

Welcome to the first edition for the year where our focus continues to be on the 2016 Work Programme: Pressure Injury Prevention and Management.

HealthCERT Work Programme 2016: Pressure Injury Prevention and Management (PIPM)

We are now two months into the PIPM Work Programme and are receiving section 31 (s31) notifications of pressure injuries from aged residential care providers. Thank you all for your support of this programme.

In addition, the audit reports undertaken from 1 January 2016 are now starting to come in, complete with both the tracers where a pressure injury is evident, and information around each aged residential care provider's PIPM. Again thanks to the Designated Auditing Agencies (DAAs) for your proactive response to this initiative.

Both aged residential care providers and DAAs have identified ways of improving the process. Consequently we have enhanced the s31 reporting form and the audit report template – see 'PIPM Work Programme: Enhancements' in this issue.

At the end of three months, HealthCERT will review the s31 notifications received. We'll provide an overview of our findings in the next bulletin.

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Office of the Chief Nurse: Continuous quality improvement

The Ministry of Health, Accident Compensation Corporation (ACC) and Health Quality and Safety Commission are partnering with agencies across the health sector to prevent pressure injuries, which cause pain, embarrassment, social isolation and distress to people in care. The 'love your SSKIN' bundle of preventative care identifies five key strategies for pressure injury prevention:

- **S**urface
- **S**kin inspection
- **K**eeP moving
- **I**ncontinence
- **N**utrition.

Using the same tracer methodology as auditors use, facilities can assess their own care, treatment and services for a resident with a pressure injury. So, for example, when tracing the care of a resident with a pressure injury or at risk of a pressure injury, a facility might refer to the SSKIN bundle of preventative care to consider:

- how appropriate the support **S**urfaces used were, when caring for the resident in bed or in a chair
- whether there is evidence that the resident's **S**kin was inspected
- what actions were taken to **K**eeP the resident moving, including changing their position
- how **I**ncontinence was managed, including by keeping the resident clean and dry
- what the resident's **N**utritional requirements were, especially if they had a wound.

The interRAI assessment data on residents with pressure injuries or at risk of pressure injuries is useful to guide quality improvement initiatives and for tracking your facility's progress over time. The interRAI education team runs regular workshops for facility managers and clinical leads that cover how to monitor residents at risk of pressure injury as well as the other areas of risk regarding clinical and functional status that can be triggered from interRAI assessment of long-term care facilities. To book a place on interRAI managers' training in your area, please email: interRAI@dhbss.health.nz.

ACC is encouraging clinicians, including nurses, to complete ACC 45 and ACC 2152 (treatment injury claim forms) for aged care residents with all grades of pressure injuries except grade 1. You need to follow international guidelines to classify pressure injuries: see pages 12–13 of *Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline* (www.nzwcs.org.nz/pressure-injuries-ulcers/2014-pressure-ulcers-clinical-practice-guideline).

Everyone involved in providing care – including the cook, the health care assistant, the owner and the board member, to name a few – needs to understand what their role is in preventing pressure injuries. Working together we can prevent these injuries.

PIPM Work Programme: Enhancements

Audit reporting

HealthCERT's 2016 Pressure Injury Work Programme has been in place for two months. As you will be aware, auditors have been reporting on your PIPM programme and the number of pressure injuries in your facility at the time of audit.

Based on feedback from auditing agencies, HealthCERT is changing the audit report template to make the method of providing this information easier. We're working through these minor adjustments while the original template is in use.

Section 31 (s31) reporting

Another recent initiative you'll know about is that HealthCERT is requiring providers to report, as a s31, all pressure injuries (PIs) at stage 3 and above: that is, all stage 3 PIs, stage 4 PIs, unstageable PIs and suspected deep tissue injury. Reporting is required no matter where the resident developed the PI.

At the beginning of the year, we were asking you to report PIs on the form that is used for all required notifications to HealthCERT. Based on feedback from the sector, we have developed a s31 form that is dedicated to reporting PIs.

The new PI form includes more detail – such as information on the stage of the PI, where the resident developed the injury and whether one or more wound specialists are involved.

For information from the Ministry of Health website, which includes a link to the s31 notification form, go to: www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/information-providers-health-care-services/notifying-incident-or-other-matter-required-under-section-31. Alternatively go to the Ministry's home page and search for 'section 31'.

Who can I talk to?

If you have any queries or concerns, or just want to discuss this work programme, please feel free to contact Donna Gordon on (04) 496 2429 or via email donna_gordon@moh.govt.nz in the first instance.

Clinician's Corner

This section offers a senior clinician's view on how to support the prevention of PI. Thanks to Mandy Pagan for this issue's content.

Are your organisation's mattresses up to standard?

Pressure injury prevention strategies require financial support but make personal and economic sense compared with treating a pressure injury. In conjunction with pressure injury prevention, for people at risk, a standard mattress should be a high-specification reactive foam mattress. This mattress is designed to reduce pressure and distribute it more evenly over susceptible body surfaces, in this way reducing the development of pressure injuries. The mattress cover should be breathable, impermeable to fluids, fire retardant and preferably a two-way stretch material; vinyl-covered mattresses do not conform to body position and are not recommended.

In a 2015 intervention review, the Cochrane Collaboration Group analysed 53 randomised controlled and quasi-randomised trials comparing support surfaces for pressure injury prevention. It concluded that individuals at high risk of developing pressure injuries should be using a higher-specification foam mattress rather than a standard foam mattress.

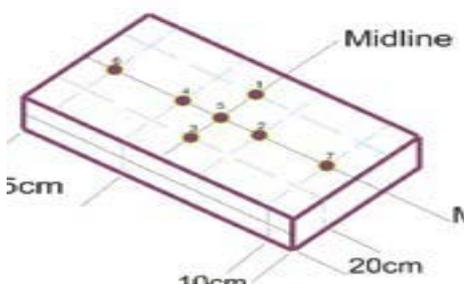
To ensure a mattress (including cover) performs as it should within the warranty period, record the purchase date on the mattress. Mattress fatigue or 'bottoming out' increases the risk of a person developing pressure injuries and contributes to their discomfort. It is recommended you schedule a regular audit of mattresses and replace those that are below standard as part of a maintenance programme. Although it is subjective because results vary with the strength of the tester, the hand compression test can be used to assess a mattress for fatigue, as shown below.

How to use the hand compression test to assess mattress fatigue

Adjust the height of the bed so that it is at the same level as the head of the tester's trochanter (hip).



Link hands to form a fist and then place them on the mattress. Keep elbows straight and lean forward, applying your full body weight onto the mattress.



Repeat the hand compression along seven sites as shown in the diagram. Note any variation in the density of the foam, including whether:

- you can feel the base of the bed through the foam, or
- less than 4.5 cm (1.8 inch) of foam is present between your fist and the base of the bed.

Classify the mattress as fatigued or 'bottoming out' if you find either of the above conditions.



The mattress cover should be clean and intact. Open zip covers to inspect the inside of the cover and foam mattress. Check for any staining, dampness or odour. If any of these are present, replace the mattress.

The cover 'tenting' on this mattress shows its fatigue. Additionally the cover is cracked, allowing blood and body fluid to pass into the foam mattress.

For consensus information on the minimum recommendations for a high-specification foam mattress, and on what to consider in choosing an appropriate support surface, refer to the Australian Wound Management Association's *Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury*.

Note: This article has been endorsed by the New Zealand Wound Care Society's Pressure Injury Advisory Group.

Mandy Pagan
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Research of interest: PIPM

As HealthCERT's established work programme for 2016 relates to pressure injury management, our research of interest this year will focus on this topic. The websites and publications below may be of interest to your service:

Websites

- International Wound Infection Institute: www.woundinfection-institute.com
- New Zealand Wound Care Society Inc: www.nzwcs.org.nz

Publications

- Australian Wound Management Association. 2012. *Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury*. Abridged Version. Osborne Park, WA: Cambridge Publishing.
- Hefele JG, Acevedo A, Nsiah-Jefferson L, et al. 2016. Choosing a nursing home: what do consumers want to know, and do preferences vary across race/ethnicity? *Health Services Research*. DOI: 10.1111/1475-6773.12457.
- Heule EJC, Goossens RHM, Mugge R, et al. 2007. Using an indentation measurement device to assess foam mattress quality. *Ostomy Wound Management* 53(11): 56–62.
- KPMG. 2015. *The case for investment in: A Quality Improvement Programme to Reduce Pressure Injuries in New Zealand*. URL: www.hqsc.govt.nz/assets/Pressure-Injuries/PR/KPMG-pressure-injury-report-Jan-2016.pdf.
- McInnes E, Jammali-Blasi A, Bell-Syer SEM, et al. 2015. Support surfaces for pressure ulcer prevention. *Cochrane Database of Systematic Reviews* Issue 9. Art. no.: CD001735. DOI: 10.1002/14651858.CD001735.pub5.
- National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. 2014. *Prevention and Treatment of Pressure Ulcers: Quick reference guide*. Perth: Cambridge Media.

- New Zealand Wound Care Society Inc. 2014. *Prevention and Treatment of Pressure Ulcers: Quick reference guide*: www.nzwcs.org.nz/images/International_PUG/Quick_Reference_Guide_DIGITAL-PPPIA-Jan2016.pdf.
 - Schapira MM, Shea JA, Duey KA, et al. 2016. The nursing home compare report card: perceptions of residents and caregivers regarding quality ratings and nursing home choice. *Health Services Research*. DOI: 10.1111/1475-6773.12458.
 - Soppi E, Lehtiö J, Saarinen H. 2015. An overview of polyurethane foams in higher specification foam mattresses. *Ostomy Wound Management* 61(2): 38–46.
 - Werner RM, Konetzka RT, Polsky D. 2016. Changes in consumer demand following public reporting of summary quality ratings: an evaluation in nursing homes. *Health Services Research*. DOI: 10.1111/1475-6773.12459.
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Operating matters

Designated Auditing Agency Handbook (NZS 8134:2008)

The Designated Auditing Agency Handbook is currently undergoing an annual review. Following the consultation round, the revised Handbook will be published on the Ministry of Health's website.

Sector matters

Health of Older People Strategy

A new Health of Older People (HOP) Strategy is under development, to follow the release of a new New Zealand Health Strategy.

The HOP Strategy development process is now in its co-design phase, involving a wide range of workshops, consumer and sector meetings to help draft a new HOP Strategy. The workshops are providing an opportunity for a vast range of providers, planners, funders, representative organisations and other stakeholders to suggest content and draft potential actions for the Strategy. You may have been involved in these workshops as residential and home care providers have been well represented at workshops around the country. The actions being developed at these workshops focus on priority areas that came out of a range of stakeholder workshops and meetings attended by over 1000 people last year. Those priorities sit within the broad themes of:

- healthy ageing
- quality acute care and rehabilitation that maximises recovery
- living well with long-term health conditions
- support for people with high and complex needs
- respectful end of life.

Across all themes are the questions of how to orient the system and services to be more people-powered, provide services closer to home, deliver value and high performance, and work as one team in a smart system.

Following the workshops, the Ministry of Health will collate and analyse all the information gathered, prioritise actions and identify how they align with the emerging New Zealand Health Strategy, the Positive Ageing Strategy, and other key strategies, action plans and work programmes. It will then develop a cohesive, comprehensive and forward-looking strategy for Ministerial and Cabinet approval and drive improvements for the next 10 to 15 years. There is also likely to be a public consultation process on a draft HOP Strategy in the middle of the year to gain wider public views before it is finalised.

If you are unable to attend workshops, or have anything further to contribute, the Ministry of Health is inviting people to make suggestions for HOP Strategy content by emailing HOPStrategy@moh.govt.nz.

Secure Dementia Unit Design Guide

The Ministry's project to develop a national guideline for the design of residential secure dementia units is moving into the final stages. The purpose of the project is to provide a resource for HealthCERT, dementia service providers and district health boards in the design of residential secure dementia units.

The objectives of the project are to:

- improve the lives of people with dementia by developing secure units that are dementia friendly
- agree design principles that are evidenced based, including principles to guide the size of the unit
- implement a nationally consistent approach to the design of secure dementia units.

It is intended that the Secure Dementia Unit Design Guide will apply only to all new built dementia units and to all reconfigured services when secure dementia units increase their capacity.

So far in the development process:

- the project team from Auckland University, led by Dr Michal Boyd, has completed a thorough literature review and developed a background document, which was distributed widely
- the initial consultation about the need for and the content of the Guidelines was completed in November and December 2015. The final meeting was a hui held at Manawanui Marae in Pt Chevalier, Auckland.

Over 150 people from across New Zealand representing key stakeholders participated in the consultation meetings. A draft Guideline has been prepared, combining research with the consultation feedback.

The draft Guideline is currently out for national consultation (electronic) with feedback due 26 April. Any queries contact Anne Foley on anne_foley@moh.govt.nz. The Guidelines will then be revised based on the comment received.

It is expected that the Guidelines, when finalised, will encourage both good discussion about design for new secure dementia units, and early discussions with the funders and HealthCERT on plans to build.

New food law for health care providers

On 1 March 2016 the law around food safety changes. The new law applies to anyone who provides food as part of a service. So whether you're running a residential care facility or a hospital, you need to know how it applies to you.

As health care providers, your number one priority is looking after those in your care. You probably don't see food as a key part of your business. But those you care for rely on you to make sure the food they eat is safe – and the new law is designed to help you do that.

What the new law means for care homes and hospitals

Those who cook or prepare food for people in their care need to use a written food control plan. The plan helps you to identify and manage food safety risks on a day-to-day basis, and gives you peace of mind that you're doing everything you need to.

Hospitals and rest homes don't need to write a plan from scratch themselves: instead you can use a template developed by the Ministry for Primary Industries (MPI). Templates make creating your plan easy. They help you keep the records you need in one place, and easily demonstrate how you make safe food. However, if you would like more flexibility, you can of course create your own plan (called a custom food control plan).

The new law is all about risk. It helps businesses manage risk in a way that works for their particular approach to providing food. If what you do is lower risk, like serving food packaged by another business, you won't need a written plan. You'll register under a 'national programme', which involves getting checked but has fewer requirements.

What you need to do

All health providers that make, serve or sell food need to register. Most will register with their local council, but those operating in different parts of the country have the option of registering with MPI. If you use a custom plan, you'll need to register that with MPI.

The Food Act 2014 applies from 1 March this year. Anyone opening a new business on or after that date must register before they start serving food. However, existing businesses have longer to make changes.

Existing services should check the 'transition timetable' on the MPI website to find out when they need to act.

- Those who make food and have an alcohol licence need to apply to register their food control plan no later than 31 March 2017.
- Those who make food and don't have an alcohol licence have until 31 March 2018.
- If you're already using a written plan, in the form of a food safety programme, your food control plan should be quite similar to the one you're now required to produce. You have until 30 November 2019 to update your plan.

Find out more

Resources to help you with the new law are on the MPI website. Visit www.mpi.govt.nz/foodact.

The website includes the following useful resources.

- Follow [steps to a template food control plan](#) to find out how to create and register your plan.
- Download your [templates](#).
- Check the [transition timetable](#) to find out when your business needs to make changes.
- If you are unsure about what type of regulation applies to your business, start with [Where do I fit?](#)

Ministry for Primary Industries

Notes on Injectable Drugs (NOIDs)

The New Zealand Hospital Pharmacists' Association (NZHPA) has produced and regularly updated Notes on Injectable Drugs (NOIDs) since 1987. The seventh edition has just been released. It is a resource aimed primarily at nurses to help them prepare and administer parenteral medicines. A widely used resource within secondary care, it can be found in most medication rooms within New Zealand public (and some private) hospitals. Many nurses use it daily for information on the most appropriate route, dose, strength, diluent and infusion fluids, volumes, rates of administration and monitoring.

The strengths of NOIDs are that it:

- brings together and validates a range of information about medicines that is not found in any other single source
- makes this information clearly and easily accessible at the point of preparing and administering medicines
- provides information relevant to the products available in New Zealand (reducing the reliance on information from international sources that may not be appropriate for the products available here)
- has been produced by New Zealand health care professionals (specialist hospital pharmacists) for New Zealand health care professionals (primarily nurses and other pharmacists).

It is available in:

- spiral bound softback at \$175 per copy, including GST and postage and packaging
- an electronic (pdf) version (\$1,250 including GST for all monographs) with bulk purchases (20 copies or more) of the paperback edition.

With the increasing emphasis on shifting care from secondary care closer to the patient, the NZPHA believes that this resource could be of significant benefit to staff working in primary care.

New Zealand Hospital Pharmacists' Association