

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 28 August 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
Cynric Temple-Camp
Phil Sunderland

Unconfirmed Minutes

In attendance

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

Pat Kelly, Board Member
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Sue Wood, Director of Nursing
Chris Channing, Business Manager, Planning & Support
Dr Phillip Marshall, Clinical Director, Dental Services (part meeting)
Judy Boxall, Service Manager, Child Adolescent & Oral Health Service (part meeting)
Dr Glyn Thomas, Clinical Director, BreastScreen Coast to Coast (part meeting)
Cushla Lucas, Service Manager, BreastScreen Coast to Coast (part meeting)
Communications (1)
Public (1)
Media (1)

1. APOLOGIES

An apology was received from Kerry Simpson.

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:

Stephen Paewai for item 6.5, due to his directorship of the Central PHO

Cynric Temple-Camp for item 6.2/item 16 due to his membership of MidCentral Health's BSCC Governance Group

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

There was discussion regarding Cynric Temple-Camp's conflict. Dr Temple-Camp advised the governance group monitored the national breast screening standards to ensure they were being met. It was agreed Dr Temple-Camp could provide expertise to the discussion in part 1, but would exclude himself from debate in the part 2 discussion of the Digital Mammography business case (item 16).

4. MINUTES

It was recommended

that the minutes of the meeting held on 17 July 2012 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

There were no matters arising from the minutes.

6. STRATEGIC/ANNUAL PLANNING

6.1 Child & Adolescent Oral Health Project update 1

Members were reminded that this project was not just a change in facilities but also a change in the model of care, ie from a surgical model to a preventative model, which will take time to achieve.

Clarification was sought on a number of things.

- Access for disabled children, particularly children in wheelchairs who are accessing dental clinics in Feilding and Tararua. Management advised these children should not be seen in the mobile units, but should be using the existing school facilities in Tararua and Feilding, until the Integrated Family Health Centres in both Dannevirke and Feilding are in place.
- The decision to count enrolments at the first point of contact ie registration, rather than the current way of "in the chair"; and the decision in future to recall patients according to clinical assessment were noted. The definition of registration in relation to pre school children was recently changed, and a child was considered enrolled once the registration form had been received and an acknowledgment sent out, for our service to be consistent with the national approach. Information regarding the service was included with the enrolment acknowledgement response.
- The progress made to reduce the arrears in the Horowhenua region, was noted.
- Under the changed model of care, there will be more contact with parents. This will include communication regarding the changed recall process.
- Funding provided under the capital programme. Management explained that by the end of the current financial year, the Ministry of Health will have fulfilled its capital contribution to the project.

Coverage for Maori was raised. Management were asked to provide more information to the next meeting in terms of the proportion of the Maori "did not attend" rate and what shift there had been in the rate since the last report. A request was also made for consistency in reporting territorial areas, ie Horowhenua including Kapiti Coast or excluding it.

It was noted that during the implementation/transition period of the new service, the focus was on improving productivity levels. Reducing inequalities would be next, but this will not be possible until there are robust systems in place.

It was recommended
that this report be received

6.2 Digital Mammography business case

It was agreed the recommendation would be considered following discussion on the financial analysis in part 2.

It was noted that disabled women would be able to access the mobile unit.

The relationship with Orion Health, the information systems provider, was being centralised nationally. This would provide a single relationship that allowed the National Screening Unit (NSU) to ensure there was a robust contract system in place.

An IT programme manager had been supporting management to prepare information for the business case, and would continue with the detailed design work. A dedicated programme manager had been appointed starting at the beginning of October to manage the various work streams for the project.

6.3 Regional Women's Health Service update

Members were reminded a workshop was scheduled for 10 September to present how the development plan will look and to seek guidance as to what else should be included.

A member expressed concern regarding Maternal Mental Health, saying she felt it was important the regional women's health service interfaced with that service. Management advised this was an area that had been identified within the development plan as an interface. It was important to note that this was a separate work stream being undertaken by mental health services.

The Committee discussed the engagement process emphasizing that the learnings from the earlier process had to be considered. Management confirmed there was engagement and that the inclusivity of other groups was wider than previous. The approach taken would use a framework that would give a wider stakeholder participation and engagement. There would be staff only sessions as well. Management felt clear parameters must be set going forward consistent with the Boards' resolutions.

It was recommended
that this report is received

6.4 2012/13 Regional Service Plan Implementation update

This report straddled three financial years, due to its timing. A member asked what the overlap was between the poly-pharmacy specialist medicine advisory service and the new pharmacy agreements. Management suggested the new agreement would accommodate this service in the new pharmacy agreement. Management also advised that a report was being prepared for the Community & Public Health Advisory Committee on the medicines use review, which had a skill level beyond what was required under the new pharmacy services agreement.

A committee member referred to the recently released report on ACC privacy issues, stating it had some excellent recommendations that other organisations should be cognisant of. Management advised they had commissioned PriceWaterhouseCoopers to do a report which covered privacy and security.

It was recommended

that the report be received

6.5 Non Financial Monitoring Framework and Performance Measures – Q4 update

Health Targets/Shorter Stays in ED

Members discussed the situation regarding people who, appropriately, would be in ED more than six hours. However, the focus of the initiative was on programmes or service improvements for the whole of the hospital, that removed any barriers or hindrance that delayed or prevented patients from leaving ED.

It was noted that MCH had a high average length of stay and re-admission rate. Clinical Directors regularly received a report on the average length of stay, and they worked with their clinicians in terms of discharge planning. There was some work being done around the re-admission rate. A number of patients were regularly admitted due to the nature of their illness. MCH was working with both patients and their primary providers to develop a plan of care that meant the patients did not need to re-present into ED. Management agreed to provide a report on the re-admission work.

It was recommended

that this report be received

6.6 Contracts update

It was recommended

that this report be received

7. OPERATIONAL REPORTS

7.1 Provider Division Operating Report – May 2012

In relation to the elective services patient flow indicator measure, members were advised patient bookings for treatment were usually made about three weeks in advance. MCH did not have the systems in place to support giving all patients a booking date for treatment at the time of their specialist appointment.

Certification/Accreditation Audit - there were three high priority actions to address, arising from the recent certification audit. A report will be provided to the next meeting on progress with this work. The corrective action relating to call bells in part of ward 21 was raised. Management advised this related to having an audible alarm in the staff area. The current call bell system had been in place in previous audits, however it was unacceptable to the new surveyors. The corrective actions relating to documentation of observations and medications related to staff not always completing documentation fully. It was felt that changing from the current paper based system to an electronic system would help, as there were hundreds of observations done daily. The Senior Management Team has been asked to take ownership and monitor progress in addressing the corrective actions.

Staff Safety Survey – this updated at the last board meeting, and would come back to the next board meeting.

There was a brief discussion on some of the scorecard results, specifically the day case surgery as a proportion of total elective and arranged surgery, and occurrence rate of selected incidents per thousand bed days. It was noted the target was a national guideline, rather than a MCH measure. MCH's results were higher than the target, which possibly reflected the complexity of cases. In relation to the incidents, MCH has separated out the medication errors and falls and reports on them separately.

It was recommended

that this report be received

8. GOVERNANCE ISSUES**8.1 2012/13 Reporting Framework**

Members were reminded of the regional women's health service workshop scheduled for 10 September.

It was recommended

that the Committee's 2012/13 work programme be noted.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

9 October 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)
Digital Mammography business case – financial analysis and procurement	Competitive pricing/information and subject to negotiation	9(2)(j)