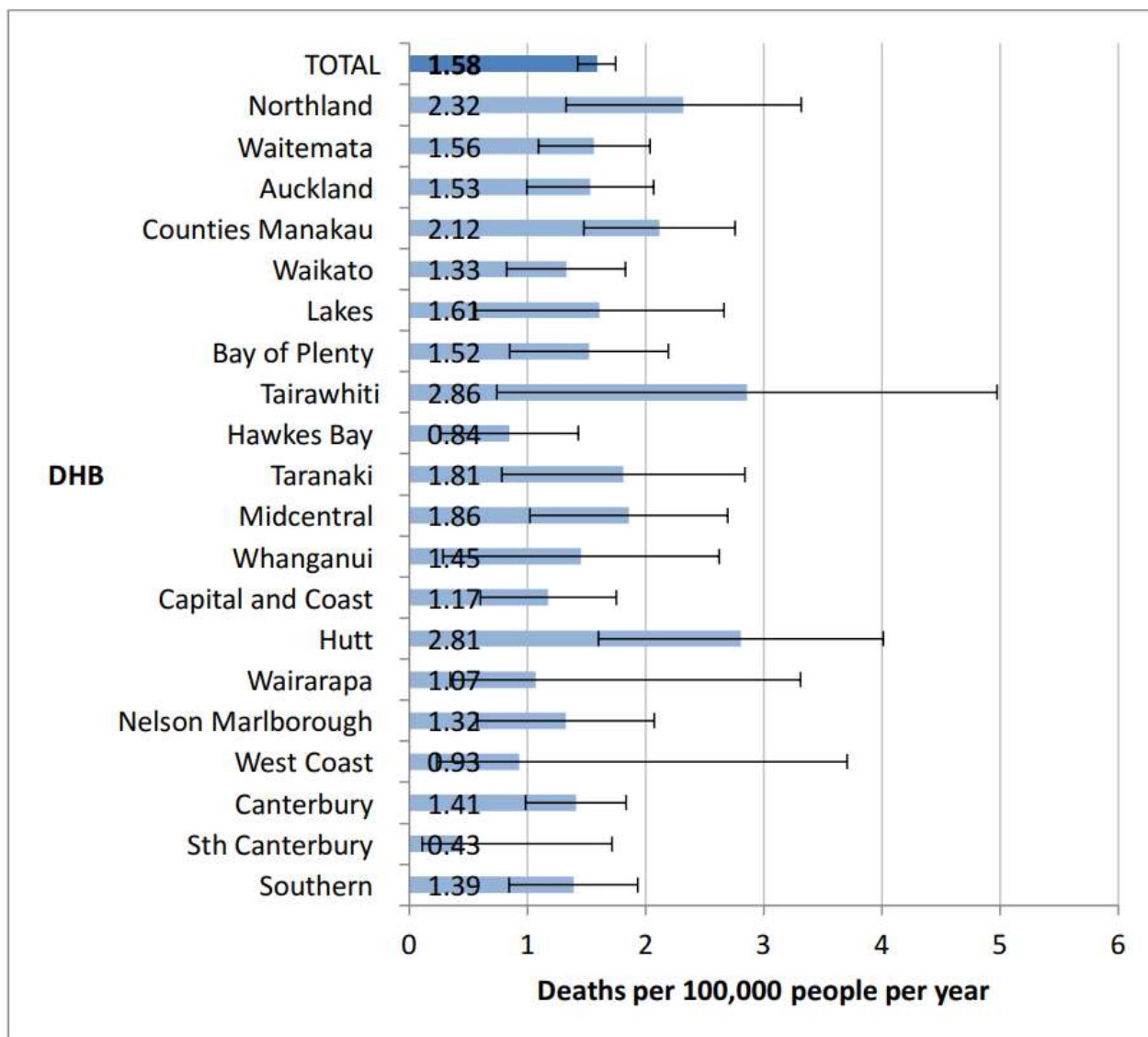
- 1 **Annual Average number of deaths due to asthma in 2014-2015**
- 0.74 Raw rate per 100,000 aged 0-74 yrs
- 135630 Hutt population in 2015 age 0-74 yrs

Mortality	2010	2011	2012	2013	2014	2015	5 year total	% of 5 year total mortalities	Annual Average 2014-2015
Asthma	0	0	1	3	0	2	6	1%	1
Total Hutt DHB mortalities per year	159	172	170	174	164	183	1022		

Asthma is ranked the 17th amenable cause of mortality at HVDHB from 2010-2015
Hutt Hospital Data 2014-2018:

No deaths in Hutt Hospital from Asthma between 2014-2018 for all age groups.

Figure 20. Asthma deaths per 100,000 people per year, by DHB, 2008-2013, age-adjusted



(see Table A 21 for data)

Table A 21. Asthma mortality rates by DHB, 2008-2013.

DHB	n	Rate (raw)	Rate (age adj'd)	95%CI
Northland	21	2.36	2.32	(1.3-3.2)
Waitemata	43	1.42	1.56	(0.9-1.8)
Auckland	32	1.27	1.53	(0.9-1.9)
Counties Manakau	44	1.63	2.12	(1.6-3)
Waikato	27	1.29	1.33	(0.8-1.7)
Lakes	9	1.53	1.61	(1.3-4)
Bay of Plenty	20	1.66	1.52	(1.4-3)
Tairāwhiti	7	2.65	2.86	(2-7.4)
Hawkes Bay	8	0.89	0.84	(0.5-1.8)
Taranaki	12	1.87	1.81	(0.7-2.8)
Midcentral	19	1.97	1.86	(1.2-2.9)
Whanganui	6	1.63	1.45	(0.3-2.7)
Capital and Coast	16	0.97	1.17	(0.6-1.8)
Hutt	21	2.55	2.81	(1.2-3.2)
Wairarapa	3	1.25	1.07	(0.3-3.2)
Nelson Marlborough	12	1.50	1.32	(0.7-2.4)
West Coast	2	1.05	0.93	(0.5-4.4)
Canterbury	42	1.48	1.41	(0.9-1.8)
Sth Canterbury	2	0.61	0.43	(0-1.5)
Southern	25	1.43	1.39	(0.4-1.3)

Question 3:

“If practicable, noting privacy concerns, spatial, temporal and demographic information relating to asthma deaths/year. E.g. Suburb/Postcode; Month-Year at date of death; Age, Biological Sex, Ethnicity; for asthma deaths.”

We do not have patient level detail in the Amenable Mortality data from the MoH.

Question 4:

“If such information is recorded, socioeconomic data for asthma victims. Specifically, whether the decedents were homeless; lived in "social" housing (specifically HNZ's appalling slums); lived in care facilities (aged care facilities, similar), or lived in their own/family home.”

We do not have patient level detail in the Amenable Mortality data from the MoH.

Question 5:

“The number of patient nights per annum attributed to asthma at Hutt DHB hospital(s), if possible broken down into paediatric/geriatric/general/other ward; and the number of ICU patient nights per annum, for each of the years between 2014 and 2018 (inclusive).”

Midnight Census		Year				
Ward Bed Type	Primary Diagnosis	2014	2015	2016	2017	2018
Cardiology Beds	Asthma, unspecified	2			13	
	Status asthmaticus	3				
Cardiology Beds Total		5			13	
Emergency Beds	Asthma, unspecified	15	9	14	23	14
	Status asthmaticus				1	
Emergency Beds Total		15	9	14	24	14
Intensive Care Beds	Asthma, unspecified	10	17	14	34	24
	Nonallergic asthma			1		
	Status asthmaticus	22	11	8	9	2
Intensive Care Beds Total		32	28	23	43	26
MAPU Beds	Asthma, unspecified	111	75	72	83	49
	Predominantly allergic asthma	1			3	
	Status asthmaticus		1		2	
MAPU Beds Total		112	76	72	88	49
Medical Beds	Asthma, unspecified	167	80	119	164	149
	Status asthmaticus	101	147	13	98	1
Medical Beds Total		268	227	132	262	150
Paediatric Beds	Asthma, unspecified	109	126	134	136	110
	Predominantly allergic asthma		1			
	Status asthmaticus	18	6	13	5	10
Paediatric Beds Total		127	133	147	141	120
Surgical Beds	Asthma, unspecified	6	10		6	
Surgical Beds Total		6	10		6	
Grand Total		565	483	388	577	359

Question 6:

“The documents outlining what steps and actions Hutt DHB has taken in the last three to five years to address the fact that, as the 2016 Asthma Foundation report shows, your DHB has the highest asthma mortality rate in the entire country. By A LOT.... If such documents exist. “

We do not have a document that we can provide that contains the combined actions, however these are listed below:

- Provision of Nurse Practitioner clinics at Kokiri Marae.
- Respiratory Clinical Nurse Specialist working with practice nurses at Naenae to upskill in respiratory conditions.
- Nurse Practitioner and Senior Medical Officer are on Pharmac committee looking at types of inhalers that should be available, and health literacy issues around these.

- Respiratory Clinical Nurse Specialist working with Pharmacy around use of Ventolin/Respigen vs Salair in the hospital (again, this is around health literacy related to the physical look of inhalers and resultant confusion), and availability of Seretide/Symbicort on wards (so usual inhaler regimes aren't interrupted if patient doesn't bring their own).
- Education to primary and secondary care staff around asthma guidelines and general asthma management.
- Development of hospital inpatient management pathway for acute exacerbations of asthma
- Nurse practitioner on the committee that developed the latest National Asthma Guidelines, published on Health Pathways.
- Respiratory Clinical Nurse Specialist provides support to Paediatric ward with older children (14yrs+) as they transition to adult services.
- Later in 2019, Respiratory Services are taking part in a sub-regional audit looking at inpatient management of asthma exacerbations, and how this compares to best practice guidelines.

Question 7:

“For 2018, the total amount spent on hospitality, entertainment, travel/transport, and gifts for/to be used or given by DHB board members.”

Amount spent on hospitality, entertainment, travel/transport and gifts by/on behalf of Board members	2017-18 \$
Hospitality	3,294
Entertainment*	-
Travel/Transport	19,694
Gifts	600
Total	23,587

(*) Any Entertainment would have been included in Hospitality