

Waitemata 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 Audit (NZ) 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:	Waitemata District Health Board
Premises audited:	Mason Clinic North Shore Hospital Pitman House Waitakere Hospital Wilson Centre Elective Surgery Centre He Puna Waiora
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 2 June 2015 End date: 5 June 2015
Proposed changes to current services (if any):	New mental health inpatient unit at North Shore Hospital (Te Puna Waiora) reviewed as part of this audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 994

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

Waitemata District Health Board (WDHB) provides health services to a population of over 574,000 people. WDHB serves the residents of Rodney District, North Shore City and Waitakere City. Hospital services are provided from North Shore Hospital in Takapuna City and Waitakere Hospital in West Auckland. Hospital services provided include surgical, medical, paediatrics, intensive care, emergency services, maternity, mental health as well as a range of clinical support services.

The WDHB also provides a range of regional services for the Auckland region, including child rehabilitation and respite at the Wilson Centre; forensic psychiatric services at the Mason Clinic; oral health services for children and young people; and community alcohol and drug services.

North Shore and Waitakere Hospitals as well as Mason Clinic were visited as part of this surveillance audit which was conducted against a subset of the Health and Disability Services Standards. The surveillance audit included an in-depth review of four systems-based tracers across a range of wards and departments, two in-depth patient journeys, review of clinical records and other

documentation, interviews with patients, families, staff across a range of roles, and observation. The WDHB completed four in-depth patient journeys prior to this audit which were reviewed as part of the audit.

At the previous certification audit there were 18 areas identified as requiring improvement; 10 of these have been addressed and are now closed. The remaining eight require further improvement and there is one new area identified that requires improvement.

Consumer rights

Previous issues relating to privacy in shared bedrooms in the mental health service at North Shore Hospital have been resolved as a new mental health services inpatient unit has been opened at North Shore Hospital and all bedrooms are single.

The recording of discussions around resuscitation decisions still does not provide sufficient clarity about who has contributed to this decision and requires further improvement.

There is a well-established complaints process in place that meets the requirements of legislation and the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code of Rights). Patients/consumers and family members spoken with were aware of how to make a complaint. Staff described how they assist in this process. The complaints register contains information on complaints, actions taken and responses to the complainant that show a timely and sensitive approach. Details on the number of complaints received, themes and any changes to practice were regularly communicated to staff and managers.

Organisational management

The WDHB board of directors follows the nationally prescribed planning process, integrating the district's needs and national targets set by the Ministry of Health. There is a strong focus on regional collaboration with the other two Auckland district health boards as well as the Northland District Health Board. This has led to a regional approach and sharing of many services.

The Health Quality and Safety Commission provide a focus for improvement activities along with a number of projects. A commitment to continuous improvement and patient safety was demonstrated across all services visited. Quality is a core part of main board meetings. Monthly quality reports are prepared and include reporting on various quality indicators. Quality data is collected, analysed and reported on to committees and clinical areas. Quality data is displayed in each clinical area via a recently implemented electronic reporting system.

The chief executive has ultimate responsibility for quality within the District Health Board (DHB) and the chief medical officer and director of nursing and midwifery are jointly responsible for clinical governance and all aspects of quality. There is a quality team who is responsible for leading the execution of the DHB's quality strategy and action plan. The quality team are also responsible for improvement projects and risk management. The quality team works across all areas of the DHB and work with staff to improve patient and staff safety. Accidents and incidents are reported on an electronic database and are managed by a member of the quality team and there was evidence of effective monitoring. Senior management responds rapidly to any emerging issues. Risk registers are available.

Health professionals have current annual practising certificates. The improvements required during the last audit relating to departmental credentialing remains. A management system is in place that forecasts and manages hospital demand on inpatient beds and service delivery. Shift co-ordinators monitor nursing workloads in each area and ensure the workloads are balanced across the nurses on each shift. Patients reported they receive timely services from a variety of staff with a range of different skills and knowledge.

The previous issues related to documentation have been addressed. Improvements to the legibility of entries in patient records, and ensuring information of a personal nature is not publicly observable have been made.

Continuum of service delivery

There was evidence of a multidisciplinary team approach to patient care involving all major health professional disciplines. Clinical services in North Shore and Waitakere Hospitals include qualified staff that deliver patient services. Patient's clinical records are updated each shift or when the patient's condition alters. Medical plans of care and interventions are documented in patient's

progress notes. Nursing staff conduct routine observations and follow the early warning scoring system for reassessment if a patient's condition alters. Rounding checks by nursing staff are conducted at least hourly. There is a process for seeking appropriate assistance should a patient's condition deteriorate. General improvements need to be made to ensure the documentation of care planning is managed in a consistent way and previous related areas identified for improvement remain open.

The falls prevention programme includes a range of prevention strategies and is part of quality and safety risk prevention processes. Waitemata DHB has implemented a range of initiatives relating to falls prevention within the DHB that are consistent with regional and national recommendations.

Patients presenting at emergency department are triaged according to severity. Patients are stabilised and transferred appropriately. Internal referral process to the multidisciplinary team members occurs at multidisciplinary team meetings and electronically, this is recorded in patient's clinical files. External referrals are conducted by the clinical team to other specialised services, as required.

An overarching medicine management policy outlines systems for reconciliation, prescribing, dispensing, storage and administration of all medicines. There is evidence that clinical pharmacists are actively involved in all inpatient areas. Clinical staff receive medicine management education as part of their orientation. E-learning tools relating to medication management are available and compulsory for clinical staff to complete. Previous areas for improvement related to the completion of medication documentation remain open.

Safe and appropriate environment

All buildings have current building warrants of fitness or compliance schedules. New Zealand Fire Service approved evacuation plans are in place and six monthly fire drills are scheduled. Training for fire evacuation and fire warden training is scheduled each year. A specialist team is responsible for emergency response management. A health emergency plan and various other emergency plans/documents are used to guide staff in an emergency. Staff receive training in emergency management.

There has been one major building project completed in May 2015; construction of He Puna Waiora, a new inpatient mental health unit at North Shore Hospital. Facilities management personnel advised there is one major project underway that is scheduled for completion in October 2015. There are also several other building projects underway at North Shore and Waitakere Hospitals.

There is a system used to manage equipment and plant ensuring preventative and corrective maintenance occurs. The required improvements to storage of equipment and furniture have been made. The required improvement identified during the last audit to minimise the use of one room in Mason Clinic that does not have an external window has not been made. It is anticipated this improvement will be made as part of the rebuild at Mason Clinic.

Restraint minimisation and safe practice

There is a restraint minimisation policy that guides staff on the use of restraints and enablers. The restraint minimisation processes are managed by an appropriately credentialed group of health professionals who meet at appropriate intervals to oversee and improve the reduction in restraint use. Restraint reviews are completed quarterly to review restraint usage and trends.

There is a restraint minimisation safe practice group within mental health services who are responsible for oversight of management of restraints within the mental health service. One of the two improvements identified during the last audit in mental health services has been addressed; there is a consumer advisor on the restraint minimisation and safe practice group to review and evaluate incidents of seclusion. The other shortfall from the last audit relating to a call bell in the seclusion rooms remains.

The DHB incident management system is used as a register to record all restraint events. The DHB restraint co-ordinator reviews all events. Review of documentation, including consumer/patient clinical records and interviews with consumers/patients, relatives, management and staff indicates restraint processes are safely managed. The DHB continues to aim for a restraint free environment and there is a strong emphasis on prevention/de-escalation within the DHB.

Infection prevention and control

There is an infection prevention and control programme in place that is appropriate to the size and complexity of the service. Infection prevention and control representatives are represented on key committees within the DHB including product evaluation and clinical practice. Input is also sought from the infection prevention and control team during building projects. The team includes medical specialists, pharmacists, quality specialists, microbiologists and nursing specialists.

The team is proactively assessing the information available to staff in the patient areas to assist with the management of infections. Team members visit patient areas to ensure patients with infections are managed appropriately. WDHB is providing data at a national level as part of the Health Quality and Safety Commission work. Reports and analysis of this data is circulated widely within the WDHB.