# Hutt Valley 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Hutt Valley District Health Board

**Premises audited:** Hutt Valley Hospital

**Services audited:** Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services

**Dates of audit:** Start date: 23 March 2021 End date: 25 March 2021

**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:** 228

# 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 (HVDHB) provides services to around 156,000 residents living in the region. General hospital services are provided from 246 beds at the Hutt Hospital. Services reviewed included medical, surgical, maternity and paediatrics. These services are supported by a range of diagnostic, support and community-based services.

This three-day surveillance audit, against the Health and Disability Services Standards, included a review of quality and risk management systems, staffing requirements, aspects of clinical care, infection prevention and control, and restraint minimisation and safe practice. 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. The mental health services were not included in this audit. They will be reviewed as part of the Capital and Coast DHB audit in May 2021.

This audit identified that improvements are required in relation to:

- family violence screening

- advance directives

- currency of policies and procedures

- linkages within the quality management system

- risk management

- timely reporting of events to the Health Quality and Safety Commission

- systems to record annual practising certificates and training requirements

- ensuring appropriate levels of staffing

- clinical assessments, planning and evaluation

- medicines management

- facilities

- restraint minimisation and safe practice

Work has been progressed in most of the previous areas identified for improvement reflected in the reduction of risk ratings in several criteria. Five previous findings have been closed related to consent, adverse events, corrective actions, storage of food and two aspects of restraint management.

## Consumer rights

A violence intervention programme is in place, and staff working in applicable services are provided with training opportunities.

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

Complaints are managed effectively in accordance with the Code of Rights and timeframes.

## Organisational management

HVDHB has a chief executive officer (CEO) across both Capital & Coast DHB and the Hutt Valley DHB. There are several ‘2DHB’ roles developing to support an integrated and consistent regional approach in relation to support systems and delivery of clinical services. In addition, some ‘3DHB” roles and service cover the wider region, including the Wairarapa DHB, that is the ‘3DHBs’.

The quality and risk management system is developing well between Capital & Coast DHB and the Hutt Valley DHB (‘the 2DHBs’) with a consistent quality and risk framework and a developing clinical governance model. The operational components are yet to be agreed; however, the current roles of general manager (acting), improvement advisors and quality advisors continue to work with the services to monitor and support improvement projects and skill development within the service teams.

Improvement activity was evident at all levels of the organisation, from large projects across the continuum of care, to smaller ward-based initiatives. Risks are reported to the finance, audit and risk committee and the board with a significant amount of work progressed since the previous audit around risk management, supporting a consistent approach between the 2DHBs. A review of health and safety systems was in progress during the audit. A range of improvements are progressing following security risks.

Adverse events are managed through an electronic management system, with improvement plans developed. Improvements have been made around reporting of adverse events, development and monitoring of recommendations following review. Several examples of improvements made following significant events were evident.

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. Close and effective monitoring of staffing requirements is supporting the challenges of increasing patient demand.

## Continuum of service delivery

Patient tracer methodology was used in the maternity services to review services, including the post-natal ward, delivery suite and special care baby unit. Additional sampling was undertaken in other areas of the general hospital including the surgical wards, medical wards, children’s and older person’s health wards, and departments of coronary and intensive care. Auditors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients and whānau.

A qualified and skilled multidisciplinary team provides services to patients and there were good examples of teamwork throughout clinical areas. Shift handovers were efficiently managed and included a verbal handover and written documentation.

Assessments were undertaken in a timely manner, included falls risk and assessment and nutrition via the electronic Trendcare system, with results reviewed, discussed and actioned as appropriate. This was supported by patients and family members interviewed. Admission assessment tools utilised were based on best practice.

Various care plans and care pathways were evident throughout the hospital. The use of area appropriate early warning scores to prompt triggers when a patient’s condition deteriorates were in use and the tool was, on the whole, well completed. Evaluation was undertaken of patients’ progress on a regular basis and included progress towards discharge.

Current policies and procedures on medicine management are available for staff. Medicines are stored securely. A process is in place to assess staff medicine competency.

## Safe and appropriate environment

Building warrants of fitness were current. Passive fire remediation work has been completed in the Heretaunga block with work in the planning stages for the emergency department and operating theatre areas. Funding has been approved for several much-needed facility projects.

## Restraint minimisation and safe practice

Restraint minimisation and safe practice policies have been updated and the functions of the restraint approval group reviewed across the general services at Hutt Valley DHB. Further development is occurring in consideration of the proposed two DHB model. Restraint event documentation is detailed and included in the wider organisational event reporting system.

A small number of enablers were in use at the request of the patient. This was clearly documented and agreed with the patient.

## Infection prevention and control

Surveillance for infections is occurring. The surveillance programme is appropriate to the service setting and includes significant organisms (including multi-drug resistant organisms), specific surgical site infections, device related infections, blood stream infections, outbreaks and hand hygiene compliance rates. There have been no outbreaks since the last audit. The surveillance results are communicated appropriately.

A systems approach was used to review processes related to the insertion and care of peripheral intravenous devices.