



Vision: the people of our district enjoy the best possible health and independence

<p>Goal 1: Strong Public Health and Primary Health Care Services</p> <p><i>Objectives: increased investment in population health strategies – improved 1^o care resources – improved access to 1^o care – improved integration of 1^o care – reduced disparities in health status – development of community networks – increased community participation/awareness in health</i></p>	<p>Goal 2: Effective Early Intervention and Rehabilitation Services</p> <p><i>Objectives: mental health recovery model - increased investment in rehab and disease detection/intervention</i></p>	<p>Goal 3: Integrated Health and Disability Support Services</p> <p><i>Objectives: better communication/planning between providers – move to case management approach for “at risk” – foster inter DHB planning – Iwi partnership – opportunities for consumer participation in mental health</i></p>	<p>Goal 4: Responsive Rural Health Services</p> <p><i>Objectives: core rural primary health care services identified – access to core health care services within local inc transport considerations – promotion of alternative models of delivering rural health</i></p>	<p>Goal 5: A Collaborative, Skilled Workforce</p> <p><i>Objectives: promote Maori workforce development – assess current & future district workforce requirements – cross sector approach to workforce planning</i></p>	<p>Goal 6: Effective and Efficient Healthcare Services</p> <p><i>Objectives: effective allocation of funds – demand driven growth contained – continuous quality improvement – effective planning/mgmt of capital assets –robust 2^o provider – population health status assessed/monitored – innovation & best practice culture –district wide IS strategy</i></p>
<p>Increase immunisation coverage rate of 0-20yr old population.</p> <p>Reduce rate of preventable hospitalisations and adverse outcomes thru family violence intervention initiatives by June 2004.</p> <p>Improve oral health outcomes for Maori adolescents to attain a rate of 2.0 Decayed, Missing and Filled levels by June 2006.</p> <p>Develop a district primary health care plan by 31.10.03 and implement.</p> <p>Investigate and implement PHOs throughout the rest of the district. By 31.3.06, conduct an evaluation of PHO outcomes against Kaupapa Tuatahi.</p> <p>MCH to establish effective relationships with new PHOs by 30.6.05 to ensure appropriate co-ordination of services.</p> <p>Ensure all MCH's primary services, where appropriate, are provided through primary health care agencies by 30.6.06.</p> <p>Determine a priority list of health services for further investment with new funding for 2004/05 year, by 31.12.03.</p> <p>Progress services for Maori by reviewing and evaluating mainstream provider's Maori action plans to ensure services are appropriate for Maori, by 31.12.03, and, implementing Whakataatanga by 30.6.04.</p> <p>Review whanau ora contracts by 30.10.03, with input from Maori Health providers.</p> <p>Inform all stakeholders of MDHB's annual plans and progress toward achievement.</p> <p>Initiate open forum for the public (at least 4/year) to raise issues with the Board.</p> <p>Undertake a review, and consult on, the Board's District Strategic Plan by 30.6.06.</p> <p>Manage the 2005 triennial DHB elections, and the associated transition process, July-Dec 2005.</p>	<p>Implement the Central Regional Mental Health Plan.</p> <p>Increase investment in Maori mental health service from blueprint funding by 30.6.04.</p> <p>Establish a Hamilton-based wheel chair store for Enable NZ by 1.7.04.</p> <p>By 31.12.03, Enable NZ to develop a business case for regional management of short term loan equipment for public hospitals.</p> <p>Enable NZ's business regional short term loan equipment management service to commence as from 1.7.04, and be fully operational from 30.6.05.</p> <p>Enable NZ's level of e-business to increase, with 60% of information business to be electronic based by 30.6.04, 50% of stores requests to be electronically handled by 30.6.04, . 50% Supportlinks' case notes to be electronically based by 30.6.04, and 100% twelve months after, and Electronic referral function to be in place for Supportlinks by 30.9.03.</p> <p>Facilitate community options for care and support of people with an intellectual disability leaving Kimberley Centre by: implementing the DI plan as agreed with the MoH; establishing targeted new residential and community based support services by June 2004; implementing programme for education and development of other secondary services in caring for people with an intellectual disability from 31.7.03.</p> <p>Implement diabetes service plan.</p> <p>Develop a cancer service plan by 30.4.04.</p> <p>Develop a cardiovascular service plan by 31.12.04.</p>	<p>Hold a provider forum in each area – one district per quarter.</p> <p>Implement devolution of disability support services for people aged 65 years and over, as from 1.10.03.</p> <p>Develop an implementation plan for the Health of Older Persons strategy by 30.03.04.</p> <p>Develop a child health primary/secondary integrated plan by 30.3.04.</p> <p>Extend MidCentral's clinical library service to all primary care providers within the district by 31.12.03.</p> <p>Supportlinks to establish protocol and processes with MCH's central referrals service to manage all incoming referrals for needs assessment/service co-ordination, allied health, and AT&R services in a coherent and effective manner by 31.12.03.</p> <p>Work with all other DHBs to define the minimum clinical data requirements across the full continuum of care.</p> <p>Increase investment in community-based child and family health services by 30.6.04.</p> <p>MCH to implement shared care arrangements with GPs and other providers for ElderHealth care and rest homes by September 2004, and Mental health (dual diagnosis) clients and non-government organisations by June 2004.</p> <p>Participate in the three national DHB collaborative initiatives.</p> <p>Participate in the nine regional DHB collaborative initiatives.</p> <p>Hold six monthly hui with Maori providers to discuss service issues and areas for enhancement.</p> <p>Support the mental health consumer governance group.</p>	<p>Evaluate transport arrangements and options for rural areas to access regional hospital services, by 30.6.04, and implement outcome by 30.6.05.</p> <p>Implement Horowhenua Health Services Project in line with agreed recommendations and implementation plan.</p> <p>Implement the agreed outcome of the Clevely Centre and Health Services review by 31.6.04.</p>	<p>Develop a Maori workforce strategy by 31.12.03.</p> <p>Implement the Human Resource Information System programme by 31.12.04.</p> <p>Develop a local workforce plan based on the needs assessment of the district's workforce by 30.6.04</p>	<p>Complete the benchmark review of MidCentral Health's services by 1.8.03, and implement by 30.6.04..</p> <p>Develop a local secondary care service strategy by 30.6.04.</p> <p>Develop a referred services strategy by 1.10.03, and implement by 30.6.04.</p> <p>Quality improvement initiatives discussed at quarterly provider forums.</p> <p>Install a 10-15 year capital asset management system by 31.6.04.</p> <p>Reduce rate of staff turnover by 0.5% to target of less than 1% on average per month by June 2005 by implementing "improving working lives" strategy by 31.12.03, and priority initiatives of the Workforce Development Strategy by 31.12.04.</p> <p>Review medical/nursing models of care to take into account changes in health roles, ie nurse practitioners, utilisation of SMO/RMOs, technicians by 2006, and implement thereafter.</p> <p>Negotiate and settle affordable collective agreements in accordance with DAP and budget assumptions by agreeing IR strategy with MoH and other DHBs by September 2003, and implementing priority initiatives identified in industrial relations plan by 31.06.04.</p> <p>Implement agreed strategies as outlined in "improving processes to improve workload" paper, including establishment of an Emergency Department Assessment Unit by June 2004, with less than 15% of EDAU presentations resulting in admission.</p> <p>Maximise utilisation of medical and surgical inpatient beds through managing acute demand, implement ward reconfiguration, patient flow management and theatre scheduling projects by June 2005, resulting in bed usage being in line with the target level of 80%.</p> <p>Undertake feasibility study by Jan 2004 of MidCentral Health becoming a magnet hospital, and achieve magnet hospital status by end June 2006.</p> <p>Establish new clinical quality and service improvement team to support clinical board and organisation by 1.8.03.</p> <p>Establish clinical quality improvement plan by Oct 2003 and implement initiatives from Nov 2003.</p> <p>Establish clinical risk management programme (including sentinel event reporting) with clinicians by 31.9.03.</p> <p>Following initial credentialing of senior medical and dental</p>

					<p>officers by 30.6.02, progressively implement over a five year period a comprehensive credentialing programme covering both the individual and the service in which they work.</p> <p>Implement initiatives identified in MidCentral Health's Maori Action Plan by 1.11.04.</p> <p>Be certified by the Director-General of Health in accordance with the Health & Disability Services (Safety) Act 2001 by Oct 2004, and seek revalidation of accreditation status with Quality Health NZ by 30.11.05.</p> <p>Implement regional cancer treatment service sustainability plan as from 1.7.03, including managing cost and utilisation of oncology drugs within budget, commissioning 3rd linac by 31.10.03, and , cost sharing with participating client DHBs by 31.12.03.</p> <p>Undertake project to prioritise range and scope of services to be provided locally and complete by December 2003. Establish feasibility of providing services to regional DHBs in areas where collaboration would secure capacity and economies of scale for both communities by June 2004, and implement outcome of the regional prioritisation of services where MidCentral from July 2004. In conjunction with the Funding Division, and for those services where alternative delivery arrangements may be beneficial, develop proposal for Board's consideration by June 2004. Implement the outcome of regional prioritisation of services where MCH has capacity with marginal costs and additional revenue flows, from July 2004.</p> <p>Implement the outcome of the Radiology Review as from 1.7.03.</p> <p>Implement business case for a new sub-acute facility by June 2004.</p> <p>Reduce sick leave costs by 0.5% over 2 years through implementation of agreed sick leave management and healthy staff initiatives from 1.7.03.</p> <p>Further develop and implement capacity plan, resulting in achievement of agreed patient volumes and elective waiting times by June 2004.</p> <p>Achieve costs savings of \$250k pa and then \$350k pa in 2003/04 and 2004/05 respectively through regional laundry service. Expand laundry throughput by increasing the client base by 25% by June 2004.</p> <p>As from 1.7.03, implement Energy Management Efficiency Projects using EECA interest-free loans, with operational savings of at least \$100,000 during 2004/05.</p> <p>Develop regionally consistent travel and accommodation criteria.</p> <p>Implement initiatives to achieve savings of \$470,000 in pharmacy, medical imaging and laboratory services through improved utilisation; and \$530,000 in clinical supplies.</p> <p>Employ appropriately skilled staff, reducing locum/casual cover, and containing costs within budget.</p> <p>Update general needs assessment by 31.12.03, and undertake a disability needs assessment by 30.6.04.</p> <p>Develop a technology plan by 30.9.03.</p> <p>Develop a district information strategic plan by 30.6.04.</p> <p>Review by 31.3.04 and implement a 5-year clinical data information systems replacement programme.</p> <p>Review current IT systems against WAVE report's top priorities by 30.6.04, and implement by 30.6.06.</p> <p>Extend financial management systems to include materials management and e-procurement by 30.6.04, and data warehousing by 30.6.05.</p> <p>Upgrade DHB's website by 31.3.04.</p>
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Note: initiatives are stated in abbreviated form. For full wording, refer section 11 of the DAP, "Our Initiatives for the Year Ahead"

In addition to changing current the way we currently operate to achieve our vision, the following challenges need to be faced...

· Access and rurality · Fragmentation · Disease mgmt · Increased demand · Health inequalities · Maori health status · Primary health care · Cost growth · Governance · Disability Services – devolution & DI
· Need to make choices · Public health services · Capital expenditure · Secondary care – strategy, elective and radiotherapy waiting times, and clinical governance · Workforce · Info management · PBFF