

Canterbury 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 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:	Chatham Island Health Centre The Princess Margaret Hospital Tuarangi Home Ashburton Hospital Burwood Hospital Waikari Hospital Christchurch Hospital Darfield Hospital Ellesmere Hospital Hillmorton Hospital Lincoln Maternity Hospital Kaikoura Hospital Oxford Hospital Rangiora 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: 13 March 2017 End date: 16 March 2017

Proposed changes to current services (if any): Reconfigurations of Ashburton Hospital, Burwood Hospital, Kaikoura Hospital and Rangiora Hospital.

Total beds occupied across all premises included in the audit on the first day of the audit: 1046

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 operates 1390 beds across 14 sites from Kaikoura to Ashburton. This surveillance audit included site visits to the Christchurch hospital campus, Hillmorton, Burwood, Ashburton, Tuarangi, Ellesmere, Kaikoura and the Chatham Islands Health Centre. The audit team was provided with a comprehensive self-assessment and supporting evidence prior to the on-site visit. Eight individual patient tracers and four systems tracers were undertaken during the on-site visit.

The Canterbury District Health Board continues to face challenges from the impact of the Canterbury and more recent Kaikoura earthquakes. Challenges include workforce, infrastructure and the shifts in the population's health profile and health needs. The new builds at Rangiora, Ashburton, Kaikoura and Burwood hospitals have been completed and are suitable for purpose. The new build of the acute services building at Christchurch hospital is underway. The ongoing challenges of managing new building projects and infrastructure are continually risk assessed and mitigated, with weekly meetings with all stakeholders involved.

The Canterbury District Health Board continues to redesign and improve health care delivery through a collaborative 'whole of systems' approach involving health professionals across all sectors. The wellbeing of staff is monitored and support is provided. Patients confirmed they are positive about the care and treatment they receive.

Required improvements closed out from the previous certification audit include nursing assessments and care planning at Tuarangi and restraint committee structure. All partial provisional facility management improvements required at Burwood were verified to be closed out.

Required improvements remaining from the previous certification audit include document control; corrective actions plans; performance appraisals and credentialing; nursing assessments; early warning scores and medication management (across services audited with the exception of Tuarangi).

There are new required improvements as a result of this audit including informed consent (not for resuscitation and general consent); provider arm clinical governance reporting structures; aged care contract requirements, service delivery practice, and restraint minimisation.

Consumer rights

All patients confirmed they are provided with sufficient information to make informed choices. There is a computerised system, Safety 1st, in place across Canterbury District Health Board that ensures all complaints are monitored and reviewed within expected timeframes. Staff, patients and families confirmed they are aware of their right to make a written or verbal complaint.

Organisational management

The executive leadership team and chief executive provide leadership to the organisation. Management decision making is supported by the Canterbury District Health Board's new and improved information systems which provide more real time information.

Risks are reviewed at Board level and mitigation strategies are monitored. Quality and risk management systems support the organisation. The Health Excellence programme has been adopted, and is in the process of being implemented, to provide a coordinated approach to improving systems. This is supported by a central audit library. The leadership and lean projects continue to involve front-line staff in improvement projects. Canterbury District Health Board demonstrates a culture of ongoing quality improvement.

Significant incidents are investigated using a root cause analysis methodology and open disclosure to patients and their families is practiced. Canterbury District Health Board manages all incidents in an open manner. The electronic incident reporting system which is implemented across the organisation, provides improved reporting and analysis of data. Organisational policies and procedures are on the electronic document management system which is controlled centrally and a new framework is being implemented to include health pathways.

The traditional human resource department is currently being redesigned into a contemporary people and capability function, which is centralised and supports managers across the organisation. Canterbury District Health Board has a new credentialing committee.

Inpatient services are provided by a skilled workforce.

Continuum of service delivery

Patient journeys were followed through in eight services; medical, surgical, child health, maternity, health of the older person, rest home level services and mental health (forensic and adult acute).

Canterbury District Health Board has achieved their health target for shorter stays in emergency departments, faster cancer treatment and improved access to elective surgery.

Review of patients' journeys and systems tracers evidenced a multidisciplinary team approach to care. There is access to medical staff 24 hours a day, seven days a week.

A falls prevention tracer was undertaken which demonstrated the programme is implemented across Canterbury District Health Board including the long-term care residential facilities and rural hospitals services.

A deteriorating patient tracer was also conducted. This programme is transitioning between a computerised and paper based system.

Canterbury District Health Board has implemented an electronic medication prescribing and administration system which is supported by policies and procedures. This has been rolled out to most areas. A medication management systems tracer was also completed.

There are timely transfers to other health services both externally and internally. Transfers between services follow protocol and standardised communication tools are in use across services.

Safe and appropriate environment

The environment for patients and staff is safe. All inpatient buildings have a current building warrant of fitness. A preventative maintenance programme and the environment in the clinical areas is safe for patients and staff. Plant and equipment was compliant with legislation at the time of construction. There are systems for emergency response and Canterbury District Health Board works closely with other agencies and emergency services in the Canterbury region. Management staff work with the in-house security service to ensure the safety of patients, staff and visitors.

Restraint minimisation and safe practice

Policies are in place to support practice. Restraint committees/groups oversee monitoring and evaluation of the restraint process. Restraint reviews are conducted and communicated to all concerned.

Specific training in safe management of patients to reduce the likelihood of restraint is implemented in high risk areas. Mandatory restraint training is delivered in accordance with staff roles, specific service environments and specialised needs.

Infection prevention and control

Multidrug-resistant organisms were used as the system tracer for infection prevention and control. The new research based contact precaution guidelines identifies three streams of service delivery for the patient. Staff reported the new guideline and risk assessment policies ensure the process of identification and management was easier to follow. The infection prevention and control team provide education and support as required.

Surveillance programmes are embedded into practice at Canterbury District Health Board.