

Te Whatu Ora – Health New Zealand Southern

Introduction

This report records the results of a Surveillance Audit of a provider of hospital services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Health New Zealand
Premises audited:	Southland Hospital Wakari Hospital Dunedin Hospital
Services audited:	Hospital services - Psychogeriatric services; Residential disability services - Intellectual; 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: 10 July 2023 End date: 13 July 2023
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: 0

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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumaruru | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

General overview of the audit

Te Whatu Ora - Health New Zealand Southern provides health services to the people of the Southern region.

A comprehensive self-assessment and supporting evidence was provided to the audit team prior to the onsite audit.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard following reform of the Aotearoa New Zealand health system. The development of and transition to Te Aka Whai Ora - Māori Health Authority and Te Whatu Ora - Health New Zealand, has informed the audit outcome. The audit was also undertaken at a time of national health workforce shortage and should be read with consideration of the national and international pandemic influences experienced by the organisation.

A total of seven individual patient tracers were completed across medical; surgical; maternity; child health; mental health; intellectual disability and geriatric services. Systems tracers were undertaken for medication management; infection prevention and control; falls and the deteriorating patient.

The organisation prioritised safe patient care on a background of increasing patient demand and workforce challenges. An experienced executive leadership team was in place and provide oversight for the organisation in keeping with national Te Whatu Ora - Health New Zealand requirements. There were organisational values and philosophies in place. These were embedded in the day-to-day service provision and were observed throughout all hospitals and services visited. Patients interviewed reported positively about the services they received.

Equity for Māori patients and whānau was an organisation priority. There were developed relationships with community Pacific partners. Consumer engagement was occurring at all levels of the organisation.

Quality and risk management systems were effectively managed, and risks were escalated as required. Information was available to support decision making. A quality improvement environment had been established with programmes in place and initiatives completed to improve patient outcomes.

Areas for improvement from the previous Certification audit related to consent, quality and risk, nursing assessments, medication and buildings are now closed.

Areas for improvement from the previous Certification audit related to cultural assessment remains open.

Areas for improvement for this audit include assessment documentation, staffing levels, policy implementation (Pae ora outcomes), infection control, and fridge temperature monitoring.

Ō tatou motika | Our rights

Te Whatu Ora - Health New Zealand Southern has developed policies, procedures, guidelines and plans to embed and enact Te Tiriti o Waitangi in all aspects of its work. This was reflected in the organisation's values and staff interviewed confirmed mana motuhake is respected. There were Māori advisors available to support the journey of Māori patients, tangata whaiora/whaikaha, family/whānau. Patients/whānau reported that staff respected their right to Māori self-determination, and they felt culturally safe. Patients who identified as Māori had their ethnicity recorded during the pre-admission process or on admission if admitted acutely.

Consumer rights and advocacy service information was on display throughout all the organisations services visited. Staff interviewed were knowledgeable about consumer rights and were able to discuss how they incorporate these into interactions with patients and family/whānau. Patients reported access to advocacy and interpreter services was provided when requested. Services provided facilitate informed choice and informed consent and this was documented. In all areas visited, patients and family/whānau interviewed confirmed they were provided with information on their rights and advocacy services.

Staff were observed demonstrating respectful communication and maintaining patients' dignity and privacy. Electronic and hard copy patient files are securely managed. Regular reviews/audits are undertaken to ensure information management meets the organisations policy and legislative requirements.

Policies were available to staff to support the organisation's initiatives including training undertaken to ensure patients are provided services free from discrimination. The training included the organisation's documented expectations related to discrimination and how this would be met. Policies and processes related to the code of conduct and professional requirements were available and staff interviewed discussed the implementation of these.

There were Māori leadership roles established and Māori advisory staff available to support the culturally informed provision of health services to Māori patients and their whānau. A bimonthly hui, Te Ao Marama, was facilitated with the aim of supporting the Māori workforce. Te Tiriti o Waitangi training was available at all levels of the organisation and a range of cultural education/training resources were developed. Learning opportunities were available electronically and included Pepeha, Waiata, Karakia, Whakatauki and Te reo Māori. Patients and tāngata whaikaha were treated with dignity and in a manner that respected their needs, cultural values, and beliefs.

There were established relationships with leaders from the Pacific Peoples community who were engaged to inform and advise the organisation. Local pacific plans were in place in some services.

Interviews confirmed patients' family/whānau have access to information on how to make a complaint. The complaints process is documented and implemented according to Right 10 of the Code and this was confirmed onsite. Patients interviewed reported they were positive about the care they received.

Hunga mahi me te hanganga | Workforce and structure

There was an Executive Leadership Group in place with all roles undertaken by qualified, experienced personnel with delegated responsibilities. The strategic direction for the organisation is linked nationally to meet Te Whatu Ora - Health New Zealand requirements.

Inpatient services operated 24 hours a day, 7 days per week, delivered by a multidisciplinary team. All levels of the organisation were supported by technology, which assisted decision making using real time collated data. Policies and procedures were electronic, with systems in place for document control. Quality and risk frameworks were in place. Risks were known and mitigated where appropriate. These were monitored by delegated, senior personnel and escalation processes were in place. A Clinical Council was established, and clinical governance activities occurred in all divisions. Clinical quality oversight was provided through the Clinical Council to the executive leadership group. Collated data was available to both the Clinical Council and Executive Leadership Group.

Incident reporting was occurring using an electronic system. Incident management review confirmed incidents were managed through an established system and in a timely manner. Outcomes were shared with staff, patients, family/whānau and the community where appropriate. Debriefing occurred and involved the multidisciplinary team. Any improvements identified were implemented and evaluated for effectiveness through an established process and this was documented. Adverse events were investigated, and open disclosure occurred with patients and their families/whānau. Interviews confirmed appropriate people were involved in investigations including any input from service delivery staff where appropriate.

Human resource processes were reviewed and met legislative employment requirements. Staff had access to a structured orientation programme and ongoing learning and development opportunities. The organisation used established systems and processes alongside new approaches to manage safe staffing levels. Workforce availability remained a challenge and an organisation priority.

Ngā huarahi ki te oranga | Pathways to wellbeing

Policies and procedures that guided admission, transfer, and discharge from the services were implemented. There was a model of care for each service that addressed the needs of the patient type.

Patient care plans were developed in partnership with the patient. Family/whānau were involved in all aspects of the patient journey, including assessment, planning and review as appropriate. Care and interventions were delivered by a multidisciplinary team and are suitable to meet the goals of the patient.

The medication management policy and procedures were implemented in all the services audited. Medication storage and recording practices met legislative requirements. The management of blood products and components reflected best practice guidelines.

Activities available for patients were suitable for the type of service.

Discharge from the services was planned and facilitated in a manner that reduced risk to the patient. Patients and their whānau (as appropriate) were involved in the discharge planning process.

The food service offered a range of options that met the needs of the patient's cultural values and beliefs.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

There were systems and processes in place to support the provision of a safe environment for patients, family/whānau, staff, visitors, and contractors. Although the buildings visited across all sites varied in age all buildings had an up-to-date building warrant of fitness.

The challenges identified managing patients in existing older wards and services across the organisation were known and managed by the facilities team. Staff reported preventative maintenance was undertaken across all sites and there were systems and processes in place to manage this.

Emergency and disaster response plans were in place and up to date. Plans were maintained and practised. Contingency plans were in place and recently reviewed related to unexpected utility or plant outage. Security systems were in place in all facilities visited and interviews confirm these were regularly reviewed to meet any changing need. Security personnel were available to meet service demand in a timely manner 24/7 in all services visited, including on call availability. All inpatient areas visited had heating and ventilation for patient comfort. All patient rooms in wards and services reviewed had external windows.

There was a policy, systems and processes in place that supported a smoke free environment. Staff provided support to patients as required to meet the Smoke Free Aotearoa 2025 goal.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

A pandemic plan had been implemented and reflected the current needs of the organisation. There was a sufficient supply of infection prevention resources and personal protective equipment on site. Educational resources were available and delivered to Māori patients in a manner that met their needs. The organisation had a partnership with Māori to ensure the implementation of culturally safe infection policies and practice. The surveillance programme was implemented and appropriate to the size and scope of the organisation.

Here taratahi | Restraint and seclusion

Te Whatu Ora - Health New Zealand Southern demonstrated a commitment to ensure the least restrictive practice related to restraint was implemented. Restraint was used as a last resort after all de-escalation techniques had been utilised.

There were policies and procedures reflecting best practice to guide staff to reduce restraint events. These met the requirements of the standard.

All restraint events were reviewed, and restraint audits completed. Senior oversight was provided through experienced, appropriate, and available staff.