

**Minutes from the
Hospital Advisory Committee Meeting of the
Wairarapa District Health Board
Held on Tuesday 16 November 2010 at 9am,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton**

Present:

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

In Attendance:

Tracey Adamson (Chief Executive), Robyn Brady (General Manager Service Improvement and Clinical Support), Gretchen Dean (General Manager Human Resources), Kieran McCann (General Manager Clinical Services), Helen Pocknall (Director of Nursing, Midwifery & Allied Health), Cate Tyrer (Director of Quality, Safety and Risk) and Diane Chesmar (Minute Taker)

1. Apologies

Apologies were received from Eric Sinclair, Stephanie Turner and Helen Kjestrup

2. Conflicts of Interest

There were no changes made to the Interests Register.

3. Confirmation of Minutes from the Meeting held 21 September 2010

THE MINUTES FROM THE MEETING HELD ON 21 SEPTEMBER 2010 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING.

Matters Arising

- A review of the long term staffing and financial impact of the Ambulance Service is currently being undertaken as requested by the Board. The service is currently adverse YTD for staffing against budget and the Manager's position remains unfilled.

4. Waiting Times for Assessments for Clients Over 65 Years

A *Waiting Times for Assessments for Clients Over 65 Years* paper was tabled. The introduction of the InterRAI assessment tool will enable increased utility and sharing of information as data will be captured electronically rather than on paper. Monitoring and reporting of assessments, processes and initiated packages will be possible in addition to the ability to national benchmark. The use of the InterRAI assessment tool will not affect the current turnaround times for assessment.

It was asked if face-to-face contact with clients will continue. Assessments will be done by phone, however a face-to-face contact will be initiated if during the phone assessment it is felt that there is a need.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

- a) **NOTE** the report on waiting times for support needs assessment for clients over 65 years.
- b) **REFER** this paper to the Disability and Support Advisory Committee for information.

5. Chairman's Report

The Chairman advised that she had no matters to report.

6. Provider Arm Overview

- The Provider Arm had a deficit of (\$93k) for the month, which was \$2k ahead of the budgeted deficit of (\$95k). This brings the YTD result to a deficit of (\$482k). This is (\$305k) adverse to the planned result of (\$176k) deficit.
- The Provider Arm efficiency target to October 2010 was \$570k. \$394k of this efficiency target has been achieved. This achievement is particularly pleasing because there has been high activity in the hospital from August to October.
- Hospital activity continues to be high with both ED presentations and inpatient discharges above the same time as last year. A YTD comparison between 2009/10 and the current year shows an increase of 7.2% on CWDs; 12.9% in patient discharges and 8.5% in ED attendances. This has impacted on personnel costs which are above budget. It was noted that Provider expenditure when also compared with last year rose by only 0.4% for the same period.
- Two months of non-compliance at DHB level regarding ESPI5 has now been rectified and September shows ESPI compliance. Orthopaedics continues to be non-compliant at a service level and a recovery plan has been developed in conjunction with the Orthopaedic Surgeons.
- Ministry of Health Officials have information the DHB that policy changes to Elective Services funding will mean that in future additional revenue will not be at risk for service level ESPI non-compliance. The maintenance of DHB level ESPI compliance will however continue to be required to ensure access to the additional elective services.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM OVERVIEW FOR OCTOBER 2010

7. Provider Arm Balanced Scorecard – October 2010

- There are currently no WDHB complaints under investigation by the Health and Disability Commissioner.
- 80% of complaints received in September were resolved within 30 days.
- Thirteen falls were reported in September and 15 falls in October.
- The Ministry have revised the thresholds for the ESPI 2 and ESPI 5 target.
- The Ministry have been advised that Orthopaedics will be compliant by March 2011. Extra orthopaedic work will be undertaken over Christmas and New Year. The Hospital Advisory

Committee requested an update in April and May 2011 regarding orthopaedic thresholds and prioritisation.

- Complex surgery undertaken has impacted on the acute readmission rate and length of stay. A review of October data is being undertaken to identify possible trends.
- The number of non-admitted Triage 4 and 5 ED self-presentations are growing. The Tihei Target is to reduce this by 30% over 3 years. The ED record system does not indicate how many times a person has presented at ED in a particular time band. Data can be analysed retrospectively.
- The FSA did not attend rate varies between specialties. The following suggestions were made:
 - Investigate the reason for referral to specialties with high DNA rates.
 - Report DNA rates, ED attendance rates and other statistics in the weekly paper to increase public awareness and personal responsibility.
 - Holding clinics at times when patients are more likely to be available need to be targeted.
 - Track the current project underway between Whaiora and the Maori Health Unit, Nga Aho o te Akaroa to address high Maori DNA.
- Strategies are in place to improve recruitment and retention processes regarding Maori health workers.
- The exit interview process is being restructured to focus on data and the reasons why staff leave. After three months, new staff are now given an opportunity to feedback on what is working well and what is not. This gives the organisation a chance to address any issues.
- Annual leave management tools are being rolled out to manage the organisation annual leave balance. Reducing organisation annual leave is a priority.
- The part time position for clinical coder has been advertised. This will help with more timely coding, cover for leave and data quality initiatives to be undertaken. The current Clinical Coder has been relocated into the hospital.
- IDFs were \$89 favourable YTD as at the end of August based on unofficial internal data. The 6 monthly result will give a better picture of status.
- The Workforce Development Plan will support strategies to reduce the number of part time staff across the DHB. The target of 50% reduction will be reviewed. Staff skill mix and succession planning will be taken into consideration. The Hospital Advisory Committee requested information regarding the costs of employing 2 staff totalling 1 FTE compared to 1 FTE staff member.

As the Workforce Development Plan is a complex issue, it was suggested that additional resources are brought in to assist with putting it in place. The plan will be discussed at the Strategy day on 31 January and 1 February.

- The volume of elective work being performed has impacted on nursing staff, particularly morning shift staff. Resourcing levels will be reviewed in an effort to rectify this.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE BALANCED SCORECARD FOR OCTOBER 2010

8. Nursing and Allied Health Directorate Report ~ September / October 2010

Helen Pocknall, Directory Nursing, Midwifery and Allied Health spoke to the Nursing and Allied Health Directorate Report.

- There has been an excellent response to the Dedicated Education Unit project. This success is great considering the level of activity the hospital has been experiencing. This is a model that other DHBs are looking at taking on.
- TrendCare - Peri-operative services are now established which will assist in determining productive and non-productive hours in theatre.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE NURSING DIRECTORATE REPORT FOR SEPTEMBER / OCTOBER 2010

9. Quality and Risk Report

Cate Tyrer, Director Quality, Safety and Risk spoke to the Quality and Risk Report.

- Following an investigation, the Health and Disability Commissioner has emphasised the importance of effective communication between all Lead Maternity Carers (LMCs) and all staff treating patients. The Commissioner highlighted that when a patient's care is being transferred, there must be a 3-way discussion between the LMC, the patient and other professionals caring for the patient.
- The Nursing Council has issued a new expanded scope of practice for registered nurses which will allow nurses with demonstrated expertise to work in an expanded area of practice.
- The Director Quality, Safety and Risk recommended the article on Respectful management of serious clinical adverse events. This is attached as Appendix I.
- Although there has been a notable drop off in compliments, there has been no increase in the number of complaints received during September and October.
- Staph aureus Isolate numbers have increased. The most common cause of Hospital SAI transmission is poor hand hygiene.
- The Wairarapa DHB achieved Level 3 in the October ACC Workplace Safety Management audit. Credit goes to staff, who displayed genuine commitment to the organisation.

The Chief Executive said she was proud of the report and has requested it go on the Intranet for all staff to read.

The Hospital Advisory Committee acknowledged and noted the level of achievement.

- Exercise Tangaroa highlighted several areas of improvement. Wairarapa DHB responded to two of the National sitreps and chose to carry out a low level inject exercise to identify the vulnerable individuals along the Wairarapa coastline. A "dry run" for the generators was also performed, testing the process for testing and activating them.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE QUALITY AND RISK REPORT FOR OCTOBER 2010

10. Human Resources Report

Gretchen Dean, Human Resource Manager spoke to the Human Resources Report. She advised that:

- The fact that 45 out of 48 RMO positions for the coming year have been filled can be mainly attributed to the excellent work done by the SMO & RMO Support Officer, Janine Bacon.
- There is currently one full time Sonographer FTE and a locum who is filling 0.8 FTE.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE HUMAN RESOURCES REPORT FOR OCTOBER 2010

11. Report Back from Public Excluded Meeting

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE PAPER REGARDING THE CURRENT STATUS OF DHB / UNION EMPLOYMENT AGREEMENTS

The outgoing Chairman, Pamela Jefferies, spoke of the changes that had occurred during her six years involvement with the Hospital Advisory Committee, the most significant being the move into the new hospital. Ms Jefferies noted that currently there is a shift to move things from the hospital environment back into the primary sector. She advised that the most effective way of getting feedback was to get consumers involved.

Ms Jefferies was thanked for all her work and fine contribution to the Hospital Advisory Committee.

The meeting was declared closed at 11.17 am

_____ Chairman

_____ Date