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

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: 26 February 2018 End date: 1 March 2018

**Proposed changes to current services (if any):** New build proposed in Kawakawa.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 366

# 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.

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

## General overview of the audit

Northland District Health Board provides health services to the people of Northland. The audit team visited Whangarei hospital, Kaitaia hospital and a mental health residential disability facility in Kaikohe.

Six individual patient tracers and four systems tracers were completed during the on-site audit.

Facilities vary in age but are well maintained. There has been a recent reconfiguration of 12 maternity beds to 12 medical beds at Whangarei hospital and there is a new hospital being built in Kawakawa. Ongoing improvements have been demonstrated since the last audit with a focus on clinical governance systems. Clinicians are engaged in improvement activities and all patients who were interviewed were positive about the care and treatment they received.

The previous corrective actions relating to the resuscitation treatment plan and the documentation of multidisciplinary team meetings in patient health records in mental health has been closed out. There are 12 corrective actions resulting from this audit. Previous corrective actions relating to mandatory training, privacy and security of patient health information, nursing documentation (assessment, care planning), medication management and restraint remain open. Additional corrective actions resulting from the audit include end of life documentation, service delivery being explicitly linked to quality management system, service provider availability at Kaitaia maternity unit, service delivery interventions, evaluation and infection prevention and control.

## Consumer rights

Informed consent was reviewed across all areas visited. Interviews with staff confirmed they understood the informed consent process. Patients confirmed they are provided with information to make informed choices.

Staff, patients and families confirmed they are aware of their right to make a written or verbal complaint. Northland District Health Board ensures all complaints are monitored and reviewed within expected timeframes.

## Organisational management

The executive leadership team and chief executive provide leadership to the organisation and are supported by the Board. The clinical governance committee provides the leadership for quality and safety across the clinical services

There was evidence that audits are completed in each service area.

The Northland District Health Board has a risk management system and staff are aware of the risks facing the organisation. Risks to the organisation are understood and mitigation strategies are monitored at an executive and Board level.

Significant incidents are investigated using a root cause analysis methodology and open disclosure to patients and their families is practiced.

Incidents, accidents, complaints and significant events are reported electronically. An information management system provides reporting and analysis of data. Organisational policies and procedures are on the electronic document management system. Improvements have been made in policy management and a project has been completed to review all policies, procedures and guidelines.

Northland District Health Board has access to a range of data and information used to manage the organisation and assist in decision making. The information technology programmes are providing real time information to strengthen and improve outcomes. Data is used to inform and guide the organisation to continue to improve Northland Districts Health Board’s benchmark against national targets. There is an active consumer council involved in a variety of activities across the organisation including participation in the quality committees. Inpatient services are provided by a skilled workforce. Human resource is centralised and supports managers across the organisation.

## Continuum of service delivery

Patient journeys were followed in six services; medical, surgical, child health, maternity, mental health and residential psychiatric disability.

A falls prevention tracer was undertaken at Whangarei Hospital. The falls prevention programme is documented in a paper based system and focuses on identifying patients who are at risk of falls and strategies to prevent falls.

A deteriorating patient tracer was also conducted. This programme is transitioning between a computerised and a paper based system.

The medication management systems tracer demonstrated the use of the national medication chart. Policies and procedures are available to guide staff in medication management practices.

Review of patients’ journeys and systems tracers undertaken evidenced a multidisciplinary team approach to care. Patients and family members interviewed confirmed they have input into care planning, where appropriate.

Multi-disciplinary daily rounds are a forum for planning individual patient care in the wards, with handover to staff occurring at each change of shift. There is access to medical staff 24 hours a day, 7 days a week, with systems implemented and processes to ensure that patients have timely access to allied health services and to other services outside of the Northland District Health Board.

## Safe and appropriate environment

All Northland District Health Board inpatient buildings have a current building warrant of fitness. Plant and equipment is compliant with legislation. There is a preventative maintenance programme in place and the environment in the clinical areas is safe for patients and staff. There are systems for emergency response and Northland District Health Board works closely with other agencies and emergency services in the region.

## Restraint minimisation and safe practice

Northland District Health Board has systems and processes in place to support restraint minimisation. The restraint committee/group meet monthly to monitor and evaluate restraint and work towards the least restrictive options. The terms of reference guide the restraint committees /groups in meeting specific responsibilities from their respective departments.

## Infection prevention and control

An infection prevention and control system tracer was completed and focused on the management of methicillin resistant staphylococcus aureus for patients requiring isolation precautions on admission. Policies and protocols are implemented based on researched best practice and linked to Northland District Health Board infection prevention and control policies.

Surveillance activities across Northland District Health Board were reviewed. There are systems and processes to monitor infections, including audits and continuous surgical site infection surveillance.