



HealthCERT Bulletin

Information for the Sector

Issue 29 – September 2022

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Welcome to the September bulletin

Welcome to the September issue of HealthCERT Bulletin for 2022.

The year continues to move at a fast pace. It's hard to believe spring has arrived and that 6 months have passed since the implementation of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (Ngā Paerewa).

Just as the reported number of COVID-19 cases is declining, HealthCERT has noticed a decline in requests for audit deferments due to the COVID-19 outbreak. It feels like there may be some light at the end of the very long 2-year tunnel.

Manatū Hauora (the Ministry of Health) continues to encourage everyone to follow simple public health measures that have served us so well over the last 2 years. In particular, wear a mask when indoors in places other than home, practise good hand hygiene, stay home if you have any symptoms, and keep your vaccinations up to date.

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Operating matters

Knowing our HealthCERT team

The HealthCERT team is a small but dynamic group with specialised work streams. In the following bulletins, we will be providing a brief introduction to our differing team roles.

Our coordination team is often the first point of contact with HealthCERT, so it is appropriate to start by introducing Gemma and Lisa.

Gemma joined the team in June 2020 and Lisa in November 2021. Our coordinators hold an integral role within the HealthCERT team. They are often at the start, middle and end of a HealthCERT process, so you will most likely have contact with Gemma or Lisa at some time during your certification process. Their main focus includes (but definitely is not limited to):

- monitoring the certification inbox, where we receive general queries and certification workflows
- ensuring certification documentation is progressed through HealthCERT's database Provider Regulation and Monitoring System (PRMS)
- communicating with providers to manage certification applications
- processing notification forms and certification documents
- managing applications under section 125 of the Health Act 1956 and the administrative process for certifying home and community support services providers
- allocating work within our team
- very importantly, keeping the HealthCERT team on track.



Lisa (left) and Gemma (right)

Reporting registered nurse shortages in aged residential care facilities

HealthCERT continues to receive an increasing number of section 31 notifications for registered nurse (RN) shortages. Thank you for your ongoing reporting. Data from these notifications provides an accurate picture of the current staffing issues the sector is experiencing. We are sharing this data with the working groups that are focusing on the national RN shortage.

Please continue to submit RN shortage notifications. To access the form, go to [Notifying an incident under section 31 | Ministry of Health NZ](#).

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

Post-implementation survey

HealthCERT ran our first survey after the implementation of Ngā Paerewa between 10 June and 10 July 2022. We received 127 responses, of which 98 (77%) were from service providers. Thank you to everyone who completed the survey. We greatly appreciate that you have taken this time to help us with our analysis. We are now committed to using the information we have gained to guide and prioritise the development of supporting material for the ongoing implementation of Ngā Paerewa.

Training material

HealthCERT received positive feedback on the [previous online lunch sessions and sector-specific information](#). The survey results emphasised the sector's needs for ongoing training through online workshops and presentations. HealthCERT is currently focusing on the training material about:

- how to interpret new and partially new requirements in Ngā Paerewa and the practical ways to meet these requirements
- examples of good practice that are under way.

Sector Guidance

We first published the Sector Guidance in 2021 to guide the sector on how to meet each criterion in Ngā Paerewa. In responding to the survey, the sector has identified certain issues with using the current Sector Guidance, including that:

- guidance is missing for a number of subsections/criteria
- guidance in some subsections/criteria is insufficient or too wordy and needs further editing and clarification
- some referenced pieces of legislation, standards or best practice guidance are outdated
- administrative and typographical errors require correction.

Following the initial assessment of the feedback, HealthCERT has decided to undertake a formal update of the Sector Guidance. We have formed a working group to review the current Sector Guidance with help from subject-matter experts in relevant areas to ensure the guidance is fit for purpose.

If you would like to contribute to revising and developing the content, please email HealthCERT at certification@health.govt.nz.

Te Tiriti eLearning module

Service providers asked for guidance on how to achieve cultural requirements in different health environments and for different service types.

In the survey, a number of service providers expressed their willingness to share their experience in implementing Te Tiriti o Waitangi criteria. We have started engaging with these organisations and reviewing the completed audit reports under Ngā Paerewa to generate success stories in meeting cultural requirements. We will share these stories with the sector in future HealthCERT Bulletins (see the first one at the end of this issue) and in the second eLearning module.

Once again, we are extremely grateful to you for contributing your valuable time, honest information, and thoughtful suggestions. Going forward, HealthCERT will run the survey quarterly to monitor and understand the sector's needs for implementing Ngā Paerewa. We will continue to share the survey results and HealthCERT's related work programmes with the sector through this bulletin.

Te Tiriti eLearning module update

The initial series of sector-specific presentations to help health and disability services to prepare for Ngā Paerewa audits are still available, as is an eLearning module on Te Tiriti o Waitangi. To access them, go to [Training and support | Ministry of Health NZ](#).

Progress on developing the second eLearning module on Te Tiriti

In our previous issue, we indicated that we were developing a second eLearning module that would take a deeper dive into Ngā Paerewa to understand what the intended outcomes of the updated criteria related to Te Tiriti should look like in practice. Developing the second module has 3 stages: confirming content, drafting content and finalising content.

In the past, we engaged with the sector to understand what questions we should be aiming to answer in this second module. To do this, we have held 3 workshops with auditors and a range of health and disability service providers to understand which aspects the sector is 'getting' really easily and/or which aspects people would like more clarity or direction on. Participants came prepared with stories and specific examples of their own experience as auditors and providers.

We have now moved into the second stage to begin to prepare a draft outline based on the results of our engagement. The next step will be to test the draft outline with [Te Apārangī: Māori Partnership Alliance](#), who provide advice and direction to HealthCERT on Ngā Paerewa implementation work.

Additionally, 3 providers have shared their success story with our team after confirming in HealthCERT's Implementation Effectiveness Survey they had one to share. We plan to share these success stories with the sector in a variety of ways, including through this bulletin (see the first one about the Laura Fergusson Trust Wellington at the end of this issue) and plan to spotlight interviews in the eLearning module as well. If you have any success stories from

implementing Te Tiriti requirements that you would be willing to share with us, please email Jade.Cincotta@health.govt.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.

Restraints and enablers

HealthCERT continues to receive queries around the changed approach to restraints and enablers in Ngā Paerewa and the audit process for subsection 6.1. If you are unsure about how to manage restraints to meet the requirements of Ngā Paerewa, please see issue 27 of the HealthCERT Bulletin (April 2022). Here you'll find an explanation of the changed approach to restraints and enablers and how the use of restraints will be audited.

Sector matters



Pressure injuries and ACC

This article was written by the Pressure Injury Prevention team at the Accident Compensation Corporation (ACC). If you have any questions, please feel free to contact them on pressureinjuryprevention@acc.co.nz.

Pressure injuries (also known as bedsores, pressure sores or pressure ulcers) have a huge impact on the health and wellbeing of people and their whānau. They can develop in a matter of hours and the damage can range from a blister to a deep open wound, which can be difficult to treat. It can take months to recover; however most pressure injuries are preventable.

[Visit the ACC website for guidance on pressure injury prevention.](#)

Pressure injuries mostly impact those who are immobile, elderly or in inpatient treatment, or have pre-existing health issues that affect blood flow.

Understanding ACC cover

ACC considers each claim on its own merit, considering all the circumstances of the case. All claims must be lodged with the consent of the patient.

ACC can cover a pressure injury as a consequential injury to another covered injury. Consequential pressure injuries are common for clients with a serious injury such as spinal cord injury or traumatic brain injury (but aren't exclusive to these injuries).

ACC can also cover a pressure injury in the context of treatment, as sometimes during treatment an injury can occur. Reasons for this include omission of treatment and failure of medical equipment. We can consider cover for a treatment injury if:

- the treatment directly caused the injury

- the treatment was provided by, or under the direction of, a registered health professional
- it's not a normal side effect of the treatment, such as burns to the skin during radiation therapy.

We can also cover injuries caused by treatment for an injury we've already covered.

Lodging an ACC claim for a pressure injury caused by treatment

For more information on how to lodge a treatment injury claim, see the [Treatment injury claim lodgement guide on the ACC website](#).

We can contribute to the administrative costs of lodging a treatment injury claim, for example, the costs of recovering medical records. We'll pay you for these costs if all the claim forms are filled out, even if we deny the claim.

The costs of lodging a treatment injury claim are separate from payments we make towards the costs of consultation and treatment.

When we'll pay for your services

We'll pay you for treating a client's injury as long as your service is:

- the most suitable option for their condition
- of acceptable quality
- given at the right time and place, with only the necessary number of treatments needed
- given by a provider with appropriate qualifications and a current annual practising certificate
- clearly documented
- pre-approved by us (if needed).

When we decide what we'll pay for, we also look at:

- the type of injury and its severity
- whether it's a generally accepted form of treatment in New Zealand
- other options available in New Zealand to treat the injury
- the cost and benefit to the client of each treatment option.

For further information on paying you for your services when treating a client's injury, [visit the ACC website](#).

Update from the Assisted Dying Service

The first annual report for the Assisted Dying Service from the Registrar (assisted dying) has been released. This report covers the implementation and operation of the Assisted Dying Service from 7 November 2021 to 31 March 2022. It includes information about service use and the workforce for assisted dying. To access the report, go to Manatū Hauora's [website](#).

Latest quarterly reporting shows that the number of applications for accessing assisted dying has continued to increase in the last 3 months.

As of 30 June 2022, 143 people have had an assisted death in New Zealand since the service began. Of these, 9.1% took place in an aged care facility. For more information, see [the quarterly reporting on Manatū Hauora's website](#).

Any health professional may be asked about assisted dying or may care for someone who chooses assisted dying. Training continues to be available to support health sector staff to understand their rights and responsibilities under the End of Life Choice Act 2019 in either of these situations. This includes the rights and responsibilities of those who conscientiously object to assisted dying. For more information about training resources go to [Assisted dying training resources for health professionals | Ministry of Health NZ](#)

Please contact the Assisted Dying Secretariat if you have questions about assisted dying, either by emailing AssistedDying@health.govt.nz or calling 0800 223 852.

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

Success story

Laura Fergusson Trust Wellington Inc

Laura Fergusson Trust Wellington Inc (LFT) is embarking on a journey of cultural development.

Despite previously meeting standards for cultural competency, in recent years LFT has faced challenges in implementing the updated cultural criteria in Ngā Paerewa. In 2020, LFT developed their Māori Health Policy, and established a Kapa Haka group and a Kaitiaki Roopu. However, the leadership group reflected on both the policy and its application and realised that LFT was not achieving the desired outcomes of the policy. The Kapa Haka group and Kaitiaki Roopu were not well supported and became defunct, and intentions to provide cultural support were often considered 'too hard' due to a lack of planning and confidence. Additionally, LFT's relationship with an external cultural advisory company ceased in 2020.

Recognising these challenges, the Chief Executive was motivated to strengthen LFT's focus on Te Tiriti o Waitangi and to meet the aspirations outlined in its Māori Health Policy. A key enabler for LFT has been building relationships with mana whenua and the appointment of a cultural advisor, also of mana whenua descent. It developed a new Strategic Māori Health Plan, which included the mission '**Te āta whakauruuru me te whakaohaoha i ngā anganga katoa o te ao | To inspire opportunities and belonging**'. The plan includes specific targets and timeframes to achieve LFT's mission statement – '**To build a strong whakapapa philosophy**'.

The Strategic Māori Health Plan has kick-started several key initiatives since its establishment. Examples include the re-establishment of the Kapa Haka Group and Kaitiaki Roopu, social initiatives run by the cultural advisor and the use of Te Whare Tapa Whā as a model to support staff and residents with their wellbeing. LFT has also improved the use of signage in te reo Māori, uses more salutations in te reo Māori in correspondence, provides weekly education prompts in an email headed 'Kupu o te Rā' (Word of the Day) and conducts initial engagement with community clients in their homes with the support of the allied health team.

LFT has received a lot of positive feedback from staff and service users alike about the recent improvements to its cultural support. With this solid foundation, LFT is finding that spontaneous initiatives are occurring and are coming from the ground up. Staff are independently supporting the cultural needs of their clients and each other, as evidenced in meeting minutes and general discussion. A recent survey of both residents and staff has produced positive themes about the sense of awareness of the importance of culture and te reo Māori, and residents have reported a deeper connection with their Māori heritage. There is a sense of excitement about further engagement, and staff feel more confident about being culturally sensitive in interactions and supports.

The relationship with mana whenua and improved cultural support have had a significant positive impact on staff and residents, and they look forward to continuing to work on enhancing this approach.

If you would like to contact someone at LFT, email Marama Puketapu at marama.puketapu@lft.org.nz or call her on 021 2222 922.

Invitation to submit success stories

You can 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.