

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 3 March 2009 commencing at 8.35 am in the Boardroom, MidCentral District Health Board

Jack Drummond (chair)
Lindsay Burnell
Ann Chapman
Jim Jefferies
Richard Orzecki

Stephen Paewai
Barbara Robson
Kerry Simpson
Cynric Temple-Camp
Ian Wilson

In attendance

Murray Georgel, CEO
Lareen Cooper, General Manager, MidCentral Health
Stuart Wilson, General Manager Corporate Services
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member (part meeting)
Nicholas Glubb, Group Manager, Child, Women, and Mental Health Services
Brett Sheehan, Group Manager, Surgical Services
Lyn Horgan, Group Manager, Medical Services
Penny O'Leary, Group Manager, RCTS, BreastScreening Coast to Coast, Clinical Services
Muriel Hanratty, Group Manager, ATR & Community Services
Sue Wood, Director of Nursing
Simon Floris, Planning & Performance Unit
Chris Channing, Planning & Performance Unit
Shirley-Anne Gardiner, Operations Manager
Warwick Davenport, Funding Division, (part meeting)
Shane Ruwhiu, Funding Division (part meeting)
Communications Unit (1)
Media (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. Stephen Paewai advised he was a candidate for the Tararua District Council's by-election.

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

Jim Jefferies declared his conflict of interest in the confidential section of the Operations Report: financial position, in terms of the reference to outsourcing elective work to the

private hospitals and his involvement with Aorangi Hospital Limited. Mr Jefferies advised he would leave the meeting for this part of the agenda.

4. MINUTES

4.1. Minutes

It was recommended:

that the minutes of the meeting held 3 February 2009 be confirmed as a true and correct record.

4.2. Recommendations to Board

The Committee noted that the Board approved all recommendations contained in the minutes.

5. MATTERS ARISING FROM THE MINUTES

Elective Services throughput and impact of ESPI non-compliance

The CEO advised a response was received on 27 February in relation to the DHB's request for tolerance from the Ministry due to the confusion over the interpretation of the elective initiative rules. The Ministry's response was that they were unable to rescind the decision to suspend access to funding for the additional elective work. The Ministry outlined their assessment of the situation, and noted their pleasure at the efforts that had gone into addressing the issues.

6. STRATEGIC/SPECIAL ISSUES

6.1. Quarterly quality update

Management advised in response to a query relating to the outcome of regular clinical audits, that Clinical Quality received all audits that occurred in the organisation, and monitored the recommendations and progress towards their implementation. The member also queried whether there had been improvements made to patient safety and clinical effectiveness for patients arising from reviewing patient incidents and complaints. Management advised the monthly scorecard contained a lot of clinical indicators. These results were then considered and had audits underneath where necessary, eg the bacteraemia rate would be investigated if it was consistently higher than the target.

Another area raised was the medicines reconciliation project. Management advised ward 25 was trialling the medication reconciliation currently.

It was recommended that

this report be received.

6.2. Clinical Risk update

Management advised the majority of the medicine incidents were system errors, rather than human errors. There were various reasons for this, eg packaging of medicines, duplicate charts, delays in writing up charts, shift changes etc.

It was recommended that

this paper be received.

6.3. Regional Women and Child Health Services update

A request was made for the next update on this project to include progress being made against all the milestones for the project. An update on progress against the milestones of the child health regional initiative was also requested.

It was noted that using tools such as honorary staff status and credentialing were very useful in relation to regional work.

It was recommended that

this report be received.

6.4. Child and Adolescent Oral Health update

In updating members on progress, Management advised deeds of purchase for equipment and the mobile clinics had been signed, but no final decision had been made on either the mobile or fixed clinics. However, last Friday, 27 February, notification arrived from the Ministry of Health advising that the business case had been approved by Treasury. Notification of the approval of the capital funding had yet to arrive. Management would now move to finalise the various outstanding pieces of work and hopefully be in a position to order the mobile clinics by the end of this month.

A member expressed concern in relation to signing the deeds of purchase for equipment prior to the business case being signed and agreement on the size of the mobile clinics being reached. Management advised a lot of time and work had been spent with other DHBs and DHBNZ in relation to the equipment deeds, and they were comfortable with this issue. Clarification on the final plans for the clinics had been sought a number of times and there had been some movement as a result. The floor layout was not specified in the deeds. Management noted they had to work to the business case in relation to the cost.

There had been considerable discussion with the Ministry in relation to the clinic size. MDHB was one of only two DHBs wanting a 14.5m unit. The Ministry originally would only fund a 10.5m unit. However, as a result of ongoing discussions with the Ministry, a 12.5m unit may be available and would be covered by business case funding. If we wanted the larger size, we would have to fund the additional costs.

It was recommended that

this report be received.

6.5. Breast Screening Wait Times update

It was recommended that

this report be received.

6.6. Renal Services Plan update

In speaking to this paper, Dr Warwick Davenport (Funding Division) informed members it appeared inevitable that in future there would be a huge increase in the number of renal patients. However, there were things that could be done to try and reduce the problem.

A member sought clarification in relation to the screening process that was now available for General Practices in this district for the assessment of cardiovascular risk. This screening could also be used for diabetes checks and could provide an opportunity to identify chronic kidney disease (CKD) as well. The member felt by identifying CKD, this work could be classed as a research proposal. Management advised the screening was routine work, rather than identification of CKD in isolation.

Another member agreed with the report stating most of the factors for stages two and three CKD were the same as for cardiovascular diseases, and it therefore made sense to include tests to identify people at risk from CKD and manage them.

Dr Davenport advised that currently, funding requirements were based on assessments and therefore were predictive. However, the disease management programme increased our knowledge and would in future provide greater focus for the prevention/treatment regime and also costs.

It was recommended that

this report be received.

6.7. Non-Financial Performance Indicator Report including Health Targets and confirmation Reporting for Quarter 2, 2008/09

It was recommended that

this report be received.

6.8. Update on Radiation Therapy Wait Times/Secondary Care Component of the Cancer Control Plan

Management updated members on waiting times, advising that there were only four patients waiting longer than six weeks in category C as at 2 February. The longest wait time for those four patients was 11 weeks, and the person at that wait-time would receive treatment this week.

In relation to linear accelerator 4 (LA4), 19 patients were treated on LA4 last week. Most of the patients were treated within 10 minutes, which showed the efficiency and speed the machine was capable of. LA2 was still being used because of the mix of patients. Fifty four more treatments have been performed on the machines, due to the work done in January to prepare the patients and the overtime done by staff.

Management confirmed the post event audit of LA4 would involve looking at both the original and the updated business case and identifying all measurable items for the audit, as well as any other matters considered appropriate.

It was recommended that

this report be received.

6.9. Draft 2009/10 District Annual Plan

A member asked if there was any further information on what the average length of stay was now for normal maternity deliveries and postnatal care; and what the capacity was in wards where mothers might previously have had to leave early following the delivery of their baby due to lack of capacity. The member felt this information would help inform requirements in the current government's priorities.

It was noted that the Health Research Council (HRC) could be approached for assistance with research projects. Management confirmed there were already a number of research projects that the organisation participated in through the HRC.

Other comments on the District Annual Plan noted were:

- : Whanganui DHB patients in renal failure came to MCH, but MDHB's cardiovascular plan was not used in their DHB
- : Conversely, other DHBs who used our services (eg RCTS) had results they were not responsible for
- : Improved workforce retention and leadership had already been done - workforce could only be pushed so far
- : Improved services, reduced waiting times, and increased elective volumes were yearly goals
- : The Minister's messages were fair and reasonable. We must have a "can do" attitude. It would be a huge challenge to break even, but we had to have a harder approach and try to find increased revenue and savings.
- : Could the government top up the 20% gap paid for private health insurance, which was often the amount people could not afford.
- : Were inventories appropriate? The CEO confirmed they were, and advised information on stock turnover could be provided for members' comfort. In addition, a stock imprest system was used, and purchasing arrangements existed with other DHBs.
- : There could be confusion between surgical elective discharges and total elective discharges.
- : Need to kick start evolution to primary care, but the skill base must be there to manage things. Otherwise the clinicians would not have any confidence and the devolution would not take place.
- : Finance message was stronger and more relevant than ever. As the recession bites in, it would become apparent there was not enough government funding to support services.

The CEO summed up saying whilst the messages seemed similar to previous ministerial expectations, they had been followed up with a number of small but significant policy changes. Attention was being given to developing various plans, eg an elective service plan was required. Voluntary workforce bonding was to be put in place. A cap on FTEs had been introduced. These were examples of changes taking place that would encourage financial responsibility. Mr Georgel also clarified that the forecast funding track (FFT) for 2009/10 of 3.116% was the indicative amount subject to budget approval by government. It was a price increase plus a technology price increase. The demographic growth funding was another 2% additional funding to recognise number, age, and mix of population.

It was recommended that

this report be received.

7. OPERATIONS REPORT

The General Manager, MidCentral Health, presented her report.

In acknowledging the achievement of the Emergency Department who recently gained accreditation from the Australasian College of Emergency Medicine, a suggestion was made that the private sector and the wider region could be interested in working closer with MCH to ensure registrar training continued.

The low percentage of complaints resolved within the target of 15 working days was noted. Management acknowledged it was low, commenting there were various reasons contributing to such a result. A better resolution was obtained for some complex complaints if a longer timeframe was taken to resolve them.

Finance Report

In presenting the finance report, members were advised that Simon Floris, the current Manager, Planning & Performance Unit, was leaving shortly to travel overseas. His replacement, Chris Channing, was introduced to members.

There was a general discussion in terms of MCH's increasing deficit. Management advised the main reason for the deficit was due to over-production in areas where throughput was capped under the contract. This was not budgeted for, and the DHB did not have surplus funding to cover it.

Rescue Helicopters

Management was thanked for the information provided in relation to a recent media article on guidelines for using the single helipad at Wellington Hospital. Barbara Robson felt the situation under discussion could have a costly impact on our DHB, and should be watched closely.

It was recommended

that this paper be received

8. GOVERNANCE ISSUES

8.1. Work Plan for 2008/09

It was recommended

that the updated work programme for 2008/09 be noted.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

7 April 2009

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:

Item	Reason	Reference
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	
Operations Report – : MECA accruals : Financial Position	Subject to negotiation Subject to negotiation	9(2)(j) 9(2)(j)
Cancer Control Plan costs	Under negotiation	9(2)(j)
2009/10 District Annual Plan	Under negotiation with the Ministry of Health	9(2)(j)