

# Counties Manukau District Health Board

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## 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:

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| <b>Legal entity:</b>  | Counties Manukau District Health Board  |
| <b>Premises audited:</b>  | Middlemore Hospital  Papakura Obstetric Hospital  Pukekohe Hospital  Tamaki Oranga  Auckland Spinal Rehabilitation  Botany Downs Hospital  Franklin Memorial Hospital  Manukau Surgery Centre   |
| <b>Services audited:</b>  | Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services |
| <b>Dates of audit:</b>  | Start date: 7 May 2019      End date: 10 May 2019   |
| <b>Proposed changes to current services (if any):</b>   | None  |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 921   |

# Executive summary of the audit

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## 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 secondary and tertiary services to around 558,000 people who reside in the local authorities of Auckland, Waikato and Hauraki District. Hospital services (1199 beds) are provided from the Middlemore Hospital, Papakura Maternity Unit, Pukekohe Hospital, Tamaki Oranga, Auckland Spinal Rehabilitation Unit, Botany Downs Maternity Unit, Franklin Memorial Hospital and Manukau Surgery Centre. Services include medical, surgical, maternity, paediatrics (Kidz First Children's Hospital), mental health and addiction services, 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 four-day certification audit, against the Health and Disability Services Standards, included a review of management, quality and risk management systems, staffing requirements, service delivery, infection prevention and control, management of restraints 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, Tiaho Mai (the acute mental health service), Pukekohe Hospital, Papakura Maternity Unit, and the aged care facility Franklin Memorial Hospital.

Franklin Memorial Hospital provides respite, palliative and long-term hospital level care for up to 18 patients. On the day of the audit there were 14 patients.

This audit identified 12 areas that require improvement across the standards. These relate to staffing, clinical records, planning of patient care, discharge planning, management of medicines and storage of food in ward areas. Improvements are also required in relation to facilities, laundry services, management of enablers and infection prevention and control. There are two areas rated as continuous improvement related to the Fundamentals of Care Programme and infection prevention and control.

## **Consumer rights**

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) was visible around all areas of the DHB. Patients and families/whānau reported an awareness of the Code and that their rights were upheld. All patients spoke positively about their care, treatment and communication with staff. Staff were observed respecting patients' rights, including their privacy.

The organisation has a strong commitment to providing services that meet the cultural needs of its diverse catchment area.

Innovative approaches to delivering care and examples of evidence-based practice were evident throughout the services. Promotion of patient safety and a safe environment were noted across services.

Communication with patients and families was open and honest and examples of open disclosure were evident where required. Interpreter services are readily available and widely used.

Adequate information is provided to patients to assist them to make informed decisions and provide both written and verbal consent.

Patients and family members interviewed felt well informed and that communication was open and honest. Open disclosure occurs when necessary. Interpretation services are well established for the many different cultural groups using services.

Complaints are seen as an opportunity to improve and are responded to promptly and effectively. Patients and families knew how to make a complaint with many avenues available to do so. Recommendations made following investigation into complaints are now managed through a centralised process/team – Feedback Central.

At Franklin Memorial Hospital services are provided that support personal privacy, independence, individuality and dignity. Staff interact with patients in a respectful manner. Open communication between staff, patients and families is promoted and confirmed to be effective. There was no evidence of abuse, neglect or discrimination.

## **Organisational management**

Leadership team changes implemented since the appointment of the new chief executive officer in September 2018 are well embedded. Planning is based around managing the significant challenges facing the DHB, including population growth, obesity, poverty and an aging population leading to rapidly increasing demand and financial pressures. The board and the senior leadership teams are working with the Ministry of Health to determine priorities and plan accordingly. Review and updating of the Health Together strategy and priorities for 2020/21 - 2024/25 is progressing. Consumer and whaanau engagement is a strength of the organisation with many co-design projects completed or in progress.

The quality and risk management framework supports the decentralised model of leadership, with a strong commitment to clinical governance and shared decision making. Clinical quality and risk managers within the services support quality and risk management activities, along with several organisation-wide roles. A strong focus on the patient experience and quality of care was evident across all services visited. Decision making is supported by data with trends monitored and widely reported through 'balanced score-cards' and other reporting. Recommendations as a result of review of incidents/events, complaints, audit activity and projects are followed through to completion. The Fundamentals of Care programme is well developed, supporting audit and evaluation of the quality of care from a patient/whaanau perspective.

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

Consumer and whaanau involvement at an individual, service/operational and strategic level is effective within the mental health and addiction services.

Human resources systems are well established with employment, orientation, credentialing and training meeting the needs of the large workforce. Staff felt well supported with educational 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 Care Capacity Demand Management programme is progressing with the transition to the new patient acuity tool (Trendcare) on track. The recent increase in nursing staff has seen several benefits to both patients and nurses. Establishing the staffing numbers and skill mix to meet the increasing demand continues across the professional groups and services.

Clinical records effectively document patient care, with records stored securely. Privacy of information is maintained through robust systems.

Franklin Memorial Hospital has a quality and risk plan that includes and abides by the scope, direction, objectives and values of Counties Manukau Health. An experienced charge nurse manager manages the facility. The charge nurse manager reports to the service manager. Quality improvement data identifies any trends and leads to improvements. Staff are involved and feedback is sought from patients and their families. Adverse events are documented with corrective actions implemented. Actual and potential risks including any health and safety risks are identified. Policies and procedures support service delivery. The clinical nurse manager appoints new staff and a full orientation is provided. Ongoing training occurs to support safe service delivery. Appraisals are completed. Staffing levels and skill mix meet the needs of patients.

## **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 and patients are informed of the reasons why and any alternatives available.

Fourteen patients' 'journeys' were reviewed as part of the audit process and involved surgical, medical, paediatric, maternity, older persons' health and mental health wards and departments including but not limited to emergency care unit, intensive care unit, high dependency unit and the 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 families/whaanau. Additional sampling was undertaken throughout the audit.

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. Various care plans and pathways were evident throughout the hospitals. Most areas were using the early warning score (EWS) to prompt triggers when a patient's condition deteriorates, and this tool was 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.

Overall the audit identified a strong focus on patient centred care and working as a team with good communication to achieve this.

Medication management is well-managed with effective clinical support from the pharmacy team. Staff are competent to perform the function for each stage of medication management. Medication is recorded to a level of detail to comply with legislation requirements and good practice.

Food services are contracted to the Compass Group and are meeting the nutritional needs of patients. Dietitians are responsive to meet specific individual requirements for those with more complex needs. In general, patients were satisfied with the food provided.

At Franklin Memorial Hospital a registered nurse and general practitioner assesses patients' needs on admission and regularly thereafter. The registered nurse completes the initial care plan and subsequent interRAI assessment. After the required timeframe, the long-term care plan is developed to meet the needs of the patient. Care plans are evaluated six monthly or earlier if needed. The planned activity programme provides patients with a variety of activities in a group or one-on-one. An electronic 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 patients. There was a current food control plan displayed.

## **Safe and appropriate environment**

Building warrants of fitness and certificates of public use were current. While some buildings are no longer fit for purpose as identified in various reports and confirmed during observation in clinical areas, there has been progress made with the commissioning of the first stage of a new mental health unit.

Proactive and reactive maintenance, including for bio medical and other equipment, is well managed, with few items identified as overdue for checks.

With the exception of one area (renal dialysis), there are sufficient bathrooms and toilets, communal areas in rehabilitation and mental health and bed spaces are suited to the needs of the different patient groups. The patient's personal spaces are adequate for staff movement and equipment use except in the Auckland Spinal Regional Unit.

Cleaning is provided on site by a well-educated team of cleaners available 24 hours a day, seven days a week. Cleaning was observed to be of a very high standard, and this was supported in audits. Laundering of patients' linen occurs through an externally contracted service.

Emergency management planning is well established with training and ongoing exercises used to keep staff current. There have been several examples where activation of the emergency response team over the past year has occurred, with thorough reviews and learnings implemented. Fire evacuation drills are completed, back-up power supplies and emergency water and food are

available. There are processes for dealing with medical emergencies. Emergency equipment is current and regularly checked. Staff are trained in emergency responses relevant to their area of work.

Franklin Memorial Hospital has a current building warrant of fitness. All equipment was calibrated, and electrical testing occurs in a timely manner as required.

## **Restraint minimisation and safe practice**

Work has been undertaken to review documentation and practice of bed rails as enablers. A restraint minimisation and safe practice group meets monthly and includes an invited consumer representative. Policies, procedures and guidelines have been reviewed. While the use of enablers is well defined, there is some confusion about the voluntary use.

Episodes of restraint reviewed indicated that restraint is used as a last resort, had been appropriately approved and only applied when required. Observations of patient restraint was appropriate to the risks identified. Monthly reports on restraint use are provided with little change in restraint use noted. The emergency department has introduced a 'code orange' to support de-escalation of issues arising from agitated and confused patients.

Restraint use is a key performance indicator in the mental health service, with an electronic register of restraint episodes maintained in the mental health service. Since the opening of the new unit, there has been a notable reduction in those restraint and seclusion episodes.

Mental health and security services staff are all currently trained in safe practice effective communication (SPEC).

Seclusion rooms in the new Tiaho Mai unit have been approved by the Director of the Area Mental Health Services.

Franklin Memorial Hospital has implemented policies and procedures that support the minimisation of restraint. Two restraints and eight enablers were in use at the time of audit. Use of enablers is voluntary for the safety of patients in response to individual requests.

## **Infection prevention and control**

There are appropriate infection prevention and control policies, procedures and guidelines for staff related to infection prevention and control. An infection control committee has the responsibility for oversight of infection prevention and control within the organisation. This work is supported by an infection service group who assist with monitoring and control. Day to day updates of infection rates and hospital status occurs. The infection control team provide oversight for delegated areas and provide advice and ongoing education. Surveillance activities are occurring appropriate to the organisation. Antimicrobial stewardship is in place and monitoring is occurring.

At Franklin Memorial Hospital there are process in place to manage infection prevention and control. There have been no outbreaks of infection since the previous audit. Infection surveillance is maintained, and staff demonstrated good principals and practice around infection control