Te Kāwanatanga o Aotearoa
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HealthCERT

MANATŪ HAUORA
MINISTRY OF HEALTH

HealthCERT Bulletin

Information for the Sector

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Welcome to the March 2023 bulletin

Welcome to the March issue of HealthCERT Bulletin for 2023.

It's hard to believe we are heading into the second quarter of the year. 2023 continues to pose challenges within the sector, including ongoing management of COVID-19, national staffing shortages and more recently the devastation caused by Cyclone Gabrielle. We would like to acknowledge and thank the sector for the ongoing mahi to ensure the quality and safety of health and disability services to people in Aotearoa despite these challenges.

HealthCERT has received several queries recently regarding continuous improvement (CI) audit ratings. Within this bulletin we have provided an explanation of how to achieve a continuous improvement rating and a fictional example.

Also in this bulletin are updates regarding Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (Ngā Paerewa) implementation, an update from the Assisted Dying Service and articles from the Health Quality & Safety Commission and the Te Whatu Ora Healthy Ageing Team.

Operating matters

End of the Ngā Paerewa grace period – partially new criteria: 1 March 2023

The end of the Ngā Paerewa initial grace period was 28 February 2023. The following changes have now been implemented:

- Partially new criteria will now be eligible for a finding and corrective action.
- New criteria will still be subject to the grace period until August 2023, meaning corrective actions will not be generated.
- The transition surveillance tool will continue to be in use until August 2023.

Note that if there is an existing recommendation for a partially new criterion with a previous clinical requirement, and a corrective action is found at the next audit, this will be noted as a recurring finding.

Knowing the HealthCERT team

In this bulletin we are featuring the work of our incredibly knowledgeable and hardworking team members Jane and Chris.

Jane and Chris are HealthCERT's senior advisors. Not only do they support the many processes of our regulatory function, but they also provide guidance and support within our HealthCERT team with their extensive knowledge of the sector.

Jane has been with the HealthCERT team for 2 years, and Chris is currently on a temporary contract.

Jane and Chris have well-established relations with funder portfolio managers and HealthCERT's designated audit agencies and provide support for certification queries and management of corrective actions.

Included in their role is ongoing project work for continuous quality improvement.

HealthCERT senior advisors process aged residential care surveillance and certification audits along with partial provisional audits and provisional audits. They review and assess public hospital sampling plans, itineraries, and audit reports. They also manage corrective actions for public hospitals as part of this work they allocate technical expert assessors for certification audits and accompany new assessors on audit to guide them through the process. Senior advisors, like all advisors, read and assess audit reports, liaise with designated auditing agencies if required and prepare all the relevant regulatory requirements for a facilities certification or surveillance period.

The senior advisors also assess reconfiguration applications. All providers must advise HealthCERT if they wish to reconfigure their service – for example, by adding or removing bed numbers, changing the configuration of beds within a service, changing a sub-set of the service, transferring clinical services, or undertaking new builds. Senior advisors assess these

requests to determine certification requirements. Often this involves liaising with providers to ensure safety.

Senior advisors also receive and manage direct complaints and complaints referred by the Health and Disability Commissioner, facilitating timely and positive resolution.

Jane and Chris have a wonderful sense of humour and can make a challenging work day brighter with their positive attitudes and storytelling.


Jane (left) and Chris (right)

Two new advisors in our team, covering parental leave, are Leaha and Joanne. They have quickly become valued team members, bringing a wealth of experience and knowledge from a wide range of health sectors.


Leaha (left) and Joanne (right)

Reporting registered nurse shortages: Changes to HealthCERT response

HealthCERT continues to receive a high number of section 31 notifications regarding registered nurse (RN) shortages in aged residential care facilities.

In December 2022, HealthCERT ceased issuing acknowledgement letters for section 31 notifications about RN shortages. Under the new process, an autoreply email acknowledges receipt. This change has had a positive impact on the timely management of shortage notifications and has enabled us to share current information with the working groups that are focusing on the national RN shortage.

Please continue to submit RN shortage notifications. To access the form, go to the Ministry of Health's webpage Notifying an incident under section 31.

Please remember that you must *also* email all section 31 notices for aged care providers to your relevant Te Whatu Ora Health of Older People manager.

Ngā Paerewa implementation update

Mapping analysis

We have reviewed, updated, and published the standards mapping analysis that we completed as part of the implementation of Ngā Paerewa. You can view the updated standards mapping document on the Ministry of Health's webpage Standards Mapping Analysis.

Sector guidance

We are pleased to inform you that the Ministry has recently published an update to its Sector Guidance for Ngā Paerewa: Sector Guidance for Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021).

The Ministry of Health has made significant changes to 6 Te Tiriti o Waitangi-related criteria in the sector guidance, including:

- guidance for smaller providers to engage with Māori and support Māori into governance roles (under Criterion 2.1.8)
- resources and tools related to addressing inequitable health outcomes for Māori (under Criterion 2.2.8)
- guidance for providers to enable Māori using their service to participate in community initiatives (under Criterion 3.3.3)
- resources that providers can use to support whānau to access medication and treatment (under Criteria 3.4.9 and 3.4.10)
- guidance about creating culturally appropriate environments for whānau visiting and supporting Māori in their service (under Criterion 4.1.1).

The Ministry has made moderate changes to update the list of referenced materials available to the sector, including:

- the code of expectations for health entities' engagement with consumers and whānau (under Criteria 1.1.1–1.1.5)
- online training on the Code of Health and Disability Services Consumers' Rights (under Criterion 1.3.1)
- an Online Ethnicity Data Training Course (under Criterion 2.4.6)
- guidance on administrative data (under Criterion 2.5.1)
- New Zealand Physiotherapy Guidelines for Aged Residential Care (under Criterion 3.2.3).

The Ministry has also implemented minor changes, such as replacing the term 'DHB' or 'District Health Board' and updating invalid links.

We believe that these updates will fill some gaps in the current guidance and enhance its alignment with Te Tiriti. We understand that the health sector is constantly evolving and that the needs of the sector may change over time. As such, we will continue to collect feedback and update the guidance to ensure that it remains relevant and useful for the sector.

If you would like to contribute to revising and developing the content, please email HealthCERT at certification@health.govt.nz.

Sector-specific presentations and the Te Tiriti eLearning module

The initial series of sector-specific presentations to help health and disability services to prepare for Ngā Paerewa audits are still available, as is an e-learning module on Te Tiriti. You can find these on the Ministry's webpage Training and support.

Our work on the second Ngā Paerewa Te Tiriti eLearning module continues. Over the past month, the project team has visited several health and disability service providers, who agreed to share their journeys in implementing the updated Te Tiriti-related criteria within Ngā Paerewa. Staff bringing a variety of perspectives, including frontline staff, board members, consumers, and chief executives, shared their experience of Te Tiriti-based services – providing tangible examples that we hope will spark ideas for other health and disability service providers in terms of what might be possible in their own area. Those interviewed came from a diverse range of regions and services; to give 3 examples, they included Te Whatu Ora South Canterbury in Timaru, Laura Fergusson Trust in Whanganui-a-Tara, and North Haven Hospice Te Korowai Humarie in Whangārei.

Incorporating the richness of these experiences, and with the quality of the content near-final, the structure of the eLearning module is beginning to take shape. We are planning four key chapters, with focuses on strategic actions for boards (or equivalent for smaller organisations), service delivery actions for management and practical actions for frontline staff. We envisage that each chapter will take approximately 20 minutes to complete, and learners will have the option to do one chapter at a time.

The updated release date of the eLearning module is May 2023. If you have any questions or would like additional information, please email Jade.Cincotta@health.govt.nz.

Sector matters

Update from the Te Whatu Ora Healthy Ageing team

National Dementia Mate Wareware initiative

Te Whatu Ora
Health New Zealand

In November 2021, Government endorsed the Dementia Mate Wareware Action Plan.

Subsequently, through Budget 2022, Government allocated $12 million over 4 years to begin testing improvements to supports for people with dementia, their whānau and carers. Te Whatu Ora, in partnership Te Aka Whai Ora Māori Health Authority, are seeking suppliers to deliver whānau-centred service components relating to the objectives of the Action Plan.

The three key services being commissioned are:

1. **post-diagnostic supports** for people with dementia, their whānau and carers (up to 4 initiatives to be funded over 4 years)
2. **dementia navigators** to coordinate post-diagnostic supports and work with people with dementia, their whānau and carers: providers will employ and train up to 16 such navigators
3. **innovative respite** – development and delivery of innovative options for flexible and whānau-centred respite for carers.

A procurement process is under way. An initial registration of interest (ROI) was posted via the Government Electronic Tender Service (GETS) on 7 March 2023: see Dementia Mate Wareware Action Plan Services: provision of post diagnostic supports, dementia navigators and innovative respite care services. Te Whatu Ora and Te Aka Whai Ora will invite shortlisted applicants to submit a request for proposal.

Te Pūnaha Mana Whakahaere mō te Mate Wareware – Dementia Mate Wareware Governance Ecosystem

One of the objectives of the Action Plan is to strengthen leadership and capability across the sector. To this end, Te Pūnaha Mana Whakahaere mō te Mate Wareware, the Dementia Mate Wareware Governance Ecosystem, has been established. It comprises 2 key components – Te Whakaruruhau mō te Mate Wareware, the Dementia Mate Wareware Leadership and Advisory Group, and Te Tūhononga mō te Mate Wareware – the Dementia Mate Wareware Network.

The New Zealand Dementia Foundation is coordinating Te Tūhononga mō te Mate Wareware. It has created a webpage to provide information about the Budget 2022 initiative: Updates on the Budget 2022 Dementia Mate Wareware initiatives funding.

Te Whakaruruhau mō te Mate Wareware provided advice to Te Whatu Ora and Te Aka Whai Ora on key considerations for the commissioning of the Budget 2022 funded services. Its advice was informed through engagement and consultation with Te Tūhononga mō te Mate Wareware. Te Whatu Ora and Te Aka Whai Ora have incorporated this advice in development of the commissioning documentation, including the criteria for evaluation of provider applications.

For further information contact Julie Palmer (julie.palmer@health.govt.nz), Programme Manager, Healthy Ageing Team, or

Pruthvi Ranganatha (pruthvi.ranganatha@health.govt.nz), Senior Advisor, Healthy Ageing Team.

Health Quality & Safety Commission: updated national adverse events policy release

The Health Quality & Safety Commission has released an updated national adverse events policy to health sector providers ahead of implementation, effective from 1 July 2023. It is called 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.

The Health Quality & Safety Commission reviews the policy every 5 years.

The policy aims to improve consumer and health care worker safety by supporting organisations to heal, learn and improve following harm that occurs in health and disability services.

'What's different about the new policy is that it embeds Te Tiriti o Waitangi and a te ao Māori worldview and emphasises the focus on relationships through whānau engagement, equity, restorative practice and hohou te rongo restorative responses,' Commission chief executive Janice Wilson says. 'The policy focuses on a "systems safety" approach to health care, which looks at wider system factors that influence care to identify solutions that support future care.'

Dr Wilson says that, in practice, the change 'involves taking a relational approach when responding to harm to better understand and meet the needs of all in the system and provide opportunities to restore wellbeing and implement actions that enhance safety and future relationships.'

The policy was developed in a Commission-led co-design process with a national working rōpū that included health and disability sector representatives from across the country. There was wider sector input from the Commission's Board, Te Rōpū Māori (the Commission's Māori advisory board) and the national Consumer Advisory Group.

The Commission also undertook a critical analysis to ensure its commitment to Te Tiriti was captured and mātauranga Māori included.

The Commission will undertake a national roadshow from March 2023 to familiarise providers with the policy and guide the development of support resources.

For more information, see the Commission's webpages Te Kaupapa Here hei tuku pūrongo mō ngā 'Aituā ā-Motu' – National Adverse Events Reporting Policy and Ako mai i ngā kaupapa kino – Learning from adverse events.

Please note: Ngā Paerewa criterion 2.2.5 requires service providers to follow this policy for internal and external reporting (where required), to reduce preventable harm.

Update from the Assisted Dying Service

As part of the health and disability system reforms, a range of functions and employees within Manatū Hauora were transferred to Te Aka Whai Ora or Te Whatu Ora. Clinical advisory

functions and operational functions from the Regulatory Assurance Functions (Assisted Dying and Abortion Services) transferred to Te Whatu Ora on 6 March 2023.

What will change

This transfer will not impact service delivery, and key contacts, including the AssistedDying@health.govt.nz email address, will remain the same. The process of referring a caller also remains the same.

Over the coming months, websites will start to look a little different. You may be redirected to a new website managed by either Te Whatu Ora or Manatū Hauora.

Continuous improvement rating

HealthCERT awards a CI rating when a provider can demonstrate achievement beyond meeting the intent of the standard. For example, if a provider has implemented an initiative, the audit team will want to know whether it has conducted a post-implementation review. It will also be looking for evidence that service provision has improved as a result and that the provider has aimed for and considered consumer satisfaction.

HealthCERT considers a CI to be an improvement that is system-wide; that is, relating to a group or system as a whole instead of its individual residents/consumers or parts.

The 'plan, do, check, action' (PDCA) cycle is an easy way of thinking about how to incorporate CI activities into your work.

During the audit, take the opportunity to discuss implemented initiatives with the audit team and ensure you have supporting evidence. The audit team will be looking for:

- a summary of the problem and where it originated – for example, from a complaint, an incident or resident feedback
- a description of what action you took, based on findings and improvement to service provision
- how you will know if the action taken was successful
- a process/record of ongoing evaluation and monitoring; incorporating monitoring into your annual audit programme may be an effective way of measuring if change has been embedded into your work
- evidence that consumer safety or consumer satisfaction has been measured as a result of the review process.

The audit team will need to document the CI clearly and succinctly in the audit report. They will decide whether the evidence meets criterion or standard level.

Example: Surgical hospital

(Note that not all CIs will require this level of detail; we expect additional detail for CIs where you wish to demonstrate quality improvement work over and above the minimum requirements of Ngā Paerewa.)

Finding:

The project of improving the quality of clinical handover at St Elsewhere Hospital has followed a systematic project approach, involving analysis of data, education of staff, implementation of new processes and information and ongoing refinement. Communication throughout the hospital has become easier, and there has been a reduction in related events and improvement in patient satisfaction.

Evidence:

Omissions and near misses in documentation within clinical handovers by nurses in St Elsewhere Hospital's incident reporting system led to a review of the handover processes. Feedback received from patients and their whānau also indicated that communication could be improved.

An improvement plan was developed with 4 key objectives: to identify a standardised handover tool, to improve communication, to improve patient safety and satisfaction and to educate staff on clinical handovers. A project team made up of representatives from all clinical areas was formed. Initially the project targeted handover between the operating theatre and the post-anaesthetic care unit (PACU), but it quickly involved each transfer point in the patient journey, including handover from one shift to the next, not just from one area to another. Initially, some research and a literature review were undertaken to identify the most appropriate communication tool – Introduction, Situation, Background, Assessment and Recommendation (ISBAR) was the model of choice. Baseline audits were undertaken to understand current variations in handover styles. During these audits it was observed that the patient journey was fragmented and that there was little or no patient/whānau involvement.

The ISBAR (Introduction, Situation ,Background, Assessment, Recommendation) tool was introduced, which included new documentation requirements, including the requirement for each nurse to sign at each transition of care to evidence accountability for their patient. When first audited, compliance was 85%; it is now 100%. The handover process varies according to where the patient is. Patient handover policy documents the process, an ISBAR lanyard card has been introduced, telephone pads in ISBAR format have been introduced, and staff competency-based training has been implemented ensuring all clinical staff are proficient in using ISBAR.

Subsequent improvements include a reduction in wait time for patients in the pre-operative holding bay, a decreased need for PACU staff to go into theatre to confirm post-operative instructions and checking of all paperwork and prescriptions prior to the anaesthetists leaving PACU. According to the new process, the anaesthetist hands over to the PACU nurse once monitoring has been applied, and then both practitioners are then engaged in the handover process. Each admission nurse and theatre have a telephone, removing foot traffic in and out of theatre and therefore decreasing surgical site infections risks. In the ward, patient progress communication boards have been introduced, which has encouraged patients to participate in

their care. A shift huddle occurs at the beginning of the shift, at which all nurses obtain brief knowledge of each patient. Thereafter, a bedside handover between the 2 nurses and the patient takes place.

Outcomes:

Outcomes include a reduction in incidents and near misses related to communication, an improvement in patient satisfaction according to recent survey feedback and improved communication at all stages of the patient journey.

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.