

Tairawhiti District Health Board - Gisborne Hospital

Introduction

This report records the results of a Certification 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:

Legal entity:	Tairawhiti District Health Board
Premises audited:	Gisborne Hospital
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 10 May 2016 End date: 12 May 2016
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	72

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

Hauora Tairāwhiti, previously known as Tairāwhiti District Health Board (TDH), provides services to around 47,100 in the Tairāwhiti region. Hospital services are provided from the 112 bed Gisborne Hospital and include medical, surgical, maternity, paediatric, and mental health and addiction services, supported by a range of diagnostic and support services.

This three day certification audit, against the Health and Disability Services Standards, included an in depth review of the organisation's systems, and five patients' care and two clinical systems, using tracer methodology. During this process auditors reviewed a sample of clinical records and other documentation, interviewed patients, families, managers, clinical and allied health staff across a range of roles and departments, and made observations.

This audit identified 19 areas that require improvement across the standards. These relate to consent, management of complaints, document control, follow through of corrective actions, completion of performance appraisals and clinical records. Within the clinical standards improvements are required related to entry criteria to some services, oversight of enrolled nurses and student nurses, assessments, planning and evaluation of patient care, the availability of activities in the mental health service, discharge planning,

management of medicines and storage of food at the ward level. The hospital site is 'smoke free' and this needs to include the mental health service. Management of enablers (bed rails in particular) also requires improvement. There is an area of continuous improvement in relation to infection prevention and control.

Consumer rights

Information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code of Rights) and the Nationwide Health and Disability Advocacy Service in both English and te reo Māori, is available and accessible throughout Hauora Tairāwhiti services. Advocacy and support for patients and their whānau is evident. Patients and family/whānau interviewed confirmed their rights are upheld and that they have received respectful care throughout their stay.

Staff are fully aware of the need for privacy and make every effort to ensure this occurs. Family violence screening and other appropriate risk assessments are completed on entry to the service. Suitable training is provided.

A Māori health plan outlines priorities to reduce health and social disparities in the region. Kaiatawhai and whānau ora roles are well established and Māori patients and their whānau felt well supported.

Spiritual needs are addressed with a range of chaplaincy services available.

Patients described feeling empowered to make decisions about their care and treatment and are welcome to have support people with them during their stay. Open communication with the multidisciplinary team is confirmed by patients and whānau, with examples of open disclosure documented. Interpreter services are accessible and used.

Examples of good practice were observed, such as the screening and management of gestational diabetes in the maternity service, consistent implementation of 'timeout' in the operating theatre, the handover process to 'on call' medical staff for the weekend, and work undertaken to reduce unnecessary admissions and ensure patients do not have any delay in their discharge.

Policy and processes are in place for informed consent. Staff, patients and whānau were well informed about the complaints process and information about how to make a complaint was available. There is a newly instituted electronic system for managing complaints which is in the process of being implemented.

Organisational management

A well-developed planning process is based around the statutory requirements, adapted to meet the needs of the Tairāwhiti region's people. The work to 'rebrand' the DHB as Hauora Tairāwhiti in August of 2015 using a widely collaborative and integrated approach has resulted in a new kaupapa, vision and values (WAKA). This is increasingly being integrated into everyday work and behaviours and the integrated projects across the sector to improve the poorer than average health outcomes of the population.

The current management and leadership structure, based around clinical care groups with clinical and management roles working in partnership, is effective. The quality framework is well established led by the Director of Nursing and Midwifery. At the time of audit there are some vacancies in key roles placing extra pressure on the team and delaying some initiatives. Staff are involved at all levels with improvement activities and are familiar with audit, data analysis and continuous improvement methodology. Effective systems are in place to integrate the various components of quality and risk management with clinical committees reporting to the Clinical Governance Committee.

Data is widely available and well used to monitor patient safety, support projects, make improvements, monitor trends and address issues where they arise. Adverse events, including those of a more serious nature, are being managed as required. Risk management systems are effective with a proactive approach and reporting of key risks and plans to mitigate these.

Consumer and family involvement within the mental health services is functioning well, with involvement of appointed roles at both a strategic and operational level. Some improvements have been made in this area since the previous audit.

The human resources department has instituted a range of improved databases to track staff orientation, training, registration and performance appraisals. Staff complete mandatory training and each service defines and maintains records of service-specific training. The organisation continues to seek ways to further enhance training, using on line and shared resources with other DHBs

in the Midland region. Staff numbers and skill mix are clearly defined with work in progress to ensure these are based on accurate information. Nursing and health care assistant staff numbers are supported by a casual pool and rosters are managed carefully in each area to ensure adequate staff cover.

Clinical records, in general, are well completed, tracking the patients' care.

Continuum of service delivery

There are guidelines for the entry of patients into the services. The emergency department (ED) uses a triage system and mental health have a single entry point with a triage team. Patients requiring elective surgery use a waiting time process and pre-assessment nursing team for screening. Declined entry is managed at the point of contact with referral back to the referrer and information on other options provided to the patient.

Five 'patient journeys' were followed through medical, general surgical, maternity, paediatric and mental health services. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing members of the multidisciplinary team, patients and family/whānau. The majority of the areas of the hospital were visited with additional incidental sampling occurring in areas where the patients' journeys did not occur.

There is evidence of assessment occurring, using research based best practice tools, by qualified staff. Care planning documents are available to guide the development of care plans for patients. A new 'A – D Planner' is being trialled in some areas. Interventions are documented and are undertaken within a timeframe that meets the patient's requirements with positive outcomes for the patient and their whānau. Planned activities are based around the care plan and patient specific requirements.

Internal and external referrals are being well managed using a variety of systems, including verbal and documented referrals and use of ward based whiteboards. Handovers at key points are documented with the use of a formalised communication tool and other appropriate documentation. Discharge planning is occurring in most cases.

Documented policies and procedures for all areas of medication management are known to staff and include self-administration. Overall the management of medications meets the requirements of legislation, hospital policy and good practice. A new document

is being trialled to better integrate medicines reconciliation into the assessment of patients. Food services meet the requirements of patients and, in general, are being safely managed.

Safe and appropriate environment

Facilities across the site meet the needs of the various patient groups and are well maintained. A long term facilities plan identifies improvements for co-location of services and areas to better accommodate new models of care. All sites have a current building warrant of fitness. Patients expressed satisfaction with the environment.

Reactive maintenance of equipment and facilities is prioritised with staff reporting that this service is responsive to their needs and that there is enough of the right equipment to support good practice. All regulatory requirements are met.

Planning for all types of emergencies is well developed and suitable equipment and supplies are available. Evacuation drills have been completed on a six monthly basis and staff have completed mandatory fire training. Some emergency plans and/or aspects of plans have been tested in real situations over the past year and improvements integrated following debriefs.

Cleaning and laundry services are well managed, with a good standard of cleanliness noted in areas visited. Management of waste and storage of chemicals and hazardous substances meets requirements with staff trained to manage any related emergencies. Appropriate personal protective equipment is available and used. There are sufficient toilets and personal spaces available. Patient areas have adequate natural light, heating and ventilation.

Security is well managed across the site with a range of technology and trained personnel available as and when needed.

Restraint minimisation and safe practice

Policies and procedures inform staff on enabler and restraint use. Internal monitoring against the required processes are completed. The Restraint Minimisation and Safe Practice Committee has organisational oversight for all enabler and restraint related activities and directions. The mental health service also has a committee with a focus on the reduction of restraint and

elimination of seclusion by a given date. One of the three seclusion rooms has been de-commissioned and February 2016 was a seclusion free month. Activities that promote the reduction of restraints are in place throughout the services. The recording, review and evaluation requirements are fully implemented for the restraint and seclusion events.

Infection prevention and control

Hauora Tairāwhiti has infection control policies and procedures to guide staff and staff are aware of these and they were observed in use. There is a suitably qualified infection prevention and control nurse specialist (IPCNS) who is supported by an infection control committee. The committee reports to the Clinical Governance Committee, senior management, the Chief Executive Officer (CEO) and the Board. The infection prevention link group disseminate infection control education and data to their areas and carry out audit activity.

Surveillance activity is undertaken relevant to the type and size of the organisation. There is a wealth of data being gathered and used to inform reports to clinicians, management and nationally. The data is used to improve care to patients with areas such as hand hygiene, being a focus with innovative ways to improve the outcome of the audits. Antimicrobial stewardship is undertaken led by the pharmacy manager and guidelines are available for clinicians. The use of antibiotics are monitored by exception by the pharmacy manager and prophylactic usage is monitored by the IPCNS.

An in-depth review of multi-drug resistant organisms (MDRO) identification and management showed that this is being managed to ensure safety of staff, other patients and visitors.