

# **DHB Hospital Benchmark Information**

Report for the Quarter  
January - March 2006

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# Section 1: Summary

## Introduction

The Hospital Benchmark Information report is compiled from data supplied by the hospital services in District Health Boards (DHBs). The first Hospital Benchmark Information report was published at the end of the March 2004 quarter. It evolved from the Balanced Scorecard report that was originally developed by the Crown Company Monitoring and Advisory Unit (CCMAU) to monitor the hospitals of the then Hospital and Health Services.

The information is divided into quadrants (organisational health, quality and patient satisfaction, process and efficiency, and financial) that give different perspectives of the running of the DHBs' hospital services.

The data supplied by the DHBs is adjusted to give a comparable picture between DHBs' hospitals. It is important that readers of the report differentiate between 'raw' data such as the number of individual incidents (eg, staff work-related injuries or illnesses), and the 'Staff Work-related Injuries or Illnesses rate', which is calculated by dividing the number of individual incidents by the total number of hours worked by all employees.

There are often significant differences among the 21 DHBs as they are not all the same size, cover different population needs and provide different services. Their populations, ages, ethnicities, and health status will all be unique. Therefore, comparisons using the hospital benchmark information data must always be undertaken with caution.

The DHBs are also structurally different, with the smallest DHB only having one hospital and one Emergency Department, whereas other DHBs have several hospitals and several Emergency Departments. For the Hospital Benchmark Information report, the data from all hospitals and Emergency Departments in a DHB is combined to give one result for each DHB.

Higher or lower results can usually be explained by a variety of factors. The intention is that DHBs that have similarities work with each other to understand why their results are different and take action when their results and subsequent investigations show their results are significantly different from the norm and/or sector standards.

Users of this report are advised to contact the DHB or DHBs concerned, to assist with the understanding of their results.

## **Quadrant summaries for all DHBs combined**

### **Organisational health quadrant**

The overall Staff Turnover rate increased slightly from the three-year low recorded in the previous quarter to reach a rate of 3.54% in the March 2006 quarter. The rate of staff resigning within two years of their appointment fell to 42% in the March 2006 quarter, which was the lowest rate recorded in three years. The Sick Leave rate for the March 2006 quarter of 2.68% was the highest March quarter result recorded for three years. The Work-related Injury or Illness rate was 7.91 for the March 2006 quarter. This represented an increase from the previous quarter's result (which was a three-year low). However, due to very low actual quarter results for three of the last four quarters, the four-quarter average rate for all DHBs fell to a three year low of 7.91.

### **Quality and patient satisfaction quadrant**

The overall Patient Satisfaction rate for all DHBs fell to the lowest rate recorded for three years in the March 2006 quarter with a result of 87.3%. While the Complaints Closure rate fell to 65% in the March 2006 quarter, the four quarter average trend in the measure continued to climb. This was attributable to high actual quarter results for three of the last four quarters. The rate for triage code 1 (97.37%) decreased slightly from the last quarter, while the rate for code 2 (63.35%) was the highest recorded in three years. The Triage Time rate in triage 3 increased to 52.4%. There is a slowly increasing trend in the four quarter moving average in the triage code 3 rate. In the March 2006 quarter, the four quarter average Hospital Acquired Bloodstream Infection rate of 2.77% followed the downward trend in this measure that started in the September 2004 quarter.

### **Process and efficiency quadrant**

Trends in the Resource Utilisation rate (94.7%) and the Performance to Contract rate (101.6%) remained stable. Only four DHBs' Average Length of Stay rate for the March 2006 quarter was longer than the March 2005 quarter, resulting in the lowest ever Average Length of Stay rate for all DHBs. Using the older prescriptive list of daycase procedures, there was very little change in the percentage of procedures performed as daycase from quarter to quarter over the last two years. Using the newer analysis (which has very few exclusions), only seven DHBs performed a lower percentage of their total cases as daycases than expected and, of those, only four DHBs were behind by more than a percentage point. The newer analysis will be the exclusive method of analysis from the September 2006 quarter.

### **Financial quadrant**

The Operating Margin to Net Funds Employed rate (2.1%), the Operating Margin to Revenue rate (1.2%) continued their upward trend, while the trend in the Revenue to Net Funds Employed rate (1.8) stabilised in the March 2006 quarter. The Debt: Debt + Equity rate of 54.5% was the highest recorded in three years.

## **Section 2: Measure Summaries**

### **Organisational health quadrant**

#### **Staff Turnover**

##### **Measure description**

The Staff Turnover rate is calculated by dividing the number of employees, who resign during the quarter, by the total number of employees at the beginning of the quarter. For this indicator, 'resignation' is counted when employees formally notify the DHB that they are voluntarily ceasing employment, including retirement. Only those resignations that were processed within the relevant quarter are counted for that quarter. These numbers exclude Resident Medical Officers (junior doctors), casual and temporary employees or contracted personnel from another organisation.

The implication is that a DHB with an excessively high staff turnover may not be a 'good employer'. However, a limitation of this indicator is that the optimum level of staff turnover is not known. Too great a level of staff turnover reduces staff knowledge of the organisation and may increase risk and reduce quality of work. However, too low a level of staff turnover may also increase risk and reduce quality of work, because it limits the opportunity for new staff who may identify problems and/or have new ideas for improvements. In addition, a low Staff Turnover may mean that the DHB is not able to bring on new staff for succession planning, and is not able to contribute to the education and training of newly qualified health professionals. Time in an organisation does not necessarily represent expertise or general knowledge level.

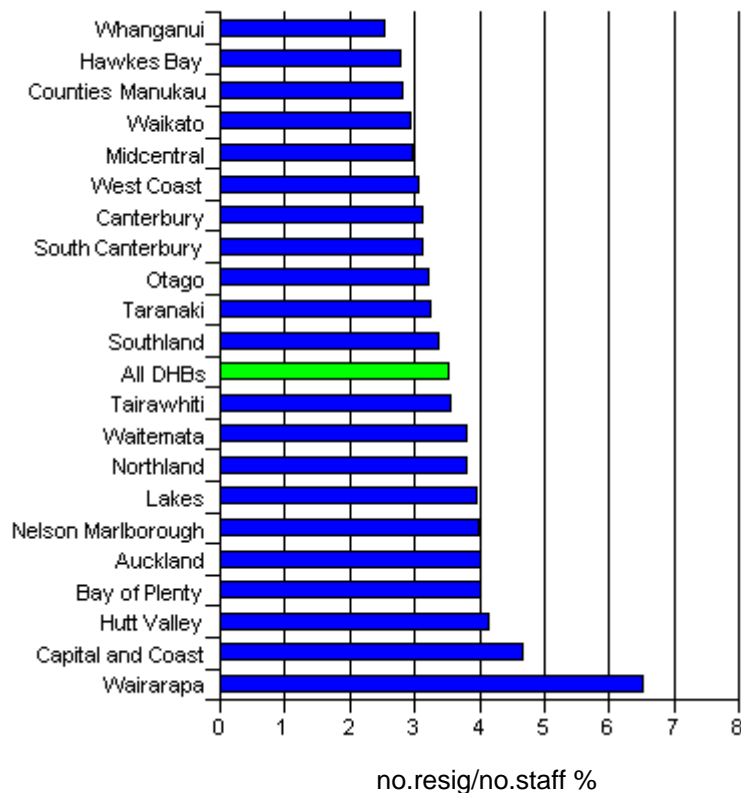
Another limitation, if looking at the results on a national level, is that it is not known if the resignations are from people leaving the sector completely or transferring to another organisation in the sector.

##### **Results for the quarter**

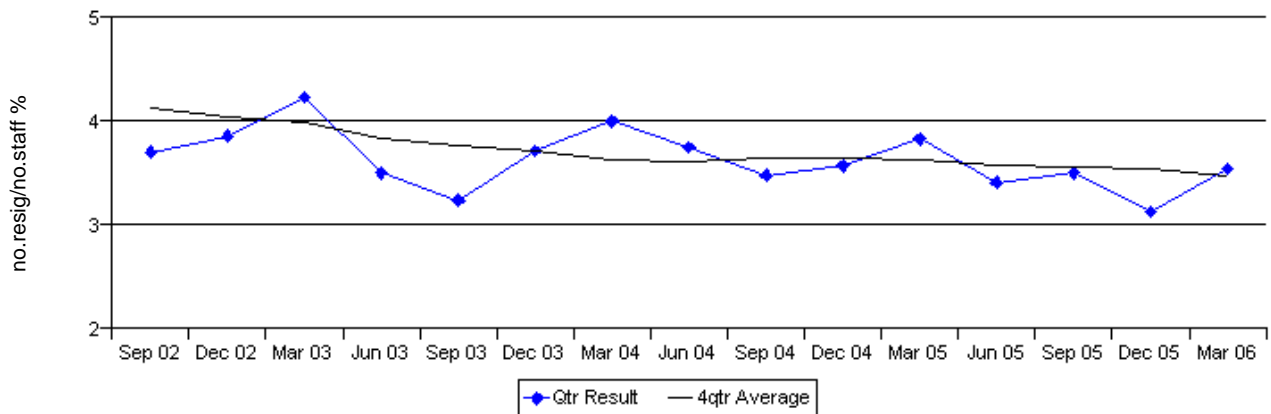
The overall Staff Turnover rate increased slightly from the three-year low recorded in the previous quarter to reach a rate of 3.54% in the March 2006 quarter. However, staff turnover usually peaks in the March quarters and the four-quarter average rate for all DHBs followed the downward trend that started in the September 2004 quarter.

The actual number of resignations (the numerator) increased slightly in the March 2006 quarter while the total number of staff at the beginning of the quarter (the denominator) remained over 50 thousand, as it has done for the past four quarters.

**Figure 1:** Staff Turnover – each DHB



**Figure 2:** Staff Turnover – all DHBs



## Staff Stability

### Measure description

The Staff Stability measure examines the number of staff who have resigned within two years of their appointment. The rate, originally used in the Balanced Scorecard report (the precursor to this report), was calculated by dividing the number of staff resigning within two years of their appointment, during the quarter, by the total number of staff employed in the hospital services of the DHB at the beginning of the quarter.

In an attempt to make the analysis more helpful, the compilers of this report have chosen not to use that rate, but to look at a ratio of staff resigning within two years of their appointment as a percentage of all resignations. The definitions of 'staff' and 'resignation' are the same as those used in the Staff Turnover measure (see previous section).

Another similarity with the Staff Turnover measure is the limitation that the optimum level of resignations within two years of appointment is not known. A low percentage of staff leaving within two years of their appointment would indicate that more experienced staff are leaving and that this may reduce staff knowledge of the organisation, may increase risk and reduce quality of work. However, a high percentage of staff resigning within two years of their appointment would mean fewer experienced staff are leaving. This may also increase risk and reduce quality of work, because it limits the opportunity for the hospital services to appoint new staff. New staff may identify problems, and/or have new ideas for improvements, may have trained more recently and may have up-to-date knowledge, etc.

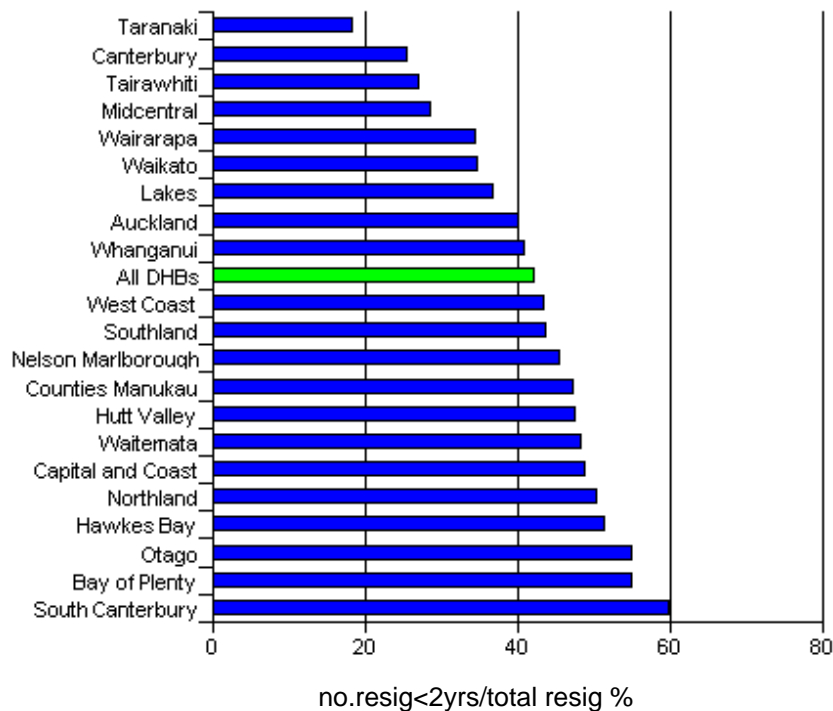
**Figure 3:** Staff resignations – all DHBs



### Results for the quarter

The rate of staff resigning within two years of their appointment fell to 42% in the March 2006 quarter. This was the lowest rate recorded in three years. The fall in the rate occurred because the number of employees resigning within two years of their appointment (the numerator) remained relatively stable, but the total number of resignations during the quarter (the denominator) increased.

**Figure 4:** Staff resigning within two years of their appointment as a percentage of total resignations – each DHB.



## Sick Leave

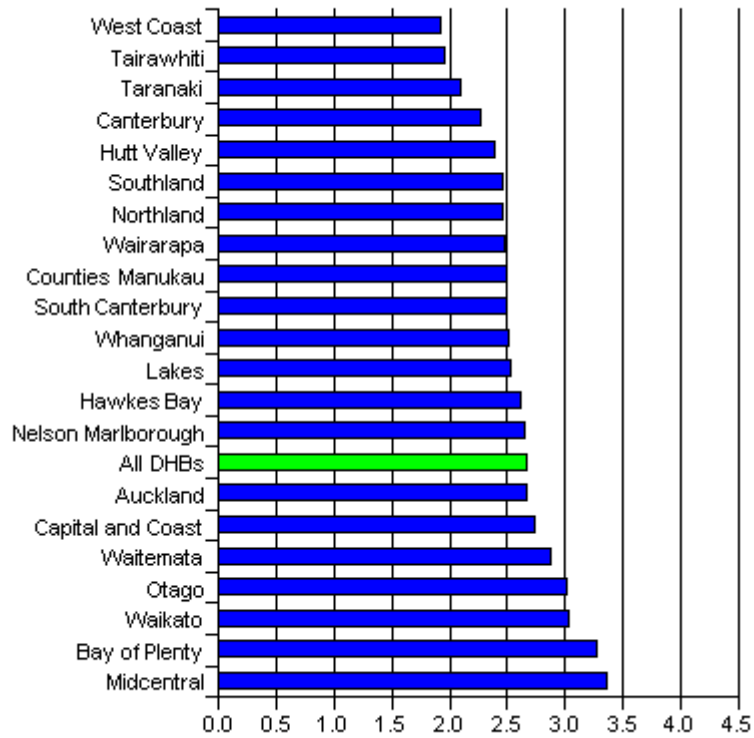
### Measure description

This measure demonstrates the proportion of employees' contracted work hours that are taken as sick leave. It is calculated by dividing the total number of hours of sick leave taken by employees during the quarter by the total number of contracted employee hours at the beginning of the quarter.

Unlike the Staff Turnover measure, the definition of staff in this measure includes Resident Medical Officers (junior doctors) and temporary staff. All paid and unpaid hours recorded as sick leave are included, including partial shift hours.

Limitations of this measure are that domestic leave (leave taken to care for a child or other dependant) may be incorporated in the recorded sick leave hours. In addition, there may be a higher (or lower) number of hours worked in the quarter than that contracted at the beginning of the quarter (the denominator for calculating the rate).

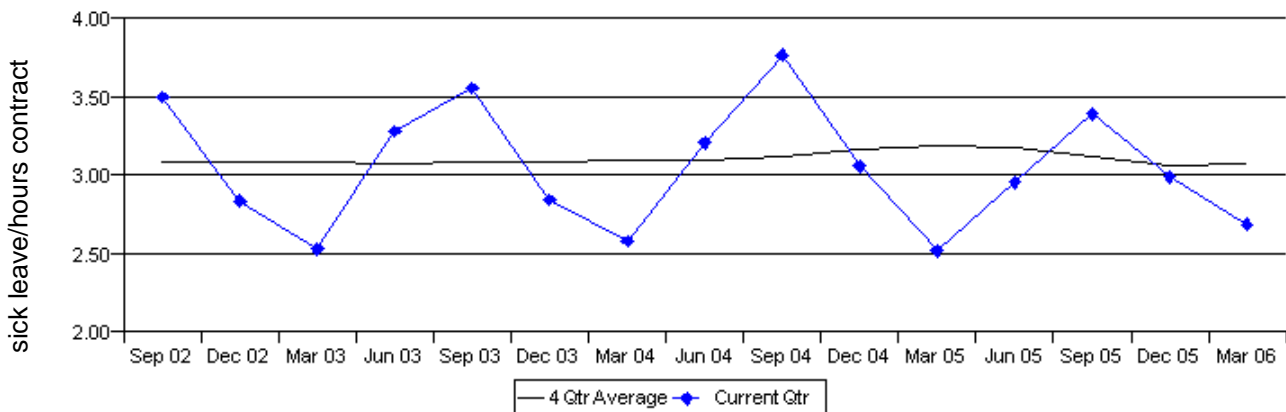
**Figure 5:** Sick Leave– each DHB



**Results for the quarter**

The Sick Leave rate for the March 2006 quarter of 2.68% was the highest March quarter result recorded for three years. This resulted in a slight increase in the four quarter average rate for all DHBs. However, the trend in this rate has varied little over the past three years.

**Figure 6:** Sick Leave – all DHBs



## Staff Work-related Injury or Illness

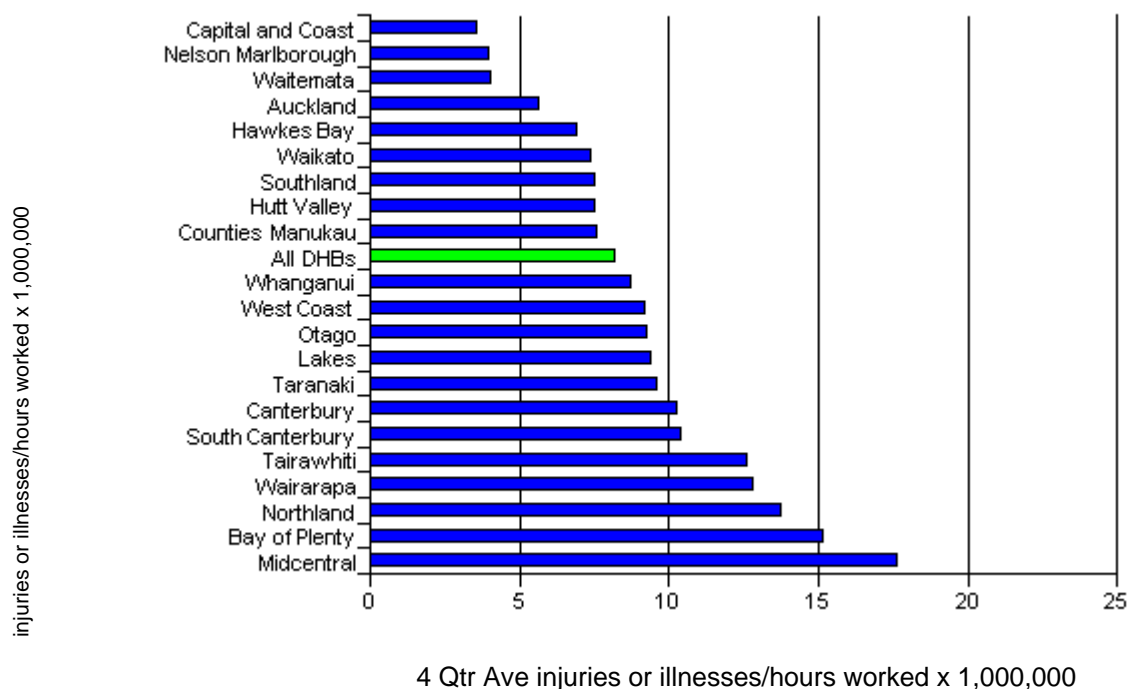
### Measure description

A work-related injury or illness is an injury or illness which is attributable to work, and which has been medically certified. The Staff Work-related Injury or Illness rate is the ratio of all occurrences of work-related injury or illness, which result in time lost from work, divided by the total number of hours worked by all employees. The ratio is multiplied by 1,000,000 to improve the comparability among organisations of different sizes. One of the limitations of this measure is that it does not include all episodes of work-related injury or illness – only those that result in time lost from work, that are reported, and that are medically certified.

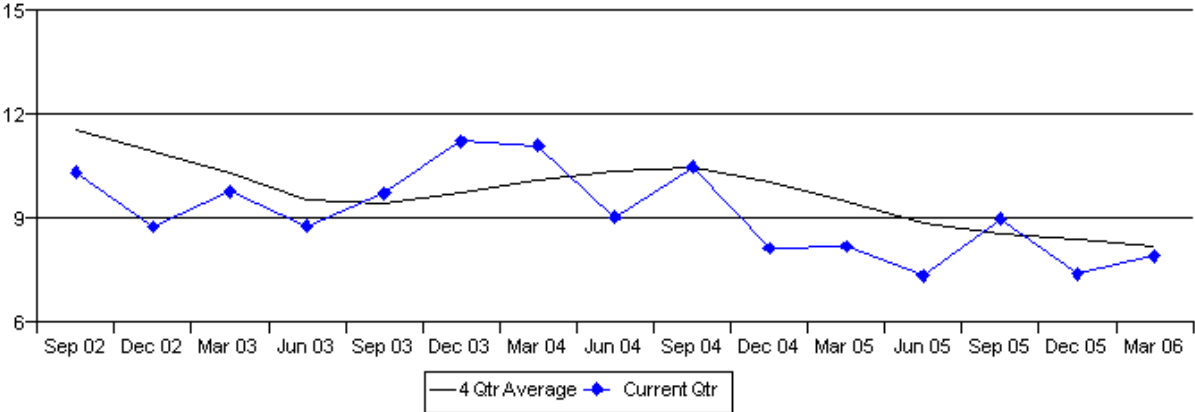
### Results for the quarter

The Work-related Injury or Illness rate was 7.91 for the March 2006 quarter. This represented an increase from the previous quarter's result (which was a three-year low). In terms of raw data, this represented 169 events of work-related injury or illnesses. Because of the relatively small numbers in this group, minor fluctuations in these numbers can result in apparently large changes in the rate. In the March 2006 quarter, the four-quarter average rate for all DHBs fell to a three year low of 7.91.

**Figure 7:** Staff Work-related Injury or Illness – all DHBs



**Figure 8:** Staff Work-related Injury or Illness rate for March 2006 quarter – four quarter average for each DHB



## Quality and patient satisfaction quadrant

### Patient Satisfaction

#### Measure description

The patient satisfaction surveys commenced for all public hospitals in 1993. The survey form is made up of a number of questions that differ slightly between inpatients<sup>1</sup> and outpatients<sup>2</sup>. The patient has six options for a response: 'very poor', 'poor', 'average', 'good', 'very good' and 'does not apply'.

The survey forms are sent out to a proportion of inpatients and outpatients within two weeks of their hospital stay or visit. The quantitative data from all valid responses received in the quarter<sup>3</sup> is reported to the Ministry and used in this measure.

Both questionnaires have the question 'Overall, how satisfied were you with our service?' An overall Patient Satisfaction rate is calculated from both inpatient and outpatient responses. The rate is the weighted sum of the responses that fall into each of the five categories (the 'does not apply' responses are not included). The system of weighting used is that 'very poor', responses are counted as zero, 'poor' responses are multiplied by 0.25%, 'average' by 0.5%, 'good' by 0.75% and 'very good' by 1%. This achieves a percentage of satisfaction.

There is evidence to suggest that factors such as age, ethnicity, gender, socio-economic status and rural or urban dwelling can influence how patients rate their satisfaction levels on the survey form. Therefore, the characteristics of DHB populations must be considered when comparing satisfaction ratings.

When entering the data from the survey forms on to the Ministry template, DHBs check whether their response group matches their patient group in terms of gender, age and ethnicity. In the March 2006 quarter, 17 DHBs did not have a match for ethnicity, 10 did not match for gender, and 18 did not match for age.

There are a number of other limitations to this measure. Most DHBs do not receive sufficient responses, and this means they do not achieve the recommended 95% level of confidence. In the March 2006 quarter, only five DHBs met or exceeded the 95% confidence level for the inpatient surveys, and only seven met or exceeded the 95% confidence level for the outpatient surveys.

An additional limitation of the survey is that a number of groups of patients are excluded. When the survey guidelines were written in 2000, it was decided to omit certain patient groups in case they were sensitive about being identified having had certain treatments. These exclusions included patients of sexual health services, women having terminations of pregnancy, and mental health patients. (Subsequently

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<sup>1</sup> Inpatients for this measure includes those patients who have day procedures as an acute admission, ie, the procedures were not booked in advance.

<sup>2</sup> Outpatients includes patients having elective daycase procedures.

<sup>3</sup> To allow time for patients to reply, completed, valid responses to forms sent out in one quarter will either be counted in that quarter if they are received during that quarter, or in the first two weeks of the next quarter.

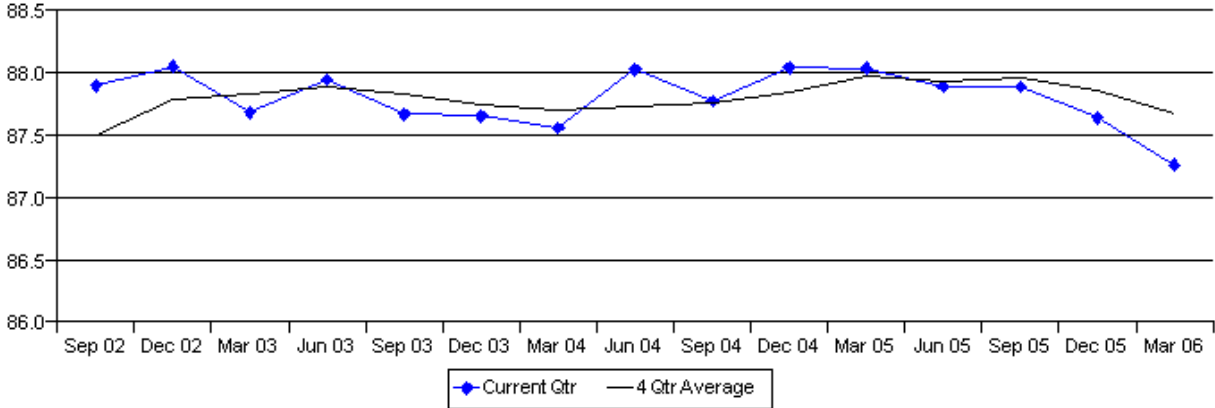
the Ministry has devised a different feedback system for consumers of mental health services.) Patients making frequent visits are expected to be included in the survey group only once a year and those attending clinics with health professionals other than doctors (eg, nurses, physiotherapists) are not included in the survey group. Emergency Department patients who are not admitted are not part of the survey group. In addition, the actual method is a limitation in itself in that some people do not like filling out survey forms. Other people have learning difficulties or problems reading or writing that exclude them from giving feedback in this way.

**Results for the quarter**

The overall Patient Satisfaction rate for all DHBs fell to the lowest rate recorded for three years in the March 2006 quarter with a result of 87.3%. However, all DHBs, except one, recorded an overall patient satisfaction rate over 85%.

The four quarter average rate for all DHBs also followed a downward trend.

**Figure 9:** Patient Satisfaction – all DHBs  
**Note:** Scale is limited from 86% to 88.5%

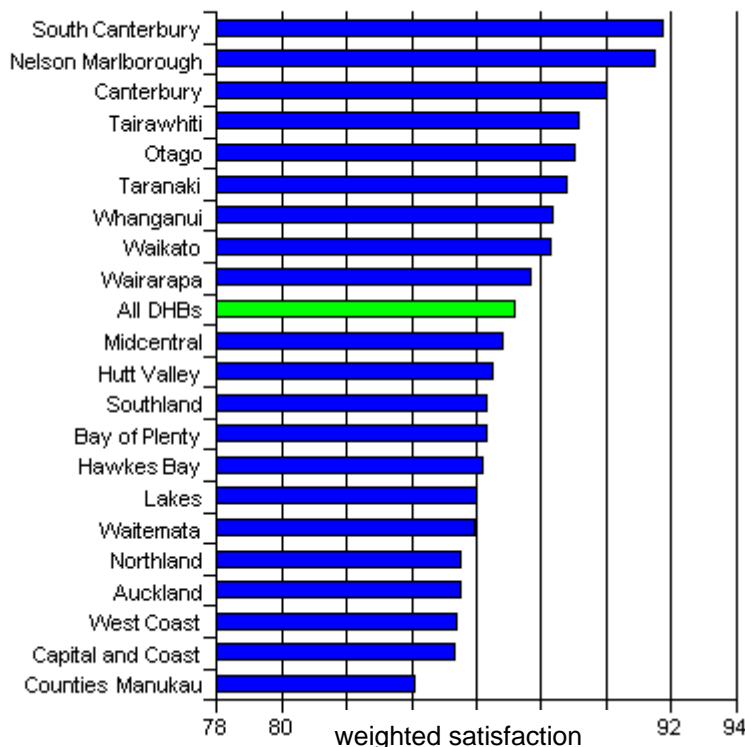


Although all of the satisfaction levels change little over the quarters, in the March 2006 quarter, inpatient respondents gave the lowest scores to 8 of the 17 questions in the survey for the last five quarters. In particular, the questions about how much the patient liked the food provided in the hospital, and about organising patient care both internally and externally, yielded lower satisfaction ratings.

For the outpatient survey, only 3 of the 15 questions yielded a satisfaction rating lower than the previous four quarters. These were the questions “Please rate our staff on their effort to make an appointment time that suited you”, “Please rate our staff on providing clear information to prepare you for your appointment” and “Please rate how clean our facilities were.”

For the March 2006 quarter survey, outpatient respondents gave the highest average satisfaction score (90.3%) to the question “Please rate our staff on treating you with dignity and respect.” Inpatient respondents gave the highest average satisfaction score (89.2%) to the question “Please rate how safe and secure you felt in the hospital environment.”

**Figure 10:** Patient Satisfaction – each DHBs



## Percentage of Complaints Resolved/Closed

### Measure description

In the Health and Disability Commissioner’s Code of Health and Disability Services Consumers’ Rights Regulation 1996, Right 10 outlines the rights of patients to complain. The right states that providers must facilitate ‘fair, simple, speedy, and efficient resolution’. DHB management of complaints is also regulated by Standard 2.4 in the Health and Disability Sector Standards NZS 8134:2001 and part 4 of the Health and Disability Commissioner Act (1994).

When calculating the rate for this measure, the denominator is the total number of complaints received during the last month of the previous quarter and the first two months of the current quarter. The numerator is the number of complaints that were received in that period (last month of previous quarter, first two months of current quarter) that were resolved within 30 days of receipt. The quarters are phased in this way to capture all the complaints closed within 30 days in the quarter.

It is the responsibility of the DHB to monitor complaints that take longer than 30 days to close, as this information is not collected for the purposes of the Hospital Benchmark Information report. A limitation of this measure is that fast resolution of complaints is not always possible. A thorough process of resolution, including meetings between clinicians and complainants, may have a more satisfactory outcome but may take longer than 30 days.

Another limitation is that the Hospital Benchmark Information measure complaints are considered to be 'resolved' when a DHB closes the file. There is no overall system for determining if complainants were happy with the process and if they considered their complaint was closed.

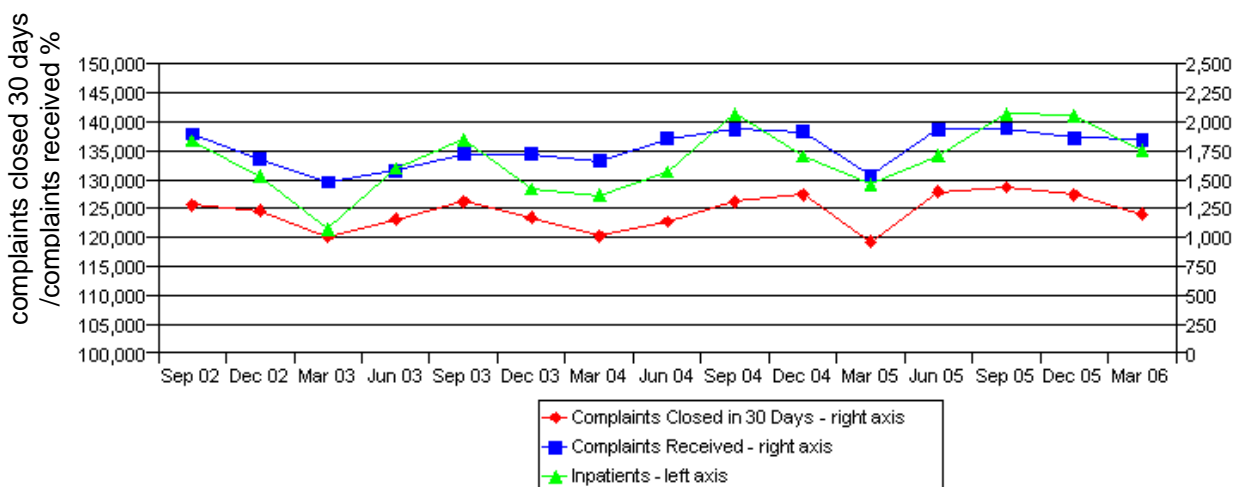
It should also be noted that a high number of complaints, or an increasing trend, can be associated with an increased level of dissatisfaction but, conversely, an increase could also be a sign of an efficiently operating complaints system where people see effective change and so feel it is worthwhile to complain. Many DHBs see complaints as a valuable part of their quality systems.

### Results for the quarter

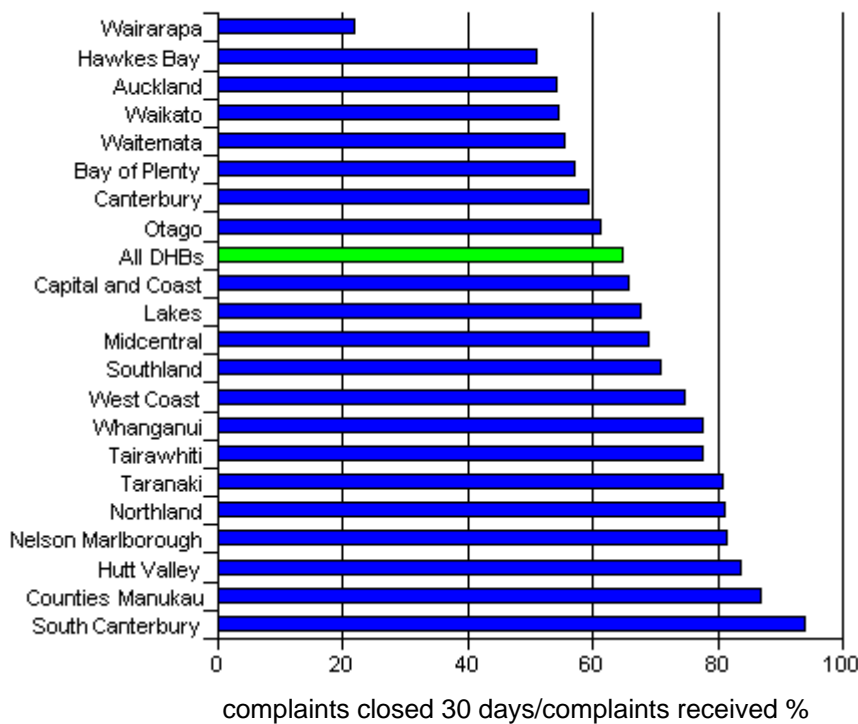
The results for this measure are presented in the following table and graphs in this section. The individual DHB results are presented in tabular form in Section 3 of this report.

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	65.13	72.84	73.90	72.99	63.81	70.84	67.91	61.23

Figure 11: Complaints – all DHBs



**Figure 12: Complaints Closed – each DHB**



## Emergency Triage Times

### Measure description

For the purposes of the Hospital Benchmark Information report, the Emergency Triage Time measure is the “time elapsed between presentation at an Emergency Department (time recorded) and time of commencement of treatment by a doctor”.

According to current clinical practice, the patient is assessed on arrival (presentation) at the Emergency Department by a nurse trained in triage, and assigned a triage code. Therefore, the time of presentation (that is referred to in the definition for this measure) should be the same as the time of triage.

The triage code refers to the urgency with which patients need to receive treatment for the best possible outcome. (Only triage codes 1–3 are reviewed in the Hospital Benchmark Information report, although Emergency Department staff also record triage codes 4–5.) The order in which patients are seen by a doctor is influenced largely by the patients’ triage codes. Ideally, this will be within the times identified in Table 1. Once a doctor sees the patient and commences treatment, the time is recorded and, according to the definition for the Hospital Benchmark Information measure, this marks the end of the Emergency Triage Time.

**Table 1:** Triage codes

<b>Triage code</b>	<b>Time interval between arrival and start of treatment by doctor</b>	<b>Examples of conditions in this triage code</b>
1	Immediate	These patients tend to have an immediate 'life or limb threat', such as immediate risk to airway, breathing or circulation, or are deeply unconscious. For example, those in need of resuscitation, not breathing, heart not beating, major trauma.
2	10 minutes	These patients tend to have a potential, or imminent, threat to 'life or limb'. For example, serious head injury, moderately severe trauma, massive bleeding, chest pain-suspected heart attack, any conditions with a high potential to deteriorate.
3	30 minutes	These patients tend to have conditions, which need urgent management, or are associated with significant symptoms. For example, fractures, breathlessness, severe pain, bleeding.

Note: Details of the triage definitions and examples can be found on the Australasian College for Emergency Medicine (ACEM) website ([www.acem.org.au](http://www.acem.org.au)) under 'Policies and Guidelines'.

Doctors cannot always see and treat patients within the timeframes listed above because of fluctuations in the numbers of patients presenting to an Emergency Department, the seriousness of their conditions and other pressures on an emergency department's resources. In acknowledgement of these fluctuations, benchmarks are set that indicate the acceptable percentage of patients who will be seen by a doctor and start treatment within the ideal time for their triage code (Table 2). These benchmarks allow for periods of heavy demand when the ideal times cannot be achieved. However, in a properly functioning Emergency Department, the waiting times (Table 1) are achieved most of the time, and more consistently for the more urgent triage categories.

**Table 2:** Australasian College for Emergency Medicine (ACEM) benchmarks

<b>Triage code</b>	<b>ACEM benchmarks: percentage of patients who should be seen by a doctor and start treatment in the required time interval, if the emergency department is performing to the required standard</b>
1	100% of all patients coded as 1 seen immediately.
2	80% of all patients coded as 2 seen within 10 minutes.
3	75% of all patients coded as 3 seen within 30 minutes.

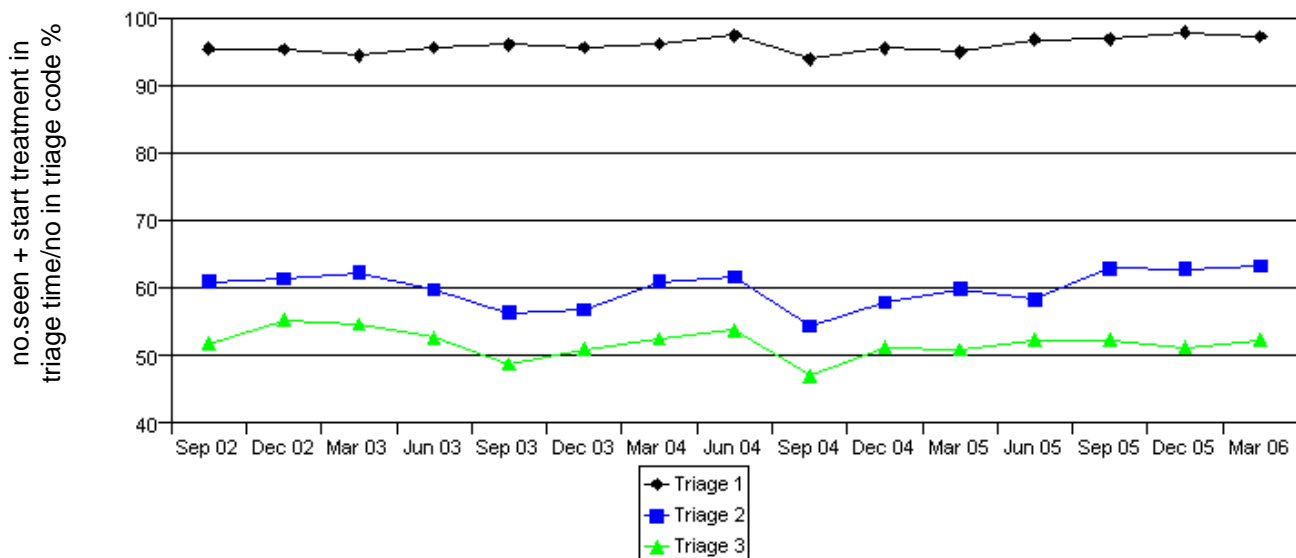
The Hospital Benchmark Information report uses the ACEM benchmarks. These benchmarks are recognised by Emergency Department clinicians as being quite high. If Emergency Departments are not meeting the benchmarks, this may mean that there are more patients waiting for longer than the ideal time to see a doctor and start treatment. However, investigation by the Ministry has shown that a result indicating failure to meet the benchmarks is sometimes a recording error (eg, wrong triage code, staff using watches/clocks with different times on them, staff concentrating on treatment and recording times afterwards) or a problem with a computer system. DHBs are working to correct these problems to ensure more accurate reporting.

It should be emphasised that the waiting times for this measure reflect the time to treatment by a doctor and, in many cases, good clinical care is in place prior to a doctor

commencing treatment. Some DHBs have processes and pathways for patient care involving clinicians other than doctors (nurse initiated care, for example) and, in the majority of cases, the patients are being monitored by nurses while waiting for a doctor.

In some instances, treatment is not commenced by a doctor within the triage time, but may be commenced a few seconds after. The results for this measure do not indicate whether patients waited a long time or a short time after the triage time had expired.

**Figure 13:** Triage rates – all DHBs



### Results for the quarter

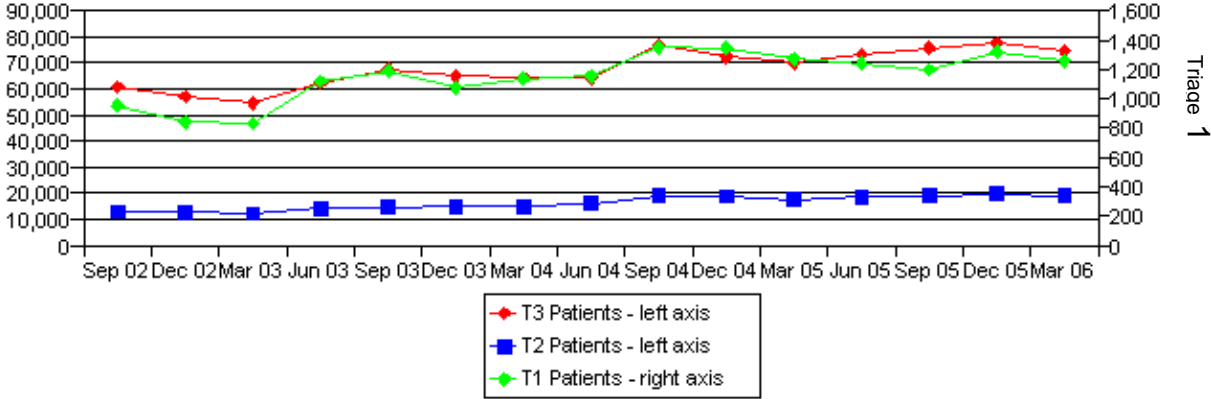
The results for Waitemata have not been counted in this section for all codes because the data recording problems at the DHB for triage code 1 patients mean its results are very inaccurate. The DHB is attempting to address this.

In the March 2006 quarter, four DHBs (out of 20) met the benchmarks for all three triage codes. These DHBs were: Tairāwhiti, Nelson Marlborough, Whanganui and Lakes. Four other DHBs met the benchmarks for triage codes 1 and 2 (which represent the more serious need for treatment). These DHBs were Capital & Coast, Otago, West Coast, and Taranaki. The latter two DHBs were within a percentage point of meeting all three benchmarks. Counties Manukau and South Canterbury were also just a percentage point short of meeting benchmarks for triage codes 1 and 2. In total, 10 DHBs met, or were within a percentage point of meeting, two of the three benchmarks. This represents the highest number of DHBs achieving these targets for three years.

For all DHBs, the number of patients in triage code 1 decreased slightly, and only eight patients (out of 1257) were recorded as not having treatment commenced immediately by a doctor. It is likely that these were due to recording errors. Indeed, one DHB investigated its results, and concluded that a data input error resulted in six of their triage code 1 patients not being recorded as having treatment commenced immediately by a doctor.

The number of patients in triage code 2 also decreased, and the Triage Time rate increased to a three year high (63.35%). The numbers of patients in triage code 3 decreased from the all time high recorded in the December 2005 quarter. The Triage Time rate in this code increased to 52.4%. There is a slowly increasing trend in the four quarter moving average in this measure.

**Figure 14:** Numbers of patients in triage codes 1–3 – all DHBs



**Table 3:** Numbers of patients in triage codes 1, 2 and 3 and % seen by doctor and treatment started within triage times – each DHB

Patient numbers	Triage 1	% seen + treat immed. 100%*	Triage 2	% seen + treat 10 mins 80%*	Triage 3	% seen + treat 30 mins 75%*	Total 1, 2 & 3
Northland	40	100	720	73.2	2170	63.4	2930
Waitemata	86	N/A	2037	50.1	8144	39.0	10267
Auckland	371	100	2352	47.2	7107	41.9	9830
Counties Manukau	90	100	1396	79.4	4625	34.7	6111
Waikato	61	88.5	1736	58.0	7589	46.7	9386
Bay of Plenty	79	100	1213	60.5	5106	45.7	6398
Lakes	11	100	366	87.2	2425	75.3	2802
Tairāwhiti	5	100	86	94.2	743	97.2	834
Taranaki	13	100	446	82.5	2977	73.8	3436
Hawke's Bay	52	100	801	73.7	2775	58.1	3628
MidCentral	23	100	730	47.0	3578	41.9	4331
Whanganui	6	100	219	82.6	1097	75.3	1322
Capital & Coast	83	100	1115	83.6	3292	67.0	4490
Hutt Valley	37	100	856	67.6	2716	39.2	3609
Wairarapa	7	85.7	239	99.6	1395	99.9	1641
Nelson Marlborough	20	100	583	83.2	2830	75.7	3433
West Coast	1	100	55	85.5	1137	74.4	1193
Canterbury	190	100	2321	43.4	8384	45.1	10895
South Canterbury	10	100	125	79.2	1110	76.7	1245
Otago	59	100	1162	82.4	2992	55.1	4213
Southland	13	100	376	69.7	2207	61.7	2596

\*Australasian College for Emergency Medicine (ACEM) benchmarks

Note: Waitemata triage code 1 data excluded because accurate data not available

## Hospital Acquired Bloodstream Infections

### Measure description

In New Zealand, and in other developed countries, approximately 10% of hospital patients acquire an infection that was neither present, nor incubating, when they were admitted to hospital. Of all hospital-acquired infections, bloodstream infections are associated with the greatest rates of illness and death.

Approximately 85% of hospital acquired bloodstream infections are unavoidable<sup>4</sup>.

There are several factors that increase the risk of patients acquiring a bloodstream infection. These factors include the number of intravenous or intra-arterial lines (“drips”/intravenous catheters) patients have (the greater the number of lines, the higher the risk). Another factor is the status of a patient’s immune system (ie, the body’s defence system against infection). The immune system can be weakened, either by illnesses like leukaemia, or treatments such as chemotherapy. This makes a patient much more susceptible to developing an infection.

For Hospital Benchmark Information purposes, the DHBs are divided into secondary and tertiary DHBs. Both tertiary and secondary DHBs provide services to the people in their districts, but tertiary DHBs are generally larger and provide specialist services to secondary DHBs. This means that tertiary hospitals often have “sicker” patients who may have more intravenous or intra-arterial lines and poorer immunity. This leads to the six DHBs, identified as tertiary for the Hospital Benchmark Information, (Auckland, Counties Manukau, Waikato, Capital and Coast, Canterbury and Otago), being expected to report higher Hospital Acquired Bloodstream Infection rates. However, for Hospital Benchmark Information purposes, it may now be more appropriate to classify MidCentral as a tertiary DHB because, as a cancer centre, it provides tertiary services.

Monitoring (surveillance) of hospital acquired infections requires co-operation among various staff with Infection Control responsibilities, including laboratory technicians, nurses and doctors. All DHB hospitals have to have some form of surveillance, as required by the New Zealand Standard 8142:2000 – Infection Control. DHBs are audited against this standard in accordance with the Health and Disability Services (Safety) Act, 2001.

Currently, the Ministry and DHBs are considering the feasibility of a national surveillance system.

The criteria for hospital acquired bloodstream infections used to calculate the rate for the Hospital Benchmark Information report are:

- a blood test more than 48 hours after admission to hospital shows an infection
- there is no evidence the infection was present on admission (unless the patient had been in the same hospital recently)
- when blood tests show bacteria normally found on skin, two tests are required to confirm there is an infection (unless a clinician deems there is a bloodstream infection, in which case one test is enough).

Some hospital acquired bloodstream infections are not diagnosed—either because blood tests are not taken, or because patients are discharged from hospital before the symptoms are evident.

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<sup>4</sup> National Audit Office (2004). Improving patient care by reducing the risk of hospital acquired infection: A progress report: Report by the Comptroller and Auditor General HC 876 Session 2003-2004:14 July 2004. UK: National Audit Office.

Because of the generally low number of infections, small changes in absolute numbers can lead to large changes in the rate and, for this reason, the analysis looks at results over the last four quarters.

Comparisons must be made with caution, as a higher than average reported infection rate may indicate an efficient surveillance system rather than poor practice.

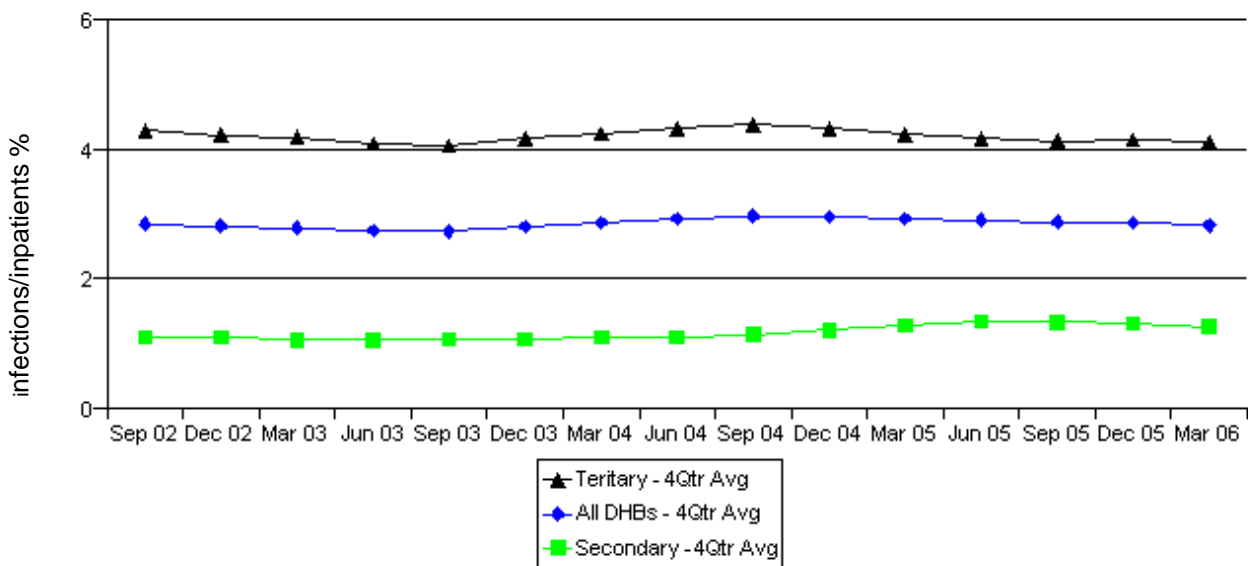
There is anecdotal evidence that some hospital staff do not adhere to the Hospital Benchmark Information definition for hospital acquired bloodstream infections. When this is found to be the case, the Ministry works with that DHB to try align definitions.

### Results for the quarter

In the March 2006 quarter, the four quarter average Hospital Acquired Bloodstream Infection rate was 2.77%, a further decrease from the previous four quarter result of 2.94%. All DHBs combined reported a total of 386 infections during the March 2006 quarter, which was unchanged from the previous quarter.

The four quarter average Hospital Acquired Bloodstream Infection rate for tertiary hospitals (Auckland, Counties Manukau, Waikato, Capital & Coast, Canterbury and Otago) remained unchanged at 4.08%. In the March 2006 quarter, the rate for secondary hospitals fell slightly to 1.19% from the previous result of 1.27%.

**Fig 15** Hospital Acquired Bloodstream Infection rates—all DHBs.



## Process and efficiency quadrant

### Resource Utilisation

#### Measure description

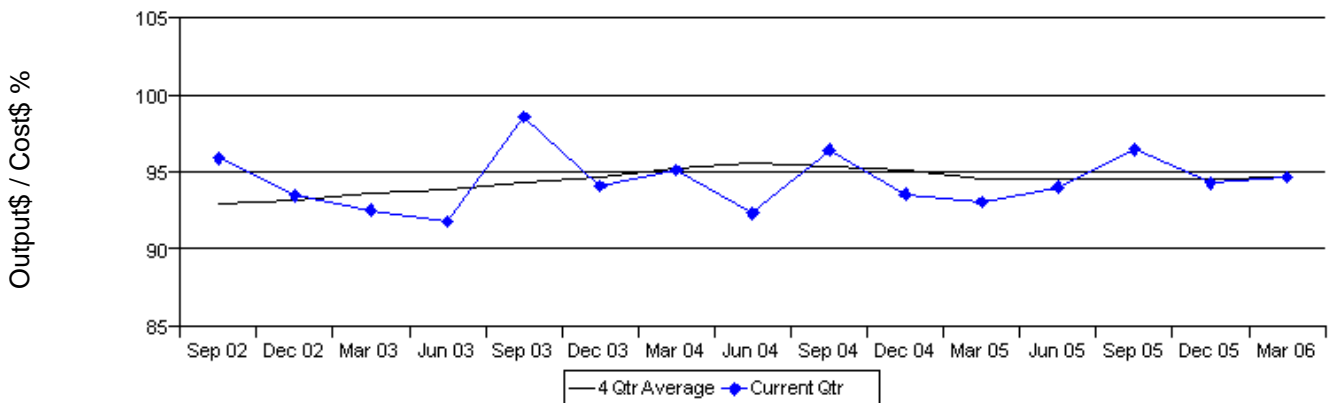
Resource Utilisation is a financial measure that compares the value of “outputs” (work done) against the costs associated with producing those outputs. It is calculated by dividing the value of the actual outputs produced during a quarter by the net operating costs of that quarter. The desirable rate is equal to or greater than 100%, because that means that the value of outputs is equal to or greater than the costs of producing them.

It is expected that, if the factors contributing to costs are well managed, the indicator result should either at least stay the same, or gradually improve (ie, increase). Accordingly, it is most useful to look at a DHB’s trend, rather than individual quarterly results.

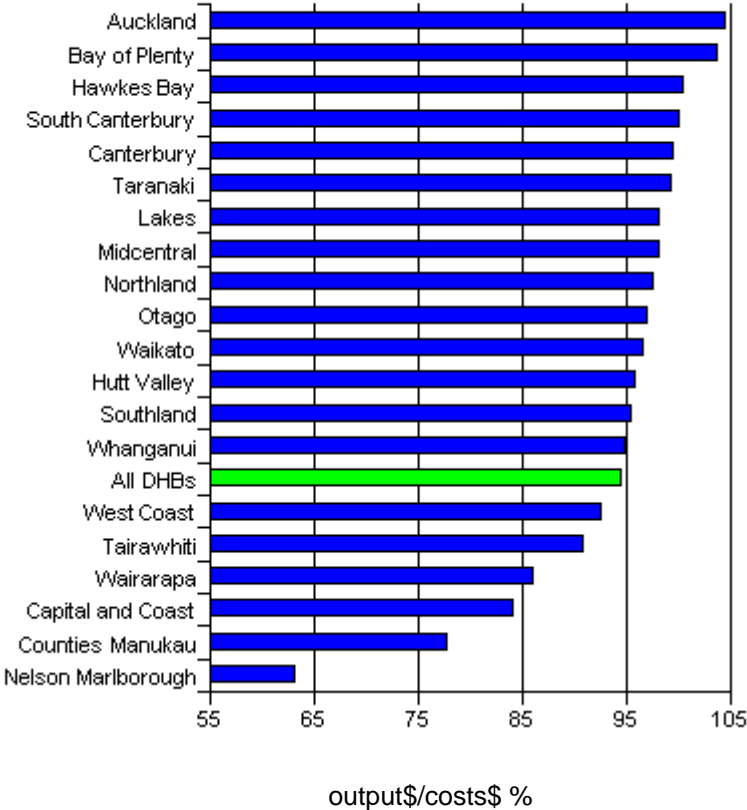
#### Results for the quarter

The results for this measure are presented in the following graphs. The individual DHB results are presented in tabular form in Section 3 of this report.

**Figure 16:** Resource Utilisation – all DHBs



**Figure 17: Resource Utilisation – each DHB**



**Performance to Contract**

**Measure description**

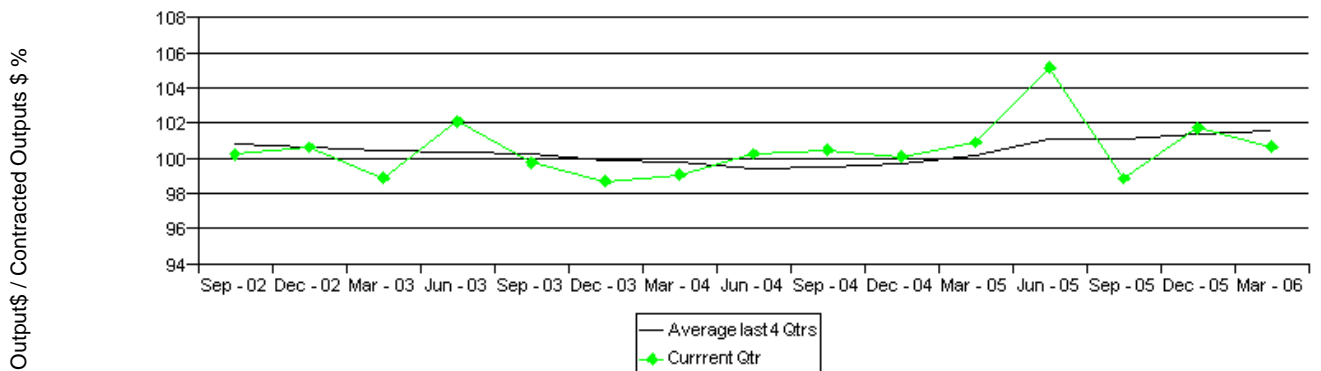
Performance to Contract measures the value of outputs from DHBs’ hospital services relative to the value of what they were contracted<sup>5</sup> to provide. Ideally, for the financial year, DHBs deliver exactly what they have agreed to provide. However, to account for the unpredictable demand that can be placed on hospital services, a rate that is within 98–102% of contract over the financial year is acceptable.

**Performance for the quarter**

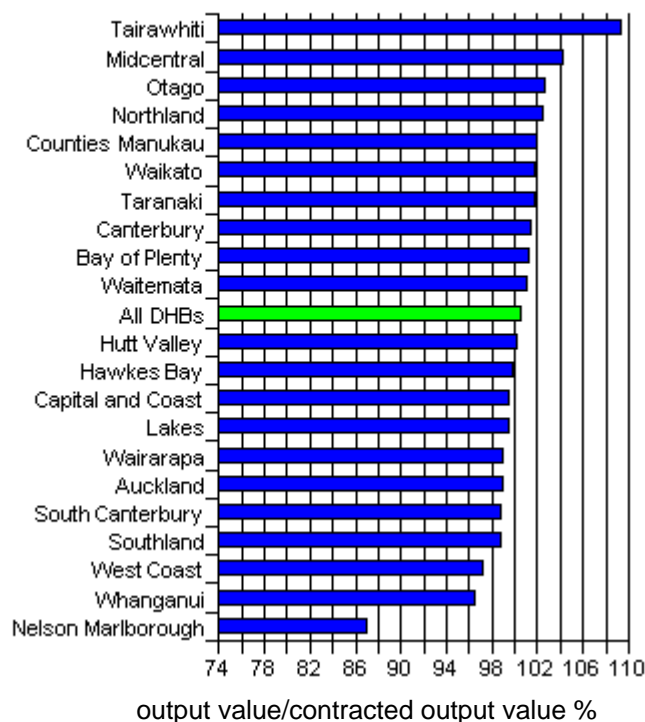
The results for this measure are presented in the following graphs. The individual DHB results are presented in tabular form in Section 3 of this report.

<sup>5</sup>This is agreed between the funders and providers of a DHB, and published in the price volume schedules attached to a DHB’s District Annual Plan.

**Figure 18:** Performance to Contract - all DHBs



**Figure 19:** Performance to Contract – each DHB



## Average Length of Stay

### Measure description

The Average Length of Stay rate is calculated using a number of steps, which improve the ability to compare DHBs. Inpatients from mental health, maternity and assessment, treatment and rehabilitation are excluded from this indicator.

First, the patient admission rate (total number of discharged patients divided by the total number of individual patients) is used to adjust average length of stay. Then the average length of stay is adjusted to allow for differences in procedures undertaken at different hospitals. This adjustment provides a 'weight' for each Diagnostic Related

Group<sup>6</sup> of conditions (eg, circulatory system). The adjustment uses the average length of stay for each group of conditions, the total length of stay for all patients with a particular condition in the quarter, and the proportions of conditions treated in each DHB in the quarter. Each of these factors can influence the Average Length of Stay and because of the complexity of the calculations, direct comparisons between DHBs must be undertaken with caution

The method is to compare the ratio of actual average length of stay to 'expected' average length of stay (table 4). The expected average length of stay is the sector average for the measure for each DRG when applied to an individual DHB's exact casemix. This analysis is considered for: surgical DRGs only, medical DRGs only, and total DRGs.

## **Results for the quarter**

There was a significant shortening of the average length of stay rate for all DHBs from the March quarter 2005 result to the March 2006 quarter result. Only four DHBs recorded a longer Average Length of Stay rate in the March 2006 quarter than the March 2005 quarter. As can be seen in Figure 20, this led to the March 2006 quarter having the lowest ever recorded average length of stay using this definition.

Using the analysis of looking at 'expected' average length of stay for different casemixes for individual DHBs, there was a reasonably even split of DHBs across the performance spectrum with large tertiary DHBs both above and below the mean. Overall, 162,000 procedures were completed in the quarter, 41,000 assigned to surgical DRGs, 8,000 assigned to 'other' DRGs, and 113,000 assigned to medical DRGs. For the purposes of this report, only medical and surgical DRGs will be included in the analysis.

When the results were separated into surgical and medical DRGs there were differences in results between DHBs. Most smaller DHBs were better at performing their surgical DRG casemixes with a shorter length of stay than expected, while the larger tertiary DHBs were better at performing their medical DRGs with the expected average length of stay when compared with their results for their surgical DRGs.

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<sup>6</sup> Diagnostic Related Group—a group that categorises patients based on diagnosis. Patients within each category are similar clinically and in terms of resource use.

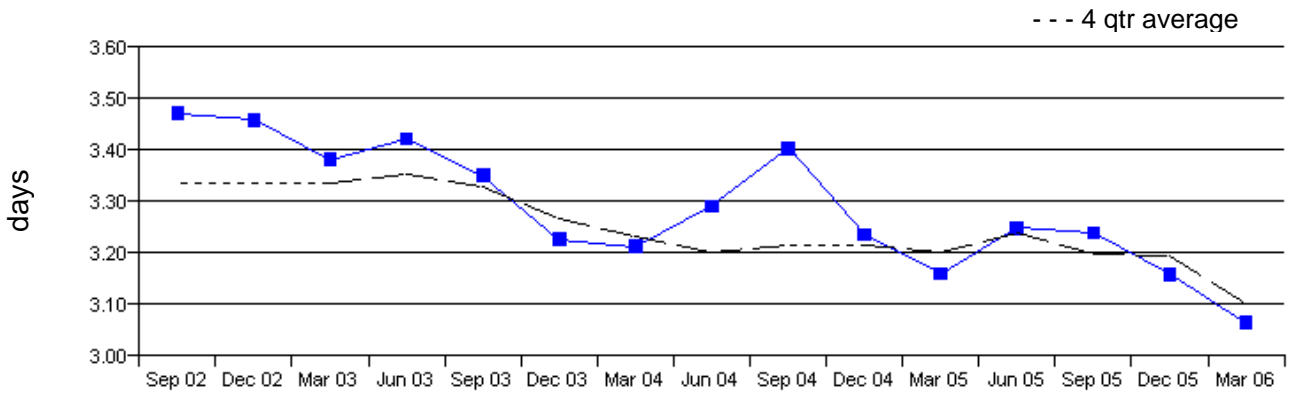
**Table 4:** Comparison of average length of stay results<sup>7</sup>

<b>DHB</b>	<b>Group</b>	<b>Procedures</b>	<b>ALOS (Days)</b>	<b>Expected ALOS (Days)</b>	<b>Result % ALOS/Expected</b>
Northland	Surgical	1,624	3.01	3.13	96.0
	Medical	4,915	2.12	2.52	84.2
	Total	6,680	2.34	2.66	87.8
Waitemata	Surgical	2,686	3.52	3.79	92.9
	Medical	12,975	2.14	2.21	97.1
	Total	16,040	2.39	2.48	96.3
Auckland	Surgical	5,876	4.04	4.13	97.8
	Medical	16,772	1.96	2.17	90.3
	Total	24,139	2.44	2.62	92.8
Counties Manukau	Surgical	4,059	3.23	3.10	104.0
	Medical	12,662	1.95	2.09	93.4
	Total	17,252	2.29	2.35	97.7
Waikato	Surgical	3,845	4.30	3.73	115.4
	Medical	9,606	2.48	2.33	106.4
	Total	14,092	2.98	2.71	109.9
Bay of Plenty	Surgical	2,155	3.17	3.08	102.8
	Medical	5,545	2.80	2.43	115.0
	Total	8,127	2.88	2.58	111.8
Lakes	Surgical	968	2.62	2.73	95.7
	Medical	3,639	2.08	2.14	97.2
	Total	4,740	2.18	2.26	96.3
Tairāwhiti	Surgical	598	2.48	2.32	106.9
	Medical	1,396	2.40	2.25	106.9
	Total	2,088	2.40	2.25	106.6
Taranaki	Surgical	1,033	3.03	3.15	96.1
	Medical	2,358	3.23	2.94	110.1
	Total	3,608	3.08	2.94	104.6
Hawke's Bay	Surgical	1,466	3.37	3.10	108.9
	Medical	3,487	3.29	2.68	122.7
	Total	5,226	3.26	2.78	117.2
MidCentral	Surgical	1,455	3.10	3.17	97.8
	Medical	4,029	2.74	2.51	109.1
	Total	5,735	2.81	2.67	105.1
Whanganui	Surgical	779	2.27	2.78	81.5
	Medical	2,016	2.31	2.25	102.9
	Total	2,914	2.27	2.37	95.7

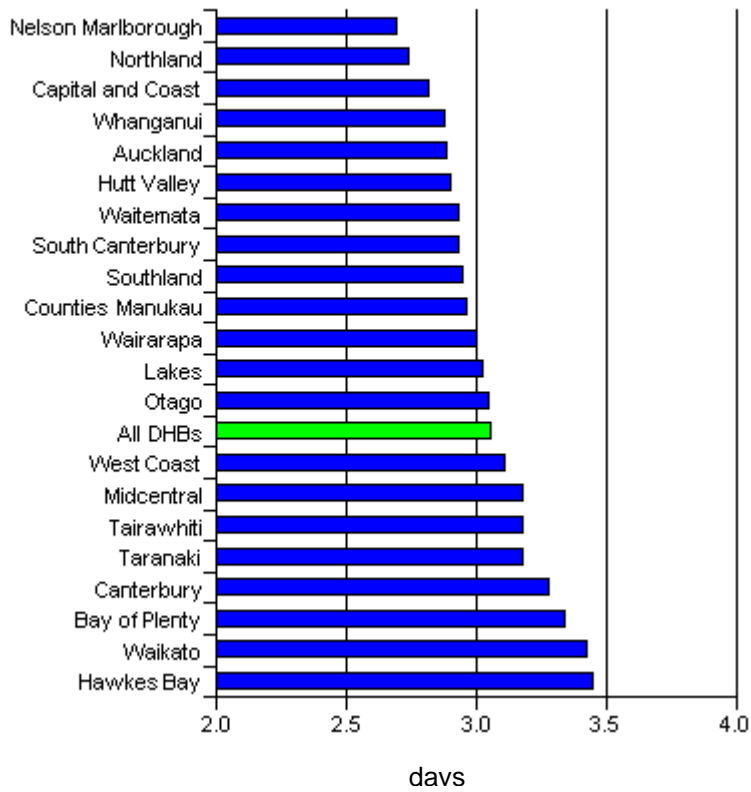
<sup>7</sup> Note: DRGs classified as 'other' not included in this table

<b>DHB</b>	<b>Group</b>	<b>Procedures</b>	<b>ALOS (Days)</b>	<b>Expected ALOS (Days)</b>	<b>Result % ALOS/Expected</b>
Capital & Coast	Surgical	2,463	3.78	4.09	92.5
	Medical	5,261	2.58	2.64	97.8
	Total	8,241	2.85	3.00	94.9
Hutt Valley	Surgical	1,501	2.68	2.84	94.4
	Medical	3,520	2.36	2.35	100.4
	Total	5,159	1.58	1.85	85.4
Wairarapa	Surgical	347	2.70	2.75	98.2
	Medical	1,127	2.21	2.18	101.4
	Total	1,508	2.32	2.33	99.6
Nelson Marlborough	Surgical	1,541	2.28	2.61	87.4
	Medical	3,278	1.96	2.16	90.7
	Total	5,101	2.00	2.24	89.3
West Coast	Surgical	323	2.38	2.92	81.5
	Medical	693	2.86	2.44	117.2
	Total	1,060	2.66	2.57	103.5
Canterbury	Surgical	4,660	4.19	3.94	106.3
	Medical	12,300	2.49	2.42	102.9
	Total	17,964	2.93	2.81	104.3
South Canterbury	Surgical	698	2.48	2.88	86.1
	Medical	1,583	2.34	2.31	101.3
	Total	2,364	2.34	2.47	94.7
Otago	Surgical	2,143	3.79	3.85	98.4
	Medical	3,928	2.73	2.60	105.0
	Total	6,332	3.08	3.02	102.0
Southland	Surgical	865	2.60	2.88	90.3
	Medical	2,237	2.27	2.28	99.6
	Total	3,241	2.32	2.40	96.7

**Figure 20:** Average Length of Stay – all DHBs



**Figure 21:** Average Length of Stay – each DHB



## **Daycase Procedures**

### **Measure description**

The rate is calculated by dividing the number of daycase procedures (from the eligible daycase procedure list<sup>8</sup>) performed during the 12 months to the end of the quarter, by the total number of eligible procedures performed during the 12 months to the end of the quarter.

One limitation of this measure is that it only includes the procedures outlined in the list. There are other procedures, not listed, that can be performed on a daycase basis. Another limitation for some DHBs is that some patients have other conditions, such as diabetes and coronary heart disease that can make it unsuitable for them to have some procedures performance on a daycase basis. A third limitation is that some DHBs may have a lot of patients requiring some of the simpler procedures on the eligible procedure list, which are more readily undertaken as a daycase. Whereas other DHBs may have more patients requiring the more complex procedures that can be more challenging to perform as a daycase.

This report includes the following additional analysis that provides daycase performance for all electives (with a very limited exclusion list), further broken down into surgical and medical results. This will be expressed as an 'expected' daycase rate. The expected daycase rate is the sector average daycase procedure rate for each DRG when applied to an individual DHB's exact casemix for the quarter. The analysis will include medical, surgical, and total DRGs, but will exclude DRGs classified as 'other'. This will be the sole method of analysis used in the Hospital Benchmark Information report from the September 2006 quarter.

### **Results for the quarter**

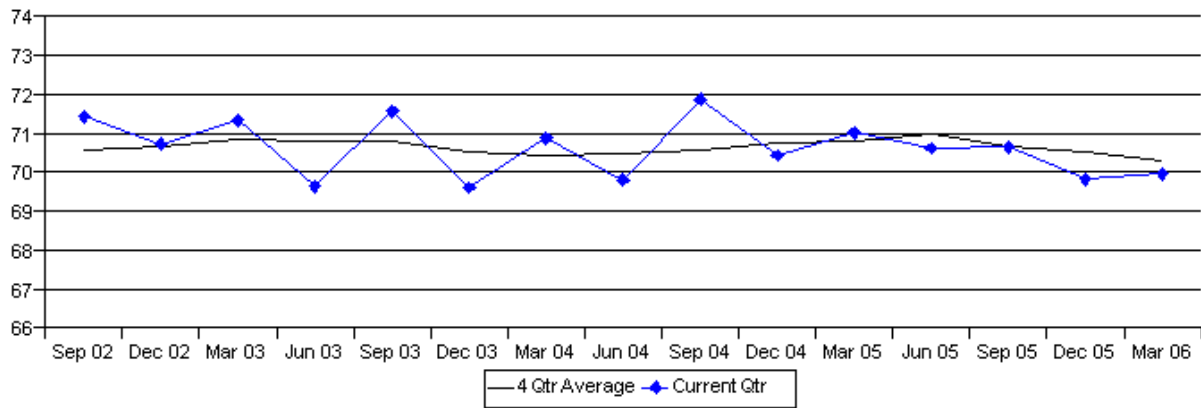
The daycase rate for all DHBs has trended down for the last three quarters. However, this change is not significant. As can be seen in Figure 22, using the older prescriptive list of daycase procedures, there was very little change in the percentage of procedures performed as daycase from quarter to quarter over the last few years.

Using the newer analysis (which has very few exclusions), just under 13,000 procedures were performed in the March 2006 quarter, over 1000 less procedures than the December 2005 quarter. The total expected daycase procedure rate across DHBs varied from 25-57%. Only seven DHBs performed a lower percentage of their total cases as daycases than expected and, of those, only four DHBs were behind by more than a percentage point. This was an improvement from the December 2005 quarter, when eight DHBs performed a lower than expected percentage and all of those eight DHBs were two or more percentage points behind.

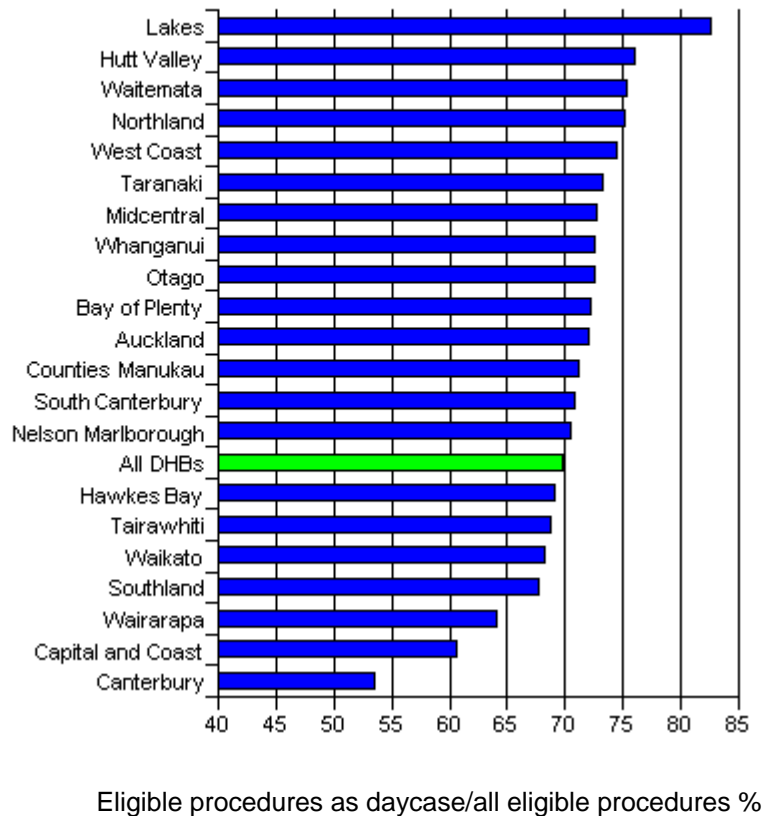
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<sup>8</sup> A list of procedures suitable to be treated as daycase was originally drafted by the Ministry with a team of clinical specialists, and is currently under review.

**Figure 22:** Daycase Procedures – all DHBs



**Figure 23:** Daycase Procedures – each DHB



## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

#### Measure descriptions

Both the Return on Net Funds Employed and the Operating Margin to Revenue measures financial performance. Both Return on Net Funds Employed and Operating Margin to Revenue are influenced by the trends in the operating margin (the numerator). The operating margin for a DHB is the net surplus or deficit.

Because DHBs are publically owned Crown Entities, they do not have shareholders like private companies do. For DHBs, the Crown can be viewed as the shareholder or 'owner'. The money that the Crown originally contributed to DHBs is referred to as 'capital'. The capital will also include any surplus money that is reinvested in the DHB, and any additional payment made by the Crown to cover a deficit or finance capital projects such as new buildings. The Crown requires a fixed payment on the DHBs' capital, and these payments cannot be deferred. This payment is referred to as Capital Charge (the equivalent to a dividend in private organisations). In July 1988, the Capital Charge was set at 11% for DHBs (the rate for government departments at that time). In July 2005, the Crown reduced the Capital Charge that the DHBs have to pay from 11% to 8%.

DHBs also need to borrow money that eventually has to be repaid; this money is referred to as 'debt'. In the past, DHBs could choose to borrow from the Crown or from private organisations such as banks. DHBs are now required to borrow all money from the Crown Health Financing Agency (CHFA—previously the Residual Health Management Unit—RHMU). Some DHBs still have some debt left with private organisations, but if the debt is refinanced, this is done with the CHFA. Interest on money borrowed (debt) is usually at a lower rate than Capital Charge, presently approximately 7%.

The Crown expects a DHB to have enough money available to pay the interest on its debt and its Capital Charge. Allowance for these payments is included in government funding the DHBs receive.

Return on Net Funds Employed =	Net surplus or deficit <sup>9</sup>	%
	Total debt + equity <sup>10</sup>	

An ideal rate for Return on Net Funds Employed (an overall measure of the financial performance of the hospital services of a DHB) is about 8%. This rate means that the hospital services are getting adequate value from using the money they have in debt and equity to pay for the costs associated with having those funds.

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<sup>9</sup> Annualised, ie, the year to date result is multiplied by (12 ÷ number of months in the financial year that have elapsed.)

<sup>10</sup> Taken from the closing financial balance at end of the relevant quarter.

Operating Margin to Revenue =	Net surplus or deficit <sup>9</sup>	%
	Total revenue <sup>10</sup>	

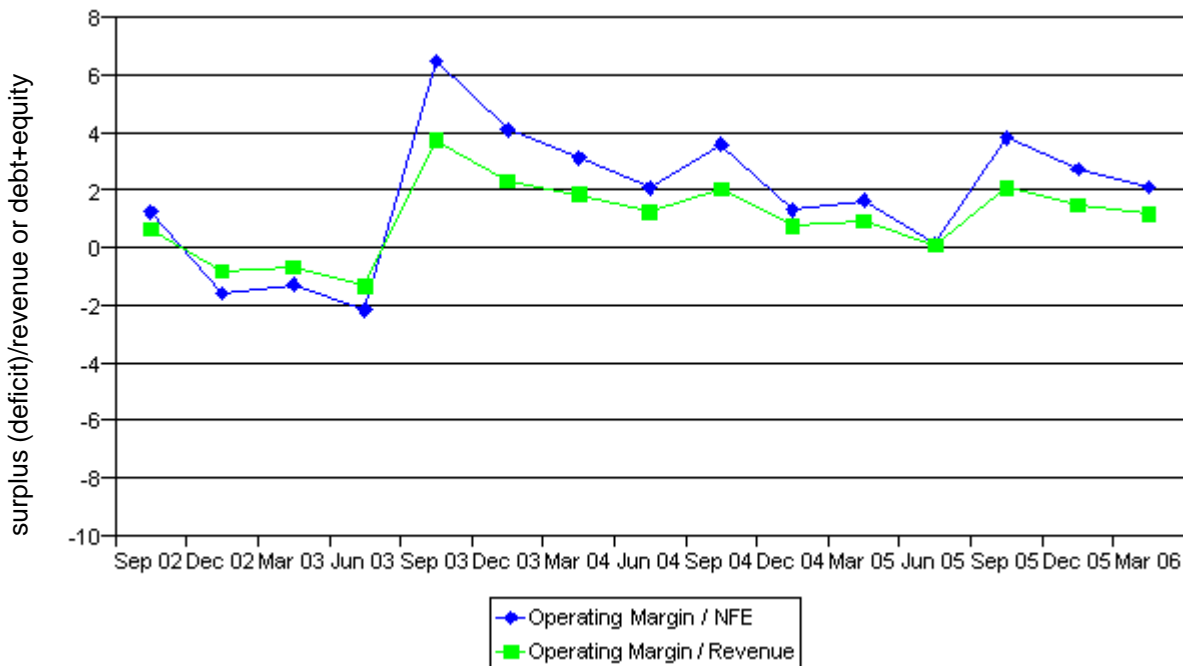
Unlike the Return on Net Funds Employed measure, the Operating Margin to Revenue measure includes an “operational driver,” ie, the rates are influenced by the amount of revenue the DHB is paid for services delivered in that quarter. Operating Margin to Revenue rates that are less than 1 suggest that the hospital services are spending too much on delivering services and do not have enough money remaining, from the revenue they are paid, to pay interest and Capital Charge.

Return on Net Funds Employed and Operating Margin to Revenue allow comparison between different sized DHBs, as the results are relative to the financial turnover of the organisation.

### Results for the quarter

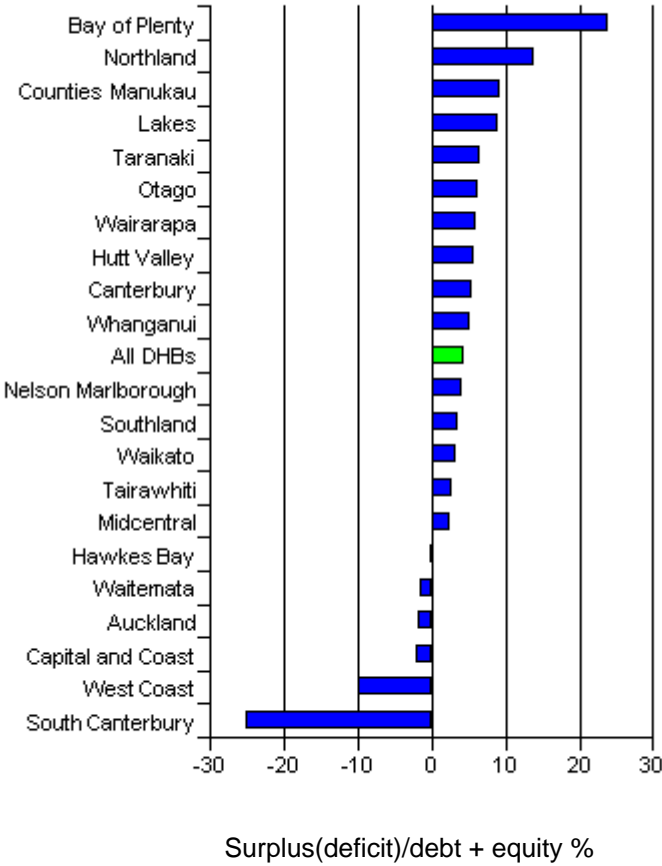
The results for this measure are presented in the following graphs and table. The individual DHB results are presented in tabular form in Section 3 of this report.

**Figure 24:** Return on Net Funds Employed and Operation Margin to Revenue – all DHBs

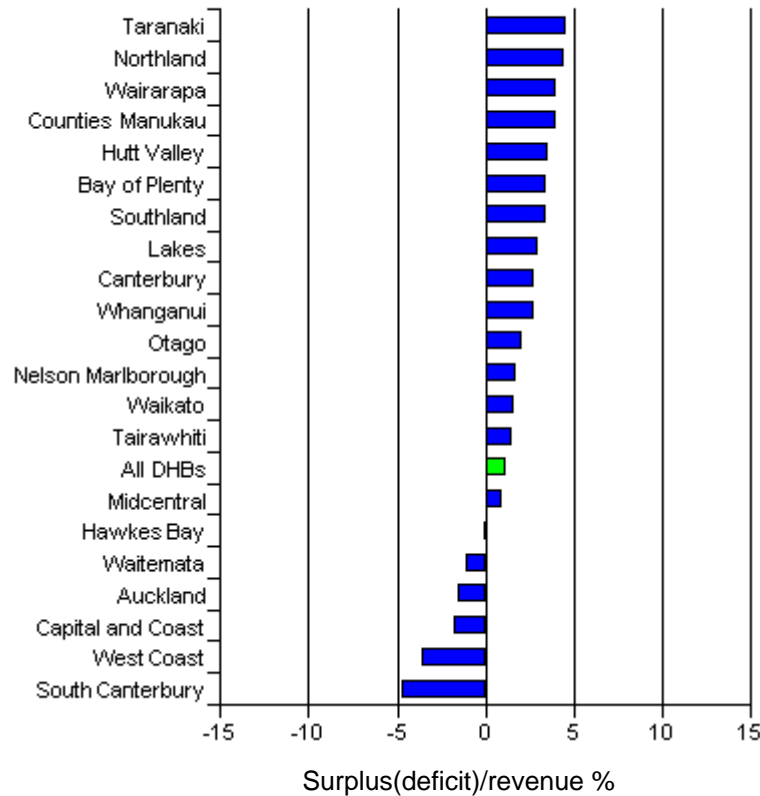


	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	2.11	2.73	3.83	0.13	1.63	1.30	3.59	2.07
Revenue	1.16	1.48	2.07	0.07	0.92	0.76	2.02	1.24

**Figure 25:** Return on Net Funds Employed – each DHB



**Figure 26:** Operating Margin to Revenue



**Revenue to Net Funds Employed**

**Measure description**

The Revenue to Net Funds Employed measure is similar to the Return on Net Funds Employed measure in that it is influenced by the way hospital services manage the money they borrow (debt or equity), and the assets they have such as buildings.

Revenue to Net Funds Employed =	Total revenue <sup>8</sup>
	Total debt + equity <sup>9</sup>

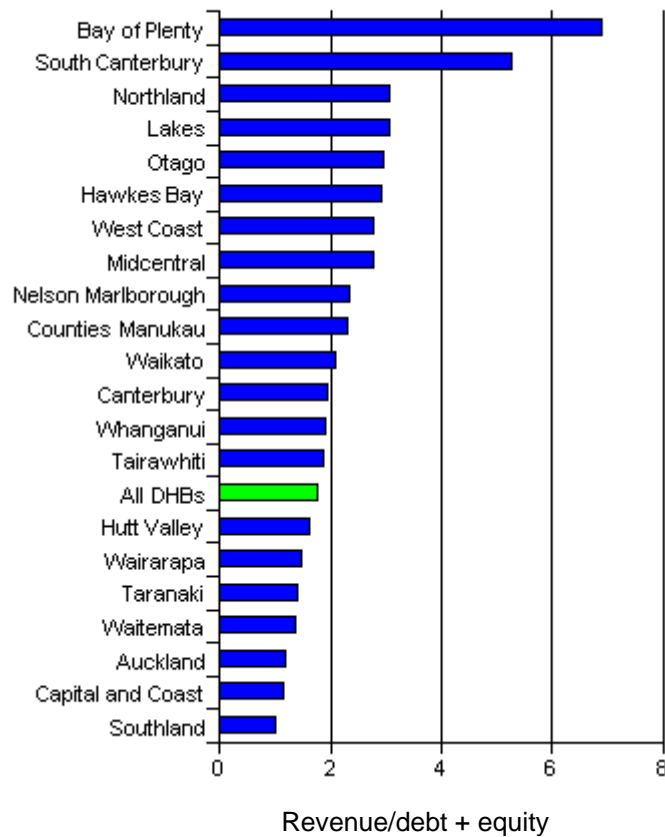
A Revenue to Net Funds Employed rate below 1 may indicate that the hospital services have borrowed more money or have more assets (eg, buildings) in proportion to the amount of services they are delivering.

**Results for the quarter**

The results for this measure are presented in the following graphs and table. The individual DHB results are presented in tabular form in Section 3 of this report.

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	1.82	1.84	1.85	1.75	1.77	1.72	1.77	1.67

**Figure 27:** Revenue to Net Funds Employed – each DHB



**Debt: Debt + Equity**

**Measure description**

DHBs are expected by the Crown to manage their finances responsibly. One of the ways of doing this is to look at ‘ownership’ of the money that a DHB uses. A DHB is expected to have a balance of capital equity—(from the Crown) and borrowed money (debt).

DHBs are expected to maintain debt at prudent levels and not borrow more than 65% of the amount they have in capital (this is the standard recommended by the Crown Health Financing Agency for most DHBs).

Debt: Debt + Equity Ratio =	Total Debt	%
	Total Debt + Total Equity	

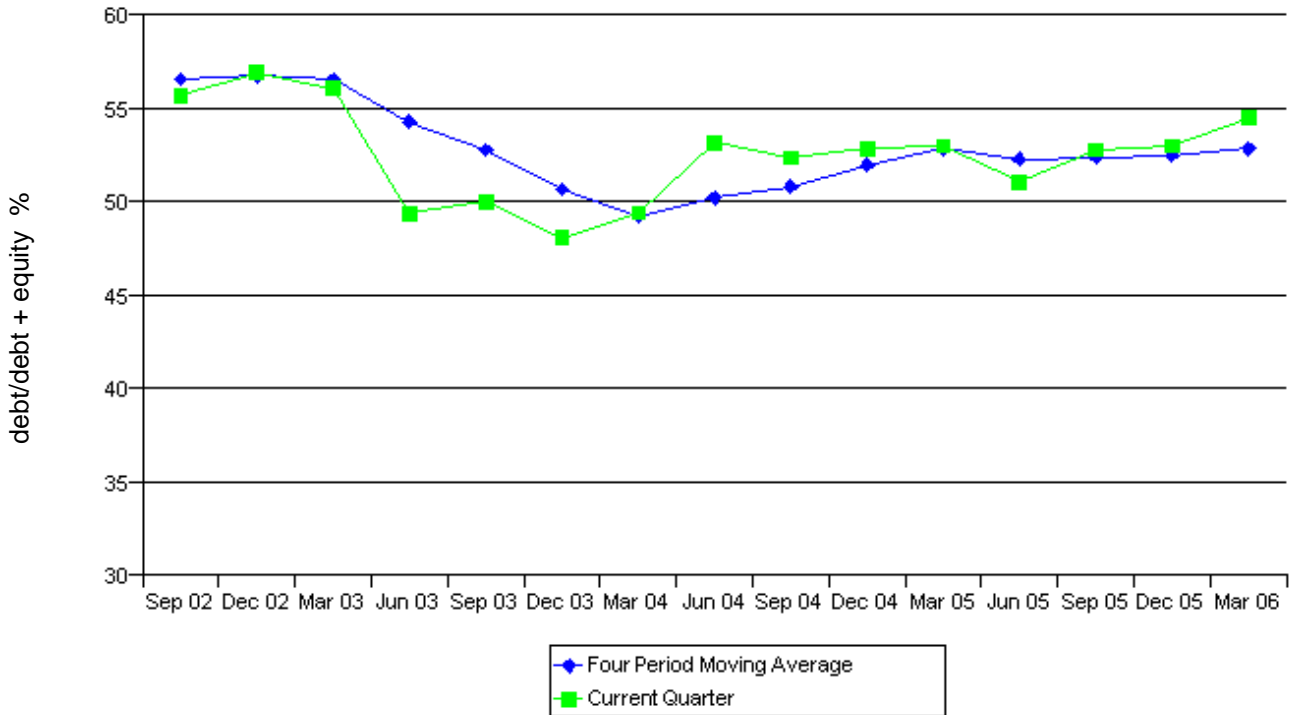
For example, a DHB with a Debt: Debt + Equity rate of 55% has borrowed an amount of money equal to 55% of the amount of money it has in capital. This would be considered prudent as it would be below the standard 65% limit.

**Results for the quarter**

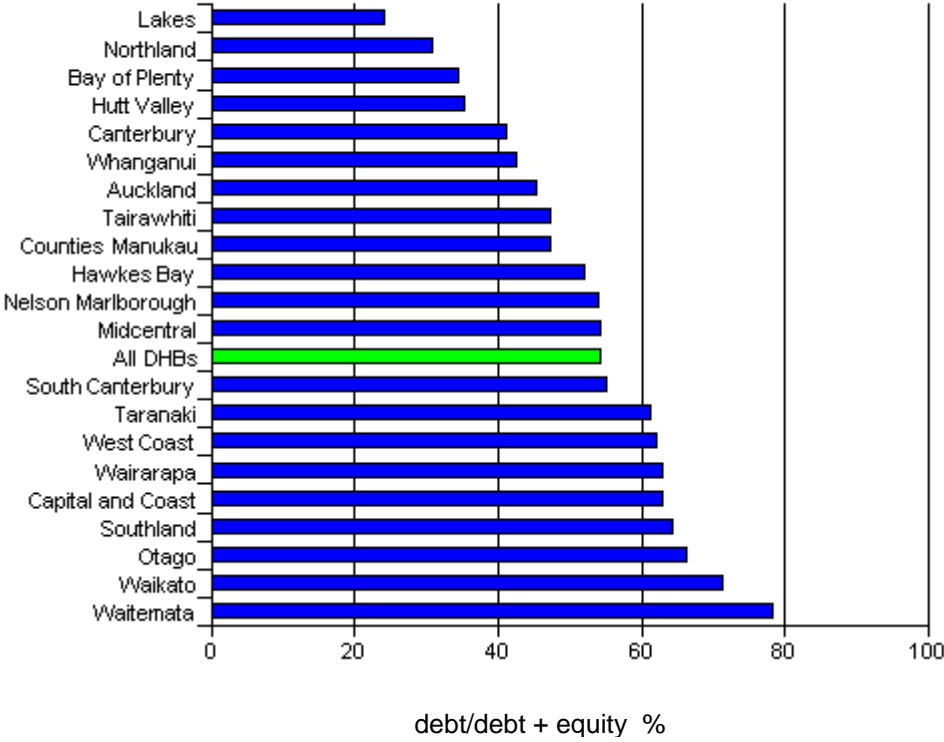
The results for this measure are presented in the following graphs and table. The individual DHB results are presented in tabular form in Section 3 of this report.

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	54.49	52.99	52.75	51.04	52.98	52.83	52.36	53.16

**Figure 28:** Debt/ Debt + Equity Ratio – all DHBs



**Figure 29:** Debt/ Debt + Equity Ratio – each DHB



## Section 3: Appendix I: Individual DHB Results

### Northland DHB hospitals

(Bay of Islands Hospital, Dargaville Hospital, Kaitaia Hospital, Northern Base Hospital – Whangarei)

#### Organisational health quadrant

##### Staff Turnover

The Staff Turnover rate for Northland was 3.83% in the March 2006 quarter. This was the highest result recorded by the DHB since the June 2004 quarter and was above the average result for all DHBs of 3.54% in the March 2006 quarter. However, the DHB's result was below the median<sup>11</sup> result for all DHBs of 4.56%.

##### Staff Stability

In the March 2006 quarter, 51% of resignations from Northland were from staff within two years of their appointment. The DHB's four quarter average rate followed a downward trend, although this quarter's result was higher than the average result of 42% for all DHBs.

##### Sick Leave

Northland's Sick Leave rate of 2.5% was one of the lower rates recorded by any DHB in the March 2006 quarter. However, this was the highest rate ever recorded by the DHB for a March quarter, which resulted in a slight increase in its four quarter average rate to 3.01%.

##### Staff Work-related Injury or Illness

Northland's four quarter average rate was 14.67, which represented an increase from the DHB's previous four quarter rate of 13.13. The DHB's result was one of the higher results recorded by all DHBs in the March 2006 quarter and was above the average rate of 7.91 for all DHBs.

#### Quality and patient satisfaction quadrant

##### Patient Satisfaction

Northland's quarter overall satisfaction rate of 86% in the March 2006 quarter was below the average rate for all DHBs of 87%. It was also the lowest recorded by the DHB for three years.

From the outpatient responses, the only question that had a satisfaction rate under 80% was "please rate our staff on telling you how long you would wait, when you arrived", where the result was 70%. The DHB also recorded the lowest satisfaction level (80%) of all DHB for the question about staff providing information about the patient's treatment options. From the inpatient responses, five questions had a satisfaction rate below 80%. These questions related to the information given in the Emergency Department about the time the patients would wait (71%) and information about how the

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<sup>11</sup> The middle point of a distribution. Half the data will be above the point, and half will be below the point.

staff would treat the patient's problem (75%), how much the patient liked the food provided in the hospital (66%), offering choices specific to the patient's culture (77%), and organising the patient's care with other health care providers (79%). All of these rates were lower than recorded by the DHB in the December 2005 quarter.

For the March 2006 quarter, Northland did not have a match between its respondent group and its patient group for the quarter in gender, age or ethnicity for inpatients and outpatients.

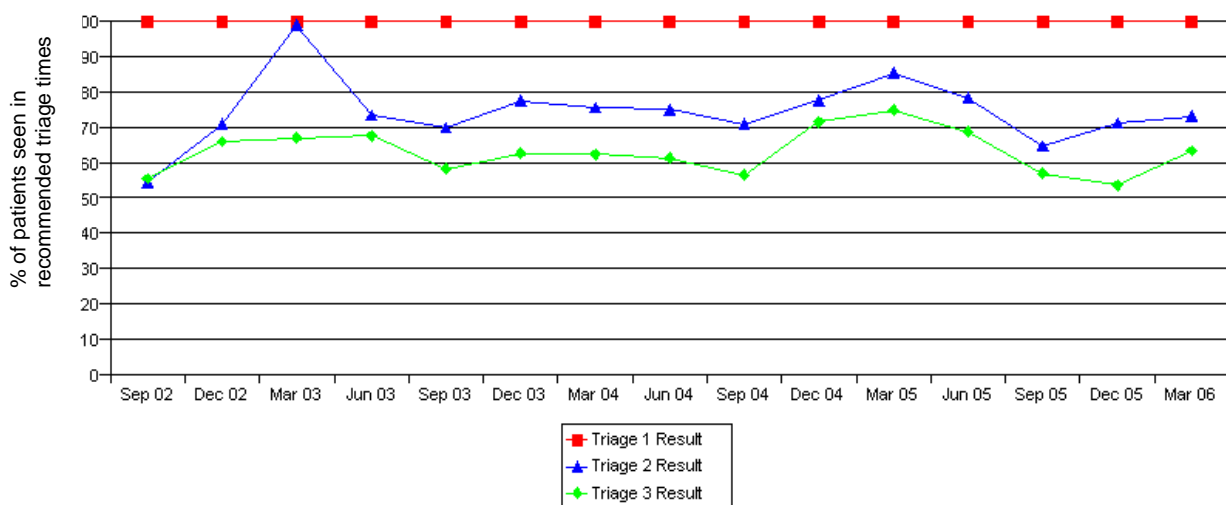
### Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	81.20	80.45	76.30	67.80	70.00	72.34	65.35	72.22

### Emergency Triage Times (Bay of Islands, Dargaville, Kaitaia and Whangarei Emergency Departments)

Northland continued to meet the benchmark for triage code 1 in the March 2006 quarter, but did not meet the benchmarks for triage codes 2 (result 73%) and 3 (result, 63%), although these were the highest results recorded by the DHB since the June 2005 quarter. The trend in patient numbers in codes 2 and 3 has been stable for the last two quarters.

Figure 30: Triage rates – Northland



### Hospital Acquired Bloodstream Infections

The four quarter rate was 0.59 in the March 2006 quarter, less than the previous four quarter result of 0.96 and below the four quarter average rate for secondary hospitals of 1.19. The DHB's trend in this measure has been falling since the March 2005 quarter.

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	97.71	102.79	98.44	89.32	100.41	96.39	98.89	95.46

### Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	102.61	101.61	99.44	108.69	102.25	99.93	100.57	107.24

### Average Length of Stay

Northland DHB consistently records one of the lowest lengths of stay of all DHBs, with a particularly good result in the March 2006 quarter for its medical DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1,624	3.01	3.13	96.2
Medical	4,915	2.12	2.52	84.1
Total	6,680	2.34	2.66	88.0

### Daycase Procedures

Northland continued to perform well on Daycase procedures in the March 2006 quarter, with more surgical and medical cases being performed than expected.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1,189	53.2	50.1	106.2
Medical	1,115	34.7	31.0	111.9
Total	2,371	44.9	41.8	107.4

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	13.94	17.42	11.32	-1.10	12.26	10.10	12.86	9.47
Revenue	4.48	5.52	3.47	-0.36	4.70	3.82	4.89	4.01

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	3.11	3.16	3.26	3.04.	2.61	2.64	2.63	2.36

### Debt: Debt + Equity

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	31.17	29.88	31.16	31.41	27.47	27.96	27.79	25.69

## **Waitemata DHB hospitals**

(North Shore Hospital, Mason Clinic, Taharoto Hospital, Te Atarau Unit, Wilson Centre, Waitakere Hospital)

### **Organisational health quadrant**

#### **Staff Turnover**

In the March 2006 quarter, the Staff Turnover rate for Waitemata increased to the highest rate (3.8%) recorded by the DHB for three years. The DHB's rate was also above the average rate of 3.54% for all DHBs, but was below the median result of 4.56%.

#### **Staff Stability**

In the March 2006 quarter, 48% of resignations from Waitemata were from staff within two years of their appointment. Both the actual number of resignations and the number of resignations with less than two years' service increased to the highest level recorded by the DHB in three years.

#### **Sick Leave**

The DHB's rate of 2.9% was one of the highest recorded by all DHBs in the March 2006 quarter, and was the highest March quarter result recorded by the DHB in three years. This resulted in an increase in the four quarter average rate to 3.1%, which was equal to the average four quarter rate for all DHBs.

#### **Staff Work-related Injury or Illness**

Waitemata's four quarter average rate of 4.17 was the second lowest recorded by any DHB in the March 2006 quarter. However, it did represent an increase from the DHB's previous four quarter result of 3.02.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 86% for the March 2006 quarter, which was lower than the average rate of 87% for all DHBs combined.

From the outpatient responses, only one question had a satisfaction rate below 80%. This was "Please rate our staff on telling you how long you would wait, when you arrived" (69%). From the inpatient responses, Waitemata's results for the questions asking patients how much they liked the food provided in the hospital (62%), explaining the patient's problem to them (78%), organising the patient's care with other health care providers (77%) and information provided to the patient about treatment options (78%) were the lowest of all DHBs. Five other questions had a satisfaction rate below 80%.

For Waitemata, the survey response group matched the patient group for gender in both inpatient and outpatient groups, and for ethnicity for the inpatient group. There was no match for age.

### Percentage of Complaints Resolved/Closed

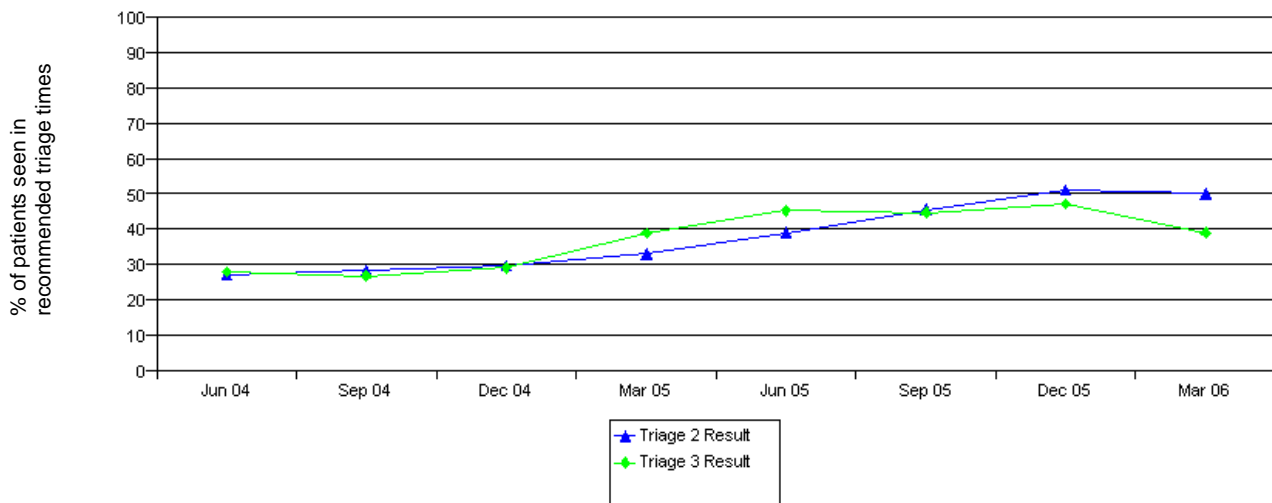
	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	55.62	57.82	62.38	48.00	64.84	57.82	52.89	46.61

### Emergency Triage Times (North Shore and Waitakere Emergency Departments)

The Emergency Departments have not yet been able to report accurate data on Triage Times for triage code 1 due to an incompatibility between computer systems and some data entry problems (such as wrong triage codes, late recording of treatment times). It is hoped it will be able to report accurate data in future 2005/06 quarters.

Waitemata’s Triage code 2 rate of 50% was slightly lower than the previous quarter, but was still a high result for the DHB. The DHB’s rate of 39% in triage code 3 was the lowest reported by the DHB since the previous March quarter, although the patient numbers in the March 2006 quarter were significantly higher.

**Figure 30:** Triage rates (2 & 3) – Waitemata



### Hospital Acquired Bloodstream Infections

The four quarter average rate of 1.31 in the March 2006 quarter was less than the DHB’s previous four quarter average rate of 1.55. However, the DHB’s rate in the March 2006 quarter was above the four quarter average rate for all DHBs of 1.19. The DHB’s trend in this measure has followed a downward direction since the June 2005 quarter.

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	94.01	95.80	95.09	0.00	94.49	94.35	97.42	95.53

### Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	101.16	101.91	99.33	N/A	101.22	100.26	100.20	105.31

### Average Length of Stay

Waitemata recorded a shorter average length overall than expected for its casemix, due to a better performance on both its medical and surgical DRGs than the average sector rate for those DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	2,686	3.52	3.79	92.9
Medical	12,975	2.14	2.21	97.1
Total	16,040	2.39	2.48	96.3

### Daycase Procedures

Waitemata recorded a very low expected rate of procedures as Daycase. It performed more cases than expected as Daycase for surgical DRGs and slightly less than expected for medical DRGs, leading to a total rate better than expected for the March 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1,875	37.8	33.0	114.5
Medical	3,263	16.6	18.9	87.8
Total	5,205	25.1	24.6	102.0

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	-1.59	-0.91	-1.61	-0.53	0.61	1.24	3.93	0.10
Revenue	-1.12	-0.62	-1.08	-0.38	0.46	1.08	2.87	0.09

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	1.42	1.46	1.49	1.39	1.34	1.14	1.37	1.09

### Debt: Debt + Equity

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	78.65	75.69	73.41	71.27	68.74	70.95	63.28	66.31

## **Auckland DHB hospitals**

(Auckland City Hospital including Women's Health and Starship Children's Health and Greenlane Clinical Centre)

### **Organisational health quadrant**

#### **Staff Turnover**

Auckland's Staff Turnover rate of 4.1% was one of the higher rates recorded by any DHB in the March 2006 quarter. However, the DHB's trend has stabilised in the past two quarters after six quarters of successive increases.

#### **Staff Stability**

In the March 2006 quarter, 40% of resignations from Auckland were from staff within two years of their appointment. While this was one of the highest results of any DHB in the quarter, the March 2006 quarter result was the lowest recorded by the DHB for three years.

#### **Sick Leave**

Auckland's Sick Leave rate for the March 2006 quarter of 2.7% was the highest recorded by the DHB since the September 2003 quarter. The DHB's rate has been trending upwards for the past two quarters and, although the DHB normally records a rate below the all DHBs' average, this quarter the rate was equal to the average rate for all DHBs.

#### **Staff Work-related Injury or Illness**

As is usual for the DHB, the four quarter average rate of 4.75 was one of the lowest recorded by all DHBs. The March 2006 quarter result also represented a decrease from the previous four quarter rate of 8.20 and followed the downward trend in the rate that started in the March 2005 quarter.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 86% for the March 2006 quarter, which was below the average rate of 87% for all DHBs combined for the same quarter.

From the outpatient responses, two questions recorded the lowest satisfaction rates of all DHBs in the quarter. These were the questions about telling patients how long they would wait (63%) and the question about the staff's effort to help make an appointment time that suited the patient (78%). The DHB also recorded a low satisfaction level from the question "Please rate our staff on offering choices specific to your culture", where the result was 78%. From the inpatient responses, the question about how much the patient liked the food provided in the hospital yielded the lowest satisfaction rate (63%). The satisfaction rate recorded by the DHB was below 80% for five other questions.

For Auckland the survey response group did not match the patient group in terms of age, gender and ethnicity for inpatients, and ethnicity and age for outpatients.

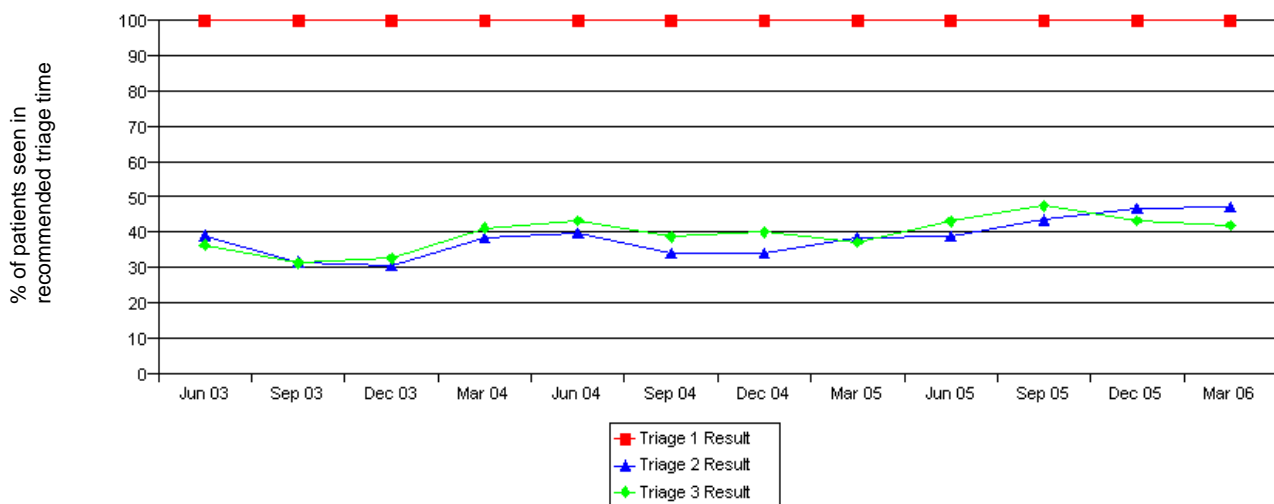
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	54.30	66.91	57.56	69.10	28.38	56.52	46.15	41.92

## Emergency Triage Times (Auckland City Hospital Emergency Department and Child – Emergency Department)

Auckland met the benchmark for triage 1 patients. While the rate for triage code 2 remained similar to the last quarter, the four quarter moving average shows a steady increase in the rate since the June 2005 quarter, although the trend in patient numbers in this code remained stable over the same period of time. The rate for triage code 3 fell in the March 2006 quarter, while patient numbers in the same triage code remained virtually unchanged from the previous quarter. However, the four quarter moving trend in the triage code 3 rate has increased steadily since the December 2004 quarter.

**Figure 32:** Triage rates – Auckland



## Hospital Acquired Bloodstream Infections

The DHB's four quarter average rate of 6.85 was the highest recorded by any DHB, but represented a decrease from the DHB's previous four quarter average result of 6.98. The DHB's trend in this measure has remained relatively stable since the June 2004 quarter.

## Resource Utilisation

	Mar 2005	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	104.75	101.23	111.27	101.97	92.24	94.63	92.42	87.87

## Performance to Contract

	Mar 2005	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	99.11	109.52	95.19	114.04	98.69	101.99	100.48	101.00

## Average Length of Stay

Auckland completed the largest number of procedures of all DHBs in the March 2006 quarter, and both its surgical and medical DRGs were completed with a shorter length of stay than would be expected when the sector averages are applied to the DHB's casemix.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	5,876	4.04	4.13	97.8
Medical	16,772	1.96	2.17	90.3
Total	24,139	2.44	2.62	92.8

## Daycase Procedures

Auckland completed the expected percentage of both surgical and medical DRGs as Daycase procedures.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	3,908	44.6	43.1	103.5
Medical	4,511	38.2	38.1	100.3
Total	9,498	44.5	44.3	100.5

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	-1.88	-1.10	0.37	-12.05	-15.67	-14.52	-14.21	-9.71
Revenue	-1.53	-0.92	0.31	-10.94	-11.89	-10.83	-10.21	-7.46

**Revenue to Net Funds Employed**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
Asset	1.22	1.21	1.19	1.10	1.32	1.34	1.39	1.30

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	45.68	45.17	48.21	45.42	58.00	50.55	60.38	58.96

## **Counties Manukau DHB hospitals**

(Middlemore Hospital, Manukau Superclinic, Manukau Surgery Centre, Botany Superclinic, Botany Maternity, Awhinita, Pukekohe Maternity, Pukekohe Geriatric Hospital, Papakura Maternity, Franklin Geriatric Hospital, and Otara Spinal Unit)

### **Organisational health quadrant**

#### **Staff Turnover**

The Staff Turnover rate for Counties Manukau of 2.85% was the second lowest rate recorded by any DHB in the March 2006 quarter. The DHB's rate has been trending downward since the December 2003 quarter.

#### **Staff Stability**

In the March 2006 quarter, 48% of resignations from Counties Manukau were from staff within two years of their appointment. This was above the average rate of 42% for all DHBs in the March 2006 quarter. The DHB's rate has been trending upwards since the December 2003 quarter.

#### **Sick Leave**

The trend in the DHB's Sick Leave rate has remained relatively stable since the December 2003 quarter. In the March 2006 quarter, the DHB's result of 2.5% remained below the average of 2.7% for all DHBs.

#### **Staff Work-related Injury or Illness**

The DHB's four quarter average rate of 7.08 was below the average rate for all DHBs of 7.91 and was also lower than the DHB's previous four quarter average rate of 9.46. The DHB's results have been trending down since the March 2004 quarter.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 84% for the quarter, which was the lowest recorded by any DHB in the quarter, and also the lowest recorded by the DHB since the March 2004 quarter.

From the outpatient responses, the satisfaction rate was under 80% for only one question, which was about telling patients how long they would wait, when they arrived (67%). From the inpatient responses, Counties Manukau recorded the lowest satisfaction rate of all DHBs in 8 of the 17 questions.

Counties Manukau did not have the same age groupings in the response group as were in the patient group for the quarter. There was no match for ethnicity or age in either the inpatient or the outpatient groups.

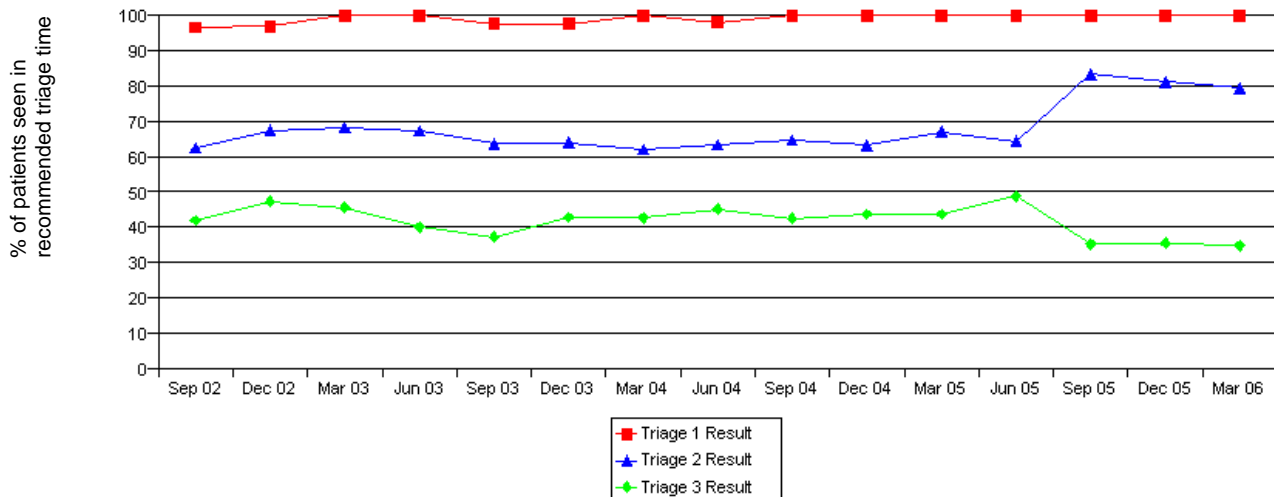
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	87.14	83.98	93.46	91.16	89.38	90.06	80.98	69.77

## Emergency Triage Times (Middlemore Hospital Emergency Department)

Counties Manukau met the benchmark for triage code 1, and was just under the benchmark of 80% for triage code 2 with a result of 79%. The number of patients in triage code 3 was similar to the last quarter, but those patient numbers have fallen to just over half the number that presented to the Emergency Department in the September 2004 quarter. The Triage Time rate for triage code 3 remained stable at 35%.

**Figure 33:** Triage rates – Counties Manukau



## Hospital Acquired Bloodstream Infections

The DHB's four quarter average rate of 2.04 was the lowest of all tertiary DHBs in the March 2006 quarter. However, the quarter's result was higher than the DHB's previous four quarter average result of 1.93. The DHB's rate has been trending gently upwards since the June 2004 quarter.

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	77.81	76.40	70.80	72.16	76.93	73.83	88.02	80.37

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	102.07	98.73	85.64	101.87	101.76	94.75	104.10	100.97

## Average Length of Stay

Counties Manukau's overall Average Length of Stay rate for the March 2006 quarter was slightly shorter than expected for its casemix, due to good results in the bulk of its cases, its medical DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	4,059	3.23	3.10	104.0
Medical	12,662	1.95	2.09	93.4
Total	17,252	2.29	2.35	97.7

## Daycase Procedures

Like its Average Length of Stay rate, Counties Manukau's Daycase rate was slightly better than expected overall due to good results on the medical portion of its DRGs in the March 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	2,307	50.4	51.8	97.3
Medical	2,545	34.3	26.2	130.9
Total	4,969	42.5	39.0	108.9

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	9.23	9.15	8.91	9.69	10.94	8.23	8.72	7.91
Revenue	3.94	3.82	3.68	3.97	4.43	3.81	4.36	4.44

**Revenue to Net Funds Employed**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
Asset	2.34	2.40	2.42	2.44	2.47	2.16	2.00	1.78

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	47.64	46.96	46.87	46.40	43.95	52.01	54.18	59.20

## **Waikato DHB hospitals**

(Matariki Hospital, Rhodo Reid Hospital, Taumaranui Hospital, Te Kuiti Hospital, Thames Hospital, Tokoroa Hospital, Waikato Hospital)

### **Organisational health quadrant**

#### **Staff Turnover**

Waikato recorded the second lowest Staff Turnover rate of all DHBs in the March 2006 quarter. However, its rate of 2.97% reversed the DHB's downward trend that started in the September 2004 quarter.

#### **Staff Stability**

The percentage of staff resigning within two years of their appointment fell to 35%, which was the lowest rate recorded by the DHB since the September 2004 quarter. The DHB's rate was one of the lowest recorded by any DHB in the March 2006 quarter.

#### **Sick Leave**

The DHB's Sick Leave rate trended slightly upwards as its March 2006 result of 3.1% was the highest March quarter result for three years. The DHB's result was also the third highest recorded by any DHB in the March 2006 quarter.

#### **Staff Work-related Injury or Illness**

Waikato's four quarter average rate was 7.33 in the March 2006 quarter, which was lower than the average rate for all DHBs of 7.91. Waikato's trend in this measure has tended to fluctuate, but fell slightly this quarter, due to two successive falls in the actual quarter rates.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 88% in the quarter, which was above the average rate of 87% for all DHBs combined.

From the outpatient responses, the satisfaction rate was under 80% for the question about telling patients how long they would wait when they arrived (70%), which was the lowest result recorded by the DHB for this question in five quarters. From the inpatient responses, 3 out of 17 questions had a satisfaction rate below 80%. These questions related to the information provided in the Emergency Department about treatment (78%), about the waiting time (74%), and how much the patient liked the food provided in the hospital (75%). Although the satisfaction rate for the question about offering choices specific to the patient's culture was 80%, this was the lowest recorded by any DHB.

For Waikato, the survey response group matched the patient group in terms of gender for the inpatient group and for age, gender and ethnicity in the outpatient group.

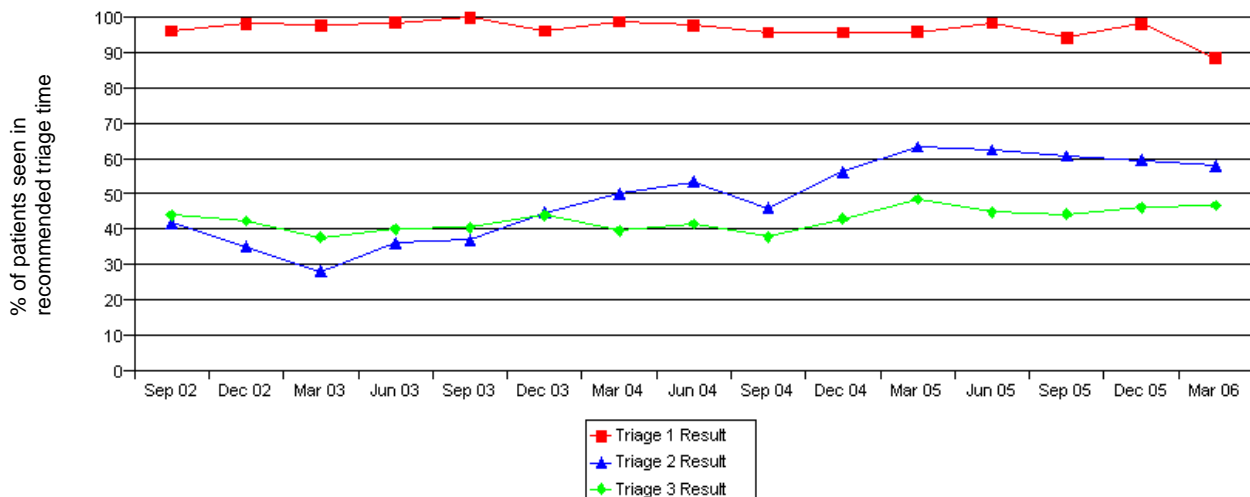
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	54.89	62.08	58.45	68.73	60.22	71.98	68.29	59.75

## Emergency Triage Times (Taumaranui Hospital, Te Kuiti Hospital, Thames Hospital, Tokoroa Hospital and Waikato Hospital Emergency Departments)

In the March 2006 quarter, the rate for triage code 1 was 89%. This represented six patients (out of 61) who were not recorded as having treatment commenced immediately by a doctor. This has been investigated by the DHB, and the DHB concluded all Triage code 1 patients had treatment commenced by a doctor immediately. The data recording issues have been resolved. The rate for triage code 2 continued to drop slightly to 58% in the March 2006 quarter, while the rate for triage code 3 increased slightly to reach 47%. There was an upward four quarter trend in the number of patients in both codes.

**Figure 34:** Triage rates – Waikato



## Hospital Acquired Bloodstream Infections

The DHB's four quarter average result of 4.88 was higher than the average result of 4.08 for tertiary hospitals in the March 2006 quarter, but the DHB's result was lower than its previous four quarter result of 5.18. The DHB's trend in this measure has remained relatively stable since the September 2004 quarter.

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	96.71	98.70	101.92	98.32	99.53	97.87	102.69	97.17

### Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	101.96	100.32	99.64	107.00	104.43	99.62	99.00	102.12

### Average Length of Stay

The Average Length of Stay rate at Waikato was longer than expected for its casemix in the March 2006 quarter, particularly for its cases with surgical DRGs. Waikato consistently records one of the longer average lengths of stay.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	3,845	4.30	3.73	115.4
Medical	9,606	2.48	2.33	106.4
Total	14,092	2.98	2.71	109.9

### Daycase Procedures

Waikato DHB did not achieve the expected rates of daycases in either surgical or medical cases for the March 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	2,517	43.8	45.8	95.6
Medical	2,364	31.7	37.3	85.0
Total	5,252	39.3	43.1	91.2

## Financial Quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	3.31	6.02	10.20	4.33	6.49	5.49	12.50	5.42
Revenue	1.57	2.57	4.17	1.84	2.71	2.77	5.03	2.30

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	2.11	2.34	2.45	2.36	2.40	1.98	2.49	2.36

### Debt: Debt + Equity

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	71.45	66.83	64.87	65.28	61.63	68.27	59.68	60.72

## **Bay of Plenty DHB hospitals**

(Tauranga and Whakatane Hospitals)

### **Organisational health quadrant**

#### **Staff Turnover**

The Staff Turnover rate was 4.05% in the March 2006 quarter, which was one of the lowest recorded by any DHB in the quarter. The trend in the DHB's rate has been stable since the March 2004 quarter.

#### **Staff Stability**

In the March 2006 quarter, 55% of resignations from Bay of Plenty were from staff within two years of their appointment. While this is less than the previous two quarters, the DHB's four quarter average rate of 56% was the highest recorded by any DHB in the March 2006 quarter.

#### **Sick Leave**

Bay of Plenty recorded the second highest Sick Leave rate of all DHBs in the March 2006 quarter with a result of 3.29%. The DHB's trend in this measure fell slightly in the June 2005 quarter and has remained relatively stable since. As stated in the previous report, the DHB undertakes active sick leave management and return to work programmes.

#### **Staff Work-related Injury or Illness**

The four quarter average rate was 16.71 in the March 2006 quarter, which represented an increase from the previous result of 12.91. The DHB's four quarter result in the March 2006 quarter was the third highest of all DHBs.

However, the actual result for the March quarter of 12.39 was a rate more typical for the DHB, with 11 events of work-related injury or illnesses reported in the quarter, just over half the number reported in the previous two quarters. This result has halted the upward trend for the DHB in this rate.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 88% for the March 2006 quarter, which was higher than the average rate of 87% for all DHBs combined for the same quarter. The DHB's rate has been trending down since the March 2004 quarter.

From the outpatient responses, the satisfaction rate was under 80% for the question about telling patients how long they would wait when they arrived (71%). However, this was above the average rate for all DHBs for this question. From the inpatient responses, three questions had a satisfaction rate below 80%. These questions related to information the Emergency Department provided about waiting time (73%), how much patients like the food provided (63%), and preparation for leaving hospital (76%).

For Bay of Plenty, the survey response group did not match the patient group in terms of age, gender or ethnicity.

## Percentage of Complaints Resolved/Closed

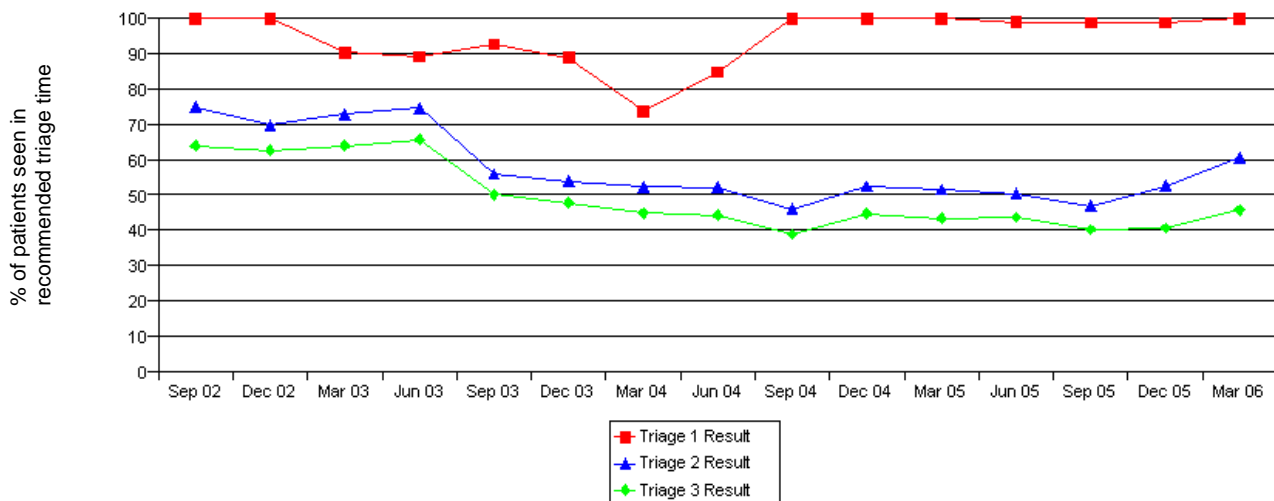
Bay of Plenty identified that there was a slight variance in the way the data for this measure was collected. This explains the lower result this quarter. The DHB is reviewing the data and expects the data collection issue to be resolved in future quarters.

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	57.38	75.82	85.33	84.09	74.19	76.60	86.96	84.91

## Emergency Triage Times (Tauranga Hospital and Whakatane Hospital Emergency Departments)

Bay of Plenty met the benchmark for triage code 1 and both triage codes 2 and 3 increased to two year highs. The rate for triage 2 was 61% and the rate for triage 3 was 46%. The four quarter average trend in patient numbers increased for both codes.

**Figure 35:** Triage rates – Bay of Plenty



## Hospital Acquired Bloodstream Infections

The DHB's four quarter rate of 1.79 was higher than the average rate for secondary hospitals, but represented a decrease from the DHB's previous four quarter result of 2.15. This continued the downward trend that started in the last quarter, after no movement in the trend for the previous year.

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	103.82	99.13	102.83	94.30	97.29	95.71	109.85	100.11

### Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	101.45	101.94	105.26	102.42	97.70	99.43	102.91	101.41

### Average Length of Stay

The DHB's Average Length of Stay rate was longer than expected for its casemix during the March 2006 quarter, mainly due to the length of stay for its medical DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	2,155	3.17	3.08	102.8
Medical	5,545	2.80	2.43	115.0
Total	8,127	2.88	2.58	111.8

### Daycase Procedures

Bay of Plenty's achieved daycase rates were slightly better than expected for the March 2006 quarter for both its surgical and medical DRGs.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1,533	52.4	50.1	104.6
Medical	1,729	27.4	26.6	103.0
Total	3,478	41.7	40.4	103.2

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	23.84	18.26	22.75	2.63	16.39	12.32	25.77	13.48
Revenue	3.43	2.51	3.15	0.38	2.71	1.99	4.28	2.30

**Revenue to Net Funds Employed**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
Asset	6.95	7.29	7.21	6.98	6.05	6.18	6.02	5.85

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	34.65	29.91	29.68	31.64	27.93	28.99	28.12	29.46

## **Lakes DHB hospitals**

(Rotorua Hospital and Taupo Hospital)

### **Organisational health quadrant**

#### **Staff Turnover**

In the March 2006 quarter, the Staff Turnover rate was 3.98%, which was just above the average rate of 3.54% for all DHBs. The DHB's four quarter moving average trend remained stable.

#### **Staff Stability**

In the March 2006 quarter, 37% of resignations from Lakes were from staff within two years of their appointment. This was below both the average (42%) and the median (39%) rates for all DHBs in the March 2006 quarter. This was also the lowest rate recorded by the DHB since the September 2004 quarter.

#### **Sick Leave**

In the March 2006 quarter, the DHB recorded a Sick Leave result of 2.6%, which was below the average rate (2.7%) for all DHBs. However, the DHB's four quarter average rate of 3.3% was above the four quarter rate of 3% for all DHBs. The trend in the DHB's rate has been stable for the last two quarters.

#### **Staff Work-related Injury or Illness**

Lakes' four quarter average rate of 8.31 was slightly higher than the all DHBs' four quarter average rate of 7.91 in the March 2006 quarter. The DHB's rate trended slightly upward in this quarter, although the four quarter rate remained at a low level.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 86% for the March 2006 quarter, lower than the average rate for all DHBs combined, which was 87%. The trend in the DHB's rate has stabilised after four quarters of climbing steadily.

From the outpatient responses, the satisfaction rate was under 80% for two questions. These were the questions information given to patient on how long they would wait, when they arrived (68%) and rating staff on offering choices specific to the patient's culture (77%). The latter question yielded the lowest satisfaction rating of all DHBs in the quarter. From the inpatient responses, 3 out of 17 questions had a satisfaction rate below 80%. These questions related to information given in the Emergency Department about the waiting time (73%), about how much the patients liked the food provided in the hospital (63%), and preparing the patient for leaving the hospital (77%).

For Lakes, the survey response group did not match the patient group in terms of gender, age and ethnicity in the both the inpatient and outpatient groups.

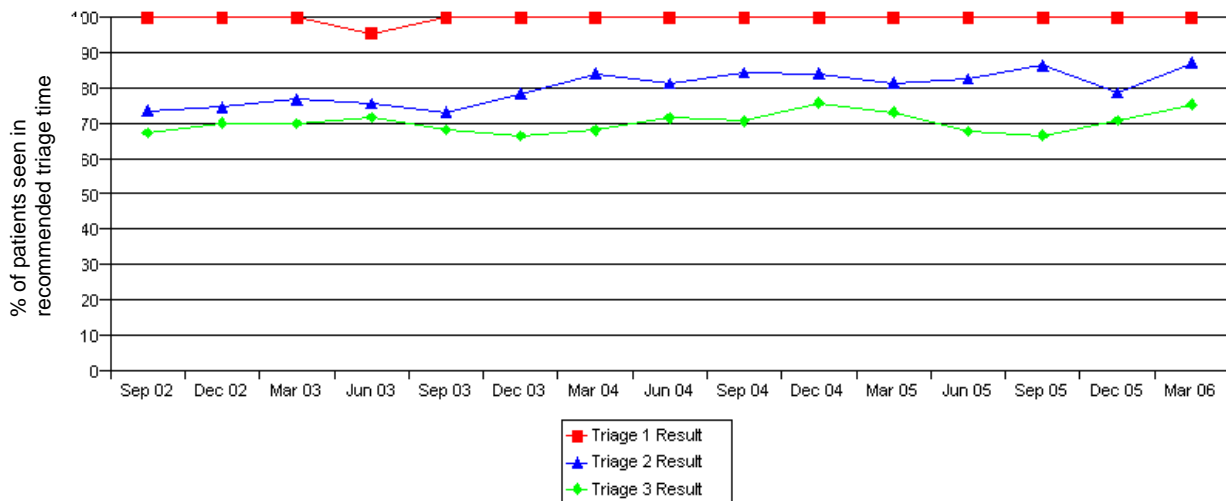
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	67.86	84.45	95.24	79.41	79.17	71.74	65.52	50.00

## Emergency Triage Times (Rotorua and Taupo Hospital Emergency Departments)

Lakes met all three benchmarks, one of only four DHBs to do so in the March 2006 quarter. The Triage code 2 rate was the highest recorded by the DHB for three years, and the Triage code 3 rate was the highest recorded by the DHB since the December 2004 quarter. This was especially notable as the four quarter average trend in patient numbers for both these codes has also been increasing for the past two quarters.

**Figure 36:** Triage rates – Lakes



## Hospital Acquired Bloodstream Infections

The DHB's four quarter average result of 0.60 was just below the DHB's previous four quarter result of 0.62 and was also one of the lowest recorded by any secondary hospital in the March 2006 quarter. The DHB's results in this measure have followed a downward trend for the last two quarters, reversing the previous upward trend that lasted a year.

### Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	98.29	103.77	101.14	101.27	106.39	95.54	97.81	97.17

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	99.67	104.45	98.45	106.13	107.63	100.75	99.33	106.36

## Average Length of Stay

Lakes' Average Length of Stay rate is consistently lower than the all DHBs rate, with the DHB recording a shorter length of stay than expected in both medical and surgical DRGs in the March 2006 quarter.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	968	2.62	2.73	95.7
Medical	3,639	2.08	2.14	97.2
Total	4,740	2.18	2.26	96.3

## Daycase Procedures

Lakes' daycase procedure completion rates are consistently higher than is expected for its mix of cases, particularly for surgical DRGs.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	668	59.9	56.9	105.3
Medical	797	34.5	25.8	133.7
Total	1,544	47.9	42.0	114.0

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	9.05	13.51	20.88	8.47	7.70	-1.02	3.03	9.20
Revenue	2.92	4.32	6.72	2.18	2.80	-0.37	1.12	3.05

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	3.10	3.12	3.11	3.88	2.75	2.79	2.69	3.01

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	24.45	23.89	25.49	0.90	28.11	29.44	28.15	17.11

## **Tairawhiti DHB hospital**

(Gisborne Hospital)

### **Organisational health quadrant**

#### **Staff Turnover**

Tairawhiti's Staff Turnover rate of 3.57% was the lowest recorded by the DHB since the September 2003 quarter and was equal to the average rate for all DHBs in the March 2006 quarter. However, the DHB's four quarter average result of 4.21% was higher than the four quarter average for all DHBs of 3.39%.

#### **Staff Stability**

In the March 2006 quarter, 28% of resignations from Tairawhiti were from staff within two years of their appointment. This was the lowest rate recorded by the DHB for three years and was below the average rate of 42% for all DHBs in the March 2006 quarter.

#### **Sick Leave**

The DHB recorded the lowest Sick Leave rate of any DHB in the March 2006 quarter. Its rate of 1.97% was also the lowest recorded by the DHB for two years. The DHB's trend in this measure has remained relatively stable for the past three years.

#### **Staff Work-related Injury or Illness**

Tairawhiti's four quarter rate increased again to reach 13.79 in the March 2006 quarter. This was among the highest rates recorded by any DHB in this quarter. The DHB's rate has been trending upwards since the December 2004 quarter.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 89.2% for the quarter, which was above the average rate of 87.3% for all DHBs combined for the same quarter. The DHB's trend in this measure has remained stable for some time now.

The only question with a satisfaction rate below 80% was the question about the information provided telling patients how long you would wait, when they arrived (74%). However, this rating was above the average satisfaction rating for all DHBs in the March 2006 quarter. The DHB also recorded the highest satisfaction rating of all DHBs for the questions about the information provided about the patient's problem (91%), about treatment options (87%), and the convenience of the appointment time (88%)

From the inpatient responses, 3 out of 17 questions had a satisfaction rate below 80%. These questions related to the Emergency Department keeping the patient informed about how long they could expect to wait (69%), information about treatment options (79%), and how much the patient liked the food provided (69%). However the DHB also recorded the highest satisfaction level of all DHBs for the question about the staff preparing the patient for leaving hospital (86.7%).

The data from the survey response group matched the patient group in terms of age and gender in both the inpatient and outpatient responses, and in ethnicity in the inpatient responses.

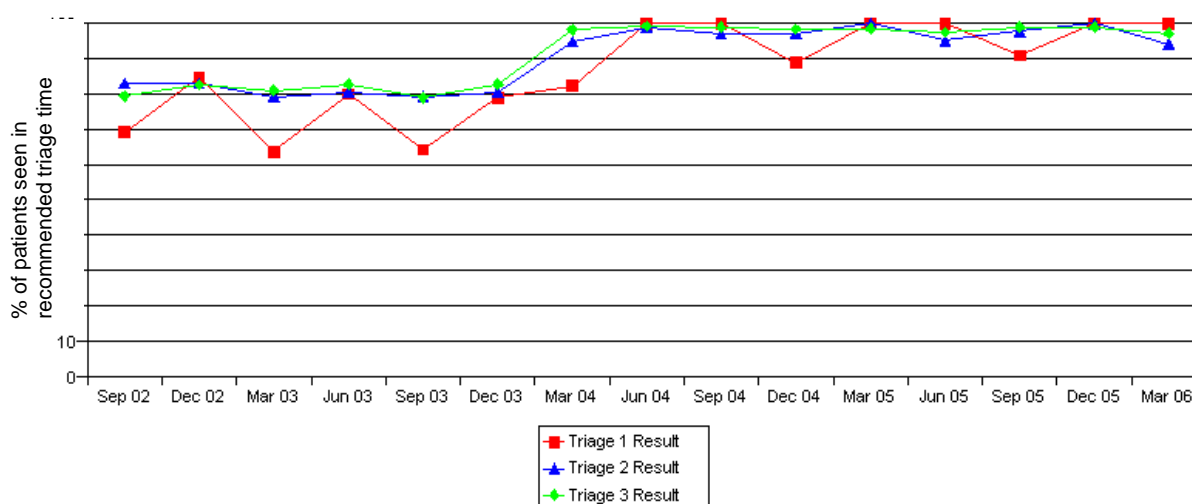
### Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	77.78	50.00	64.00	53.33	86.67	79.31	80.65	88.89

### Emergency Triage Times (Gisborne Hospital Emergency Department)

Tairawhiti continued to meet all of the benchmarks, one of only four DHBs to do so in the March 2006 quarter. However, the DHB's rates in triage codes 2 and 3 did drop slightly. However, these rates are still among the highest recorded by any DHB in the quarter. In the March 2006 quarter, the DHB recorded the highest number of patients in triage code 3 in three years.

Figure 37: Triage rates – Tairawhiti



### Hospital Acquired Bloodstream Infections

The DHB's four quarter rate of 0.90 was below the rate for secondary hospitals of 1.19. The DHB's four quarter moving average rate has trended sharply downwards since the September 2005 quarter.

### Process and efficiency quadrant

#### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	90.96	90.84	91.88	88.72	81.49	86.36	90.10	77.11

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	109.41	105.39	106.21	108.18	96.31	104.07	101.76	92.53

## Average Length of Stay

The Average Length of Stay rate was longer than expected in the March 2006 quarter for both surgical and medical DRGs at Tairawhiti.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	598	2.48	2.32	106.9
Medical	1396	2.40	2.25	106.7
Total	2088	2.40	2.25	106.7

## Daycase Procedures

Tairawhiti did not achieve its total expected rate of daycase procedures performed for the quarter to March 2006, due to its results for surgical DRGs performed as daycase.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	487	53.0	57.3	92.5
Medical	159	52.2	50.8	102.8
Total	690	55.1	57.4	96.0

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	2.81	3.65	4.37	6.04	5.66	4.57	8.70	6.42
Revenue	1.47	1.95	2.38	3.50	3.36	2.75	5.41	4.05

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	1.92	1.87	1.83	1.72	1.68	1.66	1.61	1.59

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	47.47	46.69	45.89	45.69	45.30	45.00	43.99	44.95

## **Taranaki DHB hospitals**

(Hawera Hospital, Taranaki Base Hospital – New Plymouth)

### **Organisational health quadrant**

#### **Staff Turnover**

The DHB recorded a Staff Turnover rate of 3.26% in the March 2006 quarter, which was the highest result recorded by the DHB for three years. However, the DHB's rate remained below the average (3.54%) and the median (4.56%) rates for all DHBs. The DHB's rate has been trending slightly upwards for the past four quarters.

#### **Staff Stability**

In the March 2006 quarter, 18% of resignations from Taranaki were from staff within two years of their appointment. This was the lowest rate recorded by any DHB in the quarter, and was also the lowest recorded by the DHB since the June 2004 quarter.

#### **Sick Leave**

Taranaki's recorded Sick Leave rate of 2.1% was the second lowest of all DHBs in the March 2006 quarter. The DHB's trend in this measure has remained relatively stable for three years.

#### **Staff Work-related Injury or Illness**

Taranaki's rate has been trending down since the March 2005 quarter, and in this quarter the four quarter result fell to 8.1 from the previous four quarter rate of 12.0. However, in the March 2006 quarter, the DHB's rate was just above the average four quarter rate of 7.9 for all DHBs.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 88% for the March 2006 quarter, which was higher than the average rate (87%) for all DHBs combined. The DHB's trend in this measure has been trending gently upwards since the March 2005 quarter.

From the outpatient responses, as with the last three quarters, the satisfaction rate was under 80% for just one question. This was the question about telling patients how long they would wait when they arrived (72%). From the inpatient responses, two questions had a satisfaction rate below 80%. This question related to information in the Emergency Department about the waiting time (78%), and how much the patient liked the food provided (67%).

The data from the survey response group matched both the patient groups in terms of gender and ethnicity, but not in age.

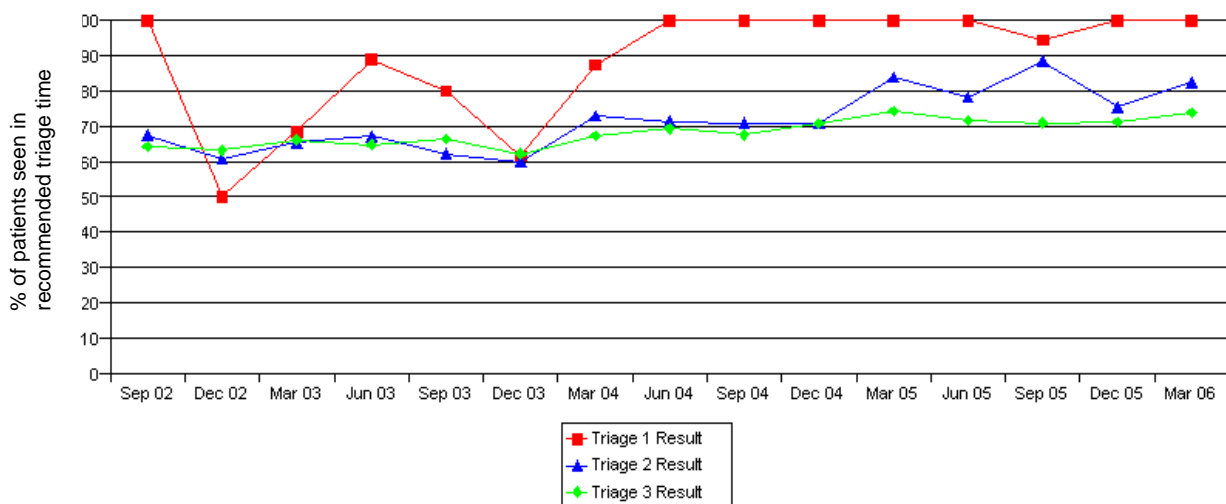
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	81.08	88.89	92.45	77.97	82.14	80.00	95.83	85.42

## Emergency Triage Times (Hawera and Taranaki Hospitals Emergency Departments)

Taranaki met the benchmarks for triage codes 1 and 2, one of eight DHBs to do so in the March 2006 quarter. The DHB's rate in triage code 3 increased to 74%, just under the benchmark of 75%. The four quarter trend in patient numbers has increased steadily since the June 2004 quarter.

**Figure 38:** Triage rates – Taranaki



## Hospital Acquired Bloodstream Infections

The DHB's four quarter average result of 0.87 was higher than the DHB's previous four quarter result of 0.78, and remained below the average rate for secondary hospitals of 1.19. The DHB's rate trended steadily upwards from the December 2003 quarter to the September 2005 quarter, then fell for one quarter, and has started to rise again in this quarter.

### Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	99.47	99.59	102.25	97.70	99.43	100.96	100.48	100.79

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	101.89	101.76	103.36	112.00	101.37	104.65	101.99	118.18

## Average Length of Stay

Taranaki's Average Length of Stay rate was longer than expected for the March 2006 quarter due to longer lengths of stay for its medical DRGs, which make up two-thirds of all its cases.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1033	3.03	3.15	96.2
Medical	2358	3.23	2.94	109.9
Total	3608	3.08	2.94	104.8

## Daycase Procedures

Taranaki's achieved daycase rate is slightly better than expected for its casemix.

	Cases	Achieved Daycase %	Expected Daycase%	Result (%) Achieved/Expected
Surgical	792	48.0	49.0	98.0
Medical	859	29.8	28.0	106.4
Total	1,803	42.0	41.1	102.2

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	6.50	6.79	6.88	6.49	6.72	8.00	6.20	5.47
Revenue	4.51	4.59	4.64	4.84	5.74	6.03	4.65	4.36

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	1.44	1.48	1.48	1.34	1.17	1.33	1.34	1.25

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	61.34	60.59	59.71	60.66	63.95	59.81	53.63	53.79

## **Hawke's Bay DHB hospitals**

(Central Hawke's Bay Health Centre (Waipukurau), Hawke's Bay Hospital (Hastings))

### **Organisational health quadrant**

#### **Staff Turnover**

In the March 2006 quarter, the DHB's Staff Turnover rate was 2.8%, which was one of the lowest recorded by any DHB. Hawke's Bay's four quarter rate of 2.7% was the lowest of all DHBs and the trend has stabilised after falling sharply during the previous three quarters.

#### **Staff Stability**

In the March 2006 quarter, 52% of resignations from Hawke's Bay were from staff within two years of their appointment. This was the second highest rate recorded by any DHB, but is within a range typical for the DHB.

#### **Sick Leave**

Hawke's Bay recorded a March 2006 quarter Sick Leave rate of 2.6%, which was just below the average rate of 2.7% for all DHBs. However, the DHB's four quarter rate of 3.1% was just above the four quarter average rate for all DHBs of 3.0%. The DHB's trend in this measure has remained stable since the September 2004 quarter.

#### **Staff Work-related Injury or Illness**

The DHB's four quarter rate of 6.83 in the March 2006 quarter represented a further drop from the DHB's previous four quarter result, and followed the downward trend that started in the March 2005 quarter. Hawke's Bay consistently records a rate below the average for all DHBs and did so again in the March 2006 quarter.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 86% for the March 2006 quarter, which was just below the average rate of 87% for all DHBs. The DHB's rate has been trending down since the March 2005 quarter.

From the outpatient responses, the satisfaction rate was under 80% for the question about telling patients how long they would wait, when they arrived (66%). Hawke's Bay recorded the highest satisfaction rate of all DHBs for the questions "Please rate our staff on treating you with dignity and respect"(93%), and "Please rate our staff on listening to you" (90%). From the inpatient responses, 4 out of 17 questions had a satisfaction rate below 80%. These questions related to information given in the Emergency Department about both the waiting time (71%) and information about the treatment (78%), how much the patient liked the food provided in the hospital (73%), and information given to patients about treatment options (78%). These same four questions also yielded the lowest satisfaction rates for the DHB in the last quarter.

The data from the survey response group matched the patient group in terms of gender, and did not match in either group in terms of age or ethnicity.

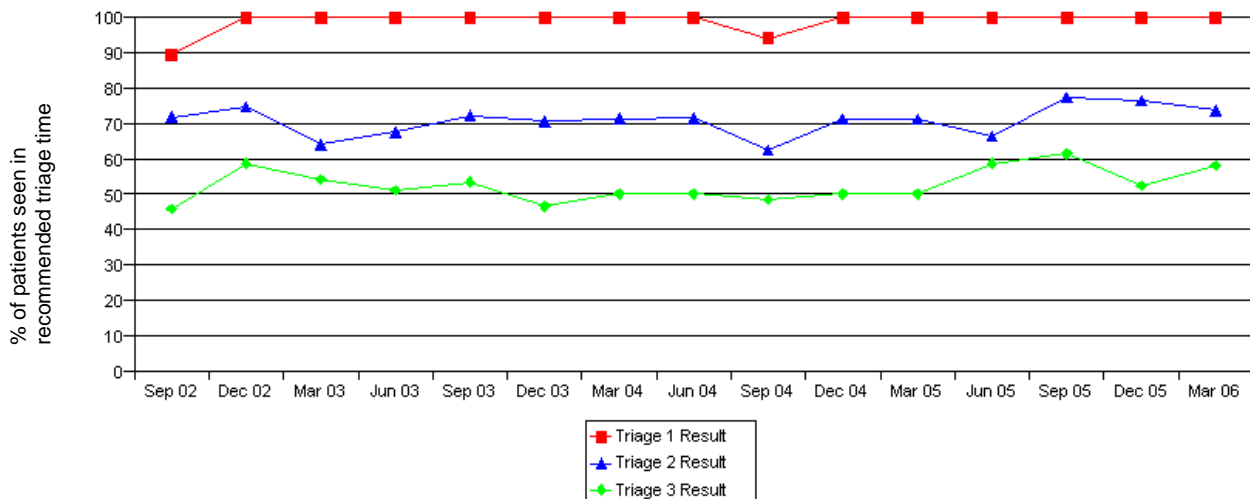
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	51.30	76.47	51.94	66.91	65.22	67.59	72.28	74.28

## Emergency Triage Times (Hawke's Bay Hospital – Hastings Emergency Department)

Hawke's Bay met the benchmark for triage code 1 patients. While the number of patients in triage code 2 remained stable, it was more than double the number of triage code 2 patients two years ago. However, Hawke's Bay recorded a Triage code 2 rate of 74%, just under the benchmark of 75%. The patient numbers in triage code 3 have also increased, although to a lesser extent, and the DHB's rate for triage code 3 was 58% in the March 2006 quarter

**Figure 39:** Triage rates – Hawke's Bay



## Hospital Acquired Bloodstream Infections

In the March 2006 quarter, Hawke's Bay's four quarter average rate of 1.80 fell from the DHB's previous four quarter result of 1.89, but remained above the average rate of 1.19 for secondary DHBs. The DHB's trend in the measure has fluctuated slightly in the last year, but remains at a higher rate than the previous two years.

### Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	100.57	101.69	100.16	101.82	101.57	98.89	98.80	97.21

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	100.01	99.36	97.52	100.00	96.17	98.01	99.09	100.00

## Average Length of Stay

Hawke's Bay DHB recorded the longest length of stay in the March 2006 quarter in comparison to its expected length of stay using the sector averages for its casemix. As can be seen below, the difference was particularly large for medical DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1466	3.37	3.10	108.7
Medical	3487	3.29	2.68	122.8
Total	5266	3.26	2.78	117.3

## Daycase Procedures

In contrast to its results for average length of stay, Hawke's Bay's achieved a daycase procedure rate just slightly higher (better) than expected for the March 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase%	Result (%) Achieved/Expected
Surgical	1,050	49.2	48.8	100.8
Medical	1,253	28.9	28.2	102.5
Total	2,454	40.3	39.5	102.0

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	-0.13	4.04	11.75	10.76	11.10	8.51	14.09	6.01
Revenue	-0.04	1.42	4.16	4.15	4.81	3.41	5.83	2.75

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	2.94	2.85	2.82	2.59	2.31	2.50	2.42	2.19

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	52.36	50.15	46.87	49.83	53.66	52.44	53.14	59.23

## **MidCentral DHB hospitals**

(Horowhenua Hospital, Palmerston North Hospital, Kimberley Centre)

### **Organisational health quadrant**

#### **Staff Turnover**

The rate for MidCentral was 3% in the March 2006 quarter. This was one of the lowest recorded by any DHB in this quarter, although it was the highest recorded by the DHB since the September 2004 quarter. The DHB's four quarter rate was the lowest of all DHBs, with a rate of 2.3% recorded in the March 2006 quarter.

#### **Staff Stability**

In the March 2006 quarter, 28% of resignations from MidCentral were from staff within two years of their appointment. This was one of the lowest results recorded by any DHB in the March 2006 quarter. The DHB's four quarter average rate of 38% was also one of the lowest of any DHB, although it represented a slight increase from the DHB's previous four quarter rate of 36%.

#### **Sick Leave**

The DHB recorded the highest actual March 2006 quarter rate (3.37%) and the four quarter average rate (4.1%) of all DHBs. However, the DHB's rate has remained stable since the December 2004 quarter. The DHB continues to implement a number of initiatives to manage its sick leave and also believes that its data collection and methodology adheres to the measure definition, which may result in higher rates as the DHB includes all leave arising from illness in their numerator.

#### **Staff Work-related Injury or Illness**

The DHB's four quarter rate was 16.98 in the March 2006 quarter, which was the second highest rate recorded by any DHB. The DHB's rate has trended very slightly upwards for the last two quarters, but is still much lower than the preceding five quarters.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 87% for the March 2006 quarter, which was equal to the average rate for all DHBs combined for the same quarter. The DHB's rate has trended down for this measure since the March 2006 quarter.

From the outpatient responses, the satisfaction rate was under 80% for the question about telling patients how long they would wait when they arrived (66%). From the inpatient responses, six questions had a satisfaction rate below 80%. The questions about the information in the Emergency Department about the patient's treatment (71%), and the information provided in the department about waiting time (65%) were the lowest recorded by any DHB in this quarter.

For MidCentral, the survey response group did not match either of the patient groups in terms of ethnicity, age or gender.

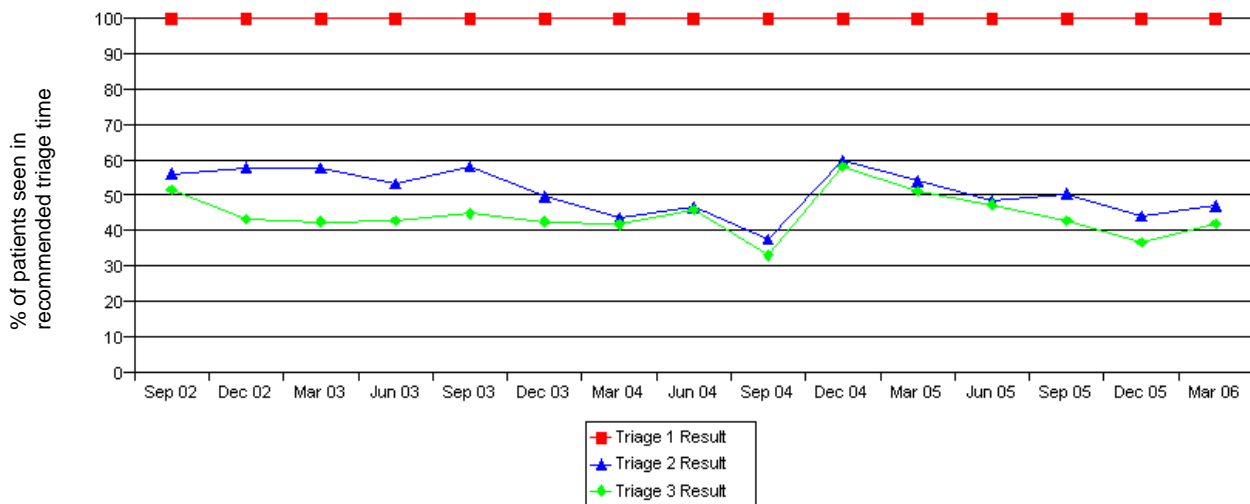
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	69.15	86.61	89.13	90.00	82.72	84.17	80.95	80.81

## Emergency Triage Times (Palmerston North Hospital Emergency Department)

Palmerston North Emergency Department met the triage code 1 benchmark. The rates for triage code 2 (47%), and triage code 3 (58%) were both below the benchmarks, and the trends in both of these rates have declined over the past two quarters. However, the trend in triage 3 rates may be explained by the upward trend in patient numbers in triage code 3 over the last two years.

**Figure 40:** Triage rates – MidCentral



## Hospital Acquired Bloodstream Infections

In the March 2006 quarter, MidCentral's four quarter average rate of 3.80 was below the average rate for tertiary DHBs (4.08), but represented an increase from the DHB's previous four quarter average result of 3.13. However, while the DHB's trend has stabilised, it remains at a three year high.

### Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	98.24	101.20	100.74	99.74	100.25	96.58	100.15	92.37

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	104.46	100.70	97.82	110.10	114.83	101.02	99.39	103.12

## Average Length of Stay

MidCentral's Average Length of Stay rate for the March 2006 quarter was longer than expected for its casemix, driven by its longer lengths of stay for medical coded DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1455	3.10	3.17	97.8
Medical	4029	2.74	2.51	109.2
Total	5735	2.81	2.67	105.2

## Daycase Procedures

The DHB achieved the expected rate of procedures performed as daycase for the March 2005 quarter as determined by its casemix.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1,052	48.5	47.2	102.8
Medical	1,032	29.4	30.9	95.1
Total	2,215	41.2	41.2	100.0

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	2.59	5.07	4.14	7.31	6.32	10.37	20.26	5.76
Revenue	0.92	1.84	1.54	2.87	2.74	4.28	8.91	2.83

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	2.81	2.76	2.69	2.54	2.31	2.42	2.27	2.03

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	54.46	53.19	54.24	52.91	57.09	52.05	53.93	57.41

## **Whanganui DHB hospitals**

(Whanganui Hospital, Taihape Hospital, Rangitiki Health Centre, Taihape Health Centre, Waimarino Health Centre)

### **Organisational health quadrant**

#### **Staff Turnover**

The Staff Turnover rate in the March 2006 quarter was 2.57%, which was the lowest rate recorded by any DHB in the quarter. However, the DHB's four quarter rate of 3.55% was higher than the four quarter average rate for all DHBs of 3.39%. This can be attributed to the unusually high results of the March to September 2005 quarters.

#### **Staff Stability**

The DHB's four quarter staff stability rate of 33% was one of the lowest recorded by any DHB in the March 2006 quarter and represented a decrease from the previous four quarter result of 47%. The actual March 2006 staff stability result of 41% was just below the average rate of 42% for all DHBs.

#### **Sick Leave**

Whanganui's Sick Leave rate was 2.52% in the March 2006 quarter. This was below the average rate of 2.68% for all DHBs. However, the DHB's four quarter rate of 3.07% was just above the four quarter average rate of 3% for all DHBs.

#### **Staff Work-related Injury or Illness**

In the March 2006 quarter, Whanganui's four quarter average rate of 9.72 was higher than both the DHB's previous four quarter result of 5.81 and the four quarter average rate of 7.91 for all DHBs. However, the DHB's trend has stabilised in this quarter after rising steadily since the September 2004 quarter.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 88% for the March 2006 quarter. This was higher than the average rate of 87% for all DHBs combined. The DHB's trend has fallen sharply over the last two quarters, after rising steadily for the previous two years.

From the outpatient responses, one question all had a satisfaction rate below 80%. This question was about the information provided in the Emergency Department about waiting times (73%). For the inpatient responses, the DHB received a satisfaction rate lower than 80% for only one question. This question was about how much the patient liked the food provided in the ward (69%). Whanganui recorded the highest satisfaction rate of all DHBs for the question asking patients to rate how the staff treated them with respect and dignity (93%).

For Whanganui, the survey response group matched the patient group for gender, but not for age and ethnicity.

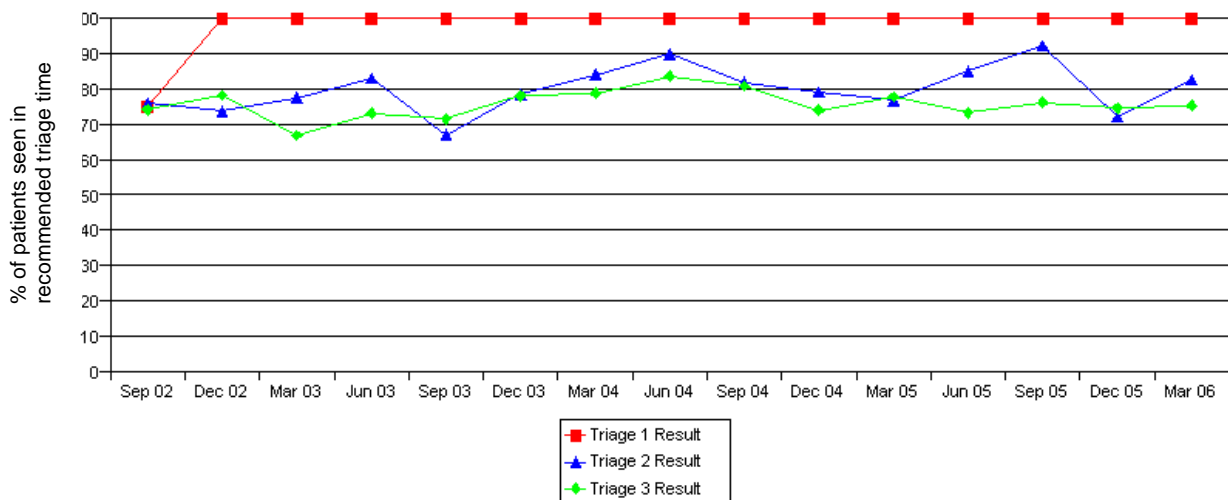
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	77.78	40.00	34.62	41.67	48.48	64.71	62.86	48.57

## Emergency Triage Times (Whanganui Hospital Emergency Department)

Whanganui met the benchmarks for all three triage codes, one of only four DHBs to do so in the March 2006 quarter. Patient numbers in all three codes are trending upwards, and Whanganui recorded its highest ever patient numbers (219) in triage code 2.

Figure 41: Triage rates – Whanganui



## Hospital Acquired Bloodstream Infections

The DHB's four quarter average result of 0.21 was the second lowest recorded by any DHB in the March 2006 quarter, but represented an increase from the DHB's previous four quarter result of 0.13. Whanganui currently records an infection only in two quarters per year, so any infection tends to influence the DHB's rate.

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	95.05	97.79	95.70	90.70	95.23	96.06	97.95	91.64

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	96.72	97.42	95.22	103.47	98.55	101.69	96.96	98.58

## Average Length of Stay

Whanganui's Average Length of Stay rate for the March 2006 quarter was shorter (better) than expected due to a substantially shorter length of stay for its surgically coded DRGs in comparison to the expected length of stay using sector averages.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	799	2.27	2.78	81.7
Medical	2016	2.31	2.25	102.7
Total	2914	2.27	2.37	95.8

## Daycase Procedures

Whanganui's overall daycase procedures result was in line with the expected number of daycases for its casemix.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	592	53.7	55.2	97.3
Medical	479	35.3	33.9	104.1
Total	1,157	48.0	48.0	100.0

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	5.26	4.65	4.09	4.66	5.51	4.26	5.00	4.00
Revenue	2.69	2.42	2.09	2.51	3.09	1.96	2.77	2.31

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	1.95	1.92	1.96	1.86	1.78	2.17	1.81	1.73

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	42.78	45.53	41.79	40.82	40.38	29.88	39.42	38.93

## **Capital & Coast DHB hospitals**

(Wellington Hospital, Kenepuru Hospital and Kapiti Health Centre, Paraparaumu)

### **Organisational health quadrant**

#### **Staff Turnover**

Capital & Coast's Staff Turnover rate of 4.69% was one of the highest of all DHBs in the March 2006 quarter. The DHB's four quarter rate of 4.4% was the second highest of all DHBs. The DHB's rate followed the slight downward direction that started in the last quarter.

#### **Staff Stability**

Capital & Coast's staff stability result was 49% in the March 2006 quarter, which was higher than the average rate of 42% for all DHBs. Its four quarter average rate of 53% was one of the highest of all DHBs in the March 2006 quarter, and represented an increase from the DHB's previous four quarter rate of 45%.

#### **Sick Leave**

As is usual for the DHB, both its actual March 2006 quarter Sick Leave rate of 2.75% and its four quarter average rate of 2.73% were below the average rates for all DHBs. The DHB's trend in this indicator has moved little in the past three years. Currently, it is trending slightly upwards due to the DHB recording its highest December and March quarter rates in three years.

#### **Staff Work-related Injury or Illness**

In the March 2006 quarter, the four quarter average rate for this measure of 3.95 was the lowest recorded by any DHB. However, the rate represented an increase from the DHB's previous four quarter result of 2.10. The DHB's rate has been trending upwards for the past four quarters.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 85% for the March 2006 quarter. This was the second lowest rate of all DHBs in this quarter, and the four quarter moving average demonstrates the DHB's results has been following a downward trend since the March 2005 quarter.

From the outpatient responses, Capital & Coast received the lowest satisfaction rates of all DHBs for 2 out of the 15 questions and 3 of the 15 questions had a response below 80%. These latter three questions related to staff trying to make an appointment that suited the patient (79%), convenience of the appointment time (79%), and information on arrival about how long they would have to wait (64%). However, these were all higher satisfaction rates than the previous quarter. For the inpatient responses, the DHB received a satisfaction rate lower than 80% for 5 out of 17 questions. These questions related to information in the Emergency Department about the waiting time (76%), about staff being around when the patient needed them (79%), organising care with other providers (78%), about how much the patient liked the food provided in the ward (62%), and offering choices specific to the patient's culture (79%). Again, the

responses to all of these questions (except the last question) were higher in this quarter than the December 2005 quarter.

For Capital & Coast, the survey response group matched the patient group for gender in both patient groups, but not for age or ethnicity.

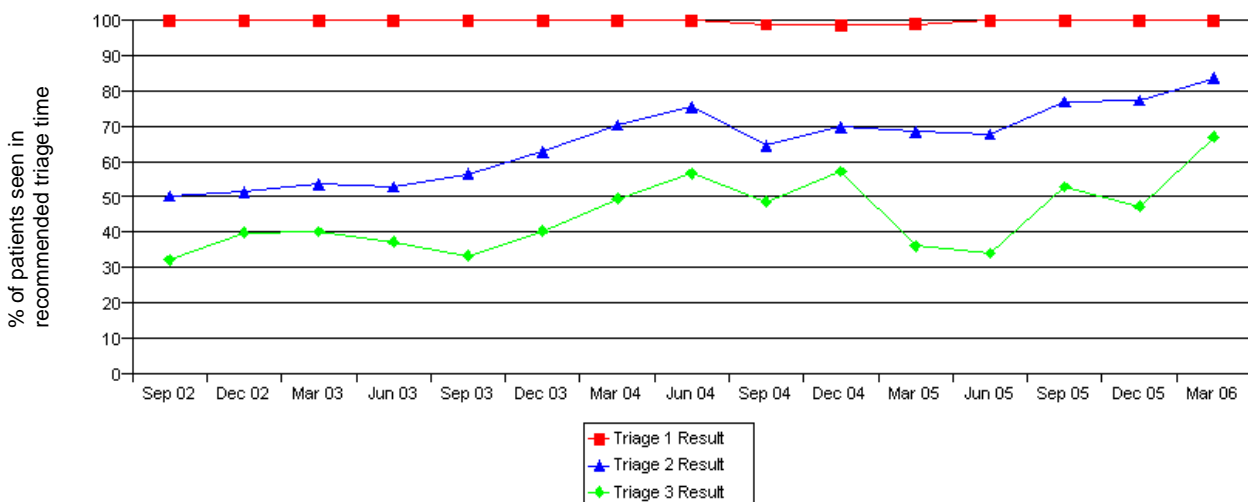
### Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	66.13	69.54	70.29	60.76	55.63	57.50	66.67	55.00

### Emergency Triage Times (Wellington and Kenepuru Hospitals' Emergency Departments)

Capital & Coast met the benchmarks for triage codes 1 and 2. The DHB recorded its highest ever rates in triage 2 (83%) and triage 3 (67%). Patient numbers have remained stable; therefore these higher results are noteworthy.

Figure 42: Triage rates – Capital & Coast



### Hospital Acquired Bloodstream Infections

The DHB's four quarter average result of 3.97 was below the average rate of 4.08 for secondary DHBs and also represented a decrease from the DHB's previous four quarter result of 5.26. This decrease followed the downward trend in the measure that started in the March 2004 quarter.

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	84.17	81.63	88.33	91.15	84.30	89.20	91.58	81.60

### Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	99.68	102.37	99.22	101.20	97.92	99.17	99.53	99.99

### Average Length of Stay

Capital & Coast's total average length of stay was shorter than expected for its casemix, mainly due to good results in its surgical DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	2463	3.78	4.09	92.4
Medical	5261	2.58	2.64	97.8
Total	8241	2.85	3.00	95.0

### Daycase Procedures

Capital & Coast also exceeded the expected number of procedures performed as daycase than would be suggested by the sector averages for its casemix, particularly for medically coded daycase procedures.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1,652	38.3	37.8	101.3
Medical	2,257	35.6	31.4	113.4
Total	4,249	40.9	38.1	107.3

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	-2.18	-2.52	-3.99	2.19	2.54	1.69	2.78	4.46
Revenue	-1.84	-2.09	-3.21	1.79	1.95	1.40	2.15	3.32

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	1.19	1.21	1.24	1.22	1.30	1.20	1.29	1.34

### Debt: Debt + Equity

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	63.25	61.74	59.05	56.28	52.51	55.94	51.80	47.38

## **Hutt Valley DHB hospital**

(Hutt Hospital)

### **Organisational health quadrant**

#### **Staff Turnover**

Hutt Valley recorded a Staff Turnover rate of 4.17% in the March 2006 quarter, which was the third highest result of any DHB in the quarter. The DHB's four quarter average rate followed the downward trend that started in the December 2005 quarter.

#### **Staff Stability**

In the March 2006 quarter, 48% of resignations from Hutt Valley were from staff within two years of their appointment. This was above the average result for all DHBs of 42%. However, the DHB's four quarter rate of 45% in the March 2006 quarter represented a drop from the DHB's previous four quarter result of 51%.

#### **Sick Leave**

Hutt Valley recorded one of the lowest Sick Leave rates of all DHBs in the March 2006 quarter. Its result of 2.41% was its lowest March quarter result for three years. This result followed the slight downward trend in the DHB's rate that started in the September 2004 quarter.

#### **Staff Work-related Injury or Illness**

Hutt Valley's four quarter rate of 8.38 was higher than the average rate of 7.91 for all DHBs combined, and represented an increase from the DHB's previous four quarter rate of 5.88. However, the DHB's trend in this measure fell in the March 2006 quarter, reversing the upward trend present for the preceding four quarters. The decreasing trend arises from two successive falls in the actual quarter rates in the last two quarters.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 87% in the March 2006 quarter, which was equal to the average rate for all DHBs. This was below the average rate of 88% for all DHBs in the quarter. However, this was the lowest satisfaction rate recorded by the DHB in three years.

From the outpatient responses, the only question that had a satisfaction rate below 80% was for the question "Please rate our staff on telling you how long you would wait, when you arrived", where the result was 72%. For the inpatient responses, the DHB received a satisfaction rate lower than 80% for 6 out of 17 questions. These questions related to information provided in the Emergency Department both about the waiting time (68%) and about treatment (73%), how well the patients needs specific to their culture were met (75%), how much the patient liked the food provided on the ward (64%), preparing the patient for leaving (77%) and information provided regarding treatment options (79%). The DHB also recorded the lowest satisfaction rate of all DHBs for the question

about staff asking the patients' permission to treat them (81%). All of these responses were lower than the DHB's results in the December 2005 quarter.

For Hutt Valley, the survey response group matched the patient group for ethnicity in the outpatient group, but not for age or gender. There were no matches in the inpatient group.

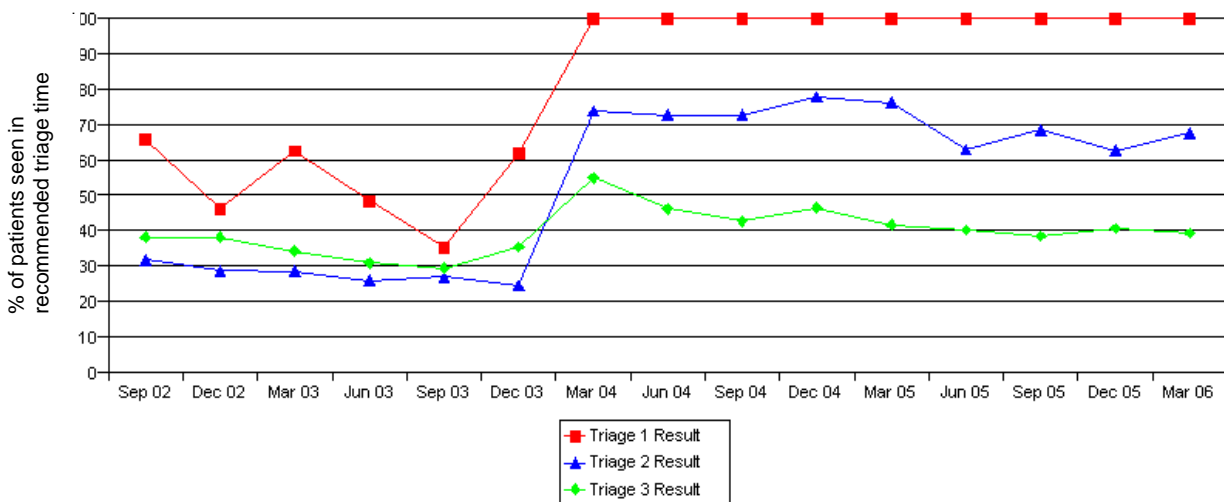
### Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	84.06	89.77	93.67	84.62	80.39	84.93	94.03	82.29

### Emergency Triage Times (Hutt Hospital)

Hutt Valley met the benchmark of 100% for all its triage code 1 patients. The Triage code 2 rate was 68% in the March 2006 quarter. Although this was a slight increase from the previous quarter, the four quarter moving average trend in this measure has been following a downward direction for the past four quarters. The Triage code 3 rate was 39%, again, with the four quarter moving average following a downward trend. However, patient numbers in both of these codes have been trending upwards.

Figure 43: Triage rates – Hutt Valley



### Hospital Acquired Bloodstream Infections

The DHB's four quarter average result of 0.69 was below the DHB's previous four quarter result of 0.75 and was under the average rate for secondary hospitals of 1.19. The DHB's trend has fluctuated slightly since the December 2004 quarter, but remains at a lower level than the quarters prior to December 2004.

**Process and efficiency quadrant  
Resource Utilisation**

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	96.03	97.62	97.96	100.03	94.23	96.89	97.14	91.79

**Performance to Contract**

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	100.31	101.76	100.23	101.34	95.14	104.09	101.16	104.62

**Average Length of Stay**

Hutt Valley's medical DRGs were completed with an Average Length of Stay rate akin to the sector average. However, its surgical DRGs were completed with a shorter length of stay and this brings its total length of stay rate under the expected average.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1501	2.68	2.84	94.4
Medical	3520	2.36	2.35	100.4
Total	5159	2.43	2.48	98.0

**Daycase Procedures**

The rate of Hutt Valley's procedures performed as daycase rates were marginally better than expected for all categories.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1,006	52.4	51.5	101.7
Medical	1,054	27.0	26.7	101.1
Total	2,122	40.8	40.3	101.2

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	5.83	5.90	7.51	7.16	7.09	6.18	8.23	8.90
Revenue	3.51	3.54	4.40	4.56	4.70	4.07	5.50	6.05

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	1.66	1.67	1.70	1.57	1.51	1.52	1.50	1.47

### Debt: Debt + Equity

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	35.37	36.13	33.63	35.64	32.26	31.07	30.68	29.55

## **Wairarapa DHB**

(Masterton Hospital)

### **Organisational health quadrant**

#### **Staff Turnover**

In the March 2006 quarter, Wairarapa's Staff Turnover rate of 6.55% was the highest recorded by any DHB in the quarter, and was the highest recorded by the DHB for three years.

#### **Staff Stability**

Wairarapa recorded the second lowest four quarter average rate (32%) of all DHBs, and an actual quarter rate of 35% in the March 2006 quarter, which was below the average of 42% for all DHBs. When analysing this measure in conjunction with the Staff Turnover rate, it appears as if the unusually high Staff Turnover rate stems from the resignation of staff with more than two years service with the DHB.

#### **Sick Leave**

Wairarapa's Sick Leave rate of 2.5% in the March 2006 quarter was below the average rate of 2.68% for all DHBs. The DHB's four quarter rate of 2.84% was also below the all DHB average. The DHB's trend in this measure has been relatively stable for the past three years.

#### **Staff Work-related Injury or Illness**

The DHB's four quarter average rate of 19.28 was the highest recorded by any DHB in the March 2006 quarter and represented an increase from the DHB's previous four quarter rate of 11.16. However, in terms of raw data, the actual March 2006 quarter result of 18.29 represent only three episodes of staff work-related injury or illness.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 88% for the March 2006 quarter. This was slightly higher than the average rate of 87% for all DHBs combined. However, the DHB's trend in this measure has been falling since the March 2005 quarter.

From the outpatient responses, the only question with a satisfaction rate under 80% was the question about the information provided about the waiting time (74%). From the inpatient responses, the DHB recorded a satisfaction rate lower than 80% for the questions relating to how much the patient liked the food provided in the hospital (68%), whether choices specific to the patient's culture were offered (79%), and information provided in the Emergency Department about the waiting time (79%). The DHB recorded higher satisfaction rates to all of these questions in the December 2005 quarter.

For Wairarapa, the survey response group matched both the patient groups for gender, but not for age or ethnicity.

## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	22.22	52.94	58.33	60.00	25.00	52.94	68.18	41.38

## Emergency Triage Times (Masterton Hospital Emergency Department)

Wairarapa recorded that one patient (out of 7) did not have treatment commenced immediately by a doctor, resulting in a rate of 86%. As is usual for the DHB, it met the benchmarks for the other two triage codes, with almost every patient recorded as having treatment commenced by a doctor within the recommended timeframes.

## Hospital Acquired Bloodstream Infections

As for the previous seven quarters, the DHB did not report any hospital-acquired bloodstream infections in the March 2006 quarter,

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	86.16	95.99	96.73	97.27	103.99	104.49	97.07	81.57

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	99.11	98.52	98.26	99.80	98.99	99.70	95.21	99.71

## Average Length of Stay

The Average Length of Stay rate at Wairarapa was almost equal to the sector averages for its particular casemix for the March 2006 quarter.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	347	2.70	2.75	98.2
Medical	1127	2.21	2.18	101.4
Total	1508	2.32	2.33	99.6

## Daycase Procedures

Wairarapa's achieved daycase percentage was for medical DRGs was much lower than expected for its casemix and this resulted in the DHB not reaching the total expected daycase rate for the March 2006 quarter.

	<b>Cases</b>	<b>Achieved Daycase %</b>	<b>Expected Daycase %</b>	<b>Result (%) Achieved/Expected</b>
Surgical	259	47.1	43.1	109.3
Medical	224	21.4	30.0	71.3
Total	490	35.5	37.2	95.4

### Financial quadrant

#### Return on Net Funds Employed and Operating Margin to Revenue

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
NFE	6.05	11.14	18.27	7.15	15.30	14.61	8.66	-50.02
Revenue	3.97	5.73	6.49	2.51	3.62	3.45	3.45	-12.02

#### Revenue to Net Funds Employed

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
Asset	1.52	1.94	2.81	2.84	4.23	4.23	2.51	4.16

#### Debt: Debt + Equity

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	63.11	75.61	78.72	81.04	67.40	69.03	37.89	72.04

## **Nelson Marlborough DHB hospitals**

(Nelson Hospital, Wairau Hospital, Golden Bay Hospital, Motueka Community Hospital, Alexandra Hospital, Arthur McCaa Hospital, Murchison)

### **Organisational health quadrant**

#### **Staff Turnover**

Nelson Marlborough recorded a Staff Turnover rate of 4.02% in the March 2006 quarter, which was the highest recorded by the DHB for two years. The DHB's rate was above the average rate for all DHBs (3.54%), but was below the median rate (4.56%).

#### **Staff Stability**

The DHB's four quarter rate of 41% represented an increase from the DHB's previous four quarter result of 36%, although both figures remained below the average for all DHBs.

#### **Sick Leave**

The DHB recorded its highest March quarter result for three years. Its rate of 2.67% was equal to the average for all DHBs. The DHB's trend in the measure has changed little over the last two years.

#### **Staff Work-related Injury or Illness**

The DHB's four quarter average rate remained unchanged at 5.98, which was one of the lowest of all DHBs. The actual March 2006 quarter rate of 14.43 was the highest ever recorded by the DHB. However, this does not reflect an increase in workplace injuries, but rather can be attributed to the DHB improving its data collection system, increasing its capability to capture the incidence of work-related injuries or illnesses. The DHB expects their results to be in the higher rather than the lower range from this point forward due to its new data capture mechanisms.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 92% for the March 2006 quarter. As is usual for the DHB, this was the highest rate of all DHBs. However, the rate this quarter was the lowest recorded by the DHB for three years.

From the outpatient responses, the only question that had a satisfaction rate of under 80% was the question "Please rate our staff on telling you how long you would wait, when you arrived", where the result was 71%. For the inpatient responses, the DHB recorded the highest responses of all DHBs in three of the questions (Information provided in the Emergency Department about the treatment (86%) and waiting time (81%), and overall inpatient satisfaction (90%).

In the inpatient and outpatient survey groups, there was a match with the DHB's patient group for the quarter in gender, but not for age or ethnicity.

## Percentage of Complaints Resolved/Closed

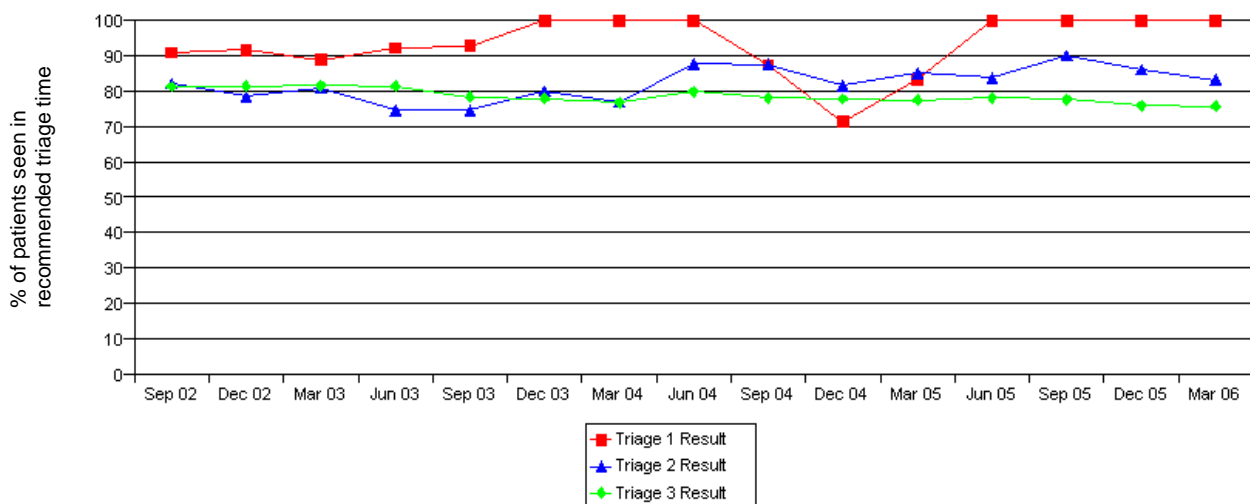
	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	81.63	81.48	88.64	76.36	73.53	57.14	45.45	81.82

## Emergency Triage Times (Nelson and Wairau Hospitals' Emergency Departments)

The DHB met all three benchmarks in the March 2006 quarter as is normal for Nelson Marlborough. However, the Triage code 3 rate was the lowest recorded by the DHB for three years.

Patient numbers in triage code 3 have been trending up for the past two years. Patient number in triage code 1 were the highest recorded by the DHB for three years.

**Figure 45:** Triage rates – Nelson Marlborough



## Hospital Acquired Bloodstream Infections

In the March 2006 quarter, the DHB's four quarter average rate of 0.73 was below both the DHB's previous four quarter result of 1.09 and the average rate for secondary hospitals of 1.19. The DHB's rate in this measure has trended downwards for the past year.

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	63.15	57.50	65.78	73.97	63.54	74.20	78.85	0.00

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	87.20	77.70	82.31	103.82	91.47	97.44	100.79	0.00

## Average Length of Stay

Nelson Marlborough's Average Length of Stay rate is consistently one of, if not the, lowest (shortest) rate each quarter. Both its casemixes of surgical and medical DRGs were performed with a shorter length of stay than the sector averages.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1541	2.28	2.61	87.6
Medical	3278	1.06	1.19	89.1
Total	5101	2.00	2.24	89.3

## Daycase Procedures

Nelson Marlborough exceeded the expected daycase rate for its casemix.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1,254	50.8	50.1	101.4
Medical	1,073	35.0	33.9	103.2
Total	2,530	47.0	45.6	103.1

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	3.98	6.21	8.60	5.45	9.66	7.29	7.79	4.21
Revenue	1.67	2.57	3.65	2.41	4.59	3.45	3.71	2.38

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	2.38	2.42	2.36	2.27	2.10	2.11	2.10	1.77

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	54.28	53.72	52.66	53.46	51.28	52.18	52.42	56.98

## **West Coast DHB hospitals**

(Buller Hospital, Kynnersley Rest Home, Ziman House Rest Home, Grey Base Hospital, Reefton Hospital, Seaview Hospital, Hokitika Health Centre)

### **Organisational health quadrant**

#### **Staff Turnover**

The DHB's Staff Turnover rate of 3.09% was one of the lowest recorded by any DHB in the March 2006 quarter. The DHB's rate has been trending down for the last four quarters.

#### **Staff Stability**

The DHB's four quarter rate for this measure dropped to 40% from its previous four quarter result of 47%. The actual quarter rate of 43% was just above the average rate of 42% for all DHBs in the March 2006 quarter.

#### **Sick Leave**

West Coast's Sick Leave rate of 1.95% was the lowest recorded by any DHB in the March 2006 quarter. It was also the lowest recorded by the DHB for three years. The DHB has consistently reported low sick leave rates, as is evident by its low four quarter average rate of 2.62%, and the downward trend in the measure that started in the December 2004 quarter.

#### **Staff Work-related Injury or Illness**

The DHB's four quarter rate decreased to 5.79 from the DHB's previous four quarter result of 11.59. The rate in the March 2006 quarter was one of the lowest of all DHBs, and the rate has been trending sharply downwards for the past three quarters.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 85% in the March 2006 quarter, which was lower than the average rate of 87% for all DHBs in the quarter. The DHB's results in this measure have been following a slight downward trend for the last three quarters.

From the outpatient responses, the DHB recorded the lowest satisfaction level of all DHBs for 8 out of the 15 questions, and the highest of all DHBs for the question about information provided about the waiting time (85%). For the inpatient responses, West Coast recorded the highest satisfaction level for two of the questions (how much the patient liked the food provided in the hospital (77%), and information given regarding treatment options (88%)).

However, the DHB received only 14 valid survey returns for the inpatient group from the 300 they posted. Given the poor response levels, it is difficult to undertake any meaningful analysis.

## Percentage of Complaints Resolved/Closed

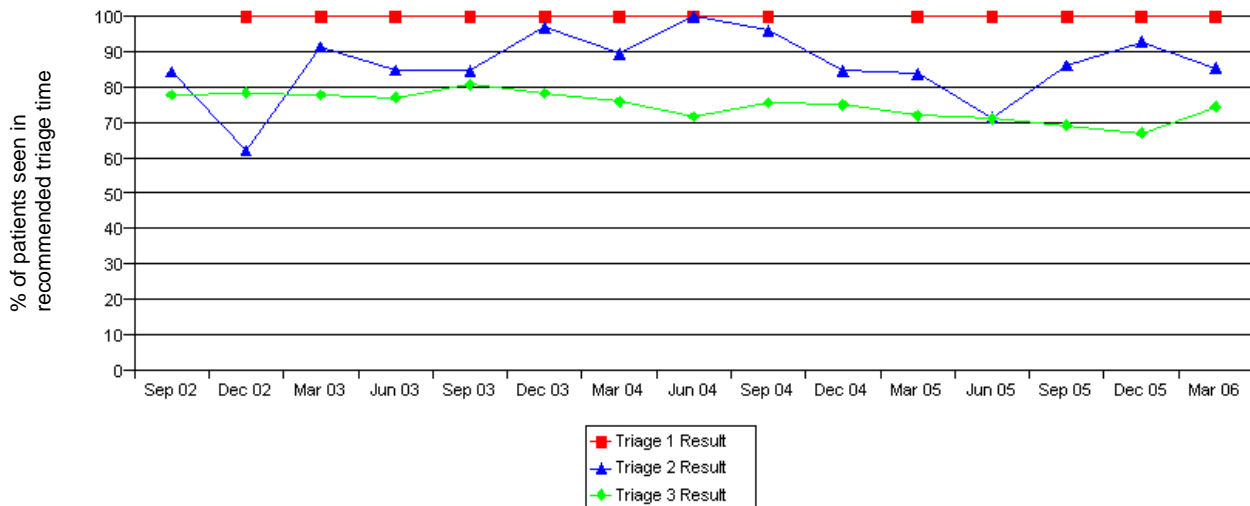
	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	75.00	90.00	86.36	73.33	92.31	52.94	57.14	93.75

## Emergency Triage Times (Grey Base, Buller and Reefton Hospitals' Emergency Departments)

West Coast met the benchmarks for triage codes 1 and 2, and was just under the triage 3 benchmark of 75% with a result of 74%.

The DHB recorded the highest ever number of patients in triage code 2, which may explain the drop in the rate to 86% from 93% in the previous quarter. The trend in triage 3 patients remained stable, while the Triage 3 rate climbed to its highest level in a year.

**Figure 46:** Triage rates – West Coast



## Hospital Acquired Bloodstream Infections

As with three of the previous four quarters, West Coast did not report any incidences of hospital acquired bloodstream infections in the March 2006 quarter.

**Process and efficiency quadrant  
Resource Utilisation**

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	92.70	92.43	93.72	89.50	94.69	91.51	93.72	92.82

**Performance to Contract**

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	97.41	101.55	96.74	100.56	99.44	96.08	96.32	95.38

**Average Length of Stay**

West Coast's Average Length of Stay rate for the March 2006 quarter was slightly longer than expected. However, it recorded unusual results as its surgical DRGs were performed with a shorter length of stay than expected by sector averages and the medical DRGs had a longer length of stay. Overall, West Coast had the smallest number of cases of all DHBs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	323	2.38	2.92	81.5
Medical	693	2.86	2.44	117.2
Total	1060	2.66	2.57	103.5

**Daycase Procedures**

West Coast reported a particularly low result of procedures performed as daycase with a medical coding in the March 2006 quarter, although it slightly exceeded its results for surgical DRGs.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	254	50.4	48.3	104.3
Medical	211	13.3	28.9	46.0
Total	496	36.3	41.5	87.5

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	-10.09	-8.42	-2.18	-11.20	-6.86	-7.97	-4.65	2.59
Revenue	-3.57	-3.00	-0.85	-4.64	-2.82	-3.47	-2.14	1.21

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	2.82	2.81	2.57	2.42	2.43	2.29	2.17	2.14

### Debt: Debt + Equity

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	62.30	56.58	53.38	50.99	53.15	50.93	48.53	46.91

## **Canterbury DHB hospitals**

(Akaroa Hospital, Ashburton Hospital, Burwood Hospital, Christchurch Hospital, Christchurch Women's Hospital, Darfield Hospital, Ellesmere Hospital, Lincoln Maternity Hospital, Lyndhurst Hospital, Tuarangi Home, Waikari Hospital, Rangiora Hospital, Kaikoura Hospital, Princess Margaret, Oxford Hospital, Hillmorton Hospital)

### **Organisational health quadrant**

#### **Staff Turnover**

The Staff Turnover rate of 3.13% was below the average (3.54%) and median (4.56%) rates for all DHBs. The DHB's rate has been trending downwards for the past three quarters and its four quarter average rate of 3.10% was below the average four quarter rate of 3.39% for all DHBs.

#### **Staff Stability**

Both the actual March 2006 quarter result (26%), and the four quarter average rate (also 26%), were the lowest recorded by any DHB in the March 2006 quarter. The four quarter rate also represented a decrease from the DHB's previous four quarter result of 38%.

#### **Sick Leave**

Canterbury recorded one of the lowest Sick Leave rates of all DHBs in the March 2006 quarter. Its rate of 2.29% was also the lowest rate recorded by the DHB for three years. The DHB's rate has trended downwards for the last four quarters.

#### **Staff Work-related Injury or Illness**

The DHB's four quarter average rate of 8.65 was above the average result for all DHBs of 7.91. However, the rate did represent a drop from the DHB's previous rate of 13.21. The DHB's rate has decreased steadily since the June 2004 quarter.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 90% for the March 2006 quarter, which was one of the highest of all DHBs. The DHB's results have been trending upwards since the December 2004 quarter.

From the outpatient responses, only one question had a satisfaction rate under 80%. This was related to information given on arrival about waiting time (68%). For the inpatient responses, the DHB received a satisfaction rate lower than 80% for two questions. These questions related to information provided in the Emergency Department about the waiting time (78%), and about how much the patient liked the food provided in the hospital (70%). All of these inpatient responses were higher in this quarter than the previous quarter.

For Canterbury, there were no matches between the survey response groups and DHB's patient population for the quarter in, age, gender or ethnicity.

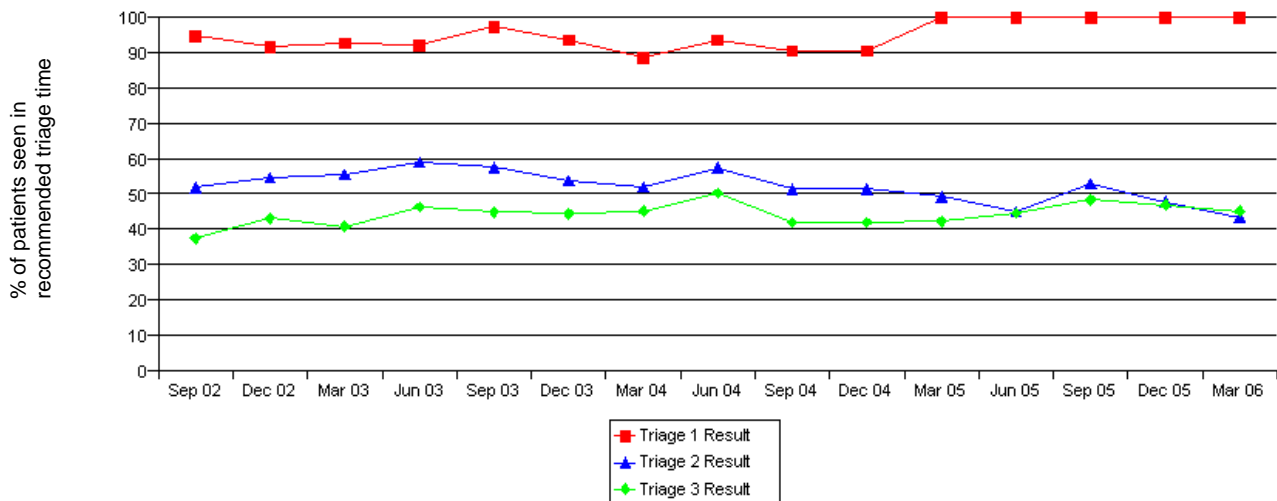
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	59.69	65.00	69.01	73.33	67.53	54.87	60.00	30.36

## Emergency Triage Times (Christchurch Emergency Department)

Canterbury met the benchmark for triage code 1. The result for triage code 2 fell to its lowest level (43%) for three years. The result for triage code 3 fell slightly to 45%. However, patient numbers in both of these codes have been trending upwards for the past two years, and in the March 2006 quarter, Canterbury recorded its highest ever number of patients in triage code 2.

**Figure 47:** Triage rates – Canterbury



## Hospital Acquired Bloodstream Infections

The DHB's four quarter average rate of 2.84 remained unchanged from the DHB's previous four quarter result, and was below the average rate of 4.08 for all tertiary DHBs. The DHB's trend has remained relatively stable since the September 2004 quarter.

### Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	99.59	98.81	99.75	100.26	99.98	99.28	100.43	98.68

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	101.55	101.43	101.31	110.50	100.30	102.47	100.57	101.02

## Average Length of Stay

The Average Length of Stay rate at Canterbury was just slightly longer than expected in the March 2006 quarter from its casemix. It performed the second largest number of cases of all of the DHBs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	4660	4.19	3.94	106.3
Medical	12300	2.49	2.42	102.9
Total	17964	2.93	2.81	104.3

## Daycase Procedures

Canterbury was quite a long way from achieving its expected daycase procedures results in the March 2006 quarter. This was not an unusual result for the DHB.

	Cases	Achieved Daycase%	Expected Daycase %	Result (%) Achieved/Expected
Surgical	3,096	31.7	38.8	81.7
Medical	3,424	31.7	36.8	86.1
Total	7,039	34.2	40.1	85.3

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	5.40	3.18	6.17	8.65	7.93	8.29	8.96	7.15
Revenue	2.71	2.64	3.18	4.41	4.56	4.59	5.19	4.14

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	1.99	2.02	1.94	1.93	1.74	1.81	1.72	1.73

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	41.39	40.50	42.23	37.20	40.48	38.36	39.20	38.78

## South Canterbury DHB hospitals

(Timaru Hospital and Talbot Park Hospital)

### Organisational health quadrant

#### Staff Turnover

The DHB's rate of 3.16% was below the average rate of 3.54% for all DHBs in the March 2006 quarter. The DHB's trend in this measure has been decreasing for the last three quarters.

#### Staff Stability

In the March 2006 quarter, 60% of resignations from South Canterbury were from staff within two years of their appointment. This was the highest percentage recorded by any DHB in the quarter. The DHB's four quarter rate was also high at 53%, the fourth highest of any DHB, and represented an increase from the DHB's previous four quarter result of 40%.

#### Sick Leave

South Canterbury's Sick Leave rate of 2.52% was less than the average for all DHBs. The DHB's trend in this measure has remained relatively stable for the past three years.

#### Staff Work-related Injury or Illness

The DHB's four quarter rate of 6.42 represented a decrease from the DHB's previous four quarter result of 19.08. The current rate was also below the average four quarter rate of 7.91 for all DHBs. The DHB's rate has trended sharply downwards since the March 2005 quarter.

### Quality and patient satisfaction quadrant

#### Patient Satisfaction

The Patient Satisfaction rate was 92% for the March 2006 quarter. This was one of the highest recorded by any DHB in the quarter. The DHB's results have been trending upwards since the September 2004 quarter.

From the outpatient responses, the DHB recorded the highest result of all DHBs for 7 out of 15 questions, and for 6 out of the 17 questions from the inpatient responses.

For South Canterbury, the survey response group matched the patient group in age and ethnicity for inpatient patients, and age in the outpatient group.

#### Percentage of Complaints Resolved/Closed

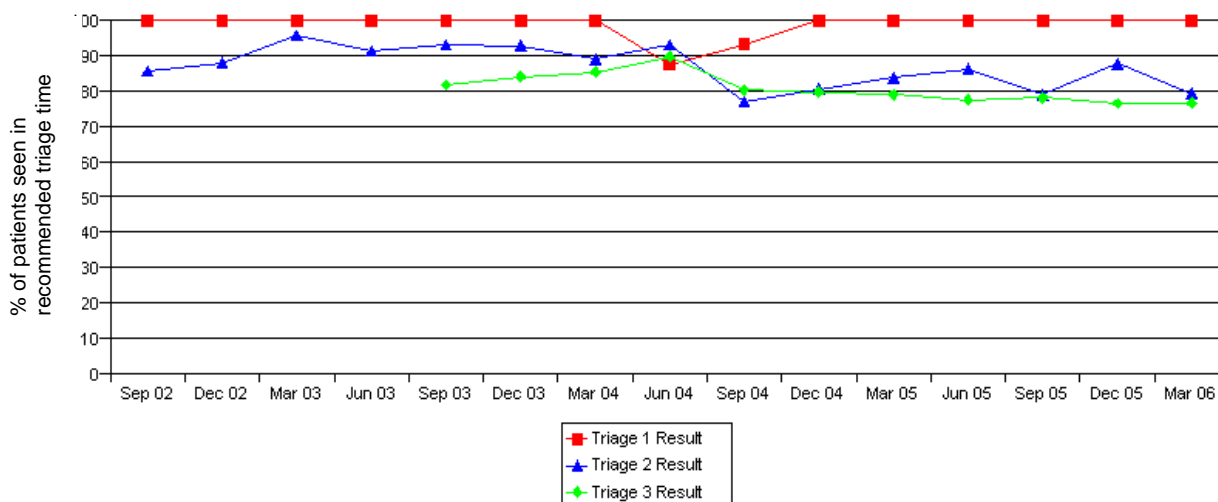
	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	94.12	100.00	93.33	88.00	81.25	87.50	62.07	76.92

## Emergency Triage Times (Timaru Emergency Department)

South Canterbury met the benchmarks for triage codes 1 and 3, and recorded a Triage 2 rate of 79%, just under the benchmark of 80%.

Patient numbers in codes 1 and 2 have trended slightly down, while the number of patients in triage code 3 has trended very slightly upwards.

**Figure 48:** Triage rates – South Canterbury



## Hospital Acquired Bloodstream Infections

The DHB's four quarter average rate of 1.00 was above the DHB's previous four quarter rate of 0.87, but remained below the average rate of 1.19 for secondary DHBs in the March 2006 quarter. The DHB's trend reached a low in the December 2004 quarter, and has been climbing since. However, in this quarter, the four quarter moving trend fell slightly.

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	100.32	92.01	96.51	89.92	95.28	111.27	106.40	95.31

### Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	98.98	101.30	98.59	95.52	102.86	98.26	97.92	99.42

## Average Length of Stay

The Average Length of Stay rate at South Canterbury for the March 2006 quarter was shorter than expected for surgical cases, which led to an overall rate which was less than expected by sector averages for its casemix.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	698	2.48	2.88	86.1
Medical	1583	2.34	2.31	101.3
Total	2364	2.34	2.47	94.7

## Daycase Procedures

South Canterbury performed more cases as daycase procedures than expected, particularly medical DRGs, in the March 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase%	Result (%) Achieved/Expected
Surgical	564	49.8	47.7	104.4
Medical	282	63.1	52.2	120.9
Total	892	55.4	50.5	109.7

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	-25.04	-22.37	-14.08	10.60	26.22	13.50	18.23	16.01
Revenue	-4.71	-4.68	-3.30	2.73	7.74	5.24	6.45	5.74

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	5.31	4.78	4.27	3.88	3.39	2.58	2.83	2.79

### Debt: Debt + Equity

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	55.25	51.30	47.64	45.32	39.73	54.06	59.82	59.85

## **Otago DHB hospitals**

(Dunstan Hospital, Balclutha Hospital, Waitaki Hospital, Dunedin Hospital)

### **Organisational health quadrant**

#### **Staff Turnover**

Otago's Staff Turnover rate of 3.24% remained below the average rate for all DHBs. The DHB's rate has remained relatively stable since the December 2003 quarter.

#### **Staff Stability**

In the March 2006 quarter, 55% of resignations from Otago were from staff within two years of their appointment. The DHB's four quarter average rate of 48% was higher than the average four quarter rate for all DHBs (46%), and also represented an increase from the DHB's previous four quarter result of 41%.

#### **Sick Leave**

The DHB's rate has been trending downwards for the past year. The Sick Leave rate in the March 2006 quarter was 3.04%, which was higher than the average rate of 2.68% for all DHBs.

#### **Staff Work-related Injury or Illness**

The DHB's four quarter rate of 10.15 increased from the DHB's previous four quarter rate of 7.09. The four quarter average rate in the March 2006 quarter was one of the highest recorded by any DHB. However, the DHB's trend has stabilised this quarter after increasing in the previous three quarters.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 89% for the March 2006 quarter, which was the lowest recorded by the DHB since the September 2004 quarter. However, the DHB's rate was higher than the average rate for all DHBs combined in the March 2006 quarter, which was 87%.

From the outpatient responses, the only question that had a satisfaction rate of under 80% was "Please rate our staff on telling you how long you would wait, when you arrived", where the result was 72%. The DHB recorded the highest results of all DHBs for the questions about the staff's effort to make an appointment (86%), and preparing the patient for their visit (88%). For the inpatient responses, the DHB received a satisfaction rate lower than 80% for 2 out of 17 questions. These questions related to information in the Emergency Department about the waiting time (78%), and how much the patient liked the food provided on the ward (73%). The DHB received the highest satisfaction level of all DHBs for 3 of the 17 questions. These questions related to staff asking the patients' permission to treat them (90%), organising the patients' care with other departments in the hospital (90%), and explaining the patient's problem to them (90%).

For Otago, the survey response group matched both the patient groups for gender, and for ethnicity. There was no match for age.

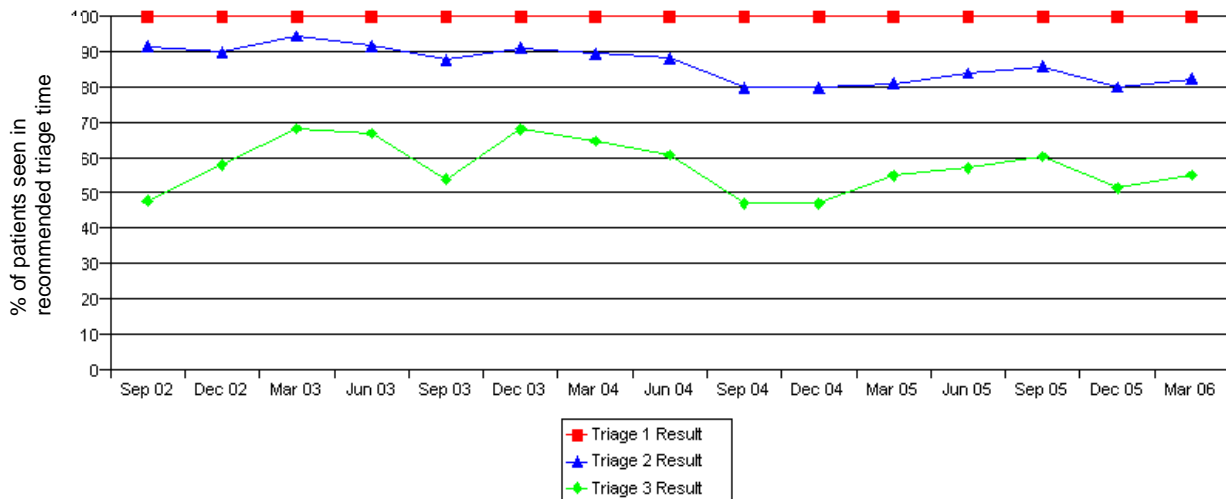
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	61.43	80.82	92.00	86.42	79.52	78.21	86.14	86.90

## Emergency Triage Times (Dunstan, Waitaki and Dunedin Emergency Departments)

Otago met the benchmarks for triage codes 1 and 2 in the March 2006 quarter. Of particular note, Otago recorded its highest ever number of patient in triage code 2 (1,162), while the four quarter trend in the measure remained stable. While the DHB's triage code 3 result increased to 55%, it remained below the benchmark of 75%.

Figure 49: Triage rates – Otago



## Hospital Acquired Bloodstream Infections

Otago's four quarter average rate of 3.25 was higher than the DHB's previous four quarter average rate of 2.47, but was below the average rate of 4.08 for all tertiary DHBs. The DHB's trend in the measure has been climbing steadily since the June 2005 quarter.

## Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	97.10	98.14	98.68	98.51	98.57	98.75	100.00	101.02

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	102.76	100.88	100.66	103.56	102.10	100.26	101.10	107.76

## Average Length of Stay

Otago's total length of stay rate for the March 2006 quarter was slightly longer than expected, due to the longer length of stay recorded for its medical DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	2143	3.79	3.85	98.4
Medical	3928	2.73	2.60	105.0
Total	6332	3.08	3.02	102.0

## Daycase Procedures

Otago did not achieve the expected rate for Daycase procedures for its medically coded daycase events, and its overall rate was below the expected rate for the March 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1,500	43.9	43.4	101.2
Medical	1,097	25.3	30.3	83.5
Total	2,742	37.9	39.2	96.7

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	6.22	4.70	7.41	-8.71	5.15	1.56	3.37	1.00
Revenue	2.07	1.56	2.44	-3.00	2.03	0.60	1.34	0.44

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	3.01	3.02	3.04	2.90	2.53	2.59	2.52	2.27

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	66.49	66.72	65.29	64.25	55.28	55.13	53.98	56.15

## **Southland DHB hospitals**

(Southland Hospital and Lakes District Hospital)

### **Organisational health quadrant**

#### **Staff Turnover**

The DHB's trend in this measure has changed little in three years and is currently trending slightly downwards. In the March 2006 quarter, Southland's Staff Turnover rate was 3.39%, which was above the average rate of 3.54% for all DHBs.

#### **Staff Stability**

In the March 2006 quarter, 44% of resignations from Southland were from staff within two years of their appointment. This was above the average rate of 42% for all DHBs. The DHB's four quarter rate of 44% also represented an increase from the DHB's previous four quarter rate of 34%.

#### **Sick Leave**

The DHB normally records a Sick Leave rate below the all DHB average and it continued this trend in this quarter, recording a rate of 2.48%, which was among the lowest recorded by any DHB. The DHB's trend in this measure has remained stable for the past three years.

#### **Staff Work-related Injury or Illness**

Southland's four quarter rate of 5.98 represented a decrease from the DHB's previous four quarter rate of 12.01, and was also one of the lowest recorded by any DHB. The downward trend in this measure that started in the December 2004 quarter has continued.

### **Quality and patient satisfaction quadrant**

#### **Patient Satisfaction**

The Patient Satisfaction rate was 86% for the March 2006 quarter, and was just below the average rate of 87% for all DHBs in the quarter.

From the outpatient responses, the only question that had a satisfaction rate below 80% was "Please rate our staff on telling you how long you would wait, when you arrived", where the result was 70%. For the inpatient responses, the DHB received a satisfaction rate lower than 80% for three questions. These questions related to how much the patient liked the food provided on the ward (68%), information provided in the Emergency Department about the waiting time (76%), and information given about treatment options (78%).

For Southland, the survey response group matched the patient group in both groups for ethnicity. The inpatient survey group matched the patient group for gender.

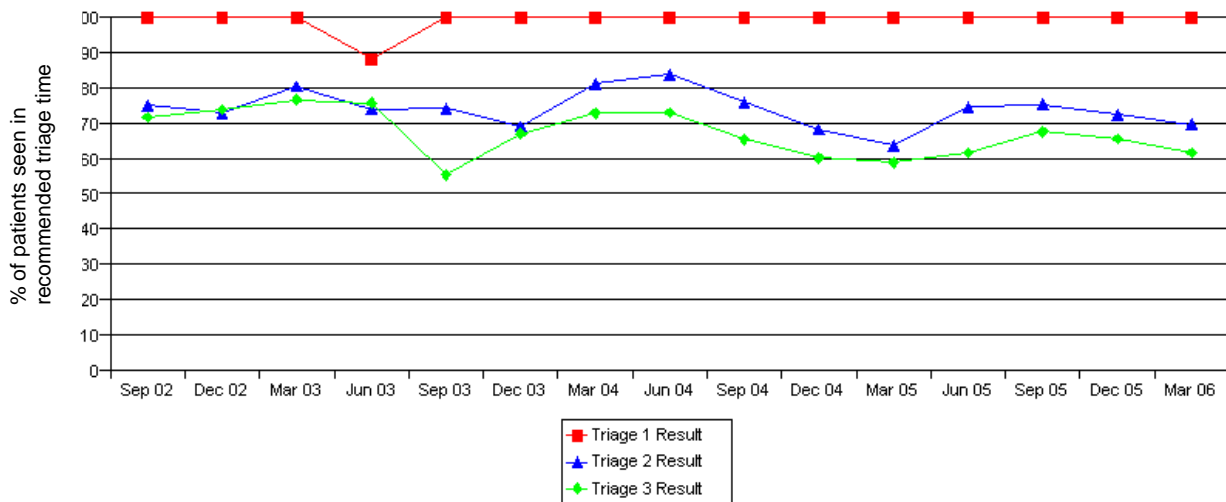
## Percentage of Complaints Resolved/Closed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	71.11	76.00	89.47	78.57	46.43	72.41	58.62	68.42

## Emergency Triage Times (Southland and Lakes District Emergency Departments)

All of triage code 1 patients were recorded as having treatment commenced immediately by a doctor. Southland's triage rates continued to fall in triage codes 2 and 3, with respective results of 70% and 62%. The four quarter average trend in patient number in triage code 2 has increased sharply over the last year, while the trend in triage code 3 patient numbers has increased very slightly.

**Figure 50:** Triage rates – Southland



## Hospital Acquired Bloodstream Infections

The DHB's four quarter average rate of 0.42 was one of the lowest recorded by any DHB in the quarter and was less than the DHB's previous four quarter average rate of 0.96. The DHB normally only records one or two incidents of hospital acquired bloodstream infections, if any, in a quarter.

### Process and efficiency quadrant

### Resource Utilisation

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	95.71	94.71	95.71	85.08	93.98	93.66	97.28	88.76

## Performance to Contract

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
%	98.88	99.04	98.31	100.19	104.20	99.50	100.27	100.24

## Average Length of Stay

Southland's Average Length of Stay rate was slightly shorter than expected, due to shorter length of stays recorded for its surgical cases in the March 2006 quarter.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	865	2.60	2.88	90.3
Medical	2237	2.27	2.28	99.6
Total	3241	2.32	2.40	96.7

## Daycase Procedures

Southland performed more cases as daycase procedures than expected in the March 2006 quarter for surgical DRGs, and achieved a higher than expected achievement of daycases overall.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	618	50.3	46.7	107.7
Medical	499	36.1	35.5	101.7
Total	1,209	47.1	44.8	105.1

## Financial quadrant

### Return on Net Funds Employed and Operating Margin to Revenue

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
NFE	3.57	4.17	7.01	0.87	3.42	4.05	5.82	4.52
Revenue	3.38	3.83	6.45	0.99	3.97	4.64	6.45	4.58

### Revenue to Net Funds Employed

	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Dec 2004	Sep 2004	Jun 2004
Asset	1.06	1.07	1.09	0.88	0.86	0.87	0.90	0.99

**Debt: Debt + Equity**

	<b>Mar 2006</b>	<b>Dec 2005</b>	<b>Sep 2005</b>	<b>Jun 2005</b>	<b>Mar 2005</b>	<b>Dec 2004</b>	<b>Sep 2004</b>	<b>Jun 2004</b>
%	64.59	63.28	62.15	64.10	64.21	61.99	62.76	64.05

## Appendix II: Measure Notes and Glossary

<b>Annualised operating margin</b>	For comparing quarterly results, the net surplus/(deficit) will be annualised by multiplying the year-to-date outcome by [12 / number of months' earnings in year to date result].
<b>Debt</b>	'Debt' means short- and long-term debt, finance leases, and overdrafts.
<b>Median</b>	The middle point of a distribution. Half the data will be above the point, and half will be below the point..
<b>Operating margin to assets</b>	'Operating margins' is net result before interest, tax and capital charge. For this indicator, year-to-date figures are annualised. The value of assets (net funds employed) is calculated as the sum of debt (as defined above) plus shareholders' funds.
<b>Operating margin to revenue</b>	Operating margins is not annualised in this indicator, unlike in the Operating margins to assets indicator, but is otherwise identical.
<b>Revenue to Net Funds Employed</b>	Revenue is exclusive of interest and dividend income, donations and bequests. This indicator is referred to as 'Revenue to Net Funds Employed'. This measure is sometimes referred to as Revenue to Assets
<b>Sector</b>	In this document, 'sector' means DHBs.
<b>Secondary DHBs</b>	Secondary DHBs are generally smaller DHBs that provide services to people in their district, but access specialist services from the larger tertiary DHBs. For the purposes of this report Secondary DHBs are classed as being Northland, Waitemata, Bay of Plenty, Lakes, Tairāwhiti, Taranaki, Hawke's Bay, MidCentral, Whanganui, Hutt Valley, Wairarapa, Nelson Marlborough, West Coast, South Canterbury and Southland. However, both MidCentral and Hutt Valley DHBs do provide some specialist services to other DHBs (see also Tertiary DHBs).
<b>Significance</b>	The terms 'significantly' and 'significant' as used throughout this report refer to statistical significance. With the exceptions noted below (see significance exceptions), differences between DHBs are considered significant when they are more than one standard deviation more or less than the mean. For trend data, changes between periods are considered significant if the student's t-test probability indicates at the 95% level that the populations of results, in the two periods of comparison (see Significance trends below), are likely to be different.
<b>Tertiary DHBs</b>	Tertiary DHBs are generally larger DHBs, which provide services to people in their district, as well as specialist services to the smaller secondary DHBs. For the purposes of this report, Tertiary DHBs are classed as being Auckland, Counties Manukau, Waikato, Capital & Coast, Canterbury and Otago. However both MidCentral and Hutt Valley DHBs do provide some specialist services to other DHBs (see also Tertiary DHBs).

DHB staff can find a complete set of definitions for hospital benchmark information reporting and the complete set of patient satisfaction data on the DHB forum website at: <http://www2.moh.govt.nz/QuickPlace/dhbest/Main.nsf>

(The required username and password are supplied to relevant DHB staff by staff at the Ministry who are responsible for hospital benchmark information reporting.)