

# 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:

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|---|---|
| <b>Legal entity:</b>                                  | Waitemata District Health Board   |
| <b>Premises audited:</b>                              | Mason Clinic  North Shore Hospital  Waitakere Hospital  Wilson Centre  Elective Surgery Centre  He Puna Waiora  |
| <b>Services audited:</b>                              | Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Residential disability services - Physical; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services |
| <b>Dates of audit:</b>                                | Start date: 3 December 2019      End date: 6 December 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: 890**

# 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 Waitemata District Health Board has 994 inpatient beds and provides secondary level hospital and community services throughout the district.

This certification audit included site visits to North Shore Hospital, Waitakere Hospital, Wilson Centre, Mason Clinic, Elective Surgery Centre and He Puna Waiora. The audit team was provided with a comprehensive self-assessment and supporting evidence prior to the on-site visit. Thirteen individual patient tracers and three systems tracers were undertaken. Waitemata District Health Board continues to prioritise quality improvements to service provision in an environment of increasing demand. The values of the organisation are embedded and clinical leadership and engagement was demonstrated. Consumer and community engagement is a priority and patients interviewed were positive about the care and treatment they received.

Quality and risk management systems and the development and use of innovative data systems are rated continuous improvement.

Improvements are required with regard to resuscitation documentation, postnatal care planning, evaluation of care in mental health services, medicine management, food service, medical equipment checking, bathroom facilities in Mason Clinic and restraint.

## **Consumer rights**

Information pertaining to consumer rights and advocacy services is on display throughout Waitemata District Health Board services. Staff are knowledgeable about consumer rights and able to discuss how they incorporate these into interactions with patients and family/whānau.

Patients and family/whānau in all areas visited, confirmed they are provided with information on their rights and advocacy services. Access to advocacy and interpreter services for patient and family members is provided when this is required.

Staff were observed demonstrating respectful communication and maintaining patients' dignity and privacy. Policies and expectations ensure patients are not discriminated against. Staff adhere to organisational wide policies and processes on code of conduct and professional requirements.

The Māori health plan provides a framework for provision of health services to Māori patients and their family/whānau. Cultural support services are also provided to Pacific people and other cultures/ethnicities during service provision.

Patients and family/whānau have access to information on how to make a complaint. The complaints process is documented and implemented according to Right 10 of the Code.

Patients interviewed were positive about the care they received.

## **Organisational management**

The Board and executive have set a clear strategic direction for the organisation and implementation of this is monitored. The chief executive officer and executive leadership team provide leadership to the organisation. Inpatient services operate 24 hours a day, 7

days per week, by a trained and experienced multidisciplinary team. Teams at all levels of the organisation are supported by innovative technology, which assists decision making using real time data. Policies and procedures are electronic and up to date, with systems in place for document control. Waitemata District Health Board demonstrates a culture of ongoing quality improvement and is supported by clinical governance. The risk management system is well embedded. Risks are monitored by the Board and at management and service level. Incident reporting is encouraged, and relevant outcomes are shared with staff, patients and the community. Adverse events are investigated and open disclosure occurs with patients and their families. Patients and family/whānau interviewed confirmed involvement and input into service delivery where appropriate. Human resource processes meet legislative employment requirements. All staff have a structured orientation programme and ongoing learning and development opportunities. The organisation uses systems to manage safe staffing levels. Management and privacy of health information meets legislative, professional and sector standards.

## **Continuum of service delivery**

Patients' journeys were followed through 13 individual patient tracers in medical; surgical; maternity; health of older persons; child health, mental health and disability services. The patients' clinical records confirmed that each stage of service provision is completed by a suitably qualified person. In observations, interviews and review of clinical records, there was evidence that patient care and treatment is conducted by nursing, medical and multidisciplinary staff members. Patients' and family/whānau interviews confirmed they were satisfied with the care and treatment.

The medical, nursing and allied health staff complete assessments on the patient's admission and reassessments occur thereafter. The medical and allied plans of care and interventions are documented. Continuity of service delivery is maintained through: progress notes; family meetings; multidisciplinary meetings; medical rounds; written and verbal handovers; patient beside boards and bedside handovers.

There are systems in place for referral to allied health professionals. Staff and patients reported this is managed in a timely manner. Patient referrals to other health and disability services, specialists and/or clinics are facilitated by the appropriate health professional when required.

The multidisciplinary team plans discharge with the patient and family/whānau. Community services and other providers are included in discharge planning when this is required.

Medications are managed safely. The medication system tracer focused on the use and management of anticoagulant therapy.

Food services are provided by an external contractor. Monitoring of service provision is undertaken.

## **Safe and appropriate environment**

The management of waste and hazardous substances meets legislative requirements and progress in waste minimisation and recycling was demonstrated.

The buildings on all sites vary in age. A building program is underway to replace buildings at the Mason Clinic and to expand clinical capacity at both the hospital sites. Preventative maintenance is undertaken and all buildings have a current building warrant of fitness.

All clinical areas are clean and monitoring occurs against cleaning standards. Linen is transported and stored safely.

Emergency and disaster response plans are maintained and practised. Contingency plans enable a prompt response to unexpected utility or plant outage. Security systems in all facilities are reviewed and improved to respond to changing situations. All inpatient areas have heating and ventilation for patient comfort and the hospitals and grounds are smoke free.

## **Restraint minimisation and safe practice**

In the general services at North Shore and Waitakere hospitals, there is a restraint minimisation group that monitors the use of restraints. Mandatory restraint training is provided to staff who manage restraint within the organisation. The emphasis is on minimising the use of restraint.

There are policies and protocols in place that align with the restraint minimisation and safe practice standards, and guide staff in the appropriate use of restraint within the mental health services. The acute mental health service (He Puna Waiora), and the forensic mental health service, both have restraint minimisation groups that review restraints in their divisions. Data shows that the use of restraint and seclusion in these areas is decreasing.

## **Infection prevention and control**

The infection prevention and control programme is governed by a multidisciplinary executive committee that reports directly to the clinical governance board.

The organisation has an established infection prevention and control programme led by experienced practitioners. The infection prevention and control programme aligns with the standard, guidelines and good practices.

The infection prevention and control system tracer focused on the management of patients in isolation across the organisation. The policies and guidelines guide staff to prevent and control cross infection of an infectious disease.

There are infection prevention and control policies and procedures that reflect current accepted good practice, and these are available to staff online. Staff are educated in infection prevention and control and there are educational resources available for patients, family/whānau and visitors.

Surveillance programmes are embedded into practice and surveillance data from across Waitemata District Health Board is collated, analysed and reported.

There is an antimicrobial stewardship programme. Antimicrobial usage is monitored and prescribing is encouraged within best practice guidelines.