

Nelson Marlborough 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 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:

Legal entity:	Nelson Marlborough District Health Board
Premises audited:	7B Willow Avenue 45B/2 Green Street Nelson Bays Maternity Unit (Te Whare Whanau) 3/246 Vanguard Street 35 Ngawhatu Road Murchison Hospital and Health Centre 110 Toi Toi Street 64 Grove Street 11 Harford Court Nelson Hospital 6 Regent Lane 12 Trolove Place Tipahi Street Mental Health Wairau Hospital 4/132 Toi Toi Street 71 Maxwell Road 72 Fergusson Street 136 McShane Road 75 Saxton Road West 19 Middlebank Drive 12 Leicester Street 46 Aldinga Avenue 22 Tasman Street 47 Weka Street 792 Main Road Stoke 154 Songer Street 158 Milton Street 90A Aldinga Avenue Alexandra Hospital 30A Warwick Street 238 Seaview Road Mental Health Admissions Unit
Services audited:	Hospital services - Psychogeriatric services; Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Mental health services; Rest home care (excluding dementia care); Residential disability services - Physical; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services

Dates of audit: Start date: 27 March 2023 End date: 31 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: 319

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 – Nelson Marlborough provides health services to the people of the Nelson Marlborough region.

A comprehensive self-assessment and supporting evidence was provided to the audit team prior to the onsite audit. Site visits included Nelson Hospital; Wairau Hospital; Motueka Maternity Centre; Alexandra Hospital; Murchison Hospital and Health Centre; 7B Willow Avenue Stoke; 72 Ferguson St; 238 Seaview Road; 46 Aldinga Avenue; 90A Aldinga Avenue; 6 Tasman Street; 22 Tasman Street, 71 Maxwell Street.

A total of nine individual patient tracers were completed across medical; surgical; child health; maternity; mental health; disability and geriatric services. Systems tracers were undertaken for infection prevention and medicines management.

Te Whatu Ora – Nelson Marlborough continues to prioritise safe patient care on a background of increasing patient demand and workforce challenges. The executive leadership team has undergone change with new positions established in keeping with national Te Whatu Ora requirements. The leadership provided is cohesive, effective, and experienced. The organisations values

and philosophies are embedded in the day-to-day service provision observed throughout all hospitals and services visited. Patients interviewed reported positively about the services they received.

Equity for Māori patients and whānau is an organisation priority. Consumer and community engagement is developed and ongoing. Relationships are formed with Pacific leaders in the community.

Quality and risk management systems are embedded and effectively managed. Risks are escalated as required. Comprehensive information is available to support decision making. A quality improvement environment is in place with programmes completed to improve patient outcomes.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and following reform of the Aotearoa New Zealand health system. The development of the Te Aka Whai Ora - Māori Health Authority and Te Whatu Ora - Health New Zealand, has informed the audit outcome. The audit was also undertaken at a time of national health workforce shortage and should be read with consideration of the national and international pandemic influences alongside recent changes experienced by the organisation.

Areas for improvement include the staffing levels, Pacific workforce, policies and plans, workforce availability, care plans, medication and discharge planning, information privacy, the environment, and antimicrobial stewardship.

Ō tatou motika | Our rights

Te Whatu Ora – Nelson Marlborough has developed policies, procedures, and guidelines to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the organisation values. Manu motuhake is respected. Patients and whānau interviewed confirmed that staff respected their right to Māori self-determination, and they felt culturally safe. Patients who identify as Māori have their ethnicity recorded during the pre-admission process or on admission if admitted acutely.

Consumer rights and advocacy service information was on display throughout all Te Whatu Ora – Nelson Marlborough services visited. Staff interviewed were knowledgeable about consumer rights and were able to discuss how they incorporate these into interactions with patients and family/whānau. Patients interviewed confirmed access to advocacy and interpreter services was

provided when requested. Services provided facilitate informed choice and informed consent and this was documented. In all areas visited, patients and family/whānau confirmed they are provided with information on their rights and advocacy services.

Staff were observed demonstrating respectful communication and maintaining patients' dignity and privacy. Electronic patient files are securely managed with regular audits undertaken to confirm information management aligns with policy requirements. However, documentation in the residential disability homes requires review to ensure all aspects of privacy is maintained.

Policies available, training undertaken, and the organisation's documented expectations, ensure patients are provided services free from discrimination. Policies and processes related to the code of conduct and professional requirements are available and staff interviewed discussed the implementation of these.

There are Māori leadership roles established and Māori support staff available to ensure culturally informed provision of health services to Māori patients and their whānau. Documents reviewed confirmed Te Tiriti o Waitangi training is completed at all levels of the organisation. A range of cultural education resources are developed, and cultural training is facilitated by experienced Māori staff. Attendance at cultural training is high and staff interviewed report satisfaction with the learning process and improved cultural competency for themselves and others. Cultural safety was reflected in service delivery provided and this was observed during the audit.

There are leaders from the Pacific community engaged to inform and advise the organisation. Ongoing work will ensure services to Pacific people is strengthened to meet the requirements of this standard. This includes the development of a Pacific workforce.

Patient interviews confirmed patients' 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 and this was confirmed onsite. Patients interviewed reported they were positive about the care they received.

Murchison Residential Aged Care – Tiaki Pakeke Noha A Murchison has a cultural policy. The charge nurse manager ensures Māori staff applicants for advertised positions, are provided with equal opportunities for all roles. All applicants are acknowledged, and information is recorded as part of the human resource management process. No residents identified as Māori on the day of the audit. Two staff identified as Māori and one is learning te reo Māori. Rooms are blessed by a staff member as needed. The

residential aged care service as part of the Primary Health Centre, has links with local Māori community groups and the local Marae.

Hunga mahi me te hanganga | Workforce and structure

There is an executive leadership team in place with all roles undertaken by suitably qualified and experienced people and delegated responsibilities. The strategic direction for the organisation is linked nationally to meet Te Whatu Ora - Health New Zealand governance and Board requirements.

Inpatient services operate 24 hours a day, 7 days per week, by a trained and experienced multidisciplinary team. All levels of the organisation are supported by technology, which assists decision making using real time and collated data. Policies and procedures are electronic with systems in place for document control. Quality and risk frameworks are in place. Risks are monitored by delegated, experienced senior staff and escalation processes are in place. The clinical governance group continues to provide clinical quality oversight and a clinical board is in place.

Incident reporting is occurring using an electronic system. Incidents are managed in a timely manner, and this was reviewed onsite. Outcomes are shared with staff, patients, and the community where applicable. Debriefing occurs and involves the multidisciplinary team. Any improvements identified are implemented and evaluated for effectiveness through an established process and this is documented. Adverse events are investigated, and open disclosure occurs with patients and their families/whānau.

Interviews confirmed appropriate people are involved in investigations including input into service delivery where appropriate.

Human resource processes were reviewed and meet legislative employment requirements. Staff have access to a structured orientation program and ongoing learning and development opportunities. The organisation uses established systems and processes alongside new approaches to manage safe staffing levels.

Ngā huarahi ki te oranga | Pathways to wellbeing

Te Whatu Ora – Nelson Marlborough provides information about regional health services via the organisation’s website. Service specific information is provided by staff to patients, residents, and tangata whaiora of each service. There are policies and procedures to guide admission, transfer, and discharge from the services. All services audited had policies and procedures to guide the admission process that was appropriate to the service type. Each service has a model of care suitable to meet the needs of the service type.

Patients, residents, tangata whaiora and family/whānau are involved in all aspects of the patient journey, including assessment, planning, and review. Care and interventions are delivered by a multidisciplinary team and are suitable to meet the set goals of the individual. Early changes in patient’s status are monitored and reviewed. Evaluation of the patient’s care occurs appropriately.

Transfers and discharges are planned and occur in collaboration with the patient, and family/whānau as appropriate. Activities available for patients are suitable for the service type.

There is a medication management system in place which is appropriate to the size and scope of the service.

Food services were provided to meet the individual needs of all persons who accessed the health care services of Te Whatu Ora - Nelson Marlborough. Dietitian input was provided where this was required. Food procurement, preparation, storage across all services met relevant regulations and guidelines.

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

There are systems and processes in place to support the provision of a safe environment for patients, residents, their whānau, staff, visitors, and contractors. The buildings across all sites vary in age. The challenges related to mature buildings is known and managed. Buildings in the community providing residential care are maintained and provide homely environments.

Planning is underway for the new clinical services block on the Nelson Campus. The challenges identified to managing patients in existing older wards and services are known and managed by the facilities team. Interviews with staff confirmed preventative maintenance is undertaken across all sites.

Emergency and disaster response plans are maintained and practised. Contingency plans enable a prompt response to unexpected utility or plant outage. Security systems are in place in all facilities visited. These are reviewed and respond to any changing need. Security personnel are trained and available to meet service demand in a timely manner. All inpatient areas have heating and ventilation for patient comfort. Patient rooms have external windows. There is a policy, systems and processes in place that supports a smoke free environment.

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

The infection prevention programme is implemented, and surveillance reports are submitted to the Health Quality and Safety Commission as required. There is an antimicrobial stewardship programme in place and suitable to the size and scope of the services provided. The pandemic plan had been implemented and reviewed as appropriate. The cleaning, laundry and sterilisation services are monitored and meet current regulations.

The management of waste and hazardous substances meets legislative and waste minimisation requirements, and this was observed onsite. Amenities are provided to meet the needs of the specific patient groups including areas for recreation, dining, playroom in paediatrics and outside areas for long-term patients. All clinical areas visited were clean. Monitoring documents and audits reviewed confirmed this occurs against cleaning standards. Linen is managed, transported, and stored safely in all areas visited.

Here taratahi | Restraint and seclusion

The executive leadership group supports the minimisation of restraint use with policies and procedures informed by best practice. Members of the executive leadership team and a consumer advocate are involved in the Restraint Minimisation Committee. The Restraint Group is also in place with a focus on promoting effective behavioural management strategies to reduce the use of restraint wherever possible. Policies and procedures are available to staff and, in all services to guide restraint practice should this occur. Staff interviewed described their commitment to restraint minimisation and upholding the dignity of the tangata whaiora in their care. The restraint coordinator is a defined role undertaken by a senior leader. The restraint committee meet with service representatives to ensure information is consistent across all services.

All restraint incidents are reviewed by the service where the restraint occurred. An investigation is completed, and the information is provided to the Restraint Committee. Data captured from each event is entered into the incident/accident register. Working groups are established when a service delivery gap is identified. Actions identified are managed to ensure a quality improvement focus is maintained.

Staff are trained in Safe Practice Effective Communication on commencement of employment and training is ongoing.