

St George Hospital Consumer Advisory Group

Tuesday 23 July 2019 at 9.00am

Boardroom, Level 4, James Laws House

St George Hospital



Health
South Eastern Sydney
Local Health District

Minutes

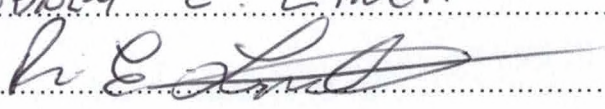
	Description
1	<p>Present</p> <ul style="list-style-type: none"> • Jan Denniss, Consumer Representative • Margaret Foreman, Consumer Representative • Sandra Grove, Clinical Quality Manager, SGH • Paul Holdsworth, Consumer Representative • Michael Jordan, Consumer Representative • Gregory Lill, Consumer Representative • Rod Lynch, Consumer Representative (Chair) • Vicki Manning, SGH Director of Nursing • Elizabeth Martin, Consumer Representative • Leisa Rathborne, General Manager SGH • Nick Skleparis, Director, Corporate Services SGH <p>Apologies</p> <ul style="list-style-type: none"> • Samantha Gifford, Aboriginal Hospital Liaison Officer • Susan Hanrahan, Consumer Representative • Advija Huseinspahic, Consumer Representative • Lorena Matthews, Nurse Manager, Women's and Children's Health <p>In Attendance</p> <ul style="list-style-type: none"> • Kim Wrightson, SGH Community Relations Officer (Secretariat)
2	<p>Approval of Minutes</p> <ul style="list-style-type: none"> • Minutes dated 25 June 2019 were confirmed as a true and accurate record.
3	<p>Items Arising from Action Plan</p> <p>5.1 Add National Standards 5 Comprehensive Care Working Party to the CAG Agenda – Kim Wrightson Complete</p> <p>5.1 Add SESLHD Infection Prevention and Control Committee to the CAG Agenda – Kim Wrightson Complete</p> <p>6.9 Remove SGH Emergency Department Reconciliation Officer Project Steering Committee from the CAG Agenda – Kim Wrightson Complete</p> <p>6.12 Remove Patient Opinion Working Party from the CAG Agenda Kim Wrightson Complete</p> <p>11.2 Service provided by the SGH Cancer Care Centre. Forward details and discuss with Leisa Rathborne – Rod Lynch Complete</p>
4	<p>Declaration of Conflict of Interest</p> <ul style="list-style-type: none"> • Nil

5	General Business
	<p>5.1 Report from the Chair – Rod Lynch</p> <ul style="list-style-type: none"> • Since the last report there have been 26 pages of brochures that have been reviewed. • The tour of the Cancer Care Centre after the June 2019 CAG meeting was very informative. Thank you to those who were able to attend. • The CAG Charter has been re-authorized by Leisa Rathborne and will be circulated with the minutes. • We have received expressions of interest from two community members to join the CAG. They will be interviewed after the meeting. • Email circulated to consumers regarding a SESLHD Service Directory Workshop on 1 August 2019. • Reminder of the email circulated to consumers advising that they are entitled to counselling through the SESLHD Employee Assistance Program (EAP). A great and appreciated inclusive initiative.
6	Standing Items
	<p>6.1 SGH Signage Committee – Jan Denniss</p> <ul style="list-style-type: none"> • Next meeting scheduled for 25 July 2019.
	<p>6.2 SGH Infection Prevention & Control Committee – Jan Denniss</p> <ul style="list-style-type: none"> • Immunisation Report <ul style="list-style-type: none"> - Reported that by the end of June 2019, 3,132 staff members had received the flu vaccination. The Vaxlink database indicated that SGH had 3,242. - 60 less staff have received the vaccination this year compared to the same period last year. Vaccination still continues. - It is highly recommended that all staff are vaccinated. • Occupational Exposures – May 2019 <ul style="list-style-type: none"> - 13 needle stick injuries. - 2 body fluid exposures. • Outbreaks <ul style="list-style-type: none"> - It was noted that many elderly patients who were admitted from a nursing home with influenza were also presenting with falls and delirium. • Kitchen Services Report <ul style="list-style-type: none"> - Focus on attending Food safety audits. - Food Choices signage needs to be correct for kitchen staff to enter a patient's room. It was identified that many patients with influenza have incorrect signage erected. This means food staff cannot enter room and it therefore causes more work for nurses on the floor. Education on waste disposal in patient rooms.
	<p>6.3 SGH Patient Safety and Quality Meeting – Paul Holdsworth</p> <ul style="list-style-type: none"> • Geriatric Flying Squad <ul style="list-style-type: none"> - Clinical Handover Assessment Tool was created by the PHN. Currently 31 out of 34 nursing homes now use this chart. The benefits of this chart advises the hospital why a patient has been brought in by

	<p>ambulance from the nursing home.</p> <p>Action: Circulate form with minutes – K Wrightson</p> <ul style="list-style-type: none"> • Dehydration <ul style="list-style-type: none"> - Dehydration is a major issue with older patients. SGH has introduced “Happy Hour” on the Aged Care Precinct, held seven days per week. Prince of Wales introducing the same model.
	<p>6.4 SGH Falls Prevention Committee – Paul Holdsworth</p> <ul style="list-style-type: none"> • Discussions held on camera monitors that could observe up to 16 patients at a time. Privacy issues are a major concern regarding the monitor suggestion. • Falls Prevention is now under Standard 5.
	<p>6.5 SGH Access to Care Committee – Paul Holdsworth</p> <ul style="list-style-type: none"> • 6,945 presentations to SGH in May 2019 compared to 6,577 in May 2018. Ambulance presentations increased for May 2019. • Discussions held on length of stay (LOS) because of medicine related issues. Social Worker to be involved in discussions with patients. • Patient Transport <ul style="list-style-type: none"> - Transport of patients to home – cost to SGH is over \$2 million per year. We are reviewing the booking system. Discussions need to be held with patients and their families on how they will get home after their hospital presentation. - When a patient is brought in by ambulance the patient pays the ambulance fees. When a patient is transferred from one hospital to another; the hospital transferring the patient pays. - Nursing Homes most often use the ambulance service to bring a patient to hospital as this is usually due to the patient’s health deteriorating. • Foreign visitors to the hospital <ul style="list-style-type: none"> - Cost is high for visitors presenting to the Hospital who are not eligible for Medicare and do not have private insurance. - We often see these patients due to the Hospital’s close vicinity to the airport. - Our Finance Department work closely with these patients. - Discussions held on our ethical obligation to patients who do not have Medicare or insurance. • Calvary Hospital <ul style="list-style-type: none"> - Discussions held on patient’s refusal to go to Calvary Hospital. We have to advise our patients the reason they are transferred to Calvary is that they can offer the best care for their condition. Jan Denniss suggested we could provide information on Calvary Hospital on the Hospital foyer TV’s.
	<p>6.6 SGH Food & Nutrition Committee – Susan Hanrahan</p> <ul style="list-style-type: none"> • Susan Hanrahan was absent from the CAG meeting.
	<p>6.7 SGH Cancer Services Patient Safety & Clinical Quality Committee – Susan Hanrahan</p> <ul style="list-style-type: none"> • Susan Hanrahan was absent from the CAG meeting.
	<p>6.8 SGH/TSH Diversity Health Committee – Elizabeth Martin</p> <ul style="list-style-type: none"> • Next meeting scheduled for August 2019.

	<p>6.9 Red Bag, Green Bag Project – Greg Lill</p> <ul style="list-style-type: none"> • Report circulated.
	<p>6.10 SGH Safe Use of Medications (SUM) Committee – Greg Lill</p> <ul style="list-style-type: none"> • Report circulated.
	<p>6.11 National Standards 5 Comprehensive Care Working Party - Margaret Foreman</p> <ul style="list-style-type: none"> • The intention of this Comprehensive Care Standard is to: <ol style="list-style-type: none"> 1 Ensure patients receive a coordinated delivery of total health care required or requested by patient; 2 Ensure risks of harm to patients are minimised. • Specific harms identified are pressure injuries, falls, poor nutrition, risks to people with cognitive impairment and unpredictable behaviour, and restrictive practices. • Surveyors using PICMors assess the safety and quality of processes. • Surveyors are on-site and can ask patient, carer or family if they have had input into their health care plan. • Gap Analysis <ul style="list-style-type: none"> - First step for NS5 Working Party is to complete a gap analysis to understand where our gaps are for comprehensive care. These could include patients of Aboriginal and Torres Strait descent; end of life care and people with mental health issues and cognitive impairment. • The Working Party meets monthly and most of the meeting time is used to inform and train staff about the assessment framework, thus providing an understanding of the method to be used by assessors at the next accreditation.
	<p>6.12 Clinical Council Report – Rod Lynch</p> <ul style="list-style-type: none"> • Report circulated.
	<p>6.13 General Manager Report – Leisa Rathborne</p> <ul style="list-style-type: none"> • SGH Intensive Care Unit (ICU) Accreditation. <ul style="list-style-type: none"> - SGH has submitted an Appeal. We have yet to receive a response. - Advertisements are out for 2020 trainees. We can only recruit to unaccredited positions for ICU. Anaesthetic Doctors need ICU training. We are in discussions with Prince of Wales and St Vincent's Hospitals to ensure that our Doctors receive their ICU training. - ASMOF – Dr's Union published an article in their newsletter supporting SGH regarding the ICU Accreditation. • Radiology accreditation in August 2019. • Discussion held on the hospital budget. We are working with our Clinicians to identify cost saving initiatives such as: <ul style="list-style-type: none"> - Length of Stay - Models of care
	<p>6.14 Nursing Update – Vicki Manning</p> <ul style="list-style-type: none"> • Nursing staff are involved in items discussed in 6.13. Vicki Manning advised she had nothing further to add.

	<p>6.15 Quality and Safety Update – Sandra Grove</p> <ul style="list-style-type: none"> • Safety medications incidents are back down to normal range. • HAI – increased (SAC 2's) • Hand hygiene report – We are still at the National average of 80%. We are working with cleaning services and ED staff to improve our hand hygiene compliance. The auditing process ceases if ED staff are dealing with a critical incident. We are working on “Speaking up for Safety” – checking each other and empowering the patients to speak up. • NS5 Working Party has commenced. As discussed in Item 6.11.
	<p>6.16 Corporate Services Update – Nick Skleparis</p> <ul style="list-style-type: none"> • Aboriginal Family Room officially opened on 8 July 2019. • Quotes have been received for the repairs to the ceiling of the Hydrotherapy Pool. The significant cost is due to the scaffolding; emptying the pool and the materials required due to the high humidity. Jan Denniss suggested that the Lions Club might like to be involved to assist with the cost of the repairs. Agreed Jan Denniss would contact the Lions Club to discuss the situation. • Four lifts have been approved for refurbishment; 2 x Kensington Street entrance; Gray Street car park and James Laws House. • Working with Zouki to commission the vacant shop space in the Gray Street foyer. • Fairy Sparkle Garden – Quotes have been submitted to the Rotary for review.
7	<p>7.1 Review of content for ASB Atrium and Gray Street Foyer TV's – Kim Wrightson</p> <ul style="list-style-type: none"> • There were no new slides to review.
8	<p>Reports for Noting</p>
	<p>8.1 Volunteer Report – Dona Sakr (Submitted March, June, September, November 2019)</p> <ul style="list-style-type: none"> • Nil
	<p>8.2 District Steering Committee for Falls Injury Prevention in Health Facilities – Jan Denniss (Submitted May, August, November 2019)</p> <ul style="list-style-type: none"> • Nil
	<p>8.3 District Community & Consumer Council (DCCC) – Greg Lill</p> <ul style="list-style-type: none"> • Report circulated. • Rod Lynch raised a comment made on the report: DCCC Update – A falls report from St George on the poor management of patient's relationships. Action: Seek further clarification from Sydney Boucher, Secretariat, DCCC – K Wrightson
9	<p>Governance Items</p> <ul style="list-style-type: none"> • Nil

10	New Business
	<p>10.1 Wearing of hospital gowns/scrubs – Paul Holdsworth</p> <ul style="list-style-type: none"> Paul advised that he was at a hospital lift recently and noticed a staff member wearing scrubs that were too long. The cuffs of the gowns were extremely dirty. The Committee was advised that unfortunately this is an issue at all hospitals. However, it is policy that scrubs are changed prior to the staff member entering Theatres as this is a sterile environment.
11	Business Without Notice
	<p>11.1 Deprox Machine – Jan Denniss</p> <ul style="list-style-type: none"> Jan Denniss asked why SGH couldn't buy their own deprox machine. She advised that Sutherland Hospital have their own machine. Action: Investigate costs of SGH purchasing a deprox machine – Nick Skleparis
	<p>11.2 Computer Issues – Jan Denniss</p> <p>Jan Denniss advised that as a Volunteer she often uses the computers in the Medical Library. On a regular basis she receives error messages. The Committee was advised that this issue might be specific to the Medical Library as clinical areas have not reported an issue. Suggestion that the Medical Library log a call with IT Helpdesk to rectify the issue.</p>
	<p>11.3 Day Surgery – Jan Denniss</p> <ul style="list-style-type: none"> Jan Denniss raised the question, "do we ask Day Surgery patients to wash with an antiseptic soap?" The Committee was advised that there are protocols and that material is provided in the information packs, however not all surgeries require an antiseptic wash.
	<p>11.4 Engage to Prevent: A multi-modal strategy to improve patient engagement to prevent healthcare associated infections and antimicrobial resistance – Jan Denniss</p> <ul style="list-style-type: none"> Jan Denniss and Susan Hanrahan attended the Workshop held on 4 July 2019. Jan advised that the education needs to happen prior to hospital admissions and maybe this should start at school levels.
12	Confidential Items
	<ul style="list-style-type: none"> Committee members are reminded that discussions in the meeting may be confidential.
13	Meeting Closed
	Date of next meeting – Tuesday 27 August 2019 at 9.00am, Boardroom, 4 th Floor James Laws House, St George Hospital
<p>CERTIFIED A CORRECT RECORD</p> <p>Name <u>RODNEY E. LYNCH</u></p> <p>Signature </p> <p>Date <u>27-8-19</u></p>	