

Frequently Asked Questions



Mahi Tahī
Better Together

Can you please explain what Mahi Tahī Better Together is?

Mahi Tahī Better Together is an initiative that recognises the important role loved ones have in the ongoing care of patients whether they are whānau/family or friends. This involves staff asking people if they wish to have a “Partner in Care” during their hospital journey.

Mahi Tahī means we are working together as one.

The Mahi Tahī Better Together programme is guided by the concept of Motu Rākau Mānuka, which translates to a grove of tea tree. Our Pae Ora team has provided this guiding concept based on the mānuka tree, which is known to many as a healing tree. This unassuming shrub might well be considered the backbone of Te Wao Nui a Tāne. Mānuka is the hardworking healer, tenacious yet humble, quietly supporting the land and the people in the background. Māori traditionally used mānuka for a variety of reasons. Kia aho matuahia te taketake, kia tūwaerea te tau – when intuition replaces intellect, knowledge turns to wisdom.

What is a Partner in Care?

A Partner in Care is someone who helps the patient, usually a relative or friend, in their day-to-day life. They are not the same as a visitor or someone who provides care professionally or through a voluntary agency. The Partner in Care role enables significant people to be more active in the person's care while in hospital. Partners in Care can enter the ward their loved one is admitted to at any time, encouraged to help with care where appropriate and will be a main point of communication for staff on matters involving their loved one.

What sort of care could a Partner in Care provide?

Partners in Care involvement will vary dependent on the individual and whānau.

Types of involvement may include:

- Comfort and support, with extended visiting times or overnight stays
- Accompanying and supporting during investigations, assessments or procedures
- Assisting with their dressing, washing, eating or drinking
- Assisting with getting to the bathroom or walking in the hall
- Helping with their physical therapy
- Preventing isolation and loneliness - promoting engagement and stimulation
- Participating in decision-making and discharge planning
- Asking questions, keeping track of and understanding information about the patient's health
- Speaking up to ensure the health team is aware of any concerns or important information
- Watch out for changes in the patient's condition, and calling for help when needed urgently

IMPORTANT: Partners in Care will not be expected to do anything they are not comfortable with and will not be asked to complete any duties requiring clinical expertise.

How will the Partners in Care partnership work within the ward?

Partners in Care will be chosen by the patient and a partnership plan will be made and recorded in the nursing care plan, on a case-by-case basis, for how the relationship will operate in the ward.

Partners in Care:

- Have a right, but not a duty, to be with the person they care for.
- Will be welcome 24 hours a day, seven days a week. Late and overnight visits will be accommodated and co-ordinated so as to avoid disruption to other patients.
- Time with their loved one in hospital will not be restricted unless there is a valid clinical reason.
- Will be supported to contribute to their loved ones care in hospital – in order to nurture, not nurse.
- Will be supported with regular breaks to maintain their own health and wellbeing. Ward coffee and tea refreshments, kitchenette facilities, and free parking will be available to them for personal use, as well as bathrooms.
- Will have access to linen supplies and a kitchenette to assist in caring for their loved ones.



How will I know if someone is a Partner in Care?

All Partners in Care will be provided with a badge designed and printed by MDHB that signifies their partnership with the DHB.

What's the difference between a Partner in Care and a visitor?

Partners in Care are identified by the patient as someone who is their main support person while they are in hospital. There will be no restrictions on visiting times for Partners in Care. Visitors are guests who may wish to visit the patient while they are in hospital. Visitors may or may not be whānau/family. Usual MCH visiting hours and procedures will continue to apply for visitors.

Does this mean someone can visit at 1am?

Yes, when wearing an official Partner in Care badge, there are no hourly restrictions for visits.

Can Partners in Care stay overnight?

Yes, we can provide recliner chairs, and bedding, for Partners in Care to stay overnight on the ward with their loved one. The chairs are subject to availability but we will do our best to ensure we can provide for your stay to support the patient while in hospital.

Can a patient have more than one Partner in Care?

Yes. People are encouraged to have just one or two Partners in Care with them at any time (remember sometimes the patient's Partner in Care will also need support and advocacy). They will be encouraged to set up a Rota if there are multiple Partners in Care.

Why have we decided to make this change?

The change respects and recognises the huge contribution whānau/family and loved ones can make to a person's wellbeing during their hospital journey. Often, those significant to the person can provide information that staff are not aware of. Research shows that when people are supported in hospital by people important to them this contributes to improvement with management of chronic and acute illnesses by aiding in communication with staff and improving their health emotionally, mentally and physically. It is best practice to:

- recognise people's significant support person(s) as integral to their overall well-being,
- welcome them to be there whenever the person would like them to be present
- involve them in their loved one's care in meaningful ways – including planning, delivery, monitoring and evaluation of care.

What difference can Mahi Tahī Better Together make for staff?

Evidence from several different schemes shows this can improve and aid hospital discharge. Specific benefits have been:

- Improved care, nutrition and hydration.
- Reduced falls and pressure injuries.
- Increased communication between whānau/family and staff.
- Reduced complaints.
- Improved and smoother hospital discharge.

Does this mean there will be more communication between staff and family members?

A Partner in Care will be the patient's main support and the main point of communication for staff and whānau/family. This means there will be a clear line of contact for both staff and family regarding the patient and their care, and communication will be more streamlined.

What should a Partner in Care do if they need help?

A Partner in Care should speak to the charge nurse in the ward if they require any support or assistance.

What if a Partner in Care sees another patient who needs help?

Partners in Care should only assist in the care of their own loved ones. If another patient requires assistance, the Partner in Care should find the charge nurse in the ward to assist.



What resources and support will be available to a Partner in Care?

Each Partner in Care will be given a complete overview of the Mahi Tah Better Together programme and an orientation on the ward by a charge nurse, or relevant staff member. The orientation will include discussions on amenities, security, emergency and evacuation procedures, privacy, appropriate behavior, parking and refreshments.

Partners in Care will:

- Have open access to hot drink facilities, fridge and a microwave.
- Have free parking.
- Be able to request a meal to eat alongside their loved one.
- Be given an access card, where applicable.
- Be able to request a recliner chair to sleep on overnight.
- Have access to public toilets, as well as shower facilities at Te Whare Rapuora.

What cultural and spiritual care support will be available to staff?

Staff will have attended MidCentral DHB's Treaty of Waitangi two-day training course, and the Cultural Responsiveness in Practice one-day workshop, after which they receive a keyring set of karakia and waiata cards to use. Referral can be made to Pae Ora where identified, requested or appropriate.

What cultural and spiritual care support will be available to Partners in Care?

Partners in Care, whānau and loved ones will be asked if there are any cultural or spiritual care needs while in hospital. Referral can be made to Pae Ora where identified, requested or appropriate. The DHB's chaplaincy service is also available, and if unavailable then a request to Te Roopu Māngai Kaumātua via Pae Ora, Pae Ora Māori Health Services or Oranga Hinengaro can be made.

What language translation services are available for Partners in Care?

The DHB will endeavor to offer translators where required for a Partner in Care or the patient.

Can a Partner in Care bring items from home to the patient in hospital?

Yes. If you are unsure of anything please ask the Charge Nurse.

What if the patient is not able to tell us who their preferred Partner(s) in Care are?

In the event of the person being unable to speak for themselves i.e; due to illness or assessed incompetent to make decisions, a decision will be made in their best interests (in conjunction with their Enduring Power of Attorney or Next of Kin). In this event, the health professional is to ensure a current capacity assessment is documented in the main health record.

What if a patient doesn't want to have a Partner in Care (at all, or during certain times)?

Patients have the right to amend their Partner in Care agreement and refuse visitors at any time. Staff can advocate for the person's wishes by informing the primary support person/Partner in Care and can also request that they notify other potential support people or visitors. Staff can also inform visitors of the person's decision to not receive visitors.

What if a patient wishes to change their Partner(s) in Care, or a Partner in Care no longer wishes to take on the role?

The DHB respects decisions to change the Partner in Care agreement at any time. The patient, Partner in Care and staff will respectfully discuss the identified change and work together to adjust the Partner in Care arrangements. The patient's wishes and preferences will be honoured.

What if a Partner is affecting the care or ability to care for the patient or those surrounding them?

If anyone in the ward is impeding the ability for staff to give the best care possible, staff have the right and responsibility to respectfully ask that person to leave the room while procedures are in process or until the context of the situation changes.

What if staff feel a Partner's presence isn't beneficial to the patient or their health?

Staff should respectfully and discreetly discuss this observation with the patient and/or their Partner in Care and work together to agree on a plan to meet the person's current needs and preferences. If the patient disagrees with your assessment staff will endeavour to respect the patient's wishes regarding the Partner in Care's presence as much as possible. If it is mutually agreed by the patient and care team that a particular person's presence is not benefiting the patient and their care, staff may advocate for the person and ask that person to leave out of consideration for the patient.



What if the Partner is exhibiting disruptive behaviour?

Staff will inform the Charge Nurse and de-escalation techniques will be utilised. If the behavior continues or escalates, staff will follow the current practice of calling Security Services or the Manager designated to address the problem.

What if a patient isn't getting enough rest due to their Partner in Care's presence?

Staff will respectfully and discreetly discuss this observation with the patient and/or their Partner in Care and work together to agree on a plan to meet the patient's current needs and preferences. If the patient disagrees with your assessment staff will endeavour to respect the patient's wishes regarding the Partner's presence as much as possible.

What if the Ward is experiencing a Communicable Infection Outbreak?

Limiting traffic and visiting does assist in controlling an outbreak, however, we also recognise that patients are entitled to have a support person with them at all times, should they wish. Collaborative discussions with the patient and their Partner in Care enables decisions to be made such as which support people would be most appropriate during an outbreak. These support people will be shown proper hand hygiene and use of Personal Protective Equipment to assure both their safety and the safety of the patient.

What if a Partner in Care has signs/symptoms of infection or illness?

We ask all support people and visitors to refrain from visiting if they have symptoms of infection or illness, such as cough, cold, fever, flu-like symptoms, diarrhoea or rash. In circumstances where agreed Partners in Care or significant support people must visit with any of the above symptoms, the care team should educate them regarding appropriate personal protective equipment (such as masks or gowns).