

# MINUTES

TSH Consumer Advisory Group  
2<sup>nd</sup> June 2021  
Level 4 Executive Meeting Room / Skype

ITEM	DESCRIPTION	CARRIAGE
1	<p><b>Attendance:</b></p> <p><b>Staff / Consumer Reps:</b>            Vicki Weeden (VW)    General Manager            Peter Lewis (PL)    Consumer Representative            Patrice Thomas (PT)    Patient Safety Manager, CPIU            Godfrey Ross (GR)    Consumer Representative            Malcolm Ricker (MR)    Consumer Representative (Chair)            Carole Goodyer (CG)    Consumer Representative            Robyn Riley (RR)    Consumer Representative            Debbie Wood (DW)    Consumer Representative            Josie Julian (JJ)    Quality, Risk and Patient Safety Manager            Cheryl Hall (CH)    Consumer Representative            Gen Webb (GW)    Consumer Representative            Sharon Bennett (SB)    Consumer Representative (skype)</p> <p><b>Apologies</b>            Jan Heiler    Director of Nursing and Midwifery            Jim Hankins    Consumer Representative            Elizabeth Mason    Manager, Clinical Governance Unit            Sonia Markoff    Consumer Representative            Jenny Church    Consumer Representative</p> <p><b>Guest</b>            Caroline Zeitoun    Director of Pharmacy</p>	
2	<b>Guests Welcomed</b>	Chair / Co-Chair
3	<p><b>Approval of May 2021 minutes – Approved by Robyn Riley</b>  <i>Changes to April minutes 6.1 bullet point one (and bypass TSH out of hours)</i></p> <p><b>Items Arising – Please refer to Actions List (2<sup>nd</sup> last page)</b></p>	Chair / Co-Chair
4	<p><b>Declaration/s of Conflict of Interest</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	All
5	<b>General Business</b>	All

ITEM	DESCRIPTION	CARRIAGE
	<p><b>5.1 – Report from the Chair</b></p> <p><i>Meeting Chaired by Malcolm Ricker</i></p> <ul style="list-style-type: none"> <li>• Transition of moving CAG administration to CPIU, now CGU, Elizabeth Mason is main contact, and Mary Hughes for CAG contact.</li> <li>• Name badges to be ordered for all Consumer Reps and worn when at TSH and when attending other venues in your capacity as a TSH Health Consumer Rep. Security ID's also to be worn. Please advise if you do not have a security ID.</li> <li>• No longer to refer to Sub-committees, just 'committees' that we attend.</li> <li>• MR - Serious Adverse Event Review (SAER) formally known as SAC 1. MR recently participated in a SAER Recommendation meeting. First time at TSH for a consumer rep to be invited. Will hopefully open up new opportunities for CAG to be involved in this important area. PT explained reviews consists of two parts, external clinicians involved with investigation and findings, then recommendation team are people involved in executive or management of the departments.</li> <li>• MR reminded the Consumer Representatives about the Health Consumers NSW newsletter called 'The Wrap'. Click on the link below to be added to the mailing list:  <a href="https://www.hcnsw.org.au/news-resources/subscribe-to-our-newsletter/">https://www.hcnsw.org.au/news-resources/subscribe-to-our-newsletter/</a></li> <li>• MR asked CAG reps to advise if there are particular areas of interest that we can seek to get presentations on in future CAG meetings.</li> </ul>	Chair / Co-Chair
6	<b>Management Reports</b>	

ITEM	DESCRIPTION	CARRIAGE
	<p><b>6.1 – General Manager Report</b></p> <ul style="list-style-type: none"> <li>• Aged care cohort coming through Emergency is quite significant, increase in activity prior to previous years.</li> <li>• VW to meet with Clinical Council soon in respect of Medical rounding on weekends, weekend discharges. Last Sunday 200 presentations in ED, usually 170 presentations.</li> <li>• Covid / winter challenges – nursing recruitment is currently happening.</li> <li>• Infrastructure works have commenced this week. Carpark 3 taken over by Delta construction site. Tender for preferred builders have gone out on May 25<sup>th</sup>.</li> <li>• Virtual Public Forum regarding building work upgrade on May 26. Advertised throughout Facebook / Leader etc.</li> <li>• Teams working on access activity strategies</li> <li>• GAP analysis received from mock survey, opportunities for improvement.</li> <li>• MR –increasing involvement with consumer representation for national standards. JJ has some quality improvement projects. Reps are being sought.</li> <li>• MR – questioned impact on workforce sustainability, FTEs in relation to Covid commitment. VW - secondments and temporary contracts are being recruited to at this time. State DONs discussions over nursing workforce needs recently.</li> <li>• VW – Ambulance industrial and safety campaign (regarding various issues - pressure of offloading times, etc).</li> <li>• MR questioned if the hospital is ‘covid ready’, VW explained we are ready at any time. 200 vent bed plans. Caringbah covid clinic has been taken over by Histopath group.</li> <li>• VW Stroke 24/7 thrombolysis – all good feedback.</li> </ul>	Vicki Weeden
	<p><b>6.3 – Overview of Patient Feedback</b></p> <ul style="list-style-type: none"> <li>• <i>N/A – Quarterly Update at Mar, July, Sept, Dec Meetings.</i></li> </ul>	Valmai Ciccarello
	<p><b>6.4 – Corporate Services</b></p> <ul style="list-style-type: none"> <li>• <i>N/A in process at the moment MR has requested one from VW.</i></li> </ul>	
7	<p><b>Document Reviews:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	
8	<p><b>Presentations / Discussions:</b></p> <p>Caroline Zeitoun – Director of Pharmacy</p> <ul style="list-style-type: none"> <li>• A copy of the presentation is included with the minutes</li> </ul>	

ITEM	DESCRIPTION	CARRIAGE
9	<b>Standing Items</b>	
	<b>9.1 Standards / Accreditation</b> <ul style="list-style-type: none"> <li>• Risk Report – recruitment of Medical staff to Emergency, hard to market as it is not a Trauma ED.</li> <li>• TSH observation report – Medication trolleys to be locked</li> <li>• TSH patient experience survey results, 45 written comments – positive results, to be carried out every 6 months.</li> <li>• Patient safety checklist committee looking for consumer representative. Meeting approx. once per 8 weeks. Robyn Riley expressed interest.</li> <li>• NS2 Partnering with Consumers looking for consumer representative – Pete and Sharon to job share.</li> </ul>	Josie Julian
	<b>9.2 TSH Food and Nutrition</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	
	<b>9.3 Clinical Council</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	
	<b>9.4 Falls Prevention</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	
	<b>9.5 Person Centered Care</b> <ul style="list-style-type: none"> <li>• <i>Consumer rep asked to be taken off temporarily.</i></li> </ul>	
	<b>9.6 Skin Integrity Prevention and Management</b> <ul style="list-style-type: none"> <li>• N/A –</li> </ul>	
	<b>9.7 TSH Emergency Response Working Group</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	
	<b>9.8 Patient Safety and Clinical Quality</b> <ul style="list-style-type: none"> <li>• Mixed gender rooms concerns, following policy, most concerns are from family, not actual patients.</li> <li>• HARM score 1 reviews in process, will be reaching out for consumers on recommendation teams.</li> </ul>	Malcolm Ricker / Patrice Thomas
	<b>9.9 Community Engagement &amp; Fundraising</b> <ul style="list-style-type: none"> <li>• MR - Consumer Rep Training – delayed due to trainer coming from Melbourne and she had to quarantine. New dates 29<sup>th</sup> and 30<sup>th</sup> July – pending on room available.</li> </ul>	

ITEM	DESCRIPTION	CARRIAGE
	<p><b>9.10 Consumer Walk Around</b></p> <ul style="list-style-type: none"> <li>The consumer walkaround was completed by Cheryl Hall (CH), on the Yarrabee ward. Interviewed male patient, positive feedback, that information has been sent back to NUM and Head of Cardiology.</li> <li>Risks assessment carried out due to a bed knob missing.</li> <li>Consumer feedback with his education of medication was positive.</li> <li>Other consumer representatives asked why they hadn't been invited to do walk around in their department where they volunteer. MR suggested it might have to do with risk assessments. Requested the CAG rep contacting the manager of the relevant unit to follow up</li> <li>An increase in monthly consumer walkarounds can now occur, Robyn and Godfrey volunteered.</li> </ul>	Patrice Thomas / Cheryl Hall
	<p><b>9.11 End of Life Care Committee (EOLCC)</b></p> <ul style="list-style-type: none"> <li>N/A –</li> </ul>	
	<p><b>9.12 Sustainability Meeting</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>	
	<p><b>9.13 Safe Use of Medicines Committee</b></p> <p>N/A</p>	
	<p><b>9.14 NS2 Partnering with Consumers</b></p> <p>New Committee</p>	
<b>10</b>	<b>Reports for Noting</b>	
	<p><b>10.1 Diversity Reports Pending (Quarterly)</b></p> <ul style="list-style-type: none"> <li>N/A –</li> </ul>	
	<b>10.2 Diversity</b>	
	<b>10.4 Infection Control Committee</b>	
<b>11</b>	<b>Advocacy – N/A – Nil items raised</b>	All
<b>12</b>	<b>Correspondence – N/A</b>	
<b>13</b>	<p><b>Governance Items</b></p> <ul style="list-style-type: none"> <li><b>Standing Item:</b> <i>(as new Consumer Representatives get up to speed with this process)</i></li> </ul> <p>Going forward, Consumer Representatives are to provide the meeting Secretariat with the below items by the <u>Wednesday prior to each CAG Meeting.</u></p> <ol style="list-style-type: none"> <li><b>Endorsed minutes from previous meeting</b></li> <li><b>Up to 3 key points from previous meeting's endorsed minutes.</b></li> </ol> <ul style="list-style-type: none"> <li><b>Feedback from CAG to Committees – CAG Secretariat will</b></li> </ul>	Chair / Community Engagement Manager

ITEM	DESCRIPTION	CARRIAGE
	<p><i>complete the report template <u>in the meeting</u> and present this on the screen, and via skype.</i></p> <ul style="list-style-type: none"> <li>● <b>Action:</b> EM has written to each of the committee Chairs/Secretariats advising them to: <ul style="list-style-type: none"> <li>○ Provide committee meeting minutes to CAG Consumer Rep. within 1 week of meeting.</li> <li>○ Commence a brief / de-brief with their Consumer Representatives before / after meeting.</li> <li>○ Advise Consumer Representatives of any matters to be raised at the CAG.</li> </ul> </li> </ul>	
14	<p><b>Items to escalate to PSCQ Committee and / or TSH Clinical Council</b></p> <ul style="list-style-type: none"> <li>● N/A</li> </ul>	All
15	<p><b>Any other Business</b></p> <ul style="list-style-type: none"> <li>● Mandatory fire training reminder.</li> <li>● CAG Meeting Vouchers are sent automatically. No need to request.</li> <li>● Godfrey Ross (GR) noted that the chest press in the TSH rehab gym is still out of service at the moment. It is particularly useful for COPD patients. MR advised Godfrey in the 1<sup>st</sup> instance to communicate directly with Wendy Mullooly and/or Killara Rehab Nurse Unit Manager.</li> <li>● Security ID for Godfrey Ross required.</li> </ul>	Chair / Co-Chair
16	<b>Business Without Notice – N/A</b>	All
17	<b>Confidential Items – N/A</b>	All
18	<b>Meeting Closed</b>	Chair / Co-Chair
	<p><b><u>Date of next meeting:</u></b></p> <p>Date: Wednesday 7th July 2021</p> <p>Time: 2.00pm</p> <p>Venue: Executive Meeting Room (<i>unless advised otherwise</i>).</p>	
	<p>CERTIFIED AS A CORRECT RECORD</p> <p>Approved verbally by Josie Julian</p> <p>_____</p> <p>Name</p> <p style="text-align: right;">7 July 2021</p> <p>_____</p> <p>Signature</p> <p style="text-align: right;">Date</p>	

**Action Items:**

Minutes Ref /Date	Agenda Item	Action	Responsibility	Progress
03-03-21-02		EM to write to each of the sub-committee Chairs/Secretariats advising them to: <ul style="list-style-type: none"> <li>• Provide sub-committee meeting minutes to CAG Consumer Representative within 1 week of meeting.</li> <li>• Commence a brief / de-brief with their Consumer Representatives before / after meeting.</li> <li>• Advise Consumer Representatives of any matters to be raised at the CAG.</li> </ul>	EM	10/05 – Follow up email sent to EM. 01/04 – EM advised this will be actioned this week. 24/03 – Follow up email sent to EM.
5.8.20-02	10	Online Training for Consumer Representatives	KS	<b>02/06 – MR to confirm rescheduled dates for 2 day training at TSH</b> <b>06/05 – Closed, registration for Consumer Rep Training in progress.</b> 07/04/2021 – Budget and approval to proceed with Consumer Rep. Training with Health Consumers NSW. KS contacted HC NSW on 08/04 to request some date options for May. 11/03 – KS requested upcoming training dates for <b>‘Consumer Representative Training’</b> from Health Consumers NSW. Will provide an update to all at the April CAG meeting.

**ATTENDANCE LIST**

Name	Position	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Debbie Wood (DW)	Consumer Representative	Apol	✓	Apol	✓		Apol	Apol	Apol	Apol	✓
Carole Goodyer	Consumer Representative								✓	✓	✓
Godfrey Ross (GR)	Consumer Representative	✓	✓	✓	✓		✓	✓	✓	✓	✓
Jan Heiler (JH)	Director of Nursing and Midwifery	Apol	✓	✓	Apol		✓	✓	✓	✓	Apol
Jenny Church (JC)	Consumer Representative	Apol	Apol	✓	✓		✓	✓	✓	Apol	Apol
Jim Hankins (JH)	Consumer Representative	✓	✓	Apol	✓		✓	✓	Apol	Apol	Apol
Genevieve Webb	Consumer Representative								Apol	✓	✓
<i>Role currently vacant</i>	Director of Corporate Services	✓	✓	Apol	✓		Apol				
Malcolm Ricker (MR)	Consumer Representative (Chair)	✓	✓	Apol	✓		✓	✓	✓	✓	✓
Cheryl Hall	Consumer Representative								✓	✓	✓
Patrice Thomas (PT)	Patient Safety Manager	✓	✓	✓	✓		✓	✓	✓	✓	✓
Peter Lewis (PL)	Consumer Representative	✓	✓	✓	✓		✓	✓	✓	✓	✓
Sharon Bennett (SB)	Consumer Representative	✓	✓	✓	✓		✓	✓	✓	✓	✓
Robyn Riley	Consumer Representative								✓	✓	✓
Sonia Markoff (SM)	Consumer Representative	✓	Apol	✓	✓		✓	Apol	Apol	✓	Apol
Vicki Weeden (VW)	General Manager	✓	✓ (HVN)	Apol	✓		✓	✓	✓	✓	✓
Valmai Ciccarello (VC) <i>(quarterly attendance)</i>	Consumer Feedback and Medico-Legal Manager	Apol	✓	N/A	Apol		N/A	✓	N/A	N/A	✓
Josie Julian	Quality, Risk and Patient Safety Manager										✓
Elizabeth Mason	Manager, Clinical Governance Unit										Apol
Name	Written Updates Provided	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Joshua Philp / Lisa Symonds	Clinical Nurse Consultant, Infection Control & Prevention	X	X	X	X		✓	X	✓	✓	
Yu Dai	Diversity Health Coordinator	✓	✓	✓	✓		✓	✓	✓	✓	
Gregory Cramery / Delegate	Nurse Manager Demand Management/WOHP	✓	✓	✓	✓		✓	✓	✓	✓	



# TSH Pharmacy Services

Caroline Zeitoun  
Director of Pharmacy

## Pharmacy Services

- Pharmacy services – 2 arms- Supply & Clinical
- Supply includes- dispensing medicines and bulk distribution to ward on imprest
- Clinical-medication chart review, medication reconciliation, clinical interventions, drug interaction monitoring, patient education, provision of drug information

## Medication Chart Reviews

- Medication chart reviews are completed each time a medicine is dispensed
- Medication chart review includes
  - Right dose
  - Right indication
  - Any drug interactions with other medicines
  - Check any pathology needed eg kidney function, haemoglobin, potassium, magnesium, calcium levels.
  - Therapeutic drug monitoring- especially antibiotics- check levels to ensure dose is appropriate
  - If infusion- right rate, right concentration, right compatibility. No incompatibilities
  - Paediatric prescribing. Dose checking is critical for paediatric prescribing and dispensing

## Clinical Interventions

- Clinical interventions(CI)
- Pharmacy CI are 'near misses'. They avoid a potential medication incident thus prevent patient harm and contribute to patient safety.
- CIs are entered in eMR and become part of patients notes.
- More complicated interventions requiring more input and interaction with medical team are entered as a pharmacy progress note.
- Pharmacists complete an average of 170 CI per month.

## Clinical Interventions

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- Monthly reports are trended
- The top issues requiring intervention are demonstrated to be due to incorrect dose/frequency
- Top medicines requiring intervention are anticoagulants which include rivaroxaban or apixaban and antibiotics such as- ceftriaxone
- Interventions could be due to incorrect dose due to an adjustment required after checking patients kidney function.
- Important to get dose right- too high-potential for bleeding. Too low- potential for clot.
- De-identify reports sent to individual heads of department as FYI and a teaching tool.

## Medication Reconciliation

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- Medication reconciliation is the process by which a medication history is taken and matched up with another source to facilitate the correct medicine is charted for the patient.
- Two sources are required
- Best completed on admission to get the medicines right
- TSH Pharmacy have recently developed a process for all pharmacists to follow

## Medication Reconciliation

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- Medication history is taken and entered into eMEDS using functionality
- Pharmacist then produces a progress note in eMR which contains medication history and any discrepancies which the medical team must address. This becomes part of the patients' notes.
- Pharmacist contacts medical team to amend any discrepancies.

## Medication Reconciliation

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- Pharmacy target group
- >75 years old
- >8 medicines
- Not from RACF
- On any high risk medicine, anticoagulant, opioid or cytotoxic
- Using clinical judgement