

Minutes

	Description
1	<p>Present</p> <ul style="list-style-type: none"> • Gregory Lill, Consumer Representative (Chair) • Christina Cook, Consumer Representative (Co-Chair) • Sandra Grove, Clinical Quality Manager • Ai-Ling Hayes, Consumer Representative • Advija Huseinspahic, Consumer Representative • Helen Scarr, Consumer Representative • Elizabeth Martin, Consumer Representative <p>Apologies/Not In Attendance</p> <ul style="list-style-type: none"> • Allan Ajami, Redevelopment Project Manager • Ella Stathis, Communications and Engagement Coordinator • Susan Hanrahan, Consumer Representative • Samantha Gifford, Aboriginal Hospital Liaison Officer • Angela Karooz, General Manager • Lorena Matthews, Divisional Director, Women's and Children's Health • Lauren Sturgess, Director of Nursing and Midwifery Services • Kim Wrightson, Community Relations Officer (Secretariat) <p>In Attendance</p> <ul style="list-style-type: none"> • Suzanne Ibbotson, Community Relations Manager (Secretariat)
2	Approval of Minutes
	2.1 Minutes dated 23 August 2022 were confirmed as a true and accurate record.
3	Items Arising from Action Plan
	<ul style="list-style-type: none"> • SGH Clinical Council Committee – circulate EOI/TOR to consumer representatives Advised that the Chair, SGH Clinical Council is currently reviewing membership and Committee's TOR. Action: CAG Secretariat to follow up. • Consumer Walkarounds Malcolm Ricker, Chair, TSH CAG has advised that the SGH CAG Chair and Co-Chair may like to attend their November CAG meeting to participate in the consumer walkarounds.
4	Declaration of Conflict of Interest
	<ul style="list-style-type: none"> • Nil
5	General Business
	<p>5.1 Report from the Chair – Greg Lill</p> <ul style="list-style-type: none"> - Four pages of documentation have been reviewed since the last Committee meeting.
6	Governance Items
	<ul style="list-style-type: none"> • Nil

7	Standing Items
	<p>7.1 SGH Medicine and Cancer Services Patient Safety and Clinical Quality Committee – Susan Hanrahan</p> <ul style="list-style-type: none"> • Susan Hanrahan was an apology this month.
	<p>7.2 SGH Infection Prevention and Control Committee – Helen Scarr</p> <ul style="list-style-type: none"> • Meeting held on 7 September 2022. • Further discussion regarding animal visitation to SGH. There has been written feedback at national and state level and there may be scope for a pilot scheme, pending District approval. There is awareness of another hospital using Delta Therapy dogs (John Hunter Newcastle) and this could potentially be raised with District to promote approval of the initiative. ICU is keen to move forward in this area. • SGH policies relating to: Healthcare Acquired Infections (HAI's) requiring incident management; and a Gastroenteritis Outbreak Management Plan were reviewed and endorsed. • Consumer representative, Helen Scarr advised she received a list of acronyms relating to infection prevention and control which has been extremely helpful. • A manual relating to hand hygiene requirements for each ward was reviewed and a few changes were made, following a meeting in August. • Covid-19 Healthcare Exposures Report July 22 to August 31 2022 <ul style="list-style-type: none"> ➢ There was 51 Covid-19 exposures and 160 close contacts. ➢ Close contacts screening results <ul style="list-style-type: none"> 61 not detected – tested day 5 or day 7 results – no Covid 19 detected 44 detected – either day 2, 5 or 7 results were positive 48 unknown discharges – patient discharged prior to day 5 or day 7 testing 7 pending de-isolation – patient under isolation and awaiting day 5 or day 7 testing ➢ Isolation period has now changed to 5 days (previously 7 days) ➢ Testing will be done on day 0, day 2 and day 5 ➢ It is mandatory for SGH staff to have had 2 x Covid 19 vaccinations plus 1 booster by 21 September 2022. ➢ Staff must wait for 13 weeks after having Covid to receive booster. • It was noted that since the return of overseas visitors to Australia, the Hospital has seen 1 x case of malaria and 1 x case of typhoid.
	<p>7.3 SGH Patient Safety and Quality Committee – Greg Lill</p> <ul style="list-style-type: none"> • Pharmacy – discharge and potential risk – referred to Safe Use of Medicines (SUM) Committee to develop risk stratification. Test pilot within surgical division, potentially 3 South. Test appropriate prescription procedures. • Clinical Deterioration Between the Flags. Health Round Table to examine data regarding patients that code blue resulting in death. Review the correlations between Covid and multiple comorbidities and issue a report (due October meeting).

	<p>7.4 SGH Falls Prevention and Management Committee – Elizabeth Martin</p> <ul style="list-style-type: none"> • SGH Falls Prevention and Management Committee meeting was held 13 September 2022. • National Standard 5 – “Comprehensive Care” - SGH is moving to a “Short Notice” model. (Surveyors will give 48 hours’ notice that they’ll be coming on site. Previously, they used to give 72 hours’ notice.) • Falls data for August – 104 falls reported (0 x Harm Score 1; 3 x Harm Score 2 currently under investigation), rate of 5.73 per 1000 occupied bed days. • The SESLHD Falls Steering Committee is considering holding a Falls Forum next year. Expressions of interest are sought from those who would like to be considered for the Working Party. • On various wards it has been noted that some patient beds have missing headboards. This has been identified as a risk to patients and may contribute to a fall. The matter has been raised with the nursing executive and Hospital orderlies. Sandra advised headboards are taken off beds when patients are taken to Theatre or for resuscitation purposes. However, if headboards are not put back on, this can result in falls.
	<p>7.5 SGH Safe Use of Medicines (SUM) Committee – Greg Lill</p> <ul style="list-style-type: none"> • SGH Director Medical Services (DMS) request to resolve safety risks on Inotrope lines was escalated to Patient Safety Clinical Quality Committee (PSCQ) for resolution. • ICU have agreed to transition period as they move to using the same inotrope lines as other Hospital areas. Ensures consistency across the wards.
	<p>7.6 SGH Food and Nutrition Committee – Susan Hanrahan</p> <ul style="list-style-type: none"> • Susan Hanrahan an apology for this meeting.
	<p>7.7 SGH Access Improvement Committee – Greg Lill/Christina Cook</p> <ul style="list-style-type: none"> • SESLHD Integrated Care Unit Manager briefed on 3 Integrated Care Co-ordination Programs to help keep people out of hospital: <ol style="list-style-type: none"> 1. Planned Care for Better Health – A Ministry of Health algorithm identifies patients at high risk of re-admission; and patients are contacted soon after discharge. 2. Integrated Team Care – A Close the Gap initiative. 3. Emergency Department (ED) to Community – Aimed at frequent presenters to ED (threshold about 17 presentations, no specified time frame). Predominantly patients presenting due to chronic pain, mental health, drugs and alcohol. • Ambulance service presentations to SGH have increased by 30-40 per day while Royal Prince Alfred Hospital (RPAH) ambulance presentations have dropped to 50-60 per day (from 80-90 per day). The increase/decrease correlation between the hospitals was noted and attributed to various factors including: changing demographics, Bankstown Hospital not accepting Covid patients and limited capacity at neighbouring hospitals causing ambulance re-routes. • Hurstville Private Hospital has started accepting Covid-positive patients. • SGH Social Work department will be down 9 FTE for the coming months.

	<ul style="list-style-type: none"> • SGH CAG advised the Committee they will review the SESLHD Consumer Partnership Framework 2021-2024 to provide a more consistent and coordinated approach aligned to National Standards 2 – partnering with consumers. The Committee was also advised that the CAG Chair and Co-Chair would be involved in The Sutherland Hospital consumer walkarounds scheduled for November 2022 to assess whether a similar model could be implemented at SGH.
	<p>7.8 SGH/TSH Diversity Health Committee – Elizabeth Martin</p> <ul style="list-style-type: none"> • Elizabeth Martin advised there was no meeting scheduled. The next meeting is scheduled for November 2022.
	<p>7.9 Clinical Council Report – Greg Lill</p> <ul style="list-style-type: none"> • Community Support Services, in conjunction with Calvary Hospital providing home care services and Cancer Care Services highlighted as two great initiatives. Also highlighted was the Vascular Rounding Project. • Clinical Deterioration Between the Flags. Health Round Table was referred to as a quality and safety issue. The work currently being completed has been called out as outstanding in content, and supports the recent Harm Score 2, which related to long-term Covid patients.
8	New Business
	<p>8.1 Future CAG Format – Suzanne Ibbotson / Sandra Grove</p> <ul style="list-style-type: none"> • Discussed a possible adjustment to the CAG meeting format and agenda in an effort to more closely align the SGH CAG goals with the goals and strategic objectives of the SESLHD Consumer Partnership Framework 2021-2024. • Raised issues of lack of time in the current meeting agenda format for consumers to converse and discuss ideas among the group regarding Hospital improvements and outcomes. A new meeting format was proposed to alleviate these issues. Further details below. • Discussed opportunities to improve consumer engagement and implement ‘consumer walkarounds’ as a method to help expand the consumer voice, i.e. consumers on the CAG become advocates for their community and become the voice of their community. • Discussed the option of trialling a bi-monthly CAG format similar to other District hospitals, whereby the consumers continue to meet monthly (with support of Secretariat and Clinical Quality Manager), and focus on ideas and projects that the CAG could become involved in. The Hospital executives (including GM) would attend every second month, providing the consumers with opportunity to present ideas or special projects that require approval or further discussion. • Sandra discussed support of this format via a ‘Project Charter Template’. She presented a sample Project Charter and discussed how the consumers could use this template for any projects they would like to get underway and floated the idea of having a ‘project lead’. • Agreed that further discussions to refine the proposed format will be discussed at the next CAG meeting. • Consumers were asked to consider three options regarding an implementation of a ‘consumer walkaround’ strategy at SGH: <ol style="list-style-type: none"> 1. Use existing ‘Real Time Patient Experience Surveys’ with consumers asking patients about their experiences using a structured template with a pre-determined set of questions set by the commission to illicit best response

	<ul style="list-style-type: none"> • (easier for those who may feel less confident asking questions and engaging with patients). 2. Use a less structured and more informal list of questions loosely based on what is being conducted at Sutherland Hospital. This potentially provides more detail, but would require more confidence from the interviewer. 3. SGH create their own list of questions to ask. Consumers help create this list and perhaps use the aforementioned templates to form some ideas of potential questions to ask. • It was noted that these surveys aren't a perfect system due to our inability to properly interview non-English speaking patients. Sandra advised that SGH staff are aware of these barriers and will be working with Diversity Health and interpreters to incorporate non-English speaking feedback as part of the next phase of the program's roll out. • Agreed that consumers, Greg and Christina, can provide feedback on their experience with the Sutherland Hospital walkarounds and discuss with the CAG members to aid the final group decision regarding their preference for one of the options outlined above. • Consumers were advised that the proposed 'consumer walkarounds' would be an optional element of their consumer representative role and not a requirement.
	<p>8.2 Invitation to Consumer Walkarounds at Sutherland Hospital 2 November 2022</p> <ul style="list-style-type: none"> • CAG advised that Greg Lill and Christina Cook (as Chair and Co-Chair) have agreed to attend the Sutherland Hospital consumer walkarounds on 2 November at 12.45pm and provide feedback to the SGH CAG Committee at the November meeting. • CAG Secretariat has followed up with a meeting invitation to Christina and Greg to attend.
9	<p>Business Without Notice</p>
	<p>9.1 Emergency Department feedback</p> <ul style="list-style-type: none"> • Helen Scarr reported to the CAG a friend's recent experience in the Emergency Department, where the patient reported she encountered significant delays and a lack of communication from staff about treatment and bed availability. The CAG were advised to report these complaints via the consumer feedback survey so these and other similar encounters could be addressed appropriately by staff. • To assist the CAG provide future patient feedback, it was suggested that the necessary contact details be included in the CAG agenda paperwork each month. • The CAG were advised of the resignation of fellow consumer representative, Sonia Giaouris.
10	<p>Confidential Items</p> <ul style="list-style-type: none"> • Nil.

11

Meeting Closed

Meeting closed at 10.40am

Next Meeting

Tuesday 25 October 2022

CERTIFIED A CORRECT RECORD

Name

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Signature

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Date

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25/10/22