

# St George Hospital Consumer Advisory Group

Tuesday 28 August 2018 at 9.00am  
Boardroom, Level 4, 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>• Peter Brown, Consumer Representative</li> <li>• Jan Denniss, Consumer Representative</li> <li>• Margaret Foreman, Consumer Representative</li> <li>• Sandra Grove, Clinical Quality Manager, SGH</li> <li>• Paul Holdsworth, Consumer Representative</li> <li>• Michael Jordan, Consumer Representative</li> <li>• Samantha Knight-Gifford, Aboriginal Hospital Liaison Officer</li> <li>• Gregory Lill, Consumer Representative</li> <li>• Rod Lynch, Consumer Representative (Chair)</li> <li>• Lorena Matthews, Nurse Manager, Women's and Children's Health</li> <li>• Leisa Rathborne, SGH General Manager</li> <li>• Nick Skleparis, Director, Corporate Services SGH</li> </ul> <p><b>Apologies:</b></p> <ul style="list-style-type: none"> <li>• Susan Hanrahan, Consumer Representative</li> <li>• Advija Huseinspahic, Consumer Representative</li> <li>• Vicki Manning, SGH Director of Nursing</li> <li>• Elizabeth Martin, Consumer Representative</li> </ul> <p><b>In Attendance:</b></p> <ul style="list-style-type: none"> <li>• Penny Glezellis, SGH Community Relations Manager (A/Secretariat)</li> </ul>
2	<p><b>Approval of Minutes</b></p> <ul style="list-style-type: none"> <li>• Minutes dated 24 July 2018 were confirmed as a true and accurate record.</li> </ul>
3	<p><b>Items Arising from Action Plan</b></p> <ul style="list-style-type: none"> <li>• 10.1 Suggested changes for Kensington St &amp; Belgrave St intersection. Waiting for response from Council. Nick Skleparis advised that he is still awaiting a response from the Georges River Council.</li> <li>• 4.2 Present on National Standards from a Surveyors Perspective – see presentation below.</li> </ul>
4	<p><b>Presentation</b></p> <p><b>4.1 Red Bag, Green Bag: An Integrated Care Approach To Managing Medications Across The Patient Journey – Michaela Ward</b></p> <ul style="list-style-type: none"> <li>• Background: <ul style="list-style-type: none"> <li>- Medication reconciliation is a key priority to address patient safety.</li> <li>- Inconsistent processes in relation to Patient's Own Medications (POM's).</li> <li>- Opportunity to reduce costs through waste reduction and improved efficiency.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Aim: <ul style="list-style-type: none"> <li>- Implement a consistent and sustainable approach to the management of POM's and hospital dispensed medicines within SGH.</li> </ul> </li> <li>• What we will do: <ul style="list-style-type: none"> <li>- Patient's will be encouraged to bring their own medications with them to Hospital. The medications will be stored in a green transparent resealable bag and will accompany the patient at all times. This will help hospital staff to gain an accurate picture of what medicines they are taking and will help to review that medication as their overall treatment. The red bag will contain patient medication that is dispensed by the hospital pharmacy and given to the patient while in hospital.</li> </ul> </li> <li>• Measuring Success: <ul style="list-style-type: none"> <li>- Improve Patient Safety <ul style="list-style-type: none"> <li>Reduce patient medication self-administration</li> <li>Increase accurate medication history on admission and discharge</li> </ul> </li> <li>- Improve the Patient Experience <ul style="list-style-type: none"> <li>Improved patient engagement, empowerment and satisfaction</li> </ul> </li> <li>- Improve Efficiencies (work-life) <ul style="list-style-type: none"> <li>Positive staff feedback</li> <li>Increase in pharmacy time</li> </ul> </li> <li>- Reduce Cost <ul style="list-style-type: none"> <li>Reduction in medication costs</li> </ul> </li> </ul> </li> <li>• Rod Lynch mentioned that the "Know Your Own Medicines" animation script that was recently reviewed by the CAG is a similar initiative which encourages patients and carers to bring a medication list with them to Hospital and to communicate with health professionals, asking questions if they don't understand. He added the script indicated the patient should ask for a medication list upon discharge from Hospital and ensure that they understand all aspect of their medicines. Rod indicated that CAG recommend that the medication list be automatically produced and properly communicated to the patient upon discharge and that this amendment be made to the animation script. Leisa Rathborne agreed that the overall aim of the project was for patients to take control of their medications.</li> <li>• Michaela Ward advised that the Red Bag, Green Bag Steering Committee would like a consumer representative to join the committee. <b>Action:</b> EOI to be forwarded to CAG members – Kim Wrightson</li> </ul>
<p><b>4.2</b></p>	<p><b>National Standards A Surveyors Perspective – Leisa Rathborne</b></p> <ul style="list-style-type: none"> <li>• General Overview: <ul style="list-style-type: none"> <li>- Seven surveyors will be attending the Hospital from 5-9 November 2018.</li> <li>- National Standard 2 - Partnering with Consumers will be surveyed on Tuesday 5 November 2018.</li> <li>- The surveyor assessing National Standard 2 will be invited to attend the Consumer Advisory Group meeting that has been scheduled on Tuesday 5 November 2018 at 9am, venue to be confirmed.</li> <li>- Surveyors look for evidence of consumer involvement in relation to the review of hospital patient information publications and how consumer</li> </ul> </li> </ul>

	<p>feedback is documented.</p> <ul style="list-style-type: none"> <li>- Due to recent changes to the SESLHD branding guidelines the Hospital is currently seeking an exemption to use the SGH Consumer Advisory Committee logo that is applied to patient information publications that have been reviewed by the CAG.</li> <li>- Surveyors are also interested in how consumers are involved in patient safety and how this information is communicated to consumers.</li> <li>- There are core actions within National Standard 2 that are critical for safety and quality and must be met to fully achieve accreditation.</li> <li>- From January 2019 health service organisations will be assessed against the second edition of the NSQHS Standards.</li> </ul> <p><b>Action:</b> Copy of the Hospital's National Standard 2 – Partnering with Consumers documentation report be sent to CAG members when finalised - Kim Wrightson</p>
5	<p><b>Declaration of Conflict of Interest</b></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
6	<p><b>General Business</b></p>
	<p><b>6.1 Report from the Chair – Rod Lynch</b></p> <ul style="list-style-type: none"> <li>• Since the June 2018 meeting, there have been 57 pages of patient information documents for review. Additionally, members were asked to complete a Paid Participation-Consumer Survey and an Induction/Class Marker Quiz.</li> <li>• Interviewing an applicant to join the CAG following this meeting. Another application was received but as the person resided outside the St George area they could not join the SGH CAG.</li> </ul>
7	<p><b>Standing Items</b></p>
	<p><b>7.1 SGH Signage Committee – Jan Denniss</b></p> <ul style="list-style-type: none"> <li>• Overall there has been an improvement in signage on the Hospital campus.</li> <li>• Recent walk-a-round of the Clinical Services Building, Burt Nelson Building with the aim to further improve wayfinding as these areas have been identified as difficult to find by patients and visitors.</li> </ul>
	<p><b>7.2 SGH Infection Prevention &amp; Control Committee – Jan Denniss</b></p> <ul style="list-style-type: none"> <li>• Link Nurses are receiving training from the Infection Control team. Their role is to increase awareness of infection control issues in their ward and to motivate staff to improve practice.</li> <li>• New business rule on the transportation of patients with multi-resistant organisms and communicable diseases. Four educational sessions have been conducted for the orderlies.</li> <li>• Local induction on Personal Protection Equipment (PPE) conducted through Health Education and Training (HETI) is at 42%. Staff are being encouraged to complete the PPE competency.</li> <li>• Hand Hygiene audit reports show clinical areas with good compliance such as Ambulatory Care Unit, Cardiac Catheter Laboratory, Haematology Oncology Day Care, Radiology and 1 South Maternity. Action plans are required for clinical areas with a low compliance.</li> </ul>

	<p><b>7.3 District Steering Committee for Falls Injury Prevention in Health Facilities – Jan Denniss</b></p> <ul style="list-style-type: none"> <li>• Community Falls Audit developed and published by Prince of Wales Hospital Community Health could be reviewed for suitability and implementation by other Hospital Community Health Services.</li> <li>• Falls Data Report shows a reduction in falls with serious injury (below NSW average in June 2018). Average rate in acute Hospitals is 3.8 falls per 1000 occupied bed days. Discussion held regarding peer Hospitals and if it would be beneficial to know who we are benchmarked against.</li> <li>• National Standard 10 – Preventing Falls and Harm from Falls. Discussion held regarding governance when the National Standard moves to the Comprehensive Care Standard in 2019.</li> <li>• Discussion held regarding moving the SESLHD District Falls Committee to a broader committee that incorporates other components of care such as pressure injury prevention, nutrition, hydration and cognition. Working groups will still be required but governance would sit within a broader committee.</li> <li>• Next meeting to be held on Wednesday 7 November 2018.</li> </ul>
	<p><b>7.4 SGH Patient Safety and Quality Meeting – Paul Holdsworth</b></p> <ul style="list-style-type: none"> <li>• Patients are being encouraged to be involved with the bedside handover process. Staff can assist in this process by making eye contact with the patients.</li> <li>• Calvary Hospital is offering Pre-operative rehabilitation in order to have patients at an optimum level of health before surgery. Currently working with GP's to identify the patients who this could benefit.</li> </ul>
	<p><b>7.5 SGH Falls Prevention Committee – Paul Holdsworth</b></p> <ul style="list-style-type: none"> <li>• Discussion held regarding the review of patient medication as some medicines have been shown to contribute to an increase risk in falls. The risk maybe increased by medication interaction, unwanted side effects such as dizziness or the desired effects of medications such as sedation.</li> </ul>
	<p><b>7.6 SGH Access to Care Committee – Paul Holdsworth</b></p> <ul style="list-style-type: none"> <li>• Calvary Hospital now accepts Hospital patients over the weekend.</li> <li>• SGH Emergency Nurse Navigator role is working well to facilitate patient flows in the ED. The role supports staff by allowing timely movement of patients through the department. It has been reported that there has been a 30 minute decrease of patients in ED due to the implementation of this role.</li> </ul>
	<p><b>7.7 National Standards 2 Working Party – Paul Holdsworth</b></p> <ul style="list-style-type: none"> <li>• No meetings to be held in the future.</li> </ul> <p><b>Action:</b> Remove agenda item – Kim Wrightson</p>
	<p><b>7.8 SGH Food &amp; Nutrition Committee – Susan Hanrahan</b></p> <ul style="list-style-type: none"> <li>• Deferred</li> </ul>
	<p><b>7.9 SGH Cancer Services Patient Safety &amp; Clinical Quality Committee – Susan Hanrahan</b></p> <ul style="list-style-type: none"> <li>• Deferred</li> </ul>
	<p><b>7.10 District Community &amp; Consumer Council (DCCC) – Peter Brown and Greg Lill</b></p>

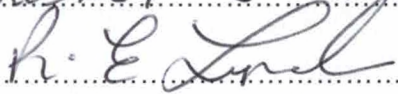
	<ul style="list-style-type: none"> <li>• Finalising the DCCC Annual Plan.</li> <li>• My Health Record presentation to be held at the next meeting.</li> </ul>
	<p><b>7.11 SGH/TSH Diversity Health Committee – Advija Huseinspahic</b></p> <ul style="list-style-type: none"> <li>• Deferred</li> </ul>
	<p><b>7.12 Centralised Nurse-Lead Vascular Access Steering Committee – Michael Jordan</b></p> <ul style="list-style-type: none"> <li>• Vicki Manning, Director of Nursing is the chair of the committee. The committee consists of senior nursing staff who are very knowledgeable in vascular access.</li> <li>• Main aim of the committee is to ensure patient safety and to identify risks associated with vascular access.</li> </ul>
	<p><b>7.13 Clinical Council Report – Rod Lynch</b></p> <ul style="list-style-type: none"> <li>• Unable to attend the meeting on 27 July 2018 which was held on the 4<sup>th</sup> Friday instead of the 3<sup>rd</sup> Friday of the month where the following items were included on the agenda: <ul style="list-style-type: none"> <li>- St George Hospital Clinical Handover – Medical</li> <li>- SESLHD Clinical Handover Report</li> <li>- SESLHD 2017 Themed Report</li> <li>- CEC – Summary of RCA Analysis</li> </ul> </li> <li>• Attended the meeting on 24 August 2018 where the following items were included on the agenda: <ul style="list-style-type: none"> <li>- Presentation – Clinical Ethics Lead</li> <li>- Accreditation Update</li> <li>- Clinical Information – Coding</li> <li>- Clinical School</li> </ul> </li> <li>• Excerpts of all minutes have been circulated to CAG members.</li> </ul>
	<p><b>7.14 General Manager Report – Leisa Rathborne</b></p> <ul style="list-style-type: none"> <li>• Patient Opinion is an online platform which allows for honest and meaningful conversations between patients and health service provider. <ul style="list-style-type: none"> <li>- Responses are issued to the author within three days and published online.</li> <li>- The overall aim of Patient Opinion is to give health service organisations the opportunity to listen to patient experience stories, respond to them and ultimately make improvements.</li> <li>- St George Hospital has received two patient opinions to date.</li> <li>- Patient Opinion brochures will be circulated through out the Hospital campus to encourage people to use the Patient Opinion platform.</li> <li>- CAG members to receive emails alerting them that there is an online response from St George Hospital.</li> </ul> </li> <li>• In preparation for accreditation mock surveys of National Standard 4 – Medication Safety and Standard 10 – Preventing Falls and Harm from Falls were recently conducted.</li> <li>• Jan Denniss commented that it was mentioned at the District Falls Committee that there had been an increase in falls since the opening of the new ASB and that the reason for this could be that there is less staff supervision of the single bedded rooms within the ICU. Leisa Rathborne explained that this is not the case as further investigation revealed that the figures were initially compared to the number of fall incidents within the old 15 bed ICU. The current falls figures are a representation of the three ICU areas combined which actually show a reduction in falls. It was also stated</li> </ul>

	<p>that there were no unwitnessed falls.</p> <ul style="list-style-type: none"> <li>• Day Surgery Unit progressing well and should be commissioned early in 2019.</li> <li>• In the process of finalising the functional brief and will be meeting to commence the schematic design for the new Birthing Suite. A builder needs to be confirmed prior to March 2019 before the care taker government period. There will also be some refurbishment work undertaken in theatres as part of the \$11.5million in funding.</li> <li>• Garry Marr, Chief Executive SESLHD will be leaving at the end of the week. Announcement of the new Chief Executive should be announced in the near future.</li> <li>• Interviews for the Director of Medical Services, SGH position have taken place and the successful applicant should be commencing in early October 2018.</li> </ul>
	<p><b>7.15 Nursing Update – Vicki Manning</b> Deferred</p>
	<p><b>7.16 Quality and Safety Update – Sandra Grove</b></p> <ul style="list-style-type: none"> <li>• Sandra Grove presented the Patient Safety Dashboard.</li> <li>• Mostly A's and B's. Received two C's which were for Clinical Management and Medication Incidents. On review of the clinical management incident the Patient Safety Managers have advised that there are no trends to be concerned with and that they will continue to monitor future incidents of this nature. The medication incident correlates with the introduction of eMeds, most of the IIMS are related to prescribing and there are no incidents of harm reported. The same increase in IIMS reporting was also experienced at other hospitals when they went live with eMeds.</li> </ul>
	<p><b>7.17 Corporate Services Update – Nick Skleparis</b></p> <ul style="list-style-type: none"> <li>• Kids At Play Project building work has commenced and is progressing well. Refurbishment work to the parent's room is near completion with handover due next Monday.</li> <li>• Delivery of the Linac (Linear Accelerator) is due to arrive this week.</li> <li>• The top two levels of the Gray Street Car Park have been handed over as of last week. This has provided an additional 180 car spaces for staff parking. The waiting list for a parking space will now be managed by the Hospital.</li> <li>• An Aboriginal Carers family room will be situated in the old JMO area on the 4<sup>th</sup> floor of the TWB. It will be equipped with a kitchenette.</li> <li>• Currently obtaining quotes for the refurbishment of the Breastfeeding Room located on the Ground Floor of the TWB.</li> </ul>
8	<b>Reports for Noting</b>
	<p><b>8.1 Volunteer Report</b></p> <ul style="list-style-type: none"> <li>• Nil</li> </ul>
9	<b>Governance Items</b>
	<ul style="list-style-type: none"> <li>• Nil</li> </ul>
10	<b>New Business</b>
	<ul style="list-style-type: none"> <li>• Nil</li> </ul>
11	<b>Business Without Notice</b>
	<b>11.1 Patient Hygiene in Mixed Gender Rooms – Paul Holdsworth</b>

	<ul style="list-style-type: none"> <li>Paul Holdsworth discussed patient hand hygiene within mixed gender wards and suggested the use of disinfectant wipes in the patient rooms. The committee was advised that the Hospital tries to avoid mixed gender rooms. However this is at times is unavoidable as patients are transferred to wards based on the specialty treating the patient. It was suggested that patients and staff use the antibacterial hand sanitisers that are available on the wards as the wipes have the potential to create sewerage issues.</li> </ul> <p><b>11.2 Patient Information Handbook – Jan Denniss</b></p> <ul style="list-style-type: none"> <li>Suggested a more detailed description of Hospital team members in the Patient Information Handbook. To include a brief description of who they are or what their role is.</li> </ul> <p><b>Action:</b> Forward this information to Michelle Davidson who coordinates the content of the Patient Information Handbook – Kim Wrightson</p> <p><b>11.3 Change of CAG Meeting – Leisa Rathborne</b></p> <ul style="list-style-type: none"> <li>Due to accreditation the committee discussed and agreed to defer the 23 October 2018 meeting to Tuesday 5 November 2018.</li> </ul> <p><b>11.4 Initiatives to Improve CAG - Rod Lynch</b></p> <ul style="list-style-type: none"> <li>Rod Lynch asked the CAG members for any initiatives or ideas which could be considered for the enhancement of the CAG.</li> </ul>
12	<p><b>Confidential Items</b></p> <ul style="list-style-type: none"> <li>Nil</li> </ul>
13	<p><b>Meeting Closed</b></p> <p>Date of next meeting – Tuesday 25 September 2018 at 9.00am, Boardroom, 4<sup>th</sup> Floor James Laws House, St George Hospital</p>

**CERTIFIED A CORRECT RECORD**

Name ..... RODNEY E. LYNCH .....

Signature .....  .....

Date ..... 25-9-18 .....