

# Taranaki 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 Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Taranaki District Health Board
<b>Premises audited:</b>	Hawera Hospital , Taranaki Base Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 18 October 2022      End date: 21 October 2022
<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>	233

# 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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

## General overview of the audit

Te Whatu Ora - Health New Zealand Taranaki has 250 inpatient beds providing services to people in Taranaki region.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard implemented in February 2022 and following reform of the Aotearoa New Zealand health system.

The dissolution of District Health Boards in July 2022, development of the Te Aka Whai Ora, Māori Health Authority and Te Whatu Ora - Health New Zealand has informed the audit outcome. Additionally, this audit was undertaken at a time of national health workforce shortage and should be read considering the pandemic influences experienced by the organisation.

A comprehensive self-assessment and supporting evidence was provided to the audit team prior to the onsite assessment. Taranaki Base and Hawera hospitals were visited during the onsite audit.

Areas for improvement include Pacific people's cultural safety, equity and partnership policies, quality and risk program implementation, staff training records, workforce, document management, assessments (completion and documentation)

medication management, transfer documentation, emergency management plans and infection prevention and control (surveillance).

## **Ō tatou motika | Our rights**

Te Whatu Ora - Health New Zealand Taranaki works collaboratively to support and encourage a Māori world view in health service delivery. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of Mana motuhake.

Patients and family/whānau are informed of their rights. Information related to the rights for children is displayed in the child health service.

Translation and interpreter services are provided as needed and open communication is promoted. Family/whānau and legal representatives are involved with decision making. Advance directives are considered where available.

Consumer rights and advocacy services information is on display throughout all services visited. Staff are knowledgeable about consumer rights and able to discuss how they incorporate these into interactions with patients and family/whānau. Access to advocacy and interpreter services is available and provided when this is required. Staff in all services facilitate informed choice and informed consent. In all areas visited, patients and family/whānau confirmed they are provided with information on their rights and advocacy services.

Policies, training, and the organisation's expectations ensure services provided are free from discrimination. Staff adhere to Te Whatu Ora - Health New Zealand Taranaki's code of conduct and professional requirements. Staff were observed maintaining patients' dignity and privacy and demonstrating respectful communication.

There are key leadership and operational positions, strategic documents, and programs in place that underpin the provision of health services to Māori patients and their family/whānau. At all levels of the organisation staff complete cultural competency training. Cultural safety is reflected in service delivery and outcomes for Māori patients is measured. Services to Pacific people is under development.

Patients and family/whānau have access to information on how to make a complaint. The complaints process is documented and implemented according to Right 10 of the Code. Staff were knowledgeable about the complaint process. Patients interviewed were positive about the care they received.

## **Hunga mahi me te hanganga | Workforce and structure**

Te Whatu Ora - Health New Zealand's national requirements, plans and programs are developing with links to Te Whatu Ora - Health New Zealand Taranaki. The interim district director position and a restructured senior leadership team are in place. Work is underway to ensure the strategic direction for Te Whatu Ora - Health New Zealand Taranaki is nationally aligned. The executive leadership team is actively involved in identifying and meeting the new requirements. The relationships established, and work undertaken as part of the Taranaki Regional Plan, continues to provide support and continuity to the organisation during the health reform transition period.

Te Whatu Ora - Health New Zealand Taranaki continues to demonstrate a culture of quality improvement. Clinical governance is developing. The risk management system is embedded at service level. Directorate risks are monitored by delegated senior staff. Information related to key risks is escalated through national pathways. Inpatient services are provided 24 hours a day, 7 days per week, by a trained and experienced multidisciplinary team. Teams at all levels of the organisation are supported by technology, which assists decision making using real time data. Policies and procedures are electronic with systems in place for document control.

Incident reporting is encouraged, and relevant outcomes are shared with staff, patients, and the community. Adverse events are investigated, and open disclosure occurs with patients and their families/whānau. People interviewed confirmed involvement and input into service delivery where appropriate.

Human resource processes meet legislative employment requirements. All staff have a structured orientation programme and ongoing learning, and development opportunities are available. The organisation uses systems to manage safe staffing levels.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Te Whatu Ora - Health New Zealand Taranaki service information is available through the organisation's website, and in community health services in the region. Leaflets are also available that contain information related to patient services.

Patients and family/whānau are included in the development of care plans and provision of care. Collaboration with interregional specialist services occurs and contributes to the care plan development.

Each service has implemented a model of care specific to the service type. Care is provided collaboratively with the input of a multidisciplinary team. Early changes in a patient's status are monitored and reviewed. Evaluation of the patient's care occurs appropriately.

Activities are available in each service to meet the needs of the patients.

Medications are appropriately stored, and a medication competency programme is implemented. The pharmacy supports and monitors the medication programme. The food service has a current food control plan and caters for special diets.

## **Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment**

Buildings inspected across the region vary in age. A building program is underway to replace the aged clinical services block and mental health service building whilst the new renal unit is near completion. A preventative maintenance programme is implemented. External areas are suitable for patients, staff and visitors with shaded areas and seating provided. All buildings have a current building warrant of fitness.

Contingency plans enable a prompt response to unexpected utility or plant outage. Security systems are in place and improvements planned to respond to changing security demand. Staff are trained in emergency procedures and the use of emergency equipment. Regular fire drills are facilitated.

All inpatient areas have heating and ventilation for patient comfort. Rooms are an appropriate size and allow for unrestricted patient care. A call bell system is in place to facilitate patients' access to help when needed. Lounges, quiet rooms, and open seating spaces are available for visitors and family/whānau.

The management of waste and hazardous substances meets legislative requirements. Progress in waste minimisation and recycling was demonstrated. The hospitals and grounds are smoke free.

## **Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship**

The organisation ensures the safety of patients, visitors, and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate for the size and complexity of the service. The programmes are adequately resourced by an experienced and trained infection prevention and control clinical nurse specialist who coordinates and leads the programme. The infection prevention clinical nurse specialist is supported by the infection prevention committee, a designated pharmacist, antimicrobial stewardship programme coordinator and antimicrobial stewardship committee.

Surveillance is undertaken for both the infection prevention and antimicrobial stewardship programmes with follow-up action taken as required. Advice is provided to all health professionals as needed. Infection prevention staff are involved in procurement processes, including any facility changes and new hospital building projects from an infection prevention perspective.

Staff demonstrated good principles and practice around infection prevention and control. Staff and patients were familiar with the pandemic response plan. Education is provided at the commencement of service and is ongoing.

Systems and processes are in place to safely manage waste and hazardous substances. The laundry and cleaning services are provided effectively.

## **Here taratahi | Restraint and seclusion**

There is commitment by the organisation to ensure restraint and seclusion practice is minimised. Restraint is used as a last resort after all de-escalation techniques have been utilised. In the event of seclusion, assessments are completed prior, during and post seclusion to ensure that any risks are minimised, and safety and clinical indicators maximised.

There is one seclusion room in the mental health inpatient unit. The room was visited by the audit team and found to be appropriate. All restraint and seclusion episodes are recorded in the patient's individual clinical file. The organisation continues to be involved in the national Zero Seclusion project to reduce episodes of seclusion.