

**Minutes from the
Hospital Advisory Committee Meeting of the
Wairarapa District Health Board
Held on Tuesday 21 September 2010 at 9am,
Board Meeting Room, Wairarapa District Health Board Office
Blair Street, Masterton**

Present:

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

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), Eric Sinclair (General Manager Finance & Information), Cate Tyrer (Director of Quality, Safety and Risk), Carla Jacobson (Inpatient Services Manager), Andrew Bos (Community & Ambulatory Services Manager), Russell Simpson (Director Allied Health) and Diane Chesmar (Minute Taker)

Russell Simpson, Carla Jacobson and Andrew Bos were welcomed to the meeting.

1. Apologies

Apologies were received from Stephanie Turner, Pamela Jefferies

2. Conflicts of Interest

There were no changes made to the Interests Register.

3. Confirmation of Minutes from the Meeting held 20 July 2010

THE MINUTES FROM THE MEETING HELD ON 20 JULY 2010 WERE CONFIRMED AS A CORRECT RECORD OF THAT MEETING AND THE RESOLUTIONS UNABLE TO BE PASSED WERE CONFIRMED.

Matters Arising

- A report on the Focus waiting time data will be provided at the November 2010 meeting. Concern was expressed at the report being quarterly. It was felt that if there was a backlog, receiving the report quarterly would not be enough time to take action to rectify this promptly. It was pointed out that the wait time is monitored regularly.
- It was questioned as to whether it would be more cost effective to do some of the operations sent to other DHBs. Patients operated on outside the Wairarapa DHB are brought back here for recovery.

4. Chairman's Report

The Chairman advised that she had no matters to report.

5. Wairarapa Heart Health – Project Completion Report

The Wairarapa Heart Health Programme was one of three pilot programmes and was established in March 2009. It is a continuous quality improvement programme based on the Quality Improvement Plan (QIP) for Diabetes and Cardiovascular Disease. The programme was established with three workstreams:

- Emergency care / Acute Coronary Syndrome (ACS) Management
- Discharge and Rehabilitation
- CV Risk Assessment and Management

Ways of how the programme may be diversified and delivered are being investigated. There are still challenges regarding capturing ethnicity data in this programme. Quality improvement is being monitored regularly.

The Hospital Advisory Committee were keen to know what is being done to raise community awareness about Wairarapa Heart Health, including the impact this project has had on patients and families. Moving forward, it will have an impact on accessibility of tertiary services.

The Hospital Advisory Committee will receive a review paper after 12 months.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

1. **RECEIVE** THE FINAL REPORT FOR THE MINISTRY FUNDED HEART HEALTH PROJECT.
2. **NOTE** THAT AS THIS PROJECT WAS BASED ON IMPLEMENTING A QUALITY IMPROVEMENT CYCLE FOR MANAGEMENT OF ACUTE CORONARY SYNDROME, IT IS ANTICIPATED THAT THIS CYCLE WILL CONTINUE AS PART OF CLINICAL QUALITY IMPROVEMENT PROCESSES IN BOTH PRIMARY AND SECONDARY CARE.

6. Provider Arm Overview

- The Provider Arm had a deficit of (\$34k) for the month, which is (\$88) behind the \$55k planned surplus.
- \$217k of the Provider Arm efficiency target has been achieved.
- The efficiencies achieved are particularly pleasing because August was an extremely busy month with the peak in H1N1 presentations, the number of complex general surgery elective cases performed here and high Mental Health inpatient bed days.
- A number of ambulance shifts were covered by Wellington Free Ambulance staff due to staff vacancies and sickness. It is acknowledged that this situation needs to be remedied promptly. There is a community perception that South Wairarapa is well covered and that resource is thinner on the ground in the Masterton area.

The national Ambulance recruitment campaign is impacting on Wairarapa DHB's ability to fill current vacancies. Resignations have occurred for personal reasons.

The Hospital Advisory Committee requested an update at the next Board meeting.

- Canterbury DHB expressed gratitude for the four nurses from the Wairarapa DHB, sent to Canterbury in response to a request for assistance as a result of the earthquake.

- The continuing MRT industrial action is resulting in ongoing issues for ED on Monday mornings to cope with the volume of patients requiring X-Rays.
- Notice of industrial action is expected to be received from the junior doctors in the next few weeks.
- The Ministry of Health has lowered the ESPI 5 threshold of patients waiting longer than six months for surgery after being given certainty to 4% for the August 2010 reporting. The adjusted target has put added pressure on the orthopaedics surgical waiting list numbers in particular. Active review is being undertaken to reduce the risk of ESPI non-compliance.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE PROVIDER ARM OVERVIEW FOR AUGUST 2010

7. Strategy Map 2010/11 and Snapshot and Trends Report

A new format was provided for this month's Snapshot and Trends Report.

Implementation of the new format is being rolled out and information will be available to the Board in October.

As part of the Tihei Wairarapa initiative OPD volumes for medical and paediatric clinics will be reduced to 2006 levels over the next three years.

Discussion took place regarding providing better help for smokers to quit. Whaiora are not permitted to supply patches or give advice to people under 18 years of age. All departments should be screening patients as to whether or not they are a smoker. The graph relates to Inpatient Smokers Offered Advice, and does not include Outpatients.

The Hospital Advisory Committee can be confident that the data they received is being acted upon e.g. frequent fliers.

Employee Headcount - there has been a concerted effort to raise the percentage of Maori workforce across the Wairarapa DHB. The bulk of Maori staff work in primary healthcare services. It was asked what the reasons were for Maori not being attracted to acute care. The graph reflects the provider arm. It was asked what can be learnt from what the graph is telling us.

Appendices

Elective Services ESPI Compliance Report

The July report is the most recent available.

The target regarding orthopaedic patients who have been given an appointment for treatment, but not treated within six months and patients who have not been managed according to their assigned status and who should have received treatment was not achieved.

8. Nursing and Allied Health Directorate Report ~ July / August 2010

Helen Pocknall, Directory Nursing, Midwifery and Allied Health spoke to the Nursing and Midwifery section of the report.

A Dedicated Education Unit introduced in May, in partnership with UCOL. Placements are for six weeks and students have an opportunity to experience roster work. The work of the Academic Liaison Nurse was acknowledged.

Releasing Time to Care Project progress has slowed a little over the past two months as volumes have increased.

Professional Development Recognition Programme – Whaiora have signed a Memorandum of Understanding with the DHB.

45 enrolled nurses work within the Wairarapa. Study days are arranged for October regarding the transition of scope for enrolled nurses.

The Midwifery Educator will ensure WDHB staff are appropriately updated. She has lots of passion and energy and has achieved much in her one day a week.

Russell Simpson, Director Allied Health, spoke to the Allied Health section

Supervision arrangements for Allied Health staff, particularly the Speech Language Therapist, are currently a clinical risk for WDHB. An agreement has been achieved between the Hutt and Wairarapa for regular supervision. The logistics regarding how this will take place are being worked through.

Occupational Therapy leaders from Hutt Valley DHB and Wairarapa DHB are looking at opportunities to share resources.

The Hospital Advisory Committee acknowledged that Russell Simpson's leadership role is a positive spin off for the Wairarapa DHB. He has involvement in sub-regional and regional aspects of allied health along with national aspects. Collegiality between Allied groups, including medical and nursing and across the two DHBs, involving medical advisors and directors of nursing is being encouraged.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

RECEIVE THE NURSING DIRECTORATE REPORT FOR JULY / AUGUST 2010

9. Quality and Risk Report

Buddle Findlay Health Law Update – August 2010

The Employment Relations Authority has declared that a DHB's withdrawal of free drink entitlements for Resident Medical Officers without proper consultation breached the DHB's good faith obligations under the Employment Relations Act and under the National Multi-Employer Collective Agreement (MECA). Gretchen Dean, Human Resources Manager, pointed out that there needs to be awareness regarding the level of engagement.

The Ministry of Health has published an updated National Credentialing Framework that applies to all health professionals working at a senior level where there are particular risks of serious harm or a lack of direct clinical oversight. Credentialing is carried out to assure the public that staff members are working within scope of competence.

Wairarapa DHB will review its credentialing of medical staff in line with the new framework. It is not anticipated that there will be significant change required. Principles for regional credentialing of medical staff have developed and agreed to by the central region Chief Medical Officers. It is anticipated that a limited number of nursing and allied health staff will be required to be credentialed over time.

Quality, Safety and Risk Management Report – August 2010

More compliments are received compared to complaints. Complaints are being addressed in a timely fashion. Currently there are no complaints being investigated by the Health and Disability Commissioner. People are encouraged to let Wairarapa DHB know how we are doing and in addition to completing the form available, this can now be done via text messaging. There is a section in the staff *Insite* newsletter which highlights positive patient feedback.

The ACC Workplace Safety Management audit will take place in October 2010. There are three levels that can be achieved: primary, secondary and tertiary. It is anticipated that primary level will be achieved. Not achieving tertiary will impact on Wairarapa DHB revenue.

The position of Risk and Safety Co-ordinator is currently vacant. Assistance is being provided by Regional Emergency Manager and Hutt DHB Emergency Manager until the position configuration is confirmed. There is confidence that Wairarapa DHB could cope with an emergency. Linkages with Civil Defence and other agencies is strong. In light of the Canterbury earthquake, it was asked if there is potential for storing water on site. It was suggested that work on this be done over the next few months.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE QUALITY AND RISK REPORT FOR AUGUST 2010

10. Human Resources Report ~ August 2010

Currently there is a full compliment of Resident Medical Officers (RMOs). One has signed on for a full year.

Resolved:

THAT THE HOSPITAL ADVISORY COMMITTEE:

NOTE THE HUMAN RESOURCES REPORT FOR AUGUST 2010

11. 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 PAPER REGARDING THE CURRENT STATUS OF DHB / UNION
EMPLOYMENT AGREEMENTS

The meeting was declared closed at 11.29 am

_____Chairman

_____Date