

# Auckland District Health Board - Mental Health

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## Current Status: 1 October 2013

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification Audit conducted against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008) on the audit date(s) specified.

## General overview

Auckland District Health Board (ADHB) mental health services serve a population of 440,000 people. The in-patient mental health services consist of four inpatient units - Te Whetu Tawera, Fraser McDonald Unit, Buchanan Unit and the Child Family Unit. Te Whetu Tawera is a 58 bed adult acute unit comprised of three wards - Te Whitianga, which is a 23 bed ward; Te Kakenga, which is a 23 bed ward; and Te Tumanako, which is a 12 bed intensive care secure ward. The Fraser McDonald Unit is for older persons and has a 15 bed capacity. The Child Family Unit has 25 beds. The Buchanan Unit is a rehabilitation unit with 40 beds.

## Audit Results as at 1 October 2013

### Consumer Rights

The ADHB mental health service provides care that is respectful of consumer rights. Systems are in place to respect consumer rights during treatment and staff are trained to comply with consumer rights legislation.

Consumers receive culturally safe services which recognise their ethnic, cultural and spiritual values, and beliefs. The service has policies that define ethical and professional boundaries, communication standards and expectations around cultural and social values, and the rights of the patient. The Kai Atawhai team facilitates consumer and whanau needs to strengthen their cultural identity and Maori models of health. Maori advisors are available to support tangata whai ora and whanau. The ADHB has links with the Lotofale to support Pacific peoples.

The service has a policy of open disclosure whereby adverse events are managed in a full and frank manner. Communication during this process would be enhanced by a greater consistency in documentation across the service. This is an area requiring improvement.

The staff follow a comprehensive policy to enable consumers to make an informed choice about their health care, including advance directives. One area for

improvement is raised in relation to the documentation of verbal consent for treatment and interventions.

Consumers, and where applicable their families, are provided with advocacy, and support is routinely available. Consumers and families know how to access the services of their choice.

There are rules and regulations around visiting however the service makes every effort to accommodate the needs of families that live out of the region.

Consumers receive information packs that include the procedure for making a complaint. Internal process for the management of complaints is robust and staff are aware of their responsibilities and accountabilities.

### **Organisational Management**

Collaboration is occurring on many levels between the ADHB and Waitemata District Health Board and a steering group is operational. In mental health services, a joint general manager has taken over responsibilities for both DHB mental health services.

There is a focus on strengthening leadership of the clinical teams and the executive leadership group report the benefits of this have been in improved and faster communication. Reports providing information for each service are used by managers to monitor services. Monthly reports go to the clinical board and are also reviewed by senior managers. High risk issues are reported to the hospital advisory committee and then the board.

The ADHB mental health and addiction services improvement group provide oversight of quality and risk management. Quality improvement methods include training staff in project management and improvement. For example, staff have been involved in the 'de-cluttering' of wards and have standardised medication rooms. Various projects have reviewed and improved services. These include: a redesign of the child and adolescent health service with an upgrade of the Child and Family Unit; mental health team involvement in the ADHB dementia project; a facility redesign of the Fraser McDonald Unit; and the Buchanan Rehabilitation Centre team model is now using a multidisciplinary team structure. Also of significant note is the introduction of sensory modulation, which has improved the environment and is reducing the need to seclude patients as frequently.

Policies and procedures are in place for the mental health service, in addition to the extensive library of documents available to staff as part of ADHB. The system to manage policies is evident, however one policy was identified as needing clarification to better guide practice.

When an improvement in an area is required various processes are in place to manage this. How effective this is, in ensuring the action is completed and has addressed the issue, varies across the organisation and this requires improvement.

There is a consumer and family advisor who has involvement at various levels in the mental health service to ensure the consumer and family voice is heard.

Staff are required to attend an ADHB generic orientation day and orientation to the mental health service. Training is provided which includes mandatory and 'peoples' choice' opportunities. Mandatory training in most areas is well attended, however this is not the case in all areas and this is identified as an area requiring improvement.

Management and nursing staff report that nursing vacancies continues to be difficult to fill in the adult acute areas. A recent review of vacancies in Te Whetu Tawera has resulted in a new programme where experienced staff are being rotated six monthly into the Intensive Care Unit in order to provide more experienced nurse expertise in ICU and spread the vacancies across the 3 Te Whetu Tawera wards. Bureau staff assist to fill vacancies, however it is often not possible to meet all the needs, and this needs further improvement. Other areas of mental health service report adequate staffing numbers for their current bed numbers.

The ADHB's information management system department has oversight and an advisory role of all electronic records and hard copy records. The primary client record is electronic with referral and correspondence remaining hard copy. There is a patient information analyst who completes mental health record coding, audits and review of physical storage.

### **Continuum of Service Delivery**

Three consumer journeys were followed through mental health services in Te Whetu Tawera (the acute adult and intensive care inpatient service), Fraser McDonald Unit (older persons' acute inpatient mental health), the Buchanan Rehabilitation Centre (a sub-regional rehabilitation unit), and the Starship Child and Family Unit (a regional service). Additionally two other consumer journeys were reviewed focusing on medication and infection control standards. The review of the three consumers' journeys was augmented with additional samples of documentation and input from consumers and families, interviews with staff and observations during the audit.

The clinical services were found to deliver well-coordinated entry processes, good clinical assessments, care planning and review of care, during the consumer's stay in hospital. Needs are determined on admission, and through ongoing assessment, which is documented on file. Multidisciplinary teams have regular weekly review forums, and in some cases, reviews can occur daily, if individual consumers' needs are at a high level. Fraser McDonald Unit has daily regular short reviews in the

morning, and other services have a comprehensive review of on-going targeted recovery care packages (e.g. in the Buchanan Rehabilitation Centre).

Activities are planned and available to all consumers in each facility, however, there is a need to develop more meaningful activities for consumers in the intensive care area in Te Whetu Tawera.

There are records of relapse prevention plans, discharge summaries, and communication about discharge and reviews provided to general practitioners and other support organisations. Consumers interviewed are positive about the care they receive. Relationships with other providers, discharge planning and referrals to other services are evident. Some families interviewed report that while communication is effective, more relevant information, particularly in the early stages of their family member's admission, would be helpful. Family communication and support is an area requiring improvement in the Child and Family Unit.

The management of electroconvulsive therapy (ECT) treatment is excellent, with attention to the needs of consumers to be provided with accurate information and time to understand treatment options. The treatment is overseen by well trained and competent consultant psychiatrists, based mainly in the older persons' service.

The National Drug Chart is used as part of the medication management system. The hospital pharmacist team member, who is allocated the mental health portfolio, completes a reconciliation of all patients' medication within 24 hours of admission. There are areas requiring improvement with medication management to improve the consistency of recording and detailed completion of medication records, and the disclosure of medication errors to either the patient or the family.

Te Whetu Tawera, Fraser McDonald and the Child and Family Unity have food services provided from the Auckland City Hospital kitchens. BRC meals are prepared on site. There is a two weekly menu cycle. Input from clinical dietitians is available from ADHB. Dietitians review and respond to clinical treatment issues and specific dietary requirements. Consumers were positive about the food and nutrition they received.

### **Safe and Appropriate Environment**

There are a number of facility projects in the planning stage, and some changes made which have effectively supported more up to date practice. The facilities in Te Whetu Tawera, the Fraser McDonald Unit, the Buchanan Rehabilitation Centre and the Child and Family Unit are all subject to planning for facility improvement. Building maintenance is managed by the Facilities Manager in ADHB. A centrally coordinated calibration and maintenance system was reviewed and records of maintenance and calibration of equipment are evident.

Cleaning services are provided by an external company. There is a comprehensive training and education system for cleaners with schedules for each area to be cleaned. Training records for cleaning staff are up to date.

Management of waste is the responsibility of the support staff (orderlies). There were adequate and well defined areas for waste storage and hazardous substances.

Essential emergency and security systems are in place with emergency power capability and security well documented in policies that are available to all staff. There is a thorough emergency response preparedness plan and a pandemic plan. The staff responsible for emergency management are experts in the Coordinated Incident Management System (CIMS), and leaders at a national level in emergency management. There is a prepared and facility designated emergency operations centre (EOC). Trial evacuations records for fire emergencies were sighted during the audit site visit.

There is room for improvement in the Buchanan Rehabilitation Centre where refurbishment of some areas is required. An upgrade plan has been formalised for Fraser McDonald Unit and for redevelopment of the Child and Family Unit facility to improve the current design.

### **Restraint Minimisation and Safe Practice**

There are policies and procedures which provide guidance to staff about restraint minimisation and safe practice standards, including appropriate definitions of enablers. All staff responsible for restraint practice are trained and all have 'refreshers' on an annual basis. The restraint and seclusion review panel for the ADHB mental health services meet monthly to monitor and review all restraint and seclusion episodes of use.

Restraint and seclusion data, reviewed during the audit and discussed with staff, demonstrated a steady reduction in the use of seclusion over the last three years. Restraint episodes remain at a similar level during this time, with a small reduction in the number of people restrained. Reduction of restraint episodes are reported to be the next focus for the service.

Seclusion facilities meet standards and appropriate documentation is completed for each episode of seclusion. The seclusion policy provides appropriate guidance for use of seclusion and staff practice meets all standards. Seclusion use precautions are known by staff and records indicate seclusion is used as a last resort for protection of self and others.

The organisation is implementing a project to introduce sensory modulation as a strategy to minimise the need for restraint and this has been rolled out across the service.

## **Infection Prevention and Control**

There is an infection prevention and control programme at the ADHB to which the mental health services are directly linked. This includes an infection control team; team infection control nurse specialists, departmental link nurses, which represents infectious disease, occupational health, the medical officer of health, physicians, paediatrics, pharmacy, and microbiology. The team reports to the clinical board of the ADHB.

There are a range of policies and procedures available via the ADHB intranet to prevent or minimise the spread of infection or infectious disease, which are consistent with accepted good practice and legislative requirements.

Education is provided to staff throughout the mental health service by the ADHB infection control team. This incorporates new staff orientation and yearly on-going training for all link infection control nurses. Specialist education is provided in each ward or service when a need is identified or a specific patient requires specialist infection control team intervention.

There is a system of monitoring surgical site, hospital acquired infections and blood stream infections within ADHB. Infectious disease outbreak management is managed throughout the mental health service and the processes as outlined in the infection control manual are followed.