

# 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: 19 November 2018      End date: 22 November 2018
<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>	499

# 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

Services provided by the Southern District Health Board to the people of Otago and Southland are guided by the annual plan. The governance function is provided by a commissioner and two deputy commissioners. Since the last audit the chief executive has led a restructure of leadership roles, developed both a clinical and consumer council and launched the Southern Primary and Community Care strategy.

Planning for the new Dunedin hospital has begun however upgrading key clinical areas in Dunedin hospital such as the intensive care unit, paediatric ward, gastroenterology unit has also been undertaken to provide safe quality care until the new hospital is built.

The audit team received a self-assessment and documents for evidence prior to the audit and further evidence was provided on site. Interviews were held with managers, staff, patients and families.

The audit team visited clinical services in Dunedin hospital, Southland hospital in Invercargill, Lakes hospital in Queenstown and mental health services and intellectual disability services at Wakari hospital. The audit team completed 15 patient tracers and two systems tracers.

In all the services visited by the audit team, staff demonstrated a commitment to patient safety and quality care provision. Evidence was provided to support improvements made in service delivery. Patients were positive about the care they receive.

There are 15 corrective actions arising from the audit. These are related to consent, quality and risk management structure, policy management, corrective action completion, performance appraisals and credentialing, mandatory training, confidentiality of information, documentation of nursing assessments, care planning, interventions, early warning scores, transfers and discharge, medication management, the use of enablers and seclusion.

## **Consumer rights**

Interviews with patients and their families across the services confirmed that both written and verbal information about the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights, the complaints processes, access to advocacy services and interpreters are available on admission or on request. Patients confirmed they are treated with dignity and respect.

Māori and Pacific Island patients have their needs met and confirmed they are supported throughout each episode of care. Cultural support groups and representatives are available for patients and family when this is required.

The Southern District Health Board has a focus on teaching and research. The auditors saw examples of best practice and improvements to service delivery in clinical areas across all sites.

Patients confirmed they receive information to enable informed decision making.

The complaints process is advertised and accessible. The process complies with Right 10 of the Health and Disability Code of Consumer Rights.

Services are planned and coordinated to effectively deliver care to the patients using the services. The values of the organisation are understood and underpin decision making.

Bed management is a challenge for the organisation and systems developed to manage patient flow efficiently are in place.

The structure and systems supporting clinical governance are being reviewed. All services were able to demonstrate examples of performance improvement activities. Activity outcomes and data are displayed in ward areas for patients and visitors to view. Staff now access policies and procedures, which are document controlled, on SharePoint. Detailed risk registers for clinical and non-clinical organisation wide risks are monitored at governance and executive level. Risks are understood and managed. Incidents are reported and managed using the Safety 1st information system.

In the mental health services consumers and family members confirmed that their participation at all levels in the service is supported and encouraged.

Human resources are managed according to best employment practice and legislative requirements. Orientation is provided for all new staff and staff confirmed they can access ongoing personal and professional development. Staff use TrendCare to manage and ensure safe staffing levels and at the time of the audit, the first update on safe staffing and care capacity demand management was published.

A hybrid clinical record of electronic systems and paper is used. Processes to ensure the information for a patient is complete and available are monitored.

## **Continuum of service delivery**

Southern District Health Board has processes in place to support inpatient care, including the development and implementation of emerging technology.

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. There is timely access to allied health services staff when this is required. Access to medical and nursing staff is 24 hours a day, seven 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 care is facilitated through handovers at the change of each shift and sharing of information between staff was demonstrated. Daily rounds provide a forum for planning the day in the wards, noting patients for discharge, assessment and/or referral to other services.

The DHB has an electronic medication prescribing system in place and has an exemption for use of the national medication chart in areas which do not use the electronic system. Clinical pharmacists provide support to some clinical 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**

Waste is managed under contract. Education is provided to staff on segregation and safe handling of waste. The DHB is implementing ChemWatch for the management of all hazardous substances.

The facilities at Dunedin hospital are old and do not support best practice models of care. Key areas are being rebuilt or refurbished to enable safe care until the new build is ready. The risks associated with older buildings across Southern District Health Board, particularly on the Dunedin site, are understood and managed.

Across all sites there is a preventative maintenance system and medical equipment is regularly tested and managed.

The systems to manage fire safety and emergency management are developed and practised. Plans are reviewed and staff are trained. Information on evacuation, and emergency response are available to staff, patients and visitors. Security systems ensure the safety of staff, patients and visitors is maintained.

## **Restraint minimisation and safe practice**

The restraint minimisation and safe practice policy and related guidelines are available to staff. There is a range of approved restraints and enablers for general use listed in the policy document to guide staff, with definitions of restraint and enablers that align with the restraint minimisation and safe practice standards.

A restraint committee for mental health and a restraint team for the general hospital have responsibility for the oversight of restraint minimisation for their respective areas.

Mandatory restraint training is provided to staff within the organisation.

## **Infection prevention and control**

Infection prevention and control policies and processes are in place to guide staff. The infection prevention and control committee is multidisciplinary and supports the infection prevention and control programme across Southern District Health Board.

Surveillance activities were reviewed and these include audits and surgical site infection surveillance. Southern District Health Board participates in the Health Quality and Safety Commission surgical surveillance programme.

Southern District Health Board has resourced a team to meet the goals of the antimicrobial stewardship programme. Infection prevention and control programme training occurs.

The infection prevention and control system tracer focused on the management of isolation for patients with methicillin resistant staphylococcus aureus status.

