

DHB Board Office

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05 April 2022

Dear

Re: OIA request - Costs of treating COVID-19 patients

Thank you for your Official Information Act request received as a transfer from the Ministry of Health on 9 March seeking information from Waitematā District Health Board (DHB) about the costs of treating COVID-19 patients.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing more than 8,900 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

- 1. I would like to have the cost related to treating a COVID-19 patient in these cases
 - a. ICU/HDU
 - b. normal ward
 - c. cost of nurses visiting patients not in hospital

Can these costs be put in a spread sheet for one day on average cost also, importantly, the average time each patient is in these states?

We have provided data for patients discharged between the timeframes July to December 2021 and January to February 2022. These two periods are reported separately (to separate COVID-19 positive patients in the Delta and Omicron waves).

Costs are only available up to the end of February, therefore, patients discharged after the end of February have been excluded. Please refer to **Attachment 1**.

1a. ICU/HDU - Intensive Care Unit/High Dependency Unit

This information includes all COVID-19 patients who were admitted to ICU/HDU at some point in their stay. It should be noted that we have excluded patients who were still in ICU at the end of February 2022 from our costings as only partial costs are available for these patients.

Therefore, the length-of-stay in ICU for the January-February period may be understated because patients who were still in ICU at the end of February have been excluded.

There were five patients admitted in February and discharged in March (up to 15 March) with ICU stays averaging 5.7 days. Costs are not yet available for these.

1b. General ward costs

Please note that in order to get an accurate bed-day cost, the information includes only patients classified as "regular Diagnostic Related Group (DRG) funded inpatients" which is the group that patients admitted for COVID-19 fall into.

This group excludes patients admitted for day-case procedures and the few patients discharged from mental health and assessment, treatment and rehabilitation services. This is because patients admitted to these services generally include those admitted for other conditions who may have COVID-19 as an incidental diagnosis. Consequently, the costs are not directly related to COVID-19. As these services are costed differently, and including them in the data would skew the average bed-day cost for patients admitted for their COVID-19 condition, these patients have been excluded from the costings.

Day-cases (patients admitted and discharged on the same day) are reported separately in order to provide an accurate average bed-day cost. The costs provided include overheads for each area.

1c. Cost of nurses visiting patients not in hospital

We do not have any nursing services that visit patients at home because they have COVID-19. Our district nurses continue to visit patients who require care at home for non COVID-19-related conditions but are self-isolating due to COVID-19.

I trust that the information we have been able to provide is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



Executive Director Finance, People and Planning Waitematā District Health Board

Costs of COVID-19 positive inpatients

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Jul 2021-Feb 2022

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1a. ICU/HDU costs

Includes all patients who went to ICU/HDU at some point of their stay

Data includes all parts of a patients stay, where that patient was admitted to ICU at some point prior to discharge

	Jul-Dec 2021			Jan-Feb 2022			
					avg per		
	avg per patient			patient			
	Totals	event	Avg per day	Totals	event	Avg per day	definition of avg per day
Patient events (admissions) for patients admitted to ICU at some							
point prior to discharge	13			2			
Total length of stay - days	186	14.3	31	5.0	2.50		
ICU stay - days	122	9.3	39	4.7	2.34		
General ward stay - days	64	4.9	92	0.3	0.16		
Ward + doctor cost	83,362	6,43	1,303	1,384	692	4,286	avg per day whilst in a general ward
ICU cost*	1,013,755	77,98	81 8,308	39,137	19,569	8,368	avg per 24 hours whilst in ICU
Diagnostics/pharmacy/allied cost	139,787	10,75	3 752	4,332	2,166	866	avg per day for whole stay (general ward + ICU)
Emergency department assessment cost	5,338	4:	11 29	1,034	517	207	avg per day for whole stay (general ward + ICU)
Other cost	6,271	48	32 34	20	10	4	avg per day for whole stay (general ward + ICU)
Total cost	1,248,514	96,04	6,712	45,908	22,954	9,182	avg per day for whole stay (general ward + ICU)

^{*}It should be noted that costs for all patients admitted to ICU, regardless of whether they are COVID-19 patients or not, incur higher costs than general ward patients due to the higher level of care required, which includes a higher nurse-to-patient ratio

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1b. General ward costs

- > excludes daycases
- > excludes any case that went to ICU/HDU
- > excludes patients discharged from Mental Health and ATR
- > includes patients who are in hospital for any reason who subsequently test positive to COVID-19

	Jul-Dec 2021			Jan-Feb 2022	2	
		Avg per			Avg per	
		patient			patient	
	Totals	event	Avg per day	Totals	event	Avg per day
Patient events (admissions)	345			296		
Total length of stay days	910	2.64		418	1.41	
Ward + doctor cost	1,224,710	3,550	1,346	498,765	1,685	1,193
ICU cost	-	-	-	-	-	-
Diagnostics/pharmacy/allied health cost	263,453	764	290	132,127	446	316
Emergency Department (ED) assessment cost	206,172	598	227	209,908	709	502
Other costs (e.g. theatres, procedure rooms, where needed)	31,512	91	35	73,895	250	177
Total cost	1,725,847	5,002	1,897	914,696	3,090	2,188

1b. Daycase costs

>Includes patients admitted to wards and discharged the same day

- > Includes daycase procedures if DRG funded but not if they fall into a procedure purchase unit.
- > Includes daycases admitted in ED and ADU and stay >3 hours

Assessment and Diagnostic Unit (ADU) is a short-stay assessment unit

> Does not include those in ED and ADU that are discharged < 3 hours

	Jul-Dec 2021		Jan-Feb 2022	2
		Avg per		Avg per
		patient		patient
	Totals	event	Totals	event
Patient events (admissions)	116		155	
Total length of stay (hours)	721	6.22	903	5.83
Ward + Doctor cost	22,931	198	27,405	177
ICU cost	-	-	-	-
diagnostics/pharmacy/allied cost	16,131	139	16,127	104
Emergency department assessment cost	79,156	682	115,632	746
other cost	4,735	41	8,299	54
Total cost	122,953	1,060	167,463	1,080