

Lakes District Health Board

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 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:	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: 7 March 2023 End date: 10 March 2023
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:	190

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 haumaruru | 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 Lakes (Te Whatu Ora Lakes) provides hospital services to a population of just over 110,000. The principal iwi in the district are Te Arawa and Ngāti Tūwharetoa. A significant number of Māori living in the area affiliate to iwi outside the district. There are two hospital sites:

- Rotorua hospital with 210 beds, and
- Taupo hospital with 35 beds.

A range of secondary care services are provided in Rotorua hospital including:

- Medical

- Surgical
- Emergency Department (ED)
- Children's health
- Mental health
- Women's health
- Older persons rehabilitation services

Taupo hospital provides:

- Medical
- Surgical
- Emergency
- Women's health

This four-day certification audit, against the Ngā paerewa Health and Disability Services Standards included review of documents prior to the on-site audit and onsite, including review of clinical records. Auditors and technical assessors 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 meeting staffing requirements, staff training and service user representation at a governance level. Improvements are also required to documentation including patient assessment, family violence screening, care planning, discharge planning, patient transfer and aspects of medication management and food storage. Seclusion debrief processes, activities planning and environment in mental health also require improvement.

Ō tatou motika | Our rights

Te Arawa Health Strategy 2020-2025 called Te Ara ki Tikitiki o Rangi was developed by ngā iwi o Te Arawa and adopted by Te Whatu Ora Lakes executive leadership team. Data from the equity outcomes dashboard for Māori showed similar rates for Māori and non-Māori on twelve areas where action has been taken to reduce inequities. Te Aka Matua at both Rotorua and Taupo hospitals has dispelled the inequity issue of Māori not knowing how to navigate the healthcare system upon entering the hospitals.

Te Whatu Ora Lakes follows the Te Whatu Ora Ola Manuia Interim Pacific Health Plan. Te Aka Matua under the tikanga of manaakitanga, ensures that Pacific patients and their families are kept culturally safe. An important aid are the Pacific nurses who inform clinicians about Pacific values, models of care and cultural expectations of Pacific patients.

Informed consent is occurring. Patients, whaiora and whānau receive information in an easily understood format and felt listened to, respected and included when making decisions about care and treatment. Whānau and legal representatives are involved in decision making that complies with legislation.

Open communication and open disclosure for more significant events is practised. Interpreter services are provided as needed.

Patients and whānau understood how to make a complaint. The process of recording in the electronic system (Datix), responding and allocation to appropriate staff members to resolve the complaint was observed. Te Aka Matua is included when appropriate to ensure equitable outcomes are achieved.

Hunga mahi me te hanganga | Workforce and structure

The previous entity Lakes District Health Board transitioned to Te Whatu Ora – Health New Zealand (Te Whatu Ora) structure from 1 July 2022 and has clarity around roles, reporting lines and involvement in regional developments. Maintaining safe and appropriate services to the district is a priority for the leadership team, who continue to make use of a range of dashboards, monitoring processes and committees that report to the group.

Te Whatu Ora Lakes Clinical Quality Governance Executive (CQGE), has terms of reference (February 2023), meets monthly, and monitors clinical quality across the organisation. This includes ensuring that reporting to external bodies is maintained, clinical quality governance is cascaded through the organisation, policies are reviewed and signed off, serious adverse events are assessed and endorsed and an equity lens to decision making is maintained. A schedule is in place for subcommittees to report progress. Te Whatu Ora Lakes Quality Management System Framework is in place, approved by the Clinical Quality Governance Executive, with the acknowledgement that this will be updated as Te Whatu Ora operational models are developed and implemented nationally.

A range of mechanisms are used to facilitate 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 provides a wealth of real time data to support decision making by those working in the Integrated Operation Centre (IOC) and in some wards/departments reviewing the model of care.

Professional qualifications are validated prior to employment. The recruitment process aligns with policy and current accepted practice. An orientation programme is in place. Ongoing training and professional development opportunities are available. Staff ethnicity and other data collected is securely managed. Māori workforce development is supported by roles and a range of training programme

Both electronic and paper records and information are appropriately stored and managed across the organisation.

Ngā huarahi ki te oranga | Pathways to wellbeing

Access to services is based on needs and this is supported by relevant guidelines and standardised processes. Where entry criteria are not met, patients/whaiora are informed of reasons and alternatives were made available. Wait times are monitored and managed.

Eight patient 'journeys' through the services were reviewed as part of the audit process. Ward areas, specialist units, such as the emergency department, operating theatres, post anaesthetic care, cardiac and intensive care, maternity and neonatal care, and mental health care were visited in Rotorua and Taupo, as part of the audit process.

Assessments and care planning are undertaken with patient/whaiora and whānau and in most instances are thorough. Evaluation of care is thorough in most instances, and early warning processes are used. There is a collaborative approach to patient/whaiora care across the multi-disciplinary team.

Appropriate activities were available to patients/whaiora in most areas. The organisation engages proactively with community organisations to enhance hospital and community integration. Te Aka Matua create opportunity for patients and whānau to participate in te ao Māori focussed activities.

Discharge and transfer were occurring. Medication management processes are in place appropriate to a secondary service, including policies and procedures, and review of all aspects of service delivery.

Food services meet the needs of patients/whaiora at both sites. There were few complaints. A dietician and speech language therapist were involved in the planning and delivery of appropriate meals which are ordered electronically.

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

Te Whatu Ora Lakes hospital facilities are designed to provide a safe and secure environment for patients, visitors, and staff. The hospital has access control measures in place to prevent unauthorised access to sensitive areas. This is achieved using identification badges and security cameras.

Building warrants of fitness were sighted and were compliant with requirements. Maintenance systems and processes were implemented to manage all buildings, plants and equipment.

The hospital has emergency preparedness plans to handle emergencies, such as fires, natural disasters, or terrorist attacks. These plans are regularly reviewed and updated to ensure they remain effective. All hospital staff receive training and education on security measures, emergency preparedness, and how to respond to security threats.

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

Te Whatu Ora Lakes hospital infection prevention (IP) and antimicrobial stewardship (AMS) programmes are comprehensive and designed to reduce the risk of hospital-acquired infections (HAIs) in patients, visitors, and healthcare workers. Staff working in the IP and AMS programmes have a patient-centric focus. The IP initiatives and projects described in the IP annual plan 2022-2023 have a clear purpose with quality of care, welfare, and safety at the centre.

A thorough assessment of the risks of HAIs in the hospital is conducted. Policies and procedures are developed based on the assessment of risks. Hospital staff are educated and trained on the policies and procedures of the infection prevention programme.

There are policies and procedures in place for the management and handling of clinical and domestic waste. This was seen to be managed well across both sites. The laundry service is provided by an appropriately accredited contracted provider. Throughout both sites the clean and dirty flow was managed well.

The hospital monitors and tracks infections to identify any outbreaks or trends. This includes tracking antibiotic use and resistance patterns. The programmes are regularly evaluated and updated based on new information and best practices. The hospital also participates in quality improvement initiatives to reduce infections.

Here taratahi | Restraint and seclusion

Restraint and seclusion policies and procedures are in place and practice reflects national standards across most areas. Oversight by the Restraint Minimisation and Advisory Committee (RMAC) is in place with executive leadership and wide representation across the service, inclusive of Māori, whānau and consumer input.

Taupo hospital has invested in low beds and provides staff with training on managing patients with delirium symptoms, to eliminate the need for restraints. Data demonstrated the commitment and work of the RMAC to eliminate the use of restraint and seclusion.

The service has a project 'Safety and Dignity for all', which is focused on zero seclusion. Resourcing and cultural input is included in planning and interventions.