



AGENDA

The Prince of Wales/Sydney/Sydney Eye Hospitals Consumer Advisory Committee

THURSDAY 25 November 2021 3.30 - 5.00 pm Microsoft Teams via the emailed link

tem No.											PERSON RESPON		
	Welcome												Chair
	Acknowledgemen		-										
	"We would like to a Gadigal people of t those emerging"												
	Attendance/Apolo	gies											Chair
	Name	1	2	3	4	5	6	7	8	9	10	11	
	Jennie Barry		~	А	А	\checkmark		А			~		
	Karen Tuqiri	c	А	~	~		С		С	С			
	Belinda Rabet	a	✓	✓			а		a	а			
	Alan Porritt	n	~				n		n	n			
	Carolyn Smith	C	NA	~			c e		C	c e			
	Barbara Daly	- e	NA	NA	NA	~		~	e I	I	~		
	Jonathan Magill	Ì	NA	NA	~	~	I	~] i	I	~		
	Harris Mihailidis	е	✓	~	~	~	e	~	e	e	~		
	Ajay Varshney	d	✓	~	✓	✓	d	~	d	d	~		
	Kevin Hinchey		NA	~	✓	✓		~			~		
	Alex Brown	Μ	х	х	Х	х	М	х	М	Μ	NA	NA	
	Cheryl Purchase	e	✓	А	✓	✓	e	А	e	e e	~		
	Cliff Wherry	e t	✓	~	✓	✓	e t	~	e t	t	~		
	Gary Gridneff	i	х	х	Х	Х	i	х	i	i	NA	NA	
	Sue Suchy	n	✓	✓	✓	✓	n	~	n	n	~		
	Linda Roylance	g	NA	NA	NA	✓	g	~	g	g	✓		
	Barbara O'Toole	1	NA	NA	NA	~		А	1		х	NA	
	Jacqueline Stephenson		~	A	~	~	1	~			~		
	Yael Rottanburg	1	~	✓	✓	✓	1	✓	1		~		
	Susan Nardi]	NA	~	~	А		~	1		~		
	Candi Sher (presenter)										~		
	Christine Conn (presenter)										~		





AGENDA

The Prince of Wales/Sydney/Sydney Eye Hospitals Consumer Advisory Committee

Ітем No.			PERSON RESPONSIBLE
3	Minutes		
3.1	1 minute	Confirmation of previous minutes	Chair/All members
	Conflict o	of Interest	
4	Actions/	Plans Arising from Previous Minutes	
4.1	1 m	Secretariat to send day-of meeting access link to consumers	RY
4.2	1 m	Update on advertisement for recruiting new members	JM
4.3	1 m	Consumers to complete QARS committee evaluation	Committee members
4.4	5 m	Results of Quality and Safety Internet Display Data Top 6 Survey and mock-up infographic to be presented	CPIU Managers
5	Standing	Items	
5.1	8 m	POWH/SSEH update by Hospital Executive – GM Consumer questions	GM/DONs
5.2	5 m	Patient Experience Matters – SSEH PEO Monthly report	GM/DONs
5.3	3 m	Care Opinion story POWH/SSEH	DONs
5.4	10 m	Diversity Health POWH/SSEH	DIV Health
5.5	10 m	Questions from CAC Members	Committee members
5.6	5 m	POWH/SSEH update by Committee Members Meetings with consumer representation <i>Members to submit feedback forms and feedback by exception only</i>	Committee members
6	New Bus	siness	
6.1	10 m	Confirmation of Subcommittee memberships and planning for 2022	DONs/Secretariat
6.2	1 m	Resignation of committee member Barbara O'Toole	DONs
6.3	10 m	Farewell and Thanks to Exiting Members	GM/DONs
7	Business	s without notice	·
8	Presenta		
	Nil this mo	onth	
	Date of N	ext Meeting: 24 February 2022 – location to be announced	



Meeting:POWH/SSEH Community Advisory CommitteeDate:Thursday 25 November 2021Venue:Online meeting – Microsoft Teams

Chair: Minutes: Mr Harris Mihailidis Rhiannon Young – EA to SSEH DON

1. Welcome Acknowledgement of Country

2. Attendance/Apologies

NAME	AREA	status	NAME	AREA	status
Jennie Barry (JB)	GM	Y	Cliff Wherry (CW)	Consumer	Y
Barbara Daly (BD)	A/DON POWH	Y	Sue Suchy (SS)	Consumer	Y
Jonathan Magill (JM)	DON SSEH	Υ	Linda Roylance (LR)	Consumer	Υ
Harris Mihailidis (HM)	Chair	Υ	Jacqueline Stephenson (JS)	POWH Diversity Health	Υ
Ajay Varshney (AV)	Consumer	Υ	Yael Rottanburg (YR)	SSEH Diversity Health	Υ
Kevin Hinchey (KH)	Consumer	Υ	Rhiannon Young (RY)	EA to SSEH DON	Υ
Cheryl Purchase (CP)	Consumer	Υ	Candice Madziar (CM)	SSEH CPIU Manager	Υ
Susan Nardi (SN)	Consumer	Y	Collette Coughlin (CC)	POW CPIU (proxy for Christine Conn)	Y
Christine Conn (CC)	POW CPIU Manager	A			

3. Minutes

3 1	Confirmation of previous	
5.1		The minutes from the October 2021 meeting were accepted by Susan Nardi
	minutes	5 1 ,
	minuceo	

4. Actions/ Plans arising from previous minutes

	Issue	Discussion	Action Required	Who	Due
4.1	Secretariat to send day-of meeting access link	Actioned, no access issues reported			
4.2	Advertisement for recruiting new members	 EOI and advertisement documents brief have gone to CE for approval Flyers and Posters have been created for use within the hospital sites Social Media advertising via District channels will be organised by Media team, and advertisements in Koori Mail and Advertiser have 			

		 been booked EOI/Flyers and advertising dates will be distributed to committee once approved. 	
4.3	Consumers to complete QARS committee evaluation	 6 of 7 consumers have completed as of this meeting with thanks, survey remains open until COB 26/11/21 	
4.4	Results of quality and safety internet display data top 6 survey and mock up infographic to be presented	 Mock-ups presented with top 6 survey data received from consumers District has also put together infographics to roll out across all sites which look similar to already approved infographics and would be in addition to Patient Experience Infographic discussed at October CAC meeting The intention would be for the same items with consistent icons to be presented across all sites, with relevant data for each hospital JS advises from health literacy perspective graphics could be improved upon, CC advises these are only mock-ups to present data for this meeting and are not the proposed icons for the project. 	

5. Standing Items

	anding items				
	Issue	Discussion	Action Required	Who	Due
5.1	POWH/SSEH update by Hospital Executive – GM Consumer questions	 <u>SSEH - Jon Magill</u> Returning to normal at SSEH, returning to surgical activity and catching up where possible before Christmas Many staff will be having a well-deserved break over the Christmas/New Year shutdown period to return refreshed next year From a nursing perspective, currently looking to recruitment to fill existing gaps. Formulating strategies to attract and retain staff at the site and working on how we market the site to show points of difference. This work should start to take shape over the next couple of months. New care assistant positions have been recruited from the State and we will need to look at how they can assist on the site and where they are best utilised in the comprehensive care space <u>POWH - Barbara Daly</u> POWH had reached a point of starting the recovery phase post COVID since the last meeting of this committee Majority of work has been around converting wards backing into their home/business as usual wards Staff are on the whole happy and excited to return to their home or usual wards, but grateful for the learning opportunities they have experienced Perioperative unit opening next week 			

 Workforce strategies now coming back into play - the work groups which will be moving into the new Acute Care Services Building are meeting again to look at commissioning the spaces for their services Workforce recruitment and retention efforts as well as staff education and training are returning Christmas shut down document has been submitted along with SSEH to outline how we can close down and give staff a break but still provide necessary care to patients BD reports that from in excess of 500+ patients being managed by the POWH Hospital in the Home Service at the peak of the COVID wave, as of today only two patients are currently needing this care GM – Jennie Barry JB wants to recognise the enormous amount of work across all disciplines and across both hospitals over this year JB is very proud of all staff for pulling together and would like to thank JM and BD for their leadership Questions from Consumers KH asks whether DONs are you happy with the amount of interest/energy from staff. Media has been reporting that a lot of nursing and medical staff have been experiencing burn out. BD reports that high levels of sick (and isolation) leave and resultant overtime did increase staff fatigue along with pandemic pressures. BD advises that returning to usual wards and the upcoming Christmas/New Year closures will be important for staff to feel rejuvenated. BD also expects significant increase of inter-state workforce mobility to return with borders opening up. BD and JM report both sites are also looking to take on more graduate nurses to help grow and sustain the workforces. BD reports all urgent surgeries during COVID were able to be completed through the partnership with private facilities, and this has allowed POWH waitlist lower than this time last year. JM advises SSEH to at patients were only waiting 9-10 months for 12 month urgeny surgeries previously. with the work for closures were head to increase th		
outbreak, so this has provided the ability to keep surgery patients		

		 distributed. Masks and social distancing requirements will remain. COVID test requirements will be dependent on the COVID situation. KH asks whether there is a return date for the Hydropool at POWH. JB advises that this has been confirmed as being allowed to return, with inpatient services returning first and outpatient appointments returning in early 2022 at the latest. SN asks whether opening of international borders will be helpful in recruitment efforts. JB advises that NSW Health led recruitment advertisement just about to be released. BD advises that a large percentage of the workforce, especially in critical care areas were international pre-pandemic, with some staying in Australia and some returning overseas. JB advises as an example that of the POWH casual workforce over 100 nurses at least 50% were travelling nurses prior to COVID.
5.2	Patient Experience Matters – SSEH PEO Monthly report	 Data presented Did Not Wait numbers are creeping back up, and this could be explained by the regular Patient Experience Officer role being in flux, with the role filled with rotating staff while recruitment in process CW suggests a handout for emergency patients to provide information about the department– JM advises this is in place, but take-up has again been lower due to the loss of the regular PEO staff member JM advises that a SSEH wayfinding committee in place to improve signage and plan to enlist consumers next year consult on improvements. HM thought there was a wayfinding committee previously and it was suggested that consumers from this committee attend, highlights that wayfinding at SSEH is an ongoing issue over a significant length of time and needs to be prioritised and resolved. JM advises that Bindi Maps audio-visual wayfinding app is being supported by the Eye Foundation and launched for promotion soon. HM advises patients need to be informed of this app when making appointments for it to be useful. BD advises that POWH ED is working to reformat their existing data to be able to be presented in a similar format to SSEH for next meeting.
5.3	Care Opinion Story POWH/SSEH	 Data presented on slides Whole of COVID period Care Opinion stories from POWH will be included with minutes
5.4	Diversity Health	POWH – Jacqueline Stephenson • 14 new patient health information resources have been developed over the past few months • Have provided feedback on the NSW LGBTQI+ health plan – we are

		 the first state to present a specific health plan. The LBGTQI+ community forms a large demographic in our health district but there do exist many access issues, especially for transgender patients. POWH has been working with ACON over the past few years to improve access for LGBTQI+ patients, and in the last month have trialled inclusive care session 'In Pride' for staff and have received positive feedback. These sessions, which include two patient stories, will be on the training schedules for 2022 for all POWH staff. Have been working with the health information unit to draft a business rule to better register changed gender for patients until electronic medical record system is able to be improved. Input has been received from many health services on this project. POWH redid the Aboriginal cultural Engagement Self-Assessment Audit- compliance was at 46% last year and many actions and strategies were put into place to improve this number, and this year audit results were up to 63%. This indicated a positive trend of improvement in the past year, with space to continue to work and improvement in the past year, with space to continue to work and
		 business rule to better register changed gender for patients until electronic medical record system is able to be improved. Input has been received from many health services on this project. POWH redid the Aboriginal cultural Engagement Self-Assessment Audit- compliance was at 46% last year and many actions and strategies were put into place to improve this number, and this year audit results were up to 63%. This indicated a positive trend of improvement in the past year, with space to continue to work and improve. CP highlights the need to have input from a diverse range of Aboriginal people to capture a variety of experiences and needs <u>SSEH - Yael Rottanburg</u> Have received a quote for the forward facing icon for the internet to link to multi-language resources which was commented on last meeting by consumers, and now awaiting approval of the quote 'Sea of Hands' project underway which has also been a time for education and reflection for staff to look at how they can improve their provision of services to Aboriginal communities Use of Interpreters site wide data for 2021 being collected for a summary report to be provided in January YP hoping to consult with CP on Aboriginal Health page of website YR currently completing yearly review of the Sydney Hospital Patient Guide and adding links and QR codes to Aboriginal Health Internet page for those patients who prefer to receive their information digitally. YR will email SSEH Hospital Patient Guide to consumers and happy to receive feedback or commentary. YR responds to LR that unfortunately booklet not translated at this
		stage, and currently working to find a new printing supplier as previous printer now out of business.
5.5	Questions from CAC members	CP asks if the hospitals are doing/planning anything about clear messaging for patients regarding COVID procedures or protocols – suggests this would be a good area for focus especially as 11am NSW Health broadcasts no longer occurring. JB advises patients are

		 provided with the COVID procedures and requirements before attending hospital for planned procedures and appointments but happy to look at what information could be provided on discharge for keeping safe in the community. JB confirms patients do not need to be tested prior to arrival in Emergency Department and that patients are risk assessed on arrival and risk assessment results inform whether they need isolation. JB agrees with the importance of communicating to the community that anyone unwell should present to the ED regardless of whether they have been COVID tested and will be managed appropriately – JB will look into disseminating this information more widely via District social media pages. JB confirms COVID testing clinics will remain open for foreseeable future. CP highlights that communication from NSW Health has been delayed when advising of close contact status which has led to confusion for some community members. JB advises this delay would be due to contact tracing efforts and risk assessments to separate casual and close contacts. Encourages continuing to use QR codes for check in and out at venue to allow for faster and more effective contact tracing. HW and CP highlight the availability of check in cards provided by Service NSW for community members who cannot use QR code scanners. JB will ensure social work teams are aware of this option to assist patients who may find it useful. 		
5.6	POWH/SSEH update by Committee Members Meetings with consumer rep. Members to submit feedback forms and feedback by exception only	RY asks that all consumers to submit feedback forms for any subcommittee attendances via email.		

6 New Business

	o new dusiness								
	Issue	Discussion	Action Required	Who	Due				
6.1	Confirmation of subcommittee memberships and planning for 2022	 Most recent subcommittee memberships displayed (with thanks to HM for providing), RY asks that consumers check this and inform RY of any errors. HM, SS and AV all have terms ending which will leave gaps in terms of consumer representation next year HM advises that POWH redevelopment committee chair has also requested a consumer to sit on the committee in 2022 JM advises that over the next few week's sites will do an overview of who is involved in what committees and what committees are 	TOR of each committee which needs consumer member to be uploaded to Teams/ShareP oint along with time/date	RY	End of 2021				

		 requesting consumer input. Depending on interest from recruitment campaign, we might be able to raise the number of consumers on this committee to share the load of subcommittees and meet site demand If any continuing consumers are interested RY will put ToR for each committee needing consumer members onto Teams/SharePoint for continuing tenure consumers to review for potential interest. Consumers ask that the time/date of meetings are included. EOI will go out for membership of subcommittees for continuing and any newly recruited consumers to ensure fair allocation of membership LR asks that Teams/SharePoint link be resent. JB asks that RY also provide how/to guide for consumers and any assistance requested on use 	 meetings are held RY to re-share Teams/ShareP oint link with consumers and provide how to guide/access support 		
6.2	Resignation of committee member Barbara O'Toole	 JM advises that Barbara, who joined at the same time as LR a few months ago has resigned from her position as a consumer Found that it was too soon after losing her husband to feel she could contribute fully and will just be focussing on her grieving process BOT thanked committee for the opportunity and JM extended well wishes on behalf of the committee and Hospitals and advised BOT that we would be happy to welcome her back if and when she feels ready 			
6.3	Farewell and thanks to exiting members	 JB thanks Harris, Sue and Ajay on behalf of both Hospitals for their input, time and commitment in helping the sites be the best we can be. JM and BD echo thanks for their specific sites. JB thanks Harris for chairing committee this year JB advises that she would like to bring the exiting members as well as members who have left in the past year together in person for a Thank You afternoon tea now that COVID restrictions are easing HM thanks all members for their support, and reflects that he has enjoyed his entire tenure and year as Chair SS also reflects on enjoying the opportunity, and highlights to ongoing/new members the level of commitment and engagement required of sub-committee members. SS suggests that in future Executive should try to prevent large proportions of experienced members leaving all at one time. 	Executive Team to organise Thank You afternoon tea for exiting members	GM/D ONs	Early 2022

7. New Business without notice

	Issue	Discussion	Action Required	Who	Due
7.1	Care Opinion newsletter	RY advises that the First Edition of the Quarterly Care Opinion Newsletter has just been received prior to the start of the meeting and will distribute after close of meeting to members	Distribute Care Opinion Newsletter to members	RY	After meeting close
7.2	On the Pulse newsletter	 HM asks that On the Pulse newsletter is also distributed to committee members RY to download and save On the Pulse past and future editions to Teams/SharePoint 	Distribute On the Pulse newsletter to members	RY	Ongoing
7.3	Well Wishes from GM	 JB thanked all members for their commitment and patience this year as we have navigated COVID restrictions and the virtual space, and looks forward to meeting in person next year. Wishes all members a safe, happy and restful festive period and asks that all members look after themselves and continue to be vigilant and safe in following COVID restriction's as they celebrate with loved ones 			

8. Presentation

 -											
	Nil										

There being no further business the meeting was closed by chair HM.

Accepted as a true record:	Chair:	Date:	

Signature Chair



Prince of Wales Hospital and Sydney/ Sydney Eye Hospital

Consumer Advisory Committee

25 November 2021





Please be aware that this meeting may be recorded to enable the taking of full and accurate minutes. Once minutes are approved, any recordings will be deleted.

Welcome Acknowledgement of Country

 "We would like to acknowledge the Traditional Owners of the land we are meeting on today, the Bidigal and Gadigal people of the Eora nation, and we pay our respects to their Elders past, present and all those emerging"







Attendance/Apologies Confirmation of Previous Minutes (October 21)

Name	1	2	3	4	5	6	7	8	9	10	11		
 Jennie Barry		~	A	A	~		A			~		\vdash	
 Karen Tuqiri		A	✓	~					с				
 Belinda Rabet	C a	~	~			C a		C a	a			H	
 Alan Porritt	n	~				n		n	n				
 Carolyn Smith	с	NA	~			с		с	С			H	
 Barbara Daly	e I	NA	NA	NA	~	e	~	e	e I	~		H	
Jonathan Magill	11	NA	NA	~	~	1 i	~	1 i	i	~		\square	
 Harris Mihailidis	е	~	~	~	~	е	~	е	e	~			
Ajay Varshney	d	~	~	~	~	d	~	d	d	~		Ħ	
Kevin Hinchey	1	NA	~	~	~	1	~	1		~		Ħ	
 Alex Brown	M	х	х	х	х	М	х	M	M	NA	NA	\square	
Cheryl Purchase	e	~	А	~	~	e	A	e	e e	~		\square	
 Cliff Wherry	e t	~	~	~	~	e t	~	e t	t	~		\square	
Gary Gridneff	i	х	х	х	х	i	х	i	i	NA	NA	\square	
Sue Suchy	n g	~	~	~	~	n g	~	n	n g	~		\square	
Linda Roylance		NA	NA	NA	~		~	g		~			
Barbara O'Toole	1	NA	NA	NA	~	1	А	1		х	NA		
Jacqueline Stephenson	1	~	А	~	~	1	~	1		~			
Yael Rottanburg	1	~	~	~	~	1	~	1		~		\square	
Susan Nardi	1	NA	~	~	А	1	~	1		~		\square	
Candi Sher (presenter)										~			
Christine Conn (presenter)										~			



4. Actions from Previous Meeting

4.1 Secretariat to send day-of meeting access link -RY

4.2 Update on advertisement for recruiting new members – JM

4.3 Consumers to complete QARS committee evaluation - *Consumers*



Open until Friday 26/11/21

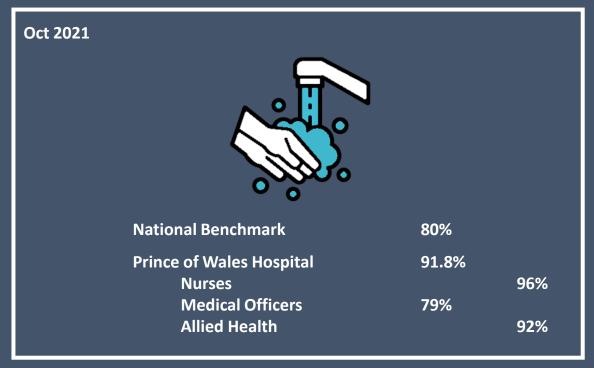


4. Actions from Previous Meeting

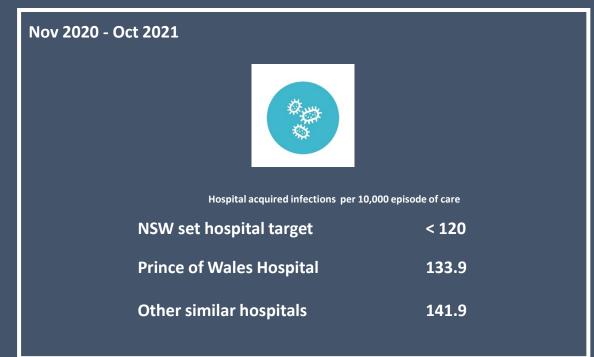
4.4 Results of Quality and Safety Internet Display Data Top 6 Survey and mock-up infographic to be presented (on following slides) - *CPIU Managers*



Hand Hygiene



Infection in hospital



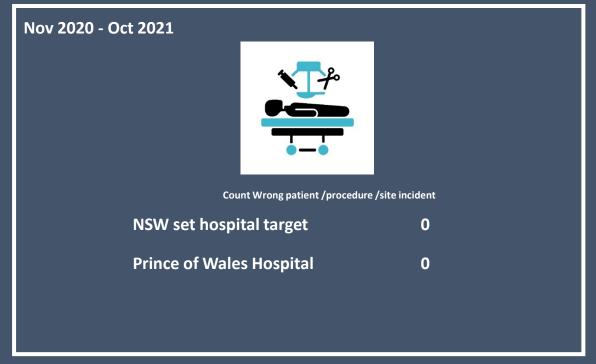
Fall related injuries in hospital



Serious pressure injuries in hospital



Surgery or invasive procedure performed on the wrong patient/procedure/site resulting in serious harm



Emergency Department and Surgical Waiting times



5.1 POWH/SSEH update by Hospital Executive – GM Consumer questions GM/DONS



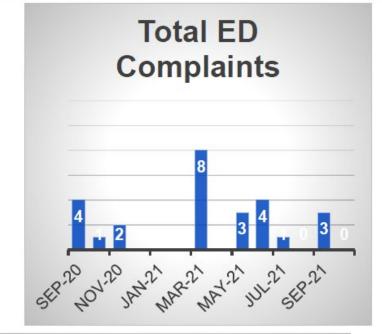


5.2 SSEH PEO Update GM/DONS

SSEH ED Patient Experience Officer October 2021



Complaints- SSEH ED - Sept 20 to Oct 2021



COVID Clinic Complaints

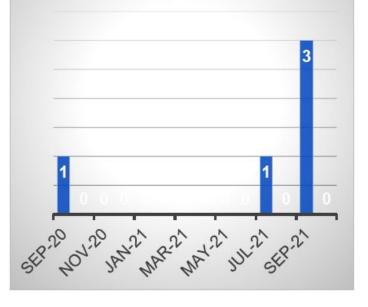




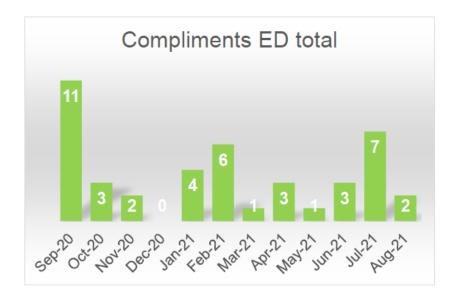
Sydney Hospital & Sydney Eye Hospital

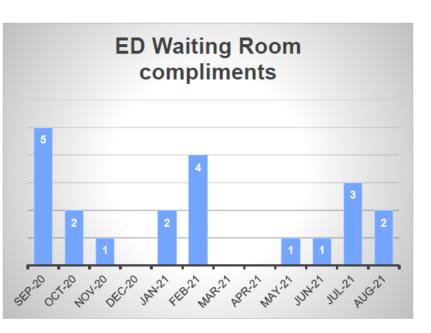


ED Waiting room complaints



Formal Compliments- SSEH ED –Sept 20 to Oct 2021



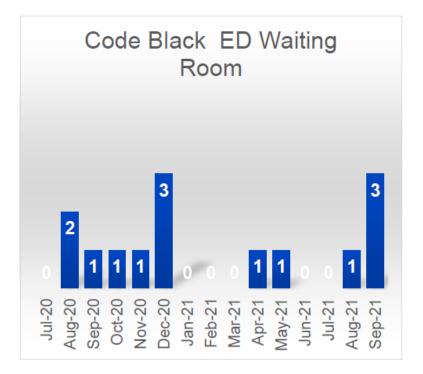


None documented-there were 52 complimentary comments from the ED patient survey October





SSEH Code Black Incidents –July 20 to Oct 21



None documented in October for ED Wait room or COVD clinic



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JULY



AUG SEPT OCT NOV DEC JAN-21 FEB-21 MAR-21 APR-21 MAY-21 JUN-21 JUN-21

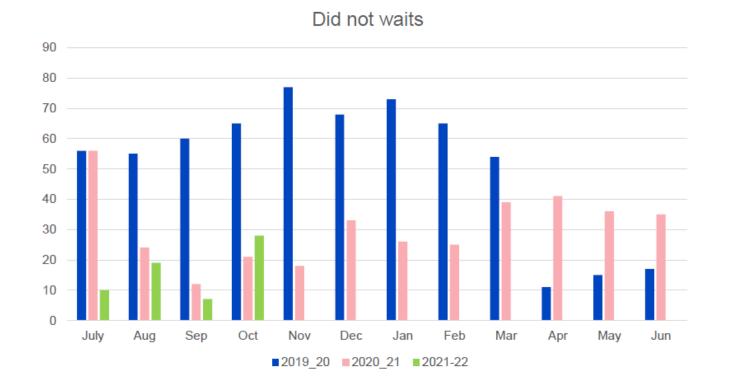
COVID Clinic Code

Black Incidents

Health South Eastern Sydney Local Health District

AUG-21 SEP-21

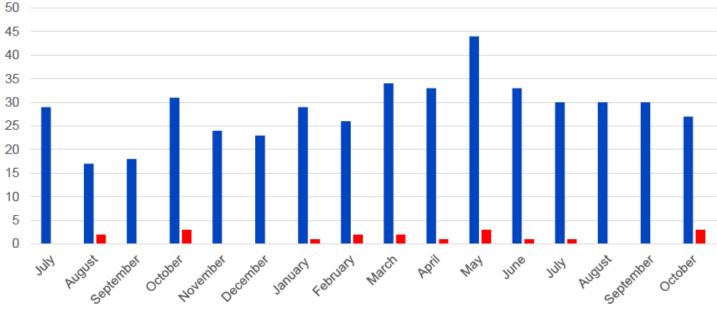
SSEH ED Did not Waits-All patients







SSEH ED Did not Waits-Aboriginal & Torres Strait Islander



Total Presentation DNW





SSEH ED MoH Patient Survey- Oct 21

Oct 21- 324 patients completed survey

I had a positive experience on my first visit to the Eye Hospital. The staff was efficient and polite. Dr. Mark Z. who attended to me was professional and efficient. I left the hospital feeling confident and relieved knowing that I had received good care.

Dr Cheah the other day, was a great Dr who kindly bound my collapsed arch like Hippocrates whilst we had a pleasant chat. Great Dr. He deserves a medal.

The staff were wonderfully courteous and professional, with a beautifully considerate manner. I couldn't have wished or asked for a better experience; even the reception staff advised me to be careful on Macquarie Street, as it was 10pm when I left.



Sydney Hospital & Sydney Eye Hospital



Health South Eastern Sydney Local Health District

SSEH ED MoH Patient Survey- Oct 21

My experience would have been better if I had been given some indication of expected wait time upfront. I was at ED for over 5 hours. I did expect I would have to wait, but I saw 2 nurses for scans before seeing the dr, so it would have been good to get some idea of the process and how long it might be.

I found the entry to the building process daunting. and needed considerable help to get to the point where I got the tick. This would have not been required if I had had an iPhone with a bigger screen.

The signage at the front is not clear where to go. The 1st building has locked doors due to covid and I thought the entrance may have been out the front. No signage to say building no in use or deter people from checking for another entrance. Maybe better signage or a dedicated person to show visitors/ patients where to go. The Covid person in the emergency area was fantastic as he literally took you to the place you needed to go to.



Sydney Hospital & Sydney Eye Hospital

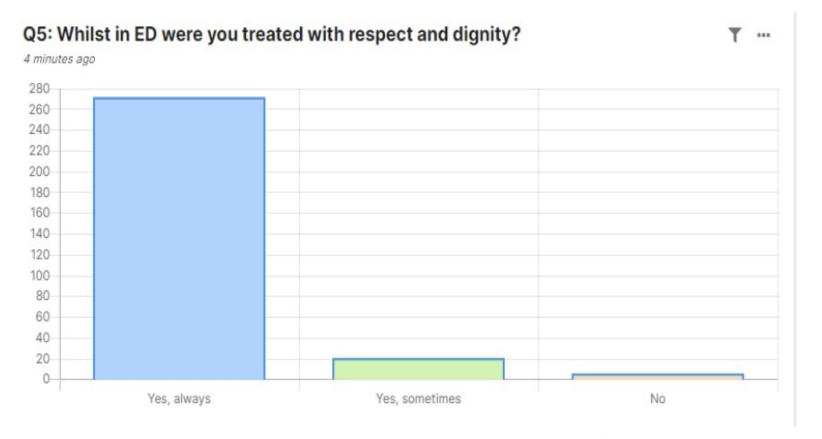


Health South Eastern Sydney Local Health District

Q2: Overall how would you rate the ED care you received? *** 4 minutes ago 260 240 220 200 180 160 140 120 100 80 60 40 20 0-Neither good nor poor Very good Poor Very poor Good











Q9: Were you involved in your ED treatment decisions? ... γ 3 minutes ago 260 240 220 200 180 160 140 120 100 80 60 40 20 0 I did not want or need to be involved I was not well enough to be involved Yes, definitely Yes, to some extent

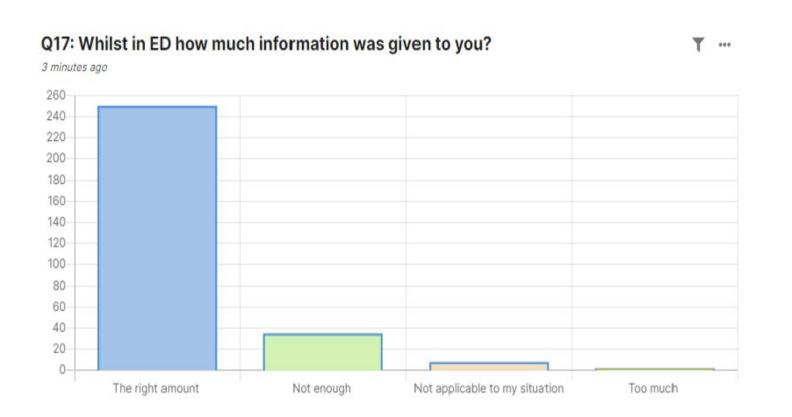




Q16: Did you understand the ED health professionals? Y ... 3 minutes ago 260 240 220 200 180 160 140 120 100 80 60 40 20 0-Yes, sometimes Yes, always No



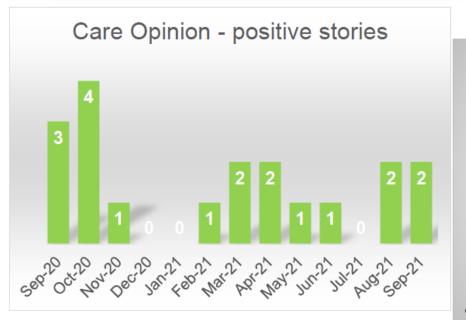




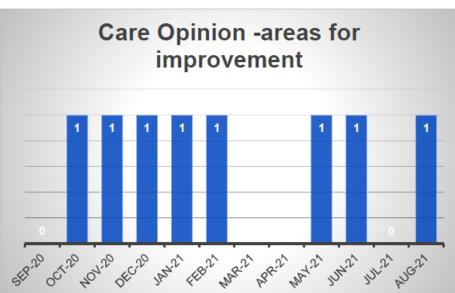




Care Opinion- SSEH ED Sept 20 to Oct 2021



One positive story for COVID clinic in October



Nil for October







I was seen by the Sydney Hospital Hand clinic, in particular the COVID screening staff, clinic admin, medical and OT staff. I really appreciated how well organised all parts of the process was.

Further, the medical officer David was lovely, clearly explaining the treatment plan and reassuring that my prognosis was good.

I want to give particular kudos to the OT Amy and her OT student Mia who were both lovely and thorough. I wish Mia the very best in her OT career and am encouraged to see the high standard of students from that particular university.



5.3 Care SSEH

I had two appointments scheduled recently, one was early morning, this was a recurring appointment that is meant to happen 6 monthly for a check up of my eyes. I had lost eyesight and they have restored it. It was already postponed because of COVID and this was already disappointing. I had waited 9 months for this appointment. My second appointment was scheduled for just after midday. It is a routine eye injection that happens every 5 weeks.

I got a text message from the hospital earlier in the week saying that I need to come in with a negative COVID test result, no later than 72 hours before. No problem, I have always done the rapid COVID test and that was always accepted. It took me one and half hours to get into the hospital. I came to reception, they said no you have only had the rapid test, we cannot let you in, this was at the screening at the door. They told me to wait. They said, after about one and a half hours waiting, they are not accepting the COVID rapid test.

When they sent the message they didn't specify no rapid COVID test, they just said they needed it done within 72 hours. So after one and a half hours waiting they sent me away and said it will be rescheduled for 15 weeks away. I asked, what about my eye injection? I recall they said the eye injection is a different story, so you can go to that.

I had to wait and spend extra money to eat lunch while I waited for the appointment. But then they turned me away at the eye injection appointment too because I only had the rapid test. I spent the whole day and a lot of money. Parking at the hospital cost me \$66 and I had to take tolls on the way. I also took the day off work. I am in my late 60s and I feel that they are treating me like I am nothing.

They only see you at the screening gate and they won't let you in or anything. I am devastated. I believe I didn't do anything wrong. I just spent a lot of time and a lot of money, because, I believe, somebody sent an incorrect message. I recall the message read, to be able to attend you must show us a negative COVID test result within 72 hours of your appointment. I recall it also said the same on the front door of the hospital. Nothing about the rapid test.

If the rapid test is not accurate enough, why did they accept them on the previous injection appointments I have been to? I have always done the rapid test. I believe I have done everything correctly to have my appointment. Normal COVID test takes 24-48 hours for results. I have the rapid test results within half an hour.

I understand that the staff that called me to rearrange my appointment didn't even know that they are not accepting rapid tests.







" Complete care for my Appendicitis "

Late one weeknight I had severe stomach cramps so ended up in The Prince Of Wales Hospital's Emergency Department (Randwick). From then on I was treated extremely well by every single member of staff I encountered. The treatment was extremely thorough and no stone was left unturned to determine what was wrong. After lots of scans it turns out it was my appendix that was the issue and it was removed.

I've been lucky enough to never have had to visit a hospital before in my years, but I have left idolising anyone who works in a hospital. No matter what was wrong, or what issues they were facing, I felt everyone did their job with determination and positivity, even with Covid supplying additional issues. No negative/areas to improve from October



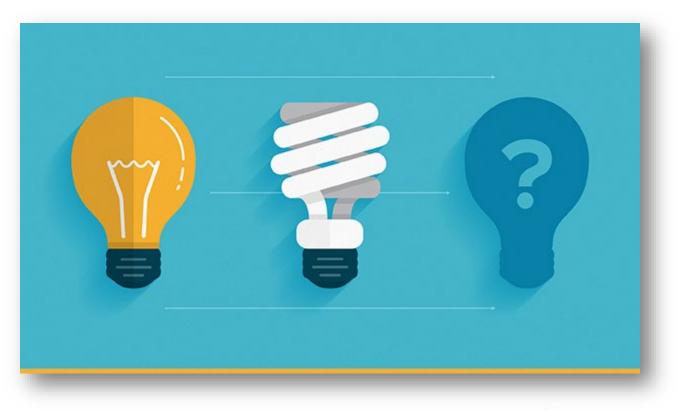
5.4 Diversity Health – Update - POWH



5.4 Diversity Health – Update - SSEH



5.5 Questions from Consumers





5.6 POWH/SSEH update by Committee members

Please send Feedback forms for any Subcommittee Attendances to <u>rhiannon.young@health.nsw.gov.au</u> ASAP

Paid participation will be processed the first week of each month for the meetings held in the previous month



6. New Business

6.1 Confirmation of Current Subcommittee Memberships and planning for 2022 – *DONs/Secretariat*

Meeting/Committee	LHD/POWH/SS	Chair Position	Frequen	dates	time	Consumer representation
		SESLHD COMMI	TTEES			
		POWH COMMIT	TEES			
POWH Redevelopment committee (consumers)	POWH	John	monthly	2nd Wednesday	1630-1800	Ajay Varshney, Sue Suchy
POWH Infection Prevention & Control Committee	POWH	Director of Clinical Services POWH	Monthly	4th Friday	1030-1130	Ajay Varshney
Quality Clinical Practice Council	POWH	Michael Kelleher & Yvonne Steadward, Nurse Educator	Monthly	4th Thursday	1430-1530	Cliff Wherry
POWH/SSEH Comprehensive Care	POWH & SSEH	Karen Tuqiri/Jonathan Magill	monthly	3rd Friday	1200-1300	await new consumers
POWH/SSEH Food and Nutrition Committee	POWH & SSEH	Head of Dept Nutrition and Dietetics, NM Nursing	Bi- Monthly	2nd Wednesday	1400-1500	Ajay Varshney
POWH/SSEH Pressure Injury Committee	POWH & SSEH	Prof Valerie Wilson, Professor of Nursing	Monthly	2nd Monday	1100-1200	Ajay Varshney
Standard 2 meeting	POWH/SSEH	NM Nursing/CPIU	ad hoc	х	x	Meeting on hold
POWH Communicating for Patient Safety Committee	POWH	Manager, Clinical Practice Improvement Unit POWH	Monthly	1st Tuesday	1200-1300	Harris Mihailidis + new consumer
POWH Patient Safety & Improvement Committee	POWH	Director of Clinical Services POWH	Monthly	2nd Thursday	1400-1530	Sue Suchy
POWH Medication Safety Committee	POWH	Dr Catherine McVeigh	Monthly	2nd Thursday	1130-1300	Harris Mihailidis + new consumer
Wayfinding Committee	POWH	Owen Patterson & Max Tuffano	Bi Monthly	1st Wednesday	1030-1130	Ajay Varshney + await new consumers
POWH Aboriginal health working group	POWH	Elizabeth Browne	Monthly	4th Monday	1500-1600	Cheryl Purchase
POWH/SSEH Care Towards the End of Life Committee	POWH & SSEH	Dr Meg Sands, Senior Staff Specliast Palliative Medicine	Monthly	2nd Monday	1400-1500	Ajay Varshney + Harris Mihailidis
		SYDNEY/SYDNEY EYE	HOSPITAL	-		
SSEH Patient Safety & Improvement Committee	SSEH	Director of Clinical Services SSEH	Monthly	2nd Thursday	1230-1330	Harris Mihailidis
SSEH Infection Prevention & Control Committee	SSEH	Director of Nursing SSEH	Monthly	150	0900-1000	Ajay Varshney



6.2 Resignation of committee member Barbara O'Toole

6.3 Farewell and Thanks to exiting members:

Sue Suchy

Ajay Varshney

Harris Mihailidis





7. Business without Notice



Presentations

NIL



Next meeting

Next meeting will be held on 24 February 2022 - location TBA

We hope you and your loved ones have a safe and happy holiday season and start to the New Year





Expressions of Interest

New Members of the Consumer Advisory Committee Joint Prince of Wales Hospital and Sydney/Sydney Eye Hospital



Do you want to contribute to how your hospitals deliver your health services? Our Consumer Advisory Committee is looking for more community members to join our team.

The Consumer Advisory Committee is a group of community members who are interested in working together and with the hospital staff to improve our services.

The Consumer Advisory Committee meetings are held on the fourth Thursday of each month at 3.30pm. The meetings are rotated between Prince of Wales Hospital in Randwick and Sydney Hospital and Sydney Eye Hospital in the city or virtually through Microsoft Teams. An expectation of membership of the committee will be to join other internal hospital committees that are of an interest to you.

To become a member, you will have a strong community focus to ensure that health concerns of the community are represented. Applications are encouraged from people who are Aboriginal and Torres Strait Islander, culturally diverse, young, living with disabilities along with parents and carers.

For more information, please go to http://www.seslhd.health.nsw.gov.au/get-involved-1

For further inquiries and the application kit for this voluntary position email SESLHD-SSEHNursingExecutive@health.nsw.gov.au Applications close Monday 17th January 2022



" Caring & Comprehensive service provided by the HITH Team "



My family and in particular my relative would like to personally thank and acknowledge the health care professionals from the Prince of Wales Hospital in the Home team, Doctor Carl (Geriatrician) and Jocelyn (Community Nurse) who recently provided exceptional and effective acute care treatment to my relative within the privacy of their home.

Both Doctor Carl and Nurse Jocelyn worked collaboratively as a team to treat my relative for an acute infectious episode preventing the need for Hospital

attendance. Their expertise, knowledge and kind, compassionate manner was greatly appreciated. I felt the care provided was seamless and thorough whereby my relative responded very well to the treatment administered and is now fully recovered and back to normal activity.

We wish to acknowledge the important and exceptional services provided by all the health professionals we dealt with within the Prince of Wales Hospital in the Home Community Healthcare Team. This team provide state of the art treatments for patients in the community in the privacy of their own homes reducing the burden on acute Hospital Services which is so important at this present time of the Covid pandemic.

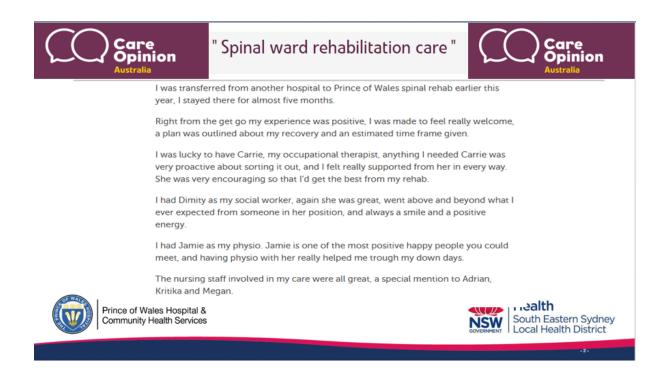
In my opinion, this team has the model for success for ensuring wellness in our community and has a unique formula to facilitate sustainable health and well being whereby dignity and privacy are maintained.

Sincere thanks to Doctor Carl and Nurse Jocelyn for their professionalism, care and kindness in assisting my relative and our family through a difficult time.

Many Thanks to the Hospital in Home team.



Prince of Wales Hospital & Community Health Services South Eastern Sydney Local Health District





Late one weeknight I had severe stomach cramps so ended up in The Prince Of Wales Hospital's Emergency Department (Randwick). From then on I was treated extremely well by every single member of staff I encountered. The treatment was extremely thorough and no stone was left unturned to determine what was wrong. After lots of scans it turns out it was my appendix that was the issue and it was removed.

I've been lucky enough to never have had to visit a hospital before in my years, but I have left idolising anyone who works in a hospital. No matter what was wrong, or what issues they were facing, I felt everyone did their job with determination and positivity, even with Covid supplying additional issues.

I was extremely impressed with the attitude and the care each doctor, nurse, helper, cleaner, etc handled their job and their patients that it really made my three nights in hospital extremely positive.

I appreciate my condition was simple to treat but it really opened my eyes to the amazing work all those in care services provide and I want to thank them all from the bottom of my heart.

Their positivity was infectious and because of that, I felt the ward I was on was filled with joy despite, as I understand it, the complications surrounding a lot of patients' illnesses.

Thanks again, and although I hope I don't see you soon, please know how appreciated you are thanks to all you do for everyone.



" Major abdominal surgery "



I went in to POWH for surgery a few months ago and woke from the operation to learn Sydney had gone into lockdown. I spent over a week recovering in hospital without being able to have any visitors.

The care and attention I received from everyone in the hospital was fantastic. My surgical team, the nursing teams in HDU and Dickinson South (and the nursing students), the pain team, physio team, blood collectors, pharmacy, porters, food attendants, cleaners, admissions teams... everyone took the time to make me feel valued and cared for.

I felt they went above and beyond to help me with things that I couldn't ask from my family during that time. They kept me calm when I was confused and anxious, and assured me I'd be ok.

They encouraged me every step of the way, and thanks to the entire team, I made an exceptional recovery and left the hospital feeling fantastic. I am so grateful for, and impressed by, the professionalism and warmth of everyone who works there who looked after me.



Prince of Wales Hospital & Community Health Services



Health South Eastern Sydney Local Health District

Please submit to CAC secretariat for submission with minutes

NAME	AJAI	VARSTINEY	/	
COMMITTEE/MEETING TITLE	POWH& CHS	sufection	Phel	vention & control.
FREQUENCY OF MEETING	monthly		CHAIR OF MEETING	Dr. Magten Machatel
DATE/TIME OF MEETING	2900t2021	10.30 am.	LOCATION	Zoom meeterig
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	Key Takeaway: - meneules - WHEA & - CRE mo - Onternel - Staff Vace other Vacence Key Points: - No new - No riff - Exedges are check - RARS au	of prebices of send and of Enviorm instan of the by me enfection tempection temp for temp for Med.	meeter it co 30. ientoe cooid ay 202 in C idit v in food ng li	igeofflowed. mp. wp. wp. wp. idit cleaning comp -19 comp 22. cordie Seegreey. ery Good. last 2 months: Seepplied by hospets seepplied by hospets
	Summary: - CRE. M. tracken	had lime	on ti ongæ	em 2.70 & had dats ing howevery it is leed dere Docovi D19 «N95 excelated.
	PLEASE ATTACH AGENDA A	ND FORWARD TO CAC	SECRETAI	RIAT PRIOR TO CAC MEETING.

DATE:

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Consumer Advisory Committee – feedback template – May 2019

Please submit to CAC secretariat for submission with minutes

NAME	Ajag Væssling.		
COMMITTEE/MEETING TITLE	SSEMIPLC committe	20.	
FREQUENCY OF MEETING	monthly	CHAIR OF MEETING	Jonathan Magill.
DATE/TIME OF MEETING	3.94 Nov 2021.	LOCATION	MecloSoft.
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC	- Previous menet		will.
MEMBERS	- Storage area use - Ultra sound audit. losthed of	Com/2	le ted 8 ale nou been
	- Ed Ventalitation . - raturates storedage	is to be	e seviewd desceissat wilt
	Destreet. Key Points: - loundbeg hising with a suggested		
	- Hand hygine at - Hose & Showers	adde	056
	- TSSU data en a	goin	g wern feel craig
	summary elinied wast ma	nagen	rest is beeing looked
	- Hand hygine in to be looked at	n Cd 2 to emj	s en sargues degi broese
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DATE:

SIGNATURE:

Consumer Advisory Committee – feedback template – May 2019

Please submit to CAC secretariat for submission with minutes

NAME	ASAT VARSITNEY		
COMMITTEE/MEETING TITLE	Bresseise Syjinse & WO	ound	C022 ·
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Emine Tetik.
DATE/TIME OF MEETING	8lt Nov 2021.	LOCATION	Zoom
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	Key Takeaway: - Mineules of previo - Presentation by Def in Sept. - Presentation by Pg - Presentation by Pg - Presentation by Pg - Presentation by Pg - Presserve enjoyed - Traning for Wou arganised for 2022 - PIPPIN. presenta Cycle 5 & lastcycle Summary: - Soc 2 Review Of - Pressure enjace & Ovel. - Traning for en 15 Nov 2021.	pt4- 7 el Co Feule audi Henge ucts a no co tion le to s ne un most teens	eeting offecoed. no pressare injary re. Stroffe uniet. t is completed. swedges are in use discerssed re Skin Cose are of 11 unit or exp to. toet on 6 5 on 2022 new encost egalian they to people 85 years s to 8 tarton

DATE:

SIGNATURE:

Consumer Advisory Committee -- feedback template -- May 2019

Please submit to CAC secretariat for submission with minutes

COMMITTEE/MEETING TITLE FREQUENCY OF	Ajey Valshiney		
FREQUENCY OF	Case toward the end of i	life.	
MEETING	monthly	CHAIR OF MEETING	christine com.
DATE/TIME OF MEETING	8th Nov 2021	LOCATION	Zoom.
ITEMS FOR DISCUSSION WITH CAC MEMBERS	Key Takeaway: - mineites of previo - Patient Expresence - Look at ICU plan Ite document get - Double bagging bo - cricited patient fe Key Points: Dec meeting. - Aboligind case bo given to patient-88 - should discussed to look at in book Feb/march 2022. Summary: - SAE case & is be give beeing done - Caelic asses thave enterention.	.8 to for e look dies edeng oddli feme en to alit.8. eening on co been	y presented and of life is due to courding to be descensed in ts. Drivey enformation by for descenses in ols & different ling to be presented in g investigations our D-19, patient sederced by copy
P	PLEASE ATTACH AGENDA AND FORWARD TO CAC	C SECRETA	RIAT PRIOR TO CAC MEETING.

DATE:

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Consumer Advisory Committee – feedback template – May 2019

Please submit to CAC secretariat for submission with minutes

NAME 104 VARSMINEY COMMITTEE/MEETING POWH & CHS Sufection Blevention & control. TITLE FREQUENCY OF CHAIR OF Monthly MEETING MEETING naster Machestict DATE/TIME OF LOCATION 26 Nov 2021. MEETING **KEY POINTS and** Key Takeaway: **ITEMS FOR** DISCUSSION - Menutes of previous meeting approved. - Hand they give audit is old. WITH CAC MEMBERS - occupational exposure & Vacunation ale on going. - new Water Management plan to monetar all so cooking tower in 2022. Key Points: - Senks that are not used to be plugged up. - Risth managemet segisted to be nerth updated by march 2002 for services - SAC 3 eventes beeing revied - No new 10 a infections Summary: -No superficial infection Since May 2021 - No cleaning audit done sence oetzoz, ment to be done in Dec 202, this is due to covidia. PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.

DATE:

SIGNATURE:

Consumer Advisory Committee – feedback template – May 2019

Please submit to CAC secretariat for submission with minutes

NAME CLIFF Where COMMITTEE/MEETING CA.C. TITLE CHAIR OF FREQUENCY OF Hupers Mihran Wiss MEETING Monthly MEETING LOCATION DATE/TIME OF 25th November 2021 TRANS Teams MEETING **KEY POINTS and** Advertising For New Committee members **ITEMS FOR** DISCUSSION WITH CAC Patient Sutrepaction Surveys" MEMBERS Forewell to some sitting member who will be sadly messed PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING 28711/200 DATE: SIGNATURE:

Please submit to CAC secretariat for submission with minutes

NAME CLIFF WHERRY COMMITTEE/MEETING C.C.Cunmittee TITLE CHAIR OF FREQUENCY OF Jon Magill. nowthy MEETING MEETING DATE/TIME OF 19th November 20/21 LOCATION P.O.W.H. MEETING · FIRSt Meeting 2 Expected more mombers to participate **KEY POINTS and** ITEMS FOR DISCUSSION 3 Could the presenters identify thenselves more Fully eg Roke ect WITH CAC MEMBERS 4WG) iscussed Fulls Premore theas inclepthy And Pts review duty Well chaired Friendly reception PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING DATE: 19/11/2021 SIGNATURE: 14550

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihailidis			
COMMITTEE/MEETING TITLE	G POWH Medication Safety Sub Committee			
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Catherine McVeigh	
DATE/TIME OF MEETING	Thursday 12th August 2021 11:30-12:30pm	LOCATION	Virtual	
DISCUSSION WITH CAC MEMBERS	 KO confirmed with CC not appropriate for IN without attachments to be listed. Action KO/CW to confirm CPIU processes and only load Product Assignment in eMeds – where multiple constraints of incorrect volume administration window. LC has run a report and over 100+ items affered. LC escalating to eHealth as no local solutions: Action: LC to feedback progress from eHealth working groups. 	ing confirme oncentration calculation, ected identified	ed minutes on the page.	
	 Risk Register Review Medication reconciliation (admission) Medication reconciliation (discharge) Medication Review 			

DATE: SIGNATURE:

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihailidis				
COMMITTEE/MEETING TITLE	Medication Safety Sub Committee				
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Catherine McVeigh		
DATE/TIME OF MEETING	Thursday 14 th October 2021 11:30 AM – 12:30 PM	LOCATION	SKYPE		
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	 Key Takeaway: Medication Reconciliation: Adhoc Form still in use. No updates this month. SESLHD Hydromorphone CBR on hold. First Dose Date/Time alert (POWH ED) change requested awaiting ICT Build for POWH in November. High Risk Medication Storage Audits of Heparin at This has been rectified and information updated. Know your insulin poster: MK CNC to review with Diabetes CNC. POWH Medication Incidents – 2021 Year to Date Increase in errors highlight need for review, and medication. Lots of errors in ims+, wrong patient, dose, not be The "five rights": the right patient, the right drue right time. SESLHD_POWH_Standard_04_Heparin Storage August Storage one. Are the potassium ampoules stored in a spe Showed only 29% compliance and being investigated and being investigated and patient pa	ind Potassin is 321. one key are eing checke g, the right Audit_2021 e Audit -Pha cific red bo ated by Pha	ea was ensuring 5 rights of ed etc : dose, the right route, and the shows excellent compliance. armacy was acceptable except for ox/container which is labelled? armacy.		

DATE: 26th October 2021

SIGNATURE: H. Mihailidis

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihailidis				
COMMITTEE/MEETING TITLE	Care Towards the End-of-Life Committee Meeting				
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Chris Conn		
DATE/TIME OF MEETING	Monday 13 th September 2021 2PM – 3PM	LOCATION	SKYPE		
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	Key Takeaway: Due to Covid Restrictions a lot of great work is support to patients thru use of phone/ipad ac Advance Care Planning activities: Advance Care Planning Guideline Policy compl Education continues in regards to the uploadin Directive in eMR. 427 ACP entered in eMR over last 12 months. 832 ACP discussions in last 12 months. Flowchart produced to display Difficult Conver Brochure of Funeral Support and Physical District PLEASE ATTACH AGENDA AND FORWARD TO	ccess to their leted and rele ng of Advance rsations – Wh ancing.	loved ones. Pased. 2 Care Planning and Advance Care 4 y we need to talk about dying.		

DATE: 18th September 2021

SIGNATURE:

Consumer Advisory Committee – feedback template – May 2019

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Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihailidis				
COMMITTEE/MEETING TITLE	Care Towards the End-of-Life Committee Meeting				
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Chris Conn		
DATE/TIME OF MEETING	Monday 11 th October 2021 2PM – 3PM	LOCATION	SKYPE		
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	Key Takeaway: SESLHD Trigger Tools & AMBER Bundle to be inco All inpatients should have an ACP and Resuscitati Patients relying on staff thru use of iphone/ipad of thru patient end of life. 80% of patients had Adult Resuscitation Plan con 8% said NO to Resuscitation plan and 12% No Da 50% Advance care plan documented 29% not doo 37% Patient / Carer / Family involved in the decis New End of Life Intranet Page documenting all pr	ion plan do communica npleted dur ta. cumented 2 sion-making rocess at PO	cumented. ation with families and loved ones ring their admission in Jun 2021 20% No Data. g process. DWH.		

DATE: 18th October 2021

SIGNATURE: H.Míhaílídís

Please submit to CAC secretariat for submission with minutes

COMMUTE/METING TITLE SSEH: Patient Safety & Improvement Committee PREQUENCY OF MEETING Monthly CHAIR OF MEETING Pauline Rumma DATE/INTE OF MEETING Thursday, 21st October 2021 07.30 -08.30hrs LOCATION SKYPE DATE/INTE OF MEETING Thursday, 21st October 2021 07.30 -08.30hrs LOCATION SKYPE DATE/INTE OF MEETING Key Takeaway: SEH SEH Care Opinion – Numbers 2021 is 61 SKYPE WITH CAC MEMBERS New Patient Survey Infographics display: 100% said they ALWAYS felt care for 92% said clinicians ALWAYS filstened to their views and concern 100% said they ALWAYS felt confident and safe when receiving treatment and care 98% said they were ALWAYS involved as much as they wanted to be in decisions ab their care and treatment. 98% said it clear that staff ALWAYS communicate with each other about their care. 100% said that the overall quality of care and treatment was VERY GOOD. Safety risks due to new labelling on the outer carton packaging of intravenous potassium chloride ampoules. Safety Notice Preparation of Pfizer COVID-19 vaccines.	NAME	Harris Mihailidis		
MEETING MEETING Pathie Rultifier DATE/TIME OF MEETING Thursday, 21st October 2021 07.30 -08.30hrs LOCATION SKYPE KEY POINTS and ITEMS FOR DISCUSSION Key Takeaway: IOCATION SKYPE WITH CAC MEMBERS SSEH Care Opinion – Numbers 2021 is 61 New Patient Survey Infographics display: IOO% said they ALWAYS felt cared for IOO% said they ALWAYS felt confident and safe when receiving treatment and care 100% said they ALWAYS felt confident and safe when receiving treatment and care 98% said they were ALWAYS involved as much as they wanted to be in decisions ab their care and treatment. 98% said its clear that staff ALWAYS communicate with each other about their care. 100% said that the overall quality of care and treatment was VERY GOOD. Safety risks due to new labelling on the outer carton packaging of intravenous potassium chloride ampoules.	and the second sec	SSEH: Patient Safety & Improvement Committe	e	
MEETING Ministrary, 2231 October 2021 of 150 October 2021 of		Monthly		Pauline Rumma
ITEMS FOR DISCUSSION WITH CAC MEMBERSSSEH Care Opinion – Numbers 2021 is 61New Patient Survey Infographics display:• 100% said they ALWAYS felt cared for • 92% said clinicians ALWAYS listened to their views and concern • 100% said they ALWAYS felt confident and safe when receiving treatment and care • 98% said they were ALWAYS involved as much as they wanted to be in decisions ab their care and treatment. • 98% said its clear that staff ALWAYS communicate with each other about • their care. • 100% said that the overall quality of care and treatment was VERY GOOD.Safety risks due to new labelling on the outer carton packaging of intravenous potassium chloride ampoules.		Thursday, 21st October 2021 07.30 -08.30hrs	LOCATION	SKYPE
PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.	ITEMS FOR DISCUSSION WITH CAC	 SSEH Care Opinion – Numbers 2021 is 61 New Patient Survey Infographics display: 100% said they ALWAYS felt cared for 92% said clinicians ALWAYS listened to t 100% said they ALWAYS felt confident at 98% said they were ALWAYS involved as their care and treatment. 98% said its clear that staff ALWAYS com their care. 100% said that the overall quality of care Safety risks due to new labelling on the outer care chloride ampoules. Safety Notice Preparation of Pfizer COVID-19 vac 	nd safe whe much as th municate v e and treatr rton packag ccines.	en receiving treatment and care. hey wanted to be in decisions about with each other about ment was VERY GOOD. ging of intravenous potassium

Consumer Advisory Committee – feedback template – May 2019

SIGNATURE:

Please submit to CAC secretariat for submission with minutes

NAME	Sue Suchy		
COMMITTEE/MEETING TITLE	Patient Safety Committee		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Chris Conn
DATE/TIME OF MEETING	2pm – 11 th November 2021	LOCATION	EDU A
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	There was a Presentation on Acute Kid implemented – unfortunately due to ir one. There was a second Presentation on M There were 372 medication errors in la & sedatives. They were either wrong d 18%. There are many factors responsible fo common was interruption in dispensin There was also a Presentation from the committee of all communication proce admission of patients all through to dis Complaints have been trending down of	nternet is ledicatio ast 12 mo losage – r medica g meds. e Commu edures in scharge &	assues I couldn't see this n Errors. Onths, 26% were narcotics 27% or omitted dosage – Intion errors but the most unicating for Safety volved from registration & & transition to home.

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

DATE: 17/8/21 SIGNATURE: Sue Suchy

Please submit to CAC secretariat for submission with minutes

NAME	Sue Suchy		
COMMITTEE/MEETING TITLE	Patient Safety Committee		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Dr Martin Mackertich
DATE/TIME OF MEETING	2pm 14 th October 2021	LOCATION	EDU A
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	 This meeting only went for 45 minutes with urgent business. There was a report on the ongoing inwith built in locks – the cost was for hospitals reporting that trolleys were auto dispensing of meds in the form of 18 months away). It was felt that som Spinal ward. Current trolleys are lockal location at back of trolley. August Clinical Governance report sho scores were down by half over the last Pathology sample labelling an ongoing Communicating for Safety Committee. Business Rules revision compliance is a 2 Positive Patient Stories & overdue in with only 16 new ones in August. 53% of projects in the Quality Plan are I raised an issue from the Redevelopm safety issues arising in new ASB from t that for some patients the device may Chris Conn undertook to pass this onto 	vestigati midable e being p of Auto D ne wards ble but s wed that 2 years. problem at 78%. vestigati in progr ent Com he BYOD need to	on into medication trolleys at \$6,000 each with other hased out and replaced by orug Cabinets (possibly only a would still need trolley eg taff don't due to difficult t numbers of No.1 & 2 Harm h, being investigated by ons are mainly old ones ess. mittee about possible evice policy for patients & be attached to the bed.

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

DATE: 17/8/21 SIGNATURE: Sue Suchy

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihailidis			
COMMITTEE/MEETING TITLE	POWH Medication Safety Sub Committee			
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Catherine McVeigh	
DATE/TIME OF MEETING	Thursday 12th August 2021 11:30-12:30pm	LOCATION	Virtual	
DISCUSSION WITH CAC MEMBERS	 Agenda papers have been loaded to sharepoint that include IMS+ listing reports KO confirmed with CC not appropriate for IMS+ report to be shared on sharepoint. Minutes without attachments to be listed. Action KO/CW to confirm CPIU processes and only loading confirmed minutes on the page. Product Assignment in eMeds – where multiple concentrations of a product exist Safety alert re near miss of incorrect volume calculation/presentation in eMeds administration window. LC has run a report and over 100+ items affected LC escalating to eHealth as no local solutions identified Action: LC to feedback progress from eHealth working group 			
	 Risk Register Review Medication reconciliation (admission) Medication reconciliation (discharge) Medication Review Multiple medication management systems Refrigerated Medicines Storage – MK/CMcV/CW working on escalation flow chart. SESLHD QUM receptive to updating form based on POWH trial in 2018. 			
	 Medication Storage (general ward areas) Infusion related incidents and Line Labelling – MK to bring to next Clinical Leads meeting. 			
	PLEASE ATTACH AGENDA AND FORWARD TO CA	AC SECRETA	ARIAT PRIOR TO CAC MEETING	

DATE: SIGNATURE:

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihailidis		
COMMITTEE/MEETING TITLE	Medication Safety Sub Committee		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Catherine McVeigh
DATE/TIME OF MEETING	Thursday 14 th October 2021 11:30 AM – 12:30 PM	LOCATION	SKYPE
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	 Key Takeaway: Medication Reconciliation: Adhoc Form still in use. No updates this month. SESLHD Hydromorphone CBR on hold. First Dose Date/Time alert (POWH ED) change requested awaiting ICT Build for POWH in November. High Risk Medication Storage Audits of Heparin at This has been rectified and information updated. Know your insulin poster: MK CNC to review with Diabetes CNC. POWH Medication Incidents – 2021 Year to Date Increase in errors highlight need for review, and medication. Lots of errors in ims+, wrong patient, dose, not be The "five rights": the right patient, the right drue right time. SESLHD_POWH_Standard_04_Heparin Storage August Storage one. Are the potassium ampoules stored in a spe Showed only 29% compliance and being investigated and being investigated and patient pa	ind Potassin is 321. one key are eing checke g, the right Audit_2021 e Audit -Pha cific red bo ated by Pha	ea was ensuring 5 rights of ed etc : dose, the right route, and the shows excellent compliance. armacy was acceptable except for ox/container which is labelled? armacy.

DATE: 26th October 2021

SIGNATURE: H. Mihailidis

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihailidis		
COMMITTEE/MEETING TITLE	Care Towards the End-of-Life Committee Meeting		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Chris Conn
DATE/TIME OF MEETING	Monday 11 th October 2021 2PM – 3PM	LOCATION	SKYPE
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	Key Takeaway: SESLHD Trigger Tools & AMBER Bundle to be inco All inpatients should have an ACP and Resuscitati Patients relying on staff thru use of iphone/ipad of thru patient end of life. 80% of patients had Adult Resuscitation Plan com 8% said NO to Resuscitation plan and 12% No Da 50% Advance care plan documented 29% not doo 37% Patient / Carer / Family involved in the decis New End of Life Intranet Page documenting all pr PLEASE ATTACH AGENDA AND FORWARD TO CA	ion plan do communica npleted dur ta. cumented 2 sion-making rocess at PO	cumented. ation with families and loved ones ring their admission in Jun 2021 20% No Data. g process. DWH.

DATE: 18th October 2021

SIGNATURE: H.Míhaílídís

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihailidis		
COMMITTEE/MEETING TITLE	Care Towards the End-of-Life Committee Meeting		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Chris Conn
DATE/TIME OF MEETING	Monday 13 th September 2021 2PM – 3PM	LOCATION	SKYPE
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	Key Takeaway: Due to Covid Restrictions a lot of great work is support to patients thru use of phone/ipad ac Advance Care Planning activities: Advance Care Planning Guideline Policy compl Education continues in regards to the uploadin Directive in eMR. 427 ACP entered in eMR over last 12 months. 832 ACP discussions in last 12 months. Flowchart produced to display Difficult Conver Brochure of Funeral Support and Physical District PLEASE ATTACH AGENDA AND FORWARD TO	ccess to their leted and rele ng of Advance rsations – Wh ancing.	loved ones. Pased. 2 Care Planning and Advance Care 4 y we need to talk about dying.

DATE: 18th September 2021

SIGNATURE:

Consumer Advisory Committee – feedback template – May 2019

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Please submit to CAC secretariat for submission with minutes

NAME	Sue Suchy		
COMMITTEE/MEETING TITLE	Patient Safety Committee		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Chris Conn
DATE/TIME OF MEETING	2pm – 11 th November 2021	LOCATION	EDU A
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	There was a Presentation on Acute Kid implemented – unfortunately due to ir one. There was a second Presentation on M There were 372 medication errors in la & sedatives. They were either wrong d 18%. There are many factors responsible fo common was interruption in dispensin There was also a Presentation from the committee of all communication proce admission of patients all through to dis Complaints have been trending down of	nternet is ledicatio ast 12 mo losage – r medica g meds. e Commu edures in scharge &	ssues I couldn't see this n Errors. Onths, 26% were narcotics 27% or omitted dosage – Intion errors but the most unicating for Safety volved from registration & & transition to home.

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

DATE: 17/8/21 SIGNATURE: Sue Suchy

Please submit to CAC secretariat for submission with minutes

NAME	Sue Suchy		
COMMITTEE/MEETING TITLE	Patient Safety Committee		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Dr Martin Mackertich
DATE/TIME OF MEETING	2pm 14 th October 2021	LOCATION	EDU A
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	 This meeting only went for 45 minutes with urgent business. There was a report on the ongoing inwith built in locks – the cost was for hospitals reporting that trolleys were auto dispensing of meds in the form of 18 months away). It was felt that som Spinal ward. Current trolleys are lockal location at back of trolley. August Clinical Governance report sho scores were down by half over the last Pathology sample labelling an ongoing Communicating for Safety Committee. Business Rules revision compliance is a 2 Positive Patient Stories & overdue in with only 16 new ones in August. 53% of projects in the Quality Plan are I raised an issue from the Redevelopm safety issues arising in new ASB from t that for some patients the device may Chris Conn undertook to pass this onto 	vestigati midable e being p of Auto D ne wards ble but s wed that 2 years. problem at 78%. vestigati in progr ent Com he BYOD need to	on into medication trolleys at \$6,000 each with other hased out and replaced by orug Cabinets (possibly only a would still need trolley eg taff don't due to difficult t numbers of No.1 & 2 Harm h, being investigated by ons are mainly old ones ess. mittee about possible evice policy for patients & be attached to the bed.

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

DATE: 17/8/21 SIGNATURE: Sue Suchy

Please submit to CAC secretariat for submission with minutes

TITLE FREQUENCY OF MEETING N DATE/TIME OF MEETING TI KEY POINTS and ITEMS FOR Key	SSEH: Patient Safety & Improvement Committee Monthly	e			
MEETING TI DATE/TIME OF MEETING TI KEY POINTS and ITEMS FOR	Monthly		SSEH: Patient Safety & Improvement Committee		
KEY POINTS and Kolling		CHAIR OF MEETING	Pauline Rumma		
ITEMS FOR	Thursday, 21st October 2021 07.30 -08.30hrs LOCATION SKYPE				
WITH CAC MEMBERS N	 Key Takeaway: SSEH Care Opinion – Numbers 2021 is 61 New Patient Survey Infographics display: 100% said they ALWAYS felt cared for 92% said clinicians ALWAYS listened to th 100% said they ALWAYS felt confident ar 98% said they were ALWAYS involved as their care and treatment. 98% said its clear that staff ALWAYS com their care. 100% said that the overall quality of care Safety risks due to new labelling on the outer care chloride ampoules. Safety Notice Preparation of Pfizer COVID-19 vac 	nd safe whe much as th municate v e and treatm rton packag ccines.	in receiving treatment and care. ey wanted to be in decisions about with each other about nent was VERY GOOD. ing of intravenous potassium		

Consumer Advisory Committee – feedback template – May 2019

SIGNATURE: