

# Northland District Health Board

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## 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).

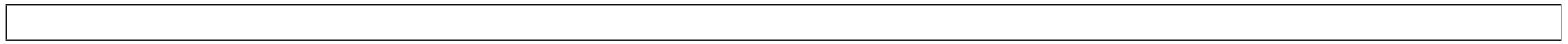
The audit has been conducted by Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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](#).

The specifics of this audit included:

<b>Legal entity:</b>	Northland District Health Board
<b>Premises audited:</b>	Bay of Islands Hospital  Whangarei Hospital  He Manu Pae
<b>Services audited:</b>	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
<b>Dates of audit:</b>	Start date: 13 April 2021    End date: 16 April 2021
<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>	346



# **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
- infection prevention and control.

## **General overview of the audit**

Northland District Health Board provides health services to the people of Northland. The audit team was provided with a comprehensive self-assessment and supporting evidence prior to the on-site visit.

The audit team visited Bay of Islands Hospital, Whangarei Hospital and He Manu Pae. Six individual patient tracers and four systems tracers were completed during the on-site audit.

A risk management plan is in place. Improvements to the clinical governance structure have been finalised and implemented since the last audit.

All facilities vary in age and are maintained. The risks related to managing patients in mature buildings are known to the Board. A new assessment unit is near completion alongside two additional theatres. Ongoing improvements have been demonstrated since the last audit with a focus on supported patient flow and bed management. Patients interviewed were positive about their experience.

The previous corrective actions relating to the resuscitation policy, Dargaville Hospital policies and procedures and medication management in Whangarei Hospital have been closed out. There are eight corrective actions resulting from this audit. Previous corrective actions relating to resuscitation documentation, document review, mandatory training, and nursing documentation (assessment, care planning and evaluation) remain open. Additional corrective actions resulting from this audit include infection prevention and control and medication management.

## **Consumer rights**

Informed consent was reviewed across all areas visited. Patients confirmed they are provided with information to make informed choices and staff confirmed they understand the informed consent process. Processes are in place demonstrating consent is obtained for procedures.

There is a computerised system in place across Northland District Health Board that ensures all complaints, including verbal complaints are monitored through a central repository. Processes include support to manage timelines of investigations and closure of the complaint by the designated owner responsible for management of the complaint. Staff understood the process, and patients and family confirmed they are aware of their right to make a written or verbal complaint.

## **Organisational management**

The chief executive and executive leadership team provide leadership to the organisation, supported by the Board. The quality and risk management framework is established and understood by staff across the organisation. Risks to the organisation are understood and mitigation strategies are monitored at an executive and Board level. Incidents, accidents, complaints, and significant events are reported electronically. An information management system provides reporting and analysis of data. Significant incidents are investigated using a root cause analysis methodology. Open disclosure to patients and their families is practiced. The patient/whānau experience informs and supports the patient safety focus demonstrated across the organisation.

Organisational policies and procedures are managed through the electronic document management system. Quality activities including audits, are undertaken and driven within the service divisions and supported by the quality team. These activities are linked with the wider quality and risk management framework. Clinician involvement in quality improvement initiatives is evident in service delivery areas. Data collection, analysis, monitoring and reporting is wide-ranging, comprehensive, and supports decision making across the organisation; with corrective action management processes effectively implemented. A quality improvement culture continues to be a driver of patient safety. Human resource management is centralised and provides support across the organisation. The inpatient services are provided by a skilled workforce. There are processes in place to ensure patient safety.

## **Continuum of service delivery**

This audit was conducted at Whangarei Hospital and Bay of Islands, Kawakawa Hospital.

Patient journeys were followed through six individual patient tracers in the: medical; surgical; maternity; child health; mental health and residential disability services. 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 allied health staff members. Access to medical and nursing staff is 24 hours a day, 7 days a week. Patients' and family interviews confirmed they were satisfied with the care and treatment.

The review of individual patient journeys and incidental sampling of patients' clinical records demonstrated a multidisciplinary team approach to patient care.

The systems tracers were completed in: medication management; infection prevention and control; deteriorating patient and falls management.

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 treatment are documented in the patients' clinical records.

Continuity of service delivery is maintained through: progress notes; family meetings; multidisciplinary meetings; medical rounds; written and verbal handovers; patient communication boards and bedside handovers.

## **Safe and appropriate environment**

All Northland District Health Board inpatient buildings have a current building warrant of fitness. There are no structural changes since the last audit. Plant and equipment is compliant with legislation.

## **Restraint minimisation and safe practice**

The restraint minimisation and safe practice policy and procedures are current, congruent with the standard and available for staff. There is a range of approved restraints and enablers for use within the general and mental health services. The definitions of restraint and enablers align with the restraint minimisation safe practise standard.

Restraint use is reported via a computerised reporting system. There is a restraint minimisation committee monitors and evaluates the use of restraints within the organisation.

## **Infection prevention and control**

Infection prevention and control policies and procedures reflect current accepted good practice and are available to staff online. The infection prevention and control programme aligns with the standard, guidelines and good practice. The infection prevention and control committee is a multidisciplinary committee, that monitors and evaluates the infection prevention and control programme across the District Health Board.

The organisation has a continual surveillance programme that is linked to policy planning and systems. The surveillance processes are embedded into practice at the District Health Board. Surveillance reports are provided monthly to the infection prevention and control committee and reported to all concerned.

The infection prevention and control system tracer focused on the management of COVID-19 within the District Health Board and current isolation practices. The outbreak policies and guidelines guide staff to prevent and control cross infection of an infectious disease. The organisation planning includes community, departmental involvement and specific policies and guidelines relating to management of COVID-19. Clinical staff confirmed they are educated and know how to respond as needed.