

Canterbury District Health Board

Introduction

This report records the results of a Certification 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 Central Region's Technical Advisory Services 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:	Canterbury District Health Board
Premises audited:	Lincoln Maternity Hospital Oxford Hospital Rangiora Hospital The Princess Margaret Hospital Tuarangi Home Ashburton Hospital Burwood Hospital Waikari Hospital Christchurch Hospital Darfield Hospital Ellesmere Hospital Hillmorton Hospital Kaikoura Hospital
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Children's health services; Dementia care; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 20 July 2015 End date: 23 July 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:	1113

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 Canterbury District Health Board (CDHB) operates 1390 beds in thirteen hospitals from Kaikoura to Ashburton. This certification audit included site visits to Christchurch Hospital and Christchurch Women's Hospital, Hillmorton, Burwood, Oxford, Ashburton, Tuarangi and the Princess Margaret Hospital. The audit team was provided with a comprehensive self-assessment and supporting evidence prior to the onsite visit. Nine service tracers and two systems tracers were undertaken during the onsite visit and the auditors interviewed staff and patients. The CDHB continues to redesign and improve health care delivery through a collaborative 'whole of systems' approach involving health professionals across all sectors. The outcomes from this approach show the success of the programmes, however the DHB continues to face problems caused by the earthquake five years ago. Services are still provided in some less than optimal buildings while new hospitals are built at both the Burwood and Christchurch sites. Risks are continually assessed and mitigated. The wellbeing of staff is monitored and support is provided. Patients interviewed were very positive about the care and treatment they received and the CDHB demonstrated that they are providing quality safe care to their patients. There are seven corrective actions arising from the audit.

Consumer rights

Staff understand the requirements of the code of rights and patients in all services confirmed they were told about their rights under the Code. Patients are treated with respect and risks related to privacy are mitigated. Maori and Pacific patients have their needs met and are supported appropriately through the episode of care. There was no evidence during the audit of any discrimination against patients and CDHB staff work within a code of conduct. Clinical care is based on evidence and best practice. All patients interviewed confirmed the staff communicated well with them and they were provided with sufficient information to make informed decisions. Consent audits are undertaken and education on informed consent and the code of rights is provided to staff. A revised open disclosure policy was released during the audit. Staff confirmed an interpreter service is available and data shows CDHB uses an average 400 interpreters a month. CDHB has a well developed complaints management process and patients confirmed they were told about the complaints process. Complaint investigation timeframes are monitored, and review of the process shows the patient and/or their family are kept informed of progress. CDHB has implemented policy and systems to ensure the rights of patients are upheld.

Organisational management

The Board and executive have set a clear direction for the organisation and implementation strategies are closely monitored. Management is supported by data to assist decision making and implementation of new and improved information management systems will provide more real time information. Quality and risk management systems support the organisation. The leadership and lean projects continue to involve front line staff in improvement projects and the DHB demonstrates a culture of ongoing quality improvement. There are corrective actions required in relation to document control of policy and procedure at a local level and variability in managing corrective action plans.

Risk management is robust and good processes ensure the many decisions in relation to managing risk in this post earthquake environment are made in an ethically sound manner. The DHB manages all incidents in an open manner. The new incident reporting system called Safety 1st will provide better reporting and analysis of data. In the mental health services both consumer and family/whanau participation is encouraged and their involvement at all levels in the service was demonstrated to the audit team. Human resource processes meet good practice and legislative requirements. Improvements have been made to the

orientation programme and training requirements are linked to professional development. Credentialing of new medical staff is at appointment and a revised credentialing process is planned. There are corrective actions required in relation to compliance with performance appraisal requirements and credentialing. Systems to ensure the appropriate staff with the appropriate skill mix are rostered each shift work well for the DHB and the management of staffing is coordinated through the central operations centre. The DHB is in transition to an electronic record. The paper record is managed well with standardised processes across the DHB and controls around access and security of information.

Continuum of service delivery

Patient tracers were completed in nine services; maternity, paediatrics, cardio-thoracic, oncology, geriatric, medical, orthopaedics, youth and adolescent mental health and forensic mental health rehabilitation. Review of these patients' journeys and their clinical records showed assessments and care planning were undertaken. All members of the multidisciplinary team, who are qualified and skilled for their roles, documented care and treatment provided. There was evidence of evaluations of care and changes to care planning as required. Patients and family/whanau input to care planning and service delivery was observed and the patients confirmed their participation.

Daily rounds and 'huddles' provide a forum for planning the day in the wards noting patients for discharge and or assessment or referral to other services. There is access to medical staff 24 hours a day, seven days a week. There is timely access to allied health services and dedicated pharmacists are on each ward visited. Handovers observed demonstrated appropriate sharing of information between staff. Transfers between services follow protocol and standardised communication tools are in use across all services. There are three corrective actions in relation to the use of the Early Warning Score (EWS) form and the Aged Residential Contract (ARC) requirements at Tuarangi.

The DHB medicine management policy meets legislative requirements. The DHB is implementing the electronic medication prescribing and administration system. A systems tracer was completed for high risk medicines. There is a corrective action required in relation to medication management. The patients involved in the tracers were positive about the food services which are managed by a contracted service provider with dietitian input into menus and special diets.

Safe and appropriate environment

The environment for patients and staff is safe. Waste is appropriately managed. The risks associated with the buildings as a result of the earthquake are managed on an ongoing basis. The new hospital building at Burwood is opening in the first half of 2016 and the work on the new Christchurch Hospital has begun. All inpatient buildings have a current Building Warrant of Fitness (BWF). Good systems are in place to monitor plant and equipment. The amenities in the wards meet the needs of the patient groups. Cleaning and laundry service are provided under contract and the wards visited were clean. There are systems for emergency response and the CDHB works closely with other agencies and emergency services in the Canterbury region. Management staff work with the contracted security service to ensure the safety of patients, staff and visitors.

Restraint minimisation and safe practice

The DHB has implemented systems and processes to minimise restraint. The organisation is actively addressing incidents of restraint by implementing training and systems that focus on de-escalation and non-violent interventions.

Reporting and monitoring of restraint will occur through the Safety 1st incident reporting system when fully implemented. There is a corrective action required in relation to consistency across services. Seclusion is used in the mental health services and use is monitored. Seclusion use continues to decrease.

Infection prevention and control

A systems tracer on isolation management was undertaken. The DHB has an established infection prevention and control programme led by experienced practitioners. Processes are in place to minimise nosocomial infections. Hand hygiene is a focus. Staff are educated and there are educational resources for patients. Surveillance data from across the DHB is collated, analysed and reported. There was evidence of improvements made. Antimicrobial usage is monitored through audits and prescribing is encouraged within best practice guidelines.