

Taranaki 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](#).

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: 25 May 2021 End date: 28 May 2021
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:	176

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.

General overview of the audit

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

The audit team visited Hawera hospital and Taranaki Base hospital. Five individual patient tracers and four systems tracers were completed during the on-site audit.

A risk management framework and plan are in place. Development of the clinical governance framework has been finalised and clinical governance activities 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. Preparation for stage two of the site development is underway. Ongoing improvements have been demonstrated since the last audit and include the referral and booking system, acute pathway, planned care, bed management, and the safe staffing programme alongside clinical quality activities. Patients interviewed were positive about their experience.

The previous corrective actions relating to complaints, clinical governance, policies and procedures, quality data availability, corrective actions, the risk management programme, performance appraisals, mandatory training, nursing assessments, patient goals, documentation, medication, policies and procedures, isolation procedures, antimicrobial usage and medication management have been closed out.

There are eight corrective actions resulting from this audit. Previous corrective actions relating to advance directives, nursing assessment, patient goals and transfer documentation remain open. Additional corrective actions resulting from this audit include the escalation pathway documentation, enablers, infection prevention and medication.

Consumer rights

Informed consent was reviewed across all areas visited. Patients confirmed they are provided with information to make informed choices and staff interviews confirmed staff are aware of their obligation to ensure informed consent was obtained. Processes are in place to ensure consent is obtained for procedures.

There is an electronic system in place across Taranaki 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. Oversight of the complaints system is managed by dedicated senior staff. The complaint process was understood by staff, and patient and family interviews confirmed they are aware of their right to make a written or verbal complaint.

Organisational management

Leadership to the organisation is provided by the chief executive and hospital leadership, supported by the Board. A 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 an electronic document management system. Quality activities including clinical audits, are undertaken, and driven within the service directorates supported by the clinical governance support unit. These activities are linked with the quality and risk management framework. Clinician involvement and understanding of quality improvement initiatives is evident in service delivery areas. Data collection, analysis, monitoring, and reporting is wide-ranging and supports decision making across the organisation. Corrective action management processes are effectively implemented. A culture of quality improvement 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

Patient journeys were followed through five individual patient tracers in the: medical; surgical; maternity; child health and mental health services.

The review of individual patient journeys and incidental sampling of patients' clinical records demonstrated a multidisciplinary team approach to patient care. The medical staff and allied health professionals, complete assessments at the patient's initial consultation and reassessments occur thereafter. The patients' plans of care and treatment are documented in the patients' clinical records.

Patients' clinical records confirmed that each stage of service provision is completed by a suitably qualified person. In observations, interviews and review of patients' 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 provided.

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

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 Taranaki District Health Board inpatient buildings have a current building warrant of fitness. Plant and equipment are compliant with legislation. There is a preventative maintenance programme in place. The risks associated with the stage two development at Taranaki Base Hospital are known to the Board. The environment in the clinical areas is safe for patients, staff, and visitors.

Restraint minimisation and safe practice

There are policies and procedures to support the minimisation of restraint use and for the correct implementation of enablers across both Taranaki Base hospital and Hawera hospital. Reporting and monitoring of restraint and enabler use occurs via an electronic quality and risk reporting system. Training programmes for staff are in place.

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 protocols. The organisation has an on-going surveillance programme that is linked to policy planning and systems. The surveillance processes are embedded into practice.

The infection prevention and control systems tracer concentrated on the screening for infection. Screening tools are integrated as part of the patient admission process across the District Health Board. There is communication on infection prevention and control measures to all areas. Surveillance activities were reviewed and include audits, surgical site infection surveillance and hand hygiene compliance. Antimicrobial stewardship is audited to monitor compliance.