

# Counties Manukau District Health Board

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## 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:

<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: 8 December 2020      End date: 10 December 2020
<b>Proposed changes to current services (if any):</b>	Added second stage of Tiaho Mai unit since last audit. Partial provisional undertaken at the time of this audit.

**Total beds occupied across all premises included in the audit on the first day of the audit: 887**

# 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 574,000 people who reside in the local authorities of Auckland, Waikato and Hauraki District. Hospital services (1299 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

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 three-day surveillance audit, against the Health and Disability Services Standards, included a review of:

quality and risk management systems

staffing requirements

service delivery

infection prevention and control

clinical records and other documentation

interviews with patients, whaanau and staff across a range of roles and departments

visits to the Middlemore Hospital, the Spinal Unit, the Manukau Surgical Centre, Tiaho Mai (the acute mental health service), Tamaki Oranga mental health service and the aged care facility at Franklin Memorial Hospital.

The following areas were identified as requiring improvement:

advance directives

staffing

integration of the clinical record

assessment and planning of patient care, including discharge planning

vaccine cold chain accreditation and storage of opioids

facilities and laundry services

two aspects of infection prevention and control

Improvements have been made to monitoring of fridges that store patients' food, the use of enablers and infection prevention and control planning, addressing previously identified shortfalls.

A partial provisional audit was undertaken of the acute mental health service – Tiaho Mai on completion of this surveillance audit.

Franklin Memorial Hospital provides long stay hospital level care under the Aged Residential care agreement (ARRC) for up to 16 residents. The service also provides palliative care, short term respite and interim care for ACC patients awaiting rehabilitation.

## **Consumer rights**

Patients reported that they have been provided with adequate information to make informed decisions about their care and treatment. Thorough documentation in relation to informed consent was seen in clinical records and verbal consent was documented when necessary. 'Not for resuscitation' decisions were recorded at the front of the clinical record.

Complaints are well managed and meet all the requirements of Right 10 of Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). Opportunities for improvement identified from complaints were being actioned.

Complaints are managed at Franklin Memorial Hospital in accordance with the Counties Manukau Health complaints management processes and timeframes. The service has received two formal complaints since the previous audit.

## **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. Clinical quality and risk managers within the division support quality and risk management activities, along with several organisation-wide roles. Several improvement projects have been progressed, despite significant challenges and disruptions throughout the year, including a measles epidemic, the Covid-19 response, increased workload due to burns patients from the White Island Whakaari eruption and three workforce strikes. Ko Awatea has supported project work. Decision making is supported by data with trends monitored and widely reported through a range of reporting platforms. Recommendations resulting from review of incidents/events, complaints, audit activity and projects are followed through to completion. The Fundamentals of Care audit programme continues to support evaluation of the quality of care from a patient/whaanau perspective. Risks are escalated and reported to the Audit, Risk and Finance Committee with in-depth analysis if key risks.

There is a system for the management of adverse events which aligns with national good practice. Adverse events are reported and managed through an electronic management system, with improvement plans developed where appropriate. The divisional service quality and risk managers monitor the implementation of recommendations, with improvements made to both the timeliness of reviews and the follow-through of recommendations. Serious events are escalated to senior management as required.

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 well, although data is not yet at the point to establish full time equivalent calculations. Other measures and data are used to support decision making. 'Middlemore Central' acts as the central coordination point to support effective patient flow and allocation/reallocation of staff. Work in this area continues. The human resources directorate provides vacancy and other relevant data to monitor HR and staffing activity.

At Franklin Memorial Hospital, quality data is collected, collated, and reported including for the Care Compass audits. Risk management plans are developed relevant to the service and setting. Adverse events are recorded in the electronic system, with follow up actions implemented where necessary. The charge nurse manager is qualified and has held the role for seven years. The DHB processes are used to recruit and appoint new staff. Training is implemented according to the DHB priorities and professional development requirements. Staffing levels and skill mix are maintained to deliver safe care to residents.

## **Continuum of service delivery**

Patient care was reviewed and evaluated across services. This included gathering information using tracer methodology for four systems and three individual patients. The individual tracers occurred in the acute mental health service, maternity service, and in the residential disability aged care setting. System tracers related to medicine management, infection prevention and control, falls prevention and the deteriorating patient. The information gathered from all tracers was supported by additional incidental sampling undertaken across service areas.

Care was provided by suitably qualified and experienced staff who worked in a multidisciplinary manner to provide timely care. Investigations and assessments were undertaken and used to assist with developing patients' plans of care. Overall, service delivery was reported to meet the needs of the patients interviewed. The falls prevention programme was well established providing numerous initiatives to reduce harm from falls. Discharge planning was actively occurring in most areas. Patients and family members interviewed were complementary about the services received.

Medication management was guided by policy and procedures. The organisation has a strong emphasis on medication safety with a multidisciplinary team focus. A high standard of medication management was seen throughout all hospital areas.

Franklin Memorial Hospital: Permanent residents have been assessed prior to entry as suitable for the level of care provided. All permanent residents have completed an admission agreement as required by the agreed residential care contract (ARRC) contract. Individual assessments were undertaken and built on information provided in the interRAI and other assessments. These provided the basis for planning care and were current for all residents. Care is provided by registered and enrolled nurses and health care assistants who are suitably trained. Allied health staff are available on referral. Evaluation and review of care was documented in

accordance with requirements. Regular weekly general practitioner visits occur. Non aged residential care residents also had a documented and evaluated plan of care. The activity programme provides residents with a limited range of individual and group activities which are linked to, and have input from, the local community. Best practice electronic medication management was implemented by trained and competent staff. Food services were provided by an approved external contractor to meet nutritional needs of residents.

## **Safe and appropriate environment**

Building warrants of fitness and certificates of public use were current. Fire drills are scheduled to meet the requirements of the Fire and Emergency Service approved evacuation plan.

Franklin Memorial Hospital had a current building warrant of fitness. Electrical and functional checks are undertaken on equipment and records of this are maintained.

## **Restraint minimisation and safe practice**

Restraint minimisation and safe practice is overseen by an organisational wide restraint approval committee which monitors and reviews restraint and enabler use. The separate mental health restraint committee also monitors and reviews each restraint event and reports on evaluation of each episode and trends to the organisational wide committee. Good records were kept monitoring each event and the outcome.

Mandatory staff training supports the reduction of restraint use and the use of alternative strategies with a new education programme proven to be effective in restraint reduction to be implemented across the general hospital part of the organisation in the coming year. There is a new monitoring programme and education of staff about use of enablers.

Restraint use is minimised at Franklin Memorial Hospital. Enablers are used at the residents' request. Policies guide practice, with appropriate approval sought where restraint is required. A register was maintained of restraint and enabler use.

## **Infection prevention and control**

Counties Manukau Health's infection prevention and control systems and processes are in place and accessible to staff via the intranet. There is a multidisciplinary infection prevention and control committee that supports the programme. Counties Manukau Health has a continual surgical surveillance programme and participates in the Health Quality and Safety Commission programme. The infection Prevention and Control Service plan supports an environment which minimises the risk of infection to patients, staff, whaanau and visitors.

Franklin Memorial Hospital has systems and processes to manage infection prevention and control. Appropriate precautions were taken to protect residents during the Covid-19 pandemic. Other infections are managed and reported in accordance with policy.