



AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

**Minutes of the Hospital Advisory Committee meeting
held on Wednesday 3 September 2008 in the Marion Davis Library,
Building 43, Auckland City Hospital, Grafton
commencing at 11:00 am**

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Committee Members

Dr Chris Chambers (Chair)
Harry Burkhardt
Dr Brian Fergus
Pat Snedden
Seiuli Dr Juliet Walker
Professor Iain Martin
Dr Rees Tapsell

Susan Buckland
Rob Cooper
Dr Ian Scott
Rt Hon Bob Tizard
Ian Ward
Professor Anne Kolbe
Lynda Williams

Management in Attendance

Garry Smith – Chief Executive
Dr Margaret Wilsher – Deputy Chief Medical Officer, Medical Director Adult Services
Greg Balla – Director Performance and Provider Development
Ngaire Buchanan – GM Operations
Taima Campbell – Executive Director Nursing
Margaret Dotchin – Nurse Director
Fionnagh Dougan - Manager Mental Health, GM Greenlane Clinical Centre
Andrew Keenan – Manager Quality
Janice Mueller – Director Allied Health
Vivienne Rawlings – GM Human Resources Operations
Ian Bell – Board Administrator

Apologies, Conflicts of Interest

The Chair declared the meeting open at 11:17am.

Apologies had been received from Jo Agnew and Farida Sultana and Anne Kolbe had apologised for lateness. Anne Kolbe joined the meeting at 11.36am.

There were no declarations of conflicts of interest relating to any items on the agenda.

2. CONFIRMATION OF MINUTES 6 AUGUST 2008

The Pricing Group had made recommendations to the CEOs based on 6 principles with ADHB giving advice that cost increase adjustments needed to be made in the year that increases occurred. The principles would be confirmed in the next week. MoH were still considering the 2008/2009 pricing. There had been an article in the NZ Herald concerning cardiac surgery which was considered misleading because there had been a 10% increase in cardiac surgery in the past year and there was no mention that clinical practice had changed the manner of intervention to avoid cardiac invasive surgery.

Moved Ian Ward, seconded Susan Buckland

That the minutes of the Hospital Advisory Committee meeting held on 6 August 2008 be confirmed as a true and correct record.

Carried

4. PRESENTATION INFECTION CONTROL WITHIN ADHB

Dr Sally Roberts, Clinical Microbiologist and Christine Sieczkowski, Infection Control Team Leader presented to the Committee. They outlined the role of the Infection Control Team which was part of the Quality department with wide responsibilities including policy development and staff education including orientation. An Infection Control Committee that meets monthly.

ADHB is leading the national Quality Project on Hand Hygiene implementing the WHO Five Moments of Hand Hygiene Programme.

Approximately 9.5% of hospital patients acquire an infection while in hospital which is estimated to cost General Medicine \$10m to \$12m and Surgery \$8.6m per annum. ADHB had experienced continuing reduction of MRSA rates year by year, had contained an outbreak of VRE and an outbreak of Norovirus. ADHB also runs programmes on prevention of infection, patient to staff and patient to patient. There is an active patient screening programme. VRE has previously been one strain, but it was now becoming multi-strained.

The service addressed antisepsis, disinfection and sterilisation as well as policy on reuse of items.

All activity of the team was evidence based, and with overseas based policies and practices, as much local data was obtained and these were adopted to local conditions. MRSA incidents were less than 5 years ago and work was being undertaken with Renal to decrease inline infections. There is an occupational health role giving guidance to staff on communicable diseases, contact tracking and pre-employment screening. They also have a stewardship role for anti-microbial medicines.

One of the difficulties was to measure what the Team did on a formal basis but good costing systems justified the investment on sterility. VRE containment is an example of containment that though it was costly, failure would have had much more severe consequences would have cost much more. The single most effective control was hand washing.

5. STARSHIP STRATEGY

The MoH is working on a national Service Plan for Paediatrics which should be completed within a couple of months when the strategy, including implications for Starship Children's Services, would be made available. There are no current plans to demolish the Starship building and while the architecture is difficult to work around there was still some potential for enhancement by moving administration out of its current areas to make more clinical space available. There will be more investment and continuing upgrades with the next project being the theatres.

It was noted that the gap between Paediatrics and Adults, adolescence and young adults, needed to be considered in the with regional. This was taken into account in the Oncology upgrade. Professor Martin noted that worldwide there tended to be re-development every 20 years of infrastructure to recognise changing clinical practices.

6. CARDIAC NURSING INITIATIVE

Margaret Dotchin advised that there were a number of wide ranging recruitment strategies including overseas, careers centre, internet site, return to work programmes, support for overseas trained nurses that need to complete English programmes, a grow your own workforce strategy including growing from the ICU environment, and new training and vocational training programmes. There is work being done on sharing nurses between the DHB and the private sector.

Work was also being undertaken on retention through surveying what nurses liked and disliked, and providing peer support. There were a further 7.6 FTEs being employed by November and turnover was decreasing. Incentives were difficult to manage as changes had a ripple effect and caused dissatisfaction elsewhere in the workforce. ADHB had paid a retention payment last year and had to consider incentives in hard to recruit services. Presently the workforce was 50% NZ and 50% overseas with a number of people now returning following the migration to ACH. ADHB was considering a plan to overstaff this difficult area while still working nationally to improve workforce planning.

7. ORTHOPAEDICS

The MoH were reviewing the Orthopaedic and Cataract initiatives and were understood to be partially supportive of ADHB's view in favour of flexibility and the initiative funding being put back into PBF.

8. REGIONAL EATING DISORDERS PROJECT UPDATE

ADHB was trying to identify a number of GPs with potential and interest to take up specialist eating disorder roles. Current modelling was on what inpatient services would look like for both child and adolescent/adult services.

There would be a presentation in November on Mental Health, including funding, the total Mental Health continuum and include Maori Health. Ian Scott had represented the Board at a meeting with the Mental Health Commission.

9. PROVIDER SERVICES MONTHLY REPORT

Items noted from the monthly report were:

- Very high occupancy rates over winter with additional areas still being opened
- High numbers in AED and CED
- EPSIs remaining compliant but with concern over Orthopaedics and Neuro-surgery and also some data problems.
- If non-compliance was anticipated plans were escalated to GMs
- High occupancy in PICU and Intensive Care Units noting that ICU nurses resisted low acuity work when numbers decreased

- Plastics would be included in the service plans being developed over the next 12 months and a need to ensure the service for ADHB's population
- It had been anticipated that Mercy Ascot would recruit radiation technicians following their introduction of linear accelerators however ADHB had a new graduate programme and Ascot had agreed to take 2 students to develop their own workforce.

10. GENERAL BUSINESS

There were no items of general business.

11. NEXT MEETING

The meeting closed at 12.44pm.

The next meeting is scheduled for:
11.00am, Wednesday 1 October 2008
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE:.....