



**National Council of  
Women of New Zealand**

Te Kaunihera  
Wahine O Aotearoa

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**Submission to Standards New Zealand on the DZ 8151: 2003  
Accident and Medical Clinics - Revision**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 42 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies. The Council's function is to serve women, the family and the community at local, national and international levels through research, study, discussion and action. NCWNZ has a longstanding history of encouraging the promotion of social and health issues, particularly as they affect women.

Due to time constraints we did not consult widely with our membership. However, those members who have read the document wish to take this opportunity to say what a pleasure it was to be presented with a clear, concise and easily read document.

**General Comments:**

NCWNZ's observation is that the interpretation of the standards and their implementation should be reasonably straightforward. The notes regarding demonstration of compliance are valuable. Auditing clinics, as defined in this document, should be efficiently achieved.

**IX.** Explanation of Terminology p8: It states that "**Comment:** Replaced throughout the document by "Note – This may be achieved by but is not limited to ensuring". A check through the document indicates that this change has not occurred.

**Specific Comments:**

2.2 p10/11: There is a need for adequate signage internally and externally for all services. This should include, where appropriate, the location of Pay Stations for Pay and Display car parks. Pictorial signs should be used wherever possible. Signs using abbreviations or medical terminology may be difficult for some consumers to understand.

3.1.10 p12: Consumers should be told of their possible waiting time after triage not just if they ask for the information as appears to be indicated in this standard. Further, consumers should be kept informed of any changes in expected waiting times. Some members commented that they thought it desirable that there be a system to treat everyone within a certain time of their arrival.

3.2 p13: Some respondents commented that this standard makes no specific mention of seeking consent. This was considered to be a serious omission. The issue of consumer consent could be included under section 3.2 or 1.1. The standard should clearly identify when consent must be sought, or documented that consent has been given. This would apply to treatment, presence of others besides the Doctor/nurse, assessing consumer information from another health facility, etc. The section under clinical records does not cover the obtaining of consent.

3.2.3 p13: Since confusion can sometimes arise as to who is the actual family or whanau, a note as to who was informed and their signature should be recorded.





3.4.1 p14: This section was regarded as controversial. Respondents were divided on whether the transfer of information should be 'opt-in' or 'opt-out' system. The majority agree that consumers should have the opportunity to 'opt out' of transfer of information rather than having to authorise what in any information is to be notified to a GP, PCP or LMC. This allows less chance for vital information to be withheld from those others responsible for the longer term care of consumers.

NCWNZ's main concern is that there must be a conscientious effort made to elicit the consumer's wishes regarding their option to decline to allow the disclosure of information to their GP or PCP. Some people prefer to discuss family planning matters with agencies other than their GP, e.g. a young person wishing to handle their own health issues and who doesn't feel confident that their GP won't refer back to their parents. Similarly, a person having had an abortion may not wish their GP to deal with the follow up.

6.1 p22: All departments need to be easily accessible by wheel chairs.

6.1.1 I p22: NCWNZ suggest that in line with the Baby Friendly Hospital Initiative that an area, and it doesn't have to be large, is available to a breast-feeding mother. The Baby Friendly Hospital Initiative is not just about maternity facilities.

6.1.1(a) p22: Private treatment area should also allow for interviews to be conducted where they cannot be overheard from the reception/waiting room.

6.2.1 p22: NCWNZ is pleased that this section is, *"To be re-written focussing on Pt safety, comfort and should occur as part of the current consultation."* We would have found it more efficient to have the re-written section included within the current document for comment.

#### Appendix C

##### Minimum Consumer Records

Under Consumer details the Next of Kin is missing - very important in case it is needed and patient is unconscious when they need to be hospitalised or die at the surgery they are on their own.

NCWNZ thank you for this opportunity to make comment and we look forward to viewing the final document.

Beryl Anderson  
National President

Catherine Gurnsey  
Convener, Health Standing Committee