



Health
South Eastern Sydney
Local Health District

TRIM: T18/xxxxxx

Meeting: POWH/SEH Community Advisory Committee

Date: Wednesday 27 February 2019

Chair: Mr George Constantin

Minutes: Ildiko Greener

Presentations: N/A

1. Attendance/Apologies

NAME	AREA	status	NAME	AREA	status
Tobi Wilson	DO POWH	Apology	Tanya Kant	Consumer	Present
Karen Tugiri	DON POWH	Present	Susan Nicholson	consumer	Present
Jennie Barry	DON SEH	Present	Ben Steele	Consumer	Apology
Carolyn Smith	SSEH	Apology	Ericka Van Aalst	Consumer	Present
Sheamol Barrett	A/NM POWH	Present	Jan Titterton	Consumer	Present
George Constantin	Consumer/Chair	Present	Andros Eleftheriou	Consumer	Present
Nava Turner	Consumer/Dep Chair	Present	Sue Suchy	Consumer	Present
Kathleen Sutherland	Consumer	Present	Harris Mihailidis	Consumer	Present
Ajay Varshney	Consumer	Present			
Keren Hong	Consumer	Present			

2. Minutes

2.1	Confirmation of minutes	The minutes from December 2018 were confirmed as a true and accurate record by AV.
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3. Conflict of Interest

3.1	Conflict of Interest	N/A
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4. Actions/ Plans arising from previous minutes

Issue	Discussion	Action Required	Who	Due
4.1 Disabled toilets - NELUNE	Update provided from Chief engineer advised that the company had inspected all the toilets and removed the closures.	Remove from agenda		
4.2 Patient Real Time Experience Survey	<p>Clinical Practice unit who conduct the surveys on behalf of Patient Experience, Patient Opinion and outcomes. Requested Committee members to review the questions and advise if you would like any amendments. To be rolled out early 2019.</p> <p>SN commented on question 11: 'Have you been provided with the help you need for discharge?' SB to provide feedback to CPIU.</p> <p>KS: What process is in place to train staff to complete the survey? SB advised staff are being trained to assist with this process.</p>			

Issue	Discussion	Action Required	Who	Due
5.1 POWH/SSEH update by hospital Executive	<p>Prince of Wales Hospital:</p> <ul style="list-style-type: none"> N/A Sydney/Sydney Eye Hospital: Tobi currently taking the organisation through the process of Business planning. Business units looking at items they should deliver and how/what patient process delivery for the next year. Looking at the budget for the next year. SSEH currently in the process of the refurbishment in the IR department. Engaging architects on how better to flow the IR patients differently through the service. SSEH also looking at the Budget and Business planning for next year. 			
5.2 Community Advisory Committee members questions	<ul style="list-style-type: none"> SN advises with Standard 2 there is a lot of emphasis placed on Aboriginal and Torres Strait Islanders and suggested acknowledging the country at the commencement of each meeting. GC and committee members happy to commence at the next meeting. EVA suggested to encourage the involvement of Indigenous people to the committee when positions become available. This to be raised with Tobi Wilson. KS advised Aboriginal Workers contact POWH regularly who could 			

		<ul style="list-style-type: none"> • be a good point of contact to attract interest from Indigenous community. • KH: queried what the process is for patients being transported by the porters between wards and to other areas. • EVA: Asked when the High St lifts will be prepared? • SB advised that the Chief Engineer has advised it will be up and running in the third quarter of the year. • SN: Would like to know when the election for the Co-Chair and Chair will be done? • Advised the election will be conducted by a secret ballot during April – May 2019. • SN: requested Fire Training dates for POWH & SSEH for 2019. • HM requested to raise a concern that he received a letter a week before advising the Temporary Closure of the Self-managed Hydro therapy pool classes. For the last couple of months there has been no consistency with classes that a large number of people attending a greater notice period should be advised. HM feels this could be handled better and complaints have been made to Tobi Wilson. 	Provide training dates.	SB	March meeting March meeting
5.3	Updates from Committee Membership	<ul style="list-style-type: none"> • GC/KS: Attended DCCC meeting last week, updated Standard 2 V2 was discussed. • End of Life Committee was discussed in general for different facilities. • Flu season is ongoing and discussed at DCCC meeting. Flu cases detected at other facilities. • JT: Integrated Care Committee, Clinical pathways were discussed. JT still awaiting invitation for Patient Flow Collaborative Committee. • SN: Patient Safety and improvement committee, Real time patient experience surveys to commence following trials. Patient opinion promotion days to public have been held with six notifications since rollout received. Staff welcoming the feedback. • AJ: From reports of Pressure Injury Management there has been a significant improvement hospital wide. • AJ: Redevelopment progressing well. 			
5.4	Consumer Engagement for Redevelopment working party	<ul style="list-style-type: none"> • Demolition of all buildings now complete, work commencing for the new build. 			

6. General Business

Issue	Discussion	Action Required	Who	Due
6.1	Action Planning 2019	Discuss at next meeting – March 2019		

7. New Business without notice

Issue	Discussion	Action Required	Who	Due
7.1	Creation of an End of Life Working Party/Committee. SB: This is under the governance of CPIU who are looking at establishing the strategy and terms of reference.			

The next meeting will be held on Wednesday 27 March 2019 at POWH

There being no further business the meeting closed at 6.00pm

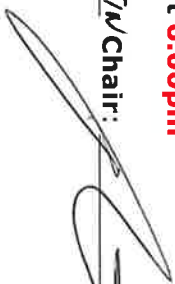
Accepted as a true record:

GEORGE CONDITAN Chair:

Date:

22/05/19

Signature Chair



MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	HARRIS MIHAILIDIS		
COMMITTEE/MEETING TITLE	Medication Safety Consumer Representative		CHAIR OF MEETING
	Catherine McVeigh		
DATE/TIME OF MEETING	14 th February 2019	LOCATION	Parkes 7 West Meeting Room
KEY POINTS and DISCUSSION WITH CAC MEMBERS	<p>Emeds prescriber medication order view has visibility of medication history as oppose to active medication orders. No current solution on targeting prescribers that don't have current view. Issues related to correct prescriber view: Prescriber view not setup in JMO training. eMeds future code update in planned 2019/2020 Currently eMeds unable to see view prescribers have. Pharmacy request this change will avoid current issues. Prescribers to use QRG to adjust the prescriber view to ensure med changes are made to active medication chart as opposed to history section. Only way at the moment is to email. Considerable risk relying on individual MOs to update their own profile from email communication. JMO's to be reminded at next education session. Monitor for medication errors due to prescriber view.</p> <p>eMeds Patient Friendly Medication List trial POWH volunteered to be a test site for PFML for CEC.</p> <p>Post Accreditation Action from CPU: • Develop MSSC Quality Plan. Members to review and identify areas of improvement. • Progress with Remedy Project: (Medical information in discharge summaries) SESLHD project and not POWH initiative MSSC representatives assigned to this project. Currently developing a medication page to have a designated space with eMR to record and view medication changes throughout admission.</p> <ul style="list-style-type: none"> • Replace anaesthetic trolleys. <p>OT Department underway with rollout and procurement is occurring over next 12 months.</p> <ul style="list-style-type: none"> • Increase frequency and monitoring of medication reconciliation audits • Develop plan to address unlocked medication trolleys <p>Medication related patient education material to include the CHIER tick on publications. (Community Health Information and Education Resources)</p>		

Medication Incidents November / December 2018

Observer

Bob Wilson

Popper

Note: IIMS reports noted that multiple incidents not had adequate investigation. Reminder sent to managers requirements for documentation of incidents.

There were a concerning numbers of incidents where no medications charted prior to ward transfer. This will be addressed to ED.

eg:

2798251-20

patient was prescribed sodium chloride 1200mg nurse administered this at 17.30 as patient was away from the unit and could not be given earlier as patient was not there.

Nurse is not sure if she administered potassium chloride or Sodium chloride. The nurse notified the doctor and nurse in charge this evening. As the nurse is not certain she administered the wrong drug. Doctor Victoria informed nurse to complete an IIMS. Doctors will discuss in the morning with the team. Review findings: nil and closed as completed.

2771854-20

Patient charted methadone oral tablets for pain as per palliative care. Meant to receive 15mg in the morning and 15mg at night on dialysis days and 15mg in the morning and 10mg at night on non-dialysis days. When charted on 19/11/18, the first evening dose of both 10mg and 15mg was scheduled for 20:00, but subsequent doses were charted for 08:00. As a result, patient received two doses of 15mg this morning (21/11/18) with no dose scheduled post-dialysis.

2758724-20

pt requesting pain relief, PRN methadone 5mg available to be given, pt also has regular methadone dose 10mg, 10mg tablet given however signed off for the PRN 5mg dose. pt requesting pain relief, PRN methadone 5mg available to be given, pt also has regular methadone dose 10mg, 10mg tablet given however signed off for the PRN 5mg dose. Spoke to nursing staff on the shift, stated was tired of shift. Incident mentioned in the clinical practice meeting, 5 Right when administer medication was reiterated.

2757956-20

Patient Ketamine infusion (Adult) chart prescribed Ketamine 200mg / 50ml normal saline with a concentration of 5mg/ml to be delivered at 4mg/hr. The infusion was set up to be a concentration of 5mg/hr with a syringe of Ketamine 200mg / 50ml normal saline delivering 4mg / hr.

Staff involved in the incident have been spoken with in regards to the correct labing of all syringes

At the ward safety huddles NUM has asked that all nursing staff ensure that all syringes are labeled as per the policy
CNE will continue to monitor and feedback to NUM and staff

DATE: 21st February 2019

SIGNATURE:

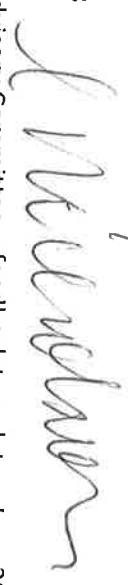


MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	Communicating for Patient Safety		
DATE/TIME OF MEETING	5.02.19 11:30 - 12:30	CHAIR OF MEETING	Chris Conn
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>1) Review of Terms of Reference to ensure compliance with NS&H's Version 2 standards</p> <p>2) Correct Identification and procedure pathing. RCOGS Audit reported to Theatre Management Committee. Some of the questions need revision</p> <p>3) Communication at Clinical Handover shift to site however including the patient. Audit planned.</p> <p>4) JME job list. At present identify improvement that are practically achievable and review of functionality will continue to identify improvements</p> <p>5) Ongoing checking of General Practitioner details. Audit of GPs re discharge letters. medication information most relevant; changes and revision</p>		

DATE: 5.02.19

SIGNATURE: 

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholas		
COMMITTEE/MEETING TITLE	Consumer Advisory for Patient Safety		
DATE/TIME OF MEETING	06.11.18 - 11.30 - 12.30	CHAIR OF MEETING	Chris Conn
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>0 Feedback from Accreditation. Targets relevant to standards s/o include</p> <ul style="list-style-type: none"> i) Increase wait frequency and numbers of patients / records available. ii) Increase patient engagement in handover iii) Eye Clinic - communication between clinics and in handover back to ER from clinic needs revision. <p>2) Communication at clinical handover</p> <p>i) Transfer between facilities. Big barrier to obtain information regarding transfer of patients from left hand transfer to right other facilities to provide baseline data for a project</p>		

DATE: 07.11.18

SIGNATURE: *S Nicholas*

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		
DATE/TIME OF MEETING	25-10-2018 - 2.30-3.30pm	CHAIR OF MEETING	Michaela Kelleher
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>DISCUSSION to be held with DOL re Business Rule to support - Documentation of Regular Patient Roundings</p> <p>2) Medication Times, Working party set up to review IV Medication Times what scope to be review extended to all medications. Action - Audit to be completed on all wards to review current practice then prioritise issues.</p> <p>3) REACH - discussion concerns raised. Action presenters at next meeting re calls and discuss implement action and education at all levels of clinical staff</p>		

DATE: 26.10.18

SIGNATURE: *S. Nicholson*

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	Improving Quality and Clinical Practice Cochrane	CHAIR OF MEETING	Michaela Kelleher
DATE/TIME OF MEETING	24.01.19 - 2.30 - 3.30	LOCATION	EU A
KEY POINTS and DISCUSSION WITH CAC MEMBERS	<p>The meeting focused on the projects this council is currently undertaking or has in development;</p> <ol style="list-style-type: none"> 1) CAR - In Progress; Focus: Hourly Patient Roundings 2) Documentation Planning Party - In Progress 3) JMO Job List - In Progress. Concerns what is being placed on list 4) Clinical Handover - Under development. Improving patient engagement in the handover process 5) Medication Working Party - In Progress. Reviewing medication practices and concerns across campus 6) Reach - In Progress - Starts education and ongoing implementation 7) Checking of fridge temperatures - In progress - medication subcommittee with support from HOD and PC 		

DATE: 25.01.19

SIGNATURE: *Susan Nicholson*

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson			Martin Mackertich
COMMITTEE/MEETING TITLE	Patient Safety and Improvement Committee			
DATE/TIME OF MEETING	21.01.19: 2-3:30pm	LOCATION	EVA	
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>1) Program for 2019 membership walkaround has been set</p> <p>2) Patient Opinion Rollout. Promotion day to public as 01.19. one disappointed with care. Promotion day to public as 01.19.</p> <p>3) Clinical Committee - Dilemma Committee - End of life care to be implemented. membership to include a consumer</p> <p>4) Septis Committee - including a consumer</p> <p>4) Improvement plan for the 6/6x Healthcare Acquired Complications identified in Performance Agreement. implementation plan to be presented February 2019. plans for other healthcare acquired complications strategies to follow</p> <p>5) Report of Healthcare Annual table. POH morbidity below average.</p>			

DATE:

22.01.19

SIGNATURE:

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MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	Patient Safety & Improvement		
DATE/TIME OF MEETING	05.11.18 - 13.00 - 14.30 hrs.	CHAIR OF MEETING	Martin MacKeitich
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>0 Presentation - Identifying and Addressing Malnutrition Claire Douglas & Karina Karkema.</p> <p>01 Malnutrition is now considered a hospital acquired complication when a patient becomes malnourished during admission → hospital being financially penalised for the care of such patients who become malnourished during admission.</p> <p>All patients should be screened on admission as part of the Admitt Admission Form then weekly during admission</p> <p>Malnutrition screening tool → score & automatic dietitian was eMR.</p> <p>02 Behavioural - eMR changes. More changes in progress</p>		

DATE: 07.11.18

SIGNATURE:

Susan Nicholson

**MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE**

Please submit to CAC secretariat for submission with minutes

NAME	Ardis Etherington		
COMMITTEE/MEETING TITLE	infectio prevention control	CHAIR OF MEETING	Pauline Ryan
DATE/TIME OF MEETING	Infinite Sydney Hospital	LOCATION	Spring Hospital
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>New Immunisation Database</p> <p>Individual auras Infection</p> <p>Decrease that patients hospitalised overseas are at risk of getting.</p> <p>procedures in place to isolate them (single room)</p> <p>Global Action Plan on Antimicrobial Resistance</p> <p>Plan is 7 points - Get informed - gather data - prevent infections - regulate medicines</p>		

DATE: 1-1-2018
SIGNATURE: Ardís Etherington

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	Patient Safety Committee		
DATE/TIME OF MEETING	25.02.19 1400-1530 hrs	CHAIR OF MEETING	Martin Mackertich
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>1) Patient 'Opinion' 2) Promotion diary to Public have been held would not be needed to notifications since rollout. Start like lead back. ESCM.</p> <p>2) Complaints: A lot of still tops the complaints. Next report to P&I to provide complaint information by ward rather than service Complaints re urinary/misleading information arising.</p> <p>3) Reverse event - end of the arms of a for arm support frame highlighted the need for maintenance register at service for physiotherapy equipment</p> <p>4) Real time patient experience surveys to recommence following trial.</p> <p>5) ESCM: work shop on Nutrition due to mixed in complaints Dietitians set up program but food services not providing those in line with dietitians requirements</p>	LOCATION	EUA

DATE: 05.02.19

SIGNATURE: *S. Nicholson*