

HAC COMMITTEE AGENDA

NOTICE OF MEETING

OPEN

**A meeting of the Advisory Committee Members of
Nelson Marlborough District Health Board
will be held on Tuesday 27 September 2011 at
9.30a.m.**

**DHB Seminar Centre Room 1
Braemar Campus
Waimea Road
NELSON**



Our VISION is: *“leading the way to health conscious families”*

Our MISSION is to: *“work with the people of our community to promote, encourage and enable their health, wellbeing and independence.”*

Our VALUES are:

Respect

We care about and will be responsive to the needs of our diverse people, communities and staff

Innovation

We will provide an environment where people can challenge current processes and generate new ways of working and learning

Teamwork

We create an environment where teams flourish and connect across the organisation for the best possible outcome

Integrity

We support an environment which expects openness and honesty in all our dealings and maintains the highest integrity at all times



HOSPITAL ADVISORY COMMITTEE AGENDA

Nelson Marlborough District Health Board
DHB Seminar Centre Room 1
Braemar Campus, Waimea Road
NELSON

Tuesday, 27 September 2011 commencing at 9.30 am

Public Forum		9.30am	
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SECTION 3	Confirmation of Minutes from the previous meeting	9.50am	10
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	<i>Medical / Surgical</i>		
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SECTION 5	For Information	11.25am	30
SECTION 6	Members Issues	11.30am	30
SECTION 7	Glossary of Commonly Used Acronyms, Abbreviations And Maori Translation		31
SECTION 8	Appendices		37
PRESENTATION		11:45 am	
	Tom Morton, Clinical Director Emergency Department		
Resolution to Exclude Public		12.00 pm	
Lunch		12.30 – 1.00 pm	

**PUBLIC EXCLUDED MEETING
RECOMMENDATION**

THAT the Committee resolve itself into a Committee of the whole and that in terms of the NZ Public Health & Disability Act 2000, the public be excluded while the following items are considered:

- ***Minutes of a meeting of HAC Committee held on 26 July 2011 Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000).***

SECTION 1: WELCOME, KARAKIA AND APOLOGIES

SECTION 2: REGISTRATIONS OF INTEREST – HAC MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Judy Crowe (Chair)	<ul style="list-style-type: none"> Chairperson of Nelson Marlborough Hospitals' Charitable Trust 	<ul style="list-style-type: none"> Member of the Gladys Amelia Pascoe Trust 	<ul style="list-style-type: none"> Provision of trust funds towards equipment, training and patient support 	
Russell Wilson (Deputy Chair)	<ul style="list-style-type: none"> Sister in law is an employee of NMDHB 	<ul style="list-style-type: none"> Member of NZ National Party (Regional Office holder) Managing Director of Carat Investments; Principal Consultant at Wilson Consultants (HR and Business Management consultancy) 	<ul style="list-style-type: none"> NMDHB Board Office NZ National Party Carat Investments Wilson Consultants 	
Francis Gargiulo	<ul style="list-style-type: none"> Nil 			<ul style="list-style-type: none"> Sister-in-law is an employee at Alexandra Hospital An executor of the Gladys Amelia Pascoe Estate Nelson GPs Number of roles in investment companies
Ian MacLennan	<ul style="list-style-type: none"> Honorary Treasurer of Nelson Centre of the Cancer Society of NZ 		<ul style="list-style-type: none"> Tenancy and IT hosting 	<ul style="list-style-type: none"> Accommodation for the Cancer Society
Jane Anderson-Bay	<ul style="list-style-type: none"> Nil 			<ul style="list-style-type: none">
Jenny Black (Board Chair) ex-officio	<ul style="list-style-type: none"> Life member of Diabetes NZ 			<ul style="list-style-type: none">
John Inder	<ul style="list-style-type: none"> Board Member St Mark's Society 		<ul style="list-style-type: none"> Alcohol and other drug residential treatment. NGO part funded by NMDHB 	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Roma Hippolite	<ul style="list-style-type: none"> ▪ Chair, Te Rau Matatini Ltd ▪ Member of Ngati Koata 		<ul style="list-style-type: none"> ▪ Contracts for services to NMDHB 	
Tahi Takao	<ul style="list-style-type: none"> ▪ Kaumatua – NMDHB ▪ Kaumatua – Te Amo Health ▪ Kaumatua – Te Awhina Marae Health ▪ IHB Member ▪ Adult daughter with intellectual and physical disability ▪ Respite care bed with NZ Care 	<ul style="list-style-type: none"> ▪ Member – National Maori Men’s Health Coalition 		

As at 1 September 2011

REGISTRATIONS OF INTEREST – NMDHB EXECUTIVE LEADERSHIP TEAM (ELT) MEMBERS

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
MEDICAL SURGICAL SERVICES DIRECTORATE					
	Dr Bruce King	Nil			
	Dr Elizabeth Wood	<ul style="list-style-type: none"> ▪ Self employed contractor at the Mapua Health Centre as a GP ▪ Work at NRAHDD and a shareholder 			
	Dr Peter Bramley	Nil			
MENTAL HEALTH SERVICES DIRECTORATE					
	Dr Heather McPherson	Nil			
	Dr Jocy Wood	<ul style="list-style-type: none"> ▪ Partner of Nelson East Family Medical Centre. Group GP practice ▪ Shareholder – Nelson Regional After Hours 			
	Robyn Byers	Nil			
COMMUNITY BASED SERVICES DIRECTORATE					
	Dr Nick Baker	<ul style="list-style-type: none"> ▪ Sr Clinical Lecturer, Community Child Health, University of Otago Wellington School of Medicine ▪ Member Steering Group NZ Child and Youth Epidemiology Service (previously Chair of and co-founder of the service) ▪ Chair NZ Child and Youth Mortality Review Committee ▪ Member Child and Youth Network Advisory Group – MOH/PSNZ/NHB ▪ Member NZ Paediatric and Child Health Committee Royal Australasian College of Physicians ▪ Instructor for Advanced Paediatric Life Support NZ 	<ul style="list-style-type: none"> ▪ Wife is a graphic artist who does some health related work 		

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
	Dr Bev Nicholls	<ul style="list-style-type: none"> ▪ Board of NRADD and Shareholder ▪ Nelson Bays PHO Clinical Governance Group ▪ GP and recipient of Nelson Bays PHO funds ▪ Member of IT Development, National IT Board ▪ Member National Information Clinical Leadership Group 	<ul style="list-style-type: none"> ▪ Wife and close friend GPs. 		
	Peter Burton	Nil	<ul style="list-style-type: none"> ▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee 		
CLINICAL SERVICES SUPPORT DIRECTORATE					
	Dr Stephen Busby	<ul style="list-style-type: none"> ▪ Shareholder Director, Nelson Radiology Limited 			
	Dr Neil Whittaker	<ul style="list-style-type: none"> ▪ General Practice owner ▪ Contracted to RNZCGP Medical Educator 		<ul style="list-style-type: none"> ▪ Clinical Director Community 	
	Hilary Exton	Nil			
	James Bowyer		<ul style="list-style-type: none"> ▪ Wife a nurse on Paediatric Ward Nelson Hospital 		
MARLBOROUGH SERVICES DIRECTORATE					
	Dr Jeremy Stevens	Nil			

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
	Dr Ros Gellatly	<ul style="list-style-type: none"> ▪ Practice Partner Scott St Health ▪ GP Liaison NMDHB ▪ Executive Clinical Director Marlborough Services NMDHB ▪ Clinical Advisor Electives, NHB, MOH ▪ Kimi Hauora Wairau Marlborough PHO Clinical Governance Committee Chair ▪ Representative, National Health IT Board Clinical Leadership Group RNZCGP ▪ Advisory Group Member, Royal NZ College GPs Professional Practice Expert Advisory Group 			
	Carey Virtue		<ul style="list-style-type: none"> ▪ Partner works in the Ministry of Health 		
CORPORATE SUPPORT					
	Nick Lanigan		<ul style="list-style-type: none"> ▪ Wife consultant for 2 Degrees 		
	Denise Hutchins	Nil			
	Dr Sharon Kletchko	<ul style="list-style-type: none"> ▪ Member Exceptional Circumstances Panel – PHARMAC ▪ Treasurer, International Society for Health Care Priorities ▪ Member St John South Island Region Trust Board ▪ Member RACP NZ Policy and Advocacy Committee. ▪ South Island Representative on RACP NZ Joint Executive. ▪ Member of the Medicine’s Review Committee (Medicine’s Act) MEDSAFE ▪ Member DHBRF Governance 	<ul style="list-style-type: none"> ▪ Deputy Chair of the New Zealand Standards Council ▪ Member of the Board – EVIDEM Collaboration. 	<ul style="list-style-type: none"> ▪ EVIDEM is a Not-for-Profit international research collaboration whose purpose is “To promote public health through transparent and efficient healthcare decision making via systematic assessment and dissemination of the evidence for and value of healthcare interventions.” 	
DONM	Robyn Henderson	Nil			
CMO	Heather McPherson	Nil			

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
DMH & Whanau Ora	Harold Wereta	<ul style="list-style-type: none"> ▪ Ngati Toarangatira Connections 		<ul style="list-style-type: none"> ▪ Tribal Interest 	
CHIEF EXECUTIVE'S OFFICE					
	John Peters	<ul style="list-style-type: none"> ▪ Director of SISSAL ▪ Trustee of Nelson Marlborough Hospitals' Charitable Trust ▪ Trustee Churchill Trust 	<ul style="list-style-type: none"> ▪ Director of Management and Industrial Services Ltd. 	<ul style="list-style-type: none"> ▪ Shared services provision, administration of trust funds for health purposes & provision of private health services at Wairau Hospital ▪ MIS Ltd previously provided consultant services to other DHBs 	
	Keith Rusholme	<ul style="list-style-type: none"> ▪ Wife provides first aid training and complimentary help services 		<ul style="list-style-type: none"> ▪ Provision of services to DHB staff or contracted providers 	<ul style="list-style-type: none"> ▪ Sister works for IDSS.
	Mike Cummins	<ul style="list-style-type: none"> ▪ Wife works for medical practice 			

As at 1 September 2011

SECTION 3: CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

MINUTES OF A MEETING OF HOSPITAL ADVISORY COMMITTEE OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD HELD AT THE SEMINAR CENTRE MEETING ROOM 1, BRAEMAR CAMPUS, NELSON ON TUESDAY 26 JULY 2011 AT 9.30 AM

Present:

Judy Crowe (Chair), Russell Wilson (Deputy Chair), Ian MacLennan, Francis Gargiulo, Roma Hippolite, John Inder, Jane Anderson-Bay, Jenny Black, Gordon Currie and Tahi Takao

Apologies:

Nil

In Attendance:

Peter Bramley (Service Director Medical/Surgical Services Directorate to 11.45am), James Bowyer (Service Director, Clinical Services Support Directorate), Hilary Exton (Director Allied Health), John Peters (CE), Mike Cummins (Board Secretary), Sharon Kletchko (GM, Strategy and Planning), Robyn Henderson (Director of Nursing and Midwifery) and Ralph LaSalle (Portfolio Manager)

Karakia - Francis Gargiulo

SECTION 1: APOLOGIES

Nil

SECTION 2: REGISTRATIONS OF INTEREST

Nil

Moved: Judy Crowe
Seconded: Russell Wilson

RECOMMENDATION:
THAT THE REGISTRATIONS OF INTEREST BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

Minutes of the Committee Meeting 24 May 2011.

Moved: Francis Gargiulo
Seconded: Ian MacLennan

**RECOMMENDATION:
THAT THE MINUTES OF THE MEETING 24 MAY 2011 BE ACCEPTED.**

AGREED

SECTION 3.1: MATTERS ARISING

Rheumatic Fever

Peter Burton gave an update on the current state in Nelson Marlborough and the follow up work at the Public Health Service.

Strategic Workshop

It was noted that a workshop is planned for September to consider priorities for the work plan.

SECTION 4: REPORTS

4.1 Chair's Report

- i. Terms of Reference
Noted the updated Terms of Reference.

Moved: John Inder
Seconded: Jane Anderson-Bay

**RECOMMENDATIONS:
THAT THE TERMS OF REFERENCE FOR HAC BE ENDORSED.**

AGREED

4.2 Medical Surgical Directorate Report

Taken as read. Noted the good results for the 2010/11 year. Activity has been above plan for acute and elective areas. The numbers waiting longer than 6 months for FSAs or procedures have been reduced significantly.

Higher volumes have impacted on clinical supplies. Directorate made a \$46.2m contribution to overheads against a planned contribution of \$42.5m

Peter Bramley outlined the performance of the directorate against health targets, intervention rates, relative stay index and comparisons provided by the Health Roundtable.

Focus for the 2011/12 year includes the new quality framework, theatre productivity, scoping and preadmission. Occupancy remains very high 95% in the last two weeks which increases the error rate.

Community Based chronic pain clinic being examined.

Members discussed the mix of follow ups to FSA, the need to change the model of care and the increased presentations to ED Wairau arising from GPs closing their registers.

Peter Burton gave an update on the latest results for the health targets. Noted that the current diabetes target is being modified for 2011/12. Members noted the good progress on these targets.

4.3 Clinical Services Support Directorate Report

Presentation

James Bowyer and Hilary Exton outlined the role of Clinical Services Support Directorate.

Key areas of focus are:

- Consistency across the district for eligibility to services such as Enable;
- Workforce challenges in Orthotics and Audiology;
- Working on clinical pathways in Radiology and access for GPs;
- Growth in dispensing costs for community based pharmacies;
- Family violence including case management, communications and linkages to other agencies;
- Patient transfers; and
- Clinical administration.

Members also discussed meals on wheels and whether recent price increases caused a drop in numbers.

Members were advised no funding is provided for elder abuse. If staff become aware of situations where this may be occurring actions will be taken.

Members noted the report and that the negotiations are continuing on the laboratory contract.

Moved: Ian MacLennan

Seconded: Roma Hippolite

**RECOMMENDATIONS:
THAT THE DIRECTORATE REPORTS BE RECEIVED.**

AGREED.

SECTION 5: GENERAL

Nil

SECTION 6: MEMBER ISSUES

PUBLIC EXCLUDED

Moved: Francis Gargiulo

Seconded: Russell Wilson

THAT the Committee resolve itself into a Committee of the whole and that in terms of the NZ Public Health & Disability Act 2000, the public be excluded while the following items are considered:

- *Minutes of a meeting of Hospital Advisory Committee held on 24 May 2011 (Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000)*

Meeting Closed at: 12.00pm

Members of the Public

Nil

ACTIONS ARISING FROM THE MEETING

Action	Responsible	Time Frame
Karakia	Russell Wilson	Next meeting
Future presentation - Preadmission changes - Innovation for future service delivery	Peter Bramley	November September

SECTION 3.1: MATTERS ARISING

SECTION 3.2: CORRESPONDENCE

Nil

SECTION 4: REPORTS

4.1 CHAIRPERSON'S REPORT

No report.

Status

This report contains:

- For decision
- Update
- Regular report
- For information

4.2 MEDICAL SURGICAL SERVICES DIRECTORATE REPORT

4.2.1 General

The Medical Surgical Directorate has delivered the required Caseweights and Discharges for August. The DHB remains ESPI compliant overall.

The Directorate has delivered a YTD surplus of \$7.869M compared to a budgeted surplus of \$7.947M giving a negative variance of \$77,000.

Status

This report contains:

- For decision
- Update
- Regular report
- For information

4.2.2 For Decision

Nil

4.2.3 Quality

Following is an update for key quality initiatives for the Medical Surgical (M/S) Directorate:

1) **Quality Framework**

A draft quality framework has been developed, and a new Quality and Safety Governance Committee has met. Work is being done to improve our processes around reportable and sentinel events, terms of reference for the various committees, the management of policies in the organisation, and risk management.

2) **Theatre Productivity**

New reports around key theatre metrics are ready for distribution. Theatre schedule is being changed to spread elective cases and improve theatre utilisation. Dedicated acute lists have been added to reduce cancellations of elective cases. Electronic display of theatre bookings is being implemented.

3) **Scoping Review**

Discussion on the Endoscopy waiting list is being held district wide and preliminary work has begun on creating a wait list in Concerto that

consultants will be able to enter on line. There is a need to match demand with capacity, and better manage those waiting for a colonoscopy.

4) **Surgical Pre-Admission Redesign**

The team has process mapped the pre-admission pathway and highlighted the key bottlenecks. Currently designing an improved criteria based nurse supported preadmission pathway.

5) **Minor Surgical Skin Lesions**

The drivers for this initiative are making the pathway for removal of minor skin lesions more accessible and convenient for patients, and increasing the capacity of secondary care for more complex surgical cases. A proposal is being put forward for MoH workforce and productivity funding to help transform the service in Wairau. It is proposed a “see and assess” service is offered with dermoscopy to then identify the best pathway for patients, i.e. surgical intervention, non surgical intervention or discharge to primary care.

6) **Strengthening Clinical Leadership**

We are about to advertise the roles of Head of Department for the various specialty groups. If we are to enhance service improvement and build capacity in secondary care then we need strong partnership between clinicians and management, and hence we need to invest in clinical leadership.

4.2.4 Utilisation/Activity

The M/S service delivered 3518 caseweights (104% of plan) YTD. (See tables.)

Acute activity was 108% of plan for the month.

Elective activity is 104% of budget YTD. The General Surgery and Orthopaedic services in particular had high elective delivery with the DHB increasing throughput to address long wait patients.

The DHB remains green overall in terms of ESPI compliance.

There are still a number of patients waiting > 6 months for FSA and Surgical treatment but numbers are continuing to decrease every month. As at 5th September 65 patients are waiting > 6 months for FSA and 107 surgical patients waiting > 6 months for surgery. The Ministry of Health has announced that for 12/13 the expectation is that no patients will be waiting longer than 6 months – with new reporting to be put in place, and new financial penalties for DHBs that do not comply.

Activity:

Medical & Surgical Acute/ Elective

Caseweights

NMDHB

August 2011

Service	Unit Code	Description	Type	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Med	M00001	General Medical Inpatient DRG's	Acute	4797	842	931	89	111%
		General Medical Inpatient DRG's	Elective	114	20	14	-6	69%
	General Medical Inpatient DRG's Total			4911	862	945	82	110%
	M10001	Cardiology Inpatient DRG's	Acute	623	109	203	94	186%
Cardiology Inpatient DRG's		Elective	338	59	52	-8	87%	
Cardiology Inpatient DRG's Total			961	169	255	86	151%	
Med Total				5872	1031	1199	168	116%
Specialist	D01001	Dental Inpatient DRG's	Acute	27	5	3	-2	67%
		Dental Inpatient DRG's	Elective	196	34	27	-7	79%
	Dental Inpatient DRG's Total			223	39	30	-9	77%
	M55001	Paediatric Medical Inpatient DRG's	Acute	697	122	118	-5	96%
		Paediatric Medical Inpatient DRG's	Elective	28	5	4	-1	75%
	Paediatric Medical Inpatient DRG's Total			725	127	121	-6	95%
	S25001	Ear, Nose and Throat Inpatient DRG's	Acute	112	20	13	-6	67%
		Ear, Nose and Throat Inpatient DRG's	Elective	479	84	39	-45	46%
	Ear, Nose and Throat Inpatient DRG's Total			591	104	52	-52	50%
	S30001	Gynaecology Inpatient DRG's	Acute	203	36	35	0	99%
		Gynaecology Inpatient DRG's	Elective	758	133	127	-6	95%
	Gynaecology Inpatient DRG's Total			961	169	162	-7	96%
	S40001	Ophthalmology Inpatient DRG's	Acute	30	5	3	-2	61%
		Ophthalmology Inpatient DRG's	Elective	420	74	69	-5	93%
	Ophthalmology Inpatient DRG's Total			450	79	72	-7	91%
	S70001	Urology Inpatient DRG's	Acute	156	27	33	6	120%
Urology Inpatient DRG's		Elective	571	100	82	-18	82%	
Urology Inpatient DRG's Total			727	128	115	-12	90%	
W06003	Neonates Inpatient DRG's	Acute	416	73	87	14	119%	
	Neonates Inpatient DRG's		416	73	87	14	119%	
W10001	Maternity Inpatient DRG's	Acute	1345	236	271	35	115%	
	Maternity Inpatient DRG's		1345	236	271	35	115%	
Specialist Total				5438	955	911	-44	95%
Surg	S00001	General Surgery Inpatient DRG's	Acute	2273	399	337	-62	84%
		General Surgery Inpatient DRG's	Elective	1710	300	311	11	104%
	General Surgery Inpatient DRG's Total			3983	699	648	-51	93%
	S05001	Anaesthesia Services Inpatient DRG's	Acute	20	4	0	-3	4%
		Anaesthesia Services Inpatient DRG's	Elective	30	5	8	3	152%
	Anaesthesia Services Inpatient DRG's Total			50	9	8	-1	93%
	S45001	Orthopaedics Inpatient DRG's	Acute	1766	310	329	19	106%
		Orthopaedics Inpatient DRG's	Elective	2040	358	415	57	116%
Orthopaedics Inpatient DRG's Total			3806	668	745	76	111%	
S75001	Vascular Inpatient DRG's	Acute	8	1	7	5	472%	
	Vascular Inpatient DRG's	Elective	172	30	1	-29	3%	
Vascular Inpatient DRG's Total			180	32	7	-24	24%	
Surg Total				8019	1408	1408	0	100%
Grand Total				19329	3393	3518	125	104%

Outpatient Attendances

First Attendances

NMDHB

August 2011

Service	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Act % Complete vs YTD Plan
Med	M00002	General Medicine - 1st attendance	1901	334	368	34	110%
	M10002	Cardiology - 1st attendance	1690	297	152	-145	51%
	M15002	Dermatology - 1st attendance	400	70	71	1	101%
	M20004	Diabetes - 1st attendance	350	61	29	-32	47%
	M25002	Gastroenterology - 1st attendance	920	162	219	57	136%
	M45002	Neurology - 1st attendance	682	120	97	-23	81%
	M50002	Oncology - 1st attendance	550	97	75	-22	78%
	M60002	Renal Medicine - 1st attendance	51	9	10	1	112%
	M65002	Respiratory - 1st attendance	100	18	32	14	182%
M70002	Rheumatology (incl immunology) - 1st att	306	54	49	-5	91%	
Med Total			6950	1220	1102	-118	90%
Specialist	M55002	Paediatric Medical Outpatient - 1st at	1045	183	154	-29	84%
	S25002	Ear Nose and Throat - 1st attendance	1350	237	113	-124	48%
	S30002	Gynaecology - 1st attendance	1200	211	292	81	139%
	S40002	Ophthalmology - 1st attendance	1445	254	270	16	106%
	S70002	Urology - 1st attendance	1100	193	108	-85	56%
	W03002	First obstetric consults	730	128	102	-26	80%
Specialist Total			6870	1206	1039	-167	86%
Surg	PC0001	Pain 1st Specialist assessment	110	19	16	-3	83%
	S00002	Gen Surgery 1st attendance	3215	564	554	-10	98%
	S45002	Orthopaedics - 1st attendance	3600	632	614	-18	97%
	S75002	Vascular Surgery 1st Attendance	139	24	0	-24	0%
Surg Total			7064	1240	1184	-56	95%
Grand Total			20884	3666	3325	-341	91%

Subsequent Attendances

NMDHB

August 2011

Service	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Med	M00003	General Medicine - Subsequent attendance	3204	562	529	-33	94%
	M10003	Cardiology - Subsequent attendance	2214	389	379	-10	98%
	M15003	Dermatology - Subsequent attendance	395	69	69	0	100%
	M20005	Diabetes - Subsequent attendance	550	97	98	1	101%
	M25003	Gastroenterology - Subsequent attendance	791	139	92	-47	66%
	M45003	Neurology - Subsequent attendance	526	92	81	-11	88%
	M50003	Oncology - Subsequent attendance	3400	597	559	-38	94%
	M60003	Renal Medicine - Subsequent attendance	550	97	66	-31	68%
	M65003	Respiratory - Subsequent attendance	44	8	20	12	259%
M70003	Rheumatology (incl immunology) - Subsequ	1094	192	136	-56	71%	
Med Total			12768	2242	2029	-213	91%
Specialist	M55003	Paediatric Medical Outpatient - Subsequ	2600	456	423	-33	93%
	S25003	Ear Nose and Throat - Subsequent attenda	1950	342	207	-135	60%
	S30003	Gynaecology - Subsequent attendance	1250	219	185	-34	84%
	S40003	Ophthalmology - Subsequent attendance	6000	1053	1041	-12	99%
	S70003	Urology - Subsequent attendance	2200	386	252	-134	65%
	W03003	Subsequent obstetric consults	628	110	115	5	104%
Specialist Total			14628	2568	2223	-345	87%
Surg	PC0003	Pain Specialist Appointment - Follow-up	200	35	20	-15	57%
	S00003	Gen Surg (incl Vascular Surgery) Subsequent	4108	721	683	-38	95%
	S45003	Orthopaedics - Subsequent attendance	6000	1053	1116	63	106%
	S75003	Vascular Surgery Subsequent Attendance	209	37	0	-37	0%
Surg Total			10517	1846	1819	-27	99%
Grand Total			37913	6656	6071	-585	91%

Medical & Surgical Procedures

NMDHB
August 2011

Service	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Med	M00006	General Medicine - blood transfusions	700	123	150	27	122%
	M10004	Cardiac Education and Management	900	158	328	170	208%
	M15004	Dermatology - UV Treatment	420	74	0	-74	0%
	M20006	Diabetes Education and Management	1210	1210	675	-535	56%
	M20007	Diabetes - Fundus Screening	1800	316	314	-2	99%
	M45004	Neurology - Botulinum toxin therapy	60	11	0	-11	0%
	M60008	Renal Medicine - Incentre Haemodialysis	1750	307	313	6	102%
	M65005	Respiratory - Bronchoscopy	30	5	3	-2	57%
	M65006	Sleep apnoea - assessment	220	39	14	-25	36%
	M65007	Sleep apnoea - long term treatment	200	35	249	214	709%
	MS02009	IV Chemotherapy - cancer - Any health sp	1900	334	427	93	128%
Med Total			9190	2611	2473	-138	95%
Specialist	S25006	ENT Minor operations	1000	176	113	-63	64%
	S30006	Termination of Pregnancy - 1 st trimester	450	79	63	-16	80%
	S30008	Gynae Minor Procedure - High Cost	90	16	15	-1	95%
	S40004	Minor Eye Procedures	50	9	7	-2	80%
	S40004A	Avastin	700	123	166	43	135%
	S40005	Eye - Argon Laser	180	32	49	17	155%
	S70005	Urology - Cystoscopy	500	88	62	-26	71%
	S70006	Urology - Lithotripsy	30	5	1	-4	19%
	S70007	Urodynamics	60	11	2	-9	19%
		W03005	Amniocentesis	50	9	1	-8
Specialist Total			3110	546	479	-67	88%
Surg	MS02005	Gastroscopy - Any Health Speciality	900	158	107	-51	68%
	MS02007	Colonoscopy - Any Health Speciality	1415	248	208	-40	84%
	MS02014	Colonoscopy and Gastroscopy (Performed together)	92	16	21	5	130%
	MS02016	Skin Lesion excisions	600	105	74	-31	70%
	S00008	Minor Operations	750	132	91	-41	69%
Surg Total			3757	660	501	-159	76%
Grand Total			16057	3816	3453	-363	90%

ESPI REPORTS

MoH Elective Services Online

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

DHB Name: Nelson Marlborough

	2010			2010			2010			2010			2010			2011			2011			2011			2011			2011			Target						
	Aug			Sep			Oct			Nov			Dec			Jan			Feb			Mar			Apr			May				Jun			Jul		
	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.	Level	Status %	Imp. Rec.		Level	Status %	Imp. Rec.			
1. DHB services that appropriately acknowledge and process all patient referrals within ten working days.	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	21 of 21	100%	0	20 of 20	100%	0	20 of 20	100%	0	21 of 21	100%	0	> 90%			
2. Patients waiting longer than six months for their first specialist assessment (FSA).	169	0.9%	0	226	1.2%	0	145	0.8%	0	171	0.9%	0	186	1.0%	0	260	1.4%	0	236	1.3%	0	216	1.2%	0	139	0.8%	0	113	0.6%	0	81	0.5%	0	121	0.6%	0	< 1.5%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	76	1.3%	0	60	1.1%	0	52	0.9%	0	56	1.0%	0	37	0.7%	0	41	0.7%	0	47	0.9%	0	42	0.8%	0	34	0.6%	0	39	0.7%	0	41	0.7%	0	42	0.8%	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.	129	2.1%	0	113	1.9%	0	114	1.9%	0	131	2.3%	0	147	2.5%	0	167	2.9%	0	145	2.5%	0	141	2.4%	0	84	1.4%	0	84	1.4%	0	93	1.6%	0	83	1.4%	0	< 4%
6. Patients in active review who have not received a clinical assessment within the last six months.	19	3.6%	0	51	10.1%	0	20	4.2%	0	23	4.6%	0	39	8.6%	0	32	7.2%	0	26	5.5%	0	24	5.4%	0	41	10.0%	0	43	10.5%	0	24	5.3%	0	13	2.9%	0	< 15%
7. Patients who have not been managed according to their assigned status and who should have received treatment.	98	1.7%	0	92	1.6%	0	95	1.7%	0	118	2.2%	0	103	1.9%	0	125	2.3%	0	106	1.9%	0	115	2.1%	0	69	1.3%	0	68	1.2%	0	70	1.2%	0	68	1.2%	0	< 5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	491	100%	0%	477	100%	0%	450	100%	0%	478	100%	0%	465	100%	0%	326	100%	0%	413	100%	0%	521	100%	0%	457	100%	0%	507	100%	0%	558	100%	0%	398	100%	0%	> 90%

This report displays overall ESPI results for a DHB over a 12 month period. The ESPI results do not include non-electives or elective patients awaiting planned, staged or surveillance procedures. ESPIs 3, 7 and 8 assess surgical specialities where patients are prioritised using nationally recognised tools. Medical specialities are currently included in ESPI 1 and 2 results but excluded from other ESPI results. In August 2010 the ESPI 2 threshold was reduced from 2% to 1.5%, and the ESPI 5 threshold was reduced from 5% to 4%. Please contact the Ministry of Health's Electives Team if you have any queries about ESPIs. (elective_services@moh.govt.nz).

Data Warehouse Refresh Date: 03/Sep/2011

Report Run Date: 05/Sep/2011

4.2.5 Performance MoH Targets KPIs – Medical / Surgical Services

- (i) Shorter Stays in Emergency Departments**
Awaiting information from MOH.

- (ii) Shorter Waits for Cancer Treatment Radiotherapy**
Awaiting information from MOH.

- (iii) Improved Access to Elective Surgery**
Awaiting information from MOH.

4.2.6 Financial Report for the Month Ended 31 August 2011

Medical Surgical Services Directorate Statement of Financial Performance

\$000	August 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
Revenue							
MoH Revenue	140	123	17	265	247	18	1,481
Other Govt Revenue	276	298	(21)	536	593	(57)	3,637
Other Income	243	227	16	485	454	31	2,762
Internal Revenue							
PVS	10,926	10,924	2	21,849	21,847	2	131,083
NGO & IDF	2,485	2,485	-	4,970	4,970	-	29,718
Internal Charge	-	-	-	-	-	-	-
Total Revenue	14,070	14,056	14	28,104	28,111	(7)	168,680
Expenditure							
Personnel Costs	5,175	5,623	448	10,609	10,979	369	66,378
Outsourced services	284	190	(94)	420	353	(67)	1,973
Clinical Supplies	1,519	1,250	(269)	2,769	2,502	(267)	14,368
Infrastructure and Non Clinical	429	394	(35)	850	788	(63)	4,691
Provider Payments							
IDF & NGO							
Personal Health	2,477	2,481	4	4,954	4,963	9	29,676
Disability Support	4	4	0	7	7	0	42
Internal (PVS)							
Internal Expenses	314	273	(40)	625	573	(52)	3,436
Total Expenditure	10,201	10,215	14	20,235	20,164	(71)	120,565
Net Surplus/(Loss)	3,869	3,841	28	7,869	7,947	(77)	48,116

Funder - Service View

\$000	August 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
PFM1 - Medical Surgical Portfolio	4	(0)	4	9	(0)	9	(0)
PFM4 - Older Persons Portfolio	-	-	-	-	-	-	-
	4	(0)	4	9	(0)	9	(0)

Provider - Service View

\$000	August 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
HMG - Hospital Management	138	(79)	216	62	(150)	212	(993)
HOP - Health of Older People & Rural	-	-	-	-	-	-	-
MED - Medical Services	2,128	2,176	(48)	4,269	4,444	(175)	26,458
NMGR - Nurse Manager	(92)	(93)	0	(197)	(190)	(7)	(1,180)
SPEC - Specialties Services	1,210	1,103	107	2,340	2,245	94	13,418
SUR - Surgical Services	2,738	2,813	(75)	5,590	5,662	(72)	34,201
WAI - Wairau	(2,256)	(2,079)	(177)	(4,204)	(4,064)	(140)	(23,788)
WCO - Women, Child & Oral	-	-	-	-	-	-	-
WLI - Wairau Liaison	-	-	-	-	-	-	-
	3,865	3,841	23	7,860	7,947	(86)	48,116

FTE's - Medical Surgical Services Directorate

Staff Type	August 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
Medical Personnel	130.2	145.7	15.5	135.6	141.6	5.9	143.6
Nursing Personnel	391.8	384.3	(7.5)	406.5	386.0	(20.5)	393.7
Allied Health	33.4	33.8	0.4	34.4	33.5	(0.9)	33.4
Hotel Services	24.0	24.2	0.2	24.1	24.1	(0.0)	24.7
Management/Administration	5.7	10.1	4.4	6.4	10.1	3.6	10.0
Total FTEs	585.1	598.1	13.0	607.1	595.2	(11.9)	605.4

Expenditure:

Personnel costs are \$369k favourable (11.9 FTE unfavourable).

Medical Personnel \$603k favourable (5.9 FTE favourable).

The positive \$ variance is caused by a cleanup of annual leave not previously captured and by a significant credit for re-based CME entitlement.

Nursing Personnel \$292k unfavourable (20.5 FTE unfavourable)

Medical Services are \$95k (9.5 FTE) unfavourable: \$47k (5.3 FTE) in Medical Unit Nelson where Occupancy, Patient Days and Discharges all show a considerable increase on the same period in 2010-11 and are at the highest rate for over a year; \$27k (2.8 FTE) is in ED Nelson.

Management & Admin \$60k favourable to budget (3.6 FTE favourable): in Directorate Management where Managers are \$40k under budget.

Outsourced Medical is \$99k unfavourable. Medical – Obstetrics/Gynaecology Wairau is \$59k over with a locum covering Medical vacancy. Medical - Anaesthetists Wairau is over budget \$44k offsetting the \$94k underspend in Anaesthetist. Medical Staff Medical - Orthopaedic Wairau is \$35k over with a locum covering Medical leave and call cover.

Clinical Supplies are \$267k unfavourable. This includes \$72k of budget savings to be identified. The balance of the variance is largely in Wairau Services (\$161k unfavourable) – the bulk of this is being Theatre and Private Surgery which jumped in July and August due to an Orthopaedic Surgeon locum-ing and doing a higher throughput of higher CWD patients. Confirmed by Orthopaedics Wairau being 20% above Contract YTD volume for Inpatient DRGs.

Medical Services (\$59k unfavourable) – Mostly in Physiology/Cardiology/PCI. Cardiology Inpatient DRGs are 50% above contract YTD.

Infrastructure is \$62k unfavourable. *Hotel & Laundry* costs are \$39k unfavourable to budget with Patient Meal costs being \$22k above budget.

4.2.7 Emerging Issues

Nil

4.2.8 Project Reports or Status

Nil

4.2.9 Health Alliance / Collaboration

Nil

4.2.10 Progress against service improvement plans

Nil

4.2.11 Directorate Profile

Nil

RECOMMENDATION:

THAT THE MEDICAL / SURGICAL SERVICES DIRECTORATE REPORT BE RECEIVED.

4.3 CLINICAL SERVICES SUPPORT DIRECTORATE

4.3.1. General

Nil

4.3.2. Decision

Nil

4.3.3. Quality

IANZ accreditation for the Mortuary has been obtained. This is a requirement of the Department of Justice contract for Coroners examinations.

4.3.4. Utilisation / Activity

Directorate continues to meet fortnightly to discuss focus on key strategies going forward, and formed part of service improvements in the 2011/12 Annual Plan. Discussions are being held on access to Diagnostics, both Community and Secondary. A clinical pathway meeting with all Directorates and stakeholders was also held.

Resolved appropriate Clinical pathway for ENT patients access to MRI, with Med/Surg Directorate.

Recruitment for the position of Chief Pharmacist is ongoing.

The Blenheim to Nelson patient shuttle service started on 5th September with four passengers travelling in the first week

Various meetings have been held to discuss the adoption of customer service training for all Clerical and Administration staff. Customer Service Champions have commenced "Train the trainer" training. Once completed, training of other clerical/administration staff will commence.

Work on the e-referrals project with the Service Director, Marlborough Directorate is ongoing.

Meetings have been held with Medlab South regarding contract renewal negotiations.

Work on Clinical pathways for Radiology has commenced.

Work on launch of 6 month pilot for Social Worker and Physio full time in ED Nelson has commenced.

Status

This report contains:

For decision

✓ Update

✓ Regular report

✓ For information

4.3.5 Financials Results and Forecasts

Progress against Annual Plan - Report for August 2011:

Clinical Services Support Directorate Statement of Financial Performance

\$000	August 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
Revenue							
MoH Revenue	71	90	(19)	159	179	(20)	1,075
IDF Revenue	-	-	-	-	-	-	-
Other Govt Revenue	92	91	1	185	182	3	1,090
Other Income	183	183	(0)	335	363	(28)	2,186
Internal Revenue							
PVS	1,171	1,053	118	2,307	2,106	201	12,636
NGO & IDF	3,716	3,716	-	7,571	7,571	-	45,339
Internal Charge	640	450	190	1,245	952	294	5,703
Total Revenue	5,873	5,583	290	11,802	11,353	449	68,029
Expenditure							
Personnel Costs	1,518	1,583	65	2,960	3,005	45	18,065
Outsourced services	513	468	(45)	972	943	(29)	5,605
Clinical Supplies	1,183	1,054	(129)	2,384	2,182	(202)	12,853
Infrastructure and Non Clinical	203	162	(41)	393	338	(55)	1,943
Provider Payments							
IDF & NGO							
Personal Health	3,837	3,704	(133)	7,688	7,548	(140)	45,198
Disability Support	12	12	0	23	23	0	140
Internal (PVS)							
Internal Expenses	361	208	(153)	689	437	(252)	2,620
Total Expenditure	7,627	7,192	(435)	15,110	14,476	(633)	86,426
Net Surplus/(Loss)	(1,754)	(1,609)	(145)	(3,307)	(3,124)	(184)	(18,397)

Funder - Service View

\$000	August 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
PFM2 - Primary & Referred Portfolio	(133)	(0)	(133)	(140)	(0)	(140)	(0)
	(133)	(0)	(133)	(140)	(0)	(140)	(0)

Provider - Service View

\$000	August 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
ADM - Administration	(453)	(448)	(5)	(893)	(872)	(21)	(5,120)
CLS - Clinical Support	(1,178)	(1,166)	(12)	(2,310)	(2,284)	(25)	(13,473)
FAC - Support Works	27	22	5	68	64	3	387
MAR - Maori Health	(17)	(17)	(0)	(33)	(32)	(1)	(191)
	(1,621)	(1,609)	(12)	(3,167)	(3,124)	(43)	(18,397)

FTE's - Clinical Services Support Directorate

Staff Type	August 2011			Year to Date			Full Year
	Actual	Budget	Variance	Actual	Budget	Variance	DAP
Medical Personnel	5.5	5.5	(0.1)	5.6	5.3	(0.3)	5.3
Nursing Personnel	7.8	7.4	(0.4)	8.0	7.3	(0.7)	7.3
Allied Health	128.5	136.2	7.7	130.6	133.5	2.9	133.2
Hotel Services	2.8	2.6	(0.2)	2.7	2.6	(0.1)	2.6
Management/Administration	144.1	137.5	(6.6)	145.8	137.2	(8.6)	137.8
Total FTEs	288.7	289.1	0.4	292.7	285.9	(6.8)	286.2

Commentary	Variance (\$'000)
REVENUE	449
Pharmacy Healthpac claims are higher than budget	201
Internal Pharmacy allocations are higher than budgeted	294
<i>Other variances</i>	-46
PERSONNEL COSTS	45
Close to budget	
<i>Other variances</i>	45
OUTSOURCED SERVICES	-29
Audiology costs related to cover for vacant positions	-44
<i>Other variances</i>	15
CLINICAL SUPPLIES	-202
Pharmaceuticals are over budget in:	
Immunosuppressive/cytotoxic	-159
Nutrition	-15
Cardiovascular	-28
Infections	-15
Anaesthetics	-11
Support Works client-related costs are favourable to budget	21
<i>Other variances</i>	5
INFRASTRUCTURE AND NON CLINICAL	-55
Stationery costs in Medical Records departments reflecting bulk purchase	-29
<i>Other variances</i>	-26
PROVIDER PAYMENTS	-140
Over accrual of prior year Community Pharmaceuticals partly offset by higher current year costs.	94
Pharmacy services variance relates to payments for Discretionary Pharmaceuticals Fund held by Pharmac	-204
Travel & Accommodation payments are estimated at a higher level than budgeted based on recent figures	-55
<i>Other variances</i>	25
INTERNAL ALLOCATIONS	-252
Unfavourable in:	
Pharmacy - cost driven by PCT drugs recovered via HealthPac claims (see revenue above)	-254
<i>Other variances</i>	2

- a) Rutherford
The Rutherford Team is working on Pharmacy (both community and hospital). This work commenced in mid July and further meetings are being held fortnightly to discuss work in progress. Overall savings for Pharmacy in 2011/12 Budget is \$500K.

- b) Health Targets
Nil.

- c) Capital Projects

Work is continuing on CAPEX for Ultrasound (\$250K), Image Intensifier (\$150K), mammo machine replacement (\$200K) and PACS upgrade (\$250K). The first two are subject to a joint tender process with CDHB, and have been slowed up which has required the funds to be carried over into this year. Instructions from NHB is that mammo is now a national project and we are not to do anything by ourselves

PACS is a bigger issue with the question do we spend this money now knowing regionalisation will mean a change in vendor in the medium term. Currently working on PACS options with CDHB.

It has been agreed to delay \$1.6 million of CT equipment from April 2012 to October 2013, to allow funds to be used for other DHB projects. Clinician agreement has been obtained for this.

- d) Progress against Balanced Scorecard
Nil.

4.3.6 Emerging Issues

- a) Community Pharmacy

The Community Pharmacy three year contracts have only been renewed for eight months from 1 September. This will allow work, nationally, to develop a solution on Close Control and Long Term Condition patients and how Pharmacies are to be rewarded on a fee for service basis. This has yet to be costed centrally to determine the cost to DHBs.

4.3.7 Inter-directorate engagement

Meetings with Marlborough (bi monthly) and Medical/Surgical (monthly) continue.

4.3.8 Workforce

- a) Director of Allied Health

- The Service Accreditation Project has commenced with the next phase being discussions with CNM District Nursing
- Generic OT JD/PD have been finalised
- Generic Allied Health Assistant JD/PD are in draft to HR and Team Leaders
- Workshop with Allied Health Assistants has occurred and a work plan commenced

- Credentialing framework for Allied Health continues with links to National Group, and will be discussed at the forthcoming Director Allied Health meeting at NMDHB.
- b) Service Manager Allied Health
- Allied Health involvement with the Care Capacity Demand Management programme continues
 - Audiology Service Review continues with small achievable steps in place.
 - External Review Social Work agreed and has support of staff across Nelson and Wairau departments
 - Falls Pathway proposed and initial meeting of key stakeholders planned
 - Monthly reporting of reportable events and compliments / complaints in place.
- c) National
- National Allied Health Directors developing 2011/12 work plan which links to workforce development, allied health leadership, regional training hubs, innovation and continual relationship building within the health sector
 - National Director of Allied Health support for mandatory Social Work registration
 - Linkages to National director led on Care Capacity Demand Management
 - Specific South Island DAH Teleconference workshop with Training Hubs, National Allied Health Conference 2012 in Christchurch. Several allied health staff are representing NMDHB, including Allied Health Coordinator within the Nelson Bays PHO.
- d) Other
- South Island PSA Clerical and ASMS MECA currently being negotiated. MRTs are about to commence.

4.3.9 Progress against service improvement plans

Nil.

4.3.10 Directorate Profile

Nil.

RECOMMENDATION:

THAT THE CLINICAL SERVICES SUPPORT DIRECTORATE REPORT BE RECEIVED.

SECTION 5: FOR INFORMATION

Nil

SECTION 6: MEMBERS ISSUES

Nil

SECTION 7 - GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

ABC	Ask about their smoking status; brief advice to quit; cessation
A4HC	Action for Healthy Children
A&D / AOD	Alcohol and Drug / Alcohol and Other Drugs
ACC	Accident Compensation Corporation
ACNM -	Associate Charge Nurse Manager
ACU	Ambulatory Care Unit
AE	Alternative Education
AEP	Accredited Employer Programme
AIR	Agreed Information Repository
ALOS	Average Length of Stay
AOD	Alcohol and Drug
AOHS	Adolescent Oral Health Services
AP	Annual Plan with Statement of Intent
ARC	Aged Residential Care
ARF	Audit Risk and Finance
ARCC	Aged Residential Care Contract
ASD	Autism Spectrum Disorder
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
BSCQ	Balanced Score Card Quadrant
BA	Business Analyst
BCTI	Buyer Created Tax Invoice
BFCI	Breast Feeding Community Initiative
BFCI	Baby Friendly Community Initiative
BS	Business Support
BSI	Blood Stream Infection
BSMC	Better, Sooner, More Convenient
CAMHS	Child and Adolescent Mental Health Services
CBAC	Community Based Assessment Centres
CBF	Capitation Based Funding
CE (CEO)	Chief Executive (Chief Executive Officer)
CEA	Collective Employee Agreement
CDHB	Canterbury District Health Board
CCDHB	Capital & Coast District Health Board (also called C & C)
CCF	Chronic Conditions Framework
CCT	Continuing Care Team
CCU	Coronary Care Unit
CDEM	Civil Defence Emergency Management
CDHB	Canterbury District Health Board
CDM	Chronic Disease Management
CEG	Coordinating Executive Group (for emergency management)
CeTas	Central Technical Advisory Support
CFA	Crown Funding Agreement <u>or</u> Crown Funding Agency
CFO	Chief Financial Officer
CHFA	Crown Health Financing Agency
CHS	Community Health Services
CIMS	Coordinated Incident Management System
CIO	Chief Information Officer
CME	Continuing Medical Education

CMI	Chronic Medical Illness
CMS	Contract Management System
CNM	Charge Nurse Manager
Concerto	IT system which provides clinician's interface to systems
COO	Chief Operating Officer
COPMI	Children of Parents with Mental Illness
CPHAC	Community and Public Health Advisory Committee
CPIP	Community Pharmacy Intervention Project
CPNE	Continuing Practice Nurse Education
CPO	Controlled Purchase Operations
CPU	Critical Purchase Units
CSR	Contract Status Report
CSSD	Central Sterile Supply Department
CTA	Clinical Training Agency
CTC	Contributions to Cost
CTANAG	Clinical Training Agency Nursing Advisory Group
CTU	Combined Trade Unions
CVD	Cardiovascular Disease
CVDRA	Cardiovascular/Diabetes Risk Assessment
CWD	Case Weighted Discharge
CYAERG	Child Youth Advisory & Expert Reference Group.
CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DAP	District Annual Plan
DAR	Diabetes Annual Review
DHB	District Health Board
DHBNZ	District Health Boards New Zealand
DHBRF	District Health Boards Research Fund
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DRG	Diagnostic Related Group
DSP	District Strategic Plan
DSS	Disability Support Services
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EFI	Energy For Industry
ELT	Executive Leadership Team
EMPG	Emergency Management Planning Group
ENT	Ears, Nose and Throat
EOI	Expression of Interest
EQP	Earthquake Prone Building Policy
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
EVIDEM	Evidence and Value: Impact on Decision Making
FF&E	Furniture, Fixtures and Equipment
FFT	Future Funding Track

FMIS	Financial Management Information System
FOMHT	Friends of Motueka Hospital Trust
FOUND	Found Directory is an up-to-date listing of community groups and organisations in Nelson/Tasman
FRC	Fee Review Committee
FSA	First Specialist Assessment
FST	Financially Sustainable Threshold
FTE	Full Time Equivalent
FVIP	Family Violence Intervention Programme
GM	General Manager
GMS	General Medical Subsidy
GP	General Practitioner
GRx	Green Prescription
HAC	Hospital Advisory Committee
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
H&DC / HDC	Health and Disability Commissioner
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
He Kawenata	Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104)
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HM	Household Management
HMS	Health Management System
HODs	Heads of Department
HOP	Health of Older People
HP	Health Promotion
HPI	Health Practitioner Index
HPV	Human Papilloma Virus
HR	Human Resources
HR & OD	Human Resources and Organisational Development
IANZ	International Accreditation New Zealand
IBA	Information Builders of Australia
IDF	Inter District Flow
IDSS	Intellectual Disability Support Services
IFRS	International Financial Reporting Standards
IHB	Iwi Health Board
IM	Information Management
InterRAI	Inter Residential Assessment Instrument
IPAC	Independent Practitioner Association Council
IPC	Intensive Patient Care
IPC Units	Intensive Psychiatric Care Units
IPG	Immunisation Partnership Group
IPU	In-Patient Unit
IS	Information Systems
ISSP	Information Services Strategic Plan
IT	Information Technology

JAMHWSAP	Joint Action Maori Health & Wellness Strategic Action Plan
JOG	Joint Oversight Group
KIM	Knowledge and Information Management
Kotahitanga	Unity, accord, coalition, solidarity (PM Ryan Maori Dictionary pg 127)
KPI	Key Performance Indicator
KHW	Kimi Hauora Wairau (Marlborough PHO)
LA	Local Authority
LCN	Local Cancer Network
LIS	Laboratory Information Systems
LOS	Length of Stay
LSCS	Lower Segment Caesarean Section
LTC	Long Term Care
LTCCP	Long Term Council Community Plan
LTO	Licence to Occupy
LTS-CHC	Long Term Supports – Chronic Health Condition
LTSFSG	Long Term Service Framework Steering Group
Manaakitanga	Goodwill, show respect, or kindness to ((PM Ryan Maori Dictionary pg 172)
Manawhenua	Power, prestige, authority over land (HW Williams Maori Dictionary pg 172)
Manawhenua O Te	Tau Ihu O Te Waka A Maui – Referring to the eight iwi who hold tribal authority over the top of the South Island (no reference)
MHDSF	Maori Health and Disability Strategy Framework
MHFS	Maori Health Foundation Strategy
MPDS	Maori Provider Development Scheme
MA	Medical Advisor
MCT	Mobile Community Team
MDC	Marlborough District Council
MDO	Maori Development Organisation
MDS	Maori Development Service
MDT	Multi Disciplinary Team
MECA	Multi Employer Collective Agreement
MHAU	Mental Health Admission Unit
MHC	Mental Health Commissioner
MHD	Maori Health Directorate
MHINC	Mental Health Information Network Collection
MHWSF	Maori Health and Wellness Strategic Framework
MOH	Ministry of Health
MOH	Medical Officer of Health
MOA	Memorandum of Agreement
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MOW	Meals on Wheels
MRI	Magnetic Resonance Imaging
MRT	Medical Radiation Technologist (or Technician)
MSD	Ministry of Social Development
NPA	Nutrition and Physical Activity
NRAHDD	Nelson Region After Hours & Duty Doctor Limited
NRT	Nicotine Replacement Therapy
MRSA	Methicillin Resistant Staphylococcus Aureus
NHBIT	National Health Board IT
NASC	Needs Assessment Service Coordination
NBPH	Nelson Bays Primary Health
NCC	National Capital Committee
NCC	Nelson City Council
NCSP	National Cervical Screening Programme
NETP	Nursing Entry to Practice

NGO	Non Government Organisation
NHCC	National Health Coordination Centre
NHI	National Health Index
NIR	National Immunisation Register
NMDHB	Nelson Marlborough District Health Board
NMDS	National Minimum Dataset
NMIT	Nelson Marlborough Institute of Technology
NPA	Nutrition and Physical Activity (Programme)
NPV	Net Present Value
NRAHDD	Nelson Regional After Hours and Duty Doctor Ltd
NSU	National Screening Unit
NTOS	National Terms of Settlement
NZHIS	NZ Health Information Services
NZMA	New Zealand Medical Association
NZNO	NZ Nurses Organisation
NZPH&D Act	NZ Public Health and Disability Act 2000
OAG	Office of the Auditor General
OIA	Official Information Act
OIS	Outreach Immunisation Services
OPD	Outpatient Department
OPF	Operational Policy Framework
OPJ	Optimising the Patient Journey
OSH	Occupational Health and Safety
OT	Occupational Therapy
PACS	Picture Archiving Computer System
P&F	Planning and Funding
PANT	Physical Activity and Nutrition Team
PBF(F)	Population Based Funding (Formula)
PC	Personal Cares
P&C	Primary & Community
PCI	Percutaneous Coronary Intervention
PCO	Primary Care Organisation
PCT	Pharmaceutical Cancer Treatments
PDR	Performance Development Review
PDRP	Professional Development and Recognition Programme
PDSA	Plan, Do, Study, Act
PFG	Performance Framework Group (formerly known as Services Framework Group)
PHS	Public Health Service
PHCS	Primary Health Care Strategy
PHI	Public Health Intelligence
PHO	Primary Health Organisation
PHOA	PHO Alliance
PHONZ	PHO New Zealand
PHS	Public Health Service
PHU	Public Health Unit
PIA	Performance Improvement Actions
PN	Practice Nurse
PPP	PHO Performance Programme
PSAAP	PHO Service Agreement Amendment Protocol
PT	Patient
PTAC	Pharmacology and Therapeutics Committee
PRIMHD	Project for the Integration of Mental Health Data
PVS	Price Volume Schedule
QA	Quality Assurance

QHNZ	Quality Health NZ
QIC	Quality Improvement Council
QIPPS	Quality Improvement Programme Planning System
Rangatiratanga	Autonomy, evidence of greatness (HW Williams Maori Dictionary pg 323)
RDA	Resident Doctors Association
RDA	Riding for Disabled
RIF	Rural Innovation Fund
RFI	Request for Information
RFP	Request for Proposal
RICF	Reducing Inequalities Contingency Funding
RM	Registered Midwife
RMO	Resident Medical Officer
RN	Registered Nurse
ROI	Registration of Interest
RSE	Recognised Seasonal Employer
RSL	Research and Sabbatical Leave
SAN	Storage Area Network
SCBU	Special Care Baby Unit
SCN	Southern Cancer Network
SDB	Special Dental Benefit Services
SHSOP	Specialist Health Services for Older People
SIA	Services to Improve Access
SICF	South Island Chairs Forum
SICSP	South Island Clinical Services Plan
SI HSP	South Island Health Services Plan
SIRCC	South Island Regional Capital Committee
SISSAL	South Island Shared Service Agency
SLH	SouthLink Health
SLT	Strategic Leadership Team
SMO	Senior Medical Officer
SNA	Special Needs Assessment
SOI	Statement of Intent
SOPD	Surgical Outpatients Department
SOPH	School of Population Health
TDC	Tasman District Council
TLA	Territorial Local Authority
TOW	Treaty of Waitangi
TOR	Terms of Reference
TRTT	Te Roopu Tupu Tahī
UG	User Group
VLCA	Very Low Cost Access
VRA	Vascular Risk Assessment
WAM	Wairau Accident & Medical Trust
WAVE (Project)	Working to Add Value through E-Information
WEII	Whanau Engagement, Innovation and Integration
WIP	Work in Progress
YTD	Year to Date
YTS	Youth Transition Service

September 2011

SECTION 8: APPENDICES
