

Hawke's Bay 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 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 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:

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| Legal entity: | Hawke's Bay District Health Board |
| Premises audited: | Central Hawkes Bay Health Centre, Hawke's Bay Hospital, Springhill Treatment Centre, Wairoa Hospital & Health Centre |
| 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: 23 January 2018 End date: 25 January 2018 |
| 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: | 281 |

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

Hawke's Bay District Health Board (HBDHB) provides services to around 161,300 people in the Hawke's Bay district. Hospital services are provided from the Hawke's Bay Soldiers Memorial Hospital (Hawke's Bay Hospital) and rural hospitals/health centres at Wairoa, Napier, Central Hawke's Bay (CHB) and Springhill Treatment Centre. Services include medical, surgical, maternity, paediatric, older persons/rehabilitation, and mental health and addiction services. These inpatient services are supported by a range of diagnostic, support and community-based services. A strength of the DHB is its integrated approach to providing services across both primary and secondary care.

This three-day surveillance audit, against a subset of the Health and Disability Services Standards, included a review of management, quality and risk management systems, staffing requirements, infection prevention and control, and review of clinical records and other documentation. Interviews with patients and their families and staff across a range of roles and departments were completed and observations made. Auditors visited the Hawke's Bay and Wairoa Hospitals and Springhill Treatment Centre.

This audit identified 16 areas that require improvement across the standards. These relate to family violence screening, consent, policy review, adverse events management, medical credentialing at Wairoa, training and development and performance reviews, and staffing requirements. Within the clinical standards improvements are required related to planning of patient care, evaluation of care, management of medicines, and the food services. The provision and use of personal protective equipment and ensuring all equipment at Wairoa meets regulatory requirements also requires attention.

Since the previous audit, improvements have been made to assuring privacy, anti-discriminatory behaviour in the mental health and addictions services, security of documentation in clinical records, transfer and discharge processes, self-administration of medicines at Springhill Centre and fire evacuation practices. Work has been progressed in most other areas that required improvement, with further work underway.

Consumer rights

Staff are mindful of respecting the privacy of patients, despite the environmental restrictions in several areas. Patient information is protected from unauthorised access.

Within the mental health services, staff were observed to interact positively with patients and no examples of anti-discriminatory language were noted. Patients and families/whānau are provided with the information they require at the appropriate times to make informed decisions which includes consent for treatment.

An active consumer engagement team is involved with the patient's experience and any complaints occurring in the organisation. Follow up acknowledgement, investigation and timeframes to resolution for complaints are completed and meet the requirements of the Code.

Organisational management

The quality and risk management systems are well established and coordinated through the Executive Director People and Quality role and the five directorates. Work is supported by a team of quality facilitators and other support roles who work within the directorate structure. Good examples of integrated systems were observed, with the Clinical Council and Consumer Council playing a key role, and the use of a well-developed business intelligence team to support decision making. Improvement activity was evident at all levels of the organisation, from large projects using the co-design methodology across the continuum of care (primary and secondary services), to small ward-based initiatives.

Adverse events are managed through an electronic management system, with an update to the system to occur during the year. Risk management meets the needs of the DHB, with improvements made to support the transition to the planned updated electronic system. Managers are well versed in how to elevate risks where required.

Training and development opportunities are provided for all roles across the organisation. Specific educator roles support a broad array of programmes planned on a yearly basis, offered as either 'e-learning' or face to face sessions.

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. Good progress has been made in developing the Care Capacity Demand Management (CCDM) programme, resulting in planned increases in staffing in some areas. Staff are supported by several expert roles who are working in innovative ways to support care delivery and less experienced staff.

Continuum of service delivery

Patient care was reviewed and evaluated across services with six patients reviewed using tracer methodology in the areas of maternity, mental health, surgical, medical, and paediatrics. In addition, four systems tracers were conducted in relation to management of the deteriorating patient, medication management, prevention of falls and infection prevention and control. The information gathered from these tracers was supported by additional sampling.

Care is provided by suitably qualified and experienced staff who work in a multidisciplinary manner to provide timely care. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. Service delivery is performed in a timely manner. The falls prevention programme is well established providing numerous initiatives and a reduction in frequency and severity of falls events. Plans have been developed to make changes to the programme on detection of the deteriorating patient and these are currently underway; these plans are underpinned by organisational data on current practices.

Discharge planning is actively occurring. All patients and family members interviewed were complementary about services received and advise ongoing communication with staff was timely and clear.

Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use. Allergies are assessed and communicated. Medicines are stored safely and managed effectively throughout the organisation.

Safe and appropriate environment

Building warrants of fitness were current. Electrical testing and calibration of equipment was occurring in most areas visited. The construction of a stand-alone gastro-enterology unit is underway on the Hastings site. Fire evacuation training across the DHB has been completed and fire and other emergency equipment has been tested as required. Staff interviewed knew what to do in an emergency.

Restraint minimisation and safe practice

The organisation has an effective policy on restraint minimisation and safe practice. A Restraint Advisory Committee has recently reconvened and actively oversees restraint use, education and monitoring based on collation and analysis of verified restraint data. Restraint improvement measures are overseen by the Restraint Advisory Committee with ongoing audits of restraint implementation. The mental health service has a restraint reduction plan supported by implementation of the national training programme, and a focus on de-escalation.

Infection Prevention and Control Restraint

Surveillance for infections is occurring. The surveillance programme is appropriate to the service setting and includes significant organisms (including multi-drug resistant organisms), specific surgical site infections, invasive device related infections, blood stream infections and outbreaks. The surveillance results are communicated appropriately. Policies and procedures detail when isolation precautions are required to be implemented.