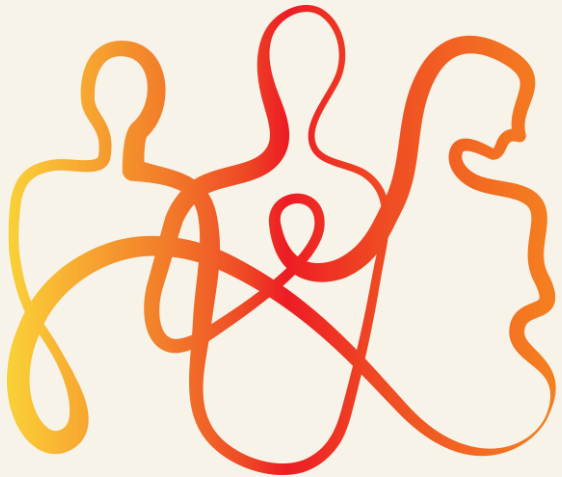


Strengthening the case with data



**Hospice
Data Commons**

Innovation through knowledge

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Why we created it

From fragmented local reporting to a shared national view.

Before

Different hospice systems, different definitions, limited national comparability.



The shift

A sector-owned, sector-led data ecosystem that collects data in a consistent way.



Now

Evidence for planning, benchmarking, advocacy, funding and learning.

The purpose: trusted collective data, used for common benefit.

The Data Commons began in 2020 to address long-standing fragmentation in how hospice data was captured, structured and used across the sector.

What sits in the Commons

Common data streams, standardised so the sector can compare and learn.

Patient / whānau data

Patients, episodes, contacts and inpatient events.

Service data

HSVC: service components, staffing mix and allocation.

Cost data

Cost ID: costs, revenue and resources.

Context data

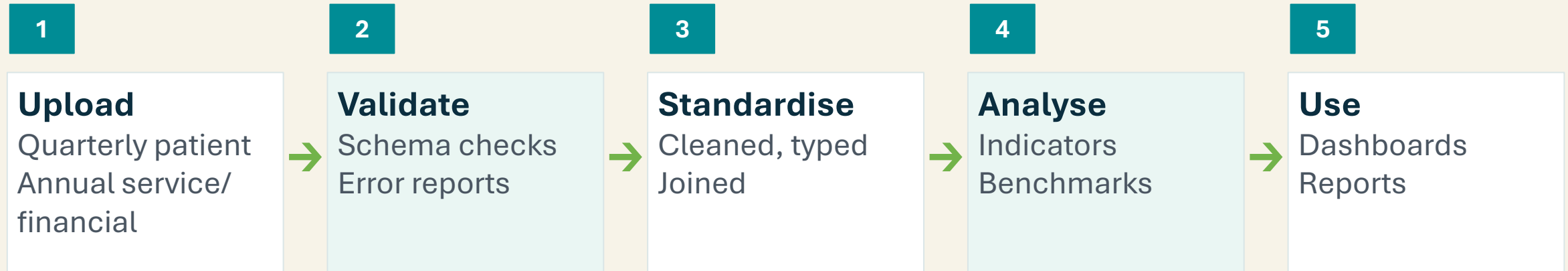
Population, geospatial and hospice-level metadata.



Outputs: Dashboards • reports • quality checks • data exploration

How the system works

The mechanics are simple to describe, but the implementation takes discipline.



Upload requirements

Patient files are exported from patient management systems. 23 hospices use same PMS with a standard extract; 5 use other PMSs and may require additional mapping to meet the schema.

The important point

Data quality is improved through repeated validation cycles, not one-off collection. Feedback loops are part of the system.



Patient and Whānau Data

[Click to Show Instructions](#)[Click to Show Data Definitions](#)

ON

Anonymise
data

Financial Year

2025-2026

Quarter

1

Select Hospices for Comparison

Filter by Region

All

Filter by Rurality

All

Filter by Size

All

Filter by IPU

All

Hospices

28 items selected

[Indicators](#)[Summary Plots](#)[Contact Time Series](#)[Data](#)

Select Specific Hospice ⓘ

Central_A

Patient Counts

Patients ⓘ

494
(Avg: 345)

Referrals ⓘ

334
(Avg: 182)

Admitted Referrals ⓘ

245
(Avg: 149)

Non-Admissions ⓘ

66
(Avg: 27)

Declined Referrals ⓘ

1
(Avg: 9)

Contacts

Total Contacts ⓘ

21,650
(Avg: 8,244)

Patients with Contact ⓘ

100%
(Avg: 100%)

Contacts After Death ⓘ

5%
(Avg: 9%)

Deaths and Discharges

Deaths ⓘ

180
(Avg: 119)

Discharges ⓘ

242
(Avg: 155)

Discharges Before Death ⓘ

26%
(Avg: 22%)

What the data has been used for

The value came when data moved into real decisions.

Sector reports

Who receives care, services delivered, revenue, costs and resource use.

Health NZ funding review

Core evidence for national service, funding and contracting work.

Workforce evidence

Active caseload plus workforce data to understand roles, FTE and variation.

Informing contract pricing

Understanding the real cost of different service components and hospice financial contribution.

Measuring outcomes

Collecting, analysing, and reporting patient level outcomes (a work in progress).

Service benchmarking

Hospices can compare service efficiency and outcomes and learn from best practice.

The change in posture

Hospice is no longer relying only on stories of value. It can bring structured evidence to national conversations about equity, workforce, service design and sustainable funding.

What Health NZ saw

Hospice Data Commons was described as the most detailed and thorough hospice data Health NZ had ever had, while still recognising that it should not be treated as definitive.

(Resolution8 independent review report 2026)

Lessons learned

The technical development was only half the work.

Purpose first

Be explicit about questions, beneficiaries and use.

Trust is designed

Definitions, transparency and traceability matter.

Effort matters

Participation must be practical for busy services.

Context beats ranking

Benchmarking without context can mislead.

Governance is active

Privacy, security, and Māori data sovereignty.

Return value quickly

Services contributing data need useful, timely information back in return.

Next phase

From infrastructure build to adoption, optimisation and use.

Co-design

Hospices shape what works in practice.

Platform

Migration and optimisation, including Snowflake and future dashboards.

Web portal

Update online portal and replace HSVC / Cost ID spreadsheets with online forms and validation.

Hospice Average Reference Cost modelling

Link patient, service, workforce and cost data into useful reports.



The aim is not more data, it is more usable insight, with less effort and stronger trust.

What others could borrow

A sector data commons is not just technology. It is a disciplined way of building trust, learning and influence.

Start with decisions

Define the questions.

Agree common definitions

Consistency creates comparability.

Make contribution worthwhile

Return useful insight.

Build trust deliberately

Transparency and context matter.

Expect iteration

Validation is part of the product.

Ngā mihi | Questions