

Auckland 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:	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: 23 October 2018 End date: 25 October 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:	1059



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

The Auckland District Health Board (ADHB) is responsible for providing health services to approximately 515,000 people living in Auckland city, Great Barrier and Waiheke islands. In addition, the hospital provides specialist tertiary level services at local, regional and national level. This surveillance audit against the Health and Disability Service Standards included site visits to Starship Hospital, Auckland City Hospital, mental health services including Tupu Ora Eating Disorder Residential Service.

The audit included a review of quality, risk and reporting management systems, human resources and safe staffing requirements, care delivery, the environment, infection prevention and control, restraint minimisation and safe practice, and review of the progress made on the corrective actions identified at the last audit.

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.

Eight of the fourteen previous corrective actions were closed, these included document control, privacy, compliance with HoNos (Health of the nation Outcome Scales), completion of evaluations in clinical files, legibility of medication prescribing, environmental aspects, and restraint minimisation and safe practice.

Three new areas for improvement were identified, related to the timeliness of sending adverse event reports to the Health Quality and Safety Commission, documentation of patients' assessments, needs, outcomes and goals, and management of contact precautions in the clinical area.

Six of the previous corrective actions remain open. These relate to timeliness of reviewing the risk registers, identifying, planning and recording staff performance and training, inconsistent recording of patient assessments, lack of documented discharge planning, maintenance of fridge temperature recordings, and medication safety and management.

There have been multiple improvement initiatives completed since the last audit, and therefore, the continuous improvement awarded at last audit continues.

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. Services provided support personal privacy, independence, individuality and dignity. Staff interact with patients in a respectful manner.

Complaints management is thorough and is implemented in accordance with the timeframes outlined in the Code of Health and Disability Services Consumers' Rights. Patients spoken with understood their right to complain. The organisation continues to make improvements and learn from complaints.

Organisational management

The quality systems have been reviewed adding clarification to the reporting pathways. There has been the addition of new committees for example the patient and whanau board, along with the streamlining of the clinical board process. These are all components of the new organisational clinical quality and safety programme, with work plans identified for the coming year.

The quality team has undergone changes with the creation of two new roles, the director of clinical quality and safety and a service and programme manager. Additionally, extra full-time equivalents in clinical effectiveness roles have been appointed. As part of this process there has been a transfer of some of the areas of work, for example document control management.

Improvements have been made to document control management since the last audit, with additional full-time equivalents to support the process.

The quality objectives are implemented and known throughout the organisation. Datix, the electronic quality system, is used as the central repository for complaints, adverse event reporting, health and safety and latterly the migration of the risk management has extended its use.

The process and management of adverse events has been recently reviewed and updated, informed by a three-day rapid cycle review performed in July this year, resulting in a more streamlined and consistent management of events across ADHB.

The audit and improvement activity within ADHB continues to grow and enhance the services provided, with multiple initiatives underway across a wide variety of inpatient and community settings.

There has been an increase in staffing within the risk management team to improve the risk management process and a new risk management framework developed. The focus of the improvement has been to build an understanding of the risk process at board and executive level rolling out over the next few months to the rest of the organisation.

A key focus of the ADHB is around developing both long term and short-term strategies to cope with a steady increase in workload and ensuring enough staff with the right skills can meet the increased demands. Nursing staff numbers and skill mix are defined, increasingly based on Trendcare data and the Care Capacity Demand Management (CCDM) information. There was a multi-

pronged approach to ensuring staff are utilised in the most efficient way to meet changing patient demands. For those areas with specific recruitment issues (e.g., anaesthetic technicians and midwives), a range of strategies have been put in place to address these on both a short term and longer-term basis. Despite ongoing challenges to fill the resident medical officers (RMOs) roster requirements, medical staffing is meeting current demand.

Continuum of service delivery

Patient care was reviewed and evaluated across services with three patients reviewed using tracer methodology in the areas of maternity and mental health. In addition, four systems tracers were conducted in relation to management of the deteriorating patient, medication management, prevention of falls and infection prevention and control. The information gathered from these tracers was supported by additional sampling.

Care is provided by suitably qualified and experienced staff who work in a multidisciplinary manner. Investigations and assessments are undertaken and used to assist with developing patients' plans of care. The falls prevention programme is well established. The hospital has undertaken a project to review and update documentation and processes for the identification and management of adult deteriorating patients.

Discharge planning is actively occurring. All patients and family members interviewed were complementary about services received and advise 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. Medicines are stored safely and managed effectively throughout the organisation.

Safe and appropriate environment

All required building warrants of fitness were current. There have been no changes to the building since the previous audit.

Restraint minimisation and safe practice

The organisation has systems in place to support best practice processes in the application of enablers and restraints. To support this process there is a lead restraint coordinator and approximately 34 restraint coordinators based in the clinical areas. The organisation has policies on restraint minimisation and safe practice. 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 monitoring of use of bedrails, mechanical restraints and the implementation of enabler/restraint alternatives through-out the general hospital. The restraint minimisation and safe practice committee and the less restrictive practices governance group review the analysis of enabler and restraint data. This included a focus on training and pro-active strategies to minimise restraints and workplace violence, with the introduction of a workplace violence prevention coordinator, and the There has been an introduction of a range of training to meet the various clinical and non-clinical requirements.

There is a restraint audit process with forms to review every event. There has also been an introduction of enhanced support rooms to manage patients with cognitive impairment in the least restrictive manner. The restraint minimisation and safe practice committee and the less restrictive practices governance group actively oversee restraint use, education and monitoring based on collation and analysis of verified restraint data. The mental health service has a restraint reduction plan supported by implementation of the national training programme, and a focus on de-escalation

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.