

**MINUTES OF THE MEETING OF THE
NORTHLAND DISTRICT HEALTH BOARD
HOSPITAL ADVISORY COMMITTEE**

**HELD ON MONDAY 03 OCTOBER 2016
ST JOHN AMBULANCE HALL, KAWAKAWA**

COMMENCING AT 9.00 AM

PRESENT

Bill Sanderson
Tony Norman
Sally Macauley
Chris Reid

John Bain
Libby Jones
Denise Jensen

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, Andrew Potts, Neil Beney, Ian McKenzie, Harold Wereta, Sam Bartrum, Margareth Broodkoorn, Jeanette Wedding, Mike Roberts, Kathryn Leydon, Colin Kitchen, Jodie Moselen (minutes)

FIRE PROCEDURES

The fire exits were noted

KARAKIA

Harold Wereta

APOLOGIES

No apologies noted

CONFLICTS OF INTEREST

The Chair reminded Board members that in keeping with agreed protocol, conflicts of interest should be declared on a meeting-by-meeting basis as issues arise

1. COMMITTEE MINUTES

1.1 Confirmation of Minutes

It was moved that the minutes of the meeting held on 22 August 2016 be approved

MOVED Libby Jones SECONDED Sally Macauley CARRIED

1.2 Matters/Actions Arising

Request for target information on falls within the hospital to be included in the report narrative

- Paper included in the agenda and will be discussed in action 3.2

2. CHAIR'S REPORT

- There was no report from the Committee Chair

3. GENERAL BUSINESS

3.1 Managing Lymphoedema in the Community: Presentation – Sue West, District Nurse, Bay of Islands Hospital and Bronwyn Lee, District Nurse, Bay of Islands Hospital

- The difference between oedema and lymphoedema is as follows; oedema is a symptom where fluid accumulates in extra cellular space. After successful treatment of underlying causes Oedema will usually resolve or reduce. Lymphoedema is a chronic disease where a high protein accumulation can result in fibrosis increasing the risk of infections. It is generally only when meeting with patients can we establish the difference between the two
- There are two classification types of lymphoedema, primary, which is rarely seen in the Mid-North and secondary which is more common in the Mid-North due to the population located in this area
- Common risk factors include but are not limited to upper limb, which is more common with breast cancer patients and recurring infections in the lower limb
- Since January, there has been an eight hour allocation to treat lymphoedema patients at Bay of Islands Hospital. Treatment includes garment fitting and discussions about self-care, diet and exercise. Two private therapists provide services outside the DHB
- Once a patient's symptoms have reduced any further care is transferred to Whangarei Hospital Patients with this condition are also able to be given green prescriptions and referrals to a dietician
- The average cost for a patient with lymphoedema left untreated over five years is about \$106,200 while a cost for the same patient with total treatment lasting approximately six months is \$6,600.00. This does not include the costs associated with attending a GP or antibiotics
- Kaitaia and Whangarei have limited services
- Lymphoedema management is a huge issue in primary care with referrals from GPs normally going to outpatients
- Diet has a large impact on lymphoedema and by working with the community to help make better lifestyle changes would see numbers drop dramatically
- District hospitals team will prepare a plan to present to management for the introductions of a permanent clinic including support services

3.2 Update on Reducing Harm from Falls

- The majority of falls occur for patients who are either older, dementia suffers or having a high level of rehab
- There are also some environmental factors that may increase harm following a fall including concrete flooring
- A definition of harm discussed. SAC 1 harm is death or permanent injury, SAC 2 is a fall with harm that increases the patient's original time in hospital, SAC 3 is a small injury but does not stop the patient from going home
- All falls are recorded and go the Falls Committee to review
- Northland DHB have had a reduction of falls with harm and an increase in time between events going from 28 days to 48 days
- There are many programmes in place to address this issue including completing a falls risk assessment and creating individual care plans for patients
- Once a fall has occurred a team convenes and reviews the event including where it happened, how it happened and what can be done differently in the future. This information is then feedback to the Falls Committee
- While the patient fall rate remains almost static, the severity of falls overall has reduced
- Northland DHB manage falls within the residential care sector by supporting facilities with reporting and providing advice on falls with harm. This is also audited by the Ministry of Health
- Analysis was completed on a rehabilitation ward within Northland DHB where it was found that more patients were having falls with harm between 6am and 7am when more patients needed to use the bathroom. This ward now has an extra health care assistant on during this period which has helped to reduce the number of falls overall
- It was noted that complaints received to Northland DHB or the Health Commission very rarely were about patient falls
- There is also lots of education and planning between staff and patients prior to falls if a patient is deemed at risk of having a fall with harm. These include the wearing of non-slip socks and having help from a health care assistant or nurse when getting up and walking around
- Request for data comparing district hospital fall rates to Whangarei hospital. Is the rate influenced by ward bed numbers

4. SYSTEMS PERFORMANCE

4.1 Operational Report

Overview

Acute services remain busy with general medicine activity at Whangarei Hospital 16% above the planned activity for July .The implantation of the Mental Health review recommendations continues. There has been improvements in the gestational diabetes service with the introduction of a one stop multidisciplinary clinic

Safety & Quality

- Falls have dropped on medical wards after an increase in June

Health Targets

- Performance remains strong in achieving the smoking cessation advice target along with the elective surgery target
- ED length of stay and the faster cancer treatment target remains challenging

Service Delivery

- Colonoscopy wait time targets were achieved in July
- ESPI compliance is set to be regained in October, this will be achieved with the support of a new doctor who until now has been completing some locum work but will start on a permanent basis from October 2016

Population Health Status

- There has been a reduction in the Orthopaedic clinic numbers due to staff leave

Surgical

- A newly appointed Gastroenterologist will help with the numbers on the current colonoscopy wait list as sessions will increase

Outpatients/Cancer and Blood Services

- The cancer and blood service has started providing the recently approved treatment for advanced melanoma
- There is a large cost associated with providing the new drug
- Recruitment has started for a second clinical haematologist

Radiology

- It is expected that DEXA scanning will be provided completely in-house within the next few weeks

Pathology Services

- The enabling works for the interim upgrade of the laboratory have commenced
- The upgrade will be completed within the IANZ accreditation timeline requirements

Older People and Clinical Support

- Screening numbers were down for the month of July due to the mobile breast unit off the road for routine servicing and retinal screening due to staff leave
- Inpatient activity has increased slightly

Medical

- Medical service over delivered by 16% of caseweights for July
- Additional cost for the month were spent on locums to cover cardiologist vacancies

Renal

- The service continues to operate and full capacity
- Renal was favourable to budget for the month of July

Emergency

- Emergency Department has done well on health targets this month including shorter stays and smoking cessation
- Although July was a busy month, fewer patients were admitted overall. This was mostly based on the acuteness of the presentations

Mental Health

- The implementation of the external review recommendations is going well with the main areas of focus currently being leadership structure and recruitment
- Currently interviewing for a Clinical Director for the service
- Work is currently being done around models of care and the service is engaging with staff and stakeholders and will be presented to the Committee and Board once completed
- The number of vacancies within Mental Health are noted as a mix of new and budgeted FTEs
- Reducing the amount spent on locum costs is a high priority

District Hospitals

- There has been one fall with harm recorded at Bay of Islands Hospital for the month of July, the incident is currently being reviewed
- The service missed the smoking cessation target for this month and are currently working on improving this
- Four doctors from the Dargaville Medical Centre have agreed to do some shift to cover at the hospital as required
- A Rural Health Specialist is currently being interviewed
- The number of patients being transferred into Dargaville for post-op care has increased
- Bed days are down in Dargaville as they do not admit acute services at the hospital as these patients generally travel to Whangarei Base Hospital. Request for data on numbers of patients transfers, admission numbers and length of stay
- It was suggested that there be more communication between Northland DHB and the wider Dargaville community on a regular basis. General Manager, District Hospitals and the Communications team to start to work on this and update the Committee as required

Paediatric

- It was a busy month in July for neonate services with utilisation at a 97% average
- The Respiratory ASH project is underway
- SUDI rates are improving for the region. The use of 'Pepi Pods' and the safe sleeping policy implementations are going well

Maternal

- Birth rates were high with 134 births recorded

School Based, Community and Oral Health

- The number of reports of concern to Child, Youth and Family as well as the number of family violence reports were slightly higher than usual

Human Resources and Corporate Support

- Planning for NZRDA negotiations are underway

4.2 Financial Report

- The report was taken as read by the Committee
- Positive financial performance in July
- Increased costs for acute services for the winter activity was felt in the August result
- Medicine and Paediatrics continued to have additional spend
- High locum and SMO cover costs were recorded
- Year to date, the result is balanced though hospital activity remains high creating on-going financial pressure

It was moved that the above reports be received by the Committee

MOVED Sally Macauley SECONDED Tony Norman

5. NEXT MEETING DETAILS

The next meeting will be held at 9.00am, Monday 21 November 2016, Tangihua Meeting Room, Tohora House, Whangarei Hospital

There being no further business the meeting closed at 10.53am

Confirmed that these minutes constitute a true and correct record of the proceedings of the meeting.

CHAIR

DATE