

HealthCERT Bulletin



Information for Designated Auditing Agencies

Issue 11

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Welcome to the April 2014 edition of the HealthCERT team's bulletin. This edition summarises some key topics covered at the designated auditing agency (DAA) workshop held in February 2014. It also draws attention to some other information that may help in completing audits and audit reports correctly.

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Hospital-level care in Occupational Right Agreement units

If you are auditing hospital-level services for Occupational Right Agreement (ORA) residential aged care services, there are **specific Health and Disability Services Standards (HDSS)** you need to review. You should also be aware of particular clauses in the **Age-Related Residential Care (ARRC) services agreement** that relate to ORA services. The relevant standards and clauses are set out below. (Note that another term for an ORA unit is studio apartment.)

HDSS 1.2.7 **Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

- 1.2.7.3** The appointment of appropriate service providers to safely meet the needs of consumers.

HDSS 1.2.8	Consumers receive timely, appropriate and safe service from suitably qualified/skilled and/or experienced service providers.
Criterion	The criterion required to achieve this outcome shall include the organisation ensuring: 1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.
Guidance	These processes may include, but are not limited to, meeting G2.8.1 (a–g) in HDSS.
ARRC	These processes shall also include part D17.1; D17.3 (b) (c) (e) (f) (g); D17.4 (a). Where ORA residents reside on more than one physical level in the same facility and/or co-located buildings on the same site, Clause D17.4 (d) is no longer sufficient and D17.4 (a) (ii) prevails at all times.
HDSS 1.4.7	Consumers receive an appropriate and timely response during emergency and security situations.
Criteria	The criteria required to achieve this outcome shall include the organisation ensuring: 1.4.7.1 Service providers receive appropriate information, training and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.
Guidance	These processes may include, but are not limited to, meeting G4.7.1 (c) in HDSS 8134:2008. ‘Acute or hospital services have access to oxygen and suction equipment that is maintained in a state of readiness for use in emergency situations.’ 1.4.7.2 Service providers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.
Guidance	These processes may include, but are not limited to meeting G4.7.2 in HDSS. ‘This may be achieved by, but is not limited to, ensuring first aid and emergency treatment is appropriate and timely.’ 1.4.7.7 Consumers who require a greater degree of supervision receive the level of support necessary to protect the safety of the individual, the consumer group, service providers, and visitors to the service.
ARRC	D16.4 (c) (i) When there is a significant change in a resident’s level of need and those needs can no longer be met by the Provider, the resident must be reassessed. This includes situations where the resident’s needs become more complex or ORA premises become a barrier to the provision of safe and timely care to subsidised residents – the resident may require relocation within the facility to enable higher levels of need to be met. D19.1, D19.2 (g) and D19.3 Safety obligations and safe practices are evident and are met where residents are accommodated in ORA environments. Processes must demonstrate effectiveness in multi-level and co-located environments.

Notifying DHBs

When undertaking an audit to verify that ORA units are suitable for aged care services, the DAA needs to notify the relevant DHB. The DHB can then give feedback to the DAA and Ministry about any relevant concerns.

Safety focus

Auditors should focus on the safety of residents who may be receiving hospital-level care in ORA units. Consider the following issues in particular.

- It would not be safe for an ORA unit to be isolated from the care unit and in a separate building without 24-hour care staff. ORA units should preferably be adjacent to the care facility and within the same footprint.
- There should be enough staff to meet the needs of all residents, with priority given to the care of hospital-level residents.
- There should be at least two care staff at all times in all areas of the ORA units, which may be in addition to the requirements of the ARRC agreement.
- The registered nurse on duty should be able to call on more staff if the residents' acuity levels change.
- If a staff member from another area of the facility is 'on call' to assist in the ORA units, that staff member should not be leaving the area they normally work in short-staffed when they are called away.
- Care staff hours reviewed at audit should be for care only and no other duties.
- Responses to call bells and sensor mat alerts should be in line with the provider's policy and the HDSS, and should be monitored frequently.
- Care staff should be available to assist with ORA residents' meals in addition to the staff available in the dining room. Additional staff may be needed or meals could be served at different times.
- Registered nurse coverage should be adequate to fulfil all the duties expected under the ARRC agreement.
- If CCTV monitoring is used, it should not replace staff in a hospital care ORA environment.

Building regulations when reconfiguring ORA units

A certified provider with ORA units may request a reconfiguration to provide rest home or hospital-level services in the units. However, such a 'change in use' of parts of a facility may mean that the provider no longer meets the Fire Department requirements and so does not have approval for its fire evacuation plan. If this change of use has happened since the Building Warrant of Fitness (BWOFF) was issued, that BWOFF will not show that the local authority has acknowledged the 'change of use' and granted an exemption or indicated the possible need for a new BWOFF to be issued.

In such cases, therefore, the provider needs to ensure that the local authority has assessed the pre-existing BWOFF and has granted an exemption until a new BWOFF is issued. During a partial provisional audit, auditors then check that a current BWOFF is in place and that a fire evacuation scheme has been approved before the provider can use the apartments/studios for hospital or rest home levels of service.

Providers are obliged to comply with legislation (HDSS 1.4.2.). Legislation relevant to reconfiguring ORA units includes the Building Act 2004 and the requirements of regulation 3 of the Building Regulations 2002 (ie, the Building Code in Schedule 1).

By checking the BWOFF, including the change of use, auditors also promote the purpose of the Health and Disability Services (Safety) Act 2001. As stated in section 3, the purpose of this Act is to:

- (a) promote the safe provision of health and disability services to the public; and
- (b) enable the establishment of consistent and reasonable standards for providing health and disability services to the public safely; and

- (c) encourage providers of health and disability services to take responsibility for providing those services to the public safely; and
 - (d) encourage providers of health and disability services to the public to improve continuously the quality of those services.
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Tracer methodology revisited

Tracer methodology was again a popular talking point at the DAA workshop. An interactive session gave participants the chance to discuss examples.

The tracer audit gives a clear sense of the day-to-day issues at a facility. In particular, it can:

- demonstrate the care that is being provided
- show if staff know how to deliver care to residents
- test the provider's systems and processes, and how well they function
- validate a resident's journey and outcome.

When choosing residents as tracer subjects, consider whether:

- the resident's situation is complex enough to test the provider's systems and processes
- it will be possible to get verbal consent to interview the resident and/or their family.

When choosing staff to interview, focus on those who are giving direct care to the tracer resident on that day. In these tracer interviews:

- learn how well the provider's processes are functioning
 - consider if staff understand the care and safety issues for the tracer resident
 - determine how information is communicated to staff
 - determine staff understanding of policies and processes
 - find out whether staff know who to report to
 - determine if further sampling is required to validate findings.
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Your questions answered

Workshop participants had the opportunity to submit questions anonymously before the workshop. At a Q&A session, a HealthCERT senior advisor answered these questions, which covered partial provisional audits, environmental restraint, progress reporting, sampling size and surveillance audits, as summarised below.

Partial provisional audits

Q: Partial provisional – what is the purpose?

A: Auditors undertake a partial provisional audit for three basic reasons:

1. for a new build that has no residents
2. for a reconfiguration (or increased capacity) of services where HealthCERT has deemed an audit is required after the provider has notified it of the reconfiguration

3. where the provider has applied to add a new service type to its certificate. For example, a provider with rest home only services might apply for hospital (geriatric) services in addition to its current services.

The partial provisional audit covers a subset of the HDSS, as outlined in the *Designated Auditing Agency Handbook*. In general, one task during this audit is to review previous partially attained standards/criteria in HDSS 1.3 from the most recent audit. However, this review is not possible where the partial provisional audit is being undertaken for a new building.

Consider the audit type and purpose. For example, if the reason for the audit is due to a new building, then the partial attainments related to HDSS 1.3 cannot be audited.

Q: Please clarify the minimum file sample size (or how to calculate the file sample size) when auditing the previous findings in HDSS 1.3 for a partial provisional audit. Is it a sample of the current capacity, occupancy, or intended capacity?

A: When a partial provisional audit requires a file sample to review criteria, use the same formula as for file review at a surveillance audit. See the *Designated Auditing Agency Handbook* for more information.

Environmental restraint

Q: When are locked gates considered a restraint?

A: Restraint (in any form) is not to be used as a routine measure. Since 2011, the restraint minimisation and safe practice section of the HDSS has included an appendix to guide providers and auditors on managing the routine locking of exit doors. If a provider is routinely locking exit doors, it is an environmental restraint and you should consider the appendix guidelines when auditing premises with locked doors. The provider must have a clear rationale and clinical justification for this practice, as well as links to review and evaluation. Refer to Appendix A of the HDSS (July 2011).

Progress reporting

Q: What are the requirements for progress reporting to HealthCERT where a DAA is managing the progress reporting for a provider?

A: A DAA notifies the Ministry of all progress reports when:

- the provider has made inadequate progress, irrespective of risk rating
- standards/criteria have been audited and rated as high or critical risk
- there are any unattained standards and/or criteria, regardless of risk rating
- there is a partial attainment in HDSS 1.2.8.1, regardless of risk rating.

Attach supporting information when requesting a Ministry review of a provider's progress.

See page 43 of the *Designated Auditing Agency Handbook* for more information on this topic.

Sampling size for residential disability audits

Q: Can you explain the sampling aspect for residential disability sites (as in premises)?

A: Only undertake site sampling where providers have multiple premises. As defined in the *Designated Auditing Agency Handbook*, 'multi-site' is the structure of an organisation that has a central location at which certain activities are planned, controlled or managed and a network of local offices, branches and services (sites) at which such activities are carried out.

HealthCERT needs to be confident that the sample audit will achieve the same purpose as an audit of all premises for that provider would achieve. The DAA prepares the sampling plan and submits it to HealthCERT for approval.

For more information, see sections 9 and 16 of the *Designated Auditing Agency Handbook*.

Surveillance audits

Q: The streamlined approach to auditing is for 'highly relevant criteria'. What about at the surveillance audit for HDSS 1.4.2 and 1.4.7?

A: HealthCERT is not expecting a full audit of the entire standards for HDSS 1.4.2 and 1.4.7 at the surveillance audit. However, it wants to ensure that any building alterations have been approved and are safe, and that the provider is undertaking regular fire drills.

Observed audits

HealthCERT senior advisors routinely observe auditors who are conducting audits of aged residential care facilities. Auditors at the workshop learned about the reasons for the observed audits and the process that is followed.

In summary, the purpose of observed audits is to find out whether:

- the DAA meets the criteria of its designation under the Health and Disability Services (Safety) Act 2001
- the DAA is competent to conduct audits
- individual auditors are competent in auditing the service type in question
- the DAA is compliant with auditor competency recommendations from previous observed audits.

New leader at HealthCERT

Penny Impey has been appointed Team Leader, HealthCERT, on secondment from Counties Manukau District Health Board. Penny has a professional background as a registered nurse, with over 20 years in the operating theatre and another 10 in the quality improvement and patient safety field.

An experienced senior nurse manager, Penny has held key roles including Clinical Nurse Director in the Quality Improvement Unit and Risk Manager for Counties Manukau DHB. She led the DHB-wide certification audit requirements for a number of years and has led national improvement projects.

Designated Auditing Agency Handbook

All auditors should be using the current version of the *Designated Auditing Agency Handbook*, which was published in December 2013. The handbook is available from the Ministry website: www.health.govt.nz

Trial publication of full audit reports

The Ministry is trialling the online publication of full (anonymised) audit reports for aged residential care facilities. The six-month trial began on 26 November 2013. Visits to the website are being monitored to gauge the level of interest, and a questionnaire is online until 26 May 2014 for people to provide feedback on whether they find the full audit reports useful.

To see the full audit reports and questionnaire, go to: www.health.govt.nz/fullaudits

Note: Not all items in this bulletin will be relevant to all auditors; their applicability depends on an individual auditor's field of practice.
