

Northland Health Consumer Council

5.00pm to 7.00pm | Thursday 29 June 2017

Tohora House, Waipoua Meeting Room

Minutes of Meeting



Present/Apologies

Attendance	24 Nov	26 Jan	23 Feb	30 Mar	27 Apr	24 May	29 Jun	27 Jul	31 Aug	28 Sept	26 Oct	23 Nov
Kevin Salmon	✓	✓	✓	✓	✓	✓	x					
Debbie Walker	✓	✓	✓	✓	✓	✓	✓					
Kathy Diamond	✓	✓	✓	✓	✓	✓	✓					
Kathryn Sadgrove	✓	✓	✓	✓	✓	o	✓					
Brian Vickers	✓	✓	✓	✓	✓	x	✓					
May Seager	x	✓	x	x	x	x	x					
Julie Hepi	✓	✓	✓	✓	✓	✓	✓					
Leanee Sayers	x	✓	✓	✓	✓	o	✓					
Lisa Young						x	✓					
Visitor	24 Nov	26 Jan	23 Feb	30 Mar	27 Apr	25 May	29 Jun	27 Jul	31 Aug	28 Sept	26 Oct	23 Nov
In Attendance	24 Nov	26 Jan	23 Feb	30 Mar	27 Apr	25 May	29 Jun	27 Jul	31 Aug	28 Sept	26 Oct	23 Nov
Michael Roberts	✓	x	x	x	x	✓	x					
Margareth Broodkoorn	x	✓	✓	x	✓	x	✓					
Corrina Davis	✓	✓	✓	✓	x	✓	✓					

✓ = present, x = apologies given, o = no information

1. Previous Minutes 24 May 2017

1.1 Minutes of the previous meeting held 24 May 2017 deemed true and correct. Moved by Kathy Diamond and seconded by Corrina Davis.

2. Matters Arising

- 2.1 Review NHCC volunteer members position description - **ALL**
- 2.2 Review NHCC members' interest areas and add to organisation chart – **ALL Done**
- 2.3 Discuss consumer representative process with Cristina Ross from QID – **Margareth Done** is a view that the consumer include the service users and will not necessarily be sourced from NHCC. Possible role to guide in how they find consumers for their project. Or be able to offer support to consumers that are used for their feedback on projects. Council would like their pamphlets finished needs to stand for want they want to do. A couple of people want to help with designing and content of pamphlets Debbie and Lisa will assist and CD. Set up time but send pamphlet first.
- 2.4 Send Partners in Care Policy to NHCC to review; table for next month's meeting **Margareth** – Policy sent post-meeting Corrina to add to agenda. **Done**
- 2.5 Present Partners in Care survey findings at next month's meeting **Margareth** – Corrina to add to agenda, carried over until June meeting as Margareth has given apologies for the May meeting. **Done**
- 2.6 Send around stats from central DHB around how many people had care plans, wills etc. – **Kevin**

3. Partner In Care Policy (PIC) to review and Presentation of Partner In Care (PIC) Survey Findings - Margareth

- 3.1 PIC is now up for review. Margareth gave background to the PIC policy and how the last review came about. Discussed the difference between PIC visiting hours and visitors visiting hours. Visiting hours are still 11am to 8pm and have been maintained to acknowledge the need for patient rest periods. Complaints have been received regarding the numbers of visitors at the bedside. Most of the wards have 4 bedded rooms and the needs to be managed within this area. Other complaints are about the children running around. It is a real balancing act. There are the elements around zero tolerance to violence, also a section where staff are visitors and they need to remove their ID badge and access rights, you do not have privilege by virtue of being a staff member.
- 3.2 Survey: Keri and Margareth went out and asked staff and patients about the PIC policy, many staff did not know it existed but in a lot of the areas the principles were being demonstrated in what they did and the concept was well supported. Terminology for PIC did not resonate.
- 3.3 The bedside patient experience survey asks if the hospital allows visiting by visitors and family that you are happy with, responses noted that this could be more flexible. The response was low to being asked if they would like a PIC. This is something that could be asked on the admission form so that everyone is asked if they would like to elect a PIC.
- 3.4 The term 'support person' is preferred rather than a PIC.
- 3.5 On the admission form you fill in your next of kin, where do you document lead support person, lead spokesperson and how do we understand this. The person at the bedside might not necessarily be the lead spokesperson. The roles can be very confusing. The support person is nominated by a patient to provide them with any level of support they chose while in hospital. The nominated person may or may not be a family member and must be 18 years or over. In the ACP you nominate someone in the plan, if in hospital will they look at the plan or the person at the bedside?
- 3.6 There has been a lower level of complaints around having access to loved ones since the introduction of the PIC policy.
- 3.7 Margareth would like feedback around the amended draft policy Keri has completed. **Action Point:** Margareth to send out amended draft policy (attached to minutes). How do you keep staff up to date with policies as they change? **Action Point:** All members to look at the draft policy and give feedback at the next meeting.
- 3.8 Consumer participation policy was around how to engage consumers. Identifies the levels of engagement and remunerated. This is a standard that this is what you should adhere to.

4. Mixed Gender Room

- 4.1 Mixed gender clinical spaces policy had a guide but no previous policy around this issue. Margareth is receiving feedback around this and developing a policy. **Action Point:** that there is a separate section on the agenda around what policies are being reviewed. Data collected by the bedside survey and hospital Chaplin's. The feedback is consistent with national and international studies. Ensuring single gender rooms is difficult within the current footprint of the hospital. Patients should be informed of the likelihood that they may need to share a mixed gender room and that at the earliest time they should be moved. Has probably become more of an issue due to the amount of admissions to hospital increasing. Brian thought first line of policy was good. Every patient has the right to have services provided in a manner that is culturally safe. There is some exclusion to the policy CCC, ICU, Child health, oncology it is accepted generally as a mixed gender facility. Kathy was saying it is about being mindful when you have support people and if that person is in a women's room. Brian said sometimes you need to put people together if they all have the same bug that needs isolating.

5. Conflict of Interest

4.1 Nothing to update.

4.2

6. Topic of the Day – Open Forum

- 5.1 Kathy said that the cancer meetings have been cancelled for the last couple of times. Been in Aussie Melbourne.
- 5.2 Brian been involved with the sustainability project. Very clever group and would be worth our while meeting with them. DHB has purchased electric cars. Unfortunately can't get to Kaitaia and back. **Action Point:** Invite Sustainability Group member to present at the next meeting.
- 5.3 Kathy and Kevin will be attending the Whanau tahi meeting. Maternity would like to have another second person 1pm to 3pm. Julie happy to take this up. The July Maternity meeting will not be happening. Access to SUBC has had more complaints again so looking at more options. Kathy has had some good feedback around this.
- 5.4 **Action Point:** Lisa, Debbie and Corrina will review at NHCC pamphlets.
- 5.5 Debbie been to CGB meeting the way forward for way findings lines will be put on the walls rather than on the floor as this needs to be inlaid into the vinyl.

6. Other Agenda Items

- 6.1 Reporting – Council report to ELT via monthly meeting minutes including any recommendations. At the end of each meeting there should be 2-3 agreed key messages that NHCC want the organisation to hear.

7. Meeting Close 6.52pm

Next Meeting: 5.00pm to 7.00pm, 27 July 2017

Venue: Waipoua Meeting Room, Tohora House

Register of Matter Brought to the Attention



Status	Date Brought to Attention	Request	Comment/Action/Outcome	Reported By	Member Assigned 1	Member Assigned 2	Member Assigned 3	Time/Date commitment	Venue	Additional information	NDHB staff contact
●		Current									
●		On-Going Meetings									
●		Two consumer representatives please to participate as members of the sexual health and school based youth health services steering group.	Steering group members will be asked to monitor the progress of the NDHB Strategic Plan for Sexual and Reproductive Health Services. This involves both clinical and health promotion services. Maintaining consumer input/voice at this level ensures service delivery improvements made are more likely to meet the needs of the consumer.	Debbie Gamble	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz		3 monthly meetings for a year. Commencing September 2017. The meetings will be 2 hours maximum.	Tohora House, NDHB, Whnagrei Hospital Campus	There will be no charge for parking, a koha will be paid.	Debbie Gamble Phone 021 345 758
●		Northern Regional Telehealth	We are looking for a Northland consumer representative to represent NDHB and the Northland Health sector on a regional project to find a clinical use videoconferencing solution as part of our telehealth programme. Although details are still being worked out, it is likely that attendance at monthly meetings at regional level and feedback from clinical testing and procurement stages is needed. I would estimate 4 hours time per month over the next 6 months. Meeting attendance can be remote (phone or videoconference) with some contact time here at the hospital ideally. The project is called Northern Regional Telehealth which has a patient facing element. Aside from direct contact via acute and specialist consultations we are also looking at using the technology to do consultations to patients in their home.	Roy Davidson, NDHB Telehealth Programme Manager	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com	Leanne Sayers 027 454 9571 email ljsayers@slingshot.co.nz		As above	via phone, videoconferencing or onsite at Tohora House, Whangarei Hospital	Yes	Roy Davidson 021 410 699
●	05/04/17	Participating members for Shared Care Advisory Group	Participating members for Shared Care Advisory Group. This is otherwise known in Northland as Whanau Tahī.	Corrina	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz		15 June 2017 first meeting 11am to 1pm	Auckland Meeting. Make available meeting room and VC		Jo Fitzpatrick 027 5060704 or Shauntelle shauntelle@xtra.co.nz
●		A co-design partner to assist with designing a patient hand hygiene survey and visual tool. Hand hygiene survey: to identify what hygiene observations of hand hygiene practice are. Aim to improve poor practice and decrease infections. Visual tool: to assist with identification of potential infection post hip/knee replacement surgery. Aim to increase early identification and treatment of potential infection.	Full co-design partner. Perspective will be used to design a user friendly document that provides the information required in a clear and useful format.	Adair Watson	May Seager 021 238 5328 email managempt@outlook.com			To be negotiated once the team has been formed. I expect that the developing documents can be emailed for feedback and input between meetings. Hand Hygiene survey timeframe for completion approx. two months. I expect the patient information and visual tool will take a bit longer.	TBC	Not yet arranged	Adair Watson 021581106
●	03/05/17	Representative to attend and participate in the NDHB sustainability committee meeting	NDHB sustainability committee meeting	Corrina	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com			4 meetings a year. Next meeting 9 May at 3.00pm Pukenui Meeting Room	Pukenui Meeting Room, Tohora House		Margriet Geesink 021 726 723
●		a representative of the council for two procurement tender processes. One is for the selection of a Food Supplier. One for Cleaning services CFO of Northland DHB suggested a representative of the customer council should be involved in the process	Representative will be part of a project evaluation team assisting with the selection of a preferred supplier	Serge Kolman	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz		The Food Services Meeting is 10:00 to 12:00 and the Cleaning Services is 1:30 to 3:30 on 7 December	Whangarei hospital	No	Serge Kolman. 0272458797
●		Rheumatic Fever Clinical Governance group	This group oversees the clinical aspects of prevention and management of rheumatic fever. We are keen to have the voice of whanau represented and would like a consumer council member in addition to representation from whanau with experience of RF (which we are organising).	Dr Clair Mills Public Health	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz			Quarterly meetings at maximum. First meeting likely second half of August. Could mainly be by telephone or VC. Meeting held 18 August. Further meetings not yet set.	Tohora House or teleconf. or Kerikeri St John Rooms	Still to do	Miriam Vance (ask via switchboard 09 4304100, she works 9-2pm Mon-Thurs). Clair Mills 021461039 but away til August 8.
●	01/07/16	Reduction of Resp ASH Readmissions	This is a NDHB quality account around the reduction of readmissions to the children's ward. There is a MDT working party just about to be established.	Martina Ackermann	Chelsea Edmonds 021 150 9388 email shelsea0312@gmail.com	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz	These meetings are quarterly next one 23 November co-design workshop for 4 hours in the morning.	Tohora House	not as yet	Martina Ackermann Quality Facilitator 021 830 944 430 4130
●	28/04/16	Project Control Group	Site master plan consumer representation	Margareth	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz		2nd Tuesday every month 8.00am to 9.00am	Waima Meeting Room Tohora House	Ongoing monthly meetings	Keti Marsh-Soloman Strategic Projects Admin 430 4101 ext 60412
●	25/06/15 25/05/16 updated new	Clinical Governance Board	Kevin has been unable to attend due to other commitments on the meeting times. The Chair of NHCC unanimously voted to be included on the Board	Alan Davis	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com		3rd Wednesday every month 11.00am to 1.00pm		Ongoing monthly meetings	Alan Davis Clinical Director 021377588
●		Health of Older People Management meetings	The Health of Older People Management Meeting is where our HOP senior management team, plan and review progress on key projects, service development, and discuss key or emerging service changes, gaps and action plans. The consumer voice is key to this and inclusive as they bring the experience of the community, in our case older people.	Lyn Rostern	Marilyn Edwards 021 435 391 email me539@xtra.co.nz			all meetings 11am-12.30pm. 21 March 2016 2 May 2016 27 June 2016 8 August 2016 19 Sept 2016 14 November 2016	Pohutukawa Room, Maunu House	Parking exemption card as mtgs are one and a half hours.	Michelle Crayton-Brown, 021 454 113 Lyn Rostern 021446203 lyn.rostern@northlandhb.org.nz
●	19/01/16	The Equity Kaitiaki Group	The consumer representative will be actively contributing to the NHSP EKG work programme delivered within an equity framework prescribed by the Equity Kaitiaki Group. All projects of the NHSP work programme are focussed on eliminating inequities.	Ellie Berghan, Populati on Health Strategist Maori	Chelsea Edmonds 021 150 9388 email shelsea0312@gmail.com			2 monthly meetings of 2 hours duration, held in NDHB venues, typically Maunu House. Next meeting will be in November 2016.	As per agenda sent a minimum of 5 days prior to the scheduled meetings. Whangarei, NDHB	Parking exemption cards Koha-petrol vouchers.	Ellie Berghan, 021 583 957
●	14/12/15	The Bay of Islands hospital redevelopment	The Bay of Islands hospital is being redeveloped and NDHB would appreciate the input of the Consumer Council at the design and planning stage. Feedback will be used to ensure that patient and visitor flow through the hospital has been considered	Corrina	Chelsea Edmonds 021 150 9388 shelsea0312@gmail.com	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com	Isabelle Cherrington 0274041260 or (09) 4041551 work isabelle@hauorawhanui.co.nz	28 September 10.15am to approx. 12.15pm Emergency/AAU/Xray/St Johns 12.45pm - 2.45pm Wards	Bay of Islands Hospital	This can all be arranged once a date and time is confirmed.	Debbie Rihari Project Manager 021 705 750 430 4100 extn 60421
●	12/03/15	Child Health Clinical Governance Group	Child Health Service clinical governance group requesting 2 x consumer representation	Keri	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz	Tania Moriarty 021 714 252 email tmoriarty@uriohau.co.nz		03/02/2016, 27/04, 08/06, 24/08, 12/10 and 30/12 at 9.30am to 11.30am	Child Health Centre		Martina Ackerman Quality Facilitator 021 830 911 martina.ackermann@northlandhb.org.nz

Status	Date Brought to Attention	Request	Comment/Action/Outcome	Reported By	Member Assigned 1	Member Assigned 2	Member Assigned 3	Time/Date commitment	Venue	Additional information	NDHB staff contact
●	23/10/15	Maternity Clinical Governance Group	Focus is on ensuring appropriate maternity services which meet the needs of our Women, babies and Whanau. Consumer input within these meetings to guide this is critical.	Kevin	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz	Tania Moriarty 021 714 252 email tmoriarty@uriohau.co.nz		Meeting first Tuesday of each month from 1.00pm to 3.00pm	Tohora House	Parking and Honorarium will be arranged	
●	27/08/15	Quality Improvement Directorate	Requested 1-2 consumers to attend QID monthly meetings and provide input in Tracer audit review and other projects as required - happy for this to be rotated among council members	Keri	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com			2.5 hours+ monthly (3rd Thursday of month from 9-11.30am)	2nd Floor conference room	QID TOR to be provided. Brian is already attending these meetings.	Christina Ross (Quality manager) 021704618
●	30/07/15	Otuhau C3 - Neighbourhood Healthcare Homes	Breakfast at Pehiaweri Marae, NHH Care Select Launch - NHH project aims to support primary health care to become better connected.	Debbie and Marilyn	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz			Monthly 3 or 4th Tuesday from 12.00pm to 2.00pm	Trinity Church	Ongoing monthly meetings	Jenni Moore Project Manager 021 452 614
●	30/07/15	Hand Washing Steering group	Hand Washing Meetings held every 2nd Tuesday of the month (next 8-Sep). Premila checking if May is required for every meeting.	Kevin	May Seager 021 238 5328 email managernpict@outlook.com			Every 2nd Tuesday of the month.		Ongoing monthly meetings	Premila Reddy Clinical Nurse Specialist, Infection Prevention and Control 021 454 522 430 4101 ext 7222
●		Closed									
●	25/02/16	Partners In Care	Contribute planning and development of toolkit for implementation of partners in care policy	Keri	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz		Thursday 24 March 11.30 to 12.30pm Awaiting further meetings to be booked	Ruapekapeka Room		Keri Linklater Project Manager 021 518 087
●		As part of the acute medical Patient pathway, the nursing team will be participating in a patient co design series with Lynn Maher in November 2016, which will run for 6-8 months. The Emergency & Medical CNMs along with a representative from their team will be looking at the admission process & we would value the participation of one or two consumers	To assist in designing a admission process that is patient centred	Belinda Beehre - Service Manager Clinical Support and Medicine	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz		Initially a one day session on the 22 November & then ongoing sessions of approx. an hour at a time for approx. 6-8 months	Tohora house	No, but can be arranged See the NDHB online training LC 186 PT experience & co design workshop & LC 187 PT experience & co design Project programme for further information	Belinda Beehre 021 309065
●	27/08/15	Telehealth Steering group	Bi-monthly meetings + other pieces of work as necessary eg, feedback on document and policy reviews	Keri	Tania Moriarty 021 714 252 email tmoriarty@uriohau.co.nz			Meets Bi monthly Wednesday 7 Sept 11.30 to 12.30pm Wednesday 8 Dec 11.00 to 12.00pm	Medical Outpatients Meeting Room and via VC	Interest in technology would be helpful but not essential	Roy Davidon (Telehealth programme manager) 021 410 699
●		One member to attend, to support the participation of consumers at a Local (Northland)Falls Pathway Consumer Co-design workshop to be held 7 February 2017, in Whangarei.	The consumer input is a key platform from which planning principles and key themes inform the development of a client and whanau centred pathway. There will be up to 10 service users present and Council members are a dedicated resource that supports them to participate and feel safe in doing so.	Lyn Rostern, Popualtion Health Strategist	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz			One-off attendance 7 February 2017, 10.30-2.30pm,	St Johns Ambulance Station, Western Hills Drive Whangarei, Classroom 1	Free parking is available on the St John's campus. Contribution to travel costs by petrol vouchers.	Lyn Rostern, 021 446 203 or extension 8404
●	Cancelled	Inviting 1-2 NHCC members to participate in 15 steps challenges in W14 (medical) and W3 (surgical) - ideally with limited previous experience in these wards	The 15 steps challenge forms the 'first impressions' section of tracer audits and aims to highlight what works well and possible areas for improvement from the patient's perspective.	Keri Linklater	Julie Hepi 021 448 420 email heremaia1@xtra.co.nz can make after 1.00pm	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz will be back up	Possible dates are Tuesday 11th or Wednesday 12th April. Time commitment is between 2 and 3 hours (including pre-reading)	Whangarei hospital	Yes	Keri Linklater
●	Cancelled	Looking for consumers to share their stories/examples of interactions with doctors (either as a patient or whanau/family member) and describe what it is from your perspective that makes the interaction a good one.	Up to 1 hour 'patient voices' session for first year house officer training programme - focusing on good interactions with doctors. Will likely include a 10 minute time slot per consumer to share your examples.	Keri Linklater	Julie Hepi 021 448 420 email heremaia1@xtra.co.nz	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz		1 hour session on either 11 April or 4 May from 12.15 - 1pm plus preparation time (estimated 1 hour).	TBC	Honorarium payment and exit ticket will be arranged	Keri Linklater extrn 60588 or 021518087
●		Consumer participation in a 15 Step Challenge at Whangarei hospital	15 Steps challenges forms the 'first impressions' section of tracer audits and highlight what works well and any possible areas for improvement and from both a quality improvement and consumer perspective. Reports are sent to staff and management from the participating departments	Keri Linklater	Liz Cassidy-Nelson 027 436 4022 email lnelson@clear.net.nz	Julie Hepi 021 448 420 email heremaia1@xtra.co.nz	Kim Robinson	2 February 1.30pm to 3.30pm	Intensive care unit (ICU) and possibly Coronary Care Unit (CCU) as well	koha and parking exemption will be arranged	Keri 021 518 087
●		Feedback on System Level Measures Plan	To read summary and draft plan on the System Level Measures plan, feedback by 1 November. Sent to NHCC 18 October.	Corrina				1 November			Corrina
●		Consumer participation in 15 Steps Challenge in SCBU (Special Care Baby Unit)	15 Steps challenges forms the first 'impressions section' of tracer audit and highlight what works well and any possible areas for improvement from both a quality improvement and consumer perspective. Reports are sent to staff and management from the participating departments	Keri	May Seager 021 238 5328 email managernpict@outlook.com		Katie Raynel 022 052 3977	TBC - aiming for the first week of December (Thursday 1st - Thursday 8th)	Whangarei hospital, SCBU	koha and parking exemption will be arranged	Keri Linklater 021 518 087
●		Participation in the 15 step challenge for the mid-north sub acute unit as part of the tracer audit. The members of the tracer team (Christine McKerrow, Michaela Matich and Brian Vickers) will be asked to participate in the challenge prior to starting the audit. There is space for another consumer if suitable, please ask Brian re: this.	Same as always	Keri	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com			26th October - 1 hour prior to the tracer audit commencing	TBC	Will arrange koha	Keri 021518087 or extrn 60588
●	01/09/16	15 Steps challenge - this will be an all day trip to Kaitia Hospital to complete a 15 steps challenge with the possibility of completing a second challenge at BOI hospital on the way back to Whangarei	The challenges allows us to bring a non-clinical consumer perspective to the process of understanding the patients first impressions. A summary of feedback collected on the day will be included in the tracer audit report provided to staff/management of the district hospitals	Keri	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz			TBC - aiming for week of 26-30 September	Kaitia Hospital	Travel from Whangarei hospital and back will be provided + parking exemption and koha	Keri Linklater xtn 60588 or mobile 021518087
●	19/09/16	CPHAC Meeting	Presentation to the CPHAC meeting	Sam	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz			19 September at 8.00am do not need to stay for the whole meeting.	Waipoua Meeting Room, Tohora House		Corrina Davis

Status	Date Brought to Attention	Request	Comment/Action/Outcome	Reported By	Member Assigned 1	Member Assigned 2	Member Assigned 3	Time/Date commitment	Venue	Additional information	NDHB staff contact
●	25/02/16	Consumer representative for the NEHR (Northern Electronic Health Record) consumer group.	The NEHR project includes an advisory working group of consumer engagement staff and experienced consumer advocates. The working group will connect with a wider pool of consumer subject matter experts (SMEs). There are other advisory working groups focused on the clinical, administrative, business and technical aspects of an EHR. Those groups may also raise some questions that need consumer input. All the working groups report to a coordinating Programme Steering Group. The Consumer Working Group is led by the project's independent Consumer Lead and the Director of the programme team. It will have between 10 and 15 members.	Margareth Broodkoon	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com	Consumer working group meetings will be once or twice a month, by videoconference and teleconference. Total time commitment is expected to be about 6 hours per month, including reading	Tohora House,	not at this stage - it will be discussed at the next meeting	Margareth - 021470141
●	11/02/16	An additional consumer representative to sit on the PWCC steering group - Liz will remain a member for the new group being formed.	This is a consumer advisory role and their feedback will contribute to decisions around the planning and delivery of patient and whanau centred care	Keri	Liz Cassidy-Nelson 027 436 4022 email lnelson@clear.net.nz	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com		Monthly meetings - first Monday of every month from 3-4.30pm. We may need to call a meeting prior to 7 March and the day and time of this will be different, it will be a one-off - TBC	Tohora house - Waipoua meeting room	Will call you to discuss	Keri.Linklater@northlanddnhb.org.nz
●	13/10/15	Health and Service Information Meeting	Consumer input on the different Health Information services available	Jenni Moore	Marilyn Edwards 021 435 391 email me539@xtra.co.nz	Kevin Salmon 021 774 828 email		Tuesday 13 October from 2.00pm to 3.00pm	Tohora House, Warawara Meeting room		Jenni Moore
●	30/04/15	Patient and Whanau Centred Care	P&WCC project board requesting NHCC participation	Liane Penney	Liz Cassidy-Nelson 027 436 4022 email lnelson@clear.net.nz					Ongoing monthly meetings	
●	25/06/15	Whangarei Hospital Urgent Care Governance Group	Asked to participate in Whangarei Hospital Urgent Care Governance Group project, chaired by Nick Chamberlain around ED Dept. length of stay.	Kevin	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz					Ongoing monthly meetings	
●	30/07/15	Acute General Medicine Services Design and Interim AMAU Project Board	Asked if NHCC would provide consumer input. Trying to improve and achieve targets to speed up and improve the patient journey.	Debbie and Kathryn	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz				Ongoing monthly meetings	
●	25/07/16	Consumer participation (1 x NHCC member and 1 x other consumer) in a 15 steps challenge at Whangarei hospital during the month of August - this involves pre-reading of the 15 steps toolkit and up to 1.5 hours on the day of the challenge to undertake a walkround of a surgical ward and provide feedback.	Feedback will be collated on the day of the challenge and a report provided for ward staff to action as appropriate.	Keri	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz	Leanne Sayers 2 consumer		Time commitment: 1 hour pre-reading plus 1.5 hours on day of challenge Date: 23 August 2.30pm to 4.00pm	Whangarei hospital	Parking should be available in the main visitors car parks (1 and 2 on the attached map), entry from Maunu Road. Exemption tickets will be provided for our consumer participants so you can exit the car park free of charge.	Keri Linklater xtn 60588 or mobile 021518087
●	10/08/16	Healthpoint Limited	Healthpoint is the primary site that we have been using for the DHB for information to both Health professionals and consumers. We are migrating the health professional part to Health Pathways (also for discussion) and Healthpoint are looking to become more consumer focussed for two way interactions.	Sarah Hunt	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz			Wednesday 10 August 2016 from 2.00pm to 3.30pm	Tohora House TBC		Sarah Hunt, 021 455 793 or 430 4101 ext 60410, sarah.hunt@northlanddnhb.org.nz
●	09/06/16	Stroke Consumer Workshop - Attend a solutions based meeting with staff.	This meeting is follow up from our two initial stroke consumer meetings. Initial request was for attendance at the 4 May Whangarei Stroke Consumer Workshop and this is the next phase.	Lyn Rostern	Marilyn Edwards 021 435 391 email me539@xtra.co.nz			Tuesday 28 June, 9.30am to 12.30pm	Kawakawa	Open workshop Lyn has offered Marilyn an option of travelling with them to Kawakawa	Lyn Rostern 021 446 203 or 470 0000 ext 8404
●	14/03/16	DHB Shared Services No contact made	Looking for people to interview as part of the Margins Medicine Outcomes Number 6 which relates to pros and cons of surcharging patients.	Ian Hartley-Dade	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz			Telephone interview			Lucille Trewern 027 703 0400
●		Mike Roberts	Assessment of Year 1 & 2 Medical Students	Kevin	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz			10-12 hours			Mike
●		For Consumer Council member(s) to attend 1-3(3 in total) locality meetings for the development of the stroke care hospital to home pathway.	The across northland workshops will be consumer focused with a range of service users and whanau present. Their presence is one of participation as a consumer rep and secondly to ensure other service users present are supported in the process. They act as advocates and support consumers being able to contribute.	Lyn Rostern	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz	Kathy Diamond 0272333008 email kathy@nhht.co.nz	Marilyn Edwards 021 435 391 email me539@xtra.co.nz	6 April, in the mid north(Maori focused hui)10-am-2.30pm. 4 May, Whangarei, 10am-1.30pm 11 May, Far North 10am - 2.30pm.	TBC by mid next week.	We book vehicles and can transport consumer reps if required. We also host the days. We would need to consider any other reasonable costseg petrol vouchers depending on the consumers circumstances.	Lyn Rostern 021 446 203
●	25/02/16	Participation in a 15 steps challenge for ED - challenge takes 1-2 hours and will include some background reading prior to challenge day	Feedback is reported back to ED staff with the expectation that an action plan will be developed to implement appropriate changes	Keri	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz and CD			1.5 hours starting at 9.00am on Tuesday 12 April	Whangarei hospital		Keri Linklater
●	09/03/16	MOH HoP Strategy	All public invited to an informal discussion on the future Health of Older People strategy.	Lyn Rostern	Marilyn Edwards 021 435 391 email me539@xtra.co.nz			Wednesday 9 March 3pm to 5pm	Forum North		
●	18/12/15	Ian Hartley-Dade	Consumer speak about their experiences and how they would see the future of community pharmacy? Event regarding the future community pharmacy services agreement. They want the event to pull together partners from across primary care - including consumers - to have a workshop style event.	Corrina	Kevin Salmon 021 774 828 kevin.salmon@alzheimers.org.nz, Hikurangi Cherrington 09 405 4864 hiku_venus@clear.net.nz, May Seager 021 238 5328 managernpict@outlook.com. Also Isabelle Cherrington 027 404 1260 isabelle@haurorawhanui.co.nz, who is not a NHCC but will be joining the other members as a consumer within BOI area. Brian Vickers 09 436 5735, 021 445 330 diandbri@mac.com			4.00pm to 7.00pm	BOI Golf Club, Golf View Road, Kerikeri		Ian Hartley-Dade
●	21/01/16	Consumer feedback on new signs for ED - to be collected during a brief hikoi from main car park to ED reception	Contribute to the completion of ED renovation specific to signage	ED renovation project group (Leah Maple / Margaret	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz	Marilyn Edwards 021 435 391 email me539@xtra.co.nz	4.15 - 4.45pm	Whangarei hospital	N/A	Keri Linklater
●	24/09/15	Alan	15 Steps Programme - Oncology	Alan Davis	Liz Cassidy-Nelson 027 436 4022 email lnelson@clear.net.nz			1.5 hours	Jim Carney Centre	TBC	Keri
●	23/10/15	Stephen Kelly, MOH	Feedback on the NZ Health Strategy, the draft Strategy will be publically released on 27 October with consultation running from 27 Oct to 4 Dec.released	Kevin	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz	May Seager 021 238 5328 email managernpict@outlook.com	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com	4 November 3.00pm to 4.30pm	Warawara Meeting room-booked 1.30pm to 6.00pm		
●	29/01/15	Visitors Policy	Review of policy and family presence policy	Alan Davis	All						

Status	Date Brought to Attention	Request	Comment/Action/Outcome	Reported By	Member Assigned 1	Member Assigned 2	Member Assigned 3	Time/Date commitment	Venue	Additional information	NDHB staff contact
●	07/09/15	Simon Harger-Forde Sexual Health Planning	30min prep, 29/09/2015 9.00am to 12.00pm, 1 hr reading/reflection and mid-end of November 3 hrs	Keri	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz	Brian Vickers 09 436 5735, 021 445 330 email diandbri@mac.com		30 minute prep 3 hrs 29 September 1 hr reflection 3 hrs mid-November			
●	25/06/15	Palliative Care Workshops	Kathy Diamond will attend Kaitaia and Kaipara. Tania will attend the Kaikohe and Whangarei workshops	Kevin	Kathy Diamond 0272333008 email kathy@nhht.co.nz	Tania Moriarty 021 714 252 email tmoriarty@uriohau.co.nz		Attendance at workshops 02-Sep			
●	25/06/15	Advanced Care Planning for Maori	Open to anyone if able to attend	Kevin							
●	25/06/15	Ward 15	Invitation for any members wanting to view the ward with any comments around their 15 Step Challenge	Denise Watene							
●	25/06/15	Outsourcing of Catering Services	Update given by Alan Davis, the NDHB will not be contracting out catering or laundry services they will stay Status Quo	Marilyn							
●	25/06/15	APAC Forum	HQSC has sponsored spots, recommended Debbie Walker to attend the 4th APAC forum, Asia Pacific	Kevin	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz					Attend forum once HQSC has approved 23-25 September. HQSC did not approve, so no attendance	
●	25/06/15	Wellington Conference	MOH supporting Kevin to attend	Kevin	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz						
●	25/06/15	Child Health Quality Group	Have asked if NHCC would provide consumer input. Alan to give members assigned contacts to them.	Alan Davis	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz	Hikurangi Cherrington 09 405 4864 email	Tania Moriarty 021 714 252 email tmoriarty@uriohau.co.nz			Future events, nothing has come up to date	
●	25/06/15	Northland Clinical Governance forum	Asked for NHCC input around discharge and restructure of the documentation to be more consumer friendly	Alan Davis	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.nz					Future events, nothing has come up to date	
●	30/07/15	Cardiac Rehab Redesign Project	Around co-design and reviewing what we have and what we currently don't have and what needs to happen.	Kevin	Chelsea Edmonds 021 150 9388 email shelsea0312@gmail.com					Attendance at meeting 9 October changed to 1 September	
●	30/07/15	Stroke Rehabilitation	Around co-design and reviewing what we have and what we currently don't have and what needs to happen.	Kevin	Chelsea Edmonds 021 150 9388 email shelsea0312@gmail.com	Kevin Salmon 021 774 828 email				Attendance at meeting 26 August	
●	30/07/15	Northern Electronic Health Record (NEHR)	Launch EPIC. EPIC is the tool to an electronic approach to the health records.	Margareth	Marilyn Edwards 021 435 391 email me539@xtra.co.nz	Debbie Walker 027 277 3995 email debz.w@xtra.co.nz				Attendance at meeting 6 August 2015	
●	18/08/15	Advanced Care Planning for Maori	Attendance 2nd Workshop to review National ACP document and its cultural appropriateness for Maori	Jessica O'Donnell	Kathy Diamond 0272333008 email kathy@nhht.co.nz	Hikurangi Cherrington 09 405 4864 email		10 September 2015 9.00am to 2.00pm		Torongare Room, Hauora Whanui, Kawakawa 10-Sep	
●	19/08/15	Karen Hale, Researcher	2 x 45 minutes interviews and 1 60 minute observation on Parent and Professional Knowledge in Relation to Children with Special Needs in Early Childhood Development	Kevin	Kathy Sadgrove 021 081 43744, email ksadgrove@xtra.co.nz			2x 45 minute interviews 1x 60 minute observation		7-Sep	Karen Hale
●	23/09/15	Information for consumers and health providers - Jenni Moore	Consumer representation at a meeting to discuss needs, available options and shared approach	Keri	Marilyn Edwards 021 435 391 email me539@xtra.co.nz	Kevin Salmon 021 774 828 email kevin.salmon@alzheimers.org.n		16 October 1.30-2.30pm changed to 13 October 2.00pm-3.00pm		Warawara room, Tohora House	Jenni Moore
●	24/09/15	Jenni Moore	Shared care planning tool being demonstrated Secondary Care focussed	Alan Davis	Marilyn Edwards 021 435 391 email me539@xtra.co.nz	Brian Vickers 09 436 5735, 021 445 330 email	Kevin Salmon 021 774 828 email	29/09 11.00am to 2.30pm 29/09 3.00pm to 5.00pm		Waipoua Meeting Room	Jenni Moore

RATIONALE/ PURPOSE:

- Research shows that the presence of family members and close friends as partners in care can enhance the

FAMILY, FRIENDS AND VISITORS POLICY

Patient and Whānau Centred Care

patient and family experience, improve the management of both acute and chronic medical problems, reduce the risk of medical error, and save money.

- This policy outlines the difference between visitors and the patient's whānau or other support people and provides guidance regarding persons spending time with patients/clients receiving care at Northland District Health Board (Northland DHB) facilities.

POLICY STATEMENT

Northland DHB is committed to creating and promoting an environment supportive of patient and whānau centred care, positive health outcomes and the safety and security of patients, their whānau, visitors, our staff and community. We will support the presence and involvement of patients' family members or other support people according to patients' preference.

This policy is intended to be flexible in order to respond to diverse and individual needs and preferences of each patient as well as to foster the safety of patients, partners in care, visitors/guests and staff.

This policy is underpinned by Right 8 of Health and Disability Code of Rights *"you may have a support person or persons of your choice with you, as long as it is safe and other consumers' rights are not unreasonably affected".*

SCOPE:

This policy is applicable to all Northland DHB staff, patients/clients, partners in care and visitors/guests.

OUT OF SCOPE:

Animals are not included as part of this policy

DEFINITIONS:

Lead support person	The person nominated by a patient to provide them with any level of support (physical, psychological or emotional) they choose while they are in hospital. The nominated person may or may not be a family member and must be 18 years or over.
Next of kin (NOK)	Usually a blood relative or other relative identified as the person who should be contacted in case of an emergency. This person may or may not be the nominated lead support person.
Enduring power of attorney (EPA)	The person legally appointed by the patient to make decisions for them if they are not able to make decisions for themselves, or to communicate those decisions.
Lead spokesperson	The key contact for the patient between the hospital care team, family members/whānau, friends, colleagues and other visitors. This person can be nominated through whānau hui/family meeting, NOK or EPA status and/or through the patient's Advanced Care Plan.
Visitors / guests	Guests of the patient who may or may not be relatives but are generally not key support people with therapeutic roles. Their presence is guided by the accepted visiting hours for the ward/unit they are visiting.
Patient and whānau centred care (PWCC)	An approach to healthcare delivery that respects and responds to the individual needs, values and preferences of patients and their family/whānau. It goes beyond merely giving people whatever they want or providing information. PWCC involves working with people and their families to find the best way to provide their care.

PROCEDURE

Identifying the lead support person and other roles

- At the beginning of an inpatient stay staff will ask patients to identify their lead support person(s) and how they will be involved in care and decision-making;
- At the same time staff should update NOK details and confirm if the patient has a designated representative, such as a lead spokesperson or EPA.
- In situations where the patient cannot speak for him or herself, is otherwise incapacitated and cannot identify who should be present, or when there is no obvious significant other, such as a spouse or life partner, or parent or adult child, hospital staff will make the most appropriate decisions possible under the circumstances;
- Taking a broad definition of family/whānau and other partners in care into account, whoever has arrived with the patient is welcomed. Decisions about the presence of whānau and other partners in care are made under emergency situations may need to be revised. Minors are not permitted to be a partner in care, nor are able to stay overnight with a patient;
- Clear explanations from staff about what lead support person(s) can do to help the patient, where they can be and any limitations on their participation should be provided.

Access to patients while in Hospital

- A patient's lead support person is respected as an essential members of the health care team and should be welcomed 24 hours a day according to patient preference.
- Visiting hours for all other guests are between 11am and 8pm;
- Acknowledging that patients need time to rest and recuperate while they are in hospital, visiting hours may be limited at times during 1 – 3pm for rest periods.

Working with whānau and other support people

- All hospital staff will encourage the family/whānau and other support person(s) to be involved and supportive of the patient according to the patient's preference. Nurses and others on the healthcare team provide guidance to patients, family/whānau and other support persons in a variety of ways over time about:
 - how to care for patients to ensure safety and quality of care;
 - how to be involved in care, care planning, and decision-making, and how to support the patient during the hospital stay and during the transition to home and community; and
 - how to honour privacy and be respectful of other patients and whānau in close proximity or who share the same patient room.

Presence at the bedside

- The presence of lead support people and visitors should be balanced with patient and staff safety while protecting the confidentiality and privacy of all patients.
- The number persons welcomed at the bedside at any one time will be determined in collaboration and be mindful of the needs of other patients, their whānau/support people and the health care team;
- If the presence of people at the bedside needs to be restricted for clinical, safety and/or privacy reasons and to respect the rights of other patients in the room, this should be respectfully communicated to those involved.
- The presence of children is welcomed; they must be supervised by an adult and are expected to remain with the adult who is supervising them.

Supporting information and documentation

- The patient/family information booklet (*Coming into our hospitals*) details the visiting hours and options for having a support person stay overnight. In adult wards the patient's *primary caregiver* can stay with them if staff agree, in the children's ward having someone stay is encouraged.
- Patient preference should be clarified regarding who may be present during ward rounds, change of shift report, examinations and procedures, and who may have access to written or electronic clinical information;
 - document these preferences on the patient file and ensure they are communicated consistently and comprehensively to all who are involved in the patient's care;
 - pPatients may modify their preferences during their care in Northland DHB services.
- Information should be given on how the lead support person can access the particular ward/unit within the hospital after hours
- Staff should respectfully communicate the needs of other patients in shared rooms to have rest and privacy to recover.

Services and amenities for lead support people

- Lead support people are encouraged to bring in their own food and cannot rely on Northland DHB to provide this;

- Each ward / unit will determine what shower facilities (if any), toilet and sleeping arrangements are made available for identified lead support people;
- Overnight accommodation in Whangarei - please see the reception desk during normal working hours and security via the emergency department reception after hours. Overnight accommodation options are arranged at a cost for the Staff Residence or Whaea o Te Iwi, the whānau house.

Health and safety measures

- All lead support people, family and visitors/guests must be free of communicable diseases and respect the hospital's infection control policies;
- For the safety of patients, all persons are required to perform hand hygiene with soap and water or alcohol based hand rub upon entering and leaving the patient's room;
- Alcohol and illicit drugs are not permitted on any Northland DHB premises. Any person under the influence of drugs or alcohol will be asked to leave the hospital premises;

Safety of patients in shared rooms

- Managers must ensure patients are placed in rooms that are culturally safe and appropriate for them;
- Managers when knowing a lead support person wishes to stay with the patient overnight must ensure that the safety of other patients in the room is considered, their permission gained and documented in the patient notes.

Protection of staff and facilities

- All persons entering Northland DHB facilities are expected to have respect for the facilities and the people who work in them;
- If facility damage is occurring or staff feel unsafe and a respectful conversation has not had the desired result, staff are expected to call for support from security and the duty nurse manager. The duty nurse manager will call for services from security and from the police if necessary.

Zero Tolerance to Violence

- Northland DHB has zero tolerance towards violent or aggressive behaviour. Any disruptive or abusive behaviour will result in the person being removed from the premises.
- In the event that a family, whānau member or other visitor is behaving in a challenging manner, or a staff member has concern about the safety of a patient, the staff member responsible for the ward needs to take positive action to minimise adverse effects on the patient. This may involve calling for assistance from security staff.

Staff as visitors

- Staff are expected to follow this policy when seeing patients in a non-work related capacity. Be clear about the distinction between being a visitor, family member or other support person (as a family member or friend) and being an employee of the organisation;
- Out of courtesy advise staff that you are a visitor and not a staff member at this time;
- If visiting when in uniform it is recommended to wear a jacket or alternative cover;
- Remove Northland DHB staff ID while visiting, this is a reminder to all that your presence is that of a visitor and not as a staff member;
- Entering a staff only work area is only acceptable by invitation or with prior permission;
- When another staff member/colleague is a patient and you wish to visit them; then out of respect permission to visit should be sought;
- Do not access confidential information, such as patient files and charts, whether hard copy or electronic of relatives or friends. This activity can be tracked electronically and is potentially a dismissible offence;
- Staff and contractors should not use their access card to gain entry into a clinical area for visiting purposes.

Management of concerns

- All staff will escalate concerns to their line manager during normal hours or to the duty nurse manager after hours;
- All incidents that arise from the implementation of this procedure will be entered into the Datix system.

LEGISLATIVE REQUIREMENTS AND NZ CODES/STANDARDS

Privacy Act 1993

Health Information Privacy Code 1994

National Mental Health Sector Standards NZS 8134/8143:2008

Health and Disability Sector Standards NZS 8134:2008

Human Rights Act 1993

Code of Health and Disability Services Consumers Rights 1996

Trespass Act 1980

ASSOCIATED DOCUMENTS

NDHB Security Policy

NDHB Tikanga Recommended Best Practice Policy and Protocols.

REFERENCES

Ahmann, E., Abraham, M., Johnson, B. (2004). *Changing the Concept of Families as Visitors: Supporting Family Presence and Participation*. Institute for Patient and Family Centred Care: Bethesda, MD.

Institute for Patient and Family Centred Care. (2010) *Changing Hospital "Visiting" Policies and Practices: Supporting Family Presence and Participation*. Bethesda, MD. Author.

Johnson, B. Abraham, M., Conway, J., Simmons, L., Edgman-Levitan, S., Sodomka, P., Schlucter, J., & Ford, D. (2008). *Partnering with Patients and Families to Design a Patient and Family-Centered Health Care System: Recommendations and Promising Practices*. Bethesda, MD: Institute for Patient and Family-Centred Care.

Smith, L., Medves, J., Harrison, M., Tranmer, J., & Waytuck, B. (2008). The Impact of Hospital Visiting Hour Policies on Pediatric and Adult Patients and their Visitors. *JBI Library of Systematic Reviews*, 7(2), 38-79.

Mixed gender clinical spaces policy

RATIONALE/ PURPOSE:

- The purpose of this policy is to specify the guidelines for placement of patients mixed gender clinical spaces/wards.

POLICY STATEMENT:

Every patient has the right to have services provided in a manner that is culturally safe for the individual. Single gender rooms/space is to be a priority alongside clinical risk in patient allocation.

Northland DHB supports the philosophy of single gender rooms; however, there are situations where the supply of bed capacity for gender specific placement is exceeded by demand for speciality services. There are also areas of the hospitals where the need for safety exceeds the need for single gender placement (see exclusions). Where mixing does occur, it must be in the best interests of all the patients affected.

Northland DHB will also design future clinical ward space to include the ability to meet privacy needs based on gender.

This policy is underpinned by Rights 1 and 3 of the Health and Disability Code of Rights *“every consumer has the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social and ethnic groups...”* and *“every consumer has the right to have services provided in a manner that respects the dignity and independence of the individual”*.

SCOPE:

This policy is applicable to all staff and relates to all ward areas and departments accommodating inpatients.

Exclusions to this policy – but still subject to the provision of patient privacy to the highest practical level:

- Acute Stroke Unit and Rehabilitation Ward
- Coronary Care Unit
- Emergency Department
- Intensive Care Unit
- Special Care Baby Unit

In the event of an infection outbreak, flu pandemic or major incident it may not be possible to adhere to all aspects of this document. In such circumstances staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

DEFINITIONS:

References:

Health and Disability Services Code of Consumers Rights and Regulations 1996

Acknowledgments:

Canterbury DHB, NHS Foundation Trusts

PROCEDURE / METHOD:

Room placement

- The placement of patients in same gender rooms in a priority.
- When clinical need indicates that a mixed gender room in the speciality areas is the only space available the nursing staff will discuss this with the patient and/or their family.

- If the patient is not comfortable with this option they will be informed of available relocation options and any clinical implications of those choices.
- The only situations in which the patient choice may not be actioned are listed in the above mentioned exclusions.
- Where mixing is unavoidable and not in alignment with patient choice;
 - the decision must be time limited and reviewed hourly until the patient can be located in an area that better meets their cultural needs/personal preference
 - the patient must be given the opportunity for a family member or other support person to be/stay with them

Patient choice

- There are some instances when sharing accommodation with the opposite gender reflects personal choice and may therefore be justified.
- In all cases, privacy and dignity should be assured.
- Group decisions should be reconsidered for each new admission to the group, consent cannot be presumed and consideration needs to be given to the patient's capacity to make such a choice.

Maintaining privacy, dignity and respect

- Toilets and bathrooms must be lockable, and patients should be able to identify from the outside whether or not the facilities are occupied.
- Some toilets and bathrooms contain specialist facilities which are fixed (eg, hoists) to make them accessible for disabled users. Such facilities may be designated unisex as long as they are for use by one person at a time, are lockable from the inside (with external override) and/or the patient is escorted by a member of staff.
- Every effort is made to ensure the availability of staff who are the same sex as the users they are caring for, especially for intimate care.
- Children, and in particular adolescents, need special consideration and should be treated in accommodation that meets their needs for privacy and is appropriate to their age and development.

Parents and partners

- In the children's ward parents are encouraged to visit freely and stay overnight; this mean that adults of the opposite sex may share sleeping accommodation with children – care should be taken to ensure this does not cause embarrassment or discomfort to patients.
- The presence of a family member, partner or other support person in shared rooms, particularly in regards to staying overnight, is situation dependant and requires the documented consent of all other patients in the room.

Cohorting mixed gender patients requiring a safety watch

- Patients who have acute delirium or dementia and are at risk of harming themselves/others will, at times, require a health care assistant to encourage reorientation and ability to observe the patient's behaviour:
 - if, due to limited resources, it may be judged in the best interests to cohort mixed gender patients who are at risk of harming themselves or others;
 - if at any time a patient appears to be more unsettled or distressed by the fact that there are patients of the opposite gender in the room, then alternative arrangements need to be made as soon as is practicable.

Measurement or evaluation

Privacy audits are conducted on a regular basis.

ASSOCIATED DOCUMENTS

Northland DHB Family, Friends and Visitors Policy

Feedback from staff about the Partners in Care policy (May-June 2017)

Area/ward	What do you think about the partners in care policy?	Do you support it? If yes, how?	What name would you use/prefer, if not "partner in care"?
Districts	<ul style="list-style-type: none"> 8/10 admitted they didn't know anything about the policy 	<ul style="list-style-type: none"> 10/10 supported the concept <p>Comments included:</p> <ul style="list-style-type: none"> I think having one person as a spokesperson is important as long as the patient is fully supportive of having this person in that role. It's important that the chosen support person is aware of patient confidentiality not just for their patient but other patients also I don't think the partner in care should be staying in any rooms other than single patient rooms ie, not 2 or 4-bedded rooms because of the privacy requirements of other patients in the room 	<ul style="list-style-type: none"> Designated support person 2 x it's not so much what the nurses want but what the patient wants – you should be asking them Care coordinator or care navigator – that's what we use in the community (from nurse who works both in the ward and community) 2 x support person – that's what we already use Partner in care is confusing because it might not be their husband/wife/partner Helping hand Significant other Not fussed
Surgical	<ul style="list-style-type: none"> 3/3 didn't know about the policy <p>Comments included:</p> <ul style="list-style-type: none"> Didn't know it existed Haven't read it yet, but this is only day one (new nurse) If I think about it I have heard the term but don't know anything about it 	<ul style="list-style-type: none"> 2/3 support the concept; 1 didn't know enough to comment <p>Comments included:</p> <ul style="list-style-type: none"> If it's based on whanau coming earlier than visiting hours than yes of course Yes I support it if they're helpful as it decreases staff workload and helps patients to be more comfortable and lowers their anxiety 	<ul style="list-style-type: none"> Family member, partner in care is okay Partner in care sounds fine Partner in care doesn't really relate to family so something like whanau support or whanau as carer
Maternity	<ul style="list-style-type: none"> Asking these questions highlighted the fact staff are still unclear on exactly what is required or expected from partners/support people 	<ul style="list-style-type: none"> Having a support person stay with a postnatal / antenatal is supported. Lazy boys are provided in most rooms for the support person to sleep in but there is an identified need for more 	<ul style="list-style-type: none"> Unanimous agreement that Partners in Care is not an appropriate title though no definitive alternative was suggested.
Medical	See email from Andrea sent 12/06/17		
Children's ward	<ul style="list-style-type: none"> 4/6 didn't know anything about the policy <p>Comments included:</p> <ul style="list-style-type: none"> it's intent is good, application is easier said than done I haven't thought too much about it, has it been shared? 	<ul style="list-style-type: none"> Supported by the two staff that knew about the policy After providing an explanation about the policy and what it means the other staff all thought it was a good idea too 	<ul style="list-style-type: none"> 4/6 thought the current name is good/fine no other suggestions provided

Feedback from patients about the Partners in Care policy (May 2017)

Ward	Has the hospital allowed visiting by your family/whanau, as you would like?	Have you been asked if you would like to nominate a partner in care, ie, someone to support and be with you while you are in hospital?	What name would you use/prefer, if not “partner in care”?
1	88.6% (31/35) Comments include: Would like visiting hours to be more flexible <ul style="list-style-type: none"> • Would like it if family could pop in early in the morning before work • Could be longer • Not all my visitors were allowed to come in, especially if it was before visiting hours 	48.6% (17/35) All those who commented on the previous question replied ‘no’ to this one	
2	100% (9/9)	Not asked – standard procedure in children’s ward to have parent/guardian stay with child	
3	96% (48/50) Comments include: <ul style="list-style-type: none"> • Other people’s visitors are here very late at night and children running around • Some people get too many visitors • Sometimes it is long, hard to get enough rest 	26% (13/50)	Comments include: <ul style="list-style-type: none"> • Maybe something with family to be more involved • Family support
4	92.2% (47/51)	28.9% (15/53)	Comments include: <ul style="list-style-type: none"> • Maybe something to do with family support x 2 • Would call it family
14	97.8% (44/45) Comments include: <ul style="list-style-type: none"> • Visitors that travel from far away find it difficult to get here during the visiting hours 	18.6% (8/43)	Comments include: <ul style="list-style-type: none"> • someone to stay with you and support you while in hospital
15	96.3% (26/27) Comments include: <ul style="list-style-type: none"> • A bone of contention! –some people have too many visitors and are too loud 	81.5% (22/27)	
16	100% (27/27)	20.7% (6/29)	
CCU	100% (5/5)	20% (1/5)	
BOI gen	75% (3/4)	40%	
KTA gen	100% (18/18)	26.3%	
DRG gen	100% (9/9)	22.2%	

Agreed action:

- Remove PIC question from PEx survey and poster reports
- Highlight any issues with visiting hours as they arise via email to service manager and DON
- Discuss challenges with communication channels / responsibility for policy implementation at CGB