

Te Whatu Ora – Health New Zealand Wairarapa Hospital

Introduction

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

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 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:

Legal entity:	Te Whatu Ora
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: 22 November 2022 End date: 24 November 2022
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:	62

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 Whatu Ora Wairarapa provides service to around 51,000 people in the region from the 88-bed hospital in Masterton. Services include medical, surgical, maternity, children's and women's health, rehabilitation services and the mental health respite service.

This three-day surveillance audit, against the Ngā paerewa Health and Disability Services Standards, included review of documents prior to the on-site audit and during the audit, including review of clinical records. Auditors interviewed managers, clinical and non-clinical staff across all services, patients and whānau. Observations were made throughout the process.

The audit identified that improvements are required in relation to quality systems, staffing, training, clinical assessments and care planning, medicines management and the governance aspects of restraint minimisation/elimination. Four of the previous required improvements related to consent in the mental health respite service, clinical evaluation, facilities and the theatre instrument tracking system have been addressed. Work is continuing in other areas.

Ō tatou motika | Our rights

There are well-established partnerships with iwi and community-based providers of Māori health services across the region. The Māori health team are providing guidance to the organisation in tikanga Māori. The team is available Monday to Friday to support patients and whānau. An increased focus on identifying barriers to equity was evident through the establishment of a leadership/coordinator role within the quality team and a specific 'navigator' role in relation to planned care and outpatient services. Linkages with the relatively small Pasifika population are developing. The national Ola Manuia action plan aligns with local priorities.

Patients and whānau understood how to make a complaint and these were resolved effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Wairarapa has an organisation and district leadership structure. Strategies, priorities, and proposed system changes are defined, within a range of planning documents. A robust monitoring and reporting process was evident through the executive leadership team. Ko Wairarapa Tenei is a governance group led by the general manager Māori and includes iwi and members of the Māori community, with a focus on equity.

The clinical board is developing leadership/governance responsibilities.

The newly appointed director of disability has a clear sense of direction focused on how best to bring the consumer voice to the fore. The Consumer Council also supports involvement of consumers and those with disabilities.

Improvements have been made to the quality framework with improved leadership and the establishment of an equity role. Quality facilitators within the clinical areas support clinical quality activities. The establishment of an 'equity group' is in progress, to report to the clinical board. Adverse events are managed through an electronic management system with a centralised process to

support timely implementation of recommendations. Essential notifications are occurring. Analysis of adverse events data has led to improvements, with a focus on the deteriorating patient and falls minimisation being examples.

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 Care Capacity Demand Management (CCDM) programme supports decision making along with the daily bed management meetings and support from the duty nurse managers, who play a key role in making decisions around patient flow, staff placement and managing hospital services that are frequently operating at full and near full capacity.

Professional qualifications are validated prior to employment. An orientation programme is in place and a range of ongoing training and professional development opportunities are available, with many online training packages. Staff ethnicity and other data collected is securely managed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Te Whatu Ora Wairarapa patient entry to services and deferred services rates are monitored, including rates for Māori.

Informed choice underpins the development of care and support plans which are developed by skilled and experienced health care workers with the patients and whānau. Assessments, including cultural needs, values and beliefs are considered. Staff are to receive education related to cultural competence. The strengths, goals and aspirations of the patients are taken into consideration when developing the care or support plans. Provision of services contributes to meeting the person's needs and goals.

Evidence of the organisation supporting community initiatives was sighted throughout the hospital. Opportunities for Māori to be supported by the Māori health team and to participate in te ao Māori are facilitated.

Policies guide transfer and discharge planning. Discharge is a planned process, which includes collaboration with patients and their whānau. Patients with complex needs have plans made by the multidisciplinary team to progress discharge and ensure a safe transition.

With some exceptions noted, medicines are generally well managed with controlled drug registers meeting requirements. The Medicines Advisory Committee (MAC) meets three monthly. Blood and blood products are well managed.

The food service meets the needs of patients/whaiora.

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

Facilities, in general, meet the needs of the patient groups on the site. Building warrants of fitness were current for all sites. Maintenance of equipment and facilities is undertaken, with suitable equipment and supplies available. Improvements have been made to some aspects of the environment to support cultural practices and safety.

Fire evacuation plans are in place and trial evacuations occur.

Security systems meet the needs of the site with support provided by orderlies/security staff.

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

There are several plans which cover pandemic, including a Wairarapa Māori Pandemic Response Plan 2020. Appropriate personal protective equipment is available in all patient clinical areas. The pandemic plan has been well tested with Covid-19 strategies put into action, and the development of processes to meet the needs of patients and staff.

The infection prevention and control programme is appropriate to an acute hospital setting and includes surveillance for infections as required by the Health Quality and Safety Commission and to meet the community they service. The surveillance programme is agreed annually. Identification and monitoring of infections are occurring and reported to appropriate committees and at a national level. Communication with people who develop hospital acquired infections occurs.

Here taratahi | Restraint and seclusion

The service has begun its journey to incorporate the requirements of the revised standards into its committee structure. While details of implementation of the revised standards are still being established by the restraint advisory group, work has continued to ensure de-escalation training is continuing through regularly run courses for safety interventions.