

**EPIDEMIOLOGY AND QUALITY ASSURANCE
ADVISORY COMMITTEE
Wednesday 16 February 2005**

Meeting held:	Miramar Golf Links, Wellington Airport
In Attendance:	Denise Hutchins (DH) Chair; Cynthia Farquhar (CF); Barbara Greer (BG); Jonathan Jarman (JJ); Sharon Kletchko (SK); Barry Taylor (BT); & Robin Youngson (RY); Jim Vause (JV); Nigel Dickson (ND)
Apologies	None
Guests:	None
MoH attendees:	Gillian Bohm (GB)
Secretariat:	Angie Perry (AP)
Agenda Items	Summary of discussion & decisions
2. Welcome, agenda confirmed	
3. Confirmation of minutes for meeting held 3rd December 2004	<ul style="list-style-type: none"> - Proposed by BG - Seconded by BT - Record confirmed by DH.
4. Chairs report	<p>DH briefed the committee regarding:</p> <p>A) <i>Teleconference with Cathy Cooney, DHB CEO responsible for the Quality and Risk portfolio.</i> Topics covered included the draft framework, consumer participation and an update of the discussion with ACC and Standards NZ on establishing mechanisms for consultation with the sector on what and how standards are developed for the sector.</p> <p>GB advised an interagency meeting has been arranged for 18 March to discuss the issues with development of standards and develop a standardised process. SK suggested that OSH should be included in this development process.</p> <p>Cathy's comments on the framework included that aligning it with reducing inequalities and the next IQ action plan would be useful for the sector.</p> <p>Action: GB to suggest to parties meeting on 12 March that OSH be included in the meeting.</p> <p>B) <i>Attendance at workshop in Sydney – 'Review of future governance arrangements for safety and quality in healthcare'</i> DH and GB attended. The purpose of the workshop was to engage stakeholders in considering the issues, possible models and priorities for national governance arrangements for Safety and Quality in Health Care in Australia. Key themes were the desire to have national data collection for quality and safety information and the need for a national body with a basis in legislation (not regulation). Important messages: to succeed you have to engage with the people</p>

	<p>who have to implement the strategies, the need for inclusion of private practice, primary care and the consumer in the process.</p>
<p>4. Matters arising 4.1 Website update</p> <p>4.2 Service Level Agreement (MOU)</p> <p>4.3 EQ brochure</p>	<p>The website is now live.</p> <p>Draft of a service level agreement (SLA) for use by all Statutory Committees circulated to the group for discussion. General consensus that draft agreement was suitable, minor changes suggested. GB advised Health Legal have suggested changes to two sections. Discussion over clarity of structure of responsibility in Secretariat – identified it should not be included in generic SLA but in a Committee specific schedule attached to SLA.</p> <p>Action: GB to circulate second draft of SLA to the Committee (with suggested changes from Health legal and Committee included) and a draft schedule by 28 February 2005.</p> <p>EQ brochure printed, copies distributed to Committee members.</p>
<p>5. Correspondence Inward / Outward</p>	<p>Inward correspondence from Standards NZ:</p> <ul style="list-style-type: none"> A) Call for nominations for Committees to establish an Audit workbook and guidance booklet for community services for people with dementia, physiotherapy services and chiropractor services. B) Advising release of draft for public comment 'NZS8171:2005 Allied Health Services Sector Standard. <p>Outward: none</p>
<p>6. Annual report</p>	<p>The second draft of the annual report was circulated for comment. Discussion over how the science of epidemiology fits with the Committee's purpose and tasks, and how to appropriately reflect this in the report; ie: what is epidemiology, why the Committee are interested in it and what the committee plans to do based on this.</p> <p>Other comments included: remove references to 'change management', include learning outcomes from presentations made to the Committee, expand on social and environmental factors in the definition of epidemiology, include opening paragraph under 'First Steps' (formally achievements section) on conception of EpiQual, consumer participation focus for 'issues identified' section and reference to perinatal and maternal mortality review committee.</p> <p>Action: ND to summarise the discussion on how epidemiology fits with the Committee for inclusion in the report. AP to arrange a teleconference for ND and GB to discuss this.</p> <p>Action: SK and RY to work with GB on developing a section on 'Complexity in Health care'.</p>

	<p>Action: AP and GB to investigate if Secretariat members should be specifically referenced in annual report.</p>
<p>7. Draft agenda for strategic planning days</p>	<p>Draft agenda for 2 day strategic planning meeting discussed, proposed agenda outline:</p> <p><i>Day one: morning:</i> Short presentations from NZHIS, PHI and Wellington School of Medicine covering the questions what are the sources of information, where are the gaps, how could their area of work drive changes? Panel discussion with three presenting groups.</p> <p><i>Day one: afternoon:</i> Discussion on what is the problem, how do we inform, how do we achieve this? Presentation on performance indicators.</p> <p><i>Day two: morning:</i> consider IQ Action plan – review and renewal, sector engagement</p> <p><i>Day two: afternoon:</i> Tie together what has been learnt, agree on workplan.</p>
<p>8. Draft Sector Engagement framework</p>	<p>Draft of matrix circulated for discussion. Discussion over the direction the framework should take. Concern that the package that goes to the sector needs to be simple to be of use. Suggestions of structure as one summary measure of what is trying to be achieved (E.g. Healthy at 70) or 3-4 key indicators that are underpinned by the breakdown in the matrix.</p> <p>Other comments were the need to put the framework into context and include the assumptions made when developing the framework.</p> <p>Action: AP to organise teleconference with interested parties to discuss how to move this piece of work forward.</p>
<p>9. Presentation by Sir Kenneth Calman</p>	<p>The Committee attended a presentation by Sir Kenneth Calman on Medical Education. The presentation covered selection of medical students and the concept that many attributes used in selection could be taught. Key attributes for a student are personality, values, the wish to be a doctor and the wish to learn. Discussion also covered the need for learning to continue beyond initial training and concepts for how to change current medical behaviours (E.g. use of role models, change in assessment systems).</p>
<p>10. HPCA: PQAA Reporting requirement and process update</p>	<p>The Committee reviewed a PQAA notice submitted and discussed possible structure for a reporting template, including the need to reflect the shift from a medical model to a team model in the HPCA. Suggestion that a workshop should be organised for responsible people, to provide opportunity for sector input into template and to emphasise that this is an iterative process. Suggested date Friday 15th April.</p> <p>Action: GB and AP to look into organising a workshop.</p>
<p>11. General business</p>	<p><i>Suggestion of future invitees</i></p>

	Craig Lauchlan, General Manager Development, Standards NZ; Tineke Stokes, CEO, Quality Health New Zealand.
Meeting closed	The meeting closed at 16.40
Minutes approved	Signature: Date:

Next Meeting: Thursday/Friday 21st and 22nd April 2005

Venue: Miramar Links Conference and Function Centre (Ph: 04 801 7649)
Location is adjacent to Wellington Airport Car Park & directly opposite exit closest to baggage retrieval area).