



## OIA REQUEST

**Received:** 10 September 2021  
**Due:** 8 October 2021  
**Response Date:** 29 September 2021  
**Subject:** Infusion Appointments

In response to your request under the Official Information Act, please find our response below:

- 1. What is the Medical Day-Stay (non-oncology) infusion capacity where capacity is defined as the maximum number of infusions that can occur at any given time?**  
*We have between 4–10 infusion capable spaces within department (depending on other planned care) per day (five days per week).*

*In addition, we deliver infusion services in the Eastern Bay of Plenty at Whakatane Hospital which has capacity of between 2- 5 infusion spaces (five days per week).*

- 2. Average number of infusions per week (in MDSU)?**  
*49 infusions per week.*
- 3. Opening Days & Hours?**  
*Monday to Friday 07:30am to 7:00pm*
- 4. Which products are most commonly infused (top ten)?**  
*We do not have electronic prescribing so can only provide this information at a high level (as infusion type rather than specific medication).*
  - *IV of Pharmacological agent – other;*
  - *Transfusion of packed cells;*
  - *Iron infusions;*
  - *Transfusion of gamma globulin;*
  - *Infusions – other;*
  - *Transfusion of platelets;*
  - *IV pharmac agent neoplastic;*
  - *Subcut pharmacological agent – other;*
  - *IV pharmac agent antidote.*
- 5. Does the DHB run satellite infusion services outside of its main hospitals? If so, in what locations?**  
*No – however there is a community-based contract for GP Iron infusions for patients who meet a defined criterion (including community services card).*
- 6. How often (percentage of total patients) is travel assistance (e.g. buses, shuttles, taxis, or monetary assistance) to attend infusions provided to patients? What are the monthly costs?**  
*We do not collect transportation modes or provide travel assistance costs related to attendance for infusion separately for this cohort of patients. In terms of national travel assistance funding any costs would have to be extrapolated per patient and all other attendance information (i.e., outpatient clinics, allied therapy) removed to calculate the costs of attendance for infusion alone.*



- 7. How often do patients not attend infusion appointments as scheduled?**  
*We are unable to provide DNA data for infusion service appointments as some instances are outpatient provided episodes of care however the majority are inpatient admissions due to the duration of treatment. Subjectively it is unusual for patients on long term infusion therapies to DNA as we offer self-selection of day and time and flexibility around rescheduling to patient request – alongside confirming attendance prior to infusion appointment.*
- 8. Are scheduled IV infusions ever provided outside of the Medical Day Stay Unit (e.g. General Medical Ward)? If so, on average, how many times a month would this occur?**  
*No – hospital occupancy precludes us from scheduling infusions within inpatient wards. Some patients may receive their infusion as part of an acute admission episode of care however it is not possible to extract this data as we do not code infusions by medication type.*
- 9. What is the average cost of an infusion on the Medical Day Stay Unit vs the General Medical Ward?**  
*NA, see response to Q8.*
- 10. Does method of administration (e.g. IV vs sub-cutaneous) pose a barrier to treatment due to capacity constraints?**  
*Subcutaneous and oral therapy obviously has advantages in that patients can self-administer and are only required to receive specialist input for review of treatment efficacy and monitoring. This has significant advantages for people requiring long term care.*
- 11. Is there a need for new medicines that are community or home-based as an alternative to infusions?**  
*See response to Q10.*
- 12. Are infusion bookings ever delayed due to capacity constraints?**  
*No – infusions are delivered in ambulatory setting and therefore delivered to schedule.*
- a. **How many days (on average) from the date an infusion is required to the date it is booked for?** *NA, see response to Q12.*
- b. **What is the longest period (in days) that an infusion has been delayed for in the past year?** *NA, see response to Q12.*
- c. **Over the past 12 months, how many patients have had an infusion delayed due to capacity constraints?** *NA, see response to Q12.*
- d. **How are bookings prioritised?** *As per prescribers request – we run an annual booking system and infusions are scheduled within prescribed time frame as prescribed.*
- 13. What is the forecasted increase in infusion numbers over the next two years?**  
*We are forecasting a 15% increase in infusion numbers per annum over the next two years (56 infusions per week in 2022; 65 per week in 2023) – however this may change due to changes in medication availability. Pharmac funding decisions impact infusion service.*
- 14. Is the DHB planning to expand infusion capacity?** *Not at this time – however there are drivers to moving infusions out of MDS setting due to endoscopy demand and to provide care in a more ambulatory setting for patients.*

**If so:**

- a. **By how much?** NA.
- b. **What is the timeframe for completion?** NA.
- c. **Will capacity meet demand?** NA.

Bay of Plenty DHB supports the open disclosure of information to assist the public understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website. Please note this response may be published on our website. [Official Information Act | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB](#)

You have the right to request the Ombudsman investigate and review our response. [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or 0800 802 602.

Yours sincerely



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