

Minutes of Meeting

Date: Wednesday 22nd October 2014

Time: Meeting: 2.00/2.15pm EST Room 2060 in the Translational Research Institute.

Connection: Telephone conferencing call **1800 200 232 (Australia); 0800 170 223 (New Zealand)**
Access Code Guest: **(819656#)**
Access Code Host: **(859889#)**

Delegates:

Health Service	Delegate Name(s)	Apologies/absent
Alfred Health (Vic)	Jim Sayer (JS)	Ibolya Nyulasi (IN)
Austin Health (Vic)		Joanne Sweeney (JoS) Leonie Pearce (LP) Jill Feltham (JF)
Barwon Health-Geelong (Vic)		Roy Hoevenaars (RH) Debbie Schulz (DS)
Capital and Coast DHB (NZ)	Steve Whittaker (SW)	Catherine Epps (CE)
Flinders Medical Centre (SA)	Adam Govier (AG) Megan Sataneck, Sam Kruger (visitors)	
Lyell McEwin Hospital (SA)		Sandra Parr (SP)
Melbourne Health (VIC)		Stella Kravstov (SK) Colin Steel (CS)
Monash Health (VIC)	Raisa Shaikh (RS)	
Nepean Hospital (NSW)		David O'Connor (DC)
Princess Alexandra Hospital (QLD)	Julie-Anne Ross (JAR) Cherie Hearn (CH) Evelyn Towers Annabel Stack Mary Whitehead (visitors)	Wendy McCallum (WM) Kathy Grudzinskas (KG)
Royal Adelaide Hospital (SA)	Ellen Mills (EM)	Vicki Hume
Royal Hobart Hospital (TAS)	Annegret Ludwig (AL) Wendy Rowell (WR)	Gudrun Barratt-Peacock(GBK) Anne Mullavey (AM)
Western Health	Julia Firth (JFi)	

ITEM	DISCUSSION	ACTION	BY WHOM
1.1 Attendance/Apologies	See page 1.		EM
1.2 Minutes 26th September 2014	Passed. (WR)		EM
1.3 Actions from Previous Meeting	<p>EM to continue to liaise with WK re AAHBC specific reports run for 13/14 data.</p> <p>David O'Connor to provide NSW rep name</p> <p>Outstanding members to return General Medicine spreadsheet to AG</p> <p>Outstanding members to complete online membership application</p> <p>All members to respond confirming additions/deletions required to current online access.</p> <p>EM to forward completed National AH Minimum dataset to AAHBC members.</p>	<p>HRT have agreed to provide these reports after HRT AH meeting</p> <p>No NSW rep to present</p> <p>Some sites remain outstanding</p> <p>Some sites remain outstanding</p> <p>All sites have responded</p> <p>Remains outstanding</p>	<p>WK</p> <p>All</p> <p>All</p> <p>EM</p>
2. The Health Roundtable	No report		
3. Standing Items			
3.1 Budget /Finance Report	Report to be forwarded		JoS
4. Projects			

<p>4.1 Clinical Care Ratios Project</p>	<p>CH reported.</p> <p>Clinical Care Ratios (IPA and NIPA): median figures 71% with differences between various professional groups/classifications available. Need confidence levels for different classifications. High 70% for Tier 1. Tier 3 slightly higher than Tier 2 Tier 4/5/6s removed</p> <p>SW Tier 1 is lower than Tier 2 possibly as a result of supervision requirements.</p> <p>SW asked re role descriptions for different Tiers.</p> <p>Agreed to use median for planning and that compliance should be measured by % against other hospitals: ie 90% of AAHBC achieve a certain CCR. The Alfred aim is approx. 70% IPA however project data and remaining members utilise IPA Plus NIPA at approx. 70%.</p>	<p>CH and Ag to meet this week.</p> <p>For write up in The Health review</p> <p>CH to forward results to all members</p> <p>JAR to upload tier level descriptions on website.</p> <p>All to forward J&Ps or classification information from individual states.</p>	<p>CH/AG</p>
<p>4.2 Allied Health models of care</p>	<p>JS reported:</p> <p>11/12 model test model completed. Mostly related to DRGs. Aim is now for clinical unit level also. Need to test assumptions and determine any linking errors. Assumptions include the “Keating” Allied Health factor which includes leave/CCR etc. (2.8hrs per 1 hr clinical) Need to check physical beds vs modelled beds.</p> <p>Funding required to complete the project: Suggest using pilot sites: Alfred, Flinders, RAH to create Eft per discipline per unit.</p> <p>Variations across states for leave/working conditions etc may require the application of a different AH factor.</p>	<p>All to check actual beds to modelled bed numbers.</p> <p>Complete Pilot Project Business Plan with costings.</p>	<p>AG/JS/EM</p> <p>JS/AG/EM</p>

4.3 Models of Care	<p>AG reported:</p> <p>General Med: Investigating what models of care and staffing are used across AAHBC in attempt to quantify what activity occurs within Gen Med.</p> <p>To date: Minimal weekend staffing ?effecting LOS, morbidity and mortality. This project can look at CCR in Gen Med. Work with staffing model</p> <p>Monash currently doing project on whether AH weekend staffing improves LOS, complications, morbidities, bed locking, readmission rates, mortality. There is varying AH staff profession availability. Is actual weekend availability the same as weekday?</p> <p>Aim is for completion in April 2015.</p>	<p>Continue working with staffing model.</p> <p>All to submit Gen Med questionnaire to AG</p>	<p>AG</p> <p>All</p>
4.4 AAHBC Website	<p>Continuing to populate website with historical data and uploading current projects.</p>	<p>All to send info from previous involvement in projects.</p> <p>JS to send data audit information and any other.</p>	<p>All</p> <p>JS</p>
4.5 New Zealand Data Group	<p>SW and other NZ reps (Becky and Margaret Kraus)- surveyed all NZ DHBs 17/21 respondents. Variety of data collection tools used. 60% using National min dataset AH Activity Tree.</p> <p>Keen to start own NZ benchmarking group and link into this one. First aim is to improve consistency of data involvement and seek NZ set of HRT reports.</p>		<p>SW</p>
5. AAHBC Membership	<p>TOR and current Fees: \$250 ongoing members, \$500 new.</p> <p>Discussion re current membership and opportunities for expansion: eg. NSW.</p>	<p>EM to draft document (One page) outlining values of AAHBC to individual organisations and use for targeting new members. Send draft around to group. Include Data audit,</p>	<p>EM</p>

	<p>Dr Foster still a focus for Vic Hospitals/LHNs</p> <p>2015 Chair – CH nominated and voted as chair for 2015. Discussion re honorarium. SW suggested free membership during time of chair. Agreed.</p>	<p>current and future projects, costs.</p> <p>Contact AH Directors to determine interest using the one page brief. Also use HRT AH list to highlight relevant organisations and liaise re interest in the group. ? Publicise through HRT.</p> <p>EM to add free membership for Chair to TOR</p>	
6. National Allied Health E-Health Collaborative	No report		
7. New projects-Discussion and Brainstorming of Ideas	<p>1. Investigate other models of care based on current Gen Med modelling project</p> <p>2. Teaching/training and research: time spent and models used. No information re time required/quantified to provide placements etc. If going to cut staff what will this mean for student training?</p> <p>How: Expand CCR work to TT. Outcomes: AH undertake training of students in different way to Medical and Nursing. Use time and evaluate that against model of care. We would all need to be collecting student activity data and supervision data in the same way. HRT reports this year include student and AHA time and will highlight these issues and perhaps encourage movement towards better consistency.</p> <p>3. Scope of practice/expanded/advanced roles – interdisciplinary roles.</p> <p>4. AHA roles – some AHAs work in multidisciplinary roles and therefore don't fit into</p>	All to consider.	All

	<p>usual HRT reporting. How can this best be captured?</p> <p>5. Outcome measures: Alfred currently doing this. PAH currently have a role to input outcome information into database.</p> <p>Consider doing this across sites of AAHBC to benchmark this effectiveness.</p> <p>Could include: ANSNAP, FIM, RUG, Inclusion of MDT plan when patient snapped within the hospital. Then complete cost effectiveness analysis.</p> <p>6. Use of AAHBC finances:</p> <p>Consider operational budget for each financial year with annual review to determine priorities for the following year.</p> <p>Develop a Pro-forma for project plans.</p> <p>Consider intellectual property questions and include in TOR and on membership form.</p> <p>AAHBC has functioned according to voluntary involvement to date. Consider defining what is considered voluntary and what should be financed.</p> <p>Consider applying for research grants.</p>		
8. Any Other Business	Nil	JAR to investigate and also ask WK re intellectual property related to HRT.	JAR/WK
Next Meeting	Friday November 28th, 2014		