



## Hospital Advisory Committee

### Notice of Meeting

### Open Meeting

**Tuesday 18<sup>th</sup> August, 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 18th August 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**

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



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



## SECTION 3: Terms of Reference

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### 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

Hospital Advisory Committee Meeting of the  
Wairarapa District Health Board  
Held on Tuesday 14 July 2009 at 1pm,  
Board Meeting Room, Wairarapa District Health Board Office  
Blair Street, Masterton

**Present:**

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

**In Attendance:**

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

**1. Apologies**

There were no apologies.

**2. Registration of Interest**

There were no changes to the Interests Register nor any conflicts with any of the business of the meeting notified.

**3. Terms of Reference**

There was no discussion regarding the Terms of Reference.

**4. Confirmation of Minutes of the Meeting held 16 June 2009**

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

**4.2 Matters Arising**

- All the new Ministry of Health screening initiatives being instigated in Maternity Services need to be looked at. These include HIV, newborn hearing and metabolic screening.
- Antenatal classes are contracted to Parent Centre and are provided free for patients. The General Manager of Hospital Services will request ethnicity breakdown of people involved in these classes.

**5.0 HAC Workplan**

The dates for the HAC Workplan will be revised.

The Service Level Agreement between provider and funder arm, along with Key performance indicators will be discussed at the August meeting.

**6. Routine Reports**

**6.1 Chairperson's Report**

The Chairperson had no matters to report.

**6.2 Provider Arm Executive Summary**

The report for June was not available.

**6.3 General Manager Hospital Services Report**

Points raised:

- The Provider contract performance is \$2,169k YTD ahead of budget.
- Total caseweights are 317 ahead of plan YTD.
- Elective caseweights are 103 ahead of plan. ESPI figures remain green.
- Weekend theatre sessions went according to plan.
- MidCentral Health and Hutt Valley Health have accepted the DHB offer for elective surgery. Three MidCentral joint replacements were undertaken in June.
- In July, additional general surgery work will commence for Hutt Valley Health, for approximately six months.



- The certification visit from 1 – 3 July resulted in eleven corrective actions. One key area for corrective action is clinical documentation. The Hospital Advisory Committee expressed their satisfaction at the outcome of the certification visit.
- Seasonal illness is beginning to affect WDHB staff.
- It was noted that there are generally eleven or twelve people who present to ED frequently, however there is nothing to identify if these people are the same people who present each month.
- Cataracts comprise around 80% of the ophthalmology work done at WDHB. The intervention rate at WDHB is 1.5 times higher than other DHBs.
- A viral outbreak was contained and tests for Norovirus came back negative.
- It was asked if:
  - the loss of the second dietician has impacted on the Optifast programme.
  - if the nine patients who underwent bariatric surgery have maintained their weight loss.These questions will be addressed in the Dieticians' report at the next CPHAC meeting.
- There is no separate social worker for Palliative Care. The demand for this has been underestimated.

#### **6.4 General Manager Community, Public & Mental Health Reports**

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

- The community and nursing health contact performance, including ACC, is \$379,935 YTD ahead of budget.
- Volumes continue to trend upwards in community health.
- All services are working on a cost recovery plan and reductions have occurred in locum costs for mental health. Clinical supplies costs in community nursing are starting to reduce.
- The FOCUS review, Community Nursing review and the Transport review are three projects within the “Good to Great” programme that directly involve staff from community services.
- The Ministry of Health have confirmed extra funding equivalent to two extra FTEs in Ambulance Services.
- The Ambulance Service has managed to retrieve \$7700 of declined ACC claims from a total of \$17,500.
- FOCUS has a waiting list of four weeks. The waiting time has been reduced by one week over the past month.
- Health Recovery has over-delivered in services for the third year in a row. Most referrals are post a hospital admission and assist in patient throughput and lower bed number days.
- Good work has been happening in Community Nursing to reduce costs of clinical supplies.
- The Hospital Advisory Committee requested a copy of the Ambulatory Sensitive Hospital (ASH) report.
- Palliative Care - discussion took place regarding a separate cost centre. It was agreed that a breakdown of costs could be provided to the Hospital Advisory Committee three monthly with the first report presented at the August meeting.
- There were 50 Palliative Care clients as at 30 June.
- The Palliative Care Service will be a year old in September and this will be commemorated with an appropriate celebration. The question of the name of the service to be discussed at the facilitated multiparty meeting.
- Outsourced expenditure for inpatient mental health beds exceeded budget in June due to two invoices received from Hutt Valley DHB for clients with a domicile address in the Wairarapa, who were admitted to Hutt DHB Inpatient Unit by the Hutt team without advising Wairarapa. A letter has been sent to the Manager Mental Health Services Hutt Valley DHB making them aware of the necessity for communication in the future.
- Mental Health Services received good feedback from the Certification audit.

#### **6.5.3 Human Resources**

- All the processes investigated during the Certification audit came through with a high score.
- Future Hospital Advisory Committee reports will contain more detailed information in future i.e. workforce planning, sick leave, turnover etc.

#### **6.5.4 Nursing Directorate**

- Much work has been done on the Nursing and Midwifery Strategy Group project. A high percentage of staff in a senior nurse role work overtime. The average nurse FTE is 0.6 FTE.
- The submission on the RN Scope of Practice will be prepared by the Director of Nursing. It does not extend to Nurse Practitioners.

#### **6.5.5 Maori Health**

- The Director of Maori Health attends the Central Regional Maori Managers meetings.
- The Director of Maori Health is alternating attendance between CPHAC and HAC meetings.
- In future, services to Maori will be reported in all areas of the Hospital Advisory Committee report and not as a separate report.



- Contacting Outpatient clients continues on a daily basis in an effort to reduce Maori DNAs. Communication between Outpatients and the Maori Health Unit has improved. With the support of IT and the Project Manager, data is being captured more proficiently and this will be collated into a report at the end of this project work.
- A tool is being developed for implementation of the Te Arawhata Totika framework.

The Hospital Advisory Committee acknowledged the contribution made by Yvette Grace, who was attending her last HAC meeting.

Yvette Grace left the meeting at this point

- Analysis will be done on Maori respiratory admissions to the Paediatric Unit with a focus on admission prevention.

**Resolved:**

THAT THE HOSPITAL ADVISORY COMMITTEE:

**RECEIVE** THE ROUTINE REPORTS FOR THE PERIOD ENDING 30 JUNE 2009

**7. Ad Hoc Reports**

**7.1 Wairarapa District Health Board Quality & Risk Report June 2009**

- The Incident Management Training is rescheduled for 4 – 6 August.

**Resolved:**

THAT THE HOSPITAL ADVISORY COMMITTEE:

**RECEIVE** THE WDHB QUALITY & RISK REPORT FOR JUNE 2009

**8. General Business**

There were no items of general business.

**10. Appendix C: Collective Employment Negotiations**

- There may be some aspects of the RMO negotiations that may affect the WDHB. The current collective employment contract expires on 31 December 2009.
- Apex – MRT negotiations expires on September 2009.

**11. Report Back from Public Excluded Meeting**

The following resolution was taken in the public excluded section of the meeting:

**RECEIVE** THE UPDATE ON THE HEALTH & DISABILITY COMMISSIONERS REPORT.

The meeting was declared closed at 2.59 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.	16/06/09	Report back if there is a waiting list of people in aged care waiting to be reassessed.	Maggie Morgan	18/08/09	
2.	16/06/09 14/07/09	Ethnicity breakdown of people involved in antenatal classes requested.	Anne McLean	18/08/09	Data is being collected as of 1 July 2009. Requested retrospective data from 1 Jan to 30 June from the Parents Centre.
3.	16/06/09 14/07/09	Report requested from Dietician regarding effectiveness of the Optifast programme, the progress of patients who have benefited from the programme, and if the loss of the second dietician has impacted on the Optifast programme.	Anne McLean	18/08/09	See separate report in Adhoc section page 63.
4.	17/02/09 16/04/09	Paper on whether the Wairarapa DHB currently meets the respiratory standards recognised by the MOH in 2004 for DHB's with less than a population of 50,000. If it did not, where it fell short. What steps will be taken to meet the standard.	Clinical Board	18/08/09	
5.	16/04/09 19/05/09	Update on the Self Harm ED Project requested, including ethnicity statistics.	Anne McLean	18/08/09	
6.	16/06/09	Report back on outcome of analysis undertaken to determine bed occupancy decline since February.	Anne McLean	18/08/09	Analysis undertaken on MSW ward since introduction of Model of Care shows a marked decrease in ALOS (average length of stay). See section 6.3.7 Perioperative for more detail.
7.	16/06/09	Progress report requested on twice yearly Paediatric Rheumatology Clinic commencing in July.	Anne McLean	18/08/09	First clinic held on 14th July. 4 patients. Staff education provided to staff by tertiary team.
8.	14/07/09	It was agreed that a breakdown of Palliative Care costs could be provided to the Hospital Advisory Committee three monthly with the first report presented at the August meeting.	Maggie Morgan	18/08/09	



Item #	HAC Meeting Date / Ref	Action Item	Responsibility of	Due for Next Meeting Day	Comments/ Exception
9.	19/05/09	When HAC report is reviewed, Include a report on staff sick leave within the report on staffing.	Bruce McGregor and Tracey Adamson	15/09/09	
10.	19/05/09	When HAC report is reviewed, include graph showing the total number of FOCUS assessments.	Maggie Morgan and Tracey Adamson	15/09/09	
11.	19/05/09	Provide a six monthly report on Ambulatory Sensitive Hospital (ASH) Admissions & report back.	Anne McLean and Tracey Adamson	17/11/09	



## SECTION 5: HAC Workplan

<b>Service Plans:</b>	<b>Responsibility</b>	<b>Meeting:</b>
Hospital	Anne McLean	Aug 2009
Community	Maggie Morgan	Aug 2009
<b>Service Presentations:</b>		
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**

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### **6.1 Chairperson's Report**

A verbal report will be given.



## 6.2 Provider Arm Executive Summary

	Jul-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	Var %	
<b>Financial (000's)</b>								+/-
<b>Revenue</b>	\$4,596	\$4,677	(\$81)	\$4,596	\$4,677	(\$81)	-1.7%	5%
<b>Expenditure</b>								
Personnel Costs	(\$2,801)	(\$2,949)	\$148	(\$2,801)	(\$2,949)	\$148	5.0%	✓ (\$34,420)
Outsourced Costs	(\$421)	(\$381)	(\$40)	(\$421)	(\$381)	(\$40)	-10.4%	✗ (\$3,985)
Clinical Supplies	(\$625)	(\$635)	\$10	(\$625)	(\$635)	\$10	1.5%	(\$7,579)
Infrastructure & Non-clinical	(\$620)	(\$594)	(\$25)	(\$620)	(\$594)	(\$25)	-4.3%	(\$5,710)
<b>Total Expenditure</b>	<b>(\$4,467)</b>	<b>(\$4,560)</b>	<b>\$93</b>	<b>(\$4,467)</b>	<b>(\$4,560)</b>	<b>\$93</b>	<b>2.0%</b>	<b>(\$51,695)</b>
<b>Operating Result</b>	<b>\$129</b>	<b>\$117</b>	<b>\$12</b>	<b>\$129</b>	<b>\$117</b>	<b>\$12</b>	<b>10.5%</b>	<b>✓ \$4,134</b>
Depreciation	(\$161)	(\$183)	\$22	(\$161)	(\$183)	\$22	12.1%	✓ (\$2,283)
Financial Charges	(\$210)	(\$213)	\$3	(\$210)	(\$213)	\$3	1.3%	(\$1,851)
<b>Net Surplus/(Deficit)</b>	<b>(\$243)</b>	<b>(\$280)</b>	<b>\$37</b>	<b>(\$243)</b>	<b>(\$280)</b>	<b>\$37</b>	<b>13.3%</b>	<b>✓ \$0</b>
<b>FTE's</b>								
Allied Health Staff	87.9	99.9	12.0	87.9	94.9	7.0	7.4%	✓ 99.9
Management/Administrative	94.8	103.0	8.1	94.8	103.0	8.1	7.9%	✓ 101.5
Medical Staff	31.5	36.7	5.2	31.5	36.7	5.2	14.1%	✓ 38.7
Nursing Staff	189.2	188.7	(0.5)	189.2	188.7	(0.5)	-0.2%	188.7
Support Staff	12.0	11.6	(0.3)	12.0	11.6	(0.3)	-2.9%	11.4
<b>Total FTE</b>	<b>415.4</b>	<b>439.9</b>	<b>24.5</b>	<b>415.4</b>	<b>434.9</b>	<b>19.5</b>	<b>4.5%</b>	<b>440.2</b>

### Key Points:

- There was a favourable financial start to the Fiscal Year, with the Provider Arm \$37k better than budget. This was primarily due to personnel costs being \$148k favourable to budget. However although the budget for Outsourced costs has increased for the Fiscal Year they were adverse in July. This was because of recruitment and relocations costs for a number of SMO positions.

- Caseweight data is not available at the time of this report as national data collection changes mean that this years coding can not begin until the previous years has been completed and validated. This will occur in August for the next report.



## 6.3 GM Hospital Services Report

### 6.3.1 Summary

The Provider contract performance at year end is \$2,213k YTD ahead of contract. July performance result is not available, MOH has undertaken an NCAMP system up grade and result will be available end of August. (Refer Appendix D). (MCH) Draft certification report received with 10 corrective actions. 45 staff to attend incident management training next month, this is a QIC initiative. Perioperative review undertaken with external Surgeon, Anaesthetist and Surgical Nurse Manager, report due Mid August. Professor Ardagh (National clinical Director for Emergency services) visited with a team from MOH to visit the emergency department and view any initiative underway to meet the 6 hour Target, the team had favourable comments to make. As a result of this visit "admissions" into ED after a 3 hour stay will cease.

	Jul-2009			YTD				FY
	Act	Bud	Var	Act	Bud	Var	Var %	Bud
<b>Contract Volumes</b>								
ED Attendances (not incl ED Admissions)	1,162	1,250	(88)	1,162	1,250	(88)	-7.0%	15,000
Acute CWD	-	368	(368)	-	368	(368)	-100.0%	4,413
Elective CWD	-	126	(126)	-	126	(126)	-100.0%	1,517
<b>Total CWD</b>	-	494	(494)	-	494	(494)	-100.0%	5,929
OP FSA's	713	568	145	713	568	145	25.6%	6,814
OP Follow's	642	926	(284)	642	926	(284)	-30.7%	11,110
<b>Total OP</b>	1,355	1,494	(139)	1,355	1,494	(139)	-9.3%	17,924
<b>KPI's</b>								
Readmissions	11.9%	10.0%	-1.9%	11.9%	10.0%	-1.9%	-18.9%	10.0%
OP DNA's	6.3%	7.5%	1.2%	6.3%	7.5%	1.2%	15.8%	7.5%
Theatre Utilisation	74.5%	85.0%	-10.5%	74.5%	85.0%	-10.5%	-12.4%	85.0%
Daycase Electives	75.3%	75.0%	0.3%	75.3%	75.0%	0.3%	0.4%	75.0%
<b>Financial (000's)</b>								
Revenue	\$3,807	\$3,861	(\$54)	\$3,807	\$3,861	(\$54)	-1.4%	\$46,056
Personnel Costs	(\$1,786)	(\$1,947)	\$161	(\$1,786)	(\$1,962)	\$176	9.0%	(\$23,023)
Outsourced Costs	(\$316)	(\$282)	(\$34)	(\$316)	(\$266)	(\$50)	-18.7%	(\$2,806)
Other Costs	(\$649)	(\$599)	(\$50)	(\$649)	(\$599)	(\$50)	-8.3%	(\$6,222)
<b>Net Performance</b>	<b>\$1,056</b>	<b>\$1,033</b>	<b>\$23</b>	<b>\$1,056</b>	<b>\$1,034</b>	<b>\$22</b>	2.2%	<b>\$14,005</b>
<b>FTE's</b>								
Allied Health Staff	29.9	31.2	1.3	29.9	31.2	1.3	4.0%	31.1
Management/Administration Staff	47.4	48.2	0.8	47.4	48.2	0.8	1.8%	47.8
Medical Staff	30.6	35.4	4.8	30.6	35.4	4.8	13.6%	37.4
Nursing Staff	138.8	136.3	(2.5)	138.8	136.3	(2.5)	-1.8%	136.4
Support Staff	3.6	3.6	(0.0)	3.6	3.6	(0.0)	-0.8%	3.6
<b>Total FTE</b>	<b>250.3</b>	<b>254.7</b>	<b>4.4</b>	<b>250.3</b>	<b>254.7</b>	<b>4.4</b>	1.7%	<b>256.3</b>

\* Refer to the Glossary for definitions of these measures.



### 6.3.2 Key Risks and Opportunities

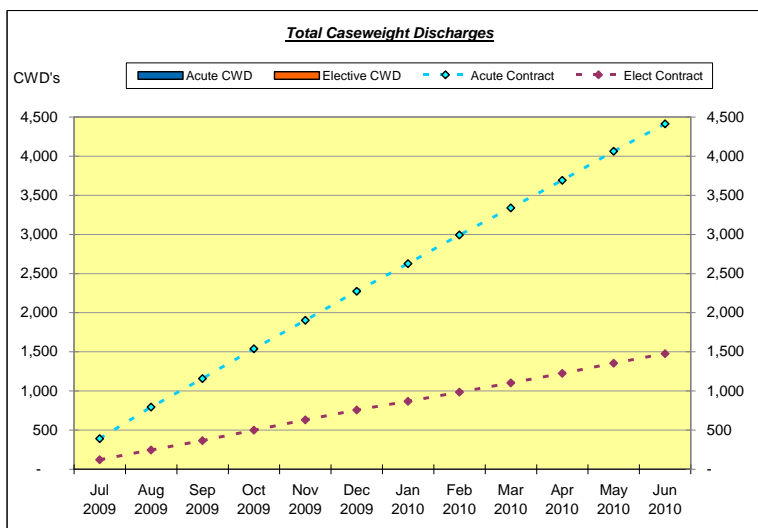
1. Locum costs nationally are increasing due to limited medical staff availability.
2. Supervision arrangement for new Senior Doctors is increasing complexity of recruitment.

### 6.3.3 Mitigation Strategies

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

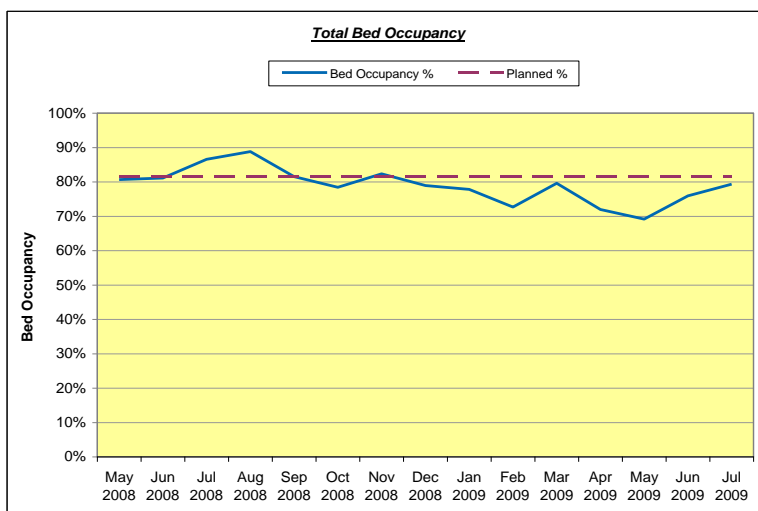
### 6.3.4 Service Initiatives

1. Review of radiology contract.
2. Good to Great programme



*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.*

No case weight coding for July yet.



*Occupancy Rate (Occupied bed days divided by Resourced bed days).*

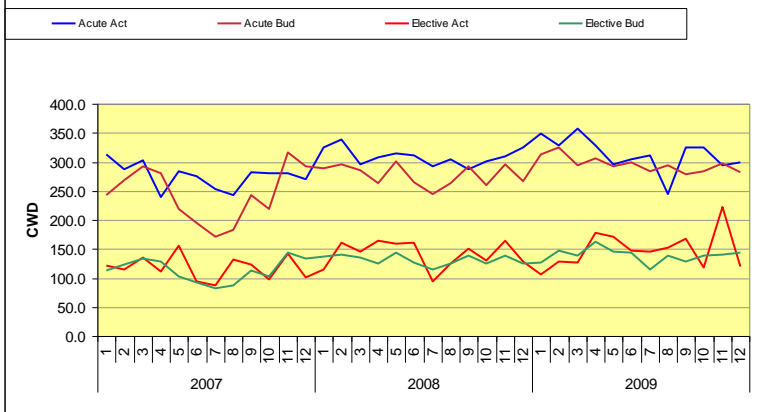
*The wards included are MSW (38 beds), Paediatrics (7), AT&R (13), HDU (6) and Maternity (6). This is a total of 70 beds resourced.*

*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.



CWD Actuals vs CWD Budget



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

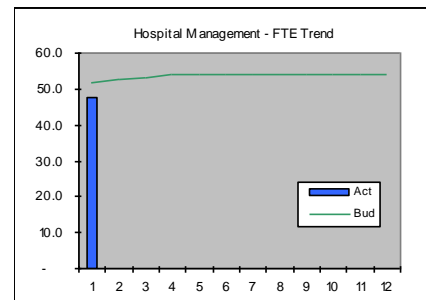
No case weight coding for July yet.



### 6.3.5 Hospital Services Management

#### FTE Analysis

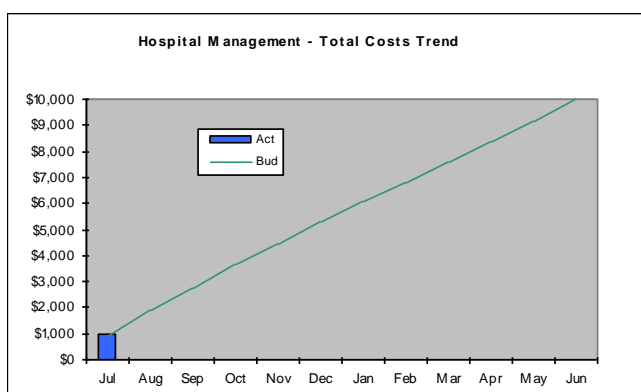
Hospital Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	10.7	11.1	0.4
Medical Staff	30.5	35.4	4.9
Nursing Staff	6.4	5.1	(1.3)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>47.6</b>	<b>51.6</b>	<b>4.0</b>



#### Cost Analysis (000's)

Hospital Management	Jul-2009		
	Act	Bud	Var
<b>Financial (000's)</b>			
<b>Revenue</b>			
Revenue	\$3,510.9	\$3,800.6	(\$289.7)
<b>Expenditure</b>			
Personnel	(\$668.0)	(\$793.3)	\$125.4
Outsourced	(\$239.8)	(\$180.3)	(\$59.5)
Clinical Supplies	(\$31.7)	(\$3.1)	(\$28.6)
Infrastructure & Non-clinical	(\$18.8)	\$31.9	(\$50.7)
Deprn & Financing	(\$1.1)	(\$1.0)	(\$0.0)
<b>Total Expenditure</b>	<b>(\$959.4)</b>	<b>(\$945.9)</b>	<b>(\$13.5)</b>
<b>Net Surplus/(Deficit)</b>	<b>\$2,551.5</b>	<b>\$2,854.8</b>	<b>(\$303.3)</b>

	YTD Act	YTD Bud	YTD Var	YTD % of Bud		FY Bud
	\$3,510.9	\$3,800.6	(\$289.7)	7.62%	+/- 5%	\$45,447.0
	(\$668.0)	(\$793.3)	\$125.4	15.80%	✓	(\$9,416.4)
	(\$239.8)	(\$180.3)	(\$59.5)	-33.00%	✗	(\$1,727.4)
	(\$31.7)	(\$3.1)	(\$28.6)	916.67%	✓	(\$35.7)
	(\$18.8)	\$31.9	(\$50.7)	158.86%	✓	\$1,210.5
	(\$1.1)	(\$1.0)	(\$0.0)	-2.28%		(\$12.6)
	(\$959.4)	(\$945.9)	(\$13.5)	-1.43%		(\$9,981.6)
	\$2,551.5	\$2,854.8	(\$303.3)	-10.62%	✗	\$35,465.4



#### Summary

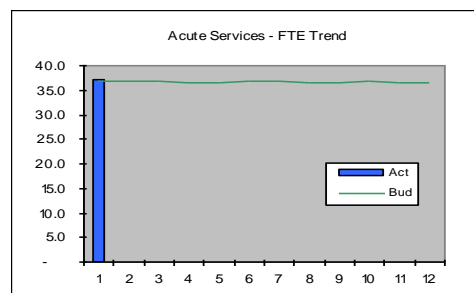
- Adverse for Nursing costs due to parental leave cover
- ACC revenue split across other centres
- Revenue - donation 58K not accrued



### 6.3.6 Acute Services

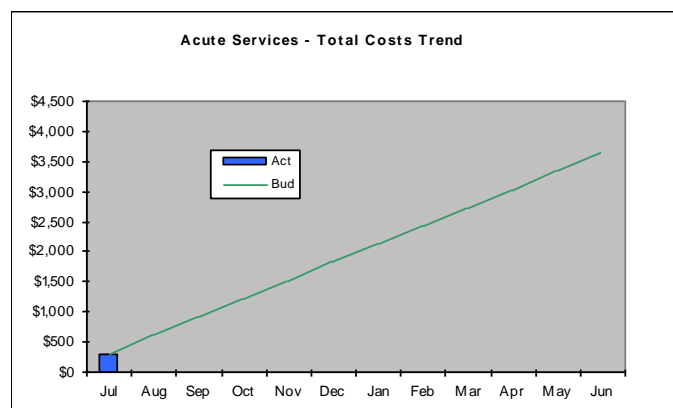
#### FTE Analysis

Acute Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	3.8	2.8	(1.0)
Medical Staff	0.1	-	(0.1)
Nursing Staff	33.3	33.9	0.6
Support Staff	-	-	-
<b>Total FTE's</b>	<b>37.2</b>	<b>36.7</b>	<b>(0.5)</b>



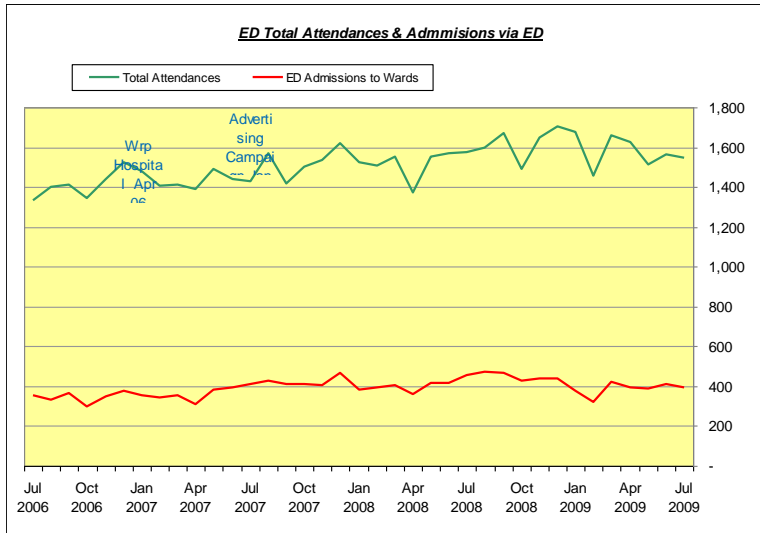
#### Cost Analysis (000's)

Acute Services	Jul-2009			YTD Bud	YTD % of Bud	FY Bud
	Act	Bud	Var			
<b>Financial (000's)</b>						
<b>Revenue</b>						
Revenue	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$5.0
<b>Expenditure</b>						
Personnel	(\$218.7)	(\$229.5)	\$10.8	(\$218.7)	4.69%	(\$2,706.4)
Outsourced	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Clinical Supplies	(\$66.0)	(\$62.7)	(\$3.3)	(\$66.0)	-5.31%	(\$752.6)
Infrastructure & Non-clinical	(\$4.3)	(\$7.9)	\$3.6	(\$4.3)	45.26%	(\$88.2)
Deprn & Financing	(\$8.8)	(\$8.1)	(\$0.7)	(\$8.8)	-8.53%	(\$96.9)
<b>Total Expenditure</b>	<b>(\$297.8)</b>	<b>(\$308.1)</b>	<b>\$10.3</b>	<b>(\$297.8)</b>	<b>3.35%</b>	<b>(\$3,644.0)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$297.8)</b>	<b>(\$308.1)</b>	<b>\$10.3</b>	<b>(\$297.8)</b>	<b>-3.35%</b>	<b>(\$3,639.0)</b>



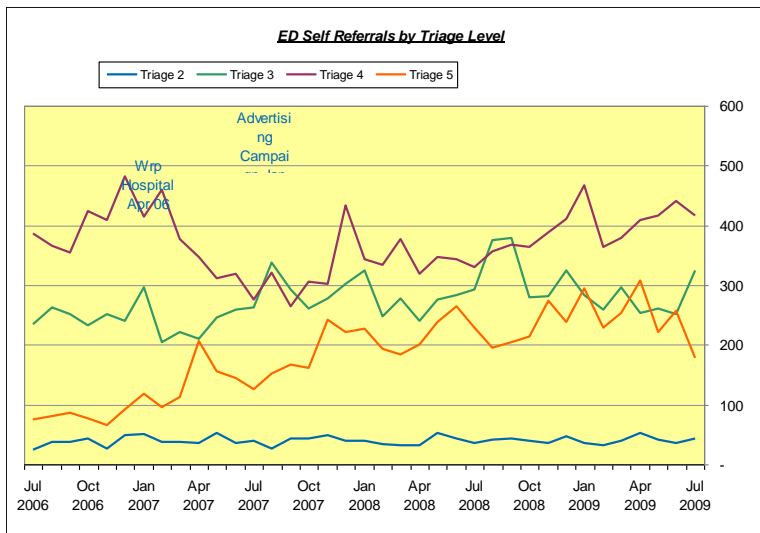
#### Summary:

- 4 acute air retrievals for July. 35 Interhospital transfers by road. 9 return trips for MRI's and OPD specialist appointments, the remaining 26 were admissions to tertiary centre.
- The practise of ED admissions has ceased. Reduction in clinical and clerical work as a result.
- Clinical supplies are over budget with overrun occurring in paediatrics. Reasons are volume related, increase use of protective clothing for infectious cases and SCBU occupancy.
- Higher personnel costs in Paediatrics offset with being under budget in Acute.
- 2 acute RN's on national Triage course for August.



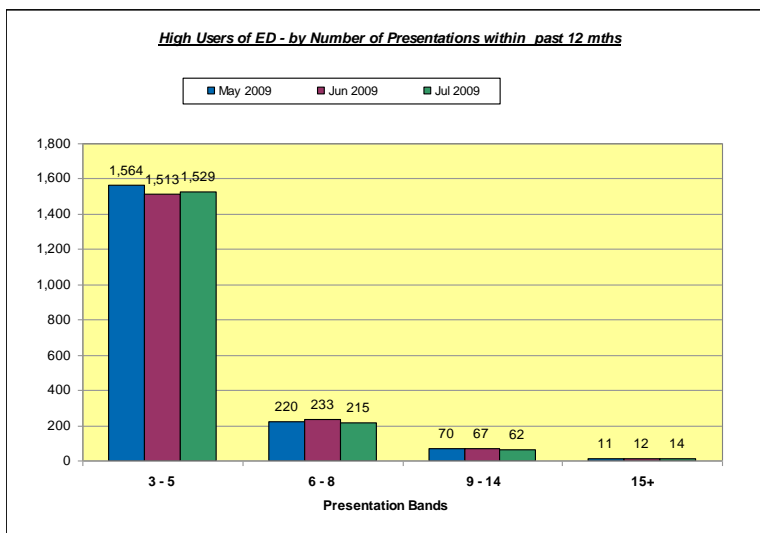
ED Attendance is the total number of ED presentations. Admissions via ED show the number of patients admitted under the 3 hour rule from ED into the wards. The target for ED Attendances is set in the SLA volumes. Admissions via ED are targeted to be decrease to illustrate better management of the ED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

88 attendances below predicted volume for July. Admissions remain steady as a proportion of the total attendances.



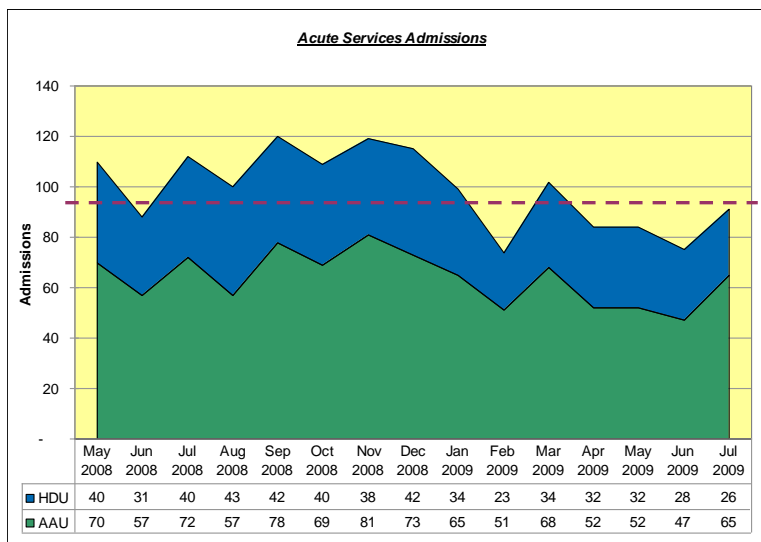
The Referral Source looks at where patients attending ED are coming from. Self Referrals make up the largest percentage and it is these referrals, with a low triage level of 4 to 5, which the DHB is aiming to reduce through communication channels.

Triage 2 remains steady. Triage 3 sharp increase maybe associated with inter-reliability between triage nurses. Triage 4 & 5 decreased as compared with the previous month.



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.

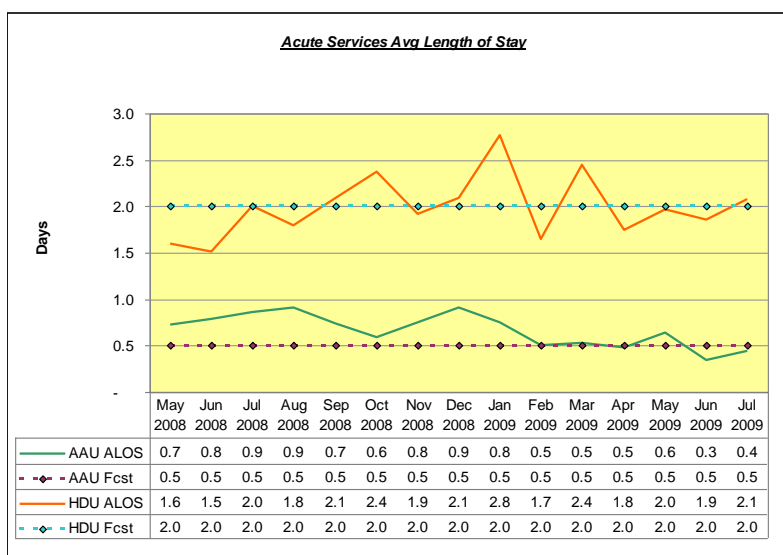
Data analysis is being undertaken to understand the cohort of patients who represent. ED admits after 3 hour no longer used. Effect will be reduction in ASH rates. LTC (Long Term Conditions) collaborative includes Community, FOCUS and ED members.



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.

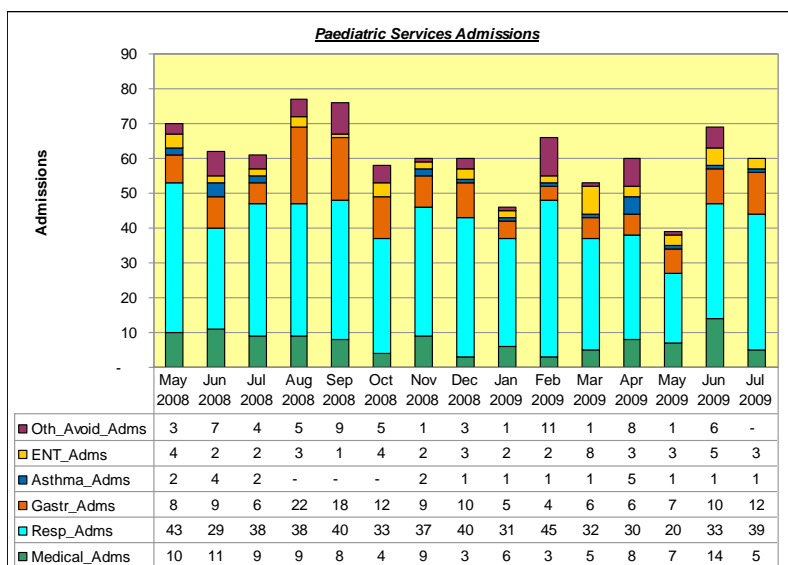
Total number of admissions is 91

Lower levels of surgery. Usage is mainly cardiac patients.



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.

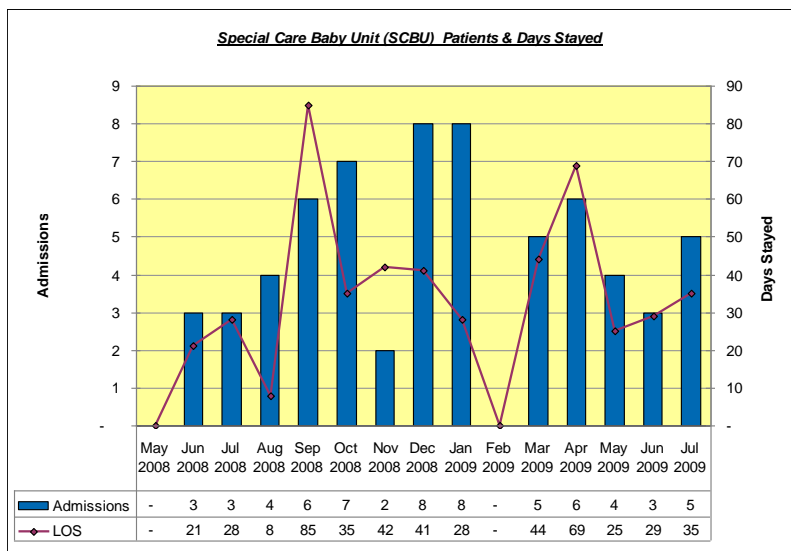
On target



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 illness rate is comparable with July 2008.

Incidence of gastroenterology admissions higher for July 2009. Associated cost increase with clinical supplies for maintaining isolation procedures.



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.

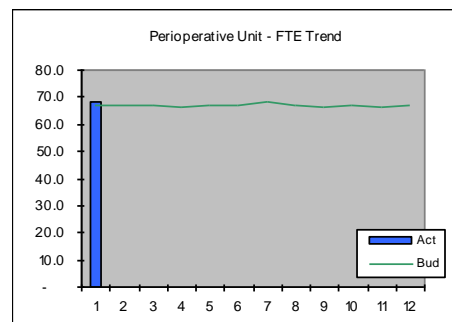
Increase in babies cared for in SCBU this month. Transfers in from Wellington and Hutt Valley.



### 6.3.7 Perioperative Services (OPD, Theatre, Day Procedures)

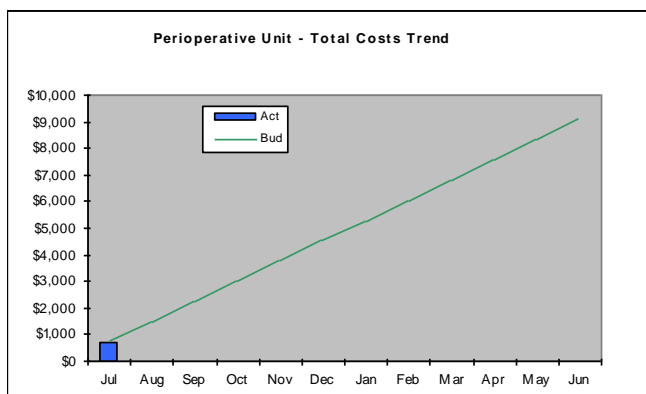
#### FTE Analysis

Perioperative Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	0.9	1.0	0.1
Management/Administration Staff	7.7	8.5	0.7
Medical Staff	0.0	-	(0.0)
Nursing Staff	55.9	54.1	(1.8)
Support Staff	3.6	3.6	(0.0)
<b>Total FTE's</b>	<b>68.2</b>	<b>67.2</b>	<b>(1.1)</b>



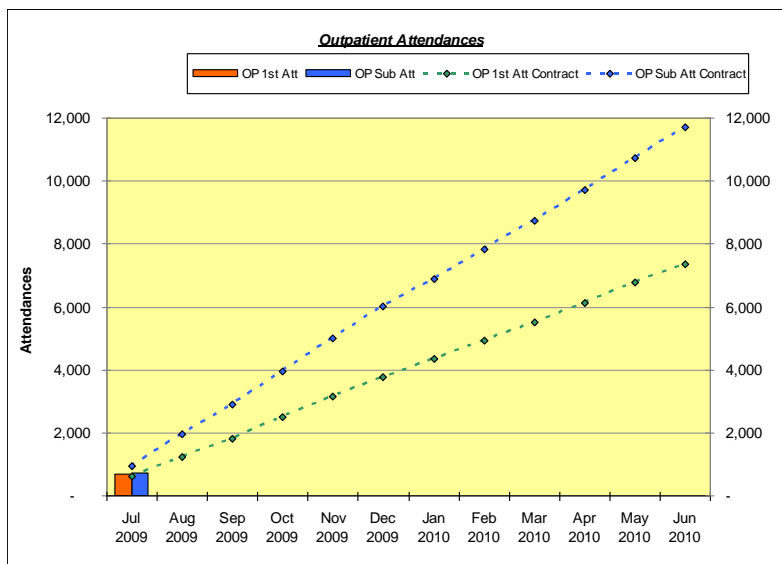
#### Cost Analysis (000's)

Perioperative Unit	Jul-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$93.7	\$6.9	\$86.8	\$93.7	\$6.9	\$86.8	-1258.32%	* \$93.3
<b>Expenditure</b>								
Personnel	(\$370.8)	(\$379.2)	\$8.4	(\$370.8)	(\$379.2)	\$8.4	2.21%	(\$4,422.6)
Outsourced	\$23.9	(\$2.0)	\$25.9	\$23.9	(\$2.0)	\$25.9	1293.82%	✓ (\$58.2)
Clinical Supplies	(\$306.1)	(\$320.6)	\$14.5	(\$306.1)	(\$320.6)	\$14.5	4.53%	✓ (\$4,110.2)
Infrastructure & Non-clinical	(\$12.8)	(\$18.1)	\$5.4	(\$12.8)	(\$18.1)	\$5.4	29.57%	✓ (\$213.0)
Deprn & Financing	(\$23.4)	(\$22.6)	(\$0.8)	(\$23.4)	(\$22.6)	(\$0.8)	-3.61%	(\$270.7)
<b>Total Expenditure</b>	<b>(\$689.1)</b>	<b>(\$742.5)</b>	<b>\$53.3</b>	<b>(\$689.1)</b>	<b>(\$742.5)</b>	<b>\$53.3</b>	<b>7.18%</b>	<b>✓ (\$9,074.8)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$595.5)</b>	<b>(\$735.6)</b>	<b>\$140.1</b>	<b>(\$595.5)</b>	<b>(\$735.6)</b>	<b>\$140.1</b>	<b>-19.05%</b>	<b>* (\$8,981.5)</b>



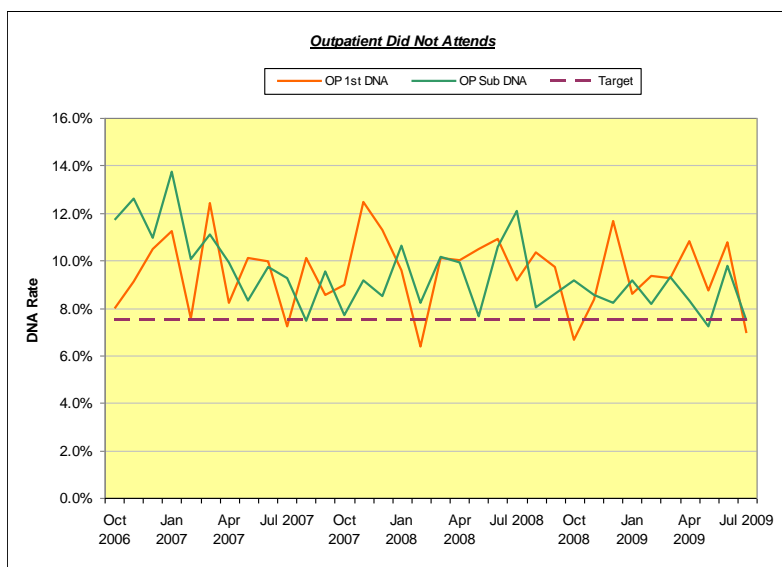
#### Summary

- FTE 'creep' related to theatre activity over weekends and after hours, including increased use of Specials in MSW for confused patients.
- Model of Care MSW Evaluation completed and report being finalised by Project Team.
- MSW - Two New grads (NET-P programme RNs) commenced 6th July and have been supernumery through to the end of the month. Pleasing feedback from Preceptors re. progress.
- MSW - Significant staff sickness during the month, a combination of personal and child health issues. This is much higher than usual and has caused some difficulty covering at times
- MSW CNM on Prioritisation Working group for Wairarapa Clinical Services Action plan.
- MSW, Perioperative and OPD budget remain favourable.



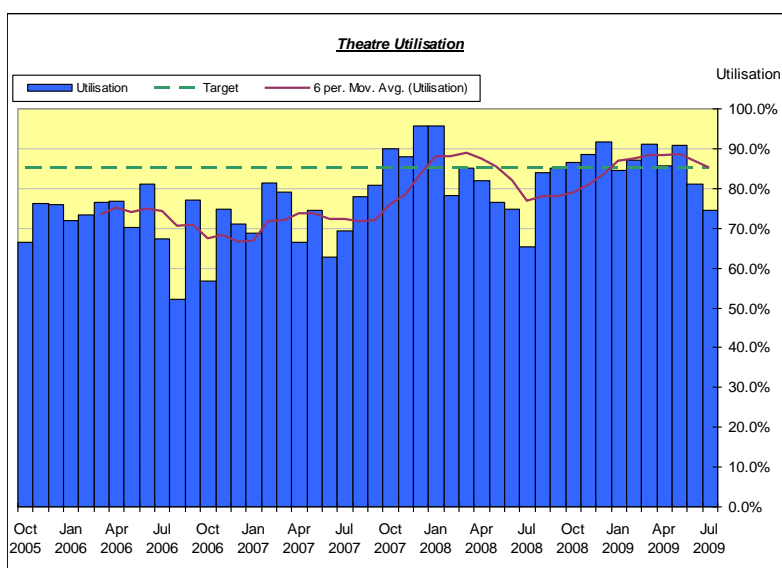
An accumulating total of OP 1<sup>st</sup> and subsequent attendances and a comparison to the SLA contracted volumes. This includes all specialities that the Provider is contracted for, and excludes OP attendances done by other DHB's for our population.

Trend is still low for FSA and high for follow up. Trial to allocate specific time slots for FSA and FU to improve this ratio.



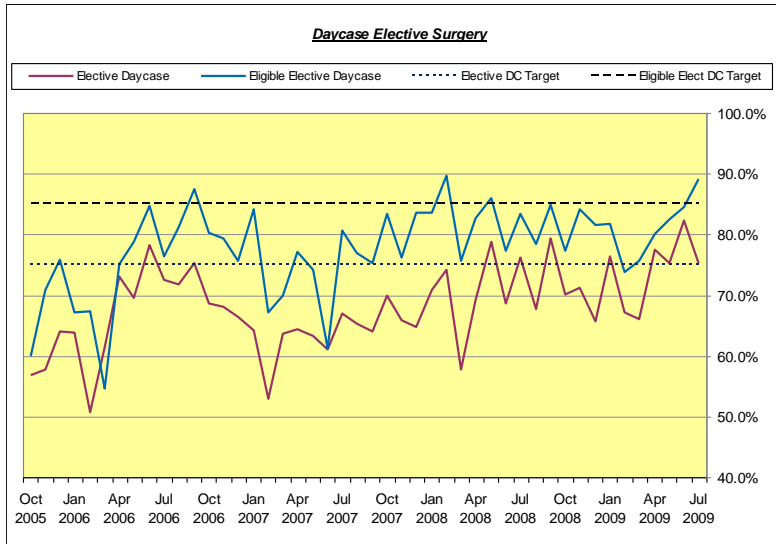
The Outpatient DNA rate is calculated by taking the number patients who did not attend a booked clinic and dividing this by the total OP clinic's booked. Decreasing OP DNA's below a target rate of 7.5% is a key Provider priority for 2007/08.

Decline in DNA rate for July may be related to lighter clinic activity. Nurses were able to be released to contact patients by phone to remind them of their appointments.



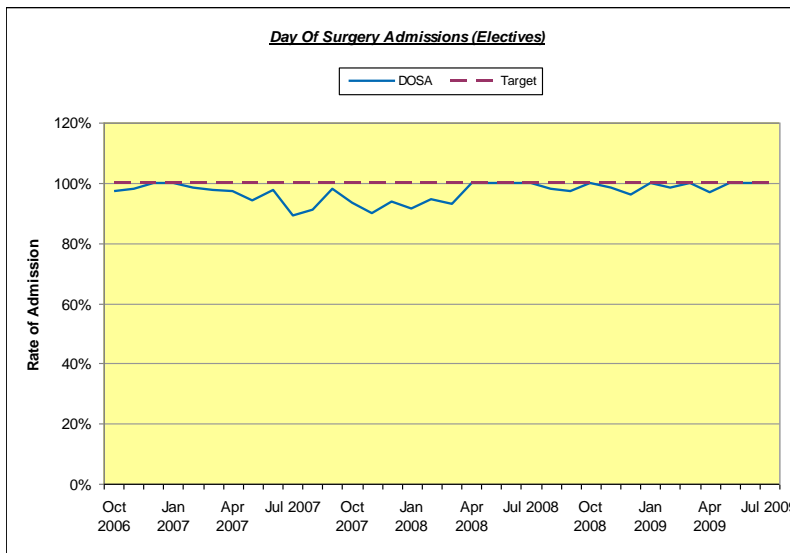
Theatre Utilisation is based on theatre's 1 & 2 as they are both fully resourced. The rate is based on the total procedure minutes (including 10 mins per session for turnaround), divided by the total resourced mins between 8:30am – 5:00pm weekdays. The utilisation rate of 85% is a national benchmark,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

Theatre utilisation to date is at 77.9%. Lower utilisation this month due to one General Surgeon reducing services permanently and an Orthopaedic Surgeon leaving the organisation.



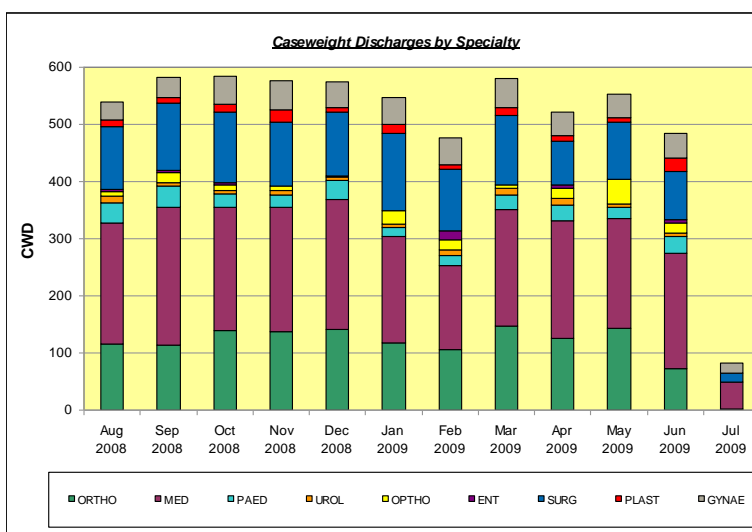
The Daycase Elective Surgery rate is the % of elective patients who did not stay overnight when admitted for their elective procedure. Eligible Elective Daycase focuses on those procedures that should be done only on a daycase basis, therefore the target is higher. These targets are national benchmarks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

Increased as patients planned as day discharge remained overnight due to the timing of surgery i.e. after 1600hrs and surgeon preference.



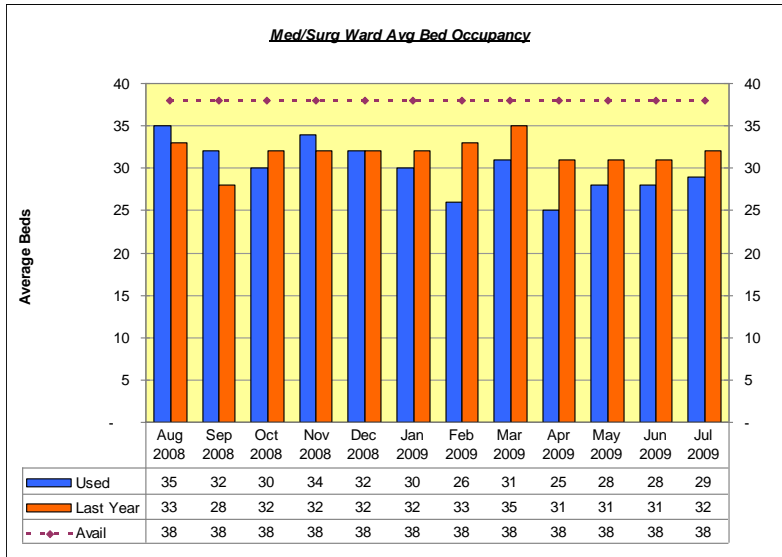
Day of Surgery Admissions (DOSA) are patients who are admitted on the day that they actually had their surgery performed. This is shown as a proportion of total non-daycase elective patients. The DOSA rate of 100% was set in the HDBC.

Monitor.



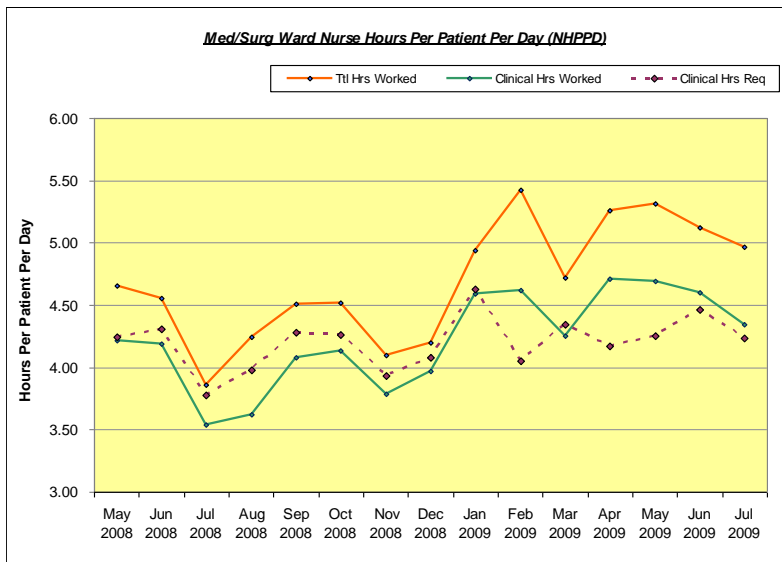
This graph shows the total caseweight discharges for the month broken down by the health specialty. The average Provider contract total for the month is 440 CWD.

Case weight coding incomplete at time of reporting.



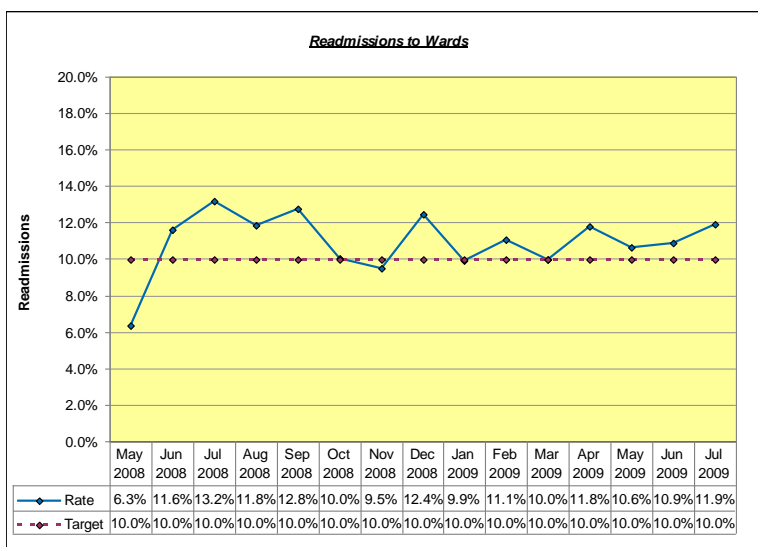
This graph shows the average occupancy per month in the Med/Surg ward, taken at 12pm each day. There is no target for this, only a capacity of 38, and a comparison of the average occupancy for the same month last year.

Pleasant trend with lower bed occupancy potentially related to the Model of Care and enhanced discharge planning practices.



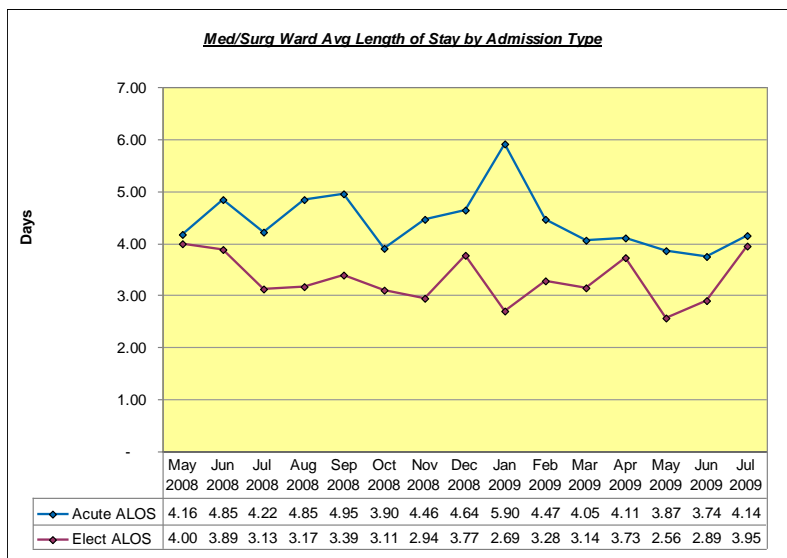
Total Nurse Hours per Patient Day (NHPPD) is a measure from the nursing workload acuity system Trendcare. It is calculated by taking the total number nurse hours worked in a shift clinical and non clinical and dividing this by the number of patients in that ward.

Actual required and clinical hours worked are within benchmark.



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

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



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

Further analysis has been undertaken on MSW occupancy and ALOS, see below. The mean length of stay has been decreasing since the Model of Care was introduced in February.

	Jan-09	Feb-09	Mar-09	Apr-09	May-09
Patients	212	210	281	230	265
LOS	1102	851	1047	881	916
Mean	5.20	4.05	3.75	3.85	3.48
Median	3.00	3.00	3.00	2.00	3.00
Std Dev.	9.50	4.31	5.55	3.79	3.11

	Jan-09	Feb-09	Mar-09	Apr-09	May-09
Acute ALOS	5.90	4.47	4.05	4.11	3.87
Elect ALOS	2.69	3.28	3.14	3.72	2.56
	Jan-08	Feb-08	Mar-08	Apr-08	May-08
Acute ALOS	5.30	5.64	5.35	5.66	4.16
Elect ALOS	2.76	3.91	4.34	4.26	4.00

A review of the data in relation to the MOC and decline in bed occupancy since February 2009 can also be attributed to:

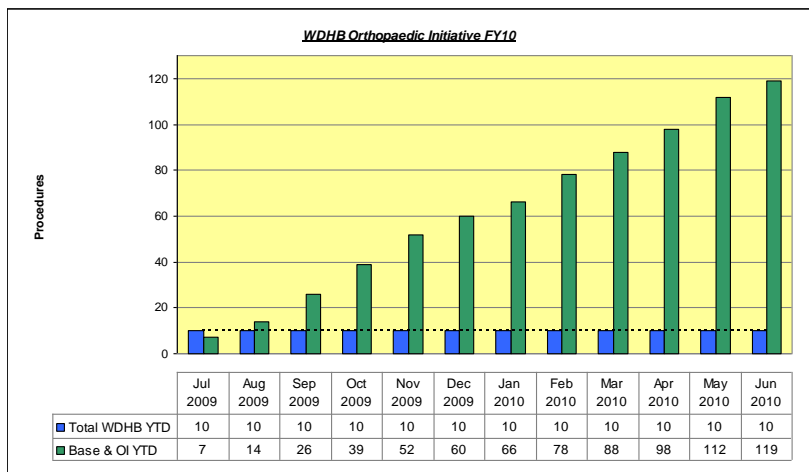
- Role of the Admission Discharge nurse
- Acceleration of discharge planning by the AD nurse and nursing teams in collaboration with medical staff.
- Enhanced communication with medical staff in relation to discharge planning.
- The strengthened relationship that has evolved between the community, FOCUS and the Admit Discharge role, each understanding each others roles.



### 6.3.8 Elective Services

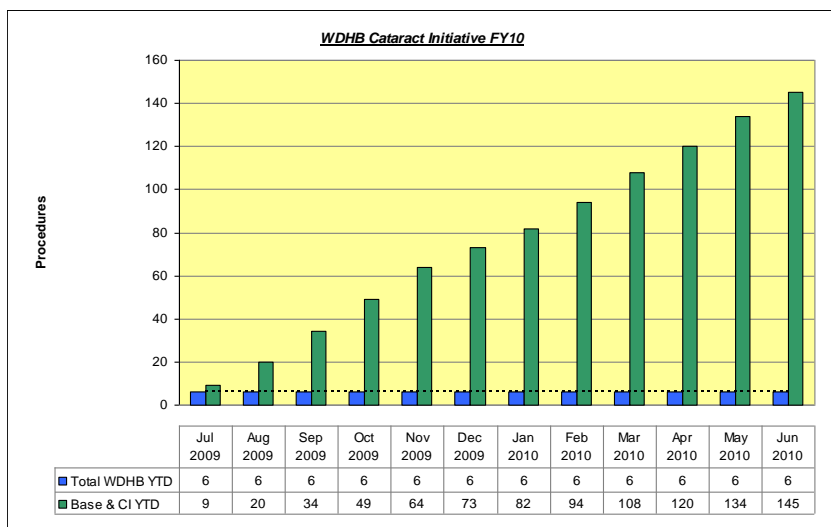
#### Key Points

- Refer Section 10; Appendix A. ESPI summary for June 09 is green at overall hospital level.
- ESPI 2 in ENT is Orange. This is due to a high number of patients waiting for appointments. Referrals have had to be restricted until those waiting can be caught up. Small blitz planned for August.

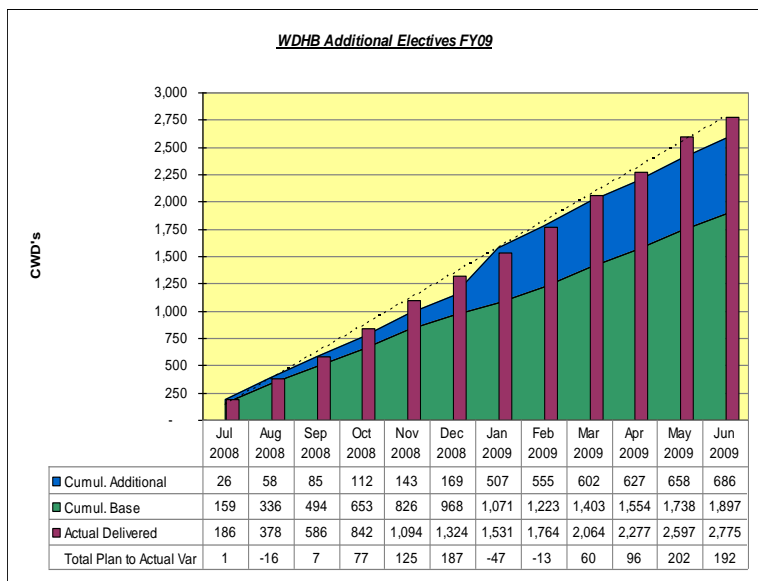


The Orthopaedic Initiative is additional funding for achieving targeted orthopaedic joint procedures. The blue bar is the actual number YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual production. Achievement of the base & additional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

Tracking slightly ahead of planned procedures



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.



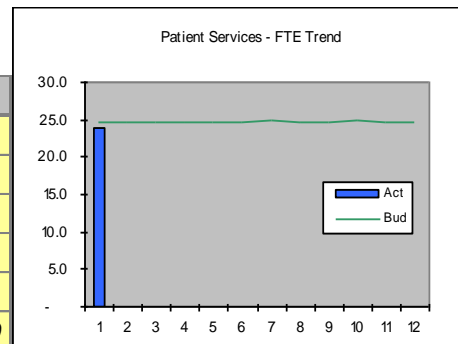
There is Additional Elective funding available to the DHB for achieving a targeted number of elective caseweights discharges (CWD). The blue bar is the actual number of elective CWD YTD including IDF's. The green bar is the base amount plus the additional MOH target. The dotted line is the trend of actual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



### 6.3.9 Patient Services (Maternity, Nursing Relief Team)

#### FTE Analysis

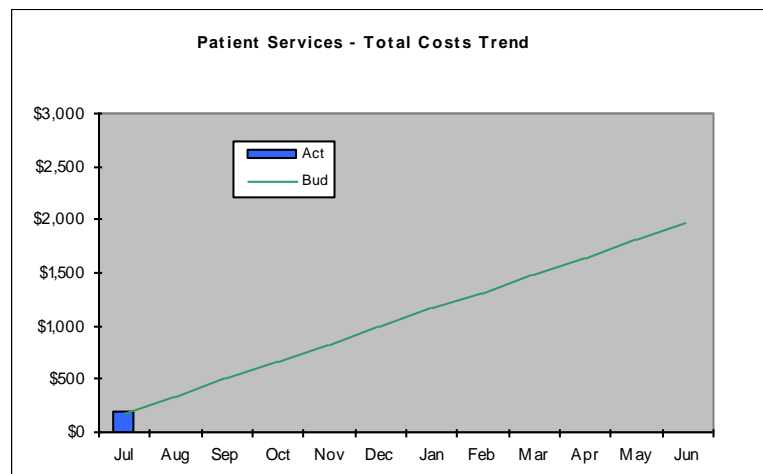
Patient Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	-	-	-
Medical Staff	-	-	-
Nursing Staff	23.8	24.7	0.9
Support Staff	-	-	-
<b>Total FTE's</b>	<b>23.8</b>	<b>24.7</b>	<b>0.9</b>



#### Cost Analysis (000's)

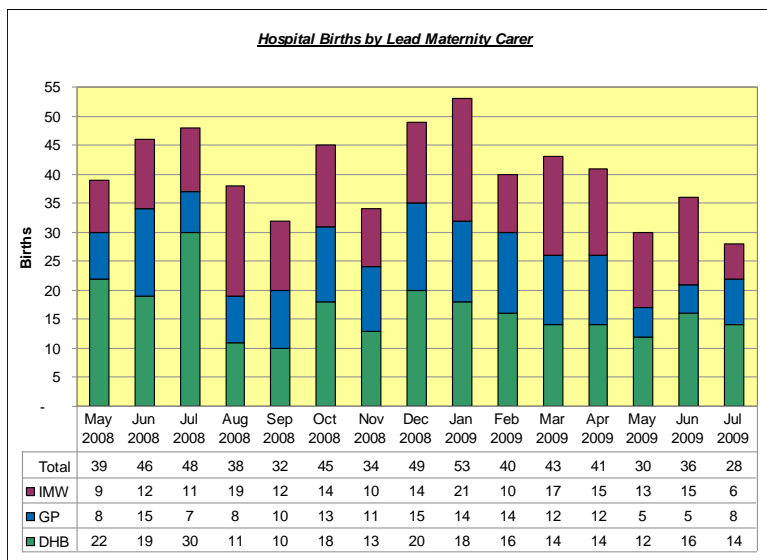
Patient Services	Act	Jul-2009 Bud	Var
<b>Financial (000's)</b>			
<b>Revenue</b>			
Revenue	\$5.4	\$4.2	\$1.2
<b>Expenditure</b>			
Personnel	(\$171.5)	(\$158.2)	(\$13.3)
Outsourced	(\$1.9)	(\$3.3)	\$1.4
Clinical Supplies	(\$10.3)	(\$5.4)	(\$4.9)
Infrastructure & Non-clinical	(\$3.3)	(\$3.2)	(\$0.1)
Deprn & Financing	(\$1.8)	(\$1.5)	(\$0.3)
<b>Total Expenditure</b>	<b>(\$188.8)</b>	<b>(\$171.6)</b>	<b>(\$17.2)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$183.4)</b>	<b>(\$167.5)</b>	<b>(\$16.0)</b>

Act	YTD Bud	Var	YTD % of Bud	FY Bud
\$5.4	\$4.2	\$1.2	-29.83%	\$60.0
(\$171.5)	(\$158.2)	(\$13.3)	-8.42%	(\$1,828.5)
(\$1.9)	(\$3.3)	\$1.4	42.84%	(\$40.0)
(\$10.3)	(\$5.4)	(\$4.9)	-90.09%	(\$65.2)
(\$3.3)	(\$3.2)	(\$0.1)	-2.31%	(\$24.4)
(\$1.8)	(\$1.5)	(\$0.3)	-22.74%	(\$18.1)
<b>(\$188.8)</b>	<b>(\$171.6)</b>	<b>(\$17.2)</b>	<b>-10.03%</b>	<b>(\$1,976.1)</b>
<b>(\$183.4)</b>	<b>(\$167.5)</b>	<b>(\$16.0)</b>	<b>9.53%</b>	<b>(\$1,916.1)</b>



#### Summary

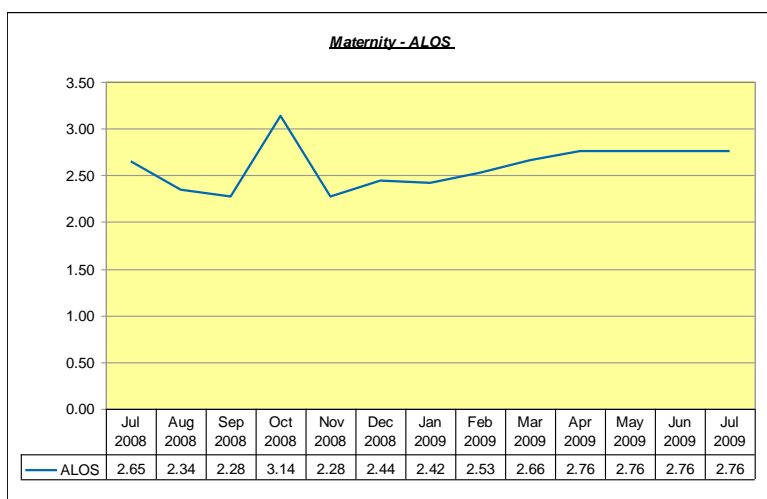
- Relief team FTE has increased with transfer of 2 FTE from MSW.
- Caesarean section rate of 34% incurs increase LOS, pharmaceuticals and surgical clinical supplies.



*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. Lag time between discharge and coding*

There were 47 admitted deliveries in July  
Caesarean section rate of 34%.

- 16 Caesareans – 6 elective & 10 emergency
- 31 Vaginal deliveries
- 1 set twins



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

- ALOS 2.51 days
- Normal delivery ALOS 1.43 days
- Caesarean Delivery ALOS 4.24 days
- Other complications (forceps) ALOS 2.32 days

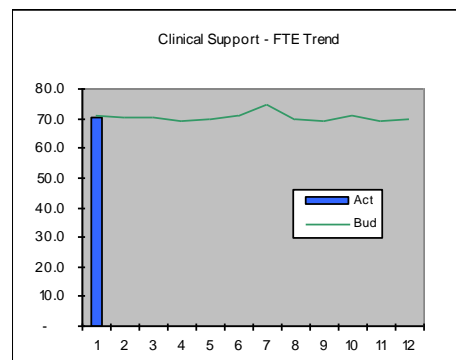
A new measure has been introduced to monitor MOH priority for extended LOS in Maternity. - Nil to date for July.



### 6.3.10 Clinical Support, Therapies & Allied Health

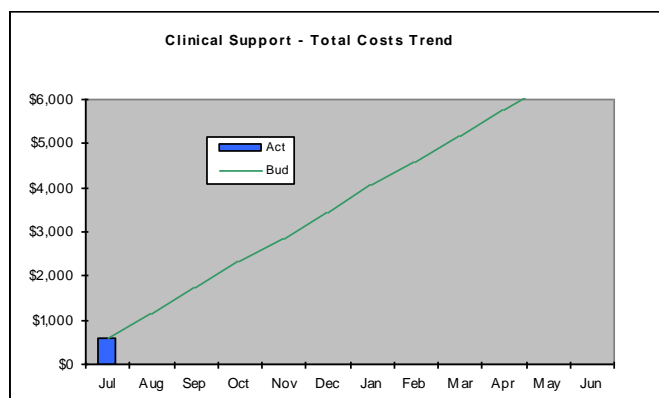
#### FTE Analysis

Clinical Support	FTE Actual	FTE Budget	Variance
Allied Health Staff	29.0	30.2	1.2
Management/Administration Staff	24.3	25.1	0.8
Outsourced Personnel	-	-	-
Nursing Staff	16.9	15.5	(1.4)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>70.2</b>	<b>70.7</b>	<b>0.5</b>



#### Cost Analysis (000's)

Clinical Support	Jul-2009			YTD Bud	YTD % of Bud	FY Bud		
	Act	Bud	Var					
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$171.0	\$23.7	\$147.2	\$171.0	\$23.7	\$147.2	-620.94%	* <b>\$284.6</b>
<b>Expenditure</b>								
Personnel	(\$338.9)	(\$362.0)	\$23.1	(\$338.9)	(\$362.0)	\$23.1	6.37%	✓ (\$4,179.4)
Outsourced	(\$98.1)	(\$80.5)	(\$17.6)	(\$98.1)	(\$80.5)	(\$17.6)	-21.88%	* (\$980.1)
Clinical Supplies	(\$133.0)	(\$139.6)	\$6.7	(\$133.0)	(\$139.6)	\$6.7	4.77%	(\$1,471.7)
Infrastructure & Non-clinical	(\$6.7)	(\$12.9)	\$6.2	(\$6.7)	(\$12.9)	\$6.2	47.98%	✓ (\$139.6)
Deprn & Financing	(\$9.7)	(\$10.4)	\$0.7	(\$9.7)	(\$10.4)	\$0.7	6.58%	✓ (\$125.1)
<b>Total Expenditure</b>	<b>(\$586.5)</b>	<b>(\$605.5)</b>	<b>\$19.0</b>	<b>(\$586.5)</b>	<b>(\$605.5)</b>	<b>\$19.0</b>	<b>3.14%</b>	<b>(\$6,895.9)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$415.6)</b>	<b>(\$581.8)</b>	<b>\$166.2</b>	<b>(\$415.6)</b>	<b>(\$581.8)</b>	<b>\$166.2</b>	<b>-28.57%</b>	<b>* (\$6,611.3)</b>

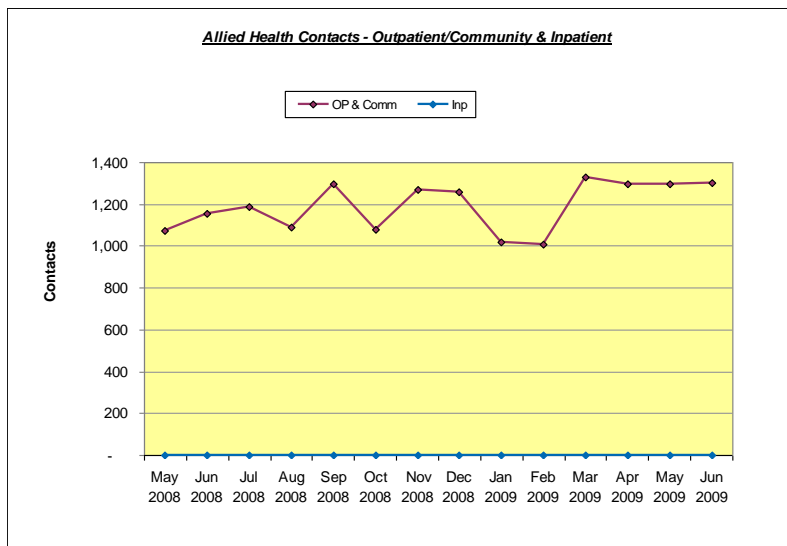


#### Summary

- Family Violence Training continues on a fortnightly basis. Audit of notes to assess the level of screening now taking place. This was positive in Maternity but is disappointing everywhere else at present.
- The Sonographer vacancy has been filled subject to the applicant passing their exams in August. Commencement date to be confirmed.
- Improved terms have been agreed and PRL have commenced the new pricing structure from April. The service specification and contract are still to be finalised.
- Demand management measures are in place however these costs will not be easy to maintain and are driven by clinical need and visiting clinicians.
- The terms of reference for the Radiology service review have been agreed and the group have had an initial meeting.

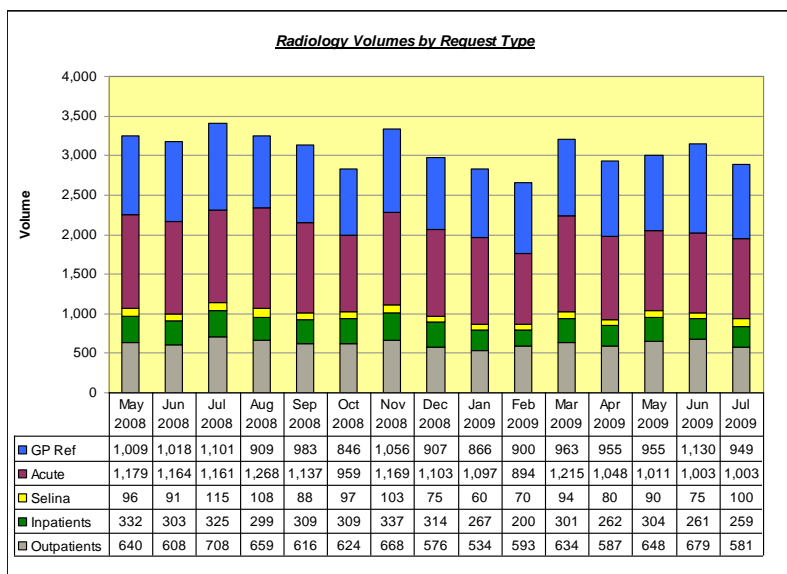


- Dietetics is likely to under perform against the contract target and this is attributable to the resignation in March of the second dietician who hasn't been replaced.
- Social work is also under significant pressure this is linked to the increase in demand for more complex care associated particularly with Termination of pregnancy and palliative care.
- Rehab has performed well and has managed complex patients. Staff sickness has resulted in higher than anticipated usage of casual staff.
- Earlier identification of stroke patients for transfer to Rehab from ED and MSW is occurring and the team have been commended for their good work.



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

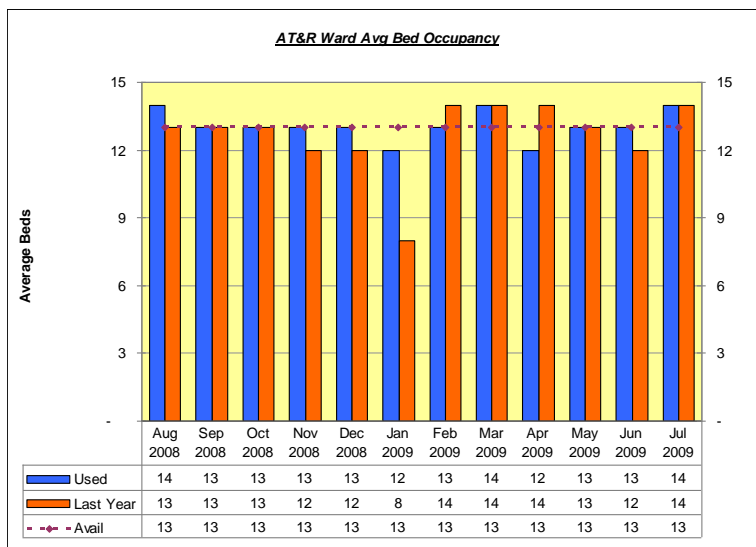
Increase in outpatient allied health contacts.



This graph shows the total number of radiology tests done, and then breaks this down by the referral type for those tests.

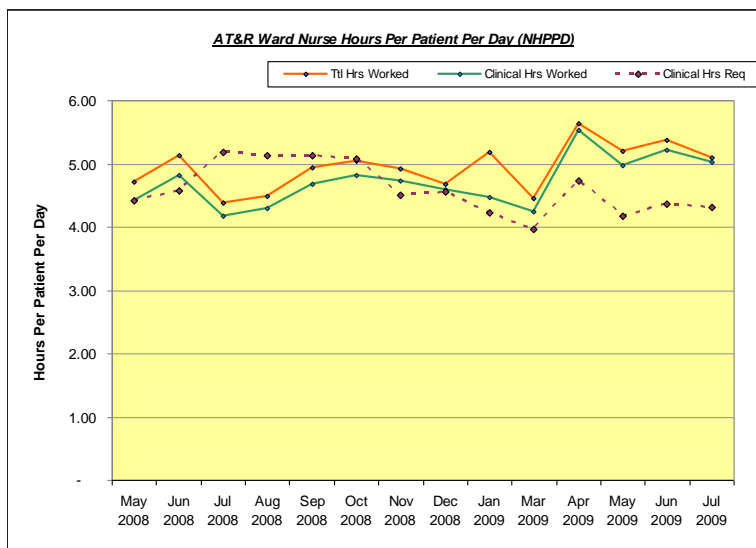
GP referred are those requested by GP's, Acute are requests by the acute wards in the hospital, Selina are Selina Sutherland requests, Inpatients are from all inpatient wards and Outpatients are requests from the outpatient clinics.

Discussion is underway with project group to better manage demand.



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.

Nursing hours worked exceeding hours required since January.

Director of Nursing is undertaking a workforce review. Capacity planning and a review of the Model of Care will also ensure there are improved systems to match workforce to activity.



## 6.4 GM Community, Public, and Mental Health Report

### 6.4.1 Summary

Some reporting problems this month, particularly for community nursing contacts.

All services have begun the financial year with robust cost containment strategies in place.

All Good to Great projects in the community public and mental health services are on track.

	Act	Jul-2009 Bud	Var	Act	YTD Bud	Var	Var %		FY Bud
<b>Contract Volumes</b>									
FOCUS Needs Assessments	7	8	(1)	7	8	(1)	-16.0%	*	100
District Nurse Contacts	1,864	2,226	(362)	1,864	2,226	(362)	-16.3%	*	26,717
Healthy Homes Nurse Assmnts	23	8	15	23	8	15	187.5%	✓	100
Student Assessments	16	17	(1)	16	17	(1)	-5.9%	*	200
Mental Health New Referrals	50	50	-	50	50	-	0.0%		600
<b>Financial (000's)</b>									
Revenue	\$1,149	\$1,158	(\$9)	\$1,149	\$1,158	(\$9)	-0.7%		\$13,859
Personnel Costs	(\$719)	(\$757)	\$38	(\$719)	(\$757)	\$38	5.1%	✓	(\$8,804)
Outsourced Costs	(\$85)	(\$95)	\$11	(\$85)	(\$95)	\$11	11.1%	✓	(\$1,136)
Other Costs	(\$128)	(\$126)	(\$2)	(\$128)	(\$126)	(\$2)	-1.4%		(\$1,064)
<b>Net Performance</b>	<b>\$218</b>	<b>\$179</b>	<b>\$38</b>	<b>\$218</b>	<b>\$179</b>	<b>\$38</b>	21.4%	✓	<b>\$2,855</b>
<b>FTE's</b>									
Allied Health Staff	58.0	68.7	10.7	58.0	63.7	5.7	9.0%	✓	68.8
Management/Administration Sta	20.1	22.4	2.3	20.1	22.4	2.3	10.1%	✓	22.2
Medical Staff	0.9	1.3	0.4	0.9	1.3	0.4	27.8%	✓	1.3
Nursing Staff	49.2	50.3	1.1	49.2	50.3	1.1	2.2%		50.2
Support Staff	-	-	-	-	-	-	0.0%		0.0
<b>Total FTE</b>	<b>128.1</b>	<b>142.6</b>	<b>14.5</b>	<b>128.1</b>	<b>137.6</b>	<b>9.5</b>	6.9%	✓	<b>142.5</b>

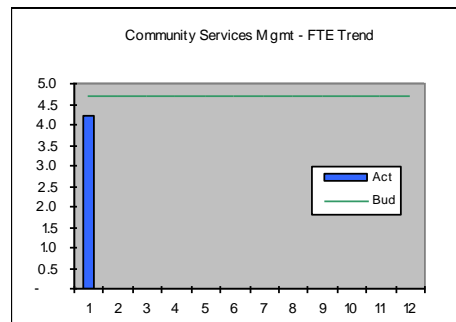
\* Refer to the Glossary for definitions of these measures.



### 6.4.5 Community & Public Health Management

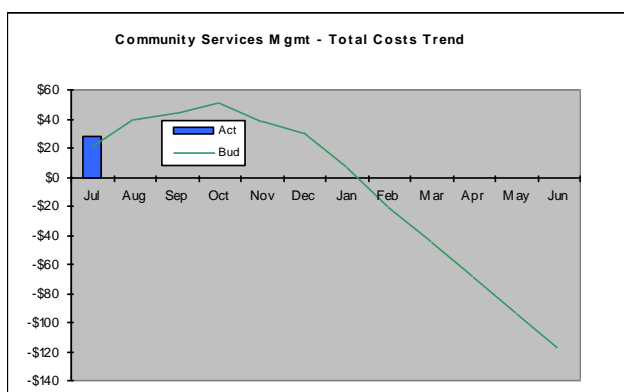
FTE Analysis:

Community Services Management	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	4.2	4.7	0.5
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
<b>Total FTE's</b>	<b>4.2</b>	<b>4.7</b>	<b>0.5</b>



Cost Analysis (000's):

Community Services Management	Jul-2009			YTD Act	YTD Bud	YTD Var	YTD % of Bud		FY Bud
	Act	Bud	Var						
<b>Financial (000's)</b>									
<b>Revenue</b>									
Revenue	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%		\$0.0
<b>Expenditure</b>									
Personnel	(\$27.8)	(\$33.8)	\$6.0	(\$27.8)	(\$33.8)	\$6.0	17.77%	✓	(\$386.2)
Outsourced	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%		\$0.0
Clinical Supplies	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%		\$0.0
Infrastructure & Non-clinical	(\$0.6)	\$13.0	(\$13.6)	(\$0.6)	\$13.0	(\$13.6)	104.55%	✓	\$505.4
Deprn & Financing	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)	-1.79%		(\$0.4)
<b>Total Expenditure</b>	<b>(\$28.4)</b>	<b>(\$20.8)</b>	<b>(\$7.6)</b>	<b>(\$28.4)</b>	<b>(\$20.8)</b>	<b>(\$7.6)</b>	<b>-36.52%</b>	✗	<b>\$118.8</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$28.4)</b>	<b>(\$20.8)</b>	<b>(\$7.6)</b>	<b>(\$28.4)</b>	<b>(\$20.8)</b>	<b>(\$7.6)</b>	<b>36.52%</b>	✓	<b>\$118.8</b>



Summary

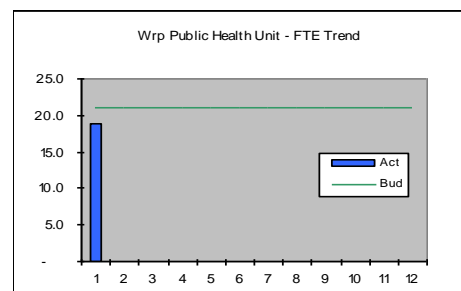
- Favourable expenditure in personnel due to one manager working part time.
- Some costs attributed to this cost centre belong to the public health unit.



### 6.4.6 Wairarapa Public Health Unit

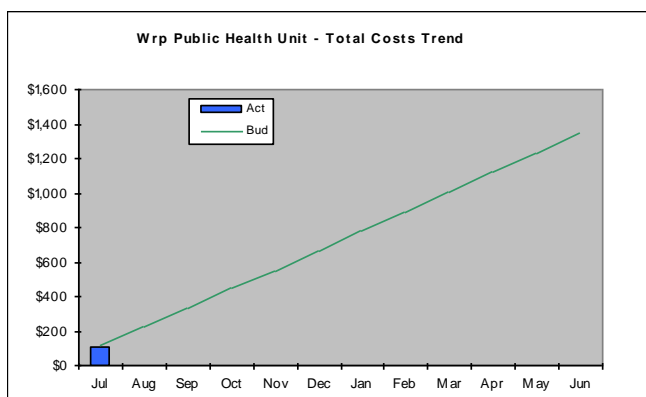
FTE Analysis:

Public Health Unit	FTE Actual	FTE Budget	Variance
Allied Health Staff	8.5	9.0	0.5
Management/Administration Staff	4.0	5.5	1.5
Medical Staff	-	-	-
Nursing Staff	6.2	6.5	0.3
Support Staff	-	-	-
<b>Total FTE's</b>	<b>18.8</b>	<b>21.0</b>	<b>2.3</b>



Cost Analysis (000's):

Public Health Unit	Jul-2009			YTD % of Bud	FY Bud
	Act	Bud	Var		
<b>Revenue</b>					
Revenue	\$67.5	\$67.7	(\$0.2)	0.23%	\$776.3
<b>Expenditure</b>					
Personnel	(\$100.4)	(\$102.1)	\$1.8	1.74%	(\$1,190.8)
Outsourced	(\$2.3)	(\$3.1)	\$0.8	25.87%	(\$39.5)
Clinical Supplies	(\$0.5)	(\$1.4)	\$0.9	63.91%	(\$14.2)
Infrastructure & Non-clinical	(\$1.2)	(\$7.8)	\$6.6	85.05%	(\$98.6)
Deprn & Financing	(\$0.1)	(\$0.1)	(\$0.0)	-1.29%	(\$1.1)
<b>Total Expenditure</b>	<b>(\$104.4)</b>	<b>(\$114.5)</b>	<b>\$10.1</b>	<b>8.82%</b>	<b>(\$1,344.1)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$36.9)</b>	<b>(\$46.9)</b>	<b>\$9.9</b>	<b>-21.22%</b>	<b>(\$567.8)</b>



Summary

- FTE reflects vacancies that have been held until contracts arrive and HPV staff who did not work during July.
- All contracts for 0910 have now been received including Regional Public Health. There has been a 25% reduction in funding for nutrition and physical activity and a 40% reduction in funding from the New Zealand Food Safety Authority. Overall the contract is \$26,000 less than last year with no FFT allocated. Service Planning based on Wairarapa DHB priorities is ongoing now that contracts have been confirmed and it is expected that a final Business Plan will be in place by the end of August 2009.



Key Activities

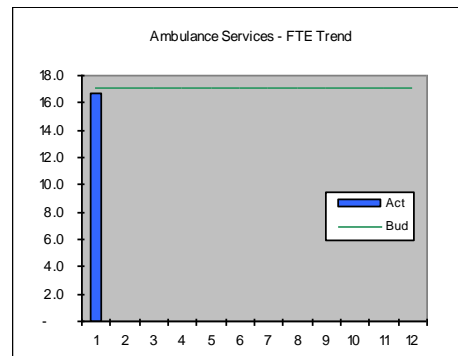
- Pandemic preparedness workshops at Cameron House and Te Rangimarie marae have been well attended with positive responses from participants. A free Flu vaccination clinic was held at Cameron House during the month with 17 people taking advantage of the opportunity.
- The first “Sit and Be Fit” falls prevention programme was held this month through WOOPS. This programme has been developed by ACC. The first class had 10 participants and these classes are planned every week. All enquiries for the programme are to be made through WOOPS.



### 6.4.7 Ambulance Services

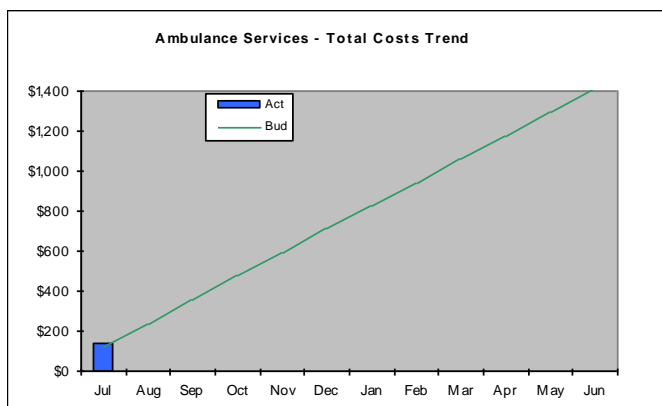
FTE Analysis:

Ambulance Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	16.7	17.0	0.3
Management/Administration Staff	-	-	-
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
<b>Total FTE's</b>	<b>16.7</b>	<b>17.0</b>	<b>0.3</b>



Cost Analysis (000's):

Ambulance Services	Jul-2009			YTD Var	YTD % of Bud	FY Bud
	Act	Bud	Var			
<b>Financial (000's)</b>						
<b>Revenue</b>						
Revenue	\$42.0	\$8.3	\$33.7	\$33.7	-406.87%	\$99.4
<b>Expenditure</b>						
Personnel	(\$104.9)	(\$90.4)	(\$14.6)	(\$14.6)	-16.14%	(\$1,027.1)
Outsourced	(\$5.9)	(\$8.2)	\$2.3	\$2.3	27.79%	(\$94.2)
Clinical Supplies	(\$4.3)	(\$3.7)	(\$0.6)	(\$0.6)	-16.53%	(\$45.2)
Infrastructure & Non-clinical	(\$18.8)	(\$13.8)	(\$5.0)	(\$5.0)	-36.30%	(\$157.8)
Deprn & Financing	(\$7.1)	(\$7.0)	(\$0.1)	(\$0.1)	-1.38%	(\$84.5)
<b>Total Expenditure</b>	<b>(\$141.2)</b>	<b>(\$123.1)</b>	<b>(\$18.0)</b>	<b>(\$18.0)</b>	<b>-14.64%</b>	<b>(\$1,408.8)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$99.2)</b>	<b>(\$114.9)</b>	<b>\$15.7</b>	<b>\$15.7</b>	<b>-13.66%</b>	<b>(\$1,309.4)</b>

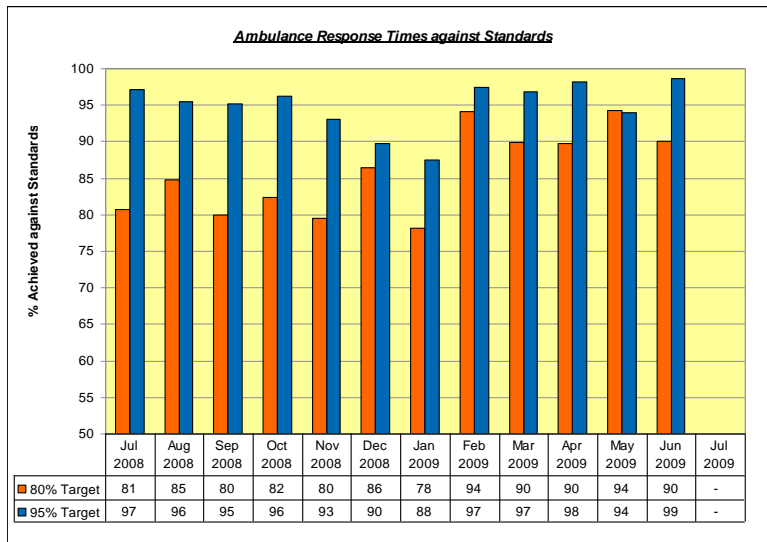


Summary

- Revenue actual reflects an accrual for expected ACC payments for the 08/09 year.
- The DHB has received confirmation of additional funding for new staff and recruitment for these new positions has commenced. It is anticipated that the Greytown station will be operational 24/7 by November of this year, with one paid crew member and one auxiliary crew member staffing the station at night.
- New uniforms have been distributed to both paid and unpaid crew members. These uniforms are specifically designed for emergency medical personnel and are both fade and water resistant. The purchase of the new uniform was made possible from donations.



- The TELARC reaccreditation visit is scheduled for September 7<sup>th</sup>. All senior crew have participated in the rewrite of policies and procedures to meet the recommendations from the July assessment. New processes have included a closer monitoring of supplies which will lead to a reduction in unnecessary expenditure.
- Influenza like illness had a significant impact on staffing during July with more than budgeted overtime hours being allocated to cover illness. Some crew who reported flu like symptoms were off work for up to 10 days.



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

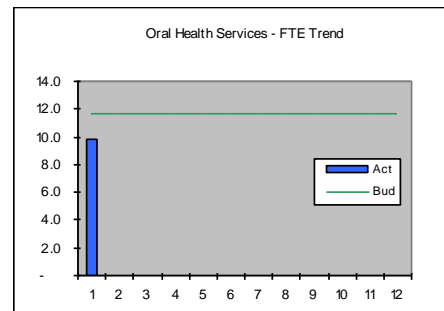
July data not available from St Johns at time of report.



### 6.4.8 Oral Health Services

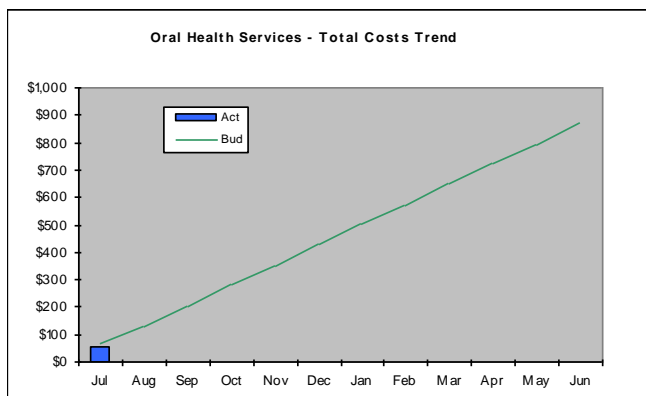
FTE Analysis:

Oral Health Service	FTE Actual	FTE Budget	Variance
Allied Health Staff	8.7	10.1	1.4
Management/Administration Staff	1.0	1.3	0.3
Medical Staff	-	0.3	0.3
Nursing Staff	-	-	-
Support Staff	-	-	-
<b>Total FTE's</b>	<b>9.8</b>	<b>11.7</b>	<b>1.9</b>



Cost Analysis (000's):

Oral Health Services	Jul-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$1.1	\$1.0	\$0.1	\$1.1	\$1.0	\$0.1	-5.68%	\$12.0
<b>Expenditure</b>								
Personnel	(\$50.7)	(\$56.6)	\$6.0	(\$50.7)	(\$56.6)	\$6.0	10.57%	(\$660.3)
Outsourced	\$0.0	(\$1.9)	\$1.9	\$0.0	(\$1.9)	\$1.9	100.00%	(\$37.2)
Clinical Supplies	(\$2.1)	(\$2.7)	\$0.6	(\$2.1)	(\$2.7)	\$0.6	22.04%	(\$33.4)
Infrastructure & Non-clinical	(\$1.7)	(\$5.8)	\$4.1	(\$1.7)	(\$5.8)	\$4.1	71.07%	(\$36.6)
Deprn & Financing	(\$1.4)	(\$1.4)	(\$0.0)	(\$1.4)	(\$1.4)	(\$0.0)	-1.93%	(\$104.1)
<b>Total Expenditure</b>	<b>(\$55.9)</b>	<b>(\$68.5)</b>	<b>\$12.6</b>	<b>(\$55.9)</b>	<b>(\$68.5)</b>	<b>\$12.6</b>	<b>18.43%</b>	<b>(\$871.5)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$54.8)</b>	<b>(\$67.5)</b>	<b>\$12.7</b>	<b>(\$54.8)</b>	<b>(\$67.5)</b>	<b>\$12.7</b>	<b>-18.78%</b>	<b>(\$859.5)</b>



Summary

- With the imminent arrival of the first mobile, plans are underway to prepare the first schools for placement. Mobile 1 will be placed at Masterton Intermediate for the remainder of 2009 allowing for the testing of the mobile with an operational dental clinic on site, in the unlikely event that there is a problem with equipment on the mobile. The second mobile, arriving in October will go to Carterton School for a 7 week period and then to Martinborough if time allows. Other school placements will be phased as electrical, drainage, and concrete works allow.
- An RFP for electrical, drainage, and concrete works will be issued shortly.
- The Ministry of Health is to scope the IT requirements for an oral health software programme and have advised that they do not expect DHBs to have access to more than 3 vendors of these products. The Ministry have also indicated that they may pay part of the costs associated with an IT system and as such, this DHB will continue with a paper based system until the Ministry's findings are released.



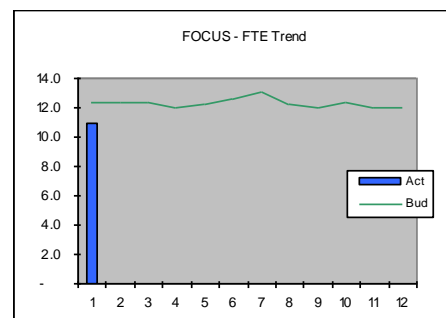
- A Breakfast for School Principals, Chairs of Boards of Trustees and school administrators was held on Thursday the 6<sup>th</sup> of August. The schools were presented with a background to the change in oral health services and then updated on the project progress.
- The oral health team continue to make significant improvement in arrears, with only 9% of the enrolled population seeing the dental therapist outside of the 14 month guidelines. This means that 91% of children visit the dental therapist within a 14 month period.
- 746 children were seen by the oral health team in July, with 63 children failing to make their appointments. 95 children were enrolled in the service during July of whom 81 were preschoolers and 14 aged between 5 and 13 years.
- The DHB reports for the 0809 Adolescent Uptake show 76% of adolescents have had completed treatments at a dentist. This is below our 81% target for that period, and while we are only DHB with 100% enrolment of Year 8 students in the Adolescent scheme, we still do not have a dentist south of Carterton making access an issue. There are a number of strategies being considered to mitigate this issue.



### 6.4.9 FOCUS

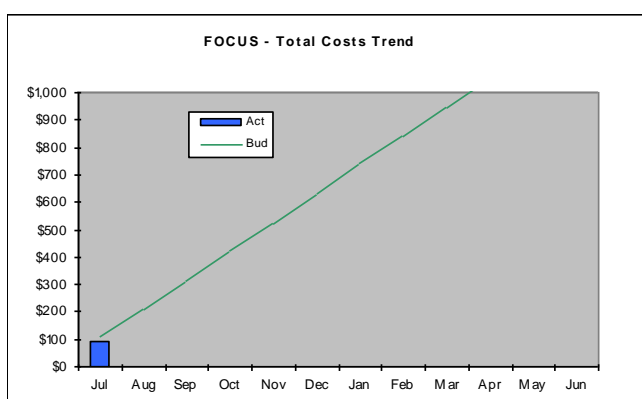
FTE Analysis:

FOCUS	FTE Actual	FTE Budget	Variance
Allied Health Staff	6.5	7.5	0.9
Management/Administration Staff	3.7	3.7	0.0
Medical Staff	-	-	-
Nursing Staff	0.8	1.2	0.4
Support Staff	-	-	-
<b>Total FTE's</b>	<b>11.0</b>	<b>12.4</b>	<b>1.4</b>



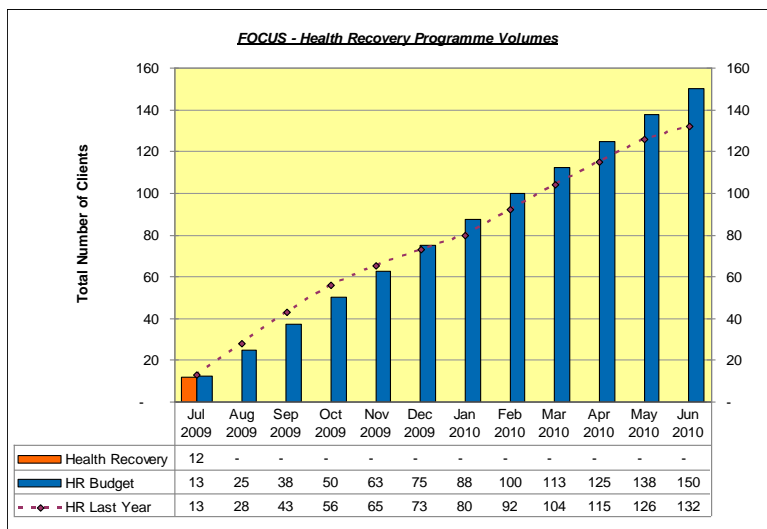
Cost Analysis (000's):

FOCUS	Jul-2009			YTD				FY
NASC	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	Bud
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$20.9	\$21.9	(\$1.0)	\$20.9	\$21.9	(\$1.0)	4.55%	\$262.9
<b>Expenditure</b>								
Personnel	(\$52.2)	(\$63.6)	\$11.4	(\$52.2)	(\$63.6)	\$11.4	17.90%	(\$730.5)
Outsourced	(\$30.5)	(\$42.0)	\$11.4	(\$30.5)	(\$42.0)	\$11.4	27.21%	(\$499.6)
Clinical Supplies	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)	-109.00%	(\$0.1)
Infrastructure & Non-clinical	(\$11.8)	(\$2.1)	(\$9.7)	(\$11.8)	(\$2.1)	(\$9.7)	-455.02%	(\$23.5)
Deprn & Financing	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)	(\$0.0)	-1.65%	(\$0.2)
<b>Total Expenditure</b>	<b>(\$94.5)</b>	<b>(\$107.7)</b>	<b>\$13.1</b>	<b>(\$94.5)</b>	<b>(\$107.7)</b>	<b>\$13.1</b>	<b>12.20%</b>	<b>(\$1,253.8)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$73.6)</b>	<b>(\$85.8)</b>	<b>\$12.1</b>	<b>(\$73.6)</b>	<b>(\$85.8)</b>	<b>\$12.1</b>	<b>-14.15%</b>	<b>(\$990.9)</b>

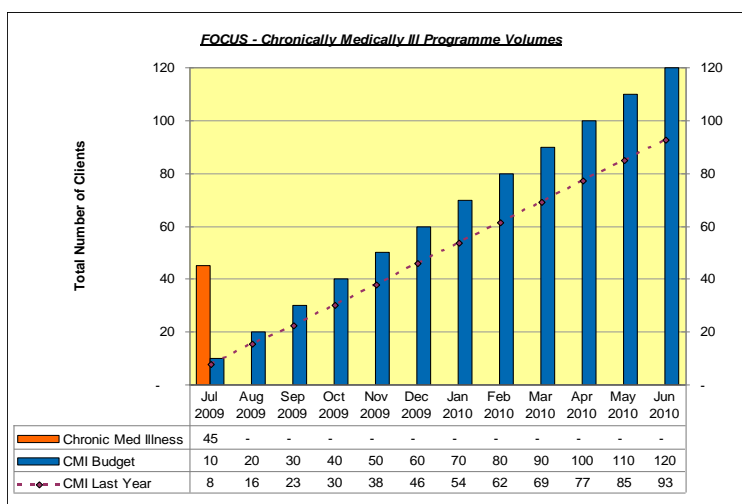


Summary

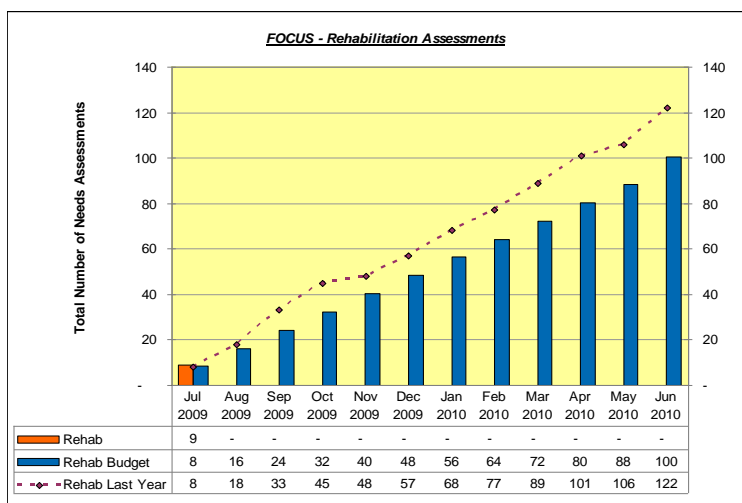
- FTE is below budget due to vacancies.
- FOCUS has a waiting list of 4 weeks
- Audit completed by MoH for under 65 NASC service with 21 findings.
- As part of Good to Great there is a FOCUS review and redesign underway. This is contributing to infrastructure and non-clinical over-expenditure.
- Approval process for allocating resource for DHB funded clients currently being reviewed with tighter controls being set requiring Team Leader/Manager approval for anyone requiring "high level of care and resource"



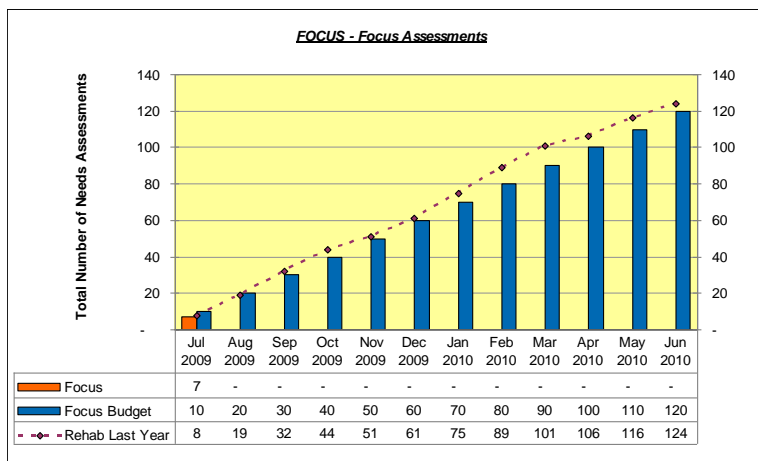
Health Recovery is on target for July. Trends from 08 and 09 show that referrals to Health Recovery are higher during the winter months. 1 referral for health recovery was accepted when Rehab was full, this person has now transferred to the Rehab ward



The numbers of clients accessing support funded by CMI exceeds target, this is because a number of clients funded under CMI are long term clients that do not meet criteria for disability funding and have been counted as part of an annual stock take. This trend should soften in the next months and come back to target.



This graph shows the volume of assessments completed for Rehab patients by Dr Mathews and Dr Duncan.



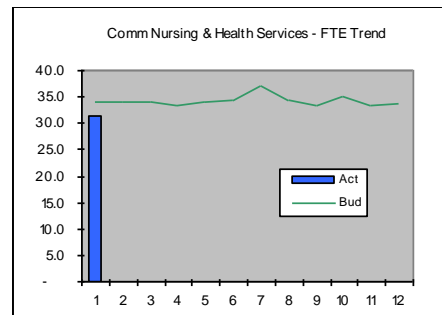
FOCUS completes assessments in the rehab ward if a person is unable to go home with short term support. It is preferable that needs assessments are completed in the persons own home.



### 6.4.10 Community Nursing & Health Services

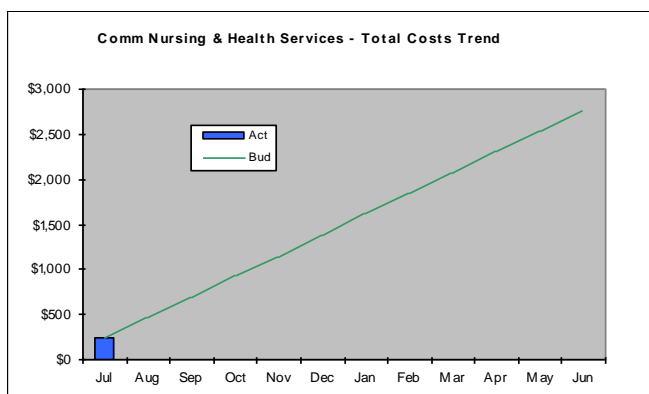
FTE Analysis:

Community Nursing & Health Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	7.9	11.4	3.4
Management/Administration Staff	2.2	2.3	0.1
Medical Staff	-	-	-
Nursing Staff	21.3	20.5	(0.8)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>31.4</b>	<b>34.2</b>	<b>2.7</b>



Cost Analysis (000's):

Community Nursing & Health Services	Act	Jul-2009 Bud	Var	Act	YTD Bud	Var	YTD % of Bud	FY Bud
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$19.0	\$0.7	\$18.4	\$19.0	\$0.7	\$18.4	-2685.73%	\$8.2
<b>Expenditure</b>								
Personnel	(\$173.1)	(\$170.4)	(\$2.7)	(\$173.1)	(\$170.4)	(\$2.7)	-1.58%	(\$2,001.6)
Outsourced	(\$5.5)	(\$1.4)	(\$4.1)	(\$5.5)	(\$1.4)	(\$4.1)	-287.33%	(\$16.1)
Clinical Supplies	(\$53.8)	(\$58.4)	\$4.6	(\$53.8)	(\$58.4)	\$4.6	7.88%	(\$655.8)
Infrastructure & Non-clinical	(\$5.2)	(\$7.0)	\$1.8	(\$5.2)	(\$7.0)	\$1.8	25.06%	(\$62.0)
Depn & Financing	(\$1.5)	(\$1.3)	(\$0.1)	(\$1.5)	(\$1.3)	(\$0.1)	-7.79%	(\$16.2)
<b>Total Expenditure</b>	<b>(\$239.1)</b>	<b>(\$238.6)</b>	<b>(\$0.5)</b>	<b>(\$239.1)</b>	<b>(\$238.6)</b>	<b>(\$0.5)</b>	<b>-0.22%</b>	<b>(\$2,751.7)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$220.1)</b>	<b>(\$237.9)</b>	<b>\$17.8</b>	<b>(\$220.1)</b>	<b>(\$237.9)</b>	<b>\$17.8</b>	<b>-7.49%</b>	<b>(\$2,743.5)</b>

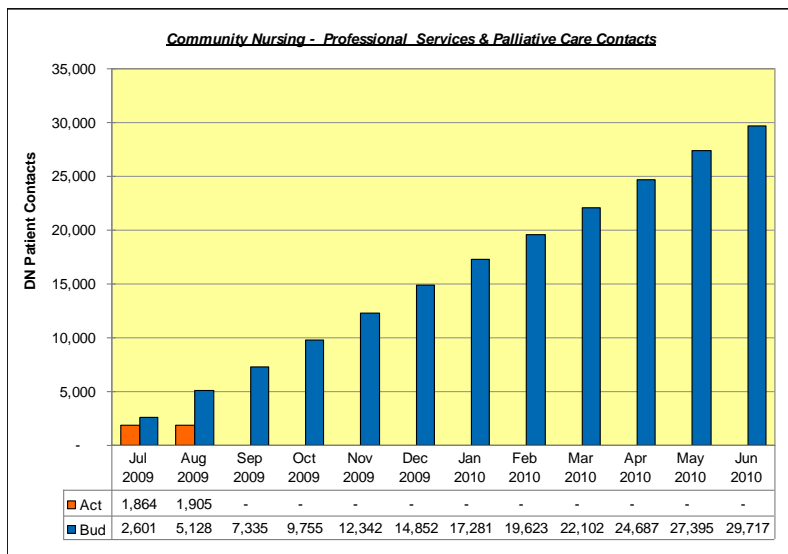


Summary

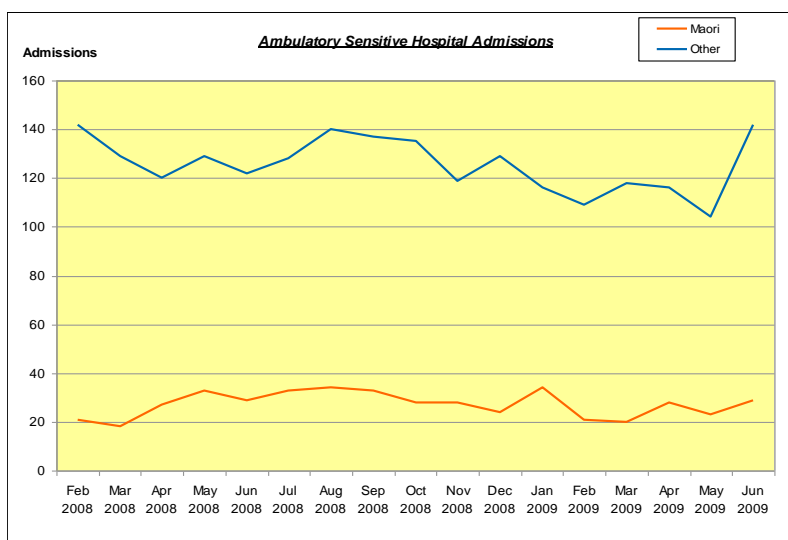
- Personnel costs contributing factors:
  - One additional FTE has been used to backfill the two staff members sharing the acting Clinical Nurse Manager role.
- Outsourced:
  - Two women's health physiotherapy clinics (continence) held in July. The frequency of this clinic needs to be reviewed urgently.
  - Specialised lymphoedema bandaging course held. No expertise available within the DHB to train staff.
- Patient Consumables:
  - To ensure appropriateness of treatment/products, additional wound care education for nurses within the service is underway.



- The 'higher cost' wound care products have been removed from the shelves and are only obtainable via CNS or Team Leaders upon detailed assessment of wound and development of an appropriate care-plan.

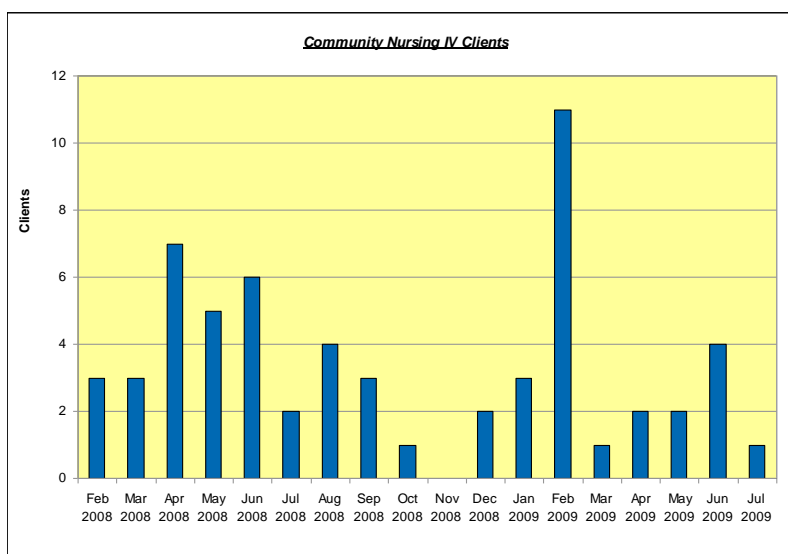


Community Nurse contacts include both DHB and ACC funded visits to patients. Client services such as continence, stomal and oxygen are not included.



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.



**Community Nurse IV clients**

Actual data count indicates 2 patients received IV therapy in the community. A consistent approach by the In-reach team should capture those patients attending ED for IV therapy that meet the criteria for IV in the community. The patient care can then be transferred to the Community Nursing Service.

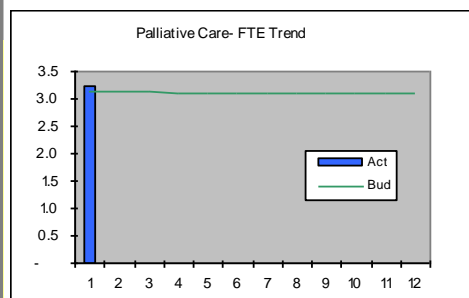
The use of this service is under review as part of the above initiative around ASH.



### 6.4.11 Palliative Care

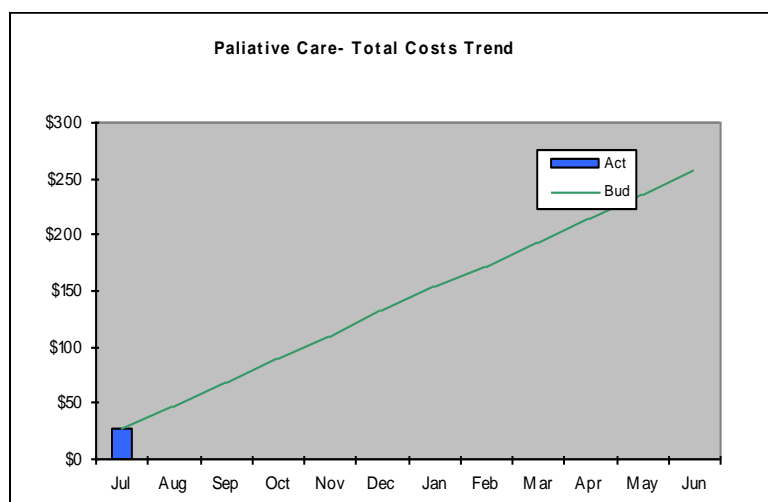
FTE Analysis:

Palliative Care	FTE Actual	FTE Budget	Variance
Allied Health Staff	0.7	0.6	(0.1)
Management/Administration Staff	0.0	0.2	0.2
Medical Staff	-	-	-
Nursing Staff	2.5	2.3	(0.2)
Support Staff	-	-	-
<b>Total FTE's</b>	<b>3.2</b>	<b>3.1</b>	<b>(0.1)</b>



Cost Analysis (000's)

Palliative Care	Jul-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
<b>Expenditure</b>								
Personnel	(\$22.7)	(\$20.0)	(\$2.7)	(\$22.7)	(\$20.0)	(\$2.7)	-13.27%	(\$235.1)
Outsourced	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%	\$0.0
Clinical Supplies	(\$0.0)	(\$5.1)	\$5.1	(\$0.0)	(\$5.1)	\$5.1	99.06%	(\$5.1)
Infrastructure & Non-clinical	(\$4.3)	(\$1.3)	(\$3.0)	(\$4.3)	(\$1.3)	(\$3.0)	-240.36%	(\$15.0)
Deprn & Financing	(\$0.1)	(\$0.1)	(\$0.0)	(\$0.1)	(\$0.1)	(\$0.0)	-2.45%	(\$1.7)
<b>Total Expenditure</b>	<b>(\$27.1)</b>	<b>(\$26.6)</b>	<b>(\$0.6)</b>	<b>(\$27.1)</b>	<b>(\$26.6)</b>	<b>(\$0.6)</b>	<b>-2.13%</b>	<b>(\$256.9)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$27.1)</b>	<b>(\$26.6)</b>	<b>(\$0.6)</b>	<b>(\$27.1)</b>	<b>(\$26.6)</b>	<b>(\$0.6)</b>	<b>2.13%</b>	<b>(\$256.9)</b>

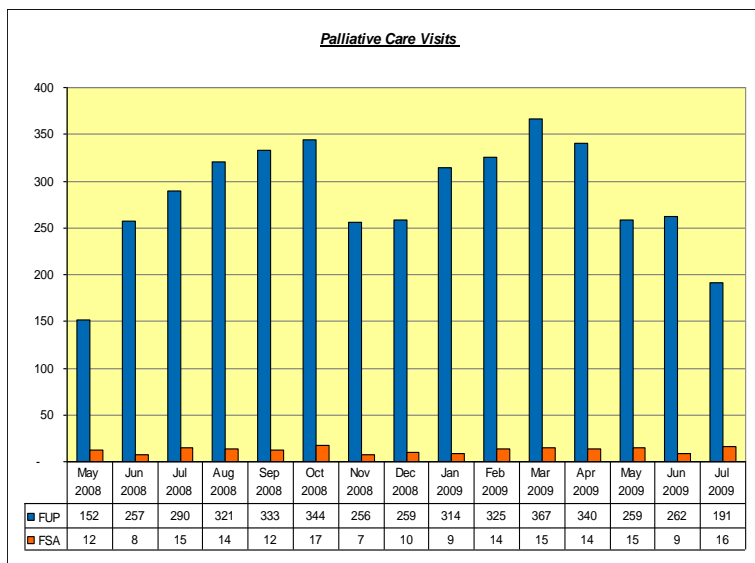


Summary

- The actual FTE adverse to budget reflects extra cover for unexpected leave and to cover staff orientation.
- All costs related to the service are not captured in this cost centre.
- The specialist nurse statistics for the month of July are 37 assessments and 206 follow up home visits. There are weekly clinics with the specialist doctor from Te Omanga.
- There were eight education sessions carried out by the clinical nurse educator this month:
  - ❖ Clinical Assessment Tool training for residential Care providers (5)
  - ❖ Sessions for Nursing Students at UCOL (2)

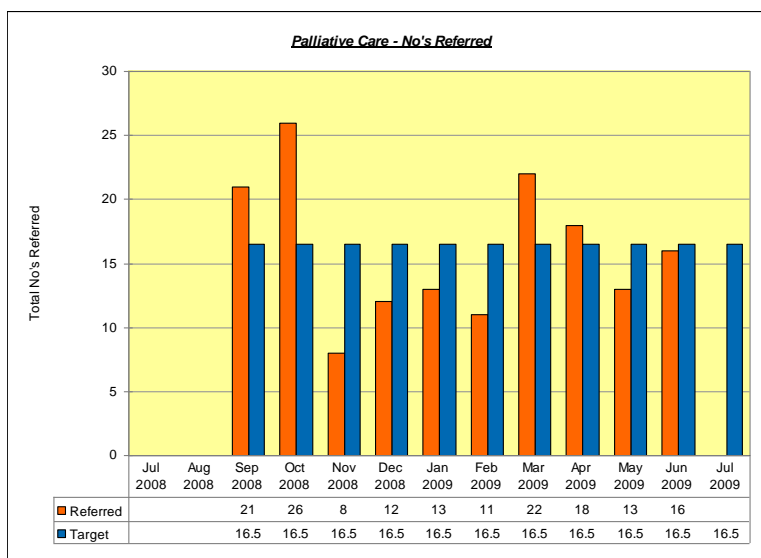


❖ Breakfast Lecture attended by GPs, community nurses and aged care. (1)



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

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



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

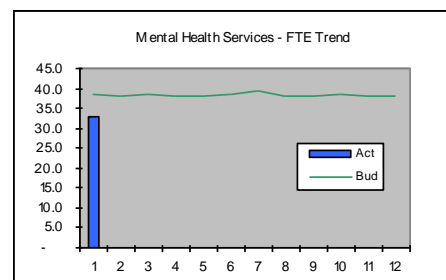
Statistics for July were not available at time of reporting



### 6.4.12 Mental Health

#### FTE Analysis

Mental Health	FTE Actual	FTE Budget	Variance
Allied Health Staff	8.8	13.1	4.3
Management/Administration Staff	4.8	4.6	(0.2)
Medical Staff	0.9	1.0	0.1
Nursing Staff	18.4	19.8	1.4
Support Staff	-	-	-
<b>Total FTE's</b>	<b>33.0</b>	<b>38.5</b>	<b>5.5</b>



#### Vacancies:

- Locum psychiatrist has reduced availability to 1 day only from 1 July which is having an impact with increased referrals for clinical director and MOSS. Negotiations have commenced for cover of 1 additional day until full time psychiatrist begins on 1 October.
- CAMHS: 0.1 FTE vacancy in Allied Health covers Incredible Years programme staff and is used when the programme is active.

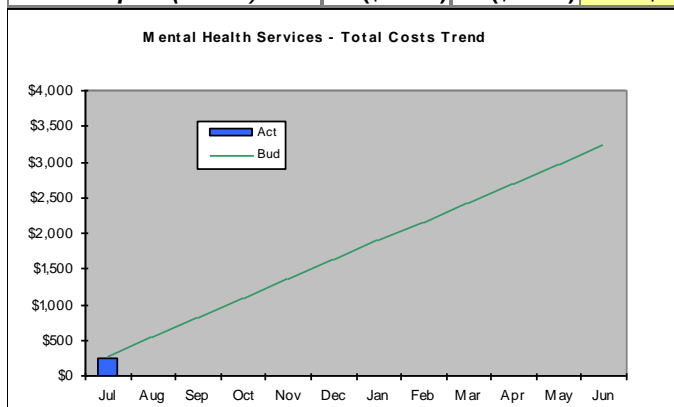
Mental Health	Jul-2009		
	Act	Bud	Var

Mental Health	YTD			YTD % of Bud
	Act	Bud	Var	

FY Bud
--------

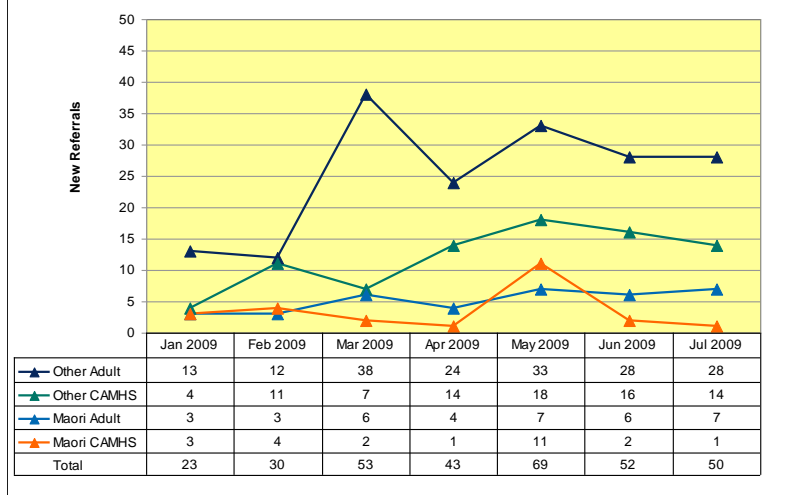
Financial (000's)			
<b>Revenue</b>			
Revenue	\$1.0	\$0.3	\$0.8
<b>Expenditure</b>			
Personnel	(\$187.1)	(\$220.2)	\$33.0
Outsourced	(\$40.4)	(\$38.6)	(\$1.8)
Clinical Supplies	(\$1.2)	(\$3.0)	\$1.8
Infrastructure & Non-clinical	(\$11.8)	(\$16.7)	\$4.8
Deprn & Financing	(\$0.4)	(\$0.4)	(\$0.0)
<b>Total Expenditure</b>	<b>(\$240.9)</b>	<b>(\$278.8)</b>	<b>\$37.9</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$239.9)</b>	<b>(\$278.5)</b>	<b>\$38.7</b>

Financial (000's)				+/- 5%	FY Bud
Act	Bud	Var	YTD % of Bud		
Revenue	\$1.0	\$0.3	\$0.8	-309.04%	\$3.0
Personnel	(\$187.1)	(\$220.2)	\$33.0	15.00%	(\$2,572.4)
Outsourced	(\$40.4)	(\$38.6)	(\$1.8)	-4.61%	(\$449.4)
Clinical Supplies	(\$1.2)	(\$3.0)	\$1.8	60.96%	(\$35.9)
Infrastructure & Non-clinical	(\$11.8)	(\$16.7)	\$4.8	29.06%	(\$173.6)
Deprn & Financing	(\$0.4)	(\$0.4)	(\$0.0)	-9.46%	(\$4.3)
<b>Total Expenditure</b>	<b>(\$240.9)</b>	<b>(\$278.8)</b>	<b>\$37.9</b>	<b>13.59%</b>	<b>(\$3,235.6)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$239.9)</b>	<b>(\$278.5)</b>	<b>\$38.7</b>	<b>-13.88%</b>	<b>(\$3,232.6)</b>





**Mental Health New Referrals by Ethnicity**



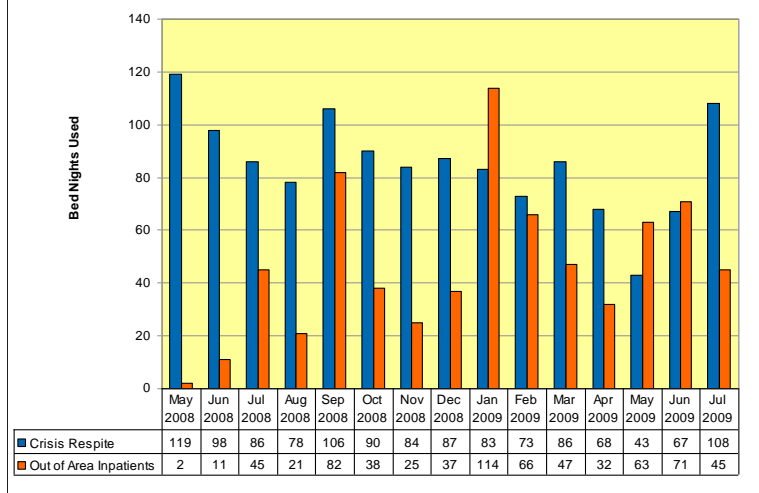
This graph shows the new referrals to the Mental Health services in the month. Those referrals from Maori patients are shown separately as this is an area of particular focus for the service.

CAMHS: Maori referrals are consistent with June 09.

5 Parent/Caregivers with Maori children attended the Incredible Years programme and 3 Maori children were referred to the Paeds/CAMHS trial out of a total of 8 children, which are not counted in these figures. Monthly referrals by ethnicity continue to be sporadic- no apparent trend has been identified.

ADULT received 7 referrals for Maori clients in July which is similar to May and June. Total referrals to the service were 40 for July. Maori referrals to the Adult team represent 20% of referrals in July.

**Mental Health Bed Night Usage**



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

ADULT: Utilisation of CRRC beds has been higher than normal during July with 108 bed nights. Median usage is between 80-90 bed nights per month. This is mainly due to 1 long term client with multiple clinical needs. Inpatient beds in HuttValley DHB have been utilised when beds have not been available in MidCentral, which is first option. Total bed nights was 45. CAMHS client used 1 bed night in dedicated CRRC youth bed during July.

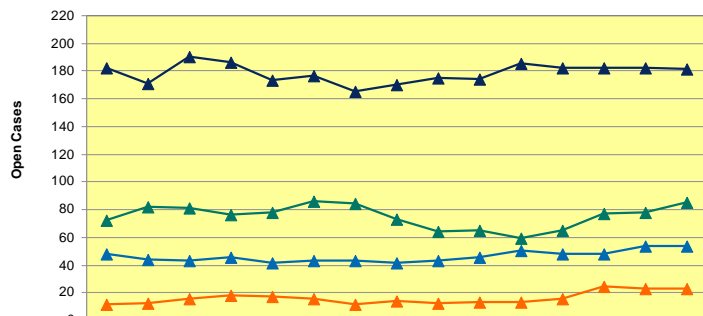
The WDHB continues to utilise its four contracted regional rehab beds in CCDHB.

2 CAMHS clients used beds at the Rangatahi Unit in July (1 for ongoing assessment and 1 for medication management).

12 Yr CREDS client was discharged from HuttValley paed's unit with intensive treatment plan in the community.



**Mental Health Open Cases by Ethnicity**



	May 2008	Jun 2008	Jul 2008	Aug 2008	Sep 2008	Oct 2008	Nov 2008	Dec 2008	Jan 2009	Feb 2009	Mar 2009	Apr 2009	May 2009	Jun 2009	Jul 2009
Other Adult	182	171	190	186	173	176	165	170	175	174	185	182	182	182	181
Other CAMHS	72	82	81	76	78	86	84	73	64	65	59	65	77	78	85
Maori Adult	48	44	43	45	41	43	43	41	43	45	50	48	48	53	53
Maori CAMHS	11	12	15	18	17	15	11	14	12	13	13	15	24	23	23
<b>Total</b>	<b>313</b>	<b>309</b>	<b>329</b>	<b>325</b>	<b>309</b>	<b>320</b>	<b>303</b>	<b>298</b>	<b>294</b>	<b>297</b>	<b>307</b>	<b>310</b>	<b>331</b>	<b>336</b>	<b>342</b>

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

CAMHS: Open cases for July were 108 including 21% Maori.  
Adult: MHS caseload for July was 235 with 35 clients discharged. Maori represented 23% of Adult team case load.

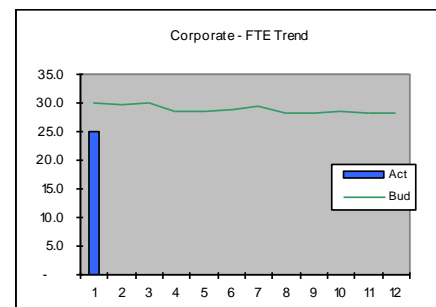




### 6.5.1 Corporate

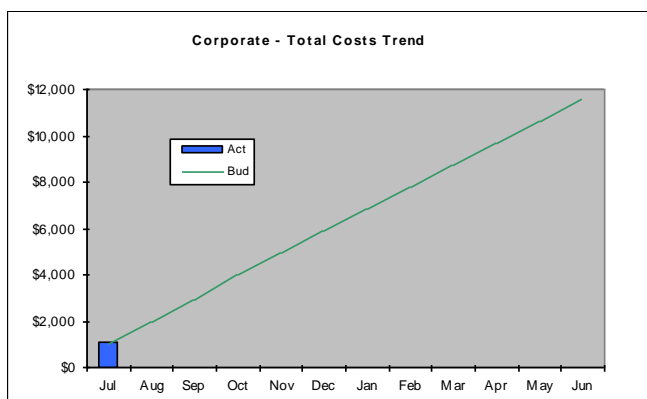
FTE Analysis:

Corporate Services	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	16.7	21.9	5.3
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	8.4	8.0	(0.3)
<b>Total FTE's</b>	<b>25.0</b>	<b>30.0</b>	<b>4.9</b>



Cost Analysis (000's):

Corporate Services	Jul-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	(\$365.1)	(\$347.2)	(\$17.9)	(\$365.1)	(\$347.2)	(\$17.9)	-5.16%	* (\$4,142.8)
<b>Expenditure</b>								
Personnel	(\$234.9)	(\$161.0)	(\$73.9)	(\$234.9)	(\$161.0)	(\$73.9)	-45.91%	* (\$1,756.2)
Outsourced	(\$19.8)	(\$2.9)	(\$16.9)	(\$19.8)	(\$2.9)	(\$16.9)	-577.91%	* (\$30.0)
Clinical Supplies	(\$16.0)	(\$29.1)	\$13.1	(\$16.0)	(\$29.1)	\$13.1	44.95%	✓ (\$349.8)
Infrastructure & Non-clinical	(\$541.5)	(\$529.8)	(\$11.7)	(\$541.5)	(\$529.8)	(\$11.7)	-2.21%	(\$6,022.1)
Depn & Financing	(\$258.6)	(\$282.1)	\$23.5	(\$258.6)	(\$282.1)	\$23.5	8.33%	✓ (\$3,385.2)
<b>Total Expenditure</b>	<b>(\$1,070.9)</b>	<b>(\$1,005.0)</b>	<b>(\$65.9)</b>	<b>(\$1,070.9)</b>	<b>(\$1,005.0)</b>	<b>(\$65.9)</b>	<b>-6.56%</b>	<b>* (\$11,543.3)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$1,436.0)</b>	<b>(\$1,352.2)</b>	<b>(\$83.8)</b>	<b>(\$1,436.0)</b>	<b>(\$1,352.2)</b>	<b>(\$83.8)</b>	<b>6.20%</b>	<b>✓ (\$15,686.1)</b>



Summary

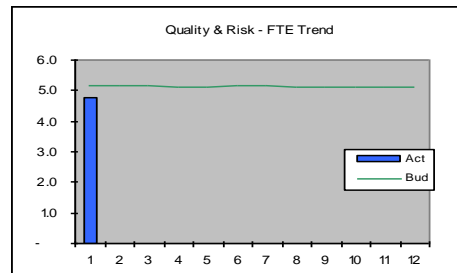
- The 4.9 FTE variance is made up of the Board Offices receptionist position not filled, the Performance Analyst position currently part time, a vacant position in IT which is being filled in August and mis-coding of the Emergency Preparedness Co-ordinator who has been moved from Quality to Supply & Transport in the budget.
- The personnel costs are over budget however because of MECA settlement amounts which are centrally held in Corporate.



## 6.5.2 Quality & Risk

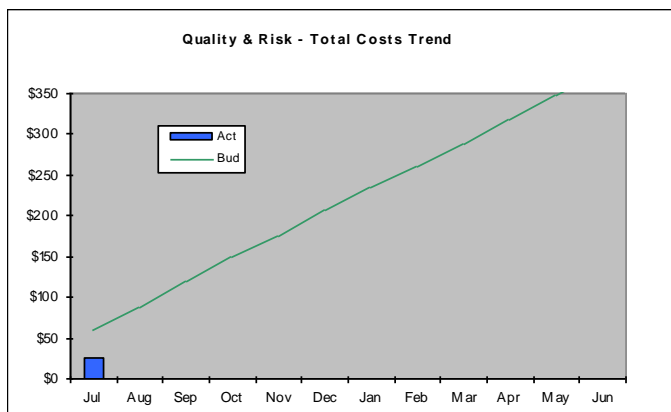
### FTE Analysis:

Quality & Risk	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	3.6	3.0	(0.5)
Medical Staff	-	-	-
Nursing Staff	1.2	2.1	0.9
Support Staff	-	-	-
<b>Total FTE's</b>	<b>4.8</b>	<b>5.1</b>	<b>0.4</b>



### Cost Analysis (000's):

Quality & Risk	Jul-2009			YTD				FY Bud
	Act	Bud	Var	Act	Bud	Var	YTD % of Bud	
<b>Financial (000's)</b>								
<b>Revenue</b>								
Revenue	\$4.9	\$4.7	\$0.2	\$4.9	\$4.7	\$0.2	-4.70%	\$56.5
<b>Expenditure</b>								
Personnel	(\$22.2)	(\$27.8)	\$5.6	(\$22.2)	(\$27.8)	\$5.6	20.12%	✓ (\$315.8)
Outsourced	(\$0.8)	(\$1.1)	\$0.3	(\$0.8)	(\$1.1)	\$0.3	29.95%	✓ (\$13.7)
Clinical Supplies	(\$0.1)	(\$0.1)	(\$0.0)	(\$0.1)	(\$0.1)	(\$0.0)	-49.60%	✗ (\$3.6)
Infrastructure & Non-clinical	(\$0.5)	(\$29.2)	\$28.8	(\$0.5)	(\$29.2)	\$28.8	98.42%	✓ (\$34.7)
Deprn & Financing	(\$1.1)	(\$0.8)	(\$0.4)	(\$1.1)	(\$0.8)	(\$0.4)	-46.54%	✗ (\$9.1)
<b>Total Expenditure</b>	<b>(\$24.6)</b>	<b>(\$58.9)</b>	<b>\$34.3</b>	<b>(\$24.6)</b>	<b>(\$58.9)</b>	<b>\$34.3</b>	<b>58.23%</b>	✓ <b>(\$376.8)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$19.7)</b>	<b>(\$54.2)</b>	<b>\$34.5</b>	<b>(\$19.7)</b>	<b>(\$54.2)</b>	<b>\$34.5</b>	<b>-63.69%</b>	✗ <b>(\$320.4)</b>



### Summary

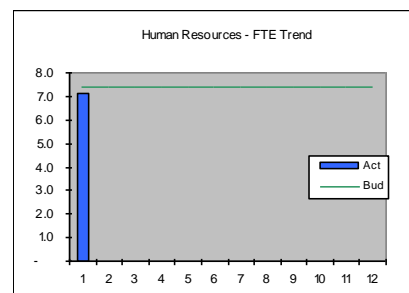
Please refer to Section 7 Ad Hoc Reports, for the Quality & Risk Report.



### 6.5.3 Human Resources

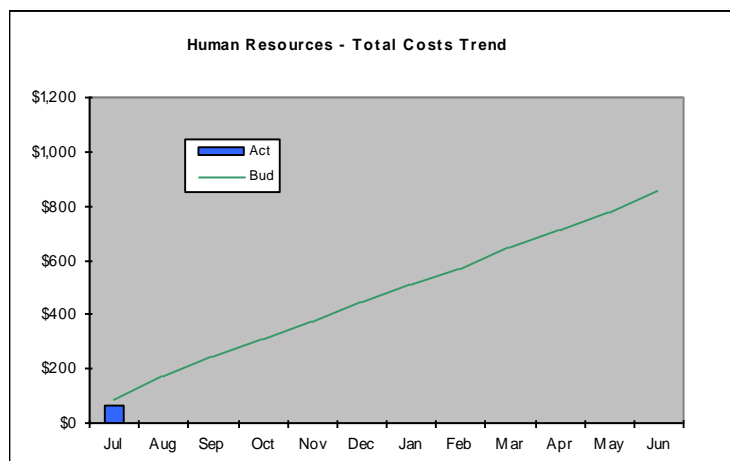
FTE Analysis:

Human Resources	FTE Actual	FTE Budget	Variance
Allied Health Staff	-	-	-
Management/Administration Staff	7.1	7.4	0.3
Medical Staff	-	-	-
Nursing Staff	-	-	-
Support Staff	-	-	-
<b>Total FTE's</b>	<b>7.1</b>	<b>7.4</b>	<b>0.3</b>



Cost Analysis (000's):

Human Resources	Jul-2009			YTD	YTD % of Bud	FY Bud			
	Act	Bud	Var						
<b>Financial (000's)</b>									
<b>Revenue</b>									
Revenue	\$0.0	\$0.1	(\$0.1)	\$0.0	\$0.1	(\$0.1)	100.00%	✓	\$0.8
<b>Expenditure</b>									
Personnel	(\$39.2)	(\$56.4)	\$17.2	(\$39.2)	(\$56.4)	\$17.2	30.52%	✓	(\$521.4)
Outsourced	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	0.00%		\$0.0
Clinical Supplies	(\$0.1)	(\$0.0)	(\$0.1)	(\$0.1)	(\$0.0)	(\$0.1)	-216.36%	✗	(\$0.5)
Infrastructure & Non-clinical	(\$20.7)	(\$29.2)	\$8.4	(\$20.7)	(\$29.2)	\$8.4	28.92%	✓	(\$329.1)
Depn & Financing	(\$1.0)	(\$0.3)	(\$0.7)	(\$1.0)	(\$0.3)	(\$0.7)	-239.13%	✗	(\$3.7)
<b>Total Expenditure</b>	<b>(\$61.1)</b>	<b>(\$85.9)</b>	<b>\$24.8</b>	<b>(\$61.1)</b>	<b>(\$85.9)</b>	<b>\$24.8</b>	<b>28.90%</b>	✓	<b>(\$854.7)</b>
<b>Net Surplus/(Deficit)</b>	<b>(\$61.1)</b>	<b>(\$85.8)</b>	<b>\$24.8</b>	<b>(\$61.1)</b>	<b>(\$85.8)</b>	<b>\$24.8</b>	<b>-28.84%</b>	✗	<b>(\$853.9)</b>



Summary



Employment Group	Progress as at 31 July 2009
Obstetrician & Gynaecologists	<ul style="list-style-type: none"> <li>New appointment commences 10 Aug 09.</li> </ul>
Orthopaedics	<ul style="list-style-type: none"> <li>A clinician departs In July. A preferred candidate has been identified and an offer of employment is currently being progressed.</li> </ul>
Anaesthetist	<ul style="list-style-type: none"> <li>New appointment commences 3 August 09. The first week will be supervision at a tertiary hospital and will start at the Wairarapa DHB on 10 August 09.</li> </ul>
Emergency	<ul style="list-style-type: none"> <li>Continue the search for MOSS and Consultants in ED.</li> </ul>
Paediatrician	<ul style="list-style-type: none"> <li>Clinician appointed has withdrawn. Currently interviewing another candidate</li> </ul>
Medical Officer	<ul style="list-style-type: none"> <li>Continue to seek candidates to cover anticipated RMO vacancies for future rotations. RMO's are in high demand nationwide.</li> </ul>
General Surgery	<ul style="list-style-type: none"> <li>A clinician has been appointed to one of two vacancies; commencing Oct/Nov</li> </ul>
Community & Public Health	<ul style="list-style-type: none"> <li>HPV Support Worker – Role Advertised</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>Nil</li> </ul>
Maori Health Directorate	<ul style="list-style-type: none"> <li>Nil</li> </ul>
Hospital Services	<ul style="list-style-type: none"> <li>RN vacancies – 3.7 FTE across hospital services (excluding below), but 2.7 FTE under offer so actual vacancy will be 1.0 FTE.</li> <li>Midwifery – 1.77 FTE vacant but 1.0 FTE covered by fixed term until August 2009, also 0.6 FTE perm offered due to start Dec 2009.</li> <li>Ward Clerk MSW – interviews held and position offered</li> <li>Physiotherapist – 1.0 FTE permanent being advertised</li> <li>Sonographer – Interview held and position offered, locums filling for short period</li> <li>HCA MSW – started</li> </ul>
Other Vacancies	<ul style="list-style-type: none"> <li>Team Leader Facilities – On hold</li> <li>Quality Co-ordinator – started</li> <li>IT Business Analyst – Advertised, completed interviews; final selection pending</li> </ul>



## 6.5.4 Nursing Directorate

### July 2009

Further work has been completed on the nursing and midwifery project; this month the focus has been on the nursing and midwifery structure, in particular exploring the challenges and conflicts within the roles as they now exist. Many of the Clinical Nurse Managers are in part time roles or roles which are combined with direct patient care. This has resulted in a lack of leadership and professional development of their workforces and at times a disjointed coordination of their units. It is apparent that their lack of availability to oversee their units appropriately and to engage in projects and activity relevant to their areas/services and to nursing as a whole has limited the advancement of nursing. There is also overlap and confusion between the role of the Unit Managers and the CNMs which needs further analysis. Ongoing analysis of the CNM role, alongside that of the after hours Duty Nurse Manager, Nurse Specialist and Nurse Educator role will continue through until mid August.

Results from the MSW model of care project will be presented at the meeting. Other projects in development such as the Dedicated Education Unit (DEU) for undergraduate nursing students and Releasing Time to Care are progressing with a visit to Canterbury DHB occurring in August. UCOL School of Nursing staff will accompany DHB nursing staff to discuss the DEU project with Canterbury and CPIT.

The Nursing Council of New Zealand's audit of the DHB's Professional Development and Recognition Programme went well with no recommendations received. Roll out of the programme continues across the district within aged and residential care and general practice.

Feedback from the auditors for certification showed the need to continue to work on care planning for patients. Ongoing auditing is crucial to encourage compliance. The admission discharge planner needs further development with the need to incorporate nursing and allied health assessment as well as medical documentation.

The Director of Nursing has been actively involved in the outpatients review, peri-operative review and clinical administration review projects. The Minister of Health requested a meeting with some members of the original Clinical Leadership task group to discuss mechanisms to ensure DHBs are acting on the recommendations from "In Good Hands". The DON attended this meeting which was chaired by the Director General of Health.



## SECTION 7: Ad Hoc Reports

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Wairarapa District Health Board

Quality and Risk

July 2009

### 1. Quality and Risk General Overview

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- Incident Management training scheduled for August 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup>. 62 staff members will be involved.
- Certification report received from QHNZ for validation of factual details and the development of an action plan to attend to the corrective action identified.
- Quality and Risk team presented to the Public Health training day, Infection control on Standard and Transmission based precautions plus visit to proposed CBAC. And Quality & Risk Manager on the Reportable event/complaints/Risk register processes.

### 2.

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#### Health & Safety

- Health and Safety review of the CAMHS building Renall St- Report prepared and sent to Sue Willoughby, summary is that the building is very old, shabby and cold without all the Heat pumps and small room heaters on at all times. Mould growing on south facing window sills. It appears the only solution to mitigate this would be for the service to look for alternative facilities.
- All Hazard Registers have been recalled for updating of local and Organisation Master File.
- New Products Committee Meeting attended

#### Occupational Health

- No time lost injuries for July
- 2 X workplace assessments completed, corrective actions recommended and education provided
- Blood & Body Fluid exposure accidents for 2008/09 collated and disseminated to Clinical Board and Unit Managers – 9 events reported.
- Occupational Health Medical Advisor visits X 2
- Staff wellness included administering Staff Seasonal Flu vaccines x 5 and Staff Hepatitis B vaccine x 1
- Working with Emergency Management Coordinator and Liaising with staff needing viral swabbing and tamiflu prescribing

#### Infection Control

- All Multi Resistant Staph Aureus (MRSA) positive and Extended spectrum beta lactamase (ESBL) positive Patients notes flagged plus alerts on Concerto
- Follow up of a positive MRSA patient. 2 patients at risk were screened and found to be Negative. Staff who considered their practice put them at risk screened and all were Negative. One staff member was given prophylactic treatment. CNM to complete Reportable event form regarding admission processes for MRSA positive patient which was the root cause of the incident.



- Infection control Policy to be developed with the Quality and Risk Manager to provide a high level overarching policy with all other infection control documentation reverting to procedures mandated by the main policy.
- Attended the Multi DHB Infection Control Meeting Mid Central and Visit Allied Laundry. Discussions and sharing of information on:-
- H1H1
- Surgical Site Infections and general Infection Control topics
- Personal Protective Equipment (PPE) training sessions given to Ambulance Staff in Masterton and Greytown, ED staff sessions x 2

#### **Complaints:**

**July 09:** 1 inpatient and 4 outpatient complaints for this period were received. They related to processes and treatment provided.

#### **Compliments:**

**July 09:** Seven compliments were received for this period for MSW and ED.

#### **Reportable Events:**

**July 09:** For this period a total of 53 events were received, of these 35 related to patients and 12 related to staff, the rest were facility/equipment related.

#### **Top 5 Reportable Event Categories**

- Quality Deficits: 15- Breakdown 7 regarding quality of patient care, 2 non adherence to Policy, 3 regarding facility quality, 2 with regard to quality of cleaning, 1 organisational management (staffing)
- Falls: 9
- Security: 7
- Medication Errors: 9
- Equipment: 5

#### **Current HDC cases open**

**July 09:** For this period a total of 3 cases are currently open with HDC.

#### **Professional Indemnity**

No cases were lodged for the month of July.

**Mortality:** There were 8 deaths in hospital for the July 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.*



**Status**

This is a report to the Hospital Advisory Committee for information purposes

## The use of a very low calorie diet (VLDC)

### **1.0 Purpose \***

The Hospital Advisory Committee has requested an update on a Diabetes team initiative to use the Very Low Calorie Diet (VLCD) Optifast as a method to reduce weight in the obese diabetic patient with co morbidities. Use of the diet has extended to include those that do not have diabetes and also will be integrated into the Bariatric Service as a non invasive method of reducing significant amounts of weight. This report follows up a presentation given to the committee by the Dietitian in 2007.

### **2.0 Recommendation(s) \***

To continue to use the VLCD (Opitfast) as an effective and reasonably inexpensive method of weight reduction and to monitor progress.

To introduce use of the VLCD to all patients referred, by General Practitioners or Clinicians specifically for workup towards Bariatric Surgery.

To consider a partial subsidy of the VLCD diet for Maori and /or Pacific Islanders who meet the selection criteria but cannot afford the financial outlay.



### 3.0 Background \*

In 2007 the diabetes team began to informally trial the use of a VLCD. The decision was made to use the product Optifast because it was available in the community, had a wide range of product options for patients, and provided product users with online support.

Patient selection included those patients with a Body Mass Index (BMI) greater than 40 or 35 with co morbidities. Originally it was specifically used for patients with Diabetes but this has been extended to include other co morbidities. Other selection criteria included severity of the disease, medication and motivation.

Patients purchased the products from the hospital kitchen or community pharmacies. They were given extensive education and dietetic mentoring thought out the process. Diabetic patients on insulin or other hyperglycaemic medication are supervised closely by the DHB Diabetes Nurse Specialist to wean off their medication.

### 4.0 Results

To date, 60 patients (35 female, 25 male) have either completed or are in the process of completing the intensive three to six month weight reducing phase. A further eight patients started the regime but discontinued after a week as they felt they could not cope with the severity of the VLCD.

Initially there was a high demand to use the product in the community because more patients could access a reasonably effective weight loss regime than could access bariatric surgery. The product is inexpensive and through patient "word of mouth", patients heard how successful it was. Over the past year the number of patients referred and / or requesting to use the product has decreased.

Possible reasons for reduced patient numbers:

- Community Pharmacies have reduced or have stopped stocking the product.
- Price increase
- Financial recession has had an impact on family finances.
- Severity of the regime
- Social stress

Weight loss varies between individuals depending on activity level, sustainability and motivation. **ALL** patients have lost weight. Included in the results are patients who have only commenced or are half way through the three month intensive phase using the VLCD.

**Maori** Males 9                  Females 13                  **Pacific people** 0

Average weight loss for males	15.6 kg (range 7 to 30 kg)
Average weight loss for females	12.2kg (range 3 to 35 kg)
Total amount weight lost by all	817 kg

### 5.0 Options to address the problem/issues

The goal is to continue to use the VLCD as another method for weight loss in those patients referred for management of obesity or in those patients where obesity impacts directly on their health.

Patients who have been referred specifically for workup towards Bariatric surgery will be required to use the VLCD as another means to reduce weight. There are currently five referrals in the system. Workup will take 9 to 12 months and it is expected that patients will have tried all other methods to reduce weight before they are considered suitable for surgery. Patients that lose weight successfully using other methods, including the VLCD, will be discharged back to their GP.



The five patients referred have attended the Bariatric clinic for review and are currently awaiting Physician assessment and ongoing intervention from other services (Diabetes, Dietetic, and Respiratory)

Of concern is the inability to access mental health services. International guidelines for workup towards surgery recommend a psychological assessment to rule out and treat any psychopathology and / or addiction. At this stage access for these patients has been denied by mental health as they do not meet the criteria.

<b>Criterion/Principle</b>	<b>Assessment</b>
<i>Effectiveness</i> – what is the expected effect on health and/or disability outcomes? How many people will be served?	Reduced weight, reduced co-morbidities and a reduction in patient medication.
<i>Cost</i> – how much will it cost the DHB? What is cost to others?	Patient cost \$250 per month DHB cost, staff time (15 min per 1-2 weeks per patient for 4-5 months)
<i>Equity</i> – how will this proposal reduce disparities in access and/or outcomes between population groups with Wairarapa?	
<i>Maori</i> - how will this proposal reduce inequalities between Maori and others? How have Maori been involved in development of the proposal?	Maori have greater access to the VLCD because they have a greater disease burden and meet selection criteria. It is noted that Maori lose the most weight.
<i>Acceptability</i> – is there community support for the proposal? Is their clinician support for the proposal?	
<i>Consistency</i> – How does the proposal align with the DHB's DSP, the NZHS and NZDS?	To reduce obesity and disease risk.

## 6.0 Preferred option or solution \*

To continue to utilise the diet and encourage Maori and Pacific people who meet the selection criteria to consider the diet as a way to significantly reduce weight and disease risk.

Report prepared by:  
Name Michelle Dowman  
Title Team Leader Dietitian  
Date



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## **SECTION 8: General Business**

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## SECTION 9: Glossary of Terms

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

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

Elective CWD- Caseweighted 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.

SLT- Senior Leadership Team



## SECTION 10: Appendices

### Appendix A: Elective Services ESPI Compliance Report.

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

DHB Name: Wairarapa

	2008			2008			2008			2008			2008			2009			2009			2009			2009			2009			Target						
	Jul			Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr				May			Jun		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.		Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	14 of 14	100.0%	0	> 90%			
2. Patients waiting longer than six months for their first specialist assessment (FSA).	36	0.7%	0	50	0.9%	0	30	0.5%	0	55	1.0%	0	109	2.0%	0	46	0.8%	0	60	1.1%	0	54	0.9%	0	44	0.8%	0	67	1.1%	0	66	1.1%	0	90	1.5%	0	< 2%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	4	0.0%	0	3	0.0%	0	3	0.0%	0	4	0.0%	0	7	0.0%	0	5	0.0%	0	5	0.0%	0	4	0.0%	0	4	0.0%	0	4	0.0%	0	4	0.0%	0	9	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.	10	0.7%	0	8	0.0%	0	18	1.2%	0	16	1.0%	0	13	0.8%	0	27	1.7%	0	11	0.7%	0	11	0.7%	0	19	1.1%	0	18	1.0%	0	17	1.0%	0	19	1.0%	0	< 5%
6. Patients in active review who have not received a clinical assessment within the last six months.	1	0.0%	0	1	0.0%	0	2	0.0%	0	1	0.0%	0	4	0.0%	0	8	0.0%	0	3	0.0%	0	4	0.0%	0	6	0.0%	0	5	0.0%	0	4	0.0%	0	2	0.0%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	10	0.7%	0	9	0.0%	0	14	0.9%	0	14	0.9%	0	12	0.8%	0	22	1.4%	0	11	0.7%	0	11	0.7%	0	17	1.0%	0	16	0.9%	0	13	0.7%	0	12	0.7%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	117	100.0%	0%	122	100.0%	0%	153	100.0%	0%	170	100.0%	0%	179	100.0%	0%	130	100.0%	0%	166	100.0%	0%	158	100.0%	0%	157	99.4%	0%	128	100.0%	0%	159	100.0%	0%	135	100.0%	0%	> 90%



Comparison of surgical services for June 2009

DHB Name: Wairarapa

Service Name	1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.			2. Patients waiting longer than six months for their first specialist assessment (FSA).			3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).			4. Clarity of treatment status.			6. Patients given a commitment to treatment but not treated within six months.			8. Patients in active review who have not received a clinical assessment within the last six months.			7. Patients who have not been managed according to their assigned status and who should have received treatment.			8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.		
	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.	Level	Status	Imp. Req.
Dental	1 of 1	100.0 %	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	1	100.0 %	0 %
Ear, Nose & Throat	1 of 1	100.0 %	0	43	11.4 %	-36	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	X	0.0 %	0	0	0.0 %	0	5	100.0 %	0 %
General Surgery	1 of 1	100.0 %	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	9	100.0 %	0 %
Gynaecology	1 of 1	100.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	1	0.0 %	0	1	0.0 %	0	1	0.0 %	0	12	100.0 %	0 %
Ophthalmology	1 of 1	100.0 %	0	6	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	26	100.0 %	0 %
Orthopaedics	1 of 1	100.0 %	0	9	0.0 %	0	8	0.0 %	0	0	0.0 %	0	14	4.0 %	0	1	0.0 %	0	11	3.1 %	0	24	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	5	100.0 %	0 %
Plastics	X	X	0	X	0.0 %	X	0	0.0 %	0	0	0.0 %	0	4	0.0 %	0	X	0.0 %	0	0	0.0 %	0	50	100.0 %	0 %
Urology	1 of 1	100.0 %	0	4	0.0 %	0	1	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	0	0.0 %	0	4	100.0 %	0 %
<b>Total</b>				<b>82</b>			<b>8</b>			<b>0</b>			<b>18</b>			<b>2</b>			<b>12</b>			<b>136</b>		

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



Appendix B: WDHB Additional Electives Report

**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	1,897.00	1,897.00
Additional Planned CWD Volume	686.60	686.60
<b>Total Planned CWD Volume</b>	<b>2,583.60</b>	<b>2,583.60</b>
Actual CWD Delivery	2,774.86	
Base Plan to Actual Variance	877.86	
Total Plan to Actual Variance	191.26	
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	50.00	31.00	81.00	86.79	36.79	31.00	\$123,544.92	31.00	0.00	\$3,985.32	\$0.00
S25.01 ENT	93.00	9.00	102.00	129.72	36.72	9.00	\$45,316.67	9.91	-0.91	\$4,572.14	-\$4,160.65
S00.01 General Surgery	399.00	107.00	506.00	503.67	104.67	104.67	\$399,281.52	98.46	6.21	\$4,055.41	\$25,184.10
S30.01 Gynaecology	186.00	37.00	223.00	242.97	56.97	37.00	\$147,456.84	37.00	0.00	\$3,985.32	\$0.00
D01.01 Inpatient Dental	7.00	23.60	30.60	40.01	33.01	23.60	\$94,054.05	23.60	-0.00	\$3,985.32	\$0.00
S40.01 Ophthalmology	109.00	35.00	144.00	214.29	105.29	35.00	\$145,722.04	35.00	-0.00	\$4,163.37	\$0.00
S45.01 Orthopaedics	659.00	176.00	835.00	803.77	144.77	144.77	\$511,946.61	121.88	22.88	\$4,200.34	\$96,103.78
S55.01 Paed Surgical	17.00	10.00	27.00	30.68	13.68	10.00	\$31,922.41	8.01	1.99	\$3,985.32	\$7,930.79
S60.01 Plastics	73.00	177.00	250.00	250.11	177.11	177.00	\$560,294.66	131.40	45.60	\$4,264.01	\$194,438.86
S70.01 Urology	90.00	20.00	110.00	137.01	47.01	20.00	\$89,308.39	20.00	0.00	\$4,466.32	\$0.00
S75.01 Vascular	37.00	61.00	98.00	113.29	76.29	61.00	\$243,104.52	61.00	0.00	\$3,985.32	\$0.00
				<b>2,552.30</b>		<b>653.04</b>	<b>\$2,391,952.63</b>	<b>577.26</b>	<b>75.78</b>		<b>\$319,496.87</b>



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
<b>Senior medical officers</b>	Expires 30 April 2010.
<b>Resident Medical Officers (RMO's)</b>	Expires 31 December 2009. Work on bargaining strategy etc started with DHBNZ.
<b>Allied, Public and Technical workers</b>	Expires Oct 2010. Implementation of new provisions nearing completion
<b>NZNO Nursing and Midwifery</b>	Expires 31 March 2010. Meeting planned for September with all DHB's to work on the bargaining strategy with DHBNZ
<b>PSA Clerical</b>	Expires Dec 2011. Implementation of all provisions including new leave now complete
<b>Ambulance - NDU</b>	Expires 30 June 2011
<b>Service and Food Workers</b>	Expires 30 June 2009. Consultation with DHB's completed.
<b>Apex - MRT</b>	Expires September 2009, Preparation for bargaining commenced. DHBNZ consulting with DHB's re bargaining strategy and costings. Initiation received APEX , proposed parties include 1 non-DHB.

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



Appendix D: Provider Arm Contract Performance Report

Provider Arm Contract Performance Report  
For the period ended 31st July 2008



Fisc 2010

	PUC2	PUC	Contract Price	YTD Actual Vol	YTD Contract Vol	YTD Vol. Var	YTD Vol. Var %	YTD Actual Revenue	YTD Contract Revenue	YTD Revenue Var	YTD Revenue Var %	LY YTD Actual Vol	LY YTD Actual Revenue	FY Contract Vol	FY Contract Revenue
<b>DHB Funded</b>															
Acute/Ambulance Services Total				1,227.17	1,321.83	-94.67	-7.2%	\$396,666	\$425,081	-\$28,414	-6.7%	1,219.16	\$394,188	15,862.00	\$5,100,968
CaseWeight Acutes Total				0.00	367.72	-367.72	-100.0%	\$0	\$1,586,894	-\$1,586,894	-100.0%	393.39	\$1,386,523	4,412.65	\$19,042,726
CaseWeight Elective Total				0.00	126.81	-126.81	-100.0%	\$0	\$547,228	-\$547,228	-100.0%	103.92	\$414,162	1,521.67	\$6,566,733
OP 1st Attendances Total				713.00	567.83	145.17	25.6%	\$216,447	\$163,418	\$53,029	32.4%	517.00	\$143,987	6,814.00	\$1,961,015
OP Subsequent Attendances Total				642.00	925.83	-283.83	-30.7%	\$152,531	\$214,320	-\$61,789	-28.8%	724.00	\$155,950	11,110.00	\$2,571,834
Procedures Total				100.00	83.49	16.51	19.8%	\$96,893	\$81,770	\$15,122	18.5%	98.00	\$93,891	1,001.94	\$981,243
Allied Health Total				61.00	1,123.00	-1,062.00	-94.6%	\$8,537	\$120,430	-\$111,893	-92.9%	66.00	\$9,914	13,476.00	\$1,445,165
Focus Total				64.83	31.67	33.17	104.7%	\$154,359	\$105,796	\$48,562	45.9%	43.24	\$127,444	380.00	\$1,269,557
Choice Health Total				558.38	543.71	14.67	2.7%	\$109,205	\$105,948	\$3,257	3.1%	6,421.66	\$98,596	6,524.50	\$1,271,372
Clinical Support Total				2,177.35	3,542.23	-1,364.88	-38.5%	\$8,419	\$116,959	-\$108,541	-92.8%	3,640.46	\$7,516	42,506.80	\$1,403,513
Programmes Total				1.54	955.54	-954.00	-99.8%	\$170,402	\$196,145	-\$25,744	-13.1%	775.22	\$103,867	11,466.49	\$2,353,745
Community Services Total				788.08	3,192.33	-2,404.25	-75.3%	\$20,890	\$272,580	-\$251,691	-92.3%	787.00	\$17,409	38,308.00	\$3,270,964
Other Total				0.00	0.17	-0.17	-100.0%	\$0	\$859	-\$859	-100.0%	0.00	\$0	2.00	\$10,307
Maternity Total				41.25	42.08	-0.83	-2.0%	\$68,683	\$69,816	-\$1,133	-1.6%	47.08	\$63,632	505.00	\$837,789
Mental Health Total				95.55	101.72	-6.17	-6.1%	\$358,584	\$391,737	-\$33,153	-8.5%	61.60	\$293,474	1,220.60	\$4,700,844
Adjusters Total				0.17	0.17	0.00	0.0%	-\$638,000	-\$638,000	\$0	0.0%	0.08	-\$130,280	2.00	-\$7,656,003
Other Patient Services Total				0.17	174.67	-174.50	-99.9%	\$11,650	\$49,830	-\$38,181	-76.6%	254.08	\$56,412	2,096.00	\$597,964
ATR Total				189.00	286.50	-97.50	-34.0%	\$90,975	\$179,808	-\$88,833	-49.4%	243.00	\$119,051	3,438.00	\$2,157,696
<b>DHB Funded Total</b>				<b>6,659.49</b>	<b>13,387.30</b>	<b>-6,727.82</b>	<b>-50.3%</b>	<b>\$1,226,238</b>	<b>\$3,990,619</b>	<b>-\$2,764,381</b>	<b>-69.3%</b>	<b>15,394.89</b>	<b>\$3,355,736</b>	<b>160,647.64</b>	<b>\$47,887,431</b>
<b>MOH Direct Funded</b>															
Procedures Total				14.00	16.50	-2.50	-15.2%	\$4,089	\$4,957	-\$868	-17.5%	26.00	\$7,433	198.00	\$59,486
ATR Total				45.00	98.95	-53.95	-54.5%	\$19,681	\$27,503	-\$7,821	-28.4%	0.00	\$0	1,187.44	\$330,035
Focus Total				0.17	0.17	0.00	0.0%	\$21,898	\$21,898	\$0	0.0%	0.00	\$0	2.00	\$262,780
Programmes Total				0.33	0.33	0.00	0.0%	\$53,171	\$53,171	\$0	0.0%	0.16	\$20,040	4.00	\$638,050
<b>MOH Direct Funded Total</b>				<b>59.50</b>	<b>115.95</b>	<b>-56.45</b>	<b>-48.7%</b>	<b>\$98,840</b>	<b>\$107,529</b>	<b>-\$8,689</b>	<b>-8.1%</b>	<b>26.16</b>	<b>\$27,473</b>	<b>1,391.44</b>	<b>\$1,290,351</b>
<b>ACC Funded</b>															
Acute/Ambulance Services Total				0.08	4.25	-4.17	-98.0%	\$38,318	\$39,495	-\$1,177	-3.0%	0.00	\$0	51.00	\$473,941
CaseWeight Electives Total				0.00	4.12	-4.12	-100.0%	\$0	\$17,780	-\$17,780	-100.0%	0.00	\$0	49.44	\$213,357
OP Subsequent Attendances Total				0.00	83.33	-83.33	-100.0%	\$0	\$18,125	-\$18,125	-100.0%	0.00	\$0	1,000.00	\$217,499
Other Patient Services Total				0.08	0.08	0.00	0.0%	\$887	\$887	\$0	0.0%	0.00	\$0	1.00	\$10,648
Allied Health Total				0.00	44.17	-44.17	-100.0%	\$0	\$3,405	-\$3,405	-100.0%	0.00	\$0	530.00	\$40,865
ATR Total				0.00	114.17	-114.17	-100.0%	\$0	\$81,875	-\$81,875	-100.0%	0.00	\$0	1,370.00	\$982,497
Clinical Support Total				294.42	294.42	-0.00	0.0%	\$18,925	\$18,925	\$0	0.0%	200.00	\$9,905	3,533.00	\$227,102
Community Services Total				0.08	250.08	-250.00	-100.0%	\$4,614	\$26,856	-\$22,242	-82.8%	0.00	\$0	3,001.00	\$322,273
<b>ACC Funded Total</b>				<b>294.67</b>	<b>794.62</b>	<b>-499.95</b>	<b>-62.9%</b>	<b>\$62,744</b>	<b>\$207,349</b>	<b>-\$144,604</b>	<b>-69.7%</b>	<b>200.00</b>	<b>\$9,905</b>	<b>9,535.44</b>	<b>\$2,488,184</b>
<b>Grand Total</b>				<b>7,013.65</b>	<b>14,297.88</b>	<b>-7,284.22</b>	<b>-50.9%</b>	<b>\$1,387,822</b>	<b>\$4,305,497</b>	<b>-\$2,917,675</b>	<b>-67.8%</b>	<b>15,621.05</b>	<b>\$3,393,115</b>	<b>171,574.52</b>	<b>\$51,665,966</b>