

# MidCentral District Health Board

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## 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:

<b>Legal entity:</b>	MidCentral District Health Board
<b>Premises audited:</b>	Horowhenua Health Centre  Palmerston North Hospital
<b>Services audited:</b>	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
<b>Dates of audit:</b>	Start date: 28 November 2018      End date: 30 November 2018
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	317



# Executive summary of the audit

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## 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.

## Key to the indicators

## General overview of the audit

MidCentral District Health Board provides services to around 179,000 people in the mid central region. Hospital services are provided from the 368 bed facilities at Palmerston North and Horowhenua. This is a reduced bed number from the last on-site audit from 431 in 2017. Services include medical, surgical, maternity, paediatric, and mental health and addictions. These inpatient services are supported by a range of diagnostic, support and community-based services.

This three-day surveillance audit, against the Health and Disability Services Standards, included a review of management, quality and risk, staffing requirements, training, service delivery (using tracer methodology), and incidental sampling across the wards. Sampling included clinical and other records, interview with patients, families and staff, and observation of practice across a range of roles and services to inform our conclusions.

Follow up also occurred for previous findings from the provider's Certification audit to identify actions taken and progress.

Eight of the twenty-two previous corrective actions have been addressed and were closed. These included family violence screening, informed consent, staff orientation, completion of medical records details and integration, care planning and restraint evaluation and review. Seven new areas for improvement were identified relating to advance directive documentation, complaint feedback, medical credentialing, scope of work and clinical oversight in the coronary care unit (CCU), management of negative pressure rooms, documentation of enablers and management of preoperative antibiotic prophylaxis.

Fourteen of the previous corrective actions remain open related to completion of performance appraisals, documentation of training, and staffing requirements. Within the clinical standards, improvement is still required related to assessments documentation in maternity services, evaluation of patient care, discharge planning, management of medicines and storage of breast milk and food at the ward level. Aspects of the facilities to meet the needs of patients continue to require work in the mental health patient areas as the facility is not providing a therapeutic environment and the location of the court room impacts on privacy. Finally, areas related to staff use of personal protective equipment and management of waste, restraint assessment and evaluation remain open.

There were multiple improvement initiatives, either in process or completed since the last audit; these include completing the refurbishment of the emergency department, commencing the implementation of a digital hospital operations centre, partnering with Francis Health on a project that includes timely care across the patient journey, improving the journey and preventing avoidable admission for older people.

## **Consumer rights**

Privacy is well managed in most areas, with staff observed making efforts to respect patients' privacy. Patients report that they have been provided with adequate information to make informed decisions about their care and treatment. Thorough documentation in relation to informed consent was seen in clinical records and verbal consent is also documented when implemented. 'Not for resuscitation' decisions are recorded at the front of the clinical record.

The organisation's complaints process meets the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Information is available to staff, family members and patients on the organisation's complaints and feedback system. All complaints are logged electronically on the Riskman system, and this forms the complaints register. This showed complaints being followed through to complainant satisfaction and monitoring of the process occurring.

## **Organisational management**

MidCentral District Health Board (MDHB) is in the process of implementing an integrated service model, including a restructure to better meet this model. Clinical governance is an important part of this model and the Quality Agenda Framework provides the detail and the principles to support a culture of quality at system level. The quality objectives framework is starting to be implemented.

This new structure and the reporting systems are all components of the new organisational clinical quality and safety programme, with work plans identified for the coming year. The quality team has also been reviewed and new roles created. Document control management has been maintained since the last audit. 'Lippincott' has been purchased as a resource for nursing staff. Documents are now available to staff through Sharepoint.

Riskman, the electronic reporting system, is used as the central repository for complaints, adverse event reporting, health and safety and risk management. Adverse events processes are in place and known to staff. Events are rated and the management strategies are based on the risk rating. Action plans are put in place when required and there is timely reporting to senior management.

The audit and improvement activity within MidCentral District Health Board continues to grow and enhance the services provided, with multiple initiatives underway across a wide variety of inpatient and community settings. Of note, is the recent introduction of 'iAuditor' that has involved many staff and is adding frequent process auditing to the mix of monitoring that is occurring.

The risk management team provide expertise and ensure the risk management processes are implemented and adequate decision making occurs related to risk categories and monitoring. Risk management is a priority and is built into the reporting and monitoring

templates across the organisation. Enterprise risks are the high-level risks identified by the executive team and these are reviewed regularly based on the level of risk and reported to the executive team and board.

Organisational and area specific orientation is in place for the majority of staff employed. Attendance is monitored in various electronic systems. The organisation has agreed on a three-tier training system which is still to be embedded and records of attendance continue to be kept on various electronic databases. Work has commenced to bring some of these together.

A key focus of the MidCentral District Health Board 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 demand. 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., mental health), a range of strategies have been put in place to address these on both a short term and longer-term basis.

## **Continuum of service delivery**

Prior to the surveillance audit, the organisation reviewed four individual patient's journeys using tracer methodology. Findings have been reported and action planning implemented. At this surveillance, two individual tracer journeys were reviewed in the maternity service and mental health and addiction service, and four systems were reviewed (medication management, falls prevention, the deteriorating patient and infection prevention and control), to ascertain implementation of the standards at both Palmerston North Hospital and Horowhenua Health.

Service delivery is coordinated to ensure effective use of resources and safe care. Medical staff contribute to an integrated clinical record and plan care with the multidisciplinary team and the patient. Nursing documentation has been reviewed and updated and is now being rolled out across services. A combined electronic nursing risk assessment supports service planning. Interventions are detailed and evaluated and recorded in the clinical record. An early warning scoring (EWS) system is widely used and provides triggers to recognise the deteriorating patient. Discharge planning commences early in the admission process and estimated discharge dates are closely monitored.

Systems for medication management are in place and a new initiative implemented to support patient adherence in the transition from hospital to community. There is an increasing focus on high risk medicines and their safe and effective management. Policies and procedures guide practice. Food services are contracted to an external provider and an approved food safety programme is in place. Individual dietary requirements are met.

## **Safe and appropriate environment**

The Building Warrants of Fitness were current for hospital buildings. Certificates for Public Use are in place for the buildings where work is currently being carried out. The New Zealand Fire Service is aware of the work being carried out in the different areas and impact on future evacuation planning. Planned and proactive maintenance processes are in place and are reported to the appropriate people.

## **Restraint minimisation and safe practice**

The Restraint Advisory Group (RAG) has been reinvigorated since the last audit and processes around restraint and seclusion have showed improvement in practice. The focus of the organisation is on the minimisation of restraint practices and policies and systems are being amended to assist with this.

## **Infection prevention and control**

Infection prevention and control (IPC) is implemented through a programme overseen by the infection prevention and control committee. The IPC team is made up of 2.8 full time equivalent (FTE) nursing staff and supported by an antimicrobial pharmacist. Presently there is no infectious diseases physician employed; however, expert microbiological support is available when required.

Surveillance data is collected and analysed in a manual system and collated in spreadsheets. The surveillance programme is appropriate to the setting and includes monitoring of surgical site infections, device associated infections, outbreaks and multi-drug-resistant organisms. Prophylactic and therapeutic antimicrobial use is carefully monitored and reported.