

Hokianga Health Enterprise Trust - Hokianga Hospital

Introduction

This report records the results of a Surveillance 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Hokianga Health Enterprise Trust

Premises audited: Hokianga Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Hospital services - Maternity services

Dates of audit: Start date: 14 February 2024 End date: 15 February 2024

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: 15

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 tātou 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
	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
	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 (Hauora Hokianga) 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-related residential care (ARRC) hospital and rest home level care, primary maternity, palliative care and medical care for up to 26 people.

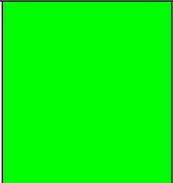
A review is currently underway of governance systems and processes. The chief executive of Hauora Hokianga was in the role at the last audit. There have been significant changes to the organisation structure with new management structure developed and most positions recruited to. A director of Tikanga has been appointed, along with director of service delivery and a director of support services. The service is very committed to providing clinically and culturally safe equitable services to the community that is predominantly Māori.

This surveillance audit process included review of policies and procedures, review of residents'/patients'/ māmās' and staff files, observations and interviews with residents/patients/māmās, whānau/family members, a member of the board of trustees, managers, staff (including a contracted allied health provider), midwives and a nurse practitioner.

The recommendation and corrective actions required from the previous audit related to complaints management, staff training, medication standing orders, staff medication competency, electrical test and tagging, fire drills and infection prevention and control education have been addressed. Staffing issues have been partially addressed with only medical staff shortages of concern now.

The previous shortfalls continue related to patient self-administration of medication processes and short-term care planning processes, with additional issues related to age related care contract requirements for review, assessment, care planning and records integration now included. Improvements are also required in relation to the quality framework/processes and reporting to governance, essential notifications, orientation records and staff annual performance appraisals.

Ō tātou motika | Our rights

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.		Subsections applicable to this service fully attained.
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Hauora Hokianga works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

Residents/patients/māmās and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents/patients/māmās was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents/patients/ māmās and whānau felt included when making decisions about care and treatment.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five 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.
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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, effective risk management, and reducing barriers to improve outcomes for Māori.

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

There is a quality and risk programme that includes internal and external audits, complaints management, assorted meetings and satisfaction surveys. Actual and potential risks are identified and mitigated.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings.

Nursing, caregiver and midwifery staffing levels and skill mix meet the cultural and clinical needs of residents/patients/māmās and pēpi. Staff have the skills, attitudes, qualifications and experience to meet the needs of patients/residents/māmās and pēpi. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment and continue to be current. Staff are provided with orientation and ongoing education.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight 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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service works in partnership with the residents/patients/māmās and their whānau to assess, plan and evaluate care. Files reviewed demonstrated that care met the needs of residents/patients/māmās and whānau and was evaluated on a regular basis. Traditional healing practitioners as well as rongoā, mirimiri, and karakia are readily available on site and incorporated into day-to-day services.

Medicines are stored securely and administered by staff who are competent to do so. Blood and blood products and plasma are stored and administered in accordance with policy.

The food service meets the nutritional and cultural needs of the patients. Food is safely managed supported by an approved food control plan.

Residents/patients/māmās and pēpi are referred or transferred to other health services as required.

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

<p>Includes two 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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The facility, plant and equipment meet the needs of residents/patients/māmās/pēpi and are culturally inclusive. There is a current building warrant of fitness and planned programme to ensure clinical equipment is safe to use. Electrical equipment is tested as required.

A fire evacuation drill has occurred in the last six months.

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

Includes five 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 fully attained.
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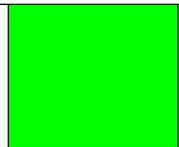
The governing body and management staff at Hauora Hokianga ensure the safety of residents/patients/māmās/pēpi and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service.

Recruitment is in process for the infection prevention and control position which has been vacant since December 2023. The position has been involved in the procurement process, any facility changes, and processes related to the decontamination of any reusable devices. There are two other employees who have training in infection prevention and control available for advice and support in the interim.

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

Infection surveillance is undertaken with follow-up action taken as required.

Here taratahi | Restraint and seclusion

Includes four 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.
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The clinical director advised the service is committed to becoming restraint-free. There were residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	13	0	1	5	0	0
Criteria	0	45	0	5	4	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.

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. 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>	FA	<p>Hauora Hokianga has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with the three local iwi (Te Rawawa, Te Roroa and Ngā Puhī) who all have representatives on the board of trustees (BOT). Other members of the BOT, including some community representatives from the 10 clinics, also identify as Māori. The BOT, management team and staff work together to ensure systems and processes are in place to support service integration, planning, equity approaches, and support for Māori. There were Māori patients/residents/māmās at the time of audit, and those interviewed felt culturally safe and that all their needs were being met. Traditional Māori healing practitioners work alongside clinical staff with rongoā, mirimiri, and karakia being readily available for residents/patients/māmās and pēpi and staff. Fifty nine percent of staff identify as Māori and this includes multiple persons in management roles. An increasing number, approximately 74% of the local population, identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	FA	<p>Only two percent of the local population identify as Pasifika. The director of tikanga advised Hauora Hokianga is committed to providing services that are culturally appropriate and that are underpinned by Pacific worldviews, and</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>cultural and spiritual beliefs. Patients/residents and māmās are given the opportunity to identify if they have any individual needs and these are documented and met wherever possible. Policies, procedures or other documents have not yet been developed as yet to inform/guide staff in relation to Pasifika worldviews. This is included in the area for improvement raised in 2.2.2.</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 requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents/patients/māmās and whānau in accordance with their wishes.</p> <p>Residents/patients/māmās and whānau interviewed reported being aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) via posters seen in the unit and were provided with opportunities to discuss and clarify their rights.</p> <p>Posters were seen within the inpatient ward, the residential care unit, and birthing unit. Residents/patients/māmās said they were fully aware of who they can go to if they are not happy about anything, and the residents/patients/māmās and family/whānau interviewed were very 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 residents/patients/māmās on the day of the audit identified as Māori and reported that they did not have any specific needs that were not already being met.</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>Residents/patients/māmās and whānau receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education, including how to screen for family violence. If screening is completed this is recorded on the individual residents'/patients'/māmās' records. Pamphlets were available in all wards/departments visited. There were no examples of abuse or neglect identified during the audit through staff and/or resident/patient/māmā or whānau interviews, or in documentation reviewed. Staff interviewed stated they would escalate to their line manager if they had any concerns about anyone receiving care being at risk or potential risk.</p> <p>Staff were aware of Hauora Hokianga expectations of staff conduct and this, along with professional boundaries, was discussed during orientation of new staff.</p> <p>Residents/patients/māmās reported that they and their property were respected, and they were 'treated well'.</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. 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. 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>Residents/patients/māmās and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making.</p> <p>All registered health professionals (RHPs) and the care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p> <p>Written consent is obtained appropriately and in line with current accepted practice for the services provided at Hauora Hokianga.</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 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>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents/patients/māmās and whānau understood their right to make a complaint and knew how to do so. There have been eight complaints received since 1 June 2023. Reported complaints had been investigated and responded to in a timely manner. The shortfall from the last audit has been addressed.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>The service assures the process works equitably for Māori, cultural support is provided, and complaints are managed in a mana enhancing manner.</p> <p>There have been complaints received from external sources since the previous audit. The complaints that have been closed via the Health and Disability Commissioner have not resulted in any findings against Hauora Hokianga. One complaint was investigated by Te Whatu Ora – Health New Zealand Te Tai Tokerau (Te Whatu Ora Te Tai Tokerau) in relation to a patient fall and injury. The service has implemented recommendations made in the Te Whatu Ora Te Tai Tokerau draft report. The chief executive officer (CEO) and the quality and compliance lead (Q&CL) advised they had not sighted a final report related to this complaint.</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>PA Low</p>	<p>The governing body Hauora Hokianga Enterprise Trust assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>A review of the governance systems and processes has been underway for around 14-16 months. This review is occurring with the aid of an external adviser. The current governance structure is large, with up to 28 board representatives allowed within the current trust deed, including two representatives each from ten different clinic locations, two representatives for each of the three local iwi, and staff representation. The deputy chair of the BOT noted the review will ensure there continues to be community and iwi representation and processes to consult with the community whilst having</p>

		<p>more streamlined governance processes in place.</p> <p>The purpose, values, direction, scope and goals are defined in the Whakapapa Te Oranga 2022-2025 ki tua (strategic plan 2022-2025 and beyond). Hauora Hokianga has also developed a communication and information technology plan in 2022. An annual business plan July 2023 to June 2024 was sighted. Monitoring and reviewing of performance occur through regular reporting by the CEO. A strong focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and monitoring documentation reviewed, and through interviews with the CEO, staff, the clinical director and managers. The service is constantly looking for ways to improve access to services and improve health equity, noting that there are areas of significant disadvantage within the region. Services are provided as 'fees free' in order to reduce some of the financial barriers for the local community. Hauora Hokianga has also developed a paiheretanga (communications and engagement plan) and information technology and information management plan in 2022 to guide further developments in these services.</p> <p>The chief executive officer has been in the role since 2021. The CEO and the deputy chair of the board of trustees noted there are robust processes in place to communicate and review risk. Work is underway to identify what additional quality information is to be provided to the BOT and the format of reporting (refer to criterion 2.1.4).</p> <p>A review of Hauora Hokianga's management structures has also occurred with a new structure in place from 1 October 2023. A director of tikanga has been appointed. This is a new position, and the role is held by a long-standing Matua. A director of support services was appointed in December 2023 and oversees finances, people and culture, the facilities, and information technology services. A new 'director of service delivery' position has been established. The hospital services manager reports to the director of service delivery, who is new to the organisation commencing approximately four weeks prior to audit. The hospital services manager has been in this role for many years.</p> <p>A clinical governance framework is in place, and this includes the range of inpatient and community services that are provided by Hauora Hokianga. Some processes are under review. Refer to subsection 2.2.</p> <p>The service holds contracts for aged related residential care (ARRC) rest</p>
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		<p>home, hospital, respite care, acute medical, palliative care and maternity services. On the first day of the audit there were 15 occupied beds, including one māmā (and pēpi) in maternity, two acute medical patients, and 12 patients receiving long-term care ARRC care (eight rest home level care and four hospital level care). There were no patients receiving palliative care services at the time of the audit.</p> <p>Difficulty recruiting medical staff has resulted in the service substantially reducing the number of acute medical patients admitted. Refer to subsection 2.3 and criterion 2.3.1.</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>Quality and risk activities are occurring. The Whakapapa Te Oranga 2022-2025 ki tua (strategic plan 2022-2025 and beyond) includes reference to Hauora Hokianga being innovative, creative, proactive, adaptive, resilient and wholistic in its approach.</p> <p>Hauora Hokianga has a continuous quality improvement focus for services. A range of quality and risk activities occur including the reporting and management of individual sampled incidents and complaints, audit activities, a resident satisfaction survey, residents/patients/māmās meal survey, and monitoring facility-acquired infections. The service has been recently audited against the 'Baby Friendly Hospital Initiative Aotearoa' standards and did well. The service has current cold chain accreditation. There is a very strong focus on improving access and equity for Māori residents/patients/māmās and pēpi.</p> <p>Satisfaction surveys are undertaken. A survey of aged residential care residents occurred in August 2023 and the feedback was overall positive about services provided. A survey related to food services occurred in August 2023. The feedback from residents/patients/māmās was very positive about the food services provided by Haoura Hokianga.</p> <p>The clinical governance committee reviews the organisation's progress in meeting a range of key performance indicators that primarily relate to community services, including but not limited to, smoking cessation, diabetes screening, and well child assessments.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>The CEO and deputy chairperson of the board of trustees described the</p>

		<p>processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk review and management process has been reviewed and enhanced in recent months.</p> <p>Staff document adverse and near-miss events in line with the organisation policy – all events are severity assessment code (SAC) rated in accordance with the National Adverse Events 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 timely manner. However, the clinical governance committee is not receiving information related to the number of adverse events reported and themes and trends, although significant clinical events are being reviewed by the significant event review committee. The use of restraint is not being reported to clinical governance and executive level. Organisation policies are yet to be fully updated to align with Ngā Paerewa, although this project has commenced. The recent health and safety committee meetings have not been documented. While some external notifications have occurred, not all applicable events have been reported and records of reported events were not readily available. These are areas requiring improvement.</p> <p>There has been one death that was reported by Hauora Hokianga to the coroner in the last 12 months.</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>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 service is unable to cover the medical roster required for the inpatient service despite Hauora Hokianga's best endeavours. The shortfall from the last audit has been partially addressed.</p> <p>The facility adjusts other staffing levels to meet the changing needs of patients. Those providing care reported there were adequate staff to complete the work allocated to them. Residents/patients/māmās and whānau interviewed supported this.</p> <p>There is 24/7 RN coverage in the hospital. A minimum of two RNs are on site at all times and an HCA if required. There is a RN/manager on call after hours. Processes are in place to allocate staff to the area within the hospital that they are working in. Two nurses share the responsibilities of oversight of the aged</p>

	<p>residential care clients and co-ordination of care. The roster is developed based on staffing numbers and staff skill mix. There are no RN vacancies. At least two staff members on duty have a current advanced cardiac life support certificate. Nursing staff are required to complete training on maternity emergencies and other clinical emergency events.</p> <p>The midwifery staff self-roster to cover care required in maternity. There are always two registered midwives on duty or on call 24/7.</p> <p>There are two enrolled nurses (ENs) on the roster who work within their scope of practice.</p> <p>In the ARRC service, a kaiawhina assists with lunches and patients to support the other care staff. Radiology services and physiotherapy services are available at set times on site. A diversional therapist works four and a half days each week. There are sufficient hours available for activities for ARRC residents, as well as for catering, cleaning, and administration staff on duty. Laundry is outsourced.</p> <p>Residents/patients and māmās have access to traditional Māori healers with services provided on site. Staff are supported to undertake approved training in rongoā, and mirimiri. There are qualified staff employed in the inpatient services. Hauora Hokianga also has a contract to train rongoā, mirimiri, and karakia practitioners.</p> <p>As part of 'growing our own' focus there are two health care assistants who are being fully funded by Hauora Hokianga to complete their registered nurse training, and one HCA is about to sit their enrolled nurse exams. Staff spoke very positively about the support offered to improve their skills and qualifications and the mana they feel in them or a colleague working towards gaining a qualification, including in caregiving that will improve their own personal circumstances as well as contributing to the health and wellbeing of the wider community.</p> <p>There are two care staff with a level two industry-approved qualification, five staff at level three and three staff at level four. Staff are encouraged to complete an industry-approved qualification. New arrangements are being made to undertake required assessments.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to</p>
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		<p>meet the needs of residents/patients/māmās/pēpi.</p> <p>Medical staff are required to be registered to work in rural hospital medicine.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. Records were available to demonstrate the training completed by staff, including health care assistants. The shortfall from the last audit has been addressed.</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 Moderate</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being implemented, including evidence of qualifications and registration (where applicable).</p> <p>Staff reported that the induction and orientation programme prepared them well for the role. However, records were missing from some sampled staff files and this is an area requiring improvement. A two-week new orientation programme was developed for a cohort of new registered nurses, who are also new to New Zealand, providing a structured, supportive programme to help orientate staff to Hauora Health, the diversity of clinical services provided by Hauora Health, cultural safety, and their clinical responsibilities. Support has also been provided to assist the staff to settle into the community, with housing and transport to and from work provided as required. The nurses interviewed were very appreciative of all the support they are receiving and confirmed their orientation is very comprehensive.</p> <p>Hauora Hokianga is working in partnership with the University of Auckland (UoA) – Te Whare Wānanga o Tāmaki Makaurau to provide AUT students with a programme including 'te ao Māori in clinical practice and maintaining cultural integrity in the clinical environment, the integration of rongoā into the organisation's practice, and the social determinants of health in the Hokianga and mid-North.' Teamwork and cultural understanding and sensitivity is facilitated. All new Hauora Hokianga clinical staff are being rostered to attend sessions, including the Noho Marae. Existing staff will be provided with opportunities to undertake this training over coming months. New staff interviewed who were undertaking this training were very positive about the</p>

		<p>opportunity and awareness gained.</p> <p>Staff are not consistently provided with opportunities to discuss and review performance three months following appointment and yearly thereafter. This is an area requiring improvement.</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>	<p>PA Moderate</p>	<p>The multidisciplinary team work in partnership with the resident/patient/māmā and whānau to support wellbeing. A care plan is developed by suitably qualified staff including consideration of the person’s lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded with one exception noted (refer to ARRC hospital level care tracer). The service has implemented a quality process to improve neurological monitoring post unwitnessed falls and this is being monitored for applicable residents/patients on a daily basis.</p> <p>Timeframes or processes for the initial medical practitioner assessment and interRAI assessment did not consistently meet ARRC contract requirements. InterRAI assessments were not consistently used to inform ARRC long-term care plans. One of the two RNs responsible for oversight of ARRC residents was unaware of some of the ARRC contractual requirements until a few weeks prior to audit. Goals noted in ARRC resident care plans were clinical rather than resident-centred. This has been recently identified by Hauora Hokianga as an issue and a new goal and care plan framework is about to be introduced. Despite this, residents and a whānau member interviewed confirmed staff support Māori and whānau to identify their own pae ora outcomes and work together to achieve these. InterRAI assessments were current or just due for all residents. Short-term care plans have been developed for acute issues. However, these are not sufficiently detailed and this continues to be an area requiring improvement but now raised only in criterion 3.2.3. The previous shortfall in 3.2.4 has been closed.</p> <p>In maternity services and for the acute medical patients sampled, services and assessments were conducted by the multidisciplinary team in a timely manner, patient/ māmā and whanau-centred, and services were timely to ensure all needs were met. This was verified by sampling patients’/māmās’/ pēpis’ records, and from interviews of clinical staff, people receiving services, and whānau. Across all services the cultural needs of residents/patients/māmās</p>

		<p>are identified and met. Traditional healing practitioners as well as rongoā, mirimiri, and karakia are readily available and included in day-to-day service delivery. This is a strength of this service. Links with subsection 3.4.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. However, for ARRC residents these records are not consistently integrated into the resident paper-based record and this is required. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident/patient/māmā and/or whānau. Residents/patients/māmā and whānau confirmed active involvement in the process and respect of their choices. The staff were “constantly checking in to see how we are”.</p> <p>The nurse practitioner is satisfied that changing needs of residents are escalated in a timely manner, and that residents are receiving appropriate, timely, individualised culturally and clinically appropriate wholistic care.</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>The suite of medication management policies and procedures is currently under review. There were paper-based and electronic medication management systems in use. Paper-based were used in maternity and in the acute inpatient ward. An electronic system was used for the long term aged residential care patients. Recent improvements have been made to systems and processes to ensure prescribers ensure all medications for long-term patients are prescribed electronically. Prior to this, some short-term course treatment, including for antimicrobials, were prescribed either electronically or paper-based.</p> <p>A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed. Medication records sampled met current accepted practice requirements with the exception in maternity. The sample signature of staff administering medications was not consistently recorded in maternity, and one medication was administered and noted in the clinical record but not signed as administered on the medication chart. This is an area requiring improvement.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks have been completed. The temperature of the</p>

		<p>medication refrigerator in the ward was monitored, however there was no thermometer in the medicine fridge in maternity. This is an area requiring improvement.</p> <p>Standing orders were used, were current, and complied with guidelines. The shortfall from the last audit now meets the standard.</p> <p>Nursing and midwifery staff undertake a medication competency during orientation. Subsequently, for nursing staff there is an annual medication competency that includes information related to standing orders. The recommendation from the last audit has been addressed.</p> <p>Assessments were not completed to ensure a resident was able to safely self-administer some of their own medications. This continues to be an area requiring improvement.</p> <p>Medicine-related allergies or sensitivities were recorded, and staff noted how they would respond to any adverse events.</p> <p>Blood products including anti D, were administered in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. Administration process to ensure stock was replaced was followed. Plasma is rarely used, however there were processes in place to ensure this occurs safely.</p> <p>Residents/patients/māmās interviewed understood the medications they were prescribed and the reasons for them.</p> <p>The service has current cold chain accreditation and vaccines are stored appropriately.</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</p>	<p>FA</p>	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. The menu was reviewed at the beginning of 2021 and a dietitian was in the process of reviewing this again, as noted by the manager interviewed and electronic communications sighted. Evidence of satisfaction with meals was verified from residents/patients/māmās and whānau interviews and satisfaction surveys.</p> <p>The service operates with an approved food safety plan and registration. This</p>

<p>health and wellbeing.</p>		<p>expires on 4 December 2024.</p> <p>Meals are prepared on site and are usually served in the dining room. They are currently all served in patients' rooms via a hotbox for infection prevention reasons. Those that are able will return to having their meals in the dining room as soon as possible. The menu runs 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 cook stated that the kitchen staff appreciated seeing the residents eat in the dining room as they were able to observe their immediate response to the meal.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well stocked. Regular cleaning was undertaken on a documented schedule and all services comply with current legislation and guidelines. Records of temperature monitoring of food, fridges and freezers were maintained and documented.</p> <p>All residents/patients/māmās and family/whānau interviewed confirmed that they were asked about their preferences and any allergies. The partner of the māmā was offered a meal when they stayed. This was appreciated as they lived rurally and the local options for purchasing a meal are limited.</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>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident/patient/māmā and whānau. Risks and current support needs were identified and managed, and this included referral to the local Needs Assessment and Coordination (NASC) service for assessment of supports that are available to support the person post-discharge at home where indicated. Staff were aware of the need to ensure whānau were consulted and kept well informed during the transfer of their relative. Staff and managers interviewed noted that due to challenges with medical staff cover, staff escalate promptly and transfer the resident/patient/māmā to other services early rather than 'waiting'. This was verified in a resident file sampled.</p> <p>For acute transfers, there were clear processes in place for communicating with the receiving hospital. The method of transfer was determined by medical</p>

		staff and the receiving hospital. For patients receiving aged-related residential care, the yellow envelope was used to ensure all applicable information was copied and sent.
<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>	FA	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current building warrant of fitness (expiry 30 June 2024), electrical test and tagging and bio-medical testing. The shortfall from the last audit has been addressed. The service is in the process of commencing planning for the next stage (phase three) of a building management programme. Processes were in place for staff to communicate maintenance concerns and these were addressed. The service is appropriately furnished and equipped for the level of care provided on site. A radiation safety audit was conducted in June 2023 and the recommendations implemented.</p> <p>Residents/patients/māmās and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</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>	FA	<p>There have been no changes to the buildings since the previous audit. Fire evacuation drills were scheduled for six-monthly and occurred most recently on 4 December 2023. New staff confirmed they were provided with training on fire safety processes during orientation. The shortfall from the last audit now meets the standards.</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</p>	FA	<p>The governance body identified infection prevention (IP) and antimicrobial stewardship (AMS) as integral to the service. The policy was reviewed in July 2023 and is currently under review to meet NZS 8134:2021 Ngā Paerewa - Health and Disability Services standards. AMS monitoring was previously via a review of the electronic medication chart which did not capture all prescriptions,</p>

<p>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 scope of our services.</p>		<p>as some had been prescribed on paper documents. This had been identified as an issue and changes implemented to ensure all long-term care residents' prescriptions are electronic for completeness/accuracy of information. This is not raised as an area for improvement as processes have been changed already to ensure accuracy of data. The responsible use of antimicrobials has always been promoted. Staff interviewed were aware of the current policy. 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>Infection prevention and safety is a priority for patients, māmās, staff and whānau who access this hospital. Regular audits occurred during 2023.</p> <p>The current infection prevention position is currently vacant; however, expertise is accessible on site from two other registered nurses with IP experience for guidance for both programmes.</p> <p>There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly on this and relevant infection control topics. The shortfall from the last audit has been addressed.</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 the service and is in line with priorities defined in the infection control programme. Definitions of infection were noted and ethnicity data included. Regular surveillance of health care-associated infections occurs. Data is collected, analysed and reported on, identifying any trends, and recommendations reported to the CEO and hospital services manager.</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>	FA	<p>The service has been restraint-free, although this is no longer the case. At the time of audit residents were using a restraint. The clinical director and hospital services manager advised there is a commitment to having a restraint-free service. Organisation policy is yet to be updated to reflect this philosophy. A recommendation was made at the last audit that organisation policy be</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>updated. This is now included in the area for improvement raised in criterion 2.2.2. Restraint use has previously been reported to the clinical governance committee on a regular basis to enable active monitoring of the use of restraint. However, this reporting process has inadvertently been omitted in recent months. This issue is also included in the area for improvement raised in criterion 2.2.2. The clinical director is the chairperson of the clinical governance committee.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</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 2.1.4</p> <p>Governance bodies shall evidence leadership and commitment to the quality and risk management system.</p>	PA Low	<p>A representative of the board of trustees (BOT) stated the board is committed to having an effective quality and risk management framework in place for all services provided by Hauora Hokianga. There is an existing board subcommittee that reviews finance, audit and risk (FAR) and is confident these processes are working well. As part of the governance review currently underway, the BOT will determine what additional quality and risk information is required to be provided to the board, the timeframes, and the reporting process.</p>	<p>There are processes in place to formally report on financial, audit and risk issues to the BOT. The board of trustees is yet to identify what other quality-related information is required to be reported to the BOT, the frequency and process.</p>	<p>The board of trustees to identify what quality information is required to be provided to the board, the timeframe and the reporting process and ensure this is implemented.</p> <p>180 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a</p>	PA Moderate	<p>Policies and procedures are available for staff. Many of these have yet to be updated to reflect the requirements of Ngā Paerewa</p>	<p>Organisation policies have yet to be updated to include the requirements of Ngā Paerewa</p>	<p>Continue to update organisation policies and procedures to include Ngā</p>

<p>quality management framework using a risk-based approach to improve service delivery and care.</p>		<p>although this process has commenced and staff understand cultural safety, tikanga, pae ora and mana motuhake. The restraint policy has a goal of restraint minimisation rather than elimination (this links with subsection 6.1) A specific policy or plan to guide care for Pasifika has yet to be developed. This links with subsection 1.2. The quality and compliance coordinator has a spreadsheet monitoring policies and where these are at in the review cycle.</p> <p>Incidents are being reported and investigated and followed up. The quality and compliance manager reported these events to the executive leadership team. The clinical governance committee is no longer getting sufficient information on the numbers, themes and trends of reported incidents/events in order to identify systems improvements.</p> <p>The clinical governance committee has previously been provided with formal information related to restraint use. This has been recently inadvertently omitted from the quality reporting framework. There are four residents with restraints in use.</p> <p>The health and safety committee has been meeting; however, minutes have not been documented for recent meetings. The committee is undergoing a refresh at the moment with new staff representatives being appointed.</p> <p>There is a comprehensive internal audit programme in place. The sampled audits had been investigated and followed up.</p>	<p>(although this is in progress), and includes restraint elimination, guidance related to the care of Pasifika (refer to subsection 1.2), and other components.</p> <p>Incident numbers, themes and trends are not being sufficiently reported to the clinical governance committee.</p> <p>The use of restraint is not being communicated to clinical governance or the board of trustees.</p> <p>Health and safety committee meetings are not consistently documented.</p>	<p>Paerewa requirements.</p> <p>Provide sufficient incident/adverse events to the clinical governance committee to enable analysis and appropriate action be taken to address themes and trends.</p> <p>Ensure the use of restraint is monitored and reported to governance and an elimination strategy implemented.</p> <p>Ensure minutes are consistently recorded for health and safety committee meetings.</p> <p>90 days</p>
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<p>Criterion 2.2.6</p> <p>Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.</p>	<p>PA Low</p>	<p>Managers interviewed were aware of a range of events that are required to be notified to external agencies including the coroner, health professional regulatory bodies, notifiable diseases, serious harm events, radiation safety, and applicable events to Medsafe. However, it was unclear what notifications have occurred and where the records are being held.</p> <p>Events including loss of key utilities, were not notified to HealthCERT as identified by managers interviewed, as required for ARRC and maternity services. However, these events were managed appropriately to ensure the safety of all service users.</p> <p>Managers interviewed noted being aware of reporting responsibilities for the national perinatal and maternal mortality reporting processes and stated there have been no events requiring reporting to this committee.</p> <p>An assault event in the inpatient ward area was notified to Te Whatu Ora Te Tai Tokerau and has resulted in significant changes to the hospital's security systems and processes.</p>	<p>Not all applicable events are being reported as required as an essential notification and/or records were not easily available to identify what notifications had occurred and to whom.</p>	<p>Ensure all applicable events are reported to the relevant agencies in a timely manner and that records are retained in relation to these communications.</p> <p>180 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Moderate</p>	<p>The rosters are developed in inpatient services based on the number of beds, levels of care, and contractual requirements.</p> <p>The rosters sighted demonstrated that unplanned absences are filled with infrequent exception.</p> <p>Registered nurses, registered midwives, medical officers and health care assistants</p>	<p>The service has significant vacancies for medical practitioners which has resulted in gaps covering the roster. The service is working to mitigate the impact of this by advising patients to see acute care at other hospitals or to see their GP in a timely</p>	<p>Continue recruitment processes for medical staff to ensure inpatient services are sufficiently covered.</p> <p>90 days</p>

	<p>are needed to provide culturally and clinical safe services for the patients and services provided at Hokianga Health. The service is able to cover safe rostering requirements of inpatient services with the exception of medical staff roster. There are significant gaps in covering this roster. This is included in the Hauora Hokianga risk register. The director of service delivery, hospital services manager and clinical director discussed the reasons that are impacting on medical staff cover being the impact on health services post Covid-19 pandemic, Hauora Hokianga medical practitioners taking long-overdue leave, and the rural geographical location of the hospital. Despite advertising on a regular basis, and having housing/accommodation provided, the vacant medical staff positions are unable to be filled. Locum medical practitioner services are used as and when available. The medical staff roster noted after hours medical cover in place for only four nights in the month of December 2023, no nights in January 2024 and for fifteen nights in February 2024. There are multiple gaps in the medical practitioner covering the inpatient roster during weekdays. However, the duty doctor or nurse practitioner (NP) in the urgent care service will attend to urgent inpatient clinical needs Monday to Friday between 8.30 am and 5 pm. The hospital services manager advised Te Whatu Ora Te Tai Tokerau are fully aware the service is currently not usually taking acute medical admissions.</p> <p>However, on some occasions patients are admitted acutely or for palliative care if the admitting clinician agrees to provide all</p>	<p>manner.</p>	
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		<p>ongoing post-admission care as required to meet the patients' clinical needs if there is not another medical practitioner/nurse practitioner rostered on duty. The hospital services manager and nursing staff advised the number of acute medical inpatients has significantly reduced since the last audit, and for periods has stopped altogether. Hauora Hokianga is admitting community clients requiring respite care. In the event a resident/patient/māmā is becoming unwell a decision is made early to transfer them to acute care services.</p> <p>A virtual medical consultation process with the on-duty medical registrar in the intensive care unit at Te Whatu Ora Te Tai Tokerau is being used to cover any medical emergencies if required, including patients that present acutely unwell when there is no medical cover locally available. Staff can also contact the clinical help desk at St John's Ambulance service for an advanced paramedic to be dispatched. The staff advised these processes work well when required. The community at large, other regional hospitals and the local ambulance services have been notified of the medical practitioner rostering gaps, and asked to seek medical care at other hospital's in the region afterhours service when required.</p> <p>The clinical director advised a review is in progress of services and medical practitioner staffing requirements in order to provide a sustainable and appropriate medical service for the community into the future.</p>		
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<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Low</p>	<p>Staff advised they are provided with a comprehensive orientation. This starts with a powhiri and welcome and then orientation to Hauora Hokianga, facility and services. Staff have workbooks that they work through that cover the content of roles-specific orientation requirements. These workbooks are required to be submitted to the people and culture team for filing. Records of completed orientation were missing from the paper-based and electronic records of four out of eight applicable staff files reviewed who were employed between August 2022 and October 2023.</p>	<p>Records demonstrating staff have completed orientation requirements were missing from the paper-based and electronic records of four out of eight applicable staff files reviewed who were employed between August 2022 and October 2023.</p>	<p>Ensure all staff are provided with an orientation relevant to their role, and records retained.</p> <p>180 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Low</p>	<p>Opportunities to discuss and review performance are to occur three months following appointment and yearly thereafter. However, in records sighted, at last 40 staff are overdue annual review.</p>	<p>Staff performance appraisals are overdue.</p>	<p>Ensure staff performance appraisals are undertaken annually.</p> <p>180 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive</p>	<p>PA Moderate</p>	<p>Residents receiving ARRC services are required to have a review by a medical practitioner or nurse practitioner within five working days of admission if not seen within two working days prior to admission. This did not occur for the rest home resident audited using tracer methodology who had been in hospital for respite care for a month before being reassessed as requiring long-term rest home level care. One of the two RNs with oversight of the ARRC residents was unaware of this ARRC requirement. The documented goals for ARCC residents are nursing/clinically focused rather than</p>	<p>The aged-related residential care (ARRC) client at rest home level care audited using tracer methodology was not seen by the GP or NP within five days of being confirmed as requiring rest home level care.</p> <p>The interRAI assessments was not undertaken within 21 days for the ARRC resident audited using tracer methodology. This resident's</p>	<p>Ensure all ARRC residents are reviewed by a general practitioner or nurse practitioner within five days of being confirmed as requiring long-term aged-related residential care (if not seen within two working days prior).</p> <p>Ensure interRAI assessments are undertaken within 21 days and the information is used to inform</p>

<p>assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>client-centred. A new care plan template is about to be implemented that includes an area to record client-centred goals. Despite this, the residents interviewed were happy their individual goals and needs are met.</p> <p>InterRAI assessments are undertaken, however are not always within 21 days of admission or used to inform the care plan (refer to the ARRC hospital level care tracer). The long-term care plans for ARRC residents sampled did not sufficiently detail care in relation to mobility, continence, and aspiration risk.</p> <p>Short-term care plans for ARRC patients are being developed. However, these did not consistently sufficiently detail the care that is required of staff related to these needs. For example, what new specific interventions were necessary for care staff in response to residents experiencing infections? The care plans were reviewed by the RNs at least weekly until the issue had been addressed. The shortfall from the last audit has been partially addressed. However, despite this the residents were receiving the required care as information is shared during shift handovers and general discussions between the care team.</p> <p>While the ARRC residents are being seen by the GP or diabetes nurse specialist when indicated, these staff document their assessments and the ongoing plan of care in the electronic patient management records. These documents are required to be printed and then placed in the ARRC resident file for reference/integration. This is not consistently occurring, with some</p>	<p>care plan is being reviewed and updated; however, this review process is not in synchrony or being informed by the interRAI assessment.</p> <p>Long-term and short-term care plans are not sufficiently detailed to guide staff care.</p> <p>The results of GP staff and nurse specialists' reviews are not consistently printed and included in the resident's record.</p>	<p>the long-term care plan.</p> <p>Ensure short-term care plans and long-term care plans are sufficiently detailed to guide care.</p> <p>Ensure the records related to general practitioner and nurse specialists' review of ARRC residents are printed and included in the resident's clinical record.</p> <p>90 days</p>
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		records missing from all ARRC patient files reviewed.		
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>Prescribing practices meet requirements as confirmed in the sample of records reviewed. Administration of the medications in maternity did not meet requirements, with no sample signatures for 50% of the medications given in sampled medication charts. These medications were administered by different staff to the prescriber. One medication was not noted as administered on the medication record but documented as given in the clinical record.</p> <p>Photographs of residents are included in the electronic medicine management system. A three-monthly general practitioner (GP) or nurse practitioner (NP) review was recorded on the medicine chart, and was current for all residents sampled.</p> <p>In the maternity unit records were not available to demonstrate that the temperature of the medication refrigerator was maintained within the required temperature range. There were temperature-sensitive medications in this refrigerator.</p>	<p>Sample signatures for the administration of medications was missing in 50% of paper-based medication administration records sampled.</p> <p>The temperature of the medication refrigerator in maternity services is not being monitored</p>	<p>Ensure sample signatures are noted for all staff prescribing and administering medications and medication administration records are completed appropriately.</p> <p>Implement a process to monitor that the temperature of the medication refrigerator in maternity is within the required temperature range.</p> <p>180 days</p>
<p>Criterion 3.4.6</p> <p>Service providers shall facilitate safe self-administration of medication</p>	PA Moderate	<p>There is a policy and process in place to assess that applicable residents are safe to self-administer their own medications. The assessment processes have not been implemented for a rest home level care</p>	<p>The required assessment processes have not been implemented to ensure a resident can safely self-administer their own</p>	<p>Ensure the assessment and review processes are implemented for all residents self-administering medications.</p>

where appropriate.		resident self-administering medication.	medications.	90 days
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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 audit.

No data to display

End of the report.