

Standards: Patient & Whānau Centred Care Standards

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1. Overview

Purpose

The Waitemata District Health Board (Waitemata DHB) vision and purpose is to relieve suffering, by enhancing the patient’s experience and providing better outcomes. The *Patient and Whānau Centred Care Standards* programme has been introduced to support this vision with a care assurance and improvement framework that is evidence driven to ensure we provide high quality patient care.

The programme is particularly focused on enabling the consistent delivery of the ‘fundamental’ aspects of care – those aspects of care which all patients should expect to receive and all health professionals should be able to provide. We want ensure that we are getting the basics right, such as:

- making sure patients feel safe
- having consistently clean environments
- making sure patients get enough rest
- making sure patients are well fed
- making sure patients are comfortable and their pain is well managed

The *Patient and Whānau Centred Care Standards (Care Standards)* programme has developed clearly defined standards on fundamental aspects of care that are patient centred and evidence based. These standards outline the care our patients and whānau family can expect to receive and the best practices to attain these standards. The Care Standards are supported by an assurance framework to enable the systematic measurement and evaluation of care to help us improve the delivery of patient and whānau care.

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Scope

Applies to all care provided to patients and whānau in all settings across the district health board provider services.

2. Patient and Whānau Centred Care Standards Framework

The *Patient and Whānau Centred Care Standards* framework is based on nine fundamental or key elements of care called Care Standards. These evidence based and patient centred standards define the care we want all our patients and whānau to receive and provide the framework to monitor, measure and evaluate fundamental elements of patient care within our hospitals.



The nine Care Standards are:

1.	Communication
2.	Clinical monitoring and management
3.	Care Environment
4.	Comfort and Pain management
5.	Respect, Privacy and Dignity
6.	Nutrition & Hydration
7.	Safety & Prevention
8.	Personal care
9.	Self care

2.1 Each Care Standard consists of

Care Outcome	A patient/whānau focused statement/aim on the care the patient and their whānau can expect to receive.
Best Practice Standards	Each care standard has a set of best practice standards. The Best Practice Standards outline the optimal standards of practice required to achieve the care outcome.
Best Practice Indicators	Each best practice standard has a set of best practice indicators. These indicators are the expected practices and goals to support attainment of the best practice standards.
Practice Benchmarks	Each care standard has a set of benchmarks. These benchmarks are the audit measures used to assess, measure, and compare current practice against the best practice standards. These are outlined in the Evaluation section.

The following pages outline the nine Care Standards

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2.2 Care Outcomes

	Standard	Care Outcome
1.	Communication	Patients/Whānau and carers experience effective communication
2.	Clinical monitoring and management	Patients receive care in an environment that allows safe, effective monitoring and timely care
3.	Care Environment	Patients/Whānau experience care in a safe, clean, tidy, and well maintained environment that meets their needs and preferences
4.	Comfort and Pain management	Patients experience care in an environment that demonstrates compassion, promotes comfort and rest, and manages pain in an optimal manner
5.	Respect, Privacy and Dignity	Patients experience care and a care environment that respects each individual, and protects and supports privacy and dignity
6.	Nutrition & Hydration	Patients receive appropriate nutrition and hydration to meet personal needs and preferences
7.	Safety & Prevention	Patients and Whānau feel safe, secure, and protected
8.	Personal care	Patients personal care needs and preferences are met in a safe, comfortable, and timely manner
9.	Self-care	Patients and their whanau receive care that promotes self care and independence

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2.3 Best Practice Standards

1. Communication: Patients/Whānau and carers experience effective communication
1.1 All staff demonstrate effective interpersonal skills
1.2 The care environment is conducive to effective communication
1.3 Information is accessible, accurate, timely and meets the needs of patients, family/whanau and carers
1.4 All staff communicate effectively and collaboratively to ensure care is coordinated to meet individual care needs and desired outcomes
1.5 Documentation is accurate and maintains confidentiality of information
2. Clinical Monitoring & Management: Patients receive care in an environment that allows safe, effective monitoring and timely care
2.1 The type and frequency of clinical monitoring is individualised to the patient's needs and clinical condition.
2.2 Clinical monitoring is performed in a safe manner and environment
2.3 Clinical findings are acted upon within an appropriate timeframe according to the patient's clinical condition
2.4 Patients receive timely and appropriate services in order to meet assessed needs and desired outcomes
3. Care Environment: Patients/Whānau experience care in a safe, clean, tidy, and well maintained environment that meets their needs and preferences
3.1 Patients/Whānau experience care in a consistently clean environment
3.2 Patients/Whānau experience care in a tidy and well maintained environment
3.3 There is a managed environment which minimises the risk of infection to consumer, staff and visitors
3.4 The care environment makes patients/whanau feel safe, comfortable, reassured and welcome
3.5 Patient/Whānau care is supported by effective and well maintained facilities and equipment
4. Comfort & Pain Management: Patients experience care in an environment that demonstrates compassion, promotes comfort and rest, and manages pain in an optimal manner
4.1 Patients experience individualised pain management that is safe, timely, and effective
4.2 The care environment promotes patient comfort, rest, and sleep
4.3 Patients at the end of life receive high quality supportive and holistic palliative care to meet the individual needs of the person and their whanau
5. Respect, Privacy & Dignity: Patients experience care and a care environment that respects each individual, and protects and supports privacy and dignity
5.1 Patients and whanau feel they matter all the time
5.2 Patients experience care that encompasses individual values, beliefs and personal relationships
5.3 Patients personal space is respected and protected by staff
5.4 Patient care ensures privacy, dignity and modesty is protected
5.5 Patient care maintains confidentiality of personal information
5.6 All patients and where appropriate their whanau are provided with the information they need to make informed choices and give informed consent
6. Nutrition & Hydration: Patients receive appropriate nutrition and hydration to meet personal needs and preferences
6.1 All patients receive a nutrition screening assessment on admission and are rescreened at least weekly
6.2 Care is planned, implemented, evaluated and revised to meet individual nutritional and fluid needs & preferences
6.3 Patients receive the care and assistance required to receive adequate nutrition and hydration
6.4 The food service meets individual patient needs and preferences
6.5 The care environment is conducive to the safe and enjoyable consumption of food and fluid
7. Safety & Prevention: Patients and Whānau feel safe, secure, and protected
7.1 All patients have an individualised risk assessment completed on admission to hospital, and reviewed regularly according to the patient's condition
7.2 Patients receive medicines in a safe and timely manner
7.3 Patients, whanau, visitors, and staff feel safe and are protected from harm by equipment and the environment
7.4 Patients experience care in a culture which constantly reviews practice and uses lessons learned to improve care
8. Personal Care: Patients personal care needs and preferences are met in a safe, comfortable, and timely manner
8.1 Patients have an individualised assessment to identify care required to maintain and promote personal hygiene
8.2 Patient care is planned, implemented and evaluated to ensure personal hygiene needs and preferences are met
8.3 Patients receive the care and assistance required to meet personal hygiene needs and preferences as independently as possible
8.4 Patients elimination needs and preferences are met
8.5 Patients receive the assistance required to maintain and promote mobility safely
8.3 Personal care is provided in an environment that maintains safety, privacy, and dignity
9. Self Care: Patients and their whanau receive care that promotes self care and independence
9.1 Patients ability to care for themselves is continuously assessed to ensure self care needs are met safely
9.2 Patient care is planned, implemented and evaluated to ensure self care needs and preferences can be met
9.3 Patients and whanau have the knowledge, skills and resources to manage and meet individual self care needs
9.4 Patients are transferred and discharged safely with all necessary resources and follow up

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Care Standard 1: Communication

Purpose:

Effective communication is essential to ensuring continuity of care, effective interdisciplinary practice, and optimal health outcomes.

This care standard includes but is not limited to:

- Interpersonal communication
- Information sharing and education
- Care environment
- Documentation
- Care coordination
- Team working

Care Outcome:

Patients/whanau, and carer's experience effective communication.

Best Practice Standards:

The expected best practice standards for Communication are:

1. All staff demonstrate effective interpersonal skills
2. The care environment is conducive to effective communication
3. Information is accessible, accurate, timely and meets the needs of patients, family/whanau and carers
4. All staff communicate effectively and collaboratively to ensure care is coordinated to meet individual care needs and desired outcomes
5. Documentation is accurate and maintains confidentiality of information

Best practice indicators:

Each best practice standard has a set of best practice indicators. These indicators are the expected practices and goals to support attainment of the best practice standards for Communication.

Practice benchmarks:

Benchmarks are the audit measures used to assess, measure, and compare current practice against the best practice standards for Communication.

See evaluation section

Cross references:

- Respect, privacy and dignity
- Care Environment
- Comfort and pain management
- Safety and prevention
- Self care

Related Policies, guidelines, and resources:

- Refer to reference list

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Care Standard 1: Communication		
Patients, family/whanau, and carers experience effective communication		
	Best Practice Standards	Best Practice Indicators
Everyone matters Welcoming and friendly Listen and understand	1. All staff demonstrate effective interpersonal skills	<ul style="list-style-type: none"> a. Staff are courteous and polite even in challenging situations b. Patients and whanau are assisted to identify staff involved in their care c. Staff are able to establish rapport, listen, and are non-judgemental d. Communication is provided in a form, language, and manner that is understandable to the patient
With compassion Compassion for your suffering Reassuringly professional	2. The care environment is conducive to effective communication	<ul style="list-style-type: none"> a. There is sufficient time and an appropriate space, ensuring privacy, for communication to take place b. Patient confidentiality is maintained during communication c. Communication needs are assessed and supported to enable effective communication e.g. inclusion of whanau, interpreter, cultural or advocacy services, communication aids
Connected Communicate - keep people informed Explain clearly Give & receive feedback	3. Information is accessible, accurate, timely, and meets the needs of patients, family/whanau and carers.	<ul style="list-style-type: none"> a. Information is explained clearly in an accessible, up to date, factual, and plain language format b. All patients receive information needed to protect their rights and enable informed decisions such as an explanation of their condition, treatment options, risks and benefits of treatment, and test and procedure results c. Agreed key contact person /principal carers participate in information sharing and are kept informed as appropriate
Connected Teamwork with pts, whanau & colleagues	4. All staff communicate effectively and collaboratively to ensure care is coordinated to meet individual care needs and desired outcomes	<ul style="list-style-type: none"> a. There is an agreed and current plan of care that is clear to staff, patients, whanau, and carers b. The plan of care is clearly documented, regularly updated, monitored and evaluated c. Continuity of care is evident through effective, accurate handover and information sharing between staff and shifts
Better, best, brilliant Efficient & organised Safe practice	5. Documentation is accurate and maintains confidentiality of information	<ul style="list-style-type: none"> a. Documentation is clear, concise, contemporaneous, progressive, and accurate b. Documentation includes evidence of assessment, planning, implementation, evaluation, and revision of care c. Documentation meets medico-legal requirements

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Care Standard 2: Clinical Monitoring and Management

Purpose:

Clinical monitoring and management involves the assessment and measurement of patient's physiological status to enable the early detection and management of changes in patient condition.

Clinical management involves the timely and appropriate provision of health services.

Effective clinical monitoring and management is essential to patient safety and timely delivery of care.

This care standard includes but is not limited to:

- Performing, recording, documenting, and interpreting vital signs
- Assessment and management of physiological status
- Early recognition of the deteriorating patient
- Patient Rounding
- Timeliness of care

Exclusions:

The following aspects of clinical management and monitoring are described in other standards:

- Risk Assessment
Standard 7: Safety & Prevention
- Fluid balance assessment
Standard 6: Nutrition & Hydration
- Pain Assessment
Standard 4: Comfort & Pain Management

Care Outcome:

Patients receive care in an environment that allows safe, effective monitoring and timely care.

Best Practice Standards:

The expected best practice standards for Clinical Monitoring and Management are:

1. The type and frequency of clinical monitoring is individualised to the patient's needs and clinical condition
2. Clinical monitoring is performed in a safe manner and environment
3. Clinical findings are acted upon within an appropriate timeframe according to the patient's clinical condition
4. Patients receive timely and appropriate services in order to meet assessed needs and desired outcomes

Best Practice indicators:

Each best practice standard has a set of best practice indicators. These indicators are the expected practices and goals to support attainment of the best practice standards for Clinical Monitoring and Management.

Practice benchmarks:

Benchmarks are the audit measures used to assess, measure, and compare current practice against the best practice standards for Clinical Monitoring and Management.
See evaluation section

Cross references:

- Communication
- Nutrition and Hydration (Fluid balance assessment)
- Safety and Prevention (Risk Assessment)
- Care Environment
- Comfort and Pain Management
- Personal care (Bowel and bladder assessment)

Related Policies, guidelines, and resources:

- Refer to reference list

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Care Standard 2: Clinical Monitoring and Management

Patients receive care in an environment that allows safe, effective monitoring and timely care

Best Practice Standards	Best Practice Indicators
1. The type and frequency of clinical monitoring is individualised to the patient's needs and clinical condition	<ul style="list-style-type: none"> a. Clinical monitoring occurs at least as frequently as required by DHB policy b. Appropriate clinical monitoring occurs at least as frequently as required by the patient's clinical status and condition c. Type and frequency of clinical monitoring is continually reassessed and adjusted if there is a change in the patient's clinical condition
2. Clinical monitoring is performed in a safe manner and environment	<ul style="list-style-type: none"> a. Patients receive an explanation of monitoring process b. Clinical monitoring maintains patient privacy and dignity c. Clinical monitoring is performed accurately with the appropriate equipment using correct technique/ procedure d. Clinical monitoring is performed in the most appropriate clinical area for the patient's clinical condition
3. Clinical findings are acted upon within an appropriate timeframe according to the patient's clinical condition	<ul style="list-style-type: none"> a. Clinical judgement is used in conjunction with hospital policy, and best practice guidelines to interpret findings b. Abnormal parameters or changes in clinical condition are detected promptly, reported, and acted upon appropriately c. Documentation of findings, follow up action and plans is timely and meets DHB documentation requirements
4. Patients receive timely and appropriate services in order to meet assessed needs and desired outcomes	<ul style="list-style-type: none"> a. All patients have a documented plan of care b. Clinical interventions follow clinical guidelines and are provided within an acceptable timeframe c. Staff are responsive to the needs of patients, whanau and carers

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Care Standard 3: Care Environment

Purpose:

The care environment is the area in which care takes place. A safe, clean, tidy and well maintained physical and social environment positively contributes to patient, whanau and staff well-being and the overall care experience.

This care standard includes but is not limited to:

- Environmental cleanliness
- Environmental tidiness
- Environment and equipment maintenance
- Infection prevention and control
- Care environment culture

Exclusions:

The following aspects of clinical management and monitoring are described in other standards:

- Personal environment
Standard 6: Comfort
- Equipment safety and hazard management
Standard 7: Safety & Prevention

Care Outcome:

Patients/Whānau experience care in a safe, clean, tidy, and well maintained environment that meets their needs and preferences.

Best Practice Standards:

The expected best practice standards for the Care Environment are::

1. Patients/Whānau experience care in a consistently clean environment
2. Patients/Whānau experience care in a tidy and well maintained environment
3. There is a managed environment which minimises the risk of infection to patients, service providers and visitors

4. The care environment makes patients/whanau feel safe, comfortable, reassured and welcome
5. Patient/whanau care is supported by effective and well maintained facilities and equipment

Best Practice indicators:

Each best practice standard has a set of best practice indicators. These indicators are the expected practices and goals to support attainment of the best practice standards for the Care Environment.

Practice benchmarks:

Benchmarks are the audit measures used to assess, measure, and compare current practice against the best practice standards for the Care Environment.

See evaluation section

Cross references:

- Communication
- Safety and Prevention
- Comfort and Pain Management
- Privacy, Respect, Dignity

Related Policies, guidelines, and resources:

- Refer to reference list

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Care Standard 3: Care Environment

Patients/Whānau experience care in a environment that is comfortable, clean, tidy and well maintained

Best Practice Standards	Best Practice Indicators
1. Patients/Whānau experience care in a consistently clean environment	<ul style="list-style-type: none"> a. Buildings/plant are clean (external features, fire exits, stairwells, handrails; walls, skirtings, and ceilings; internal windows; doors; floors; ducts, grills and vents) b. Fixtures are clean (electrical fixtures and appliances, furnishings and fixtures, ward kitchens and appliances, toilets and bathroom fixtures) c. Patient equipment is clean and cleaning processes adhere to cleaning, IP&C and OH&SS guidelines d. There are regular routines for cleaning and managing waste, and auditing ward cleanliness
2. Patients/Whānau experience care in a tidy and well maintained environment	<ul style="list-style-type: none"> a. A good first impression is created by a tidy and well-maintained care environment b. The environment is uncluttered and equipment is appropriately stored c. All staff ensure and maintain tidiness
3. There is a managed environment which minimises the risk of infection to patients, staff and visitors	<ul style="list-style-type: none"> a. Standard precautions, including hand hygiene, and use of appropriate Personal Protective equipment (PPE) are used for all episodes of direct patient care b. Staff take transmission based precautions where there is known or suspected infection c. Patients, staff, and visitors are protected from harm as a result of exposure to waste, infectious or hazardous substances d. Staff, patients, whanau and visitors receive education and information on infection control measures e. The ward participates in surveillance for infection
4. The care environment makes patients/whanau feel safe, comfortable, reassured and welcome	<ul style="list-style-type: none"> a. The care environment feels welcoming, pleasant, calm, secure, safe, and reassuring b. Patients/Whānau feel staff are consistently approachable, friendly, attentive and helpful c. Staff are reassuringly professional
5. Patient/Whānau care is supported by effective and well maintained facilities and equipment	<ul style="list-style-type: none"> a. Patients/whanau care is provided in an appropriate, accessible physical environment that is fit for their purpose b. Lighting, ventilation, and temperature meet the needs of staff and patients c. Amenities, fixtures, equipment and furniture are in a good state of repair and are easy to clean and maintain d. There is a process in place to for the maintenance, inspection, repair, and replacement of facilities, fixtures, equipment, and furnishings

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Care Standard 4: Comfort and Pain Management

Purpose:

The relief of suffering is central to patient and whanau centred care. A care environment that promotes comfort, rest, and the effective management of pain will enhance patient functioning and well-being and promote recovery and quality of life.

Effective pain management involves individualised, timely, and supportive care that anticipates, recognises and manages pain to optimise function and quality of life.

This care standard includes but is not limited to:

- Pain management
- Physical comfort (personal environment)
- Rest and sleep
- Caring, compassionate environment
- End of Life Care

Care Outcome:

Patients experience care in an environment that demonstrates compassion, promotes comfort and rest, and manages pain in an optimal manner.

Best Practice Standards:

The expected best practice standards for Comfort and Pain Management are:

1. Patients experience individualised pain management that is safe, timely, and effective
2. The care environment promotes patient comfort, rest, and sleep
3. Patients at the end of life receive high quality, supportive and holistic palliative care to meet the individual needs of the person and their whanau

Best Practice indicators:

Each best practice standard has a set of best practice indicators. These indicators are the expected practices and goals to support attainment of the best practice standards for Comfort and Pain Management.

Practice benchmarks:

Benchmarks are the audit measures used to assess, measure, and compare current practice against the best practice standards for Comfort and Pain Management.

See evaluation section

Cross references:

- Communication
- Clinical monitoring
- Care Environment
- Privacy, respect, dignity
- Safety and prevention

Related Policies, guidelines, and resources:

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Care Standard 4: Comfort and Pain Management

Patients experience care in an environment that demonstrates compassion, promotes comfort and rest, and manages pain in an optimal manner

Best Practice Standards	Best Practice Indicators
1. Patients experience individualised pain management that is safe, timely, and effective	<ul style="list-style-type: none"> a. Patients receive an appropriate, reliable pain assessment b. Patients have an individualised plan of care to manage pain, that is planned, implemented, evaluated and revised in partnership with the patient c. Patients/Whānau and staff have the knowledge and skills to understand how best to manage pain
2. The care environment promotes patient comfort, rest, and sleep	<ul style="list-style-type: none"> a. Patients personal space/ bed area is comfortable and meets individual needs b. Patients personal space/bed area respects individual's need for space, privacy, and independence c. Staff recognise and promote the need for quiet and rest periods, particularly at night
3. Patients at the end of life receive high quality supportive and holistic palliative care to meet the individual needs of the person and their whanau	<ul style="list-style-type: none"> a. Patients at the end of life, and their whanau receive holistic care based on the following 4 principles of care for people in their last days of life: <ul style="list-style-type: none"> ▪ Te Taha Tinana (physical health) Care of the person is delivered by doctors, nurses, and other health workers who have the skills, knowledge and experience needed to care for dying people and their whanau ▪ Te Taha Whānau (family health) Communication with the person and whanau is clear and respectful. The person has the opportunity to discuss their cultural needs and these are recognised and addressed as far as is possible. ▪ Te Taha Hinengaro (psychological health) The person, and whanau are provided with opportunities to express their thoughts and feelings, values and beliefs, regarding all aspects of care or what the future may hold and these are considered, addressed and reviewed as appropriate. ▪ Te Taha Wairua (spiritual health) The person and whanau have the opportunity to express their spiritual needs and these are acknowledged. b. Patients at the end of life, and their whanau are cared for in an environment that promotes comfort, privacy, and respect c. Patients at the end of life have a current, documented personalised plan of care incorporating medical, nursing and allied health. This plan reflects the patient's opinion, values and beliefs and is inclusive of wishes documented in advanced directives, advance care plans or 'living wills'.

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Care Standard 5: Respect, Privacy and Dignity

Purpose:

To provide care and a care environment that respects each individual, and protects and supports privacy and dignity.

Definitions:

- **Respect** - Courteous regard for the feeling and rights of others
- **Dignity** - The quality of being worthy of respect
- **Privacy** - Freedom from unauthorised intrusion

This care standard includes but is not limited to:

Attitudes and behaviours

- Personal values, beliefs and identity
- Personal and private space
- Confidentiality
- Privacy, dignity, modesty
- Private space
- Communication
- Consent and informed choice

Care Outcome:

Patients experience care and a care environment that respects each individual, and protects and supports privacy and dignity.

Best Practice Standards:

The expected best practice standards for Respect, Privacy and Dignity are:

1. Patients and whanau feel they matter all the time
2. Patients experience care that encompasses individual values, beliefs and personal relationships
3. Patients personal space is respected and protected by staff

4. Patient care ensures privacy, dignity and modesty is protected
5. Patient care maintains confidentiality of personal information
6. All patients and where appropriate their whanau are provided with the information they need to make informed choices and give informed consent

Best Practice indicators:

Each best practice standard has a set of best practice indicators. These indicators are the expected practices and goals to support attainment of the best practice standards for Respect, Privacy and Dignity.

Practice benchmarks:

Benchmarks are the audit measures used to assess, measure, and compare current practice against the best practice standards for Respect, Privacy and Dignity.

See evaluation section

Cross references:

- Communication
- Care Environment
- Personal Care

Related Policies, guidelines, and resources:

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Care Standard 5: Respect, privacy and dignity

Patients and Whānau experience care and a care environment that respects each individual, and protects and supports privacy and dignity

Best Practice Standards	Best Practice Indicators
1. Patients and whanau feel they matter all the time	<ul style="list-style-type: none"> a. Patients are treated with respect b. Good staff attitude and behaviours are promoted and meet organisational values and expected behaviours c. Patients are addressed by their preferred name
2. Patients experience care that encompasses individual values, beliefs and personal relationships	<ul style="list-style-type: none"> a. Patient care is responsive to the needs, values and beliefs of the cultural religious social and/or ethnic group with which the patient identifies b. Patient individuality and diversity is valued by staff c. Whānau, friends, and other support systems are recognised and included as part of the care team d. Patients have access to visitors and support persons of their choice where practicable
3. Patients personal space is respected and protected by staff	<ul style="list-style-type: none"> a. Staff respect and maintain the physical, visual, auditory, and personal privacy of the patient e.g. adequate curtains around beds, screens, rooms, clothing, sheets b. Patients personal belongings are respected and protected c. Patients are not disturbed or interrupted unnecessarily or without warning e.g. staff knock before entering, wards promote rest times
4. Patient care ensures privacy, dignity and modesty is protected	<ul style="list-style-type: none"> a. Adult same gender accommodation and facilities are used wherever possible b. Modesty is maintained when moving between different care environments c. Patients can meet with their whanau and friends, where appropriate, in a private space or room other than their bedspace
5. Patient care maintains confidentiality of personal information	<ul style="list-style-type: none"> a. Staff practice according to legal requirements and professional standards to ensure the appropriate use and disclosure of health information b. Personal patient information is not shared inappropriately, particularly in public spaces and reception areas
6. All patients and where appropriate their whanau are provided with the information they need to make informed choices and give informed consent	<ul style="list-style-type: none"> a. All patients have the right to be accurately and adequately informed about any proposed treatment, procedure, or intervention and to agree or refuse that treatment, procedure or intervention b. The informed consent process is responsible to the needs, wishes, capabilities and expressed concerns of the patient c. Patients have the right to refuse all therapies and treatment if competent and informed. If documented in an advanced directive, advance care plan or 'living will' or verbally stated these wishes should be honoured. d. Patient consent and refusal is clearly documented

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Standards: Patient & Whanau Centred Care Standards

Care Standard 6: Nutrition and Hydration

Purpose:

The provision of appropriate nutrition and hydration is essential to promoting health and recovery from illness.

Physical, cultural, religious, social, and psychological factors as well as personal beliefs and values influence individual nutritional needs and preferences.

This care standard includes but is not limited to:

- Nutrition and hydration oral/non oral
- Nutritional screening and assessment
- Nutritional care planning
- Food service
- Patient environment
- Multidisciplinary teams
- Monitoring and evaluation
- Documentation

Care Outcome:

Patients receive appropriate nutrition and hydration to meet personal needs and preferences.

Best Practice Standards:

The expected best practice standards for Nutrition and Hydration are:

1. All patients receive a nutrition screening assessment on admission and are rescreened at least weekly
2. Care is planned, implemented, evaluated and revised to meet individual nutritional and fluid needs and preferences

3. Patients receive the care and assistance required to receive adequate nutrition and hydration
4. The food service meets individual needs and preferences
5. The care environment is conducive to the safe and enjoyable consumption of food and fluids

Best Practice indicators:

Each best practice standard has a set of best practice indicators. These indicators are the expected practices and goals to support attainment of the best practice standards for Nutrition and Hydration.

Practice benchmarks:

Benchmarks are the audit measures used to assess, measure, and compare current practice against the best practice standards for Nutrition and Hydration.

See evaluation section

Cross references:

- Communication
- Clinical Monitoring and Management
- Safety and Prevention
- Self Care

Related Policies, guidelines, and resources:

- Refer to reference list

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Standards: Patient & Whanau Centred Care Standards

Care Standard 6: Nutrition and hydration

Patients receive appropriate nutrition and hydration to meet personal needs and preferences

Best Practice Standards	Best Practice Indicators
1. All patients receive a nutrition screening assessment on admission and are rescreened at least weekly	<ul style="list-style-type: none"> a. All patients are screened using the MUST assessment tool with 24 hours of admission b. All patients are weighed on admission and at least every week c. All patients are rescreened at least weekly using the MUST assessment tool
2. Care is planned, implemented, evaluated and revised to meet individual nutritional and fluid needs and preferences	<ul style="list-style-type: none"> a. All patients have a nutritional care plan, and, where possible are involved in the planning and care process b. There is a multidisciplinary approach towards nutritional care, and prompt referral to other healthcare professionals is made as needed c. Nutritional assessment, planning, care delivery, evaluation, and monitoring is documented clearly d. Patients who are vulnerable and/or are designated nil by mouth (NBM) at any time are monitored to identify those at risk of malnutrition and/or dehydration e. There is opportunity for friends/whanau to support patient nutritional and personal needs and provide feedback on nutritional support
3. Patients receive the care and assistance required to receive adequate nutrition and hydration	<ul style="list-style-type: none"> a. Patients are supported to eat and drink independently where possible b. There is a system in place to ensure patients who require assistance receive it c. Patients receive assistance to eat and drink according to assessed individual needs
4. The food service meets individual patient needs and preferences	<ul style="list-style-type: none"> a. The food service complies with current legislation and is in line with recognised nutritional and organisational guidelines and standards b. Patients are able to access food and fluids at anytime c. Patient food and fluids is presented and served in an appealing manner (this includes the quality, presentation, temperature, taste, variety, and portion size of meals) d. Patients have a choice of food and fluids to ensure individual needs and preferences are met
5. The care environment is conducive to the safe and enjoyable consumption of food and fluids	<ul style="list-style-type: none"> a. All wards support the Nutritional Charter b. All wards observe protected mealtimes c. The ward environment is clean and tidy, and there are staff and resources available to support safe and enjoyable mealtimes and promote nutritional care

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Standards: Patient & Whanau Centred Care Standards

Care Standard 7: Safety and Prevention

Purpose:

To maintain an environment to minimise risk and promote safety to patients during their hospital stay.

This care standard includes but is not limited to:

- Risk of injury assessment and prevention
- Safe environment
- Equipment safety and hazard management
- Safe practice
- Safe service from suitably qualified and skilled service providers
- Medication safety
- Protection from harm
- Complaints and incident reporting
- Quality and risk management systems
- Positive culture

Care Outcome:

Patients and Whānau feel safe, secure, and protected.

Best Practice Standards:

The expected best practice standards for Safety and Prevention are:

1. All patients have an individualised risk assessment completed on admission to hospital, and reviewed regularly according to the patient's condition
2. Patients receive medicines in a safe and timely manner
3. Patients, whanau, visitors, and staff feel safe and are protected from harm by equipment and the environment
4. Patients experience care in a culture which constantly reviews practice and uses lessons learned to improve care

Best Practice indicators:

Each best practice standard has a set of best practice indicators. These indicators are the expected practices and goals to support attainment of the best practice standards for Safety and Prevention.

Practice benchmarks:

Benchmarks are the audit measures used to assess, measure, and compare current practice against the best practice standards for Safety and Prevention.

See evaluation section

Cross references:

- Communication (documentation)
- Clinical Monitoring and Management
- Care Environment
- Nutrition and Hydration
- Self Care

Related Policies, guidelines, and resources:

- Refer to reference list

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Standards: Patient & Whanau Centred Care Standards

Care Standard 7: Safety and Prevention

Patients and Whānau feel safe, secure and protected

Best Practice Standards	Best Practice Indicators
1. All patients have an individualised risk assessment completed on admission to hospital, and reviewed regularly according to the patient's condition	<ul style="list-style-type: none"> a. All patients have appropriate risk assessments completed and documented on admission to hospital b. Risk assessment is ongoing and reassessment is completed according to patient condition and within organisational specified timeframes c. A plan for managing risk is agreed between patient and staff, and whanau where appropriate d. Appropriate preventative strategies and bundles of care are implemented, reviewed and documented in a timely manner
2. Patients receive medicines in a safe and timely manner	<ul style="list-style-type: none"> a. Medications are prescribed, dispensed, administered, and reviewed according to legal requirements and organisational guidelines b. Storage, disposal, and reconciliation of medication meets legal requirements and organisational guidelines c. Staff responsible for medicine management and administration are competent d. Patients are provided with information about medications prescribed
3. Patients, whanau, visitors, and staff feel safe and are protected from harm by equipment and the environment	<ul style="list-style-type: none"> a. The ward/ unit complies with Waitemata DHB Health and Safety guidelines and related audits b. There is a ward/ unit emergency response plan that is documented and known to all staff c. The ward/unit has a hazards management and risk assessment system in place d. Patients, whanau, and new staff are are orientated to the ward/unit
4. Patients experience care in a culture which constantly reviews practice and uses lessons learned to improve care	<ul style="list-style-type: none"> a. Patients and whanau can easily access a responsive and fair feedback and complaints system b. All staff are trained in reporting incidents c. Safe practice, vigilance about risk and challenging unsafe behaviour is encouraged and supported d. Audits are undertaken and results disseminated and used to inform practice development

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Standards: Patient & Whanau Centred Care Standards

Care Standard 8: Personal Care

Purpose:

To provide safe, comfortable, and timely support with personal care, ensuring patient dignity is maintained, and personal care needs and preferences are met.

Ensuring personal care needs such as hygiene, elimination, and mobility are met each day is a fundamental aspect of caring.

Maintaining personal hygiene promotes patient comfort, dignity, and physical and psychosocial wellbeing.

Maintaining mobility by supporting patients to mobilise, sit out of bed, exercise, and optimise positioning, promotes physical and psychosocial wellbeing, prevents complications and enhances recovery.

This care standard describes care to support patients to meet the activities of daily living as independently as possible and includes but is not limited to:

- Personal hygiene and bathing
- Appearance e.g. shaving, dressing
- Oral care
- Foot and nail care
- Eye care
- Hair care
- Elimination - Bowel and Bladder
- Mobilisation
- Positioning
- Supportive, safe environment

Care Outcome:

Patients personal care needs and preferences are met in a safe, comfortable, and timely manner.

Best Practice Standards:

The expected best practice standards for Personal Care are:

1. Patients have an individualised assessment to identify care required to maintain and promote personal hygiene
2. Patient care is planned, implemented and evaluated to ensure personal hygiene needs and preferences are met
3. Patients receive the care and assistance required to meet personal hygiene needs and preferences as independently as possible
4. Patients elimination needs and preferences are met
5. Patients receive the assistance required to maintain and promote mobility
6. Personal care is provided in an environment that maintains safety, privacy, and dignity All patients receive a nutrition screening assessment on admission and are rescreened at least weekly

Best Practice indicators:

Each best practice standard has a set of best practice indicators. These indicators are the expected practices and goals to support attainment of the best practice standards for Personal Care.

Practice benchmarks:

Benchmarks are the audit measures used to assess, measure, and compare current practice against the best practice standards for Personal Care. See evaluation section

Cross references:

- Communication
- Clinical monitoring and management
- Care Environment
- Respect, privacy
- Self Care

Related Policies, guidelines, and resources:

- Refer to reference list

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Standards: Patient & Whanau Centred Care Standards

Care Standard 8: Personal Care	
Patients personal care needs and preferences are met in a safe, comfortable, and timely manner	
Best Practice Standards	Best Practice Indicators
1. Patients have an individualised assessment to identify care required to maintain and promote personal hygiene	<ul style="list-style-type: none"> a. An individual patient assessment is carried out to determine care needs prior to care being given b. The nursing/midwifery assessment is documented in the clinical records
2. Patient care is planned, implemented and evaluated to ensure personal hygiene needs and preferences are met	<ul style="list-style-type: none"> a. An individualised care plan is developed, with the patient where possible, to ensure personal care needs and preferences are met b. Referral to other health care professionals is made if needed e.g. podiatrist c. Care provided is evaluated and revised as required d. Nursing/Midwifery care provided is documented in the clinical records
3. Patients receive the care and assistance required to meet personal hygiene needs and preferences as independently as possible	<ul style="list-style-type: none"> a. Patients receive timely assistance and/ or access to aids required to meet personal hygiene care needs and preferences b. Information is provided on the location of toilets, bathrooms and hand washing facilities c. Patients have the toiletries required to meet their needs and preferences d. Patients are informed of any special hygiene required as a result of specific treatments or conditions e.g. surgery or chemotherapy
4. Patients elimination needs and preferences are met	<ul style="list-style-type: none"> a. An individualised patient assessment is carried out to determine elimination care needs and preferences b. An individualised care plan is developed with the patient, if needed, to ensure elimination care needs and preferences are met c. Care is evaluated and revised at least daily and as required d. Nursing assessment and care provided is documented in the clinical records e. Patients receive timely assistance and/or access to aids required to manage elimination f. All opportunities are taken to promote and maintain normal bladder and bowel function and continence e.g. providing education, engaging specialist support, use of evidenced based care pathways and products
5. Patients receive the assistance required to maintain and promote mobility safely	<ul style="list-style-type: none"> a. All patients receive an individualised mobility assessment on admission, which is reassessed regularly, to identify any risks and assistance required b. Patient care is planned, implemented and evaluated continuously to ensure mobility/positioning needs are met safely c. Patient assessment, plan of care, interventions, and evaluation are clearly documented d. Patients receive timely assistance, referral, education, and access to aids required to promote mobility and optimise positioning

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Standards: Patient & Whanau Centred Care Standards

Care Standard 8: Personal Care

Patients personal care needs and preferences are met in a safe, comfortable, and timely manner

Best Practice Standards	Best Practice Indicators
	<ul style="list-style-type: none"> e. Early mobilisation is supported and encouraged where clinically appropriate f. Patients with limited mobility, or on bed or chair rest receive assistance to optimise positioning, promote mobility and minimise risk of harm
6. Personal care is provided in an environment that maintains safety, privacy, and dignity	<ul style="list-style-type: none"> a. All risk factors are taken into account to ensure a safe and appropriate environment e.g. no wet floors, shower chair available, call bell accessible b. The provision of personal care is coordinated with the patient to ensure the delivery of timely and appropriate care c. Patient facilities and equipment use to provide personal care are clean, accessible, and acceptable to patients d. Privacy and dignity are assured when attending to personal hygiene and elimination cares e. Patients are able to use their own toiletries and clothes where possible

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Standards: Patient & Whanau Centred Care Standards

Care Standard 9: Self care

Definition:

“Self care is the ability of individuals, families and communities to promote health, prevent disease and maintain health and to cope with illness and disability with or without the support of a health care provider”.

(World Health Organisation, 2009)

Purpose:

Self care refers to the actions and decisions individuals take to maintain and manage their own health and wellbeing.

Self care encompasses a broad range of activities such as personal hygiene, healthy eating, physical activity, and self management of health. Health care professionals can support patients, whanau, and communities to ensure self care needs are met by providing care and assistance when needed, offering guidance and education to allow informed choice and decision-making, and an environment which promotes self care and independence.

This care standard includes but is not limited to:

- Patient education
- Discharge planning
- Self-management
- Activities of daily living
- Health promotion
- Independence
- Informed choice
- Mobility

Care Outcome:

Patients and their whanau receive care that promotes self care and independence.

Best Practice Standards:

The expected best practice standards for Self Care are:

1. Patients ability to care for themselves is continuously assessed to ensure self care needs are met safely
2. Patient care is planned, implemented and evaluated to ensure self care needs and preferences can be met
3. Patients and whanau have the knowledge, skills and resources to manage and meet individual self care needs
4. Patients are transferred/discharged safely with all necessary resources and follow up

Best Practice indicators:

Each best practice standard has a set of best practice indicators. These indicators are the expected practices and goals to support attainment of the best practice standards for Self Care.

Practice benchmarks:

Benchmarks are the audit measures used to assess, measure, and compare current practice against the best practice standards for Self Care.

See evaluation section

Cross references:

- Communication
- Care Environment
- Respect, privacy and dignity
- Safety and prevention
- Personal care

Related Policies, guidelines, and resources:

- Refer to reference list

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Standards: Patient & Whanau Centred Care Standards

Care Standard 9 : Self care	
Patients and their whanau receive care that promotes self care and independence	
Best Practice Standards	Best Practice Indicators
1. Patients ability to care for themselves is continuously assessed to ensure self care needs are met safely	<ul style="list-style-type: none"> a. An individual patient assessment is carried out to determine patient's ability to care for themselves prior to care being given b. An individualised risk assessment is completed and documented on admission and regularly reassessed c. The nursing/midwifery assessment is documented in the clinical records
2. Patient care is planned, implemented and evaluated to ensure self care needs and preferences can be met	<ul style="list-style-type: none"> a. An individualised care plan is developed, with the patient where possible, to ensure self care needs and preferences are met b. Referral to other health care professionals is made if needed e.g physio c. Self Care requirements are evaluated and revised as required d. Nursing/Midwifery care provided is documented in the clinical records
3. Patients and whanau have the knowledge, skills and resources to manage and meet individual self care needs	<ul style="list-style-type: none"> a. Patients are enabled to make informed choices about caring for themselves and those choices are respected b. Patients receive timely assistance and/ or access to aids required to meet self care needs as independently as possible c. Patients/Whānau receive education and information to support self care and maintain health
4. Patients are transferred and discharged safely with all necessary resources and follow up	<ul style="list-style-type: none"> a. Discharge and referral needs are assessed on admission, and reevaluated with changes in condition b. Discharge planning takes place in collaboration with the patient, and whanau where appropriate and is clearly documented and communicated c. Resources are available at the time the patient is ready for discharge e.g. community services, equipment d. Patients and whanau have the information required for a safe discharge i.e. discharge summary, explanation of medications, self care instructions, follow up requirements

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Standards: Patient & Whanau Centred Care Standards

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Standards: Patient & Whanau Centred Care Standards

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