

# Health New Zealand -Te Toka Tumai Auckland

## 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>	Auckland City Hospital  Buchanan Rehabilitation Centre
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 24 September 2024    End date: 27 September 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>	1158



# 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 Te Toka Tumai (Te Toka Tumai) provides services to around 545,000 people in the district, across the region and nationally from the 1345 beds across Auckland City Hospital, Starship Children's Hospital, Greenlane Clinical Centre and the Buchanan Rehabilitation Centre. Clinical services include mental health and addictions, medical, surgical, the reablement service (assessment, treatment and rehabilitation), paediatrics and maternity, supported by a range of clinical support services and teams.

This four-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 family violence intervention screening, management of complaints, staffing requirements, staff performance reviews, some aspects of patients' assessments, maintenance of facilities and monitoring of antimicrobial use. Te Toka Tumai has focused on all areas requiring improvement since the certification audit, with

nine areas fully addressed and closed and others requiring further development. Improvements have been made to surgical consent procedures, management of privacy and information, aspects of quality systems, including timely management of adverse events and medicines governance, integration of records, several aspects of the patients' assessment and care planning process, medicines management and safe storage of patients' food in ward areas.

Three other areas were reviewed during the audit in relation to either bed reconfigurations or an increase in staffing resources to allow increased bed capacity: the intensive care unit (ICU) Starship Hospital; the cardiovascular intensive care unit (CVICU) and department of critical care medicines (DCCM). There has been no increase in actual beds available in the CVICU, but rather an increase in beds resourced (that is, an increase in budgeted staff to utilise beds already available). There have been no facilities changes. In the DCCM visited there have been minor alterations, within the existing footprint to accommodate two additional beds. These are used for 'high dependency' patients (requiring two patients to one registered nurse). An additional four paediatric ICU beds in Starship Hospital have been added, again with no change to the facility footprint. Staffing is available to 'flex' as required to meet need. The increase in staffing resources/beds in these three intensive care areas are all part of the government's increase in funding for critical care and capacity nationally. All areas were fit for purpose and adequately resourced.

## **Ō tātou motika | Our rights**

Te Toka Tumai recognises Te Tiriti o Waitangi and supports Māori patients and whānau in the practices of mana motuhake. He Kāmaka Waiora Māori Health Services roles work across all services, supporting patients and clinicians. They provide interventions that are culturally safe. On the other hand, Māori health equity leads in the Māori health provider services identify and resolve inequity issues in various directorates.

For Pacific patients and families, their worldviews, culture and spiritual beliefs are supported by the Pacific health directorate made up of three services.

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, at the time of audit, any complaints were being addressed and resolved in accordance with the Code, using an equitable process for Māori. The complainants were informed of the findings.

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

Te Toka Tumai is continuing to respond to the ongoing health reforms from the Pae Ora (Healthy Futures) Act 2022, the establishment of Health New Zealand – Te Whatu Ora and the more recent appointment of a commissioner, deputy commissioners and regional deputy chief executives. A regional approach was evident in many areas of service delivery. Legislative, contractual and regulatory requirements were being managed. Health New Zealand – Te Whatu Ora sets the direction and goals, with five district strategic priorities based around these areas. Monitoring occurs at the directorate level and by the group leadership team, senior leadership team, and clinical quality safety committee, regionally and nationally.

Two of the five strategic priorities focus on Te Tiriti o Waitangi and reducing inequities. The chief advisor tikanga leads the organisation in managing relationships with mana whenua and iwi Māori from a tikanga perspective, provides assistance in managing Te Tiriti o Waitangi risks, and provides cultural advice and services on all matters Māori to the staff of Te Toka Tumai Auckland. Operationally, there are a raft of Māori roles focused on patient/whānau care and supporting staff operating within directorates.

District clinical governance is managed through the clinical quality safety committee (CQSC).

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 managed, aligning regional and national developments. The principles of the National Adverse Events Reporting Policy are 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 is well embedded and 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 supported effective service delivery.

Professional qualifications are validated prior to employment. Generic and area-specific orientation programmes were in place and a wide range of ongoing training and professional development opportunities made available.

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

Patients were assessed by the qualified 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 included the individual's aspirations, where appropriate.

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 varied 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 were fit for purpose, and culturally inclusive.

Fire and Emergency New Zealand (FENZ) approved evacuation plans were in place. New building work is assessed as to whether the area requires a temporary or new evacuation plan. No changes have been required for the intensive care areas undergoing minor reconfiguration. Fire drills are occurring.

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

The infection prevention and control programme has been developed by a team of experienced infection control specialists and approved by the clinical governing body. 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 services provided.

Surveillance of health care-associated infections was appropriate to the size and scope of the service and had been implemented as planned. Results of surveillance and recommendations to make improvements were evident and reported to the clinical governance group (CQSC). Antimicrobial stewardship surveillance work is progressing.

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

The clinical quality and safety committee and the restraint elimination and safe practice committee demonstrated commitment towards eliminating restraint. Restraint events have continued to reduce over the last year. Employees have completed appropriate training to ensure the least restrictive and safe practice, cultural-specific interventions and de-escalation techniques.