

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

**Minutes of the Hospital Advisory Committee meeting
held on Thursday 2 August 2007 in the Marion Davis Library,
Building 43, Auckland City Hospital, Grafton
commencing at 11:00 am**

1. ADHB RESEARCH ANNUAL REPORT

The Hospital Advisory Committee had meet with the Community and Public Health Advisory Committee to receive the ADHB Research Annual Report and presentation and these minutes are included in the minutes of the Community and Public Health Advisory Committee.

2. ATTENDANCE AND APOLOGIES

Committee Members

Wayne Brown (Chair)
Dr Chris Chambers
Dr Di Nash
Dr Ian Scott

Ross Keenan
Barry de Geest
John Retimana
Professor Iain Martin

Management in Attendance

Garry Smith – Chief Executive
Dr David Sage – Chief Medical Officer
Dr Margaret Wilsher – Deputy Chief Medical Officer
Fionnagh Dougan – Manager Mental Health Services, GM Greenlane Clinical Centre
Ngaire Buchanan – General Manager Operations
Kay Hyman – General Manager Woman's and Children's Services
Janice Mueller – Director Allied Health
Margaret Dotchin – Nurse Director
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 11:55am. Apologies had been received from Harry Burkhardt, Dr Virginia Hope, Professor Pat Alley and Dr Denis Jury.

3. CONFIRMATION OF MINUTES 5 JULY 2007

Moved Di Nash, seconded John Retimana

That the minutes of the Hospital Advisory Committee meeting held on 5 July 2007 be confirmed as a true and correct record.

Carried

4. ACTION POINTS 5 JULY 2007

Orthopaedic

The Orthopaedic Production Plan will agree target hip and knee joint volumes by Orthopaedic surgeons to be completed at ACH.

Accident Compensation Corporation

It was thought that ADHB had approximately 8% of the ACC national hospital spend with Counties Manukau slightly more at 8½%. ACC is to be asked what share of the pool of work does ADHB get and what is the size of the Auckland market including work to the private sector.

ESPI

Achievement of compliance with ESPIs had been excellent with a focus on patients to get the work completed with patients not returned to GPs. The Board expressed their appreciation of the achievement which demonstrated that good financial results go with good productivity.

5. PROVIDER SERVICES MONTHLY REPORT

Anti Family Violence

ADHB and Hawkes Bay DHB had trialled a screening for family violence pilot which was now being launched by the Minister nationwide. There had been good feedback on the work done by ADHB.

Eating Disorders

The Auckland region had agreed that ADHB develop a Service Plan including inpatient beds. The beds could be flexible inpatient beds rather than a stand alone unit, however, in the meantime a small number of patients were being sent to Sydney. ADHB was the lead Clinical Advisor for the region. Early intervention was being promoted with an additional 2 FTEs being sought for the service, however, this was still below Blueprint guidelines. The team were developing clinical pathways to increase access however there were resource/recruitment issues.

Production

This was the first month of the financial year and coding had been concentrated on the 2007 financial year wash up. The initiative to move coding staff closer to clinicians was still being considered. There had only been five cancellations of electives due to bed non availability. ICU and APU had sufficient beds, but Paediatric ICU was running at 150%. Production Planning had been changed from procedures to WIES. Early indicators for July were a 6% increase in discharges.

IS Fire

The Incident Management Team had been activated but IS had managed well. The systems are not mirrored off-site and with five servers in the same room, consideration was being given to splitting up the room into compartments and to installing video surveillance. IS had followed their Business Continuity Plan and reinstated programmes subject to their priority ranking. A full debrief of the incident would be held. The Committee was advised that the Medical School did not have a mirrored system, but that the University was moving to a mirrored system. IS had been able to patch access to ACH servers and the Chair had been well informed.



Clinical Effectiveness

It had been a challenge to find high quality candidates for the Clinical Effectiveness roles however two appointments had now been made.

6. GENERAL BUSINESS

There were no items of General Business.

7. NEXT MEETING

The meeting closed at 12:35pm.

The next meeting is scheduled for:
11.00 am, Thursday, 6 September 2007,
Marion Davis Library,
Building 43,
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE:.....