



Clinical Council

Summary of May 4th 2015 Meeting

Advance Care Planning

Helen Sawyer, Palliative Care Clinical Nurse Specialist, and Debbie Hannah, Respiratory Clinical Nurse Specialist, co-presented to the topic of Advance Care Planning (ACP) to the Council.

ACP was stated to be a process of discussion and shared planning for future health care. It involves patient, whanau and health care professionals. ACP gives patients the opportunity to develop and express their preferences for end of life care based on:

- their personal views and values;
- a better understanding of their current and likely future health;
- the treatment and care options available.

ACP was said to require four organised, integrated elements -

- System redesign
 - ACP Systems
 - Delivery system
- Trained, competent ACP facilitators
- Continuous quality improvement
- Community engagement.

Current opportunities were said to include:

- Raise Awareness of ACP throughout Southern DHB;
- Establish systems to recognise and implement ACPs;
- Incorporate the process of ACP across all settings on Southern DHB;
- Coordinate L2 trained staff to facilitate L1 training in their services and develop an ACP process relevant to their setting;
- Ensure there is explicit reference to ACP in the 2016/17 SDHB Annual Plan.

It was noted that there are no measures in place to determine improvement following any implementation strategies regarding ACP. It was asked how this strategy should be measured (need for key indicators) and that this should be fed back to the national group.

Problem with communicating plans across the primary secondary interface was noted. HealthConnect South will facilitate this once introduced.

Outcome: Identified clinical leads from the Council will meet with the presenters to explore the membership of their working party to attempt to give it more multi-disciplinary strength and profile organisationally and across the district. The Council agreed to idea of working with the quality team to consider developing some local measures and perhaps get reporting underway (presenters to remain in contact with the national and regional work).

Urgent Interim Works Dunedin Hospital Deferred Maintenance

Peter Beirne, Executives Director Finance, Warren Taylor and Ritchie Fieldwick presented this item to the Council. The presenters tabled a paper with associated documents, the purpose of which was to outline the business case process to the Clinical Council, explain

the deferred maintenance situation and request that the Clinical Council members assess the deferred maintenance process to ensure that clinical risk is managed.

It was noted that this would next go in to a business case and input was sought from the Council in regard to whether or not the presenters had followed a reasonable process to ensure that clinical risk would be managed.

Endorsement: The Clinical Council endorsed the business case process for deferred maintenance as described and believes that the process used will ensure that clinical risk is effectively managed.

Private Practice, Secondary Employment and Other Business Activities Policy and Guidelines

These district-wide documents (available on MIDAS) were discussed and it was decided that they should be send out to staff for further consultation (round of feedback) and that the Operational HR team of the University should also be consulted.

Lexie O'Shea, Acting Chair