MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 5 June 2012 commencing at 8.45 am in the Board Room, MidCentral District Health Board

---

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Kate Joblin
Stephen Paewai
Barbara Robson
Kerry Simpson
Cynric Temple-Camp
Phil Sunderland

In attendance

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

Pat Kelly, Board Member
Diane Anderson, Board Member
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Lyn Horgan, Operations Director, Hospital Services
Anne Amoore, Manager, Human Resources
Chris Channing, Business Manager, Planning & Support
Jerry Varghese, Clinical Director, Mental Health Services, (part meeting)
Susan Murphy, Manager, Quality & Clinical Risk
Cushla Lucas, Service Manager, RCTS (part meeting)
Joy Christison, Executive project Manager (part meeting)
Kevin Parker, Project Manager, Planning & Support (part meeting)
Communications (1)

1. APOLOGIES

An apology was received from Richard Orzecki. Kerry Simpson apologised for leaving early.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

Stephen Paewai advised an addition to the register of interests in terms of his relief teaching at Te Kura Kaupapa Māori o Tamaki Nui ā Rua School, Dannevirke.

3.2 Declaration of conflicts in relation to today's business

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.

Stephen Paewai declared a conflict of interest in relation to items 6.7 Services Closer to Home, and 6.10 Non-financial monitoring framework and performance measures.

Barbara Robson advised that through her involvement in the Health Information Standards Organisation she had an interest in the PRIMHD mental health data base. The declaration related to the first and second agenda items as PRIMHD was raised in both.

4. MINUTES

It was recommended

that the minutes of the meeting held on 24 April 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 Mental Health, Alcohol and Drug Sector performance monitoring and improvement report

Clarification on the Index of Severity (Inpatient and Community) at Admission and Discharge graphs was sought, specifically in terms of the result showing for the mild and sub-clinical scores. Dr Varghese explained a number of factors affected the results, eg acceptable levels of data collection, the limited ability of the inpatient setting to cater for patients with mild to moderate mental illness, and levels of compliance with the measures. He also noted that MidCentral Health's service was designed to look after those patients with more severe illness.

The results of the consumer satisfaction survey where MCH reported lower scores in three of the five results were noted. Dr Varghese felt that with the lower results there could be a correlation with complaints received, where consumers felt they had not received what they wanted. He thought one of the reasons for the improved performance shown in the other two results might be attributed to the availability of the family advisor on the ward who had engaged well with the consumers and their families. Dr Varghese also thought better information was being captured now, and that there was a better understanding of some of the measures. His feeling was that next year's results would be better than this year's results.

It was recommended that

this report be received

6.2 Mental Health and Addictions update (information only)

Shared Care Programme Opioid/Methadone

The assistance from the Central PHO in moving this new service forward was noted and appreciated. The new service would provide better integration and shared care arrangements for clients in the secondary alcohol and drug service who experienced enduring AOD/MH issues and physical health needs.

Members discussed a number of other items in this report, including the Primary MH Horowhenua iatrogenic project, refugees as survivors service, maternal mental health, the new Mental Health and Addictions Blueprint and the secondary primary interface.

It was recommended that

this report be received

6.3 Shorter waits for cancer treatment update

Management confirmed the building work for the new bunker had fallen behind by three weeks, but was on track for patient treatment to start now in August 2012 rather than late July.

The effect of the recent decision of the Tairawhiti DHB to align their non surgical cancer services with their surgical provider, Waikato Hospital was raised, particularly in relation to staffing. Management advised this move would lead to a flattening of growth expectations. Whilst some costs would drop, there would not be a drop in staffing, which would be utilised with expected future growth from other DHBs.

Some concern was expressed in relation to the expected turnaround time for laboratory results to be available so that decisions could be made. It was felt a tight turnaround would put too much pressure on laboratories, and might result in a loss of quality. Dr Temple-Camp advised time was required for results to be available. However, the issue had been addressed locally and there should not be any pressure. He referred to the measurements for the agreed indictors for the new Faster Cancer Treatment times, saying he felt there could be problems with the first two indicators as a measurement could not be taken until there was a confirmed diagnosis.

It was recommended that

this report be received

6.4 Non-Elective Service Performance Indicators referral

It was recommended that

the report be received

6.5 Quality of services and patient safety – annual plan update

Members were updated with the preliminary results of the recent audit against the Health and Disability Sector Standards and survey against the EQuIP4 standards for accreditation. The Tracer methodology was used for the visit, and involved the surveyor following a patient through the journey. It had provided some good feedback on services.

The preliminary feedback from the summation meeting advised there would be a number of corrective actions from the audit. The report against certification was expected within a couple of weeks, and the accreditation report would be 4-6 weeks later.

Prescribing Pharmacist

This pilot was taking place in the Emergency Department. The pharmacist worked in partnership with the clinician in terms of assessment of the patient. If the clinician indicated a medication was required, then the pharmacist might be able to prescribe it. There will be parameters around what the pharmacist can prescribe. The pilot aimed to smooth the assessment pathway and improve the patient flow, and to ensure medication management was in place at the beginning. The other area was in medical oncology, where a trial may be undertaken somewhere else in the country.

Kerry Simpson left the meeting.

Riskman incident reporting system

Implementation of this system was in progress. It was a later version of the system used by Whanganui DHB. It was possible Whanganui staff would join MCH staff in the training, as they be looking to upgrade their system.

It was recommended that

this report be received

5.7

6.6 Workforce development strategy – six monthly update

Bipartite Engagement Group (BAG)

This group was making good progress, and would develop a work plan for the coming year at its next meeting. Management agreed to include the BAG attendance figures in the six monthly workforce reports.

Maori Workforce

It was noted that the Maori workforce was only approx. 5% of the total workforce, which was low. Management acknowledged this, advising that the Maori Managers from the central region had taken on the challenge to encourage more Maori people into the health workforce.

It was recommended that

this report be received

6.7 Services closer to home update (information only)

Stephen Paewai declared his interest in this item, due to his directorship of the Central PHO.

Feilding IFHC – Sapere

Members were advised the Sapere consulting group was formerly known as the Law and Economic Consulting Group (LECG).

Jack Drummond left the meeting.

Aspirational Targets

Management explained the aspirational targets were put into the Better Sooner More Convenient business case, in order to achieve better outcomes than might have been the case without them.

Jack Drummond rejoined the meeting.

The difference between the Enhanced Care+ programme and the Chronic Care Management programme was explained. Chronic Care was a broader programme. Care+ was for people >65 years of age with two or more conditions.

It was recommended that

this report be received

6.8 2011/12 Regional Services Plan implementation - monthly update

It was recommended that

this report be received

6.9 Clinical Services Plan / Investment Planning update

One of the common themes raised by participants in the engagement process for the investment plan related to access to technology and its cost. Management agreed that the internal charging system was set high and was something that should be reviewed once the Concerto information system was in place. A board report on WiFi/ telephone upgrade was scheduled for next month.

It was recommended that

this report be received

6.10 Non-financial monitoring framework and performance measures – report for quarter 3, 2011/12

It was recommended that

this report be received

7. OPERATIONAL REPORTS

7.1 Provider Division Operating Report – April 2012

Management advised it was unlikely MCH would catch up on the case weighted discharges before the end of June. Being behind in meeting these targets was a financial risk, but MCH hoped to recoup as much as possible. The acute surgical and general surgical work load was very high this year, and would counter some of the elective risk.

2011/12 Budget

The 2011/12 budget issue for staff penal rates would not recur in 2012/13, as the model had been changed. However, it was estimated that the impact of this would be about $400,000 for 2011/12. There have been some additional contracts and associated additional revenue come in resulting in revenue and expenditure being over budget.

Patient Flow Forecasting

Management advised MCH had developed a seasonal system for patient flow forecasting, but it was not down to a level of detail to support day to day decision making.

Network Outage

The permanent fix for this outage should be in place by 15 June. The necessity for replacement of this switch had already been recognised and was under way.

It was recommended that

this report be received

8. GOVERNANCE ISSUES

8.1 Committee's Work Programme 2011/12

It was recommended that

the updated work programme for 2011/12 be noted.

8.2 2012/13 Reporting Framework

It was recommended that

the 2012/13 reporting framework be noted.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

17 July 2012

11. EXCLUSION OF PUBLIC

5.9

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 / Sentinel Events / Complaints	To protect personal privacy	9(2)(a)

Kate Joblin tendered her apology for the next meeting.