

# Health New Zealand Te Whatu Ora Tairāwhiti

## 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 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:

<b>Legal entity:</b>	Health New Zealand
<b>Premises audited:</b>	Gisborne Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 18 June 2024    End date: 20 June 2024
<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>	92

# 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 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

Health New Zealand – Te Whatu Ora Tairāwhiti (Te Whatu Ora Tairāwhiti) provides services to around 51,500 people in the region. Clinical services include mental health and addictions, medical, surgical, paediatrics and maternity, supported by a range of clinical support services and teams.

This three-day surveillance 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 interviewed managers, clinical and non-clinical staff across services, patients and whānau. Observations were made throughout the process.

The audit identified that improvements were required in relation to the development of Māori leadership, recognition of mana motuhake and improving outcomes for Māori, services for Pacific peoples, documentation of goals of care, timely resolution of complaints, clinical governance, quality systems, including risk management and adverse events, staffing requirements, orientation, training, and staff performance reviews. Improvements are also required in relation to clinical records, assessment and care

planning, some aspects of medicines management, and discharge planning in surgical and mental health services. There are aspects of the facility that require maintenance and storage space remains problematic. Antimicrobial stewardship (AMS) and management of multidrug-resistant organisms require further development. Staff education on the use of bedrails as a restraint also requires improvement.

Improvements have been made in several aspects of the above areas, with further work required. Previous required corrective actions fully addressed and closed include the food service, testing of biomedical equipment, storage in the central sterilising service (CSSD) and some aspects of the AMS programme.

## **Ō tātou motika | Our rights**

Te Whatu Ora Tairāwhiti recognises Te Tiriti o Waitangi and for some turoro (patients) and their whānau, their mana motuhake was recognised through cultural support.

Patients and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld, including informed consent. Patients were free from abuse or neglect. Property was respected. Employees maintained professional boundaries.

Patients and whānau understood how to make a complaint and these were addressed and resolved, using an equitable process for Māori. The complainant was informed of the findings.

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

Te Whatu Ora Tairāwhiti was working through the ongoing changes to the Health New Zealand – Te Whatu Ora structure in line with national and regional guidance and developments. A regional approach was evident in many areas of service delivery. Legislative, contractual and regulatory requirements were being managed nationally and regionally. Health New Zealand – Te Whatu Ora sets the direction and goals, and monitoring occurs within the district, regionally and nationally.

Developments are progressing to support district clinical governance with good linkages to the regional clinical board.

A 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 being escalated to the district and regional leadership, with regional and national developments in progress. The principles of the National Adverse Events Reporting Policy were followed, with recommendations resulting from adverse events reviews followed through to completion. Essential notifications were completed.

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 provided a wealth of real-time data to support decision-making by those working in the Integrated Operation Centre (IOC). Competencies, skills and qualifications are defined and support effective service delivery.

Professional qualifications are validated prior to employment. An orientation programme was in place and a wide range of ongoing training and professional development opportunities made available. In several areas, employees are provided with opportunities to discuss and review their performance.

## **Ngā huarahi ki te ora | Pathways to wellbeing**

Patients were assessed by members of the multidisciplinary team using validated assessment tools. Informed choice underpins the development of individualised care and support plans, developed in partnership with patients and their whānau. Cultural values and beliefs were considered and incorporated into care delivery. Care plans were documented using structured hard copy tools, pathways and records.

Interventions were implemented to ensure goals and needs are met. Regular review and reassessment of progress occurs, with changes to care initiating in collaboration with the patient/whānau and the multidisciplinary team. Processes are in place to plan patient transfers and discharge.

Medicines and blood products were prescribed, administered, stored and disposed of safely in each clinical setting visited.

Food was safely managed through a contracted service and met the nutritional needs of patients.

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

Building warrants of fitness were current. Plant, equipment and biomedical equipment were tested regularly as required. The physical environments, in general, were fit for purpose, and culturally inclusive.

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

The infection prevention and control programme is well established with two clinical nurse specialists leading the programme, which has been approved by the clinical governance committee. It is linked to the quality improvement programme and reviewed and reported on annually. Infection prevention education has been provided to all employees as part of orientation and ongoing based on roles, responsibilities and types of service provided. The service acts as a resource for, and provides training in, the wider district on specialist infection prevention topics.

Surveillance of health care-associated infections is appropriate to the size and scope of the service and has been implemented as planned. Results of surveillance and recommendations to make improvements were evident and reported to the governing group.

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

Te Whatu Ora Tairāwhiti is committed to eliminating the use of restraint and seclusion through using the least restrictive practice. This was supported by its involvement with the national restraint committee. Re-establishment of the restraint committee across the organisation is progressing with the current restraint group led by the clinical nurse manager (CNM) from Te Whare Awhiora (mental health services).

Employees are trained in least restrictive practices, safe practice, the use of restraint, alternative cultural-specific interventions and de-escalation techniques, as confirmed in training records sighted and from staff interviewed. All security staff complete the Safe Practice Effective Communication (SPEC) training.