

Counties Manukau 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:	Counties Manukau District Health Board
Premises audited:	Auckland Spinal Rehabilitation and Tamaki Oranga Botany Downs Hospital Franklin Memorial Hospital Manukau Surgery Centre Middlemore Hospital Papakura Obstetric Hospital Pukekohe Hospital
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); Residential disability services - Physical
Dates of audit:	Start date: 25 November 2014 End date: 28 November 2014
Proposed changes to current services (if any):	Click here to enter text

Total beds occupied across all premises included in the audit on the first day of the audit: 1029

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

Counties Manukau DHB (CMDHB) provides secondary services to the 520,000 South Auckland population, spinal services for much of the North Island population and is the National Burns Service. CMDHB is part of the Northern Alliance comprising the four upper North Island DHBs.

Visits were made to: Middlemore Hospital; Manukau Surgery Centre; Spinal Rehabilitation Unit; Tamaki Oranga; Botany Downs Maternity Unit, Franklin Memorial, Papakura Maternity Unit and Pukekohe Hospitals. The services providing care include surgical, medical, maternity, child health, rehabilitation, spinal, mental health, assessment, treatment and rehabilitation, along with a range of sub-specialties, emergency, operating theatres, intensive and coronary care, clinical support and ancillary services.

Consumer rights

A review of patients' files, observation during the audit, interviews with patients and staff across services provided evidence that the Health and Disability Commissioners' Code of Health and Disability Services Consumers' Rights (the Code) was provided at initial contact and on an on-going basis. Patients had their rights met, including personal and auditory privacy. Staff were observed to be aware of patient privacy. The privacy issues raised in the mental health area at the last audit have been resolved. There was now medical air in all birthing areas, addressing a previous area requiring improvement.

Appropriate signed consent forms were present in the patients' files reviewed and patients interviewed felt that they were provided with adequate information to make informed choices. There is a new matter raised requiring attention regarding review of resuscitation status during ongoing care in the aged care services.

Complaints were managed through a clearly defined process which met the requirements of the Code and demonstrated appropriate follow-up, review and open disclosure. The patients and family members interviewed felt empowered to voice complaints if necessary but were satisfied with the services received. Staff interviewed were aware of how to access interpreters and innovative translation sheets, where required.

Organisational management

CMDHB services are offered from multiple sites, with approximately 1000 beds and 7000 staff. The Board has a vision for a 'whole of system' approach with a focus on the hospital and wider DHB services being fully integrated with the community and primary sector. The organisation has been through an extensive rebuilding project at the Middlemore Hospital site over the past several years and is coming to the final stages of these developments.

During 2014 CMDHB has introduced four new roles to strengthen the organisation-wide quality and risk management system with a focus on advancing the quality of the patient experience. This aligns with the strategic vision of the organisation. The intention is that these organisational roles will provide an over-arching mechanism for building a coherent and consistent quality and risk system. This will include identifying opportunities for collaboration and shared learning.

A new document control system has been introduced during 2014 to improve access to policies and procedures. Ensuring these are current remains an area for attention.

The Serious and Sentinel Events Committee responded promptly to adverse events and there were thorough root cause analysis investigations completed with clear accountability for the recommendations. The implementation of an integrated incident management information system was eagerly awaited and this was planned for 2015/16. This will also assist with the monitoring and reporting of the corrective actions originating from a number of sources which is an issue for the organisation at this point.

There has been good progress with the internal audit and the monitoring of a range of measures. The result of a wide range of quality activity could be seen in the 2013/14 Quality Accounts publication available on the CMDHB website. There was a risk management system with risks being reported to the Executive Team and the Board. The timing of notification of actual and potential risks needs to be an area of focus.

CMDHB has had a 'grow our own' workforce strategy for several years and this was beginning to produce tangible results. There were good induction programmes and adherence to human resources systems, such as annual performance appraisals. The 90% uptake of the nursing professional development programme is commendable. Work was in progress on fully defining the mandatory training requirements.

To manage patient flow, bed availability planning and the coordination of safe staffing CMDHB had an innovative hub called 'Middlemore Central'. Many operational functions were located in the hub along with co-locations with the service management teams to enable prompt communication for the management of the challenges represented by the frequently greater than 100% occupancy. There is currently no workload assessment tool to establish the patient acuity levels and there are a number of challenges in consistently meeting the requirements for staff cover. These two areas are a priority.

There was a hard copy clinical file along with an electronic record. Some areas pertaining to record completion, ensuring the patient is identified on each document and that all pages in the file are secure are requiring attention.

Continuum of service delivery

Nine patient journeys were followed focussed in medical, surgical and rehabilitation services at Middlemore Hospital, Manukau Surgery Centre, maternity services at Middlemore and Botany Downs Maternity Unit, Kidz First, aged care (Pukekohe and Franklin Hospitals), acute mental health inpatient services at Tiaho Mai, a residential recovery centre Tamaki Oranga in Otara and Auckland Spinal Rehabilitation Unit. Systems and processes associated with services and specialty areas were reviewed to establish to what extent patients received timely and appropriate care during admission, transfer, care delivery and discharge. Additional files were sampled and patients and family members interviewed in the areas visited.

Staff have undertaken training and competencies to deliver safe care. Various medical, nursing and allied health assessment tools and care pathways have been developed and consistently implemented to support planning and delivery of care. Patient centred goals and risk assessments have been completed on admission and evaluated regularly in surgical and medical services, although improvement is required to ensure interventions and evaluations are adequately documented and assessments updated when the patient's condition changes. Files reviewed demonstrated an integrated and multidisciplinary approach to patient care.

In Kidz First, clinical documentation (with the exception of medication), was of a good standard demonstrating family/whānau focussed care. Consistent service provision was noted in maternity services with referral to midwives and consultants provided within safe timeframes. Both in the acute mental health and recovery services, risk and safety issues were assessed and plans put in place prior to discharge to assist in transition back to the community. Participation of service users in the multidisciplinary review meetings and recovery planning was a strength in these services. Patients interviewed in the Auckland Spinal Rehabilitation Unit and medical and rehabilitation services reported involvement in decision making and felt adequately informed about their treatment and discharge plan. They commented positively on the standard of care provided by staff.

Medication management systems, including several medication safety initiatives, have been a focus in the organisation since the previous audit. Several aspects previously identified to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation have mostly been addressed.

The main Middlemore kitchen, which also provides food for the Botany Unit, has a current external food safety certification. Biannual surveys in each clinical area and monitoring complaints provided consumer feedback about the contracted food service.

Concerns were followed up and changes made where necessary. Menus were reviewed, specialist diets available and seasonal variations provided.

Previous service delivery improvement requests have been actioned; however, some remain work in progress. New and ongoing service delivery requirements relate to completion of triage scores, screening for family violence and smoking exposure, some aspects of care and activity planning, outcome measures in mental health services, frequency of reassessment and evaluation, transfer details, medication storage, aspects of prescribing documentation and monitoring food storage in clinical areas.

Safe and appropriate environment

The physical environment was well managed. All buildings had current warrants of fitness and approved fire evacuation schemes. There has been a large rebuilding and refurbishment programme over recent years at Middlemore Hospital and this has resulted in an improved environment.

The electrical and functionality testing and maintenance of biomedical equipment and facilities were well monitored and largely up to date.

A new biocontainment unit has been established at Middlemore Hospital in response to the potential Ebola threat but will also be available for use in any other outbreaks requiring such stringent measures. The Manukau Surgery Centre, although now 16 years old, was still in very good repair. Some of the other facilities are much older, such as Pukekohe and Franklin Hospitals, but they continued to undergo routine maintenance.

An issue that needs to be addressed relates to the fence at the mental health rehabilitation unit, Tamaki Oranga, which was insecure, resulting in service users having limited access to the outdoors. While most cleaning chemicals were seen to be kept secure and safe, some instances were found where this was not the case.

Restraint minimisation and safe practice

CMDHB has had good processes in place to manage restraint and enabler use for some time, including the role of the nurse coordinator for restraint and de-escalation. Careful monitoring of enabler use identified an unintended drop in the required documentation with the commissioning of new beds with attached rails. An example of this was seen at this audit.

The acute mental health unit, Tiaho Mai, continues to have locked external doors which constitutes an environmental restraint and does not provide the least restrictive environment for some service users, such as those whose status is informal.

Infection prevention and control

The CMDHB Infection Prevention and Control Programme (IP&C) for 2013/14 was reviewed and covered all the requirements for a comprehensive programme. There was an Infection Control Committee (ICC) with a cross section of services represented.

The surveillance programme was signed off by the ICC annually and the Committee received monthly surveillance reports. Reports were also provided to each service and there was a reporting link to the Clinical Governance Committee.

The IP&C Manager was involved in the daily operational meeting and priorities for the team over the past two months have been the management of a Norovirus outbreak and the establishment of a dedicated bio-containment unit for the effective management of people with infectious diseases, such as Ebola.