

Hutt Valley 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:

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| Legal entity: | Hutt Valley District Health Board |
| Premises audited: | Central Region Eating Disorder Service Hutt Valley Hospital |
| Services audited: | 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; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services |
| Dates of audit: | Start date: 4 June 2019 End date: 7 June 2019 |
| 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: | 268 |

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

Hutt Valley District Health Board (HVHB) provides services to around 150,000 people in the region. Hospital services are provided from the 324 bed Hutt Valley Hospital and the Central Region Eating Disorder Service at Johnsonville. Services include medical, surgical, maternity, children's and women's, older persons and rehabilitation, and mental health and addiction services. These inpatient services are supported by a range of diagnostic, support and community-based services. A strength of the DHB is its integrated approach to both planning and providing services across both primary and secondary care.

This four-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. Auditors visited both the Hutt Valley Hospital and the Central Region Eating Disorder Service.

This audit identified 23 areas that require improvement across the standards. These relate to family violence screening, consent, currency of policies, integration of all aspects of the quality system, follow through of corrective actions, risk management, adverse

event reporting, systems to ensure all staff have an annual practising certificate, training of staff and ensuring staffing requirement meet patient demand. Improvements are also required in relation to clinical assessments, care planning, activities available for patients in the mental health service, medication management, safe food management in ward areas, use of restraints and enablers and several aspects related to facilities.

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 commitment to providing services that meet the cultural needs of its 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. Patients and family members interviewed confirm communication is open and effective.

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

There is a complaints policy that aligns with the requirements of the Code. Complaints are reported, investigated and responded to, and response timeframes are actively monitored.

Organisational management

At the time of audit, the organisation is awaiting the new chief executive officer to commence her role (1 July 2019). This role is across both Capital and Coast District Health Board (CCDHB) and HVDHB. Over the past year there have been several interim and acting roles at the senior and middle management level. Decisions around organisation structure and service provision within the one and two DHBs are evolving. The Hutt Valley mental health and addiction services are part of the '3DHB' structure, with a consultation process underway to fine tune reporting arrangements.

The quality and risk management system is led by the general manager quality, service improvement and innovation (QSII) and includes several advisory roles and a clinical lead working with staff in services to support quality improvement and patient safety activities. Teams are also supported by the project management office. The quality and patient safety committee and clinical committee support monitoring and development across the inpatient services and across the DHB. Good examples of reporting on quality and patient safety measures were noted supported through the data support team/roles. Improvement activity was evident at all levels of the organisation, from large projects using the co-design methodology across the continuum of care, to small ward-based initiatives.

Adverse events are managed through an electronic management system, with review and development of the more serious events. Recommendations, in these cases, are well monitored to ensure completion as intended. Risks are reported to the finance, risk and audit committee and the board.

Family and consumer advisory services are available across the 3DHB mental health and addiction services, although are limited due to current vacancies.

Human resources systems meet current good practice. The staff orientation process occurs at both organisation-wide level and unit level and is specific to the needs of each discipline. Credentialing of senior medical staff is undertaken on appointment, with additional yearly requirements. Staff report good access to ongoing training.

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 organisation is well progressed with the implementation of the Care Capacity Demand Management

(CCDM) programme, which is positively impacting on matching patient requirements to nursing staffing. Staff are well supported by several expert clinical roles who are working in innovative ways to support care delivery and less experienced staff.

Patient records are integrated and easily accessible. Patient information was held securely and not visible to those without the authority to have access. Privacy of information is maintained through robust systems.

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. Nine 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 department, intensive care 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/whānau. 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 regularly and includes progress towards discharge.

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

Medication is well-managed. Staff are competent to perform the function for each stage of medication management. Medication is recorded to a level of detail that complies with legislative requirements and good practice.

Food services are managed in house and are meeting the nutritional needs of patients. Dietitians respond to specific individual requirements for those with more complex needs. Patients were satisfied with the food provided.

Safe and appropriate environment

Building warrants of fitness and certificates of public use were current. Proactive and reactive maintenance, including for bio medical and other equipment, is well managed.

There are enough bathrooms and toilets. Communal areas in rehabilitation and mental health services are suited to the needs of the different patient groups. The patient's personal spaces are adequate for staff movement and equipment use.

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 established with some improvements underway. 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 regularly checked. Staff are trained in emergency responses relevant to their area of work.

Restraint minimisation and safe practice

The organisation has policies and procedures that support the minimisation of restraint. No restraints were in use at the time of audit. Episodes of previous 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. Enablers were in use. A

comprehensive assessment, approval and monitoring process with regular reviews is designed to occur. Use of enablers is voluntary for the safety of patients in response to individual requests.

Infection prevention and control

Hutt Valley District Health Board has an infection prevention and control programme. There are clear communication lines to governance. The infection prevention and control programme is facilitated by the three clinical nurse specialists. They are supported by the infection prevention and control committee, the infectious diseases physicians, laboratory staff, ward/department-based infection control representatives and the pharmacist responsible for antibiotic use.

Policies and procedures are available electronically to guide staff practice. The infection prevention and control clinical nurse specialists participate in relevant ongoing education. Orientation and ongoing education are provided to DHB staff and patients / family where applicable.

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.