

# Annual Plan 2012/13

## with Statement of Intent

19 June 2012<sup>1</sup>



Nelson Marlborough  
District Health Board

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<sup>1</sup> Version 3.1

Initiative	Action	Evidence
2.6 Allied Health (Service Initiatives): <ul style="list-style-type: none"> <li>Health Service Falls Strategy</li> <li>All Health Service Rehabilitation Strategy</li> </ul>	To develop and implement a Falls Pathway to improve rehabilitation with main focus on people over 65 years of age. To develop and implement whole-of-system approach to rehabilitation services access.	Faster recovery and increased independence of older people who have had falls
2.7 Support Works (Service Initiative): <ul style="list-style-type: none"> <li>To develop a plan to move towards a single needs assessment service for Nelson Marlborough.</li> </ul>	To establish the benefits of integrating all needs assessments/service coordination interventions – older people, people with lifelong disability, people with mental health conditions, Maori and palliative care	Services are better targeted; people live independently; increased productivity of needs assessment and coordination services

## 6.7 ORGANISATIONAL GOAL 1: INFLUENCE TO REINVEST

### Why is this important?

All DHBs need to review all expenditure to ensure highest value for money is achieved.

### Meeting the Minister's Expectations

Optimally utilising local and regional resources across all setting of care. Addressing 'Living Within our Means', e.g. managing our cost base and reallocating resources to high-priority services to achieve significant productivity gains.

### Where do we want to be?

- Create financial capacity to reinvest in what is 'best for patient' and 'best for system' through improving the 'value' delivered to patients and populations
- Ensure optimal infrastructure (including systems, processes, IT, facilities, risk management, finance and Funders [private-public partnerships]).

### How we are going to get there

To achieve this organisational goal we are beginning to progress the following initiatives in 2012/13:

Initiative	Action	Evidence
3.1 The Productive Operating Theatre (TPOT) (Service Improvement)	The TPOT project seeks to build internal capability amongst clinical staff to lead and bring about sustainable transformational change in the way theatres are utilised resulting in benefits for patients and the overall services. The changes envisioned in this project will assist the NMDHB to respond to the increased capability to meet future demands placed on surgical specialities with a changing age demographic. This is a two-year project funded by the Ministry of Health. Improve service provision by reconfiguring services and facilities to incorporate psycho-geriatric and dual disability (intellectual/mental health) inpatient needs to meet growing need and maximising investment	Increased throughput and productivity and reduced need for future capital investment
3.2 Acute Inpatient Services Redesign (Service Improvement)	Agree and implement service interventions to reduce service demand in partnership with the laboratory diagnostic service provider	Provision of inpatient services appropriate to population needs. Reduction in inappropriate referrals. Increased throughput and productivity and reduced need for future capital investment
3.3 Clinical Diagnostic Laboratory (Service Initiative)	To implement protocols to maximise effective and efficient utilisation of rehabilitation equipment To evaluate the effectiveness of Allied Health practitioners	Reduction in capital investment in rehab equipment. Allied Health practitioners deliver new models of care.
3.4 Allied Health (Service Initiatives): <ul style="list-style-type: none"> <li>To implement phase 3 of Enable equipment requiring accreditation and service evaluation process to be introduced and embedded for Allied Health services</li> <li>Introduce an ED/Allied Health pilot which will improve access to Allied Health staff</li> </ul>		

Initiative	Action	Evidence
3.5 Support Works (Service Initiatives): <ul style="list-style-type: none"> <li>Review Home Based Support Services and evaluate the effectiveness of the new services and recommended improvements implemented</li> <li>Implement the national framework for InterRAI include Home Based Support and GP Practices.</li> <li>Support Works to monitor and evaluate revised access/discharge criteria for meals on wheels service and implement recommended service improvements.</li> </ul>	To review Home Based Support services to ensure they are delivered within available resources To achieve standardised client assessments and NMDHB access to subsequent client treatment and health outcome information. To review revised meals on wheels access criteria to ensure sustainability of services	Increased productivity and consistent access to care and support services
3.6 Patient Travel (Service Initiative Improvement)	Review scheduled and unscheduled patient air transport to ensure a clinically applied and cost-effective mode is utilised.	Increased efficiency of patient travel
3.7 Endoscopy Service Redesign (Service Improvement)	Establish a single waiting list across the district along with the appropriate surveillance programmes. Increase skill levels of staff and improve staff satisfaction This is a two-year project funded by the Ministry of Health	Increased timeliness, efficiency, productivity and better utilisation of resources
3.8 Cross-district Services Review and Development (Significant Service Change)	The current model of care for provision of specialist services across Nelson and Wairau Hospitals is no longer sustainable. This service change review will actively consider the evidence for change (transformational), detail the steps required for change, including significant stakeholder consultation	Systems that use similar platforms and models of care delivery which achieve higher productivity, eliminate waste and improve patient outcomes consistently

## 6.8 ORGANISATIONAL GOAL 2: OPTIMAL WORKFORCE

### Why is this important?

Our workforce is critical to the delivery of high quality services and to meet population need.

### Meeting the Minister's Expectations

Through new models of care, strong clinical leadership and regional collaboration we will achieve optimal use of workforce.

### Where do we want to be?

- All health professional work to the top of their scope and are competent
- 'Whole of System' regional delivery models of care
- Value for Money (patient outcomes per dollar expended) is achieved across the continuum of need.

### How we are going to get there

To achieve this organisational goal we are beginning to progress the following initiatives in 2012/13:

Initiative	Action	Evidence
4.1 Mental Health Kaupapa Maori Senior Clinician (Service Improvement)	<ul style="list-style-type: none"> <li>Provide clinical oversight and supervision for the Kaupapa Maori Mental Health Hub under the Coalition framework.</li> <li>Improve tangata whaiora pathways across the continuum of care.</li> <li>Strengthen the Kaupapa Maori workforce.</li> <li>Support the interface between mainstream and Kaupapa Maori services.</li> </ul>	Increased clinical resource available to NGO providers working with Maori. Reduced clinical issues requiring external intervention
4.2 Allied Health (Service Initiative): <ul style="list-style-type: none"> <li>All of Health Service Models of care</li> </ul>	Introduce workforce process improvements to encompass service innovation and design	Increased operational efficiency and productivity