



### Welcome to the June bulletin

Welcome to the June issue of HealthCERT Bulletin for 2022. The year got off to a great start with the rollout of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (Ngā Paerewa) and the addition of new members to the HealthCERT team. Since the last edition, advisor Remay Labrador has joined the team – please see her biography in the operating matters section.

The implementation of Ngā Paerewa is quickly becoming our new normal despite some facilities having to request audit deferments due to the COVID-19 outbreak.

The series of sector-specific presentations to help health and disability services to continue to prepare for Ngā Paerewa audits is still available, as is an eLearning module on Te Tiriti o Waitangi. This issue includes results from surveys about Ngā Paerewa pilot audits, and additionally, now that everyone is working with Ngā Paerewa, please take some time to complete our post-implementation survey by following the link on page 2.

HealthCERT has been receiving a lot of reconfiguration requests. These are an important way of letting us know in advance about changes or updates to services so that we can assess if a provider needs a partial provisional audit. See the operating matters section for a reminder of when we need reconfiguration requests and what information we require.

HealthCERT greatly appreciates the mahi everyone continues to put into the quality and safety of health and disability services provided to people in Aotearoa.

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

Ngā Paerewa Health and Disability Services Standard NZS 8134: 2021 (Ngā Paerewa) went live on 28 February 2022.

The HealthCERT team's implementation programme continues to focus on supporting the health and disability sector to learn and understand the changes in Ngā Paerewa and have resources and tools to embed the changes into business as usual.

Te Apārangi, our Māori Partnership Alliance, uses Te Tiriti o Waitangi as the framework to provide ongoing guidance, direction and recommendations to keep equity at the centre of our implementation programme.

Since the last bulletin, the webpage of Te Apārangi: Māori Partnership Alliance has had an update. It now showcases the biographies of the members of Te Apārangi and highlights the impact their advice and direction has had on the HealthCERT and assisted dying work programmes. See the [updated page](#) and meet the new members.

## Post-implementation survey

Please consider contributing 5–10 minutes of your valuable time to fill out the Ngā Paerewa Health and Disability Services Standard Post-Implementation Feedback Survey. We'd really appreciate it.

Previous feedback suggests that targeted workshops are the preferred way of training to help the sector prepare to implement Ngā Paerewa. HealthCERT would like to understand more details about specific topics for the workshops to meet the sector's needs. We are also keen to hear your feedback on other supporting material (eg, sector guidance, eLearning module).

The survey is open from 10 June to 10 July 2022. For more information, go to: <https://consult.health.govt.nz/healthcert/nga-paerewa-feedback>

## Ngā Paerewa pilot audit results

After providers and auditors took part in Ngā Paerewa pilot audits late last year and earlier in 2022, they completed a survey. We are now able to share the results of all the pilot surveys.

### Purpose

The purpose of the pilot audits was to understand the joint experience of providers and auditors auditing against the new standard, and to help us assess how we can support both parties in the future.

Providers felt the experience helped them to feel more prepared for being audited and completing an audit under Ngā Paerewa. It helped them understand new criteria and requirements and gave them a head start on the whole process. Auditors provided similar feedback, stating that they enjoyed the experience, it gave them a head start and it helped with report writing, cross-referencing and developing workbooks. Other feedback focused on uncertainty at times about how the designated auditing agency (DAA) assesses whether a facility is meeting the new requirements.

## Challenges and preparedness

Respondents noted completing two audits at the same time was challenging, as expected. The pilot experience also raised questions about how surveillance audits will look in the future and provided the auditors an idea of how long audits will take.

Other feedback concerned what areas providers and auditors felt prepared for. While some providers and auditors felt unprepared for anything that was new, some felt prepared for many of the new requirements, although noted challenges around some new aspects of Ngā Paerewa. Areas where respondents felt more confident included staffing and Māori representation, pathways to wellbeing, and infection prevention and control.

In regard to areas, they did not yet fully understand, providers felt that they needed clarity around cultural requirements related to the Subsection 'our rights', recruitment and active recruiting for Pasifika and Māori staff, ethnicity data, cultural assessment, and restraints and enablers. Auditors felt that the governance criteria were challenging to assess for smaller providers, and that some did not understand the use of te reo Māori in Ngā Paerewa.

## Improvement and areas for future learning

One theme for providers was that they learned a lot through the pilot audit experience – both from the auditors on the day and from the Ministry of Health in the lead-up to the audit. Providers felt that cultural competencies and Māori representation at governance level require ongoing work.

Further learning opportunities that respondents identified were:

- Māori and Pacific health
- governance
- Te Tiriti o Waitangi education and te reo Māori requirements
- report writing time and content
- audit preparedness
- requirements for smaller providers
- the time required for an audit.

## Ngā Paerewa training and support

Our website offers a number of online sessions reviewing sections in Ngā Paerewa, as well as sector-specific information seminars: [Training and support | Ministry of Health NZ](#)

If you have suggestions for topics that you would like future webinars on implementing Ngā Paerewa to cover, please email [certification@health.govt.nz](mailto:certification@health.govt.nz).

## Reminder: Supportive approach during transition period

During the grace period, providers will be audited against progress towards achieving new requirements in Ngā Paerewa, but no corrective actions will be generated. Where a provider has a pre-existing clinical element within a partially mapped criterion, a corrective action will not be generated; however, the auditor will note a recommendation, which the funder will follow up in a similar way to corrective actions. This means that:

- mapped criteria will continue to be audited as usual and attainment aligned 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.

## Te Tiriti eLearning modules

As part of Ngā Paerewa implementation, HealthCERT developed an eLearning module to help people with their personal and professional development journey, including by deepening their understanding of pae ora. It also explains how Ngā Paerewa supports the Ministry in its role as kaitiaki of the health and disability system for Aotearoa. The module is available at <https://learnonline.health.nz/>.

As of 31 May 2022, a total of 1,349 people have completed the eLearning module. HealthCERT is currently developing a second eLearning module that will dive deeper into the steps providers can take to be compliant with Te Tiriti requirements within Ngā Paerewa. Please feel free to let us know if there are specific sections or criteria you would like covered in this second module, or you have any success stories from implementing Te Tiriti requirements that you would be willing to share with us. To do so, please email: [Jade.Cincotta@health.govt.nz](mailto:Jade.Cincotta@health.govt.nz).

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## Operating matters

### Reconfiguration requests

The HealthCERT team has recently received a lot of reconfiguration requests. It is timely to remind everyone what is required for this important process.

Health and disability service providers must comply with the Health and Disability Services (Safety) Act 2001, which stipulates that they must inform the Director-General of Health if they are proposing to change a certified premise or build new health premises.

Aged residential care (ARC), hospice and maternity services must advise HealthCERT and their district health board (DHB) if planning is under way to add or remove the number of beds, change or remove a service, or change the configuration of beds with the services offered or in building a new facility or new wing. If you are a provider in any of these sectors, please advise your DHB portfolio manager of your proposal, and attach emails, plans and floor plans to your reconfiguration request. HealthCERT considers this application in terms of the level of risk imposed and to determine if a partial provisional audit will be required prior to occupancy. To access the notification form, go to:

[www.health.govt.nz/system/files/documents/pages/healthcert-notification-reconfiguring-services-building-new-premises-form-feb18.docx](http://www.health.govt.nz/system/files/documents/pages/healthcert-notification-reconfiguring-services-building-new-premises-form-feb18.docx)

DHB and private surgical hospitals should complete the form from the [Reconfiguring services or building a new premises](#) webpage or contact HealthCERT directly for advice.

## Why we need to know bed numbers

Information on bed numbers is integral to HealthCERT's certification processes, is required under the Act and is used to assess capacity and risks in relation to staffing implications and facility layout.

## Introducing a new member of the HealthCERT team

**Remay Labrador** is a new advisor for the HealthCERT team. Remay studied and gained her nursing registration in the Philippines and has been working as a registered nurse in New Zealand since 2011. Her work experience is in geriatric services, older persons rehabilitation, adult cardiology and cardiothoracic nursing. Remay also worked for the Accident Compensation Corporation as a treatment injury specialist cover assessor for three-and-a-half years. In her spare time Remay enjoys walking, yoga, and watching movies and television series.

## Deferring audits due to COVID-19

In the context of the ongoing COVID-19 Omicron outbreak, the HealthCERT team is continuing to consider deferring audits on a case-by-case basis. In decisions on whether to defer audits, we aim to balance the need to fulfil legislative requirements with the need to ensure the quality and safety of care provided to people receiving health and disability services at a time when it is more important, and more challenging than ever.

The aspects we consider before deferring an audit are whether:

- facilities have current and ongoing outbreaks of COVID-19
- facilities have significant workforce issues due to COVID-19 stand-down or illness
- COVID-related issues are reducing auditor availability.

We also consider if a facility has known issues of concern or previous high-risk corrective actions.

Please note that a facility can defer an audit in negotiation with their DAA if this deferment can occur without extending the certification period or the mid-point surveillance audit date. HealthCERT does not need to approve such deferment.

## Reporting registered nurse shortages in ARC facilities

We have been receiving section 31 notifications regarding registered nurse (RN) shortages on the new form we introduced in April. To access the form, go to: [Notifying an incident under section 31 | Ministry of Health NZ.](#)

We are now processing data received from these new forms, and sharing this with the Healthy Ageing team, Health Workforce team and the Office of the Chief Nursing Officer. Please continue to submit all RN shortage notifications using this new form. Attach it as a Word document to your email to allow data extraction (for this reason, please do not convert it to a pdf or submit handwritten forms) and send it to [certification@health.govt.nz](mailto:certification@health.govt.nz).

Teams in the Ministry are working on ways to address the nursing shortage. These include:

- providing a support fund to help nurses who are not currently practising to return to a nursing role, giving explicit priority to nurses intending to work in ARC facilities. The fund provides

- support for costs involved in gaining a practising certificate such as for competency assessment programmes, orientation programmes and English language proficiency
- running domestic and international nursing recruitment campaigns, and a joint Ministry of Health and Ministry of Education programme to increase the number of people studying nursing
- looking at pay parity with a aim of taking a consistent and sustainable approach across the health and disability system and the wider public sector.

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## Sector matters

### Principles for safe visiting and activities in ARC

The Ministry of Health has published *Six Principles for Safe Visiting and Social Activities in Aged Residential Care*. These principles support rest home providers in developing policies and procedures that enable safe visiting, social activities and outings in the context of virus outbreaks, such as SARS-CoV-2 which causes COVID-19. Underpinning the principles is the recognition that ARC facilities are residents' homes. ARC facilities are expected to align their local policies and procedures with these principles. To access the publication, go to:

[www.health.govt.nz/publication/six-principles-safe-visiting-and-social-activities-aged-residential-care](http://www.health.govt.nz/publication/six-principles-safe-visiting-and-social-activities-aged-residential-care)

### Retirement of the ARC screening tool

Following consultation with ARC sector stakeholders, it is no longer a requirement to complete the COVID-19 Screening Form for admission or to transfer a person to an ARC facility. Stakeholders, including representatives from the New Zealand Aged Care Association's National Nursing Leadership Group, public health, and district health boards, agreed ARC facilities can now start managing admissions on a business-as-usual basis. We will continue to monitor the situation closely.

### Assisted Dying Service

Assisted dying has now been available in New Zealand for six months. Since November, the Ministry of Health has seen a steady number of applications for accessing assisted dying, including from people who live in health and disability residential services.

As of 31 March 2022, 66 people have had an assisted death in New Zealand. Of these, 17 percent took place in rest homes. For more statistics, see [the quarterly reporting on the Ministry's website](#).

All health and disability service providers are encouraged to consider their policies and procedures for when a person in their care wishes to access assisted dying. This includes ensuring staff are appropriately trained. [Resources are available on the Ministry's website](#) to support service providers with planning and training.

The Assisted Dying Secretariat in the Ministry oversees the service, including helping the person, their whānau and involved practitioners to navigate the process. Please contact the Secretariat if you have questions about assisted dying, either by emailing [AssistedDying@health.govt.nz](mailto:AssistedDying@health.govt.nz) or calling 0800 223 852.

You can also subscribe to the [Assisted Dying Service newsletter](#) for regular updates.

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## Invitation to submit success stories

You can still submit a success story to include in the next issue of the bulletin. Tell us 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).