

Northland District Health Board

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 Central Region's Technical Advisory Services 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:	Northland District Health Board
Premises audited:	Bay of Islands Hospital Dargaville Hospital Kaitaia Hospital Te Kokonga Hauora Tu Kaha Whangarei Hospital He Manu Pae
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 20 June 2016 End date: 23 June 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:	242



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) provides health services to the people of Northland. There are 403 beds across Whangarei hospital, Kaitaia hospital, Dargaville hospital and Bay of Islands hospital. In addition to visiting all four hospitals, the audit team visited Te Kokonga Hauora psychiatric residential disability service in Kaitaia and Te Kaha psychiatric residential disability service in Kaikohe. Facilities vary in age but are well maintained. The new maternity building at Whangarei is now open and the Bay of Islands hospital building upgrade is planned. The Board and executive team are stable and support a culture focused on the patient and provision of safe quality care.

The audit team was provided with a comprehensive self-assessment with supporting evidence from the DHB prior to the audit and met with patients and their families, staff and managers while on site. There were nine clinical tracers undertaken and two systems tracers.

Across the organisation the audit team was provided with data and other evidence confirming ongoing quality improvement activities with monitoring of outcomes to support good practice.

There are eight required improvements arising from this audit in regards to resuscitation plans, mandatory training, security of information, documentation of multidisciplinary discussions, assessment documentation, care planning, medicine management and the use of enablers.

Consumer rights

Written and verbal information about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights, the complaints processes and advocacy service is provided. There is access to interpreting services when required.

Staff receive education about consumer rights. The audit team observed that patients were treated with dignity and respect. Māori patients are supported and the service is addressing Māori disparity. Managers and leaders within the organisation encourage use of best and evidence based practice and the organisation wide quality programme supports improvements in service delivery.

Consent is documented and patients confirmed that they are kept informed.

Organisational management

The NDHB and executive have identified a clear direction for the organisation to follow and have implemented strategies that are supported by data to assist decision making and implementation of services. The leadership support ongoing quality initiatives to improve the health outcomes of the community. The clinical governance committee provides the leadership for quality and safety across the clinical services. Risks are reviewed at Board level and mitigation strategies are monitored. Significant incidents are investigated using a root cause analysis methodology and open disclosure to patients and their families is practiced. Human resource policies and processes are aligned with good employment practice and legislation. Ongoing learning and development opportunities are available for staff. The organisation uses systems to predict and manage safe staffing levels. Clinical information is available both electronically and in paper form.

Continuum of service delivery

Patient tracers were completed in nine services; two surgical; two medical; two maternity; one mental health; one residential disability (psychiatric) and one paediatric tracer.

Review of the tracer patients' journeys and additional sampling of patients' files showed evidence of continuity of care. The multidisciplinary team involvement is recorded in the assessments, care planning and evaluation of care provided. There is access to medical staff 24 hours a day, seven days a week. The handovers to staff occur at each change of shift and the handovers observed demonstrated appropriate sharing of information between staff. Patients and family input into care planning and service delivery was observed and the patients confirmed their participation.

The computerised, visual boards in each clinical service provide up to date ward status, noting patients for discharge and pending referrals to other services across the organisation. Transfers between services follow protocols and standardised communication tools are in use across the services.

The NDHB medicine management policy meets legislative requirements. The national medication chart is used, with the exception of the intravenous part of the medication chart.

The medication system tracer focused on the safe use and management of opioids. The multidisciplinary team has introduced a number of alerts and processes to alert staff of the patient's use of opioids. The clinical files of patients receiving pain management were reviewed and demonstrated that the processes around the new initiatives in pain management were followed.

The food services are managed by a contracted service provider with dietitian input into menus and special diets. The patients involved in the tracers and others interviewed were positive about the food services. All aspects of food service comply with legislation and guidelines.

Safe and appropriate environment

The environment in all the inpatient facilities is safe and all buildings have a current warrant of fitness. A preventative maintenance programme maintains building, plant and equipment. Waste and hazardous substances are managed appropriately with staff trained and provided with protective clothing and equipment. The organisation has developed comprehensive plans to enable it to respond to a range of emergency situations both within the hospitals and in liaison with civil defence and other agencies. Plans are tested using scenarios and staff are trained in fire safety and to manage emergency responses. There are business continuity plans which ensure key services can continue should there be electricity or water outages. All areas visited by the auditors were clean and cleaning services are monitored. Laundry services are conducted in accordance with policies and procedures.

Restraint minimisation and safe practice

Northland District Health Board has systems and processes in place to ensure restraint minimisation. Management of restraint is addressed through staff training with a focus on de-escalation and non-violent interventions.

Reporting and monitoring of restraint occurs through an electronic incident reporting system, which includes the restraint register. The restraint register records detailed accounts of restraint management. Restraint data indicates restraint as the last options for management of restraint needs and that use of restraint has decreased over the organisation. Seclusion is used in the mental health services and use is monitored. Seclusion use continues to decrease.

Infection prevention and control

A system tracer in infection prevention and control was undertaken with documented evidence infection prevention and control processes are followed across the facilities. A medical microbiologist chairs the established infection prevention and control committee and there is communication to all areas, including rural facilities. Surveillance activities were reviewed and include audits and surgical site infection surveillance. Antimicrobial stewardship is in place with prescribing in line with best practice.