

Counties Manukau 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:

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| Legal entity: | Counties Manukau District Health Board |
| Premises audited: | Middlemore Hospital Papakura Obstetric Hospital Pukekohe Hospital Tamaki Oranga Auckland Spinal Rehabilitation Botany Downs Hospital Franklin Memorial Hospital Manukau Surgery Centre |
| Services audited: | Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Residential disability services - Physical; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services |
| Dates of audit: | Start date: 7 February 2018 End date: 9 February 2018 |
| 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: | 859 |

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

Counties Manukau District Health Board (CMDHB), known as Counties Manukau Health (CM Health), provides services to around 541,000 people in the Counties Manukau district. It is the second largest district health board in New Zealand and employs around 8,000 staff. Hospital services (1,000 beds) are provided from Middlemore Hospital, Papakura Obstetric Hospital, Pukekohe Hospital, Tamaki Oranga, Auckland Spinal Rehabilitation Unit, Botany Downs Hospital, Franklin Memorial Hospital and Manukau Surgery Centre. Services include medical, surgical, maternity, paediatrics (Kidz First Children's Hospital), mental health, and plastic surgery and assessment treatment and rehabilitation services. Several regional and national services are also provided, including the National Burns Centre, the Supra-Regional Spinal Service and the tertiary trauma referral services for orthopaedics and plastics.

This three-day surveillance audit, against a subset of 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. Auditors visited the Middlemore Hospital, the Spinal Unit, the Manukau Surgical Centre,

Tamaki Oranga rehabilitation unit, Tiaho Mai (the acute mental health service), Pukekohe Hospital, and the aged care facility Franklin Memorial Hospital, at Pukekohe.

Franklin Memorial Hospital provides long stay hospital level care for up to 18 residents. On the day of audit, there were twelve residents. Short term respite and carer support is also provided when there is capacity.

This audit identified 13 areas that require improvement across the standards. These relate to consent, management of complaints, policy review, risk management, completion of satisfaction surveys and analysis of infection surveillance data at Franklin Hospital, training and development recording systems, performance reviews, and staffing requirements. Within the clinical standards, improvements are required related to planning of patient care, discharge planning, and management of medicines. The mental health facilities continue to require improvement. The new acute unit building is nearing completion which will resolve this situation.

Since the previous audit, improvements have been made to ensuring the least restrictive environment in the mental health unit is maintained, medical credentialing, some aspects related to staffing, timeliness of service provision, clinical assessments, activities in the mental health service, evaluation of care, food services, and external areas in the acute mental health service. Work has been progressed in most other areas requiring improvement, with further work underway.

Consumer rights

Patients and families/whanau are provided with the information they require at the appropriate times to make informed decisions which includes consent for treatment. Services provided support personal privacy, independence, individuality and dignity. Staff interact with patients in a respectful manner.

Communication with patients and family members was reported as being thorough and in a style that could be clearly understood.

The organisation has undertaken an extensive review of its complaints system and the Executive Leadership Team are due to sign off on the proposed changes. There is a register of complaints in place.

At Franklin Memorial Hospital, open and effective communication is promoted between staff, residents and families. Few complaints are received, but when these occur, they are managed in accordance with the CMDHB process.

Organisational management

The quality and risk management framework supports the decentralised model of leadership, with a strong commitment to clinical governance and shared decision making. Integration between the divisions is assured through several key roles that function across the services, along with shared governance and clinical groups. Quality improvement data is gathered and reported with several improvements made to establish data bases that better support integration, follow-through of corrective actions and outcome measures.

Improvement activity was evident at all levels of the organisation, from large projects to small ward-based initiatives. Several key projects have resulted in a safer environment for patients, in line with regional and national developments. Projects continue to be implemented to improve assessment, planning and evaluation of care with positive results already evident. The Fundamentals of Care programme is well underway, supporting audit and evaluation of the quality of care from a patient/whaanau perspective. Staff displayed a patient focused approach to care.

There is a system for the management of adverse events which aligns with national good practice.

There has been progress on the identification of mandatory training requirements for staff. There is evidence of area specific training taking place and staff reported good access to a wide range of training opportunities.

A range of mechanisms are used to ensure that the right numbers of staff are available to meet the changing needs of patients across the services. The development of the Spinal Cord Injury Unit has ensured a safer environment for the transfer of patients from the intensive care unit. Improvements have been made to streamline the recruitment process reducing the time taken to appoint staff. Work is continuing to establish base level full time equivalent numbers for nursing and allied health staff.

Franklin Memorial Hospital contributes quality data, maintains risk management plans and monitors, reviews and reports on its performance. An experienced and suitably qualified charge nurse manages the facility. Adverse events are documented with

corrective actions implemented where necessary. The appointment, orientation and management of staff occur within the wider DHB systems and is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular annual individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Continuum of service delivery

Patient care was reviewed and evaluated across services, in addition to the in-depth review of eight patients using tracer methodology in the areas of mental health and addiction services, maternity, surgical, medical, paediatric and older persons' health. Four systems tracers were also conducted in relation to management of medication, the deteriorating patient, the prevention of falls, and infection prevention and control. The information gathered from all tracers was supported by additional sampling.

Care is provided by suitably qualified and experienced staff who work in a multidisciplinary manner to provide timely care. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. Service delivery overall meets the needs of the patients. The falls prevention programme is well established providing numerous initiatives and a reduction in frequency and severity of falls events. Discharge planning is actively occurring. All patients and family members interviewed were complementary about services received.

Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use in most areas. Allergies are assessed and communicated. Clinical pharmacists provide good support to all areas. Medicines are stored safely and managed effectively throughout the organisation.

Food services meet the individual needs of patients. A high degree of satisfaction with the service was reported by staff and patients. Issues when identified are dealt with quickly. Food storage meets legislative requirements in all areas.

At Franklin Memorial Hospital a registered nurse and general practitioner assesses residents' needs on admission and regularly thereafter. Care plans are individualised based on a comprehensive range of information including interRAI assessments and include any new problems that might arise. Files reviewed demonstrated that the care provided and needs of residents are

reviewed and evaluated on a regular and timely basis. The planned activity programme provides residents with a variety of individual and group activities and maintains their links with their local community. A manual medicine management system is in place and administration is undertaken by registered nurses who are trained and competent. A contracted provider prepares food on site to meet the nutritional needs of the residents. There is a current food safety plan.

Safe and appropriate environment

All buildings have current Building Warrants of Fitness certificates and fire drills are occurring based on an annual calendar. Maintenance of buildings is occurring as required. Franklin Memorial Hospital has a current building warrant of fitness. Equipment is electrically and functionally tested as required.

Restraint minimisation and safe practice

The organisation has policy and procedures related to restraint minimisation and safe practice and a guideline for the safe use of bedrails. A Restraint Minimisation and Safe Practice Group actively oversee restraint use, education and monitoring based on collation and analysis of verified restraint data. Improvements around decision making, documentation and education for the use of bedrails is progressing well, as is the newly developed 'Effective Communication' training.

Franklin Memorial Hospital has implemented policies and procedures that support the minimisation of restraint. Two enablers and no restraints were in use at the time of audit. Use of enablers is voluntary for the safety of residents in response to individual requests.

Infection prevention and control

The surveillance programme is defined and appropriate to the size and complexity of cases. The programme is responsive to changing requirements of the hospital and the feasibility of extending surveillance in the areas of spinal surgery and metallic

implants, catheter related urinary tract infections and ventilator assisted pneumonias is being explored. There is clear documentation of meetings of the infection prevention and control team and Committee and the meeting minutes reflected discussion on all current activity relating to infection prevention and control. The surveillance system is set up electronically and allows easy access to admission, discharge and screening information. Information (swab results) from outlying facilities are sent centrally allowing for access to data for surveillance of infections in these areas. At Franklin Memorial Hospital there are processes to identify and treat emerging infections and outbreaks in the service.