

# Waikato District Health Board

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## Introduction

This report records the results of a Surveillance Audit of a provider of hospital services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Waikato District Health Board
<b>Premises audited:</b>	Matariki Hospital  Rhoda Read Hospital  Taumarunui Hospital and Family Health Team  Te Kuiti Hospital and Family Health Team  Thames Hospital  Tokoroa Hospital  Waikato Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Surgical services; Hospital services - Maternity services; Hospital services - Children's health services; Hospital services - Geriatric services (excl. psychogeriatric)
<b>Dates of audit:</b>	Start date: 3 November 2014      End date: 7 November 2014
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	702

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

## General overview of the audit

Waikato District Health Board (WDHB) serves a population of around 373,000 across the large Waikato region. During this five day surveillance audit the following sites were visited: Waikato Hospital; Tokoroa Hospital; Thames Hospital; Te Kuiti Hospital; Taumarunui Hospital; Matariki the continuing care unit at Te Awamutu and the Rhoda Read continuing care unit at Morrinsville.

Good progress has been made to address the 38 areas identified for improvement from the certification audit in April 2013 with 20 of these having been completed. Work is progressing to address the outstanding issues.

## Consumer Rights

Staff were observed to be respectful towards patients, worked in a professional manner and demonstrated knowledge of the Health and Disability Commissioners' Code of Health and Disability Services Consumers' Rights (the Code). The Code was displayed in communal areas and available on request in all areas audited.

Patients and family members interviewed reported that their rights are upheld during care provision; however, privacy, or a private place to go, is not always managed in the surgical services six bedded ward, the children's ward, and still not fully addressed in the medical and rehabilitation wards. In the surgical ward, an area for improvement identified at the last audit relating to patients' information being left in corridors remains open.

Family violence screening is part of the emergency department, child and maternity services assessment documentation, and despite an increase in the number of staff trained to undertake this screening, this was still not consistently completed. This previous required improvement remains open.

All service areas visited demonstrated that communication was undertaken to reflect the principles of open disclosure related to care delivery. This was confirmed during patient and family/whanau interviews.

At the Matariki continuing care service the documentation related to resuscitation advance directives was not signed by the resident and those sighted were not a valid resuscitation order. Whilst some progress has been made in this area from the previous audit this requires further attention.

A previous area identified as requiring improvement in the maternity services relating to swab counts following birth has been fully addressed.

There is a complaints process that meets the requirement of the Code. Patients and their families/whanau were aware of how to make a complaint using forms that were available in both hard copy and electronically.

## **Organisational management**

The WDHB board of directors assumes the governance role and is responsible to the Minister of Health for the overall performance and management of the DHB. The strategic direction and planning process is consistent with Government objectives and aims to improve health outcomes for the Waikato population. The previous issue around delegations of authority has been addressed.

Work has progressed to develop a quality and risk management system that meets the current and future requirements of the DHB. Four of the six areas identified as requiring improvement related to management of quality and risk at the previous audit have been addressed. Key priority areas for 2014/15 have been identified, as have roles and responsibilities. The board of clinical governance is the key clinical governance committee for the DHB. A number of clinical committees report to this group providing an organisation wide link between the various quality and risk activities.

There is a commitment around consumer engagement with a number of examples of improvements to strengthen this area. The Health Quality and Safety Commission's clinical priorities (the 'triple aim'), along with the development of a culture of continuous quality improvement and focus on safety is evident in plans and reports reviewed and through staff engagement.

Although improvements have been made to the document control system and previous specific policy issues have been addressed, there continues to be a number of policies overdue for review. Access to policies remains difficult for staff.

Corrective action planning occurs where deficiencies are evident; however, these are not always followed through to ensure completion. Previous issues around adverse events have been addressed and this area was noted to be well managed with good evidence of reporting, investigation and implementation of improvements.

Despite some improvements to the risk management system, risk registers were not updated as required and linkages to event and complaints reporting were inconsistent.

Human resources systems include innovative systems to support staff training, with increasing use of e-learning. There have been improvements in some aspects of managing job applications and providing staff orientation. Despite concerted efforts, performance appraisals were still overdue in some services and the challenge remains to find effective ways to monitor and ensure all staff have the training they require.

Improvements have been made since the previous audit to better match patient demand with staffing resources. Implementation of an acuity tool to assist this was in progress. Ongoing concerns in relation to matching staffing with the needs of patients were expressed in a number of clinical areas and this continues to be an area requiring further attention.

In general, documentation was well completed and of a high standard. Further work is required to ensure all records have patient identification details, signatures and designation completed and notation is legible.

## **Continuum of service delivery**

Thirteen patient journeys were followed through surgical services, children's health services, medical services, geriatric and aged care services, and maternity services. Reviewing these patients and undertaking additional sampling of files demonstrated that overall, improvements since the previous audit have been made, with more consistent use of assessment tools and ongoing evaluation documented.

Assessments were being carried out in a timely way for all patients by a range of qualified health professionals. Individual plans were developed to guide care and reviewed at least daily or more frequently if the patient's condition dictated this. Areas that require further improvement relate to ensure nursing assessments are consistently completed; issues identified during assessments are carried through to the care plans; patients' psychosocial needs are adequately assessed and planned for; and ensuring that countersigning of documentation occurs, where appropriate.

Variations of the adult deterioration detection system (ADDS) were in use across the organisation. An improvement is required to ensure that pain management monitoring guidance is included on these charts.

Multidisciplinary team meetings were occurring and the main focus of these was on discharge planning. There was evidence of timely referral to other services in all areas visited. Handover was seen to be occurring when the patient moves from one service to another, with the exception of two transfers to rural hospitals, where improvement to this process is needed.

Ongoing evaluation of patients was evident with a suitable response when progress was different to that expected. However, the documentation of evaluation by nurses was not always timely, a comprehensive evaluation of the patient's response to analgesia was not documented in some cases, and evaluation of interventions for patients in the aged care service at Matariki requires improvement.

Patients and family members interviewed reported that they were fully involved in the assessment and care planning process.

The medication management system showed improvement since the previous audit, including more consistent monitoring of fridge and ambient room temperatures where medicines are stored, although for some areas this still requires improvement. Issues related to inconsistent documentation of prescribing and administration also remain as areas requiring further attention.

All patients interviewed stated that the food service met their needs and that beverages are offered frequently. Previous issues identified related to food not being labelled in some fridges continue in clinical areas at Waikato Hospital and Tokoroa Hospital. At Tokoroa the fridge and freezer temperature monitoring was not occurring as required.

## **Safe and appropriate environment**

Over the past several years there has been a major redevelopment programme at Waikato Hospital. This is finally nearing completion and, with the commissioning of the new buildings, this has seen a great improvement in the environment for patients. All buildings meet regulatory requirements, with the Meade Clinical Centre still operating under a certificate of public use. The maintenance and checking of clinical and non-clinical equipment has improved addressing a previous area requiring improvement.

Improvements to the availability and use of personal protective equipment were evident across the areas visited.

In some of the older areas, the integrity of a number of surfaces (at Matariki, Rhoda Read, Te Kuiti and Taumarunui), and some equipment were not to the required standard. Issues related to insufficient toilets in the coronary care unit and at Thames Hospital raised at the previous audit have yet to be addressed.

Fluctuating hot water temperatures at the Te Kuiti Hospital maternity services are in need of attention.

Fire evacuation training occurs. Resuscitation trolleys are readily available but not all were being checked as required.

## **Restraint minimisation and safe practice**

Enablers are defined and used to enhance patient mobility and safety. The formal comprehensive review of restraint practice has yet to be completed, but nevertheless, many elements of this have been achieved and demonstrated quality improvement processes had been applied effectively. The previous area requiring improvement related to documentation of all episodes of restraint has been addressed.

## **Infection prevention and control**

Waikato DHB has a surveillance plan that is signed off by the infection prevention and control committee annually, the membership of which includes the appropriate people for a DHB service. The plan outlines the surveillance activities to be undertaken. Evidence to support the surveillance occurring was sighted and included: area surveillance, through staff with a portfolio in infection control; hospital level surveillance, including rural hospitals; regional surveillance, which includes private surgical hospitals; and reporting and benchmarking at a national level. There was evidence of analysis and trending of data over a number of years. Issues raised at the previous audit have been addressed.

End of report