



Health
South Eastern Sydney
Local Health District

TRIM: T19/xxxxxxx

Meeting: POWH/SSEH Community Advisory Committee
Date: Thursday 23 April 2020

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

THIS MEETING WAS HELD VIA TELECONFERENCE

Presentations:

Patient Experience survey feedback presentation by Chris Conn sent to consumers.

1. Attendance / Apologies

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

2. Attendance / Apologies

2.1 Attendance / Apologies

3. Confirmation of minutes / Conflict of Interest

3.1 Confirmation of minutes

The minutes from the February 2020 meeting were confirmed by Susan Nicholson and Sue Suchy.

3.2 Conflict of Interest

N/A

4. Actions/ Plans arising from previous minutes

Issue		Discussion			Action Required	Who	Due
4.1	Action Plan Update	Nil update – care plan for 2020 to be developed			Guidance moving forward in 2020	JB/KT/BR	May meeting
4.2	Barker Street Chairs	BR to follow up with GM to advise at next meeting			Keep on agenda	JB	May meeting
4.3	Nightingale Challenge	<p>2020 has been allocated as year of the Nurse and Midwife by the Health World Organisation.</p> <p>POWH taking part of the International Nightingale Challenge, aimed at under thirty five year olds to build on their leadership skills for the future. A range of courses and material available to build on these skills. The POWH/SSEH Emerging NUM program is one of the nightingale courses available, a lot of interest by staff. Three week training now complete, staff have been allocated Mentors and will complete workshops throughout the year.</p>			Remove from agenda		
4.4 and 4.6	Electronic Paid Participation/ Coles vouchers	<p>Consumers have been advised that unfortunately Coles vouchers are unable to be utilised with online shopping. Coles has advised they are looking into this.</p> <p>Consumers have been offered the following options for payment for attending meetings.</p> <ol style="list-style-type: none"> 1. Direct debit of payment into consumers account. Consumers have been advised there is an approx. delay of payment of two weeks and could affect other payments they receive. Consumers were advised they will need to follow up with the ATO. 2. Consumers have the option of vouchers emailed or mailed to them. Consumers were advised if they wish to use the vouchers and present at Coles on their device they must see the cashier and not the self-check out. 			Consumers to advise IG which form of payment they are to receive. Remove from agenda	Consumer	May meeting
4.5	Lack of feedback forms	HM lack of feedback forms not attached to minutes. Committee members requested to submit on time.			All feedback forms to be attached to minutes.	IG	

5. Standing Items

Issue	Discussion	Action Required	Who	Due
<p>5.1 POWH/SSEH update by hospital Executive – GM</p>	<p>Prince of Wales Hospital: Hospital well prepared for COVID19. Screening points are four main entry points to the hospital, everyone entering will be asked questions regarding the wellbeing and if any contact has been made with someone who has Covid19.</p> <p>International Nurses Day events will take place however plans will be of a different nature compared to previous years due to restrictions. A new approach, to connect with the staff on the 12 May will be via a virtual platform that will take place on the day, delivering a live broadcast hospital wide.</p> <p>SSEH: Currently due to the restrictions no elective surgery only urgent cases conducted. Eye surgery will recommence as soon as approval is given by the Prime Minister. Focusing on keeping everyone safe. Overall Sydney City very quiet.</p> <p>Patient online check in: The Outpatient department received great feedback in detail to what patients would like to see from online check in. To date agreement on configuration and development of writing the software to integrate with electronic medical record. Planning to rollout September 2020 however to utilise this system touch screens were to be used but not the best option in the current environment. Roll out date may change. The system will also provide a lot more information ie: managing patient wait times, who has been waiting too long.</p> <p>Refurbishment of outpatients department currently finalised detail and design of the room. Awaiting Health infrastructure and district sign off.</p> <p>Grant received for a new program for Nurse Managers, online training commenced and currently conducted online.</p>			
<p>5.2 POWH/SSEH update by Committee Members</p>	<p>Please see attached meeting feedback forms.</p>			

6. New Business

Issue	Discussion	Action Required	Who	Due
6.1 2 East mock up patient communication bedside board updated	<p>SSEH DON Alan Porritt</p> <p>White board at the patient bedside currently placed in the General medical ward advising basic information the patient would like to know for example, ward managers name, Doctors details, patients diet, planned discharge date, plan for the day, falls risk status, mobility. Area for questions by the patient for the clinical staff. Obviously not all information regarding the patient will be placed on this board due to confidentiality.</p> <p>Time maybe an issue it has been requested to the NUM that this does get completed daily, ultimately by completing this hopefully it will save time.</p>	No further action required.		

7. New Business without notice

Issue	Discussion	Action Required	Who	Due
7.1 N/A				

There being no further business the meeting closed at 4.50 pm

Accepted as a true record: _____ **Chair:** _____ **Date:** _____

Signature Chair

Ildiko Greener (South Eastern Sydney LHD)

From: Tanya Kant <tanya.kant@bigpond.com>
Sent: Friday, 24 April 2020 12:26 PM
To: ;
Subject: Feed back form Meeting held on Friday 24/4/2020

Follow Up Flag: Follow up
Due By: Monday, 4 May 2020 9:30 AM
Flag Status: Flagged

MEETING FEEDBACK FORM CONSUMER ADVISORY COMMITTEE

NAME: TANYA KANT
COMM/MEETING TITLE: INFECTION PREVENTION AND CONTROL COMMITTEE
DATE/TIME OF MEETING: FRIDAY 24/4/2020 10-30 AM TELECONFERENCE

KEY POINTS: OCCUPATIONAL EXPOSURES : 9 NEEDLESTICK INJURIES FOR
FEBRUARY 2020

SATISFACTORILY MENTAL HEALTH: HAND SANITISERS ISSUES RESOLVED
ROOM FOR IMPROVEMENT HAND HYGIENE: COMPLIANCE INCREASED TO 82% IN SOME AREAS –
BOTTOM OF THE LIST as is PATHology 10 AREAS NOT GOOD - ED IS AT THE
email is going out to outline the issues - Eye clinic, 2 South, Dickinson pre op- an
stocks of gloves NEW AUDIT IS TO COMMENCE –challenge in
DISTANCES HAND HYGIENE DAY: 5TH OF MAY PROMOTING SOCIAL
MONTHS eg endoscopy clinic, respiratory clinic HIGH RISK AREAS TO BE AUDITED EVERY 2
Seasonal Influenza Vaccination: 3488 flu shots given to staff – good uptake
based on School program – need a Dr to be responsible working on community vaccination protocols
category of patients dialysis clinic -the most serious high risk
UNDER CONTRACT HEATER COOLER UNITS: CLEANED AND TESTED AS PER POLICY
FOOD SAFETY AUDITS : ALL GOOD
PRODUCTS COMPLIANCE: ALL PRODUCTS ARE SAFE TO PURCHASE IF
IF NOT UNDER CONTRACT HAVE TO GO
THROUGH THE PROPER FULL APPROVAL PROCESS

Tanya Kant
24/04/2020

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihailidis		
COMMITTEE/MEETING TITLE	SESLHD Consumer and Community Council (DCCC)		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Kayln Bents
DATE/TIME OF MEETING	17 th April 2020 1:30-2:30pm	LOCATION	Teleconference
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>Patient Reported Outcome and Patient Reported Experience Measures Reported Measures (PRM's) are a suite of surveys used to better understand what matters most to patients and find out if the care we deliver supports the outcomes and experiences that patients expect. In place of an interactive workshop, which will take place at a future face-to-face meeting, the following comments and discussion was noted:</p> <ul style="list-style-type: none"> • PRM's are surveys used by the health service to better understand what matters most to patients and find out if the care we deliver supports the outcomes and experiences that patients expect • • PRM's are intended to be used at health service and system level to add value to the whole system, improve access, and increase information sharing • • Patient Reported Outcome Measures (PROM's) captures information about a patient's quality of life or a condition-specific measure at the point of care, such as how diabetes impacts a patient's life. It is directly reported, no interpretation is made of the responses and it is just strictly the patient's point of view with no pre-determined parameters • • Patient Reported Experience Measure (PREM) surveys are anonymous and voluntary and they ask patients to provide feedback on an encounter with the health service based upon a number of specific domains such as safety, quality, access of care, and information provided • • PREM surveys enable patients to provide timely feedback about their health-related experience so that clinicians can better understand their needs, improve care and quality of life, identify areas of excellence, and identify areas of improvement to drive future healthcare needs • • Experience measures are completed away from the clinician anonymously so that there it in no way negatively impacts their care • Health NSW commenced a state-wide implementation of the surveys which have been validated internationally and also by the Agency for Clinical Innovation (ACI), have good clinical evidence, and were codesigned by clinicians, managers and consumers across the state The surveys can be collected via paper or electronic device (e.g. tablet), most surveys take 5 minutes to complete, they are done in outpatient and inpatient services, and in PROM surveys, the results can be viewed by a clinician during an appointment PRMs are a critical component in supporting Leading Better Value Care (LBVC) across NSW LBVC is a value-based, state-wide program that involves clinicians, networks and organisations working together on high-impact initiatives to improve outcomes and experiences for people with specific conditions LBVC is a program that aims to help achieve the NSW Health vision of having a sustainable health system that is value based, delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled As immediate priorities, 13 initiatives have been selected which align to existing work efforts that have been "road-tested" to varying degrees across the system. 		

Food Security In the SESLHD Geographic Area.

Establish immediate solutions to vulnerable persons in isolation (home or hotel isolation) experiencing inadequate food security. This encompasses the delivery and provision of safe, nutritionally adequate, dietary appropriate, food preference/culturally appropriate food.

Aspirations for you and your community in Covid-19

- Limitations and expectations
- Safety
- Vulnerability
- Accessing Hospital Service, eg Blood Tests, Pharmacy,
- Isolation
- Wellness
- Exercise
- Concerns of disabled?
- How do people shop? Queuing vs In Person
- Social Distancing

COVID Remote Monitoring Presentation by Dr Sze-Yueng Ooi, Director of Coronary Care, POWH.

Research in monitoring COVID-19 via use of smartphone app call TCC-COVID-19 which allows doctors and nurses to help care for you while you are in isolation with COVID-19. Telehealth monitoring an effective way to remotely support patients.

Requires patient to use a supplied oximeter to record Oxygen Saturation and Heart Rate and enter values via TCC app.

Medical Staff will be able to track and act on values.

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

DATE: 20/4/20

SIGNATURE:



**MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE**

Please submit to CAC secretariat for submission with minutes

NAME	AJAY VARSHNEY		CHAIR OF MEETING	DR. LIN PERRY. EMINA TELIK.
COMMITTEE/MEETING TITLE	Pressure Injury Prevention			
FREQUENCY OF MEETING	once a month	LOCATION	POWH.	
DATE/TIME OF MEETING	14/04/2020 1030			
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>Key Takeaway: meeting was held by conference call.</p> <p>Key Points: - POWH have staff that are not trained - No training is currently taking place due to COVID 19. hence staff is not trained. - Some PPE causing Pressure injury - investigation taking place.</p> <p>Summary:</p>			

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

DATE: 14/04/2020

SIGNATURE: 

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	Pow H Communicating to Patient Safety		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Collette Coughlin
DATE/TIME OF MEETING	03-03-2020 11:30-12:30	LOCATION	EUH
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>Key Takeaway:</p> <p>1) JMO Job Lost - Changes being negotiated with District</p> <p>2) Case Conference needs title in eMR</p> <p>3) Problems with transfer of care have been noted in IMMS.</p> <p>4) Business Rule for communication throughout patient journey needs to be developed</p> <p>Key Points:</p> <p>5) Room for Medical Handover needed. need to increase number of Registrars at medical handover</p> <p>6) Discharge Summaries: Problem for G.Ps if phone and fax number the same.</p> <p>Summary:</p> <p>7) Model: Hybrid Committee working on which paper forms can be transferred to eMR</p> <p align="center">PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.</p>		

DATE: 04-03-2020

SIGNATURE: *S. Nicholson*

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	S/SE It Patient Safety Improvement		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Aileen Porritt
DATE/TIME OF MEETING	05-03-2020- 2-3 pm	LOCATION	Worral Theatre
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>Key Takeaway:</p> <p>Review Action log → QARS audit schedule has been sent to standards leads</p> <p>1) Patient Opinion discussion - Negative eye patient. Good - ED patient. Noted raise in criticality.</p> <p>Complaints - Direct HCCC misadrenal all up</p> <p>2) Hospital Acquired Complications lower</p> <p>Key Points:</p> <p>↳ Mandatory Training reports noted</p> <p>Hand Hygiene new strategy needed as medical staff rates unsatisfactory</p> <p>5) Aboriginal and Torres Strait Islander Gap Analysis report discussed.</p> <p>Summary: Agreed. For Action plan to address concerns in findings</p> <p>As more Indigenous leave ED without being seen. Higher rates of eye problems and diabetes</p> <p align="right">PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.</p>		

DATE: 06.03.2020

SIGNATURE: *Susan Nicholson*

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	CHAIR OF MEETING	Michaela Kelleher
DATE/TIME OF MEETING	26.03.2020. 2.30 - 3.30p.	LOCATION	Tele Conference
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>Key Takeaway: Presentation - Chris Conn - POWH Patient Experience + Safety of Care - Report based on (BHI - Patient Opinion (at 06 23.03.2020 - Care Opinion) and POWH - Patient Incidents 2019 data)</p> <p>↓ Confidence in medical and Nursing staff - respected.</p> <p>Key Points: Improvement needed: staff need to introduce themselves; talk more with patient, involve in decision making; explain pre + post procedures; discharge planning, follow-up processes.</p> <p>↓ Not enough hand washing. Lack of cleanliness. Food quality needs upgrade.</p> <p>Summary: Health Review table noted POWH results of POWH compared with peer group. SAC 1 2019 noted incidents by hospital & RCN reports noted the non compliance with business rules in various incidents of 17 Business rules.</p> <p>↓ Hospital acquired complication report top 5 of reports also incidents.</p> <p align="center">PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.</p>		

DATE: 26.03.2020

SIGNATURE: *Susan Nicholson*

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	S/SEH Patient Safety and Improvement		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Alan Perritt
DATE/TIME OF MEETING	02-04-2020; 1200-1300h	LOCATION	Skype-Tele Con
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>Key Takeaway: No falls reported March 2020. Patient Safety and Clinical Improvement Report - Presentation - Candice Madjar. In awaiting District feedback on Hospital acquired complication report</p> <p>Key Points: Patient Opinion; Criticality scores for February and March noted Mandatory Training - report - Doctors and allied health - Improvement needed</p> <p>Summary:</p>		
PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.			

DATE: 02-04-2020

SIGNATURE: *S. Nicholson*

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	CHAIR OF MEETING	Michaela Kelcher
DATE/TIME OF MEETING	23-04-2020 2.30-3.30PM	LOCATION	Teleconference
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>Key Takeaway:</p> <p>1) Projects - 11 nominations confirmed. Work plans for project to progress at this time.</p> <p>Aspiration Pneumonia project to be led by Claire Quinn (Speech Pathologist)</p> <p>2) National Standards Accreditation Committee to cover POW and S/SLT</p> <p>3) Standard 5 (Compressive Care) chairs (i) Karen Tugiri and Alan Forrester.</p> <p>Key Points:</p> <p>4) Clinical Risks (i) COVID-19 (ii) seasonal Influenza Awareness (iii) Hospital Acquired Infection rate.</p> <p>5) Almiridon to review Business Rules at due date.</p> <p>Summary:</p>		
PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.			

DATE: 26.04.2020

SIGNATURE: 

