





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, diagnoses, ethnicity, or geographical location. We deliver care in partnership with the patient's 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 PARTNERS

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

OUR DIVERSE COMMUNITY

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

OUR FINANCES

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

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



Murray Hunt

Quality Statement

Waipuna Hospice remains committed to providing quality service and improving on the current standards achieved. This year has, again seen achievement of the Australasian Equip standards (focusing on the greatest issues for providing safe, high quality health care), the Ministry of Health certification and a peer review of the Hospice NZ Standards.

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

Through late 2017 we completed an extensive strategic planning process, defining 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.



Angela Shaw Director of Clinical Services



Becky Gardiner Director of HR and Operations



Natasha
Greig-Merrett
Co-Director of
Family Support

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

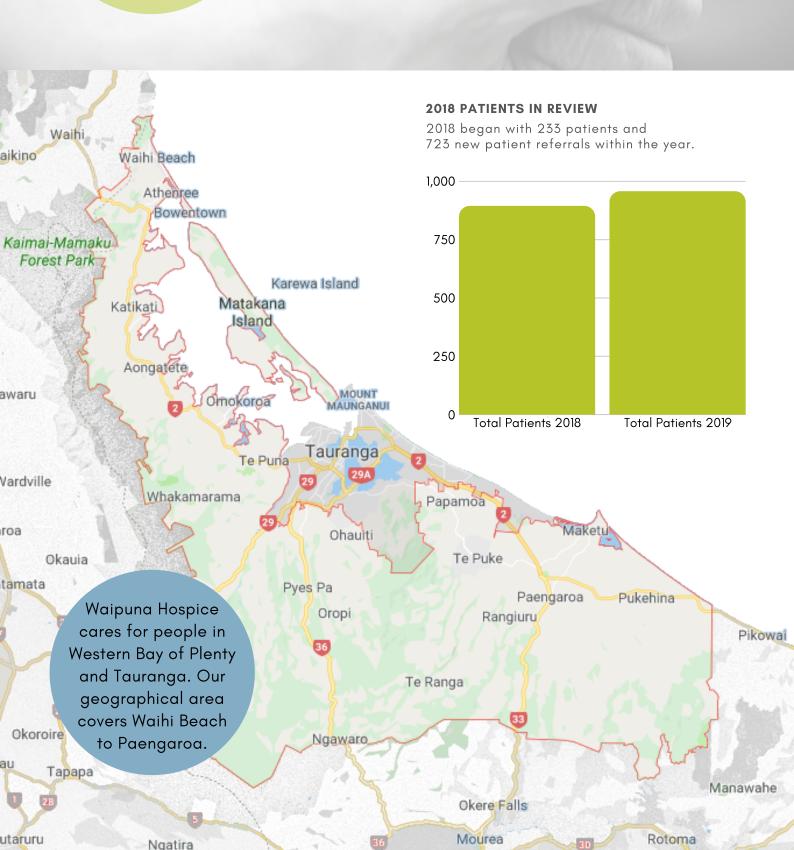


Debbie
Penlington
Co-Director of
Family Support

Last year we made **31,176** contacts with **956** patients and their families

"We leave with heavy hearts but are lightened by the care, love and support the Waipuna Hospice family has shown ours."

NICOLA BROWN & CHERYL TINHOLT & OUR LOVED DAD, GREG





"Our challenge for the future is developing a hospice service that caters for a broad range of complex co-morbidities, complex social needs including an increase in blended families, and in particular identifying the needs of elderly patients and elderly care givers."

Director of Clinical Services Report

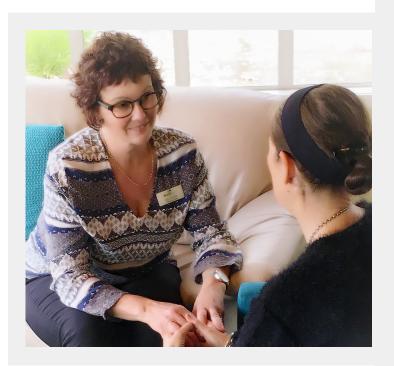
Waipuna Hospice is well placed to respond to the changing landscape we are experiencing within palliative care, related to an increase in the number of patients, who are in an older age group and an increased number of patients living with chronic illness. In practice, we have seen more demands on our community team and a reduction in our inpatient unit (IPU) admission statistics with more patients being admitted due to carer crisis.

Our challenge for the future is developing a hospice service that caters for a broad range of complex co-morbidities, complex social needs including an increase in blended families, and in particular identifying the needs of elderly patients and elderly care givers. The clinical leadership team have commenced a review of existing services, with the view to implement a revised service delivery model, pending further key stakeholder feedback and a successful trial, with the aim to increase interdisciplinary support to patients, family, whānau and primary service providers.

Community Nursing Team

In 2019 our referral numbers have increased from an average of 60 per month to an average of 75 per month. The increase in total patient numbers concurrently combined with an overall increase of complex patients has resulted in a review of roster patterns, staff numbers, and a continued increase in staff development.

Given the successful integration of the nurse practitioner role the nursing workforce plan is under review to investigate the potential of further nurse practitioner roles in the future. Waipuna Hospice has completed a review of our vehicle fleet utilised by staff. The community nursing staff are looking forward to a new fleet of cars which were trialed specifically for ease of use and staff safety.



Day Services

During 2019 Day Services is being reviewed in conjunction with a revision of the current service delivery model to patients in the community.

The day program continues to get great feedback from those that attend, we have incorporated a wellness component to each session such as our Occupational Therapist providing advice and we continue to promote this opportunity.

External Education

Waipuna Hospice continues to deliver a range of training programs to health and social care professionals working in aged residential care, primary care and to staff working in hospital settings.

An electronic survey to key stakeholders was completed to explore the impact of the training we provide on palliative care and any barriers to attend our training which has been used to inform future planning. We have extended learning opportunities to our partners providing palliative care in the Bay of Plenty, including invitations to tele-conference/study days, and to join our team for presentations given by visiting experts.

Collaboration with the Primary Health Organisation (PHO) nurse practitioner has resulted in the delivery of palliative care workshops to participants across a range of services (Whakatane Hospital, Eastern Bay of Plenty Hospice and a number of local aged residential care facilities) in the Eastern Bay of Plenty. Topics included palliative care emergencies, palliative care for those with non-malignant disease, palliative care in advanced dementia. Communication skills in palliative care was woven throughout the entire workshop. Attendees also identified that they would be able to apply many of the communication skills and strategies taught throughout the training session.

Nursing Staff Development

A three year nursing work force development plan is continuing with phase 2 underway in 2019. Our focus is to develop a sustainable workforce and be an employer of choice. We strongly encourage post graduate qualifications related to palliative care and currently 43% of nursing staff have a completed post-grad qualification. We have implemented a mandatory professional development recognition program that aligns with nursing council requirements.

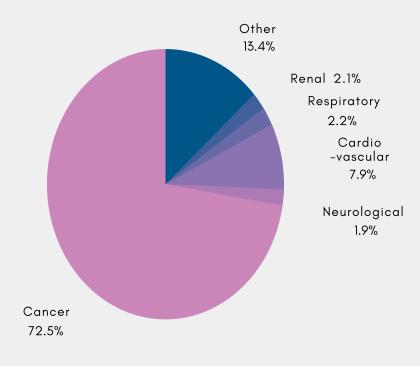
PaCNAT/Referral Team

During 2019 the team have commenced a review of processes underpinned by a lean methodology concept to reduce waste and increase efficiency. This includes electronic referrals, admin staff supporting data entry at point of referral and the move towards full electronic records. The IT strategy for this financial year enables the timely move to electronic patient records.

"You are all the Lords Angels, going about your job with smiling faces and a caring attitude."

BARRIE HERRING - PATIENT

PRIMARY DIAGNOSIS





"The chair was great to sleep in, laid very flat and you could even lie on your side."

"One patient was sitting on a pressure relieving cushion in an ordinary lazy-boy, but her feet couldn't touch the ground. With this chair she doesn't need the cushion as it is built in, so she can now touch the ground. The chair is easy to manoeuvre too."

Inpatient Unit (IPU)

In the 2018–2019 financial year our nine-bed inpatient unit ran an overall occupancy of 62%. This is a decrease from 72% occupancy in the previous financial year. With the average length of stay being 8.5 days. The reduction aligns with our previous report, highlighting the changing patient landscape (nationally) and what Waipuna Hospice may be witnessing more than many other hospices, due to the unique age demography of the Western Bay of Plenty. This has resulted in less patient's requiring an inpatient admission and of those patients admitted more patients are being admitted due to carer crisis.

IPU continues to provide development opportunities for new staff, with a greater emphasis on ensuring staff can work within both IPU and the community. This collaboration is a component of the nursing workforce development plan and leads to a greater understanding of individual roles within the service as well as increased flexibility to respond to changing patient numbers in both areas.

The respite bed within IPU continues to be regularly booked for most weeks, at least a month in advance. This respite bed continues to support patients with complex clinical or psychosocial needs and enable carers some respite.

Waipuna Hospice is partway through a refurbishment of inpatient rooms, which includes a more user friendly lazy boy chair for patients and visitors.

Medical Directors Report

Waipuna Hospice has a stable medical workforce. We are focused on providing quality interdisciplinary palliative care today, whilst growing models of care that may be better suited to care provision in the future. At a medical level, we are seeing patients with higher levels of complexity and often multiple disease processes at one time. This brings a unique challenge to our medical work; patients are often living longer with health issues that impact on their functionality and well-being and often patients are supported by spouses/partners/caregivers who themselves have health concerns. As a medical team, we know that there are many facets of care and we value a team approach to care provision. It is unusual for a hospice patient to have need for doctor input alone.

The Western Bay of Plenty population has grown significantly in recent years and we see first-hand the pressures that this growth has placed on primary health (GP) practices. At Waipuna Hospice our partnership model with primary health, providing shared care provision to patients remains foremost and we continue to refine this model to allow timely access to medical care.

Waipuna Hospice medical team value opportunities to train and mentor. Medical students in their fourth, fifth, or sixth year of study regularly attend educational forums on site and some students have opportunity for clinical attachments. It takes significant coordination to provide clinical placements in a way that is minimally intrusive to patients and their family/whānau. We are so grateful to our patients who allow this opportunity, as we strongly believe that this helps grow a palliative care capable work force. Throughout the year we contributed both to general practitioner training as well as advanced training for doctors with a specialist interest in palliative medicine. Again, a big thank you to all patients and families who have contributed so much to these training opportunities.



"Participants comment on how much they appreciate contact with others who are experiencing grief and loss."

Family Support

We continue to combine first visits with our nursing team and have had considerable focus over the year to ensure there is ongoing follow up. This focus has led to more continuity of service with patients and family/whānau, due to priority of having the same family support worker seeing them if possible. Our Kai Whakamaru is now involved with this service provision with the goal of reducing barriers for Māori patients and family/whānau accessing our services.

Family Support is central to the provision of Caregiver Education. This year we have been trialing one-day workshops instead of weekly, for three afternoons. This has been successful and has increased the ability for some caregivers to attend.

Numbers attending the Normalising Grief Seminar and Bereavement Drop In Group continue to increase, with participants commenting on how much they appreciate contact with others who are experiencing grief and loss. This increase has led to further recruitment and training of bereavement volunteers and we are delighted with the calibre of people who have been recruited. An increase in occupational and physiotherapy hours has enabled patient needs to be met in a more timely way and for a regular wellbeing focus to be introduced to the weekly Day Programme. Again, participant feedback has endorsed the value of this development.

A significant amount of time has been invested in looking at hospice service provision and this is an ongoing quality initiative.



February 2019, saw the installation, blessing and dawn ceremony unveiling of two carved pare situated at the front and rear entrances of IPU. These pare have multiple purposes, they;

- Provide a source of familiarity and welcome for Māori entering or exiting our wharenui
- Provide support and comfort to tūroro and their whānau who are visiting or staying
- Provide comfort and farewell to Tūpāpaku and their whānau pani following death
- Clear the mauri for all who pass by (a way of removing tapu from those who have been in contact with the spirit world)
- Tell the story of this whenua, and our (Waipuna Hospice) connection with this place.

A carving, which was originally installed at the front entrance of the original Waipuna Hospice building when first opened, has also been reinstated.



"Our 2018-2019 quality plan detailed Clinical Services, Health & Safety, Quality & Operational and Our People sections. Priorities and goals were redeveloped and agreed within the relevant committees and were monitored throughout the year."

Achievement of Priorities

CLINICAL SERVICES

Waipuna Hospice to 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).

Phase one has been successfully implemented. The NZ Hospice National Program team have delayed phase two, but Waipuna Hospice will continue to roll out phase two.

Review existing medication management processes, including a focus on increasing structured staff education.

Fully achieved. The medication management processes have been reviewed and education programs have been delivered. Recent audit results reflected the improvement made.

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

Whilst not achieved in the period of time, a proposal for a service delivery model with the aim to strengthen partnerships with primary health and specialist services is currently being considered.

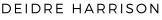
Implementation of project to expand and enhance existing communication and collaboration with primary palliative care providers.

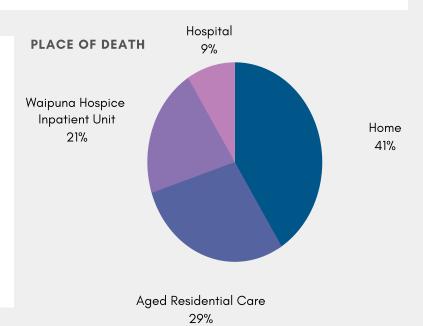
Fully achieved in 2018. The project raised future opportunities that are being considered within a proposed service delivery model.

Review of Day Services to look at our current service provision, while bench-marking 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.

The review of Days Services has been completed and recommendations are currently being considered by Waipuna Hospice.

"I recently spent time there, during my dear friend Teressa's last year. Your kindness, caring and compassion made such a difference during what was a difficult time for T and her whanāu."





2,000 1,500 1,000 1,000 500 1,00

HEALTH AND SAFETY (H&S)

Family Support Visits

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

Family Support Phone Calls

Achieved. Security audit undertaken May 2018. Policy reviewed, visitor pamphlet developed and policy updated. This led to a fuller site security assessment, which involved the addition of three cameras and external fencing for patient security.

H&S audit assessment options to replace ACC WSMP: Look into options - ISO4500, SafePlus and implement by end of 2019.

Achieved. Consideration of replacement options for ACC WSMP was undertaken and investigated. It was agreed in July 2018, that we would not undertake one of the replacement options due to perceived lack of value.

Ensure all contractors have current contracts, supported by electronic copies, maintaining compliance with H&S documentation.

Achieved. Continued auditing and actioning of required reviews has meant the process for contractor management has improved, and continues to be monitored with input from the Finance and Administration Coordinator.

QUALITY AND OPERATIONAL

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

Partially achieved. This continues to be a "work in progress." We have undertaken a stocktake and are working with PalCare to complete labeling and data entry. The project is not "live", though it will become a priority for 2019–2020.

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.

Achieved. Equip6 was achieved in July 2019, with no corrective actions. The first time Waipuna Hospice has not had any follow-up actions to complete. This was a great achievement for our team and reflected the comprehensive team approach, which went into this audit. The decision was made to discontinue Workwell Gold accreditation. This was due to several health priority areas being identified by the DHB as the focus for this accreditation and we felt out priorities needed to be different. The internal Livewell program and focus on employee health promotion is embedded in our practice and continues to promote agreed national health initiatives, provide education and support to our team and engage them with activities.

Complete the implementation of a complete vehicle fleet replacement.

Partial completion. Vehicle fleet replacement scheduled for December 2019.

Complete IT upgrade for team to facilitate a more mobile workforce and potential efficiencies in office space usage.

Partial completion. Project approved August 2019. Scheduled completion first quarter end 2019.

Identify future facility development opportunities to increase staff office capacity to cater for future growth as determined by increases in population and patient load in the Western Bay of Plenty region.

Ongoing. Planning process scheduled to be completed by end 2020.

OUR PEOPLE

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

Achieved. The nursing leadership team is fully embedded and leading the nursing workforce plan.

Implement three year nursing workforce development program, which includes the development of specialist palliative care nursing competencies.

Achieved. The nursing workforce development program is well underway and on target for completion by June 2021.

Improve access to human resources information; by exploring and initiating implementation of human resource system to electronically track and monitor all employee forms and processes including; recruitment, induction, performance and education.

Partially achieved. After consideration of several HR information systems (HRIS) a proposal was put to the board for ELMO. A package with modules that cover recruitment, on-boarding workflows, reviews, learning and payroll. The implementation of this system commenced from June 2019. The HR team have gone live with the recruitment module and have transitioned this successfully. This goal will remain for 2019–2020.

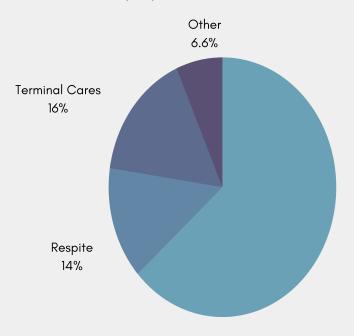
Provide relevant human resource training for managers by 1 April 2019 with an ongoing training plan for new or aspiring managers.

Partially met. The focus for this goal changed. HR Managers handbook was developed instead and is accessible for all managers on our intranet. Planning went into the development of our CARE-Q training package, with training topics identified for all staff, as well as leaders/managers. Training for this commences from July 2019. Mandatory training has been confirmed for all staff and delivery and review of these continues into 2020.

9,267
Community
Nurse Visits

16,589
Community Nurse
Phone Calls

INPATIENT UNIT (IPU) REASON FOR ADMISSION



Symptom Control 63.4%



Quality Plan 2019-2020

CLINICAL SERVICES

Implement the National Advanced Care Plan tools and provide tailored training program specifically for Waipuna Hospice staff.

Complete a review of our existing Hospice @ Home service delivery model and strengthen the partnership with primary health providers.

Adapt the family caregiver program, with the aim to be more accessible for families.

HEALTH AND SAFETY (H&S)

Review our H&S management system to ensure the system facilitates a safe working environment, staff engagement and participation and compliance with the Health and Safety at Work Act (2015).

Event, Risk and Hazard Management will be an integral part of each staff member's knowledge and participation with training to reduce organisational risk.

Promote, maintain, and encourage workers to provide and continuously improve the safe delivery of services to the public (patients, families and visitors) by meeting the Equip, New Zealand Health and Disability Standards and contractual agreements.

QUALITY AND OPERATIONAL

Complete the clinical equipment processes commenced in 2018, using Palcare for tracking and maintenance of all equipment.

Commence an IT project whereby clinical staff will have greater flexibility and portability.

Refine our existing clinical administration processes to reduce paper waste and increase time efficiency.

OUR PEOPLE

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

Implement HR software, with new staff and managers accessing the system and undertaking mandatory training modules as required.

Undertake team profiling for 75% of existing staff and 100% of new staff joining Waipuna Hospice.

Prioritise leadership development, undertaking power-hour training for leaders, and emerging leaders, and confirm and implement CARE-Q leadership training based on blind spots.



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.

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Richard Thurlow
Chief Executive Officer

Mark Tingey
Waipuna Hospice Inc Board Chairperson

"I'd like to thank you so much for the advice, care, compassoin and willingness to create a safe place for Janet Hume. For making her comfortable, taking her pain away and even just for listening to her."

ELIZABETH MEREDITH





