



# MINUTES

## HAWERA HOSPITAL COMMUNITY COMMITTEE 15<sup>th</sup> May 2008 Conference Room Hawera Hospital

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**PRESENT:** Neil Walker, Keith Blayney, Jenny Nager (observer TDHB representative), Gillian Campbell, Ken Horner, Joy Farley.

Linda Smith

**MINUTE TAKER:**

	ACTION/DECISION
1.0	<p><b>APOLOGIES</b></p> <p>Brenda Sturgeon.</p>
2.0	<p>Matters Arising –</p> <p><b><i>Distribution of minutes</i></b> – Keith asked that the provisional minutes be sent to committee members and not be posted on the website until ratified.</p> <p><b><i>Ngati Ruanui representative</i></b> – Warren Nicholls will be the Ngati Ruanui representative on this committee. Linda to add to the list of members.</p> <p><b><i>ICU Trust</i></b> – The trustees have had a discussion around the use of the ICU fund. This trust was set up specifically for the Hawera ICU and as this is no longer specifically relevant to Hawera Hospital it is felt that this should be wound up and money distributed. Dr Eloff has indicated the benefits of an additional Bipap machine and the potential for point of care testing at Hawera. Further investigation into these suggestions to occur. Gill to speak to Gloria Crossley from Laboratory and Medical Officers and then get back to the trustees with potential use for this money.</p> <p>Joy Farley advocates that all trust funds specific to Hawera Hospital come back to Hawera and be administered by local people. Gill has recently applied to and received grants for a nurse to attend the cardiac conference from one of the local trusts.</p> <p><b><i>Medical Workforce Development Plan</i></b> – Joy advised that Grant Goodman has been away. The draft document has been sent out and feedback has been received. Joy to liaise with Grant Goodman and Debbie Taylor and to include feedback in the final copy.</p>

<p>3.0</p>	<p><b>GENERAL BUSINESS:</b></p> <p><i>Outpatient visits to New Plymouth</i> – Neil has received some complaints from patients having to go through to New Plymouth for appointments. Gill replied saying that if a patient is seen in New Plymouth it would be for a specialist who does not hold clinics in Hawera. Joy also stated that visiting specialists are a scarce resource and it is difficult getting them to New Plymouth for clinics as well. Keith had concerns from patients not getting appointments at suitable times, i.e. not coinciding with shuttle bus service. Outpatients at Base do their best to remember to book south Taranaki patients at appropriate times to fit with the shuttle bus. However if this is missed patients need to ring the Booking Office so appointments can be changed to work in with travel arrangements. Base Hospital have been piloting nurse lead pre-admission clinics which have proved to be very successful, there is potential for further development of this type of role in Hawera.</p> <p>Keith queried the ability for all blood results being available on line, currently only hospital lab results on line whereas Medlab results are not. Patient management system is being upgraded and there is an aim that all blood tests will be available on line by the end of the year. There will be an opt off option.</p> <p><i>Inpatient Ward Numbers</i> – recently it is understood that a patient was sent through to Base Hospital as not enough room at Hawera. With an aging population it is common to have a large number of elderly patients in the Inpatient Ward, but it would be unusual not to have a bed available.</p> <p><i>Hawera Emergency Dept/GP After Hours</i> – Discussions are being held between the GPs and Planning &amp; Funding. Hospital services obligation is to provide an Emergency Dept. which is what will happen as from 1<sup>st</sup> August. A communication plan will be developed to educate the public on what services will be provided through the Hawera E.D. There are lots of issues to be sorted out around wait times and how these will be managed, the implications for E.D. with the shortage of GPs, and barriers for low access patients. Consideration is being given to the development of a Case Manager role in the ED to ensure patients presenting to ED are followed up and referred on to the appropriate service.</p> <p><i>Retention of Medical Staff</i> – Keith stated that all the GPs happy to take NZ Medical Students for training but unable to do this because not classed as “rural”. Joy replied that the rural ranking status is being looked at currently by the Board and Planning &amp; Funding. They do take into account new information presented to them. Joy stated that with an aging workforce there are shortages in other areas as well, e.g. midwives. Maternity services are being looked at presently.</p> <p><i>Committee Members</i> – Neil &amp; Ken to submit their resignations to Council and offer themselves to be nominated again to be the community representatives on this committee. Gill to write to the Board requesting Jenny Nager be the Board representative on this committee.</p> <p><i>Pharmacy</i>- Joy said this is another area being looked at due to the limited hours of access to a Pharmacy after hours. Looking at solutions for dispensing after hours.</p>
<p>4.0</p>	<p><b>NEXT MEETING</b>  26<sup>TH</sup> JUNE 2008, CONFERENCE ROOM, HAWERA HOSPITAL 1230 P.M.</p>