

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting
held on Wednesday 4 June 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)
Susan Buckland
Brian Fergus
Pat Snedden
Ian Ward

Jo Agnew
Harry Burkhardt
Dr Ian Scott
Bob Tizard

Management in Attendance

Garry Smith – Chief Executive
Dr David Sage – Chief Medical Officer
Dr Margaret Wilsher – Deputy Chief Medical Officer, Medical Director Adult Services
Greg Balla – Director Performance and Provider Development
Ngaire Buchanan – Operations Manager 24 Hour Centre
Taima Campbell – Executive Director Nursing
Margaret Dotchin – Nurse Director
Fionnagh Dougan – Manager Mental Health, GM Greenlane Clinical Centre
Dr Rick Franklin – Clinical Leader Greenlane Health Services
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 10:55 am.

Apologies were recorded for Rob Cooper, Seiuli Dr Juliet Walker and Professor Iain Martin as well as Kay Hyman. There were no declarations of conflicts of interest relating to any items on the agenda.

2. CONFIRMATION OF MINUTES 7 MAY 2008

Moved Pat Snedden, seconded Jo Agnew

That the minutes of the Hospital Advisory Committee meeting held on 7 May 2008 be confirmed as a true and correct record.

Carried

3. ACTION POINTS 7 MAY 2008

Nurse MECA

A local meeting with the NZNO had been held with the bones of a work plan established to address productivity initiatives. It had been positive but there still needed to be radical changes in the way work was performed.

4. DIRECTOR OF SURGERY – IAN CIVIL

The Chief Medical Officer introduced Ian Civil, Director of Surgery which had been established as a new role. He was a senior member of the surgical staff with an international reputation in trauma surgery and a senior member of the Australasian College of Surgeons.

Ian Civil presented to the Committee explaining that the Royal Australian College of Surgeons consisted of nine disciplines which were all undertaken at ADHB with the exception of plastic surgery. There were 18 Clinical Directors reporting to the Director of Surgery with 125 FTEs. Issues for surgery relevant to ADHB were:

- Quality in surgery
- Generalisation versus specialisation
- Acute verses elective services
- Maintaining the workforce

Quality had several possible definitions depending upon structure, process or outcome. Structures related to accreditation and professional competency, processes related to having guidelines and managing in terms of the guidelines and outcomes were measures. Most objective measures suggest ADHB is within quality standards expected and indirect measures suggest surgery at ADHB is of a high quality. He observed that he considered that ADHB was a quality organisation.

Generalisation verse specialisation is an issue, with an increasing trend towards specialisation at the expense of generalisation in every area of surgery, but which affects larger specialities more. There was a need for a balance and reward for both generalisation and specialisation.

Maintaining the workface was an issue although ADHB was a highly attractive place to work at the senior level. Junior Medical and Allied Health staff valued the learning environment.

Electives verses acutes is a continuing debate. Acute demand was amazingly steady with elective demand more predictable i.e. more done on a Monday and less on Friday. An effective acute service lowers complications and risk to patients and lowers medical/legal risks whereas, if acute service delivery is a second priority to electives this creates risk for patients, clinicians and the DHB. Resources need to address acute demands first and should be seen as a way to deliver elective services more effectively.

In answer to a question he had advised that in private all the work was elective and they sometimes struggled in structure and processes compared with public.

Ambulatory Sensitive Hospitalisation admissions could be the result of a lack of senior advice to GPs as most contact is at the junior level, however if senior advice was given this could reduce the number of admissions.

He advised that areas of stress were in Starship and ORL with a common theme being the specialists/generalists tension with very specialised surgeons making themselves indispensable. This created stress and highlighted the need to have a more collaborative approach.

The Surgery Project was aimed at having acutes done on time and no electives cancelled. This creates tension that will be addressed through additional acute theatres to allow acutes to be undertaken in a timely manner.

The Committee thanked Ian Civil for his address and expressed their support for the quality workforce recognising the balance of generalists/specialists and the pressures of acute and elective services.

5. EATING DISORDERS UPDATE

The May 2008 Eating Disorders update was noted.

6. PROVIDER SERVICES MONTHLY REPORT

The Paediatric Palliative Care Project was at the information collection stage reviewing international literature and feeding back to Clinicians on the best model of care. This is complicated by work undertaken by ADHB for other DHBs.

The April RMO strikes had for the first strike seen 275 electives cancelled and a 1,200 outpatient appointments delayed however for the second strike this had been reduced to 125 electives cancelled and 707 outpatient appointments deferred. In the first strike 30% of RMOs had continued working whereas this was 28% in the second strike. Difficulties experienced were the handling of sick post operative patients. May had the second highest monthly discharges and Indications were that it would be a good month but with a lower average WEIS.

Work was being done in Orthopaedics and Paediatrics for plans to obtain compliance with ESPI. Neurosurgery was not compliant with volumes and case weights lower and a need to manage staff leave. With Cardiac a key resource issue was anaesthetic technicians. There is a new graduate's programme for nurses for intensive care vocational training with a parallel process of recruitment of overseas nurses to increase the intensive care nurse resource.

A business case is being prepared for a second MRI.

A pilot of undertaking electives in primary care was being initiated.

The RehabPlus Strategy project was looking at the service delivery model and workforce long term requirements for ADHB's population.

The Pt Chevalier facility was not meeting needs and there were accreditation and infection control issues with the old facility. Until the long term model is established there may be a need for an interim solution.



7. GENERAL BUSINESS

The Committee acknowledged the receipt of Queens Birthday Honours by clinical staff, Lyn Gillanders and Leslie Galler and the recently retired John Edwards.

8. NEXT MEETING

The meeting closed at 12:01 pm.

The next meeting is scheduled for:
11.00 am, Wednesday 2 July 2008
Marion Davis Library
Building 43
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE:.....