

Submitted to About the Act and Code Review  
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5 Are you here to tell us your 'one big thing'?

Your one big thing::

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Not Answered

## Topic 1: Supporting better and equitable complaint resolution

1.1 Did we cover the main issues about supporting better and equitable complaints resolution?

Please add your response below:

Yes, that is very much better. It enabled person centred service and responses which are much more productive.

1.2 What do you think of our suggestions for supporting better and equitable complaint resolution, and what impacts could they have?

Please add your response below:

I support your suggestions, and the impacts that I believe they will have are to:

- help people to feel considered, valued, and empowered.
- make it easier for people to voice their concerns in a meaningful way, feel heard, and illicit a more productive response.
- make carers and family feel more supported.
- make the Act more meaningful and genuinely useful.
- Hold Health Care Providers such as Rest Homes more accountable for treating their residents as well as possible. For example providing FOOT CARE AS PART OF PERSONAL CARE. Rest Homes are paid a great deal of money to provide this Personal Care, which must include care top of head to end of toes. Currently Rest Home Providers are charging for parts of personal care that they can exploit, which they have already been paid for. This double dipping is an excellent example of how the Health & Disability Legislation is not being applied or monitored effectively, causing patient hardship & suffering.

1.3 What other changes, both legislative and non-legislative, should we consider for supporting better and equitable complaint resolution?

1.3 changes - supporting better and equitable complaint resolution:

Legislative: a) when Residential Care Facilities are audited they must demonstrate how they are providing ALL personal care, because that's what they are being paid so highly to do. They must not charge their clients extra fees for things such as foot care (which is essential for good health, mobility, and comfort), fingernail care, or hair cuts. A client may choose to pay extra for hair styling, but not for basic hair care.  
c) Audits should also include a review of a survey completed by all residential care clients or their family/support person to ensure that they are satisfied with their care. I have seen horrific abuses of power by Rest Home providers who openly state that their top priority is maximum return for their share holders, when it should be maximum wellbeing of their clients. I have seen fractured femurs and gangrenous toes go unattended to avoid the cost of an ambulance or a Drs visit - this is life threatening.  
d) Mandatory standards in Rest Homes for Personal Care, nutrition, client satisfaction etc.  
c) Sanctions & fines applied to Residential Care Facilities who do not meet these standards.  
These actions would reduce the need for complaint resolution: have the ambulance at the TOP of the cliff, not the bottom. These actions would save govt. money, and increase the wellbeing of older people.

## Topic 2: Making the Act and the Code more effective for, and responsive to, the needs of Māori

2.1 Did we cover the main issues about making the Act and Code more effective for, and responsive to, the needs of Māori?

Please add your response below:

It sounds good. However the basic things that need to happen for all New Zealanders is RESPECT, ( as you have pointed out) CONSIDERATION, CONSULTATION, CHOICE, AND PERSON CENTRED CARE.

If these principles were embedded in legislation they would serve everyone equally. Ask people what they want, need, expect, and are comfortable with rather than make assumptions that Maori all think, feel, expect, and need the same thing, because everyone is different and you are merely recolonising them.

Acknowledge that the biggest problem in Maori Health is that each person is not having their needs met in a way that is unique and effective for them personally. We need to consider all cultures and people as having unique expectations and needs, that can all be addressed using the principles above. Health is a two way street: individuals need to take responsibility for it, as well as expecting professional care to enhance it.

2.2 What do you think about our suggestions for making the Act and the Code effective for, and responsive to, the needs of Māori, and what impacts could they have?

Please add your response below:

Your suggestions should be able to be applied to EVERYONE rather than creating duplicity.

You do not want to be seen to be "going through the motions" to fulfil what is perceived to be meeting the needs of Maori. Each cultural group should be able to develop their own template to address their specific needs and expectations, pertinent to them. This is empowering, and shares the responsibility. Otherwise governments will always be criticized for not doing the right thing. You do not have to FIX things, you just need to be sure that appropriate legislation is developed to acknowledge and address identified needs, then WORK TOGETHER WITH ALL PEOPLE TO ENABLE THEIR COMMITMENT TO THE SAME THING WHICH IS PERSON CENTRED CARE, which legislation can then support.

2.3 What other changes, both legislative and non-legislative, should we consider for making the Act and the Code effective for, and responsive to, the needs of Māori?

Please add your response below:

Have Maori representation on all boards and committees which deal with the Act and the Code, as you have suggested. However bare in mind that not all views will be the same, and not all intentions will be the same. Stick to Person Centred Care, delivered in COLLABORATION WITH Maori, where they participate in taking responsibility for the health of themselves and their whanau, iwi, etc. If you expect, feel obligated to, or are pressured to do everything FOR all Maori, you will always be criticized for not doing enough, and money will not be well spent. If your attitude is to EMPOWER Maori to look after themselves, in their own way, then strong systems will be built, and the health of Maori will improve.

Accept that their values may be different to European values, eg they may not value living a long life despite the quality of it; living in a fancy Rest Home rather than a modest home near family; having productive children rather than just many of them; taking responsibility for their own behaviour & health etc

### Topic 3: Making the Act and the Code work better for tāngata whaikaha | disabled people

3.1 Did we cover the main issues about making the Act and the Code work better for tāngata whaikaha | disabled people?

Please add your response below:

Yes. I am a disabled person, who has spent █ years working with elderly and disabled people as an Independent self employed Registered Nurse. Many assumptions have been made regarding the needs of disabled people, and many needs have not been understood, or have been ignored for the sake of convenience and costs.

The same principle applies to Disabled People as it does to everyone else: PERSON CENTRED CARE.

C =COMMUNICATE freely and without bias.

A = ASK people what they need, & how they can collaborate with people meeting the need - it is empowering. never make assumptions, or impose your expectations onto them.

R = RESPECT their opinions and how they experience the world, put yourself in their shoes.

E = EXPLORE options together regarding how unique needs can be met.

3.2 What do you think of our suggestions for making the Act and the Code work better for tāngata whaikaha | disabled people, and what impacts could they have?

Please add your response below:

They are good, and show a depth of understanding and consideration.

3.3 What other changes, legislative and non-legislative, should we consider for making the Act and the Code work better for tāngata whaikaha | disabled people?

Please add your response below:

MANDATORY LEGISLATION WHICH WILL ADDRESS ISSUES PROMPTLY AND EFFECTIVELY.

For example UNIVERSAL STANDARDS FOR HOMES so that every home can be suitable for every person.

It does not need to cost extra money to have wet floor showers, ramps rather than steps, benches that a wheel chair can fit under, cupboards with easy access, wide doorways & hallways ( or no hallways).

Developers/builders are permitted to exploit disabled people by not providing accessible accommodation.

UNIVERSAL DESIGNS FOR FOOTPATHS, CROSSINGS, ACCESS TO PUBLIC BUILDINGS, ACCESS TO COMMERCIAL BUILDINGS, etc so that ALL people are equally able to use these facilities.

UNIVERSAL DESIGN FOR PUBLIC TRANSPORT, so that it is accessible for EVERYONE.

### Topic 4: Considering options for a right of appeal of HDC decisions

4.1 Have we covered the main issues about considering options for a right of appeal of HDC decisions?

Please add your response below:

Yes, I think they are good.

4.2 What do you think about our suggestions for considering options for a right of appeal of HDC decisions, and what impact could they have?

Please add your response below:

Think about the ambulance at the top of the cliff, (the cheapest and least stressful option) rather than the ambulance at the bottom of the cliff ( the most stressful and expensive option).

What can you do to ensure that you operate in the the most fair, appropriate, transparent way so that an appeal is not needed in the first place. Think of my C.A.R.E model where every situation is approached in a person centred way. Concentrate on LISTENING to what the person is saying, without judging or interpreting it , or thinking about what you are going to do with or about that information.

Gather the information in a person centred neutral way, THEN discuss options which may suit any or all parties. So much money is wasted on assumptions, generalisations, imposing opinions onto clients.

4.3 What other options for a right of appeal of HDC decisions, both legislative and non-legislative, should we consider?

Please add your response below:

Start at the very beginning by developing an appropriate tool to collect and evaluate information. If this is done correctly the need for an appeal will not arise. When presenting options to address a concern/complaint be sure to include what the client and significant others may see as a solution, as well as what you see as a solution. Discuss the outcomes at that stage, rather than at the end of the process.

If your solution is unpalatable to the client , or their solution is impossible to you, negotiate that level until common ground is reached. Be sure to explain consequences and possible outcomes at this stage.

If an appeal really becomes unavoidable, go back to the basics so that a mutually acceptable solution is found. Appeals usually result from one party not feeling heard, or responded to appropriately. Or to assumptions being made, certain parties (eg Rest Home Providers) being protected, or the persons making the final decision being biased or ignorant in some way.

## Topic 5: Minor and technical improvements

5.1 What do you think about the issues and our suggestions for minor and technical improvements, and what impacts could they have?

Please add your response below:

I agree with all these changes, and believe they will have a positive effect on all aspects of the Code & the Act.

5.2 What other minor and technical improvements, both legislative and non-legislative, should we consider?

Please add your response below:

No comment.

5.3 What are your main concerns about advancing technology and its impact on the rights of people accessing health and disability services?

Please add your response below:

My concern is that the reliance on technology especially in this situation, where elderly or neurologically affected individuals are involved, greatly reduces the effect and the understanding of situations.

For example when a face to face interview is conducted body language and facial expressions are just as valuable as language in producing an accurate picture of the situation. Concerns and options to address them are much more effective and possible without the barrier of digital means.

The reliance on technology may deter people from raising their concerns, if their skills are not good.

So maybe facetime interviews are a better evaluation tool rather than digital communication.

Many people these days do not open, respond to, or receive all their emails, so valuable information and opportunities are missed.

5.4 What changes, both legislative and non-legislative, should we consider to respond to advancing technology?

Please add your response below:

Legislative may make reliance on technology alone not an option.

Formal Training in face to face interviewing, listening skills, communication skills, may be mandatory for all staff working in this sector.

Responding to what the client prefers and needs by way of communication method could be mandatory.

Mandatory standards for protecting privacy and information could be introduced.

## Publishing and data protection

May we publish your submission?

Yes, but please remove my name/my organisation

Please note any part(s) of your submission you do not want published::

Reasons to withhold parts of your submission

Yes, I would like HDC to consider withholding parts of my submission from responses to OIA requests.:

No

I think these parts of my submission should be withheld, for these reasons: :

If needed, can we to contact you to follow up for more detail on your submission?

Yes, you can contact me

Would you like to receive updates about the review?

I'd like to receive updates about the review