



Northland Health Consumer Council

5.00 pm to 7.00 pm Thursday 26 July 2018

Tohorā House, Waipoua Meeting Room

Minutes of Meeting



Present/Apologies

Attendance	22 Feb	29 Mar	26 Apr	31 May	28 June	26 July					
Kevin Salmon	✓	⊗	✓	✓	✓	⊗					
Kathy Diamond	⊗	✓	⊗	✓	✓	o					
Kathryn Sadgrove	⊗	✓	✓	✓	✓	✓					
Brian Vickers	⊗	✓	⊗	⊗	✓	✓					
May Seager	⊗	✓	✓	✓	✓	✓					
Julie Hepi	⊗	✓	⊗	⊗	⊗	⊗					
Leanee Sayers	✓	✓	o	✓	✓	✓					
Lisa Young	✓	✓	✓	✓	⊗	✓					
Susan Burdett	✓	⊗	✓	✓	✓	✓					
Robyn O'Leary	✓	✓	⊗	✓	✓	⊗					
Kristina Duran	---	---	✓	✓	✓	✓					
Penny Franklyn	---	---	✓	✓	✓	✓					
Lynne Tucker	---	---	✓	✓	✓	⊗					
Leanne Thompson	---	---	✓	⊗	⊗	o					
Visitor			26 Apr	31 May	28 June	26 July					
Alan Davis			✓								
Helle Nielsen-McConnochie			✓								
Harold Wereta					✓						
Ian MacKenzie						✓					
In Attendance	22 Feb	29 Mar	26 Apr	31 May	28 June	26 July					
Michael Roberts	⊗	⊗	⊗	⊗	⊗	⊗					
Margareth Broodkoorn	⊗	✓		✓	⊗	✓					
Ayshea Green	⊗	✓		✓	✓	--					

✓ = present, x = apologies given, o = no information

Minutes: Kim Doble

Acting Chair: Brian Vickers

Next Meeting: 5.00pm to 7.00pm, 30 August 2018

1. Admin

- 1.1 Apologies – Michael Roberts, Lynne Tucker, Kevin Salmon, Robyn O'Leary
- 1.2 Introductions
- 1.3 Conflict of Interest – Kathy did check with Kevin whether there was a potential conflict of interest with regard to a maternity meeting she was attending and it was agreed there was not
- 1.4 Previous Minutes - agreed

2. Presentation by Ian Mackenzie – Replacement of Jade

- Ian Mackenzie is the general manager for Mental Health and Addiction Services
- The jade replacement project is now called the regional collaborative community care project (CCC)
- Jade is a patient record that sits across mental health and addictions, hospital based allied health, child health services, district nursing, NGO services, orthotics, podiatry, diabetes , health of older people and medical outreach. Jade is used by about 600 to 700 people, the system was designed in Christchurch and has now gone to the UK. Northland were one of the first ones to use it
- Jade has been of significant use to the sector. The vendor who provides Jade has said they no longer want to provide services so they are withdrawing and they have given us a deadline. The deadline is now coming so we now have to do something about it
- There have been a number of workshops to see what was needed. We want something that is better than the current system. The replacement is not simple, one of the problems is over the Northland region there are over 100 systems that do something a bit similar to this and they all need to have maintenance, support and upgrades. The idea to have a regional system that covers more services is what we have been heading towards
- There is currently a disconnect between people's physical health needs and mental health needs. If you are disadvantaged by your mental health concerns then you can't get your physical health needs met. This is one of reasons people with mental illness tend to die 20 years younger than the general population
- Mobility is an issue as a lot of work now is out in the community and remoteness is a problem
- Referrals – self, primary, secondary and other. We want referrals to also happen remotely in every setting that we are in. We might want these with 100 characters and a dropdown box for example
- There is about 6 weeks of work for a whole group of people to go in and mark each proposal against the evaluation criteria
- The timeframes are very tight. By December we should have chosen the vendor and there will be an implementation project study to see if they can do what they say they can. Then there is a business case to get the money together for the contract. There are strict guidelines from the government on the process for tenders
- The portal access is really important, that will deal with things like appointments right up to shared care and defining your own care plan. It is also important to have a whanau base particularly in Northland
- The population health people were consulted, they said it would be helpful for us to think about a situation in Northland where it is the most inequitable, what would it be like for them? There are a number of things to consider like is there a signal in your area? Could you operate offline? You also need a way to carry data into these areas as there is a lot of information like medication, allergies etc. People in remote communities don't get the same level of care that people closer to our services get
- There was a serious incident review where a family didn't have electricity, no mailbox and there were a number of family members with different names. As a result we have to meet the needs of the people not the other way round as not every situation is the same
- There are a lot of people who can't deal with technology so we have to consider this and not discriminate against them by relying too much on everything being done electronically. There are some people that don't have power and can't afford the internet. Some people worry about the privacy of doing things online
- The Council members suggested that if there is going to be drop down boxes it might be better to have a free field so people can add things in, for example you could add details of a remote address rather than just a street name
- Ian will want to come back in the near future for further consumer feedback as things progress

3. Updates from regular meetings

3.1 Clinical Governance Board

Brian Vickers & Susan Burdett

- There was a presentation on health pathways. They are looking at for example if you come down with the flu there is a quick and easy way to get you treated in the community. This will also include pathways for hospitals which will be useful
- There was a presentation on falls. There is a slight correlation between staffing and falls, if there is less staff the falls tend to rise. There was a spike in falls a few months ago, they did a lot of investigations around this and as a result they have asked for an action plan
- The hospital has an accreditation process, they have an external committee come in and inspect the hospital on a whole range of different things for certification and accreditation. In the last accreditation they got a corrective action over the code blue system. The code blue is a call that comes over the speaker system which says which area the code blue is and then a crash team attends. There is also a code orange which is for security. The hospital were told they were not allowed to do it because the inspector saw it as a breach of privacy. However, this is not giving any specifics about the patient. They did not specify which part of the privacy act was breached. It was decided that it was better to have these calls rather than not having them as that would be more of a risk

3.2 Child Health Clinical Governance Group

The next meeting will be in August

3.3 Maternal Health Clinical Governance Group

The meetings are now bi-monthly

3.4 ASH

This meeting was cancelled

3.5 Site Master Planning

Kevin deals with this so will update next time

3.6 Infection Control

May Seagar

There was a meeting on 10 July, there are always reports on the audits that are done in the different wards on hand hygiene compared to national statistics. The emergency department is still quite low. The national statistics are around 87.8 percent and Northland is higher than this. An audit covers how many contacts a person would have seen, they use the five moments – when you see a patient, go to the toilet etc. In October it is patient safety week and hand hygiene is the theme and the group are asking for ideas on how we can promote hand hygiene to the public and staff. The screensavers are one thing, there was also talk about doing a video. It's good if you can get patients involved in projects, we need to empower the patients to feel comfortable telling staff they didn't wash their hands properly. The Council suggested it would be good to have David Hammer come and do a presentation.

4. Review of Patient Information documentation – Is the information useful? Is it clear/easy to understand? E-Z-ON Supine Car Harness

The Council considered the patient information leaflet. It was agreed by all members that pictures and a step by step guide to explain the process would be very useful.

5. Any other business

Margareth Broodkoorn

Since the last meeting there has been the nurses strike on 12 July. This was a logistical exercise in terms of getting information to the public and recruiting volunteers and staff. Some positives have come out of it by way of the collaboration of the collective work of everyone. There was another offer released yesterday by NZNO and they have recommended acceptance. At any point in that 24 hour period we had no more than 10 patients in ED at any one time. This was unprecedented and we need to look at how we can replicate this in the future to lower demand. Normally there are on average 120 patients seen in ED every day. The focus group for serious illness is on 7 August and we are looking for more consumers to attend. Kathryn and Kristina will attend.

Leeanne Sayers

As a point of interest a friend recently attended the Emergency Department and he is colour blind and had difficulty recognising the red and green colours on the toilet door. He has had a couple of embarrassing moments because he confuses the colours. The Quality Group will feed this back to facilities.

Disability Group

Brian Vickers

This is an interesting group that looks at all sorts of topics. It looks at the ability of people with disabilities to access the services.

Summary of action points:

Who	What
