



Hospital Advisory Committee

Notice of Meeting

Open Meeting

Tuesday 19th May, 2009
at 1.00pm in the Board Meeting Room,
DHB Offices, Blair St, Masterton.



Hospital Advisory Committee Agenda

Wairarapa District Health Board
DHB Offices, Board Meeting Room, Blair St, Masterton.
Tuesday 19th May 2009, commencing 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
Bob Francis (Board Chairman) Appointed Chairman November 2006	14 Feb 2008	<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 	
Janine Vollebregt (Board Member and Board Deputy Chair)	14 Feb 2008	<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 	
Helen Kjestrup (Board Member)	18 Apr 2008	<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 	
Vivien Napier (Board Member)	21 Oct 2008	<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 Thursday 16 April 2009 at 1pm,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton

Present:

Dr Liz Falkner, Ms Yvette Grace, Ms Pamela Jefferies (Chair), Ms Helen Kjestrup and Mrs Vivien Napier

In Attendance:

Mrs Tracey Adamson (Chief Executive), Mrs Diane Chesmar (Minute Taker), Ms Joy Cooper (General Manager Planning and Funding), Ms Janeen Cross (Maori Health Co-ordinator), Mr Bruce McGregor (General Manager Human Resources), Ms Anne McLean (General Manager Hospital Services) and Ms Maggie Morgan (General Manager Community, Public & Mental Health)

1. Apologies

Mr Bob Francis, Mrs Helen Pocknall, Mr Eric Sinclair and Mrs Janine Vollebregt

2. Registration of Interest

There were no changes to Registration of Interest Registrar.

3. Terms of Reference

The Chairman reiterated that one of the functions of the Hospital Advisory Committee noted in the Terms of Reference is to monitor the financial and operational performance of Wairarapa Hospital and the Wairarapa Community, Public and Mental Health of the WDHB and to advise on strategic issues.

4. Confirmation of Minutes of the Meeting held 17 March 2009

- 6.5.5 Spelling correction - *Iwi Kaianga* should read *Iwi Kainga*.
- 6.4 The South Wairarapa Long Term Council Community Plan [LTCCP] includes the investigation of water fluoridation.
- 7.2 Masterton Medical GP practice has commenced investigating with MedTech if ethnicity data can be extracted for cancer patients.

NOTING THE ABOVE, THE MINUTES OF THE MEETING HELD ON 17 MARCH 2009 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

4.2 Matters Arising

- The General Manager Hospital Services will confirm the status of the job description for the Whanau Ora Co-ordinator at the May HAC meeting.
- The respiratory paper will be presented to the Hospital Advisory Committee after further discussion at the Clinical Board.
- The breakdown of persons requiring palliative long term hospital level beds is reported under 4.11 Palliative Care of the HAC report.

6. Routine Reports

6.1 Chairperson's Report

The Chairperson advised that:

- She had attended three Clinical Board meetings. Issues discussed that involve the Hospital Advisory Committee:
 - Local Clinical Services Action Plan. An update on progress was given at the Community and Public Health Advisory Committee meeting this morning.
 - Regional Clinical Services Plan.
 - An interim Exceptional Circumstances Committee will be set up to deal with funding and medication requests. The membership will be based on the Hutt model.
 - At the request of the Chief Executive, there will be a review of clinical documentation and the legal requirements around this, by the Chief Medical Advisor and Director of Nursing.
- The Financial Working Group is investigating how the financial deficit of the hospital can be reduced.



The Chief Executive reported that she had attended a meeting with senior medical staff on Wednesday 15 April to discuss ways of better using resources while still improving quality and the development of a local Clinical Services Action Plan. Senior medical staff were asked to be involved in this process. This request received positive feedback.

6.2 Provider Arm Executive Summary

- The Provider Arm has a deficit of (\$153k) for the month which is (\$185k) adverse to plan. This brings the YTD result to a deficit of (\$2,138k) which is (\$1,974k) adverse to the planned result.
- Costs continue to track above budget in the areas of outsourced costs, clinical supplies and infrastructure.
- Perioperative Services clinical supplies variance (\$136k) is mainly attributed to the fact that stock was over-ordered.
- 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.

6.3 General Manager Hospital Services Report

Points raised:

- The Provider contract performance is \$1,397k YTD ahead of budget.
- Total caseweights are 277 ahead of plan YTD.
- Elective caseweights are 88 ahead of plan. ESPI figures remain green. Areas of ongoing concern are ENT and ophthalmology.
- The Ministry has indicated that the additional funding applied for will be granted due to good performance in electives. There may be an opportunity to access additional funding if other DHBs don't achieve targets.
- March has been a quiet month and acute demand has been managed well, ensuring bed availability.
- Plans developed for reduced activity during the Easter and school holiday breaks.
- A cost recovery plan is in place and FTE is being monitored daily.
- GPO's have indicated that they will continue to enrol women.
- Costs for air transfers and retrieval team usage for out of region transfers are \$29,405 over budget. These costs could be brought to the attention of the Regional Clinical Services Plan by our representative involved in this project.
- Falls statistics was discussed. The General Manager Hospital Services will investigate whether falls are reported as Treatment Injury.
- Medical staff FTE favourable. This is offset by locum costs which are causing significant pressure on costs. Recruitment of permanent staff is ongoing.
- A vocational registered Obstetrician and Gynaecologist has accepted a permanent position.
- Perioperative Services personnel variance is due to a considerable number of overtime hours, nine hour callouts and surgical overruns. There was discussion regarding the high rate and necessity for caesareans to be performed. With the current high rate of caesareans and consequent pressure on beds in that area, the Hospital Advisory Committee requested statistics for the average length of stay in maternity.
- The Outpatient Review has shown an opportunity to do some tasks more efficiently, however outpatient attendances have increased and this area is run tightly.
- Perioperative Services clinical consumables remain high particularly in relation to hip prosthesis used by WDHB.
- Work needs to be done on capturing orthopaedic radiology referrals which come under ACC.

6.4 General Manager Community, Public & Mental Health Reports

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

- Community nursing and health services contract performance is \$272,642 YTD ahead of budget.
- Volumes are up in community health as the in-reach service is working well and the service is receiving hospital referrals earlier.
- Healthy Homes Assessments are on track to reach the target by year end.
- Mental Health referrals to the Adult Service have begun to increase significantly.
- Admissions to Mental Health Service inpatient beds out of the region have reduced due to the ability of the highly experienced Adult Team to manage high acuity and complexity of client presentations locally.
- Human Papillomavirus Campaign (HPV) reports for the period 15 September 2008 to 15 February 2009 show WDHB significantly ahead of all other DHBs and the overall national total.
- An update on the Regional Public Health issue is expected next month.
- There was discussion regarding the submission to the Masterton District Council regarding Smokefree parks and sports grounds.
- Overtime rule within the Ambulance staff collective means that all empty shifts must be offered to paid staff first. With only four Advanced Life Support Paramedics on staff, empty shifts have been filled with outsourced Advanced Paramedics from Wellington Free Ambulance and St John.
- A project to review Patient Transfers in the most cost efficient manner for both the Ambulance Service and the hospital is expected to commence prior to the new financial year.



- Confirmation has been received that the mobile dental clinic will arrive between mid-July and mid-August 2009. The Hospital Advisory Committee requested the statistics for Maori utilisation of Focus.
 - Community Nursing and Health Services clinical supplies, in particular, incontinence products remain high and ostomy supplies which are on a three month billing system.
 - The Ambulatory Sensitive Hospital (ASH) Admissions data indicated a considerable reduction in the last month but the data accuracy is questionable given the extent of the reduction. The Hospital Advisory Committee requested feedback at the next meeting on the reason for this reduction and the presentation of an updated graph.
 - A psychiatrist will commence in August for a one year period.
- The Hospital Advisory Committee requested the General Manager Community, Public and Mental Health Services to investigate the reason for increase in acute mental health referrals and report back at the next meeting.
- The Hospital Advisory Committee requested an update on the Self Harm ED Project including ethnicity statistics.

6.5.2 Quality & Risk

- There is 1.7 variance in the administration FTE.

6.5.3 Human Resources

- The DHB/NDU Ambulance Service CEA has been ratified by the union. Work will begin on implementation. Mention was made of the considerable work undertaken by Human Resource staff to assist in achieving this outcome.

6.5.4 Nursing Directorate

- Ten Healthcare Assistants undertook training in March.

6.5.5 Maori Health

- To address the issue of Maori DNA's it was decided that Maori Health, with the support of Whaiora, would implement an early intervention model. This is due to start at the beginning of May. The process will be:
 - A fortnightly rotation of expected appointments will be forwarded to Maori Health in advance of appointment
 - Whaiora will follow up their clients.
 - Kaitataki Whanau Ora Facilitator will make contact with those due for appointments.
 - Any key issues that may arise are hoped to be identified and addressed in advance.

The expected outcome is:

- There will be a drop in DNAs.
 - Issues / problems will be identified early and measures to address these will happen prior to the appointment.
 - Outpatients Booking Administrator will advise any changes to clinics so the service user can be notified.
 - Those that still DNA will continue to be followed up by Kaitataki Whanau Ora / Whaiora.
 - A data base will be created for why people can not attend appointments.
 - Whaiora will track their clients in order to pick up those that are still not attending appointments.
- The Kaitataki Whanau Ora has been following up on current DNAs.
 - A new outpatient brochure to be sent out with all appointments is being investigated.
 - A review of current documentation and costings re Taku Wahi was undertaken by Facilities and Logistics and a set of draft guidelines and protocols is currently circulating for comment.

It was suggested that the Maori Health Co-ordinator discuss with JNL management the possibility of their staff be given a medical certificate, if appropriate, when seen at their health clinic.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE ROUTINE REPORTS FOR THE PERIOD ENDING 31 MARCH 2009

7. Ad Hoc Reports

7.1 Wairarapa District Health Board Quality & Risk Report March 2009

- Mental Health will release a press statement tomorrow in anticipation of a news item expected to feature in a Sunday paper this weekend.
- A paper on certification versus accreditation is being prepared for the Board.



Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:
RECEIVE THE WDHB QUALITY & RISK REPORT FOR MARCH 2009

8. General Business

- There were no items of general business.

The meeting was declared closed at 3.12 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	Liaise with the Director of Nursing regarding the value of Trendcare	Anne McLean	19/05/09	Trendcare will be discussed at SMT and feedback provided in conjunction with the Model of Care report in May 2009
2.	17/02/09 17/03/09	Identification of current status on Smokefree screening to be reported to HAC and confirm status of job description for the Whanau Ora Co-ordinator.	Anne McLean	19/05/09	Investigating alternatives to utilise Whanau Ora Co-ordinator and the WDHB Smokefree Co-ordinator in conjunction with hospital staff.
3.	17/02/09 17/03/09	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	
4.	16/04/09	Statistics for Maori utilisation of Focus requested	Maggie Morgan	19/05/09	
5.	16/04/09	Investigate the reason for the increase in acute mental health referrals.	Maggie Morgan	19/05/09	
6.	16/04/09	Update on the Self Harm ED Project requested, including ethnicity statistics.	Anne McLean	19/05/09	Data will be available as the project progresses approximately 6 weeks
7.	16/04/09	Report back on whether falls are reported as Treatment Injury	Anne McLean	19/05/09	Appropriate forms are completed.
8.	16/04/09	Report back the average length of stay in maternity	Anne McLean	19/05/09	See additional graph in section 6.3.9 Patient Services
9.	16/04/09	Investigate the reason for the reduction in Ambulatory Sensitive Hospital (ASH) Admissions & report back.	Anne McLean	19/05/09	Total hospital admissions in February were down 16% on average for the year contributing to the drop in ASH admissions. The drop in March is still being investigated; it may be timing in coding.
10.	16/04/09	Re-visit the HAC Workplan	HAC Committee	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

	Apr-2009			YTD				FY
	Act	Bud	Var	Act	Bud	Var	Var %	Bud
Financial (000's)								
Revenue	\$4,414	\$4,402	\$12	\$45,766	\$43,971	\$1,796	4.1%	\$52,265
Expenditure								
Personnel Costs	(\$2,871)	(\$2,672)	(\$199)	(\$27,507)	(\$27,012)	(\$494)	-1.8%	(\$32,323)
Outsourced Costs	(\$461)	(\$199)	(\$262)	(\$4,333)	(\$2,034)	(\$2,299)	-113.0%	(\$2,432)
Clinical Supplies	(\$604)	(\$527)	(\$77)	(\$6,578)	(\$5,313)	(\$1,266)	-23.8%	(\$6,366)
Infrastructure & Non-clinical	(\$634)	(\$524)	(\$110)	(\$6,068)	(\$5,361)	(\$708)	-13.2%	(\$7,299)
Total Expenditure	(\$4,570)	(\$3,922)	(\$649)	(\$44,487)	(\$39,720)	(\$4,767)	-12.0%	(\$48,421)
Operating Result	(\$157)	\$480	(\$637)	\$1,280	\$4,251	(\$2,971)	-69.9%	\$3,844
Depreciation	(\$158)	(\$206)	\$48	(\$1,572)	(\$2,058)	\$486	23.6%	(\$2,469)
Financial Charges	(\$247)	(\$232)	(\$15)	(\$2,407)	(\$2,312)	(\$95)	-4.1%	(\$1,375)
Net Surplus/(Deficit)	(\$562)	\$43	(\$604)	(\$2,699)	(\$119)	(\$2,580)	-2173.0%	(\$0)
FTE's								
Allied Health Staff	89.9	101.8	11.9	89.8	100.6	10.8	10.7%	105.4
Management/Administration Staff	101.2	106.8	5.6	100.6	106.9	6.3	5.9%	106.7
Medical Staff	32.0	41.1	9.1	33.6	41.1	7.5	18.2%	41.1
Nursing Staff	187.7	179.8	(7.9)	183.0	174.9	(8.1)	-4.6%	174.3
Support Staff	11.7	12.4	0.7	11.3	12.5	1.2	9.5%	12.4
Total FTE	422.4	441.9	19.5	418.3	436.0	17.7	4.1%	440.0

Key Points:

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 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 \$1,978k YTD ahead of budget [Refer Appendix D]. Total case weights are 314 ahead of plan YTD. Elective case weights are 79 ahead of plan. ESPI figures remain green. The Ministry has indicated that the additional funding applied for will be granted due to good performance in electives, there may be an opportunity to access additional funding if other DHB don't achieve targets. Reduced activity over Easter and school holidays has not adversely impacted on volumes. Timing of annual leave granted to staff and wage increases has had a negative impact on costs. The Auckland University of Technology has audited the Family violence programme and the preliminary results are very positive. BFHI and BFCI accreditation certificate to be formally presented in May.

	Apr-2009			YTD				FY
	Act	Bud	Var	Act	Bud	Var	Var %	Bud
Contract Volumes								
ED Attendances (not incl ED Admissions)	1,240	856	384	12,016	9,328	2,688	28.8%	11,182
Acute CWD	331	284	46	3,204	2,969	235	7.9%	3,549
Elective CWD	118	136	(17)	1,433	1,354	79	5.8%	1,627
Total CWD	449	420	29	4,637	4,323	314	7.3%	5,177
OP FSA's	566	598	(32)	5,467	5,584	(117)	-2.1%	6,727
OP Follow's	828	732	96	8,301	7,538	763	10.1%	8,978
Total OP	1,394	1,330	65	13,768	13,122	646	4.9%	15,705
KPI's								
Readmissions	11.6%	10.0%	-1.6%	11.2%	10.0%	-1.2%	-12.0%	10.0%
OP DNA's	8.1%	7.5%	-0.6%	7.9%	7.5%	-0.4%	-5.5%	7.5%
Theatre Utilisation	84.8%	85.0%	-0.2%	84.5%	85.0%	-0.5%	-0.6%	85.0%
Daycase Electives	74.1%	75.0%	-0.9%	71.2%	75.0%	-3.8%	-5.0%	75.0%
Financial (000's)								
Revenue	\$3,483	\$3,257	\$226	\$34,402	\$32,531	\$1,872	5.8%	\$38,536
Personnel Costs	(\$1,861)	(\$1,706)	(\$154)	(\$17,683)	(\$17,400)	(\$283)	-1.6%	(\$20,923)
Outsourced Costs	(\$332)	(\$122)	(\$210)	(\$3,338)	(\$1,254)	(\$2,084)	-166.2%	(\$1,498)
Other Costs	(\$662)	(\$554)	(\$108)	(\$6,972)	(\$5,607)	(\$1,365)	-24.3%	(\$6,206)
Net Performance	\$628	\$874	(\$246)	\$6,410	\$8,271	(\$1,861)	-22.5%	\$9,909
FTE's								
Allied Health Staff	30.0	30.3	0.2	29.0	30.0	1.0	3.2%	30.0
Management/Administration Staff	49.5	49.2	(0.3)	50.3	49.2	(1.1)	-2.1%	49.1
Medical Staff	29.1	37.6	8.5	30.5	37.6	7.1	18.8%	37.6
Nursing Staff	137.9	136.2	(1.6)	136.3	131.7	(4.6)	-3.5%	131.2
Support Staff	3.6	3.9	0.3	3.6	3.9	0.3	7.6%	3.9
Total FTE	250.1	257.2	7.1	249.8	252.4	2.6	1.0%	251.7

* Refer to the Glossary for definitions of these measures.



6.3.2 Key Risks and Opportunities

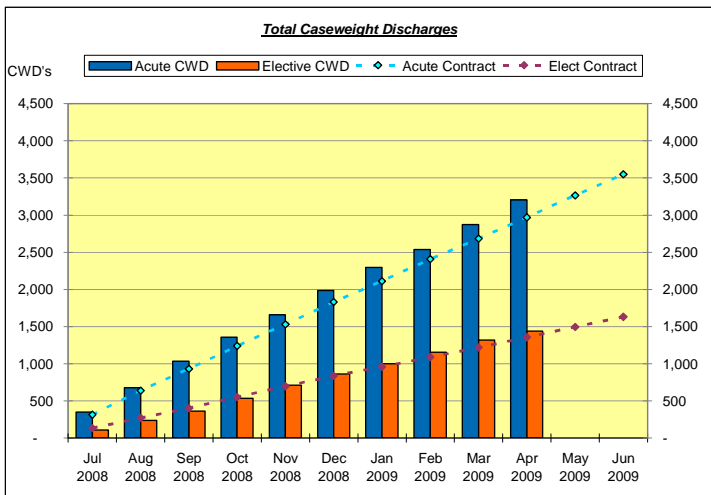
1. Vacancies in Midwifery placing some strain on services.
2. Locum costs nationally are increasing due to limited medical staff availability.
3. Supervision arrangement for new Senior Doctors is increasing complexity of recruitment.

6.3.3 Mitigation Strategies

1. New roster developed and active recruitment ongoing.
2. Locum employed for essential services only.
3. Discussion at national meetings to manage locum costs.
4. Liaise with other DHB on SMO supervision arrangements.

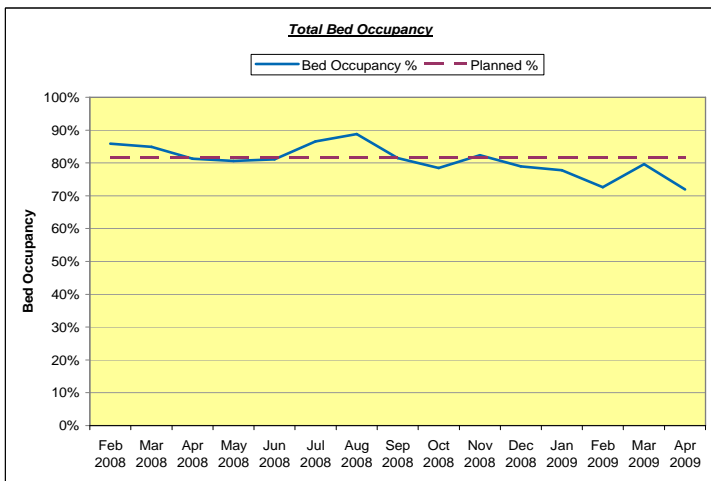
6.3.4 Service Initiatives

1. Review of radiology contract.
2. Outpatients review.
3. Med/Surg model of care



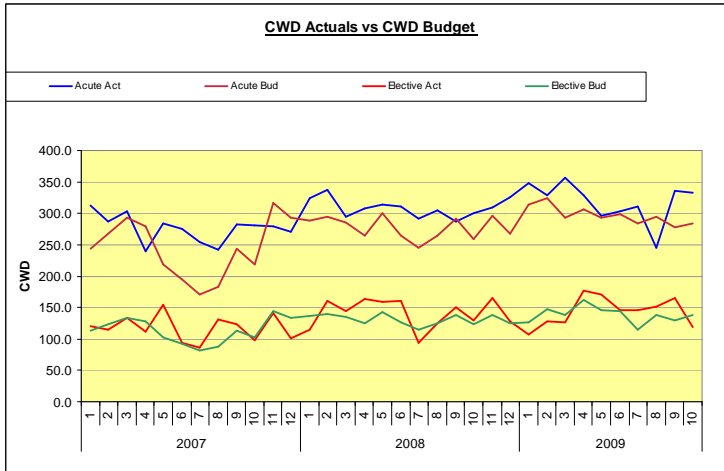
This is a cumulative trend graph of the acute and elective caseweight discharges at the Wairarapa hospital. The contracted targets have been set in the Provider Service Level Agreement.

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.

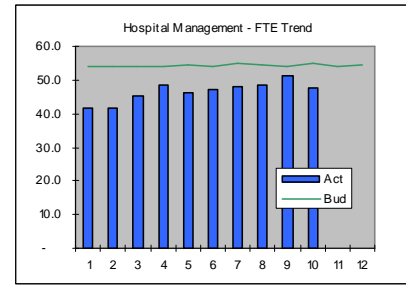
Elective activity ahead of target this will be offset against additional funding. Actuals for the month reflect reduced activity.



6.3.5 Hospital Services Management

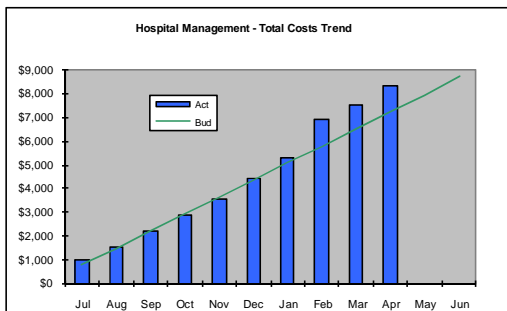
FTE Analysis

Hospital Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	12.9	11.7	(1.2)
Medical Staff	28.6	37.6	9.1
Nursing Staff	6.3	5.5	(0.8)
Support Staff	-	-	-
Total FTE's	47.8	54.8	7.1



Cost Analysis (000's)

Hospital Management	Act	Apr-2009 Bud	Var	Act	YTD Bud	Var	YTD % of Bud	FY Bud	
Financial (000's)									
Revenue									
Revenue	\$317.5	\$139.3	\$178.2	\$2,275.8	\$1,393.2	\$882.6	-63.35%	\$1,671.8	
Expenditure									
Personnel	(\$605.8)	(\$725.0)	\$119.3	(\$6,493.6)	(\$7,174.0)	\$680.4	9.48%	(\$8,664.3)	
Outsourced	(\$139.9)	(\$4.5)	(\$135.4)	(\$1,412.6)	(\$46.7)	(\$1,365.9)	-2923.65%	(\$55.7)	
Clinical Supplies	(\$17.8)	\$3.0	(\$20.8)	(\$177.6)	\$29.0	(\$206.6)	711.90%	\$34.9	
Infrastructure & Non-clinical	(\$23.6)	(\$2.3)	(\$21.2)	(\$206.4)	(\$24.9)	(\$181.5)	-728.39%	(\$29.6)	
Deprn & Financing	(\$1.0)	(\$1.1)	\$0.0	(\$10.5)	(\$10.5)	\$0.0	0.02%	(\$12.6)	
Total Expenditure	(\$788.1)	(\$730.0)	(\$58.1)	(\$8,300.7)	(\$7,227.2)	(\$1,073.5)	-14.85%	(\$8,727.3)	
Net Surplus/(Deficit)	(\$470.5)	(\$590.6)	\$120.1	(\$6,024.9)	(\$5,834.0)	(\$191.0)	3.27%	(\$7,055.5)	



Summary

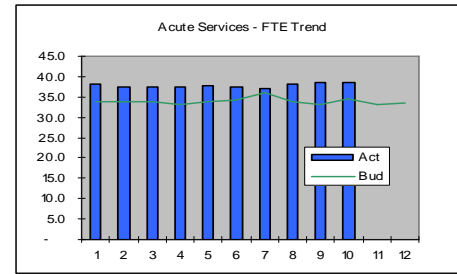
- Medical staff FTE favourable this is offset by locum costs. Locum costs causing significant pressure on costs, recruitment of permanent staff ongoing.
- Nursing FTE due to actual utilised in Selina Sutherland Hospital, These are offset by actual charge back arrangements.
- Clinical Supply costs are higher than planned across the hospital. Analysis of the ordering and usage will be undertaken in order to reduce costs.



6.3.6 Acute Services

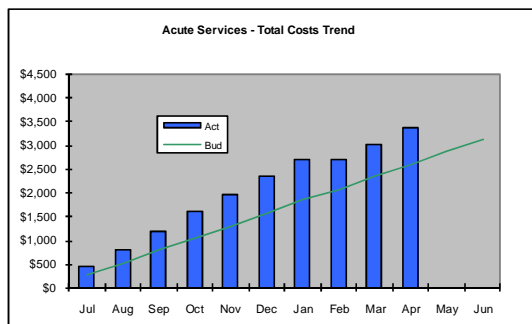
FTE Analysis

Acute Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	2.4	2.6	0.2
Medical Staff	0.4	-	(0.4)
Nursing Staff	35.5	32.0	(3.5)
Support Staff	-	-	-
Total FTE's	38.4	34.6	(3.8)



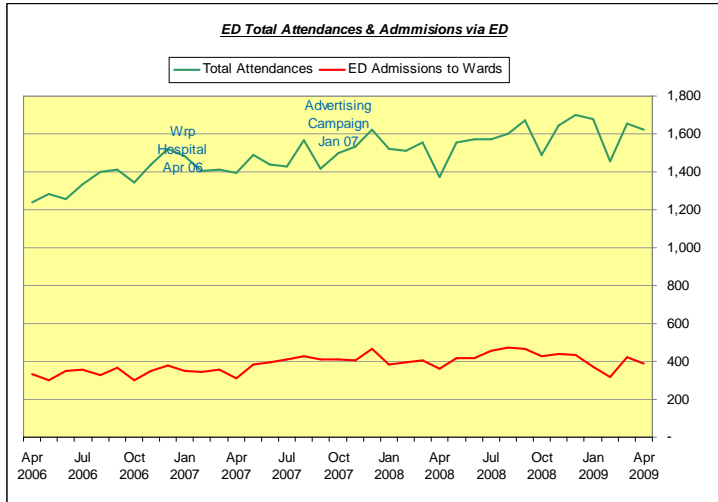
Cost Analysis (000's)

Acute Services	Apr-2009			YTD % of Bud	FY Bud
	Act	Bud	Var		
Financial (000's)					
Revenue					
Revenue	\$474.7	\$475.4	(\$0.6)	0.32%	\$5,702.8
Expenditure					
Personnel	(\$279.9)	(\$208.7)	(\$71.2)	-19.04%	(\$2,390.9)
Outsourced	(\$0.6)	\$0.0	(\$0.6)	0.00%	\$0.0
Clinical Supplies	(\$64.5)	(\$45.5)	(\$19.0)	-65.71%	(\$561.3)
Infrastructure & Non-clinical	(\$17.1)	(\$6.2)	(\$10.9)	-41.85%	(\$78.0)
Deprn & Financing	(\$8.3)	(\$7.9)	(\$0.4)	-5.77%	(\$94.9)
Total Expenditure	(\$370.4)	(\$268.3)	(\$102.1)	-30.05%	(\$3,125.0)
Net Surplus/(Deficit)	\$104.3	\$207.0	(\$102.7)	-37.16%	\$2,577.7



Summary:

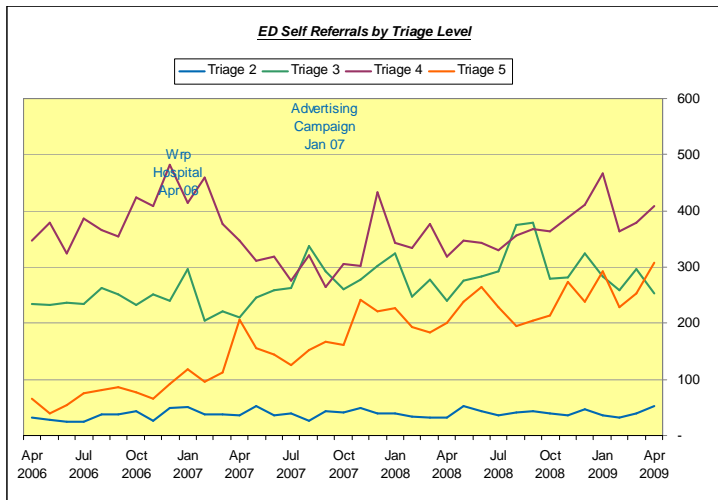
- ED data entry is entered in real time. Information to GPs is sent the same day.
- Preparatory work undertaken on formulating electronic ED discharge for all presentations.
- 0.5 FTE vacancy in acute services advertised. 1.2 FTE vacancy in Relief covering parental leave and resignation of RN to move across to Selina Sutherland Contracts offered.
- Personnel costs over budget. 4% increase in Nurses and Midwives MECA.
- Costs for minor equipment purchases and new clinical documentation forms over budget. Reduce clinical forms through availability on intranet.
- 4 acute air retrievals for April. 36 Interhospital transfers by road requiring cardiac, neuro, orthopaedic, maternity services.
- Clinical supplies for Acute services are \$18.3K adverse for month. Air ambulance costs, chest drains, warming blankets, IV supplies.
- Newborn hearing and screening programme to be commenced 09/10 year. Paediatrics and maternity working through MoH Contract as to how best to provide this service.
- The ED/MH suicide prevention & self harm project will be reporting on ethnicity data from 1st July 2009 as per the project plan. There is some work to do on identifying this cohort when they present to ED.



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.

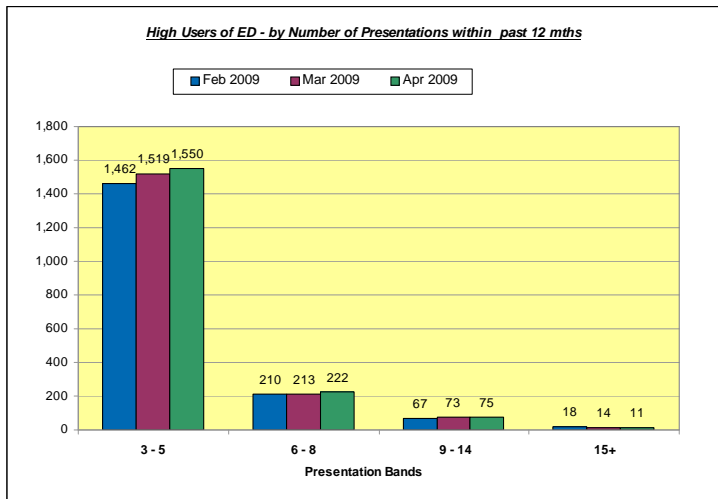
Attendances and admissions are higher than April 08.

Admissions account for 25% of total attendances.



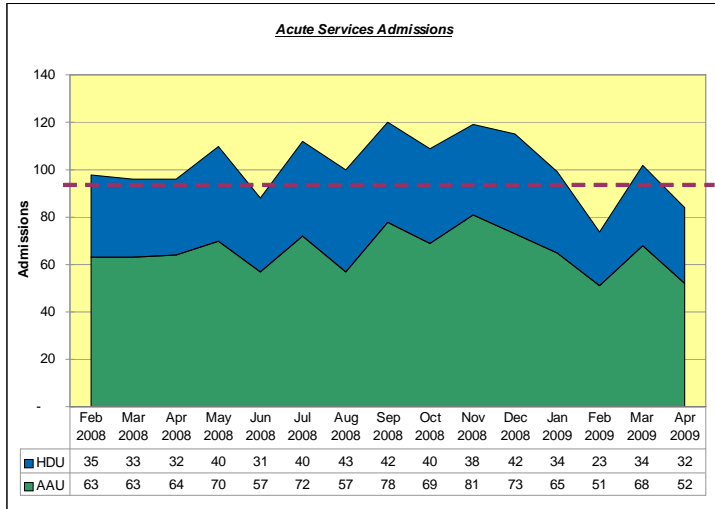
The Referral Source looks at where patients attending ED are coming from. Self Referrals make up the largest percentage and it is these referrals, with a low triage level of 4 to 5, which the DHB is aiming to reduce through communication channels.

All data is now entered in Real Time.



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.

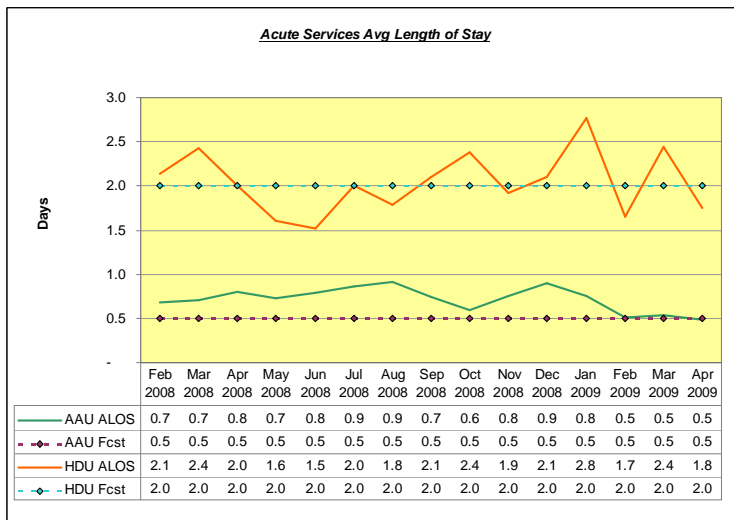
Long Term Conditions Collaborative has commenced. Some of high users are reflected in this data, although the percentage is low for this group.



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

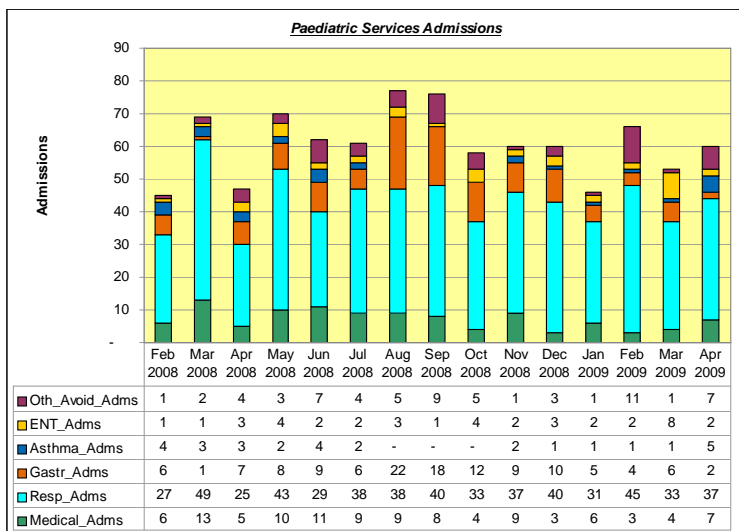
Lower levels of bed occupancy in wards due to decreased theatre activity is reflected in usage.



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 on target AAU and under for HDU
Reasons are:

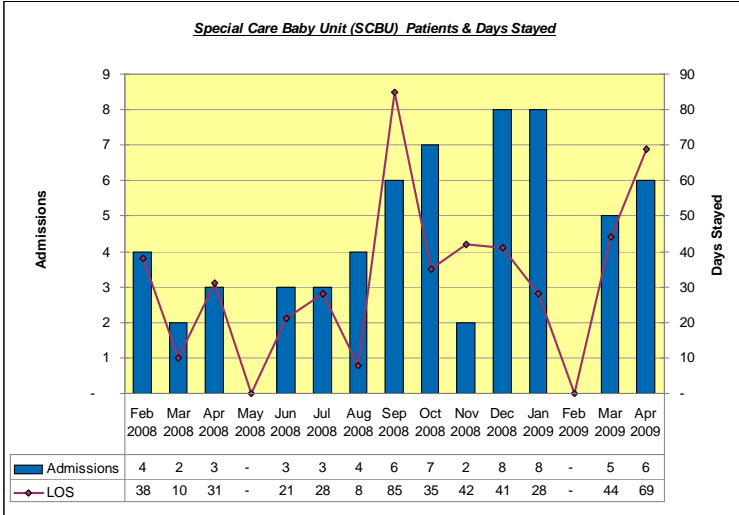
- Bed availability and patient flow maintained across the hospital without access block to inpatient beds. Lower level of theatre activity and subsequent demand on post operative HDU stay



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.

Respiratory admissions predominantly bronchiolitis and pneumonia in under 5's. Infection control practises impacts on staffing paed and SCBU by increasing total RNs for the period.

No paed assessment area to observe and discharge, thereby change how this patient cohort is managed in the short term.



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.

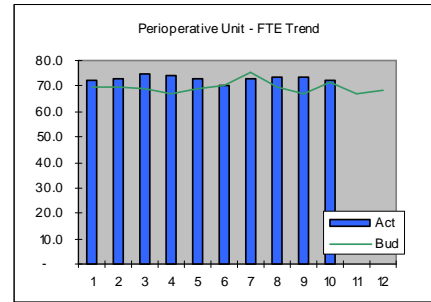
The number of babies in SCBU is demand driven. Impact on staffing is significant as ward is double-staffed to care for SCBU patients.



6.3.7 Perioperative Services (OPD, Theatre, Day Procedures)

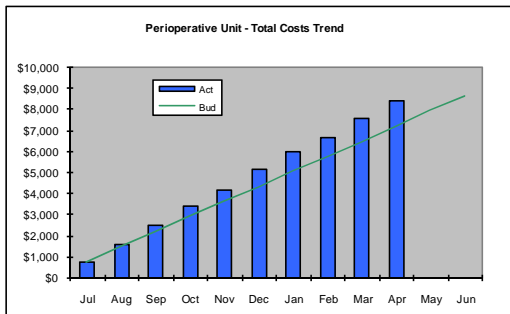
FTE Analysis

Perioperative Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	0.9	0.9	0.1
Management/Administration Staff	7.3	8.3	1.0
Medical Staff	0.0	-	(0.0)
Nursing Staff	60.2	58.6	(1.6)
Support Staff	3.6	3.9	0.3
Total FTE's	72.0	71.7	(0.3)



Cost Analysis (000's)

Perioperative Unit	Apr-2009			YTD % of Bud	FY Bud
	Act	Bud	Var		
Financial (000's)					
Revenue					
Revenue	\$2,154.6	\$2,065.5	\$89.1		
Expenditure					
Personnel	(\$431.0)	(\$381.4)	(\$49.7)	-10.18%	(\$4,311.6)
Outsourced	(\$88.3)	(\$39.3)	(\$49.0)	-64.80%	(\$501.8)
Clinical Supplies	(\$269.3)	(\$283.3)	\$14.1	-17.39%	(\$3,411.8)
Infrastructure & Non-clinical	(\$34.9)	(\$13.5)	(\$21.5)	-36.90%	(\$166.9)
Depn & Financing	(\$22.9)	(\$20.8)	(\$2.1)	-12.07%	(\$249.7)
Total Expenditure	(\$846.4)	(\$738.3)	(\$108.1)	-16.80%	(\$8,641.8)
Net Surplus/(Deficit)	\$1,308.2	\$1,327.2	(\$19.0)	-0.72%	\$16,125.8



Summary

Perioperative Service

- Expenditure on clinical consumables still remains high over the board. There is a significant decrease in instruments and equipment with a slight decrease showing for hip and knee prosthesis, and treatment disposables.
- An increase in screws, nails and plates due to the amount of fractures that required surgery during April.
- Outsourced services remains high due to our visiting ENT, Urology, Paediatric, Gynae and Ophthalmic surgeons during April.
- Nursing personnel remains high due to the public holidays call outs for acutes over this period and call outs in general.

OPD

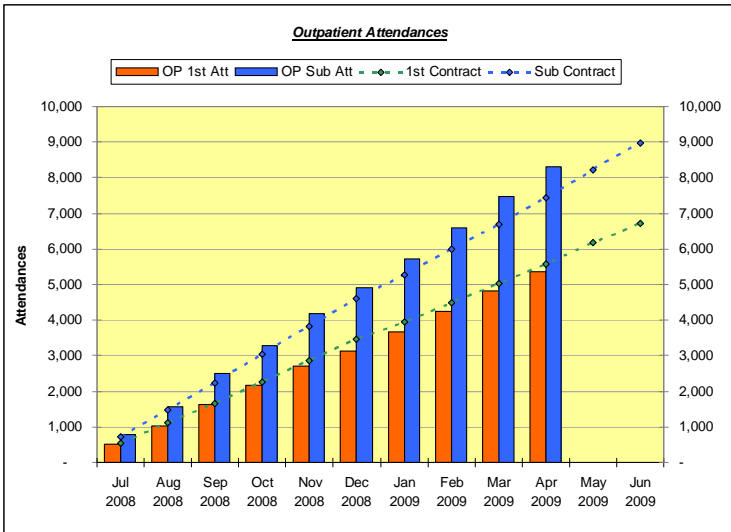
- Consumables high for Ophthalmology as extra clinics done in April as blitz in preparation of Ophthalmologist completing services in two months and maternity leave cover.
- Increased Ophthalmology work has resulted in an increase in disposables used – e.g. Extra A scans



- Outpatient Assistant trial completed and it will form part of OPD/Ambulatory Services review. .

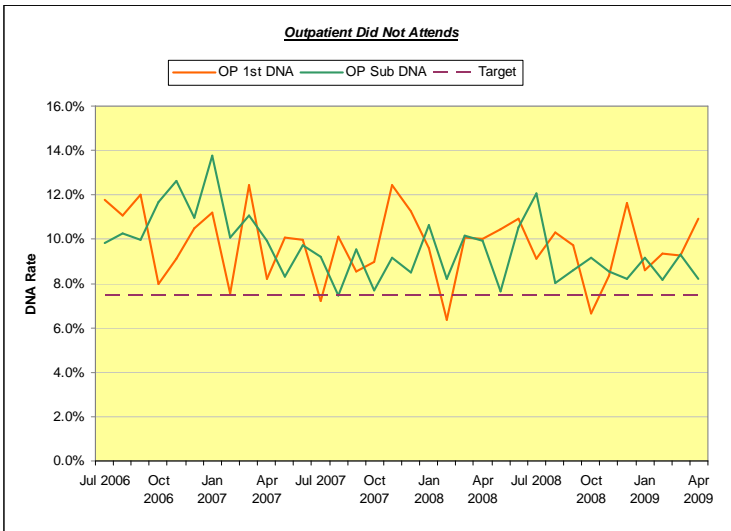
MSW

-
- Planned bed reduction to 24 beds, from 10th April returned to normal Monday 27th April. Increase in Annual leave given. Bed utilisation exceeded the 24 beds, 76% of this time.
- Nursing students continue placement this month
- Budget over costs continue to relate to earlier identified reduced allocation to IV supplies, patient meals, Clinical supplies in general.
- Decrease in clinical supplies across MSW, OPD due to volumes and activity.



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.

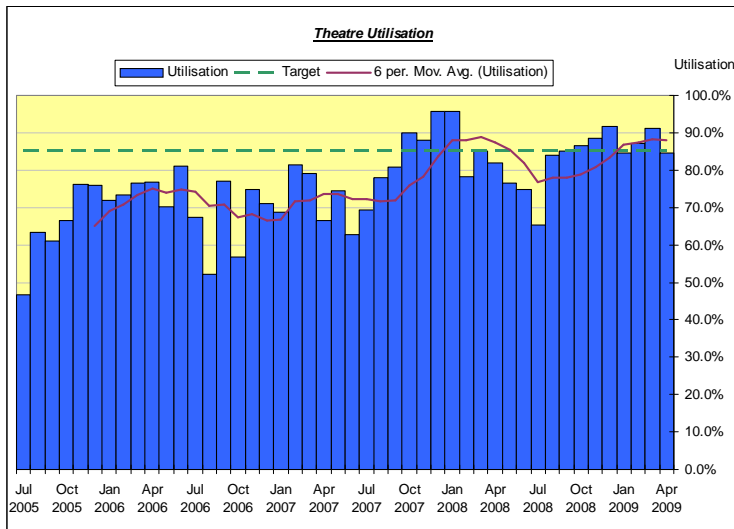
First OPD attendances are on target.
OPD subsequent follow-ups need to be further managed, with clinician input.



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.

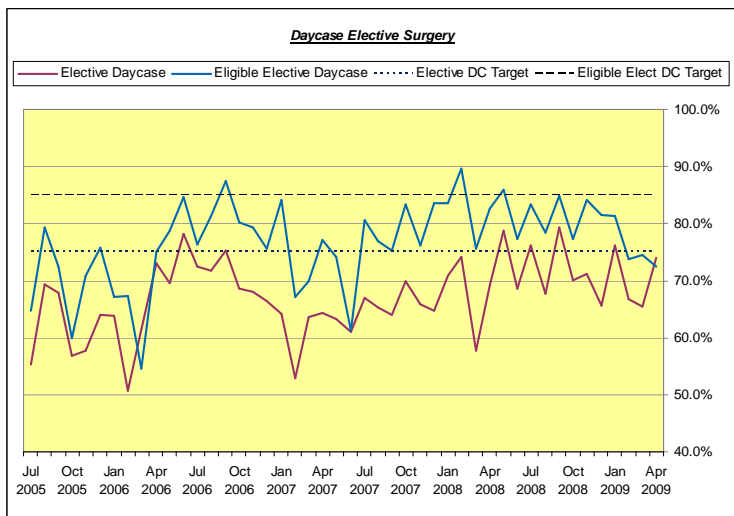
1st OPD DNA appears to be trending up while subsequent DNA trending down.

Proactive strategies in place to commence DNA follow-ups from 1st May, commencing with Maori patients.

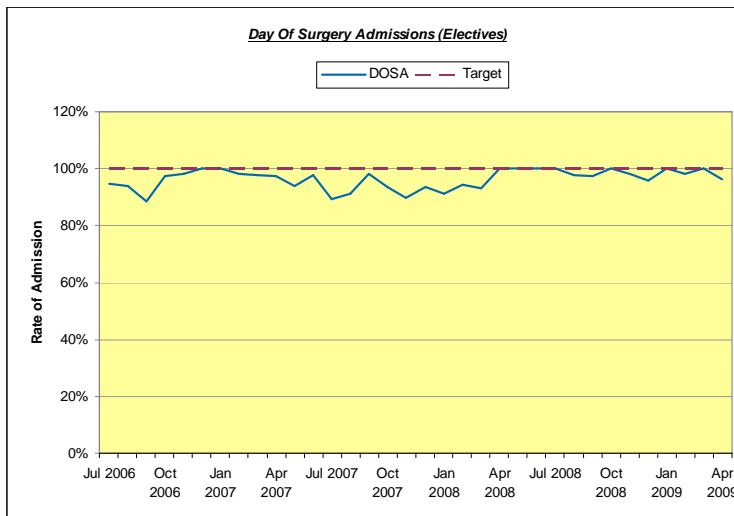


Theatre Utilisation is based on theatre's 1 & 2 as they are both fully resourced. The rate is based on the total procedure minutes (including 10 mins per session for turnaround), divided by the total resourced mins between 8:30am – 5:00pm weekdays. The utilisation rate of 85% is a national benchmark,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

Low activity period during Easter with consultant on leave. A large number of acutes also performed during this period.

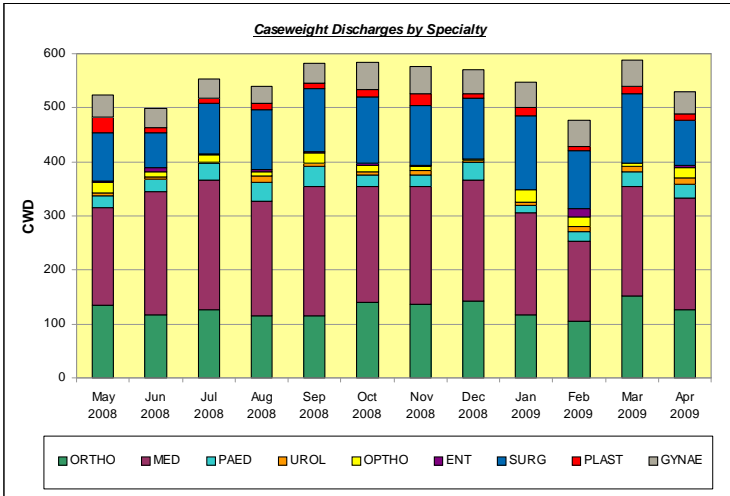


The Daycase Elective Surgery rate is the % of elective patients who did not stay overnight when admitted for their elective procedure. Eligible Elective Daycase focuses on those procedures that should be done only on a daycase basis, therefore the target is higher. These targets are national benchmarks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



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.

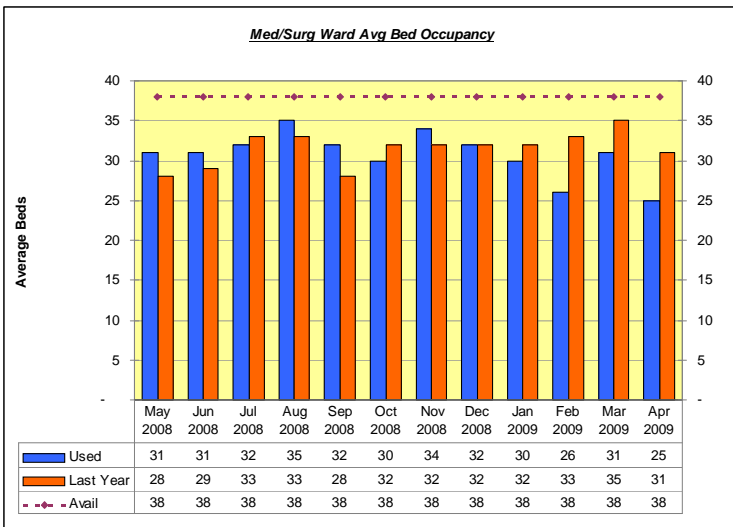
Monitor, trending down due to Easter low activity.



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.

Medical case-weights remain high.

Overall total caseweights higher than expected with the reduced elective theatre activity over the Easter school holiday period.

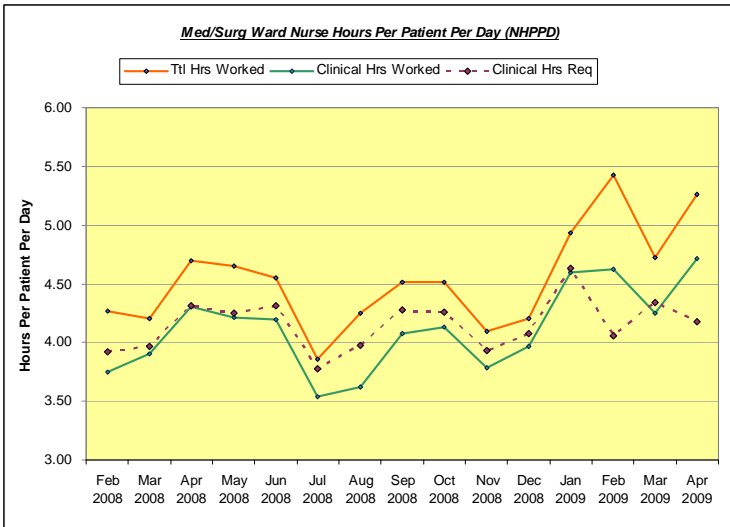


This graph shows the average occupancy per month in the Med/Surg ward, taken at 12pm each day. There is no target for this, only a capacity of 38, and a comparison of the average occupancy for the same month last year.

Bed occupancy lower than usual due to planned bed reduction to 24 beds, over the 17 day Easter / school holidays. Patient numbers over this time range 20 – 35 per duty.

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

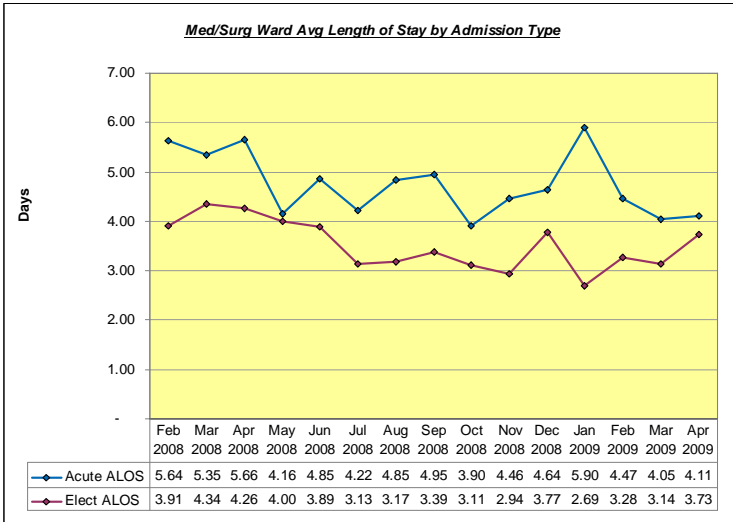
Utilisation 85.45 % on usual resourced beds



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.

Trend-care data reflects the lower patient volumes.

Actual HPPD required are within bench mark for the ward.



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

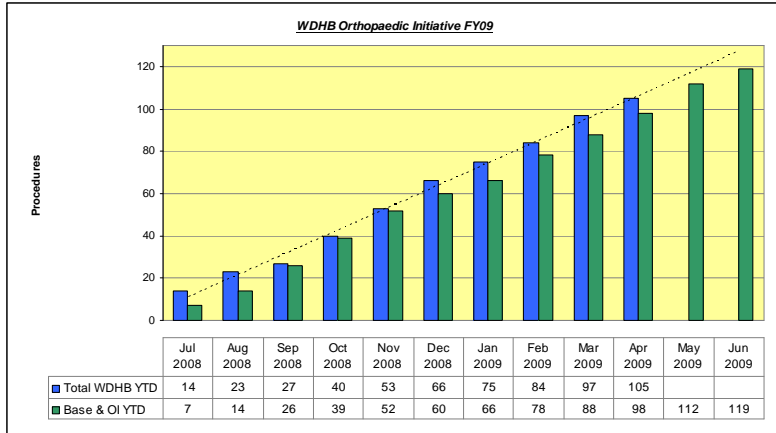
Lower elective and acute ALOS most likely related to Admission discharge RN role introduced as part of the Model of care which commenced late January 09. There is consistency of lower ALOS since this time.



6.3.8 Elective Services

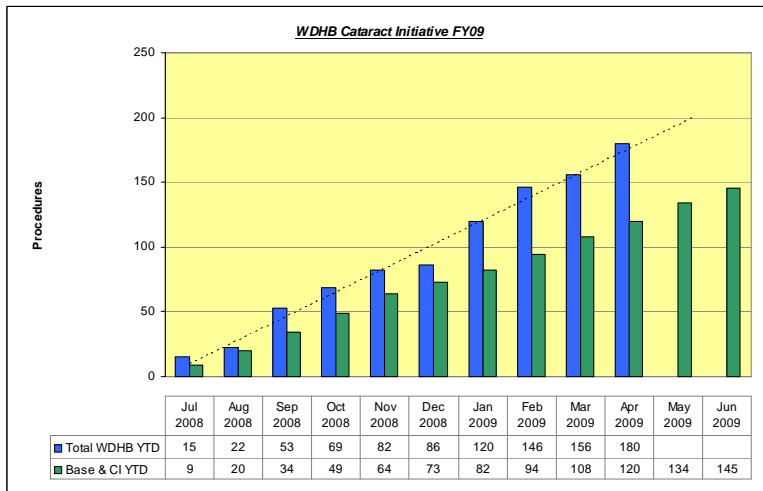
Key Points

- Refer Section 10; Appendix A ESPI's were green at overall hospital level for March 09. Orthopaedics Orange in ESPI 5 and 7 indicating some patients waiting over 6 months for elective surgery due to high demand at present. Red Paediatric surgery ESPI 8 refers to the scoring tool registered for those patients. This is being investigated.
- Planning for 09/10 resubmitted after MOH feedback.
- High activity in Ophthalmology underway.



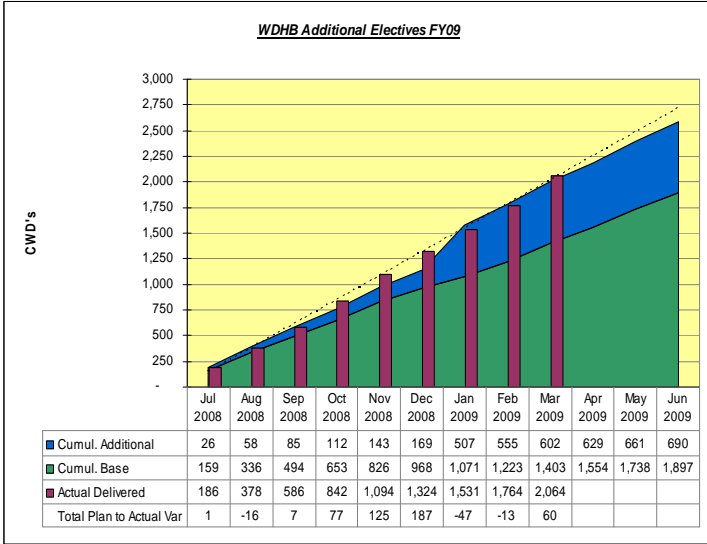
The Orthopaedic Initiative is additional funding for achieving targeted orthopaedic joint procedures. The blue bar is the actual number YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual production. Achievement of the base & additional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



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.

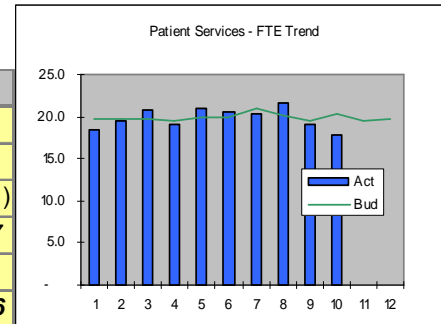
Additional Electives tracking to target.



6.3.9 Patient Services (Maternity, Nursing Relief Team)

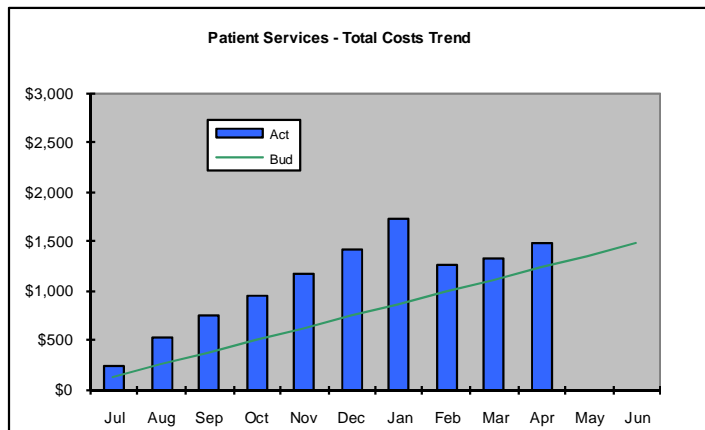
FTE Analysis

Patient Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	-	-	-
Medical Staff	0.1	-	(0.1)
Nursing Staff	17.7	20.4	2.7
Support Staff	-	-	-
Total FTE's	17.7	20.4	2.6



Cost Analysis (000's)

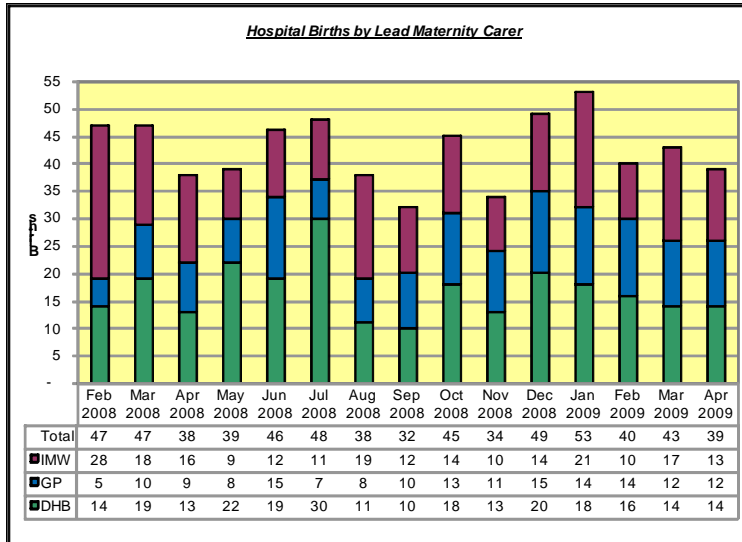
Patient Services	Apr-2009			YTD	YTD % of Bud	FY Bud	
	Act	Bud	Var				
Financial (000's)							
Revenue							
Revenue	\$187.1	\$194.4	(\$7.3)	\$1,893.2	\$1,940.6	(\$47.5) 2.45%	\$2,329.4
Expenditure							
Personnel	(\$137.5)	(\$115.0)	(\$22.5)	(\$1,266.3)	(\$1,098.9)	(\$167.4) -15.23%	(\$1,323.6)
Outsourced	(\$2.6)	(\$2.4)	(\$0.2)	(\$62.4)	(\$25.1)	(\$37.3) -148.62%	(\$30.0)
Clinical Supplies	(\$8.6)	(\$5.4)	(\$3.1)	(\$71.2)	(\$54.3)	(\$16.9) -31.15%	(\$65.2)
Infrastructure & Non-clinical	(\$8.1)	(\$3.2)	(\$4.9)	(\$65.4)	(\$36.5)	(\$28.9) -79.18%	(\$42.9)
Depn & Financing	(\$1.8)	(\$1.7)	(\$0.1)	(\$18.0)	(\$17.5)	(\$0.5) -3.12%	(\$21.0)
Total Expenditure	(\$158.6)	(\$127.8)	(\$30.8)	(\$1,483.4)	(\$1,232.3)	(\$251.1) -20.37%	(\$1,482.6)
Net Surplus/(Deficit)	\$28.5	\$66.6	(\$38.1)	\$409.8	\$708.3	(\$298.6) -42.15%	\$846.8



- UK Midwives scheduled to arrive May. Remains on track.
- CTA contract for complex care in Midwifery is not being taken up due to ability to release time for midwives to attend and back fill those positions.
- Antenatal HIV screening to commence June. Outstanding issue of standardising lab forms and reporting – as MedLab Central provides laboratory services and reporting is via Wellington Regional coordinator, who contract with Aotea Labs - for clinicians is close to being resolved.
- Clinical supplies overrun predominantly epidural agents, pharmaceuticals for induction, birthing packs, related to volume and clinical practises.
- Overruns in non-clinical rentals for SMO accommodation, 3 months worth of patient meals and nutritional supplements.



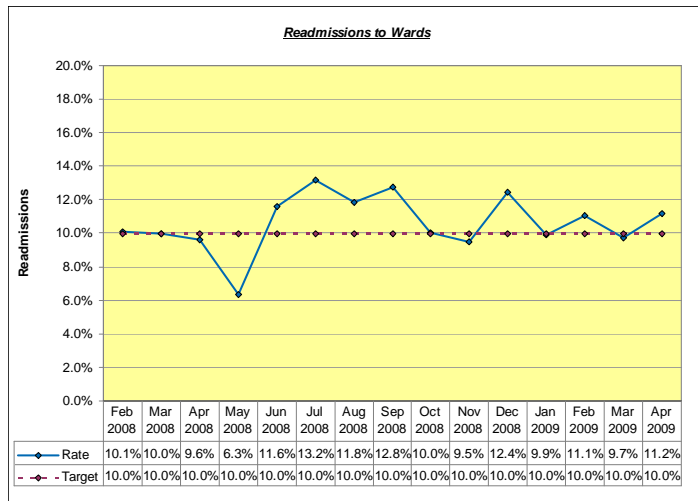
- Clinical supplies under budget.
- Demand driven overruns in clinical supplies.
- Model of Care for MSW agreed to commence 26th January 2009. Training for MSW nursing staff continues weekly with positive feedback.



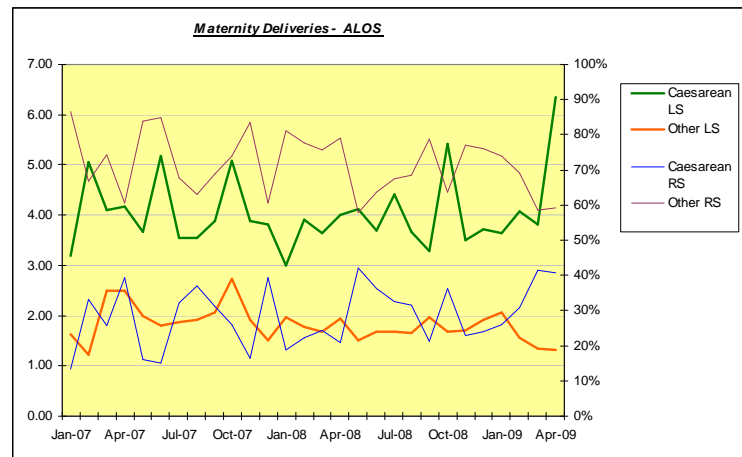
Births by Lead Maternity Carer (LMC) shows who admitted the baby to the ward, and therefore has been taken as a proxy to the primary lead in the birth. This has then been grouped into either an Independent Mid-Wife (IMW), a General Practitioner (GP), or a DHB provided mid-wife or obstetrician. The total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

There were 42 admitted deliveries in April (3 are still to be coded):

- 17 Caesareans – 5 elective & 12 emergency
- 22 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.



This graph shows the average length of stay in Maternity broken down by delivery - caesarean and other on the left hand side and the % of deliveries on the right hand side.

The ALOS by year and delivery method is:

2007- Caesarean 4.13 (27%)
Other 1.95 (73%)

2008- Caesarean 4.00 (28%)
Other 1.76 (72%)

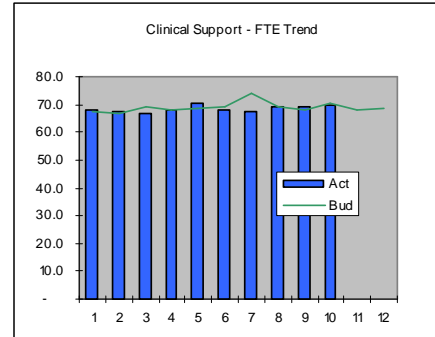
2009 YTD- Caesarean 4.35 (34%)
Other 1.65 (66%)



6.3.10 Clinical Support, Therapies & Allied Health

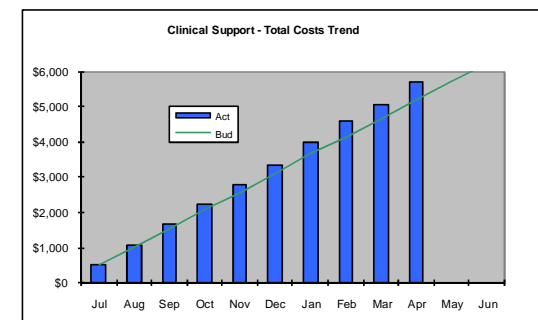
FTE Analysis

Clinical Support	FTE Actual	FTE Budget	Variance
Allied Health Staff	29.2	29.3	0.2
Management/Administration Staff	25.0	24.8	(0.2)
Outsourced Personnel	-	-	-
Nursing Staff	15.7	16.4	0.7
Support Staff	-	-	-
Total FTE's	69.8	70.5	0.7



Cost Analysis (000's)

Clinical Support	Apr-2009			YTD Bud	YTD % of Bud	FY Bud
	Act	Bud	Var			
Financial (000's)						
Revenue						
Revenue	\$310.5	\$315.5	(\$4.9)	\$3,258.2	\$3,136.0	\$3,766.9
Expenditure						
Personnel	(\$376.8)	(\$343.9)	(\$32.9)	(\$3,303.4)	(\$3,232.1)	(\$3,859.9)
Outsourced	(\$100.7)	(\$72.8)	(\$27.9)	(\$1,102.5)	(\$729.1)	(\$874.8)
Clinical Supplies	(\$127.8)	(\$99.2)	(\$28.6)	(\$1,074.6)	(\$1,002.8)	(\$1,201.2)
Infrastructure & Non-clinical	(\$23.0)	(\$11.6)	(\$11.4)	(\$114.5)	(\$130.9)	(\$154.1)
Deprn & Financing	(\$10.7)	(\$11.0)	\$0.3	(\$110.5)	(\$110.3)	(\$132.4)
Total Expenditure	(\$639.0)	(\$538.6)	(\$100.4)	(\$5,705.4)	(\$5,205.2)	(\$6,222.4)
Net Surplus/(Deficit)	(\$328.5)	(\$223.1)	(\$105.3)	(\$2,447.2)	(\$2,069.3)	(\$2,455.5)

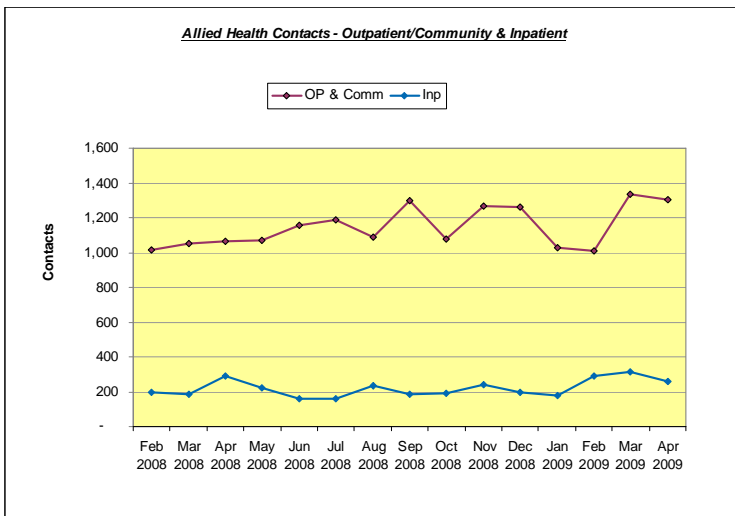


Summary

- Health records sickness has been a significant factor making a negative impact on March Financials.
- Impact of PSA collective increase is seen in this month's financials.
- Family Violence Training for trainers' staff has commenced on a fortnightly basis and the programme was officially launched in April. The AUT audit will be held in May.
- Data entry for all allied health activity has been captured fully this month.
- Pay changes through the collective for therapy staff have caused further financial pressure.
- 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 April
- Significant cost pressures associated with higher than expected Mecca for MRT staff FYE approx 90k
 - PRL contract still under negotiation 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.

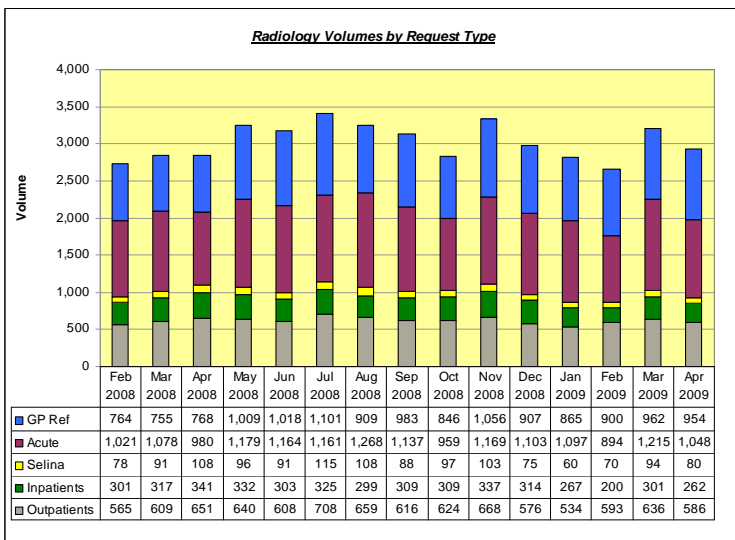


- Clinical supplies overspend is higher due to movement of contracts from Corporate to imaging.
- Medicines Advisory committee Service has been re-established cost containment/reduction measures in place.
- AT&R occupancy remains steady, with active transfer of patients sought from MSW when beds become available.
- Some extra staffing has been required to special the dementia and confused patients on the ward this marginally has increased outsourced nursing costs for the month.
- Earlier identification of stroke patients for transfer to Rehab from ED and MSW is occurring freeing up demand for acute services.
- 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. Discussions held with Dr Duncan regarding reducing the volume of clinics have been productive.
- Clinical supplies have been pegged back this month as a result of good oversight by the team leader.
- Rehab Support Workers appointed commenced training in Mid March and are now working successfully in the ward, feedback from them and other staff is very positive.
- The drop in revenue has corrected itself this month ACC claims are all actively pursued.

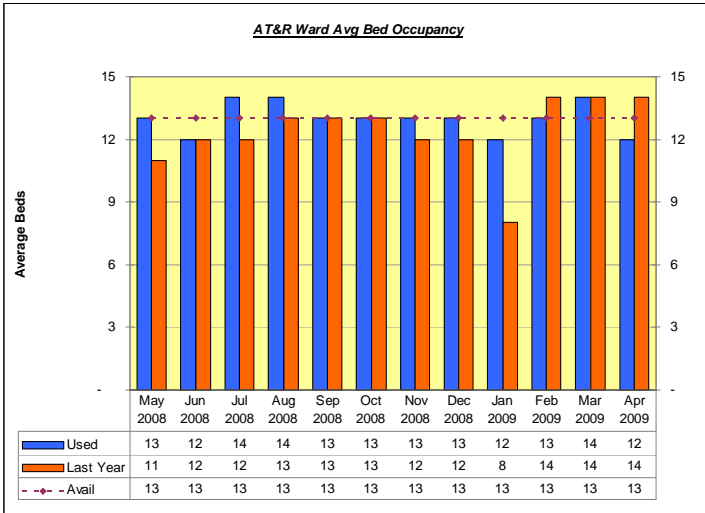


All Allied Health contacts in the month shown as either community or inpatient contacts. The community contacts are funded via separate contracts with the Funder, whereas the inpatient contacts are an input into the overall case weight.

Data entry up to date but unfortunately inpatient data was not available at the time of report.

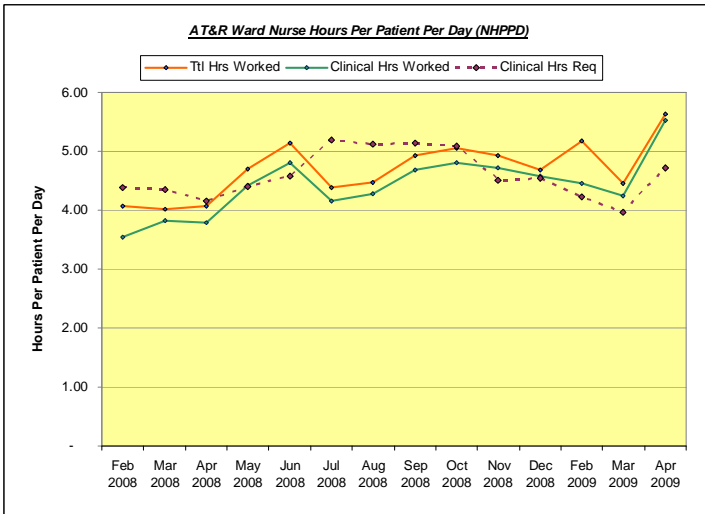


This graph shows the total number of radiology tests done, and then breaks this down by the referral type for those tests. GP referred are those requested by GP's, Acute are requests by the acute wards in the hospital, Selina are Selina Sutherland requests, Inpatients are from all inpatient wards and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

Reasonable match between workforce and acuity.



6.4 GM Community, Public, and Mental Health Report

6.4.1 Summary

Community nursing and health service contract performance (including ACC) is \$282,214 YTD ahead of budget [Refer Appendix D]. Volumes continue to trend upwards in community health as the in-reach service is working well and the service is receiving referrals earlier from the hospital. A breakdown of referral trends shows marked increases in palliative referrals to the generalist team and an increase in hours of home help and personal cares delivered by support workers. FTE remains at current levels and staff are managing the increased workload although overtime payments have been increasing commensurately.

Healthy Homes Assessments are on track to exceed the target by year end. Student assessments have also exceeded target and this trend will continue to the end of the year.

Mental Health referrals to the Adult service have reduced this month while CAMHS referrals have increased. CAMHS is beginning a number of initiatives to increase access to the service. Four regional rehab beds are occupied by Wairarapa clients and on average Wairarapa is using 50 bed nights per month in neighbouring DHBs.

All services are working on a cost recovery plan and reductions have occurred in locum costs for mental health and overtime is beginning to reduce in both ambulance and community nursing.

	Act	Apr-2009 Bud	Var	Act	YTD Bud	Var	Var %		FY Bud
Contract Volumes									
FOCUS Needs Assessments	5	10	(5)	103	100	3	3.0%	+/-	120
District Nurse Contacts	3,050	2,542	508	28,999	24,272	4,727	19.5%	✓	29,217
Healthy Homes Nurse Assmnts	13	8	5	89	82	7	8.5%	✓	100
Student Assessments	1	17	(16)	211	170	41	24.1%	✓	200
Mental Health New Referrals	43	50	(7)	369	500	(131)	-26.2%	✗	600
Financial (000's)									
Revenue	\$1,022	\$1,090	(\$68)	\$10,584	\$10,897	(\$313)	-2.9%		\$13,076
Personnel Costs	(\$850)	(\$706)	(\$145)	(\$7,808)	(\$6,931)	(\$877)	-12.7%	✗	(\$8,309)
Outsourced Costs	(\$125)	(\$73)	(\$52)	(\$942)	(\$740)	(\$202)	-27.3%	✗	(\$886)
Other Costs	(\$127)	(\$109)	(\$19)	(\$1,416)	(\$1,124)	(\$292)	-25.9%	✗	(\$1,342)
Net Performance	(\$81)	\$202	(\$283)	\$418	\$2,101	(\$1,684)	-80.1%	✗	\$2,539
FTE's									
Allied Health Staff	59.8	71.5	11.7	60.8	70.6	9.8	13.9%	✓	75.4
Management/Administration Staff	21.4	22.7	1.3	21.8	22.7	0.9	4.1%		22.6
Medical Staff	3.0	3.5	0.5	3.1	3.5	0.4	10.8%	✓	3.5
Nursing Staff	48.7	42.5	(6.3)	45.6	42.1	(3.5)	-8.3%	✗	42.1
Support Staff	-	-	-	-	-	-	0.0%		0.0
Total FTE	133.0	140.2	7.2	131.3	138.9	7.6	5.5%	✓	143.7

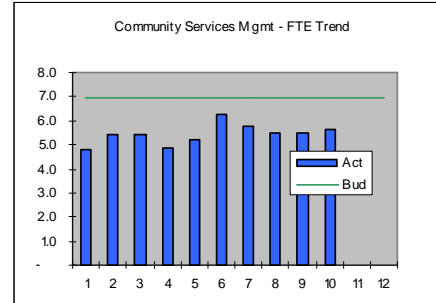
* Refer to the Glossary for definitions of these measures.



6.4.5 Community & Public Health Management

FTE Analysis:

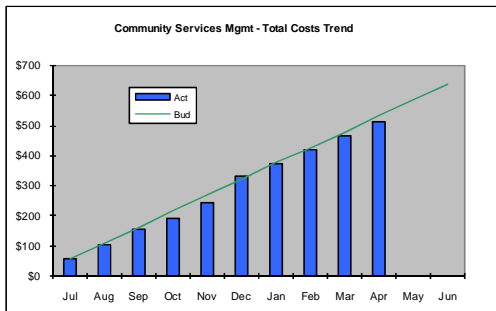
Community Services Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	5.6	7.0	1.3
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	5.6	7.0	1.3



Cost Analysis (000's):

Community Services Management	Apr-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Expenditure								
Personnel	(\$42.6)	(\$48.4)	\$5.7	(\$466.1)	(\$479.9)	\$13.7	2.86%	(\$575.2)
Outsourced	\$0.0	\$0.0	\$0.0	\$2.3	\$0.0	\$2.3	0.00%	\$0.0
Clinical Supplies	(\$0.0)	\$0.0	(\$0.0)	(\$6.1)	\$0.0	(\$6.1)	0.00%	\$0.0
Infrastructure & Non-clinical	(\$3.1)	(\$4.1)	\$1.0	(\$41.0)	(\$42.6)	\$1.6	3.76%	(\$50.9)
Deprn & Financing	(\$0.0)	(\$0.9)	\$0.8	(\$0.6)	(\$8.7)	\$8.2	93.68%	(\$10.5)
Total Expenditure	(\$45.8)	(\$53.4)	\$7.6	(\$511.5)	(\$531.2)	\$19.7	3.71%	(\$636.6)
Net Surplus/(Deficit)	(\$45.8)	(\$53.4)	\$7.6	(\$511.5)	(\$531.2)	\$19.7	-3.71%	(\$636.6)

+/- 5%



Summary

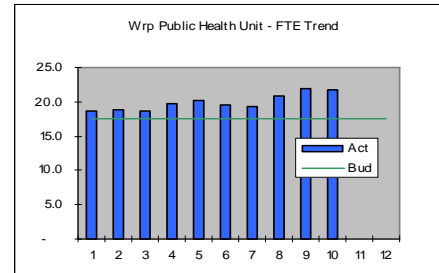
- Infrastructure and non-clinical costs for the Choice Health campus have been coded against this responsibility centre and should more correctly be coded against Public Health, this will not occur until the new budget year 09/10
- Ambulance Service Manager position was not replaced which explains the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



6.4.6 Wairarapa Public Health Unit

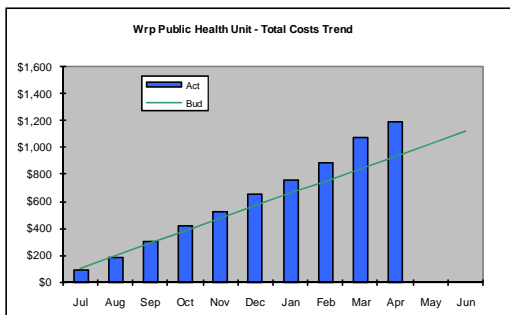
FTE Analysis:

Public Health Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	9.4	10.0	0.6
Management/Administration Staff	4.0	2.5	(1.5)
Medical Staff	-	-	-
Nursing Staff	8.3	5.0	(3.3)
Support Staff	-	-	-
Total FTE's	21.8	17.5	(4.2)



Cost Analysis (000's):

Public Health Unit	Apr-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$168.9	\$109.1	\$59.8	\$1,325.0	\$1,089.8	\$235.2	-21.59%	\$1,307.9
Expenditure								
Personnel	(\$105.9)	(\$78.9)	(\$27.0)	(\$994.7)	(\$781.4)	(\$213.3)	-27.29%	(\$935.2)
Outsourced	(\$5.6)	(\$3.5)	(\$2.1)	(\$53.2)	(\$36.6)	(\$16.6)	-45.23%	(\$43.6)
Clinical Supplies	(\$1.1)	(\$4.2)	\$3.0	(\$10.2)	(\$43.1)	\$33.0	76.43%	(\$51.5)
Infrastructure & Non-clinical	(\$9.4)	(\$7.6)	(\$1.8)	(\$138.2)	(\$78.2)	(\$60.1)	-76.83%	(\$93.3)
Depn & Financing	(\$0.1)	(\$0.1)	(\$0.0)	(\$0.8)	(\$0.6)	(\$0.2)	-35.24%	(\$0.7)
Total Expenditure	(\$122.2)	(\$94.2)	(\$28.0)	(\$1,197.0)	(\$939.9)	(\$257.1)	-27.35%	(\$1,124.3)
Net Surplus/(Deficit)	\$46.7	\$14.9	\$31.8	\$128.0	\$149.8	(\$21.9)	-14.58%	\$183.6



Summary

- All revenue expected from contracts awarded during the year has now been received. This equates to an extra \$234K YTD.
- Personnel costs continue to track unfavourably against budget due to the MECA settlement and additional staff recruited to meet contracts awarded after the budget was set.
- Outsourced services reflect costs associated with the additional contract for Health Impact Assessment - Learning by Doing.
- Clinical Supplies are tracking below budget due to careful purchasing decisions and reduced health promotion spend. These mitigations have been put in place areas as part of the cost recovery plan.



- Infrastructure costs show adverse results against budget predominantly associated with costs of HPV campaign education, HPV staffing needs, and a contract funding reimbursement to the Ministry.
- Overall Public Health costs are expected to reduce further as current vacancies will not be filled until 0910 contracts are in place.

Key Activities

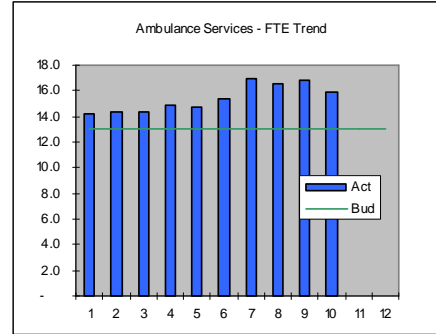
- The New Zealand Breastfeeding Authority has accredited all community providers, with flying colours, as Baby Friendly Community providers. This is the culmination of 3 years work within the community.



6.4.7 Ambulance Services

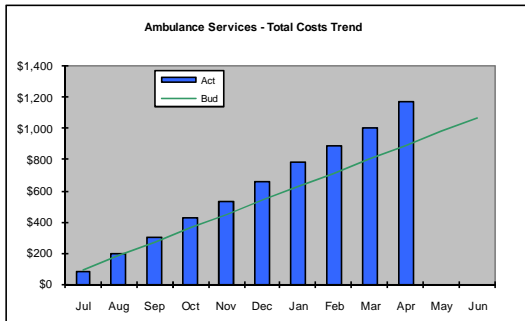
FTE Analysis:

Ambulance Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	16.0	12.9	(3.0)
Management/Administration Staff	-	0.1	0.1
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	16.0	13.0	(3.0)



Cost Analysis (000's):

Ambulance Services	Apr-2009			YTD Bud	YTD % of Bud	FY Bud		
	Act	Bud	Var					
Financial (000's)								
Revenue								
Revenue	\$114.8	\$105.4	\$9.3	\$1,089.3	\$1,053.6	\$35.7	-3.39%	\$1,264.5
Expenditure								
Personnel	(\$129.8)	(\$64.1)	(\$65.7)	(\$839.8)	(\$647.4)	(\$192.4)	-29.72%	(\$778.0)
Outsourced	(\$14.4)	(\$7.7)	(\$6.7)	(\$74.7)	(\$76.7)	\$2.0	2.56%	(\$92.0)
Clinical Supplies	(\$2.6)	(\$2.1)	(\$0.5)	(\$46.1)	(\$21.4)	(\$24.7)	-115.10%	(\$25.7)
Infrastructure & Non-clinical	(\$12.5)	(\$11.3)	(\$1.2)	(\$146.2)	(\$117.9)	(\$28.3)	-23.97%	(\$140.5)
Deprn & Financing	(\$7.0)	(\$2.9)	(\$4.1)	(\$64.3)	(\$29.1)	(\$35.2)	-121.05%	(\$34.9)
Total Expenditure	(\$166.3)	(\$88.1)	(\$78.2)	(\$1,171.1)	(\$892.5)	(\$278.6)	-31.21%	(\$1,071.1)
Net Surplus/(Deficit)	(\$51.6)	\$17.3	(\$68.9)	(\$81.8)	\$161.1	(\$242.9)	-150.76%	\$193.4

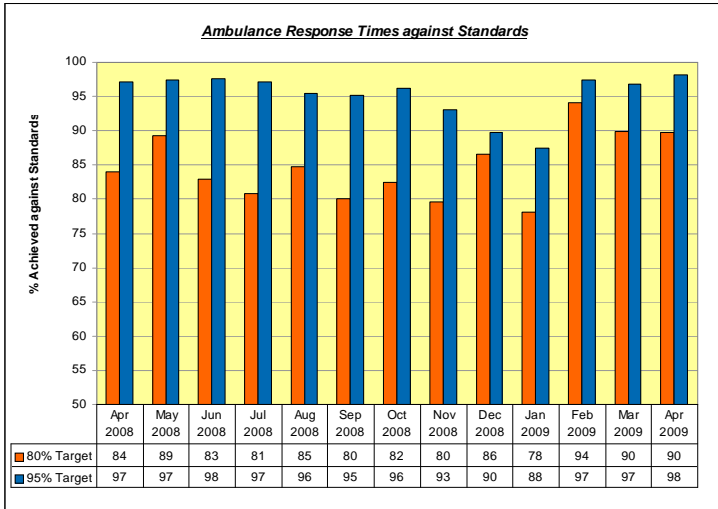


Summary

- The revenue YTD is \$36K more than budgeted due to increased ACC payments. \$17,500 of declined ACC claims is being investigated with a probable \$5000 positive adjustment.
- The National Ambulance Sector Office (Ministry of Health and ACC joint initiative) confirm a \$13K shortfall in 0809 funding and this has been invoiced.
- The decommissioned ambulance (old Chevrolet) has been sold for \$4000.
- Personnel costs variances reflect the completed SECA negotiations. Overtime costs are higher than budgeted but are decreasing.
- Outsourced service costs represent payments to the Order of St John. The monthly variance is a result of the bulk invoicing sent through by St John, however, YTD payments are \$26K less than budgeted.



- Clinical supplies have been brought into line monthly but the YTD variance indicates the increased workload and higher than expected prices.
- Infrastructure and non-clinical supplies remain high. These costs are associated with high petrol prices, ongoing and frequent maintenance of the remaining ageing fleet and high costs associated with increased workloads. These cost “blow outs” have in part been mitigated by the decommissioning of the ambulance requiring the most frequent maintenance and close monitoring of all other costs.
- Monthly Output:
 - Patient Transfers 52
 - Accident attendances 97
 - Medical attendances 189.



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

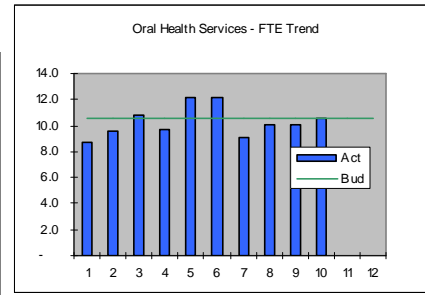
The service has exceeded the target in both categories.



6.4.8 Oral Health Services

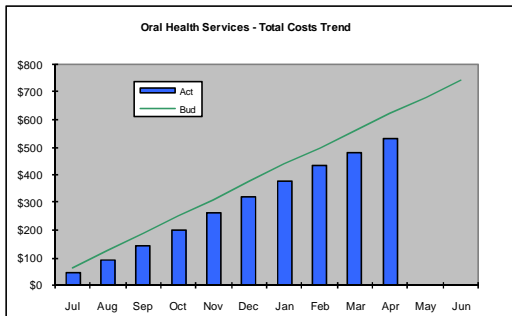
FTE Analysis:

Oral Health Service	FTE Actual	FTE Budget	Variance
Allied Health Staff	9.5	9.4	(0.1)
Management/Administration Staff	1.0	1.2	0.2
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	10.5	10.6	0.1



Cost Analysis (000's):

Oral Health Services	Apr-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	(\$13.9)	\$142.6	(\$156.5)	\$731.8	\$1,426.0	(\$694.3)	48.69%	\$1,711.2
Expenditure								
Personnel	(\$48.0)	(\$45.1)	(\$2.8)	(\$467.8)	(\$447.9)	(\$20.0)	-4.46%	(\$536.2)
Outsourced	\$0.0	(\$9.3)	\$9.3	(\$0.8)	(\$93.1)	\$92.3	99.10%	(\$111.8)
Clinical Supplies	(\$2.1)	(\$3.8)	\$1.7	(\$24.9)	(\$37.7)	\$12.8	34.01%	(\$45.2)
Infrastructure & Non-clinical	(\$1.5)	(\$2.2)	\$0.6	(\$17.8)	(\$25.4)	\$7.6	29.83%	(\$29.7)
Deprn & Financing	(\$1.7)	(\$1.9)	\$0.2	(\$20.3)	(\$19.2)	(\$1.1)	-5.62%	(\$23.0)
Total Expenditure	(\$53.3)	(\$62.3)	\$9.0	(\$531.7)	(\$623.3)	\$91.6	14.70%	(\$745.9)
Net Surplus/(Deficit)	(\$67.2)	\$80.3	(\$147.5)	\$200.1	\$802.7	(\$602.6)	-75.07%	\$965.3



Summary

- This report contains 2 cost centres – the first is related to the Oral Health Project and the second, the delivery of the existing Oral Health Service. The Oral Health Service revenue is tracking well against expected revenue with an additional \$17K YTD, however, the issues with the project budgeting had lead to an adverse variance in revenue.
- The project cost centre was created without an expenditure budget therefore all costs within the project reflect adverse results and impact on the service cost centre.
- Total personnel costs are less than budgeted due to a long standing vacancy which has now been filled. The positive variance in the service cost centre offsets the negative variance in the project cost centre.
- The outsourced service budget remains unspent, despite reminders to MidCentral DHB for invoices for the Principal Dental Officer contract.
- Infrastructure expenditure also tracks positively against budget.
- Arrears (number of children waiting to be seen) have now significantly reduced to 10% outside Ministry guidelines.
- Due to school holidays, treatments are down on the previous month to 602.



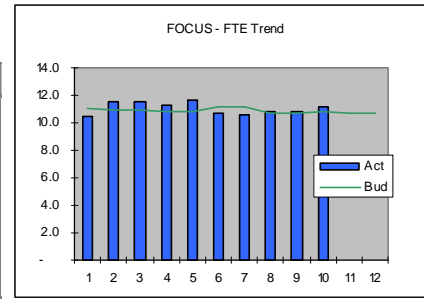
- CI Munro have confirmed manufacturing delays in the delivery of the mobiles. Both mobiles were expected in the Wairarapa in July and August. We now expect one mobile in September and the other in March 2010.



6.4.9 FOCUS

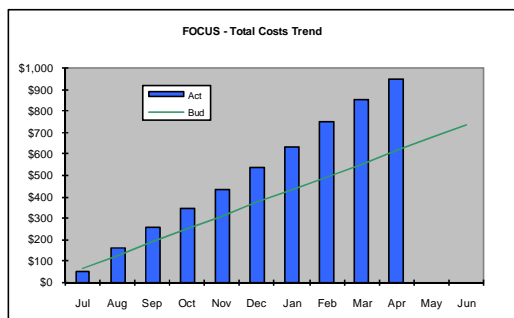
FTE Analysis:

FOCUS	FTE Actual	FTE Budget	Variance
Allied Health Staff	6.1	6.6	0.5
Management/Administration Staff	4.6	4.2	(0.4)
Medical Staff	-	-	-
Nursing Staff	0.4	-	(0.4)
Support Staff	-	-	-
Total FTE's	11.1	10.8	(0.3)



Cost Analysis (000's):

FOCUS NASC	Apr-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$115.2	\$106.5	\$8.7	\$1,148.4	\$1,065.4	\$83.0	-7.79%	\$1,278.5
Expenditure								
Personnel	(\$57.6)	(\$47.8)	(\$9.8)	(\$518.5)	(\$478.2)	(\$40.3)	-8.42%	(\$571.0)
Outsourced	(\$40.5)	(\$12.0)	(\$28.5)	(\$391.3)	(\$121.2)	(\$270.0)	-222.73%	(\$145.2)
Clinical Supplies	(\$0.0)	(\$0.0)	\$0.0	(\$0.0)	(\$0.1)	\$0.1	63.28%	(\$0.1)
Infrastructure & Non-clinical	(\$2.2)	(\$1.6)	(\$0.6)	(\$41.3)	(\$16.7)	(\$24.6)	-147.79%	(\$19.8)
Deprn & Financing	(\$0.0)	(\$0.0)	\$0.0	(\$0.2)	(\$0.2)	(\$0.0)	-0.01%	(\$0.2)
Total Expenditure	(\$100.2)	(\$61.4)	(\$38.8)	(\$951.2)	(\$616.3)	(\$334.9)	-54.33%	(\$736.3)
Net Surplus/(Deficit)	\$15.0	\$45.1	(\$30.2)	\$197.2	\$449.1	(\$251.9)	-56.09%	\$542.2

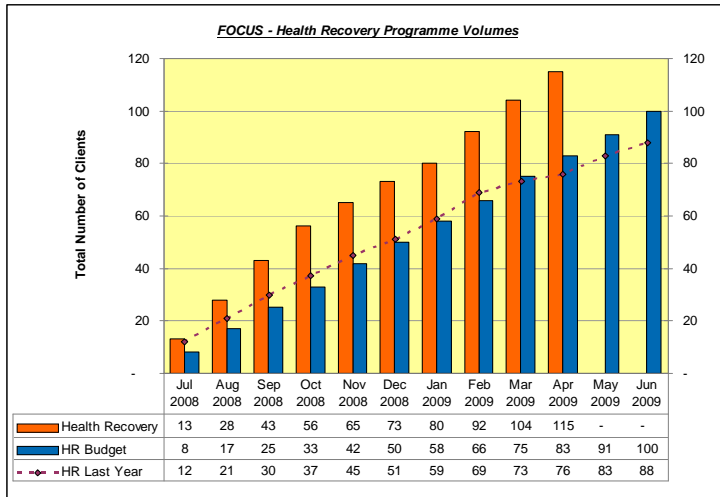


Summary

- Personnel Expenditure continues the adverse trend due to Single Point of Entry FTE appointed post budget setting and increased cost in delivering the on call service as a result of the Allied Health MECA settlement.
- Outsourced, expenditure continues to be higher than budgeted, 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.
- Infrastructure and non-clinical expenditure has continued to track over budget due to additional costs related to the single point of entry, health recovery and chronically medically ill service management costs.
- FOCUS has a waiting list of up to 6 weeks for non urgent referrals. All referrals are contacted within 2 working days.

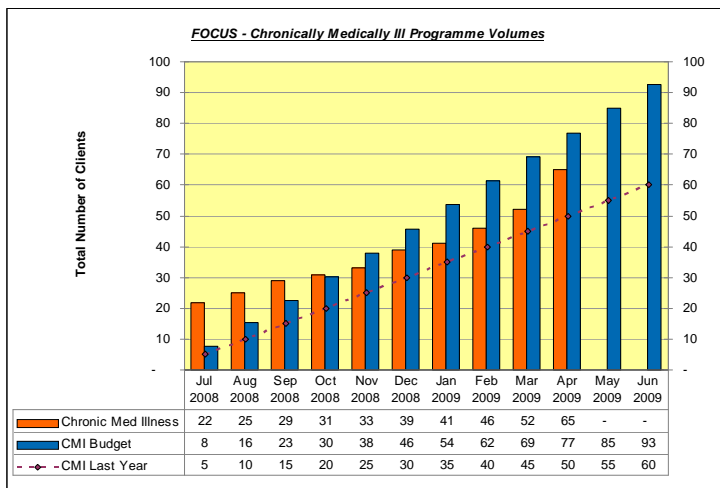


- The Intake/Triage and Discharge Liaison role has been extended to provide cover for Health Recovery and to assist with reducing the waiting list.
- Work is currently underway with Social Work and Community Nursing to look at bringing social work into the daily triage meeting and to develop standard processes and guidelines for family meetings and appointing a key worker for complex cases



Compared to the same time last year 56% more people have accessed the Health Recovery Programme, with 36% more resource being used to manage the purchase of the Health Recovery Beds

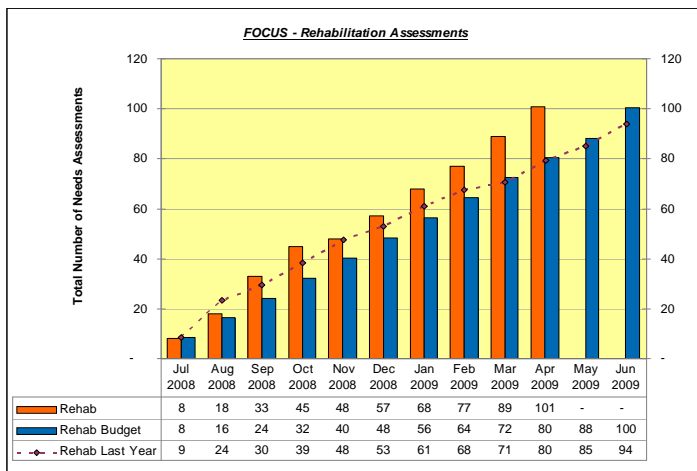
The application to Health Recovery is currently being reviewed with a view to being included in the Single Point of Entry referral form that covers Community Nursing, Short term Support (formally Homelinks) and FOCUS



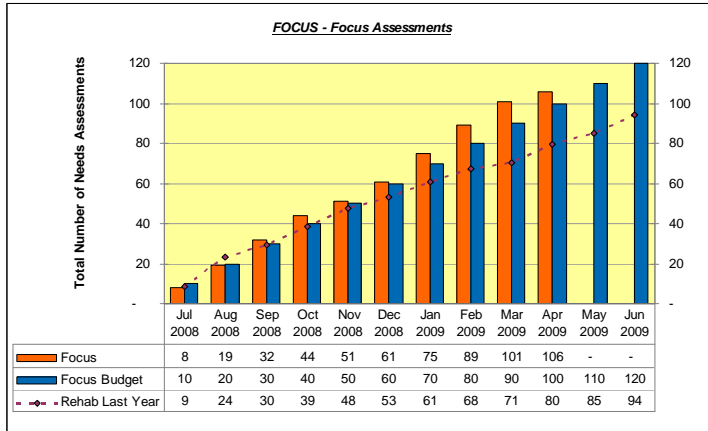
Priority is given to clients of higher need that are anticipated to have less than 6 months to live. Some clients receiving "CMI" fall between traditional streams and are not palliative. This funding is now called "Gap Funding". Gap funding is internally separated at FOCUS. It currently includes the purchase of some palliative services as well as other supports purchased for people that do not meet current disability criteria.

There is a national work group mapping disability criteria gaps to a proposed funder, either the Ministry of Health or District Health Board.

16% more people are being supported using this funding than the same time last year.



This graph shows the volume of assessments completed from Rehab including Dr Mathews and Dr Duncan's assessments where a person's assessed "level of care" is reviewed. In the past these volumes have been combined with the volumes of assessments completed in rehab by FOCUS. In the 08-09 SLA these volumes have been split – see the next graph for FOCUS volumes.



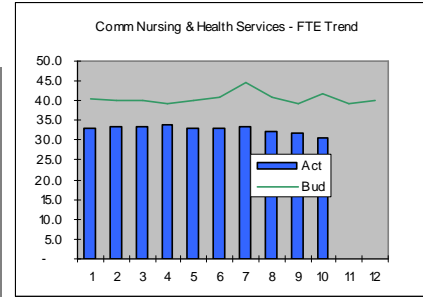
This graph shows the volume of assessments completed in Rehab by FOCUS. The rehab volumes were increased in the 08/09 financial year, reflecting the needs of the service. It is not possible to make a direct comparison from 08 to 09 for assessments that FOCUS completed in Rehab. In 08 the statistics for FOCUS were bundled in with the assessments that Dr Mathews and Dr Duncan completed. Between FOCUS, Dr Duncan and Dr Mathews 30% more assessments have been completed compared to the same time last year.



6.4.10 Community Nursing & Health Services

FTE Analysis:

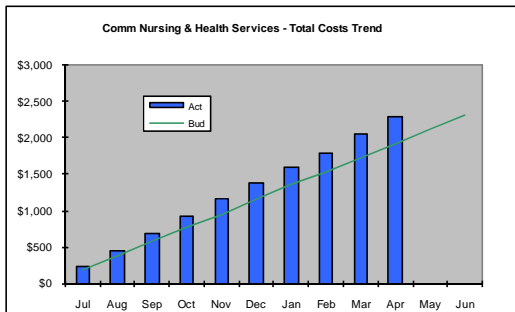
Community Nursing & Health Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	7.8	20.8	13.0
Management/Administration Staff	1.9	2.3	0.4
Medical Staff	-	-	-
Nursing Staff	20.7	18.9	(1.9)
Support Staff	-	-	-
Total FTE's	30.4	41.9	11.5



Cost Analysis (000's):

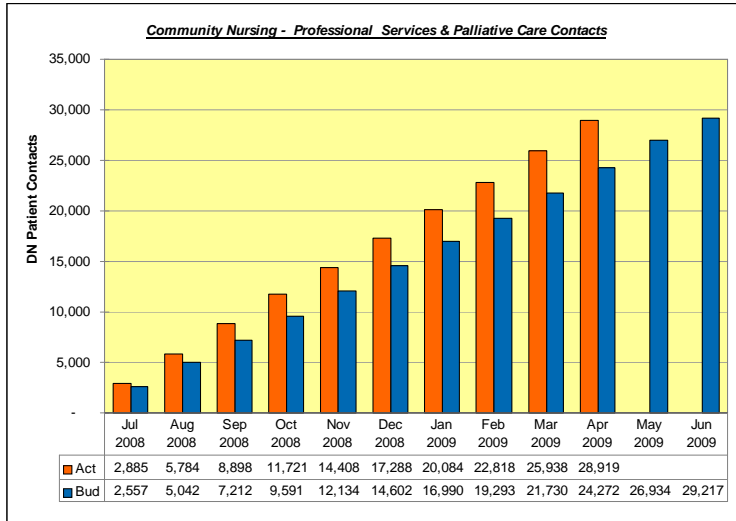
Community Nursing & Health Services	Apr-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$216.6	\$205.7	\$10.9	\$2,085.9	\$2,056.7	\$29.2	-1.42%	\$2,468.1
Expenditure								
Personnel	(\$171.1)	(\$143.7)	(\$27.4)	(\$1,602.9)	(\$1,380.4)	(\$222.5)	-16.12%	(\$1,652.4)
Outsourced	(\$6.2)	(\$1.6)	(\$4.5)	(\$15.7)	(\$16.7)	\$1.1	6.53%	(\$20.0)
Clinical Supplies	(\$60.1)	(\$47.3)	(\$12.8)	(\$606.1)	(\$479.5)	(\$126.6)	-26.41%	(\$574.1)
Infrastructure & Non-clinical	(\$5.6)	(\$4.6)	(\$1.0)	(\$54.6)	(\$52.9)	(\$1.7)	-3.16%	(\$62.0)
Deprn & Financing	(\$1.4)	(\$0.6)	(\$0.8)	(\$14.3)	(\$6.1)	(\$8.2)	-135.75%	(\$7.3)
Total Expenditure	(\$244.3)	(\$197.8)	(\$46.5)	(\$2,293.5)	(\$1,935.6)	(\$357.9)	-18.49%	(\$2,315.8)
Net Surplus/(Deficit)	(\$27.7)	\$7.9	(\$35.6)	(\$207.6)	\$121.1	(\$328.7)	-271.37%	\$152.2

+/- 5%



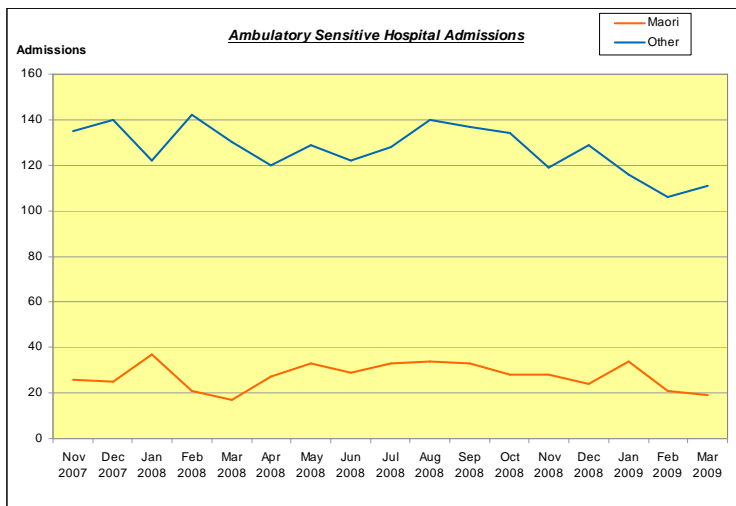
Summary

- Personnel costs variances reflect increase in allowance payments and overtime costs to meet the increase in volume and demand in the community nursing service. Processes are in place to manage the rise in overtime.
- Clinical supplies costs in particular continence and ostomy products remain high. As part of the cost recovery plan for the service both the direct delivery method and service access and review criteria will be looked at.
- The Nurse Manager and the Community Nurse working with Careerforce have been awarded the Assessor and Verifier award following their Portfolio submission. This means the support workers who have undertaken level 2 in Health Care will be Credited and awarded with their NZQA qualification.



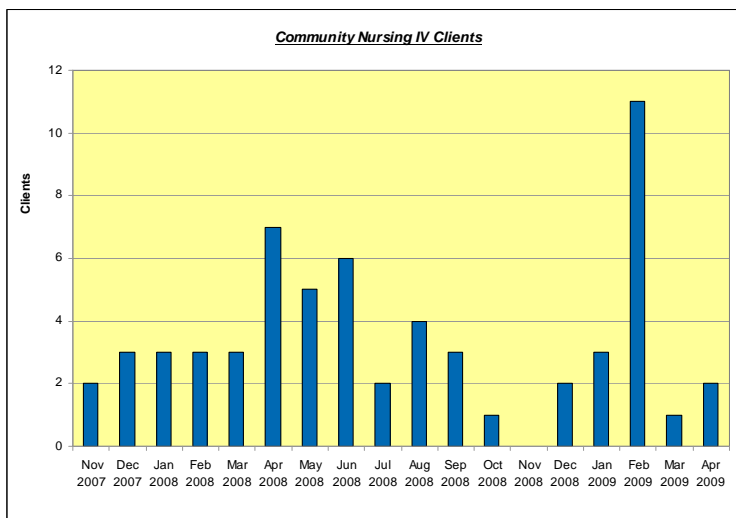
Community Nurse contacts include both DHB and ACC funded visits to patients. Client services such as continence, stomal and oxygen are not included.

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.



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

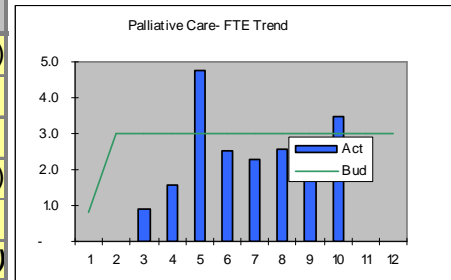
The use of this service is under review as part of the above initiative around ASH.



6.4.11 Palliative Care

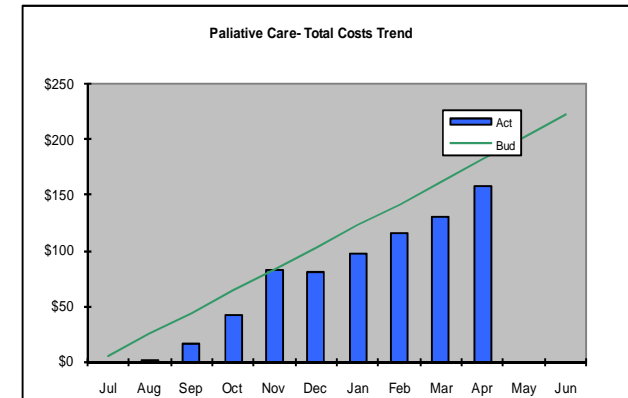
FTE Analysis:

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	2.7	2.2	(0.5)
Support Staff	-	-	-
Total FTE's	3.5	3.0	(0.5)



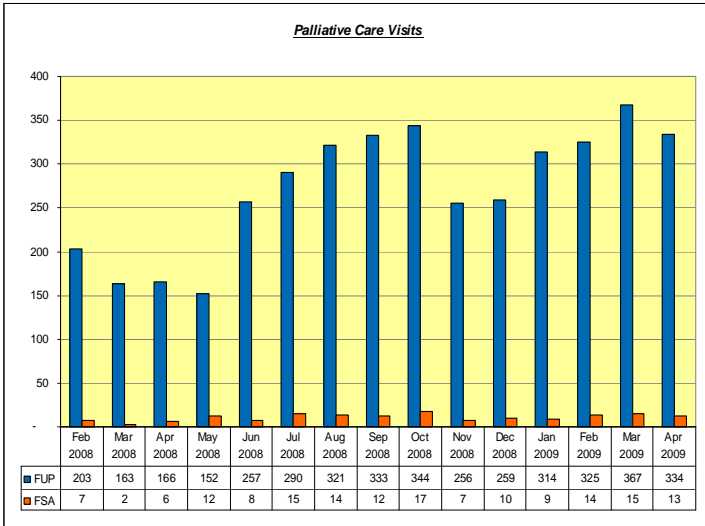
Cost Analysis (000's)

Palliative Care	Apr-2009			YTD Bud	YTD % of Bud	FY Bud
	Act	Bud	Var			
Financial (000's)						
Revenue						
Revenue	\$44.6	\$44.6	(\$0.0)	\$446.2	\$446.1	\$535.3
Expenditure						
Personnel	(\$24.8)	(\$20.3)	(\$4.5)	(\$128.7)	(\$181.6)	(\$222.6)
Outsourced	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Clinical Supplies	(\$0.0)	\$0.0	(\$0.0)	(\$5.6)	\$0.0	\$0.0
Infrastructure & Non-clinical	(\$1.3)	\$0.0	(\$1.3)	(\$20.8)	\$0.0	\$0.0
Deprn & Financing	(\$0.1)	\$0.0	(\$0.1)	(\$1.4)	\$0.0	\$0.0
Total Expenditure	(\$26.3)	(\$20.3)	(\$6.0)	(\$156.4)	(\$181.6)	(\$222.6)
Net Surplus/(Deficit)	\$18.3	\$24.3	(\$6.0)	\$289.8	\$264.5	\$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 for the hospital has been recruited to the volunteer coordinator role for palliative care and will begin on 4 May. This means that the service is now fully staffed.
- Actual costs for infrastructure include service set up costs
- The bulk of clinical supplies costs for the service are now being charged to community nursing. The generalist service is caring for the majority of patients in the service. The specialist nurses retain oversight for all patients and retain direct care for those palliative patients in facilities.



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 Centre each month against expected referrals.

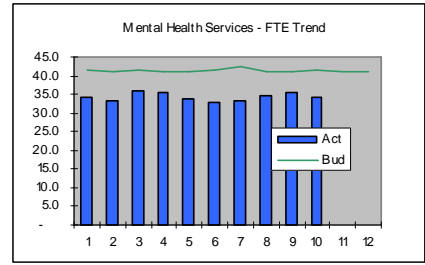
There has been an increased number of referrals from inpatients in Wairarapa hospital. Demand has been high for long term hospital level beds in Masterton for persons identified as palliative



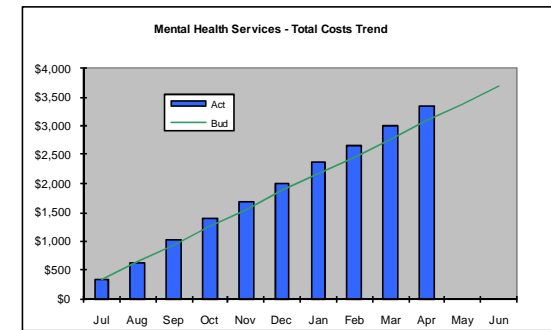
6.4.12 Mental Health

FTE Analysis

Mental Health	FTE Actual	FTE Budget	Variance
Allied Health Staff	10.3	16.2	5.9
Management/Administration Staff	4.3	5.3	1.0
Medical Staff	3.0	3.5	0.5
Nursing Staff	16.5	16.4	(0.1)
Support Staff	-	-	-
Total FTE's	34.1	41.4	7.3



Mental Health	Apr-2009			YTD			YTD % of Bud	FY Bud
	Act	Bud	Var	Act	Bud	Var		
Financial (000's)								
Revenue								
Revenue	\$375.9	\$375.9	\$0.0	\$3,756.9	\$3,759.0	(\$2.1)	0.06%	\$4,510.8
Expenditure								
Personnel	(\$270.6)	(\$257.5)	(\$13.1)	(\$2,789.3)	(\$2,534.0)	(\$255.2)	-10.07%	(\$3,038.8)
Outsourced	(\$58.3)	(\$39.1)	(\$19.2)	(\$408.0)	(\$395.6)	(\$12.4)	-3.13%	(\$473.7)
Clinical Supplies	(\$1.6)	(\$1.3)	(\$0.2)	(\$12.3)	(\$13.3)	\$1.1	8.05%	(\$16.0)
Infrastructure & Non-clinical	(\$13.4)	(\$12.2)	(\$1.2)	(\$139.7)	(\$129.5)	(\$10.2)	-7.86%	(\$153.8)
Deprn & Financing	(\$0.4)	(\$0.2)	(\$0.1)	(\$3.5)	(\$2.3)	(\$1.2)	-53.84%	(\$2.7)
Total Expenditure	(\$344.1)	(\$310.2)	(\$33.9)	(\$3,352.7)	(\$3,074.8)	(\$277.9)	-9.04%	(\$3,685.0)
Net Surplus/(Deficit)	\$31.8	\$65.7	(\$33.9)	\$404.2	\$684.3	(\$280.1)	-40.93%	\$825.9



Summary

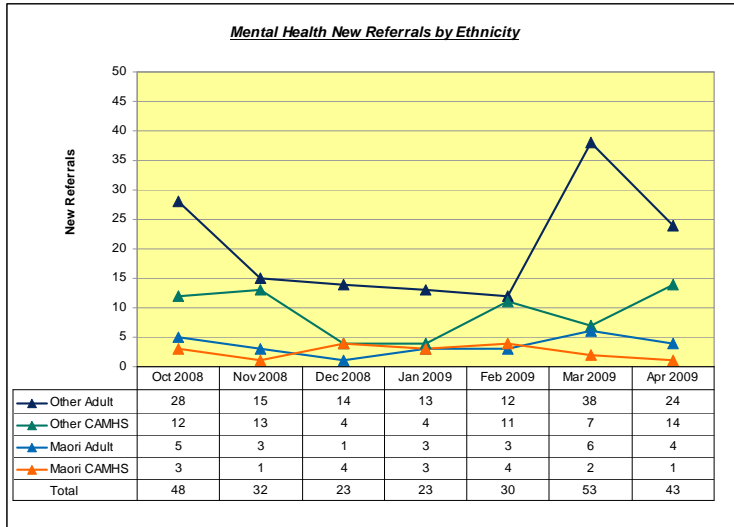
- Continued adverse trend in Personnel due to high locum psychiatrist costs and associated on call allowances. The renegotiated locum contract which began on 1 April has already reduced costs. There was \$14.5 less expenditure in this line over the month.
- Outsourced over expenditure due to use of inpatient beds in Hutt Valley DHB.

Current vacancies/appointments:

- Maori Mental Health Professionals: Adult MHS 1.7 fte. CAMHS 2.0 fte.
- Additional 1.0 fte Maori CSW position implemented in Crisis Respite. 0.3 fte Maori Mental Health Professional position filled in the Adult service
- Adult: Occupational Therapist: 1.0 fte filled mid April.
- CAMHS: 0.1 fte vacancy in Allied Health.
- Psychiatrist 1.0 fte - currently an offer is out for this role



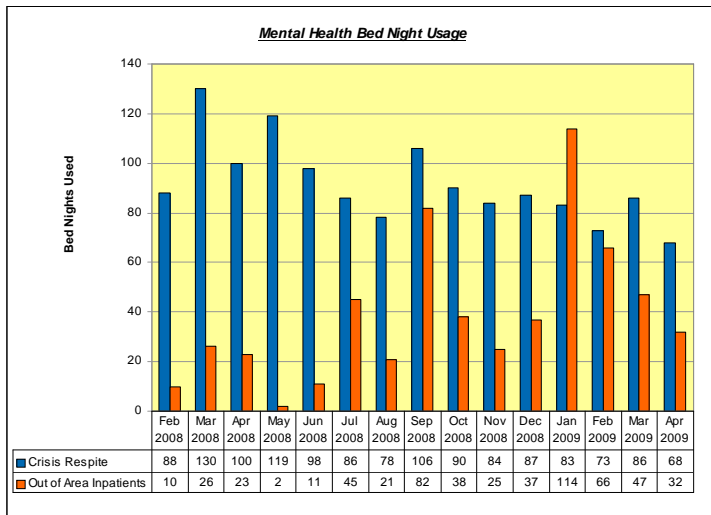
- 1.fte Nursing vacancy to be filled by 0.5 fte GP Liaison nurse and 0.5 fte Nurse Educator positions in July due to cost containment this financial year.



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.

Adult MH team received 4 Maori referrals in April, which is above the monthly average and accounted for approx. 14% of total referrals to the Adult service. All other referrals continue to be processed without delays.

CAMHS received 1 referral for Maori and saw a doubling of referrals for non Maori compared to March. 8 Children within CAMHS/Paedrs trial are not included in these data. A meeting is planned in June with Wairarapa Resource Teachers of Learning & Disability to identify Maori children in need and develop a whanau centred referral package. Mobile van proposal is being developed.

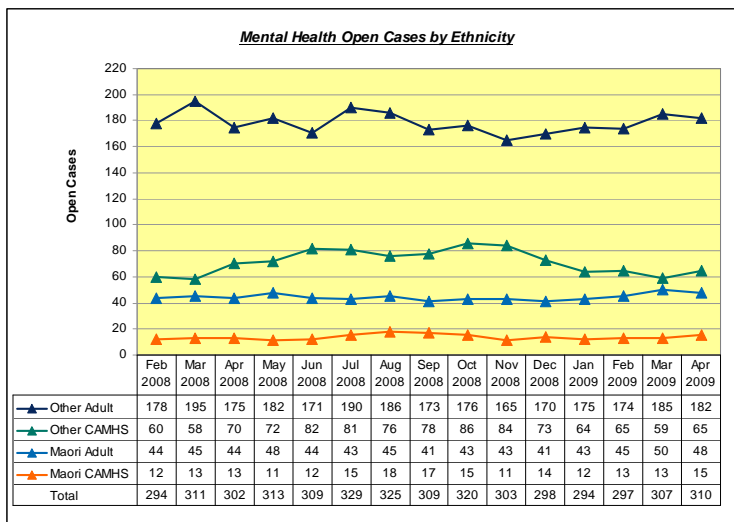


The bed night usage shows how bed nights were used in the Mental Health Service own Crisis Respite beds, and in the Inpatient beds the service contracts from other DHBs.

From Sept '08 to date the use of CRRS beds has trended down. Possibly because the Adult MH service has a full clinical team and now has the capacity to deliver more comprehensive community care. Inpatient bed usage has two components. The 4 Regional rehab beds have 100% utilisation with no variability YTD. Acute inpatient bed usage averages approximately 50 nights per month YTD. Access to beds is reflected in the bed nights provided by Hutt Valley DHB (349) & Mid Central DHB (155) YTD.

There is little or no discernable trend in inpatient bed nights. Anecdotally there are monthly spikes and troughs and total bed usage is driven by a small number of clients

Four Regional Rehab beds in Capital Coast remain occupied by Wairarapa DHB clients.



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

Adult: There has been an increase from 219 to 230 in total open cases to the Adult team.

CAMHS: There has been a modest increase 72 to 80 total open cases,. This does not include the joint venture clients with Paeds and Group Special Education.



6.5 Support Services

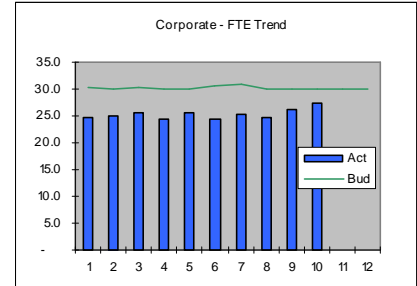
	Act	Apr-2009 Bud	Var	Act	YTD Bud	Var	Var %		FY Bud
Financial (000's)									
Revenue	(\$91)	\$55	(\$146)	\$780	\$543	\$237	43.7%	✓	\$653
Personnel Costs	(\$160)	(\$260)	\$100	(\$2,016)	(\$2,582)	\$566	21.9%	✓	(\$3,091)
Outsourced Costs	(\$4)	(\$4)	(\$1)	(\$53)	(\$41)	(\$13)	-31.0%	✗	(\$48)
Other Costs	(\$854)	(\$825)	(\$28)	(\$8,238)	(\$8,311)	\$74	0.9%		(\$9,962)
Net Performance	(\$1,109)	(\$1,034)	(\$76)	(\$9,527)	(\$10,391)	\$864	8.3%	✓	(\$12,447)
FTE's									
Allied Health Staff	-	-	-	-	-	-	0.0%		-
Management/Administration Staff	30.2	34.9	4.7	28.5	35.0	6.5	-18.4%	✗	34.9
Medical Staff	-	-	-	-	-	-	0.0%		-
Nursing Staff	1.1	1.1	0.0	1.0	1.1	0.1	-7.1%	✗	1.1
Support Staff	8.1	8.5	0.5	7.7	8.6	0.9	-10.4%	✗	8.6
Total FTE	39.4	44.6	5.2	37.2	44.7	7.4	16.6%	✓	44.6



6.5.1 Corporate

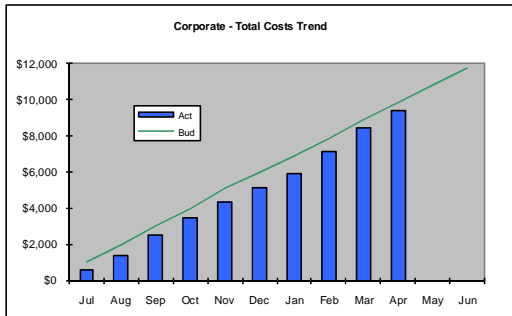
FTE Analysis:

Corporate Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	19.3	21.6	2.3
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	8.1	8.5	0.5
Total FTE's	27.3	30.1	2.8



Cost Analysis (000's):

Corporate Services	Apr-2009			YTD	YTD %	FY		
	Act	Bud	Var				Act	Bud
Financial (000's)								
Revenue								
Revenue	(\$100.9)	\$53.3	(\$154.2)	\$725.3	\$525.9	\$199.4	-37.92%	\$632.4
Expenditure								
Personnel	(\$74.9)	(\$186.0)	\$111.1	(\$1,341.6)	(\$1,851.3)	\$509.7	27.53%	(\$2,215.4)
Outsourced	(\$4.2)	(\$2.0)	(\$2.2)	(\$43.8)	(\$21.5)	(\$22.2)	-103.33%	(\$25.5)
Clinical Supplies	(\$45.4)	(\$37.3)	(\$8.1)	(\$420.4)	(\$373.1)	(\$47.3)	-12.67%	(\$447.8)
Infrastructure & Non-clinical	(\$534.0)	(\$479.4)	(\$54.6)	(\$5,264.0)	(\$4,847.6)	(\$416.4)	-8.59%	(\$5,806.3)
Deprn & Financing	(\$253.8)	(\$269.7)	\$15.9	(\$2,316.0)	(\$2,697.4)	\$381.5	14.14%	(\$3,236.9)
Total Expenditure	(\$912.4)	(\$974.4)	\$62.0	(\$9,385.8)	(\$9,791.0)	\$405.2	4.14%	(\$11,731.9)
Net Surplus/(Deficit)	(\$1,013.3)	(\$921.1)	(\$92.1)	(\$8,660.5)	(\$9,265.1)	\$604.7	-6.53%	(\$11,099.5)



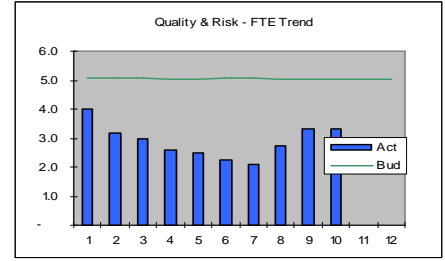
Summary



6.5.2 Quality & Risk

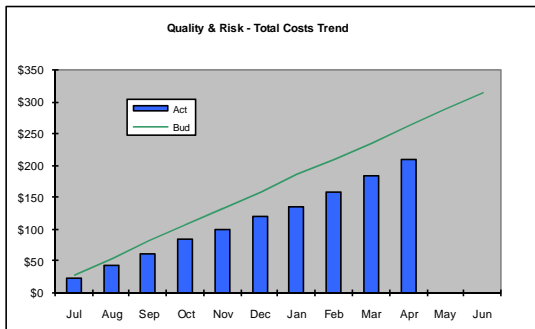
FTE Analysis:

Quality & Risk	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	2.2	3.9	1.7
Medical Staff	-	-	-
Nursing Staff	1.1	1.1	0.0
Support Staff	-	-	-
Total FTE's	3.3	5.0	1.7



Cost Analysis (000's):

Quality & Risk	Apr-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
Financial (000's)								
Revenue								
Revenue	\$9.7	\$1.7	\$8.1	\$54.1	\$16.7	\$37.4	-224.50%	\$20.0
Expenditure								
Personnel	(\$21.1)	(\$23.9)	\$2.8	(\$168.1)	(\$234.5)	\$66.5	28.35%	(\$281.0)
Outsourced	(\$0.1)	(\$0.6)	\$0.5	(\$9.4)	(\$6.7)	(\$2.7)	-39.64%	(\$7.9)
Clinical Supplies	(\$2.8)	(\$0.0)	(\$2.8)	(\$3.9)	(\$0.3)	(\$3.6)	-1418.81%	(\$0.3)
Infrastructure & Non-clinical	(\$1.4)	(\$1.0)	(\$0.4)	(\$17.6)	(\$11.0)	(\$6.5)	-59.21%	(\$13.1)
Deprn & Financing	(\$1.1)	(\$1.1)	\$0.0	(\$10.8)	(\$10.7)	(\$0.1)	-0.78%	(\$12.9)
Total Expenditure	(\$26.5)	(\$26.6)	\$0.1	(\$209.7)	(\$263.3)	\$53.6	20.35%	(\$315.1)
Net Surplus/(Deficit)	(\$16.8)	(\$24.9)	\$8.1	(\$155.6)	(\$246.6)	\$91.0	-36.90%	(\$295.1)



Summary

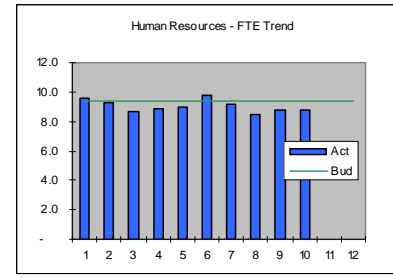
Please refer to Section 7 Ad Hoc Reports, for the Quality & Risk Report.



6.5.3 Human Resources

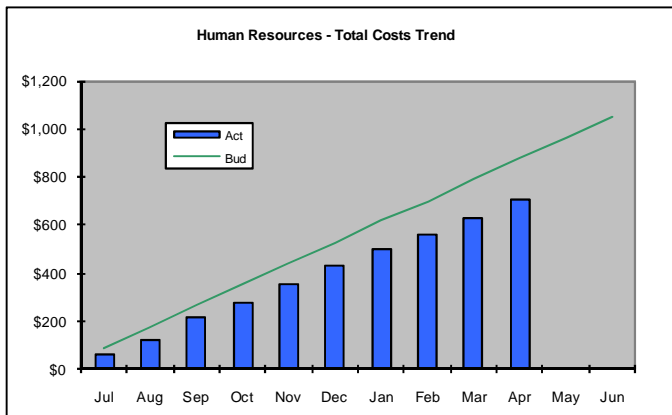
FTE Analysis:

Human Resources	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	8.8	9.4	0.6
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
Total FTE's	8.8	9.4	0.6



Cost Analysis (000's):

Human Resources	Apr-2009			YTD	YTD % of Bud	FY Bud	
	Act	Bud	Var				Act
Financial (000's)							
Revenue							
Revenue	\$0.0	\$0.1	(\$0.0)	\$0.9	\$0.6	\$0.3 -44.11%	\$0.8
Expenditure							
Personnel	(\$64.1)	(\$49.8)	(\$14.3)	(\$506.5)	(\$496.2)	(\$10.3) -2.08%	(\$594.4)
Outsourced	\$0.0	(\$1.2)	\$1.2	\$0.0	(\$12.3)	\$12.3 100.00%	(\$14.8)
Clinical Supplies	(\$0.1)	(\$0.0)	(\$0.0)	(\$0.2)	(\$0.4)	\$0.2 56.01%	(\$0.5)
Infrastructure & Non-clinical	(\$14.7)	(\$36.2)	\$21.5	(\$200.9)	(\$367.1)	\$166.1 45.26%	(\$439.4)
Depm & Financing	(\$0.3)	(\$0.4)	\$0.1	(\$3.8)	(\$3.7)	(\$0.1) -3.18%	(\$4.5)
Total Expenditure	(\$79.1)	(\$87.6)	\$8.5	(\$711.4)	(\$879.7)	\$168.3 19.13%	(\$1,053.5)
Net Surplus/(Deficit)	(\$79.1)	(\$87.5)	\$8.4	(\$710.5)	(\$879.1)	\$168.6 -19.17%	(\$1,052.7)



Summary

- The April Professional Managers Leadership Development workshop was held on 1 April. The workshop focussed on Project Management and managers responsibilities under the Project Management Policy. The session was attended by 25 managers, team leaders and others. The May workshop will look at issues related to Maori health and the Maori Workforce.



Employment Group	Progress as at 12 May 2009
Obstetrician & Gynaecologists	Dr Maha Jaber appointed; commences Aug 09.
Anaesthetist	Dr Tobias appointed; commences August 09
Emergency	We continue the search for MOSS and Consultants in ED.
Paediatrician	Clinician has been appointed. Start date to be advised on receipt of Medical Council approval
Medical Officer	Continue to seek candidates to cover anticipated RMO vacancies for future rotations. RMO's are in high demand nationwide.
General Surgery	Dr Glenn departs May 09. Currently interviewing a replacement.
Community & Public Health	<ul style="list-style-type: none"> • HPV Administrator - Appointed • Public Health Nurse – Appointed • NIR Administrator – Appointed • Health Promoter - Appointed
Mental Health	<ul style="list-style-type: none"> • Nil
Maori Health Directorate	<ul style="list-style-type: none"> • Nil
Hospital Services	<ul style="list-style-type: none"> • RN vacancies – 1 FTE across hospital services (excluding below). • Midwifery –2 FTE commencing March/April; Fixed term and casual agreements in place in meantime as cover. Current vacancy is .6FTE permanent • Ward Clerk, Patient Services – appointed • Rehab Support Worker – Commenced and orientation completed • Clinical Typist – Shortlisting • Sonographer – advertising continues, locums filling for short period • RN, Ophthalmology – appointed • HCA MSW – Advertised • RN Periop (Maternity cover) - advertised
Other Vacancies	<ul style="list-style-type: none"> • HR Admin (fixed term) – Appointed • HEHA Education Coordinator – Appointed • Admin Assistant, RMO's – Appointed • Team Leader Facilities – Readvertised • Admin Assistant Quality – Fixed Term - Advertising



6.5.4 Nursing Directorate

April 2009

The Nursing Directorate is well underway in its preparation for Certification in July. The framework for organisation wide nursing policy and procedures has been developed in corporation with the Quality Office. Key projects needing a greater emphasis are documentation and associated care planning, falls and medication management.

There has been concentrated effort put into the midwives' ongoing maintenance of IV management. Nurse Managers (NMs) via the Nursing and Midwifery Practice Committee have proactively changed fluid management reporting in response to feedback from medical staff. An audit undertaken on admission discharge documentation showed the need for improvement by both nursing and medical staff. NMs in acute and patient services are working with nursing staff to ensure an improvement in compliance.

The cost of Patient Specials has reduced over the past month with the increased use of DHB trained HCAs. However, the increase in patients with dementia requiring specialising warrants consideration of other initiatives such as the training of volunteer patient watches. There has been a resignation of one of the original team of HCAs employed for the model of care in MSW. This is having an impact as casual staff are being used. Project management for the MoC has been passed over which will mean redistribution of resource in order to appropriately evaluate the pilot. An evaluation of the progress of the productive ward (Releasing Time to Care) project to date is also being undertaken.

Recruitment of nursing staff with restrictions on practising certificates is causing some issues for services. A new process is to be implemented whereby nursing staff are not employed until such time as the Director of Nursing is consulted with and a full competency assessment programme is developed for the nurse. There will be an expectation that nurses seeking employment need to take some responsibility for their own upskilling requirements and not expect the DHB to pay for it all. These programmes are resource intensive partly because they need to be individualised for every nurse requiring one.

One member of the Nursing Directorate team participated in the evaluation of the RFPs for the Health Management Systems Collaborative project. Price Waterhouse Coopers interviewed the DON and one of the educators re the usefulness of the Joanna Briggs Institute (JBI) research database. This piece of work is being undertaken by the MoH Chief Nurse with the possibility of the JBI database being rolled out nationally and into primary health care. The Safe Staffing Healthy Workplaces Unit visited and presented on the concepts of the project and "where to from here?" The emphasis is being placed on taking a whole of systems approach to staffing and patient safety.

Ongoing negotiation is occurring with student placements as the situation is not improving. Numbers have been increased, however, quality of placements is an ongoing challenge. Preparation for roll out of PDRP across the sector continues. Assessor training for this programme will be held in early June.

The Director of Nursing chaired the regional DON/CMO meeting in April. DHBs will be surveyed with regards to the reintroduction of Enrolled Nurse training and where and how the new roles could be used across the sector. DHBNZ, the MoH and Nursing Council are working together on this project. The MoH and DONs nationally are working with Len Cook exploring the possibility of establishing a Nursing Training Board similar to what has been proposed for the medical workforce.



6.5.5 Maori Health

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

Core Business

The Māori Health Unit has had a very busy month during April attending to business as usual. There has been a focus on developing collaborative approaches to increase service responsiveness for Māori both across primary care and hospital service areas this month. The Unit is experiencing increased levels of engagement from both service managers and staff across provider arm services and primary health providers.

There has been an increase in the involvement of the Māori Health Unit supporting service users and whānau accessing ED, MSW, Paeds, District Nurses and the hospital SW department. The Unit has supported a number of whānau to address issues and concerns which has in turn supported positive outcomes for both services and service users / whānau. Attendance at several whānau hui has resulted in positive outcomes and care plans being implemented for these whānau, with key people being put in place to monitor and support.

A number of referrals have been made to Whaiora on the request of patients wanting support and follow-up within the community. The Kaitātaki Whānau Ora continues to support patients who have identified they want to stop smoking with the use of quit cards and referrals to community smoke free providers.

Specific Māori CTA funding was made available at the end of 2008 to support the progress of Māori workforce development. There are five people across hospital *and* NGO sector who have been supported to undergo training, the first training wananga (learning course) took place in April. The participants inclusive of the Kaitātaki Whānau Ora Facilitator are enrolled in a Certificate in Hauora Māori which is held at Waikato University Marae, with the clinical component being delivered by Dr Rawiri Jansen.

Training of Tikanga Best Practice took place in one hospital setting and two Rest Homes. Work will be undertaken to further develop this training so that it can be more specific to the designated area and shaped within the Te Arawhata Tōtika framework.

Reducing Māori DNA Joint Venture

A lot of preparation work was done in April for the roll out of reducing Māori DNAs OPD appointments. Whaiora and the Māori Health Unit met with the Kaumātua Council to talk about the importance of attending OPD appointments. A lot of discussion was generated from Kaumātua regarding why some appointments were not kept and what some of the barriers were for not attending appointments. Another interesting point raised by some Kaumātua was planned operations at CCDHB but upon arrival they had been informed the operation had been cancelled. The concern was raised that 'it's hard to keep attending appointments when you arrive to find out things have changed and you weren't told'.

The intent of meeting with this group was to inform Kaumātua about the impact that DNAs can have at a personal level, a hospital level and a wider financial level. It was to raise awareness about becoming active participants in their own health care and to become champions for their whānau.

A second hui was held with JNL Health & Safety Officer Rodney Fraser and Dr Matt Mills. This hui was to address how to support those working at JNL to attend their OPD appointments as work had been raised as a barrier from a number of JNL DNAs. Several solutions were identified for starting to address this issue:

- With the consent of individuals Rodney Fraser can be a central contact point between Whaiora / MHU and OPD client
- Dr Matt Mills will identify rostered shifts on future referrals so appropriate OPD appointments can be made
- JNL has a fortnightly newsletter that goes out with pay sheets, Whaiora / MHU can use this as a message board for sharing information with workers
- Open lines of communication established

This early intervention project is in the first stages of implementation. It is expected that if any 'teething' problems arise they will be dealt with early in the attempt to create a seamless process of intervention between Whaiora, MHU and OPD booking clerk. We are hoping to be able to see a marked reduction in Māori DNAs within a three month period.

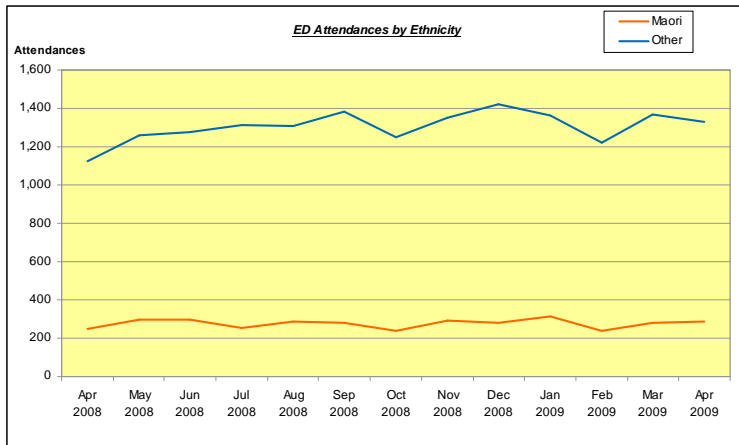


Te Arawhata Tōtika

A joint presentation of Te Arawhata Tōtika was delivered to the Clinical Board and the monthly HR seminar for managers. Approval to implement Te Arawhata Tōtika in Maternity and Pediatrics was given from the Clinical Board and a plan for implementing within these areas is currently being developed. A further presentation and work-shopping exercise has been sought from the HR seminar group, this has been scheduled to take place in July.

Work continues with WDHBC communications rolling out stories in the In Site publication. The stories are based at lifting Māori cultural awareness for staff in preparation for the role out of Te Arawhata Tōtika. Te Arawhata Tōtika is a tool to ensure Māori values are incorporated within all facets of daily health practice. It is aimed at supporting services to further develop protocols and actions for reducing inequalities in their service area.

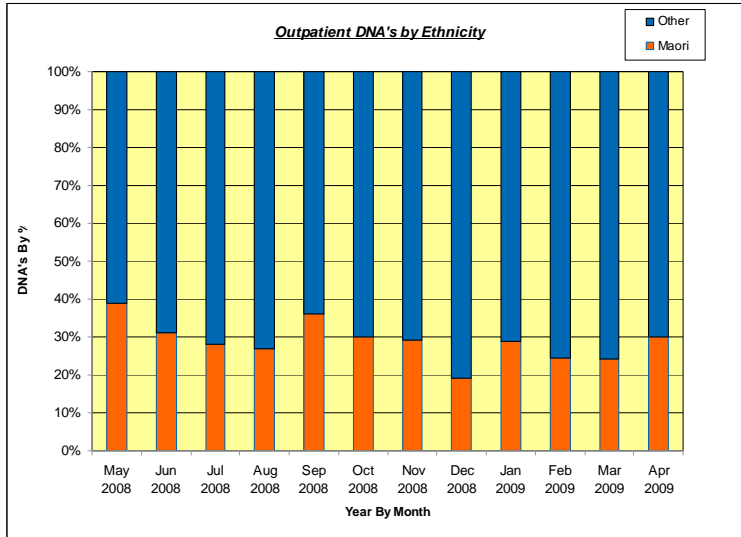
April 2009 Maori Admissions to Wairarapa Hospital		
	Number	Maori % of total
ED Attendances	288	17.9%
<u>Admissions</u>		
Acute (ED, AAU, HDU)	20	10.9%
ATR	0	0.0%
Daycase	15	11.4%
MATY (SCBU, MAT, MNB)	14	28.0%
MSW	30	12.8%
PAEDS	23	38.3%
OPD First Attendances	78	11.9%
OPD First Attendances DNA's	23	31.9%
OPD Follow Ups	114	10.7%
OPD Follow Ups DNA's	25	33.3%
Births	7	26.9%



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

Relationships continue to be built with ED & Māori Health.

Māori Health partaking in online training delivered via Te Rau Matatini. Training is centred on ED & MHS interface and working with Māori.



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%.

- 46 x DNA follow ups and contacts made
- 1 x support with transport to attend appointment
- 3 x home visits contact made
- 3 x referrals to Whaioira

	epFiscalYear: 2009		ethBroadGr		2009 Sum of Patients	2009 Sum of Patients
	Sum of Patients	% of Patients	Maori	Other		
ED Attendance						
1	7	22	24.1%	75.9%	29	100.0%
2	180	828	17.9%	82.1%	1,008	100.0%
3	970	4,693	17.1%	82.9%	5,663	100.0%
4	1,015	4,615	18.0%	82.0%	5,630	100.0%
5	577	3,041	15.9%	84.1%	3,618	100.0%
Uncoded	34	238	12.5%	87.5%	272	100.0%
ED Attendance Total	2,783	13,437	17.2%	82.8%	16,220	100.0%
Inpatients						
ACUTE	302	1,743	14.8%	85.2%	2,045	100.0%
ATR	9	241	3.6%	96.4%	250	100.0%
DAY	167	1,257	11.7%	88.3%	1,424	100.0%
MAT/NEO	268	626	30.0%	70.0%	894	100.0%
MSW	306	2,196	12.2%	87.8%	2,502	100.0%
PAED	201	414	32.7%	67.3%	615	100.0%
Inpatients Total	1,253	6,477	16.2%	83.8%	7,730	100.0%
Outpatients						
FIRST - ATT	760	5,696	11.8%	88.2%	6,456	100.0%
FIRST - DNA	152	416	26.8%	73.2%	568	100.0%
FOLLOWUP - ATT	1,096	9,469	10.4%	89.6%	10,565	100.0%
FOLLOWUP - DNA	240	581	29.2%	70.8%	821	100.0%
Outpatients Total	2,248	16,162	12.2%	87.8%	18,410	100.0%

Births

	epFiscalYear: 2009		ethBroadGr		2009 Sum of Births	2009 % of Births
	Sum of Births	% of Births	Maori	Other		
Total	126	286	30.6%	69.4%	412	100.0%

Initiative Procedures

	epFiscalYear: 2009		ethBroadGr		2009 Sum of Patients	2009 % of Patients
	Sum of Patients	% of Patients	Maori	Other		
Initiative						
Cataract	8	160	4.8%	95.2%	168	100.0%
Orthopaedic	9	91	9.0%	91.0%	100	100.0%



SECTION 7: Ad Hoc Reports

Wairarapa District Health Board

Quality and Risk

April 2009

1. General Overview

- Reviewing and redeveloping Complaints Policy, Reportable events policy and process, PQAA policy and reports for MoH, Mortality process review, and acute transfer review.
- Continuing to work on the review of reportable events to ensure improvements occur as a result of the investigations. Planning the Incident Management System Workshop 16th-18th June 2009
- Trends show an increase in the number of falls, inpatient audit completed and Q&R Manager working with the falls management group to identify possible improvements.
- Revisiting 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

2. Quality

Health & Safety:

- Liaising with HR Manager re: development of over arching Health and safety Policy to incorporate both Health and Safety/Occupational Health and Employee protocols under it.

Occupational Health

- Pre employment screening X 10
- F/up staff member B Blood exposure
- F/up staff members Hep. B vacs
- Occ. Health Medical Advisor visits X 3
- F/up Staff Member hoist for lifting not working
- Staff Flu vaccination campaign: planning and promoting, liaising with UCOL. 295 vaccinations given during April

Infection Control

- Advice to Rest Homes regarding infection precautions and management of ESBL's / management of specific infections/
- Visit from Rep. Environmental Cleaning testing Kit – has merits
- Surgical Site Infection –Information requested and sent to Pat Mead – NQIP project
- Liaison with Tertiary Hospitals re: MRSA patients and inter-hospital transfer from an infection control perspective.



- Organise attendance for Infection Control Link Reps at the Infection Control Study Day in Wellington 12th May.

Emergency Preparedness:

Fire Training

- SPOTLESS
- Out-Day sessions x2
- On 8th April 2009 Wairarapa DHB received a training system to enhance the Fire Training for staff at the DHB. The system is a working model of the Hospital Fire Alarm System.

'Trial Evacuation'

- 'Zone 15 (Perioperative Services, Resource Room, Staff Room and Anaesthetist Office). The area was evacuated in 4 minutes and 00 Seconds. Staff were unsure as to where the Fire was and also unsure as to where to evacuate. To that end the Emergency Preparedness Coordinator will undertake additional Fire Training within Departments, this is above and beyond 'Out-Day' training.
- FOCUS complex. On 29th April 2009 the first of the Fire Training for OCS staff was undertaken.

'Flu' Response

- On 27th April 2009 the 'Emergency Operations Centre' (EOC) was activated as directed by the 'National Health Coordination Centre' (NHCC) due to the fact that New Zealand had its first cases of 'Swine Flu'. The EOC is to remain open for a minimum of 14 days, or as directed by the NHCC.

Complaints:

April 2009: 2 inpatient and 5 outpatient complaints for this period were received. They related to treatment provided.

Compliments:

Ten compliments were received for this period

Reportable Events:

April 2009: For this period a total of 51 events were received, of these 38 related to patients and 11 related to staff.

Top 5 Reportable Event Categories

Falls - 16

Medication Errors - 8

Security – 8

Pressure Sore / Patient Injury - 6

Quality Deficits - 5

Mortality: There were 7 deaths in hospital for the April 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			2009			200E			2009			Target
	Apr			May			Jun			Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			
	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).	67	1.3%	0	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	< 2%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	3	0.0%	0	3	0.0%	0	4	0.0%	0	4	0.0%	0	4	0.0%	0	4	0.0%	0	5	0.0%	0	7	0.0%	0	5	0.0%	0	5	0.0%	0	4	0.0%	0	5	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.	9	0.0%	0	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	34	2.0%	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	3	0.0%	0	1	0.0%	0	1	0.0%	0	2	0.0%	0	2	0.0%	0	4	0.0%	0	8	0.0%	0	3	0.0%	0	4	0.0%	0	5	0.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	9	0.0%	0	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	33	1.9%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	114	100%	0%	139	98%	0%	103	100%	0%	117	100%	0%	122	100%	0%	153	100%	0%	170	100%	0%	178	100%	0%	130	100%	0%	166	100%	0%	158	100%	0%	156	99%	0%	> 90%



MoH Elective Services Online

Comparison of surgical services for March 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 (F&A).			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	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	X	X	X
Ear, Nose & Throat	1 of 1	100.0 %	0	10	2.6 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	X	X	X
General Surgery	1 of 1	100.0 %	0	12	1.1 %	0	0	0.0 %	0	0	0.0 %	0	2	0.0 %	0	2	0.0 %	0	2	0.0 %	0	29	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	3	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	29	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	3	0.0 %	0	0	0.0 %	0	0	0.0 %	0	4	0.0 %	0	0	0.0 %	0	2	0.0 %	0	10	100.0 %	0 %
Orthopaedics	1 of 1	100.0 %	0	8	0.0 %	0	5	0.0 %	0	0	0.0 %	0	26	7.1 %	-8	3	0.0 %	0	27	7.3 %	-9	34	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	2	98.7 %	23 %
Plastics	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	X	0.0 %	0	1	0.0 %	0	44	100.0 %	0 %
Urology	1 of 1	100.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	8	100.0 %	0 %
Total				37			6			0			34			6			33			168		

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 specialities 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 specialities 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	1,403.29	1,897.00
Additional Planned CWD Volume	600.60	686.60
Total Planned CWD Volume	2,003.89	2,583.60
Actual CWD Delivery	2,064.35	
Base Plan to Actual Variance	661.06	
Total Plan to Actual Variance	60.46	
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	36.99	31.00	67.99	70.10	33.11	31.00	\$0.00	0.00	31.00	\$3,985.32	\$123,544.92
S25.01 ENT	68.79	9.00	77.79	78.66	9.87	9.00	\$18,087.00	3.59	5.41	\$5,033.21	\$27,229.67
S00.01 General Surgery	295.16	107.00	402.16	393.61	98.45	98.45	\$14,342.00	3.54	94.92	\$4,055.41	\$384,939.52
S30.01 Gynaecology	137.60	37.00	174.60	189.53	51.93	37.00	\$0.00	0.00	37.00	\$3,985.32	\$147,456.84
D01.01 Inpatient Dental	5.17	23.60	28.77	32.75	27.58	23.60	\$35,868.38	9.00	14.60	\$3,985.32	\$58,185.67
S40.01 Ophthalmology	80.63	35.00	115.63	131.28	50.65	35.00	\$79,524.46	19.10	15.90	\$4,163.37	\$66,197.58
S45.01 Orthopaedics	487.49	133.00	620.49	609.38	121.89	121.89	\$323,855.38	77.10	44.78	\$4,200.34	\$188,091.23
S55.01 Paed Surgical	12.57	10.00	22.57	20.58	8.01	8.01	\$0.00	0.00	8.01	\$3,985.32	\$31,922.41
S60.01 Plastics	54.00	134.00	188.00	185.40	131.40	131.40	\$395,703.87	92.80	38.60	\$4,264.01	\$164,590.79
S70.01 Urology	66.57	20.00	86.57	91.31	24.74	20.00	\$46,431.72	10.40	9.60	\$4,466.32	\$42,876.67
S75.01 Vascular	27.38	61.00	88.38	96.88	69.50	61.00	\$0.00	0.00	61.00	\$3,985.32	\$243,104.52
				1,899.49			\$913,812.81	215.53	360.83		\$1,478,139.81



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 (junior doctors)	Implementation has occurred. Expires 2010.
Allied, Public and Technical workers	Expires Oct 2010. Implementation of new provisions nearing completion
Community, Mental and Public Health Nurses	Expires 31 October 2010.
PSA Clerical	Recently ratified. Expires Dec 2011. Implementation of new provisions commended
Ambulance - NDU	CEA agreed and ratified by Union. Implementation to completed
Service and Food Workers	Expires 30 June 2009. Consultation with DHB's completed.
Apex - MRT	Expires Sept 09, Preparation for bargaining commenced. DHBNZ consulting with DHB's re bargaining strategy and costings

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 Oct 2010
PSA Nursing (N)	Expires 31 October 2010
Jnr Doc (N)	Expires 2010
Med Rad Techs (N)	Expires 30 September 2009
Maint Services (L) (NZAEP& M)	Expires Sept 2010
Clerical PSA (L)	Expires Dec 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 30th April 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. %	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			12,682.60	9,878.60	2,804.00	28.4%	\$4,062,702	\$3,242,902	\$819,800	25.3%	11,400.34	\$2,889,356	11,851.00	\$3,908,646
Case/Weight Acutes Total			3,204.10	2,969.00	235.10	7.9%	\$12,769,372	\$11,832,414	\$936,959	7.9%	3,045.44	\$11,391,086	3,549.40	\$14,145,493
Case/Weight Electives Total			1,434.20	1,354.00	80.20	5.9%	\$5,715,748	\$5,396,117	\$319,631	5.9%	1,392.54	\$5,189,666	1,631.30	\$6,501,246
OP 1st Attendances Total			5,467.00	5,584.00	-117.00	-2.1%	\$1,488,213	\$1,404,091	\$84,122	0.3%	4,807.00	\$1,236,020	6,727.00	\$1,788,486
OP Subsequent Attendances Total			8,301.00	7,538.00	763.00	10.1%	\$1,779,129	\$1,625,605	\$153,524	9.4%	7,514.00	\$1,453,514	8,978.00	\$1,933,046
Procedures Total			856.00	820.00	36.00	4.4%	\$254,703	\$790,093	\$64,610	8.2%	845.00	\$794,965	972.00	\$936,476
Other Patient Services Total			1,695.60	1,849.60	-154.00	-8.3%	\$407,061	\$450,060	-\$42,999	-9.6%	1,869.67	\$405,803	2,212.00	\$545,060
Allied Health Total			9,832.00	9,041.00	791.00	8.7%	\$890,148	\$859,571	\$30,577	3.6%	8,741.00	\$758,960	10,910.00	\$1,029,854
ATR Total			2,996.00	3,540.00	-544.00	-15.4%	\$1,518,780	\$1,604,532	-\$85,752	-5.3%	2,983.00	\$1,275,541	4,198.00	\$1,919,757
Focus Total			292.60	262.63	29.97	11.4%	\$1,042,368	\$991,364	\$51,004	5.1%	136.17	\$658,534	320.10	\$1,228,594
Choice Health Total			64,265.10	64,258.10	7.00	0.0%	\$1,004,917	\$1,003,426	\$1,491	0.1%	64,265.33	\$751,574	77,160.00	\$1,215,799
Clinical Support Total			22,198.99	27,448.80	-5,249.81	-19.1%	\$539,092	\$719,585	-\$180,492	-25.1%	43,931.13	\$663,855	33,201.00	\$884,028
Programmes Total			7,516.90	9,513.90	-1,997.00	-21.0%	\$1,490,295	\$1,498,427	-\$8,132	-0.5%	9.83	\$1,104,618	11,476.00	\$1,866,108
Community Services Total			34,291.80	31,698.80	2,593.00	8.2%	\$2,308,903	\$2,100,090	\$208,813	9.9%	30,350.83	\$2,064,537	38,093.00	\$2,515,892
Maternity Total			1,268.32	1,256.50	11.82	0.9%	\$1,694,593	\$1,681,592	\$13,002	0.8%	1,368.83	\$2,531,338	1,527.00	\$2,035,610
Mental Health Total			493.35	646.33	-152.98	-23.7%	\$3,221,729	\$3,774,808	-\$553,079	-14.7%	470.35	\$3,301,573	1,194.60	\$4,537,614
Adjusters Total			4.00	4.00	0.00	0.0%	-\$959,457	-\$959,457	\$0	0.0%	0.83	-\$1,315,099	5.00	-\$1,199,321
DHB Funded Total			176,799.56	177,663.26	-863.70	-0.5%	\$39,828,298	\$38,095,219	\$1,733,079	4.5%	183,131.29	\$35,155,842	214,005.40	\$45,792,388
MOH Direct Funded														
Procedures Total			173.00	165.00	8.00	4.8%	\$47,644	\$48,272	-\$628	-1.3%	193.00	\$52,332	198.00	\$57,688
ATR Total			545.00	988.00	-443.00	-44.8%	\$155,890	\$265,934	-\$110,044	-41.4%	406.00	\$133,107	1,187.40	\$320,065
Focus Total			1.60	1.60	0.00	0.0%	\$116,520	\$116,520	\$0	0.0%	0.00	\$0	2.00	\$145,650
Programmes Total			2.40	2.40	0.00	0.0%	\$495,200	\$495,200	\$0	0.0%	1.67	\$417,210	3.00	\$619,000
MOH Direct Funded Total			722.00	1,157.00	-435.00	-37.6%	\$815,254	\$925,926	-\$110,672	-12.0%	600.67	\$602,649	1,390.40	\$1,142,403
ACC Funded														
Acute/Ambulance Services Total			0.80	40.80	-40.00	-98.0%	\$368,000	\$379,195	-\$11,195	-3.0%	253.83	\$383,783	51.00	\$473,994
Case/Weight Electives Total			9.92	32.00	-22.08	-69.0%	\$39,538	\$127,530	-\$87,993	-69.0%	4.80	\$17,943	39.40	\$157,022
OP Subsequent Attendances Total			1,022.00	612.00	410.00	67.0%	\$206,832	\$123,857	\$82,976	67.0%	1,008.00	\$95,614	738.00	\$149,356
Other Patient Services Total			0.80	0.80	0.00	0.0%	\$8,265	\$8,265	\$0	0.0%	0.83	\$8,331	1.00	\$10,331
Allied Health Total			1,775.00	437.00	1,338.00	306.2%	\$104,169	\$25,383	\$78,786	310.4%	1,127.00	\$56,271	530.00	\$30,769
ATR Total			1,353.00	974.00	379.00	38.9%	\$805,698	\$580,007	\$225,691	38.9%	1,129.00	\$486,599	1,170.00	\$696,723
Clinical Support Total			2,025.00	2,945.00	-920.00	-31.2%	\$100,293	\$145,858	-\$45,565	-31.2%	1,490.00	\$69,137	3,533.00	\$174,980
Community Services Total			3,777.80	2,027.80	1,750.00	86.3%	\$286,588	\$173,713	\$112,875	65.0%	2,402.83	\$162,190	2,501.00	\$214,965
Other Total			1.60	1.60	0.00	0.0%	\$8,000	\$8,000	\$0	0.0%	1.67	\$8,330	2.00	\$10,000
ACC Funded Total			9,965.92	7,071.00	2,894.92	40.9%	\$1,927,383	\$1,571,808	\$355,574	22.6%	7,417.96	\$1,288,197	8,565.40	\$1,918,140
Grand Total			187,487.48	185,891.26	1,596.22	0.9%	\$42,570,935	\$40,592,953	\$1,977,981	4.9%	191,149.92	\$37,046,689	223,961.20	\$48,852,931