

# Hokianga Health Enterprise Trust - Hokianga Hospital

---

## 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:

<b>Legal entity:</b>	Hokianga Health Enterprise Trust
<b>Premises audited:</b>	Hokianga Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 18 July 2022    End date: 19 July 2022
<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>	19

# 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 fully attained with some subsections exceeded
	No short falls	Subsections 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 subsections 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 subsections 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 subsections applicable to this service unattained and of moderate or high risk

## General overview of the audit

The Hokianga Health Enterprise Trust is a community organisation, owned and governed by the people of the Hokianga. Hauora Hokianga is the service provider of the Trust that provides a comprehensive range of health, social and wellbeing services to enrolled people who reside within and around the Hokianga area of Northland. The inpatient services provided at Hokianga Hospital also known as Rawene Hospital are aged residential care (ARC) hospital and rest home level care, primary maternity, palliative care and medical care. The chief executive officer (CEO) manages the services and is supported by a clinical services manager.

This certification audit process included review of policies and procedures, review of resident/patient and staff records, observations and interviews with residents/patients, whanau/family members, managers, staff, the chairperson and deputy chair of the trust board and contracted allied health professionals and medical staff.

Areas requiring improvement from this audit related to complaints management, staff education and training, care planning, self-administration of medicines and medication standing orders, infection prevention education, testing and tagging of electrical equipment and staff fire safety training.

## 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 partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

The service works collaboratively to support and encourage a Māori world view of health in service delivery. The service is a Māori health provider which ensures equitable and effective services based on Te Tiriti o Waitangi and principles of mana motuhake. Pacific people's services are currently being further developed to ensure services are provided that are culturally safe for Pacific people.

Rawene Hospital recognises the roles and responsibilities enshrined in Te Tiriti o Waitangi and the relationships thereby defined between tangata whenua and tangata Tiriti.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Rawene Hospital supports patients and staff through education, tikanga guidelines and access to cultural advice/support for patients, families/whānau is always accessible. The organisation's kaumatua interviewed, has a significant role and is part of the leadership team.

The hospital services manager collects data that reflects the diversity of the residents and staff.

Residents and their families/whānau are informed of their rights according to the Code of Health and Disability Services Consumer Rights (the Code) and these are upheld. The rights are displayed at both entrances of the facility in English and te reo Māori and in other languages including Tongan and Samoan. Residents are free from abuse and staff are fully informed on how to manage

situations should they arise. Patients are screened for family violence as party of the assessment process in all areas of service delivery including maternity.

Residents and families/whānau receive information in an easily understood format and feel listened to and included when making decisions about care. There are systems in place around open communication and open disclosure. Interpreter services are provided as needed.

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

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
--	--	--

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in the Trust Board, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for the people of this region, including those with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are clearly defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service provision. Residents/patients and families/whanau provide feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality

improvement data, identifies any trends and leads to quality improvements. Any actual or potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed, orientated and managed using current good practice. A systematic approach to identify ongoing learning supports safe and equitable service delivery.

Accurate records are maintained that comply with legislation, health information standards and professional guidelines.

## 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
---	--	--

There is a person centred approach to care for residents/patients and family/whānau from the beginning to the end of their journey at Rawene Hospital. An admission pack is provided to the residents/patients and family/whānau on admission with relevant information.

The facility works in partnership with the residents/patients and their family/whānau to assess, plan, implement, and evaluate care. Care plans are resident/patient-directed, based on individual needs, and changed as required. Residents'/patients' files reviewed demonstrated that residents/patients are assessed, and appropriate care is provided and evaluated by the registered nurse with input from other members of the team, in a timely manner. All changes are documented accordingly.

Timely and safe transfers are managed as per the processes in place. Discharge planning occurs from admission and patients are prepared for discharge. Tikanga safe practices are taken into consideration for death and dying. Palliative care is provided to meet the needs for those patients requiring this level of care.

Medicines are safely managed and administered by staff who are competent to do so.

The facility has an approved food safety programme. The menu follows a six-week rotating cycle, and it is reviewed by the dietician every two years. It is appropriate for aged residential care. Individual residents' needs, including preferences, allergies, modified meals, and cultural needs are identified and met.

## **Te aro ki te tangata me te taiao haumaruru | 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.		Some subsections applicable to this service partially attained and of low risk.
---	--	---

The facility meets the needs of patients/residents and was clean and well maintained. There was current building warrant of fitness (BWOF). Internal and external areas are well maintained by the facility manager and the maintenance team. The grounds and gardens are maintained with support of the local community.

Staff are trained in emergency and civil defence events, use of equipment, for example, hoist management, and supplies are readily available. Patients/residents interviewed reported timely responses to call bells. 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.

Some subsections applicable to this service partially attained and of low risk.

The governing body and management staff at Rawene Hospital ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control link nurse leads the programme.

The infection prevention and control link nurse is involved in the procurement process, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, resident/patients, and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective 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.

Subsections applicable to this service fully attained.

The service is a restraint free environment. This is fully supported by the governing body and policies and procedures are available to guide staff. There were no patients using a restraint at the time of the audit. A comprehensive assessment, approval, monitoring and review process was available. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## 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	21	0	2	3	0	0
Criteria	0	158	0	4	3	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>Hauora Hokianga is a leading Māori Health provider, is marae centred for patients, staff and the community. The organisation recognises the roles and responsibilities enshrined in Te Tiriti o Waitangi and the relationships thereby defined between tangata whenua and tangata Tiriti. The chief executive officer (CEO) and the cultural advisor were interviewed. Understanding the acceptance of these concepts by health professionals is essential to cultural competence. Cultural competencies include Te Taumata role, tikanga with relation to engagement. tikanga in relation to birth, cultural needs and spiritual needs of turoro.</p> <p>The maternity patient interviewed by telephone stated that she was kept well informed of her rights from the commencement of service. The midwives provided appropriate information for decision making and for situations that required informed consent for her and/or her baby during all stages of services delivery.</p> <p>Education and orientation of all new staff is significant as it</p>

		<p>incorporates, along with mandatory education, an understanding of tikanga, te reo Māori and whanaungatanga, tikanga around death and dying and the journey of the deceased, te matenga me te ara whakaputa tupapaku and awareness of the legal issues contained in the Coroners Act. This protocol is for annual review by Te Taumata, in partnership with Kahu Karakia and management.</p> <p>Training provided for staff ensures that the care providers within Hauora Hokianga services comprehend and practice in a sensitive and culturally appropriate manner for the patients in their care. at the same time reducing inequities in health outcomes for tangata whenua and to provide a platform for TeTaumata cultural governance.</p> <p>Staff training records demonstrate that all care staff have completed level two and three of the New Zealand Certificate in Tikanga and Rongoa Māori and a significant number of staff have completed Level four.</p> <p>On the day of this audit 15 patients (five of eight medical patients, 9 of 11 long term care residents and one respite care resident) identified as Māori. Twenty-six (26) staff employed in the hospital services provided, identify as Māori, not including the management team.</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>	<p>Not Applicable</p>	<p>Hauora Hokianga recognises other cultures and Pacific values and beliefs. The cultural competencies policy reviewed reflects how staff learn about other cultures and acknowledges staff being sensitive to all aspects of particular significance to that individual. For Pasifika residents this includes recognising the fundamental importance of the relationship between the resident, their family and the community. This also includes awareness of how to establish effective communication to support active participation in their care and to reduce inequalities in health outcomes for Pacific peoples.</p> <p>Hauora Hokianga recognises Pasifika people's individual needs are to be addressed when planning and delivering services. Staff education is to include and enhance the skills of staff to be familiar with Pacific culture and competent in practice.</p>

		Policies and procedures will be further developed, interpreter services for the different countries which make up the South Pacific will be resourced and made available for staff and care plan development will be reviewed after consultation with Pacific communities.
<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 requirements.</p>	FA	<p>Staff interviewed understood the Code of Health and Disability Service Consumers' Rights (the Code) and were observed caring for patients in accordance with their wishes, promoting independence, and respecting their cultural beliefs, values, protocols, and knowledge.</p> <p>Patients and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Service (Advocacy Service) as information was provided in their admission pack. Posters are seen at the entrance of the residential care unit, in the lift and in the dining room. The Code is also discussed at patients' meetings and by the activities team during some the patients' activities assessment. Patients said they were fully aware of who they can go to if they were not happy about anything, and the patients and family/whānau were satisfied that their needs were being met.</p> <p>The Code was displayed in English, te reo Māori and other languages including Tongan and Samoan at the entrance/reception area of the facility. There are also brochures on the Code, advocacy, and the complaints process in the reception/entrance. Staff undergo training on consumer rights and the Code during their orientation at the commencement of their employment. There is a policy in place that identifies the need for cultural safety and competency for staff.</p> <p>Most patients on the day of the audit identified as being Māori and reported that they did not have any specific needs that are not already being met.</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>	FA	Rawene Hospital provides care for patients that is inclusive and respects their identity and their experiences. Patients interviewed confirmed they are provided with opportunities to identify any individual spiritual, cultural, or other needs they have on admission, and that they receive services in a manner that has regard for their

<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>dignity, privacy, sexual orientation, spirituality, and independence.</p> <p>Staff were observed to maintain privacy throughout the audit. Although patients were in single rooms, they share shower rooms. They confirmed that their dignity and privacy is always maintained to and from the shower rooms. Patients confirmed that staff always knocked on their doors prior to entry and ask if the door should be left open or closed.</p> <p>Staff members have completed cultural competencies as part of mandatory training and RNs have access to the hospital kaumatua for advice and support. The activities team complete Taumata Rongoa as part of their assessment which looks at services required by residents. These services include mirimiri, karakia, whitiwhiti korero and rongoa; these are facilitated by the aged care coordinator.</p> <p>There is signage on the doors and around the facility in te reo Māori as well as Tongan and Samoan.</p> <p>Staff have received in house training on sexual diversity to raise awareness and support patient's needs without prejudice.</p> <p>There was evidence of a patient, family/whānau satisfaction surveys which give opportunities for feedback about patients' experiences, including food and staff training.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Midwives and staff are trained to screen for family violence. If screening is completed this is recorded on the individual patients' records. Pamphlets sighted are also available in the wards and in the maternity care setting. Midwives interviewed were fully informed of the relevant processes and agencies to contact if required.</p> <p>Staff understood Rawene Hospital's policy on abuse and neglect, including what to do should there be any signs. Patients and family/whānau reported that their property and space were respected.</p> <p>Staff were aware of the requirements established by Rawene Hospital in relation to expected staff behaviours and conduct. Education covers</p>

		Te Tiriti o Waitangi and the protection of patients from institutional racism. Professional boundaries are maintained and respected by staff.
<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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Patients and family/whānau interviewed confirmed that all communication was open and effective with words including 'timely', 'informative', 'reassuring' and 'clear' used to describe staff communication. Patients confirmed that they received information in a manner that they understood both written and orally. There was evidence of open disclosure. Families/whānau are informed of any adverse events affecting their loved ones in a timely manner and were involved in updates on medical reviews.</p> <p>Staff are aware of how to access interpreter services should this be required. At the time of the audit there were no patients requiring an interpreter.</p> <p>Patients' records reviewed, along with interviews with staff, medical professionals, and patients, demonstrated other agencies involved in care was professional, timely, open, and appropriate.</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>	FA	<p>Patients are provided with the information to make informed choices related to their care at Rawene Hospital. At interview they confirmed that they are asked about their preferences for activities, and their input is sought for their initial care plans, and when these are evaluated.</p> <p>Admission agreements are signed on admission, and included informed consent and authorisation for vehicle transportation, photos, and use of residents' information for newsletters. Where patients are unable to sign admission forms, there is a process to allow these to be signed by their enduring power of attorney (EPOA).</p> <p>Decisions about resuscitation are made in conjunction with the patient and their general practitioner (GP). All files reviewed included signed documents identifying the residents' status on resuscitation and this is reviewed six monthly. EPOA documents were also included and discussed. Five out of six files reviewed had an EPOA; two were</p>

		<p>activated at the time of the audit. Establishing and documenting EPOA requirements for patients unable to consent were understood by the RNs interviewed. All mothers and babies in the maternity service are for resuscitation.</p> <p>Staff members interviewed understood the principles of informed consent. There was no visible evidence of information on patient advocacy on the day of the audit, but the diversional therapist informed that patients are aware of advocacy and who to access if necessary. Where advance directives are in place, these are respected.</p> <p>Patients confirmed that they received suitable information during COVID-19 lockdowns, if there was an outbreak with patients or staff, and what was expected of them during that time. At the current national COVID-19 setting, family/whānau can visit at any time providing an appointment is made, and they return a negative rapid antigen test (RAT) result. If family/whānau are unable to access these at home, then a RAT will be done on site, prior to visiting.</p> <p>Women and whanau are provided with the information necessary to make informed decisions. The tracer patient stated that information was given in a way that she could easily comprehend, and time was given to consider when making decisions. The woman's care plan for care is followed wherever possible.</p> <p>The guideline regarding storage, return or disposal of the whenua and other body tissues outlines that the informed consent process is followed. The two midwives interviewed understood the principles and practice of informed consent</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>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and</p>	<p>PA Moderate</p>	<p>The complaints policy and procedure were reviewed. 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/residents and whanau understood their right to make a complaint and knew how to do so. The quality and compliance coordinator discussed a new process being developed and implemented through a complaint inbox electronic system. Staff will</p>

<p>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>receive training on this new process.</p> <p>Currently the CEO holds the overall responsibility for the complaints management, including the final responses and any resultant actions. The CEO delegates procedural administration to the quality and compliance coordinator and consults as appropriate, with other staff during the process. The CEO reports any significant complaints to the chairperson of the Trust and keeps the chairperson advised on any developments.</p> <p>Patients/family/whanau are informed of the Code and the complaints process as part of the admission process. Complaints may be verbal and or written. The complaints register was reviewed. Complaints received from all services provided by Hauora Hokianga are placed in the same register. Twelve complaints have been received since the previous audit. Six complaints pertaining to the hospital services had been actioned, but not fully followed through. The required timeframes as per the complaints policy reviewed have not been met. Outcomes had not been fully discussed and/or closed out in the complaints register.</p> <p>Complaints that were completed showed all parties were satisfied with the outcome, these were signed off and dated effectively.</p> <p>The CEO stated that since the previous audit one coroner's case was responded to and has been closed out. One post COVID-19 case is ongoing with the Health and Disability Commissioner (HDC) but no response has been received from the HDC and this case remains open.</p> <p>As this is a Māori health provider the complaints process does work equitably for Māori. The service provider intends to further develop the policy, procedure, and the complaints form and to translate the information into te reo to enhance this process for Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti o Waitangi. The governing</p>

<p>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 high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>body has defined a governance and leadership structure, including clinical governance that is appropriate to the size and complexity of the organisation. Hokianga Health Enterprise Trust is a registered charitable trust. The board comprises of 20 members (75% Māori kaupapa) plus two staff representatives and two iwi representatives. The Hokianga Enterprise Trust Board is skilled, professional, innovative, highly motivated and reflects the people of the Hokianga. Board meetings are held monthly, with each meeting opening with a mihi/karakia. The chairperson and the chief executive officer (CEO) meet regularly to discuss any issues.</p> <p>A cultural advisor is employed fulltime and is readily available for the organisation. The advisor was interviewed and participated in both the opening and closing meetings of the audit. The CEO interviewed is highly experienced and demonstrated extensive knowledge of the services provided, regulatory and reporting requirements and maintains currency within the health sector. The chief executive officer (CEO) interviewed along with the board chairperson and deputy chairperson all demonstrated leadership and commitment to quality and risk management and being focused on improving outcomes for Māori and people with disabilities.</p> <p>The Hokianga Health Enterprise Trust Paeroa Anga Whakamua 2022 – 2025 Ki tua - Strategic Plan 2022-2025 and beyond, recently approved by the board, was provided to review at the audit. The Tirohanga Matua – Vision Whanau Oranga Kia eke raw ate taumata manaaki tangata, manaaki whanau, manaaki kainga – are achieved through collaboration and service excellence. The Nga pou Matua – Guiding Principles to achieve the vision are clearly documented. The Te Tiriti o Waitangi is acknowledged with the principles of Te Tiriti informing the Kaupapa Māori approach to health and wellbeing across the services provided and throughout the organisation. These are realised via Te Rarangahia Mai Te Takapau Toonga framework unique to Hauora Hokianga. Effective relations with iwi ensure a collaborative approach to meeting the health and wellbeing needs of the Hokianga. The Nga Whaingā Matua – Values are clearly defined and are the foundation of the organisation. The values are displayed at the entrance to the hospital.</p>
--	--	--

		<p>A sample of reports to the board showed adequate information to monitor performance is reported and recorded.</p> <p>The service uses Te Whare Tapa Wha as the model of healthcare.</p> <p>The quality communication framework developed in 2021 and recently reviewed for 2022 continues and is closely linked with the risk management system inclusive of health and safety, hazards, infection prevention and restraint and seclusion. The quality compliance manager interviewed discussed how the services are monitored and review of the organisation's performance is undertaken at planned intervals and that all reports are presented to the board at the monthly meetings.</p> <p>The service holds contracts for aged residential care (ARC) rest home, hospital, respite care, acute medical, palliative care and maternity services. On the first day of the audit there were 19 occupied inpatient beds including eight (8) medical patients, 10 patients receiving long term care (eight rest home level care and two hospital level care) and one respite rest home level care resident. There were no maternity or palliative patients admitted at the time of the audit.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, clinical incidents including infections and restraint. Patients and whanau and staff contribute to quality improvements occurs through feedback and surveys annually.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The CEO and the quality compliance manager described the</p>

<p>and support workers.</p>		<p>processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The health and safety coordinator interviewed understood the role and responsibilities. The hazard register is updated regularly and was dated May 2022.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a time manner.</p> <p>The CEO and quality compliance manager understood and complied with essential notification reporting requirements. One section 31 notice had been completed since the previous audit in relation to registered nurse coverage.</p> <p>The people of the Hokianga have access to the health and social services required across their lifetime, and these are equitably funded and resourced. The strategic plan refers to equity and access and the organisation aims to pursue equity of access to all services, funding and resources as mentioned and equity of outcomes for the people of the Hokianga. Taumata Rongoa is an accessible and thriving complementary approach that supports the health and wellbeing of Hokianga. Inpatients can be involved during their stay in the hospital.</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</p>	<p>PA Moderate</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/residents. Care staff interviewed reported there were adequate staff to complete the work allocated to them. The clinical services manager interviewed fills in shifts if needed, to provide the cover over the recent difficult period due to the pandemic, staff vacancies and winter illnesses. Residents/patients interviewed supported this and stated they were well cared for.</p> <p>Registered nurses (RNs) cover the services 24/7. There are two</p>

<p>services.</p>	<p>enrolled nurses on the roster who work under the supervision of a registered nurse. Rosters for one month were reviewed. The clinical manager is advertising on an ongoing basis to employ registered nurses and health care assistants.</p> <p>There are two midwives who cover the maternity service, effectively both working full time. The two lead maternity carer midwives are well supported by two casual experienced registered midwives which is hugely beneficial for the maternity service and the community.</p> <p>In the ARC service, a kaiawhina assists with lunches and patients to support the other care staff. Support systems are in place to ensure a safe work culture for staff.</p> <p>Resident doctors cover the hospital on a roster system. The system in place for the medical officers is only just managing to cover the hospital 24/7. There is good flow for patients in the hospital across all services and for staff to safely cover each area of service delivery. The hospital is well designed. The maternity service is located on a different level but assistance for the midwives can be obtained from the hospital staff when and if needed.</p> <p>A virtual medical consultation process is being used to cover any medical emergencies and for any low-level admissions after-hours, especially in the weekend. The Northland District Health Board are covering this virtual consultation process for one month and then this service will be reviewed. Another new initiative for the after-hours/weekends, which is funded by St Johns Ambulance Service currently, is having a paramedic visit people in their homes to ascertain whether people need to be admitted to Hokianga Hospital or not. The station manager is on call for any emergencies that arise in the community.</p> <p>Staff interviewed stated that they had completed relevant education for their individual roles, with the exception of annual medication competencies which were overdue (see corrective action 3.4.3). However the education requirements for the care staff could not be verified as the education records were not currently up to date. The</p>
------------------	---

		midwives had completed all relevant training (mandatory, elective and professional training) required. Two senior registered nurses are available and competent to complete the interRAI assessments for the long-term care patients. Competencies are recorded annually. An additional registered nurse is enrolled to update this process when able.
<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>	FA	<p>Human resource management policies and procedures are based on good employment practice and relevant legislation. The newly employed human resource management manager was interviewed. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff have received orientation at the commencement of employment. Job descriptions for each role are developed and implemented.</p> <p>Staff performance is reviewed annually, and this was sighted on the records reviewed. If any healthcare assistants or enrolled nurses experience and/or are involved in an emergency or event, a debriefing process is in place. Staff interviewed verified that this does occur and is beneficial for learning purposes.</p> <p>Ethnicity data is recorded and used in line with health information standards.</p>
<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>All necessary demographic, personal, clinical and health information was fully completed in the maternity records reviewed. The midwives are responsible for the notification of birth information to the relevant agency and for obtaining the National Health Index (NHI) unique identification number for each baby born at the hospital and in the community. Information gained in the long-term care and inpatient medical services was maintained in a confidential manner by staff. Patient labels are used on each page of the personal records reviewed in all service areas.</p> <p>The hard copy records reviewed were integrated and legible. An electronic system is also maintained by the individual midwives.</p>

		<p>Backup and security are provided for the electronic records.</p> <p>The baby records are separate from the maternal records. Labels are used on the integrated records. The hard copy records are stored appropriately and securely in the maternity unit and are accessible for the clinics and when women are admitted into the service at all stages of service delivery.</p> <p>No personal or private patient information in all areas, was on public display during the audit.</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>Most patients enter the service initially for respite care then transition to long term care when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements. Patients requiring medical care are processed through the emergency department and decisions are made regarding management of care by doctors on call. All necessary medical and nursing assessments are completed in a timely manner. Any patients admitted with flu like symptoms are taken directly to the 'red zone' and transferred when cleared of COVID.</p> <p>Where a prospective patient is declined entry, there are processes for communicating the decision. Related data is documented and analysed including declined rates for all cultural groups.</p> <p>RNs interviewed are familiar with the process for entry and admission. Admission agreements are signed within 10 days of admission and an admission pack is given which includes a pamphlet on the Code, information about how to make a complaint or compliment, and general information about the facility.</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</p>	FA	<p>The multidisciplinary team works in partnership with the patient and family/whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural</p>

<p>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>		<p>needs, values, and beliefs, and considers wider service integration, where required. The assessment is based on interRAI and triggers are identified in the long term care plans. Six out of six files reviewed showed the care plans were generic and not specific to individual resident's needs, this is raised as an area for improvement. However, the cultural aspect of the care plan was very thorough and showed the specific cultural needs of each resident.</p> <p>Assessments covered a range of clinical assessments and included patients and family/whānau input (where necessary). Two out of six long-term care plans had not been reviewed within the required timeframe. All other long term care plans and interRAI assessments/evaluations are completed by the RNs in a timely manner. This was verified by sampling patients' records, from interviews, including with the medical officer, and from observations. Evaluations sighted were individualised and indicated the patients' degree of response to the interventions and progress towards achieving planned outcomes.</p> <p>Four out of six short term care plans did not reflect the acute changes for patients in the files reviewed. The identification of early warning signs and risks leading up to the acute change could not be verified. Both areas are identified for improvement.</p> <p>Management of specific medical conditions were documented by the health care assistant with some input from the RN. However there was a lack of evidence of monitoring and regular evaluation of responses to care provided. This is an area for improvement.</p> <p>There was a complaint made in 2018 regarding falls management. This was followed through and closed off by the local DHB. There had been no other complaints or concerns regarding falls at the time of the audit.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The diversional therapist (DT) provides an activities programme that supports patients to maintain and develop their interest and was suitable for their ages and stages of life. Prior to the COVID-19 restrictions, the DT relied on the support of volunteers; however, there</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>is no community involvement at present due to the current COVID-19 setting. Trips into the community have resumed with planned van trips to local places of interest.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. There are individual and alternate group activities which do reflect patients' goals and interest, and ordinary pattern of life. All patients are encouraged to participate in activities to recognise other cultures with opportunities for Māori and family/whānau. The activities programme included a variety of activities that were physical, mentally stimulating, cooking and making their own 'boil up'.</p> <p>Patients and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed that although there are restrictions due to COVID-19, the programme still meets their needs.</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>PA Moderate</p>	<p>In the maternity service prescribing practices meet requirement. Registered midwives can prescribe medicines within their scope of practice as required. Self-administration of medication is facilitated and managed safely in the maternity ward. Women interviewed by telephone understood the medications given to them. Anti D immunoglobulin if required for a patient can be prescribed by the midwives and ordered through the laboratory services. Consent processes are followed in this instance and patient clinical notes and medication records would be documented appropriately. Safe practice protocol is followed for the administration process. Facilities are available should a woman required blood transfusion in an emergency.</p> <p>No controlled drugs are stored in the maternity unit. If required, these would be accessed from the hospital medical service. Mild analgesia is available for women during the perinatal period. Ecobolic medication and emergency medicines are readily available, and stocks are checked on a regular basis.</p> <p>Rawene Hospital has a safe electronic medication management system observed on the first day of the audit. The policy for</p>

	<p>medication management was current and included all aspects of medicine management in line with the Medicines Care Guide for Aged Residential Care and meets legislative requirements. The RNs at Rawene Hospital follow a standing orders policy with an annual competency programme to ensure all staff involved in medication administration renew their medicine competencies yearly. The standing order policy and medicine competency programme are both out of date by six months. Both areas have been identified for improvement.</p> <p>The RN who was observed administering medicines demonstrated good hand hygiene, medicines knowledge, and had a clear understanding of their roles and responsibilities related to each stage of medicine management. Each staff has an individualised logon and password to access the electronic system.</p> <p>Medicines were stored in a locked medication trolley inside the medication room. Other medications were stored in cupboards in the medication room. The temperature of the medication room and medicine fridge were monitored and documented, with temperatures within the recommended ranges.</p> <p>Controlled medications were stored securely following requirements and were checked by two staff members for accuracy during the administration process. There was evidence in the controlled drug register that stock checks are carried out weekly by two RNs and six-monthly by the pharmacist and RN. All entries were accurate.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>The GPs complete three-monthly medication reviews consistently as verified on the electronic medication charts reviewed. Evaluation of pro re nata (PRN) medicines administered were completed consistently and documented in the clinical progress notes. Dates were recorded on the commencement and discontinuation of</p>
--	--

		<p>medicines.</p> <p>There was one patient who was self-administering medication. There was no written evidence that appropriate processes were in place to support this patient, this has been identified for improvement.</p> <p>Patients, including Māori patients and their family/whānau, are supported to understand their medications and have access to traditional medicines if this is requested.</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>The food service is in line with recognised nutritional guidelines for aged residential care. The menu has been reviewed by a qualified dietician within the last two years. Recommendations made at that time have been implemented. Food preferences for Māori are addressed as required.</p> <p>The kitchen is managed by a first cook who is not a trained chef and eight staff members who are on full and part time contracts. The first chef works from Monday to Friday. This is a temporary situation since the kitchen manager is currently on long term sick leave.</p> <p>The kitchen service complies with current food safety legislation and guidelines. There is an approved food control plan for the service which expires 4th December 2022. Meals are prepared on site and served in the dining room and patients' rooms via a hotbox. The menu was reviewed by a registered dietician on 30th June 2021 and is run on a six-weekly cycle.</p> <p>The first chef is aware of the dietary needs of the patients via their diet profiles. These are developed on admission and include the patients' dietary requirements, likes and dislikes. All alternatives are catered for. Diets are modified as required and the cook demonstrated understanding of these. The first chef confirmed that there are snacks available 24 hours a day, seven days a week. There is always enough food should residents want more.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well stocked. Regular cleaning is undertaken on a documented schedule</p>

		<p>and all services comply with current legislation and guidelines. Labels and dates were on all containers. All decanted food had records or use by dates recorded on the containers and no items were expired. Thermometer calibrations were completed. Records of temperature monitoring of food, fridges and freezers are maintained and documented.</p> <p>Some patients and family/whānau interviewed indicated dissatisfaction with the food service; however, the hospital services manager is aware and is working towards addressing the problems identified.</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>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the patient and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. Access to Māori support services is arranged if required.</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</p>	FA	<p>The facility manager, who has been employed in the role for three months, was interviewed and confirmed that appropriate systems are in place to ensure the patients' physical environment and facilities (internal and external) are fit for purpose, are well maintained and that they meet legislative requirements. The hospital building warrant of fitness was dated expiry 30 April 2023. The only exception for the facility was that the testing and tagging for electrical equipment information was not available and equipment sighted had 2020 to 2021 dates on the tags reviewed.</p> <p>The environment was comfortable and accessible, promoting</p>

<p>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>independence and safe mobility throughout all services. Personalised equipment was available in the continuing care (ARC) ward for residents with any disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the patient groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Patents were happy with the environment, including heating and ventilation, privacy and maintenance. No building alterations are in place currently except for three fire doors to be installed in the hospital medical inpatient ward to make three further separate fire cells and for use in pandemic situations.</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>PA Low</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. The hospital is linked to the South Hokianga Civil Defence Control Response Plan, to the Northland Civil defence management plan and to the Northland DHB plan. The health and safety manager is involved with the preparedness of staff triaging emergency events. Staff have trained and knew what to do in an emergency. The fire evacuation scheme has been approved by the New Zealand Fire Service 20 January 2020. A fire drill had not been held since October 2020, but one has been booked for 5 August 2022. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the Northland region. The service has town water supply, and four large storage tanks of water are readily available. Extensive equipment checking, such as the generator checks, are completed monthly and recorded.</p> <p>Air conditioning units have been installed since the previous audit with airflow management, and the hospital now has two negative pressure rooms for infection prevention management.</p> <p>A new solar power system (energy system) has also been installed since the previous audit.</p> <p>Call bells alert staff to patients/residents requiring assistance. Residents/patients/whanau interviewed reported staff respond</p>

		<p>promptly to call bells.</p> <p>Appropriate security arrangements are in place. Security cameras and a security door to emergency department have been installed. Patients/residents were familiar with emergency and security arrangements.</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 governance body has identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service and has always included infection prevention as part of the quality and risk management programme. AMS monitoring and the responsible use of antimicrobials has always been promoted. Infection prevention and safety is a priority for patients, staff and whanau who access this hospital.</p> <p>Expertise is accessible for guidance for both programmes. Any infection control events and/or any trends identified would be addressed by the clinical services manager and the medical staff. The clinical services manager and the midwives are fully informed of reporting obligations to governance, Public Health and/or HealthCERT should any outbreaks occur, or any other infection prevention significant incidents occur.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested during this COVID 19 pandemic. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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>	PA Low	<p>The IPC and AMS programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on at clinical and board meetings and yearly. The review includes an assessment of the infection control data, training, infection prevention and control audits, policies and procedures.</p> <p>The role of the IPC link nurse is undertaken by a senior RN who is part of a committee which includes (hospital services manager, IC community trainer, the nurse practitioner (Rawene Hospital) and IPC</p>

<p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>clinical nurse specialist (CNS) at the local DHB). The IPC link nurse has access to external specialist advice from GPs, the nurse practitioner and the DHB IPC CNS. A documented role description for the IPC link nurse, including roles and responsibilities, is in place. There is a two-weekly pandemic meeting which is run by the IPC committee and minutes are distributed to the RNs where necessary.</p> <p>Staff are made aware of current acute infections during daily handovers between each shift and in the progress notes. There are processes in place to isolate infectious residents/patients as required.</p> <p>Single use items are used for procedures and no equipment is sterilised onsite.</p> <p>Rawene Hospital has a relevant IPC training but there has not been any education on infection control in the past year resulting in a corrective action for criterion 5.2.6.</p> <p>There were adequate supplies of personal protective equipment (PPE) and hand sanitiser dispensers throughout the facility. Hand washing audits were completed. The required policies and procedures are documented, and staff are advised not to attend work if they are unwell.</p> <p>There is a pandemic outbreak plan available. Information and resources to support staff with managing COVID-19 were regularly updated and followed the MOH and DHB guidelines. Visitors are screened prior to visiting and must produce a negative rapid antigen test (RAT) prior to entering the care facility. Staff must also present a negative RAT test prior to each shift. Two patients have tested positive for COVID-19 (Omicron variant) during the pandemic.</p> <p>There are no plans in place to extend the service on the site which would require input from the IPC link nurse.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p>	<p>FA</p>	<p>The antimicrobial stewardship programme uses national guidelines that have been approved by the governing body and developed using appropriate expertise. They are personalised to, and appropriate for,</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>use in Rawene Hospital.</p> <p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use 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-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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. It is relevant for the residents being cared for at Rawene Hospital. Monthly surveillance data is collected and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. The data is benchmarked against the local DHB.</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</p>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial resistant organisms. A cleaning schedule for facility equipment indicates frequency of cleaning. Cleaning audits are completed regularly, and feedback is sought from residents through the satisfaction survey and internal audit processes. Family/whānau interviewed were complimentary on the cleanliness of the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Chemicals are stored safely with bottles labelled correctly. Use of personal protective equipment was relevant to the task and was observed to be in use during the audit. There are designated cleaning and waste rooms</p>

<p>transmission of antimicrobial resistant organisms.</p>		<p>which are locked when not in use.</p> <p>The bulk of laundry is done offsite and is monitored for effectiveness. Patients' clothes and personal belongings are done onsite. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>The IPC link nurse is part of the clinical management team and works closely with the hospital manager to oversee the testing, auditing, and monitoring of the facility and feedback findings to the staff and senior management team.</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>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>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. No seclusion is used at this facility. The CEO, clinical service manager and the quality compliance manager demonstrated a full commitment to this. At the time of this audit no residents/patients were using a restraint. When restraint is used, this is as a last resort when all alternatives have been explored. Restraint has not been used for over one year. Therefore 6.2 and 6.3 are rated as 'not audited'.</p> <p>Restraint and seclusion is discussed annually as part of the quality reporting and review process.</p> <p>Policies and procedures meet the requirements of the previous standards and are currently being reviewed to meet Nga paerewa NZS 8134:2021. The clinical service manager is the restraint coordinator. The role is defined providing support and oversight for any restraint management if required. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The documented processes are fully known and followed by staff, with approval being sought as necessary. Family/whanau are kept well informed and are fully involved with any decision making as required.</p>

## 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 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	<p>PA</p> <p>Moderate</p>	<p>The organisation has a documented complaints policy, procedure and form which were reviewed. The complaints register is maintained and was reviewed. Twelve complaints have been received from across the organisation since the previous audit. Whilst some complaints have been addressed there are six complaints pertaining to the hospital services that remain open. These complaints when reviewed had been investigated, but not discussed or dealt with in a timely manner or signed off appropriately.</p>	<p>The complaints register reviewed demonstrated that immediate responses were made to some complainants; however, there are six complaints that have been investigated but remain open in the register as they have not been subsequently followed-up and/or closed out effectively.</p>	<p>Ensure that all complaints are managed in accordance with the Code and that timeframes are effectively met and that the register is updated.</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient</p>	<p>PA</p> <p>Moderate</p>	<p>The roster for four consecutive weeks were reviewed. The maternity service is well covered by staff and casual</p>	<p>The clinical services manager does cover any shifts required and does not leave the facility understaffed;</p>	<p>To ensure vacant positions are filled as soon as possible with appropriately</p>

<p>health care and support workers on duty at all times to provide culturally and clinically safe services.</p>		<p>staff are available and accessible if needed. The rosters reflected that additional staff are needed to cover the hospital services for staff illness, annual leave, study leave and other reasons. Registered nurses, medical officers and healthcare assistants are needed to provide culturally and clinical safe services for the patients and services provided at Hokianga Health. The clinical services manager discussed the reasons that are impacting on staffing issues as being the current pandemic and the rural geographical location of the hospital. Despite advertising on a regular basis, no applications have been received. Locum services are also not able to provide medical officers in the current health environment to work in the Hokianga.</p>	<p>however, staffing of registered nurses, medical and healthcare workers are not adequate to ensure and to sustain appropriate and culturally safe services.</p>	<p>skilled staff.  180 days</p>
<p>Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Low</p>	<p>Midwives have completed all relevant training to meet the requirements for the Midwifery Council New Zealand and all mandatory education is recorded and maintained by the midwives interviewed. The care and support staff interviewed stated that they had completed mandatory training for their individual positions, but the education and personal records sighted did not include or reflect this information. The registered nurses and midwives maintained their own relevant portfolios to meet their professional obligations for the New</p>	<p>Education and/or training required for the healthcare assistants including routine mandatory training is not recorded to evidence training has been completed. Attendance records of education sessions are also not being documented and maintained.</p>	<p>Ensure training/education provided is recorded and that staff attendance records are maintained.  180 days</p>

		Zealand Nursing Council (NZNC) and Midwifery Council New Zealand (MCNZ). All hospital emergency and obstetric emergency training has been completed by the midwives and the registered nurses.		
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>Training records demonstrate that staff have not completed their annual medication competencies. These are out of date by six months.</p>	<p>Annual medication competencies for RNs are not current and are out of date by six months.</p>	<p>Ensure medication competencies are completed for all staff who are responsible for administering medications.</p> <p>90 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Low</p>	<p>There was one patient who was self-medicating one of their medications but there was no written evidence to support ongoing safe administration of medication.</p> <p>There was no written evidence of assessment for safety of medication self-administration with sign off from the GP, or ongoing assessments to ensure safety. It was reported by the RN on duty that the GP did sign this resident off as being safe to self-administer medication, but they could not find where this was written. The patient was very knowledgeable about their medication and was able to demonstrate safety when taking their medication but stated that if they became unwell, they would not be</p>	<p>There was no written evidence of assessment for safety of medication self-administration with sign off from the GP, or ongoing assessments to ensure safety. It was reported by the RN on duty that the GP did sign this resident off as being safe to self-administer medication, but they could find where this was written. The patient was very knowledgeable about their medication and was able to demonstrate safety when taking their medication but stated that if they became unwell, they would not be able to.</p> <p>There was no evidence that the service providers facilitated safe self-administration of medication because there was not any evidence of support</p>	<p>Any resident who wishes to self-administer their own medication have an initial and ongoing assessment documented to confirm they are safe to do so.</p> <p>90 days</p>

		able to.	or initial assessment of ability to self-medicate.	
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	The staff have been educated for emergency procedures; however, a fire drill had not been provided for staff and patients since October 2020.	There has been no fire drill for staff recorded since October 2020. There is a pre-audit booking arranged for the 5 August 2022.	<p>Ensure a fire drill is held six-monthly as required and that the records are maintained.</p> <p>180 days</p>
<p>Criterion 5.2.6</p> <p>Infection prevention education shall be provided to health care and support workers and people receiving services by a person with expertise in IP. The education shall be:</p> <p>(a) Included in health care and support worker orientation, with updates at defined intervals;</p> <p>(b) Relevant to the service being provided.</p>	PA Low	There is an IPC education plan but there has not been any specific IPC in-service training for staff on the floor. There is evidence to show that new staff members complete an 'Infection Prevention and Control Orientation Booklet' as part of their orientation.	There was no current in-service training on IPC in the past year.	<p>Ensure Infection Prevention and Control training is provided relevant to the services as planned with evidence of attendance documented.</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.