

# HealthCERT Bulletin

## Information for the sector



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### Welcome to the April bulletin

Welcome to the first issue of HealthCERT Bulletin for 2022. The year has got off to a positive start for the HealthCERT team with seven new members joining since late last year. During their time here, they have all been learning to find their way in the world of certification. See page 5 for the bios of our new team members.

Since Minister Little approved Ngā Paerewa Health and Disability Services Standard NZS8134:2021 in June 2021, HealthCERT has been leading an implementation programme to help the health and disability sector prepare for the new Standard. We have a series of sector-specific presentations still available, as well as an eLearning module on Te Tiriti o Waitangi. A continuing part of implementation is our work with designated auditing agencies and health and disability services providers to ensure that the audit and certification of health and disability services remain responsive to the sector's needs during the ongoing COVID-19 pandemic.

So far, 2022 has presented challenges for many in the health sector during the ongoing response to COVID-19, including with the arrival of the Omicron variant. The mahi everyone continues to put into the quality and safety of health and disability services provided to people in Aotearoa is greatly appreciated.

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

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

Ngā Paerewa Health and Disability Services Standard NZS8134: 2021 (Ngā Paerewa) went live on 28 February 2022. After the Minister of Health announced his approval of Ngā Paerewa in June 2021, the go-live date became a focus of attention and determination for the HealthCERT team members.

The HealthCERT team's implementation programme has been targeted towards supporting the health and disability sector to learn and understand the changes that Ngā Paerewa brings and equipping them with resources and tools to embed those changes into daily practices.

Te Apārangi, our Māori Partnership Alliance, continues to provide valuable advice. It is using Te Tiriti o Waitangi as the framework to provide guidance, direction and recommendations to ensure equity is at the centre of our implementation programme. Two members of Te Apārangi, Riana Manuel (chair) and Maria Clarke, each delivered an online presentation on the refreshed requirements related to Te Tiriti o Waitangi, which providers and auditors alike found highly valuable.

Once the pilot audits for Ngā Paerewa were completed, HealthCERT asked the auditors and providers for feedback to identify the benefits and challenges, what areas of the standard they were best prepared for, if they found any new learnings and what the greatest need for improvement will be going forward. We also asked how HealthCERT can help them to understand Ngā Paerewa, how they experienced the allocated time for the audits, whether the audit team was the appropriate size for the audit and if anything could have been done differently to improve the process. We will share the results of this survey as soon as they are available – in the next bulletin, if not before.

For a number of online sessions providing a review of sections with Ngā Paerewa, as well as sector-specific information seminars, go to our website:

[Training and support | Ministry of Health NZ](#)

If you have topics that you would like included in future webinars on Ngā Paerewa implementation, please email [certification@health.govt.nz](mailto:certification@health.govt.nz).

### Supportive approach during transition period

Please keep in mind that we are taking a supportive, non-punitive approach to transitioning to Ngā Paerewa requirements. This means that:

- audits of mapped criteria will continue as usual and will align attainment with current audit practice
- partially mapped criteria will have a grace period for audits between 28 February 2022 and 28 February 2023
- unmapped (new) criteria will have a grace period for audits between 28 February 2022 and 28 August 2023.

During the grace periods, providers will be audited against their actions and progress towards achieving new requirements in Ngā Paerewa, but no corrective actions will be generated. Where a partially mapped criterion contains a pre-existing clinical element, a corrective action will likewise not be generated; however, the auditor will note a recommendation, which the funder will follow up in a similar way to corrective actions.

## Ngā Paerewa implementation survey findings

In January 2022, we undertook a second feedback survey to identify how HealthCERT can support the sector in implementing Ngā Paerewa. Of the more than 150 responses, 76 percent were from service providers (among whom 5 percent were Māori providers).

The results show that 18 percent of the service providers believed that they have good understanding of compliance with Te Tiriti o Waitangi requirements in Ngā Paerewa. Another 53 percent felt they were still on the journey to understanding this and 28 percent of providers stated they needed some guidance.

More than half of the providers felt that their organisation is equipped or somewhat equipped for compliance with Ngā Paerewa. At a more granular level, the providers are more likely to state they are unequipped for Section 2: Hunga mahi me te hanganga (Workforce and structure) and Section 6: Here taratahi (Restraint and seclusion).

The feedback showed that people's preferred forms of support from HealthCERT are eLearning modules, printable resources and targeted workshops. Based on this feedback, we are developing resources and tools to further help providers with their transition to Ngā Paerewa.

## Te Tiriti eLearning modules

As part of Ngā Paerewa implementation, HealthCERT developed an eLearning module ([Compliance with Te Tiriti o Waitangi requirements in Ngā Paerewa](#)) to help people with their personal and professional development journey. In particular, the module develops understanding of pae ora and explains how Ngā Paerewa supports the Ministry in its role as kaitiaki of the health and disability system for Aotearoa. The module received significant and valuable contributions from Riana Manuel, who is now the newly appointed Chief Executive of the Māori Health Authority.

We released the eLearning module on <https://learnonline.health.nz/> in late February this year. As at the end of March, 387 people from across the sector had completed it.

Now that Ngā Paerewa has been in use across Aotearoa New Zealand for a little over a month, HealthCERT is continuing to look for ways we can support providers in understanding the intent behind the updated requirements. We plan to develop a second eLearning module, building on the first one by diving deeper into the steps providers can take to be compliant with Te Tiriti requirements within Ngā Paerewa. If you have any feedback on the first module, or would like certain topics covered in the second or would even like to be involved in its development, please email [Jade.Cincotta@health.govt.nz](mailto:Jade.Cincotta@health.govt.nz).

## Designated Auditing Agency Handbook update

HealthCERT has updated the Designated Auditing Agency Handbook ([Designated Auditing Agency Handbook | Ministry of Health NZ](#)) to reflect Ngā Paerewa, based on internal and external feedback. In particular it includes:

- references to how the previous standards have been mapped to relevant Ngā Paerewa subsections and criteria
- information about the transition to Ngā Paerewa
- transition criteria for surveillance audits
- Mapping Tool NZS 8134:2008 to Ngā Paerewa.

The handbook is a working document that can be regularly updated. A further update is already planned to incorporate information about auditing fertility services. HealthCERT will continue to review feedback concerns and suggestions from handbook users. Any further feedback is welcome.

## Restraints and enablers

HealthCERT has received a number of queries around the changed approach to restraints and enablers in Ngā Paerewa, which does not use the term 'enablers' in referring to equipment.

The difference between equipment being an enabler or a restraint has always been influenced/guided by the consent process. Under Ngā Paerewa, the consent process still differentiates between what is or is not a restraint but it has an additional focus: a higher level of risk can require an item of equipment to be considered as a restraint. When a person who is unable to make their own decisions – or an enduring power of attorney for a person who does not have the capacity to make decisions – requests the use of equipment for that person's own security or safety, providers need to consider the risk of using such equipment. For example, the risk is higher if the person relies on staff (a third party) to free them from using this equipment in an emergency or when they want or need to get out of bed. In this scenario, the provider needs to manage the equipment as a restraint and it will be audited under section 6 of Ngā Paerewa.

On the other hand, if the person is able to make their own decision about equipment use and can free themselves from the equipment if required, this is not a restraint; instead, it is someone safely using equipment. Some providers may choose to continue to call equipment used in this way 'enablers'. However, they do not need to record or monitor such use because the person requesting the equipment has the ability to make informed decisions and the provider has identified no risk to the use of this equipment.

If a facility is not using any restraints, only Subsection 6.1: A process of restraint will be audited against. Subsections 6.2 and 6.3 are only audited where residents are using restraints.

Subsection 6.1 requires evidence of the following:

- how the governing body demonstrates commitment to eliminating restraint:
  - how the organisation commits to elimination of restraint
  - how the organisational structure reflects this commitment, such as by facilitating oversight groups
  - reporting requirements
  - policies, procedures and guidelines
- the role of the executive leader responsible for ensure commitment to eliminating restraint:
  - job description
  - policies, processes and guidelines
  - evidence of the implementation of this role (eg, minutes, internal audits and corrective action plans, regular reporting to executive management)
- policies:
  - based on best practice, and including areas such as holistic assessments, care planning and review processes
- training:
  - evidence of training for support workers.

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## Operating matters

### Introducing the new members of the HealthCERT team

HealthCERT has welcomed seven new team members in the last few months, with one more due to start shortly.



*Left to right: Madeleine O'Connor, Michelle Maltman, Claire Underwood, Jo Noble, Liang Huang, Kirsten Lassey  
Absent: Lisa Wen*

#### **Coordinator**

Lisa Wen joined HealthCERT as a coordinator in November. Previously she completed a Bachelor of Science majoring in psychology and criminology at Victoria University of Wellington. After university she spent a year and a half at the Ministry of Social Development where she gained lots of skills and experience. Now that she has finished her studies she has more free time to spend on indoor plant care.

#### **Principal advisors**

Claire Underwood joined HealthCERT in November 2021. Originally from the UK, she emigrated to New Zealand over 15 years ago and is a registered nurse with a background in medical and surgical nursing. As part of completing a postgraduate diploma many years ago, Claire reviewed a policy on hand hygiene and fell into the world of infection prevention and control, taking on clinical nurse specialist positions in this area with Southern Cross Wellington and Hutt Valley District Health Board for over 11 years. Her interest in the New Zealand standards is what attracted her to the role at HealthCERT.

Kirsten Lassey joined HealthCERT in November 2021. Although she initially planned to follow a career in science, after completing a science degree she had a change of heart and enrolled in a nursing programme. Kirsten completed her nursing degree in 2000 and worked at Hutt Hospital for the next 20 years. Her variety of roles included staff nurse, clinical nurse specialist, clinical nurse manager, service manager and finally service development manager in Strategy Planning and Performance, before she made the move to the Ministry of Health.

Jo Noble joined HealthCERT in March this year. She is a registered nurse with 30+ years of experience in hospitals, community health and telenursing services in New Zealand and internationally. Over the last year Jo has worked at the Ministry of Health completing infection prevention and control audits at border and MIQ facilities. Jo is passionate about the delivery of a high standard of health care to all New Zealanders, and her experience has provided her with

a comprehensive skill set, broad clinical knowledge, excellent communication skills and the ability to analyse, problem solve and take decisive action in very demanding environments.

### **Principal analyst**

Liang Huang joined HealthCERT in November 2021. Liang is an experienced analyst, quantitative researcher and forward thinker. He started his career working in the sports medicine field in 2008 and obtained a PhD in musculoskeletal biomechanics from the University of Auckland in 2014. Following that, Liang worked for many years at the Accident Compensation Corporation as a clinical analyst, treatment injury specialist and senior researcher, before moving to the Department of Corrections as a principal health insights analyst. He brings to his HealthCERT role a well-rounded background of technical and analytical expertise and a passion for helping people.

### **Advisors**

Madeleine O'Connor joined HealthCERT in November 2021. Before working at the Ministry of Health, Madeleine enjoyed a year of maternity leave with her now one-year-old daughter. Madeleine's background is in nursing, predominantly paediatrics; however, she has also worked in older adults' rehabilitation. In her spare time, Madeleine enjoys spending time with whānau, eating good food and exploring our beautiful country.

Michelle Maltman joined HealthCERT in November 2021. She has a nursing background with a postgraduate qualification in mental health nursing. Most recently, Michelle has worked as a public health nurse in primary schools and in the COVID-19 response, but she has spent the majority of her nursing career in intellectual disability secure services. Michelle values learning, growth and improvement, and she is pleased to be an advisor in the HealthCERT team.

Remay Labrador is joining HealthCERT as an advisor in April, filling the final vacancy in our team!

### **Deferment of audits due to COVID-19**

During the current Omicron outbreak, HealthCERT team is considering deferring audits on a case-by-case basis. Decisions on deferring audits have to balance the need to fulfil legislative requirements and the need to provide high-quality, safe care in the health and disability sector at a time when that care is more important, and more challenging than ever.

The aspects we consider before deferring an audit are whether facilities have current and ongoing outbreaks, significant workforce issues due to COVID-19 standdown/illness, or if COVID-related issues are reducing auditor availability. We also consider if a facility has known concerning issues or previous high-risk corrective actions.

Please note that a facility can defer an audit in negotiation with its designated auditing agency. If this deferral can occur without extension of the certification period or the mid-point surveillance audit date, HealthCERT does not need to approve the deferral.

## Reporting on registered nurse shortages for ARC facilities

We have been receiving an increasing number of section 31 notifications of registered nurse (RN) shortages since COVID-19 restrictions began, so we have recently created a specific RN shortage notification form for aged residential care (ARC) facilities. This form provides the information that HealthCERT needs to assess the risk and mitigation of the RN shortage, as well as information we aim to share with working groups who are focusing on the national RN shortage. Access the form at: [Notifying an incident under section 31 | Ministry of Health NZ](#)

Please submit all RN shortage notifications using this new form. Attach it as a Word document to your email (please do not convert it to a pdf or submit a handwritten form), to allow data extraction, and send to [certification@health.govt.nz](mailto:certification@health.govt.nz).

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## Sector matters

### ARC COVID-19 Response Toolkit

The ARC COVID-19 Response Toolkit supports ARC facilities to prepare for an outbreak of COVID-19 in a nationally consistent, four-phased structure (Prevent and Prepare, Standby, Outbreak, and Review). A focus is on communication and collaboration across public health units and district health boards (DHBs).

The Toolkit was first published in 2021 as part of the [action plan](#) to respond to the recommendations made in the 2020 [Independent Review of COVID 19 Clusters in ARC Facilities](#). A cross-sector, multidisciplinary group, led by Dr Phil Wood, Chief Advisor, Healthy Ageing team, created the Toolkit. Responsibility for overseeing the Toolkit now lies with the Ministry's ARC COVID-19 Leadership Group, whose members include representatives from public health, public hospital/DHB and aged care providers.

The Toolkit now reflects Aotearoa New Zealand's shift in COVID-19 strategy to the Community Protection Framework (with traffic lights), vaccination strategy and testing strategy. The Toolkit has been adapted to provide a suitable response to the Omicron variant. It includes links to the latest resources from the Ministry of Health, COVID-19 ARC Leadership Group, the Health Quality & Safety Commission, and other key sector organisations.

Most significantly, the Toolkit now covers the increased use of Rapid Antigen Testing for residents, visitors, and health care and support workers. It also incorporates guidance around the Close Contact Exemption Scheme, which allows critical health care staff to return to work if they are asymptomatic or mildly symptomatic (ie, if they are not acutely unwell).

For a complete list of changes to the Toolkit, please refer to [Summary of 10 March 2022 changes](#).

### Update on interRAI governance ecosystem

The interRAI governance ecosystem consists of the interRAI Leadership Advisory Board and the interRAI Network. These two groups provide strategic and sector input to the governance of interRAI Services. In February 2022, around 45 people from across the aged care sector attended the first interRAI Network hui. They provided suggestions for how the Network could best support effective governance of interRAI Services. These included giving regular updates about the new health entities and creating linkages to support stronger research and innovation. Another suggestion was to create special interest subgroups that take 'deep dives' into topics

and share their learning, in areas such as shared care planning, engaging with consumers, addressing equity, developing the culturally appropriate assessment model and what the health and disability reforms mean for interRAI Services.

TAS and the Ministry of Health are working together to respond to these requests. The next interRAI Network hui will be held in June. For further details about interRAI Services or information in this article, contact [interRAI.Governance@tas.health.nz](mailto:interRAI.Governance@tas.health.nz)

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## Success story

### Publication of the *Older Māori and Aged Residential Care in Aotearoa* report

On 6 December 2021, the Health Quality & Safety Commission (the Commission) published the *Older Māori and Aged Residential Care in Aotearoa* report. Co-authors Drs Joanna Hikaka and Ngaire Kerse from the University of Auckland wrote the report to improve understanding, raise awareness and start discussion about the quality of care for Māori in ARC.

Their report shows that a lower proportion of Māori than non-Māori enter ARC and points to the lack of kaupapa Māori aged care services. It also reveals that for many ageing Māori, ARC is a second choice to staying at home and being cared for by whānau.

This research is an important first step in understanding issues for Māori in using ARC services and also highlights broader implications for ageing Māori.

The Commission is encouraging a focus on the recommendations not only for ARC, but right across the health system. As part of its ongoing planning, the Commission will consider expanding its current ARC-focused quality improvement work to incorporate the quality of services for older people regardless of where these are delivered.

For the full report, visit the Commission's website: <https://www.hqsc.govt.nz/resources/resource-library/report-older-maori-and-aged-residential-care-in-aotearoa-nga-kaumatua-me-te-mahi-tauwhiro-i-aotearoa/>

### Invitation to submit success stories

You can submit a success story to include 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](mailto:certification@health.govt.nz).