

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 4 August 2009 commencing at 8.30 am in the Boardroom, MidCentral District Health Board

PRESENT

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

Stephen Paewai
Barbara Robson
Kerry Simpson
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
Muriel Hanratty, Group Manager, ATR & Community Services
Nicholas Glubb, Group Manager, Child, Women, and Mental Health Services
Lyn Horgan, Group Manager, Medical Services
Sue Wood, Director of Nursing
Jeff Small, Group Manager, Commercial Support Services
Shirley-Anne Gardiner, Operations Manager MidCentral Health
Jill McKenzie, Public Health Medicine Specialist (part meeting)
Communications (1)
Media (1)

1. APOLOGIES

An apology was received from Cynric Temple-Camp. Lindsay Burnell apologised for leaving early, and Jim Jefferies apologised for leaving for a part of 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.

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

There were no conflicts noted.

4. MINUTES

4.1. Minutes

It was recommended:

that the minutes of the meeting held 7 July 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

There were no matters arising from the minutes.

6. OPERATIONS REPORT

The General Manager, MidCentral Health, advised Dr Jill McKenzie, Public Health Medicine Specialist, would join the meeting at 10am to update members on the Influenza H1N1 pandemic and answer any questions they had.

Achieving Break-even Status

The terms of reference for the service reviews had been agreed with the unions.

Women's Surgical Unit

Since opening, 38 patients had been through the unit. The General Manager, MidCentral Health confirmed a new format for reporting key initiatives would commence for the July 2009 results. This would be a scorecard type of report.

Medical Assessment and Planning Unit

In response to a query regarding the delayed opening of this unit, the General Manager MidCentral Health confirmed there had delays because the initial location choice had not worked out and an alternative option had to be selected and approved. There had also been building alterations required. These alterations were being completed on a room by room basis. It was anticipated there was three weeks' work required for the alterations to be made to each room. Three rooms had to be altered. The first room should be ready for use by 10 August.

It was noted that the achievement of these initiatives were the key results the committee wanted updating on, so that members could put them into perspective in terms of their impact and materiality on the whole turnaround plan.

Hospital at Night was explained for members. It was an initiative brought in by the NHS as part of the European working times initiative for medical staff as they required more medical staff so they were rationalising the night shifts. There was a coordinated process where a senior nurse prioritised the work and allocated it to junior medical staff and nurses. The system was introduced by Canterbury DHB in the last 3-4 years and they had moved to using it for after hours and weekends.

MCH would be starting with a hospital after-hours concept including the weekends and afternoons as well as nights. From a patient safety perspective, it would help with the newly introduced early warning system.

Electives Report

MCH had met with the Ministry last week to discuss progress with the elective initiative. The Ministry has determined that MCH should alter the phasing of our plan.

Diane Anderson joined the meeting.

There had been a number of factors which impacted on the elective work to date, including the norovirus outbreak, the impact of establishing the women's surgical unit, the Medical Assessment and Planning Unit and implementing the radiology information system/picture archiving and communications system.

Management confirmed the elective programme would catch up on work so that the overall target for the year was achieved. Reporting would be against the new plan.

In relation to the cataract initiative, Management confirmed the revenue not earned by MidCentral Health would become available to other DHBs. The funding for this initiative was on top of the population based funding allocation, but it was only paid for work done. Management confirmed the situation was being closely monitored, as there were implications for registrar training as well as the patient implications, if the work was not done.

Lindsay Burnell left the meeting.

Radiation Therapy Treatment Capacity

The General Manager, MidCentral Health advised MCH was back on target for radiation therapy wait times. Ms Cooper also informed members, there had been 50 more referrals than normal in May/June, which meant a lot of work to keep wait times on target. Discussions were being held with staff to consider how to reduce the wait times to four weeks instead of the current six weeks. MCH was working with Capital & Coast DHB and Waikato DHB to create some capacity, but it was also noted the wait timeframe would be reducing to four weeks as from December. This would mean any buffer created now would need increasing from December onwards if there was to be any buffer for surges.

Management reminded members that a paper was scheduled for discussion next month on the future strategic direction for radiation oncology services.

Jim Jefferies expressed concern in terms of training registrars particularly in orthopaedics, as there was potential long term implications if we did not get it right, eg attracting appropriately skilled clinicians. He was concerned MCH could lose registrars if it was not solved. He saw the private sector as helping with this issue.

Jim Jefferies left the meeting.

Management were asked if LA2 was decommissioned, would MCH be able to sustain throughput with the current configuration. The General Manager, MidCentral Health responded advising the forthcoming paper on the future directions for this service could cover such issues. Ms Cooper also noted it had been agreed that LA2 would continue for another six months, and then the situation would be reviewed.

The discussion on having the capacity to meet the demand was summed up. MCH was struggling to meet the six week targets, which would reduce to four weeks in December. From both the board and committee point of view, the concerns related to the implication on the financial results, particularly if referrals increased. There had to be planning to manage any surges because of their financial impact. It was really important for members to understand the situation and management had to monitor it and keep members informed.

Emergency Department Wait Times

The General Manager, MidCentral Health advised members would be kept updated on these targets.

Gastroenteritis update

The coordinated incident management process has been stood down now. However, the measures put in place to reduce the infection spread would be maintained eg the hand rub stations, controlling public entrances and visiting times.

On-site shuttle at Palmerston North Hospital

Members were advised a Palmerston North Hospital campus on-site shuttle service that picks up and returns clinic patients and visitors to their car parks would begin next week. A battery and petrol-driven hybrid car, a white Toyota Prius, would provide the service on an initial trial basis from 8.30am to 4.30pm Monday to Friday. The shuttle would use a roster of volunteer drivers and be easily spotted in the A, B, C and D visitor car parks and around the hospital through two tall, orange flags on its roof.

Funding has been provided by Endeavour Community Trust, a non-profit charitable organisation that fundraises for sporting and charitable purposes, with support from other sponsors comprising Fleetwise, Manawatu Toyota and Capture Signs.

Dedicated car parks for rural patients

Management also advised that 27 car parks at the front of Palmerston North Hospital have been dedicated to Horowhenua and Tararua people attending hospital clinics.

Did Not Attend – Outpatient clinics Attendances

The number of people not keeping clinical appointments was noted. Management confirmed a number of strategies were used to remind people of appointments, eg reminder phone calls. A member queried whether some of the appointments were unnecessary and suggested that might be why some appointments were not kept.

Financial Report

The General Manager Corporate Services advised he had just received a report on the sector's performance, and most DHBs were experiencing similar results to MDHB. As a result the Ministry would be very diligent in monitoring performance this year. Variances would need to be noted early, and the committee must understand them. Ian Wilson advised the Board would have to return some items back to committees if the control and monitoring was not sufficiently robust.

A member queried the timing of meetings, asking if there was any ability to change the meeting dates to work in better with reporting times thereby enabling members to have

more up to date information at their meetings. This was noted as being something for management to consider.

RECOMMENDATION

It is recommended that

this report be received

INFLUENZA H1N1

Members were updated on the current situation, which had not changed significantly to the update contained in the operations report.

A significant focus had been in supporting MCH in terms of planning in case MCH had an increase in presentations, in particular potential admissions to ICU. The Technical Advisory Group had been working on protocols, procedures, policy and systems to ensure everything was in place to deal with any increased demand. This had included looking at the protocols for accessing Tamiflu if required.

Although numbers around the country had dropped, historically there has been a second wave, and if that happened it could run until the end of the year.

A national teleconference of executive staff on ICU preparedness had been held, as the demand for ICU beds has a significant impact on surgical beds. ICU staff were noted to be teleconferencing on their planning and preparedness also. There was a further factor in that the smaller hospitals did not have high level ICU care, and they would feed to the larger DHBs.

Dr Jill McKenzie joined the meeting.

Dr McKenzie advised that the public health unit supported the DHB in terms of covering surveillance for the region. They had close contact with the Ministry to ensure planning was in place. Their other role was in supporting institutions like education or residential institutions that had any illness problems, by providing resources to manage them. Dr McKenzie confirmed MDHB would struggle if there was a very serious outbreak, and good ethical decisions would be required in terms of response and prioritisation of resourcing.

It was noted that advice has been released to clinicians in relation to vulnerable people eg pregnant women.

7. GOVERNANCE ISSUES

7.1. 2009/10 Work Programme

It was recommended

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

8. LATE ITEMS

There were no late items.

9. DATE OF NEXT MEETING

1 September 2009

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:

Item	Reason	Reference
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	
Operations Report –		
: Achieving Breakeven Status	Subject of negotiation	9(2)(j)
: MECA accruals	Subject of negotiation	9(2)(j)
: MRT MECA Negotiations	Subject of negotiation	9(2)(j)
: Linac 4	Subject of negotiation	9(2)(j)
Contracts update	Subject of negotiation	9(2)(j)
Extension of contracts to align with joint venture (MDHB, WDHB, Wairarapa DHB)	Subject of negotiation	9(2)(j)