

MINUTES

TSH Consumer Advisory Group

Wednesday 2 March 2022 at 2:00pm - via Microsoft Teams

ITEM	DESCRIPTION	CARRIAGE
1	Attendance:	
	<p>Staff / Consumer Representatives:</p> <p>Malcolm Ricker (MR) Consumer Representative (Chair) Sharon Bennett (SB) Consumer Representative (Co-Chair) Godfrey Ross (GR) Consumer Representative Robyn Riley (RR) Consumer Representative Gen Webb (GW) Consumer Representative Jim Hankins (JH) Consumer Representative Carole Goodyer (CG) Consumer Representative Cheryl Hall (CH) Consumer Representative Vicki Weeden (VW) General Manager Jan Heiler (JHe) Director of Nursing and Midwifery Liz Mason (LM) Manager, Clinical Governance Unit Naomi Dean (ND) Manager, Community Engagement & Fund Raising Mary Hughes (MH) Secretariat</p> <p>Apologies:</p> <p>Jenny Church (JC) Consumer Representative Sonia Markoff (SM) Consumer Representative Peter Lewis (PL) Consumer Representative Debbie Wood (DW) Consumer Representative Patrice Thomas (PT) Patient Safety Manager Josie Julian (JJ) Quality, Risk and Patient Safety Manager Valmai Ciccarello (VC) Consumer Feedback Manager</p>	
	Welcome Guests	Chair / Co-Chair
3	Declaration/s of Conflict of Interest – Nil	All
4	<p>4.1 Approval of the minutes from the meeting held on 2 February 2022 – approved by Robyn Riley</p> <p>4.2 Items arising – refer to action list</p> <p>1. Distribute TSH Outpatients Consumer Internet Information website link to the committee for review and provide feedback to April Gosses by 8 February 2022 Action: Completed</p> <p>2. Mental Health First Aid Course Consumer representatives to send their interest and availability to MR asap The committee acknowledged the benefit of this course, however time constraints is currently preventing confirmation of attendance Action: Ongoing</p> <p>3. Outstanding matter regarding ICU being named CCM. CAG has requested this issue be followed up with TSH General Manager</p> <p>LM advised she had raised CAGs concern with TSH General Manager and Co-Director Nursing & Operations, Critical Care, Emergency and Surgery. LM explained that CCM was chosen to align with what services come under that name. Discussions will</p>	Chair / Co-Chair

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	<p>continue in the medium/long term to understand if that is the right terminology to use in the future.</p> <p>It was noted that signage was more the issue than the name CCM.</p> <p>Action: LM to continue discussions to continue with Co-Director Nursing & Operations, Critical Care, Emergency and Surgery with a medium/long term approach to understand if CCM is the right terminology to use in the future. Review at June 2022 meeting.</p> <p>4. Resend TOR to committee for review and feedback by 8 February 2022 Disseminate the Code of Conduct form to the committee to read, sign and return</p> <p>MR requested all representatives complete and return their forms asap.</p> <p>Action: Consumer representatives are requested to sign and return Conduct of Conduct to MH as soon as possible</p> <p>5. Invitation to contribute to Clinical Governance Newsletter</p> <p>Action: Ongoing</p>	
5	Management Reports	
	<p>5.1 – General Manager Report</p> <ul style="list-style-type: none"> • TSH is preparing for accreditation. Assessors have been confirmed. VW is preparing a district presentation for the opening session • The Radius Unit and Infusion Service will relocate to the old ED in May 2022 • The theatre build is on track. Stage 1 is on track for the end of 2022 and will include the MRI. Go live of new theatres and MRI scheduled for quarter one 2023 • Council have been contacted regarding a traffic flow management plan for the increase in traffic and speed on Kareena Road. Two staff who have been injured crossing the road • Activity is starting to increase in the ED. Continue to use the private hospital for some aged and rehab patients. The focus is to meet elective surgery demands. Waiting on further advice from MoH • Covid activity is being managed as business and usual • Residential aged care at Garrawarra is doing well in the Covid environment • The Covid impact on workforce and numbers of furloughed staff was challenging but has provided an opportunity to think strategically 	Vicki Weeden
	<p>5.2 – Nursing and Midwifery Update</p> <ul style="list-style-type: none"> • TSH have 56 “Grad Starts” who are first year registered nurses starting in February, March and May. Vacancies have improved over the last few weeks • Approximately 30 TSH nurses supported the recent industrial action. There was no impact on the level of patient care at TSH • Focusing on wellbeing strategies with the hope to give staff some respite over the coming weeks and months. A gelato cart has been organised for all staff to thank them <p>Action: J Heiler to present a Workforce Presentation at the April 2022 meeting</p>	Jan Heiler

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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex: 1;"> <h2 style="margin: 0;">Patient Flow and Demand Statistics- The Sutherland Hospital</h2> </div> <div style="text-align: right;">   </div> </div>					
	Definition	Jan-22	Target	Numbers	
Emergency Treatment Performance (ETP)	Total patients who have departed from the Emergency Department within 4 hours of presentation.	59.2%	81.0%	4,425	
Admitted ETP	Patients who have been admitted to inpatient beds from the Emergency Department within 4 hours of presentation.	24.8%	50.0%	1,248	
Discharge ETP	Patients who have been discharged from the Emergency Department within 4 hours of presentation.	73.0%	90.0%	3,161	
Transfer of Care	Patient brought in by ambulance who are "offloaded" within 30 mins	92.2%	90.0%	1,011	
Pre 10am Discharges	Patients who are discharged before 10am	6.3%	15.0%		
Pre 12pm Discharges	Patients who are discharged before 12pm	21.8%	35.0%		
Patients in hospital for over 9 days	Admitted patients with a Length of Stay greater than 9 days	83.9	65		
Triage 1	Patients must be reviewed immediately	100%	100.0%	5	
Triage 2	Patients must be reviewed within 10 minutes	72.0%	95.0%	617	
Triage 3	Patients must be reviewed within 30 minutes	77.0%	85.0%	1,941	

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	Surge Beds	Un-funded beds required to be open, due to capacity reasons	-6.5	0		
	CCM Sign Out (hours)	Time taken to transfer a patient out of Critical Care Medicine once "signed out"	5.5	6.0	48	
	Elective Surgery Access Performance (ESAP) CAT 1	Patients who have elective surgery completed within CAT 1 timeframe of 30 days	96%	100%	data not cleansed, expecting 100%	
	ESAP CAT 2	Patients who have elective surgery completed within CAT 2 timeframe of 90 days	64.0%	97%	Pause in elective surgery impacting on totals	
	ESAP CAT 3	Patients who have elective surgery completed within CAT 3 timeframe of 365 days	45.0%	97%	Pause in elective surgery impacting on totals	
	5.3 Overview of Patient Feedback <ul style="list-style-type: none"> • Tabled with papers 					Liz Mason on behalf of Valmai Ciccarello
6	Presentation/Discussion - "Informed Financial Consent in our Outpatient department"  CAG-presentation March 2022.pptx <ul style="list-style-type: none"> • Approximately three years ago the Commonwealth and MoH did some work around informed financial consent in the outpatients department to maintain revenue and look at efficiency opportunities • The new guidelines commenced on 7 February 2022 • The Outpatient Financial Election consent form is an auditable form of consent. Patients also receive a Patient Information sheet • S Bennett advised she had received an email from her private health fund with information about choosing to use private insurance in a public hospital Action: MH to forward a copy of the email from the private health fund to L Ribeiro					Lorena Ribeiro, TSH Revenue Manager
7	General Business					All
	7.1 Report from the Chair <ul style="list-style-type: none"> • EOI for a short term placement on the TSH Food and Nutrition Committee to replace J Church who is unable to attend due to illness. C Goodyer volunteered to be the CAG representative with C Hall to be a backup Action: M Hughes to contact Committee secretariat to update DL and organise calendar invitation to C Goodyer					Chair / Co-Chair

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	<ul style="list-style-type: none"> Reminder to send photos/head shots for the TSH Consumer Representative notice board <p>Action: Consumer representatives to send photos to M Hughes ASAP</p> <ul style="list-style-type: none"> M Ricker reported the passing of Marian Fulcher, who was a long standing CAG member. The committee acknowledged Marion's contribution to CAG and send their condolences to her family CAG acknowledged the amount of work that has been done in the lead up to accreditation, and in particular the work done by J Julian 	
	<p>7.2 Community Engagement & Fundraising update</p> <ul style="list-style-type: none"> N Dean demonstrated the updated TSH fundraising website. It is expected to go live by the end of week. The website can be promoted in the next edition of the Patient Information brochure, patient TV's and on the atrium TV A Fundraising Ball is being planned for June 2022. Sponsors and donations are being sought 	Naomi Dean
	<p>7.3 Corporate Services update</p> <ul style="list-style-type: none"> Continue to work with Anne Milne, SESLHD Director of Corporate and Legal Services and her team regarding ongoing communication and reporting. Concerns have been raised in relation to consistency and reliability. Cleaning is also a major concern. Working with engineering, security and corporate services to ensure minimum standards and expectations are met 	Vicki Weeden
	<p>7.4 Standards/ Accreditation update</p> <ul style="list-style-type: none"> The top risks are falls, cytotoxic exposure for staff and nuclear medicine. Managing patients who deteriorate after hours was also a risk, however the introduction of an afterhours CNC from midday-midnight has seen the reduction of incidents which may result in this risk being downgraded Accreditation is 15-18 March 2022. The assessor timetable needs to have 60% clinical and 40% non-clinical appointments. The main risk is safe environment and cleanliness. Assessors have requested meeting with CAG members Quality and Safety Newsletter – M Ricker has sent a contribution which will be used in the next newsletter 	Liz Mason on behalf of Josie Julian
8	<p>Document Reviews</p> <p>8.1 TSH Consumer Engagement Clinical Business Rule Action: Committee endorsed the document</p> <p>8.2 TOR – TSH Consumer Advisory Group Action: Committee endorsed the document</p> <p>8.3 Pre-admission social work brochure V2 CAG has reviewed the brochure and provided feedback. The brochure is endorsed Action: M Hughes to send CAG logo to Felicia Setiono, TSH Social Worker, for inclusion on the brochure</p> <p>Future Brochure Reviews It was suggested that future brochure reviews be sent to a smaller group who would review the brochure initially before it is tabled at the CAG meeting for final endorsement. Group members could rotate. Action: C Hall, G Webb and G Ross volunteered to be part of the first review group</p>	

ITEM	DESCRIPTION	CARRIAGE
9	Standing Items	
	<p>9.1 TSH Clinical Council</p> <p>NOVEMBER 2021</p> <ul style="list-style-type: none"> • Congratulations to all the Stroke response Teams who have gained EXCELLENCE in the Stroke Foundation of Australia Awards. • Presentation - Morbidity and Mortality Emergency Department Dr Oliver Barrett. Growing presentation numbers to the Emergency Dept continue. TSH ED busier than ED at The Prince of Wales. Most complaints are after hours. Beneficial to look at causes and potential solutions to minimise adverse outcomes. <p>HS1 and HS2 Incidents and Recommendations. Falls and Skin Integrity complaints remain reasonably static. Seven recommendations linked to findings of a case has resulted in the formation of a Clinical Emergency Response Working Party. On call rostering and JMO workloads after-hours along with consideration of a CERS CNC to be considered.</p> <p>Action: CAG acknowledges the work that has been put into afterhours of deteriorating patients which has resulted in no HS1 and HS2 incidents reported in December 2021 and January 2022</p>	Robyn Riley
	<p>9.2 TSH Executive Governance N/A - December meeting cancelled</p>	Malcolm Ricker
	<p>9.3 TSH Food and Nutrition (bi-monthly) N/A</p>	Jenny Church
	<p>9.4 Patient Safety and Clinical Quality Meeting</p> <p>IMS+ Trending Falls are not performing 1 x HS2 fall Killara Acute had the highest number of falls, the highest rate and a repeat faller Barriers for implementing falls strategies: 232 IMS were reviewed between August-November 2021 18 did not have strategies implemented Over 50% identified the reason why a falls mitigation strategy could not be put into place was lack of access to a high risk observation room</p> <p>J Heiler explained resourcing, staffing challenges and bed allocation is a barrier to increasing the number of high-risk observations rooms. A high-risk observation room is only one strategy. The current permanently established high observation rooms work well, however falls can also happen in these rooms Falls rate is increasing however falls with harm rate is decreasing</p> <p>2 new MRSA colonisations. Infection control indicate the increase may be related to the increase of staff wearing gloves and not washing hands in-between tasks with patients. Feedback and recommendations will be requested from the Infection Control Committee</p> <p>HS1 Incidents – Trending There were 5 x HS1 incidents YTD at the end of November. One reported in December YTD rate of 0.039 is below the facility rate, however it is above the average 2020 facility rate of 0.028 but below the 2014-2021 average facility rate of 0.052</p> <p>HS2 Incidents – Rates / Trending November rate was 0.4 There were 32 x HS2 reported YTD YTD rate is 0.25 which is equal to the facility average rate</p>	Malcolm Ricker

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	Action: CAG acknowledges the work that has been put into afterhours of deteriorating patients which has resulted in no HS1 and HS2 incidents reported in December 2021 and January 2022	
	9.5 Infection Control Committee <ul style="list-style-type: none"> Conveyed CAG's appreciation of the offer to make any enquiries we had regarding infection control. Overall things are improving. There will be a general spring clean before accreditation. No matters to be brought forward to the CAG meeting.	Gen Webb
	9.6 Falls Prevention Committee N/A	Sonia Markoff
	9.7 Skin Integrity Prevention and Management <ul style="list-style-type: none"> Awaiting half yearly audit report Pressure Injury Quiz Cue cards 	Godfrey Ross
	9.8 Safe Use of Medicines Committee <ul style="list-style-type: none"> Patient Medication Summary on Discharge: Discussed P.E.E.P Killara Rehab. Discharge Document Project (adopt similar process to other ward areas) there are ward areas i.e. Emergency, Day stay which may not meet requirements. Reviewing compliance. Accreditation: National Standards Medication Safety Standard 4: Redesign of SESLHD Medication-related committees. Patient & Medication Safety 1st part of accreditation going forward - Excellent evidence of compliance. 	Cheryl Hall
	9.9 TSH Emergency Response Working Group (quarterly) N/A	Sharon Bennett
	9.10 NS2 Partnering with Consumers N/A	Sharon Bennett
	9.11 End of Life Care Committee (EOLCC) N/A – February meeting cancelled	Carole Goodyer
	9.12 Wayfinding Committee Most of the discussion concerned the new signage for the loading dock. Every attempt to be made to complete this before accreditation.	Gen Webb and Peter Lewis
	9.13 Blood Transfusion Committee N/A	Deb Wood
	9.14 Consumer Walk Around (feedback/follow-up) On hold due to Covid	Malcolm Ricker
10	Reports for Noting	
	10.1 Diversity (Quarterly) <ul style="list-style-type: none"> Harmony Week - working with Sutherland Shire Football Association and Sutherland Shire Council to promote Harmony Week Next meeting 9 May 2022 	Jim Hankins
	10.2 Diversity Report M Ricker advised Yu Dai has resigned from TSH to take up a new role with SESLHD. CAG acknowledged Yu Dai for her many years of solid reporting to CAG and wish her well in her new role.	Yu Dai

Action Items:

Minutes Ref / Date	Agenda Item	Action	Responsibility	Progress
2/2/22	7.1	Mental Health First Aid Course Consumer representatives to send their interest and availability to MR asap	All	Ongoing
2/2/22	11	Outstanding matter regarding ICU being named CCM. CAG has requested this issue be followed up with TSH General Manager	EM	Review in June 2022
2/2/22 2/3/22	15.1	Disseminate the Code of Conduct form to the committee to read, sign and return	MH	Consumer representatives are requested to sign and return Conduct of Conduct asap
		Invitation to contribute to Clinical Governance Newsletter	All	Ongoing

ATTENDANCE LIST

Name	Position	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Malcolm Ricker (MR)	Consumer Representative (Chair)		✓	✓									
Sharon Bennett (SB)	Consumer Representative (Co-Chair)		✓	✓									
Debbie Wood (DW)	Consumer Representative		✓	Apol									
Carole Goodyer	Consumer Representative		✓	✓									
Godfrey Ross (GR)	Consumer Representative		✓	✓									
Jenny Church (JC)	Consumer Representative		Apol	Apol									
Jim Hankins (JH)	Consumer Representative		✓	✓									
Genevieve Webb (GW)	Consumer Representative		✓	✓									
Cheryl Hall (CH)	Consumer Representative		✓	✓									
Peter Lewis (PL)	Consumer Representative		✓	Apol									
Robyn Riley (RR)	Consumer Representative		✓	✓									
Sonia Markoff (SM)	Consumer Representative		Apol	Apol									
Vicki Weeden	General Manager		✓	✓									
Jan Heiler (JH)	Director of Nursing and Midwifery		✓	✓									
Elizabeth Mason	Manager, Clinical Governance Unit		✓	✓									
Josie Julian	Quality, Risk and Patient Safety Manager		✓	Apol									
Patrice Thomas (PT)	Patient Safety Manager		Apol	Apol									
Valmai Ciccarello (VC) <i>(quarterly attendance)</i>	Consumer Feedback and Medico-Legal Manager			Apol									
Naomi Dean	Manager, Community Engagement & Fundraising		✓	✓									
TBA	Corporate Services Manager												
Mary Hughes	CAG Secretariat		✓	✓									
Name	Written Updates Provided	Jan											
Lisa Symonds	Clinical Nurse Consultant, Infection Control & Prevention		x	✓									
Yu Dai	Diversity Health Coordinator		x	✓									
Sharon Nathaniel or Delegate	Nurse Manager Demand Management/WOHP		✓	X									-

ENROLMENTS NOW OPEN FOR 2022

ACCREDITED 2-DAY PROGRAM

Mental Health First Aid Program Overview

This is a 2-day education program designed to provide people with the skills to give first aid to others experiencing a mental health crisis and become an accredited Mental Health First Aider.

This is an evidence-based training course which gives you the skills and confidence to have supportive conversations with co-workers and help guide them to professional help if needed. It has been shown to increase knowledge, confidence and helping behaviours, and reduce stigma.

Who can attend this program?

Anyone with an interest in supporting staff and community members in crisis situations, managers and team leaders.

What is covered in an MHFA course?

You will learn to recognise common mental health problems, how to provide initial help to someone experiencing a mental health problem using a practical, evidence-based Action Plan, and how to respond in a crisis situation. During the course, you will have the opportunity to practice new skills in a safe environment.

Note: This is not a therapy or support group program.

Why is Mental Health First Aid important?

More and more workplaces are realising the impact of mental health problems at work on their people and productivity. Encouraging early help-seeking is one way to promote a mentally healthy workplace. This is where Mental Health First Aid can help.

Register now via [My Health Learning](#) for the workshop dates listed on the following page.

****you must be able to attend both days of the workshop****

For more information please contact: SESLHD-OrganisationalDevelopmentLearning@health.nsw.gov.au

	Workshop Dates	Venue
1	Thurs 31st March @ 8am - 5pm Fri 1st April @ 8am - 5pm	The Sutherland Hospital
2	Thurs 31st March @ 8am - 5pm Fri 1st April @ 8am - 5pm	The Sutherland Hospital
3	Tues 10th May @ 8am - 5pm Tues 17th May @ 8am - 5pm	Garrawarra Function Centre
4	Tues 10th May @ 8am - 5pm Tues 17th May @ 8am - 5pm	Garrawarra Function Centre
5	Thurs 12th May @ 8am - 5pm Fri 13th May @ 8am - 5pm	The Sutherland Hospital
6	Thurs 12th May @ 8am - 5pm Fri 13th May @ 8am - 5pm	The Sutherland Hospital
7	Wed 1st June @ 8am - 5pm Wed 15th June @ 8am - 5pm	The Sutherland Hospital
8	Wed 1st June @ 8am - 5pm Wed 15th June @ 8am - 5pm	The Sutherland Hospital
9	Wed 12th Oct @ 8am - 5pm Thurs 13th Oct @ 8am - 5pm	The Sutherland Hospital
10	Wed 12th Oct @ 8am - 5pm Thurs 13th Oct @ 8am - 5pm	The Sutherland Hospital

Informed Financial Consent in our Outpatient department

2nd of March 2022

Lorena Ribeiro
 Revenue Manager | **The Sutherland Hospital**
 Tel (02) 9540 8524 | Lorena.Ribeiro@health.nsw.gov.au

Billing Medicare in an Outpatient setting requires NSW Health to adhere to the billing rules set out in the National Health Reform Agreement (NHRA) as well as the Medicare Benefits Scheme (MBS).

Informed Election Consent

- **Outpatient Election Consent (wording)**
- *I choose to be treated as a private patient in the hospital's outpatient department.*
- *As a private patient, I understand that Medicare funding will cover the cost of this service and all other services (including treatments, tests and procedures) until my referral ends.*
- *I understand that the doctor/s who rendered the services will bill all services that have an MBS item number to Medicare.*
- *As a private (Medicare funded) patient I agree to be treated by the doctor named on this consent form who may not be the doctor named on the referral.*
- Patients have the right to choose to be treated as a public (seen with no charges attached) or private patient (consultation billed to Medicare) for their outpatient attendances.
- All patients prior to their appointment are required to make an election decision based on informed financial consent.
- **Consent to be treated as a private patient must be recorded in writing.**

Outpatient Financial Election Consent Form

Outpatient Election Consent Form Patient Information Sheet



Questions?