

Tairawhiti District Health Board - Gisborne Hospital

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:

Legal entity:	Tairawhiti District Health Board
Premises audited:	Gisborne 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: 19 February 2018 End date: 21 February 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:	95

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

General overview of the audit

Hauora Tairāwhiti serves a population of 47,680 which provides unique challenges given that Tairāwhiti is the most sparsely populated North Island area. Hospital services are provided from the 112 bed Gisborne Hospital and include medical, surgical, maternity, paediatric, and mental health and addiction services, supported by a range of diagnostic and support services.

This three-day surveillance audit, against a subset of the Health and Disability Services Standards, which included a review of management, quality and risk management systems, staffing requirements, infection prevention and control, and review of clinical records and other documentation plus progress on addressing the 19 corrective actions from the previous certification audits.

A review of five patients' care and four clinical systems using tracer methodology, by reviewing the clinical records and other documentation, interviews with patients, families, managers, clinical and allied health staff across a range of roles and departments, and observation.

This audit identified 20 areas requiring improvement across the standards. These related to the consumer rights, consent and complaint management. Organisational standards of document control, organisational quality and risk systems, management of

adverse events, skill mix and safe and timely provision of appropriate services, and documentation of clinical notes. Within the clinical standards improvements were required, in care plan completion, range of individual diversional therapies in mental health, and the evaluation of care. Also requiring improvement is the smoke free status in the mental health unit and the use of enablers in the general wards.

Since the previous audit improvement was noted in the use of advance directives, the development of entry criteria to the intensive care unit (ICU), oversight of enrolled nurses and student nurses, the introduction and launch of the admission to discharge planner, and the discharge planning for patients.

Consumer rights

Since the last audit progress in the management of complaints was noted, with the centralisation of complaints into the Datix system. The register of complaints is now clearly visible; There was good evidence of the use of advanced directives seen in the tracers, and file sampling showed the not for resuscitation notification and ceilings of care, with documentation of patient/whanau wishes in the clinical file.

Patients were seen to be treated with respect, dignity, privacy and independence. Staff were knowledgeable about the Code of Rights and their organisation's consent policies and processes related to consumer rights and informed consent, including children, those with diminished capacity, compulsory assessment and treatment orders and emergency situations. Informed consent for procedure is undertaken on a different form from anaesthetic and a new anaesthetic informed consent form is currently being rolled out across the organisation.

In maternity, the Mental Health services cultural assessment team (CAT) and psychiatric assessment team (PATT) can come to assess and give support to any any mother/family/whanau that might be in distress, with follow up for cultural needs.

Organisational management

There is a patient safety, quality and risk plan which contains five identified domains to provide a strategic overview of the aims and the outcomes used to measure these, and link to the overall organisational plans.

There is a small quality and risk team, led by the Director of Nursing, Quality and Patient Safety who forms part of the executive team. Datix is an electronic central repository to capture the quality and risk information, to then be reported, reviewed and monitored. The plan is to have the Datix system fully utilised, however at the moment the use of the system is not yet fully embedded across the organisation.

There is a guideline outlining the DHBs requirements for document completion. The controlled documents within the organisation continue to make steady progress towards improving the currency and reviewing the content of key documents, except for the forms which sat outside the process.

Training needs for staff have been identified since the last audit with work ongoing to the recording of this information. The hospital has undertaken Care Capacity on Demand Management and uses Trendcare for nursing and allied health staffing requirements. There are several staffing vacancies in the hospital which are being recruited too. A number of locums and visiting specialists supplement the staffing for the organisation.

Continuum of service delivery

Patient care was reviewed and evaluated across services with five 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 care. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. Processes are in place for the

prioritisation of acute patients requiring surgery. The falls prevention programme is well established providing numerous initiatives and has resulted in a reduction in frequency of falls events. The hospital has undertaken a project to review and update documentation and processes for the identification and management of adult deteriorating patients.

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. Venous thromboembolism assessment has been a project in the medical area.

Safe and appropriate environment

There have been no changes to the hospital. The building warrants of fitness for the hospital and the lifts were both sighted and in date.

Restraint minimisation and safe practice

The organisation has a policy on restraint minimisation and safe practice, and a policy on the use of enablers. These align with the standards. The Restraint Minimisation and Safe Practice Committee oversee restraint use, education and monitoring based on collation and analysis of restraint data. Use of enablers and compliance with policy requirements is monitored via internal audit. The use of restraint in mental health is reducing. Staff education includes a focus on de-escalation.

Infection prevention and control

The infection prevention and control programme provides up to date current best practice policies and guidance. Link nurses and the infection nurse provide resources, education and support to staff. Nurses reported adequate personal protective equipment is available to manage transmission based precautions to maintain a safe environment. An extensive surveillance and environmental auditing plan is in place with identified issues being promptly addressed.