



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

**Minutes  
30 November 2006**


<b>Meeting Held:</b>	Airport Conference Centre, Wellington Airport
<b>In Attendance:</b>	Robin Youngson (RY), Jonathan Jarman (JJ), Jim Vause (JV), Barry Taylor (BT) Nigel Dickson (ND), Sharon Kletchko (SK).
<b>Apologies:</b>	Cindy Farquhar (CF), Barbara Greer (BG) – unable to get in due to bad weather
<b>Secretariat:</b>	Gillian Bohm (GB), Faith Roberts (FR)
<b>Guests:</b>	David Waters from 12.30

**Agenda Items: Summary of Discussions and Decisions**

<b>Meeting Commenced:</b>	9:30am
<b>1. Welcome and Apologies</b>	RY welcomed all. FR informed the Committee told that the Minister has approved a change to the Terms of Reference stating that all committee members will continue their membership until their replacement is appointed. Laboratory workers strike and the associated risks discussed, including the current legislation. RY reported that David Galler (Principal Medical Advisor) has briefed Minister on this matter.
<b>2. Chair's report</b>	<p>This was the last meeting of most of the current committee members so time to "wrap up" activities and complete the second annual report.</p> <p>A Report on "Scoping the Priorities for Quality in the Health and Disability Sector" had been completed rapidly at the request of the Minister of Health to provide a basis for the future EpiQual direction. RY and GB were lead with support from the Communitio group and David Galler. Feedback from Minister's office about the report is positive. Implementing any of the proposed programmes will require significant work for EpiQual and additional resources will be needed. It is intended that EpiQual play governance role for the proposed national programme.</p> <p>Work to amend the Terms of Reference continues with input from the Minister, the Director General, the Health and Disability Commissioner and David Galler. The changes to the Terms of Reference are still in draft and following feedback from EpiQual will be forwarded to the Minister.</p>

	<p>RY outlined a recent trip to UK and his meetings with a number of senior health leaders including the new CEO for Counties Manukau.</p>
<p><b>3. Matters arising from previous minutes</b></p>	<p>Minutes of 1 August 2006 signed</p> <p>Matters arising from minutes of 11 October</p> <p>Correction to minutes needed p.2.</p> <p><u>Mortality Review Annual Reports</u> – EpiQual will review the annual reports from PMMRC and CYMRC prior to sending to the Minister.</p> <p><b>Action:</b> Ensure this is on EpiQual agenda and on the Annual Report timeline <b>FR</b></p> <p><u>Adult Mortality Review</u> – need to include this in the second annual report. Important to progress the proposal for mortality review that includes peroperative to respond to the request of senior clinicians, colleges and professional societies, to complete the national framework and follow the international direction.</p> <p>Minutes of 11 October 2006 approved with changes: JV and BT</p>
<p><b>4. Correspondence</b></p>	<p><u>Correspondence In:</u></p> <p><u>Letter from JJ re Public Health role in EpiQual</u></p> <p>Most important issue is that Māori and other ethnic groups suffer significantly poorer health outcomes than Europeans in New Zealand.</p> <p><u>Letter from David Tipene-Leach on behalf of Māori Committee members</u></p> <p>CYMRC and PMMRC have endorsed setting up of a Māori Committee members group.</p> <p>BT reported his understanding that the intention was not for the group to have a complete chapter in each Committee's annual report but have input, to ensure that relevant issues for Māori are included. Good to include a Māori analysis – CYMRC intends to do this as the issues are so important. BT reported that CYMRC agreed that one annual meeting attached to one of the planned Committee meetings would be best. (Important to differentiate between the inequality issues as opposed to Māori issues.)</p> <p>EpiQual supports a Māori Committee members group.</p> <p>EpiQual endorses that there should be at least one meeting a year and other meetings, if needed (to be agreed by the Group and the Committee Chairs).</p> <p>Letter raises issues of two Māori members on the Committee generally agree to this, ideally combine with other relevant skills. Agree to support this in the Terms of Reference.</p> <p><b>Action:</b> Report this back to the Group. <b>JV</b></p> <p>Need to decide how to limit the size of the group – suggest this goes back to the Group.</p> <p>Discussion about providing advice on the nominations for all committee members – suggest that the Group provides advice to the Chairs of the Committees.</p> <p><u>Correspondence Out:</u></p> <p><u>Letter prepared for Minister of Health regarding the Laboratory Workers' Strike (Letter attached to minutes)</u></p>
<p><b>5. CYMRC Update</b></p>	<p>BT presented some data from the Third Annual Report.</p> <p>OECD comparisons of infant death shown that NZ has higher rates despite decrease in numbers of deaths.</p> <p>Recommendations from the Report discussed.</p> <p>Consider that the first recommendation wording could have been changed to make it clearer that the messages should originate in the</p>

	<p>Māori and Pacific communities.</p> <p>EpiQual to affirm the importance of death scene investigations.</p> <p>BT reported that the Minister of Health has asked CYMRC to feedback to him on the recommendations in March.</p> <p>It was noted that there has been no significant change in the development of Child and Youth Mortality Review Committee, Local Mortality Review Groups, still the minority of DHBs have them.</p> <p>There are generally higher rates of death in the DHBs that do not have Local Mortality Review Groups and so the detail of the causes of death is not being added to the database.</p> <p>EpiQual recommends to the Minister that the engagement with Māori and Pacific communities is essential.</p> <p>EpiQual also recommends further support for the Cross Departmental Research Project involving the inter-agency work concerning a process for investigating death scenes to provide better data on which to provide advice to the Minister.</p>
<p><b>LUNCH</b></p>	
<p><b>6. Chartbook</b></p>	<p>Consideration if there should be recommendations or not, it is a public report in which case would not be suitable to have recommendations</p> <p>Could ask for feedback about the report to the EpiQual email address.</p> <p>The quality of some diagrams to be improved.</p> <p><b>Action:</b></p> <p>Waiting times commentary – <b>SK</b></p> <p>Obesity commentary – <b>BT</b></p> <p>Efficiency description – <b>SK</b></p> <p>Draft disclaimer about sources of data – <b>ND</b></p> <p>Section on variables that we had wanted to report on but were not able to as the data is not available in NZ</p> <p><b>- GB</b></p> <p>All above to be completed by 10 December.</p> <p>Following steps for the report – Committee members to check current report and get back to David, Martin Tobias to check, then editors, then formatters, then sign off from Chair for printing.</p> <p>Change title to delete "Disability Services" as they are not mentioned in the book.</p>
<p><b>7. Safe &amp; Quality Use of Medicines</b></p>	<p>The SQM Group are working with Pharmac, ACC and BPAC to host a national conference about medicine safety on 17 &amp; 18 May 2007</p>
<p><b>8. Scoping the Priorities for Quality in the Health and Disability Sector Report (November 2006)..</b></p>	<p>GB described some of the basis of priorities covered in the report. Priorities are not ranked in order of priority.</p> <p><u>National approach to incident management</u></p> <p><u>Improved management of medications</u></p> <p><u>Flow of patients across the continuum of care</u></p> <p><u>Infection control and prevention</u></p> <p><u>Education and training for quality improvement</u></p> <p><u>Improving consumer participation</u></p> <p>Important to note that the report was compiled with very tight timeframes. Acknowledge that some of the language is specifically targeted at people with expertise in quality systems and quality improvement. Will need to be clear about how the six individual projects will be managed to an end point.</p> <p>SK suggests that the matrix of "ease of implementation vs importance" be used to decide what is worked on first.</p>

	<p>The implementation of the report will be for the Sector and EpiQual. Concern voiced about the suggestion in the report that the Secretariat would sit outside the Ministry. It has been noted that the focus of the report is acute care secondary and tertiary rather than other areas of the sector.</p>
<p><b>9. IQ Action Plan</b></p>	<p>Apart from the 6 priorities above also included in the renewal of the IQ Action Plan will be:</p> <ul style="list-style-type: none"> <li>• Mortality Review</li> <li>• Leading for outcomes – chronic disease management</li> <li>• Processes for the management and maintenance of clinician competencies/credentialing</li> <li>• IT advances</li> </ul>
<p><b>10. Review of Terms of Reference</b></p>	<p>The current draft of the proposed Terms of Reference were circulated for discussion. Some suggestions for alterations suggested.</p>
<p><b>11. Second Annual Report to the Minister</b></p>	<p>Cover the same but change colour. Other changes and additions suggested.</p>
<p><b>12. Meeting Closed</b></p>	<p>Meeting closed a 4.10 pm Committee members thanked for their efforts and RY thanked for taking on the role of Acting Chair.</p>
<p><b>Next meetings: 31 January, 29 &amp; 30 March, 31 May, 26 July, 28 September, 30 November</b></p>	
<p><b>Minutes Approved:</b></p>	<p><b>Signature:</b> </p> <p><b>Date:</b> 14/2/07.</p>



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

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30 November 2006

Hon Pete Hodgson  
Minister of Health  
Parliament Buildings  
WELLINGTON

Dear Minister

**Serious patient risk during laboratory workers' strike**

At a meeting in Wellington on Thursday 30 November 2006 the National Health Epidemiology and Quality Assurance Committee (EpiQual) resolved to urgently advise you on their concerns regarding the current laboratory workers' strike.

The safe delivery of clinical care requires the ongoing monitoring of the patients pathophysiology and the early detection of potentially life threatening risks. The Duty of Care to patients requires clinicians to test for and monitor for potential risks developing e.g. the requirement to monitor anti-coagulant drug therapy to ensure the patient does not suffer adverse effects of the drug therapy, such as brain haemorrhage.

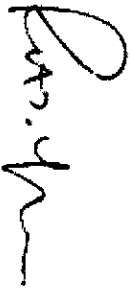
The current interpretation of the definition of "life preserving services" under section 3 of the Employment Relations Act 2000 (the "Act"), Schedule 1B – *Code of Good Faith for Public Health Sector*, being used during the current strike does not allow for the assessment of serious clinical risk, does not take into account the prevention of long-term harm or the availability of adequate alternative services to ensure patient safety.

We believe that it is extremely likely that there will be serious harm as a result of this strike. The inability to provide safe care is extremely stressful for both patients and professionals. The Duty of Care for all health professionals is being compromised and the faith and trust of the New Zealand public in our health system is being damaged.

## **Recommendations**

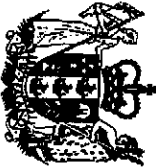
1. The Committee recommends that monitoring of the impact of this strike on patient safety be undertaken. A mechanism for this could be to instruct each DHB to report daily to the Ministry of Health on actual harm, any adverse events or serious risk of such events that occur as a result of the Laboratory Workers strike.
2. We recommend that the Minister calls for an urgent review of the interpretation of "life preserving services" as described in Section 3 of the Act, in particular to require that the clinicians who are responsible for determining care are involved in this interpretation. EpiQual believes that where inadequate alternative service exists to provide for patient safety, services must not be withdrawn.

Yours sincerely



**Robin Youngson**  
Acting Chair National Health Epidemiology and Quality Assurance Committee

CC: Stephen McKernan  
Director-General of Health



**Office of Hon Pete Hodgson**  
**MP for Dunedin North**  
Minister of Health

15 DEC 2006

Robin Youngson  
Acting Chair  
National Health Epidemiology and Quality Assurance Committee  
PO Box 5013  
WELLINGTON

Dear Robin Youngson

Thank you for your letter of 30 November 2006 detailing EpiQual's concerns about the application of the life-preserving services (LPS) provisions of the legislation as they were applied during the recent laboratory workers' strike.

I acknowledge and appreciate the concerns your letter raises.

In response to EpiQual's recommendations, I can advise as follows:

1. The Ministry of Health was provided with daily reports from the district health boards (DHBs) during the laboratory workers' strike. These reports included details of LPS requests and other areas of concern for the DHBs.
2. I have agreed with the DHBs and the New Zealand Council of Trade Unions to undertake a stock-take process in the early part of 2007, designed to consider and address issues that have arisen regarding the interpretation and application of the Health Sector Code of Good Faith (Schedule 1B of the Employment Relations Act 2000), including the LPS provisions.

Thank you for writing. I trust this goes some way towards addressing your concerns.

Yours sincerely

Hon Pete Hodgson  
Minister of Health

*and we are shaping the law  
on Friday.*