

MINUTES

TSH Consumer Advisory Group

Wednesday 7 July 2021 at 2:00pm - via Skype

ITEM	DESCRIPTION	CARRIAGE
1	Attendance:	
	<p>Staff / Consumer Reps:</p> <p>Vicki Weeden (VW) General Manager Peter Lewis (PL) Consumer Representative Godfrey Ross (GR) Consumer Representative Malcolm Ricker (MR) Consumer Representative (Chair) Robyn Riley (RR) Consumer Representative Debbie Wood (DW) Consumer Representative Gen Webb (GW) Consumer Representative Sharon Bennett (SB) Consumer Representative Jim Hankins (JH) Consumer Representative Elizabeth Mason Manager, Clinical Governance Unit Josie Julian (JJ) Quality, Risk and Patient Safety Manager Valmai Ciccarello (VC) Consumer Feedback & Medico Legal Manager</p> <p>Apologies:</p> <p>Jan Heiler Director of Nursing and Midwifery Patrice Thomas (PT) Patient Safety Manager, CPIU Carole Goodyer (CG) Consumer Representative Sonia Markoff Consumer Representative Jenny Church Consumer Representative Cheryl Hall (CH) Consumer Representative</p>	
	Guests Welcomed	Chair / Co-Chair
3	Approval of June 2021 minutes – Approved by Josie Julian	Chair / Co-Chair
4	Declaration/s of Conflict of Interest <ul style="list-style-type: none"> N/A 	All
5	General Business	All
	<p>Report from the Chair</p> <p><i>Meeting Chaired by Malcolm Ricker</i></p> <ul style="list-style-type: none"> A review of representation on every committees has been done to ensure an appropriate and even distribution among the CAG cohort. MR has sent email to members 	Chair / Co-Chair
6	Management Reports	

ITEM	DESCRIPTION	CARRIAGE
	<p>6.1 – General Manager Report</p> <ul style="list-style-type: none"> • Busy month. ED has experienced significant activity over the last few months which has reduced slightly due to lower presentations during Covid • Winter activity and business plans are being finalised • Pandemic plans and initiatives from March 2020 have been reinvigorated. Multiple changes happen quickly which needs a responsive approach • Visitor restrictions which are based on health requirements has been challenging for patients and staff. An afternoon staff member has been employed to work between entry points. There are many young and new door screeners who are doing a great job in managing conflict. NUMs have been asked to communicate with door screeners to give them a dedicated visitor list • Vaccinations for healthcare staff and their families have been given priority 	Vicki Weeden
	<p>6.2 – Nursing and Midwifery Update</p> <ul style="list-style-type: none"> • Receiving an increase in nursing hours per patient day in some wards to 6 hours direct care per day • Enhancement is being received for other wards • Business planning initiatives relate to how to manage some patients virtually and how to move patients in/out • The clinical programs are reviewing criteria led discharge • Meeting with NSW Ambulance to ensure good relationships are maintained during their recent industrial action • Staff have advised that nursing homes are not reluctant in accepting their residents at discharge • Ongoing recruitment to continue to enhance casual pools across clinical areas • Demand for vaccination hubs is high. Nursing is significantly challenged in this area 	Vicki Weeden (on behalf of Jan Heiler)
	<p>6.3 – Overview of Patient Feedback: April - Jun 2021</p> <ul style="list-style-type: none"> • 87 complaints received. 41 complaints received in June with a few related to Covid and visiting restrictions <ul style="list-style-type: none"> ○ ED - 23 complaints ○ Ward - 9 complaints ○ Jara - 5 complaints • Email has been sent to NUMs to remind them to record patient belongings, provide denture cups and advise patients that it is the patients responsibility if they are bringing valuables into hospital • 121 compliments • ED received 13 compliments • Maternity Services received the most compliments with 48 over this period 	Valmai Ciccarello
	<p>6.3 – Corporate Services</p> <ul style="list-style-type: none"> • <i>N/A no current representative</i> 	N/A

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7	<p>Document Reviews</p> <p>Cardiac Rehabilitation brochure – WM explained the brochure was designed to use during both normal time and Covid. Patients are being discharged from hospitals with less information to help them. Patients feel reassured as they can be assessed via telehealth within the first few weeks after discharge. The chest press in the gym has been added to the Capital Plan for purchase within the next 12 months</p> <p>CAG Feedback:</p> <ul style="list-style-type: none"> • Excellent brochure that covers everything the unit offers (RR) • One of the best brochures he has seen (MR) • A high quality great service for patients after surgery (DW) • Small grammatical error second page (GW) <p>Action: CAG endorsed the Cardiac Rehabilitation brochure. Mary Hughes to forward the CAG endorsement logo for inclusion on the brochure</p> <p>Clinical Business Rule</p> <ul style="list-style-type: none"> • Submitted for information. • Document is reviewed every 5 years. <p>Action: Completed. CAG have reviewed the document and thanked the Clinical Documents Manager for the opportunity to review.</p> <p>Consumer Engagement Business Rule</p> <ul style="list-style-type: none"> • Sent out as a late paper • The document provides facility with a framework on how to partner with our consumers <p>Action: Committee to review and provide feedback at the next meeting</p>	<p>Wendy Mullooly</p> <p>Josie Julian</p>
8	<p>Presentations / Discussions: - Clinical Governance Unit</p> <ul style="list-style-type: none"> • Transition of CAG to CGU is going well • A review of the representatives on each committee has been completed. Thank you to MR for his work on this • Have seen an increase in incidents in HS1 (unexpected death) and HS2 (injury). Theming includes communication, assessment/risk assessments, use of equipment and compliance with policy <ul style="list-style-type: none"> ○ HS1 – 4 to date (Jan-Jun 2021) compared to a total of 3 in 2020 ○ HS2 – 15 reported (Jan-Jun 2021) compared to a total of 10 in 2020 • Increase in pressure injuries acquired while in hospital. Skin Integrity Prevention Committee will focus on this • Hospital risk – Falls risk rating increased from medium to high • High risks around testing of medical equipment • A focus on how to improve the experience of care for vulnerable patients; in particular patients with an intellectual disability. 	<p>Elizabeth Mason</p>
9	<p>Standing Items</p>	
	<p>9.1 Standards / Accreditation</p> <ul style="list-style-type: none"> • Compliance target is March 2022 • NS “Walk n Talk” is a mock/informal accreditation conducted by a representative from CGU and Executive. Walkarounds will commence 	<p>Josie Julian</p>

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	<p>once Covid restrictions are eased.</p> <ul style="list-style-type: none"> • Readiness assessment in October. A gap analysis of all actions in consult with District Mock accreditors. • Patient Information brochure is being updated. The brochure will be presented to CAG for review at next meeting • The recent gap analysis in May identified 2 high risks, 19 medium risks and 29 low risks • 8 facility wide audits done. Action plans developed for areas requiring attention: <ul style="list-style-type: none"> ○ Vaccine fridges ○ High risk medication storage ○ Delirium assessment and screening management ○ Mental health deterioration ○ Storage or sterile stock ○ Clinical audit 	
	<p>9.2 TSH Food and Nutrition</p> <ul style="list-style-type: none"> • N/A 	Jenny Church
	<p>9.3 TSH Clinical Council</p> <p>Acknowledgement Resignation from the Clinical Council by Jenny Church. Thanks for her attendance and input with the Clinical Council noted.</p> <p>1. Medical Imaging Report A wide ranging report covering all areas involved in imaging services provided by the TSH. The reporting period was across 3 months involved 120 people with 73 recommendations.</p> <p>Several points noted</p> <ul style="list-style-type: none"> • Is TSH MRI licensed or unlicensed. • Operating the MRI service 7 days per week at SGH is under discussion. Opportunity for additional spots for TSH, currently allocated 3 appointments daily. • Imaging Services at TSH are understaffed. All after hours coverage an issue. • The reading of and reporting of imaging for TSH is above the high standard. • The SESLHD will be committing to the suggested recommendations. <p>2. The New Indigenous area The area is operational with the official opening planned for the 5th July postponed due to Covid lockdown.</p> <p>3. Patient Safety Studies Elizabeth Mason presented several case studies, the outcomes and recommendations discussed. 2 x lev.1 4 x lev 2.</p>	Robyn Riley
	<p>9.4 Falls Prevention</p> <ul style="list-style-type: none"> • SAER (Serious Adverse Event Review) Report- In January- an aged care patient had unwitnessed fall in the bathroom in acute medical ward, sustained serious injuries, they had deteriorated and pass away. • Warada need to implement: <ul style="list-style-type: none"> ○ pre and post audit including completion of management plans for high-risk patients and verbal handover of strategies in place between shifts ○ Project plan that outlines goals, objectives and measures based on 	Sonia Markoff

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	<p>audit results and staff feedback</p> <ul style="list-style-type: none"> ○ Summary report to be completed and tabled at TSH Falls Prevention Committee within 9 months. ● Completion of FRAMP – a number of issues were arisen: <ul style="list-style-type: none"> ○ Different reason why for falls prevention strategies is not being implemented such as availability and access to equipment e.g.: posey mats and lack of resources ○ There is not enough beds in high-risk observation room results in 2 nurses off the floor. ○ Other Patient factors such as independent patient who didn't ask for help slipped in shower. Strategies were implemented however patient didn't ask for help. ○ There are number of environment and bathroom variables e.g.: flooring, lighting, doors, equipment, rails are not consistent across the wards. ○ Lack of effective storage spaces ○ Escalation procedures and support received. ○ There will be amending to IMS+ falls template by adding reason that falls prevention strategies are not implemented. ● Mandatory Falls Training will now include delirium in the training and staff will need to be completed it. ● A Fall Prevention and Management Presentation will be presented at next August meeting. 	
	<p>9.5 Skin Integrity Prevention and Management</p> <ul style="list-style-type: none"> ● Godfrey Ross is the new representative 	Godfrey Ross
	<p>9.6 TSH Emergency Response Working Group</p> <ul style="list-style-type: none"> ● The strategies for Exercises for 2021 is that each facility is being invited to identify an area that they would like testing ● 90 incidents from 1 March to 16 June 2021: 5 Code Blacks called; 85 Physical Aggression incidents. Action: The next Report to include comparisons from the previous year so that we can see if there are any themes ● Infection Prevention & Control/Staff Health - Fit Testing Program started running. Information is being sent out to NUMs. <p>COVID-19 Vaccines – remain on at STG with both AstraZenica and Pfizer. Still cannot run a Report for the Vaccines. Approximately 130 staff haven't had their Flu vaccination. However, 1,100 vaccinations done (10 to 20 every afternoon). Notification will be sent out to advise that Flu clinics will be finishing soon</p>	Sharon Bennett
	<p>9.7 Patient Safety and Clinical Quality</p> <ul style="list-style-type: none"> ● Following a wrong site surgery of a collaborative care patient this year, work is/has taken place to ensure consistent verification of correct person, procedure and site. ● Work continues on improvements in the Vulnerable Patient and 	Malcolm Ricker

ITEM	DESCRIPTION	CARRIAGE
	<p>Deteriorating Patient after hours care, to fill existing gaps.</p> <ul style="list-style-type: none"> Concerns raised re JMO workloads after hours e.g. number of tasks/calls received, time taken to explain medications to patients in the absence of pharmacists, explanations needed for visiting families after care teams have left for the day. 	
	<p>9.8 Community Engagement & Fundraising</p> <ul style="list-style-type: none"> TBA 	
	<p>9.9 Consumer Walk Around</p> <ul style="list-style-type: none"> On hold due to Covid Risk assessment will be done before restarting 	
	<p>9.10 End of Life Care Committee (EOLCC)</p> <ul style="list-style-type: none"> Carole Goodyer is the new representative 	Carole Goodyer
	<p>9.11 Infection Control Committee</p> <p>There were no points arising from this meeting that need to be brought to the attention of CAG.</p> <p>However, at the June meeting, under the item National Standards, it was reported that in order to meet the standards, all the chairs in clinical areas with fabric coating need to be replaced, As this will be a considerable expense for the hospital I was asked to bring the matter to the attention of the CAG</p>	Gen Webb
	<p>9.12 Safe Use of Medicines Committee</p> <ul style="list-style-type: none"> Medication – “Individual Patient Usage ref: I.P.U.” under review with a view to ascertain best practice for the consumer, inclusive pain management template, in consultation with nursing/medical teams. EMR – Electronic Medical Record –to continue to improve & streamline reporting using current electronic databases. Expected outcome for consumers, Medicine reconciliation displayed on a shared template to enhance cross referencing and documentation during the patients stay and upon discharge. Safe storage of medications, included on “Walkarounds” further ensuring consumer safety. Noted, no immediate risk of disruption to pharmacy supplies – replacement plan in place. <p>The chairperson (V. Nguyen) requested I ask the Consumer Advisory Committee to discuss: “the frequency of Medicine reports being provided to patients” For example patients on the wards: weekly, fortnightly and/or upon discharge.</p>	Cheryl Hall
	<p>9.13 NS2 Partnering with Consumers</p> <ul style="list-style-type: none"> New Committee 	Peter Lewis & Sharon Bennett (backup)
10	Reports for Noting	
	<p>10.1 Diversity Reports Pending (Quarterly)</p> <ul style="list-style-type: none"> N/A 	Jim Hankin
	10.2 Diversity – attached with papers	Yu Dai

ITEM	DESCRIPTION	CARRIAGE
11	Advocacy <ul style="list-style-type: none"> MR encouraged committee to listen at committees and communicate for issues that CAG could advocate on. It's also an opportunity to bring issues from your own community networks. 	All
12	Correspondence – Nil	
13	Governance Items <ul style="list-style-type: none"> Nil 	Chair
14	Items to escalate to PSCQ Committee and / or TSH Clinical Council <ul style="list-style-type: none"> Nil 	All
15	New Business <ul style="list-style-type: none"> Name badges have arrived and will be distributed when volunteers can return to the hospital Consumer training has been rescheduled to 29-30 July 2021. Minimum numbers are required. <p>Action: Please RSVP your attendance to MR asap</p> <ul style="list-style-type: none"> Wayfinding Committee – EOI sought for a representative to sit on this new meeting established to help consumers navigate around the health system. Meets every second Wednesday of each month between 2-3pm. First meeting 14 July 2021. <p>Action: Any member interested in sitting on this Committee to send EOI to MR asap.</p>	Chair / Co-Chair
16	Business Without Notice – Nil	All
17	Confidential Items – Nil	All
18	Meeting Closed – 3.40pm	Chair / Co-Chair
	<p><u>Date of next meeting:</u></p> <p>Date: Wednesday 4 August 2021</p> <p>Time: 2.00pm</p> <p>Venue: Executive Meeting Room <i>(unless advised otherwise)</i></p>	
	<p>CERTIFIED AS A CORRECT RECORD</p> <p>Name: <u>Cheryl Hall</u></p> <p>Endorsed by via skype 4 August 2021</p> <hr/> <p>Signature Date</p>	

Action Items:

Minutes Ref /Date	Agenda Item	Action	Responsibility	Progress
7/7/21	7	Consumer Engagement Clinical Business Rule	All	Review document and provide feedback at next meeting
7/7/21	15	New representative for Wayfinding Committee	All	Send EOI to MR asap
5.8.20-02	10	Online Training for Consumer Representatives	KS	7/7/21 – Rescheduled training dates 29-30 July 2021. Subject to review of Covid restrictions. RSVP to MR 02/06 – MR to confirm rescheduled dates for 2 day training at TSH 06/05 – Closed, registration for Consumer Rep Training in progress. 07/04/2021 – Budget and approval to proceed with Consumer Rep. Training with Health Consumers NSW. KS contacted HC NSW on 08/04 to request some date options for May. 11/03 – KS requested upcoming training dates for ‘ Consumer Representative Training ’ from Health Consumers NSW. Will provide an update to all at the April CAG meeting.

ATTENDANCE LIST

Name	Position	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July
Debbie Wood (DW)	Consumer Representative	✓	Apol	✓		Apol	Apol	Apol	Apol	✓	S
Carole Goodyer	Consumer Representative							✓	✓	✓	Apol
Godfrey Ross (GR)	Consumer Representative	✓	✓	✓		✓	✓	✓	✓	✓	S
Jan Heiler (JH)	Director of Nursing and Midwifery	✓	✓	Apol		✓	✓	✓	✓	Apol	Apol
Jenny Church (JC)	Consumer Representative	Apol	✓	✓		✓	✓	✓	Apol	Apol	Apol
Jim Hankins (JH)	Consumer Representative	✓	Apol	✓		✓	✓	Apol	Apol	Apol	S
Genevieve Webb	Consumer Representative							Apol	✓	✓	S
<i>Role currently vacant</i>	Director of Corporate Services	✓	Apol	✓		Apol					
Malcolm Ricker (MR)	Consumer Representative (Chair)	✓	Apol	✓		✓	✓	✓	✓	✓	S
Cheryl Hall	Consumer Representative							✓	✓	✓	Apol
Patrice Thomas (PT)	Patient Safety Manager	✓	✓	✓		✓	✓	✓	✓	✓	Apol
Peter Lewis (PL)	Consumer Representative	✓	✓	✓		✓	✓	✓	✓	✓	S
Sharon Bennett (SB)	Consumer Representative	✓	✓	✓		✓	✓	✓	✓	✓	S
Robyn Riley	Consumer Representative							✓	✓	✓	S
Sonia Markoff (SM)	Consumer Representative	Apol	✓	✓		✓	Apol	Apol	✓	Apol	Apol
Vicki Weeden (VW)	General Manager	✓ (HVN)	Apol	✓		✓	✓	✓	✓	✓	S
Valmai Ciccarello (VC) <i>(quarterly attendance)</i>	Consumer Feedback and Medico-Legal Manager	✓	N/A	Apol		N/A	✓	N/A	N/A	N/A	S
Josie Julian	Quality, Risk and Patient Safety Manager									✓	S
Elizabeth Mason	Manager, Clinical Governance Unit									Apol	S
Name	Written Updates Provided	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Joshua Philp / Lisa Symonds	Clinical Nurse Consultant, Infection Control & Prevention	X	X	X		✓	X	✓	✓	x	x
Yu Dai	Diversity Health Coordinator	✓	✓	✓		✓	✓	✓	✓	✓	✓
Gregory Cramery / Delegate	Nurse Manager Demand Management/WOHP	✓	✓	✓		✓	✓	✓	✓	x	x

S = skype