

Agenda

Bay of Plenty Hospitals Advisory Committee

Venue: Education Room 3, 889 Cameron Road
Date and Time: Wednesday 26 October 2011 at 2pm

Item No.	Item	Page
1	Apologies – Stewart Ngatai	
2	Interests Register	
3	Minutes of Meeting – 24 August 2011	1
4	Matters Arising – Nil	
5	Reports requiring Decision	
	5.1 <u>Chief Operating Officers Report</u>	3
	5.2 <u>GM Property Services Monthly Report</u>	32
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	6.1 <u>Work Plan</u>	38
7	Presentations – Nil	
8	General Business	
9	Next Meeting – Wednesday 22 February 2012	

Minutes

Bay of Plenty Hospitals Advisory Committee

Venue: Education Room 2, 889 Cameron Road

Date and time: 24 August 2011 at 2pm

Committee: Mark Arundel (Chair), David Stewart, Tamarapa Lloyd, Sally Webb, Mogens Poppe,

Attendees: Kerrie Freeman (Service Improvement), Gail Bingham (G M Governance & Quality), Letham White (GM Corporate Services), Julie Robison (DON)

Item No.	Item	Action	Who
1	<p>Apologies</p> <p>There were no apologies</p>		
2	<p>Interests Register</p> <p>The Board was asked if there were any conflicts in relation to items on the agenda. No new conflicts were disclosed.</p>		
3	<p>Minutes and Chair report Back</p> <p>Resolved that the minutes of the meeting held 22 June 2011 be confirmed as a true and correct record.</p> <p>Moved: S Webb Seconded: T Lloyd</p>		
4	<p>Matters Arising</p> <p>As per report circulated with agenda.</p>		

Item No.	Item	Action	Who
5	<p>Reports Requiring Decision</p> <p>5.1 <u>Chief Operating Officer Report</u></p> <p>The Committee discussed the report as circulated with the agenda.</p> <p>Resolved that the committee receives the report.</p> <p>5.2 <u>GM Property Services Monthly Report</u></p> <p>The Committee discussed the report as circulated with the agenda.</p> <p>Resolved that the committee receives the report.</p> <p>Moved: M Arundel Seconded: S Webb</p>		
6	<p>Reports for Noting</p> <p>6.1 <u>Work Plan</u></p> <p>The Committee noted the information</p>		
7	<p>Presentation</p> <p>A presentation on Sustainable Work Systems was given by Kerrie Freeman</p>		
8	<p>General Business</p>		
9	<p>Next Meeting – Wednesday 26 October 2011.</p>		

There being no further business the meeting closed at 15:15pm.

The minutes will be confirmed as a true and correct record at the next meeting.



CHIEF OPERATING OFFICER'S REPORT PROVIDER ARM September 2011

SUBMITTED TO:

Bay of Plenty Hospital Advisory Committee

26 October 2011

Submitted by: Phillip Balmer, Chief Operating Officer

RECOMMENDED RESOLUTION:

That the Committee receives the report.

Provider Arm Monthly Balanced Scorecard

2011/12



Sep-11

KEY PERFORMANCE INDICATORS

PATIENT & QUALITY	Month				Year to date		
	Sep-10	Sep-11	Target	Var	Actual	Target	Var
Outpatient DNA Rate	7.0%	6.9%	5.0%	(1.9%)	7.1%	5.0%	(2.1%)
Outpatient DNA Rate MAORI	15.5%	14.7%	5.0%	(9.7%)	15.7%	5.0%	(10.7%)
Waiting > six months for FSA (ESPI 2)	5.9%	2.9%	<1.5%	(1.4%)			
Waiting > six months for IP Treatment (ESPI 5)	13.6%	8.4%	<4%	(4.4%)			
Acute Readmission Rate	11.1%	11.5%	10.0%	(1.5%)	11.1%	10.0%	(1.1%)
PROCESS & EFFICIENCY	Sep-10	Sep-11	Target	Var	Actual	Target	Var
ALOS - Elective/Arranged CWD (excl Mat & Neonatal)	4.35	4.12	3.37	(0.75)	4.02	3.37	(0.66)
ALOS - Acute CWD (excl Mat & Neonatal)	3.97	4.41	3.76	(0.65)	4.47	3.76	(0.71)
Discharge by 11.00am	17.6%	14.3%	30.0%	(15.7%)	14.7%	30.0%	(15.3%)
Nurse Hours per patient day	5.18	5.22	5.11	(2.2%)	5.13	5.04	(1.8%)
Ward Bed Utilisation	92.9%	96.7%	90.0%	(6.7%)	97.1%	90.0%	(7.1%)
LOS Outlier (long)	2.85%	3.15%	1.5%	(1.6%)	3.31%	1.5%	(1.8%)
Day of Surgery Rate (DOSR)	90.2%	90.1%	90%	0.1%	91.4%	90%	1.4%
Daycase Rate - Elective/Arranged	61.4%	53.3%	61.6%	(8.3%)	55.4%	61.6%	(6.2%)
Smokers referred to Cessation	61.4%	95.1%	95%	0.1%	87.0%	95%	(8.0%)
Theatre Session Utilisation [Main Theatres]	91.6%	92.5%	92.0%	0.5%	89.9%	92.0%	(2.1%)
ED KPI 2	70.6%	60.0%	95.0%	(35.0%)	58.6%	95.0%	(36.4%)
ED 6 hr Target	88.9%	90.6%	95.0%	(4.4%)	88.1%	95.0%	(6.9%)

ORGANISATIONAL HEALTH & MONITORING	Month				Year to date		
	Sep-10	Sep-11	Target	Var	Actual	Target	Var
Staff Turnover % (FTE Basis)	0.7%	0.8%	1.5%	0.7%	0.6%	1.5%	0.9%
Sick Leave %	3.5%	3.3%	3.1%	(0.2%)	3.5%	3.1%	(0.4%)
% of staff with Annual Leave > 3yrs	3.1%	2.9%	0.0%	(2.9%)	2.9%	0.0%	(2.9%)
Workplace Injury Per 1,000,000 hrs	16.7	0.0	5	5.00	1.0	5	3.99

FINANCIAL & CONTRACT PERFORMANCE	Month				Year to date		
	Sep-10	Sep-11	Target	Var	Actual	Target	Var
Total Caseweight (includes un-coded)	2,971	3,334	3,122	6.8%	9,742	9,516	2.4%
Elective Caseweight (includes un-coded)	837	1,021	879	16.1%	2,717	2,601	4.4%
Acute Caseweight (includes un-coded)	2,134	2,314	2,243	3.2%	7,025	6,915	1.6%
Outpatient FSA Volumes	1,618	1,854	1,760	5.4%	5,235	5,209	0.5%
Outpatient FU Volumes	4,396	4,577	3,997	14.5%	13,925	11,991	16.1%
FTEs	2,136	2,213	2,155	(58)	2,176	2,155	(22)
Operating Costs (\$000)	10,256	11,022	9,355	(1,666)	31,324	28,456	(2,868)
Personnel Costs (\$000)	14,107	15,019	14,500	-519	45,102	44,551	(552)
Elective Surgical Discharges (excludes un-coded)	620	675	599	12.6%	1873	1774	5.6%

KEY

Patient & Quality	Status	Organisational Health and Monitoring	Status
Waiting > 6 mths for FSA <i>Target <1.5%</i>	NA ↑	Sick leave <i>Target <3.1%</i>	NA ↑
Waiting > 6 months IP Treatment <i>Target <4%</i>	NA ↓	Annual leave balance greater than 3 years <i>Target 0%</i>	NA ↔
Acute Readmission Rate <i>Target 10%</i>	NA ↓	Financial and contractual performance	Status
Outpatient DNA Rate <i>Target <5%</i>	NA ↔	Elective CWD <i>Target 2,601 ytd</i>	A ↑
Outpatient DNA Rate - Maori <i>Target <5%</i>	NA ↑	Health target elective discharges <i>Target 1,774 ytd</i>	A ↑
Process and efficiency	Status	Acute CWD <i>Target 6,915 ytd</i>	NA ↑
Elective / Arranged ALOS <i>Target 3.37</i>	NA ↓	Outpatient FSA <i>Target 5,209 ytd</i>	A ↑
Acute ALOS <i>Target 3.76</i>	NA ↑	Outpatient FU <i>Target 11,991 ytd</i>	NA ↑
Discharge by 11.00am <i>Target 30.0%</i>	NA ↑	Operating expenses (N.B. excludes salaries and wages) <i>Budget \$28,456 ytd (\$000)</i>	NA ↓
NHPDD <i>Month Target 5.11</i> <i>Variance +/- 3.5%</i>	A ↔	Personnel costs <i>Budget \$44,551 ytd (\$000)</i>	NA ↓
Ward Bed Utilisation <i>Target 90%</i>	NA ↑	FTE's <i>Target 2,155 ytd</i>	NA ↓
Day of Surgery Admission Rate (DOSA) <i>Target 90%</i>	A ↓		
Day Surgery Rate <i>Target 61.6%</i> <i>Target yet to be confirmed by MoH</i>	NA ↓		
LOS Outlier (long) <i>Target 1.5%</i>	NA ↑		
Theatre Session Utilisation <i>Target 92%</i>	A ↑		
Smokers referred to cessation <i>Target 95%</i>	A ↑		
ED KPI 6 (Patients admitted or discharged within six hours) N.B. 6 hour health target <i>Target 95%</i>	NA ↑		
ED KPI 2 (Patients once referred from ED to a specialty team are seen within 2 hours) N.B. Is part of the 6 hour target <i>Target 95%</i>	NA ↑		

FTE Resource Management

		Month				YTD			
		Data							
				FTE	FTE			FTE	FTE
		FTE	FTE Variance	Variance%	FTE	FTE	FTE Variance	Variance%	FTE
		Actual to	Actual to	Actual to	Actual to	Actual to	Actual to	Actual to	Actual to
		Budget	Budget	Budget	Budget	Budget	Budget	Budget	Budget
Account Report Group1		FTE Actual	FTE Budget	FTE Actual to Budget	FTE Actual to Budget	FTE Actual YTD	FTE Budget YTD	FTE Actual to Budget YTD	FTE Actual to Budget YTD
NURSING PERSONNEL	2202	1,095.12	1,028.06	-67.06	-6.52%	1,079.13	1,028.06	-51.07	-4.97%
SUPPORT PERSONNEL	2602	103.19	101.38	-1.81	-1.79%	101.83	101.38	-.45	-0.44%
MANAGEMENT ADMIN PERSONN	2802	303.76	295.25	-8.51	-2.88%	301.37	295.25	-6.12	-2.07%
ALLIED HEALTH PERSONNEL	2402	439.32	437.95	-1.37	-0.31%	431.73	437.95	6.22	1.42%
MEDICAL PERSONNEL	2002	271.21	292.30	21.09	7.22%	262.41	292.30	29.89	10.22%
Grand Total		2,212.60	2,154.94	-57.66	-2.68%	2,176.46	2,154.94	-21.52	-1.00%

ACTIVITY HIGHLIGHTS

CHIEF OPERATING OFFICER

- Elective case weights (CWD) exceeded target by 142 for the month. YTD we are ahead by 116 CWD.
N.B. Elective & Acute contract volumes have been set using NZ09 WIES versions. Actuals are being recorded in NZ11 WIES. Impact will be mainly an overstated actual for electives which reflects a higher CWD/ discharge to recognise the increased price to be paid for elective operations to reflect cost pressures.
YTD Variance to Contract NZ09 Elective = 176 Acute = 146
YTD Variance to Contract NZ11 Elective = 88 Acute = 142
- Acute CWDs were 71 over budget in September and over YTD target by 110. (estimate due to un-coded cases)
- Outpatients are 0.5% or 26 First Specialist Assessments (FSA) ahead YTD. Follow-up visits are 16.1% or 1,934 above contract YTD.
- Emergency Department (ED) attendances across both sites were 1% lower than September 2010 and 2.5% lower YTD compared with 2010.
- During September hospital inpatient occupancy was 100% at Tauranga and 92% at Whakatane.
- Promised savings of \$650k per annum from Health Benefits Limited for prosthetics are reflected in the budget but as yet have not come to fruition.
- A number of projects have been initiated with a focus on reducing average length of stay including criteria led discharge, early discharge, stroke, respiratory and enhanced recovery after surgery.
- For the month there were 150 more patient discharges when compared with September 2010 and YTD there have been 262 more inpatient discharges than in the prior year.
- There were 60 more main theatre operations in September 2011 c.f. September 10. YTD there have been 116 more operations in 2011-12 when compared with same period 2010-11. This is despite an all day power outage and a disruption to suction and oxygen supplies in Whakatane on 2/9/11. Whakatane theatres had their highest ever month with 248 cases.
- There were 36 more main theatre elective operations in September 2011 c.f. September 10. YTD there have been 73 more elective operations in 2011-12 when compared with same period 2010-11.
- A lack of available residential care beds has resulted in delays for discharge.

FINANCIAL

BOPDHB Provider Arm

Month Ended: **FY Period 3 -September**
 Division: **Provider Arm**

Year to Date

Actual	Budget	Variance
(\$000's)		
6,028	6,129	-100
994	1,057	-63
73,875	73,887	-11
80,898	81,073	-175

45,102	44,551	-552
6,259	5,052	-1,207
14,133	13,026	-1,108
4,174	3,586	-588
6,758	6,792	35
76,426	73,007	-3,420
4,472	8,066	-3,595

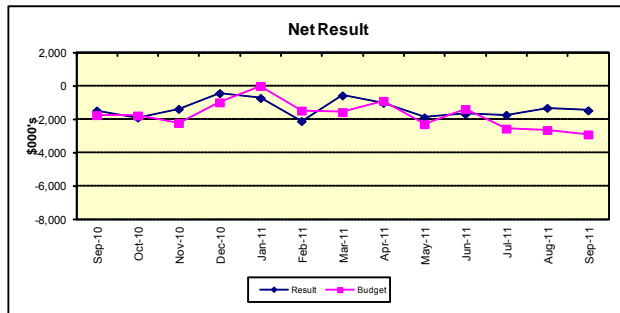
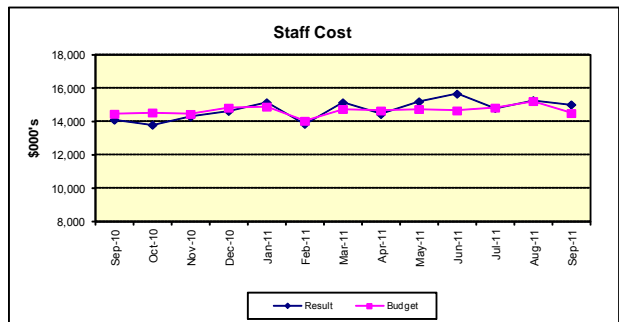
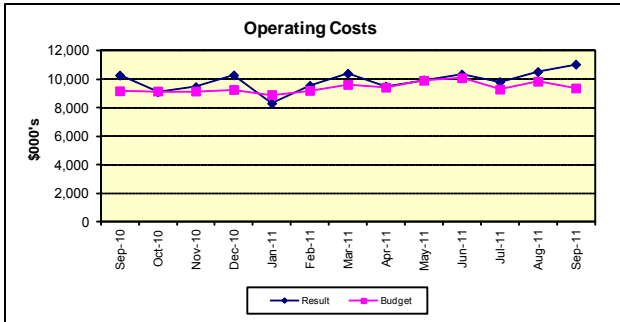
2,176	2,155	-21.52
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Year End Estimate

Actual	Budget	Variance	
(\$000's)			
REVENUE			
Government Revenue	24,188	24,188	0
Other Revenue	4,223	4,223	0
Funder Revenue	291,132	291,132	0
Total Revenue	319,542	319,542	0

EXPENDITURE			
Staff Costs	184,100	184,100	0
Outsourced Costs	22,657	20,657	-2,000
Clinical Costs	52,594	52,594	0
Infrastructure Costs	14,509	14,509	0
Recharges	27,222	27,222	0
Total Expenditure	301,081	299,081	-2,000
Net Result	18,461	20,461	-2,000

FTE	2,156	2,156	0
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BOPDHB Provider Arm

Financial Commentary - Provider Arm

(\$000)

	FY Period 3 -September	YTD
Total Variance:	-\$ 1,443	-\$ 3,595

Revenue:	\$ 743	-\$ 175
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Delayed start for the renal in centre resulted in \$144k of revenue not being realised.

Salaries & Wages:	-\$ 519	-\$ 552
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September was a month of extremely high throughput in both acute and electives. The additional 8 inpatient beds remained opened to cope with demand.

Outsourced:	-\$ 820	-\$ 1,207
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Outsourced Orthopaedics is \$240k ahead of phased plan. This variance will be zero by year end. Outsourced Rheumatology is \$78k over budget YTD reflecting lack of capacity to deliver the service in-house. Outsourced doctors was over budget by \$606k for the month and \$975k YTD of which \$757k relates to Whakatane.

Clinical Support:	-\$ 818	-\$ 1,108
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YTD pharmacy costs are \$386k over budget though \$274k of this is oncology drugs cost which is offset by revenue. This month was the busiest September on record for both acute and electives. Extra costs were incurred with the additional 8 beds to cope with demand and assist meeting the 6 hr ED target. When setting the budget there was a promise of \$1.4m savings from HBL that has yet to materialise.

Infra-Structure:	-\$ 26	-\$ 588
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Recharges:	-\$ 2	\$ 35
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Vehicle charges are down \$31k on budget YTD.

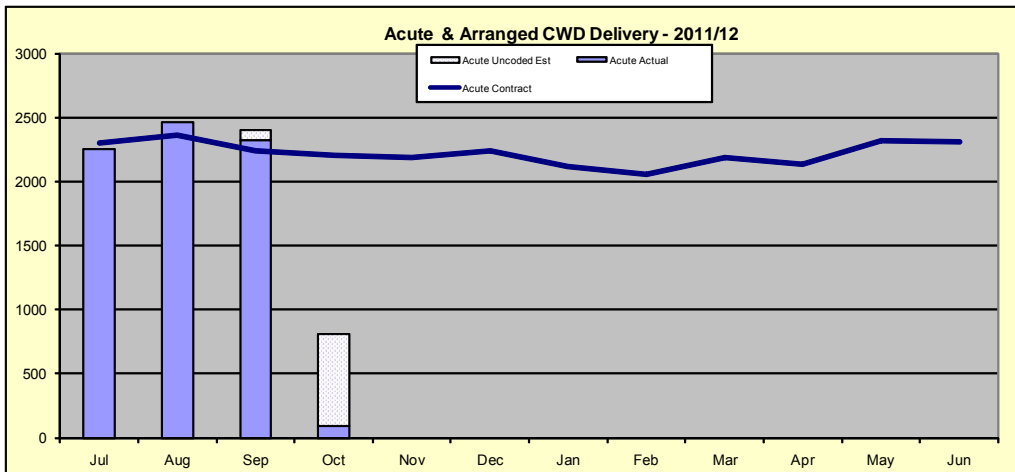
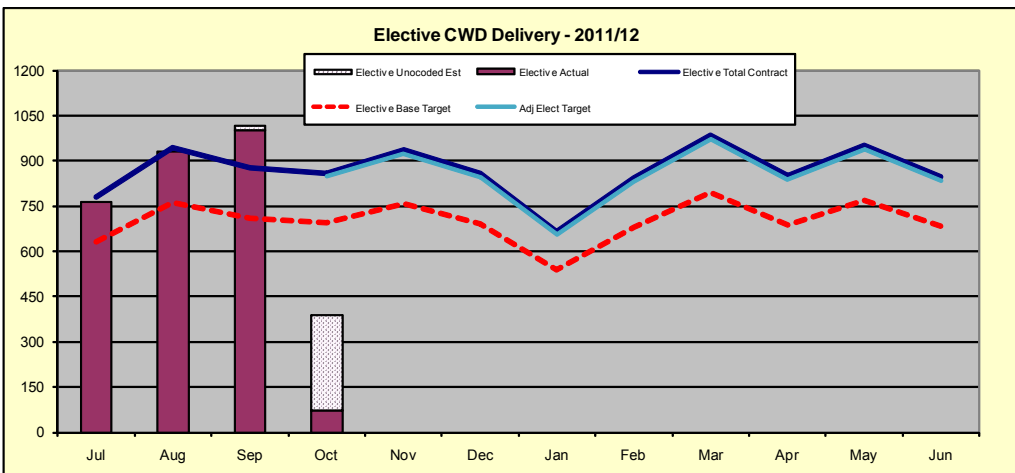
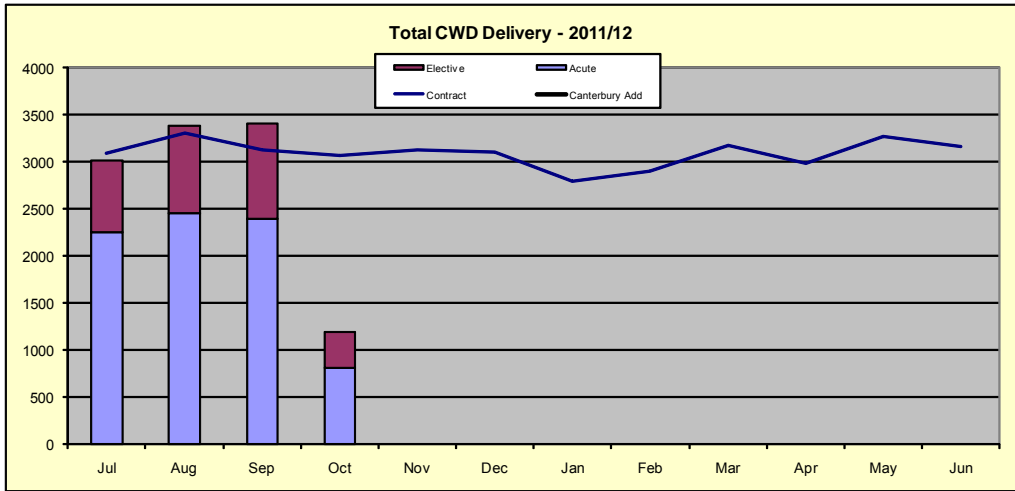
Year End Forecast	
Actual:	18,461
Variance to Budget:	\$ 2,000

A number of projects have been initiated with a focus on reducing length of stay including criteria lead discharging, early discharging, stroke, respiratory and enhanced recovery after surgery.

CONTRACTS

September was an extremely busy month for both acute and elective CWD. For the month we delivered the second highest number of electives on record and it was the highest September by far. Acute inpatient numbers have exceeded expectations.

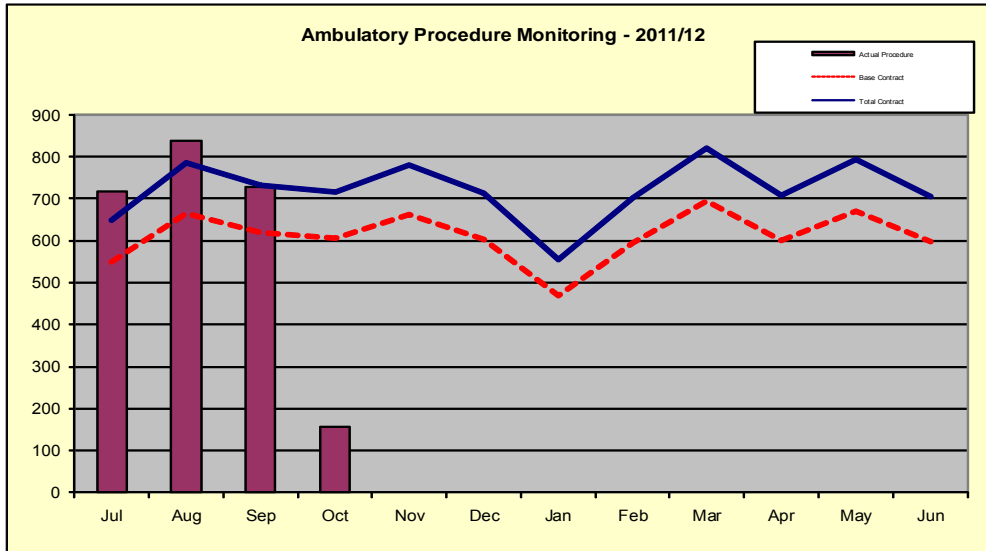
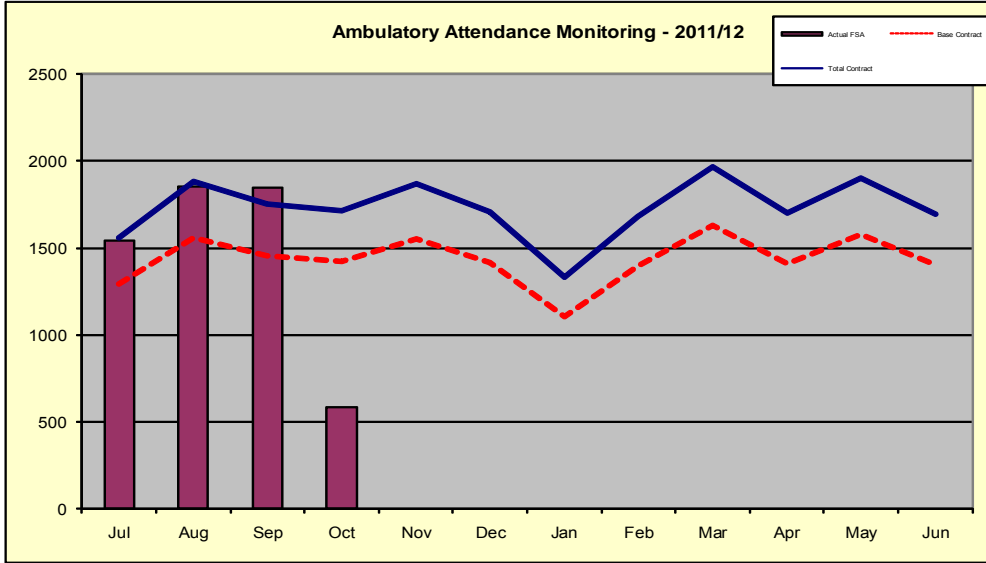
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Note: Graphs monitor all Funder contracted CWD with BOPDHB Provider Arm
 Electives = All elective CWD
 Acute & Arranged = all acute and arranged CWD

As well as a busy month for inpatient activity during September we were also able to maintain FSA and procedure numbers at levels which met or exceeded both month and YTD targets.

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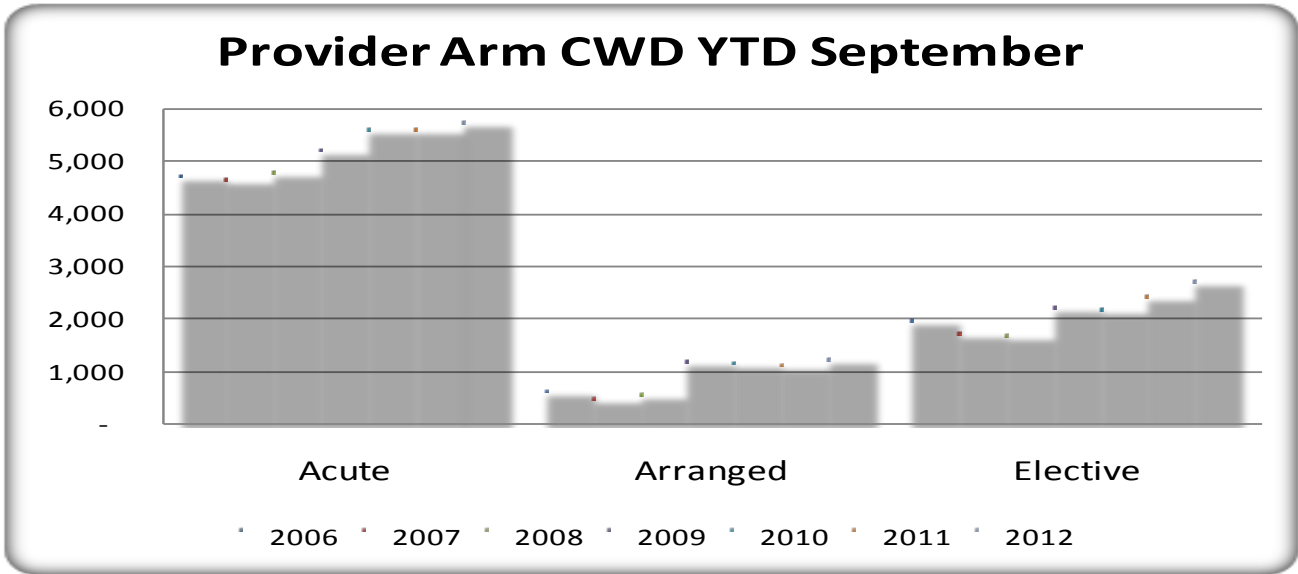
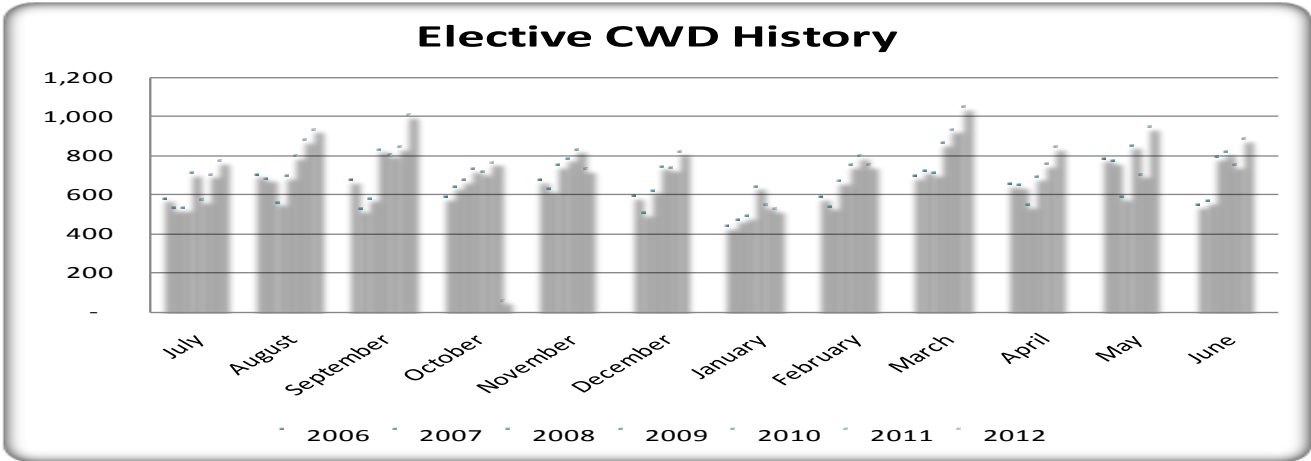


The focus this year is on achieving our FSA targets for all specialities. The level of FSAs purchased impacts on our ability to meet our discharge targets as there is a conversion ratio between the number of patients seen and number of patients who require surgery. Patients who did not attend (DNA) their appointments reduce the number of patients seen in our clinics. We have projects underway to reduce the DNA rates.

Patient followup visits following an FSA also follow a particular ratio depending on the specialty. Nationally there is an average of 2.49 followup visits to every FSA. Followup visits are purchased in BOPDHB below this national average and are currently funded at 2.24 followup visits to every FSA. Our actual current ratio is 2.64 with a number of activities underway to reduce the ratio to the national average.

CWD performance

The two graphs below show CWD year to date and elective CWD history by month using a current year CWD version to enable direct comparison between years. Both acute and electives are up significantly on prior years. Orthopaedics service was the single largest contributor to the September elective result. Elective Orthopaedic throughput in Whakatane Hospital has increased significantly with some weeks recording similar throughput to Tauranga. This enhances efficient use of existing Theatre and bed resources.



HIGHLIGHTS

MEDICAL DIRECTOR

Rural Hospital medicine plans progress in collaboration with Tairāwhiti and the Clinical School regarding synergies with their Rural Immersion coordinator.

Medical Director continues to deliver surgical and endoscopy sessions and on call services at Whakatane Hospital.

DIRECTOR OF NURSING

Health Care Assistants (HCA) Used for Safety Watches.

Safety Watches were high in September as compared with the previous 2 months N.B. This does not include Mental Health. This represents a high level of acute demand and results in a significant budget variance. Ongoing monitoring of the use of safety watches continues.

Safety Watch Data July - Sept 2011			
Ward	July	Aug	Sept
1d	5	0	0
2a	42	93	6
2b	0	9	151
2c	0	0	0
3a	0	26	8
3b	41	5	18
3c	9	34	25
4b	0	0	96
APU	0	12	16
HIA	0	1	0
MHSOP	53	15	26
ICU	8	17	0
Postnatal	0	3	0
Total	158	215	346

Nurse Entry to Practice (NETP)

The selection process for the January 2012 NETP intake has taken place this month. There were over 100 applicants for the 35 funded places. A total of 79 applicants were interviewed. Very positive feedback was received from the Primary sector regarding the standard of the process. The Midland region DHBs have aligned their selection process and related timing as part of a regional approach.

Regional Wound Care Study Day

A successful wound care study day was held by the DHB wound care nurses. The day was open to all across the regions and well attended by 70 people from Taupo to Waikato and many primary and elder care sector staff locally.

MOU for PDRP

A memorandum of understanding was signed with both Waipuna Hospice and Eastern Bay of Plenty Hospice to enable their nursing staff to join in with BOPDHB Professional Development and Recognition Programme (PDRP).

SURGICAL, ANAESTHESIA & RADIOLOGY SERVICES

Submission of Elective Services Productivity and Workforce Programme Funding Proposals

Proposals were sought by the Ministry of Health for funding to support implementation of pilot projects that will sustainably increase elective surgical discharges and efficiency of care delivery including a reduced ALOS. The service submitted the following 3 proposals:

1. **Separation of Orthopaedic Elective Stream** – streamed separation of orthopaedic electives from acute orthopaedic surgical patients within the facility constraints of a smaller sized hospital
2. **Enhanced Recovery After Surgery (ERAS) for Colorectal Surgery** – implementation of ERAS protocol and pathway for colorectal surgery. Following discussion with the Ministry & Waikato this proposal has been submitted as part of the regional **Transforming Midland Elective Cancer Pathways**, with the BOPDHB proposed to be the initial DHB of the region to implement this with local leadership and regional governance & planning.
3. **Direct Access for Surgery** – direct access pathway for Laparoscopic Cholecystectomy Surgery from GP to Surgery

Feedback on the success of supportive funding from the Ministry will be notified to the DHB in October.

The Productive Operating Theatre (TPOT)

In addition to the Balanced Scorecard Measures the following are a list of Core Measures for TPOT that have been chosen by the perioperative team and are being measured on an ongoing basis:

- *Patient satisfaction survey preoperatively around preparedness and expectations*
- *The number of briefing and debriefing meetings being held in all Theatres*
- *Number of Theatre lists that remain set from two weeks out from the list actually being run*
- *The number of on the day of surgery cancellations*

Implementation of this programme continues with key areas of focus being

Consistent teams: A three month trial has been completed which saw Registered Nurses working with a specific surgeon on elective lists on a regular basis. This is now being extended to all surgical specialities.

Computer Solutions: The generic log is now being used in all theatres and is working well. Regular meetings between Theatre staff and IT are implemented. Computers for the staff tearoom have been installed.

Communication Tools: Both handover proformas between Theatre Nurses/ PACU and Anaesthetists/PACU have been finalised and are with publishing.

The Theatre at a glance is now fully operational.

Reducing the costs for consumables and equipment:

The first meeting this month was a success with a high level of engagement and enthusiasm from all staff who attended were clarification of what works well now, what could work better and deciding what module measures would be put in place. Planned work for October is clarification of the work streams and measure definitions.

Scheduling Module

Discussions in progress to implement this module.

Scope & Acute Whiteboard Project

Project implementation is underway for the scope clinical application to be rolled out to all acute surgical service procedures. All acutes will be booked to theatre using an electronic booking form. Planned implementation is for 31st October across all Tauranga services to be followed with implementation for Whakatane Hospital.

Elective Service Compliance

The DHB obtained ESPI compliance for all surgical specialties and all KPIs for August. All specialties are working towards having zero patents waiting outside a 6 month time frame for both FSA & treatment by December 2011.

Western Bay Domiciled patients seen & treated at Whakatane Hospital:

The following tables show the numbers of Western Bay domiciled patients seen and treated at Whakatane Hospital by month.

Referrals received	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Dental	1	1	10	0	10	5	2	3	3	7	5	5	2	3	2
General surgery	18	32	38	27	32	21	19	21	43	32	40	17	34	30	21
Gynaecology	12	9	17	13	16	8	10	11	21	18	20	16	15	19	10
Orthopaedics	13	30	17	19	32	22	12	19	28	5	13	23	13	19	21
Totals	44	72	82	59	90	56	43	54	95	62	78	61	64	71	54

Outpatient appointments	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Dental - FSA	1	1	0	2	0	0	4	7	3	2	4	0	0	2	7
General surgery - FSA	15	41	29	25	35	34	18	16	20	19	24	15	12	29	24
General surgery - FU	12	8	21	22	23	22	26	19	15	18	26	23	16	27	23
Gynaecology - FSA	13	9	10	23	19	16	7	11	11	8	10	14	8	5	7
Gynaecology - FU	8	8	6	11	9	10	9	15	11	8	15	11	13	8	3
Orthopaedics - FSA	20	13	11	11	10	14	10	22	9	5	15	4	3	14	15
Orthopaedics - FU	31	17	21	20	23	26	14	17	17	17	20	18	18	11	16
Totals	100	97	98	114	119	122	88	107	86	77	114	85	70	96	95

Patients treated electively	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Dental	8	14	6	6	4	4	11	12	2	5	11	0	4	12	11
General surgery	15	4	27	28	18	19	14	14	19	22	27	11	15	14	9
Gynaecology	1	2	8	8	10	10	10	9	10	5	7	1	6	5	2
Orthopaedics	12	6	3	9	10	3	9	6	9	11	5	15	4	7	12
Totals	36	26	44	51	42	36	44	41	40	43	50	27	29	38	34

Radiology

Implementation of PCI Services at Tauranga

The radiology department in conjunction with the cardiology services has begun planning for the implementation of a PCI service at Tauranga Hospital. This is a significant change to practice for radiology staff and changes to shift patterns and the requirement for on-call for this service. The department is also reviewing the utilisation of the Fluoroscopy and CT equipment to manage the need to move radiology procedures from the vascular imaging suite to meet the needs of the cardiology service.

Teleradiology – Nighthawk

In September 2011, out of 29 referrals, 13 were reported within 15 minutes of ITC receiving the images, 21 were reported within 30 minutes and all others were reported in under an hour. 26 Studies were transmitted within 30 minutes. Studies with multiple procedures attached took longer to transmit. ITC are trialling a software product at Hastings Hospital which should reduce transmission times by 30 – 50%.

Regional Pain Service:

Discussions have resumed with Lakes DHB around a shared approach for delivery of Pain Services across the two DHB. The concept proposed is that BOPDHB will be the central point for this service with delivery of some of the services to be provided at both Rotorua and Whakatane hospitals. Funding and processes are being worked through.

MEDICINE

Oncology/Haematology

Early discussions are now underway to establish a “home ward” for oncology and haematology inpatients. At present this is likely to be ward 2B given the need of access to single rooms due to the low levels of immunity in these patients. Oncology will take these patients during normal working hours with general medicine cover out of hours and at weekends.

HIA

An audit has been conducted by the HIA team looking at patients in the hospital on a certain day (Friday 23rd September) with the following criteria –

- patients aged 65+ years
- Medically fit and only in hospital because they were having non-specialist rehab.
- The ‘medically fit’ part was deemed to be the case by the specialist geriatricians and not the ward team.

The auditors also asked whether the patients could be discharged today if access to intermediate/transitional care was available?”. In addition the HIA team continue to trial the HIA outreach service in APU, Stroke and Orthopaedics.

Renal –

The staffing for the new Whakatane in centre dialysis unit are currently completing their training through the Waikato DHB Regional Renal Service. The unit is scheduled to open at the end of October.

Respiratory

A change to the provision of clinics at Whakatane has significantly reduced the waiting time for patients at Whakatane. Rather than relying one physician – two have been providing the service.

General Medicine –

A new Physician with a Respiratory sub specialty has been appointed and accepted. However the applicant is not available until mid 2012. Discussions are also advancing with a potential candidate with diabetes as sub specialty. The Clinical Leader for Medicine is currently on CME in the UK and is actively seeking possible candidates for Team Medicine in particular Acute Medicine.

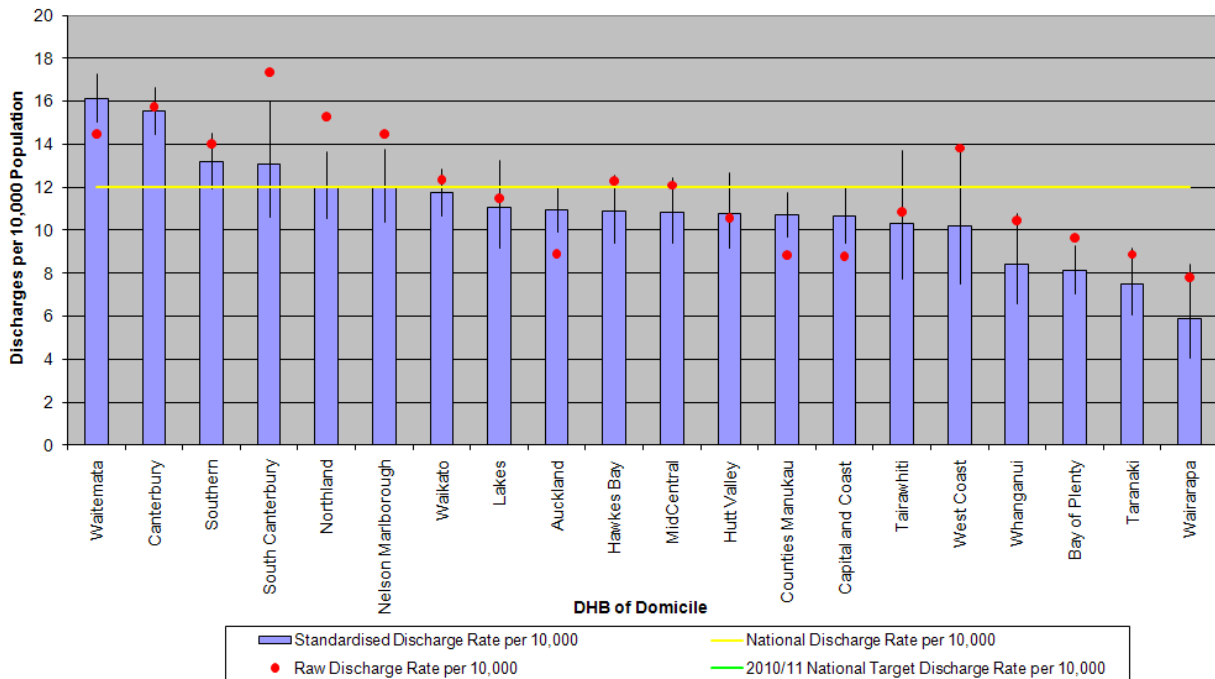
Redesign of Medicine –

Currently the focus for the project is to review Acute Medicine rosters and appropriate patient allocation. It is envisioned that the project will contribute to patient safety through redesign of core processes such as defining the maximum number of acute admissions per physician, core clinical teams, specific condition related patient pathways.

Cardiology –

PCI – a letter of recommendation has been received from the Cardiac Network which in principle supports the advancement of the project (given the recommendations). Key positions have been advertised and some appointments have been made. Of note in the comparative standardised graph below, BOPDHB patients have the third lowest level of access to angioplasty procedures in the country. The establishment of a local service will reduce this disparity.

Year Ended 30 Jun 2011 Publicly Funded Casemix Included Discharges with an Angioplasty Procedure
with WIES NZ08 Filter Applied and 95% Confidence Intervals



Estimated Date of Discharge – The Nurse Leader and Head Of Cardiology have developed an EDD process to be trialled in Cardiology.

Emergency Department –

Unfortunately there has been an increase in reports of verbal abuse by ED staff, therefore the Nurse Manager will be working with the communications team to develop a local communication to the public.

Currently the SMO/MOSS roster is being reviewed with the staff involved at Tauranga to improve access to Senior Medical staff in ED for longer periods. Whakatane ED are to be thanked for their extra efforts put in by staff following the school bus crash.

6 Hour Target –

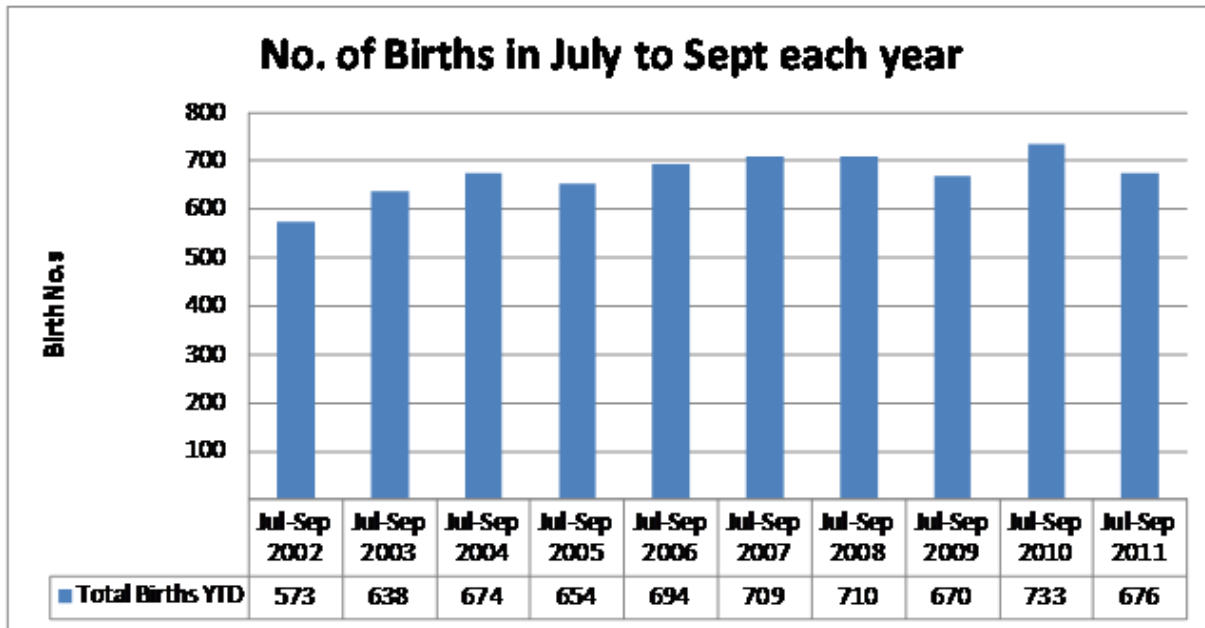
Whakatane continues to deliver above the target each month while Tauranga has gone through a number of months where performance has declined. However September showed a marked improvement with a more consistent result. Recent initiatives that have contributed to this result include:

- APU procedure room: this has meant that the APU doctor could use the facility to review a greater number of patients. The subsequent result has been that a number of patients have been treated and discharged without admission and therefore reduced demand for APU beds.
- With high levels of patient occupancy a decision was made to bring forward the opening of the eight HDU/Cardiac step down beds. An acute cardiology unit has resulted with CCU and a cardiac step down unit co-located which has improved the quality of care for cardiology patients. It has also consolidated geographically the expert team and improved patient flow.
- ED also revised their senior roster with more shifts having two senior staff working.
- Formalisation of the 2 hour huddle with SMO/MOS, Duty Manager and ED Co-ordinator.

WOMAN CHILD AND FAMILY

Maternity

Births in the first quarter reflect a decline on previous years.



The Tauranga antenatal midwife position is now also covering two hours a day in the Assessment Clinic that has been held in the maternity. This is for woman that need to be seen or else need to be monitored following an antenatal referral.

Whakatane maternity unit has commenced the Early Pregnancy Clinic for one hour each morning, this is for the woman that have had a miscarriage and need to be followed up or threatening to have a miscarriage so the ongoing care can be planned. This reduces the need for admission.

Interviews are to take place for the new graduate midwife programme for both sites over the next few weeks. There has been a number of good applicants and the plan is to have 3 in Tauranga and 2 in Whakatane.

The Community Hearing Screening Clinics have been started for Kawerau and Opotiki. The plan is to have this clinic on the same day as the breastfeeding clinics to make it easier for the women attending. Both clinics will build up over time.

Maternity Clinical Information Systems

A National Workshop to agree a national approach and common set of requirements for DHB Maternity Clinical Information System was held in Wellington. The workshop covered the Shared Maternity Record of Care Project a review of the current data set and agreement around the process for the agreement of a maternity core Data set. An expert panel will be formed with sector representatives.

Midland Clinical Services planning

Work has been deferred pending the implementation of the New Zealand Maternity Standards expected in the New Year.

Safe Staffing Healthy Workplace (S.S.H.W)

Marg Norris, Midwifery Leader has presented the BOP data to MERAS and College of Midwives and Jane Lawless S.S.H.W. The presentation went well and BOP has been identified as a leader in the area.

Referral Guidelines

New Maternity Referral Guidelines come into place 1st October. These have been circulated to all relevant clinicians

Gateway Assessments

A small group including representatives from Paediatrics Mental Health and Planning and Funding are meeting to determine the process's and structures to implement the Gateway assessments for high risk children and Young people who are under CYFFs care.

Baby Friendly Hospital Initiative (BFHI) And Lactation Services

BFHI audit correction plan in place, after reasonably successful audits over the 3 units.

Exclusive breastfeeding rates (to be 75% or more). SCBU stats are not required for audit purposes – interest only.

Tauranga	89%
SCBU	24% + 24% fully (17 infants)
Whakatane	88%
SCBU	60% (5 infants)
Opotiki	5/5 mothers

Meals for Maternity and Paediatrics' Mothers

Following feedback on the BHFH audit where the lack of food available for Post Natal Mothers was highlighted. Arrangements have been made to have a tray of sandwiches, TV Dinners and other items of food available on the Maternity units.

Gynaecology

Elective Service Compliance

The Obstetric and Gynaecology (O&G) consultant's are reviewing the grading threshold with Elective services and the focus is on production planning to ensure the schedulers are managing the bookings to the targeted levels.

Colposcopy Customer Survey

The results of the first Colposcopy Customer Survey with a sample of 45 women who has attended Outpatient colposcopy clinic during the month of July was been compiled. The survey tool consisted of 21 questions and had a 31% response rate with overall satisfaction rates over all areas of good to very good. The survey provides a base and will be repeated quarterly

Paediatrics

Health Targets

Activity continues for opportunistic immunisation and Smokefree screening in Paediatrics and Maternity on both sites.

	April 2011 As at 29/4/11	May 2011 -06-14 As at 31/5/11	June 2011 As At 30/6/11	July 2011 As At 31/7/11	August 2011 As At	September 2011 As At 30/9/11
Paediatric /Maternity Tauranga	6	13	9	13	8	7
Paediatric /Maternity Whakatane	8	7	2	2	4	6

High occupancy

Occupancy and acuity remains high with winter ailments.

Ward Bed Utilisation			
	July	August	September
Tga - Paeds	104.95%	101.40%	102.11%
Whk - Paeds	118.42%	89.72%	117.20%

Tauranga paediatrics and ED have set up a joint education sessions in regards to paediatric trauma/care. ED nurse education and ACNM has facilitated education sessions to the Paeds RN's around triage scores, what they mean and how they are made.

MAORI HEALTH

Mihi whakatau/ official welcoming

Regional Māori Health Services supported the welcoming of the CEO of Te Runanga o Te Whanau, as well as the new Planning & Funding staff members held at Voyagers on the 1st September 2011. The visit afforded an opportunity to learn more about current and future services they envisage providing in health as well as future community relationships.

Whakatane Renal Clinic

Regional Māori Health Services attended the Opening of the Whakatane Renal Clinic on the 1st Sept 2011, in attendance with Sally Webb, Chairperson of the BOPDHB board, Collin Hammond former Mayor, Anne Tolley Education Minister and Tony Ryall Health Minister. There has been a blessing scheduled for this at the end of October.

Opening of Te Mānuka Tūtahi Marae

Regional Māori Health Services attended the opening of Te Mānuka Tūtahi Marae held on the 16th September 2011 at Wairaka, Whakatane. The initial karakia/ blessing was conducted at 4 am followed with the powhiri/ formal welcoming at 9 am.

Iwi consultation

A formal welcoming was provided to Huria Management Trust on the 9th of September at Regional Māori health services office in Tauranga. The goal for this initial meeting is to set a platform for the future of our regional service in regards to the community relationships between the two services.

Community Relationships

Regional Māori Health Services continue to maintain good relationships with this provider; a meeting was held with Anna Thurnell Provider Network and Contracts Support Leader on the 12 September 2011. Relationships with organisations such as these are key to the ongoing collaborative relationships between primary and secondary services.

Planning Day

Regional Māori health services attended the BOP Palliative Care Service Planning Hui at Waipuna Hospice on the 19th Sept 2011. The meeting was well attended and several important issues and suggestions were raised and discussed. This also contributed to the regional draft plan for the midland region.

REGIONAL COMMUNITY SERVICES

Family Violence Intervention Programme

CEO has signed off the National MOU between Ministry of Social Development (CYF), NZ Police and DHB around shared commitment to collaborative working relationships. The first schedule covers the care of children admitted to hospital with suspected or confirmed abuse or neglect.

Support Net

Regular meeting between Support Net and Eastern Bay of Plenty providers has been held to discuss issues and consolidate good practice. This meeting was also attended by the BOPDHB emergency planning coordinator to discuss planning and emergency response.

Support Net visited the Lakes DHB DSAC and updated them on the NASC role, service development and service gaps in the Lakes area.

Support Net has implemented Supported Self Assessment for Ministry of Health funded clients of low to medium need who wish to take up this option.

Support Net staff have participated in community seminars to provide information on Support Net services. These have included, Age Concern, Elder Abuse Prevention.

Allied Health

Speech Therapy

Prompted by the loss of access to video fluoroscopy service at Whakatane, speech therapists have endeavoured to find alternative best practice to ensure that vulnerable patients with swallowing difficulties have access to alternative assessment techniques where appropriate. This has led to the whole team being trained in a new nationally-introduced technique for cough testing using citric acid. The use of citric acid has been approved by the medications committee and is managed in conjunction with the pharmacy.

Rehabilitation Therapy

The use of one full time Te Pou Kokiri across all allied health teams in Te Koru has resulted in better access for staff and more effective use of TPK skills. Of particular value is the increased use of TPK at referral intake meetings to assess whether TPK should be the first contact. Productive Community WOW in rehab in Whakatane has made significant changes with very little cost as a result of very enthusiastic staff.

Toi Te Ora Public Health

The Toi Te Ora management team is pleased to see the proposed improvement to staff facilities including a larger tea room and dedicated bike storage to support staff across both floors to cycle to work.

Health Improvement

Social Environments

Smokefree - Kawerau District Council's Smokefree Outdoor Spaces Policy was adopted on 27 September 2011.

Breastfeeding – Toi Te Ora have accredited five establishments as Breastfeeding friendly this month.

Smokefree Bayfair – Toi Te Ora are supporting Bayfair shopping centre to develop a Smokefree policy to extend their Smokefree areas to open spaces. This policy will include doorways, footpaths, bus stops and courtyards. The policy is due to be launched towards the end of September.

Kai @ The Right Price project – Toi Te Ora presented this project at the Lakes DHB HEHA Steering Group. Kai @ The Right Price will commence towards the end of September – starting with Produce Plus (Western Heights, Rotorua) and Four Square (Mangakino). The initiative is informed by the Waikato programme which has been evaluated. The branding for this project will be under the new joint Midland branding.

Education

A further four schools registered for Health Promoting Schools (HPS) accreditation this month. To date, twenty six schools have registered and are compiling their portfolios to enable them to apply for Bronze Accreditation. One school has achieved Bronze accreditation and another has submitted their portfolio for Silver accreditation.

Workplaces

Toi Te Ora's work based program WorkWell won the Bay of Plenty DHB Innovation Awards. A total of 52 workplaces are now registered for WorkWell. Of those registered, 16 are stage one in their development, 33 are stage two, and three have been awarded Bronze accreditation. Nearly 19,000 employees are covered through WorkWell. Some of these are not in the Toi Te Ora region (as some businesses are national and are implementing WorkWell nationally). 9,785 employees are in WorkWell from the Toi Te Ora region.

Health Protection

Rugby World Cup 2011

The health protection officers have been ensuring that they are ready for any incidents that may occur over the Rugby World Cup 2011 (RWC) period. This has included ensuring emergency plans are up-to-date, visiting team and VIP hotels, and engaging with medical practices to ensure they are aware of how and when to contact our service. Toi Te Ora is required to send a situation report to the Ministry on days when a game is held in its service area or if any incidents occur outside of office hours.

Controlled Purchase Operations

Health Protection staff have assisted the Tauranga police with Controlled Purchase Operations under the Sale of Liquor Act. Twelve premises were visited and there were no sales to minors this time.

Influenza Vaccination

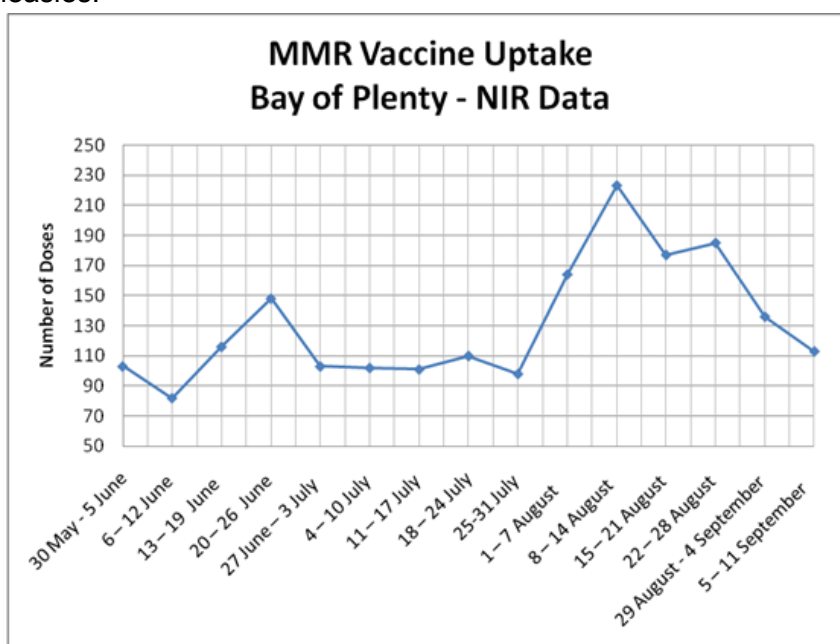
Medical Officers of Health are continuing to support the new initiative to extend vaccine delivery to some pharmacies

Measles - Toi Te Ora continues to be alert for reports of suspected measles. Several possible cases have been investigated. Fortunately we have had no confirmed cases to date. Refer Health Service Development section. There have been two confirmed notifications to date in October. Both were visitors to the area.

Health Services Development

Immunisation

A report for monitoring the local uptake of the MMR vaccine was developed in order to assess the response to the recent North Island measles outbreaks (see below). This additional uptake monitoring mechanism provides a useful tool in understanding communities' responses to public health interventions such as the media activities and work with schools for raising awareness of the need for vaccination against measles.



An information sheet "What if You Don't Immunise Your Child?" and accompanying form for health professionals to record the processes relating to the decision to decline immunisations was approved for trial by the Ministry of Health and has now been distributed to immunisation coordinators. This provides another resource for primary care providers to support immunisation uptake.

Kiwifruit, PSa and Streptomycin spray – ongoing area of media interest

One of the responses to help control PSa disease in kiwifruit vines has been the limited approval of KeyStrepto (Streptomycin) spray. While KeyStrepto has been registered and used in New Zealand in the pipfruit and stonefruit industry since 1978, use in kiwifruit is an 'off-label' use that required assessment and approval from the relevant regulatory authorities.

Orientation evaluation

Regular evaluations of Toi Te Ora's internal orientation programme are carried out which contribute to ongoing quality improvements. Overall Toi Te Ora's programme, which links to the BOPDHB programme, continues to rate very highly and is meeting the needs of new employees. In the most recent evaluation there was a 100% satisfaction rating of:

- Interview process;
- Work information provided – position descriptions, work files, meeting and reporting dates;
- Office equipment and set up and being well informed of all office facilities;
- Information on office locations and introductions to colleagues;
- Feeling valued;
- Toi Te Ora is a professional organisation and met expectations; and

- Staff indicate they have made the right choice joining Toi Te Ora.

District Nursing Services

Alternate arrangements for leading the District Nursing team are in place with Sandra Fielding and Marg Norris supporting the Co-ordinators at both sites while Pamela Ashford-White is away due to illness.

MENTAL HEALTH

Mental Health Services for Older People (MHSOP)

Due to the lack of psychogeriatric care beds in the community for patients to be discharged to stage 3 providers LOS has been extended significantly for many patients and it has resulted in delays for transfers into the unit.

New structure- Community Adult Mental Health and Addiction Services.

The implementation of the district wide service structure for Community Mental Health and Community Alcohol and Drug Services took place on the 12th of September. The new structure encompasses one district wide adult Community Mental Health and Addictions Service with one Clinical Co-ordinator supported by 4 clinical team leaders and an administration team leader.

A regular forum has been organised by Hester to meet regularly with the three clinical team leaders in Tauranga with a videoconference to include the clinical team leader in the Eastern Bay to enable consistency across the service.

As part of this regionalisation, the Tauranga Community Alcohol & Drug Service (CADS) amalgamated with the Whakatane Alcohol and other Drug (AOD) team. With shared training and increased opportunities for interaction this new wider team will now work closely together to provide a more cohesive and congruent service to clients across the wider Bay of Plenty. Hester and Anne met with the staff at Whakatane to introduce themselves and answer any questions they had.

Tuwharetoa Hauora

The Community Mental Health Team in Whakatane participated in a meeting that took place at Tuwharetoa Hauora in Kawerau. This meeting was in relation to the suicide prevention work going on in the town which involves several agencies, including the DHB and the Ministries of Health and Social Development. There have been a number of meetings held aimed at achieving better collaboration and lifting the clinical skill base of some of the NGOs in Kawerau. As a result Tuwharetoa now have new leadership and are aiming to provide good quality clinical care which is responsive to the community. The outcome of the meeting was to plan a way forward in practise, rather than to discuss the issues. As a result there will be a clinical core group set up which will include relevant NGOs, Voyagers and Community Mental Health and Addictions. The purpose will be to present cases, look at best practise and collaborate to achieve this. Educational opportunities will also be made available as appropriate. This is to strengthen current practise, support people clinically, ensure risks are identified and managed, and to use a case management approach to care. The process will be led by Peta Ruha at Tuwharetoa with support from the Community Mental Health Team and a staff member at Voyagers.

Family/whanau and Consumer advisors

Hori Ahomiro and Kathleen Wright, the family/whanau and consumer advisors have started an initiative to provide better access, participation and support for all MH staff, family/whanau and consumers. Kathleen and Hori have made themselves available to meet with staff to talk about any matters they may deem important or of concern, possible supports/interventions, cultural advice and collaboration. The advisors have arranged weekly drop in sessions on Thursday mornings at Community Mental Health. To date, the initiative has been quite successful and the teams find it extremely useful to have a regular opportunity to seek advice regarding clients and families. Following a discussion at one of these sessions with the North Team Leader Kathleen and Hori will also be starting work on a map which will act as a visual tool for clients displaying the kaupapa services available to them in the Western BOP. It is hoped this will provide clients with the information they need to make some choices about their health care providers.

Consumer Advisor for CADS

We were pleased to welcome Paul Bennett as he started in his role as the new Consumer Advisor for the Community Alcohol and Drug Service (CADS) this month. Paul is well known as the author of "Walking with the Taniwha", his autobiography, which recounts Paul's recovery from drug addiction and mental illness. The story is told from a New Zealand perspective of a man with Māori heritage. The Mental Health Commission are supporting and promoting Paul's book through regional forums with sessions for consumers and families and healthcare workers. Paul has been working under the umbrella of Ngaiterangi Iwi in drug abuse resistance education, peer support and networking locally and nationally, also completing training in the mental health and addictions sector. In the role as Consumer Advisor Paul will provide an alcohol and other drug consumer perspective and voice on all aspects of service delivery within the Eastern and Western Bay's Addiction Services.

Midland Regional Dementia Behavioral Support and Advisory Service Shortlisted for the Innovation Awards

The focus of the innovation is with regard to how the workforce can be better educated regarding caring for a person living with Dementia who is experiencing behavioural and psychological symptoms. Care providers are required to have all staff working in psychogeriatric and secure dementia care trained within 6 months of working in this area. The training is academic based and the education provided links the paper to the real and realistic experience. The learning has a heavy focus on role play and experiential learning, and the learning takes place in the context in which it will be applied.

Care Pathway for GPs for Uncomplicated Dementia for BOP DHB

A draft pathway has been developed and is now out for consultation across SHSOP. It is envisaged that the pathway will then progress to the Bay Navigator.

MHSOP Community Team

With the restructure of Community Mental Health and addiction Services across east and west, the FTE positions funded for MHSOP have now moved under the clinical management of MHSOP. We welcome Kate Reid, Jenny Read, and Cass Scott officially to our team. The move will assist us in providing more consistency in service delivery and development across the Bay.

Community Outreach Team

The COS team and their client group are developing a sensory garden to, enhance our clients well being and sensory processing. The first completed task is the mosaic welcome sign made by the men's group on our gate. We also now have a worm farm providing goodness to our garden and fertilizing our vegetable garden. This garden provides to supplies to our meal preparation group and in-patient unit. Surplus vegetables go to our client group. The group is now working on a mosaic mural to cover the entire fence line wall.

Inpatient Units

It has been a very busy month clinically with high levels of acuity and occupancy in both units. Both inpatient units have experienced a great deal of bed pressure and staff worked quite creatively in order to provide access to all those who have needed access to the service.

The newly appointed Te Pou Kokiri for Te Wharemiangiangi has started a comprehensive period of orientation to Maori Health Services and will be fully on board and providing cultural support to the inpatient service at the end of October.

Project Medication Management in BOPDHB Adult Community Mental Health Services

MH&AS Clinical Governance commissioned an initiative to identify and document common best practice guidelines in relation to Medication Management in adult community mental health teams in the WBOP and EBOP DHB areas. Different areas of focus were identified, such as roles and practices around prescribing, education of service users about medication, standing orders in rural areas, dispensing, transporting, storage and administration of intramuscular and oral medications, after hours medication administration, relationships with pharmacies, NGO's, GP's and cost implications. This continuous

quality improvement initiative will benefit community mental health services as there will be a commonly understood and documented best practice guideline as a set standard of practice.

WAITING LISTS

	September-10		September-11			Variance	
	Total Waiting	Waiting > 6 Months	Total Waiting	Waiting > 6 Months	% > 6 months	Total Waiting	Waiting > 6 Months
Surgical FSA Waiting List							
Colposcopy	231	4	245	5	2%	14	1
Dental	129	10	51	0	0%	-78	-10
ENT	221	2	265	3	1%	44	1
General Surgery	687	76	290	1	0%	-397	-75
Gynaecology	323	32	453	13	3%	130	-19
Ophthalmology	380	20	499	22	4%	119	2
Orthopaedic	637	30	656	2	0%	19	-28
Paed Surgery	30	0	20	1	5%	-10	1
Pain	24	2	2	0	0%	-22	-2
Plastics	70	4	24	1	4%	-46	-3
Vascular	64	10	28	1	4%	-36	-9
Total	2796	190	2533	49	2%	-263	-141
ESPI Buffer 1.5% OR <10 patients							

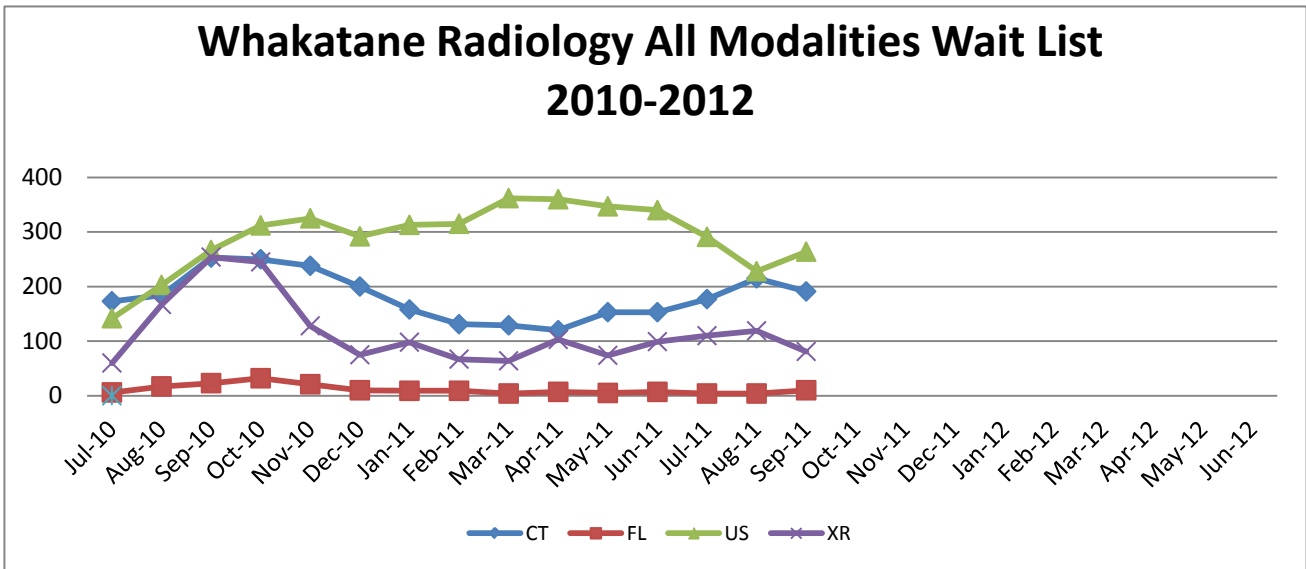
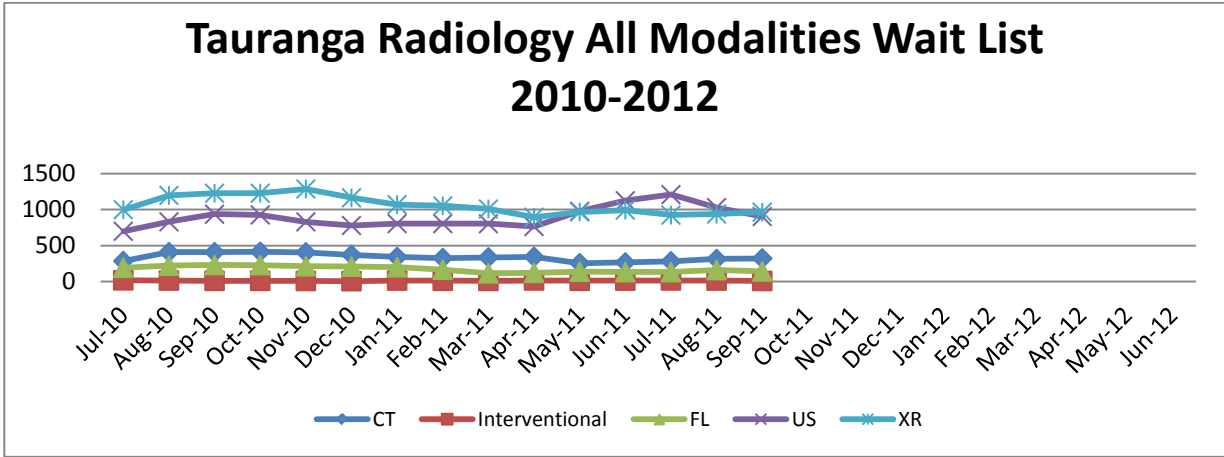
	September-10		September-11			Variance	
	Total Waiting	Waiting > 6 Months	Total Waiting	Waiting > 6 Months	% > 6 months	Total Waiting	Waiting > 6 Months
Medical FSA Waiting List							
Cardiology FSA	309	7	202	1	0%	-107	-6
Dermatology	97	0	108	0	0%	11	0
Diabetes	85	14	103	4	4%	18	-10
Gastroenterology	61	4	73	4	5%	12	0
Gen Medicine	70	3	86	2	2%	16	-1
Haematology	55	1	46	0	0%	-9	-1
Infect Diseases	28	2	37	7	19%	9	5
Neurology	113	0	142	0	0%	29	0
Oncology	24	9	24	0	0%	0	-9
Renal	31	0	30	4	13%	-1	4
Respiratory	134	7	64	4	6%	-70	-3
Rheumatology	30	1	71	1	1%	41	0
Total	1037	48	986	27	3%	-51	-21

ESPI Buffer 1.5% OR < 10 patients

	September-10		September-11			Variance	
	Total Waiting	Waiting > 6 Months	Total Waiting	Waiting > 6 Months	% > 6 months	Total Waiting	Waiting > 6 Months
Surgical Treatment List							
Dental	147	4	186	4	2%	39	0
ENT	294	22	232	16	7%	-62	-6
General Surgery	537	128	266	19	7%	-271	-109
Gynaecology	163	15	176	19	11%	13	4
Ophthalmology	264	15	218	17	8%	-46	2
Orthopaedic	424	62	685	82	12%	261	20
Pain	0	0	16	0	0%	16	0
Plastics	64	7	60	3	5%	-4	-4
Vascular	22	7	28	2	7%	6	-5
Gastro Proc Overall Waiting	504	0	530	8	2%	26	8
Gastro Total Staged	1172	82	1015	89	9%	-157	7
Total	3591	342	3412	259	7.6%	-179	-83

	September-10		September-11			Variance	
	Total Waiting	Waiting > 6 Months	Total Waiting	Waiting > 6 Months	% > 6 months	Total Waiting	Waiting > 6 Months
Medical Treatment List							
Cardiology	0	0	51	0	0%	51	0
Gastro Total Overall Waiting Treat	502	2	520	1	0%	18	-1
Gastro total Surveillance Treatment list/ OOT (>6 months)	1096	88	1001	90	9%	-95	2

ESPI Buffer 4%



SERVICE IMPROVEMENT UNIT

Integrated Operations Centre *Supported by SIU*

Provide hospital-wide view of the days operations and tactical response, along with forecast data to improve predictive response and reduce unexpected outcomes.

Daily Operations Centre meetings covering yesterday, today, tomorrow analysis.

Work underway:

1. Working on predictive data – Forecast View
2. Radiology View under development
3. Standard Operating Procedures signed off and implemented
4. Projects attached to Ops Centre:
 - Task Manager tool within Trendcare to enable tasks for doctors to be logged electronically by nurses with prioritisation functionality
 - Direct ph. line for GP referrals with live data entry to Webpas

Releasing Time to Care *Supported by SIU*

Highlights

Tauranga

A SBARR handover sheet for telephone calls has been developed and trialled by 3b and is working really well. This is being put in the patients notes so will have to go through the forms committee and is a great idea to roll out to other wards.

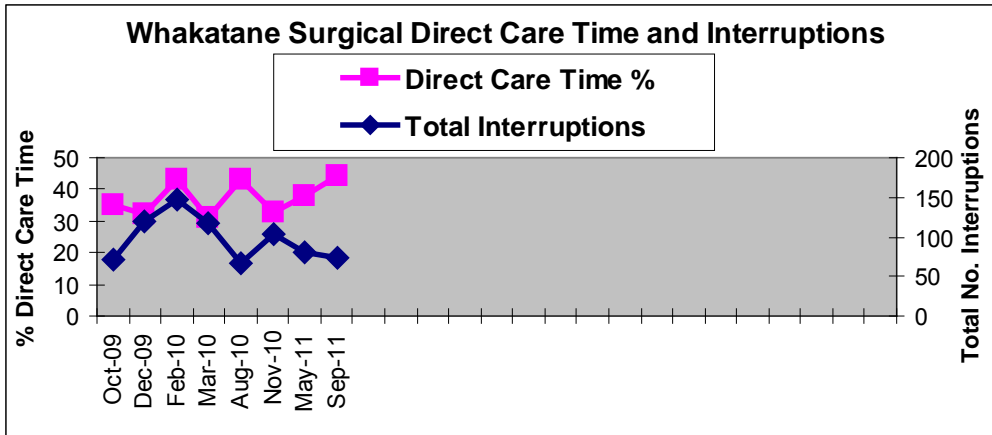
The portable write up trolley that was developed by Sheree Campbell is one of seven finalists in this years innovation awards.



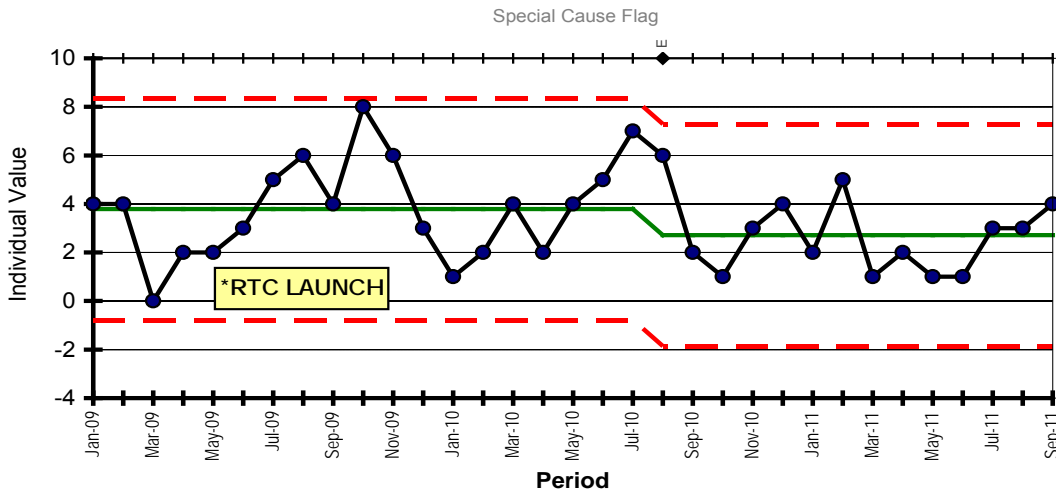
Whakatane

Fiona Burns has commenced a 6 month secondment to focus on supporting areas already RTTC programme and to commence the roll out to Whakatane Hospital Medical ward. This will involve another 35 staff with launch days planned for 19 and 26 October. With co-location with the Surgical ward, to form a combined in- Patients floor in the new hospital it is important both wards have completed the programme by Nov 2013.

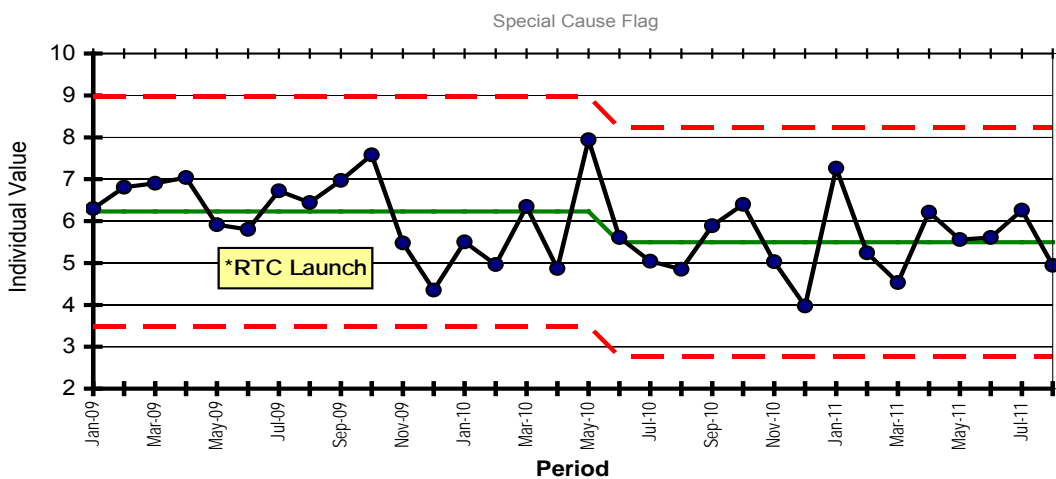
Improvement Measure Graphs:



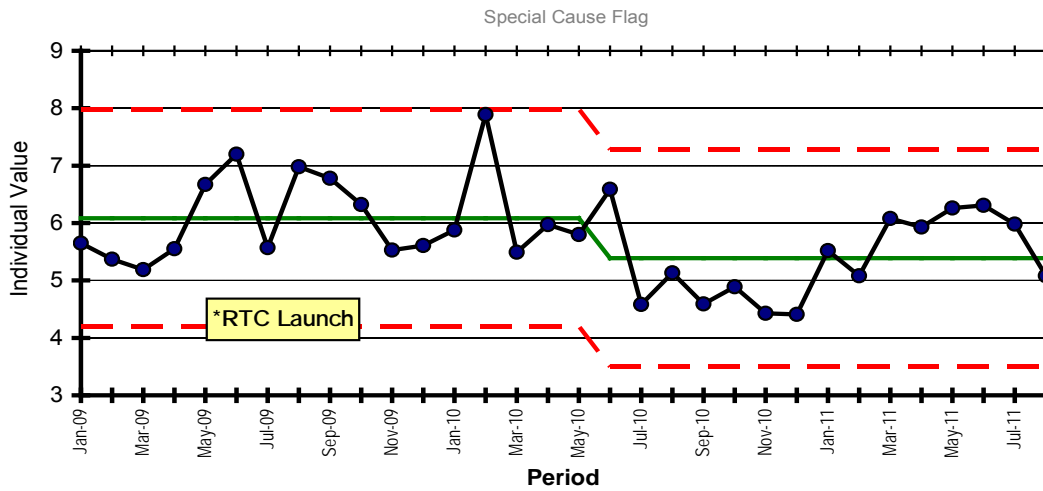
2a Kaupapa Falls



2b Average Length Of Stay



2c Average Length Of Stay



Productive Community Services (PCS) – Releasing Time to Care *Supported by SIU*

District Nursing Services – Whakatane

Tauranga Facility Change Management

Medical Day Stay migrated into the Ground Floor B50 on Friday 3rd June and was fully operational by Tuesday 7th June. ICU migrated into the 1st floor B50 on Tuesday 14th June. Both migrations went smoothly with staff transiting into their new environments well. Initial feedback from staff, patients and visitors is that the new environments are pleasant (bright and airy) with staff working flows greatly improved. Both areas will undertake a formal 3 month post occupancy review to formally document benefits and lessons learnt.

User groups have now concluded for Services for Children Inpatient ward (Level 4 West Wing), with little change to the original 2008 design. 100% Detailed Design has now been signed off by the user group. The project management team and provider arm have worked through the budget overrun and demolition (of L4 WW) started 1st September. The construction time frame is approximately 8 months with handover is expected April 2012. Once SFC has moved into their new location, refurbishment work will start on 3c for the 1d relocation.

The focus of the September addition of EBOP Health Matters was Project Waka. The publication feature articles from Change Management and highlighted clinical staff involvement in the design and process redesign process.

Six months of development at Whakatane Hospital

APRIL Regional Maori Health and Clinical School open	MAY Demolition of old Nurses home	JUNE New offices in 'PODVILLE' open following blessing	JULY New helipad becomes operational	AUGUST Building demolition continues	SEPTEMBER Minister of Health and MP for East Coast open the new Renal Unit

Bay Navigator Supported by SIU

All four work streams are nearing completion, with most pathways now out for consultation and education sessions planned for September and October. The website development continues, see <http://baynav.bopdhb.govt.nz/> Login: baynav Password: baynav for progress.

Maori DNA Supported by SIU

A project is underway to address DNA rates for Maori. The initial focus is on general surgery, paediatrics and gynaecology due to high DNA rates, disparities between Maori and Non-Maori, and volumes. A culturally appropriate survey has been completed and the findings have informed a planned intervention, aimed at reducing transport barriers to attendance.

Transport Need to go to hospital? (Let us help you get there) brochure has been finalised which provides the support transport option details available for patients that are travelling to Whakatane or Tauranga Hospital. The brochure is to be forwarded to Maori Health Services for a translated version into Maori.

Property Services

General Manager Monthly Report - September 2011

Key Activities / Highlights from Last Month:

1. Red Flags

Whakatane Renal Patient Parking

Some progress has been made following discussion with WDC. They have agreed to install a pick-up and drop-off zone, outside the centre.

Highlights

Nothing to report.

2. Infrastructure Status (Tauranga and Whakatane)

See Table 1.

Limited progress continues to be made on reducing the risks.

3. General

Tauranga Campus Site Designation

The final documentation is nearing completion and a letter is planned to be sent to the Minister of Health in October for him to sign and then formally advise TCC of the DHB's intention to designate the site.

4. Project LEO

West Wing L4 Paediatrics Fit-out

Fletcher Construction Company (FCC) tender price has come in at a further \$200,000.00 over the recently increased budget of \$4,500,000.00 Work is underway to reduce the FCC tender, in line with the approved DHB budget.

Planned Commencement Date

August 2011

Planned Completion Date

Mid June 2012

Ward 1d to Ex Paeds Space

Following Paeds' move into their new floor, there are minor redecoration works required before Ward 1d can move into the floor.

No progress to report.

Planned Commencement Date

Mid June 2012

Planned Completion Date

Mid July 2012

5. Project Waka

Pre Construction Services

With the issue of the detailed design drawing and specifications, the pre construction services stage of the project has drawn to a close.

Construction Contract

AFRM approved the awarding of a contract to FCC, and the August Board meeting ratified AFRM's decision. Due to a further change in procurement strategy, (fixed price instead of capped lump sum), then an updated paper has been submitted to the September AFRM for endorsement.

We received the Holmes Consulting Group "Design Review Report". It confirmed that the current approach is correct, but question the assumption to split the building into IL3 & 4.

The project team is evaluating the cost implication of applying an IL4 classification across the whole building.

Project Milestones

Concept Design	Complete
Preliminary Design	Complete
Develop Design	Complete
Detail Design	Issued on 16/9/11

Other Milestones

Construction Contract EOI	Complete
Lodge Stage 2 Business Case with MoH	Complete
Gateway Stage 3 Review	Complete
Tendering of Pre Construction Services	Complete
Awarding of Construction Contract	September 2011
Construction Commence	October 2011

Demolition of Buildings 17, 18 & 19

All demolition works are now complete with the exception of the old stores building, which will now be completed in early October. There is no impact on the construction programme.

Planned Commencement Date	July 2011
Planned Completion Date	September 2011

Whakatane Renal Facility

Work was completed on programme to enable the Minister to open the facility on 1 September.

Planned Commencement Date	June 2011
Planned Completion Date	September 2011
- Percentage complete last month	45%
- Percentage complete this month	100%

Whakatane Fire Compliance

A contract has been awarded to Watts & Hughes. The total value of the fees new contract and work completed to date, remain on budget.

Work has commenced.

Planned Commencement Date	September 2011
Planned Completion Date	December 2011
- Percentage complete last month	25%
- Percentage complete this month	30%

6. Other Major Projects**Tauranga Potable Water**

Work is ahead of programme and is now likely to be completed mid November

Commencement Date	May 2010
Planned Completion Date	December 2011
- Percentage complete last month	25%
- Percentage complete this month	45%

CCYHS

Work is underway and on programme for the move date of 7 October.

The agreed budget is \$400,000.00.

Commencement Date	August 2011
Planned Completion Date	October 2011
- Percentage complete last month	0%
- Percentage complete this month	10%

Toi Te Ora (TTO) Move to 510 Cameron Rd

Plans are now complete. The final fit-out details/programme are being evaluated before confirming the actual move date.

The agreed budget is \$300,000.00.

Commencement Date	September 2011
Planned Completion Date	TBC
- Percentage complete last month	25%
- Percentage complete this month	30%

Te Kaha Genset

The plant has been ordered by the contractor.

Commencement Date	July 2011
Planned Completion Date	Oct 2011
- Percentage complete last month	10%
- Percentage complete this month	15%

7. Risk, Compliance & OHS

We have undertaken a preparatory audit for the WHK BWOFF and everything is in order.

8. Facilities Management Update

	<u>This Month</u>	<u>Last Month</u>
Fire Alarms Activation (false alarms)		
TGA (Contractor poor performance)	2	2
WHK	3	0
Reportable Events		
TGA	3	3
WHK	2	1
Power interruption TGA	0	0
Power interruption WHK	1	1
Lost time injury TGA	0	0
Lost time injury WHK	0	0

Note: the power interruption in Whakatane was as a result of the demolition contractors actions and recover of our direct costs has been agreed with the contractor.

Property Services
General Manager Monthly Report - September 2011

9. Property Management

Nothing to report.

Infrastructure Status

Location	System	Item	Comment	Current Status	Last Month Status
Whakatane	Fire	Fire Cell Design / Evacuation/ Alarms	<p>An acceptable method of fire evacuation has been approved by WDC and design is now underway. It will be later in the year before the risk is eliminated.</p> <p>30/03/11 - Final design of the system is underway.</p> <p>27/04/11 - Tender documents have been prepared.</p> <p>30/06/11 - Tenders will be called in July. Asbestos work is underway.</p> <p>23/08/11 - A contract will be awarded to Watts & Hughes.</p> <p>Work is planned for completion by December .</p> <p>26/9/11 A contract has been awarded to Watts & Hughes, work has commenced.</p>	Red	Red
Tauranga	Foul Sewer	Sewer stack failure	<p>As a result of high temperature water being discharged from the sanitizers, the PVC waste pipes have been failing. Upgrade to a suitable material is required.</p> <p>An accurate plan of the basement sewers is being prepared before commencing the re works.</p>	Amber	Amber
Tauranga	Project LEO HVAC System	A poor performance of the system has been identified	<p>A recent review has identified insufficient fresh air as being a problem in many areas. A full re-balancing of the system is planned.</p> <p>The final stage of this work will commence in</p>	Amber	Amber

			October.		
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Bay of Plenty Hospitals Advisory Committee Work Plan - 2011

Month	Activity	Documentation Source
January	<ul style="list-style-type: none"> • No meeting 	
February	<ul style="list-style-type: none"> • Monthly COO Report • General Manager Property Services Report 	<ul style="list-style-type: none"> • COO • GMPS
March	<ul style="list-style-type: none"> • No Meeting 	
April	<ul style="list-style-type: none"> • Monthly COO Report • General Manager Property Services Report 	<ul style="list-style-type: none"> • COO • GMPS
May	<ul style="list-style-type: none"> • No Meeting 	
June	<ul style="list-style-type: none"> • Monthly COO Report • General Manager Property Services Report 	<ul style="list-style-type: none"> • COO • GMPS
July	<ul style="list-style-type: none"> • No Meeting 	
August	<ul style="list-style-type: none"> • Monthly COO Report • General Manager Property Services Report 	<ul style="list-style-type: none"> • COO • GMPS
Sept	<ul style="list-style-type: none"> • No meeting 	
Oct	<ul style="list-style-type: none"> • Monthly COO Report • General Manager Property Services Report 	<ul style="list-style-type: none"> • COO • GMPS
Nov	<ul style="list-style-type: none"> • No Meeting 	
Dec	<ul style="list-style-type: none"> • Monthly COO Report • General Manager Property Services Report 	<ul style="list-style-type: none"> • COO • GMPS