

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting
held on Thursday 3 May 2007 in the Marion Davis Library,
Building 43, Auckland City Hospital, Grafton
commencing at 11:00 am

1. ATTENDANCE AND APOLOGIES

Committee Members

Wayne Brown (Chair)

Harry Burkhardt

Dr Virginia Hope

Professor Iain Martin

Ross Keenan

Dr Chris Chambers

Dr Di Nash

Management in Attendance

Garry Smith – Chief Executive

Roger Jarrold – Chief Financial Officer

Dr Margaret Wilsher – Deputy Chief Medical Officer

Ngaire Buchanan – General Manager Operations

Margaret Dotchin – Nurse Director

Fionnagh Dougan – General Manager Mental Health, GM Greenlane Clinical Centre

Kay Hyman – General Manager Woman's and Children's Services

Vivian Rawlings – General Manager Human Resources Operations

Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 11:46am.

Apologies had been received from Barry de Geest, Ian Scott, John Retimana, Taima Campbell, Denis Jury and David Sage.

2. CONFIRMATION OF MINUTES 5 APRIL 2007

Moved Virginia Hope, seconded Chris Chambers

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

Carried

3. ACTION POINTS 5 APRIL 2007

Dedicated Elective Ward

The dedicated elective ward had opened at the beginning of April, being closed during the strikes and was now open again. 130 patients had been admitted to the ward.

Operation Efficiency Projects

Jacinda Hulse presented to the Committee on the three projects being the Surgical Process Review, After Hours Model of Care and Production Planning these being in the context of the 18 week patient journey from first specialist assessment through to admission through to discharge. The Surgical Process Review was linked with the Production Planning project as if there are changes there may be effects on other areas of the hospital. The proposed role of Director of Surgery was to provide ownership as the principle underlying all the projects is that line management needed to have ownership to provide a system approach and retain institutional knowledge integrating the projects into day to day operations and not being dependent on a project team to keep it going. John Giffney was assisting with the production planning project of which rostering was part.

4. HEALTH AND DISABILITY COMMISSIONER – CAPITAL & COAST DHB

The media releases concerning the HDC report on the Capital & Coast incident were noted. The Health and Disability Commissioner had been invited to the next Board meeting.

5. PROVIDER SERVICES MONTHLY REPORT

The Chair noted that March had been a very good month and thanked everyone for their efforts with positive monthly production and positive financial results. The Board recognised that when the hospital was well run it was a fantastic asset for the country.

The Committee was advised that for the third month in a row there had been a lower rate of caesarean sections being 27% through effective day to day management so that only those with a real need had sections.

Documents had been sent out to services on winter planning with the hospital being in a better position this year with more beds open and input from the Production Planning project. In April there had been 2 red alerts and more patients were seen than the previous April.

The pandemic exercise “Cruickshank” would commence on Thursday 10 May 2007 which was focused on multi-agency communication with further days on the 16 and 17 May 2007 which would have a more provider arm focus. The exercise would test the communication between Planning & Funding and PHOs.

ESPIs were mainly compliant with ophthalmology expected to be compliant by the end of May with their back log being addressed by working after hours and weekends and their space requirement was being addressed. It was noted that when there was withdrawal of labour no adjustments were made for ESPI compliance.

Laboratory workers had not issued a strike notice but were contemplating partial withdrawal of labour rather than complete withdrawal. The Committee questioned whether partial withdrawal was clinically acceptable. The effects of the last strike were catastrophic for some people both patients and patients families which seemed to not be understood by those withdrawing their labour. Strikes also put the whole institution at risk. There were also financial costs on those outside the health system i.e. wages lost due to deferment through inability to work, need for families to care for deferred patients and social effects.



It was noted that new money was coming in to the sector however it took time to expand to capacity an example being demonstrated by Mental Health funding exceeding capacity.

The procedure cancellations for March due to bed availability of 11 and unavailable ICU/DCC beds of 23 were noted. The cost in revenue was approximately \$100k.

6. GENERAL BUSINESS

There were no items of general business.

7. NEXT MEETING

The meeting closed at 12:46pm.

The next meeting is scheduled for:
11.00 am, Thursday, 7 June 2007,
Marion Davis Library,
Building 43,
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE:.....