MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 25 November 2014 commencing at 8.45 am in the Boardroom, MidCentral District Health Board

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PRESENT

Barbara Robson (Chair)
Lindsay Burnell
Kate Joblin
Karen Naylor
Richard Orzecki
Phil Sunderland
Stephen Paewai
Duncan Scott
Cynric Temple-Camp

In attendance
Mike Grant, Interim General Manager, MidCentral Health & Support
Murray Georgel, CEO
Carolyn Donaldson, Committee Secretary

Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Michele Coghlan, Director of Nursing
Syed Ahmer, Clinical Director, Mental Health Service (part meeting)
Anne Amoore, Manager, Human Resources and Organisational Development
Rodney Mackenzie, Manager, Business Support
Brad Grimmer, Project Lead, Mental Health Service Review, (part meeting)
Vivienne Ayres, DHB Planning and Accountability
Greig Russell, Medical Administration Trainee
Digby Ngan Kee, Regional Clinical Director, Regional Women's Health Service, (part meeting)
Kenneth Clark, Chief Medical Officer, (part meeting)
Carrie Naylor-Williams, Service Manager, Patient Flow (part meeting)
Chris Simpson, Service Manager, Perioperative Services (part meeting)
Cushla Lucas, Service Manager, Regional Cancer Treatment Service (part meeting)
Stephanie Turner, Director, Maori Health & Disability (part meeting) (part meeting)
Mr & Mrs Hume (part meeting)
Mr Gray (part meeting)
Ms Kim McKelvie
Public (2) (part meeting)
Communications (1)
Media (1)

1. APOLOGIES

There were no apologies.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

There were no amendments to the register of interests.

3.2 Declaration of conflicts in relation to today's business

The following conflicts of interest were noted:

5.6

Stephan Paewai declared a potential conflict in relation to items 7.1, 7.3, 7.6, and 8.1 in terms of his involvement as a director on the Central PHO. He also advised a conflict with item 7.6 due to being an executive member of Rangitane o Tamaki nui a Rua and a trustee of Tararua Hauora Services.

Karen Naylor declared an interest in relation to item 7.7, Regional Women's Health Service, due to her role within the Women's Health Service.

Duncan Scott declared an interest in relation to item 7.76 Non-financial Performance Indicators due to his employment with Broadway Radiology Limited.

Barbara Robson declared a potential conflict with any discussion regarding the Maternity Clinical Information System in item 7.7, Regional Women's Health Service, due to her involvement as a consumer representative on the Maternity Information Systems Programme Steering Group.

The general declaration of a conflict of interest in relation to the Operations Report item 8 was noted for Cynric Temple-Camp due to his coronial duties.

It was agreed that as the papers did not require any decisions, there was no reason why the members should not participate in any discussion.

4. MINUTES

It was recommended

that the minutes of the meeting held on 14 October 2014 be confirmed as a true and correct record.

4.1 Recommendations to Board

It was noted that the Board approved all recommendations contained in the minutes.

5. MATTERS ARISING FROM THE MINUTES

It was noted that the suggestion on page 4.5 (Mental Health Review update) to involve someone like the Manager of Balance (Frank Bristol) in Whanganui was covered in the Mental Health update, item 7.8.

6. WORK PROGRAMME

Duplication of Information in Reports

The Chair referred to the amount of duplication of information contained in the various reports. Management acknowledged this and offered to see if there were ways to reduce the duplication for future reports.

Reporting Quality Measures

The Chair suggested a workshop be held next year to undertake a stock take of all activities associated with quality and clinical governance and to review the way the quality measures are reported to the Hospital Advisory Committee and the Hospital Audit Sub-Committee. Whilst supporting the idea, a member suggested that the current Mental Health review be used as a case study for the workshop. Another member suggested an external facilitator be used. It was agreed Management would discuss the suggestions with the Chair and come up with an approach for discussion at the next HAC meeting in the New Year.

It was recommended

that the updated work programme for 2014/15 be noted.

7. STRATEGIC PLANNING

The order of agenda papers was rearranged and taken as follows, to accommodate the various guests attending.

7.8 Mental Health Review update

Before starting the discussion on this report, the Chair welcomed Mr & Mrs Hume, Mr Gray and Ms McKelvie to the meeting, offering them an opportunity to speak to the meeting.

Mrs Hume said that for her to see progress, she would have to be comfortable with the information she was receiving, to know that the service was learning from other DHBs' experiences, and to know that people were comfortable with the level of care their family member was receiving when the family lived more than 8 hours away. If Management were not confident this was happening, then the improvement work was incomplete.

She was pleased to read about the Dialectic Behaviour Therapy (DBT) but would like to have more detail about it, in particular waiting times – what is happening to patients now while the planning and training is going on, as the patients still get sick.

Ms McKelvie also spoke briefly. Her daughter was a community death, but she was concerned as she had not heard much from the DHB around the investigation into her daughter's death. She would like to know whether or not there was an investigation about it. She would also like to know if the DHB was communicating with families and getting feedback from them, as she felt they had a lot to offer.

The Director, Patient Safety & Clinical Effectiveness offered to contact Ms McKelvie.

Neither Mr Hume nor Mr Gray wanted to speak to the Committee.

The Clinical Director, Mental Health & Addictions, Director of Nursing, and Operations Director Specialist Community & Regional Services spoke to the Committee outlining progress since the last meeting. Issues covered included establishing a minimum standard of care base, improving the clinical leadership partnerships, progress with training in DBT, and the ability to join the clinical portal. Strengthening the overall professional nursing image, key nursing accountabilities, improving the nursing standard of dress and use of uniforms, strengthening the nursing roster, FTEs, appointment of new graduates, exploring options around the skill mix and number/range of staff were also covered. A dash board had also been established. This tracked the number of Ward 21 patients and went out three times a day to all mental health staff.

Dialectic Behaviour Therapy (DBT)

There were currently about six people who would derive a benefit from this service. They would be a priority for the service early in the New Year. The work programme would be amended to include progress on putting some structure around the DBT service.

Visit to Waikato DHB

A verbal update on the recent visit to Waikato DHB was given. The seven members of the project board made the trip, which was very satisfying particularly in terms of understanding Waikato's journey over the past five years of their service development. The system wide approach taken by Waikato was similar to what was anticipated as required at MCH. There was an opportunity to visit their acute triage and assessment centre and to talk with their quality team around their adverse events process. Some useful guidance was given on how MCH could improve reporting clinical governance and how it should be structured.

The Waikato leadership team offered to partner and support MCH on an ongoing basis. Other staff were welcome to visit Waikato and look at their models of care, and their staff would be happy to spend time with MCH and help with setting up systems.

Number of Beds

Dr Syed Ahmer clarified that in the past, everyone needing admission to ward 21 was accepted, and occasionally patient numbers had reached 31. The bed number has now been set at 20 open beds and 6 general beds. He emphasized patients were not being stopped from coming into the ward as that would only transfer the risk into the community. Instead, the focus was on a smoother patient flow through the ward. There was the option, if required, of transferring the more stable patients to another DHB.

Mental Health Emergency Team (MHET)

The proposal to have this as a 24/7 service had gone out for feedback, and the responses were currently being considered. A final decision should be made by the end of the year.

The implementation of a single point of entry to the adult Mental Health and Addiction Service would ensure there was no danger of patients falling through the cracks. Meetings were held each morning to go through the patients and their progress.

Celebrating Success

Success was acknowledged with cake/flowers, but this had not yet occurred for the whole team.

Outreach Programmes

There are similar community outreach programmes in the country which attempt to reduce adverse events, not necessarily just within mental health, eg there are some in public health. The Mental Health and Addictions Service was trying to make the process of being seen easier so that anyone could access it.

Kaumatua Group Visit

Feedback on the Group's visit to Te Awhina had not yet been received.

Suicide Triage and Risk Management Training

A total of 52 registered nurses had attended this training. The risk assessment policy has been in place for some time, and would be reviewed. The problem was not the policy, it was with implementing it, as the risk could change once the patient went into the ward, so a new risk assessment was needed when a patient was admitted to Ward 21. It was important to see that the recent training was being put into practice, before any more training was undertaken.

The Operations Director, Specialist Community & Regional Services, advised that the recent training had been specifically arranged for staff who came into contact with mental health patients in the acute phase. Training had been offered to Ward 21 and ED staff. A suggestion to roll it out into the wider sector would be considered.

The Chair noted there was still a lot of work to be done eg communication, physical health assessments and not working in silos.

Open Disclosure

The Clinical Director, Mental Health and Addictions advised the Open Disclosure policy was being implemented. He accepted communication with families had not been taking place as well as it could be, stating the Open Disclosure policy would address that issue. There should be very clear steps for meeting families immediately if there was an event. To date the focus has been on training for the front line staff, but it was available for senior management as well. It was run by the Cognitive Institute.

Lindsay Burnell left the meeting.

The number attending these sessions was limited at the moment, but consideration would be given later to extending it across the organisation.

The Chair suggested the work programme could be clearer eg it was not clear when a milestone had been achieved.

It was suggested there should be a workshop around reporting through to governance – what success looked like for all participants including families, how it was managed and monitored.

Lindsay Burnell returned to the meeting.

It was recommended

that this report be received

7.1 2014/15 Regional Services Plan implementation update – Quarter 1

The Interim General Manager MidCentral Health and Support advised there was a revised plan for the CRISP programme, and that a meeting was scheduled for 27 November to focus on issues like timeframes and flow on costs. The need to focus on the ongoing service delivery in CRISP, which was outside the scope, had changed the dynamics and would be part of the discussions.

It was pointed out that the national indicators for Maori health did not cover the strategic work that was happening or the other two priorities. This would be addressed in future.

It was recommended

that this report be received

7.2 2015/16 Regional Services Plan approach and timeline

Management noted that the move from Health Benefits Limited to Health Alliance would cause some delays for the Finance Management and Information System and that until issues were resolved, MDHB would have to invest in the JDE system. It was also noted that each of the service priority areas now have to link into the annual plan.

It was recommended

that this report be received

7.7 Regional Women's Health Service (RWHS) update to 31 October 2014

Phil Sunderland left the meeting.

Good progress was being made with this new regional service. The past three months had focused on the establishment of the Maternity Clinical Information System, and setting up the framework for the programme to go live with an extended pilot.

Phil Sunderland returned to the meeting.

Good progress was being made with this new regional service. The past three months had focused on the establishment of the Maternity Clinical Information System (MCIS), and setting up the framework for the information system to go live as an extended pilot.

Phil Sunderland returned to the meeting.

The Clinical Director RWHS outlined the information system and some of the problems encountered with it going live. One of the issues was due to not having access to WIFI for immediate recording of clinical events. To manage the clinical risk, a quick start manual and critical events manual were developed. Implementation of the WIFI system was not due until mid 2015. It might be possible to do a work around using the 3G system, but this would involve purchasing a number of devices. Management agreed to provide an update on this in the next operations report. Whilst there was concern around the potential clinical risk, no adverse events had occurred.

The MCIS was also designed to link to community information systems system, and this extension would occur in due course.

S10

Tuia Framework

The RWHS leadership group and Director Maori Health from Whanganui recently met and helped draft an action plan for implementing this framework into every day practice. However the work was on hold at the moment, as MCIS is the priority development. The plan would be broken into achievable portions and prioritised for future development.

Whanganui Women Presenting in Palmerston North

A member raised the issue of Whanganui women birthing in Palmerston North. Dr Ngan Kee advised that women were free to birth wherever they wished. A quality service was available in Whanganui and women made their own choice regarding which facility they used. Management suggested it might be useful to obtain some data on patient flow trends between the two DHBs, because if it was an issue, they needed to be aware of it.

Gynaecology Clinical Nurse Specialist

The difficulty in recruiting to this position was noted. Further advertising would be undertaken in the New Year.

It was recommended

that the report be received

7.3 2014/15 Annual Plan – Secondary Care initiatives update

An evaluation of the collaborative clinical pathways has been undertaken. This evaluation has shown there are changes in practice and there has been a dramatic improvement in outcomes, eg less admissions to hospital as patients are being managed in the community. A new group of patients has emerged that have a different set of demographics, so the pathways would be revised to see if they could be improved.

Patient Focused Bookings

This system was working well where it has been implemented. There were a few problems, some of which would be resolved during the ambulatory care facility redesign eg it was difficult for staff to arrange bookings and at the same time greet patients arriving for clinics. The next service to look at implementing Patient Focused Bookings would be Child Health.

Adult Crisis Respite Service - Feilding

A request was made for information and data on this service to be provided in a future mental health report, so a member could understand the service.

Linear Accelerator/CT Simulator replacement

Management confirmed it was planned to replace both the aging CT simulator and two Linacs over the next few years. The CT Simulator was more than 10 years old, and the older linear accelerator would be due for replacement within a couple of years. The treatment planning system would also need to be changed. There was a lot of work to be done in preparation for a business case application. There was also national work being done. Health Alliance were looking at linear accelerator purchases, as there were about six or seven to be replaced across the country in the next few years.

It was recommended

that this report be received

7.4 2014/15 Annual Plan – centralAlliance initiatives update

It was recommended

that this report be received

7.5 Patient Experience Survey

It was recommended

that this report be received

7.6 Non-financial Performance Indicators – 2014/15 Quarter 1

It was recommended

that this report be received

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report - September/October 2014

Renal Dialysis

Management were asked if Whanganui renal patients received the same access to services as provided for MidCentral Health renal patients. The Operations Director Hospital Services confirmed they would for First Specialist Assessments and ongoing pre-dialysis work. Ms Horgan clarified it was a nephrology service though, and not everyone required dialysis. She offered to follow up in respect to renal dialysis.

Proposal to Strengthen the Root Cause Analysis (RCA) Investigation Process

The proposal to strengthen the root cause analysis process would involve adding the clinical review process from the London Protocol. The London Protocol was a very strong system-based process, focusing on the clinical context of an event. It would provide greater ability to look at not just the event but the episode of care for the patient. MCH would collaborate with Whanganui DHB on this work.

Copies of the London Protocol were available for the Committee, either in hardcopy or on line, and would be good reading prior to the proposed quality workshop, planned for early 2105.

Smoking Cessation

The Committee was advised MCH was on target for a very good result in November.

It was recommended

that this report be received.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

3 February 2015

11. EXCLUSION OF PUBLIC

It was recommended

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	*Reason*	*Reference*
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	
Operations Report: Potential Serious		

S.12

Adverse Events and Complaints	To protect personal privacy	9(2)(a)
2015/16 Annual Plan: Price and Volume Schedule	Subject of negotiation	9(2)(j)