



Meeting: Northern Network Consumer Advisory Committee
Date: Monday 8 March 2010

Chair: P South
Minute taker: L Kilby

1. Present: P South, L Kilby, H Walker, J Miller, S Hoskins-Marr, D Petrie, S Nicholson, A Bernard, D Kennedy, A Koutsis, A Kadamis, J Titterton, C Smith (for E Moore)

Apologies: E Moore

2. Confirmation of previous minutes: The minutes of the meeting held on Monday 8th February 2010 were confirmed to be a true and accurate record of the proceedings by Shirley Hoskins-Marr, seconded by Susan Nicholson.

3. Matters arising from Previous Minutes

Issue	Discussion	Action Required	Who	Due
3.1 Medicare Access Point	A Bernard advised he has not yet received a reply to further messages he has left regarding this issue.	A Bernard to seek response to this enquiry.	A Bernard	April meeting
3.2 Seating between High St and Barker St entrances.	The old chairs have now been removed. D Kennedy will continue to work with Marie Burdett (NN Manager Corporate Services) for some suitable replacement seats.	D Kennedy to provide progress report next meeting.	D Kennedy	April meeting
3.3 Alternative methods for promotion of the Committee	Item held over until next meeting, at request of D Kennedy, pending Area Health Advisory Council meeting later this month.	Discuss with Leanne Zalapa the possibility of the proposed in-house TV station including a 5 minute segment on the Consumer Advisory Committee.	D Kennedy	April meeting
		Investigate possibility of promotional article in the Division of General Practitioners Newsletter.	D Kennedy	April meeting
3.4 Vision Australia	C Smith advised that SHSEH is moving forward with the DVD for Eye Outpatients. Patient Rights and Responsibilities are being incorporated into the DVD. Planned release date within the next month.	Ongoing agenda item.	E Moore	Ongoing agenda item.
3.5 Sydney / Sydney Eye Hospital Incident Committee Representative	S Nicholson will be the consumer representative for this meeting.	Nil		

3.6	Public Transport to POWH	<p>L Kilby received a response from the Randwick Traffic Management Committee (RTMC) advising that bus services are a matter for the attention of the State Transit Authority (STA). The RTMC forwarded the Consumer Advisory Committee's correspondence to the STA with a request to investigate the concerns.</p> <p>The STA has provided the following response: <i>"Up until 2002 Sydney Buses route 304 provided a direct link from Circular Quay to the Prince of Wales Hospital at Randwick. This service was discontinued as a part of the "Better Buses East" review of 2002 due to a severe lack of patronage support for the route. At this point in time, Sydney Buses does not have any plans to reinstate such a route in the short term as the Hospital has many routes that service the needs of patients and staff in High St.</i></p> <p><i>I understand that there is a need to transfer from Citirail services from the City to Bondi Junction to join limited stop route 400 services or that there is a short walk from Belmore Rd to the Hospital but as I have stated, we do not have any plans to reintroduce such a route in the short term.</i></p> <p><i>There is the option of transferring from a City based route 372 or 373 and joining a route 400 in Belmore Rd at Randwick also."</i></p> <p>The STA response was considered by the committee. The committee would like to approach the Randwick Mayor to ascertain if a council run community bus could be made available to assist with patient transport to the High Street and Barker Street entrances of POWH.</p>	A letter to be sent to the Randwick Mayor.	P South and L Kilby	2 weeks
3.7	Consumer Feedback Paradigm	<p>The paradigm developed in May 2009 was reviewed by the committee. The only suggestion was to include the design date and review date. Otherwise there were no concerns with the paradigm and the committee agreed to provide it to Area Corporate Communications.</p>	Consumer Feedback Paradigm and letter confirming maintenance of confidentiality is sent to Area Corporate Communications.	A Bernard H Walker L Kilby	2 weeks

		D Kennedy advised that Area Corporate Communications want to ensure that confidentiality is maintained. The Consumer representatives advised they have all signed a confidentiality agreement. D Kennedy requested a letter be sent from A Bernard and H Walker to Area Corporate Communications confirming confidentiality is maintained.			
3.8	Liaison with Local Groups	D Kennedy has made informal contact with Coogee Lions Club and also with Clovelly RSL welfare officer for veterans' affairs.	Ongoing agenda item.		Ongoing agenda item.
3.9	Representatives for War Memorial Hospital Committees	Agreed representatives are: Anna Koutsis – WMH Quality & Risk Management Committee Shirley Hoskins-Marr – WMH Continuity of Care Committee	Nil		
3.10	Mixed Gender Rooms	POWH Mixed Gender Snapshot data and NSW Health PD2010_005 <i>Same Gender Accommodation</i> distributed to the committee. H Walker explained mixed gender accommodation at POWH had decreased from 40% in April 2008 to 6% in January 2010 – a good achievement. Concern raised by J Titterton regarding mixed gender bathrooms. A Bernard advised that as there is only one set of bathrooms per ward in the Parkes block, those bathrooms need to be shared by both genders.			

4. Agenda Items

	Issue	Discussion	Action Required	Who	Due
4.1	Reports from committees represented by consumers	<p>Josh Miller <i>Falls Committee</i> Unable to attend this month.</p> <p>Shirley Hoskins-Marr <i>Incident & Complaints Review Committee (I&CRC)</i> Some complaints/incidents reviewed by the committee indicate:</p> <ol style="list-style-type: none"> 1. Inadequate staffing 2. Need for equipment replacement/upgrade 	<p>Ongoing agenda item.</p> <p>H Walker advised that call bells in the Parkes Block are being progressively replaced. Parkes 5, 6 & 8 completed.</p>	Committee Reps.	Ongoing agenda item.

		<p>due to new techniques and design</p> <ol style="list-style-type: none"> 3. Need to replace obsolete equipment for safety and patient comfort eg some beds are old and dangerous for staff and patients to use 4. Basic equipment such as patient call bells are out of order or missing 5. More space in ED needed for isolation of aggressive patients: H Walker advised this has been assessed by OHS. Trying to identify a suitable place for these patients. <p>The I&CRC Chairperson has referred these matters to the Consumer Advisory Committee for information and action. Suggestions as to CAC involvement:</p> <ol style="list-style-type: none"> 1. The General Manager provide a list for the most needed and urgent upgrades for POW for CAC consideration 2. Representatives from these areas speak to this committee explaining their needs for our support for necessary funding 3. CAC support could be in the form of concerned appeals to local MPs and Ministers responsible for Health & Social Services. <p><i>Medication Safety Subcommittee</i> Need for all practitioners to be trained in the clinical and administrative procedures for responding to serious medication errors. Need for better labelling of medications to avoid wrong identification eg oxycontin / oxybutin. Risks associated with the increased use of paracetamol: practitioners to be aware of consumers receiving large doses of paracetamol in over the counter medications. S Hoskins-Marr asked committee members to be aware of this problem.</p> <p>Susan Nicholson <i>Quality of Care Council</i></p> <ol style="list-style-type: none"> 1. Essential of Care coming up for 2nd year 	<p>Parkes 9 west now being done. A staged plan is in place for remaining wards (Parkes 4E, 4W & 10W). Some 9 West call bells still work so these can be used as an interim in the wards awaiting new replacements.</p> <p>A Bernard responded: committee to use caution in deciding what is or isn't relevant for consumers; suggested it would be better for consumer rep to advise CAC of actual or near miss incident raised at I&CRC, then get relevant clinician to speak to CAC about the problem. S Hoskins-Marr will discuss with K Daffurn (Manager CPIU) regarding clusters of incidents relevant for CAC involvement.</p>	<p>S Hoskins-Marr</p>	
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		<p>review.</p> <ol style="list-style-type: none"> 2. Handover Care Plan: QOCC has provided a lot of feedback to Area regarding proposed area wide form – POW has developed an ISBAR handover tool and has reservations about the plan from Area. 3. Late evening meals are now available for patients. 4. Roll out of syringe driver infusion pumps will happen once supplies arrive. 5. Nutrition Working Group will provide an update on the 4 star meal assistance system at next meeting. 6. QOCC still considering how best to manage patient valuables. <p><i>Patient Quality & Safety Committee</i></p> <ol style="list-style-type: none"> 1. A Bernard & K Daffurn presented paper on gaps in the QSA survey: sound alike/look alike medications highlighted; policy for use of antibiotic use. 2. Reintroduction of escort nurse being considered 3. A Bernard wants every department to have a poster showing staff and clients how safe care has reduced infections 4. Unit specific clinical indicators being developed. <p>Anna Koutsis <i>WMH Quality & Risk Management Committee</i></p> <ol style="list-style-type: none"> 1. First attendance at this committee. Positive feedback regarding regular consumer participation/representation. 2. WMH undergoing accreditation 26+27 May 3. Trial presentation to staff scheduled for 13 May – A Koutsis invited to attend. 			
4.2	Signage Upgrade for POWH	P South assisted with a survey of signage in the Emergency Dept: Appropriate signage identified; report will be available in 2 weeks.	Progress report next meeting.	P South	April meeting
4.3	Consumer feedback – Emails/phone line	D Petrie apologised she has not checked calls this month. She will provide a report at the April meeting.	Ongoing agenda item	D Petrie	Ongoing agenda item

		<p>reviewed there and two types purchased to have on sale for patients if needed. Volunteers were approached by the Quality Manager to do this.</p> <p>H Walker recommends the QOCC be asked to develop standards for patient information brochures.</p>	Refer standardisation of patient information brochures to QOCC	H Walker	
4.6	Alternative Time for Committee Meetings	<p>Proposal to commence meetings earlier to avoid finishing after night fall. Too early a start problematic for some consumers as they have other work commitments. Agreed to commence next meeting at 4pm which is 30 minutes earlier than usual time and suitable for all consumers.</p>	April meeting will commence at 4pm.		
4.7	Replacements for members on long term absences	<p>P South asked if consideration should be given to having alternative members available to stand-in for members on long term absences. The committee felt that it would be difficult to recruit to a reliever position and would be problematic for continuity. A buddy system had been tried previously but this was also problematic. The committee agreed better to continue as is and only recruit new members if an existing consumer representative resigns.</p>	Nil		

5. New Business

	Issue	Discussion	Action Required	Who	Due
5.1	Welcome to POWH Signage	<p>As part of "Caring Together", each hospital is to display a welcome poster at its entrances. H Walker tabled the sample design for the consumer representatives to comment on. The mission & corporate values statements are Area wide but POWH can have its own "welcome" statement on the bottom of the poster. The poster shows the uniforms different staff categories wear - noted that Allied Health is missing from the poster and this has been reported back to Area. Suggestion to have a group photo of the executive rather than individual photos and to reverse the order of photos so that photos of uniformed staff appear at the top of the poster and the executive at the bottom.</p>	<p>Suggestions for the general welcome statement requested. Members to send comments to L Kilby.</p>	Consumer representatives	ASAP

5.2	Clinical Redesign Committee	<p>The Clinical Redesign project is commencing at POWH. Neurosciences, Acute Stroke Unit and General Rehabilitation wards are being targeted initially. A Steering Group and Working Party are being formed. H Walker extended an invitation for a consumer representative for the discharge planning review. Current challenges are getting patients into and out of the general rehabilitation ward and timely management of discharge from all wards - 10am. This will be a short term commitment; initially fortnightly meetings commencing this month. Teleconferencing will be available so face to face attendance not essential.</p>	Interested persons to contact H Walker.	Consumer Representatives	1 week
5.3	Consumer Feedback regarding Patient Diets and Discharge Processes	<p>J Titterton reported it has been noticed that some inpatient groups are receiving inappropriate food types eg foods with hydrogenated fats given to cardiac patients; bananas given to patients on low potassium diets. What processes are in place to ensure dietary requirements are met and monitored? Other concerns raised were: no warning provided with discharge medications regarding potential dietary interactions eg don't consume grapefruit whilst taking Lipitor; discharge letters are not always provided at time of discharge; the discharge process is not always timely eg advised of discharge at 0845hrs but then not discharged from ward until 1500hrs. A Kadamis agreed: mental health was not sending discharge letters in a timely manner to community follow-up providers.</p>	H Walker noted concerns and advised she will raise this with the NUMs	H Walker	ASAP
5.4	Community Partnerships Update	<p>Report from D Kennedy:</p> <ul style="list-style-type: none"> • The position of Manager Community Partnerships remains vacant and is being readvertised • The committee, as a group, can join the Consumers Health Forum of Australia. Corporate Membership costs about \$50 per annum and includes a newsletter, invitations to participate in consumer 	Standing agenda item.		

		forums etc. This is an opportunity to provide engagement with a broader group. D Kennedy has emailed P South a copy of the March newsletter for review.			
5.5	St Vincent's Hospital	P South met with Anthony Marsh at St Vincent's Hospital (SVH). She will continue to liaise with SVH to encourage consumer input there.			

6. Next Meeting Monday 12th April 2010, 1600-1800hrs, Executive Unit Meeting Room A.

Accepted as a true record: 12/4/2010 Date:

Signature Chair



