

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 4 October 2011 commencing at 8.30 am in the Boardroom, MidCentral District Health Board

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Kate Joblin
Richard Orzecki

Stephen Paewai
Barbara Robson
Phil Sunderland
Cynric Temple-Camp

Unconfirmed Minutes

In attendance

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

Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Lyn Horgan, Operations Director, Hospital Services
Carrie Naylor-Williams, Service Manager/Nurse Director, Emergency Department/MAPU/
Hospital Coordination Unit
Chris Channing, Manager, Planning & Performance Unit
Communications (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

Richard Orzecki advised he had just been appointed to a CentralPHO Board sub-committee established to oversee the issue of RFPs and review the proposals received in relation to a proposal to develop an "Integrated Community Health Centre" to serve the Foxton/Shannon community.

3.2. Declaration of conflicts in relation to today's business

Cynric Temple-Camp declared a conflict of interest with two cases mentioned in the confidential section of the operating report. Richard Orzecki declared an interest in respect of his involvement with Raukawa Iwi Medical Services who were a provider for the smoking cessation health target.

6-14

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held on 6 September 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

Frequent Re-Admissions – A request was made for information at the next meeting on the three services or departments that had the highest rate of re-admissions.

6. STRATEGIC/ANNUAL PLANNING

6.1. Regional Services Plan (RSP) 2011/12 – monthly update

The General Manager, Planning and Support spoke to this report, noting that there was a lot of regional work being done, particularly in the rehabilitation workstreams.

The change in the Elective Services Performance Indicator (ESPI) tolerance level was referred to in terms of whether there was an opportunity for a regional approach to meet this new target. The CEO suggested this might happen if funding was held by the region rather than the DHBs, so that at a regional level there was some determination regarding services that could be provided and paid for. This would probably be difficult to achieve, but it might be an avenue for Whanganui and MidCentral DHBs to consider for the longer term.

There was discussion on regional radiology. One of the issues for radiology was for everyone to use the same method of identifying and counting procedures, ensuring the consistent use of the relative value unit (RVU) was used. This would support the development of a regional RIS/PAC system. It was also clarified that all CTA funding for training was received regardless of whether positions were filled. If the funding was not initially used for a specific training course, it was used for subsequent one.

In relation to transport and accommodation, MidCentral Health did not have a contract for the fixed wing services they used, but did agree to the various costs with the service used from Auckland and Wellington.

It was noted a regional report would be provided next month on all the regional streams. The report provided for the Hospital Advisory Committee's meeting was to keep members informed, but it was not known what would be in the regional report until it arrived. Management confirmed they had advised CentralTAS, who coordinated the reports, of the importance of reporting on all information so members were fully informed.

Management confirmed they had noted the possibility of a diagnostic national wait target for radiology and were starting to look at it at the local level.

The development of a business case for a laundry service for Hutt and Capital & Coast DHBs was noted. It was not known whether there would be any impact on the local Allied Laundry Service if this new service should proceed.

It was recommended

that this report be received

6.2. Shorter Stays in Emergency Department

Members discussed various strategies that might help achieve the health target, including auditing work to identify barriers to the patient journey, admitting all patients that have been accepted by ED and resolving issues later, developing a culture that is patient focused, improving information systems and equipment, and improving data collection to reflect actual time rather than the time the data entry was made into the system.

It was recommended

that this report be received

6.3. Better Help for smokers to Quit – update 1

It was acknowledged it would be a big challenge to reduce the proportion of Maori who smoke from the current level of 41% to 20% by November 2014. The new coordinated district-wide smoking cessation service would focus on achieving this goal. The public health unit staff will continue to have a role with health promotion activities around smoking cessation. The smoking cessation service was now going through the transition to the new provider arrangements, which the public health unit would continue to support.

It was recommended

that this report be received

6.4. Better Services for Health of Older People – update 1

It was recommended

that this report be received

7. OPERATIONAL REPORTS

7.1. Provider Division Operating Report – August 2011

The CEO spoke to this report.

Management explained that the low elder health ACC volumes related to the non acute rehabilitation contract. This contract covered patients admitted for rehabilitation in the ATR service under ACC. The ACC contract covered treatment for up to 14 days. The patient's rehabilitation often took longer than this timeframe, but ACC were now frequently declining requests for an extension of time.

The high medical bed occupancy during winter was noted, with Management advising there had been some discussion at the senior management level in respect of forward planning for next winter.

The radiation therapy target was achieved even though two of the linear accelerator machines broke down briefly over the same period of a couple of days in early September and needed

repair. The timely response to getting them repaired and the flexibility of staff in relation to their working hours enabled the targets to be maintained.

Management stated it was more enduring if staff were able to see the benefit of the various strategies proposed to achieve the targets, eg the benefits of performing surgery in house. Staff had been wonderful in their attitude, attention, focus and constant vigilance to achieving the targets. It was also noted that the health targets services were not the only services provided; there were numerous other services on top of which the regional work was also now being done.

It was clarified that the radiation therapy target did not include chemotherapy, which was covered by policy priority 5. Policy priority 5 was very similar to a target, reported via the national quarterly non-financial indicator report. There are links between radiation therapy and medical oncology in terms of resources and treatment processes within cancer services and the patient flow. MCH was working on strengthening capacity in medical oncology.

Management confirmed MCH was ESPI compliant. A request was made for this result to be reported each month.

Management advised MCH had four patients who met eligibility for bariatric surgery, and would be referred to the regional bariatric service at Capital & Coast DHB this week. Members discussed bariatric surgery and the post operative care required for these patients noting it could take some time. Once the patient was discharged the domicile DHB was responsible for providing that care.

It was recommended

that this report be received

8. GOVERNANCE ISSUES

8.1. Work Programme 2011/12

It was recommended

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

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

1 November 2011

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)