



Health
South Eastern Sydney
Local Health District

TRIM: T13/20302

Meeting: POWH/SSEH Community Advisory Committee
Date: Monday 13th May 2013

Chair: Ms N.Turner (Consumer)
Minutes: Ms M.Gregor (Admin to DON)

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| 1 | Attendance | N.Turner(Chair & Consumer), S.Nicholson(Consumer), G.Constantin(Consumer), P.South(Consumer), T.Kant(Consumer), S.Magee(Consumer), A.Eleftheriou(Consumer), J.Titterton(Consumer), J.Roberts(DO), H.Walker(POWH DON), B.Rabet(NM to DON), E.Moore(SSEH DON), D.Kennedy(Community Partnerships Officer), M.Gregor(Admin to POWH DON). |
| | Apologies | |
| | Welcome | The Chair, Ms Turner and the committee welcomed Mr Jon Roberts the new Director and all members briefly introduced themselves to Mr Roberts. Mr Jon Roberts thanked everyone and is looking forward to the Consumers input and contribution. |

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| 2.1 | Guest Speaker | Guest Speaker from SESLHD Youth Health Services was unable to attend. |
| 2.2 | Prior to Confirmation of minutes | Prior to the previous minutes of April being accepted. Ms Turner and Mr Constantin would like it to be noted in Item 4.1 to be added: "The Chair asked how many beds were going to be closed and Ms Walker advised there would be ward consolidation of 15 beds and selected 'pods' of beds". Ms Turner and Mr Constantin's recollection was that a written list was to be provided to the CAC. Ms Turner requested that this be minuted. Ms Walker confirmed that as discussed previously a total of a 15 bed ward was consolidated with the realignment of surgical services with an anticipated four area where a pod of beds would be reduced. Again noted that no services were being reduced or patient care impacted on with the consolidation and closure of pods of beds. Outlined that the initiatives related to efficiencies with the average length of stay within the facility, which was above benchmark and in line with efficiencies associated with Activity Based Funding. Discussion raised on concern by consumers as to delay in being advised. Noted that the decision with such a strategy does need to be done in consultation with a number of parties and due to information being provided to the media this did delay the communication process. Ms Turner also asked about patient care in Winter time. Ms Walker advised there were strategies in place and surge capacity available over that time. Ms Turner noted the other change in the minutes is Item 4.4 should read as HCCC not HCC. Corrections noted and minutes then accepted and signed at the next meeting on 3 rd June 2013. |

3. Actions/ Plans arising from previous minutes

| Issue | Discussion | Action Required | Who | Due |
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| 3.1 TAXI Rank at Barker Street | <p>Taxi Rank signage was discussed in detail. Ms S.Magee took photos of the area outside Barker street and provided the committee with the photos. it was suggested that a sign be added near the doorway to say "Taxi Rank near the front of the car park". It was also noted that the Barker street entrance the Taxi Rank covers SCH, RHW and POWP hospitals as well as POWH.</p> <p>In relation to transport: Ms Titterton also discussed the committee the Bus Trial signage that went at the back of Barker Street with State Transit a while ago. Ms Walker noted that the State Transit has not progressed discussion around this which was not a facility initiative.</p> | B.Rabet to escalate suggestions to Corporate Services and feedback to CAC | NM to DON | June |
| 3.2 Draft CAC Action Plan | <p>The Draft CAC Action plan was discussed in detail:</p> <p>The 1st Action plan: "To provide all consumers with adequate feedback from Executive level meetings to better inform them of issues and changes occurring at POWH/SSEH".</p> <p>The Chair and the Community Representatives asked if this could read: "To provide consumers with complete feedback with full transparency".</p> <p>Ms Turner commented on when information is provided ot the CAC which was supported by Ms South.</p> <ul style="list-style-type: none"> Ms Nicholson commented that staff redeployed do get their first preference prior to redeployment. Unfortunately Consumers can't always be the first to know. Mr Roberts acknowledged the importance and timelines of information to Consumers | The Chair asked all Community Representatives to review the Draft Action Plan and revisit at the next meeting | All Consumers | June |

Ms Titterton noted in the previous April minutes Item 4.1: "If Benchmarks state that a patient's length of stay is 3 days, and they stay 4 days they will not get funded for the 4th day".

- Ms Nicholson stated that it is reported in the media that if patients acquire an infection in hospital and then you are readmitted the hospital will not be reimbursed. Ms Nicholson noted that at the QOCC meeting there was a discussion about Catheter care:
- Mr Constantin suggested that it may be better in the future if the consumers are informed on proposed closures to decrease the risk of press leaks. Ms Walker and Mr Roberts outlined the challenges associated with discussing sensitive information and particularly prior to required processes occurring.
- Ms Magee stated that it would have been helpful to find out what the hospital was doing about length of stay and assisting the patients following the closure of the 15 beds. Mr Roberts stated that patients will not be disadvantaged as the hospital is not closing any service.
- Ms Titterton discussed that services are not in place for patients when released from hospital. There was suggestion that this consumer issue needs to be brought forward that some patients do not get these community services.
- Mr Roberts discussed the transition care packages which are only running at an 80% occupancy and needs to run at a 100% occupancy. Need to improve patient experience.
- Ms Titterton advised that it was her view that some patients may not be able to access all community services support when discharged from hospital.
- Ms Magee advised of a personal situation with a family member. Health reform health care system under different government systems. S.Magee wrote to Local Member of Parliament in relation to issues.
- Mr Roberts advised that there has been a lot of work and effort in developing packages for patients to transition out of hospital care and back

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| | | at home to improve the post discharge care of the patient. Ms Nicholson asked about the last page of the Draft CAC Action plan: "To engage consumers in participation of the National Standards". This needs to be expanded. | | |
| | | <ul style="list-style-type: none"> Ms Turner asked the committee if the Draft CAC Action Plan discussion could be continued at the next meeting. | | |
| | | Ms Titterton asked about the Hospital Web page from previous minutes - is it still in the working phase? Ms Walker to check with Mr S.Baki the Manager of Information Systems | The POWH DON to check with S.Baki Re: Hospital Web page to be discussed at next meeting. | POWH DON June |

4. Standing Items

| Issue | Discussion | Action Required | Who | Due |
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| 4.1 POWH/SSEH Update by Hospital Executive | <p>Mr Roberts congratulated SSEH who met all the core criteria for the accreditation survey on the 10 National Standards.</p> <p>Ms Moore discussed in detail the SSEH framework. The accreditors were very impressed with how clean the hospital was and there was positive feedback.</p> <p>Standard 2: Partnerships with Consumers. It was suggested that SSEH ensure that consumers have a role in strategic planning and orientation and ongoing training and maintain records of completion. The Accreditors will return in 2 years time.</p> <p>All 10 criteria were met.</p> <p>Congratulations noted to SSEH on their success.</p> <p>Ms Moore also advised that SSEH are commencing the new Bicentennial Eye clinic.</p> <p>SSEH are now preparing for Numerical Profile which will occur on 4-6 June 2013.</p> <p>Mr Constantin advised there was a new strategy at shops in regards to hand hygiene. Prior to entry to a shop you can clean your hands with the hand hygiene product.</p> <p>Ms Titterton noted that there is a Flu Vaccine clinic at POW so any consumers who have not had their vaccine yet can go to the CHESS clinic at POW.</p> <p>Mr Roberts and Ms Walker advised that POWH had an 84% score for numerical profile which based on how the</p> | For noting only | | |

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| | <p>% are developed was an outstanding level of compliance. Congratulations noted to all staff</p> <p>POWH Accreditation commences on 27th May 2013 where standards 1 – 3 will be assessed. Accreditation is in a 4 year cycle. SSEH were at the start of their 4 year cycle to do all 10 National standards. POWH is on a different cycle and therefore will only be assessed against standards 1-3.</p> <p>Mr Roberts advised the Emergency department is improving its performance for patients to be seen within a 4 hour period. The Whole of Hospital approach is in place to improve the performance.</p> <p>Also much work is being done in the Surgery program. For Surgery Category 1 & 2 patients The program are ensuring patients receive their surgery within the recommended time.</p> <p>95% of patients should receive their surgery within the timeframe.</p> <p>Emergency Department – has received a \$2million dollar work enhancement for the 'fast track' zone area within the department.</p> <p>ICU unit has received \$1.1 million dollar refurbishment program</p> <p>Both services will continue to function at full capacity whilst the works are being undertaken</p> <p>Planning for 2013/2014: A 4 hours session with the Clinical Council has been planned for later this week to look at further options to improve services offering around the hospital more efficiently. There is commitment to deliver an updated plan to the Board for endorsement to improve efficiencies in early June. POWH are looking at how to maintain services and deliver to patients more efficiently. Improve the patient experience at the hospital.</p> <ul style="list-style-type: none"> Ms Titterton asked that if POWH are closing some of the outpatients departments in the future, could the consumers be informed. A lot of people come | | | | |
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| | | <ul style="list-style-type: none"> to the Outpatient Clinic from all over the State. Mr Roberts advised that the services that patients access at POWH could be accessed at their local area and local hospital. There are a range of options to look at how to access services closer to home instead of coming to POWH outpatient clinic. For example, routine knee replacement assessments should be accessed in the hospital close to a patient's local area. Ms Titterton asked that the hospital provide and advise the consumers of any changes so that they can advise the community. Ms Nicholson advised that the Ministry of Health puts out teleconferencing information and indicated success of teleconferencing. People feel happy using teleconferencing services. Ms. Turner asked the difference between Surgery Category 1 and Category 2 patients. Mr Roberts outlined the Categories 1 – 3. Ms Magee suggested that a session would assist all CAC members Mr Roberts also suggested if the patient's health has deteriorated to go back to GP and be reassessed. There was discussion around the Outpatients department being closed on certain days, Ms Turner asked if the hospital could put a sign out if closed For example at St.Vincent's hospital they have signs up to advise patients if departments are closed etc. Ms South asked if we are preparing for a Pandemic this year and how consumers could prepare. Advised that the facilities do have a disaster response framework. Mr Roberts advised: Basic public health messages: Vaccination/hand hygiene/ stay at home if have the flu to minimise infection spread. | <p>Ms Walker/Ms Rabet to organise a presentation on NEST surgery targets</p> | | |
| 4.2 | Clinical Council Feedback | <p>Mr Roberts provided update: POWH are looking at efficiencies and how to improve the cost of services. There are a number of clinical council meetings ahead to finalise the strategy budget for the next financial year.</p> | For noting only | | |

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| 4.3 | Community Partnerships Update | <p>Ms Kennedy provided update.</p> <p>International Nurses Day was celebrated last week at both campuses.</p> <p>The Southern Courier interviewed Kama Stokes for the POWH International Nurses Day 'Nurse of the Year'. Kama is Acting Nurse Manger for the Respiratory Infectious diseases ward</p> <p>Ms Kennedy attended the St. Vincent's inner city health symposium and Eastern Sydney Medicare local.</p> <p>Dr Greg Stewart spoke on community engagement.</p> <p>It was sadly noted that one of our former members Shirley Hoskins sadly has passed away and private arrangements and memorial were held last Friday. Worked at POWH for over many years.</p> <p>D.Kennedy thanked all Consumers for feedback on the Patient Discharge brochure and signs for SSEH.</p> <p>Ms Kennedy will distribute information about mental services for older people. Prof Brian Draper in charge wants to bring together volunteers to help in the first stage. D.Kennedy asked if our Chair could attend their meeting.</p> <p>RHW CAC discussed training for consumer engagement. Plans to have the CAC training at POWH around August.</p> <p>SSEH Consumer brochures were displayed around SSEH in time for Accreditation</p> <p>Ms Nicholson commented that the SSEH brochures were a bit hard to read as small print.</p> <p>Ms Kennedy advised that coloured photo copy give best results and will go to Quick print and get a quote.</p> <p>National Network Forum Consumer reps :Transfer of care to clinicians.</p> <p>CAC Chairs meeting this week with Dr Greg Stewart.</p> | For noting only | |
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| | 4.4 | Complaints – monthly review | <p>Reports were sent out to committee members for review.</p> <p>Ms Nicholson went to complaints meeting with C Coleman.</p> <p>Ms Magee asked if there are compliments as well instead of all complaints? Ms Turner said there were compliments on True Local.com and there were many positive comments about the Hospitals. Good news stories are published in the CE newsletter.</p> <p>Ms Nicholson noted that The CE newsletter is normally forwarded on to Consumers by the NM to DON but had not been received lately</p> | For noting only | NM to DON to forward on to Consumers the CE Newsletter | June 2013 |
| 4.5 | | Minutes from Committees | <p>Ms Turner provided update on meetings attended: Standards 2 Action Plan committee meeting</p> <ul style="list-style-type: none"> - SSEH went through accreditation process. - No component yet for Indigenous people on the standards - Rep from Indigenous Health Link meeting at La Perouse and spoke to her. Hierarchy in the Aboriginal community. Ms Turner will ring the Aboriginal Medical Service and ask. <p>Ms Walker noted advertised for additional CAC representatives.</p> <p>Mr Roberts agreed that Consumer reps best to go to the Aboriginal Elders to discuss organising a rep To attend their meeting</p> <ul style="list-style-type: none"> - Invite someone to attend quarterly. <p>Mr Eleftheriou asked if the Indigenous community are well informed about the CAC.</p> <p>Ms Turner will approach someone in the community.</p> <p>Mr Constantin said we had this discussion before and</p> | For noting only | | |

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| | <p>we do have an Aboriginal liaison officer at POWH.</p> <p>Clinical incidents complaints meeting</p> <ul style="list-style-type: none"> - Very good meeting new chair was very helpful - Role of committee - Communication and monitor recommendations - Look at evaluation template to stop repetition of incidents. <p>Discussed bed rails and OH&S as there were concerns that bed rails are not clicked in position properly. Ms Walker advised that there was to be an audit of the bed rails which related to a patient's family adjusting the bed rail. Mr Constantin suggested signs suggesting to the community that family are to speak with staff rather than attempt themselves.</p> <p>Ms Titterton noted that the bed rail is a barrier sometimes.</p> <p>There was a suggestion to put compliments on the annual report.</p> <p>Frontline communication was discussed. Expectation of good customer services of all staff. The Charles Gardener hospital services was discussed. D. Kennedy to look into providing a copy of their hospital services.</p> <p>Ms Titterton advised that there had been a change of the food packaging and that the committee had not been informed of this change. Ms Rabet commented that this change occurred before the Nutrition Committee was formed therefore were unable to inform.</p> <p>Ms Nicholson provided an update on meetings attended:</p> <p>SSEH - Attended 3 sessions on National Standards with Ms Moore and Ms Kennedy and other hospital staff from Sydney Sexual Health centre.</p> <p>The Falls Committee are working on scenarios on Falls management. Sessions have been planned on Risk Management and complaints. Various leads from SSEH and J Close and Michael Spence from the district. Mr</p> | |
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| | | <p>Constantin recommended the Falls DVD provided by D.Kennedy and A. Eleftheriou will borrow it.</p> <p>Clinical Quality and Patient Safety</p> <p>A Patient safety alert from an external RCA relating to sleep apnoea. Ms Walker advised that a working party is in process of being organised to discuss.</p> <p>Putting a working party together Respiratory nursing consultant putting together.</p> <p>Standard 6 Meeting</p> <p>Ms Turner noted and provided the POWH Foundation list of activities in May 2013</p> | | |
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5. New Business

| Issue | Discussion | Action Required | Who | Due |
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| 5.1 CAC Recruitment Update | <p>The CAC advertisement closed on the 29th April 2013. The applicants will be interviewed on 23rd May 2013.</p> <p>Varied backgrounds on applicants.</p> <p>Ms Turner asked how many applicants?</p> <p>Ms. Rabet advised there were 4 applicants.</p> <p>The voluntary position of CAC members was advertised through the Southern Courier and Wentworth Courier SSEH and through local POWH avenues.</p> | | | |
| 5.2 Nominating Buddies for CAC members on various committees. | <p>There was discussion around nominating buddies for consumers on committees.</p> <p>When a Consumer joins committee – a nominated buddy who is a senior rep will be allocated to discuss the committee concerns and to describe the issues of concern..</p> <p>It is proposed that this will occur for representatives sought for any new committees in the future.</p> <p>Ms Turner advised that the buddy system is very helpful. The chair person should ensure that the consumer has a buddy.</p> | | | |

6. New Business without notice


| Issue | Discussion | Action Required | Who | Due |
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| 6.1 CAC Annual Evaluation | <p>Ms Magee asked if there was an Annual CAC evaluation done? Something useful for periodic review. It should be about Engagement in community and the Level of satisfaction. It was suggested that 4 quick questions carried out annually which would incorporate the CAC action plan.</p> <p>Ms Kennedy commented that at SSEH they have a questionnaire survey processed locally by the NUM or NE. These suggestions are managed locally and then taken to quality areas. Clarity requested from Mr A. Eleftheriou as to destination of the information Ms Titterton noted a similar initiative in Neurosciences POWH.</p> | | | |
| 6.2 Randwick area increase in population. Does this affect patient care in local Hospitals? | <p>Ms South asked about the population of Randwick increasing and what's the point of closing beds when the population is expanding and older age people in the community?</p> <p>Mr Roberts advised we have a dual responsibility to spend taxpayer's money wisely and efficiently. Part of the changes in health care and needs to devise better ways to care for patients in the community. There are a range of initiatives to improve the efficiency of the health care sector. All the changes which occurred with the bed reconfiguration are planning for the future. The hospital are ensuring that these changes are not impacting on services and are looking at how to improve patients models of care at home.</p> <p>Ms Nicholson said that people much prefer to stay at home and have services provided by the GP or the local community health centre than to go to hospital. For example, there are arrangements for people who have weight bearing problems to go to other facilities other than a hospital, so they don't become institutionalised. For example, treatments today are much better organised than 10 years ago.</p> <p>Surgical procedures now are day only instead of a longer stay. Mr Roberts is meeting with the Planning officer in</p> | | | |

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| | | <p>the district to get an update on population projects on forward planning for the current year and over the next 10 years and plan how services grow. Ms South said looking forward to the feedback from these discussions.</p> | | | |
| 6.3 | Exec minutes of 15 th February 2013 | <p>Ms Nicholson noted in the minutes of the Exec meeting of 15/2/13 that there are \$300,000 in SEALS Pathology fees that are not getting back from Medicare.</p> | For noting only | | |

7. Date of Next meeting: Monday 3rd June 2013 4pm – 6pm POWH EDU A

Please note that Monday 10th June is a Public Holiday (Queen's Birthday)

There being no further business the meeting closed at 5:40pm

Accepted as a true record: 

Signature Chair

Chair:

 P. G. N.

Date:

3/6/2013.