

Consumer Council Partners in West Coast Health

Minutes of meeting held in the Corporate Board Room on Monday 9 October 2017 at 2.00pm in the Corporate Board Room (with vc link to Buller Health)

Present: Judy Tutchen (Acting Chair), Neil Stevenson, Ned Tauwhare, Ruth Vaega, Katherine Adlam, Keith McAdam

In Attendance: Gary Coghlan (Executive Management Team (EMT) Sponsor), Deb Wright (Quality Patient Health & Adverse Event Facilitator), Jane George, Associate Director of Allied Health, Julie Lucas, Nurse Manager Clinical Services, Julie Bell (for minutes)

Apologies: Lynnette Beirne, Emma Richardson, Mark Davies, Coraleen White, Paul Norton

1. Update on IDEAL

Julie Lucas provided the meeting with an update on IDEAL. Of note:

- IDEAL is an acronym which builds on nursing principles
- Essentially it stands for identifying the significant other and patient their needs and assessing our communication with them to check their understanding
- It is also about educating the patient on their condition and medications
- It is about listening to all parties
- IDEAL also works in well with End PJ Paralysis and not deconditioning patients ensuring good discharge planning
- End PJ Paralysis Project: This involves getting the patient dressed and mobile while in Hospital. Looking at what is most right for the patient
- Discharge whilst can be at different times of the day depending on different factors, no one over the age of 65 years should be discharged from the Emergency Department after midnight
- There will be some learnings coming out of IDEAL
- A multidisciplinary team (MDT) meeting is held prior to discharge of the patient
- It is the responsibility of the Duty Manager to make the call on discharge

Julie Lucas left the meeting at 2.35pm

2. Proposal – Broader access to HealthOne clinical data by Practice Managers

Jane George provided the meeting with a description of the HealthOne system and details of the proposal. Of note:

- There are 2 different types of computer systems; 1) Health Connect South (HCS) for the Hospital which is shared around the South Island DHBs, i.e. blood tests and x-rays and 2) MedTech which is patient information from General Practices, i.e. records of visits to GPs
- HealthOne is a portal between the two systems – when you are in hospital you can see from HCS into records held in MedTech and if you are a GP you can look from MedTech at hospital records held in HCS. Only people with the correct role (ie a clinician) and a relationship with the patient (ie providing treatment) is allowed to use the portal, and they need to seek permission from the patient where at all possible before they use the portal
- What the DHBs have been asked to do differently – DHBs have been approached by the Primary Health Organisation (PHO) to allow the Administrators at the Rural Practices to have the same access to HealthOne that Clinicians do. The administrators can already see patient information on MedTech. The request is for permission to see hospital information held in HCS, via the portal
- Monthly proximity auditing is done as part of the agreement to use the software
- Pegasus in Christchurch run a background audit all the time. What they cannot work out whether the employee should be looking at a record or not, they write a list and send through to the employer to check
- Consumer Council members asked to think about proposal and respond with their comments
- Question of concern raised by Acting Chair that junior staff at GP Practices will be able to change patient medication information

Jane George left the meeting at 2.35pm

3. Quality & Patient Safety Update

Deb Wright provided the meeting with an update from Quality. Of note:

- Complaints averaging 10-12 per month – 25 in August and 4 in September. Of the 25, 23 have been closed off
- The main areas to monitor are access and funding, access to services, care and treatment and communication. A lot of the communication complaints are upheld
- The consumer is the focus for Quality
- There is a lot of ongoing review of our services to identify what we can be better put in place and working through individuals

- The new WCDHB website is going to be digitally driven with more opportunity for the consumer to use the information provided

4. Previous Minutes

The minutes of the meeting held on 14 August 2017 were confirmed as a true and accurate record of the meeting.

Moved by Neil
Seconded by Ned

5. Reports from other Committees/Working Groups

Written updates were provided from representatives on the following Committees / Groups:

Falls Coalition (Lynnette)
Stroke (Lynnette)
Discharge Planning (Judy)
Clinical Board (Judy)
Medication Safety Committee (Judy)



Summary of reports
from Committees Gro

Buller IFHS Workstream (Neil)

Emma Lacey-Williams from Planning & Funding attended as Chair, with her PA, performing admirably as Buller General Manager's Kathleen Gavigan's replacement on this Workstream. Discussion included the recent Well Child Checks workshop; positive feedback from the Cultural Competency hui at Bruce Bay; provision of IDEAL training in Buller; progression with targets for Maori respiratory patients, child oral health and Mum4Mum peer support.

6. Chief Executive Updates to Board (23 June and 11 August)

Judy commented on the reinvigoration of the Health Alliance and thought it was good coming through the Chief Executive.

Suggestion that the General Manager be invited to the next meeting and Consumer Council members to prepare a list of questions from the Consumer Council

7. Draft Work Plan

Due to time constraint the Draft Work Plan is deferred to the next meeting for discussion.

8. General Business

Succession Planning of Members

The Chair and Quality & Patient Safety Manager met to discuss the succession planning of members. Chair to provide an update from this meeting to members.

There being no further business due to time constraint the meeting ended at 3.45pm.

Next meeting: Monday 11 December 2017 @ 2.30pm in Hokitika Health Centre meeting room.