

# Lakes District Health Board

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## 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 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:

<b>Legal entity:</b>	Lakes District Health Board
<b>Premises audited:</b>	Rotorua Hospital  Taupo Hospital
<b>Services audited:</b>	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
<b>Dates of audit:</b>	Start date: 18 February 2020      End date: 21 February 2020
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	152

# Executive summary of the audit

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## 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

The Lakes District Health Board provides secondary level hospital services throughout the district. Prior to the on-site visit the audit team were provided with a self-assessment and supporting documents. The audit team visited Rotorua and Taupo hospitals and meetings were held with staff, patients and their families. Six individual patient tracers and two systems tracers were undertaken. The values of the organisation are embedded; staff are committed to the provision of safe quality care; and patients and their families interviewed were positive about the care and treatment they received.

There are 13 required improvements arising from the audit relating to informed consent, quality and risk systems, policy framework and document control systems, corrective actions processes, use of data, performance appraisals, training, nursing documentation of assessments, patient goals and evaluation of care, medicines management and restraint.

## Consumer rights

Information about the Health and Disability Service's Code of Health and Disability Services Consumers' Rights, the complaints process, accessing the advocacy services and interpreters is provided to patients and is displayed in all services.

Māori patients interviewed confirmed their needs are met and are supported through each episode of care. Cultural support groups and representatives are available for patients and families on request.

Interviews with patients confirmed they were satisfied with the care and treatment received.

The complaints process is accessible and complies with Right 10 of the Health and Disability Service's Code of Health and Disability Services Consumers' Rights.

## **Organisational management**

The Board and executive set a clear strategic direction for the organisation. The chief executive officer and executive team provide leadership to the organisation. The inpatient services operate 24 hours a day, 7 days per week, by appropriately trained and experienced staff. A clinical quality governance framework is implemented and risks to the organisation are understood and managed. Adverse events are investigated, managed and open disclosure occurs with patients and their families. Human resources systems and processes meet legislative employment requirements. All staff have an orientation. The organisation uses systems and processes to manage safe staffing with progress being made on the implementation of the care and capacity management programme. Management of health information meets legislative, professional and sector standards.

## **Continuum of service delivery**

The individual patient tracers were completed in six services including: maternity, medical, surgical, child health, geriatric health and mental health services. The systems tracers were completed for medicines management and infection prevention and control.

The review of patient journeys through individual patient tracers, review of additional patients' clinical records and patient interviews demonstrated a multidisciplinary team approach to patient care. All members of the multidisciplinary team record patients' care and treatment in the patients' clinical records.

Patients and family members interviewed confirmed they have input into care planning and are consulted on their and their family members' treatment and care.

Continuity of care is facilitated through handovers at the change of each shift and these demonstrated appropriate sharing of information between staff. Patients for discharge and/or assessment or referral to other services are discussed at ward meetings.

The organisation has a medication management system with hard copy medication charts. Clinical pharmacists provide support to staff and patients.

The patients interviewed were positive about the food services, which are managed by a contracted service provider with dietitian input into menus and special diets.

## **Safe and appropriate environment**

Preventative maintenance systems and processes are implemented to manage all buildings plant and equipment. There are contingency plans to respond to power outages or loss of essential utilities or services. Planning has progressed for a new mental health unit for completion late 2021. All buildings have a current building warrant of fitness. The clinical environments are clean, accessible and equipped to support independence and safe patient care according to the needs of the patient group. Waste and hazardous substances are managed safely and there is a focus on sustainability. Emergency response systems are understood by staff who attend regular training. Disaster planning is aligned with the local community and pandemic planning is currently being reviewed and updated to ensure preparedness for Covid-19. Access to buildings is controlled and security systems ensure a safe environment for staff, patients and visitors. All patient areas have appropriate heating and ventilation. All grounds and buildings are smoke free.

## **Restraint minimisation and safe practice**

The restraint minimisation and safe practice policy and related guidelines are current and available to staff. Definitions of restraint and enablers align with the standards. All episodes of restraint are reported and monitored.

Mandatory restraint training is provided for all staff in the mental health services and for identified staff in the general health services. Restraint and seclusion use continue to decrease.

## **Infection prevention and control**

An infection control programme is implemented and maintained. Education is provided to staff, patients and visitors. Policies and guidelines are based on researched best practice.

Surveillance activities were reviewed and include audits and surgical site infection surveillance.

The antimicrobial stewardship programme ensures review of all antibiotic prescribing for appropriateness is completed.

The infection prevention and control system tracer focused on planning for a Covid-19 outbreak. The planning guidelines provide guidance for staff to prevent and control a pandemic situation and clinically manage patients with the virus.