


Minutes




Date:	Wednesday 28 October 2015 Melbourne Health
Time:	11.00 – Meet at Zouki cafe 11.30 – Tour commences 2.00pm – Meeting
Connection:	Face to face meeting

Delegates

Health Service	Delegate name(s)	Present/apologies/absent
Alfred Health (Vic)	Ibolya Nyulasi (IN) Jim Sayer (JS) Apology now until 2016 Karen Perkins (KP) Lisa Somerville (LS)	Apology Present
Austin Health (Vic)	Debbie Munro Joanne Sweeney (JoS)	Present Apology
Barwon Health-Geelong (Vic)	Roy Hoevenaars (RH)	Apology
Capital and Coast DHB (NZ)	Steve Whittaker (SW)	Present
Flinders Medical Centre (SA)	Helen Tedesco (HT) Sarah Woon (SW)	Present Present
Gold Coast University Hospital	Jill Mahoney (JM) Leigh Collier (LC) Dr Sharon Mickan (SM)	Apology Present Apology
Lyell McEwin Hospital (SA)	Linda Nimmo (LN) Sandra Parr (SP)	Apology
Melbourne Health (VIC)	Colin Steel (CS) Stella Kravstov (SK)	Present
Monash Health (Vic)	Raisa Shaikh (RS)	Apology
Nepean Hospital (NSW)	David O'Connor (DC)	
Princess Alexandra Hospital (QLD)	Cherie Hearn (CH) Julie-Anne Ross (JR) Kathy Grudzinkas (KG) Wendy McCallum (WM)	Present Present Present Apology
Royal Adelaide Hospital (SA)	Adam Govier (AG) Ellen Mills (EM)	Present Present
Royal Hobart Hospital (TAS)	Anne Mullavey (AM) Annegret Ludwig (AL) Gudrun Barratt-Peacock (GBK)	Present



	Wendy Rowell (WR)	Present
Western Health (Vic)	Diana Perre (DP) Julia Firth (JF)	Present Present
The Health Roundtable	Wojciech Korczynski (WK)	Apology

0.0	Site visit	Who
0.1	<p>Tour</p> <p>Thank you to Colin Steel for arranging a tour of Melbourne Health Royal Park campus.</p> <ul style="list-style-type: none"> The Hand Hub Movement Laboratory Activity Arcade <p>Lunch</p>	All members to discuss at the next meeting the option of having additional AAHBC site visits, in addition to the AAHBC face to face meeting.
1.0	Opening, quorum and apologies	Who
1.1	Welcomed attendees and noted apologies.	Chair
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2.0	Minute confirmation	
2.1	<p>Minutes from the meeting held on 28 August 2015 were endorsed by the attendees.</p>  <p>150828 AAHBC Minutes.pdf</p>	All
2.2	Review of actions from previous meetings completed as per action list.	Chair
3.0	Standing agenda	Who / Action
3.1	The Health Roundtable update	Wojciech Korczynski
	<ul style="list-style-type: none"> Meeting 2015 (29-30 October 2015) <ul style="list-style-type: none"> AAHBC presentation (45 minutes). <ol style="list-style-type: none"> Overview of AAHBC and membership Data audit overview Clinical Care Ratio Staffing model Days of week for subsequent HRT meetings – Proposal by HRT for future HRT meeting to be held on Wednesday and Thursday Venue for 2016 meeting – Discussion amongst members that they would like to think about learning opportunities when determining a location for HRT meetings. Discussion that there would be value in visiting NZ (Auckland and the Christchurch design lab) or Gold Coast (GCUH) Venue for 2017 meeting - Royal Adelaide Hospital <ul style="list-style-type: none"> Suggestion for speaker – Alison Kitson re iParish 	<p>Adam Govier and Ellen Mills to present on AAHBC at the HRT meeting.</p> <p>Cherie Hearn to lobby Wojciech Korczynski re NZ or Gold Coast as options for the location of the next HRT meeting.</p>

3.2	Financial reports	Joanne Sweeney
	<ul style="list-style-type: none"> Balance \$61,912.00  <p>151026 NAHBC finance report.xls</p>	
3.3	NZ update	Steve Whittaker
	<ul style="list-style-type: none"> Aiming for a National Minimum Data Set. This has been signed off by the Director of Allied Health. 	
3.4	Data audit	Jim Sayer
	<ul style="list-style-type: none"> Data audit <ol style="list-style-type: none"> PAH are the winners again! Award of Haigh's Chocolate purchased for the winners. Western Health advised that they had poor uptake for the audit (low numbers which is skewing the data) plus due to the complexity of the questions people gave up. There were also questions about a community service. HRT data quality rating is high. General discussion that people want individual feedback on whether they are correct. Consider re-branding the survey as both an education opportunity and audit. All present agreed that this would be a worthwhile project for 2016 and would increase data integrity. Refresher document – available on website 	All members to discuss at the next meeting progressing an interactive education session and survey (?Moodle compatible platform) that provides immediate and individualised feedback.
4.0	Projects	Who / Action
4.1	Project proposal	
	 <p>Project Proposal Template v1.0.doc</p>	
4.2	Clinical care ratios	Cherie Hearn & Adam Govier
	<ul style="list-style-type: none"> Cherie Hearn presented current data.  <p>AAHBC CCR 2015.ppt</p> <ul style="list-style-type: none"> Article on CCR almost ready to publish. Cherie Hearn is presenting at NAHC on CCR. Recommendations to make from the data: <ol style="list-style-type: none"> Tier 1 – 75 – 80% Clinical care Tier 2 – 70 – 75% Clinical care Tier 3 – 65 – 75% Clinical care Team leader – 60% Clinical care Aim to publish in the Australian Health Review Opportunities for future work around CCR: <ul style="list-style-type: none"> Consider acute vs sub-acute 	Cherie Hearn to distribute presentation on CCR after NAHC

	<ul style="list-style-type: none"> • Increase rigour around data in future work <ol style="list-style-type: none"> 1. Exclude weekend 2. Look at how we manage over time • CCR is looking at risk vs benefit • ?link to staffing ratio – how much the CCR controls staffing and the use of demand strategies • ?Use of electronic systems vs paper systems 	
4.3	Staff benchmarking model	Ellen Mills & Adam Govier
	<ul style="list-style-type: none"> • Ellen Mills and Adam Govier presented an update on the staffing model. <ol style="list-style-type: none"> 1. The model is only based on acute, the future aim is to include community and sub-acute data. 2. The model provides what we have, but then you need to ask the question as to whether this is what we should have? 3. Are AHAs included? 4. Future aim is to look at link with outcomes • Debbie Munro provided information about a document published recently by the Victorian Allied Health Leadership Council (VAHLC), ‘Best practice guidelines and workforce requirements for Allied Health workers in Cancer’, which has recommendations across the care continuum, looking at FTE vs outcomes. To check our model against theirs as applicable. • Current data entered is from Royal Adelaide Hospital, Alfred and the Flinders Medical Centre • The model is now ready to input other data. • Excel spread sheet will be provided for all AAHBC hospitals to submit their 14/15 FY data. All members to aim to provide their data by the end of January 2016. 	<p>Ellen Mills & Adam Govier to distribute to all members excel spreadsheet for data submission</p> <p>Helen Tedesco to distribute to all members the document Flinders Medical Centre provided to their Casemix team</p> <p>Jim Sayer to investigate Ca model published by VAHLC</p>
4.4	Allied health models of care	Adam Govier & Ellen Mills
	<ul style="list-style-type: none"> • General medicine – Ellen Mills and Adam Govier discussed the Royal Adelaide Hospital General Medicine strategy. <p style="text-align: center;">Insert</p>	
4.5	AAHBC website	Julie-Anne Ross
	<ul style="list-style-type: none"> • Members with access <ul style="list-style-type: none"> ○ All current members of AAHBC have access to the website ○ Annegret Ludwig is having ongoing issues with accessing the website. • Content of website <ul style="list-style-type: none"> ○ Still awaiting final project reports for: <ul style="list-style-type: none"> ▪ Nutrition data benchmarking project ▪ THR project – Wendy Rowell advised that this information is no longer available • Website information if issues 	<p>Julie-Anne Ross to investigate access issues for Annegret Ludwig</p> <p>Julie-Anne Ross to check email circulation list to ensure Lisa Somerville is included</p>

4.6	New projects	All
	Not discussed.	
5.0	AAHBC membership	Who / Action
5.1	Terms of reference	All
	<ul style="list-style-type: none"> For review in November 2015. ? need to have a broader terms of reference to increase inclusiveness? 	All members to discuss at next meeting terms of reference.
5.2	Current membership and opportunities for expansion	All
	<ul style="list-style-type: none"> Discussed whether the existing terms of reference for the group are still current or if the group has evolved to ?a more model of care group. Discussed the need for consistent branding of AAHBC – templates available on the AAHBC website ? Do we need to be restricted to members of The Health Roundtable? The benefit is that we can request HRT to generate more specific reports. ? Should we keep the membership at a tertiary level or consider a sub-group? Opportunities for expansion: <ul style="list-style-type: none"> Want to target NSW and WA Qld – TPCH, RBWH, Townsville Hospital, Logan Hospital Victoria – St Vincent's Hospital NSW – Illawarra, St Vincent's Hospital, South East Sydney 	All members to ensure that any documents related to AAHBC use the AAHBC logo (templates are available on the website)
5.3	Requests for membership	All
	<ul style="list-style-type: none"> Nil requests for membership One page application is on the website (http://www.aahbc.org/) 	
6.0	National e-health collaborative	Who / Action
6.1	Update	Ellen Mills
	<ul style="list-style-type: none"> Allied Health Data Set meeting – 9 November 2015 (before NAHC) – Cherie Hearn and Wendy McCallum to attend on behalf of AAHBC 	
7.0	New business	Who / Action
7.1	Updates from AAHBC sites re specific initiatives	All
	<ul style="list-style-type: none"> Steve Whittaker (NZ) advised that they are looking in to what AH do. They are currently at the observe phase and moving to measuring. As part of this they are looking at the hours and days of service, aiming to maximise that ability to see patients. Debbie Munro (Austin Health) provided an overview of the Physiotherapy workforce model of care which looked at redesigning the service around what intervention the patient 	

	<p>requires, and ensuring evidence-based care. 3 streams of care:</p> <ol style="list-style-type: none"> 1. Acute & deteriorating patients 2. Early rehabilitation 3. Transition & maintenance <p>In addition they have changed the way that the service manages risk, developing a risk matrix, which provides a patient rating of acuity. Senior staff manages what the work looks like for their stream. Evaluation of pre and post implementation was positive.</p> <p>The service is focused on what they do, not what the service doesn't do. This change has meant that the Physiotherapists have stopped going to some meetings.</p> <p>The next step is defining the skills and competencies.</p> <p>Investigating opportunities to roll this out to other professions.</p> <div style="text-align: center;">  Austin Health Workforce presentati </div> <ul style="list-style-type: none"> • Colin Steel (Melbourne Health) discussed the clinical prioritisation tool and impact. Referrals have decreased, activity has increased. Melbourne Health allied health developed a service charter. Allied health is using unmet need to drive and service. <div style="text-align: center;">  alliedhealthservicech arter_v2_final2013.p Insert presentation </div> <ul style="list-style-type: none"> • Annegret Ludwig (Royal Hobart Hospital) – Multidisciplinary redesign of the medical patients journey, including nursing, allied health and medical • Lisa Somerville (Alfred Hospital) – Physiotherapy competencies have been identified and are being developed. This has started with senior staff, a learning management system is being used to do the competency assessments. There will be a qualitative thematic analysis around the process. • Kathy Grudzinskas (PAH) – Digital hospital implementation discussed. Some of the initiatives have included state-wide forms and we are progressing a new data system being developed. The digital hospital implementation has long term training implications. 	
7.2	Complying with the National Stroke Guidelines and changes in practice	All
	Not discussed due to time constraints.	All members to bring information on how they comply with the National Stroke Guidelines to the next AAHBC meeting
7.3	Format for 2016 meetings	All
	<ul style="list-style-type: none"> • Agreed to investigate costs of videoconferencing for 2016 meetings 	Julie-Anne Ross to investigate costs for videoconferencing

	<ul style="list-style-type: none"> • Agreed to trial bi-monthly meetings in 2016, and increasing time for meeting to 1 ½ hours • Continue with current meeting start time. • Consider additional site visits for 2016. • Continue with one face-to-face meeting at present 	<p>through Qld Health Integrated Telecoms</p> <p>Julie-Anne Ross to send appointments for meetings for 2016</p>
7.4	Confirmation of meetings for 2016	All
	<ul style="list-style-type: none"> • 12 February 2016 • 8 April 2016 • 10 June 2016 • 12 August 2016 • October 2016 (Face to face meeting) • 9 December 2016 (optional) 	
8.0	Close of meeting, review of action items	Who / Action
8.1	Review of action items	All
	<ul style="list-style-type: none"> • Completed 	
8.2	Next meeting	For noting
	<p>Date: 13 November 2015</p> <p>Time:</p> <p>10.00 – 11.00am AEST</p> <p>11.00 – 12.00am AEDT</p> <p>11.30 - 12.30am CST</p> <p>1.00pm – 2.00pm NZST</p> <p>Venue: Teleconference</p>	

Action Items

No. Action Items – 2014		Who	When	✓
6	Complete pilot project business plan with costings for staff benchmarking model	Adam Govier, Ellen Mills & Jim Sayer	31 January 2015	

No. Action Items – 24 April 2015		Who	When	✓
13	Send staffing model specifications to membership	Jim Sayer	22 May 2015	
15	Commence ethics application and documenting governance for staffing model	Jim Sayer	22 May 2015	
16	Consider how ICU should be captured in staffing model	All members	22 May 2015	✓

No. Action Items – 22 May 2015		Who	When	✓
7	Send draft of CCR write up to Adam Govier	Cherie Hearn	19 June 2015	✓
8	Complete Ethics application for staffing model project	Jim Sayer	19 June 2015	
11	Consider opportunities for new projects and existing funding	All members	19 June 2015	✓

No. Action Items – 19 June 2015		Who	When	✓
7	Follow up potential new members in July/August	Cherie Hearn	29 August 2015	✓

No. Action Items – 24 July 2015		Who	When	✓
6	Send invoice to Joanne Sweeney for time for CCR write up for payment by AAHBC	Cherie Hearn	28 August 2015	
8	Circulate draft ethics application for the staff benchmarking model for review by membership once drafted	Jim Sayer	28 August 2015	
9	Obtain ethics applications for the staff benchmarking model project for all AAHBC sites prior to collecting data	Jim Sayer	2015	
10	Advise Julie-Anne Ross if there are any concerns with the website	All members	As required	
11	Advise Julie-Anne Ross if there is anything else they would like included on the website	All members	As required	✓

12	Provide Nutrition data benchmarking final project report to Julie-Anne Ross	Roy Hoevennars	ASAP	
13	Provide THR final project report to Julie-Anne Ross	Wendy Rowell	ASAP	✓
15	Liaise with South East Sydney re joining AAHBC	Wendy McCallum	28 August 2015	

No.	Action Items – 28 August 2015	Who	When	✓
1	Add to agenda for face-to-face meeting re presentation at HRT meeting	Julie-Anne Ross	28 October 2015	✓
2	Liaise with Wojciech Korczynski re having the AAHBC presentation on the Thursday.	Cherie Hearn	ASAP	✓
6	Undertake education to aim for 80% accuracy on coding audit next years.	Specific departments/facilities	July 2016	✓
7	Add a section to the project proposal template about intellectual property.	Julie-Anne Ross & Cherie Hearn	28 October 2015	
8	Send a copy of the presentation given to the Chief Allied Health Officers on the staffing model to membership	Jim Sayer	28 August 2015	
9	Submit an invoice for \$3600 to AAHBC for payment and arrange for ongoing invoicing for monthly upkeep of website.	Julie-Anne Ross	28 October 2015	✓
10	Discuss opportunities for expansion at the face-to-face meeting and the HRT meeting.	All members	28 October 2015	✓
12	Present on Staffing Model at the HRT meeting	Ellen Mills, Adam Govier and Steve Whittaker	28 October 2015	✓
13	Send data audit project information to Cherie Hearn	Jim Sayer	28 August 2015	

No.	Action Items – 28 October 2015	Who	When	✓
1	Discuss at the next meeting the option of having additional AAHBC site visits, in addition to the AAHBC face to face meeting.	All members	13 November 2015	
2	Present on AAHBC at the HRT meeting.	Adam Govier & Ellen Mills	30 October 2015	✓
3	Lobby Wojciech Korczynski re NZ or Gold Coast as options for the location of the next HRT meeting.	Cherie Hearn	29 October 2015	✓
4	Discuss at the next meeting progressing an interactive education session and survey (?Moodle compatible platform) that provides immediate and individualised feedback.	All members	13 November 2015	
5	Distribute presentation on CCR after NAHC	Cherie Hearn	13 November 2015	

6	Distribute to all members excel spread sheet for data submission for the staffing model	Ellen Mills & Adam Govier	13 November 2015	
7	Distribute to all members the document Flinders Medical Centre provided to their Casemix team to assist with data submission for the staffing model	Helen Tedesco	13 November 2015	
8	Investigate Ca model published by VAHLC	Jim Sayer	February 2016	
9	Investigate website access issues for Annegret Ludwig	Julie-Anne Ross	13 November 2015	✓
10	Check email circulation list to ensure Lisa Somerville is included	Julie-Anne Ross	13 November 2015	✓
11	Discuss terms of reference	All members	13 November 2015	
12	Ensure that any documents related to AAHBC use the AAHBC logo (templates are available on the website)	All members	Ongoing	
13	Bring information on how they comply with the National Stroke Guidelines to the next AAHBC meeting	All members	13 November 2015	
14	Investigate costs for videoconferencing through Qld Health Integrated Telecoms	Julie-Anne Ross	13 November 2015	✓
15	Send appointments for meetings for 2016	Julie-Anne Ross	9 December 2015	