

minutes of meeting

Attendance written record present.

BUNDABERG HEALTH SERVICE DISTRICT
RECORD OF MEETING

Issues surrounding
1000 transfer of patients
raised were officially over

Meeting of: ASPIC CLINICAL FORUM

Meeting No: 04/04

Date: 14th April 2004

Start Time: 1220

Present: Martin Carter, Toni Hoffman, Darren Keating, Gail Aylmer, Gwenda Mc Dermid, Jenny White, Margie Mears, Di Jenkins, Karen Smith, Joan Doolley (guest speaker)

Apologies: Leonie Raven, Jenny Kirby, Jayant Patel.

Confirmation of Minutes: Martin Carter.

Seconded: Karen Smith

Minute Taker: Toni Hoffman

Correspondence: nil

BUSINESS ARISING

Item No.	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
1	Regional Analgesia Post op Pain	Forms are with Information Management being formatted.	Martin Carter.

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BUSINESS ARISING (Continued)

Item No.	Topic	Discussion		Agreed Action, Person Responsible, and Time Frame
0/03-3	Infection Control Policies	This item has been placed on here by mistake for removal.		Remove
1/03-5	Colonoscopy Consents/ Bone Marrow Biopsys.	Overall working out well. Discussion ensued about where the consents are being done. Ongoing conversation and issue hold over to next meeting for further discussion		Peter Leck/ Darren Keating/ Margie Mears.
2/04-6	Risk management	Risk Register, ongoing.		All members.

standing Agenda

Item	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
04-1	Performance Monitoring monthly Performance and Cost Centre Reports.	<p>All areas had increased activity, Budgets: DSU slightly over, increased activity and high cost drugs. OT: increased activity and high cost of drugs as well, over budget. PAC: 52 more pts seen Margie questioned why complaints don't come to them for review, Darren replied they would if they were serious enough or needed investigation. Process will improve with new adverse events policies.</p> <p>Anaesthetics: Martin has found his report fascinating and is examining it in minute detail (needs to get a life). Surgical: High acuity but within Budget. ICU: several long term vents for long periods OT budget way over, But overall remains in Budget, Director Of Anaesthesia / Surgery and NDM of ICU +DMS or DNS need to have a proactive meeting about transferring ventilated patients.</p> <p>Theatre bookings: Muddy doesn't have any money, Darren won't give her any.</p>	All members.
/04-2	Infection Control	<p>Gail Aylmer gave the Infection stats which looked very good, Some discussion ensued about how infections are reported. Gail is going to some workshops/ inservices and will feed back about this on her return.</p>	Gail Aylmer and all Staff (responsibility to report)

/04-3	Quality Management		Press-Ganey Report. Martin spoke on what he has done in relation to this and the Response regarding Pain control. Presented a case for an acute pain service run by nursing staff, which he will talk with the appropriate people. Communication problems need to be addressed as this is the main cause for concern ICU will look at how it can improve communication across the streams. All areas to look at how communication can be improved.	Martin Carter. ICU (will report back to next ASPIC meeting) All staff
/04-4	Theatre Booking Report	ongoing		Karen Smith.

NEW BUSINESS

ID	Topic	Discussion	Agreed Action, Person Responsible, and Time Frame
	Listen to the Voices	Joan Doooley, Project officer, gave an overview about the Consumer and Community Participation Project. Surgical Ward and DEM are the pilot sites for this in the hospital.	Joan Doooley Project Officer.
7	Wound Deliscence.	Concern was raised by members of the group about where the numbers of wound deliscence are being captured. If it is not identified in discharge summaries or picked up by coders, it could be missed, as some patients are experiencing wound deliscence in the ward, some at home etc. Staff feel there has been an increase in wound deliscence, but we have no stats at the moment. It was agreed that all areas would let Di know as a central person if a wound deliscence has occurred, and we will look at how we are going to capture this data, First action is to fill in an adverse event form and sent to	All Members.

	Dqdsu. A definition of wound dehiscence was	also requested. *	
MI Chart Audit	Presented as an example of the interesting information that can be gleaned from chart audits, and what can be learned from putting the quantitative data with the quantitative.		Resolved.

Meeting Closed: 1240

Meeting: 12th May 2004