

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting
held on Thursday 4 October 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 Virginia Hope
John Retimana

Ross Keenan
Dr Chris Chambers
Dr Di Nash
Professor Iain Martin

Management in Attendance

Garry Smith – Chief Executive
Dr David Sage – Chief Medical Officer
Dr Margaret Wilsher – Deputy Chief Medical Officer
Ngairé Buchanan – General Manager, Operations
Taima Campbell – Executive Director Nursing
Margaret Dotchin – Nurse Director
Fionnagh Dougan – Manager Mental Health Services, GM Greenlane Clinical Centre
Kay Hyman – General Manager, Woman's and Children's Services
Andrew Keenan – Group Manager, Quality
Janice Mueller – Director Allied Health
Viv Rawlings – GM Human Resources Operations
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 11:17am.

Apologies had been received from Barry de Geest, Dr Ian Scott and Associate Professor Pat Alley. Ross Keenan had apologised for lateness.

2. CONFIRMATION OF MINUTES 6 SEPTEMBER 2007

Moved John Retimana, seconded Wayne Brown

That the minutes of the Hospital Advisory Committee meeting held on 6 September 2007 be confirmed as a true and correct record.

Carried

3. ACTION POINTS 6 SEPTEMBER 2007

Orthopaedic Production

Orthopaedic production would be updated under Item 5, Provider Services Monthly Report.

4. MANAGEMENT OF THE WINTER WORKLOAD

The Committee thanked the presenters as representatives of the whole hospital on how the winter had been managed and achieving very good financial results. Tim Parke's contribution was also acknowledged.

John Henley, Clinical Director APU, Denise Manning, In-patient Services Manager, Jo Mack, Service Manager Allied Health, Richard Aickin, Clinical Director CED and Elizabeth Wood, Service Manager Children's Health presented to the Committee on management of the winter workload with a lot of small things and incremental changes being implemented to improve the acute volume management. Strategies included triage at single point of entry and demand splitting with APU undertaking 1,000 triages per month without these going to ED. Forty-seven percent of ED demand went home without admission. Of importance was the hospital buy-in, sharing the risk and there was a whole of hospital approach to bed management. In APU a new model of care had been introduced from 1 July 2007. The increased length of stay in APU was equivalent to 50,000 nursing hours. Triage times (triage 2 being seen within 10 minutes) had shown improvement to over 70 %.

With Children's Services an average length of stay in CED was 20 hours with a number of long stay patients if they had high acuity and complexity and a need for HDU level nursing requirements at a time when Starship PICU had a high incubated/ventilated patient workload.

Success factors across CED/AED and APU were efficient departmental processes, a very senior stable workforce and flexible nursing staff able to work across AED/APU to fill staffing gaps. There was also development of nurse practitioners and nurse specialist roles. There had been no patients accommodated in corridors. Areas of concern were RMO rosters and a need for HDU in Starship with perhaps a regional approach to ED with some concern at the ED Services in Waitemata. It was noted that there had been no influenza in Auckland this year and that CED had handled multiple admissions on several occasions. Incremental improvements had been made including 20 clinical pathways and it was noted that meningococcal admissions had reduced as a result of the immunisation programme.

The re-admission rate was very static and it was noted that ADHB's rate of avoidable admissions was the lowest in the country.

The Committee thanked the presenters for an excellent presentation and thanked all the teams for their achievements.

Ross Keenan joined the meeting at 12 noon and Di Nash left the meeting at 12 noon.

5. PROVIDER SERVICES MONTHLY REPORT

Margaret Dotchin advised on the orthopaedic volumes covering public/private access with information provided by Auckland private hospitals. The MoH target for the orthopaedic initiative was an intervention rate of 2 per 1,000 of population, however the present rate of public/private access exceeds the access targets for ADHB's population and if only 500 replacements were done by ADHB, rather than the required 656, there would still be a 13% greater than MoH target intervention rate. The conclusion, therefore, is that an intervention rate of 656 was not realistic as there was not the demand and approaches were being made to MoH to divert the funding into other areas of orthopaedic need. GPs had been informed of reduced waiting times and first specialist assessments (FSAs) were increasing. The Chair noted that implant device makers in the United States had been fined \$400m for improper consulting contracts with surgeons and those suppliers were to be asked to confirm that there were no payments made here.

It was noted that the rates of MRSA in ADHB continuing to decline and Infection Control had suggested that pre-employment screening be dispensed with. This had been discussed at the Clinical Board where the recommendation had been adopted.

Ngaire Buchanan reported on summer planning for 2007/2008 with previous planning being based on patient volumes predicted, based on the previous four years data and with the objectives of allowing staff to go on leave and reduce annual leave balances, allow for acute seasonal variation and management of the FTE budget. Differences for the coming year would be electives, production planning based on information, smoothing demand and reducing variability, plans based on contract requirements for each service based on wies or out-patients with an ability to quantify variances in resources to meet the demand. The objective for 2007/2008 was to smooth production over the summer dip and reduce the period of the reduced productivity with alignment of production plans by service to meet contract and prioritise services with contract variances/gaps. Adult services would have an average of 60 more beds open over the two week period and contingency plans were in place for higher than forecast numbers. Level 8 operating room rosters were on hold until surgeon availability was confirmed.

The Committee endorsed the early planning and supported the initiative.

The Chief Executive advised that Ian Civil, a general surgeon, would be appointed Director of Surgery and would provide strong leadership for surgery. It was suggested that he address the Board in the fullness of time.

6. GENERAL BUSINESS

There were no items of general business.



7. NEXT MEETING

The meeting closed at 12:35pm.

The next meeting is scheduled for:
11.00 am, Thursday, 1 November 2007,
Marion Davis Library,
Building 43,
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE:.....