

Hawke's Bay District Health Board

Introduction

This report records the results of a Certification Audit of a provider of hospital services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Hawke's Bay District Health Board
Premises audited:	Central Hawkes Bay Health Centre Hawke's Bay Hospital Springhill Treatment Centre Wairoa Hospital & Health Centre
Services audited:	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
Dates of audit:	Start date: 12 April 2016 End date: 15 April 2016
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:	247

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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

General overview of the audit

Hawke's Bay District health Board (HBDHB) provides services to around 160,000 people in the Hawke's Bay district. Hospital and residential care services are provided from Wairoa, Napier, Central Hawke's Bay and Hastings, where the base hospital of 398 beds is located. Hospital services include medical, surgical, maternity, paediatric, mental health, and assessment treatment and rehabilitation services.

This four day certification audit, against the Health and Disability Services Standards, included an in depth review of the organisation's systems, nine patients' care and two clinical systems using tracer methodology. During this process auditors reviewed a sample of clinical records and other documentation, interviewed patients and their families, interviewed managers, clinical and allied health staff across a range of roles and departments, and made observations. The sites visited as part of this audit were Wairoa Hospital, the Hastings Hospital and Springhill Treatment Centre, based in Napier.

Twenty one areas for improvement were identified. These relate to documentation of aspects of consent, ensuring verbal and visual privacy, family violence screening, staff understanding of the effects of discrimination in relation to mental illness, reporting of

events, currency of policies, credentialing of some staff, training, completion of staff performance reviews, allied health vacancies and ensuring that all parts of the record are secured and properly labelled. Improvements are required in some aspects of patients' assessment and identification of patients' goals, the care planning process, and documentation of evaluations and discharge planning. Several improvements are required in relation to management of medicines. The menu at Central Hawke's Bay needs review and the monitoring of fridges where food is stored needs improvement. In relation to the environment, improvements are required to ensure that electrical equipment is tested as needed, that evacuation drills and fire training is completed and that face protection equipment is available and used in dirty utility areas.

Consumer rights

Consumers report respectful care and attention, an awareness of their rights, as defined in the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), along with sufficient information to make informed choices and provide consent.

The new inpatient mental health facility enhances the dignity and independence of patients with their ability to control access to their rooms through the use of swipe card access. Patients within the mental health service were positive about their care, treatment and communication with staff.

Patients and families interviewed were satisfied with the care and services provided. Patients felt safe and secure across the services. Barriers to accessing care are addressed innovatively. There is a daily hospital bus service between Wairoa and Hastings hospitals to reduce travel barriers for patients in this more remote area. A proactive Maori health team and Pacific liaison service facilitate care in a supportive advocating role.

Examples of good practice were noted across the organisation. Of particular note is the maternity service programme implemented around smoking cessation which has resulted in reduction of smoking in pregnancy for all participants and a greater rate of sustained smoke free status for Maori women.

Communication with patients and families is open and honest and examples of open disclosure, when necessary, were evident. Access to interpreter services is available. Complaints are well managed in line with Right 10 of the Code. Patients knew how to make a complaint and complaints have been resolved within the required timeframes. Learning from complaints was evident.

Organisational management

The directorate model of leadership, introduced around two years ago is now fully functioning and proving an effective model for the organisation. The DHB has an executive management team with representatives from across the health sector which is a particular strength of the organisation, with many roles and projects shared across the sector leading to an innovative and integrated approach to delivering services. Planning processes and documents also reflect this approach with advice and monitoring from the sector wide Maori Relationship Board; Consumer Council; Clinical Council and the Pacifica Health Leadership Group.

The role of director of quality improvement and patient safety reports directly to the chief executive officer reflecting the organisation's commitment to the patient experience and to continuous improvement. Improvement advisors and other quality specific roles work alongside the directorates in supporting positive engagement by staff in quality improvement work. Effective systems are in place to integrate the various components of quality and risk management, with a review underway of the committees and their responsibilities. Adverse events, particularly those of a more serious nature, are well managed. Data literacy is another strength of the organisation with the availability and use of data to support projects, make improvements, monitor trends and address issues where they arise.

Systems around management of risk have improved over the past 18 months with a greater awareness at directorate and unit level, supported by changes to the electronic means of documenting and reporting risks.

Consumer and family involvement within the mental health services is functioning well with advisors reporting participation from a unit level through to strategic and governance levels of the organisation.

Systems around recruiting, orientating and credentialing of staff are robust and well documented in personnel files. There have been improvements made to the recording of mandatory training and this is being well completed, in most cases.

Staffing is effectively managed to meet demand with an integrated operations centre for the overall coordination of matching staff to demand. The centre uses the care capacity planning tool to predict demand and monitor the flow of patients.

The management of clinical records meets requirements and, in general, progress notes are well completed tracking the patients' care.

Continuum of service delivery

Patients' access to service is based on needs and is guided by policy. Waiting times are managed and monitored. Risks are identified for patients using screening tools. Pre-admission assessment processes are used where appropriate. Entry is only declined if the referral criteria are not met, in which case the referrer is informed of the reasons why and informed of alternatives available.

Nine patients' 'journeys' were reviewed as part of the audit process and involved emergency, intensive care, surgical, medical, paediatrics, maternity, mental health, older persons health departments and wards, including the coronary care unit and operating theatres. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients and consumers, and family members.

A qualified and skilled multidisciplinary team provides services to patients and there were good examples of teamwork throughout clinical areas. Access to appropriate staff is available in most cases. Shift handovers and transfers are efficiently managed.

Assessments are commenced at the first point of contact in most areas. The assessments are timely with the results reviewed, discussed and actioned as appropriate. This was supported by patients and family members interviewed. Admission assessment tools utilised are based on best practice.

Best practice care planning tools and pathways are used across the services, including multidisciplinary team review. Most areas were using the early warning score (EWS) to prompt triggers when a patient's condition deteriorates. Evaluation is timely, comprehensive and efficiently managed. Staff provide a verbal handover when patients are transferring between departments. Activities meet the requirements of the individual patients and these are particular to the various specialty settings.

Medication is generally well managed. Pharmacist resources have been increased into medication reconciliation with good primary and secondary involvement. Patient are satisfied with the meals provided. There is access to special diets to support individual dietary requirements.

Safe and appropriate environment

Facilities across the sites meet the needs of the various patient groups and are generally well maintained, despite minimal planned maintenance over the past two years. The new mental health unit on the Hastings site provides a contemporary, safe and comfortable environment for patients. All sites have a current building warrant of fitness or certificate of public use, in the case of the new mental health unit.

Reactive maintenance of equipment and facilities is prioritised with staff reporting that this service is responsive to their needs and that there is enough of the right equipment to support good practice. Planning for all types of emergencies is well developed and suitable equipment and supplies are available.

Cleaning and laundry are well managed, with a particularly high standard of cleanliness noted in all areas visited. Management of waste and storage of chemicals and hazardous substances meets requirements with staff trained to manage any related emergencies. Sufficient toilets and personal spaces are available. Patient areas have adequate natural light, heating and ventilation. The sites are smoke free. Security is well managed across the facilities with a range of technology and trained personnel available as and when needed.

Restraint minimisation and safe practice

The recent review of the restraint policy and restraint committee terms of reference demonstrates an understanding and intent that the use of restraint is actively minimised. The restraint and seclusion report shows a reduction in the numbers of restraint for 2014 and 2015. Restraints are used as a last resort and distraction and diversion methods are used in the first instance.

Staff were observed to follow the use of an enabler process.

The new purpose built acute mental health unit has a secure area with two purpose built seclusion rooms. The restraint policy states the mental health inpatient setting is the only approved setting for seclusion.

Infection prevention and control

The HBDHB has an effective infection control programme in place to manage the environment which minimises the risk of infection to patients, staff and visitors. This experienced infection prevention and control team have developed close collaborative working relationships between primary, secondary and community care services.

A surveillance programme is in place to monitor infections. Monthly surveillance data is reported to the infection control committee with variances reported. Surveillance data is collated with expert analysis for developing trends and recommendations are made to guide prevention practices. Transmission based practices were reviewed in depth and found to be consistently utilised and well managed.