Capital and Coast 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.

The specifics of this audit included:

Legal entity:	Capital and Coast District Health Board
Premises audited:	Kapiti Health Centre||Kenepuru Hospital||Wellington Hospital||Porirua Hospital Campus (Mental Health Services)||Wellington Hospital (Mental Health Services)
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 10 April 2018 End date: 12 April 2018

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: 554

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

Capital and Coast District Health Board (CCDHB), provides services to around 300,000 people in Wellington City and its suburbs, Porirua, and parts of the Kapiti Coast. They are also the leading provider of several specialist services, including neurosurgery, oncology, neonatal intensive care, and specialised mental health services, for the upper South and lower North Islands, a population of about 900,000 people.

This three-day surveillance audit, against a subset of 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. Auditors visited clinical wards and departments at the Keneperu Hospital site and the forensic unit at Porirua.

This audit identified 16 areas that require improvement across the standards. These relate to assessment of cultural needs within the mental health services, review of policies, risk management, medical credentialing, recording of staff training and completion of

performance reviews and training requirements, and ensuring an integrate clinical record in the mental health service. Within the clinical standards, improvements are required related to assessment of patients' needs, planning of patient care, evaluation, transfer and discharge, and management of medicines. The children's health service and the interventional radiology ward facilities do not meet contemporary good practice standards. The previous issue related to patients smoking in the courtyard of the acute mental health facility has not yet been addressed. Improvements are required to the processes around management of enablers (bedrails) and restraint within the mental health service.

Since the previous audit, improvements have been made to privacy, supervision in a play area in the children's ward, use of interpreters, informed consent, delegations of authority, consumer participation, ensuring annual practising certificates are current, availability of staff, cancellation of elective surgery and the maintenance and checking of equipment. Work has been progressed in most other areas requiring improvement, with further work underway.

Consumer rights

Patients and families/whānau are provided with the information they require at the appropriate times to make informed decisions which includes consent for treatment. Communication with patients and family members was reported as being thorough and in a style that could be clearly understood.

There is a complaints process which meets the requirements of the standard. All complaints are logged electronically, on the electronic system and this forms the complaints register. Complaints were followed through to completion and the complainant's satisfaction.

Organisational management

Since the previous certification audit, the delegations of authority policy has been signed off by the CCDHB board, the Minister of Health and the Executive Leadership Team and describes decision making processes, including for the '3DHB' services.

The quality and risk management framework is well-developed and focused on national, regional and local quality and safety priorities. There is a commitment to clinical governance, shared decision making and increased consumer involvement. Services are supported with appropriately qualified staff with expertise in quality systems, with a major focus on developing the skills of staff across the organisation in this area. Quality improvement data is gathered and reported to the various committees and service level groups. Staff are involved in quality improvement in clinical areas. Where shortfalls or areas for improvement are identified, corrective actions have been put in place. Several key projects have resulted in a safer environment for patients, in line with regional and national developments, and a safer environment and culture for staff. Staff displayed a patient focused approach to care and improvements.

Adverse events are reported by staff and recorded electronically. The number, themes, trends and severity are monitored over time.

Since the last audit work has been undertaken on identifying the organisation's mandatory training requirements as well as three further levels of education. An electronic system is used to prompt staff to attend sessions and follow up when they are due for retraining. Area specific training is well attended. Staff reported good access to a wide range of training opportunities, including leadership training.

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. Work is continuing to focus on effective patient flow and predicting and matching staffing available with patient demand. Staff are well supported across the 24 hours, seven days a week, with senior and specialist roles who provide both an overview of the flow of patients through the hospital and specific clinical expertise and direction.

Continuum of service delivery

Patient care was reviewed and evaluated across services, in addition to the in-depth review of seven patients using tracer methodology in the areas of mental health and addictions, medical, surgical, paediatrics, maternity, and older persons' health. Four systems tracers were also conducted in relation to management of medication, the deteriorating patient, the prevention of falls, and infection prevention and control. This information gathered was supported by additional sampling.

Care is provided by suitably qualified and experienced staff who work in a multidisciplinary manner to provide timely care. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. Service delivery overall meets the needs of the patients. Discharge planning is actively occurring. All patients and family members interviewed were complementary about services received and reported that ongoing communication with staff was timely and clear.

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 to all areas. Medicines are stored safely and managed effectively throughout the organisation.

Safe and appropriate environment

All buildings have current building warrants of fitness. Some changes to the buildings are occurring and being proposed with the fire service included in project planning. There is an annual fire evacuation plan which is agreed with the fire service.

Improvements made since the last audit ensures equipment, including biomedical equipment, are well maintained. Reporting to the facilities Management Directorate on facilities issues occurs monthly.

Restraint minimisation and safe practice

Policies and procedures define enablers and describe when and how to use them. Staff had knowledge of the policy requirements. Systems are in place to complete the restraint evaluation requirements.

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, invasive device related infections, blood

stream infections and outbreaks. The surveillance results are communicated appropriately. Policies and procedures detail when isolation precautions are required to be implemented. Staff were observed implementing the required policies and ensuring communication occurred with other services/departments as required.