

MidCentral District Health Board

Minutes of the Hospital Advisory Committee meeting held on 5 February 2013 commencing at 8.45 am in the Board Room, MidCentral District Health Board

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Richard Orzecki
Stephen Paewai

Barbara Robson
Phil Sunderland
Cynric Temple-Camp

Unconfirmed Minutes

In attendance

Murray Georgel, CEO
Mike Grant, General Manager, Planning & Support
Carolyn Donaldson, Committee Secretary

Pat Kelly, Board Member
Diane Anderson, Board Member
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Muriel Hancock, Director, Patient Safety & Clinical Effectiveness
Sue Wood, Director of Nursing
Anne Amooore, Manager, Human Resources and Organisational Development
Chris Channing, Business Manager, Planning & Support
Amanda Drifill, Service Manager, Medical Services (part meeting)
Judy Boxall, Service Manager, Child & Adolescent Oral Health Service (part meeting)
Vivienne Ayres, Manager, DHB Planning and Accountability (part meeting)
Kevin Smidt, Clinical Director Clinical Support Services (part meeting)
Di Orange, Team Leader, Medical Imaging (part meeting)
Adrian Lamballe, Radiologist (part meeting)
Communications (1)
Media (1) [part meeting]

1. APOLOGIES

An apology was received from Kerry Simpson. Kate Joblin apologised for lateness.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1 Amendments to the register of interests

The following amendments to the register of interests were received:

Stephen Paewai

- executive member, Rangitane o Tamaki nui a Rua
- trustee, Tararua Hauora Services

Barbara Robson

- consumer representative, Maternity Clinical Information Systems Clinical Reference Group (this is a national committee).

3.2 Declaration of conflicts in relation to today's business

The following declarations of conflict of interest were noted:

6.6

Jack Drummond and Cynric Temple-Camp declared a conflict of interest with some of the cases mentioned in the confidential section of the operating report.

Stephen Paewai declared a conflict of interest with the following items

6.3 and 6.6 (Director, Central PHO)

6.4 (Trustee, Tararua Hauora Services)

9.1, 9.2 and 9.3 (Director, Central PHO and Executive Member, Rangitane o Tamaki nui a Rua).

4. MINUTES

It was recommended

that the minutes of the meeting held on 20 November 2012 be confirmed as a true and correct record.

4.1 Recommendations to Board

It was 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/ANNUAL PLANNING

6.1 Patient Safety & Clinical Effectiveness update

It was noted that significant achievements had been made in the following:

Hand hygiene – improvement has been noted over two reporting periods of 10%. The measure for this initiative was explained.

Implementation of Riskman was going very well. The focus was still mainly on the incident reporting module, and following a recent meeting with Whanganui DHB, MidCentral Health would be working closer with them in relation to how other parts of the module were implemented.

All DHBs in the central region have done extremely well with the Central Line Associated Bacteraemia (CLAB) initiative.

Medicines reconciliation – this has improved from around 18% to between 35-45% for the targeted population. The objective of this programme was to obtain an accurate list of patient medicines and compare them to the prescribed medicines. Any discrepancies were documented and reconciled.

Kate Joblin joined the meeting.

Gastroenteritis – the statement in this paragraph that “norovirus screening was only accepted by laboratories when there was a confirmed outbreak” was clarified. Laboratories accept testing until it is established that there is an outbreak, at which stage testing is stopped as the outbreak has been confirmed. The tests do not inform anything, just confirm the outbreak.

Family Violence Intervention Programme (FVIP) – It will be very challenging to measure the effectiveness of this campaign. It was hoped it could be translated into less people coming into the emergency department.

It was noted that there was no plan to put all staff through FVIP training. The training was open to everyone, however there were designated services whose staff must be trained eg emergency department, mental health, child health etc.

Management advised the strategic plan for FVIP contained a priority about understanding the needs of Maori and responding appropriately, because of a specification around whanau ora and the necessity to encompass it.

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Richard Orzecki advised his Marae was hosting a family violence hui shortly, suggesting it could be an opportunity to include further information.

Certification/Accreditation – A member asked if the Ministry of Health review of the audit process was only against HDSS or all audits. Management advised this report was specifically on HDSS, but the Ministry might be looking at other things.

It was recommended

that this report be received

6.2 Privacy Incidents

It was noted that the result of the clinical records audit to be undertaken in relation to misfiling reports on clinical files would be referred to in the next patient safety update. However, if anything of significance or concern was found, it would be reported to this Committee promptly.

Concern was expressed that given the number of privacy and security breaches, there was a danger of breach incidents being normalised. Concern was also expressed in relation to whether records were being filed correctly, given information had been printed on the reverse side of the paper. Management advised part of the audit process was to ensure information had been filed correctly, and if it was filed incorrectly then had it been critical to the patient’s treatment pathway.

It was suggested patient records should be made available for patients and the public to review, to see what information was being collected and shared about individuals and how it was stored. The CEO felt this would need to be a whole of sector approach, but as there was a board workshop shortly, the suggestion could be considered when discussing the annual plan.

Diane Anderson arrived.

It was noted the audit had been peer reviewed. The Committee was advised the content of the Staff Day Orientation had been strengthened to reinforce the importance of privacy, and there were seminars that staff were encouraged to attend. The February Buddle Findlay seminar was on privacy, and Management were considering recording it on video.

It was recommended

that this report be received

6.3 Update on the implementation of the Cardiology Landscape Report and Progress against Health Target: Better Diabetes and Cardiovascular Services

Management was not aware of any adverse impact of the service accepting urgent referrals only. It was understood that Capital & Coast DHB had capacity to take the additional patients being referred to them. It was noted there were minimal numbers of patients waiting for angiography – probably two or three week wait list.

The recent purchase of an additional treadmill would mean a “one stop shop” where patients did not have to return for a second appointment. This treadmill was located in ambulatory

6.8

care. The impact of the new treadmill was additional volumes and angiography referrals. However, the increase was being managed well.

It was also noted that MCH was perceived as a “super” secondary centre, that was able to offer diagnostic angiographies to both MCH’s population and potentially Whanganui DHB’s population.

It was recommended
that this report be received

6.4 Child & Adolescent Oral Health update

Members were advised of a correction to Table 9 October 2012 School Holiday Utilisation as follows (see highlights) –

Site	Days Operating	Appts Made	Patients Seen	Complete Treatments	DNA		Average number of pts/DT
Horowhenua	27	381	288	140	93	24%	10.7
The Palms	17	260	221	113	39	15%	13
TOTAL	44	641	509	253	132	20%	11.9

Cynric Temple-Camp left the meeting.

Management updated the Committee on the commissioning of the last two mobiles in relation to the strong smell inside the units, advising there had been extensive testing and work done with the manufacturer. It appears the smell has occurred because a batch of fibreglass panels was not cured properly. A number of options to remedy this have been identified and are being worked through. As a result, these two mobiles will not be in service for the first school term.

Cynric Temple-Camp returned to the meeting.

A number of queries were raised, and Management agreed to provide the information in the next report. The queries were:

- What number of children will be involved from the 37 contributing schools at project completion?
- Based on the figures for these schools at the moment, what is the total number of children from each school?
- Are children with disabilities going to fixed sites, not mobiles?

In response to the last request, the Operations Director Specialist Community & Regional Services confirmed previous advice given that children or parents who required universal access were given appointments at the fixed facilities.

A lot of work was being done in terms of the pre school age Maori children from the Otaki area. Monthly checks were made in terms of the high risk population to ensure they were being seen within the agreed timeframe and followed up. Other community agencies who worked with this group were involved. Advantage was also taken of having access to facilities during school holiday.

It was recommended
that the report be received

6.5 Workforce Strategy 2012-2015: Six Monthly update

It was noted that the Safety Cultural Survey was voluntary, and therefore did not include the views of all staff. A member was concerned that clinical leadership did not understand how critical financial results and targets were, and that Management needed to get that concept into the organisation. Management acknowledged the feedback.

In relation to workforce numbers, the Workforce Strategy, including any workforce replacement, would be driven mainly by the Annual Plan and what was required to deliver it. As vacancies arose, there should be consideration given to whether an exact skill replacement was required before any new appointment was made.

In respect to service reconfigurations, there were no plans for any wide-scale reviews similar to those undertaken two years ago. However, this would depend on how well the organisation delivered services and maintained its financial position.

A member referred to the Clinical Governance Assessment Project survey in respect to the responses given to questions 4 and 14, saying he felt they were in conflict with each other. Management acknowledged the comment.

It was recommended

that this report be received

6.6 Non-financial Performance Measures Quarter 1

It was noted that the health target for shorter stays in ED had declined, but the immunisation coverage rate for 8 month old infants was achieved, as was the target for cancer treatment waiting times which now included chemotherapy with radiotherapy. An update on another important area was cardiovascular disease risk assessments, which had improved to 51.1% for the quarter 2. The health target for better help for smokers to quit – both in primary and secondary was still well below target – the result for primary has remained the same for quarter 2 (at 47.0%)

Management advised the quarter 2 report was currently being finalised and would be presented to the Committee next month.

In response to a query regarding NHI duplicates and the ethnicity data collection issues in respect of maternity services, Management advised that the maternity system (Teranova) defaulted to the ethnicity code (99 – Not Stated) that could not be rectified until the system was replaced. In the meantime, staff are encouraged to check/re-check data entry before submitting it and together with the staff education/training and audit processes in place this should help to reduce the rate of errors. Further, occasional interface issues arise between Homer (the core patient information system), and other systems which result in data not always reconciling. The NHI search function is not reliable in Homer. Continuous training and audit checks on how staff are searching for NHIs is undertaken. The information system issues will not be addressed until such time as they are replaced later in 2013/2014.

It was recommended

that this report be received

6.7 2012/13 Regional Services Planning Implementation update

Management clarified the situation in regard to the CRISP programme, advising there was no full regional financial support for the programme at the moment. There was financial support for assessing what the programme would be, but not for its implementation. The regional boards wanted to know the full breadth of the work before they committed to the investment.

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It was noted that the cardiac intervention rates were reported in the non-financial performance measures paper.

It was recommended
that this report be received

6.8 Capital Expenditure – Multiple Imaging Systems

Management confirmed the sonographer workforce situation, and the initiatives underway to improve sonographer staffing, noting that other clinicians were also able to use the ultrasound machines.

Work on the centralAlliance review of medical imaging was just getting underway. It was one of the centralAlliance initiatives for this year, looking at current capacity and capability of medical imaging across both DHBs, with a view to options for future development and investment. The equipment would be required by Palmerston North Hospital regardless of the review.

It was confirmed that the replacement CT scanner would be helpful in terms of cardiac angiography patients. When asked how it would impact on other work currently sent away, Management advised it was anew capability. There would be a small number of patients who were not able to have an ordinary angiography who could benefit from a CT.

Management outlined the advantages to be gained for each piece of equipment, eg faster CT scanner, improved throughput for ultrasound patients, expected increase in capacity from the general x-ray rooms, ability for ED to see images immediately they were taken, and as the DSA machine would be the latest available technology it was hoped this would help recruitment, the replacement DSA equipment would enable some of the less complex interventional workload currently carried out in CT and ultrasound to be performed by the DSA equipment.

Management also noted care had been taken to ensure expected capacity and capability was matched with service demand, consistent with our responsibilities as a secondary provider.

It was agreed recommendation, as set out below, would be considered following the part 2 discussion on this item. In the meantime, it was recommended in principle that

1. Approval is given for the procurement of equipment valued at \$4.93m
 - 3 x General X-ray Rooms (replacement)
 - 5 x Ultrasound (2 x new, 3 x replacement)
 - 1 x Digital Subtraction Angiography (replacement)
 - 1 x Computerised Tomography (replacement)
2. The CEO is authorised to sign the contracts for the new/ replacement machine procurement and the associated building/ installation costs.

7. OPERATIONAL REPORTS

7.1 Provider Division Operating Report – September 2012

It was noted that the audiology Non ESPI waiting list should reduce over the next six months, as staff vacancies were filled. A number of strategies were in place to ensure achievement of the ESPI 2 target of no patients waiting greater than five months for a first specialist assessment (FSA) by the end of June.

It was recommended
that this report be received

8. GOVERNANCE ISSUES

8.1 Work Programme 2012/13

A member expressed concern that the regional service planning process was behind schedule, stating she hoped that when the report received, it was of a higher standard than last year's.

It was recommended

that the updated work programme for 2012/13 be noted

9. INFORMATION ONLY ITEMS

It was noted that the reports in this section were information only items. Members were asked to give any comments they had on the papers to the Chief Executive or General Manager, Planning & Support after the meeting, and they would pass them on to the Community and Public Health Advisory Committee.

9.1 Mental Health and Addictions Annual Plan update

It was recommended

that this report be received

9.2 Health of Older Persons update 1

It was recommended

that this report be received

9.3 Whanau Ora update 1

It was recommended

that this report be received

10. LATE ITEMS

There were no late items.

11. DATE OF NEXT MEETING

19 March 2013

12. 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: : Siemen's contract : Potential Serious / Sentinel Events / Complaints	Subject of negotiation To protect personal privacy	9(2)(j) 9(2)(a)
Quarterly Contracts update	Subject of negotiation	9(2)(j)
2013/14 Annual Plan	Under negotiation	9(2)(j)
Capital Expenditure – Multiple Imaging Systems: Vendor analysis and financial data.	Subject of negotiation and commercially sensitive.	9(2)(j)