

DHB Hospital Benchmark Information

Report for the Quarter
April - June 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

Throughout 2005/06, the Staff Turnover rate trended slightly downwards. The percentage of staff leaving within two years of their appointment fell from 47% to 41% over the year. The Sick Leave rate remained stable over the year. The rate of Work-related Injuries or Illnesses trended down over the year, and the lowest ever rate was reported in the June 2006 quarter.

Quality and patient satisfaction quadrant

The Patient Satisfaction rate varied between 87.3% in the March 2006 quarter and 87.9% in the September 2005 quarter, and ended the year with a result of 87.8% in the June 2006 quarter. The percentage of Complaints Resolved/Closed within 30 days showed a very slight upward trend in 2005/06.

During 2005/06, the Triage Time rate for triage 1 patients trended upwards, and the year ended with the highest result ever recorded for this code (98.67%). Patient numbers in triage code 2 trended slightly upwards during the year. Despite this increase, the Triage Time rate for this code increased to new highs during the year. In the June 2006 quarter, the Triage Time rate for triage 2 was the second highest ever recorded (64.65%). During 2005/06 the Triage Time rate for triage 3 trended upwards in the first quarter of the year, and then stabilised at that new high for the remainder of the year. The rate for this code in the June 2006 quarter was 53.52%, which was the highest rate recorded in two years. This was despite a steadily increasing trend in patient numbers in this code. The overall Hospital Acquired Bloodstream Infection rate trended gently down over 2005/06, with the June 2006 quarter result being 2.75%, which is a fairly typical rate for this indicator.

Process and efficiency quadrant

The Resource Utilisation rate trended upwards during 2005/06, ending the year with a June 2006 quarter result of 96.83%. The Performance to Contract rate trended very slightly upwards over the year. Overall Average Length of Stay continued to trend down and was lower in 2005/06 than in 2004/05. The Daycase Procedure rate decreased a little in 2005/06.

Financial quadrant

During 2005/06, the Return on Net Funds Employed and Operating Margin to Revenue rates both trended in an upward direction. The Revenue to Assets rate continued to increase, and was higher in 2005/06 than it was in 2004/05. The Debt:debt + equity rate trended slightly upwards over the year, and a rate of 52% was recorded in the June 2006 quarter.

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 fell to a new three-year low to reach a rate of 3.01% in the June 2006 quarter. During 2005/06, 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) decreased to a three year low in the June 2006 quarter while the total number of staff at the beginning of the quarter (the denominator) climbed to over 51,000, which is the highest recorded for three years.

Figure 1: Staff Turnover – each DHB

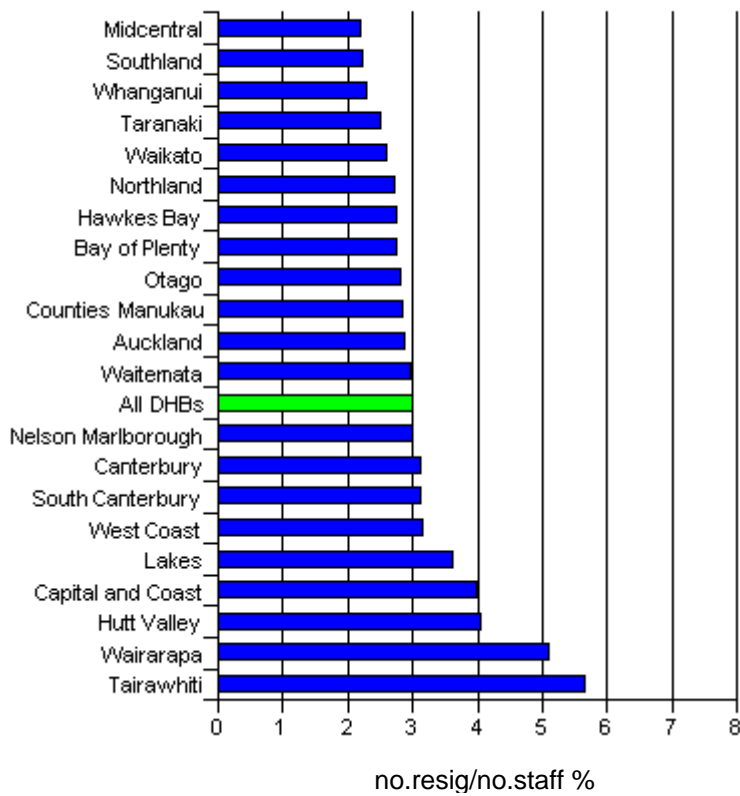
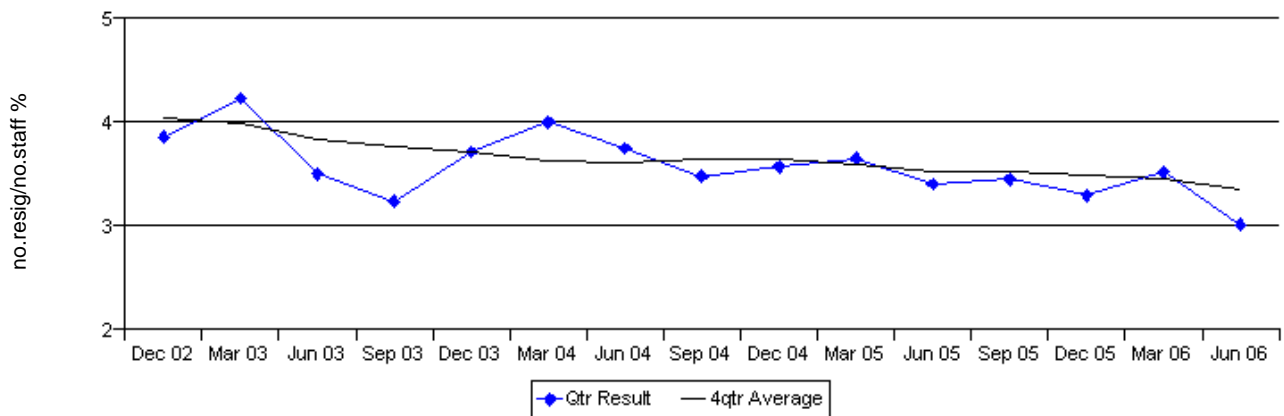


Figure 2: Staff Turnover – all DHBs



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.

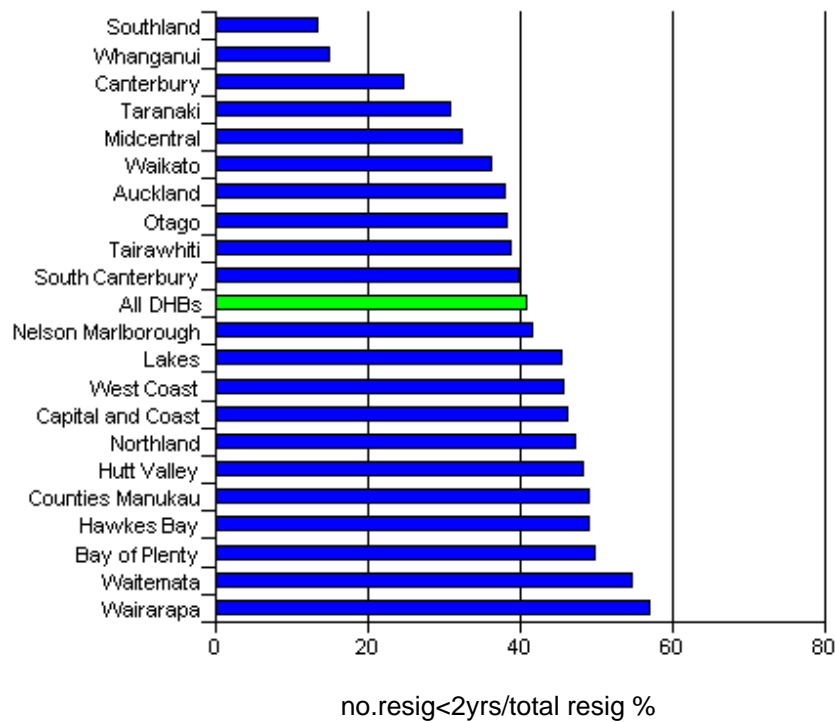
Figure 3: Staff resignations – all DHBs



Results for the quarter

The rate of staff resigning within two years of their appointment fell to 41% in the June 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) fell to a three year low. As recommended in the recent HBI review, this measure will not be included in future reports.

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



Sick Leave

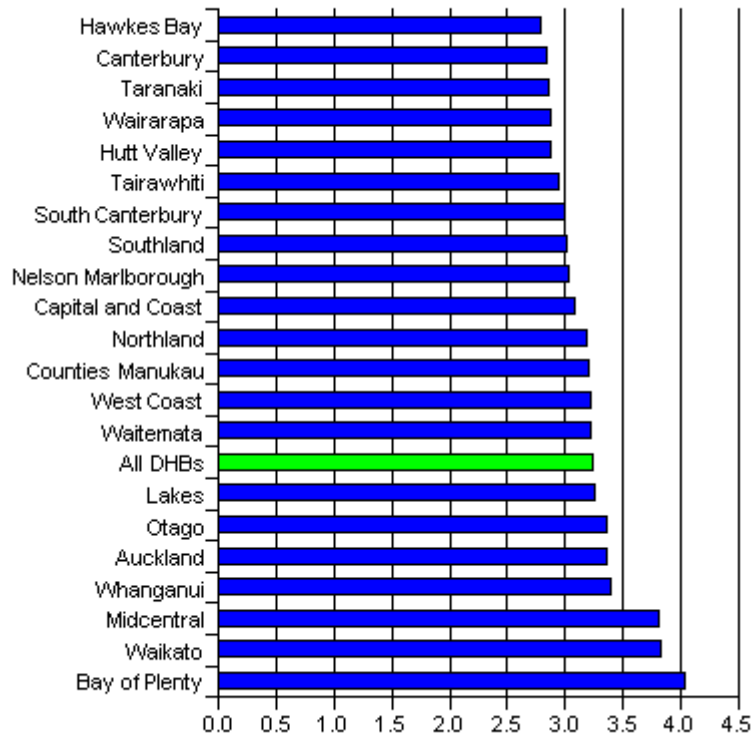
Measure description

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).

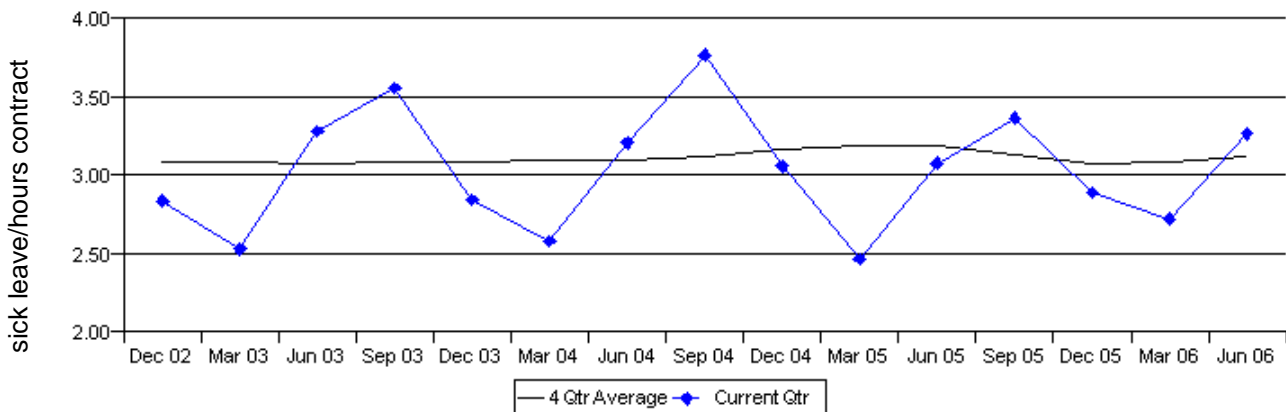
Figure 5: Sick Leave– each DHB



Results for the quarter

The Sick Leave rate for the June 2006 quarter of 3.26% was the highest June quarter result since the June 2003 quarter. 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 5.80 for the June 2006 quarter. This was the lowest rate ever recorded. In terms of raw data, this represented 128 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 June 2006 quarter, the four-quarter average rate for all DHBs followed the downward trend present during 2005/06 and fell to a three year low of 7.46.

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

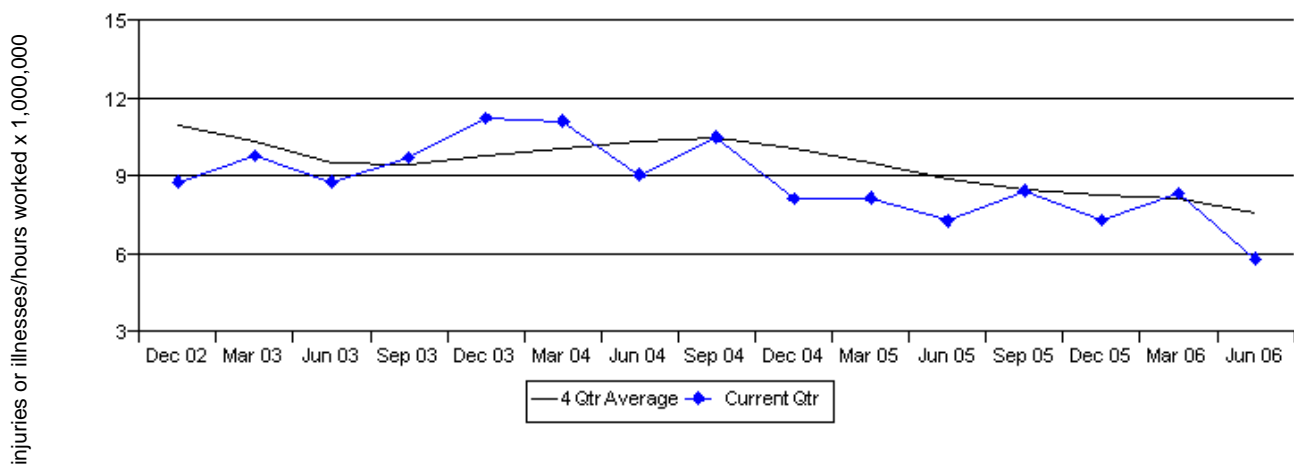
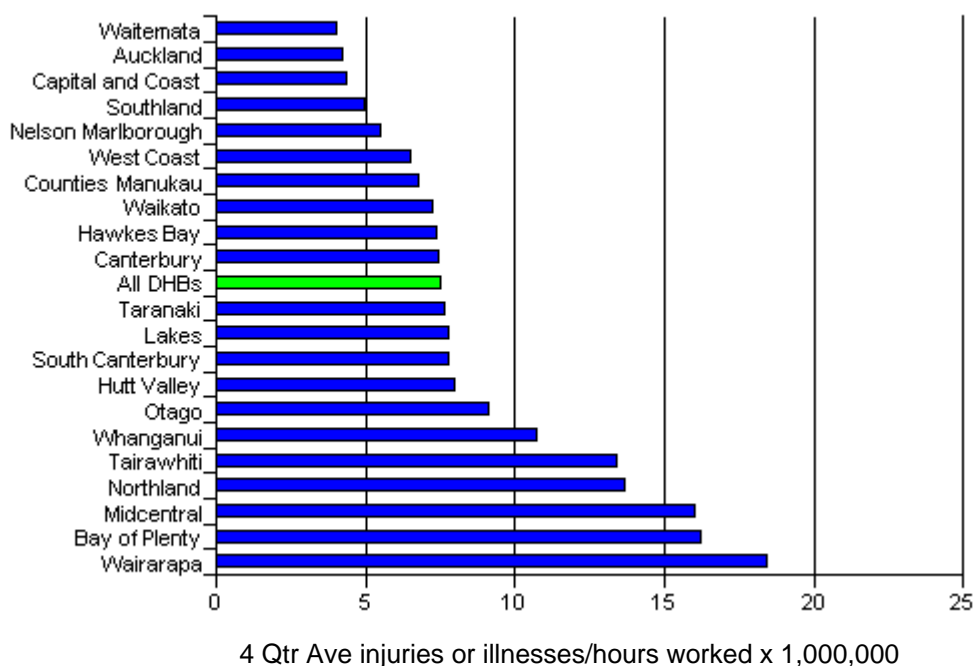


Figure 8: Staff Work-related Injury or Illness rate for June 2006 quarter – four quarter average for each DHB



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 inpatients¹ and outpatients². 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 quarter³ 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

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

² Outpatients includes patients having elective daycase procedures.

³ 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.

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 June 2006 quarter, 20 DHBs did not have a match for ethnicity, 12 did not match for gender, and 20 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.

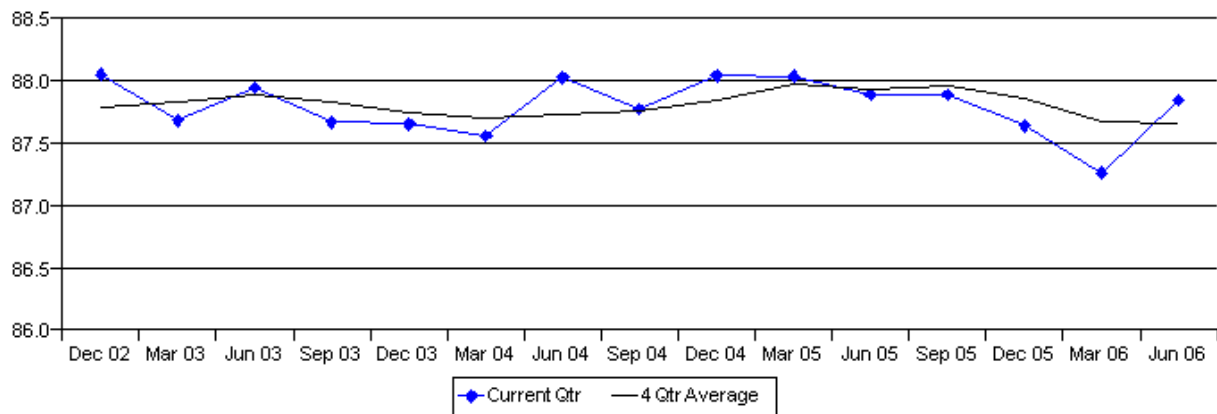
An additional limitation of the survey is that a number of groups of patients are excluded. When the survey guidelines were written in 2000, it was decided to omit certain patient groups in case they were sensitive about being identified having had certain treatments. These exclusions included patients of sexual health services, women having terminations of pregnancy, and mental health patients. (Subsequently 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 returned to a rate more typical for the sector in the June 2006 quarter with a result of 87.75%. All DHBs, except one, recorded an overall patient satisfaction rate over 85%.

During 2005/06, the four quarter average rate for all DHBs also followed a gentle downward trend, though the variation in actual rates between the highest and lowest quarter was just over half a percentage point.

Figure 9: Patient Satisfaction – all DHBs

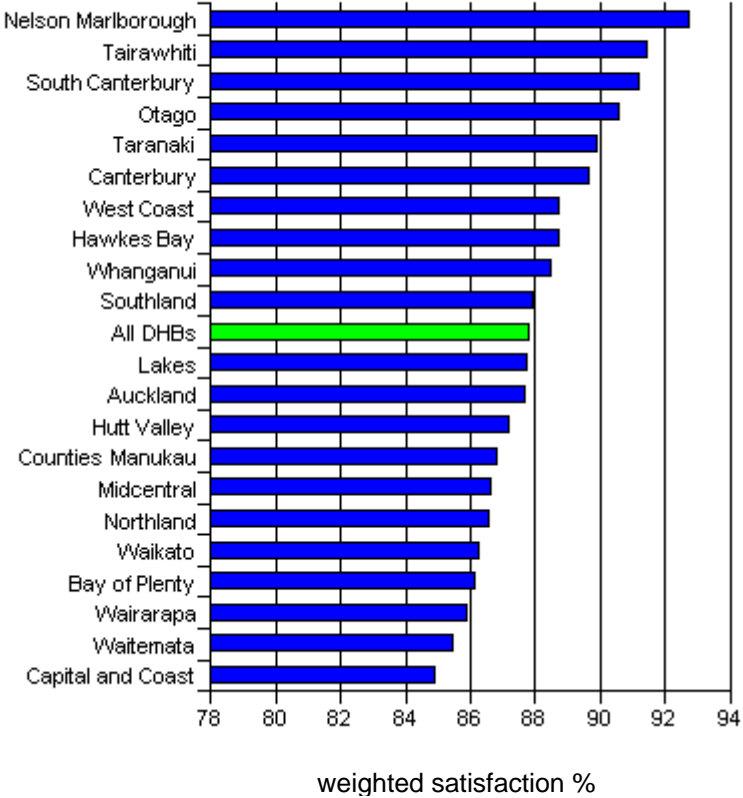


Satisfaction levels change little over the quarters, and levels tend to be generally very high, with the lowest recorded satisfaction level in the June 2006 quarter being 62%.

As is usual for the inpatient survey, the question about how much the patient liked the food provided in the hospital yielded lowest satisfaction rating (68.6%). The question asking patients if they felt they were treated with dignity yielded the highest satisfaction rating (89.5%). Inpatient respondents gave the highest average satisfaction score (89.3%) to the question asking them if they felt they were treated with dignity and respect by the staff.

For the June 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." These respondents gave the lowest average satisfaction score (70.2%) to the question "Please rate our Emergency Department staff on keeping you informed about you how long you could expect to wait". As has been discussed in previous reports, it is unclear if patients did not feel they were kept informed of their waiting times or if they were unhappy with the length of time they had to wait.

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. As recommended in the recent HBI review, this measure will not be included in future reports. DHBs may continue to collect data on complaints closure for use on an internal level.

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. The following table shows the percentage of complaints resolved within 30 days.

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	67.91	70.84	63.81	72.99	73.90	72.84	65.13	72.47

Figure 11: Complaints – all DHBs

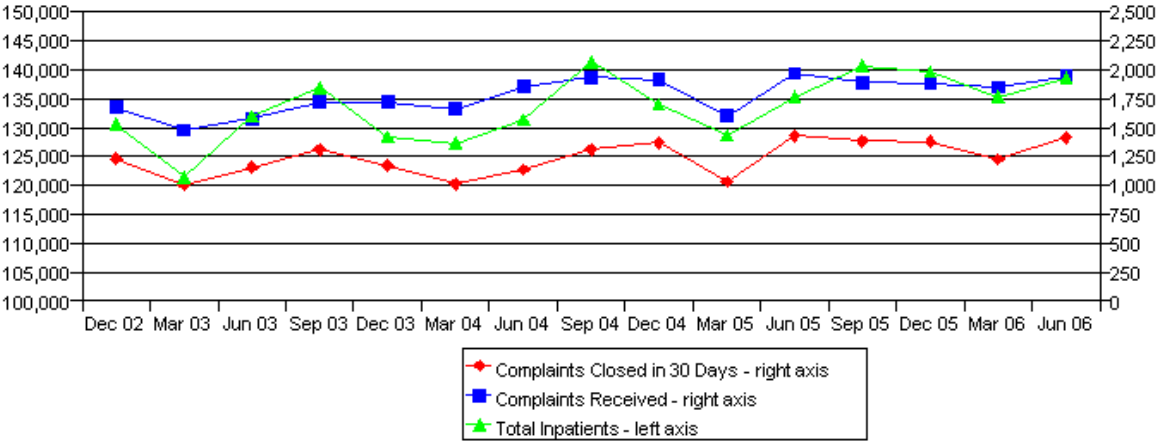
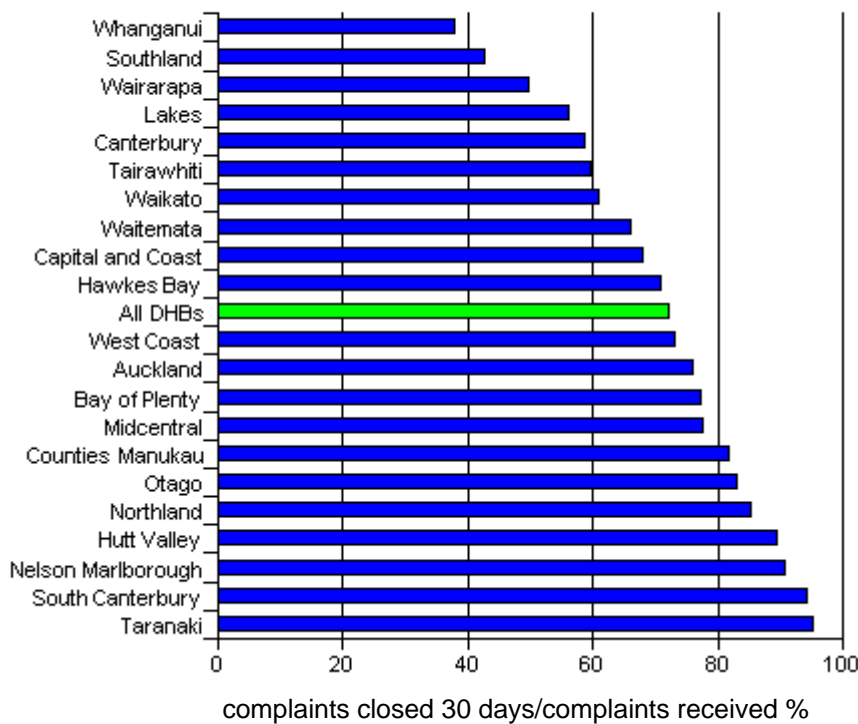


Figure 12: Complaints Closed – each DHB



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. However, 24 hour triage cover is not available in all hospitals, especially in smaller Emergency Departments. From the next report onwards, the triage clock will start when either the triage nurse comes in contact with the patient or the patient is logged by the clerical staff, whichever comes first.

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

Triage code	Time interval between arrival and start of treatment by doctor	Examples of conditions in this triage code
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) 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

Triage code	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
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.

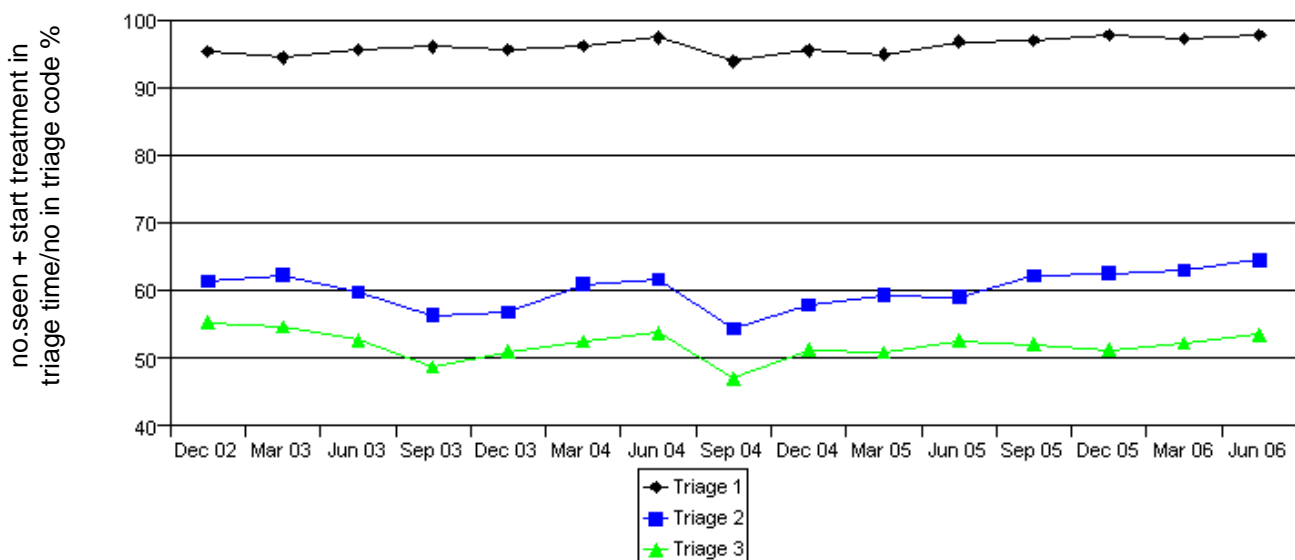
The Hospital Benchmark Information report uses the ACEM benchmarks. These benchmarks are recognised by Emergency Department clinicians as being quite high. If Emergency Departments are not meeting the benchmarks, this may mean that there are more patients waiting for longer than the ideal time to see 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. This will be addressed in the new measure definition to be introduced in the next report when medical assessment and treatment commences either at the first point of contact:

- with a doctor (= seen by doctor time) or
- with a Clinical Nurse Practitioner/Clinical Nurse Specialist/registered Nurse working in an Emergency Department who has proven competency in the use of approved pathways/standing orders (= seen by nurse time).

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 June 2006 quarter, four DHBs (out of 20) met the benchmarks for all three triage codes. These DHBs were: Nelson Marlborough, Tairāwhiti, Wairarapa and Lakes. Six 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, Taranaki, South Canterbury, and Northland. This was the same number of DHBs achieving these targets as the last quarter, which was a three year high.

For all DHBs, the number of patients in triage code 1 remained stable (1,261), and the Triage Time rate for this code increased to a new high result of 98.67%.

The number of patients in triage code 2 trended gently upwards during 2005/06, and in the June 2006 quarter there were 19,347 patients in this Triage code. However, the Triage Time rate increased to a three year high (64.65%). The rate has trended sharply upwards during 2005/06, meaning that Emergency Department staff are commencing treatment on more patients within the recommended time.

The numbers of patients in triage code 3 remained stable during 2005/06. In the June 2006 quarter, the Triage Time rate in this code increased to 53.52%. 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

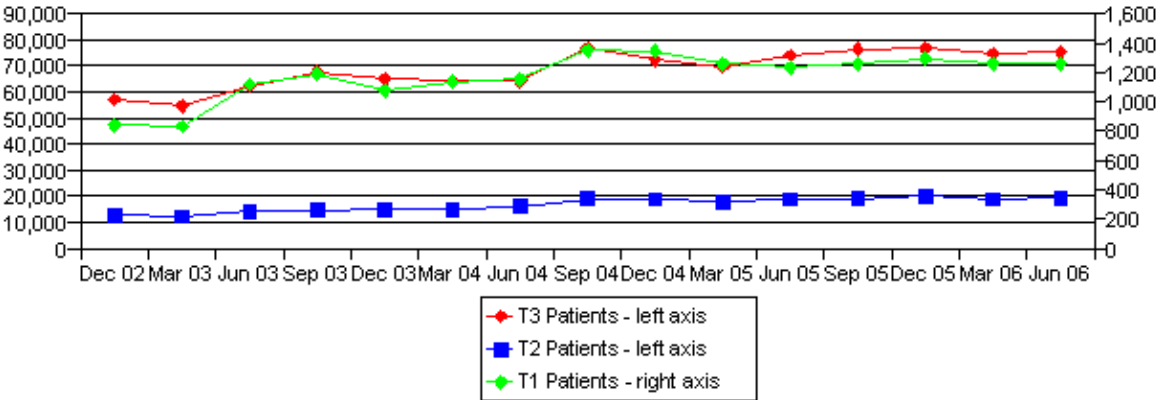


Table 3: Numbers of patients in triage codes 1, 2 and 3 and % seen by doctor and treatment started within triage times – each DHB

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	36	100	786	80	1968	71	2790
Waitemata	86	N/A	2086	55	8104	49	10276
Auckland	365	100	2496	53	6955	47	9816
Counties Manukau	101	100	1491	76	4953	32	6545
Waikato	73	89	1817	58	7494	46	9384
Bay of Plenty	79	100	1264	62	5163	47	6506
Lakes	22	100	291	85	2496	75	2809
Tairāwhiti	8	100	108	97	767	98	883
Taranaki	19	100	477	81	3261	71	3757
Hawke's Bay	50	100	726	70	3078	58	3854
MidCentral	22	100	713	64	3673	46	4408
Whanganui	6	100	192	77	1217	75	1415
Capital & Coast	92	100	1272	82	3439	60	4803
Hutt Valley	40	100	887	69	2842	40	3769
Wairarapa	12	100	218	100	1229	100	1459
Nelson Marlborough	10	100	519	85	2819	76	3348
West Coast	1	100	78	80	979	72	1058
Canterbury	168	98	2289	43	8057	47	10514
South Canterbury	8	100	124	81	1317	73	1449
Otago	52	100	1113	82	3099	49	4264
Southland	11	100	400	59	2250	58	2661
All DHBs	1261	99	19347	65	75160	54	95768

*Australasian College for Emergency Medicine (ACEM) benchmarks

Note: Waitemata triage times for code 1 patients 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 unavoidable⁴.

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 & 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.

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.

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.

⁴ 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.

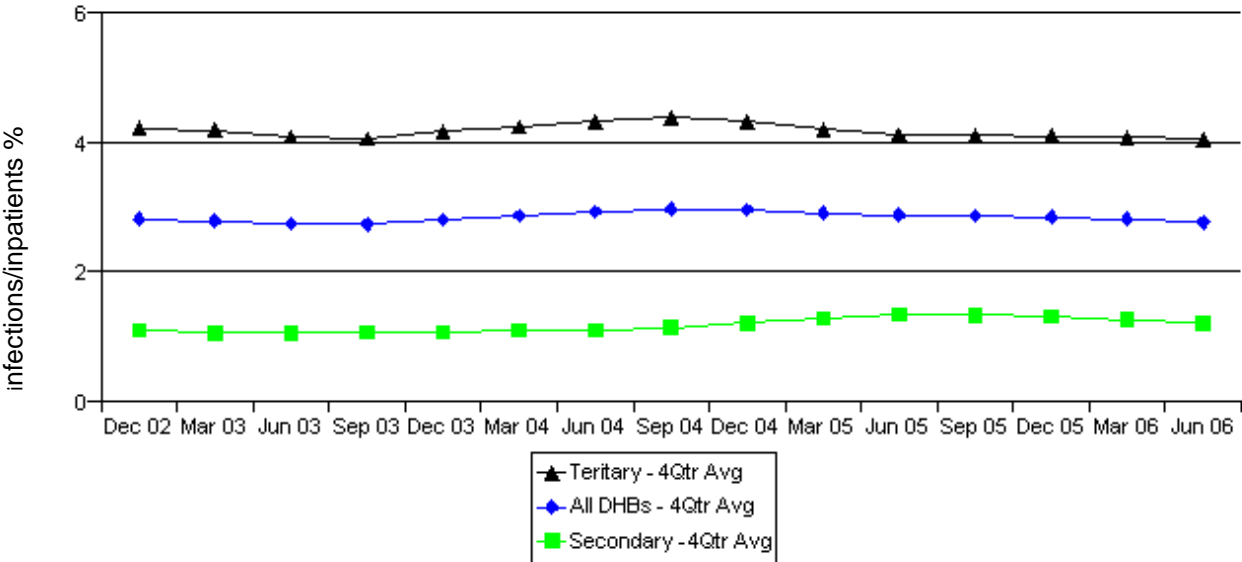
Comparisons must be made with caution, as a higher than average reported infection rate may indicate an efficient surveillance system rather than poor practice.

Results for the quarter

In the June 2006 quarter, the four quarter average Hospital Acquired Bloodstream Infection rate was 2.75%, a further decrease from the previous four quarter result of 2.89%. All DHBs combined reported a total of 405 infections during the June 2006 quarter, which was higher than the previous quarter. However, the four quarter trend in the number of infections reported remained stable during 2005/06.

The four quarter average Hospital Acquired Bloodstream Infection rate for tertiary hospitals (Auckland, Counties Manukau, Waikato, Capital & Coast, Canterbury and Otago) fell slightly at 4.03% from the previous quarter result of 4.09%. In the June 2006 quarter, the rate for secondary hospitals remained unchanged at 1.19%.

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. As recommended in the recent HBI review, this measure will not be included in future reports.

Figure 16: Resource Utilisation – all DHBs

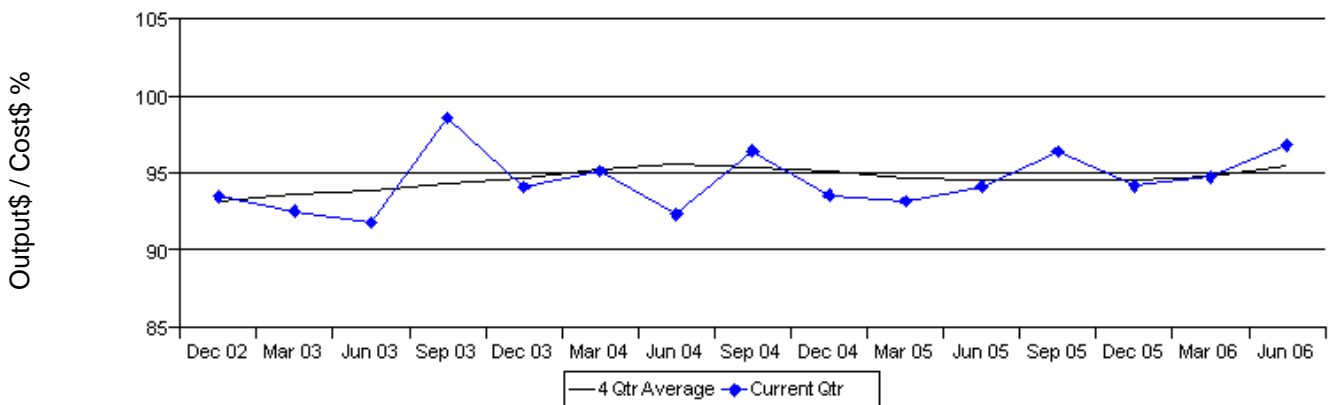
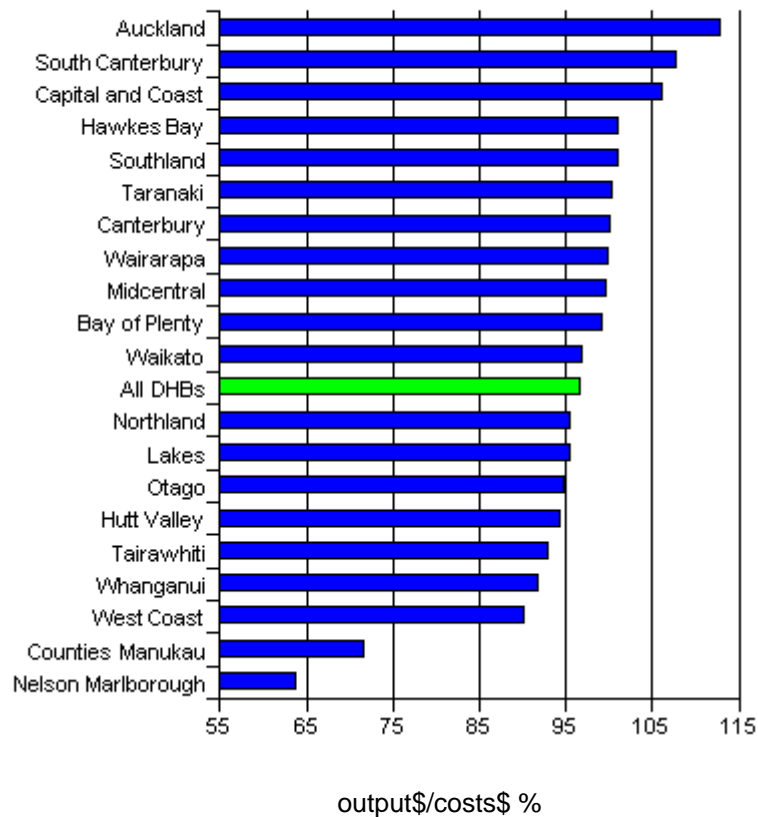


Figure 17: Resource Utilisation – each DHB



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 contracted⁵ 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. As recommended in the recent HBI review, this measure will not be included in future reports.

⁵This 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

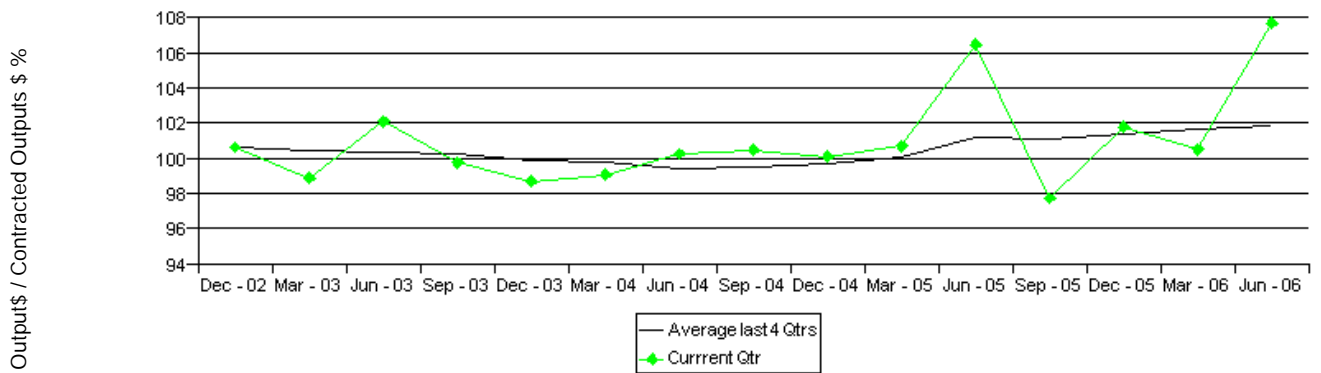
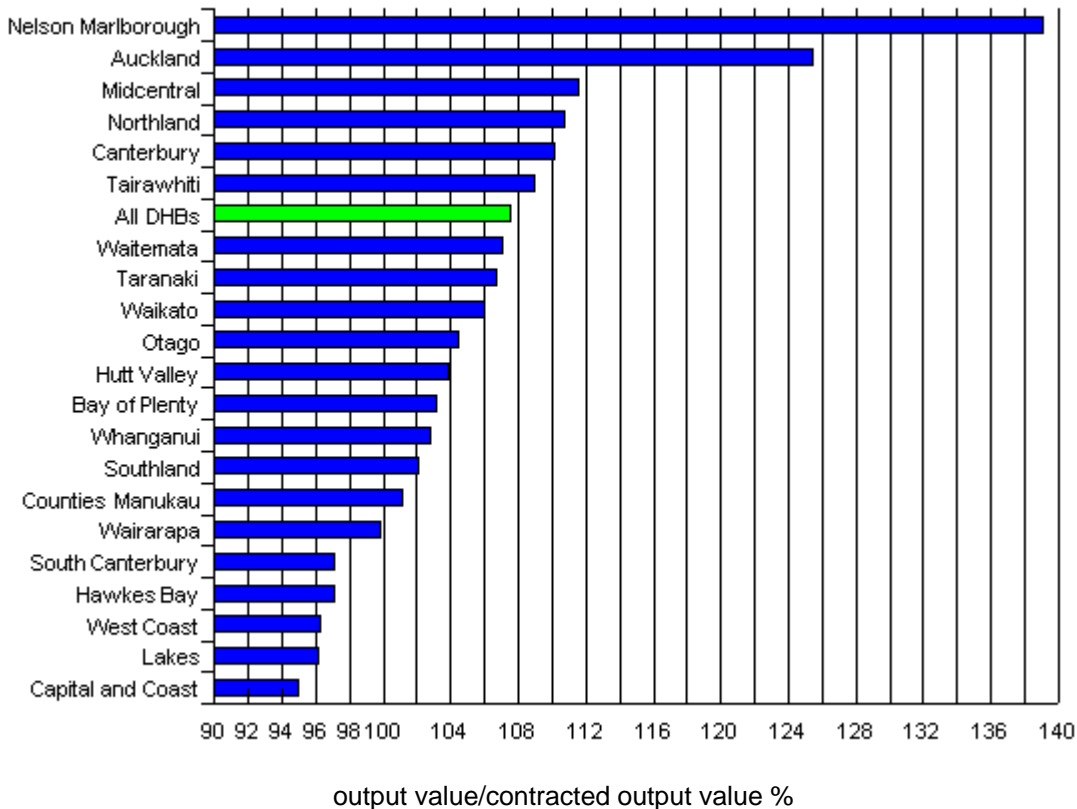


Figure 19: Performance to Contract – each DHB



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 Group⁶ 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. As recommended in the recent HBI review, this method of reporting this measure will be replaced by the following analysis in future HBI reports.

This analysis 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 shortening of the Average Length of Stay rate for all DHBs from the June quarter 2005 result to the June 2006 quarter result. The four quarter average rate of 2.96 days was also lower than the previous four quarter result of 3.20 days. As can be seen in Figure 20, during 2005/06, the trend in this measure remained stable for the first three quarters then trended sharply downwards in the last quarter.

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, 163,597 procedures were completed in the quarter, 43,677 assigned to surgical DRGs, 6,322 assigned to 'other' DRGs, and 113,594 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 of the larger tertiary DHBs were better at performing their medical DRG casemixes with a shorter length of stay than expected, while the smaller DHBs were better at performing their surgical DRGs than their medical DRGs with the expected average length of stay.

⁶ 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 results⁷

DHB	Group	Procedures	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Northland	Surgical	1750	2.77	2.95	93.9
	Medical	4939	2.24	2.68	83.6
	Total	6820	2.38	2.75	85.6
Waitemata	Surgical	2677	3.52	3.65	96.4
	Medical	13112	2.18	2.35	92.8
	Total	16016	2.44	2.59	94.2
Auckland	Surgical	6544	4.03	4.00	100.8
	Medical	16966	2.07	2.21	93.7
	Total	24871	2.57	2.68	95.9
Counties Manukau	Surgical	4717	3.09	2.97	104.0
	Medical	13249	2.06	2.17	94.9
	Total	18416	2.37	2.41	98.4
Waikato	Surgical	4170	4.04	3.56	113.5
	Medical	9891	2.63	2.58	101.9
	Total	14779	3.02	2.84	106.3
Bay of Plenty	Surgical	2312	2.90	2.86	101.4
	Medical	5622	3.01	2.60	115.8
	Total	8306	2.96	2.65	111.7
Lakes	Surgical	1066	2.46	2.58	95.3
	Medical	3615	2.30	2.21	104.1
	Total	4776	2.33	2.30	101.3
Tairāwhiti	Surgical	557	2.38	2.26	105.3
	Medical	1445	2.44	2.39	102.1
	Total	2050	2.44	2.38	102.5
Taranaki	Surgical	1137	3.01	3.06	98.4
	Medical	2435	3.36	3.01	111.6
	Total	3779	3.17	2.97	106.7
Hawke's Bay	Surgical	1541	3.55	3.31	107.3
	Medical	3463	3.44	2.82	122.0
	Total	5269	3.42	2.95	115.9
MidCentral	Surgical	1538	3.15	3.13	100.6
	Medical	3749	3.11	2.72	114.3
	Total	5502	3.09	2.82	109.6
Whanganui	Surgical	795	2.20	2.71	81.2
	Medical	2201	2.69	2.47	108.9
	Total	3081	2.54	2.53	100.4

⁷ Note: Southland data not available in June 2006 quarter.
DRGs classified as 'other' not included in this table

DHB	Group	Procedures	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Capital & Coast	Surgical	2993	3.53	3.85	91.7
	Medical	5951	2.72	2.80	97.1
	Total	9441	2.93	3.10	94.5
Hutt Valley	Surgical	1644	2.81	3.01	93.4
	Medical	3881	2.47	2.34	105.6
	Total	5623	2.60	2.55	102.0
Wairarapa	Surgical	435	1.84	2.29	80.3
	Medical	1216	2.39	2.44	98.0
	Total	1680	2.28	2.44	93.4
Nelson Marlborough	Surgical	1626	2.03	2.45	82.9
	Medical	3051	2.08	2.28	91.2
	Total	4910	2.03	2.30	88.3
West Coast	Surgical	257	2.86	2.29	124.9
	Medical	599	2.83	2.49	113.7
	Total	887	2.78	2.60	106.9
Canterbury	Surgical	4966	4.00	3.86	103.6
	Medical	12304	2.47	2.44	101.2
	Total	18253	2.90	2.83	102.5
South Canterbury	Surgical	670	3.15	3.15	100.0
	Medical	1694	2.50	2.47	101.2
	Total	2446	2.68	2.66	100.8
Otago	Surgical	2252	3.47	3.73	93.0
	Medical	4084	2.86	2.80	102.1
	Total	6526	3.08	3.14	98.1

Figure 20: Average Length of Stay – all DHBs

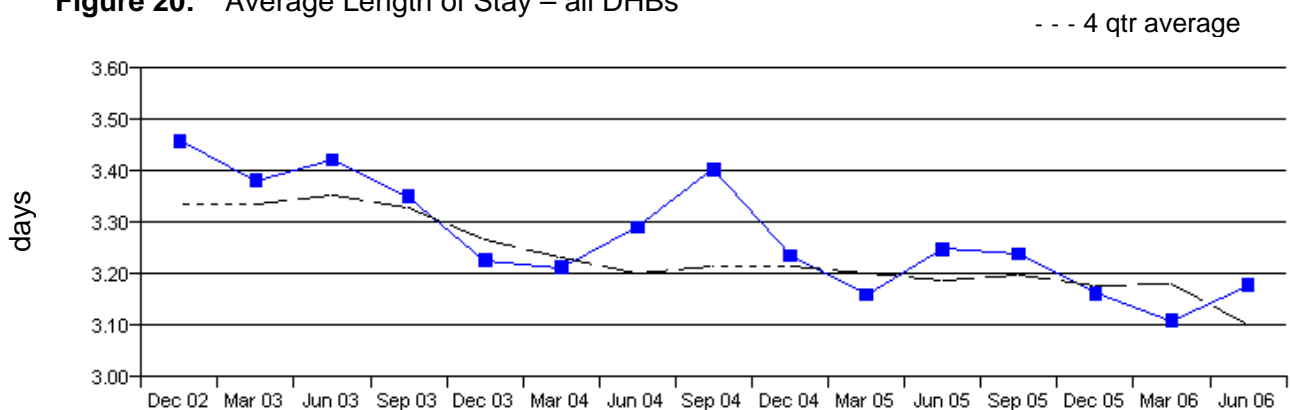
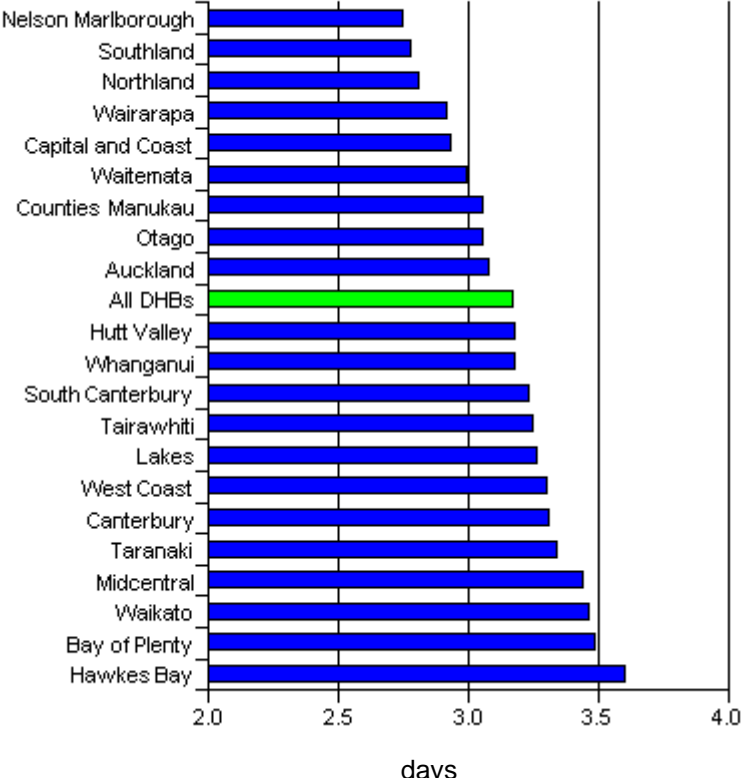


Figure 21: Average Length of Stay – each DHB



Daycase Procedures

Measure description

The rate is calculated by dividing the number of daycase procedures (from the eligible daycase procedure list⁸) 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. As recommended in the recent HBI review, this method will be replaced in future reports by the following analysis.

⁸ 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.

This analysis provides daycase performance for all electives (with a very limited exclusion list), further broken down into surgical and medical results. This is 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 includes medical, surgical, and total DRGs, but excludes DRGs classified as 'other'.

Results for the quarter

The daycase rate for all DHBs has trended down during 2005/06. However, this change is not significant. Using the older prescriptive list of daycase procedures, the four quarter rate was 70.3% in the June 2006 quarter, which represented a slight drop from the previous four quarter result of 70.1%.

Using the newer analysis (which has very few exclusions), just under 13,000 (excluding Southland—the DHB was unable to supply data for this measure in this quarter) procedures were performed in the June 2006 quarter, which was comparable with the previous quarter. The total expected daycase procedure rate across DHBs varied from 23-55%. Only eight DHBs performed a lower percentage of their total cases as daycases than expected and, of those, only three DHBs were behind by more than two percentage points. This was slightly less than the March 2006 quarter, when seven DHBs performed a lower than expected percentage and, of those, three DHBs were two percentage points behind.

Figure 22: Daycase Procedures – all DHBs

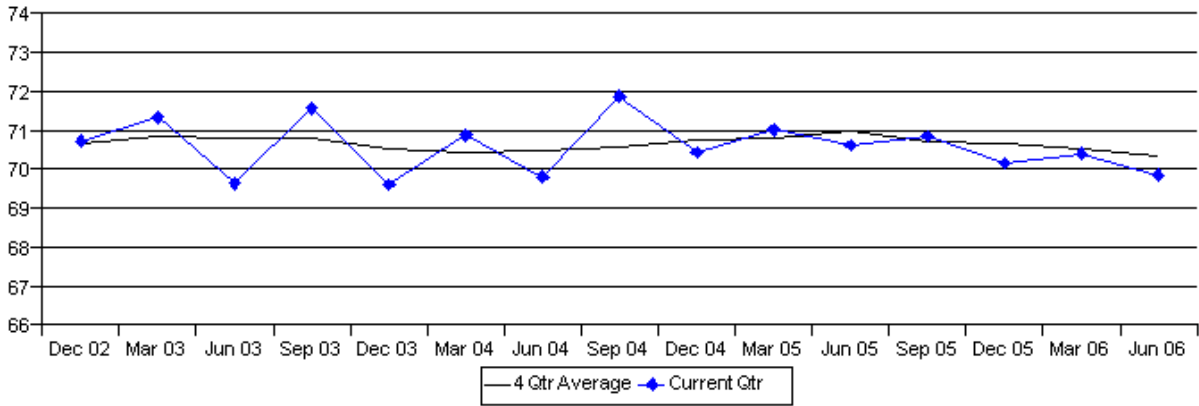
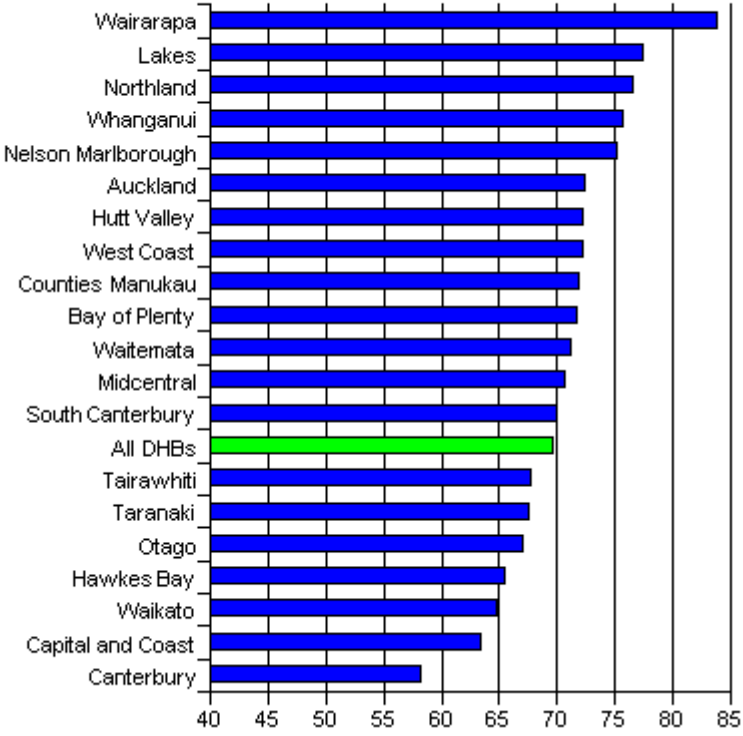


Figure 23: Daycase Procedures – each DHB



Eligible procedures as daycase/all eligible procedures %

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 measure 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 ⁹	%
	Total debt + equity ¹⁰	

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.

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

¹⁰ Taken from the closing financial balance at end of the relevant quarter.

Operating Margin to Revenue =	Net surplus or deficit ⁹	%
	Total revenue ¹⁰	

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. As recommended in the recent HBI review, these measures will not be included in future reports.

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



	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	3.59	1.30	1.63	0.13	3.83	2.73	2.11	1.91
Revenue	2.02	0.76	0.92	0.07	2.07	1.48	1.16	1.06

Figure 25: Return on Net Funds Employed – each DHB

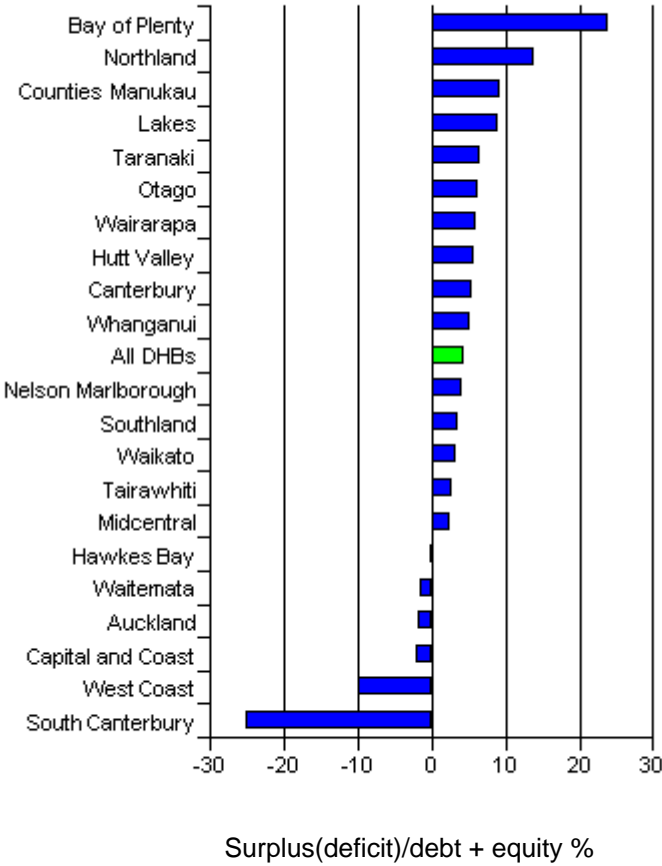
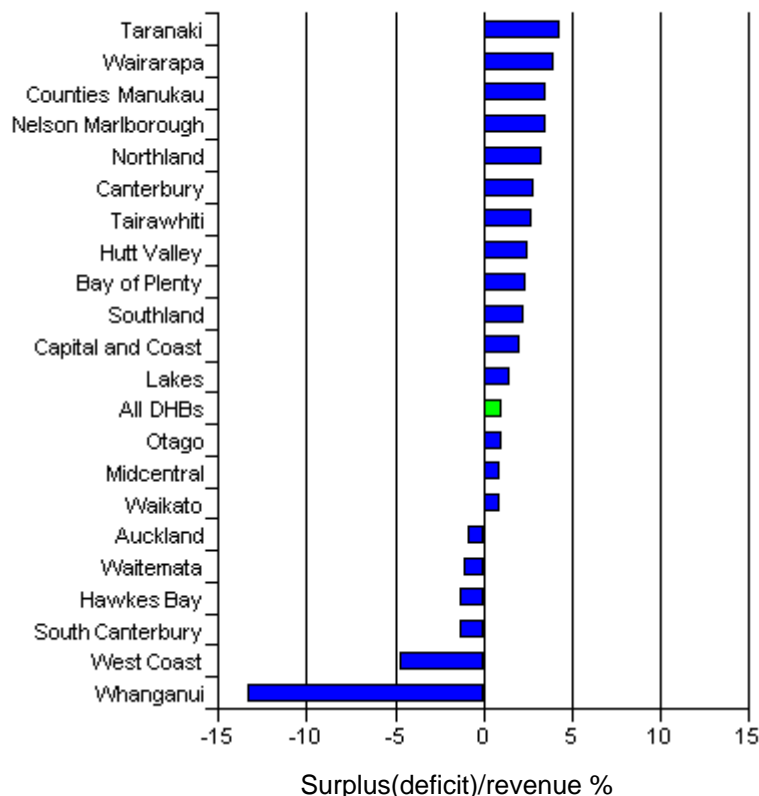


Figure 26: Operating Margin to Revenue



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 ⁹
	Total debt + equity ¹⁰

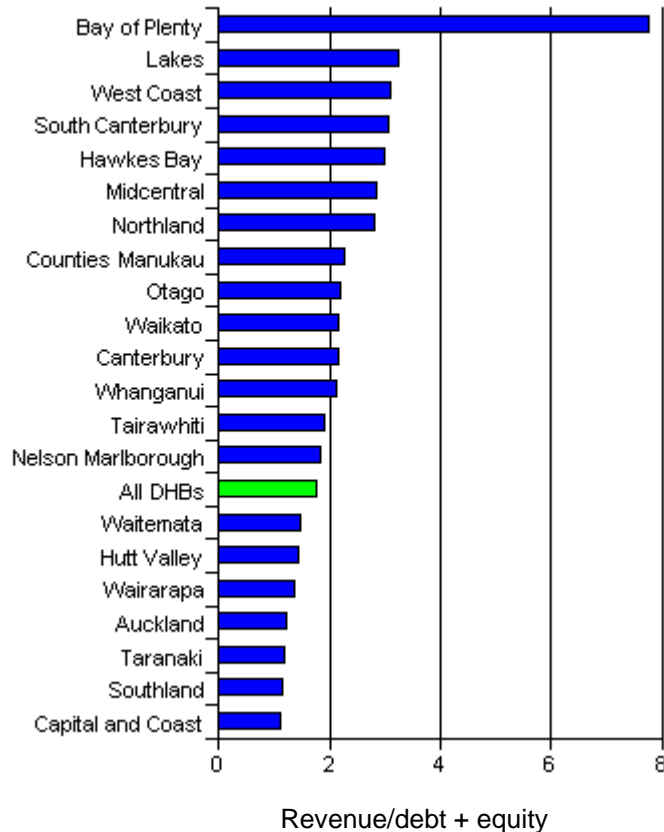
A Revenue to Net Funds Employed rate below 1 may indicate that the hospital services have borrowed more money or have more assets (eg, buildings) in proportion to the amount of services they are delivering.

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. As recommended in the recent HBI review, this measure will not be included in future reports.

	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	1.72	1.77	1.75	1.85	1.84	1.82	1.81

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 ¹⁰	%
	Total Debt + Total Equity ¹⁰	

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.

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	52.36	52.83	52.98	51.04	52.75	52.99	54.49	51.74

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

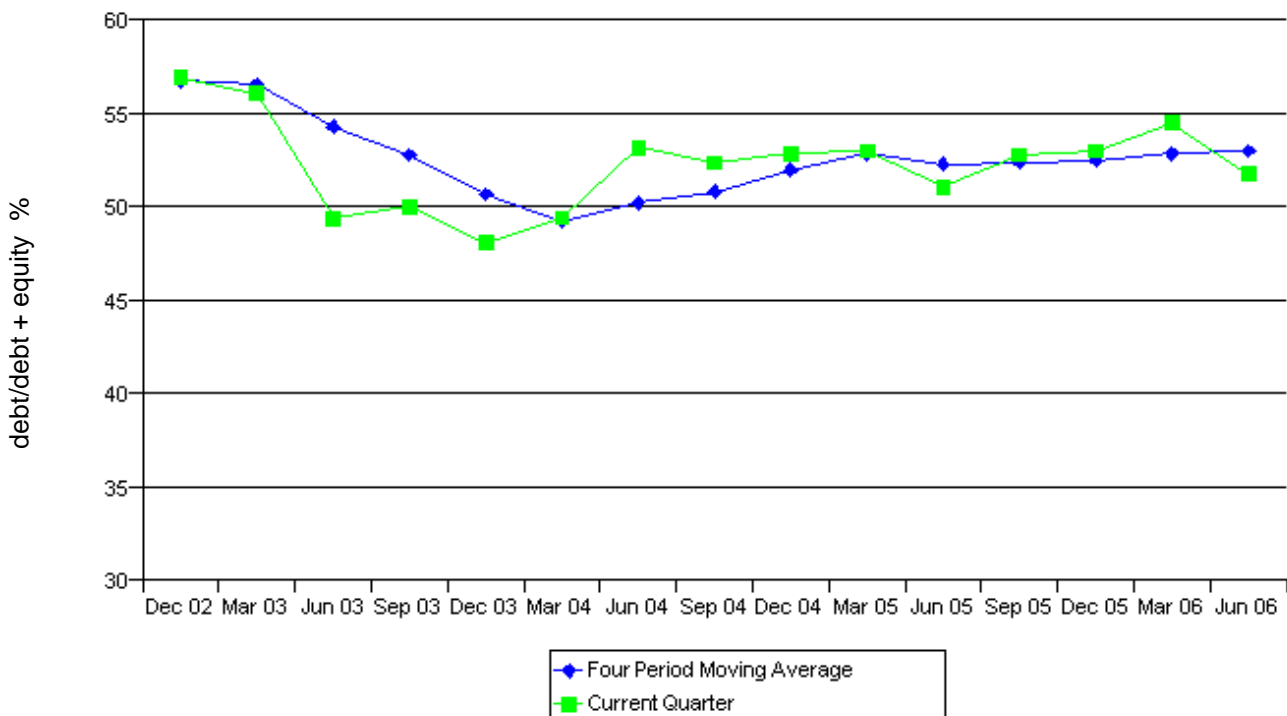
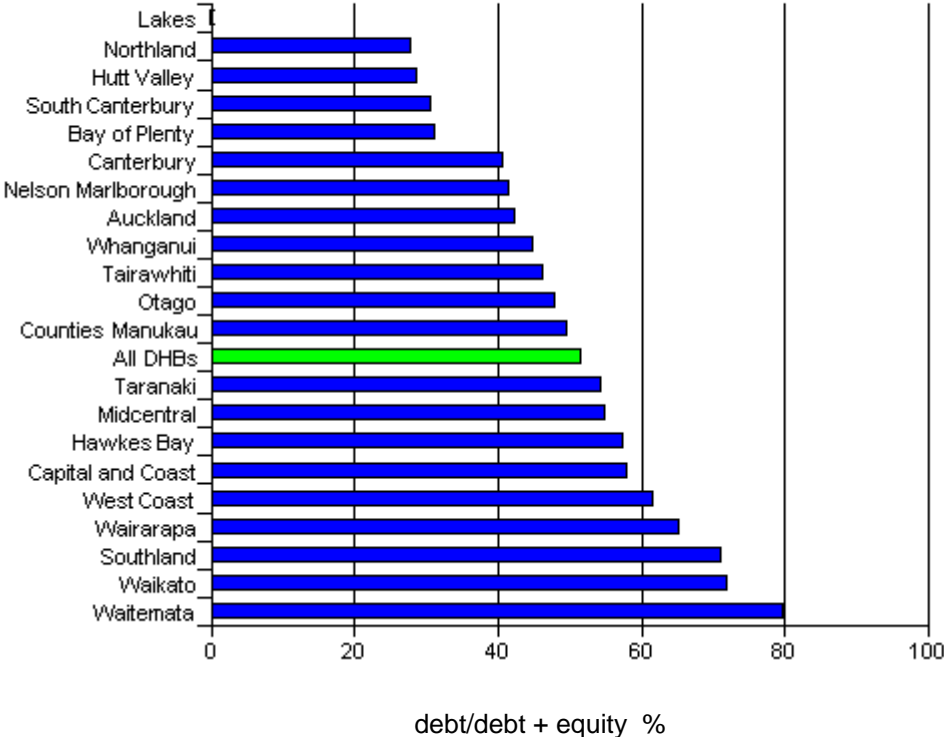


Figure 29: Debt/ Debt + Equity Ratio – each DHB



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 2.75 % in the June 2006 quarter, which was below the average result for all DHBs of 2.99%. During 2005/06, the DHB's rate in this measure has trended upwards. However, the results remained lower than previous years.

Staff Stability

In the June 2006 quarter, 47% of resignations from Northland were from staff within two years of their appointment. The DHB's four quarter average rate of 53% was one of the highest recorded by any DHB. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

Northland's Sick Leave rate of 3.2% was just below the average rate for all DHBs of 3.3% in the June 2006 quarter. During 2005/06, the trend in the DHB's four quarter rate for this measure remained stable

Staff Work-related Injury or Illness

Northland's four quarter average rate was 11.96, which represented an increase from the DHB's previous four quarter rate of 10.97. The DHB's result was one of the higher results recorded by all DHBs in the June 2006 quarter and was above the average rate of 7.46 for all DHBs. During 2005/06, the trend in the DHB's rate fluctuated, but there was no net change over the year.

Quality and patient satisfaction quadrant

Patient Satisfaction

Northland's quarter overall satisfaction rate of 87% in the June 2006 quarter was below the average rate for all DHBs of 88%. During 2005/06, the DHB's four quarter moving average rate has trended downwards, though the degree of flux has been less than one percentage point.

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", (DHB result 70%: all DHB range 64-77%). From the inpatient responses, three 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 (DHB result 74%: all DHB range 70-86%) and information about how the staff would treat the patient's problem (DHB result 78%: all DHB range 76-90%), and how much the

patient liked the food provided in the hospital (DHB result 64%: all DHB range 62-88%). All of these rates were higher than recorded by the DHB in the March 2006 quarter.

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

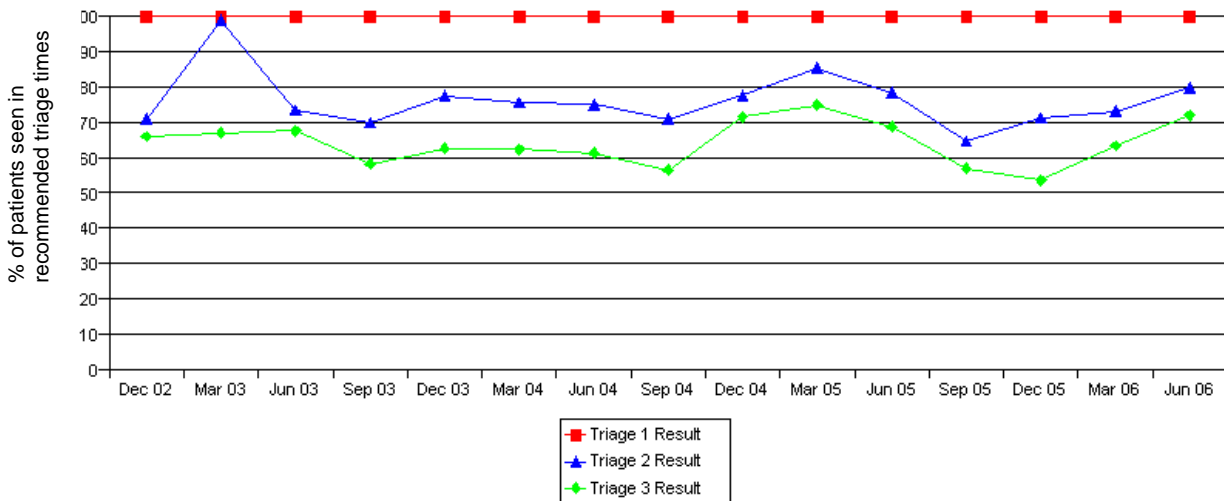
Percentage of Complaints Resolved/Closed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	65.35	72.34	70.00	67.80	76.30	80.45	81.20	85.53

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

Northland continued to meet the benchmark for triage code 1 in the June 2006 quarter, and also met the benchmark for triage code 2 (result 80%). The DHB's result in triage code 3 (result 63%) continued to increase, and this result was the second highest recorded by the DHB in three years. During 2005/06, the trend in patient numbers in codes 2 and 3 increased in the first quarter, and then stabilised in the following three quarters. The four quarter moving average trend in triage times for these codes decreased in the first two quarters then stabilised in the latter two quarters.

Figure 30: Triage rates – Northland



Hospital Acquired Bloodstream Infections

The four quarter rate was 0.64 in the June 2006 quarter, less than the previous four quarter result of 0.75 and below the four quarter average rate for secondary hospitals of 1.19. During 2005/06, The DHB's trend in this measure fell for the first three quarters, and then stabilised.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	98.89	96.39	100.41	89.32	98.44	102.79	97.71	95.75

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	100.57	99.93	102.25	108.69	99.44	101.61	102.61	110.82

Average Length of Stay

Northland DHB recorded the shortest length of stay of all DHBs in the June 2006 quarter, and also recorded the shortest length of stay of all DHBs in the June 2006 quarter for its medical DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1750	2.77	2.95	93.9
Medical	4939	2.24	2.68	83.6
Total	6820	2.38	2.75	86.5

Daycase Procedures

Northland continued to perform well on Daycase procedures in the June 2006 quarter, with more surgical and, to a greater extent, medical cases being performed on a daycase basis than expected.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1008	51	47	108.5
Medical	1108	33	27	122.2
Total	2586	45	41	109.8

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2006	Dec 2005	Sep 2005	Jun 2005	Mar 2005	Jun 2006
NFE	12.86	10.10	13.94	17.42	11.32	-1.10	12.26	9.28
Revenue	4.89	3.82	4.48	5.52	3.47	-0.36	4.70	3.25

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.63	2.64	2.61	3.04.	3.26	3.16	3.11	2.85

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	27.79	27.96	27.47	31.41	31.16	29.88	31.17	27.90

Waitemata DHB hospitals

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

Organisational health quadrant

Staff Turnover

In the June 2006 quarter, the Staff Turnover rate for Waitemata was the lowest June quarter rate (2.99%) recorded by the DHB for three years and was equal to the average rate for all DHBs. During 2005/06, the DHB's trend in this measure remained relatively stable.

Staff Stability

In the June 2006 quarter, 55% of resignations from Waitemata were from staff within two years of their appointment. This was the highest result recorded by the DHB in three years. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

The DHB's rate of 3.2% was the highest June quarter result recorded by the DHB in three years and was just below the average of 3.3% for all DHBs in the June 2006 quarter. While the four quarter average rate of 3.1% remained unchanged from the previous four quarter result, the DHB's trend in this measure has increased since the June 2005 quarter.

Staff Work-related Injury or Illness

Waitemata's four quarter average rate of 4.29 was one of the lowest recorded by any DHB in the June 2006 quarter. However, it did represent a slight increase from the DHB's previous four quarter result of 4.23. During 2005/06, the DHB's rate fluctuated, but there was no net change over the year.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 86% for the June 2006 quarter, which was lower than the average rate of 88% for all DHBs combined. During 2005/06, the four quarter moving average rate increased sharply in the first quarter, and then trended downwards for the latter three quarters.

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" (DHB result 67%: all DHB range 64-77%). From the inpatient responses, Waitemata's results for the questions about information provided about treatment options (DHB result 76%: all DHB range 76-90%), asking the patient's permission before treating them (DHB result 82%: all DHB range 82-91%), offering choices specific to the patient's culture (DHB result 76%: all DHB range 76-93%) and preparing the patient for leaving (DHB result 75%: all DHB range 75-93%) were the lowest of all DHBs. Two other questions had a satisfaction rate below 80%.

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

Percentage of Complaints Resolved/Closed

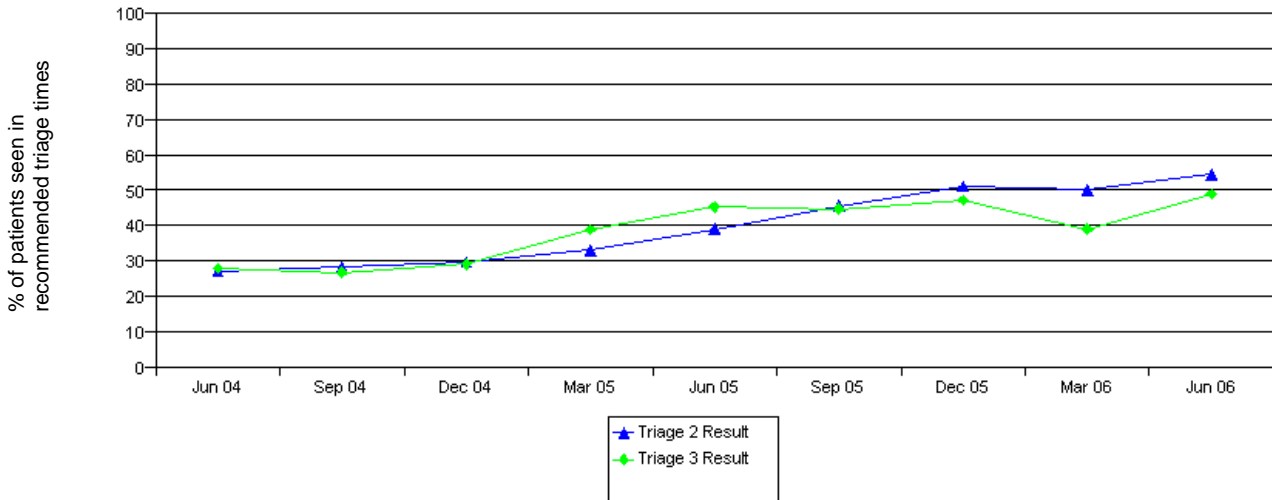
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	52.89	57.82	64.84	48.00	62.38	57.82	55.62	66.45

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 the future.

Waitemata’s Triage code 2 rate of 54% and Triage code 3 rate of 49% were the highest results recorded by the DHB in two years, but were still one of the lowest recorded by any DHB in the June 2006 quarter. During 2005/06, patient numbers and triage rates in both codes trended upwards.

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



Hospital Acquired Bloodstream Infections

The four quarter average rate of 1.07 in the June 2006 quarter was less than the DHB’s previous four quarter average rate of 1.70 and was also below the four quarter average rate for all DHBs of 1.19. During 2005/06, the DHB’s trend in this measure followed a downward direction.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	97.42	94.35	94.49	N/A	95.09	95.80	94.01	94.88

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	100.20	100.26	101.22	N/A	99.33	101.91	101.16	107.14

Average Length of Stay

Waitemata recorded one of the shortest overall average length of stays of all DHBs in the June 2006 quarter than would be 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	2677	3.52	3.65	96.4
Medical	13112	2.18	2.35	92.8
Total	16016	2.44	2.59	94.2

Daycase Procedures

Waitemata recorded a very low expected rate of procedures as Daycase. It performed more cases than expected on a daycase basis for surgical DRGs and less than expected for medical DRGs, leading to a total rate equal to the expected rate the June 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1603	37	32	115.6
Medical	3208	16	17	94.1
Total	5272	23	23	100.0

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	3.93	1.24	0.61	-0.53	-1.61	-0.91	-1.59	-1.73
Revenue	2.87	1.08	0.46	-0.38	-1.08	-0.62	-1.12	-1.16

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	1.37	1.14	1.34	1.39	1.49	1.46	1.42	1.50

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	63.28	70.95	68.74	71.27	73.41	75.69	78.65	79.96

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 2.9% was the lowest rate recorded by the DHB for three years, and was below the average rate of 2.99 % for all DHBs in the June 2006 quarter. During 2005/06, the DHB's trend rose during the first three quarters, but fell in the last quarter.

Staff Stability

In the June 2006 quarter, 38% of resignations from Auckland were from staff within two years of their appointment. This was the lowest result recorded by the DHB for three years. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

Auckland's Sick Leave rate for the June 2006 quarter of 3.4% was the highest recorded by the DHB in three years. The DHB's rate has been trending upwards for the past three quarters. However, the DHB's four quarter rate of 2.8% remained below the average of 3.1% for all DHBs in the June 2006 quarter.

Staff Work-related Injury or Illness

The DHB's four quarter average rate of 4.11 was the lowest recorded by any DHB. The June 2006 quarter result also represented a decrease from the DHB's previous four quarter rate of 7.28 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 88% for the June 2006 quarter, which was equal to the average rate for all DHBs combined for the same quarter. During 2005/06, the DHB's rate trended upwards in this measure.

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 (DHB result 64%: all DHB range 64%-77%) and the question about the staff's effort to help make an appointment time that suited the patient (DHB result 79%: all DHB range 79-87%). The same two questions yielded the lowest satisfaction rating in the previous quarter. From the inpatient responses, the question about how much the patient liked the food provided in the hospital yielded the lowest satisfaction rate (DHB result 62%: all DHB range 62-88%) of all DHBs. The satisfaction rate recorded by the DHB was below 80% for three 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

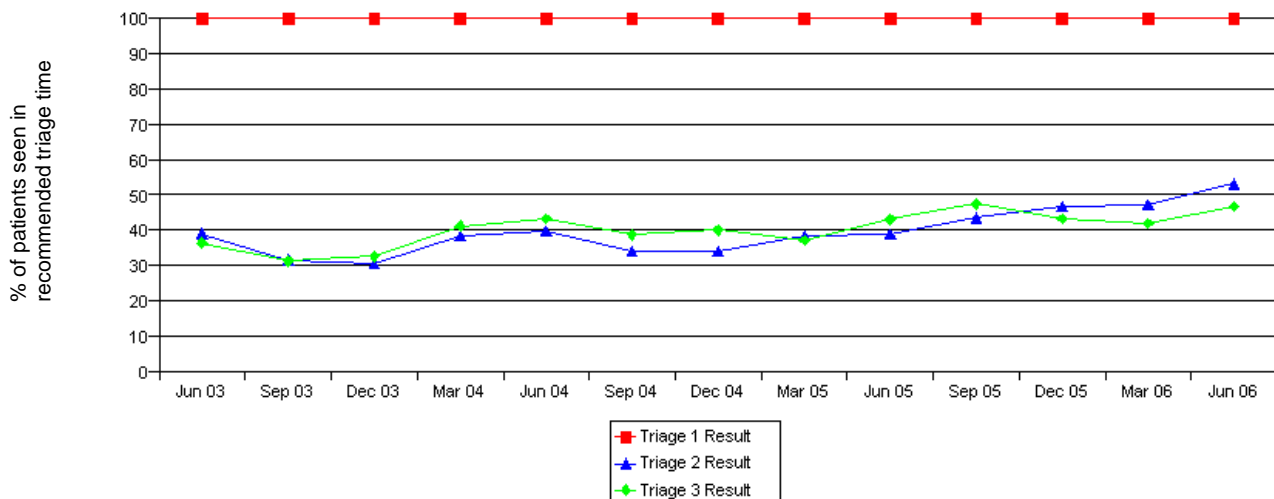
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	46.15	56.52	28.38	69.10	57.56	66.91	54.30	76.26

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

Auckland met the benchmark for triage 1 patients in the June 2006 quarter. The rate for triage code 2 of 53% was the highest recorded by the DHB in three years. During 2005/06, the four quarter moving average trended steadily upwards in the triage code 2 rate, while patient numbers in this code remained stable.

In the June 2006 quarter, Auckland recorded a Triage Time rate of 47% for triage code 3 patients, which represented an increase from the previous two quarters. During 2005/06, the four quarter moving average trended steadily upwards in the triage code 3 rate, and the patient numbers in this code also trended gently upwards.

Figure 32: Triage rates – Auckland



Hospital Acquired Bloodstream Infections

The DHB's four quarter average rate of 6.67 was the highest recorded by any DHB in the June 2006 quarter, but represented a decrease from the DHB's previous four quarter average result of 6.91. The DHB's trend in this measure has remained relatively stable since the June 2004 quarter.

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	92.42	94.63	92.24	101.97	111.27	101.23	104.75	112.89

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	100.48	101.99	98.69	114.04	95.19	109.52	99.11	125.49

Average Length of Stay

Auckland completed the largest number of procedures of all DHBs in the June 2006 quarter. Its total DRGs and its 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. The length of stay for the DHB's surgical DRGs was just equal to the length of stay expected for the DHB's casemix.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	6544	4.03	4.00	100.8
Medical	16966	2.07	2.21	93.7
Total	24871	2.57	2.68	95.9

Daycase Procedures

Auckland completed the largest number of procedures as daycases of all DHBs in the June 2006 quarter. It performed more cases than expected as a daycase for surgical DRGs and slightly less than expected for medical DRGs, leading to a total rate equal to the expected rate in the June 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	3611	39	37	105.4
Medical	4319	34	35	97.1
Total	10280	44	44	100.0

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	-14.21	-14.52	-15.67	-12.05	0.37	-1.10	-1.88	-1.06
Revenue	-10.21	-10.83	-11.89	-10.94	0.31	-0.92	-1.53	-0.86

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	1.39	1.34	1.32	1.10	1.19	1.21	1.22	1.24

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	60.38	50.55	58.00	45.42	48.21	45.17	45.68	42.56

Counties Manukau DHB hospitals

(Middlemore Hospital, Manukau Superclinic, Manukau Surgery Centre, Botany Superclinic, Botany Maternity, Awhineta, 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 2.86% remained virtually unchanged from the previous quarter and was below the average rate of 2.99% for all DHBs in the June 2006 quarter. The DHB's rate trended downward in this measure during 2005/06.

Staff Stability

In the June 2006 quarter, 49% of resignations from Counties Manukau were from staff within two years of their appointment. This was above the average rate of 41% for all DHBs in the June 2006 quarter. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

Counties Manukau's four quarter average rate of 3.1% was equal to the average rate recorded by all DHBs in the June 2006 quarter. The DHB's trend in this rate has been stable for the past two years.

Staff Work-related Injury or Illness

The DHB's four quarter average rate of 7.45 was equal to the average rate for all DHBs and was lower than the DHB's previous four quarter average rate of 9.45. 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 87% for the quarter, which was the highest recorded by the DHB since the December 2003 quarter. It was just below the average satisfaction rate of 88% for all DHBs in the June 2006 quarter. During 2005/06, the DHB's rate in this measure trended downwards for the first three quarters, then rose sharply in the last quarter. However, the degree of flux was less than two percentage points.

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 (DHB result 70%: all DHB range 64-77%). From the inpatient responses, Counties Manukau recorded the lowest satisfaction rate of all DHBs in two of the questions. These were about how well staff explained the patient's problem to them (DHB result 80%: all DHB range 80-90%), and the availability of staff when the patient needed them (DHB result 77%: all DHB range 77-90%). Four other questions yielded satisfaction ratings below 80%.

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

Percentage of Complaints Resolved/Closed

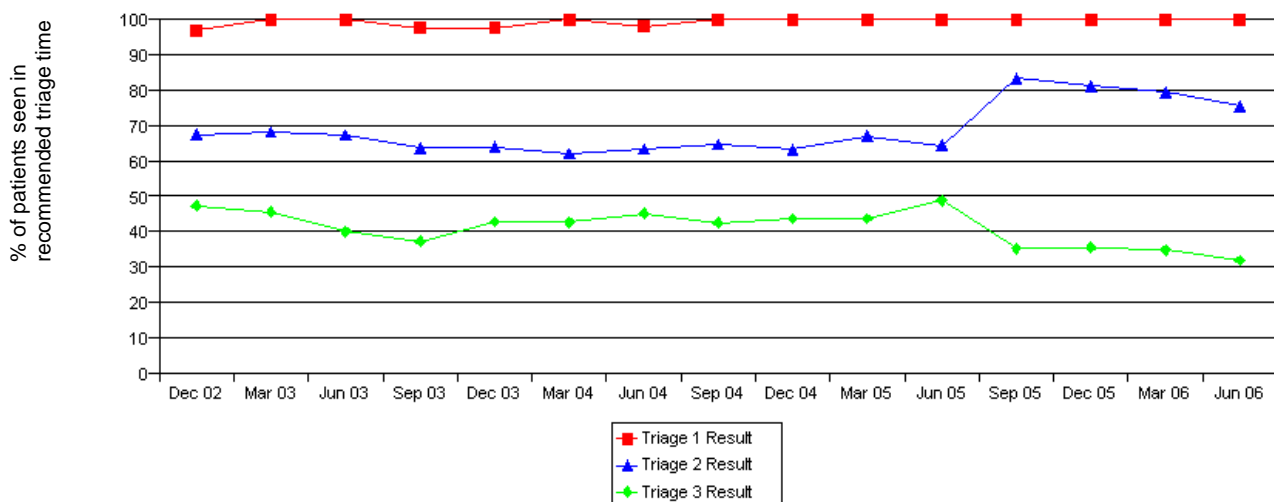
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	80.98	90.06	89.38	91.16	93.46	83.98	87.14	81.82

Emergency Triage Times (Middlemore Hospital Emergency Department)

Counties Manukau met the benchmark for triage code 1 in the June 2006 quarter. In triage code 2, the result of 76% fell below the benchmark of 80%. During 2005/06, the four quarter moving average trend in triage code 2 trended upwards, compared with the trend for the year ending June 2005. Patient numbers in this code trended sharply downwards.

In the June 2006 quarter, the DHB's triage code 3 result of 32% was the lowest recorded by the DHB in three years, and was also the lowest recorded by any DHB in the quarter. During 2005/06, the four quarter moving average trends in both triage times and patient numbers for triage code 3 fell sharply.

Figure 33: Triage rates – Counties Manukau



Hospital Acquired Bloodstream Infections

The DHB's four quarter average rate of 2.31 was the lowest of all tertiary DHBs in the June 2006 quarter. However, the quarter's result was higher than the DHB's previous four quarter average result of 1.94. During 2005/06, the DHB's rate in this measure trended upwards.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	88.02	73.83	76.93	72.16	70.80	76.40	77.81	71.71

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	104.10	94.75	101.76	101.87	85.64	98.73	102.07	101.18

Average Length of Stay

Counties Manukau's overall Average Length of Stay rate for the June 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	4717	3.09	2.97	104.0
Medical	13249	2.06	2.17	94.9
Total	18416	2.37	2.41	98.3

Daycase Procedures

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

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	2304	48	49	98.0
Medical	2651	31	24	129.2
Total	6148	41	39	105.1

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	8.72	8.23	10.94	9.69	8.91	9.15	9.23	8.28
Revenue	4.36	3.81	4.43	3.97	3.68	3.82	3.94	3.58

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.00	2.16	2.47	2.44	2.42	2.40	2.34	2.31

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	54.18	52.01	43.95	46.40	46.87	46.96	47.64	49.77

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 a rate of 2.62% in the June 2006 quarter, which was below the average rate of 2.99% for all DHBs in the quarter. The DHB's trend in this measure fell for the first two quarters of the 2005/06 year, and then climbed slowly in the latter two quarters.

Staff Stability

The percentage of staff resigning within two years of their appointment rose slightly to 37%. The DHB's rate was below the average rate of 41% for all DHBs in the June 2006 quarter. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

In the June 2006 quarter, the DHB's four quarter rate of 3.5% was among the highest recorded by any DHB in the quarter. The actual June 2006 quarter rate of 3.8% was the highest June quarter result recorded by the DHB in three years. During 2005/06, the DHB's trend in this measure rose slightly.

Staff Work-related Injury or Illness

Waikato's four quarter average rate was 6.82 in the June 2006 quarter, which was lower than the average rate for all DHBs of 7.46. Waikato's trend in this measure has tended to fluctuate, but continued to fall slightly in this quarter, due to three successive falls in the actual quarter rates.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 86% in the June 2006 quarter, which was below the average rate of 87% for all DHBs combined. This was the lowest result recorded by the DHB in three years. During 2005/06, the DHB's four quarter moving average rate trended downwards, though the degree of change was less than one percentage point.

From the outpatient responses, the satisfaction rate was under 80% for the question about telling patients how long they would wait when they arrived (DHB result 69%: all DHB range 64-77%). From the inpatient responses, 4 out of 17 questions had a satisfaction rate below 80%. These questions related to the information provided in the Emergency Department about treatment (DHB result 78%: all DHB range 76-90%), about the waiting time (DHB result 74%: all DHB range 70-84%), how much the patient liked the food provided in the hospital (DHB result 74%: all DHB range 62-88%), and how clean the patient found the hospital (DHB result 79%: all DHB range 79-93%). This last question yielded the lowest satisfaction rating of all DHBs in the quarter.

For Waikato, the survey response group matched the patient group in terms of gender in both patient groups, and ethnicity in the outpatient group.

Percentage of Complaints Resolved/Closed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	68.29	71.98	60.22	68.73	58.45	62.08	54.89	61.33

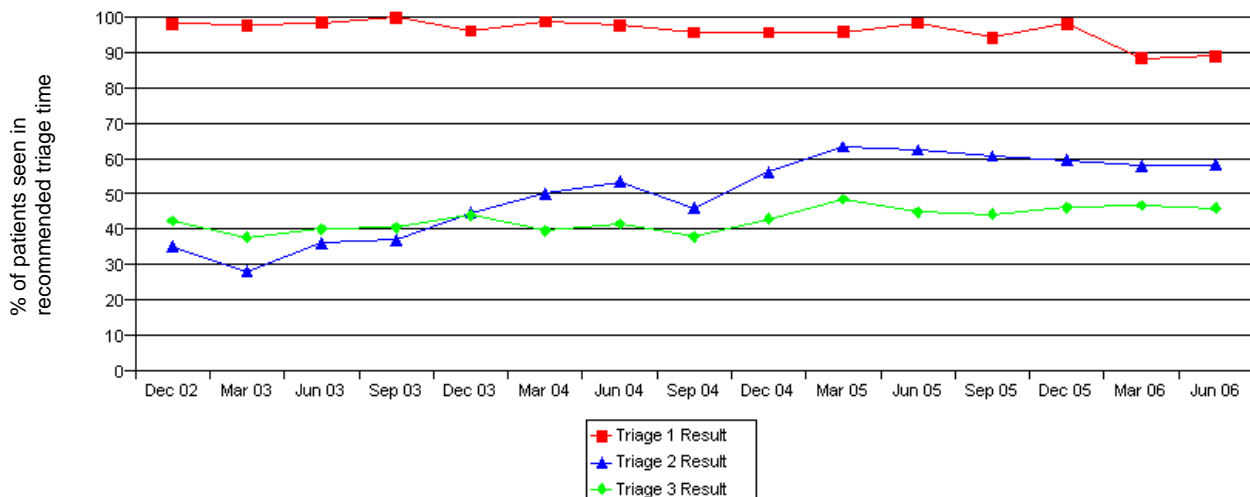
Emergency Triage Times (Taumaranui Hospital, Te Kuiti Hospital, Thames Hospital, Tokoroa Hospital and Waikato Hospital Emergency Departments)

In the June 2006 quarter, the rate for triage code 1 was 89%. This represented eight patients (out of 73) who were not recorded as having treatment commenced immediately by a doctor. During 2005/06, the trend in patient numbers in this code dropped for the first two quarters, then stabilised, while the trend in the triage times was stable for the first two quarters, then dropped sharply in the latter quarters.

The rate for triage code 2 remained unchanged at 58% in the June 2006 quarter. During 2005/06, patient numbers trended upwards, while the four quarter moving average trend in Triage Times in this code remained relatively stable.

The rate for triage code 3 decreased slightly to reach 46%. During 2005/06, patient numbers trended upwards, while the four quarter moving average trend in Triage Times in this code remained relatively stable.

Figure 34: Triage rates – Waikato



Hospital Acquired Bloodstream Infections

The DHB's four quarter average result of 4.96 was higher than the average result of 4.03 for tertiary hospitals in the March 2006 quarter, but the DHB's result was lower than its previous four quarter result of 5.19. During 2005/06, the DHB's result in this measure trended downwards until the last quarter when it stabilised.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	102.69	97.87	99.53	98.32	101.92	98.70	96.71	97.06

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	99.00	99.62	104.43	107.00	99.64	100.32	101.96	106.06

Average Length of Stay

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

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	4170	4.04	3.56	113.5
Medical	9891	2.63	2.58	101.9
Total	14779	3.02	2.84	106.3

Daycase Procedures

Waikato DHB did not achieve the expected rates of daycases in either surgical or medical cases for the June 2006 quarter, and recorded one of the lowest daycase rates of all DHBs.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	2398	39	42	92.9
Medical	2274	31	34	91.2
Total	5807	40	42	95.2

Financial Quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	12.50	5.49	6.49	4.33	10.20	6.02	3.31	2.13
Revenue	5.03	2.77	2.71	1.84	4.17	2.57	1.57	0.96

Revenue to Net Funds Employed

	Mar 2006	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.11	1.98	2.40	2.36	2.45	2.34	2.11	2.21

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	59.68	68.27	61.63	65.28	64.87	66.83	71.45	72.11

Bay of Plenty DHB hospitals

(Tauranga and Whakatane Hospitals)

Organisational health quadrant

Staff Turnover

The Staff Turnover rate of 2.79% in the June 2006 quarter was the lowest recorded by the DHB in three years, and was below the average rate of 2.99% for all DHBs in the quarter. During 2005/06, the DHB's rate has trended gently downwards.

Staff Stability

In the June 2006 quarter, 50% of resignations from Bay of Plenty were from staff within two years of their appointment. While this is less than the previous three quarters, the DHB's four quarter average rate of 56% was the highest recorded by any DHB in the June 2006 quarter. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

Bay of Plenty recorded the highest Sick Leave rate of all DHBs in the June 2006 quarter with a result of 4.1%. The DHB's four quarter average rate of 3.8% was the second highest of all DHBs in the June 2006 quarter. During 2005/06, the trend in this measure fell slightly over the first part of the year, but climbed again in the latter quarters to reach the same level as the June 2005 quarter. As stated in previous reports, the DHB undertakes active sick leave management and return to work programmes.

Staff Work-related Injury or Illness

The four quarter average rate was 16.17 in the June 2006 quarter, which represented an increase from the previous result of 13.01. The DHB's four quarter result in the June 2006 quarter was the second highest of all DHBs.

However, the actual result for the June quarter of 9.45 was the lowest rate recorded by the DHB in almost three years. This result has halted the upward trend present for the first three quarters of 2005/06 for the DHB in this rate.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 86% for the June 2006 quarter, which was lower than the average rate of 88% for all DHBs combined for the same quarter. This was the lowest result recorded by the DHB in three years and the DHB's four quarter moving average rate has been trending down since the March 2004 quarter, though the degree of change has been less than one percentage point.

From the outpatient responses, the satisfaction rate was under 80% for the question about telling patients how long they would wait when they arrived (DHB result 72%: all DHB range 64-77%). However, this was above the average rate for all DHBs for this question. From the inpatient responses, five questions had a satisfaction rate below 80%. These questions related to information the Emergency Department provided

about waiting time (DHB result 75%: all DHB range 70-86%), how much patients like the food provided (DHB result 63%: all DHB range 62-88%), offering choices specific to the patient's culture (DHB result 79%: all DHB range 76-93%), information provided about treatment options (DHB result 78%: all DHB range 69-89%), and preparing the patient for leaving hospital (DHB result 77%: all DHB range 75-93%).

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

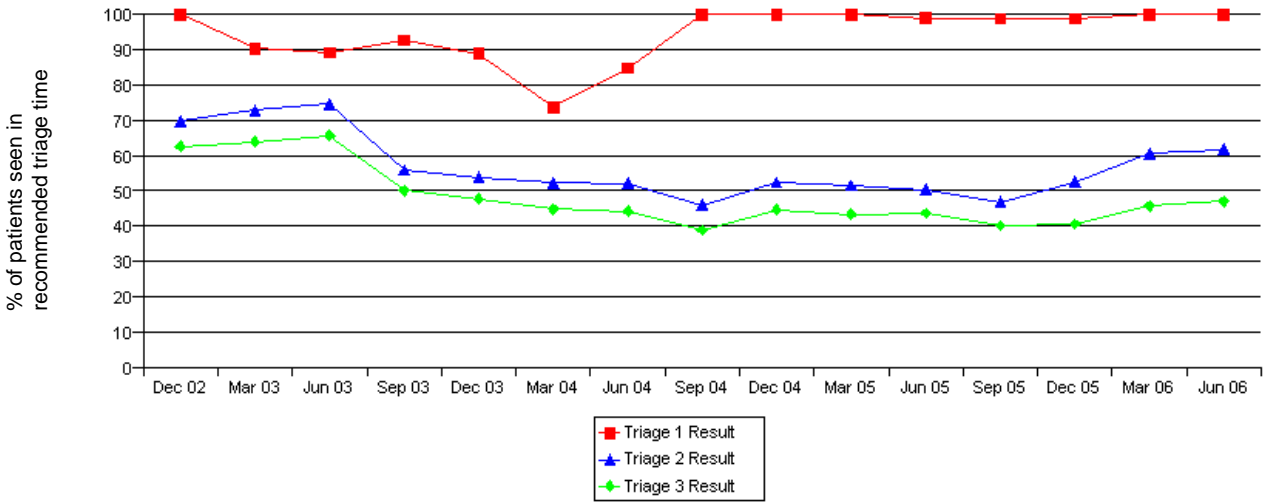
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	86.96	76.60	74.19	84.09	85.33	75.82	57.38	77.61

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

In the June 2006 quarter, Bay of Plenty met the benchmark for triage code 1, and both triage codes 2 and 3 increased slightly to reach two year highs.

During 2005/06, the four quarter average in patient numbers in triage code 2 trended gently downwards, while the triage time rate in this code remained stable, and then trended upwards in the latter two quarters. In triage code 3, patient numbers trended sharply downwards during 2005/06, while the four quarter moving average trend in triage times in this code remained stable.

Figure 35: Triage rates – Bay of Plenty



Hospital Acquired Bloodstream Infections

The DHB's four quarter rate of 1.62 was higher than the average rate for secondary hospitals, but represented a decrease from the DHB's previous four quarter result of 2.14. During 2005/06, the DHB's results in this measure remained stable initially, then trended downwards for the last two quarters.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	109.85	95.71	97.29	94.30	102.83	99.13	103.82	99.24

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	102.91	99.43	97.70	102.42	105.26	101.94	101.45	103.20

Average Length of Stay

The DHB's Average Length of Stay rate was longer than expected for its casemix during the June 2006 quarter, mainly due to the length of stay for its medical DRGs, where the DHB recorded the second longest stay of all DHBs in the quarter.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	2312	2.90	2.86	101.4
Medical	5622	3.01	2.60	115.8
Total	8306	2.96	2.65	111.7

Daycase Procedures

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

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1363	54	52	103.8
Medical	1483	28	27	103.7
Total	3482	44	43	102.3

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	25.77	12.32	16.39	2.63	22.75	18.26	23.84	18.41
Revenue	4.28	1.99	2.71	0.38	3.15	2.51	3.43	2.36

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	6.02	6.18	6.05	6.98	7.21	7.29	6.95	7.79

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	28.12	28.99	27.93	31.64	29.68	29.91	34.65	31.41

Lakes DHB hospitals

(Rotorua Hospital and Taupo Hospital)

Organisational health quadrant

Staff Turnover

In the June 2006 quarter, the Staff Turnover rate was 3.63%, which was above the average rate of 2.99%, but below the median rate of 3.94% for all DHBs. During the 2005/06 year the DHB's four quarter moving average trend remained stable.

Staff Stability

In the June 2006 quarter, 46% of resignations from Lakes were from staff within two years of their appointment. This was above both the average (41%) and the median (35%) rates for all DHBs in the June 2006 quarter. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

In the June 2006 quarter, the DHB recorded a Sick Leave result of 3.3%, which was equal to the average rate for all DHBs. However, the DHB's four quarter average rate of 3.2% was just above the four quarter rate of 3.1% for all DHBs. The trend in the DHB's rate fell over the 2005/06 year.

Staff Work-related Injury or Illness

While Lakes' four quarter average rate of 8.28 was higher than the all DHBs' average (7.46), the June 2006 quarter rate represented a drop from the DHB's previous rate of 11.96. During 2005/06, the DHB's rate in this measure trended down initially, and then stabilised.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 88% for the June 2006 quarter, which was equal to the average rate for all DHBs combined. During 2005/06, the trend in the DHB's rate climbed in the first quarter, and then stabilised.

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 (DHB result 70%: all DHB range 64-77%) and rating staff on offering choices specific to the patient's culture (DHB result 79%: all DHB range 78-87%). 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 (DHB result 76%: all DHB range 70-86%), about how much the patients liked the food provided in the hospital (DHB result 69%; all DHB range 62-88%), and offering choices specific to the patient's culture (DHB result 79%: all DHB range 76-93%).

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

Percentage of Complaints Resolved/Closed

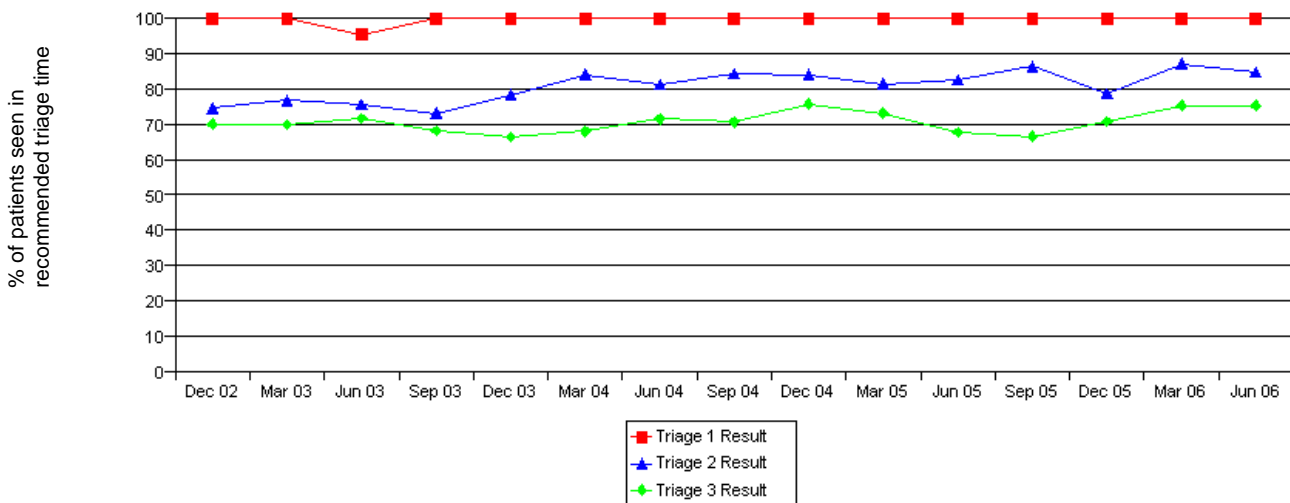
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	65.52	71.74	79.17	79.41	95.24	84.45	67.86	56.52

Emergency Triage Times (Rotorua and Taupo Hospital Emergency Departments)

Lakes met all three benchmarks, one of only four DHBs to do so in the June 2006 quarter. The triage code 2 rate was 85% in the June 2006 quarter. During 2005/06, the four quarter moving average trend patient numbers in this code remained stable, while the triage time rate trended upwards.

In the June 2006 quarter, the triage code 3 rate was unchanged at 75%. During 2005/06, the four quarter moving average trend patient numbers in this code trended gently upwards, while the Triage Time rate dropped sharply initially, but then trended upwards again to reach the same level in the June 2006 quarter as was recorded in the June 2005 quarter.

Figure 36: Triage rates – Lakes



Hospital Acquired Bloodstream Infections

The DHB's four quarter average result of 0.67 was just below the DHB's previous four quarter result of 0.69 and was also one of the lowest recorded by any secondary hospital in the June 2006 quarter. During 2006/06, the DHB's results in this measure have fluctuated, but in this quarter have returned to the same level as the June 2005 quarter.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	97.81	95.54	106.39	101.27	101.14	103.77	98.29	95.74

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	99.33	100.75	107.63	106.13	98.45	104.45	99.67	96.28

Average Length of Stay

Lakes' Average Length of Stay rate was just longer than the all DHBs rate, with the DHB recording a shorter length of stay than expected in its surgical DRGs and a longer length of stay than would be expected for its medical casemix in the June 2006 quarter.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1066	2.46	2.58	95.3
Medical	3615	2.30	2.21	104.1
Total	4776	2.33	2.30	101.3

Daycase Procedures

Lakes' daycase procedure completion rate was the second highest of all DHBs in the June 2006 quarter. The DHB's results for medical procedures were particularly high with the DHB completing the highest rate of these procedures as daycases of all DHBs in the quarter.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	600	58	58	100
Medical	776	37	26	142.3
Total	1672	49	43	113.9

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	3.03	-1.02	7.70	8.47	20.88	13.51	9.05	4.77
Revenue	1.12	-0.37	2.80	2.18	6.72	4.32	2.92	1.45

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.69	2.79	2.75	3.88	3.11	3.12	3.10	3.28

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	28.15	29.44	28.11	0.90	25.49	23.89	24.45	0.15

Tairawhiti DHB hospital

(Gisborne Hospital)

Organisational health quadrant

Staff Turnover

Tairawhiti's Staff Turnover rate of 5.67 % was the highest recorded any DHB in the June 2006 quarter, and was the highest recorded by the DHB in three years. The DHB's four quarter average result of 4.49% was also the highest recorded by any DHB in the quarter. During 2005/06, the DHB's four quarter average rate trended downward until the June 2006 quarter, where it began to rise again.

Staff Stability

In the June 2006 quarter, 46% of resignations from Tairawhiti were from staff within two years of their appointment. This was above the average rate of 41% for all DHBs in the June 2006 quarter. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

The DHB recorded a Sick Leave rate of 3% in the June 2006 quarter, which was below the average rate for all DHBs in the quarter (3.3%). Its four quarter rate of 2.6% was among the lowest recorded by any DHB in the June 2006 quarter. 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 from 10.31 in the March 2006 quarter to reach 12.89 in the June 2006 quarter. This was among the highest rates recorded by any DHB in this quarter. The DHB's rate had been trending upwards since the December 2004 quarter, although it did stabilise in the last quarter.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 92% for the quarter, which was above the average rate of 88% 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 they would wait, when they arrived (DHB result 73%: all DHB range 64-77%). 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 staff explaining the patient's problem (DHB result 91%), and information about treatment options (89%).

From the inpatient responses, 2 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 (DHB result 73%: all DHB range 70-86%), and how much the patient liked the food provided (DHB result 71%: all DHB range 62-88%).

However the DHB also recorded the highest satisfaction level of all DHBs for the question about the information given to patients about their treatment options (89%).

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

Percentage of Complaints Resolved/Closed

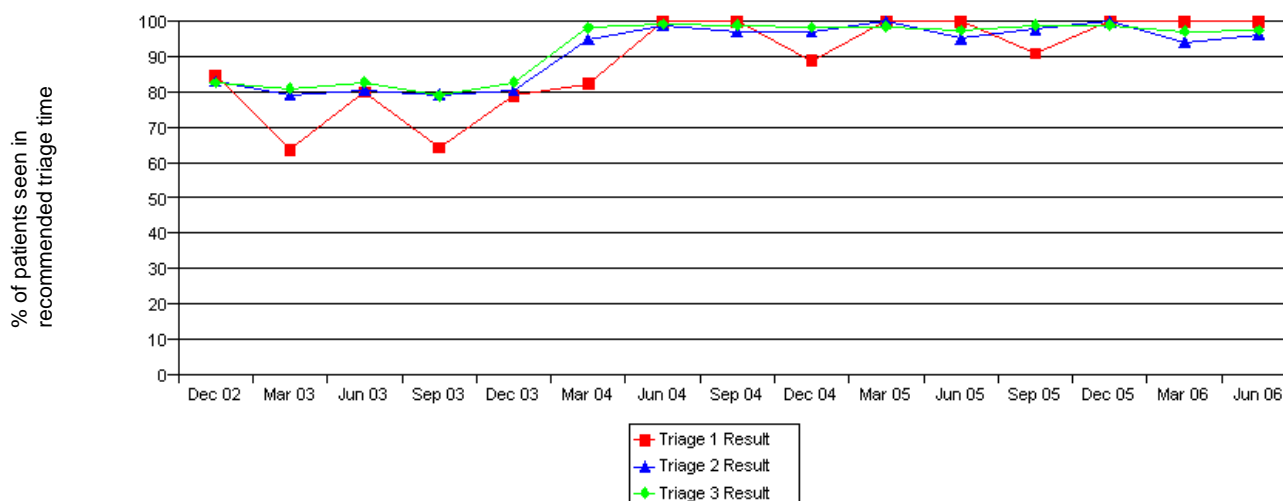
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	80.65	79.31	86.67	53.33	64.00	50.00	77.78	60.00

Emergency Triage Times (Gisborne Hospital Emergency Department)

In the June 2006 quarter, the DHB met the benchmark for triage code 1. Both the four quarter moving average and patient numbers in this code remained stable during 2005/06.

In the June 2006 quarter, the DHB met both the benchmarks in triage codes 2 and 3 with respective results of 96% and 98%. During 2005/06, the four quarter moving average trends remained stable for patient numbers and triage times for Triage code 2. The four quarter moving average trend in triage times in Triage code 3 remained stable, despite a sharp increase in patient numbers during 2005/06.

Figure 37: Triage rates – Tairawhiti



Hospital Acquired Bloodstream Infections

The DHB's four quarter rate of 0.77 was below the rate for secondary hospitals of 1.19, and the DHB's previous four quarter result of 1.06. The DHB's four quarter moving average rate has trended sharply downwards since the September 2005 quarter.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	90.10	86.36	81.49	88.72	91.88	90.84	90.96	93.20

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	101.76	104.07	96.31	108.18	106.21	105.39	109.41	109.00

Average Length of Stay

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

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	557	2.38	2.26	105.3
Medical	1445	2.44	2.39	102.1
Total	2050	2.44	2.38	102.5

Daycase Procedures

Tairawhiti did not achieve its total expected rate of daycase procedures performed for the quarter to June 2006, driven by its low result for surgical DRGs performed as daycase. The latter result was the lowest recorded by any DHB in the June 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	313	50	55	90.9
Medical	178	49	46	106.5
Total	635	52	55	94.5

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	8.70	4.57	5.66	6.04	4.37	3.65	2.81	5.25
Revenue	5.41	2.75	3.36	3.50	2.38	1.95	1.47	2.70

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	1.61	1.66	1.68	1.72	1.83	1.87	1.92	1.94

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	43.99	45.00	45.30	45.69	45.89	46.69	47.47	46.41

Taranaki DHB hospitals

(Hawera Hospital, Taranaki Base Hospital – New Plymouth)

Organisational health quadrant

Staff Turnover

The DHB recorded a Staff Turnover rate of 2.52% in the June 2006 quarter which was below the average (2.99%) rate for all DHBs. During 2005/06, the DHB's four quarter average rate trended slightly upwards.

Staff Stability

In the March 2006 quarter, 31% 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. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

Taranaki's recorded Sick Leave rate for June 2006 of 2.9%, and its four quarter average rate of 2.8%, were among the lowest of all DHBs. During 2005/06, the DHB's trend in this measure remained relatively stable.

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 6.86 from the previous four quarter rate of 11.23. The DHB's rate was also below the average four quarter rate of 7.46 in the June 2006 quarter

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 90% for the June 2006 quarter, which was higher than the average rate (88%) for all DHBs combined. During 2005/06, the DHB's four quarter moving average trend in this measure remained stable.

From the outpatient responses, as for the last four 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 (DHB result 76%: all DHB range 64-77%). 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 (DHB result 78%: all DHB range 70-86%), and how much the patient liked the food provided (DHB result 66%: all DHB range 62-88%).

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

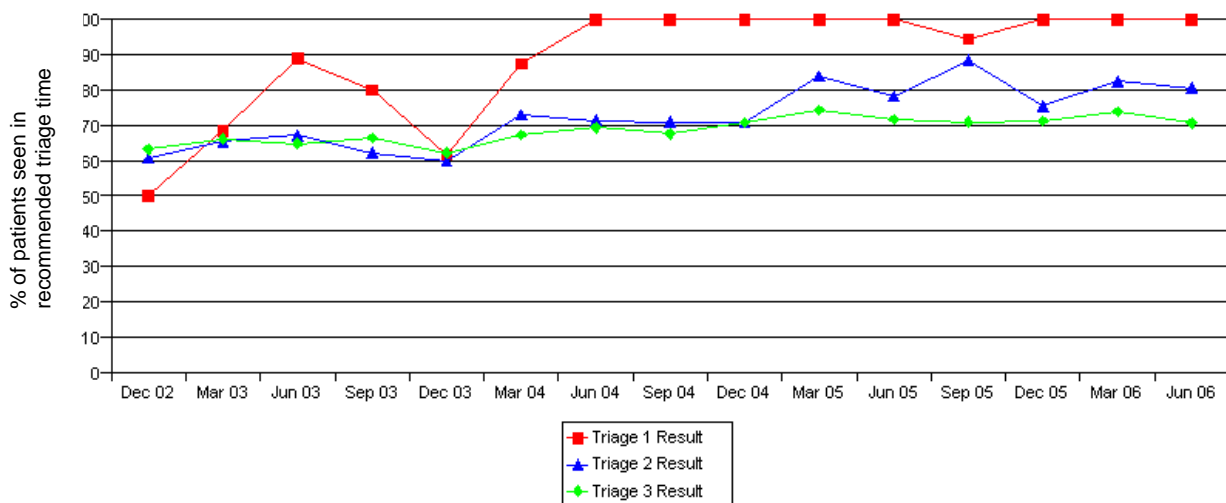
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	95.83	80.00	82.14	77.97	92.45	88.89	81.08	95.45

Emergency Triage Times (Hawera and Taranaki Hospitals Emergency Departments)

Taranaki met the benchmarks for triage codes 1 and 2, one of ten DHBs to do so in the June 2006 quarter. The DHB's rate in triage code 3 decreased to 71%.

During 2005/06, the four quarter trend in Triage Times in all codes remained steady. This is notable as patient numbers in all triage codes increased steadily.

Figure 38: Triage rates – Taranaki



Hospital Acquired Bloodstream Infections

The DHB's four quarter average result of 0.74 was lower than the DHB's previous four quarter result of 0.97, and remained below the average rate for secondary hospitals of 1.19. During 2005/06, the DHB's four quarter average rate fluctuated, but the net result was a decrease in the trend.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	100.48	100.96	99.43	97.70	102.25	99.59	99.47	100.59

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	101.99	104.65	101.37	112.00	103.36	101.76	101.89	106.75

Average Length of Stay

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

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1137	3.01	3.06	98.4
Medical	2435	3.36	3.01	116.3
Total	3379	3.17	2.97	107.4

Daycase Procedures

Taranaki's achieved daycase rate was lower than expected for its casemix in both its surgical and medical DRGs. The DHB recorded some of the lowest results of all DHBs for this measure in the June 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase%	Result (%) Achieved/Expected
Surgical	655	41	45	91.1
Medical	754	23	25	92.0
Total	1828	38	41	92.7

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	6.20	8.00	6.72	6.49	6.88	6.79	6.50	5.22
Revenue	4.65	6.03	5.74	4.84	4.64	4.59	4.51	4.28

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	1.34	1.33	1.17	1.34	1.48	1.48	1.44	1.22

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	53.63	59.81	63.95	60.66	59.71	60.59	61.34	54.43

Hawke's Bay DHB hospitals

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

Organisational health quadrant

Staff Turnover

In the June 2006 quarter, the DHB's Staff Turnover rate was 2.8%, which was unchanged from the previous quarter. Hawke's Bay's four quarter rate of 2.7% was one of the lowest of all DHBs. During 2005/06, the trend in the measure was stable.

Staff Stability

In the June 2006 quarter, 49% 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. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

Hawke's Bay recorded the lowest Sick Leave rate (2.8%) of all DHBs in the June 2006 quarter. Its four quarter rate of 2.9% was also below the all DHBs four quarter rate of 3.1% in this quarter. During 2005/06, the DHB's four quarter rate trended gently downwards.

Staff Work-related Injury or Illness

The DHB's four quarter rate of 8.05 in the June 2006 quarter represented a slight increase from the DHB's previous four quarter result of 7.47 and was also higher than the average rate of 7.46 for all DHBs in the quarter. During 2005/06, the DHB's trend in this measure followed a downward trend for the first three quarters, and then increased in the last quarter.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 89% for the June 2006 quarter, which was just above the average rate of 88% for all DHBs. During 2005/06, the DHB's rate fluctuated, but there was no net change at the end of the year.

From the outpatient responses, the satisfaction rate was under 80% for the question about telling patients how long they would wait, when they arrived (DHB result 68%: all DHB range 64-77%). Hawke's Bay recorded the highest satisfaction rate of all DHBs for the question about organising the patient's care with external providers (89%). 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 (DHB result 70%: all DHB range 70-86%) and information about the treatment (DHB result 77%: all DHB range 76-90%), how much the patient liked the food provided in the hospital (DHB result 74%: all DHB range 62-88%), and offering choices specific to the patient's culture (DHB result 79%: all DHB range 76-93%).

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

Percentage of Complaints Resolved/Closed

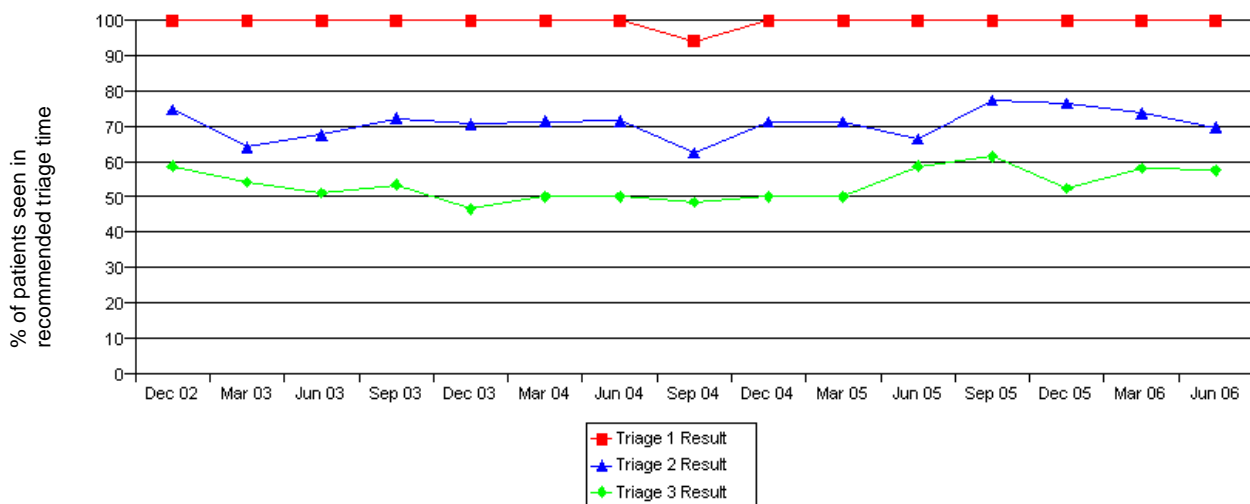
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	72.28	67.59	65.22	66.91	51.94	76.47	51.30	71.07

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

Hawke's Bay met the benchmark for triage code 1 patients. In the June 2006 quarter, Hawke's Bay recorded a triage code 2 rate of 71%, which represented a drop from the previous quarter's result, while the triage 3 rate remained unchanged at 58%.

During 2005/06, the four quarter moving average trend in Triage Times for code 2 increased slightly. This was notable as patient numbers in this code increased sharply during the year. The four quarter moving average trends in both Triage Times and patient numbers for code 3 remained stable initially, then increased.

Figure 39: Triage rates – Hawke's Bay



Hospital Acquired Bloodstream Infections

In the June 2006 quarter, Hawke's Bay's four quarter average rate of 2.09 increased from the DHB's previous four quarter result of 1.81, and remained above the average rate of 1.19 for secondary DHBs. During 2005/06, the DHB's trend in the measure has fluctuated slightly in the last year, while there was a net increase in the rate.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	98.80	98.89	101.57	101.82	100.16	101.69	100.57	101.25

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	99.09	98.01	96.17	100.00	97.52	99.36	96.79	97.18

Average Length of Stay

Hawke's Bay DHB recorded the longest length of stay in the June 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, where the DHB recorded the longest length of stay of all DHBs for this group of DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1541	3.55	3.31	107.3
Medical	3463	3.44	2.82	122.0
Total	5269	3.42	2.95	115.9

Daycase Procedures

Hawke's Bay's achieved a daycase procedure rate which was equal to the expected rate for its casemix the June 2006 quarter. This was driven by the DHB's results for its 'other' DRGs (not shown in the following table).

	Cases	Achieved Daycase %	Expected Daycase%	Result (%) Achieved/Expected
Surgical	787	38	39	97.4
Medical	1268	25	26	96.1
Total	2631	37	37	100

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	14.09	8.51	11.10	10.76	11.75	4.04	-0.13	-3.96
Revenue	5.83	3.41	4.81	4.15	4.16	1.42	-0.04	-1.31

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.42	2.50	2.31	2.59	2.82	2.85	2.94	3.03

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	53.14	52.44	53.66	49.83	46.87	50.15	52.36	57.52

MidCentral DHB hospitals

(Horowhenua Hospital, Palmerston North Hospital, Kimberley Centre)

Organisational health quadrant

Staff Turnover

The rate for MidCentral was 2.2% in the June 2006 quarter. This was one of the lowest recorded by any DHB in this quarter. The DHB's four quarter rate (also 2.2%) was the second lowest recorded by any DHBs in the June 2006 quarter. During 2005/06, the four quarter moving average trended down initially and then remained at that low level for the rest of the year.

Staff Stability

In the June 2006 quarter, 33% of resignations from MidCentral were from staff within two years of their appointment. The DHB's four quarter average rate of 41% was also one of the lowest of any DHB, although it represented an increase from the DHB's previous four quarter rate of 35%.

Sick Leave

The DHB recorded one of the highest actual June 2006 quarter rates (3.8%) and the four quarter average rate (4.0%) of all DHBs. However, it was the lowest June quarter rate recorded by the DHB in three years. The DHB's four quarter moving average 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. The new measure definitions that will be implemented from the September 2006 quarter should standardise data collection methodology across all DHBs.

Staff Work-related Injury or Illness

The DHB's four quarter rate was 16.12 in the June 2006 quarter, which was the third highest rate recorded by any DHB. However, the rate dropped from the DHB's previous four quarter rate of 19.22. During 2005/06, the four quarter moving average trend trended down initially and then remained at that low level for the rest of the year.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 87% for the June 2006 quarter, which was just below the average rate for all DHBs combined for the same quarter (88%). The DHB's rate has trended down for this measure since the March 2005 quarter, although the degree of flux represented less than two percentage points.

From the outpatient responses, the satisfaction rate was under 80% for the question about telling patients how long they would wait when they arrived (DHB result 65%: all DHB range 64-77%). From the inpatient responses, four questions had a satisfaction rate below 80%. The question about the information provided in the Emergency Department about how long the patient could expect to wait (DHB result 70%: all DHB range 70-86%) was the lowest recorded by any DHB in this quarter. The other

questions with a lower satisfaction rate were about the information provided in the Emergency Department about the patient's treatment (DHB result 76%: all DHB range 76-90%), and about how much the patient liked the food provided in the hospital (DHB result 63%: all DHB range 62-88%).

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

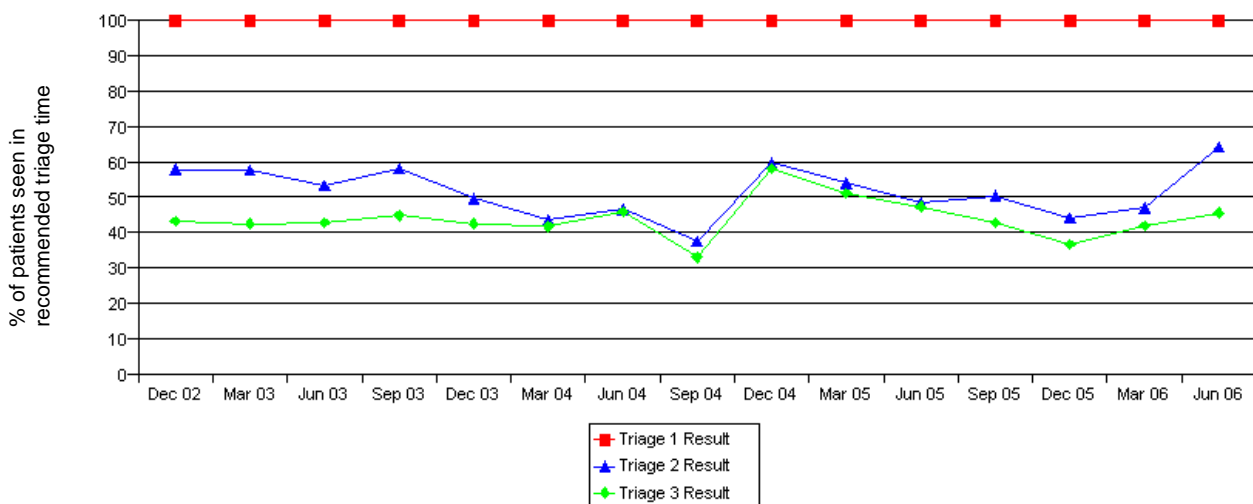
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	80.95	84.17	82.72	90.00	89.13	86.61	69.15	77.88

Emergency Triage Times (Palmerston North Hospital Emergency Department)

Palmerston North Emergency Department met the triage code 1 benchmark. The rate for triage code 2 (64%) was the highest recorded by the DHB in three years. The rate for also increased to 46% in the June 2006 quarter.

During 2005/06, the trend in Triage Times rate for code 2 patients remained relatively stable, while patient numbers in this code trended gently downwards. The four quarter moving average in patient numbers in Triage code 3 increased slightly over the year, while the Triage Times trended sharply downwards, then stabilised in the last quarter.

Figure 40: Triage rates – MidCentral



Hospital Acquired Bloodstream Infections

In the June 2006 quarter, MidCentral's four quarter average rate of 3.82 was below the average rate for tertiary DHBs (4.03), but represented an increase from the DHB's previous four quarter average result of 3.45. During 2005/06, while the DHB's four

quarter moving average trend stabilised in the last three quarters after an increase in the first quarter.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	100.15	96.58	100.25	99.74	100.74	101.20	98.24	99.73

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	99.39	101.02	114.83	110.10	97.82	100.70	104.46	111.64

Average Length of Stay

MidCentral's Average Length of Stay for the June 2006 quarter was one of the longer recorded by any DHB in the quarter. This was driven by its longer lengths of stay for medical coded DRGs than would be expected for its casemix.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1538	3.15	3.13	100.6
Medical	3749	3.11	2.72	114.3
Total	5502	3.09	2.82	109.6

Daycase Procedures

The DHB achieved the expected rate of procedures performed as daycase for the June 2006 quarter as determined by its casemix, with consistent results for both its medical and surgical DRGs.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	896	47	45	104.4
Medical	966	28	27	103.7
Total	2312	42	41	102.4

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	20.26	10.37	6.32	7.31	4.14	5.07	2.59	2.85
Revenue	8.91	4.28	2.74	2.87	1.54	1.84	0.92	0.99

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.27	2.42	2.31	2.54	2.69	2.76	2.81	2.89

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	53.93	52.05	57.09	52.91	54.24	53.19	54.46	55.04

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 June 2006 quarter was 2.3%, which was the second lowest rate recorded by any DHB in the quarter. The DHB's four quarter rate of 2.9% was also lower than the four quarter average rate for all DHBs of 3.3%. During 2005/06, the DHB's trend in this rate rose sharply in the first quarter, and then returned to the original level over the next three quarters.

Staff Stability

The DHB's four quarter staff stability rate of 30% was one of the lowest recorded by any DHB in the June 2006 quarter and represented a decrease from the previous four quarter result of 41%. The actual June 2006 staff stability result of 15% was the lowest ever recorded by the DHB and the lowest of all DHBs in the June 2006 quarter. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

Whanganui's Sick Leave rate was 3.4% in the June 2006 quarter, which was one of the higher results recorded by any DHB. The DHB's four quarter rate of 3.1% was just above the four quarter average rate for all DHBs. The four quarter rate stabilised in the latter quarters of the 2005/06 year, after climbing steadily for the previous two quarters.

Staff Work-related Injury or Illness

In the June 2006 quarter, Whanganui's four quarter average rate of 9.71 was higher than both the DHB's previous four quarter result of 5.76 and the four quarter average rate of 7.46 for all DHBs. During 2005/06, the DHB's trend increased sharply in the first quarter, and then remained at that high level for the remainder of the year.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 89% for the June 2006 quarter. This was higher than the average rate of 88% for all DHBs combined. During 2005/06, the DHB's trend in this measure fell, although the degree of flux was less than one percentage point.

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 (DHB result 71%: all DHB range 64-77%). For the inpatient responses, the DHB received a satisfaction rate lower than 80% for two questions. These questions were about how much the patient liked the food provided in the ward (DHB result 70%: all DHB range 62-88%), and information given in the Emergency Department about how long patients could expect to wait (DHB result 70%: all DHB range 70-86%).

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

Percentage of Complaints Resolved/Closed

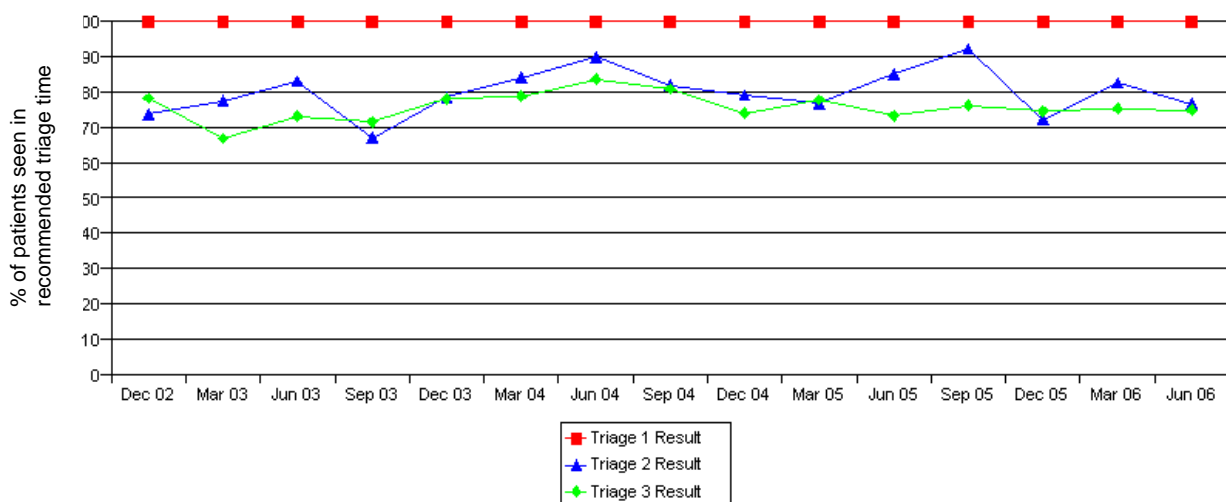
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	62.86	64.71	48.48	41.67	34.62	40.00	77.78	38.10

Emergency Triage Times (Whanganui Hospital Emergency Department)

Whanganui met the benchmarks for Triage codes 1 and 3, while its Triage code 2 rate of 77% was slightly below the Triage 2 benchmark of 80%.

During 2005/06, patient numbers in all three codes trended sharply upwards, while the four quarter average trend in the codes remained relatively stable. This means that Emergency Department staff are managing to see a greater volume of patients within the recommended timeframes.

Figure 41: Triage rates – Whanganui



Hospital Acquired Bloodstream Infections

The DHB’s four quarter average result of 0.12 was the lowest recorded by any DHB in the June 2006 quarter, and represented a decrease from the DHB’s previous four quarter result of 0.28. Whanganui currently records an infection only in two quarters per year, so any infection tends to influence the DHB’s rate. During 2005/06, the DHB’s rate trended downwards.

**Process and efficiency quadrant
Resource Utilisation**

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	97.95	96.06	95.23	90.70	95.70	97.79	95.05	91.83

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	96.96	101.69	98.55	103.47	95.22	97.42	96.72	102.87

Average Length of Stay

Whanganui's Average Length of Stay rate for the June 2006 quarter was just shorter 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. Indeed, the DHB recorded the second shortest length of stay of all DHBs for surgical DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	795	2.20	2.71	81.2
Medical	2201	2.69	2.47	108.9
Total	3081	2.54	2.53	100.4

Daycase Procedures

Whanganui's overall daycase procedures result just below the expected number of daycases for its casemix. This was driven by the DHB's results for its 'other' DRGs (not shown in the following table).

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	451	57	57	100
Medical	488	30	29	103.4
Total	1198	45	46	97.8

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	5.00	4.26	5.51	4.66	4.09	4.65	5.26	-28.74
Revenue	2.77	1.96	3.09	2.51	2.09	2.42	2.69	-13.37

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	1.81	2.17	1.78	1.86	1.96	1.92	1.95	2.15

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	39.42	29.88	40.38	40.82	41.79	45.53	42.78	44.98

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 4.0% was one of the highest of all DHBs in the June 2006 quarter. The DHB's four quarter rate of 4.9% was the highest of all DHBs. However, during 2005/06, the DHB's rate followed a downward trend.

Staff Stability

Capital & Coast's staff stability result was 47% in the June 2006 quarter, which was higher than the average rate of 41% for all DHBs. Its four quarter average rate of 52% was one of the highest of all DHBs in the June 2006 quarter, and represented an increase from the DHB's previous four quarter rate of 46%. Data for this measure will not be collected for future HBI reports.

Sick Leave

As is usual for the DHB, both its actual June 2006 quarter Sick Leave rate of 3.1% and its four quarter average rate of 2.9% were below the average rates for all DHBs. The DHB's trend in this measure moved little in the first two quarters of the 2005/06 year, but climbed in the latter two quarters.

Staff Work-related Injury or Illness

In the June 2006 quarter, the four quarter average rate for this measure of 4.21 was the second lowest recorded by any DHB. However, the rate represented an increase from the DHB's previous four quarter result of 2.74. The DHB's rate has been trending upwards for the past five 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 very slight downward trend since the March 2005 quarter, with the degree of flux less than half a percentage point.

From the outpatient responses, 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 (DHB result 79%: all DHB range 79-87%), offering choices specific to the patient's culture (DHB result 79%: all DHB range 78-87%), and information on arrival about how long they would have to wait (DHB result 66%: all DHB range 64-77%). For the inpatient responses, the DHB received a satisfaction rate lower than 80% for 6 out of 17 questions. These questions related to information in the Emergency Department about the waiting time (DHB result 76%: all DHB range 70-86%), about staff being around when the patient needed them (DHB result 79%: all DHB range 77-90%), about how much the patient liked the food provided in the ward (DHB result 68%: all DHB range 62-88%), preparing the patient for leaving (DHB result 75%: all DHB range 75-

93%), offering choices specific to the patient’s culture (DHB result 79%: all DHB range 76-93%), and organising care with external providers (DHB result 78%: all DHB range 78-90%), For the last question, the DHB recorded the lowest satisfaction rate of all DHBs in the June 2006 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

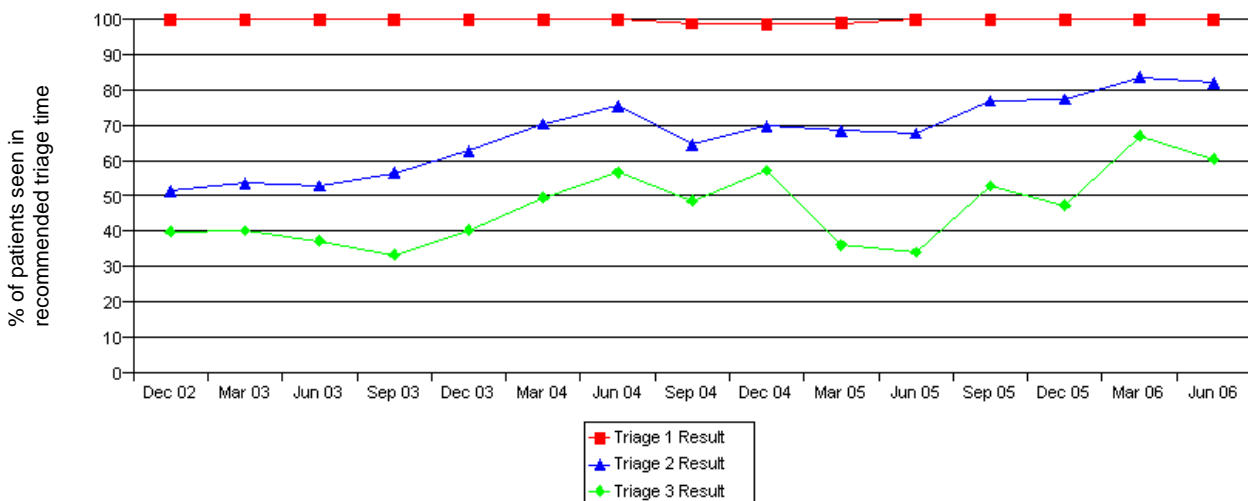
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	66.67	57.50	55.63	60.76	70.29	69.54	66.13	68.36

Emergency Triage Times (Wellington and Kenepuru Hospitals’ Emergency Departments)

Capital & Coast met the benchmarks for triage codes 1 and 2, one of 10 DHBs to do so in the June 2006 quarter. The Triage rate for code 3 patients fell to 61%. However, this was still the second highest rate recorded by the DHB in three years.

During 2005/06, patient numbers in triage code 1 remained stable, while numbers in the other two codes trended slightly upwards. Triage rates in codes 2 and 3 also increased during 2005/06, meaning Emergency Department staff are commencing treatment within the recommended timeframes on a greater volume of patients.

Figure 42: Triage rates – Capital & Coast



Hospital Acquired Bloodstream Infections

The DHB’s four quarter average result of 3.58 was below the average rate of 4.03 for secondary DHBs and also represented a decrease from the DHB’s previous four quarter

result of 5.09. This decrease followed the downward trend in the measure that started in the March 2004 quarter.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	91.58	89.20	84.30	91.15	88.33	81.63	84.17	106.19

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	99.53	99.17	97.92	101.20	99.22	102.37	99.68	95.02

Average Length of Stay

Capital & Coast's total average length of stay was shorter than expected for its casemix, as both its recorded length of stay for both surgical and medical DRGs were shorter than expected. The DHB's Average Length of Stay rate in its surgical DRGs was the shortest recorded by a tertiary DHB in the June 2006 quarter.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	2993	3.53	3.85	91.7
Medical	5951	2.72	2.80	97.1
Total	9441	2.93	3.10	94.5

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	1571	33	33	100
Medical	2213	32	28	114.3
Total	4641	39	37	105.4

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	2.78	1.69	2.54	2.19	-3.99	-2.52	-2.18	2.31
Revenue	2.15	1.40	1.95	1.79	-3.21	-2.09	-1.84	2.04

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	1.29	1.20	1.30	1.22	1.24	1.21	1.19	1.14

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	51.80	55.94	52.51	56.28	59.05	61.74	63.25	58.11

Hutt Valley DHB hospital

(Hutt Hospital)

Organisational health quadrant

Staff Turnover

Hutt Valley recorded a Staff Turnover rate of 4.07% in the June 2006 quarter, which was the highest result of any DHB in the quarter. During 2005/06, the DHB's four quarter average rate fluctuated, but the net result was a downward trend over the year.

Staff Stability

In the June 2006 quarter, 49% of resignations from Hutt Valley were from staff within two years of their appointment. This was above the average result for all DHBs of 41%. However, the DHB's four quarter rate of 45% in the June 2006 quarter represented a drop from the DHB's previous four quarter result of 48%. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

Hutt Valley recorded one of the lowest Sick Leave rates of all DHBs in the June 2006 quarter. Its result of 2.9% was its lowest June quarter result for three years. Its four quarter average result of 3% was just below the average four quarter rate for all DHBs. During 2005/06, the DHB's rate followed the slight downward trend that started in the September 2004 quarter.

Staff Work-related Injury or Illness

Hutt Valley recorded no events of staff work-related injury or illness in the June 2006 quarter. Due to the results in the preceding three quarters, the DHB's four quarter rate of 7.38 represented an increase from the DHB's previous four quarter rate of 6.09 and was also just below the average rate of 7.46 for all DHB's combined. During 2005/06, the DHB's trend in this measure fell in the December 2005 quarter, reversing the upward trend present for the preceding four quarters.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 87% in the June 2006 quarter, which was just below the average rate of 88% for all DHBs in the quarter. During 2005/06, the DHB's four quarter moving average rate in this measure has trended downwards, when compared with 2004/05, although the degree of change has been less than two percentage points.

Due to a problem with data calculation, no breakdown of responses to individual questions was possible in this report.

For Hutt Valley, the survey response group matched the patient group for gender and age in the outpatient group. There were no matches in the inpatient group.

Percentage of Complaints Resolved/Closed

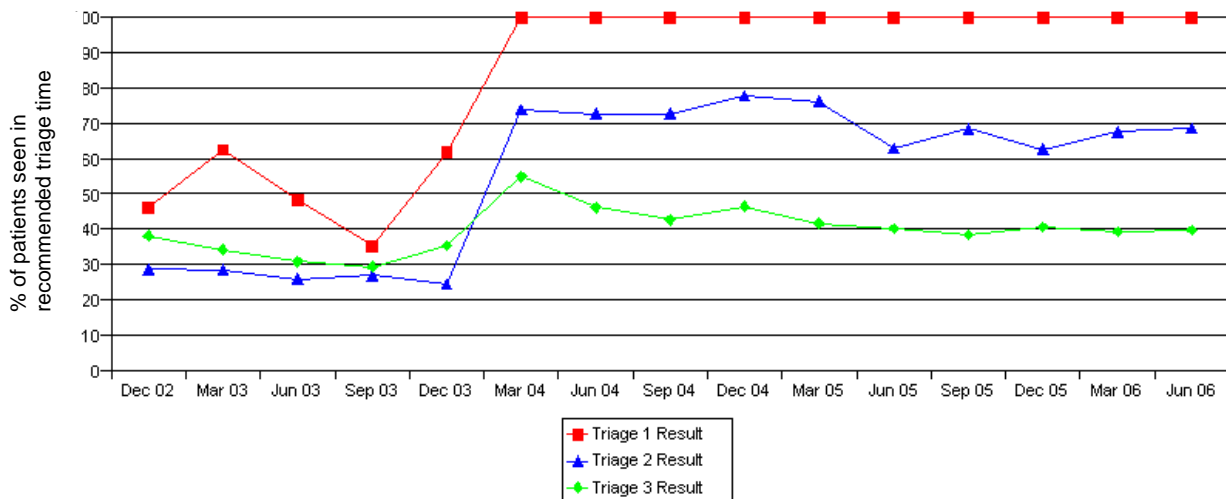
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	94.03	84.93	80.39	84.62	93.67	89.77	84.06	89.77

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 69% in the June 2006 quarter and the Triage code 3 rate was 40%.

During 2005/06, the four quarter moving average following a downward trend, then stabilised for triage times in both codes 2 and 3. However, patient numbers in all codes trended upwards over the year.

Figure 43: Triage rates – Hutt Valley



Hospital Acquired Bloodstream Infections

The DHB's four quarter average result of 0.64 was below the DHB's previous four quarter result of 0.69 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 the December 2004 quarter.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	97.14	96.89	94.23	100.03	97.96	97.62	96.03	94.54

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	101.16	104.09	95.14	101.34	100.23	101.76	100.31	103.98

Average Length of Stay

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

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	1644	2.81	3.01	93.4
Medical	3881	2.47	2.34	105.6
Total	5623	2.60	2.55	102.0

Daycase Procedures

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

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	977	48	50	96.0
Medical	1103	24	25	96.0
Total	2405	37	38	97.4

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	8.23	6.18	7.09	7.16	7.51	5.90	5.83	3.76
Revenue	5.50	4.07	4.70	4.56	4.40	3.54	3.51	2.52

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	1.50	1.52	1.51	1.57	1.70	1.67	1.66	1.49

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	30.68	31.07	32.26	35.64	33.63	36.13	35.37	28.87

Wairarapa DHB

(Wairarapa Hospital)

Organisational health quadrant

Staff Turnover

In the June 2006 quarter, Wairarapa's Staff Turnover rate of 2.44% returned to a level more typical for the DHB after the previous quarter's unusually high result. However, the DHB's four quarter rate of 3.59% was above the average rate of 3.31% for all DHBs in the June 2006 quarter. During 2005/06, the DHB's trend in this measure fluctuated, but there was no net change in the rate over the year.

Staff Stability

Nine of the ten resignations recorded by the DHB in the June 2006 quarter were from staff within two years of their appointment. The DHB's four quarter rate of 44% was just above the average rate for all DHBs in the quarter. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

Wairarapa's Sick Leave rate of 2.9% in the June 2006 quarter was among the lowest recorded by any DHB. The DHB's four quarter rate of 2.8% was also below the all DHB average. The DHB's trend in this measure followed a downward direction during the 2005/06 year.

Staff Work-related Injury or Illness

The DHB's four quarter average rate of 22.14 was the highest recorded by any DHB in the June 2006 quarter and represented an increase from the DHB's previous four quarter rate of 7.21. However, in terms of raw data, the actual June 2006 quarter result of 11.46 represented only two episodes of staff work-related injury or illness.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 86% for the June 2006 quarter, which was lower than the average rate of 88% 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 (DHB result 65%: all DHB range 64-77%). The DHB recorded the highest satisfaction rates of all DHBs for the questions about how clean the patient found the hospital (95%) and information given to the patient on how they could manage their problem after their clinic visit (89%).

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 (DHB result 71%: all DHB range 62-88%), whether choices specific to the patient's culture were offered (DHB result 76%: all DHB range 70-89%), information provided in

the Emergency Department about the waiting time (DHB result 77%: all DHB range 70-86%), information given about treatment options (DHB result 79%: all DHB range 76-90%), and preparing the patient for leaving hospital (DHB result 76%: all DHB range 75-93%).

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

Percentage of Complaints Resolved/Closed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	68.18	52.94	25.00	60.00	58.33	52.94	22.22	50.00

Emergency Triage Times (Masterton Hospital Emergency Department)

Wairarapa met the benchmarks for all three triage codes, one of four DHBs to do so in the June 2006 quarter. It recorded a Triage code rate of 100% (when rounded up) in all codes.

During 2005/06, the four quarter moving average trend for triage times in all codes 2 and 3 showed a slight decrease. Patient numbers in triage code 1 fluctuated over the year, but returned to the same level in the June 2006 quarter as the previous June quarter. Patient numbers in triage code 2 trended slightly downwards, while numbers in triage code 3 remained relatively stable during the year.

Hospital Acquired Bloodstream Infections

The DHB did not report any hospital-acquired bloodstream infections in the June 2006 quarter. During 2005/06, the trend in the rate rose from zero in the first quarter and then stabilised at a very low level for the rest of the year.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	97.07	104.49	103.99	97.27	96.73	95.99	86.16	100.06

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	95.21	99.70	98.99	99.80	98.26	98.52	99.11	99.89

Average Length of Stay

The Average Length of Stay rate at Wairarapa was one of the shortest recorded by any DHB in the June 2006 quarter. This was driven by the DHB recording the shortest

length of stay of any DHB for surgical DRGs for its particular casemix for the June 2006 quarter.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	435	1.84	2.29	80.3
Medical	1216	2.39	2.44	98.0
Total	1680	2.28	2.44	93.4

Daycase Procedures

Wairarapa's achieved daycase percentage for medical DRGs was much lower than expected for its casemix, while its achieved daycase percentage for surgical DRGs was the highest of all DHB when applied to its casemix. This resulted in the DHB exceeding the total expected daycase rate for the June 2006 quarter.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	280	64	55	116.4
Medical	268	18	23	78.3
Total	634	43	41	104.9

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	8.66	14.61	15.30	7.15	18.27	11.14	6.05	5.69
Revenue	3.45	3.45	3.62	2.51	6.49	5.73	3.97	4.03

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.51	4.23	4.23	2.84	2.81	1.94	1.52	1.41

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	37.89	69.03	67.40	81.04	78.72	75.61	63.11	65.50

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 3.03% in the June 2006 quarter, which was just above the average rate for all DHBs (2.99%). During 2005/06, the DHB's trend in this measure fluctuated, but there was no net change over the year.

Staff Stability

The DHB's four quarter rate of 38% represented a slight increase from the DHB's previous four quarter result of 39%, but both figures remained below the average for all DHBs. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

The DHB's actual June 2006 rate and its four quarter rate of 3% were below the average rates for all DHBs. After a sharp drop in the September 2005 quarter, the DHB's trend in the measure remained stable for the rest of the year.

Staff Work-related Injury or Illness

The DHB's four quarter average rate remained unchanged at 6.71, which was below the average rate of 7.46 for all DHBs in the quarter. In the June 2006 quarter, the DHB recorded two events of staff work-related injury or illness. During 2005/06, the DHB's rate in the measure followed an upward trend. As stated in the last report, the DHB changed its reporting systems and was expecting higher rates as a result of this change.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 93% for the June 2006 quarter. As is usual for the DHB, this was the highest rate of all DHBs. During 2005/06, the DHB's four quarter moving average trend in his measure followed a downward trend. However, the degree of change was less than half a percentage point.

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" (DHB result 77%: all DHB range 64-77%). However, this was the highest recorded by any DHB in the quarter. The DHB also recorded the highest result for the question about how staff prepared the patient for their visit (DHB result 89%: all DHB range 83-89%).

For the inpatient responses, the DHB recorded the highest responses of all DHBs for 6 of the 17 questions. The only question with a satisfaction rating below 80% was about how much the patient liked the food provided in the hospital (DHB result 75%: all DHB range 62-88%).

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

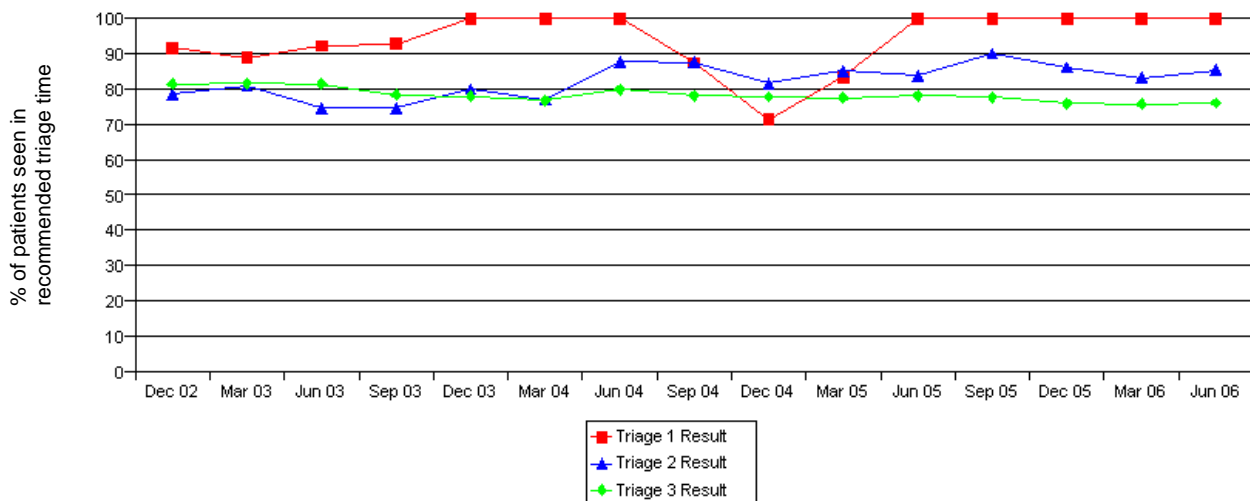
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	45.45	57.14	73.53	76.36	88.64	81.48	81.63	91.07

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

As is normal for the DHB, Nelson Marlborough met all three Triage benchmarks. It recorded a Triage 2 rate of 85% and a Triage 3 rate of 76% in the June 2006 quarter.

During 2005/06, patient numbers in all three triage codes trended up. The four quarter moving average trend Triage Time rates in codes 1 and 2 increased, while the trend in Triage code 3 decreased during the year.

Figure 45: Triage rates – Nelson Marlborough



Hospital Acquired Bloodstream Infections

In the June 2006 quarter, the DHB's four quarter average rate of 0.93 was below both the DHB's previous four quarter result of 1.05 and the average rate for secondary hospitals of 1.19. During 2005/06, the DHB's rate in this measure trended downwards for the first three quarters, and then increased in the last quarter.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	78.85	74.20	63.54	73.97	65.78	57.50	63.15	63.87

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	100.79	97.44	91.47	103.82	82.31	77.70	87.20	139.14

Average Length of Stay

Nelson Marlborough's Average Length of Stay rate is consistently one of if not the lowest (shortest) rates 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	1626	2.03	2.45	82.9
Medical	3051	2.08	2.28	91.2
Total	4910	2.03	2.30	88.3

Daycase Procedures

Nelson Marlborough exceeded the expected daycase rate for its casemix, recording achieved daycase percentage results above the expected daycase rate for its casemix in its surgical DRGs, and below the expected rate for its medical DRGs.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1118	52	49	106.1
Medical	922	35	36	97.2
Total	2525	49	48	102.1

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	7.79	7.29	9.66	5.45	8.60	6.21	3.98	6.61
Revenue	3.71	3.45	4.59	2.41	3.65	2.57	1.67	3.54

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.10	2.11	2.10	2.27	2.36	2.42	2.38	1.87

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	52.42	52.18	51.28	53.46	52.66	53.72	54.28	41.56

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 four quarter average Staff Turnover rate of 3.53% was above the average rate of 3.31% for all DHBs in the June 2006 quarter. During 2005/06, the DHB's rate followed a downward trend.

Staff Stability

The DHB's four quarter rate for this measure dropped to 37% from its previous four quarter result of 51%. The actual quarter rate of 46% was above the average rate of 41% for all DHBs in the June 2006 quarter. Data for this measure will not be collected for future HBI reports.

Sick Leave

While the DHB's June 2006 rate of 3.2% was the highest June quarter rate recorded by the DHB for three years, its four quarter average rate of 2.7% was among the lowest recorded by any DHB. After falling slightly in the first quarter, the DHB's trend in this rate stabilised for the rest of the 2005/06 year.

Staff Work-related Injury or Illness

The DHB's four quarter rate decreased to 5.73 from the DHB's previous four quarter result of 13.29. During 2005/06, the rate has been trended sharply downwards for the first three quarters, and then stabilised in the last quarter.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 89% in the March 2006 quarter, which was higher than the average rate of 88% for all DHBs in the quarter. The DHB's four quarter moving average results in this measure have been followed a slight downward trend during 2005/06, although the degree of change was less than half a percentage point.

From the outpatient responses, the DHB recorded the lowest satisfaction level of all DHBs for 4 out of the 15 questions. For the inpatient responses, West Coast recorded the highest satisfaction level for five of the questions.

The DHB received 105 valid survey returns for the inpatient group from the 300 it posted. This is a significant improvement on previous quarters, and resulted in a response rate of 35%.

The survey response group matched both the inpatient groups for gender and ethnicity. There were no matches with the outpatient group.

Percentage of Complaints Resolved/Closed

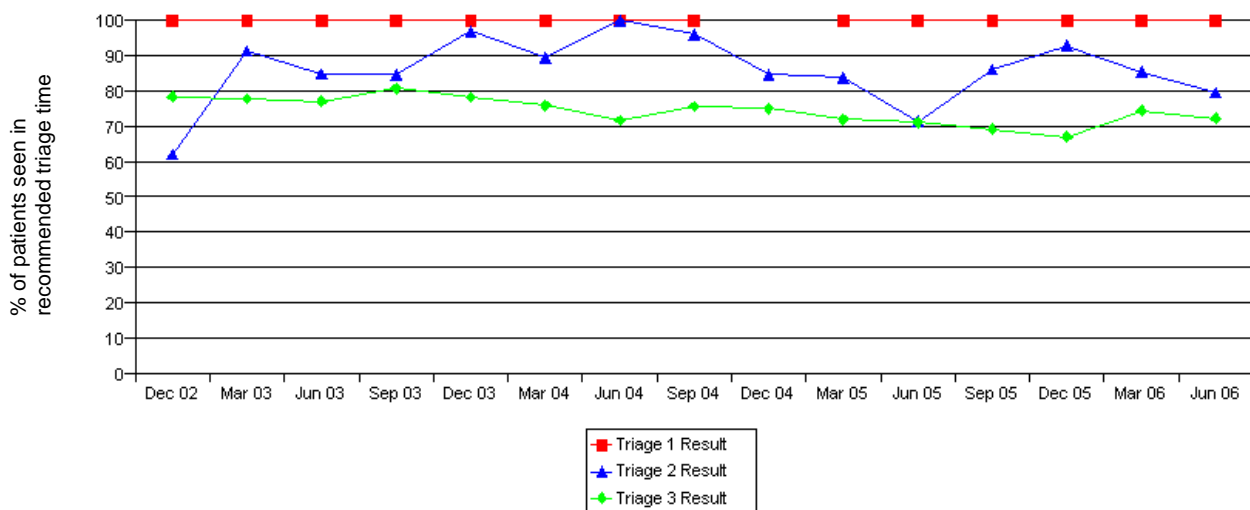
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	57.14	52.94	92.31	73.33	86.36	90.00	75.00	73.33

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

West Coast met the benchmark for triage code 1, and recorded a result of 79% for triage code 2, which is just below the benchmark of 80%. The DHB recorded its highest ever number of patients in triage code 2 in the June 2006 quarter. The triage code 3 rate was 72% in the June 2006 quarter.

During 2005/06, patient numbers in triage codes 1 and 3 remained relatively stable, while there was a sharp increase in triage code 2 patient numbers. The four quarter moving average trend in Triage Times increased in triage code 2, but decreased slightly in triage code 3 over the 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 June 2006 quarter. Its four quarter average rate of 0.93 was lower than the previous rate of 1.05. During 2005/06, the DHB's rate in this measure has trended down to a very low level.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	93.72	91.51	94.69	89.50	93.72	92.43	92.70	90.24

Performance to Contract

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

Average Length of Stay

West Coast's Average Length of Stay rate for the March 2006 quarter was longer than expected. 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	257	2.86	2.99	95.6
Medical	599	2.83	2.49	113.7
Total	887	2.78	2.60	106.9

Daycase Procedures

West Coast reported the lowest result of procedures of all DHBs performed as daycase with a medical coding in the June 2006 quarter, although it exceeded its results for surgical DRGs. West Coast had the smallest number of cases of all DHBs.

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	134	46	41	112.2
Medical	176	13	22	59.1
Total	410	32	34	94.1

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	-4.65	-7.97	-6.86	-11.20	-2.18	-8.42	-10.09	-14.70
Revenue	-2.14	-3.47	-2.82	-4.64	-0.85	-3.00	-3.57	-4.69

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.17	2.29	2.43	2.42	2.57	2.81	2.82	3.13

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	48.53	50.93	53.15	50.99	53.38	56.58	62.30	61.86

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 3.15% was just above the average rate (2.99%) for all DHBs. However, its four quarter average rate of 3.11% was below the average four quarter rate of 3.31% for all DHBs. During 2005/06, the DHB's trend in this measure remained stable.

Staff Stability

The DHB's four quarter average rate (25%) was the lowest recorded by any DHB in the June 2006 quarter. The four quarter rate also represented a decrease from the DHB's previous four quarter result of 36%. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

Canterbury recorded one of the lowest Sick Leave rates of all DHBs in the June 2006 quarter. Its rate of 2.9% was also the lowest June rate recorded by the DHB for three years. The DHB's four quarter average rate of 2.8% was also below the average rate of 3.1% for all DHBs. During 2005/06, the DHB's rate in this measure trended downwards.

Staff Work-related Injury or Illness

The DHB's four quarter average rate of 6.94 was below the average result for all DHBs of 7.46 and represented a drop from the DHB's previous rate of 11.96. 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 June 2006 quarter, which was unchanged from the previous quarter and was one of the highest results recorded by any DHB in the quarter. During 2005/06, the DHB's results trended upwards for the first three quarters, and then stabilised at that higher level.

From the outpatient responses, only one question had a satisfaction rate of under 80%. This was related to information given on arrival about waiting time (DHB result 67%: all DHB range 64-77%). For the inpatient responses, the DHB received a satisfaction rate lower than 80% for four questions. These questions related to information provided in the Emergency Department about the waiting time (DHB result 76%: all DHB range 70-86%), about if choices specific to the patient's culture were offered (DHB result 78%: all DHB range 76-90%), preparing the patient for leaving (DHB result 79%: all DHB range 75-93%), and about how much the patient liked the food provided in the hospital (DHB result 70%: all DHB range 62-88%).

For Canterbury, there was a match between the survey response groups and the DHB's outpatient group for gender.

Percentage of Complaints Resolved/Closed

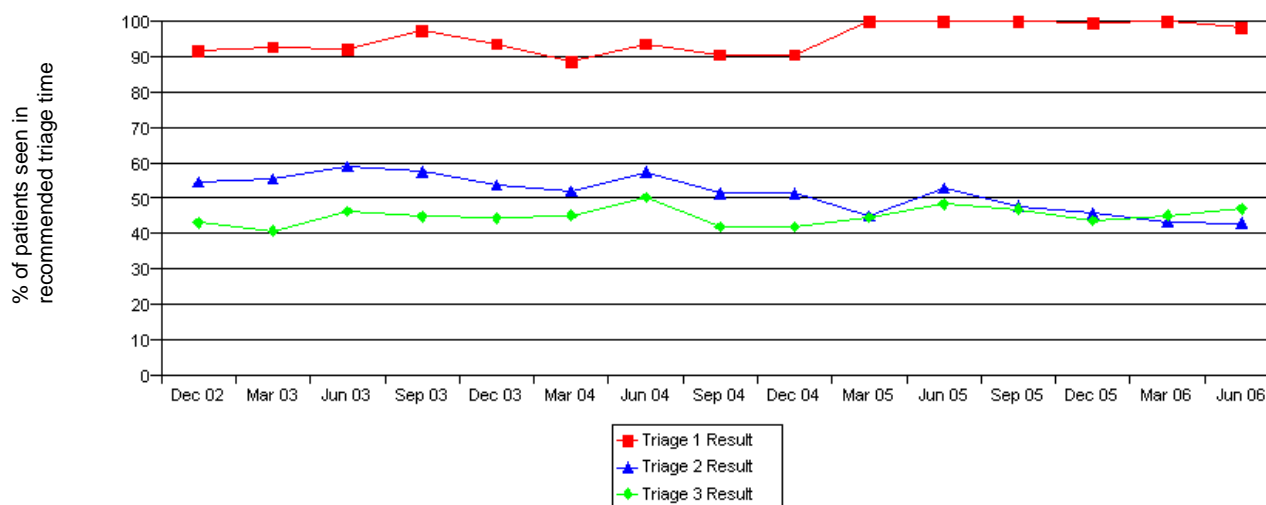
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	60.00	54.87	67.53	73.33	69.01	65.00	59.69	58.86

Emergency Triage Times (Christchurch Emergency Department)

Canterbury recorded a Triage code 1 rate of 98%. This represented three patients (out of 168) who were not recorded as having treatment commenced immediately by a doctor. The result for triage code 2 fell to its lowest level (43%) for three years. The result for triage code 3 increased slightly to 47%.

During 2005/06, patient numbers in all of the codes trended upwards. Triage times for Triage code 2 trended downwards over the year, while the rate in Triage code 3 trended upwards initially, then stabilised.

Figure 47: Triage rates – Canterbury



Hospital Acquired Bloodstream Infections

The DHB's four quarter average rate of 2.59 decreased from the DHB's previous four quarter result of 2.79, and was below the average rate of 4.03 for all tertiary DHBs. During 2005/06, the DHB's trend followed a downward direction.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	100.43	99.28	99.98	100.26	99.75	98.81	99.59	100.16

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	100.57	102.47	100.30	110.50	101.31	101.43	101.55	110.26

Average Length of Stay

The Average Length of Stay rate at Canterbury was just slightly longer than expected in the June 2006 quarter for 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	4966	4.00	3.86	103.6
Medical	12304	2.47	2.44	101.2
Total	18253	2.90	2.83	102.5

Daycase Procedures

Canterbury did not achieve its expected daycase procedures results in the June 2006 quarter. This was not an unusual result for the DHB. The DHB theorises that some of this may be explained by a difference in coding between DHBs, and by different clinical practices (ie, treating some procedures on an outpatient basis rather than an admitted daycase.)

	Cases	Achieved Daycase%	Expected Daycase %	Result (%) Achieved/Expected
Surgical	2640	30	36	83.3
Medical	3042	29	35	82.9
Total	7270	35	40	87.5

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	8.96	8.29	7.93	8.65	6.17	3.18	5.40	6.21
Revenue	5.19	4.59	4.56	4.41	3.18	2.64	2.71	2.82

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	1.72	1.81	1.74	1.93	1.94	2.02	1.99	2.21

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	39.20	38.36	40.48	37.20	42.23	40.50	41.39	40.89

South Canterbury DHB hospitals

(Timaru Hospital and Talbot Park Hospital)

Organisational health quadrant

Staff Turnover

The DHB's rate of 3.15% was unchanged from its previous quarter, and was above the average rate of 2.99% for all DHBs in the June 2006 quarter. During 2005/06, the DHB's trend in this measure followed a downward direction.

Staff Stability

In the June 2006 quarter, 40% of resignations from South Canterbury were from staff within two years of their appointment. The DHB's four quarter rate was 50%, and represented an increase from the DHB's previous four quarter result of 40%. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

South Canterbury's four quarter average sick leave rate of 2.9% was less than the average rate (3.1%) 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 8.52 represented a decrease from the DHB's previous four quarter result of 16.82. However, the current rate was above the average four quarter rate of 7.46 for all DHBs. During 2005/06, the DHB's rate trended sharply downwards for the first three quarters, and then rose slightly in the last quarter.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 91% for the June 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 only one question as having a satisfaction rating less than 80%. This was the question about the information provided about how long the patient would have to wait (DHB result 72%: all DHB range 64-77%). The DHB recorded the highest result of all DHBs for the questions about how the staff asked the patients permission to treat them (93%) and how choices specific to the patients culture were offered (87%). For the inpatient survey, two questions received a satisfaction rating under 80%. These were the question about the information provided in the Emergency Department about how long the patient would have to wait (DHB result 76%: all DHB range 70-86%) and how much the patient liked the food provided in the hospital (DHB result 75%: all DHB range 62-88%). South Canterbury recorded the highest satisfaction levels of all DHB for the questions about how clean the patient found the hospital (93%) and how well the patients felt the staff listened to them (93%).

For South Canterbury, the survey response group matched the patient group in age and ethnicity for inpatient patients. There were no matches in the outpatient group.

Percentage of Complaints Resolved/Closed

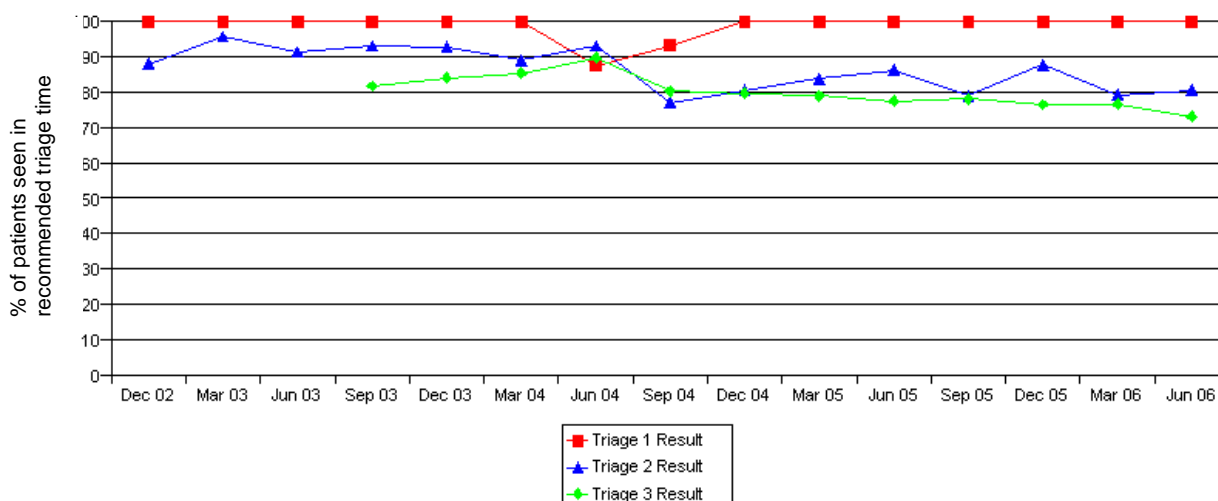
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	62.07	87.50	81.25	88.00	93.33	100.00	94.12	94.44

Emergency Triage Times (Timaru Emergency Department)

South Canterbury met the benchmarks for triage codes 1 and 2, and recorded a triage 3 rate of 73%, just under the benchmark of 75%.

During 2005/06, patient numbers in codes 1 and 2 trended slightly down, while the number of patients in triage code 3 trended very slightly upwards. The four quarter moving average trend in Triage Times was stable in all three codes.

Figure 48: Triage rates – South Canterbury



Hospital Acquired Bloodstream Infections

South Canterbury did not report any bloodstream infections in the June 2006 quarter. The DHB's four quarter average rate of 1.00 was above the DHB's previous four quarter rate of 0.63, but remained below the average rate of 1.19 for secondary DHBs in the March 2006 quarter. During 2005/06, the trend in the rate increased in the first quarter, and then stabilised for the remainder of the year.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	106.40	111.27	95.28	89.92	96.51	92.01	100.32	107.89

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	97.92	98.26	102.86	95.52	98.59	101.30	98.98	97.24

Average Length of Stay

The Average Length of Stay rate at South Canterbury for the June 2006 quarter was equal to the rate expected by sector averages for its casemix in both medical, surgical and all DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	670	3.15	3.15	100.0
Medical	1694	2.50	2.47	101.2
Total	2446	2.68	2.66	100.8

Daycase Procedures

South Canterbury performed more cases as daycase procedures than expected, particularly medical DRGs, in the June 2006 quarter. Its overall rate was one of the highest recorded by any DHB this quarter.

	Cases	Achieved Daycase %	Expected Daycase%	Result (%) Achieved/Expected
Surgical	391	49	46	106.5
Medical	327	61	52	117.3
Total	879	55	50	110.0

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	18.23	13.50	26.22	10.60	-14.08	-22.37	-25.04	-4.27
Revenue	6.45	5.24	7.74	2.73	-3.30	-4.68	-4.71	-1.38

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.83	2.58	3.39	3.88	4.27	4.78	5.31	3.10

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	59.82	54.06	39.73	45.32	47.64	51.30	55.25	30.81

Otago DHB hospitals

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

Organisational health quadrant

Staff Turnover

Otago's Staff Turnover rate of 2.86% remained below the average rate for all DHBs. During 2005/06, the DHB's trend in the measure fluctuated, but there was no net change at the end of the year.

Staff Stability

In the June 2006 quarter, 39% of resignations from Otago were from staff within two years of their appointment. The DHB's four quarter average rate of 44% was just higher than the average four quarter rate for all DHBs (43%), and also represented an increase from the DHB's previous four quarter result of 40%. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

During 2005/06, the DHB's rate trended down. The Sick Leave rate in the June 2006 quarter was 3.4%, which was just higher than the average rate of 3.3% for all DHBs and the DHB's four quarter average rate (3.2%) was also higher than the four quarter average rate for all DHBs (3.1%) in the June 2006 quarter.

Staff Work-related Injury or Illness

The DHB's four quarter rate of 9.74 increased from the DHB's previous four quarter rate of 7.26. The four quarter average rate in the June 2006 quarter was one of the higher recorded by any DHB. However, the DHB's trend stabilised this quarter (due to a very low actual June 2006 quarter rate) after increasing in the previous three quarters.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 91% for the June 2006 quarter, which was above the average rate of 88% for all DHBs in the quarter. During 2005/06, the DHB's trend in this measure increased sharply in the first half of the year, and then remained at that high level for the remainder of the year.

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" (DHB result 74%: all DHB range 64-77%). The DHB recorded the highest results of all DHBs for 5 of the 15 questions.

For the inpatient responses, the DHB received a satisfaction rate lower than 80% for the question about how much the patient liked the food provided on the ward (DHB result 78%: all DHB range 62-88%). The DHB received the highest satisfaction level of all DHBs for the question related to staff asking the patient's permission to treat them (91%).

For Otago, the survey response group matched for gender and ethnicity in the outpatient group. There was no match for the inpatient group.

Percentage of Complaints Resolved/Closed

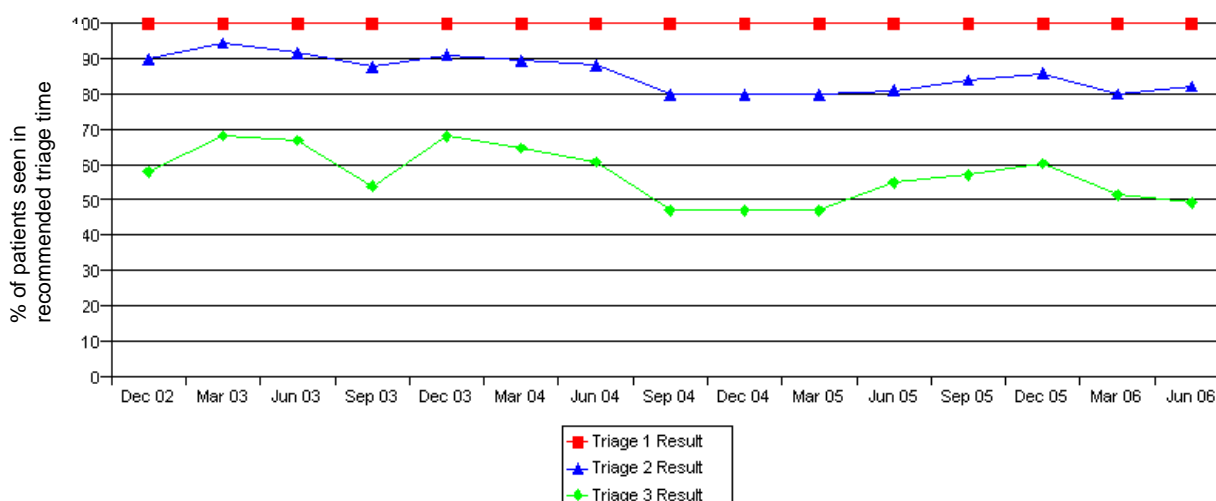
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	86.14	78.21	79.52	86.42	92.00	80.82	61.43	83.33

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

Otago met the benchmarks for triage codes 1 and 2 in the March 2006 quarter. The DHB's triage code 3 result decreased to 49%, below the benchmark of 75%.

During 2005/06, the four quarter moving average trend in patient numbers increased in Triage code 1, decreased slightly in Triage code 2, and remained stable in triage code 3. The four quarter moving average Triage Times trended upwards in triage codes 2 and 3 over the year.

Figure 49: Triage rates – Otago



Hospital Acquired Bloodstream Infections

Otago's four quarter average rate of 3.41 was higher than the DHB's previous four quarter average rate of 2.14, but was below the average rate of 4.03 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

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	100.00	98.75	98.57	98.51	98.68	98.14	97.10	94.97

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	101.10	100.26	102.10	103.56	100.66	100.88	102.76	104.56

Average Length of Stay

Otago's Average Length of Stay rate for the March 2006 quarter was shorter than expected, driven primarily by the shorter length of stay recorded for its surgical DRGs.

	Cases	ALOS (Days)	Expected ALOS (Days)	Result % ALOS/Expected
Surgical	2252	3.47	3.73	93.0
Medical	4084	2.86	2.80	102.1
Total	6526	3.08	3.14	98.1

Daycase Procedures

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

	Cases	Achieved Daycase %	Expected Daycase %	Result (%) Achieved/Expected
Surgical	1310	35	36	97.2
Medical	1149	28	30	93.3
Total	2950	36	37	97.3

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	3.37	1.56	5.15	-8.71	7.41	4.70	6.22	2.21
Revenue	1.34	0.60	2.03	-3.00	2.44	1.56	2.07	0.99

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	2.52	2.59	2.53	2.90	3.04	3.02	3.01	2.22

Debt: Debt + Equity

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	53.98	55.13	55.28	64.25	65.29	66.72	66.49	48.14

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 during 2005/06 it trended slightly downwards. In the June 2006 quarter, Southland's four quarter average rate of 2.69% was one of the lowest recorded by any DHB in the quarter.

Staff Stability

In the June 2006 quarter, 39% of resignations from Southland were from staff within two years of their appointment, which was below the average rate of 41% for all DHBs. The DHB's four quarter rate of 44% represented an increase from the DHB's previous four quarter rate of 40%. Data for this measure will no longer be collected for future HBI reports.

Sick Leave

The DHB's Sick Leave rate in the June 2006 quarter was 3%, and its four quarter rate was 2.8%, both of which were below the all DHB averages. The DHB's trend in this measure trended gently downwards over the 2005/06 year.

Staff Work-related Injury or Illness

Southland's four quarter rate of 4.06 represented a decrease from the DHB's previous four quarter rate of 9.87, and was also one of the lowest recorded by any DHB. During 2005/06, the DHB's rate in this measure trended sharply downwards.

Quality and patient satisfaction quadrant

Patient Satisfaction

The Patient Satisfaction rate was 88% for the June 2006 quarter, which was equal to the average rate for all DHBs in the quarter. During 2005/06, the DHB's trend in this measure followed an upward trend.

The DHB experienced issues as a result of the I-soft implementation with getting data from the new patient management system and interface with the patient satisfaction database. During the quarter, the DHB was able to get inpatient data to select patients from but was unable to get outpatient data. In addition, the overall volumes for the quarter were not available. It is hoped that this will be resolved very soon and that a new data warehouse can be developed so that this will not occur again.

For the inpatient responses, the DHB received a satisfaction rate lower than 80% for two questions. These questions related to how much the patient liked the food provided on the ward (DHB result 71%: all DHB range 62-88%), and information provided in the Emergency Department about the waiting time (DHB result 79%: all DHB range 70-86%).

Percentage of Complaints Resolved/Closed

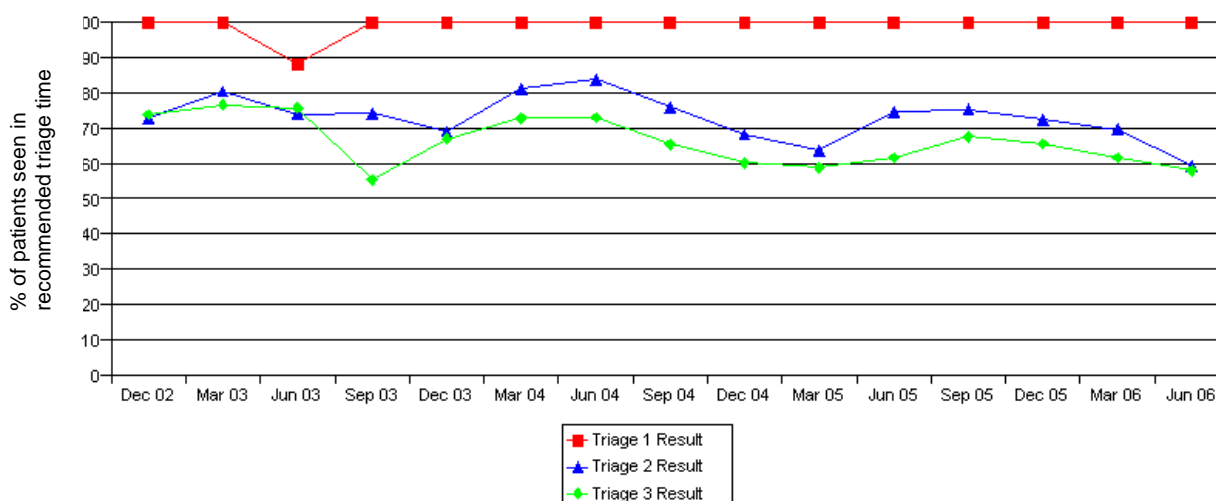
	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	58.62	72.41	46.43	78.57	89.47	76.00	71.11	60.6

Emergency Triage Times (Southland and Lakes District Emergency Departments)

All 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 60% and 58%.

During 2005/06, the four quarter average trend in patient numbers in triage codes 2 and increased, while the trend in triage code 1 patient numbers increased initially, then decreased to below the June 2005 level. The four quarter moving average trend in Triage Times was stable for triage code 2, but increased for triage code 3, when compared with the respective trends for the year ended June 2005.

Figure 50: Triage rates – Southland



Hospital Acquired Bloodstream Infections

The DHB's four quarter average rate of 0.96 represented an increase from the DHB's previous four quarter average rate of 0.58. During 2005/06, the DHB's rate fell for the first two quarters, and then climbed again for the latter two quarters.

Process and efficiency quadrant

Resource Utilisation

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	97.28	93.66	93.98	85.08	95.71	94.71	95.71	101.15

Performance to Contract

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	100.27	99.50	104.20	100.19	98.31	99.04	98.88	102.21

Average Length of Stay

Southland was unable to supply data for this measure due to the implementation of a new patient management system. It is hoped that this will be resolved very soon and that a new data warehouse can be developed so that this will not occur again.

Daycase Procedures

Southland was unable to supply data for this measure due to the implementation of a new patient management system. It is hoped that this will be resolved very soon and that a new data warehouse can be developed so that this will not occur again.

Financial quadrant

Return on Net Funds Employed and Operating Margin to Revenue

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
NFE	5.82	4.05	3.42	0.87	7.01	4.17	3.57	2.68
Revenue	6.45	4.64	3.97	0.99	6.45	3.83	3.38	2.26

Revenue to Net Funds Employed

	Sep 2004	Dec 2004	Mar 2005	Jun 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
Asset	0.90	0.87	0.86	0.88	1.09	1.07	1.06	1.18

Debt: Debt + Equity

	Sep 2004	Dec 2004	Jun 2005	Mar 2005	Sep 2005	Dec 2005	Mar 2006	Jun 2006
%	62.76	61.99	64.10	64.21	62.15	63.28	64.59	71.13

Appendix II: Measure Notes and Glossary

Annualised operating margin	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].
Debt	'Debt' means short- and long-term debt, finance leases, and overdrafts.
Median	The middle point of a distribution. Half the data will be above the point, and half will be below the point.
Operating margin to assets	'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.
Operating margin to revenue	Operating margins is not annualised in this indicator, unlike in the Operating margins to assets indicator, but is otherwise identical.
Revenue to Net Funds Employed	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
Sector	In this document, 'sector' means DHBs.
Secondary DHBs	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).
Significance	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.
Tertiary DHBs	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.)