

# Bay of Plenty District Health Board

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## Current Status: 1 July 2014

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification Audit conducted against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) on the audit date(s) specified.

## General overview

Bay of Plenty District Health Board (BOPDHB) serves a population of 214,910. There are 18 iwi located within the BOPDHB area and 24.8 percent of the population in the region identify as Maori. Hospital services are provided at Tauranga hospital and Whakatane. Whakatane Hospital has a new hospital building that opened less than a month before this audit and is being praised by staff and patients. It is based around a well-designed courtyard which includes a well-equipped children's play area. There is a healthcare centre with inpatient beds at Opotiki which has been run for the past 20 years by a contracted provider. It has four general beds and two for maternity and is attached to a general practice.

Services provided across the hospital facilities are medical, surgical, paediatrics, maternity, rehabilitation and mental health.

## Consumer Rights

The hospital has posters in English and te reo Maori and brochures on the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), the Nationwide Health and Disability Advocacy Service and how to make a complaint. Staff training on the Code is undertaken and they are able to demonstrate how they uphold rights in their practice. Patients are not consistently provided with information about the Code and this is an area requiring improvement.

Patients state their rights are being upheld, including privacy, and they are not subjected to abuse, discrimination or neglect. However at Whakatane hospital patients' notes are left unattended in the corridor and patients' privacy is observed as not being upheld in the perioperative area. In the mental health services privacy is also an area requiring improvement with personal conversations being overheard.

Screening for family violence is consistently occurring in womens health services. Patients report good communication and this includes interpreter services. However, a patient with little English has no documentation on how staff are communicating with her and this requires improvement. Rehabilitation services have well established processes related to advance directives and resuscitation orders. Informed consent is obtained appropriately, including written consent when required

in the general side of the hospital, with the exception of consent for non-registered medications for named patients (Section 29 medicines). Consent in the mental health service requires improvement.

Patients and families report the service is responsive to their cultural and spiritual needs. An example is provided by a Maori patient at Whakatane hospital who has access to kaupapa Maori nurses working in the unit and there is access to a cultural advisor and Chaplaincy services. Tauranga Hospital has a kaupapa Maori ward to care for those patients who would prefer this option, should their condition allow. Whakatane Hospital maternity service needs to review the practice for ensuring partners or support people can stay with women when needing too.

There is evidence of good practice in all areas visited.

Consumers are aware of their right to complain. There is a complaints management system that meets the requirements of the standard and legislation.

### **Organisational Management**

Significant work has been undertaken to update the values of the organisation in consultation with staff and stakeholders. BOPDHB have achieved a bronze business excellence award. Goals within the organisation are clearly described and link to each level within the organisation. Monitoring and measurements are undertaken using a balanced score card approach.

Policies and procedures are in place and a document control system describes how documents are managed. Many documents are overdue for review or in the process of review and this is an area requiring improvement.

Quality and risk management activity is supported by a quality and patient safety team who work with service streams and departments to facilitate improvement. A service improvement unit runs projects and programmes for continuous improvement.

The quality and patient safety coordinator evaluates quality data (markers), with cumulative information being provided to management. The variance for each marker has been identified to assist the organisation to focus on variation rather than normal variance.

A balanced score card system of measures is linked to the Ministry of Health (MoH) and Health Quality and Safety Commission requirements. There are additional measures linked to the organisation's objectives and service objectives. This approach reaches to ward level with a dashboard of specific service key performance indicators (KPIs) that measure timeliness and patient safety indicators.

Internal audits occur as planned. There is no consistent process of evaluation that actions taken are effective and this is an area for improvement.

Adverse events are well managed, from initial recording in the reportable events system, to resolution. Weekly tracking occurs of all adverse and serious adverse events.

A risk management framework was last reviewed in 2013 and clearly defines the responsibilities and process to identify and manage risk. The quality and patient coordinators facilitate the risk process in their allocated areas. All high risks are reported monthly to a subcommittee of the Board through the Chief Executive.

Consumer information is managed in hard copy and electronic to ensure accessibility, identification and confidentiality. Files reviewed in the ward are individualised, except in mental health where one consumer had three current records. This needs review and improvement. Files in general are accurate and current, however signatures are not always legible and do not contain adequate identification of the person making the entry. This is an area for improvement.

Human resource management is well defined although some revisions are about to occur in the light of new legislation. Annual practising certificates are up to date but not all annual performance appraisals. The orientation training programme has been revised to include on line training but there are gaps in determining what other training is required and in tracking that all eligible staff have received this. Police checks are not routinely conducted on all new staff, particularly medical staff. These areas require improvement.

Staff management for nursing staff uses care capacity management based on five integrated elements: forecasting the work programme; matching the resources; putting the resources in place; delivering the services; and monitoring and responding to system variance. Allied and Medical Staff use alternative methods for staff management. Examples were sighted where staffing requires review and improvement.

Consumer and family involvement requirements for mental health are defined in policy documents however the policy is not being implemented. There has not been a consumer advisor in Tauranga for over two years and this is therefore an area requiring improvement. There is a consumer advisor in the Eastern Bay of Plenty. There is good evidence of strong family input into services at all levels.

### **Continuum of Service Delivery**

Ten patient journeys were followed through surgical, medical, paediatrics, maternity, mental health and rehabilitation services across Tauranga and Whakatane Hospitals. Interviews with staff, patients and family members, observation of practice, and additional sampling of files is undertaken. Bed management processes are in place,

however, it is noted that patients are admitted into 'non patient bed space areas' such as lounges and procedure rooms in the Tauranga Medical inpatient unit and mental health service. This is an area that requires improvement.

Assessments are commenced on admission with medical and nursing assessments commenced and continued at each point of care. A range of risk assessments, investigations and initial care planning is undertaken which accurately identify the needs of the patient, however, not all identified risks are transferred into the care plan and this requires improvement.

Care delivery is undertaken by a multidisciplinary team in a systematic manner to ensure that ongoing review of the patient occurs. Whilst patients confirmed that staff provided them with care that meets their individual needs, there is limited evidence in the documentation that individualised goal planning is undertaken with the patient and this requires improvement in medical, surgical, and maternity services.

There is a strong a team approach to care across the services, which ensures timely access to services is occurring, apart from identified issues with access to dietitians across both hospitals, which needs to be addressed. The team approach to care is a strength within the rehabilitation service, as is the clinical leadership within the mental health service.

Ongoing evaluation of patient responses to the care provided occurs and is documented in the progress notes by all members of the health care team. Completion of evaluations varies, some are of a high standard and others are not complete. This area can be improved. Each of the services utilises a system to identify any deterioration in the patient's condition, with evidence of timely communication about the changing needs of the patient, and appropriate interventions.

Discharge planning commences early in the hospital stay with timely referrals made as required. Patients and family members report being actively involved in their discharge planning. Discharge documentation is available to support the planning process, however improvement is required in the paediatric, maternity, medical and surgical services to ensure the discharge documentation is completed and clearly documents a discharge plan for the patient.

The national medication chart is in use, with policies and procedures in place to guide the safe management of medications. Ensuring the standard of documentation complies with safe practice guidelines and legislation is required, such as the monitoring of medication fridges, the discontinuation of medications, the indications for use for pro re nata (as required) medications, and completion of the venous thrombosis prophylaxis section of the medication chart when appropriate.

Food services are provided on site with input from dietitians. There are a range of menu options which meet the needs of patients, including access to special supplements. Systems are in place to ensure the service meets the required safety standards. Patient satisfaction with food services is monitored and is reported to be high.

### **Safe and Appropriate Environment**

There are good systems in place for management of waste, cleaning and laundry and these services are provided either in-house or by contractors. Some cleaning chemicals are noted to be unattended and this requires improvement.

Building compliance requirements are complex but all are in place and there is evidence of proactive management of the facilities and equipment, both biomedical and other assets. The refurbished and newly built areas of the hospitals provide a high quality environment, however, there is some corridor clutter and the mental health service in Whakatane is greatly in need of refurbishment. This requires improvement.

Each site has well defined and regularly tested emergency systems in place, both in terms of utilities and also as part of emergency response planning at local, regional and national level. Some emergency equipment is not always checked and secured as required.

All patient areas provide adequate toilet and bathing facilities and communal areas, including access to the outdoors and natural light. The Whakatane Hospital courtyard is already seen as a popular asset.

The ward environment is clean and tidy, but patient-related equipment, such as hoists, wheelchairs and walking frames, plus equipment waiting for repair, are stored in the ward corridors and reception area. This constitutes a mobility hazard and needs review and improvement.

### **Restraint Minimisation and Safe Practice**

The system for managing, monitoring and reviewing restraints and enablers is well defined and implemented. Restraint episodes are fully reviewed. The DHB has implemented several initiatives as part of its commitment to zero tolerance of violence, and as a result, there has been a considerable reduction in restraint use over the past few years. A new delirium service has identified how some clinical interventions can mimic restraint and they are finding alternative interventions. Instances are found at audit of patients having an enabler in place but there is no documentation about this in their care plan. Call bells are required in seclusion rooms. These are areas requiring improvement.

Restraint and seclusion are well managed and are supported by good policy and oversight by the Practice of Restraint Advisory Group Committee. The monitoring and review of use of seclusion and restraint has resulted in a steady reduction over the past six years, cumulating in a reduction in the use of seclusion by about 50% over the past six years and 20% in the past 18 months to two years. There are good records of de-escalation interventions which contribute to this achievement.

At the time of audit there are no patients requiring restraint.

### **Infection Prevention and Control**

Oversight of infection prevention and control is by an Infection Prevention and Control Committee. The Committee reports to the Clinical Governance Committee and has appropriate membership. There is evidence in the minutes of this committee of active involvement in policies and procedures, incidents and surveillance activities.

There is a document Infection Control Programme for 2011 – 2014 that is based on this standard. Infection prevention and control clinical nurse specialists work in both hospitals and are supported by a team of infection prevention and control representatives in the clinical areas. The representatives attend twice yearly training sessions.

There are policies and procedures online which meet the requirements of the standard and meet current evidence based practice.

Staff have access to online infection control databases and journals and receive national and international infection prevention and control information, including the latest research papers.

There is evidence of surveillance activities being carried out on a regular basis. The organisation undertakes antimicrobial stewardship with a formulary and annual review of usage.