

# Quality Account 2016 - 2017



**Waipuna**HOSPICE

Life is Special

# CONTENTS

	Page No
Vision, Mission and Values	2
Quality Statement	3
Clinical Governance	3
Our Services	4
Achievement of Priorities	9
Quality Plan	10
Closing Statement	11

**vision statement**  
High quality end of life care for all.

**mission statement**  
To provide the best possible specialist hospice palliative care, enhancing the quality of life for those facing end of life and bereavement.

**our values**  
**care- quality**

**Compassion**  
Supporting one another – patient, families, whanau, friends, staff, volunteers and colleagues

**Advocacy**  
Ensuring equity of access to services for all our communities.

**Respect**  
Upholding autonomy of each person and their community, accepting one another's cultures and beliefs.

**Empathy**  
Acknowledging uniqueness, supporting with dignity, respect and compassion.

**Quality**  
Committed to continuous improvement, aligned to values and core services.

## QUALITY STATEMENT

It is our pleasure to present the sixth 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 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 can be confident Waipuna Hospice is a safe, professional, positive and sustainable organisation.

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



Murray Hunt  
Medical Director



Angela Shaw  
Director of Nursing



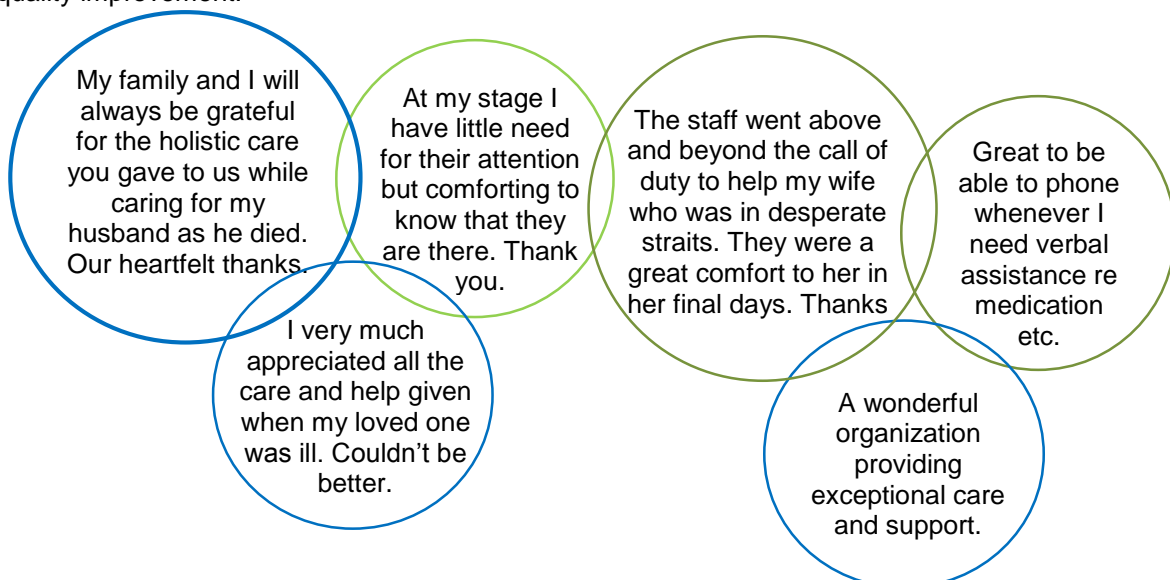
Becky Gardiner  
Quality, HR & Operations Manager

## Clinical Governance

The Clinical Leaders' Group continues to be responsible for quality of clinical care and providing a clear vision for clinical services offered. Two weekly meetings focus on managing operational issues that impact on clinical practice, developing and approving clinical policies/procedures and ensuring the delivery of patient and family/whanau focused care. External oversight is provided by the Board Clinical Governance Sub Committee who meet with the Medical Director and Director of Nursing.

## Patient, Family/Whanau Satisfaction

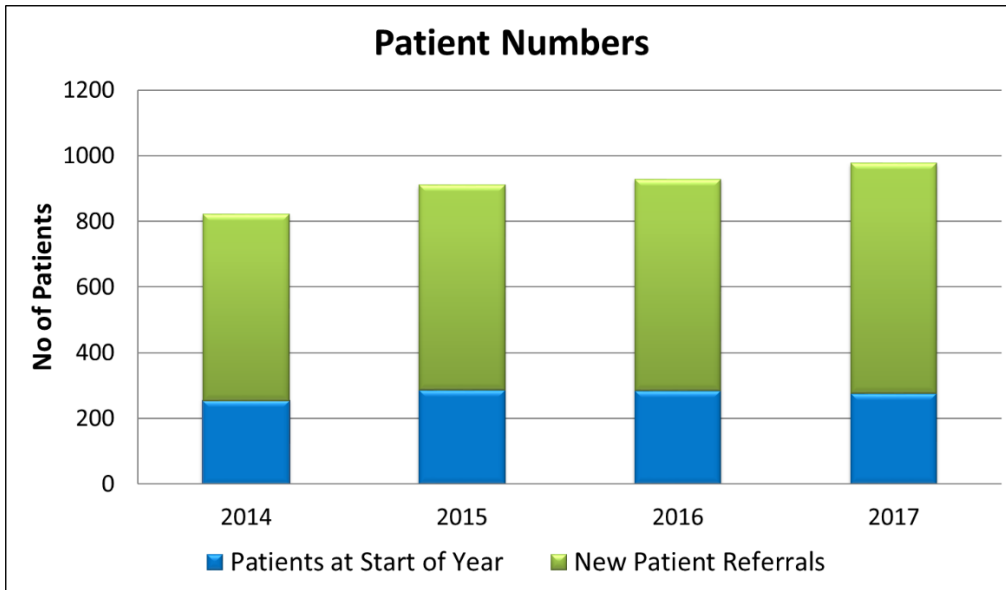
We encourage feedback and seek this in a variety of ways, with suggestion boxes located throughout our facility and feedback forms in the compendiums in each inpatient room. Feedback is collated and then reviewed by the Chief Executive Officer and Management Team with any clinical focused comments being considered by the Clinical Leaders' Group. The comments we receive help to drive quality improvement.



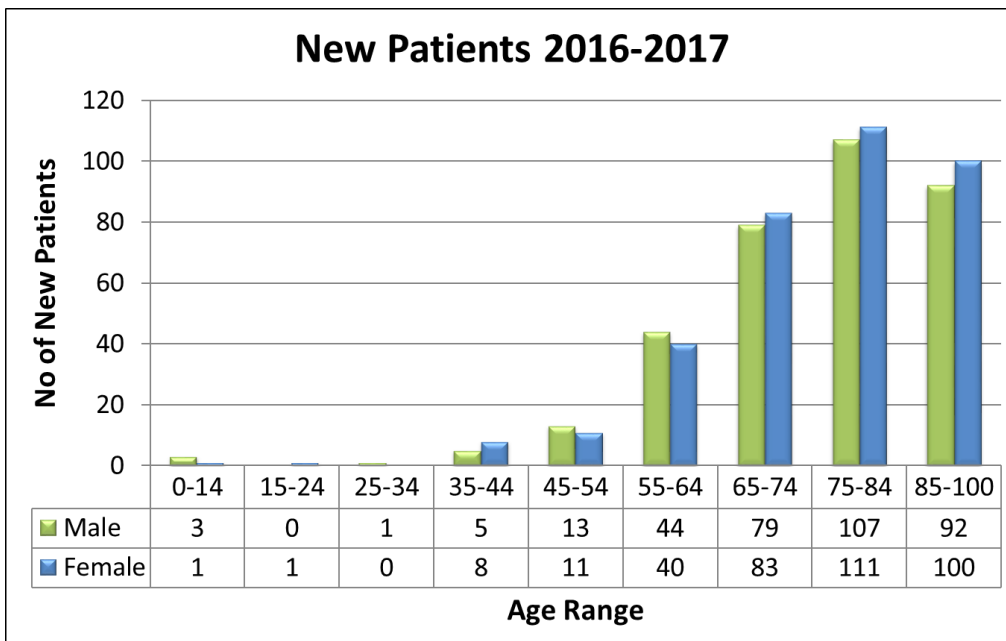
Source: Patient and Family Survey

## OUR SERVICES

The below graph shows our patient numbers for the year.



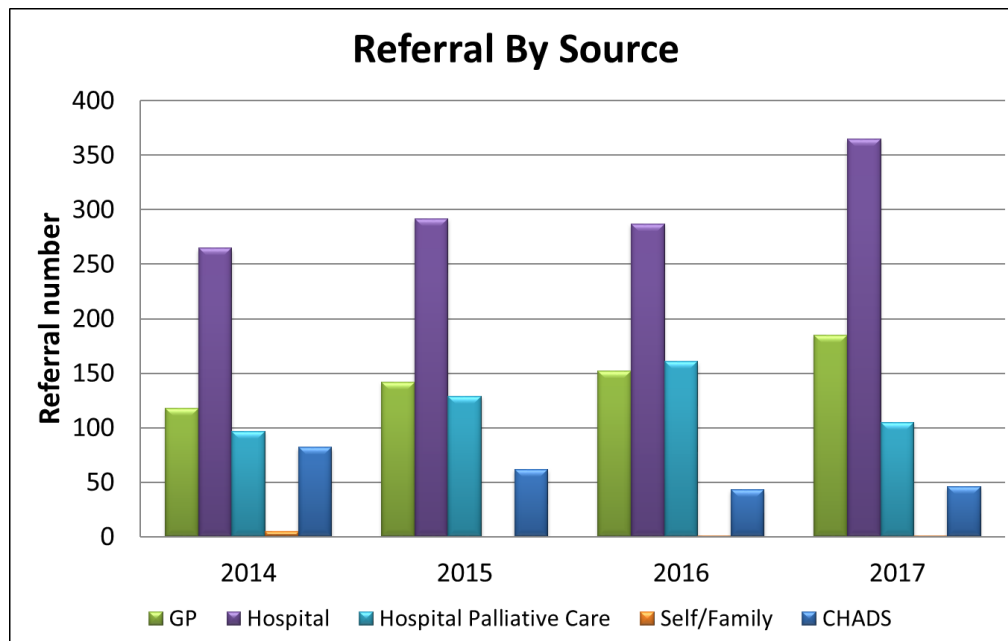
The graph below details the number of new patients in each age range and their gender.



This trend is similar of the last couple of years though the over 75 age bracket is increasing slightly (from 52% in 2014/15 to 58% in 2016/17). The over 65 age bracket accounts for 82% of referrals, whereas this was 77% for the two years prior.

## Referrals

The below graph details the referrals received from external services.



CHADS: Community Health and Disability Services

## PaCNAT

In 2016 Ministry of Health Innovation Funding was obtained to establish PaCNAT (Palliative Care Needs Assessment Team).

This team facilitates a comprehensive interdisciplinary assessment for patients who do not clearly meet Waipuna Hospice referral criteria. The assessment assists in determining the specialist palliative care needs.

PaCNAT researched and initiated the use of a Validated Palliative Care Needs Assessment Tool as a way of summarising and identifying palliative needs and the most appropriate providers. This tool is used in communication with GP's and other providers and gives a clear snapshot of current status and other care providers already involved in the patients care.

What has emerged is the therapeutic value of the home assessment and the value of the assessment findings and care recommendations for the primary palliative care providers. Written feedback from the GP's has been positive and they have reported the assessment process is valuable and therapeutic for both them and the patients.

PaCNAT has received 113 referrals, with 69 Home interdisciplinary assessments undertaken, and 36 GP visits.

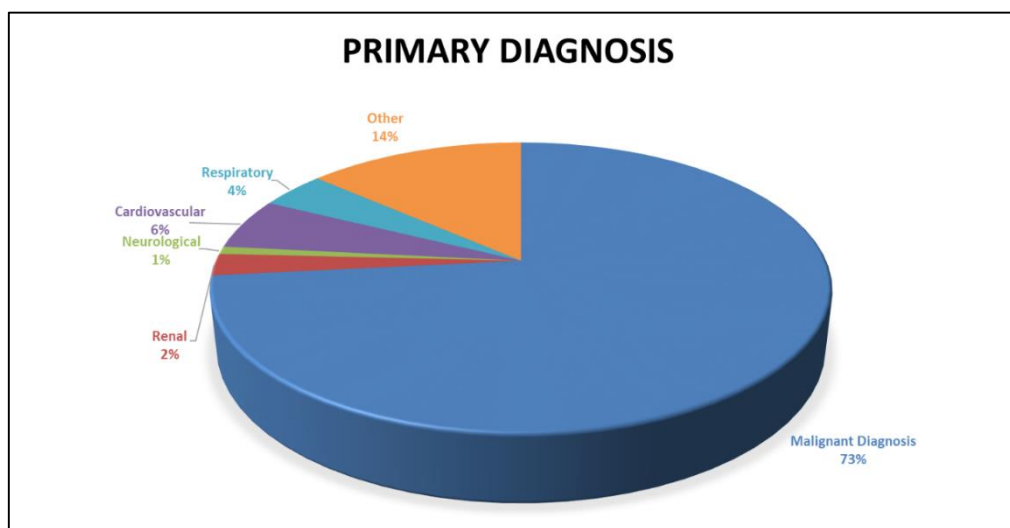
This team is led by a Clinical Nurse Specialist, and supported by a Social Worker, and additional medical and allied health input as required on a case by case basis.

Quarterly reviews have been submitted to the MOH and feedback has been very favourable. The annual final review was submitted in July 2017. The project has been a successful addition to Waipuna service and will be presented at PCNNZ conference. The following outlines the nursing experience implementing this new model:

*“Establishing the PaCNAT service has been an informative experience over the past 15 months. What has impacted us is the number of people managing in the community with significant disease burden and the challenges they face every day. We have felt privileged to be able to intersect with their journey and add value, support and coordination alongside their primary palliative providers regardless of whether they have required full Waipuna services or not. ”*

*Christy Jackson – Clinical Nurse Specialist*

In the last year 73% of patients have had a primary diagnosis of cancer with 27% being non cancer. Statistics continue to show an increase in non-cancer related referrals (up 3% from last year). Referral numbers continue to increase with an additional 58 referrals received in 2017 compared to 12 months prior.



## Day Services

The tool box session day services initiative that commenced last year has resulted in an increase in numbers attending day services and monthly tool box sessions with positive feedback from patients which included:

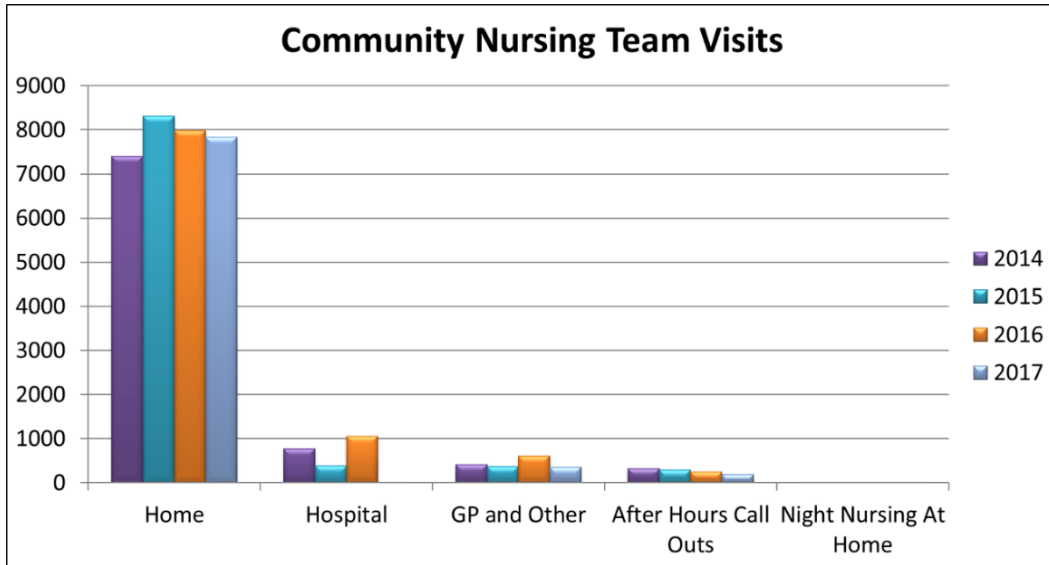
*“Finding out about the services offered by Waipuna and meeting other people in the same position.”*

*“Very worthwhile meetings and helps me in later stages of my health, thank you to ALL.”*

*“Getting a new view of the hospice to what I thought it was about.”*

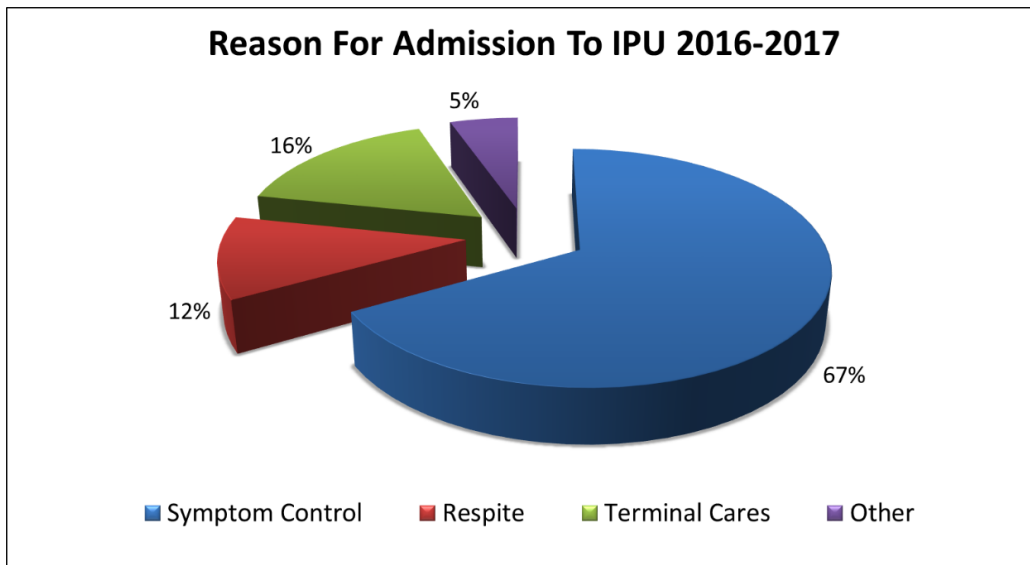
## Community Nurse Team

Care from the community nurse team continues to be provided 24 hours a day, 7 days a week. Our float nurse position continues to assist with fluctuating workloads, and our new initiative of a nursing development position has been so successful that we will recruit another trainee for next year.



### Inpatient Unit

In the 2016-2017 financial year our nine bed inpatient unit ran an overall occupancy of 82% with the average length of stay being 9.42 days. This is an increase from 79% occupancy in the previous financial year.

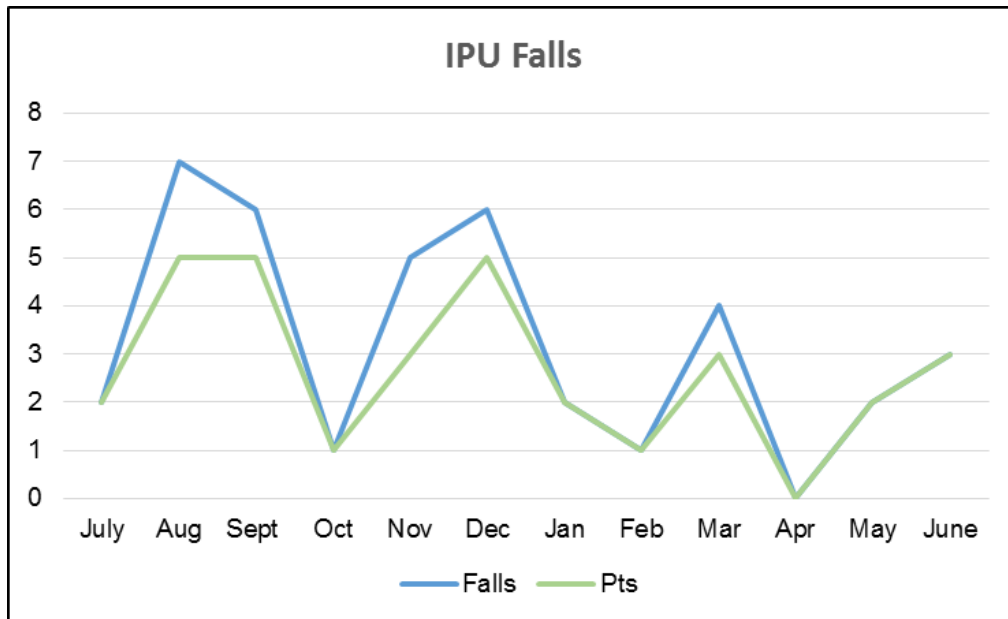


163 patients were admitted for symptom control (a reduction from 185 last year).

One IPU bed continues to be allocated for respite admissions (providing care of up to 1 week for patients with complex clinical or psychosocial needs). Respite care is to assist the caregiver so they can continue caring for their loved one in the home environment.

A pressure injury nurse was introduced in March 2017. This role oversees monitoring of pressure injury assessments, care planning and education providing clinical advice as necessary. Additional monitoring of patients for pressure area cares and the purchase of new mattresses has resulted in less pressure area sores for our patients.

Patient falls are identified as our highest risk. Last year an assessment tool “The 3 A’s” was trialled in the Inpatient Unit. Continued use of this tool has led to a reduction in falls in the IPU this year. Falls reduced from 49 to 39, a 20.5% reduction.



Waipuna Hospice has appointed its first Nurse Practitioner. This new role has been developed to support existing areas of service delivery with advanced knowledge and, offering additional support for our patients and their family/whanau in the community.

An additional focus has been in developing and maintaining clinical guidelines, involvement in clinical policy reviews, as well as education and research.

### Family Support and Allied Health

Establishment of the Director of Family Support position has provided increased support with the operational management of the Family Support Team. This role includes membership of the Senior Management Team and Clinical Leaders’ Group along with day to day operational management of the Family Support Team. The role is currently job shared by 2 people, one with social work expertise and the other with counselling expertise.

A key initiative undertaken over the past year was the review of the Bereavement Support programme and subsequent introduction of a newly developed 8 week programme – Riding the Grief Wave. The aim of the programme is to support family / whanau in their experience of loss, grief and bereavement and to identify those who could benefit from additional support. We are delighted that participant feedback on the new programme has been excellent -they have found it to be very positive, comforting, informative, and supportive with particular mention of the value of being with others who have shared a similar experience. As a team we are also aware of the real value of offering group activities for patients, family / whanau and through the generous funding from the Friday Gatherers Group we were able to participate in an excellent two day Group Facilitation training which has further developed our confidence and effectiveness in this area.

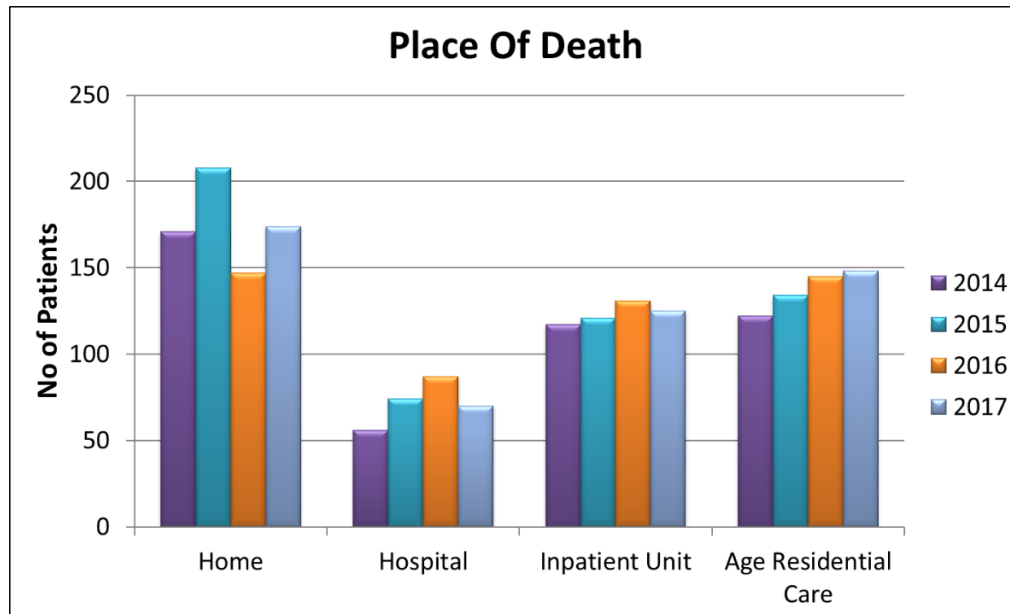
Our Family Support Team has become increasingly aware of patients who have an increased likelihood of higher psycho social emotional needs (eg those over the age of 75, those living alone, families with children) and to ensure these needs are identified as early as possible and addressed proactively we have worked with the Hospice at Home Team to establish joint first visits for these patients i.e. a registered nurse and social worker visit and undertake the assessment together. This new approach enables us to anticipate issues and either prevent them from occurring or if this is not possible to work with the patient, family / whanau to manage them.

Other significant team initiatives have been the review of the way referrals to the team are managed and prioritised to ensure we provide the best possible care in a timely manner.



## 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, and what is important to them. Part of this plan identifies where patients want to be when they die, and we actively discuss this with patients and their whanau. We work with our patients to facilitate their preference wherever possible.



## Medical Team

The medical team at Waipuna Hospice has changed in the last 12 months, and now comprises medical specialists, GP medical officers with a special interest in hospice care, house officers, and post-graduate trainees.

Unfortunately one of our Specialist Medical Officers moved to a great employment advancement in Auckland. We have been able to successfully recruit a new specialist who will commence in May 2018.

One of our GP Medical Officers has commenced further study and in the next three years will obtain her Specialist qualification in Palliative Care. We have hopes this 'grow your own' model will continue to encourage other trainee doctors who spend time training at Waipuna Hospice to consider Waipuna for future long term career opportunities.

## ACHIEVEMENT OF PRIORITIES

Last year's Quality Account detailed the priorities we were working to achieve:

- As Hospices nationally are withdrawing from the previous survey method, a new questionnaire is in the process of being developed. This will provide an opportunity for feedback on bereavement services but to encourage a higher number of responses aims to be more simplistic than the previous survey.
- The development of clinical guidelines to assist clinicians within Waipuna is underway. A review of tools for assessing for complicated grief was completed, and since then there has been a national resource (Te Ara Whakapiri) developed which has a bereavement risk assessment tool which we are starting to introduce.
- Selection and implementation of a nutritional screen tool relevant for palliative patients has been commenced. The tool has been completed and policy development in progress.
- Implementation of Medimap in Hospice at Home and Day Services has been delayed.

- Establishment of clinical outcome measures aligning to national work currently underway with Hospice NZ.
- Certification and Accreditation surveillance audit.
- Further strategic discussion will take place in regards to reviewing current service delivery models, therefore this priority is has been commenced but not completed.
- A review of the staff manual handling training programme was undertaken, and is covered off in 5 sessions now.
- Exploration into Schwartz Rounds™ was undertaken however cost was prohibitive. Supervision along with Employee Assistance Programme services for staff continues to be offered with a good uptake as a method of supporting the team to cope with the emotional demands of palliative care work.

## Audits

Each year the Clinical Leaders group confirm a clinical audit schedule to confirm adherence to required standards and processes. Audits are undertaken and findings reported to relevant committees. In the last 12 months the following scheduled audits were undertaken.

- Palliative Performance Scale Use
- Standing Orders
- Care planning / Palcare documentation of environmental risks
- Falls Assessment and Management
- Inpatient Unit Medication management (external pharmacist)
- Advanced Care Plan snapshot
- Inpatient Unit Internal Controlled Drug register audit
- Informed Consent
- Medication Charting
- Inpatient Unit Privacy / Dignity
- Triage calls
- Medical student satisfaction audit

## QUALITY PLAN

Our Quality Plan for 2017-2018 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

Develop nursing staff competencies in out of hours triage calls.
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.
Facilitate equity of access to all who need specialist palliative care in the patients preferred place of care where possible.
Nurse Practitioner will demonstrate a collaborative approach that optimises health outcomes for health consumers/population groups.

### Health & Safety

Ensure Risk Manager system is being used appropriately for tracking and monitoring of Hazards and Events.
Ensure all contractors have current contracts, and we have electronic copies available, with maintained compliance with H&S documentation required.
Develop and implement H&S Orientation program for all staff to complete by December 2017.
Ensure all hazard reviews are undertaken by agreed teams within a 12 month period.

## Operational

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

Maintain DHB Certification and Accreditation of Workwell Gold status, ACC Tertiary and Equip5.

Explore sustainability and environmental improvements, with a view to implementing at least one project around this by September 2017.

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

## Our People

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

Review annual performance appraisal process and documentation, complete by July 2017. Explore systems for better management of this.

Progress sustainability project to assess current impact and opportunities to reduce this.

Develop Team Leader human resource handbook by March 2018 and develop training to assess competence/understanding.

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

## 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, and 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 Chairman



# location contacts

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