

## AUCKLAND DISTRICT HEALTH BOARD

### HOSPITAL ADVISORY COMMITTEE

**Minutes of the Hospital Advisory Committee meeting  
held on Thursday 1 November 2007 in the Marion Davis Library,  
Building 43, Auckland City Hospital, Grafton  
commencing at 11:00 am**

#### 1. ATTENDANCE AND APOLOGIES

##### **Committee Members**

Wayne Brown (Chair)	Harry Burkhardt
Dr Chris Chambers	Barry de Geest
Dr Di Nash	John Retimana
Dr Ian Scott	

##### **Management in Attendance**

Garry Smith – Chief Executive  
Dr David Sage – Chief Medical Officer  
Dr Margaret Wilsher – Deputy Chief Medical Officer  
Dr Nick Argyle – Clinical Leader Mental Health  
Ngaire Buchanan – General Manager, Operations  
Taima Campbell – Executive Director Nursing  
Fionnagh Dougan – Manager Mental Health Services, GM Greenlane Clinical Centre  
Dr Rick Franklin – Clinical Leader Ambulatory Services  
Kay Hyman – General Manager, Woman's and Children's Services  
Janice Mueller – Director Allied Health  
Vivian Rawlings – GM Human Resources Operations  
Ian Bell – Board Administrator

##### **Apologies**

The Chair declared the meeting open at 11:12 am.

Apologies had been received from Ross Keenan, Dr Virginia Hope and Professor Iain Martin.

#### 2. CONFIRMATION OF MINUTES 4 OCTOBER 2007

Moved John Retimana, seconded Di Nash

*That the minutes of the Hospital Advisory Committee meeting held on 4 October 2007 be confirmed as a true and correct record.*

Carried

### **3. ACTION POINTS 4 OCTOBER 2007**

The Director of Surgery, Ian Civil would address the Board in the next year.

### **4. INFECTIOUS DISEASE DEPARTMENT IN A MODERN HOSPITAL**

#### **Auckland City Hospital Infectious Disease Service**

Associate Professor Mark Thomas, Clinical Director Infectious Diseases supported by Sandi Millner, Service Manager presented to the Committee. The overview of the department was work with the community aids resource team, ward consultations which were six per day, an out-patient IV antibiotic service working with district nurses with 139 patients per annum, out-patient services and Ward 68 being infectious diseases and general medicine containing people who were expected, or are known to have infectious diseases. The Service is widely consulted within the hospital. The team is all part time with the Clinical Director .5 and 4 other Consultants and 2 Registrar positions. HIV, which is now treated as a chronic illness, numbers were creeping up with high lab costs and significant issues of privacy but they were managed as out-patients. There were no different rates of infection between European, Maori and Pacific. It was mainly a homosexual acquired infection and the majority of infected were New Zealanders. Drug costs could be \$1,000 per month which is funded by Pharmac.

The out-patient IV antibiotic service taught patients to administer their antibiotics at home and in the 2006/2007 year managed 139 patients with 3,033 bed days saved worth some \$3.2m. The Community Aides Resource Team (CART) had 660 active clients and case management was to ensure medication compliance and avoidance of new health problems.

Challenges were interfaces with other specialties, significant numbers of patients with English as a second language, growing numbers of HIV infected patients, super bugs, workload issues with particular peaks of SARS, bird flu and VRE, and the need for RMO training for the Infectious Diseases speciality. New bugs would continue to evolve which would kill patients in hospitals with VRE just an early sign of what is developing and so there was a need to be vigilant on cleaning and maintaining hygiene.

#### **VRE**

Dr Thomas then presented on VRE being Vancomycin Resistant Enterococci. Enterococci was a bacterial specie in the gut of healthy humans which does not cause disease in the gut but may cause disease of the urinary tract and other sites and is usually not a severe disease. Vancomycin is an antibiotic used to treat bacterial infections and is regarded as the "last line" antibiotic. The resistant enterococci can cause hospital associated epidemics but can be controlled and eradicated through isolation and cleaning of the environment. This year there were 34 patients infected and control strategies were identification through clinical lab tests, testing contacts, testing all inpatients and admissions, isolation precautions and enhanced cleaning.

The Chair noted that it was important that he be well briefed on episodes so that he could respond to the public and press. The Deputy Chief Medical Officer noted the regard in which the ID service is held and that infection was a continuous ongoing risk.

The Chair thanked Dr Thomas for two very enlightening presentations and acknowledged the army of people that had addressed the VRE episode and the cleaning of the hospital from top to bottom.

## 5. PROVIDER SERVICES MONTHLY REPORT

The non payment by Mid Central DHB for prostheses associated with scoliosis procedure was noted with the Ministry clearly signalling that DHBs should pay.

Unavailable beds in ICU/DCC were a result of an unusual patient mix that came in a cluster. PICU was running over capacity and alternative locations were being sought including returning patients to their own DHB.

The credentialing round took five years with the planning for the second round commencing. There were a small number of services to complete the first round credentialing. Clinical indicators are being developed and the Committee requested some trend data to be updated to the December meeting. With the intensive programme related to eating disorders there was still a need to send patients to Sydney with an issue being commitments of families here that make relocation difficult.

The problems with clinical files at Wanganui should not be repeated here with the way that referrals are managed although it was noted that some five years previous there had been some referrals misplaced. Referrals are logged and if not responded to within a set time period there is an electronic alert. There is follow up related to radiology and if on active review, efforts are taken to ensure patients are seen.

## 6. GENERAL BUSINESS

### Celebration Week

Celebration Week would be from 19 – 23 November 2007 and a programme was distributed to the Committee with an invitation to attend. There were a number of activities which would be on every day including Medical History in Action by Professor Ibbertson at the Marion Davis Library. In addition there were daily activities those of note being on Monday ADHB long service awards, Tuesday volunteers and chaplains thank you and the launch of the fourth edition of the RMO Clinical Handbook, Wednesday Great and Treat, Thursday recognising retired doctors and nurses and Friday Greet and Treat and the “Pub Quiz”. The Board was invited to enter a team in the quiz.

## 7. NEXT MEETING

The meeting closed at 12:31pm.

The next meeting is scheduled for:  
11.00 am, Thursday, 6 December 2007,  
Marion Davis Library,  
Building 43,  
Auckland City Hospital  
Grafton

**CONFIRMED**

**CHAIR:** .....

**DATE:**.....