

Bay of Plenty 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:

Legal entity:	Bay of Plenty District Health Board
Premises audited:	Opotiki Health Care Centre Tauranga Hospital Whakatane Hospital
Services audited:	Hospital services - Psychogeriatric services; 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: 5 March 2019 End date: 7 March 2019
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:	366

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

Bay of Plenty District Health Board (BOPDHB) provides services to around 215,000 people in the Bay of Plenty region, with one of the key challenges for the Board being meeting needs of a fast-growing population. Hospital services are provided from the 463 bed facilities at Tauranga (361 beds) and Whakatane (96 beds) and a contracted service at Opotiki (2 beds). Services include medical, surgical, maternity, paediatrics, and mental health and addiction services. These inpatient services are supported by a range of diagnostic, support and community-based services.

This three-day surveillance audit, against the Health and Disability Services Standards, included a review of quality and risk management systems, staffing requirements, aspects of consumer rights, infection prevention and control, and restraint minimisation, and review of clinical records and other documentation. In addition to the use of tracer methodology to review two patients' journeys and four clinical systems, incidental sampling was completed in all clinical areas. Interviews with patients and their families and staff across a range of roles and departments occurred and observations were made. Both Tauranga and Whakatane Hospitals were visited.

Since the previous audit, action plans and improvements have been made or are in progress for the areas identified as requiring improvement. This audit identified that improvements are still required related to informed consent, the quality and risk management systems, currency of policies and procedures, the linking of all quality improvement activities, corrective action planning, staffing, patient record details, records of assessment, care planning and evaluation being completed, and some aspects of medicine management. Improvements are also required to the environment in mental health units including one area where work is being completed for gaining fire evacuation approval, smoke cessation practices, documentation of enabler use and management of isolation to prevent infections.

There are twenty areas that require improvement from this audit, twelve of these related to the previous audit. There are two areas fully actioned from the previous audit related to discharge planning and meaningful activities for mental health consumers.

Consumer rights

Patients and families/whānau are provided with the information they require at the appropriate times to make informed decisions which includes consent for treatment. Services provided support personal privacy, independence, individuality and dignity. Staff interact with patients in a respectful manner.

The organisation's complaints process meets the requirements of legislation and this standard. Information is available to staff, family members and patients on the organisation's complaints and feedback system. All complaints are logged electronically on the Datix system, and this forms the complaints register. Review of the register identified complaints being followed through to the complainant's satisfaction and monitoring of the process occurring.

Organisational management

Quality and risk management systems have gone through a process of change since the last audit. An external review has initiated this change programme. The implementation of the programme is only part way through. Routine quality processes, such as internal audits, monitoring of data related to infection, adverse events, falls, complaints and feedback, continue. Overall there is

good staff engagement. Several improvement projects were in progress or completed that have improved patient care. Consumer engagement is a focus for the organisation as is staff culture. Links with Health Quality and Safety Commission ensure programmes are developed in line with national and international practice. Quality improvement data is gathered and reported to various leadership positions and committees. As a new clinical governance framework and new responsibility for risk management are in the process of being implemented, some of the reporting will be further developed to ensure a sharper focus on risk and clinical outcomes. Data analysis occurs and actions are taken within leadership and specialist committees where areas of corrective actions are required.

Policies and procedures are held electronically for all staff to access the controlled version of up to date documents. Systems are in place for review and approval of documents.

Adverse events processes are in place and known to staff. Events are risk rated and strategies are put in place to investigate and manage any corrective actions required. Reports on events are available, on a new system, for all staff to see depending on their access level.

The use of the patient acuity tool (Trendcare), the Care Capacity Demand Management (CCDM) system and various management processes and senior support roles to monitor patient flow, bed capacity and staffing ensure the management of staff to meet changing needs. Allied health staffing levels have improved since the previous on site audit. Challenges for staffing however remain due to the increased patient flow and acuity and difficulties in recruiting to various disciplines including maternity services and Whakatane hospital.

Clinical records were being maintained with a combination of electronic and paper records. Entries were legible, confidential and accessible when required.

Continuum of service delivery

Patient care was reviewed and evaluated across services with two patients reviewed using tracer methodology in the areas of maternity and mental health. 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. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. The falls prevention programme is well established.

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

A current building of warrant exists for each hospital site. In general, facilities are maintained and improvement related to cleaning in the Tauranga hospital bathrooms was sighted. The mental health services at both Tauranga and Whakatane have had no significant environmental changes since the last audit. A change has been made to egress escapes doors in the mental health unit in Tauranga as a temporary solution for fire emergency egress.

Restraint minimisation and safe practice

The focus of the organisation is on the minimisation of restraint and seclusion practices and policies and processes are in place in line with this focus. Enabler use is part of this process. The monitoring of restraint minimisation processes has moved to the clinical governance committee.

Infection prevention and control

The organisation has an infection prevention and control programme and plan in place. This includes regular surveillance activity in line with national reporting and areas identified by the organisation. These are reported to the clinical governance committee.