

# Waikato District Health Board

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## 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 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>	Tokoroa Hospital  Waikato Hospital  Henry Rongomau Bennett Centre  Puna Whiti  Ward OPR1  Matariki Hospital  Rhoda Read Hospital  Taumarunui Hospital and Family Health Team  Te Kuiti Hospital  Thames Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 23 February 2016      End date: 26 February 2016
<b>Proposed changes to current services (if any):</b>	None

**Total beds occupied across all premises included in the audit on the first day of the audit: 801**

# 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

The Waikato District Health Board (WDHB) is responsible for providing health services to the greater Waikato area (population 391,770) along with tertiary services to the Midland Region of five district health boards (DHBs); Lakes, Tairāwhiti, Bay of Plenty, Taranaki, and Waikato. Services are delivered from Waikato Hospital and rural and community services including hospitals located in Thames, Taumarunui, Tokoroa and Te Kuiti. There are also aged care facilities in Morrinsville and Te Awamutu. WDHB provides adult medical, oncology, older persons/rehabilitation, surgical, women's health, children's health, mental health and addictions, and clinical support services.

This four day certification audit, against the Health and Disability Services Standards, included an in depth review of 15 patients' care and two clinical systems. During this process auditors reviewed a sample of clinical records and other documentation, interviewed patients and their families, interviewed managers, clinical and allied health staff across a range of roles and departments, and made observations.

MATARIKI

Matariki continuing care home is certified to provide hospital level care for up to 40 residents. On the day of certification audit there were 32 residents which included some short stay patients who were being prepared for discharge.

The facility is in Te Awamutu in the Waikato and is owned by the Waikato District Health Board. The service manager oversees the operational management of this and one other facility in the Waikato. A charge nurse manager provides the day to day oversight of the facility, and is supported by a team of registered nurses (RN). Other staff including physiotherapists, wound nurse specialists, occupational therapists, enrolled nurses, diversional therapists and care staff make up the multidisciplinary care team.

This audit against the Health and Disability Services Standards and the provider's contract with the district health board, included observation of the environment, interviews with the management team and staff, review of documentation and interviews with residents and their families.

Four areas have been identified as requiring improvement and these relate to publicly visible information, records not always current or integrated, care planning following interRAI assessments, and the use of enablers.

#### RHODA READ

Rhoda Read continuing care facility is situated on the outskirts of Morrinsville in the Waikato. The home is certified to provide hospital level care for up to 40 residents. On the day of this certification audit there were 28 residents at the facility which included some short stay patients who were being prepared for discharge.

The facility is owned by the Waikato District Health Board. The service manager oversees the operational management of this and one other facility in the Waikato. A charge nurse manager provides the day to day oversight of the facility, and is supported by a team of registered nurses (RN) other staff to make up a multidisciplinary care team.

This audit against the Health and Disability Services Standards and the provider's contract with the district health board, included observation of the environment, interviews with the management team and staff, review of documentation and interviews with residents and their families.

Two areas need addressing relating to publicly visible information, and records not always current or integrated.

## Consumer rights

The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) was visible in all service areas visited during the audit. This included brochures of the Code and the HDC Advocacy Service. Staff interviewed demonstrated good knowledge of the Code and were observed respecting patients' rights in their day to day interactions. Patients and families/whanau confirmed they are informed of the Code as part of the admission process.

In some service areas patients' private information was visible to the public, and this needs addressing. Women in the maternity service also expressed concern that their privacy was difficult to maintain in multi-bed rooms.

Residents who identify as Maori or Pacific Island have their needs met according to their wishes. There were no known barriers to Maori patients accessing the service. Services are planned to respect the individual culture, values and beliefs of all patients.

Staff communicate effectively with patients and their family/whanau. Patients and families/whanau interviewed stated that communication is good and information provided is consistent from all health professionals involved in their care. There was evidence that patients, families and other parties are provided with full and frank information in accordance with the principles of open disclosure. Written consents have been obtained, although improvement is needed to have a consistent approach to consent processes when working through not for resuscitation/advanced directives with consumers and their families.

Many aspects of good practice were noted, however improvement is needed in some components of best practice within the mental health service.

There is an effective complaints system which is person-centered and communication with the client is managed in a sensitive fashion. New feedback forms are user friendly and the newly implemented electronic system will streamline the monitoring of timelines, identification of trends and reporting.

## Organisational management

WDHB introduced a new executive leadership structure in mid-2015 with three clinical service groupings. A new role at the executive level is the role of director of quality and patient safety reflecting the organisational commitment to the patient experience and to continuous improvement. The DHB is now embarking on a review of the strategy and engaging in a review of the organisational values.

In February 2016 a new electronic system was introduced to support the effective management of systems for complaints, incidents, serious events, and risks. Implementation is well advanced on all sites. There has been improvement in ensuring adverse events are appropriately reviewed and that outcomes of these reviews are followed up. The organisation has a series of ways to track adverse events and to report them to the relevant regulatory authorities and is doing so in a timely way.

There have been improvements across the board in the organisation's quality and safety systems and evidence of greater staff involvement. An example being the work happening on wards with a programme called 'releasing time to care'. In one ward this has resulted in an improvement in nurses involved in direct patient care from 28% of their time in 2013 to 55% in 2016. Uptake of the risk management systems has advanced with some improvement still needed at all levels in the understanding of what constitutes a risk and attributing a risk rating.

The DHB has an increasing focus on person-centred care and this is seen in the recently approved plans to establish a consumer council. There are consumers on the credentialing committee and in the mental health service there is robust consumer participation. Improvement is needed to ensure family/whanau input to the service.

The WDHB has a strong tradition of providing learning and training for its staff. There are some gaps in the capacity for the organisation to monitor all the training that should occur. Medical credentialing is well managed. There is an effective process for recruitment and appointment of appropriate staff. There has been a focus on improving the rates of performance appraisals but this still needs some improvement.

Staffing is effectively managed to meet demand and at Waikato Hospital there is a 24 hour seven day a week integrated operating centre for the overall coordination of matching staff to demand. The centre uses the capacity planning tool to predict demand and

monitors the flow of patients through Waikato Hospital emergency department. There are some areas with staffing challenges including the Waikato Hospital women's health service, which need to be addressed.

The clinical records service is responsive and audit indicates the required timelines are met. The organisation and completeness of the clinical record is an area for improvement to enable all required information to be readily located.

## **Continuum of service delivery**

Patients' access to services is based on needs and is guided by policy. Waiting times are managed and monitored. Risks are identified for patients using screening tools. Pre-admission assessment processes are used where appropriate. Entry is only declined if the referral criteria are not met, in which case the referrer is informed of the reasons why and any alternatives available. Reasons are discussed with patients and their family, where appropriate.

Fifteen patients' 'journeys' were reviewed as part of the audit process and involved emergency, surgical, medical, paediatrics, maternity and mental health departments and wards, including high dependency and operating theatre areas. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients, and family members.

A qualified and skilled multidisciplinary team provides services to patients and there were good examples of teamwork throughout clinical areas. Access to appropriate staff is available at all times. Shift handovers and transfers are efficiently managed.

Assessments are thorough and timely with results reviewed, discussed and actioned as appropriate. This was supported by patients and family members interviewed. Admission assessment tools utilised are based on best practice; however an area that requires improvement is the countersigning of documentation by those working under delegated authority. Improvement is also required in documentation of patients' goals as a basis for planning. The transfer of women between Waikato and primary maternity units requires attention, in particular involvement of the lead maternity carers (LMC).

Best practice care planning tools and pathways are used across the services, including multidisciplinary team review. Most areas were using the adult deterioration detection system (ADDs) score to prompt triggers when a patient's condition deteriorates and this tool is being well completed. Evaluation is comprehensive and timely and efficiently managed.

Patients interviewed expressed satisfaction with the care and treatment provided.

Activities meet the requirements of the individual patients and these are particular to the various specialty settings.

Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use. Allergies are assessed and communicated. Shortfalls have been identified including the need to consistently document dose limits and indications for 'PRN' (as required) medicines; dose calculations for medicines prescribed for infants/children; dating and signing discontinued medicines; dating medicines when prescribed; venous thromboembolism risk assessments; medicine reconciliation; documenting omissions; and standing orders. Medicines are predominantly stored safely with some identified exceptions/shortfalls. The management of patients receiving insulin was reviewed in detail using a systems approach. Care provided was individualised, planned, timely and in accordance with DHB policies.

## **Safe and appropriate environment**

The Waikato Hospital site has undergone an enormous redevelopment in recent years and the new areas now provide an environment more appropriate to the needs of current health provision. There remain some areas, mostly in the older buildings, which do not meet these requirements and where, for instance, space is cramped or heat is hard to control. The physical environment of the Henry Rongomau Bennett Centre remains particularly challenging in many significant ways for the needs of this complex mental health service.

There is a system to manage the many facilities throughout the Waikato DHB. All regulatory requirements are identified and met, including having current building warrants of fitness. Facilities are well provisioned and staff are trained to meet emergencies. Some emergency stock needs to be reviewed. The maintenance schedules are closely monitored and biomedical equipment is regularly validated at all sites. In two areas, some electrical equipment had not been checked for some time.

Waste, cleaning and laundry are well managed on all sites but cleaning was insufficient in two clinical areas.

On the whole, there are sufficient toilets and personal spaces and adequate natural light for patients.

## **Restraint minimisation and safe practice**

Guidelines to inform staff of enabler and restraint processes were reviewed in 2015. As a result, new protocols including an implementation plan has been developed with the view to implement best practice processes.

Restraint data is collected and analysed. Restraint monitoring and improvement measures are overseen by a restraint advisory committee.

The mental health service has a restraint reduction plan that includes the implementation of sensory modulation interventions. The plan has already been implemented. A reduction in seclusion events has been achieved for the forensic services. There is insufficient data at this stage to compare whether the new processes result in a reduction of use of restraint in other services.

Areas for improvement relate to the documentation of the use of enablers and restraints and the need for all services to have restraint registers.

## **Infection prevention and control**

The WDHB has an infection prevention and control programme that has been approved by the Infection Prevention and Control Committee (ICC), the Board of Clinical Governance and signed by the Director of Nursing (DON). The infection prevention and control programme is facilitated by the infection prevention and control charge nurse manager and four clinical nurse specialists. They are supported by ICC, infectious diseases physicians, laboratory staff, ward/department based link representatives and designated resource nurses in the rural and community hospitals.

Policies and procedures are available electronically to guide staff practice.

The charge nurse manager and clinical nurse specialists in infection prevention and control participate in relevant ongoing education. Orientation and ongoing education is also provided to DHB staff, contractors and patients. Records are retained to demonstrate this.

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, invasive device related infections, blood stream infections and outbreaks. The surveillance results are communicated appropriately.

Monitoring of compliance with prophylactic antimicrobial use is occurring as a component of the surgical site infection surveillance programme. Systematic monitoring of compliance with therapeutic antimicrobial use is not occurring, and this is required.

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. Areas for improvement have been identified in relation to aspects of documentation in patients' records, use of correct isolation room signage, cleaning of isolation rooms, and ensuring adequate isolation facilities are available in the paediatric service.