# HealthCERT Service Provider Audit Report (version 6.2)

## Introduction

This report records the results of an audit against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) of a health and disability service provider. The audit has been conducted by an auditing agency designated under 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).

It is important that auditors restrict their editing to the content controls in the document and do not delete any content controls or any text outside the content controls.

## Audit Report

|  |  |
| --- | --- |
| **Legal entity name:** | Waitemata District Health Board |
| **Certificate name:** | Waitemata District Health Board |

|  |  |
| --- | --- |
| **Designated Auditing Agency:** | Central Region's Technical Advisory Services Limited |

|  |  |
| --- | --- |
| **Types of audit:** | Surveillance Audit |
| **Premises audited:** | Mason Clinic; North Shore Hospital; Pitman House; Waitakere 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:** | 10 September 2018 | **End date:** | 12 September 2018 |

**Proposed changes to current services (if any):**

A reconfiguration of certified services provided at Mason Clinic is planned to reflect a new build for 15 beds in a medium secure unit. This will increase capacity by three beds. Te Aka unit is being used for decanting other units during a large planned refurbishment project involving most of the units in Mason Clinic. When this refurbishment project is completed there will be an increase of 15 beds in total.

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| **Total beds occupied across all premises included in the audit on the first day of the audit:** | 874 |

## Audit Team

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lead Auditor** | Raewyn Wolcke | **Hours on site** | 24 | **Hours off site** | 20 |
| **Other Auditors** | Zdena Kaspar-West, Lorraine Proffit, Lizelouize Perkins, Wendy Creurer, Christine Davies | **Total hours on site** | 104 | **Total hours off site** | 30 |
| **Technical Experts** | Click here to enter text | **Total hours on site** | 0 | **Total hours off site** | 0 |
| **Consumer Auditors** | Shaz Picard | **Total hours on site** | 8 | **Total hours off site** | 0 |
| **Peer Reviewer** | Joy Hickling |  |  | **Hours** | 3 |

## Sample Totals

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Total audit hours on site | 136 | Total audit hours off site | 53 | Total audit hours | 189 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of residents/patients interviewed | 27 | Number of staff interviewed | 100 | Number of managers interviewed | 37 |
| Number of residents’/patients’ records reviewed | 65 | Number of staff records reviewed | 0 | Total number of managers (headcount) | 151 |
| Number of medication records reviewed | 142 | Total number of staff (headcount) | 8330 | Number of relatives interviewed | 10 |
| Number of residents’/patients’ records reviewed using tracer methodology | 3 |  |  | Number of GPs interviewed (Residential Disability providers only) | 0 |

## Declaration

I, Christine Marsters, Manager Audit & Assurance Certification Audit Programme of Wellington hereby submit this audit report pursuant to section 36 of the Health and Disability Services (Safety) Act 2001 on behalf of Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Act.

I confirm that:

|  |  |  |
| --- | --- | --- |
| a) | I am a delegated authority of Central Region's Technical Advisory Services Limited | Yes |
| b) | Central Region's Technical Advisory Services Limited has in place effective arrangements to avoid or manage any conflicts of interest that may arise | Yes |
| c) | Central Region's Technical Advisory Services Limited has developed the audit summary in this audit report in consultation with the provider | Yes |
| d) | this audit report has been approved by the lead auditor named above | Yes |
| e) | the peer reviewer named above has completed the peer review process in accordance with the DAA Handbook | Yes |
| f) | if this audit was unannounced, no member of the audit team has disclosed the timing of the audit to the provider | Not Applicable |
| g) | Central Region's Technical Advisory Services Limited has provided all the information that is relevant to the audit | Yes |
| h) | Central Region's Technical Advisory Services Limited has finished editing the document. | Yes |

Dated Tuesday, 9 October 2018

## Executive Summary of Audit

**General Overview**

Waitemata District Health Board provides health services to the people of the Waitemata district. The audit team was provided with a comprehensive self-assessment and supporting evidence prior to the on-site visit.

Three individual patient tracers and four systems tracers were undertaken during the on-site surveillance audit. Four individual patient tracers completed by Waitemata District Health Board staff were also verified.

There is a clear quality and risk management framework to support quality improvement and patient safety. Data collection, analysis, monitoring and reporting is comprehensive and supports decision making across the organisation. An active risk management framework is in place. Service delivery is supported by electronic patient management systems. Facilities across Waitemata District Health Board vary in age and are managed through a preventive maintenance programme, with a new build on site at the Mason Clinic.

Corrective actions from the previous audit relating to complaints, medication management, nutrition and restraint policy review are closed.

There are six corrective actions resulting from this audit. Corrective actions remaining open from the previous certification audit include informed consent, restraint assessment and restraint practice. New corrective actions from this audit include service provision, building fixtures and restraint minimisation.

**Outcome 1.1: Consumer Rights**

Informed consent was reviewed across all areas visited. Patients confirmed they are provided with information to make informed choices and staff confirmed they understand the informed consent process. Processes are in place demonstrating consent is obtained for procedures.

There is a computerised system in place across Waitemata District Health Board that ensures all complaints, including verbal complaints are monitored through a central repository. Processes include support to manage timeliness of investigations and closure of the complaint by the designated owner responsible for management of the complaint. Staff understand the process, and patients and families confirmed they are aware of their right to make a written or verbal complaint.

**Outcome 1.2: Organisational Management**

The executive leadership team and chief executive provide leadership to the organisation and are supported by the Board. The quality and risk management framework is embedded and understood by staff across the organisation. Further development of additional electronic clinical information systems supported by the Institute of Innovation continues. The patient/whānau experience care standards continue to support the patient safety focus demonstrated across the organisation.

Processes are in place to manage currency and review of organisational policies and procedures, with effective document control processes. Quality activities including audit are undertaken and driven within the service divisions and supported by the quality team. These activities are linked with the wider quality and risk management framework. Clinician involvement in quality improvement initiatives is evident in service areas. Data collection, analysis, monitoring and reporting is wide-ranging, comprehensive, and supports decision making across the organisation; with corrective action management processes effectively implemented. A quality improvement culture continues to be a driver of patient safety.

An active risk management framework is in place which is managed at three different levels across the organisation; with overarching oversight by the Board. Inpatient services are provided by a skilled workforce, and there are processes in place to ensure patient safety.

**Outcome 1.3: Continuum of Service Delivery**

Patient journeys were completed by the audit team in mental health (the detoxification unit at Pitman House and forensic mental health services at Mason Clinic) and maternity services (Waitakere hospital), in additional to the four systems tracers completed (falls prevention, the deteriorating patient, medication management and infection prevention and control). Four services tracers (medical, surgical, older person’s health and child health) completed by Waitemata District Health Board staff were verified whilst on site.

The patients’ clinical records, observations and interviews evidenced appropriate medical and allied health care assessments, plans of care, treatments, and evaluations of care. There are systems in place for patients to receive timely access to allied health services and to other services external to Waitemata District Health Board. Medical rounds provide a forum for planning and evaluation of patient care, with handover to staff occurring at each change of shift and when there is a change in patient’s condition.

The electronic system supports a responsive and timely interface with patients and the health care team. Policies and procedures guide staff in the required nursing assessments and care plans. Review of the medication management system and tracer demonstrated consistent implementation of the systems and processes used for medicines management. Feedback from patient/whānau interviews relating to food services were generally positive. Patients’ whānau input into care planning and service delivery was observed and patients confirmed their participation. Patients and family expressed satisfaction with care provided throughout all services visited.

**Outcome 1.4: Safe and Appropriate Environment**

All inpatient buildings have a current building warrant of fitness. The new build at the Mason Clinic was visited. Plant and equipment is compliant with legislation. There is a preventative maintenance programme in place and the environment in the clinical areas is safe for patients and staff.

There are systems and processes to manage emergency responses. Waitemata District Health Board works closely with other agencies and emergency services in the region. Security systems and processes are in place, with a new closed circuit television initiative implemented to support staff and patient/whānau safety.

**Outcome 2: Restraint Minimisation and Safe Practice**

Restraint minimisation and safe practice policies are in place to support staff in the use of restraint. The restraint minimisation policy outlines the approved steps, documentation, and follow up required when restraint is used. Restraint is used as a last option only. The mental health policy documents the use of restraint according to the standards on restraint minimisation and safe practice.

Meeting with the representatives on the restraint minimisation and safe practice committee confirmed there are processes in place for security personnel when an escalating situation occurs.

**Outcome 3: Infection Prevention and Control**

The infection prevention and control systems tracer focused on the management and impact on hospital services relating to patients with influenza and influenza-like symptoms. The systems are in place to monitor and effectively manage staff and isolation precautions on a daily basis.

Waitemata DHB has an embedded infection control surveillance programme in place. The programme includes reporting and completion of a root cause analysis of all blood stream infections, and hospital acquired influenza.

## Summary of Attainment

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CI** | **FA** | **PA Negligible** | **PA Low** | **PA Moderate** | **PA High** | **PA Critical** |
| **Standards** | 0 | 13 | 0 | 2 | 4 | 0 | 0 |
| **Criteria** | 0 | 48 | 0 | 2 | 4 | 0 | 0 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **UA Negligible** | **UA Low** | **UA Moderate** | **UA High** | **UA Critical** | **Not Applicable** | **Pending** | **Not Audited** |
| **Standards** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 38 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 87 |

## Corrective Action Requests (CAR) Report

| **Code** | **Name** | **Description** | **Attainment** | **Finding** | **Corrective Action** | **Timeframe (Days)** |
| --- | --- | --- | --- | --- | --- | --- |
| HDS(C)S.2008 | Standard 1.1.10: Informed Consent | Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | PA Low |  |  |  |
| HDS(C)S.2008 | Criterion 1.1.10.2 | Service providers demonstrate their ability to provide the information that consumers need to have, to be actively involved in their recovery, care, treatment, and support as well as for decision-making. | PA Low | The documentation of discussions held between staff, patients and/or their family with regard to the patient’s resuscitation status is inconsistent. | Provide evidence that patient and/or family are involved in discussion about the patient’s resuscitation status. | 180 |
| HDS(C)S.2008 | Standard 1.3.3: Service Provision Requirements | Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals. | PA Moderate |  |  |  |
| HDS(C)S.2008 | Criterion 1.3.3.3 | Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer. | PA Moderate | Nursing documentation including assessments (e.g. falls, pressure injuries), care planning, individualised patient goals, review, evaluations and transfers are not consistently recorded in all areas visited with the exception of maternity, mental health, and paediatrics. | i) Ensure nursing documentation for assessments, care planning, individualised patient goals, review, evaluations and transfers are consistently recorded.ii) Ensure the medical rationale for NEWS modifications is clearly documented in the patient’s clinical record. | 180 |
| HDS(C)S.2008 | Standard 1.4.2: Facility Specifications  | Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low |  |  |  |
| HDS(C)S.2008 | Criterion 1.4.2.4 | The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group. | PA Low | The Te Aka unit has ligature points and is unable to be used as a medium secure unit. | Prior to use as a medium secure mental health unit, all the identified ligature points need to be replaced. | 365 |
| HDS(RMSP)S.2008 | Standard 2.1.1: Restraint minimisation | Services demonstrate that the use of restraint is actively minimised.  | PA Moderate |  |  |  |
| HDS(RMSP)S.2008 | Criterion 2.1.1.4 | The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety. | PA Moderate | i) The restraint and enablers- approved policy and the restraint minimisation policy for the acute adult services do not contain a clear definition of what is an enabler and what is a restraint in accordance with the standard and current best practice.ii) Staff are unable to articulate the difference between an enabler and a restraint. | i) Ensure the restraint and enablers – approved policy and the restraint minimisation policy for the acute adult services clearly define the use of an enabler and the use of a restraint in accordance with the standard and current best practice.ii) Ensure staff understand the difference between an enabler and a restraint and demonstrate safe practice. | 180 |
| HDS(RMSP)S.2008 | Standard 2.2.2: Assessment | Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint. | PA Moderate |  |  |  |
| HDS(RMSP)S.2008 | Criterion 2.2.2.1 | In assessing whether restraint will be used, appropriate factors are taken into consideration by a suitably skilled service provider. This shall include but is not limited to:(a) Any risks related to the use of restraint;(b) Any underlying causes for the relevant behaviour or condition if known;(c) Existing advance directives the consumer may have made;(d) Whether the consumer has been restrained in the past and, if so, an evaluation of these episodes;(e) Any history of trauma or abuse, which may have involved the consumer being held against their will;(f) Maintaining culturally safe practice;(g) Desired outcome and criteria for ending restraint (which should be made explicit and, as much as practicable, made clear to the consumer);(h) Possible alternative intervention/strategies. | PA Moderate | There was no evidence in the acute adult services patient clinical records of comprehensive assessments being documented prior to the use of restraint. | Ensure assessments are carried out and documented as per the requirements of the criterion (ie, a-h), before a decision to restrain is made. | 180 |
| HDS(RMSP)S.2008 | Standard 2.2.3: Safe Restraint Use | Services use restraint safely | PA Moderate |  |  |  |
| HDS(RMSP)S.2008 | Criterion 2.2.3.4 | Each episode of restraint is documented in sufficient detail to provide an accurate account of the indication for use, intervention, duration, its outcome, and shall include but is not limited to:(a) Details of the reasons for initiating the restraint, including the desired outcome;(b) Details of alternative interventions (including de-escalation techniques where applicable) that were attempted or considered prior to the use of restraint;(c) Details of any advocacy/support offered, provided or facilitated;(d) The outcome of the restraint;(e) Any injury to any person as a result of the use of restraint;(f) Observations and monitoring of the consumer during the restraint;(g) Comments resulting from the evaluation of the restraint. | PA Moderate | Episodes of restraint in acute adult services are not consistently documented in the patients’ clinical records. | When the decision to use restraint is made, ensure that an accurate account of each episode of restraint as per the requirements of the criterion (ie, a-g) is recorded in the patient’s clinical record. | 180 |

## Continuous Improvement (CI) Report

| **Code** | **Name** | **Description** | **Attainment** | **Finding** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

# NZS 8134.1:2008: Health and Disability Services (Core) Standards

## Outcome 1.1: Consumer Rights

Consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

#### Standard 1.1.1: Consumer Rights During Service Delivery **(**HDS(C)S.2008:1.1.1)

Consumers receive services in accordance with consumer rights legislation.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.1.1 (HDS(C)S.2008:1.1.1.1)

Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.2: Consumer Rights During Service Delivery **(**HDS(C)S.2008:1.1.2)

Consumers are informed of their rights.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.2.3 (HDS(C)S.2008:1.1.2.3)

Opportunities are provided for explanations, discussion, and clarification about the Code with the consumer, family/whānau of choice where appropriate and/or their legal representative during contact with the service.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.2.4 (HDS(C)S.2008:1.1.2.4)

Information about the Nationwide Health and Disability Advocacy Service is clearly displayed and easily accessible and should be brought to the attention of consumers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect **(**HDS(C)S.2008:1.1.3)

Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.3.1 (HDS(C)S.2008:1.1.3.1)

The service respects the physical, visual, auditory, and personal privacy of the consumer and their belongings at all times.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.3.2 (HDS(C)S.2008:1.1.3.2)

Consumers receive services that are responsive to the needs, values, and beliefs of the cultural, religious, social, and/or ethnic group with which each consumer identifies.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.3.6 (HDS(C)S.2008:1.1.3.6)

Services are provided in a manner that maximises each consumer's independence and reflects the wishes of the consumer.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.3.7 (HDS(C)S.2008:1.1.3.7)

Consumers are kept safe and are not subjected to, or at risk of, abuse and/or neglect.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.4: Recognition Of Māori Values And Beliefs **(**HDS(C)S.2008:1.1.4)

Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.4.2 (HDS(C)S.2008:1.1.4.2)

Māori consumers have access to appropriate services, and barriers to access within the control of the organisation are identified and eliminated.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.4.3 (HDS(C)S.2008:1.1.4.3)

The organisation plans to ensure Māori receive services commensurate with their needs.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.4.5 (HDS(C)S.2008:1.1.4.5)

The importance of whānau and their involvement with Māori consumers is recognised and supported by service providers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.4.7 (HDS(C)S.2008:1.1.4.7)

The service provides education and support for tangata whaiora, whānau, hupu, and iwi to promote Māori mental well-being.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.5: Recognition Of Pacific Values And Beliefs **(**HDS(C)S.2008:1.1.5)

Pacific consumers have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.5.1 (HDS(C)S.2008:1.1.5.1)

The service delivers and facilitates appropriate services for Pacific consumers and recognises the fundamental importance of the relationships between Pacific consumers, their families, and the community. This shall include, but is not limited to the service:
(a) Developing effective relationships with Pacific people to support active participation across all levels;
(b) Where appropriate, developing services that are based on Pacific frameworks/ models of health that promotes clinical and cultural competence;
(c) Ensuring access to services based on Pacific people's need and planning and delivering services accordingly;
(d) Developing a culturally enhanced workforce that will respond effectively to the needs of Pacific consumers.
This may include actively recruiting and employing service providers with links to Pacific people and providing suitable education/training/mentoring of service providers to respond to specific cultural requirements and preferences.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.5.2 (HDS(C)S.2008:1.1.5.2)

The service provides education, training, and support to Pacific people or other agencies to promote the well-being of Pacific people.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs **(**HDS(C)S.2008:1.1.6)

Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.6.2 (HDS(C)S.2008:1.1.6.2)

The consumer and when appropriate and requested by the consumer the family/whānau of choice or other representatives, are consulted on their individual values and beliefs.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.7: Discrimination **(**HDS(C)S.2008:1.1.7)

Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.7.2 (HDS(C)S.2008:1.1.7.2)

Service providers should have an understanding of discrimination. Service providers shall demonstrate knowledge of the barriers to recovery posed by discrimination, which translates into provider systems that promote recovery.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

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**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.7.3 (HDS(C)S.2008:1.1.7.3)

Service providers maintain professional boundaries and refrain from acts or behaviours which could benefit the provider at the expense or well-being of the consumer.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

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**Corrective Action:**

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**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.7.4 (HDS(C)S.2008:1.1.7.4)

The service does not withdraw support or deny access to treatment and support programmes when or if the consumer refuses some aspects of treatment.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

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**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.7.5 (HDS(C)S.2008:1.1.7.5)

The service actively works to identify and address prejudicial attitudes and discriminatory practices and behaviours within its own service and any other service it has links with.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

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**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.8: Good Practice **(**HDS(C)S.2008:1.1.8)

Consumers receive services of an appropriate standard.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.8.1 (HDS(C)S.2008:1.1.8.1)

The service provides an environment that encourages good practice, which should include evidence-based practice.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

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**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.9: Communication **(**HDS(C)S.2008:1.1.9)

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.9.1 (HDS(C)S.2008:1.1.9.1)

Consumers have a right to full and frank information and open disclosure from service providers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.9.4 (HDS(C)S.2008:1.1.9.4)

Wherever necessary and reasonably practicable, interpreter services are provided.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.10: Informed Consent **(**HDS(C)S.2008:1.1.10)

Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.

**Attainment and Risk:** PA Low

**Evidence:**

The Waitemata District Health Board (WDHB) developed a new agreement for treatment form, which has been implemented. There is an informed consent policy, procedures and templates relating to informed consent to guide staff. The policy on informed consent is detailed and covers all scenarios in which consent must be obtained.

The clinical records sighted showed consent was documented and the required checks were completed for surgical interventions in the clinical services and in operating theatres. The patients interviewed confirmed they were given sufficient information to be able to make informed choice and were able to ask questions prior to procedures and treatments being commenced*.* There are processes in place for auditing consent.

Clinical records reviewed showed that when advance directives are available, they are acted upon. There are processes in place to ensure the return of body parts, tissue, and substances are effective. Interviews with staff and review of clinical records noted there was inconsistent documentation of the patient/family being involved in discussions about a patient’s resuscitation status. The previous requirement for improvement from the last certification audit remains open.

##### Criterion 1.1.10.2 (HDS(C)S.2008:1.1.10.2)

Service providers demonstrate their ability to provide the information that consumers need to have, to be actively involved in their recovery, care, treatment, and support as well as for decision-making.

**Attainment and Risk:** PA Low

**Evidence:**

Staff interviewed confirmed information is provided to patients and family to be able to make informed choices in relation to their care, recovery and treatment. Staff interviews and review of clinical records confirmed staff obtain informed consent verbally and in writing when this is required, such as for surgical intervention.

The geriatric, medical, and surgical individual patient tracers completed by the WDHB staff showed there was inconsistent documentation of discussion with patient and family relating to resuscitation status. This was verified by the audit team in the review of clinical records that showed inconsistency in documentation that discussion about a patient’s resuscitation status occurred between staff, the patient and/or their family.

**Finding:**

The documentation of discussions held between staff, patients and/or their family with regard to the patient’s resuscitation status is inconsistent.

**Corrective Action:**

Provide evidence that patient and/or family are involved in discussion about the patient’s resuscitation status.

**Timeframe (days):** 180 *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.10.4 (HDS(C)S.2008:1.1.10.4)

The service is able to demonstrate that written consent is obtained where required.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.10.7 (HDS(C)S.2008:1.1.10.7)

Advance directives that are made available to service providers are acted on where valid.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.10.8 (HDS(C)S.2008:1.1.10.8)

The service has processes that give effect to consumers' requests on the storage, return or disposal of body parts, tissues, and bodily substances, taking into account the cultural practices of Māori and other cultures.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.10.9 (HDS(C)S.2008:1.1.10.9)

Where a service stores or uses body parts and/or bodily substances, there are processes and policies in place that meet Right 7(10) of the Code.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.11: Advocacy And Support **(**HDS(C)S.2008:1.1.11)

Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.11.1 (HDS(C)S.2008:1.1.11.1)

Consumers are informed of their rights to an independent advocate, how to access them, and their right to have a support person/s of their choice present.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.12: Links With Family/Whānau And Other Community Resources **(**HDS(C)S.2008:1.1.12)

Consumers are able to maintain links with their family/whānau and their community.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.1.12.1 (HDS(C)S.2008:1.1.12.1)

Consumers have access to visitors of their choice.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.12.2 (HDS(C)S.2008:1.1.12.2)

Consumers are supported to access services within the community when appropriate.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.1.13: Complaints Management  **(**HDS(C)S.2008:1.1.13)

The right of the consumer to make a complaint is understood, respected, and upheld.

**Attainment and Risk:** FA

**Evidence:**

The complaints policy provides guidance to staff on processes for documenting and managing complaints. Complaints, including verbal complaints, are reported centrally, supported by dedicated resource and managed by the assigned owner of the complaint, who progresses the complaint investigation, management, and closure as required.

Information for patients and their families are provided on admission explaining how to make a complaint, and complaints forms are easily accessible throughout WDHB for patients/whānau to make a complaint anonymously. Interviews with staff confirmed they understood the complaints process. Interviews with patients confirmed they were aware of their right to make a complaint.

Review of the complaints process demonstrated that complaints are investigated promptly with issues resolved in a timely manner. This included complaints received from external authorities such as the Health and Disability Commissioner.

The previous corrective action is closed.

##### Criterion 1.1.13.1 (HDS(C)S.2008:1.1.13.1)

The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.1.13.3 (HDS(C)S.2008:1.1.13.3)

An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

## Outcome 1.2: Organisational Management

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

#### Standard 1.2.1: Governance **(**HDS(C)S.2008:1.2.1)

The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.2.1.1 (HDS(C)S.2008:1.2.1.1)

The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.1.3 (HDS(C)S.2008:1.2.1.3)

The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.2.2: Service Management  **(**HDS(C)S.2008:1.2.2)

The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.2.2.1 (HDS(C)S.2008:1.2.2.1)

During a temporary absence a suitably qualified and/or experienced person performs the manager's role.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.2.3: Quality And Risk Management Systems **(**HDS(C)S.2008:1.2.3)

The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.

**Attainment and Risk:** FA

**Evidence:**

The quality and risk management system in place is extensive, understood by staff at all levels, embedded within divisions and supported by a structured quality management framework, with dedicated resource. An active risk management system demonstrates identification, mitigation, monitoring, tracking, and reporting across WDHB, in a co-ordinated manner at the service level, executive level, and by the Board. Processes are in place to manage timely review of policies and procedures, with an effective document control system in place.

The quality governance framework includes a series of structured levels and processes, which include reporting to the Board from hospital committees (e.g. hospital advisory committee, compliance and risk, clinical governance, service divisions) that feed into the overall WDHB management of quality performance and support decision making across the organisation. The quality account continues to be published annually and demonstrates WDHBs commitment to continuous improvement practices. The CEO remains an active promoter of the WDHB quality improvement culture and continues to accompany members of the quality team in monthly walk ‘arounds’ in clinical areas, engaging with staff about quality initiatives at the service level (e.g. as per the ward ‘quality boards’ outlining quality initiatives for each area).

Information systems in place continue to advance, with new initiatives being implemented in the form of dashboards, driven by clinicians in their area of speciality and supported by the Institute of Innovation. The patient/whānau experience supports patient safety key performance indicators, which are monitored and reported six monthly. Information systems have been developed to ensure they support innovation and improvement, to assist decision making, and to improve processes that support patient safety.

Comprehensive data capture was demonstrated across all services which is analysed, monitored, tracked, and reported. Staff were able to articulate how the data captured and reported in their area was being used for quality improvement purposes. A culture of quality improvement was noted across all services visited, with evidence of clinical staff involvement in quality activities. Data from audits and quality initiatives at a service level are reported monthly into the overarching WDHB quality and risk management framework. In addition, information systems (e.g. Risk MonitorPRO, TrendCare, Hospital Capacity at a Glance, CapPLAN, e-prescribing and eVitals) ensure additional visibility of clinical practice and support the identification of any gaps and subsequent resolution. A new electronic recommendations ‘tracker’ has been implemented which provides oversight for the organisation on the progress, follow-up, and closure of all corrective actions and recommendations WDHB is managing; providing an additional opportunity to co-ordinate and monitor timeliness of corrective action resolution. The next phase of this process will be to trend recommendations and corrective actions across WDHB.

##### Criterion 1.2.3.1 (HDS(C)S.2008:1.2.3.1)

The organisation has a quality and risk management system which is understood and implemented by service providers.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.3.3 (HDS(C)S.2008:1.2.3.3)

The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.3.4 (HDS(C)S.2008:1.2.3.4)

There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.3.5 (HDS(C)S.2008:1.2.3.5)

Key components of service delivery shall be explicitly linked to the quality management system.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.3.6 (HDS(C)S.2008:1.2.3.6)

Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.3.7 (HDS(C)S.2008:1.2.3.7)

A process to measure achievement against the quality and risk management plan is implemented.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.3.8 (HDS(C)S.2008:1.2.3.8)

A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.3.9 (HDS(C)S.2008:1.2.3.9)

Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:
(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;
(b) A process that addresses/treats the risks associated with service provision is developed and implemented.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.2.4: Adverse Event Reporting  **(**HDS(C)S.2008:1.2.4)

All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.

**Attainment and Risk:** FA

**Evidence:**

A formal risk management and reporting system is in place at WDHB, which uses an electronic integrated quality and risk system called Risk MonitorPRO for the reporting of incidents and complaints. Reporting to the WDHB executive management team and other key committees occurs regularly (e.g. weekly to quarterly). The organisation has an established system for investigating all incidents and accidents. The incident reporting policy describes the actions staff must take when an incident occurs.

All severity assessment code (SAC) 1 and 2 events are investigated by undertaking an analysis or clinical review by key staff trained to undertake the investigations. At a clinical level all other incidents and accidents are progressed at a divisional level with the support of quality and patient safety lead personnel and the complaints and adverse events manager.

Review of incident records and interviews with staff confirmed that investigations are detailed and open disclosure occurs.

##### Criterion 1.2.4.2 (HDS(C)S.2008:1.2.4.2)

The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.4.3 (HDS(C)S.2008:1.2.4.3)

The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.2.5: Consumer Participation  **(**HDS(C)S.2008:1.2.5)

Consumers are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.2.5.1 (HDS(C)S.2008:1.2.5.1)

The service demonstrates consumer participation in the planning, implementation, monitoring, and evaluation of service delivery.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.5.2 (HDS(C)S.2008:1.2.5.2)

Consumers and consumer groups involved in planning, implementation, and evaluation of services have clear terms of reference and position descriptions, and are appropriately reimbursed for expenses and/or paid for their time and expertise.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.5.3 (HDS(C)S.2008:1.2.5.3)

The service assists with training and support for consumers and service providers to maximise consumer participation in the service. This shall include:
(a) Education and/or training for service providers whose colleagues are consumers working in the services;
(b) Supervision; debriefing and peer support.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.5.4 (HDS(C)S.2008:1.2.5.4)

The service has policies and procedures related to consumer participation. The policies and procedures are used to maximise consumer involvement in the service and ensures their feedback is sought on the collective view. This shall include, but is not limited to:
(a) Employing consumers where practicable;
(b) The service assisting with education, training, and support for consumers to maximise their participation in the service;
(c) Training for service providers in working with consumers as advisors;
(d) Advisors liaising with consumer groups or networks.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.5.5 (HDS(C)S.2008:1.2.5.5)

The service implements processes that involve consumers at all levels of service delivery.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.2.6: Family/Whānau Participation  **(**HDS(C)S.2008:1.2.6)

Family/whānau of choice are involved in the planning, implementation, and evaluation of the service to ensure services are responsive to the needs of individuals.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.2.6.1 (HDS(C)S.2008:1.2.6.1)

The service demonstrates family/whānau and community participation where relevant, in the planning, implementation, monitoring, and evaluation of service delivery.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.6.2 (HDS(C)S.2008:1.2.6.2)

Family/whānau who participate in an advisory capacity have clear terms of reference. This shall include, but is not limited to:
(a) Advice sought from the family/whānau advisory groups when developing a terms of reference;
(b) Roles and responsibilities shall be clearly outlined and include accountabilities, confidentiality and conflicts of interest.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.6.3 (HDS(C)S.2008:1.2.6.3)

The service has policies and procedures related to family/whānau participation. The policies and procedures are used to maximise family/whānau involvement in the service and ensures their feedback is sought on the collective view. This shall include, but is not limited to:
(a) Employing family/whānau where practicable;
(b) The service assisting with education, training, and support for families/whānau to maximise their participation in the service;
(c) Training for service providers in working with families/whānau as advisors;
(d) Advisors liaising with family/whānau groups or networks.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.2.7: Human Resource Management  **(**HDS(C)S.2008:1.2.7)

Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.2.7.2 (HDS(C)S.2008:1.2.7.2)

Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.7.3 (HDS(C)S.2008:1.2.7.3)

The appointment of appropriate service providers to safely meet the needs of consumers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.7.4 (HDS(C)S.2008:1.2.7.4)

New service providers receive an orientation/induction programme that covers the essential components of the service provided.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.7.5 (HDS(C)S.2008:1.2.7.5)

A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.2.8: Service Provider Availability  **(**HDS(C)S.2008:1.2.8)

Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.

**Attainment and Risk:** FA

**Evidence:**

There are systems to ensure that all staff at WDHB are selected appropriately for the roles which they are recruited. Workforce planning is incorporated in WDHBs clinical service planning for the needs of the population. Robust processes are implemented to ensure the skill mix and staffing numbers are suitable across all services at North Shore and Waitakere hospitals including mental health and maternity units. Planning is supported by TrendCare, CapPLAN, and Hospital at a Glance and includes forecasting, acuity level assessment, bed capacity management, and escalation as required. At the time of the audit, due to a spike in bed demand, the audit team observed the incident command centre in action, with additional meetings scheduled each day to monitor and manage the additional demand on beds. After-hours duty nurse managers ensure the hospitals are appropriately staffed.

All professional groups have different processes for ensuring the competency of staff. The professional development programme for nursing is well established and competency programmes are used by allied health staff. Doctors have supervision and training programmes depending on their roles and levels of experience. There is always senior clinical staff on call after hours. New graduates have a specific programme and are mentored.

##### Criterion 1.2.8.1 (HDS(C)S.2008:1.2.8.1)

There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.2.9: Consumer Information Management Systems  **(**HDS(C)S.2008:1.2.9)

Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.2.9.1 (HDS(C)S.2008:1.2.9.1)

Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.9.7 (HDS(C)S.2008:1.2.9.7)

Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.9.9 (HDS(C)S.2008:1.2.9.9)

All records are legible and the name and designation of the service provider is identifiable.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.2.9.10 (HDS(C)S.2008:1.2.9.10)

All records pertaining to individual consumer service delivery are integrated.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

## Outcome 1.3: Continuum of Service Delivery

Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

#### Standard 1.3.1: Entry To Services  **(**HDS(C)S.2008:1.3.1)

Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.3.1.4 (HDS(C)S.2008:1.3.1.4)

Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.1.5 (HDS(C)S.2008:1.3.1.5)

To facilitate appropriate and timely entry to the service, a system is implemented to prioritise referrals and identify potential risks for each consumer, including considering previous risk management plans.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.2: Declining Referral/Entry To Services  **(**HDS(C)S.2008:1.3.2)

Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.3.2.2 (HDS(C)S.2008:1.3.2.2)

When entry to the service has been declined, the consumers and where appropriate their family/whānau of choice are informed of the reason for this and of other options or alternative services.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.3: Service Provision Requirements **(**HDS(C)S.2008:1.3.3)

Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.

**Attainment and Risk:** PA Moderate

**Evidence:**

Four individual patient tracers were completed by WDHB staff in the medical, surgical, child health, and the geriatric services prior to the on-site audit. These individual patient traces were completed using the ministry of health methodology. The corrective actions identified as a result of the individual patient tracers conducted by the WDHB staff, were verified by the audit team with additional areas requiring improvement identified. Two individual patient tracers were completed in mental health and one in the maternity service by the audit team.

Clinical records reviewed demonstrated complete medical and allied health documentation with coordinated patient care provided by multidisciplinary teams, working collaboratively together. Nursing documentation in mental health, maternity, and paediatrics was consistently completed. In medical, surgical, and the assessment, treatment and rehabilitation (AT&R) service review of clinical nursing records showed inconsistent documentation of assessments, care planning, individual patient goals, and evaluations of care.

The North Shore and Waitakere hospitals electronic early warning score (NEWS) is in use across most of the organisation. All aspects of this electronic system support and minimise patient’s risk of deterioration, however clinical rational for the change of patient vital signs parameters were not documented in the patients’ clinical records.

There was evidence of documented handover in all areas visited and processes to ensure regular rounding by staff. Interviews with patients and their families verified that care was coordinated and the patients stated they were consulted about their care and treatment.

In the maternity service the patients interviewed felt involved in their care and stated that their partners and significant others felt welcomed and involved. This was also confirmed with parents and guardians of neonates in SCBU. Clinical records for all patients in the maternity service were documented in hard copy. Continuity of care is maintained from admission to discharge. A multidisciplinary approach to care is managed effectively and discharge planning commences on admission to the maternity services involved.

Mental health services meet the requirements of service provision in accordance with the standards for assessment, care planning, interventions, evaluation, and discharge planning in a coordinated manner to support recovery and relapse prevention. The interviews undertaken by the consumer auditor confirmed that services provided meet their needs.

##### Criterion 1.3.3.1 (HDS(C)S.2008:1.3.3.1)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.3.3 (HDS(C)S.2008:1.3.3.3)

Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.

**Attainment and Risk:** PA Moderate

**Evidence:**

There are hard-copy and electronic clinical patient records available throughout the organisation. The eVitals electronic clinical records enable easy access and quick visibility of the patient status at a glance in each area of service. This provides a global view of the inpatient care requirements which staff have embraced. Education and training has been provided to staff upon the introduction of the eVitals system, however further consolidation of the system and related processes need to be embedded.

The hard copy clinical records in the emergency department (ED) do not consistently show the required nursing assessments are completed. This impacts transfer handover from ED to the general wards. The required nursing assessments such as falls and pressure injuries are not consistently completed on admission or reviewed within required timeframes.

Due to the inconsistent completion of the nursing assessments the patients’ nursing care plans are not consistently developed. Hard copy daily patient care plans were not always completed and where it was completed, the plan did not include individualised patient goals.

The nursing assessments completed (e.g. falls, pressure injuries) inform the care plans located on eVitals. The audit team identified that the clinical staff could not always access or did not refer to the care plan in eVitals to re-evaluate patients’ plans.

Modifications within eVitals are recorded within the system, however the rationale for the change is not documented in the clinical records.

**Finding:**

Nursing documentation including assessments (e.g. falls, pressure injuries), care planning, individualised patient goals, review, evaluations and transfers are not consistently recorded in all areas visited with the exception of maternity, mental health, and paediatrics.

**Corrective Action:**

i) Ensure nursing documentation for assessments, care planning, individualised patient goals, review, evaluations and transfers are consistently recorded.

ii) Ensure the medical rationale for NEWS modifications is clearly documented in the patient’s clinical record.

**Timeframe (days):** 180 *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.3.4 (HDS(C)S.2008:1.3.3.4)

The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

**Corrective Action:**

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.3.5 (HDS(C)S.2008:1.3.3.5)

The service provides information about the consumer's physical and mental health and well-being to the consumer, their family/whānau of choice where appropriate, and other services it has links with.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.3.6 (HDS(C)S.2008:1.3.3.6)

The service works to reduce as far as possible the impact and distress of ongoing mental illness, and provides or facilitates access to information, education, and programmes for consumers and family/whānau, to reduce psychiatric disability, prevent relapse, promote wellness and optimal quality of life for the consumer.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.4: Assessment  **(**HDS(C)S.2008:1.3.4)

Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.

**Attainment and Risk:** FA

**Evidence:**

Initial medical assessments are completed on patient’s admission and ongoing treatment plans are documented on a daily basis and when a medical review is required.

Medical, nursing and allied health staff are involved in the multidisciplinary team patient management. Medical and allied health assessments are documented in the patient hard copy clinical records. The hard copy and the electronic nursing assessment in eVitals are not always completed (refer to 1.3.3.3). Patients and families interviewed confirmed they were involved in the assessment process.

Assessments in the maternity services were completed at all stages and were clearly documented in the patients’ clinical records reviewed. In mental health services the assessments are ongoing and completed on a daily basis by both nursing staff and members of the multidisciplinary team. These assessments are documented within the electronic patient record, reviewed at the multidisciplinary meetings and inform the care plan and the discharge planning process.

Falls prevention systems tracer

Falls data is captured and reported to Health Quality and Safety Commission (HQSC) and to the wider quality and risk management framework to support prevention, however WDHB have identified the need to review falls management to support the reduction of falls across WDHB. The falls prevention systems tracer included a focus on falls prevention strategies, protocols, and post fall management.

The sampling across the WDHB for this systems tracer included patients who were identified as being at risk of falls and those patients who had a recent fall. Preventative strategies such as universal precautions were observed in the wards visited. Policies and procedures guide staff in the required nursing assessments and care plans and these are embedded in the eVitals system. Education and training was provided to staff when the eVitals system was introduced and this included falls assessments and falls care plans (refer to 1.3.3.3).

Nursing staff in the ED use hard copy patients’ clinical records that focus on patients’ frailty and assessment of falls risk, however these are not consistently completed. Due to this information not being completed in ED the patients transferred to wards do not have comprehensive assessments in place and individualised strategies to prevent the risk of falls. The ward staff do not always complete nursing assessments and individualised care plans for the risk of falls. The falls risk care plans when completed are not always referred to and followed by nursing staff. Interviews with management and staff on the wards confirmed their lack of knowledge in accessing this information (refer to 1.3.3.3). Post-fall protocol is in place. Review of the clinical records of patients who had recent falls showed completion of the post-fall checklist and at times post-fall risk assessment, however preventative strategies to prevent further falls were not always recorded and implemented; leading to patients’ suffering repeated falls. The WDHB monitor and have a clear overview of the falls prevention programme, the quality data reviewed and activities implemented do not demonstrate a reduction in falls across WDHB.

##### Criterion 1.3.4.2 (HDS(C)S.2008:1.3.4.2)

The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.4.5 (HDS(C)S.2008:1.3.4.5)

Where appropriate, cultural assessments are facilitated in collaboration with tohunga or traditional healers.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.5: Planning  **(**HDS(C)S.2008:1.3.5)

Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.

**Attainment and Risk:** FA

**Evidence:**

Mental health services showed the clinical records were fully completed with timely assessments, care plans, and multidisciplinary reviews, including relapse prevention. Patients’ care plans are commenced on admission and discharge planning and ongoing support strategies are identified within the plan. There are individual and group therapy sessions and activity programs that actively encourage the patients in activities of daily living that will support them as part of their care planning and discharge planning.

##### Criterion 1.3.5.2 (HDS(C)S.2008:1.3.5.2)

Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.5.3 (HDS(C)S.2008:1.3.5.3)

Service delivery plans demonstrate service integration.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.5.4 (HDS(C)S.2008:1.3.5.4)

The service delivery plan identifies early warning signs and relapse prevention. The plan is developed in partnership with the consumer, the service provider, and family/ whānau if appropriate.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.6: Service Delivery/Interventions  **(**HDS(C)S.2008:1.3.6)

Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

**Attainment and Risk:** FA

**Evidence:**

Medical and the allied health team patients’ plans of care are detailed with individualised treatment plans recorded in the patients’ integrated clinical records. Nursing care plans are developed for all patients within mental health and inform the nursing staff and multidisciplinary team meetings of the patients’ progress towards their discharge. In the maternity services care plan interventions are clear and focus on achieving desired outcomes. Paediatric services patient clinical records demonstrated documented service delivery interventions that meet the needs of the child.

The clinical records, both hard-copy and electronic, demonstrated that the nursing care plans were not always developed for each patient and when completed did not record individualised patient goals in the medical, surgical, and ATR services (refer to 1.3.3.3). The nursing progress notes document the retrospective care of the patient on each shift.

Patients confirmed being fully informed of their care and treatment. There was evidence of multidisciplinary involvement where this is required. The electronic white boards reflect the current status of the patients.

##### Criterion 1.3.6.1 (HDS(C)S.2008:1.3.6.1)

The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.6.3 (HDS(C)S.2008:1.3.6.3)

The consumer receives the least restrictive and intrusive treatment and/or support possible.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.6.5 (HDS(C)S.2008:1.3.6.5)

The consumer receives services which:
(a) Promote mental health and well-being;
(b) Limit as far as possible the onset of mental illness or mental health issues;
(c) Provide information about mental illness and mental health issues, including prevention of these;
(d) Promote acceptance and inclusion;
(e) Reduce stigma and discrimination.
This shall be achieved by working collaboratively with consumers, family/whānau of choice if appropriate, health, justice and social services, and other community groups.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.7: Planned Activities **(**HDS(C)S.2008:1.3.7)

Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.3.7.1 (HDS(C)S.2008:1.3.7.1)

Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.8: Evaluation  **(**HDS(C)S.2008:1.3.8)

Consumers' service delivery plans are evaluated in a comprehensive and timely manner.

**Attainment and Risk:** FA

**Evidence:**

Medical treatment plans are reviewed on an ongoing basis. Patients’ progress is evaluated at multidisciplinary meetings, ward rounds, and clinical handovers and this is documented in the clinical records. There was evidence that changes in care on a shift to shift basis were made as a result of medical and allied health evaluations recorded in progress notes. The frequency of evaluations is determined by the acuity of the patients and their clinical progress. Evaluation of nursing assessments in the medical, surgical and AT&R services were not consistently completed; such as falls and pressure injury assessments (refer to 1.3.3.3).

In maternity services evaluations are completed and documented by core midwives, lead maternity carer midwives, and the obstetric medical team through each stage of service delivery. The clinical progress records are documented at each point of contact with the patient and/or baby. If changes occur, the partner and/or family/whānau representative are notified.

In mental health services the care plans are reviewed daily by nursing staff and adjustments made as necessary with input from the multidisciplinary team members as appropriate.

The deteriorating patient systems tracer

The deteriorating patient systems tracer involved the review of the system to recognize and respond to a patient’s clinical deterioration and included sampling across the organisation of patients who have deteriorated or were at risk of deterioration. Interviews with the representatives of the deteriorating patient team provided an extensive outline of the programme and framework for evaluating and reporting outcomes. The electronic early warning score (NEWS), and eVitals has been implemented across the organisation in all services except mental health. This electronic system enables a global view of any deteriorating patient at ward level as well as at the organisational level. Education and training has been provided to all clinical staff prior to implementation, confirmed at staff and management interviews.

Although WDHB has not yet started using the national early warning score (NEWS) chart, the eVitals electronic version reflects the principles of the national chart, early recognition, escalation and evaluation of any patient with an elevated early warning score. There is a planned roll out of the national EWS adult vital signs chart in November 2018. Processes for escalating concerns regarding a deteriorating patient are in place and are utilised with evidence of timely response to a patient’s needs, verified through the systems tracer process and additional sampling of clinical records.

As well as contacting the patient’s own team, clinical staff on the wards are also able to contact the critical care outreach service directly if they are concerned about a patient’s condition. There was timely and appropriate response to patients who were noted to be deteriorating. Positive feedback was received by staff from the wards about the coronary care unit (CCU) outreach service. The processes for altering patients’ vital sign parameters electronically within the system are documented, and changes are logged and date stamped; however, the clinical rational for this change was not evident in the patients’ clinical records and is currently unable to be captured in the electronic eVitals system (refer to 13.3.3.).

##### Criterion 1.3.8.2 (HDS(C)S.2008:1.3.8.2)

Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.8.3 (HDS(C)S.2008:1.3.8.3)

Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.8.4 (HDS(C)S.2008:1.3.8.4)

Evaluation includes the use of a range of outcome measurement tools, and input from a range of stakeholders, including consumers, clinicians, and family/whānau if appropriate.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) **(**HDS(C)S.2008:1.3.9)

Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.3.9.1 (HDS(C)S.2008:1.3.9.1)

Consumers are given the choice and advised of their options to access other health and disability services where indicated or requested. A record of this process is maintained.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  **(**HDS(C)S.2008:1.3.10)

Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.

**Attainment and Risk:** FA

**Evidence:**

Processes for medical staff are developed to ensure information provided supports patient care planning, treatment and discharge. Transfer documentation between services is not always completed (refer to 1.3.3.3). The multidisciplinary team in addition to medical reviews contributes to discharge management. When the multidisciplinary team finds that the patient is ready for discharge, the discharge process is planned; in collaboration with the community team where appropriate to ensure ongoing support and treatment is arranged.

Discharge planning is initiated on admission to services with indication of expected discharge dates for every patient identified on the electronic whiteboard. Patients and families reported appropriate, timely and supportive discharge. Patients are provided with relevant discharge information, inclusive of discharge summary and follow-up appointments, as clinically indicated.

The maternity service use checklists in preparation for discharge, which commences at the time of admission. Referrals or support required on discharge is arranged to ensure continuity of care is provided. Within the mental health services the discharge planning is identified on admission and plans are put in place for the safe discharge and engagement with community support agencies.

##### Criterion 1.3.10.2 (HDS(C)S.2008:1.3.10.2)

Service providers identify, document, and minimise risks associated with each consumer's transition, exit, discharge, or transfer, including expressed concerns of the consumer and, if appropriate, family/whānau of choice or other representatives.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.11: Use Of Electroconvulsive Therapy (Ect)  **(**HDS(C)S.2008:1.3.11)

Consumers who are administered electroconvulsive therapy are well informed and receive it in a safe manner.
(Only mental health services that provide ECT need to comply with Standard 3.11)

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.3.11.1 (HDS(C)S.2008:1.3.11.1)

ECT is provided according to legislation and currently accepted best practice guidelines.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.11.2 (HDS(C)S.2008:1.3.11.2)

There are monitoring processes in place to ensure all assessments, consents, and application of ECT comply with the currently accepted best practice guidelines, legislation, and the organisation's policies and procedures.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.11.3 (HDS(C)S.2008:1.3.11.3)

Consumers are given specific information on the risks and known side effects of ECT.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.11.4 (HDS(C)S.2008:1.3.11.4)

The consumer shall be fully informed.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.12: Medicine Management  **(**HDS(C)S.2008:1.3.12)

Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

**Attainment and Risk:** FA

**Evidence:**

The WDHB has an overarching medicine management policy outlining systems for reconciliation, prescribing, dispensing, storage and administration of medicines. Clinical areas visited showed consistencies in the systems and the processes used for medicines management. Medicines are provided as ward stock or individually dispensed to inpatients. Management of restricted and controlled drugs comply with legislation, protocols and guidelines. The maternity ward uses hard copy medication records. Midwives have prescribing rights and prescribe within their scope of practice only.

An electronic incident reporting system is used to document medication incidents and near misses.

Pharmacists are involved at ward level except for the maternity ward, and this is evident in the patients’ medication records reviewed. Medical staff have access to online and hard copy medication guidelines and protocols. Medical and nursing staff receive medicine management education. Patient tracers and additional sampling of patient clinical records included sampling of the electronic medication system in clinical areas across WDHB.

On interview with key WDHB pharmacy personnel, the previous corrective action relating to indication for use for all prescribed medicines to be added to the electronic prescribing system was implemented. The WDHB made changes to the e-prescribing system which now allows prescribers to add the indication for use. This is audited by the quality team and audit results currently show 95% achieved in relation to prescribers documenting indication for use. The previous corrective action relating to the electronic prescribing system not including indication for use is now implemented.

Medication management systems tracer

A systems tracer was completed on the safe use of warfarin. Interview with key pharmacy staff identified potential for adverse events relating to warfarin use. Policies and procedures to support the safe use of high risk medicines are in place for warfarin.

Interviews with patients confirmed they receive information/education on management of anti-coagulants from medical staff and nurses. Interviews with nursing staff confirmed processes relating to administration of warfarin are followed and this was demonstrated when administration of warfarin was observed. Clinical staff confirmed that they are aware of the processes around seeking clinical support from medical and/or pharmacy staff in respect of anti-coagulant management.

Patients’ clinical records reviewed across different areas throughout the organisation were followed for review of safe and appropriate systems and processes in the management of warfarin. All clinical records reviewed showed that the systems for managing warfarin are in line with legislation, protocols, and guidelines.

##### Criterion 1.3.12.1 (HDS(C)S.2008:1.3.12.1)

A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.12.3 (HDS(C)S.2008:1.3.12.3)

Service providers responsible for medicine management are competent to perform the function for each stage they manage.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.12.5 (HDS(C)S.2008:1.3.12.5)

The facilitation of safe self-administration of medicines by consumers where appropriate.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.12.6 (HDS(C)S.2008:1.3.12.6)

Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.12.7 (HDS(C)S.2008:1.3.12.7)

Continuity of treatment and support is promoted by ensuring the views of the consumer, their family/whānau of choice where appropriate and other relevant service providers, for example GPs, are considered and documented prior to administration of new medicines and any other medical interventions.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.3.13: Nutrition, Safe Food, And Fluid Management **(**HDS(C)S.2008:1.3.13)

A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

**Attainment and Risk:** FA

**Evidence:**

A contracted company continues to provide meals for all patients at WDHB. Currently patients are using environmentally friendly paper plates due to an issue with the steriliser, and was being managed by WDHB to resolve as soon as possible.

As a result of the previous corrective action in patient satisfaction with food services, improvements have been made. All patients interviewed during the audit were satisfied with the food. The previous corrective action related to patient feedback on food services is now closed.

##### Criterion 1.3.13.1 (HDS(C)S.2008:1.3.13.1)

Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.13.2 (HDS(C)S.2008:1.3.13.2)

Consumers who have additional or modified nutritional requirements or special diets have these needs met.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.3.13.5 (HDS(C)S.2008:1.3.13.5)

All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

## Outcome 1.4: Safe and Appropriate Environment

Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

#### Standard 1.4.1: Management Of Waste And Hazardous Substances  **(**HDS(C)S.2008:1.4.1)

Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.4.1.1 (HDS(C)S.2008:1.4.1.1)

Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.4.1.6 (HDS(C)S.2008:1.4.1.6)

Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.4.2: Facility Specifications  **(**HDS(C)S.2008:1.4.2)

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.

**Attainment and Risk:** PA Low

**Evidence:**

All inpatient facilities have a current building warrant of fitness displayed in the building entrances. Facilities management includes a preventative maintenance programme and the environment in the clinical areas is safe for patients and staff. There are processes in place to respond to requests for maintenance by the facilities staff. Waitemata District health Board understand the risks pertaining to older facilities and mitigation strategies are implemented.

The audit team visited the new build Te Aka, at Mason Clinic, following a reconfiguration to add an additional 15 medium-secure beds to this facility. The code of compliance and current approved fire evacuation plan was viewed. Currently the unit is being used for decanting and has minimum-secure patients admitted into the service. Ligature points were observed throughout the building.

##### Criterion 1.4.2.1 (HDS(C)S.2008:1.4.2.1)

All buildings, plant, and equipment comply with legislation.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.4.2.4 (HDS(C)S.2008:1.4.2.4)

The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.

**Attainment and Risk:** PA Low

**Evidence:**

The Mason Clinic new build provides a therapeutic environment for mental health patients, with a variety of areas for patients and visitors to use. A large court yard is available for all patients, with a smaller courtyard available for the use of female patients. Quiet areas are provided for patients who would like less stimulation. A room with gym equipment and a sensory room is also available for patients to use with supervision. Bathroom amenities are shared with one shower and toilet available per two bedrooms throughout the facility.

Ligature points were observed throughout the building and these are required to be removed and replaced prior to use as a medium-secure facility. There is a business case in place awaiting approval for the removal of identified ligature points in the Te Aka unit.

**Finding:**

The Te Aka unit has ligature points and is unable to be used as a medium secure unit.

**Corrective Action:**

Prior to use as a medium secure mental health unit, all the identified ligature points need to be replaced.

**Timeframe (days):** 365 *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.4.2.6 (HDS(C)S.2008:1.4.2.6)

Consumers are provided with safe and accessible external areas that meet their needs.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.4.3: Toilet, Shower, And Bathing Facilities **(**HDS(C)S.2008:1.4.3)

Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.4.3.1 (HDS(C)S.2008:1.4.3.1)

There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.4.4: Personal Space/Bed Areas  **(**HDS(C)S.2008:1.4.4)

Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.4.4.1 (HDS(C)S.2008:1.4.4.1)

Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely maneuvers with the assistance of their aid within their personal space/bed area.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining **(**HDS(C)S.2008:1.4.5)

Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.4.5.1 (HDS(C)S.2008:1.4.5.1)

Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.4.6: Cleaning And Laundry Services **(**HDS(C)S.2008:1.4.6)

Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.4.6.2 (HDS(C)S.2008:1.4.6.2)

The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.4.6.3 (HDS(C)S.2008:1.4.6.3)

Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.4.7: Essential, Emergency, And Security Systems  **(**HDS(C)S.2008:1.4.7)

Consumers receive an appropriate and timely response during emergency and security situations.

**Attainment and Risk:** FA

**Evidence:**

The organisation has plans and processes in place to respond to emergency situations, with close working relationships between WDHB, civil defence, local councils and other agencies involved in emergency responses. North Shore and Waitakere hospitals have emergency preparedness centres which are well equipped with emergency equipment. Both hospitals have backup generators and access to water. Staff are trained to respond and manage emergency situations, and the executive management team are rostered to provide leadership as required.

All facilities have an approved fire evacuation plan and these are located on the ward in all clinical areas visited, including the new build at Mason Clinic. Fire training is provided to all staff through e-learning and wardens attend hands-on workshops. Trial evacuations are undertaken and are reported on.

Clinical emergencies are responded to by a designated team in the hospitals and staff have appropriate training to manage medical emergencies, with emergency equipment available in all clinical areas. All clinical areas have call bells for patients to access help when required.

Security guards are employed and rostered on twenty-four hours a day, seven days a week, with systems in place to monitor incidents related to security. Discussion with security staff confirmed that buildings are locked down after visiting hours in the evening, with security cameras used to monitor access and grounds. Patrols are undertaken during the night. Staff are able to park cars after hours in close proximity to the hospital and clear lighting provides visibility at night. A new initiative has been implemented with CCTV cameras attached to security guard vests to capture escalation and security incidents. Security services monitor and collate all incidents and provide reports to the executive to ensure appropriate decisions are made to support visitor, patient, and staff safety.

##### Criterion 1.4.7.1 (HDS(C)S.2008:1.4.7.1)

Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.4.7.3 (HDS(C)S.2008:1.4.7.3)

Where required by legislation there is an approved evacuation plan.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.4.7.4 (HDS(C)S.2008:1.4.7.4)

Alternative energy and utility sources are available in the event of the main supplies failing.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.4.7.5 (HDS(C)S.2008:1.4.7.5)

An appropriate 'call system' is available to summon assistance when required.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.4.7.6 (HDS(C)S.2008:1.4.7.6)

The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 1.4.8: Natural Light, Ventilation, And Heating  **(**HDS(C)S.2008:1.4.8)

Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 1.4.8.1 (HDS(C)S.2008:1.4.8.1)

Areas used by consumers and service providers are ventilated and heated appropriately.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 1.4.8.2 (HDS(C)S.2008:1.4.8.2)

All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

# NZS 8134.2:2008: Health and Disability Services (Restraint Minimisation and Safe Practice) Standards

## Outcome 2.1: Restraint Minimisation

Services demonstrate that the use of restraint is actively minimised.

#### Standard 2.1.1: Restraint minimisation **(**HDS(RMSP)S.2008:2.1.1)

Services demonstrate that the use of restraint is actively minimised.

**Attainment and Risk:** PA Moderate

**Evidence:**

The restraint minimisation policy was last reviewed in June 2017 and the previous corrective action is subsequently closed. However further review of the restraint minimisation policy and the restraint and enabler - approved policy is required to ensure the definitions of both the restraints and enablers align with the Health and Disability Sector Standards (HDSS) for restraint minimisation and safe practice (RMSP) in the general health setting.

Meeting with the representatives on the RMSP committee confirmed there are processes in place for security personnel when patients require restraint in the general acute care setting. Staff are aware of the process to get security support in the event of an escalating situation. The restraint minimisation policy outlines the approved steps, documentation, and follow up required when restraint is used. Restraint is to be used as a last option only. The WDHB does not formally report on enabler use.

##### Criterion 2.1.1.4 (HDS(RMSP)S.2008:2.1.1.4)

The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.

**Attainment and Risk:** PA Moderate

**Evidence:**

RMSP policy for mental health is documented and aligns with restraint in this setting according to the standards and is reflected by staff implementation, understanding, and practice.

The restraint minimisation policy in the general health setting requires review, as the definition of enablers and restraint does not align with the definition in the standard. The restraints and enablers policy lists the approved restraints and enablers that may be used in the general health setting, including the description of restraint, type of restraint, and clinical indicators for use. The approved restraints and enablers policy lists devices and assistance that is used as patient treatment and recovery such as, but not limited to: theatre; recovery; and radiology equipment.

Interviews with clinical staff including management confirmed some are unable to clearly articulate the difference between enablers and restraint. Education and training is required for staff to be able to clearly understand the requirements of the standard.

**Finding:**

i) The restraint and enablers- approved policy and the restraint minimisation policy for the acute adult services do not contain a clear definition of what is an enabler and what is a restraint in accordance with the standard and current best practice.

ii) Staff are unable to articulate the difference between an enabler and a restraint.

**Corrective Action:**

i) Ensure the restraint and enablers – approved policy and the restraint minimisation policy for the acute adult services clearly define the use of an enabler and the use of a restraint in accordance with the standard and current best practice.

ii) Ensure staff understand the difference between an enabler and a restraint and demonstrate safe practice.

**Timeframe (days):** 180 *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

## Outcome 2.2: Safe Restraint Practice

Consumers receive services in a safe manner.

#### Standard 2.2.1: Restraint approval and processes **(**HDS(RMSP)S.2008:2.2.1)

Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 2.2.1.1 (HDS(RMSP)S.2008:2.2.1.1)

The responsibility for restraint process and approval is clearly defined and there are clear lines of accountability for restraint use.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 2.2.2: Assessment **(**HDS(RMSP)S.2008:2.2.2)

Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.

**Attainment and Risk:** PA Moderate

**Evidence:**

The restraint minimisation policy for the general health setting records the required assessments prior to commencing restraint, however this is not consistently recorded in the patients’ files when restraint is initiated. The audit team observed the use of restraints in the clinical setting without the required documentation. The previous area requiring improvement remains open.

During the audit, health care assistants were observed sitting with patients who required constant monitoring. There was evidence of the documentation of monitoring on the ongoing monitoring form when special care assistance by health care assistants occurred. The policy for special care assistants records the special care assessment flow chart, approval, and responsibilities associated with close observations of patients.

##### Criterion 2.2.2.1 (HDS(RMSP)S.2008:2.2.2.1)

In assessing whether restraint will be used, appropriate factors are taken into consideration by a suitably skilled service provider. This shall include but is not limited to:
(a) Any risks related to the use of restraint;
(b) Any underlying causes for the relevant behaviour or condition if known;
(c) Existing advance directives the consumer may have made;
(d) Whether the consumer has been restrained in the past and, if so, an evaluation of these episodes;
(e) Any history of trauma or abuse, which may have involved the consumer being held against their will;
(f) Maintaining culturally safe practice;
(g) Desired outcome and criteria for ending restraint (which should be made explicit and, as much as practicable, made clear to the consumer);
(h) Possible alternative intervention/strategies.

**Attainment and Risk:** PA Moderate

**Evidence:**

The policy defines the assessment process prior to restraint being initiated, that includes the requirements of this standard. Restraint practices in mental health meet the required standard.

When restraint was used such as bed rails in the general health setting, there was no record of completed assessments to implement restraint reduction strategies prior to implementation of restraint.

The patients’ clinical records reviewed for patients using restraint or requesting enablers did not show documentation of restraint occurring.

**Finding:**

There was no evidence in the acute adult services patient clinical records of comprehensive assessments being documented prior to the use of restraint.

**Corrective Action:**

Ensure assessments are carried out and documented as per the requirements of the criterion (ie, a-h), before a decision to restrain is made.

**Timeframe (days):** 180 *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 2.2.3: Safe Restraint Use **(**HDS(RMSP)S.2008:2.2.3)

Services use restraint safely

**Attainment and Risk:** PA Moderate

**Evidence:**

Restraint events are required to be recorded on an incident form using the reportable events database. The data from the reportable events database forms the restraint register for the WDHB. The restraint register contains sufficient information to provide an auditable record of restraint use.

Systems are in place for responding to emergencies requiring calming and restraint. The security staff have processes for initiation and use of restraints.

The patients in acute adult services that were using restraint did not have this recorded in their clinical records and the previous corrective action relating to episodes of restraint being consistently documented in the patients’ clinical records remains open.

##### Criterion 2.2.3.2 (HDS(RMSP)S.2008:2.2.3.2)

Approved restraint is only applied as a last resort, with the least amount of force, after alternative interventions have been considered or attempted and determined inadequate. The decision to approve restraint for a consumer should be made:
(a) Only as a last resort to maintain the safety of consumers, service providers or others;
(b) Following appropriate planning and preparation;
(c) By the most appropriate health professional;
(d) When the environment is appropriate and safe for successful initiation;
(e) When adequate resources are assembled to ensure safe initiation.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 2.2.3.4 (HDS(RMSP)S.2008:2.2.3.4)

Each episode of restraint is documented in sufficient detail to provide an accurate account of the indication for use, intervention, duration, its outcome, and shall include but is not limited to:
(a) Details of the reasons for initiating the restraint, including the desired outcome;
(b) Details of alternative interventions (including de-escalation techniques where applicable) that were attempted or considered prior to the use of restraint;
(c) Details of any advocacy/support offered, provided or facilitated;
(d) The outcome of the restraint;
(e) Any injury to any person as a result of the use of restraint;
(f) Observations and monitoring of the consumer during the restraint;
(g) Comments resulting from the evaluation of the restraint.

**Attainment and Risk:** PA Moderate

**Evidence:**

Restraint practices and documentation in the mental health services meet the requirements of the standard.

Review of clinical records showed that each episode of restraint is either not documented or not documented in sufficient detail. Services are not identifying or recording restraint to provide an accurate account of the indication for use of restraint, intervention, duration, and its outcome. As a result patient observations and monitoring during the use of restraint is not completed or documented.

**Finding:**

Episodes of restraint in acute adult services are not consistently documented in the patients’ clinical records.

**Corrective Action:**

When the decision to use restraint is made, ensure that an accurate account of each episode of restraint as per the requirements of the criterion (ie, a-g) is recorded in the patient’s clinical record.

**Timeframe (days):** 180 *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 2.2.3.5 (HDS(RMSP)S.2008:2.2.3.5)

A restraint register or equivalent process is established to record sufficient information to provide an auditable record of restraint use.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 2.2.4: Evaluation **(**HDS(RMSP)S.2008:2.2.4)

Services evaluate all episodes of restraint.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 2.2.4.1 (HDS(RMSP)S.2008:2.2.4.1)

Each episode of restraint is evaluated in collaboration with the consumer and shall consider:
(a) Future options to avoid the use of restraint;
(b) Whether the consumer's service delivery plan (or crisis plan) was followed;
(c) Any review or modification required to the consumer's service delivery plan (or crisis plan);
(d) Whether the desired outcome was achieved;
(e) Whether the restraint was the least restrictive option to achieve the desired outcome;
(f) The duration of the restraint episode and whether this was for the least amount of time required;
(g) The impact the restraint had on the consumer;
(h) Whether appropriate advocacy/support was provided or facilitated;
(i) Whether the observations and monitoring were adequate and maintained the safety of the consumer;
(j) Whether the service's policies and procedures were followed;
(k) Any suggested changes or additions required to the restraint education for service providers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 2.2.4.2 (HDS(RMSP)S.2008:2.2.4.2)

Where an episode of restraint is ongoing the time intervals between evaluation processes should be determined by the nature and risk of the restraint being used and the needs of the consumers and/or family/whānau.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 2.2.5: Restraint Monitoring and Quality Review **(**HDS(RMSP)S.2008:2.2.5)

Services demonstrate the monitoring and quality review of their use of restraint.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 2.2.5.1 (HDS(RMSP)S.2008:2.2.5.1)

Services conduct comprehensive reviews regularly, of all restraint practice in order to determine:
(a) The extent of restraint use and any trends;
(b) The organisation's progress in reducing restraint;
(c) Adverse outcomes;
(d) Service provider compliance with policies and procedures;
(e) Whether the approved restraint is necessary, safe, of an appropriate duration, and appropriate in light of consumer and service provider feedback, and current accepted practice;
(f) If individual plans of care/support identified alternative techniques to restraint and demonstrate restraint evaluation;
(g) Whether changes to policy, procedures, or guidelines are required; and
(h) Whether there are additional education or training needs or changes required to existing education.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

## Outcome 2.3: Seclusion

Consumers receive services in the least restrictive manner.

#### Standard 2.3.1: Safe Seclusion Use  **(**HDS(RMSP)S.2008:2.3.1)

Services demonstrate that all use of seclusion is for safety reasons only.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 2.3.1.1 (HDS(RMSP)S.2008:2.3.1.1)

The service has policies and procedures on seclusion that meet the requirements contained in 'Seclusion under the Mental Health (Compulsory Assessment and Treatment Act 1992' (MoH).

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 2.3.1.2 (HDS(RMSP)S.2008:2.3.1.2)

Consumers are subject to the use of seclusion when there is an assessed risk to the safety of the consumer, to other consumers, service providers, or others.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 2.3.1.3 (HDS(RMSP)S.2008:2.3.1.3)

There exists a legal basis for each episode of seclusion.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 2.3.1.4 (HDS(RMSP)S.2008:2.3.1.4)

Any factors that may require caution must be assessed for each episode.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 2.3.1.5 (HDS(RMSP)S.2008:2.3.1.5)

The likely impact the use of seclusion will have on the consumer's recovery and therapeutic relationships is considered and documented.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 2.3.2: Approved Seclusion Rooms **(**HDS(RMSP)S.2008:2.3.2)

Seclusion only occurs in an approved and designated seclusion room.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 2.3.2.1 (HDS(RMSP)S.2008:2.3.2.1)

The seclusion room provides adequate lighting, room temperature, and ventilation.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 2.3.2.2 (HDS(RMSP)S.2008:2.3.2.2)

The seclusion room allows the observation of the consumer and allows the consumer to see the head and shoulders of the service provider.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 2.3.2.3 (HDS(RMSP)S.2008:2.3.2.3)

The seclusion room provides a means for the consumer to effectively call for attention.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 2.3.2.4 (HDS(RMSP)S.2008:2.3.2.4)

The seclusion room contains only furniture and fittings chosen to avoid the potential for harm.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

# NZS 8134.3:2008: Health and Disability Services (Infection Prevention and Control) Standards

#### Standard 3.1: Infection control management **(**HDS(IPC)S.2008:3.1)

There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 3.1.1 (HDS(IPC)S.2008:3.1.1)

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 3.1.3 (HDS(IPC)S.2008:3.1.3)

The organisation has a clearly defined and documented infection control programme that is reviewed at least annually.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 3.1.9 (HDS(IPC)S.2008:3.1.9)

Service providers and/or consumers and visitors suffering from, or exposed to and susceptible to, infectious diseases should be prevented from exposing others while infectious.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 3.2: Implementing the infection control programme **(**HDS(IPC)S.2008:3.2)

There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 3.2.1 (HDS(IPC)S.2008:3.2.1)

The infection control team/personnel and/or committee shall comprise, or have access to, persons with the range of skills, expertise, and resources necessary to achieve the requirements of this Standard.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 3.3: Policies and procedures **(**HDS(IPC)S.2008:3.3)

Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 3.3.1 (HDS(IPC)S.2008:3.3.1)

There are written policies and procedures for the prevention and control of infection which comply with relevant legislation and current accepted good practice.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 3.4: Education  **(**HDS(IPC)S.2008:3.4)

The organisation provides relevant education on infection control to all service providers, support staff, and consumers.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 3.4.1 (HDS(IPC)S.2008:3.4.1)

Infection control education is provided by a suitably qualified person who maintains their knowledge of current practice.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 3.4.5 (HDS(IPC)S.2008:3.4.5)

Consumer education occurs in a manner that recognises and meets the communication method, style, and preference of the consumer. Where applicable a record of this education should be kept.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 3.5: Surveillance **(**HDS(IPC)S.2008:3.5)

Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.

**Attainment and Risk:** FA

**Evidence:**

Waitemata District Health Board infection prevention and control (IPC) surveillance programme involves the reporting of surveillance data relating to specific high risk areas and types of events appropriate for this organisation. The IPC report is completed monthly and reported through to the executive team.

The IPC team are working towards improvements and staff awareness and education to improve IPC adverse events, such as hospital acquired bacteraemia related to peripheral intravenous lines. Hand hygiene continues to be a focus for all staff, patients and visitors with IPC data, preventative measures for spread of infections and alerts for hand washing.

Infection Prevention and Control systems tracer.

The IPC committee members reported on interview there had been a surge in the hospital with patients presenting with influenza and influenza-like illness. The IPC systems tracer focused on prevention, management and impact on hospital services relating to patients with influenza and influenza-like symptoms. The IPC committee reported planning and implementing strategies for 2018 following on from the 2017 influenza outbreak that included but was not limited to a staff vaccination programme resulting in an increase in the number of staff who received the vaccination to the previous year. Public education was also increased and included promotion within high risk and vulnerable groups such as children and the older adults.

The IPC committee reported the surge of patients presenting with positive Influenza A started three weeks prior to the surveillance audit when the WDHB escalation plan was activated. This included daily access meetings to review patient flow, monitoring, and review of all patients and staff that report influenza-like illness. A decision for one ward to provide a cohort of a four bedded room for patients with influenza requiring isolation was set up. Where required patients remain in specialist areas and are placed into a single room with droplet precautions activated.

The visit to the cohort ward, specialist wards and Waitakere Hospital where patients with Influenza A had been placed in isolation were visited as part of the IPC systems tracer. Appropriate signage and isolation trolleys were strategically placed outside the isolation rooms. Staff were observed wearing protective clothing and taking the required precautions when this was required. Staff interviewed across the organisation, confirmed understanding of isolation precautions required to be implemented and that they had received education on droplet precautions and Influenza A management. Patients interviewed stated they were informed about the need for isolation and had received written and verbal requirements relating to isolation requirements. Further expert advice for staff and patients on droplet management is available and provided from the IPC team. In summary, active and effective management of the influenza surge and isolation requirements was occurring at the time of the audit.

##### Criterion 3.5.1 (HDS(IPC)S.2008:3.5.1)

The organisation, through its infection control committee/infection control expert, determines the type of surveillance required and the frequency with which it is undertaken. This shall be appropriate to the size and complexity of the organisation.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 3.5.7 (HDS(IPC)S.2008:3.5.7)

Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and management in a timely manner.

**Attainment and Risk:** FA

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

#### Standard 3.6: Antimicrobial usage **(**HDS(IPC)S.2008:3.6)

Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

##### Criterion 3.6.1 (HDS(IPC)S.2008:3.6.1)

The organisation, medical practitioner or other prescriber has an antimicrobial policy which is consistent with the current accepted practice of prudent use in the treatment of infections.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*

##### Criterion 3.6.4 (HDS(IPC)S.2008:3.6.4)

Regular auditing and monitoring of compliance with prophylactic and therapeutic antimicrobial policies shall be a component of the facility's infection control programme.

**Attainment and Risk:** Not Audited

**Evidence:**

Click here to enter text

**Finding:**

Click here to enter text

**Corrective Action:**

Click here to enter text

**Timeframe (days):** Choose an item *(e.g. for 1 week choose 7, for 1 month choose 30, for 6 months choose 180, etc.)*