

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

**Minutes of the Hospital Advisory Committee meeting
held on Thursday 1 March 2007 in the Rangitoto Room
Level 3, LabPlus, Auckland City Hospital, Grafton
commencing at 11:00 am**

1. ATTENDANCE AND APOLOGIES

Committee Members

Wayne Brown (Chair)	Ross Keenan
Harry Burkhardt	Chris Chambers
Virginia Hope	Di Nash
John Retimana	Pat Alley (part)

Management in Attendance

Garry Smith – Chief Executive
Denis Jury – Chief Planning and Funding Officer
David Sage – Chief Medical Officer
Nick Argyle – Clinical Director Mental Health
Ngaire Buchanan – Operations Manager 24 Hours Centre
Taima Campbell – Executive Director Nursing
Margaret Dotchin – Nurse Director
Fionnagh Dougan – General Manager Mental Health, GM Greenlane Clinical Centre
Rick Franklin – Clinical Leader, Greenlane Health Services
Kay Hyman – General Manager Woman’s and Children’s Services
Janice Mueller – Director Allied Health
Vivian Rawlings – General Manager Human Resources Operations
Margaret Wilsher – Medical Director Adult Services
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 11:00am.
Apologies had been received from Barry de Geest, Ian Scott and Iain Martin.

4. CLINICAL DIRECTOR – PAEDIATRIC INTENSIVE CARE UNIT (PICU)

John Beca, Clinical Director of PICU presented to the Committee with the presentation covering:

- Why have a national PICU
- PICU is highly cost effective
- History
- Unique service
- Where do children come from and why do they need a PICU
- Role of PICU
- Staff
- How do they compare
- Frustrations/stresses
- Other issues

- Transportation service
- Issues
- Good things

The Committee noted that PICU was a national PICU, that there was a 50% improvement in mortality rates by having children in PICU, that it had high fixed costs and that 50% of patients were in PICU for a 24 hour or less period. 90% of admissions to PICU were from outside ADHB's population. The service catered for 0-15 year olds but increasingly there were adolescents in the 15-20 age group. There was scope for doing more high dependency work to meet this need but this was hampered by a lack of nursing staff. There were 8 Registrars and a Fellow and Australians also came to the unit with Auckland, Melbourne and Sydney being training establishments.

There was a DHBNZ project on the national transportation question and with the MoH reviving the "Through the Eyes of a Child" there may be an opportunity to have the service classified as a national service. ADHB had suggested that administration of the high cost treatment pool be devolved from the MoH to ADHB.

Moved Wayne Brown, seconded Virginia Hope

That the Hospital Advisory Committee supports the devolution of administration of the high cost treatment pool from the MoH to ADHB.

Carried

The Chair thanked John Beca for his presentation.

2. CONFIRMATION OF MINUTES – 1 FEBRUARY 2007

Moved Virginia Hope, seconded Harry Burkhardt

That the minutes of the Hospital Advisory Committee meeting held on 1 February 2007 be confirmed as a true and correct record.

Carried

3. ACTION POINTS – 1 FEBRUARY 2007

Pat Alley left the meeting at 11:35am.

Volume, Revenue and Social Impact of Industrial Action

A paper on the volume, revenue and social impact of industrial action addressed to the northern regional DHB Chairs and CEOs was tabled. The Committee asked that other points be added being that strikes affected the ability to comply with ESPI with a contingent \$15m risk and that other DHBs benefited as, while they were funded, they did not have to pay costs as a result of strikes. It was suggested that there may need to be a central directive or national funding to recover strike costs or lost revenue with a further suggestion that DHBs be required to pay for contracted volumes, even though the work was not undertaken due to a strike, as they were all in the national meccas.

The Chair advised that he would be attending the DHBNZ meeting the following Monday as well as visiting the State Service Commission who were undertaking a project on

values in the state sector. He also suggested that there was a need for ADHB to take a wider involvement with the Auckland community through Starship Foundation, Committee for Auckland, Chamber of Commerce and Employers and Manufacturers Association.

5. PROVIDER SERVICES MONTHLY REPORT

The Committee was updated on a number of projects and issues.

Operational Improvement Projects

Jacinda Hulse, Project Director Operation Efficiency Programme updated the Committee advising that on the Production Planning project there had been 15 responses to the RFI which had pre-designed eligibility criteria and data included Counties Manukau and Waitemata. The Surgical project required more resourcing with a further resource commencing the next week. The focus of the After Hours Model of Care was on data collection and was near to a stage for work with clinical reference points.

Regional Services Planning

Margaret White tabled a paper and spoke to the Committee on the Regional Services Planning Process. Ross Keenan advised that the regional CEOs had been requested to do a stock take of what was working or not working, use of capital, operational cost implications and clinical outputs for regional services.

The paper provided the context of regional service planning including the criteria when reviews were initiated which included equity of access, sustainability of current service or service capacity, where there were issues relating to funding of the service particularly as a result of IDF negotiations and critical mass that may impact on quality of care. Issues were able to be escalated to the regional Chairs' Forum. The Chair acknowledged the work of Ross Keenan in this Forum.

It was noted that the process took a long time, there was difficulty in getting data separation of secondary and tertiary services, that outcomes may impact on historical arrangements and that while ADHB does not wish to be the lead service provider for all services it was important that there was sustainability as a centre of excellence. Support in maintaining ADHB as centre of excellence without services being diluted may come from other referring DHBs across New Zealand and it was also important to maintain full production and maximise the facilities and investment in ADHB.

There was to be some modifications to the paper including reference to quality of care and then the paper is to be provided to the regional Chair, Ross Keenan.

Non Resident Babies

There had been a policy change by the MoH and from 1 June 2007 treatment for non resident babies and children born after 1 January 2006 would be charged for their healthcare. There was over 100 children in this category, principally Pacific, and this mainly affected ADHB which could receive some publicity. Charging for inoculations had not been clarified and this could be a public health issue. The Committee requested that there be a one page summary of the issues prepared for the regional Chair, Ross Keenan to raise in a meeting on 9 March 2007 with Auckland Labour MPs.

Production

A paper on the review of current inpatient throughput/productivity within Adult Health services was tabled which noted a number of points. It was considered that there was under reporting on Weis performance which may be a result of the manner and level at

which coding was undertaken as the system made it easier to under code. Service based coding was being considered.

Another point raised by the Committee was the development of the area outside Te Whetu Tawera which was now being undertaken as the work need to be undertaken to address the clinical risk although the contract had not been concluded. The question of ineligible patients raised by the Chief Medical Officer required development of a decision making process with the Committee supporting a health improvement approach i.e. inoculation. The Committee asked that this be raised with Waitemata and Counties Manukau to ensure a regional similar approach and that separate accounting be made to quantify the effect of linking to the Immigration data base.

6. GENERAL BUSINESS

There were no items of general business.

7. NEXT MEETING

The meeting closed at 12:55pm.

The next meeting is scheduled for:
11.00 am Thursday, 5 April 2007,
Marion Davis Library,
Building 43,
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE:.....