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:

<table>
<thead>
<tr>
<th>Legal entity:</th>
<th>Counties Manukau District Health Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premises audited:</td>
<td>Middlemore Hospital; Papakura Obstetric Hospital; Pukekohe Hospital; Tamaki Oranga; Auckland Spinal Rehabilitation; Botany Downs Hospital; Franklin Memorial Hospital; Manukau Surgery Centre</td>
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<tr>
<td>Services audited:</td>
<td>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</td>
</tr>
<tr>
<td>Dates of audit:</td>
<td>Start date: 26 April 2016   End date: 29 April 2016</td>
</tr>
<tr>
<td>Proposed changes to current services (if any):</td>
<td>None</td>
</tr>
<tr>
<td>Total beds occupied across all premises included in the audit on the first day of the audit:</td>
<td>903</td>
</tr>
</tbody>
</table>
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

Counties Manukau (CMDHB), known as Counties Manukau Health (CM Health), provides services to around 520,000 people. Based in Auckland, it is the second largest district health board in New Zealand and employs around 6,500 staff. Hospital services (1,200 beds) are provided from Middlemore Hospital, Papakura Obstetric Hospital, Pukekohe Hospital, Tamaki Oranga, Auckland Spinal Rehabilitation Unit, Botany Downs Hospital, Franklin Memorial Hospital and Manukau Surgery Centre. Services include medical, surgical, maternity, paediatrics (Kids First Children’s Hospital), mental health, 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 four-day certification audit, against the Health and Disability Services Standards, included an in depth review of 14 patients’ care and two clinical systems using tracer methodology and review of the organisation’s systems. During this process auditors reviewed a large sample of clinical records and other documentation, interviewed patients and their families, managers, clinical and allied health staff across a range of roles and departments, and made observations.
Nineteen areas requiring improvement were identified. These relate to the locks doors in the acute mental health unit (Tiaho Mai), complaints management, follow-through of corrective actions, review of policies and procedures, risk management, the recruitment process, mandatory training requirements, performance appraisals, departmental credentialing and staffing in some areas. Within the clinical standards improvements are needed in relation to timely service delivery, assessment and planning of care, evaluation, activities in Tiaho Mai, discharge planning, management of medicines, monitoring of food services and storage of food at the ward level. Improvements to the environment are necessary in some ward sluice areas, to cleaning of equipment used for patients in isolation, and aspects of the environment in Tiaho Mai.

Franklin Hospital is a facility that provides long term care under an aged residential contract. Overall management is provided by the adult rehabilitation and health of the older person’s (ARHOP) service. Eighteen beds are available with 16 occupied by long term care patients on the day of the audit. When capacity allows, patients may be admitted for palliative or respite care. On site management roles support the provision of safe service delivery.

**Consumer rights**

The organisation has posters in English and Te Reo Maaori and brochures on the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), the Nationwide Health and Disability Advocacy Service and how to make a complaint. Staff are able to access the Code in other languages when required. Staff training on the Code is undertaken as part of the organisational orientation and induction programme and they are able to demonstrate how they uphold rights and integrate them into their practice.

Patients confirmed that their rights are being upheld and staff make all attempts to maintain privacy in the shared bed rooms throughout the hospital. When needed, single rooms are available, as are private meeting spaces. A family violence screening intervention programme is in place.

Communication processes include the patient at all stages with the involvement of family/whaanau/support people in planning and family meetings as appropriate. Patients reported good communication and involvement in decision making processes. They are able to seek clarification and ask questions at any time. When required there is access to an interpreter service as well as staff in clinical areas who speak other languages. Patients and families reported that services are responsive to spiritual and cultural needs when identified which may include access to pastoral services, Maaori health or pacific health services.
Informed consent processes are supported by policies and documentation, with clinical files demonstrating the documentation of consent as required. Resuscitation status and advance directives are included in the clinical file when applicable.

Patients and staff understand the complaints process with staff indicating that all endeavours are made to manage the complaint at the clinical level when possible. The complaints management process is decentralised being managed at a service level where the responsibility for management varies according to service area.

**Organisational management**

A well-developed planning process is based around the statutory requirements adapted to meet the needs of the Counties Manukau people. The values and strategy ‘refresh’ project, with stakeholder involvement, has resulted in the ‘Healthy Together’ strategy and plan. The integrated approach to planning and service delivery in order to cope with the rapid increase in demand for services is a strength of the organisation.

Counties Manukau Health has developed a decentralised management and leadership structure based around divisions with clinical and management roles working in partnership. The quality framework is largely devolved with the support of some organisation wide roles. This generally works well for the organisation. Staff are involved at all levels with improvement activities and are familiar with audit, data analysis and continuous improvement methodology. Effective systems are in place to integrate the various components of quality and risk management with clinical committees reporting to the Clinical Governance Group. Adverse events, particularly those of a more serious nature, are well managed. Data is widely available and well used to monitor patient safety, support projects, make improvements, monitor trends and address issues where they arise. A significant piece of work around review of risk management systems has been progressed, resulting in a new risk manager role to implement recommendations.

Consumer and family involvement within the mental health services is generally functioning well, particularly at a strategic and planning level, with a number of new developments in progress to improve input at the service level. Systems around recruiting, orientating and credentialing of staff are well documented in personnel files and follow current good practice. Systems are in place and managed through ‘Middlemore Central’ to allocate staff based on patient volumes and needs. The centre uses the capacity planning tool and an acuity system to predict demand and monitor the flow of patients. The management of clinical records meets requirements and, in general, progress notes are well completed tracking the patients’ care.
Continuum of service delivery

Patients’ access to services is based on needs and is guided by policy. Waiting times are managed and monitored. Risks are identified for patients using 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 is informed of the reasons why and any alternatives available. Reasons are discussed with patients and their family, where appropriate.

As part of the 14 patients’ ‘journeys’ and two systems reviewed in detail various wards and departments were visited. This included emergency care, intensive care, surgical, medical, paediatrics, neonatal, the spinal unit, assessment, treatment and rehabilitation, maternity and mental health wards and the operating theatre. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing members of the multidisciplinary team, and patients and family members.

A qualified and skilled multidisciplinary team provides services to patients and there were good examples of teamwork throughout clinical areas. Access to appropriate staff is available at all times. Shift handovers and transfers are efficiently managed.

Assessments are completed 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.

Best practice care planning tools and pathways are used across the services, including multidisciplinary team review. Most areas were using the adult physiologically unstable patient (PUP) or the maternity early warning system (MEWS) to prompt triggers when a patient’s condition deteriorates and this tool is being well completed. Evaluation is comprehensive and timely and efficiently managed. Patients interviewed expressed satisfaction with the care and treatment provided. Activities meet the requirements of the individual patients and these are particular to the various specialty settings.

Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use. Medicine reconciliation is occurring. The management of opioids was reviewed in detail using a systems approach; care provided was individualised, planned, and timely and met the DHB policies.
The organisation has moved to the nationally contracted food service, which has required a significant change in practice at the organisation, food service and ward levels. Several issues are being worked through to address problems with menu selection, special diets, and food temperatures.

**Safe and appropriate environment**

Systems are in place for the management of waste and hazardous substances at all sites. Waste streams are categorised and suitable handling is implemented. Personal protective equipment is used appropriately by those handling waste. There is a managed environment, with all facility requirements implemented to meet legislative and statutory requirements. Regular checks and monitoring is completed, including for biomedical equipment function and safety.

There are sufficient toilets and showers available and space for patients to move around safely. Dining and recreation spaces are available to suit patients’ needs in ward areas. All patient areas have good lighting, natural light and suitable heating and ventilation.

Laundry management is managed via an externally contracted service and meets the needs of the services. Cleaning services are provided by an ‘in-house’ team of cleaners. Satisfaction with services is monitored with a range of key performance indicators reported. Clinical areas visited were cleaned to a high standard.

Emergency systems are planned and implemented including up to date fire evacuation plans and staff training. Backup utility systems are in place for water and power supplies. The organisation participates in planning for regional and national emergencies through the coordinated incident management system (CIMS) training and simulation exercises with fire, police and ambulance services. Security systems have been improved.

**Restraint minimisation and safe practice**

Personal, physical, seclusion and environmental restraint practices are implemented. Personal restraint is primarily used in emergency care. The use of bed rails as enablers has increased in the past two years but the use of seclusion has reduced with below average seclusion events compared to national data.
Seclusion is applied at Tiaho Mai inpatient unit but Tamaki Oranga rehabilitation unit has now been seclusion free for more than two years. ‘CALM’ communication training is now being implemented throughout the DHB with mental health and security staff having priority. Policy and procedures are developed and approved by the appropriate groups and implemented by the service.

**Infection prevention and control**

Counties Manukau Health has an infection prevention and control programme that has been approved by the Infection Control Committee. The infection prevention and control programme is facilitated by a team of 10 staff including an operations manager who is an expert infection prevention and control nurse, two nurse consultants, five clinical nurse specialists, including a dedicated hand hygiene coordinator, and appropriate administration support. The infection services group is made up of a group of clinicians with a wide range of expertise.

Education records demonstrate involvement of the infection prevention and control team in relevant ongoing education with individual areas assigned to particular staff members. Orientation and ongoing education is provided to staff, contractors and patients.

Surveillance for infections is occurring. The infection control service is simultaneously alerted with the ward area and reviews every positive multi-resistant organism (MRO) result. Surveillance results are communicated appropriately. A systems approach is used to focus on decontamination and cleaning of rooms following presence of a MRO. A robust alert system is in place to identify, communicate and implement isolation precautions for relevant patients. The surveillance programme includes monitoring of antimicrobial use.