

**Hospital Advisory Committee Meeting of the
Wairarapa District Health Board
Held on Tuesday 18 May 2010 at 1pm,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton**

Present:

Pamela Jefferies (Chair), Janine Vollebregt, Vivien Napier and Mavis Mullins

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), Cate Tyrer (Director of Quality, Safety and Risk) and Diane Chesmar (Minute Taker)

1. Apologies

Apologies were received from Tracey Adamson, Stephanie Turner, Bob Francis, Liz Falkner and Helen Kjestrup

2. Conflicts of Interest

There were no changes made to the Interests Register.

3. Confirmation of Minutes of the Meeting held 20 April 2010

THE MINUTES OF THE MEETING HELD ON 20 APRIL 2010 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

Matters Arising

- Antenatal education – the Hospital Advisory Committee suggested that when the HEHA Project Manager and GM Clinical Services meet to discuss antenatal education, that the meeting is as comprehensive as possible. The importance of Maori women being able to access good quality antenatal education was emphasised. Engagement with Family Start who work with mothers antenatally was also recommended. Funding and Planning are working with the PHO on implementing the programme to fund high risks mothers with free doctor visits during pregnancy.
- Patient meals – in an effort to reduce the number of not required patient meals and those being delivered to the wrong area, the process for notifying the kitchen from inpatient areas through to delivery is being reviewed, to minimise waste.
- The wait list time for non-urgent general x-rays is six weeks.
- WDHB has applied for pilot funding to support the Medicines Reconciliation Project.

4. Chairman's Report

The Chairman advised that she had no matters to report.

5. Medical Council of New Zealand Statement on Safe Practice in an Environment of Resource Limitation

Principles 12, 14 and 15 of the Medical Council of New Zealand Statement on Safe Practice in an Environment of Resource Limitation are equally applicable to Wairarapa DHB.

Wairarapa DHB is unaware of any issue of acute patients being dealt with inappropriately. Patients requiring acute medical care are provided the appropriate level of care.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE MEDICAL COUNCIL OF NEW ZEALAND STATEMENT ON SAFE PRACTICE IN AN ENVIRONMENT OF RESOURCE LIMITATION

6. Provider Arm Overview

- The Provider Arm had a deficit of (\$354k) for the month, which is (\$377k) adverse to plan.
- Procedures which WDHB clinicians perceive to have a level of clinical risk are sent to other DHBs. Peer support, via regional collaboration, from other DHBs could result in some cases being retained and dealt with here.
- The management of cellulitis in the community project was rolled out on 1 May. The In-reach team is working particularly well. Practice nurses have been trained with IV to ensure they are competent to deliver this service.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM OVERVIEW FOR APRIL 2010

7. Provider Arm Balanced Scorecard ~ April 2010

- The InterRAI assessment tool will be rolled out in September at Wairarapa DHB. It is understood that currently assessments are on a face to face basis, rather than phone based. The Hospital Advisory Committee (HAC) requested the following information at the June HAC meeting:

- the volume of Focus assessments
- the average number of assessments done by each staff member

It was pointed out that if the volume is increasing, face to face contacts may not be sustainable.

- Theatre productivity metrics will be reviewed in the near future to align with proposed national theatre productivity KPIs.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM BALANCED SCORECARD FOR APRIL 2010

8. Nursing and Allied Health Directorate Report ~ April 2010

- The position for an associate director of nursing, midwifery and allied health will soon be advertised. A part-time peri-operative educator role has been confirmed.
- There are currently no Maori midwives working in the WDHB.
- Clinical nurse managers and human resources have met to explore the possibility of rostering down numbers on an ongoing basis. Some good suggestions from these meetings will be trialled with the next roster.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE NURSING DIRECTORATE REPORT FOR APRIL 2010

9. Quality and Risk Report ~ April 2010

- Communication is a common factor in the complaints received.
- It is estimated that 356 staff have received the flu vaccine.
The Hospital Advisory Committee asked if the general public were aware that Tamiflu stock they bought last year may have expired.

The Hospital Advisory Committee asked if Wairarapa DHB would be making a submission on the Ministry of Health proposal on removing tobacco products from public display in retail outlets.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE QUALITY AND RISK REPORT FOR APRIL 2010

10. Human Resources Report ~ April 2010

- IT training has commenced. Feedback has been favourable. Several staff members have requested further training.
- Looking at instigating a “fresh eyes” approach for new staff whereby, after commencement, they have either a conversation or an on-line survey asking what they might change.
- Senior Leadership Team bios are being collated for the Intranet.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE HUMAN RESOURCES REPORT FOR APRIL 2010

11. **Appendices**

2009/10 Electives Initiative – Full Year Plan and YTD CWD Summary

- Cardiothoracic surgery targets are set by national intervention rates for population sizes. Smaller populations, such as Wairarapa, reduce the statistical confidence levels of these targets as the numbers are quite small. As a wholly IDF provided source, prioritisation and provision of treatment is done by Cardiac surgery providers for which Capital and Coast DHB provide the main service.

12. **Report Back from Public Excluded Meeting**

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

- (A) **NOTE** THE SLT MONTHLY FINANCIAL OPERATING REPORT – GM CLINICAL SERVICES
- (B) **NOTE** THE SLT MONTHLY FINANCIAL OPERATING REPORT – GM SERVICE IMPROVEMENT AND CLINICAL SUPPORT
- (C) **NOTE** THE HDC REPORT RELEASE DETAILS.
- (d) **NOTE** THE PAPER REGARDING THE CURRENT STATE OF DHB / UNION EMPLOYMENT AGREEMENTS

The meeting was declared closed at 3.30 pm

_____Chairman

_____Date