



HealthCERT Bulletin

Information for the Sector

Issue 30 – December 2022

ISSN 2423-0524

Welcome to the December bulletin

Welcome to the December issue of HealthCERT Bulletin for 2022.

Despite the challenges of implementing Ngā paerewa Health and disability services standard NZS 8134:2021 during a global pandemic, it has been a very good year for consolidating learning in the HealthCERT team. We acknowledge the mahi of the health and disability sector during a time of national registered nurse (RN) shortage.

For many of us who were new this time last year, we have a greater appreciation and understanding for the work of our whole team and the sector we serve. In this edition we have included an overview of the work that HealthCERT advisors undertake.

We have reviewed the way we respond to reporting of RN shortages under the Health and Disability Services (Safety) Act 2001, and we've included the outcome in this issue. We have also included some information about what you can expect for the end of the Ngā paerewa grace period from 1 March 2023.

We have included updates on our work on Ngā paerewa mapping analysis, sector guidance and the second Te Tiriti eLearning module. We have also included feedback from our last sector survey.

Finally, the Higher Ground Rehabilitation Trust have provided us with a success story from the sector.

Inside: • **Operating matters** • Christmas close-down period • The end of the Ngā paerewa grace period • Knowing the HealthCERT team • Changes to reporting registered nurse shortages in aged residential care facilities • **NZS 8134:2021 Ngā paerewa Health and disability services standard implementation update** • Review of mapping analysis • Sector guidance update • Te Tiriti eLearning update • **Sector matters** • Update from the Assisted Dying Service • Update from the Healthy Ageing Team • **Success story** • The Higher Ground Rehabilitation Trust research review and outcomes • Invitation to submit success stories

Operating matters

Christmas close-down period

HealthCERT will be taking a break over the Christmas and New Year period from 23 December 2022 to 9 January 2023.

The end of the Ngā paerewa grace period: 1 March 2023

While 28 February 2022 was etched in our minds last year for the implementation of Ngā paerewa, it generated another important date – the end of the initial grace period. From 1 March 2023, you will see the following changes.

- 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 talented and hardworking team members, advisors Madeleine, Michelle and Remay.



From left to right: Madeleine, Michelle and Remay (Madeleine and Michelle will shortly both be on parental leave, so we have appointed two new advisors to the team. We will introduce them to you in the new year!)

Our advisors support the process of our regulatory function by carrying out the following work.

Complaints: HealthCERT advisors receive direct complaints and complaints referred by the Health and Disability Commissioner. Direct complaints include those received via phone calls through the Manatū Hauora Health Integrity Line, emails through the HealthCERT inbox and referrals from other agencies (eg, the Office for Seniors). HealthCERT always encourages complainants to discuss their complaint directly with the provider, but sometimes we liaise with the funder to investigate. Health and Disability Commissioner complaints are undertaken

independently of HealthCERT, but the Commissioner's office shares the outcome with our team, and we liaise with the funder and auditing agency as appropriate.

Section 31 notifications: HealthCERT advisors process notifications reported to HealthCERT under section 31 of the Health and Disability Services (Safety) Act 2001. The notifications are noted, or assessed for the risk mitigations that a provider has put in place or assessed for the way a health and safety event has been investigated. We also note section 31 notifications in our internal processing of audits, reconfigurations and complaints.

Audits: HealthCERT advisors process aged residential care surveillance and certification audits. They read and assess audit reports, liaise with designated auditing agencies (DAAs) if required and prepare all the relevant regulatory requirements for a facilities certification or surveillance period.

Notification of one hospital resident for hospital level care (NORHHA): HealthCERT advisors assess NORHHA requests when an aged residential care provider wishes to have one resident who has been assessed as requiring hospital-level care reside in a rest home service area within their facility. Providers must submit NORHHA requests when a resident has had a change in their health status, requires end-of-life care or is waiting for a bed in a higher-level service area. Advisors assess the information provided to check that the arrangement is safe, that the resident's needs can be met and any impact it may have on other residents at the facility. Once advisors have reviewed the notification, they send a letter to the provider confirming the arrangement.

Reporting registered nurse shortages in aged residential care facilities: Changes to HealthCERT response

HealthCERT continues to receive an increasing number of section 31 notifications about registered nurse (RN) shortages in aged care facilities. We are sharing this data with the working groups that are focusing on the national RN shortage. The significant number of notifications sent to us each week has unfortunately led to a delay in our ability to respond to individual notifications.

We are changing the way we reply to registered nurse shortage notifications

From 1 December 2022, HealthCERT will not issue acknowledgement letters for section 31 notifications about RN shortages. Instead, an autoreply email will acknowledge receipt. Before 1 December, we will send manual emails as acknowledgement of receipt. These emails can be used as evidence that you have sent the notification. We will continue to issue acknowledgement letters for all other section 31 notifications not regarding RN shortages, as per our previous practice. This will not affect the way in which we collate, assess and share data from these notifications.

We appreciate your hard work during this time of 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 Te Whatu Ora Health of Older People managers.

NZS 8134:2021 Ngā paerewa Health and disability services standard implementation update

Mapping analysis

The standards mapping analysis that we completed as part of the implementation of Ngā paerewa (see the Ministry of Health's webpage [Standards Mapping Analysis](#)) has been reviewed and is awaiting sign-off. We expect to update the published document soon; we will update you in the next edition of the Bulletin.

Sector guidance

In the September HealthCERT Bulletin, we informed you that we were reviewing the 2021 guidance published to guide the sector on how to meet each criterion in Ngā paerewa. This was specifically for certain identified issues:

- guidance is missing for several subsections/criteria
- guidance in some subsections/criteria is insufficient or too wordy and needs further editing and clarification
- some referenced pieces of legislation, standards or best practice guidance are outdated
- administrative and typographical errors require correction.

We are now seeking help from subject-matter experts in relevant areas to ensure the guidance is fit for purpose.

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

Our initial series of sector-specific presentations to help health and disability services to prepare for Ngā paerewa audits are still available, as is an eLearning module on Te Tiriti o Waitangi. To access them, go to the Ministry's webpage [Training and support](#).

In July and August 2022, the project team developing the second Ngā paerewa Te Tiriti eLearning module held workshops with providers and auditor agencies to understand what the sector wanted this module to focus on. Attendees drafted and approved an outline. This was then tested with and approved by both [Te Apārangi: Māori Partnership Alliance](#) and members of [Te Kete Pounamu](#) (a small team within [Te Rau Ora](#) who work to amplify the voice of Māori with lived experience of mental distress and/or addiction).

In the past few weeks, we have continued work expanding the outline of the eLearning module with substantive content, research and evidence, along with case studies volunteered to us by your peers across the sector. This will provide professionals with the 'how' and 'what' to meaningfully meet and engage with the criteria related to Te Tiriti o Waitangi within Ngā

paerewa. We've also contracted a Māori specialist advisor to provide detailed input into the module. We will continue to work with Te Apārangi and our Māori Health Directorate in this regard.

We are hoping to have a draft version of the eLearning module for review in early 2023. If you are interested in being a part of the review process for the draft eLearning module, please email Jade.Cincotta@health.govt.nz.

Feedback from the Ngā paerewa post-implementation survey

On 7 November 2022, HealthCERT sent out an online survey to DAAs and providers who have completed their first audit under Ngā paerewa. This aimed to gather information to help us understand sector experience of the implementation of Ngā paerewa, and further inform the development of sector training material. It also provides an opportunity for shared learning, which could be helpful for those providers currently preparing Ngā paerewa audits.

The preliminary results show the following.

- Providers who responded indicated that they understand what to expect when being audited under Ngā paerewa.
- 80% of respondents felt the results of the Ngā paerewa audit were communicated fairly, clearly and accurately in a timely manner. This allowed them to resolve the findings appropriately.
- Over three-quarters of respondents stated that they have a better understanding of how Ngā paerewa applies to their services after their first audit under the new standard.

Despite an overall positive experience with Ngā paerewa, some responses indicated that they would have found it beneficial to have received more specific guidance and examples of how the criterion could be met. In particular, these respondents asked for more specific guidance for evidence of meeting cultural requirements. This is consistent with DAA survey feedback we received, which indicated that the providers who had been audited had difficulties in gathering evidence on cultural criteria and in demonstrating an equitable approach to service delivery.

HealthCERT is currently working on a series of section-by-section presentations to help providers to interpret new and partially new requirements in Ngā paerewa and provide some examples of good practice or practical ways to meet the new requirements. Our first presentation will focus on Section 5, Infection prevention and antimicrobial stewardship, and we will publish it online by the end of 2022.

Sector matters

Update from the Assisted Dying Service – one year on

Assisted dying has been legal in New Zealand since 7 November 2021. Applications for accessing assisted dying have steadily increased over the year. Quarterly reporting, as of 30 September 2022, shows that 214 people have had an assisted death in New Zealand since it

became legal. Of those, 17 occurred in aged care facilities. For more information, see [quarterly reporting on the Manatū Hauora website](#).

The Ministry continues to encourage all health professionals to consider how they may approach assisted dying conversations in their workplace. Training remains available to support health sector staff to understand their rights and responsibilities under the End of Life Choice Act 2019. Training includes three modules, and covers the Act, the assisted dying care pathway and responding when a person raises assisted dying.

We encourage health service providers to regularly review their policies and guidance for situations in which a person requests information about or access to assisted dying. Find policy templates on the [Ministry's website](#).

Please contact the Assisted Dying Secretariat if you have questions about assisted dying, either by emailing AssistedDying@health.govt.nz or calling 0800 223 852. You can also subscribe to the [Assisted Dying Service newsletter](#) for regular updates.

Update from the Te Whatu Ora Healthy Ageing team

National Dementia Mate Wareware Action Plan

In 2021, Government endorsed the Dementia Mate Wareware Action Plan, developed by four non-governmental organisations: Alzheimers New Zealand, Dementia New Zealand, the Dementia Foundation and the Mate Wareware Advisory Rōpū, following extensive consultation with the dementia sector.

In Budget 22, Government allocated \$12 million over four years to improve supports for people with dementia ('mate wareware', their whānau and carers. There are three initial areas of focus:

- four pilots to provide post-diagnostic supports for people with dementia 'mate wareware' their whānau and carers
- establishment of 'navigator' roles to coordinate and support people to access the supports they need
- innovative respite care options to support carers.

Dementia mate wareware governance ecosystem

A governance ecosystem has been established that includes two key components, the Dementia Mate Wareware Leadership and Advisory Group and the Dementia Network. This arrangement integrates leadership and on-the-ground insights by including sector-based groups, consumers, subject-matter experts and clinicians. Both groups have had their first meetings and work is under way.

For more information about the ecosystem, or to join the Dementia Network, visit the [website](#) or contact Julie Palmer, Programme Manager, National Dementia Mate Wareware Initiative: Julie.Palmer@health.govt.nz / 021 221 6973.

Success story

Higher Ground Drug Rehabilitation Trust Research designed to improve tangata whaiora outcomes

For nearly 40 years, the Higher Ground Drug Rehabilitation Trust has provided respite and care to New Zealanders struggling with addiction issues. The trust's 18-week residential adult programme operates using a modified therapeutic community model designed to support tāngata whaiora to abstain from substances and create meaningful change. However, over time, patterns of substance use have changed, and so too have the demographics and needs of affected tāngata whaiora.

Throughout the years, Higher Ground has provided reporting on the outcomes of the programme and research that maps the experience of tāngata whaiora as they navigate the therapeutic community and transition back into the community.

The reasons tāngata whaiora leave treatment early is a new area of research Higher Ground has started to explore. Suzette Jackson, a Higher Ground community counsellor and a University of Auckland PhD candidate, had noticed that the number of tāngata whaiora graduating the programme fluctuated yearly.

'I became curious about what supports tāngata whaiora to stay in treatment,' says Suzette.

According to a substantial body of research, people who finish the entire programme have the best outcomes. However, Suzette notes, 'international research also shows the longer people stay in treatment, the better their recovery outcomes'. Therefore, supporting tāngata whaiora to stay in treatment longer, whether they graduate or not, is beneficial.

The ultimate aim of Higher Ground's multi-phase research project to examine why people left treatment early was to gain knowledge about how the trust could better support people to stay in treatment longer. The first phase of the project was quantitative. It included data from 794 tāngata whaiora who had accessed Higher Ground treatment for the first time and left between 1 January 2015 and 31 December 2019.

Through successive research phases, the trust mined information to build a coherent narrative around the factors that meant someone was more likely to stick with treatment. The resulting internal report is *Why do People Leave Treatment Early? Analysis of Higher Ground Client Data (2022)*.

While the researchers found no statistically significant difference in graduation rates in terms of gender, ethnicity or age, they discovered that three characteristics did appear to have an effect: having no secondary or tertiary educational qualification, living outside the Auckland and Waikato regions and a history of incarceration. The use of psychotropic medication prior to treatment and higher scores on screening tools for depression, anxiety, stress and post-traumatic stress disorder also appeared to play a role.

Tāngata whaiora with a longer history of substance use and dependence were more likely to graduate the programme. A significant number of residents who exited early did so in the first six weeks (particularly men), and the majority of leavers left during their third week of treatment. People with a history of methamphetamine use were at a heightened risk of exiting early. Those whose primary substance of concern was methamphetamine were less likely to graduate from the programme than those who identified alcohol or cannabis as their primary substance of concern.

Nonetheless, this analysis cannot reliably identify causal relationships or mechanisms. Higher Ground has committed to conducting further qualitative research, to gain more understanding and give Higher Ground additional knowledge to better tailor treatment to support affected tāngata whaiora. Johnny Dow, the current programme director, says, 'We are committed to shaping our programme to best suit the community we serve'.

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.