

# West Coast District Health Board

---

## Introduction

This report records the results of a Certification Audit of a provider of hospital services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard 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 (Te Nikau Hospital)
<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: 26 July 2022    End date: 29 July 2022
<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>	67



# Executive summary of the audit

---

## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

## General overview of the audit

Te Tai o Poutini West Coast has 100 inpatient beds and community services providing health services to people in the West Coast region.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard implemented in February 2022 and following reform of the Aotearoa New Zealand health system. The dissolution of District Health Boards in July 2022, development of the Te Aka Whai Ora, Māori Health Authority and Te Whatu Ora, Health New Zealand has informed the audit. Additionally, this audit was undertaken at a time of national health workforce shortage and should be read considering the national and international pandemic influences experienced by the organisation.

A comprehensive self-assessment and supporting evidence was provided to the audit team prior to the onsite assessment. Grey Base Hospital (Te Nikau Hospital) Greymouth and Buller Health, Westport were visited during the onsite audit. Reefton Health Services were closed during the audit.

Areas for improvement include: Pacific peoples cultural safety, equity and partnership, information management and privacy, medication management, medication records, transfer documentation, legislative requirements for emergency plans, infection prevention and control involvement in procurement, and waste disposal.

## **Ō tatou motika | Our rights**

Consumer rights and advocacy services information is on display throughout all Te Tai Poutini West Coast health services visited. Staff are knowledgeable about consumer rights and able to discuss how they incorporate these into interactions with patients and family/whānau. Access to advocacy and interpreter services is provided when this is required. Services provided facilitate informed choice and informed consent. In all areas visited, patients and family/whānau, confirmed they are provided with information on their rights and advocacy services.

Staff were observed demonstrating respectful communication and maintaining patients' dignity and privacy. Policies, training, and expectations ensure services provided are free from discrimination. Staff adhere to organisational wide policies and processes on code of conduct and professional requirements.

Key strategic documents underpin the provision of health services to Māori patients and their family/whānau. At all levels of the organisation staff complete training in Te Tiriti o Waitangi. Cultural safety is reflected in service delivery. Services to Pacific people are planned and under development.

Patients and family/whānau have access to information on how to make a complaint. The complaints process is documented and implemented according to Right 10 of the Code. Patients interviewed were positive about the care they received.

## **Hunga mahi me te hanganga | Workforce and structure**

The national framework for the organisation is developing. An interim district director position is established for Te Wai Pounamu South Island. Work is underway to ensure the strategic direction for the Te Tai o Poutini West Coast is linked nationally to meet the

Te Whatu Ora governance and Board requirements. The Waitaha Canterbury and Te Tai o Poutini West Coast interim chief executive position is in place providing delegated oversight and guidance to the Te Tai o Poutini West Coast general manager and senior leadership team. The relationships established and work undertaken as part of the former Trans Alpine Agreement between Waitaha Canterbury, and Te Tai o Poutini West Coast continues to provide support to the organisation.

Inpatient services operate 24 hours a day, 7 days per week, by a trained and experienced multidisciplinary team. Teams at all levels of the organisation are supported by technology, which assists decision making using real time data. Policies and procedures are electronic with systems in place for document control. Te Tai o Poutini West Coast demonstrates a culture of quality improvement and is supported by clinical governance. The risk management system is well embedded. Risks are currently monitored at service level and by delegated senior staff. Risk information is escalated to the interim chief executive.

Incident reporting is encouraged, and relevant outcomes are shared with staff, patients, and the community. Adverse events are investigated, and open disclosure occurs with patients and their families/whānau. Patients and family/whānau interviewed confirmed involvement and input into service delivery where appropriate.

Human resource processes meet legislative employment requirements. All staff have a structured orientation programme and ongoing learning and development opportunities. The organisation uses systems to manage safe staffing levels.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Te Tai o Poutini West Coast provides a range of services for the population from Karamea to Haast.

Information is available about health services through the organisation's website, and in community health services in the region. Leaflets are also available that contain information related to patient services.

Patients and family/whānau are included in the development of care plans and provision of care. Collaboration with interregional specialist services occurs and contributes to the care plan development.

Each service has implemented a model of care specific to the service type. Care is provided collaboratively with the input of a multidisciplinary team. Early changes in a patient's status are monitored and reviewed. Evaluation of the patient's care occurs appropriately.

Activities are available in each service to meet the needs of the patients.

Medications are appropriately stored and administered. A medication competency programme is implemented. The pharmacy supports and monitors the medication programme.

The food service has a current food control plan and caters for special diets.

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

The buildings inspected across the region vary in age. A building program is underway to replace buildings at the Manaakitanga Mental Health Unit in Greymouth and the Buller Health facility, in consultation with Māori. A preventative maintenance programme is implemented. External areas are suitable for patients', staff and visitors with shaded areas and seating provided. All buildings have an up to date building warrant of fitness.

Emergency and disaster response plans are developed. Contingency plans enable a prompt response to unexpected utility or plant outage. Security systems in all facilities are reviewed and improved to respond to changing situations. Staff are trained in emergency procedures and the use of emergency equipment and attend regular fire drills.

All inpatient areas have heating and ventilation for patient comfort. Rooms are an appropriate size and allow for unrestricted patient care. A call bell system is in place to facilitate patients' access to help when needed. Lounges, quiet rooms, and open seating spaces are available for visitors and family/whānau.

The management of waste and hazardous substances meets legislative requirements. Progress in waste minimisation and recycling was demonstrated. The hospitals and grounds are smoke free.

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

There is a documented infection prevention and antimicrobial stewardship programme in place that is reviewed annually. The programme has been approved by the executive infection prevention and control committee, and links with the quality system. Appropriately trained registered nurses implement and report on the programme. Support to implement the programme is available from a range of appropriately qualified practitioners.

The service has a suite of infection prevention and antimicrobial stewardship policies and procedures to guide practice. The Pandemic and Infection Outbreak Policy is implemented. The surveillance programme is suitable for the services provided regionally. Data is used to generate monthly reports, which are analysed and acted on as required.

Infection prevention education is provided to staff during orientation and annually thereafter. Patients and family/whānau interviewed reported satisfaction with the information they receive regarding infection prevention.

Cleaning and laundry services are effective.

## **Here taratahi | Restraint and seclusion**

There is a commitment by management and staff to ensure restraint and seclusion practice is reduced as much as possible. Restraint is used as a last resort after all other de-escalation techniques have been applied. In the event of seclusion, assessments are completed prior, during and post seclusion to ensure that any risks are minimised, and safety and clinical indicators maximised. There is one active seclusion room in the Manaakitanga inpatient unit. The room was visited by the audit team and found to be appropriate. All restraint and seclusion episodes are recorded in the patient's individual clinical file. The organisation continues to be involved in the national Zero Seclusion project to reduce episodes of seclusion.