

AUCKLAND DISTRICT HEALTH BOARD

HOSPITAL ADVISORY COMMITTEE

Minutes of the Hospital Advisory Committee meeting
held on Thursday 6 September 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)
Dr Chris Chambers
Dr Virginia Hope
Dr Ian Scott
Professor Iain Martin

Harry Burkhardt
Barry de Geest
John Retimana
Associate Professor Pat Alley

Management in Attendance

Garry Smith – Chief Executive
Dr David Sage – Chief Medical Officer
Roger Jarrod – Chief Financial Officer
Janice Mueller – Director Allied Health
Margaret Dotchin – Nurse Director
Bernie Twomey – Nurse Leader
Viv Rawlings – GM Human Resources Operations
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 11:25am.

Apologies had been received from Ross Keenan and Dr Di Nash.

2. CONFIRMATION OF MINUTES 2 AUGUST 2007

Moved Barry de Geest, seconded John Retimana

That the minutes of the Hospital Advisory Committee meeting held on 2 August 2007 be confirmed as a true and correct record.

Carried

4. ACTION POINTS 2 AUGUST 2007

Accident Compensation Commission – Auckland Market Share

The Auckland market was 27.9% of ACC expenditure of which Auckland's percentage was 23.6% so there was an opportunity to increase revenue by the 4%. This did infer competition with the private sector and raised issues of conflicts of interest for medical staff with private practices.

4. SMOKING CESSATION PROGRAMME

Jan Marshall, Smokefree Coordinator presented to the Committee on smokefree systems for addressing smoking to lift the health of Aucklanders through effective clinical practice. The smoking cessation system was developed by the University of Auckland. The reasons for addressing smoking was that it was linked to most of the key priority areas for local health gains, was recognised as a chronic relapsing disease that needed to be treated and there was growing evidence that smoking cessation interventions starting during hospitalisation helped people to stop smoking. The smokefree assistance framework was based on strong policy, clear systems, ongoing staff education, implementation and brief smokefree interventions and dedicated responsibilities and services. Basing on ABC + NRT addressing smoking was A ask every patient about their smoking status and document it; B giving brief advice on stop smoking and the effects of smoking on health and C cessation referral offered and arranged including Nicotine Replace Therapy (NRT) offered and prescribed. Staff education was aimed at making smoking assessments a standard practice for staff. It was suggested that employers become involved as they were in a strong position to provide leadership for their employees. It was also noted that fear did not work and that it was important to get along side physicians who saw daily the results of smoking to assist in promoting smoking cessation. There was also need for NRT to be more readily available not necessarily through doctors.

The Committee expressed its appreciation of the presentation and fully supported the smoking cessation programme.

5. PROVIDER SERVICES MONTHLY REPORT

It was noted that the table analysing FTEs was incorrect and that the MoH had asked for information to be provided on an accrual basis which meant that when people were on holiday they were not counted.

Moved Wayne Brown, seconded Harry Burkhardt

That the Auckland District Health Board record FTEs on the basis of the payroll irrespective of them being on leave.

Carried

The Committee was updated on production with a focus in cardiac on the Waitemata waiting list which had reduced substantially which had been acknowledged by Waitemata. With orthopaedics there had been under performance on electives with shortages in resources for electives although cover was supplied for acutes. A production plan for orthopaedics had just been completed. It was noted that for general hip replacements patients were seen by the next available surgeon however if this was a second replacement they were referred to the original surgeon. It was noted that orthopaedic acute volumes had planned to decrease but had increased by 9% and the Committee asked that orthopaedic production be discussed at the next meeting. Long term volumes may need to be addressed through having a trauma centre. The level of thresholds for electives had been reduced as part of the initiative for ADHB's own population although the volumes being done in private were unknown. Outsourced work was priced within the case weight price excluding the implant cost. Communication was

being made on the reduced waiting lists to change primary care and the public's perceptions.

In ED no patients were being accommodated in corridors with a whole of hospital approach being used to address ED and APU numbers. The Norovirus outbreak had been controlled and it was noted that this was spread by poor hand hygiene. While elective cancellations due to unavailability of beds continued to be low it was noted that unavailability of ICU/DCC beds post surgery was higher. A regional group was being established to review the region's plastic services.

August had been the highest level of production yet achieved without "red alerts" with a strong sense of team work. There were still however pockets of concern with RMO vacancies and pressure on SMOs. There was a sense of coming out of winter in a relatively good position. There was strong interest from nursing graduates seeking employment with ADHB seen as a preferred employer. It was noted that sick leave and staff turnover were a proxy for measuring the health of an organisation.

6. GENERAL BUSINESS

There were not items of general business.

7. NEXT MEETING

The meeting closed at 12:45pm.

The next meeting is scheduled for:
11.00 am, Thursday, 4 October 2007,
Marion Davis Library,
Building 43,
Auckland City Hospital
Grafton

CONFIRMED

CHAIR:

DATE:.....