Minutes of the Hospital Advisory Committee meeting held on 5 July 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
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member (part meeting)
Karen Naylor, Board Member
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Lyn Horgan, Operations Director, Hospital Services
Chris Channing, Manager, Planning & Performance Unit
Jeff Small, Group Manager, Commercial Services
Craig Johnston, Senior Portfolio Manager, Primary Health Care
Robert Brown, Manager, Financial Services
Sue Wood, Director of Nursing
Communications (1)
Public (1) – part meeting

1. APOLOGIES

Apologies were received from the Stephen Paewai and Mike Grant, Acting General Manager, Corporate Services.

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

Jack Drummond and Cynric Temple-Camp declared a possible conflict in relation to item 16 in part 2, due to their involvement with the case.

5.13

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held on 7 June 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. ANNUAL PLANNING

6.1. Improved Local and regional Coordination of Services update

The Minister has conditionally accepted the Regional Service Plan and the Annual Plan was with the Minister for signature. The Central Region Information Systems business case was due later this week. Each DHB was looking at the impact assessment of the plan so they had a better understanding of the financial considerations for their board.

Management confirmed GPs had been advised that the women who had been removed from the Hutt Valley DHB breast reconstruction surgery list should now be re-referred to Hutt Valley for this surgery.

The challenges in providing roster cover for Whanganui DHB particularly when cover was required unexpectedly (due to sickness or other employment changes) were discussed. Management informed members that the good collegial relationship between the clinicians had enabled arrangements to be put in place, and MidCentral Health had provided support from within existing capacity during the current shortage. Each request for patient transfer is discussed clinically on a case by case basis. There was the potential that if MCH was full, other options might need to be considered.

Management were asked to provide an update on the situation for the next meeting.

It was recommended

that this report be received

7. ANNUAL PLANNING

7.1. Clinical Board: annual report 2010/11

The issue of key performance indicators (KPI) was discussed for the Clinical Board as it was felt they were an important indicator of participation and engagement. Management referred to the scorecards in the Operating Report, advising these were Australian Council of Healthcare

Standard (ACHS) clinical indicators and could be linked to the Clinical Board's work. A member expressed an interest in knowing what indictors the Clinical Board would use that would be reported to HAC. Management acknowledged the comment.

A member commented that whilst the linkages in the report were noted, the Transitional Steering Group was not included nor was there a link to Maori. Management clarified that the Clinical Board's focus was around secondary care events in MCH. The PHO also had a Clinical Board which focused on primary care. The Clinical Council sat above these two boards, and was looking at its terms of reference and coverage so there were better linkages between the various boards and the Transitional Steering Group etc. Management confirmed the Clinical Council would also look at maintaining Maori linkages.

It was recommended

that this paper be received

7.2. PIA 1: Hospital Productivity – update 3

Management were confident that the new approach in elective services should ensure compliance in relation to elective service performance indicators. The changed approach, which had a focus on transparency for the patients with daily electronic reporting on the indicators, was underway.

The CEO advised the Minister had just advised there was now a 0% target for patients waiting greater than six months for a first specialist assessment or certainty of treatment, to be achieved by 30 June 2012.

The progress towards achieving the smoking cessation target was noted. Management did not feel there was any resistance to the initiative, advising preliminary results for June were just over 90%. However the target had just increased to 95% from 1 July 2011.

Kerry Simpson left the meeting.

The difficulty in supporting the breadth of activity required for the patient focused booking project was noted. Management acknowledged there were clinical exemptions or room for patient choices that impacted on the patient's journey through the cancer service, and it was important everything was organised in order to manage the demand for treatment and meet the new four week target.

Kerry Simpson returned to the meeting.

A member asked for more information on the multiuser Sharepoint site in respect to management of rheumatic heart disease.

Management confirmed there were no issues in relation to the renal service and the 7% yearly increase in demand for the service.

It was acknowledged that the dental therapists often worked in remote areas where there was little IT equipment and therefore needed training to enable them to use the equipment that would be made available in the new Child & Adolescent Oral Health project.

Lindsay Burnell left the meeting for a few minutes.

Karen Naylor joined the meeting.

The various strategies for managing the growth in ED attendances were discussed particularly in view of achieving the health target. Some of the strategies were GP-type presentations, reducing admissions from falls in aged residential care facilities, the ageing population, and building up primary care rather than setting up a GP unit in ED (Paramedics, extended district nursing service, walking clinics associated with the IFHC, better GP practice teams, etc).

It was recommended

that this paper be received

7.3. PIA 4: Primary health Care – update (Information only)

It was noted that some gains have been made on the aspirational targets, but no change was expected on many of them, as they were long term targets and progress was just starting to be made.

Diane Anderson joined the meeting.

Management felt that the Waiting List Practice in Levin should settle and provide a tidier service in future. This was a nurse-led model which had GP input through a locum arrangement.

It was recommended

that this paper be received

8. OPERATIONAL REPORTS

8.1. Provider Division Operating Report – May 2011

Laboratory Testing

Cynric Temple-Camp declared an interest in this topic due to his employment with MedLab.

Management clarified the process around completion of the current contract for laboratory testing done in Christchurch. This had involved a washup and new prices/volumes. If MCH accepted the new non contract prices this could present a risk to the board, so other options were being explored in terms of a new contract and also controlling what tests were done. Indications were that there would not be a risk to the board.

Revenue

There had been a change to counting arrangements in mental health due to a new framework and purchase units. There was no change to the level of services provided.

Infrastructure and Non Clinical Costs

Management clarified that this year the practise of recounting and revaluing certain imprest stock at year end would be discontinued.

Scanning historical records was very expensive. At this stage of the project, it was felt that as patients presented, the opportunity would be taken to scan their old notes, rather than try and scan all the historical information. Implementation of the Concerto system would provide access to records from a number of sources, thereby reducing the need for some scanning.

Medical Oncology – Chemotherapy Waiting Times Policy Priority

The requirement to meet Policy Priority 5 and wait times from both referral to first specialist assessment (FSA) and FSA to treatment commencement would be a challenge in the first few months. However, Management expected progress to be made quickly on meeting the requirements.

Friends of the Emergency Department

The Committee expressed appreciation for the work done by these volunteers, and suggested it would be good to keep up the publicity about the service.

It was recommended

that this paper be received

9. GOVERNANCE ISSUES

9.1. 2010/11 Work Programme

It was recommended

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

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

2 August 2011

12. 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 and Sentinel Events and Complaints	To protect personal privacy	9(2)(a)