

# St George Hospital Consumer Advisory Group

Tuesday 25<sup>th</sup> May 2021 at 9.00am

Boardroom, 4<sup>th</sup> Floor, James Laws House, St George Hospital



Health  
South Eastern Sydney  
Local Health District

## Minutes

	Description
1	<p><b>Present</b></p> <ul style="list-style-type: none"><li>• Paul Darcy - General Manager SGH</li><li>• Daniela Quijano – Acting NESM on behalf of Lauren Sturgess</li><li>• Rod Lynch - Consumer Representative (Chair)</li><li>• Jan Denniss - Consumer Representative</li><li>• Susan Hanrahan - Consumer Representative</li><li>• Gregory Lill - Consumer Representative</li><li>• Advija Huseinspahic - Consumer Representative</li><li>• Elizabeth Martin - Consumer Representative</li><li>• Samantha Gifford - Aboriginal Hospital Liaison Officer</li><li>• Vivianne Ajaka – Manager, Diversity Health</li><li>• Lorena Matthews - Nurse Manager, Women’s and Children’s Health</li><li>• Nick Skleparis - Corporate Services Representative</li><li>• Sandra Grove - Clinical Quality Manager</li></ul> <p><b>Apologies</b></p> <ul style="list-style-type: none"><li>• Lauren Sturgess, A/Director of Nursing &amp; Midwifery Services</li><li>• Michael Jordan, Consumer Representative</li><li>• Helen Scarr - Consumer Representative</li></ul> <p><b>In Attendance</b></p> <ul style="list-style-type: none"><li>• Cherie Nelson - SGH Community Relations Officer (Secretariat)</li></ul>
2	<p><b>Presentation</b></p> <p><b>2.1 Aboriginal Health Implementation Plan</b></p> <ul style="list-style-type: none"><li>• Aboriginal Health Implementation Plan for 2021-2023 was presented and will be circulated</li><li>• 47.4% of Aboriginal population live in SESLHD in the LGA (Local Government Area)</li><li>• 2% of ED patients at TSH identify as Aboriginal vs 1% at SGH</li><li>• In our ED’s - TSH Aboriginal patients had a higher rate of ‘Departed – Left at own risk’ compared to Non-Aboriginal Population</li><li>• In our Wards – TSH average length of stay (ALOS) was 0.2 days shorter than non-aboriginal. At SGH the ALOS was 1.5 days longer than non-aboriginal – the variance within the 2 hospitals was questioned and Clinical Quality Manager, Sandra Grove said this would likely be due to SGH being a Trauma hospital and patient’s having more significant injuries</li><li>• Continue to promote community events and access stories from local consumers and community organisations</li><li>• Maintain Bulbuwil Programs for healthy lifestyle and social wellbeing</li><li>• Aboriginal Patient Experience stories are collected and communicated</li><li>• Participate in local reference groups &amp; Inter-agencies</li></ul>

	<p><b>2.1 Continued</b></p> <ul style="list-style-type: none"> <li>• Support Aboriginal representative on Consumer Advisory Groups</li> <li>• Annualised budget to support key events with recognise and celebrate culture</li> <li>• Implementation plan broken down into 6 categories and explained:             <ol style="list-style-type: none"> <li>1. Build Trust through partnerships</li> <li>2. Implementing what works and building the evidence</li> <li>3. Ensuring integrated planning &amp; service delivery</li> <li>4. Strengthening the Aboriginal Workforce</li> <li>5. Providing culturally safe work environments and health services</li> <li>6. Strengthening performance monitoring, management and accountability</li> </ol> </li> <li>• Dashboard Measures:             <ul style="list-style-type: none"> <li>- Reporting of Admitted aboriginal patients</li> <li>- Discharge against medical advice</li> <li>- Unplanned/unexpected hospital readmission within 28 days</li> </ul> </li> <li>• Next steps             <ul style="list-style-type: none"> <li>- SGH/TSH Aboriginal Health Committee</li> <li>- QI projects &amp; initiatives</li> <li>- EOI to interested staff</li> <li>- Vivianne Ajaka advised that she will continue to send progress updates</li> </ul> </li> <li>• Consumers had the opportunity to ask questions:             <ul style="list-style-type: none"> <li>- Rod Lynch wanted noted: The Consumer Advisory Group has attempted to recruit a rep from the Aboriginal community and have been unsuccessful</li> <li>- Susan Hanrahan asked how many Aboriginal Liaison Officers at SGH and Viv replied, saying only 1, we are requesting for a 1.5-2 FTE</li> <li>- Sandra Grove advised the group that hospital staff are trained on asking patients if they identify as Aboriginal &amp;/or Torres Strait Islander in a culturally sensitive way</li> <li>- Susan Hanrahan asked why do the aboriginal patients leave against medical advice, Samantha Gifford responded with that often they are out of area, they get home sick so with the assistance of social work along with medical staff they liaise and advise the patient about discharging against medical advice</li> <li>- Lorena Matthews asked about ward champions and Vivianne Ajaka responded with commitment from the staff and committee with help get them quick wins</li> </ul> </li> <li>• Vote of thanks from Rod to Greg to thank the ALO Team</li> </ul> <p style="text-align: center;"><b>Action: Circulate presentation to CAG Committee - Secretariat</b></p>
3	<p><b>Approval of Minutes</b></p>
	<p><b>3.1</b> Minutes dated 23 March 2021 were confirmed as a true and accurate record.</p>
4	<p><b>Items Arising from Action Plan</b></p> <p><b>8.2 Advise committees it is recommended the consumer representative attends meetings in person</b> – Daniela stipulated on behalf of Lauren Sturgess that the CAG representatives to introduce themselves</p>

5	<b>Declaration of Conflict of Interest</b> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
6	<b>General Business</b>
	<b>6.1 Report from the Chair – Rod Lynch</b> <ul style="list-style-type: none"> <li>• 16 pages of documentation have been reviewed since our last meeting.</li> <li>• I thank those members who have taken part in forums and volunteered for engagement in other hospital committees of recent times</li> </ul>
7	<b>Governance Items</b> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
8	<b>Standing Items</b>
	<b>8.1 SGH Access to Care Committee – Greg Lill</b> <ul style="list-style-type: none"> <li>• Greg advised there are 12 projects underway to improve efficiencies in hospitals</li> </ul>
	<b>8.2 SGH Cancer Services Patient Safety and Clinical Quality Committee – Susan Hanrahan</b> <ul style="list-style-type: none"> <li>• Reporting on End of life pathway (EOLP) and Plans committee, the feedback and compliments have been very positive</li> <li>• Advija requested a better understanding of what EOLP means and it was explained</li> </ul>
	<b>8.3 SGH/TSH Diversity Health Committee – Elizabeth Martin</b> <ul style="list-style-type: none"> <li>• Translation of information into other languages (report circulated)</li> <li>• Paul to arrange for presentation of translation</li> <li>• Report circulated referred to a Virtual hospital tour of Calvary to the Aboriginal Community to dispel confusion about what Calvary is, the services it provides to the community and that it's not just palliative care. Rod raised that this should be available for the general community and not restrict it</li> <li>• Elizabeth to raise at next quarterly meeting and Paul will also raise this with Drew at Calvary about confusion in the community around Calvary services</li> </ul>
	<b>8.4 SGH Safe Use of Medications (SUM) Committee – Greg Lill</b> <ul style="list-style-type: none"> <li>• Cherie to circulate SUM notes to CAG</li> </ul>
	<b>8.5 SGH Falls Prevention Meeting – Helen Scarr</b> <ul style="list-style-type: none"> <li>• Helen is an apology and the report was circulated</li> </ul>
	<b>8.6 SGH Food and Nutrition Report – Susan Hanrahan</b> <ul style="list-style-type: none"> <li>• Late orders are on the increase &amp; expensive</li> <li>• Increased budget is costly exercise – working party reviewing</li> <li>• Additional 8-10 allergy codes under development – clinical safety concern</li> <li>• At present a mango allergy translates to no fruit diets – concerns are being addressed</li> </ul>
	<b>8.7 SGH Infection Prevention &amp; Control Committee – Jan Denniss</b> <ul style="list-style-type: none"> <li>• Hand hygiene report from (April, Jul, Nov 2020) showed a total compliance of 81%</li> <li>• Nursing Compliance 86%</li> <li>• Medical have decreased from 79% to 69%</li> <li>• Allied Health decreased from 90% to 83%</li> <li>• Paul to review &amp; action</li> </ul>

	<p><b>8.9 SGH Signage Committee – Jan Denniss</b></p> <ul style="list-style-type: none"> <li>• No notable changes or updates to add</li> <li>• Noted Kensington St door staff about how helpful they are</li> <li>• Parking validation signage mentioned for outpatients and admission clinic</li> </ul>
	<p><b>8.10 SGH Patient Safety and Quality Meeting – Vacant</b> - TBA</p>
	<p><b>8.11 Clinical Council Report – Rod Lynch (meeting held via teleconference)</b></p> <ul style="list-style-type: none"> <li>• See March &amp; April report/minutes extracts circulated An additional crucial presentation on a revised Agenda subsequent to my report being circulated was ‘SGH Restructure’ presented by Paul Darcy</li> </ul>
	<p><b>8.12 General Manager Report – Paul Darcy</b></p> <ul style="list-style-type: none"> <li>• Restructure - Executive &amp; Senior Management document out for consultation over the next two weeks. The aim is to see how the Hospital is running at the moment, workload and integration with the District and if it’s suitably aligned to get the job done. Feedback will be collated and addressed as appropriate. Once finalised I will present and explain it to the Consumer Advisory Group. Date – TBA</li> <li>• Redevelopment planning is well underway with Alan Ajami to recruit a Change Manager &amp; Re-designer focusing on clinical working groups for Research &amp; Education and Ambulatory Care and the flow on from that with working group and specialists. Formalising these groups and what they’ll do could present significant overlap and they are sensitive of people’s time.</li> <li>• Business Plan for 2022 – Final adjustments being made and will be ready by next CAG meeting. Focusing on the document that it’s not too broad with a high focus on priorities over the next 12-24 months</li> <li>• Recruitment – Frank Van Haren commenced on the 4<sup>th</sup> May as the ICU Director, Trevor Chan from Emergency stepped down to 0.5 FTE and Jacqui Weeden has since formalised her role as ED Director, Clinical Governance recruited Kate Christopher and she has been in the role since 17<sup>th</sup> May</li> <li>• Winter activity is on the increase, we are extremely busy and teams are working flat out across all departments. It’s a testament to the team work across the organisation that work so hard and I’m very proud of the team.</li> <li>• Consumer Feedback – there is a keen focus about Patient feedback and how it can be improved, I met with one family and received feedback directly which was very powerful. There is an ongoing project discussing the distribution of these stories around the hospital &amp; departments (Rod also indicated that a similar strategy was conducted previously at SGH)</li> </ul> <p><b>Action: 2022 Business Plan to be discussed at next CAG Meeting &amp; Restructure to be presented and explained at next CAG Meeting if finalised</b></p>
	<p><b>8.13 Nursing Update – Daniela Quijan (On behalf of Lauren Sturgess)</b></p> <ul style="list-style-type: none"> <li>• International Nurses Day went really well</li> <li>• Lorena advised that she was meeting with Hurstville Rotary on Thursday 27<sup>th</sup> May to discuss the Wellbeing Garden project</li> </ul>
	<p><b>8.14 Quality and Safety Update – Sandra Grove</b></p> <ul style="list-style-type: none"> <li>• Nothing too significant to report</li> </ul>

	<ul style="list-style-type: none"> <li>• Traffic Light – Red – MyHealth Record and assurances around uploads for staff and consumers</li> <li>• Current Survey – Healthy Net – Staff – require analysis identifying gaps. Will advise the outcome</li> </ul>
	<p><b>8.15 Corporate Services Update – Nick Skleparis</b></p> <ul style="list-style-type: none"> <li>• Rockdale Community Centre work due to commence 1<sup>st</sup> June and end 30<sup>th</sup> June to manage funds and stay in budget. Work to be done is roof work, damp issues (floor) and painting/rendering</li> <li>• Lift project 4 refurb and replaced. CCTV has been installed to improve security, vandalism and breakdowns.</li> <li>• Clinical Service Building - ATS Switch to be replaced scheduled for week commencing 26<sup>th</sup> or 27<sup>th</sup> June and generated power will be provided during that time, significant job, approval to proceed.</li> </ul>
9	<ul style="list-style-type: none"> <li>• <b>Reports for Noting</b></li> </ul>
	<p><b>9.1 Volunteer Report – Susan Borg</b> Deferred until next meeting</p>
	<p><b>9.2 District Steering Committee for Falls Injury Prevention in Health Facilities – Jan Denniss</b></p> <ul style="list-style-type: none"> <li>• Report circulated.</li> </ul>
	<p><b>9.3 SESLHD Infection Prevention &amp; Control Committee - Jan Denniss</b></p> <ul style="list-style-type: none"> <li>• Report circulated.</li> <li>• Asking for suggestions and ideas for Dr's &amp; Medical teams to improve hand hygiene</li> <li>• Rod raised issue on minutes: <ol style="list-style-type: none"> <li>1. Coding</li> <li>2. Clarity &amp; Control</li> <li>3. Data delayed</li> <li>4. WIP</li> </ol> </li> <li>• Referring to Agenda Item 9.3 Rod raised that Item 5.1 of the circulated Minutes referred to the reported increase in total number of Healthcare Associated Infections which put SESLHD at the 'not performing' level of Ministry of Health KPI's which was possibly caused by inaccurate data based on documentation/coding errors. A general discussion explained the associated processes and difficulties with coding procedures.</li> </ul>
10	<p><b>New Business</b></p> <ul style="list-style-type: none"> <li>• Sandra Grove - Emergency Department Patient Survey Results for Jul19 – Jun20 <ul style="list-style-type: none"> <li>- Results are primarily good with some improvements to be made</li> <li>- 97% Very good/Good</li> <li>- 77% Staff saw good hand hygiene</li> <li>- Demographic providing results evenly split &amp; spread: 18-34yrs 12% and all others 20%</li> <li>- 99% of ED Professionals were deemed to be kind &amp; caring</li> <li>- ED NUM &amp; PSCQ Director to review results closely</li> </ul> </li> </ul>
11	<ul style="list-style-type: none"> <li>• <b>Business Without Notice</b></li> </ul>
	<p><b>11.1 Poster in Toilets – Jan Denniss</b></p> <ul style="list-style-type: none"> <li>- Jan found a poster on the back door of the toilets in the Belgrave St entrance about Paedophiles, Paul to advise Security</li> </ul>
	<p><b>11.3 Escalation of Issues – CAG's – Rod Lynch</b></p>

	<ul style="list-style-type: none"> <li>The new process for escalation of issues of concern from the CAG (and other Committee's) has to go to the Senior Manager's Governance Committee for decision</li> </ul> <p>Paul added, anything important outside of the minutes to be raised further with Corporate Governance and making sure as a team we are capturing highlights</p>
12	<p><b>Confidential Items</b></p> <ul style="list-style-type: none"> <li>Nil</li> </ul>
13	<p><b>Meeting Closed</b> Meeting closed at 10.30am</p> <p><b>Next Meeting</b> Tuesday 22<sup>nd</sup> June 2021 at 9am</p> <ul style="list-style-type: none"> <li>Boardroom, James Laws House</li> </ul>

**CERTIFIED A CORRECT RECORD**

Name ..... RODNEY E WYNCH .....  
Signature .....  .....  
Date ..... 22.6.21 .....