Disability Support Advisory Committee

Meeting

Thursday 13 May 2010

10:00am

Sir Douglas Robb Board Room
Level 7
Building 14
Greenlane Clinical Centre
Greenlane

Hei Oranga Tika Mo Te Iti Me Te Rahi
Healthy Communities, Quality Healthcare

Disability Support Advisory Committee

For discussion with Board

DSAC Meeting Date:	
Feedback By:	
DAP	
RECOMMENDATIONS	
1.	
2.	
NOTING	
1.	
2.	
KPIs	
RECOMMENDATIONS	
1.	
2.	
NOTING	
1.	
2.	
RISKS	
RECOMMENDATIONS	
1.	
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NOTING	
1.	
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3.	

Disability Support Advisory Committee
Action Points

MEETING DETAILS	
Date and Time	

Agenda Item	Detail	Responsibility	Action

1

KARAKIA AND INTRODUCTIONS

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life.

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind
As we seek to be of service to those in need.
Give us the courage to do what is right and help us to always be aware
Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

2

ATTENDANCE AND APOLOGIES

3

CONFLICTS OF INTEREST

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An "interest" can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction.
- Having a financial interest in another party to a transaction.
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it.
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction.
- Being otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.
Ensure the full nature of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legisaltion.govt.nz) and "Managing Conflicts of Interest – Guidance for Public Entities" (www.oag.govt.nz).

Date: 05/05/2010

ADHB DSAC
INTERESTS REGISTER

NAME OF MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Jo AGNEW	1. Senior Lecturer Nursing Auckland University 2. Casual Staff Nurse ADHB		Salary Salary		21 April 2010
Susan BUCKLAND	1. Writing, editing and public relations services 2. Medical Council of NZ 3. Occup ational Therapy Board	Self-employed Professional Conduct Committee member Professional Conduct Committee member	Fees Hourly fee Hourly fee	Writer, editor and public relations services Lay member of PCC set up to hear complaints brought to Medical Council and to determine outcomes Lay member of PCC to assess complaints and determine outcomes	7 August 2009
Bob TIZARD	1. Nil				27 February 2008
Peter DRUSKOVICH	1. Employee Taikura Trust				17 July 2008

Date: 05/05/2010

NAME OF MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Maria HULL-BROWN	1. Employee Mental Health Foundation 2. Membe r Age Concern NZ 3. Member Auckland City Council Disability Issues Advisory Group 4. Board member HOPE Foundation for Research on Ageing 5. Council Member Age Concern Auckland.				15 October 2009
Tunumafono Avaula FA'AMOE	1. Nil				24 June 2008
Dairne KIRTON	1. Nil				24 June 2008
Susan SHERRARD	1. Team Leader for CCS Disability Action 2. Trustee Ripple Trust				18 February 2010
Nanar TAN	1. Nil				16 July 2008

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CONFIRMATION OF MINUTES

- 18 MARCH 2010

Disability Support Advisory Committee
Minutes

MEETING DETAILS	
Date and Time	10:00am, Thursday, 18 March 2010
Venue	Sir Douglas Robb Boardroom, Level 7, Buildin g 14, Greenlane Clinica l Centre, Epsom

2	**ATTENDANCE AND APOLOGIES**
	Board Members Jo Agnew (Chair) Dr Brian Fergus Dairne Kirton Nanar Tan Susan Buckland Marie Hull-Brown Susan Sherrard Rt Hon Bob Tizard **Management in Attendance** Dr Denis Jury - Chief Planning and Funding Officer, Acting Chief Executive Lisa Gestro - Planning and Funding Manager Janice Mueller - Director Allied Health Vivienne Rawlings – General Manager Human Resources (part) Bruce Northey – Acting Board Administrator **Apologies** The Chair declared the meeting open at 10:03 am. An apology had been received from Garry Smith and Carolyn Simmons Carlson.
3	**CONFLICTS OF INTEREST**
	There were no notifications of a ny generic conflicts o f interest n or any specific conflicts announced in respect to items in the agenda.
4	**CONFIRMATION OF MINUTES 18 FEBRUARY 2010**
	The reference to complaints needed to be clarified with the concern being that the Committee was only aware of verbal complaints. If there were a verbal complaint received by a Committe e member the n every effort needed to be made to get them documented and int o the ADHB complaints system. The reference to researching communications was incorrect. Moved Marie Hull-Brown; seconded Dairne Kirton *That the minutes of the Disability Support Advisory Committee meeting held on 18 February 2010 be modified as agreed, thereby being a true and correct record.* Carried
5	**ACTION POINTS 18 FEBRUARY 2010**
	Chair The Board Chair has another scheduled meeting which regularly clashes with the timing of DSAC. The invitation to attend a meeting would continue to be offered. **Staff Training**

	Vivienne Rawlings was in attendance. She noted that: • ADHB did not have a Disability Co-ordinator; • Should a disability be acknowledged during recruitment the employing manager would undertake an ad hoc process with Occupation Health to assess how to address the individual's needs; • There was no training of staff specifically in respect to disability policies; • A policy of no discrimination in employment was actively applied as an organisational value, with ADHB being marketed as an open, inclusive employer. The Committee requested that HR consider integrating a session on understanding disabilities into the regular monthly orientation provided to new employees and asked that one or both of the Disability Co-ordinators from CMDHB or WDHB attend the May meeting to discuss their role and the concept that this role allowed other staff to 'pass on' their individual responsibility for management of disability issues, as may occur with Maori and Pacific issues. The formal objectives and KPIs for these roles to be accessed and circulated. In response to a question as to understanding by managers of disability issues and the resources available to assist managers, the comment was to await the outcome of the ongoing audit. HR to provide data on staff who have declared a disability. **Complaints** Quality Manager to report on complaints at the May meeting **ACC Funding of Support Carer in Hospital** ACC funding of support carers when an individual was hospitalised was still being discussed with ACC. On the broader issue of a support person being able to remain in attendance, there was no policy prohibiting this occurring and that possibility should be addressed when considering the needs of the patient as part of a treatment plan. Physical constraints are relevant, for example the environment at Starship is conducive as there are facilities for carers to 'sleep over'. **Bed Blockages** Within CONCORD there was a focus on the overall issue of bed blockages, estimated at 10 00 bed days a year. Work was ongoing with Taikura and Ethics Committee approval was being sought to interview service users on their experiences.
6	**CHAIRMAN'S REPORT**
	The Chair asked for a background to regional meetings of DSAC. The response was that these had occurred, but not with the present personnel and chairs nor within the current climate of greater regional alignment. The Chair agreed to discuss the concept of regional meetings with her fellow chairs, the Board Administrator to provide a briefing note on the statutory context of DSAC.
7	**IMPROVEMENT ACTIVITIES**
7.1	**DAP Projects Report**
	This was the first presentation of this material. Management to provide more detail on the subgroup of projects relevant to disabilities.

8	**PAPERS**
8.1	**Update on 2010 - 2011 District Annual Plan**
	The Committees' attention was drawn to the three projects set out in 1.1.4 under Goal 1 *: Lift the health of people living in Auckland city*, headed *Support disabled people and improve their access to healthcare and support services*
8.2	**Quality in Rest Homes – National Spot Audit Project**
	Office of the Auditor General's recommendation that quality and other audits of rest homes be merged and undertaken by way of 'spot' audits was being implemented by all DHBs at the request of the Ministry of Health. The pilot had received the support of provider representatives and an integrated audit tool was being finalised. An outstanding issue was who pays for an integrated audit as providers historically had only met the cost of certification audits. The changing profile of consumers may impact on the ongoing effectiveness of consumer involvement in these audits. Management to provide a report six monthly on how this strategy was being implemented and the outcomes of audits.
8.3	**Management of Complaints**
	The question was asked as to inclusion of external complaints received within internal ADHB processes, for example as to rest homes, in addition to the current practice of noting risks when a patient was admitted with a condition which raised concerns as to the standard of care provided. Quality Manager to include this issue in his forthcoming presentation on complaints; Planning and Funding to circulate contact details for the HDC workshop on complaints scheduled for late March.
8.4	**Access Audit**
	Lisa Gestro provided a verbal update. She was positive as to progress and the relevance of the final report due end of August for the September meeting with the leaders applying a strong methodology and consulting widely. Relevant Background material on access audit to be circulated.
10	**GENERAL BUSINESS**
	The Chair noted that while DSAC needed to have a relationship with CPHAC it reported to the ADHB Board. References to reporting to CPHAC to be removed from the agenda pack The practice of young disabled being released into rest homes rather than into the community in the absence of suitable accommodation is to be raised with the Chair of ADHB, with his related role of Chair of Housing New Zealand. Data on residents under 65 in rest homes to be provided.

	NEXT MEETING
	The meeting closed at 11:47 am The next meeting is scheduled for 10:00am, Thursday, 13 May 2010 Sir Douglas Robb Board Room Level 7, Building 14 Greenlane Clinical Centre Auckland

CONFIRMED

CHAIR: DATE:

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ACTION POINTS

- 18 MARCH 2010

Disability Support Advisory Committee
Action Points from the Meeting held on Thursday 18 March 2010

Item	Detail	Designated	Action
Carried forward	Chair, Pat Snedden to be invited to next DSAC meeting in 2010	Jo Agnew Ian Bell	Advised – will attend
Carried forward	The Committee requested that HR consider integrating a session on understanding disabilities into the regular monthly orientation provided to new employees and asked that one or both of the Disability Co-ordinators from CMDHB or WDHB attend the May meeting to discuss their role and the concept that this role allowed other staff to 'pass on' their individual responsibility for management of disability issues, as may occur with Maori and Pacific issues. The formal objectives and KPIs for these roles to be accessed and circulated. HR to provide data on staff who have declared a disability.	Vivienne Rawlings	Item 8.2
Carried forward	Quality Manager to report on complaints at the May meeting and to include the issue of including external complaint in the ADHB complaints system in his forthcoming presentation on complaints	Andrew Keenan	
6	The Chair agreed to discuss the concept of regional meetings with her fellow chairs, the Board Administrator to provide a briefing note on the statutory context of DSAC.	Jo Agnew	Verbal
7.1	Management to provide more detail on the subgroup of projects relevant to disabilities in the DAP Projects report.	Denis Jury Lisa Gestro	To be tabled
8.2	The Committee requested a report six monthly on how the National Spot Audit Project strategy was being implemented and the outcomes of audits.	Lisa Gestro	Noted
8.4	Relevant background material on access audit to be circulated.	Lisa Gestro	Item 8.3
10	The practice of young disabled being released into rest homes rather than into the community in the absence of suitable accommodation is to be raised with the Chair of ADHB, with his related role of Chair of Housing New Zealand. Data on residents under 65 in rest homes to be provided	Jo Agnew Lisa Gestro	

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CHAIRMAN’S REPORT

7

IMPROVEMENT ACTIVITIES

7.1 DAP Report

Goal 1: Lift the health of people living in Auckland city

High Level Strategy	Objective	Strategies to achieve objectives
Reduce inequities in health status		
Maori	Increase access to services	1. Reduce Maori DNA rates. 2. Increase enrolment of Maori in PHOs 3. Rangatiratanga - Maori Health Equity Framework
Pacific	Build healthy communities	1. Healthy Village Action Zone (HVAZ) evaluation 2. Implement and monitor revised KPIs for HVAZ Parish Community Nurses 3. Healthy Village Action Zone leadership and coordination
Improve outcomes in priority areas		
Children & young people	Achieve agreed Ministry of Health immunisation targets (focus Maori & Pacific)	1. Increase PHO/primary care involvement in managing immunisation 2. Practice level reporting 3. Practice nurse NIR training 4. Maori immunisation initiative
	Improve oral health outcomes for children	1. Auckland DHB wide oral health promotion 2. Implement new service model
Older People	Streamline access to older people's services	1. Create a single point of entry to services 2. Develop clinical triage according to need (direct referral to community support) 3. Establish new Home Based Support Services 4. Increase packages of care available 5. Restorative care process implemented
Mental Health	Increase effectiveness across primary, secondary & tertiary services	1. Eating Disorder Services 2. Reconfigure Maori Mental Health Services 3. Reconfigure current level 3 & 4 residential rehab services 4. Implement share care project (PROGRESS+) Primary /secondary integration
Palliative Care	Implement revised service model to align with client need	1. Unbundle current resources 2. Restructure programs to achieve effective use of general and specialist services 3. Increase the input of primary care teams in palliative care services
Prevent & manage long term conditions	Strengthen community participation and action	1. Work with Healthy Village Action Zones initiative to spread lessons 2. Plan the approach to maximise community engagement 3. Achieve target for cardiovascular risk screening
	Support whanau and self resilience	1. Increase efficiency, capacity and options of self-management approaches
	Proactive planned coordinated care	1. Run a GP clinical network for long term conditions that develops planned care 2. Increase retinal screening capacity 3. Develop care pathways for people with long term conditions
	Intensive support for people with high needs	1. Pilot case management 2. Increase the percentage of people utilising cardiac rehabilitation 3. Develop workforce for Kaupapa Maori cardiac rehabilitation

Goal 2: Performance Improvement (Better, Sooner, More Convenient)

High Level Strategy	Objective	Strategies to achieve Objective
Improve the effectiveness & efficiency of Healthcare System		
Primary healthcare	Implementation of PHO-DHB primary healthcare plan	1. Implement approach to providing efficient & effective coordinated care in the neighbourhood
	Improve access to after hours primary care	1. Develop after-hours services including palliative and residential care
Improve Primary Secondary system efficiency -decrease total system cost	Improve information availability across system Improve access & efficiency of service delivery	1. e-referrals, health event summaries and electronic outpatient letters 2. Increase access to diagnostic tests in primary care 3. Transfer some services to primary/community
Improve hospital efficiency / throughput	Improve the performance of ED	1. Projects to improve performance against 6 hr benchmark (OPJ) 2. Increase the use of and capacity of primary options
	Improve the acute capacity management	1. OPJ Starship theatre project 2. Adult inpatient capacity step (beds and workforce)
	Improve Cardiac Surgery Throughput	1. OPJ Cardiac surgery project
Reduce waiting times for elective services	Increase elective services to National Intervention rates	1. Increase Greenlane capability to a full elective services centre (feasibility)
	Achieve Radiation Oncology intervention rates and reduce waiting times for both radiation & medical oncology	1. Improve service scheduling process & utilisation of day stay 2. Tumour specific model implementation 3. Optimising the patient journey projects
	Improve Outpatient Management for Surgical Patients while improving patient satisfaction	1. Patient centred scheduling and communication 2. Accurate waiting time information. Reduced Waiting time 3. Increased input from GP's
	Reduce unmet need for elective services	1. Establish a new elective services centre
Improve Leadership Capability	Clinical leadership model: implement, monitor and evaluate Improve senior leadership team performance	1 Leadership development, mentoring and engagement process 2 Integrated governance reporting implemented 3. Define baldrige roll out plan and complete base line
Improve clinical quality & professional governance	Implement sector wide clinical networks	1. Develop GP network (collaborative) with primary care
	Improve safety and quality of care	1. Implement NQIP Medication Safety, Infection Prevention & Control, Mortality Review, Incident Management 2. Increase the number of GP practices with Cornerstone accreditation
Strengthen the health workforces	Improve clinical staff retention Healthy workplace Develop response to Long Term Services Plan	1. Targeted recruitment ICU, Midwives, RMOs, OR staff 2. Define, train and implement new workforce roles 3. Review performance based incentive programs 4. Improve the ease of application and entry
Information management	Improve resilience and availability of core IT systems	1. Implement the resilience improvement plan
	Regional Strategic Plan	1. Regional Strategic Plan development in alignment with NZ HIS 2009
Planning	Improve Capacity Management	1. Implement dynamic planning process (right beds, staff, facilities)
	Long Term Services Planning	1. National 2. Regional 3. Local

Goal 3: Live Within Our Means (Improve Value for Money)

High Level Strategy	Objective	Strategies to achieve Objective
Manage Revenue	Ensure revenue received for services provided	1. IDF annual agreements ensure we are paid for what we do. 2. Participate in National pricing process
Improve Productivity	Reduce Administration Cost	1. Improve HR payroll processing and leave management 2. Reduce back office cost (regional shared services) 3. Manage administration of M&A FTE cap
	Improve Clinical Effectiveness	1. Improve clinical resource utilisation 2. Reduce variation in Clinical Practice
	Health Service Process Improvement	1. Implement improvement programs to reduce waste, improve flow and enhance the patient experience.
	Achieve procurement savings	1. Leverage national/regional procurement initiatives 2. Refine procurement strategy 3. Deliver direct treatment cost savings 4. Deliver indirect treatment cost savings 5. Monitor and collect rebates within contracts for supplies and services
Manage Cash	Optimise stock holding	1. Revisit replenishment parameters 2. Improve supply chain systems and processes
	Sustainable Cash Management Plan	1. Asset Management Plan alignment with the Long Term Services Plan 2. Improve prioritisation process for new capital 3. Long term financial modelling process is implemented

Goal Level Summary Report (Disability Support Advisory Committee)

DAP Projects

Total Projects: 5

DAP GOAL	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Finished	Post Implementation Benefits		
			Plan			Do/Check	Act														
			Define	Measure	Analyse	Improve	Control	Cancelled	Green	Orange	Red	Green	Orange	Red	Fully deliver	Partially deliver	Not deliver		Green	Orange	Red
1) Lifting the Health of the people in Auckland City	4	4	1	0	2	0	1	0	4	0	0	4	0	0	4	0	0	0	0	0	0
2) Performance Improvement	1	1	1	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0
3) Living within our Means	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals #	**5**	**5**	**2**	**0**	**2**	**0**	**1**	**0**	**4**	**1**	**0**	**5**	**0**	**0**	**5**	**0**	**0**	**0**	**0**	**0**	**0**
Totals %	**100%**	**100%**	**40%**	**0%**	**40%**	**0%**	**20%**	**0%**	**80%**	**20%**	**0%**	**100%**	**0%**	**0%**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Review

No Review Comment has been made.

High Level Summary Report

Goal 1 Lift the Health of the people in Auckland City

DAP Projects

Total Projects: 4

DAP HLS	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Finished	Post Implementation Benefits		
			Plan			Do/Check	Act	Cancelled													
			Define	Measure	Analyse	Improve	Control		Green	Orange	Red	Green	Orange	Red	Fully deliver	Partially deliver	Not deliver		Green	Orange	Red
1.1 Reduce inequalities in health status	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.2 Improve outcomes in priority areas	4	4	1	0	2	0	1	0	4	0	0	4	0	0	4	0	0	0	0	0	0
1.3 Prevent and manage long term conditions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals #	**4**	**4**	**1**	**0**	**2**	**0**	**1**	**0**	**4**	**0**	**0**	**4**	**0**	**0**	**4**	**0**	**0**	**0**	**0**	**0**	**0**
Totals %	**100%**	**100%**	**25%**	**0%**	**50%**	**0%**	**25%**	**0%**	**100%**	**0%**	**0%**	**100%**	**0%**	**0%**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Objectives

Objective	Objective Owner	Comment

Exceptions

There are no projects that have been marked as an exception

High Level Summary Report

Goal 2 Performance improvement

DAP Projects

Total Projects: 1

DAP HLS	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Finished	Post Implementation Benefits		
			Plan			Do/Check	Act	Cancelled	Green	Orange	Red	Green	Orange	Red	Fully deliver	Partially deliver	Not deliver		Green	Orange	Red
			Define	Measure	Analyse	Improve	Control														
2.1 Improve the effectiveness & efficiency of the healthcare system- primary care	1	1	1	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0
2.2 Improve the efficiency and effectiveness of the healthcare system– decrease total system cost- primary secondary interface	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Improve the efficiency and effectiveness of the healthcare system - hospital efficiency /throughput	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Improve the efficiency and effectiveness of the healthcare system – reduce waiting times for elective services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Improve leadership capability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Improve leadership performance in clinical quality& professional governance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Strengthen the health workforce	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Information management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals #	**1**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
Totals %	**100%**	**100%**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**0%**	**100%**	**0%**	**0%**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Objectives

Objective	Objective Owner	Comment

Exceptions

Short Name	Coverage	Phase	On Time	On Budget	Expected Outcome	Sponsor Review	DAP project?

Develop after hours services including palliative care and residential care	ADHB	Define	Orange	Green	Green	This project is linked to the 'better, sooner, more convenient' EOI process and is now progressing as part of the regional primary care plan. We need to ensure that the regional after hours projects maintains an interest in solving the issues for palliative care patients and the residential care sector.	yes

Legend: Red - ◆, Orange - △, Green - ●

High Level Summary Report

Goal 3 Live within our means

DAP Projects

Total Projects: 0

DAP HLS	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Finished	Post Implementation Benefits		
			Plan			Do/Check	Act	Cancelled	Green	Orange	Red	Green	Orange	Red	Fully deliver	Partially deliver	Not deliver		Green	Orange	Red
			Define	Measure	Analyse	Improve	Control														
3.1 Manage revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Improve productivity	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Manage cash	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals #	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Totals %																					

Objectives

Objective	Objective Owner	Comment

Exceptions

There are no projects that have been marked as an exception

8

PAPERS

8.1 Presentation from Disability Advisors at CMDHB and WDHB

8.2 The Roll Out of Vitamin D in Aged Residential Care

8.3 Accessibility Audit

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ADHB Board Paper

Date	15 May 2010
To	Disability Support Advisory Committee
From	Denis Jury, Chief Planning and Funding Officer Greenlane Clinical Centre
Author	Lisa Gestro, Planning and Funding Manager, Health of Older People, Disability and Palliative Care
Functional Group	Planning and Funding
Subject	The Role of Disability Advisory Positions within DHB's

The Disability Support Advisory Committee has recently become more interested in the role of Disability Advisors within District Health Boards. Although this has been previously discussed and not progressed under previous Committee leadership, it is agreed that a further conversation should be informed by an information sharing exercise involving Disability Advisors from the other DHB's within our region.

Disability Advisors will therefore be in attendance at the DSAC meeting scheduled for May 13 and further discussion will follow these presentations.

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ADHB Board Paper

Date	13 May 2010
To	Disability Support Advisory Committee
From	Denis Jury, Chief Planning and Funding Officer Greenlane Clinical Centre
Author	Lisa Gestro, Planning and Funding Manager, Health of Older People, Disability and Palliative Care
Functional Group	Planning and Funding
Subject	**The Roll Out of Vitamin D In Aged Residential Care**

Background

1.1 Muscle weakness and poor balance underlie most falls that occur in older adults. Muscle strength has been shown to decline with age and a significant association between muscle strength and Vitamin D levels exists.

1.2 Low Vitamin D levels are common in older adults in residential care and in some sub-groups within the community. Low levels lead to muscle weakness and atrophy (particularly in fast twitch muscle fibres), an increase in postural sway and impaired psychomotor function.

1.3 Evidence indicates that supplementing older adults in residential care with Vitamin D reduces the risk of falling by approximately 28% and subsequently reduces the risk of fracture and hospital admission.

1.4 ACC have developed a programme for the provision of Vitamin D supplements to residents in Age Related Residential Care (ARRC). ACC is seeking to reinforce existing guidelines for the prescribing of Vitamin D supplements to prevent falls in ARRC residents. ACC is approaching District Health Boards with a view to increase the uptake of Vitamin D supplements in residential care in New Zealand.

1.5 The initiative is based on evidence that Vitamin D supplementation reduces falls and associated injury costs in Age Related Residential Care. The initiative aims to provide improved information to health professionals, residents and families, detailing the benefits of Vitamin D supplements, and includes a Vitamin D Prescribing Guideline for GPs.

The Vitamin D project

Following a review of the evidence and in consultation with the Clinical Director of Older Persons Health, Auckland DHB has agreed to partner with ACC on the promotion and targeted delivery of Vitamin D to residents of Aged Care facilities in our area.

This involves the development of an implementation plan and liaison with providers of aged care, their contracted primary care providers, key champions and residents and their families.

KPI's

Nationally each DHB is responsible for trying to deliver a 75% uptake of Vitamin D. Through some very effective current champions in our sector the ADHB residential care population already sits at a very admirable 51%. We will therefore be setting internal goals for our sector in advance of those which have been set nationally.

The programme will commence on 1 July 2010 and will be monitored over a two year period at which time it will be reviewed.

Information for staff

Vitamin D – A proven D-fence against falls

Helping your residents stay on their feet

Vitamin D: A proven D-fence against falls

Falls are an issue for older people living in residential care.

A fall will often result in serious injury, reduced mobility and a loss of confidence and independence. This can not only affect the individual's quality of life, but also increase the workload for nurses and caregivers.

ACC, DHBs and PHOs are supporting a programme aimed at reducing falls in residential facilities, by ensuring Vitamin D supplements are available to residents.

Vitamin D is a proven way to help reverse the muscle weakness that plays a part in many falls.

Reducing the impact of falls in residential care facilities

Around two-thirds of older adults living in residential care facilities have a fall each year.

That means a lot of staff time is spent dealing with falls, and providing the higher levels of assistance needed to residents who've lost their mobility, independence and confidence following a fall.

Reducing falls will therefore go a long way towards improving quality of life for residents, and easing the workload on facility staff.

How Vitamin D supplements can help

Enhancing muscle strength

Research has shown there is a clear association between low Vitamin D levels and reduced muscle strength, which contributes to many falls in older adults.

Vitamin D is a proven way to enhance muscle strength, by increasing both the number and size of fast twitch (Type II) muscle fibres.

Vitamin D can also help maintain bone density, by assisting calcium to be absorbed into the bones. This lessens the risk of fractures in those who do fall.

How many falls can we prevent?

It's estimated that Vitamin D supplements can prevent at least a quarter of the falls that currently happen in residential care facilities.

Around 27,000 people currently live in these facilities in New Zealand, which totals approximately 5,000 fewer falls each year.

Frequently asked questions

Are all residents eligible for Vitamin D supplements?

The supplements will be offered to all people living in a residential care facility.

Some residents may not be able to take them if they have certain medical conditions. However, the supplements will always be prescribed by a GP, who will will determine residents' suitability for the supplements, by following a guideline developed by a Specialist Working Group of clinicians and researchers.

What form does the supplement take?

The supplements come in tablet form and will be prescribed by the resident's doctor.

How often do the supplements need to be taken?

Two tablets are taken together in the first month. After this, one tablet is taken monthly.

Frequently asked questions

Are there any known side-effects or will the supplements interfere with other medication?

Vitamin D supplements have no known side-effects, and can be safely combined with most medications.

Does everyone receive the same dose?

Yes.

Are there any other benefits of taking vitamin D supplements?

As well as helping to prevent falls, Vitamin D has also been shown to reduce the risk of developing many serious chronic illnesses, including rheumatoid arthritis, multiple sclerosis, cardiovascular diseases, some cancers and diabetes.

Has Vitamin D supplementation been used anywhere else in the world to prevent falls?

Yes, Vitamin D is widely used for fall prevention in many countries around the world, including the USA and the UK.

If the resident takes Vitamin D supplements, does this mean they do not need to exercise?

If possible, exercise performed **safely** should still be undertaken even if the resident is taking Vitamin D supplements. Exercise has many benefits in addition to building muscle strength. It has been shown to assist in the maintenance of bone density, and has been linked to many positive health outcomes such as lower blood pressure, lower rates of diabetes and an increased quality of life.

Need more information?

If you have any questions about the programme, please talk to your facility or nurse manager.

You can also find out more about the programme:

- at www.acc.co.nz/vitamin-d
- or by calling 0800 844 657.

www.acc.co.nz
0800 844 657

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ADHB Board Paper

Date	13 May 2010
To	Disability Support Advisory Committee
From	Denis Jury, Chief Planning and Funding Officer Greenlane Clinical Centre
Author	Lisa Gestro, Planning and Funding Manager, Health of Older People, Disability and Palliative Care
Functional Group	Planning and Funding
Subject	Update on Standing Item – Accessibility Audit

Purpose

The purpose of the paper is to:

- Provide an update to the committee

Recommendations

That the Committee

- **Note** the update as per the attached Project plan and milestones contained with the report.

Accessible Information and Communications Limited

Enhancing Engagement Between People with Disabilities and the Staff of ADHB

Project Plan

Prepared by Mary A Schnackenberg
for Lisa Gestro, Auckland District Health Board

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1 Introduction

This Project Plan outlines the key steps in the work commissioned by the Auckland District Health Board (ADHB) from Accessible Information and Communications (A I Comms) Ltd for the undertaking of an Accessibility Review. The development of the Project Plan has been informed by the project proposal developed by AI Comms Ltd and feedback from and discussions with ADHB representatives. This Project Plan should be considered alongside other documents relevant to this project, including the Proposal from A I Comms Ltd, and the contract between the ADHB and A I Comms Ltd.

The project will be undertaken as a series of interconnected phases.

The first stage of this project is a planning phase, where we will work in partnership with ADHB to confirm the scope, focus and timing of the overall Access Review, including the detailed activities, roles and responsibilities.

We will deliver this Access Review by undertaking a comprehensive literature review as detailed below, and by collecting empirical data from a range of groups and individuals using a multi-method approach to ensure rigour and robustness. The empirical data will be gathered through both key informant interviews with ADHB staff and focus groups and workshops with consumers and ADHB staff.

We provide here a Project Plan that specifies the order of our work as listed in Section 6 of our Proposal, including the support we require from and agreed to by ADHB staff to undertake specific tasks, as well as a timeframe for key deliverables. We also scope the structure of the final report. This Project Plan will be amended if necessary and signed off with the ADHB prior to the commencement of work.

2 Focus Group and Key Informant Interview Tools Draft

Finish Date: 19-Mar-10
Responsibility: Denise Bijoux

This includes the following documents:
* Consent form for participants in consumer focus groups
* Information Sheet for consumers participating in Focus Groups
* Consent form for ADHB staff participating in interviews and workshops
* Information Sheet for ADHB staff participating in interviews
* Information Sheet for ADHB staff participating in workshops
* Discussion guides for all interviews and focus groups.

Lisa Gestro is asked to provide feedback, agreement and signoff from ADHB by 26-Mar-10. We will revise the above documents as necessary by 31-Mar-10.

3 Completion of Literature Review

Finish Date: 15-Apr-10
Responsibility: Denise Bijoux

As detailed in the Proposal, Denise Bijoux will lead a literature review looking for evidence of culture change in the health sector. The review of national and international evidence to support the development of the final report will be comprehensive, and will include peer reviewed, published literature, as well as available grey literature.

The literature review will be informed by a key word search as agreed with ADHB. Key words will be coupled where appropriate and will include:
* Health
* Accessibility
* Disability
* Impairment
* Information
* Accessible formats
* Alternative formats
* Best practice
* Evaluation
* Responsiveness
* Attitude
* Staff.

The literature review will be undertaken in conjunction with the Philson Medical Library and will comprise a detailed literature search using academic databases including:
* Medline
* PsychInfo
* Social Care Online
* ERIC and
* INNZ.

Should further information be required, additional searches will include databases such as a combination of:
* ProQuest 5000 International
* Psychology and Behavioural Sciences Collection
* Scopus
* Social Services Abstracts
* Sociological Abstracts
* Web of Science

A summary of the findings from the first draft of the Literature Review will be provided to ADHB by 15 April. We seek feedback on the summary by 21 April. This review will be revised as further information is gathered, with the final draft included in the draft project report (phase 13).

Prior to initiating the Literature Review, we ask that Lisa Gestro will facilitate access to the Philson Medical Library and introduce Denise to the key librarian contact by 19 March.

4 Focus Group and Key Informant Interview Tools Revision & Confirmation

Finish date: 23-Apr-10
Responsibility: Denise Bijoux

On the basis of the findings of the Literature Review, we will revise interview questions and focus group discussion guides.

5 Interviews with Four Management Staff

Finish date: 30-Apr-10
Responsibility: Mary Schnackenberg

Following initial selection, contact and introductions by Lisa Gestro prior to 19 April, Mary Schnackenberg will undertake these 90-minute interviews.

As detailed in our Proposal, before we begin the focus groups, we would like to understand more about the current situation at ADHB with regard to services and facilities for people with disabilities. We would like to learn their perspective about their current knowledge, and any gaps they might perceive in services and facilities.

Subject to the participants having signed the consent forms, the interviews will be completed by the end of April.

6 Organisation, Undertaking & Analysis of Outcomes of Four Consumer Focus Groups

Finish date: 21-May-10
Responsibility: Mary Schnackenberg

A total of four two-hour focus groups each with between six and twelve consumers (n=48 maximum and 24 minimum) will be undertaken. A random sampling method will be used and recruitment will be facilitated through a variety of organisations including the Disability Resource Centre, CCS Disability Action, Deaf Aotearoa New Zealand, Auckland Branch of the Association of Blind Citizens.

The research team will contact individual organisations to introduce the Access Review and engage that organisation in promoting the review to individual members and associates. Individuals will be encouraged to contact the research team directly if they are interested in participating. At this stage a copy of the information sheet will be emailed to them. The research team will follow up with a telephone contact, to establish if they are still willing to participate, and if so, confirm focus group details. Consent forms will be signed at each focus group.

It is anticipated that Denise Bijoux, Mary Schnackenberg and Vivian Naylor will attend the focus groups. The questions developed earlier will be used to guide each group discussion.

Subject to the participants having signed the consent forms, the focus groups are anticipated to be conducted during the first three weeks of May.

7 Delivery of Physical Access Checklist

Finish date: 28-May-10
Responsibility: Vivian Naylor

This will consist of building features required by the New Zealand Building Code, with explanation as to their importance to people with disabilities so they can safely access and use the ADHB facilities.

8 Model Physical Access Audit

Finish date: 28-May-10
Responsibility: Vivian Naylor

An audit will be carried out across the Auckland City Hospital, Greenlane Hospital, Starship Hospital and Rehab Plus sites.

This exercise will identify design trends across all sites, as well as indicate where particular improvements could be made, and why, in order to increase disabled people's safe access to and

around buildings, their environs and usability of the facilities within, whether patients, visitors or staff. Features audited will include access routes, signage/wayfinding, reception counters, visibility factors that assist vision-impaired people, concluding with a summary of suggestions for possible modifications. Due to time constraints a detailed audit of each building will NOT be undertaken.

While exploring the sites, Vivian will be taking photographs and measuring spaces of particular interest. Photographs will NOT be taken of any staff, patients or visitors.

Lisa Gestro is asked to obtain access permission for Vivian by 19 March.

9 Organisation, Undertaking & Analysis of Outcomes of Four Staff Workshops (including testing what we found from consumers)

Finish date: 18-Jun-10
Responsibility: Mary Schnackenberg

Lisa Gestro is asked to select, make initial contact and introduce us to staff who are willing to participate in these workshops. We also ask ADHB to arrange venues and timing in consultation with us.

Denise Bijoux, Mary Schnackenberg and Vivian Naylor will attend the workshops. The findings from the consumer focus groups will be shared with participants and their feedback sought. Participants will be invited to describe what the ideal service for people with disabilities might look like.

Subject to the participants having signed the consent forms, the workshops are anticipated to be conducted during late May and early June.

10 Workshops (2) with Staff with Disabilities

Finish date: 25-Jun-10
Responsibility: Mary Schnackenberg

Lisa Gestro is asked to select, make initial contact and introduce us to staff with disabilities who are willing to participate in these workshops. We also ask ADHB to arrange venues and timing in consultation with us.

Denise Bijoux, Mary Schnackenberg and Vivian Naylor will attend these workshops. These are designed to test, nuance and, if necessary change the findings to date. Again, participants will be invited to describe what the ideal service for people with disabilities might look like.

Subject to the participants having signed the consent forms, the workshops are anticipated to be conducted in the latter half of June.

11 Interview of One Senior IT Person

Finish date: 02-Jul-10
Responsibility: Mary Schnackenberg

Following initial selection, contact and introductions by Lisa Gestro, Mary Schnackenberg will undertake this 90-minute interview.

We wish to enquire into the ADHB understanding of print disability as reflected by the IT staff member. For example, What "flag" is used to indicate that a patient has a print disability? What technology might be available in-house to produce accessible information pamphlets and feedback forms? How are appointments and reminders sent to patients? What instructions about accessibility are given to

contractors hired to write materials for ADHB? What are the guidelines for accessi bility used by ADHB on its website?

Subject to the participant having signed the consent form, the interview is anticipated to be conducted in the last week of June.

12 Interview with Learning and Development Person re MOODLE

Finish date: 02-Jul-10
Responsibility: Mary Schnackenberg

Following initial selection, contact and introductions by Lisa Gestro, Mary Schnackenberg will u ndertake this 90-minute interview.

We understand that training and de velopment is strongly linked to MOODLE. We wish to enq uire what modules exist relating to disability. This will ensure we fit into the current framework an d mak e recommendations for any new material that are appropriate and relevant.

Subject to the participant having signed the consent form, the interview is anticipated to be conducted in the last week of June.

Recommendations re training modules within MOODLE will be completed by 16-Jul-10.

13 Completion of Draft Report

Finish date: 23-Jul-10
Responsibility: Mary Schnackenberg

It is suggested that the draft report will be structured as follows:
* Introduction and context
* Method
* Key findings from the interviews, focus groups and workshops drawing out themes that are common or different
* Access Checklist and Access Audit
* Discussion
* Conclusion
* Recommendations divided into short, medium and long term steps. The short term recommendations we have characterised as "quick wins" which we recommend to be in place by the end of 2010. This section will include specific recommendations related to MOODLE
* Appendix: Literature Review.

Lisa Gestro is asked to provide ADHB feedback by 06-Aug-10

14 Discussions to Validate "Quick Wwins"

Finish date: 13-Aug-10
Responsibility: All

During the second wee k of August, we wish to meet with Lisa Gestro and her se lected colleagues to check the validity of our recommended "quick wins".

15 Completion of Final Report

Finish date: 20-Aug-10
Responsibility: Mary Schnackenberg

During the week of 16-20 August we will make necessary changes to complete the final report. We will also add an executive summary.

16 Preparation and Delivery of DISAC Presentation

Finish date: Sep-10
Responsibility: Denise Bijoux

On a date to be advised by Lisa Gestro, we will present a summary of our Final Report to the Disability Advisory Committee of the ADHB. This will include a powerpoint presentation of method, key findings and recommendations with opportunity to ask questions of all research team members.

17 Speak to Final Report at One Two-Hour Meeting of Participants

Finish date: Sep-10
Responsibility: All

This project concludes with a presentation by us to all those participants who are able to attend. We feel this would be a good time to bring together both consumers and staff. We would seek Lisa Gestro's support to advertise this to staff; we will contact consumers.

We will present the Report with our conclusions and recommendations. Prior to this meeting, we recommend the executive summary of the final report is sent to all participants.

9

CONFIRM

9.1 Action Points for next DSAC Meeting

9.2 DSAC Feedback to CPHAC

9.3 DSAC Feedback to Board

Use Forms at beginning of Meeting Pack

10

GENERAL BUSINESS

11

APPENDICES

Nil

Disability Support Advisory Committee
Agenda

MEETING DETAILS	
Time and Date	Thursday, 13 May 2010 10:00 a.m. – 12:00 p.m.
Venue	Sir Douglas Robb Board Room, Level 7, Bldg 14, Greenlane
Members	Jo Agnew (Chair), Susan Buckland, Peter Druskovich, Tunumafono Ava Fa'amoe, Dr Brian Fergus, Marie Hull-Brown, Dairae Kirton, Nanar Tan, Rt Hon Bob Tizard
Apologies	
In Attendance	Dr Denis Jury, Lisa Gestro, Janice Mueller, Ian Bell.

	Item	Page No
1	**Karakia and Introductions**	**001**
2	**Attendance and Apologies**	**005**
3	**Conflicts of Interest**	**007**
4	**Confirmation of Minutes** - Thursday 18 March 2010	**013**
5	**Action Points** **-** Thursday 18 March 2010	**019**
6	**Chairman's Report**	**023**
7	**Improvement Activities** 7.1 DAP Projects Report	**025**
8	**Papers** 8.1 Presentation from Disability Advisors at CMDHB and WDHB 8.2 The Roll Out of Vitamin D in Aged Residential Care 8.3 Accessibility Audit	**037**
9	**Confirm** 9.1 Action Points for next DSAC Meeting 9.2 DSAC Feedback to CPHAC 93 DSAC Feedback to Board	**067**
10	**General Business**	**069**
11	**Appendices** There are no appendices	**071**

NEXT MEETING

Date and Time: Thursday 15 July 2010 10:00 a.m. – 12:00 p.m.

Venue: Sir Douglas Robb Board Room, Level 7, Bldg 14, Greenlane

Hei Oranga Tika Mo Te Iti Me Te Rahi
Healthy Communities, Quality Healthcare