

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: Hillmorton Hospital||Oxford Hospital||The Princess Margaret Hospital||Tuarangi Home||Rangiora Hospital||Waikari Hospital||Christchurch Hospital||Darfield 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: 3 March 2020 End date: 6 March 2020

Proposed changes to current services (if any): The new reconfigured spinal unit was opened in September 2019. The number of beds has stayed at 30 in total.

Total beds occupied across all premises included in the audit on the first day of the audit: 1173

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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

General overview of the audit

The Canterbury District Health Board operates 1619 inpatient beds across 14 sites from Kaikoura to Ashburton. This surveillance audit included visits to Hillmorton hospital, Oxford hospital, Princess Margaret hospital, Tuarangi home, Rangiora hospital, Waikari hospital, Christchurch hospital and Darfield hospital. The audit team were provided with a comprehensive self-assessment with supporting evidence prior to the onsite audit. Eight individual 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 earthquakes and increasing demand for services. Challenges include capacity, workforce, infrastructure and shifts in the population's health profile and health needs.

The organisation continues to improve health care services involving health professionals and consumers. Staff reported they feel well supported and patients interviewed were positive about the care and treatment they receive.

Required improvements closed out from the previous certification audit include informed consent in mental health; goal orientated care planning in mental health, and Darfield and Waikari hospitals, aged care services; activity programmes at Darfield and Waikari hospitals and enabler safe practice and training.

There are a total of 10 findings as a result of the surveillance audit, including required improvements from the previous audit not closed out. Required improvements remaining include document control; corrective action plans; performance appraisals; mandatory training; clinical record documentation (patient goal setting) and medication management.

There are new required improvements as a result of this audit, including consent process documentation (enduring power of attorney processes, resuscitation), Darfield hospital maternity staffing, assessment (family violence screening compliance), evaluation (deteriorating patient processes and post falls observations at Tuarangi home).

Consumer rights

Information pertaining to consumer rights and the advocacy service is on display throughout the organisation. There are policies, procedures and processes to meet obligations in relation to the Code of Health and Disability Services Consumers' Rights. Staff interviewed were familiar with consumer rights and were able to discuss how they incorporate these into interactions with patients and the family/whānau.

Patients and family/whānau across all services audited confirmed they are provided with information on their rights.

Patients confirmed they receive information to enable informed decision making.

There is access to information on how to make a complaint. The complaints process is documented and implemented according to Right 10 of the Code of Health and Disability Services Consumers' Rights.

Organisational management

Review of documents and interviews confirmed the Board sets a clear direction for the organisation and leadership is provided by the chief executive and executive team.

A clinical governance framework is implemented and staff described the quality and risk management systems that support the organisation. Decision making is supported by data which is used also for national reporting and benchmarking. Policies and procedures guide practice. Staff discussed the risks to the organisation which are understood and managed.

Adverse events are reported, investigated, and managed. An electronic incident reporting system enables analysis of data. Open disclosure occurs and this was confirmed in interviews with patients and their families. Staff confirmed they are trained to use the reporting system.

Human resource management processes support managers and staff across the organisation. Credentialing of medical staff occurs and staff discussed the processes that are in place to review professional qualifications, registration and scopes of practice.

The inpatient service is operated 24 hours a day, 7 days a week with coordination occurring across sites as required to ensure clinical services are staffed safely.

Continuum of service delivery

Canterbury District Health Board has processes in place to support inpatient care, including the development and implementation of emerging technology.

The review of individual patients' journeys and incidental sampling of clinical records demonstrated a multi-disciplinary team approach to patient care. Patients' journeys were followed through eight individual patient tracers in the medical; surgical; maternity; age residential care; child health; surgical; mental health and geriatric services.

Four systems tracers were completed in falls management, deteriorating patient, medication management and infection prevention and control.

The patients' clinical records confirmed that each stage of service provision is completed by a suitably qualified person. In observations, interviews and review of clinical records, there was evidence that patient care and treatment was conducted by nursing, medical and multidisciplinary staff members. Access to medical and nursing staff is 24 hours a day, 7 days a week. Patients' and family interviews confirmed they were satisfied with the care and treatment.

Continuity of service delivery is maintained through: clinical records; family meetings; multidisciplinary meetings; medical rounds; written and verbal handovers; patient bedside boards and bedside handovers. Sharing of information between staff was demonstrated.

The multidisciplinary team plans patient's discharge with a team approach, including the patient. Community services and other providers are included in discharge planning when this is required.

Safe and appropriate environment

Canterbury District Health Board continues to manage buildings that were damaged in the earthquake. A comprehensive building programme is continuing and at the time of this audit the move into the new Christchurch hospital was being planned for later in the year. All buildings have a current warrant of fitness. Discussion with staff confirmed the planned maintenance programme ensure all buildings, plant and equipment are safe. The newly refurbished and reconfigured spinal unit on the Burwood hospital site is now operational.

Restraint minimisation and safe practice

Restraint minimisation and safe practice processes are established across the organisation. There are policies in place to guide practice and staff confirmed the reporting system captures incidents and allows staff to review each incident systematically. All episodes of restraint and seclusion are monitored. Definitions within the policy documents align with the standards.

Infection prevention and control

The organisation has a continual surveillance programme that is linked to policy planning and systems. Surveillance is reported at the executive and divisional level.

The infection prevention and control system tracer focused on pandemic planning preparation for Covid-19 and influenza like illness. The organisation planning includes community and departmental involvement and staff confirmed they are educated and know how to respond as needed.