

MidCentral 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](#).

Legal entity:	MidCentral District Health Board
Premises audited:	Horowhenua Health Centre Palmerston North Hospital
Services audited:	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
Dates of audit:	Start date: 9 May 2017 End date: 12 May 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:	343

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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

General overview of the audit

MidCentral District Health Board provides services to around 175,000 people in the MidCentral region. Hospital services are provided from the 431 bed facilities at Palmerston North and Horowhenua and include medical, surgical, maternity, paediatric, and mental health and addiction services. These inpatient services are supported by a range of diagnostic, support and community based services.

This three and a half day certification audit, against the Health and Disability Services Standards, included a review of management, quality and risk management systems, staffing requirements, infection prevention and control, and 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.

This audit identified areas that require improvement related to privacy, consent, staffing requirements, completion of performance appraisals, and documentation of training and clinical records. Within the clinical standards improvements are required related to assessments, planning and evaluation of patient care, discharge planning, management of medicines and storage of food at the ward level. Aspects of the facilities require attention to ensure they meet the needs of each patient group. Staff use of personal protective equipment requires improvement, as does the management of restraint across the services and seclusion documentation in the mental health service.

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. Patients interviewed 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.

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.

The complaint process meets the requirement of the legislation and good practice. It is known to staff and communicated to patients. The complaint register shows timely responses to complaints and corrective actions being taken.

Organisational management

A well-developed planning process is based around the statutory requirements, with plans adapted to meet the needs of the region's people. The strategic plan and values have recently been updated to support an increasingly integrated and consumer partnership approach. The current management and leadership structure is effective, with some changes in progress to reflect the strategic developments.

The quality and risk framework is well established, led by the Director of Patient Safety and Clinical Effectiveness and supported by a well-qualified team. Connections to national projects and a strong culture of quality improvement are strengths of the organisation, as is the focus on inclusion of consumers in project and key committee groups. 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. Data is widely available and well used to monitor patient safety, support projects, make improvements, monitor trends and address issues where they arise. Adverse events, including those of a more serious nature, are being managed as required.

Consumer and family involvement within the mental health services is well developed, with involvement of appointed roles at both a strategic and operational level.

Human resources systems are based on best practice, with an organisation wide and unit based orientation process. Staff are well supported with training and education opportunities.

Staff numbers and skill mix are defined and based on Trendcare and the Care Capacity Demand Management (CCDM) information for nursing. There is a multi-pronged approach to ensuring staff are utilised in the most efficient way to meet changing patient demands.

Clinical records are well completed, tracking the patient's care. Records are stored securely and easily retrievable. Privacy of information is maintained.

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 is informed of the reasons why and any alternatives available. Reasons are discussed with patients and their family, where appropriate.

Eight patients' 'journeys' were reviewed as part of the audit process and involved the emergency, surgical, medical, paediatrics, maternity and mental health departments and wards, including intensive care, operating theatre and emergency department. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients, and family members.

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.

Assessments are undertaken in a timely manner and inform the service delivery plan. Plans are consumer focussed, and integrated. 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 early warning score (EWS) to prompt triggers when a patient's condition deteriorates and this tool is generally being well completed. Evaluation is undertaken. Overall, the audit identified a strong focus on meeting patient needs with excellent documentation to support this.

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. Allergies are assessed and communicated. Medicines are predominantly stored safely and managed effectively throughout the organisation.

The food service meets the needs of patients, including those with special needs. Patients expressed their satisfaction with the meals provided.

Safe and appropriate environment

Four of the nineteen building warrants of fitness are overdue and are currently under discussion with the local Council. There are expected to be completed by the end of May. The other building warrants of fitness are current. The facilities, in general, are showing signs of age and plans for future build have been developed. Overall, proactive and reactive maintenance, including equipment is completed in a timely way with ongoing reporting of progress to senior management.

All areas have sufficient bathrooms and toilets. Patients' personnel space adequately allows for staff movements and facilitates equipment to be accessed. Communal areas meet the special needs of the patients they service, with the exception of mental health services.

Emergency management planning is in place with training and ongoing exercises to keep staff current. This includes regular area specific fire evacuation drills, emergency power supplies and water. Medical emergency processes are in place, staff have relevant training, and equipment is checked regularly.

Restraint minimisation and safe practice

The restraint minimisation processes have changed since the last audit, including membership of the Restraint Advisory Group, a new restraint coordinator and changes to documentation. Policies, procedures and guidelines are in place, and are being updated to reflect the changes. The use of enablers is well defined and staff were able to state that enablers were to be voluntary.

Episodes of restraint reviewed showed that restraint was used as a last resort, was approved by the appropriate health professional, and only applied when required. Observations of patients during restraint were appropriate to the risks identified. There are reports on monthly use of restraint, provided by the quality and clinical risk manager, and reports are part of the mental health quality and risk management system.

Seclusion rooms, in the high needs unit, have been approved by the Director of Area Mental Health Services. Seclusion is undertaken as a last resort. Staff in the mental health service are attending a safe practice and effective communication (SPEC) training course as part of restraint minimisation and safe practice training.

Infection prevention and control

MidCentral District Health Board has an infection prevention and control (IPC) programme that has been approved by the IPC Committee. The IPC programme is facilitated by the infection prevention and control nurse manager and the other three nurses working within the team, and is supported by the IPC Committee, ward/department representatives, clinical pharmacists, and laboratory staff.

Policies and procedures are available both electronically and in paper based manuals to guide staff practice. The nurses responsible for the IP&C programme participate in relevant ongoing education. Orientation and ongoing education is provided to DHB staff. Patient and family education also occurs.

The surveillance programme is appropriate to the service setting and includes significant organisms including multi-drug resistant organisms, specific surgical site infections, invasive device related infections, blood stream infections and outbreaks. The surveillance results are communicated appropriately. Monitoring of compliance with prophylactic and therapeutic antimicrobial use is occurring.