Services
AGENDA ITEM 5.1

SERVICES REPORT

Purpose

For information

Introduction

As noted at the February meeting, the purpose of this paper is to inform the committee of work underway in the services that make up the provider arm. The report is intended to provide a notably broader and sometimes deeper view of provider arm activity than was provided by the Chief Operating Officer report to the Board that this replaces. While structure and content of the report are still being developed, the intention is that the services report will have sections devoted to each of the six service groups in the provider arm, which are

- Child, Women’s and Allied Health
- Clinical Support Services
- Mental Health & Addictions
- Older Persons and Rehabilitation, and Population Health
- Rural and Community
- Waikato & Thames Hospitals

The structure is for each section is to cover:

- a brief service overview narrative
- note of any emerging issues
- group level key performance indicators
- commentary on key performance indicators by exception

Work continues to refine and standardise the reports, particularly in relation to the KPIs covered.

The second set of these service reports follows.
CHILD, WOMEN’S AND ALLIED HEALTH

A service dashboard for Child, Women’s and Allied Health has not yet been finalised but will be available for the June HWAC meeting. Narrative against each of the three service streams within this group follows.

Child Health

Service Overview
Acuity and patient numbers have been higher than predicted for Child Health during January – February 2015 resulting in additional inpatient beds being opened to meet demand. This has had an adverse effect on staffing and consumable budgets.

Operational Planning is well underway. This work is on-track to meet the planned 30 June 2015 completion date.

ESPI Compliance
- ESPI2 – Paediatric Surgery is sustainable at 4 months compliance. Paediatric Medicine did not achieve compliance in January (due to annual leave and outpatient clinic closures) or in February (due to the backlog), but expects to achieve compliance for the quarter by 31 March 2015.
- ESPI5 – Child Health has achieved 4 months compliance with the inpatient waiting list for January and February. There remains an ongoing risk to compliance with this target due to staffing issues in operating theatres resulting in elective lists being cancelled.

Seasonal Planning
A work plan for implementation of the additional inpatient beds and associated staff is being developed. Child Health is on track to achieve the ‘go-live’ date of 8 June 2015, from both a ward readiness and staffing perspective.

Emerging and ongoing issues
- A full-time Paediatric Surgical SMO is planning to retire; the replacement is not yet secured. Advertising to recruit a replacement paediatric surgeon is occurring worldwide.
- The risk plan has been updated to note:
  o the single registrar on duty at night currently (until the peak season plan is implemented)
  o the risk of not being able to attract appropriate staff to enable additional beds to be opened or safe staffing levels for the peak season
- A case review into the patient journey of a paediatric patient has concluded and a meeting held with the family on 10 March 2015. The case was highlighted in the media on 8 December 2014. The learnings and improvements due by 30 April 2015 from the review are that:
  o ‘complex cases’ are to be appropriately documented on the Waikids booking form and surgical team informed of this change and this improvement work will occur, and to
  o include changes regarding Waikids booking form in paediatric RMO orientation package.
A verbal apology was provided by paediatric surgery, paediatric medicine and the Group Manager to the parents, and a letter of apology sent.
Women’s Health

Service Overview
Significant progress has been achieved in SMO resource planning and implementation following agreement on an after-hours plan. The next step is to move to implement the plan, aligned with job sizing.

ESPI compliance
- ESPI 2: is compliant at 4 months for gynaecology
- ESPI 5: is compliant at 4 months for gynaecology, however this will be at risk should further operating theatre elective lists be cancelled.

Emerging and ongoing issues

Midland gynae-oncology performance
Analysis of Faster Cancer Treatment (FCT) data for the gynaecological tumour stream submitted to the Ministry of Health by the Midland DHBs for Q3 2012-13 to Q1 2014-15 shows:

<table>
<thead>
<tr>
<th>DHB</th>
<th>No. of records</th>
<th>No. in 62 day indicator</th>
<th>% met 62 day indicator</th>
<th>No. in 31 day indicator</th>
<th>% met 31 day indicator</th>
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<tbody>
<tr>
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<td>27</td>
<td>56%</td>
<td>91</td>
<td>66%</td>
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<tr>
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<tr>
<td>Tairawhiti</td>
<td>18</td>
<td>7</td>
<td>57%</td>
<td>18</td>
<td>89%</td>
</tr>
<tr>
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<td>136</td>
<td>19</td>
<td>37%</td>
<td>136</td>
<td>76%</td>
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</tbody>
</table>

- DHBs are not meeting the wait times for either the FCT health target or 31 day indicator. Of those triaged into the 62 day pathway in Waikato, and diagnosed with cancer, only 37% (7 out of 19) were treated within the 62 days. Initial data suggests that in New Zealand approximately two thirds of patients currently meet this target (MOH, 62 day target factsheet). The most likely explanation is that our initial assessment pathways are not responsive enough. This would be supported by the fact that once we have established a diagnosis of cancer, performance appears to be significantly better, with 76% compliance in 136 patients.
- Women’s Health held a workshop on 17 March 2015 to analyse the current state, opportunities for improvement in clinical pathways and other areas of work, and to develop an implementation plan. It is expected that this approach will result in an improvement in care for women on the gynaec-oncology clinical pathway.

Re-accreditation of Waikato Hospital 2014 by RANZCOG – progress update
A comprehensive corrective action plan has been developed to address the significant requirements to achieve re-accreditation by October 2015, and submitted in draft to RANZCOG on 16 February 2015. Following the detailed progress report to the Health Waikato Advisory Committee in February 2015, RANZCOG has informally expressed satisfaction with progress against the four requirements to be achieved within six months, and recognised that the balance of work required to be achieved within twelve months will be a challenge. A report on progress completed within the first six months will be submitted to RANZCOG by 30 April 2015.
A further update on progress against the RANZCOG requirements, and linked to the recommendation to improve SMO/registrar communication (first identified in the 2012 ‘external review’) will be provided to the Audit and Risk Committee on 27 May 2015.

In addition the Women’s Health risk plan will be updated to reflect the risk of non-re-accreditation of Waikato Hospital for obstetric and gynaecology training registrars.

**Lead maternity care**
- Lead maternity carer services in the Coromandel have recently been identified as at risk, with coverage by a single practitioner. Arrangements for relief for the individual are being explored.

**RMO roster**
- The RMO roster has one vacancy (down from two in January). Recruitment continues.

**Other matters**
- Work is underway on a business case for a Maternity Information Systems Programme (MISP). The business case (with a cost of approximately $750k) will be presented to the Board this financial year.
- Women’s Health has achieved 100% compliance for relevant policies, procedures and guidelines in the controlled document centre.

**Allied Health**

**Service Overview**
There remains just one allied health manager position to recruit for the new allied health structure which was approved in October 2014, following extended consultation. That position is the occupational therapist, child development centre and older persons and rehabilitation leader. The new team is completing a comprehensive orientation package in order to clarify expectations and accountabilities.

- Allied health is implementing e-progress notes in all out-patient, community and child development centre service areas to improve the efficiency and effectiveness of clinical service delivery.
- Allied health productivity work stream. The allied health project manager has scoped three areas for service improvement, and a work plan has been developed.

**Emerging and ongoing issues**
It is expected that the National Screening Unit will advise Chief Executives within six weeks of the requirement to implement a new born hearing screening module. This module is linked, but separate to the maternity information systems programme, and the project will have a likely value of $80,000. It is not yet known if funding will flow from NSU for this project work.
CLINICAL SUPPORT SERVICES

Service overview
In February the laboratory was focussed on clearing all of the 8 corrective actions from the recent IANZ audit. These corrective actions are not high clinical risk and are around workflow/workload redesign and documentation. The laboratory is embarking on a programme of work to increase effectiveness and efficiency. Last year Thames Laboratory introduced a shift roster extending the hours of service and reducing call back. This was well received by the medical staff and reduced overall laboratory staffing budget. In February, similar proposal was announced for Tokoroa Hospital.

The new and innovative patient blood management clinical service is being implemented. Recruitment for all positions was completed in February. This service will focus on transfusion preservation and optimisation of iron levels pre surgery in particular for elective patients at primary care level. An effective blood management service will safe costs and improve patient outcome.

Pharmacy is working on user acceptance testing of our part of the regional e-pharmacy system. Lakes DHB will go live on 28 March with Waikato’s go live on 2 May. Waikato teams are working closely with other Midland hospital pharmacies, Healthshare and Waikato Information Services to ensure the system meets Waikato’s needs.

Emerging and ongoing issues
Hilda Ross House (HRH) and Bryant Education (BEC) services is working with key stakeholders on the demolition project following the Board’s decision to ensure patient needs are met and develop interim (during demolition) and future (end state) strategies for this service. The four staff working in HRH have been told their roles will become surplus to requirements and redeployment options are being explored. It is unlikely that the interim solution will include an in-house option.

The BEC facility will not be available during the demolition period. Staff working in this service will be relocated to the Wilson Building. They will continue to manage nurse uniform ordering and distribution and bookings for education in the interim facilities. Interim facilities will to be constructed in Level 4 Waiora Waikato and the library. A review of all meeting/education rooms within the Hamilton campus is being undertaken to ensure utilisation is maximised. The goal is to have as many as possible of meeting rooms bookable to other services during the demolition phase to minimise impact on service users.
Clinical & Support Services Key Performance Indicators

Commentary on Key Performance Indicators by exception:

**Laboratory**
- Specimen and Labelling issues – unavailable February due to problems with data.

A review of Phlebotomy Services is being undertaken. The objectives are optimising the effectiveness of the service and reducing labelling errors.

The Phlebotomists' specimen labelling error rate, while very low, is unacceptable and is being reviewed. There is little room for error as the impact on patient care can be significant. Waikato DHB specimen labelling error rate is being closely monitored and had been escalated via the Chief Medical Advisor to the Board of Clinical Governance.

Non-phlebotomy collect errors are collated and sent to Nurse Managers monthly. This started 6 months ago and clinical services have responded proactively by identifying and acting on areas of high error rates eg incorrect tube used. An updated tube collection guide has recently been circulated by the laboratory.
A significant proportion of non-phlebotomist collection errors originate from ED. The laboratory has been working with ED to improve this KPI. The phlebotomy service review will investigate the feasibility of providing a phlebotomy service to ED.

The laboratory will be launching a new website in April 2015. This will include an up to date online manual and an easy access to an online tube collection guide. It is anticipated that this will further reduce error rates.

**Attendants**

- ED response times - The flow of patients from ED is dependent on speciality doctors’ attendance in ED (eg when a doctor goes to ED, he admits or discharges the patients for that speciality which can be up to 5 or 6 at a time). This affects patient flows for ED. Speciality doctors turnaround time in ED is closely monitored and all services are working on this.

**Pharmacy**

- Dispensary turnaround times – consistent improvement with drop in February due to annual leave (still above target).
- Medication chart reviews – improvements in data collection techniques likely to change figures in future. Drop in February due to:
  1. increased requirement (increase from 2 to 12 hrs/month) for dispensary cover as a result of 1 FTE recruitment delay
  2. resource required for regional e-Pharmacy and this project will finish in May.
  3. unplanned sick leave. Sick leave pattern of staff is closely monitored.

**Biomedical engineering**

- Asset testing: One issue is difficulty accessing medical equipment for testing during normal work hours, eg access to theatre. After hours work and weekend work have been approved over the next few months. After hours work is closely monitored due to restrictions on overtime.
- Recent resignation likely to affect asset testing but this is being closely managed as per above. Compliance/Repairs testing KPIs for staff are being reviewed.
MENTAL HEALTH & ADDICTIONS

Service Overview
The mental health service will finalise processes to provide a service overview in time for reporting to the June HWAC meeting.

Mental Health Key Performance Indicators
A service dashboard for Mental Health has not yet been finalised but will be available for the June HWAC meeting. In the meantime, a range of discrete KPIs and narrative from this group follows. Key results for MH quality and performance indicators:

- MH acute inpatient occupancy favourable for the YTD
  - Performance against maintaining 85% adult and 90% forensic inpatient occupancy, wards occupancy target was 87% and 94% YTD average (includes leave) respectively. Adult inpatient occupancy without leave ranges 66% to 85% YTD.

- MH indicator for seclusion reduction (20% annually) for the YTD
  - Performance against the annual reduction in seclusion shows a downward trend.

- MH indicator for safe and effective transition of care favourable for the YTD
  - Performance against the 28 day acute inpatient readmission rate (<15%) was on average 14% YTD.
  - Post discharge 7 day community follow-up 90% target was on average 86% YTD.

- MH indicator for care planning favourable for the YTD
  - Performance against the active treatment plans (>90%) was on average 93% YTD for adult, speciality and forensic; and 89% YTD for ICAMHS.

Mental Health and Addictions FTE
There were 26 community vacancies in February 2015. 291 FTE community contracts were claimed in February 2015 versus the PVS of 304 FTE (13 contracts not claimed). The inpatient vacancy of 22 FTE relates predominately to the 17.7 positions budgeted for the new High and Complex needs ward which has not yet opened. Nursing represents 8.5 FTE and Allied health 8.7 FTE in relation to this ward. The service employed 3.6 FTE medical locums in February 2015.
Community Contracts FTE
Our ability to provide timely and appropriate care and treatment for those accessing secondary mental health in the district relies heavily on the staffing capacity seated in community teams. Waikato DHB Mental Health (MH) community vacancy as at 31 Jan 2015 was 24 FTE more than planned. This staffing level has been quite consistent for the last seven months, following a fully staffed quarter at the end of 2013/14. Community mental health FTE levels this financial year are shown in the following table:

The service has an active approach in recruiting to all vacant community FTE and this occurs within a timely manner and is monitored.

Attempts to compare community FTE contract performance has proven difficult as it appears that the methodology for calculating and recording this differs across DHBs.

Occupancy and Patient Flow
Performance against maintaining 85% adult and 90% forensic inpatient occupancy, wards occupancy target was 87% and 94% YTD average (includes leave) respectively. Adult inpatient occupancy without leave ranges 66% to 85% YTD.

As part of the daily bed management meetings, the Operations Manager for Acute Care Coordination Integration Service (ACCIS) and Clinical Director Adult lead discussion and decision making in the area of bed management (patient flow). This work occurs against a clear bed management framework to support progressive transition of care.

28 Day Acute Inpatient Readmission Rate (less than 15%)
Inpatient mental health services aim to provide treatment that enables individuals to return to the community as soon as possible. Unplanned readmissions to an inpatient facility following a recent discharge may indicate that inpatient treatment was either incomplete or ineffective, or that follow up care was inadequate to maintain the person out of hospital. In this sense a high rate of readmissions potentially points to deficiencies in the functioning of the overall care system. Good practice target is 10% to 15% and alert target is 20% or above.

The target for 28 day acute inpatient readmission rate is less than 15%. The trend over time remains within the threshold of 10% to 15%; with the exception of December 2014. For the month of February 2015 the total number of acute inpatient admissions was 123 (108 admissions and 15 readmissions); and a total of 121
discharges. The average number of readmissions is 15 for the six month period (Oct 2014 to Feb 2015).

MH&AS Post Discharge to Community Care (Over 90%)
Mental health and addictions services aim to ensure service users are followed up within 7 days post discharge (more than 90%). The post discharge to community care data shows a percentage range of 76% to 89% and average of 86% YTD.
Responsive support systems for people who are experiencing mental health illness or disorders require a formal treatment plan. Mental health and addictions services aim to ensure service users have active treatment plans (more than 90% active and up-to-date for two years and over adult, specialty and forensics; and one year and over for ICAMHS). Performance against the active treatment plans (>90%) was on average 93% YTD for adult, specialty and forensic; and 89% YTD for ICAMHS (caution: ICMAHS cluster arrangements will impact on the MH&AS %).

Seclusion Reduction (20% annually)
The inpatient mental health and addictions service aims to reduce seclusion annually by 20% to ensure safe interventions. The actual seclusion hours and number of seclusion incidents over time indicate variability. The graphs below show a continued reduction in seclusion incidents and hours over time.
Emerging and ongoing issues
The mental health service will finalise processes to report on emerging and ongoing issues in time for reporting to the June HWAC meeting.

Other matters
Mental Health Contribution to Savings
Mental Health and Addictions service (or MH&AS) has made a positive contribution of $6,345k which $1,869k to budget. MH&AS has also contributed $1,050K towards saving targets, achieved by holding vacancy. While community vacancies form a large proportion of the dollar variance, overall community contract performance is 96% of target.
Service Overview - Older Persons and Rehabilitation
Older Person’s and Rehabilitation has experienced a positive month with regard staffing with most key appointments filled. The exception to this is the Bupa specialist position. Two applications have been received for this pivotal role and progress towards recruitment is occurring.

Occupancy remains consistent at 95%, with bed mix showing higher volumes of ACC rehabilitation clients than planned.

The services maintain a focus on improving performance in the areas of fracture liaison, stroke and falls management.

Emerging and ongoing issues
Fracture Liaison Service
A meeting was recently held with the Ministry of Health to progress the fracture liaison service for Older Persons and Rehabilitation. The Ministry of Health advised that the analysis will feed into a broader national analysis looking at the barriers and enablers in implementing a fracture liaison service. It was agreed that Waikato DHB is in the stage of pre-service set up and would move swiftly to deliver on this as soon as a coordinator was in place.
Older Persons and Rehabilitation Key Performance Indicators

Commentary on Key Performance Indicators by exception:
While a service dashboard for the OPRS service was completed in time to be reported for the first time to the April HWAC meeting, there was not sufficient time to provide robust commentary on three of the year to date "red" indicators in the report, being:

- Better help for smokers to quit
- Sick leave
- Average length of stay – OPRS

Commentary on all year to date “red” indicators for the OPRS service will be included with this KPI report for the June HWAC meeting. The red indicators for which commentary is available for the current HWAC meeting are:
**Patient falls in hospital**
Older Persons and Rehabilitation reports all harm whether it is a skin tear, fall or a major injury. In February there were two patients that were recurrent fallers. Both patients had all the equipment in place including invisibeam, grip socks, crash mat, call bells and signage and were having 30 minutes intentional rounding and toileting schedules. Older Persons and Rehabilitation is constantly exploring additional strategies that prevent falls or minimise falls with harm. The service and its staff continue to work with the DHB Falls Prevention Committee, and the development of a falls prevention Map of Medicine in an effort to minimise recidivist falls in the department. This will be further enhanced in the coming year as the service focuses its attention to the care and management of frail elderly in our communities and facilities.

**OPRS – Outpatient DNA rate**
This indicator is covered within the separate report on Did Not Attend rates in this agenda.

**Stroke**
Waikato DHB has two targets set by the Ministry of Health, via the District Annual Plan, pertaining to Stroke Services. While (for administrative reasons) those stroke indicators are not yet included in the kpi report above, they will be part of that report for the June HWAC meeting.

The first of the stroke indicators is the number of stroke patients admitted to the stroke unit, with a target of 80%. Current achievement locally is 78.6%. Plans are in place to achieve this target. These plans include a significant project across the provider arm connecting the neurology, emergency department, internal medicine and older person’s inpatient services via a governance structure, to examine system and clinical process improvement opportunities and subsequent actions. Improvements are expected over the coming 6 months.

The second stroke indicator pertains to the number of eligible patients receiving thrombolysis, with a target set nationally of 6%. Currently data collection to report on this target (nationally) is manual. Despite the fact medical coders can isolate this treatment modality and report, the Ministry of Health has advised that coders do not code pharmaceuticals and, therefore, this practice has ceased. We continue to raise our concerns nationally with regard to ad hoc collection of data to report on this indicator. The Chief Advisor Health of Older Persons at the Ministry of Health is committed to working to resolve this anomaly in the coming months. In the last quarter of 2014, Waikato DHB thrombolysis figures have dipped below 6%. Neurology leads the decision to thrombolyse patients and the demands on their service have meant that thrombolysis has not been their focus. There is also a strong message from ED clinical directors that challenges the efficacy of giving thrombolysis.

Locally in the past month, the clinical director from Internal Medicine and the clinical services leader from Older Persons and Rehabilitation have been working with Thames Hospital to develop an agreed process whereby the Thames acute stroke patients will come to Hamilton campus. This ensures that they receive intensive and appropriate stroke related care and management, which will see performance on this measure improve.

A further improvement focus centres on the internal medicine RMOs coding acute stroke as the primary diagnosis. The 80% target is for patients with a primary diagnosis of stroke, however, our data shows that the discharge summary for
patients admitted to the stroke unit does not always have stroke as the primary diagnosis even though the patient was admitted for this. Improving recording of primary diagnosis is a change in practice that the clinical director for General Medicine and the chair of the stroke governance group is overseeing.
Service Overview - Population Health

A busy month for staff in Population Health as 2015/16 annual plans are required by the Ministry of Health for all service components. These plans are supported operationally by individual plans for each activity to be delivered by staff, with outcomes clearly indicated along with timeframes.

The Population Health Governance Group oversees this activity and reviews planned activity in the context of the community need and a focus on reducing inequity for the community.

The Hamilton breast screening awareness raising campaign is progressing well with the visual design now in place and the key message developed, “MAMAgams for Mother's Day”. The project is on track for delivery in early April to run through April and May.

On immunisation, the National Immunisation Register team has tried to contact every child, but one has relocated and left with no forwarding address. It is anticipated that any gaps will be reduced once a child is enrolled on the National Child Information Platform known as NCHiP and its “missing” child service in operation.

Tobacco Control education and controlled purchase operations have fulfilled annual contract requirements by end February 2015. Further delivery will be contingent on securing a replacement for the incumbent in this role who resigned from the organisation in February.

Emerging and ongoing issues
An issues regarding women waiting for breast cancer surgery has been raised with the General Surgery manager and clinical director. In December, additional operating time was purchased to lessen the time women waited for surgery. This reduced but did not clear the waitlist.
Population Health Key Performance Indicators

Commentary on Key Performance Indicators by exception:
While a service dashboard for the Population Health service was completed in time to be reported for the first time to the April HWAC meeting, there was not sufficient time to provide robust commentary on the two year to date “red” indicators in the report, being:

- Sick leave
- Cervical Screening – Maori & Pacific Islanders

Commentary on all year to date “red” indicators for the Population Health service will be included with this KPI report for the June HWAC meeting.
RURAL AND COMMUNITY

Service Overview
The resignation of the manager of Te Kuiti Hospital made it possible for the service to consider options for the management structure in the south. With HR processes completed, Joanne Knight has been appointed as the manager, Rural Hospitals and Community. In addition, we have appointed Nora Creigh-Smith as the Administration Manager across all three southern sites. This structure will allow all sites to work more closely together, to standardise systems and processes and to some administration roles. A Charge Nurse Midwife role across all three sites has also been appointed following a re-structure of the service at the end of 2014. Rural & Community expects that these structural changes will result in efficiency gains in the future.

The Change Team has visited all three southern sites reviewing admin systems and processes as part of their organisation-wide project. The team has presented a draft structure to the group manager. Discussions have been held and the Change Team will be presenting a revised structure to the group manager before the end of March.

As part of the Telehealth project, entry level equipment will be installed in each southern rural ED, and a mobile unit will be available for staff from these sites. Work has commenced with staff on systems and processes to optimise use of telehealth on rural sites. Implementation will adhere to the telehealth project time frames.

The Hamilton and Rural community team have had a very busy time over January/February and March. Unfilled vacancies from December meant additional work for staff. Some of Rural & Community senior nurses working as educators or co-ordinators helped the Hamilton and Rural service by working as district nurses. Many of the vacancies have been filled which will ease workloads once new staff have been mentored and trained.

Tokoroa is reporting an increase in turnover through the retail outlet with the cafe seeing a dramatic 40% increase in turnover. In early 2015 Meals on Wheels increased the cost per meal from $6 to $8 with no noticeable decrease in meals supplied. This was as a result of a costing exercise which indicated meal cost was too low. There had been a proposal to increase the price of meals on wheels in 2011 from $6 to $7 but this proposal was never approved for implementation, though the cost of production exceeded the cost being charged. The service was running at a loss since 2011. Staff are enjoying the café makeover in Taumarunui which took place over the Christmas break and in early January. The makeover was in the form of new blackboards, new cabinet accessories and the food was reviewed increasing the nutritional value and appearance. Cafe turnover is expected to increase.

ED Targets :
Tokoroa : 97%. 880 attendances. 809 discharged under 6 hours.
Taumarunui : 97%. 487 attendances. 463 discharged under 6 hours.
Te Kuiti : 94% 198 attendances. 186 discharged under 6 hours.

Hand Hygiene
Tokoroa : 60% - work needs to be done to increase this to 80%. It is, however, an improvement on the last audit.
Community and Rural Hospital Services Key Performance Indicators

Rural & Community services has not in the past had a KPI dashboard. The assistant group manager, Operational Performance & Support has worked with R&C to pull together draft KPI dashboards for southern rural hospitals and another for community services in time for this monthly report. These dashboards are not final and have several areas 'under development'. The mix of indicators may change over time or as the utility of each indicator is tested.

Community Services Key Performance Indicators

**Health Waikato Key Performance Dashboard**

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<th>Indicator</th>
<th>Non-Financial Measures</th>
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<td>Inpatient Dental Patients treated at outsourced provider</td>
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**Commentary on Key Performance Indicators by exception:**

**Overtime**

Medical personnel at the Waikato hospital dental department account for the $4,000 negative variance in overtime. This needs further investigation as we need to identify if this overtime is occurring in the dental department or in the maxillofacial department. Investigation will occur over the next month or two.

**Sick Leave**

A negative (0.6%) variance in sick leave needs to be investigated further. This negative variance is echoed on the Rural Hospital Service dashboard. The dashboards are still under development and this will need specific investigation before the April report. The service has granted a small amount of discretionary sick leave in the last month.
Commentary on Key Performance Indicators by exception:

**Actual Revenue vs Budget**
Revenue is an overstatement of caseweight activity in the budget. The issue is in regard to setting of HOP revenue budget. This will be adjusted appropriately in the 2015/16 budget.

**Sick Leave**
As commented under the Community Services KPI dashboard.

**Annual Leave**
All managers monitor this on a month to month basis. Staff with leave in excess of entitlement are required to have a leave plan. The managers follow up and monitor leave plans.
WAIKATO HOSPITAL

Service Overview

- The timeliness with which referrals are being processed and triaged remains a key focus for the Group. Additional staff have been employed as an interim measure to reduce the backlog. The Change Team is on target to release a report by Easter on process re-engineering opportunities to improve referral management. The Clinical Director of Primary Care will be putting in place a system to assess the clinical risk of delayed referrals for individual patients. Referrals considered to need priority attention will be expedited. This already occurs for patients flagged as having a high suspicion of cancer, and this new system will provide additional assurance.

- The timeliness with which patients are being assessed, treated and dispatched from the Emergency Department has plateaued and DHB wide performance for quarter three is expected to be below that of the previous quarter. The general trend is that the speed with which patients who are seen solely by ED and who are subsequently discharged home has improved markedly. Conversely the timeliness of service for patients who are handed over to specialties by ED, who are referred direct to specialties by GPs, or who are admitted has declined. Actions to improve target performance are the subject of a separate report to HWAC.

- The timeliness with which patients with Acute Coronary Syndrome got to the cardiac catheter lab diminished in January and early February, primarily as a result of public holidays and leave. Corrective actions have occurred and the lab is currently achieving 71.3% of patients through the catheter lab in three days, which exceeds the target of 70%. To help avoid repetition of this problem, the cardiac catheter lab is scheduled to run two sessions over the Easter weekend, which is a first for the hospital.

- The timeliness with which patients receive a First Specialist Assessment deteriorated in January and February as forecast, but is rapidly improving. ESPI 2 is on track to achieve green status in March. Outpatient waitlists are in a vastly more sustainable state compared to a year ago. To the end of February 9% more FSAs have been delivered than was originally planned. This reflects considerable effort to reduce waiting times.

- The timeliness with which patients receive elective surgery deteriorated in January and February as forecast, but is rapidly improving. ESPI 5 is forecasted to achieve yellow status in March, with six patients waiting longer than four months. Inpatient waitlists are in a vastly more sustainable state compared to a year ago. To the end of February the hospital has delivered 4% more elective discharges than planned, which translates to achieving 111% of the elective health target. (This difference occurs because the DHB purchases elective surgery above the level that the Ministry requires in the Health Target in order to meet local population needs.) The significant reduction in patients waiting over four months since January 2012 is shown in the trend graph below.
During January and February considerable work has gone into piloting improvements to the process by which patients are discharged. The most successful aspects of these pilots are now being consolidated for hospital wide roll out as part of the Patient Flow work-stream.

Formal staff consultation on the proposed changes to how the hospital prepares elective patients for admission and discharge was completed in late February. The proposal is now being implemented. The complexity of the change required means that full implementation will occur across the 2015 calendar year as part of the Patient Flow work-stream.

The fifth acute theatre is on schedule to be opened at the end of March. The recruitment of an additional orthopaedic surgeon is still underway which means that, initially at least, the additional capacity will be used by other specialties. The greatest overall benefit will occur when orthopaedics is able to utilise the additional theatre.

Service planning for the 2015/16 year is on track despite a considerable delay in finalising the volume of work expected to be delivered next year. This reflects delayed advice to the DHB as well as the complexity to translating that information into internal capacity and delivery plans. There is a general consensus that addressing the demands on services that are created by acute growth need to be more of a focus in 2015/16. In excess of $13m of unfunded and unplanned acute activity has been delivered by the hospital so far this year. Capacity planning for outpatients, wards and theatres is expected to be completed by the end of April.
# Waikato Hospital Key Performance Indicators

## Health Waikato Key Performance Dashboard

### Waikato Hospital Services

#### Health Targets

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit of Measure</th>
<th>Actual</th>
<th>Month</th>
<th>Variance</th>
<th>Actual</th>
<th>YTD</th>
<th>Variance</th>
<th>Last 12 Month Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER Contact - &lt; 6 hours</td>
<td>% of patients</td>
<td>95.3</td>
<td>95.0</td>
<td>0.3</td>
<td>95.1</td>
<td>95.0</td>
<td>0.1</td>
<td>D/F</td>
</tr>
<tr>
<td>Elective Surgery Volume</td>
<td>% of plan</td>
<td>100.0</td>
<td>100.0</td>
<td>0.0</td>
<td>101.1</td>
<td>100.0</td>
<td>1.1</td>
<td>D/F</td>
</tr>
<tr>
<td>Radiation Therapy - 4 Weeks Wait</td>
<td>% of patients</td>
<td>100.0</td>
<td>100.0</td>
<td>0.0</td>
<td>100.0</td>
<td>100.0</td>
<td>0.0</td>
<td>D/F</td>
</tr>
<tr>
<td>Litter Patients at Exit</td>
<td>% of admissions</td>
<td>94.6</td>
<td>95.0</td>
<td>(0.4)</td>
<td>93.2</td>
<td>95.0</td>
<td>(1.8)</td>
<td>D/F</td>
</tr>
</tbody>
</table>

#### Ministry of Health Performance Measures

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit of Measure</th>
<th>Actual</th>
<th>Month</th>
<th>Variance</th>
<th>Actual</th>
<th>YTD</th>
<th>Variance</th>
<th>Under Development</th>
</tr>
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<tbody>
<tr>
<td>National Patient Flow</td>
<td>Under Development</td>
<td>Under Development</td>
<td>Under Development</td>
<td>Under Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient length of stay - acute</td>
<td>days</td>
<td>Rolling 12 month measure</td>
<td>4.07</td>
<td>4.06</td>
<td>0.01</td>
<td>Rolling 12 month measure</td>
<td>4.06</td>
<td>4.06</td>
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<tr>
<td>Inpatient length of stay - non-acute</td>
<td>days</td>
<td>Rolling 12 month measure</td>
<td>5.40</td>
<td>5.30</td>
<td>(0.10)</td>
<td>Rolling 12 month measure</td>
<td>5.29</td>
<td>5.30</td>
</tr>
<tr>
<td>Theatre Utilisation: Elective Sessions</td>
<td>%</td>
<td>76.6</td>
<td>75.0</td>
<td>(1.6)</td>
<td>77.5</td>
<td>75.0</td>
<td>(2.5)</td>
<td>D/F</td>
</tr>
<tr>
<td>Elective and Arranged Des Surgery Percentages</td>
<td>%</td>
<td>46.1</td>
<td>52.2</td>
<td>(6.1)</td>
<td>46.1</td>
<td>52.2</td>
<td>(6.1)</td>
<td>D/F</td>
</tr>
<tr>
<td>Elective and Arranged Day of Surgery Admissions</td>
<td>%</td>
<td>76.4</td>
<td>50.4</td>
<td>(26.0)</td>
<td>76.4</td>
<td>50.4</td>
<td>(26.0)</td>
<td>D/F</td>
</tr>
<tr>
<td>Acute Admissions to Hospital</td>
<td>%</td>
<td>37.0</td>
<td>3.1</td>
<td>(33.9)</td>
<td>37.0</td>
<td>3.1</td>
<td>(33.9)</td>
<td>D/F</td>
</tr>
<tr>
<td>Output Delivery Against Main Expenditure</td>
<td>%</td>
<td>94.4</td>
<td>100.0</td>
<td>(5.6)</td>
<td>94.4</td>
<td>100.0</td>
<td>(5.6)</td>
<td>D/F</td>
</tr>
<tr>
<td>Output Delivery Against Main Outcomes</td>
<td>%</td>
<td>100.0</td>
<td>100.0</td>
<td>0.0</td>
<td>100.0</td>
<td>100.0</td>
<td>0.0</td>
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#### Finance Measures

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit of Measure</th>
<th>Actual</th>
<th>Month</th>
<th>Variance</th>
<th>Actual</th>
<th>YTD</th>
<th>Variance</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Revenue vs Budget (K$/kwh)</td>
<td>K$/kwh</td>
<td>52,472</td>
<td>52,734</td>
<td>270</td>
<td>52,472</td>
<td>52,734</td>
<td>270</td>
<td>52,472</td>
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<tr>
<td>Actual Expenditure vs Budget (K$/kwh)</td>
<td>K$/kwh</td>
<td>50,400</td>
<td>51,399</td>
<td>997</td>
<td>50,400</td>
<td>51,399</td>
<td>997</td>
<td>50,400</td>
</tr>
<tr>
<td>Actual Operating Expenditure vs Budget (K$/kwh)</td>
<td>K$/kwh</td>
<td>50,400</td>
<td>51,399</td>
<td>997</td>
<td>50,400</td>
<td>51,399</td>
<td>997</td>
<td>50,400</td>
</tr>
<tr>
<td>Actual Operating Revenue vs Budget (K$/kwh)</td>
<td>K$/kwh</td>
<td>2,484</td>
<td>2,429</td>
<td>55</td>
<td>2,484</td>
<td>2,429</td>
<td>55</td>
<td>2,484</td>
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<tr>
<td>Actual Operating Revenue vs Under Development</td>
<td>K$/kwh</td>
<td>2,484</td>
<td>2,429</td>
<td>55</td>
<td>2,484</td>
<td>2,429</td>
<td>55</td>
<td>2,484</td>
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</table>

#### Other Performance Measures

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit of Measure</th>
<th>Actual</th>
<th>Month</th>
<th>Variance</th>
<th>Actual</th>
<th>YTD</th>
<th>Variance</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of long wait patients or outpatient waiting list</td>
<td>Days</td>
<td>94</td>
<td>0</td>
<td>94</td>
<td>0</td>
<td>94</td>
<td>0</td>
<td>94</td>
</tr>
<tr>
<td>Number of long wait patients or outpatient waiting List</td>
<td>Days</td>
<td>381</td>
<td>0</td>
<td>381</td>
<td>0</td>
<td>381</td>
<td>0</td>
<td>381</td>
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<tr>
<td>Number of long stay patients (30 or more days of stay)</td>
<td>Days</td>
<td>93</td>
<td>59</td>
<td>34</td>
<td>93</td>
<td>59</td>
<td>34</td>
<td>93</td>
</tr>
<tr>
<td>Number of long stay patient per 1000 days of stay</td>
<td>Days</td>
<td>1,476</td>
<td>1,335</td>
<td>141</td>
<td>1,476</td>
<td>1,335</td>
<td>141</td>
<td>1,476</td>
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<tr>
<td>Hospital related adverse events cancellations</td>
<td>Days</td>
<td>4.6</td>
<td>5.0</td>
<td>0.4</td>
<td>4.6</td>
<td>5.0</td>
<td>0.4</td>
<td>4.6</td>
</tr>
<tr>
<td>Median Score for acute pain range 0-10 (numeric)</td>
<td>Days</td>
<td>87.5</td>
<td>100.0</td>
<td>12.5</td>
<td>87.5</td>
<td>100.0</td>
<td>12.5</td>
<td>87.5</td>
</tr>
<tr>
<td>Waiting Time for Cath Lab - 45 hrs</td>
<td>Days</td>
<td>43.2</td>
<td>50.0</td>
<td>6.8</td>
<td>43.2</td>
<td>50.0</td>
<td>6.8</td>
<td>43.2</td>
</tr>
<tr>
<td>Waiting Time for Cath Lab - 72 hrs</td>
<td>Days</td>
<td>36.0</td>
<td>50.0</td>
<td>14.0</td>
<td>36.0</td>
<td>50.0</td>
<td>14.0</td>
<td>36.0</td>
</tr>
<tr>
<td>CTD reported within 6 weeks of referral</td>
<td>%</td>
<td>92.8</td>
<td>79.0</td>
<td>13.8</td>
<td>92.8</td>
<td>79.0</td>
<td>13.8</td>
<td>92.8</td>
</tr>
<tr>
<td>Acute patients seen</td>
<td>%</td>
<td>66.9</td>
<td>57.0</td>
<td>(9.9)</td>
<td>66.9</td>
<td>57.0</td>
<td>(9.9)</td>
<td>66.9</td>
</tr>
</tbody>
</table>

### Key: MTD Measures

- All of above target
- Below target by less than 5%
- Below target by more than 5%

### Key: YTD Measures

- All of above target
- Below target by less than 5%
- Below target by more than 5%
- Over budget by more than 5%
- Under budget by more than 5%
- Under budget by less than 5%

### Key: Trend Measures

- Positive Trend
- Neutral Trend
- Negative Trend
Commentary on Key Performance Indicators by exception:

1. **Number of long wait patients on outpatient waiting lists**
   Demand reduction and additional clinic activity is underway. This kpi is on a rapidly improving trend and will, at worst, be yellow next month.

2. **Number of long wait patients on inpatient waiting lists**
   Demand reduction and additional treatment activity is underway. This kpi is on a rapidly improving trend and will be yellow next month.

3. **MRIs reported within 6 weeks of referral**
   An active process improvement work stream is underway. The backlog for paediatric MRI is being actively reduced. Demand guidelines are in place and service capacity and demand will be aligned in the 15/16 delivery plan and budget. The plan is to achieve this kpi consistently from October 2015.

4. **Elective and arranged Day Surgery Percentage**
   During the last month staff and union consultation on the Pre Hospital Preparedness project has been completed. The revised service model is now moving into the implementation phase.

   An assessment as to whether the proposed on-site community pharmacy will enable people in medi hotel to be excluded from the inpatient genus will be completed in March. (The legal requirements under the Pharmacy Act are artificially reducing the Day Surgery count).

5. **Outpatient DNA rate.**
   A ‘change champion’ has been identified this month and examples of best practice are being collated (for example Breast Care has reduced its DNA rate to 3%). A pilot to introduce patient centred booking into orthopaedics will commence shortly. The plan to reduce DNA rates across all service areas is the focus of a separate report to HWAC.

6. **Acute readmissions to hospital.**
   The external review of surgery, which is (in part) an initial response to the readmission rate indicator due to report by Easter. That work will inform the action plan related to this indicator. The plan to reduce readmission rates across all service areas will be the focus of a report to HWAC next month.

7. **Sick Leave**
   Sick leave is episodically higher than planned. A DHB wide initiative related to vaccination and personal protective equipment is in development phase and is due for implementation prior to winter.

8. **Overtime $’s**
   Overtime controls are in place. Higher than budgeted demand for services is the primary driver. HW has delivered in excess of $13m of services YTD which it did not plan to do and is neither resourced nor funded for. As these are largely acute services they could not be deferred and non-routine resource responses, such as overtime, have been required.

9. **Annual Leave Taken**
   Performance YTD is considerably improved on prior years when HW performed at the average most employers achieved. This year there have been significant gains in leave uptake over the traditional holiday period. HW is performing better
than the national average for NZ employers generally (which sits around 80%). The kpi reflects a level of leave uptake that has never been achieved by the DHB and is highly optimistic relative to the average NZ employer experience. It is consistent with the budget metric, however.

**Recommendation**

That the report be noted

Brett Paradine  
*Interim Chief Operating Officer*