

Health New Zealand -Te Whatu Ora Waitaha Canterbury

Introduction

This report records the results of a Partial Provisional Audit of a provider of hospital services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

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 Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Health New Zealand

Premises audited: Christchurch Hospital

Services audited: Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Dementia care; Hospital services - Surgical services; Hospital services - Maternity services

Dates of audit: Start date: 24 January 2024 End date: 25 January 2024

Proposed changes to current services (if any): Relocation of three medical wards from the Riverside block and relocation of the Plastic Surgery ward from Ward 18 back to Ward 20 in the Parkside block, on the Christchurch Hospital campus.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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 sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Te Whatu Ora Waitaha Canterbury provides regional and local health care services from its Christchurch campus.

This day and a half on-site partial provisional audit on the Christchurch Hospital campus, against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, was undertaken to confirm the level of preparedness for the transfer of four wards (23, 24, 25 and 18) to refurbished wards 16, 17, 19 and 20 on level two and three in the Parkside block. All wards have been remodelled to positively impact on patient care needs and have an expected lifespan of 20 years. The Parkside ward enhancements have been undertaken alongside other projects related to passive fire, seismic and panel remediation. The project has included converting the six-bedded rooms to four-bedded rooms, with the addition of showers and toilets in the multi-bedded rooms, more accessible toilets, upgraded bedhead medical service panels and wiring, and improved patient privacy. Each ward will accommodate up to 22 patients. The process is described as a 'lift and shift' activity, using existing staff and services for the refurbished wards. The transition model has been based on previous experience and learnings from relocating wards and

departments on the campus. The wards are expected to be occupied at the same time in early April 2024, when all four areas are fully completed.

The audit included review of documentation, inspection of the environment, and interviews with clinical and infrastructure staff and managers of the wider service. Interviews with the operational group involved in the transition to the new wards demonstrated there has been strong and detailed planning over time, collaboration and effective teamwork to progress the work necessary for a smooth migration.

Subsequent to the onsite audit, Te Whatu Ora Waitaha requested that the wards reviewed also be considered for surgical services. The Lead Auditor has reviewed their notes and can see no reason why the beds should not be used for surgical care, as well as medical care.

The audit identified that completion of the following matters is still required: issue of a certificate of public use, and completion of a trial fire evacuation.

Ō tātou motika | Our rights

Not applicable to this audit.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Waitaha Canterbury is continuing to work through the changes to the structure of Te Whatu Ora - Health New Zealand in line with national and regional guidance and progress. Te Whatu Ora Waitaha Canterbury sits within Te Wai Pounamu as one of the four regional integration teams. The regional entity (Te Waipounamu South Island) and a national approach to clinical

governance is developing. Localities and iwi partnership boards are in the establishment phase. The hospital specialist services (HSS) District Leadership Group is established with an interim lead in place, pending further consultation on the future structure. Although the national, regional and local clinical governance model is developing, there are well established structures already in place which ensure clinical care has the necessary planning and evaluation, with reporting lines in place. Present developments recognise Te Tiriti o Waitangi and support Māori patients' and whānau health.

Policies and procedures relevant to the services are current or have been reviewed to reflect the recent changes in organisational structure and clinical practices, as necessary.

A range of mechanisms are used to ensure that the right numbers of staff are available to meet the changing needs of patients. The Care Capacity Demand Management (CCDM) programme provides real-time data to support decision-making. An internal nursing resource unit provides some additional staffing support for unplanned leave. No changes to staffing are expected as new workflows are established in the unit, with the same staff teams in place.

The appointment and management of staff is based on current good practice and managed by People and Communication. A strong focus on recruitment, retention and support has largely been successful, with low vacancy rates in the cluster. Professional qualifications are validated prior to employment. Staffing levels and skill mix are planned and implemented to meet the changing needs of patients using an established nursing acuity model. Care capacity and demand is continuously monitored and has resulted in some staffing adjustments over recent times. Workforce availability has improved in recent months. There have been no changes to the previous staffing levels required for the new wards.

A systematic approach to identify and deliver ongoing training supports safe service delivery, with well-established, generic, organisational service-specific training offered together with a wide range of ongoing training and professional development opportunities. Māori workforce development was supported by roles and a range of training programmes including Te Tiriti o Waitangi.

Ngā huarahi ki te oranga | Pathways to wellbeing

The refurbished wards have existing equipment and structures already in place, including compliant drug safes and swipe card entry to the 'staff only' area. Medication rooms and medicines and blood products are managed through the Pharmacy and Laboratory service respectively, with established systems and processes in place. This includes prescribing, administration, storage and disposal of medicines. Controlled drugs are managed and stored in accordance with regulation and legislation.

Food services are managed by an inhouse service with an approved food safety plan and registration. Menus are overseen by a dietitian and are designed to meet the nutritional needs of patients. There is no change to the current arrangements for food services to these wards.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

More than 70 staff, including allied health staff, have familiarised themselves with the new environment as part of the staff orientation plan. Trainer sessions are also planned, with vendor participation for nurse call, sanitisers and negative pressure rooms. Way finder walk-throughs are also planned for non-ward/non-clinical staff prior to occupation. A certificate of public use (CPU) has not yet been issued. Plant, equipment and biomedical equipment have been tested in accordance with the existing preventative maintenance and calibration of equipment processes or are being relocated from the previous wards. The physical environments, both internal and external, were accessible, safe and promoted safe mobility, with increased bed space and storage available. There are existing systems for planned and unplanned maintenance in place.

A trial fire evacuation is yet to be held. Fire readiness training is delivered by the fire and emergency manager and supported by online learning modules. Emergency trolleys will relocate with the ward. Suitable security arrangements are in place, with further refinements being made. Security systems include swipe card entry doors, closed circuit television monitoring, duress alarms and contracted security services out of hours. There is an existing system to report any security events.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

The infection prevention programme (IP) at Te Whatu Ora Waitaha Canterbury is managed by nurse-led Te Ratonga Ārai Matea Infection Prevention and Control Service responsible for overseeing and coordinating the IP programme. The service also has a transalpine relationship for IP with Te Tai o Poutini West Coast, providing advice and additional support. The service is supported by 18 nursing staff and by a medical advisor and infection prevention champions in service areas. Clear reporting lines are established, with the infection prevention and control committee reporting through the clinical governance framework. The service has national linkages with similar services.

The infection prevention programme is guided by relevant policy and procedures reviewed three-yearly. There is a current annual programme which includes objectives, monitoring of antimicrobial use, surveillance, audits of the environment, and staff practices and processes. The infection prevention service has been closely engaged in all stages of the planning of the enhanced ward environments. A particular focus has been on meeting recommended air exchanges and air flow, dirty sluice room design and the fit-out. There is improved ability to isolate patients, with more showers and toilets provided on each ward. Considerations and design have been in accordance with the Australasian Building Standards and recommended IP practice.

Here taratahi | Restraint and seclusion

Not applicable to this audit.