

# Waitemata 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 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](#).

The specifics of this audit included:

**Legal entity:** Waitemata District Health Board

**Premises audited:** Mason Clinic||North Shore Hospital||Waitakere Hospital||Wilson Centre

**Services audited:** Hospital services - Psychogeriatric services; 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: 28 November 2016 End date: 1 December 2016

**Proposed changes to current services (if any):** Waitemata District Health Board applied for a reconfiguration to add an extra 15 hospital beds in the new gynaecology ward at the North Shore hospital site.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 858

# 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

Waitemata District Health Board provides secondary level hospital services from North Shore hospital and Waitakere hospital and community services from 30 community sites throughout the district.

This certification audit included site visits to North Shore and Waitakere hospitals, Mason Clinic and the Wilson Centre. The audit team was provided with a comprehensive self-assessment and supporting evidence prior to the onsite visit. Fifteen tracers, including 13 individual patient tracers and two systems tracers were undertaken during the on-site visit. Waitemata District Health Board continues to redesign and improve health care delivery through a collaborative 'whole of systems' approach involving health professionals across all sectors. The values of the organisation are embedded in the quality programmes across the organisation, and are the foundations for decision making, along with clinical engagement and leadership. A robust risk management framework is in place. Patients interviewed were positive about the care and treatment they received.

Continuous improvements have been awarded for quality and risk management systems. Corrective actions are required with regard to informed consent, complaints management, medication management, food service and restraint.

## **Consumer rights**

Staff provide safe services that comply with consumer rights legislation. Interviews with patients across the services confirmed that both written and verbal information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, complaints processes, accessing the advocacy service and interpreters are made available. Patients are treated with dignity and respect and risks related to privacy are mitigated. Māori and Pacific patients have their needs met and are supported appropriately through each episode of care. Clinical care is based on evidence and best practice. All patients interviewed confirmed they are provided with sufficient information to make informed decisions.

## **Organisational management**

The Board and executive leadership team have a clear direction for the organisation. The executive leadership team and chief executive provide leadership to the organisation. Management decision making is supported by the Waitemata District Health Board information system which provides the data and implementation of new and improved information management systems. Quality and risk management systems support the organisation.

Inpatient services are provided by a skilled qualified multidisciplinary workforce. The Waitemata District Health Board demonstrates a culture of ongoing quality improvement; supported by the patient whānau centred care standards and the ward accreditation programme. Consumers interviewed confirmed that there are involved and have input to the service delivery in mental health. The organisation is progressively implementing an electronic record and currently clinical information is available both electronically and in paper form.

The new risk management process is robust and comprehensive processes ensure informed decisions are made for the organisation. Risks are reviewed at Board level and mitigation strategies are monitored. Significant incidents are investigated using a root cause analysis methodology. Open disclosure occurs for patients and their families. Human resource policies and processes are electronic and aligned with employment legislation. Ongoing learning and development opportunities are available for staff. The organisation uses systems to predict and manage safe staffing levels.

## **Continuum of service delivery**

Patient tracers were completed in service areas: medical; surgical; maternity; mental health; child physical disability; child health; and mental health of older people. Review of patients' journeys and systems evidence a multidisciplinary team approach to care.

Patients are received into welcoming environments, designed to meet a range of patients' needs and varying lengths of stay.

The services demonstrated timely medical, nursing and allied health care assessments, care planning, treatments and evaluations of care. Patients' care and treatment is provided to meet the needs of individual patients, with family/whānau input to care planning and service delivery as appropriate. There is access to medical staff 24 hours a day, seven days a week.

Activities are provided that are suitable for the care setting. Patients and family expressed satisfaction with care provided throughout all services visited. There are links to other areas, with timely transfers to other health services both externally and internally. Transfers between services follow protocol and standardised communication tools are in use across services. There is evidence of established links to primary health to support patients' discharge into the community.

An electronic medication prescribing and administration system. A systems tracer was completed for high risk medicines.

The food services are managed by a contracted service provider, with dietitian input into menus and special diets.

## **Safe and appropriate environment**

The environment for patients and staff is safe. The emergency department at Waitakere hospital, the gynaecological ward, the spiritual centre, the sky bridge at North Shore hospital and upgrades of whānau rooms have been completed. This is part of the expansion plan to develop and renew infrastructure to meet increasing demand. All inpatient buildings have a current building warrant of fitness. Waste and hazardous substances are appropriately managed.

Systems are in place to monitor plant and equipment. The amenities in the wards meet the needs of the patient groups. Cleaning and laundry service are provided under contract and the wards visited were clean. There are systems for emergency response and the Waitemata District Health Board works closely with other agencies and emergency services in the Waitemata region. Management staff work with the in-house security service to ensure the safety of patients, staff and visitors.

## **Restraint minimisation and safe practice**

Policies are in place to support practice. These policies are used across the organisation with specific information to inform practice with identified groups of patients. Restraint committees/groups oversee monitoring and evaluation of the restraint process. Restraint reviews are conducted and communicated to all concerned.

Specific training in safe management of patient symptoms to reduce the likelihood of restraint is implemented in high risk areas. Mandatory mental health restraint training is delivered in accordance with staff roles, specific service environments and specialised needs. The mental health service restraint minimisation and safe practice groups, including seclusion are responsible for restraint practices.

## **Infection prevention and control**

The infection prevention and control processes are followed across all services with supporting documentation. A multi-disciplinary executive team provides leadership and direct linkage to the clinical governance board.

The infection prevention and control executive committee maintains a risk register which clearly identifies risks for the service. The infection prevention and control team implement strategies and monitor to ensure compliance.

Antimicrobial stewardship is audited to monitor compliance and provide an opportunity for education. The audits confirmed there has been an improvement in antibiotic usage. This ensures prescribing is in line with best practice. A system tracer in infection prevention and control was undertaken. Infection prevention and control projects have been implemented to identify and prevent possible infection risk.