

# West Coast District Health Board

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## Introduction

This report records the results of a Surveillance Audit of a provider of hospital services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	West Coast District Health Board
<b>Premises audited:</b>	Buller Health  Grey Base Hospital  Reefton Health Services
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Children's health services; Dementia care; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 15 August 2017 End date: 17 August 2017
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	70

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

## General overview of the audit

The West Coast District Health Board provides services to a population of 33,190 spread across a region from Karamea in the north to Haast in the south. The West Coast District Health Board manages three major facilities in Greymouth, Westport and Reefton. This surveillance audit included a site visit to Grey Base hospital and Buller Health in Westport. The audit team was provided with a comprehensive self-assessment and supporting evidence prior to the on-site visit. Six individual patient tracers and four systems tracers were undertaken during the on-site visit.

The West Coast District Health Board continues to face challenges, particularly the challenge of providing services to a small population across a large and remote region. The transalpine collaboration with Canterbury District Health Board and the South Island regional alliance have been established to provide the West Coast with reliable access to a full range of specialist services. Liaison roles have been developed in a number of services to provide shared governance and support to West Coast clinical teams. The new build of Grey Base hospital is underway. The ongoing challenges of managing new building projects and infrastructure are continually risk assessed and mitigated, with weekly meetings with all stakeholders involved.

The West Coast District Health Board demonstrates a commitment to whole of systems planning and service delivery through a collaborative 'whole of systems' approach involving health professionals across all sectors. There is ongoing development of a community based model, moving more services into the community, developing integrated family health centres, and increasing the number of nurse led specialist clinics in the community.

The wellbeing of staff is monitored and support is provided. There is work underway to develop a flexible workforce that can move around the health system to where the demand is and to align with the new model of care.

Patients confirmed they are positive about the care and treatment they receive.

The previous corrective actions relating to review of the dementia service model, risk management, clinical records storage and health information security have been closed. All other previous corrective actions remain. Corrective actions arising from the current audit include informed consent; discharge planning and restraint.

## **Consumer rights**

Informed consent processes were reviewed across all areas visited within Grey Base hospital, Buller Health and Reefton patient records were also reviewed. Staff interviewed understood the informed consent process. Patients confirmed they are provided with information to make informed choices. It was evident in the review of patient records that the informed consent process is provided consistently in the mental health inpatient unit, maternity and child health services.

West Coast District Health Board ensures all complaints are monitored and reviewed within expected timeframes. Staff, patients and families confirmed they are aware of their right to make a written or verbal complaint. Staff, patients and families confirmed they are aware of their right to make a written or verbal complaint. Improvements have been made in Kahurangi with a new model of care being implemented.

## **Organisational management**

The West Coast District Health Board has a Board and a shared chief executive with Canterbury District Health Board. The executive leadership team and chief executive provide leadership to the organisation. Services are provided safely in a planned and coordinated manner. Management decision making is supported by the West Coast District Health Board's improved information systems which provide real time information. The Board receives reports and data and monitors the performance of the organisation.

The quality and risk management systems are established and the organisation provided evidence of effective use of data, better information systems and a systematic approach to managing risk and recommendations from investigations and audits.

The quality and safety programme is integrated and monitored through a committee structure. The incident reporting system is now electronic and this enables the organisation to receive timely reports and monitor trended data.

The mental health service has consumer and family participation programmes. Consumers and their families confirmed they participate in service delivery and review.

The transalpine alliance has provided opportunity for clinicians to collaborate to the benefit of patients in the West Coast District Health Board. Coordination of staffing occurs to ensure that all wards have the right skill mix and numbers of nursing staff each shift.

Clinical records are stored securely, transported safely and are audited regularly for completeness.

## **Continuum of service delivery**

Patient journeys were followed through in five service areas at Grey Base hospital: medical, surgical, child health, health of the older person, and mental health. A sixth patient journey was undertaken at Buller Health in maternity. Review of patients' journeys and systems tracers demonstrated a multidisciplinary team approach to care. There is access to medical staff 24 hours a day, 7 days a week. There are timely transfers to other health services both externally and internally, taking into consideration the rural

aspect of service delivery in some areas. Transfers between services follow protocol and standardised communication tools are in use across the service.

A falls prevention tracer was undertaken across the West Coast District Health Board, including the long-term dementia care service and acute services at Grey Base hospital. The falls prevention tracer demonstrated systems and processes are in place to identify patients who are at risk of falls and strategies to prevent falls are implemented.

A deteriorating patient tracer was conducted and this demonstrated that West Coast District Health Board is in the initial planning stages of the implementation of the National Deteriorating Patient Programme. Review of policy, clinical records and interview with staff provided evidence that systems and processes are available to recognise and intervene in a timely manner should a patient's condition deteriorate.

A medication management systems tracer was also completed and demonstrated use of the national medication chart in acute services and the use of the West Coast District Health Board medication chart in residential care services. Policies and procedures are available to guide staff in medication management practices.

## **Safe and appropriate environment**

All inpatient buildings have a current building warrant of fitness. A preventative maintenance programme and the environment in the clinical areas is safe for patients and staff. Plant and equipment is compliant with legislation. There are systems for emergency response and West Coast District Health Board works closely with other agencies and emergency services in the region. Management staff work with the contracted security service to ensure the safety of patients, staff and visitors. Processes are in place to manage the new build.

## **Restraint minimisation and safe practice**

Restraint minimisation and safe practice is being coordinated and managed centrally by West Coast District Health Board through a restraint committee, which meets monthly to oversee restraint. The restraint committee monitors and evaluates restraint and enabler use across the West Coast District Health Board. There are policies in place for all service areas to support restraint minimisation practice. A subcommittee is also in place to support the specialist needs of restraint in the mental health service.

Restraint training is available to staff through the Canterbury District Health Board health learn electronic training site.

## **Infection prevention and control**

Surveillance activities across West Coast District Health Board were reviewed and demonstrated systems and processes to monitor infections, including audits and continuous surgical site infection surveillance.

An infection prevention and control system tracer was completed and focused on the management of droplet precautions for patients admitted with influenza-like symptoms. Policies and protocols are implemented based on researched best practice and linked to Canterbury District Health Board infection prevention and control policies.