

Friday 6 April 2018, 10 am

MINUTES

PRESENT:

Ms T Fletcher, Community member
Ms A Jezewski, Community member
Ms H Nascimento-Blair, Community member
Mr P O'Donoghue, Community member
Ms G Parsonage, Community member
Ms M Piggins, Community member (telephone)
Dr J Wilson, Community member (Chair)

RHW In Attendance :

Ms A Finch, representing General Manager
Ms H McCarthy, Director of Nursing & Midwifery Services (arrived 10.50 am)
Ms C Price, Manager, Clinical Practice Improvement
Dr J Svensson, Health Education Co-ordinator and Diversity Health Officer
Ms J East Secretariat

2. APOLOGIES:

Ms S Rawlinson, Community member
Ms K Rutherford, Community member (relocated to Adelaide)
Ms A Lainchbury, Clinical Midwifery Consultant, Midwifery Practice Development

Kate Dyer, Clinical Midwifery Consultant, High Risk Pregnancy, Maternal Fetal Medicine, Maternity Services Division was welcomed and gave an outline of the preparations leading up to admission of a patient with physical and/or intellectual disabilities noting a few individual cases.

- Care is provided prior to pregnancy and months afterwards
- Co-ordinated approach to care – also work in conjunction with Prince of Wales Hospital and Sydney Children's Hospital
- Midwife co-ordinates with other clinicians as required
- Patients are very committed and well prepared prior to their pregnancy
- Continuity of care with the midwifery group practice
- Individual needs are catered for – listening to the woman's plans
- Specialised interpreters are used for deaf and/or blind patients – block appointments are made to utilise everyone's time efficiently – a 'one stop shop'
- Same process for CALD patients

The Committee acknowledged the marvelous job being done by this group and thanked Ms Dyer for the information.

K Dyer left 10.35 am.

1. ACKNOWLEDGEMENT OF COUNTRY

I would like to acknowledge the Gadigal people of the Eora Nation who are the traditional custodians of the land on which we are meeting today and pay my respects to their elders both past and present.

3. CONFIRMATION OF AGENDA**4. MINUTES OF PREVIOUS MEETING**

The minutes from the previous meeting held 2 February 2018 were approved.

5. MATTERS ARISING FROM THE MINUTES**5.1 Action Items – updated**

V Madunic advised she would ask the Redevelopment team to provide a response to this Committee on their appropriate access engagement.

6. STANDING ITEMS**6.1 Youth Health & Diversity update**

J Svensson sent an email update which will be circulated with the minutes (attached).

6.2 Quality & Safety Data

C Price noted the documents she circulated prior to the meeting on patient survey and data obtained from the Quality Improvement Data System (QIDS).

P O'Donoghue noted from the Infection Control meetings the Hospital reaches 85-90% compliance on hand hygiene and has a low infection rate.

6.3 Patient Feedback

V Madunic advised that the provision of food to patients is a statewide service (Healthshare). The have issued a new menu which covers good nutrition and improved distribution. The Hospital had a choice of staying with the buffet arrangement or go back to pre-packed meals at the bed. It was felt that the buffet-arrangement also provided a good social outlet for patients so it was kept.

6.4 Feedback from Hospital Committee representatives

Verbal reports noted.

- Upgrade of furnishings – trying to undertake gradually
- Environmental audits conducted – discussed in Infection Control meetings
- P O'Donoghue noted from Clinical Council the Hospital has budget restraints
- Domestic Services (cleaning) is staffed by Hospital employees and is not outsourced or a Campus service
- G Parsonage noted the wayfinding meetings which is actively working with consumers – considering volunteer ambassadors as information givers. She also discussed and presented photos of the sort of signage used on cruise ships such as the Queen Mary.

7. GENERAL BUSINESS**7.1 Outcome of discussion Co-Chairs and General Manager**

Dr Wilson outlined the discussion which resulted in agreement to work on an annual plan to provide direction to the Committee. Suggestions were :

- Contribution to midwifery and nursing training sessions and possibly Junior Medical Officers as well
- Obtain District Committee's paper to show staff how to interact with consumers
- V Madunic to arrange for consumers to be on selection panels
- Some facilities have a 'checked by consumers' symbol on their brochures etc. V Madunic to explore whether RHW do and if not would it be possible to do so
- V Madunic informed the members that a consumer is needed to attend the Maternity Quality meeting which would be one meeting per month

7.2 Allied Health representative on Committee

V Madunic noted an email was previously circulated in 2017 with no response and alternative ways of engagement were to be explored. An Allied Health Leadership group is being organised and this will be an item for the agenda. Allied health comprises of social work, physiotherapy, pharmacy, medical imaging.

7.3 Ways of liaison with consumer representatives on Hospital committees

Dr Wilson suggested sending a standing invitation to attend these meetings to establish a link which was agreed to. The members agreed that we should.

NEXT MEETING : 1st June 2018

Meeting closed 11.40 am

Signature 

Date 1/6/18