

Taranaki 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:	Taranaki District Health Board
Premises audited:	Hawera Hospital Taranaki Base 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: 22 October 2019 End date: 25 October 2019
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:	184

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

Taranaki District Health Board has hospitals in New Plymouth and Hawera and provides health services to the Taranaki community. There are 219 inpatient beds.

The audit team visited Taranaki Base hospital and Hawera hospital and completed five patient tracers and three systems tracers. Prior to the audit, the audit team was able to review a self-assessment from the organisation against the standards and this was supplemented with further information on site. Interviews were undertaken with managers, staff, patients and their families.

At the time of the audit an organisation wide restructure and the implementation of a new clinical governance framework was underway. The changes are having an impact on staff across services, however, staff interviewed generally articulated the changes

positively and are focused on providing safe quality care to patients. An announcement of funding approval for the proposed new clinical block has had a positive impact.

The new clinical governance framework will support improved quality systems and clinical leadership.

There are 16 required improvements arising from this audit in the areas of informed consent, complaints management, quality and risk management (clinical governance, policies, data, corrective action plans, risks), performance appraisals, mandatory training, nursing documentation (assessment, planning and internal transfers), medication management, equipment management, isolation and antimicrobial stewardship.

Consumer rights

Information pertaining to consumer rights is on display throughout Taranaki Base hospital and Hawera hospital. There are documented policies, procedures and processes in relation to the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights.

Staff interviewed were familiar with the Health and Disability Commissioner's Code of Health and Disability Consumers' Rights and able to discuss how they incorporate consumer rights into their interactions with patients and family/whānau. The auditors observed that patients are treated with dignity and respect. Patients and family members interviewed expressed satisfaction with their care and treatment.

The Māori health team provides support to Māori patients and their families during their inpatient stay and through their transition back into the community.

The organisation supports the use of evidence based best practice.

Customer feedback forms, information about the right to complain and access to advocacy services, and general patient information are provided and are accessible throughout the organisation.

Organisational management

Taranaki District Health Board is governed by the board which is in transition following the local body elections. The planned direction of the organisation is in the district annual plan and health action plan. Interviews with the board and executive team demonstrated a commitment to the provision of safe quality care. The new clinical governance framework is in its implementation phase. Across the organisation the audit team were able to discuss with staff the improvements made and planned.

Systems are in place to ensure services are managed 24/7 with appropriately experienced and qualified staff. Medical staff are credentialed, and recruitment practices ensure staff are qualified and experienced for the role. All staff are orientated on commencement of employment.

The organisation is in transition from paper clinical records to an electronic record. The risks associated with change are understood and managed.

Continuum of service delivery

The patient tracers were completed in five services including: medical; surgical; child health; maternity and mental health. The systems tracers were completed for medicines management, infection prevention and control, and care capacity and demand management.

The review of patient journeys through patient tracers and additional patient clinical record reviews demonstrated a multidisciplinary team approach to patient care. All members of the multidisciplinary team record patient care and treatment in the patient's progress notes.

There was evidence of evaluations of patient's care and changes to patient's care planning when this was required. Patients and family members interviewed confirmed they have input into care planning and are consulted on treatment and care.

Continuity of care is facilitated through handovers at the change of each shift and these demonstrated appropriate sharing of information between staff. Patients for discharge and/or assessment are discussed at ward meetings.

The organisation has a combination of an electronic medication prescribing and administration system and hard copy medication charts, supported by policies and procedures.

The patients interviewed were positive about the food services which are managed by a contracted service provider with dietitian input into menus and special diets.

Safe and appropriate environment

Policies, procedures and education guide staff in the safe management of waste and hazardous substances. Protective clothing and equipment are provided where needed. The organisation has implemented processes to support sustainability.

Buildings, amenities and equipment are maintained and funding is now available to replace the older buildings on the New Plymouth site. All buildings are accessible and have a current building warrant of fitness. Contingency plans ensure the organisation has backup systems to respond to any utility outages.

Fire and emergency management systems are regularly reviewed and evacuation information for staff, patients and visitors is displayed throughout the facilities. Staff confirmed they are involved in education, trial evacuations and emergency response scenarios. There are security systems in place.

Restraint minimisation and safe practice

The restraint minimisation and safe practice policies and procedures are available to staff. The definitions of restraint and enabler align with the restraint minimisation and safe practice standards. There are a range of approved restraints and enablers for use in the general clinical services and specific restraints approved for the mental health service.

There is a restraint minimisation committee that has responsibility for the oversight of restraint minimisation within the whole organisation.

Restraint education and training is provided to staff within the organisation.

Infection prevention and control

The organisation has an established infection prevention and control programme led by experienced practitioners. Educational infection prevention and control resources are available for patients and visitors. Surveillance data from across Taranaki District Health Board is collated, analysed and reported.