

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting
held on Wednesday 3 December 2008 in the Marion Davis Library,
Building 43, Auckland City Hospital, Grafton
commencing at 11:00 am

1. ATTENDANCE AND APOLOGIES

Committee Members

Dr Chris Chambers (Chair)
Susan Buckland
Rob Cooper
Dr Ian Scott
Rt Hon Bob Tizard
Ian Ward
Farida Sultana

Jo Agnew
Harry Burkhardt
Dr Brian Fergus
Pat Snedden
Seiuli Dr Juliet Walker
Assoc Prof Anne Kolbe
Lynda Williams

Management in Attendance

Dr David Sage – Chief Medical Officer
Greg Balla – Director Performance and Provider Development
Ngaire Buchanan – General Manager Operations
Taima Campbell – Executive Director Nursing
Margaret Dotchin – Nurse Director
Fionnagh Dougan – General Manager Mental Health, Ambulatory, Cancer & Blood Services
Dr Rick Franklin – Clinical Leader Ambulatory Services
Kay Hyman – General Manager Woman's and Children's Services
Chris Morgan – Manager Materials Management
Andrew Keenan – Quality Manager
Janice Mueller – Director Allied Health
Vivienne Rawlings – General Manager Human Resources Operations
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 11:07am.
Apologies had been received from Rees Tapsell and Garry Smith.

2. CONFLICTS OF INTEREST

Jo Agnew advised that she had been appointed Senior Lecturer Nursing at Auckland University and Ian Scott advised that he was now a shareholder and Board member in Auckland PHO. There were no notifications of conflicts of interest for any item on the agenda.

3. CONFIRMATION OF MINUTES 5 NOVEMBER 2008

Moved Anne Kolbe, seconded Ian Ward

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

Carried

4. ACTION POINTS 5 NOVEMBER 2008

The note of appreciation had been made to David Cole's family and the presentation on nurse specialists and bed modelling were contained in the agenda.

6. PAPERS/UPDATES

6.2 Senior Nursing Roles

Margaret Dotchin introduced the paper which gave a high level overview and introduced Michael Geraghty, Clinical Nurse specialist in AED and Carol Slight, Nurse Practitioner, Ophthalmology.

Michael Geraghty presented to the Committee advising that he was the first registered emergency nurse practitioner in New Zealand. The nurse practitioner had commenced in 2001, modelled on the UK, with the goals being to reduce waiting times, improve patient satisfaction and improve triage compliance with work focused on triage 4 or 5 low acuity/low complexity and triage 2 or 3 high acuity/low complexity. In a typical day he saw 10-15 patients over a 10 hour shift with 80% of patients treated exclusively by the nurse practitioner and 20% requiring consultation with a specialist. A Wound Care Clinic was conducted with an aim to reduce admissions focused on homeless/lower socioeconomic groups. Presentations to AED had increased from 44,000 to 56,000 over 5 years and in response to a question he advised that most presentations were appropriate although in weekends there were increases due to low accessibility to GPs. They also catered for transients, students and tourists. The nurse practitioner sign on for triage 3, 4 and 5 consistently exceeded the performance threshold.

The Clinical Director of AED was very comfortable with the role and there could be further nurse specialists in AED. Experience and training was a Master's Degree plus 5 years experience with one and a half years training in emergency medicine with prescribing rights. ADHB was looking at an in-house credentialing programme to maintain professional quality and more nurse practitioners in the community.

Carol Slight, the first practice nurse in Ophthalmology, presented to the Committee. Ophthalmology sees 50,000 patients across the age continuum. The changing health needs with an aging population and rise in chronic ophthalmology conditions resulted in increased waiting lists and increased waiting times. These have been addressed by the nurse practitioner with a scope of practice addressed at the lower severity ophthalmic conditions. The clinics had shown a marked decrease in waiting for first specialists glaucoma consultations and a reduction in waiting lists. Clinics addressing inflammation of the iris were also part of her clinics and again showed markedly reduced waiting times for patients. The benefits to the patients were reduced waiting times for follow-up, a

continuum of care and assessment, education on conditions and development of relationships with patients. The benefits for ADHB were reduced waiting lists and waiting times and compliance to government guidelines. The benefits for nursing were clinically focused senior nurses, role modelling and staff retention.

ADHB was looking at ways of developing the nurse practitioner specialist roles particularly in health of older people in the community, palliative care and gerontology, noting that for the individual they had to go through long processes and study that did take time. ADHB supported individuals when they stepped up to the roles. The system did not support or was designed to promote nurse specialists i.e. remuneration in primary care, although there was funding for a post graduate certificate.

The Committee thanked Michael Geraghty and Carol Slight for their presentations.

6.3 Adult Health Services Planning Project

There would be a requirement for 60 beds to be opened now to achieve an 85% occupancy rate. Day stay and the Greenlane Clinical Centre were being considered to provide additional beds as well as refining requirements for particular services. HSDP project modelling of the bed model had largely been correct. A scoping document was being prepared for CEO sign-off which included what Greenlane could be used for. Planning was being undertaken for an additional 53 beds on Level 14 Support Building with a further plan for Level 11, however beds would not be available until August 2009 and the interim demand would be handled as it had in 2008. The aim was to have 20% of all discharges through the Transition Lounge. It was noted that as well as planning for new facilities there was a need to plan for the workforce with the region identifying a need for 1,000 additional nurses by 2011 across the region.

6.5 Acute/Electives

A paper on in-patient volumes analysis was tabled and referred to the impact of WIES NZ08 and the overview of clinical coding provided to the Committee and the Audit Committee. Points noted were that, while the new WIES version had a big impact on some subspecialties the overall affect was neutral in aggregate. The seasonal growth in acute admissions over winter is predominately in low average WIES particularly respiratory illness which largely accounts for the dilution of WIES and the underline growth in total acute adult hospital admissions is close to 4% and has been constant since 2004 and approximates the population growth. There needed to be further analysis of childrens' census data which has neonatal counting problems.

6.4 Impact of WIES NZ08

The paper had been noted and referred to.

6.1 Regional Eating Disorders Project

The report was noted.

5. PROVIDER SERVICES MONTHLY REPORT

Production was below contract and recovery plans were being developed identifying services under 90% which are mainly surgical services, with different constraints in the different services. Things being considered with outsourcing, the summer plan including



opening theatres a week earlier than last year and reviewing the use of Greenlane Clinical Centre. A risk analysis on the recovery plans would be undertaken and their plans aligned to production planning to finalise an overall plan.

7. GENERAL BUSINESS

There were no items of general business.

8. NEXT MEETING

The meeting closed at 12:30pm.

The next meeting is scheduled for:
12:00 Noon, Wednesday, 4 February 2009
A+ Trust Room
Clinical Education Centre
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE:.....