

# Wairarapa District Health Board

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## Current Status: 17 June 2014

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

The 95 bed Masterton Hospital is a part of the Wairarapa District Health Board (WDHB). The WDHB is responsible for the health needs of approximately 41,000 people. Hospital services include acute and elective medical, surgical, rehabilitation, child health and maternity. A mental health crisis respite service is also located on site. The hospital has a 24 hour, seven day a week emergency department. One single Executive Leadership Team now serves Wairarapa and Hutt Valley DHBs; this is driving increased collaboration across the DHBs to drive improved access to care for the populations. Wairarapa and Hutt Valley DHBs are working towards integration with Capital and Coast DHB (CCDHB). Sub regional collaboration work across Wairarapa DHB, Hutt Valley DHB and Capital and Coast DHB is led by a sub-regional clinical governance group including representatives from primary care.

## Audit Results as at 17 June 2014

### Consumer Rights

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and information about how to access local and national advocacy services is displayed in patient and public areas throughout the organisation. Staff speak confidently about aspects of the Code and how these are incorporated into their daily practice.

Patients and their family members report staff are respectful and communicate effectively with them. Patients report that appropriate information about their diagnosis and treatment is provided and that they are kept informed and involved in decision making about their care. Staff were observed to provide care that is professional, respectful of the individual and their particular needs, and provided in a manner that encourages their participation, and that of their family/whānau. Patients are able to have a support person of their choice with them during service delivery. There is consideration of personal privacy.

Policies and procedures relevant to consumers' rights, such as open disclosure, are implemented. Open disclosure is understood and evidenced in action. There is a commendable collaborative multidisciplinary approach to enhance support for

inpatients and those in the community experiencing family violence and child or elder abuse.

Staff identify any spiritual, social, cultural or other needs the patient may have when planning individualised care. There is an inter-denominational chapel on site and chaplains available. Cultural services are provided with good information on access made available. Staff are able to provide examples of meeting culturally diverse needs. Family involvement is evident with input of family into multidisciplinary meetings and discharge planning.

Verbal and written consent is obtained. Staff have a good understanding of the consent process. There is a need for improvement in documentation of 'not for resuscitation orders' and recording aspects of risk discussed when obtaining consent. Additionally improvement is needed to ensure anaesthetic consent forms in the paediatric service include the relationship of the consenting adult to the child, and that the consent forms are present in the clinical records.

Patients interviewed report they know how to raise concerns. The complaints management system is now managed electronically, however not all aspects required by the Code are included in this system. Tracking of open complaints and timely resolution requires improvement.

## **Organisational Management**

Wairarapa DHB is undergoing significant change as it consolidates the merger with the Hutt Valley DHB of the senior leadership team. The individual DHBs have retained their own visions and values and there is a single senior leadership team across the two DHBs. There is a strong focus on strengthening clinical governance structure across the two DHBs. There is evidence of data being used at all levels to improve outcomes and services. The WDHB uses the 'balanced scorecard' to display progress toward the targets. The action plan monitoring template provides information to directorates regarding corrective actions that require implementation or follow-up. Audit reports in the services do not include recommendations and timeframes. This is a required improvement.

The annual plan is used as the quality and risk plan. . The WDHB monitors progress related to the Health Quality and Safety Commission programmes of falls prevention, hand hygiene, mortality review, medication safety and reduction of pressure injury. The WDHB demonstrates excellent results in the national health targets.

The document control system is well established and electronic. Some uncontrolled guidelines are found in clinical areas or on the electronic 'g' drive and this requires improvement. A number of policies are identified which need updating or development to ensure staff access to best practice documents. An improvement in this area is required.

The risk management system is well understood by staff. There is active engagement by services and senior leadership in the monitoring and updating of risks. The hazard register is comprehensive and each service has its own register which also demonstrates regular review.

Adverse events are managed according to the national reportable events policy. An improvement is required related to monitoring the requirement to complete serious adverse event investigations within 70 days of notification of the event. Serious adverse events receive in depth review; however there is no consistent sign off process to ensure that recommendations are accepted by the WDHB. This also requires improvement.

Wairarapa DHB has a commitment to consumer and family participation. Within the mental health and addiction services there is evidence of consumer and family input in the mental health and addictions leadership group. . A consumer advisor from the Hutt Valley DHB provides strategic input and involvement in quality projects. Consumers in the crisis respite and recovery centre (CRRC) provide input through quality surveys and feedback forums.

The WDHB has good employer practices in place which are supported by a suite of policies, procedures and guidelines. New staff attend a two day orientation. Staff are supported to attend ongoing training. Compliance with mandatory training is difficult to ascertain. This requires improvement. Although there has been an increase in the completion rates of performance appraisal further improvement is required in this area.

The WDHB uses an acuity system predicting nursing hours required on a daily basis. Policies and escalation plans are in place for times of high patient acuity. The DHB has recently undertaken formal reviews in areas where staff shortages have impacted adversely on clinical care. Increased staffing has been approved in a number of areas where there is shortfall. As not all of the planned actions are in place this remains a risk for clinical care and is a required area for improvement.

Patient records include paper and electronic documents, and storage and retrieval are well managed by the clinical records department. Improvements are required related to legibility, identification of staff making the notation in the clinical record, ensuring that identification labels are on all records, and ensuring that all documents related to a care episode are stored within the clinical record.

### **Continuum of Service Delivery**

Five patient journeys were followed through surgical services, medical services, child health, maternity and mental health services. Reviewing these patients' care and undertaking additional sampling found that a range of investigations and assessments are undertaken and used to assist with developing individualised plans

of care. Some assessments, including those in the 'admission to discharge planner', are not consistently being completed in a timely manner or reviewed when the patient's needs change. These are areas requiring improvement. Whilst care plans are being documented, not all are developed and updated in a timely manner, or reflect the current needs of the patient. Input into care plans from all applicable health professionals also requires improvement. Despite this, the care needs of the patients are predominantly met as individual patient's care needs are being communicated through other methods, including at shift handover and team meetings. An early warning score is being used to identify deteriorating patients and there is evidence of timely communication about the changing needs of patients. The patient's progress and a summary of care provided is documented for each patient at least every shift and sooner where appropriate.

Discharge planning is actively occurring and referrals are initiated to the multidisciplinary team in a timely manner. The multidisciplinary focus of care is an area of strength. Improvements are required to ensure patients' needs are effectively communicated when patients are being transferred between wards. The discharge/plan of care information is provided to the patient's primary care health provider in a timely manner. All patients and family members interviewed are complementary about services received and advise that ongoing communication with staff is timely and clear. The patients and family members interviewed confirm being actively involved in discharge planning and feel well prepared.

Policies and procedures provide guidance for all components of medication management. Clinical pharmacists are assisting with medication reconciliation for some patients. The National Medication Chart is being used. Areas requiring improvement are identified in relation to ensuring prescribers records are sufficiently detailed, verbal orders appropriately signed, ensuring medication reconciliation consistently occurs, allergies are documented as being assessed, and ensuring medications are stored appropriately. There are processes implemented to ensure staff are competent to administer medications.

Food services are provided from an on-site kitchen. Systems are in place to identify and communicate patients' dietary needs, although in practice, some gaps in communication are noted and this is an area requiring improvement. Other required improvements relate to ensuring the menu in use in one service is assessed as meeting nutritional requirements and ensuring food storage in this same area meets required standards.

### **Safe and Appropriate Environment**

Waste management, cleaning services and security are contracted to an external provider. The service providers have clear, well defined and implemented policies and procedures. Monitoring of performance and compliance with the contract occurs through a robust internal audit programme conducted and reported by the contracted

provider and the infection control team. Improvements are made where necessary. An area requiring improvement relates to a build-up of waste awaiting collection in one ward area.

Laundry is outsourced to a laundry service in Palmerston North. There is a regular provision of clean and soiled linen in and out of the facility ensuring that linen is always available as required. The laundry service is audited by WDHB to ensure it meets the required standards.

The buildings and facilities are overseen by a maintenance department with some on site staff and subcontracted tradesmen to meet compliance and regulatory requirements. Additional capacity and upgrading of essential services, such as water storage and energy, is being added where needed.

Emergency preparedness and planning continues, with collaboration across the three DHBs. Staff have received training and there is clear guidance on actions required in the case of fire, earthquake, severe weather and other likely scenarios. A structured approach to emergencies includes defined responsibilities, checklists and communication cascades.

There are sufficient numbers of toilets and showers with consideration given to patient privacy. Bed spaces are adequate to allow patients to move freely, including those using mobility aids. Wards have adequate communal areas for recreation and receiving visitors.

Adequate natural light is provided in the ward areas and the whole environment is pleasant with outlooks over courtyards and grassed areas. A smoke free policy is implemented on the site with appropriate support offered to those wishing to 'quit'.

### **Restraint Minimisation and Safe Practice**

Wairarapa DHB environment is restraint free. There are restraint minimisation policy guidelines under review in collaboration with Capital and Coast DHB. The focus is on safe use of enablers and minimisation of restraint through training and support overseen by the restraint minimisation group, which meets to discuss any reported events, training needs and issues arising in practice. The restraint register is currently inactive as there have been no episodes of restraint instigated in the service. The use of enablers (such as a bed rail) is well documented in the individual care plan which also records the patient's verbal consent.

Staff receive training on challenging incidents at orientation, with a focus on recognising triggers to escalating behaviour and implementing strategies to reduce such situations, and thereafter as part of a mandatory training programme. Alternatives to restraint are used, such as one-on-one support. The organisation has a close working relationship with the local police who may be called upon when there is an aggressive patient in the emergency department. Any such episodes are

reported, reviewed and learning applied as applicable. This has resulted in the implementation of a police liaison group used as a forum to discuss roles and responsibilities and improved pathways for patients attending the emergency department.

## **Infection Prevention and Control**

Wairarapa DHB has a documented infection prevention and control (IPC) programme for 2013 to 2014. An updated programme is currently in being developed with the ICP teams at Hutt Valley DHB and Capital and Coast DHB (CCDHB). The responsibilities for facilitating the day to day activities are allocated to a clinical nurse specialist, a registered nurse, and a physician who has a special interest in infection prevention and control. The team is supported by the infection prevention and control committee. The infection control team participate in relevant ongoing education. Infection prevention and control policies and procedures are available on the intranet to guide staff practice.

Surveillance for infections is occurring. The surveillance programme includes significant organisms (including multi-drug resistant organisms), specific surgical site infections, invasive device related infections, blood stream infections, staff occupational exposure and outbreaks. The results are communicated appropriately.

The antimicrobial guidelines developed by CCDHB have been adopted and provide guidance to prescribers on appropriate antimicrobial use. Monitoring of antimicrobial use occurred in February 2014 through a point prevalence audit and shows 92.9% compliance with the policy requirements.

A systems approach was used to review infection control systems and practices related to the identification, communication and implementation of isolation precautions for relevant patients. Appropriate precautions are not being consistently implemented by staff as required and this is an area requiring improvement.