

Te Whatu Ora – Health New Zealand Te Pae Hauora o Ruahine o Tararua MidCentral

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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Health New Zealand
Premises audited:	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: 21 November 2023 End date: 24 November 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: 330

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 tātou 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 Te Pae o Ruahine o Tararua MidCentral (Te Whatu Ora Te Pae o Ruahine o Tararua MidCentral) provides services to around 191,000 people in the region from the 24-bed Horowhenua site at Levin and the 394-bed site in Palmerston North. Clinical services include mental health and addictions and psychogeriatric services, medical, surgical, assessment, treatment 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, included review of documents prior to the on-site audit and during the audit, including review of clinical records. Auditors and technical expert assessors interviewed managers and clinical and non-clinical staff, patients and whānau across services. Observations were made throughout the process.

The audit identified that improvements were required in relation to Māori leadership and the ability to embed mana motuhake, planning for and meeting the needs of Pacific peoples, family violence intervention screening, implementation of 'shared goals of care' processes, clinical governance, timely management of serious adverse events, meeting staffing requirements, and completion of performance reviews. Improvements are also required in relation to timely and appropriate access to services, cultural and spiritual assessments and planning of care, aspects of medicines management and the food service, and facilities and testing of electrical and bio-medical equipment.

Ō tātou motika | Our rights

Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral is aware of its obligations under Te Tiriti o Waitangi and supports Māori patients and whānau with their care through the Pae Ora Māori health team and linkages to iwi and Māori services in the community. Staff have completed tikanga and cultural training and there is a strategy to increase the numbers of Māori in the workforce.

With respect to Pacific peoples, cultural support is largely provided by family and church members with some support from staff members, when available. There are links to Pacific agencies in the community.

A focus on identifying barriers to equity and improving inequities was evident through a range of projects and representation on committees, groups and projects. 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 and whānau receive 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 in place and known to staff, who communicate this information to patients and whānau. Patients and whānau understood how to make a complaint.

Hunga mahi me te hanganga | Workforce and structure

Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral is working through the changes to the structure of Te Whatu Ora – Health New Zealand 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 are defined, within a range of planning documents. A robust monitoring and reporting process occurs through the operational leadership team (OLT), regionally and nationally. Good engagement with the Māori Iwi Partnership Board and the impending appointment of a leadership role as part of the OLT is supporting cultural and equity developments.

Input from the consumer council is well established with effective participation of members in committees, projects and other forms of planning and evaluation. Tāngata whaikaha are also represented and involved in decision-making.

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 are managed, aligning both regional and national developments. An equity improvement focus was evident. Recommendations resulting from review of incidents/events and projects were followed through to completion. Essential notifications were completed.

A range of mechanisms are used to assist the service with planning and facilitating staffing with consideration of patient acuity and needs. The Care Capacity Demand Management (CCDM) programme provided 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 developing the workforce was evident.

Professional qualifications are validated prior to employment. An orientation programme was in place and a wide range of ongoing training and professional development opportunities 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. Waiting times are monitored. Information about services is available in multiple formats.

Patients were assessed by the qualified multidisciplinary team using validated assessment tools. Informed choice underpins the development of individualised care or support plans, developed in partnership with patients and their whānau. The care provided was well documented. Processes were in place to plan patient transfers and discharge. This included collaboration with patients, their whānau and, for more complex patients, the multidisciplinary team. Discharge planning occurred from admission onwards.

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

Medicines were generally managed appropriately with some exceptions requiring improvement. Blood and blood products were prescribed and administered in accordance with policy.

Food services are provided by a contracted service.

This service provides electroconvulsive therapy (ECT) on site. 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. The physical environments, both internal and external, were accessible, safe and promoted safe mobility. Building maintenance was well managed.

Fire evacuation schemes are approved, and regular trial evacuations are observed and signed off by FENZ. Fire safety and emergency management training is mandatory for all staff. Appointed fire wardens receive training for their role. Security personnel were visible and security management was appropriate for the numbers and types of incidents experienced.

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

The infection prevention and control programme is managed by a team of experienced infection control specialists, a nurse manager and a registered nurse (RN). Clear lines of communication were evident, with the infection prevention and control committee chairperson reporting to the clinical advisory board, as the governance group.

The infection prevention and control annual plan is developed and agreed to by the infection prevention and control committee. The 2022 programme has been rolled over for 2023 and includes objectives, monitoring of antimicrobial use, surveillance, audits of the environment, and staff practices and processes. Infection prevention personnel are consulted as and when needed, as are cultural advisors.

Surveillance of health care-associated infections (HAIs) and the antimicrobial stewardship programmes are appropriate to the size and scope of the service and have been implemented as planned. Those with infection prevention and antimicrobial stewardship expertise monitor antimicrobial treatments.

The environment was clean and facilitates the prevention and mitigation of transmission of infections.

Here taratahi | Restraint and seclusion

The service has a restraint minimisation and safe practice approval committee who are committed to elimination of restraint and seclusion. Staff have been trained in the least restrictive practices, de-escalation techniques, safe practice, and cultural-specific interventions. The restraint policies and procedures define roles and responsibilities around restraint and are based on best practice.

Restraint events have continued to reduce over the last six months. Where restraint is used, this is done so safely and as a last resort. All restraint episodes were reviewed according to the required parameters. Debriefs consistently occur for those involved within the mental health and psychogeriatric areas, with other areas receiving further support with implementation of this process.

The service is working towards zero seclusion. Seclusion only takes place in a designated and approved room. Each event is reviewed and evaluated following the event with documentation that supports all requirements of the standard. Reviews of seclusion occur six-monthly with recommendations and data reported to the governance groups. The rate of seclusion along with the total number of seclusion hours, has decreased over the past eight months, including having three months with zero seclusion recorded.

Night safety orders are not used.