

# Northland District Health Board

---

## 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>	Northland District Health Board
<b>Premises audited:</b>	Bay of Islands Hospital  Dargaville Hospital  Kaitaia Hospital  Te Kokonga Hauora  Tu Kaha  Whangarei Hospital
<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: 24 February 2015      End date: 27 February 2015
<b>Total beds occupied across all premises included in the audit on the first day of the audit: 270</b>	

# Executive summary of the audit

---

## 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

Northland District Health Board (NDHB) serves a population of around 152,000. Hospital services are provided from four hospitals based at Whangarei, Dargaville, Kawakawa (Bay of Islands Hospital) and Kaitaia and supported by a range of community based services across the region. Hospital services include surgical, intensive care, emergency departments, medical, paediatrics, mental health and maternity, plus a range of clinical support services.

All four sites were visited as part of this four day surveillance audit against a subset of the Health and Disability Services Standards. The audit included an in-depth review of seven patients' journeys across a range of wards and departments, review of clinical records and other documentation, interviews with patients, families, staff across a range of roles, and observation.

At the previous certification audit there were 22 areas identified as requiring improvement. Good progress has been made in addressing these with 15 of these closed. This audit identified 11 areas that either require ongoing improvements (seven), or are new issues to be addressed (four).

## **Consumer rights**

Previous issues relating to privacy in seclusion rooms in the mental health service have been resolved. There is a wealth of evidence to show that families and their cultural needs are provided for in the mental health service.

Patients across the organisation reported that staff communicate well with them and their families. Open disclosure is practised. Interpreter services are available and staff know how to access interpreters.

The recording of decisions around resuscitation still does not provide sufficient clarity about who has contributed to this and requires further improvement.

The well-established complaints process meets the requirements of legislation. Patients and family members spoken with were aware of how to make a complaint, and in the case of staff, how to assist in this process. The complaints register contains information on complaints, actions taken and responses to the complainant that show a timely and sensitive approach.

## **Organisational management**

The NDHB board of directors follows the nationally prescribed planning process, integrating the district's needs and national targets set by the Ministry of Health. Collaboration with the three Auckland district health boards has led to a regional approach and shared services in many cases.

The organisation has recently reviewed the quality system and changes are anticipated to improve accountability and consistency of approach across the directorates. The Health Quality and Safety Commission provide a focus for improvement activities along with a number of projects as a result of the 2013 Patient Safety and Quality Improvement Review. A commitment to continuous improvement and patient safety was demonstrated across all services visited with improved patient outcomes evident in a number of areas.

Improvements to policies and procedures now ensures currency and better control of documents, addressing a previous area requiring improvement.

The various components of quality are well linked through roles, committees and reporting mechanisms. Quality data is collected, analysed and reported on and well displayed with use of meaningful graphic illustrations. This has been an improvement since the previous audit. Good progress has been made in relation to audit activities; however further work is required to implement the programme and use the results to make improvements. Examples of corrective action planning are now evident also addressing a previous shortfall.

There is a new electronic system for reporting incidents and complaints and this will lead to more effective monitoring. The reportable events committee responds rapidly to any emerging issues.

Risks have been reviewed and transferred to a new electronic tool, in most cases. The most significant risks are reported to the board committee. However, at the ward/unit level there is a lack of understanding of the risk management process, including completion and/or management of the risk register, the formal escalation process, development of adequate control plans and timely review.

Processes are in place for recruitment of staff by line managers. All health professionals have current annual practising certificates. Improvements have been made in relation to departmental and medical credentialing which now meet requirements. A generic and area specific orientation occurs that meets the needs of staff. The organisation has agreed on mandatory training requirements; however improvements are required to ensure that all staff complete these as and when required.

Staffing and skill mix generally meets patient demand and there are systems in place to monitor this on a day to day basis and respond to increased demand. Longer term strategies are in place or under development to match increasing demand in some clinical areas.

The previous issues related to documentation have been addressed with improvements to the integration of clinical records and staffing signatures.

## Continuum of service delivery

Seven patient journeys were followed at Whangarei, Kaitaia and Tu Kaha in Kaikohe and included patients in mental health and residential disability services, medical, surgical, paediatric and maternity services. Evidence was sighted of patients being assessed by appropriately qualified health providers; however some instances of assessment and re-assessment were not timely and ongoing planning from assessment was inconsistent. This is an area for improvement.

Previous issues identified in the mental health services around the triage of patients into the services and documentation of attendance at multidisciplinary meetings have been addressed and are now closed. The completion of the required risk assessment in this area continues to require improvement.

Three other areas identified at the last audit related to documentation have been addressed; however, the completion of the 'Admission to Discharge (A-D) planner' and documentation related to patients' outcomes and goals needs improvement in some clinical areas. There is evidence of interventions being documented in the ongoing clinical record which identified that the patient's needs are being met. Appropriate multidisciplinary input into care provided was evident across all areas visited.

There are policies and procedures which guide medication management. Improvements have been made to medication systems, including medication reconciliation. There are a number of areas related to medication management that do not meet legislative requirements or the organisation's policy that need to be addressed.

An external contractor provides food services. There is monitoring of the diets to ensure they meet national guidelines and patient satisfaction surveys show a high degree of satisfaction with the food. Special dietary needs are being met by a range of menus and dietitian input is sought where appropriate. The kitchen meets the requirements of an external accreditation programme and staff complete ongoing training.

## **Safe and appropriate environment**

All buildings have current building warrants of fitness or compliance schedule statements. Some areas of the hospital are old and maintenance is an ongoing issue. The physical environment in the paediatric service does not meet the needs of the consumer group with a lack of space compromising ease of care, privacy and good isolation practice. Plans are under development to address these issues, with the building in progress for maternity and administration blocks which will allow for some improvements.

New Zealand Fire Service approved evacuation plans are in place and six monthly fire drills are scheduled. Training for fire evacuation and fire warden training is scheduled each year.

Previous issues identified with facilities at Te Kokonga Hauora (sub acute mental health facility) at Kaitaia have been addressed.

## **Restraint minimisation and safe practice**

There is a lack of clarity around the use of enablers and comprehensive reviews of restraint use in the general hospital have still not been occurring. The mental health service has an active process for managing and reviewing restraint and seclusion. A previous need to improve seclusion rooms has been addressed.

## **Infection prevention and control**

Surveillance is undertaken for a range of organisms and is overseen by a very effective infection prevention and control committee. A previous need to clarify the alerts system for multi-resistant organisms has been addressed and there is a sound process in place to monitor this.