MINISTRY OF HEALTH
MANATŪ HAUORA

HealthCERT

HealthCERT Bulletin

Information for the sector

Issue 20 – November 2017
ISSN 2423-0523

New Zealand Government

Welcome to this edition. Pressure Injury Prevention and Management (PIPM) remains our focus for the year.

Providers: Continue to complete s31s for pressure injuries at stage 3 and above.

DAAs: Audit reporting of PIPM will end 31 December 2017.

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

As the previous bulletin outlined, the PIPM work is continuing, and again we thank you for your ongoing support. Please contact: donna_gordon@moh.govt.nz.

STOP Pressure Injury Day: 16 November 2017

The New Zealand Wound Care Society invites you to take part in this year's World Wide Stop Pressure Injury Day on 16 November 2017. The aim of the day is to raise awareness of pressure injuries and how to prevent them.

The Ministry of Health, Accident Compensation Commission, and Health Quality and Safety Commission support the New Zealand Wound Care Society to promote pressure injury prevention and Stop Pressure Injury Day.

A number of activities are planned around the country, ranging from hospital displays (Bay of Plenty, Manawatu, Taranaki, Nelson/Marlborough and Invercargill), education evenings (Hawke's Bay, Wellington and Canterbury) and a dedicated study day (Auckland).

Stay connected with updates and resources via the New Zealand Wound Care Society's website, https://nzwcs.org.nz/resources/stop-pi-day, and let's get involved in stopping pressure injuries.

Presbyterian Support Southland

In June 2016 Presbyterian Support Southland (PSS) Enliven undertook a quality initiative relating to pressure injury prevention and management. We are all aware that pressure injury (PI) has a significant impact on an individual's quality of life, causing pain and loss of function and mobility. Research suggests that 95% of pressure injuries are preventable and that they cause patients long term pain and distress.

A PIPM strategy was developed, which included goals to:

1. identify 'at risk' patients and the specific factors placing them at risk
2. protect against the adverse effects of external mechanical forces (pressure, friction and shear)
3. provide an environment conducive to healing
4. maintain ongoing education of health professionals/carers/support staff/patient/family in the prevention and treatment of pressure injuries/ulcers. All carers will complete Unit Standard 28737 as part of the integrated Orientation Programme
5. support the Ministry of Health: Pressure Injury Prevention and Management Work Programme 2016.

PSS Enliven includes the following residential facilities: Peacehaven Village (Invercargill), Vickery Court (Invercargill), Walmsley House (Invercargill), Resthaven Village (Gore) and Frankton Court Cottages (Frankton, Queenstown).

The Vickery Court Story

Vickery Court is a residential facility that provides rest home, hospital, short- and long-term stay, respite and carer support, and palliative care to 88 residents.

On admission, Vickery Court identifies 'at-risk' residents and the specific factors placing them at risk. All residents have a Braden assessment within eight hours of admission. Simple steps to prevent pressure ulcers, such as SSKIN assessments, are completed for all admissions and transfers into the facility. To protect against the adverse effects of external mechanical forces such as pressure, friction and shear, several quality improvement initiatives have been implemented and are monitored. For example, staff monitor residents with skin conditions and promote activity, mobility, regular toileting and the timely change of incontinence products. Pressure injury prevention equipment is issued immediately for at-risk residents. These include constant low-pressure devices such as gel-filled pads, foam wedges/pillows, overlays, mattresses and alternating pressure devices.

All staff complete wound care training, and pressure injury prevention and management training. Pressure injury prevention is discussed at nurses' weekly meetings and shift handovers. As a result of this initiative, Vickery Court has maintained 18 months without a facility-acquired pressure injury.

ACC – Implementing the 'Guiding Principles for Pressure Injury Prevention and Management in NZ'

The Guiding Principles for Pressure Injury Prevention and Management in NZ (the Guide) was launched at the Wound Care Society Conference in May 2017 and is available here: https://acc.co.nz/assets/provider/acc7758-pressure-injury-prevention.pdf.

ACC is partnering with five DHBs in a phased approach to implement a pressure injury prevention and management programme, using the Guide as the foundation for the work. ACC expects that these projects will develop or build on existing pressure injury work to reduce pressure injuries across all provider types (ARC, community, in-hospital). ACC are working with Counties Manukau DHB, Capital and Coast DHB, Canterbury and West Coast DHBs, and Southern DHB.

If you are in these catchment areas please contact the relevant DHBs to get involved in the programme.

ACC is undertaking further pressure injury prevention activities. If you have any questions please get in touch pressureinjuryprevention@acc.co.nz.

Who can I talk to?

If you have any queries or concerns about PIPM or just want to discuss this work programme, please feel free to contact Donna Gordon by phoning (04) 496 2429 or emailing donna_gordon@moh.govt.nz.

HealthCERT: Our story so far

As you know, the HealthCERT PIPM work programme commenced in January 2016. This involved the collection of two pieces of data.

- Aged residential care providers were asked to complete a section 31 notification for all pressure injuries Grade 3 and above.
- Auditing agencies were asked to gather specific information about aged residential care providers.

During the period 1 January 2016 to 8 June 2017 HealthCERT received 674 section 31 notifications from aged residential care providers across New Zealand. The table below shows a breakdown of the stage of the injuries reported.

Stage of injury	Number reported
Stage 2	04
Stage 3	346
Stage 4	78
Unstageable	162
Suspected deep tissue	33
Stage not reported	51

The information gathered during audit is currently being analysed.

Changes to the PIPM Work Programme in ARRC: 1 January 2018

HealthCERT will be looking to conclude the collection of PIPM information during audit at the end of this year (ie 31 December 2017). The auditors will not be required to undertake specific tracers on residents with pressure injuries. This change will allow auditors to look to residents with other complex health needs when considering tracer methods.

Aged residential care providers are requested to continue reporting Stage 3 and above pressure injuries on the prescribed section 31 notification form.

Again, thank you for your support of this important work programme. If you have any queries please do not hesitate to contact Donna Gordon (donna_gordon@moh.govt.nz).

Research of interest: PIPM

The research articles in this edition will focus on the cost of pressure injuries, including financial, social and emotional.

Chan B, et al. 2013. Net costs of hospital-acquired and pre-admission PUs among older people hospitalised in Ontario. *Journal of Wound Care* 22(7): 341–342, 344–346. URL: https://ncbi.nlm.nih.gov/pubmed/24159655

Demarre L, et al. 2015. The cost of prevention and treatment of pressure ulcers: A systematic review. *Int J Nurs Stud* 52(11): 1754–1774. URL: https:// ncbi.nlm.nih.gov/pubmed/26231383

Lala D, et al. 2014. Impact of pressure ulcers on individuals living with a spinal cord injury. *Archives of Physical Medicine & Rehabilitation* 95(12): 2312–2319. URL: https://ncbi.nlm.nih.gov/pubmed/25168376

Lewis H, et al. 2017. Estimated reduction in expenditure on hospital-acquired pressure injuries after an intervention for early identification and treatment. *New Zealand Medical Journal* 130(1461): 42–46. URL: https://ncbi.nlm.nih.gov/pubmed/28859065

Lourenco L, et al. 2014. Quality of life and self-esteem in patients with paraplegia and pressure ulcers: a controlled cross-sectional study. *Journal of Wound Care* 23(6): 331–334, 336–337. URL: https://ncbi.nlm.nih.gov/pubmed/24920204

Marsden G, et al. 2015. A cost-effectiveness analysis of two different repositioning strategies for the prevention of pressure ulcers. *J Adv Nurs* 71(12): 2879–2885. URL: https://ncbi.nlm.nih.gov/pubmed/26310968

Nguyen KH, et al. 2015. Pressure injury in Australian public hospitals: a cost-of-illness study. *Australian Health Review* 39(3): 329–336. URL: https://ncbi.nlm.nih.gov/pubmed/25725696

Sebba Tosta de Souza DM, et al. 2015. Health-Related Quality of Life in Elderly Patients With Pressure Ulcers in Different Care Settings. *Journal of Wound, Ostomy, & Continence Nursing* 42(4): 352–359. URL: https://ncbi.nlm.nih.gov/pubmed/26135820

Whitty JA, et al. 2017. The cost-effectiveness of a patient centred pressure ulcer prevention care bundle: Findings from the INTACT cluster randomised trial. *Int J Nurs Stud* 75: 35–42. URL: https://linkinghub.elsevier.com/retrieve/pii/S0020-7489(17)30139-6

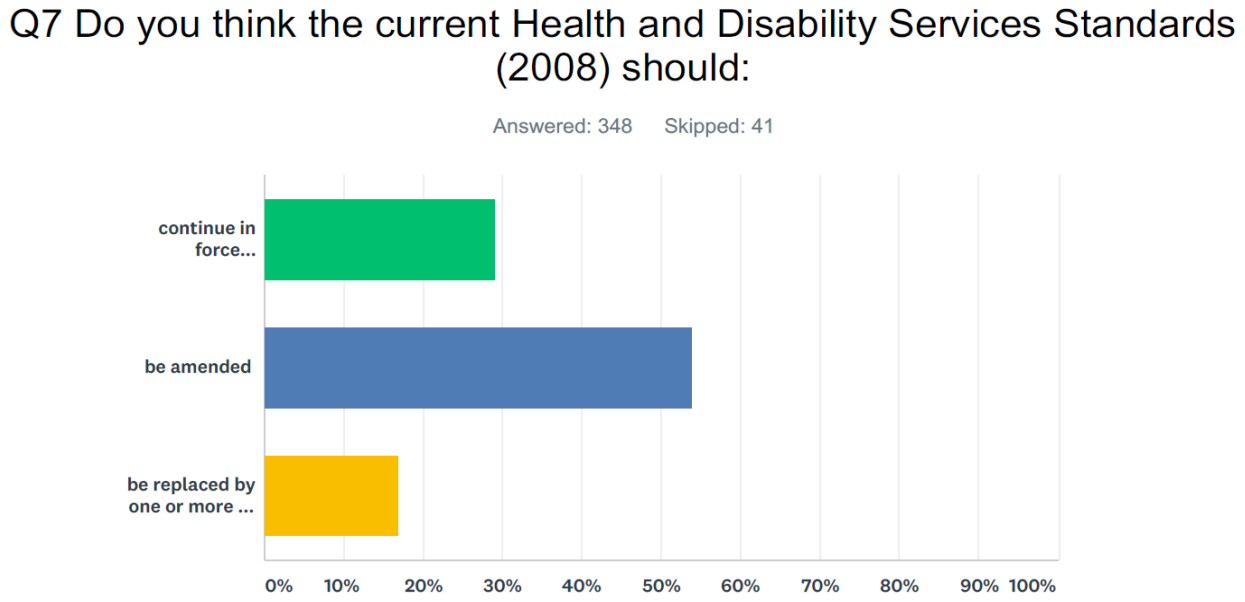
Operating matters

Health and Disability Services Standards review

As outlined in our previous bulletin, section 24 of the Health and Disability Services (Safety) Act 2001 (the Act) requires a review of the Health and Disability Services Standards at least once every four years.

Between 19 June and 25 August a wide range of stakeholders were invited to provide feedback via Survey Monkey. They were asked if they thought the standards should continue in force, be amended, or be replaced by one or more standards.

389 responses were received, with the majority of respondents – 252 – reporting that they represented either a healthcare provider or an employee of a healthcare provider. When asked if the current Health and Disability Services Standards (2008) should continue in force, be amended, or be replaced by one or more standards, 247 respondents indicated the standards should either be amended or replaced. You will see in the graph below that 41 respondents did not answer this question.



In addition to this high level of feedback, there were other significant comments made by respondents. We are now in the process of considering this feedback. Furthermore as you may know, fertility service providers are certified under the Act, and the Fertility Services standard has been undergoing a parallel consultation process. The consultation period for this standard ended 29 September and we will look to include this feedback in any future planning.

We will keep you updated of our work as it progresses.

Exemplars of dementia design

There are two more exemplars up on the Ministry of Health's website: http://health.govt.nz/our-work/life-stages/health-older-people/exemplars-dementia-design.

Please go online and view the exemplars submitted by Brooklands Rest Home and Memory Care, New Plymouth and Summerset by the Ranges, Memory Care Centre, Levin.

Remember – providers are invited to submit examples of good design that support the principles included in the resource Secure Dementia Care Home Design. Exemplars on the website are reviewed regularly, and providers are invited to submit exemplars for consideration and inclusion on the website any time. The Advisory Panel will meet to consider new applications several times a year.

Examples can be sent to Certification@moh.govt.nz.

Home and community support sector services: an overview

As you will now be aware there is an Oversight Committee that supports the certification framework of funded home and community support service providers. This committee was formed in 2015.

During 2016 and 2017 two major pieces of work were undertaken. A brief overview of each follows.

1. *Auditing Requirements: Home and community support sector Standard NZS 8158:2012* has been reviewed. This is the first substantive review of the document since its inception in 2012. The review process has identified aspects of the certification process that stakeholders were interested in further exploring, such as a risk-based approach when deciding periods of certification, the role of the Independent Assessment Committee and sampling methods. These aspects have been acknowledged in the preface of the reviewed document and will require collaboration with the sector as they are considered. The document can be found on the Ministry's website: http://health.govt.nz/publication/auditing-requirements-home-and-community-support-sector-standard-nzs-81582012.

2. Home and Community Support Service audit reports are now being processed through the Provider Regulation Management System (PRMS). While you may not have noticed a significant difference, HealthCERT has developed an audit template that is compatible with PRMS, and your *Conformity Assessment Body* has been working closely with us to submit completed reports to the database. In the next 12–18 months we will be able to extract data from the submitted audit reports to showcase sector trends and outcomes.

So what will 2018 bring? Now that the audit reports are being submitted to PRMS, we will look into the feasibility of publishing. It is acknowledged that this was discussed with the sector some time ago and it is our intention to consult with you again about how much of the audit report should be published.

You may also be aware that there has been work undertaken on the development of medication guidelines for the home and community sector. A working group has been formed comprising funder and provider representatives who are working through a national consultation process. We will keep you updated as this work progresses.

Residential disability services

It has come to our attention that there have been inconsistencies in the audit approach regarding the requirement of small residential homes to have visible fire evacuation plans. HealthCERT and Disability Support Services have agreed that in homes of less than 10 residents a fire evacuation plan is not necessarily required to be visible. The rationale for this is that these smaller premises are homes. This does not preclude the requirement for a provider to

have individual evacuation procedures for such residences and to have planned trial evacuations at regular intervals.

Update of HealthCERT forms and website information

The format and content of some of HealthCERT's forms will change in the near future. The forms are being updated so that HealthCERT gets the information it needs to make decisions and process applications and notifications.

The information for providers is also being updated on the Ministry website. This will clarify for providers which forms they should use and when they should contact HealthCERT.

Sector matters

Ministry for Primary Industries: The Food Act as it applies to rest homes

Changes to the Food Act 2014 apply this year to rest homes and aged care facilities that prepare meals for patients, or Meals on Wheels intended to be eaten that day. If you prepare and serve meals, you need to register under the Food Act before 31 March 2018.

What's the Food Act about?

The new Act improves food safety and makes it easier for business by focusing on how you make food safe, rather than the kitchen where food is made.

The Act also takes risk based approach to food safety. For example, a hospital cooking Meals on Wheels would fit under a different plan to one just reheating meals prepared by someone else.

Businesses with higher food safety risks will need to have a food control plan (FCP). This is a written plan for managing food safety on a day-to-day basis. The plan can be either a template FCP (a step-by-step guide that MPI has created for you to use) or a custom FCP that the business needs to develop to show how they keep food safe using their own processes.

Businesses with medium and low food safety risks can follow a national programme. If you're under a national programme, you don't need a written plan or to develop written procedures, but you must register, meet food safety rules, keep records and become verified.

There is an overview of the Act on the MPI website.

Where do rest homes fit?

Here are some examples of how the Food Act applies to rest homes and hospitals:

Meals on Wheels – stored (e.g. frozen) for delivery on request or purchase	Custom FCP
Hospitals (large and small) **Meals on Wheels** – direct to communities	Custom FCP or template FCP

Rest home (breakfast, lunch, dinner) made in rest home kitchen Central kitchen with distribution network [Refer to National Programme 3 below for satellite kitchens]	
Reheating meals and satellite kitchens	National Programme 3
Volunteer carers making meals in private homes (overseen by social services)	Keep making safe and suitable food (no requirement to be registered and verified)
Residential and/or home care (e.g. where residents prepare meals or have help preparing meals).	**Act doesn't apply**

If you use external caterers they will need to register under the relevant plan or programme.

The Ministry of Primary Industry's (MPI) online Where Do I Fit tool is a great place to find out which plan or programme you should register under, or whether you need to register at all.

What do you need to do: Custom FCP

Once you've written your plan it will need to be evaluated and submitted to MPI as a custom FCP. You then register your plan with MPI.

Template FCP or National Programme

If all of your locations are in one council area, register with your local council.

If your locations are in more than one council area you can either:

- register each place separately with each local council
- register them all together with MPI.

When do you need to do it?

Before 31 March 2018.

Get checked

You will be verified by either your local council or a third party verifier within a year of registering your plan or programme. If all is going well, FCPs will be verified every 18 months and national programme 3 will be verified every two years after the first verification. Both can be verified more frequently if there's a problem.

Rest homes are also audited by the Ministry of Health on a regular basis. MPI and MOH are working together to find a way to reduce the audit/verification load.

Template FCPs are checked by the local council.

Custom FCPs, National Programmes or MPI-registered businesses are checked by third party verifiers. There are some councils that can also verify national programmes.

There's a register of verifiers and an interactive map of verifiers on the MPI website: https://mpi.govt.nz/food-safety/.

Further information

If you have any questions or concerns get in touch with your local council or email MPI at info@mpi.govt.nz.

Attend an MPI/council Food Act workshop.

Read about the Food Act.

Nurse Practitioner Intern

HealthCERT were asked if Nurse Practitioner Interns could independently carry out examinations and/or review residents (as defined in the Age Related Residential Care Services Agreement), and then have a General Practitioner sign off the resulting assessments and write the prescriptions. It is the Ministry's view that, based on the information provided, this arrangement seems to breach clause D16.5 of the Age Related Residential Care Services Agreement.

Te Hokinga ā Wairua – End of Life Service

A new service provides expert, trusted and accessible information to help guide people facing the loss of a loved one. The website also allows people to record their preferences ahead of time to make it easier on those they will leave behind.

Te Hokinga ā Wairua – End of Life Service was launched in July. It provides people with information about their options and requirements over the first days, weeks and months following a death.

To find out more about this service, visit https://endoflife.services.govt.nz.

This is the second service designed around significant events in the lives of New Zealanders. The first service, SmartStart, is designed to help new and expectant parents.

Health Quality Safety Commission – Let's talk: our communities, our health (Te Papa, Wellington, 8–9 March 2018)

Topics of discussion:

- How can we all improve the quality and safety of our health system?
- What does it really mean to co-design health services?
- How are patients, consumers, families and whānau actively involved in decision-making about health services, and does it make a difference?
- Communication and health: how are we doing in New Zealand?

We are excited to present to you the first draft of this dynamic and interactive programme! Both days will be a blend of keynote speakers, concurrent sessions and workshops.

Keynote speakers include:

- Dr Lance O'Sullivan, general practitioner, community leader, author
- Jake Bailey, author and young cancer survivor
- Dr Lynne Maher, director of innovation, nurse leader, co-designer
- Te Rina Ruru (Ngāti Kahu Ki Whaingaroa, Te Aitanga-a-Māhaki), consumer champion
- Janine Shepherd, Australian author, aerobatics pilot and former cross-country skier.

Don’t miss out on the early bird registration rates!

	Early bird registration	General registration
Two days	$210	$350
One day	$140	$210

All prices exclude GST. Find the draft programme, speaker bios, event flyer and the link to register on the Commission’s website via the following link: https://www.hqsc.govt.nz/our-programmes/partners-in-care/news-and-events/event/3018/.

Websites of interest

Accident Compensation Corporation: www.acc.co.nz

Health Quality & Safety Commission: www.hqsc.govt.nz

interRAI: www.interrai.co.nz

Ministry for Primary Industries: www.mpi.govt.nz/news-and-resources/consultations/have-your-say-about-food-safety-rules

New Zealand Wound Care Society Inc: www.nzwcs.org.nz

Nursing Council of New Zealand: www.nursingcouncil.org.nz

Te Pou o te Whakaaro Nui: Real language, real hope https://www.tepou.co.nz/resources/real-language-real-hope/790

Good news stories

In this popular section of our bulletin, you will find a story from a residential disability service.

PACT Group

PACT was recently audited for certification audit and received four years’ certification, as well as being awarded three continuous improvements. One of the continuous improvements related to PACT’s mental health supported accommodation services and, more specifically, the appointment by the Southern DHB of a nurse practitioner role to act as the responsible clinician for the majority of PACT’s mental health supported accommodation clients.

Clients who access PACT services are supported by the organisation through a predominately non-clinical workforce with clinical oversight, and clients of the services are managed by a case manager and a psychiatrist from the Southern DHB.

A few years ago, PACT and Southern DHB nursing executives recognised the potential benefits of appointing a nurse practitioner to replace the mix of case managers and responsible clinicians. At the time, PACT services had to manage and maintain a working relationship with up to 15 case managers and psychiatrists, which created issues and challenges around the sharing of information and consistency of treatment plans, including discharge planning and staff support.

It was recognised that most clinicians were doing excellent work; however, duplication and variation across the clients' continuum of care were problematic at times.

The two organisations began working on securing the services of a nurse practitioner and employed Mark Baldwin in a nurse practitioner role to specifically work with the PACT housing and recovery client group.

Mark's everyday nurse practitioner role involves building individual and collective capacity within Pact services to support clients and responding to clients' needs from a clinical perspective. This has involved attending Pact staff meetings to discuss clients' needs, getting a clear understanding of the team's capacity to implement interventions, getting immediate feedback on effectiveness of interventions and how these have been implemented on the frontline, and being available at short notice and visible within services on a daily basis. Through his role, he also gets a clear understanding of the team dynamics and can directly explain the results of interventions.

Mark is employed by the DHB but is also a member of the PACT staff team and has full access to Pact's comprehensive client management system and emails – including client notes, goals, outcomes and incidents – all resulting in a highly transparent and inclusive approach to clinical and front line support for the benefits of the clients.

The benefits of having the nurse practitioner role in place include:

- having comprehensive transition information and relapse plans prior to discharge from inpatient wards; increased note sharing and less duplication of work; having a single responsible clinician; and having a client-centred approach that created less risk and more responsive services
- having a nurse practitioner role fundamentally shifts the responsiveness of the clinical component of the support the client receives. Removing the intermediary case manager and psychiatrist roles from the care structure, the nurse practitioner role provides clinical guidance, input and oversight from within. The feedback from clients has also been really positive, noting that their responsible clinician was much more approachable and had a better understanding of their needs.

This is a much more transparent and inclusive decision-making model, where the clinician is invested and responsible for the outcomes of his decisions to both the clients and the staff group on a day-to-day basis.

From an organisational perspective, PACT staff have gained knowledge and the ability to better support clients, with immediate access to clinical information and comprehensive client-centred training and support.

This practice complies with a whole-of-systems approach to integrated service models and offers improved outcomes for the client group.