



Hospital Advisory Committee

Notice of Meeting

Open Meeting

Tuesday 16 June, 2009
at 1.00pm in the Boardroom,
DHB Offices, Blair Street, Masterton.



Hospital Advisory Committee Agenda

Wairarapa District Health Board
DHB Offices, Boardroom, Blair Street, Masterton.
Tuesday 16 June 2009, commencing at 1.00pm.

Members:

Ms Pamela Jefferies (Chair), Dr Liz Falkner, Ms Yvette Grace, Mr Bob Francis, Mrs Janine Vollebregt, Mrs Helen Kjestrup, Mrs Vivien Napier.

Public Forum

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Resolution to exclude Public

PUBLIC EXCLUDED

Will commence immediately after the Open Meeting.



SECTION 1: Welcome and Apologies



SECTION 2: Registration of Interest

Member	Disclosure Date	Nature of Interest	Other Comments
Pamela Jefferies (Board Member)	23 Apr 2008	<ul style="list-style-type: none"> ▪ Trustee and Treasurer - We the People Foundation ▪ Trustee Toi Wairarapa ▪ Chairman of Biomedical Services NZ Ltd (subsidiary 100% owned by the Wairarapa DHB) ▪ Member of Care Plus Scheme, provided through the Wairarapa Community Primary Health Organisation ▪ Trustee - Greytown District Trust Lands Trust ▪ Trustee Aratoi Foundation ▪ Wairarapa Organisation for Older Persons (WOOPS) Board Member 	
Liz Falkner (Board Member)	18 Dec 2007	<ul style="list-style-type: none"> ▪ Salaried General Practitioner with The Doctors ▪ Practice, Chapel Street, Masterton ▪ General Medical Practice in which Doctor Falkner works is a member of the Wairarapa Community PHO ▪ Board Member of New Pacific Studios ▪ Medical Advisor – Post Polio Support Society NZ Inc 	
Yvette Grace (Board Member)	28 Feb 2008	<ul style="list-style-type: none"> ▪ Coordinator of King Street Artworks ▪ Mother works for FOCUS as the Assessment Facilitator Service Coordinator ▪ Chair of Rangitane o Wairarapa ▪ Husband works for WDHB as Clinical Family Violence Co-ordinator 	



Member	Disclosure Date	Nature of Interest	Other Comments
<p>Bob Francis (Board Chairman) Appointed Chairman November 2006</p>	<p>14 Feb 2008</p>	<ul style="list-style-type: none"> ▪ Chairman, Pukaha Mount Bruce ▪ Board Member, New Zealand Fire Commission ▪ Council Member, UCOL ▪ Chairman, Wairarapa Sports Education Trust ▪ As at April 2008 – Chairman of Wairarapa Healthy Homes 	
<p>Janine Vollebregt (Board Member and Board Deputy Chair)</p>	<p>14 Feb 2008</p>	<ul style="list-style-type: none"> ▪ Self employed Registered Nurse who is providing occasional relief for the Wairarapa Community PHO Contracted Nursing Outreach Clinics ▪ DHB Nurse Educator for the UCOL Undergraduate Maori Students. This 0.4 FTE position will take effect from the 30th April 2008 	
<p>Helen Kjestrup (Board Member)</p>	<p>18 Apr 2008</p>	<ul style="list-style-type: none"> ▪ Nurse Manager at Masterton Medical Practice ▪ Director, Property Investment Company – Kjestrup Properties ▪ Assessor for Royal College of GPs for Cornerstones Programme ▪ Member, Long term Conditions Steering Group ▪ Member, Mana Wahine Group ▪ Member, Wairarapa Nurses Advisory Group 	
<p>Vivien Napier (Board Member)</p>	<p>21 Oct 2008</p>	<ul style="list-style-type: none"> ▪ Member, RNZ Plunket Society ▪ Deputy Mayor, South Wairarapa District Council ▪ Director, Katson Developments (importing of farm machinery) ▪ Vice President, Wairarapa Branch of Plunket 	



SECTION 3: Terms of Reference

INTRODUCTION / BACKGROUND:

The Hospital Advisory Committee of the Wairarapa District Health Board, and its functions, are established under the New Zealand Health and Disability Act 2000.

PURPOSE / SCOPE:

The Hospital Advisory Committee will advise the Wairarapa District Health Board on matters relating to Wairarapa Hospital, Community, Public and Mental Health, and on strategic issues affecting these services.

FUNCTIONS:

The functions of the Hospital Advisory Committee of the Wairarapa District Health Board are to:

- Monitor the financial and operational performance of Wairarapa Hospital (and related services) of the Wairarapa District Health Board.
- Monitor the financial and operational performance of Wairarapa Community, Public and Mental Health of the Wairarapa District Health Board.
- Assess strategic issues relating to the provision of the hospital services by or through the Wairarapa District Health Board.
- Assess strategic issues relating to the provision of Community, Public and Mental health services by or through the Wairarapa District Health Board.
- Give the Wairarapa District Health Board advice and recommendations on that monitoring and that assessment.

MANAGEMENT SPONSOR:

Anne McLean - General Manager Hospital Services

COMPOSITION:

Members

Members of the Wairarapa District Health Board appointed to the Committee, and co-opted members appointed by the Board

Membership

- Ms P Jefferies
- Dr L Falkner
- Ms Y Grace
- Mr B Francis
- Mrs J Vollebregt
- Mrs H Kjestrup
- Mrs V Napier

In Attendance

- Other Board Members
- Chief Executive
- General Manager Hospital Services
- General Manager Community, Public and Mental Health
- General Manager Human Resources
- Director of Nursing
- Chief Financial Officer

Quorum

The quorum of members of the Health Advisory Committee is:

- If the total number of members of the committee is an even number, half that number but;
- If the total number of members of the committee is an odd number, a majority of the members.

ACCOUNTABILITY:

The Hospital Advisory Committee is accountable to the Wairarapa District Health Board.

FREQUENCY OF MEETING:



Monthly, held on Tuesday, one week prior to the District Health Board Meetings, at a time to be publicly notified, at the Wairarapa District Health Board Offices, Blair Street, Masterton.

RELATIONSHIPS (External / Internal):

- The Wairarapa District Health Board
- Other Committees of the Wairarapa District Health Board
- Wairarapa Maori Health Committee
- Hospital Services Management and Clinical Staff
- District Health Board Management
- General Public

REPORTING:

- The Committee will report to the Wairarapa District Health Board at each Board meeting.
- Hospital Advisory Committee Meetings will be open to the public.
- Meetings will be minuted for confirmation at the subsequent Committee meeting,
- A report will be submitted to the Board following each Committee meeting.

REVIEW:

These Terms of Reference will be modified as and when required.



SECTION 4: Confirmation of Minutes of Previous Meeting

4.1 Previous Minutes

Hospital Advisory Committee Meeting of the
Wairarapa District Health Board
Held on Tuesday 19 May 2009 at 1pm,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton

Present:

Dr Liz Falkner, Mr Bob Francis, Ms Yvette Grace, Ms Pamela Jefferies (Chair), Mrs Vivien Napier and Mrs Janine Vollebregt

In Attendance:

Ms Tracey Adamson (Chief Executive), Mrs Diane Chesmar (Minute Taker), Ms Janeen Cross (Maori Health Co-ordinator), Mr Bruce McGregor (General Manager Human Resources), Ms Anne McLean (General Manager Hospital Services), Ms Maggie Morgan (General Manager Community, Public & Mental Health), Mrs Helen Pocknall (Director of Nursing) and Mr Eric Sinclair (Chief Financial Officer)

1. Apologies

Ms Helen Kjestrup

2. Registration of Interest

There were no changes to Registration of Interest Register.

3. Terms of Reference

The CEO noted that TOR for this and other committees are being reviewed. In conjunction with that there will be a revamp of information being provided to this committee.

4. Confirmation of Minutes of the Meeting held 16 April 2009

THE MINUTES OF THE MEETING HELD ON 16 APRIL 2009 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

4.2 Matters Arising

- The Chief Executive of Trendcare will be onsite Wednesday 20 May to give an overview of what Trendcare is capable of. It is much more than a nursing acuity tool with the ability to produce many useful reports. Feedback will be provided in the Director of Nursing June HAC report.
- The Smokefree Co-ordinator position is currently vacant and on hold. Individual clinicians should take responsibility to encourage patients to stop smoking. Other ways of encouraging patients to stop smoking need to be explored.
- The General Manager Community, Public & Mental Health advised that statistics for Maori utilisation of Focus are not yet to hand in a useful format. These will be presented at the June HAC meeting.
- The reason for the increase in acute mental health referrals in March is to be investigated and reported on at the June HAC meeting.
- The Hospital Advisory Committee requested a six monthly report on ASH statistics, with the next report being due at the November HAC meeting.
- The HAC Workplan will be revisited at the beginning of the new financial year.

6. Routine Reports

6.1 Chairperson's Report

The Chairperson advised that she had no business to report.

6.2 Provider Arm Executive Summary

- The Provider Arm has a deficit of (\$562k) for the month which is (\$604k) adverse to plan. This brings the YTD result to a deficit of (\$2,699k) which is (\$2,580k) adverse to the planned result.
- Costs continue to track above budget in the areas of outsourced costs, clinical supplies and infrastructure.
- The accruals from the payroll system are being checked.
- Cost control measures already in place have started to make an impact and will be actively managed and monitored. The risk to the year end breakeven position has been identified to the Board.



- Costs such as air ambulance and IDFs need to be factored into the 2009/10 budget. Next year's budget will be reviewed, line by line, to ensure it is accurate. Active participation in the MOH review process of the Rural Adjuster needs to occur to improve the likelihood that it takes into account factors for the Wairarapa.

6.3 General Manager Hospital Services Report

Points raised:

- The Provider contract performance is \$1,978k YTD ahead of budget.
- Total caseweights are 314 ahead of plan YTD.
- Elective caseweights are 79 ahead of plan. ESPI figures remain green.
- Reduced activity over Easter and the school holidays has had a negative impact on costs.
- Some orthopaedic patients have waited over six months for elective surgery and this resulted in an orange ESPI. This will return to green next month.
- The term "locum costs" relates to anyone who is not paid through Payroll. There needs to be distinction between contracted visiting consultants and a consultant filling a gap and doctors on short term contracts. There was discussion regarding the on-costs for professional staff (e.g. vocational registration), the identification of these in reports and ensuring they are adequately budgeted for.
- Auckland University of Technology has audited Family Violence and the preliminary results are very positive.
- The Ministry is rolling out the newborn hearing screening programme, but there is no capacity to deal with referrals in the Wairarapa. Identified newborns will be referred to Wellington. The Chief Executive and General Manager Hospital Services will update the Hospital Advisory Committee on the funding and referral process at July meeting.
- Concern was expressed regarding patients sent outside the district for treatment. How could it be determined that they were being treated in an adequate and timely way.
- The Paediatric Oncology Service in Wellington has consultants for at least the next nine months.
- The Hospital Advisory Committee requested that the Paediatric Services Admissions graph be clearer. It is useful for the Committee to have information on avoidable admissions and this should be depicted in the graph.
- Paediatric nurses do provide an outreach service. The outreach clinic is working well. Some children are being maintained at home and come into the Paediatric ward as a day admission.
- Patient care would not be impacted by the CTA contract for complex care in maternity not being taken up.
- There is now more patient choice regarding the length of stay in maternity. This will impact on the 2009/10 figures for average length of stay. If patients cannot be accommodated in maternity, they can be accommodated in the paediatric swing beds. This has not occurred often. Separate length of stay statistics for maternity are now being reported monthly to HAC to enable change to be monitored
- Concern was raised regarding the high level of readmissions at Wairarapa Hospital. The readmission figure can include patients returning from another DHB along with an ED patient who was treated, sent home and returned. The Chief Executive indicated she wanted to investigate unplanned readmissions and eliminate planned readmissions from the figures.
- The time allocated to Psychogeriatrician fortnightly clinic is to be evaluated.

6.4 General Manager Community, Public & Mental Health Reports

The General Manager Community, Public & Mental Health spoke to the report

- Community nursing and health service contract performance, including ACC, is \$228,214 YTD ahead of budget.
- Healthy Homes Assessments are on track to exceed target by year end.
- Mental Health referrals to the Adult service have reduced this month, while CAMHS referrals have increased.
- Four regional rehab beds are occupied by Wairarapa clients and on average Wairarapa is using 50 bed nights per month in neighbouring DHBs.
- The Regional Public Health Services review of health protection services has resulted in a recommendation to continue the current status quo for the next twelve months.
- There are three Public Health contracts with the Ministry of Health which expire on 30 June. Urgent written confirmation of continuation of these contracts is being sought from the Ministry of Health since they involve the funding of staff positions.
- The mobile dental units are expected in September and October this year.
- The Hospital Advisory Committee requested a graph showing the total number of FOCUS assessments. This will be noted when the HAC report is reviewed. FOCUS does assessments for long term assistance. Short term assistance assessments are done by the community nursing staff. The journey for a patient referral to FOCUS will be looked at in the Good to Great project.
- Discussion took place regarding a stand-alone hospice. The Board is awaiting the return of a Memorandum of Understanding. The review of Palliative Care services will be delayed to enable a longer period of time for the evaluation.
- Mental Health – locum costs are reducing. An offer has been made to a psychiatrist with an estimated start date of October.



- A co-ordinated approach for Mental Health Services with MidCentral Health is being explored.

6.5.3 Human Resources

- Preparation for APEX MRT bargaining has commenced.
- A report on staff sick leave taken was requested. This will be looked at as the focus on staff reporting is strengthened.

6.5.4 Nursing Directorate

- The Nursing Directorate is well underway in its preparation for Certification in July. Key projects needing a greater emphasis are documentation and associated care planning, falls and medication management.
- DHBNZ is working with Ministry of Health and Nursing Council regarding the reintroduction of Enrolled Nurse training. The scope of practice, which would be different to the current scope of practice, has not yet been determined. Consultation is taking place.

6.5.5 Maori Health

- The Maori Health Unit has experienced an increase in requests for support from users and Whanau.
- The Reducing Maori DNA Joint Venture is underway. This has involved a hui with JNL Health and Safety Officer and the JNL visiting doctor. The hui addressed how to support JNL workers to attend their OPD appointments.
- Referring to the table *April 2009 Maori Admissions to Wairarapa Hospital*, it appears that Maori are not over-represented in any of the admission groups.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE ROUTINE REPORTS FOR THE PERIOD ENDING 30 APRIL 2009

7. Ad Hoc Reports

7.1 Wairarapa District Health Board Quality & Risk Report April 2009

- Certification – four surveyors will be on site for on 1, 2 and 3 July. The WDHB meets all costs and disbursements for certification.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE WDHB QUALITY & RISK REPORT FOR APRIL 2009

8. General Business

There were no items of general business.

The meeting was declared closed at 3 pm.

_____ Chairman

_____ Date



4.2 Matters Arising

This table identifies the matters arising from previous meetings and provides an update on them.

Item #	HAC Meeting Date / Ref	Action Item	Responsibility of	Due for Next Meeting Day	Comments/ Exception
1.	17/02/09 16/04/09	Paper on whether the Wairarapa DHB currently meets the respiratory standards recognised by the MOH in 2004 for DHB's with less than a population of 50,000. If it did not, where it fell short. What steps will be taken to meet the standard.	Clinical Board	16/06/09	Clinical Board didn't meet to consider the revised paper. It was deferred to their next meeting.
2.	16/04/09 19/05/09	Statistics for Maori utilisation of Focus requested	Maggie Morgan	16/06/09	Refer to page 45, point 2.
3.	16/04/09 19/05/09	Investigate the reason for the increase in acute mental health referrals.	Maggie Morgan	16/06/09	There are no obvious reasons for the increase
4.	16/04/09 19/05/09	Update on the Self Harm ED Project requested, including ethnicity statistics.	Anne McLean	16/06/09	Data will be available as the project progresses approximately 6 weeks
5.	19/05/09	Paediatric Services Admissions graph to show avoidable admissions.	John Kirkup	16/06/09	Avoidable Admissions are categorised on the Paediatric Services graph (page 22) as ENT, Asthma, Gastr, Resp and Other. The non avoidable admissions are the Medical Admissions.
6.	19/05/09	Paediatric Services Admissions graph to show avoidable admissions.	John Kirkup	16/06/09	Avoidable Admissions are categorised on the Paediatric Services graph (page 22) as ENT, Asthma, Gastr, Resp and Other. The non avoidable admissions are the Medical Admissions.
7.	19/05/09	Report back on the funding and referral process for the Ministry's newborn hearing screening programme	Anne McLean and Tracey Adamson	21/07/09	
8.	19/05/09	When HAC report is reviewed, include graph showing the total number of FOCUS assessments.	Maggie Morgan and Tracey Adamson	31/08/09	
9.	19/05/09	When HAC report is reviewed, Include a report on staff sick leave	Bruce McGregor and Tracey Adamson	31/08/09	



Item #	HAC Meeting Date / Ref	Action Item	Responsibility of	Due for Next Meeting Day	Comments/ Exception
		within the report on staffing.			
10.	19/05/09	Provide a six monthly report on Ambulatory Sensitive Hospital (ASH) Admissions & report back.	Anne McLean and Tracey Adamson	17/11/09	19/05/09

SECTION 5: HAC Workplan

Service Plans:	Responsibility	Meeting:
Hospital	Anne McLean	Aug 2009
Community	Maggie Morgan	Aug 2009
Service Presentations:		
District Nursing	Maggie Morgan	Aug 2009
Allied Health	Fred Wheeler	Nov 2009
Annual Ambulance Report	Maggie Morgan	Mar 2009
Patient Journey	Carol MacDonald	Feb 2009
Emergency Department	Robyn Brady	Mar 2009



SECTION 6: Routine Reports

6.1 Chairperson's Report

A verbal report will be given.



6.2 Provider Arm Executive Summary

	May-2009			YTD					FY
	Act	Bud	Var	Act	Bud	Var	Var %	+/-	Bud
Financial (000's)									
Revenue	\$4,507	\$4,402	\$106	\$50,273	\$48,373	\$1,899	3.9%		\$52,265
Expenditure									
Personnel Costs	(\$2,730)	(\$2,637)	(\$93)	(\$30,237)	(\$29,649)	(\$588)	-2.0%		(\$32,323)
Outsourced Costs	(\$387)	(\$199)	(\$188)	(\$4,720)	(\$2,233)	(\$2,487)	-111.4%	*	(\$2,432)
Clinical Supplies	(\$594)	(\$527)	(\$68)	(\$7,172)	(\$5,839)	(\$1,333)	-22.8%	*	(\$6,366)
Infrastructure & Non-clinical	(\$531)	(\$524)	(\$7)	(\$6,600)	(\$5,885)	(\$715)	-12.1%	*	(\$7,299)
Total Expenditure	(\$4,243)	(\$3,886)	(\$356)	(\$48,729)	(\$43,606)	(\$5,123)	-11.7%	*	(\$48,421)
Operating Result	\$265	\$515	(\$251)	\$1,543	\$4,767	(\$3,224)	-67.6%	*	\$3,844
Depreciation	(\$191)	(\$206)	\$15	(\$1,763)	(\$2,264)	\$501	22.1%	✓	(\$2,469)
Financial Charges	(\$228)	(\$232)	\$4	(\$2,635)	(\$2,543)	(\$91)	-3.6%		(\$1,375)
Net Surplus/(Deficit)	(\$154)	\$78	(\$232)	(\$2,855)	(\$40)	(\$2,815)	-7040.0%	*	(\$0)
FTE's									
Allied Health Staff	93.0	99.5	6.5	90.1	100.5	10.4	10.3%	✓	105.4
Management/Administration Staff	99.1	105.4	6.3	100.5	106.8	6.3	5.9%	✓	106.7
Medical Staff	31.7	41.1	9.4	33.5	41.1	7.6	18.6%	✓	41.1
Nursing Staff	186.5	170.2	(16.3)	183.3	174.5	(8.8)	-5.1%	*	174.3
Support Staff	11.9	12.3	0.5	11.3	12.5	1.1	9.0%	✓	12.4
Total FTE	422.2	428.4	6.3	418.6	435.3	16.6	3.8%		440.0

Key Points:

The Provider Arm had a deficit of (\$154k) for the month which is (\$232k) adverse to plan. This brings the YTD result to a deficit of (\$2,855k) which is (\$2,815k) adverse to the planned result.

Costs continue to track above budget in the areas of outsourced costs, clinical supplies and infrastructure. The cost control measures that have been put in place have already started to make an impact and will need to be actively managed and monitored. The risk to the year end breakeven position has been identified to the Board.



6.3 GM Hospital Services Report

6.3.1 Summary

The Provider contract performance is \$2,065k YTD ahead of budget [Refer Appendix D]. Total case weights are 351 ahead of plan YTD. Elective case weights are 123 ahead of plan. ESPI figures remain green with the exception of orthopaedic and ophthalmology, the variance represents a small number of patients. The Ministry has verbally indicated all the additional funding applied for will be granted due to good performance in electives, weekend theatre sessions are being planned in the remaining weekends in June to maximise this opportunity. Midcentral Health (MCH) and Hutt Valley Health (HV) have accepted the DHB offer for elective surgery, 3 Joint replacements (MCH) will be undertaken in June. In July additional General Surgical work will commence (HV). BFHI and BFCI accreditation certificate have been received at a formal presentation held at the town hall.

	May-2009			YTD					FY
	Act	Bud	Var	Act	Bud	Var	Var %	+/-	Bud
Contract Volumes									
ED Attendances (not incl ED Admissions)	1,131	930	201	13,147	10,258	2,889	28.2%	✓	11,182
Acute CWD	302	298	5	3,494	3,267	228	7.0%	✓	3,549
Elective CWD	176	136	41	1,613	1,490	123	8.3%	✓	1,627
Total CWD	478	433	45	5,107	4,756	351	7.4%	✓	5,177
OP FSA's	540	594	(54)	6,013	6,178	(165)	-2.7%		6,727
OP Follow's	980	733	247	9,279	8,271	1,008	12.2%	✓	8,978
Total OP	1,520	1,327	194	15,292	14,449	844	5.8%	✓	15,705
KPI's									
Readmissions	10.7%	10.0%	-0.7%	11.2%	10.0%	-1.2%	-11.8%	✗	10.0%
OP DNA's	6.4%	7.5%	1.1%	7.8%	7.5%	-0.3%	-3.5%		7.5%
Theatre Utilisation	90.9%	85.0%	5.9%	85.1%	85.0%	0.1%	0.1%		85.0%
Daycase Electives	75.6%	75.0%	0.6%	72.0%	75.0%	-3.0%	-4.1%		75.0%
Financial (000's)									
Revenue	\$3,379	\$3,257	\$122	\$37,780	\$35,789	\$1,991	5.6%	✓	\$38,536
Personnel Costs	(\$1,689)	(\$1,701)	\$12	(\$19,372)	(\$19,101)	(\$271)	-1.4%		(\$20,923)
Outsourced Costs	(\$305)	(\$122)	(\$183)	(\$3,642)	(\$1,376)	(\$2,267)	-164.8%	✗	(\$1,498)
Other Costs	(\$600)	(\$554)	(\$46)	(\$7,573)	(\$6,162)	(\$1,411)	-22.9%	✗	(\$6,206)
Net Performance	\$785	\$879	(\$95)	\$7,193	\$9,151	(\$1,958)	-21.4%	✗	\$9,909
FTE's									
Allied Health Staff	29.5	30.3	0.7	29.0	30.0	0.9	3.2%		30.0
Management/Administration Staff	48.5	48.2	(0.2)	50.1	49.2	(1.0)	-2.0%		49.1
Medical Staff	28.8	37.6	8.8	30.4	37.6	7.2	19.2%	✓	37.6
Nursing Staff	133.5	127.1	(6.4)	136.1	131.3	(4.8)	-3.7%		131.2
Support Staff	3.6	3.9	0.3	3.6	3.9	0.3	7.5%	✓	3.9
Total FTE	243.9	247.0	3.1	249.2	251.9	2.7	1.1%		251.7

* Refer to the Glossary for definitions of these measures.



6.3.2 Key Risks and Opportunities

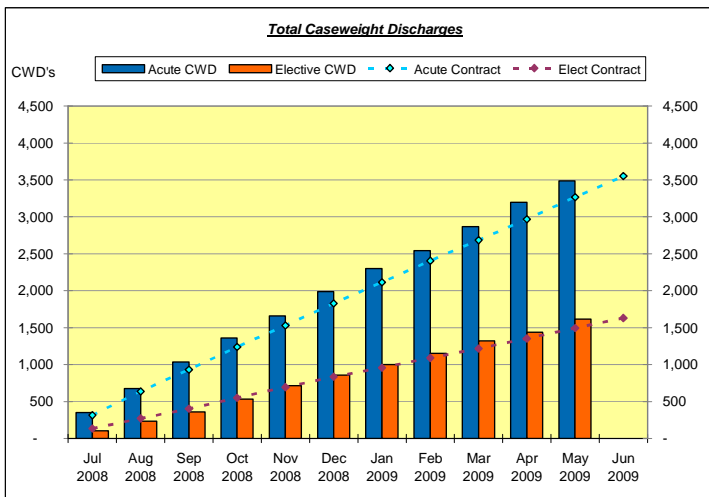
1. Locum costs nationally are increasing due to limited medical staff availability.
2. Supervision arrangement for new Senior Doctors is increasing complexity of recruitment.

6.3.3 Mitigation Strategies

1. Locum employed for essential services only.
2. Discussion at national meetings to manage locum costs.
3. Liaise with other DHB on SMO supervision arrangements.

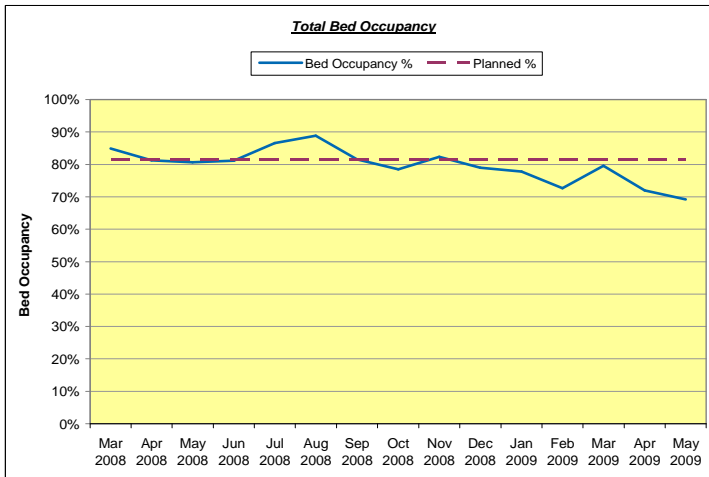
6.3.4 Service Initiatives

1. Review of radiology contract.
2. Paediatric Rheumatology service
3. Good to Great programme



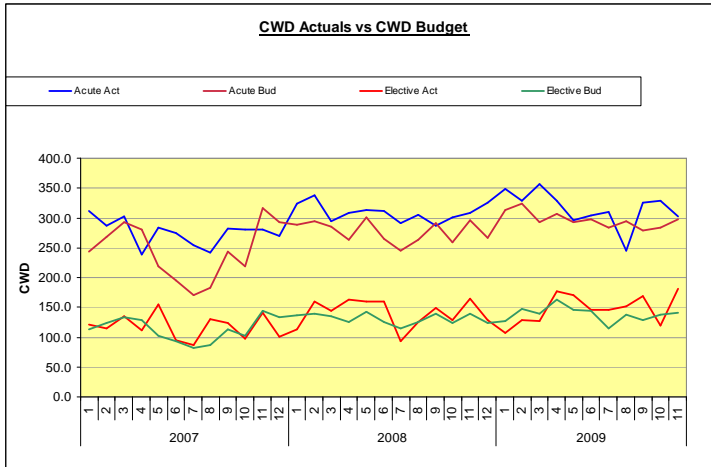
This is a cumulative trend graph of the acute and elective caseweighted discharges at the Wairarapa hospital. The contracted targets have been set in the Provider Service Level Agreement.

Electives on target.



Occupancy Rate (Occupied bed days divided by Resourced bed days). The wards included are MSW (38 beds), Paediatrics (7), AT&R (13), HDU (6) and Maternity (6). This is a total of 70 beds resourced. AAU beds are excluded because occupancy is calculated in hours rather than days. Also excluded are Borders, Newborns, and MH patients.

Consistent patient flow has reduced occupancy.



This is a graph showing the **actual** acute and elective case weighted discharges vs. the **budgeted** case weighted discharges.

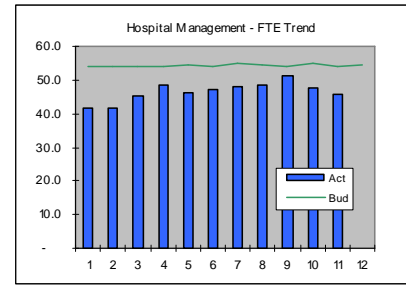
Elective activity ahead of target this will be offset against additional funding. Actuals for the month reflect reduced activity.



6.3.5 Hospital Services Management

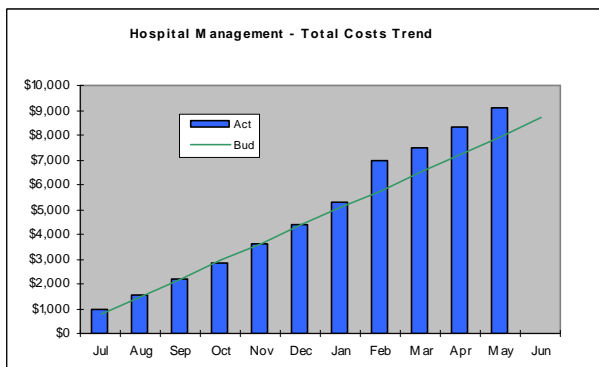
FTE Analysis

Hospital Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	12.2	11.7	(0.5)
Medical Staff	27.7	37.6	9.9
Nursing Staff	5.9	4.9	(1.0)
Support Staff	-	-	-
Total FTE's	45.8	54.2	8.4



Cost Analysis (000's)

Hospital Management	May-2009			YTD % of Bud	FY Bud
	Act	Bud	Var		
Financial (000's)					
Revenue					
Revenue	\$170.8	\$139.3	\$31.5		\$1,671.8
Expenditure					
Personnel	(\$605.5)	(\$696.0)	\$90.5	9.80%	(\$8,664.3)
Outsourced	(\$124.2)	(\$4.5)	(\$119.7)	-2900.18%	(\$55.7)
Clinical Supplies	(\$10.6)	\$3.0	(\$13.5)	-688.24%	\$34.9
Infrastructure & Non-clinical	(\$28.2)	(\$2.3)	(\$25.8)	-761.20%	(\$29.6)
Deprn & Financing	(\$1.1)	(\$1.1)	(\$0.0)	-0.14%	(\$12.6)
Total Expenditure	(\$769.5)	(\$700.9)	(\$68.6)	-14.41%	(\$8,727.3)
Net Surplus/(Deficit)	(\$598.7)	(\$561.6)	(\$37.1)	3.57%	(\$7,055.5)



Summary

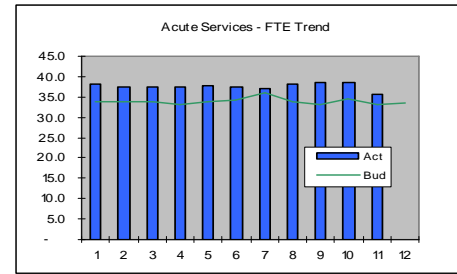
- Medical staff FTE favourable this is offset by locum costs. Locum costs causing significant pressure on costs, recruitment of permanent staff ongoing.
- Nursing FTE will be closely monitored.
- Clinical Supply costs are higher than planned across the hospital. Analysis of the ordering and usage is being undertaken in order to reduce costs.



6.3.6 Acute Services

FTE Analysis

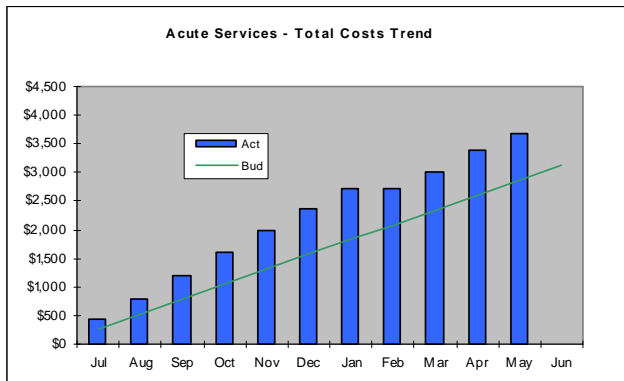
Acute Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	2.4	2.6	0.2
Medical Staff	1.0	-	(1.0)
Nursing Staff	32.1	30.5	(1.6)
Support Staff	-	-	-
Total FTE's	35.5	33.1	(2.4)



Cost Analysis (000's)

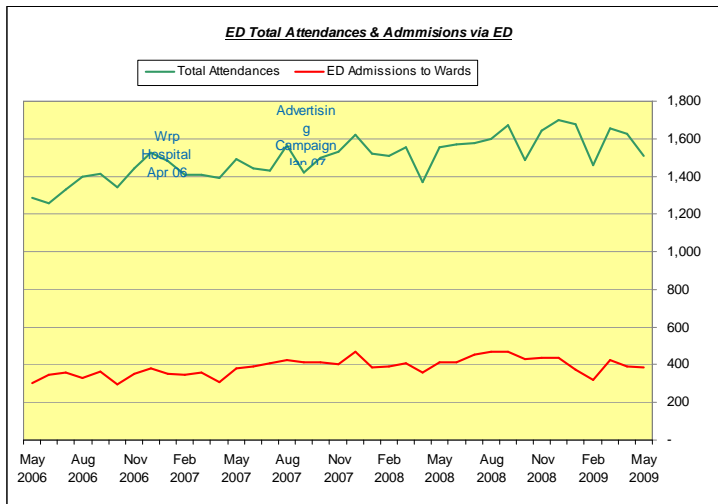
Acute Services	May-2009		
	Act	Bud	Var
Financial (000's)			
Revenue			
Revenue	\$474.4	\$475.4	(\$1.0)
Expenditure			
Personnel	(\$226.2)	(\$201.1)	(\$25.1)
Outsourced	(\$0.2)	\$0.0	(\$0.2)
Clinical Supplies	(\$61.2)	(\$45.5)	(\$15.7)
Infrastructure & Non-clinical	(\$7.5)	(\$6.2)	(\$1.3)
Deprn & Financing	(\$8.5)	(\$7.9)	(\$0.6)
Total Expenditure	(\$303.6)	(\$260.7)	(\$42.9)
Net Surplus/(Deficit)	\$170.8	\$214.7	(\$43.9)

Acute Services	Act	YTD Bud	Var	YTD % of Bud	FY Bud	+/- 5%
Personnel	(\$2,594.6)	(\$2,190.7)	(\$404.0)	-18.44%	(\$2,390.9)	*
Outsourced	(\$63.0)	\$0.0	(\$63.0)	0.00%	\$0.0	
Clinical Supplies	(\$840.6)	(\$515.8)	(\$324.8)	-62.97%	(\$561.3)	*
Infrastructure & Non-clinical	(\$100.6)	(\$71.8)	(\$28.7)	-39.99%	(\$78.0)	*
Deprn & Financing	(\$92.1)	(\$87.0)	(\$5.2)	-5.96%	(\$94.9)	*
Total Expenditure	(\$3,690.9)	(\$2,865.3)	(\$825.7)	-28.82%	(\$3,125.0)	*
Net Surplus/(Deficit)	\$1,520.3	\$2,362.1	(\$841.8)	-35.64%	\$2,577.7	*



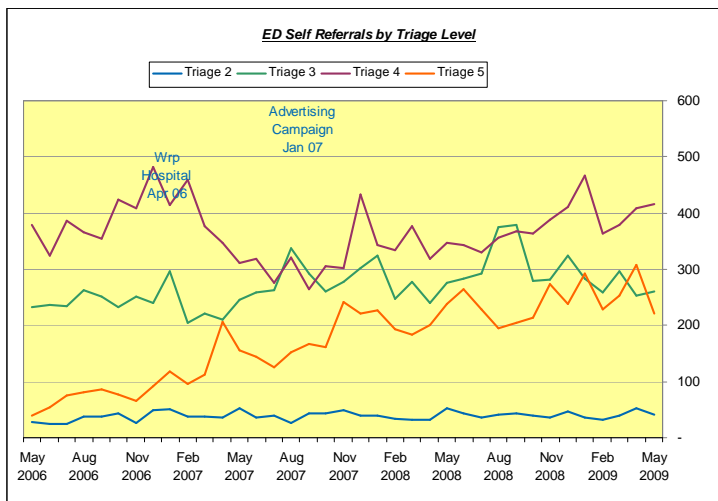
Summary:

- 0.6 FTE nursing vacancy in Acute Services advertised.
- 2 acute air retrievals for May. 37 Interhospital transfers by road requiring cardiac, neuro, orthopaedic, maternity services.
- Clinical supplies for acute services are \$15.7K adverse for month. A reduction of \$3K from the previous month. Air ambulance costs, sutures, IV supplies and knee immobilisers.
- Reviewing clinical and clerical practices for the triage 4 & 5 patients who are fracture clinic reviews in ED.
- 3 year regional contract held by Hutt to provide Paediatric Rheumatology Clinics in Wairarapa to commence in July.



ED Attendance is the total number of ED presentations. Admissions via ED show the number of patients admitted under the 3 hour rule from ED into the wards. The target for ED Attendances is set in the SLA volumes. Admissions via ED are targeted to be decrease to illustrate better management of the ED cases.

Attendances are lower for May. Admissions remain steady.

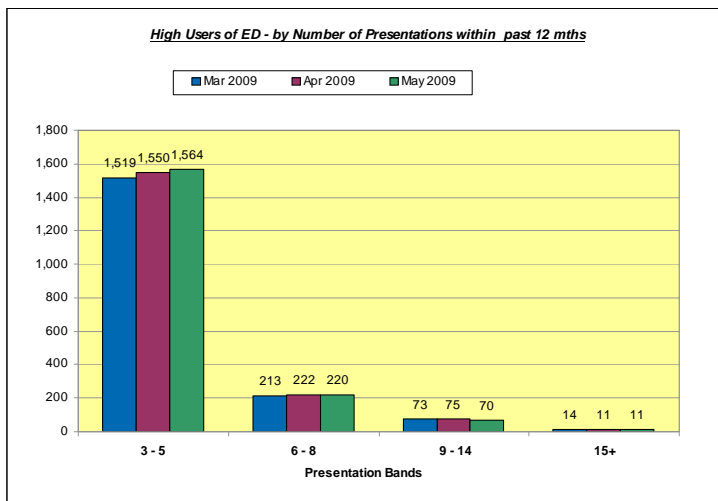


The Referral Source looks at where patients attending ED are coming from. Self Referrals make up the largest percentage and it is these referrals, with a low triage level of 4 to 5, which the DHB is aiming to reduce through communication channels.

All data is now entered in Real Time.

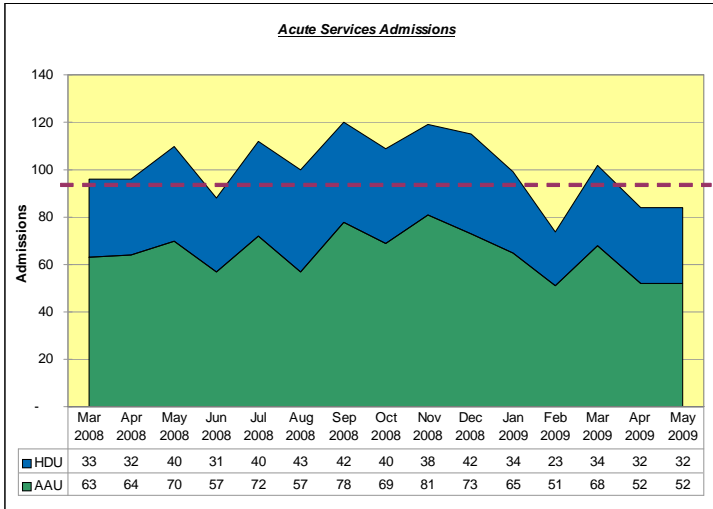
Triage 2 remains steady. Triage 5 are lower than the previous month, continue to trend upward form 2006.

Fracture clinic reviews are part of triage 4 & 5 – reviewing clinical and clerical practises for this cohort.



This graph shows how many people presented to ED 3-5 times, 6-8 times, 9-14 times or over 15 times within the past 12 months. The target is to reduce the high users, and to provide more effective forms of treatment.

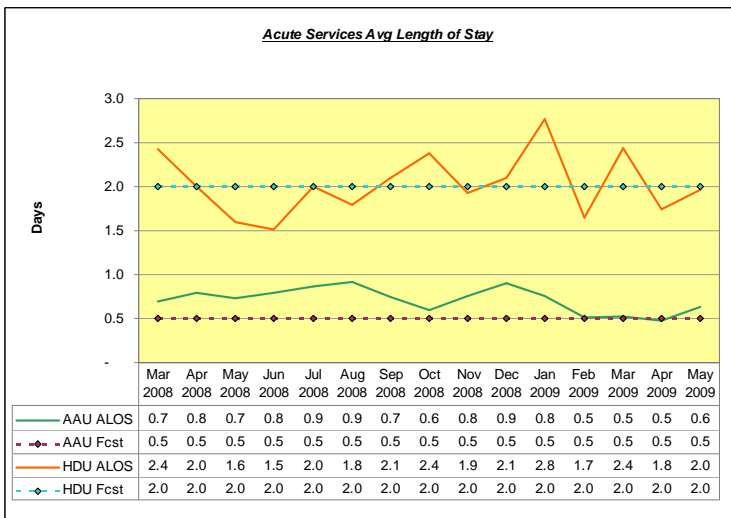
Long Term Conditions Collaborative has commenced.



Acute Services Admissions is the number of admissions to the High Dependency Unit (HDU) & Acute Assessment Unit (AAU). Based on historical data and staffing levels the combined forecasted number of admissions is 80.

Total number of admissions is 84

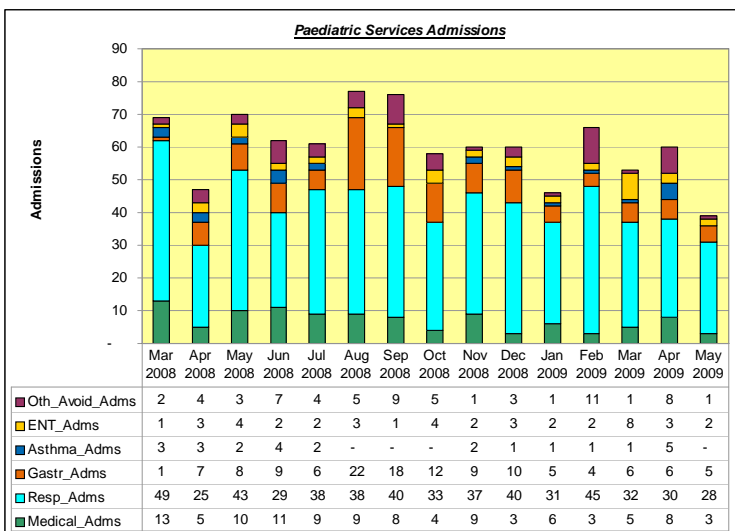
The lower levels of bed occupancy in wards due to high number of daycase procedures preformed for the month is reflected in usage.



The Average Length of Stay (ALOS) in HDU & AAU is an indicator of the effectiveness of the service in the units and the type of patients they are admitting. The forecasted ALOS is based on expected patient numbers and acuity.

LOS is just over for AAU and under for HDU
Reasons are:

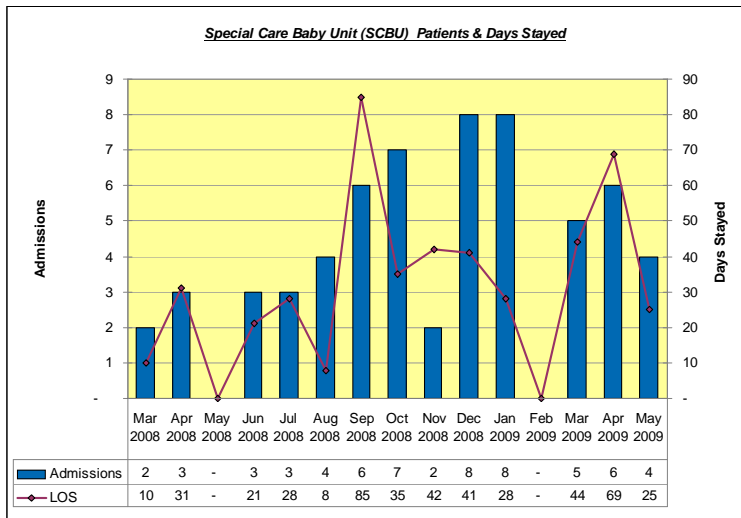
- Bed availability and patient flow maintained across the hospital without access block to inpatient beds.



This graph shows the admissions to the Paediatric ward. Avoidable admission categories are provided, medical admissions indicate that admissions categorised as unavoidable. Lower Avoidable Admissions is one of the Key Provider targets for 2007/08.

This graph was requested in the action points from May's meeting. Because not all coding of patients is done in the month of discharge it is important to look at the trend rather than movements month to month.

The total trend is down, however we are moving into the winter months again which traditionally show an increase.



The number of babies who were admitted to SCBU in the month is shown by the bars, and the days stayed is shown by the line based on the right hand axis, depicting utilisation of the unit.

The number of babies in SCBU is demand driven. Impact on staffing is significant as ward is double-staffed to care for SCBU patients.

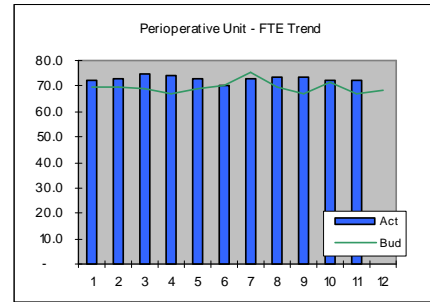
The budgeted volume assumes similar demand next year. The staffing required to cover this has been factored into the FTE for the Relief Team.



6.3.7 Perioperative Services (OPD, Theatre, Day Procedures)

FTE Analysis

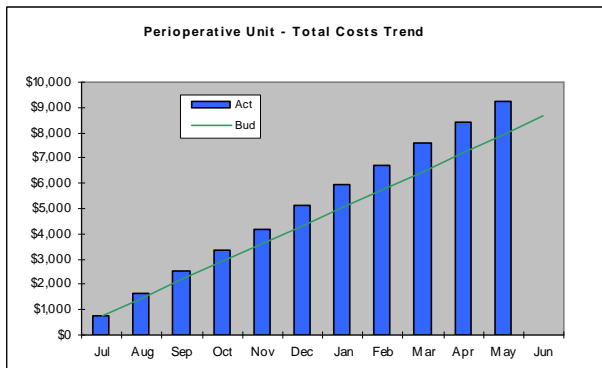
Perioperative Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	0.9	0.9	0.0
Management/Administration Staff	7.2	8.1	1.0
Medical Staff	0.0	-	(0.0)
Nursing Staff	60.3	54.3	(6.0)
Support Staff	3.6	3.9	0.3
Total FTE's	71.9	67.2	(4.7)



Cost Analysis (000's)

Perioperative Unit	May-2009		
	Act	Bud	Var
Financial (000's)			
Revenue			
Revenue	\$2,180.9	\$2,065.5	\$115.5
Expenditure			
Personnel	(\$393.4)	(\$352.4)	(\$41.1)
Outsourced	(\$70.1)	(\$39.3)	(\$30.8)
Clinical Supplies	(\$303.0)	(\$283.3)	(\$19.7)
Infrastructure & Non-clinical	(\$15.5)	(\$13.5)	(\$2.0)
Depn & Financing	(\$23.7)	(\$20.8)	(\$2.9)
Total Expenditure	(\$805.7)	(\$709.3)	(\$96.5)
Net Surplus/(Deficit)	\$1,375.2	\$1,356.2	\$19.0

Act	YTD Bud	Var	YTD % of Bud	FY Bud	+/- 5%
\$23,932.1	\$22,702.1	\$1,230.0	-5.42%	\$24,767.6	*
(\$4,354.0)	(\$3,947.1)	(\$406.9)	-10.31%	(\$4,311.6)	*
(\$767.4)	(\$462.5)	(\$305.0)	-65.94%	(\$501.8)	*
(\$3,642.9)	(\$3,128.5)	(\$514.4)	-16.44%	(\$3,411.8)	*
(\$207.1)	(\$153.4)	(\$53.7)	-34.99%	(\$166.9)	*
(\$256.9)	(\$228.9)	(\$28.0)	-12.22%	(\$249.7)	*
(\$9,228.2)	(\$7,920.3)	(\$1,307.9)	-16.51%	(\$8,641.8)	*
\$14,703.9	\$14,781.8	(\$77.9)	-0.53%	\$16,125.8	



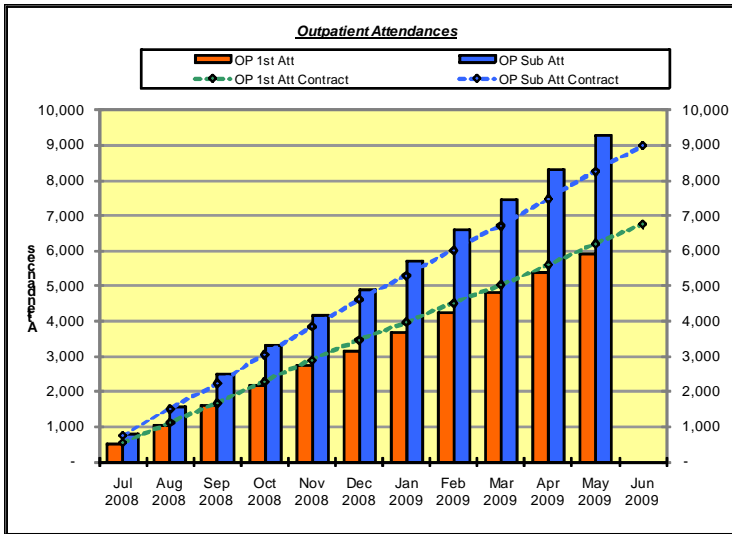
Summary

- Perioperative Service
- Clinical supplies are over this month. A significant contributor to this is due to the amount of ophthalmic surgery we have performed in May. This shows in the clinical supplies under ophthalmic implants nearly being doubled to that of the budget. Pharmaceuticals is also high and this can be attributed to ophthalmic surgery and the medications used. Ophthalmology case weights have a contracted volume of 8.0 where as the actual has been 41.3.
- Outsourced services remains high due to our visiting Urology, Gynae and Ophthalmic surgeons during May
- Current ophthalmologist is leaving this month. It was agreed that extra ophthalmology sessions would have been done to remain on target.
- Nursing personnel remains high due to the acutes and weekend call outs. The Perioperative review as part of the "Good to Great" programme will include a review of the rosters.
- We are under budget for hip and knee prosthesis and still meeting our targets



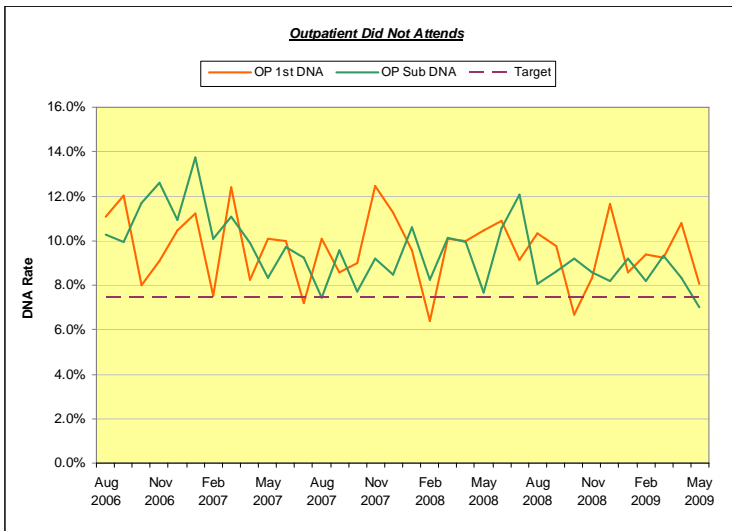
MSW

-
- Model of Care Trial – the Project Group is commencing the evaluation process
- HCA interviewed for short term position to complete the Model of Care roster.
- A CNM on steering group for Wairarapa Clinical Services Action plan
- Trendcare presentation 20 May, CEO endorsed the continuation and advancement of the use of the system. Refresher updates required
- Nursing students 100 level continue placement this month



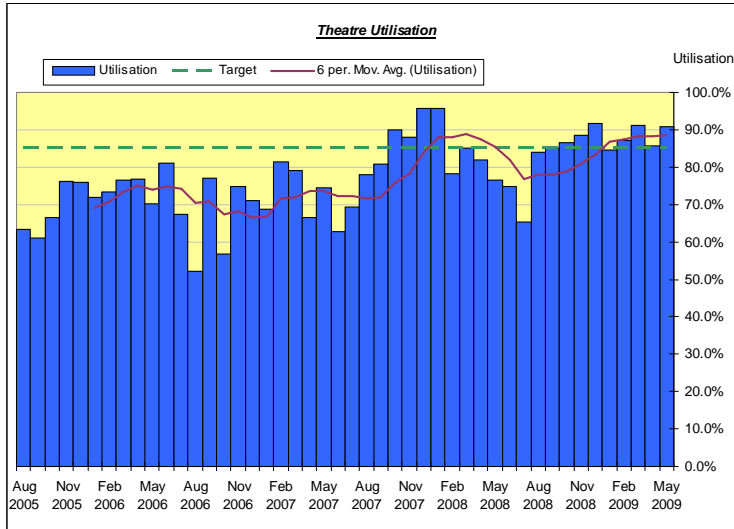
An accumulating total of OP 1st and subsequent attendances and a comparison to the SLA contracted volumes. This includes all specialties that the Provider is contracted for, and excludes OP attendances done by other DHB's for our population.

First OPD attendances are on target. OPD subsequent follow-ups are still increasing, this is clinician driven and needs be discussed at management level meetings.



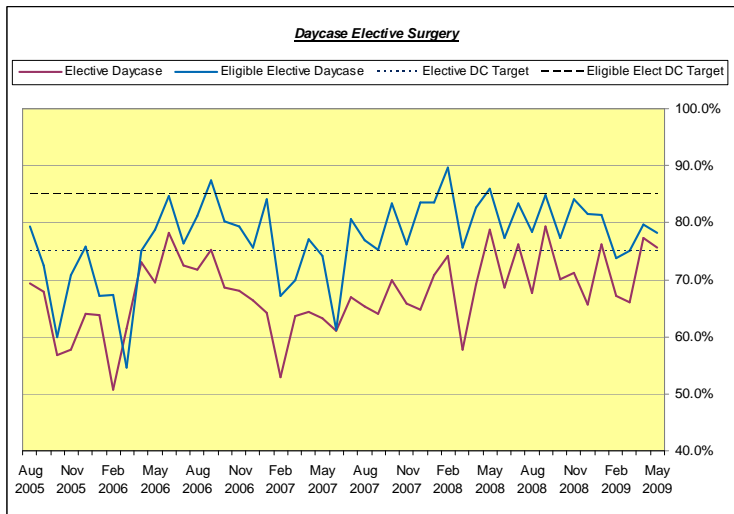
The Outpatient DNA rate is calculated by taking the number patients who did not attend a booked clinic and dividing this by the total OP clinic's booked. Decreasing OP DNA's below a target rate of 7.5% is a key Provider priority for 2007/08.

Proactive strategies in place to commence DNA follow-ups from 1st May, commencing with Maori patients. May trend is improving, ringing to remind of appointments certainly improves DNA rate. This may increase again without HCA to do ringing..



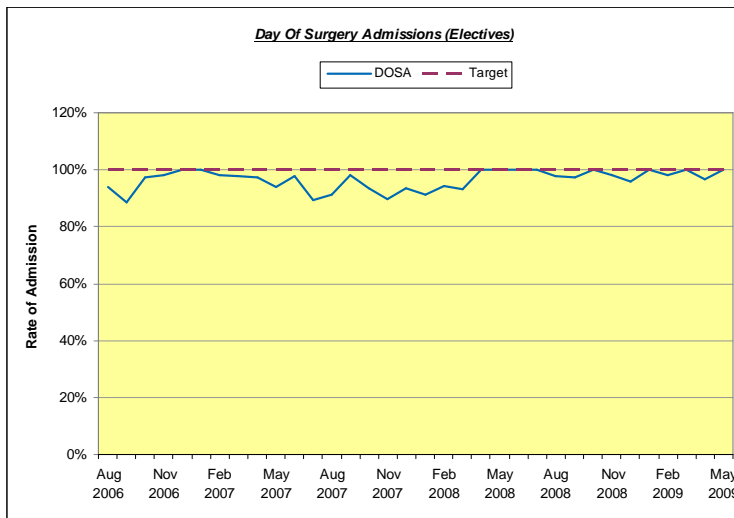
Theatre Utilisation is based on theatre's 1 & 2 as they are both fully resourced. The rate is based on the total procedure minutes (including 10 mins per session for turnaround), divided by the total resourced mins between 8:30am – 5:00pm weekdays. The utilisation rate of 85% is a national benchmark, and was set in the Hospital Development Business Case. (HDBC)

Theatre utilisation is 90.9% for May. Well done.



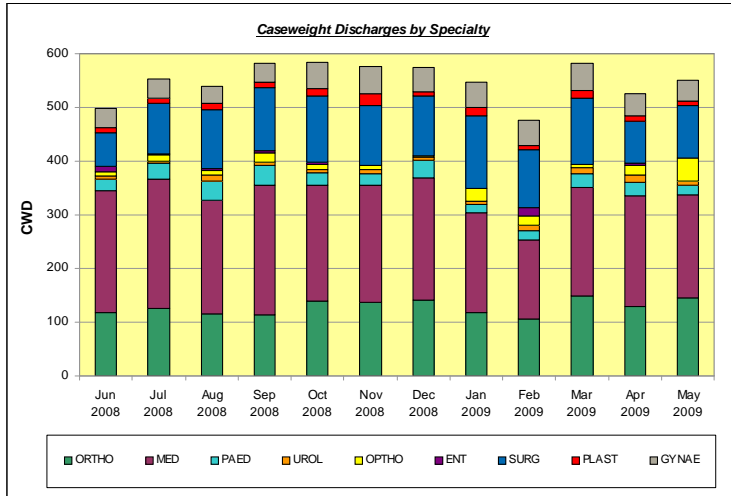
The Daycase Elective Surgery rate is the % of elective patients who did not stay overnight when admitted for their elective procedure. Eligible Elective Daycase focuses on those procedures that should be done only on a daycase basis, therefore the target is higher. These targets are national benchmarks and were set in the HDBC.

Monitor. On target.



Day of Surgery Admissions (DOSA) are patients who are admitted on the day that they actually had their surgery performed. This is shown as a proportion of total non-daycase elective patients. The DOSA rate of 100% was set in the HDBC.

Monitor, on target.

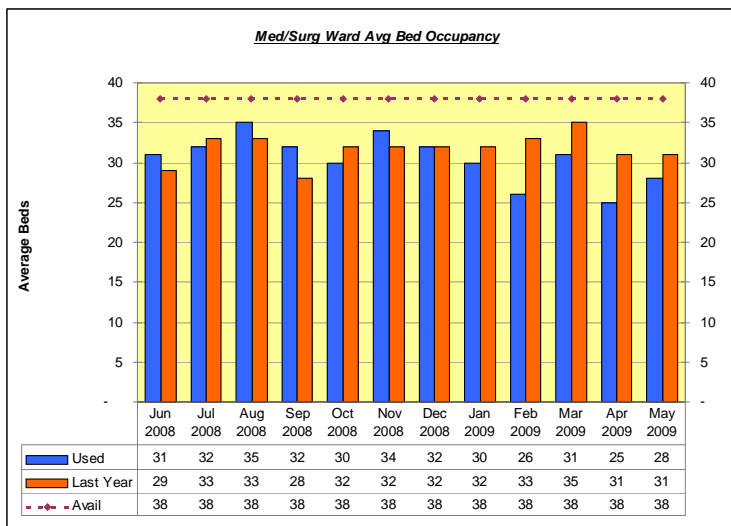


This graph shows the total caseweight discharges for the month broken down by the health specialty. The average Provider contract total for the month is 440 CWD.

Higher Day case procedures in May reflected in ophthalmology case-weights.

May admissions total for MSW are 3rd highest month for 08/09 year

265 MSW inward patients with medical patients being 127 admissions, the 3rd highest since July Aug 08 (keeping consistent with winter illnesses)

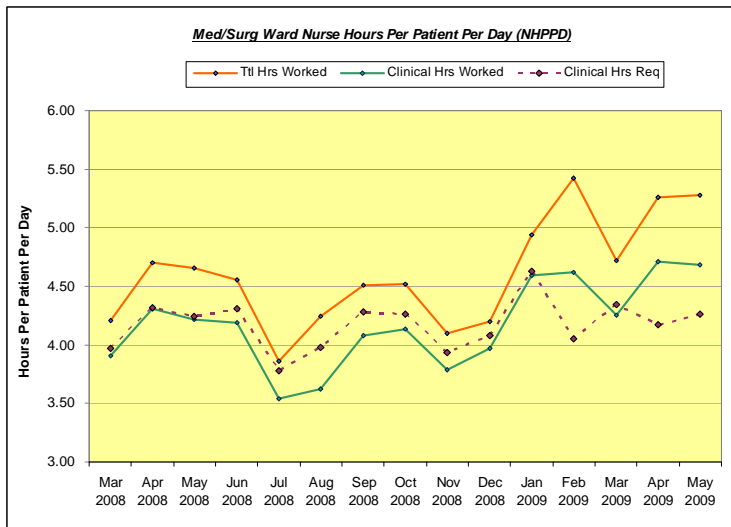


This graph shows the average occupancy per month in the Med/Surg ward, taken at 12pm each day. There is no target for this, only a capacity of 38, and a comparison of the average occupancy for the same month last year.

The effect of aiming for discharge time of 1100 hours is having an effect on this occupancy statistic measured at 1200 hours

Utilisation on usual resourced beds is 85.83 %

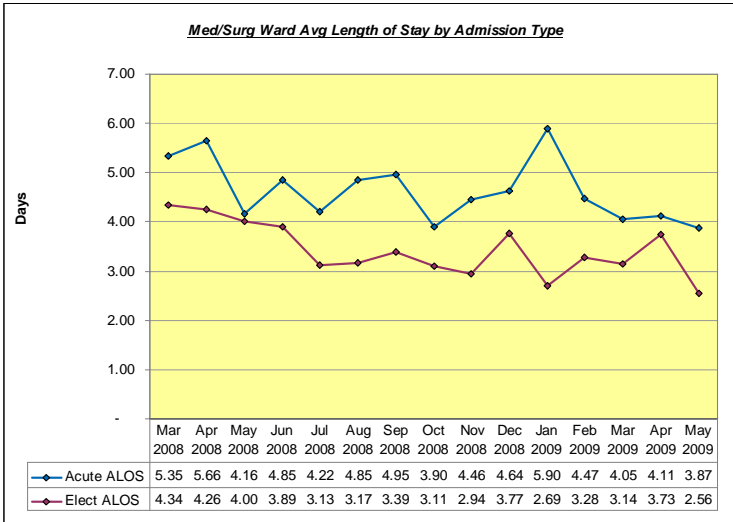
ALOS has reduced by 0.59 days since Feb this year (Model Of Care commenced 26 Jan 09) and this will be reflected in the occupancy data



Total Nurse Hours per Patient Day (NHPPD) is a measure from the nursing workload acuity system Trendcare. It is calculated by taking the total number nurse hours worked in a shift clinical and non clinical and dividing this by the number of patients in that ward.

Nursing hours worked exceeded the number of hours required for the past 2 months. This reflects lower than predicted activity and an inability to adjust workforce resources due to current rostering practices.

This will be reviewed with the capacity planning work which has commenced.



The average length of stay (ALOS) of inpatients to the MedSurg ward, broken down by acute and elective admissions.

Lower elective and acute ALOS most likely related to Admission discharge RN role introduced as part of the Model of care which commenced late January 09. Lower ALOS since this time has been consistent.

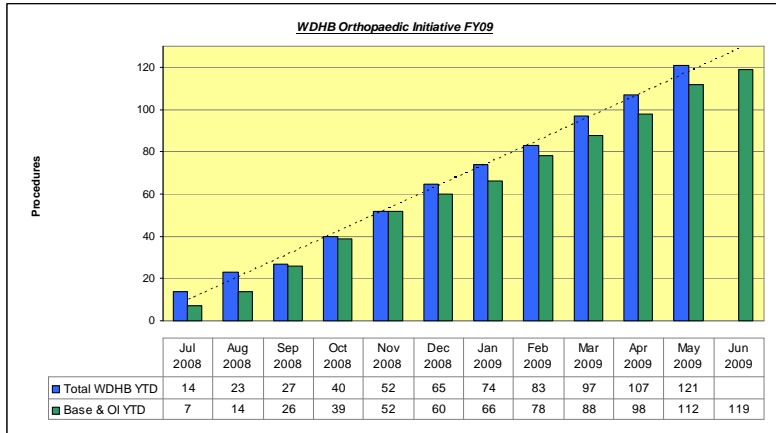
MSW ALOS 3.46 the lowest for 08/09 year



6.3.8 Elective Services

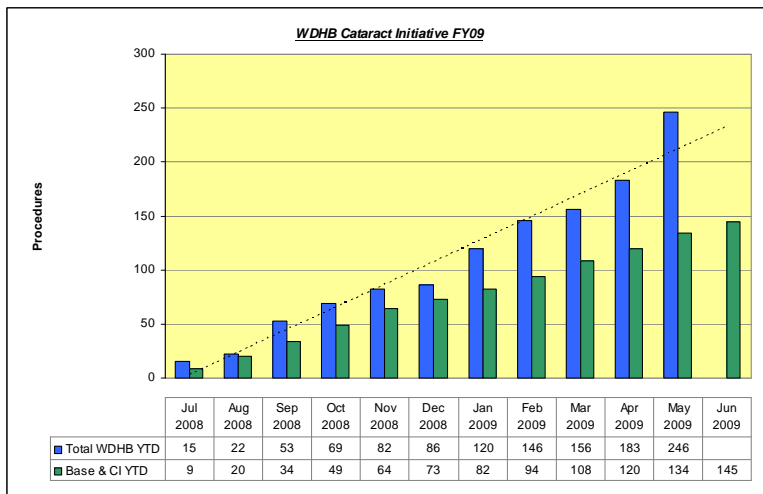
Key Points

- Refer Section 10; Appendix A. ESPI's were green at overall hospital level for April 09. Orthopaedics remains Orange in ESPI 7 although this may reverse in the following month's results due to a data error that has been picked up. Ophthalmology has an orange result in ESPI 2. High activity in Ophthalmology at present will address this.
- At the end of May Elective targets for the full year have been met.



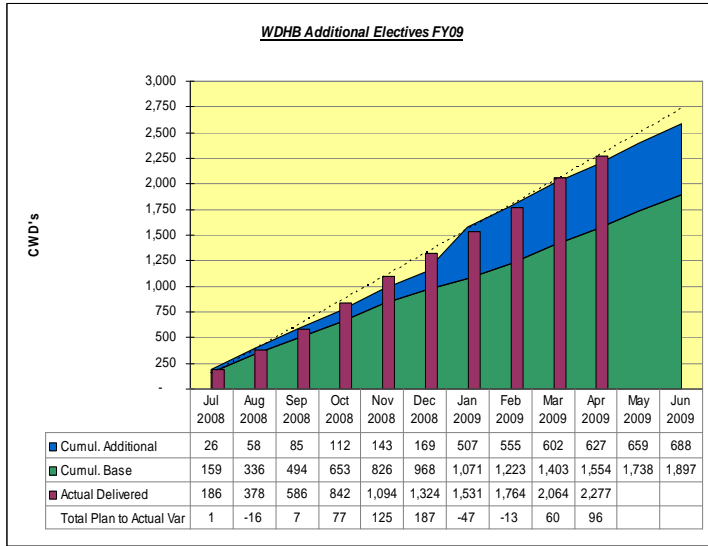
The Orthopaedic Initiative is additional funding for achieving targeted orthopaedic joint procedures. The blue bar is the actual number YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual production. Achievement of the base & additional target makes additional funding available.

OI tracking ahead of plan



The Cataract Initiative is additional funding for achieving targeted cataract procedures. The blue bar is the actual number YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual production. Achievement of the base & additional target makes additional funding available.

CI Tracking ahead of plan



There is Additional Elective funding available to the DHB for achieving a targeted number of elective caseweights discharges (CWD). The blue bar is the actual number of elective CWD YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual production. Achievement of the base & additional target makes additional funding available.

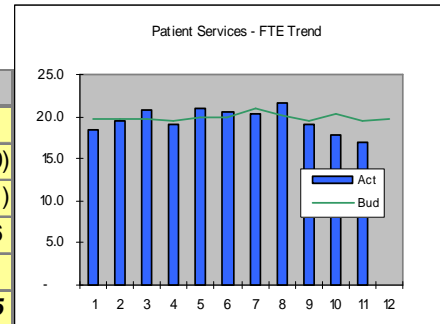
Additional Electives tracking ahead of plan.



6.3.9 Patient Services (Maternity, Nursing Relief Team)

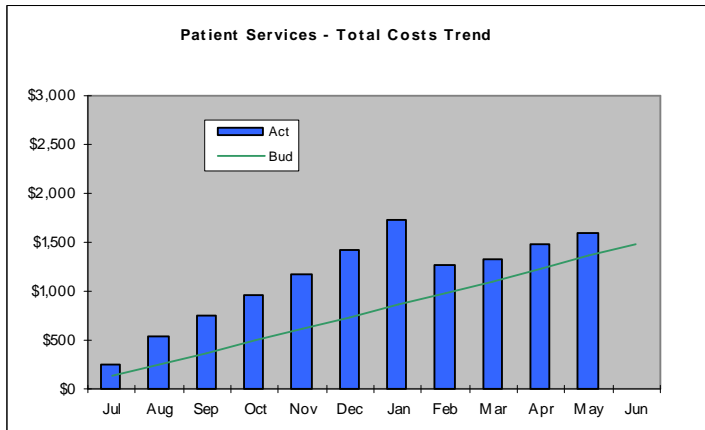
FTE Analysis

Patient Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	0.0	-	(0.0)
Medical Staff	0.1	-	(0.1)
Nursing Staff	16.9	19.5	2.6
Support Staff	-	-	-
Total FTE's	17.0	19.5	2.5

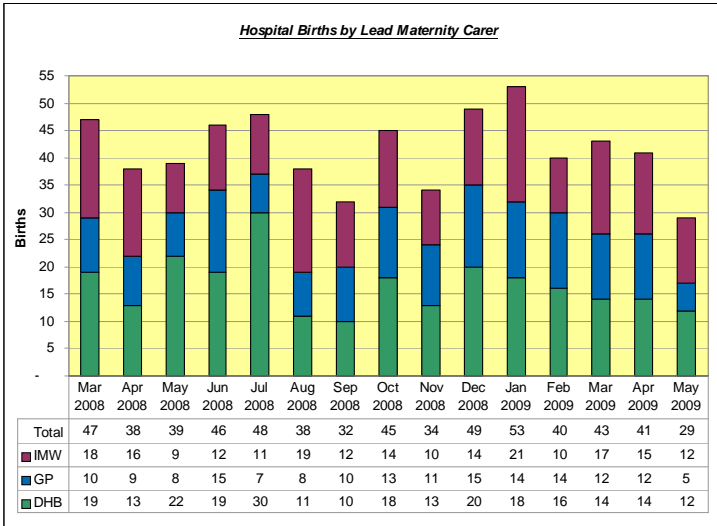


Cost Analysis (000's)

Patient Services	May-2009			YTD	YTD % of Bud	FY Bud		
	Act	Bud	Var					
Financial (000's)								
Revenue								
Revenue	\$182.6	\$194.4	(\$11.8)	\$2,075.8	\$2,135.0	(\$59.3)	2.78%	\$2,329.4
Expenditure								
Personnel	(\$112.8)	(\$112.2)	(\$0.6)	(\$1,379.1)	(\$1,211.1)	(\$168.0)	-13.87%	(\$1,323.6)
Outsourced	(\$5.8)	(\$2.4)	(\$3.4)	(\$68.2)	(\$27.6)	(\$40.7)	-147.61%	(\$30.0)
Clinical Supplies	(\$2.8)	(\$5.4)	\$2.6	(\$74.1)	(\$59.7)	(\$14.3)	-23.98%	(\$65.2)
Infrastructure & Non-clinical	\$7.5	(\$3.2)	\$10.7	(\$57.9)	(\$39.7)	(\$18.2)	-45.90%	(\$42.9)
Depm & Financing	(\$1.6)	(\$1.7)	\$0.2	(\$19.6)	(\$19.2)	(\$0.4)	-1.91%	(\$21.0)
Total Expenditure	(\$115.5)	(\$125.0)	\$9.5	(\$1,598.9)	(\$1,357.3)	(\$241.6)	-17.80%	(\$1,482.6)
Net Surplus/(Deficit)	\$67.1	\$69.4	(\$2.3)	\$476.9	\$777.7	(\$300.8)	-38.68%	\$846.8



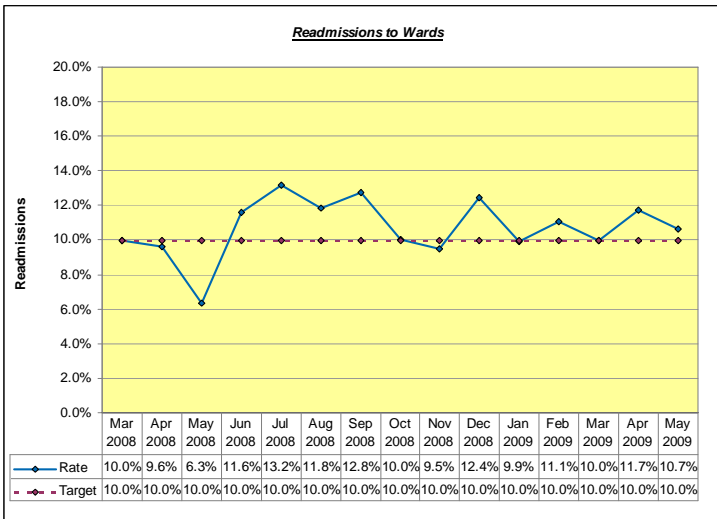
- UK midwife commenced employment 2nd June 2009. Further midwife to start late June.
- Antenatal HIV screening to commence June. Links with CCDHB coordinator and local input at Wairarapa. GP practise visits and changes to MedTech 32 system are being implemented over next month. Links with MedLab and MidCentral on clinical communication pathways once positive result is received are being finalised.
- Personnel costs for midwives are under budget for the month.
- Clinical supplies under budget for the month.
- Deliveries for the month - 30. Average is 42 deliveries per month.



Births by Lead Maternity Carer (LMC) shows who admitted the baby to the ward, and therefore has been taken as a proxy to the primary lead in the birth. This has then been grouped into either an Independent Mid-Wife (IMW), a General Practitioner (GP), or a DHB provided mid-wife or obstetrician. The total of the stacked bars shows the accumulated births in the month. The FY2008 budgeted number in the SLA is 42.

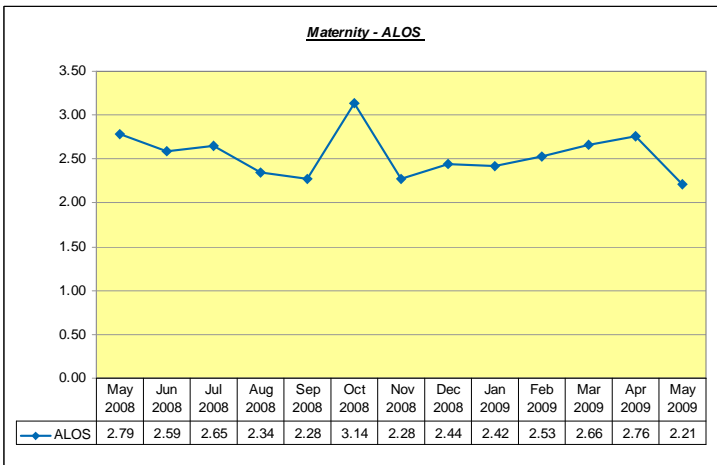
There were 30 admitted deliveries in May

- 9 Caesareans – 4 elective & 5 emergency
- 21 Normal deliveries



This graph shows the proportion of inpatients admitted that had previously been admitted in the past 30 days, and were readmitted acutely to the same specialty. The target is to keep these readmissions to 10% through effective discharge plans and community care.

Readmissions are consistently above the benchmark. A detailed review of readmissions is being undertaken, with a focus on splitting planned and unplanned readmissions.



This graph shows the average length of stay (ALOS) in the Maternity Ward over the past 12 months.

The significant drop in ALOS has been because of the lower numbers of Caesarean section deliveries (May – 9, April – 22). Caesarean sections require additional days stayed because of the greater intervention than normal deliveries.

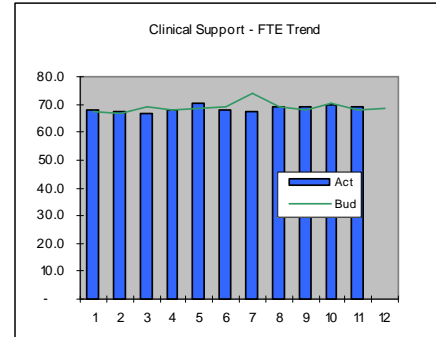
A new measure has been introduced to monitor MOH priority for extended LOS in Maternity.



6.3.10 Clinical Support, Therapies & Allied Health

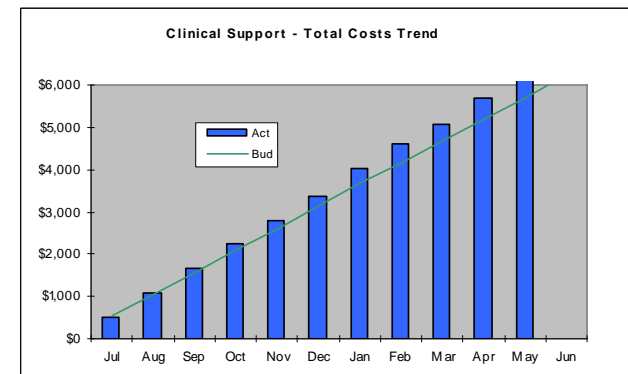
FTE Analysis

Clinical Support	FTE Actual	FTE Budget	Variance
Allied Health Staff	28.6	29.3	0.7
Management/Administration Staff	24.9	24.0	(0.9)
Outsourced Personnel	-	-	-
Nursing Staff	15.9	14.6	(1.3)
Support Staff	-	-	-
Total FTE's	69.4	67.9	(1.5)



Cost Analysis (000's)

Clinical Support	May-2009			YTD Act	YTD Bud	YTD Var	YTD % of Bud	FY Bud
	Act	Bud	Var					
Financial (000's)								
Revenue								
Revenue	\$344.2	\$315.5	\$28.7	\$3,602.4	\$3,451.4	\$151.0	-4.37%	\$3,766.9
Expenditure								
Personnel	(\$323.2)	(\$308.7)	(\$14.5)	(\$3,626.6)	(\$3,540.8)	(\$85.8)	-2.42%	(\$3,859.9)
Outsourced	(\$104.3)	(\$72.8)	(\$31.5)	(\$1,206.8)	(\$801.9)	(\$404.9)	-50.49%	(\$874.8)
Clinical Supplies	(\$109.9)	(\$99.2)	(\$10.7)	(\$1,184.5)	(\$1,102.0)	(\$82.4)	-7.48%	(\$1,201.2)
Infrastructure & Non-clinical	(\$10.3)	(\$11.6)	\$1.3	(\$124.9)	(\$142.5)	\$17.6	12.38%	(\$154.1)
Depm & Financing	(\$11.2)	(\$11.0)	(\$0.2)	(\$121.7)	(\$121.3)	(\$0.3)	-0.29%	(\$132.4)
Total Expenditure	(\$559.0)	(\$503.4)	(\$55.6)	(\$6,264.4)	(\$5,708.6)	(\$555.8)	-9.74%	(\$6,222.4)
Net Surplus/(Deficit)	(\$214.8)	(\$187.9)	(\$26.8)	(\$2,662.0)	(\$2,257.2)	(\$404.8)	17.94%	(\$2,455.5)

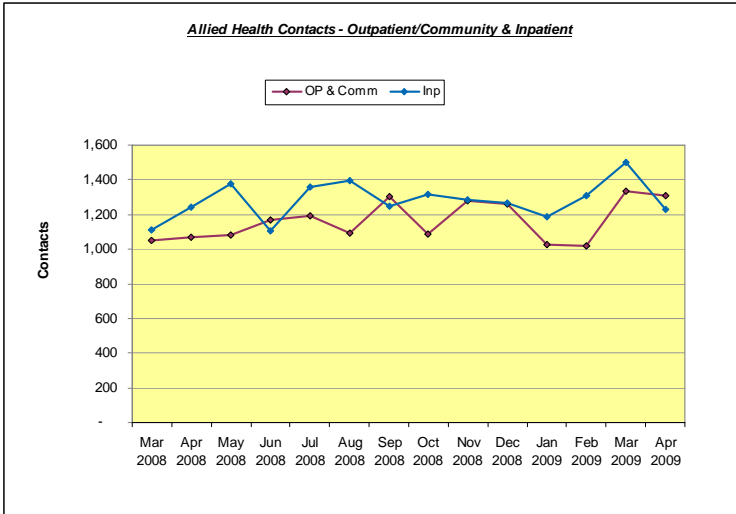


Summary

- Clerical staff sickness continues to be a significant factor, causing a negative impact on May Financials in health records.
- Impact of PSA collective increase is also seen in this month's financials.
- Family Violence Training for trainers' staff has commenced on a fortnightly basis and the programme was audited in May. Provisional feedback is very encouraging
- A vacancy still exists for a Sonographer. Ongoing attempts to recruit to this position continue. There is a national shortage. Locum cover was sourced for May
- Significant cost pressures associated with higher than expected Mecca for MRT staff FYE approx 90k

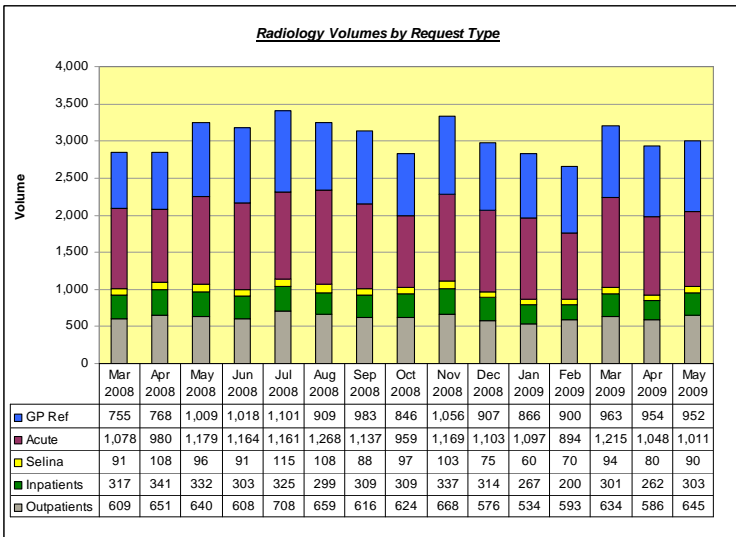


- Improved terms have been agreed and PRL will commence the new pricing structure from April the service specification and contract are still to be finalised.
- AT&R occupancy remains steady, with active transfer of patients sought from MSW when beds become available.
- Earlier identification of stroke patients for transfer to Rehab from ED and MSW is occurring.
- Outsourced services overspend is primarily for psycho geriatrician visits. The volume of patients requiring psycho geriatric input is increasing as the elderly population continues to increase.
- Rehab Support Workers appointed in March and are now working successfully in the ward, feedback from them and other staff is very positive.
- The revenue favourable this month all ACC claims are all actively pursued.

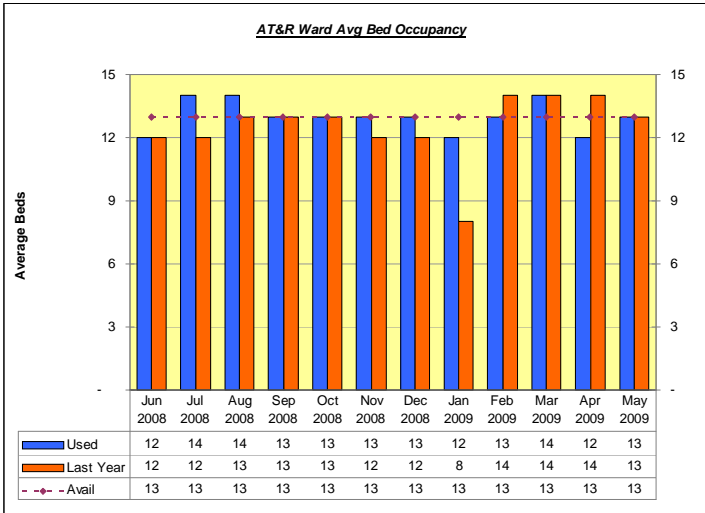


All Allied Health contacts in the month shown as either community or inpatient contacts. The community contacts are funded via separate contracts with the Funder, whereas the inpatient contacts are an input into the overall case weight.

Increase in outpatient allied health contacts.

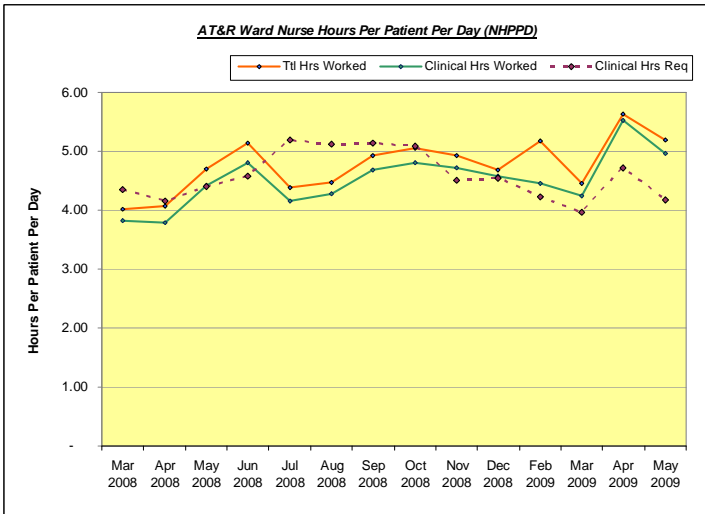


This graph shows the total number of radiology tests done, and then breaks this down by the referral type for those tests. GP referred are those requested by GP's, Acute are requests by the acute wards in the hospital, Selina are Selina Sutherland requests, Inpatients are from all inpatient wards and Outpatients are requests from the outpatient clinics.



This graph shows the average occupancy per month in the AT&R ward, taken at 12pm each day. There is no target for this, only a capacity of 13, and a comparison of the average occupancy for the same month last year. However the used number can be above capacity because of the AT&R flat beds.

Activity has remained steady due to demand. Daily meetings are held to plan upcoming transfers from MSW following discharges from AT&R.



Nurse Hours per Patient Day (NHPD) is a measure from the nursing system Trendcare. It is calculated by taking the total number of nurse hours in a shift and dividing this by the number of patients in that ward. The required hours are calculated by the system based on the acuity of the patients in the ward. Total NHPD includes any team leader and educational/training hours.

It is noted that Trendcare information will be used to support facility wide planning to enable anticipated activity to be linked to rosters.



6.4 GM Community, Public, and Mental Health Report

6.4.1 Summary

Community nursing and health service contract performance (including ACC) is \$359,209 YTD ahead of budget [Refer Appendix D]. It is expected that the ACC revenue will be adjusted favourably during June. Volumes continue to trend upwards in community health particularly in the DOM 101 contract for professional services. Hours for home help delivered by the support workers within the community service continue ahead of contract. FTE remains over budget as service demand grows.

Mental Health referrals are increasing in both adult and CAMHS services. CAMHS referrals for Maori children have seen a major increase from 1 referral in April to 11 in May with the highest referral source from direct family/whanau or self referral. Adult MHS saw an increase in Maori referrals from 4 in April to 7 in May. There has been a steady increase in referrals to Adult MHS since March. Maori comprise approx. 20% of referrals to the Adult service. There are no obvious reasons for the increase in acute referrals for March or May. MHS expect to have peaks and troughs throughout the year. The service has not discerned any trends around economic issues.

All services are working on a cost recovery plan and reductions have occurred in locum costs for mental health and a robust plan is in place to reduce clinical supplies costs in community nursing. There are three projects within the 'Good to Great' programme that directly involve staff from community services: the FOCUS review, Community Nursing review and the Transport review.

	May-2009			YTD					FY
	Act	Bud	Var	Act	Bud	Var	Var %	Bud	
Contract Volumes									
FOCUS Needs Assessments	10	10	-	113	110	3	2.7%	120	
District Nurse Contacts	2,818	2,662	156	31,824	26,934	4,890	18.2%	29,217	
Healthy Homes Nurse Assmnts	12	9	3	101	91	10	11.0%	100	
Student Assessments	15	17	(2)	228	187	41	21.9%	200	
Mental Health New Referrals	69	50	19	438	550	(112)	-20.4%	600	
Financial (000's)									
Revenue	\$1,063	\$1,090	(\$27)	\$11,647	\$11,986	(\$340)	-2.8%	\$13,076	
Personnel Costs	(\$807)	(\$685)	(\$122)	(\$8,614)	(\$7,615)	(\$999)	-13.1%	(\$8,309)	
Outsourced Costs	(\$98)	(\$73)	(\$25)	(\$1,040)	(\$813)	(\$227)	-27.9%	(\$886)	
Other Costs	(\$149)	(\$109)	(\$40)	(\$1,565)	(\$1,233)	(\$331)	-26.9%	(\$1,342)	
Net Performance	\$10	\$223	(\$213)	\$428	\$2,325	(\$1,897)	-81.6%	\$2,539	
FTE's									
Allied Health Staff	63.5	69.2	5.7	61.0	70.5	9.4	13.4%	75.4	
Management/Administration Staff	19.5	22.4	2.9	21.6	22.7	1.1	4.9%	22.6	
Medical Staff	2.9	3.5	0.6	3.1	3.5	0.4	11.5%	3.5	
Nursing Staff	52.2	42.0	(10.2)	46.2	42.1	(4.1)	-9.8%	42.1	
Support Staff	-	-	-	-	-	-	0.0%	0.0	
Total FTE	138.1	137.1	(1.0)	131.9	138.7	6.8	4.9%	143.7	

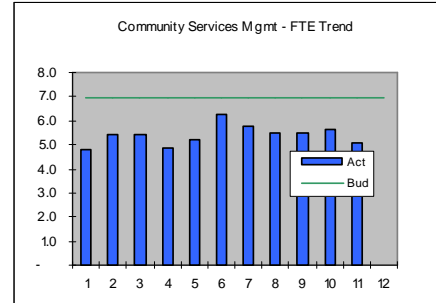
* Refer to the Glossary for definitions of these measures.



6.4.2 Community & Public Health Management

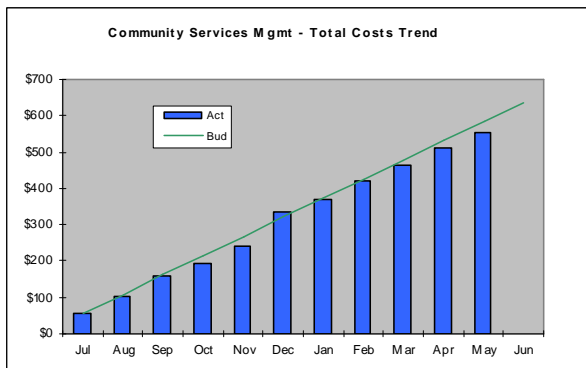
FTE Analysis:

Community Services Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	5.1	7.0	1.8
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	5.1	7.0	1.8



Cost Analysis (000's):

Community Services Management	May-2009			YTD Bud	YTD % of Bud	FY Bud
	Act	Bud	Var			
Financial (000's)						
Revenue						
Revenue	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Expenditure						
Personnel	(\$35.6)	(\$47.3)	\$11.7	(\$501.8)	4.82%	(\$575.2)
Outsourced	\$0.0	\$0.0	\$0.0	\$2.3	0.00%	\$0.0
Clinical Supplies	\$0.0	\$0.0	\$0.0	(\$6.1)	0.00%	\$0.0
Infrastructure & Non-clinical	(\$5.0)	(\$4.1)	(\$0.8)	(\$46.0)	1.66%	(\$50.9)
Deprn & Financing	(\$0.0)	(\$0.9)	\$0.8	(\$0.6)	93.90%	(\$10.5)
Total Expenditure	(\$40.6)	(\$52.3)	\$11.7	(\$552.1)	5.38%	(\$636.6)
Net Surplus/(Deficit)	(\$40.6)	(\$52.3)	\$11.7	(\$552.1)	-5.38%	(\$636.6)



Summary

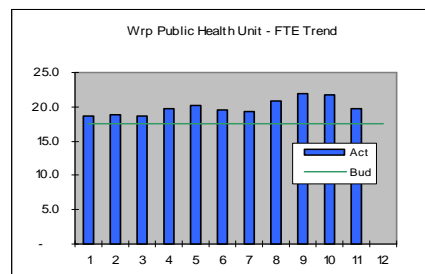
- Infrastructure and non-clinical costs for the Choice Health campus have been coded against this responsibility centre and should more correctly be coded against Public Health, this will not occur until the new budget year 09/10
- Ambulance Service Manager position was not replaced which explains the actual FTE against budget



6.4.3 Wairarapa Public Health Unit

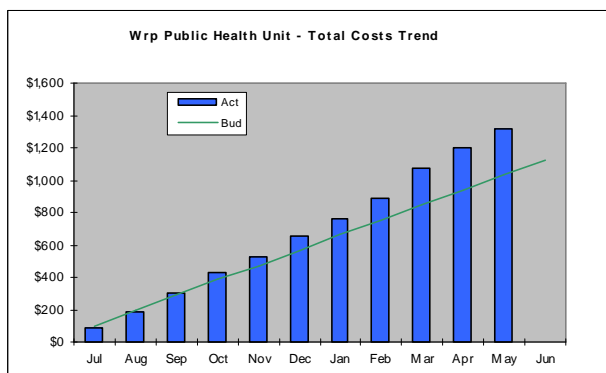
FTE Analysis:

Public Health Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	8.1	10.0	1.9
Management/Administration Staff	3.1	2.5	(0.6)
Medical Staff	-	-	-
Nursing Staff	8.5	5.0	(3.5)
Support Staff	-	-	-
Total FTE's	19.8	17.5	(2.3)



Cost Analysis (000's):

Public Health Unit	May-2009			YTD Act	YTD Bud	YTD Var	YTD % of Bud	FY Bud
	Act	Bud	Var					
Financial (000's)								
Revenue								
Revenue	\$164.1	\$109.1	\$55.0	\$1,489.1	\$1,198.9	\$290.2	-24.21%	\$1,307.9
Expenditure								
Personnel	(\$94.9)	(\$75.3)	(\$19.6)	(\$1,089.6)	(\$856.7)	(\$232.9)	-27.18%	(\$935.2)
Outsourced	(\$4.5)	(\$3.5)	(\$1.0)	(\$57.7)	(\$40.1)	(\$17.6)	-43.82%	(\$43.6)
Clinical Supplies	(\$0.9)	(\$4.2)	\$3.3	(\$11.1)	(\$47.3)	\$36.3	76.63%	(\$51.5)
Infrastructure & Non-clinical	(\$21.1)	(\$7.6)	(\$13.5)	(\$159.3)	(\$85.7)	(\$73.6)	-85.80%	(\$93.3)
Depmn & Financing	(\$0.1)	(\$0.1)	(\$0.0)	(\$0.9)	(\$0.7)	(\$0.2)	-36.37%	(\$0.7)
Total Expenditure	(\$121.5)	(\$90.6)	(\$30.9)	(\$1,318.6)	(\$1,030.6)	(\$288.0)	-27.95%	(\$1,124.3)
Net Surplus/(Deficit)	\$42.5	\$18.5	\$24.1	\$170.5	\$168.3	\$2.2	1.32%	\$183.6



Summary

- Contracts for the 0910 year are still to be finalised. Regional Public Health awaiting funding decisions from the Ministry of Health before recontracting with Wairarapa District Health Board for the coming year. It is anticipated that contract details will be determined during June.
- The Drinking Water Programme at the Ministry contracts this DHB for a regional Technical Assistance Programme Facilitator. The contract finishes on 30 June 2009 and although no contract has arrived we have been advised that this contract will roll over for 6 months. A review of the programme nationally has been completed and the findings will be released in July.



- The immunisation contracts, National Immunisation Register and District Immunisation Facilitation, will also be rolled over for a further 12-24 months.

Key Activities

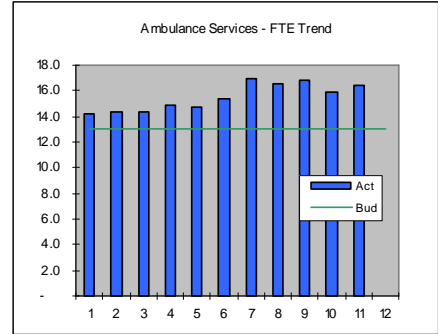
- Submissions to the District Council LTCCPs have been completed, including an additional submission regarding fluoridation to South Wairarapa. This submission completes the Health Impact assessment work conducted for fluoridation. The focus for the LTCCP submissions included: roads, streets, and footpaths, Masterton Cycle and Pedestrian Strategy, cycling, walking, and physical activity, lighting at public recreational facilities, public toilet access, toilet upgrades, and town hall renovations.
- International research gives evidence that Tympanogram Testing on children at a young age is important to capture early hearing impairment. The Vision Hearing Technicians and the Clinical Team Leader have identified sufficient capacity to reinstate 3 year old Tympanogram testing in low decile preschools from Term Two 2010. This testing will coincide with nose blowing education and hand washing in preschools as B4 school checks become more established.



6.4.4 Ambulance Services

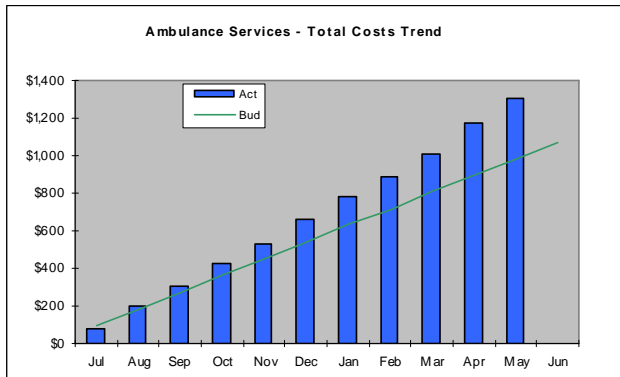
FTE Analysis:

Ambulance Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	16.4	12.9	(3.5)
Management/Administration Staff	-	0.1	0.1
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	16.4	13.0	(3.4)



Cost Analysis (000's):

Ambulance Services	May-2009			Act	YTD Bud	Var	YTD % of Bud	FY Bud
	Act	Bud	Var					
Financial (000's)								
Revenue								
Revenue	\$114.3	\$105.4	\$8.9	\$1,203.6	\$1,159.0	\$44.6	-3.85%	\$1,264.5
Expenditure								
Personnel	(\$106.6)	(\$65.5)	(\$41.1)	(\$946.5)	(\$712.9)	(\$233.6)	-32.76%	(\$778.0)
Outsourced	(\$2.5)	(\$7.7)	\$5.2	(\$77.2)	(\$84.3)	\$7.1	8.45%	(\$92.0)
Clinical Supplies	(\$3.5)	(\$2.1)	(\$1.3)	(\$49.6)	(\$23.6)	(\$26.0)	-110.28%	(\$25.7)
Infrastructure & Non-clinical	(\$13.6)	(\$11.3)	(\$2.3)	(\$159.7)	(\$129.2)	(\$30.6)	-23.65%	(\$140.5)
Deprn & Financing	(\$4.1)	(\$2.9)	(\$1.2)	(\$68.3)	(\$32.0)	(\$36.4)	-113.73%	(\$34.9)
Total Expenditure	(\$130.3)	(\$89.5)	(\$40.8)	(\$1,301.3)	(\$982.0)	(\$319.4)	-32.52%	(\$1,071.1)
Net Surplus/(Deficit)	(\$15.9)	\$16.0	(\$31.9)	(\$97.7)	\$177.0	(\$274.8)	-155.19%	\$193.4



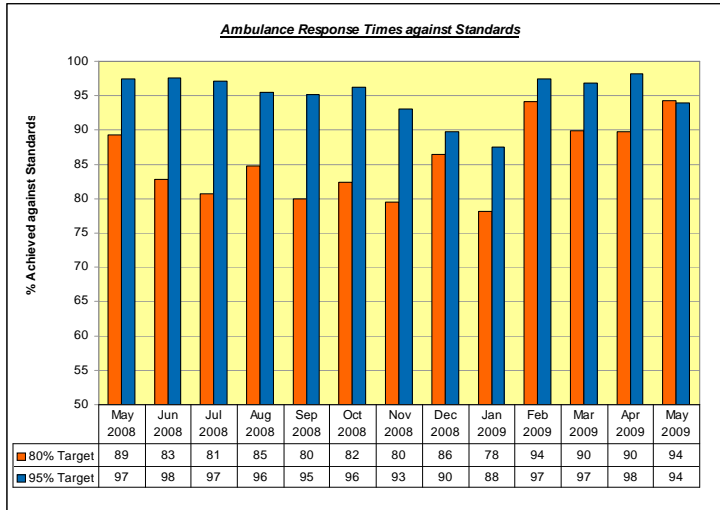
Summary

- Overtime costs climbed this month to cover sickness, leave, and conference absences.
- The service has received its first reaccreditation report from Telarc which has allowed for the opportunity to revisit all policies and procedures within the service. The Duty Watch Officers are leading the project, with support from the Service Manager. One area that was immediately identified as needing attention was ambulance response to a mass casualty incident in the Rimutaka tunnel. The existing plan is being rewritten in conjunction with the DHB Emergency Manager, St John, and Wellington Free Ambulance.
- The service has attracted a number of new volunteers who are almost at the end of their induction programme. Volunteers are unable to crew for at least 6-8 months after commencing induction as they need to hold an



ambulance qualification (National Diploma), complete and pass a driving course, and spend several hours as an observer. The Electrotechnology Industry Training organisation (ETITO) supports the National Diploma training by paying 50% of the fees.

- A review of the service in its current state and suggested improvement will be completed and presented to the Board in July 2009.
- Monthly Output:
 - Patient Transfers 52
 - Accident attendances 87
 - Medical attendances 194
 - Total Paid Staff hours 479.1
 - Total Volunteer hours 94.9



This graph shows the response time performance for the Wairarapa ambulance service against national standards.

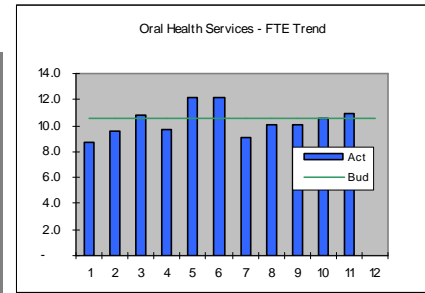
The service has exceeded the target in both categories.



6.4.5 Oral Health Services

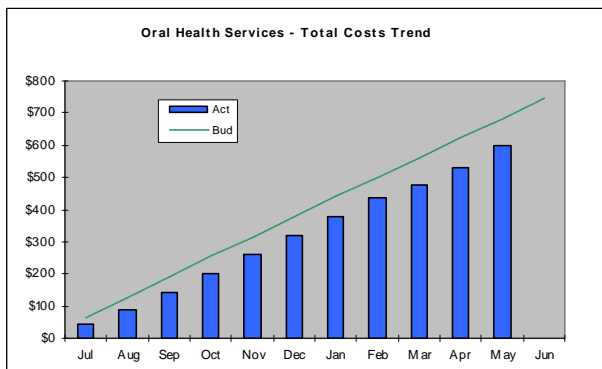
FTE Analysis:

Oral Health Service	FTE Actual	FTE Budget	Variance
Allied Health Staff	9.9	9.4	(0.5)
Management/Administration Staff	1.0	1.2	0.2
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	10.9	10.6	(0.3)



Cost Analysis (000's):

Oral Health Services	May-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$20.6	\$142.6	(\$122.0)	\$752.4	\$1,568.6	(\$816.2)	52.03%	\$1,711.2
Expenditure								
Personnel	(\$56.4)	(\$43.3)	(\$13.1)	(\$524.2)	(\$491.1)	(\$33.0)	-6.73%	(\$536.2)
Outsourced	(\$5.1)	(\$9.3)	\$4.2	(\$6.0)	(\$102.4)	\$96.5	94.17%	(\$111.8)
Clinical Supplies	(\$3.6)	(\$3.8)	\$0.2	(\$28.4)	(\$41.4)	\$13.0	31.36%	(\$45.2)
Infrastructure & Non-clinical	(\$2.4)	(\$2.2)	(\$0.2)	(\$20.2)	(\$27.6)	\$7.3	26.63%	(\$29.7)
Deprn & Financing	(\$1.5)	(\$1.9)	\$0.4	(\$21.8)	(\$21.1)	(\$0.7)	-3.25%	(\$23.0)
Total Expenditure	(\$69.0)	(\$60.4)	(\$8.6)	(\$600.6)	(\$683.7)	\$83.1	12.15%	(\$745.9)
Net Surplus/(Deficit)	(\$48.4)	\$82.2	(\$130.5)	\$151.7	\$884.9	(\$733.1)	-82.85%	\$965.3



Summary

- The mobile dental clinics will arrive in the Wairarapa on 4th September 2009 and 3rd October 2009. The build of each mobile has been commenced. DHB NZ have released a media statement that refers to the first mobiles being delivered to Christchurch. These are Level 1 mobiles which provide for examination only. Our mobiles are Level 2, enabling examination and treatment.
- An electrical scoping of each school selected to receive a mobile has now been completed. As the mobiles require 3-phase power each school requires significant work to lay cabling and provide outside power. The average cost per school is \$9000 and an analysis of all infrastructure requirements will be completed and then discussed with the Ministry of Education and individual Boards of Trustees. The Ministry of Health is working with the Ministry of Education to determine whether special resource consent is required in each school. The size of the works means



that it cannot be undertaken during school term and the rotation of mobiles within schools will be phased. Until all works are completed, existing dental clinics will remain operational.

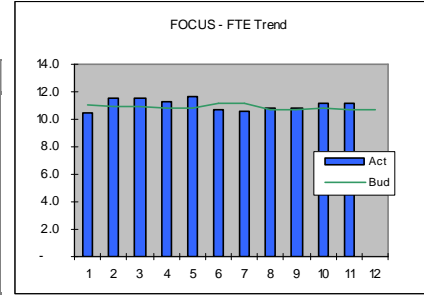
- The Oral Health Service is completely paper based and the mobiles do not have the capacity to store hundreds of paper records. Therefore the Service Manager and the IT Manager will visit Whanganui and Hawkes Bay DHBs to view their oral health software programme as it runs on the Citrix system. Should this software be adopted by our service we will be able to carry laptops on the mobiles for immediate retrieval of patient records and instant entry of current treatments.
- The scholarship funding awarded to the DHB at the end of last year has now been allocated to 2 Maori wahine who will train to be dental therapists and be bonded back to this service to work post graduation. One recipient is local and the other will come from Auckland.



6.4.6 FOCUS

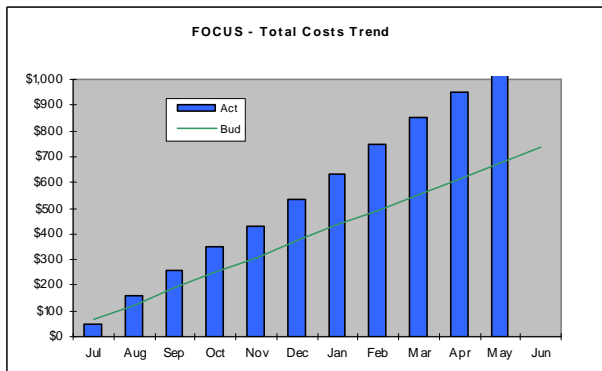
FTE Analysis:

FOCUS	FTE Actual	FTE Budget	Variance
Allied Health Staff	6.1	6.6	0.4
Management/Administration Staff	4.6	4.2	(0.4)
Medical Staff	-	-	-
Nursing Staff	0.4	-	(0.4)
Support Staff	-	-	-
Total FTE's	11.1	10.7	(0.4)



Cost Analysis (000's):

FOCUS NASC	May-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$115.2	\$106.5	\$8.7	\$1,263.6	\$1,172.0	\$91.7	-7.82%	\$1,278.5
Expenditure								
Personnel	(\$55.5)	(\$45.8)	(\$9.7)	(\$574.0)	(\$524.0)	(\$50.0)	-9.54%	(\$571.0)
Outsourced	(\$47.0)	(\$12.0)	(\$35.0)	(\$438.3)	(\$133.2)	(\$305.1)	-228.98%	(\$145.2)
Clinical Supplies	\$0.0	(\$0.0)	\$0.0	(\$0.0)	(\$0.1)	\$0.1	66.62%	(\$0.1)
Infrastructure & Non-clinical	(\$3.5)	(\$1.6)	(\$1.9)	(\$44.7)	(\$18.2)	(\$26.5)	-145.08%	(\$19.8)
Deprn & Financing	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.2)	(\$0.2)	(\$0.0)	-0.15%	(\$0.2)
Total Expenditure	(\$106.0)	(\$59.4)	(\$46.6)	(\$1,057.2)	(\$675.7)	(\$381.5)	-56.45%	(\$736.3)
Net Surplus/(Deficit)	\$9.2	\$47.1	(\$37.9)	\$206.4	\$496.2	(\$289.8)	-58.40%	\$542.2

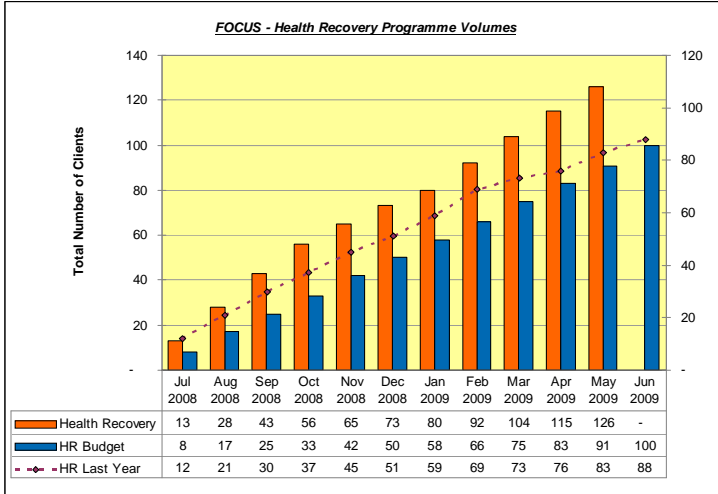


Summary

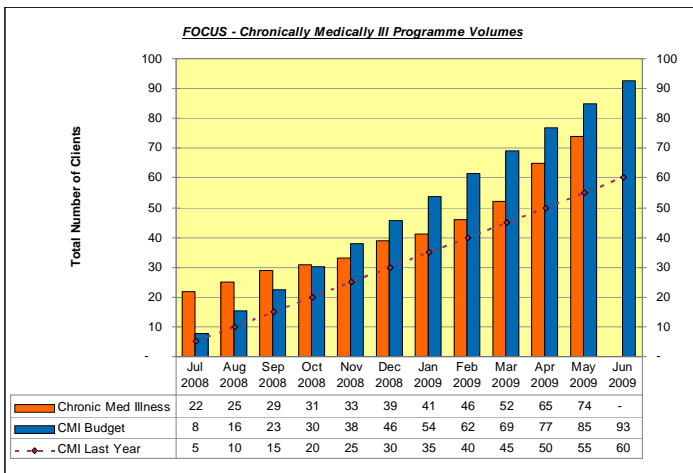
- Personnel and Infrastructure including non-clinical expenditure is above forecast due to Single Point of Entry FTE appointed post budget setting and flow on costs related to the Single Point of Entry.
- Outsourced, expenditure continues to be higher than forecast, this reflects the support services purchased contributed to by an over performance in Health Recovery and Chronically Medically Ill volumes and the cost of FOCUS funded beds that are capacity funded and not always full. The cost of purchasing residential beds has increased and includes backdated payments made to providers.
- FOCUS has a waiting list of 5 weeks. This has been reduced from up to 8 weeks with staff working additional hours.



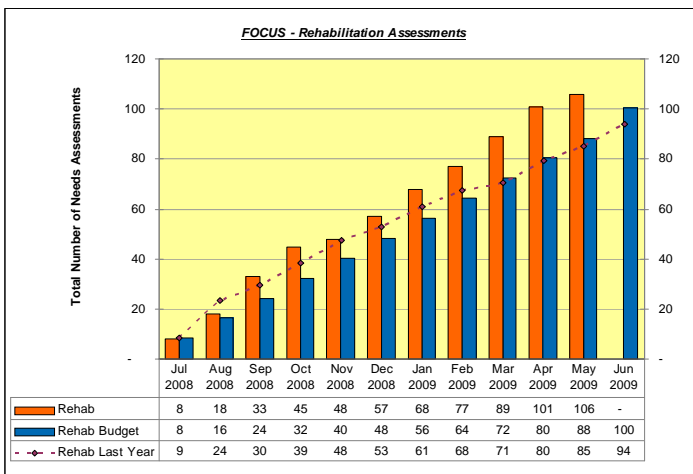
- FOCUS will undergo an audit by the Ministry of Health for the Child and Adult NASC in July
- In the 2005/06 financial year 6% of all referrals received for a FOCUS Needs Assessment were for Maori. The following year this increased to 7% and for the financial year 2008/09 this rose to 11%. This business year the service has had difficulties separating any ethnicity data by service request. Overall referrals to FOCUS YTD are 5% Maori and 19% not stated, 1% Pacific, 65% European and 10% other.



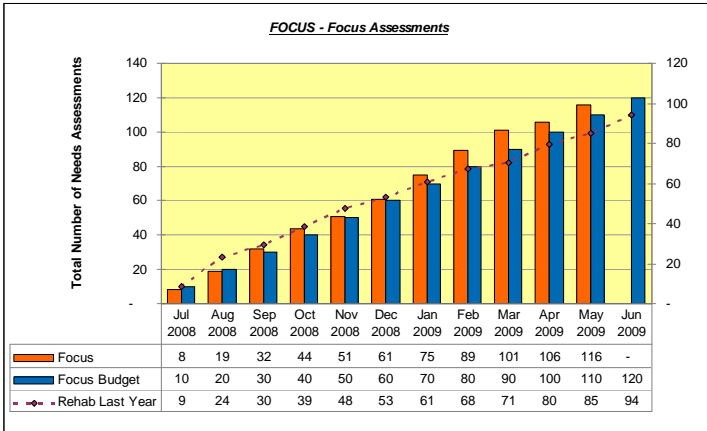
Health Recovery volumes continue to track above budget. This is a demand driven service and to cap the number of people accessing the service would potentially have a flow on effect lengthening inpatient hospital stays. Most referrals to Health Recovery are for people requiring recovery from a hospital event.



CMI funding covers clients that 1) Would fall between traditional disability funding gaps or 2) are palliative. This funding buys flexible services according to individual need. If a person is over 65 years and longer term palliative, they switch to disability funding after a period of time. More has been spent this year due to the palliative definition being wider and covering more people.



This graph shows the volume of assessments completed for Rehab patients by Dr Mathews and Dr Duncan's. In the past these volumes were combined with all other assessments completed in rehab by FOCUS staff.



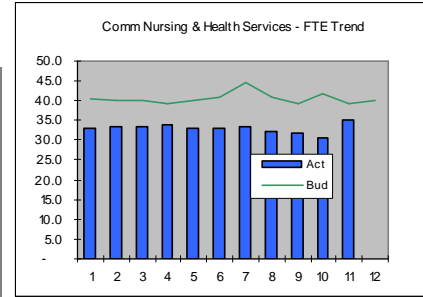
FOCUS completes assessments in the rehab ward if a person is unable to go home with short term support. Determining if an assessment is needed, depends on whether the patient is already a FOCUS client



6.4.7 Community Nursing & Health Services

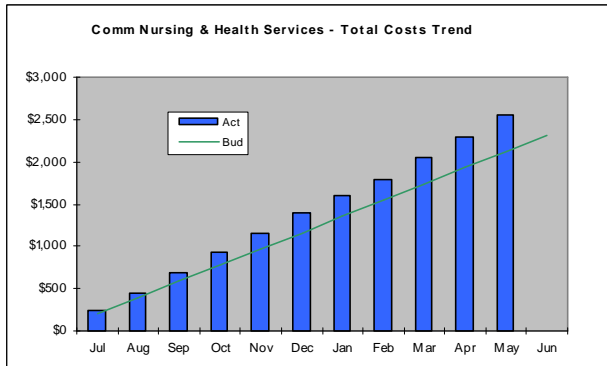
FTE Analysis:

Community Nursing & Health Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	10.9	18.5	7.6
Management/Administration Staff	1.6	2.3	0.7
Medical Staff	-	-	-
Nursing Staff	22.7	18.4	(4.3)
Support Staff	-	-	-
Total FTE's	35.3	39.2	4.0



Cost Analysis (000's):

Community Nursing & Health Services	May-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$224.8	\$205.7	\$19.1	\$2,310.7	\$2,262.4	\$48.3	-2.14%	\$2,468.1
Expenditure								
Personnel	(\$174.5)	(\$136.2)	(\$38.4)	(\$1,777.4)	(\$1,516.5)	(\$260.9)	-17.20%	(\$1,652.4)
Outsourced	(\$6.4)	(\$1.6)	(\$4.7)	(\$22.0)	(\$18.4)	(\$3.6)	-19.78%	(\$20.0)
Clinical Supplies	(\$60.3)	(\$47.3)	(\$13.0)	(\$666.4)	(\$526.8)	(\$139.6)	-26.50%	(\$574.1)
Infrastructure & Non-clinical	(\$10.7)	(\$4.6)	(\$6.1)	(\$65.3)	(\$57.5)	(\$7.8)	-13.56%	(\$62.0)
Deprn & Financing	(\$1.5)	(\$0.6)	(\$0.8)	(\$15.7)	(\$6.7)	(\$9.1)	-136.16%	(\$7.3)
Total Expenditure	(\$253.3)	(\$190.3)	(\$63.1)	(\$2,546.8)	(\$2,125.8)	(\$421.0)	-19.80%	(\$2,315.8)
Net Surplus/(Deficit)	(\$28.5)	\$15.4	(\$43.9)	(\$236.1)	\$136.5	(\$372.6)	-272.90%	\$152.2

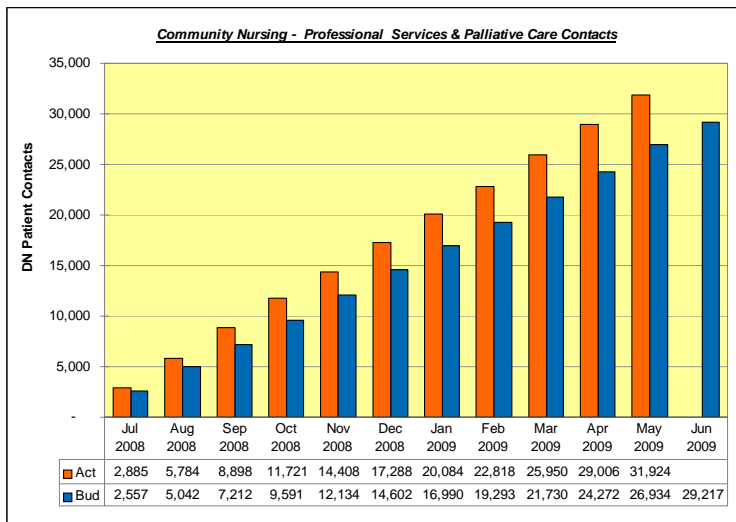


Summary

- Personnel costs contributing factors:
 - One additional FTE has been used to backfill the two staff members sharing the acting Clinical Nurse Manager role.
 - The service has incurred the cost of having a super-numerary new graduate
 - Increase in allowance, penal and overtime costs. Processes are in place to manage overtime.
 - An additional 0.4 FTE support was provided for the Oncology Resource Nurse outside of the budgeted FTE. The Clinical Nurse Manager will now ensure support is provided from within budgeted FTE.
- Clinical supplies:

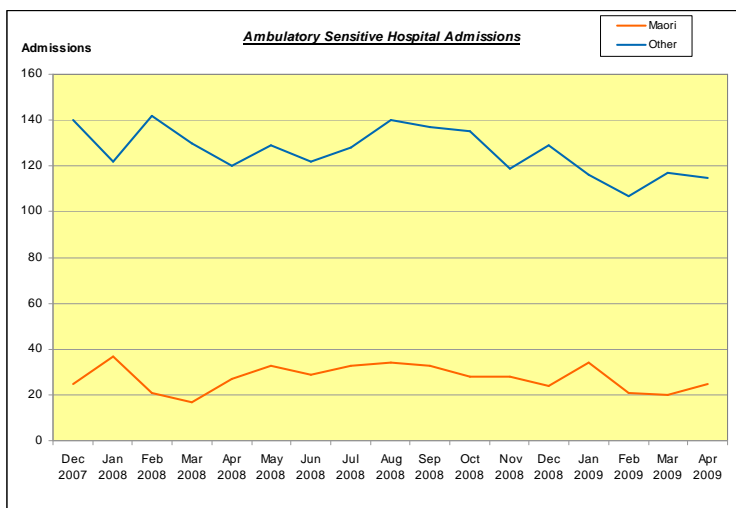


- Direct delivery of continence products has ceased, and a change in ordering processes has been developed (effective from the 31st May).
- Review of all Ostomy products has occurred and a change in the product range will result in at least a 10% saving. This initiative is underway and expected to be in place by mid-June.
- Patient Consumables:
 - There is a direct correlation between the increase in ACC and DOM 1.01 volumes and the increase in the use of consumables.
 - Mitigation:
 - Clinical Supplies are to be ordered by Clinical Nurse Manager and/or CNS only
 - Wound care products reviewed (aligned to LNI agreement with Smith & Nephew). All high cost items to be used on CNS or Manager authority only.
 - Management of Entry & Exit criteria to the service
- The Community Nurse Manager attended the Long Term Conditions Master Class National Network.
- Support workers providing short term care have achieved a high standard of work and they have been given the opportunity to complete the National Certificate in Community Support services (level 3 NZQA). This is fully funded by Careerforce and the MoH.
- Terms of Reference for the Community Health Service project have been drafted and formation of the project group is underway.



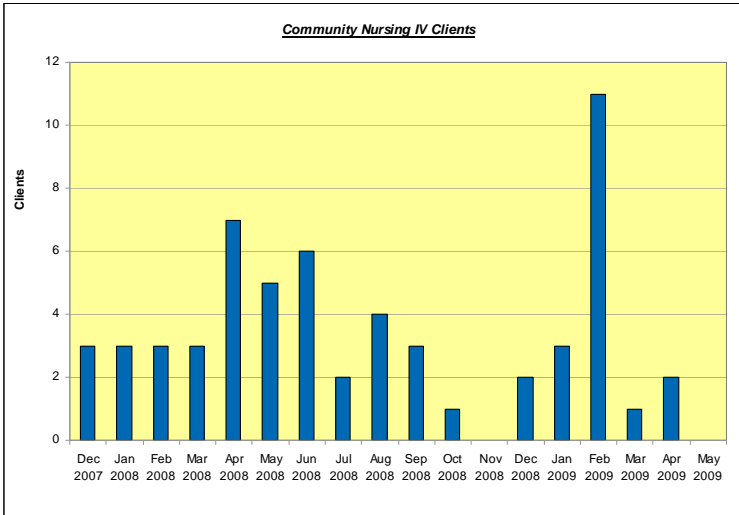
Community Nurse contacts include both DHB and ACC funded visits to patients. Client services such as continence, stomal and oxygen are not included.

A continued trend of increasing numbers of contacts reflects the proactive approach of the in-reach team and the improved liaison between hospital services and community nursing. This trend is not sustainable within the current FTE therefore strict adherence to the service entry & exit criteria must occur.



Ambulatory Sensitive Hospital (ASH) Admissions are those which effective delivery of services in a community setting may have prevented. Their reduction is an indicator in the MOH's Health Targets for 2007/08. One of the main influences on ASH admissions is ethnicity, therefore this is included here. ASH admissions include a number of diagnoses such as asthma, immunisation preventable, cancer, and stroke.

Community, public and primary health services are undertaking initiatives to prevent ambulatory sensitive admissions. The group has started to identify and commence planning for the frequent attendees within above group. The project team have written their first report for the long term conditions project



Community Nurse IV clients

Incorrect recording of data has resulted in no IV volumes being captured. A review of clinical notes has shown the service provided IV in the community for 3 clients.

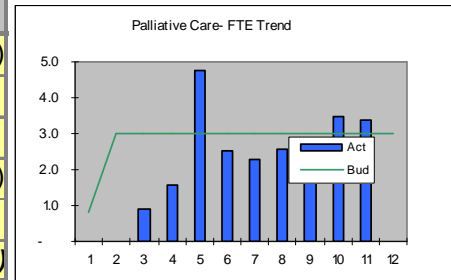
The use of this service is under review as part of the above initiative around ASH.



6.4.8 Palliative Care

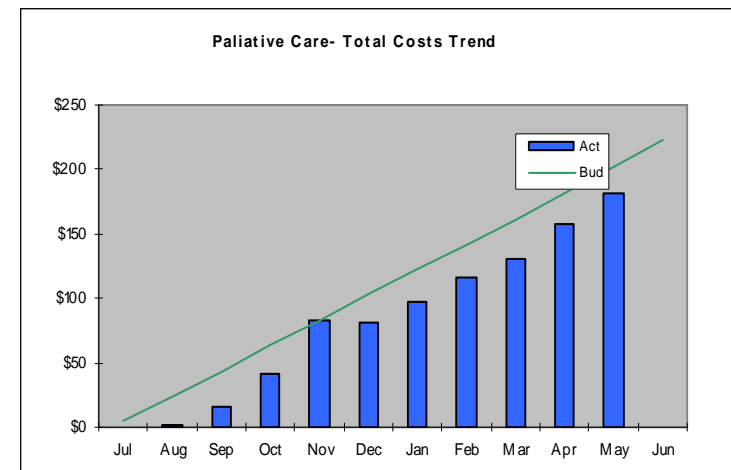
FTE Analysis:

Palliative Care	FTE Actual	FTE Budget	Variance
Allied Health Staff	0.8	0.6	(0.2)
Management/Administration Staff	-	0.2	0.2
Medical Staff	-	-	-
Nursing Staff	2.6	2.2	(0.4)
Support Staff	-	-	-
Total FTE's	3.4	3.0	(0.4)



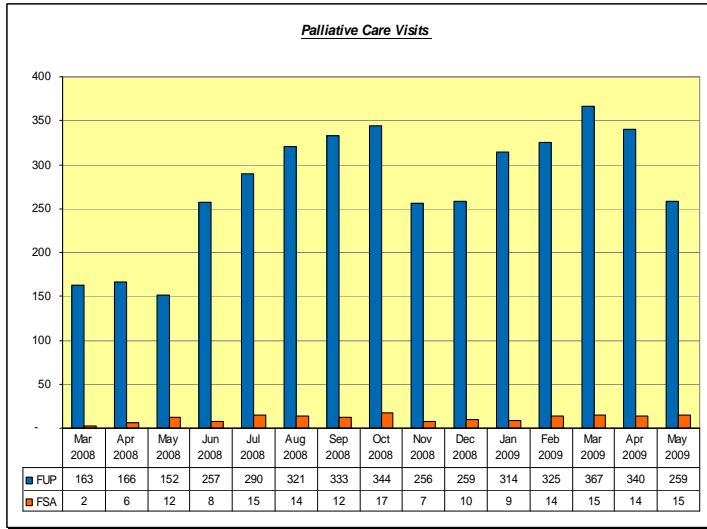
Cost Analysis (000's)

Palliative Care	May-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$44.6	\$44.6	(\$0.0)	\$490.8	\$490.7	\$0.2	-0.04%	\$535.3
Expenditure								
Personnel	(\$20.8)	(\$20.4)	(\$0.3)	(\$149.4)	(\$202.0)	\$52.6	26.04%	(\$222.6)
Outsourced	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Clinical Supplies	(\$0.1)	\$0.0	(\$0.1)	(\$5.6)	\$0.0	(\$5.6)	0.00%	\$0.0
Infrastructure & Non-clinical	(\$2.8)	\$0.0	(\$2.8)	(\$23.6)	\$0.0	(\$23.6)	0.00%	\$0.0
Deprn & Financing	(\$0.1)	\$0.0	(\$0.1)	(\$1.6)	\$0.0	(\$1.6)	0.00%	\$0.0
Total Expenditure	(\$23.8)	(\$20.4)	(\$3.3)	(\$180.2)	(\$202.0)	\$21.8	10.81%	(\$222.6)
Net Surplus/(Deficit)	\$20.8	\$24.2	(\$3.3)	\$310.7	\$288.6	\$22.0	7.63%	\$312.7



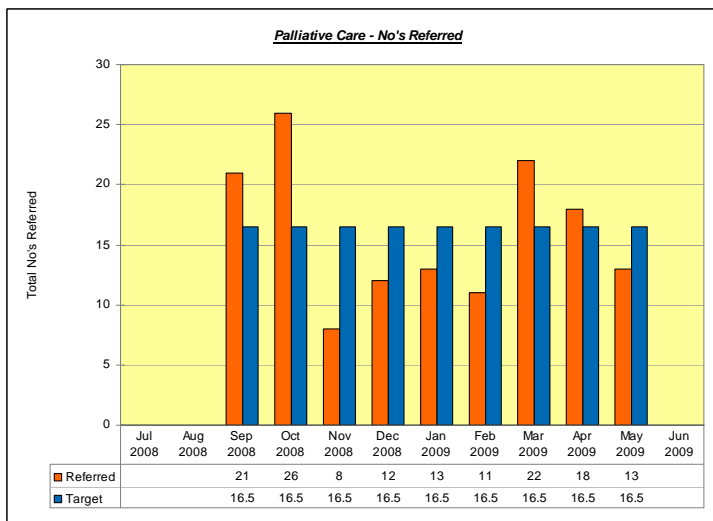
Summary

- The actual FTE adverse to budget reflects extra hours worked by staff to get the service up and running and for staff covering extra shifts while new staff orienting.
- The volunteer coordinator facilitated a meeting with ex Te Omanga volunteers. The Te Omanga CE and family support coordinator attended. The volunteers were invited to join the volunteer service in development for the new Kahukura service.



This graph shows, in blue, the Palliative Care "Follow UP" activity each month and, in orange, the "First Specialist Assessments" each month.

This is work carried out by the generalist community nursing service – not assessments by the specialist nurses



This graph compares actual referred numbers to the Palliative Care Service each month against expected referrals.

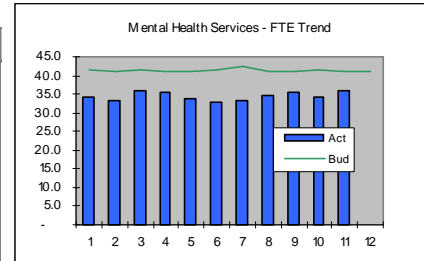
13 New Referrals in May. 46 clients as at 30th May 2009.



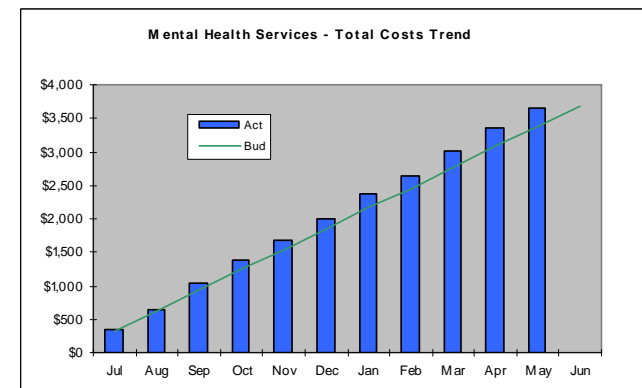
6.4.9 Mental Health

FTE Analysis

Mental Health	FTE Actual	FTE Budget	Variance
Allied Health Staff	11.2	16.2	5.0
Management/Administration Staff	4.0	5.0	1.0
Medical Staff	2.9	3.5	0.6
Nursing Staff	18.0	16.4	(1.6)
Support Staff	-	-	-
Total FTE's	36.1	41.1	5.0



Mental Health	May-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$379.7	\$375.9	\$3.7	\$4,136.6	\$4,134.9	\$1.6	-0.04%	\$4,510.8
Expenditure								
Personnel	(\$262.3)	(\$250.7)	(\$11.6)	(\$3,051.6)	(\$2,784.8)	(\$266.8)	-9.58%	(\$3,038.8)
Outsourced	(\$32.4)	(\$39.1)	\$6.7	(\$440.4)	(\$434.7)	(\$5.7)	-1.31%	(\$473.7)
Clinical Supplies	(\$1.7)	(\$1.3)	(\$0.3)	(\$13.9)	(\$14.7)	\$0.7	5.00%	(\$16.0)
Infrastructure & Non-clinical	(\$11.9)	(\$12.2)	\$0.3	(\$151.6)	(\$141.6)	(\$9.9)	-7.00%	(\$153.8)
Deprn & Financing	(\$0.5)	(\$0.2)	(\$0.2)	(\$4.0)	(\$2.5)	(\$1.5)	-58.33%	(\$2.7)
Total Expenditure	(\$308.7)	(\$303.5)	(\$5.2)	(\$3,661.4)	(\$3,378.3)	(\$283.2)	-8.38%	(\$3,685.0)
Net Surplus/(Deficit)	\$70.9	\$72.4	(\$1.5)	\$475.1	\$756.7	(\$281.5)	-37.21%	\$825.9



Summary

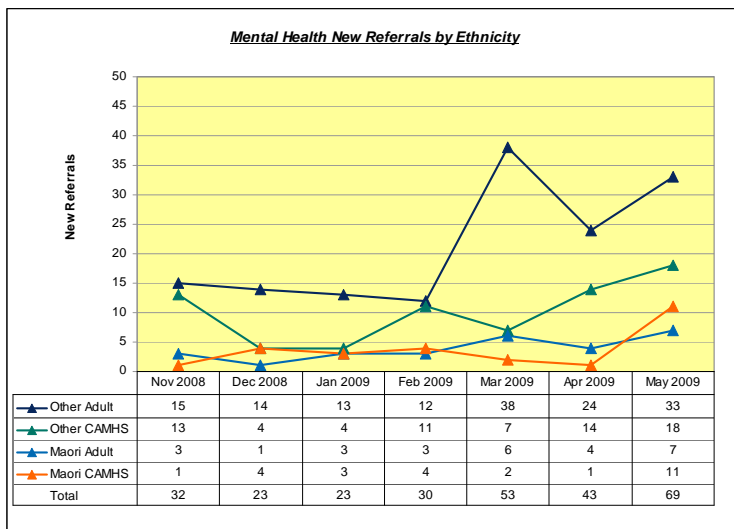
- Continued adverse trend in Personnel due to high locum psychiatrist costs and associated on call allowances. The renegotiated locum contract which began on 1 April continues to show cost reduction. Locum psychiatrist will reduce to 1 day only from 1 July which will be insufficient to cover the service with on call/after hrs/weekend and crisis duties. Further attempts are being made to find additional psychiatric cover for 3 months.
- On call allowances in the Adult team are tightly controlled and every effort is being made to reduce expenditure on this budget line. The budget for actual number of after/hrs hours worked is favourable.
- Overall expenditure for May is starting to track closely against budget, despite the ongoing, but much improved controlled expenditure in personnel costs. The YTD% in this area is also starting to come down from -10.07% to -9.58%, with overall negative expenditure improved from -9.04% in April to -8.38% in May.



- Outsourced expenditure for inpatient beds is within budget for May, but over budget year to date due to high bed usage in Hutt Valley DHB during the year.
- CAMHS continues to operate within budget.

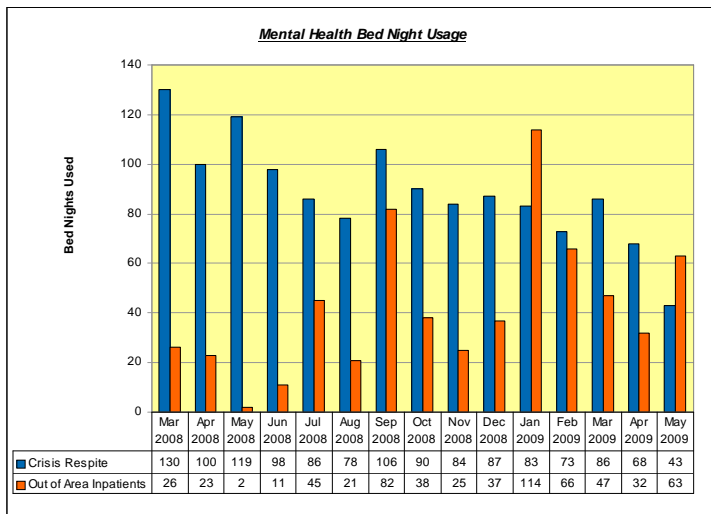
Current vacancies/appointments:

- Maori Mental Health Professionals: Adult MHS 1.7 fte. CAMHS 2.0 fte. Recruitment delayed until new financial year. Recruitment strategy being developed with input from Human Resources.
- Additional 1.0 fte Maori CSW position implemented in Crisis Respite. 0.3 fte Maori Mental Health Professional position filled in the Adult service. Manager to meet with Te Hauora senior staff on 2 June to explore cultural support for Mental health clients and specific cultural training for staff.
- CAMHS: 0.1 fte vacancy in Allied Health covers Incredible Years programme staff and is used when the programme is active.
- Psychiatrist 1.0 fte - overseas psychiatrist has accepted the position with starting date on 1 October 2009, depending on Medical Council vocational registration being awarded. In the meantime 0.4 fte of this vacancy is being filled by locum psychiatrist



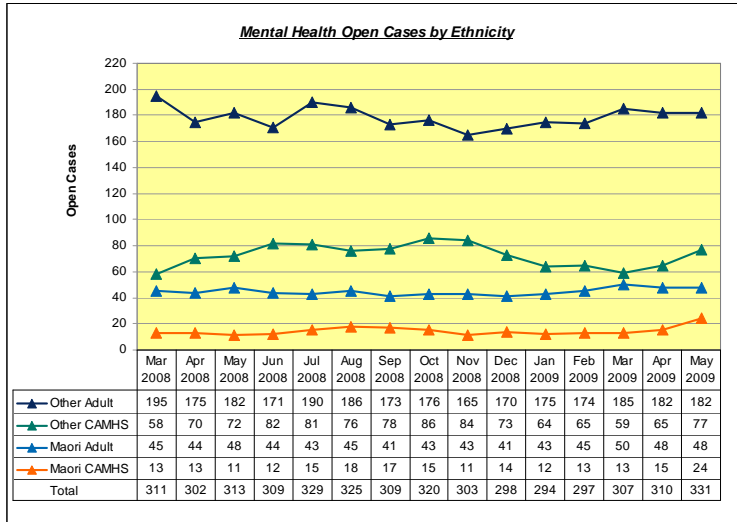
This graph shows the new referrals to the Mental Health services in the month. Those referrals from Maori patients are shown separately as this is an area of particular focus for the service.

CAMHS referrals for Maori children has seen a major increase from 1 referral in April to 11 in May with the highest referral source from direct family/whanau or self referral. Adult MHS saw an increase in Maori referrals from 4 in April to 7 in May. There has been a steady increase in referrals to Adult MHS since March. Maori comprise approx. 20% of referrals to the Adult service. There are no obvious reasons for the increase in acute referrals for March or May. MHS expect to have peaks and troughs throughout the year. The service has not discerned any trends around economic issues.



The bed night usage shows how bed nights were used in the Mental Health Service own Crisis Respite beds, and in the Inpatient beds the service contracts from other DHBs.

From Sept '08 to date the use of Adult CRRC beds has continued to trend downwards. Possibly because the Adult MH service has a full clinical team and now has the capacity to deliver more comprehensive community care. CAMHS did not use the dedicated Youth bed in CRRC in May; young clients are receiving intense home support and programmes in the community from Youth CSW's. Inpatient bed usage has two components. The 4 Regional rehab beds have 100% utilisation with no variability YTD. Acute inpatient bed usage was up in May. There is little or no discernible trend in inpatient bed nights. Four Regional Rehab beds in Capital Coast remain occupied by Wairarapa DHB clients. Two young people were admitted to the Rangitahi Unit for 15 and 12 days respite. A 12 yr old CAMHS client with an eating disorder remains in the paediatric ward in HuttValley while under the care of CREDS, requiring 1:1 nursing daily for the past 4 weeks.



Open cases in both the Adult MH and Children & Adolescent MH (CAMHS) are shown in this graph. Again a particular focus is given to the number of Maori cases open in the services

There has been a slight decrease in total open cases to the Adult team. Maori comprise 17% of the Adult case load.

There has been an increase in CAMHS from 80 to 90 in total open cases, which includes a marked increase in Maori open cases from 13 to 24 in May. This does not include the 5 joint venture clients with Paeds and Group Special Education. Due to electronic documentation issues 11 open cases were not included in the monthly data and steps have been taken to address this anomaly with correct information being available in June.



6.5 Support Services

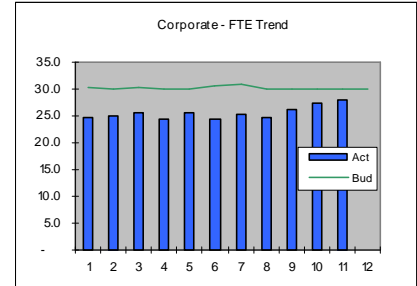
	Act	May-2009 Bud	Var	Act	YTD Bud	Var	Var %		FY Bud
Financial (000's)									
Revenue	\$65	\$55	\$10	\$846	\$598	\$248	41.4%	✓	\$653
Personnel Costs	(\$234)	(\$251)	\$17	(\$2,251)	(\$2,833)	\$583	20.6%	✓	(\$3,091)
Outsourced Costs	\$15	(\$4)	\$19	(\$38)	(\$44)	\$7	14.8%	✓	(\$48)
Other Costs	(\$795)	(\$825)	\$30	(\$9,033)	(\$9,136)	\$104	1.1%		(\$9,962)
Net Performance	(\$949)	(\$1,025)	\$76	(\$10,476)	(\$11,416)	\$940	8.2%	✓	(\$12,447)
FTE's									
Allied Health Staff	-	-	-	-	-	-	0.0%		-
Management/Administration Staff	31.2	34.7	3.6	28.8	35.0	6.2	-17.7%	✗	34.9
Medical Staff	-	-	-	-	-	-	0.0%		-
Nursing Staff	0.8	1.1	0.4	1.0	1.1	0.1	-9.4%	✗	1.1
Support Staff	8.3	8.5	0.2	7.7	8.6	0.8	-9.7%	✗	8.6
Total FTE	40.2	44.3	4.1	37.5	44.6	7.1	16.0%	✓	44.6



6.5.1 Corporate

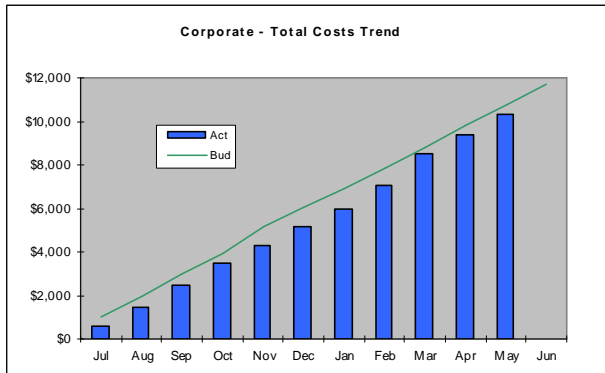
FTE Analysis:

Corporate Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	19.7	21.4	1.7
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	8.3	8.5	0.2
Total FTE's	28.0	29.9	1.9



Cost Analysis (000's):

Corporate Services	May-2009			YTD	YTD % of Bud	FY Bud			
	Act	Bud	Var				Act	Bud	Var
Financial (000's)									
Revenue									
Revenue	\$55.6	\$53.3	\$2.4	\$780.9	\$579.1	\$201.8	-34.84%	+	\$632.4
Expenditure									
Personnel	(\$167.7)	(\$179.7)	\$12.0	(\$1,509.3)	(\$2,031.0)	\$521.7	25.69%	✓	(\$2,215.4)
Outsourced	\$18.1	(\$2.0)	\$20.1	(\$25.7)	(\$23.5)	(\$2.2)	-9.27%	✗	(\$25.5)
Clinical Supplies	(\$36.9)	(\$37.3)	\$0.4	(\$457.3)	(\$410.4)	(\$46.9)	-11.42%	✗	(\$447.8)
Infrastructure & Non-clinical	(\$461.5)	(\$479.4)	\$17.9	(\$5,725.4)	(\$5,326.9)	(\$398.5)	-7.48%	✗	(\$5,806.3)
Deprn & Financing	(\$276.0)	(\$269.7)	(\$6.3)	(\$2,592.0)	(\$2,967.2)	\$375.2	12.64%	✓	(\$3,236.9)
Total Expenditure	(\$924.0)	(\$968.1)	\$44.1	(\$10,309.8)	(\$10,759.1)	\$449.3	4.18%		(\$11,731.9)
Net Surplus/(Deficit)	(\$868.4)	(\$914.8)	\$46.4	(\$9,528.8)	(\$10,179.9)	\$651.1	-6.40%	✗	(\$11,099.5)



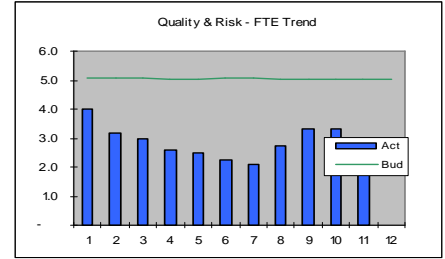
Summary



6.5.2 Quality & Risk

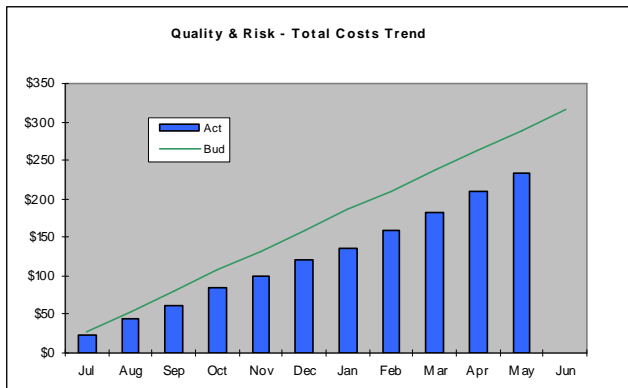
FTE Analysis:

Quality & Risk	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	2.1	3.9	1.8
Medical Staff	-	-	-
Nursing Staff	0.8	1.1	0.4
Support Staff	-	-	-
Total FTE's	2.9	5.0	2.2



Cost Analysis (000's):

Quality & Risk	May-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$9.7	\$1.7	\$8.1	\$63.8	\$18.3	\$45.5	-248.11%	\$20.0
Expenditure								
Personnel	(\$17.9)	(\$22.8)	\$4.9	(\$185.9)	(\$257.3)	\$71.4	27.74%	(\$281.0)
Outsourced	(\$2.7)	(\$0.6)	(\$2.1)	(\$12.1)	(\$7.3)	(\$4.8)	-65.57%	(\$7.9)
Clinical Supplies	\$0.2	(\$0.0)	\$0.2	(\$3.7)	(\$0.3)	(\$3.4)	-1214.28%	(\$0.3)
Infrastructure & Non-clinical	(\$2.1)	(\$1.0)	(\$1.1)	(\$19.7)	(\$12.0)	(\$7.6)	-63.42%	(\$13.1)
Deprn & Financing	(\$1.1)	(\$1.1)	(\$0.0)	(\$11.9)	(\$11.8)	(\$0.1)	-1.05%	(\$12.9)
Total Expenditure	(\$23.6)	(\$25.5)	\$1.8	(\$233.3)	(\$288.7)	\$55.4	19.19%	(\$315.1)
Net Surplus/(Deficit)	(\$13.9)	(\$23.8)	\$9.9	(\$169.5)	(\$270.4)	\$100.9	-37.32%	(\$295.1)



Summary

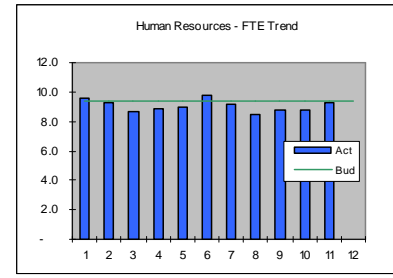
Please refer to Section 7 Ad Hoc Reports, for the Quality & Risk Report.



6.5.3 Human Resources

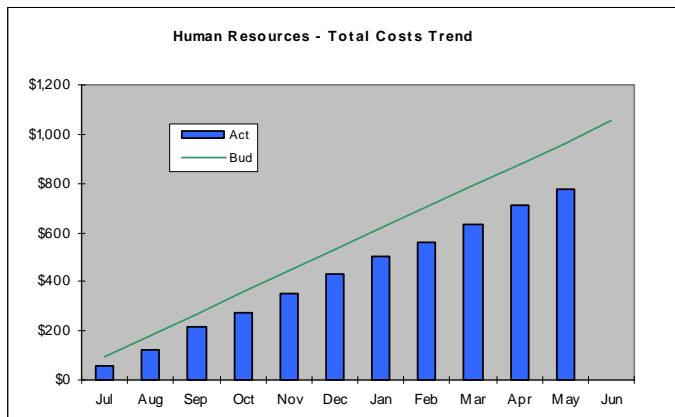
FTE Analysis:

Human Resources	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	9.3	9.4	0.1
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	9.3	9.4	0.1



Cost Analysis (000's):

Human Resources	May-2009			YTD	YTD % of Bud	FY Bud	
	Act	Bud	Var				Act
Financial (000's)							
Revenue							
Revenue	\$0.0	\$0.1	(\$0.1)	\$0.9	\$0.7	\$0.2 -31.01%	\$0.8
Expenditure							
Personnel	(\$48.8)	(\$48.6)	(\$0.2)	(\$555.3)	(\$544.8)	(\$10.5) -1.93%	(\$594.4)
Outsourced	\$0.0	(\$1.2)	\$1.2	\$0.0	(\$13.6)	\$13.6 100.00%	(\$14.8)
Clinical Supplies	(\$0.0)	(\$0.0)	\$0.0	(\$0.2)	(\$0.4)	\$0.3 59.08%	(\$0.5)
Infrastructure & Non-clinical	(\$17.1)	(\$36.2)	\$19.1	(\$218.0)	(\$403.2)	\$185.2 45.94%	(\$439.4)
Depm & Financing	(\$0.8)	(\$0.4)	(\$0.5)	(\$4.7)	(\$4.1)	(\$0.6) -14.45%	(\$4.5)
Total Expenditure	(\$66.7)	(\$86.4)	\$19.7	(\$778.2)	(\$966.1)	\$188.0 19.45%	(\$1,053.5)
Net Surplus/(Deficit)	(\$66.7)	(\$86.3)	\$19.6	(\$777.2)	(\$965.4)	\$188.2 -19.49%	(\$1,052.7)



- The favourable variance in the infrastructure line is the budget for Corporate training which has not been fully utilised.

Training

On 15 and 29 May the DHB conducted a workshop for SLT managers and their direct reports entitled Managing Performance and Behaviour issues. The workshop comprised two 3 hour sessions and covered the following:

- Setting standards and Expectations, and
- Dealing with short of acceptable standards: why things go wrong; fixing things that go wrong.

A total of 21 managers attended the workshop and all gained some new knowledge. It was agreed that the workshop would be in valuable for team leaders/supervisors. A future workshop will be planned for this group.



Employment Group	Progress as at 9th June 2009
Obstetrician & Gynaecologists	<ul style="list-style-type: none"> New appointment commences 10 Aug 09.
Anaesthetist	<ul style="list-style-type: none"> New appointment commences 3 August 09. The first week will be supervision at a tertiary hospital and will start at the Wairarapa DHB on 10 August 09.
Emergency	<ul style="list-style-type: none"> Continue the search for MOSS and Consultants in ED.
Paediatrician	<ul style="list-style-type: none"> Clinician has been appointed. Start date to be advised on receipt of Medical Council approval
Medical Officer	<ul style="list-style-type: none"> Continue to seek candidates to cover anticipated RMO vacancies for future rotations. RMO's are in high demand nationwide.
General Surgery	<ul style="list-style-type: none"> Two vacancies going forward, recruitment underway. This is a potential risk and will be added to the risk register.
Community & Public Health	<ul style="list-style-type: none"> Nil
Mental Health	<ul style="list-style-type: none"> New appointment for 12 months and commences in October 2009.
Maori Health Directorate	<ul style="list-style-type: none"> Nil
Hospital Services	<ul style="list-style-type: none"> RN vacancies – 2.9 FTE across hospital services (excluding below). Midwifery –1 FTE commenced April, 1 FTE to start May; Fixed term and casual agreements in place in meantime as cover. Current vacancy is .6FTE permanent Clinical Typist – on hold Sonographer – advertising continues, locums filling for short period HCA MSW – interviewed and offered
Other Vacancies	<ul style="list-style-type: none"> Team Leader Facilities – On hold Admin Assistant Quality – Fixed Term – Advertising IT Business Analyst - Advertised



6.5.4 Nursing Directorate

May 2009

The Nursing and Midwifery project commenced during May. The goals for this project are to make recommendations in regard to the DHB's nursing/midwifery profile and nursing/midwifery resources in order to ensure the right resource is matched to planned service delivery¹ and recommend a nursing and midwifery structure which will enhance clinical leadership and engagement. This will improve patient/client experiences of care, the quality of care delivered through a more responsive nursing and midwifery workforce and enable nurses to make the most efficient and effective decisions in the delivery of patient care. TOR are finalised; nominations for the reference group have been gained; and some initial data has been gathered for analysis of the nursing and midwifery profile. The first reference group meeting was held in early June with a workshop with senior nurses and midwives in the second week of the month. The evaluation of the Model of Care in MSW has begun and will be incorporated into the nursing and midwifery project.

The Nursing Directorate team is making excellent progress towards certification with policy and procedure review and are actively auditing documentation and working alongside staff to improve this. The IT department has been brought on board to help with electronic reminders regarding documentation practice. The Falls project team have started education sessions and developed pamphlets and handouts for patients and staff alongside reviewed falls risk assessment documentation. Changes to the monitoring of fluids hospital wide were made earlier in the month.

An excellent presentation was given to Clinical Nurse Managers, Unit Managers, IT, HR and the SLT on the functions of TrendCare by the founder and CEO of TrendCare Systems. It has been decided that maximisation of the functions must be embraced going forward by all. A process of prioritisation is currently occurring in order to establish what parts of the system can be utilised more effectively in the short term with other components being picked up later. This piece of work will occur following certification.

The DHB celebrated International Nurses' and Midwives' Days in a quiet fashion this year distributing chocolates especially made with the DHB Nursing and Midwifery logo on them to all providers across the Wairarapa district.

A meeting was held with CareerForce regarding HCA qualifications. The programmes on offer are of a high standard. The DHB will need to consider what support will be given to HCAs in regards to them receiving formal academic education. This applies to HCA in the aged and residential sector as well.

Nurses who have been preceptoring students were given the opportunity to meet with UCOL tutors to discuss any issues that have arisen in the first semester. The DHB has large numbers of students across the organisation currently with the first year students on their first 6 week placement. The DON is closely monitoring all student placements. Negotiations regarding the UCOL contract are about to commence as an increase will be sought.

The DHB's NeTP Expansion Programme was audited in early May. We were successful and no recommendations were made. The report now goes to Nursing Council later in May for approval. Therefore the DHB's entire new graduate programme (both provider and primary health care) are accredited. Work is underway with the Maori Health team on developing a cultural support policy for Maori nursing students receiving support for post graduate study. Additional funding is available for cultural supervision, however, as yet there is no clear process in place to ensure the students receive this.

DHBs were surveyed with regards to the reintroduction of Enrolled Nurse training and where and how the new roles could be used across the sector. Wairarapa will look at the new role at a later date once the scope of practice and training and education needs are determined. The role will be considered in the context of the entire team and whether patient care would benefit from the introduction of such a new role.

¹ Safe Staffing Health Workplaces Whole System Model (DHBNZ/NZNO, Lawless/Jury, 2009). To be carried out in corporation with Patient Forecasting/Capacity Planning and Trendcare data analysis



6.5.5 Maori Health

WAIRARAPA DISTRICT HEALTH BOARD – HOSPITAL ADVISORY COMMITTEE MĀORI HEALTH REPORT HARATUA 2009 (MAY)

Core Business

The Māori Health Unit continues to be busy with whānau admitted to Wairarapa Hospital services and supporting some whānau members to attend scheduled OPD appointments. Collaboration across hospital services continues to grow and there is a real emphasis on working better to reduce disparities. The Social Work department along with several hospital services managers had requested specific hui to look at how we can progress positive pathways for Māori accessing services and the intent is to continue to support each other to progress positive health gains for the Wairarapa.

The Māori Health Unit and Directorate have supported the orientation of the CE Tracey Adamson to both Māori Health Providers. Tracey was involved in powhiri, mihi whakatau, a presentation and discussion from Whaiora and Te Hauora, which appeared to be very informative and helpful.

The Kaitātaki Whānau Ora facilitator has noted an increase in referrals for community support during the month of May.

Whaiora	11
Hauora	2
Whānau Care Services CCDHB	4
Smokefree	9

The Māori Health Unit has been involved in a number of auditing processes throughout the WDHB, and it was noted at the VIP National Hui that WDHB VIP and Māori Health Unit currently have one of the best collaborative relationships of all the VIP hospital based programs.

Reducing Māori DNA Joint Venture

The 1st of May saw the start of the 'Reducing Māori DNA' project. There have been several teething problems which have come to light so far such as late changing of appointments and receiving OPD data ahead of time. These are minor problems that will be ironed out as the project continues.

There has been much interest generated in this work and the Board has asked for a presentation on the DNA project in August. This presentation will be done jointly between Whaiora and the Māori Health Unit.

The Kaitātaki Whānau Ora facilitator had the opportunity to join with the VIP team on Access Radio. Whilst there was a lot of great discussion that took place, she also used this opportunity to talk to the importance of attending OPD appointments and some of the issues that can impact on one for not attending.

Currently work is being undertaken on how we can engage with different groups and share this kōrero. We are hoping to be able to present to groups such as Kohanga Reo, Early Childhood and Kura Kaupapa to name but a few.

DNAs are still appearing each week however we do hope to see a marked reduction as we work to create a seamless process between Whaiora, MHU and the OPD booking clerk.

Te Arawhata Tōtika

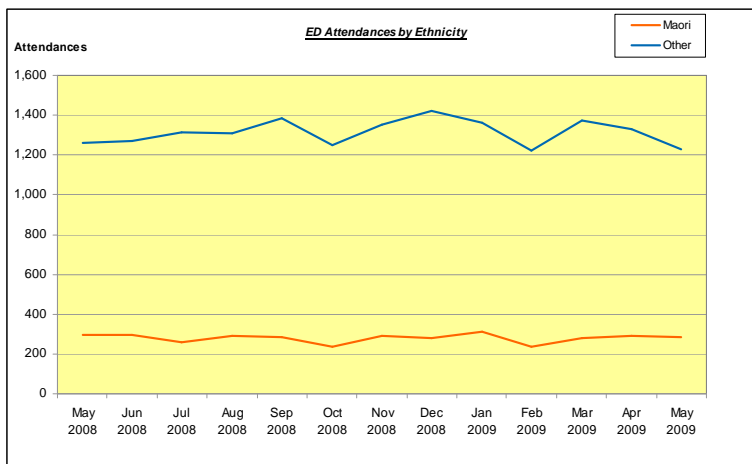
The Te Arawhata Tōtika Coordinator and Manager of maternity and pediatrics have had a meeting to look at progressing this tool within maternity services. There is a slight time delay (2 wks approximately) as maternity awaits the confirmation of a new team leader. Following this appointment joint work will begin in developing Te Arawhata Tōtika as a Quality Health Outcome tool for maternity.

Te Arawhata Tōtika has been presented in several forums over the month of May, one of which was the PHO. The presentations have been aimed at informing largely senior management of the project and how it can support reducing



disparities for Māori and improve Māori responsiveness to health care. One of the critical aims of the presentations has been to encourage managers, that to be successful the approach needs to be driven from senior leaders supported with staff.

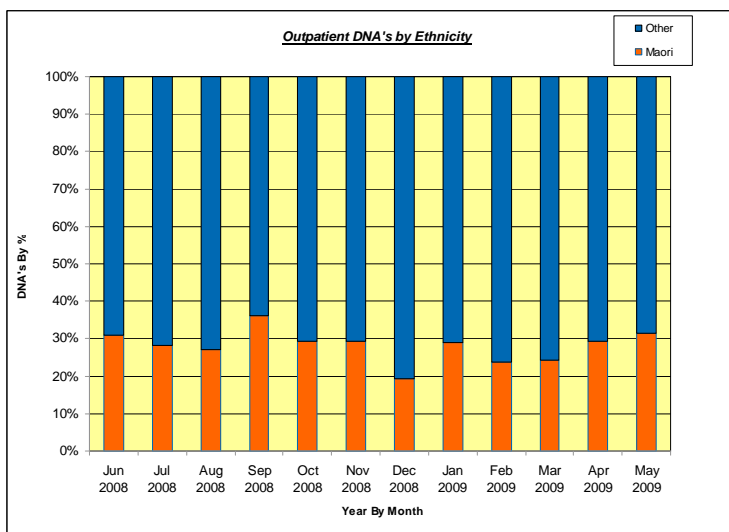
May 2009 Maori Admissions to Wairarapa Hospital		
	Number	Maori % of total
ED Attendances	280	18.5%
<u>Admissions</u>		
Acute (ED, AAU, HDU)	23	13.5%
ATR	0	0.0%
Daycase	14	7.5%
MATY (SCBU, MAT, MNB)	8	16.3%
MSW	30	11.4%
PAEDS	15	38.5%
<u>OPD</u>		
OPD First Attendances	78	11.8%
OPD First Attendances DNA's	16	32.7%
OPD Follow Ups	119	9.7%
OPD Follow Ups DNA's	27	37.5%
Births	4	17.4%



This graph shows the trend of all Emergency Department attendances over 15 months broken down by ethnicity.

Māori Health continues to work in collaboration with ED staff.

Joint work carried out in ED between Māori Health, Mental Health Services and ED. This is a possible reflection of the ED / MHS collaboration work currently being undertaken.



This graph shows the proportional representation of Outpatient Did Not Attends between Maori and Non-Maori. Total DNA rates are in the vicinity of 10%.

DNAs continue to remain high. Some current issues being worked through / faced with:

- Receiving information in advance (hopefully now rectified)
- Contact information not current
- Some change in clinic times
- IT investigating glitch in the system



SECTION 7: Ad Hoc Reports

Wairarapa District Health Board

Quality and Risk

May 2009

1. General Overview

- Incident Management training organised for the 16th 17th and 18th of June, tremendous response from people wanting to participate in it.
- Response to the trend of increasing falls with more serious consequences tabled at the falls risk management group. All falls events now to be reviewed at that meeting on a monthly basis. Quality improvements time lined for introduction to the inpatient areas, all members of the Falls Risk Group to lead and participate in making it happen.
- Continuing the development and review process of Policies/Protocols/Procedures. Draft document to be released for consultation this month.
- Starting the process of developing service quality plans in each area to reflect the service level developments, and a range of quality improvement tools.
- Preparing for WDHB Certification focus now on the recall of policy folders, renewal of the quality folders, meeting with staff to plan for the survey.
- 2 issues of the Certification information sheet have gone out.
- Updating the quality intranet site and starting to raise the role and profile of Q&R identity.

2. Quality

Health & Safety:

Attended ACC Seminar on Wellness Wgtn

Education

- New Staff Induction
- House Surgeon Orientation

Review Rehab Wards H/ S manual

Occupational Health

One staff member in May work related 4 ½ days ACC leave.

Mobile Clinic for Staff Flu vaccinations held in four locations throughout the hospital plus one 'mop up' day.

- Pre-employment screening X11
- Visit by Occupational Health Advisor X 3
- Referral Occupational Health Medical Advisor X 1

Infection Control

1 Case of Staff member with salmonella advice sought from Dr Chan at Medlab for management of Salmonella in Staff Member and follow up with Public Health

Review and update of infection control documentation including

- Infection Control Information Booklet, up-to-date photos taken
- Review Compass Health IC Guidelines

Advice /Education sessions with several community services and PHOs

Emergency Preparedness:

Due to the 'Swine Flu' epidemic the 'World Health Organisation' increased the Alert Phase to 5



To that end all 21 District Health Boards and 12 Public Health Units were instructed to activate their 'Emergency Operations Centres' (EOC).

Within 1 hour of the request Wairarapa District Health Board's EOC was fully functional and all members of the 'Incident Management Team (IMT) were identified. A data show was set up within the EOC with 'Live Text' from WebEOC scrolling on the SMART Board. The EOC was operating from 07:00 hours – 19:00 hours daily for the first 14 days of May, including Saturday and Sunday.

Initially the passage of information to GPs' and other Agencies of concern was a little slow, however after day 3 the passage of information started to gather pace. However staff were fully informed from day 1 with Situation Reports (SITREPs)' being sent to Managers for dissemination down to their respective areas of responsibilities, some units within the Hospital produced dedicated 'Swine Flu' folders which staff read whilst coming on duty.

The situation is still monitored on a daily basis, with the EOC no longer active; however it can be reactivated at a moments notice. The EOC Manager submits a SITREP at 12:00 hours daily and a daily update on the Tamiflu and Relenza Supplies.

Trial Evacuations' were conducted on 26th 28th and 29th May 2009 at 'Child and Adolescent Mental Health Services (CAMHS), Cultural Centre and Wairarapa Public Health, respectively. In each case, all staff were aware of their actions and reacted accordingly. All necessary reports were raised and forwarded to the Fire Service and separate reports have been submitted to the 'Senior Leadership Team' (SLT) for comment.

On Friday, 29th May 2009 at 10:00 hours the EOC Manager attended a meeting at Masterton District Council, along with the Welfare agencies which would be called upon to assist the DHB in an Emergency. Discussions focused on their roles and responsibilities, should an emergency arise. All those present confirmed they understood their responsibilities as per the 'Welfare Plan', written by Paul Walker, CD EMO.

Complaints:

May 2009: 4 inpatient and 4 outpatient complaints for this period were received. They related to treatment provided.

Compliments:

Nine compliments were received for this period

May 2009: For this period a total of 36 events were received, of these 22 related to patients and 10 related to staff.

Top 5 Reportable Event Categories

Falls - 7
Security – 5
Equipment - 5
Quality Deficits – 5
Medication Errors - 3

Mortality: There were 8 deaths in hospital for the May period.

Please note that stillbirths do not have National Health Indicators allocated so are not recorded in their own right. The stillbirth is recorded as an outcome against the mother's National Health Indicator. Therefore they are not reported in the monthly hospital mortality figures.



SECTION 8: General Business



SECTION 9: Glossary of Terms

ED Attendances - The number of patients presenting to the Emergency Department. This includes those who are then admitted to a ward.

Acute CWD - Casewighted discharges who were admitted for acute reasons.

Elective CWD- Casewighted discharges who were admitted through the waiting list system.

OP FSA's - Outpatient clinic's that were first specialist attendances.

OP Follow's - Outpatient clinic's that are subsequent attendances to the FSA.

Readmissions - Patients who have been admitted to a ward and had previously been admitted in the past 30 days. The new admission must be acutely and to the same specialty. The rate shows the number of readmissions as a proportion of all admissions.

OP DNA's - Outpatient clinic did not attends are when a patient doesn't attend a clinic that was booked for them.

Theatre Utilisation - The amount of theatre time utilised during normal working hours 8.30 - 5.00 Mon - Fri.

Daycase Electives - The proportion of all elective procedures in which the patient does not have an overnight stay, referred to as daycase.

FOCUS Needs Assessments - Assessments done by the FOCUS team on the needs of patients discharged from hospital or referred to them.

District Nurse Contacts - All contacts for services provided in the patients residence by the District nurses. Includes palliative care services.

Healthy Homes Assessments - Assessments done of clients homes to make the home more conducive to a healthy life style e.g. insulation, ventilation.

Student Assessments - Assessments of students to increase their health benefits.

AT&R - Assessment, Treatment and Rehabilitation ward.

MSW - Medical Surgical Ward

HDU - High Dependency Unit

AAU - Acute Assessment Unit

SCUBU - Special Care Birth Unit

CAMHS - Children & Adolescent Mental Health Services

CRRC - Crisis Respite Recovery Centre

FTE - Full Time Equivalent eg someone working 4 days a week is an 08.8 of an FTE.

SMO - Senior Medical Officer

RMO - Registered Medical Officer

CNS - Clinical Nurse Specialist



LMC - Lead Maternity Carer

IMW - Independent Midwife

PHN - Public Health Nurses

RN - Registered Nurse

DAO - Duty Authorisation Officer

ALOS - Average Length of Stay is the number of days stayed, divided by the number of discharges for a given inpatient sample.

ASH - Ambulatory Sensitive Hospitalisation are admissions which effective delivery of services in a community setting may have prevented that admission.

ENT - Ear, Nose & Throat

OPD - Outpatient Department

STOP - Termination of Pregnancy

INR - Elevated bleeding time by blood test

SLA - Service Level Agreement between the hospital and the Funder

HDBC - Hospital development Business Case

MOH - Ministry Of Health

NZNO - New Zealand Nurses Organisation

NGO - Non Government Organisation

SMT - Senior Management Team

MECA - Multi Employee Contract Agreement

IDF's - Inter District Flows, work done by DHB's for patients that are domiciled in another DHB's district.

NHPPD - Nurse Hours Per Patient Day, total number of nurse hours in a shift divided by the number of patients in that ward.



SECTION 10: Appendices

Appendix A: Elective Services ESPI Compliance Report.

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

DHB Name: Wairarapa

	200E			200E			200E			200E			2008			200E			2008			200E			200E			200E			2009			Target			
	May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar				Apr		
	Level	Statu s %	Imp. Req.	Level	Statu s %	Imp. Req.	Level	Statu s %	Imp. Req.	Level	Statu s %	Imp. Req.	Level	Statu s %	Imp. Req.	Level	Statu s %	Imp. Req.	Level	Statu s %	Imp. Req.	Level	Statu s %	Imp. Req.	Level	Statu s %	Imp. Req.	Level	Statu s %	Imp. Req.	Level	Statu s %	Imp. Req.		Level	Statu s %	Imp. Req.
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	14 of 14	100%	0	> 90%
2. Patients waiting longer than six months for their first specialist assessment (FSA).	68	1.3%	0	40	0.7%	0	36	0.7%	0	50	0.9%	0	30	0.5%	0	55	1.0%	0	109	2.0%	0	46	0.8%	0	60	1.1%	0	54	0.9%	0	44	0.8%	0	67	1.1%	0	< 2%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	3	0.0%	0	4	0.0%	0	4	0.0%	0	4	0.0%	0	4	0.0%	0	5	0.0%	0	8	0.0%	0	6	0.0%	0	6	0.0%	0	5	0.0%	0	6	0.0%	0	6	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.	7	0.0%	0	4	0.0%	0	11	0.7%	0	9	0.0%	0	20	1.3%	0	18	1.2%	0	15	1.0%	0	29	1.9%	0	13	0.8%	0	15	0.9%	0	28	1.8%	0	26	1.6%	0	< 5%
6. Patients in active review who have not received a clinical assessment within the last six months.	3	0.0%	0	3	0.0%	0	1	0.0%	0	1	0.0%	0	2	0.0%	0	1	0.0%	0	4	0.0%	0	8	0.0%	0	3	0.0%	0	5	0.0%	0	6	0.0%	0	6	0.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	7	0.0%	0	5	0.0%	0	11	0.7%	0	10	0.7%	0	16	1.1%	0	16	1.0%	0	14	0.9%	0	24	1.5%	0	13	0.8%	0	16	1.0%	0	27	1.6%	0	26	1.6%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	139	98%	0%	103	100%	0%	117	100%	0%	122	100%	0%	153	100%	0%	170	100%	0%	179	100%	0%	130	100%	0%	166	100%	0%	158	100%	0%	156	99%	0%	128	100%	0%	> 90%



MoH Elective Services Online

Comparison of surgical services for April 2009

DHB Name: Wairarapa

Service Name	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.		
	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	1 of 1	100.0 %	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	1	0.0 %	0	X	X	X
Ear, Nose & Throat	1 of 1	100.0 %	0	2	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	10	100.0 %	0 %
General Surgery	1 of 1	100.0 %	0	3	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	8	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	0	0.0 %	0	22	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	11	2.9 %	-2	0	0.0 %	0	0	0.0 %	0	3	0.0 %	0	0	0.0 %	0	0	0.0 %	0	31	100.0 %	0 %
Orthopaedics	1 of 1	100.0 %	0	10	0.8 %	0	6	0.0 %	0	0	0.0 %	0	17	4.6 %	0	5	0.0 %	0	20	6.6 %	-2	25	100.0 %	0 %
Paediatric Surgery	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	X	X	X
Plastics	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	3	0.0 %	0	X	0.0 %	0	3	0.0 %	0	26	100.0 %	0 %
Urology	1 of 1	100.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	6	100.0 %	0 %
Total				28			8			0			28			6			28			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 elective website). NZHS's Analytical Services Team can assist with providing variations of this information e.g data for a particular DHB or period (details on the NZHS website - <http://www.nzhs.govt.nz/>).



Appendix B: WDHB Additional Electives Report

200809 Electives Initiative CWD Monitoring Report -Wairarapa.rep

**2008/09 Electives Initiative
Year to Date Summary**

Figures expressed by DHB of Domicile
Publicly funded events only
Surgical and cardiology purchase units only
Elective admissions only

093 Wairarapa DHB

	Year to Date CWD Delivery	Total 2008/09 CWD Delivery
Base Planned CWD Volume	1,554.19	1,897.00
Additional Planned CWD Volume	626.60	686.60
Total Planned CWD Volume	2,180.79	2,583.60
Actual CWD Delivery	2,276.45	
Base Plan to Actual Variance	722.26	
Total Plan to Actual Variance	95.66	
Has the DHB Delivered its Base Volumes?	Yes	
Payment will be made for...	All Eligible Services as Listed Below	

Services Receiving Additional Funding	YTD Base Planned CWD Volume	YTD Additional Planned CWD Volume	YTD Total Planned CWD Volume	Actual CWD Delivery	Base Plan to Actual Variance	Maximum CWDs Available for Payment	Amount (\$) Paid to Date	CWDs Paid to Date	CWDs Available for Payment	Outpatient Inclusive CWD Price	Amount (\$) Available for Payment
M10.01 Cardiology	40.97	31.00	71.97	74.85	33.88	31.00	\$123,544.92	31.00	0.00	\$3,985.32	\$0.00
S25.01 ENT	76.19	9.00	85.19	104.77	28.58	9.00	\$45,316.67	9.00	-0.00	\$5,033.21	\$0.00
S00.01 General Surgery	326.90	107.00	433.90	429.00	102.10	102.10	\$399,281.52	98.46	3.64	\$4,055.41	\$14,761.69
S30.01 Gynaecology	152.39	37.00	189.39	212.65	60.26	37.00	\$147,456.84	37.00	0.00	\$3,985.32	\$0.00
D01.01 Inpatient Dental	5.73	23.60	29.33	32.75	27.02	23.60	\$94,054.05	23.60	-0.00	\$3,985.32	\$0.00
S40.01 Ophthalmology	89.30	35.00	124.30	149.35	60.05	35.00	\$145,722.04	35.00	-0.00	\$4,163.37	\$0.00
S45.01 Orthopaedics	539.91	146.00	685.91	672.82	132.91	132.91	\$511,946.61	121.88	11.03	\$4,200.34	\$46,329.75
S55.01 Paed Surgical	13.92	10.00	23.92	21.70	7.78	7.78	\$31,922.41	8.01	-0.23	\$3,985.32	-\$916.62
S60.01 Plastics	59.81	147.00	206.81	203.14	143.33	143.33	\$560,294.66	131.40	11.93	\$4,264.01	\$50,869.64
S70.01 Urology	73.73	20.00	93.73	101.65	27.92	20.00	\$89,308.39	20.00	0.00	\$4,466.32	\$0.00
S75.01 Vascular	30.32	61.00	91.32	102.97	72.65	61.00	\$243,104.52	61.00	0.00	\$3,985.32	\$0.00
				2,105.66		602.73	\$2,391,952.63	576.35	26.38		\$111,044.46



Appendix C: Collective Employment Negotiations

The following table provides information about the current status of the national collective employment agreements that affect the WDHB:

Parties to bargaining	Current situation
Senior medical officers	Expires 30 April 2010.
Resident Medical Officers (RMO's)	Expires 31 December 2009.
Allied, Public and Technical workers	Expires Oct 2010. Implementation of new provisions nearing completion
NZNO Nursing and Midwifery	Expires 31 March 2010. Work on bargaining strategy for next negotiations has begun with DHBNZ.
PSA Clerical	Expires Dec 2011. Implementation of new financial provisions completed, new leave provisions nearing completion.
Ambulance - NDU	Expires 30 June 2011
Service and Food Workers	Expires 30 June 2009. Consultation with DHB's completed.
Apex - MRT	Expires September 2009, Preparation for bargaining commenced. DHBNZ consulting with DHB's re bargaining strategy and costings. Initiation from APEX expected early June 2009.

Collective Name	Status
SMO (N)	Expires April 2010
Nurse/Midwives (N)	Expires 31 March 2010
Midwifery Employee (N)	Expires March 2010
PSA Allied/technical (N)	Expires October 2010
PSA Nursing (N)	Expires 31 October 2010
Jnr Doc (N)	Expires 31 December 2009
Med Rad Techs (N)	Expires 30 September 2009
Maint Services (L) (NZAEP& M)	Expires September 2010
Clerical PSA (L)	Expires December 2011
Ambulance Officers CEA (CAWUNZ)	Expires 30 June 2010.
Home Links (SFWU) (L)	Expires June 09
Ambulance (N) Nat Distribution Union	Expires June 2011



Appendix D: Provider Arm Contract Performance Report

Provider Arm Contract Performance Report

For the period ended 31st May 2009

Wairarapa DHB
Wairarapa District Health Board
Te Paari Hauora a-rohe o Wairarapa

Fisc 2009

	PUC2	PUC	Contract Price	YTD Actual Vol	YTD Contract Vol	YTD Vol. Var	YTD Vol. Var %	YTD Actual Revenue	YTD Contract Revenue	YTD Revenue Var	YTD Revenue Var %	LY YTD Actual Vol	LY YTD Actual Revenue	FY Contract Vol	FY Contract Revenue
DHB Funded															
Acute/Ambulance Services Total				13,866.76	10,868.76	2,998.00	27.6%	\$4,441,360	\$3,569,375	\$871,985	24.4%	12,585.93	\$3,192,955	11,851.00	\$3,908,646
CaseWeight Acutes Total				3,494.26	3,266.50	227.76	7.0%	\$13,925,749	\$13,018,046	\$907,703	7.0%	3,354.38	\$12,546,644	3,549.40	\$14,145,493
CaseWeight Electives Total				1,615.51	1,491.60	123.91	8.3%	\$6,438,307	\$5,944,497	\$493,810	8.3%	1,557.17	\$5,794,330	1,631.30	\$6,501,246
OP 1st Attendances Total				6,013.00	6,177.50	-164.50	-2.7%	\$1,638,057	\$1,641,659	-\$3,602	-0.2%	5,363.00	\$1,377,580	6,727.00	\$1,788,486
OP Subsequent Attendances Total				9,279.00	8,271.00	1,008.00	12.2%	\$1,981,377	\$1,782,005	\$199,371	11.2%	8,321.00	\$1,605,797	8,978.00	\$1,933,046
Procedures Total				941.00	889.00	52.00	5.8%	\$933,624	\$857,012	\$76,612	8.9%	905.00	\$848,049	972.00	\$936,476
Other Patient Services Total				1,811.76	2,036.76	-225.00	-11.0%	\$437,009	\$495,825	-\$58,816	-11.9%	2,038.83	\$442,004	2,212.00	\$545,060
Allied Health Total				10,748.00	9,978.00	770.00	7.7%	\$970,025	\$944,377	\$25,648	2.7%	9,665.00	\$835,920	10,910.00	\$1,029,854
ATR Total				3,264.00	3,872.50	-608.50	-15.7%	\$1,646,388	\$1,765,810	-\$119,422	-6.8%	3,188.00	\$1,365,007	4,198.00	\$1,919,757
Focus Total				323.16	291.20	31.96	11.0%	\$1,154,157	\$1,098,463	\$55,694	5.1%	145.58	\$708,937	320.10	\$1,228,594
Choice Health Total				70,694.26	70,684.26	10.00	0.0%	\$1,106,069	\$1,103,939	\$2,130	0.2%	70,691.42	\$826,732	77,160.00	\$1,215,799
Clinical Support Total				22,581.43	30,332.88	-7,751.45	-25.6%	\$567,126	\$802,250	-\$235,124	-29.3%	48,011.14	\$737,569	33,201.00	\$884,028
Programmes Total				7,517.94	10,511.94	-2,994.00	-28.5%	\$1,636,269	\$1,648,460	-\$12,191	-0.7%	10.66	\$1,215,080	11,476.00	\$1,866,108
Community Services Total				37,878.88	35,050.88	2,828.00	8.1%	\$2,552,444	\$2,310,432	\$242,012	10.5%	33,617.92	\$2,424,018	38,093.00	\$2,515,892
Maternity Total				1,383.00	1,387.25	-4.25	-0.3%	\$1,840,488	\$1,856,518	-\$16,029	-0.9%	1,508.92	\$2,792,602	1,527.00	\$2,035,610
Mental Health Total				533.77	710.73	-176.97	-24.9%	\$3,524,731	\$4,154,402	-\$629,670	-15.2%	508.75	\$3,605,387	1,194.60	\$4,537,614
Adjusters Total				4.40	4.40	0.00	0.0%	-\$1,055,402	-\$1,055,402	\$0	0.0%	0.92	-\$1,446,609	5.00	-\$1,199,321
DHB Funded Total				191,950.13	195,825.16	-3,875.03	-2.0%	\$43,737,778	\$41,937,670	\$1,800,109	4.3%	201,471.61	\$38,872,001	214,005.40	\$45,792,388
MOH Direct Funded															
Procedures Total				191.00	182.00	9.00	4.9%	\$53,321	\$53,224	\$98	0.2%	217.00	\$58,353	198.00	\$57,688
ATR Total				577.00	1,090.00	-513.00	-47.1%	\$163,613	\$293,495	-\$129,883	-44.3%	462.00	\$152,592	1,187.40	\$320,065
Focus Total				1.60	1.76	-0.16	-9.1%	\$116,520	\$128,172	-\$11,652	-9.1%	0.00	\$0	2.00	\$145,650
Programmes Total				2.64	2.64	0.00	0.0%	\$544,720	\$544,720	\$0	0.0%	1.83	\$458,931	3.00	\$619,000
MOH Direct Funded Total				772.24	1,276.40	-504.16	-39.5%	\$878,174	\$1,019,611	-\$141,437	-13.9%	680.83	\$669,877	1,390.40	\$1,142,403
ACC Funded															
Acute/Ambulance Services Total				0.88	44.88	-44.00	-98.0%	\$404,800	\$417,115	-\$12,315	-3.0%	253.92	\$421,268	51.00	\$473,994
CaseWeight Electives Total				12.09	35.00	-22.91	-65.4%	\$48,201	\$139,486	-\$91,285	-65.4%	4.80	\$17,943	39.40	\$157,022
OP Subsequent Attendances Total				1,128.00	676.00	452.00	66.9%	\$228,285	\$136,809	\$91,476	66.9%	1,094.00	\$103,771	738.00	\$149,356
Other Patient Services Total				0.88	0.88	0.00	0.0%	\$9,091	\$9,091	\$0	0.0%	0.92	\$9,164	1.00	\$10,331
Allied Health Total				1,959.00	486.00	1,473.00	303.1%	\$114,631	\$28,239	\$86,392	305.9%	1,253.00	\$62,707	530.00	\$30,769
ATR Total				1,519.00	1,074.00	445.00	41.4%	\$904,549	\$639,556	\$264,993	41.4%	1,311.00	\$565,041	1,170.00	\$696,723
Clinical Support Total				2,227.50	3,240.00	-1,012.50	-31.3%	\$110,322	\$160,468	-\$50,146	-31.3%	1,639.00	\$76,051	3,533.00	\$174,980
Community Services Total				4,130.88	2,313.88	1,817.00	78.5%	\$313,654	\$196,458	\$117,197	59.7%	2,771.92	\$184,783	2,501.00	\$214,965
Other Total				1.76	1.76	0.00	0.0%	\$8,800	\$8,800	\$0	0.0%	1.83	\$9,163	2.00	\$10,000
ACC Funded Total				10,979.99	7,872.40	3,107.59	39.5%	\$2,142,333	\$1,736,022	\$406,311	23.4%	8,330.38	\$1,449,891	8,565.40	\$1,918,140
Grand Total				203,702.36	204,973.96	-1,271.60	-0.6%	\$46,758,286	\$44,693,303	\$2,064,983	4.6%	210,482.82	\$40,991,768	223,961.20	\$48,852,931