# West Coast District Health Board

## Introduction

This report records the results of a Certification 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 Central Region's Technical Advisory Services 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** West Coast District Health Board

**Premises audited:** Buller Health||Grey Base Hospital||Reefton Health Services

**Services audited:** Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services

**Dates of audit:** Start date: 15 February 2016 End date: 18 February 2016

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 82

# Executive summary of the audit

## 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

The West Coast District Health Board provides health services to the people of the West Coast. The geography, relative isolation and long distances between centres result in many unique challenges in the delivery of the health care. The West Coast District Health Board is benefiting from the alliance with Canterbury District Health Board with standardisation of systems and processes and sharing of staff. Clinicians from both District Health Board’s now work closely together and telemedicine is used increasingly. The buildings at Greymouth, Westport and Reefton are old and few buildings meet earthquake standards. Risk management strategies are in place and closely monitored. Maintaining the buildings and old infrastructure to safe levels is an added cost to the West Coast District Health Board. The planned new hospital at Greymouth has been put on hold and staff expressed their disappointment about the delay and the ongoing cost. They have put time and energy into the details of the plan and into developing the new models of care.

This certification audit included visits to Grey Base hospital, Buller hospital and Reefton hospital. There are 141 inpatient beds. The audit team was provided with a comprehensive self assessment and supporting evidence and interviewed staff, patients and family members. Seven clinical tracers and two systems tracers were undertaken.

There is evidence across all services of improvements since the last audit. Team work, patient centred care and clinician engagement were observed and new medical leadership roles are now in place. Quality and safety systems are improved and data is more readily available and used for quality improvement and monitoring purposes. The patients receive safe quality care.

There are ten required improvements arising from this audit.

## Consumer rights

Staff at West Coast District Health Board provide safe services that comply with consumer rights legislation. Interviews with patients across the services confirmed that they are informed of their rights and are given both written and verbal information about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights, complaints processes, accessing the advocacy service and interpreters. Staff receive education about consumer rights and the audit team observed that patients are treated with dignity and respect. Comprehensive policies and procedures provide a framework for staff and evidence of audits was provided. Review of clinical records show that assessments and care planning include the recognition of cultural, ethnic and spiritual values and beliefs. Maori and pacific patients are supported and the service is addressing Maori disparity. The health service encourages best and evidence based practice and the organisation wide quality programme supports improvements in service delivery. Review of the service delivery model in the Kahurangi unit is a required improvement. Audit results show that the informed consent policy and processes are complied with and patients all confirmed that they are kept informed. Written information for patients is available throughout each facility. The complaints process is clearly advertised and investigations are thorough and timely.

## Organisational management

The West Coast District Health Board has a Board and a shared Chief Executive with Canterbury District Health Board. Services are provided safely in a planned and coordinated manner. The Board receives reports and data and monitors the performance of the organisation. The quality and risk management systems are established and the organisation provided evidence of improved use of data, better information systems and a systematic approach to managing risk and recommendations from investigations and audits. The quality and safety programme is integrated and monitored through the committee structure. A project to improve the document control of policies and procedures has progressed and planned work is time framed on an action plan. The incident reporting system is now electronic and this enables the organisation to receive timely reports and monitor trended data. Improvements are required in regard to policy review and clinical records storage.

The mental health service has consumer and family participation programmes. Consumers and their families confirmed they participate in service delivery and review.

The people and capability programme is supporting staff through this time of change. The organisation has policy and systems to support good employment practice and meet legislative requirements. Medical staff are credentialed and all staff are supported in their personal and professional development. An education programme includes orientation for new staff and mandatory training. The West Coast District Health Board has implemented strategies to attract staff to the West Coast. Medical locums are still required for some services. The Trans Alpine alliance has provided opportunity for clinicians to collaborate to the benefit of patients in the West Coast District Health Board. Coordination of staffing occurs to ensure that all wards have the right skill mix and numbers of nursing staff each shift.

The West Coast District Health Board is in transition from paper records to electronic. Clinical records are stored securely, transported safely and are audited regularly for completeness. Maintaining confidentiality of the information on boards in the wards is a required improvement.

## Continuum of service delivery

Patient tracers were completed in seven services; two in aged residential, medical, surgical, mental health, maternity and paediatrics. Review of these patients’ journeys and their clinical records showed evidence of assessment, care planning and review. Improvements are required at Westport and Grey Base hospitals in the assessment, care planning and early warning scores documentation. Improvements required at Reefton hospital are related to compliance with the age-related residential care contract.

All members of the multidisciplinary team are qualified and skilled for their roles and there is a multidisciplinary approach to provision and documentation of care and treatment. Patients and family have input into care planning.

Daily rounds and ‘huddles’ provide a forum for planning the day in the wards with handover to staff occurring at each change of shift. There is access to medical staff 24 hours a day, seven days a week with sound systems implemented to ensure that patients have timely access to allied health services and to other services outside of the West Coast District Health Board. Transfers between services follow protocol and standardised communication tools are in use across all services.

The West Coast District Health Board is implementing medication policies and procedures. A systems tracer was completed for high risk medicines. The pharmacy has processes that ensure the flow of goods and services including design, planning, execution, control, and monitoring of supply chain activities. Pharmacists visit wards daily at Grey Base hospital and provide oversight of medication management. Staff are trained to administer medication as per policy. An improvement is required to medication management for safe medication storage, as required medicines and documentation of allergies.

Food services are contracted in and there is dietitian input into menus and special diets. The patients involved in the tracers and others interviewed were positive about the food services. All aspects of food service delivery comply with legislation and guidelines.

## Safe and appropriate environment

All services are provided in environments that are appropriate for the needs of those receiving care although the age of the buildings and layout of some of the clinical areas does not always support contemporary practice. Management of waste and hazardous substances is contracted out and staff are educated and provided with safety equipment to prevent harm. All buildings have current warrants of fitness and buildings and utilities comply with regulations and legislation. There is a planned maintenance programme and risks are understood and managed. Amenities are appropriate for the different patient groups and there are safe outside areas for those that need them. The cleaning and laundry services meet the standard required. Policies and procedures guide practice. Quality assurance activities are in place. The facilities on the day of audit were clean. The systems for responding to fire, disasters or security situations are managed well with associated training, plans and policy. There are business continuity plans and all essential utilities have backup systems planned and tested. The environment is maintained safely for patients, staff and visitors.

## Restraint minimisation and safe practice

The West Coast District Health Board has implemented systems and processes to minimise restraint. The organisation is actively addressing incidents of restraint by implementing training and systems that focus on de-escalation and non-violent interventions.

Reporting and monitoring of restraint occurs through the Safety 1st incident reporting system with data indicating that use of restraint has decreased over the organisation. Seclusion is used in the mental health services and use is monitored. Seclusion use continues to decrease.

## Infection prevention and control

There is evidence that the infection control processes are embedded in practice. A systems tracer was completed for isolation practices. The infection prevention and control programme provides direction and guidance in best practice to staff and to the organisation. A qualified infection prevention and control nurse specialist has overview of the programme. Education meets the needs of staff who attend mandatory training in infection prevention and control. The infection control programme is supported by a suite of policies and procedures which reference best practice documents.

Surveillance is undertaken and reported within the West Coast District Health Board and as part of national health targets and quality safety markers. Anti-microbial guidelines are in place for surgical prophylaxis and for long stay facilities. Monthly auditing of antimicrobial usage is in place.