

Annual Report

2007-08

(12 December 2008)



**PASIFIKA INTEGRATED FAMILY
MEDICAL CENTRE LTD**
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Attachments

EXECUTIVE SUMMARY

Pasifika Family Medical Centre was officially opened on 23 June 2007 by the then Minister of Pacific Island Affairs, Honorable Mark Gosche.

Prior to opening for business, the preparation was done at break-neck speed that began with the development of business plan in January 2007 for the purpose of accessing the Pacific Provider Development Fund (PPDF) at Waitemata District Health Board. After a lot of focused and persistent advocacy and representation by Dahlia Naepi, Director, the application was subsequently approved in early 2007.

An indicator of the Directors' total commitment to the new service, and particularly Dahlia Naepi, the renovation costs for the Ground Floor, 1 Nile Road to operate from were paid for by Pasifika Integrated Health Care Ltd (PIHC Ltd). PIHC Ltd is deservedly regarded as the 'parent company', and the medical centre, trading as Pasifika Integrated Family Medical Centre Ltd (PIFMC Ltd) is its 'offspring.' Whilst the work on the property was carried out, acquisition of key personnel to deliver the GP (general practitioner) services, nursing and administration were also hired.

Staff members were brought on board before the opening date to work on the preparatory work were – one each of doctor, practice nurse, office administrator and a project manager on contract basis. These staff members were continued to be employed after the opening date. Key to the preparatory work was the development of policies and procedures, and these were done based on the required standards and practices set by the health sector professionals.

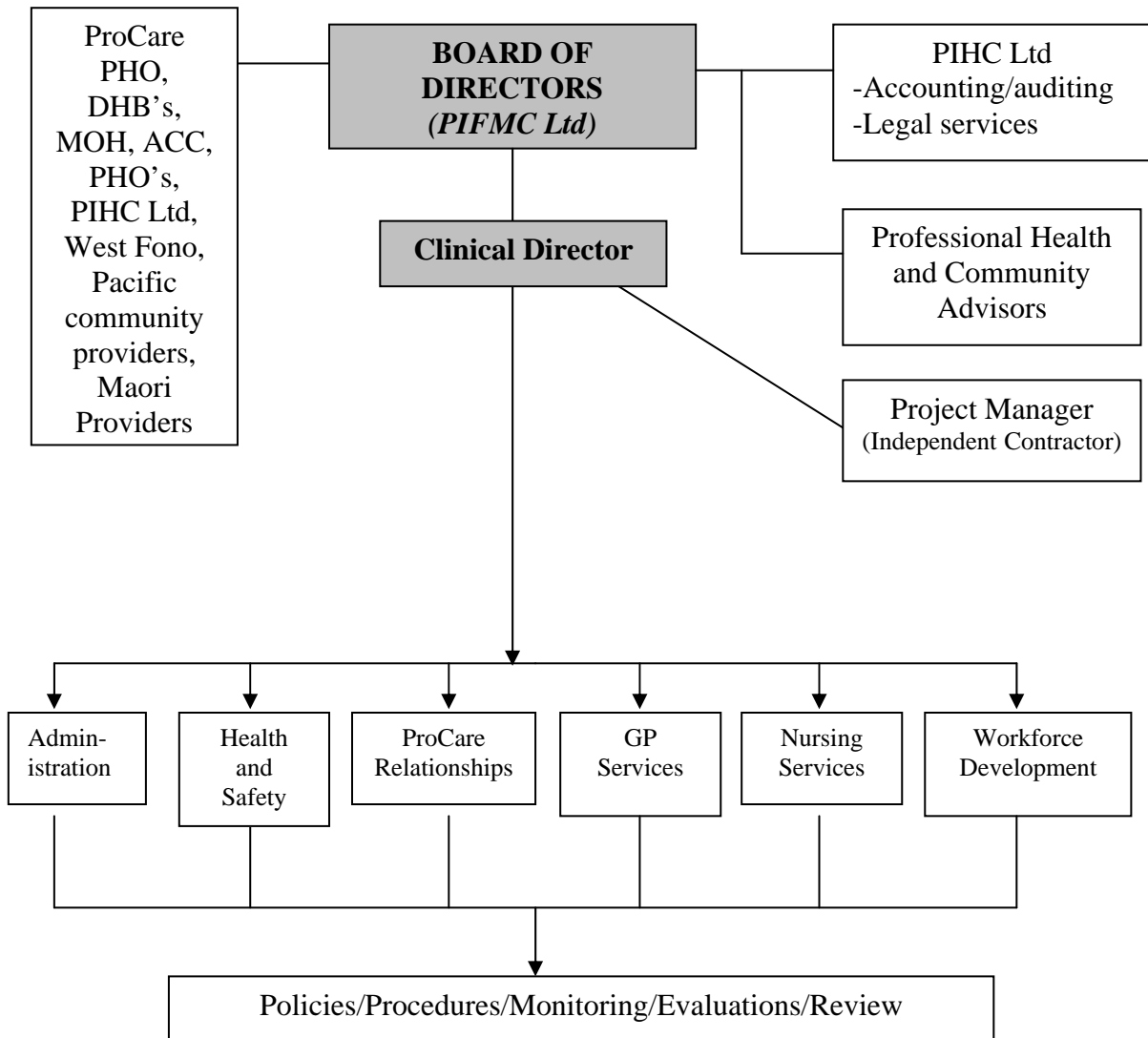
The period of this report is to 30 November 2008, and one that was characterized by:

- Full staff commitment to deliver high quality primary services, and with the realization that quality service would attract and retain clients (patients)
- Delivering the service to the targeted population, which is Pasifika that prompted the directors to establish a Pasifika-owned medical centre in North Shore was a risk due to the small size of this population segment. However, it was strategically smart to attract a Pasifika doctor (Tuvalu) as an employee with directorship/shareholding interest in the medical centre. Being cared for by a Tuvalu/Pasifika doctor meant that distance from Waitakere City is not a barrier – a true indicator of the caliber of Dr Esela Natano, and his team of Teuluaki McQuarrie (Senior Practice Nurse, Tuvalu), Rachel Saka (Practice Nurse, Samoa) and Elaine Tagaloa (Administrator/Patients Officer, Samoa).
- Signing up to ProCare as the Primary Health Organisation (PHO) was also strategically smart as this organization is well established and it 'knows its business' in the primary health care sector
- Active marketing of the centre to promote its services to wider population of North Shore, and couple with the recently employment of a 'palagi' (Russian) doctor, the medical centre is achieving this

(Prepared by Taha Fasi Company Ltd)

ORGANISATIONAL STRUCTURE

Governance Structure



Key feature of this governance structure included:

(i) Having directors, with shareholding interests, of the company entity that are comprised of:

- Two directors of Pasifika Integrated Health Care Ltd – Dahlia Naepi and Clivenn Naepi
- The doctor (GP), Esela Natano

Such an arrangement was decided on for the purpose of:

- Having the parent company as an avenue to provide financial and management support at the start-up phase, and continued with financial and human resource management
- Providing an incentive for the GP for on-going commitment as a part-owner and shareholder

(ii) Having formally joined ProCare as the Primary Health Organisation (PHO) as required by regulation and practice in the primary health care sector. This working relationship had been formalised in a Memorandum of Understanding (MOU) signed in early 2007. PIFMC Ltd had been privileged to be supported and guided by this PHO prior to opening and so far post-opening.



Signing ceremony of the MOU with ProCare PHO



WORKING RELATIONSHIPS WITH PIHC LTD

1. Company directorship – PIFMC Ltd is a company entity that was formed by PIHC Ltd but to function as a legal entity in its own right. The latter provides the shareholder's capital that paid for start-up costs with both its directors owning over 50% of the company's shares and capital value. In this regards, PIHC Ltd is regarded as the 'parent company' of the two.

In addition to provision of shareholders' capital, PIHC Ltd continues to provide management services to administer human resources, finances and administration resources – namely payroll system, staff leave provisions, timesheets, inland revenue compliances, supply orders, payment of creditors

2. Health program collaborations – a Memorandum of Understanding was signed in 2008 to provide additional cardiovascular disease case management for the identified PIFMC Pasifika patients; joint contract providers for the new 2008-09 Pacific Provider Development Fund to provide workforce development and provider assistance on IT and service access

HUMAN RESOURCES



Dr Esela Natano – a descendant of Tuvalu, and a NZ registered doctor with 12 years experience after studying at the Auckland School of Medicine. His qualifications included BHB, MBChB and Primex.

Teuluaki McQuarrie – a NZ trained, qualified and registered practice nurse with over 10 years of experience, and mainly serving Pasifika patients and families. Her qualification included a Diploma of Nursing. She is employed as the senior practice nurse with the title designate of Nursing Manager. She began in employment before the medical centre was opened.

Rachel Saka – a young and up-and-coming NZ trained, qualified and registered practice nurse with over 2 years of experience, and mainly serving Pasifika patients and families. Her qualification included a Bachelor of Nursing Studies, and her position is designated as Practice Nurse. She began in this role in September 2008.

Elaine Tagaloa – another young and high skilled Samoa who had worked for over 10 years as an administrator in Pacific medical centres. She began in the position of Administrator/Patients Officer before the medical centre was opened.

Dr Andrei Postoialkov – he was hailed all the way from Russia, and had met the requirements to be able to work as a general practitioner (GP) in NZ. He had worked in various NZ hospitals and medical centres in Auckland/North Shore before he was employed from July 2008.

Taha Fasi – employed to project manage the setting up and post-opening phases as an independent consultant.

Preeti Lochan – a registered and experienced practice nurse of India-Fiji descent who was employed from January 2008 until her departure in July 2008.

Relievers – from time to time the centre had called on the services of Fe'ao Vaimohea - employee of PIHC Ltd working as community health support worker whilst training as a nurse; Liuvaka Tauetia – a registered nurse of Tuvalu descent, and Mahu Tipu – a training intern in her 6th year of medical and surgery study at Medical School, University of Otago.

GP/HEALTH SERVICES

Vision Statement - To provide – Quality Integrated Health Care for All – “The Pacific Way”

A full and comprehensive range of services provided included:

| | | |
|---|---|---|
| Family health | Children’s health – well child check, immunisation, etc | Women’s health |
| Men’s health – prostate, etc | Youth health | Screening – cervical, cardiovascular, diabetes, breast, etc |
| Minor surgeries- circumcision, etc by appointment | Primary care options | Prescription renewal |
| ACC referrals | Immigration checks | Medical insurance |
| Casual patients | | |

Hours of service: Mondays to Fridays with appointments from 9am to 5.30pm, and closed in all statutory holidays

HEALTH SERVICES INDICATORS

1. Registered patients – for the period of June 2007 to 30 November 2008. These were individual patients who had elected to utilise the services of the medical centre as enrolled, on-going or registered patients.

| <i>Ethnicities</i> | <i>Total</i> | <i>%</i> | <i>Ethnicities</i> | <i>Total</i> | <i>%</i> |
|---------------------------|---------------------|-----------------|---------------------------|---------------------|-----------------|
| Africa | 19 | 0.81 | Tokelau | 14 | 0.60 |
| Asia-other | 23 | 0.98 | Tonga | 83 | 3.54 |
| Chinese | 45 | 1.92 | | | |
| Cook Islands | 16 | 0.68 | | | |
| European/Pakeha | 91 | 3.88 | | | |
| Fiji | 33 | 1.40 | | | |
| India | 60 | 2.56 | | | |
| Latin America | 1 | 0.04 | | | |
| Maori-NZ | 25 | 1.07 | | | |
| Middle East | 14 | 0.59 | | | |
| Niue | 27 | 1.15 | | | |
| Other Asia | 49 | 2.09 | | | |
| Other European | 89 | 3.80 | | | |
| Other Pacific | 1605 | 68.56 | | | |
| Samoa | 130 | 5.55 | | | |
| Southeast Asia | 17 | 0.73 | | | |
| | | | Total | 2341 | 100 |

2. Casual Patients

| <i>Ethnicities</i> | <i>Total</i> | <i>Ethnicities</i> | <i>Total</i> |
|---------------------------|---------------------|---------------------------|---------------------|
| Chinese | 4 | Tokelau | 2 |
| Cook Islands | 2 | Tonga | 8 |
| European/Pakeha | 3 | Other Pacific | 35 |
| Fiji | | Samoa | 17 |
| India | 11 | Southeast Asia | 1 |
| Latin America | 1 | | |
| Maori-NZ | 1 | | |
| Middle East | 1 | | |
| Niue | 2 | | |
| Other Asia | 4 | | |
| Other European | 4 | Total | 96 |

For the period of June 2007 to 30 November 2008, and these were patients who utilised the services of the medical centre but enrolled only as registered patients.

3. Appointments

| <i>Ethnicities</i> | <i>Total</i> | <i>Ethnicities</i> | <i>Total</i> |
|--------------------|--------------|--------------------|---------------|
| Africa | 58 | Tonga | 597 |
| Asia-other | 86 | Others | 445 |
| Chinese | 266 | | |
| Cook Islands | 109 | | |
| European/Pakeha | 782 | | |
| Fiji | 232 | | |
| India | 374 | | |
| Latin America | 6 | | |
| Maori-NZ | 147 | | |
| Middle East | 82 | | |
| Niue | 248 | | |
| Other Asia | 154 | | |
| Other European | 651 | | |
| Other Pacific | 10,566 | | |
| Samoa | 1176 | | |
| Southeast Asia | 73 | | |
| Tokelau | 146 | | |
| | | Total | 16,198 |

These were for patients with appointments for all the days that the medical centre was opened from 25 June 2007 to 30 November 2008 that totalled 363.

The average daily appointment number was 44.6

INCOME AND EXPENDITURE

1. Income:

(a) *Startup capital* – to establish medical centre as a fully operational unit from internal loan from PIHC Ltd as ‘seeding’ finance before the capital grant from Pacific Provider Development Fund from Waitemata DHB was received

(b) *Operating income sources* – casual patients’ fees, subsidies (ACC, GMS, IMMS, maternity, diabetes, careplus, predict, ProCare capitation, sexual health, POAC WDHB, POAC central and south, insurance, diagnostic MED

(c) *Service enhancement* – additional Pacific Provider Development funding for the 2008-2009 round for:

- *Workforce Development* - backfilling or provider staff positions – for Pacific staff members who are undertaking health or disability sector training
- *Provider Assistance* – development, implementation and monitoring of activities such as information and management systems, and provision of capital information technology (IT) project to increase capacity and capability by developing – (a) IT that is tailor to increase efficiency and capability of the provider

to deliver quality services for Pacific populations and; (b) To review, update and purchase information technology – both software and hardware

2. Expenditure:

- *Capital expenditure* – property renovation, compliance costs, services costs (alarm, plumbing, electrical), medical equipment/implements, furniture, fixtures and fittings, IT hardware/software (eg MedTech32)
- *Operating expenses* – marketing, salaries/wages, depreciation, medical supplies, subscriptions, insurance, laboratory expenses, office supplies, telephone, services (power, gas, medical waste removal, water), conference/training

The new medical centre is operating at 'break-even' level, and key to sustaining a financially viable service is to attract more 'registered patients', and trends thus far have showed increases each month.

EXTERNAL LINKAGES

1. Emergencies – after hours

Working relationships were established with the following to provide after hours' care for the registered patients apart from hospital care.

- *North Shore* - Shore Care Accident & Medical Clinics, 209 Shakespeare Rd, Takapuna. Telephone 486-7777
- *Waitakere* – Westcare White Cross, 131 Lincoln Rd, Henderson. Telephone 836-3336

2. Niue Health Trust

The medical centre became a joint partner with the MOU formal working relationship that was signed between this Waitakere/North Shore community-based organisation and PIHC Ltd. This is an opportunity to connect with the wider through ethnic specific umbrella bodies. This same model will be developed and cultivated with other Pacific nations.

3. Samoa Health Professional Delegation



It was a privilege to host a delegation of health professional workers from Samoa. PIFMC Ltd and PIHC Ltd played host jointly by sharing with them information on health and disability support services that the group members could learn from.

4. Prime Minister, Right Hon Helen Clarke Delegation



PIFMC Ltd and PIHC Ltd played host jointly in receiving the Prime Minister and her entourage comprising of local Labour Party candidates and our very own MP of Samoa descent – Sua William Si’o. There were many good results shared, and promises made by the Prime Minister.

5. Community Health Promotions



Community health promotions at North Shore hosted by PIHC Ltd

POLICIES AND PROCEDURES

1. Practice Policies and Procedures

A comprehensive set of policies were developed to cover areas as listed below, and full details are documented for on-going reference:

- Section A – Factors affecting patients
- Section B – Physical factors affecting the practice
- Section C – Practice systems
- Section D – Practice and patient information management

2. Fire and Emergency Evacuation

The fire and emergency evacuation policies and systems were approved by the NZ Fire Service. The requirements were time consuming due to the need to secure approval for both ground floor and level 1.

3. Consents

- Resource consent had been approved
- Code of compliance for the building – all the required certifications for the alarm system, plumbing, electrical and building renovations had been lodged with North Shore City Council, and we are awaiting its decision.

4. Health and safety policies and procedures

These had been developed and available for application, and one example of the assistance from ProCare PHO for providing the templates and training that we had attended

5. Quality audits

As a new medical centre, the period thus far had been characterized by:

- Focusing on getting established and establish our profile in the market place
- Developing policies and procedures, and to monitor to determine successes and areas that require further improvement
- Supporting staff with their work in a new environment and with increased level of responsibilities

Several working meetings had been convened where feedback on quality standards for various aspects of the service had been shared. The delivering of the service had been based on the quality benchmarks that were established by ProCare PHO, and the majority of the associated policies and procedures were based on the templates provided by this PHO for clinical, health and safety and human resources.

The nature of support and advice from ProCare PHO included:

- Provision of targeted training in areas like health and safety systems, and on code of rights/health information privacy
- Readily available advice from staff, namely Rosemary Gordon

The aim is for the quality audit to be completed by June 2009, and under the guardianship of ProCare PHO.

STRATEGIC DIRECTIONS 2008-13

These included:

| <i>Strategies</i> | <i>Desired Outcomes</i> |
|--|--|
| To establish self-management services on-site at North Shore | <ul style="list-style-type: none"> -Increase number and variety of self-managing services in one location – “one-stop-shop” in addition to the existing GP services as “self-management units” -Increase access to holistic medical and disability support services for early detection and elimination of illnesses -Increase financial sustainability with fully developed and cost-effective services -Increase the number of enrolled Pacific and general population in the GP service |
| High performing self-managing service units | <ul style="list-style-type: none"> -Develop and achieve financially viable specialist services -Achieve zero level of management duplication -Each specialist service to be totally client and service focus |
| Market penetration and expansion | <ul style="list-style-type: none"> -Providing more related services to existing and new patients – both enrolled and casuals -Existing and new patients to gain additional benefits from the provision of more specialist services -Optimising service and company sustainability -Increasing mix of services to existing and new patients |
| High performing medical centre | <ul style="list-style-type: none"> -The integrated service is financially viable and financially stable for every year of trading -High level market exposure and reputation -High performing governance and management structures and systems -Increase market share -Ability to increase and retain market share -Growth in service mix, client volume, profit level and equity value |

ATTACHMENTS

- Strategic Plan 2008-2013
- Promotion flyer
- Pacific Provider Development contract 2008-09
- Policy and Procedures – *sample*
- Quality audit checklist – *worksheet*
- Patients feedback checklist

DIRECTORS

DAHLIA NAEPI

DR ESELA NATANO

CLIVENN NAEPI

Date: 12 December 2008