

Pohlen Hospital Trust Board - Pohlen Hospital Trust Board

Introduction

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

The audit has been conducted by The DAA Group 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:	Pohlen Hospital Trust Board
Premises audited:	Pohlen Hospital Trust Board
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Surgical services; Hospital services - Maternity services
Dates of audit:	Start date: 23 May 2023 End date: 24 May 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:	22



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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. 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 subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service are partially attained and of low risk

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

General overview of the audit

Pohlen Hospital Trust Board (Pohlen Hospital) provides rest home or hospital levels of care (medical and geriatric), and hospital services (surgical and maternity) for up to 33 patients. There were 22 patients using the service on the facility on the first day of the audit.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand Waikato. It included review of policies and procedures, review of patients' and staff files, observations, and interviews with patients and family/whānau, the management team, governance representatives, staff, a lead maternity carer, a public health nurse and a general practitioner. Residents and family/whānau were complimentary about the care provided.

The general manager and clinical nurse manager (previously called clinical quality manager) have been in these roles for over seven years. A new clinical midwife manager has just been employed.

Six areas identified as requiring improvement during this audit relate to the Pacific peoples plan (two), adverse event/incident reporting, orientation, review of the menu and monitoring the use of restraint.

Ō tatou motika | Our rights

<p>Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.</p>		<p>Some subsections applicable to this service are partially attained and of low risk.</p>
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Pohlen Hospital has a Māori health plan in place. The plan outlines a commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. Staff were observed to engage with residents in a culturally safe way, respecting mana motuhake. The provider is aware of the requirement to recruit and retain Māori and Pasifika in its workforce.

Te reo Māori and tikanga are actively promoted, with the principles of Te Tiriti o Waitangi well embedded across the organisation. Māori are provided with equitable and effective services. The organisation promotes an environment which is safe and free from racism. The service works collaboratively to support a Māori world view of health and provides a strengths-based and holistic framework aimed at ensuring wellbeing outcomes for Māori.

The service provides appropriate best practice tikanga guidelines in relation to informed consent, choices, personal privacy, independence, individual needs and the dignity of patients and women accessing the maternity service.

There were appropriate communication systems to ensure effective communication between staff, Te Whatu Ora Waikato and independent lead carer midwives from the community. Documented processes to access interpreter services when required were available. The service collaborated with secondary and tertiary services in regards to transferring and referring patients.

Complaints are infrequent and resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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Pohlen Hospital Trust Board is committed to delivering high-quality services. Māori consultation is occurring at governance level, and via the new equity committee.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety and clinical services is occurring with regular reviews according to predetermined schedules.

Well established quality and risk management systems are focused on improving service delivery and care outcomes. Patients and family/whānau provide regular feedback and staff are involved in quality activities. Actual and potential risks are identified and mitigated. Adverse events are being reported. The service complies with statutory and regulatory reporting obligations. An integrated approach includes collection and analysis of quality improvement data, identifying trends and leading to improvements.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. An education/training programme is in place. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Patients' information is accurately recorded, securely stored and not accessible to unauthorised people. Document control systems ensure organisational information is current and easily accessible to those who require it.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service are fully attained.

The process for planning, provision of care, evaluation and review of care, transfer and exit from the service are provided within the timeframes that safely meet the needs of patients admitted for short-term care, including general practitioner patients, long-term residential care and women accessing the maternity service.

The registered nurses are responsible for the interRAI assessments on admission and re-assessments are performed six-monthly. The initial and long-term care plans are developed and implemented for each individual person. Short-term care plans are developed for any issues that may arise and are reviewed appropriately to meet the needs of patients.

Lead maternity midwives are responsible for the labour and birthing of their women and the contracted midwives and maternity aides provide the support and care as needed for every woman and baby.

Meaningful activities are provided either in a group or individually. The activities plans are based on the history provided by applicable patients/family on admission. The programme was displayed in the main lounge and attendance is monitored and evaluated six-monthly.

Medications are safely managed and administered by staff who are competent to do so. Lead maternity carer midwives and contracted midwives have prescribing rights within their scope of practice.

The food service is managed by two cooks and an external contracted service provider for maternity only. Nutritional requirements for all people using the service are met, with preferences and special diets being catered for. Allergies, sensitivities and cultural needs are considered when planning the meals and beverages provided.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

The facility meets the needs of patients and was clean and maintained. There is a current building warrant of fitness. Electrical and biomedical equipment have been checked and assessed as required. Internal and external areas are accessible and safe and external areas have shade and seating provided and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, patients and family/whānau understood emergency and security arrangements. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

The governing body and management staff ensure the safety of patients through a planned infection prevention and antimicrobial stewardship programme (AMS) that is appropriate to the size and complexity of the services provided. It is adequately resourced. The clinical nurse manager is an experienced registered nurse and leads the programme.

Staff demonstrated good principals and practice around infection prevention and control. Staff and patients interviewed were familiar with the pandemic and infectious disease response plan. Surveillance is undertaken with follow-up action taken as required.

The environment for each area of service provision supports prevention and transmission of any infections. Waste and hazardous substances are managed effectively and safely. There are safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Some subsections applicable to this service are partially attained and of low risk.
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The service aims to be a restraint free environment. This is supported by the governing body and policies and procedures. There was one patient using restraint at the time of audit. A comprehensive assessment and approval process with regular reviews is in place. A suitably qualified restraint coordinator leads the process.

Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	25	0	3	1	0	0
Criteria	0	174	0	4	1	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Pohlen Hospital has a Māori health action plan 2022-2025 which describes how the organisation responds to the cultural needs of patients and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The document includes cultural appropriateness, accessibility, equity, reducing institutional racism and implicit bias in policy, processes and care. A staff health equity team has been established and has had the inaugural meeting working towards identifying barriers and improving equity. Staff expressed excitement about this initiative. Staff are provided with training on cultural safety and Te Tiriti o Waitangi.</p> <p>There were Māori patients present during the audit. Māori patients and their whānau who were interviewed, were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety confirming that mana motuhake is respected.</p> <p>Partnerships and connections with Māori organisations outside the service have commenced with assistance of two members of the</p>

		<p>board of trustees (BOT).</p> <p>The service is aware of the requirement to recruit and retain Māori but noted that this is dependent on applications. There are five percent of staff that identify as Māori employed in a variety of roles and representation at governance level. There are around three percent of the local population that identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	PA Low	<p>Pohlen Hospital works to ensure cultural safety for Pacific peoples and that their worldviews, cultural, and spiritual beliefs are respected. Patients are given the opportunity of identifying any individual cultural, spiritual and other needs they have at the time of admission and care plan development. Patients and family/whānau interviewed were satisfied services are culturally appropriate and met their needs. There were no patients that identified as Pasifika, and staff note Pasifika patients are not frequently admitted. There are staff that identify as Pasifika and Pohlen Hospital is actively working to recruit Pasifika staff, and to grow Pasifika staff qualifications.</p> <p>Pohlen Hospital is in the very initial stages of developing a Pacific policy and models of care in partnership with Pacific communities, and has yet to work to achieve equity and efficient health and disability services for Pacific people, or work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. The management team will work to progress this.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal</p>	FA	<p>Staff interviewed reported that they respect patients' rights, support them to know and understand their rights and that their mana motuhake was recognised. The Code of Health and Disability Services Consumers' Rights (the Code) is discussed and was sighted displayed in both te reo Māori and English versions in all service areas including the maternity unit. A woman and her partner interviewed reported they had seen the posters and that pamphlets on the Code of Rights were</p>

<p>requirements.</p>		<p>provided in the information folder.</p> <p>The clinical nurse manager (CNM) stated that the care plans are individualised and those reviewed evidenced patients' input into their care and that choices and independence was promoted. The Māori health plan in place identified how the service supports Māori mana motuhake.</p> <p>Staff have completed cultural training which includes current rights in relation to health equity. Advocacy services are accessible. A Māori health advisor was available if needed. There was also an iwi representative on the board of trustees (BOT) who could be contacted if necessary.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service's orientation programme requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff have completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the Māori health plan sighted.</p> <p>The services, including the maternity unit, supports patients and whānau in a way that respects their dignity, culture, gender and spirituality. The woman and her partner reviewed using tracer methodology reported being asked about specific cultural needs and stated that privacy was maintained throughout their stay.</p> <p>Policies and procedures were updated to ensure te reo Māori was incorporated in all activities undertaken. Several staff spoke fluent te reo Māori and this was observed at the opening meeting for the audit. Staff reported that national events are celebrated, such as Matariki and Māori Language Week. Days of the week were displayed in te reo Māori on the activities board, and signage throughout the services was also in te reo Māori and English.</p> <p>Patients and family reported that their values, beliefs, and language were respected in the assessment and care planning processes.</p> <p>The service responds to the needs of patients including those with a disability and supports and encourages participation in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The clinical nurse manager (CNM) and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation’s code of conduct. This has not been experienced since the previous audit. The maternity service clinical midwife manager (CMM) interviewed is fully committed to the prevention and management of any forms of abuse. The ‘child protection and family violence’ policies acknowledge Te Tiriti o Waitangi and acknowledge the reality of institutional and systemic racism in the health care system in Aotearoa and outlines the different forms of abuse, neglect and action to be taken to guide staff. There is a link to incidents/adverse event management. Legislative requirements, resources and services to contact are documented.</p> <p>Staff interviewed understood the services policy on abuse and neglect and family violence, including what to do should there be any signs or symptoms. Professional boundaries were understood by the registered nurses and midwives interviewed. Training was provided to all staff on family violence and elder abuse and this was reflected in the training programme reviewed. Patients interviewed stated they felt well supported and safe when staying at the facility. Women who labour and birth at the facility bring in their own personal belongings, and these stay with them in their own room.</p> <p>Te Whare Tapa Wha holistic model embraces Māori culture and is implemented for all services provided including maternity, long-term residential care and respite/short term care and end of life care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</p>	<p>FA</p>	<p>An interpreter service is available in the community and through Te Whatu Ora Waikato when required. Four care staff speak te reo Māori fluently. Patients interviewed reported that communication was open, clear and effective, and they felt listened to. Information was provided in an easy-to-understand format. They were given time to discuss and make decisions about their care, and that there is effective communication between health professionals involved in their care.</p> <p>The CMM ensures effective communication between staff and lead</p>

<p>them about their choices.</p>		<p>maternity carer (LMC) midwives and other members of the health team occurs. The general practitioner (GP) interviewed spoke highly of the effective communication of the medical and nursing staff at Pohlen Hospital. No issues were raised and the GP spoke positively about the culture and teamwork provided at the facility for the patients and their families.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The service ensures that guidance on tikanga best practice was used and understood by staff in all areas of service delivery. This was confirmed by patients and family members in interviews conducted. The CMM and the CNM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora Waikato if required. Patients and families confirmed that they are provided with information and are involved in the consent/informed choices and decision-making process in relation to their individual care. Staff reported that they are encouraged to refer to the cultural safety policy on tikanga best practice.</p> <p>The care plans are followed wherever possible by staff. Advance directives are adhered to as required. Women and babies in the maternity service do not have advance directives.</p> <p>The informed consent policy reviewed outlines the consent process and documents that all patients have the right to decline/refuse treatment at any time. The policy reviewed provided information regarding the storage of the placenta/whenua (a clearly labelled fridge was now available) and return or disposal of the placenta was clearly outlined and the informed consent process was followed.</p> <p>The CMM, the CNM and an LMC interviewed understood the principles of informed consent. Examples of informed consent were observed in the patient' records reviewed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Patients and family/whānau understood their right to make a complaint and knew how to do so. Documentation</p>

<p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>sighted showed that the small number of complaints received over the last 12 months were addressed and that complainants had been informed of findings following investigation, and offered independent advocacy and support. The general manager (GM) is responsible for complaints management. There have been no complaints received from external sources since the previous audit. Staff interviewed knew what to do if someone wanted to make a complaint and understood the right to advocacy if this was required/requested.</p> <p>The GM described the processes used to ensure the complaints process works equitably for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body for Pohlen Hospital assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori and tāngata whaikaha. Governance representatives have lived experience and affiliations/connections with the local iwi. Information garnered from these sources translates into policy and procedure and care initiatives.</p> <p>Equity for Māori is addressed through the policy documentation and enabled through choice and control over supports. While Pohlen Hospital board of trustees is working to develop the services provided on site by Pohlen Hospital and the site tenants to ensure the health needs of the community are accessible and can be met, this is not an explicit priority in the strategic or business plan sighted, and the chair advised this will be reviewed. The management team is aware of the demographic of the geographic area that Pohlen Hospital sits within.</p> <p>The board of trustees (BOT) and the management team have been working together at addressing barriers to equitable service delivery and are supportive of active recruitment of Māori and Pasifika staff.</p> <p>Pohlen Hospital has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. Ethnicity data is being collected to support equity. The current business plan (2023-2025) is in draft, with the GM and a BOT representative planning to work together to progress this.</p>

		<p>Changes are made to business and/or the strategic plans as required.</p> <p>Governance is committed to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular monthly reports from the general manager, and there are ongoing communication processes in place for more urgent or time sensitive issues. The clinical governance group is appropriate to the size and complexity of the organisation.</p> <p>The general manager (GM) and the clinical nurse manager (CNM) have been in their roles for over seven and fourteen years respectively. Both are registered nurses with current annual practising certificates. A new clinical midwife manager (CMM), employed 30 hours a week, has been recently employed to lead the maternity services. The management team are appropriately experienced. The GM, CNM and CMM confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>Monthly board of trustee meetings are led by the chairperson who has been in this role for between two and three years. There are seven members of the board, all are volunteers and elected by the local community. However, if required, up to two members can be co-opted. There is a separate fundraising entity that works to fundraise for Pohlen Hospital equipment and the building.</p> <p>Pohlen Hospital supports patients to participate locally through patient meetings, and through satisfaction surveys. Outcomes from the meetings and results from the satisfaction surveys are used to improve services. Responses from meetings and the surveys were noted to be very positive.</p> <p>The service holds contracts with Te Whatu Ora Waikato for aged related residential care (ARRC) services at rest home and hospital level, primary maternity services, primary care inpatient services, residential respite (19 categories), and long-term support - chronic health conditions (LTS-CHC).</p> <p>Twenty-two patients were receiving services at the time of audit. During the audit four people were receiving rest home care, 15 at hospital level care, one person at maternity level of care, one under the primary care inpatient services contract and two people under the</p>
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		<p>respite contract.</p> <p>Pohlen Hospital certification includes surgical services. No patients were receiving surgical services at audit and the GM states that they have not for a number of years. No women were receiving maternity services at the time of audit. However, a woman presenting for a post-natal appointment was interviewed and was audited using tracer methodology (refer to criterion 3.2).</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>Pohlen Hospital has a range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include the quality plan, hazard and risk review and management processes including equity and ensuring Pohlen Hospital can provide high quality care for Māori, complaints and compliments, satisfaction surveys and an internal audit programme. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. The CNM is responsible for document review and management. Some documents are sourced externally and modified to reflect Pohlen Hospital requirements. Critical analysis of organisational practices to improve health equity is occurring.</p> <p>Patients and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. The patient satisfaction surveys showed a high level of satisfaction with the services provided, and patients and family/whānau interviewed also reported a very high level of satisfaction.</p> <p>The GM and chair of the BOT described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National</p>

		<p>Adverse Event Reporting Policy except for the maternity services. Maternity aides report incidents appropriately, however the self-employed and contracted midwives do not always report near misses, or adverse events as per protocol. This is an area requiring improvement.</p> <p>The GM and CNM understood and has complied with essential notification reporting requirements. There have been multiple section 31 notifications completed in 2022-2023 related to registered nurse shortages and three notifications related to COVID-19 outbreaks. The lead maternity carers (LMCs) are responsible for birth notification and NHI registration for newborn infants.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of patients. Care staff reported there were adequate staff to complete the work allocated to them, although this has been stretched when there was COVID-19 in the facility and/or the community. Strategies were put into place to manage this with a move to 12-hour shifts for some staff, staff working extra shifts if required, and casual staff being utilised. At least one staff member on duty has a current first aid certificate and neonatal/maternity emergency response training. There is 24/7 RN coverage on site. For periods of time, the CNM and/or GM were working clinical shifts of up to 40 hours a week to cover vacant RN shifts due to a RN resigning while another RN was on planned annual leave. The management team advised facilitating RN's taking annual leave is challenging with the current RN vacancies. The GM and CNM share being on call afterhours.</p> <p>Activities staff are rostered. A cook and kitchen aids work in the kitchen daily from 7 am to 7 pm. Staff are employed to undertake cleaning and laundry services over the week with reduced hours on the weekend.</p> <p>The GM advises there are 2-3 RN full time equivalent (FTE) vacancies. A new RN with interRAI competency will start in early June.</p>

		<p>One RN currently has interRAI competency. There are two maternity aid positions becoming vacant. There are no HCA vacancies. Maternity aids are rostered in the maternity service 24/7 to support the lead maternity carers (LMCs). Three core midwives are employed on call to support LMCs and a CMM was employed in April 2023, working Monday to Thursday mornings. On Fridays, midwives from Te Whatu Ora Waikato are on site providing antenatal clinics.</p> <p>Continuing education/training is planned on an annual basis and includes cultural safety, Te Tiriti o Waitangi and equity. Competencies for care staff are covered in an orientation programme followed by annual review for applicable competencies.</p> <p>Care staff have access to a New Zealand Qualification Authority health and wellbeing education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato.</p> <p>Staff health and wellbeing policies are in place. Wellbeing is discussed at orientation and is part of the education/training programme. Staff reported feeling well supported and safe in the workplace. An employee assistance programme (EAP) is available to staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Police vetting and reference checking is in place. Professional qualifications for health care professionals had been validated and then checked and documented annually and LMCs have access agreements. Job descriptions for all roles are in place. They described the skills and knowledge required of each position, and identify the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Annual performance appraisals are current.</p> <p>A sample of staff records reviewed showed that orientation was being completed and documented for roles, except for contracted core registered midwives. This is an area requiring improvement.</p> <p>There are staff wellbeing policies in place and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents.</p>

		Ethnicity data is being recorded for staff and used in line with health information standards.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are legacy records and are held securely and available only to authorised users.</p> <p>The data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication. The information is integrated, manageable, and accessible for all those who need it. Patients' files are held securely for the required period. No personal or private service user information was on public display during the audit.</p> <p>Consents were sighted for data collection. Service user data collected includes ethnicity data.</p> <p>The lead maternity carers are responsible for National Health Index registration of newborn babies.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The admission criteria and eligibility for entering the services outlines to staff in the maternity and residential care facility the eligibility and responsibilities involved. For the maternity service this is based on the Primary Maternity Service Notice (2021) and the Maternity Referral Guidelines (2007). If there are bookings outside of these criteria, the CMM will discuss with the LMC, and a decision will be made according to safety/risks for the individual woman. Midwives are required to have a signed and dated access agreement with Pohlen Hospital Trust Board and Te Whatu Ora Waikato, to bring their patients/women to this service. A comprehensive standard document agreement is used and copies were verified. A booking system is in place and was verified.</p> <p>For patients entering the service for long and short term care an assessment process occurs prior to admission and this was verified on</p>

		<p>each patient's individual record reviewed. InterRAI assessments are performed in the community and/or at assessment and rehabilitation Te Whatu Ora Waikato, by the needs assessment co-ordination service (NASC) to assess what level of care will be required, for example, rest home, short-term respite care or hospital level long-term care.</p> <p>If a woman arrives in established labour who does not meet the criteria, there is a process for facilitation of an urgent antenatal, labour and/or postnatal assessment in the absence of their LMC midwife. Roles, responsibilities and referral processes are clearly outlined in documentation reviewed. Safety is paramount. The service now operates twenty-four hours, seven days a week (24/7) with the cover of the contracted midwives. This is new since the previous audit. The CMM would be involved as soon as possible.</p> <p>Women and residents interviewed stated they were satisfied with the admission process information that had been provided to them on admission, including for women who identified as Māori. There were no barriers identified during the entry and access process. Ethnicity data was collated on entry to the service and the patient register was maintained.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Patients' records sampled identified that initial assessments and initial care plans were person-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of patients' lived experiences, cultural needs, values and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. In the maternity service, the contracted lead maternity midwives and the maternity aides provide the care to women and their babies.</p> <p>InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the patient, family/whānau and to those with enduring power of attorney (EPOA) as needed. Long-term care plans were also developed, and six-monthly evaluation processes ensured that</p>

	<p>assessments reflected the patients' individual daily care needs. For women in the maternity service the care plans reviewed had been updated at each point of contact with the mother and/or the baby. Women and their partners/support persons, patients/family/whānau and the GP are involved and encouraged to be part of the care plan development through all stages of service provision.</p> <p>The GPs and the trainee nurse practitioner complete the patients' medical admission within the required time frames and conduct medical reviews promptly. Completed medical records were sighted in all records sampled. The GP interviewed reported that communication was conducted in a transparent manner, medical input was sought in a timely manner, that medical orders were followed, and care was person-centred. The clinical records sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually for applicable patients.</p> <p>The CMM and the CNM reported that sufficient and appropriate information is shared between staff at each handover. Interviewed staff stated that they were updated daily regarding each patient's condition. Progress notes were completed every shift and more often if there were any changes in the patient's condition. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate intervention formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the senior registered nurse or the CNM and this was evidenced in the records sampled. Interviews verified patients and EPOA/whānau/family are included and informed of any changes.</p> <p>In maternity the LMC and the CMM are notified if any changes occur for the mother and/or the baby. While actions are being undertaken with immediate response to any changes or adverse events in maternity, these events are not always reported via the incident reporting system (as per and refer to criterion 2.2.5).</p> <p>Long-term care plans were reviewed following the interRAI reassessments. Where progress was different from expected, the service in collaboration with the patient/family responded by initiating</p>
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		<p>changes to the care plan. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the patient's needs. Family, patients and women and partners interviewed expressed satisfaction with the care provided across the organisation.</p> <p>The Māori health care plan in place reflects the partnership and support of the patient, whānau and the extended whānau, as applicable, to support them to identify their own pae ora outcomes in their care and wellbeing. The Māori health plan was developed in consultation with a cultural advisor. Māori health tikanga principles are included within the Māori health plan. Should any barriers that prevent tāngata whakaha and whānau from individually accessing any information or services be identified, strategies are put in place to manage these situations. The staff confirmed they understood the process to support service users and whānau. There were service users who identified as Māori at the time of the audit.</p> <p>Support persons/family/whānau and patients interviewed confirmed their involvement in the evaluation of progress and any resulting changes. The maternity unit has local contacts through the CMM to enable tāngata whakaha choice and control. The facility is designed for easy access for those with a disability; however, depending on the diagnosis/issues, access is decided upon between the LMC and CMM antenatally, to ensure the service would be appropriate or not for the patient to labour and birth. Safety is paramount.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities programme for the hospital and rest home is coordinated by two activities coordinators. The service supports community initiatives that meet the health needs and aspirations of Māori and family/whānau. Applicable patients interviewed felt well supported in accessing community activities such as celebrating national events, Matariki, ANZAC holidays, Māori Language Week, and local visits from schools, kapa haka groups and use of Māori basic words. The planned activities and community connections were suitable for the patients. Staff reported that opportunities for Māori and whānau to participate in te ao Māori can be facilitated if necessary. One of the two activities coordinators interviewed speaks fluent te reo Māori. Van trips occurred</p>

		<p>once a week. Family and patients reported overall satisfaction with the level and variety of activities provided. The patients and staff provided a waiata and karakia for the opening meeting of the audit.</p> <p>The activities programme is displayed and a copy is provided to all applicable patients. Photo-boards are maintained of events and special functions with consent of the patients. The participation and individual patients' activities plans were documented electronically, and any special interests are documented on the care plans reviewed six monthly.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication policy is current and in line with the Medicines Care Guide for Residential Aged Care. There was a medication management policy in place appropriate to the services provided. A safe system for medicine management (an electronic system is in place for the residential care services) is in use. This is used for medication prescribing, dispensing, administration, review and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The GPs completes applicable patients' three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies and sensitivities for all patients are indicated on both the clinical and medication records reviewed. Photographs of all residential care patients are uploaded on the electronic management system and were current. Eye drops were dated when opened. The medication records for women and their babies are maintained in hard copy only.</p> <p>Medication competencies were current, completed in the last 12 months for all staff administering or checking medicines. There were no expired or unwanted medicines. Any expired medications are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and any deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The medication management system for the maternity service was</p>

		<p>appropriate to the scope of this primary maternity birthing service. Policy in relation to drug allergies and sensitivities, error reporting and the self-administration process was documented. Medicine prescription/administration was not observed during the audit, as there were no women in the unit at the time of the audit. The LMCs are responsible for the labour and birth and for prescribing any medication needed for the postnatal care. Midwives have prescribing rights within their scope of practice. The LMC contracted midwives and the maternity aides administer the medicines as needed, to the women in their care. No controlled drugs are stored on site in the birthing unit. Medicines stored were within the recommended temperature range (ecbolics) and stock checks are regularly completed.</p> <p>Standing orders (reviewed annually) are in place for emergency management and for aged care. Emergency medications are regularly checked and are stored appropriately. Any medicines prescribed or alternative therapy medications, are explained to the patients when used or on how to access the medicines, especially for patients who identify as Māori. Full support would be provided by staff.</p> <p>Should Anti-D immunoglobulin be required this was arranged by the LMC. Two staff check Anti-D Immunoglobulin when this is required for a patient and the informed consent process is followed. This also applies for patients that require an iron infusion or blood transfusion when under the care of the GPs.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. The menu plans in use were last reviewed by a dietitian on 27 April 2022. A letter was provided of change of service provider for the menu planning and review process, and the service provider validated the menu plans have been reviewed and changes requested have been addressed.</p> <p>The current food control plan for Pohlen Hospital expires on 13 February 2024. Breakfast, morning tea, lunch and afternoon tea is</p>

		<p>provided daily for any patients and family/whānau/support persons in the birthing unit. The evening meals are outsourced from a contracted provider seven days a week. The women are provided with choices for all meals at no cost. The partner/support person can choose an evening meal but a fee is charged. The contracted service provider provided the certificate of registration – food premises and a copy of the food control plan with an expiry date of 18 February 2024.</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. The cook interviewed stated that menu options culturally specific to te ao Māori would be provided to Māori residents/patients per resident's request. The cook gave some examples of culturally specific food that might be offered when required. Family/whānau are welcome to bring culturally specific food for their relatives. The residents and a woman and her partner interviewed expressed satisfaction with the food options.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>A standard transfer notification form is utilised when patients are required to be transferred to the public hospital or another service. Patients are required to be reassessed by the NASC if they are transferring to another aged care facility. Patients reviewed to confirm this. Records sampled evidenced that transfer and discharge planning included risk mitigation and current patients' needs. Referrals to other allied health providers to ensure the safety of the patient was completed (eg, to homecare services, social services) prior to discharge.</p> <p>Processes are also in place for planned discharge and transfer between services for the women in the birthing unit as needed. Any risk would be identified, documented and communicated to the receiving hospital as applicable. For emergency transfers, a transfer 'situation, assessment, request or recommendation' (SBARR) form is completed. The mode of transportation is decided by the receiving facility and is usually by ambulance, to ensure a timely transfer occurs. A retrieval team are available at Te Whatu Ora Waikato maternity service if needed for emergencies. A verbal handover with the receiving hospital is required. The LMCs interviewed (both self-employed and contracted) are fully informed of the process. The newly</p>

		<p>appointed CMM is aware of the responsibilities for transition, transfer and discharge of women and babies from the unit.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the patients' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales, and clinical equipment. The temperature of hot water is tested and was within the required temperature.</p> <p>The building has a warrant of fitness which expires on 17 April 2024. There are currently plans underway for the redevelopment of the end of the building where GP services are being provided. The chair of the BOT is aware of the requirement to consult and co-design with Māori, and confirms appropriate advice is available at board level with board members actively consulted about any change to the services or facility.</p> <p>The environment was comfortable and accessible and appropriate for maternity services, aged related residential care and hospital services. The six rooms that can be used for palliative care patients have beds available for whānau members. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for patients with disabilities to meet their needs and patients were observed to be safely using these. Appropriate clinical equipment is available for the services provided. Staff noted there is no difficulty getting new equipment approved. Spaces are culturally inclusive and suited the needs of the resident groups, including younger people. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi is available for patients to use.</p> <p>Patients' rooms allow space for the use of mobility aids and moving and handling equipment. Ceiling hoists are in place in all bedrooms except in the maternity unit. These are due performance monitoring in May 2024. Rooms are personalised according to the patient's preference. All rooms have a window allowing for natural light.</p> <p>Electric heating or cooling is provided in the facility via heat pumps</p>

		<p>which can be adjusted depending on seasonality and outside temperature.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. Four rooms share an ensuite between two bedrooms. Other rooms have individual room ensuites. All birthing rooms, bedrooms and bathrooms have appropriately situated call bells.</p> <p>There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Patients and family/whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained in fire and emergency management and knew what to do in an emergency. All RNs and core registered midwives have current advanced cardiac life support competency including obstetric and neonatal emergency response with at least one trained staff member on duty 24/7. Some other staff have current first aid certificates.</p> <p>Information on emergency and security arrangements is provided to patients and their family/whānau on entry to the service. The facility has overnight 'lock-up' procedures which allow for emergency egress. Intercom and a security screen enable staff to monitor visitors wanting access afterhours. There are some external security cameras in place with signage alerting of these.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 2 March 2016 and the requirements of this are reflected in the Fire and Emergency Management Scheme. A fire evacuation drill is held six-monthly, the most recent drill was on 26 January 2023. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations</p>

		<p>for the region. A generator is located onsite, along with some solar panels and gas hot water. Bottled medical gas is available and appropriately secured.</p> <p>Call bells alert staff to patients requiring assistance, and patients and family/whānau reported that staff were responsive to call bells.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes, policies and procedures are appropriate to the size and complexity of the services provided and are linked to the quality improvement system, reviewed and reported on annually and discussed at staff meetings. Details of the inclusion of infection prevention within the infection surveillance and clinical outcome reports are noted within the strategic planning documents. This includes reports on significant infection events. Ethnicity data is recorded.</p> <p>Infection prevention is led by the CNM who is suitably experienced and oversees all clinical issues within the birthing unit. When orientation is completed the CMM will have the responsibility of IP and reporting to the CNM. Expertise and advice can be sought following a defined process with Te Whatu Ora Waikato infection prevention team and from the local Primary Health Organisation (PHO) when required. The lead maternity carer provides initial support and advice to the mother as needed.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	FA	<p>The infection prevention and control policy was recently reviewed and updated to meet the Ngā Paerewa Standard NZS 8134:2021. Basic policies to cover all requirements are in place for the nature of the services provided. Disposable resources, such as birthing packs, and single use items are used. Sufficient IP resources, including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support a pandemic plan if required.</p> <p>Rooms in all services can be used as isolation rooms, except for the shared rooms in the residential care service. Cultural advice is accessed where applicable. Staff interviewed were well informed about</p>

<p>scope of our services.</p>		<p>infection prevention and control (IP&C). The CNM interviewed is the IP&C coordinator and is very experienced. The coordinator has access to the resident/patient records and reports to management monthly. Expertise and advice can be sought as needed.</p> <p>A pandemic/infectious disease response plan is documented and has been tested with the recent COVID – 19 outbreaks since the previous audit. No other outbreaks have been reported.</p> <p>Women, residents and whānau interviewed were aware of infection prevention and screening in a manner that meets their needs. Education was provided to all staff and this was recorded in the personal records and education records reviewed. Further education as discussed with the CMM, is provided for Māori wahine entering the service if, and when applicable. The service is currently printing educational resources to be available in te reo Māori. Tikanga best practice is considered for all aspects of infection prevention and control and meeting the needs of patients.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The antimicrobial stewardship (AMS) programme uses national guidelines. The policies and procedures are appropriate to the size, scope and complexity of the services provided. They are personalised for use at Pohlen Hospital. The GP interviewed stated that responsible use of antimicrobials is “protected”. The effectiveness of the AMS is evaluated by monitoring and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</p>	<p>FA</p>	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for a relatively small primary care setting facility and is in line with priorities defined in the infection prevention control programme. It is relevant to the patients being cared for at Pohlen Hospital. Monthly surveillance is collected and analysed to identify any trends, possible causative factors, and required actions. Graphs are produced and displayed for staff to visualise the surveillance</p>

<p>drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>performed. Infection prevention and control meetings are held two-monthly and minutes of the meetings reviewed are documented. Staff interviewed understood the principles of infection prevention and were well informed. Culturally safe processes for communication between the service and patients who develop or experience a HAI are practised.</p> <p>Results of surveillance are shared with staff during the quarterly staff meetings and handover if applicable. There was no benchmarking as this is a stand-alone facility.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial-resistant organisms. A cleaning schedule is used when each individual woman is discharged from the birthing unit. Daily cleaning throughout all areas of service delivery is undertaken by experienced cleaning/housekeeping staff. Cleaning audits are completed regularly, and feedback is sought from patients and women who have stayed at the facility through the satisfaction feedback system. Families and patients were complimentary on the cleanliness of the facility.</p> <p>Staff follow documented policies and procedures for the management of waste and infectious and hazardous substances. Chemicals are stored safely and bottles are labelled correctly. Use of personal protective equipment was relevant to the task. There is a small laundry. Laundry is undertaken onsite (personal clothing and effects) and monitored for effectiveness. The main linen and bedding laundering is undertaken offsite by a contracted service provider. Adequate linen supplies are maintained and stored ready for use daily. This is a low-risk service. Domestic staff are responsible for the cleaning and laundry seven days a week.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p>	<p>FA</p>	<p>There is a restraint minimisation and safe practice policy that notes the service aims for a restraint free environment. The chair of the board of trustees confirms this goal is fully supported by the board. A process is yet to be implemented to ensure the board is consistently kept</p>

<p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>informed of any restraints and progress towards elimination.</p> <p>Restraint can only be implemented as a last resort, if it is clinically justified and for the shortest duration and only for patient safety. The policy has been updated to include the requirements of Ngā Paerewa. The clinical nurse manager (CNM) is also the hospital restraint coordinator (RC) with the roles and responsibilities of the position identified.</p> <p>There is one patient with restraints in use. A recent trial period to stop the use of restraint was not successful. A plan to trial a further cessation of restraint use is scheduled. Some additional equipment will be purchased prior to the trial. The service has already purchased a range of equipment including low-low beds and mattresses with in-built sensors.</p> <p>Staff are provided with training in the use of restraint as part of the orientation and ongoing education programme. Competencies for staff include least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring.</p> <p>The RC, in consultation with the Pohlen Hospital multidisciplinary team, are responsible for the approval of the use of restraints and there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the patient, their EPOA and/or family/whānau and the GP as part of the decision-making process.</p> <p>A restraint register is maintained on the electronic resident management system. The criteria on the restraint register contains enough information to provide an auditable record of restraint. The restraint committee undertakes a two-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required; this is documented in residents' files. Any changes to policies, guidelines, education, and processes are implemented if indicated. The service is yet to consider how the voice of people with lived experience, Māori and whānau are represented on the restraint oversight group.</p>
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<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>PA Low</p>	<p>The CNM/restraint coordinator informed that any restraint use is a last resort after alternatives have been explored. Examples of alternatives tried were discussed and these are noted in the individual patient's pre-restraint use assessment process. This assessment is initially undertaken by the CNM and discussed with the care team and includes a holistic focus. The process includes a GP review and consent for the use of restraint. Whānau/EPOA are involved, and the assessment form and consent forms completed.</p> <p>The electronic record of the patient with restraint in use was reviewed at audit. The patient had sufficient information on the use of restraint in their assessments and care plan. Staff caring for the residents could detail the requirements. The patient is required to be monitored at least two-hourly, and the times at which restraint starts and finishes are to be documented. This was not consistently documented as occurring in the sampled record and is an area requiring improvement.</p> <p>The restraint committee reviews all patients with restraints in use and the type of restraint on a two-monthly basis, with consideration of why it is being used and whether it is still necessary. Ongoing reviews of restraint are also to be included in the six-monthly interRAI re-assessments and the six-monthly care plan reviews, or when a patient's condition changes. Staff are invited during monthly staff meetings to offer suggestions on how the use of restraint can be eliminated.</p> <p>Access to advocacy is facilitated as necessary, which is usually to a family member. A restraint register contains enough information to provide an auditable record and is reviewed two-monthly.</p> <p>There has not been any emergency restraint in use and person-centred debrief therefore not required. Processes are in place if required.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to</p>	<p>FA</p>	<p>The use of restraint is reviewed for applicable residents on a bi-monthly basis. A six-monthly quality review of the restraint programme is detailed in policy and includes elements to meet these standards. This has most recently occurred in May 2023. The current review</p>

<p>reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>process includes adverse outcomes/incidents and restraint use trends.</p>
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Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our 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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.2</p> <p>My service provider shall focus on achieving equity and efficient provision of health and disability services for Pacific peoples.</p>	PA Low	Pohlen Hospital is yet to focus on achieving equity and efficient provision of health and disability services for Pacific peoples. The service started with working on the Māori health plan.	Pohlen Hospital is yet to focus on achieving equity and efficient provision of health and disability services for Pacific peoples.	<p>Focus on achieving equity and efficient provision of health and disability services for Pacific peoples.</p> <p>180 days</p>
<p>Criterion 1.2.5</p> <p>My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to</p>	PA Low	Pohlen Hospital has not yet started to work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. The management team advised priority was given to developing the Māori	Pohlen Hospital has not yet started to work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.	<p>Work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p>

improve outcomes.		health and associated equity strategies. Work for Pasifika communities has not yet been commenced.		180 days
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Moderate	<p>Staff are required to report adverse events, incidents, hazards, staff injuries and near miss events via the electronic incident reporting system. A sample of reported incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>However, the self-employed and contracted midwives, in maternity services are not using this process. While there were examples of events being reviewed and followed up by the GM, and on occasions discussed with designated managers at Te Whatu Ora Waikato, this has occurred outside the Pohlen formal adverse event reporting process. For example, when an unwell infant and family member presented to the birthing unit several days after discharge requiring transfer out or maternal/infant complications.</p>	Not all adverse events are being reported and followed up via the incident reporting process.	<p>Ensure all adverse events are reported and followed up via the adverse event/incident reporting system.</p> <p>90 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an</p>	PA Low	Staff, including registered nurses, maternity aids, activities staff and HCA interviewed advised they are provided with an orientation relevant	Contracted core registered midwives are not completing a formal orientation to Pohlen	Ensure all staff are provided with an orientation programme relevant to their role and appropriate records

<p>orientation and induction programme that covers the essential components of the service provided.</p>		<p>to their role. They are buddied with a senior staff member and work to complete an orientation workbook. A sample of staff records reviewed showed that orientation was being completed and documented with the exception of contracted core midwives. The orientation of contracted core midwives is more informal and does not sufficiently include required elements included in the orientation programme of other staff or written records being retained.</p>	<p>Hospital.</p>	<p>are available to demonstrate completion.</p> <p>180 days</p>
<p>Criterion 6.2.2 The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.</p>	<p>PA Low</p>	<p>One resident has restraint in use. While on occasions restraint use and the associated two hourly monitoring is well documented this is not consistent. On other occasions the time restraint use started and/or stopped was not documented and two hourly monitoring was not consistently recorded as required by policy and the resident's care plan.</p>	<p>Records are not consistently available to detail when restraint use commenced and stopped and that monitoring of the resident with restraint in use is occurring at the frequency required in the resident's care plan.</p>	<p>Ensure the time restraint commences and stops is consistently documented and that the resident is monitored at the frequency required in the care plans.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display

End of the report.