

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: Timatanga Hou - De Tox Unit||Bay of Islands Hospital||Dargaville Hospital||Te Kokonga Hauora||Whangarei Hospital

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: 25 June 2019 End date: 28 June 2019

Proposed changes to current services (if any): A new two storey build at the Bay of Islands hospital, Kawakawa, was opened for service in December 2018. Services include radiology, accident and medical facility with four acute bays, two resuscitation bays, two consulting/triage rooms (examination couches only), and one procedure/isolation/paediatric room. This has increased the

capacity from three beds to seven beds. A second level consists of a new general ward increasing total beds available from 15 to 20.

The Dargaville inpatient mental health detoxification service extension has been completed, increasing bed numbers from five to eight.

Total beds occupied across all premises included in the audit on the first day of the audit: 263

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.

Key to the indicators

General overview of the audit

Northland District Health Board provides health services to people in the Northland region. The audit team visited Whangarei hospital; Bay of Islands hospital; Dargaville hospital; and Te Kokonga Hauora mental health sub-acute service in Kaitaia.

A blend of well-maintained aging and newer facilities provide a total of 422 inpatient beds across the region. The Bay of Islands hospital building upgrade has been completed alongside the extension of the Dargaville mental health detoxification unit.

The Board and executive team support a patient centred culture and staff are committed to the provision of safe quality care.

A self-assessment with supporting evidence was provided prior to the audit. The audit team met with Board members, executive, staff, patients and families whilst on site.

Nine clinical tracers and three systems tracers were undertaken. The audit team reviewed organisational data and evidence on site that demonstrated ongoing quality improvement activities with monitoring of outcomes to support good practice.

There are 10 required improvements arising from this audit relating to Dargaville maternity services, resuscitation requirements, document review, mandatory training, nursing assessments, care planning, evaluation documentation, medication management, medical equipment and infection control.

Consumer rights

Patients and families/whānau interviewed across all areas of Northland District Health Board confirmed they are provided with documented information of their rights including the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights and the complaints management process.

Patients confirmed they have access to advocacy and interpreter services. The Māori liaison officer is key to the implementation and support of patients' rights and helps facilitate advocacy for those who may need it. Patients confirmed they are treated with respect and their dignity is maintained.

Policies and practices ensure patients are not discriminated against. Staff are guided by the code of conduct and professional requirements.

Māori and Pacific Island patients have their individual and cultural needs met. Patients confirmed they maintain links with family and their community and that these links are encouraged to ensure continuity of services, care and wellbeing.

There was evidence that written information related to informed consent is available to patients and families. The complaints process complies with Right 10 of the Health and Disability Commissioner's Code of Consumer Rights.

Organisational management

The organisation's services are planned coordinated and delivered to ensure safe patient care. Values are known by staff and influence business decision making.

Services are coordinated to ensure patients receive safe and timely care. Trendcare is used to manage nursing staffing levels.

Policies, procedures and guidelines are controlled and available to staff in electronic and hard copy. Progress has been made to review outdated documents and ensure current documents are in use.

Quality plans and activities are in place across the organisation. Risk identification and management occurs. Incidents, including high risk events, are managed effectively.

Human resources are managed according to best employment practice and current legislative requirements. Orientation, education and ongoing training are available to all staff.

Clinical records both paper and electronic are available for patient care. Systems and processes to protect and manage patient information are implemented.

Continuum of service delivery

Patients' journeys were followed through nine individual patients' tracers in medical, surgical, maternity, child health, mental health and residential disability. Patients' clinical records confirmed that each stage of service provision is completed by a suitably qualified person. In observations, interviews and review of clinical records, there was evidence that patient care and treatment was conducted by nursing, medical and multidisciplinary staff members. Patients' and family interviews confirmed they were satisfied with care and treatment provided.

The medical staff and allied health professionals complete assessments at the patient's initial consultation and reassessments occur thereafter. The medical and allied plans of care and interventions are documented. Continuity of service delivery is maintained through: progress notes; family meetings; multidisciplinary meetings; medical rounds; written and verbal handovers; patient bedside boards and bedside handovers.

There are systems in place for referral to allied health professionals. Staff and patients reported these referrals are actioned in a timely manner. Patient referrals to other health and disability services, specialists and/or clinics are facilitated by the appropriate health professional when required.

The multidisciplinary team plans the patient's discharge with a team approach, including the patient. Community services and other providers are included in discharge planning when this is required.

The medication system tracer focused on the safe use and management of warfarin. The systems tracer evidenced the required protocols and practice is compliant with administration of this high-risk medicine.

Food services are provided by an external contractor. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal complies with New Zealand Food control plans legislation and guidelines. Food control plans have been completed for all the rural food services.

Safe and appropriate environment

The organisation has established systems and processes that support and maintain a safe environment for patients, staff and visitors. Processes are in place to safely manage waste and hazardous substances. Building maintenance is planned and completed as scheduled. The risks associated with older buildings are understood and mitigated where practicable. Information related to building safety assessments and ongoing suitability for services is shared with key government agencies. Older clinical service areas are well maintained despite not supporting current models of care. All buildings have a current building warrant of fitness.

Emergency and disaster plans are developed and include collaboration between local, regional and national networks. Staff discussed in interviews business continuity during periods of unexpected emergencies and response to managing core services. Staff receive training and information for each service area.

Restraint minimisation and safe practice

The restraint minimisation policy and the mental health and addiction services personal/physical restraint procedure are available for staff. There is a range of approved restraints and enablers for use within the general and mental health sites. The definitions of restraint and enablers align with the restraint minimisation safe practise standard.

There is a restraint minimisation committee on the general site and a safe today group on the mental health site that monitor the use of restraints and enablers. Mandatory restraint training is provided to staff within the organisation.

Infection prevention and control

The infection prevention and control programme aligns with the standard, guidelines and good practice. Policies and procedures that reflect current accepted good practice are available to staff online. The infection prevention and control committee is a multidisciplinary committee that provides governance to the programme.

Education is provided online and at departmental level. Surveillance programmes are embedded into practice. Surveillance reports are provided monthly to the infection prevention and control committee.

The infection prevention and control system tracer focused on the management of an outbreak of an infectious disease. The outbreak guidelines and policies guide staff to prevent and control cross infection of an infectious disease.