

Developed December 2001

#### For the Month of ...............

COST CENTRE NAME: 10100

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	77,836-28	89,018.00	11,181-72	691,731.76	741,996.00	50,264.24	1130,591.00
Non- Labour	30,604.73	27,768.00	2,836.73	243,833.81	222,144,00	21,689.61	333,2/4,00
Total	108,441.01	114,186.00	8,344.99	935, 565-57	964,40,00	J8,574.43	1463 807

Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

IN BUDGET OVERALL

NON LABOUR 2636.73 =

PHARMACY COSTS -affecting budget due to Tirotham issue \$360.00 bottle, if pt maining 5 day, by b Britishe - can cost 7 BI,0000-00 pt. Some issues à tendrapase + Ataplase venip noderd

mapphoprately by Bucaais.

(Attach additional documentation if required).

2. Activity Information/ Performance Indicators

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

total pes:- 59

ventuated paneuts 6

Remaias maria 16

Thromboursis: 5

219 venthours

(Some pts ventrated for confer Thank 24 - 48hrs.)

Bundy and centre

61 ...

Activity Measure	Current Month	2001/2002 YTD Target	2001/2002 YTD Actual	Variance
Separations	59 pts 37 Seps	282	188	
Weighted Separations (one month behind)	72	48	203	
OBD's	no data av	525		
Occupancy %	76.4			
Occasions of Service	59pts			
Patient Incidents	nic			
3. Starring Levels.				

#### **FTE Details**

Budgeted : :	Actual For Month	A PARTIE AND A VERTICAL AND A VERTIC	
<i>/</i> ≤·2			
Nursing HPPD			
Staff Incidents	ni'		
		·	

#### **Staffing Analysis**

(Comments on issues affecting staffing level).

unit remained very busy oftimes with pts ventrated for Louger Dan recommended rime Bed Mockages continuéd. 2 statt coutrue on trauntoir program

#### 4. Clinical Indicators

ongoing Acuts indicators

there changed indicators to / inability to caunit into
two wed are to
indeed inadequate resources

2/ readurescion utruin

#### 

HOLTIC PATABASE continuing Paedeatric Inturire care Assercantinung. Cardiai area collation insong.

5.Quality Activities/improvements Actioned (In this space please identify any issues or opportunities for improvement, action taken and outcomes. List any activities in progress).

Moding Ovality Activities - Striff reveriging in hierer poon. Succession planning. NPC mentarion

NPC -> ALADON

right nuse in 100 movrest team. Nearly all PAD'S up to date.

6 Complaints/Compliments/Satisfaction

(In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).

mony Thomayou cards no compaints aware of.

Name: Toui Hoteran
Signature: Toui Waraw
COMMENTS FROM EXECUTIVE DIRECTOR
EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



Developed December 2001

#### For the Month of ... MARCH 2003-

COST CENTRE NAME:...ICU/CCU 630415.....

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	91,371.45	98,669.00	7,297.55	783,103.21	840,665.00	57,561.79	1130,591 00
Non- Labour	38,062.39	27,768.00	10,294.39	281,896.20	249,912.00	31,984.20-	333,216.0 0
Total	129,433.84	126,437,00	2,996.84-	1064,999.4 1	1090,577.0 0	25,577.59	1463,807 00

#### Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

#### IN BUDGET OVERALL

NON-LABOUR 10,294.39 -

PHARAMCY COSTS CONTINUE TO BE ABOVE BUDGET DUE TO USE OF TIROFIBAN ON ALL CARDIAC PATIENTS WITH UNSTABLE ANGINA WHO ARE AWAITING TRANSFER TO BRISBANE FOR ANGIOGRAPHY.

TENECTAPLASE USE AT \$2,000.00 PER PT ALSOIS REFLECTED IN PHARMACY COSTS.

ONE STAFF MEMBER REMAINS ON LONG TERM SICK LEAVE.

ONE STAFF MEMBER RELIEVING HEARTSTART DIRECTOR.

ONE STAFF MEMBER TOOK EMERGENCY COMPASSIONATE LEAVE.

(Attach additional documentation if required).

#### 2. Activity Information/ Performance Indicators

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

TOTAL PATIENTS. 60 VENTILATED PATIENTS 8. DEATHS 5 RETRIEVALS 14 THROMBOLYSIS 7

Activity Measure	Current Month	2002/2003 YTD Target	2002/2003YT D Actual	Variance
Separations	60PTS 37 SEPS	320	225	
Weighted Separations (one month behind)	99	612	602	
OBD's	117	586	998	77 - 74   14   14   14   14   14   14   14
Occupancy %	75.5			

Occasions of Service	60 PTS			
		1		
Patient Incidents	NIL			
			Province and the second second	STUDENT STATE OF STATE OF STATE STAT
3. Stairing Levels	ETE	Details		
	LIET	Jetalis -	•	
Budgeted	Actual F	or Month & Res	A GILYES ESTA	verage
15.4				
Nursing HPPD		***************************************		
Staff Incidents	NIL KNOWN			
	1			
•				
Staffing Analysis				
(Comments on issues affecting sta	ffing level).			
_		•		
UNIT REMAINED VERY BUSY AT VENTILATED PATIENTS VENTIL		R THAN 24-48 HR:	3	
BED BLOCKAGES CONTINUED.		· · · · · · · · · · · · · · · · · · ·	J.	
2 STAFF CONTINUE ON TRANSI	TION PROGRAM.			

#### 4 Clinical Indicators

ONGOING ACHS INDICATORS.

HAVE CHANGED INDICATORS TO 1/INABILITY TO ADMIT INTO AN ICU BED DUE TO INADEQUATE RESOURCES (BEDS OR STAFF)

2/ READMISSIONS WITHIN 72 HRS.

#### 5 Performance Monitoring Audits

AORTIC DATABASE CONTINUES.
PAEDS ICU STUDY CONTINUES.
CARDIAC ARREST DATA COLLATION CONTINUES.

COMMENCING STUDY ON ACUTE CORONARY SYNDROME WHEN TRAINING OBTAINED ON DATA ENTRY.

#### 5 Quality Activities/Improvements Actioned

(In this space please identify any issues or opportunities for improvement, action taken and outcomes. List any activities in progress).

ONGOING QUALITY ACTIVITIES- STAFF RELIEVING IN HIGHER POSITIONS ,ED CENTRE AND HEARISTART.

SUCCESSION PLANNING CONTINUES WITH ORIENTATION TO NPC ROLE. NIGHT NURSE ON CARDIAC ARREST TEAM.

NEARLY ALL PADS UP TO DATE.

STAFF ENCOURAGED TO TAKE MORE ACTIVE ROLE IN INDIVIDUAL PORTFOLIOS. STAFF INVOLVED IN SUPPORTING HEARTWEEK AND AGGROTREND MENS TUNE UP

#### 6. Complaints/Compliments/Satisfaction

(In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).

NO COMPLAINTS AWARE OF, MANY LETTERS AND COMPLIMENTS RECEIVED.	

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Developed December 2001

#### For the Month of ....APRIL 2003- .....

COST CENTRE NAME:..ICU/CCU 630415.....

•	mejal inform   Month   Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	104,132.00	97,167.00	-6965.01	887,235.22	937,832.00	50,596.78	1130,591.
Non- Labour	30,193.63	27,768.00	2,425.63-	312,089.83	277,680.00	34,409.83-	333,216.0 0
Total	134,325.64	124,935.00	-9,390.64	1199,325.0 5	1215,512.0 0	16,186.95	1463,807. 00

#### Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

REMAINING IN BUDGET OVERALL, PHARMACY COSTS REMAIN HIGH DUE TO IDENDITIFIED ISSUES OF NEW DRUG THERAPIES NOT BUDGETED FOR.

Over budget with labour due to maternity leave which is not budgeted for and unplanned relocation of staff to cover Heartstart. Overtime high this month due to staff seconded to other areas, one staff member remains on long term sick leave. Unit had 2 ventilators on several occasions and long bed blockages . 3 patients stayed in the unit until they were discharged (very bad practice) but they had good care!!!.

(Attach additional documentation if required).

#### 2. ActivityInformation/Performance Indicators

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

One patient was in ICU 4 days longer than he should have been. These issues are largely unavoidable as there were no beds on the wards.

**VENTILATED PTS: 5** 

**VENTILATED HOURS 228HRS.** 

RETRIEVALS: 9.

MI: 7.

Activity Measure	A STATE OF THE STA	2002/2003 LYTD Target	THE RESERVE OF THE PERSON OF T	Variance
Separations	45 ADMISSIONS 26 SEPS	357	251	
Weighted Separations (one month behind)	70	690	671	
OBD's		641	1103	

Occupancy %	70%			
			·	
Occasions of Service	45 ADMISSIONS			
Patient Incidents	ONE SERIOUS ADVERSE EVENT FROM OT			
3: Staffing Levels	FTE D	Details		
Budgeted See All	AGITAL AGITAL F	ormoniu - 8	ME SELECTION AND AND AND AND AND AND AND AND AND AN	/erage (* **
15.4				
Nursing HPPD				<u> </u>
				i
Staff Incidents	NIL			
Staffing Analysis			······································	
(Comments on issues affecting staffi	ng level).			
2 STAFF CONTINUE ON TRANSITION 2 STAFF RECEIVED ORIENTATION 1 STAFF MEMBER RELIEVING IN H GERARD SMITH ASSISTING WITH HAVING 2 VENTILATED PATIENTS	I IN ICU FOR CASI IEARTSTART AND ALS ASSESSMEN	EDUCATION. T OF ALL STAFF.	(WORKING VERY	HARD) IEEDS.
				,

#### 4. Clinical Indicators

READMISSION WITHIN 72 HRS: 1 PATIENT.

INABILTY TO ADMIT INTO ICU DUE TO INADEQUATE RESOURCES REMAINS DIFFICULT TO CAPTURE DUE TO IDENTIFYING APPROPRIATE PERSON TO IDENTIFY. HAVE TRIED WITH AHNM BUT IS PROVING DIFFICULT.

HAVE IDENTIFIED ANOTHER INDICATOR WHICH WE WILL COLLECT; UNPLANNED ADMISSION INTO ICU FROM OT. SHALL START IN MAY.

#### 5 Performance Monitoring / Audits

AORTIC DATATBASE CONTINUING.

PAEDS IN ICU STUDY CONTINUING.

CARDIAC ARREST DATA COLLATION CONTINUING, ISSUES ADDRESSED AT CLINICAL FORUMS. WANTING TO COMMENCE ACS STUDY, AWAITING ETHICS COMMITTEE APPROVAL

#### 5 Quality Activities/Improvements Actioned

(In this space please identify any issues or opportunities for improvement, action taken and outcomes. List any activities in progress).

ONGOING REVIEW OF P&P CARDIAC ARREST NURSE ON NIGHTS. SUCCESSION PLANNING CONTINUES. CN BRENNAN RELIEVED NPC HOLIDAYS. NEARLY ALL PADS CURENT.

#### 6. Complaints/Compliments/Satisfaction

(In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).

MANY THANKYOU CARDS . NO COMPLAINTS AWARE OF.

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Name: TONI HOFFMAN	
Signature:	
COMMENTS FROM EXECUTIVE DIRECTOR	
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	EXECUTIVE DIRECTOR
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PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT

COST GENTIRE MANAGER



Developed December 2001

#### For the Month of ..MAY 2003

COST CENTRE NAME; 630415. ICU/CCU

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	95,869.58	97,147.00	1,277.42	983,104.80	1034,979.0 0	51,874.20	1130,591. .00
Non- Labour	51,042.95	28,183.41	22,859.54	363,132.78	310,017.58	53,115.20	338,201.0 0
Total	146,912.53	125,330.41	21,582.12	1346,237.5 8	1344,996.5 8	1,241.00 -	1468,792. 00.

Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

\$1241.00 OVER BUDGET. Very Bad news.

Drug costs exorbitant Thrombolysed 15 patients with TNK At around \$1,700.00 per dose. \$4,000.00 on Tirofiban. \$5,000.00 on Alteplase

High accuity long stay patients all have added up to this huge overrun with pharmacy. Despite this the costs for the rest of the drugs for all the other patients were reasonable. In The Budget buildup for next year the new treatment modalties will have to be budgeted for.

(Attach additional documentation if required).

#### 2. Activity information/Performance indicators.

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

No DRGS avalable. Total number of patients 50.

Ventilated patients 9.

15 ICU patients 35 CCU patients

Deaths 7 (increase in average)

Retrievals 13

401 vent hours (double last month)

MI: 22

Thrombolysis: 15

Activity Measure	Current	2002/2003	2002/2003	Variance
Separations	27 (50 actual patients)	YTD Target 384	YTD Actual 279	
Weighted Separations (one month behind)	73	759	740	
OBD's	112	720	1215	
Occupancy %	72.3		72.5	
Occasions of Service	50patients			
Patient Incidents				
3: Staffing Levels 2	FTE	ing Details		
Budgeted	AGDED	zoraMonthi	A YOUR YOUR	/eragear/s/, V/
15.2				
Nursing HPPD				
Staff Incidents				
Sail Holdelle			·	

#### **Staffing Analysis**

(Comments on issues affecting staffing level).

Bed Blockages continue due to lack of beds in wards. Some delay in getting patients down to Brisbane due to TPCH being very busy.

3 more staff commencing Transition program.

Gerard Smith helping with ALS (frequently)

Many staff on sick leave with flu like illness.

One staff member on W/C.

Large operations being carried out that require significant resources (one pt ventilated for 5 days) Another who required 2 nurses for several shifts with multi –organ failure.

4. Clinical indicators
ongoing AORTIC DATABASE.
ONGOING ACHS INDICATORS.
ONGOING PAEDS IN ICU STUDY, AWAITING ETHICS APPROVAL FOR ACS STUDY.
5. Performance Monitoring/Audits
ongoing as above.
5. Quality Activities/Improvements Actioned (In this space please identify any issues or opportunities for improvement, action taken and outcomes. List
any activities in progress).
Staff would like to trial 12hr shifts. Devising a roster.
6=Gomplaints/Gompliments/Satisfaction
(In this space please summarise all verbal and written feedback received by the Cost Centre in the past
month). Lots of cards and letters. Not aware of any complaints. One very special thankyou received in a frame
displayed in relatives waiting room.

Signature:
GOMMENTS FROM EXECUTIVE DIRECTOR
-
EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT

COST CENTRE MANAGER

Name: TONI HOFFMAN NPC. ICU/ CCU



Developed December 2001

#### For the Month of ...June 2003

COST CENTRE NAME; 630415. ICU/CCU

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	93,951.10	95,612.00	1,660.90	1077,055.9	1130,591.0	53,535.10	1130,591.00
Non- Labour	27,618.57	28,183.42	564.85	390,751.35	338,201.00	52,550.35-	338,201.00
Total	121,569.67	123,795.42	2,225.75	1467,807.2 5	1468,792.0 0	984.75	1468,792.00

Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

Overtime excessive this month \$4,731.38. Continuous run of very ill ventilated patients for long periods of time and bed blockages due to no beds on the ward. (One surgical pt was discharged from ICU post op femoral bypass) ie: all post op recovery was carried out in the ICU. Issues such as this and patients spending their whole Hospital stay in ICU/CCU are severely affecting our budget, and overtime excess. Unexpected resignation of one staff member also left roster gaps. Several staff called in on LSL and several staff have done double shifts and OT which accounts for the OT overun.

(Attach additional documentation if required).

2. Activity Information/Performance Indicators.

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

Total Patients 49, ICU 23 CCU 26. Deaths 4 Ventilated patients 13 Vent hrs 288. Retrievals11 MI 12

Activity Measure	Current Month	Pardiates	2002/2003- 03-12/70 Aetes	
Separations	21 49 actual pts	38	21	
Weighted Separations (one month behind)	57	73	57	
OBD's	107	67	107	

Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

In budget overall but need to include the pharmacy costs and high costs of consumerables in the budget workup for next year.

ICU patients and CCU patients were equal this month 25 each. (First time)

Very long term patients and long term ventilation. Lack of Director affected the proactive aspect of getting patients out to Brisbane. One patient was ventilated for 10 days another for 5.

We had 27 vent days and 648 hrs of ventilation. This is about 400 hrs more than normal.

We have had several readmissions to ICU and several return trips to OT for wound dehiscence.

11 Ml's.

(Attach additional documentation if required).

2. Activity Information/Performance Indicators

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

Total number of patients 51

Ventilated patients 11.

Deaths 2

Retrievals: 16

MI:11

Thrombolysis: 2

Activity Measure	Current Month	2002/2003YT D Target	(1) アンプラススト・イン・イン・イン・アンスト・イン・イン・イン・イン・イン・イン・イン・イン・イン・イン・イン・イン・イン・	Variance
Separations	21 (51 actual patients)	424	305	
Weighted Separations (one month behind)	71	808	830	
OBD's	106	793	1321	
Occupancy %	70.7		72.4	

4. Clinical Indicators
Unplanned readmissions within 72 hrs 3 Bacteraemias Nil
Aortic data base ongoing collection.
Paeds in ICU survey ongoing.
Awaiting Ethics committee approval for ACS to start.
5. Performance Monitoring/ Audits
ongoing
5 Quality Activities/Improvements Actioned 20 20 20 20 20 20 20 20 20 20 20 20 20
(In this space please identify any issues or opportunities for improvement, action taken and outcomes. List
any activities in progress).
Preparing for survey, Pia Bardini and Toni Hoffman working very hard on getting this together.
. The state of the
6. Complaints/Compliments/Satisfaction
(In this space please summarise all verbal and written feedback received by the Cost Centre in the past
month). Lots of cards and letters. Not aware of any complaints.
Lots of bards and foliors. Not aware of any complaints.
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# Name: TONI HOFFMAN Signature: COMMENTS FROM EXECUTIVE DIRECTOR:

**EXECUTIVE DIRECTOR** 

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



Developed December 2001

#### For the Month of .....July 2003......

COST CENTRE NAME:...ICU/CCU 630415.....

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	98,711.60		98,711.60	98,711.60			
Non- Labour	27,236.39		27,236.39	27,236.39			
Total	125,947.99		125,947.99	125,947.99			

4. Climical Indicators and the second
3 readmits within 72 hrs. no pneumothoraces. Bacteraemias : nil Aortic Database ongoing
Paeds in ICU survey completed ( year long survey)
About to start ACS ( Ethics Approval received)
5. Performance/Monitoring//Audits
ongoing
52 Quality/Activ/tites/Improvements/Actioned (In this space please identify any issues or opportunities for improvement, action taken and outcomes. List
any activities in progress).
Continue to prepare for survey, P&P updated and reviewed. Staff continuing to attend ACLS.
6. Complaints/Gompliments/Satisfaction 16 (In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).
Many complaints and compliments and cards and letters from Patients and relatives. Not aware of any compaints



Developed December 2001

#### For the Month of ....August 2003-.....

COST CENTRE NAME:..ICU/CCU 630415.....

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	100,137.91	98,655.00	1,482.91-	198,849.51	197,698.00	1,151.51-	1187,971. 00
Non- Labour	23,015.51	26,833.00	3,817.49	50,251.90	55,832.00	5,580.10	317,703.0 0
Total	123,153.42	125,488.00	23334.58	249,101.41	253,530.00	4,428.59	1505,674. 00

#### Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

In budget regardless of some very busy shifts and difficult patients.

(Attach additional documentation if required).

#### 2. Activity/Information/Performance Inclination

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

One patient was in ICU 4 days longer than he should have been. These issues are largely unavoidable as there were no beds on the wards.

VENTILATED PTS 11

VENTILATED HOURS 250HRS.

RETRIEVALS 12.

MI; 3.

Activity Measure	Gurrent Worth		2003/2004 Y00 ASUAL	
Separations	55ADMISSION S 27 SEPS	72	48	
Weighted Separations (one month behind)	73	218	131	
OBD's		151	215	
Occupancy %	69.4%	And the second s		
Occasions of Service	55 ADMISSIONS			
Patient Incidents				
3 Saining Levels		etails		
Budgeted Budgeted	Atetua)। हा	or Month	A GINE A	/erage
Nursing HPPD				
Staff Incidents	NIL		THE STATE OF STRUCKS CONTINUE AND ADMINISTRAL PROPERTY.	

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#### Staffing Analysis

(Comments on issues affecting staffing level).

5 STAFF CONTINUE ON TRANSITION PROGRAM.

2 STAFF RECEIVED ORIENTATION IN ICU FOR CASUAL ON CALL POOL.

1 STAFF MEMBER orientated new HEARTSTART director..

GERARD SMITH ASSISTING WITH ALS ASSESSMENT OF ALL STAFF. (WORKING VERY HARD) HAVING 2 VENTILATED PATIENTS FOR SEVERAL OCCASIONS AFFECTED STAFFING NEEDS. Toni Hoffman and Karen Stumer attended ARCHI conference at Noosa (and yes, they really went) Toni Chaired first session and only fluffed a couple of things. Conference was on Clinical Decisions and Ethical Issues. A lot of very interesting info was gained esp regarding the way we use our resources in ICUs and the applicability of same. ACLS ongoing in unit.

Preparing for 12 hr Shifts.

#### 4 Climical Indicators

READMISSION WITHIN 72 HRS: 1 PATIENT.

INABILTY TO ADMIT INTO ICU DUE TO INADEQUATE RESOURCES REMAINS DIFFICULT TO CAPTURE DUE TO IDENTIFYING APPROPRIATE PERSON TO IDENTIFY. HAVE TRIED WITH AHNM BUT IS PROVING DIFFICULT.

HAVE IDENTIFIED ANOTHER INDICATOR WHICH WE WILL COLLECT; UNPLANNED ADMISSION INTO ICU FROM OT.

#### 5. Périormance Monitoring / Audits

AORTIC DATATBASE CONTINUING.

PAEDS IN ICU STUDY completed and submitted.

CARDIAC ARREST DATA COLLATION CONTINUING, ISSUES ADDRESSED AT CLINICAL FORUMS. ACS commenced and data collection and input starting.

#### 5. Quality Andvides/Improveniens Antoned

(In this space please identify any issues or opportunities for improvement, action taken and outcomes. List any activities in progress).

BUSY preparing for survey. ACS study

#### 6. Complants/Compliments/Saustagion

(In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).

MANY THANKYOU CARDS . NO COMPLAINTS AWARE OF.

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## COST CENTRE WANAGER Name: TONI HOFFMAN Signature: COMMENTS PROMEXECUTIVE DIRECTORS

**EXECUTIVE DIRECTOR** 

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



Developed December 2001

#### For the Month of ....September...2003.....

COST CENTRE NAME:....ICU/CCU.....630415.....

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	93,331.91	93,922	590.09	292,181.42	290,816.00	1,365.42-	1180,732.
Non- Labour	25,843.91	31,785.00	5,941.09	76,095.81	101,159.00	25,063.19	395,048.0 0
Total	119,175.82	125,707.00	6531.18	368,277.23	391,975.00	23697.77	1575,780. 00

#### Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

For two days in the month there were three ventilated patients, therefore requiring several more staff members. One patient ventilated for seven days, increasing staffing demands. Ongoing problem of moving medical patients due to lack of beds.

(Attach additional documentation if required)

#### 2. Activity information/Pediamance Indexions

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

#### Total Patients - 45

ICU - 24

CCU - 19

Paeds – 2 Deaths – 3

Ventilated patients - 7

Ventilated hours - 329

Retrievals -- 6

MI - 9

Activity Neasure		2002/2008 74FD Englet					
Separations	15 45 actual pts	99	63				
Weighted Separations (one month behind)	52	279	218				
OBD's	101	216	316				
Occupancy %	67.3		68.7				
Occasions of Service	45 patients	24 ICU 19 CCU 2 Paeds					
Patient Incidents	3 deaths						
3-Staffing Levels FTE Details							
Budgeled	Actualif	or Month	YTID AV	/erage 12.			
15.2							
Nursing HPPD							
Staff Incidents	nil						

Staffing Analysis (Comments on issues affecting staffing level).

12hr shifts commenced on the 15<sup>th</sup> Sept. staff are extremely happy with the change. Continuing lack of beds in Medical Ward, therefore some patients remaining in ICU for days. Ventilation hours impacting on staffing – three pts ventilated in the unit over two days and one patient ventilated for seven days.

#### 4. Clinical Indicators

1 readmission within 72hrs
Bacteraemias – nil
Pneumothoraces - nil
Aortic data base – ongoing collection
ACS study continues

#### 5: Redformance Montioning//Audits

ongoing

#### 5: Quality: Activities/Improvements Actioned

(In this space please identify any issues or opportunities for improvement, action taken and outcomes. List any activities in progress).

ACS – study data collected Staff continuing to attend and complete ACLS Two staff commencing the Transition Program

#### 6. Complaints/Complinents/Satisfaction

(In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).

Frequent compliments, cards and letters from patients and relatives.

Not aware of any complaints.

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COST CENTRE MANAGER	
(2) 四条件的 1945年20日,1945年20日,1945年30日,1945年31日,1945年31日,1945年31日,1945年31日,1945年31日,1945年31日,1945年31日,1945年31日,19	
Name:	
Signature:	
COMMENTS FROM EXECUTIVE DIRECTOR:	
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	EXECUTIVE DIRECTOR
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## **Bundaberg Health Service District Monthly Cost Centre Summary Report**

Developed December 2001

#### For the Month of ... OCTOBER 2003......

COST CENTRE NAME:....ICU/CCU......

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	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	106,652.49	98,913.00	7,739.49-	398,833.91	389,128.00	9,705.91-	1178,343. 00
Non- Labour	27,690.13	31,504.00	3,813.00	103,785.94	132,663.00.	29,147.00	395,048.0 0
Total	134,342.62	130,417.00	3,925.62-	502,619.85	521,791.00	19,171.15	1573,391. 00

#### Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

**21 SEPS** 43 ADMISSIONS **ICU PATIENTS 16 CCU PATIENTS 26 VENT DAYS 11 VENT HOURS 243 RETRIEVALS 9** MI 15

ACTIVELY VERY LOW THIS MONTH IN COMPARISON TO PREVIOUS MONTHS. ?IMPACT OF ONE SURGEON BEING AWAY.

ONE STAFF MEMBER CONVERTED TWO WEEKS ANNUAL LEAVE TO TWO WEEKS SICK LEAVE DUE TO EMERGENCY SURGERY. 12 HR SHIFTS ONGOING.

(Attach additional documentation if required).

2. Activity Information/ Performance Indicators
(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

NO DRGS AVAILABLE.

DMISSIONS B	99	131	
	151	131	
4	499	420	
%		68.3%	
	4 %		

Occasions of Service	43%			
			-	
Patient Incidents	nil			
3. Staffing Levels				
		Details		
Budgeted	Actual F	or Month	YTD A	verage
15.4		·		
Nursing HPPD				
Staff Incidents				
Staffing Analysis (Comments on issues affecting staff	fing level).			
12 HR SHIFTS VERY POPULAR W				ROM USUAL
MONTHS (ACTIVITY WAS LOW A BED BLOCKAGES CONTINUE FRO	OM LACK OF MED	ICAL BEDS.		
DELAYS IN GETTING PATIENTS O	OUT UNTIL BED N	EEDED IN EMERG	ENCY AND THEN	BED FOUND

4. Clinical Indicators
ongoing aortic collection. ACS DATA COLLECTIN ONGONIG.
5. Performance Monitoring / Audits
5 staff continuing with transition Program.
5. Quality Activities/Improvements Actioned (In this space please identify any issues or opportunities for improvement, action taken and outcomes. List any activities in progress).
PREPARATION FOR ICU PRESENTATION ON DIABETIC KETOACIDOSIS BY SHARON CREE.
ONGOING ICU TELECONFERENCES. ONGOING PARTIPATION BY ICU A/NUM WITH HDU MANAGEMENT STREAM
6. Complaints/Compliments/Satisfaction (In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).
(In this space please summarise all verbal and written feedback received by the Cost Centre in the past
(In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).  No complaints aware of. Many thankyou cards and letters and a cheque received form the family of Mr ridge
(In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).  No complaints aware of. Many thankyou cards and letters and a cheque received form the family of Mr ridge

## COST CENTRE MANAGER Name: Toni Hoffman 11/11/2003 Signature: COMMENTS FROM EXECUTIVE DIRECTOR: **EXECUTIVE DIRECTOR**



### **Bundaberg Health Service District** Monthly Cost Centre Summary Report Developed December 2001

### For the Month of .....November 2003......

COST CENTRE NAME:...ICU/CCU 630415.....

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	97,040.35	94,805.00	2,235.35-	495,874.26	483,933.00	11,941.26	1178,343. 00
Non- Labour	32,069.53	32,593.00	523.47	135,855.47	165,256.00	29,400.53	395,048.0 0
Total	129,109.88	127,398.00	1,711.88-	631,729.73	649,189.00	17,459.27	1573,391. 00

#### Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

SICK LEAVE HIGH DUE TO STAFF MEMBER SURGERY AND UNFORSEEN EVENTS.

ICU PATIENTS 29

CCU PATIENTS 14

LARGE AMOUNT OF ICU PATIENTS ACCOUNTS FOR HIGH EXPENDITURE. (NEARLY DOUBLE THE NORM)

**RETRIÉVALS 11** 

**VENT HOURS 231** 

VENT DAYS 12

DEATHS

4

MI

77

THROMBOLYSIS 3

LONG STAY PATIENTS.

**ORGAN DONATION 36 HRS VENTILATION** 

COPD PATIENT VENTILATED FOR 64 HRS.

(Attach additional documentation if required).

#### 2. Activity Information/ Performance Indicators

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

Activity Measure	Current Month	2003/2004 YTD Target	2003/2004 YTD Actual	Variance
Separations	27 ACTUAL ADMISSIONS 43	120	107	
Weighted Separations (one month behind)	44	183	175	
OBD's	99	597	515	
			·	

Occupancy %	63.3				
Occasions of Service	43				
Patient Incidents	NIL				
3. Staffing Levels					
	F	TE Details			
Budgeted	Act	ual For Mon	h	YTD A	/erage
15.4					
Nursing HPPD		***************************************			
Staff Incidents		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			·		
Staffing Analysis (Comments on issues affecting	staffing level).				
,	J				
12 HR SHIFTS CONTINUE. ST	AFF ARE EXTREM	MELY HAPPY	WITH THEM.		
					,
				;	
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4. Clinical Indicators
ONGOING COLLECTION OF Aortic data ( problem with database being corrected. ACS data collection continuing. Other indicators continue to be collected
5. Performance Monitoring / Audits
as above. 5 staff enrolled in Transtion program 1 staff member completing Grad cert externally
5. Quality Activities/Improvements Actioned (In this space please identify any issues or opportunities for improvement, action taken and outcomes. List
any activities in progress).  Karen Stumer appointed employee of the month.
6. Complaints/Compliments/Satisfaction (In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).
Many compliments.  Verbal complaint from mother of organ donor about the way the doctors approached her, the language used and the handling of the situation .Link Nurse tried to address this with concerned physicians, to no avail.

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#### COST CENTRE MANAGER

Name: Toni Hoffman. NUM ICU/CCU.

OMMENTS	FROM EXEC	UTIVEDIR	ECTOR:			
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## **Bundaberg Health Service District Monthly Cost Centre Summary Report**

Developed December 2001

#### For the Month of .....DEC 2003.....

COST CENTRE NAME:...ICU/CCU 630415.....

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	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	106,753.44	103,317.00	3,436,44-	602,627.70	587,250.00	15,377.70-	1178,343. 00
Non- Labour	33,362.62	36,241.00	2,878.98	169,217.49	201,497.00	32,279.51	395,048.0 0
Total	140,115.46	139,558.00	557.46-	771,845.19	788,747.00	16,901.81	1573,391. 00

#### Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

Overtime well down despite some busy days and unplanned long term sick leave.

12 hour shifts continue with salary and wages under this month.

(Attach additional documentation if required).

#### 2. Activity Information/ Performance Indicators

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

46 pts for the month.

Reversal of Patients demographics again with increase in ICU

patients over CCU patients (3<sup>rd</sup> month in a row)

24 ICU patients.

20 CCU patients.

Paeds 2.

Retrievals 9.

Deaths 4

Vent days 27

Vent hours 587.( Continues to be well above the average).

Activity Measure	Current Month	2002/2003 YTD Target	2002/2003 YTD Actual	Variance
Separations	46 admissions 23 seps	135	130	•
Weighted Separations (one month behind)	38	206	213	
OBD's	93	720	608	
Occupancy %	60%		66%	
Occasions of Service	46 admissions 23 seps			
Patient Incidents	nil			
3. Staffing Levels	FTE	l Details		
Budgeted	Actual F	or Month	YTD Av	erage
15.4				
Nursing HPPD				
Staff Incidents	nil	-		

Staffing Analysis (Comments on issues affecting staffing level).
12 hr shifts continue. Staff satisfaction greatly increased. OT down Unfortunate long term legitimate sick leave has occurred, as well as bereavement leave.

4. Clinical Indicators
ongoing Aortic database continues. ACS ongoing.
5. Performance Monitoring / Audits
5 staff doing transition program.Ongoing
5. Quality Activities/Improvements Actioned (In this space please identify any issues or opportunities for improvement, action taken and outcomes. List any activities in progress).
ACS ongoing, Increase in ICU patients and decrease in CCU patients trend continues.
6. Complaints/Compliments/Satisfaction (In this space please summarise all verbal and written feedback received by the Cost Centre in the past month).
Many cards and compliments, chocolates received from patients and relatives.

# Name: Toni Hoffman NUM ICU/CCU Signature: COMMENTS FROM EXECUTIVE DIRECTOR: **EXECUTIVE DIRECTOR**



## **Bundaberg Health Service District Monthly Cost Centre Summary Report**

Developed December 200:

### For the Month of .....January2004....,.......

COST CENTRE NAME:...ICU/CCU 630415.....

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	95,988.86	98,724.00	2,735.14	698,616.56	697,988.00	628.56-	1221,116. 00
Non- Labour	27,103.56	33,711.00	6,607.44	196,050.34	236,357.00	40,306.66	397,298.0 0
Total	123,092.42	132,435.00	9,342.58	894,937.61	934,345.00	<b>39,4</b> 07.39	1618,414. 00 .

#### Bundaberg Health Service District Monthly Performance Monitoring Intensive Care/Operating Theatre January 2004



Financial		Month Actual	1		]		•
Anaes Med Staff	630326	\$75,731	\$72,311	\$ (3,420)	\$518,189	\$500,484	\$ (17,705
Pre Admission	630411	\$9,142	\$12,737	\$ 3,595	\$98,669	\$96,868	\$ (1,801
ICU	630415	\$123,092	\$132,435	\$ 9,343	\$894,938	\$934,345	\$ 39,407
Operating Theatre	630410	\$187,933	\$204,341	\$ 16,408	\$1,517,180	\$1,393,690	\$ (123,490

Human Resources		,	Paid FTE			Productive FTE		
		YTD Avg	Prev Yr	Variance	YTD Avg	Prev Yr	Variance	
Anaes Med Staff	630326	6.2	5.4	(0.8)	5.4	4.6	(0.8)	
Pre Admission	630411	1.8	1.6	(0.2)	1.3	1.3	-	
ICU	630415	19.2	17.3	(1.9)	14.8	13.8	(0.9`	
Operating Theatre	630410	21.0	16.6	(4.4)	16.2	12.8	(3.4)	

Payroll		Dollars Paid				
		YTD Avg	Prev Yr	Variance		
Anaes Med Staff	Overtime %	18.0%	17.1%	(0.9%)		
Anaes Med Staff	Sick %	1.1%	1.8%	0.7%		
Pre Admission	Overtime %	0.0%	0.1%	0.1%		
Pre Admission	Sick %	4.0%	3.1%	(0.9%)		
ICU	Overtime %	2.5%	2.7%	0.2%		
ICU	Sick %	2.5%	2.3%	(0.1%)		
Operating Theatre	Overtime %	14.4%	14.0%	(0.4%)		
Operating Theatre	Sick %	2.5%	2.5%	0.1%		

,		Month		1			
Activity		Actual	Prev Yr	Variance	YTD	Prev Yr	Variance
Pre Admission	Occasions of Service	192	140	(52)	1168	859	(309)
ICU	W/Seps (Phase 8)	44	43	(1)	257	264	7
ICU	Raw Seps	27	26		157	. 161	4
ICU	OBDs	94	117	23	702	774	72
ICU	Occup Rate %	60.6%	75.5%	14.9%	65.3%	72.0%	6.7%
ICU	ALOS	3.5	4.5	1.0	4.5	4.8	0.3
Pre Admission	Total Pathology Tests	344	410	66	2,726	1,515	(1,211)
Pre Admission	Inpatient Tests/OOS	1.8	2.9	1.1	2.3	1.8	(0.6)
Pre Admission	Total Pathology \$	\$4,273	\$5,103	\$ 830	\$34,059	\$21,664	\$ (12,395)
Pre Admission	Average \$/Test	\$12	\$12	<b>s</b> o	\$12	\$14	\$2
ICU	Total Pathology Tests	453	538	85	3,905	2,376	(1,529)
ICU	Inpatient Tests/Raw Sep	16.8	20.7	3.9	24.9	14.8	(10.1)
ICU	Total Pathology \$	\$5,308	\$6,723	\$ 1,415	\$46,748	\$35,155	\$ (11,593)
ICU	Average \$/Test	\$12	\$12	\$1	\$12	\$15	\$3
Operating Theatre	Total Pathology Tests	4	14	10	54	88	34
Operating Theatre	Tests/Theatre Case	0.0	0.0	0.0	0.0	0.0	0.0
Operating Theatre	Total Pathology \$	\$189	\$852	\$ 662	\$1,439	\$4,144	\$ 2,705
Operating Theatre	Average \$/Test	\$47	\$61	\$ 13	\$27	\$47	\$ 20
District	Total Theatre Cases	307	295	12	2146	2118	28
District	Elective %	61.2%	70.5%	(9.3%)	66.1%	77.1%	(11.0%)
District	Op Theatre Utilisation	70.0%	78.0%	(8.0%)	75.0%	70.0%	5.0%

Note: Theatre cases & elective data as at January 2004

Prenared by: District Onality Decision Support Unit

#### Budget Analysis

(Please comment on all significant issues that are impacting on the financial performance of the Cost Centre. Detail all strategies that have or will be instigated in order to obtain a balanced budget at year-end).

#### in budget.

ICU patients increasing overall, with more intubated and ventilated patients. Vent hours down in Jan to a more "normal" number 222hrs for the month. Trauma patients being resuscitated in ICU without initial stabilisation in DEM

12 hr shifts month 5. Remain extremely popular. OT only 262.00 for the month. Will now do full evaluation as staff wish to continue.

(Attach additional documentation if required).

#### 2. Activity Information/Performance Indicators

(Attach DRG data or other activity measure details, ie separations, OBD's, occupancy percentage, where relevant. Please provide comments on the attached data and provide explanations for any variance in this space). It is accepted that DRG information will be one month behind the financial information.

Inappropriate admissions and admissions by PHO 's without consultant knowledge occurring, Corrective measures put in place with consultant cooperation.

Activity Measure	Current Month	2003/2004 YTD Target	2003/2004 YTD Actual	Variance
Separations	27 SEPS 56 ADMISSIONS	161	157	-4
Weighted Separations (one month behind)	44	246	257	
OBD's	94	848	702	
Occupancy %	65%			-
Occasions of Service	56 admissions			

Patient Incidents	Nil aware			1
3. Staffing Levels				
	FIE	Details		
Budgeted	Actual	For Month	A DITY	verage
15.4			,	
Nursing HPPD				· · · · · · · · · · · · · · · · · · ·
Staff Incidents				
Staffing Analysis				
(Comments on issues affecting st	affing level).			
12 hr shifts continue.				
2 staff nearly completing transition ICU.			towards post grad	qualifications in
Xmas reported as relatively quiet.	New year very busy	<b>.</b>		
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4. Clinical Indicators		
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ongoing ACS study, Aortic collection.		
ACHS indicators.		
Performance Monitoring / Audits		
ngoing. As above.		
٠.	•	
Quality Activities/Improvements Ac this space please identify any issues or oppor		nd outcomes. List
y activities in progress).	tarines for improvement, action taxon an	U Outcomes. List
•		
ew Bipap Machine arrived. Inservice given over ected learning package collated for staff.	4 days and nights to ICU/ Medical ward	and DEM staff. Sel
coled learning package collated for stall.		
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NOTICE SECTION AND THE SECTION OF TH		
Complaints/Compliments/Satisfaction  this space please summarise all verbal and write  nth).	on itten feedback received by the Cost Cent	re in the past
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veral cards, letters and some flowers for staff a	rrived from some relatives.	•
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	<u> </u>			NAMES OF STREET
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# Name: Toni Hoffman NUM ICU/CCU 10/02/04 Signature: COMMENTS FROM EXECUTIVE DIRECTOR: **EXECUTIVE DIRECTOR** PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT