

West Coast District Health Board

Introduction

This report records the results of a Surveillance 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 Health and Disability Auditing New Zealand 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:	West Coast District Health Board
Premises audited:	Buller Health Grey Base Hospital Reefton Health Services
Services audited:	Hospital services - Medical services; Hospital services - Surgical services; Hospital services - Maternity services; Hospital services - Children's health services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 24 September 2014 End date: 26 September 2014
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:	88

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

The West Coast District Health Board (WCDHB) has undergone several changes since the last certification audit. New general managers are in place and the design of the new Grey hospital is taking place with building to commence next year. Site visits were made to Grey and Buller hospitals and there were tracers completed in mental health, paediatrics, maternity, dementia care, surgical and medical services at Grey hospital and medical and aged care services at Buller hospital. There have been improvements since the last audit. Staff continue to provide safe quality care and all patients interviewed were positive about the care they were receiving. Eighteen of 25 required improvements from the last audit have been addressed and are closed. There continues to be improvements required around informed consent, documentation control, completing correction action plans, using data, behaviour assessments and planned activities in the dementia unit, medication management and monitoring fridge temperatures

This audit also identified further improvements required around legibility of clinical records, integration of clinical records, acting on risk assessments, clinical handover, monitoring resuscitation trolleys, and review of restraint practices.

Consumer rights

Patients confirm that communication with staff is good and open disclosure is practiced. Staff confirmed that interpreter services are available, either by phone or through the international staff employed by the DHB. The DHB has a well-developed complaints system. The policy is comprehensive, timeframes are monitored and complaint files viewed show the investigations are thorough and the patient /families are kept informed. Audits are undertaken to monitor consent practices and results show improvements from the certification audit. There is improvement required about the documentation of verbal consent.

Organisational management

The strategic direction and operational performance of the DHB is monitored by the Board and the Ministry of Health. Performance targets compare well with other DHBs. The DHB is well managed by experienced managers. The established quality and risk management system has been reviewed and improvements made since the last certification audit. A quality and patient safety plan provides a framework for the DHB and this and the revised systems are aligned with Canterbury DHB. Progress is being made and there are now good structures in place, however this audit identified that further improvements are still required around documentation control, completing correction action plans and using data. These areas identified at the last audit for improvement remain open. Adverse events are managed well and a new incident management system is planned. Staff understand the process and while there have been delays in completing the reviews of significant events this is being addressed.

Patient information on white boards is more secure, an improvement from the certification audit. Human resource systems are good and reflect good employment practice. While recruitment remains challenging the DHB has few vacancies at this time. The credentialing system includes scope of practice and discussion with management confirmed all qualifications are validated as described in policies on employment and credentialing. Personnel records are not standardised and this is an area for improvement from the previous audit that is closed with a recommendation in regard to pay office records that can be considered. Training attendance is now able to be collated another improvement from the certification audit. Clinical records reviewed show improvements in documentation; however improvements are still needed in regard to integration of information in dementia unit and consistent documentation in maternity. Safe staffing policies are in place and the DHB uses ‘trend care’ to manage staffing allocations safely.

Continuum of service delivery

Six of the eight tracers completed during this surveillance audit were conducted at Grey hospital. These were maternity; mental health; dementia; surgical; medical and paediatrics. The remaining two tracers were undertaken at Buller hospital and included one rest home resident and one medical patient. In addition to the tracers, additional patient files were sampled.

In the files reviewed patients were reviewed in a timely manner according to presentation and, where acute, triage code. Clinical assessments are completed on warding, except challenging behaviour assessments in the dementia unit. This is recurring from the certification audit. Behaviour assessments (rest home) and continence assessments (residential hospital) are completed, an improvement from the certification audit.

At Grey hospital clinical pathways are used to guide patient's care. Pathways were seen in all files reviewed at Grey. Medical plans are recorded in the integrated progress notes, implemented and regularly reviewed. Multidisciplinary meetings are occurring in clinical areas on regular basis. The residential care services at Buller use care plans which are individualised and up-to-date. The dementia unit at Grey also use care plans and these do not consistently record risk assessment findings. Care plan evaluations are completed and reviewed regularly, more frequently, if the patient condition changes. This is an improvement from the certification audit for the dementia unit. In the mental health service individualised relapse prevention and risk management plans are in place. Consumers are seen to be involved in planning - an improvement from the certification audit.

The early warning scoring system is used in clinical areas and changes in patient condition is seen to have been acted on in a timely manner in the patient files reviewed. The process for contacting medical staff and duty managers is known to staff. Transfer to other wards is facilitated by use of the ISBAR tool, noting this practice is still in the process of being fully embedded into the clinical areas. Implementing treatment instructions was an area for improvement for the mental health service at the certification audit and remains open.

Planned activities programmes are provided in the dementia unit at Grey hospital and at the residential services at Buller hospital. Activity plans are developed – an improvement for Buller, and evaluations are completed. A 24 hour activities plan in the dementia unit is required.

Grey and Buller hospitals have appropriate medicine management systems. There have been a number of improvements to medication management since the previous audit around; transcribing, self-administration of medication, medication protocols, and controlled drug management (except at Buller); Staff competencies for administering medications are up to date. There are improvements required around prescribing, monitoring of medication and fridge temperature monitoring.

Food services are provided by an external accredited agency. The kitchens are safely managed. Dieticians are involved with patient menus and special diets. Patient survey results show general satisfaction with food menus.

Safe and appropriate environment

The facilities within the WCDHB are old and will be replaced in the next two years with new buildings that will better support the models of care. Preventative maintenance is carried out on buildings and equipment and all utilities are maintained and tested. Water temperatures are maintained at safe levels, an improvement from the certification audit. The buildings all have a current warrant of fitness. A well-developed fire safety and emergency response plan is in place and has been tested. Training for staff is now monitored and compliance with CPR training is high, is an improvement from the certification audit. There is an improvement required around checking of resuscitation trolleys in the maternity service.

Restraint minimisation and safe practice

A current restraint use (not mental health) policy guides practice. Mental health has seclusion procedures and personal restraint is an incident. The restraint committee oversees restraint processes across the DHB in accordance with its terms of reference. Restraint and de-escalation training occurs; in general hospital areas there is an on-line package, aged care uses ACE and mental health is completed in conjunction with CHDB. Restraint policy / procedures identifies types of approved restraints appropriate for the individual, assessment processes, indications for use, application of restraint, to keep restraint episodes to a minimum and includes an emergency restraint process. The mental health unit implements the mental health risk assessment and management procedure. Safe restraint use includes procedures for approval, use, monitoring and regular review. Restraint use is documented in care plans / patient records. Restraint monitoring and evaluation processes are established for on-going review of restraint use. The Restraint Committee meets quarterly to monitor approved restraints and evaluates the use of restraint.

The required improvements identified at the previous audit are fully attained. A new required improvement is identified in regard to alternatives to restraint and environmental restraints within the dementia unit.

Infection prevention and control

The DHB has a comprehensive infection prevention and control programme which is well monitored. Surveillance is carried out and all outcomes are monitored by the infection control committee and reported both internally and externally as required.

End of the report.