

# Wairarapa District Health Board - Wairarapa Hospital

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## Introduction

This report records the results of a Certification 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:

<b>Legal entity:</b>	Wairarapa District Health Board
<b>Premises audited:</b>	Wairarapa Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 13 June 2017    End date: 15 June 2017
<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>	63

# Executive summary of the audit

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## 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

Wairarapa District Health Board (WRDHB) provides services to around 43,900 across the Wairarapa district. Hospital services are provided from the 88 bed facility at Masterton and include medical, surgical, maternity, paediatrics, and the Crisis Respite and Recovery Centre (CRRC), which is a community based service. This CRRC service is part of the '3DHB' regional Mental Health, Addiction and Intellectual Disability (MHAIDS) service. Inpatient services are supported by a range of diagnostic, support and community based services. There are close links between the Hutt Valley DHB and the Capital and Coast DHB with some tertiary and support services shared between the organisations.

This three-day certification audit, against the Health and Disability Services Standards, included a review of management, quality and risk management systems, staffing requirements, infection prevention and control, and review of clinical records and other documentation. Interviews with patients and their families and staff across a range of roles and departments were completed and observations made.

The audit identified areas that require improvement related to management of quality and risk, policies and procedures, adverse events, follow-through of corrective actions, orientation of locum medical staff, medical credentialing, completion of training and performance appraisals, medical and allied health staffing, and clinical documentation. Improvements are required in relation to clinical assessments, planning of care, evaluation, discharge information, management of medicines and food services. Within the CRRC service, ensuring access to information about mental illness and provision of a suitable activity programme is needed. Attending to environmental shortfalls is required related to management of waste and maintenance of the environment. Several issues related to management of restraint within the general area of the hospital were identified and need addressing.

## **Consumer rights**

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is visible around all areas of the DHB. Patients and families/whanau reported an awareness of the Code and that their rights were upheld. All patients spoke positively about their care, treatment and communication with staff. Staff were observed respecting patients' rights, including their privacy.

The organisation has a strong commitment to providing services that meet the cultural needs of its catchment area.

Communication with patients and families was open and honest and examples of open disclosure were evident where required. Interpreter services are readily available and widely used. Adequate information is provided to patients to assist them to make informed decisions and provide both written and verbal consent. Patients and families interviewed were satisfied with the care and services provided.

Complaints are well managed with an emphasis on ensuring that senior staff provide a responsive and respectful approach, which has been appreciated by complainants. Compliance with the Code of Rights is monitored.

## **Organisational management**

A well-developed planning process is based around the statutory requirements, with plans adapted to meet the needs of the region's people. The annual planning process has recently included a broad range of community stakeholders, supporting an improved consumer partnership approach. The newly established management and leadership structure is effective, with several new leadership roles to better reflect the increased independence of the Wairarapa DHB.

The quality and risk service is being led by the Executive Leader Quality, Risk and Innovation with a framework, structure and plan under development. Connections to national projects and the Health Quality Safety Commission were evident and a range of quality improvements are being progressed. Work to re-establish an appropriate WRDHB clinical governance framework and the Clinical Board are progressing well. Staff are involved at all levels with improvement activities. Data is widely available to monitor trends and address issues where they arise. Adverse events, including those of a more serious nature, are now being managed as required. Improvements have been made to the risk management system over the past year and this is functioning well.

Consumer and family involvement within the respite mental health service meets the requirements of this small service. Human resources systems are based on best practice, with an organisation wide and unit based orientation process. Staff are well supported with training and education opportunities.

Staff numbers and skill mix are defined and based on the Trendcare acuity information. There is a multi-pronged approach to ensuring staff are utilised in the most efficient way to meet changing patient demands.

Clinical records are generally well completed, tracking the patient's care. Records are stored securely and easily retrievable. Privacy of information is maintained.

## **Continuum of service delivery**

Patients access services based on needs and this is guided by policy. Waiting times are managed and monitored. Risks are identified for patients through the use of screening tools. Pre-admission assessment processes are used where appropriate. Entry

is only declined if the referral criteria are not met, in which case the referrer and patients are informed of the reasons why and any alternatives available.

Five patients' 'journeys' were reviewed as part of the audit process and involved the emergency department, medical surgical ward, paediatrics, maternity, older persons' health and respite mental health areas, and the operating theatre suite. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients and families/whanau. Additional sampling was undertaken throughout the audit.

A qualified and skilled multidisciplinary team provides services to patients and there were good examples of teamwork throughout clinical areas. Shift handovers are efficiently managed and include an office and bedside handover.

Assessments are undertaken and include the patient and family / Whānau where applicable, this was supported by patients and family members interviewed. Admission assessment tools utilised are based on best practice. Areas were using the early warning score (EWS) to prompt triggers when a patient's condition deteriorates, and this tool was generally well completed. Evaluations are generally undertaken of patients' progress and includes progress towards discharge.

With the exception of the respite mental health service, activities meet the requirements of the individual patients and these are particular to the various specialty settings. Overall, the audit identified a strong focus on meeting patients' needs and staff working as a team with good communication to achieve this.

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.

Food provision meets all industry standards. The appointment of the contracts advisor has resulted in some improvements to the provision of food. A patient meals advisory group has been set up. There is weekly and monthly monitoring of food provision.

## **Safe and appropriate environment**

There is a rigorously managed and implemented system for ensuring that all plant, facilities and equipment meet regulatory and safety requirements, including having current building warrants of fitness. The hospital meets patient safety and access needs.

There are sufficient private toilet and bathing facilities and enough personal space for patients. Communal areas are available for patient use. Cleaning is monitored regularly for compliance with contractual requirements, and like the off-site laundry service, regularly surpasses required standards.

Essential, emergency and security systems are in place and there are good linkages with other agencies, such as the police and the New Zealand Fire Service. There is an approved emergency evacuation scheme and six-monthly trial evacuations are undertaken. The hospital has natural light and sufficient ventilation and heating.

## **Restraint minimisation and safe practice**

The restraint minimisation policies and procedures are currently under review. There is a recently re-established restraint advisory group (RAG) which is in the process of reviewing the organisation's processes around restraint minimisation and safe practices. A no restraint philosophy has been in place, however staff and contracted orderly services, report episodes of restraint occurring. The new RAG committee are committed to ensuring good practice going forward. There are no seclusion beds at the Wairarapa DHB.

## **Infection prevention and control**

Wairarapa DHB have well established infection prevention and control policies and procedures. An infection prevention and control committee oversees the annual plan. Membership of the committee includes an infectious diseases physician and microbiology input to support the small infection prevention and control team. Surveillance is appropriate for the size and patient group. A review of the management of multi-drug resistant organisms within the organisation show good practices are in place.

Antimicrobial stewardship occurs with oversight and review occurring by infectious diseases pharmacists at Wairarapa and Hutt Valley District Health Boards.