

HealthCERT Bulletin

Information for the sector

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[New Zealand Government](#)

Welcome to the December bulletin

Welcome to the final edition of HealthCERT Bulletin for 2021. On reflection, the year has presented challenges for many with the ongoing response to COVID-19 and the roll-out of the COVID-19 vaccine (and vaccine passes) across the motu.

The mahi everyone has put into 2021 to ensure the quality and safety of health and disability services provided to people in Aotearoa has been appreciated. On 3 December 2021, Aotearoa transitioned to the new COVID-19 Protection Framework (traffic light system) to align with the benefits of living with the protection of the vaccine. Many of us are now able to look forward to spending time with friends and whānau over summer as we set our sights on 2022.

Since Minister Little's approval of Ngā Paerewa Health and Disability Services Standard NZS8134:2021 (the 2021 Standard) in June, HealthCERT has been leading an implementation programme to help the health and disability sector prepare for the 2021 Standard when it comes into effect on 28 February 2022. We have a series of sector-specific presentations currently available, as well as an eLearning module on Te Tiriti o Waitangi due out early next year. Implementation has also included working with designated auditing agencies and health and disability services providers to ensure that the audit and certification of health and disability services will continue to be responsive to the sector's needs during ongoing COVID-19 restrictions.

The Ministry will be taking a break from 23 December 2021 and will come back on 10 January 2022. Thank you for your mahi during 2021, and we look forward to working with you during 2022.

Meri Kirihimete me ngā o te Tau Hou!

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Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 implementation update

Training and support

Ngā Paerewa Health and Disability Services Standard (2021 Standard) has been updated to better reflect the current models of care and support. The 2021 Standard reflects the shift towards more person- and whānau-centred health and disability services, where people are empowered to make decisions about their own care and supports in order to achieve their goals, with a stronger focus on outcomes for people receiving support. The updated standard comes into effect on 28 February 2022.

Pre-recorded sector-specific training sessions are now available online to watch at your convenience. Individual training sessions tailored to the nine service-delivery sectors have been developed for service providers and the public to understand the development journey of the 2021 Standard. The presentations include a sector-specific summary of the 2021 Standard sub-sections' partially new and new criteria. The PowerPoint slides are also available to download.

We are pleased to announce that an eLearning module on Ngā Paerewa Te Tiriti o Waitangi is currently in production and due to be released early next year. This eLearning module will be available on the Ministry of Health training site and has been designed to help people with their personal professional development journey and understanding of pae ora, explaining how the 2021 Standard supports the Ministry in its role as kaitiaki of the health and disability system for Aotearoa.

Transition to the 2021 Standard

A reminder that we are taking a non-punitive approach to transitioning to the 2021 Standard requirements. This means that:

- mapped criteria will continue to be audited as usual and attainment aligned with current audit practices
- for criteria that have been identified as partially mapped, providers will have a 6- to 12-month period to address and evidence compliance
- for criteria that are new or have not been mapped, providers will have a 12- to 18-month period to address and evidence compliance.

We will be conducting a monitoring and evaluation phase-out until May 2024. During this time, we will be actively encouraging sector feedback to capture lessons and opportunities for continuous improvement. The updated 2021 Standard has been designed to be responsive to the needs of the health and disability sector.

2021 Standard implementation survey

To support the monitoring and evaluation of the 2021 Standard implementation, we are conducting a survey to give the health and disability sector the opportunity to provide regular feedback.

Responses are anonymous and will only be used to inform future training and resource development for service providers, health professionals and the people and whānau who use

these services. This is the first significant update in the standard's history, and we want to help make the transition to the 2021 Standard as smooth as possible.

The second feedback survey on the 2021 Standard implementation is now available (open from 10 December 2021 – closing on 10 January 2022). You can find this survey on the Ministry's [Health Consultation Hub website](#).

We appreciate feedback and encourage you to take the opportunity to have your say.

Audit pilot update

Audit pilots are now under way. We are running a series of pilot (certification and surveillance) audits with a number of service providers who have upcoming audits over the November 2021–2022 period. Each provider's contracted designated auditing agency will run an audit against the 2021 Standard. A HealthCERT staff member will observe the audit, map the audit result to the 2008 Standards and produce an audit report. The service provider will receive an audit outcome under the 2008 Standards and the current certification process.

We will use the information gathered from the pilots to further inform our transition planning, including determining a provider's certification period against the 2021 Standard.

Operating matters

Registered nurse shortage risk assessment tool for aged residential care providers

Nationally, it is becoming increasingly difficult to recruit and retain registered nurses (RNs). The impact that Covid-19 has played in conjunction with the necessary border control measures has made the RN workforce shortage more apparent. The shortage is felt acutely within our aged residential care (ARC) facilities.

The Ministry has worked with DHBs and ARC providers to develop an RN shortage risk assessment tool. This tool is designed to help DHBs and ARC providers assess the significance of the RN shortage and determine the level of risk to the residents' safety. The tool also provides suggestions on possible short-term solutions that DHBs and ARC providers could consider taking based on the identified level of risk.

DHB Health of Older Person portfolio managers received a draft of this tool in November 2021. We urge DHBs and ARC providers to send feedback about the use of this tool to certification@health.govt.nz

The intention is to review and refine the tool in three months' time, once all feedback has been considered.

Sector matters

Review of the law relating to adult decision-making capacity

In a media release on 6 October 2021, Te Aka Matua o te Ture | Law Commission launched a review of the law relating to adult decision-making capacity and published the terms of

reference guiding this review: *He Arotake i te Ture mō ngā Huarahi Whakatau a ngā Pakeke | Review of Adult Decision-Making Capacity Law* (Ngā Huarahi Whakatau).

The Terms of Reference are available in accessible formats on the [Ngā Huarahi Whakatau webpage](#). On the webpage, you can also find out more about the review, including opportunities to be involved, and subscribe for updates.

There will be a public consultation process in 2022.

Te Aka Matua o te Ture | Law Commission intends to report on the review to the Minister of Justice by the end of 2023.

Blind Citizens NZ is coordinating the availability of large print, Braille and audio versions of the terms of reference. For copies of the terms of reference in these formats, please contact Blind Citizens NZ directly via: email (admin@abcnz.org.nz), phone (04 389 0033) or freephone (0800 222 694).

Mandatory COVID-19 vaccination of health and disability workforce

In October 2021, an amendment to the COVID-19 Public Health Response (Vaccinations) Order 2021 (Vaccinations Order) made it compulsory for health and disability workers to be vaccinated against COVID-19. The Vaccinations Order does not necessarily apply to all health and disability workers, but it does apply to all regulated health practitioners under the Health Practitioners Competence Assurance Act 2003.

For more information on the Vaccinations order, see the Ministry's [Process map of who is covered by the Health Worker Vaccination Order](#).

Health and disability workers who are covered by the Vaccinations Order must have received their first dose of the vaccine by 15 November 2021 and their second dose by 1 January 2022.

A health and disability worker can be exempted from the requirement to be vaccinated in some situations. You can find further information on exemptions or exceptions from the mandatory COVID-19 vaccination on the Ministry's [COVID-19: Exemptions from mandatory vaccination webpage](#).

Disease awareness: Listeriosis

Listeriosis is a serious foodborne illness caused by the bacteria *Listeria monocytogenes*. In healthy adults and children, listeriosis usually causes few or no symptoms, but some groups, such as the elderly, immunosuppressed and pregnant women, are more at risk of severe disease.

There are relatively few annual cases of listeriosis, compared with other foodborne illnesses. However, the high rate of death associated with this infection makes it a significant public health concern.

Listeria monocytogenes

Eating food that is contaminated with *L. monocytogenes* is the main route of infection. *L. monocytogenes* are abundant in nature and found naturally in soil, water and animal digestive tracts. Vegetables may be contaminated through soil or the use of manure as fertiliser.

Ready-to-eat food can also become contaminated during processing, and the bacteria can multiply to dangerous levels during distribution and storage.

L. monocytogenes can survive and multiply at low fridge temperatures. It is resistant to common preservative methods, such as the use of salt, smoke or acidic conditions in the food.

Foods and listeriosis

Foods most often associated with listeriosis are those with a long shelf life under refrigeration and products that can be consumed without cooking. In past outbreaks, food products linked to an outbreak included: ready-to-eat meat products, seafood, soft-serve ice creams and cheeses.

Main types of listeriosis

There are two main types of listeriosis: non-invasive and invasive.

Non-invasive listeriosis is a mild form of the disease affecting mainly otherwise healthy people. Foodborne listeriosis infection causes symptoms of gastroenteritis, including diarrhoea, fever, muscle ache and nausea (feeling sick) or vomiting and usually starts between three and seven days (average 21 days) after eating the contaminated product.

Invasive listeriosis is a more severe form of the disease and affects certain high-risk groups including:

- frail elderly people
- people with weakened immune systems (including cancer patients, AIDS patients, people with organ transplants, diabetics, people taking immunosuppressive treatments and people with liver or kidney disease)
- pregnant women and their unborn babies
- newborn babies.

Invasive listeriosis is characterised by severe symptoms and a high mortality rate (20–30%). Symptoms include fever, muscle pain, septicaemia (blood poisoning by bacteria) and meningitis (inflammation of the fluid and membrane surrounding the brain and spinal cord).

It is important that people who are in the high-risk groups remain vigilant and do everything they can to avoid eating foods associated with listeriosis.

Prevention

L. monocytogenes bacteria in foods are killed by pasteurisation and cooking.

In general, guidance on the prevention of listeriosis is similar to guidance used to help prevent other foodborne illnesses. This includes practising safe food handling and following the World Health Organization's Five Keys to Safer Food.

1. Keep clean.
2. Separate raw and cooked.
3. Cook thoroughly.
4. Keep food at safe temperatures.

5. Use safe water and raw materials.

If you are in the high-risk groups, the best way to avoid listeriosis is to eat freshly cooked or freshly prepared food.

Try to avoid foods that have a higher risk of contamination, such as:

- chilled seafood, such as raw oysters, sashimi and sushi, smoked ready-to-eat seafood and cooked ready-to-eat prawns
- cold meats from delicatessen counters and sandwich bars and packaged, sliced, ready-to-eat meats
- prepared or pre-packaged fruit or vegetable salads, including those from buffets and salad bars
- soft, semi-soft and surface-ripened cheeses, such as Brie, Camembert, ricotta, blue and feta
- refrigerated pâté or other meat spreads
- soft-serve ice cream
- unpasteurised dairy products
- raw mushrooms.

You can further reduce your risk by:

- avoiding foods that are past the best-before or use-by date
- refrigerating leftovers promptly and using them within 24 hours or freezing them
- cooking food thoroughly
- reheating food until it is steaming hot.

To find out more about foods to avoid and how to prepare food safely for yourself and others, see:

- the Ministry of Health and Health Promotion Agency's [Food safety: Avoiding listeria HealthEd publication](#)
- the Ministry for Primary Industries [Food for people with low immunity webpage](#)

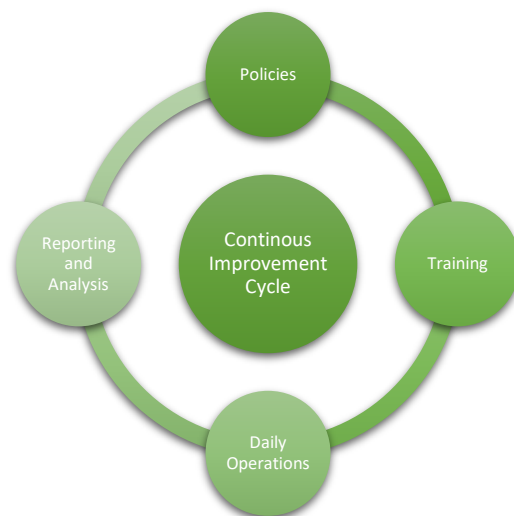
Success story

Qestral: Putting Ngā Paerewa at the centre of technology advancement

Qestral, an aged residential care provider based in the South Island, has been developing an innovative resident management system that puts Ngā Paerewa at the core of its platform. The software involved in this system is called Kindly and has been built to improve the quality of care by making care compliance quick, transparent and effortless. Based on Ngā Paerewa, Kindly starts its process with the policy documents in its knowledge base.

'We saw Ngā Paerewa as an excellent opportunity to review all policies and ensure they were all written in an easy-to-read format that would be relevant to the health care staff and build it into the heart of our platform,' says Qestral clinical operations manager Mary van der Veldt.

The knowledge base is designed to be an interactive experience that links with the whole system to align: polices, training, daily operations and reporting and analysis together in a continuous improvement cycle.



For example, taking the changes to anti-microbial stewardship:

- Policies: The relevant policies have been updated, primarily to reduce the dependency on antibiotics.
- Training: Staff were notified of the policy change and could complete the necessary infection control quiz through the system, which automatically calculated and reports their score to management. This quickly identified gaps in staff knowledge.
- Daily operations: The electronic Infection Notification form was then amended to include sections on specific antibiotic use, length of course and alternative therapy.
- Reporting and analysis: This information is automatically graphed to clinicians monthly to help them identify trends.

By implementing this process, Qestral were quickly able to identify differences in antibiotic prescribing methods between their Christchurch and Nelson sites and were able to align their daily operations across the sites to reflect the guidance from Ngā Paerewa.

Invitation to submit success stories

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

Email your stories to us at: certification@health.govt.nz

Websites of interest

HealthEd: www.healthed.govt.nz

Te Aka Matua o te Ture | Law Commission: www.lawcom.govt.nz

Standards New Zealand: www.standards.govt.nz
