South Canterbury District Health Board - Timaru Hospital

Current Status: 6 May 2014

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

South Canterbury District Health Board (SCDHB) provides health services to approximately 57,000 people. Timaru Hospital is a 131 bed secondary care facility providing medical, older person's health, surgical, child health, maternity, mental health and addiction, outpatient and community services. It has a 24 hour emergency department.

The SCDHB is part of the South Island DHB Alliance providing strategic direction for the region and working collaboratively to provide services which are 'best for patients and best for the system' together with strong clinical engagement.

Consumer Rights

Posters of the Health and Disability Commissioner's Health Code of Health and Disability Services Consumers' Rights (the Code) and brochures on the Code and the Nationwide Health and Disability Advocacy Service are seen in all areas. Staff spoke confidently about the Code.

The organisation has policies to support the code including abuse and neglect, informed consent. Documentation on the Code is part of the patient admission process. However in paediatric services there is evidence that explanation is not consistently undertaken. Interpreter services are available. The mental health service has evidence of the Maori Mental Health team providing cultural support to consumers and training for staff. Tikanga is integrated into service delivery.

Patients and family spoken with state they are able to ask questions, give informed consent and know how to raise any concerns. Privacy is protected and care is provided in a manner which is responsive to, and respectful of, the cultural and spiritual needs of patients/consumers and their families. The design and placement of the Mental Health seclusion rooms does not maintain visual, auditory or personal privacy of the consumer who is in the seclusion room and this is an area for improvement.

There is no evidence of coercion or discrimination. Paediatric patients are supported to have an advocate present and maternity consumers are able to have a support person present in labour and overnight if they live out of town. Links with families and communities are supported. Improvement is required to ensure family violence screening is undertaken and recorded in the clinical record. In the maternity unit, the responsibilities of Lead Maternity Carers (LMC) are not well defined. There are situations in which communication is not effectively conveying (in written and verbal format) information regarding care. Midwives do not remain within their scope of practice at all times. The practice environment is an area for improvement.

Staff are able to articulate the requirements of open disclosure and files reviewed during audit indicate open disclosure occurs. The DHB is monitoring compliance with open disclosure requirements.

Written consent is not consistently completed as per the organisational policy and information on which consent is based is inconsistently documented. This is an area for improvement.

The complaints process is observed to be well-managed and recommendations following investigation are used as opportunities to improve.

Organisational Management

SCDHB has a commitment to quality improvement and to improving patient outcomes. The first Quality Account published by the South Canterbury DHB provides its population with a summary of achievements and planned improvements. The DHB committee structure enables issues to be escalated to the appropriate committee or role. The clinical board with a consumer chair holds a pivotal role in monitoring clinical and quality safety issues being addressed.

There is a structured process in place for the development and control of corporate and clinical documents. Areas for improvement include updating the 24% of policies out of date and addressing the risk that updated policies on the intranet may not be present in the hard copy manual held in the local units.

Data is collated and used to improve services and processes within the DHB. Ensuring that the monthly incident summary reports are consistently completed by all services and provided to staff is an area for improvement. Corrective action planning after the review of quality data occurs. There is good overview by management groups and clinical committees of progress against the planned actions. The corrective action database is a promising initiative, but is not up-to-date and this is an area for improvement.

Well defined processes in place allow risk identification and escalation at all levels of the organisation. The web based risk management tool allows risk owners to update the risks in a timely way, and provides senior staff with a current time overview.

The incident management process in place is well known by staff. An incident action log tracks the outcome of investigations and agreed actions. SCDHB uses the Severity Assessment Code (SAC) to classify adverse events. Current processes ensure SAC1 and SAC2 incidents are investigated in depth, are approved by the operationalising group, are signed off by the chief executive officer and are presented at the clinical board. Monitoring that the SAC1 and SAC2 investigations occur within the 70 day timeframe required is an area for improvement.

South Canterbury DHB has implemented TrendCare for nurses and is involved in the Care Capacity Demand Management project. Twice daily bed management meetings assist in the overview of staffing and acuity. Resident medical officers have access to senior medical support and feel confident in escalating clinical concerns to the appropriate senior medical officer.

The recruitment process ensures a thorough pre-employment screening process is completed. All staff attend an organisation wide orientation and a department orientation. Mandatory training requirements are defined and staff are supported to attend professional development opportunities. Not all mandatory training requirements are being completed and the current recording system is unreliable. Despite efforts to improve timeliness of performance appraisals for staff and departmental credentialing for medical staff further improvements are required in these areas.

Clinical records are well managed and are able to be retrieved in a timely manner however it is noted that the baby notes are held in the mothers file and are not uniquely labelled on all pages. This is an area for improvement. Records are stored safety however there is a scarcity of storage space. Privacy of information is maintained.

There is ample evidence of effective consumer and family participation throughout the mental health service.

Continuum of Service Delivery

Five patient journeys are followed through services in surgical, medical, child health, maternity and mental health areas. An additional process also reviewed the medication management system. Areas of strength include the high standard of service delivery reported by both patients and family members - staff are described to be experienced and work as a team to provide efficient and timely care.

Entry to services is either through the emergency department, transfers from tertiary care or planned admissions for elective surgery. All maternity consumers requiring maternity care are admitted or directed to their LMC carer.

Review of patient care and additional sampling of files, interviews with patients, families and staff found that initial medical and nursing assessments and

investigations are used to help plan individualised patient care. This is documented in the clinical record using templates, screening tools and other assessment formats including an admission to discharge planner. Although these documents provide a comprehensive framework for planning care, not all examples have completed assessments or contain essential and sufficiently detailed information, including information necessary for handover and coordination of care. Frequently, individual patient goals are not clearly defined however where clinical pathways are used, these are well utilised and interventions are directed at effectively addressing patient needs. Countersigning of enrolled nurse documentation, defining and documenting transfer of care in maternity services, ensuring early warning scores are completed and activity planning occurs are also areas for improvement.

Patient progress and updates of care provided by medical, nursing and allied health staff does occur for each patient, or if their condition changes. Improvement is required in the evaluation of progress and documentation of patient responses, including completion of formal reassessment tools where these are used. Structured observations such as early warning scores are completed to a good standard in maternal and child health, however are inconsistently completed in other services. There are also examples across services where formal reassessment and evaluation using the organisation's comprehensive documentation is not fully utilised.

Discharge planning is occurring through, for example, the multi-disciplinary team meetings and daily rounds, but this planning is not always well documented in the clinical records. Clear discharge goals including the consistent establishment of an expected date of discharge are necessary to assist completion of documentation and avoid unnecessary delays in discharge.

The prescribing, dispensing, administration, review, storage and disposal of medicines are of a good standard. The national medication chart is implemented throughout the organisation and there is a range of policies and procedures to provide guidance for all aspects of safe medication management. Orientation and ongoing training ensures staff are competent to administer medications. The effectiveness of the medication systems is also reviewed by following the processes used to manage a high risk medication requiring ongoing monitoring. This demonstrates that the system is well-managed, with thorough oversight and monitoring occurring in the South Canterbury. Some improvement is needed in completion of prescribing details, expanding medicines reconciliation, medication records, controlled drugs and storage of refrigerated medicines.

Contracted food services are provided according to patient's dietary requirements using a three week cyclical menu and overseen by a registered dietician. The on-site kitchen has an accredited food safety plan. There is some dissatisfaction expressed about the food services in the maternity unit which requires review, as does consistent monitoring of food fridges in two areas.

Safe and Appropriate Environment

A preventative maintenance schedule is in place and there is a plan to address maintenance in the clinical services block where the facilities are in need of refurbishment. The facilities master plan is currently under review and this discusses options for future development. The mental health in-patient unit continues to provide challenges to staff in the way they manage patient care and does not provide an environment that is conducive to current good practice. The organisation is working through a 'request for proposal' (RFP) process to address this well-known issue. Some improvements are also required to facilities in the paediatric service and day procedure unit to ensure good infection control management and privacy. There is a comprehensive system in place to manage equipment compliance requirements and biomedical testing.

Toilet, shower and bathing facilities are adequate. There is sufficient space for clinical procedures and care to be completed in patients' rooms. Areas for recreation and entertainment meet the needs of the patient groups.

Waste is well managed with a strong focus on recycling. Staff who are dealing with hazardous chemicals have been trained, or are about to attend training, in how to do so safely. Suitable protective equipment and clothing is available for staff.

Cleaning is a contracted service and in general the standard of cleanliness is monitored and meets requirements. Improvements are required in the maternity area and in the laundry. The laundry service is managed on site. Additional policies around some cleaning procedures and decanting and dilution of chemicals in the laundry are required.

Emergency response is planned both regionally and nationally. There is a well organised system, including business continuity plans, in place with well trained staff. Alternative sources of power, food and water are available. Trial evacuations and fire training for staff are conducted. Security is maintained and staff report there are few incidents.

Restraint Minimisation and Safe Practice

Policies and protocols which meet the requirements of the Standard are available to guide staff in the safe use of enablers and restraints. Staff interviewed are clear about the distinction between a restraint and an enabler. Restraint and enabler approval and monitoring is overseen through the clinical risk management committee. There is one restraint in use in the mental health unit that has not been through the approval process and this needs to be addressed. Staff have a variety of training programmes available to support de-escalation techniques and safe practice should restraint be required. Staff training in non-violence crisis intervention (NVCI)

and sensory modulation is provided to facilitate mental health staff using alternatives to restraint.

Assessment and evaluation of restraint events in the mental health service are well managed and documented. Review of the combined restraint and seclusion register indicates there has been a decrease in episodes of restraint and seclusion in the mental health ward over the last year. There is no documented evidence that the two seclusion rooms utilised have been approved as required. This is an area requiring follow up.

In the acute care general hospital improvements are required to ensure that assessment is completed and documented, and any episode is entered on to the restraint register.

Infection Prevention and Control

The processes to manage infection prevention and control (IPC) are well established, with experienced and trained infection preventionist. Policies and procedures are current with day to day implementation of the programme facilitated by the IPC team and representatives in service areas. In 2013, the organisation developed and implemented a formulary to guide antimicrobial prescribing, with auditing against these new guidelines yet to be undertaken. Surveillance activities are established to align with national and local surveillance priorities. Infection rates are monitored, results reviewed by a clinical microbiologist and team, with trends communicated internally to managers and clinicians.

Tracer methodology is used to review infection control practices associated with isolation precautions, their identification and implementation to establish the effectiveness of the system. Three current patients are identified, one of whom requires contact precautions, a second patient needing isolation until MRSA cleared and review of a third recently discharged patient who had acquired airborne precautions during admission.

The hospital has no access to a negative pressure room to manage patients requiring airborne precautions. Staff describe their use of isolation precautions as described in a current suite of infection prevention and control policies and procedures. The processes to identify the need for isolation precautions in the emergency department are hampered by documentation which does not specifically seek this information. In ICU, there is limited ability to isolate patients, and staff manage this in accordance with infection prevention principles in a partitioned room with an ensuite. The wards have an "infection kit" and use single rooms with an ensuite to isolate patients awaiting clearance or who require other forms of isolation. Staff spoken to are able to correctly describe contact precautions, personal protective equipment and the signage used to implement isolation precautions in a

single room. Sufficient supplies of personal protective equipment are readily available. Staff are observed implementing the isolation precautions as required.