

NZS 8134:2021

Incorporating Amendment No. 1

NEW ZEALAND STANDARD

Ngā paerewa Health and disability services standard

Superseding NZS 8134:2008, NZS 8181:2007, and NZS 8158:2012

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Distinguished representatives of Gender Minorities Aotearoa New Zealand, Ngā Maia | Māori Midwives, and Fuimaono Karl Pulotu-Endemann were confirmed by the Standards New Zealand Executive Board as members of the P8134 committee. However, due to unforeseen circumstances, including the COVID-19 pandemic, they were unavailable to confirm their seats for the duration of the P8134 committee work programme.

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and NZS 8158:2012

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REFERENCED DOCUMENTS

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United Nations treaties

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1984

Convention on the Elimination of All Forms of Discrimination Against Women 1979

The International Covenant on Civil and Political Rights 1966

International Covenant on Economic, Social and Cultural Rights 1966

International Convention on the Elimination of All Forms of Racial Discrimination 1965

United Nations Convention on the Rights of the Child 1989

United Nations Convention on the Rights of Persons with Disabilities 2006

United Nations Declaration on the Rights of Indigenous Peoples 2007

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Waitangi Tribunal. *Hauora: Report on stage one of the health services and outcomes kaupapa inquiry*. Legislation Direct, Lower Hutt, 2019. Available from https://forms.justice.govt.nz/search/Documents/WT/WT_DOC_152801817/Hauora%20W.pdf (accessed 26 March 2021).

New Zealand legislation

Human Assisted Reproductive Technologies Act 2004

Health and Disability Commissioner Act 1994

Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

Health and Disability Services (Safety) Act 2001

Protection of Personal and Property Rights Act 1988

Websites

www.hdc.org.nz

www.health.govt.nz

www.hqsc.govt.nz

www.legislation.govt.nz

www.safetyandquality.gov.au

LATEST REVISIONS

The users of this standard should ensure that their copies New Zealand standards are the latest revisions. Amendments to New Zealand and joint Australian/New Zealand standards can be found on www.standards.govt.nz.

REVIEW OF STANDARDS

Suggestions for improvement of this standard will be welcomed. They should be sent to the Manager, Standards New Zealand, PO Box 1473, Wellington 6140.

PREFACE

Tēnei te mihinui kia koutou katoa

NZS 8134:2021 *Ngā paerewa Health and disability services standard* promotes the safe provision of services for people and whānau in New Zealand Aotearoa. The standard has been updated to better reflect the current models of care, with a stronger focus on increasing positive life outcomes and achieving pae ora, healthy futures for Māori.

The standard review process has taken over two and a half years and includes feedback from 300 people representing themselves, their whānau, their professions, their organisations and businesses. Participants also included private and public organisations, support and advocacy groups, business owners, researchers, auditors, and other government agencies. The wider public also contributed through public consultation.

Thank you to everyone who has shared their knowledge, expertise, and experience to shape the revised standard, which will position us well to assure safe services of care for all while also improving outcomes for those traditionally underserved by our health system – for Māori, Pacific, disabled, rural, and rainbow communities, among others.

Key changes include strengthened infection prevention and antimicrobial stewardship, including learnings from New Zealand Aotearoa's experience of the COVID-19 pandemic, an increased focus on supporting service providers to meet Te Tiriti O Waitangi obligations, and strengthened clinical governance, to ensure people's care and support needs are appropriately met.

While the standard will continue to be overseen by Standards New Zealand, the sector guidance will now be overseen by the Ministry of Health. This new structure will make it easier for the regulator to review, consult on, and update the guidance to keep pace with new initiatives and changing models of care.

The standard remains focused on people and improving health outcomes, which is at the core of the work that we do across the health and disability sector.

Each sector, organisation, healthcare and support worker involved in the provision of these services will be working together to achieve better health outcomes for all New Zealanders.

Nāku noa, nā



Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health

FOREWORD

This project was approved to proceed by the Minister of Health following a review of all the health and disability services standards under section 24(2) of the Health and Disability Services (Safety) Act 2001. This standard supersedes NZS 8134:2008 *Health and disability services standards*, NZS 8181:2007 *Fertility services standard*, NZS 8158:2012 *Home and community support sector standard*, and the Interim Standards for Abortion Services in New Zealand. It is intended that NZS 8134:2021 will remain dynamic, reflecting current accepted best practice. Regular reviews of the standard will be undertaken to ensure that this is achieved, and that the standard remains appropriate and applicable.

This standard incorporates Amendment No. 1 (September 2023). Changes introduced by the amendment are indicated by a bar in the margin.

NZS 8134:2021 *Ngā paerewa Health and disability services standard* presents the minimum requirements necessary to present fair and equitable health and disability services that aim to improve the experience and outcomes of people and whānau and reduce care variation. This revised standard reflects fundamental shifts towards more person- and whānau-centred health and disability services: people are empowered to make decisions about their own care and support in order to achieve their goals, and there is a stronger focus on outcomes for people receiving support and care.

The health and disability system is committed to fulfilling the special relationship between Māori and the Crown under Te Tiriti o Waitangi (Te Tiriti). Ensuring that this standard supports health and disability service providers to honour Te Tiriti was a key aim of the most recent iteration NZS 8134.

New Zealand Aotearoa's health and disability sector benefits from advances in technology, and developments in professional qualifications, ethics, and law greatly influence how services are delivered. NZS 8134 and corresponding sector guidance are designed to adapt to and reflect these changes, while ensuring people receive high-quality support and care.

The standard is intended to be mandatory for those services that are subject to the Health and Disability Services (Safety) Act 2001 and the Human Assisted Reproductive Technology Act 2004. This standard was developed in collaboration with the abortion services and home and community support sectors and is fit for use in those service settings.

The standard provides the foundation for describing best practice and fostering continuous improvement in the quality of health and disability services. It sets out the rights of people and ensures service providers know their responsibilities for safe outcomes.

Earlier health and disability service standards were published in 2007, 2008, and 2012. These were:

- (a) NZS 8134:2008 *Health and disability services standards*;
- (b) NZS 8181:2007 *Fertility services standard*;
- (c) NZS 8158:2012 *Home and community support sector standard*.

The three standards have been reviewed over the past three years. The main aims of the review were to reduce duplication between the three standards, distinguish the guidance from the standard documents, and update the standards to reflect contemporary models of care.

Based on consultation with the sector, NZS 8134:2008, NZS 8181:2007, and NZS 8158:2012 have been amalgamated to form NZS 8134:2021. This amalgamation has significantly reduced duplication between the three standards.

The NZS 8134 standard is to be read in conjunction with relevant Ministry of Health-owned guidance documents. These can be found on the Ministry of Health website.

Principles

A principles-based approach informed the revision of the standard. These principles guided discussions, informed debate, and helped achieve consensus during the sector-wide engagement phase of this review. The five key principles are:

- (a) Achieving Māori health equity – Te Tiriti principles (kāwanatanga, tino rangatiratanga, ōritetanga) underpin the standards;
- (b) Accessible health and disability services – People and whānau, regardless of culture, gender, disability, age, sexual orientation, ethnicity, economic situation, or geographic location, have timely and equitable access to appropriate health and disability support services;
- (c) Partners with choice and control – People and whānau using health and disability services have their rights upheld to make choices about their care. Working alongside professionals improves service quality, safety, experience of care, and equity of health and wellbeing outcomes. This principle can be rephrased as ‘Nothing about us without us’;
- (d) Best practice through collaboration – Appropriate care includes understanding of the lived experiences of people and whānau and shared decision making with them;
- (e) Standards that increase positive life outcomes – The standards reflect the interaction between people and whānau and their health, wellbeing, and disability support needs.

Te Tiriti o Waitangi

With regard to the text of Te Tiriti and declarations made during its signing – the Ministry of Health (the Ministry), as the kaitiaki and steward of the health and disability system (under article 1 of Te Tiriti), has the responsibility to enable Māori to exercise authority over their health and wellbeing (under article 2) and achieve equitable health outcomes for Māori (under article 3) in ways that enable Māori to live, thrive, and flourish as Māori (Ritenga Māori declaration, under article 4).

The principles of Te Tiriti, as articulated by the courts and the Waitangi Tribunal, underpin the Ministry’s commitment to Te Tiriti, and have been formative in developing NZS 8134. The 2019 Hauora report recommends a series of principles be applied to the primary health care system.

These principles are applicable to the wider health and disability system. The principles that apply to all health and disability services certified against this standard are:

- (a) Tino rangatiratanga – Providing for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services;
- (b) Equity – Being committed to achieving equitable health outcomes for Māori;



- (c) Active protection – Acting to the fullest extent practicable to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents, and its Treaty partner under Te Tiriti are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity;
- (d) Options – Providing for and properly resourcing kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care;
- (e) Partnership – Working in partnership with Māori in the governance, design, delivery, and monitoring of health and disability services – Māori must be co-designers, with the Crown, of the primary health system for Māori.

He Korowai Oranga

NZS 8134 builds on the framework of He Korowai Oranga: Māori Health Strategy. He Korowai Oranga was originally launched in 2002 and provided a 10-year outlook with an overall aim of whānau ora (healthy families). He Korowai Oranga was refreshed in 2014; the overall aim is now Pae ora: Healthy futures for Māori. This is the name of Section 1.1 Pae ora within this standard. The vision of He Korowai Oranga and this standard alike is to achieve the best outcomes for the health and disability system. This includes a desire to see all New Zealanders living longer, healthier, and more independent lives.

United Nations treaties

Article 1 of the Universal Declaration on Human Rights 1948 states that 'All human beings are born free and equal in dignity and rights.' The Universal Declaration has formed the basis for nine core United Nations human rights treaties. New Zealand played an important role in creating many of these treaties, including by chairing negotiations for the Convention on the Rights of Persons with Disabilities 2006.

Aotearoa New Zealand is a party to seven of the nine treaties, and obliged to implement the provisions of each convention:

- (a) The International Covenant on Civil and Political Rights 1966;
- (b) The International Covenant on Economic, Social and Cultural Rights 1966;
- (c) The International Convention on the Elimination of All Forms of Racial Discrimination 1965;
- (d) The Convention on the Elimination of All Forms of Discrimination Against Women 1979;
- (e) The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1984;
- (f) The United Nations Convention on the Rights of the Child 1989;
- (g) The United Nations Convention on the Rights of Persons with Disabilities 2006.

Of relevance to health and disability service providers in Aotearoa New Zealand are the following, which all service providers should have regard to.

The United Nations Convention on the Rights of Persons with Disabilities' purpose is to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

The United Nations Convention on the Rights of the Child articulates the rights of children and provides a set of guiding principles for how to view, children and young people. The rights of children and young people, including those born as a result of fertility treatment, are to be considered throughout service delivery.

The Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international agreement aimed at preventing torture and cruel, inhuman, or degrading treatment or punishment. In Aotearoa New Zealand, the Chief Ombudsman undertakes inspections in places that people cannot leave at will to check their treatment and condition. This includes mental health facilities, intellectual disability facilities, and aged care facilities.

United Nations Declaration on the Rights of Indigenous Peoples

The United Nations Declaration on the Rights of Indigenous Peoples (the Declaration) is a comprehensive international human rights document on the rights of indigenous peoples. The Declaration was adopted on 13 September 2007 as a non-binding, aspirational declaration of the General Assembly of the United Nations. In 2010, the New Zealand Government announced its support for the Declaration, and it has since moved towards achieving the aspirations set out in the Declaration. The Declaration records the standards and aspirations of governments and indigenous peoples in achieving harmonious and cooperative relations, pursued in a spirit of partnership and mutual respect. The Declaration must be understood with reference to Aotearoa New Zealand's existing legal and constitutional circumstances, which include Te Tiriti o Waitangi.

NOTES

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New Zealand Standard

Ngā paerewa Health and disability services standard

0 GENERAL

0.1 Scope

0.1.1 General

This standard is applicable to a wide range of specialties, age groups, and service settings within the health and disability sector. It is the intention that this standard will become mandatory for relevant services through Minister approval under the Health and Disability Services (Safety) Act 2001 and the Human Assisted Reproductive Technologies Act 2004.

Services that are not required to be certified under the Health and Disability Services (Safety) Act 2001 should consider adopting this standard, as it promotes current accepted best practice.

0.1.2 Application

This standard applies to health and disability service providers in both public and private settings. The settings may range from small single-owner-operator services through to services provided by large, publicly funded hospitals.

Each service provider is unique. Specific interpretation, application, and contextualisation in each environment is required, relative to the provider's size, setting, complexity, risks associated with the service provision, and population being served.

For example, throughout the document there is reference to a governance body. In smaller providers that do not have a governance body – for example, single-owner-operators – providers shall instead show that a meaningful approach to decision making or to meet the intent of the criterion has been taken and is reflected in the services provided.

This standard should be interpreted in a manner that is consistent with Te Tiriti o Waitangi obligations and people's rights and service provider obligations under the Code of Health and Disability Services Consumers' Rights (the Code). Compliance with the standard will assist services to meet their obligations under Te Tiriti, the Code, and relevant United Nations instruments. Every service or person who implements this standard should be knowledgeable about Te Tiriti, the Code, and the United Nations instruments agreed to by New Zealand Aotearoa and comply with the duties set out in them.

0.2 Interpretation

0.2.1 General

For the purposes of this standard, the word 'shall' refers to requirements that are essential for compliance with the standard, while the word 'should' refers to practices that are advised or recommended.

0.2.2 Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights

This standard will assist service providers in meeting obligations under the Code of Health and Disability Services Consumers' Rights (the Code), a regulation under the Health and Disability Commissioner Act 1994. This standard should be interpreted in a manner that is consistent with consumers' rights and organisations' obligations under the Code. Every person or service provider subject to this standard should be knowledgeable about the Code and comply with its obligations. (See www.hdc.org.nz.)

0.2.3 Outcome-focused standard

As a part of the interpretation of this standard and the outcomes it describes, service providers, auditors, and others using this standard shall consider the context for service provision. This context includes both the specific needs of the person seeking services and support and the overarching aim to support wellbeing and quality of life. Overall wellbeing is related to positive, supportive links with whānau and to inclusion in communities. Service providers are expected to recognise this.

0.3 Definitions

For the purposes of this standard the following definitions shall apply:

| | |
|--------------------------|--|
| Abuse | Harm, neglect, or bullying, that results in significant preventable deterioration in the wellbeing of a person |
| Accountability | A person's or organisation's requirement to account for or fulfil an action, whether that action is carried out by that person or organisation |
| Acuity | The severity of a person's illness and the level of attention or service they may need from professional health care and support workers |
| Advance directive | A written or oral directive: <ol style="list-style-type: none"> By which a person makes a choice about a possible future health procedure; and That is intended to be effective only when they are not competent |
| Adverse event | An event with negative or unfavourable reactions or results that are unintended, unexpected, or unplanned (often referred to as 'incidents' or 'reportable events') |

| | |
|---------------------------------|--|
| Adverse event (major) | An adverse event that results in permanent major or temporary severe loss of function that is either not related to the natural course of an illness or differs from the immediate expected outcome of the care management. The temporary loss of function can be sensory, motor, physiological, psychological, or intellectual. See the Health Quality and Safety Commission New Zealand (HQSC) publication, <i>National adverse events reporting policy 2017: New Zealand health and disability services</i> |
| Adverse event (moderate) | An adverse event that results in permanent moderate or temporary major loss of function that is not related to the natural course of an illness and differs from the immediate expected outcome of the care management. The temporary major loss of function can be sensory, motor, physiological, psychological, or intellectual. See the HQSC publication, <i>National adverse events reporting policy 2017: New Zealand health and disability services</i> |
| Adverse event (severe) | An adverse event that results in death or permanent, severe loss of function that is not related to the natural course of an illness and differs from the immediate expected outcome of the care management. The loss of function can be sensory, motor, physiological, psychological, or intellectual. See the HQSC publication, <i>National adverse events reporting policy 2017: New Zealand health and disability services</i> |
| Advocate | An individual or group who is independent of any of the agencies involved in purchasing or provision of care, or in the provision of the service, who acts on behalf of and in the interests of a person |
| Antibiotic | A medicine or compound that kills or suppresses the growth of bacteria. It is a narrower term than 'antimicrobial' |
| Antimicrobial | A medicine or compound that kills or suppresses the growth of microorganisms (bacteria, viruses, fungi, or parasites). It includes prescribed or purchased antibacterial, antiviral, antifungal, and antiparasitic agents given by any route including intravenous, oral, or topical. It is a broader term than 'antibiotic' |
| Antimicrobial resistance | Resistance of microorganisms (bacteria, viruses, fungi, or parasites) to an antimicrobial agent that they were originally susceptible to. Antimicrobial resistance occurs naturally, but is facilitated by antimicrobial use, and poor infection prevention and control |



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| Antimicrobial Stewardship (AMS) | A coordinated programme that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms. See www.safetyandquality.gov.au/our-work/antimicrobial-stewardship |
| Benchmarking | Evaluation by comparison with a standard |
| Best practice | Based on expert opinion, a practice generally used when evidence is limited, guidelines are of poor quality or evidence is conflicting |
| Birthing unit | A primary maternity facility provides a physical setting for assessment, labour and birth, and postnatal care, by the LMC or publicly funded primary maternity services provider. It may be a stand-alone facility or unit within a level 1 or 2 general hospital as defined in the New Zealand Role Delineation Model |
| Blood components | Products manufactured from whole blood or plasma by the New Zealand Blood Service and provided directly to hospitals; include red blood cells, fresh frozen plasma, and platelets |
| Blood products | A term used to include all products derived from blood, that is, blood components and fractionated plasma products |
| Co-design | Involving the equal partnership of people who work within the system (health care and support workers), people who have lived experience of using the system (including whānau or carers), and the 'designers' of the new system (such as disability support organisations or similar organisations, government agencies, or private organisations). Co-design involves working together, using shared decision-making, to design a new system or service with the collective aim to improve service delivery through making full use of each other's knowledge, resources, and contributions, to achieve improved efficiency and better outcomes for people |
| Corrective action | An aspect of quality management that aims to rectify a task, process, product, or even a person's behaviour when any of these factors produce errors or have deviated from an intended plan |
| Cryopreserved | Frozen in liquid nitrogen or nitrogen vapour |
| Culture | The characteristics and knowledge of a group of people, encompassing language, religion, cuisine, social habits, music, and arts |

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| Cultural practice | The manifestation of a culture or subculture, especially regarding the traditional and customary practices of an ethnic or other cultural group |
| Cultural safety | A principle that requires service providers and health care and support workers to examine themselves and the potential impact of their own culture in their interactions with people using a service. To practise cultural safety, service providers and health care and support workers acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of service provided |
| Cultural trauma | Cultural trauma occurs when members of a collective feel they have been subjected to an event that leaves indelible marks upon their group consciousness, marking their memories forever, and changing their future identity in fundamental and irrevocable ways |
| De-escalation | A set of complex interactive processes in which a highly aroused person is redirected from an unsafe course of action towards a supported and calmer emotional state. This usually occurs through timely, appropriate, and effective interventions and is achieved by service providers using skills and practical alternatives |
| Demographics | The study of a population based on factors such as age, ethnicity, and sex |
| Discrimination | An act or belief that results in the systematic unfair treatment of a person or a group because they are different |
| Embryo | The early stage of human development, beginning just after fertilisation |
| Equity | In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes |
| Evidence based | Refers to any concept or strategy that is derived from or informed by objective evidence – most commonly, educational research or metrics of school, teacher, and student performance |
| Fractionated plasma products | Medication manufactured from human plasma by a commercial fractionator. Products include factor VIII, albumin, immunoglobulins, among others (New Zealand Blood Service) |
| Gametes | Reproductive cells: in women, gametes are oocytes. In men, gametes are sperm |



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| Hauora hinengaro | Mental wellbeing |
| Hauora tinana | Physical wellbeing |
| Hauora wairua | Spiritual wellbeing |
| Hauora whānau | Family wellbeing |
| He Korowai Oranga | Māori health strategy |
| Health care and support worker | A person employed or contracted by a service provider. The health care and support workforce is wider than regulated staff, and includes peer support workers, multidisciplinary teams, and security staff. It also includes contractors and volunteers |
| Health care-associated infection (HAI) | An infection that results from care and treatment. An HAI may occur in any setting. HAIs are often associated with invasive devices or procedures |
| Holistic | Referring to the treatment of the whole person, taking into account mental and social factors, rather than just the symptoms of a disease |
| Infection prevention (IP) | A process of actively monitoring, identifying, and preventing the spread of infections with the goal of reducing harm to patients and health workers. An IP programme will include governance, implementation of education and training, policies and procedures, surveillance of infection, and management of the environment |
| Informed choice | When a person is given options to choose from several diagnostic tests, treatments, or support options knowing the details, benefits, risks, and expected outcome of each. The principle is important, for example, when working with tangata whaikaha. Service providers should ensure people using the service understand all the options, specific ways to overcome the barriers they face, and the potential risks and benefits of given decisions |
| Informed consent | As in the Code of Health and Disability Services Consumers' Rights, informed consent is a process rather than a one-off event, involving effective communication, full information, and freely given, competent consent (Rights 5, 6, and 7 respectively). A signature on a consent form is not, of itself, conclusive evidence that informed consent has been obtained |
| Institutional/systemic racism | A form of racism that is embedded as normal practice within society or an organisation. It can lead to discrimination in criminal justice, employment, housing, health care, political power, and education, among other issues |
| Iwi | A tribe with a common ancestor, canoe, and region(s) |

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| Karakia | Māori incantations and prayers used to invoke spiritual guidance and protection. They are generally used to increase the spiritual goodwill of a gathering, so as to increase the likelihood of a favourable outcome. They are also considered a formal greeting when beginning a ceremony |
| Kaupapa Māori | Māori approach, Māori topic, Māori customary practice, Māori institution, Māori agenda, Māori principles, Māori ideology – a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society (https://maoridictionary.co.nz) |
| Kawa | Māori protocol, rules, and etiquette |
| Kuia | Elder Māori woman |
| Lead maternity carer (LMC) | A registered midwife, general practitioner, or obstetrician responsible for coordinating the maternity care of an individual pregnant person to this definition |
| Least restrictive practices | Practices that enhance a tangata whaikaha autonomy and respect their rights, individual worth, dignity, and privacy. Restrictive practices make someone do something they do not want to do or stop someone doing something they want to do |
| Lived experience | Expertise, skills, and knowledge gained through direct, first-hand receipt of care or support services |
| Mana | Prestige, authority, control, power, influence, status, spiritual power, charisma, or a supernatural force in a person, place, or object. Mana goes hand in hand with tapu, one affecting the other. The more prestigious the event, person or object, the more it is surrounded by tapu and mana. Mana is the enduring, indestructible power of the atua and is inherited at birth; the more senior the descent, the greater the mana (https://maoridictionary.co.nz) |
| Mana enhancing | Mana is a concept or principle with many shades of meaning including prestige, authority, control, power, influence. Every person has mana and can increase and share mana with others. Mana enhancing is a way of working with people that builds and strengthens their motivation, knowledge, and ability to live their best life by acknowledging and valuing their talents and gifts without judgement |
| Mana motuhake | Separate identity, autonomy, self-government, self-determination, independence, sovereignty, authority – mana through self-determination and control over one's own destiny (https://maoridictionary.co.nz) |



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| Mana whenua | The right of an iwi to manage a particular area of land; people of a particular land |
| Māori | A word that is used to describe tangata whenua, indigenous people of New Zealand Aotearoa |
| Māori health practitioner | A person who identifies as Māori and who is registered with an authority as a practitioner of a particular health profession |
| Māori worldview | A worldview particular to Māori that envisages a natural order to the universe, with an overarching principle of balance and whakapapa as a central thread. The Māori worldview is holistic and entails an inter-relationship of all living things to each other. It links Māori wellbeing to the health of the environment |
| Medication reconciliation | A process to collect, compare, and communicate the most accurate list of all medicines a person is taking, together with details of any allergies and/or adverse medicine reactions, with the goal of providing correct medicines for a given time period at all transition points (see the Ministry of Health publication, <i>Medicines care guides for residential aged care</i>) |
| Mirimiri | The use of hands to physically manipulate the body's soft tissues for effecting a desirable change in the individual, also referred to as massage |
| Multidisciplinary | Refers to members from various disciplines working together to determine goals, evaluate outcomes, and make recommendations about a person's care or support plan |
| Oranga | Wellness, wellbeing, welfare |
| Pacific peoples | A term used to refer to people from Tonga, Samoa, Fiji, the Cook Islands, Tokelau, Tuvalu, Niue, and Kiribati |
| Pacific worldview | The way Pacific peoples view the world and how it operates and the Pacific purpose in the world and why things happen the way they do. This determines how Pacific peoples address their daily life |
| Pae ora | The Government's vision for Māori health. It provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life. A focus on pae ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective services. Pae ora is a holistic concept and includes three interconnected elements: mauri ora (healthy individuals), whānau ora (healthy families), and wai ora (healthy environments). These are interconnected and mutually reinforcing, and further inform the strategic direction for Māori health for the future |

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| Pandemic | An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people (World Health Organization) |
| Peer support | Peer support is when two or more people with similar experiences get together to share their experiences, to learn together how to move past difficulties in their lives, to give each other hope, and to support each other as they do things they want to do and make their lives the way they want them to be. Often referring to the help and support that people with lived experience of a mental illness or a disability are able to give to one another, peer support can be used by anyone with any kind of life experience |
| Person/People | In this document, these terms are used to refer to people who are using or receiving the health and disability service. When the term 'people' is used, it also encompasses whānau |
| Person-centred | Focusing care on the needs of the individual; ensuring that people's preferences, needs, and values guide clinical decisions or disability support; and providing care that is respectful of and responsive to them |
| Psychosocial | Relating to the interrelation of social factors and individual thought and behaviour |
| Racism | Racism and bigotry in all forms, including institutional racism and unconscious bias. The belief that groups of humans possess different behavioural traits corresponding to physical appearance and can be divided based on the perceived superiority of one race or another |
| Rākau rongoā | Traditional Māori healing specific to plant properties |
| Restraint | The use of any intervention by a service provider that limits a person's normal freedom of movement. Where restraint is consented to by a third party, it is always restraint |
| Restraint elimination | Evidence of good assessment and planning processes, that provide early identification of a possible need for restraint and therefore assist in planning interventions that best reduce the likelihood of restraint being required |
| Restraint episode | A single restraint event, or where restraint is used as a planned, regular intervention and is identified in the person's service delivery plan. The term may also refer to a grouping of restraint events |
| Reusable medical device (RMD) | Any device used in the delivery of care that is designed for decontamination and subsequent reuse on another person |



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| Re-victimisation | The repeated victimisation of those who have already been the victims of trauma and abuse in the past. This can be in the context of repeated abuse from the same perpetrator, abuse from a different perpetrator or by the actions of people and systems around the victimised person responding in a way that extends or reactivates the trauma |
| Rights-based approach | Integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of health-related policies and programmes. The principles of equality and freedom from discrimination, including based on sex and gender roles, are central |
| Risk-based approach | An approach whereby organisations ensure their quality management activities do not expose people using the services, and third parties, to unacceptable levels of clinical risk, and regulatory (corporate) risks, as well as adhering to national and legislative requirements, such as local work on pandemic risk assessment needs to link to the national pandemic policy |
| Rongoā Māori | The traditional healing system of Māori. It focuses on the oral transmission of knowledge, diversity of practice, and the spiritual dimension of health. Rongoā Māori encompasses herbal remedies, physical therapies, and spiritual healing |
| Seclusion | A type of restraint where a person is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit |
| Self-advocacy | A person's capacity to speak up for themselves, make decisions about their own life, obtain relevant information, know their rights and responsibilities, solve problems, and ask for help when necessary |
| Service provider | In this document, this term is used to collectively and generically refer to the health and disability services who use this standard |
| Sharps | Insulin syringes, needles for insulin pens, insulin pump needles/cannulas and the lancets used for 'finger-pricking'; in the context of disability support, can refer to knives, forks, and screwdrivers (that is, sharp objects) |
| Standard precautions | The minimum infection prevention practices that apply to all care, regardless of a person's suspected or confirmed infection status, in any setting where health care is delivered |

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| Strengths-based | Refers to a way of doing things and thinking that supports an approach that builds on a person's strengths, specifically seeing them as resourceful and resilient in adversity. The approach is person-led and centered on outcomes in the future individual's set of strengths |
| Supported decision-making | An approach whereby people make their own decisions, based on their will and preferences, so they have control of their life. It ensures that people who need support are at the centre of all decisions that concern them |
| Surveillance (of infection) | The ongoing, systematic collection, analysis, and interpretation of health data to decrease the risk of HAI. This process enables health care providers to monitor the outcomes of current practice and provide timely feedback to clinicians to ensure practice improvement and better patient outcomes |
| Tāngata whaikaha | People with a disability. 'Whaikaha' means to have strength, to have ability, to be 'otherly-abled,' and to be enabled. The term embodies people who are determined to do well, with an emphasis on gaining strength and ability |
| Te ao Māori | The Māori world |
| Te reo Māori | Māori language |
| Te Tiriti o Waitangi | The Treaty of Waitangi |
| Tikanga | Procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol – the customary system of values and practices that have developed over time and are deeply embedded in the social context |
| Tino rangatiratanga | Self-determination, sovereignty, autonomy, self-government, domination, rule, control, power (https://maoridictionary.co.nz) |
| Traditional Māori healer | This is regarded as a Māori practitioner who practises healing from a traditional Māori world view utilising indigenous knowledge and methods such as mirimiri, rongoā, or wairua |
| Transmission-based precautions and isolation precautions | The second tier of basic infection prevention and control, to be used in addition to standard precautions for those who may be infected or colonised with certain infections for which additional precautions are needed to prevent transmission |



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| Tuakana | Elder brother (of a male), elder sister (of a female), cousin (of the same gender from a more senior branch of the family) (https://maoridictionary.co.nz) |
| Wairuatanga | Spirituality |
| Whakapapa | Genealogy; a taxonomic framework that links all animate and inanimate, known and unknown phenomena in the terrestrial and spiritual worlds. Whakapapa is the core of traditional mātauranga Māori (Māori knowledge) |
| Whānau | The family, extended family, or family group of people who are important to a person who is receiving a service. Family includes a person's extended family and whānau, their partners, friends, guardian, or other representatives chosen by the person |
| Whānau ora | Family wellness, wellbeing |
| Whānau-centred | Family-centred |
| Whanaungatanga | Relationship, kinship, sense of family connection – a relationship through shared experiences and working together that provides people with a sense of belonging. Whanaungatanga develops as a result of kinship rights and obligations, which also serve to strengthen each member of the kin group. It also extends to others with whom one develops a close familial, friendship or reciprocal relationship |

0.4 Abbreviations

Abbreviations have the following meanings:

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| AMS | Antimicrobial stewardship |
| ANZICA | Australian and New Zealand Infertility Counsellors Association |
| ECT | Electroconvulsive therapy |
| HAI | Health care-associated infection |
| HISO | Health Information Standards Organisation |
| HQSC | Health Quality and Safety Commission New Zealand |
| IP | Infection prevention |
| LMC | Lead maternity carer |
| PPE | Personal protective equipment |

0.5 Overview

This standard is arranged into six sections (excluding this opening section), each containing a number of subsections and criteria. The sections are:

- (a) Section 1 Our rights;
- (b) Section 2 Workforce and structure;
- (c) Section 3 Pathways to wellbeing;
- (d) Section 4 Person-centred and safe environment;
- (e) Section 5 Infection prevention and antimicrobial stewardship;
- (f) Section 6 Restraint and seclusion.

Health and disability services that are required to be certified under the Health and Disability Services (Safety) Act 2001 shall comply with all relevant criteria. Not all criteria within NZS 8134 are relevant to all services. The relevance of a section or criterion assessed as being not relevant to a service will be recorded as being 'not applicable' on any audit report.

A section or criterion may apply to only some health and disability services. For example, some parts of NZS 8134 will apply only to overnight, hospital inpatient services. [Table 2](#) provides an example of which criteria apply to which health and disability services. Where providers are not required to comply with these parts of the standard, they may consider adopting them.

Sector guidance on how to meet each criterion in NZS 8134 has been developed for different service types. It is published separately from this standard. The purpose of the sector guidance to assist different service types with the interpretation of the criteria for each section. Sector guidance is a guide and is not mandatory. It is not to be audited against. The guidance is general and does not include all methods that can be used to meet the criteria.

Each section includes a table (for example, see Table 1) that outlines the outcomes people and services should expect to experience when the section's criteria are met. The statements were authored by the relevant stakeholders during the sector consultation phase of this latest edition. In practice, this meant that lived experience and consumer advisors developed the 'The people' statements. Te Apārangi: the Māori Partnership Alliance developed the Te Tiriti o Waitangi (Te Tiriti) statements. The working groups developed the service provider statements, which were then reviewed by the committee developing this standard to ensure consistency.

These boxes provide a clear and transparent point of reference for everyone who engages with the New Zealand Aotearoa health and disability system. These are the outcome statements for each section. 'The people' sets out what all people can expect from the services and support they receive. 'Te Tiriti' sets out what Māori, as Treaty co-signers and partners, can expect from the services and support they receive. 'As a service provider' sets out the commitment of service providers in doing their part to deliver the best quality care and service to New Zealanders. This is then outlined in further detail within the criteria of each section.



Table 1 – I know what it means for me: Example

| E mātau ana ahau he aha tōna tikanga ki a au I know what it means for me | | |
|---|---|--|
| Ngā tāngata He pānga whaitake tō ōku motika mā roto i ngā mahi me ngā whanonga a ētahi atu. | Te Tiriti E whakarangatira ana ngā kaiwhakarato ratonga i te mana motuhake a te Māori. | Hei kaiwhakarato ratonga Ka whakarato ratonga me te tautoko mātou ki te hunga e puritia ana ō rātou motika, e ū ana hoki ki ngā whakaritenga ā-ture. |
| The people My rights have meaningful effect through the actions and behaviours of others. | Te Tiriti Service providers recognise Māori mana motuhake (self-determination). | As service providers We provide services and support to people in a way that upholds their rights and complies with legal requirements. |

The broad diversity and uniqueness of the health and disability sector has necessitated the use of generic phrases and terminology throughout the standard. It is not the intention of the standard, however, to standardise terminology throughout the different parts of the health and disability sector. Rather it is expected that each service provider will interpret the intent of the statements used in the standard in relation to the service provided. For example, the expression 'care or support plan' could be interpreted to mean care plan, lifestyle plan, clinical pathway, support plan, placement plan, or clinical or patient record, depending on the service setting.

In the standard the word 'shall' refers to practices that are mandatory for compliance. The word 'shall' is also used for practices that are already mandated in other documents. The word 'should' refers to practices that are advised or recommended.

Throughout the standard, 'best practice' is referred to. The definition of best practice is the current accepted range of safe and reasonable practice that results in efficient and effective use of available resources to achieve quality outcomes and minimise risk for the people using the services and whānau.

Current accepted best practice should also reflect standards for service delivery, where these exist.

This may include:

- (a) Codes of practice;
- (b) Research, evidence, and experience-based practice;
- (c) Professional standards;
- (d) Best practice guidelines;

- (e) Recognised and approved guidelines;
- (f) Benchmarking.

Table 2 sets out which criteria are applicable to which services.

Table 2 – Criteria application framework

| | Criterion | Aged residential care services | Assisted reproductive technology services | Home and community support services | Residential disability services | Residential mental health and addiction services | Public and private overnight hospital inpatient services | Birthing unit services | Hospice services | Abortion services |
|--|-----------|--------------------------------|---|-------------------------------------|---------------------------------|--|--|------------------------|------------------|-------------------|
| Section 1 Our rights | | | | | | | | | | |
| 1.1 Pae ora healthy futures | 1.1.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.1.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.1.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.1.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.1.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 1.2 Ola manuia of Pacific peoples in Aotearoa | 1.2.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.2.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.2.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.2.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.2.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 1.3 My rights during service delivery | 1.3.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.3.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.3.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.3.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.3.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 1.4 I am treated with respect | 1.4.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.4.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.4.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.4.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.4.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.4.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 1.5 I am protected from abuse | 1.5.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.5.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.5.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.5.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.5.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.5.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Table 2 – Criteria application framework (continued)

| | Criterion | Aged residential care services | Assisted reproductive technology services | Home and community support services | Residential disability services | Residential mental health and addiction services | Public and private overnight hospital inpatient services | Birthing unit services | Hospice services | Abortion services |
|---|-----------|--------------------------------|---|-------------------------------------|---------------------------------|--|--|------------------------|------------------|-------------------|
| 1.6 Effective communication occurs | 1.6.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.6.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.6.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.6.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.6.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.6.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 1.7 I am informed and able to make choices | 1.7.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.7.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.7.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.7.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.7.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.7.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.7.7 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | N/A | ✓ | ✓ |
| | 1.7.8 | N/A | ✓ | N/A | N/A | N/A | ✓ | ✓ | ✓ | ✓ |
| | 1.7.9 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 1.8 I have the right to complain | 1.8.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.8.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.8.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.8.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 1.8.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 1.9 Health and wellbeing of children born as a result of, and people accessing, reproductive technology services | 1.9.1 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 1.9.2 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 1.9.3 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 1.9.4 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| 1.10 Requirement of donation and surrogacy | 1.10.1 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 1.10.2 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 1.10.3 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 1.10.4 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 1.10.5 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

| | Criterion | Aged residential care services | Assisted reproductive technology services | Home and community support services | Residential disability services | Residential mental health and addiction services | Public and private overnight hospital inpatient services | Birth unit services | Hospice services | Abortion services |
|--|-----------|--------------------------------|---|-------------------------------------|---------------------------------|--|--|---------------------|------------------|-------------------|
| Section 2 Workforce and structure | | | | | | | | | | |
| 2.1 Governance | 2.1.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.1.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.1.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.1.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.1.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.1.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.1.7 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.1.8 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.1.9 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.1.10 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.1.11 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2.2 Quality and risk | 2.2.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.2.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.2.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.2.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.2.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.2.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.2.7 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.2.8 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2.3 Service management | 2.3.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.3.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.3.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.3.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.3.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.3.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.3.7 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.3.8 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.3.9 | N/A | N/A | N/A | N/A | ✓ | N/A | N/A | N/A | N/A |
| | 2.3.10 | N/A | N/A | N/A | N/A | ✓ | N/A | N/A | N/A | N/A |
| | 2.3.11 | N/A | N/A | N/A | N/A | ✓ | N/A | N/A | N/A | N/A |
| | 2.3.12 | N/A | N/A | N/A | N/A | ✓ | Public hospital only | N/A | N/A | N/A |
| | 2.3.13 | N/A | N/A | N/A | N/A | ✓ | Public hospital only | N/A | N/A | N/A |
| | 2.3.14 | N/A | N/A | N/A | N/A | ✓ | Public hospital only | N/A | N/A | N/A |



Table 2 – Criteria application framework (continued)

| | Criterion | Aged residential care services | Assisted reproductive technology services | Home and community support services | Residential disability services | Residential mental health and addiction services | Public and private overnight hospital inpatient services | Birthing unit services | Hospice services | Abortion services |
|---|-----------|--------------------------------|---|-------------------------------------|---------------------------------|--|--|------------------------|------------------|-------------------|
| 2.4 Health care and support workers and their availability | 2.4.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.4.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.4.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.4.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.4.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.4.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.4.7 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2.5 Information | 2.5.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.5.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 2.5.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| | Criterion | Aged residential care services | Assisted reproductive technology services | Home and community support services | Residential disability services | Residential mental health and addiction services | Public and private overnight hospital inpatient services | Birth unit services | Hospice services | Abortion services |
|--|-----------|--------------------------------|---|-------------------------------------|---------------------------------|--|--|---------------------|------------------|-------------------|
| Section 3 Pathways to wellbeing | | | | | | | | | | |
| 3.1 Entry and declining entry | 3.1.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.1.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.1.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.1.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.1.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.1.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 3.2 My pathway to wellbeing | 3.2.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.2.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.2.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.2.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.2.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.2.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.2.7 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 3.3 Individualised activities | 3.3.1 | ✓ | N/A | ✓ | ✓ | ✓ | Public hospital only | N/A | ✓ | N/A |
| | 3.3.2 | ✓ | N/A | ✓ | ✓ | ✓ | Public hospital only | N/A | ✓ | N/A |
| | 3.3.3 | ✓ | N/A | ✓ | ✓ | ✓ | Public hospital only | N/A | ✓ | N/A |
| | 3.3.4 | ✓ | N/A | ✓ | ✓ | ✓ | Public hospital only | N/A | ✓ | N/A |
| 3.4 My medication | 3.4.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.4.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.4.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.4.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.4.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.4.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.4.7 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.4.8 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.4.9 | N/A | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.4.10 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.4.11 | N/A | ✓ | N/A | N/A | N/A | ✓ | ✓ | ✓ | ✓ |
| | 3.4.12 | N/A | ✓ | N/A | N/A | N/A | ✓ | ✓ | ✓ | ✓ |



Table 2 – Criteria application framework (continued)

| | Criterion | Aged residential care services | Assisted reproductive technology services | Home and community support services | Residential disability services | Residential mental health and addiction services | Public and private overnight hospital inpatient services | Birthing unit services | Hospice services | Abortion services |
|---|-----------|--------------------------------|---|-------------------------------------|---------------------------------|--|--|------------------------|------------------|-------------------|
| 3.5 Nutrition to support wellbeing | 3.5.1 | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | N/A |
| | 3.5.2 | ✓ | N/A | ✓ | ✓ | ✓ | N/A | N/A | N/A | N/A |
| | 3.5.3 | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | N/A |
| | 3.5.4 | ✓ | N/A | N/A | N/A | ✓ | ✓ | ✓ | ✓ | N/A |
| | 3.5.5 | ✓ | N/A | N/A | N/A | N/A | ✓ | ✓ | ✓ | N/A |
| | 3.5.6 | N/A | N/A | N/A | ✓ | ✓ | N/A | N/A | N/A | N/A |
| | 3.5.7 | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | N/A |
| 3.6 Transition, transfer, and discharge | 3.6.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.6.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.6.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.6.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 3.6.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 3.7 Electroconvulsive Therapy | 3.7.1 | N/A | N/A | N/A | N/A | N/A | Public hospital only | N/A | N/A | N/A |
| | 3.7.2 | N/A | N/A | N/A | N/A | N/A | Public hospital only | N/A | N/A | N/A |
| | 3.7.3 | N/A | N/A | N/A | N/A | N/A | Public hospital only | N/A | N/A | N/A |
| | 3.7.4 | N/A | N/A | N/A | N/A | N/A | Public hospital only | N/A | N/A | N/A |
| 3.8 Obtaining and caring for gametes and embryos | 3.8.1 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 3.8.2 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 3.8.3 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 3.8.4 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 3.8.5 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 3.8.6 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 3.8.7 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | 3.8.8 | N/A | ✓ | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

| | Criterion | Aged residential care services | Assisted reproductive technology services | Home and community support services | Residential disability services | Residential mental health and addiction services | Public and private overnight hospital inpatient services | Birth unit services | Hospice services | Abortion services |
|--|-----------|--------------------------------|---|-------------------------------------|---------------------------------|--|--|---------------------|------------------|-------------------|
| Section 4 Person-centred and safe environment | | | | | | | | | | |
| 4.1 The facility | 4.1.1 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.1.2 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.1.3 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | N/A |
| | 4.1.4 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.1.5 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.1.6 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | N/A |
| | 4.1.7 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 4.2 Security of people and workforce | 4.2.1 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.2.2 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.2.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.2.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.2.5 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.2.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.2.7 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 4.2.8 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |



Table 2 – Criteria application framework (continued)

| | Criterion | Aged residential care services | Assisted reproductive technology services | Home and community support services | Residential disability services | Residential mental health and addiction services | Public and private overnight hospital inpatient services | Birthing unit services | Hospice services | Abortion services |
|---|-----------|--------------------------------|---|-------------------------------------|---------------------------------|--|--|------------------------|------------------|-------------------|
| Section 5 Infection prevention and antimicrobial stewardship | | | | | | | | | | |
| 5.1 Governance | 5.1.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.1.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.1.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.1.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 5.2 The infection prevention programme and implementation | 5.2.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.7 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.8 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.9 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.10 | ✓ | ✓ | N/A | N/A | N/A | ✓ | ✓ | ✓ | ✓ |
| | 5.2.11 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.12 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.2.13 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 5.3 Antimicrobial stewardship and implementation | 5.3.1 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.3.2 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.3.3 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 5.4 Surveillance of health care associated infection | 5.4.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.4.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.4.3 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.4.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.4.5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 5.5 Environment | 5.5.1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.5.2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.5.3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.5.4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 5.5.5 | ✓ | ✓ | N/A | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

A1

| | Criterion | Aged residential care services | Assisted reproductive technology services | Home and community support services | Residential disability services | Residential mental health and addiction services | Public and private overnight hospital inpatient services | Birth unit services | Hospice services | Abortion services |
|--|-----------|--------------------------------|---|-------------------------------------|---------------------------------|--|--|---------------------|------------------|-------------------|
| Section 6 Restraint and seclusion | | | | | | | | | | |
| 6.1 A process of restraint | 6.1.1 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.1.2 | N/A | N/A | N/A | ✓ | ✓ | ✓ | N/A | N/A | N/A |
| | 6.1.3 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.1.4 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.1.5 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.1.6 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| 6.2 Safe restraint | 6.2.1 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.2.2 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.2.3 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.2.4 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.2.5 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.2.6 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.2.7 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| | 6.2.8 | N/A | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| 6.3 Quality review of restraint | 6.3.1 | ✓ | N/A | N/A | ✓ | ✓ | ✓ | N/A | ✓ | N/A |
| 6.4 Seclusion | 6.4.1 | N/A | N/A | N/A | ✓ | N/A | Public hospital only | N/A | N/A | N/A |
| | 6.4.2 | N/A | N/A | N/A | ✓ | N/A | Public hospital only | N/A | N/A | N/A |
| | 6.4.3 | N/A | N/A | N/A | ✓ | N/A | Public hospital only | N/A | N/A | N/A |
| | 6.4.4 | N/A | N/A | N/A | ✓ | N/A | Public hospital only | N/A | N/A | N/A |
| | 6.4.5 | N/A | N/A | N/A | ✓ | N/A | Public hospital only | N/A | N/A | N/A |
| | 6.4.6 | N/A | N/A | N/A | ✓ | N/A | Public hospital only | N/A | N/A | N/A |
| | 6.4.7 | N/A | N/A | N/A | ✓ | N/A | Public hospital only | N/A | N/A | N/A |
| | 6.4.8 | N/A | N/A | N/A | ✓ | N/A | Public hospital only | N/A | N/A | N/A |
| | 6.4.9 | N/A | N/A | N/A | ✓ | N/A | Public hospital only | N/A | N/A | N/A |

1 Ō TĀTOU MOTIKA OUR RIGHTS

Putanga 1: Ō tātou motika

Ka whiwhi te tangata i ngā ratonga haumarū, i tētahi paerewa tōtika, e ū ana hoki ki te ture motika kiritaki. E tukuna ana ngā ratonga i runga i te wairua whakaute ki ngā motika tangata, e whakarite ana i te whakaaetanga whai mōhio, e whakaiti ana i te tūkino, me te pupuri i ngā uara me ngā whakapono ahurea o ia tangata.

1.1 Pae ora

E mātau ana ahau he aha tōna tikanga ki a au

Te Tiriti

Ka pāhautea ka whakapuāwai te Māori i tētahi taiao e whakarite ana i te hauora me te oranga pai.

Hei kaiwhakarato ratonga

Ka mahi tahi mātou ki te awhi, tautoko me te whakatairanga i tētahi tirohanga Māori ki te hauora me te whakarato i ngā ratonga kounga nui, manarite, whaihua hoki mō te Māori, e tāparetia ana e Te Tiriti o Waitangi.

Ngā paearu

- 1.1.1** Me tāmau, me whakatinana hoki taku kaiwhakarato ratonga i Te Tiriti o Waitangi ki roto i āna mahi katoa, e whakarangatira ana i te Māori, me te tautoko i te Māori i ōna wawata, ahakoa he aha (arā te whakarangatira i te mana motuhake).
- 1.1.2** Ka whakarite taku kaiwhakarato i te kawenga ā-ahurea haumarū o aku ratonga.
- 1.1.3** Ka kaha te whai me te pupuri a taku kaiwhakarato i ngā kaimahi hauora Māori puta noa i ngā tūranga whakahaere katoa.
- 1.1.4** E whakarite ai i ngā huarahi manarite, kia Māori mai te aro pū a taku kaiwhakarato ratonga.
- 1.1.5** Ka mahi rangapū taku kaiwhakarato ki ngā iwi me ngā rōpū whakahaere Māori i roto, ki tua hoki i te rāngai hauora e āhei ai te whakaurunga ratonga, te whakamaheretanga me te tautoko pai ake mā te Māori.

Outcome 1: Our rights

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.

1.1 Pae ora healthy futures

I know what it means for me

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.

Criteria

- 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).
- 1.1.2** My service provider shall ensure my services are operating in ways that are culturally safe.
- 1.1.3** My service provider shall actively recruit and retain a Māori health workforce across all organisational roles.
- 1.1.4** To facilitate equity approaches, my service provider shall be Māori centred.
- 1.1.5** My service provider shall work in partnership with iwi and Māori organisations within and beyond the health sector to allow for better service integration, planning, and support for Māori.

1.2 Ola manuia o ngā iwi o Te Moana-nui-a-Kiwa kei Aotearoa
Ola manuia of Pacific peoples in Aotearoa

| E mātau ana ahau he aha tōna tikanga ki a au | | |
|--|--|--|
| <p>Ngā tāngata</p> <p>E tika ana kia whiwhi hauora me te oranga pai rawa ngā iwi o Te Moana-nui-a-Kiwa kei Aotearoa e noho ana.</p> | <p>Te Tiriti</p> <p>Ka āhukahuka ngā iwi o Te Moana-nui-a-Kiwa i te mana whenua o Aotearoa hei tuakana ki a rātou, ā, ka ū ki te tautoko i te mana whenua e tutuki ai te tino rangatiratanga.</p> | <p>Hei kaiwhakarato ratonga</p> <p>Ka whakarato mātou i ngā ratonga hauora me te hauātanga matawhānui, tautika hoki, e pūtaketia ana e ngā tirohanga o Te Moana-nui-a-Kiwa, ā, e whanaketia ngātahitia ana ki ngā iwi o Te Moana-nui-a-Kiwa mō ngā putanga hauora pai rawa.</p> |
| I know what it means for me | | |
| <p>The people</p> <p>Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> | <p>Te Tiriti</p> <p>Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> | <p>As service providers</p> <p>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> |

Ngā paearu | Criteria

- 1.2.1** My service provider shall ensure cultural safety for Pacific peoples and that their worldviews, cultural, and spiritual beliefs are embraced.
- 1.2.2** My service provider shall focus on achieving equity and efficient provision of health and disability services for Pacific peoples.
- 1.2.3** My service provider shall design a Pacific plan in partnership with Pacific communities underpinned by Pacific voices and Pacific models of care.
- 1.2.4** My service provider shall actively recruit, train, and retain a holistic Pacific health and wellbeing workforce that is responsive to the Pacific population's health and disability needs. This will include Pacific peoples in leadership and training roles.
- 1.2.5** My service provider shall work in partnership with Pacific communities and organisations, within and beyond the health and disability sector, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.

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1.3 Aku motika i te wā e tukuna ana ngā ratonga
My rights during service delivery

| E mātau ana ahau he aha tōna tikanga ki a au | | |
|---|---|--|
| Ngā tāngata He pānga whaitake tō ōku motika mā roto i ngā mahi me ngā whanonga a ētahi atu. | Te Tiriti E whakarangatira ana ngā kaiwhakarato ratonga i te mana motuhake a te Māori. | Hei kaiwhakarato ratonga Ka whakarato ratonga me te tautoko mātou ki te hunga e puritia ana ō rātou motika, e ū ana hoki ki ngā whakaritenga ā-ture. |
| I know what it means for me | | |
| The people My rights have meaningful effect through the actions and behaviours of others. | Te Tiriti Service providers recognise Māori mana motuhake (self-determination). | As service providers We provide services and support to people in a way that upholds their rights and complies with legal requirements. |

Ngā paearu | Criteria

- 1.3.1** My service provider shall know and understand my rights and ensure that I am informed of my rights.
- 1.3.2** My services shall be provided in a manner that complies with my rights.
- 1.3.3** My service providers shall provide opportunities for discussion and clarification about my rights.
- 1.3.4** My service provider shall facilitate support for me in accordance with my wishes, including independent advocacy.
- 1.3.5** My service provider shall recognise Māori mana motuhake.

1.4 E whakautetia ana ahau I am treated with respect

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

Ka taea e au te noho māori ina whakautetia ahau, ina manaakitia ahau.

Te Tiriti

Ka ū ngā kaiwhakarato ratonga ki te mana motuhake Māori.

Hei kaiwhakarato ratonga

Ka whakarato ratonga me te tautoko ki te tangata mā te huarahi manaaki i te katoa ā, e whakautea ana hoki tō rātou tuakiri me ā rātou wheakotanga.

I know what it means for me

The people

I can be who I am when I am treated with dignity and respect.

Te Tiriti

Service providers commit to Māori mana motuhake.

As service providers

We provide services and support to people in a way that is inclusive and respects their identity and their experiences.

Ngā paearu | Criteria

- 1.4.1** I shall be asked, and shall have opportunities to share, what is important to me.
- 1.4.2** My service provider shall be responsive to my identity, which could include my values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics.
- 1.4.3** My services shall be provided in a manner that respects my dignity, privacy, confidentiality, and preferred level of interdependence.
- 1.4.4** Te reo Māori and tikanga Māori shall be actively promoted throughout organisations and incorporated through all their activities.
- 1.4.5** Services shall ensure health care and support workers receive Te Tiriti o Waitangi training and that this is reflected in day-to-day service delivery.
- 1.4.6** Service providers shall respond to tāngata whaikaha needs and enable their participation in te ao Māori.

1.5 E whakahaumarutia ana ahau i ngā mahi tūkino
I am protected from abuse

| E mātau ana ahau he aha tōna tikanga ki a au | | |
|--|--|---|
| Ngā tāngata E rongo ana au i te haumarutanga, ā, ka whakahaumarutia i ngā mahi tūkino. | Te Tiriti Ka whakarato ngā kaiwhakarato i ngā ratonga haumaru ā-ahurea, ā-haumanu hoki ki te Māori kia rongo ai rātou i te haumaru, ā, ka whakahaumarutia i ngā mahi tūkino. | Hei kaiwhakarato ratonga Ka whakarite mātou kia noho haumaru, kia whakahaumarutia hoki mai i ngā mahi tūkino ngā tāngata e whakamahi ana i ā matou ratonga. |
| I know what it means for me | | |
| 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. |

Ngā paearu | Criteria

- 1.5.1** I shall receive services free of discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect.
- 1.5.2** My service provider shall have effective safeguards to protect me from abuse and re-victimisation.
- 1.5.3** My property shall be respected, and my finances protected within the scope of the service being provided.
- 1.5.4** Health care and support workers shall maintain professional boundaries with me and refrain from acts or behaviours that could negatively impact on my wellbeing.
- 1.5.5** My service provider shall promote an environment in which it is safe to ask the question ‘how is institutional and systemic racism acting here?’
- 1.5.6** My service provider shall prioritise a strengths-based and holistic model ensuring wellbeing outcomes for Māori.

1.6 Ka kitea ngā whakawhitiwhitinga whai hua Effective communication occurs

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E mōhio ana ahau kei te whakarangona, kei te uaratia aku kōrero, ā, e whai wāhi ana ngā mōhiohia katoa e whakawhitia ana ki te pikinga o taku oranga.

Te Tiriti

He ngāwari noa te tiki i ngā ratonga me te toro haere, ā, e tukuna ana ngā karere hauora mārama, hāngai hoki ki te Māori.

Hei kaiwhakarato ratonga

Ka whakarongo, ka whakaute mātou i ngā reo o ngā tāngata e whakamahi ana i ā mātou ratonga me te whakawhitiwhiti pai ki a rātou mō ō rātou whiringa.

I know what it means for me

The people

I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.

Te Tiriti

Services are easy to access and navigate and give clear and relevant health messages to Māori.

As service providers

We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.

Ngā paearu | Criteria

- 1.6.1** I shall receive information in my preferred format and in a manner that is useful for me.
- 1.6.2** My service provider shall communicate with other agencies involved in my care.
- 1.6.3** My service provider shall practise open communication with me.
- 1.6.4** I shall be provided with the time I need for discussions and decisions to take place.
- 1.6.5** Appropriate interpreter services shall be provided to me.
- 1.6.6** My service provider shall make communication and information easy for all people to access; understand; and use, enact, or follow.

1.7 Kua whai mōhio ahau, ā, ka taea e au te mahi whiringa I am informed and able to make choices

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E mōhio ana au ka pātaitia he aha aku tirohanga. Ka whakautetia aku whiringa i te wā e whakatau take ana mō taku oranga. Ki te kore e whakatinanahia aku whiringa, ka whakaratoa mai ētahi mōhiohio e tautoko ana ahau kia mōhio he aha ai.

Te Tiriti

E whakaratoa ana ngā ratonga kouna nui e ngāwari ana hoki te urunga me te whakaterenga. Ka tukuna e ngā kaiwhakarato ngā karere mārāma, hāngai hoki kia taea ai e ngā tāngata me ngā whānau te whakahaere tika i tō rātou hauora ake, te noho hauora, me te noho pai.

Hei kaiwhakarato ratonga

Ka whakarato mātou i ngā tāngata e whakamahi ana i ā rātou ratonga, ō rātou māngai ā-ture rānei ki ngā mōhiohio e tika ana ki te whakatau i ngā take i runga i te mōhio, e ai hoki ki ō rātou motika me tō rātou āhei ki te noho motuhake, te whai whiringa me te whakahaerenga motuhake.

I know what it means for me

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.

Ngā paearu | Criteria

- 1.7.1** I shall have the right to make an informed choice and give informed consent.
- 1.7.2** I shall be empowered to actively participate in decision making.
- 1.7.3** I shall have a right to supported decision making.
- 1.7.4** My whānau shall be included in decision making with my consent and shall be enabled to do so through access to quality information, advice, and resources.
- 1.7.5** I shall give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.
- 1.7.6** My legal representative shall only make decisions on my behalf in compliance with the law. If my legal representatives make decisions for me, I still have the right to be included.
- 1.7.7** My advance directives (written or oral) shall be followed wherever possible.
- 1.7.8** The service providers shall have processes and policies to gain my consent and respect my wishes regarding the storage, return, or disposal of my body parts, tissues, and bodily substances.
- 1.7.9** Service providers shall follow the appropriate best practice tikanga guidelines in relation to consent.

1.8 Nōku te mana ki te tuku amuamu I have the right to complain

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

He ngāwari noa ki a au te tuku amuamu. Ina tuku amuamu ahau, ka arotia nuitia ahau, ā, ka whai whakautu wawe.

Te Tiriti

Ko te Māori me ngā whānau te pūtake o te pūnaha hauora me te hauātanga, hei hoa hohe i te whakapaitanga o te pūnaha, me te manaaki, tautoko hoki i a rātou.

Hei kaiwhakarato ratonga

He pūnaha tōkeke, pūataata, tautika hoki tā mātou e ngāwari ai te whiwhi me te whakatau, te whakateitei rānei i ngā amuamu i tētahi āhuatanga e hua mai ana he whakapaitanga pai rawa atu.

I know what it means for me

The people

I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.

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.

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.

Ngā paearu | Criteria

- 1.8.1** My right to make a complaint shall be understood, respected, and upheld by my service provider.
- 1.8.2** I shall be informed about and have easy access to a fair and responsive complaints process that is sensitive to, and respects, my values and beliefs.
- 1.8.3** My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.
- 1.8.4** I am informed of the findings of my complaint.
- 1.8.5** The Code of Health and Disability Services Consumers' Rights and the complaints process shall work equitably for Māori.

1.9 Te hauora me te ora o ngā tamariki ka whānau mai, hei hua o ngā ratonga hangarau whakaputa uri, ā, me te whakaurunga ki ēnei e te tangata

Health and wellbeing of children born as a result of, and people accessing, reproductive technology services

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E marama ana ahau ki aku whiringa me ōna tikanga mō te hauora me te ora o ō mātou whānau. Ki ōku whakaaro e tukuna ana ngā mōhiotio i runga i te ngākau aroha.

Te Tiriti

E kite wheakotia ana e te Māori me ngā tamariki ngā putanga manarite mai i ngā ratonga hangarau whakaputa uri.

Hei kaiwhakarato ratonga

Ka whakarite mātou ko te hauora me te ora o ngā uri ka whānau mai hei hua o ngā ratonga hangarau whakaputa uri, ā, me te āhei o ngā tāngata ki ēnei hangarau, koinā te mātāpono e ārahi ana i tā mātou tuku ratonga.

I know what it means for me

The people

I understand my options and what they mean for the health and wellbeing of our whānau. I feel the information is given in a compassionate manner.

Te Tiriti

Māori and tamariki experience equitable outcomes from reproductive technology services.

As service providers

We ensure that the health and wellbeing of the offspring born as a result of reproductive technology services and of people accessing these technologies is the guiding principle of our service delivery.

Ngā paearu | Criteria

- 1.9.1** Service provision shall be designed to mitigate the risks of assisted reproductive technology treatment.
- 1.9.2** Service providers shall submit information to agencies appointed by the Ministry of Health.
- 1.9.3** Service providers shall ensure that people are aware of their rights and obligations under the Human Assisted Reproductive Technology Act 2004.
- 1.9.4** People shall be informed of available treatment options.

1.10 Ngā whakaritenga o te tuku tātea/hua me te kōpū taurima Requirements of donation and surrogacy

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E mōhio ana mātou ki ngā motika me ngā haepapa o te hunga katoa e whai pānga ana ki te tuku tātea/hua me te kōpū taurima, me ngā tiakanga o ngā pānga o ngā tamariki kāore anō kia whānau mai.

Te Tiriti

E tiaki ana te whakaratonga o ngā hangarau whakaputa uri i ngā pānga me te hauora o ngā kaituku Māori, o rātou ka pīrangi kia tū hei mātua, o ngā wāhine whai kōpū taurima, me ngā uri.

Hei kaiwhakarato ratonga

Ka whakarite mātou kia tiakina e ngā hangarau whakaputa uri ngā pānga me te hauora o ngā kaituku, ngā mātua, ngā kōpū whāngai me ngā uri.

I know what it means for me

The people

We are aware of the rights and responsibilities of everyone involved in donation and surrogacy, and the interests of unborn children are protected.

Te Tiriti

The provision of reproductive technologies protects the interests and health of Māori donors, intending parents, surrogates, and offspring.

As service providers

We ensure the provision of reproductive technologies protects the interests and health of donors, intending parents, surrogates, and offspring

Ngā paearu | Criteria

- 1.10.1** Service providers shall encourage and support people to inform offspring of their genetic and gestational origins and shall store information to enable access.
- 1.10.2** Donors shall be made aware of their rights and responsibilities and shall be encouraged to exercise them.
- 1.10.3** Gametes, embryos, or reproductive tissue shall be screened and safe for donation.
- 1.10.4** Service providers shall have a policy that limits the number of families created from an individual donor.
- 1.10.5** Service providers shall ensure that people participating in donation or surrogacy receive counselling from a person who is eligible to be an Australian and New Zealand Infertility Counsellors Association (ANZICA) approved counsellor.

2 HUNGA MAHI ME TE HANGANGA WORKFORCE AND STRUCTURE

Putanga 2: Hunga mahi me te hanganga

Ka whiwhi ratonga pai rawa ngā tāngata mā roto i ngā mahi whakaruruhau whai hua me tētahi hunga mahi e tautokotia ana.

Outcome 2: Workforce and structure

People receive quality services through effective governance and a supported workforce.

2.1 Mana whakahaere Governance

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E whakapono ana ahau kei te hunga whai mana whakahaere mō te ratonga te mōhiotanga, te ngākau titikaha, me te kaha hei whakamana i ngā hāpori e mahi ai rātou.

Te Tiriti

Hei whakamana i Te Tiriti, ka whai wāhi te Māori hei mana whakahaere hei hoa rangapū, ā, ka whai take tō rātou whakaurunga ki ngā poari mana whakahaere katoa, me te whai reo nui i ngā kaupapa here whakahaere.

Hei kaiwhakarato ratonga

E haepapa ana tō mātou rōpū mana whakahaere mō te tukunga o tētahi ratonga kōunga nui e urupare ana, e manaakitia ai te katoa, ā, e aro ana ki te kanorau ā-ahurea o ngā hāpori e whakaratohia ana e mātou.

I know what it means for me

The people

I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.

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.

As service providers

Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.

Ngā paearu | Criteria

- 2.1.1** Governance bodies shall ensure compliance with legislative, contractual, and regulatory requirements with demonstrated commitment to international conventions ratified by the New Zealand government.
- 2.1.2** Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.
- 2.1.3** Governance bodies shall appoint a suitably qualified or experienced person to manage the service provider with authority, accountability, and responsibility for service provision.
- 2.1.4** Governance bodies shall evidence leadership and commitment to the quality and risk management system.
- 2.1.5** Governance bodies shall ensure service providers deliver services that improve outcomes and achieve equity for Māori.
- 2.1.6** Governance bodies shall ensure service providers deliver services that improve outcomes and achieve equity for tāngata whaikaha people with disabilities.
- 2.1.7** Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.
- 2.1.8** Governance bodies shall support people receiving services and whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery.
- 2.1.9** Governance bodies shall have meaningful Māori representation on relevant organisational boards, and these representatives shall have substantive input into organisational operational policies.
- 2.1.10** Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.
- 2.1.11** There shall be a clinical governance structure in place that is appropriate to the size and complexity of the service provision.

2.2 Kounga me te mōrearea Quality and risk

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E whakapono ana au kua whakaritea ētahi pūnaha hei tiaki i ahau, e urupare ana, ā, e arotahi ana ki te hiki i taku wheakotanga me ngā putanga tiaki.

Te Tiriti

Ka tohaina e ngā kaiwhakarato ratonga ngā rauemi tōtika hei āta whakatutuki i te whakapiki kounga haere tonu me te aronga anō hoki manarite i te hauora Māori.

Hei kaiwhakarato ratonga

He pūnaha mana whakahaere whai hua, torowhānui hoki ā mātou e pā ana ki te whakapiki kounga haere tonu e whai ana i te huarahi e āta aro ana ki te mōreareatanga, ā, ka tutuki i aua pūnaha ngā hiahia o ngā tāngata e whakamahi ana i ngā ratonga, me ā mātou kaimahi tiaki, tautoko i te hauora.

I know what it means for me

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.

Te Tiriti

Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.

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.

Ngā paearu | Criteria

- 2.2.1** Service providers shall ensure the quality and risk management system has executive commitment and demonstrates participation by the workforce and people using the service.
- 2.2.2** Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.

- 2.2.3** Service providers shall evaluate progress against quality outcomes.
- 2.2.4** Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.
- 2.2.5** Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.
- 2.2.6** Service providers shall understand and comply with statutory and regulatory obligations in relation to essential notification reporting.
- 2.2.7** Service providers shall ensure their health care and support workers can deliver high-quality health care for Māori.
- 2.2.8** Service providers shall improve health equity through critical analysis of organisational practices.

2.3 Whakahaerenga ratonga Service management

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

Ka whakarongo mai ngā kaimahi hauora, kaitautoko whai pūkenga, mākohakoha hoki ki ahau, ka whakarato i te tiakanga motuhake, ā, me te whakamaimoa i ahau hei tangata tūtahi.

Te Tiriti

Ka tutuki te tukunga o te tiakanga hauora kouna nui ka whakaea i ngā hiahia me ngā wawata ahurea o te Māori, mā te whakamahinga o ngā utauta hauora manarite, whakapai kouna hoki.

Hei kaiwhakarato ratonga

E whakarite ana mātou ka whakahaeretia ā mātou whakahaere o ia rā hei tuku ratonga aro ki te tangata, aro ki te whānau hoki.

I know what it means for me

The people

Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.

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.

As service providers

We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.

Ngā paearu | Criteria

- 2.3.1** Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.
- 2.3.2** Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.
- 2.3.3** Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.
- 2.3.4** Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.
- 2.3.5** Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.

- 2.3.6** Service providers shall establish environments that encourage collecting and sharing of high-quality Māori health information.
- 2.3.7** Service providers shall invest in the development of organisational and health care and support worker health equity expertise.
- 2.3.8** Support systems promote health care and support worker wellbeing and a positive work environment.
- 2.3.9** Service providers demonstrates people with lived experience of the service participate in the planning, implementation, monitoring, and evaluation of service delivery.
- 2.3.10** Service providers ensure people with lived experience of the service who are involved in the planning, implementation, and evaluation of services have a clear terms of reference or position description.
- 2.3.11** Service providers have policies and procedures related to people with lived experience participating in service delivery. These are used to maximise their involvement and ensure their collective feedback is sought.
- 2.3.12** Service providers demonstrate whānau and community participate, where relevant, in the planning, implementation, monitoring, and evaluation of service delivery.
- 2.3.13** Service providers shall ensure whānau who participate in an advisory capacity have clear terms of reference or position description.
- 2.3.14** Service providers shall have policies and procedures relating to whānau participation. These are used to maximise whānau involvement in the service and ensures their collective feedback is sought.

2.4 Ngā kaimahi tiaki hauora me ngā kaimahi tautoko Health care and support workers

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

Kei ngā tāngata e whakaratō tautoko ana i te mōhiotanga, ngā pūkenga, ngā uara, me ngā waiaro e hāngai ana ki aku hiahia. Ka tutuki aku hiahia i te whānuitanga o ngā tāngata rerekē.

Te Tiriti

Ka kaha ngā kaiwhakarato ratonga ki te rapu me te pupuri i te hunga mahi hauora Māori, me te haumi ki te whakapiki me te tiaki i tō rātou āheinga ki te tuku i te tiakanga hauora e whakatutuki ana i ngā hiahia o te Māori.

Hei kaiwhakarato ratonga

E rawaka ana ngā kaimahi tiaki hauora me ngā kaitautoko whai pūkenga, whai tohu hoki ki te whakarato i ngā ratonga haumarū ā-haumanu, ā-ahurea, he mea whakaute, me te kōunga o te tiakitanga me ngā ratonga.

I know what it means for me

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.

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.

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.

Ngā paearu | Criteria

- 2.4.1** Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.
- 2.4.2** Service providers shall ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.
- 2.4.3** Professional qualifications shall be validated prior to employment, including evidence of registration and scope of practice for health care and support workers.

- 2.4.4** Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.
- 2.4.5** Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.
- 2.4.6** Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.
- 2.4.7** Health care and support workers shall have the opportunity to be involved in a debrief and discussion, and receive support following incidents to ensure wellbeing.

2.5 Mōhiohio Information

| E mātau ana ahau he aha tōna tikanga ki a au | | |
|--|---|---|
| Ngā tāngata Ka whakahaeretia tikatia aku mōhiohio e ngā kaiwhakarato, ā, i runga anō i aku hiahia. | Te Tiriti Ka kohia, ka puritia, ā, ka whakamahia ngā raraunga mātāwaka kounga e ngā kaiwhakarato hei whakatutuki i te manarite o te hauora Māori. | Hei kaiwhakarato ratonga Ka whakarite mātou i te tika, te nui, te haumaruru, te āheinga me te matatapu o ngā mōhiohio ka kohia, ka puritia ka whakamahia hoki o ngā mōhiohio whaiaro, hauora hoki o te hunga e whakamahi ana i ā mātou ratonga. |
| I know what it means for me | | |
| The people Service providers manage my information sensitively and in accordance with my wishes. | Te Tiriti Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. | As service providers We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential. |

Ngā paearu | Criteria

- 2.5.1** Service providers shall maintain quality records that comply with the relevant legislation, health information standards, and professional guidelines, including in terms of privacy.
- 2.5.2** Service providers shall maintain an information management system that:
- (a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication;
 - (b) Makes the information manageable;
 - (c) Ensures the information is accessible for all those who need it;
 - (d) Complies with relevant legislation;
 - (e) Integrates an individual’s health and support records.
- 2.5.3** Service providers responsible for National Health Index registration of people receiving services shall meet the recording requirements specified by the Ministry of Health.

3 NGĀ HUARAHĪ KI TE ORANGA PATHWAYS TO WELLBEING

Putanga 3: Ngā huarahi ki te oranga

Ka whai wāhi ngā tāngata ki te whanaketanga o tō rātou ake huarahi ki te oranga, ā, ka whiwhi aromatawai wawe, ka whāia ki ngā ratonga e whakamaheretia ana, e rurukutia ana, e tukuna ana hoki i runga i te wairua e hāngai ana ki ō rātou hiahia.

Outcome 3: Pathways to wellbeing

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.

3.1 Te urunga me te whakakore urunga Entry and declining entry

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E mārāma ana te whakawhiti a ngā kaiwhakarato i te urunga, ngā wātaka me ngā utu o te uru ki ngā ratonga, kia taea ai e au te kōwhiri i te kaiwhakarato e hāngai ana hei whakaea i aku hiahia.

Te Tiriti

Ka ngana tonu ngā kaiwhakarato ki te whakakore i ngā tōritenga i waenganui i te Māori me tauīwi mā te whakarite i te urunga tōkeke ki te tiakanga kouna.

Hei kaiwhakarato ratonga

Ina whakauru ngā tāngata ki tā mātou ratonga, ka whāia e mātou tētahi huarahi aro ki te tangata, aro ki te whānau hoki ki tō rātou tiakanga. Ka arotahi mātou ki ā rātou hiahia me ngā whāinga me te akiaki i te whai wāhi mai a te whānau. Ina kore taea e mātou te whakatutuki i ēnei hiahia, ka tuhia, ka whakawhitia hoki ngā mōhiohio tika mō ngā take o te whakatau ki te tangata me te whānau.

I know what it means for me

The people

Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.

Te Tiriti

Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.

As service providers

When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.

Ngā paearu | Criteria

3.1.1 During the initial engagement prior to service entry, service providers shall ensure:

- (a) There is accurate information about the service available in a variety of accessible formats;
- (b) There are documented entry criteria that are clearly communicated to people, whānau, and, where appropriate, local communities and referral agencies.

3.1.2 There shall be clearly documented processes for determining a person's entry into a service.

3.1.3 The entry process shall:

- (a) Respect the rights and identity of the person entering services;
- (b) Allow for ongoing consultation with whānau;
- (c) Where entry to the service is delayed, ensure the person receives timely updates.

3.1.4 There shall be clear processes for communicating the decisions for declining entry to a service.

3.1.5 Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.

3.1.6 Prior to a Māori individual and whānau entry, service providers shall:

- (a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;
- (b) Work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.

3.2 Taku huarahi ki te oranga My pathway to wellbeing

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

Ka mahi tahi ahau me aku kaiwhakarato kia mōhio ai rātou ki ngā take e whai pānga ana ki ahau, ka whakatau ngātahi he aha te tautoko pai rawa mō taku oranga.

Te Tiriti

Ka mahi ngā kaiwhakarato i te taha o te Māori me ngā whānau me te tautoko i ō rātou wawata, te mana motuhake me te rangatiratanga o te whānau.

Hei kaiwhakarato ratonga

Ka mahi tahi mātou ki ngā tāngata me ngā whānau ki te tautoko i te oranga.

I know what it means for me

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.

Te Tiriti

Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.

As service providers

We work in partnership with people and whānau to support wellbeing.

Ngā paearu | Criteria

- 3.2.1** Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.
- 3.2.2** Care or support plans shall be developed within service providers' model of care.
- 3.2.3** Fundamental to the development of a care or support plan shall be that:
- Informed choice is an underpinning principle;
 - A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;
 - Comprehensive assessment includes consideration of people's lived experience;
 - Cultural needs, values, and beliefs are considered;
 - 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;

- (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;
- (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;
- (h) People's care or support plan identifies wider service integration as required.

3.2.4 In implementing care or support plans, service providers shall demonstrate:

- (a) Active involvement with the person receiving services and whānau;
- (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;
- (c) That the person receives services that remove stigma and promote acceptance and inclusion;
- (d) That needs and risk assessments are an ongoing process and that any changes are documented.

3.2.5 Planned review of a person's care or support plan shall:

- (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;
- (b) Include the use of a range of outcome measurements;
- (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;
- (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;
- (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.

3.2.6 Service providers shall:

- (a) Together with tāngata whaikaha, develop policies and procedures that ensure tāngata whaikaha and whānau participate in service development;
- (b) Deliver services that give tāngata whaikaha choice and control over their supports;
- (c) Remove barriers that prevent tāngata whaikaha and whānau from independently accessing information.

3.2.7 Service providers shall understand Māori constructs of oranga and implement a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. The support required to achieve these shall be clearly documented, communicated, and understood.

3.3 Ngā mahi takitahi Individualised activities

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

Ka uru ahau ki ngā mahi e whai pānga ana ki ahau, i runga i tāku e hiahia ana.

Te Tiriti

Ka tautoko ngā kaiwhakarato ratonga i ngā kaupapa me ngā kōkiri a te hāpori Māori e whakatairanga ana i te whanaungatanga.

Hei kaiwhakarato ratonga

Ka tautoko mātou i ngā tāngata e whakamahi ana i ā mātou ratonga ki te tiaki me te whakawhanake i ā rātou hiahia me te whakauru ki ngā mahi whai take ā-hāpori, ā-pāpori hoki, ahakoa kua maheretia, kore rānei, e hāngai ana ki tō rātou pakeketanga, ā, ka whakaea i ā rātou hiahia.

I know what it means for me

The people

I participate in what matters to me in a way that I like.

Te Tiriti

Service providers support Māori community initiatives and activities that promote whanaungatanga.

As service providers

We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.

Ngā paearu | Criteria

- 3.3.1** Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.
- 3.3.2** People receiving services shall be supported to access their communities of choice where possible.
- 3.3.3** Service providers shall encourage their workforce to support community initiatives that meet the health needs and aspirations of Māori and whānau.
- 3.3.4** Service providers shall facilitate opportunities for Māori to participate in te ao Māori.

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3.4 Aku rongoā My medication

| E mātau ana ahau he aha tōna tikanga ki a au | | |
|---|---|---|
| Ngā tāngata Ka whiwhi au i aku hua rongoā, toto hoki i runga i te haumarū, i te wā tika anō hoki. | Te Tiriti Ka tautoko ngā kaiwhakarato, ka taunaki hoki mō te Māori kia whiwhi rātou i ngā hua rongoā me te toto e tika ana. | Hei kaiwhakarato ratonga Ka whakarite mātou ka whiwhi te tangata i ana hua rongoā, toto hoki i runga i te haumarū, i te wā tika hoki, e ū ana ki ngā here ā-ture o te wā me ngā aratohu mahi haumarū. |
| I know what it means for me | | |
| The people I receive my medication and blood products in a safe and timely manner. | Te Tiriti Service providers shall support and advocate for Māori to access appropriate medication and blood products. | 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. |

Ngā paearu | Criteria

- 3.4.1** A medication management system shall be implemented appropriate to the scope of the service.
- 3.4.2** The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.
- 3.4.3** Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.
- 3.4.4** A process shall be implemented to identify, record, and communicate people's medicine-related allergies or sensitivities and respond appropriately to adverse events.

- 3.4.5** Based on prescriber instructions, service providers shall provide ongoing support for people's understanding of their medication.
- 3.4.6** Service providers shall facilitate safe self-administration of medication where appropriate.
- 3.4.7** Where standing orders are used, the relevant guidelines shall be consulted to guide practice.
- 3.4.8** Over-the-counter medication and supplements shall be considered by the prescriber as part of the person's medication.
- 3.4.9** Service providers shall identify cases in which there are difficulties accessing medication, and support people to access it. Service providers support Māori and whānau to access medication.
- 3.4.10** Service providers shall provide appropriate support, advice, and treatment for Māori.
- 3.4.11** People shall receive their blood components in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.
- 3.4.12** Where applicable, people shall receive their fractionated plasma products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

3.5 Taioranga kai hei tautoko i te oranga Nutrition to support wellbeing

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

Ka ea i ngā kaiwhakarato ratonga aku hiahia taioranga kai, ā, ka whai whakaarotia hoki ngā kai e hiahia ana au.

Te Tiriti

E whakaute ana, e tautoko ana hoki te whanaketanga rārangi kai i aku tikanga, uara, kawa ahurea e pā ana ki te kai me te āheinga ki ngā kai taketake.

Hei kaiwhakarato ratonga

Ka whakarite mātou i te whakatutukinga o ngā taioranga kai me te inu o te tangata hei whakatairanga, hei tiaki hoki i tōna hauora me te oranga.

I know what it means for me

The people

Service providers meet my nutritional needs and consider my food preferences.

Te Tiriti

Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.

As service providers

We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.

Ngā paearu | Criteria

- 3.5.1** Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.
- 3.5.2** People and whānau shall have the opportunity to be involved in preparation of food as appropriate to the service.
- 3.5.3** Service providers shall ensure people's dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.
- 3.5.4** The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.
- 3.5.5** An approved food control plan shall be available as required.
- 3.5.6** All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal shall comply with current legislation and guidelines.
- 3.5.7** Service providers adopt a holistic approach to menu development that ensures nutritional value, respecting and supporting cultural beliefs, values, and protocols around food. Māori and whānau shall have menu options culturally specific to te ao Māori.

3.6 Te takatau, whakawhiti me te whakaputa Transition, transfer, and discharge

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

Ka mahi tahi ahau me taku kaiwhakarato ratonga kia mōhio ai ia ki ngā take e whai pānga ana ki ahau, ka whakatau ngātahi he aha te tautoko pai rawa mō taku oranga ina wehe au i te ratonga.

Te Tiriti

Ka taunaki ngā kaiwhakarato mō te Māori hei whakarite i tō rātou ko te whānau whiwhinga i te tautoko tika i te takatau, whakawhiti, me te whakaputa.

Hei kaiwhakarato ratonga

Ka whakarite mātou kia wheako ngā tāngata e whakamahi ana i tā mātou ratonga i riritetanga me te haerenga tonutanga ina wehe i tā mātou ratonga. Ka mahi mātou i te taha o ia tangata me te whānau ki te whakarato me te ruruku i te whitinga tautoko o te tiakanga, tautoko rānei.

I know what it means for me

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.

Te Tiriti

Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.

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.

Ngā paearu | Criteria

- 3.6.1** Service providers shall implement a process to support a safe, timely, seamless transition, transfer, or discharge.
- 3.6.2** Service providers shall discuss and document reasons for transition, transfer, or discharge with the person and their whānau including any expressed concerns.

- 3.6.3** People and whānau shall be advised of their options to access other health and disability services and social support or kaupapa Māori agencies where indicated or requested.
- 3.6.4** A documented transition, transfer, or discharge plan, including current needs and risk mitigation, shall be developed in collaboration with the person and whānau and the accepting service provider.
- 3.6.5** Service providers shall ensure people obtain the support they need, and that this is documented in the transition, transfer, or discharge plan.

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3.7 Haumanu whakahikororo Electroconvulsive therapy

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

Ka taea e au te kōwhiri i te haumanu whakahikororo mēnā e tika ana, i muri i taku whiwhi i ngā mōhiohia katoa o ngā hua, ngā mōrearea me ngā pānga kino e mōhiohia ana.

Te Tiriti

Ka tukuna te tiakanga mā te Māori e ngā kaiwhakarato i runga anō i te rangatiratanga me te whakaute i ōna whakapono ahurea, matatika hoki/rānei.

Hei kaiwhakarato ratonga

E whakarato ana mātou he haumarū, he tōtika hoki te haumanu whakahikororo mā ngā tāngata e whakamahi ana i tā mātou ratonga.

I know what it means for me

The people

I can choose to have electroconvulsive therapy if it is appropriate, after receiving all the information on the benefits, risks, and known side effects.

Te Tiriti

Service providers deliver care for Māori with recognition of and respect for their cultural and or ethical beliefs.

As service providers

We ensure electroconvulsive therapy is safe and effective for the people using our service.

Ngā paearu | Criteria

- 3.7.1** Electroconvulsive therapy (ECT) shall be provided according to legislation and current national guidelines.
- 3.7.2** There shall be monitoring processes in place to ensure all assessments, consents, and application of ECT comply with the current national guidelines and legislation and service providers' policies and procedures.
- 3.7.3** People receiving services and whānau shall be given specific information on the benefits, risks, and known side effects of ECT. Information shall also include alternative treatment options.
- 3.7.4** For Māori, service providers shall recognise the role of whānau and community in a person's illness and treatment, and particular beliefs, such as the sacredness of the head, as essential.

3.8 Te whiwhi me te tiaki i ngā pūtau hema me ngā kikiri Obtaining and caring for gametes and embryos

| E mātau ana ahau he aha tōna tikanga ki a au | | |
|---|---|---|
| <p>Ngā tāngata</p> <p>E whakapono ana ahau ka haumarū, ka tika hoki te kōhi, te hanga rānei me te rokiroki o aku pūtau hema me ngā kikiri.</p> | <p>Te Tiriti</p> <p>Ka kohia, ka hangaia rānei, ka puritia hoki aku pūtau hema me ngā kikiri i runga anō i te mana motuhake, i ngā tikanga, me te kawa e hira ana ki ahau.</p> | <p>Hei kaiwhakarato ratonga</p> <p>Ka whakarite mātou ka kohia, ka hangaia rānei ka rokiroki hoki ngā pūtau hema me ngā kikiri i te taiao haumarū.</p> |
| I know what it means for me | | |
| <p>The people</p> <p>I trust that my gametes and embryos will be safely and appropriately collected or created and stored.</p> | <p>Te Tiriti</p> <p>My gametes and embryos will be collected or created and stored with regard to mana motuhake, tikanga, and kawa that are important to me.</p> | <p>As service providers</p> <p>We ensure gametes and embryos are safely and appropriately collected or created and stored in a safe environment.</p> |

Ngā paearu | Criteria

- 3.8.1** Service providers shall implement policies and procedures to accurately identify people, gametes, embryos, and other biological samples.
- 3.8.2** Service providers shall ensure safe preparation, performance, and discharge for obtaining and transferring gametes, embryos, and other biological samples. This covers procedures that fall under the day-stay label as well as those that do not, such as intrauterine and in-vitro insemination and embryo transfer.
- 3.8.3** Service providers shall ensure a suitable environment for optimising embryo culture conditions.
- 3.8.4** Service providers shall ensure the safe storage, manipulation, and use of cryopreserved biological materials in accordance with New Zealand legislation and regulation and best practice.
- 3.8.5** Service providers shall ensure there are contingency plans in place to minimise the risk of adverse outcomes following a disaster.

- 3.8.6** Service providers shall ensure the design of facilities is appropriate for assisted reproductive treatment and the people who use it.
- 3.8.7** On closure of a fertility service, there shall be ongoing safe storage and accessibility to gametes, embryos, tissues, and medical records.
- 3.8.8** Service providers shall ensure the design of the facility and the delivery of service are culturally and clinically safe for Māori who visit and use the service.

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4 TE ARO KI TE TANGATA ME TE TAIAO HAUMARU PERSON-CENTRED AND SAFE ENVIRONMENT

Putanga 4: Te aro ki te tangata me te taiao haumaru

Ka whakaratoa ngā ratonga hauora me te hauātanga i tētahi taiao haumaru e hāngai ana ki te pakeke me ngā hiahia o ngā tāngata e whiwhi ana i ngā ratonga, e whakarite ana hoki i te motuhaketanga, me te whakatutuki i ngā hiahia o ngā tāngata whaikaha.

Outcome 4: Person-centred and safe environment

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.

4.1 Te whare haumanu The facility

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

Ki ōku whakaaro, he mea hoahoa te taiao i tētahi āhuatanga e haumaru ana, ā, e āta aro ana ki aku hiahia. E taea noa ana e au te taki uru, te taki puta me te neke haumaru haere i te taiao.

Te Tiriti

He mea hoahoa te taiao me te āhua kia aro ki te Māori, kia haumaru ā-ahurea hoki mā te Māori me te whānau.

Hei kaiwhakarato ratonga

He haumaru tō mātou wāhi taiao, e tiakina paitia ana, e nahanaha ana me te hāneanea, ka māmā te uru, ā, ka taea e ngā tāngata e whiwhi ana i ā mātou ratonga te neke motuhake, me te kore herenga, puta noa. Ka hīkina hoki e te wāhi taiao te toi whenuatanga o te tangata, te motuhaketanga, te pāhekohekotanga me te āheinga.

I know what it means for me

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.

Te Tiriti

The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.

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.

Ngā paearu | Criteria

- 4.1.1** Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.
- 4.1.2** The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.
- 4.1.3** There shall be adequate personal space that is safe and age appropriate, and has accessible areas to meet relaxation, activity, lounge, and dining needs.
- 4.1.4** There shall be adequate numbers of toilet, showers, and bathing facilities that are accessible, conveniently located, and in close proximity to each service area to meet the needs of people receiving services. This excludes any toilets, showers, or bathing facilities designated for service providers or visitors using the facility.
- 4.1.5** There shall be adequate space to allow people to move safely around their personal space and bed area.
- 4.1.6** Each person's room shall have at least one external window, providing natural light, and appropriate ventilation and heating.
- 4.1.7** When services design new buildings there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.

4.2 Te haumaru o ngā tāngata me te hunga mahi
Security of people and workforce

| E mātau ana ahau he aha tōna tikanga ki a au | | |
|---|--|--|
| <p>Ngā tāngata</p> <p>E whakapono ana ahau mēnā ka pā he ohotata, mā taku kaiwhakarato ahau e tiaki.</p> | <p>Te Tiriti</p> <p>He kounga ngā mōhiohio ka whakaratoa e ngā kaiwhakarato ratonga e pā ana ki ngā whakaritenga ohotata me te haumarutanga o te Māori me ngā whānau.</p> | <p>Hei kaiwhakarato ratonga</p> <p>Ka tuku tiakanga, tautoko hoki mātou mā te āhua whakamahere, haumaru hoki, tae atu ki ngā wā o te ohotata, o tētahi āhuatanga ohorere rānei.</p> |
| I know what it means for me | | |
| <p>The people</p> <p>I trust that if there is an emergency, my service provider will ensure I am safe.</p> | <p>Te Tiriti</p> <p>Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> | <p>As service providers</p> <p>We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> |

Ngā paearu | Criteria

- 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.
- 4.2.2 Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.
- 4.2.3 Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.
- 4.2.4 Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.
- 4.2.5 An appropriate call system shall be available to summon assistance when required.

- 4.2.6** Service providers shall identify and implement appropriate security arrangements relevant to the people using services and the setting, including appropriate identification.
- 4.2.7** Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.
- 4.2.8** Service providers will explain emergency and security arrangements to all people using the services.

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5 TE KAUPARE POKENGA ME TE KAITIAKITANGA PATU HUAKITA INFECTION PREVENTION AND ANTIMICROBIAL STEWARDSHIP

Putanga 5: Te kaupare pokenga me te kaitiakitanga patu huakita

E tautuhi ana ngā rautaki kaupare pokenga a ngā kaiwhakarato hauora me te hauātanga (IP) me ngā rautaki kaitiaki patu huakita (AMS) i tētahi moemoeā, me tētahi pūtake mārama, me te kounga o te tiakanga, te tokonga i te ora, me te haumarū i tōna pūtake. He hou tonu ngā hōtaka IP me te AMS, ā, e whai mōhio ana i ngā taunakitanga, ā, he whakaatutanga o tētahi rautaki e rapu ana ki te whakapiki rawa i te kounga o te tiakanga me te whakaiti i te mōrearea o te pokenga me ngā pānga kino mai i te whakamahi paturōpi pēnei i te ātete ki te rongoā patu huakita.

Outcome 5: Infection prevention and antimicrobial stewardship

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.

5.1 Mana whakahaere Governance

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E whakapono ana ahau e whakaatu ana te kaiwhakarato i te hautūtanga tōtika ki te whakahaere i taku mōreareatanga o te pokenga me te whakamahi tika i ngā rongoā patu huakita.

Te Tiriti

He wāhanga hira ki te Māori te aroturuki i te mana ōrite o ngā mana whakahaere o tētahi hōtaka IP me te AMS.

Hei kaiwhakarato ratonga

E haepapa ana tō mātou rōpū mana whakahaere mō te whakatutukitanga o ngā hiahia IP me te AMS o tō mātou ratonga, ā ka whakauru mātou ki ngā hōtaka IP me te AMS ā-motu, ā-rohe hoki me te urupare ki ngā take nui ā-motu, ā-rohe hoki.

I know what it means for me

The people

I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.

Te Tiriti

Monitoring of equity for Māori is an important component of IP and AMS programme governance.

As service providers

Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.

Ngā paearu | Criteria

- 5.1.1** The governance body shall identify the IP and AMS programmes as integral to service providers' strategic plans (or equivalent) to improve quality and ensure the safety of people receiving services and health care and support workers.
- 5.1.2** There shall be a formally agreed mechanism for accessing appropriate IP and AMS expertise that assists with defining the strategic direction and provides advice to the governance body.
- 5.1.3** There shall be a documented pathway for IP and AMS issues to be reported to the governance body at defined intervals, which includes escalation of significant incidents.
- 5.1.4** Significant IP events shall be managed using a stepwise approach to risk management and receive the appropriate level of organisational support.

5.2 Te hōtaka kaupare pokenga me te whakatinanatanga The infection prevention programme and implementation

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E whakapono ana ahau e pūmau ana taku kaiwhakarato ki te whakatinanatanga o ngā waeture, ngā pūnaha, me ngā tukanga hei whakahaere i taku mōreareatanga pokenga.

Te Tiriti

He haumarua ā-ahurea te hōtaka kaupare pokenga. He ngāwari te whakauru me te toro haere ki ngā whakawhitinga e pā ana ki te hōtaka, ā, he mārama ngā karere, he hāngai hoki.

Hei kaiwhakarato ratonga

Ka whanaketia, ka whakatinanatia hoki e mātou tētahi hōtaka kaupare pokenga e tika ana ki ngā hiahia, te nui, me te whānui o ā mātou ratonga.

I know what it means for me

The people

I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.

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.

As service providers

We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.

Ngā paearu | Criteria

5.2.1 There is an IP role, or IP personnel, as is appropriate for the size and the setting of the service provider, who shall:

- Be responsible for overseeing and coordinating implementation of the IP programme;
- Have clearly defined responsibility for IP decision making;
- Have documented reporting lines to the governance body or senior management;
- Follow a documented mechanism for accessing appropriate multidisciplinary IP expertise and advice when needed;
- Receive continuing education in IP and AMS;
- Have access to shared clinical records and diagnostic results of people.

- 5.2.2** Service providers shall have a clearly defined and documented IP programme that shall be:
- (a) Developed by those with IP expertise;
 - (b) Approved by the governance body;
 - (c) Linked to the quality improvement programme; and
 - (d) Reviewed and reported on annually.
- 5.2.3** Service providers shall develop written IP policies with input from suitably qualified personnel, which comply with relevant legislation and accepted best practice. The suite of policies shall include:
- (a) Hand hygiene and standard precautions;
 - (b) Aseptic technique;
 - (c) Transmission-based precautions;
 - (d) Prevention of sharps injuries;
 - (e) Prevention and management of communicable infectious diseases in service providers and users;
 - (f) Management of current and emerging multi-drug-resistant organisms;
 - (g) Outbreak management;
 - (h) Decontamination and reprocessing of reusable medical devices and equipment;
 - (i) Single-use items;
 - (j) Health care-associated infection (HAI) surveillance;
 - (k) The built environment.
- 5.2.4** Service providers shall ensure that there is a pandemic or infectious disease response plan in place, that it is tested at regular intervals, and that there are sufficient IP resources including personal protective equipment (PPE) available or readily accessible to support this plan if it is activated.
- 5.2.5** IP personnel shall have input into other related clinical policies that may impact on HAI risk.
- 5.2.6** Infection prevention education shall be provided to health care and support workers and people receiving services by a person with expertise in IP. The education shall be:
- (a) Included in health care and support worker orientation, with updates at defined intervals;
 - (b) Relevant to the service being provided.
- 5.2.7** A person with IP expertise shall be involved in procurement processes for equipment, devices, and consumables used in the delivery of health care.
- 5.2.8** Service providers will demonstrate a clear process for early consultation and involvement from the IP personnel or committee during the design of any new building or when significant changes are proposed to an existing facility.

- 5.2.9** Service providers shall ensure that reusable medical devices and shared equipment is appropriately decontaminated and reprocessed appropriately based on recommendations from the manufacturer and best practice guidelines. There shall be written policies for both manual and automated decontamination of reusable medical devices.
- 5.2.10** There shall be evidence of audit and corrective actions, if applicable, of the appropriate decontamination of reusable medical devices based on recommendations from the manufacturer and best practice standards.
- 5.2.11** Single-use medical devices shall not be reused or remanufactured unless a formal risk assessment process has been followed and documented and approved by the governance body.
- 5.2.12** Service providers shall provide educational resources that are available in te reo Māori and are accessible and understandable for Māori accessing services.
- 5.2.13** IP personnel and committees shall participate in partnership with Māori for the protection of culturally safe practice in IP, and thus acknowledge the spirit of Te Tiriti.

5.3 Hōtaka kaitiaki patu huakita (AMS) me te whakatinanatanga Antimicrobial stewardship (AMS) programme and implementation

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E whakapono ana ahau e pūmau ana taku kaiwhakarato ki te whakamahinga haepapa o te rongoā patu huakita.

Te Tiriti

He haumarū ā-ahurea te hōtaka kaitiaki patu huakita, he ngāwari te whakauru atu, ā, he mārama he hāngai hoki ngā karere.

Hei kaiwhakarato ratonga

E whakatairanga ana mātou i te tūtohu haepapa o ngā rongoā patu huakita me te whakatinanatanga o tētahi hōtaka AMS e tika ana ki ngā hiahia, te nui, me te whānui o ā mātou ratonga.

I know what it means for me

The people

I trust that my service provider is committed to responsible antimicrobial use.

Te Tiriti

The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.

As service providers

We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.

Ngā paearu | Criteria

5.3.1 Service providers shall have a documented AMS programme that sets out to optimise antimicrobial use and minimising harm. This shall be:

- (a) Appropriate for the size, scope, and complexity of the service;
- (b) Approved by the governance body;
- (c) Developed using evidence-based antimicrobial prescribing guidance and expertise (which includes restrictions and approval processes where necessary and access to laboratory diagnostic testing reports).

5.3.2 Service providers shall have policies and guidelines in place, appropriate to the size, scope, and complexity of the service, which will comply with evidence-informed practice.

5.3.3 Service providers, shall evaluate the effectiveness of their AMS programme by:

- (a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;
- (b) Identifying areas for improvement and evaluating the progress of AMS activities.

5.4 Te āta tiro tiro mō te pokenga e pā ana ki te tiakanga hauora (HAI) Surveillance of health care-associated infection (HAI)

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

Ka aroturukihia taku hauora me taku ahunga hei wāhanga o te hōtaka tiro tiro.

Te Tiriti

He haumarua ā-ahurea te tiro tirohanga, ā, e aroturukihia ana e ai ki te mātāwaka.

Hei kaiwhakaratō ratonga

Ka kawea e mātou ngā mahi tiro tiro o te HAI me ngā rauropi ātete ki ngā pūroi maha, i runga anō i ngā hōtaka tiro tiro ā-motu, ā-rohe hoki, ngā whāinga kua whakaaetia, ngā whakaarotau, me ngā tikanga e rārangi mai ana i te hōtaka kaupare pokenga, ā, me te aro hoki ki te mana ōrite.

I know what it means for me

The people

My health and progress are monitored as part of the surveillance programme.

Te Tiriti

Surveillance is culturally safe and monitored by ethnicity.

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.

Ngā paearu | Criteria

- 5.4.1** Surveillance activities shall be appropriate for the service provider and take into account the following:
- (a) Size and complexity of the service;
 - (b) Type of services provided;
 - (c) Acuity, risk factors, and needs of the people receiving services;
 - (d) Health and safety risk to, and of, the workforce;
 - (e) Systemic risk to the health and disability system as a whole.
- 5.4.2** Service providers, through their IP role or personnel, shall determine the type of surveillance required and the frequency with which it is undertaken, taking into account the size and setting of the service and national and regional surveillance programmes and guidelines.
- 5.4.3** Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.
- 5.4.4** Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.
- 5.4.5** There shall be clear, culturally safe processes for communication between service providers and people receiving services who develop or experience a HAI.

5.5 Taiao Environment

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E whakapono ana ahau ka puritia e ngā kaimahi tiaki hauora me ngā kaitautoko tētahi taiao akuaku. Ka rapua ōku whakaaro mō te mātanga o te taiao.

Te Tiriti

Kua taurangitia te Māori ka whakatauhia ngā take haumarua ā-ahurea, tika hoki e pā ana ki te kaupare pokenga me te taiao. He haumarua ā-ahurea, he ngāwari hoki te uru atu o ngā whakawhitinga e pā ana ki te taiao.

Hei kaiwhakaratō ratonga

Ka tuku ratonga mātou i ngā taiao mā, akuaku hoki, e whakarite ana i te kauparenga o te pokenga me te whitinga o ngā rauropi ātete ki te rongoā patu huakita.

I know what it means for me

The people

I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.

Te Tiriti

Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.

As service providers

We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.

Ngā paearu | Criteria

5.5.1 Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a written policy.

5.5.2 Service providers shall ensure that people, visitors and the workforce (both paid and unpaid) are protected from harm when handling waste or hazardous substances.

5.5.3 Service providers shall ensure that the environment is clean and there are safe and effective cleaning processes appropriate to the size and scope of the health and disability service that shall include:

- (a) Methods, frequency, and materials used for cleaning processes;
- (b) Cleaning processes that are monitored for effectiveness and audit, and feedback on performance is provided to the cleaning team;
- (c) Access to designated areas for the safe and hygienic storage of cleaning equipment and chemicals.

This shall be reflected in a written policy.

5.5.4 Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:

- (a) Methods, frequency, and materials used for laundry processes;
- (b) Laundry processes being monitored for effectiveness;
- (c) A clear separation between handling and storage of clean and dirty laundry;
- (d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals.

This shall be reflected in a written policy.

5.5.5 Service providers shall ensure that the IP role has – or IP personnel have – oversight of the facility testing and monitoring programme for the built environment.

6 HERE TARATAHI RESTRAINT AND SECLUSION

Putanga 6: Here taratahi

Me whai ngā ratonga i tētahi taiao here taratahi kore, otirā he wāhi e puritia ai te mana o te tangata.

Outcome 6: Restraint and seclusion

Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.

6.1 He tukanga here A process of restraint

| E mātau ana ahau he aha tōna tikanga ki a au | | |
|---|---|--|
| Ngā tāngata E whakapono ana ahau e pūmau ana taku kaiwhakarato ki te whakapai i ngā waeture, ngā pūnaha me ngā tukanga kia wātea ahau i ngā here. | Te Tiriti Ka mahi rangapū ngā kaiwhakarato ki te Māori ki te whakarite he whakapiki mana ngā ratonga, ā, ka whakamahi i ngā ritenga herenga iti rawa. | Hei kaiwhakarato ratonga E whakaatu ana mātou i te pūtake mō te whakamahinga o ngā herehere i te horopaki o te whai ki te whakakore. |
| I know what it means for me | | |
| The people I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. | Te Tiriti Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. | As service providers We demonstrate the rationale for the use of restraint in the context of aiming for elimination. |

Ngā paearu | Criteria

- 6.1.1** Governance bodies shall demonstrate commitment toward eliminating restraint.
- 6.1.2** Service providers shall demonstrate a commitment to ensuring the voice of people with lived experience, Māori and whānau, is evident on the restraint oversight groups.
- 6.1.3** There shall be an executive leader who is responsible for ensuring the commitment to restraint minimisation and elimination is implemented and maintained.
- 6.1.4** Executive leaders shall report restraint used at defined intervals and aggregated restraint data, including the type and frequency of restraint, to governance bodies. Data analysis shall support the implementation of an agreed strategy to ensure the health and safety of people and health care and support workers.
- 6.1.5** Service providers shall implement policies and procedures underpinned by best practice that shall include:
- (a) The process of holistic assessment of the person's care or support plan. The policy or procedure shall inform the delivery of services to avoid the use of restraint;
 - (b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;
 - (c) Restraint elimination and use of alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.
- 6.1.6** Health care and support workers shall be trained in least restrictive practice, safe practice, the use of restraint, alternative cultural-specific interventions, and de-escalation techniques within a culture of continuous learning.

6.2 Herenga haumarū Safe restraint

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

He whiringa āku hei whakarite i taku herekoretanga, me te whakarite anō i te urutaunga o taku tiakanga me aku tautoko ina panoni aku hiahia, ā, e whakapono ana ahau ka whakamahia ngā kōwhiringa herenga iti rawa i te tuatahi.

Te Tiriti

Ka mahi rangapū ngā kaiwhakarato ki te Māori ki te whakarite he whāinga whakamutunga rawa ngā momo hereherenga.

Hei kaiwhakarato ratonga

Ka whai whakaarotia e mātou ngā ritenga herehere iti rawa, ka whakatinana i ngā tikanga whakaheke raru me ngā wawaonga rerekē, ā, ka whakamahi i te herenga kua whakaaetia hei whiringa whakamutunga rawa.

I know what it means for me

The people

I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.

Te Tiriti

Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.

As service providers

We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.

Ngā paearu | Criteria

- 6.2.1** The decision to approve restraint for a person receiving services shall be made:
- (a) As a last resort, after all other interventions or de-escalation strategies have been tried or implemented;
 - (b) After adequate time has been given for cultural assessment;
 - (c) Following assessment, planning, and preparation, which includes available resources able to be put in place;
 - (d) By the most appropriate health professional;
 - (e) When the environment is appropriate and safe.
- 6.2.2** The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional and implemented according to this determination.
- 6.2.3** Monitoring restraint shall include people's cultural, physical, psychological, and psychosocial needs, and shall address wairuatanga.
- 6.2.4** Each episode of restraint shall be documented on a restraint register and in people's records in sufficient detail to provide an accurate rationale for use, intervention, duration, and outcome of the restraint, and shall include:
- (a) The type of restraint used;
 - (b) Details of the reasons for initiating the restraint;
 - (c) The decision-making process, including details of de-escalation techniques and alternative interventions that were attempted or considered prior to the use of restraint;
 - (d) If required, details of any advocacy and support offered, provided, or facilitated;
- NOTE – An advocate may be: whānau, friend, Māori services, Pacific services, interpreter, personal or family advisor, or independent advocate.
- (e) The outcome of the restraint;
 - (f) Any impact, injury, and trauma on the person as a result of the use of restraint;
 - (g) Observations and monitoring of the person during the restraint;
 - (h) Comments resulting from the evaluation of the restraint;
 - (i) If relevant to the service: a record of the person-centred debrief, including a debrief by someone with lived experience (if appropriate and agreed to by the person). This shall document any support offered after the restraint, particularly where trauma has occurred (for example, psychological or cultural trauma).
- 6.2.5** A person-centred debrief shall follow every episode of emergency restraint. Participation in this debrief shall be determined by the person when they feel ready.
- 6.2.6** Service providers shall consider who is the most appropriate member of the workforce to debrief the person.

6.2.7 Each episode of restraint shall be evaluated, and service providers shall consider:

- (a) Time intervals between the debrief process and evaluation processes shall be determined by the nature and risk of the restraint being used;
- (b) The type of restraint used;
- (c) Whether the person's care or support plan, and advance directives or preferences, where in place, were followed;
- (d) The impact the restraint had on the person. This shall inform changes to the person's care or support plan, resulting from the person-centred and whānau-centred approach/reflections debrief;
- (e) The impact the restraint had on others (for example, health care and support workers, whānau, and other people);
- (f) The duration of the restraint episode and whether this was the least amount of time required;
- (g) Evidence that other de-escalation options were explored;
- (h) Whether appropriate advocacy or support was provided or facilitated;
- (i) Whether the observations and monitoring were adequate and maintained the safety of the person;
- (j) Future options to avoid the use of restraint;
- (k) Suggested changes or additions to de-escalation education for health care and support workers;
- (l) The outcomes of the person-centred debrief;
- (m) Review or modification required to the person's care or support plan in collaboration with the person and whānau;
- (n) A review of health care and support workers' requirements (for example, whether there was adequate senior staffing, whether there were patterns in staffing that indicated a specific health care and support workers issue, and whether health care and support workers were culturally competent).

6.2.8 Health care and support workers shall have the opportunity to be involved in a timely debrief following seclusion or restraint events.

6.3 Arotake kouna o te herenga Quality review of restraint

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E haumarua ana ahau ki te whakaputa i aku wheakotanga herenga kia pai ai te whakaweawe i ngā ritenga herenga iti rawa.

Te Tiriti

Ka arotahi ngā aroturukitanga me ngā arotake kouna ki te pūmautanga ki te whakaiti i ngā tōritenga o te nui o ngā ritenga herenga e kite wheakotia ana e te Māori me te whakatinana i ngā otinga.

Hei kaiwhakarato ratonga

E pupuri ana mātou, e whai rānei i tētahi taiao herekore mā te kōhi, aroturuki, me te arotake i ngā raraunga me te whakatinana i ngā mahi whakapai.

I know what it means for me

The people

I feel safe to share my experiences of restraint so I can influence least restrictive practice.

Te Tiriti

Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.

As service providers

We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.

Ngā paearu | Criteria

6.3.1 Service providers shall conduct comprehensive reviews at least six-monthly of all restraint practices used by the service, including:

- That a human rights-based approach underpins the review process;
- The extent of restraint, the types of restraint being used, and any trends;
- Mitigating and managing the risk to people and health care and support workers;
- Progress towards eliminating restraint and development of alternatives to using restraint;
- Adverse outcomes;
- Compliance with policies and procedures, and whether changes are required;



- (g) Whether the approved restraint is necessary; safe; of an appropriate duration; and in accordance with the person's and health care and support workers' feedback and current evidenced-based best practice;
- (h) If the person's care or support plans identified alternative techniques to restraint;
- (i) The person and whānau, perspectives are documented as part of the comprehensive review;
- (j) Consideration of the role of whānau at the onset and evaluation of restraint;
- (k) Data collection and analysis (including identifying changes to care or support plans and documenting and analysing learnings from each event);
- (l) Service provider initiatives and approaches support a restraint-free environment;
- (m) The outcome of the review is reported to the governance body.

6.4 Taratahi Seclusion

E mātau ana ahau he aha tōna tikanga ki a au

Ngā tāngata

E whakapono ana ahau ka whakamana ngā kaiwhakarato i ngā kaimahi tiaki hauora me ngā kaitautoko ki te tūhura i ētahi atu whiringa katoa kia kore ai ahau e whakawehea ā-taratahitia.

Te Tiriti

Ka whāia e ngā kaiwhakarato ētahi whāinga aro ki te tangata me te whānau hei whakakore i te wehenga taratahi.

Hei kaiwhakarato ratonga

Kua kore mātou e whai whakaaro ake ko te noho wehe taratahi tētahi wawaonga haumanu, otirā ka pā anake i te wā kāore e hāngai tō mātou taiao ki te whakakorenga o te wehenga taratahi.

I know what it means for me

The people

I trust that service providers do all that they can to enable health care and support workers to explore all other options so that I am not secluded.

Te Tiriti

Service providers take a person- and whānau-centred approach, to ensure there is no seclusion.

As service providers

We no longer consider seclusion a therapeutic intervention, and it only occurs when our environment is not conducive to the elimination of seclusion.

Ngā paearu | Criteria

- 6.4.1** Service providers shall work towards being seclusion free.
- 6.4.2** Seclusion data shall be provided to governing bodies on a monthly basis, and strategies to support the elimination of seclusion shall be agreed and implemented.
- 6.4.3** Service providers have policies and procedures that are based on national guidelines and aligned to the current legislation.
- 6.4.4** Seclusion shall only take place in a designated and approved room.
- 6.4.5** A person- and whānau-centred debrief shall follow every seclusion event, according to best practice. A person- and whānau-centred approach involves reflections of the event (including opportunities to input strategies to prevent seclusion being used again). Service providers shall apply what they have learnt from events and make changes to current safety care or support plans to add what is required to avoid seclusion.

6.4.6 Each seclusion event shall be evaluated as soon as reasonably possible after the event. The evaluation is undertaken by registered health professionals from at least two different disciplines and a Māori or Pacific cultural advisor and lived experience advisor, where available, and shall consider:

- (a) Whether the person's care or support plan and advance directives and preferences, where in place, were followed;
- (b) The impact the seclusion had on the person, other people using the service, and health care and support workers;
- (c) The duration of the seclusion event and whether this was the least amount of time required;
- (d) What alternative interventions were considered, why any were not used, and therefore why seclusion was the option of last resort;
- (e) Whether appropriate advocacy or support was sought, provided, or facilitated;
- (f) Whether the observations and monitoring were adequate and maintained the safety of the person;
- (g) Future options to eliminate seclusion;
- (h) Any suggested changes or additions to seclusion education for health care and support workers;
- (i) The outcomes of the person- and whānau-centred debrief;
- (j) Review or modification required to the person's care or support plan in collaboration with the person.

6.4.7 Service providers shall conduct comprehensive reviews at least six-monthly of all seclusion events, to determine how the service is working towards or maintaining zero seclusion, to determine:

- (a) That a human rights-based approach underpins the review process;
- (b) The number of people secluded, the number of episodes of seclusion, their duration, demographics, and any trends;
- (c) Mitigating and managing the risk to the person, other people in the environment, and health care and support workers;
- (d) Progress towards eliminating seclusion, and development of the many alternatives to using seclusion;
- (e) Adverse outcomes;
- (f) Compliance with policies and procedures, and whether changes are required;
- (g) Whether there are additional education or training needs, or changes required to existing seclusion-elimination education;
- (h) Service provider initiatives, and approaches that support and will achieve zero seclusion.

The outcome of the review shall be reported to the governance body.

- 6.4.8** Health care and support workers have the opportunity to be involved in a wider debrief or discussion following significant incidents supporting wellbeing to maximise learning from the evaluation of the seclusion event and to ensure safety for all in an environment of zero seclusion.
- 6.4.9** Night safety orders shall be recognised as a restrictive practice.

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