Whanganui District Health Board

Current Status: 26 November 2013

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification Audit conducted against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) on the audit date(s) specified.

General overview

Whanganui Hospital is part of the Whanganui District Health Board (WDHB). The WDHB is responsible for providing health services to the 62,210 people living in its district. The DHB provides medical and assessment, treatment and rehabilitation services; surgical services; mental health and addictions services; women's and children’s health services (provided as part of a regional service with the MidCentral DHB); public health and community services; and clinical support services.

Standards have been assessed and summarised below:

Consumer Rights

The Health and Disability Commissioner’s Code of Health and Disability Services Consumers’ Rights (the Code) is displayed throughout the organisation in English and te reo Maori. Information on accessing advocacy services and opportunities for providing information via feedback surveys is displayed. An information booklet on Customer Relations provides information on the rights of the patient and processes for raising concerns/complaints or compliments.

There is an open disclosure policy and the implementation of this is well demonstrated in the sensitive way in which complaints are managed. A designated staff member ensures that complainants’ concerns are heard and followed up in a timely manner. WDHB has well established systems to manage the timely response to complaints.

Staff are able to talk confidently about the elements of the Code and how these are incorporated into their daily practice. Staff utilise assessment processes to identify any spiritual, social, cultural or other needs that inform the processes for providing individualised care. Family involvement is evident with input of family into multidisciplinary meetings.

Patients and their family members report that staff are respectful and open with communication. They feel that they are kept informed and are involved in key decision making processes relevant to the provision of care. Staff were observed to provide care that is professional, respectful of the individual patient and their needs,
and provided in a manner that encourages the participation of the patient, and their family, when appropriate.

Informed consent is obtained from patients when required. Written consent is well documented, however, the process around documenting verbal consent is an area requiring improvement. Another area for review is the inclusion of a routine question on the nursing admission assessment form in regard to the patient’s wishes in respect of resuscitation.

Privacy within the organisation is well maintained, however, it has been reported and observed that the open visiting policy can impact on the privacy of some patients. This has been identified as an area requiring improvement with a recommendation for a formal review of the visiting policy and the impact that it has on the patient and the staff.

Organisational Management

WDHB have set the vision as ‘better health and independence’, and have articulated the direction and goals for the year ahead in the Annual Plan. WDHB is one of six DHBs participating in the Central Regional Service Plan 2013/14 which includes a range of collaborative activities. WDHB also works closely with MidCentral DHB (MCDHB) for the delivery of a number of services.

During 2013 a Maori health strategy review was completed articulating the relationship with iwi, service delivery to Maori and the structure of the Maori Health Service. There is a memorandum of understanding (MOU) with Hauora A Iwi.

The Quality Plan has a high level of ‘buy-in’ from the Board and the leadership of WDHB. The focus on patient safety and quality was evident throughout the audit and is led in a transparent manner. There is an established structure and system for the management of quality and risk which includes reporting to the Executive, Clinical Board and Risk and Audit Committee.

The structure at WDHB is based on clinical leadership and a partnership approach between the clinical directors, nurse managers and allied health leaders with business management support to the teams. The Clinical Board reports to the Chief Executive and there is representation from general practice and consumers on the Clinical Board.

Effective incident management and adverse event processes exist with investigations completed appropriately to the seriousness of the incident. There is good leadership support for staff being open with the person affected.

An electronic system with a range of modules for the recording and monitoring of quality and risk activities has been introduced. This tool gives ‘real-time’ information for decision-making and future planning. While there is good control of organisation-
wide policies and procedures, some of the Children’s and Maternity Unit documents were not adequately controlled. This is an area requiring improvement.

Staffing levels are adequate. There is a tool being used to match patient need with staffing numbers and good progress is being made with a number of initiatives such as ‘releasing time to care’ on the wards. Attracting permanent senior medical staff and sonographers remain a priority.

The human resources system ensures that staff appointments are appropriately managed. Personnel records are comprehensive and current. Staff compliance with professional requirements is well monitored. Medical staff credentialling is up to date. There is an effective system for providing and monitoring mandatory staff training, however, there are some instances where the uptake of training requires improvement.

Patient records are well managed to ensure they are readily available where and when required and are stored safely. Confidentiality is maintained. Improvement is required in ensuring that all records are signed correctly.

Mental Health services – There is an contract with two community organisations to provide consumer and family participation. The peer service includes a consumer consultant, advocacy services and peer support. Family participation is provided by a family advisor. There is ample evidence of effective consumer and family participation throughout the mental health service as a whole.

**Continuum of Service Delivery**

Six patient journeys were followed through surgical services, medical services, child health, maternity, mental health and assessment treatment and rehabilitation services. Review of these patients' care and additional sampling found that a range of investigations and assessments are undertaken and used to assist with developing plans of care for patients. Some assessments (including identification of individual patient’s goals and identification of some age related care needs) are not consistently occurring or are not sufficiently detailed in some wards and this is an area requiring improvement.

Individualised patient care plans are developed and documented, although not all are reviewed at the frequency required and this requires improvement. However, the care needs of the patients are being met as individual patient's needs are being communicated through other methods, including via shift handover. Ongoing evaluation of patients’ responses to the care provided is occurring and is well documented by all members of the health team. Monitoring individual patient’s fluid intake and output is not always occurring in a timely manner and this needs improvement. An ‘early warning score’ is being used to identify when any patient’s
condition is deteriorating and there is evidence of timely communication about the changing needs of patients.

The patient's progress and a summary of the care provided is documented for each patient at least every shift, or sooner where appropriate. Discharge planning is occurring and referrals are initiated in a timely manner to the multidisciplinary team. The multidisciplinary focus of care (including collegial relationship with lead maternity carers) and discharge planning processes are areas of strength within the DHB services. There is timely communication occurring with other primary health services. Patients and family members interviewed are complementary about services received and advise ongoing communication with staff is timely and clear. The patients and family members interviewed confirm being actively involved in discharge planning.

An area of strength within the mental health service is the way outcomes of the treatment and support provided is measured. An area for improvement is the manner in which the mental health unit is kept secured and the use of security cameras to monitor communal areas within Te Awhina and Stanford. Both Te Awhina and Stanford have cameras. Te Awhina has the main door locked as well.

Policies and procedures provide guidance for all components of medication management. Clinical pharmacists are now actively involved with medication reconciliation/review in some wards/units, and overall these processes have improved. The National Medication Chart is being used. Areas requiring improvement are identified in relation to ensuring prescribers' records are sufficiently detailed and that there is consistent monitoring of the environment where medications are stored. There are processes implemented to ensure staff are competent to administer medications and patients who self-administer medications are safe to do so.

Food services are provided from an on site kitchen run by contractors. The kitchen is accredited and externally audited. Systems exist to identify and communicate patients' dietary needs. Patients confirm being able to self-select food choices from the menu in a timely manner. Improvements are required in relation to the storage of food and fluids in some of the wards.

**Safe and Appropriate Environment**

Waste is managed under contract in conjunction with cleaning, and the processes are well defined in policies and procedures and effectively implemented.

The buildings and facilities all meet regulatory requirements. Earthquake strengthening continues. Refurbished areas provide a safe environment for patients and staff and patients have access to attractive outdoor areas. The children's area in
the Emergency Department does not contain toys and there is no specific play area in the children’s ward; this requires improvement.

There are sufficient numbers of toilets and baths and patient privacy is ensured when using these. Bed spaces are adequate to allow patients to move freely, including those using mobility aids. Wards have good communal areas for recreation and receiving visitors.

Cleaning is provided by a contractor and there are clear procedures to ensure safe cleaning and storage of chemicals. This firm has a sophisticated set of monitoring procedures in place which are reported to the WDHB. Laundry services are provided off site and there is a regular flow of clean and dirty linen that ensures the required standards are met and laundry is always available as required. There have been no untoward events relating to cleaning or laundry.

All emergency systems are in place including water and energy supplies. The emergency management system is well defined and has been demonstrated to be effective in responding to some local community events. Staff are provided with the relevant training. One resuscitation trolley is insufficiently secure and this needs to be addressed.

All areas of the hospital have adequate natural light and the whole environment is warm and comfortable. A smokefree policy is enthusiastically implemented in all areas.

**Restraint Minimisation and Safe Practice**

Restraint minimisation is overseen by the Restraint Approval Committee which reviews restraint and enabler use quarterly. Good records are kept and monitored of each event, its rationale and outcome. Mandatory staff training supports the reduction of restraint use and the use of alternative strategies. These are largely interpersonal, using staff skill to pre-empt or de-escalate any potentially problematic situations. ‘Specialling’ (that is, using an individual staff member to attend to a patient’s needs), is often used as an alternative to using restraint. The use of enablers (such as, bed side rails) is well documented to ensure that it occurs with the patient’s full consent.

Both the mental health units have approved seclusion rooms but this intervention has been used only in the acute unit in recent times and its use has reduced significantly over recent years, as has that of restraint. There are detailed requirements on the use of seclusion and this is closely monitored. Patients are kept as fully informed as possible about the need for restraint and seclusion use and their views are sought during and after each episode.
Infection Prevention and Control

WDHB has a documented infection control programme. The infection prevention and control team (ICT) comprises a clinical nurse specialist and nurse co-ordinator. They have access to advice from an infectious disease physician and clinical microbiologist, laboratory scientists, the Medical Officer of Health, pharmacists and a national network of experienced IC practitioners. The ICT is supported by ward/department based roles and the DHB Infection Prevention and Control Committee (IPCC) which meets at least four times a year.

The ICT programme includes encouraging staff and visitors to use hand hygiene products which are readily available throughout the hospital. A staff vaccination programme is also provided.

Infection prevention and control policies and procedures are available on the intranet to guide staff practice. These are currently under review and require updating to ensure the content is sufficiently detailed to guide practice. This is an area requiring improvement.

Surveillance for infections is occurring. The surveillance programme includes multi-drug resistant organisms, surgical site infections, blood stream infections and outbreaks. The results of the surveillance programme are communicated appropriately to staff and management.

Antimicrobial guidelines provide guidance to prescribers on appropriate use. Monitoring compliance with the DHB antimicrobial policies is an area requiring improvement.