

**NATIONAL HEALTH EPIDEMIOLOGY AND QUALITY
ASSURANCE
ADVISORY COMMITTEE**

**Minutes
11 October 2006**

Meeting Held:	Portland Hotel Wellington
In Attendance:	Robin Youngson (RY), Cindy Farquhar (CF), Jonathan Jarman (JJ), Jim Vause (JV), Barry Taylor (BT) from 10.40 until 3.10
Apologies:	Nigel Dickson (ND), Barbara Greer (BG).
Secretariat:	Gillian Bohm (GB), Faith Roberts (FR)

Agenda Items:	Summary of Discussions and Decisions
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Meeting Commenced:	9:30am
1. Welcome and Apologies	Discussion re Quorum and expiry of Terms, JJ happy to stay on for another meeting if needed. SK has not officially resigned but her term expires in November.
2. Chair's report	<p>RY reported back from meetings with Director-General and workshop with national quality leaders facilitated by Communio Group in Auckland. Six major quality improvement initiatives were identified; The development of a report to the Minister on priorities for quality is being led by RY and GB with support from Communio Group. This project is supported directly by the Director-General. At this workshop Health and Disability Commissioner said EpiQual Terms of Reference need revising to allow the work. It was agreed that the EpiQual Committee will have input into the revised ToR.</p> <p>Bruce Anderson from the Ministry's DHB Funding and Performance Directorate has prepared a proposal for implementing the strategic goal in Safe and Quality Use of Medicines (SQUM) national strategy to work towards all medicines barcoded (down to unit dose). Minister Hodgson asked RY to be national "co-sponsor" of this project.</p> <p>RY reported on earlier meeting with Director-General of Health (DG) and chairs of mortality committees. The DG very supportive of mortality review particularly in relation to the recent issues in Counties Manukau DHB. CF to draft letter for the DG to send to CE of Counties Manukau. Schedule 5 of the NZPHDS Act sets out the provisions that apply to the operation of the mortality committees and the requirements to provide information. Anyone who fails to comply may occur an offence.</p>

	<p>The new DG is implementing a review of the Ministry of Health, this was discussed – RY, CF & BT will be part of this process. It is anticipated that this will result in increased resources for EpiQual. An outline of other issues raised in the meeting with the Director General e.g. other Ministry responsibilities, workload were provided by RY.</p> <p>RY provided information on a meeting that RY & GB attended with Robert Logan, Chair of Health Workforce Taskforce SQUM workshop to be postponed again.</p> <p>In summary RY commented that this is an exciting opportunity for EpiQual and important to “get it right”</p>
<p>3. Matters arising from previous minutes</p>	<p>Minutes of 26 May 2006 – signed off Minutes of 1 August 2006: Action: Changes to be made. FR Matters Arising BG was to send letter to Guidelines Group, submission has gone but think letter has not, Action: follow up FR, RY to see draft to letter SQUM workshop action to be kept on minutes Involvement of HDC – will have input to revising EpiQual Terms of Reference Accepted minutes with changes – CF and JV</p>
<p>4. PMMRC and CYMRC Updates</p>	<p><u>Perinatal and Maternal Mortality Review Committee (PMMRC)</u> CF reported teleconference with Coordinators from 19 DHBs went very well National Coordinator had been appointed – midwife from National Womens CF noted that Hospital Midwifery Services are under great pressure nationally very low numbers CF presented at Perinatal Society Conference, generally good response from participants and it was good to receive positive feedback from NSW representative about the PMMRC process for perinatal data collection. CF presented at College of O&G meeting First meeting of the Maternal Working Group last week. The Group has a good representation of stakeholders other than GPs. Need to report on the “direct” pregnancy related deaths but Working Group may also look at some of the “indirect” deaths. The UK forms will be adapted along the lines of the new PMMRC rapid reporting forms. Maternal death used to be “Notifiable Disease”. UK Death Certificates have box to tick if person had been pregnant in last year, have we missed opportunity to do this? Would be useful also to have tick box related to recent surgery. Action: Find out if amendments to Death Certificates have been made. GB RY asked for details of the members of PMMRC and the Maternal Working Group. Members of all Committees are on the respective websites. Maternal Group members: Anaesthetist, 2 midwives, a pathologist, a DHB Funding & Planning Manager, haematologist, CF Only approx 10 deaths a year so this will make reporting very difficult to retain anonymity. Leading causes seem to be suicide and thromboembolic disease. PMRC also looking at Hydrocephalic Ischaemic Encephalopathy (HIE) as part of morbidity review. NZHIS and ACC will be involved in this work. Good measure of quality of services. 2-3 years of data will be needed to</p>

	<p><u>Child and Youth Mortality Review Committee (CYMRC)</u> Third Annual Report has been approved by Minister. Minister asking CYMRC to report in 6 months particularly SUDI. There has already been some progress on the recommendations in the report, eg, the updating of deaths on DHB systems. Published report will be tabled to EpiQual shortly for EpiQual to report on this to the Minister, in future suggest this process may happen prior to publication. Action: Find out if "due process" allows for EpiQual to have report before going to Minister FR Action: Submit Report to EpiQual when printed. BT & FR Workshop on Sudden Unexpected Death in Infancy (SUDI) in May considered literature on positive effects of dummy sucking, felt overall health benefit was not established. Bed Sharing (co-sleeping) still an issue, recommendation to use cot beside bed particular in babies under 12 weeks if mother smoked in pregnancy or the co-sleeping adult is affected by drugs or alcohol. Another firm message about stopping smoking in pregnancy to be "pushed". 60-70% of the deaths are Māori. Summary of workshop to go to the participants, then a statement to healthcare professionals before publicity. Important when message is given that there is not blame and guilt established with the message. Midwives are key in implementation antenatally. CYMRC has linked with Australian Death Review Groups – standardising some reporting lines so some further analysis will be done on other subjects: fire, drowning, transport and infection. Also considering a "risky behaviour" category as there are quite high numbers (approx 100 in 3 years). Important to note that CYMRC may be in a position to provide some leadership to Australian groups. CYMRC reviewing method of ethnicity coding. CYMRC is national system with local Groups that undertake local review to identify systems issues. Major DHBs not participating. Have been issues working with CYFS. Discussion about talking to Peter Hughes as head of Ministry of Social Development. Action: Consider discussion with Peter Hughes. BT RY gathering support for Waitemata DHB supporting CYMRC again (pilot funding ceased). Discussion about why the previous groups were disbanded. CYMRC looking at further support for the local groups including a feedback reporting loop and Committee member visits. There has been some work on how review of Family Violence Deaths of children/youth would occur. BT presented to Chief Medical Officers national group. CYMRC Workshop on Mortality Review after Paediatric Soc meeting in November in Nelson. Cross Departmental Research Project (CDRP) on getting Health Trained Investigators involved in investigation of all SUDI deaths. Difficulties on the process across responsibilities between Police, Justice etc. are stalling this process. Still waiting for appointment process to CYMRC and appointment of Chair. BT officially finishes as Chair in November and the Terms of 4 members end.</p>
<p>5. Projects</p>	<p><u>Adult Mortality Review</u> There have been discussions about the relationship between review of deaths related to Family Violence and the proposed Adult</p>

	<p>Mortality Review Committee. The current consultation paper suggests the Committee scope be perioperative deaths and possibly the "failure to rescue" deaths and deaths associated with family violence. The paper will go to cabinet by end of October 2006.</p> <p><u>Appointment of EpiQual Committee Members</u> Current Terms for JJ, JV, RY and SK expire 12 November 2006. Need to follow up regarding extending the period of office of JJ, RY and JV.</p> <p><u>Chartbook</u> Awaiting info from BT and from JV about the "quality sieve" that was used to determine the indicators in the Chartbook. Action: Send diagram to JV. GB Action: Complete entry. BT Action: Complete summary. JV Will need further editing and review. PHI will look at the statistics and editors at the wording. Then back to all EpiQual members. Consider how the Chart-book will be circulated and launched. Action: Add "response page" into Chart Book. GB Would be good to include with the Minister's launch of Quality Improvement in Healthcare at the end of the year. Committee Agree.</p> <p><u>Māori Members Meeting</u> Report presented by JV. JV noted that he is not on EpiQual as Māori member. Discussion about best way to identify suitable Māori Committee members. CF identified that PMMRC currently no vacancies. GB suggested need to identify "technical knowledge & expertise" rather than representation. JJ agrees with GB, considers input and outcome more important than process and maybe more Māori members would be needed noted outcomes in health poorer for Māori and Pacific peoples. BT thinks 3 meetings/year for Māori members too much and distracting to main Committees. CF sees the group idea as supportive, unsure that any one group (eg. Maori) should have section in Annual Report. BT notes that Joanne Baxter has worked on chapters for CYMRC Annual Report but not sure if this is needed every Report. JV suggests 3 meetings per year too many. BT suggests that it would be good to include Māori members on all Ministerial Committees he noted there is supposed to be an annual meeting of the Ministerial Committee Chairs, unsure what has happened to this. Action: Find out status of annual meeting on Ministerial Committee Chairs. FR. RY talked about the need to adopt different frameworks, approaches more holistic views, to achieve the health outcomes required. Maori models and frameworks add a lot to the limited Western thinking. JJ fully supportive on recommendations. Agree: Await formal report from the Group and then consider action.</p>
<p>6. Review of Terms of Reference</p>	<p>More clarity following meeting with Director General today. Minister and DG both supportive of EpiQual drafting changes to Terms of Reference. Health and Disability Commissioner very clear of need for EpiQual Terms of Reference to reflect what it required. Very clear that not possible currently to make changes to the legislation - New Zealand Public Health and Disability Act, 2000.</p>

Action: Get back to Committee when process for approving Terms of Reference has been determined.
 See RY letter to Committee members
 GB adds to what RY had drafted talk about consumers, innovation, educational foundation and research, plus implementation of evidence based practice
 JJ questioned if the scope of EpiQual limited just to clinical providers.
 Legislation states that this is the scope of EpiQual.
 Good to identify boundary between scope of National Health Committee and EpiQual.
 Important to determine role of epidemiology and public health on EpiQual.

Action: Obtain Terms of Reference for National Health Committee and circulate to EpiQual members. **FR**

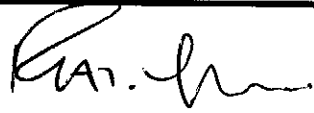
Action: Consider how Terms of Reference can be strengthened to include Public Health and Epidemiology and report back to Committee reasonable urgently. **JJ & ND.**
 Consider framework/headings needed for the Terms of Reference.
 BT noted that the current Terms of Reference mentions the need to consult with DHBs before giving advice to the Minister.
 JJ commented that the identified Priorities for Quality are very hospital and clinical in focus.
 BT discussed need to include things like the Protected Quality Assurance Activities (in line with the Health Practitioners Competence Assurance Act). JV believes this is too prescriptive, thinks HDC and ACC better for Primary Sector. BT states PQAA important for Secondary Sector.

The Committee undertook a "brainstorming" session on topics for consideration during the revision of the Terms of Reference, the following are notes from the whiteboard recordings:
Legislative Requirements - Reporting on mortality review
Analysis of existing data (both quantitative and qualitative) – PQAA, HDC, ACC
Quality Performance measures for DHBs that drive quality and good outcomes
Mandate for Strategic Leadership
Consumer and Health and Disability Commissioner (Code of Rights)
Lead whole system frameworks:

- Leadership
- Culture change

Input into appointment process (chair)
Encourage dissemination of innovation and Quality Improvement
Educational foundation of Quality Improvement – input into Tertiary Education Commission
Research into Quality Health Systems – input into Health Research Council
Implementation for evidenced based practice
Strategic and International links
Problems - Prescriptive tasks eg, PQAA
Relationship with IQ framework
Discussion
 Better to have broader powers than prescriptive tasks
 Need to ensure good quality data eg, Elective Services Performance Indicators
 JV referred to an article in Canadian Medical Journal this week

	<p>about Health and Disability Commissioner process. RY proposed that EpiQual to model partnership with a Consumer Forum, meet as frequently as EpiQual. Chairs of EpiQual, PMMRC and CYMRC have not been involved in the appointment process to date because of a misunderstanding from the Secretariat. Action: Send list of nominations to RY. FR.</p>
<p>7. Renewal of the IQ Action Plan: Scoping the priorities for quality</p>	<p>Invited speaker, Maureen Robinson from Communio Group consultancy. Committee introduced themselves. Members provided with "One Pager" document on key points of work so far. Short time frame Communio to consider the "enablers" for the work in their report Maureen outlined each of the six identified priorities: <u>National approach to incident management</u> Need to correlate all the processes currently in process Taxonomy & Classification Open Disclosure Need for IT system to assist learning (BT suggested web-based system may be effective) Support for patients, families and clinicians <u>Improved management of medications</u> National system for medication management Management of high risk drugs Common medication chart Move towards barcoding system for drugs eventually Control of the "handover process" when patient moves care facilities Need for cultural/behavioural shift Example discussed relating to Community Pharmacist incorrectly dispensing a drug – how barcoding would reduce risk and how incident would be dealt with. <u>Flow of patients across the continuum of care</u> Restricted just to hospital setting Two projects just about to commence on Theatre Utilisation and Flows in Elective Surgery (RV questioned emphasis on 'patient centredness' referred to recent paper in New Zealand Medical Journal, suggested use of the term "Patient Centred Flow") Most DHBs are doing some work about the patient journey Aim to link and enhance work already being done <u>Infection control and prevention</u> GB taking lead on this Hand hygiene - based on promotion of WHO guidelines on hand washing, promotion of alcohol based rubs etc Healthcare Acquired Bloodstream infections – learning from overseas National Surveillance of procedure and surgical site healthcare acquired infections. <u>Education and training</u> Part 1. Providing input to undergrad education for healthcare providers Suggestion about a Chair of Quality in Auckland and Otago Medical Schools Part 2. Providing education for groups of practitioners (JV noted that training on quality is key for health managers including clinicians who are involved in health management)</p>

	<p><u>Improving consumer participation</u> Ensuring consumer participation in each of the 5 priorities above Also looking at issues such as: Providing education for consumers involved in committees 10 tips programme from Australia for consumers to ask as they progress through healthcare system Looking at the Health and Disability Commissioner's Office work on Consumer Participation Discussion about the NZ Guidelines Group work.</p> <p>JJ noted the "three Partnership, Participation and Protection in relation to The Treaty of Waitangi" are not evident in the titles of the priorities. Maureen responded that there is a team member looking at issues for Māori.</p>
8. Annual Report briefing to the Minister	<p>RY suggests that excerpts from the scoping report and recommendations for the Terms of Reference make up the bulk of the report. Annual report is required this year as last report was July 2005.</p>
9. Farewell to Jonathan	<p>JJ thanked for attendance and input. Noted he had found experience interesting although travel has been difficult from Whangarei.</p>
10. Meeting Closed	3.55pm
<p>Next meeting: 30 November 2006 Venue: Wellington Meetings for 2007: 31 January, 29 & 30 March, 31 May, 26 July, 28 September, 30 November</p>	
Minutes Approved:	<p>Signature: </p> <p>Date: 30/11/06.</p>