

# Whanganui District Health Board - Whanganui Hospital

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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>	Whanganui District Health Board
<b>Premises audited:</b>	Whanganui 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: 3 July 2018      End date: 5 July 2018
<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>	103

# 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 Whanganui District Health Board (WDHB) provides services to around 64,500 people in the Whanganui region. Hospital services are provided from the 176 beds at the Whanganui Hospital. Services include medical, surgical, maternity, geriatric, paediatric, and mental health and addiction services, with support from a range of diagnostic and support services.

This three-day surveillance audit, against the Health and Disability Services Standards, included a review of quality and risk management systems, staffing requirements, aspects of consumer rights, infection prevention and control, and restraint minimisation, and review of clinical records and other documentation. Tracer methodology was used to follow the care of three patients in the maternity service and acute and forensic mental health services. Four systems tracers were also completed relating to prevention of falls, management of the deteriorating patient, medicines management and infection prevention and control. In addition, incidental sampling was completed in most clinical areas. Interviews with patients and their families and staff across a range of roles and departments occurred and observations were made.

This audit identified that improvements are required related to family violence screening, the consent process, currency of policies and procedures, assessment and evaluation of care and medicines management. Since the previous audit in November 2016, improvements have been made in relation to security in the paediatrics ward and maternity services, consent processes at Stanford House, the clinical record and care planning.

## **Consumer rights**

Consent processes are being undertaken by staff prior to care and treatment being provided. Patients reported being given adequate information to support consent. The majority of consent forms were completed as required.

Complaints management is thorough and is implemented in accordance with the timeframes outlined in the Code of Health and Disability Services Consumers' Rights. Patients spoken with understood their right to complain. The organisation strives to make improvements and learn from complaints.

## **Organisational management**

Quality and risk management is well developed at WDHB with a strong commitment to clinical governance, shared decision making and consumer partnership. Staff are fully engaged in quality improvement with many examples discussed in clinical areas visited, including 'Releasing Time to Care', further development of the 'Care with Dignity' project, podiatry services in Stanford House and well-developed audit activity. Staff displayed a patient focused approach to care and improvements. The services are supported by the Centre for Patient Safety and Service Quality (CPSSQ) team and leadership roles on the Clinical Board and Executive Management Team. Quality improvement data is gathered and reported to the various committees and service level groups. Where shortfalls or areas for improvement are identified corrective actions have been put in place. Several key projects have resulted in a safer environment for patients, in line with regional and national developments. A key project has been the 'Speaking up for safety' programme. With 98% of staff now trained in this, the benefits to patients and staff are becoming evident. Adverse event reporting and systems are well managed.

The use of the patient acuity tool (TrendCare), the Care Capacity Demand Management (CCDM) project, the Operations Centre, Capacity at a Glance (CaaG) screens and various senior support roles are ensuring the right numbers of staff are available to meet the changing needs of patients across the services. Timely and creative planning supports the allied health teams to maintain services during times when there is a vacancy. Medical staffing meets requirements.

## **Continuum of service delivery**

A qualified team undertake service delivery, with assessment, re-assessment and planning of care documented in either the hard copy patient's file or the various electronic platforms. Examples of collaborative multidisciplinary team work were seen in all clinical areas. Transfer and handover between departments and shifts was effective.

The falls minimisation programme is well established, with only one fall with harm occurring in the hospital in the past three years. Early warning score processes are in place to support early recognition of the deteriorating patient. The organisation has early warning score forms in all areas, adapted to meet the unique needs of patients in each service area, and continue to monitor their completion.

Discharge planning commences as part of the assessment process on admission and is completed on discharge. Patients and whānau interviewed stated that they felt included in their care planning and were complimentary of both the care provided and the staff involved.

Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use. Medicines are stored safely and managed effectively throughout the organisation. A small team of clinical pharmacists support safe medication management and reconciliation processes in most ward areas. Collaborative quality projects currently being implemented are aimed at improving medication safety and include a 'Back to Basics', a 'SWITCH' campaign related to antibiotics, and an opioid project.

## **Safe and appropriate environment**

All areas have a current building warrant of fitness and facilities are being well maintained. There have been no changes to the buildings since the previous audit.

## **Restraint minimisation and safe practice**

The restraint minimisation policies and procedures are current and overseen by the Restraint Advisory Group. The philosophy of the organisation is to minimisation of the use of restraint in all areas. Should restraint be used in an area, an investigation process is undertaken. Mental health services are working towards no seclusion and there was evidence of de-escalation practices being used. Enabler policies promote voluntary use of enablers at the request of the patient and these were observed to be used appropriately

## **Infection prevention and control**

Whanganui DHB have well established infection prevention and control policies and procedures. An infection prevention and control committee oversee the annual plan. Surveillance activity includes all areas from the national Health Quality and Safety Commission programme with an extensive annual calendar of audits. Staff undertake surveillance activities to meet needs that arise from time to time, such as requests from surgeons or potential outbreak situations. A review of the management of isolation precautions within the organisation showed good practices are in place.