



Welcome to the May 2015 edition of the HealthCERT team's bulletin. It marks the start of a new look for our bulletin, which will also be more readily available to all users and providers of certified health services. This issue summarises key topics that provider organisations and designated auditing agencies have asked us about, as well as keeping you up to date on HealthCERT's work.

New leader at HealthCERT: Emma Prestidge

I would like to take this opportunity to introduce myself as the newly appointed manager of the HealthCERT team. I have worked within the Ministry of Health for nearly six years, starting as a senior advisor in HealthCERT. I am a registered nurse with a passion for achieving optimal outcomes for all users of health services. I believe this goal can be effectively supported through a regulatory framework and look forward to working collaboratively with the sector.

Operating matters

The team is enjoying another busy year and has been fine-tuning operational procedures to support efficient responses to sector queries.

HealthCERT notifications: section 31 and change of manager

As part of our focus on improving sector collaboration, when you make any notifications to HealthCERT please also them forward to your district health board (DHB) Portfolio Manager and/or National Services Purchasing Contract Manager. We've updated the section 31 form to include a statement to this effect. Similarly, we've modified the Change of Manager form to include notification of your Portfolio and/or Contract Manager.

Dispensation: hospital-level resident in a certified rest home

The Health and Disability Services (Safety) Act 2001 allows a provider certified for rest home level care to care for one hospital-level resident. This dispensation is designed to contribute to the Ageing in Place policy. The Ageing in Place policy supports people to make choices in later life about where to live and to receive the help they need to do so.

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When thinking about requesting a dispensation, it is important to consider whether:

- the resident (if competent), or alternatively the resident's Enduring Power of Attorney, agrees to Age in Place
- the resident's general practitioner is supportive of the request and is able to provide sufficient medical oversight that meets the resident's clinical needs
- the DHB Portfolio Manager is supportive of the request.

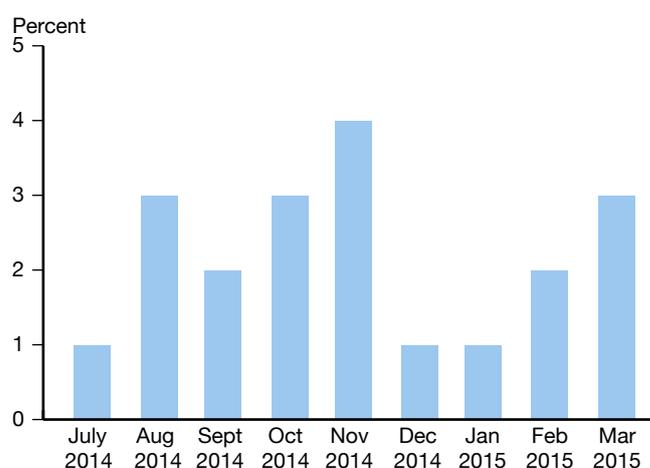
HealthCERT is committed to processing a dispensation request within two working days of receiving the completed form. To access the dispensation form, visit the Ministry's website at health.govt.nz and search for 'dispensation'.

Provider Regulation Management System

The Provider Regulation Management System (PRMS) has been up and running since November 2013. It provides HealthCERT with an electronic method of managing audit reports, notifications (such as section 31 and change of manager), complaints and other information related to certified health services. Although PRMS has had a significant number of users, as with many electronic systems its users have experienced challenges with it; however, we believe the teething problems have essentially been resolved.

Now that the system has been operational for over a year, we can gain a clearer view of national trends. For example, when developing a process to manage a dispensation request (see above), HealthCERT reviewed the number of dispensations received since PRMS was implemented. We found that, since November 2013, we had received 20 requests. All of them came between July 2014 and March 2015, with a peak of four in November 2014, as the table below shows.

Dispensation requests by month, July 2014 – March 2015



HealthCERT approved all dispensation requests received across this period.

Integration of residential disability psychiatric services

Although this project is in its infancy, initial work with the service contract managers is under way. The aim is to integrate the audit activities of the Ministry and district health boards to reduce the audit burden on providers (and service users). We'll update you on progress in future bulletins.

Auditing district health boards

Since early 2013, auditing of DHBs has changed significantly. Here is a brief summary.

Certification audits now include the following elements.

- Before the audit, the DHB completes a self assessment of its level of achievement against the relevant standards. It sends the results to its designated auditing agency (DAA) to help inform the onsite audit.
- Qualified auditors and technical expert assessors (TEAs) carry out onsite audits. TEAs are senior clinicians who work within DHBs and have been trained in patient tracer methodology (tracking a patient's journey through a health service). The TEAs and auditors work together to complete the patient tracers and related

audit activities such as interviewing staff and patients, reviewing patient files and observing in clinical areas. They identify areas of continuous improvement and/or assess their findings against the standards and consider them in preparing the audit report. The Ministry maintains a register of TEAs and allocates them to each audit.

- In addition to the patient tracers, two new systems tracers focus on medication management and infection prevention and control. Their focus is on operating processes within a system and assessment of DHB compliance. A systems tracer considers clinical records, policies, staff training and competency, and findings from interviews with staff and patients.

Pilots are under way for the following proposed changes to the surveillance audit programme.

- The DHB completes a self assessment as noted above.
- The DHB has the option of completing its own patient tracers in medical, surgical and paediatric services, after which it submits a report to its DAA along with its self assessment.
- The onsite audit includes patient tracers in mental health and maternity services as well as systems tracers that cover medication management, infection prevention and control, the deteriorating patient and falls prevention.

Designated Auditing Agency Handbook (revised 2015)

The Designated Auditing Agency Handbook has recently been reviewed and is now available on the Ministry website: health.govt.nz/publications

Publication of full audit reports

The Ministry is now publishing full (anonymised) audit reports for aged residential care facilities. This follows a successful six-month trial that began on 26 November 2013. To read the full audit reports, go to:

health.govt.nz/fullaudits

For summaries of district health board audits, visit health.govt.nz/new-zealand-health-system/my-dhb

Continuous Improvement rating

A Continuous Improvement (CI) rating is awarded when a provider can demonstrate achievement beyond meeting the intent of a standard and/or criterion to an audit team. For example, if the provider has implemented an initiative, the audit team will want to know whether it has conducted a post-implementation review. It will also be looking for evidence that service provision has improved as a result and that the provider has aimed for and considered consumer satisfaction.

For the interpretation of this level of attainment, see Part 10: Audit framework of NZS 8134.0:2008. You can also get guidance from Section 9.6: Ratings of the DAA Handbook (revised 2015).

Enduring Power of Attorney

An Enduring Power of Attorney (EPA) is a legal document that can protect a resident and what is precious to them. There are two types of EPAs.

- Property covers the resident's money and assets. It can come into effect before they lose mental capacity. A resident may have more than one attorney for this EPA.
- Personal care and welfare covers a resident's health, accommodation and associated care decisions. It comes into effect only if a medical professional or the Family Court decides the resident has become 'mentally incapable'. A resident may have only one attorney for this type of EPA.

An EPA must be in the prescribed form and accompanied by a certificate, signed by the donor and witnessed by one of the following:

- a lawyer
- a Legal Executive (who meets the requirements)
- an authorised employee of a trustee corporation.

It must also be signed by the attorney(s), which must again be witnessed.

Once an EPA comes into effect – either at the resident's request (for a property EPA) or when a medical professional considers a resident mentally incapable (for either type of EPA) – the resident's attorney (or attorneys) can make most decisions about their care and welfare, property and finances. There are some areas – such as refusing life-saving medical treatment – where an attorney has no power to decide.

The main responsibility of the resident's attorney (or attorneys) is to act in the resident's best interests, and they must involve the resident in decisions as much as they are able. If family members have concerns about the behaviour of an attorney, they can apply to the Family Court for help.

An attorney loses their power if they become bankrupt, mentally incapable, or subject to a personal or property court order, or if the Family Court revokes their appointment. An EPA stops if the resident, or the attorney, dies. The resident or the Family Court may name other attorneys to take over if an attorney dies. An attorney can also opt out of their role by giving notice in writing if the resident is still mentally capable, or by going to the Family Court if the resident is no longer mentally capable.

Always keep a copy of EPA documentation on file.

Absence of an EPA

For residents who are deemed incompetent, you can lawfully provide care if:

- it is an emergency and care is necessary
- there is a valid advanced directive
- there is an EPA for personal care and welfare, or a welfare guardian, and that attorney or guardian consents
- you act in accordance with Right 7(4) of the Health and Disability Commissioner's Code of Health and Disability Services Consumer's Rights
- there are court orders (usually personal orders).

The Protection of Personal and Property Rights Act 1988 has a special procedure for the Family Court to make 'personal orders'. The appointment of a welfare guardian is a type of personal order.

How to get a personal order

To get a personal order, you must make a formal application to the Family Court closest to the resident. You need to file the documents in a particular format (see Schedule 9 of the Family Court Rules). Involve your district health board's aged care social worker when you are seeking a personal order before admitting a resident who is deemed incompetent and has no EPA.

Ensure you document the legal basis that you are relying on to provide services. If you are relying on Right 7(4), put a review process in place.

Medi-Map

Medi-Map is a software application developed for aged care facilities to manage the charting of medication in rest home facilities, hospitals and residential care homes. This system presents an opportunity for:

- aged care facilities to move away from handwritten, paper-based systems
- doctors to manage the charting of medication from any location through secure access to an individual resident's chart profile.

Any change to, or the addition of, prescribed medicines is notified electronically to the facility and the pharmacy for supply. The system can also be used to record details when staff administer medicines, including recording medications not given and why. By this method, providers can report medicine adherence on a resident, unit or facility basis, which is an important component of medicine review. We anticipate that, when fully operational, the use of the software will improve resident safety, reduce medication errors, and allow clinicians and care teams to use their time more effectively.

Ministry of Health exemptions

The Ministry of Health has exempted facilities using Medi-Map software from certain elements of the Medicines Care Guide so that they can still comply with the Health and Disability Services Safety Standards.

For example, such facilities are exempted from the Medicines Care Guides for Residential Aged Care requirements that:

- all medicines must be legibly and indelibly printed on the resident's medicine chart
- the prescriber must sign and date each medicine ordered (see 'Ordering', page 14).

Certification and surveillance audit

Designated auditing agencies can obtain audit reports from the Medi-Map program at facilities that have implemented the software, either before certification audits (as part of the stage one audit process) or on the day of unannounced surveillance audits. So far there are Medi-Map reports relating to:

- medicines administered for the day/week/month
- medicines not administered for the day/week/month
- client administration record (a report of administered and not administered for a specific resident)
- staff administration record (a report of administered and not administered for a specific staff member)
- an audit trail of the medication-competent staff member that double signs in the last column, where a medication requires two staff members to be involved with the administration (eg, insulins, warfarin, controlled drugs)
- an audit trail around when medicines were checked after arrival from pharmacy

interRAI Project on track to deliver results ahead of schedule

interRAI LTCF is a new assessment tool coming to aged residential care. It is designed to help registered nurses understand the needs of their residents in order to plan their care.

In October 2012 the Associate Minister of Health, Jo Goodhew, accelerated the timeframe for the roll-out of this tool, making it mandatory by July 2015.

The interRAI Project, based at Central TAS in Wellington, was tasked with training a target of 2370 nurses by 1 June 2015.

interRAI Project Manager Dr Brigette Meehan says that the project is ahead of where it needs to be to meet that target: 'As at 16 April 2015 there are 2134 nurses who have passed competency to use interRAI.'

Out of 672 facilities, 596 have at least one nurse competent. This means that 596 facilities can progress with interRAI assessments.

So far, 31,679 assessments have been completed. 'This is well over our expectation and shows more residents are being assessed than anticipated. This is a wonderful sign that nurses are finding the assessment useful for their residents,' says Dr Meehan.

All facilities are now connected to the National Software Service. The change reflects the depth of commitment from the sector, many of whom have shifted from having no IT to embracing the technology.

Registered nurses working in aged care facilities must be trained in interRAI and use it as the primary assessment. With all facilities participating in training, 'our focus is now on helping facilities to embed interRAI,' says Dr Meehan.

interRAI trainers are making site visits to help facilities make interRAI their primary assessment. Their work involves offering one-to-one training with nurses, working with clinical leads about changes to processes and showing facility managers how to use report functions.

'We are also offering booster training sessions for nurses who want to update their interRAI skills, and facility managers' training shows facility managers how to use the operational reports in the interRAI software system,' says Dr Meehan.

From 1 July 2015, interRAI training and support for nurses will continue. With the development of the new data and analysis service, for the first time New Zealand will have detailed statistical information about the needs of people in aged care. Improved information will better support individual aged care facilities in providing care. It will also inform national policy development and implementation.

The sector's participation in interRAI training, well before the deadline, demonstrates the strength of its motivation to improve the quality of care for the elderly in New Zealand.

To find out more about interRAI

Phone: 0800 10 80 44

Visit: www.interRAI.co.nz

Email: interrai@dhbss.health.nz

Electrical testing and fire regulations – residential disability providers

The Ministry of Health is taking a watching brief on how the fire regulations are affecting providers. In the meantime, the Ministry continues to expect that appropriate evacuation plans are in place that recognise actual risks for the people receiving services and to manage those risks to keep people safe.

Currently the Ministry of Business, Innovation and Employment is moving to engage with all housing providers so that it can develop an acceptable sector-wide solution that reflects current best practice. The Ministry of Health expects that the voice of disabled people will be part of the acceptable solution.

Call for sector stories

HealthCERT is interested in showcasing the innovative work people in the sector, especially in aged residential care, are doing. For example, you might have:

- implemented an initiative that has had a positive impact on resident outcomes, as demonstrated through evaluation
- established a clinical governance framework that has changed the way clinical care is being delivered
- worked on an intersectoral project that has positively impacted on health care delivery to your residents.

If you wish to showcase your work, please email donna_gordon@moh.govt.nz