



Northland Health Consumer Council

5.00 pm to 7.00 pm Thursday 31 May 2018

Tohora House, Waipoua Meeting Room

Minutes of Meeting



Present/Apologies

Attendance	22 Feb	29 Mar	26 Apr	31 May						
Kevin Salmon	✓	✘	✓	✓						
Kathy Diamond	✘	✓	✘	✓						
Kathryn Sadgrove	✘	✓	✓	✓						
Brian Vickers	✘	✓	✘	✘						
May Seager	✘	✓	✓	✓						
Julie Hepi	✘	✓	✘	✘						
Leanee Sayers	✓	✓	○	✓						
Lisa Young	✓	✓	✓	✓						
Susan Burdett	✓	✘	✓	✓						
Robyn OLeary	✓	✓	✘	✓						
Kristina Duran	---	---	✓	✓						
Penny Franklyn	---	---	✓	✓						
Lynne Tucker	---	---	✓	✓						
Leanne Thompson	---	---	✓	✘						
Visitor			26 Apr	31 May						
Alan Davis			✓							
Helle Nielsen-McConnochie			✓							
In Attendance	22 Feb	29 Mar	26 Apr	31 May						
Michael Roberts	✘	✘	✘	✘						
Margareth Broodkoorn	✘	✓		✘						
Ayshea Green	✘	✓		✓						

✓ = present, x = apologies given, o = no information

Minutes: Kim Doble

Next Meeting: 5.00pm to 7.00pm, 28 June 2018

1. Admin – previous minutes

- Noted that not all members received the last Minutes

2. Draft brochure for review – Te Ara Whakapiri Information for Families

- Suggestions to improve the brochure:
 - The wording states ‘death of your loved one’ and this seems inappropriate as the person may not be a loved one. They could be a neighbour for example. Would be more appropriate to use ‘the person’ instead. The death of your loved one is used a number of times in the brochure
 - The death of a loved one section is a bit confusing for someone under stress. Should be worded like the Dying at Home section and use bullet points to make it clearer. Also about the burial or cremation it is repeating itself, it is a very long sentence and could just say you will be asked to complete a form for cremation. The next sentence should read if you are unsure the doctor will complete the form. Also further down it says you are more than welcome to stay with your loved one until they go to the Mortuary and it repeats it in the next sentence, this could be dealt with by one sentence
 - The booklet states it is for family/whanau or carers but this is not reflected in the heading of the booklet so carers should be added for consistency. Also some people accessing the document may be a friend and some people might find it offensive that they are not included so friends should also be included in the title
 - There is a grammatical error it should say Family/whanau are able to transport your loved one not is able
 - The heading when death approaches at home could be confusing for some people, it would be clearer to say Dying at home. The section that says describes the symptoms could simply say this information sheet describes what commonly occurs when someone is at the end of their life
 - The section when death occurs is repeated on the following page under What do I do now so take out the section under loss of bowel and bladder
 - The assessment tool is not appropriate at this stage and should be dealt with at a later stage, for example it could be available at GP surgeries. The title should be following the death of a loved one how are you?
 - The font is too small and document should be easier to read, should be 12 or 13

3. Information leaflets for review : Is the information useful/clear/easy to understand?

Imaging requiring Anaesthesia- adult admission

- The form should say you are booked to have, not you are to have and then take out the next sentence about the appointment time and just follow on from the first sentence and say you are booked to have a CTI/MRI scan of your ontheday of.....
- Don't say you must present yourself just say Please go to the Admissions office
- The wording for the information leaflet shouldn't say should be enclosed it should say is enclosed and take out the wording ‘with this sheet’
- The instructions should say nothing to eat and drink for at least 6 hours before your admission time in hospital, however if you are on medication you may sip small amounts of water up until 2 hours before your planned admission time to hospital . Maybe also clarify not eating includes sweets and gum
- You must present yourself to the Admissions office has already been dealt with at the top of the form so this can be taken out. Instead say Please make sure you are on time for your appointment

Your Anaesthetic – Patient Information

- Kevin suggested that as this document is lengthy it would be better if the members took it home to review it and email any comments to Vita by Tuesday for further discussion at a later date

Outpatients Department Kaitaia Hospital – Patient Information

- Pictures are nice.
- In the section How long is my appointment? Should take out the word obviously and just say this could take longer. Will patients understand the abbreviation etc? Also take out the last sentence about being pressed for time
- In the leaflet the language changes regarding clinician and specialist, it should be one or the other for consistency
- In the section Why should I attend? take out the word service after specialist
- Under Travel disruption take out the apostrophe from appointment's time
- Where it says Can I bring someone with me? Just answer Yes we encourage you to bring someone. Make it less wordy. Also where it says Takawaenga put Cultural Support in brackets
- Under travel assistance is the 22 times correct?
- Should there be a reference to Interpreter services? This could be arranged prior to the appointment

4. Form for review – “Did not attend” form for a telephone call that is made to the families after they did not show for an appointment

- This form is to target child respiratory patients who don't attend appointments after discharge. It is for the staff to complete
- Question 2 should be Was this your first appointment? Yes/No and then the next question should be Was this a follow up appointment Yes/No?
- Question 3 should say Was it clear to you why the appointment was made?
- Question 9 should be deleted as it is covered in question 8.

5. Feedback for hospital phone system review

- It was agreed that this was a very complex and technical area. It would be easier to have a text system as there are financial restraints on some patients with low credit on mobiles. Kevin asked for the members to review this document and forward any comments to Vita by next Tuesday

6. Updates from regular meetings

Clinical Governance Board

- Lynne, Sue and Brian attended the Clinical Governance Board meeting on 16 May 2018
- The Ward 16 trial (medical ward) for intermediate level of care has gone very well, the results are good and there will be an update in November. They spent a lot of time discussing the red wristbands for patients, these are given for alerts but can be for a number of reasons (allergy, overseas resident). It was decided the best practice would be to get rid of the red and just have white bands and for staff to check patient records and ask about allergies as they should be doing anyway
- There was a report on the amount of falls at the hospital. There were a cluster of falls recorded several years ago and they are not really sure why. There will be further investigation on this
- There was an excellent presentation on the replacement for the Jade system. They hope it is going to be more patient centred, the deadline for replacement is June 2020

Maternal Health Clinical Governance Meeting

- Not a huge amount to report. Did ask about the access between SCBU and Maternity, they are going to be using swipe cards. They will give them to people to use and then they can be deactivated
- There is a review of maternal morbidity happening. Reviewed some cases with significant severity and gave feedback onto a particular form, the form wasn't that user friendly. Reviewing the processes
- Did discuss whether there should be another consumer member on board for this meeting. Maybe Kristina would be interested in this. Kathy will deal with this

ASH

- Going for over a year and a half now and is coming to an end. The project is about reducing paediatric respiratory admissions on Ward 2. The outcome has identified that the issue is regarding discharge. Need to

- ask Jackie Westernra from the PHO what else is needed before the project is closed off
- A summary of the meeting has been provided to the members

Infection Control – nothing has happened on this as meeting was cancelled

Site Master Planning – nothing to report on this. It is down to 3 options at the moment

7. Round Robin

- Kevin was invited to attend the minimise restraint audit by Surgical Ward 1. There are strict rules about restraint of patients depending on the service. Kevin was impressed with the levels the ward went to and the steps taken particularly the focus on dementia patients. There was discussion about the bed rails as these wouldn't always be considered as restraints by everyone but we were audited on this. Staff have to seek consent to do this and record it, sometimes there are problems when family put the rails up themselves. Kevin brought a staff member to the meeting as this topic is very useful to her. Noted that staff are always very welcoming to members of the consumer council. It is very important that members have a buddy system for meetings
- Endoscopy meetings have been happening on a weekly basis. They have been really good. The new unit is going to be in the old maternity building. It has now been signed off and is due in November. Staff came up with suggestions about making reception more accessible to everyone which was really good
- Member has been asked to come on board a programme called family options – respite care for children.
- Concern was raised with a member today around the pathways for Pacific islanders mainly about support and language. Think this needs something more formal in place and will discuss further with Harold

Summary of action points:

Who	What