West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

HOSPITAL ADVISORY COMMITTEE MEETING

14 MAY 2010

AGENDA
AND
MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

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DRAFT AGENDA

FOR THE WEST COAST DHB HOSPITAL ADVISORY COMMITTEE MEETING 14 MAY 2010 FROM 10.00 AM TO 12 NOON

Karakia

1. Welcome and Apologies
2. Disclosure of committee members' interests
3. Minutes of the last meeting

   Feedback from report to the Board
4. Matters arising / Action and Responsibility
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7. Items to be reported back to Board

IN-COMMITTEE

That members of the public now be excluded from the meeting pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health and Disability Act, so that the meeting may discuss the following matters:

- Minutes of meeting held 9 April 2010
- Feedback on Draft District Annual Plan and Statement of Intent 2010/11
- Orthopaedic Staffing

On the grounds that public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under section 9 of the Official Information Act 1982.

NEXT MEETING – Friday, 2 July 2010

KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this time so that we may work together in the spirit of oneness on behalf of the people of the West Coast.

WEST COAST DISTRICT HEALTH BOARD
HOSPITAL ADVISORY COMMITTEE MEETINGS

DRAFT TIMETABLE FOR 2010

DATE	MEETING	TIME	VENUE
Friday 26 February 2010	HAC	10.00 am	Boardroom, Corporate Office, Greymouth
Friday 9 April 2010	HAC	10.00 am	Boardroom, Corporate Office, Greymouth
Friday 14 May 2010	HAC	10.00 am	Boardroom, Corporate Office, Greymouth
Friday 2 July 2010	HAC	10.00 am	Boardroom, Corporate Office, Greymouth
Friday 13 August 2010	HAC	10.00 am	Boardroom, Corporate Office, Greymouth
Friday 24 September 2010	HAC	10.00 am	Boardroom, Corporate Office, Greymouth
Friday 5 November 2010	HAC	10.00 am	Boardroom, Corporate Office, Greymouth

DISCLOSURES OF INTERESTS

Member	Disclosure of Interests
CHAIR Warren Gilbertson **West Coast District Health Board Member**	• Chief Operating Officer, Development West Coast • Member, Regional Transport Committee • Director, Development West Coast Subsidiary Companies
Rex Willliams **Chair** **West Coast District Health Board**	• Chancellor, University of Canterbury • Adviser, H W Richardson Group Ltd • Trustee, Water Rights Trust • Trustee, Styx Living Laboratory • Council Member, Christchurch Polytechnic Institute of Technology
Paul McCormack **Deputy Chair** **West Coast District Health Board** **Deputy Chair** **Hospital Advisory Committee**	• Contractor, Ministry of Health, Better, Sooner More Convenient Implementation • Chair, High Cost Medicines Review Panel • Contractor, Southern Cross Health Care • Contractor, Canterbury Community Pharmacy Group • General Practitioner Member, Pegasus Health
Helen Gillespie	• Board member, St Mary's Primary School, Hokitika, Board of Trustees • Peer Support Counsellor, Mum 4 Mum • Volunteer Facilitator, Babes in Arms • Casual employee, OPUS • Casual employee, DOC
Barbara Holland	• Member - Medical Radiation Technologists Board (Responsibility for registration and competency matters) • Member - NZ Medical Council Professional Standards Competence Review Committee • Co-Convenor - Federation of Women's Health Councils Aotearoa (Consumer advocacy interests) • Member - Breastscreen Aoteoroa Advisory Group • Member – Public Health Association of New Zealand • Member – Well Women's Centre • Member – National Screening Advisory Committee • Member – National Cervical Screening Programme Advisory Group • Member - HISO Expert Advisory Committee – Primary Care Data Set: GP Core Data Standards • Member – NQIP – Safe Medication Management Steering Group

Member	Disclosure of Interests
Richard Wallace	• Deputy Upoko, Te Runanga o Makawhio • Trustee Kati Mahaki ki Makawhio Limited • Honorary Member of Maori Women's Welfare League • Wife is employed by West Coast District Health Board • Trustee West Coast Primary Health Organisation • Chair of Tatau Pounamu • Kaumatua Health Promotion Forum New Zealand • Kaumatua for West Coast DHB Mental Health Service (part-time) • Daughter is West Coast DHB Board Member
Mary Molloy	• Representative for Local Health Concerns – Hari Hari Community Association • Working Director – Molloy Farms South Westland Ltd • Interim Spokeswoman for Farmers against 1080 • Trustee – West Coast Community Trust
Glen Morgan	• Wife is a West Coast District Health Board employee

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS
TERMS OF APPOINTMENT

HOSPITAL ADVISORY COMMITTEE

Member	Date of Appointment	Length of Term	Expiry Date
Warren Gilbertson (Chair)	14 December 2007 (Re-appointed 6 March 2009)	To the end of current appointment with the Board.	5 December 2010
Paul McCormack (Deputy Chair)	29 January 2010	To the end of current appointment with the Board	5 December 2010
Rex Williams	14 December 2007	For the period served as an appointed Board Chair	5 December 2010
Barbara Holland	25 June 2003 (Re-appointed 30 June 2006 and 30 June 2009)	3 Years	30 June 2012
Glen Morgan	13 June 2008	3 Years	12 June 2011
Richard Wallace	25 July 2005	Until advised by Te Runanga o Makaawhio	5 December 2010
Mary Molloy	18 January 2008	3 Years	17 January 2011
Helen Gillespie	29 January 2010	To the end of current appointment with the Board	5 December 2010

DRAFT MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING HELD FRIDAY 9 APRIL 2010 AT 10.01 AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

PRESENT
Warren Gilbertson, Chair
Paul McCormack, Deputy Chair
Mary Molloy
Helen Gillespie
Richard Wallace

IN ATTENDANCE
Joel George, Chief Executive Officer
Colin Weeks, Acting Chief Financial Manager
Hecta Williams, General Manager Mental Health and General Manager Community and Primary Health
Bryan Jamieson, Community Liaison Officer
Vicki Robertson, Acting Chief Medical Advisor
Raewyn McKnight, Service Manager Allied Health, Diagnostics and Support Services
Mark Bowen, Quality Assurance and Risk Manager (from 10:37am)
Silvie Sasková, Minute Secretary
Linda Atkins, Minute Secretary Support

APOLOGIES
Glen Morgan
Rex Williams
Barbara Holland

1. WELCOME, APOLOGIES AND AGENDA

Richard Wallace read Karakia with added sections relevant to the current Hokitika situation.

Moved: Warren Gilbertson **Seconded: Paul McCormack**

Motion:
"That Karakia be noted."

Carried.

The Chair welcomed everyone to the meeting, and tabled the document Letter of Expectation to be discussed under the Correspondence section.

Moved: Warren Gilbertson **Seconded: Richard Wallace**

Motion:
"That the Letter of Expectation be included on the agenda."

Carried.

2. DISCLOSURES OF INTERESTS

The record to be updated as follows:

Richard Wallace
Remove:

- Trustee Ko Te Pou Manawa Oranga

Add:

- Kaumatua for West Coast District Health Board Mental Health Service (part time)

Paul McCormack:
Remove:

- Contractor, Nelson Marlborough District Health Board – Rutherford Initiative
- Respondent District Health Board New Zealand, Request for Proposal Procurement Strategy with Price Waterhouse Coopers
- Contractor, Ministry of Health, to assess Integrated Family Health Centres Business Cases

3. MINUTES OF THE PREVIOUS HOSPITAL ADVISORY COMMITTEE MEETING HELD 26 FEBRUARY 2010

Moved: Warren Gilbertson **Seconded: Mary Molloy**

Motion:
"THAT the minutes of the Hospital Advisory Committee meeting held 26 February 2010 be adopted as a true and accurate record."

Carried.

Hospital Advisory Committee Chair's Report to the Board
There is nothing new to report that is not included in the agenda.

4. MATTERS ARISING

Item 1: Draft Workplan to be submitted to the Board
Workplan ratified at previous Board meeting.

Item 2: Clarification of Workforce Development monitoring
Follow-up required between Hospital Advisory Committee and Audit, Risk and Finance chairs to determine format and reporting content.

Item 3: Clinical Risk Cases
Verbal report to be provided in the In Committee section.

5. CORRESPONDENCE

Letter of Expectation from the Minister of Health will be discussed as General Business.

6. WORKPLAN

Item 7: The report on the Health Information Strategy has been completed (next one is due in April/May 2010).
Action point: Paul McCormack to be provided a copy of the latest report.

- Discussion took place about planning and reporting in connection with Law & Economic Consulting Group (LECG) report on the Secondary Services. Reporting is provided as part of the Operational Indicators and Management Report sections, with the agenda set through the chair together with the General Manager supporting the committee. This includes any relevant update on the Sustainability Project review.
- Ongoing collaboration with Canterbury District Health Board is being undertaken on a service by service basis, and the process will take approximately next three months.
- Planning is also being actioned on a higher level—the District Annual Plan is all embracing, but more planning happens below that, for instance capacity planning re-staffing resources.

6.1 HEALTH TARGETS

- The section now includes all relevant information.
- In the last quarter measured the West Coast District Health Board has slipped backwards in 'Better Help for Smokers to Quit' due to a change in paperwork. The relevant information is gathered from patients but is not yet adequately reflected in documentation. The Committee is hoping to see an improvement towards the target when the next quarter is reported.

District Health Board Hospital Benchmark Information

- There has been a high level of both sick leave and workplace accidents and illnesses, but the incidents present an aggregation of random occurrences rather than a pattern. The sick leave rate is pushed up by long term sick leave. Also, the West Coast District Health Board has an older workforce. It was pointed out that the level has been relatively high for several years—a matter important from the governance point of view given the implications on Organisational Health.
- The West Coast District Health Board is currently working on the issue of Did Not Attends (DNA) and is faced with such challenges as limited phone contact and mobile coverage—the new service of text messaging works only as well as coverage allows. Another campaign to reduce DNAs is being considered.
- In summary, the Committee expressed its gratitude to both management and staff in their ongoing effort to work towards reducing the deficit and ensuring the organisational culture remains positive.

6.2 MONITOR PERFORMANCE OF THE PROVIDER ARM

Management Team Report

- The reference to 'normal levels' of staffing in the report refers to the fact that all positions have been filled out.
- A contract for two anaesthetists is being finalised and there is ongoing work on Durban anaesthetists and their supervision requirement.
- An orthopaedic surgeon commenced on Tuesday 6 April 2010. An interview for another orthopaedic surgeon took place and issues with supervision are currently being worked out.

- Besides the one potential candidate for Obstetrics and Gynaecology, other possibilities are also considered as the locum market is limited.
- There has been considerable work recently to develop capacity planning within the District Health Board secondary services defining capacity and identifying the necessary steps to manage that capacity. The national terms of settlement for a multi employer/CTU union collective employment agreement contains an attachment about commitment to safe staffing and capacity planning. Capacity planning was clarified for members of the committee.
- A query was presented about no Maori Health report included in the Management Team section. This occurs because the reporting is presented through other West Coast District Health Board committees; however, any relevant items will be included in future Hospital Advisory Committee reports.

Mark Bowen entered the meeting at 10:37 am.

- National Terms of Settlement (NTOS) for the Collective Employment Agreements of the New Zealand Nurses Organisation (NZNO), Service and Food Workers Union (SFWU) and Public Service Association (PSA) were negotiated out for ratification in March 2010. Around the country there has been repeated industrial action around the Association of Professional and Executive Employees (APEX) which involves radiology; however, the Contract Negotiation Services withdrew the action. Discussions are in progress (not covering junior doctors but all other contracts).
- The Acting General Manager Secondary Services and Acting Chief Medical Advisor will visit Christchurch on 21 April 2010 and will meet with the managers of Obstetrics and Gynaecology, and Orthopaedics. The recent contacts with the Chief Medical Officer at Canterbury District Health Board were encouraging.
- The Westland High School has declined the request for their facilities to be used for the Human Papillomavirus (HPV) Programme. Consequently vaccination numbers are down in Hokitika.

Risk Management Report

- The Committee discussed the issues of anaesthetic machines, the interim and long term solutions and related risks.
- An explanation was provided about risk reporting and management. The Audit, Risk and Finance have more substantial reporting in this area. Suggestions were made that the management of risks should be reported at the Board to ensure it is being adequately monitored at governance level.
- The draft Policies and Procedures for Clinical Credentialing are on top of the agenda for the next Clinical Quality Improvement Team (CQIT) meeting on 20 April 2010. Where possible West Coast District Health Board processes are being aligned with the Canterbury District Health Board.

Moved: Warren Gilbertson **Seconded: Helen Gillespie**

Motion:
"THAT the above reports be noted."

Carried.

The Hospital Advisory Committee had a five minute break from 10.54 am.

Finance Report

- Although the year to date budgets were unfavourable, the results for February 2010 recorded a surplus.

- Revenue was up for February 2010 as the provider arm received funding for rural after hours services. However, the revenue was down in secondary services because the volumes were not met.
- February 2010 expenses are under for outsourced services due to the full complement of Resident Medical Officers.
- Nursing is over budget and allied health under budget because of re-designation of existing positions.
- Theatre no longer uses locum anaesthetic technicians as they have employed permanent staff.
- Management is slightly under—not all vacancies have been filled. Also, the Employment and Remuneration Committee is monitoring the approval of new positions and filling of existing positions.
- Clinical supplies are over budget as are pharmacy related costs due to the price of drugs.
- The issues with anaesthetic machines did not incur large cost. Some patients had to be transferred to Christchurch and there were several cancellations and postponements, but full operation will be resumed on Tuesday next week after two additional machines arrive from Australia.
- March 2010 financial information is not yet available.
- Main reductions in year to date budget appear to be in administration, nursing and allied health outsourced services. It needs to be noted that the budget for this period was done a year ago and that more permanent staff was expected to be employed—for this reason there is more outsourced spending than anticipated. The efforts should come into fruition in the second half of the year.

Moved: Warren Gilbertson **Seconded: Paul McCormack**

Motion:
"THAT the above report be noted."

Carried.

Operational Indicators/Case-Weights

- Although the target has been achieved for mental health services, no report was provided to the Ministry of Health. The investigation is in progress as to why this occurred.
- However, the problem with reporting is probably due to interpretation differences between what information is required.
- The majority of variants in case-weights is due to acute cases.
- Obstetric and Gynaecology lists are already reduced.
- It was explained that the West Coast District Health Board is not funded for additional costs incurred by overproduction. The aim is to be exactly on target, but this never works perfectly due to the acutes. To a degree the West Coast District Health Board probably has more capacity than is used, and so it should be looking for modest overproduction.
- It was pointed out that the additional electives funding is not included in this report.

Elective Services Patient Flow Indicators (ESPIs)

- There has been an improvement in Outpatients clinics being carried out on schedule.
- Dentals still a problem due to logistic and equipment issues, in particular a request for a specialist x-ray machine for the theatre.
- The committee discussed the Internal ESPI Results table and the necessity for clearer identification of what the information in individual columns signifies and how it is calculated.

Action point: Provide more definitions and guidelines which would clarify the information in the table.

Outpatient Department Cancellations
There have been no notable changes in this area.

Moved: Warren Gilbertson **Seconded: Richard Wallace**

Motion:
"THAT the above reports be noted."

Carried.

7. KEY ISSUES / ITEMS OF INTEREST TO REPORT TO THE BOARD

- Reporting and documentation on progress in Health Targets.
- Delivery of reports concerning hospital benchmarking.
- Ways of reducing the deficit.
- Risk management reporting.
- Financial results for March 2010.
- Vast majority of benchmarks are positive.

8. GENERAL BUSINESS

Hospital Advisory Committee Terms of Reference
The proposed terms of reference are not greatly different from the previous ones but there is toning in language in order to align them with the Terms of Reference of the Canterbury District Health Board Hospital Advisory Committee.

9. IN COMMITTEE

The Hospital Advisory Committee moved into In Committee at 11:42 am.

11. NEXT MEETING

The next meeting will be held on Friday, 14 May 2010.

The Hospital Advisory Committee spent 15 minutes in In Committee.

There being no further business to discuss the meeting concluded at 11.58 am.

HAC REPORT TO BOARD

TO: **Chair and Members**
West Coast District Health Board

FROM: **Chair, Hospital Advisory Committee**

DATE: **29 April 2010**

REPORTING BACK ON PROVIDER ARM PERFORMANCE AND RELATED MATTERS

(Meeting held Friday, 9 April 2010)

Work Plan
Discussion with Board to determine that Workplan should include regular updates on the following:

- West Coast Secondary Care Plan, and
- West Coast Primary Health Plan

Workforce Development Plan reporting requirements still to be negotiated with Audit Risk and Finance Chair.

Update on Sustainability Project
Management requested to update progress to Committee at every meeting.

Health Targets from the Ministry of Health
This Committee has indicated that it would like to see regular reports monitoring against the new targets. Latest report notes decline in Smoking Cessation Programmes implemented. We understand this is more of a reporting matter – ongoing monitoring required.

DHB Hospital Benchmark Information Report
In summary, generally an improved performance across all benchmarks which reflects staff commitment toward improving services.

Concern still around Organisational Health information – underlined by random occurrences rather than a trend. Other factors – number on long term sick leave and the fact that the workforce is on average, older than other DHB's.

Capacity Planning Review
Review will determine workforce requirements along with highlighting where any efficiencies could be implemented.

Finance
Although the year to date budgets were unfavourable, the results for February 2010 show a positive variance – while February months have traditionally been positive to budget because of the shortened month, we expect to see a positive trend continue for March 2010.

RECOMMENDATION

The Board is requested to note the content of this report.

MATTERS ARISING FROM HOSPITAL ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref.
1	9 April 2010	A copy of the report on the Health Information Strategy to be provided to Paul McCormack	Hospital Advisory Committee Chair	14 May 2010	6.2
2	9 April 2010	Information given in the table of Elective Sarvices Patient Flow Indicators (ESPIs) to be clarified	Hospital Advisory Committee Chair	14 May 2010	6.2
ITEMS REFERRED FROM THE BOARD					

HOSPITAL ADVISORY COMMITTEE CORRESPONDENCE
APRIL 2010

Date:	Sender:	Addressee:	Details:
No correspondence received for April 2010			

HOSPITAL ADVISORY COMMITTEE WORKPLAN

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To receive a report on relevant section for Hospital Advisory Committee							
1. Current Year District Annual Plan – progress report	General Manager Planning and Funding	Ongoing	Quarterly		√		A report on 6 month performance to be provided to May 2010 meeting.
2. Sustainability Project	General Manager Planning and Funding						LECG Report provided February 2010.
3. District Health Board Hospital Benchmark Information	General Manager Secondary Health Services		Quarterly				Provided April 2010. Next due July 2010.
Provide input into							
1. South Island Health Services Plan							Update to be provided to relevant Advisory Committees and Board when available.
2. South Island Elective Services Plan							Update to be provided to relevant Advisory Committees and Board when available.
3. District Strategic Plan	General Manager Planning and Funding		Annually		√		Revising and updating 2010.
4. Next Year District Annual Plan and Statement of Intent	General Manager Planning and Funding	May 2009	Annually		√		Following Board consideration of the draft District Annual Plan, management have been requested to further review the draft District Annual Plan prior to submission.
5. Shifting Services to Primary Health							Better, sooner, more convenient primary health business case considered by DHB and PHO boards 26 February 2010.
6. Workforce Development Initiatives							West Coast.
7. Health Information Strategy	General Manager Corporate Services		Semi-Annual		√		Next due April/May 2010.
8. Annual Report	General Manager Corporate Services/General Manager Planning and Funding		Annually			√	2009/10 Report complete. Now public.
9. Provision of advice to the Board on how to reduce the deficit			Six weekly		√		

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
10. Provision of advice to the Board on how to effectively collaborate with other DHBs			Six weekly		√		
To monitor							
1. Financial performance	General Manager Corporate Services		Six weekly		√		Regular Finance Reports
2. Provider performance to contract	General Manager Secondary Health Services		Six weekly		√		Included in operational indicators
3. Productivity	General Manager Secondary Health Services				√		Areas identified where improvements can be made. Work plans being developed to address
4. Elective Services Patient Flow Indicators (ESPI)	General Manager Secondary Health Services		Six weekly		√		Report included in papers
5. Workforce Development	Human Resources Manager	Ongoing	Quarterly		√		Committee Chairs have met to discuss finance reporting. They will meet to discuss the query as to where workforce related risks should be addressed
6. Implementation of Clinical Governance Framework	Chief Executive Officer	Ongoing	Quarterly		√		Will stem from Sue Ineson Report
7. Health Targets	General Manager Secondary Health Services	Ongoing	Six weekly		√		Second quarter results to be released 26 February 2010

HEALTH TARGETS

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Wayne Champion, Acting General Manager - Secondary Health Services**

DATE: **29 April 2010**

DISTRICT HEALTH BOARD SPECIFIC TARGETS

West Coast District Health Board reporting on the following District Health Board specific targets for the four targets that are of interest to the Hospital Advisory Committee:

National Health Target		West Coast DHB Target	
Shorter stays in Emergency departments	95% of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours	95% across all triage categories	**1 March 2010 to 31 March 2010** Over 6 hours 6 0.00% Under 6 hours 1,378 1.00% **Total Attendances 1,384** *(This report is calculated from Arrived time to Departed time. It includes Did not Wait patients. It combines the 3 Emergency Departments, Grey, Buller and Reefton)* **Quarterly Data for period** **1 January 2010 to 31 March 2010** **ED – Buller** Over 6 hours 5 .77% Under 6 hours 643 99.23% **ED – Greymouth** Over 6 hours 13 .41% Under 6 hours 3,157 99.59% **ED – Reefton** Under 6 hours 116 100.00% **Total Attendances 3,934**
Improved Access to Elective Services	129,000 elective surgical discharges delivered nationwide in 2009/10.	~~Was 1547~~ 1571 elective surgical discharges (an increase of 24 on 08/09).	We have a target of 1571 surgical discharges. We have discharged 1233 to 31 March 2010 which leaves 338 left over three months, which will be approximately 113 discharges per month for the next three months. We are ahead of the caseweights at 103.5% YTD according to the Elective Services Monitoring report.

Shorter Waits for Cancer treatment	Everyone needing radiation treatment will have this within six weeks by the end of July 2010 and within four weeks by December 2010	100% started within six weeks	All West Coast patients in the Priority A, B, and C treatment categories commenced radiotherapy treatment within six weeks of first specialist assessment in March 2010.
Better Help for Smokers to Quit	80% of hospitalised smokers are provided with advice and help to quit. Introduce similar target for primary care from July 2010 or earlier, through the Primary Health Organisation Performance Programme.	80%	The monthly results for Health Target 5 were: January 2010 74% February 2010 72% March 2010 77% with the **Third Quarter at 74%.** The reports had been collated from admission data so this has meant that a small percent of current smokers who received an intervention were not coded for that month. This has now changed to discharge data for this quarter so we see a marked improvement in February 2010. Alongside this information we are also working concurrently on improving the documentation of smoking status data in the Patient Registration Form. This has also improved with the average in January 2010 at 85%, February 2010 at 88% and March 2010 at 82%. The ABC Coordinators have put a lot of work into encouraging and monitoring this in each area of the WCDHB. We now receive a daily printout on Patients' NHI and their current smoking status while they are in hospital and the areas where this has not been collected. This will soon be sent to each unit manager to help us move towards getting this closer to 100%.

RECOMMENDATION

For noting.

Author:	**Provider Arm Management Team – 29 April 2010**
Approved:	**Executive Management Team – 6 May 2010**

MANAGEMENT TEAM REPORT

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Wayne Champion, Acting General Manager – Secondary Health Services**
Hecta Williams, General Manager – Primary Health and Mental Health
Jane O'Malley, Director of Nursing and Midwifery
Vicki Robertson, Acting Chief Medical Advisor
Kim O'Keefe, Human Resources Manager
Gary Coghlan, General Manager Maori Health

DATE: **30 April 2010**

OPERATIONAL ISSUES

Ward Nurses, Theatre Nurses, Anaesthetic Technicians
Staff numbers across secondary health services are at normal levels.

Allied Health
Allied Health staffing are at mostly normal levels, with some staff now able to catch up on leave to work on service improvement projects. Occupational Therapy remains understaffed in both Westport and Greymouth into the future.

Anaesthetics
Locum arrangements are in place for the period over which our two long term Anaesthetists are away overseas. We have been advised that there will be a reduction in the availability of Durban Anaesthetists (likely to supply one instead of two) in July, August and September 2010, so we are now working to find additional cover for this period..

Orthopaedics
Recruitment activities are underway to replace an Orthopaedic Surgeon who will be leaving us in May 2010. A second Orthopaedic Surgeon has also resigned.
As a result of these two resignations, there will be gaps in onsite Orthopaedic cover, which we are seeking to fill with locums. Canterbury DHB has agreed to provide remote cover (ie: to provide support and advice to our Emergency Department about the safe management of complex cases) and have electronic access to our Picture Archiving and Communication System (PACS) System (to review X-Rays) and our clinical information system to facilitate this.

Māori Health

1. Māori Mental Health
   The Māori mental health service has undergone a review and consequently there has been a significant improvement in the way that this service is delivered to tangata whaiora.

2. Māori Health Promotion Group
   A Māori roopu has been established to work on the Smokefree Pathway. This roopu consists of representatives from Community and Public Health, West Coast Primary Health Organisation (PHO), West Coast DHB and the Māori health provider. The main objective of this roopu is to provide strategic leadership and coordination to reduce the very high smoking rates within the Māori community of the West Coast.

3. Whanau Support
   A (0.5 FTE) Kaiawhina Whanau Support Worker continues to provide support to Māori inpatients and their whanau at Grey Base Hospital. The Kaiawhina works as part of the Social Work team and provides monthly service reports to the Māori health manager, Social Work team leaders, and the General Manager Secondary Care Services.

4. Cultural Training
   Te Pikorua Bi-cultural Training continues to be made available to all West Coast DHB staff, particularly those working within the provider arm. The aim is to provide culturally competent and appropriate service delivery when working with Māori and whanau. In addition, Te Tiriti o Waitangi workshops are regularly provided for staff.
   Tikanga Recommend Best Practice was introduced into the West Coast DHB in 2005. Support from staff is very positive for Tikanga recommended best practice. We intend to increase training around Tikanga recommended best practice this year.

5. Māori Health Smoking Information
   Data is now captured from Patient Management System. For March 2010, 26 patients were identified as Māori, of that six were identified as current smokers, three as ex smokers, 11 as never smoked and six had no smoking status recorded. The Smokefree Coordinator and senior staff are working hard to reduce the number of unknowns. In the next report we will be able to measure the numbers that identified as smokers and who have had a smoke free intervention.

Obstetrics and Gynaecology
As reported last meeting, we are currently short staffed in Obstetrics and Gynaecology, though we have one promising international candidate which we are working with regarding supervision arrangements(to meet New Zealand registration requirements). Progress is still being made with this candidate.

General Medicine
We reported in a previous meeting that one of our General Medicine Physicians has announced that they wish to retire in May 2010. This physician is now taking leave and will recommence work for us in September 2010.

Elective Services Patient Flow Indicators (ESPI) Compliance
We have ESPI compliance issues with our Ear Nose and Throat (ENT) and surgical Dental services. Both services (provided by external specialists) have suffered from weather related travel cancellations and the Dental service has also been affected by the failure a dental X-ray machine. A replacement has been ordered.

Theatre Scheduling, Capacity Planning and Theatre Efficiency
We are continuing to work on this area now that we are fully staffed, in order to review how we schedule services and to review roster models in order to ensure that workload is balanced, safe and sustainable, whilst also seeking to optimise operational efficiency.

Collaboration with Canterbury DHB
The multitude of clinical collaboration projects West Coast DHB and Canterbury DHB (relating to Obstetrics and Gynaecology, Anaesthetics and Emergency Medicine) are still under way. Additional work is now underway for Orthopaedics, Vascular Surgery and Uro-Gynaecology, as well as support systems such as the sharing of Information Technology systems (laboratory

systems and clinical information systems) and shared procurement and (clinical) product evaluation processes.

Rural GP Training Facility
The General Practitioner (GP) Training Facility is now under construction, with completion scheduled for the end of August 2010.

Community Services
There is an agreement to purchase an Electrocardiogram machine for the Ngakawau community who have raised $6000 toward the cost
District nurses are working on improving the accuracy of their workload and activity information which will allow for safe staffing levels to be identified.
In the last quarter (January-March 2010) the B4Schools checks have achieved over 100% of the targets set by the Ministry of Health. The targets set are “number children checked” and “number of children in high deprivation areas checked” the service has surpassed both targets set.
Palliative and Oncology Clinical Nurse Specialists have been to Christchurch for advanced chemotherapy training. Oncologist is now allowing Herceptin to be administered in Greymouth

Sexual Health
Each year the Cervical Screening services hosts a Women's health day. It is rotated throughout the West Coast, in areas of recognised need. This year it was up in Westport at No. 37. As in previous years, it was supported by the local Clinical Nurse Specialists. The idea of running this is to entice women (who would not normally go to a mainstream health provider) to come into a safe environment and be exposed to a variety of health stalls. Free smears are offered to those who are eligible.

Greymouth Medical Centre
A resignation has been received from one of the permanent General Practitioners at Grey Medical Centre; recruitment for General Practitioners is on-going.
Numbers of new patients enrolled at Grey Medical continues to increase.

Buller Health
Accident Compensation Corporation audit completed in Westport with some recommendations
Quality project in Buller Health Medical Centre continues with substantial improvements in waiting times for appointments.
Nurses from both Buller and Reefton Health attended the first standing orders training workshop held recently with another planned for May 2010.

Reefton Health
Reefton Health is still working to fill a vacant General Practitioner post but is managing in the interim with short term locums.

Mental Health
Family Advisor to Mental Health Service has resigned after eight years of providing much needed support to families of people with mental illness.
Plans being developed to run Alcohol and other Drug clinics in South Westland on a six week cycle.

Carelink
A new manager of Carelink has been appointed and is due to commence 17 May 2010.
Carelink staff are now fully trained and competent in providing inter Rai assessments.

Telehealth Project
Pat Kerr, from Simpl, has been appointed as project manager for the Telehealth project. Initial sites visits to both Buller and Grey Base have occurred and the project is moving forward.

General Practice/Rural Hospital Medicine Pilot Programme

This programme commenced in mid December 2009 with two registrars and a General Practitioner trainer, their time is spent between the Assessment, Treatment and Rehabilitation (AT&R), Psychiatric and Dementia wards and General Practice. They are released for a week each month to Dunedin for dedicated General Practitioner training. The programme is being independently evaluated by the Clinical Training Agency and is currently proceeding according to plan.

Construction of the purpose built building, for the Academic Practice Clinic based at Grey Base Hospital, has commenced and will be completed in August 2010.

Industrial Relations

1. National Terms of Settlement have been reached with New Zealand Nurses Organisation (NZNO), Public Service Association (PSA) and Service and Food Workers Union (SFWU). Balloting of the relevant workforces is underway to determine whether West Coast District Health Board will offer bargaining fee arrangements to non-union members.
2. An offer to settle a Multi Employer Collective Agreement (MECA) with Midwifery Employer Representation and Advisory Service (MERAS) has been made and is consistent with the national terms of settlement reached with NZNO, PSA & SFWU.
3. Discussions are taking place to renew the local National Distribution Union (NDU) Pharmacy Collective Agreement.
4. Combined discussions are taking place with Association of Professional and Executive Employees (APEX) and New Zealand Medical Laboratory Workers Union (NZMLWU) for a national settlement. Industrial action has ceased while these talks take place.
5. Association of Salaried Medical Specialists (ASMS) initiated for bargaining on 24 March 2010 for a renewal of the Senior Medical Officers MECA. The commencement of bargaining is proposed for 14 May 2010. Four pre-bargaining workshops are scheduled over April/May 2010 on issues of mutual interest.
6. One day of bargaining has occurred with the New Zealand Resident Doctors' Association (NZRDA). The union has signalled that it is not adverse to a national agreement provided there is a mechanism to address local issues.

Author:	**Provider Arm Management Team – 30 April 2010**
Approved:	**Executive Management Team – 6 May 2010**

RECRUITMENT / VACANCIES

Only those vacancies that are significant are listed in this report. We have interpreted this as being those vacancies that might directly impact on service provision or which (through the engagement of locums, etc) have a significant cost implication.

RECRUITMENT / VACANCIES FOR April 2010

POSITION	STATUS
Senior Medical Staff	
O&G Specialist	Applicants are being interviewed when they apply – recruitment ongoing.
Orthopaedic Specialist	Applicants are being interviewed when they apply – recruitment ongoing.
GP's – Reefton, Karamea, Buller Medical, Greymouth Medical	Applicants are being interviewed when they apply – recruitment ongoing.
Mental Health	
RN's – Inpatient Unit	Applicants are being interviewed when they apply – recruitment ongoing.

RECOMMENDATIONS

For noting.

Author:	**Human Resources Advisor – 26 April 2010**
Approved:	**Executive Management Team – 6 May 2010**

RISK MANAGEMENT

TO: **Chair and Members**
Hospital Advisory Committee, West Coast District Health Board

FROM: **Mark Bowen, Quality Assurance & Risk Manager**

DATE: **26 April 2010**

BACKGROUND

The Provider Arm, as a requirement of the Health and Disability Sector Standards, is required to establish, document and maintain a quality and risk management system that reflects continuous quality improvement principles.

OBJECTIVES

Through regular monitoring, audit, and quality improvement activities, the Provider Arm will:

- Monitor a range of quality assurance indicators
- Provide an explanation to any quality assurance indicator exceptions reported
- Be involved in the National Quality Improvement Programme
- Develop quality improvement activities based on the monitored quality assurance indicators

EXPLANATION

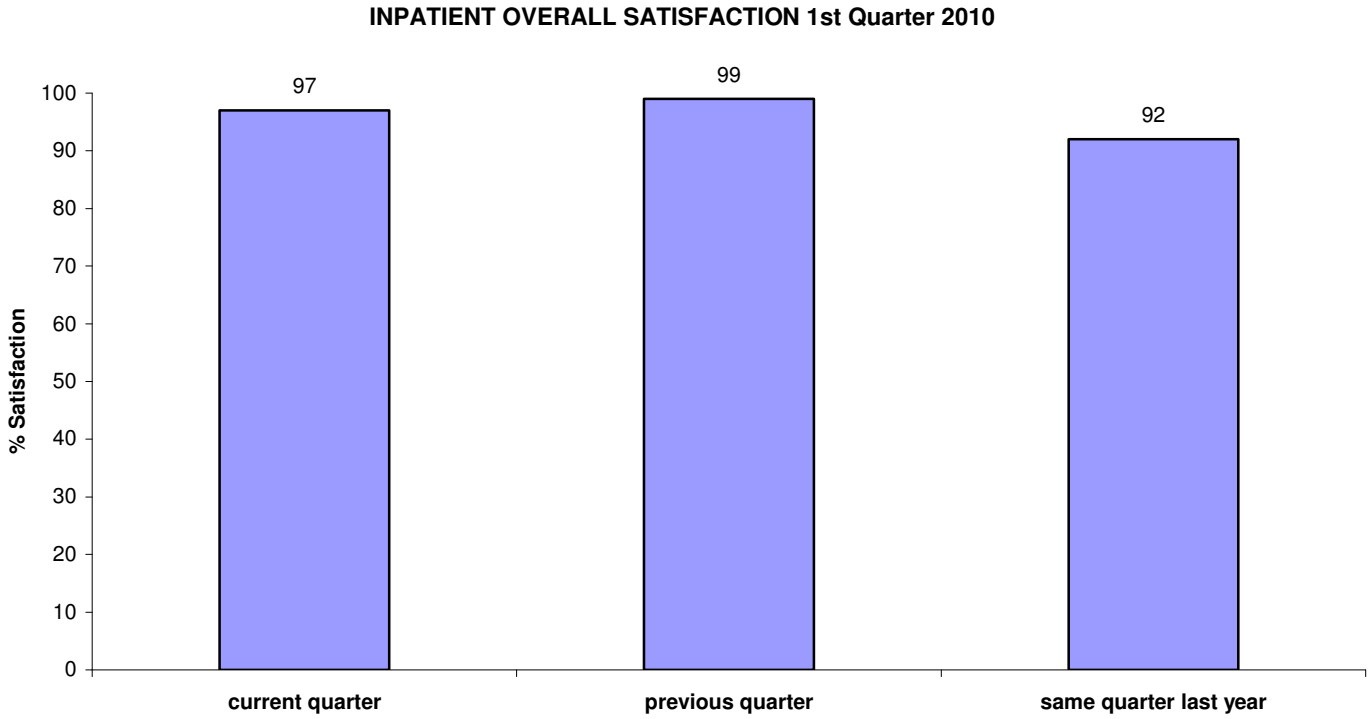
No exceptions to normal reporting or significant factors to note for this month:

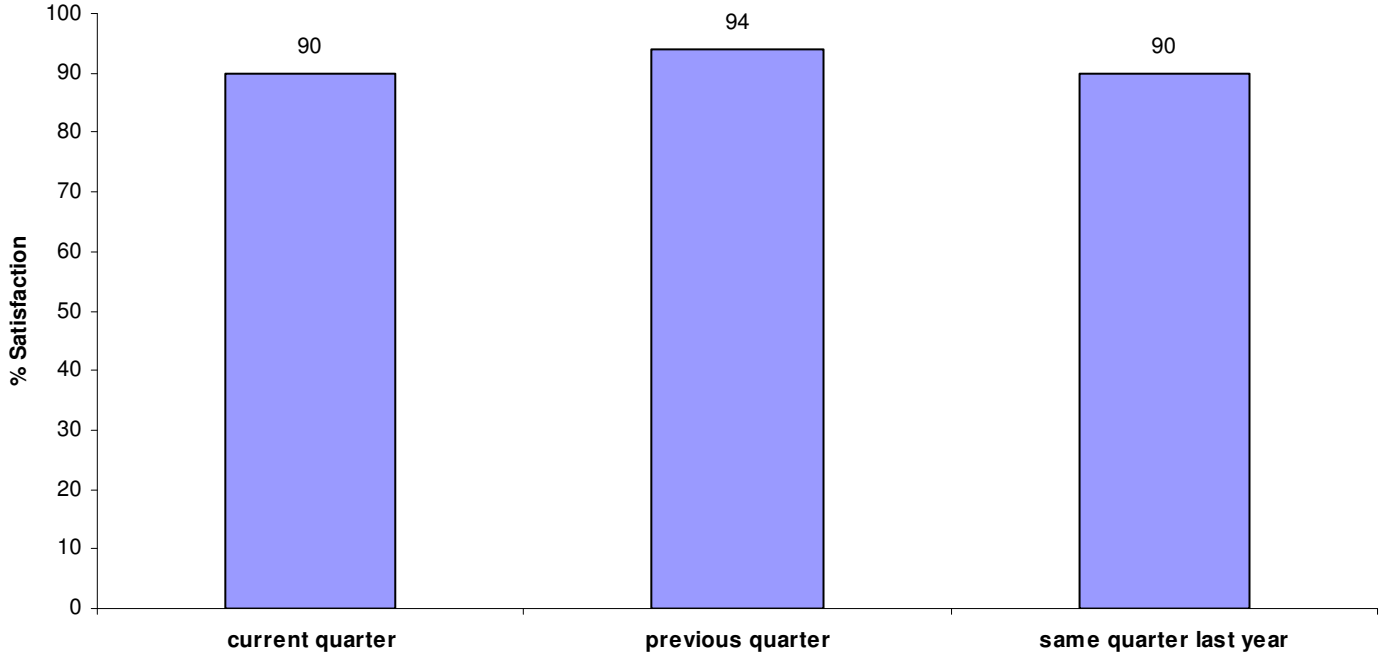
RECOMMENDATIONS

That the report be received.

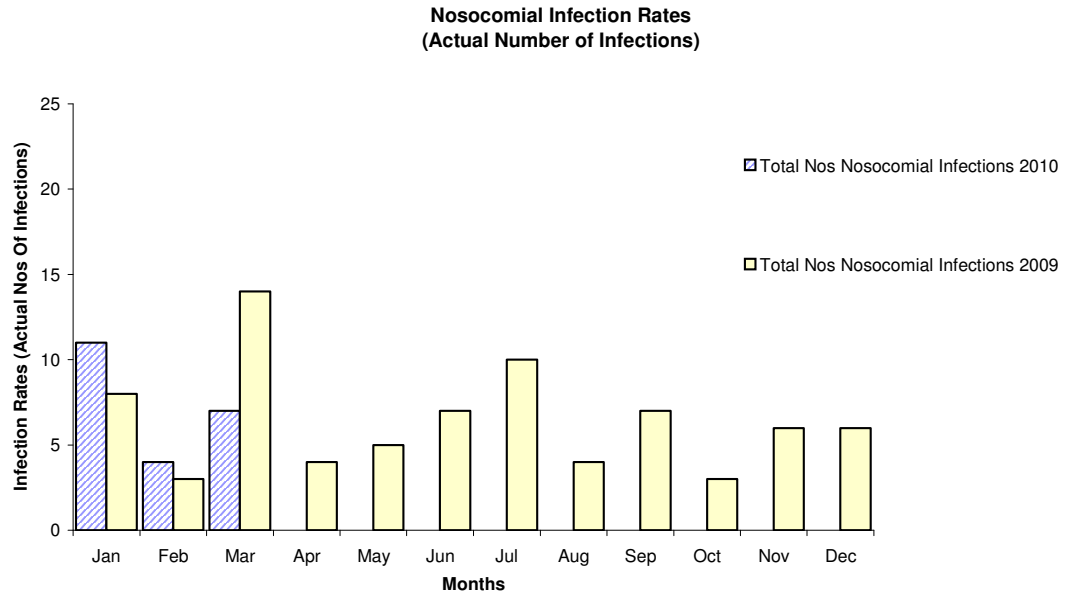
Author:	**Quality Assurance & Risk Manager – 26 April 2010**
Approved:	**Executive Management Team – 6 May 2010**

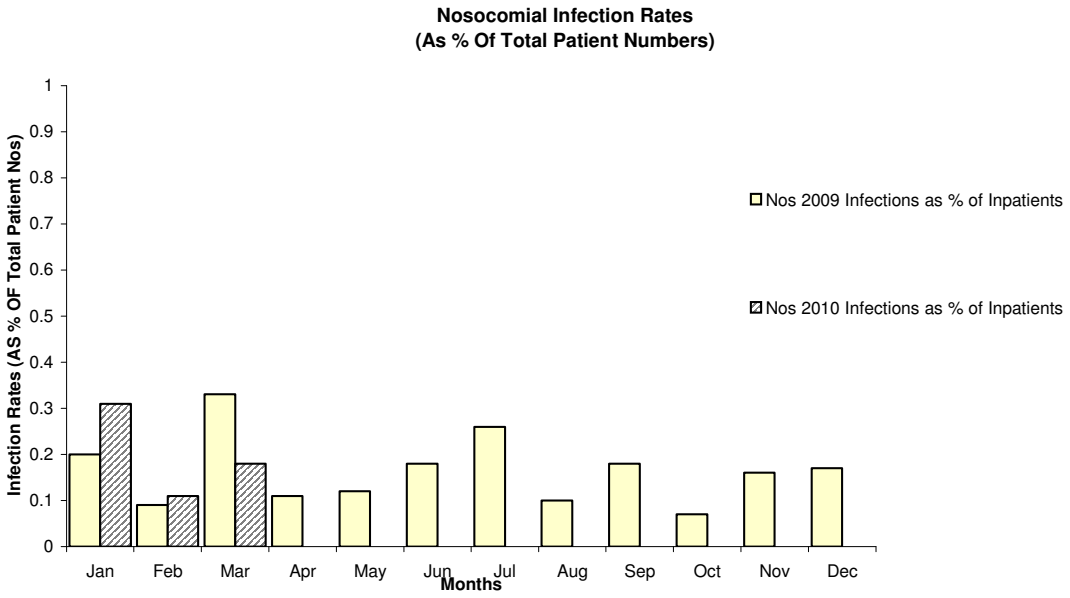
PATIENT SATISFACTION





HOSPITAL ACQUIRED INFECTIONS





COMPLAINTS

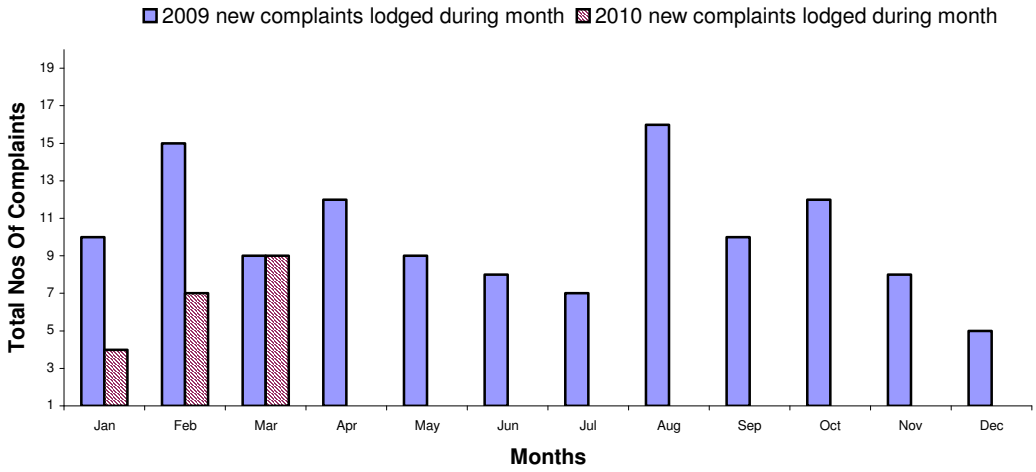
Complaint Statistics

	January 2010	February 2010	March 2010
Complaints Outstanding At Beginning of Month	30	14	10
New Complaints Received During Month	4	7	9
Complaints Resolved During Month	20	11	13
Complaints Outstanding At End Of Month	14	10	6
Average Time For Complaint Resolution (working days)	19	21	23

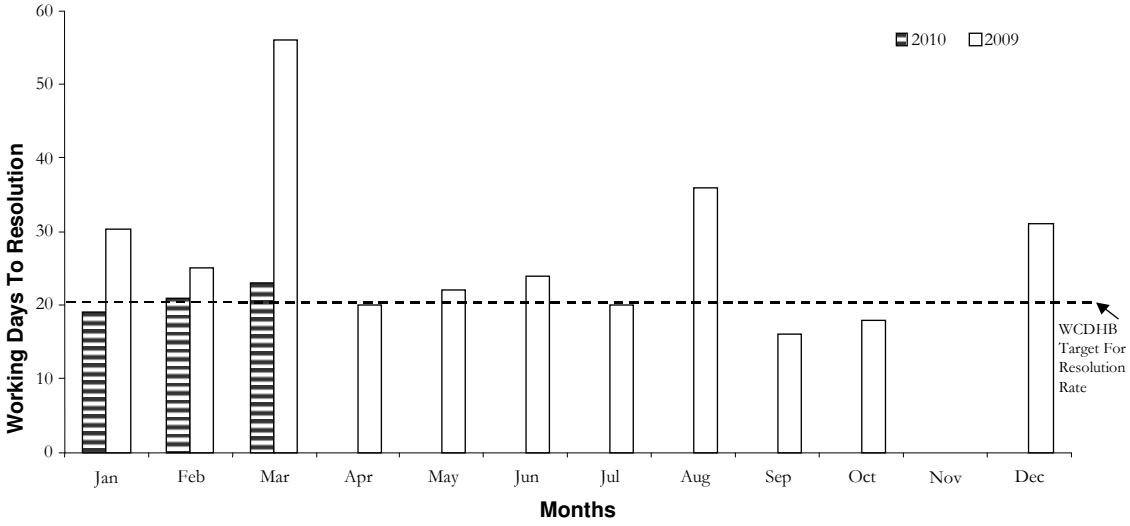
Outstanding Complaints

Date Lodged	*Service Area*	*Status*
17/02/2010	Medical	Currently under investigation
18/03/2010	Medical	Currently under investigation
17/03/2010	Secondary	Currently under investigation
10/02/2010	Primary	Currently under investigation
10/03/2010	Primary	Currently under investigation
30/03/2010	Primary	Currently under investigation

Monthly Complaints Data



Average Time To Complaint Resolution (Working Days)



NATIONAL QUALITY IMPROVEMENT PROGRAMME

The West Coast District Health Board continues to be involved and undertake work as and when required for the following national District Health Board Quality Improvement Committee projects:

NATIONAL QUALITY IMPROVEMENT COMMITTEE (QIC) PROJECTS
The DHB continues to be involved and undertake work as and when required for the following national DHB QIC projects:

HANDWASHING/INFECTION CONTROL
Collection of data for the national project continues. Further in-service education has been undertaken and data collection for the project has now commenced.

LOCAL QUALITY IMPROVEMENT PROJECTS

Discharge Planning
A Project has been commenced with the aim of improve hospital discharge planning processes to ensure a seamless transition to home with the right supports for patients and families. The project will involve the assessment and evaluation of discharge planning strategies and processes at WCDHB, utilising interviews with DHB staff, patients, their family/whanau, and other providers of health services on the West Coast (e.g. Community Pharmacies, Rest Homes, and Non-Government Organisations NGOs).

The Project Group is now implementing the action plan that contains a number of recommendations which aim to make significant improvements to the way in which discharge planning occurs throughout the DHB, and is working through the various recommendations.

The Project is scheduled to run until March next year

Clinical Quality Improvement Committee (CQIT)
This Committee has a formal role as the co-ordination centre for clinical quality activities and indicatives. It met in March 2010 for the second time this year

The Committee oversees a range of other clinical committees throughout the District Health Board (Infection Control, Medication Review, Product Evaluation, Primary-Secondary Liaison, Theatre, and Caesarean Review. It received regular reports from these committees, including activities that they are engaged in and also items that require input or a decision from CQIT.

CQIT has also has responsibility as the final approval body for DHB clinical policies and procedures.

CQIT has met twice this year so far. Items considered by CQIT include:

- Electronic Sign-off of Results
- Gentamicin Prescribing and Administering
- Management of Diabetes
- PCA Remifentanyl
- Process for review of sentinel events

Current Clinical Risk Cases

	January 2010	February 2010	March 2010
Treatment Injury Claims (Accident Compensation Corporation)	1	0	0
Health and Disability Commission Investigation	2*	2*	0
Privacy Commissioner Investigation	0	0	0
Coroners Investigations/Inquests	4	4	4
Legal Actions	0	0	0

**As reported last month the Commissioner formed a provisional opinion of no breach of the Code by the West Coast DHB regarding these two complaints, and these have now been confirmed*

CLINICAL AUDITS

Day Surgery Quality Audit
In March 2010 the Day Surgery Service, including the Central Booking Unit, was audited as part of the District Health Board's regular clinical quality audits. At this time, the auditors report has not been received.

Clinical Credentialling
The West Coast DHB Clinical Credentialling Committee has just completed a review of the West Coast DHB Clinical Credentialling Procedure. This revised Procedure is now with CQIT awaiting approval.

FINANCE REPORT
PROVIDER ARM
MARCH 2010

Financial Overview March 2010

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue													
Inter DHB and Internal Revenue	5,363	5,059	304	6.0%	4,741	45,986	45,984	2	0.0%	42,362	61,182	61,161	57,221
Other MoH Funding	495	108	387	360.1%	113	1,479	968	511	52.7%	947	1,889	1,291	1,555
Other Government Funding	485	449	36	8.0%	497	4,442	4,561	(119)	(2.6%)	4,226	5,663	6,044	5,642
Patient / Consumer Sourced	256	228	28	12.3%	215	2,002	2,022	(20)	(1.0%)	1,879	2,648	2,691	2,575
Non Health Related	94	70	24	35.1%	73	931	626	305	48.7%	697	1,104	835	924
	6,693	5,913	780	13.2%	5,639	54,840	54,162	678	1.3%	50,111	72,485	72,021	67,917
Expenses													
Provider													
Personnel	4,317	4,254	(63)	(0)	3,884	37,639	37,909	270	0.7%	34,451	50,160	50,605	46,782
Outsourced Services	1,062	846	(216)	(0)	1,021	8,798	7,211	(1,587)	(22.0%)	9,809	11,057	9,504	13,427
Clinical Supplies	664	603	(61)	(0)	603	5,344	5,165	(179)	(3.5%)	4,950	7,140	6,827	6,506
Infrastructure Costs	1,385	1,334	(51)	(0)	1,242	12,741	11,914	(827)	(6.9%)	12,028	17,246	15,875	16,181
Expenses Total	7,428	7,037	(391)	(5.6%)	6,750	64,522	62,199	(2,323)	(3.7%)	61,238	85,603	82,810	82,896
Allocated from Governance & Admi	82	82	(0)	(0.4%)	80	738	735	(3)	(0.4%)	720	980	980	960
Surplus (Deficit)	**(817)**	**(1,205)**	**388**	**32.2%**	**(1,191)**	**(10,420)**	**(8,772)**	**(1,648)**	**(18.8%)**	**(11,847)**	**(14,098)**	**(11,769)**	**(15,939)**

Year to Date
The provider arm result for the nine months to March 2010 is a deficit of $10,420k, which is $1648k worse than budget ($8,772k deficit).

Month of March 2010
The provider arm result for the month of March 2010 is a deficit of $817k, which is $388k better than budget ($1205k deficit).

ANALYSIS OF YEAR TO DATE VARIANCE
(BUDGET TO ACTUAL)

The year to date provider arm deficit of $10,420k, is $1648k worse than budget ($8,772k deficit).

The Table 1 below highlights key areas where variances exist.

Table 1: Reconciliation of unfavourable variance

	Variance * Favourable / (unfavourable) $000
Revenue	
Government and Crown agency revenue received	671
Patient / Consumer sourced	(19)
Non health related revenue (increased laundry revenue and donations)	204
Expenses	
Personnel costs	362
Outsourced services - locum costs	(1,230)
Outsourced clinical services	(337)
Clinical supplies – patient transport	(85)
Clinical supplies – pharmaceuticals	(161)
Clinical supplies – other offsetting items	72
Coal, electricity and oil	(78)
Depreciation charge	(148)
Capital charge	(751)
IT systems and telecommunication	54
Professional fees – consultant fees	(164)
Other offsetting items	(38)
Year to date variance to budget	**(1648)**

** The reasons for the variances are detailed in the commentary below.*

COMMENTARY ON VARIANCES

REVENUE

Year to Date – Provider

Provider revenue is $54,840k, $678k better than budget ($54,162k).

- Inter District Health Board and Internal Revenue is $45,986k, which is on budget ($40,984k).

This is internal funding from the Funder Arm to the Provider Arm that is eliminated on consolidation and revenue from other District Health Boards (not via inter district flows).

- Revenue from Home Based Support Services is $97k more than budget due to higher volumes (demand driven).
- Revenue from Laboratory claiming is $26k more than budget (reflected in Funder Arm referred services expenditure) due to increased laboratory testing.
- Revenue to date for electives initiatives is $566k, (relates to the first six months to December 2009), $346k under budget. The budget has been phased equally over twelve months while the revenue is recognised when received (the budget for the six months to December was $612k)
- Internal funding to Carelink (top up funding) is $108k under budget as year to date expenses

have been less than budget (personnel costs, outsourced services – flexible funding for older persons). It has been envisaged that these trends will continue for the remainder of the year.
- Funding for rest home and hospital level care is $192k more than budget, due to higher volumes and higher average subsidies.

➢ Other Government Funding of $4,442k is $119k worse than budget ($4,561k).
- Funding has been received from the Ministry of Health for interRAI implementation ($73k for the nine months to March).
- ACC revenue is $377k under budget. This relates mainly to the ACC Electives contract ($346k), as ACC have become more stringent on surgery approvals.
- Operational funding for the Oral Health Business Case of $318k was received from the Ministry of Health, not budgeted.
- Revenue received from the West Coast Primary Health Organisation is $208k more than budget, ($316k was received in February 2010 for Rural After Hours services, which has offset reduced funding for Careplus).

➢ Patient/Consumer Sourced revenue is $20k less than budget.
- Patient co-payments for Primary practices are $98k under budget due to lower appointment numbers (staff vacancies).
- Revenue from non-residents is $65k better than budget.

➢ Non Health related revenue of $931k is $305k better budget ($626k).
- Contributors are funding received for student placements.
- Increase in commercial laundry revenue due to both increased volumes and a price increase in January 2010.
- State Services Commission Kiwi saver rebate for employer contributions not budgeted.
- "Over the counter sales" of clinical supplies to community patients.

EXPENSES

Year to Date – Provider Arm
Year to date provider expenses ($64,522k)) are $2,323k over budget ($62,199k).

➢ Personnel costs are $37,639k; $270k under budget ($37,909k).
- Medical Personnel costs are over budget by $234k.
  This is a combination of recruitment and retention costs (unfavourable variance to budget) and mix of staff between outsourced services (to cover vacancies) and employed staff. This relates particularly to personnel costs of General Practitioners and Psychiatrists, which are less than budget due to vacancies and Registered Medical Officer personnel costs which are over budget as the full Registered Medical Officer compliment is employed.
- Nursing Personnel costs are $16,878k; $1,200k over budget ($15,678k).
  This is mainly due to the recoding of community mental health nurses from allied health services to nursing services ($1,253k actual costs year to date).
- Allied Health Personnel are $6,753k; $1,487k under budget.
  This is mainly due to a recoding of community mental health nurses to nursing services ($1,306k budget year to date).
  Staff vacancies also contribute to this favourable variance.
- Support personnel costs are $1,529k; $175k over budget.
  This is mainly due to additional laundry staff required to process additional laundry volumes.
- Management and Administration costs are $4,791k; $392k under budget.
  This is due to tighter control over management and administration staff numbers, staff vacancies and the contracting of human resource and payroll functions to Canterbury District Health Board, (cost now reflected under outsourced services).

- Outsourced services of $8,798k are $1,587k over budget ($7,211k).
  - Outsourced Personnel costs are $1,289k over budget.
    This is due to the employment of locums to cover staff absences and vacancies (medical, nursing and physiotherapy). Also included in this figure is the outsourcing of the human resources and payroll function. This unfavourable variance has been partly offset by savings in personnel costs, particularly in Allied Health, Nursing and Management/administration.
  - Outsourced clinical services are $2,347k, $337k over budget.
    This is mainly due to unbudgeted laboratory tests ($62k over budget), largely due to swine flu and measles tests earlier in the year. Radiology services are $115k over budget and outsourced clinical services for orthopaedics are over budget $187k (to meet budgeted volumes).

- Clinical Supplies are $179k over budget.
  - Pharmaceutical costs $163k over budget; $81k relates to chemotherapy drugs (Herceptin has been administered on site since November 2009) and remainder due to demand and price increases.
  - Other clinical costs are $84k over budget due to air ambulance transfers and patient accommodation which are both demand driven.

- Infrastructure costs are $827k over budget.
  - Interest and financing charges are $588k over budget.
    Actual Capital charge ($985k, variance of $751k) has been based on our equity balance after the revaluation of Land and Buildings as at 30 June 2009. The full year budget for the capital charge ($312) was based on equity before the revaluation. A reversal of 2008/09 wash-up for capital charge ($200k) was processed in December 2009, on advice from the Ministry of Health.
  - Facilities costs are $77k over budget.
    This is mainly due to increased utility costs, water rates and maintenance costs.
  - Professional fees are $338k, $104k over budget ($234k).
    This mainly relates to the sustainability project, $107k has been reimbursed by the Ministry of Health.
  - Other operating costs are $55k over budget.
    This is mainly due to depreciation expense for equipment ($148k over budget) due to the accounting treatment (capitalization) of laundry purchases (a change from when the budget was set), which is offset by costs that are under budget, including stationery (18k under budget) advertising ($12k under budget) minor equipment ($24k under budget) and corporate training ($13k under budget).

MONTHLY RESULTS AND COMMENTARY

The monthly commentary high-lights areas where the revenue or expenses have changed significantly from previous months.

REVENUE – MARCH 2010

Month of March 2010 – Provider Arm

Provider Arm revenue for the month of March 2010 of $6,693k is $780k better than budget ($5,913k). This is primarily due to funding received from the Ministry of Health for electives volumes ($341k) and for the Oral Health Business Case $318k).

EXPENSES – MARCH 2010

Month of March 2010 – Provider Arm

- Outsourced services were $214k over budget for the month. Payroll and Human Resources services were $60k, with the remaining variance attributed to clinical areas.

STATEMENT OF FINANCIAL POSITION

- Cash and Short Term Investments
  As at 31 March 2010 the Board had $2.4m in cash and short term investments. We received advance funding of $3.9m (gst inclusive) in January 2010 from the Ministry of Health. Short term investments of $1,651k, include ASB term deposit, ($1,587) which matures 1 November 2010. The budget for this is under non current assets.

- Non Current Assets
  - Land & Buildings are $17m greater than budget due to the revaluation of Land & Buildings as at 30 June 2009. This has also increased Crown Equity to $78m, $13m greater than budget. Both these items were not included in the District Annual Plan.
  - Equipment (clinical and IT equipment) and vehicles (dental caravan) are under budget due to the timing of capital acquisitions. The work in progress account relates to costs to date for the Franz Josef clinic and the new human resources system being implemented.

- Current Liabilities
  - Accounts Payable balance is greater than the budget due to receiving advance funding in January 2010 which is treated as revenue in advance.
  - Current portion of a term loan due to roll-over with in the next twelve months is now reflected under current liabilities whereas the amount is under term liabilities in the budget.

Author:	**Acting Chief Financial Officer – 19 April 2010**

DHB Provider Arm - Statement of Financial Performance for the month of March 2010

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Year
Revenue													
Inter DHB and Internal Revenue	5,363	5,059	304	6.0%	4,741	45,986	45,984	2	0.0%	42,362	61,182	61,161	57,221
Other MoH Funding	495	108	387	360.1%	113	1,479	968	511	52.7%	947	1,889	1,291	1,555
Other Government Funding	485	449	36	8.0%	497	4,442	4,561	(119)	(2.6%)	4,226	5,663	6,044	5,642
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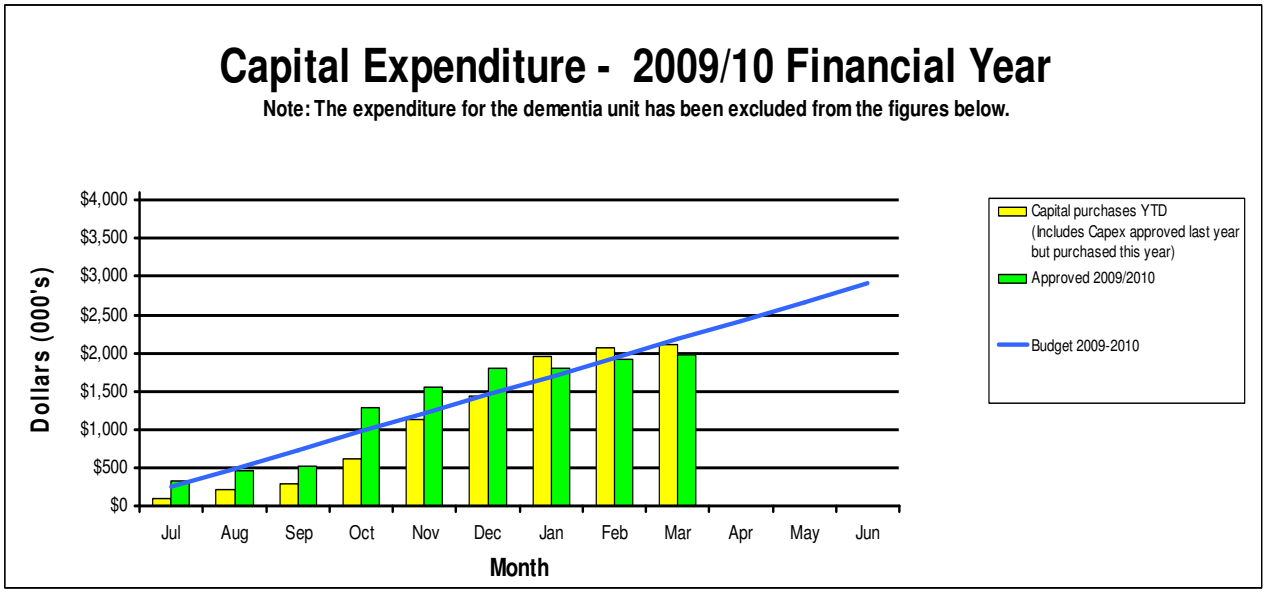
Non Health Related	94	70	24	35.1%	73	931	626	305	48.7%	697	1,104	835	924
	6,693	5,913	780	13.2%	5,639	54,840	54,162	678	1.3%	50,111	72,485	72,021	67,917
Personnel Costs													
Medical Personnel	928	858	(70)	(8.1%)	642	7,688	7,454	(234)	(3.1%)	5,894	9,745	9,995	7,997
Nursing Personnel	1,906	1,738	(168)	(9.6%)	1,588	16,878	15,678	(1,200)	(7.7%)	14,563	22,631	20,965	19,876
Allied Health Personnel	783	918	135	14.7%	885	6,753	8,240	1,487	18.0%	7,568	9,106	10,937	10,156
Support Personnel	175	153	(22)	(14.2%)	164	1,529	1,354	(175)	(12.9%)	1,307	2,032	1,804	1,779
Management / Admin	525	586	61	10.4%	605	4,791	5,183	392	7.6%	5,119	6,646	6,904	6,974
	4,317	4,254	(63)	(1.5%)	3,884	37,639	37,909	270	0.7%	34,451	50,160	50,605	46,782
Outsourced Services	1,062	846	(216)	(25.6%)	1,021	8,798	7,211	(1,587)	(22.0%)	9,809	11,057	9,504	13,427
Clinical Supplies													
Treatment Disposables	104	110	6	5.5%	122	864	955	91	9.5%	963	1,176	1,267	1,161
Diagnostic Supplies & Other Clinical S	5	5	0	0.0%	5	59	43	(16)	(37.7%)	54	80	58	54
Instruments & Equipment	157	144	(13)	(9.0%)	160	1,270	1,230	(40)	(3.3%)	1,122	1,692	1,624	1,486
Patient Appliances	35	31	(4)	(12.9%)	40	248	272	24	8.8%	287	337	360	374
Implants and Prostheses	89	82	(7)	(8.5%)	61	679	688	9	1.3%	456	897	907	733
Pharmaceuticals	174	137	(37)	(27.0%)	138	1,352	1,189	(163)	(13.7%)	1,174	1,783	1,574	1,586
Other Clinical & Client Costs	100	94	(6)	(6.4%)	77	872	788	(84)	(10.7%)	894	1,175	1,037	1,112
	664	603	(61)	(10.1%)	603	5,344	5,165	(179)	(3.5%)	4,950	7,140	6,827	6,506
Infrastructure Costs													
Hotel Services, Food & Cleaning	293	291	(2)	(0.6%)	386	2,650	2,623	(27)	(1.0%)	2,706	3,567	3,491	3,424
Facilities	405	419	14	3.3%	412	3,841	3,764	(77)	(2.1%)	3,890	5,127	5,026	5,509
Transport	125	113	(12)	(11.0%)	125	1,004	1,013	9	0.8%	1,122	1,320	1,347	1,498
IT Systems & Telecommunications	184	174	(10)	(5.8%)	217	1,541	1,556	15	1.0%	1,519	2,036	2,075	2,088
Interest & Financing Charges	193	129	(64)	(49.4%)	(90)	1,748	1,160	(588)	(50.7%)	775	2,553	1,547	949
Professional Fees & Expenses	16	26	10	38.6%	24	338	234	(104)	(44.2%)	405	475	313	532
Other Operating Expenses	169	182	13	6.9%	168	1,619	1,564	(55)	(3.5%)	1,611	2,169	2,077	2,181
	1,385	1,334	(51)	(3.9%)	1,242	12,741	11,914	(827)	(6.9%)	12,028	17,246	15,875	16,181
Expenses Total	7,428	7,037	(391)	(5.6%)	6,750	64,522	62,199	(2,323)	(3.7%)	61,238	85,603	82,810	82,896
Allocated from Governance & Admin	82	82	(0)	(0.4%)	80	738	735	(3)	(0.4%)	720	980	980	960
Surplus (Deficit)	**(817)**	**(1,205)**	**388**	**32.2%**	**(1,191)**	**(10,420)**	**(8,772)**	**(1,648)**	**(18.8%)**	**(11,847)**	**(14,098)**	**(11,769)**	**(15,939)**

FINANCIAL INDICATORS



CAPEX $10 K+ for March 2010			
CAPITAL	**REQUEST FOR**	**DATE APPROVED**	**APPROVED**
10351	Various linen pruchased in January 2010	4/03/2010	28,430
10354	Linen -hospital various items	30/03/2010	16,560
			44,990

OPERATIONAL INDICATORS

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Wayne Champion, Acting General Manager Secondary Health Services**

DATE: **30 April 2010**

INDICATORS OF DHB PERFORMANCE

Each quarter management supplies the Ministry of Health a report against a set of indicators set by the Ministry. Some indicators are reported on each quarter, while others are less frequent. It is intended that every other Hospital Advisory Committee meeting should receive the most recent report provided to the Ministry.

There are no quarterly reports for the Hospital Advisory Committee's May 2010 meeting.

Author:	**Acting General Manager - Secondary Health Services – 30 April 2010**
Approved:	**Executive Management Team – 6 May 2010**

CASE-WEIGHTS

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Wayne Champion, Acting General Manager Secondary Health Services**

DATE: **26 April 2010**

This report is based on base volumes excluding additional electives funding.

As at 31 March 2010, overall case-weighted [CWD] inpatient delivery was 8.8% over contracted volume for surgical specialty services (1793.39 actual vs 1647.01 contracted) and 1.6% over for medical specialty services (927.06 actual vs 912.08 contracted). The total value of overproduction was $696,378.00.

The split between acute and electives was as follows:

CWDs	Contracted	Actual	Variance
Surgical			
Acute	704.96	812.24	+107.28
Elective	942.05	981.15	+39.11
Sub-Total Surgical:	1647.01	1793.39	+146.38
Medical			
Acute	904.58	921.39	+16.82
Elective	7.50	5.67	-1.83
Sub-Total Medical:	912.08	927.06	+14.99
TOTALS:	2,559.09	2,720.45	+161.37

The areas of over-production were:

- General Surgery (69.59 CWD) – primarily due to acute demand (53.29 CWD)
- Orthopaedic (86.71 CWD) – primarily due to acute demand (71.33 CWD)
- Gynaecology (8.34 CWD) – elective over-production
- Ophthalmology (23.19 CWD) – elective over-production

RECOMMENDATION

The committee notes the above information.

Author:	Acting General Manager - Secondary Health Services – 26 April 2010
Approved:	Acting General Manager - Secondary Health Services – 26 April 2010

ELECTIVE SERVICES PATIENT FLOW INDICATORS (ESPIs)

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Wayne Champion, Acting General Manager Secondary Health Services**

DATE: **24 April 2010**

ELECTIVE SERVICES PATIENT FLOW INDICATORS

ESPIs are used to monitor how patients are managed while awaiting an elective (non-urgent) procedure. They do not measure the volume of elective services delivered, or whether a District Health Board is delivering the same level of service for its population as another District Health Board. The ESPIs demonstrate the extent to which DHBs are meeting the Government's targets in respect of patient flow processes. Two key ESPIs are regularly reported to HAC, with others highlighted when there is an exception.

ESPI 2 Patients waiting longer than six months for their first specialist assessment (FSA).
ESPI 5 Patients given a commitment to treatment but not treated within six months.

A colour coded "traffic light" system is used to indicate levels of compliance, green indicating compliance, orange near to compliance and red non-compliant. The Ministry of Health Elective Services website is updated monthly on ESPI performance of all DHBs and contains information on how ESPIs are calculated and the criteria addressed by each ESPI. www.electiveservices.govt.nz

WEST COAST DISTRICT HEALTH BOARD
INTERNAL ESPI RESULT

The tables below for ESPIs 2 and 5 are based on internal data at 22 April 2010.

INTERNAL ESPI RESULT
22 April 2010

	ESPI 2				ESPI 5			
Specialty	**Level**	**Status**	**Target**	**Improvement Required**	**Level**	**Status**	**Target**	**Improvement Required**
Cardiology	0	0.00	1	1	-	-	-	-
Dental	-	-	-	-	9	**21.43**	2	**-7**
Dermatology	0	0.00	2	2	-	-	-	-
Ear Nose and Throat	21	*7.81*	5	**-16**	-	-	-	-
Gynaecology	0	0.00	8	8	0	0.00	11	11
Haematology	0	0.00	0	0	-	-	-	-
Medical	0	0.00	15	15	-	-	-	-
Neurology	0	0.00	0	0	-	-	-	-
Oncology	0	0.00	2	2	-	-	-	-
Ophthalmology	1	0.30	7	6	1	0.64	8	7
Orthopaedics	1	0.11	19	18	13	3.67	18	5
Paediatrics	0	0.00	5	5	0	0.00	1	1
Plastic	0	0.00	2	2	1	1.79	3	2
Renal	0	0.00	0	0	-	-	-	-
Respiratory	0	0.00	1	1	-	-	-	-
Rheumatology	0	0.00	2	2	-	-	-	-
Surgical	2	0.16	25	23	5	0.75	33	28
Urology	2	0.65	6	4	0	0.00	4	4
OVERALL	31	0.60	103	72	29	1.78	81	52

[The Ministry of Health website www.moh.govt.nz/moh.nsf/indexmh/electiveservices-espi-tutorial provides this definition of the chart above]

L = Level. The ESPI result at the end of a month (ie the number of patients who were not managed in line with the expectations described by that ESPI)

S = Status. A standardised value that allows the reader to compare ESPI results. Values highlighted in green (with normal font) meet the goal set for a particular ESPI. Values highlighted in orange (with italic font) are near to, but have not yet reached, the goal set for a particular ESPI. Values highlighted in red (with bold font) are not near the goal set for a particular ESPI.

R = Improvement Required.The change needed in the ESPI result (Level) in order to make the Status turn green

Guidelines to the above table:

- Ordinary dash represents specialities that we do not report on. For example there is no ESPI2 (FSA) component to Dental and there is no ESPI5 (Inpatient) component to Medical specialties.

- Bold dash, negative numbers, indicates the number of patients who sit outside six month compliance above West Coast District Health Board's target. The 'target' is the Ministry of Health allowance for ebb and flow. For example Paediatric ESPI2 (FSA) has five patients over six months waiting which are two patients over our target of three.

0 Represents no patients above the target waiting over six months. 0 indicates 100% compliance.

WEST COAST DISTRICT HEALTH BOARD PUBLISHED RESULTS

Out Patients ESPI 2:

There has been a continued improvement on last month and this will continue towards total compliance. We are hoping to reach a point where no patient will be on the waiting list for more than five months. This will give us a month's safety should there be a cancellation.

- ENT **(Otolaryngology)** has not cleared as expected, due to a large number of additional referrals, and a number of Did Not Attends (DNA's) at the last clinic. We currently have all patients booked who are currently over 157 days for the May 2010 clinic. We have an extra clinic arranged in June 2010, which I have been assured that all going well, we will be compliant.
- DER **(Dermatology)** did clear as reported last month.

Inpatients ESPI 5:

This is also looking better, however:

- DEN **(Dentals)** are a major concern, with a further delay by the Dentist. A small clinic was held on 14 April 2010, however this was limited to extractions only. Additional treatment was not possible due to the unavailability of anaesthetic machines and the need for a new x-ray machine. As yet we have been unable to negotiate additional clinics from this Dentist.
- URO **(Urology).** The Ministry advised the West Coast DHB on 22 April 2010 that the suspension of this specialty is now lifted as we have been compliant for the previous three months. The $29,169 lost to this specialty can now be allocated to another specialty which is compliant.

Author:	**Acting General Manager - Secondary Health Services – 30 April 2010**
Approved:	**Executive Management Team – 6 May 2010**

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: West Coast

	2009 Feb			2009 Mar			2009 Apr			2009 May			2009 Jun			2009 Jul			2009 Aug			2009 Sep			2009 Oct			2009 Nov			2009 Dec			2010 Jan			
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Target
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	17 of 18	94.4%	1	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	7	0.0%	0	8	0.0%	0	23	0.4%	0	5	0.0%	0	7	0.0%	0	6	0.0%	0	13	0.2%	0	40	0.8%	0	59	1.1%	0	93	1.8%	0	73	1.4%	0	59	1.1%	0	< 2%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	7	0.0%	0	3	0.0%	0	3	0.0%	0	0	0.0%	0	1	0.0%	0	1	0.0%	0	2	0.0%	0	1	0.0%	0	2	0.0%	0	1	0.0%	0	1	0.0%	0	2	0.0%	0	< 5%
4.Clarity of treatment status.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	< 5%
5.Patients given a commitment to treatment but not treated within six months.	35	2.2%	0	43	2.7%	0	27	1.7%	0	18	1.1%	0	14	0.9%	0	15	0.9%	0	9	0.0%	0	14	0.9%	0	13	0.8%	0	13	0.8%	0	19	1.2%	0	19	1.2%	0	< 5%
6. Patients in active review who have not received a clinical assessment within the last six months.	2	0.0%	0	1	0.0%	0	1	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.0%	0	1	0.0%	0	0	0.0%	0	1	0.0%	0	1	0.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	30	1.9%	0	39	2.4%	0	23	1.4%	0	13	0.8%	0	8	0.0%	0	10	0.6%	0	9	0.0%	0	14	0.9%	0	13	0.8%	0	12	0.7%	0	17	1.1%	0	15	0.9%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	145	100.0%	0.0%	155	100.0%	0.0%	142	100.0%	0.0%	136	100.0%	0.0%	134	100.0%	0.0%	127	100.0%	0.0%	144	100.0%	0.0%	131	100.0%	0.0%	122	100.0%	0.0%	134	100.0%	0.0%	96	100.0%	0.0%	128	100.0%	0.0%	> 90%

This report displays overall ESPI results for a DHB over a 12 month period. The ESPI results do not include non-electives or elective patients awaiting planned / staged procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools - including General Surgery from 01 January 08 and Vascular and Urology from 01 July 08. So, Medical specialties are currently excluded from the ESPI results. Please contact the Ministry of Health's Electives Team if you have any queries on the ESPI definitions (details on electives website). NZHIS's Analytical Services Team can assist with providing variations of this information e.g data for a particular DHB or period (details on the NZHIS website - http://www.nzhis.govt.nz/).

Data Warehouse Refresh Date: 27/Feb/2010

Report Run Date: 01/Mar/2010

MoH Elective Services Online

Comparison of surgical services for January 2010

DHB Name: West Coast

	1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.			2. Patients waiting longer than six months for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).			4.Clarity of treatment status.			5.Patients given a commitment to treatment but not treated within six months.			6. Patients in active review who have not received a clinical assessment within the last six months.			7. Patients who have not been managed according to their assigned status and who should have received treatment.			8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.		
Service Name	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**	**Level**	**Status**	**Imp. Req.**
Dental	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	3	0.0 %	0	X	0.0 %	0	1	0.0 %	0	X	X	X
Ear, Nose & Throat	1 of 1	100.0 %	0	43	16.9 %	-38	X	0.0 %	0	X	0.0 %	0	X	0.0 %	0	X	0.0 %	0	0	0.0 %	0	X	X	X
General Surgery	1 of 1	100.0 %	0	0	0.0 %	0	1	0.0 %	0	0	0.0 %	0	8	0.0 %	0	1	0.0 %	0	8	0.0 %	0	75	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	2	0.0 %	0	X	0.0 %	0	1	0.0 %	0	20	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	0	0.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	9	100.0 %	0 %
Orthopaedics	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	6	0.0 %	0	X	0.0 %	0	5	0.0 %	0	11	100.0 %	0 %
Plastics	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	6	100.0 %	0 %
Urology	1 of 1	100.0 %	0	3	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	7	100.0 %	0 %
Total				**46**			**2**			**0**			**19**			**1**			**15**			**128**		

This report displays ESPI results for individual surgical services. The ESPI results do not include non-elective patients or elective patients awaiting planned and staged procedures. ESPIs 3, 7 and 8 assess surgical specialties where patients are prioritised using nationally recognised tools - including General Surgery from 01 January 08 and Vascular and Urology from 01 July 08. So, Medical specialties are currently excluded from the ESPI results. Please contact the Ministry of Health's Electives Team if you have any queries on the ESPI definitions (details on electives website). NZHIS's Analytical Services Team can assist with providing variations of this information e.g data for a particular DHB or period (details on the NZHIS website - http://www.nzhis.govt.nz/).

Data Warehouse Refresh Date: 27/Feb/2010

Report Run Date: 01/Mar/2010

OUTPATIENT DEPARTMENT CANCELLATIONS

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Wayne Champion, Acting General Manager Secondary Health Services**

DATE: **30 April 2010**

BACKGROUND

Management will produce reports providing a picture of outpatient appointments and provide reasons for cancellations. Exception reporting is generated if five or more patients are recorded as cancelled in the patient management system. It is worth noting that any amendment to clinics is recorded as a cancellation, for example a change of specialist.

Bookings are scheduled weeks in advance so issues such as a change of specialist and annual leave will be recorded as a cancellation. Therefore, cancellations such as change in clinician and cancellations due to annual leave are not included in this report.

	CLINIC	REASON	PATIENTS
March 2010			
Greymouth	Orthopaedic Clinics x 3	Specialist unavailable due to delays in start date	Total of 23 patients rescheduled
Greymouth	Orthopaedic Clinic x 1	Specialist on Sick Leave	16 patients rescheduled
Greymouth	Surgical Clinic x 1	Specialist unavailable due to unforeseen family circumstances	20 patients rescheduled

RECOMMENDATION

The committee notes the above information.

Author:	**Acting General Manager - Secondary Health Services – 30 April 2010**
Approved:	**Executive Management Team – 6 May 2010**

GENERAL MANAGER PLANNING AND FUNDING REPORT TO HAC COMMITTEE

TO: **Members HAC**

FROM: **Wayne Turp, General Manager Planning & Funding**

DATE: **27 April 2010**

STRATEGIC ISSUES

District Annual Plan
The District Health Board has received feedback from the Ministry of Health on its draft District Annual Plan and Statement of Intent outlining changes required to meet expectations for service delivery for 2010/2011 and beyond. There are few, if any, issues in complying with the key priorities and targets as requested by the Ministry. The key issue that remains is meeting the Government's expectations in achieving financial targets (i.e. 50%reduction in deficit) over the next three years. This presents a challenge to both hospital and community services.

Joint West Coast District Health Board/Ministry of Health Sustainability Project
The joint Ministry of Health / District Health Board project group has concluded its work on the next phase of the sustainability project and will be developing an implementation process for those activities approved by the Board following its review of the recommendations made in the Law and Economic Consulting Group (LECG) report. The implementation process has been incorporated the 2010/2011 district annual planning process that has just concluded.

Collaboration with other District Health Boards
Good progress is being made on collaboration with Canterbury District Health Board. To a certain extent this work anticipates or pre-empts some of the recommendations from the LECG report.

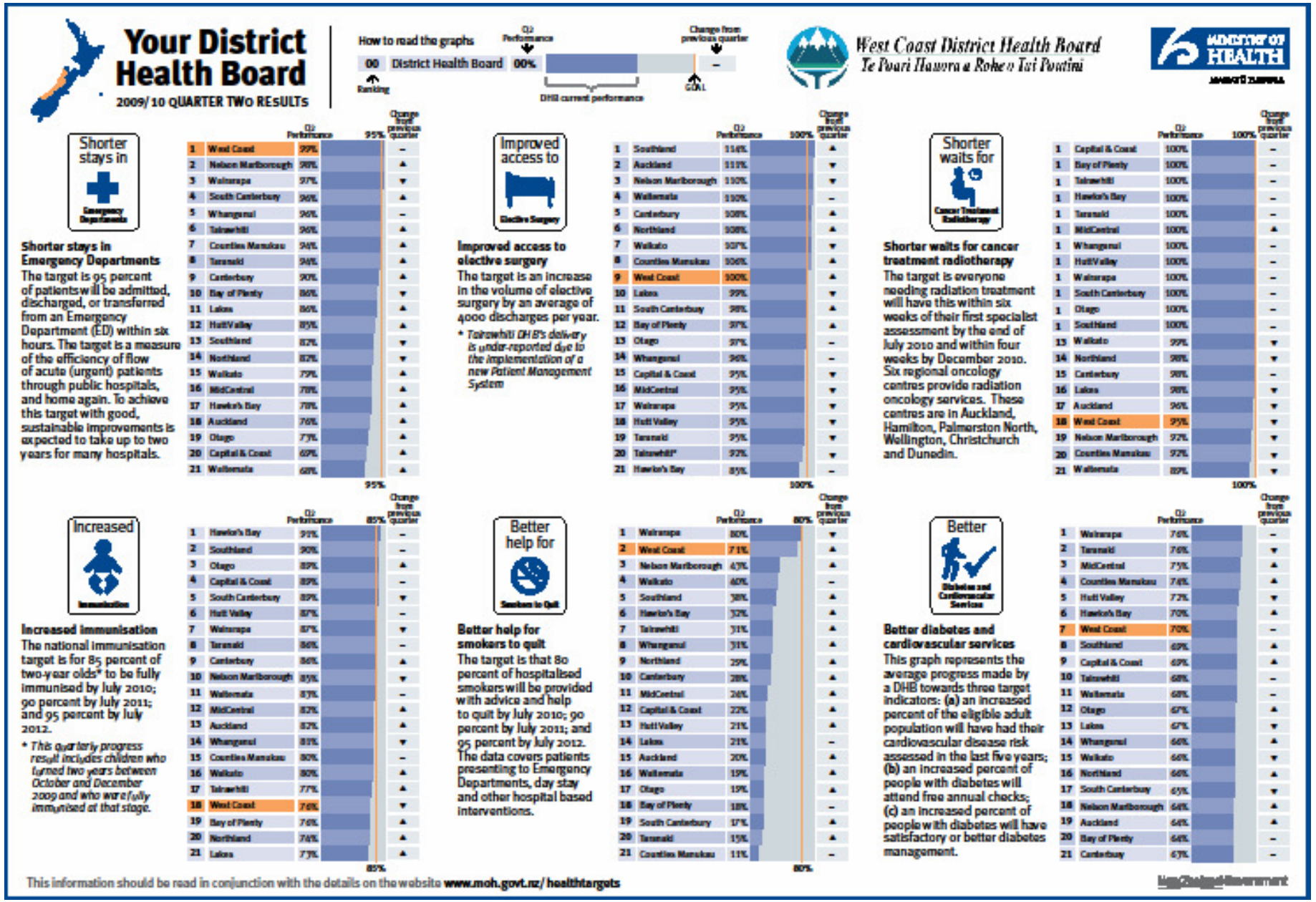
Feedback received on the LECG Report
Feedback that the Board received regarding the LECG report has now been posted on the West Coast District Health Board website. Following discussion at their most recent meeting the Board resolved to:

1. Receive the feedback and advice from clinicians and external stakeholders.
2. Agree that clinically led work now proceed at a specialty or service level to define detailed models of care, workforce requirements and costs.
3. Direct Management to initiate a parallel workstream to ensure the integration of both the Better, Sooner, More, Convenient Primary Care Business Case and the LECG Report into a clinically and financially sustainable West Coast Model of Care
4. Agree that the clinical and stakeholders feedback be made public.
5. Recognise that transport is a significant issue.

Achieving District Health Board Targets
The West Coast DHB continues to work towards achieving National Targets and in quarter two ending 31 December 2010 achieved target 1 (shorter stays in emergency departments) and target 2 (Improved access to elective surgery). Despite not achieving target 5 (better help for smokers to quit) the West Coast was ranked 2nd out of 21 DHB's with 71% of hospitalised smokers provided with advice to quit. The DHB has performed reasonably well in Target 4 (Better diabetes and cardiovascular services). The DHB has not achieved Target 3 (Shorter waits for radiotherapy treatment) or Target 4 (Increase Immunisation). The national target data and DHB rankings is appended to this report

Smokefree DHB Plan – progress on implementing ABC/Smokefree pathways the hospital services is progressing well. Work is now beginning on implementing ABC/Smokefree systems in primary practice. With an aim that 80% of identified smokers receive brief cessation advice and are offered referral onto cessation services.

Author:	**Wayne Turp, General Manager Planning and Funding – 27 April 2010**
Approved:	**Executive Management Team – 6 May 2010**


Your District Health Board
2009/10 QUARTER TWO RESULTS
How to read the graphs
Q2 Performance
Change from previous quarter
00 District Health Board 00%
Ranking
DHB current performance
GOAL
West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini
MINISTRY OF HEALTH
Shorter stays in Emergency Departments
Shorter stays in Emergency Departments
The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again. To achieve this target with good, sustainable improvements is expected to take up to two years for many hospitals.
Improved access to Elective Surgery
Improved access to elective surgery
The target is an increase in the volume of elective surgery by an average of 4000 discharges per year.
* Tairawhiti DHB's delivery is under-reported due to the implementation of a new Patient Management System
Shorter waits for Cancer Treatment Radiotherapy
Shorter waits for cancer treatment radiotherapy
The target is everyone needing radiation treatment will have this within six weeks of their first specialist assessment by the end of July 2010 and within four weeks by December 2010. Six regional oncology centres provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.
Increased Immunisation
Increased immunisation
The national immunisation target is for 85 percent of two-year olds* to be fully immunised by July 2010; 90 percent by July 2011; and 95 percent by July 2012.
* This quarterly progress result includes children who turned two years between October and December 2009 and who were fully immunised at that stage.
Better help for Smokers to Quit
Better help for smokers to quit
The target is that 80 percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; and 95 percent by July 2012. The data covers patients presenting to Emergency Departments, day stay and other hospital based interventions.
Better Diabetes and Cardiovascular Services
Better diabetes and cardiovascular services
This graph represents the average progress made by a DHB towards three target indicators: (a) an increased percent of the eligible adult population will have had their cardiovascular disease risk assessed in the last five years; (b) an increased percent of people with diabetes will attend free annual checks; (c) an increased percent of people with diabetes will have satisfactory or better diabetes management.
This information should be read in conjunction with the details on the website www.moh.govt.nz/healthtargets

PATIENT TRANSFERS

TO: **Chair and Members**
West Coast District Health Board Hospital Advisory Committee

FROM: **Credentialling & Clinical Audit Facilitator**

DATE: **19 April 2010**

BACKGROUND

The following data on transfers to Tertiary Centres is provided at the Senior Clinicians' Morbidity & Mortality Review Meetings on a monthly basis.

Transfers to Tertiary Centres
January – March 2010

Reasons for Patient Transfers	January	February	March
Service not available at Grey Base	1	-	-
Service not available at Grey Base – at time	-	-	-
Severity of illness	3	3	5
Special Procedure (not done at Grey)	4	4	5
Specialist Care Not available at Grey	14	10	15
Specialist Care Required Urgently	2	4	3
Other Staffing Issue	-	-	-
Post Operative Complication	-	1	-
Other reason for transfer	2	-	1

NB: ***Please note that some patients will fall into two categories, e.g. a mother in premature labour fits into "service not available at Grey" and "specialist care not available at Grey."***

Reasons for Patient Transfers	Explanation
Service not available at Grey Base	This service is never offered at Grey Base Hospital e.g. MRI.
Service not available at Grey – at time	Service temporarily not available e.g. a CT Cologram can not be done without a Radiologist.
Severity of Illness	Patient too ill to stay at Grey Base, requires tertiary level care.
Special Procedure (not done at Grey)	Procedure never done at Grey Base Hospital e.g. cardiology.
Specialist Care not available at Grey	Never have this type of Specialist on staff e.g. Neurologist.
Specialist Care required urgently	Patient requires urgent transfer e.g. cardiac evaluation.
Other staffing issue	Staffing issue other than specialist availability e.g. recently surgeons could not operate on a patient that might have required a ventilator as there was no one available to operate the ventilator. Normally the ventilator would have been available, the patient would have had the operation and there would have been someone to operate the ventilator for 24 hours prior to transferring the patient.
Post Operative Complication	Complication arising out of surgery that requires tertiary level specialist care.
Other Reason for Transfer	Reasons falling outside of the above categories: e.g. Christchurch patient admitted, once stable wants to be transferred back to Christchurch.

Definitions:

- Specialist – Expert clinician
- Service – equipment, resources and operators

Patient Transfers from Buller to Grey Base
January - March 2010

Reasons for Patient Transfers	January	February	March
Service not available at Buller	5	12	13
Specialist care not available at Buller	8	12	10
Specialist care required urgently	2	6	5
Other staffing issue	-	-	-
Post Operative complication	-	-	1
Other reason for transfer	1	-	-
Severity of illness	1	-	-

RECOMMENDATIONS

The committee notes the above information.

Author:	**Credentialling & Clinical Audit Facilitator – 19 April 2010**
Approved:	**Executive Management Team – 6 May 2010**

ITEMS TO BE REPORTED BACK TO BOARD