

# QUALITY ACCOUNT

2017 - 2018



**Waipuna**HOSPICE  
Life is Special

# ABOUT WAIPUNA HOSPICE

## VISION

High quality end of life care for all

## MISSION

to provide the best possible specialist hospice palliative care, enhancing the quality of life for those facing end of life and bereavement

## VALUES

Compassion  
Advocacy  
Respect  
Empathy  
Quality

## OUR SERVICES

Waipuna Hospice care is effective, equitable, valued and accessible to all people in the Western Bay of Plenty in a seamless manner, regardless of age, gender, diagnosis, ethnicity, or geographical location. We deliver care in partnership with the patients primary healthcare team and alongside any other specialist teams involved. In doing so Waipuna Hospice can be seen as providing an additional layer of support.

## OUR PEOPLE

Waipuna Hospice attracts, develops and retains a high performing and engaged interdisciplinary team of staff and volunteers.

## OUR DIVERSE COMMUNITY

Waipuna Hospice reflects the diversity of our communities in every aspect of our business.

## OUR PARTNERS

Waipuna Hospice has sustainable relationships with key stakeholders across our region, including Bay of Plenty District health Board, businesses, health providers, iwi and our communities.

## OUR FINANCES

Waipuna Hospice demonstrates strong financial stewardship while providing for the future needs of the community.



## QUALITY STATEMENT

It is our pleasure to present the seventh Quality Account for Waipuna Hospice.

Waipuna remains committed to continuous quality improvement, and improving on the standards we have achieved to date. This includes achievement of Gold WorkWell Accreditation, Equip Accreditation (an Australasian quality assessment), Ministry of Health Certification, and undertaking a Hospice New Zealand peer review against the Hospice New Zealand Standards.

These results reflect the commitment of our teams who work with a multi-disciplinary focus in all aspects of their roles.

Through late 2016 we completed an extensive strategic planning process, and have defined our aspirational goals, as well as our operational goals. This renewed vision and direction for Waipuna has brought with it fresh energy and enthusiasm for further quality improvements. These continued efforts will ensure our staff, patients, and community are confident Waipuna Hospice is a safe, professional, positive and sustainable organisation.

We extend sincere thanks to our board, volunteers, staff, other providers we work with, and the local community who enable us to continue delivering high quality service.



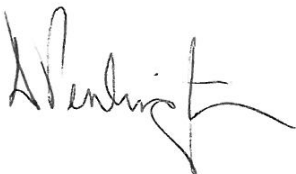
**Murray Hunt**  
**Medical Director**



**Angela Shaw**  
**Clinical Services Director**



**Becky Gardiner**  
**Director of HR & Operations**



**Debbie Penlington**  
**Co-Director of Family Support**



**Natasha Greig-Merrett**  
**Co-Director of Family Support**

## PATIENT, FAMILY/WHANAU SATISFACTION

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We encourage feedback and seek this in a variety of ways, with suggestion boxes located throughout our facility and feedback forms in the compendiums in each inpatient room.

**"I can't speak highly enough of Waipuna Hospice. I feel privileged to be involved with such a wonderful organisation."**

"I think you provide a wonderful service that leaves no room for complaint or criticism."

**"Great to know you are at the end of the phone if needed 24/7."**

This year we also undertook a patient and family feedback survey managed by an external agency. The overall satisfaction with the services received from Waipuna Hospice was very high with 97% of respondents either satisfied or very satisfied. It is important to note that satisfaction was high across all service attributes.

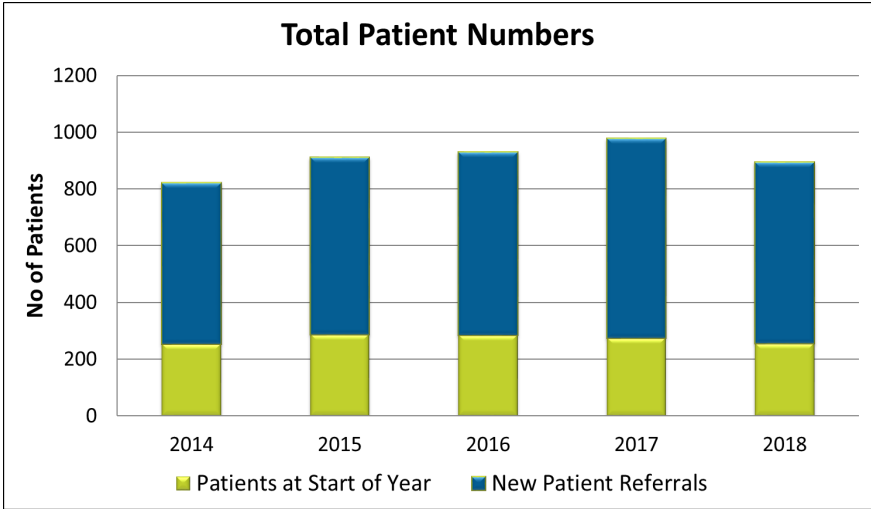
"The nurses who come out twice a week are the most caring nurses I have ever encountered in my lifetime."

"You do a magnificent job!"

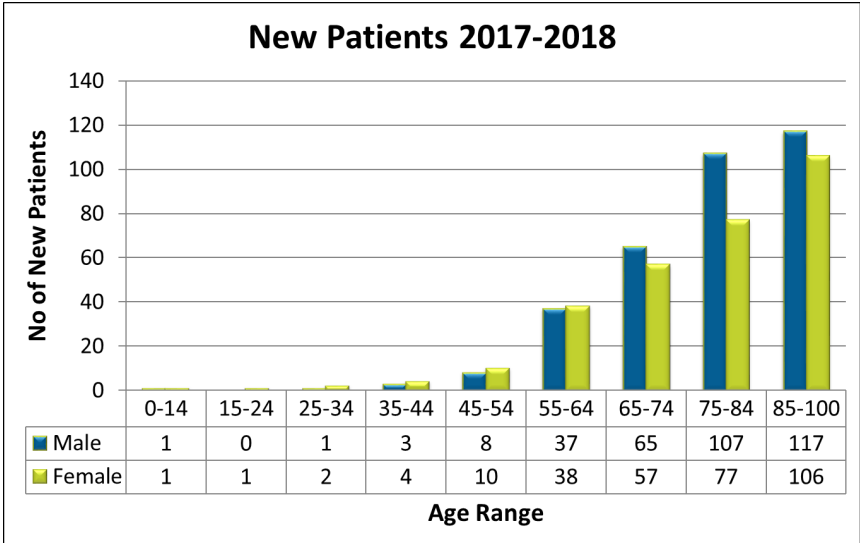
"Have given my husband and me excellent support on our "journey" into the unknown. Staff have been beside us every step of the way."

*Source: Patient and Family Survey April 2018*

# OUR SERVICES



The graph shows our patient numbers for the year. We had lower than normal patient referrals in the third quarter (first three months of 2018), however this was followed by a significant increase from May onwards.



The graph details the number of new patients in each age range and their gender.

Over the past few years we observed an increase in the proportion of over-75 year olds in our patient referrals. In 2017-2018 financial year this figure increased over the preceding year. Over-75 year olds make up 63% of new referrals. The over-65 age bracket accounts for 82% of referrals.

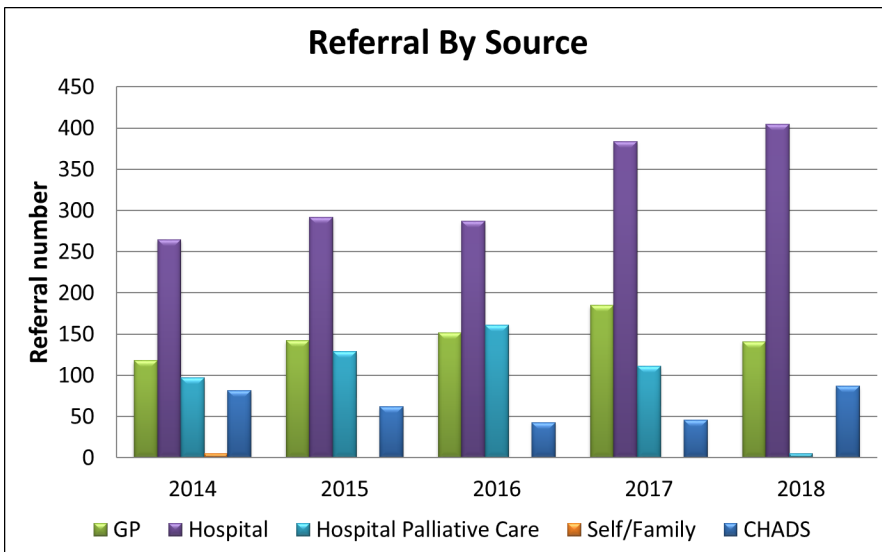
# PATIENT ETHNICITY

As part of our data collection during the initial assessment patients are asked to identify their ethnicity.

68 patients referred to Waipuna Hospice identified as Maori. Waipuna Hospice

services are in the process of continuous improvement to assist Maori patients and develop staff to deliver care in a culturally appropriate way for all ethnic backgrounds. Waipuna has implemented a Maori steering group to complement our pre-existing Kai Whakamaru role.

# REFERRALS



The graph details referrals received from external services. Hospital palliative care service referrals were made up by referrals completed by the hospital for a quarter of this period.

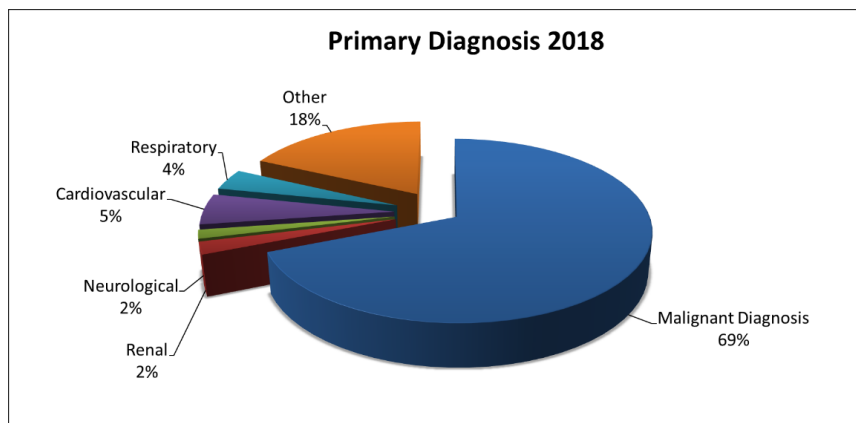
CHADS: Community Health and Disability Services

## PaCNAT/Referral Team

The palliative care needs assessment team (PaCNAT) facilitates a comprehensive interdisciplinary assessment for patients who do not clearly meet Waipuna Hospice referral criteria.

The assessment assists in determining specialist palliative care needs. The team is now fully embedded and has

successfully expanded to include triage of all new referrals to Waipuna Hospice. A small trial is underway to incorporate newly referred aged residential care patients within the PaCNAT that require a joint first assessment due to a recent diagnosis. At present three such patients have been needs assessed by the PaCNAT team. Evaluation will be completed early 2019.



In the last year 69% of patients had a primary diagnosis of cancer with 31% being non-cancer. Statistics continue to show an increase in non-cancer related referrals (up 4% from last year). Referral numbers remained steady with a slight decrease of 64 referrals received in the financial year ending 2018 compared to the previous year.

## DAY SERVICES

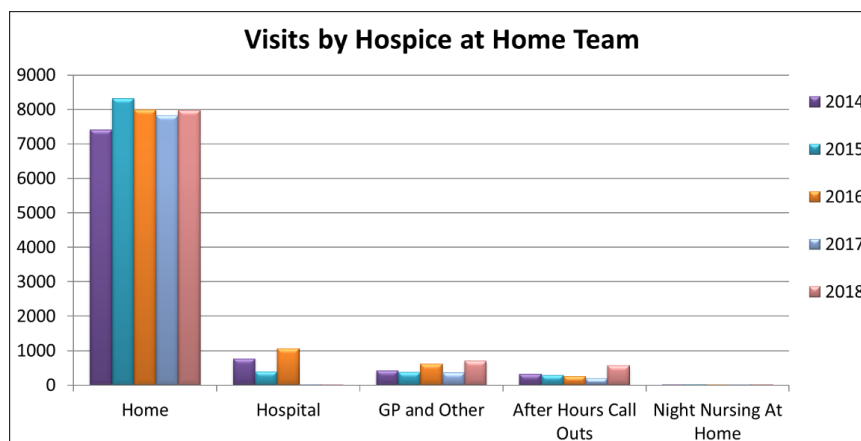
We have continued with the very successful tool box sessions that were initiated in 2017 and delivered within Day Services.

We continue to provide both medical and nursing clinics on an as needed basis. The day program continues to get great feedback from those who attend and we continue to promote this opportunity. We have not reviewed this service for some time and have therefore scheduled a service model review to be completed early 2019.

## COMMUNITY NURSE TEAM

The community nursing team have been managing significant fluctuations in workloads including an increased number of complex patients combined with a slight increase in the number of referrals over a three-month period.

Whilst short-term strategies are routinely implemented, longer-term planning is underway, with particular emphasis on measuring acuity and utilising outcome measures to determine appropriate staff resourcing. For this financial year there is an increase in the number of registered nurses undergoing development opportunities, whereby nurses without previous palliative care experience spend 12 months rotating through hospice services.





## INPATIENT UNIT (IPU)

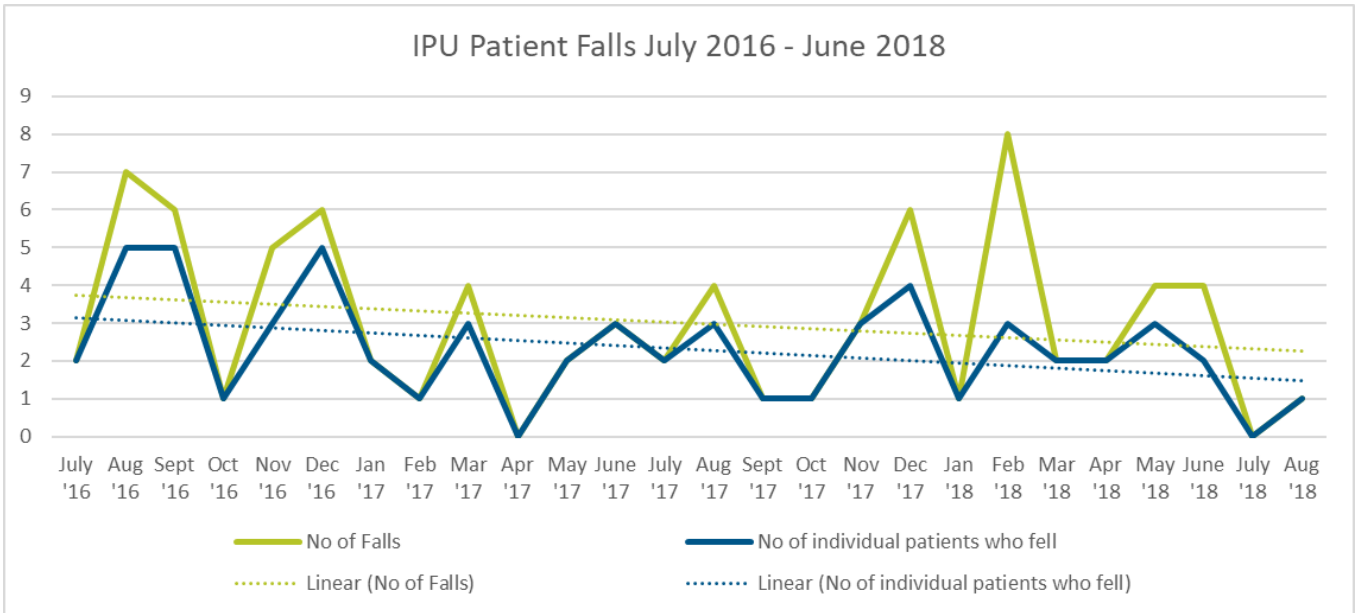
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In the 2017-2018 financial year our nine-bed inpatient unit ran an overall occupancy of 72% with the average length of stay being ten days. This is a decrease from 82% occupancy in the previous financial year.

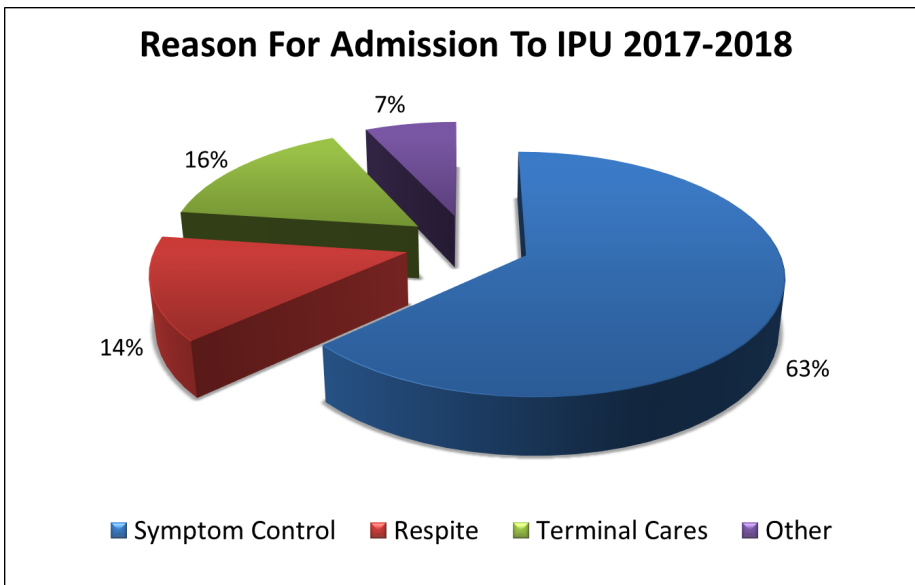
The IPU continues to support new staff who work within the IPU, community, medical and family support teams. This collaboration leads to a greater understanding of individual roles within the service as well as the function of the IPU.

The IPU team have been working on a number of projects to ensure greater patient and family experience including:

- Admission and discharge process: through consultation and team involvement new admission and discharge processes have been developed to ensure a seamless delivery of service to and from the inpatient unit for both patients and families. These have been reviewed via three-monthly audits of randomly selected admissions and discharges.
- With the introduction of a pressure area nurse last year we now have an ability for ongoing education for our staff on wound and pressure area management and the ability to monitor pressure injuries both in the IPU and community.
- With the introduction last year of the 3 A's fall assessment form our teams have become more proactive in introducing interventions that reduce risk. This has also prompted a review of related policies to use appropriate interventions to reduce risks to patients and improve our supporting documentation.



We continue to allocate a respite bed, booked most weeks and at least a month in advance. This respite bed continues to support patients with complex clinical or psycho-social needs, and also to enable carers some necessary respite.



145 patients were admitted for symptom control (a reduction from 157 last year).

## EDUCATION DELIVERED EXTERNALLY

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Our education team deliver a number of training courses for health and social care professionals working in primary care, hospital and aged residential care settings. Courses include: The Hospice New Zealand Syringe Driver Competency Program, Fundamentals of Palliative Care course, Palliative Care for Caregivers and our Clinical Skills Series for Nurses.

The education team have increased the number of Palliative Care for Caregivers courses as a result of the community service providers taking over the contract for personal care.

Members of our interdisciplinary team also facilitate a psycho-educational program for family caregivers, providing information to assist them in supporting their family member.

Waipuna Hospice marketing and fundraising team developed and coordinated a symposium held at Waipuna as part of Hospice Awareness Week. The aim of the symposium, was to highlight the changing landscape of palliative care and the challenges it brings for all services providing palliative care. Topics included: dementia and palliative care, advanced care planning, supporting ethnically diverse communities at end of life and the euthanasia debate. 124 people attended from across the sector (nurses, doctors, social workers, caregivers and members of the public).

## EDUCATION DELIVERED INTERNALLY

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A worthwhile budget was approved to provide further educational support for the nursing team.

This has resulted in education-linked nurse roles, the implementation of professional development recognition programs and increased access to clinical supervision. All will be rolled out as part of our nursing workforce development plan. A three-year nursing work force development plan is currently in the design phase.

Waipuna Hospice continues to operate as a host site for the Oncology Trust Palliative Care Breakfast Lecture Series. As of this year, we are also utilising technology to connect in with monthly Palliative Care Grand Round presentations delivered by the Palliative Care Service at Waikato Hospital.

Waipuna Hospice continues to deliver the Foundations of Spiritual Care program for hospice staff and volunteers, designed to improve the spiritual well-being of hospice organisations and in turn, spiritual care for patients, families and whanau.

## FAMILY SUPPORT AND ALLIED HEALTH

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As a follow-on from last year's introduction of the eight-week Riding the Grief Wave bereavement programme, a need was identified for a shorter programme available to a wider audience.

In response to this we have introduced a monthly 2 ½ hour seminar called Normalising Grief. This provides participants with insight into what they may expect, reassurance that there is no one right way to grieve and some practical tools they can use to manage the waves of grief they experience. Feedback has been very positive, in particular participants appreciated the opportunity of being with others who share a similar experience.

In the last budget round we requested an increase in hours for both occupational and physiotherapist positions. Two positions were approved and both work 12 hours per week, enabling them to expand the range of services provided. They have been very well received by both patients and interdisciplinary colleagues.

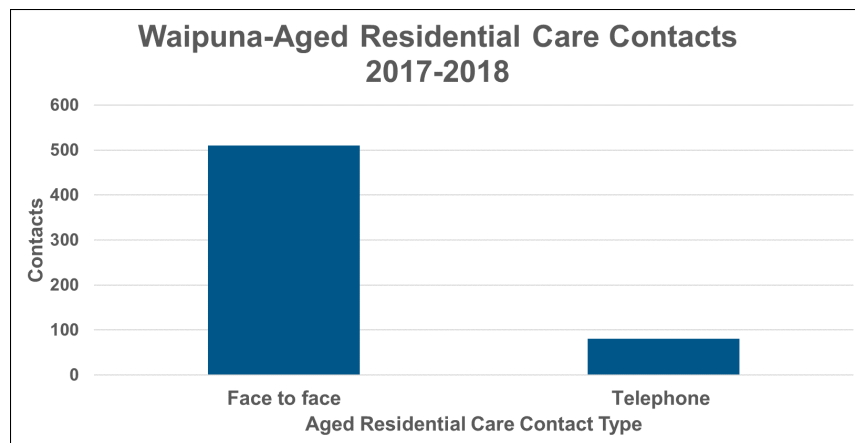
Another key initiative in the last year was the full team participation in a Team

Management Profile workshop designed to enhance personal and team performance. Completion of a questionnaire prior to the workshop assisted team members to identify their work preferences i.e. how they relate to others, gather and use information, make decisions and organise themselves and others. During the workshop a sharing environment resulted in an increased understanding of each other's roles that lead to strategies for supporting each other in the work we do. The benefits of this have been very apparent. As new team members join they also have the opportunity of completing the process.

Our family support team have been consolidating combined family support and community care visits. A roster has now been developed to ensure staff are available to meet this need. The family support team member allocated is determined by information gathered from each referral. We are now looking at the enhancement of follow-up and to ensure continuity and consistency of ongoing service. At present this is influenced by staff availability.

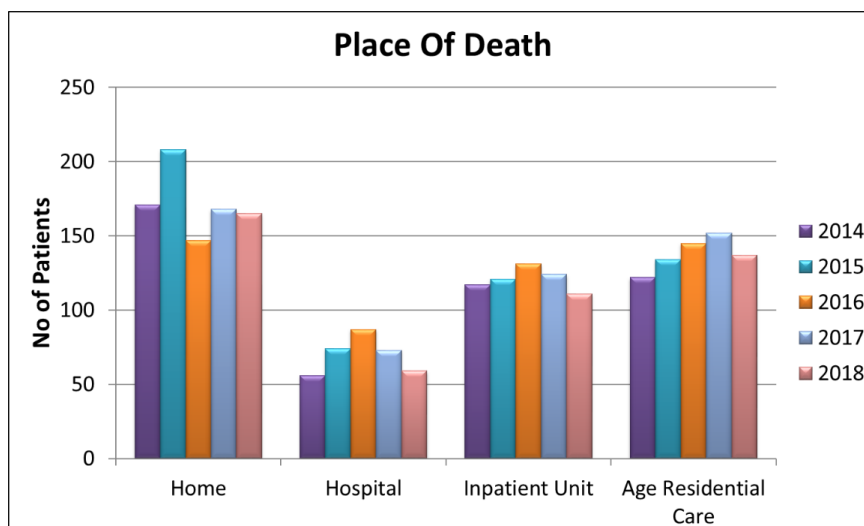
## AGED RESIDENTIAL CARE SUPPORT

Our aged care liaison nurse provides clinical assessment, advice and support to aged care facilities, GP and nurse practitioners including 24/7 phone support as a component of this service. The graph below demonstrates the number of nursing visits with patients and families residing in aged care facilities in the last financial year.



## PLACE OF DEATH

We work with patients to develop an End of Life Care Plan. This plan is individual, and captures our patients' values and beliefs, highlighting what is important to them. Part of this plan identifies where patients want to be when they die. We actively discuss this with patients and their whanau. We work with our patients to facilitate their preference wherever possible.



## MEDICAL TEAM

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The medical team at Waipuna Hospice is relatively small, equating to 2.3 full-time equivalent doctors during the working week.

The medical team is comprised of two doctors with specialist qualifications in palliative medicine alongside three part-time medical officers who have collectively gained many years of experience in the field. Whilst there are often unique medical roles within the hospice, undoubtedly our greatest contribution is around the interdisciplinary team table. Waipuna Hospice truly operates from an interdisciplinary perspective with the philosophy that no member of that team is of greater or lesser importance.

The Waipuna Hospice medical team is also strengthened in other respects. We value the contribution of second year house officers (doctors early in their professional careers) on rotation from the hospital. This offers a two-way benefit - the house officers gain insight into community medicine and palliative

care, and the hospice benefits from added medical resource and fresh medical minds. To date, six house officers have completed quarterly rotations and each of these doctors have impressed us greatly with their contribution to patient and family/whanau care.

There are additional key medical interfaces. Waipuna Hospice benefits from a small number of additional doctors who help support the hospice medically out-of-hours. At the individual patient level, the patient's general practitioner remains pivotal – in essence forming a virtual team alongside the hospice medical team. Similarly, this is true of our medical oncology and radiation oncology colleagues.

Our challenge looking ahead is to ensure all patients have access to timely and expert medical/palliative care, including in their own homes as and when appropriate. Increasingly, we are revising our medical model to help ensure equitable high quality palliative care to all our patients.

## ACHIEVEMENT OF PRIORITIES

Our Quality Plan for 2017-18 was categorised into Our Clinical Services, Health & Safety, Quality and Our People sections. Priorities/goals were redeveloped and agreed within the relevant committees, and were monitored throughout the year.

### OUR CLINICAL SERVICES

#### **Develop nursing staff competencies in out-of-hours triage calls.**

Successful completion of improving after-hours triage support to patients. After-hours' triage call policy was reviewed and implemented in February 2018. The "Triage tool kit" was developed and implemented for nursing staff, who attended education sessions for this tool kit. The newly developed tool kit has been submitted and approved as a "Brilliant Idea 5 Minute Presentation" at the Hospice NZ conference in September 2018 and is now available to all hospices in New Zealand on request. The presentation was presented to Waipuna Hospice Nursing staff.

#### **Waipuna Hospice will provide consistent ongoing communication with primary palliative care providers with the aim of expanding a collaborative approach to the care of palliative patients.**

The Palliative Primary Care working party has successfully launched their project aimed at working collaboratively to improve primary palliative care in the community through consistent communication to related providers. The second phase incorporates an interdisciplinary team approach to deliver information sessions to primary palliative care providers and have to date received positive feedback.

#### **Facilitate equity of access to all who need specialist palliative care in the patients preferred place of care where possible.**

The DHB contract audit undertaken by Healthshare highlighted our work through our Maori steering group and Kia Whakamaru role. It found Waipuna Hospice to be progressing well towards inclusion of Maori in service development and improving equity of access to Maori. This work will continue into the new financial year.

#### **Nurse practitioner will demonstrate a collaborative approach that optimises health outcomes for health consumers/population groups.**

The nurse practitioner role, one year in, is fully embedded within Waipuna Hospice. The board and SLT approved an increase in FTE for this role from 0.6 to 0.8 for the 2018-2019 financial year. The nurse practitioner demonstrates a collaborative approach both internally and externally with positive feedback received from both our patients and GP's.



## HEALTH & SAFETY

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### **Ensure Risk Manager system is being used appropriately for tracking and monitoring of hazards and events.**

New hazards reported as events in Risk Manager were checked against the hazard register. Over the last financial year, August 2017 - 2018 there were 35 hazards reported within the Risk Manager events.

The results indicate that Risk Manager is being used appropriately to address hazards, and while 50% of the hazards identified were actual incidents, checks within the system enable us to monitor these.

Over-reporting through this forum is welcomed and it is suggested reporters may need additional education as to the selection of the type of event, especially when there have been only 21 near-misses in the full total of 278 events.

### **Ensure all contractors have current contracts, and we have electronic copies available, maintaining compliance with Health and Safety documentation.**

Partially achieved. This continues to be a work-in-progress. This will remain a goal for 2018-2019 period.

### **Develop and implement Health & Safety orientation program for all staff to complete by December 2017.**

The Health and Safety Orientation program is in place for induction via the e-learning package, new employee learning is available.

### **Ensure all hazard reviews are undertaken by agreed teams within a 12-month period.**

Achieved. All hazards have been reviewed within the appropriate time period and where appropriate input from teams has been collated.

## OPERATIONAL

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### **Be effectively using e-learning software by December 2017. Determine mandatory training courses for staff.**

Not-achieved. Deferred until next financial year.

### **Maintain DHB certification and accreditation of Workwell Gold status, ACC Tertiary and Equip5.**

Achieved – all external audits passed. Received the smallest number of corrective actions from our Equip 5 accreditation. ACC accreditation no longer relevant owing to ACC changes.

DHB certification and contract was audited on 20 February 2018 and there was one area of moderate non-conformance identified and corrective action has been carried out and communicated to the auditor.

Workwell Gold maintenance accreditation in April 2017 and there were no areas of non-conformance.

ACC WSMP as a benchmark for Health & Safety systems is no longer in place and there are two replacement audit assessment products likely to be offered, one being Safe+ and the other ISO 45001.

EQUIP6 Mandatory Criteria audit was undertaken in March 2018 for which there were no corrective actions.

HDSS audit was undertaken in March and there were two low risk corrective actions requested.

### **Explore sustainability and environmental improvements, with a view to implement at least one project by September 2017.**

Installation of photovoltaic solar panels on Waipuna Hospice roof to reduce electricity drawn from the electricity grid and to reduce costs (installed by Trustpower).

### **Enhance and further develop the learning needs assessment tool, and implement this for no less than 70% of staff by December 2017.**

Partially achieved. This continues to be refined (and will be in 2019). Clinical staff actively use learning needs assessment. Consideration of electronic human resources information systems (HRIS) will enable this to be electronically tracked.

## OUR PEOPLE

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### **Review and improve recruitment and orientation process by March with 100% staff completing orientation within 3 months of commencement.**

Monitored routinely and achieved.

### **Review annual performance appraisal process and documentation, complete by July 2017.**

We reviewed the system and process and made changes to implement better management of this. Further discussions regarding implementation of an automated and electronic HRIS system to better manage this moving forward.

Owing to limited transparency of when team member reviews are due, this is still not fully achieved.

### **Develop team leader human resource handbook by March 2018 and develop training to assess competence/understanding.**

Not achieved. This turned out to be a larger task than initially thought. The year focused on developing a managers handbook (completed July 2018). This is to be rolled out with individual sessions to staff in coming months.

### **Commence phase one of the three-year nursing workforce development program.**

Achieved. Focus on PDRP for nurses. Nursing workforce development team implemented, and progressing to monitor this specifically for nurses.

Our Quality Plan for 2018-2019 is categorised into Our Clinical Services, Health & Safety, Quality and Our People sections. The priorities/goals are developed and agreed within the relevant committees, and will be monitored throughout the year by our Quality Committee.

## OUR CLINICAL SERVICES

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Waipuna Hospice will partake and implement phase one and phase two of the NZ Hospice National Outcomes Pilot Program. The project focuses on patient-reported outcome measures (developed in the past two decades internationally).

Plans to review existing medication management processes, including a focus on increasing structured staff education.

Efforts to strengthen a partnership model with primary health and other specialist services with the goal of providing high-quality palliative care to all who need it.

A review of Day Services to look at our current service provision, while benchmarking with other NZ Hospices and undertaking a literature review of international models. This combined with feedback from stakeholders via interviews and focus groups will allow the project team to make some recommendations if required moving forward.

A project is currently being implemented to expand and enhance existing communication and collaboration with primary palliative care providers.

## HEALTH & SAFETY

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Review existing security measures across the Waipuna Hospice site for staff and patient/visitors safety.

Health & Safety audit assessment options to replace ACC WSMP: Look into options – ISO4500, SafePlus and implement by end of 2019.

Ensure all contractors have current contracts, supported by electronic copies, maintaining compliance with health and safety documentation.

## QUALITY & OPERATIONAL

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Review existing clinical equipment processes including the option of software programs to assist with tracking and maintenance.

Maintain DHB certification and accreditation of Workwell Gold status, and Equip6: planned schedule and meetings with staff for self-assessment - Equip6 all standards– by July 2019.

## OUR PEOPLE

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Establishing a senior nursing team to ensure a sustainable and dynamic workforce through the development of a learning culture.

Implementation of a three-year nursing workforce development program which includes the development of specialist palliative care nursing competencies.

Improve access to human resources information: explore and initiate implementation of human resource system to electronically track and monitor all employee forms, and processes including recruitment, induction, performance and education.

Provide relevant human resource training for managers by 1 April 2019 with an ongoing training plan for new or aspiring managers.

## CLOSING STATEMENT

Our organisation is committed to ensuring patients and their family/whanau receive the best service and care possible. We strive to achieve this across every level of our organisation,. Continuous quality improvement forms part of our organisational culture.

We are pleased to endorse this Quality Account for Waipuna Hospice as evidence of our commitment to high quality services.



**Richard Thurlow**  
**Chief Executive Officer**



**Mark Tingey**  
**Waipuna Hospice Inc Board Chairperson**



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