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(part 2 of 2)



**Queensland
Government**
Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month of ...February 2004.....

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

1. Financial Information

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	96,418.80	101,539.00	5,120.20	795,035.36	799,527.00	4,491.64	1224,342.00
Non-Labour	40,142.98	28,723.00	11,419.98-	236,464.03	265,080.00	28,615.97	397,298.00
Total	136,561.78	130,262.00	6,299.78-	1031,499.39	1064,607.00	33,107.61	1621,640.00

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).

12hr shifts continue - a variance of 2,107.33, also a reduction in overtime and sick leave.

Non-Labour

Pharmacy / Drugs- increased expense for the month of Feb. as 7 pts received Thrombolysis and a significant increase of ventilated pts - requiring large amounts of sedation.

February is usually a quiet month therefore with budget trends the month budget amount is decreased. However February was a busy 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.

53 pts for the month

27 ICU patients (Reversal of pts demographics again, increase of ICU pts-4th month consecutively)

25 CCU patients

Paeds 2

Retrievals 15 (most ever)

Deaths 3

Vent days 21.5

Vent hours 508.5 (well above average)

Activity Measure	Current Month	2002/2003 YTD Target	2002/2003 YTD Actual	Variance
Separations	53 admissions 20 seps	188	177	
Weighted Separations (one month behind)	41	287	290	
OBD's	101	965	803	
Occupancy %	69.7%		65.8%	
Occaslons of Service	53 admissions 20 seps			
Patient Incidents	nil			

3. Staffing Levels

FTE Details

Budgeted	Actual For Month	YTD Average
15.4		
Nursing HPPD		
Staff Incidents	nil	

Staffing Analysis

(Comments on issues affecting staffing level).

Staff satisfaction and morale greatly improved with the continuation of 12hr shifts.

Minimum sick leave and overtime for the month.

4. Clinical Indicators

Aortic Database continues
ACS (Acute Coronary Syndrome) data collection ongoing
Initiation of CHI Cardiac Collaborative research program

5. Performance Monitoring / Audits

4 staff continue the Transition Program
2 staff to commence tertiary studies – JC. Grad. Cert. Critical Care

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
BIPAP ventilation – new machine purchased, staff in service/education

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 from pts and relatives.

COST CENTRE MANAGER

Name: Karen Stumer ANUM

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
Government**
Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month ofMARCH 2004-

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

1. Financial Information

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	112,272.63	108,326.00	3,946.63	907,307.99	907,853.00	545.01	1224,342. 00
Non- Labour	47,574.54	35,625.00	11,949.54--	284,038.57	300,705.00	16,666.43	399,570.0 0
Total	159,847.74	143,951.00	15,896.17	1191,346.5 6	1208,558.0 0	17,211.44	1623,912. 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).

OVERBUDGET DUE TO LONG TERM VENT PATIENTS, WELL OVER 24-48HRS. LARGE NUMBERS OF NIPPV PATIENTS AND DIAYLSIS PATIENTS WHICH ALL WAS IN THIS MONTHS BUDGET. ISSUE OF SURGICAL PATIENTS NOT BEING TRANSFERRED IN AN ACCEPTABLE TIME FRAME NEEDS RESOLUTION. TWO TO THREE VENTS BEING RUN AT THE SAME TIME INCREASING OT.

(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.

SEVERAL PATIENTS VENTILATED FOR VERY LONG PERIODS OF TIME
VENTILATED PTS; 5
VENT DAYS 20.
VENTILATED HOURS 488HRS. TWICE AS MUCH AS THE UPPER LIMIT OF NORMAL
RETRIEVALS: 5.

MI; 8.

Activity Measure	Current Month	2003/2004 YTD Target	2003/2004 YTD Actual	Variance
Separations	41ADMISSION 37 SEPS	225	192	
Weighted Separations (one month behind)	25	344	315	
OBD's		1093	909	
Occupancy %	69			
Occasions of Service	41 ADMISSIONS			
Patient Incidents				

3. Staffing Levels

FTE Details

Budgeted	Actual For Month	YTD Average
15.4		
Nursing HPPD		
Staff Incidents	NIL	

Staffing Analysis

(Comments on issues affecting staffing level).

1 STAFF CONTINUES ON TRANSITION PROGRAM. 1 STAFF MEMBER HAS COMPLETED TRANSITION PROGRAM

3 STAFF COMMENCED EXTERNAL UNI STUIDES DOING GRAD CERT IN ICU.

1 STAFF MEMBER RELIEVING IN DIABETES ED . NUM RELEIVED DONS POS' N FOR 2 ½ WEEKS

GERARD SMITH ASSISTING WITH ALS ASSESSMENT OF ALL STAFF.(WORKING VERY HARD)
HAVING 2 VENTILATED PATIENTS FOR SEVERAL OCCASIONS AFFECTED STAFFING NEEDS.AND
OT REQUIREMENTS.

4. Clinical Indicators

READMISSION WITHIN 72 HRS: 1 PATIENT.

INABILITY 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. Performance Monitoring / Audits

AORTIC DATATBASE CONTINUING.

ACS STUDY ONGOING .60 PTS ENROLLED. CHI COLLABORATIVE.ALOS COMMENCED. CHART AUDIT COMPLETED OF ALL DEATHS IN BBH 2000-2003 WITH MI. DATA WILL BE PRESENTED AT CLINICAL FORUMS.

CARDIAC ARREST DATA COLLATION CONTINUING, ISSUES ADDRESSED AT CLINICAL FORUMS.

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, REVIEW OF P&P.

ONGOING REVIEW OF P&P

CARDIAC ARREST NURSE ON NIGHTS.ONGOING.

SUCCESSION PLANNING CONTINUES. CN STUMERRELIEVED NUM RELIEVING..

ATTEMPTING TO UPDATE ALL COMPETENCIES AND COMPLETE ALL PADS..

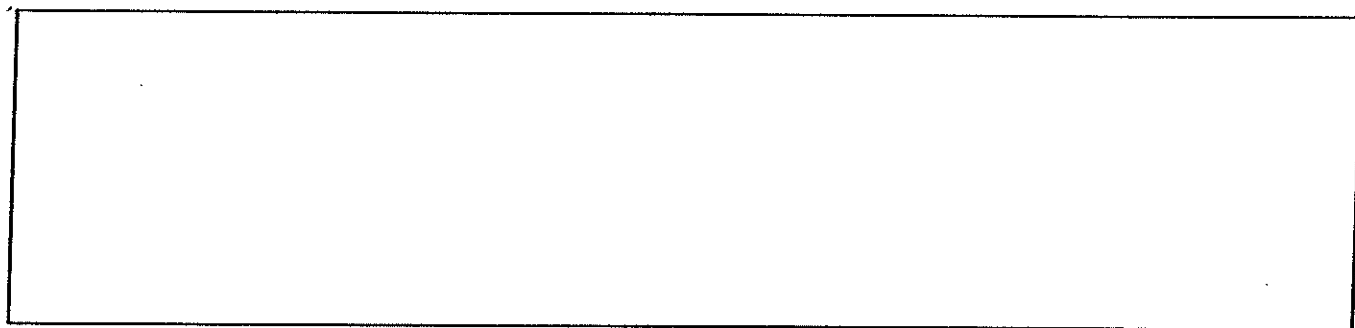
ICU STAFF HAVE BEEN DOING IMPROMPTU INSERVICE IN DEM ON VARIOUS TOPICS WHEN AREAS QUIET.

KAREN STUMER (Link Nurse)helping to prepare annual thanksgiving service.to be held on the 16th May.

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.



COST CENTRE MANAGER

Name: TONI HOFFMAN NUM ICU/CCU

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
Government**
Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month ofApril 2004.....

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

1. Financial Information							
	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	102,408.21	99,381.00	3,027.21	1009,716.2 0	1007,234.0 0	2,482.20 -	1224,342. 00
Non- Labour	36,182.10	25,216.00	10,966.10	320,220.87	325,921.00	5,700.33	399,570.0 0
Total	138,590.31	124,597.00	13,993.31	1329,936.8 7	1,333,155	3,218.13	1623,912. 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).

BUSY MONTH, VENTILATED PATIENTS FOR LONG PERIODS (ONE PT VENTILATED FOR 9 DAYS), RETURNED TO THEATRE FOR LEAKING ANASTOMOSIS. STAFF MEMBER OFF ON WORKERS COMP, SHIFTS NEEDED TO BE COVERED WITH CASUAL STAFF ON TEMP CONTRACTS. SOME SICK LEAVE AND FAMILY LEAVE TAKEN. REPLACEMENT CONSUMERABLES AND SOME EQUIPMENT COSTS UP THIS MONTH. DUE TO HIGH ACCUTY OF PATIENTS AND SEVERAL VENTS FOR LONG PERIODS.

(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.

54 PATIENTS 14 SEPS
21 ICU
30 CCU
3 PAEDS
7 VENTILATED PATIENTS
384 VENT HOURS
8 MIS
12 RETRIEVALS
2 DEATHS

Activity Measure	Current Month	2003/2004 YTD Target	2003/2004 YTD Actual	Variance
Separations	51 PTS; 14 SEPS	251	206	
Weighted Separations (one month behind)	23	384	338	
OBD's	110	115	1019	
Occupancy %	73.3		66.8	

Occasions of Service	54			
Patient Incidents	NIL			

3. Staffing Levels

FTE Details

15.4

Budgeted	Actual For Month	YTD Average
Nursing HPPD		
Staff Incidents	ONE NEEDLESTICK MEDICAL STAFF.	

Staffing Analysis

(Comments on issues affecting staffing level).

EXTRA STAFF REQUIRED FOR VENTILATED PATIENTS EXCEEDING FUNDED QUOTA . 384 INVASIVE VENT HOURS, (WELL ABOVE AVRAGE OF AROUND 200). Long stay pts with return to theatre an issue. Staff member off on W/C required replacement.

4. Clinical Indicators

ongoing AORTIC DATA

ONGOING ACS STUDY

COMMENCING CHI COLLABORATIVE. STAFF IN TRAINING FOR THIS NOW, FORMS DESIGNED FOR BUNDABERG HOSP. EDUCATION SESSIONS STARTING AROUND THE HOSPITAL. ICU/CCU, DEM AND MEDICAL WARD. KAREN FOX PROJECT OFFICER FOR 12 WEEKS ONE DAY A WEEK.

ACHS INDICATORS ONGOING.

5. Performance Monitoring / Audits

ACHS INDICATORS 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).

MI CHART AUDIT OF 78 DEATHS 2000-2003 PRESENTED AT ASPIC AND MSF.

ONE STAFF MEMBER STILL FINISHING TRANSITION PROGRAM AND THREE STUDYING EXTERNALLY.

ACS ONGOING,

SHARON CREE CONTINUES ONE DAY A WEEK IN DIABETES ED.

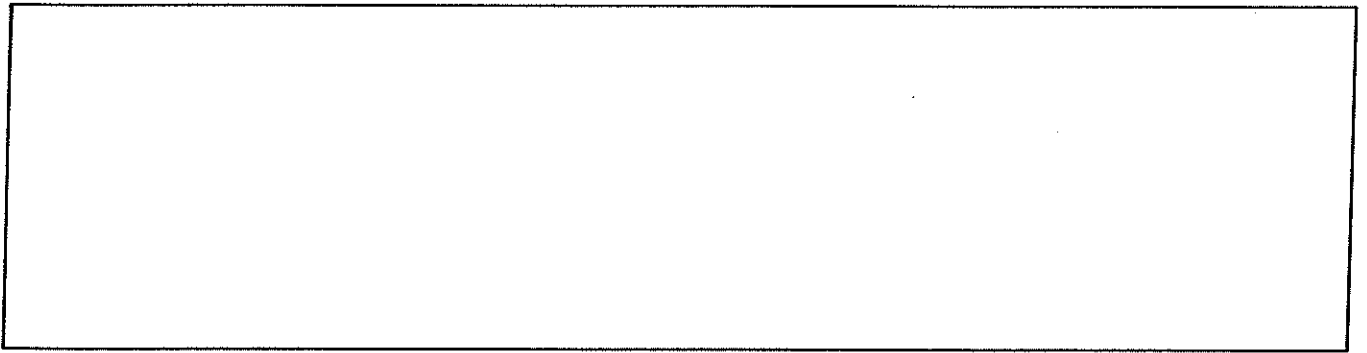
GERARD SMITH CONTINUES WITH ALS

KAREN STUMER (LINK NURSE) PREPARING WITH THE RENAL UNIT FOR ANNUAL THANKSGIVING SERVICE

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 LETTERS, NO COMPLAINTS AWARE OF,



COST CENTRE MANAGER

Name: TONI HOFFMAN NUM ICU/CCU.

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
Government**
Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month ofMAY 2004.....

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

1. Financial Information							
	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	123,407.83	113,676.00	9,731.83-	1133,124.0 3	1120,910.0 0	12,214.03- -	1230,142. 00
Non- Labour	22,373.90	40,004.00	17,630.10	342,594.57	365,925.00	23,330.43	399,570.0 0
Total	145,781.73	153,680.00	7,898.27	1475,718.6 0	1486,835.0 0	11,116.40	1629,712. 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).

BUSY MONTH, VENTILATED PATIENTS FOR LONG PERIODS. STAFF MEMBER ON WORKERS COMP AND ANOTHER WITH PNEUMONIA BOTH OFF SICK FOR LONG PERIODS OF TIME. THEIR SHIFTS REQUIRED REPLACEMENT WITH OT. OT HOURS HIGH. SOME OTHER SICK LEAVE AND FAMILY LEAVE TAKEN. REPLACEMENT CONSUMABLES AND SOME EQUIPMENT COSTS UP THIS MONTH. DUE TO HIGH ACCUITY OF PATIENTS AND VENTS FOR LONG PERIODS. ONE PATIENT ON BIPAP FOR AN EXTENDED PERIOD OF TIME (240 HRS). 10 DAYS . Labour over budget, but otherwise in budget. Tight due to high cost of consumables with long term patients on vents and Bipap. Otherwise in budget overall .

(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.

61 PATIENTS 14 SEPS
34 ICU
27 CCU
6 PAEDS
3 VENTILATED PATIENTS
247 VENT HOURS PLUS 240 BIPAP HOURS
17 MIS
10 RETRIEVALS
5 DEATHS

Activity Measure	Current Month	2003/2004 YTD Target	2003/2004 YTD Actual	Variance
Separations	61 PTS;- 27 SEPS	278	233	
Weighted Separations (one month behind)	41	425	382	
OBD's	121	123	1140	

Occupancy %	78.1%	1331	1140	
Occasions of Service	61			
Patient Incidents	NIL			

3. Staffing Levels

FTE Details

15.4

Budgeted	Actual For Month	YTD Average
Nursing HPPD		
Staff Incidents		

Staffing Analysis

(Comments on issues affecting staffing level).

EXTRA STAFF REQUIRED FOR VENTILATED PATIENTS EXCEEDING FUNDED QUOTA . 247 INVASIVE VENT HOURS, (WELL ABOVE AVRAGE OF AROUND 200). Long stay pts with return to theatre an issue.
Staff member off on W/C required replacement.

4. Clinical Indicators

ongoing AORTIC DATA

ONGOING ACS STUDY

COMMENCING CHI COLLABORATIVE. STAFF IN TRAINING FOR THIS NOW, FORMS DESIGNED FOR BUNDABERG HOSP. EDUCATION SESSIONS STARTING AROUND THE HOSPITAL. ICU/CCU, DEM AND MEDICAL WARD. KAREN FOX PROJECT OFFICER FOR 12 WEEKS ONE DAY A WEEK.

ACHS INDICATORS ONGOING.

5. Performance Monitoring / Audits

ACHS INDICATORS ONGOING

AORTIC COLLECTION ONGOING

ACS ONGOING (NEARLY FINISHED)

Chi COLLABORATIVE COMMENCED.

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).

ONE STAFF MEMBER STILL FINISHING TRANSITION PROGRAM AND THREE STUDYING EXTERNALLY.

ACS ONGOING,

SHARON CREE CONTINUES ONE DAY A WEEK IN DIABETES ED.

GERARD SMITH CONTINUES WITH ALS

KAREN STUMER (LINK NURS E)

HELPED THE RENAL UNIT WITH ANNUAL THANKSGIVING SERVICE

ICU/CCU STAFF SUPPLIED STAFF FOR AGGROTREND THIS YEAR TO HELP WITH MENS TUNE UP AND HEARSTART PROMOTION. ICU/CCU STAFF HELPED RENAL UNIT WITH ORGAN DONATION THANKSGIVING SERVICE AND WERE PART OF CEREMONY.

ICU YEARLY APPEAL RAISED \$147.00. FOR THE ICU RESEARCH.

CHI COLLABORATIVE COMMENCED. ACS ONGOING,

2 STAFF ATTENDED CARDIAC REHAB CONFERENCE AND CHALLENGES IN CARDIOLOGY HELD AT THE PA. TWO OTHERS ATTENDED A CONFERENCE AT THE WESLEY.

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 LETTERS, NO COMPLAINTS AWARE OF,

COST CENTRE MANAGER

Name: TONI HOFFMAN NUM ICU/CCU.

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
Government**
Queensland Health

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

Developed December 2001

For the Month ofJune 2004.....

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

1. Financial Information							
	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	113,992.81	109,232.00	4,760.81-	1,247,116.84	1,230,142.00	16,974.84-	1,230,142.00
Non-Labour	45,268.49	39,088.00	6,180.49-	387,863.06	405,013.00	17,149.94	405,013.00
Total	159,261.00	148,320.00	10,941.30-	1,634,979.90	1,635,155.00	175.10	1,635,155.00

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).

Another busy month with long term ventilated patients. One staff member on worker's comp. requiring replacement. Overtime hours high due to high acuity of patients and ventilated for long periods (559 hours). BIPAP hours of 192. Drug costs up for the month reflecting higher workload and acuity of patients. Over budget this month but under budget at end of financial year. Non labour expenses increased this month due to high acuity of patients needing replacement consumables and some equipment. Under budget overall. Labour over budget but all in overtime which was required as high acuity of patients needed experienced ICU staff .

(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.

58PATIENTS
30 ICU
28 CCU
4 PAEDS
12 VENTILATED PATIENTS
559 VENT HOURS PLUS 192 BIPAP HOURS
16 MIS
12 RETRIEVALS
5 DEATHS

Activity Measure	Current Month	2003/2004 YTD Target	2003/2004 YTD Actual	Variance
Separations	58pts 26 seps	304	259	
Weighted Separations (one month behind)	43	465	425	
OBD's	122	1447	1262	
Occupancy %	81.3%		69%	

Occasions of Service	58			
Patient Incidents	NIL			

3. Staffing Levels

FTE Details

15.4

Budgeted	Actual For Month	YTD Average
	14.45	14.56
Nursing HPPD	Rostered Hrs 17.3 Required Hrs 15.8	Rostered Hrs 18.52 Required Hrs 16.44 Variance 2.08
Staff Incidents	Nil	

Staffing Analysis

(Comments on issues affecting staffing level).

Experienced extra staff required for ventilated patients exceeding funded quota. All in overtime as no call in experienced staff. 559 invasive ventilated hours (average ventilated hours 200). One staff member on worker's comp. requiring replacement.

4. Clinical Indicators

Ongoing AORTIC DATA

Ongoing ACS study

Ongoing Chi collaborative. Karen Fox project officer for 1 day per week.

ACHS indicators ongoing

5. Performance Monitoring / Audits

ACHS indicators ongoing

AORTIC collection ongoing

ACS ongoing (almost completed)

Chi collaborative 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).

1 staff member completing transition program

3 staff members studying externally

ACS ongoing (almost completed)

Karen Stumer (Link nurse)

Gerard Smith continues with ALS

Chi collaborative ongoing

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 letters received. Not aware of any complaints.

COST CENTRE MANAGER

Name: PIA BARDINI ACTING NUM ICU/CCU.

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



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Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month ofJULY 2004-

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

1. Financial Information							
	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	127,778.17	103,877.00	23,901.17-	127,778.17	103877.00	23,901.17-	1,229,300
Non- Labour	42,261.55	36,145.00	6,116.55-	42,261.56	36,145.00	6,116.55-	426,733.0
Total	170,039.72	140022.00	30,017.72-	170,039.72	140,022.00	30,017.72-	1,656,033 .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).

Extremely Busy month. Many ventilated patients 732 vent hrs (around 500 hrs more than normal. High acuity patients including paed's and pts on BIPAP.

Total pts. 78

CCU 43

ICU 35

Vent 15

Vent hours 732

Deaths 4

Retrievals 11

CCU 8

ICU 3

Figures correspond with patients not being transferred out for various reasons. Staff working EXTREME hours of Overtime. To cover ventilated patients.

(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.

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 15

VENTILATED HOURS 732 HRS.

RETRIEVALS 11

MI; 14.

Activity Measure	Current Month	2004/2005 YTD Target	2004/2005 YTD Actual	Variance
	78 ADMISSIONS 23 SEPS	23	23	
Weighted Separations (one month behind)	45	41	45	
OBD's		123	136	

Occupancy %	87.7			
Occasions of Service	78 ADMISSIONS			
Patient Incidents	One sentinel event			

3. Staffing Levels

FTE Details

Budgeted	Actual For Month	YTD Average
15.4		
Nursing HPPD		
Staff Incidents	NIL	

Staffing Analysis

(Comments on issues affecting staffing level).

2 STAFF completed TRANSITION PROGRAM.

.2 staff doing Grad cert in ICU JCQ

..
12 hr shifts continuing very well, if it wasn't for the 12 hr shifts, the ICU would not have been able to be staffed during this crisis.

4. Clinical Indicators

READMISSION WITHIN 72 HRS: 1 PATIENT. PT died whilst awaiting delayed transfer to Brisbane.

5. Performance Monitoring / Audits

AORTIC DATATBASE CONTINUING.

*CARDIAC ARREST DATA COLLATION CONTINUING, ISSUES ADDRESSED AT CLINICAL FORUMS.
ACS commenced and data collection and input completed
CHI collaboartivecontinuing.*

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).

*Aortic datatcollection ongoing..
ACS study completed
CHI collaborative.*

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 . FLOWERS, CHOCOLATES, COMPLIMENTS FROM PTS THROUGH CORP OFFICE AND OFFICIAL CHANNELS. ONE MAJOR COMPLAINT FROM NURSING STAFF CONCERNED WITH THE CARE GIVEN TO PT AND THE DELAY IN HIS TRANSFER TO BRISBANE DUE TO INTERFERENCE FROM SURGEON.DOCUMENTATION REGARDING THE PARTICULAR SURGEON AND HIS BEHAVIOUR AND ONGOING ISSUES IN THE ICU ATTACHED TO SENTINEL EVENT PAPERWORK.

COST CENTRE MANAGER

Name: TONI HOFFMAN

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
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Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month ofAUGUST 2004.....

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

1. Financial Information

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	133,232.08	104,308.00	28,924.08	261,010.25	206,268.00	54,742.25-	1229,301. 00
Non- Labour	51,025.87	36,109.00	14,916.87	93,287.42	72,218.00	21,069.42	426,313.0 0
Total	184,257.95	140,417.00	43,840.95	354,297.67	278,486.00	75,811.67-	1655,614. 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).

Increased activity persisted throughout the month with high acuity patients and long term ventilated patients. Often 2-3 vents at any given time. High sick leave and one staff member on W/C.

Ventilated patients 12.

Ventilated hours 812.5 (normally around 200 hrs mth) Increased ventilator hours covered by internal OT. Retrievals 14.

(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.

As above with ventilated patients
56 patients in total for month.
16 MI.

No DRG Data available.

--

Activity Measure	Current Month	2004/2005 YTD Target	2004/2005 YTD Actual	Variance
Separations	56 patients total. 22 seps	36	45	
Weighted Separations (one month behind)	43	61	87	
OBD's	136	239	272	
Occupancy %	87.7			
Occasions of Service	56 patients			
Patient Incidents				
3. Staffing Levels				
FTE Details				
Budgeted	Actual For Month	YTD Average		
Nursing HPPD	15.2			
Staff Incidents				

Staffing Analysis

(Comments on issues affecting staffing level).

High sick leave. Staff on W/c.

Large vent numbers and high acuity.

One resignation, Interviews held and appt process underway.

4. Clinical Indicators

ongoing Aortic Data. ACS completed, Will await results. Chi data collection commenced. Real time results available for benchmarking

5. Performance Monitoring / Audits

NO readmissions within 72 hrs.

Lysis given in req times . need to examine timing of scheduled large ops. Several have been booked for either late in the week or on the weekend when hosp not working to capacity. Bed blocks continue to be an issue in getting patients transferred to wards.

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, looking at new policies for airport transfers with RFDS flight nurses, Several issues exist with this and policy needs to be developed to overcome issues.

Review of ICU/CCU policies ongoing.

Little time for any other activities this month

2 staff doing Grad Cert in ICU externally. Transitionn program students finished.

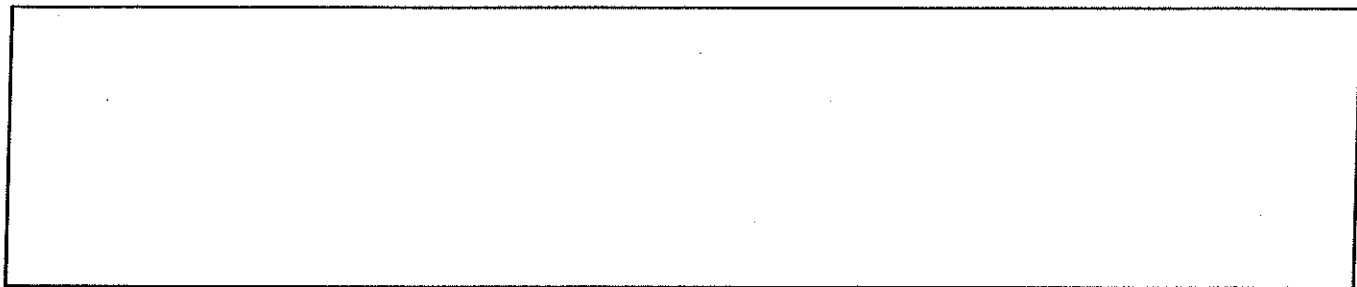
6. Complaints/Compliments/Satisfaction

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

Several Monetary donations received and notified by finance.

Renal support group have donated \$1056.00 for 2 sofas for Relatives waiting room. Awaiting delivery.

Many cards and letters of thanks



COST CENTRE MANAGER

Name: Toni Hoffman

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
Government**
Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month ofSEPT 2004-

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

1. Financial Information

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	102,800.32	98,480.00	4,320.32-	363,810.57	305,557.00	58,253.57-	1234,131. 00
Non- Labour	42,902.97	35,538.00	7,364.97-	136,190.39	108,986.00	27,204.39-	433,575.0 0
Total	145,703.29	134,018.00	11,685.29-	500,000.96	414,543.00	85,457.96	1667,706. 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).

Extremely Busy month. Many ventilated patients 357 vent hrs Total pts. 45

CCU 22

ICU 23

Vent 10

Vent hours 357

Deaths 1 IN ICU SEVERAL DIED IN BRISBANE AFTER TRANSFER.

Retrievals 12

CCU 5

ICU 7

Figures correspond with patients not being transferred out for various reasons. Staff working EXTREME hours of Overtime. To cover ventilated patients. Several ventilated patients at one time, up to 4 and one or two on Bipap. Acuity very high, with very ill patients with obscure diagnosis. Several paedts including a hanging, which died in Brisbane. Several totally inappropriate ICU admissions, pts with NFR orders and NFV orders admitted after not being screened properly by consultants. ICU able to be staffed only due to 12 hr shifts. Discussed strategies at length with Director. ? More Liason with Hervey Bay/ Maryborough when in crisis so ventilated patients spread more evenly over the region. NOTE equal numbers of ICU patients /VS CCU patients means increase in overall ICU acuity. ICU patients more resource intense than CCU patients. Need to work within our scope of practice. Ie; no more than one ventilated patient at a time.

(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.

One patient was in ICU ventilated for over 5 days

VENTILATED PTS 11

VENTILATED HOURS 357 HRS.

RETRIEVALS 12

MI; 2

One patient received Metalyse for PE with excellent results.

Activity Measure	Current Month	2004/2005 YTD Target	2004/2005 YTD Actual	Variance
	45ADMISSIONS 20 SEPS	15	65	
Weighted Separations (one month behind)	39	97	126	

OBD's	108	363	380	
Occupancy %	72.0			
Occasions of Service	45 ADMISSIONS			
Patient Incidents	nil			

3. Staffing Levels

FTE Details

Budgeted	Actual For Month	YTD Average
15.4		
Nursing HPPD		
Staff Incidents	One staff member on W/C	

Staffing Analysis

(Comments on issues affecting staffing level).

ICU staff providing inservice to DEM on pressure lines and their new monitor.

.2 staff doing Grad cert in ICU JCQ about to graduate.

.. 12 hr shifts continuing very well, if it wasn't for the 12 hr shifts, the ICU would not have been able to be staffed during this crisis.

4. Clinical Indicators

*READMISSION WITHIN 72 HRS: ongoing
Aortic ongoing.
CHI ongoing*

5. Performance Monitoring / Audits

AORTIC DATATBASE CONTINUING.

*CARDIAC ARREST DATA COLLATION CONTINUING, ISSUES ADDRESSED AT CLINICAL FORUMS.
ACS commenced and data collection and input completed
CHI collaboartivecontinuing.*

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).

*Aortic datatcollection ongoing..
ACS study completed Awaiting info from Latrobe university on our status.
CHI collaborative.*

Several UNI students in the unit.

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 . FLOWERS, CHOCOLATES, COMPLIMENTS FROM PTS and their relatives as well as positive feedback from the RBH doctors about the way we have cared for some very ill patients. No complaints form relatives or patients that I am aware of.

COST CENTRE MANAGER

Name: TONI HOFFMAN

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT

COST CENTRE MANAGER

Name: TONI HOFFMAN

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
Government**
Queensland Health

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

Developed December 2001

For the Month ofOCTOBER 2004.....

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

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	100,780.41	102,534.00	1,753.59	464,590.98	410,211.00	54,379.98-	1229,30 1242,56 6.00.
Non- Labour	36,428.95	36,725.00	296.05	172,619.34	145,714.00	26,905.34	433,587 .00
Total	137,209.36	139,259.00	2,049.64	637,210.32	555,925.00	81,285.32-	1676,15 3.00

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).

MORE FAVOURABLE FIGURES THIS MONTH. In budget for ICU except for overtime. But overall in budget. 600 plus vent hours. 14 vent patients and 25 vent days. 1 paed who was retrieved to RCH and later died.. ICU- CCU patients ratio nearly equal which increases staffing and consumables.

(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.

As above with ventilated patients

Total patients 55

ICU patients 26

CCU patients 28

One paed.

.....

Activity Measure	Current Month	2004/2005 YTD Target	2004/2005 YTD Actual	Variance
Separations	55 patients total. 18 seps	36	45	
Weighted Separations (one month behind)	56 patients	61	87	
OBD's	119	239	272	
Occupancy %	87.7	482	480	
Occasions of Service	56 patients			
Patient Incidents				

3. Staffing Levels

FTE Details

Budgeted	Actual For Month	YTD Average
	One staff member resigned and one is on maternity leave. 2 staff orientated to ICU from Call list	
Nursing HPPD	15.2	
Staff Incidents		

Staffing Analysis

(Comments on issues affecting staffing level).

Decreased sick leave. Staff on W/c.

Large vent numbers and high acuity. Large numbers of vents at once causing problems with nursing OT.

One resignation,. Inappropriate admissions looked at , one patient admitted to iso room for six days whilst awaiting for afb results, iso room elsewhere not functional. Some stats prepared for DM and DDNS regarding ICU activity.

4. Clinical Indicators

ongoing Aortic Data. ACS completed, Will await results. Chi data collection commenced. Real time results available for benchmarking First data available, Shows good compliance with best practice guidelines regarding recommended treatments.

5. Performance Monitoring / Audits

NO readmissions within 72 hrs.

Lysis given in req times . need to examine timing of scheduled large ops. Several have been booked for either late in the week or on the weekend when hosp not working to capacity. Bed blocks continue to be an issue in getting patients transferred to wards.

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, looking at new policies for airport transfers with RFDS flight nurses, Several issues exist with this and policy needs to be developed to overcome issues. Awaiting followup call from new coordinator.

Review of ICU/CCU policies ongoing.

Little time for any other activities this month

2 staff doing Grad Cert in ICU externally. Transition program students finished.

3 staff went to ANZICs conference, One funded from the hosp, Two staff went to CHI conference, which was excellent and gave excellent feedback from data so far collected.

Sentinal event previously reported, awaiting on other feedback.

6. Complaints/Compliments/Satisfaction

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

Several Monetary donations received and notified by finance.

Renal support group have donated \$1056.00 for 2 sofas for Relatives waiting room. Waiting room

*redecorated with donations and new sofas..
Many cards and letters of thanks*

COST CENTRE MANAGER

Name: Toni Hoffman

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
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Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month ofNOVEMBER 2004.....

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

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	104,001.71	101,561.00	2,440.71-	568,592.69	511,772.00	1242,566.00	1229,301,242,566.00.
Non-Labour	31,625.59	35,962.00	4,3336.41	204,244.93	183,410.00	20,834.93-	438,747.00
Total	135,627.30	137,523.00	1,895.70	772,837.62	695,182.00	77,655.62--	1681,313.00

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).

Accuity much lower in November than previous 10 mths. Remains 77,625 over budget in all. Ot way down... Anaethetist away most of 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.

As above with ventilated patients

Total patients 54

ICU patients 26

CCU patients 27

One paed.

Deaths 3

.....

Activity Measure	Current Month	2004/2005 YTD Target	2004/2005 YTD Actual	Variance
Separations	54 patients total. 19 seps	36	45	
Weighted Separations (one month behind)	34 patients	61	87	
OBD's	109	591	593	
Occupancy %	75.3			
Occasions of Service	56 patients			
Patient Incidents				

3. Staffing Levels

FTE Details

Budgeted	Actual For Month	YTD Average
	Interviews this week for two vacant ICU positions, one temp/ one full time.	
Nursing HPPD	15.2	
Staff Incidents		
Staffing Analysis <i>(Comments on issues affecting staffing level).</i> OT way down due to lower numbers of vent patients ICU patients 26 CCU patients 27.		

4. Clinical Indicators

ongoing Aortic Data. ACS completed, Will await results. Chi data collection commenced. Real time results available for benchmarking First data available, Shows good compliance with best practice guidelines regarding recommended treatments. Toni Hoffman and Karen Fox attended CHI conference. Ongoing participation requires some time out of hours to complete.

5. Performance Monitoring / Audits

Bed blocks an ongoing and persistent issue. In appropriate admissions also an issue

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, looking at new policies for airport transfers with RFDS flight nurses, Several issues exist with this and policy needs to be developed to overcome issues. Awaiting followup call from new coordinator.

Review of ICU/CCU policies ongoing.

2 staff completed grad cert in critical care.

NUM attended RBH as part of clinical enrichment. Positive and reassuring experience.

6. Complaints/Compliments/Satisfaction

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

Many cards and letters of thanks

--

COST CENTRE MANAGER

Name: Toni Hoffman

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
Government**
Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month. December 2004.....

COST CENTRE NAME:.....630415.....

1. Financial Information

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	106,257.38	103,098.00	3,159.38-	674,850.07	614,870.00	59,980.07-	1264,555. 00
Non- Labour	33,905.68	140,260.00	3,256.32	238,150.61,	220,572.00	17,578.61-	438,747.0 0
Total	140,163.06	140,260.00	96.94	913,000.68	835,442.00	77,558.68-	1703,302. 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).

Accuity well down this month . Overtime down. Patients more as per normal

Total patients 44

ICU 24

Ccu 20

Vent patients 7

Vent hours 192 paed 2

Deaths 5

Retrievals 8

2 ICU

6 CCU

1 patient waited 5 days in ICU for a permanent pacemaker in Brisbane.

2 patients returned to theatre in same stay.

(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.

Ongoing Aortic / Awaiting data analysis from ACS from Latrobe.

CHI ongoing

Activity Measure	Current Month	2001/2002 YTD Target	2001/2002 YTD Actual	Variance
Separations	44 patients No activity sheet received this month to give seps etc.			
Weighted Separations (one month behind)				
OBD's				

Occupancy %				
Occasions of Service				
Patient Incidents	2 return to theatre.			

3. Staffing Levels

FTE Details

Budgeted	Actual For Month	YTD Average
15.2		
Nursing HPPD		
Staff Incidents		

Staffing Analysis

(Comments on issues affecting staffing level).

Kay Boisen and Sandra Sharp, completed their Grad Cert In Critical care.

4. Clinical Indicators

Ongoing

5. Performance Monitoring / Audits

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. Waiting room redecorated with money donated from the real unit.

6. Complaints/Compliments/Satisfaction

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

2 complaints from staff re pt treatment, Have been referred to DDNS.

COST CENTRE MANAGER

Name:J Marks A/ NUM and Toni Hoffman A/ADON.

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
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Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month ofFebruary 2005

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

1. Financial Information

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	106,156.87	102,947.10	3,209.77-	900,166.75	854,212.62	45,954.13-	1302,355.00
Non-Labour	43,996.26	34,765.00	9,231.26	306,694.52	292,499.00	14,195.52-	438,747.00
Total	150,153.13	137,712.10	12,441.03	1206,861.27	1146,711.62	60,149.65	1741,102.00

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).

Total patients 52
ICU 33
CCU 19
Vents 10
Vent hrs 331
Paeds 2
Deaths 3
Retrievals 11
ICU 9
CCU 2
One Organ donation.

(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.

Increased number of ICU patients (33) vs CCU patients 19. ICU patients are much more expensive hence the increase in costs. Note also the large number of ICU retrievals, vs CCU retrievals (A flow on effect from the FSPH CCU opening???)

Activity Measure	Current Month	2004/2005 YTD Target	2004/2005 YTD Actual	Variance
Separations	22 52 total pts	177	160	
Weighted Separations (one month behind)	46	259	338	
OBD's	95	922	914	
Occupancy %	67.9 %		75.2%	

Occasions of Service	52 pts			
Patient Incidents				

3. Staffing Levels

FTE Details

Budgeted	Actual For Month	YTD Average
Nursing HPPD	15.4	
Staff Incidents		

Staffing Analysis

(Comments on issues affecting staffing level).

I resignation whilst on workcover. Hours increased for 2 other employees.

Several staff ill. One verbally resigned , but now may be wanting to rescind her resignation.

4. Clinical Indicators

readmission within 72 hrs 2

inability to admit due to inadequate resources(difficult to capture)

5. Performance Monitoring / Audits

AORTIC ongoing

CHI Collaborative data collection continuing.

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 data collection , revision of policies and protocols as able.

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 , cards and letters.



COST CENTRE MANAGER

Name: Toni Hoffman NUM ICU/CCU

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
Government**
Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month of ... APRIL 2005-

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

1. Financial Information

	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	108,504.60	109,501.81	997.21	1122,250.3 1	1073,940.8 1	48,309.50-	1302,355. 00
Non- Labour	33,374.51	35,962.00	2,587.49	383,477.89	365,623.00	17,854.99-	438,747.0 0
Total	141,879.11	145,463.81	3,584.70	1505,728.3 0	1439,563.8 1	66,164.49-	1741,102. 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).

Dramatic decrease in ventilator hours due primarily to surgical factors has kept overtime to within \$385 of budget. This has led to monthly actual being 2.5% under budget. YTD budget remains 4.6% over budget due to excessive surgical ventilator hours throughout early part of year. Despite anticipating continued lower ventilation hours for remainder of FY it will be impossible to significantly improve this position.

(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.

Occupancy remains steady at 76% Reduction in ventilator hours to 73 (average for year 440) without accompanying drop in no of pts ventilated indicates no long term patients.

Activity Measure	Current Month	2002/2003 YTD Target	2002/2003 YTD Actual	Variance
Separations	57 ADMISSIONS1 4 SEPS	206	202	4-
Weighted Separations (one month behind)	51	307	426	119-
OBD's	114	1171	1128	
Occupancy %	76			
Occasions of Service	57			
Patient Incidents				

3. Staffing Levels

FTE Details

Budgeted	Actual For Month	YTD Average
16.0		
Nursing HPPD		
Staff Incidents	NIL KNOWN	

Staffing Analysis

(Comments on issues affecting staffing level).

1.79 FTE under establishment. Covered by use of casuals.

12 hour shifts working well, staff all very satisfied with them. Staff concern re lack of decision on permanency of the arrangement.

4. Clinical Indicators

No readmissions within 72 hrs One patient died TPCH a few hours after transfer.

5. Performance Monitoring / Audits

*Aortic database continued for ANZICS
CHI collaborative continuing*

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).

*Two staff trained in Brisbane on changes to Aortic database
Aortic data collection continued
CHI collaborative
Link nurse lectured a various high schools
Organ Donor Thanksgiving Service organised for 29/5*

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.
Many thank you cards, fowers, chocolates.*

COST CENTRE MANAGER

Name: Martin Brennan A/NUM

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT



**Queensland
Government**
Queensland Health

Bundaberg Health Service District Monthly Cost Centre Summary Report

Developed December 2001

For the Month.MAY2005

COST CENTRE NAME:.....630415.....

1. Financial Information							
	Month Actual	Month Budget	Month Variance	YTD Actual	YTD Budget	YTD Variance	Annual Budget
Labour	113,134.77	116,333.00	3,198.23	1235,3855. 08	1190,275.0 0	45,110.08-	1302,356. 00
Non- Labour	36,226.71	37,162.00	935.29	419,704.70,	402,785.00	16,919.70-	438,747.0 0
Total	149,361.48	153,495.00	4,133.52	62,029.78-	1741,103.0 0	86,013.22-	1593,060. 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).

Significant changes in patient dynamics. Pts admitted are not as ill as in previous months

Total Pts 49

CCU pts 27

ICU PTS 22

(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.

As above

Vent hrs 135

VENTILATED PTS 6

Retrievals 7

iCU retrievals 3

CCU retrievals 5

M.I 12

CPAP/BIPAP HRS 220 HRS.

Activity Measure	Current Month	2004/2005 YTD Target	2004/2005 YTD Actual	Variance
Separations	49 PTS 27SEPS	233	232	
Weighted Separations (one month behind)		351	490	NOTE VARIANCE OF WEIGHTED SEPS
OBD's	96	1310	1224	

Occupancy %	61.9%			
Occasions of Service	49 PTS			
Patient Incidents	NONE KNOWN			

3. Staffing Levels

FTE Details

Budgeted	Actual For Month	YTD Average
15.4		
Nursing HPPD		
Staff Incidents	NIL	

Staffing Analysis

(Comments on issues affecting staffing level).

2 STAFF ON SICK LEAVE (One Confirmed W/C)

Staff affected greatly by Patel saga

Most Icu staff spent long periods with their lawyers and preparing statements, Involved staff given some time off in lieu to make up for this.

4. Clinical Indicators

Ongoing

5. Performance Monitoring / Audits

Aortic database ongoing

CHI data collection also 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).

3 staff attended skills centre workshop in prep for ? starting Met program

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 many letters and cards in relation to the Patel saga
No complaints aware of.*



COST CENTRE MANAGER

Name: Toni Hoffman NUM.ICU

Signature:

COMMENTS FROM EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR

PLEASE RETURN TO DISTRICT QUALITY & DECISION SUPPORT UNIT