

# Hawke's Bay District Health Board

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## Introduction

This report records the results of a Surveillance Audit of a provider of hospital services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Hawke's Bay District Health Board
<b>Premises audited:</b>	Central Hawkes Bay Health Centre  Chatham Island Health Centre  Hawkes Bay Hospital  Napier Health Centre  Springhill Treatment Centre  Te Whare Aronui  Wairoa Hospital & Health Centre
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Surgical services; Hospital services - Maternity services; Hospital services - Children's health services; Hospital services - Mental health services; Residential disability services - Psychiatric
<b>Dates of audit:</b>	Start date: 11 November 2014      End date: 14 November 2014
<b>Total beds occupied across all premises included in the audit on the first day of the audit: 248</b>	

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

## General overview of the audit

Hawke's Bay District Health Board (HBDHB) provides services to 157,000 people in the Hawke's Bay region. The Chatham Island service is to transfer to the Canterbury DHB from next year (2015). During this four day surveillance audit the following sites were visited: the Hawke's Bay Hospital; Wairoa Hospital and Health Centre; Central Hawke's Bay Health Centre; Te Whare Aronui and the mental health inpatient unit; and Springhill Treatment Centre.

Good progress has been made in addressing the previous 32 areas requiring improvement from the certification audit undertaken in June of 2013 with 12 of these fully addressed and work in progress in most cases to address outstanding issues.

## Consumer rights

The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and independent advocacy services brochures were available throughout the hospital. Staff discuss the Code with patients which has

addressed an area previously requiring improvement. In one of the mental health services visited staff interviewed had not yet attended training in provision of services for Pacific peoples. This previously required improvement has yet to be addressed.

Patients interviewed confirmed their rights were being met, with the exception of ensuring auditory and physical privacy, in some areas. Patients' clinical records were observed to be kept secure.

Patients confirmed being well informed about all aspects of their treatment, including any surgical procedures; however, not all sections of the consent forms were being completed as required and this continues to require further improvement. Staff and managers demonstrated how they promote a culture of open and transparent communication with patients and family members, including open disclosure.

Interpreters are available for 30 different languages and are utilised in the event a patient or family have difficulty communicating effectively in English.

Staff and managers interviewed described a number of changes that have occurred since the last audit to promote good practice. These included practices related to isolation precautions, the development of a 'stroke pathway' and activities to promote family safety. The incorporation of the play therapist and child development activities in the children's ward is also an area of strength.

The right for patients and/or family members to make a complaint is detailed in the DHB policy and forms were readily available throughout the hospital for patients to provide feedback. Complaints were acknowledged, investigated and responded to in a timely manner, and the necessary documentation completed. Details on the number of complaints received, themes and any associated changes to practice were regularly communicated to staff and managers.

## **Organisational management**

The governing body of the HBDHB conforms to the nationally prescribed planning process based on national targets and regional needs. The strategic direction promotes an inclusive Hawke's Bay health services approach with a focus on reduction of inequalities.

Over the past year the organisation has moved to a directorate model of management with management of clinical directorates shared between a nurse director, service director and medical director.

Since the previous audit, work has progressed to develop a 'Quality Improvement and Safety Framework' that will support the planned 'Transform and Sustain' programme. Transition to the structure to support the framework and related work was in progress at the time of the audit, with key appointments pending. Management of quality and risk within the five directorates was at differing stages of development and further work to fully imbed the model and how it functions is required. The system for management of risk across the organisation also requires further development at the service and directorate level.

In all areas visited there were examples of projects to improve the quality of services, either completed or in progress, with a particular focus on the 'Aim 24/7' hospital services improvement initiatives. A key project to improve the flow of patients through the hospital (the Hospital After Hours Project) was progressing according to plan.

Data related to quality and systems improvements was being analysed and trends monitored and reported to key management and clinical leadership groups and the board. Incidents, including serious events, were reviewed and investigated as required, and where indicated, improvements were implemented. Issues in this area raised at the previous audit have been addressed. Clinical audit activities are carried out in each clinical area and these have been reviewed annually and the content changed based on current local and national demands (eg, the Health Quality Safety Commission agenda), events/incidents, and complaints data).

Improvements have been made to the process around updating of policies and procedures addressing a previous area requiring improvement.

A number of issues identified at the previous audit in relation to human resources systems have been addressed; however, further work related to attendance at orientation, completion of regular performance appraisals and attendance at mandatory training is still required. Good progress has been made to upskill staff at the Wairoa site to ensure they are able to cope with the varied demands in delivering a wide range of services. Compliance with medical staff credentialing processes has been identified as an area that requires improvement by the organisation.

A number of mechanisms were in place to match staffing requirements to the fluctuating patient workload. Staffing has been increased to address issues raised at the previous audit; however, this remains a challenge in some areas and requires further review.

In general, the standard of clinical documentation met requirements. Improvements are required to ensure all records are labelled correctly, entries are legible and staff record dates, times and their designation for all entries.

## **Continuum of service delivery**

Seven patient journeys were followed through children's health, maternity, mental health, medical, surgical, Wairoa Hospital and Springhill Treatment Centre, along with the review of additional files sampled in all areas visited, including Central Hawke's Bay Health Centre.

The organisation has a comprehensive suite of assessment tools utilised by medical, nursing and allied health staff which formed the basis for planning patient care. Medical services have implemented a stroke pathway, while other services used patient flow charts. Children's health services have integrated social and developmental aspects of child care into care plans which were child focused.

In mental health services a documented service delivery pathway was in use. Action recovery plans reflected a bio psychosocial approach to treatment, interventions and support. Patients confirmed that they were fully involved in the service delivery process with weekly reviews tracking treatment progress.

In the maternity service links with lead maternity carer midwives, the community and with Wairoa maternity services was evident. Team work was encouraged between the lead maternity carer, obstetricians and the core midwifery staff to provide continuity of care. Multidisciplinary team referrals were appropriate and timely and facilitated planning towards discharge. In mental health the team included community based service providers, representative of a wide range of professional and support services.

Previous requirements to address the completion of some nursing care planning documentation, patient centred goals, documentation of discharge planning and aspects of evaluation of progress, were not yet adequately addressed.

Discharge processes were in place in all areas and in mental health services transition plans provided a staged transition back into the community. Patients interviewed expressed satisfaction with their care and treatment and were aware of planning towards discharge and the timeframe for this to occur. Patients transferred between HBDHB services are expected to have both a medical discharge letter and a nursing transfer form completed, but these were not always evident in files reviewed at Central Hawke's Bay and this requires attention.

Medication management was identified for improvement at the previous audit and there was evidence of improved documentation and practice. However, there remained areas requiring improvement related to prescriber details in all services visited, controlled drug stocktakes, nurse transcribing at Central Hawke's Bay and appropriate storage of medicines at Te Whare Aronui.

An area for improvement identified at the last audit related to the storage of food and monitoring of the temperature of food fridges. There was evidence that this is now well managed in the central food service; however, food storage remains an issue in some clinical areas.

## **Safe and appropriate environment**

All buildings had a current building warrant of fitness. A code compliance certificate has been issued for the newly built fleet office. A major renovation/refurbishment programme has just been completed at the Napier Health Centre. Furniture sighted was fit for purpose. Clinical equipment has undergone electrical safety checks and performance monitoring and records were maintained. Some cardiac or body protection certificates remain overdue for testing.

Waste was sighted to be disposed of appropriately and chemicals were being stored securely. Cleaning was being undertaken by a contracted company. Policies detailed how areas were to be cleaned and this included isolation rooms. Staff interviewed were able to describe the required cleaning processes and confirm being provided with ongoing education. The previous issues raised to do with cleaning have been addressed.

Resuscitation trolleys were present in clinical areas. They did not have anti-tamper mechanisms and these trolleys are not being consistently checked at the required frequency; this requires improvement.

## **Restraint minimisation and safe practice**

The 'Restraint - approval and management to enhance safe restraint policy' included a definition of enablers which aligns with the requirements of the standard. Where enablers were in use these were not always identified in the patient's plan of care nor were documentation details of ongoing monitoring evident. This previous area identified for improvement has yet to be addressed.

Within the mental health inpatient service, patients were routinely monitored in the seclusion rooms to ensure safety and regular contact. The service had addressed the requirements of recording the monitoring results. The service has not yet installed equipment that maintains adequate temperatures in the seclusion rooms and patients continue to have no means to call effectively for assistance. Both these issues need to be addressed.

## **Infection prevention and control**

Surveillance was being undertaken for patients who have developed infections while in hospital and was detailed in the infection prevention and control programme. The surveillance programme was appropriate for a DHB setting. The DHB was participating in nationally coordinated projects that monitor patients with total joint replacement infections and central line associated bacteraemia. The results of the surveillance activities were communicated to staff and managers. There has been one infection outbreak since the last audit. It was suspected to be norovirus and was contained in a timely and effective manner.