

**Hospital Advisory Committee Meeting of the
Wairarapa District Health Board
Held on Tuesday 16 February 2010 at 1pm,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton**

Present:

Pamela Jefferies (Chair), Bob Francis, Janine Vollebregt, Liz Falkner, Helen Kjestrup and Vivien Napier

In Attendance:

Robyn Brady (General Manager Service Improvement and Clinical Support), Gretchen Dean (Acting General Manager Human Resources), Kieran McCann (General Manager Clinical Services), Helen Pocknall (Director of Nursing, Midwifery and Allied Health), Eric Sinclair (General Manager Finance and Information Services), Cate Tyrer (Acting Director Quality, Safety and Risk), Stephanie Turner (Director Maori Health) and Diane Chesmar (Minute Taker)

1. Apologies

Apologies were received from Tracey Adamson and Mavis Mullins

2. Conflicts of Interest

There were no changes made to the Registration of Interest Registrar.

3. Confirmation of Minutes of the Meeting held 15 December 2009

THE MINUTES OF THE MEETING HELD ON 15 DECEMBER 2009 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

Matters Arising

There were no matters arising.

4. Caesarean Section Audit

The audit was done in response to a request by the Hospital Advisory Committee to review the rate of Caesarean Sections in the Wairarapa. The audit provided an overview of a detailed report and presentation in January 2010 to the Clinical Board from Obstetric staff.

- The Clinical Board is still working on this paper.
- Wairarapa DHB does the highest number of Caesarean Sections in the central region.
- Not all data has been captured due to issues with documentation:
 - Inconsistency of ethnicity data (this is not only a maternity issue)
 - Records being unavailable
- Antenatal education service contract and provision is to be reviewed by the Child Health Advisory Strategy Group. This will be funded through HEHA.
- Access and the number of antenatal visits prior to delivery will be investigated to ascertain if there is a relationship between minimal antenatal care and Caesarean Section and normal vaginal delivery.

The Hospital Advisory Committee requested a definitive update from the Clinical Board for the April meeting.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE CAESAREAN SECTION AUDIT PAPER

5. Acute Caseweight Trends – Wairarapa Hospital

Over the past five financial years the Wairarapa Hospital acute CWDs have varied considerably, but overall show a slight upward trend across the period.

Acute caseweights (CWDs) for the first four months of 2010 are 143.8 CWDs lower than for the same period last year. It is estimated that 107 CWDs or 74% of the variance is due to the change in counting rules effective from 1 July 2009 around ED attendances whereby those waiting longer than three hours are no longer caseweighted. The balance of 37 CWDs is likely to be demand driven.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

- a) **RECEIVE THE ACUTE CASEWEIGHT TRENDS – WAIRARAPA HOSPITAL REPORT**
- b) **NOTE THAT ACUTE CASEWEIGHTS ARE 143.8 LOWER IN THE FIRST FOUR MONTHS OF 2010 COMPARED TO 2009 OF WHICH APPROXIMATELY 107 CWDS, OR 74% IS DUE TO A CHANGE IN COUNTING RULES WITH THE BALANCE BEING DEMAND DRIVEN.**

6. Provider Arm Overview

- The Provider Arm had a surplus of (\$262k) for the month which is (\$49k) adverse to plan. This brings the year to date result to a deficit of (\$927k) which is (\$507k) adverse to the planned result.
- Clinical Supplies was favourable for the month of January. A catch up in orthopaedic electives will impact on clinical implants.
- A plan is being worked through to ensure that Wairarapa DHB remains green for ESPI compliance and meets the orthopaedic elective target.
- Recommendations from the Perioperative Review will improve theatre efficiencies.
- There has been improvement in ACC data collection and subsequent invoicing and further improvements will be made. A workshop for front line staff to maximise ACC revenue collection is scheduled for 3 March.
- The Provider Arm is carrying additional costs relating to IDF flow.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM OVERVIEW FOR JANUARY 2010

7. **Provider Arm Balanced Scorecard January 2010**

- Separating out palliative care costs was raised in relation to reporting the number of CMI patients.
- Health recovery is below budget for new patients into the service. This should result in savings. Discussion took place as to whether or not this was a new trend.
- A set of anaesthetic guidelines has been developed for the One Stop Shop patients. This covers co-morbidity. The process for orthopaedics is very important and the Hospital Advisory Committee requested to be kept informed.
- The integrity of data from the payroll Leader system is being investigated. A case management approach to enable staff to take leave is being looked at. The ability for nursing staff to take leave was discussed at the JAC partnership training workshop. Ideas generated from this workshop will be followed up.

Discussion took place regarding the Christmas New Year close down. Staff were called back during this period due to increased hospital activity.

With some MECAs soon expiring, the amount of high annual leave balances increases risk, as holiday pay rate is paid out at the current rate.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM BALANCED SCORECARD JANUARY 2010

8. **Nursing and Allied Health Directorate Report January 2010**

- This years Nursing Entry to Practice Programme commenced in January with six nurses, five from the Provider Arm and one from general practice.
- Student placements have already started a month earlier than usual to accommodate increased numbers. The DeU concept is being progressed with UCOL. When second year students commence in May, this model will be piloted.
- The Releasing Time to Care Project will be relaunched in early March. Membership of the DHB Project Team has widened and includes personnel from both the quality and business analyst teams.
- A good number of nurses completed their qualifications in the 2009 year. Two Clinical Nurse Specialists completed their clinical masters degrees; four other nurses completed their post graduate diploma and four others completed post graduate certificates (two of which were in palliative care).
- A full evaluation on the Bachelor of Nursing Nurse Mentor Role was received prior to Christmas. The report commends the DHB for the initiative. The Senior Leadership Team will discuss the findings from the report and make a decision on the future of such a role.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE NURSING DIRECTORATE REPORT FOR JANUARY 2010

9. Quality and Risk Report January 2010

- De-escalation – train the trainers to get better coverage and more cost effective.
- Blood stream infections (BSIs) were discussed to show hospital acquired infection.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE QUALITY AND RISK REPORT FOR JANUARY 2010

10. Human Resources Report January 2010

- The Emergency Department consultant will not now be taking up the twelve month full time contract.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE HUMAN RESOURCES REPORT FOR JANUARY 2010

11. Appendices

2010/10 Electives Initiative – Full Year Plan and YTD CWD Summary

- The reports on Electives are presented in CWDs. The relativity of CWD value to actual patients needs to be considered (e.g. 27 CWDs may only represent 2 – 3 patients undergoing cardiac surgery.
- Strategies are being implemented to reduce the number of orthopaedic patients waiting longer than six months for their first specialist assessment (FSA).

12. Report Back from Public Excluded Meeting

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

A) **NOTE** PAPER REGARDING THE CURRENT STATE OF DHB/UNION EMPLOYMENT AGREEMENTS

B) **NOTE** THE CURRENT STATUS OF THE PALLIATIVE CARE SERVICE.

The meeting was declared closed at 3.54 pm

_____ Chairman

_____ Date