

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: 29 May 2018 End date: 31 May 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:	236

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

Taranaki District Health Board provides health services to the people of Taranaki. Five individual patient tracers and four systems tracers were completed during the on-site surveillance audit.

Facilities vary in age and are maintained accordingly. There has been a recent refurbishment of seven intensive care mental health unit beds.

Ongoing improvements have been demonstrated since the last audit with a focus on quality and risk systems, processes and clinical governance systems. Clinicians are engaged in improvement activities and data is available for decision making. Taranaki District Health Board continues to redesign and improve health care delivery through a collaborative 'whole of systems' approach involving health professionals across all sectors. The wellbeing of staff is monitored and support is provided. Patients confirmed they are positive about the care and treatment they receive.

There are eleven corrective actions required from this audit. Corrective actions from the previous certification audit relating to data collection, corrective action management, mandatory training, mental health unit documentation of early warning signs and safe seclusion use are closed.

Corrective actions remaining open from the previous certification audit include policy review, performance appraisals, nursing documentation (assessment, planning and early warning scores) and medication management.

There are new corrective actions as a result of this audit including advanced directives, service delivery being explicitly linked to quality management system, mental health service delivery/interventions, evaluation documentation and restraint.

Informed consent was reviewed across all areas visited. Patients confirmed they are provided with information to make informed choices and staff confirmed they understood the informed consent process. There is a computerised system in place across Taranaki District Health Board that ensures all complaints are monitored and reviewed within expected timeframes. Staff, patients and families confirmed they are aware of their right to make a written or verbal complaint.

Organisational management

The executive leadership team and chief executive provide leadership to the organisation. Risks are reviewed at Board level and mitigation strategies are monitored.

The Taranaki District Health Board has a risk management system and staff are aware of the risks facing the organisation

Incidents, accidents, complaints and significant events are reported electronically. Significant incidents are investigated using a root cause analysis methodology and open disclosure to patients and their families is practised.

The Taranaki District Health Board has access to a range of data and information used to manage the organisation and assist in decision making. A clinical business intelligence unit has been established to ensure access and use of data. Data is used to inform

and guide the organisation to continue to improve benchmarks against national targets. Reporting and analytics sitting behind the clinical business intelligence unit's dashboards provides real time information to strengthen and improve outcomes. The hospital leadership team has been developed and implemented and has strengthened the process to monitor and evaluate audits across the sector. The traditional human resource department is currently being reviewed and redesigned into a contemporary people and capability function, which is centralised and supports managers across the organisation and has improved the organisations management of corrective actions.

Inpatient services are provided by a skilled workforce.

Continuum of service delivery

Patient journeys were followed in medical, surgical, child health, maternity and mental health. System tracers were completed for falls management, the deteriorating patient, medicines management and infection, prevention and control

Review of patients' journeys and systems tracers undertaken demonstrated a multidisciplinary team approach to care. Patients and family members interviewed confirmed they have input into care planning.

Daily rounds provide a forum for planning the day in the wards with handover to staff occurring at each change of shift. There is access to medical staff 24 hours a day, 7 days a week, with systems implemented to ensure that patients have timely access to allied health services and to other services outside of Taranaki District Health Board.

There are timely transfers to other health services both externally and internally. Transfers between services follow protocol and standardised communication tools are in use across services.

The falls prevention programme focussed on identifying patients who are at risk, and strategies to prevent falls. A deteriorating patient programme is in place.

Taranaki District Health Board has implemented an electronic medication prescribing and administration system which is supported by policies and procedures. This has been rolled out to the two medical wards and the older peoples health ward at Taranaki Base hospital and to the inpatient ward at Hawera hospital thus far.

Safe and appropriate environment

All Taranaki District Health Board inpatient buildings have a current building warrant of fitness. Plant and equipment is compliant with legislation. There is a preventative maintenance programme in place and the environment in the clinical areas is safe for patients and staff.

Restraint minimisation and safe practice

The restraint committee oversees monitoring and evaluation of the restraint process. Policies are in place to support practice. Restraint reviews are conducted and communicated to all concerned. Reporting and monitoring of restraint occurs via an electronic quality and risk reporting system.

Mandatory restraint training is delivered in accordance with staff roles, specific service environments and specialised needs.

Infection prevention and control

The Infection Prevention and Control system tracer was undertaken with documented evidence that the infection prevention and control policies and processes are followed across the organisation. There is communication on infection prevention and control measures to all areas including Hawera hospital.

Surveillance activities were reviewed and include audits and surgical site infection surveillance. Antimicrobial stewardship is audited to monitor compliance and ensure prescribing in line with best practice.

