

# Southern 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 Central Region's Technical Advisory Services 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>	Southern District Health Board
<b>Premises audited:</b>	Dunedin Hospital  Lakes District Hospital  Southland Hospital  Wakari Hospital
<b>Services audited:</b>	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
<b>Dates of audit:</b>	Start date: 22 November 2021      End date: 26 November 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>	558

# 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.

Southern District Health Board provides health services to the people of Otago and Southland. The certification audit included site visits to Lakes Hospital; Southland Hospital, Wakari Hospital and Dunedin hospital. The audit team were provided with a self-assessment and supporting documents prior to the onsite visit. Fifteen individual patient tracers were completed across medical; surgical; child health; maternity; mental health; and geriatric services. Two systems tracers were undertaken for infection prevention and control, and medicines management.

Southern District Health Board continue to prioritise safe patient care on a background of quality improvements in an environment of increasing demand and pandemic response. The Board and Executive provide governance across all services. The executive leadership team has undergone change with new positions established. The organisation's values and philosophies are embedded and demonstrated throughout the hospitals and services. Equity for Māori is a priority alongside consumer and community engagement. Quality and risk management systems continue to develop. Quality improvement activities are implemented to improve patient outcomes. Patients interviewed were positive about the care they received.

Improvements are required regarding cultural assessments, consent, quality and risk systems, service provision, facilities, documentation, nursing care plans, medicine management, food storage and infection prevention and control.

## **Consumer rights**

Information on the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, the complaint process and the Nationwide Health and Disability Advocacy Service is accessible to patients and family in all services across the Southern District Health Board. Interviews with patients and families confirmed that staff are considerate and respectful of patient needs, and that communication is appropriate. Cultural and spiritual support is available to patients as required. The Southern District Health Board models good practice by supporting ongoing staff education and delivery of care that reflects national best practice recommendations.

Patients give informed consent to care and treatment, which was evident in observations, documentation, and interviews.

## **Organisational management**

The Board and Executive have set a clear strategic direction for the Southern District Health Board and implementation of this is monitored. The executive leadership and management team provide leadership to the organisation and receive advice from the Clinical Board and Clinical Governance Committee. At all levels, the organisations services are provided by teams who are supported by technology. Inpatient services operate 24 hours a day, 7 days per week, by trained and experienced multidisciplinary teams. There are documented strategies in place to provide the right skill mix of staff, based on acuity. The organisation uses systems to manage safe staffing levels. There are increasing numbers of patients attending the hospitals and services, with impacts on staffing related to global and national skills shortages. Planned surgery and clinical challenges to patient flow are known at Board and Executive level with mitigation strategies identified.

Policies, procedures guidelines, and documents are available to staff in a hybrid system. There are systems in place for document control. Human resource processes meet legislative employment requirements. Recruitment and appointment processes are documented and used. All staff have a structured orientation programme, ongoing learning, and development opportunities. Medical staff are credentialed. All staff attend orientation and there are professional and personal development training

programmes offered, including online options. The management and privacy of information is informed by legislation and professional and sector standards.

The Southern District Health Board demonstrates a culture of ongoing quality improvement. The clinical governance function has new leadership in place. The quality and safety programme assists staff to provide safe care. The programme structure supports an integrated quality management system. A risk management framework is in place and risks are monitored by the Board. A culture of incident reporting has been established, and outcomes are shared with staff, patients, families/whānau, and the community.

The Safety1st recording, and file management system is used for incident, complaints, and risk management. Adverse events are investigated, and open disclosure occurs with patients and their families. Patients and families/whānau interviewed confirmed involvement and input into service delivery where appropriate.

The organisation has a hybrid record to ensure all information about the patient is available for care and treatment. The transition from a paper based clinical record to a paper light/digital record is underway. Clinical information requested to inform patient care is available in a timely manner. All patient information is stored safely and privacy is maintained.

## **Continuum of service delivery**

The review of patients' journeys and incidental sampling demonstrated a multi-disciplinary team approach to patient care. All members of the multi-disciplinary team document patient care and treatment in the patient's clinical record.

In observations, interviews and review of patients' clinical records, there was evidence that patient care and treatment was conducted by nursing, medical and multidisciplinary staff members. There is timely access to allied health services staff when this is required. Access to medical and nursing staff is 24 hours a day, 7 days a week.

Patients and family members interviewed confirmed they have input into care planning and are consulted on their and their family members' treatment and care, where appropriate.

Continuity of service delivery is maintained through: clinical records; family meetings; multidisciplinary meetings; medical rounds; written and verbal handovers; patient bedside boards and bedside handovers.

The multidisciplinary team plans the patient's discharge with a team approach, that includes the patient. Community services and other providers are included in discharge planning when this is required.

The Southern District Health Board has an electronic medication prescribing system in place and hard copy medication charts are used in some areas.

The patients interviewed were positive about the food services, which is managed by a contracted service provider with dietitian input into menus and special diets.

## **Safe and appropriate environment**

There are systems in place to support the provision of a safe environment. The buildings on all sites vary in age. Most buildings are mature with challenges to providing new models of care. Infrastructure risks are known to the organisation and identified for ongoing attention. Planning is underway for the new Dunedin Hospital with consultation and extensive engagement processes completed. Preventative maintenance is undertaken.

The management of waste and hazardous substances meets legislative requirements and waste minimisation, with a sustainability focus. Amenities are provided to meet the needs of the specific patient groups including areas for recreation, dining, playroom in paediatrics, and outside areas for long-term patients. All clinical areas are clean, and monitoring occurs against cleaning standards. Linen is transported and stored safely.

Emergency and disaster response plans are maintained and practised. Contingency plans enable a prompt response to unexpected utility or plant outage. Security systems in all facilities are reviewed and improved to respond to any change. All inpatient areas have heating and ventilation for patient comfort. The hospitals and grounds are smoke free.

## **Restraint minimisation and safe practice**

The restraint minimisation and safe practice policies/documents are used across the organisation to inform practice with identified groups of patients, including mental health services and the general acute care setting. All episodes of restraint are reported and monitored.

The restraint governance committee has a broad membership and informs the wider services of quality initiatives.

Mandatory restraint training is available with a system in place to ensure all staff requiring this training complete it in a timely manner.

The Southern District Health Board is committed to restraint minimisation.

## **Infection prevention and control**

Southern District Health Board has a multidisciplinary infection prevention and control committee that supports the infection prevention and control programme. The team reports through to the organisational quality team. Infection prevention and control policies and processes are in place and accessible to staff via the intranet. Surveillance activities are relevant to the type and complexity of services provided. Southern District Health Board participates in the Health Quality and Safety Commission surgical surveillance programme. The antimicrobial stewardship committee has developed an annual plan.

The infection prevention and control tracer was undertaken of the Covid-19 management processes across the organisation.

