

# Bupa Care Services NZ Limited - Avondale Rest Home & Hospital

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand 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>	Bupa Care Services NZ Limited
<b>Premises audited:</b>	Avondale Rest Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 14 February 2017      End date: 15 February 2017
<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>	65

# 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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

## General overview of the audit

Bupa Avondale Rest Home and Hospital provides rest home, hospital (geriatric and medical) and dementia level of care for up to 67 residents. During the audit, there were 65 residents.

This certification audit was conducted against the relevant Health and Disability Standards and the contract with the district health board and Ministry of Health. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management, staff and a general practitioner.

The care home manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse).

There are well developed systems that are structured to provide appropriate quality care for residents. Implementation is supported through the Bupa quality and risk management programme that is individualised to Avondale. A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place. This audit has identified no areas requiring improvement. Continuous improvements have been awarded against the quality analysis of data and infection surveillance.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.



Standards applicable to this service fully attained.

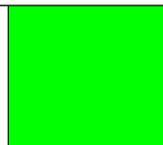
Policies and procedures adhere with the requirements of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Residents and families are informed regarding the Code and staff receive ongoing training about the Code.

The personal privacy and values of residents are respected. Individual care plans reference the cultural needs of residents. Discussions with residents and relatives confirmed that residents and where appropriate their families, are involved in care decisions. Regular contact is maintained with families including if a resident is involved in an incident or has a change in their current health. Families and friends can visit residents at times that meet their needs.

There is an established system for the management of complaints, which meets guidelines established by the Health and Disability Commissioner.

## Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Standards applicable to this service fully attained.

The care home manager is a registered nurse. She is supported by clinical manager, registered nurses, caregivers and support staff. The quality and risk management programme includes a service philosophy, goals and a quality and risk management programme. Quality activities are conducted, which generate improvements in practice and service delivery. Meetings are held to

discuss quality and risk management processes and results. Resident and family meetings are held and residents and families are requested to complete a satisfaction survey each year. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and investigated. An education and training programme has been implemented with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate cover for the effective delivery of care and support.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is an admission package available prior to or on entry to the service, including individual information for dementia level care. Residents' records reviewed provide evidence that the registered nurses utilise the InterRAI assessment to assess, plan and evaluate care needs of the residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration and are reviewed at least six monthly. Residents' files include three monthly reviews by the nurse practitioner or general practitioner. There is evidence of other allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medicines complete education and medicines competencies. The medicines records reviewed included documentation of allergies and sensitivities and are reviewed at least three monthly by the general practitioner.

An activities programme is implemented that meets the needs of all residents. The programme includes community visitors and outings, entertainment and activities.

All food and baking is done on site. Residents' nutritional needs are identified and documented. Choices are available and are provided. The organisational dietitian reviews the Bupa menu plans.

## Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. Cleaning and maintenance staff are providing appropriate services.

All bedrooms are single occupancy with adequate numbers of toilets and showers. There is sufficient space to allow the movement of residents around the facility using mobility aids. There are a number of small lounge and dining areas throughout the facility in addition to its main communal areas. The internal areas can be ventilated and heated. The outdoor areas are safe and easily accessible and secure for the units that require this.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. Appropriate training, information and equipment for responding to emergencies are provided.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were no residents using restraints or enablers. Restraint management processes are adhered to.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

All standards applicable to this service fully attained with some standards exceeded.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control officer (registered nurse) is responsible for coordinating/providing education and training for staff. The infection control manual outlines a comprehensive range of policies, standards and guidelines, training and education of staff and scope of the programme. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. The service engages in benchmarking with other Bupa facilities. Staff receive ongoing training in infection control.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	1	44	0	0	0	0	0
<b>Criteria</b>	2	91	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Code of Health and Disability Consumers' Rights (the Code) policy and procedure is being implemented. Discussions with the care home manager/registered nurse (RN), clinical manager/RN and fourteen care staff (nine caregivers (five on the am shift and four on the pm shift across the rest home, dementia and hospital units), four registered nurses (RNs), one activities coordinator) confirmed their familiarity with the Code. Interviews with nine residents (eight rest home and one young person with a disability (hospital)) and six relatives (one rest home, two hospital, three dementia) confirmed that the services being provided are in line with the Code. The Code is discussed at resident and staff meetings.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give</p>	FA	<p>There are established informed consent policies/procedures and advanced directives. General consents obtained on admission were sighted in the nine residents' files reviewed (three hospital - including one resident under the residential disability services contract and one respite, three rest home and three dementia level care). Advance directives if known were on the residents' files. Resuscitation plans for competent residents were appropriately signed. Copies of enduring power of attorney (EPOA) were in resident files for residents deemed incompetent to make decisions.</p> <p>An informed consent policy is implemented. Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices</p>

<p>informed consent.</p>		<p>and informed decisions. Residents and relatives interviewed confirmed they have been made aware of and fully understand informed consent processes and confirmed that appropriate information had been provided.</p> <p>All resident files reviewed had a signed admission agreement.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>There is a policy that describes the role of advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance foyer and includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family with advocacy information. Advocacy support is available if requested. Interviews with staff, residents and relatives confirmed that they were aware of advocacy services and how to access an advocate. An HDC advocate speaker spoke at a recent residents' family meeting in July 2016.</p> <p>The complaints process includes informing the complainant of their right to contact the Health and Disability Advocacy Service. Links to advocacy services is documented on the complaint's form.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, all staff stated that residents are encouraged to build and maintain relationships. All residents and relatives interviewed confirmed that visiting can occur at any time. Links are in place with the blind foundation and the Salvation Army. Residents are encouraged to attend external community groups (local churches, retired services association). Neither of the residents under the young persons with disability contract wish to leave the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The complaints policy describes the management of the complaints process. There is a complaint form available at reception. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed could describe the process around reporting complaints.</p> <p>There is a complaint register. Six complaints received in 2016 were reviewed (no complaints have been received for 2017 year to date). All complaints have noted investigation, timelines, corrective actions when required and resolutions. Complaints are linked to the quality and risk management system. One complaint lodged with HDC in 2015 is resolved at a facility level.</p> <p>Discussions with residents and relatives confirmed that any issues are addressed and that they feel</p>

		comfortable to bring up any concerns.
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	There are posters displaying the Code and leaflets are available in the foyer of the facility. The service is able to provide information in different languages and/or in large print if requested. On entry to the service the care home manager or clinical manager discusses the Code with the resident and the family/whānau. Information on the Code is provided in the information pack to the resident, next of kin or enduring power of attorney (EPOA) to read and discuss.
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	The service has policies which align with requirements of the Privacy Act and Health Information Privacy Code. During the audit, staff demonstrated gaining permission prior to entering residents' rooms. All care staff interviewed demonstrated an understanding of privacy and could describe how choice is incorporated into residents' cares. Residents and family members interviewed confirmed that staff promote the residents' independence wherever possible and that residents' choices are encouraged. There is an abuse and neglect policy that is implemented and staff have undertaken training on abuse and neglect.
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	The service has established Māori cultural policies to help meet the cultural needs of their Māori residents. Bupa has developed Māori Tikanga best practice guidelines. Staff training includes cultural safety. There were three residents who identified as Māori living at the facility during the audit. One whānau interviewed confirmed that their family member's Māori values and beliefs were being met by the service. The service has an established link with a local kaumātua. Māori families/whānau are used in the first instance.
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	The service has established cultural policies aimed at helping to meet the cultural needs of its residents. All residents and relatives interviewed reported that they were satisfied that the residents' cultural and individual values were being met. Information gathered during assessment including the resident's cultural beliefs and values are used to develop a care plan which the resident (if appropriate) and/or their family/whānau are asked to consult on. Discussions with staff confirmed that they are aware of the need to respond to the cultural needs of the residents.

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service and is signed by the new employee (sighted in all eight employees' files audited). Professional boundaries are defined in job descriptions. Interviews with all staff confirmed their understanding of professional boundaries including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings, and performance management if there is infringement with the person concerned.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. The service receives support from the district health board which includes visits from specialists (eg, wound care, gerontology, mental health, palliative care) and staff education and training. Physiotherapy services are provided four hours per week with a physiotherapy assistant appointed to assist with the residents with their prescribed exercise programmes. There is a regular in-service education and training programme for staff. Training is complimented by competency assessments and impromptu toolbox talks. Avondale currently have three RNs who have completed their PDRP and four working through this process. Podiatry services are available every six weeks and hairdressing services are provided weekly. The service has links with the local community and encourages residents to remain independent. The general practitioner (GP) interviewed is satisfied with the level of care that is being provided.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and process around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs. Twenty incidents/accidents forms were reviewed. The forms include a section to record family notification and all 20 forms indicated family were informed. Communication with family is also documented in the front of each resident's file. Families interviewed confirmed they were notified of any changes in their family member's health status.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of</p>	<p>FA</p>	<p>Avondale is a Bupa residential care facility, situated in Avondale, Auckland. The service provides care for up to 67 residents at hospital, rest home and dementia levels of care. On the day of the audit there were 65 residents (30 hospital, 20 rest home and 15 dementia). One hospital level resident was receiving respite care and two residents (one hospital and one rest home) were under the young persons with disability contract. The facility's hospital certification includes medical. Sixteen beds in the rest home unit are dual-purpose.</p>

<p>consumers.</p>		<p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed by the managers and are discussed in the two monthly quality meetings and staff meetings.</p> <p>The facility is managed by an experienced care home manager who has been in her role for the past 10 months. She has 21 years of experience in aged care and has worked for Bupa since 2008 in clinical manager and care home manager roles. She is supported by an experienced clinical manager/registered nurse who has been in her role for one year and has worked for Bupa for four years.</p> <p>The care home manager and clinical manager have maintained at least eight hours annually of professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>In the absence of the care home manager, the clinical manager is in charge with support from the Bupa operations manager.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality and risk management programme is in place. Interviews with managers and twenty staff (fourteen care staff, two maintenance, one laundry, one cleaner, one cook and one activity coordinator) reflected their understanding of the Bupa quality and risk management systems.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures are being updated to include reference to InterRAI for an aged care service. New policies or changes to policy are communicated to staff, evidenced in meeting minutes.</p> <p>Data collected (eg, falls, medication errors, wounds, skin tears, challenging behaviours) are collated and analysed with results communicated to staff. Corrective actions are documented where improvements are identified. Thirty satisfaction surveys were distributed to residents and families and four were returned (15% return rate). All responded favourably with 100% either satisfied or very satisfied with the</p>

		<p>services received.</p> <p>An internal audit programme is in place. Areas of non-compliance include the initiation of a corrective action plan with sign-off by a manager when implemented. Quality and risk data is shared with staff via meetings and posting results in the staff room.</p> <p>The health and safety programme includes specific and measurable health and safety goals that are regularly reviewed. The care home manager is the health and safety officer. Health and safety representatives are elected by staff and meet quarterly. They have completed their stage-one health and safety training. Staff attend annual health and safety training which begins during their orientation and continues annually. Attendance rates at the annual in-services on health and safety are below 50%; however, competencies are completed annually by staff. Staff are encouraged to enrol in the Bupa Bfit staff health and safety programme. Contractors are required to be inducted into the facility and sign a health and safety information sheet when this has been completed. Bupa has been awarded tertiary level ACC workplace safety management practice (expiry 31 March 2017).</p> <p>Strategies are implemented to reduce the number of falls. This includes, but is not limited to ensuring call bells are placed within reach, the use of sensor mats and perimeter mattresses, regularly checking residents at risk of falling, encouraging participation in activities, and physiotherapy input. Residents at risk of falling have a falls risk assessment completed with strategies implemented to reduce the number of falls. Caregiver interviews confirmed that they are aware of which residents are at risk of falling and that this is discussed during staff handovers.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an accidents and incidents reporting policy. All 20 accidents/incidents reviewed were investigated by the clinical manager and/or registered nursing staff. Adverse events are trended and analysed with results communicated to staff. There is evidence to support actions are undertaken to minimise the number of incidents. Clinical follow-up of residents is conducted by a registered nurse. Neurological observations are undertaken if a head injury is suspected.</p> <p>Discussions with the care home manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications with examples provided.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p>	<p>FA</p>	<p>There are human resource management policies in place which includes the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity. Copies of current practising certificates are retained. Eight staff files were reviewed and evidenced that reference checks are completed before employment is offered. Signed employment</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>agreements and job descriptions were contained in all eight staff files reviewed.</p> <p>The orientation programme for new staff provides new staff with relevant information for safe work practice. An annual in-service education programme is being implemented. Attendance rates have been below average for some sessions, but staff also complete role-specific competencies and attend impromptu toolbox talks (30 completed in 2016). The CM also completes 1:1 coaching with the qualified staff. In 2016, 21 hours and 40 mins was put towards 1:1 training. Eleven caregivers who have worked in the dementia unit for over one year have completed their dementia education qualification. The care home manager, clinical manager and nursing staff attend external training provided by the district health board in addition to in-house training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staff rationale and skill mix policy is in place. Sufficient staff are rostered to manage the care requirements of the residents. A unit coordinator/RN is appointed to each level of care (rest home, hospital and dementia).</p> <p>The dementia unit (15 residents) is staffed during the am with a unit coordinator/RN four days a week and an RN, EN or senior caregiver the remaining three days of the week. One RN (or senior caregiver) and one caregiver cover the pm shift.</p> <p>The hospital unit (22 residents) is staffed during the am and pm shifts with a unit coordinator/RN or a staff RN seven days a week.</p> <p>The rest home unit (22 rest home and 8 hospital residents) is staffed with a unit coordinator/RN or an RN seven days a week.</p> <p>One RN is shared between all residents during the night shift with one caregiver rostered in each of the three units.</p> <p>All three units are staffed with adequate numbers of caregivers, meeting contractual requirements. Extra staff can be called on for increased residents' requirements.</p> <p>Activities staff are rostered seven days a week.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents. The care home manager reported that she plans to increase staffing during the pm shift in the dementia unit as part of the organisational goal to reduce the number of residents' falls by 50%.</p>
<p>Standard 1.2.9: Consumer</p>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant</p>

<p>Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>		<p>initial information recorded within 24 hours of entry into the resident's individual record. Residents' files are protected from unauthorised access by being locked away in the nurses' stations. Informed consent to display photographs is obtained from residents/family/whānau on admission. Information containing sensitive resident information is not displayed in a way that can be viewed by other residents or members of the public. Entries in records are legible, dated and signed by the relevant caregiver or registered nurse. Individual resident files demonstrate service integration. This includes medical care interventions and records of the activities coordinator. Medication charts are in a separate folder. Archived information is stored in secure locations both onsite and offsite.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>There are overarching Bupa policies and procedures to safely guide service provision and entry to services, including a comprehensive admission policy. Information gathered on admission is retained in residents' records. Relatives interviewed stated they were well informed upon admission. The service has a well-developed information pack available for residents/families/whānau at entry including specific information regarding the dementia unit. The admission agreement reviewed aligns with the service's contracts. Nine admission agreements viewed were signed. Exclusions from the service are included in the admission agreement.</p> <p>All dementia residents had a NASC agreement for this level of care.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow-up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. Transfer notes and discharge information was available in resident records of those with previous hospital admissions. All appropriate documentation and communication was completed. Transfer to the hospital and back to the facility post-discharge, was documented in progress notes.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. The RN on duty checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy. The medication rooms in three areas are clean and well organised. The medication fridges have temperatures recorded daily and these are within acceptable ranges.</p> <p>Registered nurses, enrolled nurses and senior caregivers responsible for the administering of medications have completed annual medication competencies and annual medication education. Caregivers who act as second checker have also completed medication competencies. The standing</p>

		<p>orders have been approved by the GPs annually and meet the legislative requirements for standing orders. The service is phasing out the use of standing orders as they have introduced an electronic medication system.</p> <p>Eighteen electronic medication charts were reviewed (six dementia, six rest home and six hospital). Photo identification and allergy status were on all 18 charts. All medication charts had been reviewed by the general practitioner at least three monthly. All resident electronic medication administration signing sheets corresponded with the medication chart. There were no residents self-administering medication at the time of audit.</p> <p>Anti-psychotic management plans are used for residents using anti-psychotic medications when medications are commenced, discontinued or changed. The general practitioner reviews the anti-psychotic management plans for residents with stable behaviours and the psychogeriatrician reviews the management plans for residents with acute changes in behaviour.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The kitchen manager oversees the food services and is supported by kitchen staff on duty each day. The national menus have been audited and approved by an external dietitian. The main meal is at lunchtime. All baking and meals are cooked on-site in the main kitchen. Meals are delivered in a bain-marie to each kitchenette where they are served. The kitchen manager receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Food allergies and dislikes are listed in the kitchen. Special diets such as diabetic desserts, vegetarian, pureed, cultural dietary needs, and alternative choices for dislikes are accommodated. There is evidence that additional nutritious snacks are available over 24 hours in all units.</p> <p>End cooked food temperatures are recorded on each meal daily. Serving temperatures from the bain-marie are monitored. Temperatures are recorded on all chilled and frozen food deliveries. Fridges and freezer temperatures are monitored and recorded daily. All foods are dated in the chiller, fridges and freezers. Dry goods are stored in dated sealed containers. Chemicals are stored safely. Cleaning schedules are maintained.</p> <p>Food services staff have completed on-site food safety education and chemical safety.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their</p>	FA	<p>The service records the reasons for declining service entry to potential residents should this occur and communicates this to potential residents/family/whānau. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency if entry were declined.</p>

family/whānau is managed by the organisation, where appropriate.		
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The facility has included InterRAI assessment protocols within its current documentation. Bupa assessment booklets on admission and care plan templates were completed for all the resident files reviewed. InterRAI initial assessments and assessment summaries were evident in printed format in all files. Files reviewed across the service identified that risk assessments have been completed on admission and reviewed six monthly as part of the evaluation. Additional assessments for management of behaviour, wound care and pain and nutrition were completed according to need. For the resident files reviewed, formal assessments and risk assessments were in place and reflected into care plans.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	Care plans reviewed demonstrated service integration and input from allied health. All resident care plans sampled were resident centred and support needs and interventions, however not all care plans in the rest home and hospital were updated as resident status changed. Residents and family members interviewed confirm they are involved in the development and review of care plans. Three of three dementia resident files reviewed identified current abilities, level of independence, identified needs and specific behavioural management strategies. Behaviour monitoring charts were in use, as appropriate for escalation in behaviours.  Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. Short-term care plans were sighted in use for current infections, pressure injuries and wounds. There was evidence of service integration with documented input from a range of specialist care.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Residents and families interviewed reported their needs were being met. Family members interviewed praised the service, the care staff and the management team. There was documented evidence of relative contact for any changes to resident health status. The service attained an overall relative satisfaction survey rating of 100% in 2016.  Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed. Caregivers and RNs interviewed state there is adequate continence and wound care supplies.  Wound assessment, wound management and evaluation forms and short-term care plans were in place

		<p>for wounds, which included written progress notes to assist review and evaluation of the wound.</p> <p>On the day of audit, there were ten wounds documented for the rest home and hospital. The wounds included skin tears, chronic ulcers, and excoriated skin.</p> <p>The dementia unit documented three wounds; two areas of sunburn (acquired prior to admission to facility) and one skin tear.</p> <p>Monitoring charts were in use; examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities team is led by an activities coordinator who is an occupational therapist. The team comprise of the activity coordinator and one other activities person. Both the activities personnel have level-4 dementia papers.</p> <p>There is a separate programme for rest home and hospital and dementia level of care residents. Activities take place in all areas. Residents attend activities in other units as appropriate. Care staff were observed at various times through the day diverting residents from behaviours in the dementia unit. There are 24-hour activity plans documented in the files reviewed for residents in the dementia unit.</p> <p>There are resources available for care staff to use for one-on-one time with the resident. Staff could describe a low stimulus environment. On or soon after admission, a social history is taken and information from this is fed into the care plan and this is reviewed six monthly as part of the care plan review/evaluation. A record is kept of individual resident's activities. The family/resident completes a Map of Life on admission, which includes previous hobbies, community links, family, and interests. The individual activity plan is incorporated into the long-term care plan, and is evaluated six monthly at the same time as the care plan as evidenced in all resident files reviewed who had been with the service longer than six months.</p> <p>Bupa Avondale has a van, which is used for outings and to attend events in the local community. There is a staff member employed whose role is solely to drive the van, ensuring the activities coordinator and assistant are available to supervise residents when on outings. The van has a hoist platform for easy access for those who require the use of a mobility aid or wheelchair.</p> <p>The service has developed links with the local churches, kindergarten and intermediate schools and have participated in community projects. Families and residents praised the activities provided. Residents from all levels of care were observed to be provided with and enjoying a wide range of activities.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Care plans reviewed had been evaluated by registered nurses' six monthly. There is a comprehensive multi-disciplinary review documented. The multidisciplinary review involves the RN, GP or NP, physiotherapist, activities staff and resident/family. The family are notified of the outcome of the review if unable to attend. There is at least a three-monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.</p> <p>Written evaluations describe the resident's progress against the residents identified goals. InterRAI assessments have been utilised in conjunction with the six-monthly reviews. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the sample group of resident files. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where a resident's condition had changed and the resident was reassessed for a higher or different level of care. Discussion with the clinical manager and RNs identified that the service has access to a wide range of support either through the GP, Bupa specialists and contracted allied services.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons, and goggles are available and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and stored safely throughout the facility. Safety datasheets are available.</p>
<p>Standard 1.4.2: Facility Specifications</p>	FA	<p>A current building warrant of fitness certificate is posted at the entrance to the facility (expiry 22 June 2017). The rest home, hospital and dementia unit are all single storey units.</p>

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>Reactive maintenance and a 52-week planned maintenance schedule is being implemented. There is a full-time maintenance person recently employed who has completed health and safety training. The previously appointed maintenance person continues to oversee the orientation of the new maintenance staff member and visits the site weekly. The hot water temperatures are monitored weekly and maintained between 43-45 degrees Celsius. There are contractors for essential service available 24/7.</p> <p>The corridors are wide with handrails and promote safe mobility with the use of mobility aids and transferring equipment. Residents were observed moving freely around the areas with mobility aids where required.</p> <p>The external areas are well maintained. There is outdoor furniture and shaded areas. The dementia unit has a separate secure garden area. There is wheelchair access to all areas.</p> <p>The caregivers and RNs interviewed stated that they have all the equipment referred to in care plans necessary to provide care. This included, standing hoists, full hoists, sit-on weighing scales, platform scales, shower trolleys and chairs, pressure relieving mattresses and cushions, low beds, transfer belts and slide sheets.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Not all rooms have ensuites. There are adequate numbers of communal toilets and shower rooms. There is appropriate signage, easy-clean flooring and fixtures and handrails appropriately placed. Residents interviewed reported their privacy is maintained at all times.</p> <p>Privacy locks are installed on all toilet and shower doors.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All bedrooms are single. They are spacious enough to manoeuvre transferring and mobility equipment to safely deliver care. Residents are encouraged to personalise their bedrooms as desired. Resident rooms in the dementia unit were evidenced to have a "memory box" beside each individual resident's room door. These memory boxes contained familiar items or photographs that were personal to the individual resident that they can recognise to assist with resident orientation.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation,</p>	<p>FA</p>	<p>There are lounges in each of the units. Each unit also has a kitchenette and open plan dining area. All lounge and dining rooms are accessible and accommodate the equipment required for the residents.</p>

<p>And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>Residents can move freely and furniture is well arranged to facilitate this. Seating and space is arranged to allow both individual and group activities to occur.</p> <p>There is adequate space in the dementia unit to allow maximum freedom of movement while promoting safety for those that wander. There is a separate lounge area and dining area and smaller quiet lounges are available. The service has plans to create a sensory room in the dementia unit.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>All laundry is done off-site at another Bupa facility. Dirty laundry is collected daily and clean laundry is returned daily for folding and dispersing. Laundry and cleaning audits are completed as part of the internal audit programme. The laundry and cleaning rooms are designated areas and clearly labelled. Chemicals are stored in locked rooms. All chemicals are labelled with manufacturer's labels. There are sluice rooms for the disposal of soiled water or waste. These are locked when unattended.</p> <p>There are dedicated cleaning staff. There are laundry staff to assist with the sorting, folding and distribution of clean laundry to each unit. Cleaning trolleys are well equipped and stored safely when not in use. Residents and relatives interviewed reported that they were satisfied with the laundry and cleaning services provided.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>There are emergency management plans in place including pandemic, civil defence and other emergencies. Fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and emergency procedures are included in the staff education and training programme.</p> <p>There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back-up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times, including during van outings.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. Residents were observed to have their call bells in close proximity or where required, a sensor mat was in place.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe</p>	FA	<p>The facility has under floor heating throughout the facility. There are heat pumps and air conditioning in the communal areas. All communal rooms and bedrooms are well ventilated and have windows that provide natural light. Residents and family interviewed stated the temperature of the facility is comfortable.</p>

ventilation, and an environment that is maintained at a safe and comfortable temperature.		
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>Bupa has an established infection control (IC) programme that is being implemented. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. The rest home unit coordinator (registered nurse) is the designated infection control officer with support from the clinical manager. The IC team meets bi-monthly to review infection control matters. Minutes are available for staff. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>There are adequate resources to implement the infection control programme at Bupa Avondale rest home and hospital. The infection control (IC) officer has maintained their practice by attending infection control updates. There are Bupa regional infection control meetings held six monthly which the infection control officer attends. The infection control team is representative of the facility. External resources and support are available when required. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme.</p>

<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>Education is facilitated by the infection control officer who has completed training to ensure knowledge of current practice. All infection control training has been documented and a record of attendance has been maintained. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak had been resolved. Information is provided to residents and visitors that are appropriate to their needs and this was documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>CI</p>	<p>The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections. The infection control officer uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the facility. Infections are included on a monthly register and a monthly report is completed by the infection control officer.</p> <p>There are standard definitions of infections in place appropriate to the complexity of service provided. Individual infection report forms are completed for all infections. Infection control data is collated monthly and reported at the clinical review/RN meetings, quality, and staff meetings. Benchmarking occurs against other Bupa facilities.</p> <p>The infection control programme is linked with the quality management programme. Infections statistics are included for benchmarking. Corrective actions are established where infections are above the benchmark.</p> <p>Internal infection control audits also assist the service in evaluating infection control needs. There is close liaison with the GP that advises and provides feedback/information to the service.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. Policies and procedures include definitions of restraint and enabler that are congruent with the definition in NZS 8134.0. There were no residents with restraint or enablers.</p> <p>The unit coordinator/RN from the dementia unit is the designated restraint coordinator. Staff interviews and staff records evidence guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Staff education on RMSP/enablers has been provided around maintaining a restraint-free environment. Thirty-five staff have completed a competency around maintaining a restraint-free environment.</p> <p>The service has maintained a restraint-free environment since 2013 and they continue to review strategies and actions to maintain a restraint-free environment.</p>



## Specific results for criterion where corrective actions are required

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Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	CI	<p>There is a comprehensive quality and risk management process in place. Monitoring in each area is completed monthly, quarterly, six monthly or annually as designated by the internal auditing programme schedule.</p> <p>Audit summaries and action plans are completed as required depending on the result of the audit. Key issues are reported to the appropriate committee (eg, quality, staff, and an action plan) is identified. These were comprehensively addressed in meeting minutes sited.</p>	<p>Avondale is active in analysing data collected monthly around accidents and incidents, and infection control etc. There are a number of examples where corrective actions were initiated as a result of clinical indicators being above the benchmark, these all evidence action taken, progress and evaluation.</p> <p>Example: In June 2016, there was an increase in bruises in the dementia unit. Those at-risk residents were monitored and review of possible clutter. Moving and handling competencies were updated for staff and toolbox talks completed. On evaluation of the effectiveness of these measures, they noted a drop in bruises and actions continued to be towards embedded practice.</p> <p>In May 2016, it was noted that falls were increased in the rest home in resident rooms. Actions were implemented including (but not limited to), reviewing high risk residents and ensuring sensor mats in place, transfer and mobility plans reviewed and in resident rooms, assessment for UTIs and those treated, check of call bells and mats and toolbox on falls prevention. Evaluation identified a drop in falls in June and ongoing monitoring of call bells and sensor mats.</p>

		<p>Benchmarking reports are generated throughout the year to review performance over a 12-month period. Quality action forms are utilised at Avondale and document actions that have improved outcomes or efficiencies in the facility. The service continues to collect data to support the implementation of corrective action plans. Responsibilities for corrective actions are identified.</p> <p>There is also a number of ongoing quality improvements identified through meeting minutes and as a result of analysis of quality data collected. All meetings include excellent feedback on quality data where opportunities for improvement are identified.</p>	
<p>Criterion 3.5.7</p> <p>Results of surveillance, conclusions, and specific recommendations to assist in achieving infection reduction and prevention outcomes are acted upon, evaluated, and reported to relevant personnel and</p>	CI	<p>Infection control data is collated monthly and reported at the clinical review/RN meetings, quality, and staff meetings. Benchmarking occurs against other Bupa facilities.</p> <p>The infection control programme is linked with the quality management programme. Infections statistics are included for benchmarking. Corrective actions are established where</p>	<p>Quality Improvement initiatives are taken from statistics and internal audits and recorded as part of continuous improvement. Documentation covers a summary, investigation, evaluation and action taken. The IC meeting minutes include comprehensive feedback on infection control including infection control practices in relation to infection statistics. Example: Eye infections were above the benchmark in May in the hospital. Strategies implemented including (but not limited to), STCPs implemented, review by GP, included resident discussion of care at handovers, hand hygiene training including residents, increase in eye toilets, sanitising of handrails. The evaluation identified ongoing monitoring but decrease in eye infections with no further episodes for the rest of the year. Meeting minutes reflect a comprehensive approach to analysis of collected data and ongoing quality initiatives and evaluation of effectiveness.</p>

management in a timely manner.		infections are above the benchmark. Quality Improvement initiatives are taken from stats and internal audits and recorded as part of continuous improvement.	
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End of the report.