

MidCentral District Health Board

**Minutes of the Hospital Advisory Committee meeting held on 3 May 2011
commencing at 8.30 am in the Boardroom, MidCentral District Health Board**

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Kate Joblin
Richard Orzecki

Barbara Robson
Phil Sunderland
Kerry Simpson
Cynric Temple-Camp

In attendance

Murray Georgel, CEO
Mike Grant, Acting General Manager, Corporate Services
Carolyn Donaldson, Committee Secretary

Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Chris Channing, Manager, Planning & Performance Unit
Anne Amooore, Lead HR Consultant
Shirley-Anne Gardiner, Operations Manager
Ian Ironside, Portfolio Manager, Secondary Care
Communications (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

There were no conflicts of interest declared. However, the CEO advised the part 2 paper on Nurses and Midwives MECA/shift allowances had been removed from Karen Naylor's agenda papers with her knowledge, due to her employment/involvement as a national NZNO board member.

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held on 5 April 2011 be confirmed as a true and correct record.

4.2. Recommendations to Board

To note 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. OPERATIONAL REPORTS

6.1. Provide Division Operating Report – March 2011

Locums

It was noted the number of locums had reduced significantly in all DHBs. However, this could increase in the next quarter as a number of RMOs returned to the UK.

ACC Claims/Doubtful Debts

There was discussion on the \$300k provision for doubtful debts. This provision was based on the level of rejected ACC claims year to date. Management explained the steps taken in relation to ACC revenue, to ensure systems were efficient, staff were trained, revenue was captured as appropriate, and good relationships were maintained with ACC staff.

Smoking Cessation Target

The Committee discussed the possibility of following up on people provided with advice and help to quit smoking, to see how many did actually stop smoking. Management advised they tried to get some success stories to use in communications, but it was difficult to track information and see how many people stopped smoking. This might be done in future in the primary sector, as primary care would see patients more often than secondary care. It was noted that our responsibility was to advise people of ways and means to stop smoking, it was not to stop them smoking.

National Medication Chart

The most significant change arising from the national medication chart was the requirement to re-write the chart if a patient stayed in hospital longer than seven days. However, feedback so far had been positive; a few suggestions had been made to improve some sections, but generally the roll-out was going very well.

Diabetes Nurse Specialist Prescribing

It was suggested that when this initiative was evaluated, the patient's perspective should be included in the evaluation.

Patient Focused Bookings Project

Management advised patient focused bookings would be trialled in five areas including colposcopy and ophthalmology initially.

MidCentral Health / Whanganui DHB Gynaecological Surgery Initiative

The benefit of this initiative for the women able to have their surgery in Whanganui was acknowledged. Management advised they were looking a few issues that had come out of the project, eg referral thresholds and the benefit of developing clinical pathways to guide referrers. It was noted that GPs did not hesitate to refer patients and generally the referrals were accepted for FSA.

Lindsay Burnell left the meeting.

Scorecard Performance Indicators

Management explained the importance of the performance measure of inpatients who developed pressure ulcers during admission, advising it was an indication of the nursing care provided to the patient. This measure was one of a number of wider measures.

Lindsay Burnell returned to the meeting.

Elective Services Performance Indicators (ESPIs)

Management confirmed MidCentral Health reported against these indicators on an “exception” basis, with the Committee being informed if there was any non compliance. Any issues outside the ESPI reporting could be covered in a workshop environment, where a decision on how to manage them could be made. Management also confirmed they were reasonably confident that reporting was being done correctly although they were always looking to improve systems.

Unfunded Volumes

It was noted there were approximately \$3.5m unfunded volumes in ED. The Acting General Manager Corporate Services explained that when the price volume schedule was agreed, there were three MCH services (Emergency Department, Women’s Health and ATR Services) where the 2010/11 target volumes were lower than the anticipated level of service provision. However, for 2011/12, the variance was expected to be significantly less, as MDHB had been working over the last few years to get the level as close as possible to demand.

It was recommended

that this paper be received

6.2. Child & Adolescent Oral Health Project – 2010/11 Quarter 3 update

Members were advised of an error on page 6.25 of the agenda papers, second paragraph. The reference to 2,300 volumes should read 2,300 **appointments**.

Ms Robson advised she had discussed a number of concerns she had with Management prior to the meeting. These concerns had been answered. They related to the time taken to get the mobile units electrically compliant, the status of the arrears of children not seen in twelve months, pre school registrations, and other issues she had heard about in Horowhenua.

In relation to Horowhenua, Management advised they had not received any communications about concerns in Horowhenua, and would welcome any feedback on this matter. It was suggested an update on DNAs and arrears could be included in the next quarterly report.

It was recommended

that this report be received

7. GOVERNANCE ISSUES

7.1. 2010/11 Work Programme

Ms Robson raised the issue of concerns around children with skin infections and the rate of their admission to hospital. She suggested it would be interesting to follow up on this matter. Management advised there had been some comment from the Clinical Director, Child Health about this matter, and offered to provide a brief update in the next operations report.

It was recommended

that the updated work programme for 2010/11 be noted.

8. LATE ITEMS

There were no late items.

9. DATE OF NEXT MEETING

7 June 2011

10. 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: Human Resources update – Employment Contract Negotiations	Subject of negotiation	9(2)(j)
Nurses & Midwives MECA – Shift Allowances	Subject of negotiation	9(2)(j)
Quarterly Report – Contracts	Subject of negotiation	9(2)(j)