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International

Key Findings

Ngā Paerewa Implementation Evaluation

March 2024



Key findings

Background

The Health and Disability Services (Safety) Act 2001 requires all regulated health providers to be audited against the health and disability services standard. Some non-regulated providers are also contractually obligated to be audited against the standard. Ngā paerewa Health and disability services standard NZS8134:2021 (Ngā Paerewa) came into effect for regulated providers on 28 February 2022 and for Home and Community Support Services on 1 July 2023.

The standard provides the foundation for describing best practice and fostering continuous improvement in the quality of health and disability services. It sets out the rights of people and ensures service providers know their responsibilities for safe outcomes.

Evaluation objectives

In August 2023, The Ministry of Health - Manatū Hauora (MOH) commissioned Malatest International to complete an independent evaluation to determine:

- The effectiveness of the MOH implementation of Ngā Paerewa.
- To what extent HealthCERT had met their objectives considering the preparedness of key stakeholders.
- To what extent HealthCERT had established sufficient operational processes to enable the successful execution of the above.

Information sources

The evaluation employed a mixed-method approach, drawing on various data collection sources, including:

- A document review.
- In-depth interviews (71).
- Online health care provider survey (65).

Scope

The focus is a post-implementation evaluation. A review of the development and content of Ngā Paerewa is out of scope, noting that Ngā Paerewa will be reviewed in 2025.

To what extent has HealthCERT established sufficient operational processes to enable the successful implementation of Ngā Paerewa?

The HealthCERT team underwent significant staffing changes during the implementation, but by 2022 the team had stabilised. Implementation management involved various strategies, including the formation of an oversight group, development and adherence to a transition plan, regularly gathering and responding to stakeholder feedback, development of training resources and collaboration with external stakeholders.

The audit pilots conducted in late 2021 informed the transition planning process and aided in resource development and internal preparedness. However, wider utilisation of the audit pilots and establishing a formal process to review and evaluate the insights gained could have further enhanced the transition plan.

In terms of preparing our systems...we have a number of audit tools that we need to develop or modify that [audit pilot] assisted us to do that. (External stakeholder)

Ongoing challenges include the need to maintain regulatory responsibility while fulfilling educator roles (to help providers understand the regulatory requirements), updating relevant policies to align with Ngā Paerewa and addressing gaps in te ao Māori expertise within the team. Despite these challenges, the commitment of the HealthCERT team has facilitated progress in addressing key implementation issues.

The effectiveness of the MOH implementation of Ngā Paerewa.

Stakeholders, including providers, were generally positive about the implementation efforts of the HealthCERT team. Challenges in understanding the cultural aspects of Ngā Paerewa persist and some Aged Residential Care (ARC) facilities struggled with new restraint criteria. Stakeholders identified a common struggle with workforce shortages which requires a systems-wide approach and cannot be solely remedied by providers or the MOH.

Communication: Stakeholders generally found HealthCERT's communication satisfactory. Key areas for enhancing communication included adding additional features to the website, simplifying language and streamlining implementation updates.

Although HealthCERT utilised a range of communication channels, there was still variability in awareness of training and resources available, indicating potential gaps in reaching all intended audiences effectively. HealthCERT communication often relied on intermediaries to pass information on. A more direct way for all staff to connect with HealthCERT messages would improve the reach.

Training: HealthCERT developed a range of resources and training opportunities for providers, which providers widely accessed. Reasons for not accessing training included time constraints, inability to release staff, and gaps in communication both between HealthCERT and providers, and among providers internally.

Providers appreciated the availability of free online training, but many asked for face-to-face training to network and seek feedback. Despite available resources, providers still sought more information on how Ngā Paerewa requirements applied to their facility, requesting that training include more real-life examples of what were acceptable practices.

Suggestions for additional resources included tailored materials, policy templates, translated materials, and a centralised repository. Some of these resources are not for HealthCERT to provide, although HealthCERT could play a role in directing providers to existing resources. Providers commonly requested resources that already existed, highlighting the need for improved awareness and accessibility of existing training and resources.

Support: The HealthCERT team supports the sector by providing resources and direct assistance to help the sector understand and meet Ngā Paerewa. Providers were positive about HealthCERT's accessibility and responsiveness. The grace period was generally valued by providers, but those who had not had an audit during the grace period found it less useful.

Providers also accessed support from Designated Audit Agencies (DAAs), funders, and portfolio managers. Regular meetings between HealthCERT and DAAs facilitated coordination and support, fostering positive relationships.

Provider's implementation approaches varied, with some benefiting from:

- Access to expertise with dedicated time.
- More resources to allocate to compliance activity.
- Advance preparation through involvement in the standards review process.
- Access to peer support networks.

Has HealthCERT met its obligations under Te Tiriti?

HealthCERT undertook various activities to fulfil their Te Tiriti obligations including supporting the sector with guidance from Te Apārangi - Māori Partnership Alliance (Te Apārangi). As Te Apārangi was not initially formed to provide day-to-day cultural support to the sector, moving forward, there is a need to explore ways to access additional cultural support and enhance HealthCERT's internal cultural knowledge

and confidence, possibly with the support of the Māori Health Directorate – Te Pou Hauora Māori.

Many stakeholders were committed to meeting their Te Tiriti obligations, but some required additional support to strengthen their cultural confidence. While some providers had access to resources facilitating compliance, others faced barriers such as uncertainty about engagement methods and the limited capacity of cultural advisors.

Our cultural advisor is just wonderful, but she's not mana whenua. But, the marae has endorsed her. We tried to get Māori representation onto our board, but it has to be mana whenua and we can't find anyone. The board is a voluntary position but they are toostretched, our local marae. (Provider)

Providers' perspectives on Ngā Paerewa varied, with some viewing it as an opportunity to strengthen services while others expressed concerns about the potential marginalisation of other ethnic groups and diverting attention from clinical outcomes. These varying perspectives can influence implementation. A poor understanding of Te Tiriti may lead to inadequate implementation. Therefore, ongoing education on Te Tiriti is necessary to emphasise its inclusive approach, promoting equitable outcomes for all populations and potentially bridging the gap between perspectives and effective implementation.

Despite challenges, stakeholders noted improvements in interpretation and confidence over time. Continued training and ongoing support for all stakeholders, particularly focusing on cultural aspects, was desired to ensure consistent application of Ngā Paerewa across different provider settings.

In every new standard, there is a lag time where we're all getting used to it, the regulator, the auditors [and] the providers... When you start cycling and you're at the bottom of the hill, it's very slow going to get to the top. (External stakeholder)

To what extent did HealthCERT meet their objectives considering the preparedness of key stakeholders?

Providers: Ngā Paerewa implementation varied among providers, requiring minimal changes for some and larger adjustments for others. The level of support needed by providers depended on factors such as location, experience, organisation size and the availability of dedicated resources. A significant and ongoing struggle across all service provider types was understanding what constituted an acceptable outcome around meeting Te Tiriti obligations. Early in the implementation, some providers also struggled with the criteria outlined in Section 5 and Section 6, but this difficulty has diminished over time.

Designated Auditing Agencies: commented on the robust relationship established with HealthCERT facilitated by open and regular communication. The audit pilots benefitted the DAAs and providers involved, albeit COVID-19 lockdowns hindered wider utilisation. Some DAAs highlighted the challenge of balancing their role as independent auditors with the provider's need for education. DAAs also noted the expectation of providers that auditors could give practical examples, suggesting the potential need for an educator role independent of DAAs and HealthCERT.

Funders and corrective action managers were satisfied with HealthCERT's support for their role. However, there were discussions about improving support for smaller providers with limited resources in effectively implementing Ngā Paerewa.

Key recommendations

Detailed recommendations are provided in the report. The key messages are:

- A substantial change in the sector requires resourcing that extends beyond business as usual. An experienced project manager and an effective infrastructure facilitate implementation.
- The Ngā Paerewa changes were implemented by the regulator. During the early implementation period, many facilities, particularly smaller standalone facilities, did not have resources to draw on to support them in making changes. While HealthCERT plays a role in helping providers understand their regulatory requirements, its scope does not extend to giving tailored advice for specific provider situations. This 'educator' role cannot be filled by the regulator or auditor, so other resourcing is required, such as resourcing national organisations, funding an 'educator' or setting expectations with contract holders.
- Although providers are becoming more familiar with Ngā Paerewa, implementation is ongoing. There is an opportunity for HealthCERT to respond to providers' requests for increased peer support by enhancing the visibility of existing peer support initiatives led by external stakeholders. Additionally, HealthCERT can continue to highlight instances of good practices and peer support models that have the potential for replication elsewhere.