

Tairawhiti District Health Board - Gisborne Hospital

Introduction

This report records the results of a Certification 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: 18 June 2019 End date: 20 June 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:	81

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

Hauora Tairāwhiti serves a growing population of close to 50,000 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 site and include medical, surgical, maternity, paediatric, and mental health and addiction services, supported by a range of diagnostic and support services.

This three-day certification audit, against the Health and Disability Services Standards, included a review of management, quality and risk management systems, training and staffing requirements, service delivery from entry to discharge, infection prevention and control, management of restraints and review of clinical records and other documentation. Review of the environment and resources were included as part of this audit.

The audit process also included interviews with patients and their families and staff across a range of roles and departments. Where possible, observation of practice was undertaken. A review of five patients' care and three clinical systems using tracer methodology occurred.

Eighteen (18) areas requiring improvement were identified across the standards. These related to the organisational quality and risk systems, document control, the links within the quality and risk structure, corrective actions, and follow up and closure of adverse events, training of staff and staffing levels. Within the clinical standards improvements were required in care plan completion, the range of individual diversional therapies available in mental health, the evaluation of care, discharge planning, medication management and documentation of clinical notes. Also requiring improvement is the mental health environment and some other environment issues. Processes to meet the infection control standard need improvement.

Since the previous audit Hauora Tairāwhiti has been working to improve systems and services in a variety of areas. Of note is improvement in the client rights standards, no issues were raised, and patients and their families spoken to all reported being happy with the level of communication and involvement in their care. Restraints and enablers are well managed and documented. There are a variety of projects undertaken or being undertaken by the DHB such as increasing the Maori workforce, development of the registrar workforce, a new cardiology service, implementing the maternity growth assessment protocol tool and introduction of the new care pathway for people with mini-stroke, to name a few.

Consumer rights

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) was visible around all areas of the district health board (DHB) in both English and te reo Maori. Patients and families/whānau reported an awareness of the Code and that their rights were upheld. All patients spoke positively about their care, treatment and communication with staff. Staff were observed respecting patients' rights, including their privacy.

The organisation has a strong commitment to providing services that meet the cultural needs of its catchment area.

Innovative approaches to delivering care and examples of evidence-based practice were evident throughout the services. Promotion of patient safety and a safe environment were noted across services.

Communication with patients and families was open and honest and examples of open disclosure were evident where required. Interpreter services are readily available and widely used.

Adequate information is provided to patients to assist them to make informed decisions and provide both written and verbal consent.

Staff, patients and whanau were informed about the complaints process and information about how to make a complaint was available. Complaints are managed through an electronic system with the quality manager acknowledging and managing each complaint.

Organisational management

The governance structure is developing to support and integrate a primary and secondary care approach to planning and service delivery with planned and increasing consumer involvement. Strategic planning is in progress based around the annual plan and regional services plan, which was developed following a comprehensive consultation process. Annual planning and reporting follow statutory requirements. Hospital based services are managed through clinical care streams, with a mix of clinical leadership and service leadership roles.

There is a patient safety, quality and risk framework which contains five identified domains to provide a strategic overview of the aims and the outcomes used to measure these, and links to the overall organisational plans. The implementation of patient safety, quality and risk framework through clinical governance has stalled with the reporting schedule and template ceasing to be used. Reporting occurs using the health quality and safety dashboard, Ministry of Health (MoH) targets and action plans within the framework continue to be implemented.

The quality and risk manager reports to a new acting director of nursing, quality and patient safety who is part of the executive team. Quality and patient safety however is reported through to the clinical governance board. 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 time of audit, the use of the system by specific groups is not yet fully implemented across the organisation.

There is a guideline outlining the DHB's requirements for document completion. Document control management continues to be a challenge for the organisation.

Datix also supports the identification and register for risk management. Significant risks are reported to the Finance, Audit and Information Technology Committee and the Board.

Systems are in place to ensure appropriate staff are recruited and orientation and training occurs. Training needs for staff have been identified since the last audit with work ongoing to the recording of this information.

Staffing recruitment is under pressure and 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, this includes use of the Trendcare acuity tool. A new position is in place for day duty nurse management that has improved services in this area. The organisation is at the stage of approving a plan for implementation of the Care Capacity Demand Management (CCDM) programme. 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.

Patient records are integrated and easily accessible. Patient information was held securely and not visible to those without the authority to have access.

Continuum of service delivery

Patients access services based on needs and this is guided by policy. Waiting times are managed and monitored. Risks are identified for patients using screening tools. Pre-admission assessment processes are used where appropriate. Entry is only declined if the referral criteria are not met, in which case the referrer and patients are informed of the reasons why and any alternatives available.

Five patients' 'journeys' were reviewed as part of the audit process and involved the emergency department, surgical, medical, paediatrics, maternity, and mental health departments and wards, including intensive care and the operating theatre suite. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical,

nursing and allied health team members, patients and families/whanau. Additional sampling was also undertaken throughout the audit.

A qualified and skilled multidisciplinary team provides services to patients and there were good examples of teamwork throughout clinical areas. Shift handovers are efficiently managed and include an office and bedside handover.

Assessments are undertaken in a timely manner with results reviewed, discussed and actioned as appropriate. This was supported by patients and family members interviewed. Admission assessment tools utilised are based on best practice. Care plans were evident throughout the hospital and completed to a high standard. Most areas were using the early warning score (EWS) to prompt triggers when a patient's condition deteriorates. This tool was generally well completed. Evaluation is undertaken of patients' progress on a regular basis and includes progress towards discharge.

With the exception of mental health services, activities meet the requirements of the individual patients and these are particular to the various specialty settings.

Medication management is overall managed well. Staff are competent to perform the function for each stage of medication management. Medication is recorded to a level of detail to comply with legislative requirements and good practice. There is a safe self-administration policy and practice.

Food, fluid and nutritional needs are being met. The hospital has a Food Control Plan. Monitoring of all aspects of food handling and the food service occurs.

Overall, the audit identified a strong focus on meeting patients' needs and working as a team with good communication to achieve this, with a particular focus on meeting the needs of those patients who identify as Māori.

Safe and appropriate environment

Waste management and cleaning and laundry processes are implemented in accordance with relevant standard and meet the needs of the organisation.

Planned and reactive maintenance occurs, and remedial work is undertaken where necessary, such as the current lift replacement programme. The environment is old but has been adequately maintained and was largely clean and tidy. Building warrants of fitness are available and current for the site. There is a system to monitor and maintain equipment including regular electrical and biomedical testing.

There are enough bathrooms and adequate personal space for patients and equipment. Communal areas meet the particular needs of patients accessing the service, with the exception of mental health services.

Emergency management planning is thorough, with ongoing training and exercises to keep staff current in their responses to emergencies. This includes regular area specific fire evacuations. There were adequate supplies of fresh water, food and emergency power on hand. Processes are in place to manage medical emergencies, staff are trained relevant to the service they provide and emergency equipment is routinely checked.

Restraint minimisation and safe practice

There were current, comprehensive detailed organisational policies governing restraint and seclusion, and organisational guidelines on enabler use and safe effective use of bedrails. These align with the standards. Staff practice is in accordance with these policies and the standards.

Restraint and seclusion are reducing across the organisation through staff education in de-escalation and distraction techniques and safe practice and effective communication training and application.

There are graduated levels for the monitoring, evaluation, review and audit of these practices; from the consumer, to ward level, to service level, to organisational level and clinical governance. Each group has its own current terms of reference and minuted process to ensure appropriate and safe practice, monitoring and education. Staff education fosters collaborative working relationships with the intent and outcome of safe practice and restraint minimisation and zero seclusion.

Infection prevention and control

TDHB has a renewed infection control team and programme in place to manage the risk of infection to patients, staff and visitors. The team has set priorities for this year that include education of staff and patients, surveillance of infections and the review of policies and information supporting the management and prevention of infection control.

The surveillance programme in place captures infection rates, and this information is followed through with an investigation and reporting process and where required recommendations are made to guide prevention practices. Antimicrobial stewardship is in progress.