

Capital and Coast 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 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 Porirua Hospital Campus (Mental Health Services) Wellington Hospital (Mental Health Services)
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 9 August 2016 End date: 12 August 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:	588

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 the approximately 300,000 people living in the Wellington district. In addition, specialist tertiary level services support other central region 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 persons' 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.

The '3DHB' mental health, addiction and intellectual disabilities services (MHAIDS), which also offers regional specialist services, forensic services and national youth services, was included in this audit. These services are located at both Wellington Hospital, Kenepuru Hospital and Porirua (Ratona Rua o Porirua campus).

This certification audit, against the Health and Disability Services Standards, included a review of management, quality and risk management systems, staffing requirements, infection prevention and control, 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.

Twenty six areas were identified requiring improvement. These relate to privacy in some areas, safety of children within the play area, inconsistent family violence screening and cultural assessments within the mental health service. Completion of consent and resuscitation orders requires attention, as does the delegations of authority policy and the document control system in regard to having current policies and procedures. A lack of youth consumer participation within the MHAIDS is evident. There is insufficient information to track currency of annual practising certificates, training and staff levels are not meeting patients' needs and there is a lack of integrated documentation within the acute adult mental health services. Within the clinical standards, improvements are needed in relation to planning care, documentation of patient outcomes, evaluation, and transfer and discharge information, the management of cancelled surgical cases, and aspects of medicine management. Improvements are needed to the environment and equipment in some areas and to ensure the 'smokefree' policy is implemented within MHAIDS. Management of enablers, restraint and seclusion requires improvement, as do aspects of infection control practices. Two areas have been identified as continuous improvement: the use of evidence-based information in planning services and the way data is collected, analysed and used to drive quality.

Consumer rights

Consumers report respectful care and attention provided across the services and expressed an awareness of their rights, as outlined in the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). Staff are respectful of patients and were observed to seek out private spaces to have health care related conversations. Patients reported feeling safe and secure in inpatient services. Patients within the mental health service spoke positively about their care, treatment and communication with staff. A proactive Whānau care service team and Vaka Pasifika service facilitate supportive care and fulfil an advocacy role for patients.

Several examples of good practice seen during the audit are beyond the requirements of the standard and have resulted in improved patient outcomes and experience. In particular, the development of a delirium pathway and the work undertaken to enhance the journey of frail elderly patients (CAREFUL team) are noteworthy.

Adequate information is provided to patients to assist them to make informed decisions and provide consent. Communication with patients and families is open and honest and examples of open disclosure were evident where required. Access to interpreter services is available and widely used.

Complaints processes are well managed according to Right 10 of the Code. Patients knew how to make a complaint and complaints have been resolved within the required timeframes. Learning and improvement from complaints was evident. Patients and families interviewed were satisfied with the care and services provided.

Organisational management

CCDHB has a refreshed 2030 long term vision with three strategic priority areas identified – ‘shorter stays, growing our people, best value for money’. The 2016/17 annual plan is oriented around these priorities. The DHB works collaboratively with the neighbouring Wairarapa and Hutt Valley DHBs with ‘3DHB’ services for mental health, addictions and intellectual disability (MHAIDS), radiology and laboratory services. As a result of recent changes, structures and operational arrangements are still being confirmed.

CCDHB has a quality improvement and patient safety service (QIPS) working in partnership with the three clinical hospital and health service (HHS) directorates and the 3DHB MHAID service. The QIPS team are integral to the clinical governance structures. Each clinical directorate has internal quality improvement meetings. The QIPS Plan for 2016 – 2017 outlines the CCDHB quality framework and the core driver to improve the patient experience. The quality systems are effectively linked together with the implementation of the new information system, SQUARE, proving an enabler for the quality and risk developments.

There is a intranet accessed document control system for policies and procedures. Risk management is being implemented at each level of the organisation, and with the introduction of the SQUARE information system, the detail in the risk register has increased. This system also provides an improved mechanism for reporting and tracking adverse events. There is a series of ways in which these are reported to ward and senior staff and the investigations of the events are monitored. Serious events are subject to appropriately designed reviews which are sensitive to the patients or families affected.

There is a team of seven consumer advisors and three family/whanau advisors for the 3DHB MHAIDS service. Advisors are included in a variety of committees, such as clinical governance, restraint minimisation, service/incident reviews, and the development of consumer and family specific resources.

Good human resource systems are in place around recruitment and staff orientation and induction. The training needs of staff have been under review. Concerted efforts are in place across the hospitals to determine staffing requirements and match these to clinical need. The Integrated Operations Centre (IOC) monitors this. There is an efficient daily bed management meeting attended by duty managers and an allied health representative. Midwife recruitment is an area of focus currently.

The clinical record is organised according to a standardised format. Progress is being made to increase the number of electronic record fields. Policy to control the quality and security of hardcopy and electronic copy records is in place.

Continuum of service delivery

Patients access services based on needs and this is guided by policy. Waiting times are managed and monitored. Risks are identified for patients through the use of screening tools. Pre-admission assessment processes are used where appropriate. Entry is only declined if the referral criteria are not met, in which case the referrer is informed of the reasons why and any alternatives available. Reasons are discussed with patients and their family, where appropriate.

Thirteen patients' 'journeys' were reviewed as part of the audit process and involved the emergency, surgical, medical, paediatrics, maternity and mental health departments and wards, including intensive care, the transit lounge, operating theatre areas and central sterilising department. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients, and family members.

A qualified and skilled multidisciplinary team provides services to patients and there were good examples of teamwork throughout clinical areas. Shift handovers are efficiently managed.

Assessments are undertaken in a timely manner with results reviewed, discussed and actioned as appropriate. This was supported by patients and family members interviewed. Admission assessment tools utilised are based on best practice. Best practice care

planning tools and pathways are used across the services, including multidisciplinary team review. Most areas were using the early warning score (EWS) to prompt triggers when a patient's condition deteriorates and this tool is generally being well completed. Evaluation is undertaken.

Activities meet the requirements of the individual patients and these are particular to the various specialty settings.

Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use. Allergies are assessed and communicated. Medicines are predominantly stored safely and managed effectively throughout the organisation.

The food services are fully compliant with the industry accreditation standards and patient satisfaction surveys show an average 98% satisfaction rate. There has been a review of the diet codes with a new menu range developed. The service is close to implementing a four week, specifically designed, menu cycle for the long stay MHAIDS consumers.

Safe and appropriate environment

Waste disposal and cleaning are managed under a consolidated contract and comply with regulations. A new initiative supports sustainability and waste minimisation. Laundry is now outsourced and the transition to this has been effective. Good practices were observed and staff training is kept up to date and well documented. Regular audits are undertaken with follow up of any issues identified. The DHB receives monthly reports of a range of quality criteria relating to waste, cleaning and linen. CCDHB has recently commenced a sustainability programme with a recycling system implemented.

All buildings and plant comply with statutory and legislative requirements. Building warrants of fitness are current and asset management systems are well monitored. A newly opened medical ward has been effectively designed to meet the needs of the patient group.

The hospitals have approved emergency evacuation schemes and maintain six monthly trial evacuations. There is emergency training for staff and back up services in the event of emergencies.

The physical environment in clinical areas is now at a good standard overall with adequate toilet and bath facilities for patients, including ensuite rooms in most areas. There is sufficient space around beds to allow for safe patient access and equipment use. Each part of the hospital has communal areas appropriate to the needs of the patient group. The hospitals are well ventilated and warm and patient areas have natural light. The 'smokefree' policy supports the DHB's legal obligation to ensure that patients/consumers are not put at risk by exposure to environmental tobacco smoke.

Restraint minimisation and safe practice

Restraint policy and practices are managed by the Restraint Approval Group. The Restraint Minimisation and Safe Practice policy sets out guidelines for safe restraint practice, expected documentation and evaluation procedures. The MHAID service operate a Restraint Minimisation Committee that meet to review restraint. A plan is in place to ensure staff are current with restraint practice.

Seclusion is governed by the Policy and Procedure for Seclusion document. During the audit period there were no consumers in seclusion. Quality initiatives were detailed that aim to ensure that MHAID service practices are more closely aligned with the philosophy behind restraint and seclusion events, including data collection and management. These improvements are being effectively implemented.

Infection prevention and control

CCDHB has an infection prevention and control (IP&C) programme that has been approved by the IP&C team and has been provided to the strategic clinical governance committee for approval. The team regularly reports to the strategic clinical governance committee, and is confident that IP&C 'has a voice' at all levels of the DHB including governance. The IP&C programme is facilitated by the three clinical nurse specialists. They are supported by the infectious diseases physicians and registrars, the antimicrobial pharmacist, clinical pharmacists, the duty managers and laboratory staff.

Policies and procedures are available electronically to guide staff practice. The clinical nurse specialists in IP&C participate in relevant ongoing education. Orientation and ongoing education is also provided to DHB staff, community health providers, and patients. Records are retained to demonstrate this.

Surveillance for infections is occurring. The surveillance programme is appropriate to the service setting and includes significant organisms including multi-drug resistant organisms, specific surgical site infections, invasive device related infections, blood stream infections and outbreaks. The surveillance results are communicated appropriately. Monitoring of compliance with prophylactic and therapeutic antimicrobial use is occurring.