

Nelson Marlborough 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:	Nelson Marlborough District Health Board
Premises audited:	6 Regent Lane 62 Leicester Street 71 Maxwell Road 17 Kaka Street 75 Saxton Road West 22 Tasman Street 792 Main Road Stoke 90A Aldinga Avenue Alexandra Hospital 238 Seaview Road Mental Health Admissions Unit 3/246 Vanguard Street Murchison Hospital and Health Centre 33 Kingsford Drive 11 Harford Court Nelson Hospital Tipahi Street Mental Health Wairau Hospital 35 McShane Road 72 Fergusson Street 19 Middlebank Drive 12 Leicester Street 46 Aldinga Avenue 35 Ngawhatu Road 110 Toi Toi Street 64 Grove Street 12 Trolove Place 4/132 Toi Toi Street 129 Milton Street 136 McShane Road 47 Weka Street 154 Songer Street 5 Suter Street 158 Milton Street
Services audited:	Hospital services - Psychogeriatric services; Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Mental health services; Rest home care (excluding dementia care); Residential disability services - Physical; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services

Dates of audit: Start date: 4 April 2016 End date: 7 April 2016

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: 396

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

Nelson Marlborough District Health Board (NMDHB) provides health services to the people of the Tasman region. There are 346 inpatient beds and also disability support service homes which at the time of the audit were supporting 203 service users. The audit team visited Nelson, Wairau, Murchison and Alexandra hospitals, the mental health unit in Nelson and 6 disability support homes. The Alexandra hospital has been redeveloped and planning is in early stages for redevelopment of Nelson hospital, where some clinical areas are in an older building that is in need of replacement.

A self-assessment was provided to the audit team pre-audit and supporting evidence was available both pre-audit and on site. The auditors interviewed patients and disability service users, family members and staff. Nine clinical tracers were undertaken and two systems tracers.

There is evidence of improvements since the last audit with a focus on clinical governance systems and service delivery. Data is available for decision making, clinicians are engaged in improvement activities and all patients who were spoken with were positive about the care they received. Safe, quality care and support is provided.

There are nine required improvements arising from the audit. These are related to policy review, integration of quality activities, corrective action plans, confidentiality and security of clinical information, entry, referral and discharge criteria, assessment practices, documentation of interventions, medication management and restraint.

Consumer rights

Staff provide safe services that comply with consumer rights legislation. Interviews with patients across the services confirmed that they are informed of their rights and are given both written and verbal information about the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code), complaints processes, accessing the advocacy service and interpreters.

Staff receive education about consumer rights and the audit team observed that patients are treated with dignity and respect. Comprehensive policies and procedures provide a framework for staff and evidence of audits was provided. Māori and Pacific patients are supported and the service is addressing Māori disparity. The health service encourages best and evidence based practice and the organisation wide quality programme supports improvements in service delivery.

Audit results showed that the informed consent policy and processes are complied with and patients all confirmed that they are kept informed. Written information for patients is available throughout each facility. The complaints process is clearly advertised and investigations are thorough and timely.

Organisational management

The board monitors service provision and ensures that goals for the organisation are met. The community is provided with information about the Board and health service delivery through open meetings and the website. The executive leadership team and chief executive provide leadership to the organisation and inpatient services are provided by a skilled qualified multidisciplinary workforce. The quality and risk systems are established and continue to improve, particularly in data provision. The clinical

governance committee provides the leadership for quality and safety across the clinical services. Risks are reviewed at Board level. Risks to the organisation are understood and mitigation strategies are monitored. Incidents are reported and managed using the Safety1st information system. Significant incidents are investigated using a root cause analysis methodology and open disclosure to patients and their families is practiced.

Mental health services have processes to ensure consumer and family participation in service planning and delivery occurs. Interviews confirmed satisfaction with the processes. Human resource policies and processes are aligned with good employment practice and legislation. Recruitment and appointment processes ensure the right people are employed and orientation and ongoing learning and development opportunities are available for staff. A training database now provides information to enable monitoring of mandatory training compliance. Medical staff are credentialed. The organisation uses the TrendCare information system to predict and manage safe staffing levels. Daily meetings provide the forum for both bed and staff management. Clinical information is available both electronically and in paper. This hybrid approach will continue as the organisation moves towards electronic records.

Continuum of service delivery

Patient/resident and service user tracers were completed in nine services; medical, surgical, mental health, maternity, paediatrics, assessment, treatment and rehabilitation, rest home and intellectual and physical disability support services. Review of their journey and their clinical record showed evidence of assessment, care planning and review in each of these services.

All members of the multidisciplinary team are qualified and skilled for their roles and there is a multidisciplinary approach to provision and documentation of care and treatment. Patients and family members interviewed confirmed they have input into care planning.

Daily rounds provide a forum for planning the day in the wards with handover to staff occurring at each change of shift. There is access to medical staff 24 hours a day, seven days a week with sound systems implemented to ensure that patients have timely access to allied health services and to other services outside of the Nelson Marlborough District Health Board. Transfers between services follow protocol and standardised communication tools are in use across all services.

There are medication policies and procedures. A systems tracer was completed for high risk medicines. The pharmacy has processes that ensure the flow of goods and services, including, design, planning, execution, control, and monitoring of supply chain activities. Pharmacists provide oversight of medication management. Staff are trained to administer medication, as per policy.

Food services are contracted in and there is dietitian input into menus and special diets. The patients involved in the tracers and others interviewed were positive about the food services. All aspects of food service delivery comply with legislation and guidelines.

Safe and appropriate environment

Across all services there are systems to ensure the environment for patients, staff and visitors are clean and safe. Waste is segregated and disposed of according to policy and legislative requirements. Staff are trained to handle waste safely. Hazardous substances and chemicals are appropriately stored and registered.

All buildings have a current building warrant of fitness and preventative maintenance programmes ensure buildings, utilities and equipment are in compliance with regulations and safety requirements. Bathrooms and toilet facilities continue to improve as newer buildings have en-suites. Risks to privacy in the older building at Nelson are managed. Hot water is tested and while new buildings are tempered some areas are not and water temperature is regularly monitored.

There is adequate space around beds in most services and where there are older four bedded rooms staff are aware of placements for patients with mobility aids. Long term residents are provided with communal areas, dining rooms and safe outdoor spaces. Houses for service users in the disability support service are maintained and are designed to support the needs of the residents. All areas visited by the auditors were clean. Laundry services are contracted.

The organisation has developed and maintained response plans to respond to emergency situations, including fire and medical emergencies. Emergency trolleys are accessible for all clinical services. Exercises for disaster response and evacuation of buildings are held and staff are trained. There are generators available in the case of power failure, water tanks on each site can provide water for up to three days and all areas have business continuity plans which are currently under review. Security staff are

able to respond to security situations. Night patrols are carried out and all facilities are locked down after 8.30pm. CCTV cameras monitor all entrances. All rooms for patients have natural light and heating and ventilation is appropriate.

Restraint minimisation and safe practice

Systems and processes to minimise restraint are implemented in all services. 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 occurs through the Safety 1st incident reporting system, with data indicating that use of restraint has decreased over the organisation. Seclusion is used in the mental health services and use is monitored. Seclusion use continues to decrease.

Infection prevention and control

A systems tracer in infection prevention and control was undertaken and there is evidence the infection prevention and control processes are followed. There is an established infection prevention and control programme led by experienced practitioners. Staff are educated in infection prevention and control and there are educational resources available for patients and visitors. Surveillance data is collated, analysed and reported. Antimicrobial usage is monitored through audits and prescribing is encouraged within best practice guidelines.