

Health New Zealand -Te Whatu Ora – Te Tai o Poutini West Coast

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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Health New Zealand	
Premises audited:	Buller Health, Te Nikau. Kahurangi Dementia Unit	
Services audited:	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	
Dates of audit:	Start date: 21 February 2024	End date: 23 February 2024
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: 55

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 tātou 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 Te Tai o Poutini West Coast provides services to a population of 33,000 across 800 kilometres of largely rural areas covering the South Island's West Coast.

Hospital services are provided from Te Nikau Hospital and Health Centre, Greymouth with 77 inpatient beds and Te Rau Kawakawa, Westport with seven inpatient beds. Clinical services include medical, surgical, paediatric, mental health, maternity and older person's health (Kahurangi unit). These services are supported by a range of diagnostic and support services.

Health services are delivered within a framework which integrates with primary health; four GP practices with rural clinics support their rural communities to provide a ruralist model supported by a long-standing transalpine model with Te Whatu Ora Waitaha Canterbury (Christchurch).

This three-day surveillance audit against the Ngā Paerewa Health and Disability Services Standard included review of documents prior to and during the on-site audit, and review of clinical records. Auditors interviewed managers, including senior managers with

transalpine roles, clinical and non-clinical staff across all services and in a range of roles and departments, and patients and whānau. Observations were made throughout the process. Auditors visited both hospital sites.

Improvements have been made to several areas identified for improvement at the previous audit, including privacy, discharge planning, medication, emergency management, procurement processes and storage of waste. This audit identified that further work is required in relation to Māori leadership, collection of ethnicity data, leadership and processes to support Pasifika, formal relationships with local Pasifika communities, management of complaints, controlled documents, management of incidents, staffing requirements, visibility of key human resource information including training, and access to patient health information for management of care.

Improvements are also required in relation to guidelines for care and admission criteria at Te Rau Kawakawa, risk assessments for patient care, medication management, electrical testing and biomedical equipment checking.

Ō tātou motika | Our rights

Kaiāwhina and kaiatawhai not only provide cultural support to staff, but also to Māori patients, tāngata whaiora, tāngata whaikaha and their whānau to assist them to navigate health services.

Patients and their whānau have access to information about their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were being upheld by the staff. Patients were free from abuse and processes are in place to report any suspected abuse.

Appropriate, easily understood information is provided to patients and whānau. They felt listened to and included when making decisions about care and treatment. Informed consent was occurring as and when appropriate.

Patients and whānau understood how to make a complaint and these were addressed and resolved.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Te Tai o Poutini continues working through the changes to Te Whatu Ora - Health New Zealand structure in line with national and regional guidance and developments. A regional approach was evident in many areas of service delivery. Legislative, contractual and regulatory requirements were being managed. Te Whatu Ora – Health New Zealand sets the direction and goals, and monitoring occurs within the district, regionally and nationally. The Māori health services structure has been impacted by the changes, and currently there is no Māori health leadership team. There is a recent appointment to a quality equity coordinator role to assist improving outcomes and achieving equity for Māori.

The Te Tai o Poutini West Coast clinical board provides clinical governance which feeds into the operational leadership team and gives operational management oversight.

A well-established quality and risk management framework demonstrated a commitment to patient safety, improvement and a risk-based approach with a range of projects based around the Te Tāhū Hauora Health Quality and Safety Commission programme and other priorities. Risks were well managed, aligning regional and national developments. The National Adverse Events Reporting Policy is followed, with recommendations resulting from adverse events reviews followed through to completion. Essential notifications were completed.

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 provides information to support decision-making by those working in the Integrated Operation Centre (IOC). Competencies, skills, and qualifications are defined and support effective service delivery.

Professional qualifications are validated prior to employment. An orientation programme was in place and a wide range of ongoing training and professional development opportunities made available. Employees are provided with opportunities to discuss and review their performance.

Ngā huarahi ki te oranga | Pathways to wellbeing

Patients were assessed by the qualified multidisciplinary team using validated assessment tools. Informed choice underpins the development of individualised care or support plans, developed in partnership with patients and their whānau. Cultural values and beliefs were considered and incorporated into care delivery. Care plans included the individual's aspirations where appropriate.

Interventions were implemented to ensure goals and needs are met. Regular review and reassessment of progress occurs with changes to care initiated in collaboration with the patient/whānau and the multidisciplinary team. Transition, transfer and discharge processes were documented comprehensively, with current needs and risk mitigation included.

Medicines and blood products were prescribed, administered, stored and disposed of safely in each clinical setting visited, with some exceptions noted.

Food was safely managed through the on-site kitchens and met the nutritional needs of patients.

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

All buildings, plant and equipment are well-maintained and fit for purpose. Entry and egress allow staff and service users to move freely and independently throughout the facilities.

There have been no additional buildings since the last audit and the approved evacuation plan remains active.

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

The infection prevention and control programme has been developed by a team of experienced infection control specialists locally and in conjunction with Te Whatu Ora – Health New Zealand Waitaha Canterbury, and approved by the clinical governing body. It is linked to the quality improvement programme and reviewed and reported on annually.

Infection prevention education has been provided to all employees as part of orientation and ongoing, based on roles, responsibilities and services provided.

Surveillance of health care-associated infections is appropriate to the size and scope of the service and has been implemented as planned. Results of surveillance and recommendations to make improvements were evident and reported to the governing group.

Here taratahi | Restraint and seclusion

Restraint elimination and safe practice governance is led by executive leaders with wide membership from across the service, including Māori and consumer representation. Restraint policies and processes are in place to support the elimination of restraint and to oversee approved restraint practices. Māori health services support the cultural approaches and responses for de-escalation with clients across service areas.

The service is committed to continuing its work towards zero seclusion with the use of more client and whānau approaches in place. Data provided showed that seclusion use remains low.