

# St George Hospital Consumer Advisory Group

Tuesday 26 February 2019 at 9.00am  
Boardroom, Level 4, James Laws House  
St George Hospital



## Minutes

	Description
1	<p><b>Present:</b></p> <ul style="list-style-type: none"><li>• Jan Denniss, Consumer Representative</li><li>• Margaret Foreman, Consumer Representative</li><li>• Sandra Grove, Clinical Quality Manager, SGH</li><li>• Susan Hanrahan, Consumer Representative</li><li>• Paul Holdsworth, Consumer Representative</li><li>• Michael Jordan, Consumer Representative</li><li>• Gregory Lill, Consumer Representative</li><li>• Rod Lynch, Consumer Representative (Chair)</li><li>• Vicki Manning, SGH Director of Nursing</li><li>• Elizabeth Martin, Consumer Representative</li><li>• Lorena Matthews, Nurse Manager, Women's and Children's Health</li><li>• Chunyu Niu, Consumer Representative</li><li>• Nick Skleparis, Director, Corporate Services SGH</li><li>• Rebecca Tyson, A/General Manager SGH</li></ul> <p><b>Apologies:</b></p> <ul style="list-style-type: none"><li>• Samantha Gifford, Aboriginal Hospital Liaison Officer</li><li>• Advija Huseinspahic, Consumer Representative</li></ul> <p><b>In Attendance:</b></p> <ul style="list-style-type: none"><li>• Kim Wrightson, SGH Community Relations Officer (Secretariat)</li></ul>
2	<p><b>Approval of Minutes</b></p> <ul style="list-style-type: none"><li>• Minutes dated 27 November 2018 were confirmed as a true and accurate record.</li></ul>
	<p><b>Presentation</b></p> <ul style="list-style-type: none"><li>• Presentation not listed on the agenda.</li><li>• Janine Bothe, Clinical Nurse Consultant, Surgery, Anaesthetics and Trauma presented the "Getting fit for surgery" video. Consumers of the SGH CAG had input on the script and Jan Denniss participated in the video. Janine advised that clinical pathways for GP's have also been developed in conjunction with the video.</li><li>• Video link - <a href="https://vimeo.com/309222079/8d72cb333f">https://vimeo.com/309222079/8d72cb333f</a> or <a href="https://youtu.be/ZgBNL-s1nFY">https://youtu.be/ZgBNL-s1nFY</a></li></ul>
3	<p><b>Items Arising from Action Plan</b></p> <p><b>6.1 Belgrave Café to advertise hours of operation. Discuss with Zouki Management – Nick Skleparis</b></p> <p>Nick Skleparis advised that Zouki Management are currently reviewing their operational hours. Hospital Management will be advised the week of 4 March 2019.</p>

	<p><b>6.12 Follow up with CPIU on the Patient Opinion Working Party to reconvene for 2019 – Sandra Grove</b> Sandra Grove advised that Kathryn Helling has been appointed to the position of Patient Experience Manager and will reconvene the Patient Opinion Working Party. Greg Lill advised that the Working Party has reconvened.</p> <p><b>9.1 Add content on Patient Information into TV's on the CAG Agenda – Kim Wrightson</b> Completed</p>
4	<p><b>Declaration of Conflict of Interest</b></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
5	<p><b>General Business</b></p> <p><b>5.1 Report from the Chair – Rod Lynch</b></p> <ul style="list-style-type: none"> <li>• Since the last report there were nil pages of brochures reviewed. The content of Patient Information televisions located in the ASB and Gray Street foyers were reviewed.</li> <li>• We have received notification that Peter Brown has withdrawn from his role on the SGH CAG owing to ill health. A letter of appreciation was forwarded to Peter.</li> <li>• Rod was invited by Professor Smerdely, Aged Care Department to participate in a committee developing a submission seeking a Study Grant regarding medical follow-up and supervision of frail elderly patients after discharge from Hospital.</li> <li>• The yearly CAG evaluation Survey was circulated for completion (refer to Item 10.2).</li> <li>• Following representations from the Association of Independent Retirees, Council has improved public resting/sitting areas to assist members of the community attending the Hospital. These include the refurbishment of the seating area on Kensington Street and new seating to be provided outside the Hydrotherapy Pool on Belgrave Street.</li> <li>• EOI circulated to consumers to join the SGH Safe Use of Medicines (SUM) Committee.</li> </ul>
6	<p><b>Standing Items</b></p> <p><b>6.1 SGH Signage Committee – Jan Denniss</b></p> <ul style="list-style-type: none"> <li>• Meeting on Thursday 28 February 2019.</li> </ul> <p><b>6.2 SGH Infection Prevention &amp; Control Committee – Jan Denniss</b></p> <ul style="list-style-type: none"> <li>• Needle stick and Sharp Injury report for November and December 2018 tabled and discussed. November 2018 – total of 9 sharps injuries and in December 2018 a total of 3 sharps injuries. All exposures received routine management.</li> <li>• Discussion held on hand hygiene signage in public areas. From the recent accreditation, the surveyor advised the preference to the word “washing” to “sanitize”. The Infection Prevention &amp; Control Committee agreed that the word “sanitize” is used to cover hand hygiene washing and the use of alcohol based hand rub (ABHR). Sanitize is in use universally and care and consideration should be taken around any change of working at SGH.</li> </ul>



**6.3 District Steering Committee for Falls Injury Prevention in Health Facilities – Jan Denniss**

- There were six Sac 1's in 2018. There has been a reduction in SAC 2 falls (falls with injury). The rate of SAC falls per 1000 patient days is currently at its lowest level and below the NSW rate for the first time in five years. Rates for falls without harm per 1000 patient days have increased slightly from 4.4 in 2017 to 4.9 in 2018.
- The falls rates have increased in all clinical areas that have moved to the Acute Services Building. The wards are larger and spread out, with many single or double rooms. Patient visibility is limited and staff are working in clinical spaces that are a significant distance from their colleagues. These outcomes could be considered for any future hospital developments across the District.
- Posey Alarm Unit Mats – From the previous meeting it was advised that due to the delicate wiring of the Posey Alarm Unit mats they are only guaranteed for 6 months, after which replacement is recommended. Actions to date include:
  - Agreement between supplier and SESLHD Procurement team that date sensors are due for replacement is flagged at time of purchase and on invoice.
  - All wards which have purchased Posey Units will be advised of the requirement to replace sensors. The sites will be notified if they have sensors which are out of date. This process has commenced.
  - Liaising with the Biomedical Engineering Department to see if they can resolve the issue of delicate wiring with the supplier.
  - SESLHD Alarm Unit Guideline update in progress.

**6.4 SGH Patient Safety and Quality Meeting – Paul Holdsworth**

- PACE Plan – better method of documentation.
- Falls are down.
- Pressure injuries are down.
- Aggression on the rise. CAG continued to discuss this topic with the below information raised:
  - Security are contacted in the first instance. If the situation continues then the Police are called. We have excellent strategies in place.
  - Michael Jordan asked if there were any statistics on whether it is a patient or visitor who is being aggressive. The Committee was advised that we write to the Ministry regarding physical aggression towards staff.  
**Action:** Investigate statistics – Sandra Grove
  - Rod Lynch raised the issue of stabbing and assaults and the protocol review regarding violence in Hospitals. The Committee was advised that the Hospital was asked to do an audit of the staff common areas. The audit did identify gaps where we have ordered key pad locks, additional signage etc. We had a lot of input into the security of the Acute Services building where we installed swipe cards for staff only areas.



	<ul style="list-style-type: none"> <li>- Greg Lill asked the response rate for the Police to attend the Hospital. The Committee was advised that it does depend on their resources and the severity of the incident. If it is an escalated situation, the whole Security team will attend which may also include the Corporate Services Manager and the General Manager. Our security resources have also increased to 6 officers per shift. We have also installed CCTV cameras and upgraded our server.</li> <li>- Hospital staff are also trained in high risk areas. They are taught how to de-escalate a situation.</li> <li>- Emergency Department – staff go through training; duress alarms and fixed duress alarms; secure zones and cameras.</li> <li>- We also have a Speaking out for Safety Programme which promotes acceptable and non-acceptable behaviours.</li> <li>- We do not roster in isolation.</li> <li>• Discussion continued around lost property. Vicki Manning advised that there are lots of discussions regarding this issue at nurse practice meetings. We can document items at a patient’s admission, however a patient would usually have additional items brought into the Hospital by family members. We encourage people to label their possessions eg glasses. Information on lost property will be placed on the patient TV’s.</li> </ul>
	<p><b>6.5 SGH Falls Prevention Committee – Paul Holdsworth</b></p> <ul style="list-style-type: none"> <li>• Discussions held regarding the sensor mats and their shelf life of six months and that it costs \$125 to replace each mat. The District is investigating a bulk ordering system.</li> </ul>
	<p><b>6.6 SGH Access to Care Committee – Paul Holdsworth</b></p> <ul style="list-style-type: none"> <li>• Committee was advised of patient increases in comparison to the previous year.</li> <li>• Cancellation of home transport report presented. Patients are making other arrangements due to waiting times or their notes/prescriptions may not be ready. They could be waiting up to 4 hours for transport. The issue is being reviewed.</li> <li>• December 2018 reported high patient numbers across the State.</li> <li>• Greg Lill asked if there were issues with influenza at the moment. The Committee was advised that Influenza A has increased.</li> </ul>
	<p><b>6.7 SGH Food &amp; Nutrition Committee – Susan Hanrahan</b></p> <ul style="list-style-type: none"> <li>• Meeting scheduled for Thursday 28 February 2019.</li> </ul>
	<p><b>6.8 SGH Cancer Services Patient Safety &amp; Clinical Quality Committee – Susan Hanrahan</b></p> <ul style="list-style-type: none"> <li>• Discussions held on creating a pamphlet on “End of life care”.</li> <li>• Investigating the process of chemotherapy to outpatients. A chemo dose is based on a patients pre-recorded weight, however when they attend they may have lost weight which changes the chemo dose.</li> </ul>
	<p><b>6.9 District Community &amp; Consumer Council (DCCC) – Greg Lill</b></p> <ul style="list-style-type: none"> <li>• Case Study – The Royal Hospital for Women outline of services and the role of CAG. Presented by Sue Rawlinson and Joy Wilson.</li> <li>• SESLHD District Update – presentation on End of Life into improving care and a review process by George Rubin.</li> </ul>



	<ul style="list-style-type: none"> <li>• Presented Annual Plan Update with Health Navigation Planning Day results.</li> <li>• Completed – Diversity Surveyors: SESLHD Vision and Purpose Statements; Code of Conduct and Annual Committee Review.</li> <li>• Nominations were called for District Clinical and Quality Council. Greg Lill advised that he is interested in applying.</li> </ul>
	<p><b>6.10 SGH/TSH Diversity Health Committee – Elizabeth Martin</b></p> <ul style="list-style-type: none"> <li>• Meeting held on 12 February 2019. This is a combined meeting between St George and Sutherland Hospitals with two consumers (one from each site).</li> <li>• Patient story was presented by Dona Sakr, Multicultural Health Worker.</li> <li>• Harmony Week in March 2019. Celebrations will be held for staff at both sites.</li> <li>• Interpreter Service – importance of using professional interpreters. Instruction cards are being developed which can be attached to hospital ID's. St George Hospital has a 62% compliance rate for using professional interpreters.</li> <li>• Sandra Grove presented an accreditation update on National Standard 2: Partnering with Consumers.</li> <li>• Additional discussion on the Aging Forum; health literacy and the Diversity and Aboriginal Health 2018 annual report.</li> </ul>
	<p><b>6.11 Red Bag, Green Bag Project – Greg Lill</b></p> <ul style="list-style-type: none"> <li>• The overall aim of the project is to implement a consistent and sustainable approach to the management of Patient's Own Medicines (POMs) and hospital dispensed medicines within St George Hospital.</li> <li>• Project progress and achievements to date: <ul style="list-style-type: none"> <li>- Green bags have now been implemented on 15 out of 16 wards involved in the project and progress to date is on track. Staff surveys have recently been implemented to obtain feedback. It has been observed and reflected through date audits that some wards have progressed more than others.</li> <li>- Positive feedback to date on having a dedicated project Champion which is either the Nursing Unit Manager (NUM) or a dedicated Registered Nurse (RN).</li> <li>- There are four steps in progressing the project. The roll out and surveys were the first two steps which have been completed. Steps remaining is patient education and the plan for the project once funding ceases.</li> <li>- An appropriate plan will need to be developed to ensure project sustainability.</li> <li>- Patient education suggestions – engagement and education through various sources eg The Leader, outpatient areas, SESLHD Internet, SESLHD Facebook, posters.</li> <li>- Discussions held on communication to GP's and local pharmacies through education forums.</li> </ul> </li> </ul>
	<p><b>6.12 Patient Opinion Working Party – Greg Lill and Susan Hanrahan</b></p> <ul style="list-style-type: none"> <li>• Working Party has re-convened as Kathryn Helling has been appointed to the position of Patient Experience Manager.</li> </ul>



	<ul style="list-style-type: none"> <li>• The Working Party has been advised: <ul style="list-style-type: none"> <li>- Investigating an article in the Leader. Waiting on a story to be posted on Patient Opinion that is suitable to use for this purpose.</li> <li>- An article will be placed in the General Manager's newsletter.</li> <li>- Banner to be made and will be placed in key Hospital entrances. Quotes have been obtained.</li> <li>- Investigating posters of cards for the inpatient wards.</li> <li>- St George Internet page – Need to ensure that the Patient Opinion logo is visible to people visiting the site. The logo link could take visitors straight to the Patient Opinion site.</li> <li>- Social Work – education with our social work department to raise the profile. Social workers can then explain to patients what Patient Opinion is and how to access it.</li> <li>- Volunteers – enlist volunteers to assist with creating awareness.</li> <li>- Work with Diversity Health to engage CALD patients.</li> </ul> </li> </ul>
	<p><b>6.13 Clinical Council Report – Rod Lynch</b></p> <ul style="list-style-type: none"> <li>• Attended 21 December 2018 meeting where the following items were included on the agenda and discussed: <ul style="list-style-type: none"> <li>- Morbidity and Mortality (M&amp;M) Annual Reports – Cancer Services, Women's and Children's Health.</li> <li>- Downgrading of SAC1 incident.</li> <li>- Gentamicin Toxicity.</li> <li>- Discharge summary collaboration.</li> </ul> </li> <li>• Rod Lynch was unable to attend the meeting on 15 February 2019 where the following items were included on the agenda and discussed: <ul style="list-style-type: none"> <li>- Proposed Centralised Nurse Led Vascular Access Service.</li> <li>- Aged and Extended Care.</li> <li>- Quality and Safety.</li> </ul> </li> <li>• Excerpts of the meeting minutes have been circulated.</li> <li>• The yearly Clinical Council Evaluation survey was circulated and completed.</li> </ul>
	<p><b>6.14 General Manager Report – Rebecca Tyson</b></p> <ul style="list-style-type: none"> <li>• Rebecca Tyson advised that she is looking forward to working with the consumers during Leisa Rathborne's secondment.</li> <li>• NSW Premier Gladys Berejiklian announced on 18 February 2019 that the government will invest \$385 million in St George Hospital for the redevelopment of a new sub-acute area.</li> </ul>
	<p><b>6.15 Nursing Update – Vicki Manning</b></p> <ul style="list-style-type: none"> <li>• International Nurses and Midwives Day in May 2019. Invitations will be circulated to nominate staff for an award.</li> </ul>
	<p><b>6.16 Quality and Safety Update – Sandra Grove</b></p> <ul style="list-style-type: none"> <li>• The Committee was advised that the Dashboard is not up to date as they are reviewing the process.</li> <li>• There has been a decrease in SAC 1 incidents. One in January 2019. SAC 2's are at a normal range.</li> <li>• Reports showed an increase in falls for November and December 2018. Numbers were back down for February 2019. Reviewing increased number of falls in the Acute Services Building.</li> </ul>

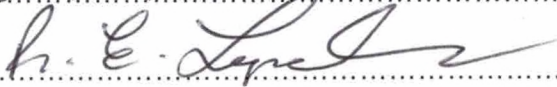


	<p><b>6.17 Corporate Services Update – Nick Skleparis</b></p> <ul style="list-style-type: none"> <li>• Kids at Play Project is nearing completion. The pergola is being installed later in the week. Waiting on swipe access. Lorena Matthews advised that she would take consumers for a walk to view the area after the CAG meeting. A meeting to be organised to commence discussions on the Fairy Sparkle Garden. We will need to engage an Engineer to look at the potential area for the garden.</li> <li>• Bike parking station – work order has been submitted. The 32 bike parking bays will be based in the Kensington Street entrance.</li> <li>• Aboriginal Family Room - four weeks to completion. Obtaining prices for furniture.</li> <li>• Research and Education Centre – works completed. Now investigating air conditioning issues and roof membrane.</li> <li>• Cancer Care Centre Project – Scaffolding has recently been installed. Cladding has commenced.</li> <li>• Metro Parking has upgraded its boom gate equipment allowing visitors to pay on exit. We are at the final roll-out stage for staff access cards to the Gray Street parking station. The waiting time for staff parking has decreased from 7 years to 3 ½ years. Corporate Services manages the process.</li> </ul>
7	<p><b>Review of content for ASB Atrium and Gray Street Foyer TV's</b></p>
	<p><b>7.1 Actions from previous meeting – Kim Wrightson</b></p> <ul style="list-style-type: none"> <li>• Discussions held on the changes on the current content and suggested new content: <ul style="list-style-type: none"> <li>- Advised that the time for each slide has changed from 25 seconds to 45 seconds. Consumers advised that they are still moving fast as there is so much information on some of the slides.</li> <li>- Keep Emergency for emergencies – Consumers advised that there is too much information on this slide and that the word “experiencing” could be changed.</li> <li>- Consumers advised that they would like another month to continue to review the slides.</li> <li>- Advanced Care Plan and details on Enduring Guardianship – The Committee was advised that as these are complicated discussions we believe they should be discussed at one-on-one at the bedside. This information may be too complicated for a slide. Rod Lynch raised that wouldn't it be too late to discuss guardianship once they are in the Hospital. Jan Denniss advised that the Private Hospital asks these questions on the forms prior to admission.</li> </ul> </li> </ul>
	<p><b>7.2 New Request from Lyn Leitch – Lorena Matthews</b></p> <ul style="list-style-type: none"> <li>• We received an email from Lyn Leitch who was concerned with the wording on a slide referring to the statistics on “live” babies born. The Committee discussed the options and agreed to change “live” to “babies born”.</li> </ul>
8	<p><b>Reports for Noting</b></p>
	<p><b>8.1 Volunteer Report</b></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
	<p><b>8.2 Diversity &amp; Aboriginal Health – 2018 Annual Report</b></p> <ul style="list-style-type: none"> <li>• Tabled</li> </ul>

9	<b>Governance Items</b> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
10	<b>New Business</b>
	<b>10.1 2019 SGH CAG Chair &amp; Co-Chair positions – Rebecca Tyson</b> <ul style="list-style-type: none"> <li>• Rebecca Tyson thanked the current Chair and Co-Chair for their work in 2018 and opened the positions for 2019.</li> <li>• Position of Chair for 2019 – Rod Lynch; Co-Chair – Greg Lill.</li> </ul>
	<b>10.2 SGH CAG Performance Evaluation Report 2018 – Sandra Grove</b> <ul style="list-style-type: none"> <li>• Overall a positive report.</li> <li>• Rod Lynch raised the comments on inductions and rushed meetings. As we have been unable to organise an orientation day due to consumer schedules, it was the decision of CAG that inductions were through the regular presentations at each meeting. It was also advised that the CAG meeting process regarding the large number of reports was being addressed and invited suggestions.</li> </ul>
10	<b>Business Without Notice</b>
	<b>10.1 SGH Emergency Department Medication Reconciliation Officer Project Steering Committee – Elizabeth Martin</b> <ul style="list-style-type: none"> <li>• Elizabeth Martin has recently joined this meeting. Unfortunately due to the time restraints she was unable to present a report at CAG. The following is a report she submitted for information from the meeting held on 27 November 2018.</li> <li>• Pharmacy Initiative – To trial an Emergency Department (ED) Medication Reconciliation Support Officer, under the supervision of the ED Pharmacist, as a cost-minimisation resource for medication safety.</li> <li>• Funding for this project has been allocated form TIIC funding for a one year period (ending June 2019).</li> <li>• An EOI for the position (10 December 2018 to 28 June 2019) was tabled and it was decided that recruitment should take place as soon as possible  <b>Action:</b> Place Committee on the CAG agenda – Kim Wrightson</li> </ul>
11	<b>Confidential Items</b> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
12	<b>Meeting Closed</b> Date of next meeting – Tuesday 26 March 2019 at 9.00am, Boardroom, 4 <sup>th</sup> Floor James Laws House, St George Hospital

**CERTIFIED A CORRECT RECORD**

Name ..... RODNEY E. LYNCH

Signature ..... 

Date ..... 26-3-19