

Welcome to the June bulletin

NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard

We are pleased to announce that the Minister of Health has approved the NZS 8134:2021 Ngā Paerewa Health and Disability Services Standard (the 2021 Standard) for use under the Health and Disability Services (Safety) Act 2001 (the Act):

<https://gazette.govt.nz/notice/id/2021-dl2584>

On 28 February 2022, the 2021 Standard will come into effect; replacing the NZS 8134:2008 Health and Disability Services Standards, NZS 8181:2007 Fertility Services Standard, NZS 8158:2012 Home and Community Support Sector Standards, and the Interim Standards for Abortion Services in New Zealand.

Providers of fertility services, primary maternity centres, hospices, overnight hospital inpatient services (public and private), age-related residential care services, residential mental health and addiction services and residential disability services will need to comply with the 2021 Standard. The 2021 standard is also fit for use by home and community support services and abortion service providers.

To learn more about the 2021 Standard, please see [our website](#).

To download a copy of the 2021 Standard, please visit Standards New Zealand's [website](#).

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Meet the 2021 standard

We will be hosting a hui via Zoom from 12 to 1 pm on 14 July 2021, to introduce the 2021 Standard, discuss high-level changes and give an overview of our implementation plan – please contact HealthCERT via email on certification@health.govt.nz if you want to attend and receive the Zoom link. Note that we will record the session and make it available online following the hui.

Implementation engagement opportunities for the sector lunch sessions

We are providing a variety of workshops, education sessions and printable resources to make sure that health and disability service providers, health professionals, designated auditing agencies and the people who use these services and their whānau are well supported in preparation for the 2021 Standard to come into effect.

For more information about these engagement opportunities, please see [our website](#).

Register for upcoming lunch sessions (July–August 2021)

We will be running five online lunch sessions in July and August 2021 to provide an overview of the different sections within the 2021 standard, with a focus on the changes between the current and previous standards. Attendance is open to everyone. To register for the event and receive the invitation link, please email certification@health.govt.nz.

The sessions will be as follows.

Ō tātou moutika Our rights	12–1.30 pm Wednesday, 21 July 2021
Hunga mahi me te hana Workforce and structure	12–1.30 pm Tuesday, 27 July 2021
Ngā huarahi ki te oranga Pathways to wellbeing	11.30–1 pm Friday, 30 July 2021
Te aro ki te tangata me te taiao haumaruru Person-centred and safe environment and Te kaupare pokenga me te kaitiakitanga patu huakita Infection prevention and antimicrobial stewardship	12–1 pm Tuesday, 3 August 2021
Here taratahi Restraint and seclusion	12–1 pm Thursday, 5 August 2021

Mapping analysis

We completed an official mapping analysis of the NZS 8134:2008 Health and Disability Services Standards, the NZS 8181:2007 Fertility Services Standard, the NZS 8158:2012 Home and Community Support Sector Standards and the Interim Standards for Abortion Services in New Zealand to the 2021 Standard. A high-level summary of the mapping analysis is now available; this shows what percentage of the 2021 Standard's material is new and what percentage is similar or the same. The detailed mapping analysis (to come) will demonstrate which key areas of the standard have changed, and make it easier for providers to determine what they need to focus on as they prepare to implement the 2021 Standard. We will frame the training and support we offer around the unmapped criteria.

To see the high-level summary, please see [our website](#).

Operating matters

Update on notifications under section 31 of the Act – registered nurse availability in aged residential care and pressure injuries

Between July 2019 and January 2020, we collated information on registered nurse availability (RN-A) in the aged residential care (ARC) sector, by requiring ARC providers to complete a specific RN-A notification form when experiencing a period of RN unavailability. A thematic review of the information we collected showed that RN shortage usually affects multiple types of services provided at an ARC facility and can have negative impact on residents. We also found that ARC providers use a variety of measures to manage the RN shortage. Although we no longer require the specific RN-A notification, providers can continue to use the standard section 31 notification form to notify us of a potential health and safety risk resulting from RN coverage issues. The most appropriate category to note these under is 'Registered Nurse Coverage'.

Mucosal pressure injuries can now be reported under section 31 notification for pressure injuries. These injuries usually occur within a body opening, such as the nostril or mouth, and are associated with pressure from medical devices (such as an endotracheal tube). The following website lists clinical resources that can help you to correctly identify the different stages of a pressure injury, and when it is most appropriate to use the terms 'suspected deep tissue' injury and 'unstageable': <https://www.nzwcs.org.nz/resources/stop-pi-day/clinical-resources>

For notification forms and further information on section 31 notification, please see [our website](#).

Change in process: Dispensation to Notification of One Hospital-level Resident in a Rest home service Area

We have reviewed the dispensation process against the relevant provisions under the Act. This has prompted us to abrogate the dispensation process and introduce the Notification of One Hospital-level Resident in a Rest home service Area (NOHRRRA).

The NOHRRRA process allows for one hospital-level resident to be managed in a rest home service area at any one time. This arrangement is available when:

- a rest home-level resident suddenly requires end-of-life care

- a rest home-level resident's level of care changes to hospital-level, and the resident is awaiting transfer to another part of the facility or to a different facility
- a long-term rest home-level resident's level of care changes to hospital-level, and transfer to another part of the facility or to a different facility compromises continuity of care.

If a provider intends to care for one hospital-level resident in areas certified only for rest home service, the provider no longer requires approval from HealthCERT; however, in this case, we expect you to notify HealthCERT prior to putting the arrangement being in place.

As part of the NOHRRRA process, providers need to discuss the arrangement with their district health board prior to submitting a completed form to HealthCERT.

You can find the notification form and further information on [our website](#).

Update on revision of the *Designated Auditing Agency Handbook*

The Ministry of Health is currently reviewing the *Designated Auditing Agency Handbook* to ensure it aligns with implementation of the 2021 Standard.

The revised handbook will be available towards the end of 2021.

Introducing the new HealthCERT team members

There have been recent changes to the HealthCERT team; we have two new coordinators, a new principal advisor and six new senior advisors.

The coordinators communicate with the sector, helping with applications for certifications and queries relating to HealthCERT function. Our new coordinators are Sarah Foote and Gemma Baxter.

Sarah has a Bachelor of Arts in Psychology and was previously with Vector AMS.

Gemma has a Bachelor of Arts in Criminology and Psychology and previously worked in a supervisory role.

The principal advisor provides strategic and operational advice to support HealthCERT processes and the administration of the Act. Our new principal advisor is Christine Marsters.

Christine has a nursing background, and has worked in leadership and management, clinical governance and clinical specialist roles. She has 16 years of experience as a lead auditor across all services in health. Developing, leading and implementing new frameworks, systems and processes has been a focus of Christine's career, particularly in areas of quality improvement to support clinical excellence in health.

The senior advisors provide technical advice on the certification process and guidance on consistent application of the Act. Our new senior advisors are Lizelouize Perkins, Sam Sleiman, Jane Drummond, Mark Singson, Gayle Costello, and Coral Tombleson.

Lizel is a health professional with current practicing certificate, having worked in a variety of leadership, teaching and clinical roles. Over the last 16 years she has been working as Lead and Clinical Auditor for four of the five Designated Audit Agencies.

Lizel has a special interest in quality improvement and a passion for teaching. She joined the Ministry of Health in January 2020 as Senior Advisor and was appointment as member of committee P8134 that revised the fertility; health and disability standards set and home and community support standards to create one overarching standard. Lizel is married with five adult children between her and her husband and lives in Wairarapa.

Sam is a health professional and has experience working in areas including clinical, leadership, and case management. Sam has a Master's in Health Services Management, he has special interest in quality improvement. Sam worked in Counties Manukau District Health Board prior to joining the team.

Jane has a nursing background, and has worked in areas including general surgery, orthopaedics, cardiothoracic and vascular, and remote health. She was a specialist cover assessor in the Accident Compensation Corporation (ACC)'s Treatment Injury Unit prior to becoming a senior advisor.

Mark also has a nursing background, having held clinical and leadership roles across the tertiary and residential care sectors. He was a treatment injury cover specialist at ACC before joining the team.

Gayle is originally from Manchester in the UK and moved to New Zealand in 2009. She is a qualified auditor and previously worked at MSD and ACC. She recently joined the HealthCERT team to focus specifically in the implementation of the updated standards.

Coral has been a registered nurse for over 20 years and has been an Advisor at HealthCERT since 2017. She has recently commenced a full time Senior Advisor role. Coral worked mainly in the areas of pacific and primary health, community and aged care with a particular interest and passion for dementia. Previous senior and co-ordinator roles include being an interRAI and Careerforce assessor and educator.

Sector matters

InterRAI service design

At the beginning of 2020, in conjunction with Central Region's Technical Advisory Services (TAS), the Ministry of Health commissioned a review of the service design of the interRAI needs assessment service, which was undertaken by Tenzing. Throughout 2020, Tenzing consulted widely with interRAI stakeholders to build its understanding of the interRAI service, the needs of the sector and how the Ministry could improve services to ensure they better meet the changing needs of consumers, assessors, service providers, researchers and all those who interact with interRAI services. Tenzing provided the Ministry with a report including recommendations in October 2020. You can access it via this link: <https://www.interrai.co.nz/news-and-media/service-design-report-published/>

Tenzing's recommendations included making improvements in the following areas:

- governance and decision-making
- consumer access to assessment

- assessor education and support
- data service confidence and maturity
- addressing technology impediments
- developing a culturally appropriate assessment model
- developing a national assessment platform
- service management to support future improvements and extension of services.

With the approval of the Director-General of Health, the Ministry and TAS are working together to lead implementation of these recommendations. To date, we have made progress with this work as follows.

Governance and decision-making – The Ministry are working with TAS and the interRAI Governance Board to revise the governance structure, focus and representation for the interRAI service. The revised terms of reference, already approved by the Director-General of Health, will inform the focus of the new interRAI governance structure.

Consumer access to assessment – The Ministry is working with TAS, district health boards and other interRAI stakeholders to explore opportunities to improve access to interRAI assessment services.

Assessor education and support – Due to the COVID-19 pandemic, TAS had already started introducing improvements to the delivery and management of assessor education and support services. These include:

- re-designing interRAI competency education for all assessments currently used in New Zealand
- developing online training for assessors
- working with new accredited interRAI training providers, Access Healthcare and MySkill
- moving from three education and competency software vendors to one, which will provide trainees and assessors with one end-to-end training experience.

Data service confidence and maturity – The Ministry is working with TAS to implement changes that will improve the user experience for interRAI stakeholders. The Ministry is actively considering its technology support options for interRAI assessments in New Zealand, following completion of the service design work.

Developing a culturally appropriate assessment model – The Ministry and TAS are commencing work to explore opportunities for developing a culturally appropriate assessment model.

For further information about this work, contact:

Jim Nicolson, Manager, Healthy Ageing Team, Ministry of Health:
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Julie Palmer, Programme Manager, Healthy Ageing Team, Ministry of Health:
Julie.Palmer@health.govt.nz

Websites of interest

interRAI: www.interrai.co.nz

Standards New Zealand: www.standards.govt.nz