

Wairarapa District Health Board

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:

Legal entity:	Wairarapa District Health Board
Premises audited:	Wairarapa Hospital
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 9 February 2016 End date: 11 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:	66

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

Wairarapa District Health Board provides a range of services to the region's population of 42,800 people. Hospital services include medical, surgical, child health, maternity and mental health.

Wairarapa District Health Board is part of a two and three hospital management structure with Hutt Valley District Health Board and Capital and Coast District Health Board. For some organisation wide systems and services two of the three district health boards have joint management structure and for others three of the district health boards have one management structure. This structure has been evolving for the last two years. Until four months ago this included one chief executive for both Wairarapa and Hutt Valley district health boards. A chief executive for Wairarapa District Health Board has recently been appointed and is currently learning about and reviewing the needs of the organisation.

This three day surveillance audit, against a subset of the Health and Disability Services Standards, included an in depth review of organisational management systems, one patient's care and four clinical systems. During this process auditors reviewed clinical

records and other documentation, interviewed patients and their families, interviewed management and staff across a range of roles and departments, and observed practices.

At the previous certification audit there were 23 areas identified as requiring improvement; 11 of these have been addressed and are now closed. This audit identified 17 areas that either require ongoing improvements (12) or are identified as new issues (5) to be addressed.

Consumer rights

Consent forms are completed for patients undergoing surgery. The completed anaesthetic consents sighted included discussion on risks. 'Not for resuscitation' decisions are being made in association with the patient and family. The shortfalls from the last audits have been addressed. The service is unable to demonstrate that acute surgical patients are sufficiently informed prior to blood transfusions.

The complaints register is up to date, includes all the required information, including showing that there is ongoing contact with complainants when the investigation takes longer than 30 days. This meets a former requirement.

Organisational management

At the time of this audit Wairarapa District Health Board is in a state of change that has impacted on the management. Resources are tight and there is currently a changing direction from a merged model with most executive staff being situated off site and having dual or triple hospital responsibilities to a standalone district health board. The consequence evidenced at this audit is a lack of clear direction, planning and monitoring for the district health board, particularly in relation to the quality and risk management system.

The new chief executive has identified various issues, including many of the findings of this audit. Examples of work required include developing clear committee and reporting structures and accountabilities, the need to support quality and risk management

activities, to provide quality project oversight, improve corrective action follow up and maintain the risk management system. An initial planning workshop to brainstorm the current situation has recently occurred.

Document control is not occurring at Wairarapa District Health Board. Where documents cover two and three DHBs, there is not a single point for document control. There is no process to ensure documents within Wairarapa Hospital are managed and kept up to date to guide staff.

Adverse events are managed through a database of reportable events. Previous issues of slow resolution of high priority and risk events have been resolved. Reviews are conducted in a timely manner but some problems remain with limited availability of the most appropriate senior personnel to conduct the reviews and implement and monitor the resulting recommendations.

'Balanced score card' reporting is established and includes Ministry of Health targets and performance measures.

Staff training is occurring, despite budgetary limitations, and staff are encouraged to undertake professional development where possible. There are still gaps in defining the required training and accurately recording it, performance appraisals, and credentialing of existing senior medical officers and departments.

Staffing resources was raised as an issue at the last audit. A significant project has been completed to review and assess nursing staff needs. This resulted in 19.5 full time equivalent positions being appointed. Staff now report improved staffing levels for nurses. A recognised electronic programme is utilised to establish, monitor and review staffing. Daily bed meetings and duty coordinators manage the work flow and staffing across the hospital. Medical staff report adequate staff levels and improved support from Wellington. Allied health levels have not been reviewed for some years and although there are no vacancies it is reported that there are waiting lists for these services in some areas.

Two previous issues related to incomplete patient records have been adequately addressed.

Continuum of service delivery

Patients receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcomes/goals, delivered by a multidisciplinary team, all of whom are qualified and skilled for their roles. Coordination of care is evident. Clinical assessments, planned interventions, with the occasional exception, have been completed and the assessment information incorporated into the care plans. Appropriate assessment tools are in use and are reviewed when required addressing the previously identified shortfall.

Patients' needs, support requirements, preferences and desired outcomes are now recorded and delivered in a timely manner in the inpatient services. The patient and their family/whanau, where appropriate, are involved in assessment, planning, identifying goals and outcomes addressing the previously identified shortfalls

Patients' service delivery plans are evaluated and re-evaluated on an ongoing basis and in a timely manner in all services visited. Patients experienced in a planned and coordinated transition, exit, discharge, or transfer from services in collaboration with the patient, family/whanau. The exception is that the community mental health team is not always informed when patients are discharged from the inpatient mental health services at another District Health Board Service.

An early warning scoring system is in use to identify and communicate adult and maternity patients at risk of deteriorating. A similar system is under development for the use with children. The changing care needs of the patients were identified and communicated with one exception. These are new shortfalls identified. Processes are in place to identify and communicate patients at risk of falls.

Policies detail medicine management practices. Improvements have been noted in regards to signing of verbal orders, sample signatures, storage of medicines, and documenting dose calculations for children and infants. Further work is required to make improvements to aspects of documentation, including detailing dose limits and indications for pro re nata medicines, documenting allergies, undertaking assessment's related to blood clotting, wastage of controlled drugs and medicine reconciliation processes.

Processes are in place to identify individual patient's dietary needs. Evidence was not provided to demonstrate that the menu in use in the crisis respite service meets nutritional guidelines. This shortfall remains. Patient food allergies are not consistently

communicated to the kitchen staff. The temperature of the ward food refrigerators are not always within the required temperature range. These areas need to be addressed.

Safe and appropriate environment

A previous issue related to waste disposal has been addressed.

There have been no changes to the building since the previous audit. Building warrants of fitness are up to date. Systems are established for reporting and management of maintenance requests. Improvements with ventilation in the plant room have occurred as a result of an issue identified through the health and safety system. Safety issues are prioritised and staff report confidence that when they report an issue action is taken.

The business continuity and response plan is dated 2013 and provides out of date information. This document needs to be updated. It is noted however that an emergency exercise was undertaken at the end of 2015 which included the fire service, the police and Wellington Free Ambulance. It was reported that the exercise went efficiently and all parties worked collaboratively.

Restraint minimisation and safe practice

The Restraint Advisory Group has been reconstituted in line with the three DHB model and is developing processes to provide the required oversight of restraint practices. Where enablers are used, this occurs safely, with an emphasis in the rehabilitation service on incorporating these into a series of support and distraction techniques to ensure patient safety with dignity.

Infection prevention and control

Surveillance for infections is occurring. The surveillance programme is appropriate to the service setting and includes significant organisms (including multi-drug resistant organisms), specific surgical site infections, blood stream infections and outbreaks. The results are communicated appropriately.

A systems approach was used to review infection control systems in detail and practices related to the identification, communication and implementation of isolation precautions for relevant patients. Processes sighted were in accordance with the organisation's policy. The shortfall from the last audit has been addressed.