HealthCERT Bulletin

Information for Designated Auditing Agencies

Issue 4 **June 2011**

http://www.moh.govt.nz/certification

Welcome to the June 2011 edition of the HealthCERT team's quarterly designated auditing agency (DAA) bulletin. This edition focuses on the topics covered at the DAA workshop held on 1 June and recent HealthCERT process and website updates.

In this issue

Making the linkages – the essential elements of health care auditing

What are the essential elements in an effective onsite audit? This was a question participants at the June workshop explored as they worked in groups to develop the approach and methods appropriate to different audit scenarios. Below is a summary of the important points from HealthCERT in relation to the importance of having an appropriately skilled team, good planning, being outcomes focused and tracer methodology..

Planning and the audit team

- Auditors need appropriate knowledge and skills to audit. They should not undertake audits that they are not competent to perform.
- The audit timetable (audit plan) informs the auditee's of the arrangements for an audit. A timetable needs to be flexible enough to permit changes once an audit is underway and circumstances suggest a change of course is appropriate.
- Be clear about your roles and responsibilities and specific tasks. Timetable regular meetings to follow up and, where required, reallocate responsibilities and resources during the audit.

- Understand the organisation you are auditing (including issues specific to the service type and any service changes) when you are determining the appropriate sample size and methods.

Have an outcomes focus

- Focus on the effectiveness and outcomes of the service. (Does it work?)
- **Processes** are the way something is undertaken in order to produce results. However, although it can be easier to focus on the way something is done (the process), it is the **results** or **outcomes** that are key. When searching for the outcomes, bear in mind that:
  - staff are process experts
  - consumers experience the outcomes of the processes so they are central to the assessment of quality of the service.
- Seek objective evidence. The depth of the evidence that is required depends on the level of importance and risk of the audited activity.

Tracer methodology

- Enables auditors to examine and link care experiences throughout entire organisation
- Interested in "complex" care. Because complex care recipients receive more services, these tracers allow for more access to all parts of the organisation
- Involve as many people as possible related to the tracer
- Include more than one tracer example and use these to look for trends
- Ask staff to show you data, policies and procedures that relates to the individual
- Focus on staff members, not management. Ask open-ended questions
- Use findings to reinforce good practice as well as non-compliance
- Take good field notes
- Summarise/validate findings
- Provide feedback

Evaluation of the DAA workshops and the HealthCERT Bulletin

The 23 workshop participants completed a written evaluation of the workshops and this HealthCERT Bulletin. Overall the results showed that:

- 70% agreed the 1 June session was useful (comments indicated that the information was useful, as well as that it was helpful to hear others' experiences and get feedback from the group and HealthCERT)
- 65% agreed the workshops are generally useful (comments were that they are a good opportunity to network and clarify issues)
- 61% agreed the current frequency of the workshops is appropriate
- 78% agreed the Bulletin is useful (a view reiterated in the comments).

Some participants also provided comments about possible improvements and topics for consideration in future workshops. These comments will add value to the planning for and content of the next workshop scheduled for 1 December 2011.

Consent for use of enablers

A number of people have been asking about consent for use of enablers. The following advice on this topic comes from Dr Cordelia Thomas, Acting Chief Legal Advisor at the Office of the Health and Disability Commissioner

Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

19 April 2011

Marion McLauchlan
Manager (Acting)
Clinical Leadership Protection and Regulation
Ministry of Health

Email: Marion_McLauchlan@moh.govt.nz

Dear Marion

Enquiry: **Consent for use of enablers**
Our ref: **E11/01501**

Thank you for your emails of 13 April 2011 regarding consent for use of "enablers". You enquired about the circumstances under which an attorney appointed under an enduring power of attorney might be permitted to give consent for the use of an enabler.

Background
As stated in the Standards, both enablers and restraint limit the normal freedom of movement of the consumer. It is not the nature of the equipment, device or furniture that determines whether or not it is an enabler or restraint but, rather, the intention of the intervention. Where the intent is to promote independence, comfort and safety and the intervention is "voluntary" this may constitute an enabler. In addition, the use of enablers should be the least restrictive option to safely meet the needs of the consumer.

Are lap bands enablers?
Independence, comfort and safety
In order for a form of restraint to be an enabler it must be intended to promote the independence, comfort and safety of the patient. If the intention of using a lap band is to enable the person to safely remain in their dining room chair while they eat their food, the lap band may amount to an enabler. However, whether this is the least restrictive approach should be assessed and justified as, for example, a care assistant attending to the patient at mealtimes to encourage and assist them to eat and/or feed themselves may be more effective and less restrictive. In addition if the period of time it was used exceeds the minimum necessary this would point to the lap band being used as a restraint rather than an enabler.

P O Box 11934, Wellington 6142, Level 11, TechnologyOne House, 86 Victoria Street, Wellington 6011, New Zealand
Ph: 04 494 7900 Fax: 04 494 7901, Toll Free Ph: 0800 11 22 33, www.hdc.org.nz

Voluntary

With regard to the requirement that the use of an enabler is "voluntary" the next issue is whether, if an enduring power of attorney (EPOA) consents to have an enabler on behalf of an incompetent person, that decision remains "voluntary".

Section 98A(2) of the PPPR Act provides that the paramount consideration of the attorney is to promote and protect the welfare and best interests of the donor, while seeking at all times to encourage the donor to develop and exercise his or her capacity to make and communicate decisions. However section 98(5) provides that "any action taken by the attorney in relation to the donor's personal care and welfare shall have the same effect as it would have had as if it had been taken by the donor and the donor had had full capacity to take it". Accordingly, as a person is able to make a voluntary decision to have an enabler while competent, it is likely that an EPOA can do so on their behalf once they are incompetent.

Informed consent

Before making that decision, the EPOA must be given the information that a reasonable consumer in that consumer's circumstances needs to make an informed choice or give informed consent. The information required includes an explanation of the options available, including an assessment of the expected risks, side effects, benefits and costs of each option, in order to make an informed decision.

In my view, a reasonable EPOA in this situation would wish to know:

- the purpose of the enabler,
- a justification of why it is considered to be the least restrictive approach,
- the steps that have been taken to ensure that other options have been considered and trialled,
- an explanation of how its use would promote the patient's independence, comfort and safety,
- the length of time it would be used each day.

Recordkeeping

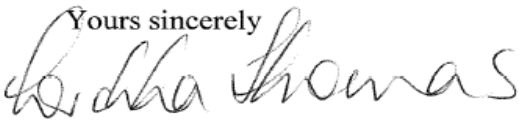
The information provided to the EPOA should be recorded, as well as a record maintained of the time periods the enabler is used for this patient.

Standard

As discussed, as there appears to be a blurred line between restraint and enablers, it would be helpful if the standard was clarified to deal with the use of equipment such as lap bands. In particular the standard should specify that they should only be used for the specified purpose and not be used for any longer than necessary.

I trust this is of assistance.

Yours sincerely



Dr Cordelia Thomas
Acting Chief Legal Advisor

HDC

Applying for designation

The process of applying for designated auditing agency status has been updated. Please click on this link to review the process for new applications for designation and redesignation:

http://www.moh.govt.nz/moh.nsf/indexmh/certification-designationofauditingagencies

Updated audit templates

Updated audit report templates are now available for downloading from the HealthCERT website. The updated templates are versions Aged Residential Care (ARC) 1.1 and 3.54.

The updates include fixes for known issues. For example, when a separate copy of a report is generated (the button on page 3), the copy will now contain the continuous improvement (CI) report. It will also include any criteria that have a value for the attainment OR a value for the finding, meaning that the pre-onsite audit reports can be generated without setting the attainment field.

The previous versions of the audit report templates, ARC 1.0 and 3.53, will still be accepted by the HealthCERT system for the time being. But we will look to restrict the older versions in a few months, once all audits currently in progress have come in.

Please remember to enable the macros in Microsoft Word when working with the audit report templates.

Updated list of certified provider premises

Along with aged care premises, all hospital (DHB and private) premises are now listed on the HealthCERT website. The information listed for each certified provider covers premise name, service type, provider name, DHB, DAA and certification period. Summary reports for aged care providers are also published. Community residential disability houses, however, are not listed.

Please click on this link to see the list:
http://cert.moh.govt.nz/certification/review.nsf/default?OpenForm

Medicines Care Guides for Residential Aged Care

The *Medicines Care Guides* are designed for managers, nurses, health care assistants, and other health professionals who work in residential aged care facilities. As well as detailing procedures for managing and storing medicines, keeping records and dealing with adverse reactions, the guides provide a quick clinical reference for common conditions and topics encountered in the care of older people.

The *Medicines Care Guides* have been sent to all DAAs, providers and District Health Board portfolio managers.

The *Medicines Care Guides* are also available on the Ministry of Health's website:
http://www.moh.govt.nz/moh.nsf/indexmh/medicines-care-guides-for-residential-aged-care

Correction regarding electrical testing requirements – who can carry out electrical testing?

The intent of the information regarding who can carry out electrical testing was changed through the editing process in the last Bulletin and not picked up by HealthCERT.

The April Bulletin stated:

'A registered electrical inspector must undertake all testing in accordance with Australian and New Zealand Standard AS/NZS 3760 or, for medical equipment, AS/NZS 3551.'

However, the Standard AS/NZS 3760 states that :

'The operation, maintenance and testing of electrical systems and equipment should be carried out only by those persons who are competent for the particular class of work.'

2011 DAA Handbook coming soon …

The consultation period closed on 10 June. An evaluation report of the feedback received will be available by 5 July 2011. This report will outline any changes made to the DAA Handbook as a result of the consultation and will provide the date on which the 2011 version of the DAA Handbook will come into effect.