

Capital and 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 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:	Capital and Coast District Health Board
Premises audited:	Kapiti Health Centre Kenepuru Hospital Wellington Hospital
Services audited:	Hospital services - Medical services; Hospital services - Surgical services; Hospital services - Maternity services; Hospital services - Children's health services; Hospital services - Geriatric services (excl. psychogeriatric)
Dates of audit:	Start date: 14 April 2015 End date: 16 April 2015
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:	465

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 Capital & Coast District Health Board (CCDHB) is responsible for providing health services to people living in the Wellington and greater Wellington district. In addition, specialist tertiary level services support other regional hospitals. The Wellington and Kenepuru Hospitals provide inpatient services across the specialties of medical and surgical services, maternity and children's health services, and at Kenepuru, rehabilitation and older person's health services are provided. Kapiti Health Centre provides maternity services as part of the Capital & Coast District Health Board; this site was not visited during this audit.

This three day surveillance audit, against the Health and Disability Services Standards, included a review of quality and risk management systems, staffing requirements, an in depth review of one patients' journey in maternity services, an organisation wide review of medication management, infection control, management of falls and the deteriorating patient, and review of clinical records and other documentation. Interviews with patients and their families and staff across a range of roles and departments were completed and observations made. In preparation for this audit the hospital undertook three internal audits of patients' journeys.

At the previous certification audit there were 18 areas identified as requiring improvement; nine of these have been addressed and are now closed. This audit identified 15 areas that either require ongoing improvements (9) or are identified as new issues to be addressed (6).

Consumer rights

Many examples of good practice were seen and discussed with patients and staff during the course of the audit. At the last audit an issue was identified related to availability of posters and discussions with patients about the Code of Health and Disability Services Consumers' Rights (the Code). This has been addressed.

Informed consent is occurring, however an improvement is required to ensure consistent documentation related to the discussion held with the patient, whanau or the patient's legal representative is evident.

The complaints process meets the requirements of legislation. Most staff, patients, and family members spoken with were aware of how to make a complaint or how to assist in this process; however in the maternity unit information is not available regarding how to complain. Health and Disability Commissioner complaints are being well managed, with extensions requested as needed. The complaints register shows timely response to all complaints and open disclosure occurring. The organisation meets regularly with the local Advocacy Service to share information and learnings. Examples of changes to practice as a result of learnings from complaints were evident.

Organisational management

The Board of CCDHB follows the nationally prescribed planning process, based on the district and region's needs and national targets set by the Ministry of Health. Collaboration between the three district health boards of Capital & Coast, Wairarapa and the Hutt Valley has influenced the planning process with an integrated approach and shared services and personnel across the district health boards in many cases. A decision has been made to work collaboratively where it is beneficial, but for the three organisations to remain separate, including having three chief executive officers.

The organisation has revised and developed a structure for the management of quality and risk to improve the support, data collection and reporting for quality and risk. This change has increased communication and improved reporting between levels and committees within the quality and risk management structure. There is also evidence of improved processes for the collection and reporting of quality improvement data to inform decision making, with several notable examples reviewed. The establishment and use of control charts to monitor key indicators is a particular strength of the organisation. The Health Quality and Safety Commission provide a focus for improvement activities.

Policies and procedures continue to require further work to ensure they are current and all documents in the document control system are up to date.

Risk management is being implemented at each level of the organisation and becoming well linked. While improvements have been made since the previous audit, the policy is currently in draft following changes related to a review of the risk management system. A trial of a new risk assessment scorecard is in process. Not all risks rated as high risks have a detailed action plan completed and this continues to be an area for focus.

Adverse events and coroners requests are managed. The Severity Rating Score establish the process for management, the lower scores are investigated and managed in the area and high scores at directorate/executive level. Reports show analysis and trending. The organisation uses the findings to improve services.

Areas for improvement identified at the last audit relating to all staff having an annual appraisal and the credentialing of medical staff, remain open. A new online human resource kiosk is being implemented, however there was no documented evidence available that all health practitioners have a current annual practising certificate.

Work on safe staffing is a priority in the organisation. The acuity measurement tool 'Trendcare' is being implemented, however inter-rater reliability is yet to commence. The organisation report a high through put and acuity of patients and on going struggles to manage staffing gaps for nursing, midwifery and allied health staff. The implementation of Trendcare is helping to identify pressure points to manage patient safety. Staffing remains an area for improvement.

Significant work has been undertaken to address a previous area requiring improvement in relation to the integration of the patient clinical record. This includes a number of key areas in which progress is being made to move from paper to electronic record keeping.

Continuum of service delivery

A maternity journey was followed and systems reviewed for falls prevention, medication management, management of the deteriorating patient and for prevention and control of infection.

Evidence was sighted of patients being provided care by appropriately qualified health providers. There is an effective multidisciplinary approach to care. Previous issues in regard to documentation of patient goals, timely comprehensive risk assessments and completion of admission documentation in the Patient Admission to Discharge Planner (PADP) requires further improvement and remains open. A previous issue raised in regard to care plans has been addressed in all areas with the exception of maternity, where plans are inconsistent or absent and a corrective action remains open. Service provision is of a high standard however an issue raised previously in regard to a lack of high dependency services remains open with further improvement required to resolve the need for high dependency beds.

Evaluation of fluid balance charts (FBC) and Early Warning Scores (EWS) were previously noted as requiring improvement. Further improvement is required to ensure FBC and EWS charts are totalled and this corrective action remains open. New issues are raised in regard to emergency event documentation, modification of early warning scores, documentation of escalation processes, completion of observations within the required timeframe and consistent education of staff in the use of EWS.

A previous issue in regard to transfer documentation has been attended to however discharge documentation in maternity continues to require improvement and remains open.

A previous finding regarding the food choices in the maternity service is resolved however monitoring and care of food fridges has not been resolved and remains open.

Safe and appropriate environment

All buildings have a current building warrant of fitness. There have been no building changes since the last audit.

Maintenance issues identified at the previous audit have been addressed. In the paediatrics area, planning, needs analysis and the implementation of actions to minimise risk due to lack of piped oxygen and suction have been implemented to maintain patient safety.

There is a current fire evacuation scheme for all buildings. Trial evacuations have occurred six monthly and areas for improvement in this process have been identified and action followed up as required.

Restraint minimisation and safe practice

The restraint minimisation policy clearly describes enabler and 'safe holding' that meets the requirements of the standard. A current review of health and safety to prevent and manage violence across the sub-region is expected to influence the review of the restraint minimisation policy which has been rolled over until the review is completed.

The restraint committee meets bimonthly and has representation from orderlies, senior emergency department personnel, senior nursing staff, consumers and mental health services. Five clinical areas were visited at Wellington and Kenepuru Hospitals to review practices, including the use of bedsides. Bedsides are frequently used as part of care interventions and apart from the one clinical area (Te Whare Ra Uta), the purpose of their use was not always fully understood by the staff spoken to, nor the required documentation completed, including consent. Staff could describe the risks associated with bedrail use.

Challenging incident management training is mandatory for mental health services staff, with monthly education sessions available to all staff across the organisation.

Infection prevention and control

Infection isolation practices were reviewed in detail in the emergency department and four wards. This demonstrated that all aspects of isolation are well managed and the environment is appropriate for the various isolation purposes and techniques. Issues raised at previous audit regarding the infection control programmes, equipment and isolation management have been resolved.