

# Capital and Coast 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>	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: 11 May 2021    End date: 13 May 2021
<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>	737



# 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.

## General overview of the audit

Capital and Coast District Health Board (CCDHB) provides services to around 324,000 residents living in the region. General hospital and mental health and addiction and intellectual disability services (MHAIDS) are provided from 750 beds at the Wellington Hospital, Keneperu Hospital/site, Kapiti Health Centre, Porirua campus (MHAIDS), Hutt Hospital and Johnsonville (the Central Regional Eating Disorder Service). Mental health services are also provided at the Wairarapa DHB site as part of the CCDHB MHAIDS service; however, this service was not included in this audit. Services reviewed included medical, surgical, maternity, paediatrics, mental health and addictions and intellectual disability. These 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 quality and risk management systems, staffing requirements, aspects of clinical care, infection prevention and control, and restraint minimisation and safe practice. 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.

This audit identified that improvements are required in relation to:

- family violence screening
- advance directives
- risk management
- timely management of event recommendations and reporting to the Health Quality and Safety Commission
- personnel files and service credentialing
- ensuring appropriate levels of staffing
- timely access to services/care
- the assessment of cultural needs, clinical evaluation and discharge planning
- medicines management
- facilities
- restraint minimisation and safe practice
- the systems around tracking of theatre instruments

Work has been progressed in the previous areas identified for improvement reflected in the reduction of risk ratings in most cases.

## 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 hospital. Patients and families/whānau reported an awareness of the Code and that their rights were upheld.

There are sound processes in place for the management of consent for surgical procedures, anaesthetic, return of body parts and other procedures which may pose a risk, such as administration of blood. These were known to staff and evident from documentation reviewed. Patients and whānau reported they had sufficient information to make informed choices. Shared Goals of Care plans have been implemented in line with the Health Quality and Safety Commission initiative.

There is a documented complaints management system, which meets the requirements of the Code.

## Organisational management

CCDHB has a chief executive officer (CEO) across both Capital & Coast DHB and the Hutt Valley DHB. There are several '2DHB' roles developing to support an integrated and consistent regional approach in relation to support systems and delivery of clinical services. In addition, some '3DHB' roles and services cover the wider region, including the Wairarapa DHB (that is, the '3DHBs'). This is the cases for the MHAIDS services.

The quality and risk management system is developing well between Capital & Coast DHB and the Hutt Valley DHB with a consistent quality and risk framework and a well-established clinical governance model at Wellington. The quality operational components continue to develop; however, the current roles of improvement advisors and quality facilitators continue to work with the service groups to monitor and support improvement projects and skill development within the group teams.

Improvement activity was evident at all levels of the organisation, from large projects across the continuum of care, to smaller ward-based initiatives. Risks are reported to the finance, audit and risk committee and the board with a significant amount of work progressed since the previous audit around risk management, supporting a consistent approach between the 2DHBs. A review of health and safety systems has been completed and work to improve systems in this area continues.

Adverse events are managed through an electronic management system, with improvement plans developed. Improvements have been made around reporting of adverse events and development and monitoring of recommendations following review. Several examples of improvements made following events and other risks identified were evident.

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. Close and effective monitoring of staffing requirements is supporting the significant challenges of increasing patient demand and complexity.

## **Continuum of service delivery**

Patient care was reviewed and evaluated across services. This included gathering information using tracer methodology for four systems and five individual patients (four patients in the mental health service, and one in the maternity service). System tracers related to medicine management, infection prevention and control, falls prevention and the deteriorating patient. The information gathered from all tracers was supported by additional incidental sampling undertaken across service areas.

Care was provided by suitably qualified and experienced staff working in an interdisciplinary manner to provide timely care within current resourcing. Investigations and assessments were undertaken and used to assist with developing patients' plans of care. Discharge is a planned process, often utilising the discharge lounge for low acuity patients. Overall, service delivery met the needs of patients. This was confirmed by patients/whānau interviewed who were complementary about the services received.

Medication management was guided by comprehensive policy and procedures. The organisation has a strong emphasis on medication safety led by a team of pharmacists and with a multidisciplinary team focus.

## **Safe and appropriate environment**

Building warrants of fitness were current. The organisation faces ongoing challenges related to facilities that do not support contemporary good practice, and the current increase in demands across the services. Funding has been approved for several much-needed facility projects. Staff work hard to minimise facility risks.

## **Restraint minimisation and safe practice**

Restraint minimisation and safe practice is overseen by the 2DHB restraint approval committee which is in the early stages of development. The restructure has resulted in a single restraint approval committee (RAC), covering the Hutt Valley and CCDHB sites, with two subcommittees operating within each organisation. The subcommittees meet bimonthly between the combined RAC meetings. Restraint in relation to mental health services is monitored through a 3DHB framework.

RAC has responsibility to approve, monitor and review restraint and enabler use at both Hutt Valley and Wellington Hospital sites and the mental health services. The committee monitors and reviews each episode of restraint and evaluates any trends across the organisation. Good records were available to effectively monitor each event and the outcome of restraint use.

There are clear guidelines for the safe use of bedrails. A restraint minimisation and safe practice checklist focuses on enablers as devices to enable treatment and safety. Staff receive ongoing education in the safe use of restraint and enablers.

## **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, device related infections, blood stream infections, outbreaks and hand hygiene compliance rates. The surveillance results are communicated appropriately.

A systems approach was used to review processes related to the insertion and care of peripheral intravenous devices.