MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 19 March 2013 commencing at 8.45 am in the Board Room, MidCentral District Health Board

Unconfirmed Minutes

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Kate Joblin
Richard Orzecki
Stephen Paewai
Barbara Robson
Phil Sunderland
Cynric Temple-Camp

In attendance
Murray Georgel, CEO
Mike Grant, General Manager, Planning & Support
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
Anne Amoore, Manager, Human Resources and Organisational Development
Vivienne Ayres, Manager, DHB Planning and Accountability (part meeting)
Jeff Small, Group Manager, Commercial Support (part meeting)
Communications (1)

1. APOLOGIES/RESIGNATION

Advice was received from Kerry Simpson that she had resigned from the Committee effective immediately, as she has moved to USA. She expressed best wishes to members. The Board Chairman advised the usual appointment process would be undertaken to appoint a replacement committee member.

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 declarations of conflict of interest were noted:

Jack Drummond and Cynric Temple-Camp declared a conflict of interest with some of the cases mentioned in the confidential section of the operating report.

Stephen Paewai declared a conflict in relation to item 6.1 and parts of item 16 (part 2 of the agenda) due to his directorship of Tararua Hauora Services.

6.6

The CEO advised Karen Naylor had not received the information regarding employment relation settings, due to her employment relationship with the Board.

4. MINUTES

It was recommended

> that the minutes of the meeting held on 5 February 2013 be confirmed as a true and correct record, subject to amending the third sub-paragraph under paragraph 6.1 to read: "It was suggested *information should be developed* for patients and the public to see and understand what information was being collected and stored about individuals and how it was stored."

4.1 Recommendations to Board

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

5. MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes.

6. STRATEGIC/ANNUAL PLANNING

6.1 Non-financial Monitoring Framework and Performance Measures – Quarter 2 2012/13

An overview of the report for quarter 2 was provided, summarising some of the key points. Indicators reported this quarter included those for mental health and addiction services, otherwise there was a similar range of measures and reporting items as last quarter. Three of the national health targets continue to be achieved, and improvements were made in cardiovascular disease risk assessments and shorter stays in ED. Diabetes detection continues to be an issue although diabetes management was close to target. There is more emphasis on changing to a diabetes care improvement package, and for the 2013/14 year onwards there will be an emphasis on access to and management of medications (such as statins and antihypertensives) for people with diabetes. The ambulatory sensitive hospitalisations rate for children continued to be outside the national rate (with conditions such as dental, pneumonia, upper respiratory/ENT, gastroenteritis, cellulitis and asthma being in the top group). Standardised intervention rates are also below the national rates; more emphasis is being placed on cardiology procedures and cardiac surgery standardised intervention rates, which continue to be a challenge across the region as well. Noted that there was an improvement in the intervention rate for major joints, and a similar rate for cataracts compared to the previous year.

Stroke rehabilitation – clarification was sought in relation to MCH's approach to this service, as it appeared there were differences in opinion of the best approach and model to adopt across the region.

It was noted that the Child Health Team keeps a watching brief on the ASH rates for children and considers the development of collaborative clinical pathways relevant to the ASH conditions, such as gastroenteritis and cellulitis. There are timeframes for delivering these pathways.

Positron Emission Tomography (PET) Scanning – it was clarified that the table reporting the PET scan volumes related only to MDHB scans. Generally RCTS patients with a confirmed diagnosis should have had any required PET scans undertaken earlier in their pathway at their DHB of domicile (who report their own volumes), the few exceptions to this relate to a need for a PET scan to assist treatment planning or decision making, largely for RCTS.

It was recommended

> that this report be received

6.2 Disposal of ex Foxton district Nurses Property

It was suggested this property might be useful to the Integrated Family Health Centre. However Management said this was doubtful given its distance from the location of the proposed new centre. The first stage in the disposal process was to publicly announce the intention to dispose of the property to see if there was any interest in it.

It was recommended

> that the property at 10 Whyte Street, Foxton, be disposed of subject to the Minister of Health's approval and Management undertaking all related disposal processes, and further that
>
> the Chief Executive Officer be authorised to sign all related documentation.

7. OPERATIONAL REPORTS

7.1 Provider Division Operating Report – January/February 2013

Water Shortage –the current drought and water shortage throughout the North Island was discussed. The hospital has approximately 12 hours back-up supply from its on-site bore, after which ` water would have to be brought onto the site. A shortage of water had never arisen before, but during the current drought, the town reserves had dropped to about only two weeks' supply remaining. The Group Manager, Commercial Support advised Management would consider putting in some under-ground storage tanks in any future redevelopment.

In January 2013, Management ran a power outage exercise and it was suggested it could be useful to have a similar exercise with water so that there was better knowledge of the actual reserves.

The Director of Mental Health had asked what mental health support was available for rural communities in drought-affected areas, specifically whether the DHB was experiencing a higher than normal demand for services from farmers and rural communities, and whether the DHB was involved in any cross-sectoral or cross-agency initiatives to support farmers/rural communities. So far there had not been any significant change in referral patterns or more people from the rural sector accessing services, but the matter was being closely monitored.

Results – it was noted that the appendices included in this report were for January only. The February results would be included in the next report.

Elective Services Patient Flow Indicators (ESPIs) – The national incentive fund to support DHBs to further reduce their elective waiting times was noted. There are two components:

- A payment would be made to a DHB when the ESPIs show there are no patients waiting longer than five months for **BOTH** First Specialist Assessment (FSA) and treatment. This is 50% of the DHB's population based funding formula share of the total incentive funding.

6.8

- The second payment is made when ESPIs show that **All** DHBs within the region have no patients waiting longer than five months for both FSA and treatment. The regional component is 50% of the incentive funding.

The five month target does not start until 1 July 2013. Until then, the six month target had to be maintained.

The measurement criteria for the ESPI 2 five month target was not included in section 5.1 of the report. It would be noted in the next report.

There was discussion regarding the calculation of the ESPI result in terms of counting "urgent" patients. It was clarified that even though all urgent patients were accepted, there would still be a small number of patients coming onto the system.

The Ministry had looked at the DHB's situation yesterday and were comfortable MDHB would achieve the targets, given the various plans and strategies in place.

Members were updated with the March results for appendix 5 ESPI 2. Of the 451 new patients waiting greater than 5 months for a FSA, the number had reduced to 239 in March, of which 112 had a booked appointment. In terms of surgical patients, of the 42 waiting greater than five months, 22 have a booked appointment.

Patients could not be accepted into the service and then told they could not be seen and that they would have to go back to their GP. The process of whether or not there was capacity to see a patient must be transparent for GPs and primary providers.

The issue of *"texting" and data security* was raised. This issue has also arisen in cases referred to the Health & Disability Commissioner. A member emphasized care has to be taken in terms of accepting new technology and its appropriate use, particularly clinical information. Management advised the reference made by the Medical Council and noted in the Operations Report was in relation to interns using this method to communicate messages, for example about an absence from work.

Telestroke project – The issue of liability for any errors that might arise under this project, where the service provider was in another country, was raised. Management advised the matter had been discussed by the Medical Council, Medical Protection Society, and MDHB's insurers. The clinicians were credentialed under our credentialing system to provide services to MCH. It was also noted this was a pilot and would be evaluated.

Down Syndrome DVD – Barbara Robson asked if she would be able to view this DVD. This will be organised.

In relation to there being full employment at the moment, Management advised that whilst locum costs had reduced there were still some locums employed by the DHB. Increasingly standard rates were paid to locums across the country, particularly RMO locums. The full employment also meant volumes were the highest recorded to date as there was greater capability to deliver services. The reported bed occupancy level was in relation to the medical bed occupancy, and was taken at midnight. The efficiency margin for this measurement was 85%, which allowed for movement of patients and avoided any backlog in ED.

MCH was looking at the impact the free after hours access for 0-6year old children might be having on ED. There was work taking place to determine the diagnosis of the children presenting, and to see what else could be done by the PHOs to prevent some of these presentations at ED after hours.

Management advised that utilising statutory holidays for cancer treatment was considered when treatment was planned. Clinical considerations took precedence in terms of what gap there should be clinically between treatments, given most patients have five treatments per week (for radiotherapy). Consequently, treatment is often given on a public holiday both to maintain the treatment schedule and to support the continued achievement of the waiting time target.

Planning for the usual winter ailments has been done, with a number of initiatives available. A new initiative was the Variance Response Management tool which provided a snapshot of service demand. Whether a ward could meet demand or needed additional resource was colour coded onto a screen. Management offered to provide a snapshot of the screen to the next meeting. Other initiatives included the possibility of opening additional beds in the Medical Assessment & Planning Unit if required, and looking at having some of the geriatricians available in ED. DHBs would present and share their winter planning initiatives at a meeting in Wellington on 8 May.

It was recommended

that this report be received

8. GOVERNANCE ISSUES

8.1 Work Programme 2012/13

Management outlined what the reports scheduled for the next meeting would cover, following which members had an opportunity to advise of any other areas they would like included.

Shorter Stays – the report would update progress, include more detail around winter planning, what the shorter stays target is and what it means, a summary of progress against initiatives in the last report and an update from the ED Project Manager who started in January. Management were asked to include a breakdown by speciality of the patients who stayed longer than the target time.

Cancer Services – the report would focus on the work around shorter waits for cancer treatment, and improved access via programmes for breast and cervical screening. This will include a report on the progress with shorter waits for radiotherapy and chemotherapy recognising this was now part of the Faster Treatment Cancer programme. The digital mammography implementation and work in the wider sector on screening including Iwi/Maori and primary health would be included.

A member mentioned a recent media discussion that alleged the breast screening strategy was racist to non-Maori and non-Pacific women, as they were being charged for the service. The member was asked to provide more information on the incident, so Management could report back on it.

Staff culture safety survey – the report would provide an update on the key findings of the survey undertaken last year, covering the six key themes that came out of it. The work programme has been in place since December, and an update on progress on each of the initiatives would be provided.

It was recommended

that the updated work programme for 2012/13 be noted

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

30 April 2013

6.10

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: : DHB Employment Relations Settings : Staff Investigation : Potential Serious / Sentinel Events / Complaints	 Negotiating Strategy To protect personal privacy To protect personal privacy	 9(2)(j) 9(2)(a) 9(2)(a)
2013/14 Annual Planning	Subject of negotiation	9(2)(j)