

Tairawhiti District Health Board - Gisborne Hospital

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:	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: 2 February 2021	End date: 4 February 2021
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:	83	

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

Tairāwhiti District Health Board (Hauora Tairāwhiti) provides services to around 50,000 people in the Tairāwhiti region. Hospital services are provided from the 121-bed hospital and include medical, surgical, children and women's health and mental health and addiction services. These inpatient services are supported by a range of diagnostic, support and community-based services. A strength of the DHB is its integrated approach to planning and providing services across both primary and secondary care.

This three-day surveillance audit against the Health and Disability Services Standards, included a review of quality and risk management systems, staffing requirements, clinical care and infection prevention and control. Clinical records and other documentation were reviewed, and patients and their families and staff were interviewed across a range of roles and departments.

This audit identified 16 areas that require improvement across the standards. These relate to quality systems, currency of policies, risk management systems, training and training records and staffing requirements to meet patient demand. Improvements are also required in relation to clinical assessments, the activities programme within the acute mental health service, evaluation, discharge planning, medication management, aspects of facilities and management of antimicrobials. The area related to staffing

requirements has been rated as high risk and requires more urgent attention. Two of the previous corrective actions required have been addressed and are closed. Work has been progressed in most other areas previously identified as needing improvement.

Consumer rights

Patients reported that they have been provided with adequate information to make informed decisions about their care and treatment. Thorough documentation in relation to informed consent was seen in clinical records and verbal consent is also documented when necessary. 'Not for resuscitation' decisions are recorded at the front of the clinical record.

There is a complaints policy that aligns with the requirement of the Code of Health and Disability Services Consumers' Rights (the Code). Complaints are reported and acknowledged in a timely manner.

Organisational management

The quality and risk manager now reports directly to the chief executive officer, with other developments progressing. Quality systems were variable at directorate level as the organisation works towards establishing a consistent and systematic approach, including roles and responsibilities. Work is continuing to develop clinical governance across the organisation and at directorate level with a greater emphasis on monitoring functions. A range of quality improvement projects were evident, especially related to the focus on reducing inequity for Māori and increasing the involvement of patients and families in care delivery and systems improvement.

Adverse events are managed through an electronic management system with review and development of recommendations for the more serious events. Recommendations are followed through, although further work to monitor and document timely completion is needed.

Risks are reported to the Finance, Risk and Audit Committee and the Board. The risk management policy has been updated to reflect current principles.

Staff reported good access to ongoing training. Work continues to manage recording of training to support monitoring.

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. The organisation is progressing the implementation of the Care Capacity Demand Management (CCDM) programme. Staff are well supported by several expert clinical roles across the 24-hour day and seven days a week. There has been an improvement in the medical registrar cover to support care delivery, especially during the night.

Continuum of service delivery

Patient care was reviewed and evaluated across services with five patients reviewed using tracer methodology in the areas of maternity, mental health, surgical, medical and paediatrics. 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 to provide care. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. Discharge planning is occurring. All patients and family members interviewed were complementary about services provided.

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

The hospital building warrant of fitness was current. There have been no changes to the inpatient areas since the previous audit. Work is progressing on the planning of a new mental health facility.

Restraint minimisation and safe practice

A policy provides guidance for staff on restraint minimisation and safe practice, and guidelines are available on enabler use and bedrails use. The use of enablers is monitored as part of the internal audit programme. The use of enablers is documented in applicable patients' care plans and noted to be used at the patients' request.

Infection prevention and control

Tairāwhiti District Health Board has a multidisciplinary infection prevention and control committee that supports the infection prevention and control programme.

Surveillance activities are relevant to the type and complexity of services provided. The organisation participates in the Health Quality and Safety Commission surgical surveillance programme.