St George Hospital Consumer Advisory Group

Tuesday 23 August 2016 at 9.00am Boardroom, Level 4, James Laws House St George Hospital



	Minutes
	Description
1	Present:
	Peter Brown, Consumer Representative
	Jan Denniss, Consumer Representative
	Sandra Grove, A/Clinical Quality Manager, SGH
	Paul Holdsworth, Consumer Representative
	Michael Jordan, Consumer Representative
	Samantha Knight-Gifford, Aboriginal Hospital Liaison Officer
	Rod Lynch, Consumer Representative (Chair)
	Vicki Manning, SGH Director of Nursing
	Leisa Rathborne, SGH General Manager
	Nick Skleparis, SGH Corporate Services Manager
	Apologies:
	 Jenny Denford, Central & Eastern Sydney Primary Health Network
	Susan Hanrahan, Consumer Representative
	Advija Huseinspahic, Consumer Representative
	Elizabeth Martin, Consumer Representative
	Kristin Mills, NESM
	Paul Sullivan, Consumer Representative
	In Attendance:
	Kim Wrightson, SGH Community Partnerships Officer (Secretariat)
2	Approval of Minutes
	Minutes dated 26 July 2016 were confirmed as a true and accurate record.
3	Items Arising
_	Actions raised at the 26 July 2016 meeting were discussed and actioned.
4	Declaration of Conflict of Interest
	Nothing to report
5	General Business
	5.1 Report from the Chair – Rod Lynch
	Welcome to Michael Jordan, new consumer representative joining the Committee.
	Appreciation extended to Jan Denniss for chairing the last CAG meeting.
	32 pages of documentation reviewed since the last meeting.
	Consumers received an invitation for engagement with the Content Management System Steering Committee to be held on 24 August 2016. Invitation accounted by Jon Donnies.
	Steering Committee to be held on 24 August 2016. Invitation accepted by Jan Denniss and Peter Brown.
	 Marlene Rudd was a successful applicant to join the CAG, however she has withdrawn her application.
	Paul Culling and a second and a second to the day of the Control o
	 Paul Sullivan remains unwell and expects to attend the September meeting. Consumers received an invitation to the MBS review.
	New contact list to be created and circulated.
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6.1	COLL Deficient Cofety and Qualify Martines Law Description
	SGH Patient Safety and Quality Meeting – Jan Denniss
	Meeting held 22 August 2016.
	Discussions were held on a recent incident of a patient spilling a cup of tea and burning
	themselves. The patient was highlighted as needing assistance. A group has been
	created (including kitchen staff) to investigate the risks of tea and coffee being served with
	the meals. Meals are delivered via a thermos re-heat trolley which continues to heat the
	water. Questions raised on whether tea and coffee should be limited to supper as a
	separate trolley provides tea and coffee options, keeping the temperature more
	consistent. Michael Jordan asked how full are the cups. Should they look at reducing the
	liquid content?
	Action: Bring this suggestion to the investigating group – Sandra Grove
6.2	SGH Signage Committee – Jan Denniss
	Next meeting to be held on 25 August 2016.
•	Leisa Rathborne asked if Jan Denniss would be interested in joining the Redevelopment
-	Signage committee. Jan agreed to attend.
6.3	SGH Infection Control Committee – Jan Denniss
•	The Patient Safety and Clinical Quality Report Summary for August 2016 (circulated with
	agenda) covers information on infection control.
6.4	District Steering Committee for Falls Injury Prevention in Health Facilities – Jan
	Denniss
•	Jan Denniss was unable to attend the meeting.
•	Minutes were received.
•	The District Falls Committee members have been asked to review and provide feedback
	on the draft guideline for High Risk Observation Rooms (Adult inpatients). The purpose of
	this document is to outline the key considerations and recommended guidelines for a
	designated high risk observation room. The target patient group is adult inpatients that
	will benefit from increased observation as part of their individualised falls prevention and
	management plan. Considerations include the need for a high risk observation room,
	staffing, environment, equipment, patient selection and assessment.
•	Michael Jordan asked if medical staff do follow up training on falls prevention. He was
	advised that it isn't a mandatory training requirement, but agreed that refresher courses
	can be beneficial. The organisation has a good system in place to assess patients and to
	identify falls risks. A lot of work has gone in to improving our compliance.
	Recommendation moved by Committee.
6.5	Enhanced Recovery After Surgery Committee (ERAS) – Elizabeth Martin
•	ERAS project has been a successful nomination for the LHD in the NSW Premiers Award.
•	No updated ERAS report as a meeting has not been held prior to the CAG meeting.
6.6	SGH Falls Prevention Committee – Paul Holdsworth
	Nothing to report
6.7	SGH Food & Nutrition Committee – Susan Hanrahan
•	Report tabled
6.8	SGH Patient Flow & Demand Management Strategic Committee – Paul Sullivan
	Deferred
6.9	SGH Art Committee – Susan Hanrahan
•	Meeting to be scheduled.
	Peter Brown suggested we look at the Hazlehurst Gallery. Art Committee currently looking
	at themes. The Hazlehurst Gallery has been mentioned at the meetings.
	6.5 6.6 6.7 6.8

6.10 SGH Heart Failure Project – Paul Holdsworth

Talks being held with the Doctors. It will be interesting to watch the progress.

6.11 Central and Eastern Sydney Primary Health Network – Jenny Denford

Follow up with CESPHN regarding a rep at this meeting.
 Action: Enquire about a representative – Kim Wrightson

6.12 Clinical Council Report - Rod Lynch

- Excerpt from the confirmed minutes of 15 July 2016 meeting were circulated to the Committee.
- The following active items for discussion were addressed at the 19 August meeting:
 - Electronic Record for Intensive Care (eRIC) Program, and
 - Coding Audit and DRG version 10
- The applicable sections of the minutes will be forwarded to members when confirmed.
- Leisa Rathborne provided further information on the presentations:
 <u>Electronic Record for Intensive Care (eRIC)</u>
 http://www.ehealth.nsw.gov.au/programs/clinical/eric
- Our current stand-alone ICU electronic medical record system at SGH is no longer fit for purpose.
- Theresa Jacques, Associate Professor, Intensive Care Unit has been a prominent leader within the project for the creation of the eRIC.
- The eRIC Programme will implement a state-wide clinical information system into Intensive Care Units (ICUs) and High Dependency Units (HDUs) across NSW to provide increased ability to monitor and manage critically ill patients. eRIC will integrate with clinical and corporate systems, such as the Electronic Medical Record (eMR) and bedside devices to enable comprehensive and dynamic digital information management. eRIC will improve patient care and clinical satisfaction by providing sophisticated clinical decision support for clinicians as well as patient level, management level and state level reporting.
- Due to ICU being part of the new redevelopment, SGH will be the second site to go live.
 The programme will be placed into the current ICU areas in May/June 2017. This will give our staff the opportunity to be trained prior to the move.
- Peter Brown advised that he has a long term interest in these programmes and would like to discuss it further with the appropriate staff members. Peter discussed the previous work carried out with the e-health schemes. Discussed the need for an electronic system that connects all.
- Leisa advised that it is outside our ability to influence the current works regarding the ehealth schemes.
 - **Action:** Arrange a meeting for Peter Brown to discuss the eRIC system Kim Wrightson Coding Audit and DRG
- When a patient is discharged, the Clinical Information department allocates a DRG. This
 identifies what the primary reason the patient was admitted to Hospital. This forms our
 activity.
- Audit completed on coding. We were within the benchmark. The acceptable error rate is 7%; we were 7.6%.
- Our aim is to raise awareness with the Clinicians to improve our coding quality.
- We have developed sheets for each speciality. It will show the Clinicians what is important to write to improve our coding quality.
 Pain Management practices in the Emergency Department – Response to questions
 - raised by Rod Lynch
 Vicki Manning advised that there are different practices in different departments.
- Pain management practices in our Emergency Department. As the Pain Management staff were unavailable after hours and weekends, there were issues with the commencement of pain analgesics being administered to patients. To assist with the process we have investigated additional Pain Management staff to cover 7 days per week.
- This procedure has been supported by Peter Grant, ED Consultant as it is a good practice for our patients.
- Pain Management has been asked to investigate other services and report back to Vicki

6.13 General Manager Report – Leisa Rathborne

- Busy month with the redevelopments.
- Awning at the front of the Hospital has been removed. Traffic access was closed off during this period. It will take 6 months to finish the front entrance.
- There have been concerns that due to the works at the front entrance we do not have a
 patient drop off area. Changes will be made to the Gray Street car park, allowing a 15
 minute drop off area within the boom gate area.
- ASB on target for August next year. The building will be Wi-Fi enable. The Tower Ward Block and Clinical Services Building will follow. The rest of the campus will be by the end of 2017.
- The architects have created prototypes of a 2 bed room and a theatre. This gives us the
 opportunity to view the rooms and identify any changes/adjustments. From the viewing,
 we have identified a change to the bathroom tiles.
- There will be a lot of work on preparing staff for the new build eg transporting patients between wards etc
- · Busy winter period, especially over the last three weeks.
- Save our Emergency for emergencies Social Media Campaign
- Due to the success of the ED campaign earlier this year, we have increased the message visibility by translating communications into Cantonese, Mandarin, Nepalese and Arabic, with supporting brochures and videos for these languages.
- The campaign resulted in a significant reduction in presentations to the ED by 30%.
- The brochure will be distributed to 80,000 residential addresses between Wolli Creek and Sans Souci and 20,000 brochures will be left in the ED.
 http://www.seslhd.health.nsw.gov.au/SGH/default.asp

 http://www.seslhd.health.nsw.gov.au/SGH/Save ED/
- ED staff are doing a fantastic job with the turn over, especially with the arriving ambulances. Turnover is within 30 minutes.
- Rod Lynch advised that the St George Leader newspaper article regarding the redevelopment and public access was very good. Could we look at placing it on our website?
 - Acton: Investigate placing it on the website Leisa Rathborne
- Question raised by Rod Lynch on the under dosing of chemotherapy. Investigation is ongoing and we cannot provide any update at this stage.
- Rod Lynch asked if we were monitoring a cancer care trial in Perth. Leisa Rathborne
 provided an update to our consumers after the meeting WA trial of exercise with
 Chemotherapy. Our cancer care service is aware of the trial and they are actually
 participating in their own trials into the same treatment with great results. This has been
 funded by the St George and Sutherland Medical Research Foundation.
- Michael Jordan advised that the advertisement in the Leader regarding our redevelopment works was very good and asked if there plans to re-run the information. Leisa advised that there are currently no plans in place but it is a good idea to provide regular communication updates.
- Michael Jordan asked if we had given thought to offering a bulk billing GP service in our ED to assist with the walk-in presentations. Leisa advised that there is a model at Campbelltown which is only mildly successful. They found that when patients arrived at the ED they preferred to see ED staff rather than the GP service. When the afterhours service at the St George Private Hospital closed, we did investigate the service being transferred into our Hospital based community health centre. Unfortunately they chose to transfer the service to Hurstville Private. Our ED offers four fast track services. This model has been successful and works well in our new ED.

	•	Consumers raised concerns that the lift in the Belgrave street car park was out of order for
		a substantial amount of time. Lift has now been repaired.
	6.14	Nursing Update – Vicki Manning
	•	Invitation to be extended to Lorena Matthews to join this Committee.
		Action: Circulate invitation – Kim Wrightson
	6.15	Quality and Safety Update – Sandra Grove
		No significant changes in the report (circulated with the agenda).
		Currently there are two quality projects:-
		1 Catheter Associated Urinary Tract Infection (CAUTI) – Investigating the reduction of catheter infections
		Ventilator Associated Pneumonia (VAP) – ICU conducted the project over an 8
		week period. It was identified that there were no infections. Project is in recess
		as we are doing well.
	6.16	Corporate Services Update – Nick Skleparis
		Volunteers Information Booth was installed (access via Belgrave Street access) on
		Saturday 20 August 2016. Working being conducted to connect services. Signage to be
		installed. In the future, electronic wayfnder will also be installed within this area to
		complement the service.
	•	Pelvic Floor Unit – new demountable being fitted. Surrounding areas will be cleaned up.
		Internal fit out looks good. Includes new bathroom. Demountable funded by donations.
	•	Temporary walkway into the Gray Street entrance has been painted white and lights installed.
		Nick Skleparis presented information on the retail tender for St George Hospital. Due to
		the highly sensitive and confidential nature of the information this has not been minuted.
	•	Gray Street car park – works have commenced on the lower ground floors. Strengthening works in preparation for the additional two storeys. With the addition of the two storeys,
		the ratio will be 60% staff; 40% public.
	•	Service lifts at the back of the kitchen area – works will commence shortly.
	6.17	
	•	Discussions held regarding the retail tender in Item 6.16, Corporate Services Update.
7		rts for Noting
	7.1	Volunteer Report
	•	Deferred
	7.2	Diversity Health Report
	•	Peter Brown raised comments on the Diversity Health Report.
		Action: Invite Vivien Challita-Ajaka to the September meeting to address items.
8	Gove	rnance Items
	•	Nil
9		Business
	9.1	Consumer Orientation
	•	Consumers were happy with the previous format and would like a similar programme.
10		ess Without Notice
	10.1	Hospital visiting hours – Leisa Rathborne
		Removing the restrictions on visiting hours.
	10.2	Tafe Parking – Jan Denniss
	•	Jan Denniss advised that the Tafe car park advises that it is open to the public, but all
		spaces are allocated.
	10.3	ID Badges for consumers

11	Meeting Closed
	Date of next meeting - Tuesday 27 September 2016 at 9.00am, Boardroom, Level 4 James Laws
	House, St George Hospital

CERTIFIE	D A CORRECT RECORD
	RODNEY E. CYNCH
Name	R. Edyel
Signature	
	27-09-16
Date	