

# Bay of Plenty District Health Board

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## 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:

<b>Legal entity:</b>	Bay of Plenty District Health Board
<b>Premises audited:</b>	Opotiki Health Care Centre  Tauranga Hospital  Whakatane Hospital
<b>Services audited:</b>	Hospital services - Psychogeriatric services; 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
<b>Dates of audit:</b>	Start date: 4 July 2017      End date: 7 July 2017
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	370

# 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

## General overview of the audit

Bay of Plenty District Health Board (BOPDHB) provides services to around 215,000 people in the Bay of Plenty region. Hospital services are provided from the 462 bed facilities at Tauranga and Whakatane and a contracted service at Opotiki. Services include medical, surgical, maternity, paediatrics, and mental health and addiction services. These inpatient services are supported by a range of diagnostic, support and community based services.

This four-day certification audit, against the Health and Disability Services Standards, included a review of management, quality and risk management systems, staffing requirements, infection prevention and control, and review of clinical records and other documentation. Interviews with patients and their families and staff across a range of roles and departments were completed and observations made. Both Tauranga and Whakatane Hospitals were visited. A telephone interview was conducted with the clinical nurse manager of the Opotiki Health Care Centre, which is run by a private company contracted to the BOPDHB. This service has four general and two maternity beds but functions predominantly as an outpatient service supporting local general practitioners.

This audit identified areas that require improvement related to establishing the resuscitation status of patients, the use of outdated paper based policies, staffing requirements, and documentation in clinical records. Within the clinical standards, improvements are

required related to assessments, planning and evaluation of patient care, discharge planning, management of medicines and the provision of activities within the mental health service at Whakatane. The mental health facility at Tauranga requires attention to ensure there are sufficient appropriate bed spaces to accommodate all patients, and at Whakatane to ensure patients can freely access recreational areas, and that a smoke free environment is maintained. Ensuring patients who are in isolation and their family members are clear about the use of protective equipment and isolation requirements is also an area that needs improvement. There is a continuous improvement rating in relation to the use of data and measurement of outcomes related to the many quality improvement activities across the organisation.

## **Consumer rights**

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is visible around all areas of the DHB hospitals. Patients and families/whanau reported an awareness of the Code and that their rights were upheld. All patients spoke positively about their care, treatment and communication with staff. Staff were observed respecting patients' rights, including their privacy.

The organisation has a strong commitment to providing services that meet the cultural needs of its catchment area.

Communication with patients and families was open and honest and examples of open disclosure were evident, where required. Interpreter services are readily available and widely used. Patients and families interviewed were satisfied with the care and services provided. Adequate information is provided to patients to assist them to make informed decisions and provide written and verbal consent as appropriate.

Complaints processes are well managed according to Right 10 of the Code. Patients knew how to make a complaint and complaints have been resolved within the required timeframes. Learning and improvement from complaints was evident.

## Organisational management

A well-developed planning process is based around the statutory requirements, with plans adapted to meet the needs of the region's people. The strategic plan and values have recently been updated with emphasis on integration of the values into everyday practice, staff engagement, and improving Maori health and wellbeing. The current management and triumvirate leadership structure is effective.

Following a recent extensive review of the quality and risk framework, work is underway to refine the structure, including the clinical governance structure. Quality is led by the General Manager Governance and Quality and supported by well qualified staff. Connections to national projects and a strong culture of quality improvement are strengths of the organisation, as is the focus on inclusion of consumers in projects. Staff are involved at all levels with improvement activities, and were familiar with audit, data analysis and continuous improvement methodology. 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.

Consumer and family involvement within the mental health services is well developed, with involvement of appointed consumer and family representative roles at both a strategic and operational level.

Human resources systems are based on best practice, with an organisation-wide and unit-based orientation process. Staff are well supported with training and education opportunities. Staff numbers and skill mix are defined and based on Trendcare and the Care Capacity Demand Management (CCDM) information. There is a multi-pronged approach to ensuring staff are utilised in the most efficient way to meet changing patient demands.

Clinical records are well completed, tracking the patient's care. Records are stored securely and easily retrievable. Privacy of information is maintained.

## Continuum of service delivery

Patients access services based on needs and this is guided by policy. Waiting times are managed and monitored. Risks are identified for patients through the use of screening tools. Pre-admission assessment processes are used where appropriate. Entry is only declined if the referral criteria are not met, in which case the referrer and the patient are informed of the reasons why and any alternatives available. Initiatives have been undertaken to improve timeliness and access to services with good outcomes.

Ten patients' 'journeys' were reviewed as part of the audit process and involved the emergency department, surgical, medical, paediatrics, maternity, older persons' health and mental health departments and wards, including the high dependency care unit and the operating theatre suite. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients and families/whanau. Additional sampling was undertaken throughout the audit.

A qualified and skilled multidisciplinary team provides services to patients and there were good examples of teamwork throughout clinical areas. Shift handovers are efficiently managed and include an office and bedside handover.

Assessments are undertaken in a timely manner with results reviewed, discussed and actioned as appropriate. This was supported by patients and family members interviewed. Admission assessment tools utilised are based on best practice. Various care plans and pathways were evident throughout the hospitals. Most areas were using the early warning score (EWS) to prompt triggers when a patient's condition deteriorates, and this tool was generally well completed. Evaluation is undertaken of patients' progress on a regular basis and includes progress towards discharge.

Activities meet the requirements of the individual patients and these are particular to the various specialty settings.

Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use. Allergies are assessed and communicated. Clinical pharmacists provide support in the majority of areas. Medicines are stored safely and managed effectively throughout the organisation.

The kitchens in Tauranga and Whakatane Hospitals meet certification and infection control standards with up to date food safety inspection and local body certificates. The food service meets the needs of the patients, including those with special needs. Patients express their satisfaction with the meals provided.

## **Safe and appropriate environment**

All buildings and plant comply with statutory and regulatory requirements. Asset management systems are well monitored. Waste is managed and incorporates the principles of sustainability and recycling. Personal safety equipment is available and used. The physical environment supports safe and appropriate care of patients.

Laundry is outsourced for both hospitals. There are regimes for monitoring laundry and cleaning services and issues arising from audits are followed up. There is a series of monthly reports on waste, cleaning and laundry. Staff undertake emergency and fire training. There are sophisticated and well managed essential utilities to allow normal hospital functioning in the event of an emergency.

There are adequate toilet and bath facilities for all patients. There is sufficient room around beds to allow for safe movement and the use of mobility aids and equipment. All patient areas include communal spaces for relaxation appropriate to the needs of the patient group. The hospitals are kept at a comfortable temperature with well-regulated heating and air conditioning systems. Patient areas are well ventilated.

## **Restraint minimisation and safe practice**

The national Safe Practice and Effective Communication (SPEC) approach is being adopted by the DHB which expresses a commitment to reducing restraint and seclusion use. Enabler use is recorded in care plans. The multidisciplinary Practice of Restraint Advisory Group (PRAG) oversees enabler and restraint use. The restraint coordinator provides careful monitoring to ensure compliance with this standard. Each episode of restraint is fully reviewed and occurs following an assessment of alternative interventions.

Seclusion is used in both Tauranga and Whakatane hospitals as a last resort and follows policy and guidelines. Seclusion use is monitored and there are initiatives in the mental health service to minimise the use of restraint and seclusion.

## **Infection prevention and control**

BOPDHB has an infection prevention and control (IP&C) programme that has been approved by the IP&C committee. The IP&C programme is facilitated by the three clinical nurse specialists, supported by the committee, ward/department representatives, duty managers, and laboratory staff.

Policies and procedures are available electronically to guide staff practice. Orientation and ongoing education on infection prevention and control topics is provided to DHB staff. Patient and family education also occurs.

The surveillance programme is appropriate to the service setting and includes significant organisms including multi-drug resistant organisms, specific surgical site infections, blood stream infections and outbreaks. The surveillance results are communicated appropriately. Monitoring of antimicrobial use is occurring.