

**DRAFT**  
**MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING**  
**held in the in the Board Room, The Princess Margaret Hospital, Christchurch,**  
**on Thursday 26 November 2009, commencing at 1.00pm**

**AGENDA ITEMS**

- Interest Register
- Confirmation of Previous Meeting Minutes
- Carried Forward/Action List Items
- Hospital and Specialist Service Monitoring Report
- Presentation – Making Time for Caring – The Burwood Experience
- Presentation – Emergency Department
- Quarterly Qualitative Quality Report
- Resolution to Exclude the Public
- Information Items
  - HSS Workplan
  - Hospital Advisory Committee Meeting Update to the Board – 29 October 2009
  - Canterbury DHB Confirmed Public Minutes – 9 October 2009

**PRESENT**

David Morrell (Chairman); Peter Ballantyne; Teresa Chalecki; Elizabeth Cunningham; Andrew Dickerson; Matea Gilles; David Kerr; Chris Ryan; Bill Tate and Olive Webb.

**APOLOGIES**

Apologies for absence were received and accepted from Alister James and Trevor Read and for early departure from David Kerr and Olive Webb (who retired at 4.25pm and 3.05pm respectively).

**IN ATTENDANCE**

Judith Sugden (Business Manager - Hospital & Specialist Service); David Meates (Chief Executive); Murray Dickson (General Manager–Corporate Services); Mary Gordon (Executive Director of Nursing); Kay Jenkins (Executive Assistant – Governance Support) and Kevin Roche (Assistant Board Secretary).

**Item 4**

Sandra Walker (General Manager – Specialist Mental Health Services)  
Garth Bateup (General Manager – Rural Health)  
Carolyn Cooper (General Manager – Older Person's Health & Rehabilitation)  
Trevor English (General Manager – Laboratories and Support Services)  
Pauline Clark (General Manager – Women's & Children's Health)  
Ruth Barclay (Acting General Manager – Medical/Surgical)

**Item 5**

Adriana Hada (CNC Orthopaedic Rehabilitation Unit)  
Nicky Burke (RN Orthopaedic Rehabilitation Unit)  
Ailsa Fry (RN Surgical Orthopaedic Unit)  
Shirley Butcher (CNM Resource Coordinator)

**Item 6**

Professor Mike Ardagh (Clinical Director)  
Anne Esson (Nurse Manager)  
Ruth Barclay (Acting General Manager - Medical/Surgical)  
Dr Scott Pearson (SMO Emergency Department)

Dr George Downward (Clinical Director Patient Safety)

## **Item 7**

Jan Nicholson (Corporate Quality and Risk Manager)

Dr George Downward (Clinical Director Patient Safety)

### **1. INTEREST REGISTER**

Teresa Chalecki advised that she was no longer employed by Nurse Maude nor was she a member of the NZ Home Help Association but that her employment by the Nightingale Nursing Agency should now be noted.

There were no additional conflicts of interest reported either from individual members or perceived conflicts for other members.

### **2. CONFIRMATION OF PREVIOUS MEETING MINUTES**

#### **Resolution (22/09)**

(Moved: David Morrell, Seconded: Elizabeth Cunningham– carried)

“That the minutes of the meeting of the Hospital Advisory Committee held on 29 October 2009 be confirmed as a true and correct record”.

### **3. CARRIED FORWARD/ACTION ITEMS**

The Committee noted the carried forward items. It requested that the presentation on unmet need, scheduled for June 2010, be placed on the carried forward list. Clarification was sought from Committee members in respect to the planned presentation from General Surgery and it was advised that it had been envisaged this would relate to General Surgery theatre optimisation. The Executive Director of Nursing, Mary Gordon, advised that the General Surgery Electives theatre use project was only just commencing and a report back in February 2010 would be too early. It was agreed therefore that this would be reported back in May/June 2010.

In addition it was requested that the update on the Clinical Board’s consideration of Governance models be reported back to the February 2010 meeting.

### **4. HOSPITAL AND SPECIALIST SERVICE (H&SS) MONITORING REPORT**

Judith Sugden, Senior Business Manager, Hospital & Specialist Service provided an overview of the Hospital & Specialist Monitoring Report for October 2009.

She drew attention to the following items:

- There had been a change in the Summary of Patient Information reporting to a trend analysis for patient activity with all information now contained within the one place in the report. It was expected that Mental Health and Older Person’s health data would be added in the future.
- An additional table for day of surgery admissions (DOSAs), excluding day cases, had now been added as requested. The trend line was, however, similar to that with day cases included.
- Year to date results were tracking well but with CWD slightly below plan. Planning was now concentrating on the holiday season.

- Industrial action was now likely with a number of strike notices issued by the PSA and Food Service Workers Union. Negotiations were commencing for the Medical Radiation Technicians.
- There would be a presentation to non Board members on the Facilities Master Plan (FMP) following the CPH& DSAC meeting on 3 December 2009.

The report noted that the October 2009 financial result was \$0.654M unfavourable to budget for the Hospital and Specialist Service. The total number of patient discharges for the month was 8843, an increase of 2% when compared to October 2008.

Surgical acute volumes were 9.1% above budget for the month and electives were 4.4% above for the month. Surgical FSAs were 0.8% above target for the month with medical FSAs over target by 0.2%.

Other main performance indicators for the month were:

- Personnel costs were unfavourable by \$0.093M.
- Treatment related costs were \$0.252M unfavourable.
- Revenue was \$0.241M favourable.
- ESPIs were compliant for the month at an overall DHB level, with some non-compliance at speciality level for ESPI 2 (time to FSA) in five services; Endoscopy, Respiratory, Dermatology, Paediatric Surgery and Endocrinology. For ESPI 5 (time to treatment) there were two specialties non-compliant; Plastic Surgery and Vascular Surgery.

General Managers then spoke further to their reports as follows:

#### **Medical & Surgical – Ruth Barclay**

- Medical Surgical – it had been a busy period with high levels of presentations to the Emergency Department (ED). Planning for electives was a challenge.
- It was expected that electronic rostering would be introduced in 2010.
- Cancer waiting times and the October result of 86% against the target of 100% for patients waiting less than six weeks for treatment- it was explained that additional clinics had been held in November and it was expected this result would improve.
- Access to quit smoking advice – it was confirmed that the objective of this programme was to allow the opportunity for active intervention.
- A number of successful projects in the Canterbury DHB's Quality Improvement and Innovation Awards.

#### **Women's and Children's – Pauline Clark**

- Women's and Children's – it had been a busy month with over 200 CWDs. Three paediatric Medicine SMOs had been on parental leave and obtaining cover had been expensive.
- Deliveries - it was noted that over all sites this was up 1% YTD and the increase in births at Burwood of 39% YTD was noted. The General Manager, Women & Children's confirmed that information was provided to all new mothers on their options.
- The Canterbury DHB Maternity Strategy and the delay in consultation on this while waiting for the National Maternity Plan to be released. It was agreed that the Committee should draw the Board's attention to the delay in this matter.

#### **Rural Health Summary – Garth Bateup**

- The classification by the Ministry of Health (MoH) of an ED unit at Ashburton Hospital.
- It was noted the Kaikoura maternity service was now up and running (with four midwives available) and the General Manager Rural Health Services advised that some Ashburton women were travelling to Christchurch for delivery.

## **Older Persons Health and Rehabilitation – Carolyn Cooper**

- Older Person's Health and Rehabilitation – and the impact of the withdrawal of services by the ACC. The General Manager, Older Person's Health & Rehabilitation advised that there had been a number of impacts in such areas as physiotherapy and that ACC were rejecting cases with any previous precondition history.

## **Mental Health Summary – Sandra Walker**

- The success of the Active Life Programme, developed by Comcare Charitable Trust, as the supreme winner at the Canterbury DHB's Quality Improvement and Innovation Awards was noted.

## **Hospital Support and Laboratories- Trevor English**

- The Committee discussed the delay in obtaining approval from the MoH to the replacement of the Christchurch Hospital boilers and the implications of the delay in meeting deadlines for replacement prior to expiry of the current resource consent. It was explained that approval had now been complicated by the Emissions Trading Scheme and the involvement of the Ministry for the Environment. It was noted that a letter expressing concern at the delay had been sent by the Chairman to the Minister. In response to a question it was advised that for the Hillmorton Hospital boilers other alternatives to coal were being looked at.

Other specific issues discussed/ noted by the Committee related to:

- Clinical coding – The General Manager, Women's and Children's explained that it was hoped to institute a South Island wide training programme and they were also working with the MoH. Assistance was currently being provided by contracted coders and a coder from the West Coast DHB.
- Activity – it was requested that an additional column showing either the YTD or monthly budget be added to the Patient Activity Trend Report.
- Financial – it was advised that in respect to paediatric oncology services supplied to Capital and Coast DHB some further details had still to be worked out. Agency/contractor costs - the decreasing cost trend was noted.
- ESPIs – it was requested that information be provided on the financial implications of non-compliance and that ethnicity information be provided on patients waiting in non compliant specialities. In respect to ESPI 5, plastic surgery, the Committee noted the work being done by GPs with special interests through the Canterbury Initiative on minor surgery and it was expected this service would be compliant by the end of November. The Committee noted with concern the eight month non compliance for endoscopies.

The Committee noted the report.

## **5. MAKING TIME FOR CARING – THE BURWOOD EXPERIENCE (PRESENTATION)**

The Committee received a presentation from Adriana Hada; Nicky Burke; Ailsa Fry and Shirley Butcher, staff of the Burwood Orthopaedic Unit, on the implementation of the Making Time for Caring (MT4C) Programme at Burwood Hospital. In addition to staff members the patient representative (Mrs Ryan) on the Ward Action Group also spoke to the Committee.

The presentation covered:

- The aims of the programme which were;

- To improve the patient experience
- Improve patient safety and care
- Efficiency of care delivery
- Staff well being
- The starting point
- Articulating the vision for care
- The Orthopaedic Rehabilitation Unit (ORU) vision
- Problem statements and examples
  - wound care cabinet
  - hand over process surgical orthopaedic unit

A full cost benefit analysis of the projects showing the efficiencies gained in staff times and costs saved was also provided.

The Committee took the opportunity to discuss the programme with the presenters and it was confirmed that the principles contained within the MT4C Programme were now embedded in their unit.

The Committee received the presentation and thanked the staff presenters and patient representative for attending and for their informative presentation.

*(Olive Webb retired at 3.05pm)*

## **6. EMERGENCY DEPARTMENT (PRESENTATION)**

Professor Mike Ardagh, Dr Scott Pearson, Ruth Barclay, Anne Esson and Dr George Downward attended and provided a presentation to the Committee as requested at the previous meeting on:

- The reasons for the increased attendances at the Emergency Department (ED) and the actions being taken to deal with this.
- The actions being taken to achieve the shorter stays in ED health targets
- The actions being taken to achieve the waiting time targets by triage categories targets especially Triage 3.

A written summary covering the above issues was tabled at the commencement of the meeting and spoken to further by the presenters. Dr Pearson then spoke and noted that the admission rates to hospital from the ED had fallen over recent years. He noted that getting patients who require GP care to attend a GP, rather than the ED, was more about lowering barriers to GP care.

In respect to an analysis of attendances at ED the General Manager Planning and Funding tabled and spoke to an additional paper which provided an analysis of attendances at the ED for the 2008/09 year and explained the information in this.

With regard to achieving the shorter stays in ED health targets and waiting time by triage targets Professor Ardagh explained that:

- The 'shorter stays' target is a Canterbury DHB target, requiring a 'whole of system effort'. Performance in the first quarter placed the Canterbury DHB just behind Counties Manukau DHB as one of the two best performing large hospital EDs.
- The General Manager, Planning and Funding, Carolyn Gullery is the 'corporate champion' and is supported by a number of 'clinical champions'.
- The structure to progress work has efforts in three areas;
  - Pre-load – the number and complexity of patients presenting (Urgent Care Workstream, as described above).
  - Contractility – the ability of the ED to 'process' this casemix (Project RED).

- After-load – the ability to move the patients on to the next phase of care, mostly a hospital bed (Project BED).
- While ‘pre-load’ efforts are essential for long term success, the most pressing issue for Christchurch Hospital is ‘after-load’.
- In respect to meeting Triage 3 MoH standards the ED team is embarking upon ‘TEAM’ (Team Emergency Active Management).
- TEAM is about recognising that patients are managed in multidisciplinary teams, and about defining what the roles and responsibilities of the members of the team are.
- Phase 1, Nov 17: Key tasks and responsibilities defined and displayed for each shift.
- Phase 2, within 2-3 weeks: Use of a new ‘geographical’ white board to assist patient flow in the Resuscitation/Monitored area.
- Phase 3, in January: Introduction of clear policies for nursing assessment and active observation, nurse initiated treatments and nurse led care. ‘Active Observation’ is a clinical pathway/policy which formalises, standardises and recognises the team (particularly the nursing) contribution to care. Its foundation is patient safety, but it will allow a recorded improvement in triage waiting times.

The Committee discussed the issues raised in the presentation at some length. Specific topics discussed related to:

- Self referrals were more likely to return to the ED than referrals from a GP.
- The criteria relevant to Careplus and high use health card users.
- It was commented that the care provided by the ED was excellent and an increasing number of presentations were also occurring at other EDs in NZ.
- The role the HMSC project could play in achieving a single patient record and the advantages of this for both GPs and the ED.
- The contribution that the Acute Demand Project was making in reducing admissions and ED presentations.
- Professor Ardagh commented that it was easier for a smaller hospital to achieve the 95% within six hours MoH target.
- That the main reason for not meeting targets was “preload”.
- That while the data on the analysis of presentation was excellent, not all DHBs were able to obtain such information and it still raised a number of unanswered questions

The Committee received the presentation and noted the comments made by Dr Kerr, that he did not consider the current growth rate in attendances to the Emergency Department to be sustainable. The Committee also noted that research into attendances to the Emergency Department was continuing, in association with the work on the Acute Demand Project and other initiatives to reduce presentations to the Emergency Department and this would be further monitored by the Committee

The Chair thanked the Emergency Department representatives for their presentation.

## **7. QUARTERLY QUALITATIVE QUALITY REPORT**

The Committee considered this report which provides an overview of key quality and risk management issues occurring across the Hospital and Specialist Service (H&SS). Jan Nicholson, Corporate Quality and Risk Manager and Dr George Downward, Clinical Director Patient Safety attended and spoke to the report.

They emphasised that one of the highlights of the period under review had been the EQUiP4 Accreditation survey for the whole of the organisation which had been an outstanding

achievement. Accreditation status had been granted for three years while for some DHBs it had only been granted for a two year period.

Other specific aspects of the report discussed by the Committee related to:

- The introduction of disposable speculums which had resulted in an operating cost reduction from \$2.30 to \$1.59 per use.
- The Patient Satisfaction Survey – and the comparative information with the MoH national banding information which showed that the Canterbury DHB was 7<sup>th</sup> out of 21 in terms of overall patient satisfaction.
- The Pain Management Centre client satisfaction survey.
- Providing a breakdown of the SAC 1 and 2 Incident Reports by type.
- Whether reporting of quality related clinical research outcomes should be included in the report.
- Ethnicity data collection – and the improvements in reducing numbers in the “Other” and “not stated” classifications.

The Committee noted the report and members commented on the encouraging results contained in this.

## 8. RESOLUTION TO EXCLUDE THE PUBLIC

### Resolution (23/09)

(Moved: David Morrell; Seconded: Bill Tate; - carried)

That the Committee:

- i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3 and the Information Items contained in the Public Excluded section of the agenda.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	<b>GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED</b>	<b>GROUND(S) FOR THE PASSING OF THIS RESOLUTION</b>	<b>REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)</b>
1.	Confirmation of minutes of the public excluded meeting of 29 October 2009	For the reasons set out in the previous Committee agenda.	
2.	Advisory Committee Public Excluded Updates	For the reasons set out in the previous Committee agendas.	

- iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982”;

## ADVICE TO THE BOARD

The Committee noted the following key points which it wished to draw to the attention of the Board:

1. The urgency to progress the Canterbury DHB Maternity Strategy.
2. The extremely high standard of the projects submitted to the Canterbury DHB's Quality Improvement and Innovation Awards and the success of the Active Life Programme developed by Comcare Charitable Trust.
3. The Committee's concerns at the delays in the Christchurch Hospital Boiler Project.
4. The good results in the EQuIP4 Accreditation survey.
5. The introduction of Maternity Services for the Kaikoura area.
6. The efforts of the Orthopaedic Rehabilitation Unit at Burwood Hospital in respect to the MT4C Programme.
7. The presentation by the Emergency Department staff and the work being done in understanding the increased level of presentations to the ED and in meeting targets.

## INFORMATION ITEMS

The following Information Items were noted:

- HSS Workplan
- Hospital Advisory Committee Meeting Update – 29 October 2009
- Canterbury DHB Confirmed Public Minutes – 9 October 2009

There being no further business, the public section of the Hospital Advisory Committee meeting was closed at 4.59pm.

Confirmed as a true and correct record.

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David Morrell  
Chairman

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Date