

T19/60744



Health
South Eastern Sydney
Local Health District

TRIM: T19/xxxxxx

Meeting: POWH/SSEH Community Advisory Committee
Date: Wednesday 26 June 2019

Chair: Mr Harris Mihailidis
Minutes: IG

Presentations:
Sylvia Hobbs CPIU: Complaints & Compliments Update – Report sent out to Committee members
Chris Conn CPIU: Update Standard 2 – Presentation sent out to Committee Members

1. Attendance/Apologies

NAME	AREA	status	NAME	AREA	status
Jennie Barry	A/GM	Apology	Tanya Kant	Consumer	Present
Karen Tudiri	DON POWH	Present	Susan Nicholson	consumer	Present
Barbara Daly	A/DON SSEH	Apology	Ben Steele	Consumer	Apology
Sheamol Barrett	A/NM POWH	Apology	Ericka Van Aalst	Consumer	Present
George Constantin	Consumer/Chair	Apology	Jan Titterton	Consumer	Present
Nava Turner	Consumer	Apology	Andros Eleftheriou	Consumer	Apology
Kathleen Sutherland	Consumer	Apology	Sue Suchy	Consumer	Present
Ajay Varshney	Consumer	Present	Harris Mihailidis	Co-Chair	Present
Keren Hong	Consumer	Present			

2. Minutes

2.1	Confirmation of minutes	The minutes from May 2019 were confirmed as a true and accurate record by Ajay Varshney and Susan Nicholson.
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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 Your Hospital Stay Information Guide – To review	Comments received Hospital Guide below: HM: Commented in regards to the mention of the Acute Services Building at the start of the booklet however feels it would be best mentioned at the end of the booklet due to Acute Services in new build being a few years away and not to cause confusion. SN: Commented that the wording around wearing clothing during the patients hospital stay should be reviewed.			
4.2 POWH Lift update	Lifts to open shortly, final commissioning to take place. Keep on agenda till further update is received.	Keep on agenda	GM/DON	
4.3 Update for seating area Barker Street	No updates, quotes have been sent to Exec Department. Keep on agenda till further update is received.	Keep on agenda	GM/DON	

Issue	Discussion	Action Required	Who	Due
5.1 POWH/SSEH update by hospital Executive	Prince of Wales Hospital: <ul style="list-style-type: none"> GM recruitment process underway, interviews held last week. Awaiting appointment in the next couple of weeks. Redevelopment: Evaluation of main works near end. Builder close to appointment. Next phase – Models of Care to follow next 12-18 Months. Change Managers to be appointed. JT suggested a Safety Officer to be appointed to assist/monitor rail, traffic and people. End of Financial year, reviews being conducted to reach final outcome. Sydney/Sydney Eye Hospital: <ul style="list-style-type: none"> No representation 			
5.2 POWH/SSEH update by Committee Members	<ul style="list-style-type: none"> JT: Integrated Care Steering Committee Social Connectedness for SESHL D, focus on Maroubra and surrounding areas. Major project – Service Directory, includes all services SN: Quality & Clinical Practice, Presentation – CODE Black. Aim to deescalate violent and aggressive behaviour towards staff. Medication Safety audit to be conducted. SN: Patient Safety, Presentation by Dr Catherine McVeigh. Hybrid Patient records system, at this stage it does not yet communicate with EMR. 			

	<p>Presentation by Cathy Costa: Pilot project Pascal Metrics, focus to capture harm events as a result of patient care.</p> <p>Accreditation update: Standards 1&2 -priority Specific health needs of Aboriginal and Torres Strait islander people.</p> <ul style="list-style-type: none"> • SN: Patient Safety & Improvement: Duress alarms to be co-ordinated in units where utilised. WHS concerns that some staff in designated units are not wearing duress alarm monitors. • Nutrition and Dietetics report a number of complaints re: patients with special diets not receiving correct food ordered. • Communication for Patient Safety. • Presentation: Hayley Ryan – Hybrid Health Records. • Presentation: Michaela Keller – JMO Job list Data • TK: General Rehab Clinical Quality Patient Safety <p>Project PEARL – Patient Experience Actioning Rehab Learning, applying for a research grant. Aim is to implement rehab patient evaluation measures and compliment this data with Patient stories.</p> <ul style="list-style-type: none"> • Bariatric beds and equipment an ongoing issue. • TK: Infection Prevention & Control: Reports unusual high influenza activity. ED report no of influenza presented almost double to last year. • POW – reports 2500 staff vaccinated, 100% compliant in all high risk areas. <p>Hand Hygiene – meeting to be held to discuss hospital infections and hand hygiene plan.</p> <p>Redevelopment is looking at infection control with the design of the rooms.</p> <ul style="list-style-type: none"> • AV: Food & Nutrition – Food delivery to wrong patients currently an issue. Review being conducted to establish the issue. Also looking at portion sizes for patients, to accommodate different needs. • Pressure Injury: Management conducting risk assessment to review no of injuries and incorrect coding • AV: Redevelopment-Transport Survey conducted, would like to achieve 8% reduction for staff to use public transport. Patients yet to be reviewed. <p>April high pollution recorded, extra sprinkling of water was placed over the construction to reduce further pollution.</p> <ul style="list-style-type: none"> • AV: Attended BioBank Forum, RPA currently have a display unit. • HM: Medication Safety Committee: IMS to now be reviewed weekly. Currently a higher number of incidents being recorded due to processes not being followed through. 		

		<ul style="list-style-type: none"> DON/KT reviewing processes across nursing aim is to go back to fundamentals of nursing practices to resolve these issues. 			
5.3	Committee Action Plan 2019	<ul style="list-style-type: none"> Subcommittee met and reviewed action plan Facilitator required. KT to arrange. Subcommittee requested more members, currently only available GC, EVA, AV, NT, HM. This group to review & prioritise actions for the next 12 months. Both facilities to be included. GC/HM requested Executive involvement. SN suggested to utilise Standards to inform the action plan November meeting to be held at SSEH. 	Arrange facilitator	DON	
			Nov meeting held at SSEH		

6. General Business

Issue	Discussion	Action Required	Who	Due
6.1	N/A			

7. New Business without notice

Issue	Discussion	Action Required	Who	Due
7.1	Potholes Hospital Road HM reports two potholes identified along Hospital Road	Engineering to follow up		Next meeting

There being no further business the meeting closed at 6.00 pm

Accepted as a true record:

Chair:

Debbie GANSTADTIN

Date:

25/09/19

Signature Chair



20/6/19

TONY JACKSON (CREG STEWART (CHAIR))

11AM - 1230PM

PRESENTATION - SOCIAL CONNECTEDNESS S.E S40.
FOCUS ON MAROUBRA - SPREADING TO
SOUTH COOEE, MATRAVILLE AND NAMATJIRA

MAJOR PROJECT DETAILS (REAL) SERVICE DIRECTORY

USE HERO TO COLLECT DATA
INCLUDE ALL SERVICES FOR DRG.
COORDINATED INFO FOR ALL IMPACTED

ENSURE ALL INFORMATION I.E.

- SERVICE DESCRIPTION
- OPENING HOURS
- CONTACT INFORMATION TELEPHONE FAX
- ORGANIZATIONAL PARENT
- NAMES (STANDARD, LOCAL, ALTERNATIVE NAME TO PUBLIC IN DIRECTORY)
- IT SYSTEM USED
- INTAKE INFORMATION
- ACCESSABILITY

ENSURE INFORMATION IS CURRENT
*HEAVY CONSUMER INVOLVEMENT

INTEGRATED CARE STRATEGY FUTURE
DIRECTIONS FORUM WAS HELD 20/3/19
NO CONSUMER INVOLVEMENT
MANY OBSTRUCTIONS TO INTEGRATION
IDENTIFIED - EARLY DAYS RE
SOLUTIONS

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		CHAIR OF MEETING	Michaela Kelleher
COMMITTEE/MEETING TITLE	Nursing Quality and Clinical Practice		LOCATION	RVA
DATE/TIME OF MEETING	23.05.19 2.30-3.30		<p>Present at 'Code Black Project' D134. Aim to deescalate violent and aggressive behaviour towards staff and other patients so that staff and patients felt safe. All states were made aware of the need to communicate any unacceptable behaviours so that behaviour did not escalate to a code/black call.</p> <p>Medication safety. Audits to be conducted of the 5 (Fire) "OC medication administration".</p> <p>Patients with responsibility records only being accessed inline with their professional responsibilities.</p> <p>MOJ job list. Some improvement in early placing appropriate items on job list in recent history.</p>	
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS				

DATE: 24.05.19

SIGNATURE: *S Nicholson*

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	Patient Safety and Improvement		
DATE/TIME OF MEETING	24.06.19 1400-1530	LOCATION	EVA
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>• Presentation on Catherine McVeigh. Medication safety committee: (i) hybrid patient Review system. EALC will cover not talk to eMR → errors with transfer of patients in or out to patient medication. (ii) still problems with (iii) tabled quality improvement projects planned for 2019</p> <p>• Presentation Cathy Costa. Update pilot project - Areas of interest - focus to capture harm events as a result of patient care, not underlying conditions as soon as possible.</p> <p>• Accreditation Update - Standards 1 & 2; What new priority - address the specific health need of Aboriginal and Torres Strait Islander people</p> <p>(ii) Plans for and manager, internal and external emergencies</p>		

DATE:

25.06.19

SIGNATURE:

Susan Nicholson

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	Pain Patient Society and Improvement		
DATE/TIME OF MEETING	27.05.19: 2-3.30 PM.	LOCATION	EVA
KEY POINTS and DISCUSSION WITH CAC MEMBERS	<p> Patient Opinion; ESCM 3 positive patient stories, inpatients in Ambulatory Care (in Hospital in the Home. • Dures alarm; Need to be co-ordinated in units where in use will concern that some staff in designated units not wearing alarm • Special Diet: Nutrition & Dietetics to report on the numbers of complaints re: patients' special diets needing meals not as ordered • National Standards second edition! Over view presentation including what's new/different with each standard. </p>		

DATE: 28.05.19

SIGNATURE: *S Nicholson*

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	SUSAN MICHAELSON		
COMMITTEE/MEETING TITLE	Communicating for Patient Safety		
DATE/TIME OF MEETING	04-06-19 11.30-12.30	CHAIR OF MEETING	Chris Conn
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>04-06-19 11.30-12.30</p> <p>Location: EDA</p> <p>• Presentation - Hayley Ryan (HIV) - Hybrid Health Records - present focus on patient records - large number of forms not electronic. meeting to be held with each of national standards leads to allocate each form to right standard and a number of forms fit into one standard.</p> <p>• Presentation. Michaela Kelleher: NMO job list data -</p> <p>Reviewed the job list to all Review the number of job tasks added to list: (i) Appropriateness of documented requests (ii) What jobs/tasks were being nominated as "others" - Recommendations: (i) Remove "others" (ii) Ask request for medical imaging;</p>		

DATE: 05.06.19

SIGNATURE:

J. Michaelson

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	TANYA KANTI			
COMMITTEE/MEETING TITLE	SESLHD PIM GEN REHAB CLIN QUALITY & PATIENT SAFETY Com	CHAIR OF MEETING	MELISSA COOPER	
DATE/TIME OF MEETING	WED 10.6.19 3 PM	LOCATION	SPINNAZ CONF. ROOM	
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>PATIENT EXPERIENCES ACTION- REHAB LEARNING (PEARL)</p> <p>The project is for Rehab Patient experience project. The general Rehab team are applying for a research grant from the Agency for Clinical Innovation (ACI). The aim is to implement rehab patient - reported evaluation measures (PROM) and complement this with Patient stories using Emotional Touchpoints in keeping with an appreciative inquiry approach. The plan is the process to improve the quality of our person centred care model within our Unit - particularly this methodology could be used in other Rehab units across the country or abroad. Patient reported measures are a critical component in supporting ACI's leading <u>Better Value Care</u>.</p> <p>Bariatric Beds/ Equipment is an ongoing issue incidents reported = 11 7 falls NIC Sac 1 NIC Sac 2</p>			

DATE: 24.6.19

SIGNATURE: 

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	TANYA KANI		
COMMITTEE/MEETING TITLE	INFECTION PREVENTION & CONTROL Comm		
DATE/TIME OF MEETING	31 st 19	10:30am	
KEY POINTS and TEMS FOR DISCUSSION WITH CAC MEMBERS	<p><u>INFLUENZA UPDATE:</u> NSW HEALTH HAS CALLED AN EARLY STOP TO THE INFLUENZA SEASON FOLLOWING UNUSUALLY HIGH INFLUENZA ACTIVITY <u>MAY UPDATE</u> EMERGENCY DEPT NO'S OF INFLUENZA LIKE ILLNESS PRESENTATIONS ALMOST DOUBLED THIS MONTH AND WERE 4.5 TIMES THE AVERAGES FOR THIS TIME LAST YEAR.</p> <p><u>HAND HYGIENE:</u> A MEETING OF ALL TO DISCUSS HOSPITAL INFECTIONS AND HAND HYGIENE PLAN IS AN OUSTANDING MATTER</p> <p><u>REDEVELOPMENT</u> INFECTION CONTROL IS LOOED AT WITH DESIGN OF THE ROOMS <u>POW ALSO STAFF VACCINATED 100% COMPLIANCE IN ALL HIGH RISK AREAS</u></p>		

DATE: 24 6 19

SIGNATURE: 

**MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE**

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihalidis		
COMMITTEE/MEETING TITLE	Medication Safety Sub Committee (MSSC)		
DATE/TIME OF MEETING	13 th June 2019	CHAIR OF MEETING	Martin Mackertich
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>Medication Incident Management:</p> <p>Quality of review processes and documentation highlighted as ongoing concern.</p> <ul style="list-style-type: none"> MM – Clinical Service Manager requests that LIMS be reviewed weekly for any issues rather than waiting for review 2+ months which its reviewed by Medication Safety Sub Committee. <p>Propose that Pharmacy review all Medication LIMS weekly and review any action required when incident is current and questions asked than 2+ months where people have forgotten.</p> <p>More medication incident education material currently being reviewed</p> <p>MM wants team to be more proactively manage medication incidents prior to MSSC review.</p>	LOCATION	Parkes 7 West Meeting Room
<p>Medication Management:</p> <ul style="list-style-type: none"> • Lots of administration errors due to failure to observe the 5 Rights (the 5 R's' • The Right Patient, and • The Right Drug, and • The Right Dose, and • The Right Time, and • The Right Route. <p>Consult KT to reduce these errors. Look at training of new personnel and look at how to minimise administration errors.</p> <p>Need to look at how to try and change culture on administration of medication.</p>			
<p>Medication Incidents:</p> <p>2880095-20 Hydromorphone prescribing incident, patient had been chartered 4mg sup cut 4 hourly instead of 0.5mg 4 hourly. Patient received 3 doses. Incident to be followed up with ED to complete investigation.</p>			

2889877-20 Recovery at 1500 Patient returned from Recovery from transplant from PG renal to Renal Satellite Dialysis on ipM in error. As a result all chartered medications were automatically discontinued on MAH and nurses unable to administer. Medications rechartered by A/Hours Registrar no doses missed, however prednisolone incorrectly chartered, identified by ward pharmacist.

2881833-20 5000U IV heparin given for NSTEMI bolus dose not 3900 as per protocol, open disclosure to patient, no injury recorded.

2875082-20 Chartered clonidine 150mg instead of 150microg – 1000x increase in dose, still being investigated.

2882370-20 Patient self administering medication.

DATE: 20th June 2019

SIGNATURE:

