# Lakes 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

**Legal entity:** Lakes District Health Board

**Premises audited:** Rotorua Hospital, Taupo Hospital

**Services audited:** Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services

**Dates of audit:** Start date: 8 September 2015 End date: 10 September 2015

**Proposed changes to current services (if any):**

**Total beds occupied across all premises included in the audit on the first day of the audit:** 98

# 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

This audit included the Lakes District Heath Board (LDHB) hospitals at Rotorua and Taupo. The LDHB is responsible for the health needs of 103,000 people living in the district. Hospital services provided include medical, surgical, child health, maternity and emergency departments at both sites. Mental health and addictions services are provided at Rotorua. The Lakes DHB is part of the Midlands region and has continued to work collaboratively with the five DHBs across the region to deliver a number of shared services.

This three day surveillance audit, against the Health and Disability Services Standard, included an in depth review of two patients’ journeys in the maternity and mental health services and review of four clinical practice systems (prevention of falls, medicines management, infection control and management of the deteriorating patient). Additional sampling of clinical records and other documentation to validate the consistency of information was undertaken, along with interviews with patients and their families. Staff across a range of roles and departments were interviewed and observations of practices made. Organisational systems related to management practice for quality and risk management, adverse event reporting, human resources management, including staffing, and safe environment were included in the review.

At the previous certification audit there were 33 areas identified as requiring improvement, 11 of these have been addressed and are now closed. This audit identified 27 areas that either require ongoing improvement (22) or are identified as new issues to be addressed (5).

## Consumer rights

Copies of the Health and Disability Commissioner’s Code of Health and Disability Services Consumers’ Rights (the Code) were sighted in all areas visited and patients spoken with were aware of the Code and their rights under the Code, addressing a previous area for improvement identified at the last audit.

The issue of discrimination in the mental health services was identified at the last audit and remains an issue in this area.

The organisation has policies and procedures on the management of informed consent which staff are aware of and patients’ files showed evidence of this occurring. Patients spoken with stated that informed consent was undertaken.

Complaints management processes are in place and investigations are being undertaken. Information on the complaints process is available around the hospitals and on the organisation’s website and patients spoken with state how they would make a complaint; however, all were complimentary of the services provided and did not wish to make a complaint. A complaints register is maintained by the quality and risk department. An area for improvement is around the need to be vigilant around notifying the complainant of delays in complaint responses.

## Organisational management

Lakes District Health Board commitment to quality improvement and patient safety continues to be evident. The 2014 -15 Quality Account is currently being revised and updated. Quality projects implemented across the District Health Board have resulted in improved outcomes for patients. The Clinical Governance Group has responsibility for monitoring clinical quality improvement work across the organisation. At the previous audit it was identified that improvements to reporting to this group were needed. A schedule of committees and reporting is now defined, however reporting back to the Clinical Governance Group is inconsistent. There are a number of projects being undertaken independent of any committee. Ensuring key components of the quality structure, including reporting to manage quality and risk by each committee remains an area for improvement.

Lakes District Health Board is a member of the Health Round Table and benchmarks a number of indicators. The incident and serious events process includes implementation of corrective actions, however the register for corrective actions and projects is not maintained. Monitoring of action plans and evaluations of outcomes remains variable and this requires further work.

The organisation has a manual process for reporting accidents and incidents. Areas for improvement identified relate to the timeliness of reports being received by the quality and risk office, consistent reporting of incidents and near miss events, and meeting the timeframes for reporting to the HQSC.

Risk management occurs at each level across the organisation. A register is maintained and is updated by the risk owner monthly however it is not clear how high risks are being assessed and risks were identified during the audit that have not been included on the register although they are being actively managed.

A project to develop a new document control system has been established but is yet to be implemented. The current document management system is fragmented and further work in this area is required.

Consumer participation within the mental health services has increased with partnership with an external contractor ‘Linkage’. A consumer participation policy has been developed but Linkage have not yet been involved in monitoring or evaluation of activities within mental health services.

Recruitment processes are well documented and the human resources department supports managers with this process. Areas for improvement were identified at the last audit related to the credentialing of senior medical staff and ongoing staff training; these continue to be need management to ensure they meet requirements.

‘Cap Plan’ is a tool used to predict future occupancy and numbers of beds, therefore assist the organisation with planning staffing however it does not take into account acuity. Quotes for using an electronic acuity tool are being sought. Staffing issues identified during audit were; numbers and skill mix within mental health and limited pharmacy input. Paediatric services still need a competency framework to be developed. Of significant note is the continuing high occupancy of the mental health service (up to 129 percent) and numerous occasions when staff gaps go unfilled.

Improvement has been sighted in patient records related to being legible, patient identification, signed correctly, consistent with patient details and regular auditing but the previous finding remains open.

## Continuum of service delivery

Two patients’ journeys were followed, one in mental health and one in maternity. This was supplemented with review of samples of files in surgery, intensive care, medical and paediatric services and at Taupo Hospital.

The previous issue in the emergency department related to a suitably qualified person being available to undertake triage has been addressed. There is a multidisciplinary team approach to service provision with effective communication between team members.

In mental health services patients and family state they are informed about their conditions and treatment, however involvement of patients in planning of care, including evaluation is an issue that needs to be addressed.

The organisation’s falls risk processes were reviewed to identify how this is managed. The falls risk assessments are completed and used as the basis for care planning. Areas for improvement relating to falls risk management are: the need for an overall falls prevention strategy, a review of the membership of the falls committee and making information available for patients and their family on falls prevention.

The care plans are based on the patient’s assessed needs. Plans are being inconsistently implemented and new trial care plans do not contain all areas usually identified for care planning. Areas for improvement relate to care planning are; goal setting, updating of care plans and no patient input in the plans in mental health services. Evaluation of care is occurring in most plans and the organisation’s process for identification of the deteriorating patient shows good use of the ‘early warning score’ (EWS) and data being collected related to the deteriorating patients.

The use of the communication tool (SBARR ‘situation, background, assessment, recommendation, response’) when transferring patient is being used consistently. Despite this, an area for improvement relates to transfer issues between Rotorua and Taupo Hospitals.

Patients sampled report satisfaction with discharge processes, however, the issue of transfer identified at the last audit for Taupo and maternity services remains.

Issues with medication management were identified at the last audit and these remain. These relate to prescribing of medication, the monitoring of medication fridge temperatures, the documentation of allergies and the witnessed disposal of controlled drugs in the postoperative care unit.

Anticoagulant therapy, including venous thromboembolism (VTE) prophylaxis, was reviewed and processes for education of patients and supported discharge sighted. Issues identified with this process relate to governance of the process and a lack of consistent access to education for all patients receiving anticoagulant therapy.

There was difficulty experienced by auditors in accessing dietitians and documentation related to nutrition during the audit. The new nutritional assessment triage system has yet to be reviewed and improvements are required related to the monitoring of fridges and freezer temperatures where food and breast milk is stored.

Work on processes around electroconvulsive therapy (ECT) has seen an improvement and this is no longer an area for improvement.

## Safe and appropriate environment

All buildings have current warrants of fitness. Taupo Hospital has had significant renovations since the last audit. During the process a Certificate of Public Use was issued with the Hospital now being issued with a Building Warrant of Fitness. A previous issue identified where the Taupo Hospital pharmacy licence has expired has been addressed and the certificate is now current.

Rotorua Hospital furnishings and equipment that were previously identified as requiring maintenance have been upgraded and all furniture and equipment sighted was fit for use in Rotorua and Taupo. The mental health inpatient unit in Rotorua however is an old building that appears worn and in need of renovation. The unit co-locates acutely unwell patients with psychogeriatric and recovering patients. This issue has been identified by the executive team and a plan has been approved to alter the building so that areas can be managed separately. The issues in the mental health inpatient unit are made worse by the high occupancy.

Emergency and fire evacuation plans, training and monitoring are current and up to date.

Linen services have two areas identified for improvement. These relate to protection of linen on the dedicated clean linen trolleys and the Rotorua mental health inpatient unit the cleaning of the dirty laundry trolley.

## Restraint minimisation and safe practice

Since the previous certification audit, restraint minimisation documentation has been reviewed and revised policies and procedures developed with a focus on the consent rather than the equipment aspects of restraint and enabler use. Approved restraints, processes to gain approval and monitoring requirements have been revised in the updated policy and the role and scope of the Restraint Approval Group have been defined. A new form for reporting episodes of restraint will capture information previously contained in a separate reporting process for the restraint register. This is in the early implementation phase.

Three previous corrective actions remain open. This is due in part to delays in fully implementing the self-learning package which in turn has had an impact on staff awareness of restraint and enabler processes and the associated documentation requirements. Sampling in wards where restraint and enablers are in use, confirms that documentation is incomplete and staff lack clarity around the required processes.

## Infection prevention and control

A draft infection prevention and control plan has been developed for the 2015 - 2016 year and is currently awaiting approval by the Clinical Governance Group. Policies and procedures are being maintained to provide a framework for effective infection control management. Policies sighted were current. An infection control clinical nurse specialist plays a key role on the infection control committee (ICC) and is now supported by a newly appointed infection control nurse filling a long-term vacancy at Taupo Hospital.

Hand hygiene audits are showing improving results in the wards sampled, with good levels of compliance maintained in most areas. A gold hand hygiene auditor has been appointed in the maternity ward.

A comprehensive surveillance programme is well-established and implemented. It covers multi-drug resistant organisms, extended-spectrum beta-lactamase (ESBL), hospital-acquired bloodstream infections and surgical site infections in accordance with the Health Quality and Safety Commission priorities. Monthly infection control committee meetings include review of surveillance data and audit results.

The effectiveness of the current transmission based precautions was reviewed in detail and confirmed there is consistent practice and good understanding of the correct management of patients requiring isolation. Infection status is effectively communicated between wards and departments.