

Unconfirmed Minutes

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 24 April 2012 commencing at 8.45 am in the Board Room, MidCentral District Health Board

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Kate Joblin
Richard Orzecki

Stephen Paewai
Barbara Robson
Kerry Simpson
Phil Sunderland

In attendance

Murray Georgel, CEO
Mike Grant, General Manager, Planning & Support
Carolyn Donaldson, Committee Secretary

Pat Kelly, Board Member (part meeting)
Karen Naylor, Board Member (part meeting)
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Lyn Horgan, Operations Director, Hospital Services
Chris Channing, Business Manager, Planning & Support
Digby Ngan Kee, Clinical Director, Regional Women's Health Service (part meeting)
Leona Dann, Midwifery Director, (part meeting)
Carrie Naylor-Williams, Nurse Director, Emergency & Hospital Coordination Services (part meeting)
Barbara Bradnock, Portfolio Manager, Child & Youth Health (part meeting)
Brad Grimmer, Senior Portfolio Manager, Health of Older Persons (part meeting)
Vivienne Ayres, Manager, DHB Planning & Accountability
Robyn Shaw, Manager Electives (part meeting)
Communications (1)
Public (1) part meeting
Media (1) part meeting

1. APOLOGIES

An apology was received from Cynric Temple-Camp. Kerry Simpson apologised for lateness.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

Barbara Robson advised she was no longer involved with the Health and Disability Commissioner Consumer Advisory Group.

3.2 Declaration of conflicts in relation to today's business

Jack Drummond declared a possible conflict of interest with some of the cases mentioned in the confidential section of the operating report.

6.7

4. MINUTES

4.1 Recommendations to Board

It was recommended

that the minutes of the meeting held on 13 March 2011 be confirmed as a true and correct record.

5. MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes.

6. STRATEGIC / ANNUAL PLANNING

6.1 MDHB Women's Health Service Capacity

Members were referred to the advice from Whanganui DHB contained in an open letter to the Whanganui community, wherein the DHB advised they were reasonably confident they would have an ongoing 24 hour, seven day a week Women's Health Service for the foreseeable future. This was due to the appointment of a third obstetric and gynaecology specialist from the United Kingdom, and an employment offer to a fourth O&G specialist. The open letter also advised the consultation process was still valid with feedback being received. This could mean more than one option was put forward for this service. However, medical staff would still be required between now and whatever arrangements were put in place, and the commitment to provide a report to both DHBs in June would be honoured.

The discussion on the paper covered a number of topics. The utilisation of the delivery suite was explained. The 85% utilisation represented MidCentral Health's (MCH) standard in terms of resourcing the total bed capacity. It was noted that having access to the Assessment Unit and the Women's Surgical Unit beds had been beneficial as it allowed bed flexibility when required. If required, the beds in ward 27 could also be utilised when surgical procedures meant the beds in the surgical unit were not available.

The facility plan was around an additional theatre and to a range of changes in the Maternity Unit, including an extension to the assessment area. There was an adjustment to inpatient beds to effectively provide three more beds in the inpatient area. This should provide sufficient beds to manage the additional capacity.

The vulnerable areas that might impact on MCH were identified as the requirement for the new O&G specialists to go through the supervised vocational registration process, and the ability of the current consultants to continue working. The need for MCH to back up the Whanganui DHB in terms of specialist care was also noted.

Other topics raised were the motel arrangements, on call rosters for midwives, emergency response protocols around accessing helicopters and transport requirements/arrangements, ensuring arrangements were in place and available when required, referrals, approvals for staying overnight and accommodation at the Whare Rapuora, duty of care for caesarean sections, and packages of care for the women.

It was recommended that

this report be received

6.2 Progress in delivering Shorter Stays in Emergency Department update

Members acknowledged the good work being done by staff to achieve shorter stays in ED.

Kerry Simpson arrived.

The minor works station in ED and patient "streaming" initiative was explained in more detail for members. Under the system, the clinical nurse specialist team would be able to dispense some medications according to the standing orders. A senior ED clinician would be available who had sign-off on what the team did. Management clarified that there was some

difficulty in having diagnostic tests done at weekend and after hours, and the service was looking to see if systems could be improved.

Karen Naylor left the meeting.

Management further clarified that access to diagnostics for acute patients was available, but not for patients waiting to be discharged. It was also confirmed that there were no protocols in place for the very elderly or paediatric cases to be reviewed by a senior clinician, or a policy on re-presentations within 24 hours to ED. However, if a patient returned within 24 hours with the same problem, it was an unwritten ED policy for that person to be seen by a more senior staff member.

The "Never say no" campaign was seen as more than obtaining agreement to move patients between wards - it was also about the responsibility of clinicians.

The media representative left the meeting.

The impact of the St John's response unit in Horowhenua on the number of patients arriving from that area, was not known. Some information had been published by the Urgent Emergency Care project, but MCH did not know how many patients treated under that project would have come to Palmerston North.

It was recommended that

 this report be received

6.3 Health of Older People Annual Plan 2011/12 update

The national availability of residential beds was raised. Management clarified the current situation, advising that at the moment the market force was operating just ahead of demand. If that situation was maintained, MCH would have sufficient beds. It was a delicate balance between having sufficient beds, and building more and then having too many. The general availability of beds, and service specifications for home based support services were discussed. Management advised the national home based support service specifications that were currently being revised would include additional categories of care particularly around personal care packages for people with chronic conditions. A paper was being developed for the Board that setting out that information. Management also confirmed that people were not being sent out of this area for respite care. The Packages of Temporary Support initiative was noted as being a good way to support patients who did not require medical care, but did need some personal care support.

Management confirmed there was sufficient capacity in the region to cover unexpected situations like a provider having to close a facility for a while.

It was recommended that

 this report be received

6.4 Better Help for Smokers to Quit update

It was recommended that

 the report be received

6.5 Increased Immunisation update

It was noted that pupils of schools that did not support the Human Papilloma Virus (HPV) immunisation programme were offered alternative options through either Public Health Services or GPs.

It was recommended that

 this report be received

6-9

6.6 2011/12 Regional Services Plan implementation update

It was recommended that
this report be received

7. OPERATIONAL REPORTS

7.1 Provider Division Operating Report – February/March 2012

As the issue of whether MRIs were being used as a substitute for ultrasound because of difficulties in accessing ultrasounds had been raised in various discussions, a review of referrals for February MRIs was undertaken. It was found that most were appropriate based on the clinical indications, with only a few MRIs being marginal.

Management explained the process used for specialling (or nursing observation). There was one cohort room where care assistants specialised patients. The care assistants were supervised. A second cohort room was being set up, with the two rooms sharing bathroom facilities. As the number of patients being specialised was high, the clinical nurse specialist was reviewing referrals to see if they were appropriate. It was noted that MCH's processes were similar to those used by other DHBs.

Locums were being used in a number of key areas, and were essential for service delivery. There were still a significant number of vacancies for senior medical officers in mental health, and parental leave and resignations had occurred in other services.

The personnel and outsourced personnel per service line for Hospital & Associated held provisions for future costs. The provisions were transferred to the respective cost areas as the costs were incurred, and mainly related to MECA increases. The overall management was around total costs and was driven by activity, with resources being applied accordingly.

Management were confident the waiting time targets of no patients waiting more than six months by the end of June for first specialist assessments and treatment would be achieved. Some areas had achieved the target of having no patients waiting more than four or five months.

Members were advised a report had been received following the March visit of the Mental Health Commission.

It was recommended that
this report be received

8. GOVERNANCE ISSUES

8.1 Committee's Work Programme 2011/12

It was agreed the update on the Child & Adolescent Oral Health Service would be provided in August.

The recent publicity on "metal on metal" hip implants was raised. Management advised MCH did not believe it had any patients affected by this problem. Members would be informed of any implications if this situation arose.

It was recommended that
that the updated work programme for 2011/12 be noted.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

5 June 2012

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:

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	
Operations Report: : Potential Serious / Sentinel Events / Complaints	To protect personal privacy	9(2)(a)
2012/13 Annual plan	Under negotiation	9(2)(j)
Contracts update	Subject of negotiation	9(2)(j)