

**Minutes of the Hospital Advisory Committee meeting held on 5 April 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
Cynric Temple-Camp

Unconfirmed Minutes

In attendance

Murray Georgel, CEO
Mike Grant, Acting General Manager, Corporate Services
Carolyn Donaldson, Committee Secretary

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
Sue Wood, Director of Nursing
Mark Beale, Clinical Director Medical Services (part meeting)
Chris Channing, Manager, Planning & Performance Unit
Ian Ironside, Portfolio Manager, Secondary Care
Communications (1)
Media (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 his contract with Statistics New Zealand re the census 2011, had finished.

Barbara Robson advised two new interests:

- National Health IT Board - Health Identity Project Governance Board; Consumer Representative
- National Health IT Board – Expert Consumer Panel; Member

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

There were no conflicts of interest declared.

6.11

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held on 1 March 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. OPERATIONAL REPORTS

6.1. Provide Division Operating Report – February 2011

Continuing Reviews

The Committee expressed an interest in seeing what new reviews were being undertaken, and asked Management to provide an update on that work in the next operations report.

Inpatient Smoking Cessation

Management confirmed that it should be possible to sustain the inpatient smoking cessation target but it would depend on maintaining data reporting. Anecdotally progress slowed as the target got nearer. Management would keep supporting and facilitating processes so that they became business as usual.

Shorter Stays in ED

Management advised they did not believe the facility design affected this target, rather it was having the various services respond in a timely manner in respect to moving their patients through the system from ED.

Elective Surgery

The request from National Health Board concerning additional elective surgery following the Christchurch earthquake was briefly discussed. Management advised they were still evaluating the situation, but thought MCH might be able to do an additional 120 discharges.

National Medication Chart

The benefit of having an electronic record was highlighted during the recent Christchurch earthquake, particularly in respect of having a central electronic repository for clinical results and prescriptions. The roll-out of a national medication chart was also noted as having similar benefits.

MidCentral Health/Whanganui DHB Gynaecological Surgery Initiative

6.12

The Committee were advised of the current figures relating to this initiative. There was discussion regarding the reasons why some referrals had been declined or were no longer required. Management explained there were various reasons why this had occurred, eg the length of time since the FSA, differing clinical opinion, and a change in health status. Management were asked to provide more feedback on this issue so members could understand it better.

Paid Car Parking

Management were asked to provide an update on the lighting situation in the car parks, as a member expressed concern for the safety of staff changing shifts during darkness.

Financial Performance Summary Scorecard

It was noted that the YTD target for personnel costs/FTE was incorrect.

It was recommended

that this paper be received

6.2. Cardiology Landscape Report

The CEO and Acting General Manager Corporate Services spoke to this report.

Feedback from members touched on a number of aspects:

- The regional implications would have to be understood before making decisions on expenditure.
- Capital requirements were for regional and sub-regional requirements. FTE requirements were separate.
- It would be positive in terms of attracting registrars.
- The report looked at a short, medium and long term outcome.
- It would be a huge challenge – there was no place where the service could be situated in one setting at the moment.
- It would need full time project management and good leadership.
- Significant amount of the report was dependent on staff, and fortunately two new cardiologists would arrive within the next few months.
- Cardiology nursing specialists would be required.
- A management plan and timeline would be required to implement the plan and its recommendations.
- A workshop should be held, similar to the one held in relation to purchasing the linear accelerator.
- A better understanding of the waiting lists and how they are managed would be helpful.
- Dr Andrew Hamer, cardiologist from Nelson/Marlborough DHB and chair of the National Cardiology Network had peer reviewed the report. His comments related to the regional dimensions of the report.

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- There would be a significant one-off expenditure in terms of a cath lab - \$2.6m – plus other expenditure to link the service together. However, the facilities should be considered in terms of an overall facility redesign.
 - Management were asked if there was any capacity to improve the current intervention rates. Dr Beale advised that the arrival of the new cardiologists would enable increased angiography sessions and this would help until the report recommendations were implemented. MCH was also working with both Capital & Coast DHB and Wakefield Hospital in order to try and maintain intervention levels, and would look to improve processes and efficiencies when the new staff arrived.
 - Through inter-district flows, patients from Whanganui would be able to access MCH's services once set up, rather than travel to Wellington.

The issue of the cardiology waiting lists was referred to, with Management being asked if there were any other waiting lists that were not reported to the Committee because they were not part of any ministerial reporting process. Management advised the Funding Division monitored various indicators and trends, and had not seen any other issues within the organisation.

The CEO advised there had been three areas of concern recently. The National Health Board and Ministry of Health also monitored performance to see it was comparable to other DHBs, and they had raised cardiology as an issue with MDHB just prior to Christmas. MDHB had already started this review when they raised the issue. The second area was around dental services provided to the former Kimberley Centre residents and the third area was the general level of elective services. All three areas had been actioned. Management were requested to think about how the reporting of waiting list information was managed for the Committee.

The discussion concluded with agreement that a programme outline with timelines would be developed and reported back to the Committee, and a workshop would also be arranged to further discuss the plan.

It was recommended

that this report be received

Dr Beale and Cynric Temple-Camp left the meeting.

6.3. Horowhenua Health Centre update

Management confirmed the corporate overhead costs were not included in this report, and that the report was about the facility not services operating from the premises.

Cynric Temple-Camp returned to the meeting.

It was noted that the level of funding received for the general purpose/rural inpatient beds was \$157 per day compared to \$690 per bed day under the ATR bed classification. It was pointed out that public health nursing services were provided under MCH's Community & Support Services and should be included in appendix 1.

It was recommended

that this report be received

7. GOVERNANCE ISSUES

7.1. 2010/11 Work Programme

It was noted that the update on paid car parking would be reported direct to the Board meeting.
It was recommended

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

8. LATE ITEMS

There were no late items.

9. DATE OF NEXT MEETING

3 May 2011

10. 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 : Bariatric Surgery	Under negotiation	9(2)(j)
2011/12 Draft 2 - Annual Plan	Under negotiation	9(2)(j)