

# Capital and Coast District Health Board

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## 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](#).

The specifics of this audit included:

<b>Legal entity:</b>	Capital and Coast District Health Board
<b>Premises audited:</b>	Porirua Hospital Campus (Mental Health Services)  Wellington Hospital (Mental Health Services)  Kapiti Health Centre  Kenepuru Hospital  Wellington Hospital
<b>Services audited:</b>	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
<b>Dates of audit:</b>	Start date: 24 September 2019    End date: 27 September 2019
<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>	765



# 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

Capital & Coast District Health Board (CCDHB) provides services to around 318,000 people in the region. Hospital services are provided from the Wellington and Kenepuru Hospitals and Porirua site (mental health services). Services include medical, surgical, maternity, children's and women's, older persons and rehabilitation, and mental health and addiction services. Several services are tertiary level services supporting health service delivery across the greater region. Inpatient services are supported by a range of diagnostic, support and community-based services. A strength of the DHB is its integrated approach to both planning and providing services across both primary and secondary care.

This four-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. Auditors visited all three sites.

This audit identified areas that require improvement across the standards. These relate to family violence screening, consent, follow through of corrective actions, risk management, adverse event management, orientation, departmental credentialing, training of staff, staffing of areas to meet patient demand, and completion of documents. Improvements are also required in relation to timely provision of service, clinical assessments and patient goals, evaluation of care, discharge planning and medication management. Storage of waste and hazardous substances and paediatric care facilities need improvement, with the development of a new children's hospital commenced. Several aspects related to the use of restraints and enablers in non-mental health services do not meet the requirements of the standards. The systematic tracking of sterile equipment within the operating theatre also requires further development to meet current national standards.

## **Consumer rights**

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) was visible around all areas of the DHB. Patients and families/whānau reported an awareness of the Code and that their rights were upheld. All patients spoke positively about their care, treatment and communication with staff. Staff were observed respecting patients' rights, including their privacy. The organisation has a commitment to providing services that meet the cultural needs of its catchment area.

Innovative approaches to delivering care and examples of evidence-based practice were evident throughout the services. 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. Patients and family members interviewed confirmed communication is open and effective. Adequate information is provided to patients to assist them to make informed decisions and provide both written and verbal consent.

Complaints processes are well managed according to Right 10 of the Code. Patients knew how to make a complaint and the majority of complaints have been resolved within the required timeframes. Learning and improvement from complaints was evident. Patients and families interviewed were satisfied with the care and services provided.

## Organisational management

The recent appointment of a chief executive officer (July 2019) across both CCDHB and the Hutt Valley DHB has led to several changes to the senior leadership team and increasing clarity around service provision within the CCDHB, across the two DHBs and across the greater region. The mental health and addiction services are part of the '3DHB' structure, with recent agreement for the CCDHB to act as the lead DHB. The implications of this were in development at the time of this audit. Planning meets statutory requirements and is based on the needs of the community as described in the Health Systems Plan 2030.

The quality and risk management system is led by the executive director quality and patient safety who is supported by several quality management and facilitator roles working both across the organisation and alongside directorates. A strong focus on developing the skills of staff in quality systems, through education, was evident in the number and quality of improvement projects completed and in progress across all areas visited. The development of a robust clinical and quality governance framework along with improved data analysis over the past year is supporting effective reporting to a clinical governance board and evidence-based decision making. Risks are reported to the finance, risk and audit committee and the board.

Adverse events are managed through an electronic management system, with a focus on improving timely reviews, the development of measurable and realistic recommendations and implementation of recommendations. Family and consumer advisory services are available across the 3DHB mental health and addiction services with effective involvement at several levels within the services. Human resources recruitment systems meet current good practice. Staff reported feeling well supported with education and professional development opportunities. 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. The organisation is well progressed with the implementation of the Care Capacity Demand Management (CCDM) programme, which is positively impacting on matching patient requirements to nursing staffing. Staff are well supported by several expert clinical roles across the 24-hour period. Patient records are integrated and easily accessible. Patient information was held securely and not visible to those without the authority to have access. Privacy of information is maintained through robust systems.

## **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 and patients are informed of the reasons why and any alternatives available. Eleven patients' 'journeys' were reviewed as part of the audit process and involved surgical, medical, paediatric, maternity, older persons' health and mental health wards and departments including the emergency department, intensive care unit, and the operating theatre suite. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients and families/whānau. Additional sampling was undertaken throughout the audit.

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 with results reviewed, discussed and actioned as appropriate. This was supported by patients and family members interviewed. Admission assessment tools utilised are based on best practice. Various care plans and pathways were evident throughout the hospitals. Most areas were using the early warning score (EWS) to prompt triggers when a patient's condition deteriorates, and this tool was well completed. Evaluation is undertaken of patients' progress regularly and includes progress towards discharge.

Activities, in most cases, meet the requirements of the individual patients and these are particular to the various specialty settings. Medication is well-managed. Staff are competent to perform the function for each stage of medication management. Medication is recorded to a level of detail that complies with legislative requirements and good practice. Food services are a contracted service and meet the nutritional needs of patients. A range of special diets are available to support requirements of patients with more complex nutritional needs. Food is managed safely.

## **Safe and appropriate environment**

Facilities across the sites meet the needs of the various patient groups and are well maintained. The organisation has plans for ongoing building, including a new children's hospital in progress. All sites have a current building warrant of fitness. Reactive and

proactive maintenance of equipment and facilities is undertaken, with staff reporting that this service is responsive to their needs and that there is enough of the right equipment to support good practice. All regulatory requirements including maintaining a smoke free environment are met.

Planning for all types of emergencies is well developed and suitable equipment and supplies are available. Evacuation drills are undertaken by specific areas to ensure staff can manage this process and six-monthly area inspections occurs. Management of waste and storage of chemicals and hazardous substances are documented, with staff trained to manage any related emergencies. Appropriate personnel protective equipment is available specific to the area requirements. Enough toilets and personal spaces are available in the majority of areas. Patient areas have adequate natural light, heating and ventilation.

Cleaning is provided by a well-educated team of cleaners available 24 hours a day, seven days a week. Areas were noted to be clean throughout the audit and this was supported in audit results reviewed. Laundering of patients' linen occurs through an externally contracted service which is also audited. Security is provided in-house and includes, managed lockdown when required, closed circuit television and duress alarms. There is monthly reporting on security activities to senior management.

## **Restraint minimisation and safe practice**

There was evidence that restraint minimisation and safe practice was being well carried out in mental health services with a decrease in restraint and seclusion. In the general hospital areas work has begun to ensure good practice with a new policy and dedicated time from an associate director of nursing. This has seen a review of current practice and the commencement of staff education.

## **Infection prevention and control**

CCDHB has an infection prevention and control programme. A comprehensive annual review of the infection control service achievements and future work required is documented. The infection control committee has been re-established and reports to the clinical governance board. The infection prevention and control programme is facilitated by four clinical nurse specialists. They are

supported by the infectious diseases' physicians and registrars as well as the microbiologists. All the infection service team members participate in relevant ongoing education.

Policies and procedures are available electronically to guide staff practice. Orientation and ongoing education are also provided to DHB staff, community health providers, and patients/family members.

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. Regular monitoring of compliance with prophylactic and therapeutic antimicrobial use is occurring.