

# Canterbury 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 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:

<b>Legal entity:</b>	Canterbury District Health Board
<b>Premises audited:</b>	Hillmorton Hospital  Christchurch Hospital  Ellesmere Hospital  Tuarangi Home  Ashburton Hospital  Burwood Hospital
<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; Dementia care; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 28 June 2021    End date: 2 July 2021
<b>Proposed changes to current services (if any):</b>	A newly built wing of four secure unit beds on the Hillmorton campus. There will be no increase in total secure unit bed numbers.

**Total beds occupied across all premises included in the audit on the first day of the audit: 1,364**

# 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

Canterbury District Health Board provides tertiary level health services to the people of Canterbury.

The audit team visited services at Christchurch, Burwood, Tuarangi, Ellesmere, Ashburton, and the mental health services at Princess Margaret, Hillmorton and Burwood hospitals. There are 1,450 beds in total across a range of health services. A comprehensive self-assessment was provided. Supporting evidence was made available prior to the on-site visit and throughout the on-site audit.

A partial provisional audit was also undertaken to establish the level of preparedness to provide services in a newly built four bed secure unit at the Hillmorton hospital. Existing secure beds will be decommissioned and therefore there will be no increase to total bed numbers or services provided.

Fifteen individual patient tracers were completed across medical; surgical; child health; maternity; mental health; geriatric and long-term aged residential care. Two systems tracers were undertaken for infection prevention and control and medicines management.

Canterbury District Health Board continues to prioritise quality improvements to service provision in an environment of increasing demand. The values of the organisation are embedded, and clinical leadership and engagement was demonstrated. Consumer and community engagement is a priority and patients interviewed were positive about the care and treatment they received. Quality and risk management systems are in place and the organisation continues to develop and use data systems to support continuous quality improvement. A culture of safety and patient centred care was demonstrated across the services.

Improvements are required in regard to privacy, ethnicity data availability, advance directives, clinical governance, assessment, activity plans, documentation, medication facilities enablers, seclusion and infection prevention and control.

## **Consumer rights**

Interviews with patients and family across the services confirmed that both written and verbal information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, the complaints processes and access to advocacy services are available on admission or on request. There is access to formal interpreting services if required. Patients confirmed they are treated with dignity and respect.

Patients who identify as Māori and Pacific have their needs met. Cultural support groups and representatives are available for patients and family when required. Communication between staff, patients and family/whānau is promoted and confirmed to be effective.

Patients confirmed they receive information to enable informed decision making.

The complaints process complies with Right 10 of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights and is accessible and explained to patients.

## Organisational management

The Board and executive have set a clear strategic direction for Canterbury District Health Board and implementation of this is monitored. Leadership for the organisation is provided by the chief executive officer and executive management. Both the Consumer Council and the Clinical Board provide advice to the leadership team.

The organisation's services are provided, at all levels, by teams who are supported by innovative technology, which assists decision making using real time data. Inpatient services operate 24 hours a day, 7 days per week, by trained and experienced multidisciplinary teams. There are documented strategies in place to provide the right skill mix of staff based on acuity and the organisation uses systems to manage safe staffing levels. Despite the increasing numbers of patients attending the hospitals and services, patient flow and beds are effectively managed.

The Canterbury District Health Board demonstrates a culture of ongoing quality improvement and is supported by the clinical governance committee. The quality and safety programme guides staff to provide safe care and the programme structure guides an integrated quality management system. Policies and procedures are electronic with systems in place for document control. The District Health Board is moving from a paper based clinical record to a digital record. The hybrid record ensures all information about the patient is available for care and treatment.

The risk management system is well established and embedded. Risks are monitored by the Board, and at management and service level. Incident reporting is encouraged, and relevant outcomes are shared with staff, patients, family/whānau and the community.

The Safety 1st recording and file management system is used for incident, complaints, and risk management. Adverse events are investigated, and open disclosure occurs with patients and family. Patients and family/whānau interviewed confirmed involvement and input into service delivery where appropriate.

Human resource processes meet legislative employment requirements. Recruitment and appointment processes are documented and implemented. A structured orientation programme and ongoing learning and development opportunities is available to all staff. All medical staff are credentialed. Newly recruited staff complete a role specific orientation. Ongoing professional and personal

development training programmes are offered. There is an increasing use of online training. The management and privacy of health information is informed by legislative, professional and sector standards.

## **Continuum of service delivery**

Individual patients' journeys were followed through 15 individual patients' tracers and 2 system tracers. The review of patients' journeys and incidental sampling demonstrated a multidisciplinary team approach to patient care.

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

All members of the multidisciplinary team document patient care and treatment in the patient's clinical record. The patients' plans of care and interventions are documented. Continuity of service delivery is maintained through: progress notes; family meetings; multidisciplinary meetings; medical rounds; written and verbal handovers; patient beside boards and bedside handovers.

Access to medical and nursing staff is 24 hours a day, 7 days a week. Patients and family members interviewed confirmed they have input into care planning and are consulted on their and their family members' treatment and care, where appropriate. Patient referrals to other health and disability services, specialists and/or clinics are facilitated by the appropriate health professional when required.

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

The District Health Board has an electronic medication prescribing system in place in some services. The areas which do not use the electronic system use hard copy medication charts. Clinical pharmacists provide support to some clinical areas.

The food service is managed by a contracted service provider with dietitian input into menus and special diets.

## **Safe and appropriate environment**

The management of waste and hazardous substances meets legislative requirements and waste minimisation, and recycling was demonstrated.

There are systems in place to support the provision of a safe environment. The buildings on all sites vary in age. All buildings in use have a current warrant of fitness. Infrastructure risks are known to the organisation and managed. Plans are in place, and ongoing work continues to respond to aging buildings. Preventative maintenance is undertaken.

Amenities are provided to meet the needs of the specific patient groups including areas for recreation, dining, playroom in paediatrics and outside areas. All clinical areas are clean, and monitoring occurs against cleaning standards. Linen is transported and stored safely.

Emergency and disaster response plans are maintained and practised. Contingency plans enable a prompt response to unexpected utility or plant outage. Security systems in all facilities are reviewed and improved to respond to any change. All inpatient areas have heating and ventilation for patient comfort. The hospitals and grounds are smoke free.

## **Restraint minimisation and safe practice**

The restraint minimisation policy and procedures are documented and available to staff. There is a range of approved restraints and enablers available for use within general and mental health services. A programme of training around restraint, enabler use and de-escalation strategies is available for all staff. Mental health services and selected security staff are trained in specific restraint practices.

The restraint advisory minimisation group meets monthly to review and address all forms of restraint. Use of restraint is monitored and reviewed within each sector.

## **Infection prevention and control**

The organisation has a suite of relevant infection prevention and control policies, procedures, and surveillance systems in place. Strategic and operational structures within Canterbury District Health Board support infection prevention and control activity at all levels including integration with primary care partners. A systems tracer was carried out with a focus on the monitoring and documentation of the patient's visual phlebitis score.