

Wairarapa District Health Board - Wairarapa Hospital

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Wairarapa District Health Board	
Premises audited:	Wairarapa Hospital	
Services audited:	Hospital services - Medical services; Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services	
Dates of audit:	Start date: 12 February 2019	End date: 14 February 2019
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	74	

Executive summary of the audit

Introduction

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

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

General overview of the audit

The Wairarapa District Health Board (WrDHB) provides services to around 45,000 people in the Wairarapa region. Hospital services are provided from the 88 beds at the hospital in Masterton. Services include medical, surgical, maternity, paediatric, mental health and addiction services (respite care), and assessment, treatment and rehabilitation, with support from a range of diagnostic and support services.

This three-day surveillance audit, against the Health and Disability Services Standards, included a review of quality and risk management systems, staffing requirements, aspects of consumer rights, infection prevention and control, and restraint minimisation, and review of clinical records and other documentation. In addition to the use of tracer methodology to review five patients' journeys and four clinical systems, incidental sampling was completed in all clinical areas. Where there were less than five patients in any clinical area, records of recently discharged patients were reviewed. Interviews with patients and their families and staff across a range of roles and departments occurred and observations were made. During the audit, industrial action was in progress with the junior doctors on strike the first two days of the audit and the midwives on strike the third day of the audit. In the case of the junior doctors, this limited the numbers of doctors available for interview.

This audit identified that improvements are required related to currency of policies and procedures, the linking of all quality improvement activities, corrective action planning, the management of adverse events, documentation and completion of mandatory training, completion of performance reviews, aspects of medical credentialing, medical staffing, documentation around transfer of patients and some aspects of medicine management.

Since the previous audit, improvements have been made in relation to quality and risk management systems and reporting, allied health staffing, clinical records, patient assessments, care planning, information for patients and the availability of activities for patients within the mental health respite service. There have also been improvements made to evaluation of care, several aspects of medicines management, food services, management of biomedical waste and most areas identified in relation to facilities. The four areas that required improvement related to management of restraint have also been addressed.

Consumer rights

Patients and families/whānau are provided with the information they require at the appropriate times to make informed decisions which includes consent for treatment. Services provided support personal privacy, independence, individuality and dignity. Staff interacted with patients in a respectful manner.

There is a complaints policy and procedure that aligns with the requirements of the Code of Health and Disability Services Consumer Rights. Complaints are acknowledged, investigated, and responded to, with the DHB actively working to reduce the timeframes for closing complaints.

Organisational management

Quality and risk management is now well established at WrDHB with a committed team supported by unit-based facilitators. A strategic and planned approach was evident with formal reporting against objectives and projects. The development of a central repository for all aspects of quality is progressing well with the use of the SharePoint electronic system accessible by staff. Overall, there is good staff engagement. Several projects were in progress or completed that have improved patient care and support

systems. Consumer engagement is now well established. Links with the Health Quality and Safety Commission ensure currency with national trends and improvement projects. Quality improvement data is gathered and reported to the various committees, the clinical board and the board of directors. Where shortfalls or areas for improvement are identified there were examples of effective corrective actions put in place. Adverse event reporting and systems are generally well managed. Risk are identified, managed and monitored with regular reporting to the most appropriate group.

The use of the patient acuity tool (TrendCare), the Care Capacity Demand Management (CCDM) project and various senior support roles are ensuring the right numbers of staff are available to meet the changing needs of patients across the services. Allied health services are now better able to support patients within the multidisciplinary team due to an increase in hours provided.

Clinical records were being maintained with a combination of electronic and paper records. Entries were legible and the person making the entry was recorded.

Continuum of service delivery

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

Care is provided by suitably qualified and experienced staff who work in a multidisciplinary manner. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. The falls prevention programme is well established. The hospital has undertaken a project to review and update documentation and processes for the identification and management of adult deteriorating patients.

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

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

Safe and appropriate environment

A current building warrant of fitness for the hospital was displayed. In general, facilities are being maintained. Bio-medical waste is now well managed. There have been no changes to the buildings since the previous audit.

Restraint minimisation and safe practice

The restraint minimisation policies and procedures provide guidance to staff on how to manage any restraint events. This is overseen by the Restraint Advisory Group and the restraint coordinator. There were no restraints in use during the audit. The few restraint events over the past year reviewed showed that all requirements have been met and these were well managed. Enabler policies promote voluntary use of enablers at the request of the patient.

Infection prevention and control

Infection prevention and control (IPC) is guided by the 2018 – 2021 IPC programme, an action plan and IPC committee terms of reference. The programme is facilitated by the IPC clinical nurse specialist who provides on-site support and advice, with additional advice available through the infectious diseases physician at Hutt Valley DHB and afterhours at Capital and Coast DHB. Current policies guide practice with some aligned across the region. The surveillance programme is appropriate to the service setting and includes reporting to Health Quality and Safety Commission for surgical site infections. Reporting of surveillance data occurs through the IPC committee and these results are provided to the clinical board for review. This includes reporting of multi drug-resistant organisms, bloodstream infections and outbreaks. There are low rates of infections when compared with the national average.

