



Health
South Eastern Sydney
Local Health District

72950

TRIM: T19/xxxxxx

Meeting: POWH/SSEH Community Advisory Committee
Date: Wednesday 23 October 2019

Chair: Mr George Constantin
Minutes: Ildiko Greener (EA to DON)

Presentation: Nicole Marchione – The SESLHD Disability Strategy Unit
What: Support staff with NDIS participants who are patients/clients/consumers. Support staff to offer a more disability inclusive service.
How: Staff information and education sessions, attend conferences with staff and PWD around district the district and escalate priority cases.

1. Attendance/Apologies

NAME	AREA	status	NAME	AREA	status
Jennie Barry	GM	Present	Tanya Kant	Consumer	Present
Karen Tuqiri	DON POWH	Present	Susan Nicholson	consumer	Present
Barbara Daly	A/DON SSEH	Apology	Ben Steele	Consumer	Not present
Belinda Rabet	NM POWH	Present	Erica Van Aalst	Consumer	Apology
Carolyn Smith	NM SSEH	Apology	Jan Titterton	Consumer	Present
George Constantin	Consumer/Chair	Present	Andros Eleftheriou	Consumer	Not present
Nava Turner	Consumer	Not present	Sue Suchy	Consumer	Apology
Kathleen Sutherland	Consumer	Apology	Harris Mihailidis	Co-Chair	Present
Ajay Varshney	Consumer	Present	Louise Dunne	NM SSEH	Not present
Keren Hong	Consumer	Apology			

2. Minutes

2.1 Confirmation of minutes The minutes from the September 2019 were not confirmed due to quorum not reached.

3. Conflict of Interest

3.1 Conflict of Interest N/A

4. Actions / Plans arising from previous minutes

Issue	Discussion	Action Required	Who	Due
4.1	Hand Hygiene roving units and audit results	KT continuing walk rounds to all wards. A number of activities were conducted during each ward visit. Audits are showing compliance at 76% - aiming at over 90%. Further feedback will be available at the next meeting.	KT	Nov meeting
4.2	Superintendent Cottage update	JB reported that the Superintendent Cottage planning to finish before Christmas, an opening with the donors planned before Christmas and the official opening February 2020, consumers will be invited to attend.	JB/IG	
4.3	Notice Board Update	Media representative have arranged positive stories to feature on the boards including boards at Barker Street.		
4.4	Action Plan Update	Members discussed Action plan for 2020. No quorum – to review at next meeting. Requested to invite Linda Boney and Jacqui Stephenson to move forward to have Aboriginal involvement with the committee for 2020	GC/HM	Nov meeting

5. Standing Items

Issue	Discussion	Action Required	Who	Due
5.1	POWH/SSEH update by hospital Executive – GM	<p>Prince of Wales Hospital: Commenced backfilling for leadership positions. Currently advertising for the Surgery Co-Director position. Currently preparing for the WHS Surveys at both hospitals a week apart. High Street Lift is up and running. POWH are concentrating on work being conducted around infection prevention and hand hygiene. JB requested to review the meeting time for 2020 suggested to be earlier in the day, to discuss at next meeting with update of Charter. December meeting date to be reviewed. JB advised met with RHW and suggested to have a joint CAC Christmas afternoon tea. Details to be advised. January meeting to be cancelled.</p> <p>SSEH: Alan Porritt appointed as the new DON. Alan has an extensive background in public, private and surgical experience. SSEH holding Foundation Day, Friday 25 October all welcome.</p>	BR/IG	Nov meeting

5.2	POWH/SSEH update by Committee Members	Please see attached meeting feedback forms.		
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6. New Business

Issue	Discussion	Action Required	Who	Due
6.1	CAC Charter for review	BR requested comments to be sent back by no later than the 13 October	BR/SB	Nov meeting
6.2	Disability Day 2019	To be held 5 December, Diversity Health to send out information two weeks prior		
6.3	December meeting date	RHW suggested a joint afternoon tea with POWH consumers. Details to follow.	BR/IG	Dec meeting

7. New Business without notice

Issue	Discussion	Action Required	Who	Due
7.1	Barker Street chairs	To be added back onto the agenda. GM JB advised looking at options available for the interim until chairs will be replaced.	GM JB	February 2020

There being no further business the meeting closed at 5.10 pm

Accepted as a true record: GEORGE CONSTANTIN Chair: [Signature] Date: 27/02/20

Signature Chair

MEETING FEEDBACK FORM

CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihalidis		
COMMITTEE/MEETING TITLE	Renal Supportive Care Steering Committee	CHAIR OF MEETING	Catherine Stevens
FREQUENCY OF MEETING	Bi-Monthly		
DATE/TIME OF MEETING	Wednesday 16 th October 2019 3-4pm		
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>Key Takeaway: Presentation of POWH Renal Supportive Care (RSC):</p> <p>RSC integrates renal dialysis with palliative care to assist chronic and end stage renal kidney disease patients to empower them with all decisions made for their treatment</p> <p>Renal dialysis Patient are offered alternate option to dialysis, dialysis in home, or no dialysis. Rationale for RSC is for renal patients with stage 4 or 5 (CKD), Chronic kidney Failure or having a (eGFR) estimated <i>Glomerular Filtration Rate</i> of < 30 and > 75yrs old.</p> <p>The RSC Team is nurse led by</p> <ul style="list-style-type: none"> Renal Physician Palliative Care Physician Renal CNC Social Worker Dietician 		
	<p>Key Points:</p> <p>Patient centred care and patient driven.</p> <p>Keeping patients well and happy.</p> <p>A modular approach</p> <p>Early identification</p> <p>Continuous review and improvement and refinement.</p> <p>Patient has completed an Advance Care Plan, has current NFR (Not for Resuscitation)</p> <p>Patient has an Ambulance Form.</p> <p>Summary:</p> <p>RSC incorporated in renal care and is patient driven.</p> <p>RSC offered to >75yr old patients with CKD Stage 4 or Stage 5, eGFR < 30</p> <p>Tools such as the Hospital-patient One-year Mortality Risk (HOMR) and Integrated Palliative Care Outcome Scale (IPOS) used to score patients eg: health, anxiety etc and reviewed by Renal CNC and discussed by RSC Team.</p> <p>PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.</p>		

DATE: 21st October 2019

SIGNATURE: Harris Mihalidis

MEETING FEEDBACK FORM

CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME: Susan Nicholson

COMMITTEE/MEETING TITLE: Nursing Quality and Clinical Practice

FREQUENCY OF MEETING: monthly

DATE/TIME OF MEETING: 26.09.19. 2.30-3.30

LOCATION: EVA

CHAIR OF MEETING: Kathryn Hoban

KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS:

1) Presentation - Jackie Stephenson. The POWH consumer Health Information and Education Reviewer (CHIER) 60% of population have low health literacy. The Interpreter Services, on site @ telepoint. Actions we stand on 2.10 actions we want to listen to. Key Points: The presenters detail.

2) Presentation - David Bealey - Discharge Anaesthesia Guidelines Pain management guidelines. Good we aim to determine responsibility of all clinical staff.

Summary:

PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.

DATE: 28.09.19

SIGNATURE: J. Nicholson

SIGNATURE: *Susan Nicholson*

DATE: 02.10.19

NAME		Susan Nicholson	
COMMITTEE/MEETING		communicating for patient safety	
FREQUENCY OF MEETING		Monthly	
DATE/TIME OF MEETING		01.10.19. 11.30-12.30	
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS		<p>Key Takeaway: Findings of presentation - Liz Beasley. Survey of GPs re satisfaction with point patient discussion & summaries. Need to review level of input patients. Need to review action documents</p>	
PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.		<p>Key Points: Audit of discharge summaries to ensure all specialist are sent. On time. Action plan to be developed to ensure investigation results not available at the next one forward to GPs when reports forwarded. Summary: available</p>	

Please submit to CAC secretariat for submission with minutes

**MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE**

17/10/19 11-12:30pm TONY JACKSON (CHAIR)

INTEGRATED CARE STEERING COMMITTEE

- COLLABORATIVE COMMISSION
- HEALTH WILL NOT FUND/DIRECT PROGRAMS
- INSTEAD # WHOLE OF SYSTEM BRIDGE/CROSS
- WITH P.LCCG + PARTNERS (PRIVATE?)
- NEGATIVE PAYMENTS FROM MINISTER ~~BEGIN~~
- 1ST HALF 2020
- START SMALL & MOVE UP TO WHOLE OF DISTRICT
- PROJECT

EMR - STAFF NOT ABLE TO ACCESS EASILY.

- CHANGE FROM DISCHARGE SUMMARY TO TRANSFER
- OF CARE DOCUMENTS.
- MAIN FOCUS IS DELIVERY - QUALITY &
- CONTENT TO FOLLOW
- HOSPITALS ARE NOT
- COMMUNICATING WITH
- EACH OTHER

HEALTH PARTNERS - 130 LIVE PARTS

MOCH DISCUSSION "CO-SHARE" SITE POSSIBLY

CO-JOIN SITES.

SERVICE DIRECTOR NOW DOG DUNG/DON 2020

• MINISTER & STAKEHOLDERS TO FIND CLINICS

• HOW WILL IT LOOK - WIDGETS ETC.

• INFORMATION FIELDS - START AT COMMUNITY

HEALTH SERVICE END AT OUTPATIENTS?

• START AT RHM + CHAIRMAN THEIR SPREAD?

• DNA WANT MORE INPUT.

COMMUNITY OF COACHING PRACTICE

- 1 TEACHING SESSION PER MONTH FOR LOCAL HEALTH PROVIDERS
- SURVEY SHOWED TRAINEES NOT USING HEALTH COACHING SKILLS
- SEEN AS LEADER IN COACHING
- FOCUS ON ORGANISATIONAL COACHING.
- * NO PROOF OF EFFICACY OF PROGRAM