

Consumer Council

Wednesday

3 August 2022

2:00pm – 4:00pm

By Video Conference

CONSUMER COUNCIL

3 August 2022

By Video Conference
Time: 2:00pm – 4:00pm

<p><u>Consumer Council Members</u></p> <p>Lorelle George (Consumer Council Chair) Ngozi Penson (Consumer Council Deputy Chair) Neli Alo Samuel Cho Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua) Te Whānau o Waipareira Representative Insik Kim Ian Ramos Ravi Reddy Kaeti Rigarlsford Vivien Verheijen Eden Li (Student Representative)</p>	<p><u>Ex-officio - Waitematā DHB staff members</u></p> <p>Samantha Dalwood – Disability Advisor</p> <p><u>Other Te Whatu Ora Health New Zealand Waitematā Staff members</u></p> <p>Dr Andrew Brant – Interim District Director Ravina Patel – Manager, Patient Experience Erica Fairbank – Project Coordinator Hinerua Ruakere – Project Coordinator Matthew Knight – Projects Director, Facilities Services Group Julia Reynolds – Clinical Nurse Specialist, Cardiology (NSH) Tamzin Brott – Covid-19 Executive Lead and Chief Allied Health, Scientific and Technical Professions Officer Tim Wood – Acting Executive Director Commissioning and Community Services</p>
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APOLOGIES:

Lorelle George – Consumer Council Chair
Dr Andrew Brant – Interim District Director
Tim Wood – Acting Executive Director Commissioning and Community Services

AGENDA

Disclosure of Interests (see guidance)

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

WELCOME

KARAKIA

	1. AGENDA ORDER AND TIMING
	2. Welcome / Karakia / Introduction
	3. CONFIRMATION OF MINUTES
2.05pm	3.1 Confirmation of the Minutes of Meeting (22/06/22)
	3.2 Actions Arising from Previous Meeting
	4. INFORMATION ITEMS
2.10pm	4.1 COVID-19 update – Omicron (Verbal)
	5. DISCUSSIONS
2.25pm	5.1 Patient Experience Report
2.45pm	5.2 Facilities Update (Verbal) - Matthew Knight, Facilities Services Group
3.05pm	--- Break ---
3.15pm	5.3 Coronary Angiogram Consent Form
	6. ANY OTHER BUSINESS
3:45pm	6.1 Community Concerns
3.50pm	6.2 Area of interest for future meeting
3.55pm	6.3 Meeting evaluation

**Waitematā District Health Board
Consumer Council
Member Attendance Schedule 2022**

NAME	Feb 2022	Mar 2022	May 2022	June 2022
Lorelle George (Chair)	✓	✓	✓	✓
Ngozi Penson (Deputy Chair)	✓	✓	✓	✓
Alexa Forrest-Pain	✓	✓	✓	✓
Neli Alo	✓	✓	✓	✓
Maria Halligan	✓	✓	✓	✓
Insik Kim	✓	✓	✓	✓
Samuel Cho	✓	✓	✓	✓
Ian Ramos	✓	✓	✓	✓
Ravi Reddy	✓	✓	x	✓
Kaeti Rigarlsford	✓	✓	✓	✓
Vivien Verheijen	✓	✓	✓	✓
+Dale Bramley	✓	✓	x	x
+Samantha Dalwood	✓	✓	x	✓
Eden Li (Student representative)	✓	✓	✓	✓

**Te Whatu Ora Health New Zealand - Waitematā
Consumer Council
Member Attendance Schedule 2022**

NAME	August 2022	Sept 2022	Oct 2022	Dec 2022
Lorelle George (Chair)	x			
Ngozi Penson (Deputy Chair)	✓			
Alexa Forrest-Pain	✓			
Neli Alo	✓			
Te Whānau o Waipareira Representative	x			
Insik Kim	✓			
Samuel Cho	✓			
Ian Ramos	✓			
Ravi Reddy	✓			
Kaeti Rigarlsford	✓			
Vivien Verheijen	✓			
+Tim Wood	x			
+Samantha Dalwood	✓			
Eden Li (Student representative)	✓			

- ✓ *attended*
- x *apologies*
- * *attended part of the meeting only*
- ^ *leave of absence*
- + *ex-officio member*

**TE WHATU ORA HEALTH NEW ZEALAND - WAITEMATĀ
CONSUMER COUNCIL**

REGISTER OF INTERESTS

Committee Member	Involvements with other organisations	Last Updated
Neli Alo	nil	24/09/19
Samuel Cho	Committee Member, Waitakere Health Link Member, Metro Auckland Asian and MELAA Primary Care Service Improvement Group (Auckland DHB and Waitematā DHB) Member, Asian Health Action and Advisory Group (Counties Manukau Health)	11/06/21
Alexa Forrest-Pain	Member, Auckland Council Youth Advisory Panel	17/03/21
Lorelle George (Chair)	Consumer Advocate – Harbour Hospice, Clinical Governance Committee	07/05/21
Maria Halligan	nil	13/10/21
Insik Kim	No declared interest	03/07/19
Ngozi Penson (Deputy Chair)	Member, Metro Auckland Clinical Governance Forum Member, Ethnic Advisory Group (EAG), English Language Partners Northern Region Laboratory Network Point of Care Testing (POCT) Network Group, Co-Founder - Middle Eastern, Latin American, African (MELAA) Advisory group (MAG), Independent candidate, Kaipātī Local Board	25/07/22
Ian Ramos	nil	03/07/19
Ravi Reddy	Board Member – Hospice West Auckland Senior Lecturer – Massey University Honorary Academic – University of Auckland	19/02/20
Kaeti Rigarlsford	nil	03/07/19
Vivien Verheijen	Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA) Lay member of General Standards Committee, NZ Law Society	27/07/22
Eden Li (Student Representative)	nil	22/04/21

Conflicts of Interest Quick Reference Guide

Any Consumer Council member who has or may have an interest in a transaction or issue under discussion by the Consumer Council must declare the interest in writing to the Interim Director Waitematā. The declaration must include sufficient information that the nature of the interest and the potential for it to conflict with the interests of Te Whatu Ora Health New Zealand is clear.

A Consumer Council member may be interested in a transaction or issue if they are:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by one or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Consumer Council member in carrying out their responsibilities, then he or she may not be “interested in the transaction”. The decision as to whether someone is “interested in the transaction” must be made by the Interim Director Waitematā.

A Consumer Council member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Consumer Council relating to the transaction or issue; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or issue or the initiation of the transaction or issue.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The Consumer Council member can take part in deliberations (but not any decision) of the Consumer Council in relation to the transaction if a majority of other members of the Consumer Council permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Consumer Council Committee relating to the transaction concerned.

Consumer Council members are expected to avoid using their positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Consumer Council Committee’s integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair of the Consumer Council who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

Note: This sheet provides summary information only.

2. WELCOME AND INTRODUCTION

3. CONFIRMATION OF MINUTES

3.1 Confirmation of the Minutes of Meeting 22/06/22

3.2 Actions Arising from Previous Meeting

**Draft Minutes of the meeting of the Consumer Council
of the Waitematā District Health Board**

Wednesday, 22 June 2022

held in person at Kawakawa Room, Waitākere Hospital and by video conference
commencing at 2.15pm

CONSUMER COUNCIL MEMBERS PRESENT:

Lorelle George (Chair)
Ngozi Penson (Deputy Chair)
Neli Alo
Samuel Cho
Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)
Maria Halligan (Te Whānau o Waipareira)
Insik Kim
Ian Ramos
Kaeti Rigarlsford
Vivien Verheijen
Ravi Reddy
Eden Li (student representative)

ALSO PRESENT:

Samantha Dalwood (Disability Advisor)
Ravina Patel - Manager, Patient Experience
Janine Pratt - Executive Manager, Facilities Services Group
Matthew Knight - Projects Director, Facilities Services Group
Brad Marais - Project Director, Facilities Services Group
Haitham Alrubayee - Programme Director, Facilities Services Group
Kelly Baker – Project Manager, Facilities Services Group
Tamzin Brott – Covid-19 Executive Lead and Chief Allied Health, Scientific and Technical Professions Officer

KARAKIA

Neli Alo led the Karakia.

APOLOGIES:

Prof Judy McGregor (Chair, Waitematā DHB)
Dr Dale Bramley (Waitematā DHB Chief Executive Officer)

WELCOME:

The Consumer Council Chair welcomed everyone in the meeting.

DISCLOSURE OF INTERESTS

There were no updates or additions to the interest register.

There were no interests declared that might involve a conflict of interest with an item on the agenda.

1 AGENDA ORDER AND TIMING

Agenda items were discussed in the order listed.

3 CONFIRMATION OF MINUTES

3.1 Confirmation of Minutes of the Consumer Council Meeting held on 22 June 2022

The Minutes of the Consumer Council Meeting held on 22 June were received and approved.

3.2 Actions arising from the previous meeting

Lorelle, Samantha and Ravina had met to discuss areas of focus for improving communication with patients.

4 DISCUSSIONS

4.1 Patient Experience Report (Agenda pages 16-20)

Ravina Patel (Manager, Patient Experience) joined by video conference for this item. The report was taken as read.

Matters covered in the discussion and response to questions included:

National patients' survey results:

- Results are on track and above target of 70%, month of May ended with 86%, and currently June is at 84%
- Health measures with increasing positive scores across all ethnicities' measures, as well as welcoming and friendly measures remaining the highest score

Migration of inpatient survey data to the new system:

- Transition from old to new system was successfully completed
- New system has better reporting capabilities and provides more reliable pathways to follow patient's journey.

Initiatives to improve communication across the hospital:

- Meeting with the Director of Hospital Operations to discuss initiatives
- Collaboration with Sarah Timms and Charge Nurse of Ward 10 to create a 'Welcome to Ward 10' brochure with key information for patients that includes a section on 'Discharge'
- Ravina will share the brochure with the Council at the August meeting
- Collaborating with Special Care Baby Unit (SCBU) at Waitākere Hospital to devise a patient survey to collect feedback from caregivers in relation to discharge and the feeding tube.

Improvement on hospital spaces:

- Currently working with photographer to improve visual content of waiting room area for the Dialysis Unit at North Shore Hospital. This includes pictures of different landscapes based on the name of the spaces.

Volunteers update

- Further recruitment to start in August 2022
- Three submissions entered in the Ministry of Health Volunteer Awards, and made it to the finals, and achieved a runner up status. All three volunteers were invited to Parliament and met with Hon Andrew Little.
- 45 students from Westlake Boys and Westlake Girls High Schools attended an induction to be able to return to previous volunteering roles

Questions and issues raised:

- Query whether there could be a Citizen Advice Bureau pop up service available to patients while they are in hospital.
- Justice of Peace for Waitākere hospital: Ravina will provide an update in relation to onsite Justice of Peace services for patients while they are at the hospital

A Patient Experience Coordinator and Māori Patient Experience Lead have joined the team. Ravina will introduce the new staff members at the August meeting.

The Consumer Council acknowledged and thanked Ravina Patel for her work.

4.2 Facilities Update (Agenda pages 21-58)

Janine Pratt (Executive Manager, Facilities Services Group) joined this meeting in person, and Matthew Knight (Projects Director, Facilities Services Group), Brad Marais (Project Director, Facilities Services Group), Haitham Alrubayee (Programme Director, Facilities Services Group), and Kelly Baker (Facilities Services Group) joined by video conference for this item.

Matters covered in the discussion and response to questions included:

Building projects

Mason Clinic

- The site master plan once fully implemented will double the inpatient capacity of the current site. The facilities, on the campus, will support multiple levels of security as required by the model of care for forensic mental health services.
- Funding approved for the build of a three-story facility with a gross floor area of 10,000 square meters, E Tū Wairua Hinengaro, which enables the final group of patients to be moved out of the existing leaky facilities.
- Key build features: contemporary model of care with emphasis on privacy, dignity and wellbeing, key areas of our service user journey, with access to elements of nature with the indoor/outdoor courtyards
- Stakeholder engagement includes input from core users such as Ngāti Whātua onsite Kaumatua, clinical executive user groups, core user groups, and focus user groups. Mana Whenua culture and tikanga, key design consultant in the Māori design phases. Also included involvement of Mason clinic E Tū Wairua Hinengaro, and a Māori artist.
- Stakeholders' engagement includes feedback from: Consumer Advisor, Mason Clinic users. Feedback from surveys about shared facilities was considered in the new build design

- New concept: independent living suites added to aid with the users transition back into the community
- State of the art building project prioritises disability access
- The site master plan includes an intellectual disability unit in Tranche 2.

Waitākere Programme Business Case and Master Site Plan

- The meeting was shown the Master site plan to 2035
- Funding has not yet been secured for this programme
- The first tranche includes a new child, women and family facility which will enable the maternity service to move out of the Hughes Block. The first tranche, which includes the backbone infrastructure for the site, frees up the site to enable the subsequent tranches.
- Project is divided into four Tranches with each tranche enabling a new build
- Each stage can be built independently whilst the main site remains operational
- Marae's relocation to the main entrance will provide a welcoming entrance to the campus.

Waitākere Urgent Beds and ICU

- Engagement with Waitākere Health Link as part of the design user group
- Cultural engagement also planned.

Waitākere Special Care Baby Unit

- Extension to existing SCBU service that includes an increase from 12 to 18 beds has been completed.
- Consumer engagement includes input on artwork.
- Facilities fully accessible.

Tōtara Haumarū

- 150 beds, 8 theatres and 4 endoscopy suits
- Construction is underway, with detailed design completed
- User groups feedback was considered
- External Accessibility Advisor's input included.

North Shore Marae

- Current design includes the Whareniui only
- Construction to start shortly and to be completed by the end of the year
- Strong input from Mana Whenua and the Kaumatua in the design process

Whānau accommodation

- 17 bedrooms with multipurpose kitchen and toilets

The Council Chair acknowledged the work of the Facilities team and thanked Janine, Kelly, Haitham, Brad and Matthew for their time.

5 INFORMATION ITEMS

5.1 Covid-19 Update – Omicron (Verbal update)

Tamzin Brott (Covid-19 Executive Lead and Chief Allied Health, Scientific and Technical Professions Officer) provided an update on COVID-19 and the Omicron outbreak.

Matters covered in the discussion:

- Alert Level Orange remains in place – this requires some different rules as health providers, such as mask wearing and visitor numbers versus going to the mall.
- With the prevalence of Influenza increasing it is important to continue to be vigilant. Influenza presentations and admissions rising with 12 inpatients currently.
- Positive notified cases continue to be around 1800-2000 cases on average per day across the northern region
- Presentations and staff incidence also fairly static with approx. 15-25 new positive staff a day at Waitematā DHB and 35-45 positive current inpatients.
- Regionally there are about 30-40 new positive hospitalisations a day (around 10 per DHB) with approximately 100 active covid patients in northern region hospitals each day

Vaccination

General Community

- Second booster announced for 65+, immunocompromised, 50+ Māori/Pacifica.
- Legislation passed yesterday so expect this to roll out in July
- Access via GPs and Pharmacies, pop ups and events
- Small numbers of first doses still occurring (adult and paediatric)
- For Waitematā catchment
 - 73% of our adult population boosted (58.4% Māori and 63.9% Pasifika)

Feedback was provided that the flu vaccination message needs to be made clearer across the community, and that more emphasis needed to ensure people are aware that vaccination centres and pharmacies are providing flu vaccinations as well as COVID-19 vaccinations.

Flu vaccine data

Data and statistics about the rollout of the 2022 flu vaccine campaign in New Zealand can be found on the following website.

<https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/influenza/flu-influenza-vaccines/flu-vaccine-data>

The Consumer Council acknowledged Tamzin's update and thanked her for her time.

3.25pm to 3.35pm – the meeting adjourned for a short break.

5.2 HQSC/Health NZ/MHA Updates

Lorelle George (Chair) provided a summary of the National Consumer Council Chairs' meeting in Wellington on 15-16 June, and will provide a written update by email to members after the meeting.

6 OTHER BUSINESS

No other issues were addressed.

The Chair thanked the members and attendees for their time.

The meeting closed at 4.10pm.

SIGNED AS A CORRECT RECORD OF THE MEETING OF THE WAITEMATĀ DISTRICT HEALTH BOARD – CONSUMER COUNCIL MEETING HELD ON 3 AUGUST 2022.

_____ CHAIR

4. INFORMATION ITEMS

4.1 COVID-19 update – Omicron (Verbal)

5. DISCUSSION ITEMS

- 5.1 Patient Experience Report
- 5.2 Facilities Update (Verbal)
- 5.3 Coronary Angiogram Consent Form

Patient Experience Feedback

1.0 National Inpatient Survey

Participation

- Patients discharged from Waitematā DHB hospitals from 25th April to 8th May 2022 were emailed the survey.
- Waitematā DHB sent out 1610 invitations to complete the survey and achieved 356 responses, a 22.1 % response rate. This is higher than the national response rate of 20.1%.
- Of the 356 responses, 17 responses were from Māori patients and 16 were from Pacific patients.

Highest-performing results for Waitematā DHB

The table below shows the highest-performing questions for Waitematā DHB in May 2022.

▲ Low sample size

Question Click on a question to see more detail	Overall	C.I.	n
Patient did NOT identify perceived unfair treatment	May 2022	92.6% (89.5%-95.7%)	270
Patient definitely felt cultural needs were met.	May 2022	91.1% (86.9%-95.3%)	180
Before the operation(s), staff definitely helped patient to understand what would happen and what to expect.	May 2022	89.6% (84.2%-95.0%)	125
Patient definitely treated with respect by nurses.	May 2022	88.8% (85.4%-92.2%)	329
Always had name used and pronounced properly by those providing care.	May 2022	88.0% (84.5%-91.5%)	332
Patient definitely treated with respect by doctors.	May 2022	87.9% (84.3%-91.5%)	323

Lowest-performing results for Waitematā DHB

The table below shows the lowest-performing questions for Waitematā DHB in May 2022.

▲ Low sample size

Question Click on a question to see more detail	Overall	C.I.	n
Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand.	May 2022	58.5% (52.4%-64.6%)	248
Hospital staff definitely included patient's family/whānau or someone close to patient in discussions about the care received during visit.	May 2022	64.3% (58.1%-70.5%)	227
Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.	May 2022	65.4% (59.5%-71.3%)	246
Patient definitely had enough information about how to manage their condition or recovery after they left hospital.	May 2022	65.9% (60.7%-71.1%)	320
Towards the end of the patient's visit, they were definitely kept informed as much as they wanted about what would happen and what to expect before they could leave the hospital.	May 2022	68.7% (63.6%-73.8%)	323

Patient Experience is working with teams across the hospital to improve communication with patients around medications and discharge. Ward 10 has developed a 'Welcome to Ward 10' patient information booklet which includes a section on discharge and this booklet has been shared with other medical teams.

2.0 Friends and Family Test

2.1 Friends & Family Test Overall Results – Adult Survey

In June 2022 the Net Promoter Score (NPS) was 81 with feedback from 496 people. The NPS is down three points on the previous month and the number of responses is also down significantly from 790 the previous month to 496 this month. The NPS continues to score above the target of 70.

Patient Experience Report (June 2022)

2.2 Friends & Family Test Overall Results

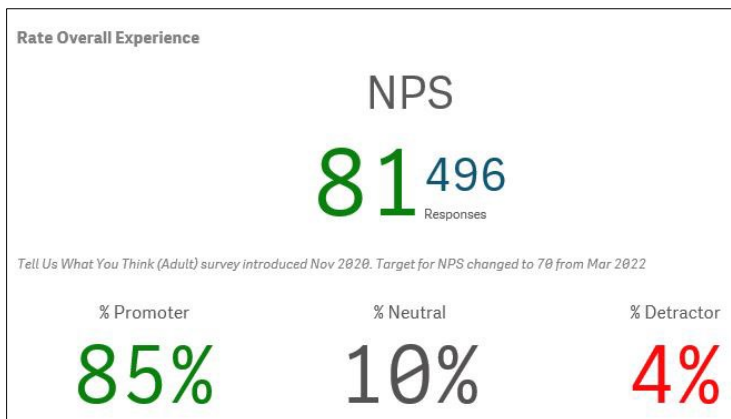
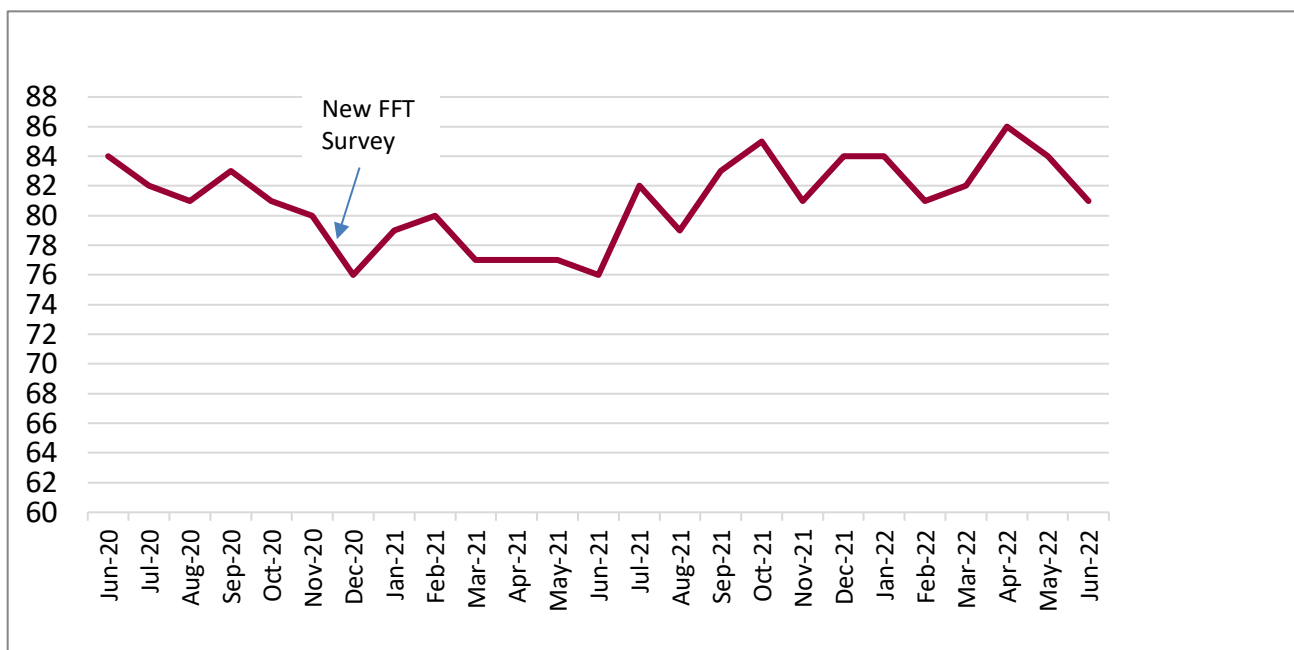


Figure 1: Waitematā DHB overall NPS

Pt Experience by Service (Adult and Maternity)								
Month & Year	Surveys	Rate Overall Experience	Welcoming and Friendly	Listened To	Treated with Compassion	Involved in Decision Making	Explained in a Way I Understood	
Totals	496	81	87	82	86	76	82	
Jun-2022	496	81	87	82	86	76	82	

Table 1: Waitematā DHB overall FFT results



Graph 1: Waitemata DHB Net Promoter Score over time

The above chart shows the net promoter score over the last 2 years. Whilst the score has dropped over the last two months, the overall score is trending upwards.

2.3 Total Responses and NPS to Friends and Family Test by ethnicity

June 2022	NZ European	Māori	Asian	Pacific	Other/ European
Responses	283	23*	58	33	99
NPS	80	78	88	91	79

*Low base size, interpret with care

Table 2: NPS by ethnicity

In June, all ethnicities met the Waitemata DHB NPS target and scored above 70.

June 2022	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	87	88	90	97	82
I was listened to	80	76	86	88	83
I was treated with compassion	86	80	93	94	82
I was involved in decision making	76	68	80	82	73
My condition/treatment was explained in a way that I understood	82	72	92	88	80

Table 3: NPS for all questions by ethnicity

This month, all measures score at or above the DHB target with the exception of 'involved in decision making' for Māori which achieved a score of 68, slightly below target. 'Welcoming and friendly' and 'treated with compassion' continue to perform strongly. 'Involved in decision making' remains our main area for improvement.

2.4 Patient Experience Highlights

➤ Recruitment

This month, Patient Experience welcomed two new staff to the team:

- Erica Fairbank, Patient Experience Coordinator

Erica has more than 20 years experience as a nurse. She previously worked as an educator and Associate Charge Nurse at the dialysis unit here at Waitematā. For the last 2.5 years, she has been working at Kidney Health NZ, a non for profit organisation working very closely with patient support groups, consumers, medical professionals, patients and their Whānau.

- Hinerau Ruakere, Māori Patient and Whānau Experience Lead

Hinerau has been working in mental health for the past 10 years as a Taurawhiri (Cultural Adviser), firstly with MOKO Services and then with He Puna Waiora, the Mental Health Inpatient Unit on the North Shore. At He Puna Waiora, Hinerau would guide, help and hear the kōrero of the tangata whai i te ora and their whānau.

➤ Welcome to Ward 10

Ward 10 has updated their 'Welcome to Ward 10' information booklet to include communications for patients who staying in their ward. The booklet contains important information for patients and visitors including an overview of the ward, patient care, breathing support, discharge, Kōrero mai and how to provide feedback.

➤ Patient Feedback

Patient Feedback in June has once again been overwhelmingly positive with patients citing great care, treatment and outcomes as the reasons for the positive response.

3.0 Volunteers

3.1 Volunteer Recruitment Statistics

Volunteer numbers have increased by 23 on the previous month. The increase is due to the on-boarding and induction of Westlake students.

Green Coats Volunteers (Front of House) (A)	Other allocated Volunteers (B)	Volunteers on boarded awaiting allocation (C)	Total volunteers available (D) (A) + (B) + (C) =(D)
45	84	48	177

Table 4: Volunteers Recruitment

The numbers of applications remain steady with approximately 1-2 applications a month. Over the last month a few more volunteers have resigned due to personal health concerns and covid.

3.2 Volunteer Highlights

➤ Hospital Auxiliary

Hospital Auxiliary continues with their generous donation of various items to the hospital. In May and June they donated over 1,800 items. The impact of their services is well felt in the community and they continue to receive donations from the community and discounts from organisations such as Spotlight and Mammoth.



“Whilst negotiating a deal with Spotlight Albany for a permanent discount on fleece, I was approached by a couple who had been given a cape for the mother when she was in hospital for 5 weeks. It was very heart-warming and certainly made a positive impression on the store manager. I did get a 40% discount” Linda Smalley, North Shore Hospital Auxiliary President.

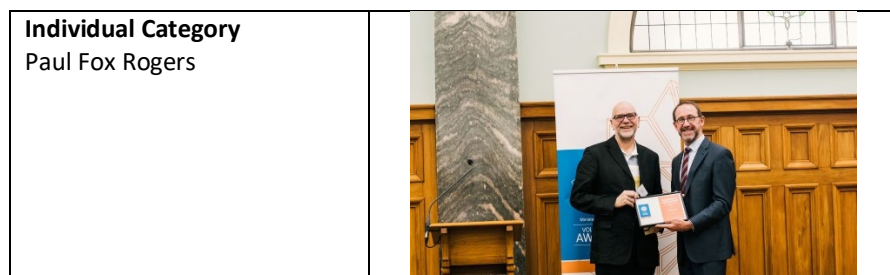
➤ Return of Hospital volunteers

Most of our volunteer groups including partner organisation have now resumed their volunteering roles. The few remaining groups (St John, Westlake Students, WTH shop and Radio-Lollipop) will resume in July and August. Staff have been delighted to see the volunteers resume their duties and the feedback has been positive.

➤ Ministry of Health Volunteers Awards

All three nominees for the Ministry of Health volunteer awards were runners-up in their respective category:

<p>Covid-19 Health Asian Health team represented by Mira, Grace Zhang & Grace Ryu</p>	
<p>Long Service Hospital Auxiliary team represented by Linda, Gloria and Pam</p>	



4.0 Consumer Council Update

The Consumer Council met on 22 June 2022. They discussed the following agenda items at their most recent meeting:

- **Patient Experience Report** – Ravina Patel, Patient Experience Manager presented her report.
- **Facilities Update** – Janine Pratt, Executive Manager and members of the Facilities Services Group (FSG) updated the Council on the FSG Group Capital Programme. The projects they updated on were Mason Clinic E Tu Wairua Hinengaro, Waitakere Master Site Plan, Waitakere Urgent Bed Capacity and Intensive Care Unit, Waitakere Special Baby Care Unit, Totara Haumarū, North Shore Marae and Whanau accommodation at North Shore.
- **COVID-19 update** – Verbal update from Tamzin Brott COVID-19 Executive Lead & Chief Allied Health Scientific and Technical Professions Officer – Tamzin updated the Council on the latest information regarding COVID-19 and Influenza.
- **HQSC/Health NZ/MHA Updates** - update from Lorelle George, Consumer Council Chair. Lorelle updated the meeting on the role of Consumer Councils in Health NZ and the Māori Health Authority. The Consumer Council will carry on being supported by Waitemata District staff until there is confirmation of how the Consumer Councils will work as part of Health NZ/MHA.



Waitematā
District Health Board

Best Care for Everyone

Ward 10

Patient Information

This booklet is to provide you with information that will be helpful during your stay in hospital.

Welcome



Kia ora and welcome to our ward.

We are a family of specialty medical teams caring for unwell medical and respiratory patients



We will be doing our very best to care for you while you are a patient in our ward.

If you have any questions or need any support, please ask one of our team.



“everyone matters”
Orā ki te Katoa

“with compassion”
Aroha Pūmau

“connected”
Rāranga Tahī

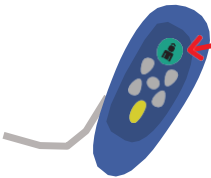
“better, best, brilliant”
Mauā kia Tinā

Interpreters



Waitematā District Health Board has a service to provide free interpreters for over 90 languages including NZ Sign Language. Please ask your nurse if you would like to use this service.

Your stay with us



Please use the call bell to contact the nurse if you need help with any medical or personal needs. If you have other things worrying you please talk to the nurse so they can arrange the appropriate assistance for you.



Routine procedures will need to be completed e.g. blood tests and observations about your general wellbeing, and any risks you might have of a fall or pressure area.



Dietary Requirements

If you have any specific dietary requirements please inform your nurse as soon as possible so they can notify the kitchen.



A Medical Doctor will see you every day.



The hospital is Smokefree. This means that the ward, your room and the bathroom are all no smoking areas. We can provide smoking cessation support to help you manage this while in hospital.

4

Cultural Support

Waitematā DHB provides cultural support for patients and their whānau to ensure you have a good experience.

These teams include:

1. He Kāmaka Waiora - Māori Covid Oranga Coordinators
2. The Pacific Health Service
3. Asian Health Services



Please ask your nurse if you would like to speak with one of our cultural support teams.

Chaplaincy Service

Pastoral and chaplaincy support is also available and your nurse or cultural support team can arrange contact for you.

We have chaplains at both North Shore Hospital and Waitakere Hospital.

The Chaplains provide pastoral care, spiritual support and guidance to patients, families, staff, visitors and friends.

They support people of all faiths and spiritualties, as well as those with no particular beliefs.

Visitors and Staying in touch with your whānau

There are rules in place for visitors. Visiting times are 8am to 8pm.

Please ask your nurse about the current visiting rules. These are in place for your health and the health and safety of our other patients and our staff.



We know how important it is for people in our care to be able to stay in touch with their loved ones. Ward staff will help you communicate with people important to you by telephone or video calls. Please let the ward staff know if you are happy for them to share information in this way and if there are specific people you wish to be kept informed or excluded.



Please use your own phone if you have one with you. We can also help you connect your smartphone, tablet, or computer to our **FREE** hospital internet – **Hospital-HotSpot**.



If you are not able to contact your family your nurse or cultural support team will assist you with staying in touch.

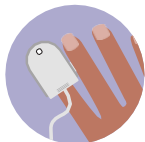


If you feel like you would like to talk with someone, we can arrange a call with a community support person who can phone and chat with you.

Your Care



While you are in hospital your team will monitor your symptoms and your response to treatment.



You may be asked to wear monitoring devices continuously to allow your team to monitor your breathing rate, heart rate, and oxygen saturation (how much oxygen is in your blood cells).



Your nurse will meet you at the beginning of their shift and plan your care for the day. The nurses will assist you with all your personal cares as required.

If you need any additional support please tell your nurse – this may be to help you understand information you have been given, hearing information clearly or other questions or concerns you may have.



You might also be visited by a wider care team such as cultural support, physiotherapist, occupational therapist or social worker. The medical team will arrange this medical support if it is needed.



If people come to see you and you are not sure what their role is please ask them to explain.



Some of the medications may make you hungrier than usual so we have extra snacks if you would like these.



Hand hygiene – there is hand sanitising gel available in your room for your use.

Breathing Support (if this is needed)

Depending on your oxygen levels you may require additional oxygen. Your medical team will decide on the best way to do this depending on your oxygen level and this may change over time. Oxygen can be given using a face mask or through small tubes (nasal cannula/prongs) that go into your nose. This will support your breathing.

Oxygen Masks



Oxygen masks come in different types depending on your needs. This might be a mask that sits over your mouth and nose, delivering a small to medium amount of oxygen. The mask may have a small bag attached at the end to allow more oxygen in.

Nasal Cannula/Prongs



These are small soft plastic prongs that sit in both nostrils, allowing the flow of oxygen into your nose.

These might be small, low flow prongs that you don't notice or high flow devices that include warm humidified flow for comfort.

Nasal Cannula/Prongs

The high flow device supports your breathing more, but can take some time to get used to. The advantage of this device is being able to eat and drink while using it.



High Flow Nasal cannula/prongs

https://en.wikipedia.org/wiki/Oxygen_mask

https://en.wikipedia.org/wiki/Nasal_cannula

<https://www.ecomedilines.com/products/Veoflo%20High%20Flow%20Nasal%20Cannulas/28f0b864598a1291557bed248a998d4e>

<https://www.resmed.co.uk/healthcare-professional/sleep-respiratory-masks/>

Extra oxygen support (CPAP/BiPAP)



CPAP is continuous positive airway pressure. You may have seen something similar used at home for people with sleep apnoea. BiPAP uses a similar mask.

These devices help make your breathing easier and involve using a tight-fitting mask to create a good seal. This can be uncomfortable - it can feel like you have your head out of a car window on the motorway and can take some time to adjust to. This fast flow supports your breathing. Your team will inform you on how long you need to wear this mask and whether you can remove it for short periods, eg, for meals. It delivers a medium to high amount of oxygen.

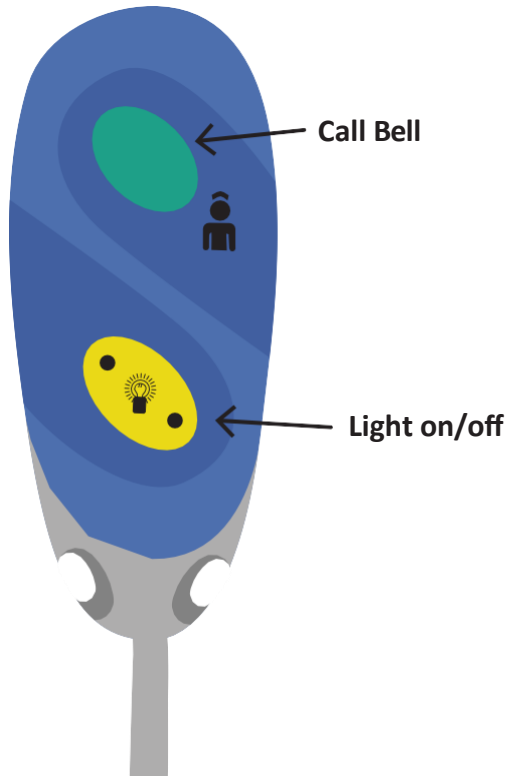
Your Room

The blue remote control has:

1. A call bell to call the nurse
2. A switch for one of the lights

If you have any problems please ask your nurse.

Remote Control Guide for Call Bell and Light



Your Rights

The Code of Health and Disability Services Consumers' Rights grants a number of rights to all consumers of health and disability services in New Zealand, and places obligations on service providers.

Your Rights when receiving a Health or Disability Service

- To be treated with respect.
- To be treated fairly without pressure or discrimination.
- The right to dignity and independence.
- To receive a quality service and to be treated with care and skill.
- To be given information that you can understand in a way that helps you communicate with the person providing the service.
- To be given the information you need to know about your health or disability; the service being provided and the names and roles of the staff; as well as information about any tests and procedures you need and any test results. In New Zealand, people are encouraged to ask questions and to ask for more information to help them understand what is going on.
- To make your own decision about your care, and to change your mind.
- To have a support person with you at most times.
- To have all these rights apply if you are asked to take part in a research study or teaching session for training staff.
- The right to complain and have your complaint taken seriously

If you need help, ask the person or organisation providing the service. You can contact the local advocacy service on 0800 555 050 or the Health and Disability Commissioner on 0800 11 22 33 (TTY)

Ōu mōtika ina whakamahi koe i tētahi ratonga hauora, hauātanga rānei

- Kia manaakitia koe hei tangata.
- Kia manaakitia koe, kia kaua koe e tāmia e wai rānei, kia kaua hoki e tūkinotia e te kaikiri o te tangata.
- Kia hāpainga tō rangatiratanga, me tō mana motuhake.
- Kia taea e koe ngā ratonga whai tikanga, ā, kia tika te taurima i a koe, me te teitei o ngā pūkenga o te hunga manaaki i a koe.
- Kia tae katoa mai ngā kōrero ki mua i tō aroaro mā roto i tētahi huarahi whakamōhio ngāwari ki te whakarongo, kia tino taea ai tō kōrerorero tahi ki te kaiwhakahaere o taua ratonga.
- Kia tino tae ake ngā kōrero whai pānga ki mua i a koe mō tō hauora me tō hauatanga; te āhua o te ratonga e horahia ana, ngā ingoa me ngā tūranga o ngā kaimahi, me ngā kōrero katoa mō ngā whakamātautau me ngā whakahaere e tika ana mōu, me ngā hua o aua whakamātautau ina puta ake ana. I Aotearoa nei, e whakamanawatia ana ngā tāngata kia patapatai, kia inoi hoki ki ētahi atu kōrero kia mōhio ai rātou he aha te aha.
- Kia riro māu anō e whakatau ngā tikanga tiaki i a koe, kia huri hoki koe i tō whakatau, kia haere ki huarahi kē.
- Kia noho mai he kaitautoko i tō taha i te nuinga o te wā.
- Kia pā tonu ēnei mōtika katoa, ki te inoia koe kia uru ki tētahi rangahautanga, ki tētahi wāhanga whakangungu kaimahi rānei.
- Kia āhei koe te whakatakoto whakapae, ā, kia āta tirohia hoki tō whakapae.

12

Koia tēnei te whakarapopototanga o te ‘Ture Tiaki I Ōu Tika’ i raro i te mana o te Toihau Hauora, Hauātanga. E whai mana ana ēnei tika ki ngā ratonga Hauora, Hauātanga katoa, ahakoa utu, kore utu. Keinga kaimahi-a-rohe o te ratonga Hauora, Hauātanga te ‘Ture Tiaki I Ōu Tika’. Hei āwhina i a koe pātaia ngā kaimahi Hauora, Hauātanga.

Kei konā ngā kaitautoko-a-rohe kit e āwhina, whakapā atu, rānei kit e Toihau Hauora, Hauātanga i te nama waea.

Auckland (09) 373 1060

Wellington (04) 494 7900

Other areas 0800 11 22 33 (TTY)



Your Rights

when receiving a
Health or Disability Service



1 **Respect**
To be treated
with respect.



6 **Information**
To have full information
and questions answered.



2 **Fair Treatment**
To be treated fairly
without pressure.



7 **It's your decision**
You can say no or change
your mind at any time.



3 **Dignity and
Independence**
To respect your dignity
and independence.



8 **Support**
Family/whanau or friend to
help you and support you.



4 **Proper
Standards**
Service delivered with
care and skill.



9 **During Teaching
and Research**
All 10 rights apply



5 **Effective
Communication**
To have full access to
communication.



10 **Complaints taken
Seriously**
It's OK to complain. You can
have help from a health and
disability advocate.

Personal Property


Our Waitematā DHB policy regarding personal property is that we cannot accept responsibility for your personal valuables e.g. hearing aid, glasses, dentures and jewellery.

Please send any valuables you do not need and any excess items home wherever possible. The nurse can arrange for any valuable items you are worried about to be collected by a family member or trusted friend, or the items can be stored in the hospital safe.

If there is something you would like from home, your family, or a friend can drop this off to the hospital main entrance and it will be sent to you in the ward. Please make sure your name and ward is marked clearly on the package or alternatively your allocated visitor can bring this to you on the ward.

Discharge

The medical team will talk with you and your whānau when they feel you are able to go home. Any concerns you have can be discussed with the teams. If you need extra support at home this will be arranged before you leave the hospital. You will be given a discharge summary. Any medication you need will be given to you.



What is the matter with me?

What is going to happen next?

When am I going to go home?

What needs to happen before I can go home?

Make sure you ask your doctors and nurses these questions.

Korero mai

If you are concerned about a change in your condition, or the condition of the person you are caring for...

Kōrero mai – Talk to me is a service you can use in the hospital if you are concerned about a change in your condition or the condition of the person you are caring for and you are not getting the response you need.

- 1 you can press the call bell and talk to your nurse
- 2 you can ask to talk to the nurse in charge
- 3 **Still concerned?**
Call our team on **0800 75 65 55** and ask for a review (or ask a nurse to call for you)

If you have difficulties with hearing or speech, you can text:
North Shore Hospital – 021 196 4420
Waitakere Hospital – 021 196 2883
We will aim to return your text within 15 minutes



Tell us what you think: feedback

We want to make sure we provide the best possible care and welcome feedback about your experience.

Contact us if you have a compliment, suggestion or complaint:

Phone: (09) 486 8920 ext 43153

Email: feedback@Waitematadhb.govt.nz

Website: <https://www.waitematadhb.govt.nz/patients-visitors/tell-us-what-you-think/>

Post: Waitematā DHB Feedback Team

Private Bag 93–503, Takapuna, Auckland 0740

We also have feedback forms available on our ward and at clearly marked post boxes in the main foyers of our hospitals. You can also tell us about your experience by filling in our Friends and Family Test survey in the ward. Ask our staff for more information.





Waitematā
District Health Board

Best Care for Everyone

Classification Number: 010805-30-044

Review date: June 2022

5.3 Discussion: *Coronary Angiogram Consent Information*

Recommendations:

The recommendations are that you:

- Review the attached report consent information
- Discuss if it meets the aims mentioned below
- Advise of recommended additions/ deletions
- Does it communicate the risk versus benefit of the procedure adequately?
- What other ways can be suggested?

Background

A coronary angiogram is a procedure that uses X-ray imaging to see your heart's blood vessels. The current level of information prior to consent for coronary angiography is variable; depending on who is giving the information (cardiologist/registrar) and where the patient might be situated before the procedure.

These might be satellite wards at North Shore and Waitakere hospitals, CCU/Cardiology wards at both centres or, for some inpatients, in the cath-lab itself.

For out-patients it can be at clinics many weeks before the procedure, plus some pre-admission info provided by the Clinical Nurse Specialist (CNS).

Many patients will have been given the Heart Foundation angiogram booklet to explain more about the procedure. Patients in the cardiology wards may also have the opportunity to see a video about the procedure.

The authors have developed this document with the aim that every patient referred for an angiogram will receive this info before the time of consent. This will give them ample opportunity to consider the risks versus benefits. They also to produce something clear, easy to understand and comprehensive that makes clear potential complications of this investigation/treatment.

Once the new consent document is completed, the plan is to trial and audit this new document against the current document, to see if it helps understanding of the procedure and consent. The team would really appreciate it if members of the Consumer Council could read and comment on the document and ways in which it can be improved.

Key Issues

Does the document add clear description of the risks of the procedure?

Does the document express the risks in an understandable way? Are the details of complications too vague or too confronting?

Contacts for further discussion (if required)

Name	Position	Telephone	Suggested first contact
Guy Armstrong	Cardiologist- study team member	[REDACTED]	✓
Ruth Newcombe	MRT-study team member	[REDACTED]	
Julia Reynolds	CNS angiography-interested party	[REDACTED]	

Coronary Angiogram Consent Information

A coronary angiogram is a procedure that uses X-ray dye to see your heart's blood vessels

This often includes having a stent inserted. A stent is a tiny tube inserted into a blocked artery to keep it open.

Like everything in medicine, there are benefits but also risks. When you have a medical condition, even doing nothing has risk as well as benefit. Your cardiologist thinks that the benefits of this procedure outweigh the risks. They judge that it is better for you to have this procedure than not. However, it is your choice whether to have this procedure. To help you decide, we describe some of the risks and benefits.

Possible benefits:

Stents may make you able to exercise more comfortably, without getting short of breath or angina. Angina happens when your heart isn't getting enough blood, usually because of narrowed coronary arteries. After a heart attack, a stent has extra benefits. It lowers the chance of another heart attack; it reduces heart muscle damage and lowers the chance of death.

Possible complications:

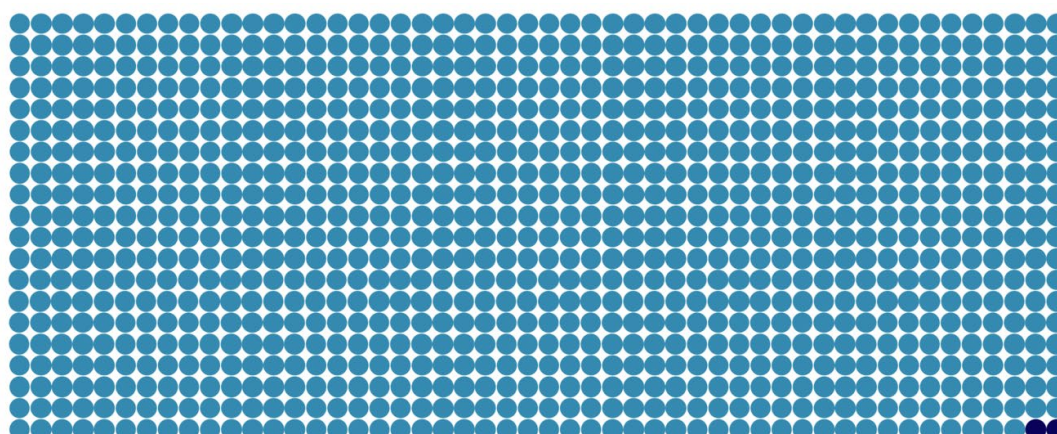
Most patients will have no complications from a coronary angiogram.

Damage to the artery in the groin or wrist used to access the heart is uncommon. It is rare for this to need surgical repair or blood transfusion.

Loss of pulse in the arm after a wrist procedure can occur in up to 20 in every 1,000 cases. Usually this doesn't cause a problem.

An abnormal heart rhythm is rare. Once corrected with electrical cardioversion, this isn't usually an issue.

Every invasive procedure carries a risk of a serious complication. For coronary angiography, these include stroke, heart attack, emergency surgery, death or serious damage to an artery. About two of these occur in every 1,000 cases, more commonly in sicker patients.



 No major complications

 Major complications

Coronary Angiogram Consent Information

The X-ray dye used can affect kidney function. You will have had a kidney blood test and this guides how much dye is safe to use. Kidney failure needing dialysis is an extremely rare consequence of the dye.

Occasionally the dye can cause itchy hives or temporary blurred vision. Major allergic reactions are extremely rare and treated with standard medication.

The most common complication is bruising or swelling at the skin puncture site. This occurs when there is bleeding around the tube inserted in the artery. At the end of the procedure, a pressure band placed around the wrist helps stop bleeding. Bruising discolouration can last for a couple of weeks and gets better by itself. Any discomfort will get better day by day. Contact us if there is severe pain or it is getting worse.

Every year, over 15,000 of these procedures are done across New Zealand. You can be certain that the nurses, radiographers and doctors caring for you are on the look out to avoid any complication. They work together as a tight-knit team to complete your procedure safely and successfully.

WDHB patient consent for coronary angiography & PCI: updating the risk estimates and improving the comprehension of written information

Tyson Wijohn, 4th year medical student

Synopsis

The current consent documents for cardiac catheterization and intervention at WDHB do not reflect contemporaneous or local data of procedural risk. Furthermore, the consent information is not formatted according to current best practice for communicating probability and risk to patients. This project aims to update the consent information and process using representative local data, presented in a format more easily understood by patients.

Introduction

Complication rates of cardiac catheterisation

Most of the data on complications of cardiac catheterisation are historical. Changes to the procedure, including use of the radial access, smaller sheath sizes, and better imaging equipment, have probably made it safer. On the other hand, more complex procedures are now being done on patients who are older and more co-morbid, such as heavily calcified lesions and chronic total occlusions.

Reviewing the more recent reports on complications finds that they are not a good fit for our consent document:

The 2022 DISCHARGE trial reported complications of diagnostic cardiac catheterization. However, only 3,561 patients were studied; this is not enough to estimate rare complications such as death, stroke and myocardial infarction (The DISCHARGE Trial Group et al., 2022).

The Mayo Clinic published complication rates from 40,906 patients in 2019 but only for diagnostic catheterisation. The authors note that the Mayo Clinic is a special environment and their complication rates may differ from other centres (Al-Hijji et al., 2019).

Complication rates from 15,121 patients in South Australia were published in 2017, only in abstract form. The authors note that some complications were higher than previous literature reports (Tavella et al., 2017).

Locally, in 2017, Andrew Kerr published 30-day mortality for 5,033 patients after PCI. This was all-cause mortality, not specifically procedural complications (Kerr et al., 2017).

	<i>Northern region diagnostic & PCI</i>	<i>Mayo Diagnostic</i>	<i>S-Aus diagnostic</i>	<i>S-Aus PCI</i>	<i>NEJM diagnostic</i>
Death	0.03%	0.011%	0.06%	0.45%	N/A
MI	0.09%	0.002%	N/A	N/A	0.57%
Stroke	0.04%	0.059%	0.13%	0.19%	0.06%
CABG	0.03%	0.002%	0.02%	0.13%	N/A
Dialysis	0.01%	N/A	0.11%	0.17%	N/A
Cardiac arrest	N/A	N/A	N/A	N/A	0.11%
Pericardiocentesis	0.01%	0.009%	0.03%	0.15%	0.06%
Significant dissection	0.27%	0.002%	N/A	1.13%	0.11%
Anaphylaxis	0.02%	N/A	N/A	N/A	N/A
Vascular cx needing intervention	0.01%	N/A	N/A	N/A	N/A
No major complication	99.76%	99.92%	98.39%	94.37%	98.11%

We have chosen to use the risks obtained from ANZACS-QI for the 15,296 patients who have undergone diagnostic coronary angiography and/or PCI in the Northern region since 2012 (first column in the above table).

Patient comprehension of risks and benefits of cardiac catheterisation

(from Zipkin et al and Wilhelms et al, except where otherwise referenced)

Risks and benefits are probabilistic concepts that apply to groups, not individuals. The concept of probability is often not intuitive. It is human nature to be unsettled by uncertainty and to try to convert event rates into erroneous certainty (Gigerenzer et al). Research into patients' understanding of informed consent finds poor comprehension, at times akin to merely guessing answers to comprehension questions (Falagas et al., 2009; Weckbach et al., 2016).

Education level is a major determinant of comprehension (Borello et al., 2016). Yet even highly educated patients can struggle to comprehend consent documents during the stress of deciding about a medical intervention. There is a consensus that information needs to be simpler (Mulsow et al., 2012). Providing additional information does not necessarily improve comprehension (Paris et al., 2015; Stanley et al., 1998).

Although clinicians view consent primarily as a medicolegal process, many patients have inadequate comprehension of the medicolegal implications (Akkad et al., 2006; Saw et al., 1994).

Re-designing the consent form making patient comprehension the priority

(from Zipkin et al and Wilhelms et al, except where otherwise referenced)

We designed our new consent form using ways of communicating risk and benefit that are shown to be easier and more accurately understood by patients.

These include:

Start off with the bottom-line message before presenting details and numbers.

Don't just give bald estimates of risk. Explain the risk and the reasons for it.

Use numerical estimates but also convey the gist with pictures/diagrams (pie charts for risks greater than 1%, icon arrays for risks less than 1%).

Qualitative descriptions (high/medium/low or likely/unlikely) help place numerical estimates into context. They are subjective and can lead to patients over- or under-estimating risk. Nevertheless, numbers alone are insufficient. Even educated, numerate individuals tend to base their decision on the overall gist of the information, as conveyed descriptively. It can help to provide a benchmark risk for comparison, such as risk of car accident or drowning.

Do not use the '1 in X' format as this reduces patient understanding and increases risk perception (Zikmund-Fisher, 2011, 2014). Use non-unitary numerators if using frequencies and the same denominator for all frequencies.

Use both positive and negative framing

Present benefits before potential harm.

If possible, help to individualise the risks by showing how risks differ in sub-groups, e.g inpatient versus outpatient, risks with age (This was not added to the proposed written form to avoid complexity. The consenting clinician however often points out how the odds are less or more, and the reasons why, in a certain patient subgroups).

Multimedia can improve comprehension (this option is not logistically feasible for our service).

Methods – patient evaluation of old and new consent processes

The new process will differ from the existing process in the following ways:

A new pre-procedure information given to patients will be developed

The current WDHB consent form will be retained but will be accompanied by the old/ new information form in sequential phases, both posted to outpatients and handed to inpatients. This is to give the patient time to consider the red form, rather than have them see it for the first time in a rushed manner immediately pre-procedure.

An evaluation form of the two consent processes is used to assess the patients' views.

The study will be conducted in the following manner:

- We use the accompanying evaluation form for the current consent process for one month (200 patients).
- Then we switch to the new process and there is a 'washout period of a month.
- Then the new process is evaluated for one month (200 patients).
- The patient comprehension evaluation is done in a single-blind manner with the questionnaire given to the patient by someone other than the consenting doctor. The patient will not be anonymous, as having their demographics will be critical for the evaluation process (age, sex, ethnicity, socioeconomic status etc.)
- The questionnaire will be administered before the procedure.

Depending on the findings of this study, future work will need to deal with translation into other languages.

Accompanying documents

New information form

Patient evaluation form

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6. OTHER BUSINESS

6.1 Community Concerns

6.2 Area of interest for future meeting

6.3 Meeting evaluation