
Friday 6 February 2015

MINUTES

PRESENT:

Ms N Cowlshaw, Community member
Mr P O'Donoghue, Community member
Ms T Fletcher, Community member
Ms H Mantziaris, Community member
Ms S Rawlinson, Community member
Ms L Rex, Community member
Dr J Wilson, Community member
Teleconference : Ms E Hutchings, Community member

RHW/SESLHD representation :

Ms H Gunn, Director of Nursing & Midwifery Services, RHW
Ms D Kennedy, Community Partnerships Officer, SESLHD
Ms L Rathborne, Director of Operations, RHW (Chair)
Dr J Svensson, Health Education Co-ordinator and Diversity Health Officer, RHW
Ms J East, Secretariat RHW

1. APOLOGIES:

Ms A Lainchbury, Clinical Midwifery Consultant, Midwifery Practice Development, RHW
Ms L Woodhart, Clinical Practice Improvement Manager, RHW

The order of agenda items was changed slightly.

4.4 Quality & Safety Data – Surgical Site Infection rate

M Evans spoke to the attachment circulated on surgical site infection rates noting that every infection is reviewed and work is being done continually to reduce the rates.

The Committee thanked M Evans who left at 10.20 am

L Rathborne advised the Committee that due to personnel changes made by the Chief Executive SESLHD she will be seconded to St George Hospital as Acting General Manager for six months. Vanessa Madunic, the current Director of Corporate & Clinical Support Services, will be Acting Director of Operations during this time.

The Committee congratulated Leisa.

PRESENTATION

L Rathborne tabled a copy of the patient leaflet *A guide to using your private health insurance at the Royal Hospital for Women* and outlined the benefits to patients and the hospital. The following points were noted:

- Brochure consistent across NSW Health
- Patient can choose own doctor if using private health insurance and have access to a single room

- Public hospitals cannot prioritise patients according to health insurance, it is done on clinical priority
- RHW has the highest proportion of single rooms in the state
- The hospital receives money from the health fund not the patient
- All options are discussed with the patient prior to admission
- ~~If patient chooses a private obstetrician there will be out of pocket expenses from the doctor~~
- There is an option to have a midwifery model of care, access to a single room and no out of pocket expenses

D Kennedy will make enquiries at the Prince of Wales Hospital (POWH) following a question on how they handle the cost and provision of consumables and/or prosthetics during an operation and what differences there are between public or private patients. It was noted the patient should have a discussion with the private doctor regarding the surgery and seek clarification. L Rathborne noted this was not relevant to RHW patients and there is no evidence to say the more expensive consumables have the better outcome.

ACTION: D Kennedy to report back after speaking to POWH

2. MINUTES OF PREVIOUS MEETING

The minutes from the previous meeting held 5 December 2014 were adopted.

Matters arising:

St George Hospital Bengali project : J Svensson advised that this is being funded by the Multicultural Health team. Women come in a group rather than individual appointments. A similar programme was tried at RHW a few years ago without success as the women preferred to see a midwife individually rather than in a group. If the programme proves successful at St George it will be reassessed for RHW.

ACTION: Fact sheets for patients and families: J Svensson will send a list of those translated to H Mantziaris

The action items were noted.

3. GENERAL BUSINESS

3.1 Nominations for Committee Chair

H Mantziaris and J Wilson offered to co-chair which was unanimously agreed on. They will assume the role from the next meeting.

3.2 Proposed topics for discussion in 2015

It was agreed to add the following topics to the list in the email dated 11/2/14

- Bone Density
- Gynaecological Oncology
- Reproductive Medicine (particularly work being done with cancer patients)
- Information on terminations
- Menopause Dept
- Mothersafe (Drugs in Pregnancy service)
- Physiotherapy (group programmes)
- Urogynaecology services

ACTION: items to be included in the presentation list

3.3 Email circulated 11/2/14

Circulation of previous presentations, future presentations, NSW patient survey, slide presentation by Multicultural Health and the Strategic Plan was noted.

3.4 Overview of Services

L Rathborne referred the Committee to the Strategic Plan, particularly page 5 and the list of services circulated with the agenda. During her overview the following services were highlighted :

Mothersafe – counselling service where pregnant women can enquire about medications – it is both a telephone and face to face service for women across the state. It also provides support to general practitioners and other health care providers.

Neonatal Intensive Care – statewide service, due to co-location with Sydney Children's Hospital RHW can provide surgery to newborns

Quaternary services –

Reproductive Medicine (fertility services except for IVF which is being explored);

Maternal Fetal Medicine: complex pregnancies and high risk, high level of care provided both midwifery and obstetrician, patients can come from all over the state, difficult pregnancies sometimes end in termination and it is beneficial to have continuity of care;

Gynaecology Oncology : only about four service providers across the state, multidisciplinary team includes medical, nursing, psychology, social work;

Paediatric and Adolescent gynaecology : co-location with Sydney Children's Hospital only hospital to offer this service, assistance provided before young women reach puberty, rare conditions, surgical and medical service provided, also a national support group;

Breast Centre : treatment for breast cancer, preventative mastectomy, reconstruction, working on a project to amalgamate the service which is currently split between POWH and RHW, surgery can be in either hospital but patients come back to RHW post operatively, currently have two breast care nurses across the Campus

It was noted that the Community Advisory Committee were involved in the consultation for the Strategic Plan but is not mentioned in the document circulated. L Rathborne advised there are two documents – the overview which is the document circulated and the background report which is a much larger document. Consultation with the committee is within the background report. The overview is around priorities and what needs to be done in the next five years to move forward. As this committee was already functioning it is not listed.

Cultural awareness training is being rolled out twice a year and additional modules are being developed by the SESLHD. It is also covered in nursing, medical and corporate orientation. The Multicultural Health Committee is currently focusing on training. There is online and face to face training covering a number of mandatory modules including Respect the Difference which are all part of the accreditation process and reminders are sent to staff.

Equipment is tailored to individual needs and is able to be planned in advance during the antenatal visits.

4. STANDING ITEMS

4.1 Community Partnerships update

D Kennedy tabled a copy of a patient carer story book which outlines scenarios and questions to consider.

4.2 Youth Health update

J Svensson noted that December / January is a quiet period. The SESLHD Youth Health Policy Implementation meeting is scheduled in two weeks. The NSW Health Youth Health Working Party reference group is developing an app which is nearing completion. J Svensson will provide an update at a future meeting

ACTION: Report on development of app at future meeting

As Diversity Health Co-ordinator Jane attended two seminars recently – breastfeeding update and cultural beliefs – and is planning on undertaking a case study with Nepalese women on breastfeeding issues.

ACTION: Report of progress of case study at future meeting

4.3 SESLHD Falls Committee

J Wilson advised there is a meeting next week (11/2/15)

ACTION: report on Falls meeting at next meeting

4.4 Quality & Safety Data – Surgical Site Infection rate

Covered at the beginning of the meeting.

4.5 Patient Feedback

L Rathborne summarised the results for the Royal Hospital for Women which were circulated for information. L Rathborne noted this is a NSW Health survey and hospitals do not have the option to change the content. The following points were highlighted in discussion.

- Health literacy – J Wilson noted that according to the Australian Commission on Safety & Health Care 60% of the population have low literacy levels which would query the 84% on the survey that understood answers to my questions to doctors. It appears the results may be misleading.
- H Mantziaris noted that migrants would not fill out the survey on their own therefore the majority would not participate
- It would be interesting to know the number of participants
- The data is only a snapshot in time

H Gunn advised that these results are looked at in conjunction with other sources, eg internal patient feedback, and it is also a comparison with other health districts.

5. BUSINESS WITHOUT NOTICE

5.1 Committee members training

D Kennedy advised that committee members will need to undertake a number of the training modules and information will be forthcoming.

ACTION: D Kennedy will forward relevant information

5.2 Multicultural health process

J Svensson reported that she will be undertaking an audit on the multicultural health consent process

ACTION: report on progress of the audit to come to next meeting

5.3 Representation on RHW Clinical Council

The Hospital's Clinical Council requests representation to attend their meetings. Two members put their names forward and then E Hutchings suggested, and it was agreed, that an email also be circulated to all members asking for other nominations.

ACTION: The Committee agreed that two members attend the Hospital's Clinical Council and that an expression of interest be emailed to members

It was agreed that due to the quantity of agendas it will be posted to committee members.

Signature 

Date ... 

I would like to show my respect and acknowledge the traditional custodians of this land, of elders past and present, on which this event takes place.