

Waitemata 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 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:

Legal entity:	Waitemata District Health Board
Premises audited:	Mason Clinic North Shore Hospital Pitman House Waitakere Hospital Wilson Centre Elective Surgery Centre He Puna Waiora
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Residential disability services - Physical; Hospital services - Children's health services; Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 10 September 2018 End date: 12 September 2018
Proposed changes to current services (if any):	A reconfiguration of certified services provided at Mason Clinic is planned to reflect a new build for 15 beds in a medium secure unit. This will increase capacity by three beds. Te Aka unit is being used for

decanting other units during a large planned refurbishment project involving most of the units in Mason Clinic. When this refurbishment project is completed there will be an increase of 15 beds in total.

Total beds occupied across all premises included in the audit on the first day of the audit: 874

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

Waitemata District Health Board provides health services to the people of the Waitemata district. The audit team was provided with a comprehensive self-assessment and supporting evidence prior to the on-site visit.

Three individual patient tracers and four systems tracers were undertaken during the on-site surveillance audit. Four individual patient tracers completed by Waitemata District Health Board staff were also verified.

There is a clear quality and risk management framework to support quality improvement and patient safety. Data collection, analysis, monitoring and reporting is comprehensive and supports decision making across the organisation. An active risk management framework is in place. Service delivery is supported by electronic patient management systems. Facilities across Waitemata District Health Board vary in age and are managed through a preventive maintenance programme, with a new build on site at the Mason Clinic.

Corrective actions from the previous audit relating to complaints, medication management, nutrition and restraint policy review are closed.

There are six corrective actions resulting from this audit. Corrective actions remaining open from the previous certification audit include informed consent, restraint assessment and restraint practice. New corrective actions from this audit include service provision, building fixtures and restraint minimisation.

Consumer rights

Informed consent was reviewed across all areas visited. Patients confirmed they are provided with information to make informed choices and staff confirmed they understand the informed consent process. Processes are in place demonstrating consent is obtained for procedures.

There is a computerised system in place across Waitemata District Health Board that ensures all complaints, including verbal complaints are monitored through a central repository. Processes include support to manage timeliness of investigations and closure of the complaint by the designated owner responsible for management of the complaint. Staff understand the process, and patients and families confirmed they are aware of their right to make a written or verbal complaint.

Organisational management

The executive leadership team and chief executive provide leadership to the organisation and are supported by the Board. The quality and risk management framework is embedded and understood by staff across the organisation. Further development of additional electronic clinical information systems supported by the Institute of Innovation continues. The patient/whānau experience care standards continue to support the patient safety focus demonstrated across the organisation.

Processes are in place to manage currency and review of organisational policies and procedures, with effective document control processes. Quality activities including audit are undertaken and driven within the service divisions and supported by the quality team. These activities are linked with the wider quality and risk management framework. Clinician involvement in quality improvement initiatives is evident in service areas. Data collection, analysis, monitoring and reporting is wide-ranging, comprehensive, and supports decision making across the organisation; with corrective action management processes effectively implemented. A quality improvement culture continues to be a driver of patient safety.

An active risk management framework is in place which is managed at three different levels across the organisation; with overarching oversight by the Board. Inpatient services are provided by a skilled workforce, and there are processes in place to ensure patient safety.

Continuum of service delivery

Patient journeys were completed by the audit team in mental health (the detoxification unit at Pitman House and forensic mental health services at Mason Clinic) and maternity services (Waitakere hospital), in addition to the four systems tracers completed (falls prevention, the deteriorating patient, medication management and infection prevention and control). Four services tracers (medical, surgical, older person's health and child health) completed by Waitemata District Health Board staff were verified whilst on site.

The patients' clinical records, observations and interviews evidenced appropriate medical and allied health care assessments, plans of care, treatments, and evaluations of care. There are systems in place for patients to receive timely access to allied health services and to other services external to Waitemata District Health Board. Medical rounds provide a forum for planning and evaluation of patient care, with handover to staff occurring at each change of shift and when there is a change in patient's condition.

The electronic system supports a responsive and timely interface with patients and the health care team. Policies and procedures guide staff in the required nursing assessments and care plans. Review of the medication management system and tracer demonstrated consistent implementation of the systems and processes used for medicines management. Feedback from patient/whānau interviews relating to food services were generally positive. Patients' whānau input into care planning and service delivery was observed and patients confirmed their participation. Patients and family expressed satisfaction with care provided throughout all services visited.

Safe and appropriate environment

All inpatient buildings have a current building warrant of fitness. The new build at the Mason Clinic was visited. Plant and equipment is compliant with legislation. There is a preventative maintenance programme in place and the environment in the clinical areas is safe for patients and staff.

There are systems and processes to manage emergency responses. Waitemata District Health Board works closely with other agencies and emergency services in the region. Security systems and processes are in place, with a new closed circuit television initiative implemented to support staff and patient/whānau safety.

Restraint minimisation and safe practice

Restraint minimisation and safe practice policies are in place to support staff in the use of restraint. The restraint minimisation policy outlines the approved steps, documentation, and follow up required when restraint is used. Restraint is used as a last option only. The mental health policy documents the use of restraint according to the standards on restraint minimisation and safe practice.

Meeting with the representatives on the restraint minimisation and safe practice committee confirmed there are processes in place for security personnel when an escalating situation occurs.

Infection prevention and control

The infection prevention and control systems tracer focused on the management and impact on hospital services relating to patients with influenza and influenza-like symptoms. The systems are in place to monitor and effectively manage staff and isolation precautions on a daily basis.

Waitemata DHB has an embedded infection control surveillance programme in place. The programme includes reporting and completion of a root cause analysis of all blood stream infections, and hospital acquired influenza.