



Auckland District Health Board Hospital Advisory Committee Minutes

MEETING DETAILS															
Time and Date	10:45am, Wednesday, 3 June 2009														
Venue	A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton														
1	ATTENDANCE AND APOLOGIES														
	<p>Board Members</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Harry Burkhardt (Chair)</td> <td style="width: 50%;">Jo Agnew</td> </tr> <tr> <td>Susan Buckland</td> <td>Dr Chris Chambers</td> </tr> <tr> <td>Rob Cooper</td> <td>Dr Brian Fergus</td> </tr> <tr> <td>Dr Ian Scott</td> <td>Pat Snedden</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td>Ian Ward</td> </tr> <tr> <td>Associate Professor Anne Kolbe</td> <td>Professor Iain Martin</td> </tr> <tr> <td>Farida Sultana</td> <td>Lynda Williams</td> </tr> </table>	Harry Burkhardt (Chair)	Jo Agnew	Susan Buckland	Dr Chris Chambers	Rob Cooper	Dr Brian Fergus	Dr Ian Scott	Pat Snedden	Rt Hon Bob Tizard	Ian Ward	Associate Professor Anne Kolbe	Professor Iain Martin	Farida Sultana	Lynda Williams
Harry Burkhardt (Chair)	Jo Agnew														
Susan Buckland	Dr Chris Chambers														
Rob Cooper	Dr Brian Fergus														
Dr Ian Scott	Pat Snedden														
Rt Hon Bob Tizard	Ian Ward														
Associate Professor Anne Kolbe	Professor Iain Martin														
Farida Sultana	Lynda Williams														
	<p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr David Sage – Chief Medical Officer Dr Denis Jury - Chief Planning & Funding Officer Brent Wiseman – Chief Financial Officer Clive Bensemann – Director Mental Health Services Taima Campbell – Executive Director Nursing Fionnagh Dougan – GM Clinical Services Mental Health, Ambulatory, Cancer Blood Services Kay Hyman – GM Children’s and Women’s Services Chris Morgan - Manager Materials Management Kristine Nichol – Professional Leader Physiotherapy Vivienne Rawlings – GM HR Operations Ian Bell – Board Administrator</p>														
	<p>Apologies</p> <p>The Chair declared the meeting open at 10:50am. An apology had been received from Seiuli Dr Juliet Walker and an apology for lateness was recorded for Pat Snedden.</p>														
2	CONFLICTS OF INTEREST														
	There were no declarations of conflicts of interest for any items on the agenda.														
3	CONFIRMATION OF MINUTES 6 MAY 2009														
	<p><u>Moved Ian Scott; seconded Jo Agnew</u></p> <p><i>That the minutes of the Hospital Advisory Committee meeting held on 6 May 2009 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>														

4	<p>ACTION POINTS 6 MAY 2009</p>
	<p>Trends and Cancellation of Elective Surgery</p> <p>The tables were included for information showing reasons for cancellations trended over time with 67 cancellations in April 2009. There needed to be an explanation of the data especially what the percentages related to. The top 8 reasons would be graphed over the ongoing 12 months. The 136 cancelled for reassessment by a surgeon may have subsequently had surgery but at that time cancelled. It also meant that a session may not necessarily be lost.</p> <p>Herceptin Cost Recovery</p> <p>It was estimated that 112 women would be eligible for the protocol of which 61 had started. Costs of the drug were being directly charged to the Ministry with additional treatment costs for 7 extra sessions and 5 echoes. For 2009/2010 \$1m had been negotiated for treatment as against the cost of the drugs to cover the additional sessions and echoes as an allocation on a capacity basis. Eligible patients would be reported monthly. Herceptin is a compounded drug so there will be an HSL fee included in the cost of the drug. The Committee asked that the monthly information on Herceptin being advised to the MoH to be provided to the Committee including a reconciliation of revenue to costs.</p>
5	<p>OPERATIONAL PERFORMANCE</p>
5.1	<p>Operational Summary Report</p>
	<p>The orthopaedic “watches” related to a mental health patient who needed constant observation. This had no affect on the WIES payments. Referring to the WIES and discharge data included in the financial report, the reason for the increase in discharges were the inclusion of Counties and Waitemata this year but not in last years data. The shift was in accounting, not in throughput, and there were more non WIES rather than WIES discharges. With newborn there were a larger number of low weight babies that had longer stays.</p> <p>The Committee was still trying to understand the higher throughput at less WIES.</p> <p>At present bone marrow transplants demand has been able to be met by using other centres. There was a business case to have more transplant beds but there was a need to take a national view with the increased demand trend developing quite quickly but within clinical guidelines. ADHB was a regional service but needed to be looked at as nationally and intervention rates were still below Australian intervention rates. It was noted that Christchurch may be unable to be accredited and so will not be able to undertaken the work which demonstrated that ADHB had been all but a national service for a long time. National service planning was awaited. Clinicians felt well supported being able to flex beds and they had addressed the Committee the last month with a business case being developed working nationally to have a capacity step to a level of Australian interventions. If they thought more support was needed they would refer back to the Committee.</p> <p>Pat Snedden joined the meeting at 11:33am.</p> <p>In the operational report there was more detail of patient revenue detailed by service, the impact of the timing of the Starship Foundation donation and employee costs by number and dollars. While there was higher FTEs than budgeted this was still short of the 2009/2010 level. With orthopaedic being over budget relating to watches, as referred to earlier, technological cover for watches was being considered.</p> <p>The high level of transplants in April was noted which was a remarkable achievement and the Committee asked that everyone be appropriately acknowledged. Elective performance in May was 71 less favourable with a total of 2,549 of which 1107 were for ADHB population.</p> <p>A visit to the new oncology ward on Level 7, Starship was planned for after the meeting but the question of how long Starship should be a viable building could not be answered but it was acknowledged that there were good linkages to the hospital and for babies’ access to PICU so it was possible to live within the building constraints.</p>

	<p>The Chair raised the question of discussion of appropriate care and intervention for end of life care seeking this to be a topic for discussion at a future meeting.</p> <p>David Haydock, Cardiothoracic Surgeon, Anna McGregor and Pam McCormick, Manager were in attendance addressing cardiac services. Anna McGregor had started in April and it was thought that the corner had been turned in ICU with her identifying areas that could be improved with improved FTEs and beds up to 11 in May. In March there had been a high level of sick leave which was put down to stress. In the last 4 weeks there had been no cancellations due to a lack of ICU bed although it was noted with the number of high acuity patients it was difficult to undertake teaching and orientation. Changes were due to a lot of small things and there had been no transplants in May or transfers from MercyAscot. There was generally a 4% or 5% transfer rate from private practice to public. 50% of cardiac patients have complications. The ICU was sustainable with a budget of 12 beds which was expected to be reached by September with a planned approach to orientation and more nurses coming back into the workforce. The ICU is only one part of a complex system and the service was running a triage service for public and private with a need to be over staffed in FTE as there are too many links in the chain in cardiac. There is recruitment of graduates but no students go into ICU. Garry Smith advised that there was national and local work on a future capacity step required to lift intervention rates. He acknowledged the leadership and engagement with a visible cultural shift.</p>
10	GENERAL BUSINESS
	<p>The meeting was followed by a visit to the new paediatric oncology ward in Starship funded by the Starship Foundation.</p>
	NEXT MEETING
	<p>The meeting closed at 12:28pm.</p> <p>The next meeting is scheduled for 10:45am, Wednesday, 1 July 2009 Pohutukawa Room Sorrento in the Park One Tree Hill Domain Royal Oak Epsom</p>
	<p>CONFIRMED</p> <p>CHAIR: DATE:</p>