

MidCentral 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:	MidCentral District Health Board
Premises audited:	Horowhenua Health Centre Palmerston North Hospital
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: 17 November 2015 End date: 19 November 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:	356

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

Palmerston North Hospital (Palmerston North) and the Horowhenua Health Centre (Levin) are part of the MidCentral DHB (MDHB) and provide a range of services to the region's population of around 162,500. Hospital services include medical, surgical, child health, mental health, elder health and rehabilitation, and a regional women's health service. MDHB also provides some lower level tertiary services and some specialist services are provided on a wider regional basis. These include regional cancer treatment services, haematology, renal and urology. MDHB works in collaboration with other DHB's within the region, and with Whanganui DHB in particular, through the central Alliance.

This three day surveillance audit, against a subset of the Health and Disability Services Standards, included an in depth review of two patients' care and four clinical systems. During this process auditors reviewed clinical records and other documentation, interviewed patients and their families, interviewed management and staff across a range of roles and departments, and made observations.

At the previous certification audit there were 30 areas identified as requiring improvement; 11 of these have been addressed and are now closed. This audit identified 21 areas that either require ongoing improvements or are identified as new issues to be addressed.

Consumer rights

While staff are generally sensitive to patients' privacy needs, this continues to be an issue, particularly with respect to the lack of privacy afforded to patients in the pharmacy area and for those in the high needs unit of Ward 21, the mental health unit.

Education is underway in the children's service to support family violence screening and improvements have been made in the rates of screening in some key areas; however this is not yet being completed in the children's service and inconsistently in the files reviewed in the maternity and mental health services.

Good information is now consistently provided to effected parties where there have been adverse events. This now meets a previous requirement.

On the whole, patients' informed consent is sought and recorded. This was seen relating to consent for children prior to surgery, thus addressing a previous gap. However, the same issue now arises in a different context with gaps in documentation around patient and/or family consultation for 'not for resuscitation' orders.

The previous audit identified that complaints were not being resolved within the required timeframes. There have been a series of changes made to the complaints management system since then and timeliness is being closely monitored. Improvements have resulted and this issue is now resolved.

Organisational management

The management of quality and risk across MDHB is well established with a planned quality improvement programme and a quality team that support national priorities, sub-regional and regional projects. A strength of the organisation is their integrated approach

across the continuum of care (the primary and secondary services) with several projects involving staff across the services. Key components of quality and risk management are linked through clinical and non-clinical committees and teams, with clinical staff involved in decision making and monitoring.

A range of quality improvement data is gathered, analysed, graphed and reported to decision making groups. Where trends or opportunities for improvement are identified this is actioned. Staff and project teams use data to monitor progress and outcomes. Corrective action planning ensures a robust system to track completion of the recommendations made from the more significant events and complaints.

Improvements to the risk management system have resulted in a dynamic system with improved identification, monitoring and reporting on risks, addressing previously identified shortfalls.

The previous required improvement related to policies and procedures has been partially addressed with the transition to a new web based electronic system and the numbers of overdue policy significantly reduced. Improvements are now required to ensure currency of all paper based documents/manuals that are still available for staff use in clinical areas.

Adverse events are well managed, reviewed and reported and learning from investigations of significant events is evident. The external review of mental health services resulted in a series of recommendations and the service has developed a strong leadership structure and instituted a range of measures at all levels to address these. This is an on-going process with some first stage outcomes achieved so far. There were no events noted that had not been reported through the correct channels, which was a previously identified issue.

Changes to the recruitment process ensure that all staff now go through a police vetting system, addressing a required improvement. Ongoing issues around completion of performance appraisals and mandatory training requirements continue.

A range of projects, roles, regular meetings and systems support decisions around ensuring staff with the rights skills are used to provide safe patient care. Work continues to ensure there are sufficient staff to meet the high occupancy levels in the mental health ward. New appointments to the maternity service, planned for February 2016, will address current shortfalls. Staffing in the Star 1 ward (psychogeriatric) and medical imaging areas are under review to support timely and contemporary care. These projects need completion to address the current shortfalls.

The previous areas requiring improvement related to the integration of mental health information into the one electronic system has been addressed.

Continuum of service delivery

Patient care was reviewed and evaluated across the services using the two patients reviewed using tracer methodology, the four systems tracers (medicines management, infection control, management of the deteriorating patient, and systems to reduce patient falls) and the additional sampling.

Care is provided by appropriately trained and supported staff. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. Improvements have been noted in the completion of routine admission assessments and ongoing review where required. Identification of individualised patients' goals is still not consistently occurring and requires further attention. In a range of clinical areas, there have been improvements instituted since the previous audit and examples were sighted where these have been sustained. Improvements continue to be required in recording and updating assessments; completing fluid balance evaluations and early warning scores for the deteriorating patient; and care planning. Planning for discharge and patient transfer of care is not always being completed and/or documented within the medical, surgical and maternity services and this requires attention.

The mental health service is working to address the areas identified for change as a result of the external review. New approaches are being trialled. Care plans in this service are documented, updated and reflect the current needs of the patient. More specificity is required to ensure that the responsibility for carrying out plans is clearly identified. A previous finding about the inappropriate care of older people in the mental health unit has been resolved.

The deteriorating patient systems tracer shows the organisation has implemented an early warning score process to the majority of adult inpatient areas; however, there is no overall organisation-wide strategy for this work and the policy on escalation is not being consistently adhered to.

The patient falls risk assessment processes is consistently utilised and interventions are implemented to reduce patients' risk of falling. The falls prevention programme has been well implemented and has resulted in a steady decline in the numbers and severity of falls.

There are effective systems in place for medicines management that are well known to staff. Since the last audit several areas requiring improvement have been addressed, however there continue to be several improvements required, such as those related to pro re nata (PRN) prescribing, medicines reconciliation, administration, notation of allergies and signatures, controlled drug monitoring and the recording of temperatures where medicines are stored. The medicines system tracer, focused on the management of opioids and the project that the organisation has commenced around this national initiative. Positive outcomes to date were evident. Controlled drug management meets legislative requirements with a few areas not meeting the policy of weekly controlled drug register checking.

The temperature of fridges storing patients' food on wards is still not being monitored in most clinical areas; this needs improvement.

Safe and appropriate environment

Buildings have current building warrants of fitness with some being completed over their due date with the local authority agreement. At the last audit, areas for improvement related to waste, provision of personal protective equipment, chemical management, buildings being unfit for purpose and equipment maintenance. These remain as issues. Work has been completed in some areas to reduce the impact on patients and staff related to the buildings; however a plan for building renovations is currently on hold.

No building changes have occurred since the last audit and the New Zealand Fire Service evacuation plan has not required to be amended. Emergency and security policies are in place and training occurs. There continue to be gaps in the recording of the checking of resuscitation trolleys in some areas visited.

Restraint minimisation and safe practice

The restraint approval group oversees the use of restraint and enablers. Enablers are appropriately used with the patient's consent. Restraint use is fully assessed and documented following improvements to the electronic recording system which has addressed two previous areas requiring improvement.

As part of improving the mental health service following the external review, the use of restraint is being examined. Improvements in the service are required to review the use of restraint by developing a suite of interventions which would contribute to the reduction in restraint use, with the aim of achieving the least restrictive environment.

The seclusion room in the mental health unit has been verified and authorisation of this area for seclusion is now complete.

Infection prevention and control

Surveillance is undertaken for a range of organisms including multi-drug resistant organisms. Infection prevention and control is overseen by a proactive committee and infection control team of clinical nurse specialists, supported by an infectious diseases physician, antimicrobial pharmacist and microbiologist. There has been a focus on improving staff influenza vaccination rates with very positive results.

A previous need to increase the early involvement of the infection control team when changes to services are proposed has been partially addressed, but needs further attention. A further shortfall related to antimicrobial monitoring has now been adequately implemented.