



AUCKLAND DISTRICT HEALTH BOARD

Communications

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ADHB and Code of Health and Disability Services Consumers' Rights

The Auckland District Health Board (ADHB) has reviewed the way it manages the discharge of complex patients, in light of a case reviewed by the Health and Disability Commissioner (HDC).

The Deputy Commissioner found the ADHB to be in breach of the Code of Health and Disability Services Consumers' Rights.

ADHB breached the patient's rights under the Code of Health and Disability Services Consumers' Rights in relation to care provided to the patient in 2007.

The patient had multiple psychological and social issues, many of which derived from alcoholism. The ADHB considered this patient to be unable to make informed decisions, and while this view was supported by the Deputy Health and Disability Commissioner, the ADHB accepts the Deputy Commissioner's opinion that the discharge into a care facility should have been managed better.

Communication between staff, with the patient and with other agencies involved, was poor. This meant that an intended application for court orders did not happen and discharge planning was inadequate.

Dr Margaret Wilsher, the Auckland District Health Board's Chief Medical Officer, has accepted that this case has highlighted some areas in which ADHB processes can and must be improved.

"We apologise to the patient's family unreservedly. When they needed us we let them and the patient down."

"Managing patients with complex clinical and social needs, who also have a compromised ability to make decisions, is always challenging for hospital services. However, this case has highlighted deficiencies in our processes and opportunities for improvement."

"We have taken that opportunity. As a result of this case, the ADHB has reviewed how court orders are processed and communicated through the organisation."

“We have implemented a comprehensive staff guide about the Protection of Personal and Property Rights Act 1988. We have organised training sessions so that ADHB social workers are provided with training about informed consent. These courses are carried out by the National Health and Disability Service. Staff are also provided with training sessions about how to manage patients unable to make decisions for themselves.”

Dr Wilsher said all new clinical staff must also complete online training about the Code of Rights.

“We are also in the process of developing a discharge planning practice guideline for our complex patients, which outlines the specific role of social workers and other key stakeholders. This should not have happened to this patient and we are determined to avoid it happening to anyone else in the future,” Dr Wilsher said.

ENDS

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