

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 4 February 2014 commencing at 8.45 am in Rooms A&B, Education Centre, MidCentral District Health Board

PRESENT

Barbara Robson (chair)
Lindsay Burnell
Kate Joblin
Karen Naylor
Richard Orzecki

Phil Sunderland
Cynric Temple-Camp
Duncan Scott
Stephen Paewai

Unconfirmed Minutes

In attendance

Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Murray Georgel, CEO
Carolyn Donaldson, Committee Secretary

Diane Anderson (part meeting)
Adrian Broad, Board Member (part meeting)
Nadarajah Manoharan (Board Member)
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Anne Amooore, Manager, Human Resources and Organisational Development
Rodney Mackenzie, (Business Support)
Catharine O'Hara, IV Clinical Nurse Specialist (part meeting)
Vivienne Ayres Manager, DHB Planning and Accountability (part meeting)
Dr Digby Ngan Kee, Clinical Director, Women's Health (part meeting)
Kenneth Clark, Chief Medical Officer (part meeting)
Jeff Small, Group Manager, Commercial Support (part meeting)
Communications (2)

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

The following conflicts of interest were noted:

Duncan Scott - items 7.3, 8.5 and 16.5 in relation to ultrasound services as he was general manager and company director of Broadway Radiology Limited.

Karen Naylor - items 7.2 and 7.3 in relation to her role as a staff member and involvement on the Care Capacity and Demand Management group.

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Barbara Robson - item 7.3 due to her consumer representation in relation to the Regional Women's Health Service and the Maternity Clinical Information System.

As these papers were public papers, it was agreed there was no reason why the members should not participate in any discussion.

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

Stephen Paewai in relation to items 18 due to his involvement as a director of the Central PHO and as a trustee, Tararua Hauora Services.

4. MINUTES

It was recommended

that the minutes of the meeting held on 26 November 2013 be confirmed as a true and correct record, subject to adding the following at the end of the minutes:

Kate Joblin also thanked Dr Drummond and presented him with a small piece of Whanganui glass in recognition of his role chairing this committee.

4.1 Recommendations to Board

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

5. MATTERS ARISING FROM THE MINUTES

6. WORK PROGRAMME

It was noted that the draft Regional Services Plan would not be available until early March. The CEO advised it was progressing well. Areas where significant benefits could be made were being strengthened particularly eg Health of Older People and Major Trauma, and there was still work to be done around capital planning.

It was recommended

that the updated work programme for 2013/14 be noted.

7. STRATEGIC PLANNING

Before beginning this section of the order paper, the Chair advised members that they could in future contact the CEO prior to the meeting if there were any questions they wanted more information on. If this was done by the Monday before the meeting, it would assist Management to have the information available for discussion at the meeting.

7.1 Patient Safety & Clinical Effectiveness – update 1

The Committee discussed this report fully. The discussion covered aspects of medicines reconciliation; certification/accreditation and the quality standards MDHB should be aligned to; Document Management System; the gastroenterology patient satisfaction survey results of November 2013; incident reporting; Health Quality and Safety Commission's (HQSC's) draft patient experience survey and new initiatives undertaken by the Falls Action Group.

Medicines Reconciliation

Management were asked to provide additional information about the CliniSafe database, a component of the medicines reconciliation process, as some aspects remained unclear to committee members.

Certification/Accreditation

It was suggested DHBs should work in the same direction and that this could be raised at the regional DHB board members meeting in May.

HQSC's draft patient experience survey

Committee members were asked to provide any comments they had on the survey questions to Muriel Hancock, Director Patient Safety and Clinical Effectiveness.

Falls Action Group – New Initiative/5 essentials of falls prevention

It was suggested the following words should be added at the end of the first item on the 5 essentials list “and patient able to work it”.

It was recommended

that the report be received

The order paper was rearranged at this point.

7.3 Regional Women’s Health Service quarterly report to 31 December 2013

Conflict of Interest

- Barbara Robson - in relation to the Maternity Clinical Information System

Clinical Nurse Specialist (CNS) Gynaecology

A third recruitment run for this highly skilled position was about to commence. This was a key role in leading and developing clinical practice, and Management did not want to appoint someone who did not have the appropriate skills. It was an area that had been missing for many years as people with the required skill set were rare in New Zealand.

Other issues covered included the outreach clinic review; the Map of Medicine approach; cultural responsiveness; level of staffing/vacancies; Maternity Clinical Information System;

Scorecard

A request was made that the next report should include a scorecard. Dr Ngan Kee advised that whilst the scorecard was helpful, it should cover a reasonable length of time so the comparative results are more meaningful.

Maternity Clinical Information System

Concern was expressed about the complexities of change management and the need for staff to be involved in relation to the Maternity Clinical Information System. Management provided some background to the system for committee members, explaining it would ultimately provide for a paper-less patient record and populate the patient portal. Once implemented it would be a national perinatal database. It was one of the first Cloud-based systems. Locally it would replace the Terranova system. However, there had been difficulties both nationally and locally in implementing it.

It was recommended

that this report be received

Dr Ngan Kee left the meeting.

7.4 Replacement Intravenous Therapy Infusion Pumps

Catharine O’Hara, IV CNS, attended the meeting and demonstrated how the replacement infusion pump worked.

Management confirmed there was always some risk in using a phased approach to replace key equipment used across the hospital, and in this case for the pumps, particularly for patients using one system who might then be moved into a ward using the other system. However, the planned approach would take this into account.

Adrian Broad joined the meeting.

It was recommended that approval in principle be given

- for the procurement of 168 IV Infusion Pumps, 266 clip-on modules and 20 poles at a cost of up to \$1,028,804
- purchase of this equipment be in a phased approach
- the Chief Executive is authorised to sign the replacement procurement

pending the financial discussion in part two of this meeting.

7.2 Workforce Strategy 2012-2015 – six monthly update

This paper was also discussed in detail, covering such issues as vacancy rate, exit surveys, staff with leave in excess of two years entitlement; opportunities to encourage Maori to join the health workforce, Bipartite Action Group (membership and moving to being strategic rather than information sharing); medical workforce retention and placement opportunities; team development; staffing levels and workloads.

Exit surveys

Management were asked in future reports, to provide examples of less than positive experiences that staff members reported, being mindful of protecting individual privacy, in order for committee members to have more insight into the issues being raised.

Maori in the Health Sector

Management were asked if they could provide some information on whether Maori employment in the hospital setting had remained static or fallen over the last seven years. There were some generous health scholarships available from the Ministry, and the member thought it would be interesting to see if the scholarships had made any difference.

70/20/10 Health Workforce NZ

Management agreed to provide an explanation on the Health Workforce NZ funding for post entry training for RMOs in the next report.

It was recommended

that this report be received.

8. OPERATIONAL REPORTS

8.1 Provider Division Operating Report – November/December 2013

Health Care Assistant Expenditure

Management advised that a working group has been established to look at strategies to improve utilisation of this staff group.

The initial focus was to review and understand Health Care Assistant usage across all inpatient settings. From this initial work opportunities for improving efficiency were identified.

All clinical teams are aware that clinical care will not be compromised, e.g. appropriate requirements for constant observations of patients will be provided. However there are a number of strategies that can be implemented to reduce the utilisation and associated costs of HCA's.

Electives Health Target – 2014/15

MDHB is to receive around \$230,000 extra funding for elective surgery to be undertaken in the next five months. This additional funding will be used to provide an additional 40 discharges.

Ultrasound

Management advised a sonographer had resigned in December to pursue a career opportunity in Wellington. Noted that the students were coming to the end of their training. Members were updated on the progress being made in recruiting to the vacancy and to managing demand whilst recruitment continues. When asked, Management noted that some O&G specialists were doing some ultrasounds.

Ann Chapman joined the meeting.

Other topics covered in this report included sleep apnoea referrals to the GP Sleep Service, audiology service waiting times and the Medical Imaging Review.

Dr Kenneth Clark and Jeff Small joined the meeting.

Medical Imaging Review

It was clarified that the reference in the report to interaction with private providers for ultrasound, referred to exploring opportunities for clinicians to work in a supportive environment and building workforce capability.

Information Systems - Rhapsody Interface

Kate Joblin referred to problems Whanganui DHB had experienced in terms of referrals being held up due to an issue with the Rhapsody interface. Management were unaware of this and therefore unable to comment on whether there had been any impact on MDHB. An update will be provided for the next meeting.

Appreciation to Orthopaedic Surgeons

Management were asked to convey the Committee's thanks to the orthopaedic surgeons who had worked additional weekend sessions.

It was recommended

that this report be received

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

18 March 2014

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	
Replacement Intravenous Therapy Infusion Pumps	Competitive pricing information	9(2)(j)
Development of the 2014/15 Regional Services Plan	Subject of negotiation	9(2)(j)
Operations Report: : Potential Serious Adverse Events and Complaints	To protect personal privacy	9(2)(a)
Quarterly Report Contracts	Subject of negotiation	9(2)(j)