

Whanganui District Health Board - Whanganui Hospital

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:

Legal entity:	Whanganui District Health Board
Premises audited:	Whanganui Hospital
Services audited:	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
Dates of audit:	Start date: 6 July 2021 End date: 8 July 2021
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	118

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

Whanganui District Health Board (WDHB) provides services to around 69,000 residents living in the region. Hospital services are provided from the 176 bed hospital based in Whanganui. Services reviewed included medical, surgical, maternity, paediatrics, the acute mental health and addiction service and the forensic rehabilitation service. These services are supported by a range of diagnostic, support and community-based 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 clinical care, infection prevention and control, and restraint minimisation and safe practice. Review of clinical records and other documentation, interviews with patients and their families and staff across a range of roles and departments were completed and observations made.

This audit identified that improvements are required in relation to the document control system, reporting of adverse events, clinical evaluations, testing of bio-medical equipment, the telephone system and the theatre instrument tracking system.

Nine of the previous areas identified for improvement have been addressed and are closed. Work has progressed in the four areas that remain open.

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.

There are sound processes in place for the management of consent for surgical procedures, anaesthetic, return of body parts and other procedures which may pose a risk, such as administration of blood. These were known to staff and evident from documentation reviewed. Patients and whānau reported they had sufficient information to make informed choices. Shared Goals of Care plans are being implemented in line with the Health Quality and Safety Commission initiative.

There is a documented complaints management system, which meets the requirements of the Code.

Organisational management

The chief executive officer (CEO) has been in the role for around three and a half years and is supported by an executive leadership team. The team described a range of developments since the previous audit, with a strong integrated model between the hospital, community, primary care services and iwi. Evidence of a positive focus on reducing inequities for Māori was apparent at all levels within the services and is guided by a 'user friendly' He Hāpori Ora Thriving Communities Strategic Plan 2020-2023. Other positive developments include the increase in consumer involvement, improved availability and use of data to drive decision making and the positive integrated Covid-19 response.

The quality and risk management system remains effective, despite several team secondments and changes due to Covid-19 and other demands. The patient safety and quality operational roles continue to support developments and projects across the organisation and within the services. Improvement activity was evident at all levels of the organisation, from large projects across

the continuum of care, to smaller ward-based initiatives. Risks are reported to the finance, risk and audit committee and the board with a significant amount of work progressed since the previous audit around risk management as part of the transition to a new electronic system.

Adverse events are well managed through an electronic management system, with improvement plans developed. Improvements have been made around the development and monitoring of recommendations following review. Several examples of improvements made following events were evident.

A range of mechanisms are used to ensure that the right numbers of staff are available to meet the changing needs of patients across the services. The organisation is well progressed with the implementation of the Care Capacity Demand Management (CCDM) programme, which is positively impacting on matching patient requirements to staffing. Close and effective monitoring of staffing requirements is supporting day-to-day and longer term management of patient demand and complexity.

Continuum of service delivery

Patient care was reviewed and evaluated across services with three patients reviewed using tracer methodology in the areas of maternity and mental health. In addition, four systems tracers were conducted in relation to management of the deteriorating patient, medication management, prevention of falls and infection prevention and control. The information gathered from these tracers was supported by additional sampling.

Care is provided by suitably qualified and experienced staff who work in a multidisciplinary manner. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. The falls prevention and deteriorating patient programmes are well established and now considered business as usual.

Discharge planning is actively occurring. All patients and family members interviewed were complementary about services received and advise ongoing communication with staff was timely and clear.

Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use. Allergies are assessed and communicated. Medicines are stored safely and managed effectively throughout the organisation.

Safe and appropriate environment

Building warrants of fitness were current. There have been changes to service contracts with the testing of bio-medical equipment now 'in-house' in partnership with the MidCentral District Health Board and testing of electrical equipment and maintenance contracted to a new provider. Monthly reports track progress.

Restraint minimisation and safe practice

The focus of the organisation is on the minimisation of restraint, supported by related policies and processes. Enabler use is part of this process and policies promote voluntary use of enablers at the request of the patient. Documentation of the use of enablers was well documented in the records reviewed.

Infection prevention and control

A thorough surveillance programme for infections is implemented and is appropriate to the service setting. Significant organisms (including multi-drug resistant organisms), device related, blood stream and surgical site infections, outbreaks and hand hygiene compliance rates are monitored, analysed and reported. A particular focus has been line associated infections as part of the 'Know your IV line' ACC initiative and the DHB 'One patient, one cannula' approach. A systematic approach to review the process related to the insertion and care of intravenous devices indicates low levels of device associated infections but identified the need to improve documentation of the devices within the new nursing record.

End of the report.