



MINUTES

HAWERA HOSPITAL COMMUNITY COMMITTEE 16th December 2010 Staff Library, Hawera Hospital

PRESENT: Jenny Nager, Gill Campbell, Brenda Sturgeon, Joy Farley, Warwick Gilchrist, Ross Dunlop, Rosemary Clements, Neil Walker.

Linda Smith

MINUTE TAKER:

	ACTION/DECISION
1.0	APOLOGIES Keith Blayney, Ken Horner.
2.0	PROJECT SPLICE – Channa Perry outlined Project Splice. The purpose of the project is to keep older people with complex needs living independently in the community with the appropriate resources. The report is on the TDHB website. Channa is speaking to various groups about the project. She will also be presenting it to the GPs and Practice Nurses. Channa will keep this Committee and other groups updated as move toward implementation, what the final product will look like has not been defined at this stage. Joy suggested people email Linda with the names of any groups wanting Channa to speak to them.
2.0	<p>PREVIOUS MINUTES</p> <p>Matters Arising –</p> <p><i>Emergency Department data</i> – Concerns raised about the triaging process as a means to comparing data between Hawera and Base Hospitals. Level of experience of those triaging can differ considerably. Gill will follow up with Nicola the Nurse Manager re audit of triage process. Discussion had around volumes between Base and Hawera and not comparable to population base.</p> <p>Gill noted that November was a very busy month in the Hawera ED. Recent changes to trauma pathway has proven successful and Hawera ED staff should be commended for the great job that has occurred with trauma cases being sent through in a timely manner to Taranaki Base.</p> <p><i>Strategic Direction Recruitment Medical staff to South Taranaki</i> 2 new permanent doctors for Hawera Hospital, both to do Rural training. Joy indicated this is to be our approach and we will support this. When vocationally registered they can then supervise others. Gill has met with Kevin Simpson the new Manager at SouthCare and discussed working together around doctors.</p> <p><i>Mental Health Acute Pathway Review</i> Joy stated that Samir Heble (Clinical Director) will be working more closely with GPs. In particular he will meet with Patea doctors around managing of mental health patients when Frank Rawlinson retires.</p>

3.0

GENERAL BUSINESS

ORAL HEALTH

Joy stated there was nothing more to report following Mondays meeting with the community representatives. The committee felt it was okay to use the Outpatient wing of the hospital as long as it didn't erode existing services. Rosemary remarked that she felt the service was more at risk with only having a single chair used 30% of the time and that it was better to sure up services by putting in 2 more chairs and being utilised more effectively. The Dentists had concerns around adults and children mixing together, and will there be enough room for other clinics. Gill commented that a number of areas, including clinic rooms, are not used to 100% capacity. It will mean shuffling around of offices for staff and potential changes to clinic areas. Joy stated that we will not stop visiting services if run out of room. Potential to look at using other facilities. Gill said she had not received any feedback around not having OPD clinics due to lack of rooms. Will need to look at utilising clinic days to balance out days when they are fully utilised to days where few or no clinics.

With Outpatient Clinics Joy had seen other clinics run as a virtual clinics where the patient could be seen in one location, but the consultant is based somewhere else.

Neil is still receiving complaints from people not getting suitable appointment times to fit in with South Taranaki patients and having multiple visits. Joy said they needed to ring and change with the Booking Office stating they needed appointment times to coincide with the shuttle bus timetable.

HAWERA HOSPITAL VISION FOR THE FUTURE EVALUATION – The report has been sent out. The vast majority of feedback has been around minor operational processes, e.g. the ED co-location is working well on nights, but the mornings needed reviewing and have been looked at in particular around where the overnight patients remain.

Neil had concerns around the pressure on staff with rostering, on-call etc. Gill replied saying staff only on-call if part of their employment agreement, and that recruitment to FTE has occurred.

Gill said complaints have decreased. Problems around noise is an issue whether in ED or the Ward. Needs to be managed in a better way.

Brenda brought new concerns to the meeting that staff had given to her. Gill and Rosemary not aware of these. Gill said she had tried to address issues that have been brought up at the time. All issues brought up in the past had been discussed with union delegates and organisers. Joy requested Gill to discuss these latest concerns with Chrissy from NZNO. Rosemary commented that there were issues that came out of the 4 month evaluation which will need to be sorted by the 6 month review.

COMMUNITY REPRESENTATIVES – Gill has written to all the community representatives to confirm their representation on this committee. Jenny said this would be her last meeting as the TDHB representative, but would still like to be involved with this Committee as a representative in another capacity. She will discuss with Ross. The CEO appoints the Board representative.

NEXT MEETING: 24TH FEBRUARY 2011, 1230HRS