

2008/09



# Nelson Marlborough District Health Board Annual Report Summary



Nelson Marlborough  
District Health Board

# An Annual Health and Performance Checkup for NMDHB:

Year in Review

**Our role is to:**

- :: Plan our health and disability services now and into the future;
- :: Fund our health and disability services, the majority of which are delivered through service contracts with health and disability service providers; and
- :: Ensure the services are delivered that will improve our community's health and well-being.

## Our Vision and Mission:

Vision:

***“Leading Towards Health Conscious Families”***

Mission:

***“To work with people of our community to promote, encourage and enable their health, well-being and independence.”***

## Our Priorities for 2008/09 were:

- :: The Nutrition and Physical Activity (NPA) Programme
- :: Implementation of the NMDHB Chronic Conditions Framework
- :: Further implementation of the Home Based Support Services (HBSS) strategy
- :: A significant increase in quality improvement and innovation activities as we seek to continuously improve and enhance the quality and effectiveness of services locally; and through collective processes, regionally and nationally.

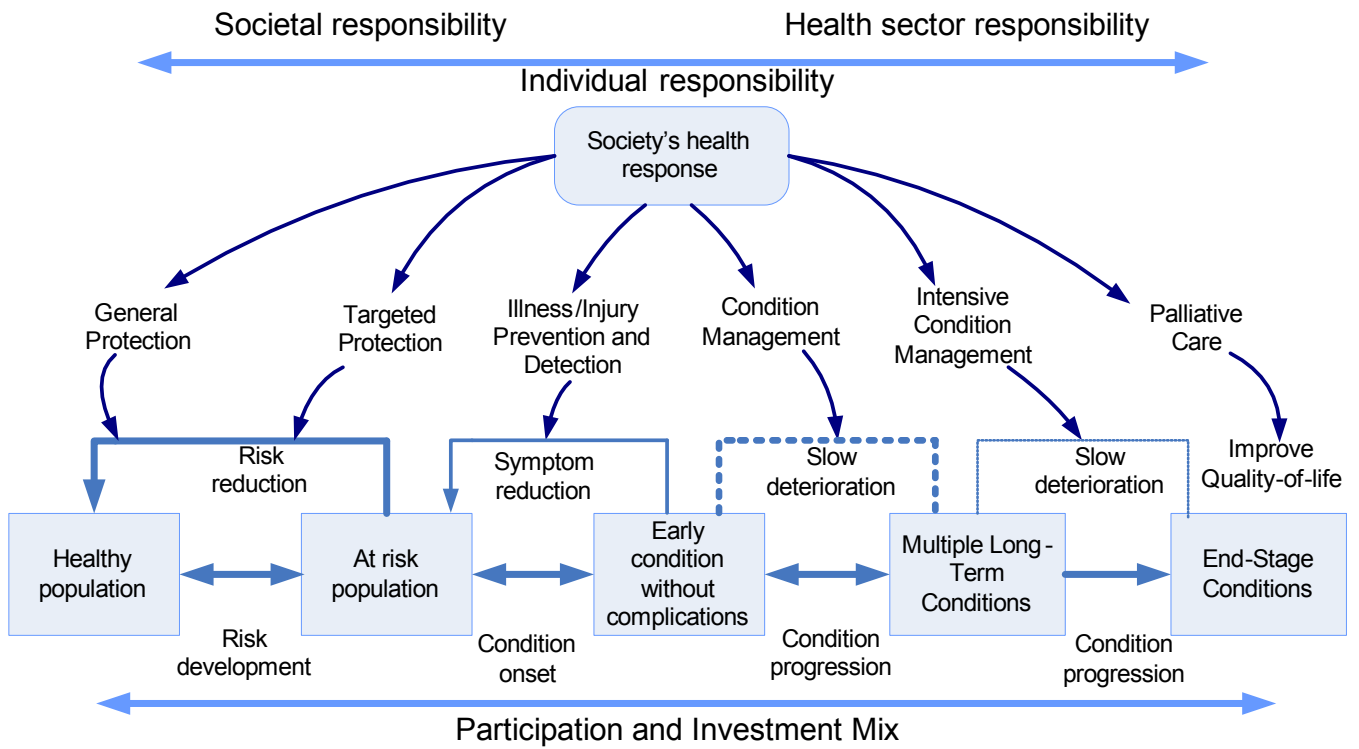
## Our Sphere of Influence and Strategic Intent:

Being funded on a population basis requires the DHB to invest funding in services to address 'populations of need' in an integrated manner, preferably using flexible funding arrangements.

Principles of access, safety, effectiveness, efficiency, timeliness and cultural appropriateness underpin the services funded or provided by the DHB.

The programmes and initiatives that we adopt are aligned to our key strategies derived from our conceptual framework for achieving "Towards Health Conscious Families".

# “Towards Health Conscious Families”



## Our Strategies for 2008/09 that align to the above Framework were:

- :: Improving wellness
- :: Improving long term condition management
- :: Improving participation and independence
- :: Improving healthcare and disability support services
- :: Improving sustainability.



healthy as!



## REVIEW OF THE YEAR / ACHIEVEMENTS

### What we Invested in:

During the year we purchased or delivered services to the value of \$378 million for the people of this district. The ongoing fiscal constraints will place further pressure on our ability to continue to meet the rising demand for some services and we anticipate some significant cost containment and cost reduction activities over coming years.

### Financial Health:

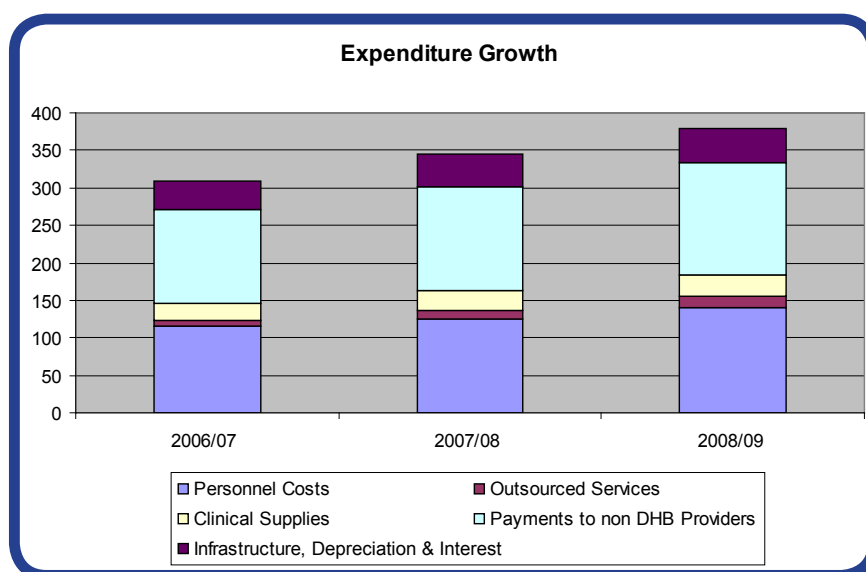
NMDHB finished the year with a financial deficit of \$4.7m against a budgeted deficit of \$5.468m. This planned deficit was funded from surpluses retained from previous years.

This result is \$6.7m after capital charge (an 8% charge on the Government's equity in the DHB).

	2006/07 Actual	2007/08 Actual	2008/09 Actual	2008/09 Budget
Revenue	319.8	352.3	373.9	362.5
Expenditure	308.7	344.1	378.7	368.0
<b>Net Surplus (deficit)</b>	<b>11.1</b>	<b>7.8</b>	<b>(4.7)</b>	<b>(5.5)</b>
Personnel Costs	114.8	124.3	140.0	134.3
Clinical Supplies	22.1	25.9	28.6	25.2
Payments to non DHB Providers	124.7	138.9	150.8	152.2

### Expenditure Growth:

Expenditure was higher than planned in personnel costs, clinical supplies, PHO services, patient travel, pharmaceuticals and palliative care.



## KEY PARTNERSHIPS

NMDHB has a partnership approach with key organisations both locally, regionally and nationally.

### Collaboration – Primary:

Collaboration between NMDHB and Nelson Bays and Kimi Hauora Wairau PHOs has continued to build capacity within the primary sector, including options for the integration of services in Golden Bay, contracting with Friends of Motueka Hospital Trust and implementing sustainable after hours services for the district.

Community linkages have been strengthened through a range of activities including consultation processes, intersectoral work and contacts with a significant number of health and disability providers and interested agencies.

### Collaboration – Secondary:

During the year we were involved in a range of collaborative activities with other DHBs. These included discussions with West Coast and Canterbury on the future delivery of services particularly in West Coast, sharing some services with other DHBs and South Island Health Services Planning through to South Island DHB's Shared Service Agency (SISSAL), developing a health information system with seven other DHBs and value for money and national procurement through DHBNZ.

### Iwi Health Board:

The Iwi Health Board:

- :: actively participates in strategic planning activities,
- :: has sound representation at all planning workshops,
- :: supports further collaboration amongst Māori health providers and between other organisations such as the PHO and Hospice,
- :: brought Governance members of the Māori health providers and the Māori directors of the two PHOs together for planning purposes.

### DHB Collaboration:

South Island Health Services Planning:

Keeping health services close to where people live while making sure they are viable long term is the aim, and one of the challenges, of the South Island Health Services Plan.

The initiative by the six South Island DHBs is looking at what our services need to be like in the future to ensure a strong sustainable health system for the South Island.

### Information Systems:

New Financial Management Information System (FMIS):

Planning for the introduction of Technology One, the new Financial Management Information System on 1 July 2009 was completed. The transition to the new system provides many opportunities for advancement and improvement of systems including procurement, asset management and budgeting on a single computer based system.

## Services we Delivered:

The 2008-2009 year has been another busy one for all services with further strengthening of our district wide approach across specialties.

For a fourth consecutive year we remained the highest rated DHB provider in New Zealand for patient satisfaction.

## Outlook:

The DHB will be facing a number of challenges in the years ahead and has commenced an initiative to assist in enabling financial sustainability in a time of severe fiscal constraint and increasing and competing demand for services. The support of all stakeholders will be important in achieving the best outcomes. This is called the Rutherford Initiative, after the famous scientist's quote "We haven't got the money, so now we've got to think".

### A DAY IN THE DHB

Throughout the year in Nelson Marlborough, there were...

- :: Presentations to Emergency: 122
- :: Admitted from Emergency: 29
- :: Total hospital admissions: 75
- :: Total elective admissions: 22
- :: Total births: 4
- :: Total theatre procedures: 34
- :: Outpatient visits: 405
- :: Total laboratory tests ordered: 4,381
- :: Total Radiology examinations: 275
- :: Total hip and knee replacements: 1.1
- :: Total cataract operations: 1.3
- :: Number of people in aged residential care: 1,076
- :: Number of people we subsidised in aged residential care: 699
- :: Ratio of people over 65 in residential care 1:11
- :: We funded medicines \$83,701
- :: 4,346 pharmaceutical items were dispensed
- :: Disability support services \$134,520
- :: We paid for services from other DHBs \$80,484
- :: 18 youth received adolescent oral health treatments
- :: 13 adults and children accessed physical activity programmes

## HEALTH TARGETS

During the year we were charged with meeting a number of key targets. Overall our performance for these was good.

Target	Measure	Our achievement
<b>Improving Immunisation Coverage</b>	Two Year Olds Fully Immunised Our target was 78% for Maori and 84% for others	We achieved 81% for both groups. We had the highest decline rate for childhood immunisation in New Zealand. For quarter four NMDHB reported that 9.4% of the eligible population had declined.
<b>Improving Oral Health</b>	Adolescent Oral Health Utilisation Our target was 74%	We achieved 75.1% which exceeded the target
<b>Improving Elective Services</b>	Elective Services Patient Flow Indicators (ESPIs) A target of 10% increase over the 2005/06	We have received "Partially Achieved" status for ESPI compliance
<b>Reducing Cancer Waiting Times</b>	Weeks between first specialist assessment (excluding Category D) and receiving radiation oncology treatment A target of 100% of those waiting less than 6 weeks	We achieved 89% of patients receiving treatment within a six week timeframe. Additional patients were redirected to CCDHB to assist the Canterbury Radiation Centre to improve its access to treatment.
<b>Reducing Ambulatory Sensitive (avoidable) Hospital Admissions</b>	Admissions to hospital that are avoidable or preventable by primary health care Targets by age group and ethnicity ranged between 95 – 101%	All but one result were over target.
<b>Improving Diabetes and Cardiovascular Disease</b>	Diabetes Detection and Follow-up (Proportion of all people estimated to have diabetes who are accessing free annual checks) Targets ranged between 42 – 53% by ethnicity Diabetes Management (Proportion on the diabetes register who have good diabetes management) Targets ranged between 75 – 80%	Other than Pacific (33% on a target of 42%) all targets were achieved or partially achieved  Overall achievement 76.5%, with a overall measure of partially achieved
<b>Improving Mental Health</b>	Percentage of long term clients who have up-to-date relapse prevention plans Target of 95% for all groups	DHB target achieved for 6/7 groups. 20 years plus – Maori group achieved (91%) over the national target of at least 90%.
<b>Improving Nutrition, Increase Physical Activity and Reduce Obesity</b>	Breastfeeding (exclusive/fully) rate Targets were 75% at 6 weeks, 60% at 3 months and 29% at 6 months  Adults (15+) eating 5+ fruit and vegetables per day	Several new breastfeeding initiatives were introduced this year; we expect to see improvements in rates over the coming year. Partially achieved these targets  The NPA Baseline Survey 2008 shows adults in Nelson Marlborough are eating 5+ fruit and vegetables.
<b>Reduce the Harm caused by Tobacco</b>	Year 10 Students never smoking	Consistent with NZ as a whole the proportion of Year 10 students reporting never having smoked has increased. NMDHB rate is slightly higher than NZ rate of 61% for 2008.

### Improved Health Status:

In December 2008 the Board endorsed a Health2030 framework that is a district-wide 'whole of health system' planning framework, compiled to provide direction for NMDHB's response to the need for health care and disability support services in Nelson Marlborough over the next 20 years.

HEALTH2030 is a future service framework building on the Board's conceptual approach to 'populations of need'. It reinforces the concepts in the primary health strategy to deliver services in the most appropriate setting including NGOs, GPs, Māori Providers and pharmacists, supported by local and regional hospital services.

### Access:

In 2008/09, three practices in Nelson became Low Cost Access Clinics, reducing cost barriers to primary care in these locations.

Work continues with Kimi Hauora Wairau Marlborough PHO, to improve quality and access to health services for the communities of Picton and rural Marlborough.

### Jack Inglis Friendship Hospital in Motueka:

In June 2009 the Jack Inglis Friendship Hospital in Motueka was officially opened.

This marks a new direction in health service provision as this rest home and hospital facility has been developed by the Friends of Motueka Hospital Trust and demonstrates a community-based provision of services.

The Trust raised the money to build the new facility in the grounds of Motueka Hospital and was successful in tendering for the provision of additional rest home beds for Motueka. The facility has 22 continuing care beds at hospital level, one palliative care bed, ten dementia beds and 13 rest home beds.

Thirteen staff accepted positions with the new hospital while others chose to explore options which included retirement, redundancy, redeployment and retraining. A number of the staff had worked in the hospital for a considerable time, with one staff member working there for 40 years.

Motueka Maternity Services will continue to operate from their present location.

### Quality:

Our service improvement activity (referred to as Optimising the Patient Journey ) identified good efficiencies in work flows and systems within the hospitals.

We launched our quality awards during the year. The Health Quality and Innovations Awards, previously internal to the organisation, are now open to all health providers funded by NMDHB

NMDHB underwent a full Accreditation and Certification survey in April 2009. Certification was achieved for all services and the outcome of the Accreditation process is awaited.

## NPA:

Activities in the Nutrition and Physical Activity (NPA) programme included open orchards, working with our Territorial Authorities on footpath designs to assist those with limited mobility, older persons physical activity, Way2Go community programme and a number of small grants.



## Older Peoples' Health:

We developed, with key providers, a revised home based support service specification, expected to commence 1 October 2009. The new service design will facilitate aging in place, improve the health of older people and reduce annual per capita costs of service.

## Primary Care:

### Cervical Cancer Vaccination Programme:

Each year in Nelson Marlborough two to three women die from cervical cancer and more than 500 women per year are recalled for further investigative procedures and treatment after abnormal smear results.

A team from Public Health has been immunising school girls against the Human Papillomavirus (HPV) under the cervical cancer immunisation programme. The programme will run over 2009 and 2010 after which the vaccination will become part of the Immunisation Schedule delivered to Year 8 girls.

### Wairau:

The increased complexity and number of cases seen in Wairau Hospital Emergency Department overnight, and on Public Holidays and weekends led to a change in after hours staffing in September 2008. Previously, GPs from the after hours service worked across both the Wairau Hospital ED and the urgent after hours GP service at the hospital using a triage system to allocate treatment under the most appropriate service. The department is now staffed 24/7 with a full contingent of Medical Officers employed by the DHB and trained in Emergency Medicine.

The after hours GP service continues to be run from the hospital but concentrates on less acute patients. It is staffed by GPs from Blenheim and Picton medical practices on weekends, public holidays and weekday evenings from 6.00 p.m. to 10.00 p.m.

## Green Team:

NMDHB has purchased two power-assisted bicycles for staff to use around Nelson on DHB business. Located with services whose business is mainly carried out in the community, the bikes are a quick and healthy means of travel within the city confines.

## Mental Health Unit going Smokefree:

The majority of the Nelson Hospital site went smokefree in 2004 and from the 22nd of July 2009 the Mental Health Unit joined in going smokefree.

Smoking has historically been common practice among mental health consumers worldwide. Our actions will help address the disproportionate burden of tobacco-related illness and early death borne by this group.

## Emergency Management:

NMDHB has, in the past year, used a number of incidents to challenge its current emergency management plans and strategies. Through planned exercises and actual events the DHB was able to assess and improve its current plans.

In March 2009, we launched an emergency management resource kit or "The Red E" kit to engage the primary and community providers in emergency management. The kit has been adopted by other DHBs and PHOs for use in their areas.

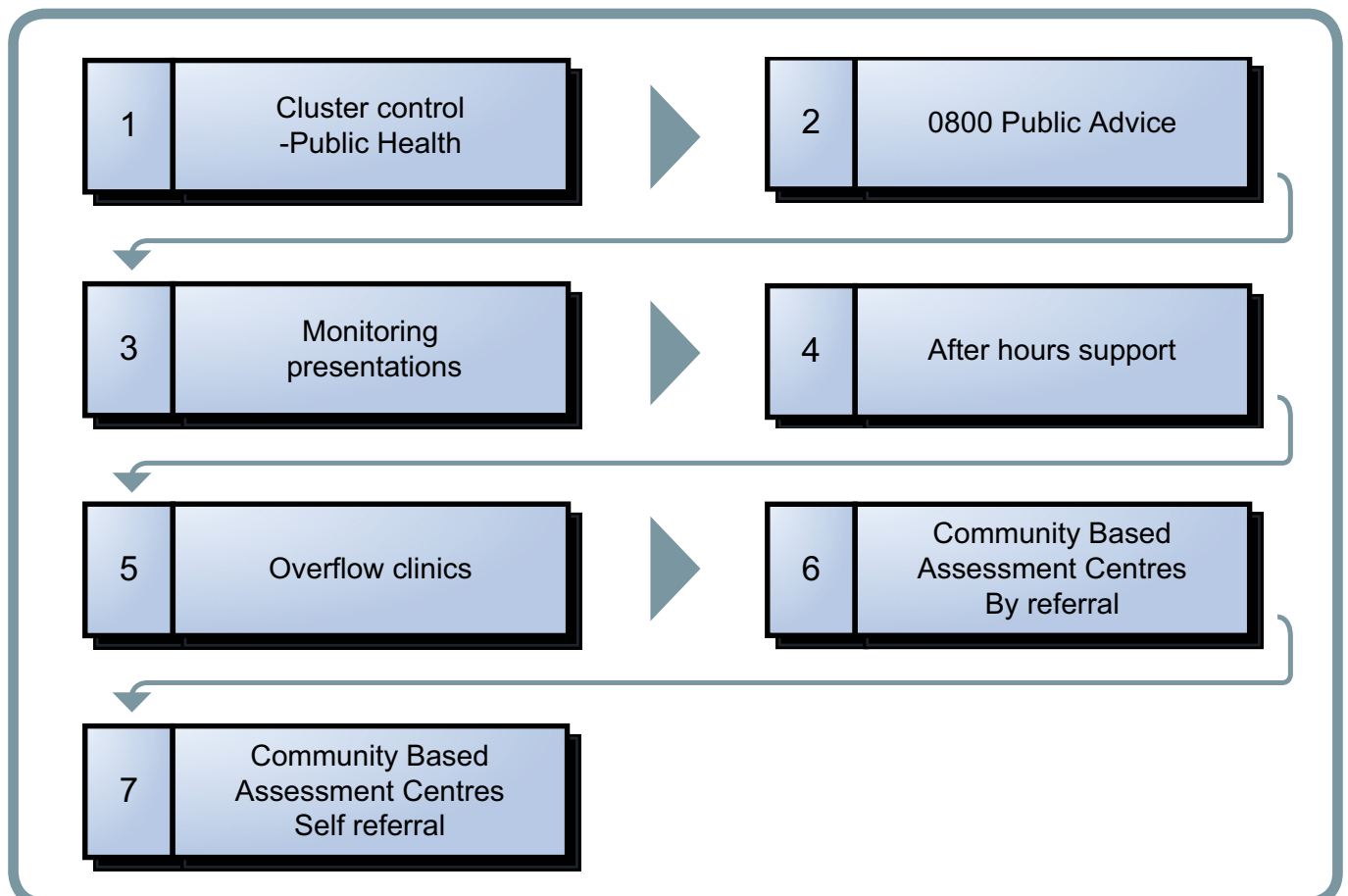
### Pandemic Influenza

Since 25 April NMDHB has been involved in responding to the influenza outbreak. As our response moved from the "stamp it out/cluster control" phase towards wider community transmission more people became involved in management of the response.

Links with the primary health care sector were invaluable in the "manage it" phase.

The DHB has used the event to identify further developments and improvements for future waves of this pandemic.

## Our Escalation Path





## Wairau Hospital Redevelopment:

At dawn on Friday, 22 May 2009 a Putatara (shell horn) summoned a group of approximately 70 staff and community representatives into the darkened new facilities at Wairau Hospital for a traditional ceremonial blessing.

The blessing followed a period of construction commencing in September 2008 on Stage One of Wairau Hospital Redevelopment. This stage includes the combined medical, surgical and AT&R inpatient wards, Pharmacy, Chapel, Te Pukenga Hauora, and the Allied Health departments.

The relocation of these key services from the existing hospital into the completed facilities allowed Stage Two to commence in June 2009.

A well-supported public open day on Saturday, 23 May 2009 gave 900 people the opportunity to view the new facilities. The Community Liaison Group presented welcome gifts to hospital staff relocating to the new facilities.

Stage Two (expected to be completed early 2010) includes redeveloping the Arthur Wicks Building (formerly inpatient wards) into a new Emergency Department, High Dependency Unit, Acute Assessment Unit, hospital administration and learning and development services, as well as a third theatre suite and new buildings for Radiology, Medical Records and the Laboratory.

The four stages of the redevelopment are expected to be completed by December 2010.

A time capsule containing documents from the redevelopment project, a list of staff currently working at the hospital, photos, plans, newspaper articles and mementos of 2008 was buried under the Chapel in November 2008.

The new Chapel was formally blessed in a dedication ceremony on 4 June 2009, 23 years after the closure of the last Chapel at the hospital. The ceremony was led by a number of dignitaries, including the Rt. Rev. Richard Ellena, Anglican Bishop of Nelson and the Most Rev. John Dew, Roman Catholic Archbishop of Wellington/Marlborough. A dedication plaque was unveiled before the Chapel's surrounding garden courtyard was blessed.



## OUR STAFF

### Feedback:

In addition to quarterly forums and staff magazine the CE also provides a monthly update through the staff intranet.

### Learning and Development:

During the year we supported a number of staff to complete post graduate study, developed a mentoring toolkit, held two "big day out" seminars for nurses as well as a range of other learning opportunities for all staff.

### Health and Safety:

A **Wellness at Work** focus offered a variety of opportunities for staff to access a range of health and nutrition and physical activity activities or information. Taking a 'try before you buy' approach, we sponsored staff to participate in yoga, fit strip and tai chi classes and also held Staff Health Fairs at Wairau and Nelson hospitals in late 2008.

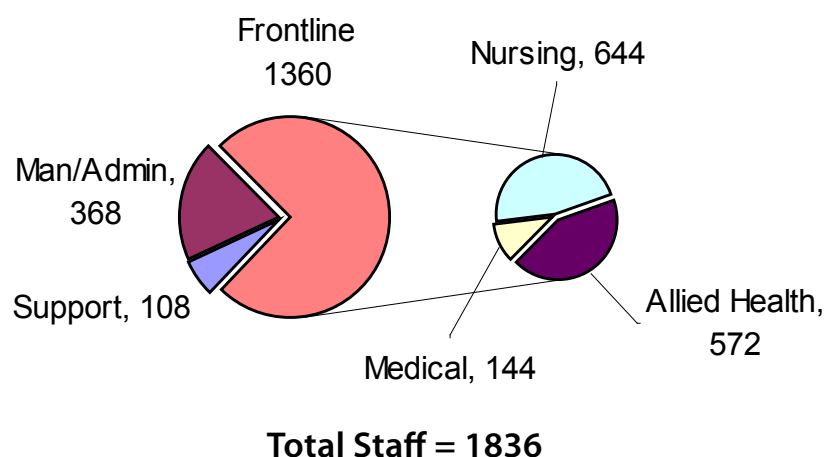
### Innovation:

During the year we introduced a new reporting package directly linked to NMDHB's strategy. The Balanced Scorecard is produced every month and consists of a Strategy Map, Snapshot and Trends Report and Exception Report, which highlights measures and initiatives that are red or amber as per the NMDHB outcomes framework.

### Profile:

74% of our FTEs are focused on frontline activities. Others perform such functions as building maintenance, power supply, purchasing, clerical support and management support.

#### Breakdown of our Staff by FTEs



## OUR DISTRICT

### Geographical Features:

Our District covers the top of the South Island and incorporates the three local authority areas of Marlborough District in the east and Nelson City and Tasman District in the west.



### Pacific People's Health gets a Boost:

The last census showed a 30% increase in the number of Pacific Islanders living in our district. In November 2008, the DHB and the Nelson Marlborough Pacific People Reference Group committed to work together to achieve the best health outcomes for Pacific people living here.

This is a culmination of a year-long consultation process between the Nelson Tasman Pasifika Trust, the Marlborough Tagata Pasifika Trust, the Marlborough Pacific Trust, the Ministry of Pacific Island Affairs and the DHB. The agreement will help address the health needs of Pacific people and assist the DHB to deliver appropriate services.

The group will advise NMDHB on future strategic planning, for instance, the 2030 community health plan.

Pacific Islanders often work in orchards or other isolated areas and find it hard to access good health services. The Reference Group will be a conduit for information to the community through churches, the three trusts and Pacific Island community events.

“Work with the **people** of our community to promote, **encourage**  
and enable their health, wellbeing and **independence.**”

TE WAIORA



Nelson Marlborough  
District Health Board

[www.nmdhb.govt.nz](http://www.nmdhb.govt.nz)