

MidCentral District Health Board

6-P

Minutes of the Hospital Advisory Committee meeting held on 4 May 2010  
commencing at 8.30 am in the Boardroom, MidCentral District Health Board

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**PRESENT**

Jack Drummond (chair)  
Lindsay Burnell  
Jim Jefferies  
Richard Orzecki  
Stephen Paewai

Barbara Robson  
Kerry Simpson  
Phil Sunderland  
Cynric Temple-Camp  
David Warburton

**In attendance**

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

Diane Anderson, Board Member (part meeting)  
Graham Campbell, Board Member (part meeting)  
Nicholas Glubb, Operations Director, Specialist Community & Regional Services  
Lyn Horgan, Operations Director, Hospital Services  
Sue Wood, Director of Nursing  
Chris Channing, Manager, Planning & Performance Unit  
Ian Ironside, Funding Division  
Carrie Naylor-Williams, Service Manager ED (part meeting)  
Paul Cocks, Optimising the Patient's Journey Programme Manager (part meeting)  
Communications (1)  
Media (1)

**1. APOLOGIES**

An apology was received from Ann Chapman.

**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.

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

There were no declarations of conflict.

## **4. MINUTES**

### **4.1. Minutes**

It was recommended

*that the minutes of the meeting held on 6 April 2010 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**

There were no matters arising from the minutes.

## **6. OPERATIONS REPORT**

### *Proposed New Service Configurations*

A member reported that the proposal to change the level of service provided by this service, ie from 49 beds to 25 beds, was difficult for the public to accept, especially when the current 49 beds were being fully used.

Management appreciated the feedback, and said staff would be mindful of the sentiment when engaging with community groups and staff during the review. It was also acknowledged that current service delivery had not been prioritised by available resources over the years; however the organisation now had to live within its financial allocation.

In terms of regional activity, Management would be cognisant of it but could not wait for a preferred or strategic path for elderly services in the region, as the regional project was outside MCH's timeframes for addressing the financial situation. Management noted a member's request for clinician involvement to be noted in reports.

### *Linear Accelerator Replacement Project*

The Operations Director, Specialist Community & Regional Services advised the new accelerator had arrived in the country, and would be brought to Palmerston North this week. The change-over of machines was scheduled for the weekend of 8 May.

### *Herceptin Costs*

In response to a query, Management advised the Herceptin cost was for the drug costs only and did not include extra cardiac checks. The member further asked if it could be clarified if the Ministry reimbursed the DHB for the cardiac checks.

### *Antenatal HIV Programme*

Barbara Robson asked if the only data sent was the HIV positive status, and what happened to the identifiable data once the Ministry had finished with it and sent it on to the National Screening Unit. Management undertook to find out and report back on these queries.

## *Major Joint Replacement*

Management advised that at this stage, MCH would probably be behind in major joint replacements in terms of meeting the standardised discharge rates. It was noted there was no longer a separate initiative for joint replacements as this was now included in the whole elective initiative plan.

### *Annual Leave*

Management advised annual leave was managed in a number of ways, including encouraging staff to take it during quieter times and school holidays etc. The amount of outstanding annual leave was fairly consistent throughout the year.

Graham Campbell and Diane Anderson joined the meeting.

### *Recapitalisation*

It was noted that the executive management team were looking at recapitalisation and this would be reported on next month.

### *Acute Surgical Demand*

The current drop in surgical demand posed a number of questions in relation to managing resources and scheduling services, as it was not known how long the drop might last or whether it would revert back to previous levels. Management advised that from an organisational perspective, the reduction in acute surgical demand had relieved pressure, but MCH had planned for 2009/10 to have sufficient beds available to meet the acute surgical and medical demand and provide for elective surgery.

### *ACC Funding*

Management explained the funding process for ACC, advising that ACC acute funding was paid direct to Vote Health which was then passed on to DHBs. There were also other opportunities for gaining ACC revenue, and the DHB was looking into them. This project involved checking MCH's claiming, billing, and receipting processes for ACC work.

### *Cash Position*

Management explained the reference to recapitalisation was an internal loan arrangement within the DHB.

It was resolved

*that this paper be received*

## **7. STRATEGIC / SPECIAL ISSUES**

### **7.1. Child & Adolescent Oral Health**

The Operations Director, Specialist Community & Regional Services, advised that there was no cost to MCH associated with remedial work associated with acceptance testing or ensuring the clinics were delivered as specified. As far as options for changes to make the clinics more functional was concerned, there was potential for these changes to be a cost to MCH, but any such changes would be carefully considered, including the benefits relative to any costs involved.

It was recommended

*that this report be received*

### **7.2. Shorter Stays Target and Taskforce update**

Carrie Naylor-Williams, Service Manager, Emergency Department, and Paul Cocks, Programme Manager, OPJ Programme joined the meeting for this topic.

Clarification on the Ministry's target for 95% of patients being admitted, discharged, or transferred from ED within six hours was provided by Ms Naylor-Williams. She said ED was reflective of the hospital's efficiency. A whole of organisation approach was required to effectively manage patients in a timely manner, then the target would be achieved. Ms Naylor-Williams reminded members of the Emergency Department Observation Area (EDOA), which was an area patients were placed for observation, or while waiting for test results/procedures. The time spent in this area was not included in the target time of six hours as the clock was stopped while the patient entered the area and restarted when the patient left.

The Operations Director, Hospital Services advised a small group of MCH staff were attending a conference in Christchurch at the end of May, where there would be a sharing of information and learnings amongst DHBs on emergency department processes and achievements. The Programme Manager, OPJ Programme, said he thought the three key issues for MCH were discharge delays, allied health processes, and referral processes. Another area he was looking at related to the best placement of medical staff so they were in the right place at the right time.

It was recommended

*that this paper be received*

## **8. GOVERNANCE ISSUES**

### **8.1. 2009/10 Work Programme**

It was recommended

that the updated work programme for 2009/10 be noted.

## **9. LATE ITEMS**

There were no late items.

## **10. DATE OF NEXT MEETING**

1 June 2010

## **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 Sentinel/Serious Events and Complaints	To protect patient privacy	9(2)(a)
Contracts update	Competitive pricing information	9(2)(j)