

Healing, learning and improving from harm:   
National adverse events policy 2023 |   
Te whakaora, te ako me te whakapai ake i te kino:  
Te kaupapa here ā-motu mō ngā mahi tūkino 2023

# Policy implementation assessment tool

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| --- | --- |
| **Attainment level** | **Interpretation** |
| Met | Demonstrates implementation of the process, systems or structures in order to meet the required outcome with associated documentation. |
| Partially met | Meets some of the criteria but not all (describe why in the comment column and the opportunity for improvement). |
| Not met | Unable to demonstrate processes, systems or structures to meet the required outcome (describe why in the comment column and the opportunity for improvement). |
| Not Applicable | The principle or process is not relevant to the case being audited and therefore does not apply. |

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Document purpose

The purpose of this assessment tool is to support health and disability service providers to implement the healing learning and improving from harm policy 2023 | Te whakaora, te ako me te whakapai ake i te kino: Te kaupapa here ā-motu mō ngā mahi tūkino 2023[[1]](#footnote-2) (the policy) when reviewing health care harm. The tool is designed as a maturity assessment checklist to evaluate both operational processes and the completed review of harm to see where gaps exist in meeting the criteria within the policy.

Introduction

Te Tāhū Hauora Health Quality & Safety Commission’s (Te Tāhū Hauora) revised policy is underpinned by systems safety and He toki ngao matariki Aotearoa (resilient health care) to improve safer care following events of harm. It provides guidance on meeting the needs of all people within the system (consumers, whānau and health care workers).

The aim of reporting and reviewing harm is to identify opportunities for healing and learning to inform sustainable actions for improvement that will strengthen systems.

Reviewing harm offers opportunities for:

* healing, by listening to, understanding and addressing the needs of all the people who are affected by a harmful event or experience
* learning how people usually create safety, and understanding how risk becomes difficult to manage
* improving, by ensuring what is learned is used to enhance system safety and consumer, whānau and health care workers’ experiences.

The process for reviewing harm should be undertaken in a way that minimises the risk of compounding harm and gives everyone (consumers, whānau and health care workers) a voice to ensure their needs are recognised and addressed during the process.

Completing this assessment tool gives providers the opportunity to assess the progress they have made in implementing the 2023 policy.

2. Operational measurements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Met** | **Partially met** | **Not met** | **NA** | **Comments/notes** |
| An internal policy/process has been developed that operationalises the eight principles within the national policy. |  |  |  |  | Click or tap here to enter text. |
| The provider has an effective governance structure that oversees the reviews following harm. See [*Clinical governance: Guidance for health and disability providers*](https://www.hqsc.govt.nz/publications-and-resources/publication/2851/) (2017). |  |  |  |  | Click or tap here to enter text. |
| Part ‘A’ notifications are completed and received by Te Tāhū Hauora within 30 working days of the harm being reported internally. |  |  |  |  | Click or tap here to enter text. |
| Terms of reference are developed for SAC 1 and 2 events, particularly where cross-boundary reviewing is required. |  |  |  |  | Click or tap here to enter text. |
| Review facilitators are appointed that exclude those involved in the event. |  |  |  |  | Click or tap here to enter text. |
| To reduce bias, review facilitators, are from outside the immediate specialty where the harm occurred. |  |  |  |  | Click or tap here to enter text. |
| Part ‘B’ notifications are completed and submitted to Te Tāhū Hauora within 120 working days of the harm being internally reported. |  |  |  |  | Click or tap here to enter text. |
| Copies of the anonymised final reports are sent to Te Tāhū Hauora. |  |  |  |  | Click or tap here to enter text. |
| Where applicable, reporting to other agencies required under statutory Acts is completed, eg, ACC, the Coroner, WorkSafe. |  |  |  |  | Click or tap here to enter text. |

1. Consumer and whānau participation

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| --- | --- | --- | --- | --- | --- |
|  | **Met** | **Partially met** | **Not met** | **NA** | **Comments/notes** |
| **Process criteria** | | | | | |
| There is a pathway for consumers and whānau to report harm. |  |  |  |  | Click or tap here to enter text. |
| Processes within the organisation meet the [Code of expectations for health entities’ engagement with consumers and whānau](https://www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau/) (2022). |  |  |  |  | Click or tap here to enter text. |
| There is a local guideline to support the implementation of the key contact role. |  |  |  |  | Click or tap here to enter text. |
| An independent consumer representative (not involved in the event) is a member of the focus group or oversight governance group. |  |  |  |  | Click or tap here to enter text. |
| The consumer and whānau are offered an open communication process to disclose the harm and discuss from it from their perspectives. |  |  |  |  | Click or tap here to enter text. |
| Consumers and whānau are given the opportunity to provide feedback on draft reports before they are finalised. |  |  |  |  | Click or tap here to enter text. |
| **Assessment following a review** | | | | | |
| Where applicable, consent was obtained from the consumer to involve whānau in the review process. |  |  |  |  | Click or tap here to enter text. |
| The consumer and whānau were allocated a key contact to guide them through the process and provide regular updates. |  |  |  |  | Click or tap here to enter text. |
| The consumer and whānau were offered the opportunity to share their story in a way that kept them safe. |  |  |  |  | Click or tap here to enter text. |
| The needs of the consumer and whānau were documented as part of the review process. |  |  |  |  | Click or tap here to enter text. |

1. Culturally responsive practice

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|  | **Met** | **Partially met** | **Not met** | **NA** | **Comments/notes** |
| **Process criteria** | | | | | |
| The organisation has relevant networks to contact to meet the cultural needs of consumers and whānau. |  |  |  |  | Click or tap here to enter text. |
| **Assessment following a review** | | | | | |
| Māori consumers and whānau have access to services to support their cultural values and beliefs and are supported to engage with those services. |  |  |  |  | Click or tap here to enter text. |
| Pacific peoples have access to services to support their cultural values and beliefs and are supported to engage with those services. |  |  |  |  | Click or tap here to enter text. |
| All consumers and whānau have access to services to support their cultural values and beliefs and are supported to engage with those services. |  |  |  |  | Click or tap here to enter text. |
| Translators, where required, are used when engaging with consumers and whānau to meet their individual needs. |  |  |  |  | Click or tap here to enter text. |

1. Equity

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| --- | --- | --- | --- | --- | --- |
|  | **Met** | **Partially met** | **Not met** | **NA** | **Comments/notes** |
| **Process criteria** | | | | | |
| Equity tools are used across review processes. |  |  |  |  | Name equity tools routinely used: Click or tap here to enter text. |
| Potential inequities are identified during the reviews, evaluated and highlighted in final reports. |  |  |  |  | Click or tap here to enter text. |
| Solutions to improve inequities are incorporated into the organisation’s recommended actions for improvement. |  |  |  |  | Click or tap here to enter text. |
| **Assessment following a review** | | | | | |
| Equity tools used are documented in the report with inequities within care processes are identified. |  |  |  |  | Click or tap here to enter text. |

1. Open communication

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|  | **Met** | **Partially met** | **Not met** | **NA** | **Comments/notes** |
| **Assessment following a review** | | | | | |
| There has been open communication using a considered and proportionate response, with consideration for the cultural viewpoint and practices of the consumer and whānau. |  |  |  |  | Click or tap here to enter text. |
| There has been open communication throughout the process to meet the needs of the consumer and whānau harmed. |  |  |  |  | Click or tap here to enter text. |

1. Restorative practice and hohou te rongo

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| --- | --- | --- | --- | --- | --- |
| **(5-year transition from 2023)** | **Met** | **Partially met** | **Not met** | **NA** | **Comments/notes** |
| **Process criteria** | | | | | |
| A voluntary restorative response approach is able to be used to respond to the harm. |  |  |  |  | Click or tap here to enter text. |
| Internal guidance on enacting restorative responses is available or under development (note that providers have until 2028). |  |  |  |  | Click or tap here to enter text. |
| The organisation is accessing training for restorative practice facilitators and enabling them to achieve and maintain accreditation. This is to ensure that accredited facilitators are used when applying restorative responses. |  |  |  |  | Click or tap here to enter text. |
| An iwi-led hohou te rongo approach is being developed. |  |  |  |  | Click or tap here to enter text. |
| **Assessment of a restorative response** | | | | | |
| Where a restorative approach was used, those involved agree their needs were understood. |  |  |  |  | Click or tap here to enter text. |
| Learning opportunities and actions for improvement were agreed upon by all parties involved. |  |  |  |  | Click or tap here to enter text. |

1. Safe reporting

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|  | **Met** | **Partially met** | **Not met** | **NA** | **Comments/notes** |
| **Process criteria** | | | | | |
| The organisation has a learning culture approach to reviewing harm (not who is to blame). |  |  |  |  | Click or tap here to enter text. |
| **Assessment following a review** | | | | | |
| Those involved agree the review process felt ‘psychologically safe’ and they were able to speak freely about their experiences. |  |  |  |  | Click or tap here to enter text. |
| The learning opportunities do not ‘blame’ individuals. |  |  |  |  | Click or tap here to enter text. |
| Interviews with health care workers involved in the harm provided an understanding of the realities of everyday work. |  |  |  |  | Click or tap here to enter text. |
| Those involved had the opportunity to create the learning opportunities and recommended actions for improvements that could lead to safer care and minimise the risk of harm re-occurring. |  |  |  |  | Click or tap here to enter text. |
| Support was provided for the consumer, whānau and health care workers during the process. |  |  |  |  | Click or tap here to enter text. |

1. System accountability

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|  | **Met** | **Partially met** | **Not met** | **NA** | **Comments/notes** |
| **Process criteria** | | | | | |
| A learning review method was used as part of a system safety approach to learning from harm.  (Concurrent reviews are documented, eg, mortality and morbidity review, Health and Disability Commissioner). |  |  |  |  | Name the method: Click or tap here to enter text. |
| Health care workers involved are all given the opportunity to share their story. |  |  |  |  | Click or tap here to enter text. |
| There is a process for review facilitators to access all relevant supporting documentation (eg, policies, TrendCare, Care Capacity Demand Management, Information technology databases, audits). |  |  |  |  | Click or tap here to enter text. |
| **Assessment following a review** | | | | | |
| Evidence is present that the consumer and whānau needs were addressed in the review. |  |  |  |  | Click or tap here to enter text. |
| Evidence demonstrates that the narrative has been built from the actual events (not the reviewer’s interpretation of events). |  |  |  |  | Click or tap here to enter text. |
| Actions and influencers within the system are identified and documented in the report. |  |  |  |  | Click or tap here to enter text. |
| The report is written in plain language to be understandable by all readers. Jargon and technical terms are defined as required. |  |  |  |  | Click or tap here to enter text. |
| The local governance process supported and approved the final report. |  |  |  |  | Click or tap here to enter text. |

1. System learning

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|  | **Met** | **Partially met** | **Not met** | **NA** | **Comments/notes** |
| **Process criteria** | | | | | |
| There is a robust process to share system level learning locally. |  |  |  |  | Click or tap here to enter text. |
| Where relevant, system learning is shared regionally and nationally. |  |  |  |  | Click or tap here to enter text. |
| Learning opportunities are shared among the relevant professional forums. |  |  |  |  | Click or tap here to enter text. |
| **Assessment following a review** | | | | | |
| The report is anonymised for sharing with others, such as Te Tāhū Hauora, Health and Disability Commissioner, Coronial Services, other health care workers and the consumer and whānau. |  |  |  |  | Click or tap here to enter text. |
| The identified learning opportunities clearly address system factors that contributed to the event. |  |  |  |  | Click or tap here to enter text. |
| The actions for improvement have been considered for their impact on the system (ie, they are the best solution for this issue in this context relevant to different levels of the system). |  |  |  |  | Click or tap here to enter text. |
| Health care workers agree that the learning and actions for improvement consider the context and realities within which they work. |  |  |  |  | Click or tap here to enter text. |
| The draft learning opportunities have been shared with the consumer and whānau for feedback. |  |  |  |  | Click or tap here to enter text. |
| The system learning has driven sustainable quality improvement that is being actively evaluated. |  |  |  |  | Click or tap here to enter text. |

Template developed by Te Tāhū Hauora Health Quality & Safety Commission, June 2023, and available online at [www.hqsc.govt.nz](http://www.hqsc.govt.nz).

1. Te Tāhū Hauora Health Quality & Safety Commission. 2023. Healing, learning and improving from harm: National adverse events policy 2023 | Te whakaora, te ako me te whakapai ake i te kino: Te kaupapa here ā-motu mō ngā mahi tūkino 2023. Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: [www.hqsc.govt.nz/resources/resource-library/national-adverse-event-policy-2023](http://www.hqsc.govt.nz/resources/resource-library/national-adverse-event-policy-2023). [↑](#footnote-ref-2)