

Taranaki District Health Board

Current Status: 15 October 2013

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

Taranaki Base Hospital and Hawera Hospital are part of the Taranaki District Health Board (DHB). The DHB is responsible for the approximately 104,200 population living in its district. The DHB provides services in community and hospital settings. These cover medical, surgical, orthopaedics, child health, women's health, mental health, older person's health, disability support and rehabilitation, public health and clinical support services.

Audit Results as at 15 October 2013

Consumer Rights

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code of Rights) is displayed in English and te reo Maori throughout the organisation along with information on accessing advocacy services and consumer feedback surveys. Care provided within the clinical environments was observed to be provided within the bounds of consumer rights legislation by appropriately qualified and skilled staff.

A sample of patients and family members said that the staff were respectful of their rights, their values and beliefs, they felt included in the care process, and are treated with dignity and respect. Privacy is observed to be maintained and respected, with one area requiring improvement within the new clinical ward ensuite bathrooms.

Assessments are comprehensive and ensure that cultural and spiritual needs are identified to inform the plan of care and maintain the patient's independence. Patients have access to kaupapa Maori health services and are referred if requested. Patients and family members also reported that staff encouraged and supported them to be involved in the decision making process and the provision of care.

Verbal or written consent for treatment is provided by patients when it is required, however the documentation of verbal consent within the women and children's service is an area requiring improvement.

Patients, staff and families report they have not witnessed or been subject to discrimination or abuse. A comprehensive Family Violence Policy is in place including processes for screening, with staff training available. Within the women and children's services it is not always evident that the screening has been completed, nor have all staff attended the training. This is an area requiring improvement.

Patients report they are aware of the complaints process and feel comfortable voicing a complaint. Staff have a detailed knowledge of the complaints process and detail appropriate responses to consumer complaints. Two Customer Services Privacy Officers are responsible for the complaints process. All complaints are managed individually, and where possible, a conversation is had with the complainant to ensure understanding. A system is in place to acknowledge, review and respond to each complaint.

Organisational Management

The Board's vision is: "Taranaki Together, a Healthy Community". Regional collaboration is a focus with the Midland DHB group working together to coordinate services across the region. Achieving the organisational goals in a challenging financial environment will require a key focus for the Board in the coming year and close monitoring around related risks.

The DHB has been involved in a significant change programme over the past two years (Project Maunga) which has included the opening of a new multi-level clinical services facility in August 2013 along with a number of changes to the way staff organise the care they provide.

The DHB is led by an experienced and committed leadership team, including a Clinical Board which has a focus on safety and quality. The quality systems are closely aligned to the Health Quality & Safety Commission's priorities and this has included the DHB signing up to the Commission's "Open for Better Care" campaign during 2013. The Clinical Board has recently approved the 'Patient and Family Centred Care Framework' 2013-16 and they have an annual work plan. These developments provide a strong foundation for continuously improving the patient experience.

The quality and risk team lead a range of activities and there is a good level of integration between the key systems, including incident and complaints management. There are quarterly reports to the Board, and Board sub-committees. An area for development relates to the need for electronic systems to underpin the quality and risk activities occurring organisation-wide, for example the incident reporting system, the risk management system, and the document control system - including having a search engine function. Such a system(s) would enhance the availability of information and improve effectiveness and efficiency.

Reportable events are reported by staff and reviewed by their line manager to ensure any immediate action has been taken and an appropriate review occurs. All events are rated and those that are more serious are monitored by the relevant line manager. There is a Reportable Events Policy in place which is in line with the National Reportable Events Policy. Work is being undertaken to develop a complaints follow up process to ensure recommended changes are completed. This remains an area for improvement until this process is implemented.

Consumer and Family Advisor participation in service planning and implementation, through involvement in governance, quality and leadership groups is evident. The Consumer Advisor sits on the Mental Health & Addiction Services' Clinical Governance Committee and has been involved in the redesign of the intensive psychiatric care unit. Strong links exist and are reported to exist regionally and nationally.

The current Taranaki District Health Board Workforce Plan 2012/13 is under review. Human resource (HR) management systems are in place with standard employment practices implemented across the organisation, including validation of professional qualifications, referee checks and police vetting. All staff have a job description which outlines responsibilities and expected outcomes for each role. There is a formal organisation wide induction process and service area specific orientation undertaken. Mandatory training is regularly scheduled with completion recorded on a central register. Changes to the HR management system software has resulted in difficulties maintaining records of performance appraisals and the nursing professional development and recognition programme (PDRP), with the organisation unable to establish those staff due or overdue for review. This is an area requiring improvement.

Taranaki DHB has four key linked systems to provide a real-time view of the staffing demand status. Considerable planning was done prior to the move to the new facility and there is on-going assessment to ensure that staffing levels are appropriate. From "staffing deficit" documentation it was noted that three units need evaluation of their nursing staffing levels. The physiotherapy staffing, the psychiatrist team arrangements and the weekend emergency department junior doctor cover are further areas requiring consideration.

The clinical records are well managed with audits completed monthly of 20 randomly selected files. The clinical record has both hardcopy and electronic components and security systems are in place for both. The Clinical Records Committee reports to the Clinical Board.

Continuum of Service Delivery

Five patient journeys were followed through surgical, medical, child health, mental health and maternity services at Taranaki and Hawera Hospitals. Reviewing these

patients and undertaking additional sampling of files found that these patients are assessed on admission to identify their needs, and services are provided according to clinical pathways and individual care plans.

Progress notes record and evaluate care provided and assessment tools are used to monitor the progress of patients. When required, additional processes are put in place to monitor the care of the patient, including a systems to identify the deteriorating patient. Verbal handover processes between nursing staff are moving towards a bedside handover process which will directly involve the patient.

Services are delivered with a strong multidisciplinary focus, supported by communication processes that ensure that the appropriate health professionals are involved in providing care, referrals between services are seamless, and discharge planning meets the needs of the patients. Within mental health services improvement is required where a consumer wishes to change from the Kaupapa Maori service to mainstream services.

An effective improvement has been the introduction of electronic whiteboards which supports communication, teamwork, and care planning which ensures that all systems and referrals are in place prior to discharge. Discharge summaries are provided to the patient and electronically sent to the GP usually within 24 hours.

Patients and family report being involved in the planning of care, and are complimentary of the care received. Patients described the staff as responsive to their needs and frequent communication with all staff ensured they were fully informed.

General improvements relate to the completion of nursing assessments in a timely manner, completion of assessment tools and documentation that demonstrates the ongoing evaluation of care within required timeframes, along with evidence of goal planning with patients.

Clinical pharmacists are available to support safe medication management in most ward areas. The Pyxis system is used to store and release medication for administration in high medicine use ward at both sites. Examples of high risk medicines in use demonstrate good practice. The national medication chart is about to be implemented, while planning continues towards implementation of electronic prescribing. Medication reconciliation is actively implemented with significant progress since the previous audit - the DHB's targets are now met or exceeded. Cold chain processes have been reviewed as part of a major project to address consistency with fridge and room temperature monitoring. This is supported with a new on-line learning package, however it remains work in progress and an area of required improvement. There is a full suite of policies and procedures outlining safe medication management practices covering the two hospital sites. Standing orders are current, however updating of several medication policy documents is an area

requiring improvement. There are two committees to monitor the safe and appropriate use of medicines with a strong focus on improvement and learning from “near miss” events. There is regular reporting of trends associated with any adverse drug events. Areas of improvement are also required to address the practice of ‘bracketing’ dates and signatures and the process for discontinuing medications.

Nutrition management provides patients with the ability to self-select from a daily menu which is on a two weekly cycle. Nutritional assessments are undertaken when required, with special menu options available and access to nutritional supplements. The implementation of a ‘red tray’ system identifies those patients who require support with meals. An improvement project to ensure the timely delivery of food has been implemented. Patients described food as being of a good standard, and a menu that allows some choice to suit preferences, including ‘child friendly’ food.

Safe and Appropriate Environment

Taranaki District Health Board provides a clean and safe environment at its two hospital sites in New Plymouth and Hawera, and is appropriate to the needs of patients using the services. In particular, the new ward block at Taranaki Base Hospital is thoughtfully designed to maintain physical privacy and provide adequate space and amenities for patients, staff and visitors. This includes patients with special needs, children and those undertaking a rehabilitation programme.

Systems are in place for the safe collection and disposal of waste. Staff use personal protective equipment appropriately, including when dealing with hazardous materials. Equipment is maintained through an ongoing programme of preventative maintenance and functional testing at both sites.

The organisation is well prepared for emergencies, both within the hospital setting and in the wider region. Staff are trained to respond to individual patient emergencies, fire and regional civil defence emergencies. There is an onsite security presence at Base Hospital. Improvement is required in recording hot water temperatures at Hawera Hospital.

Review of cleaning in the acute services block occurred in early 2013, with the reintroduction of ward based cleaners, rather than combined with the health care assistant role. There remain areas where the employed health care assistants are not accessing the same cleaning procedures as contracted staff, and this is identified as an area for improvement.

Laundry services are contracted. Procedures practiced in the hospital ensure adequate supplies and management of linen. It is not clear how the laundry service meets external standards and this requires review.

The mental health inpatient unit Te Puna Whaiora intensive care unit area of the facility is acknowledged to be in need of an upgrade.

Restraint Minimisation and Safe Practice

The Restraint Minimisation and Safe Practice Committee coordinate restraint approval, training, implementation, and compliance and evaluation. The organisation has a restraint minimisation policy, which records the standards applied to restraint implementation, and expectations of initial and ongoing training. There are appropriate definitions of enablers and examples of approved restraints.

There is an active approach to training staff and a recent focus on training in de-escalation and safe restraint management in the emergency department is commended.

The mental health service promotes a consumer centred approach to restrictive interventions and promotes advance directives in the policy guidance. Examples of analysis of events and quality review by the Restraint Minimisation and Safe Practice Committee are recorded. Staff are well aware of the need to use de-escalation as the primary intervention and of the intense needs of consumers when acutely ill. Seclusion documentation, and consistent use of entry of notes and forms for recording all aspects of seclusion, is in need of improvement.

Infection Prevention and Control

There is a three year strategic infection control plan and annual reporting of progress to the Clinical Board, and regular quarterly reports to the Safe Environment and Practice Committee. There is infection control representation on key committees, including product evaluation and clinical practice committees. The infection control team consists of clinical nurse specialist and a risk adviser on site. External support from a microbiologist and infectious diseases physician is available.

The programme targets surveillance, antimicrobial use and implementation of all national clinical infection control indicators. Vaccination initiatives and screening, blood-borne pathogen exposure reporting, auditing priorities and oversight of infection prevention and control in contracted services occurs such as for laundry and waste. Fully up to date policies and procedures guide practice. A recent outbreak of infection has been reviewed and full report and recommendations is due. However learning opportunities have also been identified.

Tracer methodology focused on current infection prevention and control practice and demonstrated that systems and processes to manage patients requiring contact precaution isolation from the time of admission onwards. Implementation of contact isolation in three ward areas, interviews with key staff, review of patient notes and observation of practice confirmed practice aligns with organisational policy.