Health
South Eastern Sydney
Local Health District

TRIM: T19/xxxxxx

Meeting: POWH/SSEH Community Advisory Committee
Date: Wednesday 27 November 2019

Chair: Mr George Constantin
Minutes: Ildiko Greener (EA to DON)

Presentation: Mary Mulcahy, revised the Committees strengths by engaging the group in an activity to reflect on previous workshops.
The committee stated that they believe they are in a better position and feel more confident after the sessions with Mary.
Mary advised she will be returning in 2020 to present on the following events; Compassion Wellbeing program, Code Lavender and Compassion Fatigue. Mary will also be providing staff with coaching skills utilising individual their strengths and experiences.

1. Attendance/Apologies

NAME	AREA	status	NAME	AREA	status
Jennie Barry	GM	Apology	Tanya Kant	Consumer	Apology
Karen Tuqiri	DON POWH	Present	Susan Nicholson	consumer	Present
Barbara Daly	A/DON SSEH	Apology	Ben Steele	Consumer	Apology
Sheemol Barrett	NM POWH	Present	Ericka Van Aalst	Consumer	Present
Carolyn Smith	NM SSEH	Apology	Jan Titterton	Consumer	Present
George Constantin	Consumer/Chair	Present	Andros Eleftheriou	Consumer	Not present
Nava Turner	Consumer	Not present	Sue Suchy	Consumer	Present
Kathleen Sutherland	Consumer	Present	Harris Mihailidis	Co-Chair	Present
Ajay Varshney	Consumer	Present	Louise Dunne	NM SSEH	Not present
Keren Hong	Consumer	Present			

2. Attendance/Apologies

2.1	Attendance / Apologies	

3. Confirmation of minutes / Conflict of Interest

3.1	Confirmation of minutes	The minutes from the October 2019 meeting were confirmed by Jan Titterton.
3.2	Conflict of Interest	N/A

4. Actions/ Plans arising from previous minutes

	Issue	Discussion	Action Required	Who	Due
4.1	Hand Hygiene roving units and audit results	KT provided a brief update on the hand hygiene awareness campaign. A number of extra hand sanitisers have been placed around the hospital. KT requested consumer input/votes to assist in deciding which posters created by staff to use to raise awareness.	KT to send out posters for consumer vote – prior to next meeting	KT/IG	
4.2	Action Plan Update	KS suggested to do a cultural audit in regards to action 3 of the Action plan. Actions to be followed up early 2020 KT advised there will be an opportunity for consumers to be involved in Quality and Safety space particularly in Nursing AP advised SSEH Improvement projects are ongoing, adhoc consumer input is welcomed.	Follow up early 2020	Members	February 2020
4.3	CAC Charter	CAC Charter; discussed time change of meeting. Charter Ratified	Remove from agenda		
4.4	December meeting - RHW	Afternoon Tea has been arranged with RHW, invitations have been sent out for consumers to join the RHW Christmas lunch. RSVP – 29 November 2019.	Remove from agenda		
4.5	Barker Street Chairs	Committee members requested this item to be returned to the agenda.	GM/Chair to follow up	GM/Chair	February 2020

5. Standing Items

	Issue	Discussion	Action Required	Who	Due
5.1	POWH/SSEH update by hospital Executive – GM	**Prince of Wales Hospital:** DON KT: Currently the focus is on Quality and safety for nursing. For nursing staff there has been a number of activities arranged this includes the 'Compassion Lab' forum approx. 70 nursing leaders attended. Positive feedback from all attendees. 'Shining the Light' and 'Baked with Love', afternoon tea was celebrated Friday afternoon to recognise and support victims of domestic violence. Redevelopment: Currently working on the workforce plan for staffing moving forward with the new build, including preparing models of Care. The first crane is currently being named and in the process of being			

		deposited on site to commence the initial build. **SSEH:** DON – Alan Porritt advised currently in the process of facilitating the move of the outpatients department to accommodate refurbishment which will commence first quarter of 2020. Hopeful to be working towards becoming the best performing outpatients department New option to check in at SSEH utilising an electronic check in facility, commencement date to be advised. Automated messaging system for appointments to commence. 2020 District are supporting the Nightingale Challenge – Leadership development for nurses.	KT to update at next meeting	KT	February 2020
5.2	POWH/SSEH update by Committee Members	Please see attached meeting feedback forms.			

6. New Business

	Issue	Discussion	Action Required	Who	Due
6.1	Membership Expiry and recruitment	Two members terms are due to expire, existing members can reapply for the position. If members decide not to reapply then there will be a recruitment drive and positions advertised. A letter will be sent advising committee members when their term will expire.	Noting only, remove from agenda		

7. New Business without notice

	Issue	Discussion	Action Required	Who	Due
7.1	Kathleen Sutherland SESLHD	KS presented at The Australian Professional Society on Alcohol and other Drugs and was successful in winning the people's choice award.	Noting only		

There being no further business the meeting closed at 6.00 pm

Accepted as a true record: GEORGE CONSTANTIN **Chair:** _____ **Date:** 27/02/2020

Signature Chair

SESLHD Consumer and Community Council (DCCC) Formal Meeting

NSW GOVERNMENT Health South Eastern Sydney Local Health District

24 October 2019
Sydney/Sydney Eye Hospital
The Claffy Lecture Theatre
1:00pm-3:00pm

Co-Chairs: Kayin Bents & George Constantin
Secretariat: Sydney Boucher

We would like to acknowledge the Traditional Owners, all Elders both past and present and pay respects to the many nations who journey through the South Eastern Sydney Local Health District. Today we are meeting on the land of the Gadigal people of the Eora Nation, here in the City of Sydney.

ITEM NO.	DESCRIPTION	CARRIAGE	ACTION REQUIRED	TIME	PAGE No.
A. Meeting Opening					
Item 1	Welcome			8min	
1.1	Acknowledgement to Country	GC- Co-chair	For information		-
1.2	Apologies	GC- Co-chair	For information		-
1.3	Present	GC- Co-chair	For information		-
Item 2	Approval of September Minutes	GC- Co-chair	For agreement		3
Item 3	Declaration of Conflict of Interest	GC- Co-chair	For information		-
B. Standing Items					
Item 4	CAC Presentation: headspace Bondi Junction	Andrew Skelton GC - Co-chair	For information	IOmin	-
Item 5	SESLHD District Update	Executive Staff KB - Co-chair	For information	IOmin	-
Item 6	Patient Opinion Update	Kim Olesen GC - Co-chair	For information	IOmin	-
Item 7	DCQC Update	Peter Lewis KB- Co-chair	For information	IOmin	-
C. New Business					
Item 8	Ground Rules Review	KB - Co-chair	For discussion & agreement	IOmin	9
Break 15min					
Item 9	DCCC Charter Review	GC - Co-chair	For discussion & agreement	IOmin	11
Item 10	Annual Plan Review	Sydney Boucher Co-chairs	For discussion	IOmin	-
Item 11	World Cafe Update: Comment & Feedback Card	KB - Co-chair	For discussion	15min	20
Item 12	2020 DCCC Meeting Schedule	Sydney Boucher GC - Co-chair	For agreement	IOmin	-
D. Business without notice 2min					
E. Meeting Close					

ITEM NO.	DESCRIPTION	CARRIAGE	ACTION REQUIRED	TIME	PAGE NO.
Item 13	**Next Meeting** **Date:** Tuesday November 19th 2019 **Time:** 10:00am-1:00pm **Venue:** The Claffy Lecture Theatre, Sydney/Sydney Eye Hospital **Type:** Event: Innovative Health Programs Recognised by the DCCC				

Red Agenda items are pre-reading documents sent out with the agenda. Please have these reviewed prior to the meeting.

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	**Harris Mihailidis**		
COMMITTEE/MEETING TITLE	**SESLHD Consumer and Community Council (DCCC)**	**CHAIR OF MEETING**	**Kayin Bents & George Constantin**
FREQUENCY OF MEETING	**Monthly**		
DATE/TIME OF MEETING	**Thursday 24th October 2019 13:00-15:00**	**LOCATION**	**Sydney/Sydney Eye Hospital The Claffy Lecture Theatre**
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	**Key Takeaway:** **Key Points:** **Summary:** • SESLHD is currently in the midst of a major restructure and Julie's position, Director of Planning, Population Health and Equity, will be replaced with a new Director, Population and Community Health • There is a major focus in the District on addressing unwarranted waste across the system to optimise the care provided to consumers • The DCCC continue to monitor Patient Opinion, which is not-for-profit feedback platform where patients, carers and family can send in feedback that is then sent to those in the health service who can make a difference • The DCCC Ground Rules, Charter, and Annual Plan were reviewed to ensure they still met the needs of the group • Five projects have confirmed their attendance at the Innovative Health Programs Recognised by the DCCC event, and the Executive team has also been invited to collaborate in the last hour. An invitation will also be extended to SESLHD's Media and Communications group to take photos and write a Pulse article • Based upon the CE's schedule, the DCCC voted upon the meeting schedule for 2020 **PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.**		

DATE: 28th October 2019

SIGNATURE:

Health
South Eastern Sydney
Local Health District

Innovative Health Programs Recognised by the DCCC

19 November 2019
Sydney/Sydney Eye Hospital
The Claffy Lecture Theatre
10:00am-I:00pm

Co-Chairs: Kayin Bents & George Constantin
Secretariat: Sydney Boucher

We would like to acknowledge the Traditional Owners, all Elders both past and present and pay respects to the many nations who journey through the South Eastern Sydney Local Health District. Today we are meeting on the land of the Gadigal people of the Eora Nation, here in the City of Sydney.

Item	DESCRIPTION	LEAD
A. Meeting Opening		
Item 1 1.1 **1.2** Item 2 Item 3	**Introduction** Acknowledgement of Country Apologies & Present Approval of October minutes Event Introduction and Details	Co-Chair: Kayin Bents
B. Activity		
Item 4	Project Stations	Sydney Boucher & Amanda Justice
	BREAK	
Item 5	Project Stations	Sydney Boucher & Amanda Justice
Item 6	Outro: Thanks to Projects	Co-Chair: George Constantin
	BREAK	
Item 7	Endorse, Champion or Recommend the Projects	Co-Chair: Kayin Bents
Item 8	Next Steps for Champion Projects	Co-Chair: George Constantin
C. Meeting Close		
Item 9	Next Meeting Date: Thursday 12 December 2019 Time: 12:00pm-2:00pm Location: The Claffy Sydney/Sydney Eye Hospital Type: Formal	

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Harris Mihailidis		
COMMITTEE/MEETING TITLE	SESLHD Consumer and Community Council (DCCC)	CHAIR OF MEETING	Kayin Bents & George Constantin
FREQUENCY OF MEETING	Monthly		
DATE/TIME OF MEETING	Thursday 19th November 2019 10:00-13:00	LOCATION	Sydney/Sydney Eye Hospital The Claffy Lecture Theatre

KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS

Key Takeaway:

The November 2019 Meeting for the DCCC saw 5 selected projects use World cafe methodology, a flexible format for hosting large group dialogue where DCCC members in small group rounds having 6 minute presentation to members and 4 minutes of answering members questions. All these projects endorsed by DCCC with members voting on:

- **Contributes to improving the patient experience and/or outcomes via health navigation or person-centred care**
- **Addresses an identified patient or consumer need or aspiration**
- **Aligns with the National Safety and Quality Health Service Standards: Partnering with Consumers** (e.g. meeting patient's information needs, promoting shared decision-making, supporting health literacy, involving a patient in their own care)
- **Promotes equity, inclusivity and/or considers priority populations**

The projects:

1. ONE Study (Overdose & take home Naloxone in Emergency settings)
Opioid overdoses are increasing across Australia and worldwide. Take Home Naloxone (THN) programs are effective in reducing overdose related deaths. To prevent opioid overdose morbidity and mortality in patients presenting to ED, the ONE study is a pilot project that will develop, implement, and examine the feasibility of a take-home naloxone (THN) brief intervention at POWH ED. The program would allow credentialed health workers to dispense an intranasal naloxone formulation, Nyxoid, a medication which temporarily reverses the effects of an overdose.

2. Music Therapy

At present, music therapy is an underutilised resource within NSW Health. Although there is literature to support the benefits of music therapy across hospital populations, music therapy positions within NSW Health are primarily funded through charitable organisations, with the majority of these positions being within paediatrics. Since November 2018, the author has been working with the NSW Allied Health Data Project Officer (from the NSW Allied Health Data Governance & Analytics Group) to develop and refine the current indicators for referral to music therapy within the electronic medical record system. The purpose of this initiative is to ensure that referrals to current music therapy programs are more person-centred, as well as to increase the awareness of the benefits of music therapy across clinical populations.

3. My Health Questions Pocket Card

An initiative of the St George and Sutherland Mental Health CAC in 2014, the My Health Questions Pocket Card was designed by consumers for consumers, to help support interactions with health practitioners. A quick reference guide when deciding what questions to ask, the pocket card fits conveniently in a consumer's wallet and was

adapted to a number of different languages. It includes questions regarding treatment medications, physical health, and symptoms/diagnosis.

4. HOPE (Homelessness Opportunities Presentation to ED)

We know that Homelessness is increasing in Australia and SESLHD has the highest number of people in NSW who are homeless. The HOPE project is a joint initiative of Sydney Hospital Emergency Department (SSEH ED) and Social Work, which enables us to collect ongoing data on people experiencing homelessness presenting to SSEH ED, build ED clinician knowledge around homelessness and provide better health care by working collaboratively with our local homeless services.
In 9 months of data collection, we identified 694 patients presenting to our ED who were experiencing homelessness and learnt more about who they are, when and why they present to ED and opportunities for improved care. We have begun connecting with local homeless health services to deliver better value health care by sharing case management with our most vulnerable case presentations, developing referral pathways and providing our patients on discharge with resource packs (where they can access food, showers, health dental, housing services and outreach support).
The HOPE project enables us to better understand, recommend and measure improvements to the way we deliver health care to our most vulnerable population as well as guide future planning and service models.

5. COMAC (Communities at the Centre)

Communities at the Centre is a place based equity and wellbeing initiative in Maroubra and surrounding communities. The aim of our initiative is to build community resilience, improve wellbeing and reduce inequities in these communities within a generation.

At this time winners not formally notified so will do at next meeting.

Key Points:

Summary:

PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.

DATE: 23rd November 2019

SIGNATURE: JL

Agenda

Medication Safety Sub Committee
Thursday 14th November 2019
11:30 AM-1:00 PM
Parkes 7W Meeting Room

ITEM NO.	DESCRIPTION		CARRIAGE	ACTION REQUIRED	
A. Meeting Opening					
Item 1	Welcome and Acknowledgement of Country- 7 would like to acknowledge the Traditional Owners of the land we are meeting on, the Bidigal and Gadigal people of the Eora nation. 1 remind people that we are on Aboriginal land and 1 acknowledge the Elders past, present and future'		Chair AD		
	1.1	Apologies-	Chair	For noting	
	1.2	Present	Chair	For noting	
Item 2	Approval of Minutes (September)		Chair	For approval	
B. Action Item from Drevious minutes (October meeting - no quorum)					
Item 1	Prescriber medication order view (visibility of medication history vs active medication orders) Risk in relying on individual MOs to update their own profile from email communication. Coroner's report indicates visibility of medication orders status contributed to patient death. Number of near misses at POWH in 2018. MM has liaised with JMO education training team to set up a process with closed loop for intern/JMOs to confirm they have amended their eMeds view. CMcV has raised at recent JMO education session to remind them of importance up updating view. CW/CMcV have raised with patient safety committee in upcoming report as ongoing risk Action: • MM to report responses to re-configuration of view September 2019 • MM to forward concerns in work flow to LC for investigation. • LC to report back to MSSC in September on workflow.		MM	For noting	
Item 2	Medication Incident Management: Quality of review processes and documentation highlighted as ongoing concern. MM has requested each department nominate a medical representative for medication incident prescribing reviews. Still awaiting responses from units. MM has plan to proactively request management information for medication incidents to ensure management includes appropriate information for medication review. Requires input from CPIU to complete. 4E walk around report - requests assistance in identifying		MM KO MM	For noting	

ITEM NO.	DESCRIPTION	CARRIAGE	ACTION REQUIRED	
	medical representative for oncology medication incidents. Actions: • MM to feedback when medical representatives confirmed. • CMcV to forward draft of incident review considerations/reporting (completed) CW/CMcV to discuss with Chris Conn in CPIU re how to progress template for medication incident review. • KO to advise when medication incident education material completed. • MM to liaise with CC regarding CPIU patient safety officer involvement in pre-emptive review process, (on hold)			
Item 3	Cytotoxic Working Party CMcV has liaised with BC to raise importance of medical representation and participation. In cytotoxic high risk drug working party. Also requires rheumatology and hematology representation. No meetings held in 2019 In progress - MM has been liaising with BC. Action: • MM to feedback in November	MM	For noting	
Item 4	Medication Incident Trends 2018 incident report prepared by CPIU DE. Due for 6 monthly trend analysis. The feedback in December was there was opportunity to review format of information. Agreed that trends on - admin - prescribing - dispensing errors for the last 12 months of data by type/ward/area and compared to previous years. Actions: • KO to present trends November 2019	KO	For discussion	
Item 5	Medication Incidents June 2019 - follow up information Actions: • KO to update 11 MS labels for June Incidents as per previous minutes (completed) • CMcV awaiting feedback from SA in ICU to ensure appropriate follow up of error (? Entry error in eRIC) Feedback received from SA to CMcV, investigation resolved. Error occurred in emergency verbal order. ICU are progressing a 'close the loop' approach to			

ITEM NO.	DESCRIPTION	CARRIAGE	ACTION REQUIRED	
	verbal orders in this setting.			
Item 6	Narcotic Working Party Reports (defer to November) Note that opioid patient information leaflets recently endorsed, MSSC members unsure where this is accessed and who is providing to patients? Perhaps only being used by APS team? Actions: GR to discuss with Narcotics working party proposed plan for dissemination of leaflet and recommendation for CALD patients.	GR		
C. General Business				
Item 1	Medication Safety Walk Around (attached) Distributed October 2019 • Spinal Unit (for noting) • General Rehabilitation (for noting) • 4E Medical Oncology (for noting) • 3E Acute Stroke Unit (for noting) Nursing discharge template documentation used in 3E forwarded to DON for consideration of expanding. Themes of non-compliance with daily safety checks on refrigerators, eMR downtime computers, secure storage noted Distributed November 2019 (attached) • P5 Geriatrics (for discussion) • 9E Corrections (for discussion)	CMcV	for discussion	
Item 2	Medication Management Policies POWH Policy and Procedures review committee has requested the MSSC form a working party to: Amalgamate the 3 Business Rules relating to the Management of Medications at POWH. - Medication Management POWH CLIN032 - Schedule 4 Appendix D (S4D) and Schedule 8 (S8) medications- storage, handling, checking POWH CLIN016 - User-applied Labelling of Locked Catheters POWH CLIN058 Review the Business Rule and simply, removing any information that is repetitive or already present in the overarching documents from NSW Health and District instead referencing back to the original source. • Review the content of the updated Medication handling	CMcV	For discussion	

Item No.	Description	Carriage	Action Required	
	in NSW Public Health care Facilities PD2012_069 when available and align POWH CBR. Discussed in October- MSSC members to review amalgamating once NSW PD updated and when individual sections have been reviewed/updated by content experts. Resources to complete this noted to be limited.			
Item 3	Standard 4 Medication Review Criterion - CEC Medication Review Guidelines released (attached) - For discussion how to progress for accreditation planning. -Pharmacy have developed local medication review guideline, documentation and auditing process. - Medical and nursing disciplines to review criterion and how to demonstrate compliance.	CW	For discussion	
Item 4	Medication Safety Sub Committee Evalutation - Committee evaluation survey link to be distributed for 2019	CW	For discussion	
D. Standing Items				
Item 1	Medication Incidents August 2019 (discussed in October for confirmation) • Prescribing • Administration • Dispensing • Other Discussed at October meeting and out of meeting feedback from JM (no quorum at last meeting) 2947658 - Missing oxy norm* 20mg capsules in 2N or recovery? Incident requires follow up and completion of investigation. KO has requested follow up from ward areas. The following have been actioned by KO Administration: • 2968707-20 should this be a clinical handover incident in addition to omission of administration due to the lack of communication between prescriber and nursing? (may be in already but we can only see medication type) referred to KO • 2963443-20 - no follow up on this incident. Indicates a patient readmission due to incorrect rivaroxaban dose. For follow up/investigation - referred to KO/CPIU • 2962828-20,2965545-20, 2967902-20, 2975207-20 add 'presentation' to type of incident • 2967767-20 - add 'potassium' as drug type (high risk medication error) • 2976199-20, 2978123-20- 'IV infusion' tag	All	For discussion	

ITEM NO.	DESCRIPTION	CARRIAGE	ACTION REQUIRED	
	Prescribing • 3000060-20, 2983376-20, 2976946-20- add 'med rec' Medication Incidents September 2019 (awaiting report) • Prescribing • Administration • Dispensing • Other			
Item 2	High Risk Medication Working Party Reports • Heparin (report to follow)	CW	For discussion/ for noting	
E. Business Without Notice				
Item 1				
Item 2				
F. Action Items awaiting follow up for future discussions				
Item 1	Safety Notice 008 -18: Return of Patient Own Medications • Suggestions raised at July Nursing Clinical Practice Council o Designated location on ward for storage of POM in secure location o Use of green bags for storage o Use of secure S4d/S8 tamper proof bags for easier storage within safe o Process of return of POMs • Await further feedback at NUM and CNE forums to progress the above with the support of KT.	CW	Final communications being completed Nov 2019 (Fiona Doukas)	
Item 2	MK to feedback on progress/plan for nursing clinical council or alternate group to escalate a) time critical medication strategies and b) Adherence with line labelling. CW/JM completing high risk drug infusion auditing in 2019 MK reviewing current practices with Nursing clinical practice council. Review in December 2019	MK/JM		
Item 3	Cytotoxic administration in non-cancer areas. Difficulty to ensure availability of trained staff - Follow up after competency requirements sent to CNEs/NUMs by JM	GR/JM		
Item 4	Medication fridge auditing and action Discussed management and monitoring of non-vaccine medication refrigerators and poor compliance with auctioning out of range temperatures. SD reports that will re-review and to organize a walk around to review all areas SD and MK have developed a QARS walk around tool and will	SD/MK		

ITEM NO.	DESCRIPTION	CARRIAGE	ACTION REQUIRED	
	complete in September. Actions: SD/MK to feedback to MSSC on in November 2019			
G. Meeting Close				
Item 1	Date of Next Meeting Date: 12/12/2019 Time: 11:3O-1PM Venue: 7W Meeting Room			

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	**Harris Mihailidis**		
COMMITTEE/MEETING TITLE	**Medication Safety Sub Committee**	**CHAIR OF MEETING**	**Dr Apo Demirkol**
FREQUENCY OF MEETING	**Monthly**		
DATE/TIME OF MEETING	**Thursday 14th November 2019 11:30 PM -1:00 PM**	**LOCATION**	**Parkes 7W Meeting Room**
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	**Summary:** **Prescriber medication order view** • Need to ensure default Prescriber Medication view defaults to current rather than history for all Prescribers. Will take time, JMO education updated however hard to get VMO's to comply. Awaiting MM to follow up. MM Absent. Medication Incident Management: • MM to review process and become proactive in reviewing iiMS earlier to ensure information is relevant and informative and include appropriate info for medication review. Awaiting MM to review and follow up. MM Absent. Cytotoxic Working Party • No meetings in 2019 Awaiting MM to for feedback to liase with BC and followup MM Absent. **Medication Incident Trends** • KO Presented 11 MS trends from Nov 2018-Oct 2019 Predominantly down, biggest cause Medicine Reconciliation, to be reviewed by CW and KO. **Medication Walkaround** • 9E Correction Ongoing concerns regarding refrigerator monitoring Extremely poor storage for medication as kitchen is co-located with medication storage and needs urgent attention. AD to escalate to MM. MM absent. Over 2 year period all main clinical areas have been visited and next will be minor clinical. CW to tabulate list of findings for review. **Standard 4 Medication Review** • New CEC Medication Review Guidelines released. Pharmacy have developed local medication review guideline, documenting and auditing. Medical and Nursing to review on howto demonstrate compliance. BW suggested to incorporate into MO training in January. CW to discuss with CC **PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.**		

DATE: 21st November 2019

SIGNATURE:

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	Patient Safety & Improvement		
FREQUENCY OF MEETING	Monthly	**CHAIR OF MEETING**	Martin Mackertich
DATE/TIME OF MEETING	25.11.19 - 2-3.30 pm	**LOCATION**	EUA
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	**Key Takeaway:** 1) Presentation; Falls Committee Annual Report. POWH falls level below peer group with a spike in last four months. challenges noted in the move to Acute Services Block. 2) Medication Fridge Temperature - Karen Tugin. Medication Fridge temperatures are required to be recorded daily. Audit August 2019 showed number of temperature breaches mainly in smaller bar fridges. Engineering to attend to ventilation control. Costs of drug wastage approx $80,000 per annum. Installing a Mates Monitoring System estimated $85,000 with annual cost $3,000. 3) Hand Hygiene Compliance report presented - Karen Tugin **Summary:** 4) Brief - Natalie Murphy - The Governance process for the use of the ACI Clinical Care standards at POWH. At present there are 8 ACI clinical care standards appropriate for use at POWH		

PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.

DATE: 26.11.19

SIGNATURE: S Nicholson

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	POWH Patient Safety & Improvement		
FREQUENCY OF MEETING	Monthly	**CHAIR OF MEETING**	Martin Mackertich
DATE/TIME OF MEETING	28.10.19; 2-30 PM	**LOCATION**	EUA
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	**Key Takeaway:** Presentation - Dr Greg Keogh & Meredith Gimblett; National Surgical Quality Improvement Program (NSQIP). Pilot program. Will follow patient from day of surgery until 30 days post-op. Focus on diabetic patients, ensuring control of diabetes prior to surgery. ACI developing questions for patient survey. POWH could become a pilot site. Improved patient outcomes. Less costs to health services **Key Points:** 2) Presentation - Natalie Murphy, Policy & Procedure Committee Goals: 1) Web page Redesign; 2) Review of Extreme and High Risk BRs. 3) Identify which BRs can be District instead of Local. 4) Analysis standard NCAHS v2. **Summary:** Patient Opinion: One story referred back to SPM for follow up **PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.**		

DATE: 30.10.19

SIGNATURE: S Nicholson

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	S/SEH Patient Safety & Improvement		
FREQUENCY OF MEETING	Monthly	**CHAIR OF MEETING**	Pauline Rumna
DATE/TIME OF MEETING	07.11.19 2-3pm	**LOCATION**	Worrall
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	**Key Takeaway:** 1) Patient Opinion Report for last quater 2) S/SEH Health Round table Report Presentation - Chris Ellery. Reports now linked to Standards 3) Mandatory Training - Basic Life Support Child Manakin - Adult. Medical Staff working schedule for education **Key Points:** Nursing staff - good. 4) S/SEH. Pilot site for wayfinding project 5) ED developing Action plan for IMS. **Summary:** **PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.**		

DATE: 08.11.19

SIGNATURE: S Nicholson

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	Quality & Clinical Practice Council		
FREQUENCY OF MEETING	Monthly	**CHAIR OF MEETING**	Michaela Kelleher
DATE/TIME OF MEETING	28.11.19; 2.30-3.30	**LOCATION**	EU A

KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS

Key Takeaway:

Key Points:

Summary:

Presentation: Micheal Breeze - Workshop at John Hunter Hospital Intentional Rounding - Implementation at JHH took 3 years; nurses accountable for their patients; High risk falls patients nursed in a four bedded room, one nurse remains in the room throughout shift. All equipment is kept in the room.

Presentation: Yvonne Steadward on behalf of Jamie Hallen, Falls Task Force. Concerns with hybrid documentation of falls, consultation re FRAMP being missed. Committee agreed need for EMR documentation. Task Force to be informed.

3 Medication Fridge Audit Pharmacy recommends centralised fridge monitoring be implemented.

PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.

DATE: 29.11.18

SIGNATURE: S Nicholson

MEETING FEEDBACK FORM
CONSUMER ADVISORY COMMITTEE

Please submit to CAC secretariat for submission with minutes

NAME	Susan Nicholson		
COMMITTEE/MEETING TITLE	Communicating for Patient Saftey		
FREQUENCY OF MEETING	Monthly	**CHAIR OF MEETING**	Chris Conn
DATE/TIME OF MEETING	03.12.19; 11.30 - 12.30	**LOCATION**	EUA
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	**Key Takeaway:** i) SAC 2 Reports. Discussed 2 Nerve Block Incidents. Reports to be presented at Theatre management committee. ii) Audit of Documentation of records of Out patient visits. C. Conn to follow up with Dr Martin Mackertich. iii) Communicating at Transfer, Noted challanges occur in adhering to admission policy when transferring a patient to another facility within district iv) Clinical Handover - Medical Business rule now completed. Audit to be Conducted **Key Points:** **Summary:** **PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING.**		

DATE: 04.12.19

SIGNATURE: S Nicholson

INTEGRATED CARE STEERING COMMITTEE 19/12/19

(CHAIR) TONY JACKSON 11-12-30 JAN TITTERTON

[redacted] -

UPDATES: PATIENT FLOW PORTAL DEEMED A SUCCESS. INDIGINEOUS PROGRAMS GOING WELL

PROMS + PREMS: HOPE PLATFORM INTRODUCTION NEXT YEAR ONLINE PROGRAM FOR PATIENT COMPLETION BEFORE SERVICE. STILL ONLY PARTIAL IMPLEMENTATION

HEALTH PATHWAYS: 150 LIVE 130 DRAFT
NEW PLAN TO CO ORDINATE ON STATE LEVEL.

POPULATION & COMMUNITY: CARE COORDINATORS HAVE 20-25 CLIENTS AT A TIME. MANY REFERALS FROM JUSTICE HEALTH - MEETING MID FEB
BULWIL RUNNING HEALTHY LIVING PROGRAMS 125 CLIENTS.
ED TO COMMUNITY TSH + STGH FOR FREQUENT ED PRESENTERS (10+) 10 PEOPLE IN PROGRAM STAFF NEEDED TO IMPLEMENT

MULTILEVEL INTEGRATED CARE: MAY OPEN BARIATRIC UNIT MARCH 2020

SERVICE DIRECTORY: STILL AIMING FOR JUNE 2020 - LOT OF WORK - ONLY RHW + CALVARY TO START?

HEALTH COACHING - NO EVALUATION - STILL IMPROVING UPTAKE - WORK ON QUALITY NEXT. IMPACT TOO HARD TO QUANTIFY

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