

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).

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: 1 February 2022 End date: 4 February 2022
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:	151

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 provide health services to the people of the Lakes District from Rotorua hospital and Taupō hospital. A self-assessment was completed, and documentation was provided by Lakes District Health Board prior to the onsite audit.

The audit team visited Rotorua and Taupō hospitals and meetings were held with staff, patients, and their families. All patients interviewed were positive about the care and treatment they received. Four systems tracers and six individual patient tracers were completed during the audit process.

Services are led by the chief executive and the executive management team. A clinical governance framework is in place and progress has been made to ensure clinical governance is implemented at service level. A risk management programme supports the organisation. The Board are guided by the Lakes District annual plan and information is provided to the Board in a timely manner to ensure informed decision making.

Facilities across Lakes District Health Board vary in age and are managed through a preventative maintenance programme. Planning for the new mental health unit is completed, with construction commencing in 2022.

The previous corrective actions relating to informed consent; quality and risk management systems; policy framework and document control systems; corrective actions processes; use of data; performance appraisals; training; medicines management and restraint are closed.

The previous corrective actions related to policies and procedures (policy access and review); nursing assessments; patient goals and nursing evaluations remain open. There is one new corrective action as result of this audit relating to privacy of patient information.

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. Processes are in place demonstrating consent is obtained for procedures.

There is a computerised system in place across Lakes District Health Board that ensures all complaints, including verbal complaints are monitored through a central repository. Processes include support to manage timeliness of investigations and closure of the complaint by the designated owner responsible for management of the complaint. Staff understood the process, and patients and families confirmed they were aware of their right to make a written or verbal complaint.

Organisational management

A quality and risk management framework is in place, embedded and understood by staff across the organisation. An active risk management framework is in place with oversight by the Board.

Electronic clinical information programmes were implemented in 2021 and support the organisation with bed management/patient flow and resourcing. Document control processes are in place.

Quality activities, including audits are undertaken. Clinician involvement in quality improvement initiatives is evident in service areas. Data collection, analysis, monitoring, and reporting supports decision making across the organisation, with corrective action management processes effectively implemented.

Inpatient services are provided by a skilled workforce, and there are processes in place to ensure patient safety.

Continuum of service delivery

Lakes District Health Board has processes in place to support inpatient care in both hospitals visited. The primary care services audited at Tāupo hospital, covered maternity and older person rehabilitation services. The review of patients' journeys and incidental sampling demonstrated a multi-disciplinary approach to patient care and to service provision. All members of the multi-disciplinary team document patient care and treatment in the patients' individual clinical records reviewed. Records reviewed are fully integrated. Patients' journeys were followed through individual patient tracers in the medical; surgical; maternity; child health; mental health and geriatric services.

There is timely access to allied health services as needed. Access to medical and nursing staff is 24 hours a day, seven days a week in both Tāupo and Rotorua hospitals. Patients and family/whānau interviewed confirmed they have input into their care planning and are consulted on their treatment and care where appropriate.

Continuity of care and service provision is facilitated through handovers at change of shift and between services. Sharing of information between staff was demonstrated. Daily medical rounds provided a forum for planning the day in the wards, noting patients for discharge, assessments and/or referrals to other services.

A falls prevention systems tracer was completed. The falls prevention programme is implemented across the organisation. Education is provided to staff on how to manage patients who are at risk of falls, and to patients to prevent this from occurring.

Preventative measures are in place to ensure services provide and promote patient safety with positive outcomes and/or quality improvement as necessary.

A deteriorating patient systems tracer was completed. The tracer focussed on the implementation of the early warning systems, including maternity early warning scores. The use of early warning systems was consistently and correctly completed across the organisation.

The national medication charts are used to prescribe and record medication administration. A medication systems tracer was undertaken focusing on safe administration of insulin. Policies are in place that guide practice, which was evidenced as being consistent with guidelines. Medication is stored as per legislation and current best practice.

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 are policies and procedures that define restraint, clarify the reporting and recording processes and the correct implementation and use of enablers. Reporting of use of restraint is via Datix and monitored by the restraint minimisation advisory committee. Specific training and resources are available for staff to support restraint minimisation.

Infection prevention and control

Infection prevention and control surveillance plans include: hand hygiene; surgical site infection and staphylococcal sepsis; reflecting the Health Quality and Safety Commission's surveillance programme.

The infection prevention and control systems tracer focused on the interdepartmental and interhospital transfer of patients that require droplet isolation precautions.