

Waikato District Health Board

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:	Waikato District Health Board
Premises audited:	Tokoroa Hospital Waikato Hospital Henry Rongomau Bennett Centre Puna Whiti Ward OPR1 Matariki Hospital Rhoda Read Hospital Taumarunui Hospital and Family Health Team Te Kuiti Hospital Thames 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: 20 October 2020 End date: 22 October 2020
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: 947

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

Waikato District Health Board (WDHB) provides services to around 430,000 residents living in the region. Hospital services are provided from the 877-bed facility at Waikato, the 53 bed Thames Hospital and the 103 beds in the rural facilities at Taumaranui, Te Kuiti, Tokoroa, Matariki and Rhoda Read. Services include medical, surgical, maternity, children's health, women's health, older person's health, and mental health and addiction services. These services are supported by a range of diagnostic, support and community-based services.

This three-day surveillance audit, against the Health and Disability Services Standards, included a review of management, quality and risk management systems, staffing requirements, infection prevention and control, review of clinical records and other documentation and follow-up of the previous areas that required improvement. Interviews with patients and their families and staff across a range of roles and departments were completed and observations made. Auditors visited the Waikato site, Thames Hospital, Te Kuiti and both aged care facilities - Matariki and Rhoda Read.

This audit identified required improvements in the following areas: family violence screening; resuscitation plans; clinical governance and management; currency of documents; risk management; the recording and completion of training and performance reviews; and staffing requirements. Improvements are also needed in relation to clinical assessments, care planning and discharge planning, medicines management, menu planning, storage of breast milk, facilities, equipment and management of restraint. Good progress has been made in all areas identified as requiring improvement at the previous audit with reduced risks identified.

Rhoda Read Continuing Care and Matariki Continuing Care services provide long-term residential care and short-term care and rehabilitation as part of the older persons and rehabilitation service. A clinical nurse manager manages each facility. Patients and families spoke positively about the care provided.

Consumer rights

Patients reported that they have been provided with adequate information to make informed decisions about their care and treatment. Thorough documentation in relation to informed consent was seen in clinical records and verbal consent is also documented when necessary. 'Not for resuscitation' decisions are recorded at the front of the clinical record.

Privacy was well managed in clinical areas, with staff observed making efforts to respect patients' privacy.

At Rhoda Read Continuing Care and Matariki Continuing Care, the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) was made available to patients. Services are provided that respect the choices, personal privacy, independence, individual needs and dignity of patients and staff were noted to interact with patients in a respectful manner.

Patients who identify as Maori have their needs met in a way that respects their cultural values and beliefs. Staff understood professional boundaries and there was no evidence of any abuse and neglect. Open communication was confirmed to be effective during all stages of service delivery.

Complaints are well managed using an electronic system. Patients were aware of the many ways in which they can make a complaint. Improvements are made as a result of complaints. Health and Disability Commissioner complaints are managed to meet requirements.

Organisational management

There have been significant changes at the governance and management level since the previous audit with a team of commissioners providing governance. A new chief executive officer has been appointed with the review and development of a senior executive team now in place. A consultation process is near completion to establish leadership at the directorate level with appointments planned in the New Year. Terms of reference for the clinical board have been confirmed by the commissioners and appointment will also follow in the new year. A stronger focus on equity for Māori and digital developments is evident at the senior leadership level. Improved accountability is developing with the addition of an accountability framework and monthly directorate meetings with extensive reporting.

The director of quality role was vacant at the time of audit, with one of the associate directors of nursing acting in this role. This service now reports to the team of three professional leads. Improvement activity was evident at all levels of the organisation, from large projects across the continuum of care, to small ward-based initiatives. Risks are managed and reported to the commissioners and executive leadership team.

Adverse events are managed through an electronic management system, with improvement plans developed. A thorough review process occurs with follow-through of recommendations.

A new appointment to the executive director organisation support role oversees human resources systems, including learning and development. Various improvements have been progressed in relation to governance, documentation and performance review processes. Staff reported good access to ongoing training and being well supported from dedicated educators and other roles.

A range of mechanisms are used to ensure that the right numbers of staff are available to meet the changing needs of patients across the services. The organisation is progressing with the implementation of the Care Capacity Demand Management (CCDM)

programme, which is positively impacting on matching patient requirements to nursing staffing. Transition to the new Trendcare acuity tool is in progress. The developments in the Integrated Operations Centre (IOC) are ongoing with improved responsiveness to patient flow and placement of staff where most needed.

Rhoda Read Continuing Care and Matariki Continuing Care: The two clinical nurse manager's report directly to the nurse manager at Waikato Hospital older persons and rehabilitation on a regular basis. Meetings are held weekly at the hospital to discuss any impending issues or projects undertaken as part of quality improvement. As a team the services are committed to creating a culture where the working environment is optimal and clinical practice undertaken is progressive and supportive to the patients and their family/whanau. The services promote patient centred care, partnership and inter-disciplinary teamwork.

Continuum of service delivery

Prior to the surveillance audit, the organisation reviewed four individual patient's journeys using tracer methodology. Findings have been reported and action planning implemented. At this surveillance, five individual tracer journeys were reviewed, one in the maternity service and two in the mental health and addiction service, plus one each in the aged care facilities. Four systems were reviewed (medication management, falls prevention, the deteriorating patient and infection prevention and control), to ascertain implementation of the standards at Waikato Hospital and at two rural hospitals.

Service delivery is coordinated to ensure effective use of resources and safe care. Medical staff contribute to an integrated clinical record and plan care with the multidisciplinary team and the patient. Assessments, planning and interventions are detailed, evaluated, and recorded in the clinical record. An early warning scoring (EWS) system is widely used and provides triggers to recognise the deteriorating patient. Discharge planning commences early in the admission process and estimated discharge dates are closely monitored.

Systems for medication management are in place and a new initiative implemented to support patient adherence in the transition from hospital to community. There is an increasing focus on high risk medicines and their safe and effective management. Policies and procedures guide practice.

The kitchen services meet the nutritional needs of all patients and special needs are catered for. Each service has a food control plan in place.

Rhoda Read Continuing Care and Matariki Continuing Care: The organisation works closely with the needs assessment and service coordinators for the long term care patients. The multidisciplinary team assesses patient needs within the required timeframes. Care is provided twenty-four hours a day, seven days a week. Rehabilitation patients are admitted for short-term care and rehabilitation prior to discharge to the community. All care plans are individualised. Goals and outcomes are identified, and interventions documented to achieve goals. Patients and families at both facilities reported being kept well informed and involved in care planning and evaluation and that the care provided was of a high standard. Handovers are provided between all shifts to promote continuity of service delivery. Activities are provided and overseen by the occupational therapist. Medicine management is managed safely and all staff who administer medicines are competent to do so. Food services meet requirements.

Safe and appropriate environment

Improvements have occurred around building warrants of fitness since the previous audit, with only Thames Hospital outstanding. Improvements have also been made in relation to maintenance and testing of electrical and biomedical equipment.

Rhoda Read Continuing Care and Matariki Continuing Care: The two facilities are owned and managed by the district health board. All building and plant complies with legislation and both services have current building warrants of fitness certificates. Emergency procedures are documented and displayed, and flip charts were visible at each site. Waste and hazardous substances are managed effectively and safely with storage sites being clearly labelled. Protective clothing and equipment are worn by staff as needed. Laundry and cleaning services are audited for effectiveness. Patients reported timely response to call bells.

Restraint minimisation and safe practice

Current policies and procedures guide practice for safe restraint and enabler use. Restraint interventions are overseen by the restraint team and restraint advisory committee (RAC). Staff understood the difference between a restraint and an enabler.

Restraint events are now recorded using an electronic system (Clinical Workstation (CWS)). The mental health unit is progressing well towards the zero seclusion project with a significant reduction in the use of both seclusion and restraint events.

Rhoda Read Continuing Care and Matariki Continuing Care: Restraint use is minimised at both services. Staff demonstrated a sound knowledge and understanding of restraint and enabler processes. Enabler use is voluntary for the safety of patients in response to individual requests. Policies and procedures are followed as per the restraint standard.

Infection prevention and control

Surveillance for infections is occurring. The surveillance programme is appropriate to the service setting and includes significant organisms (including multi-drug resistant organisms), specific surgical site infections, invasive device related infections, blood stream infections and outbreaks. The surveillance results are communicated appropriately. An outbreak management plan has been implemented following a recent outbreak of a multi drug resistant organism (MDRO).

Rhoda Read Continuing Care and Matariki Continuing Care: There are infection prevention and control champions for each service who are experienced registered nurses who aim to manage and to prevent infections. Specialist infection prevention and control advice can be sought if and when required. Staff demonstrated good principles and practice around infection control, which is guided by policies and procedures. Any infections are reported to the general practitioner or nurse practitioner and treated accordingly.