



**Health**  
South Eastern Sydney  
Local Health District

TRIM: T14/

**Meeting:** POWH/SSEH Community Advisory Committee  
**Date:** Monday 14<sup>th</sup> December 2015

**Chair:** Mr George Constantin (chair)  
**Minutes:** Ms P. Humphreys (NM to DON)

**1. Attendance / Apologies**

NAME	AREA	status	NAME	AREA	status
Jon Roberts	DO	present	Sharnelle Magee	consumer	apology
Heather Walker	DON POWH	present	Susan Nicholson	consumer	present
Caroline Smith	A/DON SSEH	present	Joanne Matthews	consumer	apology
Trish Humphreys	NM POWH	present	Sherene Taylor	consumer	apology
George Constantin	Consumer/Chair	present	Jan Titterton	consumer	present
Andros Eleftheriou	Consumer	present	Nava Turner	Consumer/deputy chair	apology
Tanya Kent	Consumer	present	Jodie West	consumer	present
John Malouf	Consumer	present	Ericka Van Aalst	Consumer	present

**Presentations**

<b>Richard Yarlett</b>	Unable to attend due to unforeseen circumstances at the time of meeting
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**2. Minutes**

2.1	Confirmation of minutes	Confirmation of November meeting minutes
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**3. Actions / Plans arising from previous minutes**

Issue	Discussion	Action Required	Who	Due

3.1	SMS messaging outpatient clinic appointment reminders	SMS service is not available yet for Outpatients Clinic A & B Level 2 but is being used in smaller clinics such as renal, neurology and diabetes. Firas Altimimi asked that his thanks be given to the committee for their support of the Outpatients Review.			
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#### 4. Standing Items

Issue	Discussion	Action Required	Who	Due
4.1	POWH/SSEH update by Hospital Executive – incorporating Clinical Council information- Update given by Caroline Smith and Jon Roberts	<p>Caroline Smith:</p> <ul style="list-style-type: none"> <li>Amalgamation of the Eye and General Emergency Departments commenced on 16<sup>th</sup> November and it has generally been well received by the staff</li> <li>There are daily “huddles” with staff to discuss issues and what is going well and what could be improved.</li> <li>A meeting will be held with key stakeholders to discuss the amalgamation</li> <li>Have been able to maintain their key performance indicators during the amalgamation.</li> <li>The refurbishment of the Hand Unit has commenced and some beds have been closed to expedite the process and this should have no impact on services.</li> <li>SSEH have performed surgery on some elective patients from St George and Sutherland to help these patients get their surgery on time.</li> </ul> <p>Jon Roberts:</p> <ul style="list-style-type: none"> <li>The Minister for Health has visited the Emergency department to inspect the Fast Track area and the refurbishment</li> <li>The hospital has been busy during October and November which has required the opening of additional beds and an increased use of casual and agency staff</li> <li>There has also been an increase in the surgical workload in the lead up to Christmas</li> <li>We are finalising plans to manage long wait Ear Nose and Throat and neurosurgical patients.</li> <li>Due to the construction of the hybrid theatres, surgery will have an additional one week of modified services in January</li> <li>By the end of March the refurbishment of the Hand Clinic at SSEH should be completed.</li> </ul>		
4.2	Community Advisory Committee members questions	The minutes of the Board Meetings are not up to date	To be reviewed	

4.3	Community Advisory Members Committee Reports	<ul style="list-style-type: none"> <li>• Jan Titterton inquired I it was possible that POWH could set up HealthOne such as that done by the Integrated Care Committee for Sutherland Hospital. This allows patients to get access to information and make enquiries about their care.</li> <li>• Jan Titterton also requested an update on the Outpatients. Jon Roberts explained that POWH will not be closing its Outpatients Department and while there will be some changes in the way doctors may be remunerated; there will be no out of pocket expenses for patients. There will be compliance with all rules regarding running of public hospital clinics.</li> <li>• John Malouf enquired about the extension of hours for Windscreens Café and the size of the café. There is a tender process being conducted in January and while the size of the café will not change, the hours of operation may be extended. POWH is also trying to get healthier foods in its vending machines.</li> <li>• Andros Eleftheriou enquired if the media reports of overtime and fatigue amongst medical officers was a problem at POWH. It was explained that the Department Heads were responsible for managing the rosters and work patterns in their departments. The issue of doctors working long hours was greater in rural areas where there are shortages of staff.</li> </ul> <p>Andros Eleftheriou:</p> <ul style="list-style-type: none"> <li>• Infection Control has introduced new cannula kits and training to go with these.</li> <li>• Positive outcomes with corneal transplants</li> <li>• It is recommended that patients coming from other hospitals have their cannulas replaced.</li> </ul> <p>Tanya Kent :</p> <ul style="list-style-type: none"> <li>• Falls Committee has not been able to resolve problems with procurement of 10=10 beds</li> <li>• No change in action to Sac 2 related to falls</li> <li>• An audit will be undertaken to see where falls mats are used in the hospital</li> <li>• There is a new Continence Care Project. There is not an effective referral process for continence care. All patients should be screened on admission. Continence learning packages are available to staff.</li> </ul>	Jon Roberts will explain the principles of safe working at a later meeting	Jon Roberts	February

John Malouf:

- Budget and Finance Committee discussed the Christmas Plan and decreasing the number of staff. Aim to get the budget overrun down from \$13.5 million to \$9 million by end of January.
- Jon Roberts mentioned we need to get accurate information from Local Health District eg our pathology costs are being reported as increasing by 15% but our activity isn't increasing. Some areas need more transparency regarding the costs of their services.

George Constantini:

- There is no Project Plan at this stage for the Clinical Services Plan but there is a meeting scheduled for January to discuss how it will be moved forward.
- Jon Roberts added that staff are being consulted and there will be bigger workshops in the future to focus on key areas such as Integrated Care.

Jan Titterton:

- Integrated Care – we need better ideas on how we can manage gaps in service such as using more nurses in GP practices or GPs getting better funding to get involved in integrated Care.
- Jan suggested it would be good if other committee members attended the Integrated Care Committee to help her represent consumers. The meetings are held every 2<sup>nd</sup> month from 4 – 6PM and teleconference facilities are available in Hut U.
- Need to determine where money would best be spent on integrated care for patients with chronic diseases.
- A bus goes out to Aboriginal health communities
- There is some capping of money that can be spent by GPs on Integrated Care and also some good projects are started but they don't continue as the funding stops
- There have been some discussion regarding establishment of GP clinics in the Emergency Department but there are complicated costs involved.

Jodie West:

CHOPS project has now finished and they are collating information from the evaluation phase. Screening of Confused Hospitalised Older Patients has increased within 24hrs of admission and while staff are now better at identifying the CHOPS patients, they don't necessarily manage them well. Sharing of information and more hands on training is needed. The last meeting will be in February.

		<p>Susan Nicholson:</p> <ul style="list-style-type: none"> <li>• SSEH needs an operating table suitable for bariatric patients</li> <li>• Improved compliance with hand care especially amongst the medical staff</li> <li>• Cutan hand rub is being removed from the end of beds for high risk patients because of the alcohol content and also for confused elderly patients.</li> <li>• Still some ongoing issues with eMEDS. Quality of Care Committee may conduct some audits to see if "Do Not Disturb" bibs decrease interruptions during medication rounds</li> <li>• Patient Safety Committee reports that the number of cleaners in Emergency department have increased and Ed is now much cleaner</li> <li>• The Patient Details section in eMR may be updated to include GP.</li> <li>• Quality and Accreditation Committee conducted an audit of patient experiences – most were positive – care and treatment good, Emergency Department provided correct information. Negative was quality of food, waiting for medications in discharge process.</li> <li>• All risks need to be put on Risk Register</li> <li>• Up to Local health District to determine what will happen to Standards 11 – 15.</li> <li>• National standards are being reviewed</li> </ul>			
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**5. General Business**


Issue	Discussion	Action Required	Who	Due
5.1	Dates of meetings in 2016	These were distributed but the June meeting will need to be confirmed		
5.2	Agenda for 2016 – the Year Ahead	George Constantin asked the committee members to think about how the agenda and the format of the meeting can be improved:		

		<ul style="list-style-type: none"> <li>? members would like tours of units such as Fast Track in Emergency Department, hyperbaric unit, admissions</li> <li>Dates for annual training for 2016 to be advised</li> </ul>		
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**6. New Business without notice.**

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6.1	Louisa Hope and POWH nurses	Susan Nicholson acknowledged the local paper's article regarding Louis Hope and her relationship with POWH nurses
6.2	Seasons greetings	Erika Van Aalst led Season's Greetings being extended to all committee members

**The next meeting will be held on Monday 8<sup>th</sup> February 2016 at POWH EDU A  
There being no further business the meeting closed at 5.45**

Accepted as a true record GEORGE CONSTANTIN Chair:  Date: 8/2/2016

Signature Chair