

# Whanganui District Health Board - Whanganui Hospital

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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>	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: 19 November 2019      End date: 21 November 2019
<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>	142



# 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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

## Key to the indicators

## General overview of the audit

Whanganui District Health Board (WDHB) is responsible for ensuring around 64,550 people living in its district have access to the necessary health and disability support services. Hospital services include medical, surgical, paediatric, maternity, assessment and rehabilitation services and mental health services, which also includes the regional forensic service in partnership with the Capital & Coast District Health Board (CCDHB). The WDHB covers an area including Waiouru, Taihape and Bulls.

This three day certification audit, against the Health and Disability Services Standards, included an in depth review of seven patients' journeys in all of the key hospital clinical services, and review of two organisational systems (medicines management and infection control) plus the care capacity demand management tracer. Additional sampling of clinical records and other

documentation to validate the consistency of information was also undertaken, along with interviews with patients and their families. Staff across a range of roles and departments were also interviewed and observations made.

This audit identified that improvements are required related to informed consent, advance directives documentation, the timeliness of essential reporting to regulatory authorities, the management of contracts with external providers, the process of medication administration in the discharge lounge, language used in the mental health documentation and the recording of training and completion of mandatory training and performance appraisals. Within the clinical standards, improvements to the identification and involvement of patients in patient centred health goals and evaluation of care is required. Aspects of facilities and equipment management require attention, along with the digital tracking of sterile equipment to each patient.

A continuous improvement (CI) was identified in the credentialing process for senior medical staff and the individual service credentialing.

## **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 hospital. Patients and families/whānau 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 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.

Adequate information is provided to patients to assist them to make informed decisions and provide both written and verbal consent. The communication of adverse events through the open communication process is understood and performed well across the organisation at all levels.

There is a complaints management system which is available to patients and their family/whanau. The policy and process meets the requirements of the Health and Disability Commissioner's Code of Consumers Rights. Staff have training on the process.

## Organisational management

A well-developed planning process is based around the statutory requirements and has been adapted to meet the needs of the region's people. There is an annual plan, regional services plan, and a strategy covering the period 1 July 2019 to 30 June 2022. All key documents reviewed showed a high level of intent to increase primary and secondary integration. Over the last year there has been an increase in ensuring equity of service delivery across the WDHB. A new management and leadership structure is still 'bedding in' with the aim of developing a range of projects and developments to better support the strategic direction of the organisation.

The quality and risk framework is led by the General Manager Patient Safety, Quality and Innovation. This role is supported by the patient safety, quality and innovation team. The organisation is engaged with the Health Quality & Safety Commission and other national and regional projects. Consumers are involved at most levels in the organisation. There is Te Pukaea (the consumer committee), which on recommendation from the pro equity check, will be increasing Maori representation to fifty percent.

The clinical board plays a key role in the integration of various components of quality and risk management. Data is widely available and well used to monitor patient safety, support projects, make improvements, monitor trends and address issues where they arise. Adverse events, including those of a more serious nature, are being managed well. There is consumer and family involvement within both the mental health services and the general hospital services. Human resource management processes for recruitment are documented and meet current good practice, orientation both generic and area specific occurs, with ongoing training available to all staff.

Nursing staff numbers and skill mix are defined and based on Trendcare, 'hospital at a glance' boards (HaaG) and the Care Capacity Demand Management (CCDM) information. There is a multi-pronged approach to ensuring staff are utilised in the most efficient way to meet changing patient demands. Whanganui have electronic and hard copy patient records. There are processes for the management of these systems that meet current good practice and legislative requirements.

## Continuum of service delivery

Patients access services based on need, guided by policy. Waiting times are managed and monitored. Risks are identified for patients through 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 alternatives available.

Seven patients' 'journeys' were reviewed as part of the audit process and involved the emergency department, surgical, medical, paediatrics, maternity, assessment treatment and rehabilitation and mental health departments and wards, including critical care unit 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 included a 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 hospital. 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.

Overall the audit identified a strong focus on meeting patient needs and working as a team with good communication to achieve this. Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use. Allergies are assessed and communicated. Clinical pharmacists provide support in the majority of areas. Medicines are generally stored safely and managed effectively throughout the organisation. Food, fluid and nutritional needs meet the requirements and expectation of patients.

## **Safe and appropriate environment**

Facilities across the sites meet the needs of the various patient groups and were well maintained. All sites have a current building warrant of fitness. Reactive maintenance of equipment and facilities is undertaken, and there is enough of the right equipment to support good practice.

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. A six-monthly area by area inspection occurs. Cleaning and laundry are well managed, with a particularly 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.

Enough toilets and personal spaces are available. Patient areas have adequate natural light, heating and ventilation, with three exceptions which are being managed. Security is provided overnight and as required.

## **Restraint minimisation and safe practice**

Established committees and groups oversee the enabler and restraint processes. Policies and procedures guide staff in implementing approved enablers and restraint practices. An organisational culture to reduce restrictive practices was prevalent throughout the services. Enabler and restraint records were comprehensive and clearly identified the justification for such practices. The requirements for evaluation, analysis and trending were met. Mental health services showed a reduction in restrictive practices since the introduction of interventions that support the goal of a seclusion-free treatment setting. Seclusion complied with guidelines, however the use of night safety orders while complied internally with guidelines, did not meet the legislative reporting requirements.

## **Infection prevention and control**

WDHB has a current infection prevention and control programme. The infection control committee meets quarterly and formally reports to the clinical board at least twice per annum. The infection prevention and control programme is facilitated by the clinical nurse specialist infection prevention and control, supported by microbiologists, the occupational health advisor, ward and department based infection prevention and control representatives and the infectious diseases physicians and registrars as CCDHB. The infection service team members participate in relevant ongoing education.

Policies and procedures are available electronically to guide staff practice. Orientation and ongoing education is also provided to DHB staff, community health providers, and patients/family members.

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. Regular monitoring of compliance with prophylactic and therapeutic antimicrobial use is occurring.