

## AUCKLAND DISTRICT HEALTH BOARD

### HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting  
held on Wednesday 2 April 2008 in the Rangitoto Room, Level 3, LabPlus  
Auckland City Hospital, Grafton  
commencing at 11:00 am

#### 1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

##### Committee Members

Dr Chris Chambers (Chair)  
Susan Buckland  
Rob Cooper  
Dr Ian Scott  
Bob Tizard  
Ian Ward

Jo Agnew  
Harry Burkhardt  
Brian Fergus  
Pat Snedden  
Seiuli Dr Juliet Walker

##### Management in Attendance

Garry Smith – Chief Executive  
Dr David Sage – Chief Medical Officer  
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  
Kay Hyman – General Manager Woman's and Children's 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 11:20 am.

An apology had been received from Professor Iain Martin.  
There were no declarations of conflicts of interest relating to any items on the agenda.

#### 2. CONFIRMATION OF MINUTES 5 MARCH 2008

Moved Jo Agnew, seconded Ian Ward

*That the minutes of the Hospital Advisory Committee meeting held on 5 March 2008 be confirmed as a true and correct record.*

Carried

### **3. ACTION POINTS 5 MARCH 2008**

#### **Hand Washing**

It was suggested that there be a notice to wash hands going into areas as well as when leaving areas.

#### **Ophthalmology**

The service was under pressure for space and was also subject to the regional service review. It was hoped that there would be decisions by May on a way forward and this was to be updated to the Board.

### **4. PRESENTATION – PHARMACY, MEDICATION SAFETY**

Sarah Fitt, Pharmacy Manager presented to the Committee. The main Pharmacy is at Level 6 in the Support Building with a satellite Oncology Pharmacy and two retail Pharmacies, one at Auckland City Hospital and one at Greenlane Clinical Centre. The hospital drug budget was \$40m with many contracts under Pharmac but a large amount of resourcing from overseas required for products not available in New Zealand. There was growth in compounding with an increasing number of products having to be made from raw materials and increased use of sterile facilities to split doses from phials to reduce drug costs. There had been a growth in chemotherapy dispensing. There is a call centre for queries and Pharmacy supports the Hospital Medicines Committee to manage entry of new medications into ADHB with the development of policies and prescribing guidelines. Current challenges were the recruitment and retention of staff especially with the end of the reciprocal Pharmacist's registration with the UK as a result of EU requirements. There was a growth in Oncology volumes and the introduction of pharmaceutical cancer treatments claiming from 1 July 2008.

There was considerable discussion about the changes to reciprocal registration and the impact on current arrangements filling staffing gaps without a clear way forward being found.

Medication safety was described as "the process by which an organisation makes medicine related outcomes safer". Medication related problems accounts for 10%-12% of adverse events and 15%-50% of incidents. There are two Medication Safety Committees linked with the Hospital Medicines Committee and reporting to the Clinical Board which undertook review of medication errors, alerted medicine alerts and targeted areas of high risk. High risk medications and processes were drug administration, intrathecal chemotherapy, IV potassium, Warfarin and medicines reconciliations. Other projects included medication safety alerts and education on other high risk medicines. Medicine reconciliations were particularly focused on understanding what medicines people are on at admission, with a 65% chance that people are not on the right mix of drugs.

The After Hours project was looking at better coverage by Pharmacy and there is work being done nationally related to bar-coding and standardising drug charts.

The Committee thanked Sarah for her presentation.

#### **Mental Health Review**

Structural changes had been proposed and feedback received which now would result in a modified second proposal. There were gaps in positions which created clinical risks in the service including being unable to discharge patients as they are too ill and there were

resource shortages in the community. Finalisation of the second proposal, including consultation had 3 weeks to go and it would take 2 months before a final structure and positions were agreed. The significant risk in the Unit and community were being managed at present with the Clinical Governance Team supporting the GM Mental Health.

There was an ongoing debate concerning privacy and the ability to talk to other people about a patient with staff trained to communicate with family but the patient entitled to privacy. A 16 year old cut-off applied. The risks applied to Adult Services with other services working well. The focus was on managing risk in the in-patient services noting that there is no zero risk in Mental Health. The Committee would be updated next month.

### **Eating Disorders**

This was updated monthly to the Board and to families with ADHB seeking to provide beds for its own population through looking at flexible use of children's beds. There were still some patients in the community that should be in in-patient beds and ADHB was still sending people to Australia. In Australia people access services earlier as there are more facilities. Eating Disorders were not a regional priority but ADHB was committed to fund the service.

### **National NZNO/DHB Partnership Agreement**

This was an agreement to work collaboratively to seek ways to offset the extra cost of the nurses' MECA settlement. The financial risk was \$8.4m based on the present FTEs. There had been some engagement on CME interpretation to include base training within the clause. It had taken a long time to get NZNO engagement. It was suggested that rather than waiting for national work there be local engagement on the commitment. There would be a meeting the following day with NZNO on the work plan. This is to be updated to the next month's meeting.

## **5. PROVIDER SERVICES MONTHLY REPORT**

Within Cardiac there had been a basic change with basic cathlab volumes repatriated to Waitemata stranding the more complex work with ADHB which was paid for at an average price.

While there were no measures of organisational stress other than indicators of sick leave and exit interviews, staff turnover was down and recruitment was going well and productivity increasing. The growth of acute admissions was not understood these being presently at the previous winter level and there was a number of strategies being considered looking at short and long term solutions i.e. opening an acute theatre as well as open beds at Level 3 and 4.

The Committee asked for a presentation on Seasonal Planning.

The Committee asked for quarterly reports on staff vacancies, turnover etc in areas that are being affected by vacancies. The Committee also asked for a presentation on Regional Service Planning.

## **6. GENERAL BUSINESS**

There were no items of general business.



**7. NEXT MEETING**

The meeting closed at 12:52 pm.

The next meeting is scheduled for:  
11.00 am, Wednesday 7 May 2008  
Marion Davis Library  
Building 43  
Auckland City Hospital  
Grafton

**CONFIRMED**

**CHAIR:** .....

**DATE:**.....