

Summary Notes –Thursday 24 February 2022

Key notes from the meeting:

- We had an excellent presentation by Derek Smith IV CNS introducing the ACC Healthcare Associated Infection Programme. One of the components of this programme is Peripheral Intravenous Cannula Care (PIVC). With three key care focus points:
 - Ready** (Insertion using aseptic technique and appropriate antiseptic)
 - Review** (Phlebitis monitoring)
 - Remove** (Removal as soon as no longer indicated)

We believe this programme ties in well with the quality and safety rounds and the ward round safety document. We see this project as being key to reducing our PIVC associated infections in particular and our Hospital associated harm in general.

- We had a presentation from Brendan Arnold (ID Physician) and Jo Stodart (IPC CNM) about the wide scope of their work and the challenges of delivering this within the current departmental footprint both before and more so now with the COVID pandemic. We thanked them both for their commitment and asked that they pass on our thanks to the wider team. We will continue to work with the Chief Executive who has been very supportive in prioritising ID & IPC investment.
- Carol Atmore presented the Memorandum of Understanding for proposed data sharing Southern region. This key document facilitates the safe, secure and properly governed sharing of NHI-level data ('the data') between Southern District Health Board (SDHB) and WellSouth Primary Health Network (WellSouth) combined representing the "Southern Health System". Clearly for this to work effectively appropriate governance must be in place and we focused on where the clinical council may sit in this process. We acknowledged the importance of this work and are keen to assist the implementation of this process.
- We surfaced the Top 15 Clinical Risks and noted where progress had been made with downgrading risks following our last risk register review meeting. We noted that to be effective in this space we needed to focus on a specific area each meeting to provide the scope for granular discussion. This will be in addition to our 3 monthly "birdseye" review of the all the high level risks.
- Rich Stephenson, Emergency Department CD, delivered an excellent presentation detailing patient flow through the ED. The presentation was underpinned with data demonstrating the bottlenecks in the system and highlighting the increasing complexity of cases seen in the department. This stimulated a wider discussion on

flow in the whole system and it was clear to Council that models of care will need to be responsive to patient flow dynamics if we are to see a meaningful improvement. We acknowledge the recent appointments of patient flow and operations managers on the Dunedin and Invercargill sites, the Council is keen to support these developments, as we feel it will have a big effect on the quality and safety of care delivered.