

# Waikato 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 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: 19 March 2019 End date: 22 March 2019
<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: 933**

# 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

Waikato District Health Board (WDHB) provides services to around 420,000 people in the Waikato district and tertiary services to the Midland Region, made up of five district health boards. Hospital services are provided from the Waikato Hospital and rural hospital at Thames, Taumarunui, Tokoroa and Te Kuiti. There are also aged care facilities in Morrinsville and Te Awamutu. Services include medical, surgical, maternity, paediatric, oncology, older persons/rehabilitation, and mental health and addiction services. These inpatient services are supported by a range of diagnostic, support and community-based services.

This four-day certification audit, against the Health and Disability Services Standards, included a review of management, quality and risk management systems, training and staffing requirements, service delivery from admission to discharge, infection prevention and control, restraint minimisation and the environment. The audit methodology included review of clinical records and other documentation, interviews with patients and their families and staff across a range of roles and departments and observations of practice. Auditors visited the Waikato Hospital in Hamilton, Thames Hospital, the three southern rural hospitals (Tokoroa, Taumarunui, and Te Kuiti) and the aged care facilities Rhoda Reid (Morrinsville) and Matariki (Te Awamutu).

Matariki and Rhoda Read Hospitals – Matariki Hospital has 32 beds and Rhoda Read Hospital has 40 beds but is staffed for 32 beds, 30 of which were occupied at the time of audit. Residents and family members were very satisfied with the care received, which was supported by comments from the GPs interviewed.

This audit identified areas that require improvement relating to privacy, family violence intervention screening, clinical and organisational governance and leadership, policy review, risk management, training and development recording systems, performance reviews and staffing requirements, particularly within the acute mental health and addiction service (MHAS) wards. Within the clinical standards improvements are required related to assessments and planning of patient care within the MHAS, transfer and discharge of patients in several services, management of medicines and storage of food at the ward level. Aspects of the facilities require attention to ensure they meet the needs of each patient group and regulatory requirements.

## **Consumer rights**

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) was visible around all areas of the DHB. Patients and families/whanau reported an awareness of the Code and that their rights were upheld. All patients spoke positively about their care, treatment and communication with staff. Staff were observed respecting patients' rights, including their privacy.

The organisation has a strong commitment to providing services that meet the cultural needs of its diverse catchment area.

Innovative approaches to delivering care and examples of evidence-based practice were evident throughout the services. Promotion of patient safety and a safe environment were noted across services.

Communication with patients and families was open and honest and examples of open disclosure were evident where required. Interpreter services are readily available and widely used.

Adequate information is provided to patients to assist them to make informed decisions and provide both written and verbal consent.

A complaints register is maintained electronically. When complaints have been received, investigation is timely, and a full record of the investigation process is held. Patient and families were well informed about how to complain. Complaints were viewed as an opportunity to improve

## **Organisational management**

At the time of audit, there were several key 'interim' leadership roles to fill vacancies, including the current interim chief executive (CE) who has recently resigned. The previous board of clinical governance is in abeyance with a team of four executives addressing any urgent matters until such time as this has been re-established. Planning meets statutory requirements with a recent major consultation process to develop the Health Systems Plan and to develop a Creating our Futures Plan within the mental health services.

Improvement activity was evident at all levels of the organisation, with good use of data analysis to bring about improvements. The consumer council is playing an effective role in several co-design methodology projects. Staff are engaged with the 'Releasing time to care' programme with the benefits of this evident. Audit activity is well coordinated with results used to bring about positive changes (eg, the well-developed sepsis programme). Adverse events are managed with thorough investigations of more serious events and learnings integrated where necessary.

Work has been progressed in the area of controlled documents with an improved taxonomy and increasing rationalisation of policies, procedures and guidelines.

Consumer and family/whanau input is available with formalised roles and groups to support organisation wide and service developments within the mental health services, with ongoing developments in this area.

Human resources management meets current good practice, with a rigorous process around credentialing on the appointment of medical staff. Training and development opportunities are provided, and staff felt well supported in this area. Specific educator roles support a broad array of programmes, planned yearly, and offered as either 'e-learning' or face to face sessions. Several systems are used to record training completed.

The ongoing implementation of the care capacity demand management (CCDM) programme is having a positive effect in those areas where this has been implemented, with staff reporting improvements in their ability to provide safe care and reduced stress. With some exceptions, noted in the report, medical and allied health staff can meet patient demand.

Patient information and records are maintained to ensure the completeness and integrity of the record and to manage privacy and confidentiality.

## **Continuum of service delivery**

Patients access services based on needs and this 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 and patients are informed of the reasons why and any alternatives available. Initiatives have been undertaken to improve timeliness and access to services with good outcomes.

Thirteen patients' 'journeys' were reviewed as part of the audit process and involved the emergency department, surgical, medical, paediatrics, maternity, older persons' health and mental health departments and wards, including cardiovascular intensive care and the operating theatre suite. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients and families/whanau. Additional sampling was undertaken throughout the audit.

A qualified and skilled multidisciplinary team provides services to patients and there were good examples of teamwork throughout clinical areas. Shift handovers are efficiently managed and include an office and bedside handover.

Assessments are undertaken in a timely manner 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. Various care plans and pathways were evident throughout the hospitals. Most areas were using the early warning score (EWS) to prompt triggers when a patient's condition deteriorates, and this tool was generally well completed. Evaluation is undertaken of patients' progress on a regular basis and includes progress towards discharge.

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

Medication management is well-managed with effective clinical support from the pharmacy team. Staff are competent to perform the function for each stage of medication management. Medication is recorded to a level of detail to comply with legislation requirements and good practice. There is a safe self-administration policy and practice. Continuity of treatment, resources and education around medication is supported.

Food, fluid and nutritional needs are being met. Each hospital has a Food Control Plan. Monitoring of all aspects of food handling and service occurs.

Overall, the audit identified a strong focus on meeting patients' needs and working as a team with good communication to achieve this.

## **Safe and appropriate environment**

The DHB has several facilities spread around the Waikato region. Reactive and proactive maintenance of equipment and facilities is undertaken. Facilities across the sites meet the needs of the various patient groups, with the exception of mental health services. The organisation has plans for renovation and to meet legislative requirements.

Planning for all types of emergencies is well developed and suitable equipment and supplies are available. Evacuation drills are undertaken by specific areas to ensure staff can manage this process and an annual plan ensures all areas have drills occurring.

Cleaning and laundry are outsourced to contracted providers. Monitoring of these services occurs with a high standard of cleanliness noted in all areas visited.

Management of waste and storage of chemicals and hazardous substances meets requirements with staff trained to manage any related emergencies. Appropriate personnel protective equipment was available specific to the area requirements.

Toilets and personal spaces meet the requirements in the areas. Patient areas have adequate natural light, heating and ventilation.

Security systems are in place at all facilities, with role specific entry tags for staff and some sites have onsite contracted security guards and closed-circuit television. Reporting on issues occurs through the incident management system.

## **Restraint minimisation and safe practice**

Restraint minimisation and safe practice is a major focus for the inpatient service. There are appropriate policies and procedures to guide staff and systems in place to meet the requirements of these policies and this Standard. The restraint minimisation steering group meets monthly and oversees the use of enablers and restraints.

There is a robust assessment and monitoring process for the use of restraints which covers both the general clinical services and the mental health and addiction service (MHAS). The 'Safe practice effective communication' (SPEC) training for the MHAS is well attended, and the general clinical services showed that the Ko Awatea training is well attended. Every restraint and seclusion event which occurs in the DHB is reviewed, with supporting environmental audits and recommendations sighted.

The MHAS is working towards the 'Zero Seclusion Project' with the Health Quality & Safety Commission; however, this is hampered currently by the mental health facilities occupancy, capacity and acuity.

## **Infection prevention and control**

There are clear lines of communication between the governing body/senior management and the infection control team. The director of nursing is the chairperson for the infection prevention and control committee. Waikato DHB has a current infection prevention and control plan. The infection control committee has a wide representation of specialities.

Policies and procedures are current and available on the internet. Many education sessions are available as well as online learning.

A comprehensive surveillance programme is in place and trends and recommendations for improvements are made. An antimicrobial pharmacist has set up a steering committee and a work plan for antimicrobial stewardship.