

Lakes District Health Board

Current Status: 11 February 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

Rotorua and Taupo Hospitals are part of the Lakes District Health Board (LDHB). The DHB is responsible for the health needs of 103,000 people living in the district. Hospital services provided include medical, surgical, geriatric, child health and maternity services. Emergency departments exist at both hospital sites. Mental health, alcohol and other addictions services are provided through a full range of inpatient and community support services. These services incorporate Māori mental health services. The Lakes DHB is part of the Midlands region and has been working collaboratively with the five DHBs across the region to deliver a number of shared services.

Consumer Rights

Information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and the Nationwide Health and Disability Advocacy Service is readily available throughout both Rotorua and Taupo Hospitals in both English and te reo Maori. There are also patient information handbooks provided outlining patient rights. Staff training on the Code, including abuse and neglect, is part of the orientation programme and ongoing education. Family violence screening occurs in the emergency department on admission. Staff do not always provide opportunities to discuss the Code with patients and/or their families and this is an area that requires some improvement.

The initial nursing assessment includes the identification of any spiritual and cultural requirements. There are brochures about the Kaupapa Maori Unit, to which patients can be referred and they will be visited by Maori health workers. The adult inpatient mental health unit, Te Whare Oranga Tangata O Whakauae (Whare Whakauae), has strong Maori and Pacific cultural input from the whai manaaki employed within the service. Family involvement is evident in both the Whare Whakauae and other services visited.

Staff maintain professional boundaries and promote independence and good communication. A sample of patients and families interviewed report that care provided is respectful of their rights and dignity and that privacy is maintained. An

area requiring further development is around staff within the Whare Whakauae developing a greater understanding of discrimination that can lead to barriers in recovery.

Informed consent policies and procedures are in place and implemented to ensure consumers are provided with appropriate information. Patients are welcome to have support people with them. Open disclosure is encouraged and demonstrated.

The well-established complaints process reviewed provides evidence of a sensitive, transparent and timely response to complaints and that any opportunities for improvement are identified and followed through. Patients are able to make a complaint through a variety of ways and are supported by quality co-ordinators to do so, if this is required

Organisational Management

The Board has set the strategic direction for the DHB based on the region's health profile, Ministry of Health targets and national and regional quality improvement objectives. The Lakes DHB strategic goal is 'Achieving Health Equity', and addressing health inequalities remains high on the DHB's agenda.

It was evident that Lakes DHB is committed to quality improvement and patient safety. The first publically available Quality Account produced reports on a wide range of quality projects across the DHB that have resulted in improved outcomes for patients. The Clinical Governance Group is a key forum for progressing and monitoring clinical quality improvement work across the organisation. Improvements to the way committees that report to this group are needed, as is the integration of clinical audit activities. Ensuring key components of the quality structure are linked and well organised is an area that requires improvement.

There is a wealth of quality data being collected across the organisation to monitor progress. Lakes DHB is a member of the Health Round Table and collects and benchmarks a number of indicators in order to compare results with similar organisations. A well embedded process around reporting of incidents and sentinel events and implementation of corrective actions resulting from investigations is evident, however further work is required to ensure that recommendations are sustained over time and have in fact addressed the issues identified. Management of risk across the organisation is well-established.

A project is underway in relation to development of a new document control system to address the well-known deficiencies of the current system. Work has been progressed on developing access to good quality clinical procedures and a regional approach to this work was evident. There is a concerted effort to review all documents in the current document management system. Further work in this area is

required.

Within the mental health services a lack of consumer and family participation around planning, monitoring and evaluation of services delivery was noted. The service underwent a review in 2013 in this area and changes occurred to the way this aspect of service delivery is managed. However at the time of audit, changes are yet to meet the requirements of the standards and further work in this area is required.

The human resources system is well defined with all stages of the recruitment, appointment and orientation process meeting requirements. Training specific to services is largely well managed but improvement is needed to monitor that all required training is being met in a timely way. Credentialling of medical staff and departments has greatly improved but further progress in this area is still required.

Work to improve the process for determining staffing levels to meet patient demands is progressing well, with good co-operation between services evident. Additional work to incorporate information around patient acuity and staff skill mix will allow for further improvements in matching staff numbers and skills to patient needs. Staffing issues around numbers and skill mix within two areas of the organisation were identified during the audit and this needs to be reviewed and addressed.

Patient records are well managed to ensure they are readily available where and when required and are stored safely. Confidentiality is maintained. Improvements are required to ensure that all records are legible, signed correctly and correctly labelled with patient details.

Continuum of Service Delivery

Six patients' journeys were followed through medical, surgical, mental health, maternity and paediatric services, and at Taupo Hospital. This process, along with additional sampling of files, found that assessment of needs and delivery of care is provided by suitably qualified staff, with the exception of the emergency department area, where there is not always a suitably qualified registered nurse to triage patients available at the reception desk. Assessments completed inform the interventions required for patients, however nursing assessments are incomplete in a number of areas and this requires improvement. The planning of nursing care is also an area that requires further development in all areas visited, with deficiencies noted in timeliness, level of detail, identification of goals, and keeping nursing plans up to date to reflect the changing needs of patients. In general, patients interviewed were complimentary about the services they were receiving.

Referral to allied health and other specialist services is well managed. With one exception noted, there is evidence of good staff communication and timely transfer between the two hospitals, and within Rotorua Hospital.

All areas were using early warning score systems to prompt triggers when a patient's condition deteriorates and this tool is being well completed. However, examples of other tools in use to evaluate progress, not being completed as required, are noted.

The daily multidisciplinary 'rapid round' is a new initiative used as a focus for updating care and discharge planning. Discharge planning is generally well done with the exception of the surgical and paediatric areas, where this needs further development.

The mental health service has progressed a number of developments to improve service delivery (for example, the 'single point of entry' system for responding to referrals). The electroconvulsive therapy (ECT) programme, managed out of this service, needs improvement in order to better co-ordinate treatment delivery, filing of treatment records and attending to the privacy needs of patients.

There are comprehensive medication policies detailing all aspects of medicine management. A Pharmaceutical Advisory Committee provide support, advice and monitoring of systems. The national medication chart is in use. Areas for improvement were identified in all areas visited and include, prescribing, recording of allergy status, patient weights and time for administration, controlled drug management and reconciliation processes. Self-administration of medicines and changes to medication being communicated to the family is an area requiring improvement.

Food services are provided from the Rotorua Hospital kitchen by a contracted company. The service is accredited and externally audited. On the Taupo site the food service is managed in-house with menu plans supported in a similar way to Rotorua by the same contracted service. Patients commented on the good quality of the food provided. Improvements are required to ensure that patients' nutritional needs are assessed in a timely way and that food fridges in clinical areas are monitored for temperature.

Safe and Appropriate Environment

Both hospitals meet regulatory requirements although an improvement is required to ensure that licence renewals occur in a timely fashion. There is a complex and well monitored system of managing assets and equipment that ensures that they remain fit for purpose and checked and calibrated as required.

Waste, cleaning and laundry systems are provided either in-house or by contractors and are all well managed.

Both hospitals have well designed toilet and bathing facilities and space and privacy

for patients. All areas have natural light and good heating and ventilation. The hospitals are kept smoke free and support is provided to patients and staff to stop smoking.

The hospitals have had seismic strengthening. There is a health emergency response plan and the DHB is an active member of the Coordinated Incident Management System (CIMS). Fire evacuation plans are in place and a lot of work has gone into bringing the fire training process up to date. This is now very effective for new staff and existing staff are gradually all being provided with this mandatory training.

The Taupo Hospital site is still being redeveloped but significant improvements are already in place with the new maternity ward, emergency department and half of the general ward in operation. The reconfigured hospital is designed to provide better patient care with improved space, patient flow and management of access to the different clinical areas.

Some improvements are required in the storage of equipment at Rotorua Hospital, maintenance of some furniture, and ensuring that the sluice rooms at Taupo function effectively.

Restraint Minimisation and Safe Practice

There are policies and procedures in place for restraint and enabler use and these are under review at the time of audit. Restraint use is well managed and monitored in the mental health unit and is subject to rigorous oversight by the district inspectors in addition to the internal processes. The required regular comprehensive reviews of restraint had not been occurring for some time, but one was conducted in November 2013 for the non-mental health parts of the hospital. This has confirmed the need for more rigorous review of all aspects of restraint use and the restraint minimisation advisory group is committed to this process. Already some changes have been implemented and there is a draft new policy and procedure currently out for consultation. This process will continue through 2014 and will include upgrading the restraint minimisation training available to staff. Improvements are needed in the appropriate use of enablers, accurate recording of episodes of enabler and restraint use, and ensuring that the comprehensive reviews address all the areas required. There are different levels of restraint minimisation training for different staff groups. In addition, nonviolent crisis intervention training has been instituted and is available for all staff to enhance communication and de-escalation as required.

Seclusion use in the mental health service is well managed and reviewed.

Within the mental health service, restraint minimisation is managed by a Restraint Approval Committee (RAG). The RAG authorises training, strategies and techniques

for use of restraint as well as defining and approving enablers. The RAG receives summary reports on utilisation of restraint and there are good reporting mechanisms for each incident of restraint. There are two seclusion rooms which meet current best practice standards, with ensuite showers and toilets and beds. Both are approved by the Director of Area Mental Health Services (DAMHS). Use of seclusion is closely monitored, with the views of consumers who experience seclusion sought as feedback to the service. Alternative interventions to avoid restraint and use of seclusion are consistent with the guidelines for restraint minimisation and practiced by staff.

Infection Prevention and Control

The infection prevention and control programme at Lakes DHB has clearly defined lines of accountability and structures, and detailed documentation to guide staff on matters related to infection control. The infection prevention and control plan is up to date and is annually reviewed. The plan is approved by the clinical governance committee and identifies roles and responsibilities for management of the infection control programme to service level. Each service has a role which has designated responsibilities for infection prevention and control.

Lakes DHB has a suite of documented policies and procedures for the prevention and control of infections. These cover all key areas for effective infection prevention and control management.

The infection prevention and control in-service education sessions sighted for 2013 - 2014 confirmed there is at least monthly training offered to staff. Sessions are repeated on the same topic for greater staff access.

The surveillance programme is comprehensive and includes multi-drug resistance organisms, clostridium difficile, hospital-acquired blood stream infections and surgical site infections. The infection control committee meeting includes as a standard agenda item, prevalence data and audit results which are discussed. Surveillance data is collected continuously and reported on at least monthly.

A number of improvements have been made in the area of anti-microbial usage and further developments are in progress. Examples of efforts to improve antimicrobial stewardship include a review of prophylactic use for lower segments Caesarean sections associated with a change in practice. Good results have been identified. Downward trends are noted for the use of some antibiotics over the past ten years.