MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 26 November 2013 commencing at 8.45 am in the Board Room, MidCentral District Health Board

---

PRESENT

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

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

Karen Naylor, Board Member (part meeting)
Diane Anderson (part meeting)
Adrian Broad, (Board Member elect)
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Cushla Lucas, Service Manager RCTS (part meeting)
Rodney Mackenzie, (Business Support)
Carrie Naylor-Williams (Nurse Director, Emergency Department – part meeting)
Amanda Driffill (Service Manager, Medical Services – part meeting)
Vivienne Ayres (Manager, DHB Planning and Accountability – part meeting)
Dr Jerry Varghese (Clinical Director, Mental Health – part meeting)
Dr Digby Ngan-Kee (Clinical Director, Women's Health – part meeting)
Leona Dann (Regional Midwifery Director – part meeting)
Communications (1)
Media (1)

Welcome

Before beginning the meeting, the Chairman extended a welcome to Janine Rankin, the media representative.

1. APOLOGIES

Dr Cynric Temple-Camp apologised for lateness. Richard Orzecki apologised for leaving the meeting early. There were no other apologies.

2. LATE ITEMS
There were no late items.

5-6

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:

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.

Duncan Scott in relation to item 7.8 "centralAlliance: Medical Imaging Landscape Report" as he was general manager and company director of Broadway Radiology Limited.

Stephen Paewai in relation to items 7.3, 7.5, 7.6 and 7.8 due to his involvement as a director of the Central PHO and as a trustee, Tararua Hauora Services.

As these 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 15 October 2013 be confirmed as a true and correct record, subject to adding the following section on page 4:

Surgical 'Pool Lists' by Procedure

Ms Robson asked if MCH was using the Essure medical device instead of tubal ligation. Management confirmed this was correct.

4.1 Recommendations to Board

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

5. MATTERS ARISING FROM THE MINUTES

Regional Women's Health Service Implementation Report – Maori Advisory Group

In response to a query regarding the end date of the Maori Advisory Group, Management advised the group would run for 18 months ending in December 2014.

Cynric Temple-Camp joined the meeting.

6. WORK PROGRAMME

It was recommended

> That the updated work programme for 2013/14 be noted.

7. STRAGIC PLANNING

7.1 Regional Services Plan Implementation – Quarter 1 2013/14

CRISP

Concern was expressed at the possible impact the delays of developing the CRISP programme might have on both Whanganui and MidCentral DHBs. It was acknowledged that CRISP was probably the highest risk to achieving the Regional Service Plan objectives. However, there was a significant programme of work being done. Examples were noted as the e-pharmacy, maternity unit implementation from February/March, a further upgrade the clinical portal (Concerto), and a network upgrade. Although there was frustration with

the delays, the time was being used appropriately to further enhance work and implement the maternity and pharmacy systems.

Rheumatic Fever/Stroke Service

MDHB does not have any high incident areas in relation to rheumatic fever (very few cases of hospitalisations for acute rheumatic fever). The original determination that we were a "high incidence DHB" has been subsequently reviewed and approval received from MoH in September to be downgraded to a "low incidence DHB". MidCentral's Rheumatic Fever Prevention Plan reflects commitment to maintain low incidence of acute rheumatic fever to ensure Government's five year target is achieved.

Stroke Service

The current year target for ensuring appropriate access to thrombolysis for stroke patients was confirmed as being: 6% of potentially eligible stroke patients thrombolysed. MCH's rate for quarter 4 was better than target at 10.5%.

Clarification post meeting: An eligible stroke patient is one who has an ischaemic or undetermined stroke. Other strokes, such as intracerebral haemorrhage (ICH), transient ischaemic attack (TIA), or mimics are excluded. The national target of 6% is based on seeking an improvement on current rates for selected patients and the criteria for thrombolysis founded on evidence based clinical guidelines (refer NZ Clinical Guidelines for Stroke Management).

It was recommended

that the report be received

7.2 2014/15 Regional Services Plan Development – Approach and Timeline

Barbara Robson declared her interest with this item as she was a consumer representative on the Maternity Information Systems Programme Steering Group.

It was acknowledged that resources and change management were required for implementing the Maternity Information System, however concern was expressed that the implementation was slipping. Management advised a paper would be presented to the Board for upgrading the network, along with the business case for e-Pharmacy and landscaping of the IT environment. This work would provide prioritisation and confirm dates for the work, which would be done within the current financial year.

The self care portal was referred to, noting it mainly involved the PHO and General Practices implementing it in their practices. MDHB was looking after the over-arching perspective of the system to ensure there was a unified approach.

A member referred to the Remote Monitor, noting it was not included in the report. Management advised this had not been included on any of the national IT priorities sent out to the sector.

Diane Anderson joined the meeting.

Management were asked if they could check this out with the National IT Board. Management advised the Crown entities had not yet released their prioritisation of investment for services. The number of projects set was often too challenging for the sector, resulting in the reduction of some of the priorities.

Mr Sunderland noted this was a very specific report. He advised the Regional Governance Group had held a workshop to look at introducing more strategic direction in relation to what planning was required regionally. That process would continue and overlay the specific work imposed on the DHBs.

S-8

It was recommended

that this report be received.

7.3 Secondary Care update

The Shorter Stays in ED target was discussed. The preference for doctors to provide a quality service for patients rather than achieve the six hour target was mentioned. Management advised MCH was focusing on what was best for patients and moving them through the systems in a clinically appropriate way, as achieving the target would follow. The current work to improve results had been addressed by several different clinical directors who looked at a number of different strategies to improve processes.

Fracture Liaison Service

The establishment of the national hip Fracture Registry was noted. The member raising the issue acknowledged it was well intentioned, but was concerned at the potential for quite strong medication with significant side effects. Management advised there were other registers, but it was not yet known where they would be placed. The member was concerned that the public would not be aware of where information was being kept.

Elective Services

The poor elective service results for patients waiting greater than five months for a first specialist assessment, or with certainty of treatment was raised. Management explained there were a number of reasons why this had occurred, eg vacancies, delays in the arrival of two permanent anaesthetists, annual and sick leave, and significant College/Orthopaedic Association commitments. Steps taken to mitigate the situation included the arrival of newly recruited staff, advertising one of three anaesthetic technician vacancies as a training position, and an additional theatre list provided by orthopaedic consultants which would be a mix of a weekday evening list and a Saturday morning list.

The management of senior medical officers' external commitments was raised. Currently colleagues have supported one another to undertake the commitment. Management agreed it could be an area for consideration in next year's planning.

Mobile Surgical Bus

A member asked if this service was still operating and supported by the DHB. Management confirmed arrangements were still in place, with the bus arriving every five weeks. There were occasions when it was difficult to find suitable patients for the type of procedures undertaken on the bus and other patients were willing to travel to have their procedure done.

Diagnostic Wait times for Colonoscopy

A member asked for information relating to the length of time patients in each category waited for their procedure.

Angiography Indicators

Management agreed to provide more information on the process in relation to patients presenting with Acute Coronary Syndrome, in terms of whether a consent form was signed or data was de-identified before being sent to the registry database collection site.

Recovery at Home

Management clarified those patients who were under the Recovery at Home service, were under their GP's management, and were not hospital patients.

Mahi Tu Maia (Employment Coaches)

This initiative was set up to support recovery for Maori who experienced mental illness and were now looking to explore the most appropriate employment option. There has been very good engagement in terms of other organisations involved with MCH in this initiative.

Clinical Nurse Specialist – Maternal Mental Health

This role was established to provide support to the wider sector in relation to maternal mental health. The establishment of the role has strengthened collaboration with other groups to support better maternal mental health services in our district.

It was recommended

that this report be received.

7.4 Ambulatory Care Facilities review update

The urgent need to address the current ambulatory care facility space to allow services to continue and improve was stressed, with Members agreeing it should not be left another five years or so until the Master Health Service Plan was implemented. Services would either have to move off site or changes would have to be made to current arrangements.

The proposal was part of an overall project to reconfigure systems, including a move to wireless technology systems.

It was recommended

that this report be received.

7.5 Non-financial Monitoring Framework and Performance Measures – Quarter 1 results, 2013/14

It was noted that the cardiac surgery and angioplasty intervention rates were below target. Management were unable to say why this was happening. It has been discussed by the Central Regional Cardiac Network for some time. Targets for seeing patients were being met, but the patients did not seem to be going on for surgery. Any patients requiring surgery received it.

The non achievement of the Better Help for Smokers to Quit target in ED was briefly discussed. Management confirmed the Department was continually looking at how they could improve results.

It was recommended

that this report be received.

Appreciation

As this was the last meeting for Dr Drummond, he took the opportunity to thank the Manager, DHB Planning and Accountability (Vivienne Ayres) and the MCH Directors for services received from them over the years.

Vivienne Ayres left the meeting.

7.6 Mental Health Update – "Rising to the Challenge – the Mental Health and Addictions Service Development Plan (2012/2017)"

Dr Drummond left the meeting.

The issue of information being denied to family members was raised, specifically in terms of what training was provided to staff particularly following the recent amendment to the Privacy Act and Code, and the way information was shared. Management advised a number of training sessions had been provided for staff. The Board's legal advisors have run the seminars, although not all staff would have attended them.

Cynric Temple-Camp left the meeting.

5-10

It was not known how many staff went through training, but there were Mental Health representatives on the Privacy Network and the legal advisors had run two sessions for them specifically addressing the changes.

Dr Drummond rejoined the meeting.

A rigorous process was followed when releasing any patient information. Clinicians working within the service were aware there was an expectation they should be working in partnership with the client and family, and recognising the family member's role as caregiver and sharing information appropriately.

It was recommended

that this report be received.

Cynric Temple-Camp rejoined the meeting.

7.7 Draft National Radiation Oncology Plan

It was recommended

that this report be received.

7.8 centralAlliance: Medical Imaging Landscape report

A number of issues were noted during discussion on this paper, including the growth of ultrasound in maternity, breast screening outreach to Whanganui and how it might work to maintain breast screening in that area, better use of the workforce with staff doing ultrasounds, CareStream, the new Windows operating system, storage and CRISP. It was also noted that the PHO were the budget holder for community diagnostics.

The difference in reporting between the two DHBs was raised as aspects of Whanganui DHB reports were more detailed than MidCentral DHB's reports. Management advised reporting would be done in an equivalent manner going forward.

The issue of funding per 1,000 population was noted, as Whanganui DHB's level was identified as being lower than MidCentral DHB. Ms Joblin commented this would need to be clarified as Whanganui could not afford to spend more than it was currently spending. Future proposals would need to refer to established guidelines in respect to service delivery levels and expectations on DHBs to deliver to a certain level.

The issue of taking photographs on phones was raised. The importance of safe storage (not on a personal phone), was emphasised.

Richard Orzecki left the meeting.

Growth of knowledge and technology has been vast but would be even greater in future. Therefore DHBs need to be able to take advantage of any technology that assists in the provision of healthcare. Consideration had to be given now to putting processes in place so there delays were minimised.

It was recommended

that this report be received.

7.9 centralAlliance Initiatives update

It was recommended

that this report be received.

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report – August 2013

ESPI non compliance – the discussion earlier in the meeting was referred to. Generally targets were being achieved.

Finances – the whole organisation needs to make a surplus. The budget for the year has a "break even" for MCH and a surplus in the other divisions, as any redevelopment work had to be paid for.

Regional Women's Health Services

A member commented that both MidCentral and Whanganui's caesarean rates had dropped, against the national measure for reporting caesarean rates. Dr Ngan Kee advised caution when looking at trends, due to New Zealand's small population. He said trends over many years would need to be considered to see any statistical difference.

The staffing in MidCentral's maternity unit was referred to, with a member expressing concern about the effect that working additional shifts would have on midwives, due to the unit's busyness. The member felt the situation should be monitored to ensure adequate staffing levels were maintained, and said she would like it reported on for the next six months.

The Regional Midwifery Director advised what the staffing numbers in delivery suite were, noting that September had been very busy and more staff had been required. Ms Dann said MCH had recently participated in a TrendCare Nursing Study, which indicated the staffing was about right, although there were some peaks that were difficult to predict and respond to. The other area where the baseline staffing had been increased this year was in the night shift.

The number of women giving birth in hospital under the care of a consultant who did not have a Lead Maternity Carer (LMC) was discussed. Generally 91% of women in New Zealand had a LMC. The actual number of women birthing at MCH without a LMC was not available at the meeting. It was understood the number of women that came in with a LMC but may be transferred to the hospital midwifery team during birth was increasing. These events are being audited so the information could be gathered.. Dr Ngan Kee said the handover was not clearly defined as it varied depending on circumstance. It could not be predicted who was going to be transferred, and MCH had to expect patients as they were the last resort provider. Dr Ngan Kee said it was a very grey area between what was primary care and what was secondary care. It was a unique situation that did not happen anywhere else in the hospital.

It was recommended

that this report be received

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

4 February 2014

5-12

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 Adverse Events and Complaints	To protect personal privacy	9(2)(a)
Quarterly Report – Contracts	Subject of Negotiation	9(2)(j)
Price and Volume Schedule 2014/15	Subject of Negotiation	9(2)(j)

Appreciation

Before closing this section of the meeting, Mr Burnell thanked Dr Drummond for the work he had done as chairman of the committee. The wide ranging contribution made by Dr Drummond not only on this committee but also the Board was appreciated very much.