

Lakes 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:	Lakes District Health Board
Premises audited:	Rotorua Hospital Taupo Hospital
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 14 August 2018 End date: 16 August 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:	198



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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

General overview of the audit

Lakes District Health Board provides health services to the people of Lakes district across two hospital sites (Rotorua and Taupō). The audit team was provided with a comprehensive self-assessment and supporting evidence prior to the on-site visit.

Rotorua and Taupō hospitals were visited during the surveillance audit. Six individual patient tracers and four systems tracers were completed during the on-site audit.

Lakes District Health Board has completed an operational management re-structure since the previous audit, led by the chief operating officer. A risk management programme is in place. A clinical governance structure is in place at the executive level, with a new service level clinical governance framework, currently under consultation, yet to be finalised and implemented. Patients interviewed were positive about the care and treatment they received.

There are 18 corrective actions arising from the surveillance audit. All corrective actions from the previous certification audit remain open and include quality management systems (linkages, improvement data management and corrective action management); nursing assessment; nursing service delivery plans; early warning scores; transfer and discharge planning; medication management; enabler usage and restraint management; infection prevention and control (management and surveillance).

Additional corrective actions as a result of this audit include quality management systems (implementation, policies and procedures, document control, measurement against the quality and risk management plan); nursing interventions and nursing evaluations.

Consumer rights

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 Lakes District Health Board that ensures all complaints are monitored and reviewed within expected timeframes. Staff understand the process and 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 and are supported by the Board. A risk management framework is in place. Risks to the organisation are understood and mitigation strategies are monitored at an executive and Board level.

A new operational structure has been established and implemented since the last audit, which is led by the chief operating officer who was appointed approximately a year prior to the audit.

Lakes District Health Board participate in national quality programmes and performance indicators benchmark positively with other organisations. These quality activities are reported to the clinical governance executive and the Board.

Significant incidents are investigated using a root cause analysis methodology and open disclosure to patients and their families is practiced. Incidents, accidents, complaints and significant events are reported electronically. An information management system provides reporting capability, providing access to real time data information. Data is reported against national targets.

Inpatient services are provided by a skilled workforce across both hospital sites.

Continuum of service delivery

Individual patient tracers were followed through in medical, surgical, child health, maternity, older persons' health and mental health and systems tracers were conducted for the deteriorating patient, falls management, medication management and infection prevention and control.

Review of patients' journeys and systems tracers undertaken demonstrated a multidisciplinary team approach to care. Patients' clinical records reviewed, confirmed that each stage of service provision is completed by a suitably qualified person. Medical and Allied assessment and treatments plans were patient specific and documented in patient records reviewed. 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, seven days a week. Systems are in place to ensure that patients have timely access to allied health services and to other services outside of Lakes District Health Board.

The falls prevention programme focussed on identifying patients who are at risk, and strategies to prevent falls. A deteriorating patient programme is in place. A medication management tracer was undertaken focusing on reconciliation.

Safe and appropriate environment

All Lakes 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 and the environment in the clinical areas is safe for patients and staff.

Restraint minimisation and safe practice

There has been a recent update of the restraint minimisation and safe practice policy and associated documents. The restraint minimisation and safe practice policy documents the commitment to actively implement strategies to reduce restraint. Restraint minimisation and safe practice e-training packages have been developed and staff training has commenced.

Infection prevention and control

Lakes District Health Board has an infection prevention and control programme, supported by an infection prevention and control team who are responsible for infection prevention and control across Lakes District Health Board. Infection prevention and control representatives are available in all clinical areas to support and guide practice. Surveillance activities are reported to the infection prevention and control committee and include information on national key performance indicators.

An infection prevention and control systems tracer on isolation management was undertaken.