

Auckland District Health Board

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:

Legal entity:	Auckland District Health Board
Premises audited:	Auckland City Hospital Auckland DHB X 3 Units - Mental Health Rehab Plus Tupu Ora Greenlane Clinical Centre Buchanan Rehabilitation Centre
Services audited:	Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 28 February 2017 End date: 3 March 2017
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:	1070+

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

The Auckland District Health Board (ADHB) is responsible for providing health services to approximately 510,450 people living mainly in Auckland city as well as Great Barrier and Waiheke areas. In addition, the hospital provides specialist tertiary level services at local, regional and national level. This certification audit against the Health and Disability Service Standards included site visits to Starship Hospital, Auckland City Hospital, Auckland Hospital Mental Health Services including Tupu Ora Eating Disorder Residential Service, Green Lane Hospital, Buchanan Rehabilitation Centre and Rehab Plus. The audit included a review of organisation management, quality, risk and reporting management systems, human resources and safe staffing requirements, care delivery, the environment and supporting services, infection prevention and control and restraint minimisation.

The audit team interviewed managers and reviewed records, including clinical records and other documentation. Interviews were also conducted with patients, their families, and a range of staff across different roles and departments. The environment and practices were assessed throughout the audit.

Fourteen areas were identified as requiring improvement; of these, two were rated as a moderate risk and twelve as low risk. These related to privacy of some records, the document control system to maintain current policies and procedures, establishing time frames for risk reviews, a process for performance appraisals, and the monitoring of food fridges. Within the clinical standard, improvements are needed in relation to planning of care, documentation of patient outcomes, evaluation, transfer and discharge information, and aspects of medicine management. Areas for improvement in mental health include meeting the Health of the Nation Outcomes Scales targets, complying with the smoke free legislation, re-establishment of the regular evaluation of restraint and the less restrictive practices governance group.

Areas of continuous improvement is acknowledged in five areas. These relate to the embedding and understanding of the values of the organisation, the introduction of the management operating system, improvement initiatives, improved patient flow and infection surveillance.

Consumer rights

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is visible around all areas of the DHB. Patients and families/whanau reported an awareness of the Code and that their rights were upheld. All patients spoke positively about their care, treatment and communication with staff. Staff were observed respecting patients' rights, including their privacy.

The organisation has a strong commitment to providing services that meet the cultural needs of its diverse catchment area. Innovative approaches to delivering care and examples of evidence based practice were evident throughout the services. Promotion of patient safety and a safe environment were noted across services.

Communication with patients and families was open and honest and examples of open disclosure were evident where required. Interpreter services are readily available and widely used. Adequate information is provided to patients to assist them to make informed decisions and provide both written and verbal consent

Complaints processes are well managed according to Right 10 of the Code. Patients knew how to make a complaint and complaints have been resolved within the required timeframes. Learning and improvement from complaints was evident. Patients and families interviewed were satisfied with the care and services provided.

Organisational management

ADHB's values are well embedded in the culture of the organisation. The values support the vision of the organisation Healthy communities – World-class healthcare – Achieved together. Throughout the audit staff at all levels demonstrated understanding and support for the values of the organisation.

A Management Operating System has been established and rolled out over some years with service and department levels included. The system links strategies with objectives and measurements as well as communicating day to day operational information and risk reporting. The key outcome areas are providing synergy with the annual plan and the clinical services plan.

Quality, participation and improvements were evident across the different areas of the DHB, enabled and supported by the management operating system and roles developed to focus on improvement and quality. There is a commitment from the organisation to invest in the infrastructure which will support development of improved services, such as the Datix incident management system, the upgrade of the 3M file viewer, and the developments within the 24-hour operation centre.

Consumer participation is described as a comprehensive partnership with consumers and consumer leaders. This partnership happens at three levels, the clinical intervention level, the service development level and the organisational level.

There is a well-documented and effective process for managing incidents of all levels of severity. The serious events are subject to appropriate reviews and the time frames for completion of these are closely monitored and continue to improve.

Good human resources systems are in place around recruitment and staff orientation and induction. Much work has been done to increase the use of on-line resources for this, resulting in improvements in monitoring. Credentialing of senior medical staff is effective. The training needs of staff have been under review. Departments and services continue to develop and offer training directed at their specialist needs.

Auckland DHB have a 24-hour bed management centre and a 'patient flow' manager who is responsible for accommodating all patients and supporting efficient patient flow through the clinical areas. Highly visible electronic information that is area specific provides up to date information on the patients and staff status for the hospitals.

Staffing level guidelines are in-place and implemented. Where vacancies existed, processes were underway for recruitment to fill the vacancy. Escalation plans are in place and can be activated as needed.

Consumer information and records are maintained to ensure the completeness and integrity of the record and to manage privacy and confidentiality, with the exception of one area.

Continuum of service delivery

Patients access services based on needs and this is guided by policy. Waiting times are managed and monitored. Risks are identified for patients through the use of 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 and patients are informed of the reasons why and any alternatives available. Initiatives have been undertaken to improve timeliness and access to services with good outcomes.

Twelve patients' 'journeys' were reviewed as part of the audit process and involved the emergency department, surgical, medical, paediatrics, maternity, older persons' health and mental health departments and wards, including cardiovascular intensive care and the operating theatre suite. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients and families/whanau. Additional sampling was undertaken throughout the audit.

A qualified and skilled multidisciplinary team provides services to patients and there were good examples of teamwork throughout clinical areas. Shift handovers are efficiently managed and include an office and bedside handover.

Assessments are undertaken 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. Various care plans and pathways were evident throughout the hospitals. Most areas were using the early warning score (EWS) to prompt triggers

when a patient's condition deteriorates, and this tool was generally well completed. Evaluation is undertaken of patients' progress on a regular basis and includes progress towards discharge.

Activities meet the requirements of the individual patients and these are particular to the various specialty settings. Overall the audit identified a strong focus on meeting patient needs and working as a team with good communication to achieve this.

Policies and procedures provide guidance for staff on medicines management. The national medicine chart is in use. Allergies are assessed and communicated. Clinical pharmacists provide support in the majority of areas. Medicines are generally stored safely and managed effectively throughout the organisation.

Food, fluid and nutritional needs are being met, although there is variation across the service reported in the quality of meals. A new steam system for meal service has been introduced into most clinical areas.

Safe and appropriate environment

Facilities across the sites meet the needs of the various patient groups and are well maintained. The organisation has a long-term plan for ongoing building, equipment and refurbishment in place. All sites have a current building warrant of fitness. Reactive and proactive maintenance of equipment and facilities is undertaken, with staff reporting that this service is responsive to their needs and that there is enough of the right equipment to support good practice. All regulatory requirements are being met, with the exception of a smoke free environment in an area of mental health services.

Planning for all types of emergencies is well developed and suitable equipment and supplies are available. Evacuation drills are undertaken by specific areas to ensure staff are able to manage this process and a six-monthly area by area inspection occurs.

Cleaning and laundry are well managed, with a particularly high standard of cleanliness noted in all areas visited.

Management of waste and storage of chemicals and hazardous substances meets requirements with staff trained to manage any related emergencies. Appropriate personnel protective equipment is available specific to the area requirements.

Sufficient toilets and personal spaces are available. Patient areas have adequate natural light, heating and ventilation, with three exceptions which are being managed. Security includes, an onsite contracted security team and closed circuit television. There is monthly reporting on security activities to senior management, which includes their role in restraint minimisation.

Restraint minimisation and safe practice

The organisation has systems in place to support best practice processes in the application of enablers and restraints. Personnel knew and implemented the practices that are documented in policies and procedures and had been sanctioned by the Restraint Minimisation Steering Group. Throughout the wards a culture of commitment to minimise restraint and enabler use was apparent. This was shown by the reduction of seclusion within the Mental Health and Addiction Directorate and through the use of bedrails, mechanical restraints and the implementation of enabler/restraint alternatives through-out the general hospital. Specialist committees and working groups address issues that had been identified through analysis of enabler and restraint data. This included a focus on training and pro-active strategies to minimise restraints and workplace violence.

Infection prevention and control

ADHB has an effective infection control programme in place to manage the environment which minimises the risk of infection to patients, staff and visitors. This experienced infection prevention and control committee and team have developed policies, processes and information to support staff, patients and visitors in infection prevention and management.

The surveillance programme has undertaken an improvement initiative in this organisation to monitor possible as well as actual infection rates. Monthly surveillance data is reported to the infection control committee with variances reported. Surveillance data is collated with expert analysis for developing trends and recommendations are made to guide prevention practices.

Multi-resistant organism identification and management practices were reviewed in depth and found to be consistently utilised and well managed.