

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

**HELD ON MONDAY 12 MARCH 2018
TANGIHUA MEETING ROOM, WHANGAREI HOSPITAL**

COMMENCING AT 9.00 AM

PRESENT

John Bain (Chair)
Sally Macauley
Sue Brown

Libby Jones
Gary Payinda
Debbie Evans

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, John Wansbone, Neil Beney, Andrew Potts, Mike Roberts, Ian McKenzie, Pip Zammit, Margareth Broodkoorn, Kathryn Leydon, Dr Scott Wilson (Part), Roy Davidson (Part), Rachel Sutton (Part) Jodie Moselen (notes)

Beryl Wilkinson

FIRE PROCEDURES

The fire exits were noted

KARAKIA

APOLOGIES

Denise Jensen

CONFLICTS OF INTEREST

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

1.0 COMMITTEE MINUTES

1.1 Confirmation of Minutes 13 November 2017

It was moved that the minutes of the meeting held on 13 November 2017 be approved

MOVED John Bain SECONDED Libby Jones CARRIED

1.2 Matters/Actions Arising

1.2.1 St John communication with Emergency Department

- The communication between St John and ED staff prior to patients arriving into ED is undertaken via radio channels rather than cell phone
- Work is currently being undertaken to review and enhance systems in place. This is led by Ben Lockie, Service Manager, Medical Services from Northland DHB
- Request by Committee for a follow up on how this action is progressing

1.2.2 Colonoscopy wait times

- To help reduce the colonoscopy waitlist a second gastroenterologist will start in March 2018
- Ten colonoscopy sessions will be performed per week at Whangarei Hospital and additional private outsourcing and lists completed at Kaitaia Hospital to also help reduce numbers. This should enable the combined waitlist to be reduced to approximately 200 by the end of June 2018
- Compliance with the national health targets is to be expected from July 2018

1.2.3 Theatre cancellations

- The reported number of theatre cancellations that take place on the day of the scheduled procedure due to overload isn't high as most theatre cancellations happen on the day prior to the scheduled surgery
- Previously the cancellation reason given as 'Other' in the electronic record system gave no further details. This has since been changed so a better understanding of cancellation reasons can be obtained going forward

1.2.4 Outpatient Clinic Did Not Attend (DNAs)

- There appeared not to be any correlation between theatre cancellations and future Did Not Attend (DNA) rates

1.3 Confirmation of minutes 30 January 2018

It was moved that the minutes of the meeting held on 30 January 2018 be approved

MOVED John Bain SECONDED Libby Jones CARRIED

2.0 CHAIR'S REPORT

- The Chair had no matters to bring to the Committee's attention

3.0 GENERAL BUSINESS

3.1 Health On The Move – Telehealth and Digital Mobility @ NDHB – Presentation; Dr Scott Wilson, Telehealth Clinical Lead, Roy Davidson, Telehealth Programme Manager, Rachel Sutton, Project Support

- The key drivers for Telehealth and Mobility at Northland DHB include improving productivity and doing more while on the move, looking for better ways of working remotely, promote and manage the growing expansion of Telehealth and expand the use of mobile apps for clinical and business use
- It is about making sure the technology is fit for purpose and is complimentary to the growing strategic needs of Northland DHB
- There are currently seven project areas underway for Telehealth including work in mental health, outpatients and education
- Currently there is a trial planned in collaboration with Starship for renal paediatric clinics via videoconference. This clinic requires a senior registrar from Northland DHB. There has been good success for these types of clinics in the district hospitals and it is hoped these will continue and become business as usual from April
- There are currently approximately twenty multi-disciplinary meetings per week using Telehealth. Northland clinical teams participate in eight Regional Tumour Stream MDMs per week hosted by Auckland based DHBs. Mental Health hold up to six per week as well as daily clinical handover meetings in the mid north
- A key project is Te Hono Multi-Disciplinary for primary care which has been successful for rural practices in the mid and far North providing a platform for knowledge sharing, relationship building and case reviews. Model is planned to be extended this year integrated with Neighbourhood Healthcare Homes as well as a mid-north split
- Telestroke is starting in ED from April 2018. This means Northland DHB will have 24/7 access to stroke specialists
- There will be an introduction of a new cloud based regional telehealth solution mid-year which will provide much improved access to clinical use videoconferencing with special emphasis placed on enabling access for primary care
- iPads for the public health nurses are being issued in March which will give them access to NDHB clinical information, files and email while out in the community
- A new app for the iPads is planned for May 2018 which will introduce the ability to complete two types of forms remotely with an off network capability enabled also
- Parental consent will also be noted on the app

3.2 Hospital Acute Demand

- Whangarei Hospital continues to face increased acute demand. Since 2015 the number of medical discharges has increased by 16% and presentations to the emergency department have increased by 11% over the same period
- The average length of stay has also slightly increased for January and February
- There are three main areas of activity underway. These include reducing the acute demand in the community, improving patient flow and improving community care to allow supported discharge
- To help with increased demand ward 12 has temporarily opened to allow for more beds to be utilised
- A current project to help reduce acute admissions to ED which includes working the nursing staff at rest homes to reduce admissions and improve the management of older patients
- **Committee to be updated in six months on acute demand generally and rest home admissions in particular**
- Currently work is being undertaken looking at the clinical pathway in which afterhours care is also used by patients
- **The Committee requested a report on the number of times afterhours care was used by rest home services prior to the patient presenting at ED**

4.0 SYSTEM PERFORMANCE

4.1 Operational Report

- Both Whangarei and Bay of Islands Hospitals were busy in January which is a reflection on growing demand which can partly be attributed to a second peak of visitors to Northland
- Performance for ED length of stay and faster cancer treatment were both below target in January
- There has been an increase in acute presentations. Factors influencing this include increased orthopaedic related presentations and the higher than average number of motor vehicle accidents in Northland for 2018
- In order to work within its funding allocation the orthopaedic service has declined around 60% of referrals from GPs for various reasons. Currently investigations are being completed into implementing more interventions within the community to better manage these patients
- IANZ accreditation was achieved for Kaitaia Hospital
- Northland DHB are prepared for the increase in workload that may come with the colonoscopy waitlist. Some anatomical pathology workload may be outsourced if required as well as the new gastroenterologist having clinics for post colonoscopy patients as needed
- Due diligence is being completed for the proposed new community mental health facility
- There has been an increase in beds in the mental health service from 25 to 26 with the aim to increase to 29 by June 2018
- Mental health staff and clinics are prepared for the increased workload due to changes in the Substance Abuse Compulsory Assessment and Treatment Act (SACAT)
- **The Committee requested an update on the implementation of the Substance Abuse Compulsory Assessment and Treatment Act**

4.2 Financial Report

- The financial position at the end of February is an operating deficit of \$135k against a budgeted deficit of \$403k. This is a favourable variance of \$268k
- Increased demand in acute surgical services continues
- Against a backdrop of a deficit budget Northland DHB are currently tracking well
- All DHBs are currently working with the Ministry of Health on sector wage negotiations

5.0 NEXT MEETING DETAILS

The next meeting will be held at 9.00am, Monday 23 April 2018, Te Waka Hauora, Kaitaia Hospital

6.0 RESOLUTION TO EXCLUDE THE PUBLIC

Recommendation:

‘That the public be excluded from the following part of the meeting, under Schedule 3, Clause 32 of the NZ Public Health & Disability Act 2000 and in accordance with the Official Information Act 1982 as detailed in the table below;’

Agenda item and general subject of the matter to be discussed	Reason	Reference	
7.0	Confirmation of the combined CPHAC/DiSAC and HAC minutes for the meeting held on 30 January 2018 – Public excluded session	For reasons given in the previous meeting	

IT WAS MOVED THAT the Committee move into Public Excluded meeting

MOVED John Bain SECONDED Libby Jones CARRIED

7.0 CONFIRMATION OF THE COMBINED CPHAC/DISAC AND HAC MINUTES FOR THE MEETING HELD ON 30 JANUARY 2018 – PUBLIC EXCLUDED SESSION

- The minutes were approved

There being no further business the meeting closed at 10.41am

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

CHAIR

DATE

	ACTION	BY	WHEN
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