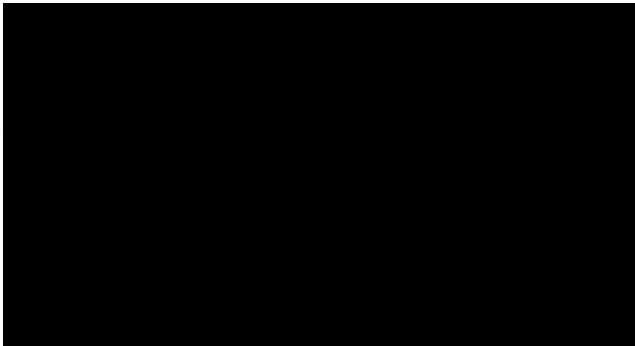


19 June 2020



Auckland DHB
Chief Executive's Office
Level 1
Building 37
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142
Ph: (09) 630-9943 ext: 22342
Email: ailsac@adhb.govt.nz

Re Official Information Request – Tests administered to patients before being admitted to mental health ward

I refer to your official information request dated 3 June 2020 requesting the following information:

Kia ora, please find the questions below, asked under the Official Information Act. Any answers provided could be included in an article written for Stuff's website and/or newspaper publications. If you have any queries about the questions asked please contact me on the phone number below.

1. What medical tests are administered to a patient before they are admitted to the mental health ward?

All patients admitted to a psychiatric ward have been assessed by a doctor. In most cases the patient has been seen by more than one doctor. If being admitted from the community, often the GP is involved along with a Psychiatric Registrar and often a Consultant Psychiatrist. If the patient is admitted from a medical facility –such as a general hospital – they will have also been seen by doctors from other disciplines in addition to the psychiatry specialists. All of these doctors are medically trained in the diagnosis and management of conditions presenting with psychiatric symptoms, which may or may not have an underlying general medical cause. As with all medical conditions, symptoms are considered against a diagnostic differential. The range of tests and investigations that may be conducted to exclude an organic or 'medical' cause for the presentation is vast. These include the routine examination, baseline blood and urine testing that all patients receive - along with non-invasive imaging - to more invasive investigations with potential for adverse sequelae, such as lumbar puncture and biopsy. As with all fields of medicine, tests are ordered with the well-being of the patient at the forefront of management. The benefit of any intervention must be balanced against the risk to the patient.

2. What mandatory medical checks are carried out in the Emergency Department before a patient is transferred to the mental health ward?

All patients that are subsequently admitted to a Mental Health Unit have a triage assessment. Following this they have a nursing assessment which will include checking of vital signs, history and clinical examination. They will then be seen by an Emergency Medicine clinician and a member of the Psychiatry team. Based on this assessment, they may require additional tests or have a period of observation in the Emergency Department short stay area before being transferred to the Mental Health Unit. There are no mandatory medical checks for patients and each patient is managed and assessed based on their clinical presentation by our highly trained clinical team.

3. How are the checks monitored/checklist carried out?

There are no checklists used in the Emergency Departments. The clinical review by our clinical team in ED is to exclude any organic cause for their psychiatric illness e.g. Alcohol, drugs, head injury etc.

In some cases patients have a dual diagnosis –a psychiatric and non-psychiatric diagnosis.

4. Which symptoms must a patient present with for an MRI scan on their brain to be ordered?

This is a decision that must be made on a case-by-case basis and depends upon the clinical findings.

5. In the past four years, how many patients admitted to the mental health unit have subsequently been diagnosed with a brain tumour?

We are not aware of any patients over the past four years who have been admitted to the adult mental health unit at Auckland DHB, who have subsequently been diagnosed with a brain tumour.

We have checked all of the patients who were admitted to TWT over the past four years against subsequent physical health inpatient admissions with a diagnosis of a brain tumour. No matches were found. However, if a patient presented to a different DHB with a brain tumour we would not be able to find this information, and similarly due to coding reasons, if a patient was seen as an outpatient and not admitted, we would not be able to identify this patient as matching the request.

In order to validate this information we also consulted with senior medical staff who were practicing at TWT over the past four years, and they were unable to recall any patients who were admitted to TWT and subsequently were diagnosed with a brain tumour.

We therefore are confident, with the caveat above, that no patient over the past four years has met the criteria in the question.

6. Of these patients, what was the period between their first admittance date to the mental health unit and their brain tumour diagnosis?

As per question 5 above, no patients were found to have a brain tumour and therefore we are unable to answer this question.

7. Of these patients, how many died as a result of their diagnosis? How many survived their diagnosis?

As per question 5 above, no patients were found to have a brain tumour and therefore we are unable to answer to this question.

8. What is the percentage of brain tumour patients dying in hospital (without specialist care) while waiting for treatment?

We do not have a percentage for this. If a patient is an inpatient in our Neurosurgical Unit this scenario is unlikely, as we can usually take a patient to the operating room acutely. Patients that are referred from other hospitals may be kept there until they have had all the required investigations, unless they have significant mass effect or symptoms. It will be extremely uncommon for a patient to die whilst waiting for treatment, as mild to moderate mass effect and seizures can usually be controlled until surgery is performed.

In the past four years the following total numbers of inpatients with a brain tumour diagnosis have died at Auckland DHB:

2016	23
2017	33
2018	45
2019	23
2020 YTD	13

The % is not recorded as the denominator is unknown. The patients were all inpatients admitted under a variety of specialist care services. To determine whether they were waiting for treatment and not receiving specialist care requires going through each patient's clinical records manually which would require substantial collation and research. Therefore, we are declining your request under section 18(f) of the Official Information Act.

9. We understand that while waiting for treatment, brain tumour patients are sent to the hospital zoned by the suburb they live in, even though there are no neurosurgeons in that particular hospital and despite families objecting to the transfer. Could confirm if this is correct, and if so, why this policy is in place?

We admit patients with brain tumours that are booked for surgery, usually on the day prior to surgery, as long as the patient is clinically stable and as long as significant mass effect is not present. If a patient is symptomatic, or if there is mass effect, the patient is normally admitted to their local unit whilst waiting for surgery, to receive symptom management, until the day before surgery. This is standard practice across most neurosurgical units and ensures patients receive as much of their treatment as possible close to home. Advice is provided by the Neurosurgical team when necessary. We are not aware of cases where families have objected to this. If there is a push for transfer to our unit we will accept the patient if possible.

10. In the past four years, how many patients and/or families have lodged complaints with the DHB about a delayed brain tumour diagnosis

In the past four years two complaints have been made regarding delayed brain tumour diagnosis. Patients are usually referred to us with a diagnosis and thus delay in this does not usually result in a complaint to the neurosurgical service.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

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

Yours faithfully



Ailsa Claire, OBE
Chief Executive