



# HealthCERT Bulletin

## Information for the Sector

Issue 34 – February 2024

ISSN 2423-0525

### Welcome to the February 2024 issue of the HealthCERT Bulletin

Welcome to the New Year issue of the HealthCERT Bulletin for 2024.

We hope that everyone who had a holiday found it relaxing and rejuvenating. For those of you who worked, we hope you can enjoy a break soon.

HealthCERT would like to acknowledge the mahi undertaken across the sector with the implementation of and transition to [NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard](#) (Ngā Paerewa) last year. It was an important chapter in our regulation work, and it has been wonderful to see so many providers across the motu achieving all of the new criteria.

In this February edition, we clarify the requirements for provisional and partial provisional audits for all providers.

The project manager for the public hospital (Health New Zealand – Te Whatu Ora) audit framework reports on progress with this important project.

We summarise the results of the most recent sector feedback survey, conducted from September to October 2023, on the implementation of Ngā Paerewa. This includes interesting viewpoints and comments on the end of the grace period and its impact on the sector.

Also included are updates from Te Whatu Ora Assisted Dying Service and the National Public Health Service.

This quarter's good news story focuses on an innovative quality improvement project from Sheaff's Rest Home. As a result of the project, the provider was awarded a continuous improvement for creating valuable links to the community.

**Inside: Operating matters** Knowing the HealthCERT team • Provisional and partial provisional audits – a reminder about important timeframes • Review of public hospital audit framework • Results of Ngā Paerewa sector feedback survey • Te Tiriti eLearning modules • **Sector matters** • Update from the Assisted Dying Service • Infection prevention and control update from the National Public Health Service • Success story – 'Pen pals' by Sheaff's Rest Home

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## Operating matters

### Knowing the HealthCERT team

During December and January, the HealthCERT team were blessed to have our intern, Victoria Toleafoa.

Victoria was born and raised in South Auckland, as the eldest child and only daughter in her family and is a proud Samoan young woman. Having graduated with a Bachelor of Arts majoring in both criminology and sociology, she is now studying towards a Master of Public Policy at the University of Auckland. Victoria received this internship through a partnership between Manatū Hauora (the Ministry of Health) and Tuputoa.

During her time with us, Victoria has assisted with processing section 31 notifications that health and disability service providers submit to HealthCERT under the Health and Disability Services (Safety) Act 2001. She has also been editing and updating the Audit Report Writing Guide published by Manatū Hauora, using the Ministry's Communication Standards. Victoria will help the wider team with aspects of video editing for eLearning modules that HealthCERT provides health and disability service providers and health professionals to support their understanding of Ngā Paerewa.

### Provisional and partial provisional audits – a reminder about important timeframes

Providers planning to reconfigure their facilities often require a partial provisional audit. All brand-new providers must also have this type of audit. Auditing agencies need time to book in and undertake an audit and write up the audit report. After HealthCERT receives an audit report, our timeframe to process the audit case is 10 working days. Please be sure to allow enough time to account for the time involved during these stages before you implement any changes or open your new facility.

For brand-new providers, a successful partial provisional audit will result in a one-year period of certification. A successful partial provisional audit for adding new services to a certificate or reconfiguring the premises does not change the certification period.

Provisional audits are completed where providers are selling or purchasing a facility. These audits assess the current provider's services and the potential provider's ability to meet the requirements of certification. Once HealthCERT receives the audit report, it takes 20 working days to process and issue a letter of intent. After it receives the confirmation of settlement from your solicitor, HealthCERT has five working days to issue certification for one year. Please allow enough time for the audit itself and the processing that follows before your settlement date.

## Review of public hospital audit framework

The review of Te Whatu Ora public hospital audit framework is well under way. We have now completed a series of Future and Current State workshops, which drew over 55 people across seven online sessions. Attendees represented a range of views and organisations, including the Health Quality & Safety Commission – Te Tāhū Hauora, Māori Health Authority – Te Aka Whai Ora, the Designated Auditing Agency Group, and Te Whatu Ora. Roles and areas of expertise were similarly varied. Among those attending were directors, general managers, coordinators, technical expert assessors, clinical staff, and coordinators, while expertise covered quality risk and assurance, health and safety, clinical teams, emergency management, disability and auditing.

The workshops enabled key agencies to create a shared understanding of what is working well with the current audit framework and where there are opportunities to improve. We have gathered the ideas and thoughts from the workshops into one document and thematically analysed the qualitative data. Some emerging themes are interests in better using technology, reviewing the self-assessment form and process, and having consistent corrective action management processes.

These ideas, and many others, will be further explored and where appropriate Manatū Hauora will pilot them in a variety of small projects. These activities will be shaped in a Plan, Do, Study, Act cycle over January to April 2024. We are aiming to have proposals for the updated framework approved by the project's Governance Group by June 2024. If you are interested in taking part in these pilots, please let us know: [certification@health.govt.nz](mailto:certification@health.govt.nz).

## Results of Ngā Paerewa sector feedback survey, September–October 2023

HealthCERT is excited to share with you the results of the recent Ngā Paerewa sector feedback survey. The survey, conducted from 29 September to 31 October 2023, received a total of 142 responses. Among the respondents, 83% were regulated service providers and 17% were Home and Community Support Services (HCSS) providers.

Overall, providers appear to be more prepared for implementing Ngā Paerewa and have a better understanding of Te Tiriti than they were in previous surveys. Respondents found the training resources useful and reported that the HealthCERT team has been responsive to their questions.

As the grace period ended, providers reported various challenges and issues to HealthCERT. These included difficulties with staff compliance while implementing new guidelines and policies, staff training during times of overcapacity, and engaging with local iwi and Pacific communities for input. They also reported having limited information on sourcing expertise for the new criteria, especially those related to culture, and challenges in attracting diverse staff. Smaller providers faced challenges in updating policies and understanding specific requirements due to limited resources and staff capacity. Additionally, a few providers mentioned challenges arising from external factors such as COVID-19 and cyclones, and a perceived lack of inter-rater reliability from the audit team in their response to evidence. Some HCSS providers expressed concerns about the short duration of their grace period.

Providers and auditors have shared valuable learnings from the audit process. Many providers mentioned that the audit process was fair and supportive, allowing for open communication and learning on both sides. Some providers also appreciated the resources and guidance provided, such as online materials and templates, which helped them prepare for the audit. Some providers highlighted the importance of clear expectations during the audit, the use of gap audits to shape development, and early preparation for audits. These factors can contribute to a smoother audit process and enable providers to address any issues or challenges more effectively.

This survey asked regulated service providers about how the end of the grace period affected the audit. The majority of providers reported no significant change. However, some providers mentioned a negative impact; a small percentage indicated that they had not yet been audited against Ngā Paerewa. Most of the regulated service providers agreed that the length of the grace period was adequate. However, some respondents expressed uncertainty about the duration, indicating the need for ongoing support and guidance to meet Ngā Paerewa.

Providers and auditors also expressed a desire for additional support and opportunities for collaboration, including networking opportunities to connect with each other and create a community of support. Other forms of support requested were contact support to provide guidance and resolve queries, self-assessment tools, workshops or meetings for providers to discuss different sections of the standards, ongoing training and learning modules, and more examples for new and partially new criteria. We understand that implementing and complying with the new standards can be challenging. HealthCERT will continue to provide support based on the feedback from the survey.

We hope that these findings give you valuable insights into sector experienced the implementation of Ngā Paerewa. Thank you to all participants who contributed to this important work.

## Te Tiriti eLearning modules

We would like to remind you that Te Tiriti eLearning modules for Ngā Paerewa are available on the Manatū Hauora Learn Online platform. Please be aware learners will be asked to create a username and password to access this free online module. Some people will be able to access this module on other online platforms.

The second module is divided up into different sections that can be completed separately. However, all sections need to be completed to download the certificate of completion.

For more information on both eLearning modules, visit the dedicated page on our website: [Ngā Paerewa: Training and Support](#).

We hope you enjoy completing the eLearning modules and take away some new learnings that encourage your own journey in providing Te Tiriti-based, culturally responsive health and disability services in your unique care and support setting.

If you have any questions or feedback, please contact the HealthCERT team at [certification@health.govt.nz](mailto:certification@health.govt.nz).

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## Sector matters

### Update from the Assisted Dying Service

Te Whatu Ora has been responsible for the operation of assisted dying services throughout Aotearoa New Zealand since March 2023. This includes providing a person-centred, equitable and accessible service to the motu.

Clinical advisors (who are all nurses) in Te Whatu Ora provide information and support for a person and their whānau to navigate the assisted dying process, as well as for the practitioners involved. They connect people to health professionals who provide the service.

Many resources that health professionals and services may find helpful are available from Te Whatu Ora at: [tewhatauora.govt.nz/for-the-health-sector/assisted-dying-service/](https://tewhatauora.govt.nz/for-the-health-sector/assisted-dying-service/). These include guidance for people wanting to access the service, information about training for health care staff and service providers, as well as guidance for policy makers.

To find out more about assisted dying, please contact the team at [AssistedDying@health.govt.nz](mailto:AssistedDying@health.govt.nz) or free phone 0800 233 852. The team can provide education sessions for interested health practitioners who are interested in learning more.

### Infection prevention and control update from the National Public Health Service

Aotearoa New Zealand has a number of multidrug-resistant organisms (MDROs) that are predominantly transmitted in health care. Data collected by the Institute of Environmental Science and Research ([ESR](#)) shows that the number of MDROs in the country, such as vancomycin-resistant enterococci (VRE) and carbapenemase-producing enterobacteriaceae (CPE), is rising significantly. The increase in linked VRE isolates is particularly concerning. The majority of cases are linked to an ongoing outbreak from hospitals in Te Manawa Taki region.

Controlling MDRO transmission in health care is very important. Some MDROs will not be sensitive to antimicrobials if an infection occurs. This situation increases cost, patient complications and harm. MDROs are spread via both indirect contact (poorly cleaned surfaces and equipment) and direct contact (uncleaned hands). Procedures need to be in place that limit this spread. Current infection prevention and control procedures will identify a person who may have an MDRO when they are admitted to hospital as national alerts are placed on patient files.

The infection prevention and antimicrobial stewardship section of Ngā Paerewa provides guidance on policies and procedures that should underpin a local MDRO response. This response should be appropriate to the type of facility involved.

The following infection prevention and control elements of Ngā Paerewa are core strategies to protect health care facilities from MDRO transmission.

1. **Governance structures** (5.1) are accountable for and responsive to significant infection prevention events and risks locally, regionally, and nationally.

(This would include accountability for and reporting of MDRO outbreaks.)

2. The **infection prevention programme** (5.2) has policies and procedures on:

- current and emerging MDRO management (including admission screening)
- outbreak management
- standard and transmission-based precautions
- health-care associated infection surveillance
- decontamination and reprocessing of shared equipment
- audit (and corrective actions) of decontamination of reusable medical devices.

3. **Infection prevention personnel** (5.2):

- are appropriately trained and can educate others
- have a documented process to seek multidisciplinary infection prevention expertise and advice
- are supported to participate in partnership with Māori for protection of culturally safe practices in infection prevention and in this way acknowledge the spirit of Te Tiriti (5.2.13).

4. The **anti-microbial stewardship programme** (5.3) includes:

- antimicrobial prescribing guidance and monitoring
- prescribing restrictions and approval processes
- patient-specific laboratory diagnostic information.

5. **Surveillance of MDROs** (5.4) is appropriately reported and its results are actioned.

6. The **clean, hygienic environment** (5.5) has documented processes, which include:

- methods, frequency, and materials used for cleaning
- audit and feedback on cleaning.

### Other useful information

For national MDRO surveillance reports, including on the Waikato strain VRE outbreak, go to the [ESR website](#). Follow the links to Acquired carbapenemase-producing organisms and Vancomycin-resistant enterococci.

### Links to national information from Te Whatu Ora

- National MDRO [screening procedures](#)
- [MDRO resources](#), [VRE resources](#) and [Infection, prevention and control](#)

## Success story – ‘Pen pals’ by Sheaff’s Rest Home

For this bulletin, Sheaff’s Rest Home was invited to write an article about a quality improvement that auditors noted at their most recent certification audit. This success story resulted from the spark of a good idea that blossomed into an activity spanning generations and fostering community relationships.

“The idea to find pen pals in the community came about during the COVID-19 pandemic when we were all so isolated. COVID changed all of the residents’ usual community visits and for a long time we were locked down with no visitors or trips into the community. We contacted a teacher at one of the local schools, who was keen for her class to become pen pals with the residents.

There were 27 children in this particular class, and we have 28 residents. The children wrote the first letter about what they were doing at school, their families, and hobbies. They asked the residents about what it was like when they were at school. The residents wrote back about their lives and their childhoods. In what became monthly letters, the residents and children learned a lot about each other. It was a great way to stay connected with the community at a time when it was easy to feel isolated.

Once the risk of community transmission reduced, a group of residents went to visit the kids at the school. In preparation, the residents had spent a lot of time making things for the children, such as painted rocks, crocheted gifts, and lolly bags. During the visit, the two groups entertained each other with waiata, and the children all really enjoyed meeting the residents they had been writing to.

A few months later, the class visited us at the rest home, which was great as everyone could meet the children. They read books to each other, played memory games, and sang songs. It was a wonderful morning; the residents really loved having the children here.

This will now be an ongoing activity for Sheaff’s Rest Home. We will meet more new children next year and continue with these interactions. The teacher is keen to continue this activity as the children learned letter-writing skills. This initiative has been a wonderful way to stay connected to the community.”

## Invitation to submit success stories

You can submit a success story to include in the next issue of the bulletin. Tell us your stories of innovation and endeavours in continuous quality improvement.

Email your stories to us at [certification@health.govt.nz](mailto:certification@health.govt.nz).