

# Tairawhiti District Health Board - Gisborne Hospital

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## Introduction

This report records the results of a Certification Audit of a provider of hospital services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group 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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Tairawhiti District Health Board
<b>Premises audited:</b>	Gisborne Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 26 October 2022      End date: 28 October 2022
<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>	81

# 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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

## General overview of the audit

Te Whatu Ora Tairāwhiti provides service to around 50,000 people in the region from the 121-bed hospital in Gisborne. Services include medical, surgical, maternity, children's and women's health, rehabilitation and mental health services.

This three-day certification audit, against the Ngā Paerewa Health and Disability Services Standards included review of documents prior to the on-site audit and during the audit, including review of clinical records. Auditors and technical expert assessors interviewed managers, clinical and non-clinical staff across all services, patients and whānau. Observations were made throughout the process.

The audit identified that improvements are required in relation to advance directives/shared goals of care, clinical governance, quality systems, staffing, training, staff performance reviews and storage of clinical records. Improvements are also required to clinical assessments, care planning, discharge planning and documentation, medicines management, food services, aspects of the environment and testing of equipment and the antimicrobial stewardship programme.

## **Ō tatou motika | Our rights**

Patients, whaiora and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Patients are free from abuse.

There are well-established partnerships with iwi and community-based providers of Māori health services across the region (Te Manawa Taki). Te Kahui Pakeke are providing guidance to the organisation in tikanga Māori and pou tikanga. A strong focus on identifying barriers to equity and improving inequities was evident through a range of projects and representation on committees, groups and projects. Use of ethnicity data is developing to guide decision making and monitor progress through a range of key performance measures. Cultural training is comprehensive. Linkages with the relatively small Pasifika population are developing.

Patients, whaiora and whānau receive information in an easily understood format and felt listened to and included when making decisions about care and treatment. Informed consent is occurring. Open communication and open disclosure are practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law.

Patients and whānau understood how to make a complaint and these were resolved promptly, equitably, and effectively in collaboration with all parties involved.

## **Hunga mahi me te hanganga | Workforce and structure**

Te Whatu Ora Tairāwhiti transitioned to the new Te Whatu Ora - Health New Zealand (Te Whatu Ora) structure from 1 July 2022 with increasing clarity around roles and responsibilities and positive regional (Te Manawa Taki) developments. The district leadership structure is defined with a focus on equity evident. Strategies, priorities, and proposed system changes are defined, within a range of planning documents. A robust monitoring and reporting process was evident.

Input from the Consumer Council is developing well with participation of members in committees, projects and other forms of planning and evaluation. Tangata whaikaha are represented and involved in decision making.

The clinical board has undergone several developments in the past six months with ongoing work in progress.

Significant improvements have been made to the quality framework with improved leadership and input from medical and other clinical staff. There is a clear sense of direction with several projects progressing to improve patient safety and quality. A focus on developing health intelligence to better identify areas for improvement, monitor progress in achieving strategic goals and provide effective reporting was evident. Adverse events are managed through an electronic management system. Essential notifications are occurring.

A range of mechanisms are used to ensure that the right numbers of staff are available to meet the changing needs of patients across the services. The organisation has now completed the implementation of the Care Capacity Demand Management (CCDM) programme. The daily bed management meetings, attended by clinical leaders, play a key role in supporting decisions around patient flow, staff placement and managing hospital services that are frequently operating at full and near full capacity. A strong focus on recruitment, retention and support from across the district and region was evident.

Professional qualifications are validated prior to employment. An orientation programme is in place and a range of ongoing training and professional development opportunities are available, with many online training packages. Staff ethnicity and other data collected is securely managed. Māori workforce development is supported by roles and a range of training programmes.

Clinical records provide the necessary information to meet professional guidelines and good practice.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Patient tracers were undertaken in clinical areas across the organisation. Auditors and technical experts worked collaboratively with staff reviewing the relevant documentation and interviewing staff across the multidisciplinary teams, patients/whaiora and whānau. Additional sampling was also undertaken throughout the audit process.

Patients access services based on needs, guided by relevant guidelines. Waiting times are managed and monitored. Screening tools are used to determine any risks.

Informed choice underpins the development of the respective care plans or support plans which are developed by skilled care workers in partnership with patients/whaiora and their whānau. Cultural assessments are undertaken on admission and cultural values and beliefs are considered. Aspirations of patients are considered. Care plans and interventions ensure the goals are effectively met and discharge planning occurs from admission. Policies and procedures guide staff on all aspects of service delivery.

Medicines are managed and stored appropriately in each clinical setting visited. Current shortages of pharmacists have resulted in medicine reconciliations being prioritised for high-risk patients.

Food is managed safely through a contracted service.

## **Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment**

With some well-known exceptions, facilities meet the needs of the patient groups on the sites. Reactive and proactive maintenance of equipment and facilities is undertaken, with some exceptions. Building warrants of fitness were current for all sites.

Planning for all types of emergencies is well developed and backup systems support continuity of services. Trial evacuations are undertaken according to the evacuation plan.

Bathrooms and toilets are adequate. Patient areas have adequate natural light and heating.

Appropriate security systems are in place.

## **Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship**

The governing body ensures the safety of patients and staff through the planned infection prevention (IP) and antimicrobial stewardship (AMS) programme. The developed programme is appropriate for the size and complexity of the service. An experienced infection prevention and control nurse specialist leads the infection prevention programme with the support of and access to experienced infection prevention specialists and medical staff. Link nurses are available in each clinical service areas. Policies and procedures guide staff in the cleaning, disinfections and reprocessing of surgical equipment and instruments.

Staff demonstrated good principals and practice around infection prevention. Staff were familiar with the pandemic/infectious diseases response plan with good processes and communication observed. The infection surveillance programme is relevant to the service setting and results are communicated, with follow-up action taken as required.

The environment supports preventions and transmission for infections. Waste and hazardous substances are well managed. There are safe and effective laundry and cleaning services.

Appropriate supplies of personal protective equipment is readily available and in use.

## **Here taratahi | Restraint and seclusion**

Policies governing restraint use are being reviewed to ensure they align with good practice and the revised Nga Paerewa standards. Terms of reference of a refreshed restraint committee/governance group are under development including identification of a more representative committee. This committee is being reinstated after lapsing during the height of the pandemic. One meeting has been held.

Restraint and seclusion have reduced across the organisation through continuing staff education in de-escalation and distraction techniques and safe practice and effective communication (SPEC) training for staff groups and security staff.

Monitoring, evaluation, and review of practice occurs. A reporting framework to the clinical board is under development for any restraint and seclusion episodes. Any restraint event is reported in the electronic events system. Seclusion rates do vary but are trending downwards overall.