

Minutes of the Hospital Advisory Committee meeting held on 1 February 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
Kerry Simpson
Phil Sunderland
Cynric Temple-Camp

Unconfirmed Minutes

In attendance

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

Ann Chapman, Board Member (part meeting)
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Lyn Horgan, Operations Director, Hospital Services
Jeff Small, Group Manager, Commercial Services (part meeting)
Shirley-Anne Gardiner, Operations Manager
Chris Channing, Manager, Planning & Performance Unit
Communications (1)
Media (1)

Welcome

The Chairman extended a welcome to the new committee, saying the future looked exciting and that it was essential to move forward now. He would like to see MidCentral Health make the opportunity to develop new capabilities including research, private/public partnerships, extend our ability to retain specialists etc.

1. APOLOGIES

There were no apologies. Kate Joblin and Richard Orzecki apologised for lateness.

Kate Joblin and Richard Orzecki joined the meeting.

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.

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

No conflicts of interest were declared.

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held on 2 November 2010 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

Women's Surgical Service

The Committee was advised that the proposal for Whanganui DHB to undertake 150 additional gynaecology volumes for MDHB was proceeding very well. Ninety Seven referrals to Whanganui had been made by 31 January. A new surgeon was due to start in Whanganui in late January/early February, following which the number of patients receiving surgery would increase. Information on the furthest distance patients had to travel for the surgery was not available during the meeting, but Management offered to provide it for the next meeting.

Order Paper – Rearrangement of agenda items

The Chairman advised he was changing the order of the agenda paper items, as the Group Manager, Commercial Services, was on jury service and had to leave the meeting by 9.15 am. Consequently item 6.4 – Paid Care Parking and Access to Palmerston North Hospital was taken next.

6. OPERATIONAL REPORTS

6.4 Paid Car Parking and Access to Palmerston North Hospital

A number of scenarios regarding paid car parking were raised and answered by the Group Manager Commercial Services. Mr Small advised any complaints or issues would be dealt with on a case by case basis. The final decision regarding complaints/issues would be made by the DHB, not the parking provider. Management advised individual appointments were now made for out-patient appointments, and the former block booking system was no longer used.

There had been a considerable number of new parks established, and it was hoped there were now sufficient for everyone to find a park when required. Parking attendants would be available to assist in finding a park, and Wilsons' office would be manned 24 hours a day. There would also be a push button to summon assistance at the barriers.

There had been extensive media coverage of the scheme, with communications going out to the key stakeholders, DHBs and the media. Information would also be sent out with appointment cards.

A post audit event would be undertaken around September. In addition regular monthly monitoring meetings with Wilsons would be held until the post event audit had been completed.

It was recommended

that this report be received

6.1. Provider Division Operating Report – December 2010

6.1.1. Financial report

Good progress continued to be made although the December result was an adverse variance. Year to date results were still ahead of budget.

6.1.2. Kimberley Centre – reimbursement/sale

Management offered to provide an update on issues concerning Kimberley Centre and Horowhenua Health Centre next month. Concern at the declining condition of the Kimberley Centre buildings was raised, with a recent fire at the Kohitere site used as an example of what could happen with the sites being vacant. The member suggested the issues be raised with the local members of parliament who should be asked to progress them.

The Board Chair noted the Board and Management had done as much as possibly could be done in addressing these issues with the Government, Ministers and MPs. The frustration with the time taken to dispose of this property was acknowledged, and he offered to raise the issues again during discussions with MPs and the Minister later in the year.

Mr Orzecki advised there had been a series of meetings with iwi interests. He did not think the problem was with the Government necessarily, but rather with the process.

6.1.3. Medical Bed Occupancy levels

Management explained the Medical Assessment & Planning Unit (MAPU) had been established approximately 18 months ago in order to improve the occupancy levels in medical beds by enabling medical patients to be assessed in one place. A workshop on the progress of this unit was scheduled for next month.

6.1.4. Radiation Therapy wait times

Management reported the four week target wait time between First Specialist Assessment and treatment date had been achieved in December and January. Members were reminded a workshop on the service was scheduled to follow the completion of this meeting, but the recent planning for the reduced wait times included such initiatives as getting the machines linked, and the planning stations and staff in place.

6.1.5. Smoking Cessation

Management advised the main obstacle to achieving this target was completing the documentation. Most areas were close to target. The advice and help to quit smoking had to be provided to all patients, with no exceptions being made in terms of how sick a patient might be. The initiatives currently being taken to ensure the target was achieved were briefly discussed.

6.1.6. Electives Health Target and Electives Initiative

Management acknowledged the narrative on page 6.14 did not match the table in figure 18. The updated result was 54 CWDs behind year to date and ahead in elective health targets by 69 discharges

6.1.7. Diabetes Nurse Specialist Prescribing Demonstration Site

Members were advised MidCentral Health would have three nurses involved in this pilot.

6.1.8. Dental Services for ex-Kimberley Centre Residents

Management advised approximately 50% of the five-weekly mobile surgical bus visits to Horowhenua Health Centre would be allocated to dental services for ex-Kimberley Centre residents.

6.1.9. Diabetologist Hours

It was noted that the new diabetologist's time was split between diabetes and general medicine, and that the 0.7 allocation to diabetes.

6.1.10. Management/Administration Staff Turnover Rate

In discussing this update, Management pointed out that the turnover for MidCentral Health was good, with a variation of only four for the first six months of the current year. Looking ahead at next year and basing figures around current numbers, there would need to be some variation, but it would only be about 1%. It was noted that exit interviews were offered to staff who resigned. These interviews could be either electronic or in person, and with either management or an HR representative. The timing of the interview was the staff member's choice.

Richard Orzecki left the meeting.

6.1.11. Medical Oncology Nurse-led Patient Clinics

Management explained these clinics had a very low volume. It was an area where the service was looking to build capacity, and linked to aspects around nursing capacity. It was about developing the skill and capability of nursing staff and planning their work.

Richard Orzecki returned to the meeting.

The Committee were updated regarding the recruitment of medical oncologists, with Management advising they were hopeful of recruiting a medical oncologist who would start around April. They were also following up on another possible candidate. Both of these candidates had previously worked for MCH. There were another three people who had shown an interest in working for MCH. Management also advised they had discussed the possibility of varying options of work arrangements with the part time medical oncologists, but generally these people had other responsibilities and were unable to accommodate any additional hours.

6.1.12. Bariatric Surgery

There was a brief discussion on this item. Bariatric surgery required a suitably qualified surgeon, supported by special equipment and nursing staff. Planning teams were looking at what was required to do this surgery and what the best options might be. Whilst numbers for this type of surgery were currently low, they were expected to increase in future.

It was recommended

that this paper be received

Cynric Temple-Camp left the meeting. Ann Chapman arrived.

6.2. Child & Adolescent Oral Health Project – Quarter 2 update

Kate Joblin left the meeting.

It was noted the three new therapists were new graduates employed under the new employment arrangements.

Cynric Temple-Camp returned to the meeting.

Kate Joblin returned to the meeting.

A member pointed out the duplication in work required by having to do pre-school registrations, especially given the transient nature of people.

It was recommended

that this report is received

6.3. Hospital Benchmark information – update

It was recommended

That this report be received, and

that the reporting item for the Hospital Benchmarking Information be removed from the reporting framework for the work programmes of the Hospital Advisory Committee and the Community and Public Health Advisory Committee

7. GOVERNANCE ISSUES

A member asked when an update would be provided on the changes made at the Diabetes Lifestyle Centre. Management undertook to report back on when an update would be provided.

Listing the reports due to the next meeting was appreciated by members, and Management were encouraged to continue the practice.

It was recommended

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

8. LATE ITEMS

There were no late items.

5.13

514

9. DATE OF NEXT MEETING

1 March 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 : Potential Serious Events/Complaints	To protect personal privacy	9(2)(a)
: Elective Services Production and Workforce Programme	Under Negotiation	9(2)(j)
Contracts Quarterly Report	Subject to commercial negotiations	9(2)(j)