



Care in the Community Weekly Dashboard

23 March 2022

Performance for week ending 20 March 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Observation period

The data in this output covers the period from 14 March until 20 March 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- New data expected 23 March 2022 delayed until 30 March.
 - Self-assessment form completion (by DHB)
- Including the MoH disability dataset (Socrates) across all these metrics – internal MoH sign-off provided, development can now start.
- Effort underway to source reporting from CCCM that provides an overview of clinical engagement/recording – i.e. what clinical advisors (by type) are conducting the updates.
- Work underway to introduce risk score filter across manage care type and clinical assessment timeframe metrics
- Data quality is constantly improved and refreshed in Snowflake. Which means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of cases isolation is under review and therefore these numbers and types are subject to change.

Data source: DHBs / SitRep / Qlik

C) Hospitalisations

Hospitalised positive cases

Data Source: Sitrep

SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment which includes and initial assessment of clinical and welfare support.

1.1) Case % by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

Data source: CIPR

1.2) Completion rate of self-assessment form by channel and ethnicity

- Figures completion rates by channel and by ethnicity.
- Overall includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics under development (DHB, equity and demographics)

Data source: CIPR

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessment within 24 hours of positive case (and by ethnicity)

- Start event: Notification of confirmed case date/time in Episurv (by NHI number)
- End event: Initial clinical assessment date/time in CCCM (by NHI number) and if this contact is recorded within 24 hours of the start event.
- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.

Data source: CCCM/QLIK

3. ASSESS NEEDS

3.1 Cases with MSD Welfare referrals via Ministry of Health

- Number of welfare requests created via GPs and self assessment forms
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

4. CARE AND SUPPORT

4.1) Pulse Oximeters delivery and availability

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

4.2 and 4.3) Hospitalisations and ICU numbers by date

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

4.4) Active and self management care distribution

% of cases assigned in CCCM as active vs Self management.

Data source: Qlik

4.5) Count of active management cases by ethnicity

Count of cases assigned in CCCM as active in CCCM.

Data source: Qlik

METRICS UNDER DEVELOPMENT/AWAITING DATA*

1.3 – Non-contactable – by location, risk and ethnicity

2.1, 2.2 – Risk score distribution (active cases/ethnicity)

2.1, 2.2 – Acuity score distribution / risk score by ethnicity

3.1– Cases with MSD Welfare referrals via Ministry of Health* via NCTS and GP referral through CCCM

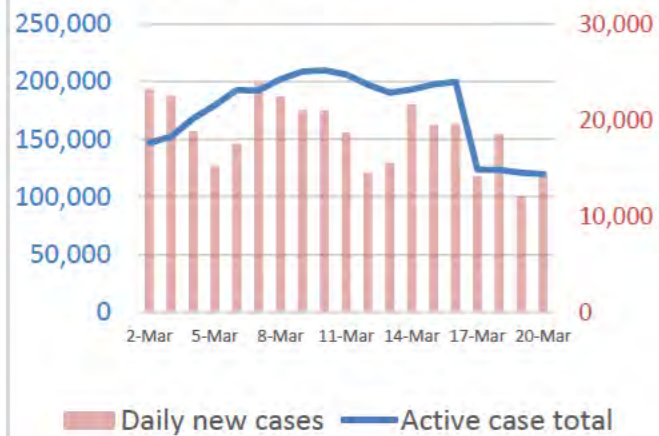
3.2 – Cases with request for funded alt. Accommodation*

CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY (20/03/22)

120,063 ↓ -38% week-on-week*

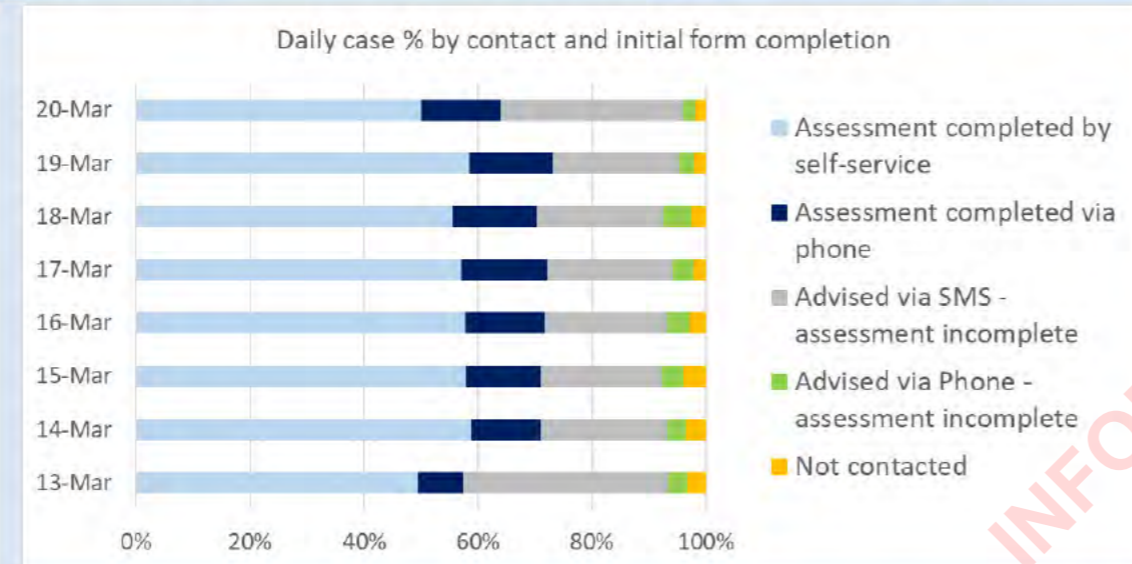
*Number of active cases reported has reduced significantly due to shortening of the isolation period from 10 to 7 days.



CASE PATHWAY

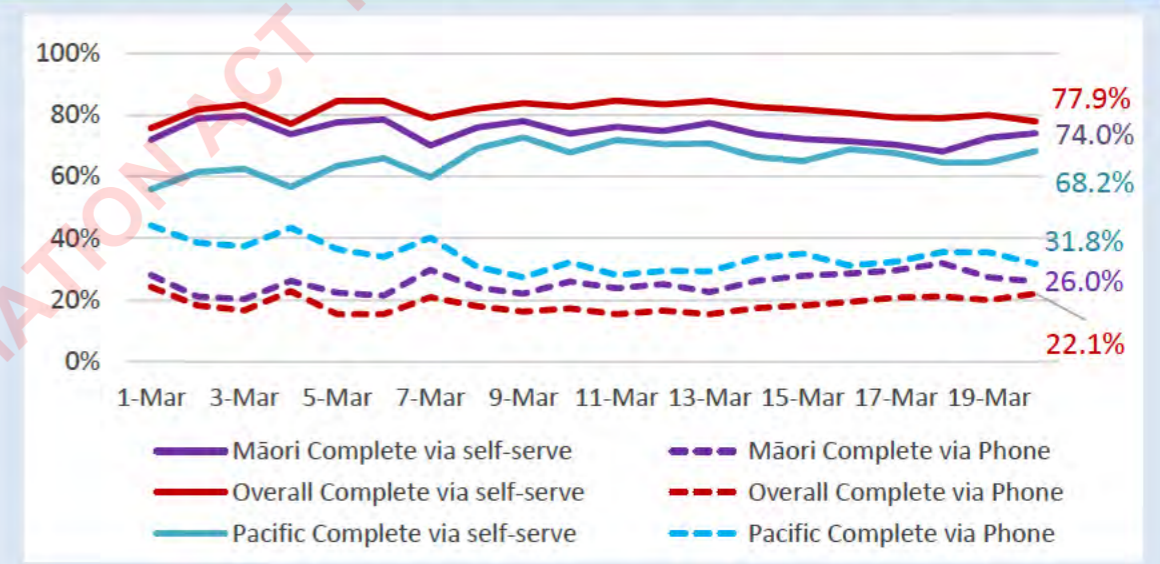
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by contact progress status by day



- Notable improvement in self-serve form completion since 13 March.
- Form completion over last seven days averages has increased from 68% to 72% week-on-week.
- Reduced percentage of non-contactable population observed last week.

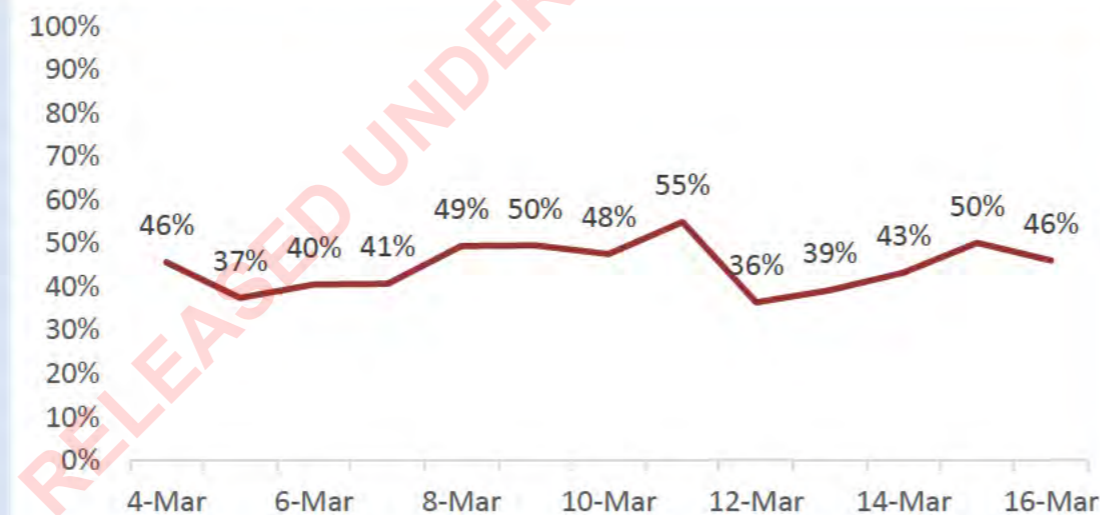
1.2 Completion rate of initial assessment form by channel and ethnicity



- The 3 week trend shows increased self completion, particularly for Pacific
- Self-serve completion tends to reduce on Sundays.
- Percent of forms completed via phone notably higher for Pacific (31.8%) and Māori (26%) compared to Overall (22.1%).

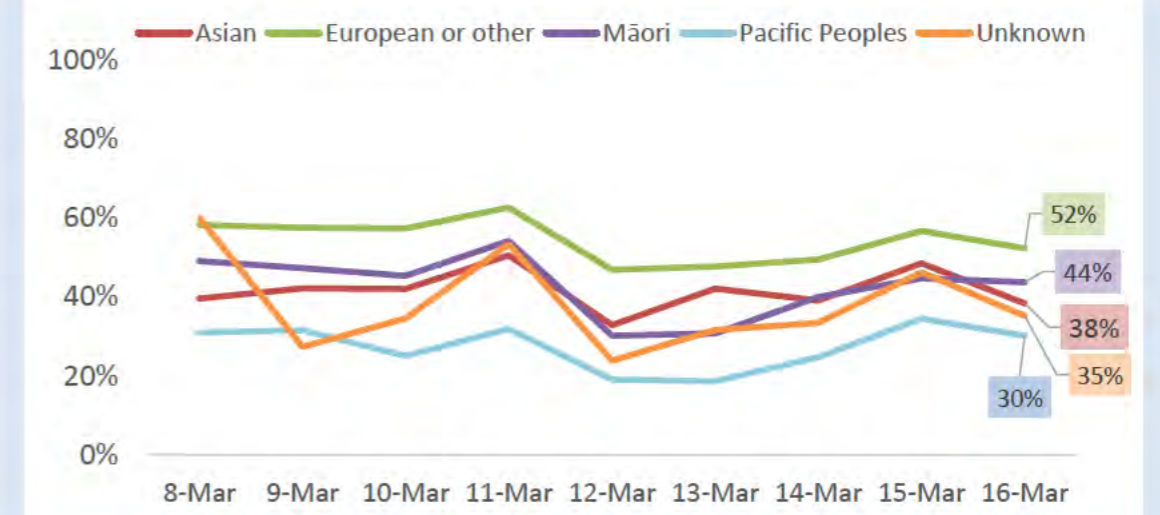
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed within 24 hours of positive case notification



- Reflects clinical calls that were made within 24 hours of notification.
- Slightly decrease from 45.6% to 44.3% over last seven days averages of clinical assessment.
- GP usage expected to increase once CCCM case load timeframe is reduced.
- Data is only available up until the 16 March due to a data feed issue last week

2.2 Percent of initial clinical assessment completed within 24 hours of positive case by ethnicity



- Same data source as 2.1, with ethnicity breakdown.
- Percent of clinical contact made within 24 hours for Pacific and Māori has increased over the week.
- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed

TOTAL CONTACTS by ETHNICITY (20/03/22)

* avg daily contact population – marked increase on contact rate week on week across all.

	13-Mar	20-Mar	% contact increase mvmnt
Overall	95.5%	97.3%	↑ 1.8%
Māori	91.6%	95.0%	↑ 3.7%
Pacific	94.5%	96.2%	↑ 1.8%

HOSPITALISATIONS (20/03/22)

887 | ICU -> 33 = 3.7%
Non ICU -> 854 = 96.3%

OBSERVATIONS

- New welfare processes implemented on the 14 March.
- MSD integration with MoH was removed. Cases can contact MSD directly via links and 0800 numbers on MoH.

CASE PATHWAY

3. ASSESS NEEDS

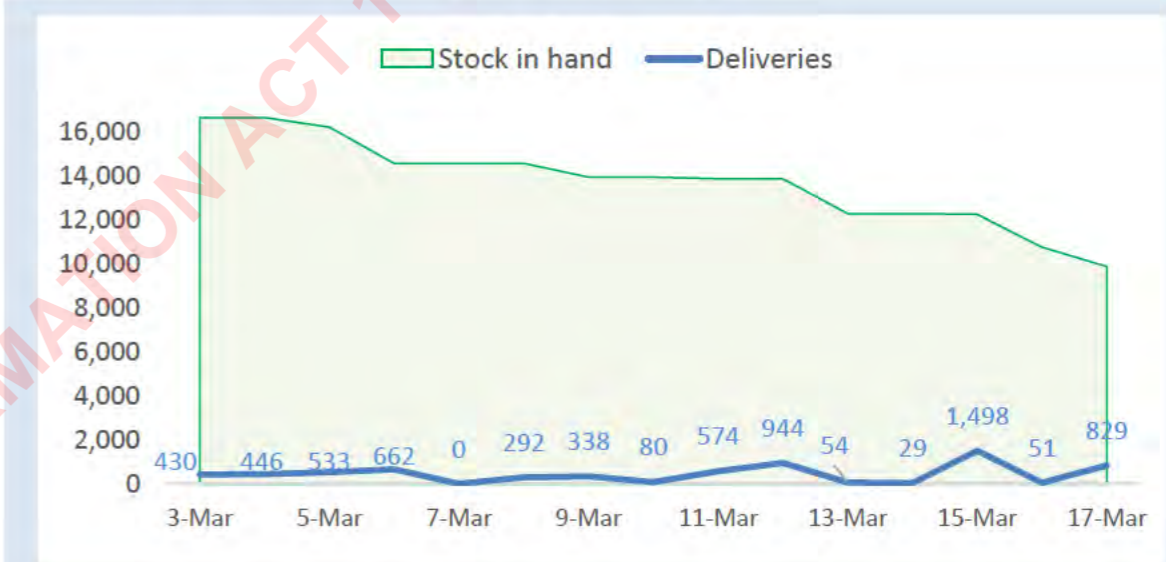
3.1 Number of cases with MSD Welfare referrals via Ministry of Health



- Data is not available from 17 March due to system outage - to be resolved this week.
- Changes to MSD welfare referrals were implemented 14 March – we are exploring options to source referral data from the new process.

4. CARE AND SUPPORT

4.1 Pulse Oximeters delivery and availability



- Pulse oximeters, stock on hand in excess of 9,866.
- Extra 13,500 pulse oximeters and 20,000 finger style Oximeter A310 are on order and scheduled for delivery between 13 March and 24 April 2022.

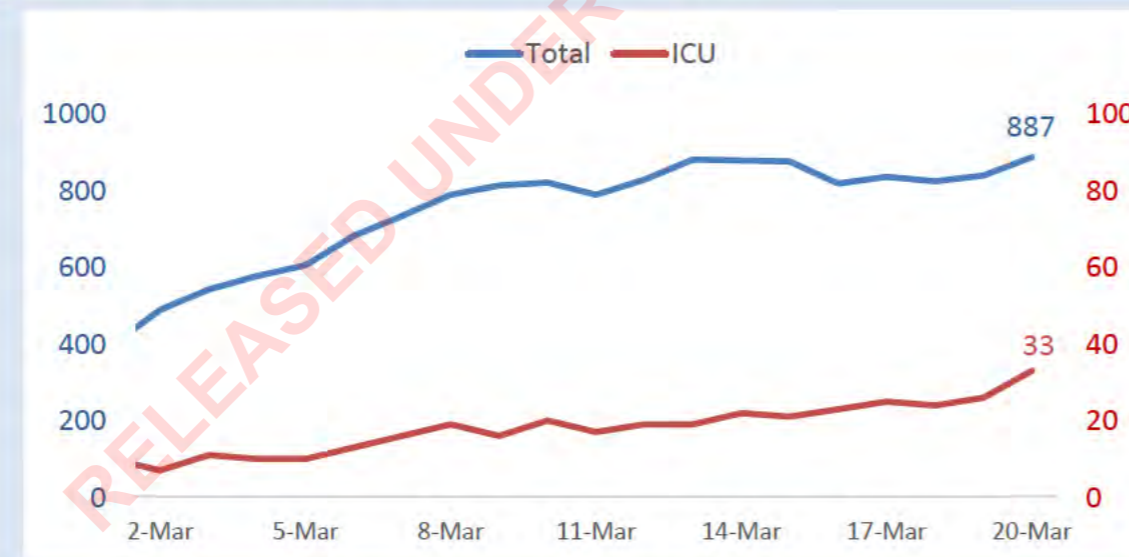
TECHNICAL SYSTEM PERFORMANCE

Key system functionality releases this week:

- New Disability and Accommodation questions on self-assessment form
- Additional fields relating to disability added in NCTS
- New fields added to NCTS to capture alternative accommodation data

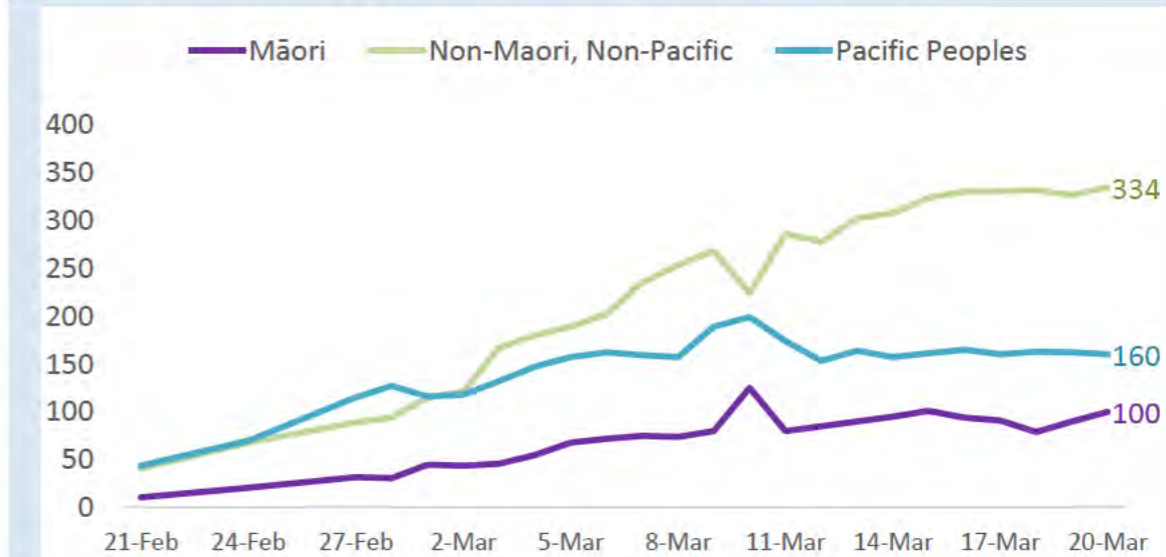
4. CARE AND SUPPORT

4.2 Hospitalisations and ICU active cases by date



- ICU cases have increased 73% (19->33) compared to last week.
- COVID-19 ICU cases represent ~3.7% of all COVID-19 related hospitalisations.

4.3 Hospitalisations by ethnicity – (Northern region only)



- Pacific volumes have flattened over the last week.
- By comparison, Non-Māori, Non-Pacific hospitalised population has been increasing for the past 2 weeks – reflecting Omicron's spread.

OBSERVATIONS

- The active management case definition changed on 18th of March.
- Further breakdown of populations by age, risk score, ethnicity and disability in development.

TECHNICAL SYSTEM PERFORMANCE

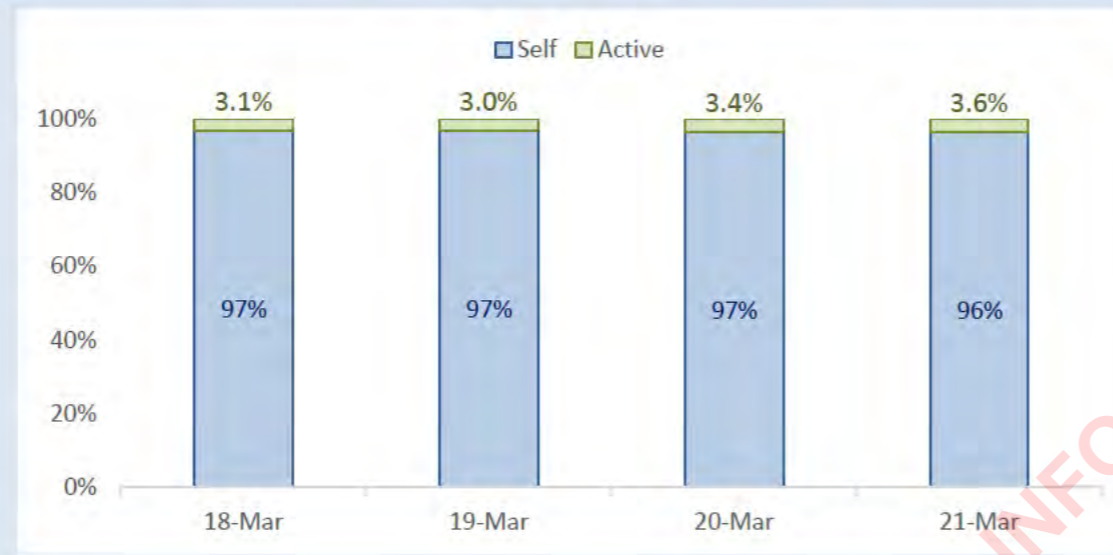
Key system functionality releases last week:

- Probable Case Creation Process / tech Solution
- Enhanced digital daily checks of COVID-19 cases
- Isolation reminder text, 24, 48, 72 hours
- Re-calculation of Risk Score from Self Serve Assessment Form
- Visibility of GPs COVID-19 Patients in CCCM when launching from own PMS - GP COVID-19 Dashboard

CASE PATHWAY

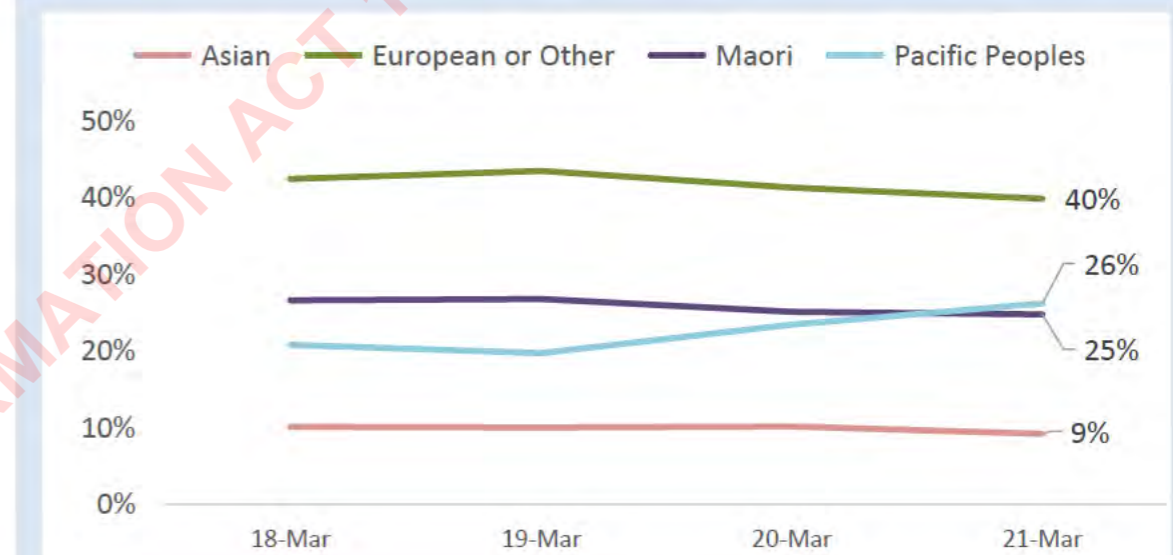
4. CARE AND SUPPORT

4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases keeps consistently between 2% and 4% of the total cases in isolation.
- Quality of the data for managed care type relies on clinical assessment to be completed and case flagged as "active management" by GP's or clinical specialist.
- Note: Data around active cases and management care still shows some instability due to new active case definition and logic implemented in the Qlik reporting tool. This may slightly affect the figures reported week on week until system and data stability is achieved*

4.5 Percent of active management cases by ethnicity



- Percent of Pacific and Māori represent over 50% of the population on active management.
- Note: Data around active cases and management care still shows some instability due to new active case definition and logic implemented on Qlik. This may slightly affect the figures reported week on week until system and data stability is achieved*

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Care in the Community Weekly Dashboard

28 March 2022

Performance for week ending 27 March 2022

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Observation period

The data in this output covers the period from 21 March until 27 March 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- New data expected 23 March 2022 delayed until 30 March
 - Self-assessment form completion (by DHB)
- Including the MoH disability dataset (Socrates) across all these metrics – internal MoH sign-off provided, development can now start.
- Effort underway to source reporting from CCCM that provides an overview of clinical engagement/recording – i.e. what clinical advisors (by type) are conducting the updates.
- Data quality is constantly improved and refreshed in Snowflake. Which means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

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Data source: Sitrep

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of cases isolation is under review and therefore these numbers and types are subject to change.

Data source: DHBs / SitRep / Qlik

C) Hospitalisations

Hospitalised positive cases

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SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment which includes and initial assessment of clinical and welfare support.

1.1) Case % by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

Data source: CIPR

1.2) Completion rate of self-assessment form by channel and ethnicity

- Figures completion rates by channel and by ethnicity.
- Overall includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics under development (DHB, equity and demographics)

Data source: CIPR

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number)

- End event: Initial clinical assessment date/time in CCCM (by NHI number) and if this contact is recorded within 24 hours of the start event.

- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.

Data source: CCCM/QLIK

3. ASSESS NEEDS

3.1 Cases with MSD Welfare referrals via Ministry of Health

- Number of welfare requests created via GPs and Providers via CCCM
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

3.2 Number of funded alternative accommodation requests by primary reason by date

- Number of alternative accommodations requested via self assessment form by reason.

4. CARE AND SUPPORT

4.1) Pulse Oximeters delivery and availability

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

4.2 and 4.3) Hospitalisations and ICU numbers by date

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

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4.4) Active and self management care distribution

% of cases assigned in CCCM as active vs Self management.

Data source: Qlik

4.5) Count of active management cases by ethnicity

Count of cases assigned in CCCM as active in CCCM.

Data source: Qlik

METRICS UNDER DEVELOPMENT/AWAITING DATA*

1.3 – Non-contactable – by location, risk and ethnicity

2.1, 2.2 – Risk score distribution (active cases/ethnicity)

2.1, 2.2 – Acuity score distribution / risk score by ethnicity

3.1– Cases with MSD Welfare referrals via Ministry of Health* via NCTS and GP referral through CCCM

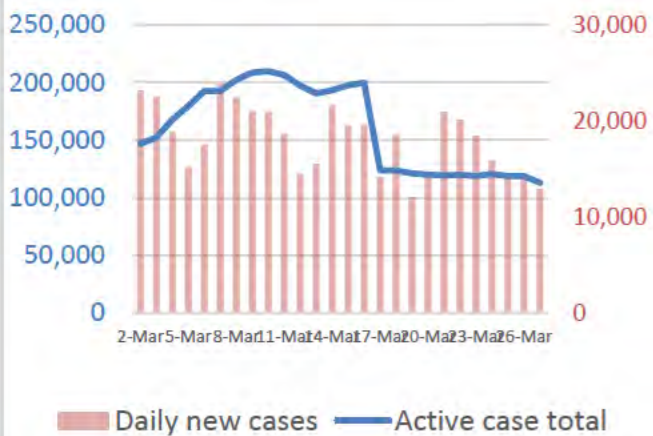
3.2 – Cases with request for funded alt. accommodation*

CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY
(27/03/22)

112,978 ↓ -5% week-on-week*

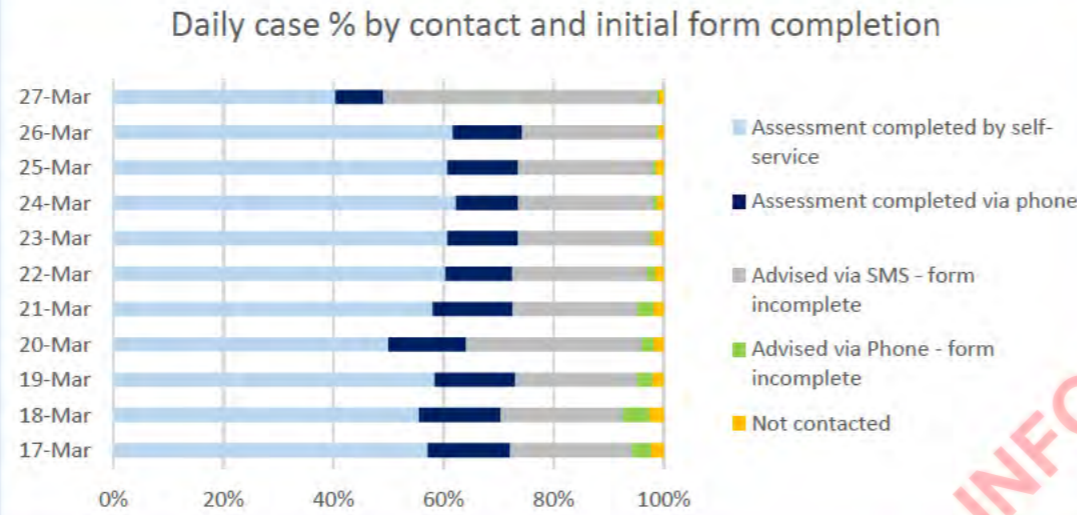
*Number of active cases reported has reduced in comparison with last week



CASE PATHWAY

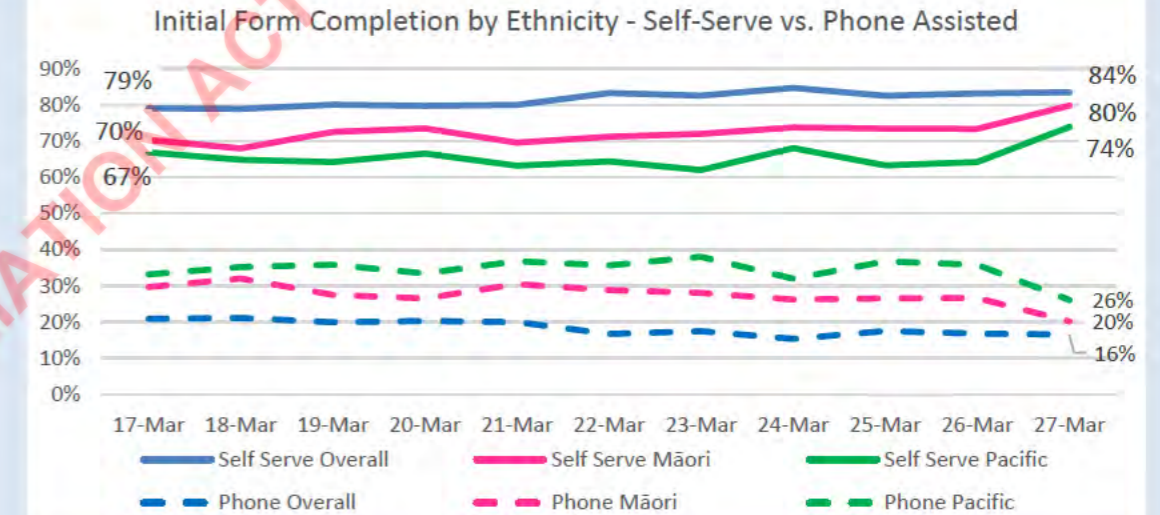
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by contact progress status by day



- Steady improvement in form completion ratio over the last ten days.
- Completed forms have averaged 74% compared to 72% the week prior.
- The non-contacted population has decreased to 1.4% compared to 2.5% week prior.

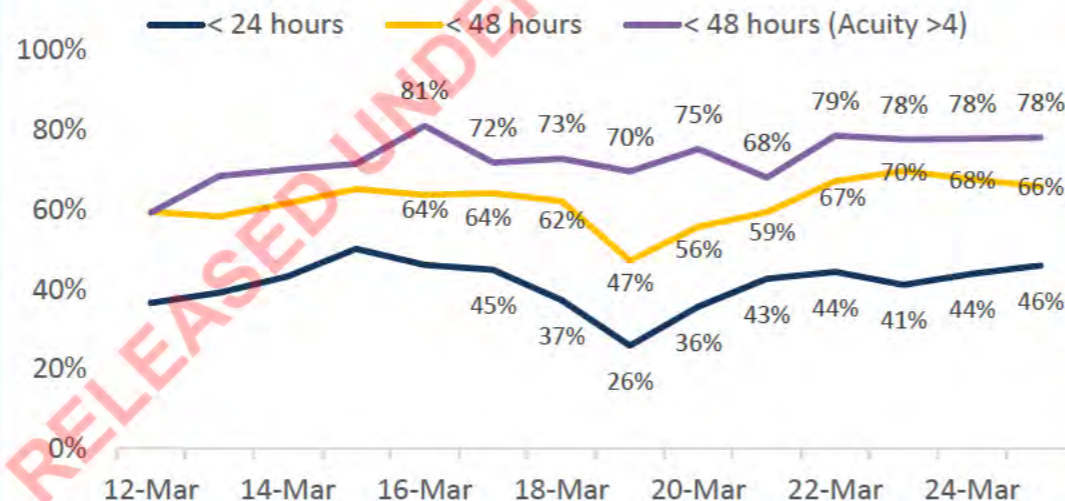
1.2 Completion rate of initial assessment form by channel and ethnicity



- The ten-day trend shows increased self completion, particularly for Māori and Pacific.
- For Sunday 27 March, the percent of forms completed via phone remain higher for Pacific (26%) and Māori (20%) compared to Overall (16%).

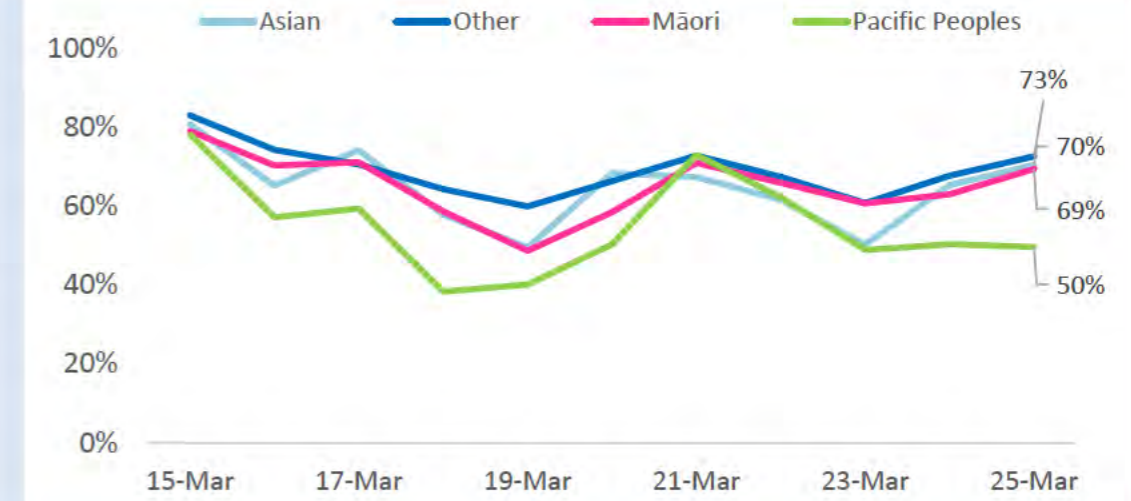
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification



- Between 20 March and 26 March 48,602 clinical assessments have been completed.
- Number of assessments from cases with high acuity score (equal 4 or over) represent approx. 12% of total assessments completed.
- Further work is underway to view this result by risk profile/priority.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity



- Percent of clinical contact made within 48 hours for Pacific and Māori has increased over the week.
- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.

HOSPITALISATIONS (27/03/22)

727 | ICU -> 21 = 3% ↓
Non ICU -> 706 = 97% ↓

TOTAL CONTACT by ETHNICITY (27/03/22)

* avg weekly contact population – continued increase in contact rate week on week over the last three weeks.

	13-Mar	20-Mar	27-Mar
Overall	95.5%	97.5%	98.6%
Māori	91.6%	95.3%	97.5%
Pacific	94.5%	96.6%	97.9%

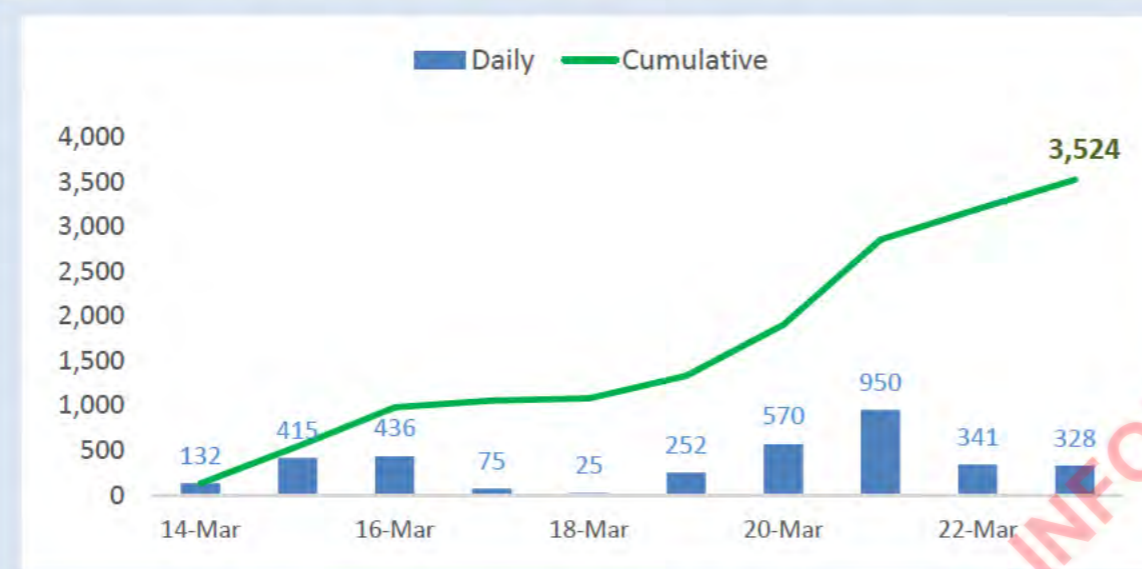
OBSERVATIONS

- New welfare processes implemented on 14 March.
- MSD integration with MoH was removed. Cases can contact MSD directly via links and 0800 numbers on MoH.

CASE PATHWAY

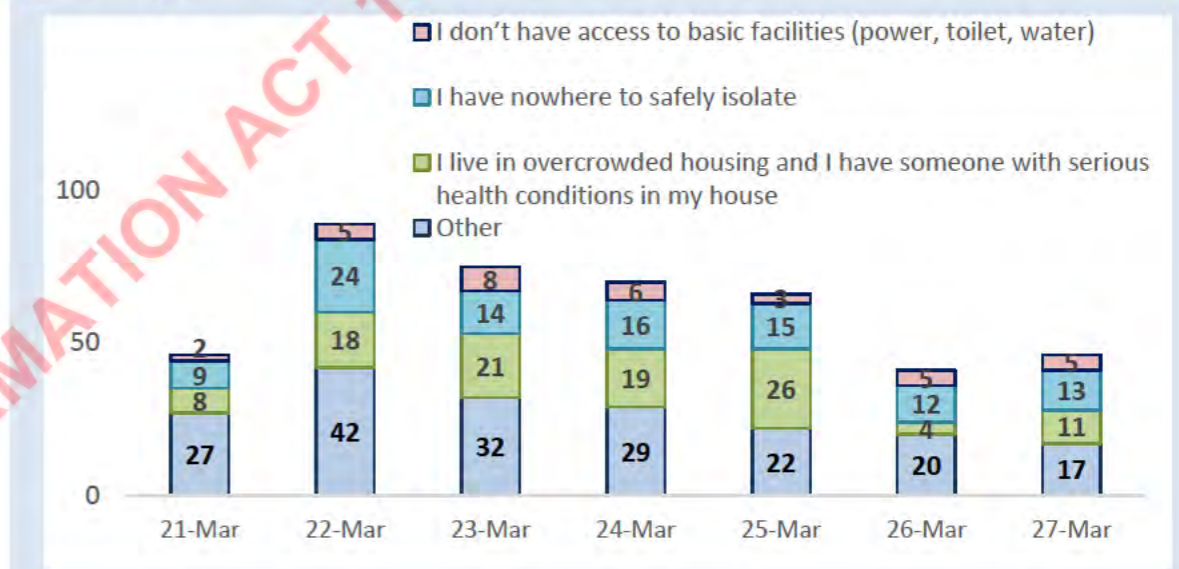
3. ASSESS NEEDS

3.1 Number of cases with MSD Welfare referrals via CCCM



- Changes to MSD welfare referrals were implemented on 14 March – exploring options to source referral data and share metric with MSD.
- The system experienced an outage on 17 and 18 March. This is reflected on the low numbers reported.

3.2 Number of funded alternative accommodation requests by primary reason by date



- Total of 438 alternative accommodation requests were created since release of this functionality on self assessment form.
- Other is the main reason selected on the self assessment form. Program work underway to clarify selection criteria ongoing.

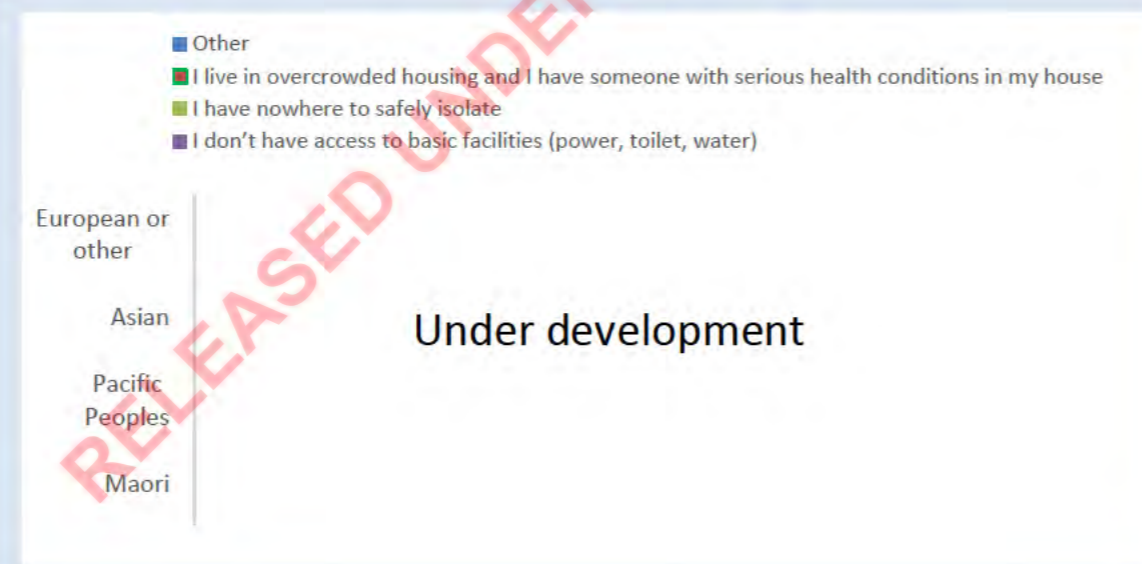
TECHNICAL SYSTEM PERFORMANCE

Key system functionality releases this week:

- New Disability and Accommodation questions on self-assessment form
- Additional fields relating to disability added in NCTS
- New fields added to NCTS to capture alternative accommodation data

4. ASSESS NEEDS

3.3 Funded alternative accommodation requests by ethnicity



- Work underway to classify ethnicity data extracted from NCTS

4. CARE AND SUPPORT

4.1 Pulse Oximeters delivery and availability



- Pulse oximeters, stock on hand in excess of 9,866.
- Extra 13,500 pulse oximeters and 20,000 finger style Oximeter A310 are on order and scheduled for delivery between 13 March and 24 April 2022.

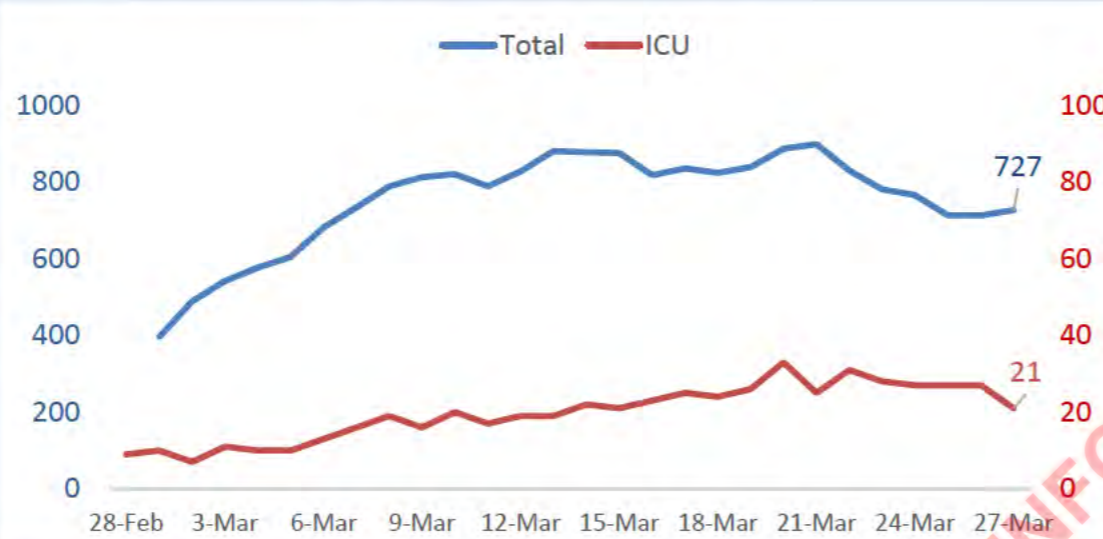
OBSERVATIONS

- The active management case definition changed on 18th of March.
- Further breakdown of populations by age, risk score, ethnicity and disability in development.

CASE PATHWAY

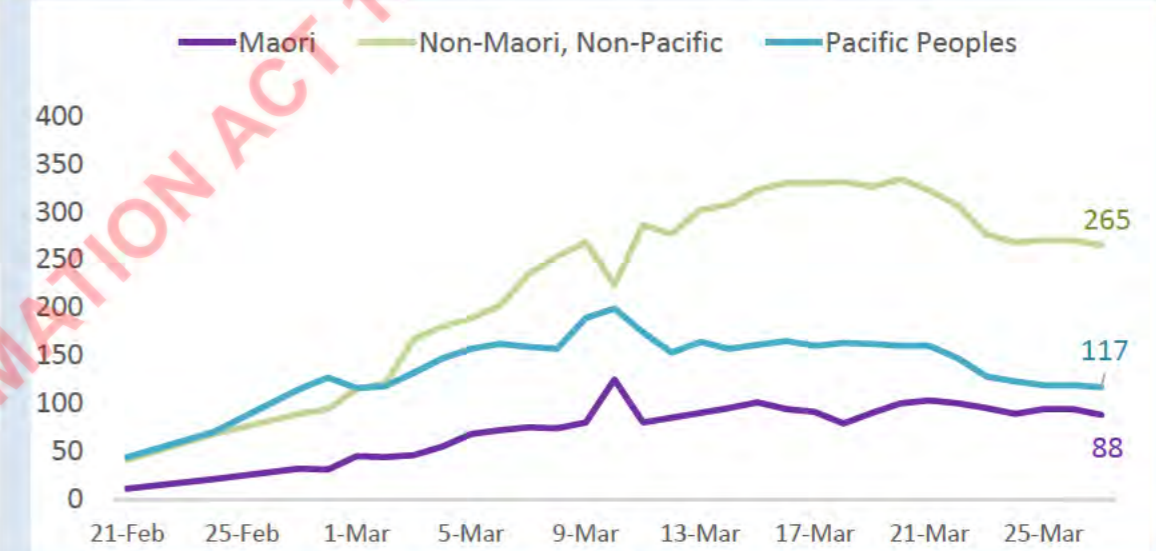
4. CARE AND SUPPORT

4.2 Hospitalisations and ICU active cases by date



- ICU cases have decreased from 33 on Sunday 20 March to 21 on Sunday 27 March.
- COVID-19 ICU cases represent ~3% of all COVID-19 related hospitalisations.

4.3 Hospitalisations by ethnicity – (Northern region only)



- Hospitalisation volumes (across ethnicity) have followed the same national pattern showing decrease over the last week.
- Pacific volumes have decreased over the last week.

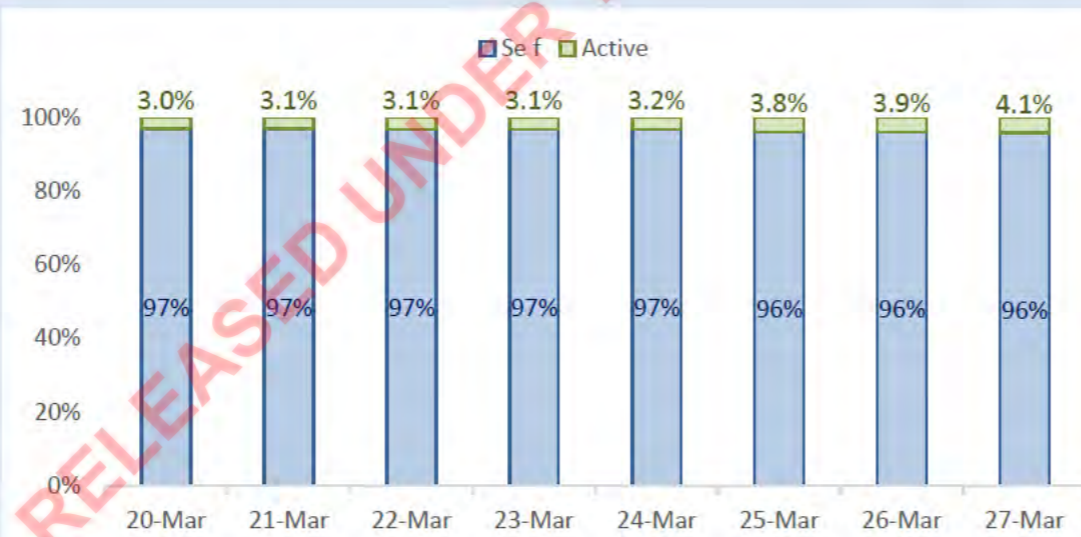
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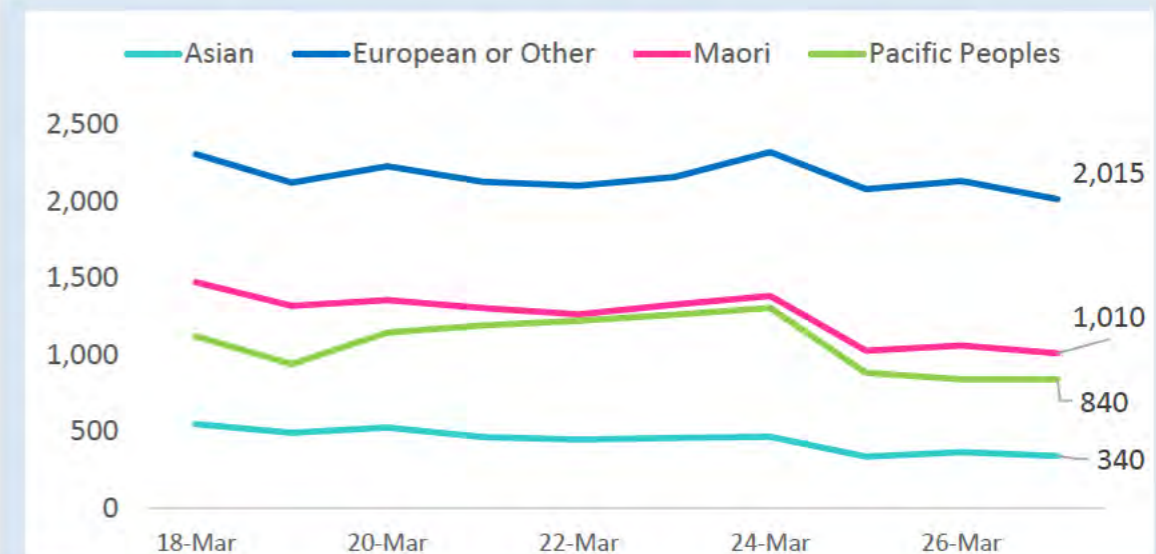
4. CARE AND SUPPORT

4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases keeps consistently between 3% and 4% of the total cases in isolation.
- Quality of the data for managed care type relies on clinical assessment to be completed and case flagged as "active management" by GPs or clinical specialist.

4.5 Count of active management cases by ethnicity



- Percent of Pacific and Māori represent approx. 44% of the population on active management.



Care in the Community Weekly Dashboard

06 April 2022

Performance for week ending 03 April 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Observation period

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The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- New metrics will be created in partnership with NICT team and will replace metrics 1.1 and 1.2.
- Including the MoH disability dataset (Socrates) across all these metrics – internal MoH sign-off provided, development can now start.
- Effort underway to source reporting from CCCM that provides an overview of clinical engagement/recording – i.e. what clinical advisors (by type) are conducting the updates.
- Data quality is constantly improved and refreshed in Snowflake. Which means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

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Hospitalised positive cases

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Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

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- Figures completion rates by channel and by ethnicity.
- Overall includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
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2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

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3.1 Cases with MSD Welfare referrals via Ministry of Health

- Number of welfare requests created via GPs and providers via CCCM.
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: CCCM

3.2 Number of funded alternative accommodation requests by primary reason by date

Number of alternative accommodations requested via self assessment form by reason.

Data source: NCTS

4. CARE AND SUPPORT

4.1) Pulse Oximeters delivery and availability

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

4.2 and 4.3) Hospitalisations and ICU numbers by date

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

4.4) Active and self management care distribution

% of cases assigned in CCCM as active vs Self management.

Data source: Qlik

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Count of cases assigned in CCCM as active in CCCM.

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METRICS UNDER DEVELOPMENT/AWAITING DATA*

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2.1, 2.2 – Risk score distribution (active cases/ethnicity)

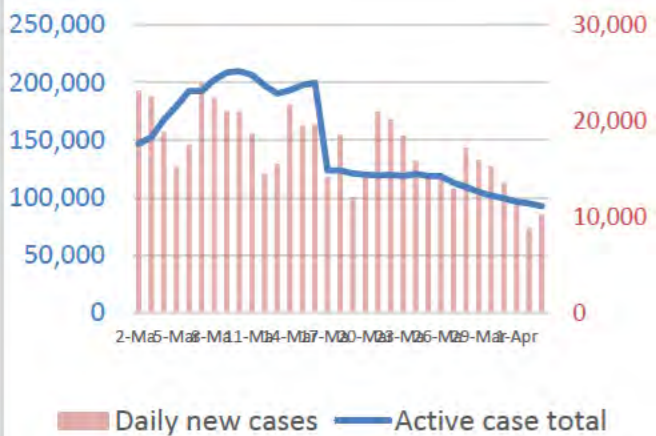
3.1 – Cases with MSD Welfare referrals via Ministry of Health* via NCTS and GP referral through CCCM

CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY
(03/04/22)

92,795 ↓ -15% week-on-week*

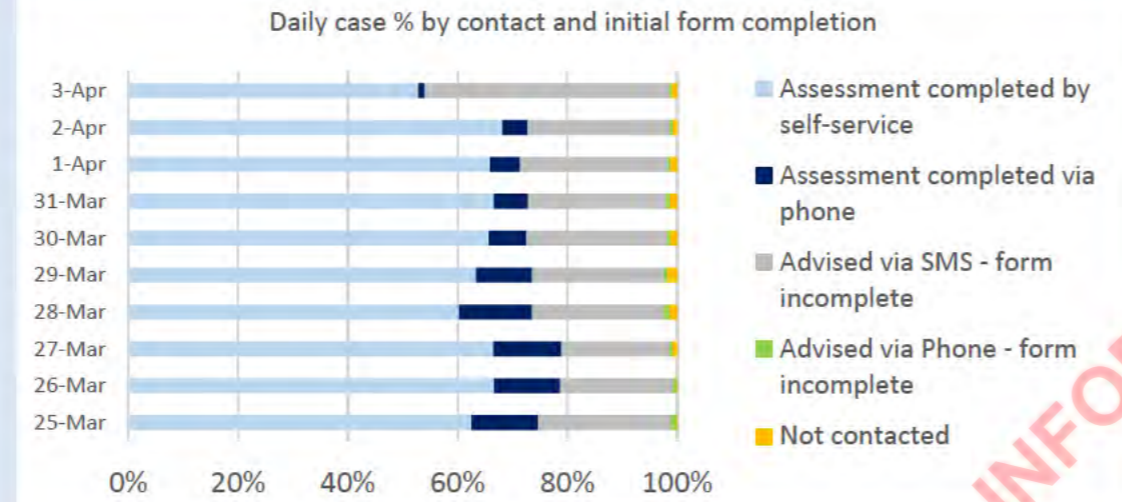
*Number of active cases reported has reduced in comparison with last week



CASE PATHWAY

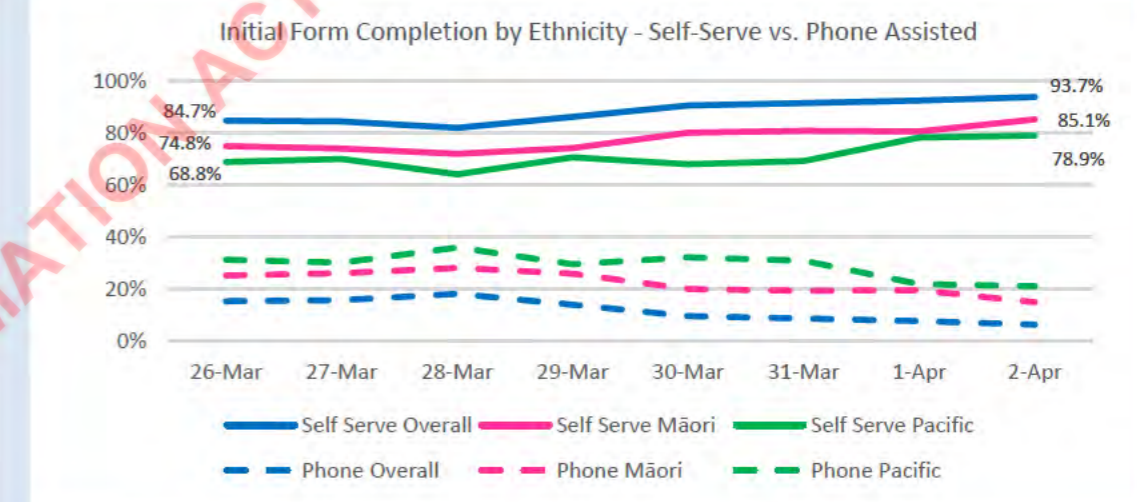
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by SMS/phone contact status by day



- Completed forms have averaged 72.7% compared to 74% the week prior.
- The non-contacted population has decreased to 1.3% compared to 2.5% week prior.

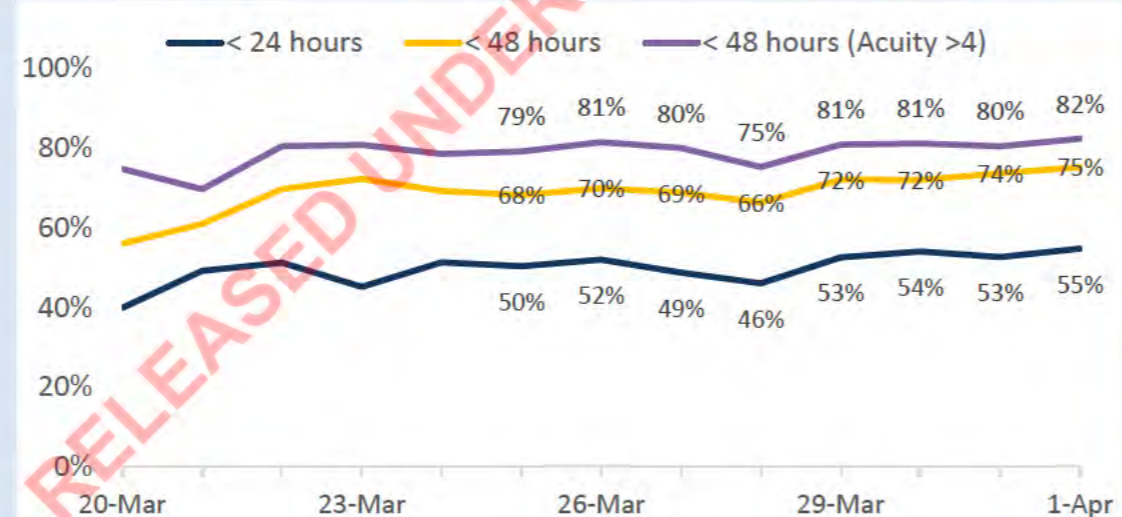
1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows increased self completion across groups.
- Data up to Saturday 2 April shows Pacific and Māori completed a higher proportion of initial assessment forms using the phone channel.

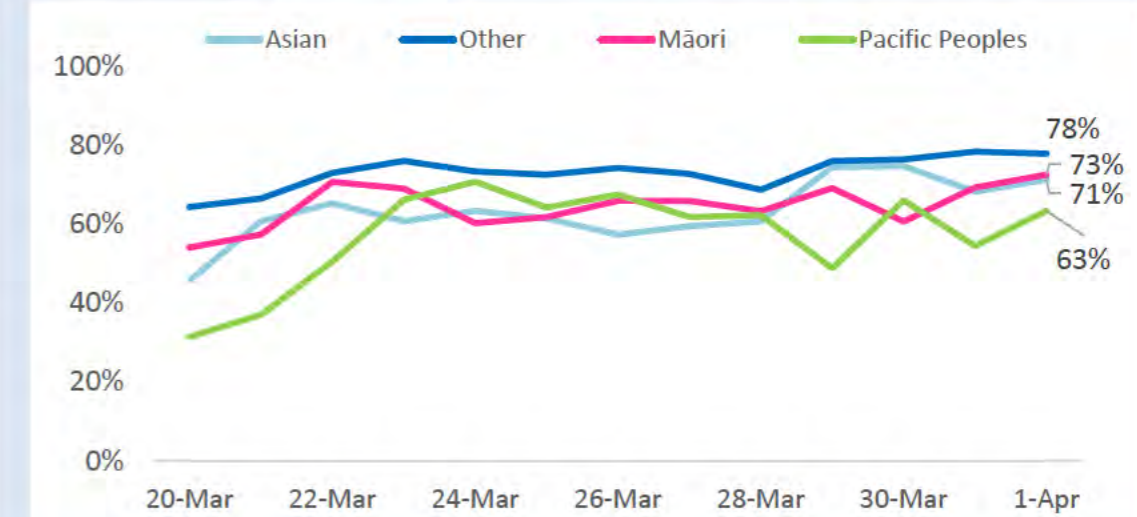
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification



- Between 26 March and 01 April 42,264 clinical assessments have been completed.
- Number of assessments from cases with high acuity score (equal 4 or over) represent approximately 11% of total assessments completed.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity



- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.

TOTAL CONTACT by ETHNICITY (03/04/22)

- Week-end snapshot of avg contact population – continued overall increase in contact rate week on week over the last three weeks.
- Māori contact rates from the initial communication have reduced slightly

	20-Mar	27-Mar	3-Apr
Overall	95.30%	97.50%	98.74%
Māori	97.50%	98.60%	98.02%
Pacific	96.60%	97.90%	98.21%

HOSPITALISATIONS (03/04/22)

564 ICU -> 25 = 4%
Non ICU -> 539 = 96%

TECHNICAL SYSTEM PERFORMANCE

Key system functionality releases this week:

- Health Hub translations (18 languages to deploy incrementally)
- Therapeutics - data access from EPS for supply and distribution information going forward
- Therapeutics dashboard v1.0
- Additional case health check questions from NCTS to CCCM (symptoms and co-morbidities)
- GP COVID dashboard (visibility of GPs' COVID patients from CCCM via PMS)
- Ability to create case in CCCM via GP dashboard

CASE PATHWAY

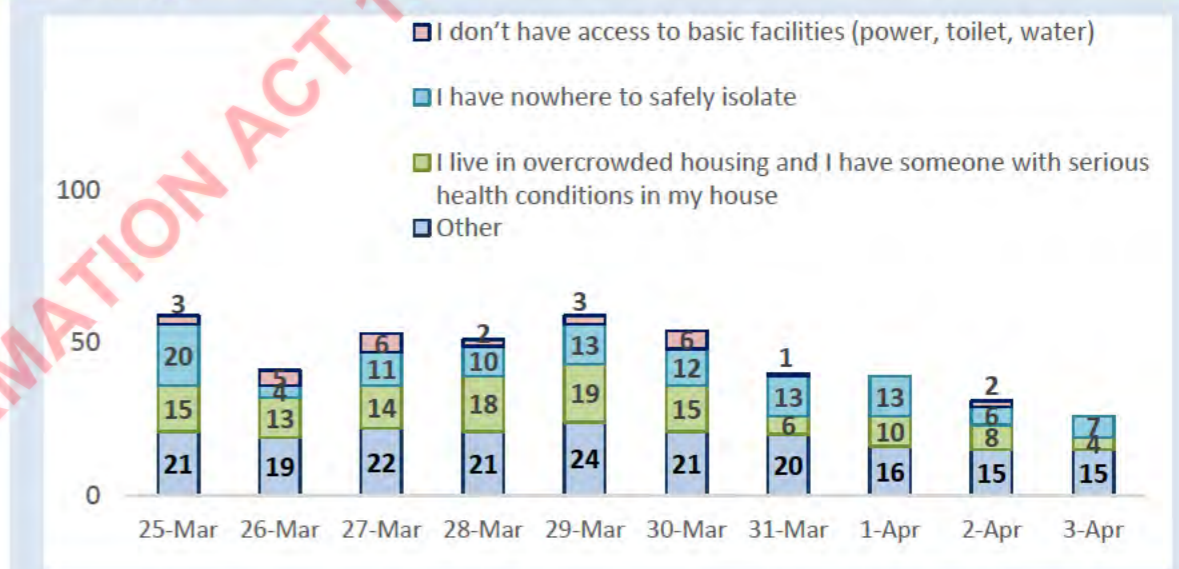
3. ASSESS NEEDS

3.1 Number of cases with MSD welfare referrals via CCCM



- Data delay from MSD on MoH referrals for welfare support.
- Changes to MSD welfare referrals were implemented on 14 March.

3.2 Number of funded alternative accommodation requests by primary reason by date



- Total of 729 alternative accommodation requests were created since release of the functionality in NCTS.
- High proportion of 'other' cases - the alternative accommodation questions on the form are under review.

4. ASSESS NEEDS

3.3 Funded alternative accommodation requests by ethnicity (to 3 April)



- Distribution of reason type is consistent across ethnicity.
- 41% of Māori requests relate to overcrowding and serious health condition versus an average of 19% for this reason in other groups.

4. CARE AND SUPPORT

4.1 Pulse Oximeters delivery and availability



- Pulse oximeters, stock on hand in excess of 36,515 – this includes a delivery of 20,000 Inhealth pulse oximeters received on 30 March. Note scale of supply and demand – stock available.

TECHNICAL SYSTEM PERFORMANCE

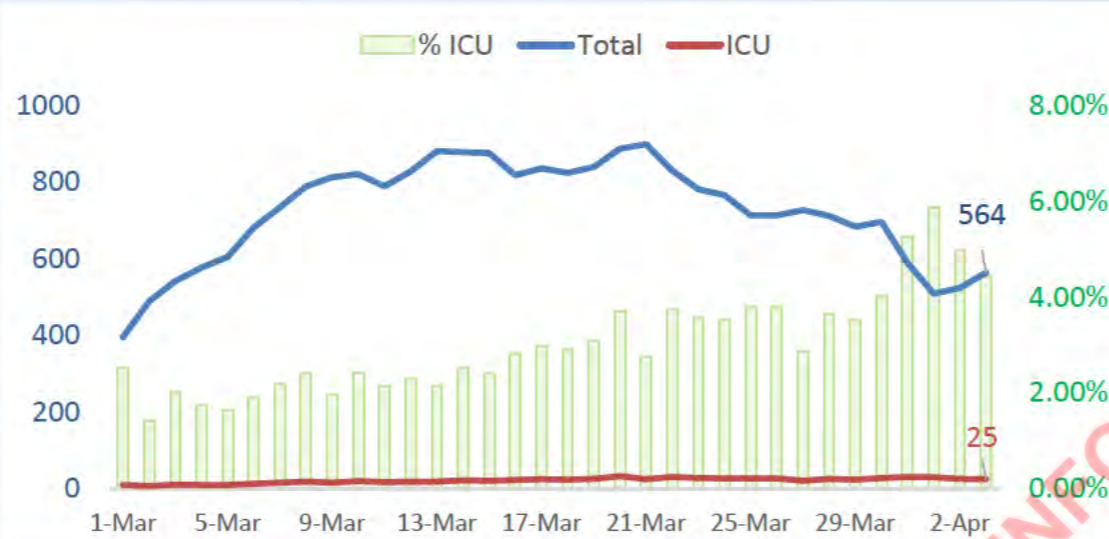
Key system functionality releases last week:

- Testing – RAT requestor delivery to remote addresses
- Isolation & Quarantine – Future of border design and Architecture
- Care in the Community – Health Hub multi-lingual support

CASE PATHWAY

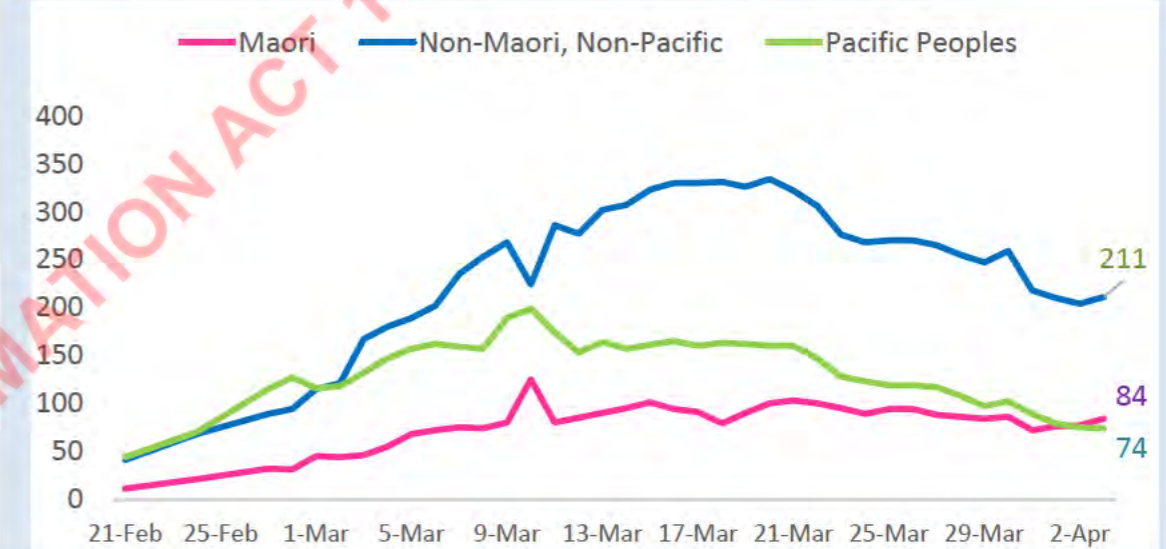
4. CARE AND SUPPORT

4.2 Hospitalisations and ICU active cases by date



- ICU cases slightly increased from 21 on Sunday 27 March to 25 on Sunday 03 April.
- COVID-19 ICU cases represent approx. 4% of all COVID-19 related hospitalisations.

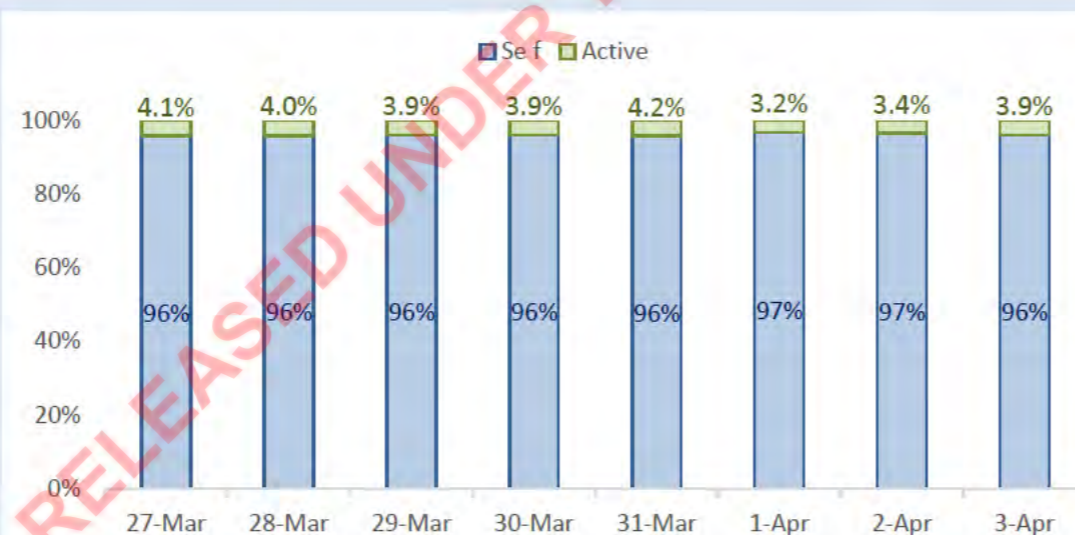
4.3 Hospitalisations by ethnicity – (Northern region only)



- Hospitalisation volumes (across ethnicity) have followed the same national pattern showing a decrease over the last week.
- Pacific volumes have decreased over the last week and represent 20% of the hospitalisations in the Northern region.

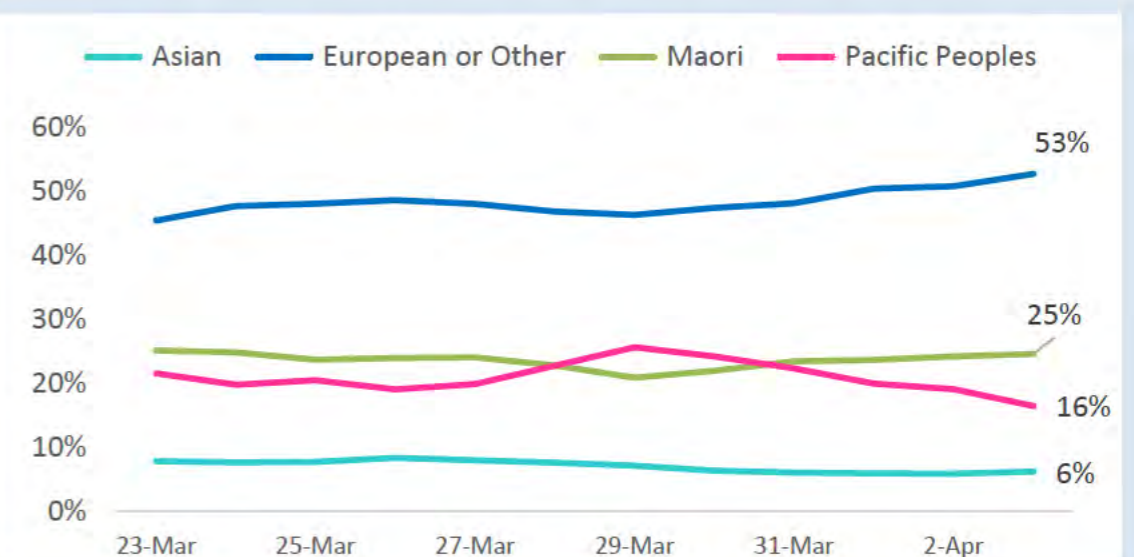
4. CARE AND SUPPORT

4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases keeps consistently between 3% and 4% of the total cases in isolation.
- Quality of the data for managed care type relies on clinical assessment to be completed and case flagged as “active management” by GPs or clinical specialist.

4.5 Count of active cases in active management by ethnicity



- Percent of Pacific and Māori represent approx. 41% of the population under active management against a total combined population proportion of 24.6% for New Zealand as a whole.



Care in the Community Weekly Dashboard

12 April 2022

Performance for week ending 10 April 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Observation period

The data in this output covers the period from 4 April until 10 April 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Disability data from Socrates database has been added to the data warehouse. Work is underway to analyse the Care in the Community (CitC) metrics across the disability database
- Data quality is constantly improved and refreshed in Snowflake. Which means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of cases isolation is under review and therefore these numbers and types are subject to change.

Data source: DHBs / SitRep / Qlik

C) Hospitalisations

Hospitalised positive cases

Data Source: Sitrep

SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment which includes and initial assessment of clinical and welfare support.

1.1) Case % by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- The above figures are based on cases reported in the NICTS. The report date is the date the case record was created

- These figures may be subject to change due to ongoing case investigation or additional information being received

Data source: NICT

1.2) Completion rate of self-assessment form by channel and ethnicity

- Figures completion rates by channel and by ethnicity.
- Overall includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics under development (DHB, equity and demographics)

Data source: NICT

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number)

- End event: Initial clinical assessment date/time in CCCM (by NHI number) and if this contact is recorded within 24 hours of the start event.
 - Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.
- Data source: CCCM/QLIK

3. ASSESS NEEDS

3.1 Cases with MSD Welfare referrals via Ministry of Health

- Number of welfare requests created via GPs and Providers via CCCM
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: CCCM

3.2 Number of funded alternative accommodation requests by primary reason by date

Number of alternative accommodations requested via self assessment form by reason.

Data source: NCTS

4. CARE AND SUPPORT

4.1) Pulse Oximeters delivery and availability

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

4.2 and 4.3) Hospitalisations and ICU numbers by date

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

4.4) Active and self management care distribution

% of cases assigned in CCCM as active vs Self management.

Data source: Qlik

4.5) Count of active management cases by ethnicity

Count of cases assigned in CCCM as active in CCCM.

Data source: Qlik

METRICS UNDER DEVELOPMENT/AWAITING DATA*

1.3 – Non-contactable – by location, risk and ethnicity

2.1, 2.2 – Risk score distribution (active cases/ethnicity)

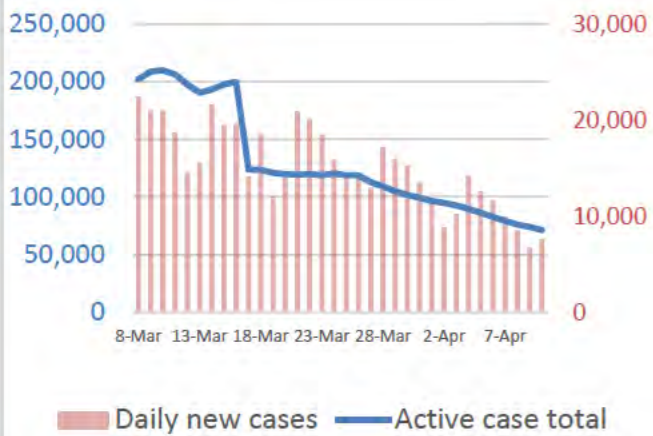
3.1– Cases with MSD Welfare referrals via Ministry of Health* via NCTS and GP referral through CCCM

CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY
(10/04/22)

71,473 ↓ -23% week-on-week*

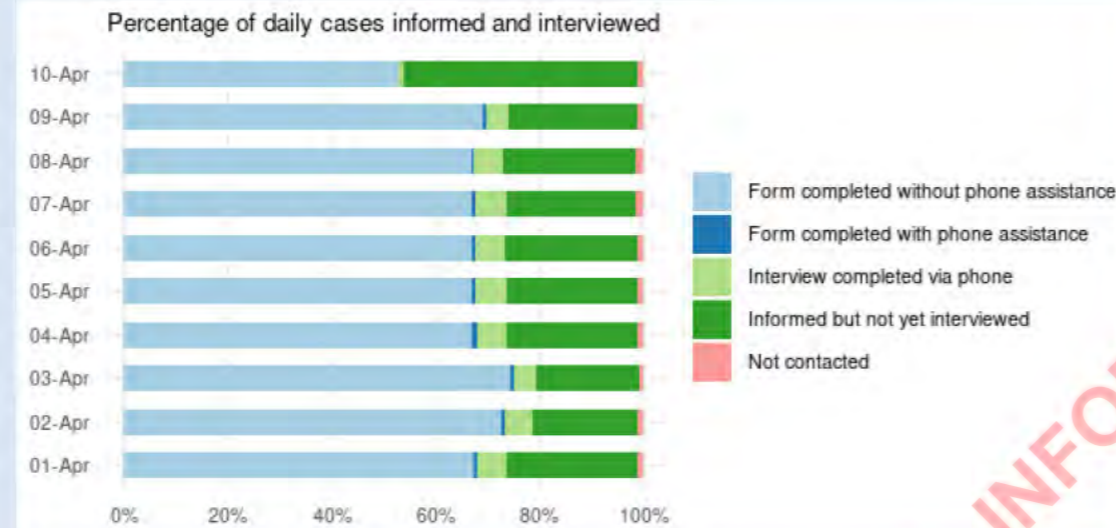
*Number of active cases reported has reduced in comparison with last week



CASE PATHWAY

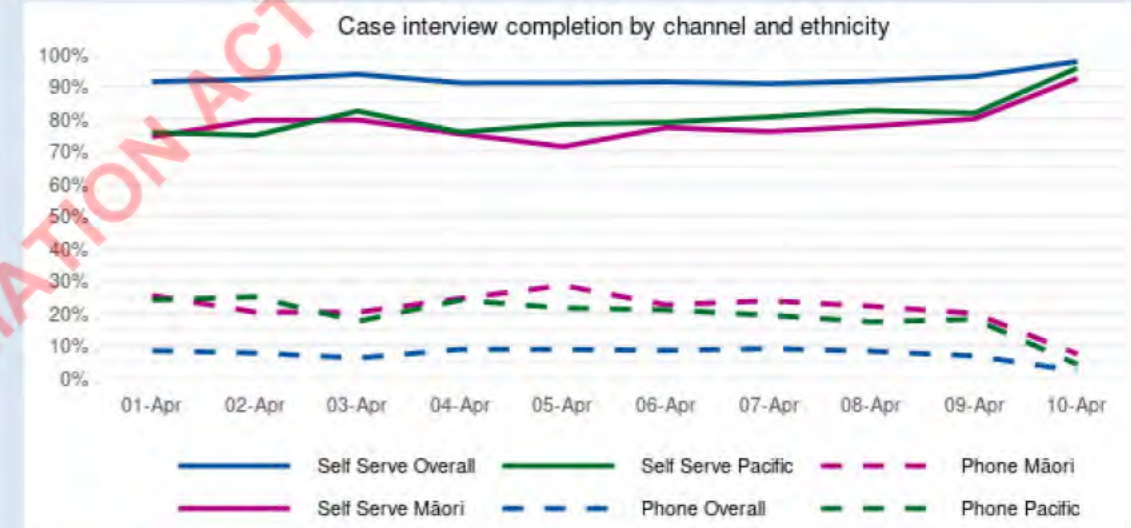
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by SMS/Phone contact status by day



- The non-contacted population has decreased to 1.36%, compared to 1.68% the week prior.
- The figure above encompasses the 102,187 cases created in the NCTS during the 10 days to yesterday (10 April 2022).

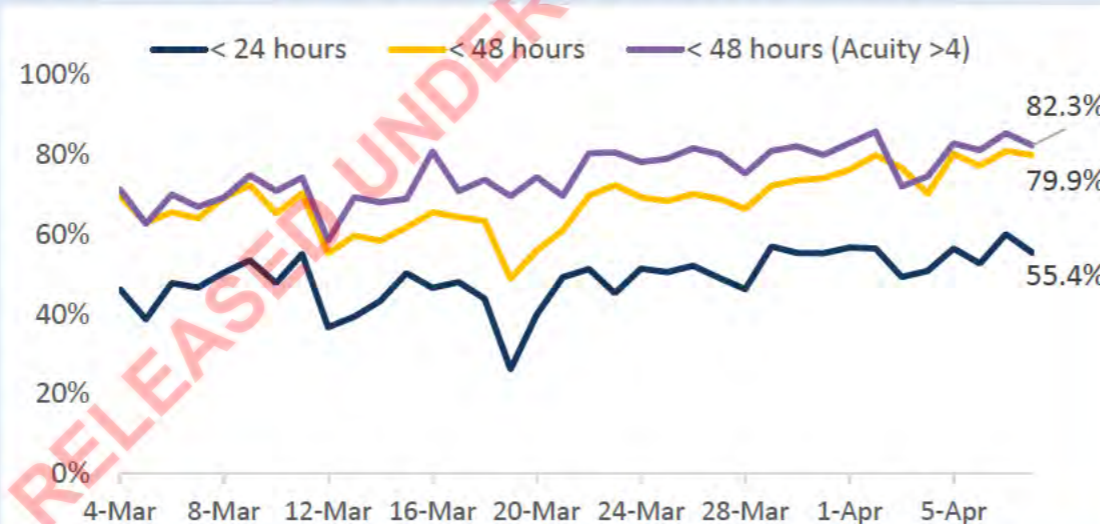
1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows increased self completion across groups.
- The figure above encompasses the 74,573 cases created in the NCTS during the 10 days to yesterday (10 April 2022) that have either completed the online contact tracing form or have been interviewed by a case investigator (including cases who completed the online form with assistance via phone).

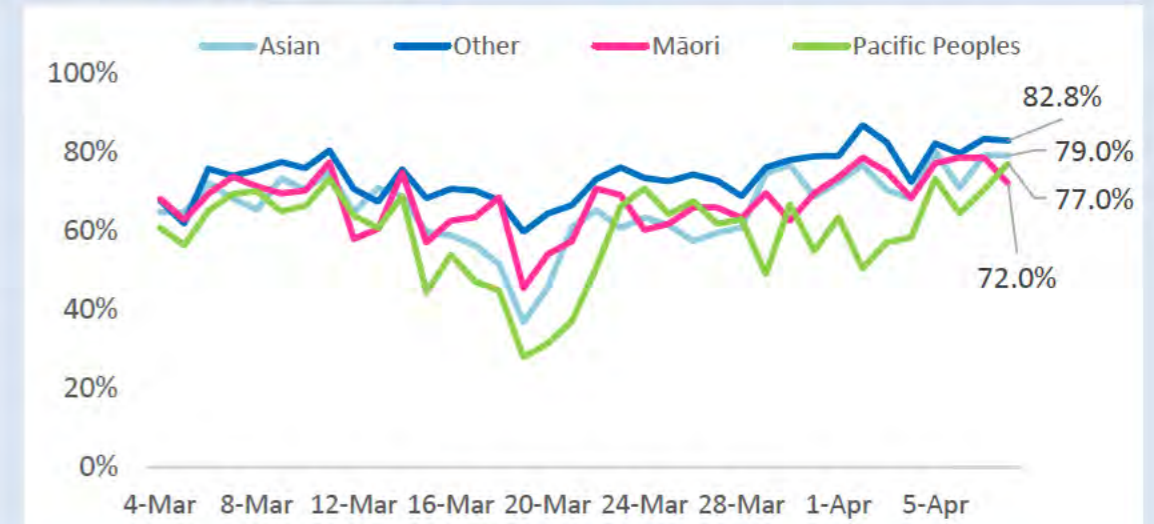
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed in CCCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 02 April 2022 and 08 April 2022, 31,384 clinical assessments have been completed.
- Number of assessments from cases with high acuity score (equal 4 or over) represent approximately 12% of total assessments completed.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity



- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.
- Significant increase of assessment completed within 48 hours across the Pacific population.

TOTAL CONTACT by ETHNICITY (10/04/22)

- The table below shows the percentage of cases that have either received the automated case inform text or have been reached by a case investigator via phone, for the last three weeks.

	27-Mar	03-Apr	10-Apr
Overall	98.36%	98.32%	98.64%
Māori	96.13%	96.83%	96.78%
Pacific	96.87%	92.75%	98.26%

HOSPITALISATIONS (10/04/22)

483 ICU -> 23 = 4%
Non ICU -> 460 = 95%

TECHNICAL SYSTEM PERFORMANCE

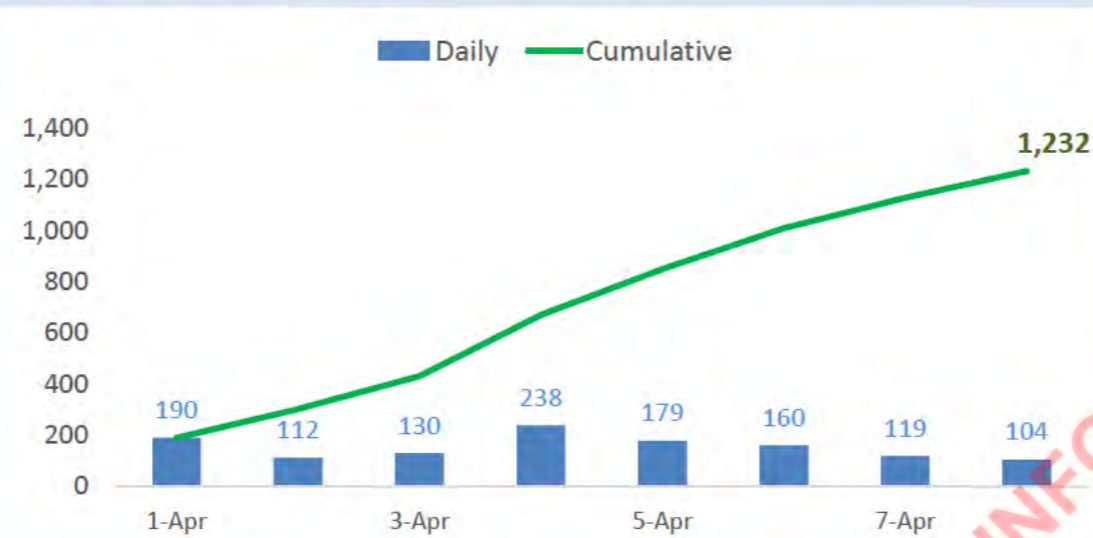
Key system functionality releases last week:

- Health Hub translations (18 languages to deploy incrementally)
- Therapeutics - data access from EPS for supply and distribution information going forward
- Therapeutics dashboard v1.0
- Additional case health check questions from NCTS to CCCM (symptoms and co-morbidities)
- GP COVID-19 dashboard (visibility of GPs COVID-19 patients from CCCM via PMS)
- Ability to create case in CCCM via GP dashboard

CASE PATHWAY

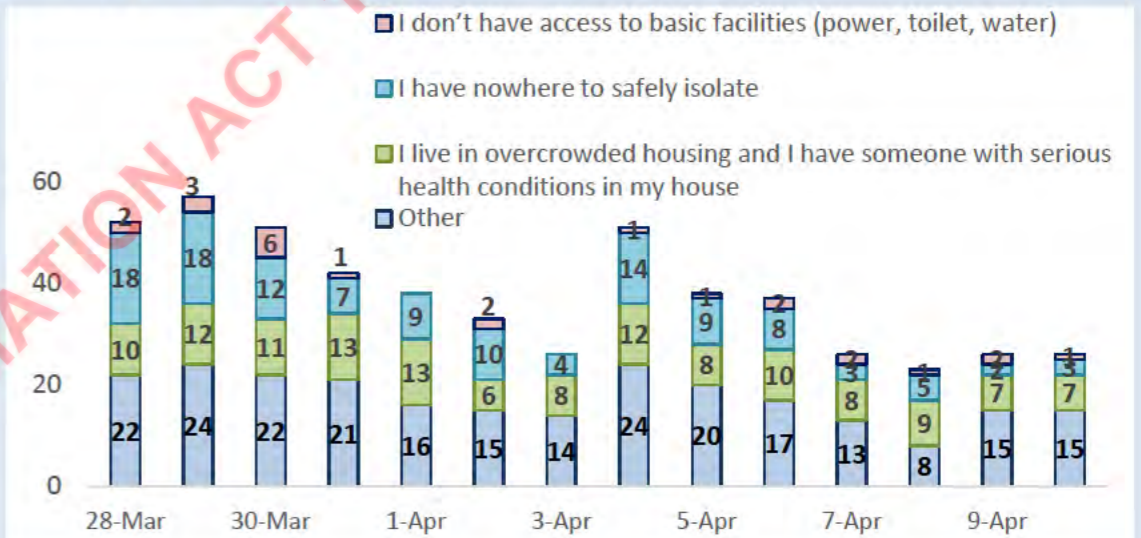
3. ASSESS NEEDS

3.1 Number of cases with Ministry of Social Development Welfare referrals via CCCM



- Number of people that have received welfare request by day that case was reported.

3.2 Number of funded alternative accommodation requests by primary reason by date



- Total of 970 alternative accommodation requests were created since release of the functionality in NCTS on 15th March.
- High proportion of 'other' cases - the alternative accommodation questions on the form are under review.

4. ASSESS NEEDS

3.3 Funded alternative accommodation requests by ethnicity (to 10 April)



- 40% of Māori request relate to not having a place to safely isolate.

4. CARE AND SUPPORT

4.1 Pulse Oximeters delivery and availability

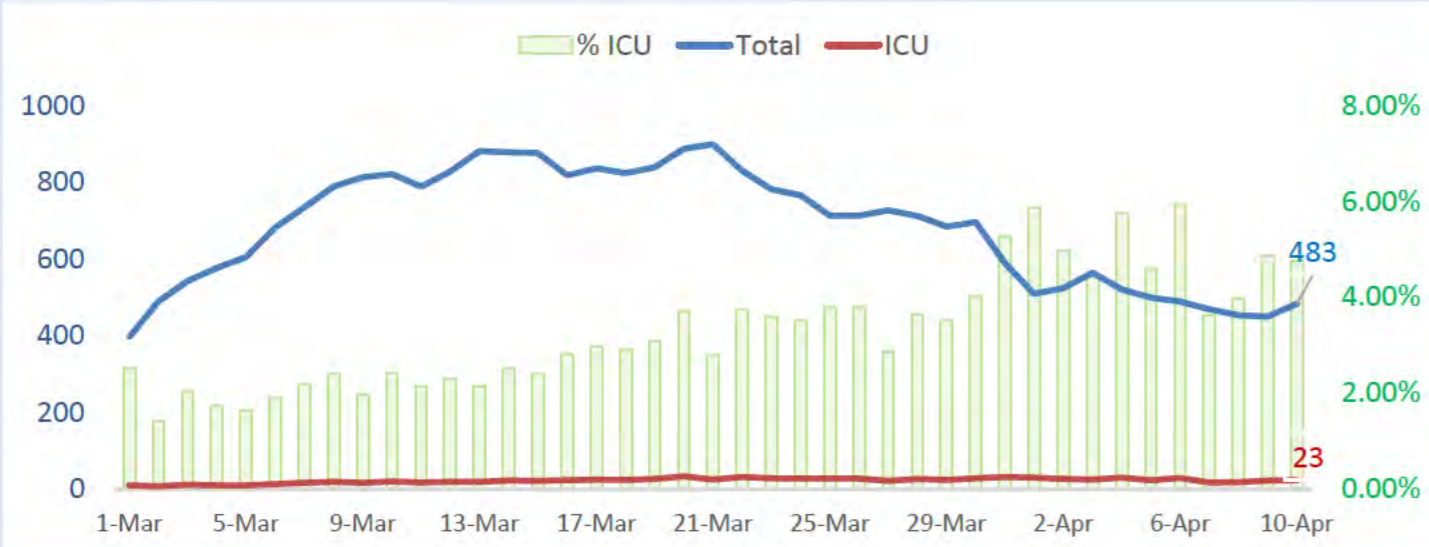


- Pulse oximeters, stock on hand in excess of 32,524 – this includes a delivery of 20,000 EBOS Inhealth pulse oximeters received on 30th of March 2022. Note scale of supply and demand – stock available.

CASE PATHWAY

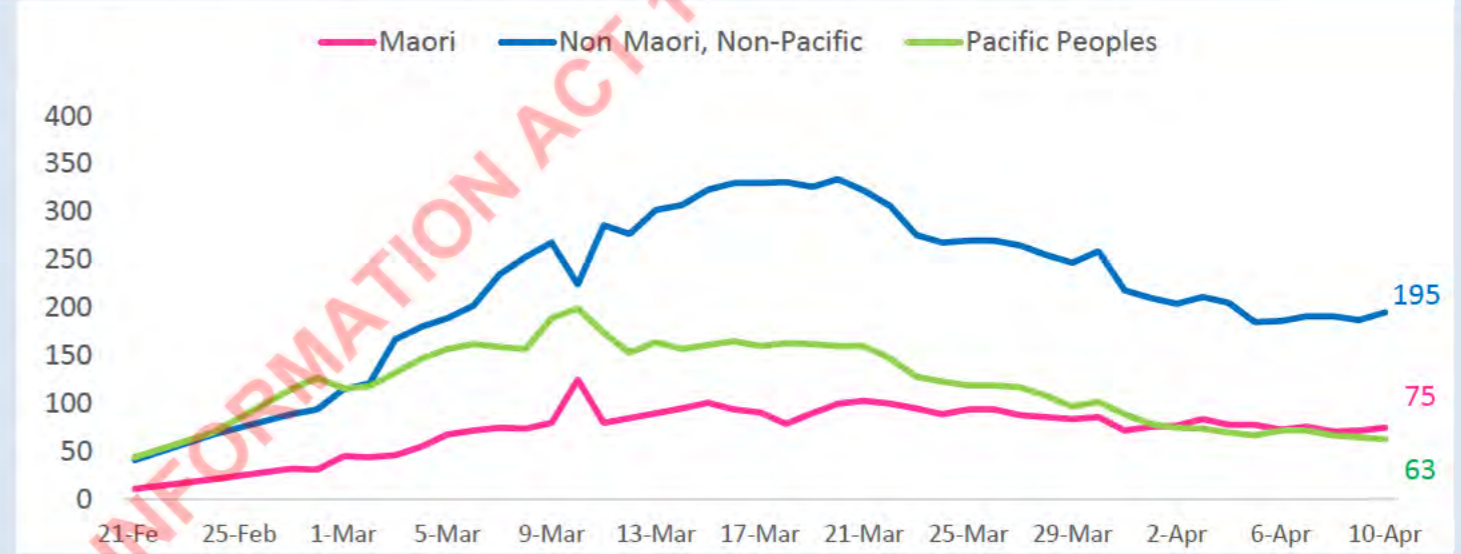
4. CARE AND SUPPORT

4.2 Hospitalisations and ICU active cases by date



- ICU cases dropped 15% last week (4th April to 10th April 2022) compared to week prior (28th March to 3rd April 2022).
- COVID-19 ICU cases represent ~4% of all COVID-19 related hospitalisations.

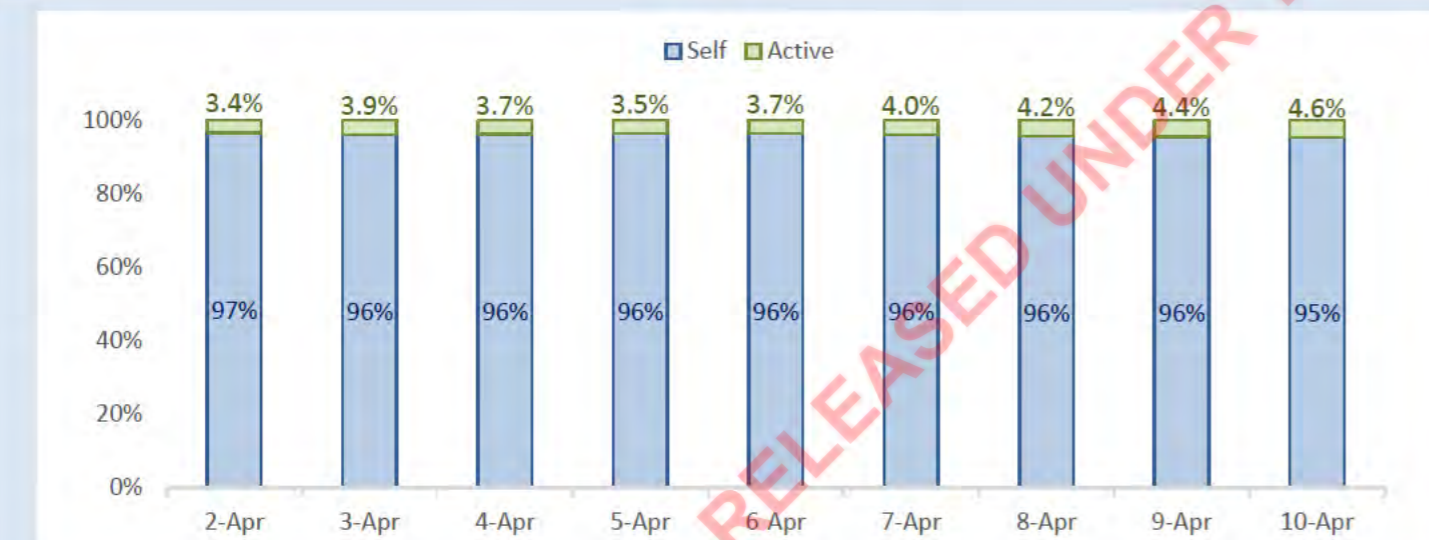
4.3 Hospitalisations by ethnicity – (Northern region only)



- Hospitalisation volumes (across ethnicity) have followed the same national pattern showing slight decrease over the last week.
- Pacific volumes have decreased over the last week and represents 19% of the hospitalisations in Northern Region.

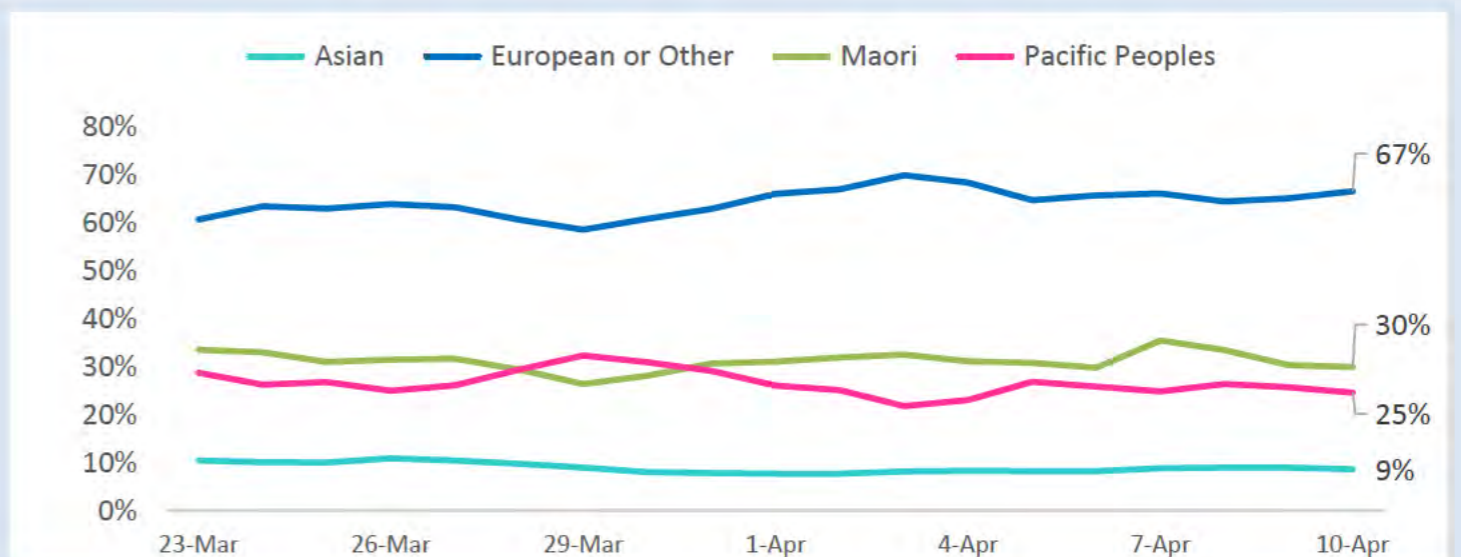
4. CARE AND SUPPORT

4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases keeps consistently between 3% and 5% of the total cases in isolation.
- Quality of the data for managed care type relies on clinical assessment to be completed and case flagged as “active management” by GPs or clinical specialist.

4.5 Count of active cases in active management by ethnicity



- Percent of Pacific and Māori represent approx. 55% of the population under active management against a total combined population proportion of approx. 24.6% for New Zealand as a whole.



Care in the Community Weekly Dashboard

19 April 2022

Performance for week ending 17 April 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Observation period

The data in this output covers the period from 11 April until 17 April 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Disability data from Socrates database has been added to the data warehouse. Work is underway to analyse the Care in the Community (CitC) metrics across the disability database.
- Data quality is constantly improved and refreshed in Snowflake. This means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of case isolation is under review and therefore these numbers and types are subject to change.

Data source: DHB's / Sitrep / Qlik

C) Hospitalisations

Hospitalised positive cases

Data Source: Sitrep

SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment results which includes and initial assessment of clinical and welfare support.

1.1) Case percentage by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- These figures are based on cases reported in the National Contact Tracing System (NCTS). The report date is the date the case record was created.

- These figures may be subject to change due to ongoing case investigation or additional information being received.

Data source: National Investigation and Tracing Centre (NITC)

1.2) Completion rate of self-assessment form by channel and ethnicity

- Completion rate figures by channel and by ethnicity.
- Overall figure includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics are under development (DHB, equity and demographics)

Data source: NITC

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number)

- End event: Initial clinical assessment date/time in COVID-19 Clinical Care Module (CCCM) is by NHI number and if this contact is recorded within 24 hours of the start event.
 - Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.
- Data source: CCCM/QLIK

3. ASSESS NEEDS

3.1 Cases with Ministry of Social Development (MSD) Welfare referrals via Ministry of Health (MoH)

- Number of welfare requests created via GPs and Providers via CCCM
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: NCTS

3.2 Number of funded alternative accommodation requests by primary reason by date

Number of alternative accommodations requested via self assessment form by reason.

Data source: NCTS

4. CARE AND SUPPORT

4.1) Pulse Oximeters delivery and availability

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

4.2 and 4.3) Hospitalisations and ICU numbers by date

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

4.4) Active and self management care distribution

Percentage of cases assigned in CCCM as active vs Self management.

Data source: Qlik

4.5) Count of active management cases by ethnicity

Number of cases assigned in CCCM as active in CCCM.

Data source: Qlik

METRICS UNDER DEVELOPMENT/AWAITING DATA*

1.3 – Non-contactable – by location, risk and ethnicity

2.1, 2.2 – Risk score distribution (active cases/ethnicity)

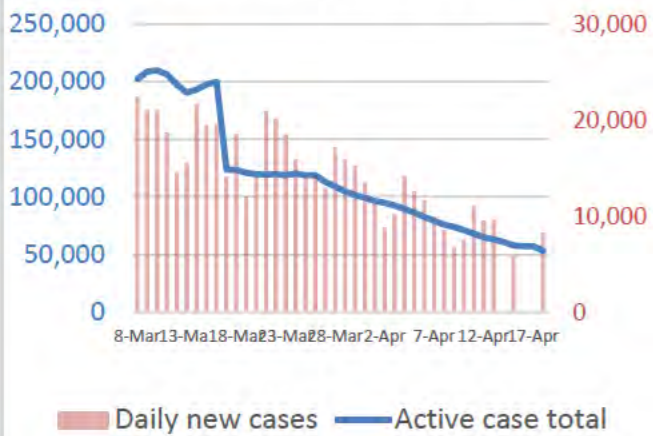
3.1 – Cases with MSD Welfare referrals via MoH* via NCTS and GP referral through CCCM

CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY
(18/04/22)

53,375 ↓ -22% week-on-week

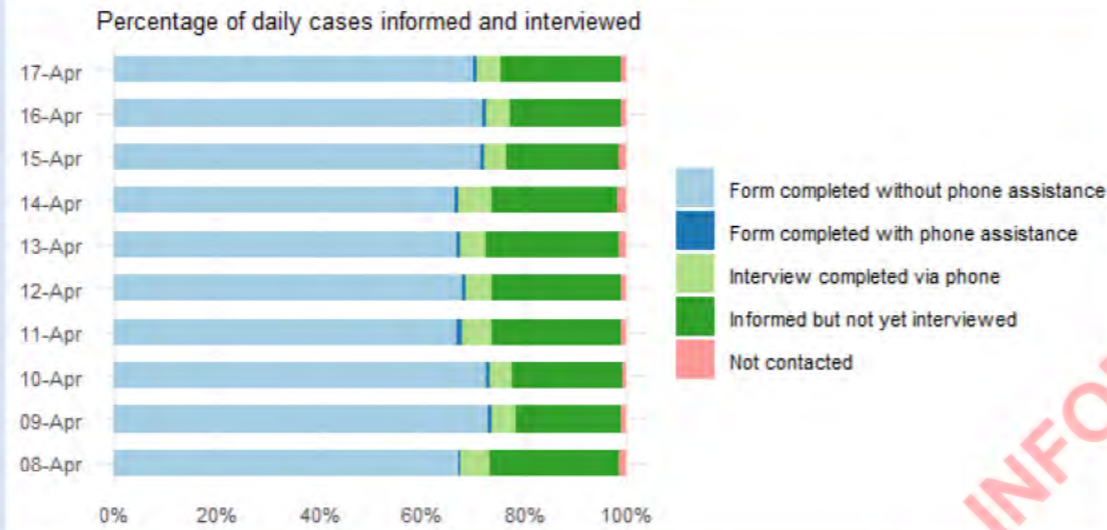
Data from 14 April to 17 April 2022 is not fully available due to sitrep report availability and due to ongoing issues with the Ministry of Health's R Server.



CASE PATHWAY

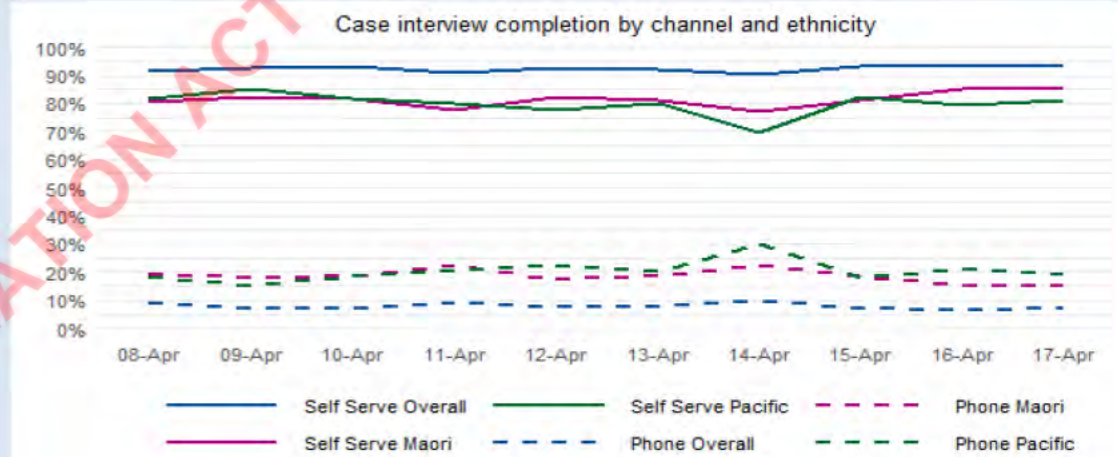
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by SMS/Phone contact status by day



- The percentage of cases not contacted has slightly increased to 1.35%, compared to 1.28% the week prior.
- The figure above encompasses the 79,157 cases created in the NCTS during the 10 days to Sunday 17 April 2022.

1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows a slight increase of self serve completion across all groups.
- The figure above encompasses the 59,265 cases created in the NCTS during the 10 days to Sunday 17 April 2022 that have either completed the online contact tracing form or been interviewed by a case investigator (this includes cases who have completed the online form with assistance via phone).

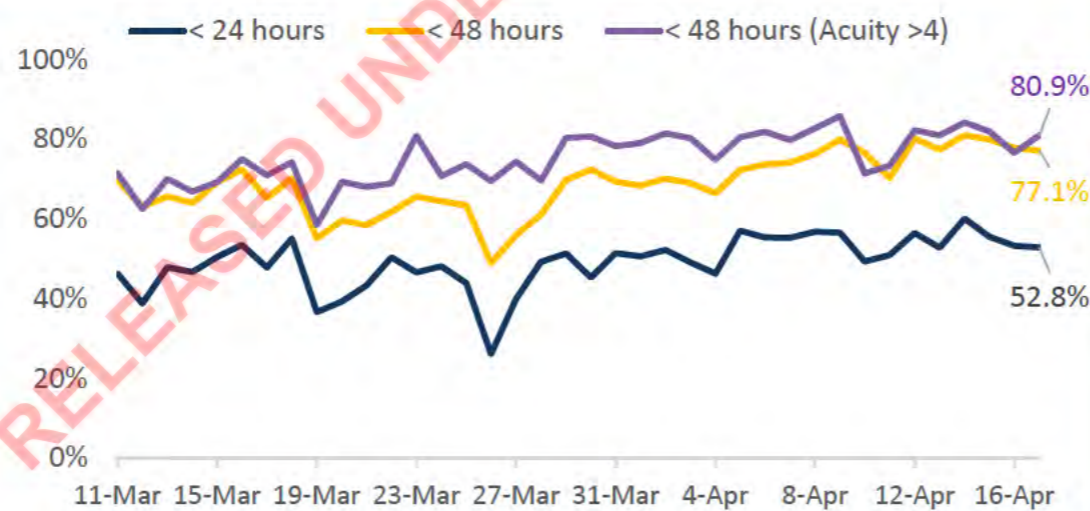
TOTAL CONTACT by ETHNICITY (17/04/22)

- The table below shows the percentage of cases for the last three weeks, that have either received the automated case inform text, or have been contacted by a case investigator via phone.

	03-Apr	10-Apr	17-Apr
Overall	98.32%	98.72%	98.65%
Māori	97.61%	97.6%	97.61%
Pacific	93.68%	98.57%	98.39%

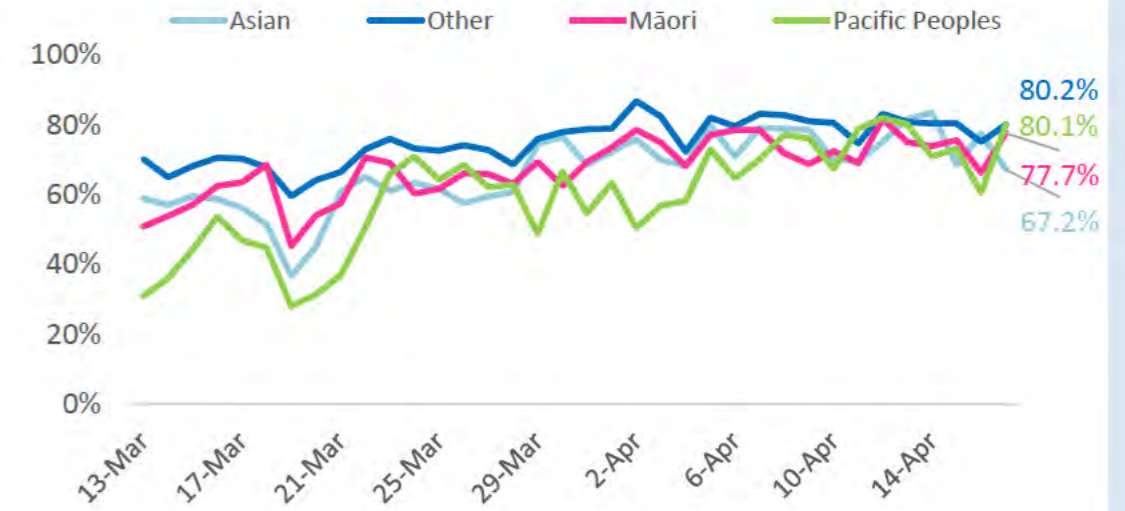
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed in CCCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 11 April 2022 and 17 April 2022, 23,360 clinical assessments have been completed.
- Number of assessments from cases with a high acuity score (equal 4 or over) represent approximately 9% of total assessments completed.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity



- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed. This discrepancy has reduced in the last two weeks as displayed in the chart above.

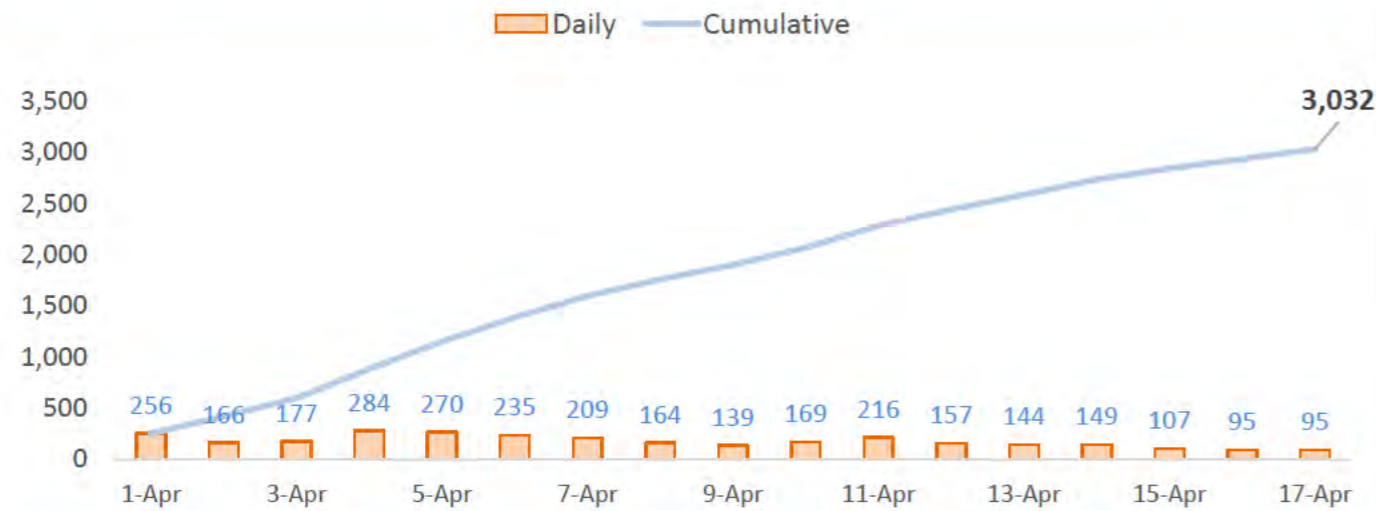
HOSPITALISATIONS (18/04/22)

458 ICU -> 19 = 4%
Non ICU -> 439 = 96%

CASE PATHWAY

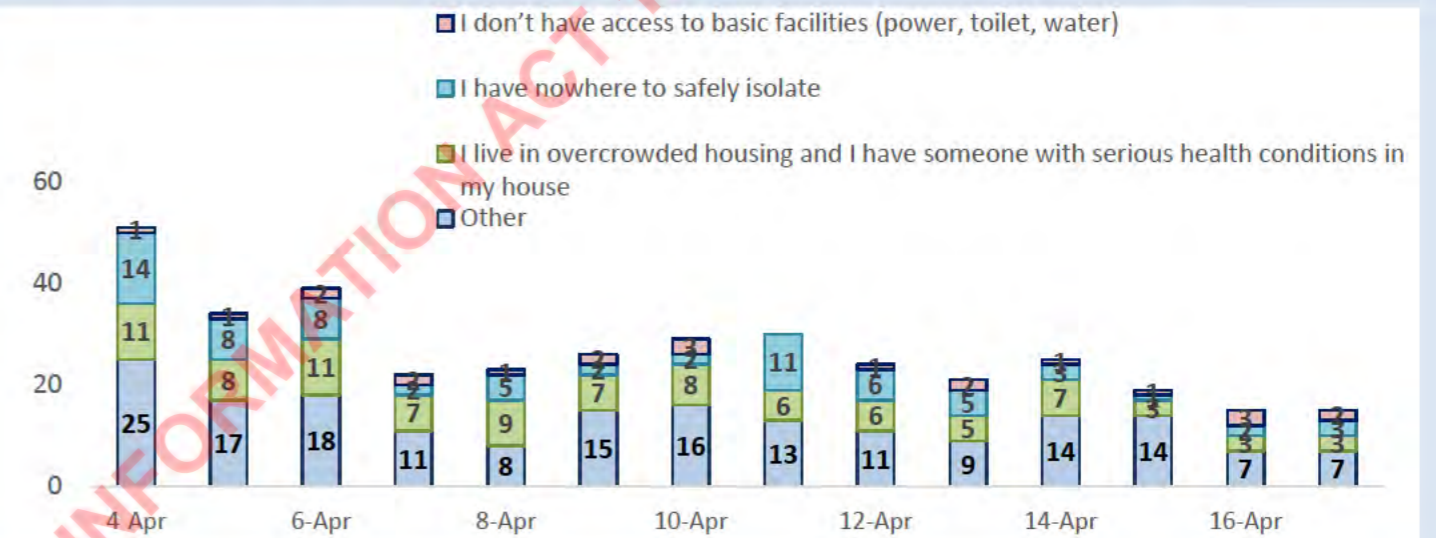
3. ASSESS NEEDS

3.1 Number of welfare referrals sent to Ministry of Social Development via CCCM



- Number of welfare referrals sent to the MSD via CCCM by referral creation date.
- *Note: This metric on last week's dashboard was reported as the count of cases that have requested welfare support via CCCM. The data source is now NCTS and is reported as the count of total referrals sent to MSD.*

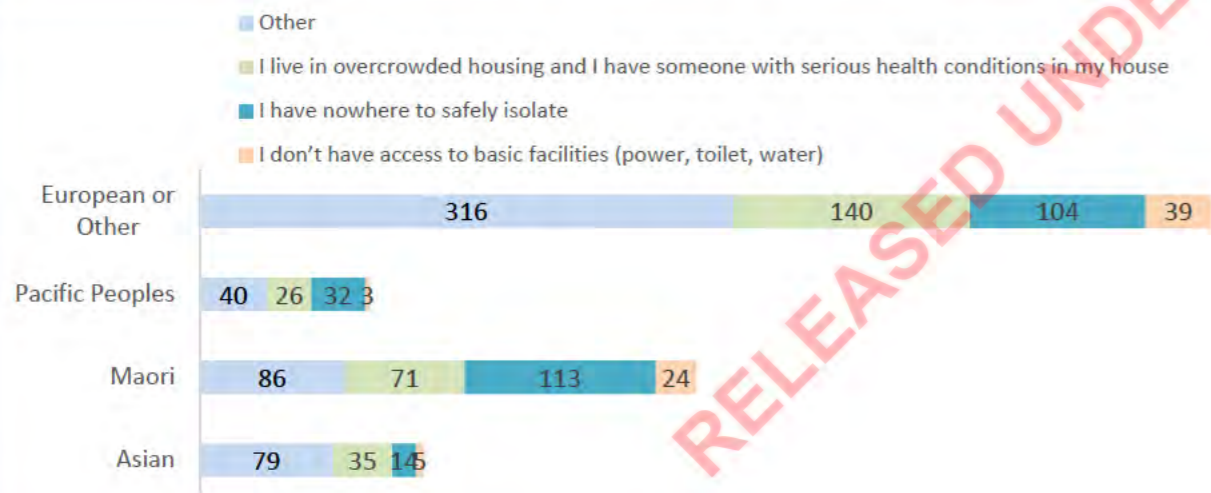
3.2 Number of funded alternative accommodation requests by primary reason by date



- Total of 1,127 alternative accommodation requests were created since the release of this function in NCTS on 15 March 2022.
- High proportion of 'other' cases - the alternative accommodation questions on the form are currently under review.

3. ASSESS NEEDS

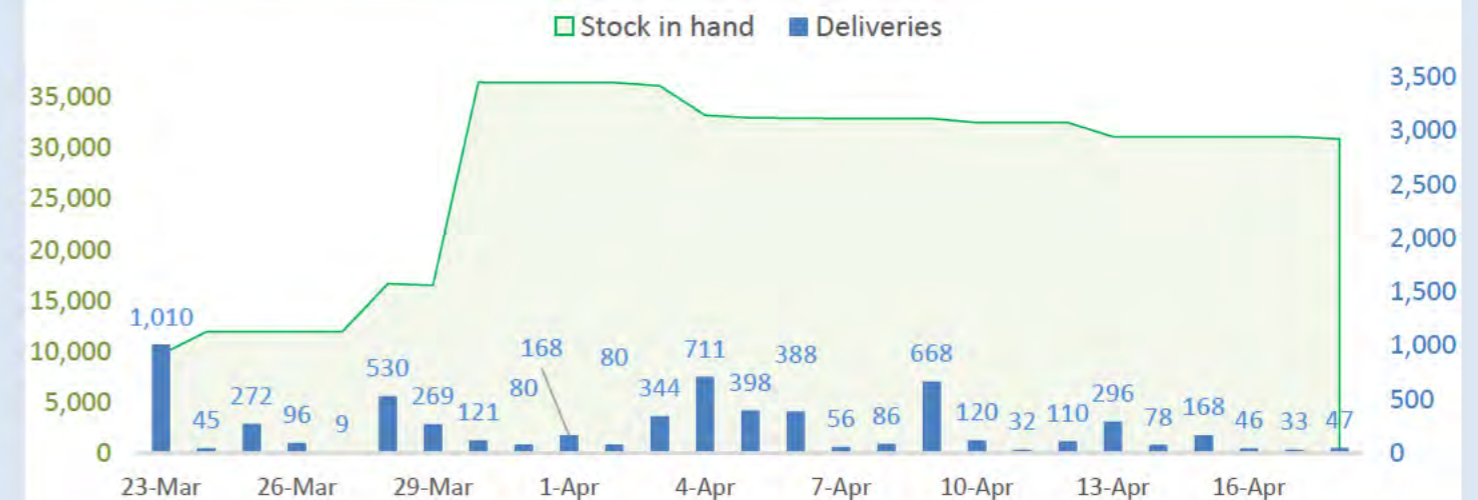
3.3 Funded alternative accommodation requests by ethnicity (to 17 April)



- 38% of Māori requests relate to not having a place to safely isolate.
- 26% of Pacific requests is associated with people living in congested housing along with one or more members with serious health condition.

4. CARE AND SUPPORT

4.1 Pulse Oximeters delivery and availability

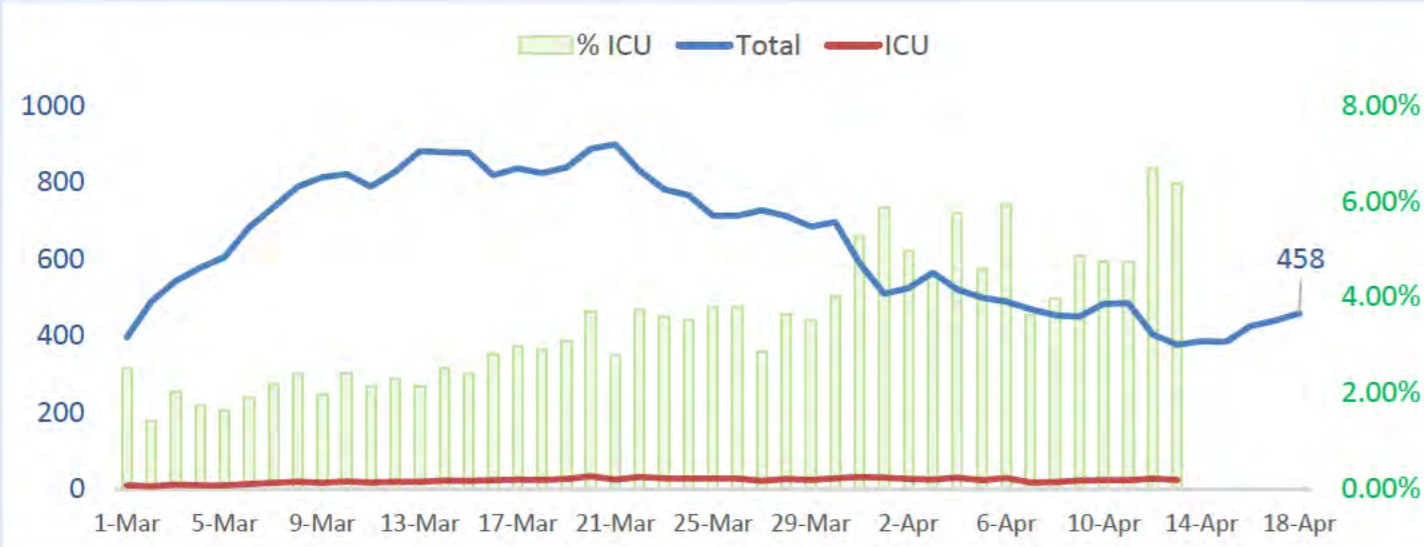


- Pulse oximeters – stock on hand is in excess of 30,930 which includes a delivery of 20,000 Inhealth pulse oximeters received on 30 March 2022. Note scale of supply and demand and stock available.

CASE PATHWAY

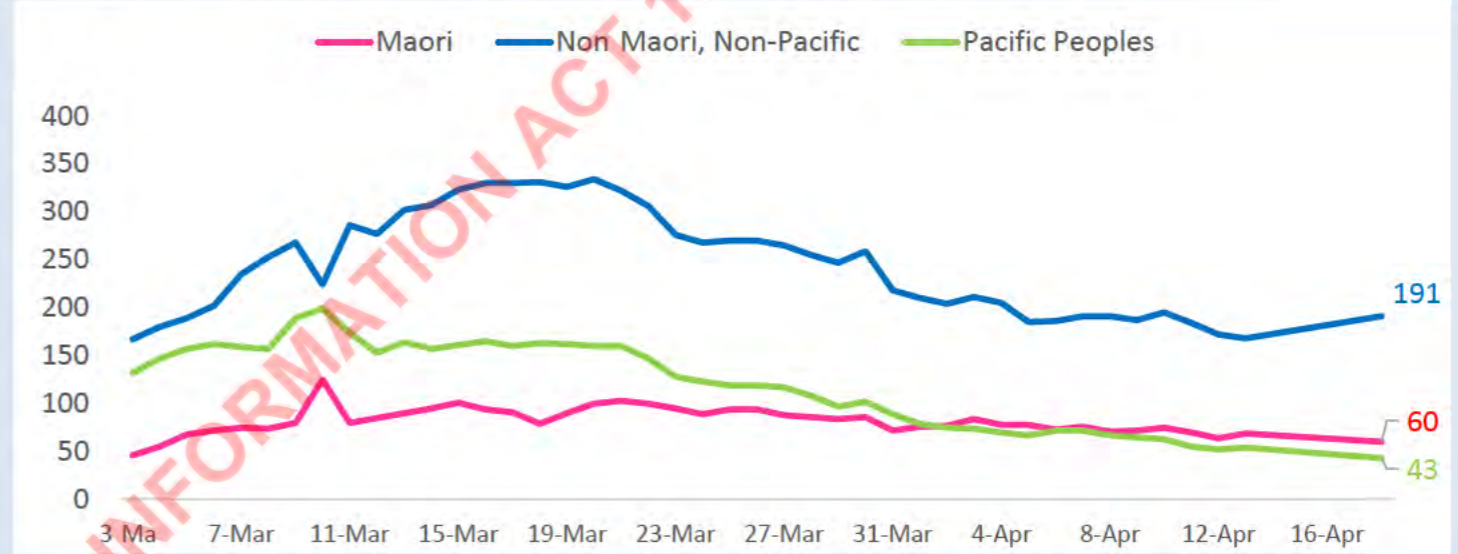
4. CARE AND SUPPORT

4.2 Hospitalisations and ICU active cases by date



- Total number of hospitalisations has slightly increased during the week but remains lower than at the start of the week on 11 April 2022.
- Note: Hospitalisation data from 14 April to 17 April 2022 is not available due to sitrep report availability and due to ongoing issues with the Ministry's R Server.

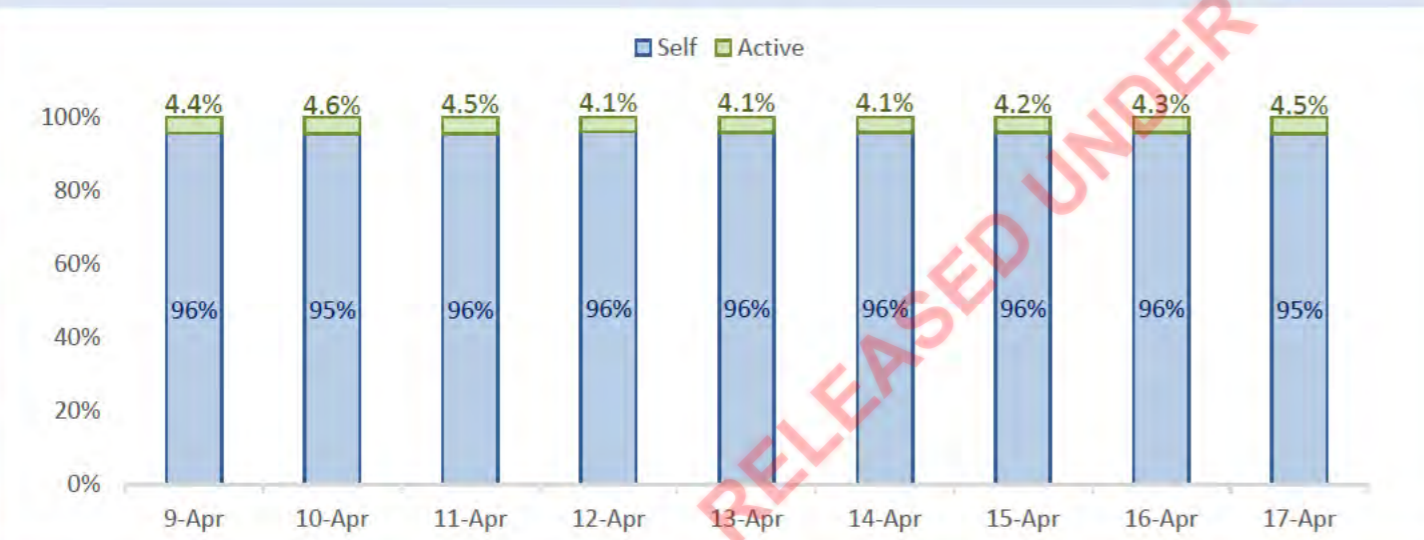
4.3 Hospitalisations by ethnicity – (Northern region only)



- Pacific volumes have decreased over the last week and represents 15% of the hospitalisations in the Northern Region.
- Note: Hospitalisation data from 14 April to 17 April 2022 is not available due to sitrep report availability and due to ongoing issues with the Ministry's R Server.

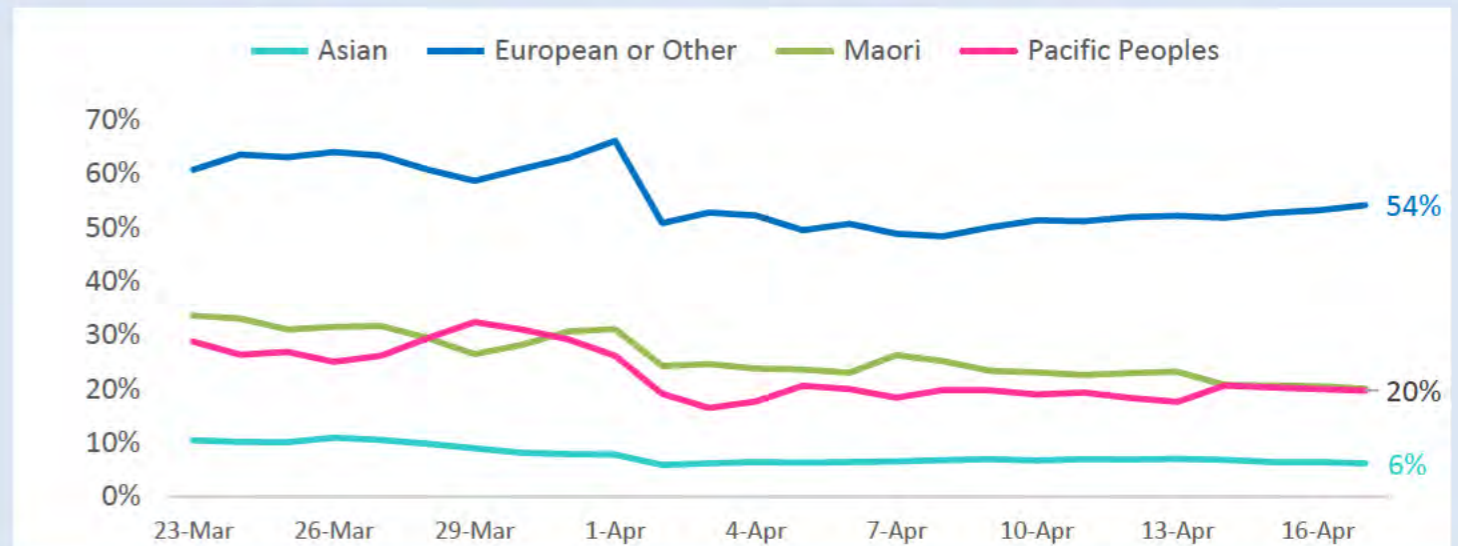
4. CARE AND SUPPORT

4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases remains consistently between 3% and 5% of the total cases in isolation.
- Quality of the data for managed care type relies on the clinical assessment to be completed and case flagged as "active management" by GP's or a clinical specialist.

4.5 Count of active cases in active management by ethnicity



- Percentage of Pacific and Māori represent approximately 40% of the population under active management whereas a total combined population proportion for Pacific and Māori is approximately 24.6% for New Zealand as a whole.



Care in the Community Weekly Dashboard

26 April 2022

Performance for week ending 24 April 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Observation period

The data in this output covers the period from 18 April until 25 April 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Metrics continue to be developed and data sources consolidated on the Qlik app, reducing the number of data sources.
- New disability database will be created compiling the disability data from multiple data sources. This will allow a consolidated data source and better analysis.
- Data quality is constantly improved and refreshed in Snowflake. This means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of case isolation is under review and therefore these numbers and types are subject to change.

Data source: DHB's / Sitrep / Qlik

C) Hospitalisations

Hospitalised positive cases

Data Source: Sitrep

SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment results which includes and initial assessment of clinical and welfare support.

1.1) Case percentage by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- These figures are based on cases reported in the National Contact Tracing System (NCTS). The report date is the date the case record was created.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- Data source: National Investigation and Tracing Centre (NITC)

1.2) Completion rate of self-assessment form by channel and ethnicity

- Completion rate figures by channel and by ethnicity.
- Overall figure includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics are under development (DHB, equity and demographics)

Data source: NITC

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number)

- End event: Initial clinical assessment date/time in COVID-19 Clinical Care Module (CCCM) is by NHI number and if this contact is recorded within 24 hours of the start event.
 - Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.
 - Disability data (Socrates) – database used is for people that are receiving MoH funded disability support (as opposed to DHB funded disability support). The Socrates database tend to be people under 65 years of age. The DHB funded disability support are older people 65 years and over
- Data source: CCCM/QLIK, Socrates

3. ASSESS NEEDS

3.1 Cases with Ministry of Social Development (MSD) Welfare referrals via Ministry of Health (MoH)

- Number of welfare requests created via GPs and Providers via CCCM
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: NCTS

3.2 Number of funded alternative accommodation requests by primary reason by date

Number of alternative accommodations requested via self assessment form by reason.

Data source: NCTS

4. CARE AND SUPPORT

4.1) Pulse Oximeters delivery and availability

Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

4.2 and 4.3) Hospitalisations and ICU numbers by date

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

4.4) Active and self management care distribution

Percentage of cases assigned in CCCM as active vs Self management.

Data source: Qlik

4.5) Count of active management cases by ethnicity

Number of cases assigned in CCCM as active in CCCM.

Data source: Qlik

METRICS UNDER DEVELOPMENT/AWAITING DATA*

1.3 – Non-contactable – by location, risk and ethnicity

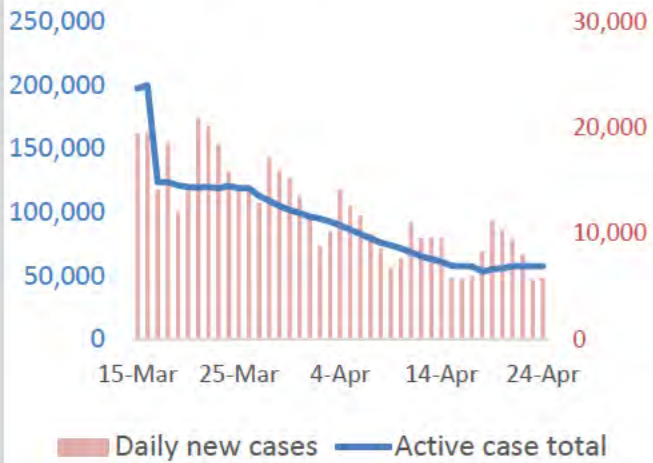
3.1 – Cases with MSD Welfare referrals via MoH* via NCTS and GP referral through CCCM - by ethnicity

CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY
(25/04/22)

56,984 ↑ +7% week-on-week

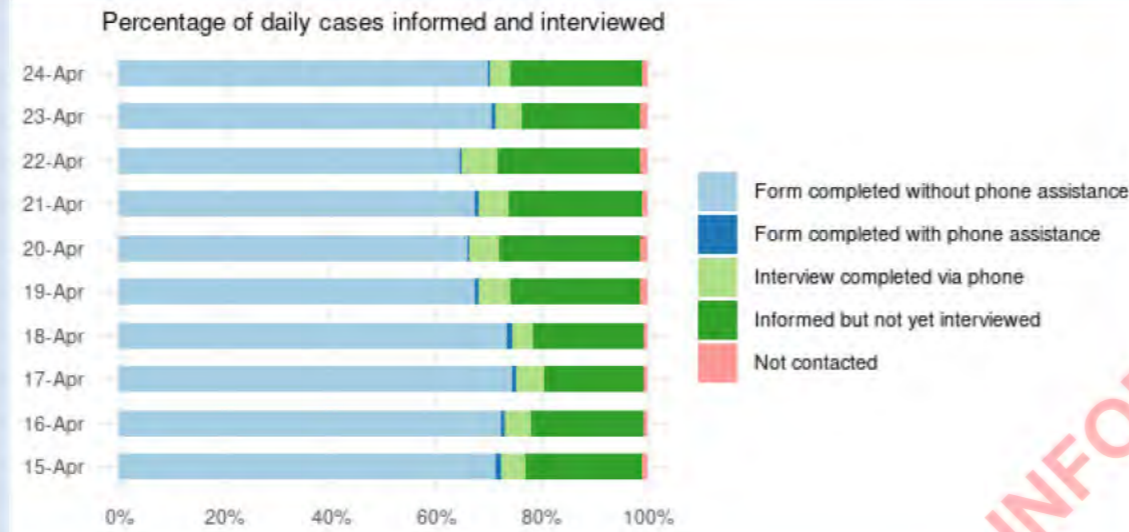
Dates where the SitRep is not published new cases are not displayed on the chart below.



CASE PATHWAY

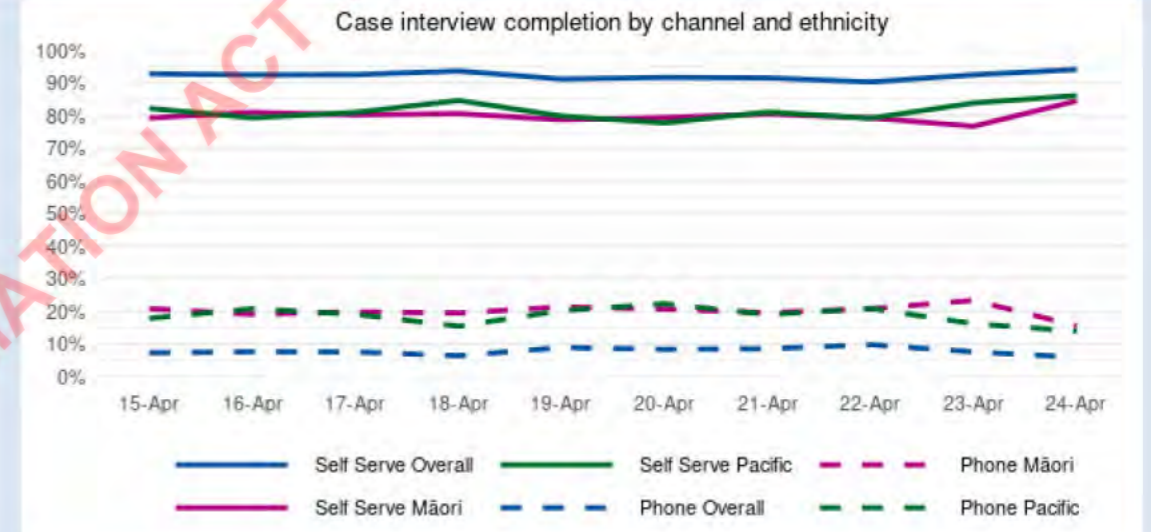
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by SMS/Phone contact status by day



- The percentage of cases contacted remained steady to 98.68%, compared to 98.69% the week prior.
- The figure above encompasses the 76,905 cases created in the NCTS during the 10 days to Sunday 24 April 2022.

1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows a slight increase of self serve completion across all groups.
- The figure above encompasses the 57,668 cases created in the NCTS during the 10 days to yesterday (24 April 2022) that have either completed the online contact tracing form or been interviewed by a case investigator (including cases who completed the online form with assistance via phone).

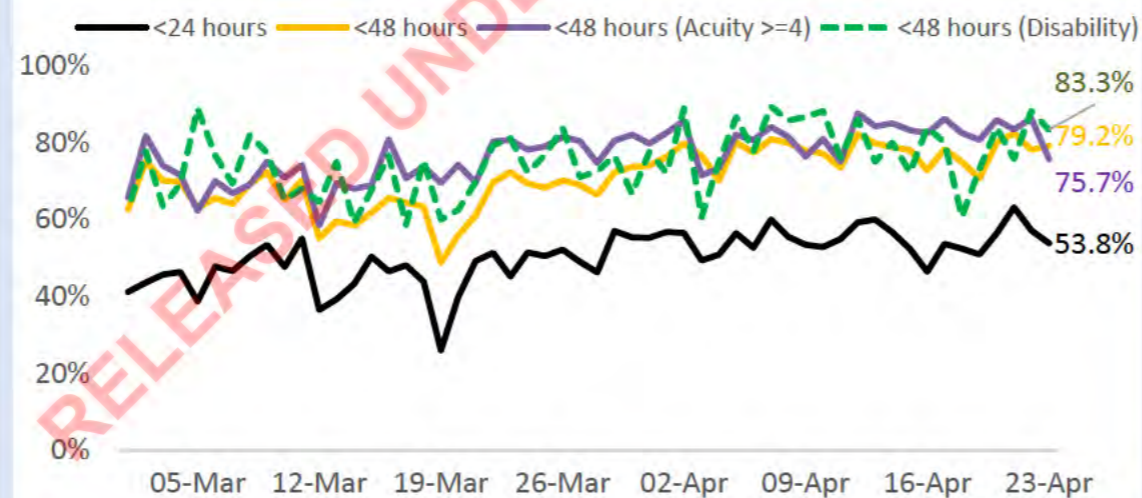
TOTAL CONTACT by ETHNICITY (24/04/22)

- The table below shows the percentage of cases for the last three weeks, that have either received the automated case inform text, or have been contacted by a case investigator via phone.

	10-Apr	17-Apr	24-Apr
Overall	98.72%	98.69%	98.68%
Māori	97.61%	97.68%	97.58%
Pacific	98.51%	98.4%	98.18%

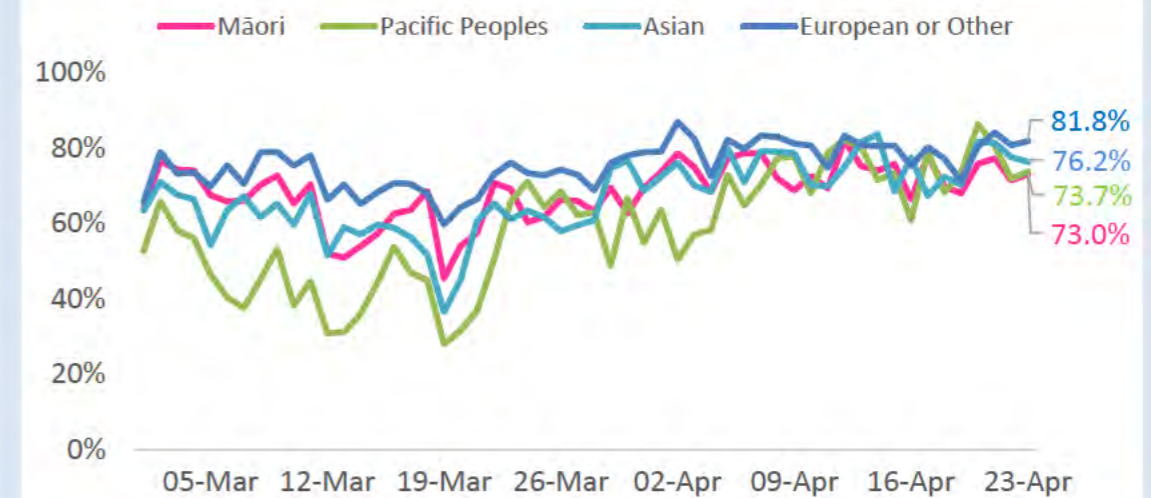
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed in CCCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 17 April 2022 and 23 April 2022, 23,092 clinical assessments have been completed.
- Number of assessments from cases with a high acuity score (equal 4 or over) and disability, represent approximately 11% and 0.8% of total assessments completed, respectively.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity



- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed. This discrepancy has reduced in the last two weeks as displayed in the chart above.

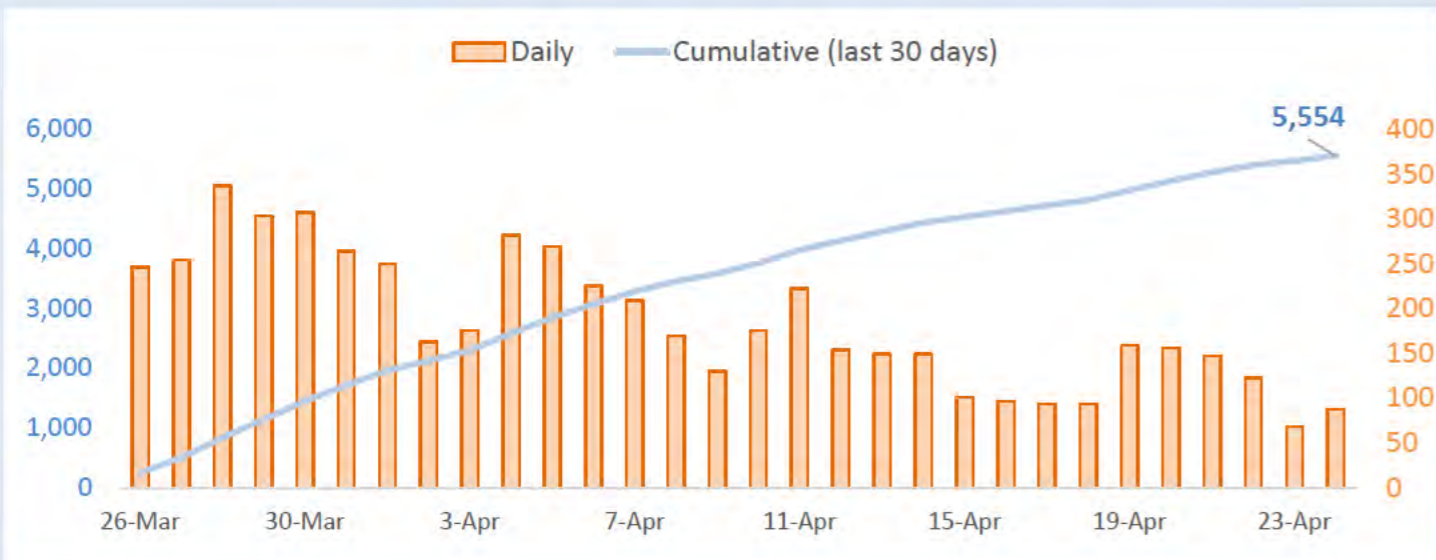
HOSPITALISATIONS (25/04/22)

403 ICU -> 16 = 4%
Non ICU -> 439 = 96%

CASE PATHWAY

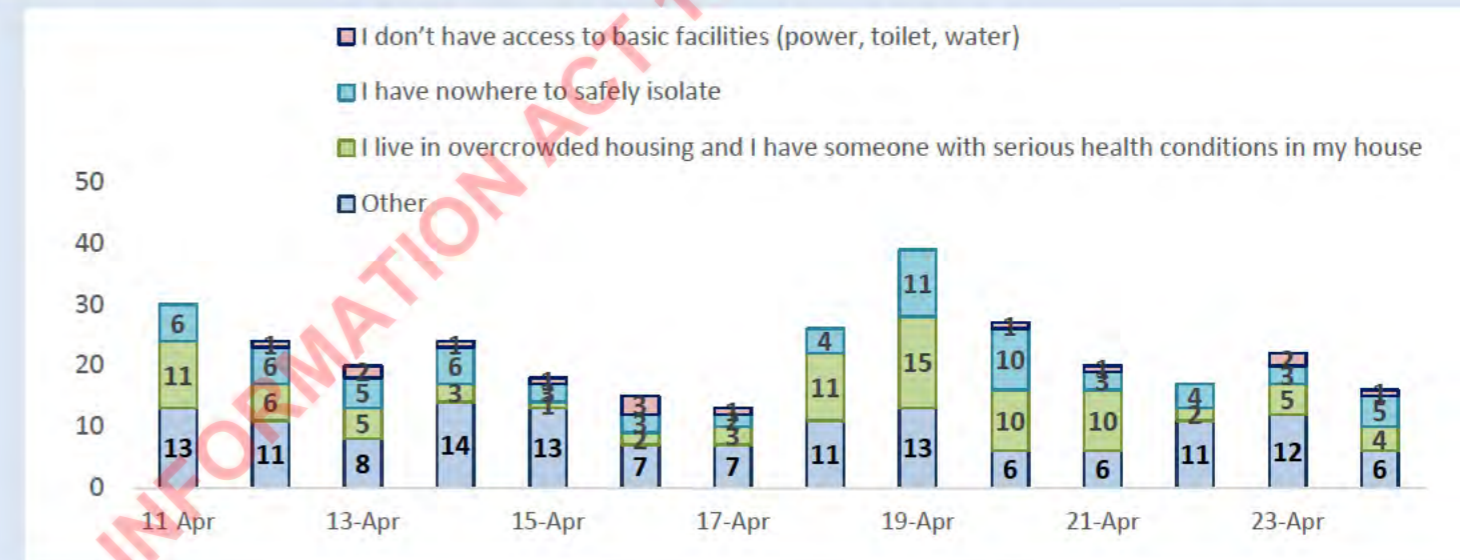
3. ASSESS NEEDS

3.1 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM



- Number of welfare referrals sent to the MSD via CCCM by referral creation date.
- Volumes of welfare referrals have decreased to 832 compared to 964 the week prior.

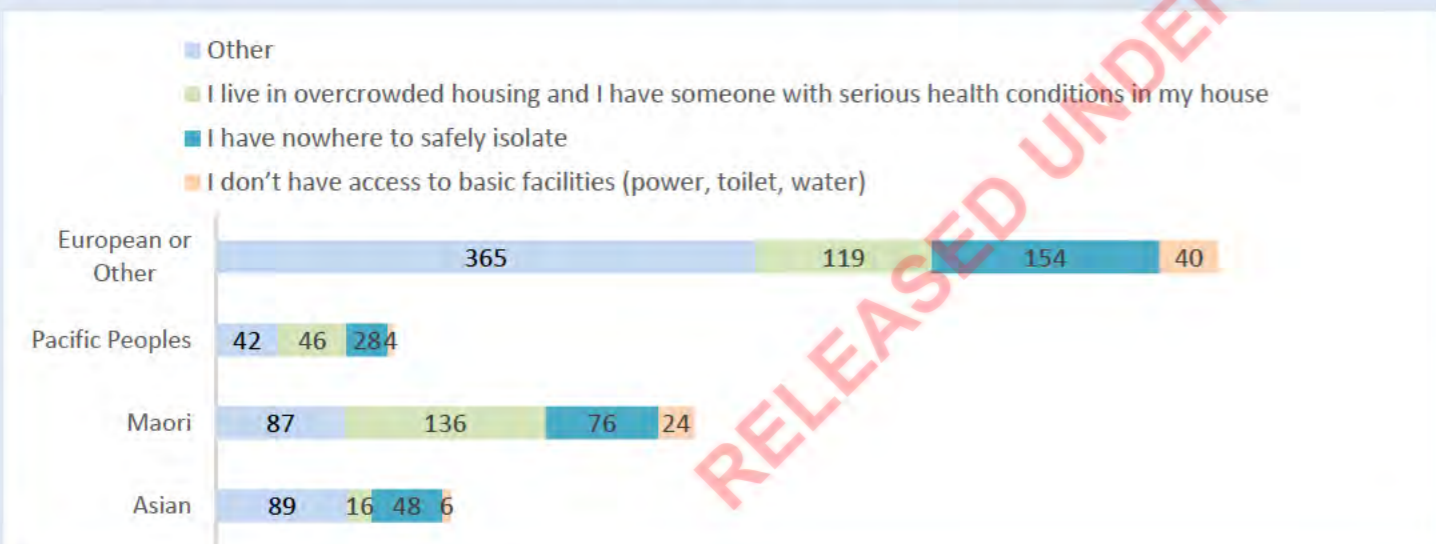
3.2 Number of funded alternative accommodation requests by primary reason by date



- Total of 1,280 alternative accommodation requests were created since the release of this function in NCTS on 15 March 2022.
- High proportion of 'other' cases - the alternative accommodation questions on the form are currently under review.

3. ASSESS NEEDS

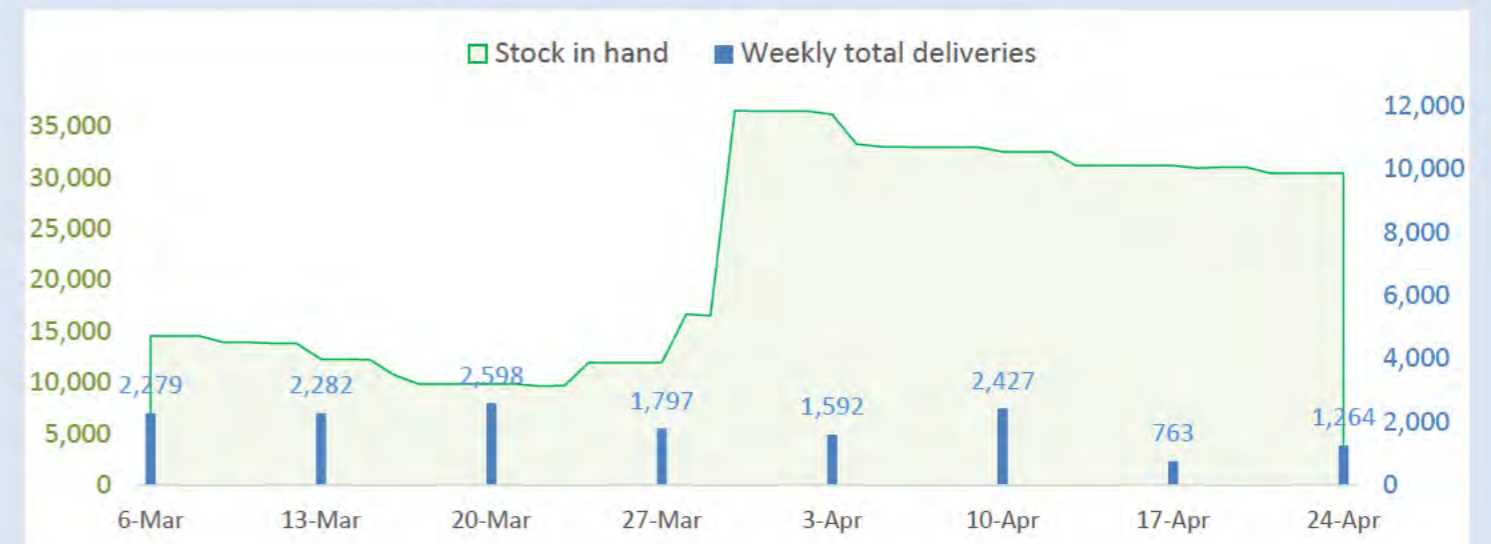
3.3 Funded alternative accommodation requests by ethnicity (to 24 April)



- 42% of Māori and 38% of Pacific Peoples requests are associated with people living in congested housing along with one or more members with serious health condition.

4. CARE AND SUPPORT

4.1 Pulse Oximeters delivery and availability

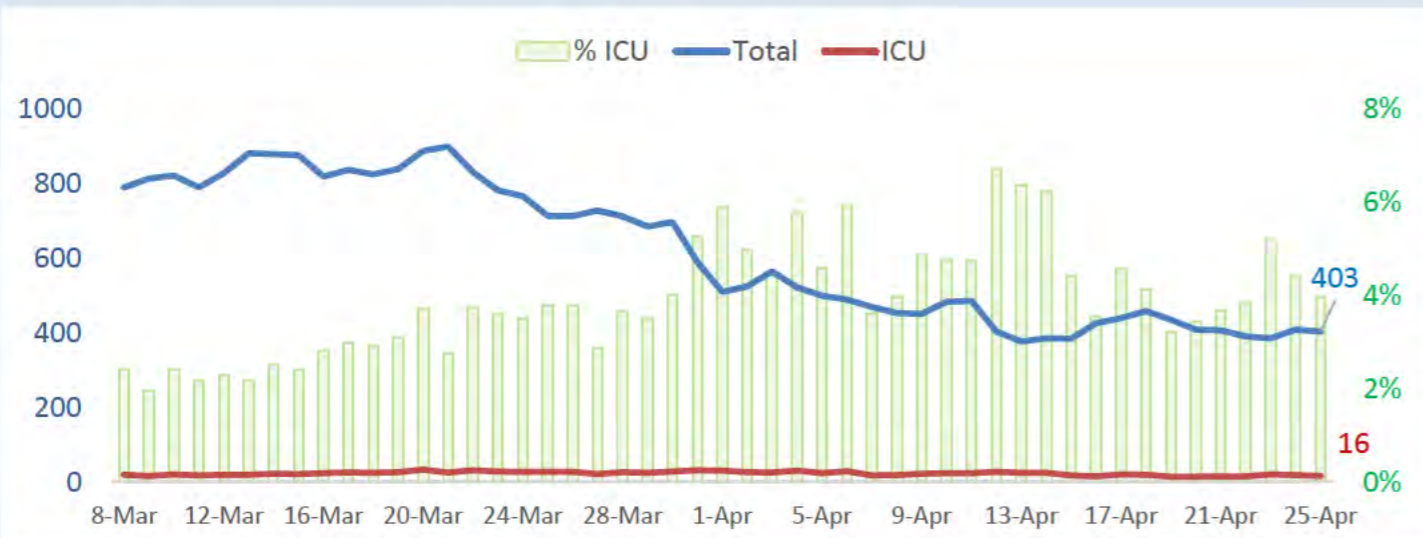


- Pulse oximeters – stock on hand is in excess of 30,478 which includes a delivery of 20,000 Inhealth pulse oximeters received on 30 March 2022. Note scale of supply and demand and stock available.

CASE PATHWAY

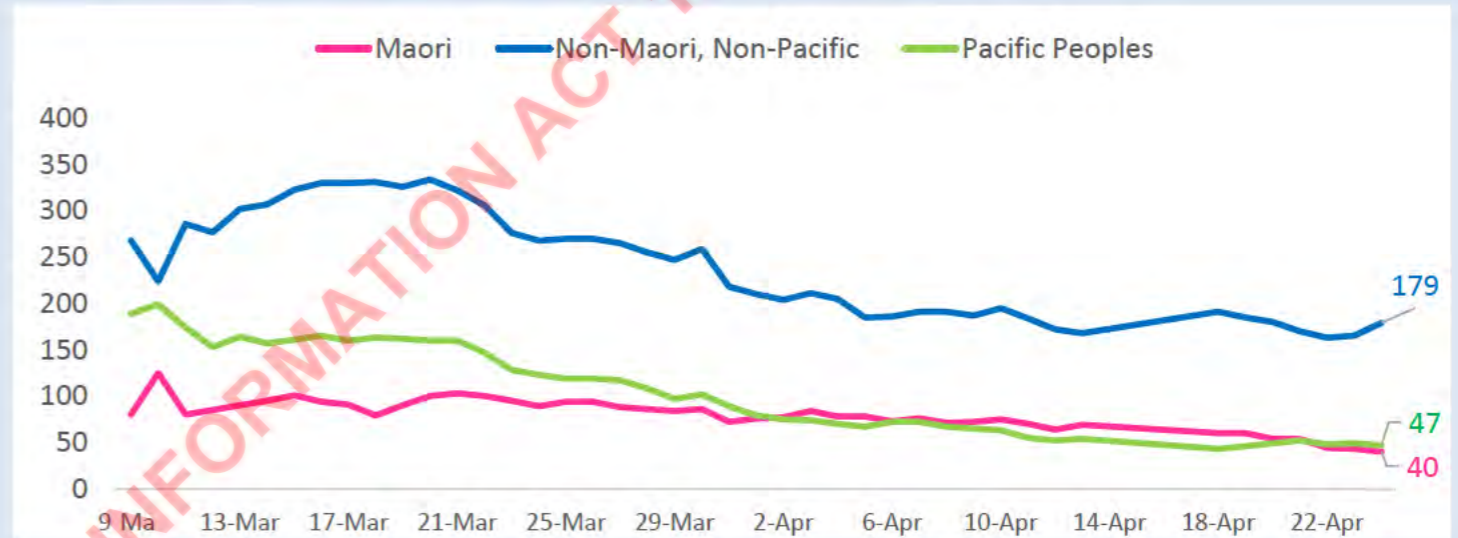
4. CARE AND SUPPORT

4.2 Hospitalisations and ICU active cases by date



- Total number of hospitalisations has slightly increased during the week but remains lower than at the start of the week on 11 April 2022.
- Note: Dates where the SitRep is not published new cases are not displayed on the chart below.

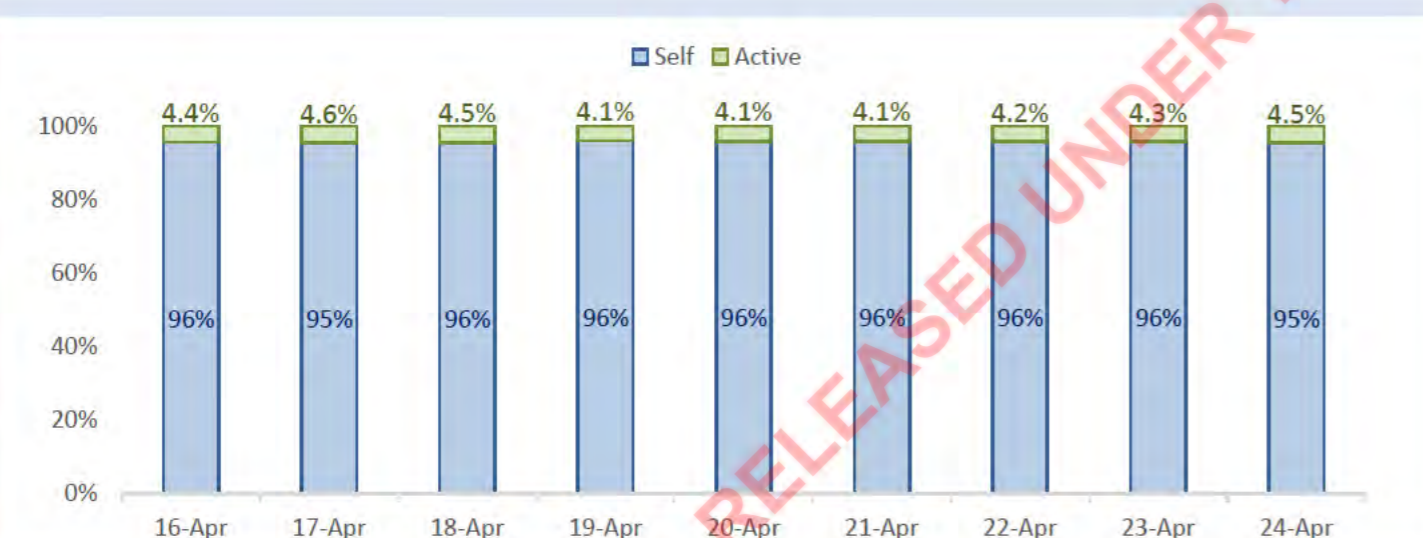
4.3 Hospitalisations by ethnicity – (Northern region only)



- Pacific volumes have decreased over the last week and represents 15% of the hospitalisations in the Northern Region.

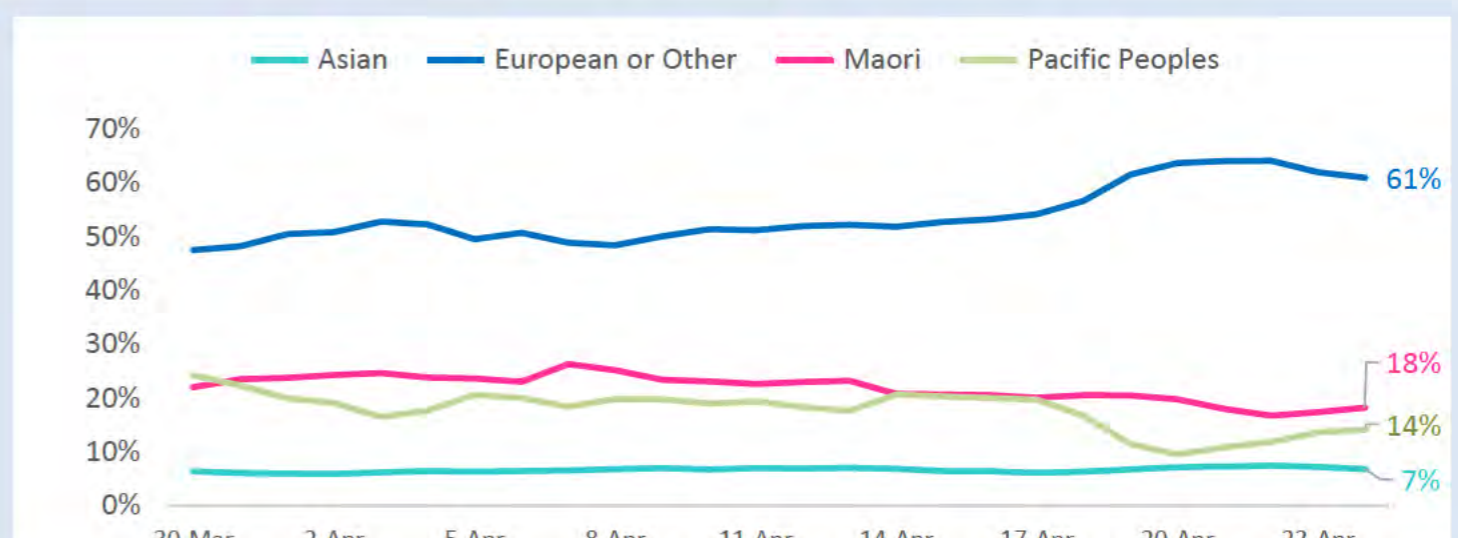
4. CARE AND SUPPORT

4.4 Active and self management care distribution (manage care type)



- Proportion of active management cases remains consistently between 4% and 5% of the total cases in isolation.
- Quality of the data for managed care type relies on the clinical assessment to be completed and case flagged as "active management" by GP's or a clinical specialist.

4.5 Count of active cases in active management by ethnicity



- Percentage of Pacific and Māori represent approximately 32% of the population under active management whereas a total combined population proportion for Pacific and Māori is approximately 24.6% for New Zealand as a whole.



Care in the Community Weekly Dashboard

04 May 2022

Performance for week ending 01 May 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Observation period

The data in this output covers the period from 25 April until 01 May 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Metrics continue to be developed and data sources consolidated on the Qlik app, reducing the number of data sources.
- New disability database will be created compiling the disability data from multiple data sources. This will allow a consolidated data source and better analysis.
- Data quality is constantly improved and refreshed in Snowflake. This means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of case isolation is under review and therefore these numbers and types are subject to change.

Data source: DHB's / Sitrep / Qlik

C) Hospitalisations

Hospitalised positive cases

Data Source: Sitrep

SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment results which includes and initial assessment of clinical and welfare support.

1.1) Case percentage by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- These figures are based on cases reported in the National Contact Tracing System (NCTS). The report date is the date the case record was created.
- These figures may be subject to change due to ongoing case investigation or additional information being received.

Data source: National Investigation and Tracing Centre (NITC)

1.2) Completion rate of self-assessment form by channel and ethnicity

- Completion rate figures by channel and by ethnicity.
- Overall figure includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics are under development (DHB, equity and demographics)

Data source: NITC

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number).

- End event: Initial clinical assessment date/time in COVID-19 Clinical Care Module (CCCM) is by NHI number and if this contact is recorded within 24 hours of the start event.
 - Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.
 - Disability data (Socrates) – database used is for people that are receiving MoH funded disability support (as opposed to DHB funded disability support). The Socrates database tend to be people under 65 years of age. The DHB funded disability support are older people 65 years and over.
- Data source: CCCM/QLIK, Socrates

3. ASSESS NEEDS

3.1 and 3.2) Cases with Ministry of Social Development (MSD) Welfare referrals via Ministry of Health (MoH)

- Number of welfare requests created via GPs and Providers via CCCM.
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: NCTS

3.3 and 3.4) Number of funded alternative accommodation requests by primary reason by date

- Number of alternative accommodations requested via self assessment form by reason.

Data source: NCTS

4. CARE AND SUPPORT

4.1 and 4.2) Hospitalisations and ICU numbers by date

- Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

4.3) Active and self management care distribution

- Percentage of cases assigned in CCCM as active vs Self management.

Data source: Qlik

4.4) Percentage of active management cases by ethnicity

- Number of cases assigned in CCCM as active in CCCM.

Data source: Qlik

4.5) Pulse Oximeters delivery and availability

- Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

METRICS UNDER DEVELOPMENT/AWAITING DATA*

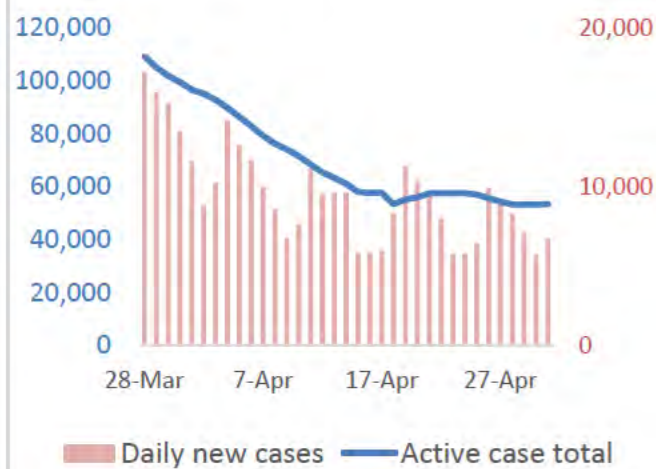
- Non-contactable – by location, risk and ethnicity
- Therapeutics volumes – by ethnicity, location and acuity.

CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY
(01/05/22)

53,398 ↓ -7% week-on-week

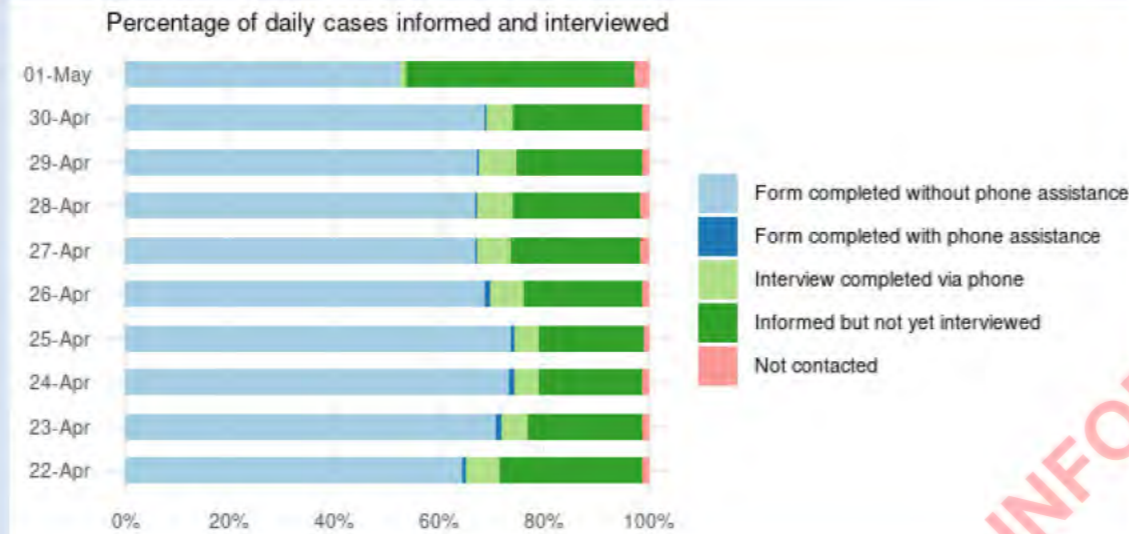
Dates where the SitRep is not published new cases are not displayed on the chart below.



CASE PATHWAY

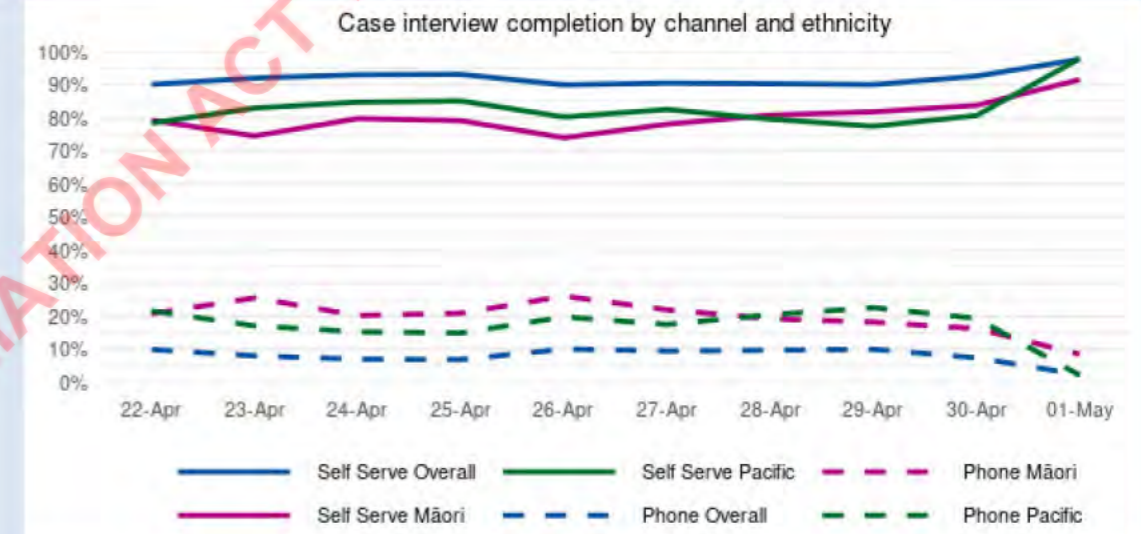
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by SMS/Phone contact status by day



- The percentage of cases contacted slightly decreased to 98.47%, compared to 98.73% the week prior.
- The lower rate on 01 May is due to a time delay from case generation to form completion for many people.
- The figure above encompasses the 72,789 cases created in the NCTS during the 10 days to yesterday (1 May 2022).

1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows a slight increase of self serve completion across all groups.
- The figure above encompasses the 53,323 cases created in the NCTS during the 10 days to 1 May 2022 that have either completed the online contact tracing form or have been interviewed by a case investigator (including cases who completed the online form with assistance via phone).

TOTAL CONTACT by ETHNICITY (01/05/22)

- The table below shows the percentage of cases for the last three weeks, that have either received the automated case inform text, or have been contacted by a case investigator via phone.

	17-Apr	24-Apr	01-May
Overall	98.69%	98.73%	98.47%
Māori	97.68%	97.69%	96.92%
Pacific	98.4%	98.18%	98.15%

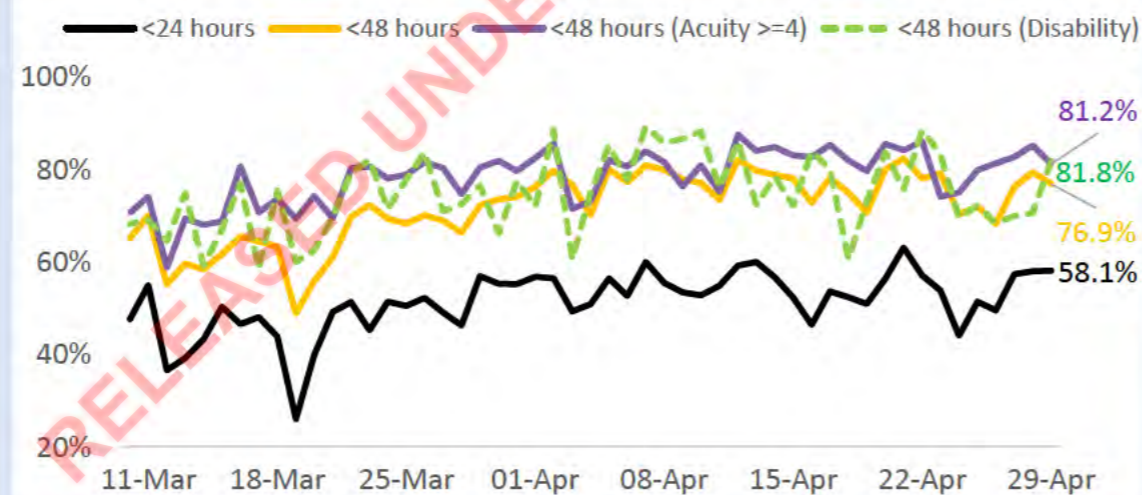
HOSPITALISATIONS

 (01/05/22)

413 | ICU -> 12 = 2.9%
Non ICU -> 401 = 97%

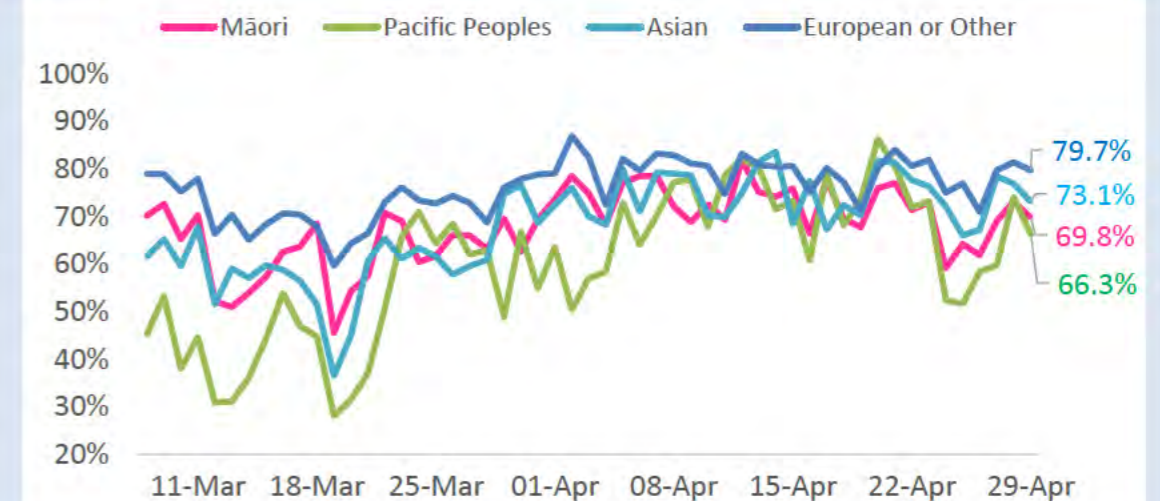
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed in CCCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 24 April 2022 and 30 April 2022, 20,276 clinical assessments have been completed.
- Number of assessments from cases with a high acuity score (equal 4 or over) represent 13.2% of total assessments completed, and cases with disability represent approximately 0.9%.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity

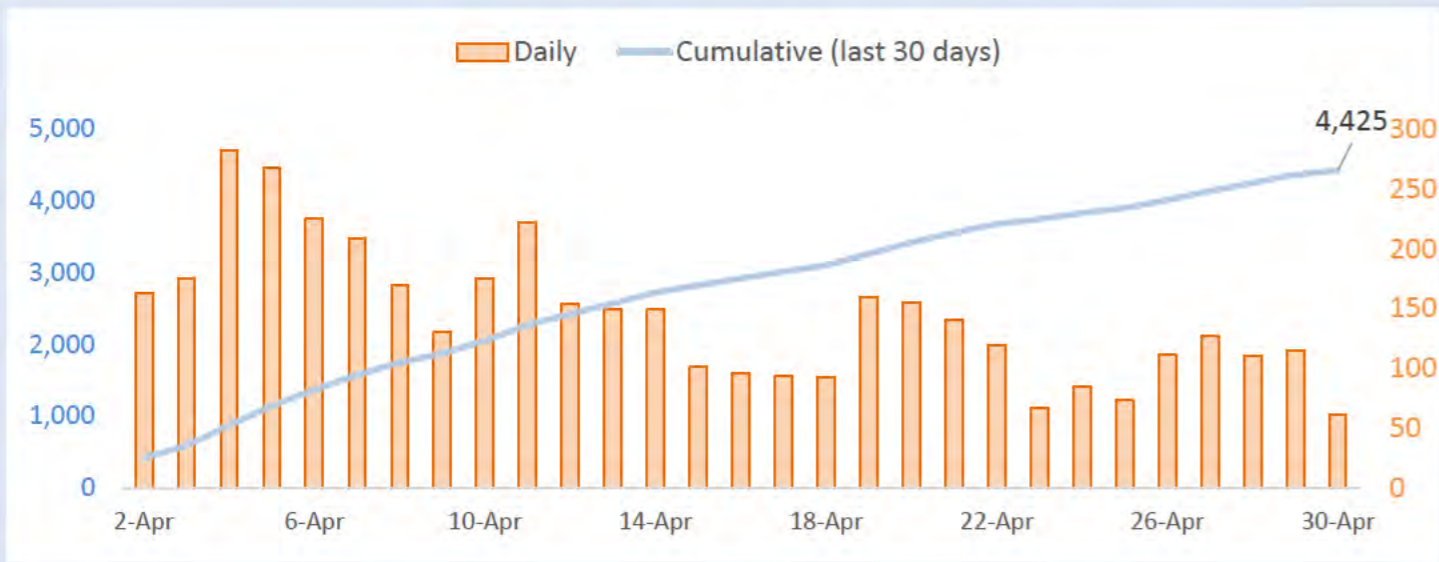


- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.

CASE PATHWAY

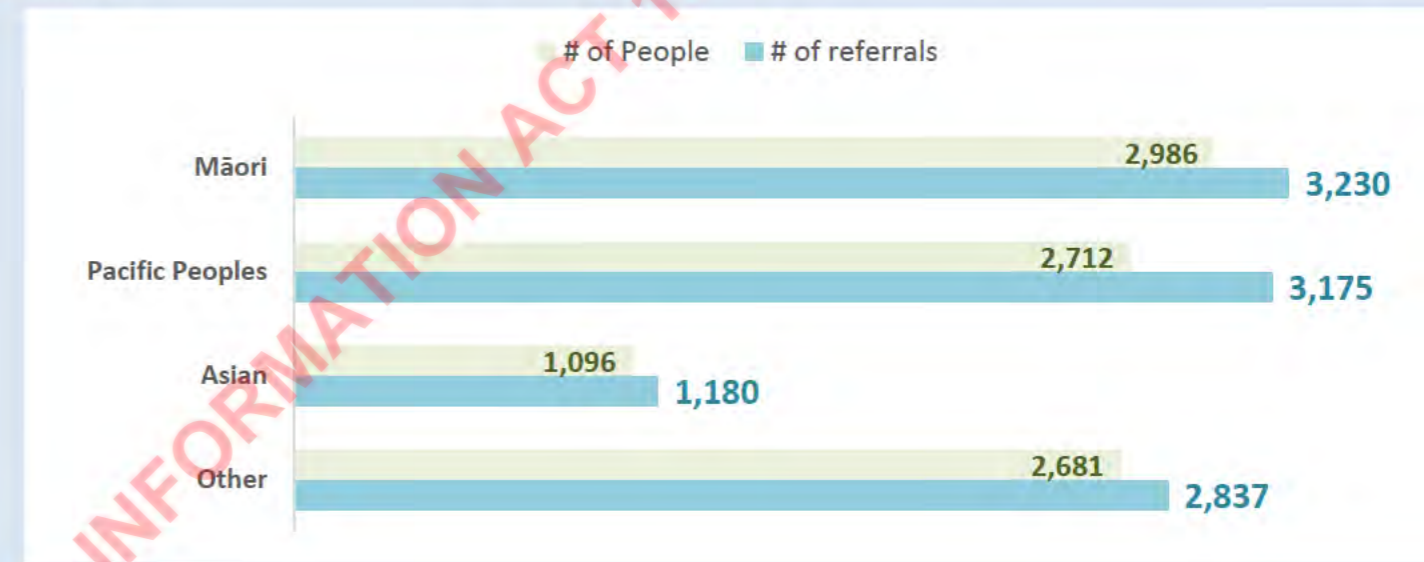
3. ASSESS NEEDS

3.1 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM



- Number of welfare referrals sent to MSD via CCCM by referral creation date.
- Volumes of welfare referrals have decreased to 682 compared to 826 the week prior.

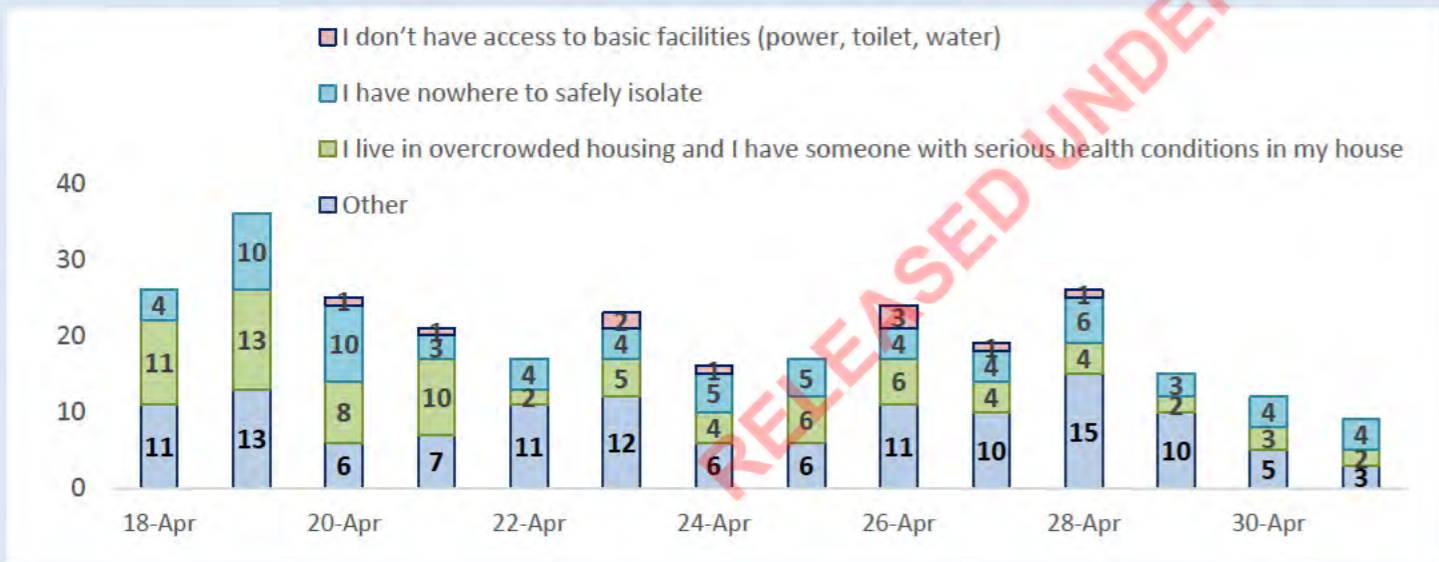
3.2 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM by ethnicity



- Number of welfare referrals sent to MSD via CCCM by ethnicity since 14 March 2022 (when referral to MSD shifted systems from NCTS to CCCM).

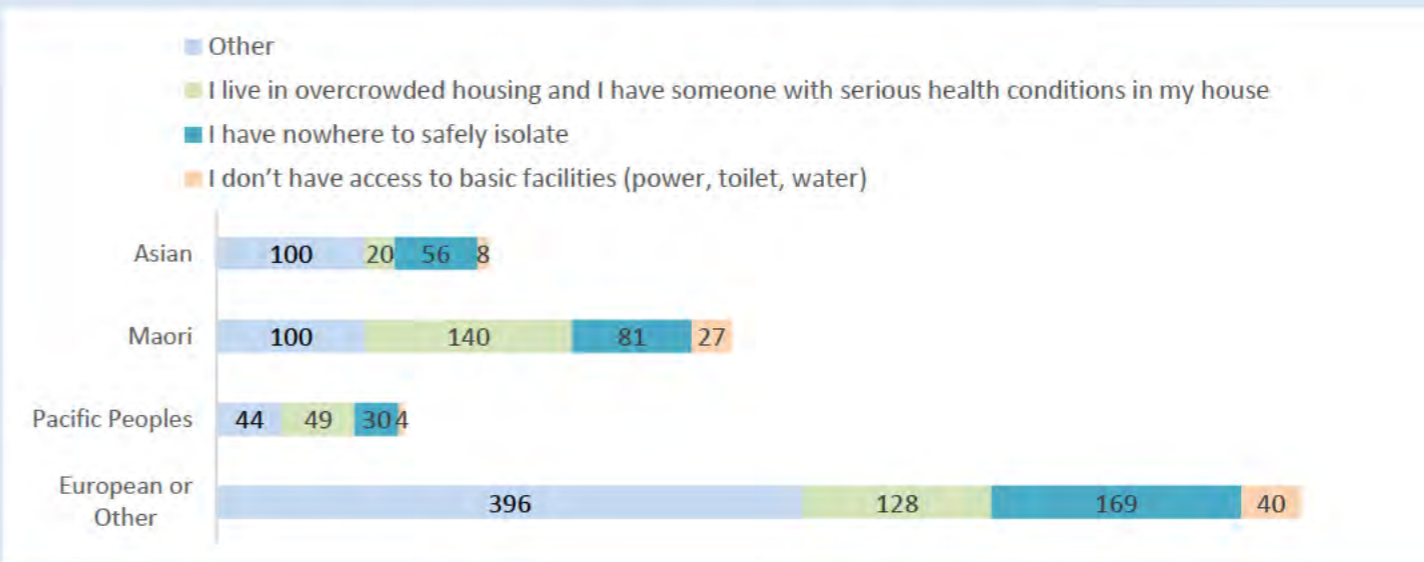
3 ASSESS NEEDS

3.3 Number of funded alternative accommodation requests by primary reason by date



- Total of 1,392 alternative accommodation requests were created since the release of this function in NCTS on 15 March 2022.
- High proportion of 'other' cases - the alternative accommodation questions on the form are currently under review.

3.4 Funded alternative accommodation requests by ethnicity (to 01 May)

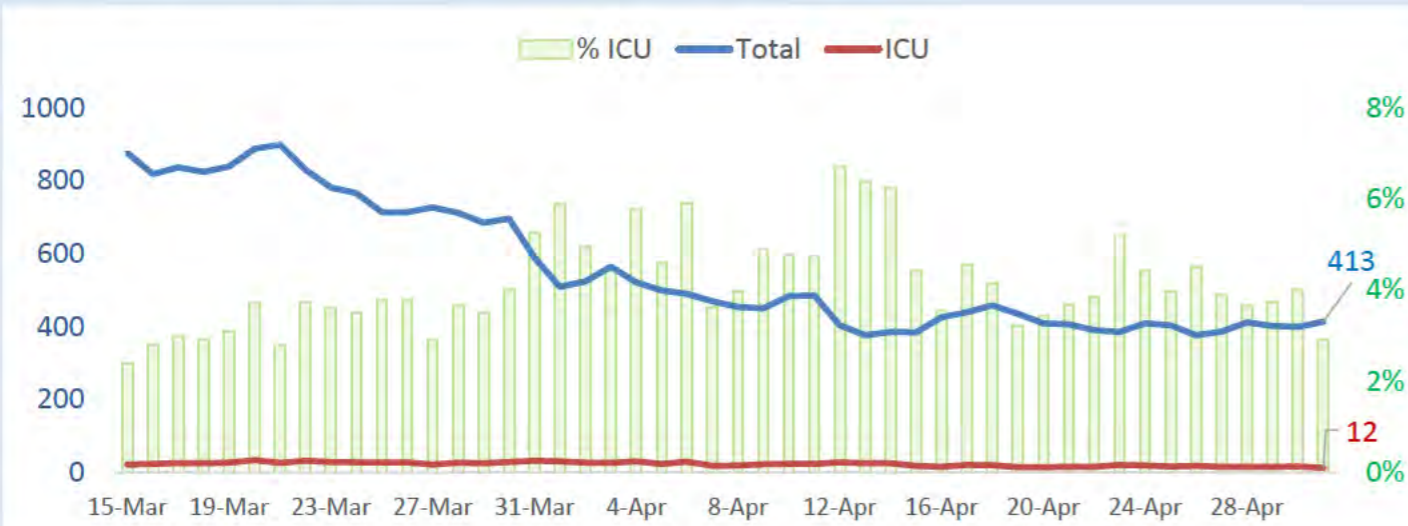


- Requests from 40% of Māori and 39% of Pacific Peoples are associated with living in congested housing along with one or more members with a serious health condition.

CASE PATHWAY

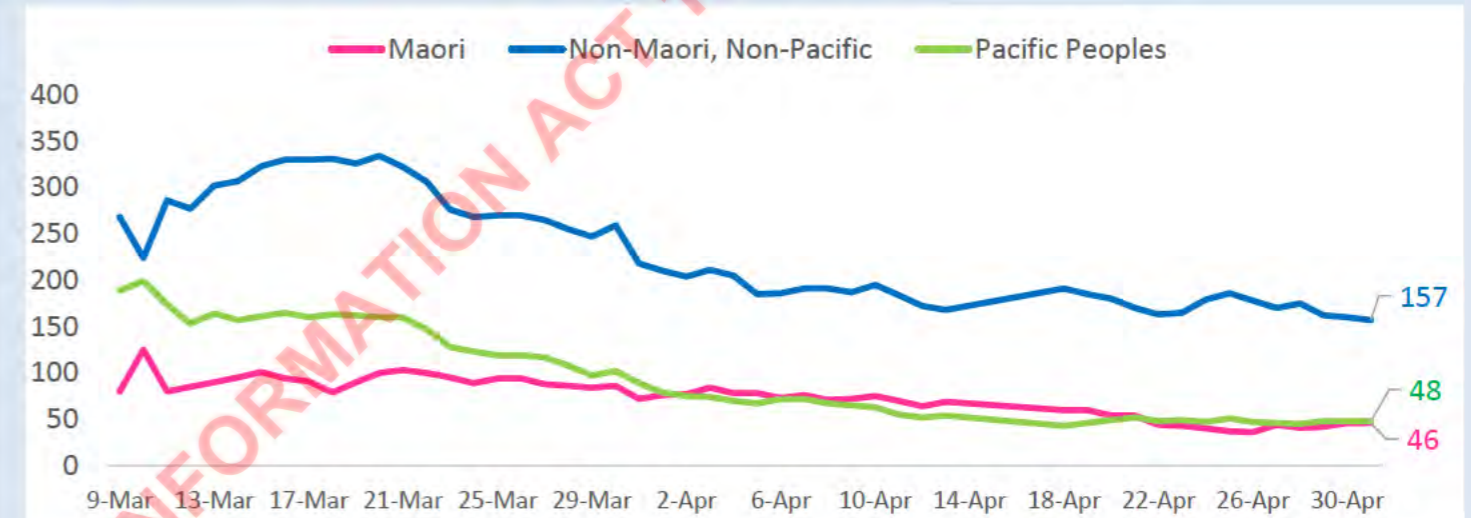
4. CARE AND SUPPORT

4.1 Hospitalisations and ICU active cases by date



- Total number of hospitalisations has slightly decreased during the week compared with the end of the week on 01 May 2022.
- *Note: Dates where the SitRep is not published new cases are not displayed on the chart below.*

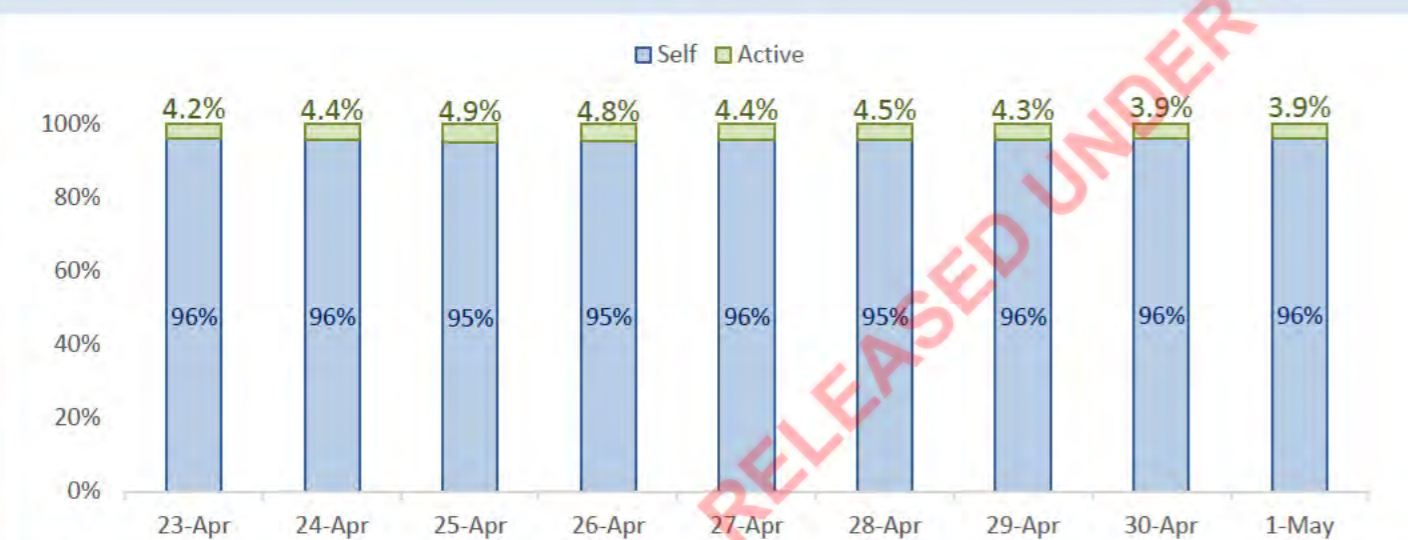
4.2 Hospitalisations by ethnicity – (Northern region only)



- Pacific volumes have decreased over the last week and represents 19% of the hospitalisations in the Northern Region.

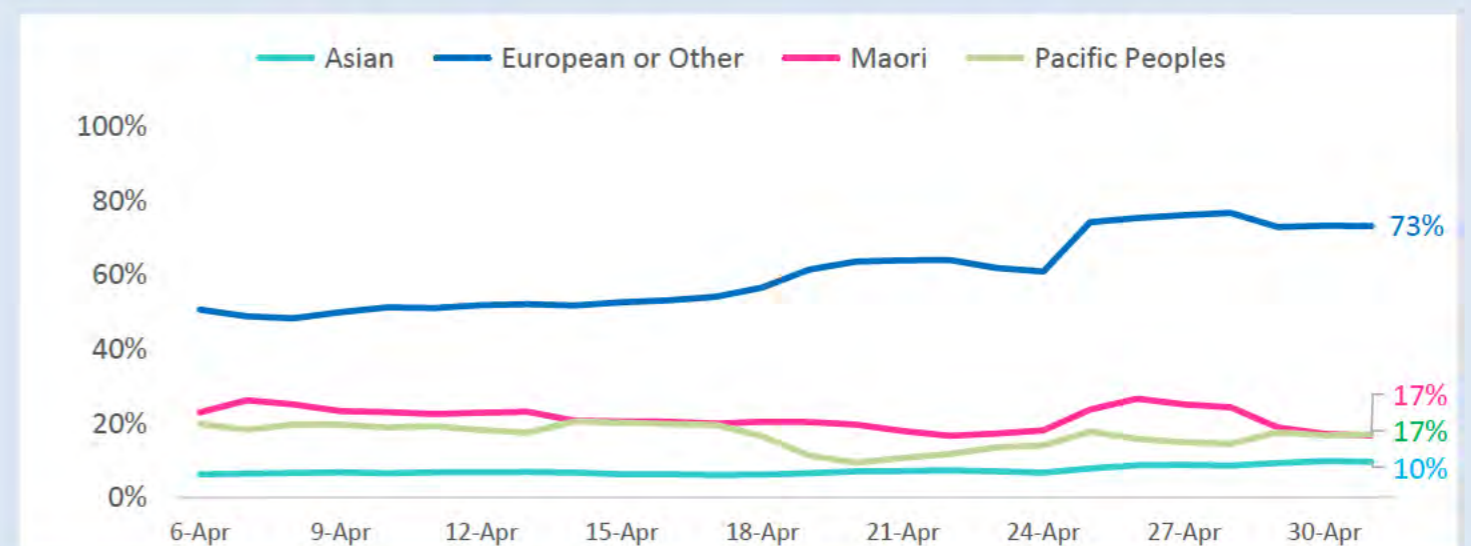
4. CARE AND SUPPORT

4.3 Active and self management care distribution (manage care type)



- Proportion of active management cases remains consistently between 3.9% and 4.5% of the total cases in isolation.
- Quality of the data for managed care type relies on the clinical assessment to be completed and case flagged as “active management” by GPs or a clinical specialist.

4.4 Percentage of active cases in active management by ethnicity

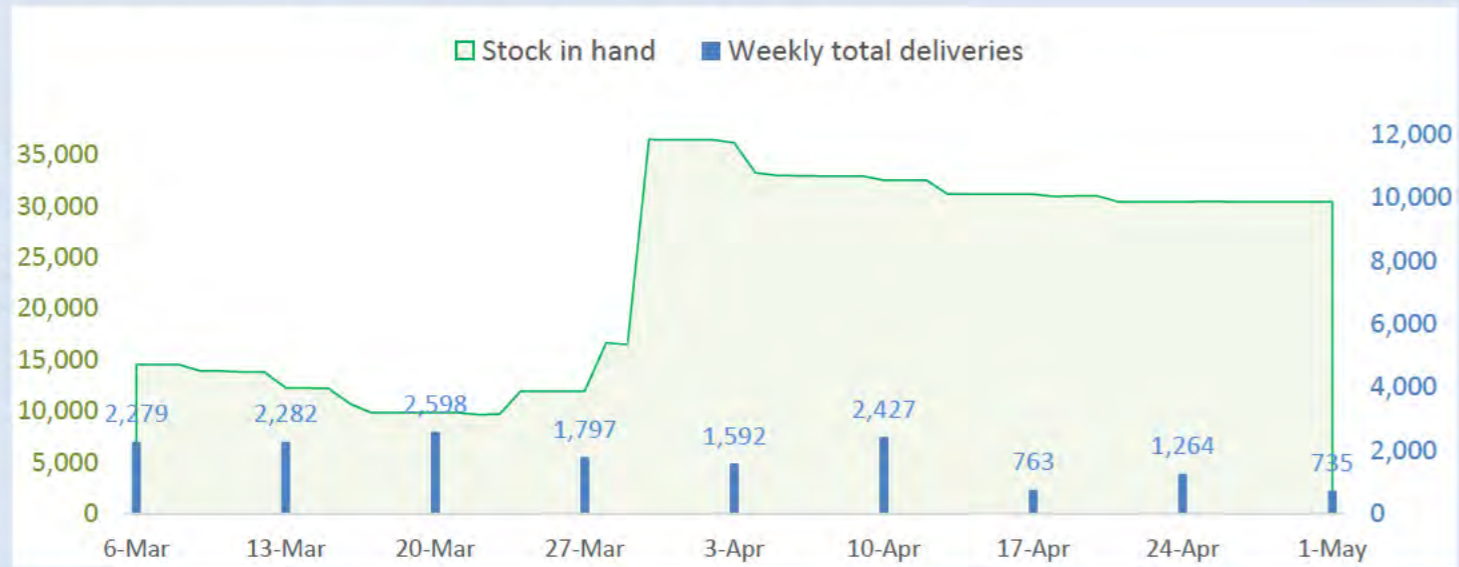


- Percentage of Pacific and Māori represent approximately 34% of the population under active management whereas a total combined population proportion for Pacific and Māori is approximately 24.6% for New Zealand as a whole.

CASE PATHWAY

4. CARE AND SUPPORT

4.5 Pulse Oximeters delivery and availability



- Pulse oximeters – stock on hand is in excess of 30,423. Note scale of supply and demand, and stock available.

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