5.4

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 6 December 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
Kerry Simpson
Phil Sunderland
Cynric Temple-Camp

In attendance

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

Diane Anderson, 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
Sue Wood (Director of Nursing) [part meeting]
Amanda Driffill (Service Manager) [part meeting]
Vivienne Ayres (Planning and Accountability Manager) [part meeting]
Ian Ironside (Portfolio Manager, Secondary Care) [part meeting]
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 declarations of conflict of interest.

4 MINUTES

4.1 Minutes

It was recommended

that the minutes of the meeting held on 1 November 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 STRATEGIC/ANNUAL PLANNING

6.1 Quality of Service and patient Safety update 1

There was discussion on the number of reported incidents in relation to the number of discharges this year compared to last year. Ms Joblin advised the Whanganui DHB's standard target based on the NPSA (unknown acronym) was set in 2005 at 6.2%, which appeared much lower than her calculations for MDHB. Management advised that while no analysis had been undertaken at MidCentral Health (MCH) from that perspective, MCH did have a rigorous approach to incident reporting. MCH's targets were based on historical trends for the scorecard indicators, which tended to focus on medication errors and falls rather than the raft of incidents which could be reported against. There was no national target specific to that indicator.

The new risk database was being implemented, and once established MCH's reporting might be similar to Whanganui DHB, which would enable better alignment across the two DHBs. The current system required triplicate paper reporting and was a manual system in terms of data entry.

Ms Joblin said she was aware there was a lot of national and international discussion on this issue and best practice, and she would like to be assured there was good evidence based practice. The Chairman commented that he would be interested in knowing the quantative nature of the incidents as there were different sorts, eg prescribing errors was a significant one.

Management advised that with the introduction of the national medication chart, the pharmacists were working closer with clinicians and doing more auditing of prescribing medications, and this had resulted in an increase in these incidents. The age of some of the buildings like the tower block also accounted for increases in some of the incident categories.

In relation to family violence, Management advised they were not aware there had been an increase in resources available to the family violence intervention programme, but there was better utilisation of the resources and more timely support for the victims of abuse. There was no specific target for training staff for this programme, but it was hoped staff would be trained and key people updated on a regular basis. A target is being discussed at the next MDHB Steering Group meeting.

There was a short discussion on medicines reconciliation and the importance of doing the reconciliation particularly for inpatients. Whilst every endeavour was made to support patients to take their prescribed medication, there was no reliable way to ensure patients complied with their prescribed medication. Undertaking the reconciliation would provide a basis for measurement.

There was on going work with patient safety and analysis of incident reporting, which would be reflected in the next regular update. The importance of staying aligned to the national work was noted in relation to falls reduction.

It was recommended

that this report be received

6.2 Non-Elective Service Performance Indicators (ESPIs) Referral Management

Members were advised the table on the second page of this report had two figures transposed. The number of patients seen for exercise tests should be swapped with the number seen for pace makers. (Table should read : Exercise Test – 1,051; Pace Maker – 58).

Appreciation for this report was noted, with the Committee saying it reflected the amount of other work going on in the organisation over and above what is reported to the Committee via regular reports against ministerial targets and performance indicators, and annual planning updates.

Clarification was provided in terms of information supplied to clinicians on the waiting lists. The information provided was very comprehensive and included such things as a break down of how long patients had been waiting (eg >six months; >5 months; >4 months etc), and the number of patients booked or not booked yet. All referrals were clinically prioritised, against established criteria.

Management spoke of some of the strategies being undertaken in relation to the ultrasound service. This included providing access for community referred patients to Broadway Radiology and ongoing recruitment efforts. Management had also looked at the referral management and engaging with the referrers in terms of prioritisation, and working with clinical teams to see what could be done to ensure the most appropriate access within the resources available.

It was recommended

that this report be received

6.3 Improved Access to Elective Services update 1

The Committee was advised of the Minister's intention to reduce the timeframe from six to four months wait time for the FSA appointments. This had been signalled in our annual planning. However, there was further expectation that there be no waiting for tests over six months, eg the FSA for cancer, and access to diagnostic tests. New benchmarks would probably be set and the waiting lists over six months would have to be actioned.

The patient focused booking system was briefly discussed. Management confirmed the booking clerks wanted to do this and had been pleased with how it was working, as it had also reduced interruptions to work due to patients wanting to rearrange set bookings. The system had been well received by patients as well.

It was confirmed that the Orthopaedic Service no longer accepted routine referrals as there was no capacity to see these patients within the six month timeframe.

It was recommended

that this report be received

6.4 Update on Implementation of the Cardiology Landscape Report and Progress against Health Target: Better Diabetes & Cardiovascular Services

5.7

Management clarified the reference to Whanganui patients receiving services closer to home in future, related to benefits that might result from the work done on this initiative. No discussions had taken place yet, but an example of possible benefits for Whanganui patients could be to receive angiography or pacemaker treatments from Palmerston North. Once there was a better record of delivering cardiology services for MDHB people, then the organisation could look at expanding the service.

It was recommended

that this report be received

6.5 Workforce Development Strategy update 1

The issue of how overseas applicants become aware of opportunities at MDHB was raised, with Management advising there were various ways this could occur, eg world fares, the recent world rugby cup activity, word of mouth. One of the questions on applications forms asked how the applicants became aware of the vacancy.

Kerry Simpson left the room.

The Care Capacity and Demand Management Programme was raised, in particular what progress had been made in respect to training for charge nurses and service managers.

Kerry Simpson returned.

Management advised this training would be included in training arranged for the organisation, so a comprehensive approach was taken rather than targeting one particular group. This should be underway next year.

The wide cultural diversity in the organisation was noted as a strength.

It was recommended

that this report be received

6.6 Maori Health update 1 (information item)

Mr Orzecki advised that Manawhenua Hauora had noted the Minister's decision around the Diabetes Health Check Programme. He said Manawhenua Hauora felt the programme had been very successful and they saw an opportunity to support some other diabetic services to Maori in the community.

It was recommended

that this report be received

6.7 Non-financial Performance Measures, quarter 2

It was noted that in relation to the Emergency Department waiting times, the Minister expects all DHBs who have not achieved the 90% target, to do so within the next six months.

It was recommended

that this report be received

6.8 Price and Volume Schedule 2012/13

There was some discussion on the proposal that funding for community referred radiology be managed by the Central PHO on behalf of the DHB. Management advised it was expected the PHO would refer those volumes back to MCH. The new system would be evaluated after it had been operating for a while.

It was recommended

that this report be received

6.9 Regional Services Plan 2011/12 – monthly update

Transport and Accommodation

Management did not know what progress had been made with the national ambulance service. The national air ambulance service was out of scope for this regional project.

Management advised they were currently information to inform the transport and accommodation project for the central region. The information request was for very detailed information and covered areas like air and road transport, clinical support capacity and organisational capacity, and transporting clinicians. The project's goal was to better support transport and accommodation related to the regional service plan, and how services could be best aligned. The initial data collection and stock take work would include clinicians who travelled. A report on the consumer perspective would also be considered with the stockade.

Management advised that in looking forward to when Whanganui cardiology work might be provided from MCH, there would be less need for flying Whanganui patients to Wellington – this would be done via road transport. This was because the service provided from MCH would be elective diagnostic and angiography work, and road transport would be appropriate for that type of work.

Central Technical Advisory Service

The Committee was advised that the Central Technical Advisory Service will develop into a Shared Services Organisation within the central region. It would be owned by the DHBs in the central region and governed by a board of directors. Nelson Marlborough DHB were considering the feasibility and consequences of being aligned to the central region rather than the South Island region.

It was recommended

that this report be received

7 OPERATIONAL REPORT

It was recommended

that this report be received

S.9

8 GOVERNANCE ISSUES

8.1 Work Programme 2011/12

Kerry Simpson apologised for the governance workshop.

It was recommended

that this report be received

9 LATE ITEMS

There were no late items.

10 DATE OF NEXT MEETING

31 January 2012.

11 EXLUSION OFPUBLIC

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: : Siemens Contract : Tairawhiti Cancer Treatment Proposal : Potential Serious / Sentinel Events / Complaints	 Subject to negotiation Subject to negotiation To protect personal privacy	 9(2)(j) 9(2)(j) 9(2)(a)