

**Minutes of the Hospital Advisory Committee meeting held on 7 June 2011  
commencing at 8.30 am in the Boardroom, MidCentral District Health Board**

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**PRESENT**

Jack Drummond (chair)  
Lindsay Burnell  
Kate Joblin  
Richard Orzecki

Barbara Robson  
Phil Sunderland  
Kerry Simpson  
Cynric Temple-Camp

*Unconfirmed Minutes*

**In attendance**

Nicholas Glubb, Acting General Manager, MidCentral Health  
Mike Grant, Acting General Manager, Corporate Services  
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member (part meeting)  
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness  
Lyn Horgan, Operations Director, Hospital Services  
Chris Channing, Manager, Planning & Performance Unit  
Anne Amooore, Lead HR Consultant  
Communications (1)  
Media (1)

**1. APOLOGIES**

An apology was received from the CEO.

**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**

Cynric Temple-Camp declared a conflict in relation to item 15 in part 2, due to his involvement with the patient.

**4. MINUTES**

**4.1. Minutes**

It was recommended

*that the minutes of the meeting held on 3 May 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. Performance Improvement Action (PIA) 4 – Quality Improvements including Customer Satisfaction and Risk update**

In relation to certification and accreditation surveys, Management clarified that the 14 corrective actions arose from the certification visit, and the 26 recommendations were from the separate accreditation survey.

Management clarified that medications reconciliation involved looking for at least two sources of evidence around a patient's medications. Generally one involved noting the medications that the patient said they were using, with another source eg a written list, family or pharmacy verification. Medicines reconciliation will become much easier when we are able to access community pharmacy prescribing. There was no timeline for electronic prescriptions yet, but when it does become available, it would also help with reconciling medications. A suggestion was made that medicines reconciliation could be a topic for a future "Let's Talk About Health" article.

Management outlined the processes used for managing instances when there was more than one person with the same or very similar names.

The reduced number of security incidents, particularly since the change over to Spotless Services, was raised. Management advised they had looked into this issue. They did not think it related to the change in security management, but was probably the result of increased visibility of security personnel. The reduced number was similar to the same period last year. Management advised they were watching to see whether the reduction was genuine, or whether it might have arisen for other factors such as a delay in recording data into the system.

A member expressed concern in relation to having a better understanding how the severity assessment code ratings 1 and 2 were trending under the top six commonly reported incident categories.

There was discussion on the national hand hygiene programme and compliance with the "5 moments for hand hygiene". Management confirmed they were working to determine why there was not better compliance. The importance of role modelling with senior clinicians leading by example had been noted.

The low number of compliments for March was raised. Management noted this might be due to a backlog of data entry due to some unplanned leave, but there did not appear to be any particular reason evident for the low figures. There was also a reduction in complaints over recent months.

Diane Anderson joined the meeting.

In relation to the pre-operative assessment process redesign programme, it was noted that the reference to "walk-ins" related to patients being booked for the pre-operative assessment clinic at short notice if space became available and the time suited the patient.

It was recommended

*that this report be received*

**7. OPERATIONAL REPORTS**

**7.1. Provide Division Operating Report – April 2011**

*Electives Initiative* - It was noted that although more elective procedures were now being performed, the thresholds had not changed and that the procedures were being performed on patients who had certainty of treatment.

The improved medical oncology recruitment was noted with satisfaction.

*Skin Infection Rates for Children*

Information relating to the number of children with skin infections was contained in the Health Needs Assessment. Management advised that the Child Health Service was limited in its ability to address some of the issues relating to children with skin infection, like poverty or housing; however the Funding & Planning Division was better placed to influence these factors. The establishment of the Child Network was an example, particularly in relation to access of children to primary healthcare and dental services.

Management outlined the steps taken in relation to ESPI compliance. This included weekly reporting to Medical Heads of the FSA status instead of monthly reporting. This provided greater awareness of the number of people nearing the six month wait time for surgery, and allowed for better planning particularly if unplanned leave was required. It would also support early identification of issues – rather than relying on the Ministry bringing variances to MDHB’s attention.

*Dialysis update* – a member enquired regarding the status of people requiring dialysis treatment, whether the numbers had increased putting the service under pressure, or whether there were any particular problems with the service currently. Management agreed to report back on this enquiry.

*Regional Women’s Health Service*

Management clarified that the regional service was moving towards a significant milestone in terms of its development. The two DHBs’ management had agreed to take time to ensure the parameters were properly considered and framed up. The Regional Director is taking leave from the regional role during this time, but would maintain clinical leadership of MCH’s service.

It was recommended

*that this paper be received*

**7.2. Non-financial Performance Indicators update**

*HealthLine costs*

It was noted that the costs of the HealthLine were funded by the Ministry under the Better Sooner More Convenient primary healthcare programme.

A member expressed some concern in terms of whether people treated under this service should have more support. Management advised additional district nursing resources had been allocated to help look after people at home and check services were in place.

It was noted there would be closer working arrangements between district nurses and primary health as a result of the Better Sooner More Convenient primary healthcare programme.

#### *Oral Health*

Management confirmed progress was being made in establishing the Horowhenua dental centre; staff had been allocated and the equipment was being put in place to commence treatment. It was currently being used for examination assessments. Horowhenua has been recognised as a priority area to improve access. A member noted the issue of overdue examinations, and that “how overdue” is the significant issue given some delay can be managed without adverse consequences.

The media representative joined the meeting.

#### *Ambulatory sensitive (avoidable) hospital admissions*

A member felt the figures shown for Maori in the table under Sl1 must be incorrect as they were so good, however the overall group results were reasonable. Management agreed to check these results.

#### *Major Joints – Elective Services*

It was noted that whilst the target had not been reached yet, the report outlined the work that was taking place with the Medical Head for the Orthopaedic Service to improve throughput.

It was recommended

*that this report be received*

### **7.3. Workforce Development Strategy – Six monthly update**

A member asked Management how they looked at staff morale. Management advised there were a number of avenues from which staff morale was viewed, eg exit interviews, surveys. A recent survey was undertaken during the information gathering process for the Care Capacity and Demand Management project, during which between 500 and 600 staff were surveyed. This had provided some good information around the staff environment and morale. Management commented that a complete staff satisfaction survey had not been undertaken for some time though, particularly given the cost of conducting them (around \$70k), but there had been smaller surveys when seeking feedback on specific issues particularly for nursing. Management advised it was sometimes difficult to address issues raised during exit interviews that were completed on line, as they were confidential. However, most people report during their exit interview that they would return to MCH again at some time in the future.

A member commented that the GP training initiative was an excellent initiative. Funding for this initiative was shared between the DHB and the GP.

It was recommended

*that this report be received*

**7.4. Women’s and Children’s Health Services in the Whanganui and MidCentral Region – Evaluation**

It was suggested that the proposed criteria be amended to include another quality perspective to ensure the joint service effectively addressed any inequalities. Management concurred with the suggestion.

It was noted that the criteria for this evaluation was set according to what was originally identified and the planned benefits. However, as is often the case with large and complex projects, care had to be taken to monitor and manage the consequences of change, to ensure the goals were achieved without unintended consequences. Management advised they would be happy to receive feedback on how that could be captured.

It was recommended

*that this report be received*

**8. GOVERNANCE ISSUES**

**8.1. 2010/11 Work Programme**

It was recommended

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

**9. LATE ITEMS**

There were no late items.

**10. DATE OF NEXT MEETING**

7 June 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 and Sentinel Events and Complaints	To protect personal privacy	9(2)(a)