

MidCentral District Health Board

Introduction

This report records the results of a Surveillance Audit of a provider of hospital services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 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:

Legal entity:	Health New Zealand
Premises audited:	Te Papaioea Birthing Centre Horowhenua Health Centre Palmerston North Hospital
Services audited:	Hospital services - Psychogeriatric services; 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: 6 December 2022 End date: 8 December 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:	286



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 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 Te Pae Hauora o Ruahine o Tararua MidCentral (Te Whatu Ora MidCentral) provides service to around 180,000 people in the region from the 342 bed Palmerston North site, the 24 bed Horowhenua Health Centre in Levin and from the eight-bed primary birthing facility Te Papaeioa in Palmerston North. Services are organised into 'clusters' and include Acute & Elective Specialist Services and Healthy Ageing and Rehabilitation, Healthy Women Children & Youth, Cancer Screening, Treatment and Support, and Mental Health & Addictions.

This three-day surveillance audit, against the Ngā paerewa Health and Disability Services Standards, included review of documents prior to the on-site audit and during the audit, including review of clinical records. Auditors interviewed managers, clinical and non-clinical staff across all services, patients and whānau. Observations were made throughout the process.

The audit identified that improvements are required in relation to quality and risk systems, staffing, orientation and training, staff performance appraisals, timely entry to services, clinical assessments and care planning, medicines management, including

identification of allergies and sensitivities, testing of bio-medical equipment and some aspects of the environment. Two of the previous required improvements related to patient identification details on clinical records, evaluation of clinical care and use of enablers have been addressed. Work is continuing in other areas identified as needing improvement.

Ō tatou motika | Our rights

There are well-established partnerships with iwi and community-based providers of Māori health services across the region. A range of initiatives are supporting the development of the Māori workforce supported by the Māori Health Directorate Pae Ora Paiaka Whaiora Hauora and the People and Culture Directorate. The Pae Ora (Māori health team) support patients, whānau and staff to provide services that meet the needs of Māori.

Work to develop a more culturally inclusive approach to service delivery was evident with an increase in roles and projects to support this. A focus on reducing inequities is also progressing.

Patients and whānau understood how to make a complaint and these were resolved effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora MidCentral has a defined organisation and district leadership structure. Strategies, priorities, and proposed system changes are defined, within a range of planning documents. A robust monitoring and reporting process was evident through the clusters and executive leadership team. The Pae Ora Paiaka Whaiora Hauora (Māori Health) remains in development as Te Aka Whai Ora developments unfold. The clinical board has recently reviewed the terms of reference to strengthen membership and reporting. The organisation has a long and strong history of an integrated model of health care with well-established community links.

Tanagata whaikaha are represented on the Iwi Māori Partnership Board and the Consumer Council. An example of a project to remove barriers for children with disabilities to access culturally appropriate health services was noted. A plan to implement the NZ Disability Strategy at MidCentral District Health Board 2020-2025 is providing direction to developments.

The quality framework is well-established through the Quality and Innovation Directorate, with the role of manager Māori health quality and service improvement working with the team along with a new improvement data analyst. A team of quality facilitators work within the clinical areas supporting clinical quality activities. Equity is a focus of all activities, although this is an area needing further development. The Wai 2575 - 'POTAE' principles are used to ensure all projects have a focus on improving Māori health outcomes and reducing health inequities. Adverse events are managed through an electronic management system with a centralised process to support timely implementation of recommendations. Essential notifications are occurring. Analysis of adverse events data has led to improvements.

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 Care Capacity Demand Management (CCDM) programme supports decision making along with the daily bed management meetings and support from the duty managers, who play a key role in making decisions around patient flow, staff placement and managing hospital services that are frequently operating at full and near full capacity.

Professional qualifications are validated prior to employment. An orientation programme is in place and a range of ongoing training and professional development opportunities are available, with many online training packages. Staff ethnicity and other data collected is securely managed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Two individual patient journeys were followed in mental health and maternity services. In addition, four systems were reviewed using tracer methodology for the deteriorating patient, falls, medication management and infection prevention and control.

Te Whatu Ora MidCentral entry and deferred rates are monitored, including rates for Māori.

Care and support plans for patients are developed by suitably skilled health professionals, with input from patients and their whānau. Assessments include review by medical staff, specialist nursing documents and tools specific to allied health. Individual needs and cultural preferences are considered. The patient's strengths, goals and aspirations are taken into consideration when developing the care or support plans. Services are implemented by trained staff in a manner which contributes to meeting the person's needs, goals and outcomes, including identified cultural needs. Patients who identify as Māori can be supported by the Māori health team.

Processes are in place to plan patient transfers and discharge. This includes collaboration with patients, their whānau, and for complex patients, the multidisciplinary team.

Medication management systems are in place to ensure safe practice across all areas of medication prescribing, dispensing, storage and administration. Guidelines and procedures are available. Pharmacy have added increased resources into medication rooms to support safe practice. Blood products and services align with national guidelines and processes. The New Zealand Blood Service is located on site and works collaboratively with the service.

Nutritional needs are met by a contracted food service which caters for dietary and cultural preferences.

Transitions, transfer and discharge are well managed.

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

Facilities, in general, meet the needs of the patient groups on the sites. Building warrants of fitness were current for all sites. There are systems in place to maintain equipment and facilities, through externally contracted and employed staff. Suitable equipment and supplies are generally available. Improvements have been made to some aspects of the environment to support cultural practices and safety.

Fire evacuation plans are in place and trial evacuations occur.

Security systems meet the needs of the site with support provided by orderlies/security staff.

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

Implementation of the infection prevention programme has been focussed on the demands of the pandemic on safe service delivery. Various plans have been developed to manage aspects of the pandemic, including some specific service level documents, with escalation plans described. Sufficient personal protective equipment is available in all patient clinical areas. The pandemic plan has been well tested with Covid-19, strategies actioned and reviewed in response to evolving situations. The infection control team provide education and support according to service area need.

The current infection prevention and control programme has been developed to meet the requirements in an acute hospital setting. A surveillance programme for infections, is in place, with external reporting as required by the Health Quality and Safety Commission and internally through to the clinical board. The surveillance programme is updated annually. Identification and monitoring of infections are occurring and reported. Appropriate communication with people who develop a hospital acquired infections occurs.

Here taratahi | Restraint and seclusion

The service has an established Restraint Advisory Group (RAG) who support the wider service with restraint minimisation in practice. Membership representation comes from all clinical areas along with security, allied health and the Māori directorate. Restraint episodes are monitored with the latest data showing a reduction in restraints of 25% across the wider service. There is a commitment towards eliminating restraint. The restraint policy is under review to reflect any changes to meet these standards

Management and staff continue to implement best practice guidelines and training to support safe de-escalation. All staff are trained in de-escalation with mental health staff, security, bureau staff and casual staff all trained in Safe Practice Effective Communication (SPEC).

The zero-seclusion project is continuing in the mental health unit with a significant reduction in the numbers of events and time spent in seclusion noted within the monthly reports sighted.