

Waitemata District Health Board

Current Status: 11 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

Waitemata District Health Board serves a population of over 563,000 people and has the largest DHB population in the country. It has the second fastest growing population of New Zealand's 20 District Health Boards (DHB) and serves the residents of Rodney, the North Shore and Waitakere. Waitemata DHB operates North Shore Hospital in Takapuna and Waitakere Hospital in West Auckland. Hospital services provided include medicine and health of older people services; surgical and ambulatory services; child, women and family services; mental health services; and emergency services. The DHB also provides a range of regional services for the Auckland region, including child rehabilitation and respite at the Wilson Centre; forensic psychiatric services at the Mason Clinic; oral health services for children and young people; and community alcohol and drug services.

Audit Results as at 11 November 2013

Consumer Rights

Staff were observed to be respectful of patients/consumers and demonstrated knowledge of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code of Rights). The Code of Rights is displayed in English and Maori in all areas visited. Staff described how they incorporate the Code of Rights into their work including providing information and gaining consent for procedures. Instances were found where staff are not consistently recording the discussions between staff, patients and family members concerning resuscitation treatment decisions for the patient. This is an area requiring improvement.

Patients/consumers, and families interviewed said the care provided is respectful of their rights and privacy. Privacy was observed to be managed in most areas visited, although an area requiring improvement with privacy in one area has been identified. Information on advocacy services is displayed throughout the DHB and interviews of patients and family members confirmed an understanding of advocacy services, and how to access these services if required.

Assessments of patients/consumers are used to identify cultural, spiritual and psychosocial needs of patients, as well as their medical needs. This information is included in individual plans for patients.

Ten percent of the DHB population identify as Maori and there is a Maori Health Plan that contains actions for Maori health gain. It was observed that patients/consumers who identify as Maori were treated with respect that acknowledged their individual values and beliefs. Eighteen percent of the DHB population are Asian, 10 percent are Pacific and the DHB is supported by the Asian health service and other cultural groups. Access to interpreter services is available from Waitemata Auckland Translating and Interpretation Services (WATIS). Staff receive cultural awareness training.

There is a complaints officer at the DHB who is a member of the quality team. Each complaint is assigned a 'responsible owner' who is responsible for investigating the complaint. The complaints officer monitors all complaints via an electronic database and the quality team maintain oversight of all open complaints. The complaints process follows the requirements of the Code of Rights complaints management processes.

Organisational Management

The Board is responsible for setting the strategic direction of the DHB based on the health of their population and targets set by the Ministry of Health. The annual plan for the DHB identifies the DHB mission as 'Best Care for Everyone'. There is a strong focus on regional collaboration.

Quality is a core part of main Board meetings. Monthly quality reports are prepared and include reporting on complaints, compliments, reportable events, incidents, serious and sentinel events, Health and Disability Commissioner complaints and Coroners enquiries. The Chief Executive has ultimate responsibility for quality within the DHB and the Chief Medical Officer and Director of Nursing and Midwifery are jointly responsible for clinical governance and all aspects of quality. There is a quality team who is responsible for leading the execution of the DHB's quality strategy and action plan. The quality team are also responsible for incident and accident management, complaints management, audits, improvement projects and risk management. The quality team works across all areas of the DHB and work with staff to improve patient and staff safety. Accidents and incidents are reported on an electronic database and are managed by a member of the quality team who advises a new electronic database/system is currently being developed.

Recruitment and orientation of staff meets the standards required. Staff are offered a range of educational opportunities. Records of staff training are held and a database is used to record all completed mandatory training and e-Learning. Clinical staff are required to provide evidence of their competence to practice to the

satisfaction of their professional board. Processes for credentialing of nursing staff, senior medical staff and services are in place although not all services and senior medical staff are currently credentialed. Improvements are required to ensure the currency of credentialing of services.

A management system is in place that forecasts and manages hospital demand on inpatient beds and service delivery. Shift co-ordinators monitor nursing workloads in each area and ensure they are balanced across the nurses on each shift. Patients reported they receive timely services from a variety of staff with a range of different skills and knowledge.

Security and confidentiality of patient records is maintained. Random audits for tracking and accessing of patients clinical records on the electronic database used at the DHB are undertaken to ensure no unauthorised access to patient's records. Improvements are required relating to the management of patient information. These improvements include ensuring the legibility of entries made in patient records, and ensuring information of a personal nature is not publicly observable.

Continuum of Service Delivery

Thirteen patient journeys were followed through medical services, surgical services, child health services, mental health services and the assessment, treatment and rehabilitation service. Reviewing these patients and their records, and undertaking additional sampling of files found that patients are assessed on admission, their needs are determined and services provided according to clinical pathways and individual plans.

General improvements are required to patient documentation in some wards. These improvements relate to the availability and consistency with which some nursing documentation is completed and includes: nursing risk assessments, completion and evaluation of nursing goals, completion of admission to discharge planners and availability of birth plans. Improvements are also required with the documentation relating to internal referrals and transfers. Progress is recorded for each patient.

Patients interviewed were complementary of the services they were receiving. Patients and family also confirm their family are able to be present when requested and are informed of the patient plan of care and treatment options.

The national medication chart is used in adult areas and paediatric and neonatal medicine charts are used in these areas. An automated medicine distribution system is used that can only be accessed by authorised staff. A system for electronic prescribing is being used in some areas of the DHB. Clinical pharmacists are present in the wards and they are actively involved in all aspects of medicine management. Improvements are required relating to the consistency with which all parts of the patient's medication charts are being completed.

Food services are provided by an external contractor. The kitchens at North Shore Hospital and Waitakere Hospital have an approved and audited food safety programme in place. There is a three week patient menu cycle in place that meets nutritional guidelines. Patient choice and special diets are catered for.

There are policies and procedures in place for the management and safe use of electroconvulsive therapy (ECT). There is an ECT governance committee who meet monthly and monitors ECT use.

Safe and Appropriate Environment

There has been one major building project completed in 2013; construction of an elective surgical centre that was completed in July 2013. Facilities management personnel advise there are three major building projects scheduled to commence within the next six months including building a new 46 bed adult mental health services inpatient unit on the North Shore Hospital site; refurbishment of Mason Clinic; and construction of a community dialysis centre. There is a system used to manage equipment and plant ensuring preventative and corrective maintenance occurs. A new system that manages the temperature hot water is delivered at has been installed in all areas. Improvements are required to storage of equipment and furniture not in use in some clinical areas. There is also a required improvement to minimise the use of one room in Mason Clinic that does not have an external window.

A regional laundry service is used which meets laundry standards. Cleaning services are managed in-house. A new system for cleaning has been implemented that meets cleaning standards and includes regular audits. Feedback is routinely sought from patient care areas about the standard of cleaning. Cleaning staff receive education that includes use of the cleaning system and chemical safety. Cleaning staff also complete the corporate orientation.

Waste management processes are in place that are monitored and internally audited. Orderlies remove waste within the hospital following defined processes.

A specialist team is responsible for emergency response management. A 'Health Emergency Plan' and various other emergency plans/documents are used to guide staff in an emergency. Staff receive training in emergency management.

Alternative sources of energy for heating, lighting; medical equipment and water are available and are regularly tested. A fully resourced emergency centre is available. Trial evacuations are conducted on a regular basis and staff complete fire training.

Call systems are available in all clinical areas including nurse call, emergency call, and duress alarms are installed in all high risk areas. The entire WDHB campus is totally smoke free.

Restraint Minimisation and Safe Practice

The DHB has policies and procedures that guide staff on the use of restraints and enablers. The DHB has a 'Behaviours of Concern and Occupational Violence Group' that meets on a regular basis. The DHB incident management system is used as a register to record all restraint events and the DHB restraint co-ordinator reviews all events. The use of restraint is monitored and documented. Reviews are also held quarterly to review restraint usage and trends. There is a restraint minimisation safe practice group within mental health services who are responsible for management of restraints within the mental health service. A required improvement has been identified as there is no mental health consumer advisor on this group.

The DHB continues to aim for a restraint free environment, although it is accepted that in some circumstances restraint may be required in the acute setting. The focus is more on risk assessment and defusing situations. There is a strong emphasis on prevention/de-escalation within the DHB.

There are mandatory training requirements for staff including understanding of changing/challenging behaviours, communication, de-escalation training and non-violent crisis intervention.

There are policies and procedures in place for the management of seclusion including the need to document the justification for its use. Seclusion is used in the mental health areas. An improvement is required as not all of the seclusion rooms have a system that enables the consumer to call for attention.

Infection Prevention and Control

There is an infection prevention and control programme in place at Waitemata DHB that is overseen by an infection prevention and control executive Committee. The team includes medical specialists, pharmacists, quality specialists, microbiologists and nursing specialists. The team reports to the clinical governance board of the DHB. There are policies and procedures in place designed to prevent or minimise the spread of infection which are consistent with accepted good practice.

Infection control education is provided to clinical and non-clinical staff as part of their orientation and ongoing training. Infection control education is provided via e-learning modules as well as in the ward and service areas as required.

There is surveillance of surgical site infections, hospital acquired infections, and blood stream infections as well as central line associated bacteraemia infections. Other surveillance activities and outbreak management occurs.