

**EPIDEMIOLOGY AND QUALITY ASSURANCE  
ADVISORY COMMITTEE  
Friday 7<sup>th</sup> October 2004**

<b>Meeting held:</b>	<b>Miramar Golf Links, Wellington Airport</b>
<b>In Attendance:</b>	Denise Hutchins (DH) Chair; Nigel Dickson (ND); Cynthia Farquhar (CF); Barbara Greer (BG); Jonathan Jarman (JJ); Sharon Kletchko (SK); Barry Taylor (BT); Jim Vause (JV); & Robin Youngson (RY);
<b>Apologies:</b>	None
<b>Guests:</b>	Ron Paterson, Health and Disability Commissioner Nicky Sleddon, HDC Barry Borman, PHI, MoH Cathy Scott, ACC Wendy Brandon (MoH), David Dunbar (MoH)
<b>MoH attendees:</b>	Gillian Bohm (GB)
<b>Secretariat:</b>	Tracey Grose (TG) & Mairead Sweeney (MS)
<b>Agenda Items, summary of discussion &amp; decisions</b>	<b>Notes and Action Points (AP)</b>
<b>2. Welcome, apologies &amp; agenda confirmed</b>	<ul style="list-style-type: none"> <li>- Meeting commenced at 9.32</li> <li>- Agenda confirmed</li> </ul>
<b>3. Confirmation of minutes 27<sup>th</sup> August 2004</b>	<ul style="list-style-type: none"> <li>- Minutes confirmed and signed by DH</li> </ul>
<b>4. Matters arising</b> <b>4.1 Draft web page</b>  <b>4.2 Memorandum of Understanding</b>  <b>4.3 EQ brochure</b>	<p>MS to complete project scope for Information Technology, MoH. Due to personnel changes in IT it was not possible to have a draft webpage for circulation at this meeting.</p> <p>The Memorandum of Understanding is currently being reshaped to reflect the new legislation. It is hoped to circulate prior to the next meeting.</p> <p>As per RY suggestion it was agreed to include the following text under the 'role of EpiQual' - "ensure that there is a capacity to improve health outcomes through both quality assurance and quality improvement programmes. It was also agreed to include the Chair's name and new website details.</p> <p><b>Action Point: MS to make these changes.</b></p>
<b>5. Correspondence</b>	None
<b>6. Chairs report</b>	DH briefed the committee on two meetings she attended recently, the first being with Dr. Paul Hutchinson, Shadow Deputy Health Spokesperson, National Party. At his request, DH, GB, Colin Feek (DDG MoH) and Andrew Holmes, MoH attended. Fran McGrath from the Ministers

	<p>office was also in attendance. There are two key issues Dr. Hutchinson identified two key issues for EQ as he saw it: 1. "The first year of life", and he wants to see the 'perinatal mortality review committee' up and running as soon as possible. 2. Relates to the HPCA. He would like to ensure that health professionals are actively participating in appropriate PQAA with the quality loop being closed. He also indicated that EQ should ensure that consumers are participating in decisions regarding quality of health care services. He noted that EQ is the mechanism for utilising the legislative framework.</p> <p>The second meeting was requested by Cathy Cooney, representative, DHBCEO's, who unfortunately could not attend due to illness but DH, GB, John Luhrs (Quality &amp; Risk portfolio, CEO's) and Julian Inch (DHBNZ) attended. The meeting was the first of planned regular meetings. Topics discussed included looking at relationships, instigating behavioural change and investigating trends &amp; results. Feedback from the CEO's recent two day meeting is that EQ should be the strategic umbrella for the sector and maintaining linkages and discussion between the various groups is vital .</p>
<p><b>7. Ron Paterson, Health &amp; Disability Commissioner &amp; Nicky Sleddon, HDC</b></p>	<p>RP joined the meeting to brief the committee on his role as the Health and Disability Commissioner and how he sees future directions for EpiQual. Key issues RP addressed:</p> <ol style="list-style-type: none"><li>1. National leadership – consistent approaches. EQ should drive outcomes measures. EQ should ensure the messages get out there to the sector in a nationally consistent manner.</li><li>2. Information sharing and data for measurement should be shared with services and public. It is necessary to have publications widely circulated.</li><li>3. Consumer / patient engagement. If we can do a better job of patient engagement, this would be a big part of the solution.</li><li>4. Role of funders in improving quality.</li><li>5. Role of regulatory framework in quality service provision needs to be improved.</li></ol> <p>Ron also briefed the committee on a new role he has agreed to take as Chair of the Review Committee of the Australian Council for Safety and Quality. A workshop will take place in February 2005.</p> <p><b>Action: EQ stay in touch with RP re this work and he will forward an invitation to the committee to the workshop due to take place on 11<sup>th</sup> February 2005 in Melbourne.</b></p>

<p><b>7. Barry Borman, Public Health Intelligence, MoH</b></p> <p><b>7.1 EQ Chartbook</b></p>	<p>BB briefed the committee on the work that PHI do. A discussion on how EQ could lever off some of the work PHI is doing ensued. Committee members sought clarification from BB as to the type of information PHI could provide to EQ. The Committee discussed the concept of a NZ Chartbook approach with BB. The variation in how data is collected and thus it's usefulness to the sector was discussed. DH suggested that this may be an area that EQ could provide advice to the Minister on in terms of standard principles to be used in health related surveys and data collection processes.</p> <p><b>Action: EQ to consider further the possibility of providing advice to the Minister on principles related to health survey's and data collection. Further discussion on the draft framework and chartbook.</b></p> <p>GB reiterated that the draft framework should be completed while EQ is new and the committee should aim for a completion date of early 2005. The workplan also needs to be confirmed and the committee should also bear in mind that the annual report is due in June 05. There was a need to maximise the opportunity of EQ's newness.</p> <p><b>It was agreed</b> that a working group of GB,RY,SK,JF develop a draft framework for the December 04 meeting. The draft framework should incorporate the current MoH Statement of Intent, consider aspects of the Australian version and align with the IQ Strategy. RY requested that compassion as a measure of quality not be overlooked.</p> <p><b>Action points:</b> <b>GB, RY, SK, JF to develop a draft framework to present at the December meeting. It was agreed this working group to teleconference on 27<sup>th</sup> October 2004 and meet on 3 November 2004. CF suggested inviting Jean Slutsky to 3 November meeting and agreed to check her availability. SK to send details of the Canadian report scoring system to MS for circulating.</b></p>
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<p><b>8. Medical Misadventure Review Bill, Cathy Scott, ACC</b></p>	<p>Cathy Scott, ACC joined the meeting to present an overview of the new Medical Misadventure Review. (presentation attached). The discussion centred on what information could ACC provide to EQ regularly? A consultation document will be circulated re the guidelines for sharing information. The proposed enactment of the bill is 1<sup>st</sup> February 2005, however, realistically ACC is not expecting it until 1<sup>st</sup> April 2005. The bill will not be retrospective and the transition period will be approximately 8 months. <b>Action point: CS will provide EQ with a summary of feedback on the proposed bill.</b></p>
<p><b>9. Reporting on Protected Quality Assurance Activities, Wendy Brandon and David Dunbar, MoH.</b></p>	<p>. A draft reporting template had previously been distributed to the committee. The committee raised some concerns regarding the template, these were explained to WB and DD. WB explained that the draft was a means of reporting and collecting quality data. It had been modelled on similar templates used in Canada and Australia. . It was considered that this format allowed data to be collated and disseminated to the sector as soon as possible. It was noted that there is one notice per DHB and the Minister can revoke a QAA at any time. The committee expressed concerns that the template covers too many disciplines. WB explained it is a "catch 22" situation because the MoH do not know all the activities that could come under the PQAA particularly now that the HPCA has expanded the protection to all health professionals covered by the Act. Some committee members were concerned about what could be included as a PQAA and considered only those things that were in the "public interest" should be reported on. In order to demonstrate changes in practice the reporting process should require measures of process and outcome. It was also noted that the process should not be made onerous for organisations as this could result in poor reporting. After considerable discussion it was agreed to establish a working group to work with the MoH to progress the reporting template. It was also noted that the HPCA will be reviewed in three years time and that advice regarding changes to PQAA requirements could be provided at that time. It was also suggested that WB and DD talk to Barry Borman re survey suggestions and how the information could be collated. <b>Action point: that a working group of BG and BT work with WB and DD and report back to the committee on progress in December or before via email.</b></p>
<p><b>10. Agenda items next meeting</b></p>	<ul style="list-style-type: none"><li>○ Invite Sandra Coney re consumer representation research</li></ul>

**Draft 14.10.04**

	<ul style="list-style-type: none"><li>○ Draft framework – working group (SK, RY, JV, GB)</li><li>○ HPCA update – BG/BT</li><li>○ Possible attendees at Safety and Quality Review Committee workshop in Melbourne (11 Feb. 05)</li><li>○ EQ webpage</li><li>○ Memorandum of Understanding</li><li>○ Committee Budget</li></ul>
<b>Meeting closed</b>	<b>The meeting closed at 16.45</b>
<b>Minutes approved</b>	<b>Signature:</b>  <b>Date:</b>

<p><b>Next Meeting: 3<sup>rd</sup> December 2004</b></p> <p><b>Venue: Miramar Links Conference and Function Centre (Ph: 04 801 7649)</b> <b>Location is adjacent to Wellington Airport Car Park &amp; directly opposite exit closest to baggage retrieval area).</b></p>
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