

# Bay of Plenty 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 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:

<b>Legal entity:</b>	Bay of Plenty District Health Board
<b>Premises audited:</b>	Tauranga Hospital  Whakatane Hospital
<b>Services audited:</b>	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
<b>Dates of audit:</b>	Start date: 4 July 2023      End date: 7 July 2023
<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>	431



# 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 Hauora a Toi Bay of Plenty (Te Whatu Ora Hauora a Toi Bay of Plenty) provides services to around 300,000 people in the region from the 261-bed site at Tauranga, the 97-bed site at Whakatāne and the 12-bed recently acquired Bethlehem Birthing Centre. Clinical services include mental health and addictions, medical, surgical, Health in Aging and rehabilitation, paediatrics and maternity, supported by a range of clinical support services and teams.

This four-day certification audit, against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (Ngā Paerewa), included review of documents prior to the on-site audit and during the audit and review of clinical records. Auditors and technical expert assessors interviewed managers, clinical and non-clinical staff across services, patients/tāngata whaiora and whānau. Observations were made throughout the process. All three sites were visited.

The audit identified that improvements were required in relation to advance directives, consumer input into service delivery, clinical governance, aspects of the quality system including management of adverse events, staffing requirements, training, orientation and performance review. Several areas require improvement to meet the standards in the pathways to wellbeing. These include timely access to care, assessment, care planning and implementation of care, safe transfer of patients, medicines management and the food services. Several facilities are not fit for purpose including mental health services and the emergency department, and areas being used to accommodate extra patients due to increased demand. Improvements are required to ensure emergency equipment is regularly checked, that the infection control team are involved in any changes to new and/or change in purpose areas and processes, and that restraint minimisation and safe practice meet the current revised standards.

## **Ō tatou motika | Our rights**

Te Whatu Ora Hauora a Toi Bay of Plenty recognises Te Tiriti o Waitangi and supports Māori patients and whānau in the practices of mana motuhake. Poukokiri from Te Pare o Toi Māori Health Services work across all services, supporting patients and clinicians to provide interventions with Māori that are culturally safe. Staff have completed cultural training.

For Pasifika patients and families, cultural support is provided by Pacific staff with support accessed from local Pacific communities and networks, in most areas.

A focus on identifying barriers to equity and improving inequities was evident through a range of projects and representation on committees, groups and projects and through the leadership structure. Ethnicity data is used to guide decision making and monitor progress in achieving equitable service delivery and outcomes for Māori.

Patients and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, and dignity are respected and supported. Patients are free from abuse.

Patients and whānau received information in an easily understood format and felt listened to and included when making decisions about care and treatment. Informed consent was occurring as and when appropriate. Open communication and open disclosure were practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision making that complies with the law.

Complaints management policies and procedures were known to staff, with information on how to make a complaint provided to patients/whānau. Complaints are managed as required under the Code with improvements made where possible.

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

Te Whatu Ora Hauora a Toi Bay of Plenty is working through the change to Te Whatu Ora - Health New Zealand structure in line with national and regional guidance and developments. A regional approach was evident in many areas of service delivery.

Strategies, priorities, and proposed system changes were defined, within a range of planning documents. A robust monitoring and reporting process occurs through the leadership team, regionally and nationally. Te Pare o Toi (Māori health service) supports cultural developments and equity for Māori, working in partnership with staff across the services. The kaupapa Māori ward provides a culturally safe tikanga-based approach to care delivery with a focus on manaakitanga.

Input from the consumer council was under development. The clinical governance committee continues to develop.

A well-established quality and risk management framework demonstrated a commitment to patient safety, improvement and a risk-based approach with a range of projects based around the Health Quality and Safety Commission (HQSC) programme and other priorities. Risks were well managed at the service/cluster level with regional and national developments in progress. An equity improvement focus was evident. Recommendations resulting from review of incidents/events, audit activity and projects were followed through to completion. Essential notifications were completed.

The electronic 'hospital at a glance' is used to inform managers of the staffing of areas on an ongoing basis, to manage the risk associated with the numbers of staff 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). A strong focus on recruitment, retention and support across the region was evident.

Professional qualifications were validated prior to employment. Generic as well as area and role-specific orientation programmes were in place and a wide range of ongoing training and professional development opportunities were available. Māori workforce development was supported by roles and a range of training programmes.

Clinical records are a mix of electronic and paper and were of an acceptable standard.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Patients access services based on need, guided by relevant pathways and guidelines.

Care is provided by the multidisciplinary team. Informed choice underpins the provision of care which was planned and undertaken in partnership with patients and their whānau. Progress notes, shift handovers and weekday rapid rounds were predominantly used to identify and communicate patients' needs including those related to discharge. Cultural supports were provided.

Patients were encouraged to participate in activities to support recovery and community integration.

Medication management processes were appropriate to a secondary service. Policies and procedures guide all aspects of service delivery for medicines and blood products in the district. Medicines were safely stored, prescribed and administered in most instances. Staff training supported competency requirements.

Food is managed through a contracted service at Tauranga and employed staff at Whakatāne and the Bethlehem Birthing Centre. The menus in use have been reviewed by a dietitian.

This service provides electroconvulsive therapy (ECT) at Tauranga Hospital but not at Whakatāne Hospital. Whaiora (patients) must either travel for this treatment or be admitted to Tauranga Hospital. This was managed safely in line with best practice.

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

Building warrants of fitness and fire compliance certificates were current. Plant, equipment and biomedical equipment was tested regularly as required. Planned and unplanned maintenance was well managed.

Fire and emergency evacuations were planned and practised by all staff. Staff were kept up to date with emergency and security procedures which were practised regularly. A significantly increased security presence was supporting a safer environment for staff, patients and whānau. Any security events were recorded and analysed to identify causes and opportunities for improvements.

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

The infection prevention and control programme is facilitated by a team of experienced infection prevention and control nurses with the support of the infection prevention and control committee. Clear lines of communication were evident, with the infection prevention and control committee reporting to the clinical governance committee as the governance group.

The infection prevention and control annual plan is developed and agreed by the infection prevention and control committee. It included objectives, monitoring of antimicrobial use, surveillance, audits of the environment, staff practices and processes.

Surveillance of health care-associated infections and the antimicrobial stewardship programmes are appropriate to the size and scope of the service and have been implemented as planned.

Policies are in place for the management of waste, cleaning and laundry services.

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

The service has restraint minimisation and safe practice co-ordinators for both mental health and general hospital services. These co-ordinators have formed committees to further the service's commitment to the elimination of restraint and seclusion. Restraint events over the last three years in the mental health services showed a great deal of variation, impacted by the mental health service environments and patient acuity. Where restraint is used this was done so safely and as a last resort. Restraint episodes were reviewed according to the required parameters. Debriefs occurred for those involved.

The mental health service is working towards zero seclusion. There was a zero-seclusion group with two designated staff in Te Whare Maiangi (the acute mental health unit) who lead work across the service, including providing alternative spaces and removing unfit areas previously used as seclusion rooms. Seclusion only takes place in a designated and approved room. Reviews of any seclusion used occurs, with recommendations and data reported to the respective clinical governance groups and to the clinical governance board. The rate of seclusion has decreased over the past two years with a noticeable reduction in the number of hours spent in seclusion demonstrated.

Night safety orders are not used.