

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 7 April 2009 commencing at 8.30 am in the Boardroom, MidCentral District Health Board

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

Stephen Paewai
Barbara Robson
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)
Graeme Campbell, Board Member (part meeting)
Muriel Hanratty, Group Manager, ATR & Community Services
Nicholas Glubb, Group Manager, Child, Women, and Mental Health Services
Penny O'Leary, Group Manager, RCTS, BreastScreening Coast to Coast, Clinical Services
Lyn Horgan, Group Manager, Medical Services
Anne Amooore, Group Manager, Human Resources
Sue Wood, Director of Nursing
Stuart Johanson, Acting Group Manager, Surgical Services
Chris Channing, Planning & Performance Unit (part meeting)
Ian Ironside, Funding Division (part meeting)
Dr Kenneth Clark, Medical Director (part meeting)
Communications Unit (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

Barbara Robson declared an amendment to her register of interests. She was a convener on the Federation of Women's Health Councils. Ms Robson also declared her interest in terms of a recent media release from the Federation of Women's Health Councils in relation to the HPV vaccination programme.

Dr Drummond advised his daughter did not work for ACC, but worked for an organisation that tendered to ACC.

5.14

Dr Temple-Camp advised of a three week appointment to an advisory group to the Minister regarding past and future pathology procurement strategies.

Ms Chapman advised she was no longer landlord for the District Nurses in Otaki.

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

Item 6.5 "Colposcopy DNA Rates Update District Annual Plan:
Item 7, section 4.5 "Influenza Vaccine Update:

Barbara Robson noted she was on the Federation of Women's Councils.

It was agreed Ms Robson would remain in the room during discussion on these items, as no decision was required.

4. MINUTES

4.1. Minutes

It was recommended:

that the minutes of the meeting held 3 March 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. STRATEGIC/SPECIAL ISSUES

6.1. Update on the placement of medical students at Palmerston North Hospital

Management were asked if there might be a future issue in relation to clinicians having enough time for teaching in addition to clinical duties. Members were advised that senior medical officers usually viewed teaching as an area they enjoyed, and it was seen as advantageous to the team. There were high workloads, and the report was highlighting that fact.

Management were asked to consider how the private sector could assist, as there would be a lot of goodwill to finding ways to help progress the placement of medical students in the region. There was very useful experience to be gained by the students in this wider range of work.

It was recommended that

this report be received.

6.2. Service Configuration – Dermatology Services

A suggestion was put forward that it would be ideal if the current MCH 0.3 FTE dermatologist could be filled by two or three other visiting consultants so there was cover if one of them was unavailable. Management agreed to consider the suggestion. It was noted that any service that had only one consultant was fragile and had to be managed for a number of processes, eg credentialing.

It was recommended that

this paper be received.

6.3. Alignment of service needs and development contained in the Clinical Services Plan with revenue and costs - Models of Care Development update

A suggestion to move some of the more chronic medical patients into the private sector was made. Management advised this suggestion had been considered, and some out-sourcing of medical patients had been done in the past, eg during winter last year. However, there were a number of issues in doing this, including suitable arrangements for medical cover and the acuity of the patients which made it difficult to manage some patients in the private sector. Some of the medical patients who had a longer length of stay were not necessarily the best patients to be cared for in the community. There were also some options for utilising respite care beds in the community, for suitable patients.

The member felt the shortage of beds was an issue, which meant either making more available beds in the hospital, or accessing more beds from some other facility. However, this would create financial issues, so decisions would have to be made in relation to the best options.

Management advised that in order to achieve the elective targets, both the medical assessment unit and utilising some additional beds in the women's health unit would be necessary. Members were advised the goal was to open the medical assessment unit on 10 July 2009.

It was recommended that

this report be received.

6.4. Regional Women's and Child Health Services update

An offer has been made to an applicant for the Regional Clinical Director position. Whanganui and MidCentral District Health Boards were currently waiting for a response from the Ministry of Health in terms of whether the Ministry was interested in on-going funding of this combined activity.

There was discussion around keeping the momentum of this project moving. Management confirmed there was commitment from both boards to progress this initiative.

A suggestion that perhaps the time had come when a common credentialing process across the two DHBs would help the boards work closer together. Management advised there was a concept which would mean the same credentialing process was in place across regions. The Chief Medical Officers and Chief Directors of Nursing were leading this initiative for the lower North Island.

With regard to Whanganui and MidCentral DHB, not all structures and processes were yet aligned to allow the credentialing to occur. DHBs had different policies and procedures which had to be worked through before regional credentialing could take place. The Minister has just given support to a centralAlliance between Whanganui and MidCentral District Health Boards, so they would now work together and look at what had to be done at a governance level to enable management to do such things. A paper on the centralAlliance would be presented to the next board meeting, and that would provide an opportunity to see where things were going. The importance of taking time to do the ground work required to bring about change was raised.

It was recommended that

this report be received.

6.5. Colposcopy DNA Rates update

It was agreed that Ms Robson, who had declared an interest in this item, could join this discussion provided any comments she made were generic.

The issue of investing in a nurse colposcopist was raised, as it was felt this would be more acceptable for women.

Ms Robson commented that if the colposcopy work was sub-contracted to the private sector, there was a lower DNA rate. She wondered if the DNA rate also reduced for Maori women accessing the private sector and whether there was any particular reason for it, where the service was provided, the hours it worked, and whether that made a difference. She wondered if there was something else that could be done, that would make a difference. She said she would appreciate some information on this.

Ms Chapman queried whether it was good use of skilled time for a lead nurse to be following up on DNAs, or should that be an administrative role. If it was done by administration staff, could any monetary savings be used to liaise with the Nursing Council to get a nurse colposcopist. Management responded advising that the nurses' involvement covered a variety of issues, eg education, relationships, travel, and cost.

Mr Burnell suggested that the 4th and 5th stage in the process for following up on non attendance at a clinic should be merged.

Mr Orzecki advised of a recent publication *He Ritenga Whakaaro: Maori Experience of the Health Service*. This publication included comment on why Maori people did not attend appointments. The glossary also contained a very good section on medical terms. He recommended this to Management for review.

Management asked where this issue lay in terms of the competing priorities for health, and commented on individual responsibility. Management further advised that the pathway for getting a nurse colposcopist was the same as for a nurse surgical assistant. The Nursing Council was progressing this issue and would be consulting on the RN scope, the scope for advanced practice, credentialing, and assistants which include nurse colposcopists. The DHB could currently support a qualified nurse applying to have an extension to their scope of practice.

It was recommended that

this report be received.

6.6. Internship Programme for Allied Health Staff update

S-17

It was recommended that

this report be received.

6.7. Update on Radiation Therapy Treatment Capacity

Management advised MCH was currently compliant with Ministry standards for waiting lists. However, there were some vacancies coming up in May and the number of category B patients had escalated in the last few days, which will have an impact on waiting lists.

A service manager has been appointed for Radiation Oncology, which will focus on monitoring throughput.

Repairs have been made to LA3 which broke down recently. LA4 was now treating 30-31 patients per day. Management was working closely with the supplier, who was very committed to resolving the problems associated with the new machine.

It was recommended that

this report be received.

6.8. Serious and Sentinel Events

It was noted that the events contained in the Serious and Sentinel Events report, did not have a standardised rating. Standardisation would happen as boards implemented the national incident reporting system, which used the severity assessment code (SAC) rating. It was intended for this system to be implemented by the end of this calendar year.

It was agreed that over time, the public and media would gain a greater understanding of the issues involved in adverse events.

It was recommended that

this report be received.

6.9. Mobile Surgical Services

Management advised a meeting would be held in about two weeks time with Mobile Surgical Services, and MDHB's Chair, CEO and Medical Director, to discuss the differences in approach to staffing of the bus.

It was recommended that

this report be received.

7. OPERATIONS REPORT

The General Manager, MidCentral Health, presented her report.

Outpatient Clinics

Management apologised for the poor communication around the decision to reduce three clinics per month in Tararua and the number of general surgery clinics in Horowhenua. It was acknowledged this change in service delivery should have been managed better.

Mr Paewai and Mr Burnell expressed their concerns at the process, and in particular the reference that the shuttle service between the two centres and Palmerston North Hospital could be used by patients who needed to attend the Palmerston North clinics. They felt the shuttle services were local initiatives that had been seen as a method for moving people to Palmerston North.

Management acknowledged the comments, explaining the reference to the shuttle services was meant to inform patients about the service, it was not meant as an endorsement to closing the clinics.

Mr Wilson commented that the action was an example of the sort of decisions being asked of Management by the Board and Committees in view of the current financial situation.

Kinderheim Child Care Centre (Palmerston North) Inc Society donation

Members asked that their appreciation for the donation by the Kinderheim Child Care Centre (PN) Inc Society to Palmerston North Hospital be noted.

Oral Maxillo Facial Surgery

Management advised that the resignation of the sole oral maxillo facial surgeon was seen as an opportunity to rebuild the service and move it forward. Whilst the loss of staff was unfortunate, a recent credentialing exercise had provided direction for moving the service forward.

Norovirus Outbreak

Management advised they were following up with three aged care facilities and another facility in the community, following the recent norovirus outbreak. This outbreak would have an impact on elective services throughput, as staff contracting the virus were required to take employment related leave and not return to work until 48 hours following the illness. Meticulous cleaning also had to be undertaken in the affected areas.

Scorecard results

Management advised they were checking the occurrence rate of selected incidents per thousand beds days result. Management had also followed up on comments made at the last meeting in relation to the time taken for the resolution of complaints, ensuring that any complex complaints were identified early and advice given to the complainants that resolution would take a while.

Case Weighted Discharges – Price Volume Schedule

The price volume schedule targets were outlined in the annual planning process, and would be further discussed in part two of the meeting. Management explained that as far as the emergency department was concerned, there had been a change in the way volumes were counted. The volumes would be counted this way next year.

Management agreed that it was hard to map the cost of changes over the years. The changes had largely been made in order to fit with the national pricing framework around uniform counting methods in all DHBs.

Sick leave

S-19

Noted that sick leave was tracking down and was now around 2.86% compared with 4%. Whilst it would go up with the recent norovirus incident, it was expected to keep coming down.

Finance Report

The General Manager Corporate Support undertook to respond directly to Ms Chapman in terms of explaining the operating surplus graph 3.1 and the statement in paragraph 5.

Management explained that putting work out to the private sector was a higher cost than budgeted for MidCentral Health. However, MidCentral Health was doing that in order to achieve the elective targets overall for the DHB, as the elective work resulted in considerable revenue for the DHB.

Management were asked if they knew what was the percentage of women who discharged home directly from the delivery suite. Dr Clark said he would guess it was around 15%.

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

5 May 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 – : Official Information Act Request – Mental Health	To protect patient privacy	9(2)(a)
: MECA accruals	Subject to negotiations	9(2)(j)
Mobile Surgical Services	Subject of negotiation with Mobile Surgical Services	9(2)(j)
Draft 2009/10 District Annual Plan	Under negotiation with the Ministry of Health	9(2)(j)