



# Northland Health Consumer Council

5.00 pm to 7.00 pm | Thursday 28 September 2017

Tohora House, Waipoua Meeting Room



## Minutes of Meeting

### Present/Apologies

Attendance	24 Nov	26 Jan	23 Feb	30 Mar	27 Apr	24 May	29 Jun	27 Jul	31 Aug	28 Sept	26 Oct	23 Nov
Kevin Salmon	✓	✓	✓	✓	✓	✓	x	✓	✓	✓		
Debbie Walker	✓	✓	✓	✓	✓	✓	✓	✓	x	x		
Kathy Diamond	✓	✓	✓	✓	✓	✓	✓	✓	✓	x		
Kathryn Sadgrove	✓	✓	✓	✓	✓	o	✓	✓	✓	✓		
Brian Vickers	✓	✓	✓	✓	✓	x	✓	x	✓	✓		
May Seager	x	✓	x	x	x	x	x	✓	✓	x		
Julie Hepi	✓	✓	✓	✓	✓	✓	✓	x	✓	✓		
Leanee Sayers	x	✓	✓	✓	✓	o	✓	✓	x	x		
Lisa Young						x	✓	✓	✓	✓		
Susan Burdett									✓	✓		
Robyn OLeary									x	✓		

  

Visitor	24 Nov	26 Jan	23 Feb	30 Mar	27 Apr	25 May	29 Jun	27 Jul	31 Aug	28 Sept	26 Oct	23 Nov
Sheryl Beveridge										✓		

  

In Attendance	24 Nov	26 Jan	23 Feb	30 Mar	27 Apr	25 May	29 Jun	27 Jul	31 Aug	28 Sept	26 Oct	23 Nov
Michael Roberts	✓	x	x	x	x	✓	x	x	x	✓		
Margareth Broodkoorn	x	✓	✓	x	✓	x	✓	✓ via phone	x	X		
Corrina Davis	✓	✓	✓	✓	x	✓	✓	✓	✓	x		

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

Minutes: Vita Badran

### 1. Previous Minutes 31 August 2017

1.1 Minutes of the previous meeting held 31 August 2017 deemed true and correct.

### 2. Matters Arising

- There are several policies under review. Unable to discuss these today as draft copies are not available. Keri Linklater to send the draft policies to Kevin Salmon for review and feedback at the next Consumer Council meeting.
  - Family Friends and Visitors Policy
  - Consumer Participation Policy – members to give feedback
  - Mixed Gender Clinical Spaces Policy
- Debbie Walker resigned from the Consumer Council.
- Interviews pending for two new council members. We need to a Northland DHB staff member to assist with the interviews.

### 3. Introductions

3.1 Chief Medical Officer Michael Roberts introduced himself to the new group members and explained what he does. Michael Roberts shared a story of an incident a few years ago of a patient who died following hip replacement surgery. The patient experience survey was established as part of the quality improvement

measures following this incident. The patient experience is carried out three days a week and has highlighted great improvements in how things are done at the hospital now. The patient's wife was recently treated at the hospital and when interviewed for the PES she was very impressed by the changes that had been made since her husband had been treated here.

- 3.2 Patient Safety and Quality Improvement Directorate will be providing support for the Consumer Council meetings from now.
- 3.3 Susan Burdett from the Bay of Islands has joined the Consumer Council from August 2017.
- 3.4 Robyn O'Leary from the Bay of Islands has joined the Consumer Council from September 2017.

#### **4. Sheryll Beveridge, Associate Director of Nursing.**

##### **In the Moment Behaviour Management Strategies**

- 4.1 Sheryll is chairperson for the Workplace Violence Prevention Group. Over the last few years health professionals have often found themselves in high risk situations, especially in the Emergency Department and in Mental Health. There are many reasons why patients are presenting aggressive and angry, including increased incidence of drug use and an ageing population with a higher incidence of dementia.
- 4.2 We are developing a training programme that would cover a continuum of different ranges of aggression. The situations range from one-one arguments to dangerous situations experienced by persons working on their own in the community, such as district nurses and mental health works.
- 4.3 A staff survey showed that safety is one of the biggest concerns for staff.
- 4.4 A complete package of training will take some time to organise. That's why a card of pocket phrases is being developed to help staff handle volatile situations (see Appendix 1).
- 4.5 Feedback offered by the Consumer Council Members:
  - Ask the patient's family or caregivers if this behaviour is typical of the patient. A caregiver or family member is best placed to spot unusual behaviour, such as paranoid/delusional episodes etc.
  - Try and get another staff member to talk to the patient. Sometimes all it takes is to try a different person with a fresh approach.
  - The wording suggested does not convey a willingness to care. Try rephrasing as "I'm afraid I can't treat you while you are talking like this".
  - The phrase about Police sounds like a threat.
  - Find out what is upsetting the person: "You seem agitated/upset. Is there something that would make you feel calmer?"
  - Use more descriptive language to let them know that the way they are talking is not nice. They may be used to this way of talking (or could be their culture) and not realise that it is not nice.
  - Give positive instructions on what you would like them to be doing or how you would like them to be behaving.

#### **5. Conflict of Interest**

- 5.1 Nothing new to be noted.

#### **6. Maternity meetings**

- 6.1 Problems with communication about maternity meetings. Better email/text notifications required to let council members know when these meetings are held.
- 6.2 Noho Rangimarie/Living in Harmony course teaches young mums everything they need to know about pregnancy, birth and baby care. Baby Start boxes are gifted to the participants to provide them with what they need for the baby's first 100 days.
- 6.3 Are there refresher courses for mums who had babies many years ago?
- 6.4 Can we arrange for SCBU mums to have facilities to make vege/fruit smoothies? This is good for mums' nutrition and may be beneficial to the babies as well through mum's milk.
- 6.5 Polar fleece is not recommended for babies now as they suck on the fabric and end up eating the fibres. This is a choking hazard.

#### **7. Whanau Tahi**

- 7.1 Whanau Tahi is a shared platform of information between GPs, EDs, Radiology, Pharmacy etc. between the four Auckland and Northland DHBs.
- 7.2 Auckland just has acute patients and high users in the system.
- 7.3 Northland included all patients in the Whanau Tahi platform. Now all pharmacies, for example, can see what medications a patient has. The ED, Renal also have access.

- 7.4 This is different from Manage My Health.
- 7.5 Advance Care Plans - patients are to prepare at home, then come back and discuss key points with a GP.
- 7.6 **Action Point:** Advanced Directives at CAB – Susan to bring some examples to the next meeting and compare with the Advanced Care Plans to identify any overlaps.

**8. National Consumer Chairs Forum – Kevin**

- 8.1 Kevin will be attending the next meeting 3 October.
- 8.2 There are currently only two fully functioning Consumer Councils at the DHBs in New Zealand. One is in Northland, the other one in Hawke’s Bay. The objective of the meeting will be to share the experience of Northland and Hawke’s Bay with the representatives from the rest of New Zealand.

**9. ASH – Ambulatory Sensitive Hospitalisations.**

- 9.1 Prevention of readmissions for paediatric respiratory patients, mostly 0-4 years old.
- 9.2 Co-design research project had been carried out.
- 9.3 Leanne looked into socio-economics of families in ward 2. She interviewed 45 families. One of the main issues identified was the cost of parking. Some families are struggling to pay for parking. Often they are the ones who do not qualify for the community services card because their income just above the threshold. However they are still struggling financially and paid parking becomes a barrier for accessing care.
- 9.4 For parents of babies leaving the child at the hospital is not an option. These parents have to stay with the child, and so they incur large parking fees. It is worrying to think that some parents might not bring the children to the hospital simply because they are worried about whether they can afford to pay for the parking. Having to approach nurses every day and explain each time about one’s financial hardship can be embarrassing for parents.
- 9.5 Can we get parking fees exemptions for paediatric patients?
- 9.6 Following a discussion it was established that at the consumer level parking is extremely important. Views had been expressed that paid parking has not made it easier to find a carpark.
- 9.7 Is Northland DHB reviewing the parking situation?

**10. Other Agenda Items**

- 10.1 Letter for series bookings – feedback on the wording:
  - The following wording is confusing: “If you are sent appointments for more than one day it is important you attend all your appointments”.
  - The council suggested the following wording: “If you have multiple appointments please attend them all”.
  - Instead of “clinician” use “doctor”.
  - Can we get WebPAS to send one letter for all appointments, whether they are the same day or not?
- 10.2 Consumer representation at the Clinical Governance Board meetings:
  - Susan Burdett will attend the CGB meetings – every 3<sup>rd</sup> Wednesday of the month.
  - Sheryl Steenson will add Susan onto the email list.
- 10.3 The “Partners in Care” policy will be renamed “Friends, Family and Visitors Policy”, and will now refer to a “lead support person”.
- 10.4 New ID tags for patients will be printed on a much softer and more durable material.

**9. Meeting Closed 7.10 pm**

**Summary of action points:**

Who		What
Susan Burdett		Advanced Directives at the Citizen’s Advice Bureau – bring some examples to the next meeting and compare with the Advanced Care Plans to identify any overlaps.
Minutes secretary	done	Supply the Attendance form for the next meeting
Vita		Set up reimbursements for Robyn O’Leary.

Ayshea/Keri		Organise a Northland DHB staff member to assist with the interviews.
Vita	done	Forward the suggestion in 6.1 onto the Maternity Quality Facilitator: "Can we arrange for SCBU mums to have facilities to make vege/fruit smoothies? This is good for mums' nutrition and may be beneficial to the babies as well through mum's milk."
Sheryl Steenson	done	Add Susan Burdett to the CGB meetings email list.
Keri Linklater	?	Send the draft policies to Kevin Salmon for the next meeting: <ul style="list-style-type: none"> <li>o Family Friends and Visitors Policy</li> <li>o Consumer Participation Policy – members to give feedback</li> <li>o Mixed Gender Clinical Spaces Policy</li> </ul>

**Next Meeting: 5.00pm to 7.00pm, 26 October 2017**

**Venue: Waipoua Meeting Room, Tohora House**

## Appendix 1

### In the Moment Behaviour Management Strategies

#### General:

- With repetitive inappropriate behaviour it can be beneficial to tell patients about the behaviour that needs to change and why. Once you have explained refuse to be redrawn into such conversations.
- Be respectful but don't get hooked in, walk away and be consistent.
- Try to keep feelings out of the equation and refuse to engage with behaviour that is not appropriate

#### Staff supporting each other – all staff:

- Be consistent with how you respond to inappropriate behaviour and/or language or interactions.
- Be strong and have the strength to follow through
- Support each other
- If your colleague appears to be subjected to inappropriate behaviour, stand beside them, it can be very supportive.
- Give the responsibility back to the patient
- Weekly (Friday) reflective meetings to be held which will assist re information sharing & pin pointing problematic behaviour early

#### Passive/aggressive behaviour:

- Don't be drawn into this type of interaction and try not to be silent – silence can be taken as agreement. You could try saying –  
*"I wasn't present when you had that conversation with that Nurse/Dr would you like me to get them for you so that you can address this?"*

#### In the Moment Behaviour modification statements

- Please don't talk to me like that. I will return in 5 minutes and let's start again.
- I cannot work with you when you are swearing – yelling – making sexual innuendos - racial slurs. I will return in 5 minutes and let's start again.
- Do you realise if you spoke or behaved like this in a shop in town the Police would be called
- I find the language you are using intimidating and I feel threatened. Please stop.....
- I asked you to stop. If you continue I will leave.
- I hear that you are unhappy with the care you are receiving would you like to talk with someone else.

#### Inappropriate sexual comments/swearing:

- Respond by saying that you find that language offensive and inappropriate.
- Place the behaviour back onto the patient so they have to take responsibility for their own behaviour e.g.  
*"I have to wonder if you would say that if **my** spouse/partner were here"*  
*"I have to wonder if you would say that if **your** spouse/partner/children were here"*  
*"I'm not prepared to talk to you while you are using that kind of language."*  
*"My personal/sex life is none of your business."*
- Offer counselling if appropriate ( G.P can arrange 6 free sessions and feel free to refer to Social worker