

South Canterbury District Health Board - Timaru Hospital

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:	South Canterbury District Health Board
Premises audited:	Timaru Hospital
Services audited:	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: 23 May 2017 End date: 25 May 2017
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:	70

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

South Canterbury District Health Board (SCDHB) provides services to around 59,200 people in the South Canterbury region. Hospital services are provided from the 132-bed facility at Timaru and include medical, surgical, maternity, paediatric, and mental health and addiction services. These inpatient services are supported by a range of diagnostic, support and community based services.

This three-day 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.

The audit identified that improvements are required related to informing patients of the complaints process, family violence screening, the quality and risk management system, including follow through of corrective actions, updating of policies and procedures, and documentation in the clinical record. Improvements are required to the recording of training and completion of

mandatory training and performance appraisals. Within the clinical standards, improvements to assessments, planning, clinical interventions and evaluation of patient care, discharge planning, and management of medicines and storage of food at the ward level are necessary. Aspects of facilities and equipment management require attention to ensure they provide a secure and comfortable environment for children and adults. Management of restraint in the non-mental health services requires improvement, as does the management of patients who are in isolation.

Consumer rights

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is visible around all services, and patients and whānau reported an awareness of the Code and that their rights are upheld.

All patients spoke positively about their care, treatment and communication with staff. Staff were observed respecting patients' rights, including their privacy. Maori and other cultural groups have their needs met.

Examples of evidence based practice and innovative approaches to delivering care, along with promoting a safe environment, were noted across services.

Adequate information is provided to patients to assist them to make informed decisions and provide both written and verbal consent. Communication with patients and families was open and honest and examples of open disclosure were evident where required. Access to interpreter services is available and known to staff.

The complaints process is well managed. Complaints have been resolved within the required timeframes. Learning and improvement from complaints was evident.

Organisational management

A well-developed planning process is based around the statutory requirements and has been adapted to meet the needs of the region's people. The strategic plan has recently been updated to support an increasingly integrated approach, and work is underway to develop values to reflect the organisational cultural developments.

A new management and leadership structure is still 'bedding in' with the new leadership team progressing a range of projects and developments to better support the strategic direction.

The quality and risk framework is now led by the Director of Organisational Capability and Safety. This role is supported by a team of quality and risk coordinators. The organisation is engaged with the Health Quality & Safety Commission and other national and regional projects. Consumers are involved at several levels in the organisation, with the setting up of the Consumer Council imminent. Data is widely available and well used to monitor patient safety, support projects, make improvements, monitor trends and address issues where they arise. Adverse events, including those of a more serious nature, are being managed as required.

Consumer and family involvement within the mental health services is well developed, with involvement of appointed roles at operational level.

Human resources systems are based on best practice, with an organisation wide and unit based orientation process. Staff are well supported with training and education opportunities. Staff numbers and skill mix are defined and based on Trendcare and the Care Capacity Demand Management (CCDM) information. There is a multi-pronged approach to ensuring staff are utilised in the most efficient way to meet changing patient demands.

Clinical records are well completed, tracking the patient's care. Records are stored securely and easily retrievable. Privacy of information is maintained.

Continuum of service delivery

Patients access services based on their needs and this is guided by policy. Waiting times are managed and monitored. Risks are identified for patients through screening tools which are based on best practice. 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.

Five patients' 'journeys' were reviewed as part of the audit process and involved the surgical, medical, paediatrics, maternity and mental health wards, and included the emergency department, intensive care and operating theatre suite. 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. Referrals to other health services in the hospital and the community occur. Shift handovers are efficiently managed and include an office and bedside handover by nursing staff.

Assessments are undertaken in a timely manner with results reviewed, discussed and actioned as appropriate. This was supported by patients and family / whānau members interviewed. Care planning tools are used across the services, including multidisciplinary team review. Use of early warning scores (EWS) to prompt triggers when a patient's condition deteriorates are generally well completed. Evaluation is undertaken of patients' progress on a regular basis and includes progress towards discharge.

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 and this is supported through ongoing education. An electronic medication system is in use in wards and departments. Clinical pharmacists provide support in the majority of clinical areas. Medicines are stored safely.

Food services meet the requirements and the needs of patients, including those with special needs. Patients expressed their satisfaction with the meals provided.

Safe and appropriate environment

The hospital environment is showing its age and provides an ongoing challenge for the DHB. There have been many upgrades of buildings and reconfiguring of spaces. These all have relevant compliance and warrants of fitness certificates issued. Asset management systems are well monitored with a rolling maintenance schedule for both general and medical equipment.

Waste disposal and cleaning are managed appropriately with a close liaison with the district council for recycling of waste. Laundry is carried out on site as an in-house service. There have been improvements in the laundry environment since the last audit, and attention to health and safety was evident within the building. Regular cleaning audits are undertaken by the contracted cleaning service which showed good compliance.

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 adequate for the needs of the patients with toilet and bath facilities, including ensuite rooms in some areas. There is sufficient space around beds to allow for safe patient access and equipment use in most of the clinical areas. The hospital has communal areas appropriate to the needs of the patient group.

The hospital is mainly well ventilated and warm and patient areas have natural light. The 'smoke-free' policy supports the DHB's legal obligation to ensure that patients and staff are not put at risk by exposure to environmental tobacco smoke.

Restraint minimisation and safe practice

Restraint policy and practices are currently under review for the general hospital. The Restraint Minimisation Group was disestablished in its previous form and is to be reinstated as part of the new clinical governance framework which will be overseen by the Clinical Board. The mental health and addiction service (MH & AS) review every restraint and seclusion event which occurs in their service, with supporting environmental audits and recommendations sighted. The safe practice effective communication (SPEC) training for the MH & AS service is well attended. The general hospital is currently reviewing how it will provide the required training moving forward.

The seclusion process is governed by the Policy and Procedure for Seclusion document. Quality initiatives were detailed that aim to ensure that MH & AS service practices are more closely aligned with the philosophy behind restraint and seclusion events, including data collection and management.

Infection prevention and control

SCDHB has an infection prevention and control programme that has been approved by the Infection Prevention and Control Committee. The programme is facilitated by the infection prevention and control nurse, supported by the committee, ward/department representatives, duty managers, and laboratory staff.

Policies and procedures are available electronically to guide staff practice. Orientation and ongoing education on infection prevention and control topics is provided to staff. Patient and family education also occurs.

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 antimicrobial use is occurring.