

Nelson Marlborough 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 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:	Nelson Marlborough District Health Board
Premises audited:	Alexandra Hospital Mental Health Admissions Unit Murchison Hospital and Health Centre Nelson Hospital Tipahi Street Mental Health Wairau Hospital Various residential disability houses in the community
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); Residential disability services - Intellectual; Residential disability services - Physical
Dates of audit:	Start date: 13 October 2014 End date: 17 October 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: 198

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 Nelson Marlborough DHB serves 140,650 people and covers an area of 22715 square kilometres, taking in the Marlborough, and Tasman districts and Nelson city.

Inpatient services at NMDHB comprise of an 83 bed hospital in Blenheim, and a 264 bed hospital in Nelson. Services in both hospitals include a 24 hour, seven day a week emergency department, intensive care unit, medical, surgical, rehabilitation, child health and maternity services. In-patient mental health services are provided in 64 beds across three facilities in the DHB. An aged care facility is located in Murchison and consists of two medical/geriatric beds and six rest home beds. Residential support to people with intellectual disability is provided by the Disability Support Service in 60 houses in the community.

The DHB was under financial watch at the time of the certification audit in March 2013. Since that time as a result of renewed fiscal controls a surplus of \$1.5M is forecast for the 2014/2015 year.

Consumer rights

There are various mechanisms in place to protect patients' rights. The management of adverse events and complaints shows appropriate open disclosure. Staff are aware of the patients' right including to open disclosure. Interpreter services are often required and are readily available. For example in the children's service effective communication is facilitated with the use of interpreters and the use of innovative translation sheets. Patients feel empowered to voice complaints.

There is evidence in Nelson Hospital that the placement of the patient whiteboard, staff computer screen and location of staff handover meetings compromises the personal privacy of the patients. Record storage also requires improvement in the medical ward to ensure there is no unauthorised access to patient information. A previous requirement that complaints meet privacy requirements and are linked into the quality and risk management system is now being addressed.

Appropriate signed consent forms are present in the patient files reviewed and patients feel that they are provided with adequate information to make informed choices. Where a patient is no longer 'for resuscitation', this is documented in the patient notes. The documentation includes discussions with the patient and or family members. Improvement is required to ensure there is confirmation of consent for administration of vitamin K recorded in the maternity record and for some consenting processes in mental health services.

The patients and family members interviewed are very satisfied with services received.

In the acute mental health inpatient service an appointed consumer advisor participates at all levels of service planning and delivery.

Organisational management

The DHB has undergone significant organisational restructure with the aim of developing strong operational leadership and a separate clinical governance structure. This will champion and oversee the quality and safety of services as well as ensuring there is clinical input into decision making at all levels across the organisation. The NMDHB strategic vision is articulated by the NMDHB 'Health 2030' document which outlines the direction for future planning.

There is a recently formed clinical governance group. The associated processes are still in development. As a result the framework and work plan is still to be communicated to the services and the structures in the services to supplement the overarching group and processes are yet to be developed. A clinical governance support team provides expertise to the services in quality improvement activities. An operational plan documents progress against the major current priorities including the Health Quality and Safety Commission programme.

Dashboard reporting is used to convey progress against targets and priorities and these are communicated. There is good evidence that clinical audit is undertaken to inform practice however the organisation does not have a consistent method or system to track corrective action plans developed in relation to areas requiring improvement. This includes actions from complaints and incidents. The previous corrective action remains open.

A required improvement related to policies and procedures remains in place as a large percentage of policies are still overdue. The risk management process has been revised since the last audit. There is a systematic process for ensuring that services receive their risks and respond to them prior to the agreed update deadline.

The adverse events reporting process has been recently refined with the addition of a high level triage team to determine how such events are investigated and the outcomes from the subsequent conclusions and recommendations are monitored.

The DHB has undertaken significant work in the area of establishing rostering rules and guidelines and in standardising the nursing rosters and the previous corrective action is closed. There is active use of TrendCare and of the Care Capacity Demand Management programme. Despite the measures in place to fill gaps in the roster or as a result of unplanned absences there is evidence of significant nursing shortfall at Nelson Hospital in the medical, surgical, and assessment, treatment and rehabilitation (AT&R) wards over a sustained period. This is an area of required improvement.

At the time of audit the senior medical officer re-credentialing programme is not current and this is a required improvement. Senior medical staff spoken to state that there is adequate cover of SMOs in most services. There is reported variable support, supervision and training for RMOs.

Staff recruitment, appointment and compliance with professional requirements are all well documented systems and effectively implemented. New staff are required to attend orientation and there is a well organised system for mandatory and other training

which staff can enrol for on line. Increasing use is made of e-learning but despite this, nurses in several areas report that they cannot be freed from clinical areas because of patient acuity and so have not been able to attend staff training. This requires improvement. RNs are being supported to progress within the PDRP.

Continuum of service delivery

Seven patient journeys were followed through services provided by Nelson Marlborough DHB and additional sampling at Murchison and Wairau Hospitals. These journeys occurred in surgical, medical, children's services, maternity, mental health, residential intellectual disability and in the assessment, treatment and rehabilitation service.

Review of patient care from admission onwards confirms that patients receive appropriate assessment and investigations to enable effective planning of their care. Risk assessments are completed from admission and updated as patient needs change. Some exceptions occur, such as inconsistent family violence screening. Individual patient care plans are developed and documented and include medical, nursing, and allied health input where appropriate. In surgical services this plan includes an enhanced recovery after surgery pathway for some procedures.

Teamwork, positive collegial relationships and multidisciplinary teams provide a coordinated approach to patient care in preparation for safe discharge. Patient progress is well documented in clinical files including any input from specialist clinicians.

Allied health clinical documentation is of a particularly high and consistent standard. There is variability in the completion of nursing documentation in some service areas. Evaluation of care is not always adequately undertaken or completed, with examples of incomplete fluid balance records, early warning scores and updating of relapse prevention plans in mental health services.

Areas of strength are noted in which patients and family members feel fully informed and are complimentary about their inpatient care in services visited. In the residential disability services, houses are well managed with good routines and practices evident. Staff are creative in meeting resident's needs and are seen to have good relationships with them. Best practice care including the use of recovery principles is seen in the mental health adult inpatient service (Wahi Oranga).

Five previous improvement requests are not yet adequately addressed to demonstrate effective systems are implemented and further work is required.

Significant work has been undertaken to improve medication management systems since the previous audit. Policies guide staff practice in relation to medication management, with overall documentation standards including recording of allergy status showing improvement since the previous audit. Medicine reconciliation by the clinical pharmacist is consistently occurring in the medical ward and assessment treatment and rehabilitation ward at Wairau Hospital with high rates of intervention being achieved, however this is not replicated in all other areas. Medication errors are reported, analysed and graded according to severity and type and followed up as necessary.

There remain ongoing issues with medication fridge temperature monitoring across the organisation and some confusion about the frequency of monitoring and follow up requirements. Other areas for improvement include security of emergency trolleys, consistency of format and currency of standing orders, consistent implementation of medicine reconciliation in service areas and recording of medicine management information. A previous improvement request for the self-administration procedure has been addressed.

Patient's dietary needs are identified, communicated and met, with supplements and special diets readily available if required.

Safe and appropriate environment

All fire evacuation plans are in place and trial evacuations occur as required. Safety and compliance testing of plant and clinical electrical equipment was noted at the previous audit as being behind schedule. This was rapidly resolved soon after the audit but the next round of compliance testing is now behind schedule and so requires improvement, although there is a plan in place to provide additional resources to ensure that this catches up and is maintained in a timely fashion hereafter. The acute mental health inpatient service had a previous corrective action regarding placement of adolescents within the unit this is now closed.

Restraint minimisation and safe practice

Restraint minimisation continues to be overseen by the restraint advisory group and the acting director of nursing is the current acting restraint coordinator. Enabler use is well defined and there are robust processes in place to ensure that these are used appropriately, consent is ensured and documentation is up to date. Enabler use is well linked in with other patient safety initiatives such as those relating to falls prevention. Enablers are used with written consent in the residential intellectual disability service and physical disability service. In the mental health inpatient service acute mental health inpatient service there is an emphasis on de-escalation and least restrictive interventions.

Infection prevention and control

Surveillance for infections is occurring. The surveillance programme includes significant organisms (including multi-drug resistant organisms), specific surgical site infections, device related infections, blood stream infections, staff occupational exposure and outbreaks. The surveillance programme also includes monitoring of infections appropriate to the residential care setting. Data is forwarded to the infection control team monthly by the team leaders. Surveillance results are communicated appropriately through monthly reports to staff and to executive leadership. Compliance with prophylactic antimicrobial policies is monitored through an auditing process. The previous corrective action is closed.