



# **HOSPITAL ADVISORY COMMITTEE AGENDA**

## **NOTICE OF MEETING**

**OPEN**

## HOSPITAL ADVISORY COMMITTEE AGENDA

Nelson Marlborough District Health Board  
DHB Seminar Centre Room 1  
Braemar Campus  
NELSON  
Tuesday, 8 March 2011 commencing at 9.30 am

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### OPEN SECTION:

Public Forum		9.30am
<b>SECTION 1</b>	Welcome and Apologies	9.40am
<b>SECTION 2</b>	Registration of Interest	9.45am
<b>SECTION 3</b>	Confirmation of Minutes: Previous meeting	9.55am
	Matters arising	10.05am
<b>SECTION 4</b>	Reports Service Directors' Reports	10.15am
<b>SECTION 5</b>	Member Issues	11.25am
<b>SECTION 6</b>	Glossary of Commonly Used Acronyms and Abbreviations	
<b>SECTION 7</b>	Appendices	
Resolution to Exclude Public		11.30am

### 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 Hospital Advisory Committee held on 26 October 2010 Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000).***

## **SECTION 1: WELCOME AND APOLOGIES**

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## 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"> <li>Chairperson of Nelson Marlborough Hospitals' Charitable Trust.</li> </ul>	<ul style="list-style-type: none"> <li>Member of the Gladys Amelia Pascoe Trust.</li> </ul>	<ul style="list-style-type: none"> <li>Provision of trust funds towards equipment, training and patient support.</li> </ul>	
Francis Gargiulo	<ul style="list-style-type: none"> <li>Nil</li> </ul>			<ul style="list-style-type: none"> <li></li> </ul>
Ian MacLennan	<ul style="list-style-type: none"> <li>Honorary Treasurer of Nelson Centre of the Cancer Society of NZ.</li> </ul>		<ul style="list-style-type: none"> <li>Tenancy and IT hosting</li> </ul>	<ul style="list-style-type: none"> <li>Accommodation for the Cancer Society</li> </ul>
Jennifer M Black	<ul style="list-style-type: none"> <li>Nil</li> </ul>			<ul style="list-style-type: none"> <li></li> </ul>
Jenny Black	<ul style="list-style-type: none"> <li>Life member of Diabetes NZ.</li> </ul>			<ul style="list-style-type: none"> <li></li> </ul>
John Inder	<ul style="list-style-type: none"> <li>Board Member St Mark's Society</li> </ul>		<ul style="list-style-type: none"> <li>Alcohol and other drug residential treatment. NGO part funded by NMDHB</li> </ul>	
Roma Hippolite	<ul style="list-style-type: none"> <li>Chair, Te Rau Matatini Ltd</li> </ul>	<ul style="list-style-type: none"> <li>Broker, The Research Broker</li> </ul>	<ul style="list-style-type: none"> <li>Contracts for services to NMDHB</li> <li>Provided marketing research brokering services to Public Health in 2008.</li> </ul>	
Russell Wilson	<ul style="list-style-type: none"> <li>Sister in law is an employee of NMDHB</li> <li>Member of NZ National Party (Regional Office holder)</li> <li>Managing Director of Carat Investments;</li> <li>Principal Consultant at Wilson Consultants (HR and Business Management consultancy).</li> </ul>		<ul style="list-style-type: none"> <li>NMDHB Board Office</li> <li>NZ National Party</li> <li>Carat Investments</li> <li>Wilson Consultants</li> </ul>	
Tahi Takao	<ul style="list-style-type: none"> <li>Kaumatua – NMDHB</li> <li>Kaumatua – Te Amo Health</li> <li>Kaumatua – Te Awhina Marae Health</li> <li>IHB Member</li> <li>Adult daughter with intellectual and physical disability</li> <li>Respite care bed with NZ Care</li> </ul>	<ul style="list-style-type: none"> <li>Member – National Maori Men's Health Coalition.</li> </ul>		

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

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

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

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
	Dr Sharon Kletchko	<ul style="list-style-type: none"> <li>▪ Member Exceptional Circumstances Panel – PHARMAC</li> <li>▪ Treasurer, International Society for Health Care Priorities</li> <li>▪ Member St John South Island Region Trust Board</li> <li>▪ Member RACP NZ Policy and Advocacy Committee.</li> <li>▪ South Island Representative on RACP NZ Joint Executive.</li> <li>▪ Member of the Medicine’s Review Committee (Medicine’s Act) MEDSAFE</li> <li>▪ Member DHBRF Governance.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Deputy Chair of the New Zealand Standards Council</li> <li>▪ Member of the Board – EVIDEM Collaboration.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 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.”</li> </ul>	
DONM	Robyn Henderson	Nil			
CMO	Heather McPherson (Acting CMO)	Nil			
DMH & Whanau Ora	Harold Wereta	<ul style="list-style-type: none"> <li>▪ Ngati Toarangatira Connections</li> </ul>		<ul style="list-style-type: none"> <li>▪ Tribal Interest</li> </ul>	
<b>CHIEF EXECUTIVE’S OFFICE</b>					
	John Peters	<ul style="list-style-type: none"> <li>▪ Director of SISSAL</li> <li>▪ Trustee of Nelson Marlborough Hospitals’ Charitable Trust</li> <li>▪ Trustee Churchill Trust.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Director of Management and Industrial Services Ltd.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shared services provision, administration of trust funds for health purposes &amp; provision of private health services at Wairau Hospital</li> <li>▪ MIS Ltd previously provided consultant services to other DHBs.</li> </ul>	
	Keith Rusholme	<ul style="list-style-type: none"> <li>▪ Wife provides first aid training and complimentary help services.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Provision of services to DHB staff or contracted providers.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sister works for IDSS.</li> </ul>
	Mike Cummins	Nil			

As at 8 February 2011

## **SECTION 3: CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING**

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**MINUTES OF THE PUBLIC MEETING OF THE HOSPITAL ADVISORY COMMITTEE OF THE NELSON MARLBOROUGH DISTRICT HEALTH BOARD HELD IN THE SUPPORT SERVICES MEETING ROOM 1, WAIRAU HOSPITAL, BLENHEIM AT 1.00PM ON TUESDAY 26 OCTOBER, 2010**

**Present:**

Lynette Jones (Chairman), Suzanne Win, Joanne Mickleson, Janet Kelly, Joe Puketapu

**In Attendance:**

Keith Rusholme, John Peters

Glenda Crichton (Minutes)

### **SECTION 1: WELCOME AND APOLOGIES**

The Chairman welcomed all to the last meeting for this current term. This will be a final meeting for several members and staff.

The Chairman welcomed Gerald Hope and Gordon Currie, (elected to the Board October 9) as observers during the public meeting.

Apologies were received for Ian MacLennan.

**Moved:** Suzanne Win

**Seconded:** Jo Mickleson

**RECOMMENDATION:  
THAT THE APOLOGIES BE ACCEPTED**

### **SECTION 2: REGISTRATION OF INTEREST**

Jo Mickleson advised that she is now a member of PHO Board and will advise the Board Secretary accordingly.

**Moved:** Janet Kelly

**Seconded:** Joe Puketapu

**RECOMMENDATION:  
THAT THE REGISTRATIONS OF INTEREST BE NOTED.**

**AGREED**

## **SECTION 3: MINUTES**

**Moved:** Janet Kelly  
**Seconded:** Suzanne Win

**RECOMMENDATION:**  
**THAT THE MINUTES OF 24 AUGUST 2010 ARE ADOPTED AS A TRUE AND CORRECT RECORD**

**AGREED**

### **SECTION 3.1: MATTERS ARISING**

**3.1.1 Progress of the Pukenga Hauora Service**  
Please refer to Section 4.1.3 of the Minutes.

## **SECTION 4: REPORTS**

**4.1 Chief Operating Officer's Report**  
The COO spoke to the Report.

**4.1.1 Activity – MRT Strike**  
28 notices of strike had been received from the Union for the DHB, (14 for each Hospital).

The strike was having a significant impact on our front line medical and surgical staff where they were having to make judgement calls on patients and asking them to come back without being properly diagnosed. The organisation is doing what it can to support these staff.

Life Preserving Services (LPS) were discussed. The DHBs have an agreement with the union as to how they operate during the strike. We have a gatekeeper who makes the final call on LPS.

We are having to look at thresholds for LPS more closely as the strike action continues and managing carefully the services that are impacted eg, the afterhours in Nelson. There are a range of actions being taken by staff, including withdrawal of labour and work to rule.

The CE reported that this was the topic of discussion at the National CEOs Meeting where it was resolved to step up the public awareness on the nature of strike and its effect on the public of New Zealand. NMDHB staff are managing the situation well, but the CE warned that some of the serious difficulties experienced in other DHBs are just as likely to occur in our own.

**4.1.2 Upgrade of Emergency Power Supply System (EPSS)**  
Noted.

#### **4.1.3 Pukenga Hauora Service**

Members noted the report and acknowledged the significant progress that had been made across both sites.

#### **4.1.4 Wairau Site Development Steering Group Report for September 2010**

The Chairman acknowledged the Chief Operating Officer's speech at the blessing of Stage 3 of the Wairau Site Development at dawn earlier today. The COO is the sponsor for Wairau Site Development and Chairman of the Steering Group.

HAC noted that the delays to the completion date had been reduced to five days which was a good improvement. The risks are being monitored closely as contingency provides little opportunity to reduce costs further.

#### **4.2 Treatment Lists**

Noted.

#### **4.3 Outpatient Reports**

The COO noted an area of concern was that we continue to accept more referrals than we are able to see in a month. However there is a lot of work being done to bring this under control with referrals now being triaged by one SMO to ensure that we are not exceeding our plan.

#### **4.4 KPIS/Variance Reports**

Overall these are showing good results.

A new patient-centred booking system for outpatients is being trialled in Wairau and it is expected this will show improvement in the Did Not Attends results over the coming months.

The positive triage results continue to exceed the six hour government target for Emergency Departments.

Contract to performance is 3.3% below overall, however considering we now have capacity funding with targets, this is a better scenario than the previous year of over servicing when taking associated costs into account.

Accruals for the second half of the year have been made in the staffing area as targets for Rutherford come in on track.

The coding concern is Wairau based, but management interventions to rectify this should take effect shortly. The COO explained that if coding is not completed within 21 days, it then flows into elective services targets at the Ministry. After three months of orange light status, we could lose a significant amount of funding, however this has not occurred to date.

Members discussed the 'up' and 'down' arrows in the 'Trend' column of the KPI Variance Report and requested a return to the previous model to better understand the trend direction. With the change in reporting lines of new

Executive Leadership Team it was agreed that this was something that the new Board may want to discuss. This advice will go to the Board.

Members asked that the forecast End of Year figures be included after the first quarter in future reports.

Smoking cessation was discussed. Currently we are running at 41% which is well below target. This has now become an accountability issue and to ensure that the data is provided, a deadline has been set for an improved result by the end of November 2010.

#### **4.5 Elective Service Report**

For this financial year the Government has reduced the percentages that we can exceed target by, making it much harder to maintain.

#### **4.6 Property Management**

##### **Motueka**

Discussions are continuing around the relocation of the Community Health Building and its possible usage.

##### **Golden Bay**

The Ministry had recommended a health planner and the project has made good progress to date. The CE would be attending an interim management group meeting later today to survey the potential land.

#### **4.7 Mental Health KPIs Variance Report**

HAC noted the positive results for Kawai clinic.

#### **4.8 Health of Older Person and Rural Hospitals Service**

Noted.

#### **4.9 Financial Report**

Hospital Services was doing better than budget showing a surplus to budget, however the COO expressed his concern around expected results for the second half of this year.

Clinical supplies are under pressure with more people on Intragram (an immuno globulin for replacement of antibodies) than predicted, plus we have been experiencing some non-scheduled high cost patient travel recently.

Explanations around the planned Rutherford savings were sought. As the savings are achieved they are transferred from one budget to the relevant budget. They are captured as early as possible and reflect the savings as achieved so as not to inflate the position.

**Moved:** Joe Puketapu

**Seconded:** Janet Kelly

#### **RECOMMENDATION:**

**THAT THE HOSPITAL ADVISORY COMMITTEE RECEIVE THE CHIEF OPERATING OFFICER'S REPORT.**

**AGREED**

**5. MEMBERS ISSUES**

Nil

**Public Excluded**

**Moved:** Lynette Jones

**Seconded:** Suzanne Win

**RECOMMENDATION:**

**THAT THE COMMITTEE RESOLVE ITSELF INTO A COMMITTEE OF THE WHOLE AND THAT IN TERMS OF THE NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000, THE PUBLIC BE EXCLUDED WHILE THE FOLLOWING ITEMS ARE CONSIDERED:**

- Minutes of the Meeting of 24 August 2010 (Section 32(a) Schedule 3 of New Zealand Public Health and Disability Act 2000).

**AGREED**

**MEMBERS OF THE PUBLIC**

Members of the public present were Mrs Jean Wilson and Mr John Brett. In attendance was Ms Penny Wardle of the Marlborough Express.

The meeting closed at 11.00am

**ACTION ITEMS**

Item from Minutes	Action - Who/When
<p><b>4.4 KPI Variance Report Nelson/Wairau Hospitals</b>                      Members discussed the 'up' and 'down' arrows in the 'Trend' column of the KPI Variance Report and requested a return to the previous model to better understand the trend direction. With the change in reporting lines of new Executive Leadership Team it was agreed that this was something that the new Board may want to discuss. This advice will go to the Board.</p> <p>With the change in reporting lines of new Executive Leadership Team it was agreed that this was something that the new Board may want to discuss. This advice will go to the Board.</p> <p>Members asked that the forecast End of Year figures be included after the first quarter in future reports.</p>	<p>EA</p> <p>Chairman</p> <p>EA</p>

## **SECTION 3.1: MATTERS ARISING**

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### **3.1.1 KPI Variance Report Nelson/Wairau Hospitals**

This matter has not been discussed due to the new Board and the current restructuring of Corporate Services.

**Status**

This report contains:

- For decision
- Update
- Regular report
- For information

## SECTION 4: REPORTS

### 4.1 MEDICAL SURGICAL DIRECTORATE REPORT

The Medical Surgical Directorate is on target to deliver the required Caseweights and Discharges. The DHB remains ESPI compliant overall.

The services are meeting the six Ministry of Health targets with the exception of Better Help for Smokers to Quit and Better Diabetes and Cardiovascular Services.

In terms of financials the Directorate is showing a surplus of \$15.3 M compared to a budgeted surplus of \$13.6 M giving a positive variance of \$1.7 M

#### 4.1.1 Quality

The current key quality initiatives for the Medical Surgical (M/S) Directorate are –

1. Quality Framework. A stocktake of Quality initiatives across the Provider is underway. A working group has met to shape the principles and components of a Quality Framework. This framework will connect the various quality initiatives and provide the focus to driving improved quality health outcomes.
2. Theatre Productivity. Focus to first case starts to help drive efficient use of theatre resources. Other key metrics of interest are turnover time of cases, theatre lists that go long, and the number of patients that are cancelled.
3. Scoping Review. A presentation by the MOH Endoscopy team has initiated a review of our scoping service. Focus will be to improving access, reducing waiting times, and consistent prioritisation.
4. Surgical Pre-Admission Redesign. A group has been meeting with the focus on reducing the number of entry points, and improving the patient pathway both in terms of improving the quality of surgical work-up, and making it more efficient for patients.
5. Minor Surgical Skin Lesions. Focus is to moving some of the minor surgical procedures from the hospital into a community setting. The goal is to ensure patients are treated earlier, and in a more convenient setting. This will enable more major surgical procedures to be done in theatres.
6. Cardiology. Work has begun providing improved access to Wairau patients. Other areas of service improvement include improvements to patient flow by providing a five day a week PCI service and increasing nurse led cardiology initiatives

#### 4.1.2 Activity

The Medical Surgical Directorate overall delivered 1490 Caseweights (109% of plan) for January and has delivered 11539 Caseweights (100% of plan) YTD. (See tables below).

Acute activity was 126% of plan for the month with a high number of orthopaedic acutes.

Elective activity was 78% of budget for the month. The Orthopaedic service in particular had high elective delivery (113% of budget) with a third Orthopaedic Surgeon being available to undertake more complex procedures in Blenheim and additional surgery being undertaken in Nelson in order to address long waits. Anaesthetics, Ophthalmology and Urology delivered under plan. Anaesthetics was due to the resignation of the Pain Specialist. Ophthalmology was due to theatre not re-opening until mid way through January and Urology was due to Specialist leave being taken.

Elective discharges for January were 290 (74% of plan), and YTD 3100 elective discharges have occurred (94% of plan).

Elective caseweight delivery for January was 368 CWDs (78% of plan) compared to a budget of 467 caseweights. YTD caseweights are 3967 compared to budget of 3976 (100% of plan).

Cancellation rate for elective cases in January was 6% for Nelson and 7 % for Wairau compared to yearly average of 7%.

The DHB remains green overall in terms of ESPI compliance (see Monthly ESPI Report).

Those services that are non compliant for ESPI 2 (patients waiting longer than 6 months for an FSA) are Gynaecology, Ophthalmology and Pain.

Only orthopaedics is non compliant for ESPI 5 (patients waiting longer than 6 months for a surgical procedure).

The big area of concern is Gynaecology which makes up 40% of total patients waiting > 6 months. Discussion is currently occurring with the Gynaecologists on how we can reduce this backlog and to also look at referral acceptance patterns to ensure patients are being treated within six months of receipt.

The DHB received a letter from the NHB advising that DHBs need to focus on reducing the number of patients waiting > 6 months for assessment or treatment. We are currently preparing an action plan identifying how the DHB will reduce the backlog and maintain this to ensure all patients are treated within six months of acceptance.

## Acute / Elective Caseweights - KPI View

### NMDHB January 2011

Type	DM Area	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan	
Acute	Med	M00001	General Internal Medical Services - Inpatient Serv	5161	3069	2808	-261	92%	
		M10001	Cardiology - Non PCI Inpatient Services (DRGs)	253	150	337	187	224%	
		M10001P	Cardiology - PCI Inpatient Services (DRGs)	305	181	145	-36	80%	
	<b>Med Total</b>				<b>5719</b>	<b>3400</b>	<b>3291</b>	<b>-109</b>	<b>97%</b>
	Surg	S00001	General Surgery - Inpatient Services (DRGs)	2281	1356	1398	42	103%	
		S05001	Anaesthesia Services - Inpatient Services (DRGs)	29	17	11	-6	64%	
		S25001	Ear, Nose and Throat - Inpatient Services (DRGs)	112	67	54	-13	80%	
		S40001	Ophthalmology - Inpatient Services (DRGs)	35	21	17	-4	81%	
		S45001	Orthopaedics - Inpatient Services (DRGs)	1673	995	1146	151	115%	
		S70001	Urology - Inpatient Services (DRGs)	218	130	106	-24	82%	
	<b>Surg Total</b>				<b>4348</b>	<b>2586</b>	<b>2731</b>	<b>145</b>	<b>106%</b>
	W, C & OH	D01001	Inpatient Dental treatment	23	14	11	-3	79%	
		M55001	Paediatric Medical Service (Inpatient)	689	410	369	-41	90%	
		S30001	Gynaecology - Inpatient Services (DRGs)	183	109	133	24	122%	
		W06003	Neonatal Inpatient (DRGs)	416	248	236	-12	95%	
		W10001	Maternity Inpatient (DRGs)	1345	800	802	2	100%	
	<b>W, C &amp; OH Total</b>				<b>2657</b>	<b>1580</b>	<b>1551</b>	<b>-29</b>	<b>98%</b>
	<b>Acute Total</b>				<b>12724</b>	<b>7566</b>	<b>7572</b>	<b>7</b>	<b>100%</b>
	Elective	Med	M00001	General Internal Medical Services - Inpatient Serv	139	83	85	3	103%
M10001			Cardiology - Non PCI Inpatient Services (DRGs)	207	123	151	28	122%	
M10001P			Cardiology - PCI Inpatient Services (DRGs)	102	60	39	-22	64%	
<b>Med Total</b>				<b>447</b>	<b>266</b>	<b>275</b>	<b>9</b>	<b>103%</b>	
Surg		S00001	General Surgery - Inpatient Services (DRGs)	1918	1141	1143	2	100%	
		S05001	Anaesthesia Services - Inpatient Services (DRGs)	61	36	18	-18	50%	
		S25001	Ear, Nose and Throat - Inpatient Services (DRGs)	455	271	290	19	107%	
		S40001	Ophthalmology - Inpatient Services (DRGs)	425	253	185	-68	73%	
		S45001	Orthopaedics - Inpatient Services (DRGs)	1893	1125	1271	145	113%	
		S70001	Urology - Inpatient Services (DRGs)	532	316	271	-46	86%	
<b>Surg Total</b>				<b>5284</b>	<b>3142</b>	<b>3176</b>	<b>35</b>	<b>101%</b>	
W, C & OH		D01001	Inpatient Dental treatment	213	127	91	-36	71%	
		M55001	Paediatric Medical Service (Inpatient)	41	24	19	-6	77%	
		S30001	Gynaecology - Inpatient Services (DRGs)	702	417	406	-11	97%	
<b>W, C &amp; OH Total</b>				<b>956</b>	<b>569</b>	<b>516</b>	<b>-53</b>	<b>91%</b>	
<b>Elective Total</b>				<b>6688</b>	<b>3976</b>	<b>3967</b>	<b>-9</b>	<b>100%</b>	
<b>Grand Total</b>				<b>19412</b>	<b>11542</b>	<b>11539</b>	<b>-3</b>	<b>100%</b>	

## Elective Discharges

NB. These volumes are set by the Funder, but have NO funding impact (ie funding remains with the cwd's)

These discharges are the same cases that are shown as the Elective Caseweights in the table above

DM Area	Unit Code	Description	Type	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Surg	S00001	General Surgery - Inpatient Services (DRGs)	Elec Disch	1816	1080	941	-139	87%
	S05001	Anaesthesia Services - Inpatient Services (DRGs)	Elec Disch	234	139	72	-67	52%
	S25001	Ear, Nose and Throat - Inpatient Services (DRGs)	Elec Disch	760	452	474	22	105%
	S40001	Ophthalmology - Inpatient Services (DRGs)	Elec Disch	688	409	350	-59	86%
	S45001	Orthopaedics - Inpatient Services (DRGs)	Elec Disch	886	527	560	33	106%
	S70001	Urology - Inpatient Services (DRGs)	Elec Disch	443	263	267	4	101%
<b>Surg Total</b>				<b>4827</b>	<b>2870</b>	<b>2664</b>	<b>-206</b>	<b>93%</b>
W, C & OH	S30001	Gynaecology - Inpatient Services (DRGs)	Elec Disch	728	433	436	3	101%
<b>W, C &amp; OH Total</b>				<b>728</b>	<b>433</b>	<b>436</b>	<b>3</b>	<b>101%</b>
<b>Grand Total</b>				<b>5555</b>	<b>3303</b>	<b>3100</b>	<b>-203</b>	<b>94%</b>

## Outpatient Attendances

### First Attendances

#### NMDHB

January 2011

DM Area	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Act % Complete vs YTD Plan
Med	M00002	General Medicine - 1st attendance	1450	862	925	63	107%
	M10002	Cardiology - 1st attendance	1500	892	1036	144	116%
	M15002	Dermatology - 1st attendance	400	238	245	7	103%
	M20004	Diabetes - 1st attendance	280	166	200	34	120%
	M25002	Gastroenterology - 1st attendance	920	547	570	23	104%
	M45002	Neurology - 1st attendance	632	376	410	34	109%
	M50002	Oncology - 1st attendance	574	341	274	-67	80%
	M60002	Renal Medicine - 1st attendance	60	36	25	-11	70%
	M65002	Respiratory - 1st attendance	100	59	61	2	103%
M70002	Rheumatology (incl immunology) - 1st attendance	290	172	146	-26	85%	
Med Total			6206	3690	3892	202	105%
Surg	S00002	General Surgery - 1st attendance	3454	2054	1805	-249	88%
	S25002	Ear Nose and Throat - 1st attendance	1500	892	775	-117	87%
	S40002	Ophthalmology - 1st attendance	1445	859	817	-42	95%
	S45002	Orthopaedics - 1st attendance	3800	2259	1914	-345	85%
	S70002	Urology - 1st attendance	1100	654	635	-19	97%
	PC0001	Pain Clinic - 1st attendance	110	65	36	-29	55%
Surg Total			11409	6784	5982	-802	88%
W, C & OH	M55002	Paediatric Medical Outpatient - 1st attendance	1045	621	550	-71	89%
	S30002	Gynaecology - 1st attendance	1200	714	788	74	110%
	W03002	First obstetric consults	830	494	413	-81	84%
W, C & OH Total			3075	1828	1751	-77	96%
<b>Grand Total</b>			<b>20690</b>	<b>12302</b>	<b>11625</b>	<b>-677</b>	<b>94%</b>

## Subsequent Attendances

### NMDHB

January 2011

DM Area	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Med	M00003	General Medicine - Subsequent attendance	2500	1486	1348	-138	91%
	M10003	Cardiology - Subsequent attendance	2394	1423	1561	138	110%
	M15003	Dermatology - Subsequent attendance	420	250	213	-37	85%
	M20005	Diabetes - Subsequent attendance	550	327	308	-19	94%
	M25003	Gastroenterology - Subsequent attendance	991	589	264	-325	45%
	M45003	Neurology - Subsequent attendance	476	283	307	24	108%
	M50003	Oncology - Subsequent attendance	3800	2259	1897	-362	84%
	M60003	Renal Medicine - Subsequent attendance	550	327	319	-8	98%
	M65003	Respiratory - Subsequent attendance	70	42	13	-29	31%
M70003	Rheumatology (incl immunology) - Subsequent attendance	660	660	544	-116	82%	
Med Total			12861	7647	6774	-873	89%
Surg	S00003	General Surgery - Subsequent attendance	4617	2745	2361	-384	86%
	S25003	Ear Nose and Throat - Subsequent attendance	1800	1070	1162	92	109%
	S40003	Ophthalmology - Subsequent attendance	6000	3568	3465	-103	97%
	S45003	Orthopaedics - Subsequent attendance	6600	3924	3185	-739	81%
	S70003	Urology - Subsequent attendance	2000	1189	1173	-16	99%
	PC0003	Pain Clinic - Subsequent attendance	200	119	115	-4	97%
Surg Total			21217	12616	11461	-1155	91%
W, C & OH	M55003	Paediatric Medical Outpatient - Subsequent attend	2600	1546	1377	-169	89%
	S30003	Gynaecology - Subsequent attendance	1250	743	720	-23	97%
	W03003	Subsequent obstetric consults	728	433	301	-132	70%
W, C & OH Total			4578	2722	2398	-324	88%
<b>Grand Total</b>			<b>38656</b>	<b>22985</b>	<b>20633</b>	<b>-2352</b>	<b>90%</b>

## Medical & Surgical Procedures

### NMDHB

January 2011

DM Area	Unit Code	Description	Annual Plan	Budget YTD	Actual YTD	Vol Variance	Actual % Complete vs YTD Plan
Med	M00006	General Medicine - Blood Transfusions	660	392	429	37	109%
	M10004	Cardiac Education and Management	900	535	459	-76	86%
	M15004	Dermatology - UV Treatment	350	208	389	181	187%
	M20006	Diabetes Education and Management	990	990	807	-183	82%
	M25005	Gastroenterology - Colonoscopy	440	262	220	-42	84%
	M25006	Gastroenterology - Gastroscopy	600	357	354	-3	99%
	M45004	Neurology - Botulinum toxin therapy	50	30	34	4	114%
	M60008	Renal Medicine - Incentre dialysis	1980	1177	880	-297	75%
	M65005	Respiratory - Bronchoscopy	60	36	13	-23	36%
	M65006	Sleep apnoea - assessment	170	101	174	73	172%
	M65007	Sleep apnoea - long term treatment	170	101	210	109	208%
	MS02009	IV Chemotherapy - cancer - Any health specialty	1780	1058	1230	172	116%
Med Total			8150	5247	5199	-48	99%
Surg	M20007	Diabetes - Fundus Screening	1500	892	1103	211	124%
	S00004	General Surgery - Colonoscopy	943	561	628	67	112%
	S00005	General Surgery - Gastroscopy	323	192	185	-7	96%
	S00008	Minor operations (Gen Surgery)	800	476	339	-137	71%
	S25006	ENT Minor procedure	950	565	618	53	109%
	S40004	Minor Eye Procedures	650	386	469	83	121%
	S40005	Eye - Argon Laser	180	107	133	26	124%
	S70005	Urology - Cystoscopy	400	238	326	88	137%
	S70006	Urology - Lithotripsy	30	18	12	-6	67%
	S70007	Urology - Urodynamics	60	36	18	-18	50%
Surg Total			5836	3470	3831	361	110%
W, C & OH	S30006	Termination of Pregnancy	450	268	230	-38	86%
	S30008	Gynaecology - High cost Minor Procedures	90	54	42	-12	78%
	W03005	Amniocentesis	50	30	6	-24	20%
W, C & OH Total			590	351	278	-73	79%
<b>Grand Total</b>			<b>14576</b>	<b>9068</b>	<b>9308</b>	<b>240</b>	<b>103%</b>

## Bed Management

### Nelson Hospital

Bed occupancy for January was below 85% with a notable exception on the first day of January where bed occupancy was 95%. Surgical Ward 10 (which had been closed because of reduced elective work over the holiday period), was partially reopened.

### Wairau Hospital

For Wairau Hospital January was a quiet month with average occupancy at 59% and no real issues for bed management with no cancellations.

# Monthly ESPI Report - January 2011

## Surgical Specialties

Service Name	ESPI 1 Referral Acknowledgement			ESPI 2 Access to Assessment (FSA)			ESPI 3 Equity of Access to Treatment			ESPI 4 Plan of Care			ESPI 5 Access to Treatment			ESPI 6 Active Review Timeliness			ESPI 7 Active Review			ESPI 8 Prioritisation Quality		
	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.
Cardiology	Y	100.0%	N	2	0.2%			0.0%			0.0%			0.0%			0.0%			0.0%		23	100.0%	
Dental	Y	100.0%	N		0.0%			0.0%			0.0%			0.0%			0.0%			0.0%		25	100.0%	
Ear, Nose & Throat	Y	100.0%	N	16	1.3%			0.0%			0.0%		16	1.9%		8	25.8%	-3.35	11	1.3%		46	100.0%	
General Surgery	Y	100.0%	N	44	1.3%		5	0.3%			0.0%		37	2.0%		5	3.2%		35	1.9%		110	100.0%	
Gynaecology	Y	100.0%	N	94	6.6%	-72.72	4	0.4%			0.0%		28	3.1%		2	22.2%	-0.65	26	2.8%		77	100.0%	
Ophthalmology	Y	100.0%	N	12	0.8%		18	3.4%			0.0%		11	2.1%		9	12.2%		15	2.8%		25	100.0%	
Orthopaedics	Y	100.0%	N	21	0.6%		20	2.3%			0.0%		58	6.8%	-23.63	21	15.6%	-0.74	39	4.6%		57	100.0%	
Urology	Y	100.0%	N	13	1.7%	-1.43	33	6.3%	-6.60		0.0%		3	0.6%		3	7.7%		5	0.9%		22	100.0%	
Vascular																								
<b>Total Surgical Services</b>	<b>8</b>	<b>100.0%</b>	<b>0</b>	<b>202</b>	<b>1.5%</b>	<b>-74.14</b>	<b>80</b>	<b>1.6%</b>	<b>-6.60</b>	<b>0</b>	<b>0.0%</b>	<b>0.00</b>	<b>153</b>	<b>2.0%</b>	<b>-23.63</b>	<b>48</b>	<b>10.8%</b>	<b>-4.73</b>	<b>131</b>	<b>1.8%</b>	<b>0.00</b>	<b>385</b>	<b>100.0%</b>	<b>0.00%</b>

**NOTE:** This Report is run before the data has been checked by the NZHIS, so corrections will change figures. This ESPI Report does not include IDFs treated in other hospitals. ESPI 1 and 2 are from NBRIS Outpatient Waiting List Data, ESPIs 3 to 8 are calculated from the Inpatient Wait List Data. The Total figure for ESPI 2 only includes Surgical Services, for the total of Surgical and Medical Services see the ESPI 2 Report.

ESPI	Title	Description
ESPI 1	Referral Acknowledgement	DHB services that appropriately acknowledge and process all patient referrals within ten working days.
ESPI 2	Access to Assessment (FSA)	Patients waiting longer than six months for their first specialist assessment (FSA).
ESPI 3	Equity of Access to Treatment	Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).
ESPI 4	Plan of Care	Clarity of treatment status.
ESPI 5	Access to Treatment	Patients given a commitment to treatment but not treated within six months.
ESPI 6	Active Review Timeliness	Patients in active review who have not received a clinical assessment within the last six months.
ESPI 7	Active Review	Patients who have not been managed according to their assigned status and who should have received treatment.
ESPI 8	Prioritisation Quality	The proportion of patients treated who were prioritised using nationally recognised processes or tools.

#### **4.1.3 Consultation on Medical Surgical Directorate Structure**

The Consultation Document for the Management and Clerical Administration Support Structure was presented to staff on 25 January. Submissions on this document closed on 18 February.

Most resourcing issues in the Medical Surgical Directorate have been covered by interim third tier managers and other staff stepping into temporary positions. The DHB acknowledges the extra work load being carried by some and thanks them for this.

#### **4.1.4 Wairau Site Development Steering Group Report**

Because the project is nearing completion this item will no longer be reported.

#### **4.1.5 Rutherford – Ophthalmology Review**

The public consultation around the Ophthalmology Review has closed. Next step is to review feedback and meet with Ophthalmology team to agree recommendations and establish implementation plan.

The data set and key findings from the Obstetrics and Gynaecology review are to be released for confirmation prior to the release of the recommendations.

#### **4.1.6 Health Targets**

- (i) Shorter Stays in Emergency Departments.**  
Project work has commenced on lowering the length of stay in the Emergency Departments, particularly in Wairau, with a view to improving targets further.
  
- (ii) Shorter Waits for Cancer Treatment Radiotherapy.**  
Current treatment times are within MoH guidelines.
  
- (iii) Improved Access to Elective Surgery.**  
Focus is on reducing long wait patients particularly in gynaecology and orthopaedics. Work with the Alliance Group is underway to shift minor skin lesion surgery from hospital to the community which will result in an increase in theatre capacity – especially in ENT. This is in keeping with the government priorities around “Better, Sooner, More Convenient” healthcare. (Please refer to the following chart.)

**2010/11 Improved Access to Elective Surgery  
 Health Target Plan and Delivery**

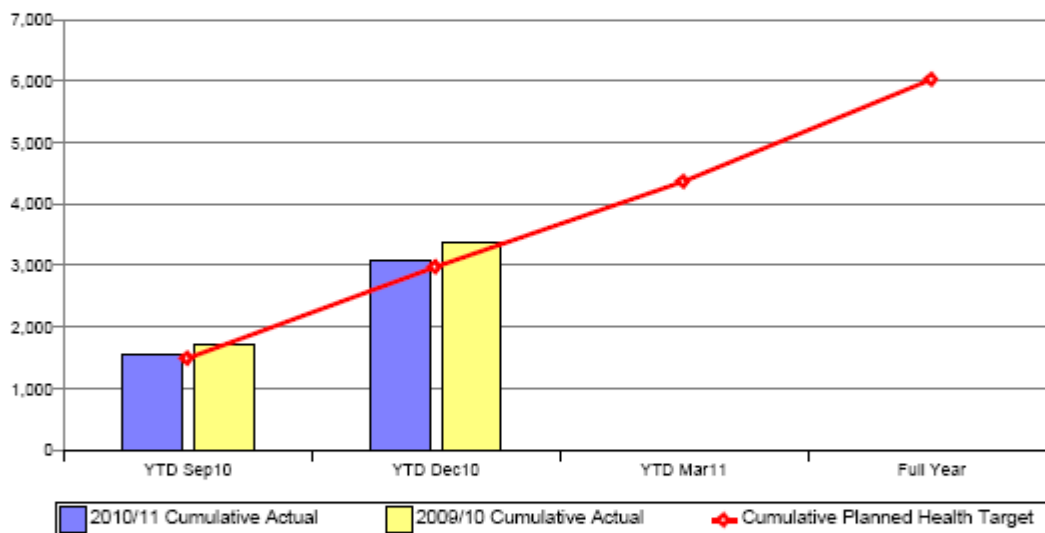
This report measures DHBs delivery against the Improved Access to Elective Surgery Health Target. Figures are expressed by DHB of Domicile. The Health Target includes elective discharges in casemix funded surgical purchase units (excluding dental and cardiology).

**101 Nelson Marlborough DHB**

	YTD Sep10	YTD Dec10	YTD Mar11	Full Year
Planned Health Target	1,493	2,978	4,368	6,029
Actual Discharge Delivery	1,543	3,078		
Plan to Actual Variance	50	100		
% Achieved	103.3 %	103.4 %		

Health Target Achievement Level	<b>Achieved</b>
---------------------------------	-----------------



**Health Target Achievement Level**

Outstanding - DHB delivers at least 5% more elective surgical discharges than agreed target.
Achieved - DHB delivers their agreed elective surgical discharge target
Report Required - DHB does not deliver to the agreed target so is required to report on remedial action

Report to: December

Date Last Refreshed: 31/01/2011

**(iv) Increased Immunisation**

Quarter Two Result, October - December 2010:

	<b>Achieved</b>	<b>Target</b>
<b>Total Population</b>	<b>90%</b>	<b>90%</b>
<b>Māori</b>	<b>89%</b>	<b>85%</b>
<b>Pacific</b>	<b>100%</b>	<b>85%</b>

We have met, or exceeded, each target set for June 2011.

We continue to collaborate with the Immunisation Co-ordinators from both Nelson Bays Primary Health Trust (NBPH) and Kimi Hauora Wairau Primary Health Organisation (KHWPPO), including continued sharing of data to increase immunisation statistics across the region.

**(v) Better Diabetes and Cardiovascular Services**

**Diabetes Annual Checks**

	09/10 Performance	Target 2010/11	Q2 Performance	
			No Checks	of % coverage
Maori	44	52	114	52.8%
Pacific	n/a	n/a	17	n/a
Other	52.6	76	1557	57.6%
Total	51.6	72	1688	57%

An increased number of diabetes free annual checks were delivered this quarter (compared to last quarter) and combined with the change in the prevalence dominator, we are now on track to achieve our 2010/11 target for Maori. However, we remain significantly below targets for Other and the Total population and unfortunately are one of the poorer performing DHBs in this indicator.

The April to September data shows that Nelson Bays Primary Health PHO is near to target but Kimi Hauora Wairau is several levels below.

NMDHB will meet with Kimi Hauora staff to discuss their Annual Check data and Diabetes Register to determine why this period's data seems to be understated.

NMDHB will also examine patients who are seen in a specialist setting and diabetic patients seen by Maori Health providers which may not be reflected in the data submitted.

### Diabetes Management

	09/10 Performance	Target 2010/11	Q2 Performance	
			No of People	%
Maori	63.9	72	79	69%
Pacific	53.4	n/a	9	53%
Other	78.5	82	1288	83%
Total	77.5	79	1375	81%

There was improved performance for all population groups this quarter and we are now achieving your 2010/11 targets for Other as well as the Total population. If we are able to maintain this performance improvement (while increasing the delivery of free annual checks) we should be able to achieve the target for Maori by the end of 2010/11.

### CVD Risk Assessment

09/10 Performance	Target 2010/11	Q2 Performance
		%
57.8	55	59.50%
51.9	n/a	53.60%
68.7	76	69.40%
67.9	72	68.60%

The performance for each population group has decreased fairly significantly this quarter, taking us below our 2010/11 target for the Total population as well as for Other. The Ministry is concerned about this result. We will be discussing this with them and investigating to see if it is due to an issue with the data.

#### (vi) Better Help for Smokers to Quit

- NMDHB is acutely aware of the need to improve on this target.
- Our approach is to embed the ABC programme into hospital systems, as the underpinning of clinically managing nicotine dependence. ABC = A(ask), B(brief intervention) C (offer of cessation support)
- We are making progress on the percentage of smokers offered advice and support to quit. We have moved from 35% at September 2010 to 57% at January 2011.
- We remain optimistic of at least being close to, if not meeting, the target of 90% by the end of June.
- Regular reporting to the Chief Executive on progress of this target has been initiated.

### 4.1.7 KPIs/Variance Report (Nelson/Wairau Hospitals) January 2011

Med Surg Directorate – January 2011								
NB. It is important to note that due to the change in structure, figures pre & post 2011 are not necessarily reflecting the same view								
Performance Areas and KPI's	Jan-10	09/10 YTD	Jan-11	Current YTD	Trend	Forecast EOY	Target	Notes
<b>Access</b>								
ESP's - overall green light status maintained	N	Y	Y	Y	—	Maintain green overall		
DNA's as % of OP presentations	7.0%	6.6%	5.6%	5.7%	▲		< 6%	1
Elective as % of Total Discharges,	28.4%	34.9%	25.1%	33.9%	▼		34.0%	
Day Case Throughput	710	6,290	776	6,091	▼	10,442	10,000	
Triage 1 (Immediate)	100%	100%	100%	100%	—		100%	
Triage 2 (< 10 mins)	83%	81%	81%	84%	▼		80%	
Triage 3 (< 30 mins)	70%	73%	69%	74%	▼		75%	
% discharged from ED within 6 hours	97%	98%	97%	98%	▼		95%	
<b>Staff</b>								
Paid Overtime (\$000)	91.7	446.1	46.4	322.7	▲	553	\$1.2 mill	
Trendcare actualisation	96.8%	96.8%	96.3%	96.3%	▼		100%	
<b>Contract Performance</b>								
Service Level Provided;								
- CWDS	1,326	11,681	1,490	11,539	▼	19,409	19,412	
- FSA's	1,437	11,747	1,429	11,625	▼	20,013	20,690	
- FU's	2,280	21,377	2,341	20,633	▼	36,304	38,656	
- Procedures	385	8,733	1,161	9,308	▼	15,217	14,576	
Contract gross variance	5.9%	5.9%	-3.0%	-3.0%	▲		+/-2%	2
Total Elective Discharges	379	3,885	400	4,131	▼	7,082	7,475	
<b>Financial Viability &amp; Value for money</b>								
Contribution to Overheads variance	(128)	(2,078)	151	1,304	▼		0	
Revenue variance	(149)	(475)	37	196	▲		0	
Expenditure (Exc Personnel) variance	286	(76)	94	(349)	▼		0	
Personnel variance	(264)	(1,527)	20	1,457	▼		0	
<b>Quality</b>								
Discharges/FTEs	1.43	1.72	2.88	3.26	▼			
ALOS – Medical	3.24	3.31	4.18	3.46	▲		3.70	3
– Surgical	3.54	3.92	3.15	3.36	▼		3.76	3
CWD per Dr FTE	10.1	13.2	10.4	12.5	▼		12.4	
Readmission rate	0.43%	0.51%	0.82%	0.73%	▼		< 0.6%	
<b>Quality</b>								
Patient Satisfaction Survey	2	2	2	2	—	Remain in top quartile		
Coding > 21 days	561	245	7	7	▲		< 20	4
Smoking cessation % (admitted patients)	24.9%	19.3%	46.8%	38.4%	▲		80.0%	
<i>Government Health targets</i>								
			<i>DHB Placing</i>					
<i>10/11 Qtr 1 results</i>				<i>Target</i>				
Shorter Stays in ED			2	95%				
Improved access to Elective Surgery			9	100%				
Shorter waits for cancer treatment radiotherapy			1	< 6 weeks				
Increased immunisation			8	85% of 2 yr olds				
Better help for smokers to quit			20	80% hospitalised smokers				
Better Diabetes & Cardiovascular services			17	increased % risk assess & control				
Notes - Specific to aligned key performance indicator:								
1. Includes Medical and Surgical Specialist clinics only								
2. A negative variance indicates a result BELOW budget, a positive figure indicates ABOVE budget								
3. Day Cases excluded from calculation, as per national definition								
4. Uncoded discharges as at 21st of the month for all cases discharged to the end of the previous month								
Trend - Indicates change from the previous month								

#### **4.1.8 Financial Report for Medical Surgical Directorate for the Month Ended 31 January 2011**

Statement of Financial Performance for the seven months to 31st January 2011.

Medical and Surgical Services shows a surplus of \$15.3M compared to a budgeted surplus of \$13.6M giving a positive variance of \$1.7M.

Monthly details are included on the table following.

	Budget	Actual	Var	Budget	Actual	Var	Budget	Forecast	Var
	Jan-11	Jan-11					2010-11		
	Month	Month	Month	YTD	YTD	YTD	Annual	Annual	Annual
<b>\$000's</b>									
<b>REVENUE</b>									
<b>Government and Crown Agency</b>									
MoH - Personal Health	0	0	0	0	0	0	0	0	0
MoH - Mental Health	0	0	0	0	0	0	0	0	0
MoH - Public Health	0	10	10	197	120	-77	394	227	-166
MoH - Disability Support Services	101	103	2	709	720	11	1,216	1,230	14
Clinical Training Agency	101	104	4	692	726	34	1,197	1,227	30
Inter Provider Revenue	1	0	-1	9	9	1	15	16	0
Training Fees and Subsidies	0	0	0	0	0	0	0	0	0
Accident Insurance	168	110	-58	1,171	1,224	53	2,010	2,197	187
Other Government	0	0	0	0	0	0	0	0	0
Internal MOH Revenue	10,813	10,856	43	75,687	75,577	-110	129,737	129,444	-293
<b>Total Gov't and Crown Agency</b>	<b>11,185</b>	<b>11,183</b>	<b>-2</b>	<b>78,466</b>	<b>78,377</b>	<b>-89</b>	<b>134,569</b>	<b>134,342</b>	<b>-227</b>
<b>Other Revenue</b>									
Patient / Consumer sourced	230	261	32	1,607	1,603	-4	2,755	2,696	-59
Other Income	11	18	6	143	433	290	264	574	310
<b>Total Other Revenue</b>	<b>241</b>	<b>279</b>	<b>38</b>	<b>1,750</b>	<b>2,036</b>	<b>286</b>	<b>3,019</b>	<b>3,270</b>	<b>251</b>
<b>Internal revenue</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL REVENUE</b>	<b>11,426</b>	<b>11,462</b>	<b>37</b>	<b>80,216</b>	<b>80,413</b>	<b>197</b>	<b>137,588</b>	<b>137,612</b>	<b>24</b>
<b>EXPENSES</b>									
<b>Personnel costs</b>									
Medical Personnel	2,495	2,669	-174	18,524	17,935	590	32,185	30,935	1,250
Nursing Personnel	3,032	2,911	121	19,023	18,518	505	32,803	32,413	389
Allied Health Personnel	207	153	54	1,482	1,255	227	2,563	2,268	295
Support Personnel	119	109	9	744	716	28	1,289	1,265	24
Man/Admin Personnel	47	38	9	780	673	106	1,279	1,180	99
<b>Personnel costs Total</b>	<b>5,900</b>	<b>5,880</b>	<b>20</b>	<b>40,554</b>	<b>39,096</b>	<b>1,457</b>	<b>70,120</b>	<b>68,061</b>	<b>2,059</b>

	Budget Jan-11 Month	Actual Jan-11 Month	Var Month	Budget YTD	Actual YTD	Var YTD	Budget Annual	Forecast Annual 2010-11	Var Annual
<b>\$000's</b>									
<b>Outsource Services</b>									
Medical Personnel	90	144	-54	643	1,245	-602	1,103	2,086	-983
Nursing Personnel	12	-3	15	84	15	69	143	75	68
Allied Health Personnel	0	0	0	1	2	-1	2	3	-1
Support Personnel	0	4	-4	0	8	-8	0	5	-5
Man/Admin Personnel	1	0	1	6	0	6	10	5	5
Outsource Clinical Services	76	49	27	529	437	93	907	839	68
<b>Total Outsource Services</b>	<b>178</b>	<b>193</b>	<b>-15</b>	<b>1,262</b>	<b>1,707</b>	<b>-445</b>	<b>2,165</b>	<b>3,013</b>	<b>-848</b>
<b>Clinical Supplies</b>									
Treatment Disposables	427	322	105	3,592	3,482	111	6,187	6,206	-18
Diagnostic Supplies & Other Supplies	25	24	1	204	238	-34	350	410	-60
Instruments & Equipment	244	261	-17	1,697	1,717	-20	2,896	2,862	34
Patient Appliances	5	10	-5	34	94	-60	58	160	-101
Implants and Prostheses	356	443	-87	2,803	3,080	-277	4,743	5,284	-540
Pharmaceuticals	1	0	1	7	0	7	12	6	6
Other Clinical & Client Costs	1	2	-1	8	7	1	13	11	2
<b>Total Clinical Supplies</b>	<b>1,059</b>	<b>1,062</b>	<b>-3</b>	<b>8,345</b>	<b>8,617</b>	<b>-273</b>	<b>14,261</b>	<b>14,938</b>	<b>-677</b>
<b>Infrastructure &amp; Non-Clinical Supplies</b>									
Hotel Services, Laundry & Cleaning	347	300	48	2,419	2,330	89	4,126	4,052	75
Facilities	7	7	-1	60	58	3	96	79	17
Transport	20	10	11	141	86	55	248	190	58
IT Systems & Telecommunications	14	31	-17	96	119	-23	164	180	-16
Interest & Financing	0	0	0	0	0	0	0	0	0
Professional Fees & Expenses	6	2	4	44	14	30	76	46	30
Other Operating Expenses	67	55	12	460	411	48	780	750	30
<b>Total Infrastructure &amp; Non-Clinical Supplies</b>	<b>461</b>	<b>405</b>	<b>56</b>	<b>3,220</b>	<b>3,018</b>	<b>203</b>	<b>5,491</b>	<b>5,297</b>	<b>194</b>
<b>Internal Charges</b>	<b>280</b>	<b>224</b>	<b>56</b>	<b>2,140</b>	<b>1,974</b>	<b>166</b>	<b>3,670</b>	<b>3,560</b>	<b>110</b>
<b>EXPENSES TOTAL</b>	<b>7,879</b>	<b>7,765</b>	<b>114</b>	<b>55,521</b>	<b>54,412</b>	<b>1,109</b>	<b>95,707</b>	<b>94,868</b>	<b>839</b>
<b>Contribution to Overheads</b>	<b>3,547</b>	<b>3,698</b>	<b>151</b>	<b>24,695</b>	<b>26,001</b>	<b>1,306</b>	<b>41,881</b>	<b>42,744</b>	<b>863</b>
Overheads	1,458	1,541	-83	11,074	10,677	397	16,004	16,093	-89
<b>NET SURPLUS/(DEFICIT)</b>	<b>2,089</b>	<b>2,157</b>	<b>68</b>	<b>13,621</b>	<b>15,324</b>	<b>1,703</b>	<b>25,877</b>	<b>26,651</b>	<b>774</b>

## Financial Variances:

### Revenue

Overall revenue is \$197K favourable

	Variance
<b>MOH - Public Health</b> Colposcopy revenue is below budget (-77)as volume is not being achieved	<b>-\$77k</b>
<b>ACC</b> Surgical Elective contract is\$103K unfavourable Surgical Outpatients is \$120k favourable	<b>\$53k</b>
<b>Other Income</b> Donation received from Nelson Marlborough Hospitals Charitable Trust for Sentinel Biopsy machine \$72k Donation received for Simulator Manikin \$129k	<b>\$290k</b>

### Personnel Costs

Personnel costs are \$1,457k favourable to budget.

Personnel	\$'000			FTE		
	Budget	Actual	Variance	Budget	Actual	Variance
Medical Staff	18,524	17,935	590	138	139	-1
Nursing Staff	19,023	18,518	505	431	427	4
Allied Health Staff	1,482	1,255	227	43	40	3
Support Staff	744	716	28	30	29	1
Management & Admin Staff	780	673	106	15	14	1
<b>Total FTE</b>	<b>40,554</b>	<b>39,096</b>	<b>1,457</b>	<b>657</b>	<b>649</b>	<b>8</b>

	Variance
Allied Health is \$227K favourable to budget	<b>\$227k</b>
Theatre and Sterile Services are \$122k favourable with 2.5 FTE vacancies in Technicians	
Management and Administration is \$106k favourable to budget	<b>\$106k</b>

### Outsourced Services

Outsourced Services are \$445K unfavourable to budget

	Variance
Unfavourable	
Outsourced Medical is \$602K unfavourable to budget	<b>-\$602k</b>
Orthopaedics Nelson is \$55k unfavourable	
General Surgery Wairau is \$63k unfavourable	
Obstetrics departments are \$367k unfavourable having used resource to cover extended sick leave in Nelson and cover for a vacancy in Wairau	
Paediatrics departments are \$109k unfavourable having covered maternity leave in Nelson.	
Favourable	
Outsourced Nursing is \$69k favourable	<b>\$69k</b>
Tighter control is being exercised in all areas with greater use of Internal Bureau Nurses in preference to external agencies	
Outsourced Clinical Services is \$93k favourable	<b>\$93k</b>

### Clinical Supplies

Clinical Supplies are \$273k unfavourable:

	Variance
Patient Appliances are \$60k unfavourable to budget	<b>-\$60k</b>
Implants are \$277k unfavourable	<b>-\$277k</b>
Surgical implants are \$285K unfavourable with a combination of Orthopaedics implants and grafts driven by increased volumes in both specialties	

### Infrastructure Costs

Infrastructure costs are \$203K favourable to budget as a result of lower Laundry, Facilities, Travel and Other Operating expenses.

### Internal Charges

Internal charges are \$166k favourable to budget

	Variance
Pharmacy Internal Charge is \$161k favourable with lower costs in all services	<b>\$161k</b>

### FORECAST

Based on Year to date 31<sup>st</sup> January figures, the annual forecast is for Medical and Surgical Services to achieve a year end surplus of \$26.7M compared to a budgeted surplus of \$25.9M.

## **5. Clinical Support Services Report**

### **5.1 Pharmacy**

#### **National Medication Chart**

Both Nelson and Wairau Hospitals have set up a joint workgroup, involving Medical and Nursing staff as well as Pharmacy staff, for the roll out of the National Adult Medication Charts, which is required to be implanted by all DHBs by 31 December 2011.

### **5.2 Medicines Reconciliation Project**

A workgroup involving clinical staff is involved in implementing this project for both Nelson and Wairau, although the project has been delayed in Nelson due to the resignation of a Pharmacy staff member.

### **5.3 Laboratory**

Medlab South are continuing with their proposed changes to achieve operational efficiencies and cost benefits to the current contract, and we are waiting to hear as to when this will be concluded, so that the benefits can be realised.

### **5.4 Allied Health**

Changes in compliance requirements by Enable is placing an increased workload on Allied Health staff to meet the accreditation requirements.

Family Violence Intervention- CYFS liaison Social Worker commenced working within the DHB, based Nelson Hospital, in mid December as part of CYFS strategy to have implants within each DHB.

### **5.5 Financial Report for Clinical Services Support Directorate for the Month Ended 31 January 2011**

Statement of Financial Performance for the seven months to 31st January 2011.

Clinical Services Support shows a deficit of \$15.9M compared to a budgeted deficit of \$15.4M giving a negative variance of \$0.5M.

Monthly details are included on the table following.

	Budget	Actual	Var	Budget	Actual	Var	Budget	Forecast	Var
	Jan-11	Jan-11					2010-11		
	Month	Month	Month	YTD	YTD	YTD	Annual	Annual	Annual
<b>\$000's</b>									
<b>REVENUE</b>									
<b>Government and Crown Agency</b>									
MoH - Personal Health	57	0	-57	397	0	-397	681	0	-681
MoH - Mental Health	0	0	0	0	0	0	0	0	0
MoH - Public Health	0	0	0	0	0	0	0	0	0
MoH - Disability Support Services	90	81	-8	627	571	-57	1,075	1,027	-48
Clinical Training Agency	0	0	0	0	0	0	0	0	0
Inter Provider Revenue	0	15	15	0	49	49	0	35	35
Training Fees and Subsidies	0	0	0	2	6	4	4	6	3
Accident Insurance	66	27	-40	465	276	-189	797	500	-297
Other Government	31	45	14	218	503	286	373	917	544
Internal MOH Revenue	1,003	1,169	165	7,024	7,277	253	12,041	12,264	222
<b>Total Gov't and Crown Agency</b>	<b>1,248</b>	<b>1,336</b>	<b>88</b>	<b>8,733</b>	<b>8,683</b>	<b>-51</b>	<b>14,972</b>	<b>14,749</b>	<b>-223</b>
<b>Other Revenue</b>									
Patient / Consumer sourced	81	97	16	549	470	-80	958	747	-211
Other Income	101	103	2	710	743	34	1,217	1,247	30
<b>Total Other Revenue</b>	<b>182</b>	<b>200</b>	<b>18</b>	<b>1,259</b>	<b>1,213</b>	<b>-46</b>	<b>2,174</b>	<b>1,993</b>	<b>-181</b>
<b>Internal revenue</b>	<b>442</b>	<b>457</b>	<b>15</b>	<b>3,428</b>	<b>3,373</b>	<b>-55</b>	<b>5,879</b>	<b>5,809</b>	<b>-70</b>
<b>TOTAL REVENUE</b>	<b>1,872</b>	<b>1,993</b>	<b>121</b>	<b>13,421</b>	<b>13,269</b>	<b>-151</b>	<b>23,025</b>	<b>22,551</b>	<b>-474</b>
<b>EXPENSES</b>									
<b>Personnel costs</b>									
Medical Personnel	120	124	-5	897	1,108	-211	1,559	1,765	-206
Nursing Personnel	43	51	-8	321	342	-21	555	568	-13
Allied Health Personnel	730	705	26	5,495	5,155	340	9,500	9,186	314
Support Personnel	8	8	0	61	68	-7	106	113	-8
Man/Admin Personnel	500	472	29	3,655	3,645	11	6,275	6,255	20
<b>Personnel costs Total</b>	<b>1,402</b>	<b>1,359</b>	<b>42</b>	<b>10,429</b>	<b>10,317</b>	<b>112</b>	<b>17,995</b>	<b>17,887</b>	<b>108</b>

	Budget	Actual	Var	Budget	Actual	Var	Budget	Forecast	Var
	Jan-11	Jan-11					2010-11		
	Month	Month	Month	YTD	YTD	YTD	Annual	Annual	Annual
<b>\$000's</b>									
<b>Outsource Services</b>									
Medical Personnel	0	0	0	0	0	0	0	0	0
Nursing Personnel	0	0	0	0	0	0	0	0	0
Allied Health Personnel	3	0	3	19	4	15	32	20	12
Support Personnel	0	0	0	0	0	0	0	0	0
Man/Admin Personnel	3	0	3	8	0	8	10	5	5
Outsource Clinical Services	465	474	-9	3,217	3,310	-93	5,485	5,629	-144
<b>Total Outsource Services</b>	<b>470</b>	<b>474</b>	<b>-4</b>	<b>3,243</b>	<b>3,314</b>	<b>-71</b>	<b>5,526</b>	<b>5,653</b>	<b>-127</b>
<b>Clinical Supplies</b>									
Treatment Disposables	165	169	-4	1,179	1,397	-218	2,022	2,357	-335
Diagnostic Supplies & Other Supplies	27	15	13	190	184	6	322	329	-7
Instruments & Equipment	182	177	5	1,262	1,266	-4	2,176	2,184	-8
Patient Appliances	63	84	-21	443	580	-136	760	925	-165
Implants and Prostheses	1	4	-3	7	24	-17	12	40	-28
Pharmaceuticals	445	457	-12	3,450	3,373	77	5,917	5,828	89
Other Clinical & Client Costs	149	169	-20	1,299	1,199	100	2,240	2,001	238
<b>Total Clinical Supplies</b>	<b>1,032</b>	<b>1,074</b>	<b>-42</b>	<b>7,829</b>	<b>8,022</b>	<b>-193</b>	<b>13,448</b>	<b>13,664</b>	<b>-216</b>
<b>Infrastructure &amp; Non-Clinical Supplies</b>									
Hotel Services, Laundry & Cleaning	85	56	29	587	540	48	999	961	37
Facilities	13	12	1	92	87	4	158	155	3
Transport	5	10	-5	37	58	-21	63	80	-17
IT Systems & Telecommunications	36	36	0	253	267	-14	434	462	-28
Interest & Financing	0	0	0	0	0	0	0	0	0
Professional Fees & Expenses	3	3	0	23	27	-3	40	40	0
Other Operating Expenses	40	31	9	280	277	3	480	486	-6
<b>Total Infrastructure &amp; Non-Clinical Supplies</b>	<b>182</b>	<b>148</b>	<b>34</b>	<b>1,273</b>	<b>1,257</b>	<b>16</b>	<b>2,174</b>	<b>2,184</b>	<b>-10</b>
<b>Internal Charges</b>	205	258	-53	1,574	1,709	-135	2,700	2,782	-82
<b>EXPENSES TOTAL</b>	<b>3,291</b>	<b>3,314</b>	<b>-23</b>	<b>24,348</b>	<b>24,619</b>	<b>-271</b>	<b>41,844</b>	<b>42,171</b>	<b>-327</b>
<b>Contribution to Overheads</b>	<b>-1,420</b>	<b>-1,321</b>	<b>99</b>	<b>-10,928</b>	<b>-11,350</b>	<b>-422</b>	<b>-18,819</b>	<b>-19,619</b>	<b>-801</b>
Overheads	555	595	-40	4,502	4,546	-44	6,423	6,540	-117
<b>NET SURPLUS/(DEFICIT)</b>	<b>-1,975</b>	<b>-1,916</b>	<b>59</b>	<b>-15,430</b>	<b>-15,896</b>	<b>-466</b>	<b>-25,242</b>	<b>-26,159</b>	<b>-918</b>

**Financial Variances:**

Commentary on variances is included where the variance is >\$50,000 and >5% of budget (whether favourable or unfavourable)

**Revenue**

Overall revenue is \$193K favourable

	<b>Variance</b>
<p><b>MOH - Personal Health</b> Unfavourable Change in claiming rules for Herceptin means that no revenue will be recorded against this line</p>	<b>-\$397k</b>
<p><b>MOH - Disability Support</b> Unfavourable Support Works revenue \$58k unfavourable- appears to be missed billings which is being investigated</p>	<b>-\$57k</b>
<p><b>ACC</b> Radiology departments are \$165k unfavourable across High Tech contract and general Radiology Occupational Therapy and Physiotherapy Departments are \$35k unfavourable. This is caused by tighter claiming controls issued by ACC</p>	<b>-\$189k</b>
<p><b>Other Government</b> Favourable Pharmac subsidies are \$176k favourable to budget Audiology revenue is favourable by \$148K, although this is partly offset in Patient-related income, which is \$55k under budget. Enable has released a backlog of assessments resulting in higher throughput</p> <p>Unfavourable Social Work contracts for High and Complex Needs clients have ended so there is an unfavourable variance of \$31k. This is directly matched by a reduced cost in Outsourced expenditure</p>	<b>\$286k</b>
<p><b>Patient/Consumer Sourced</b> Unfavourable Radiology private patient revenue is unfavourable by \$49k caused by increased competition from private providers</p>	<b>-\$80k</b>

### Personnel Costs

Personal costs are \$112K favourable to budget.

Personnel	\$'000			FTE		
	Budget	Actual	Variance	Budget	Actual	Variance
Medical Staff	897	1,108	-211	5	5	0
Nursing Staff	321	342	-21	8	8	0
Allied Health Staff	5,495	5,155	340	129	125	4
Support Staff	61	68	-7	2	2	0
Management & Admin Staff	3,655	3,645	11	140	142	-2
<b>Total FTE</b>	<b>10,429</b>	<b>10,317</b>	<b>112</b>	<b>284</b>	<b>282</b>	<b>2</b>

<b>Variance</b>	
Medical is \$211k unfavourable	<b>-\$211k</b>
This is mostly related to Radiologist gate keeping during the MRT industrial action	
Allied Health is \$340K favourable to budget	<b>\$340k</b>
Radiology/MRI departments are \$165K under due to a combination of lower FTE and industrial action by MRTs.	
Support Works are \$108k favourable having had vacancies over the period	

### Clinical Supplies

Clinical supplies are \$193k unfavourable:

<b>Variance</b>	
Treatment Disposables are \$218k unfavourable to budget	<b>-\$218k</b>
Unfavourable	
Intragram is \$79k unfavourable- higher than normal usage	
Haemophilia products are \$65k unfavourable, but this is covered by revenue	
Hospital -use of Blood Products are \$13k unfavourable	
Radiology has incurred \$41k on Customised Procedure Packs, although that is slightly offset by a saving in the Disposable Instruments budget. Radiology NN is \$20k over budget in other Treatment Disposables, particularly Catheters and Tubes, Drainage and Suction mostly driven by procedures done by a new vascular surgeon	
Patient Appliances are \$136k unfavourable	<b>-\$136k</b>
Unfavourable	
Audiology departments are \$96k over, but this is offset by revenue as noted above.	
Orthotics departments are \$42k unfavourable	
Other Client Costs are \$100k favourable	<b>\$100k</b>
Favourable	
Support Works are maintaining strict control over client cost and have a favourable variance of \$73k	
Patient Travel costs are \$26k favourable	

### Internal Charges

Internal charges are \$135k favourable to budget.

Variance	
Favourable	
Pharmacy Internal Charge is \$133k favourable- lower dispensing of cancer drugs	<b>\$133k</b>

### Forecast

Based on Year to date 31 January figures, the annual forecast for Clinical Services Support is a year end deficit of \$26.1M against a budget deficit of \$25.2M.

### Revenue

**Government & Crown Revenue** is forecast to be \$223K unfavourable due to: MOH Personal Health where no revenue will be received (\$681k); ACC revenue with Radiology contracts generating \$265k less than budgeted and Occupational and Physiotherapy departments generating \$60k less than budget. These are offset by increased Other Government revenue with increased Audiology receipts (\$281k) and higher Pharmac rebates (\$297k).

**Patient/Consumer Sourced revenue** is expected to continue current trends with: lower Radiology revenue (\$73k); and lower Audiology revenue in this category - offset by increased Govt & Crown income above.

### Personnel

#### Medical

Medical costs will maintain the current variance as this is related to the now resolved MRT action (\$206k).

#### Allied Health

Allied Health is expected to reduce the current variance somewhat as some vacant positions are filled (\$314k).

### CLINICAL SUPPLIES

#### Treatment Disposables

Treatment Disposables variance is expected to increase with: expenditure on all Blood products continuing (\$242k); Radiology variance will continue to grow as the related costs are driven by clinical activity (\$89k).

#### Patient Appliances

Patient Appliances variance is forecast to increase, but at a lower rate. Audiology overspend is expected to pull back as the peak in Enable referrals eases (\$69k). Orthotics expenditure is, however likely to continue (\$110k).

#### Other Clinical and Client Costs

A positive variance is expected to improve with continued control over Support Works client related costs (\$125k). Patient travel is also forecast to be positive by \$114k.

**RECOMMENDATION: THAT THE HOSPITAL ADVISORY COMMITTEE RECEIVE THE REPORTS.**

## SECTION 5: MEMBERS ISSUES

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Nil

**Status**

This report contains:

- For decision
- Update
- Regular report
- For information

## SECTION 6: 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
ALAC	(Alcohol and Liquor Advisory Council
ALOS	Average Length of Stay
AOD	Alcohol and Drug
AOHS	Adolescent Oral Health Services
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
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
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)
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
COO	Chief Operating Officer
COPMI	Children of Parents with Mental Illness

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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
CVDR	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
EOI	Expression of Interest
ENT	Ears, Nose and Throat
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 DEcisionMaking
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

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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

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LIS	Laboratory Information Systems
LOAD	Liaison on Alcohol and Drugs
LOS	Length of Stay
LSCS	Lower Segment Caesarean Section
LTC	Long Term Care
LTCCP	Long Term Council Community Plan
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
NBRS	National Booking Reporting System
NCC	National Capital Committee
NCC	Nelson City Council
NCSP	National Cervical Screening Programme
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

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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

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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

March 2011

## **SECTION 7: APPENDICES**

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