# Southern District Health Board

## 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).

The specifics of this audit included:

**Legal entity:** Southern District Health Board

**Premises audited:** Dunedin Hospital||Lakes District Hospital||Southland Hospital||Wakari Hospital

**Services audited:** Residential disability services - Intellectual; 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

**Dates of audit:** Start date: 9 November 2015 End date: 12 November 2015

**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:** 502

# 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

The Southern District Health Board (SDHB) is responsible for providing health services to the approximately 313,050 people living in its district. 36,000 people live more than two hours from a hospital and 51,350 are aged 65 years or over. The SDHB services organised by directorates include medical; surgical; older persons and community; mental health, addictions and intellectual disability; women’s, children’s, and public health and clinical support services. The DHB provides services from a number of facilities and for certification the audit team visited Southland Hospital (Invercargill), Dunedin Hospital, and the Wakari Acute and Forensic Mental Health and Addictions Services (Dunedin).

## Consumer rights

The Code of Health and Disability Services Consumers Rights (the Code) posters and brochures are displayed in all wards and reception areas. Patients report they are treated with dignity and respect with private areas used for private conversations and treatments.

SDHB has input from Māori mental health teams in Dunedin and in Southland hospital which provide ongoing cultural advice and input to the inpatient unit services. There is room for improvement in Dunedin which will lead to better management of the response to referrals for cultural assessment. In both areas there are links to Pacific Island organisations who provide cultural support for Pacifica consumers. In Dunedin there is room for improvement in this area by re building effective links and re-establishing educational input and support to the services.

Patients describe care delivered that meets their needs however ethnic, cultural, spiritual values and beliefs are not recorded in the patient care plan and requires improvement. Patients and family state professional care has been received at all times.

Staff are engaged in quality initiatives to develop current best practice improvements. Staff share their quality improvement efforts on display boards plotting progress of prevention reduction strategies and compliance achievements.

Communication is reported as open and meets patient need with interpreter services available when required. There is an open disclosure policy and guidelines to guide this process, staff are able to describe the process but a review of clinical notes finds poor recording of open disclosure and needs improvement.

Staff are aware of the need for informed consent and patients report sufficient information is given for them to provide consent. Files reviewed find informed consent is inconsistently documented with the education given and risks identified not recorded and this requires addressing. Patients have their family /support person, advocate involved in their care and visitors of their choice.

## Organisational management

There has been a significant change at the governance level for SDHB with the appointment in May 2015 of a Commissioner team (four Commissioners). Over the past five months the Commissioners have been meeting with a wide cross section of staff and stakeholders and have recently published their direction entitled ‘Southern District Health Board - Owning Our Future’. It includes a set of building blocks for action, and has a focus on the patient at the centre, quality and safety, improving performance and building a positive organisational culture. The recently completed SDHB Health Profile and Strategic Plan underpin the direction.

There is an established iwi governance group and systems for the DHB to work in partnership with iwi.

SDHB has a directorate structure based on a clinical/management partnership model. These directorates provide operational management for a group of services district wide and have accountability for performance.

The quality management system is grounded in the Performance Excellence and Quality Improvement Strategy. A key focus is the Health Quality and Safety Commission’s Open for Better Care programme priorities. These include falls management, surgical checklist, medications management and hand hygiene. SDHB was recently rated the top performer for hand hygiene compliance. The organisation-wide clinical governance processes led by the Clinical Council are still being determined including the management of quality and risk.

Improvement is needed to ensure policies and procedures are up to date and are subject to document control. There are currently 38% of policies due for review and duplication of some policies across the two hospitals.

The internal audit schedule and audit results show good compliance to the mandatory monitoring for example the Health Quality and Safety Commission (HQSC) requirements, there were no issues based audits within the internal audit schedule to indicate the monitoring of improvement activity from adverse events.

The lack of integrated information systems, including not having a clinical costing system, limits the ability to generate reports and to analyse information for planning and decision making. This has an impact on the quality and risk management systems and on the ability to closely monitor performance. In spite of this, SDHB does well to maximise their engagement with the Australasian Health Round Table performance indicator programme.

There is no central repository (electronic or hardcopy) for organisation-wide monitoring of the corrective actions coming from adverse events and the related audits, reviews, and risks. These are handled at the directorate level meaning that reporting and monitoring of progress, and quality improvement learning, is not readily accessible to the wider organisation.

The newly introduced electronic integrated risk management system (Safety1st) is a South Island DHBs initiative. The system has significant potential to advance integrated quality and risk management processes in the future. Risk Management has tended to be reactive and plans are underway at the governance and executive level to establish a proactive risk assessment and monitoring approach.

SDHB has well established consumer advisor and family advisor roles which are key members of an integrated mental health and addictions service. Work is underway on mechanisms for consumer input into other parts of the health and disability services offered by SDHB.

SDHB has systems for ensuring the right numbers of staff to meet need. Bed management meetings and demand management systems are being used effectively. There are good induction programmes and opportunities for on-going education. Improvement is needed in some of the human resources management systems, such as the monitoring of mandatory training uptake, completion of orientation and annual appraisal rates, and currency of annual practising certificates.

Consumer records are managed effectively and consumer privacy is protected, there is limitation on the storage capacity for the clinical files which managers’ state is being addressed as part of the site redevelopment. Integration of the clinical records is not occurring in all specialities and work is underway on quality requirements for the acknowledgement of electronic diagnostic results reporting.

## Continuum of service delivery

Patients’ access to services is based on needs and is guided by policy. Waiting times are managed and monitored. Risks are identified for patients using 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 is informed of the reasons why and any alternatives available. Reasons are discussed with patients and their family, where appropriate.

Thirteen patients’ ‘journeys’ were reviewed as part of the audit process and involved emergency, surgical, medical, paediatrics, maternity and mental health departments and wards, including intensive care, high dependency and operating theatre areas. Auditors and technical expert assessors worked collaboratively with staff reviewing the relevant documentation and interviewing medical, nursing and allied health team members, patients, and family members.

A qualified and skilled multidisciplinary team provides services to patients. Access to appropriate staff is available at all times. Shift handovers and transfers are efficiently managed.

Assessments are thorough and timely 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. Individual patient’s needs, including cultural/spiritual needs are not consistently documented. Well-health provider details and paediatric review of diagnostic tests are not consistently recorded. The emergency department (ED) triage assessment does not include a robust infection screening. These issues need to be addressed

Best practice care planning tools and pathways are used across the services, including multidisciplinary team review and identification of early warning needs. In surgical services and maternity service (Dunedin) care planning is inconsistently documented.

Interventions appropriate to patients’ needs are documented. Discussion occurs with patients and families. Evaluation is comprehensive and timely and efficiently managed with the exception of totalling of ‘early warning scores’ in paediatrics and maternity. Patients interviewed expressed satisfaction with the care and treatment provided.

Activities meet the requirements of the individual patients and these are particular to the various specialty settings.

Medication management is of a high standard, with the exception of some prescription requirements and two-person checking requirements for medication administration.

## Safe and appropriate environment

Planning has commenced for the redevelopment of the Dunedin Hospital. A Ministerial Partnership Group has been appointed to oversee the development, including the site master planning process. A priority upgrade will occur for the intensive care unit (ICU), gastroenterology and audiology departments. Funding has been allocated for this phase of redevelopment. The recent upgrade of the children’s ward provides an excellent environment for children and their families. It is noted that there has been deferred planned preventative maintenance of the Dunedin Hospital facilities over a number of years resulting in a number of areas not supporting the models of care and patient flow.

The Southland Hospital was opened 11 years ago and is a well laid out facility that enables effective patient flow. Wakari Hospital campus has buildings fit for purpose although some wards would benefit from refurbishment.

The SDHB facilities have current building warrants of fitness and fire regulation requirements are met, including six monthly fire drills. There is a comprehensive emergency management plan which links with the civil defence systems of the councils in the region. The system was tested effectively during two recent events. The first was the response to the flooding that occurred in Dunedin and the second was the asbestos risk situation. The emergency operating centre was established for both events.

The safety of staff, patients and contractors was evidenced through the infection control and occupational health input into high risk areas. For example the waste is appropriately managed and there has been a quality improvement project for the management of hazardous substances. There are policies and procedures to guide service providers including those related to health and safety and the use of personnel protective equipment (PPE). There is also a well managed security system in place, and security staff employed on site to protect staff and patients.

The clinical engineering service provides a repair and checking service to meet the safety requirements.

## Restraint minimisation and safe practice

The SDHB has improved restraint minimisation standards with a reduction in utilisation of restraint and seclusion in the acute inpatient units in the Mental Health Addictions and Intellectual Disability Services (MHAID). There are improvements required in evaluating episodes of restraint and ensuring the restraint minimisation committee monitors and reviews all aspects of the restraint minimisation activity in order to demonstrate consistent overall evaluation of the use of restraint and seclusion.

## Infection prevention and control

SDHB is actively engaged in national monitoring programmes. Expertise is available within the committee. Team members and staff receive ongoing education. Documentation and staff interviews show thorough implementation of the programme. Monitoring and prevention of transmission of infections in staff and patient and monitoring of isolation is occurring. Infection prevention and control (IPC) nurses are readily available to staff to provide advice. Minutes of IPC committee meetings and a report note review of major events, such as outbreaks. Wider community concerns are addressed.

A systems tracer was conducted for isolation management. The electronic recording system alerts IPC nurses to current isolation cases. Nurses provide advice for isolation management. Policies for management of isolation were reviewed, with clear guidance to staff. Ward nurses and cleaning staff interviewed were knowledgeable about the isolation patients and stated they have received education about isolation management. They also report that the IPC team is available and supportive.

There are adequate numbers of isolation rooms including negative and positive pressure rooms, except in ED (see 1.4.2.4). Triage in ED is not identifying infectious patients screening (see 1.3.4.2). Isolation rooms were sighted with appropriate equipment and environment. In some instances, cohort isolation is used. An isolation patients’ family member states explanations from staff are adequate.

A highly successful and nationally recognised hand hygiene (5 moments) project has been implemented in SDHB. It involves extensive education and supporting initiatives resulting in achievement levels above the national target with SDHB recently rated the top performer for hand hygiene compliance. This is an example of continuous quality improvement.