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HealthCERT

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Information for the sector

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New Zealand Government

Welcome to this edition. Our focus remains on Pressure Injury Prevention and Management (PIPM).

Because of its success to date, we will be continuing the PIPM work through 2017.

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

DAAs: Keep reporting following the audit template.

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 the sector for your ongoing support. This edition features a pressure injury good news story from a certified aged residential care facility. We invite others who are introducing PIPM strategies to their facility to contribute their stories. Please contact: donna_gordon@moh.govt.nz.

Office of the Chief Nursing Officer

The Office of the Chief Nursing Officer has been actively supporting the development of the *Guiding Principles for Pressure Injury Prevention and Management in New Zealand*, which the Accident Compensation Corporation (ACC) launched at the New Zealand Wound Care Society Conference in Rotorua, 18–20 May 2017 (see below for more information from ACC). The aim of this guide is to enable health care organisations to reduce the incidence of pressure injuries among people in their care and support the long-term health and wellbeing of all New Zealanders.

Implementing the guiding principles successfully will require an ongoing and shared commitment. The Ministry of Health is one of the three agencies (with ACC and the Health Quality & Safety Commission) involved in the joint agency work to prevent and manage pressure injuries. We will continue to work with our partners and the sector to implement evidence-based preventative care, improve clinical systems and strengthen reporting and surveillance.

For the Office of the Chief Nursing Officer, this means working across the Ministry and with other agencies and sector leaders to identify and act on opportunities for prevention. For example, it will make the most of opportunities to raise awareness as the Healthy Ageing Strategy is implemented. It will also work with funders, providers, educators and clinical leaders to improve clinical documentation, risk assessment and management of care, enable training and make best use of data.

As the guidance document states, for pressure injury prevention to be effective, all members of the health care team need to be involved across the health and disability sector. They also need to work in partnership with those who use health and disability services and their family and whānau. The Office of the Chief Nursing Officer looks forward to ongoing work with colleagues throughout the sector to help make this happen.

Accident Compensation Corporation leads development of guide

As you know, ACC resourced an Expert Reference Panel to develop the *Guiding Principles for Pressure Injury Prevention in New Zealand*. At the heart of this now completed document are six principles of best practice that apply to all health care settings, including hospitals, hospices, residential care facilities, primary health care settings and home care services. These principles are: people first; leadership; education and training; assessment; care planning and implementation; and collaboration and continuity of care.

The guide is a foundation document for pressure injury prevention and management in New Zealand and has been developed to support local experience while enabling a nationally consistent approach to PIPM.

ACC will be sending a copy of the guide to all providers before the end of May. You can go to www.acc.co.nz/treatmentsafety for a PDF version.

To find out more information, please contact ACC's Treatment Injury Prevention team at: pressureinjuryprevention@acc.co.nz.

Health Quality & Safety Commission: supporting PIPM

The Health Quality & Safety Commission (the Commission) is leading two areas of work within the joint-agency PIPM Work Programme:

1. measuring pressure injury prevalence
2. supporting consumer co-design projects and health literacy.

Measuring the prevalence of pressure injuries

In early 2016/17 the Commission formed an expert advisory group to help develop a practical approach for district health boards (DHBs) to measure the prevalence of pressure injuries (PI). The aim was to gain robust data that the sector could use both locally to develop quality improvement activities and nationally to measure and report on PI prevalence. The final report

from this work, *Developing a National Approach to the Measurement and Reporting of Pressure Injuries*, was published in October 2016. You can access it at the Commission's website (www.hqsc.govt.nz/our-programmes/other-topics/publications-and-resources/publication/2658).

The report's preferred method for measuring and reporting data is to conduct monthly random sampling with a minimum sample size of five patients per ward or unit (who each have full skin checks). The expert group considers this method is adequate for keeping the focus on quality improvement and providing enough data to evaluate the effectiveness of quality improvement initiatives.

Since publishing the report, the Commission has been working with four DHBs to test the proposed approach. The four DHBs – Waikato, Whanganui, Capital & Coast and Southern – are piloting the methodology during 2017.

From this work the Commission will publish a 'how to' guide to go alongside the methodology in 2017/18. This guide will provide information from the pilot sites on subjects such as the approach, timeframes, governance, data collection and reporting methods, and lessons learnt. This information will help other DHBs wanting to undertake PI quality improvement projects to learn from and connect with the pilot sites. The guide will also support DHBs if the Commission introduces PI process and outcome quality and safety markers for quarterly public reporting in the future.

Supporting consumer co-design projects and health literacy

To begin its second PIPM workstream, the Commission is developing a set of consumer stories aimed at raising awareness of PIPM and engaging hearts and minds with the need to focus on it. It will then use these stories to inform consumer co-design projects with a few willing DHBs and to produce consumer-focused resources, if appropriate, in 2017/18. The five consumer stories the Commission is developing tell of:

1. a community-acquired PI in a spina bifida patient, which the patient recovered from
2. a DHB-acquired PI in a cancer patient, which the patient recovered from
3. a PI acquired in an aged residential care facility by a resident with dementia, which the resident died from
4. a DHB-acquired PI in a maternity patient, which the patient recovered from
5. a PI acquired in an aged residential care facility by a hospital-level care resident, which the resident died from.

The Commission intends to publish the stories in late 2016/17 or early 2017/18.

Lonsdale Care Centres – good under pressure!

Lonsdale operates two aged residential care facilities in Foxton and Foxton Beach, which offer the full range of care from day care through to rest home, dementia and hospital services. Its setting is rural and small town New Zealand, with all the challenges that usually brings.

Hard on the heels of a successful programme to reduce the number of falls through knowing and controlling the causes of falls that were within its control, Lonsdale turned its attention to pressure injury. It's not that the facilities had that many pressure injuries – rather, Lonsdale believes that the pain and harm pressure injuries cause are preventable and that creates an ethical obligation to do something about it.

The Lonsdale team began by looking back over a year at the incident forms on pressure injury. They compared those with the risk assessments – was a current pressure risk assessment in place? Was it accurate? What they discovered was that the older the risk assessment, the greater the risk that something had changed to increase the risk for that resident. As a result, Lonsdale adjusted its policy on risk assessment to make it easier to check that staff were completing the assessments regularly.

The team also began to question whether everyone working with the residents understood the risk factors of pressure injury. To address this they began an education campaign that brought pressure injury risk to the front of the thinking of all staff. Every staff meeting had a component of education around risk factors – what to look out for and how to reduce risk for individual residents. The monthly staff newsletter (*Teamtalk*) has a strong educational focus, and it too became a vehicle to preach pressure injury prevention. The reasoning behind the approach was that if everyone understands how and why the injuries occur, they are more likely to be proactive in preventing them.

One of the more useful techniques came from recognising that health care assistants know about skin. As the people who work most closely with residents, they know residents' skin better than anyone else. Using real case studies from day-to-day work at the facilities, staff collectively analysed the risk factors at staff meetings and shared ideas about how to reduce the risk. If a pressure injury did occur, they analysed it as a team from the starting point that every pressure injury is preventable. Staff would review the risk assessment and look at excerpts from the notes, asking, 'What was the root cause or causes? What did we miss?' They are good at this kind of critical thinking because they practise it regularly.

Another lesson from this initiative was to celebrate success – when staff notice and act on the slight reddening of skin so that it doesn't become an injury. Such success can come simply from a health care assistant asking a registered nurse to check a resident's skin.

The elimination of injuries didn't happen overnight, but it has happened. Lonsdale's pressure injury count in most months is zero – and staff act quickly to resolve potential issues before they become injuries. Credit for this success goes to the skill of the registered nurses and health care assistants in knowing the risk factors and taking personal responsibility for managing them. Education and attention to detail are the key.

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.

Research of interest: PIPM

Because of HealthCERT's ongoing focus on pressure injury through our PIPM Work Programme, we continue to focus on this topic for our research of interest. The resources below may be of interest to your service.

Bluestein D, Javaheri A. 2008. Pressure ulcers: prevention, evaluation, and management. *American Family Physician* 78(10): 1186–94. URL: www.aafp.org/afp/2008/1115/p1186.html (accessed 18 May 2017).

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Norman G, Dumville J, Moore Z, et al. 2016. Antibiotics and antiseptics for pressure ulcers. *Cochrane Database of Systematic Reviews* (4). URL: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011586.pub2/full (accessed 18 May 2017).

Takahashi PY, Cha SS, Kiemele LJ. 2008. Six-month mortality risks in long-term care residents with chronic ulcers. *International Wound Journal* 5(5): 625–31. URL: www.ncbi.nlm.nih.gov/pmc/articles/PMC3914202 (accessed 18 May 2017).

Operating matters

HealthCERT new appointment

HealthCERT welcomes Coral Tombleson to the team. Coral is a registered nurse who has come from the home and community sector. Coral will be working three days per week.

Health and Disability Services Standards review

Section 24 of the Health and Disability Services (Safety) Act 2001 (the Act) requires a review of the service standards at least once every four years. For our certified overnight health services, this means the Health and Disability Services Standards. The purpose of the review is to assess whether these existing standards should continue unamended, be amended or be replaced.

As the standards were last revised in 2013, a review is to begin this year. We will keep you informed of the review process and welcome your feedback on the standards.

Partial provisional audits of new buildings

Where a new premise is involved in a partial provisional audit, the timing of the audit steps must allow for an assessment of the new building as close to the completion of the build as possible.

By visiting the building when it is completed or almost complete, the auditors can accurately assess whether the provider is sufficiently prepared to deliver the new or reconfigured service in the new building and support a planned occupancy.

Providers should arrange the partial provisional audit when most of the work has been completed. The DHB may delay the audit if the construction is still substantially incomplete.

Building regulations when reconfiguring ORA units

A certified provider with Occupational Right Agreement (ORA) units may request a reconfiguration to provide rest home or hospital-level services in the units. However, such a 'change in use' of parts of a facility may mean that the provider no longer meets the New Zealand Fire Service requirements and so does not have approval for its fire evacuation plan.

If this change of use has happened since the building warrant of fitness (BWOF) was issued, that BWOF will not show that the local authority has acknowledged the 'change of use' and either granted an exemption or indicated the possible need for a new BWOF to be issued.

In such cases, therefore, the provider needs to ensure that the local authority has assessed the pre-existing BWOF and has granted an exemption until a new BWOF is issued. During a partial provisional audit, auditors then check that a current BWOF is in place and that a fire evacuation scheme has been approved before the provider can use the apartments/studios for hospital or rest home levels of service.

Providers must comply with legislation (HDSS 1.4.2). Legislation relevant to reconfiguring ORA units includes the Building Act 2004 and the requirements of regulation 3 of the Building Regulations 2002 (that is, the Building Code in Schedule 1).

By checking the BWOF, including the change of use, auditors also promote the purpose of the Health and Disability Services (Safety) Act 2001. As stated in section 3, the purpose of this Act is to:

(a) promote the safe provision of health and disability services to the public; and

(b) enable the establishment of consistent and reasonable standards for providing health and disability services to the public safely; (c) encourage providers of health and disability services to take responsibility for providing those services to the public safely; and

(c) encourage providers of health and disability services to the public to improve continuously the quality of those services …

Home and community support sector Standard

A new edition of *Auditing Requirements: Home and community support sector Standard (NZS 8158:2012)*, a handbook that guides audits of home and community providers, is now available on the Ministry of Health's website. This is the first substantive review since the document was written in 2012.

If you wish to discuss any of the changes, please contact either Donna Gordon (donna_gordon@moh.govt.nz) or Rosie De Gregorio (rosie_degregorio@moh.govt.nz).

Certification of residential disability services

The Health and Disability Services (Safety) Act 2001 indicates that a provider is to be certified for residential disability services when they are contracted for, and provide services for five or more residents. The certification types are: residential disability – physical, intellectual, sensory and psychiatric. The Ministry of Health's Disability Support Services generally contracts for residential disability – physical, intellectual and/or sensory services; the Accident Compensation Corporation generally funds residential disability – physical services; and district health boards generally contract for residential disability – psychiatric services.

These certification requirements also apply to aged residential care providers that may hold contracts with the agencies above and have five or more residents at their facility. Please contact HealthCERT if you wish to further discuss these requirements.

Sector matters

Influenza vaccine storage

The Ministry of Health's Immunisation Team recently learnt that some aged residential care facilities may be holding influenza vaccines in their refrigerators. These facilities may not be aware that they must meet the National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (the Standards).

Influenza vaccines, like all vaccines, are prescription medicines and can only be administered by a registered nurse when there is a valid prescription or standing order, or if the registered nurse is also an authorised vaccinator working on an approved immunisation programme. You will find information on the authorisation and local programme process in appendix 4 of the *Immunisation Handbook 2014* (www.health.govt.nz/publication/immunisation-handbook-2014-3rd-edn).

All vaccines must be stored between +2˚C and +8˚C at all times (this is part of the cold chain). Because vaccines are delicate, they can become less effective or completely ineffective when exposed to temperatures outside this range. All immunisation providers, which includes aged residential care facilities that are storing influenza vaccine to administer to residents or staff, must go through a process of Cold Chain Accreditation (CCA). CCA is an assessment tool used by a trained assessor to ensure that the provider's cold chain management practices and process meet the required standards. This should be undertaken prior to the storage of any vaccines.

Equipment that providers must have include a:

- pharmaceutical refrigerator (domestic refrigerators are not acceptable)
- digital minimum/maximum thermometer (the minimum and maximum temperature must be recorded every day the facility is open)
- temperature data logger (this is required to be downloaded at least weekly and in response to any daily minimum/maximum temperature that is recorded outside the +2˚C to +8˚C range)
- chilly bin, insulation material, ice packs and monitoring equipment to use if power or equipment failure occurs.

Each facility must also have an up-to-date policy on cold chain management.

To read the Standards, which contain more detailed information on the equipment and monitoring requirements, go to the Ministry of Health's website (www.health.govt.nz/publication/national-standards-vaccine-storage-and-transportation-immunisation-providers-2017).

If you have any questions about cold chain management or wish to arrange for a CCA visit, please discuss this with your local Immunisation/Cold Chain Coordinator. You will find their details on the Immunisation Advisory Centre's website (www.immune.org.nz/health-professionals/regional-advisors-and-local-coordinators).

Reducing harm in New Zealand workplaces

The Government has set a target of reducing serious injuries and fatalities in the workplace by 25 percent by 2020. Together with WorkSafe New Zealand, the Accident Compensation Corporation has developed the *Reducing Harm in New Zealand Workplaces (2016–2019) Action Plan* (ACC and WorkSafe NZ 2016) to help keep New Zealanders safe and healthy at work.

The health care and social assistance sector is one of five high-risk industries that this plan targets. The three most common causes of work-related injuries in this sector are:

- moving and handling people (body stressing)
- slips, trips and falls
- violent and aggressive behaviour.

Effectively managing the risk of injury to workers in the health care sector not only benefits the workers, their families and the businesses they work in, but also reduces the risk of injury to people in their care. A hazard that creates a risk for a health care worker (such as a slippery floor in a hospital hallway) will create the same risk to people they are caring for.

New Zealand's population is ageing, with 23 percent of the population expected to be over 65 years of age by 2038 (currently 14 percent are over 65). The ageing population will place more demands on the health sector, increasing the risk of injury unless good health and safety management practices are put in place.

In the next three years ACC and WorkSafe NZ will support the sector by:

- targeting the risks connected with moving and handling people
- targeting slips, trips and falls
- working with the industry to understand and address the risk of violence
- strengthening health and safety leadership across the sector.

Moving people safely

Recent ACC data indicates that over 30 percent of injuries to health care workers are caused while moving and handling people. It's not always simple to move people safely. Getting it right might require training, having the right equipment and providing enough space to move people safely.

Moving and Handling People: The New Zealand Guidelines (ACC 2012) is a comprehensive resource developed to support the health care industry to implement an effective moving and

handling programme. It describes the six core components needed to reduce workplace injuries caused when moving or handling people.

The booklet *Supporting People to Move at Home* (Home and Community Health Association and Carers New Zealand 2015) is for carers and support workers. It provides practical tips and techniques to use when supporting people to move safely at home.

WorkSafe NZ produces a range of information and guidance to help people comply with their health and safety duties, including industry-specific information. ACC is presently collaborating with WorkSafe NZ to update *Moving and Handling People: The New Zealand Guidelines* and other useful information and material for the health care sector. You will be able to access these resources on WorkSafe NZ's website by the end of the year.

Further information

If you have any queries or just want to discuss this work programme, please contact Vaseti Sopoaga at ACC by phoning (04) 816 6070 or emailing Vaseti.Sopoaga@acc.co.nz.

For the **harm reduction action plan**, go to either:

- ACC's website: www.acc.co.nz/preventing injuries/at work
- WorkSafe NZ's website: www.worksafe.govt.nz/worksafe/about us/ Who we work with/Our plan to reduce injury and harm at work

For **moving and handling resources**, go to ACC's website at: www.acc.co.nz/preventing injuries/at work/industry specific safety/moving and handling people guidelines

References

ACC. 2012. *Moving and Handling People: The New Zealand Guidelines*. Wellington: Accident Compensation Corporation.

ACC, WorkSafe NZ. 2016. *Reducing Harm in New Zealand Workplaces (2016–2019) Action Plan*. Wellington: Accident Compensation Corporation and WorkSafe New Zealand.

Home and Community Health Association, Carers New Zealand. 2015. *Supporting People to Move at Home: Practical tips and techniques for carers and support workers*. Wellington: Accident Compensation Corporation.

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

Good news stories

In this popular section of our Bulletin, you will find stories from a residential disability service and an aged residential care provider. Thank you both for your contributions.

Bupa NZ: Dementia Commitment

'People tend to put everybody into one big pile and say, "Oh, he's got dementia" and they pull away. They don't want to know,' says Alan. He's living with dementia in Auckland and unfortunately has experienced some stigma. You can hear more of his story in Dementia Commitment, a free online course to raise awareness of dementia.

There are 60,000 Kiwi's living with a diagnosis of dementia today, and many more without one. The course has been developed to help people understand dementia and how they can help. This understanding is vital for us to better support people living with dementia and everyone around them.

Dementia Commitment is a free, online, 20-minute course. It explains what dementia is and how it can affect people. At the end it asks you to make a Dementia Commitment – a small change you'll make to help build a dementia-friendly New Zealand.

The course is available to anyone wishing to know more about dementia; no prior knowledge is necessary. Health and care company Bupa NZ has designed the course, with the help of Alan and Professor Graham Stokes, Global Director of Dementia Care, Bupa.

To take a look and make your own Dementia Commitment, visit:
www.bupa.co.nz/dementiacommitment

For more information, contact Beth McDougall, Dementia Care Advisor, Bupa NZ:
beth.mcdougall@bupa.co.nz.

Higher Ground: recovery success

In a recent HealthCERT psychiatric residential disability audit report, Higher Ground received two 'Continuous Improvements' on its research projects. Higher Ground's ongoing research tracks its clients' progress from first contact through the programme and beyond – providing a wealth of data for evaluating the work done here. Today nearly 70 percent of Higher Ground's clients name methamphetamine as their drug of choice, with the remainder mostly alcohol dependent.

Higher Ground is highly effective in working with clients who are methamphetamine users, and people leaving the programme are staying off methamphetamine, according to the independent research report. Of those clients who could be followed up, 94 percent were abstinent from amphetamines three months after discharge and 87 percent were abstinent at 12 months.

'It all looks very positive, it's all what you want to see,' says Julian King, the independent consultant who prepared the *Review of Outcomes for Clients Who Use Methamphetamine*. Higher Ground has a robust research system that provides rich data against a whole range of measures of people's progress over time. 'This is among the best outcomes research

programmes I've seen,' says Julian. 'I've evaluated lots of health services, mental health services and alcohol and other drugs services and Higher Ground has the sort of outcomes research data that I always want and don't very often see.

'Alcohol and other drug services usually collect administrative data on things like how many people come into the service, how long they stay, percentages of male and female, and how many are Māori or Pacific. But it is rare that the data can tell us this much about people's outcomes. Higher Ground has a set of validated psychometric tools that they administer at different points in time.'

Julian emphasises that Higher Ground's data is combined so that no individual can be identified. 'When the data is all put together we can track the outcomes for the service overall and we can see what people's recovery looks like according to these different measurements from first contact through to exit, and what happens in the year after that.'

Higher Ground's Director Johnny Dow says, 'This research will be of real interest to the wider alcohol and other drug services. I believe this information on what happens to people during and after treatment and the outcome of treatment has not been readily available before.

'It shows that once clients make a commitment and a decision to get here, Higher Ground can and does help them and recovery is within reach. What we do here that works so well is create a continuous support system, so people can see others succeeding and have real hope it can work for them too,' he says. 'We are saving a lot of young lives.'

Almost all methamphetamine clients were aged 20–39 years, after being dependent for an average of 10 years.

Higher Ground's research assistant Rebekah Robinson first gathers data from clients at pre-admission and then continues to do so at different times through the programme. After they leave, she makes contact with people at three, six, nine and 12 months away from the programme.

The methamphetamine study released in 2015 looked at 155 clients discharged between December 2011 and March 2014 who had been in treatment longer than 30 days. It found clinically significant positive improvement in all of the indicators.

For example, data shows that, on average, clients who used methamphetamine arrived with severe depression, severe anxiety and moderate stress – and all three emotional states were in the normal range by discharge. Clients who could be followed up at three, six, nine and 12 months remained within the normal range for depression, anxiety and stress, indicating they had made a sustained recovery.

Many methamphetamine clients also arrive at Higher Ground with post-traumatic stress disorder. Of these, the vast majority (82 percent) made clinically significant improvements by discharge.

Higher Grounds outcomes research was published in 2016 in the *International Journal of Therapeutic Communities*.

Good evidence indicates that therapeutic communities – such as Higher Ground – are effective in reducing substance dependency and use, and that 12-step programmes improve outcomes

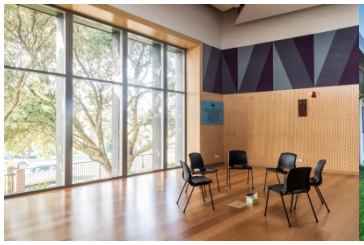
for clients. However, a literature scan conducted as part of the research found no specific data on methamphetamine users' recovery in therapeutic communities, either in New Zealand or overseas.

One of the problems with measuring treatment outcomes in addiction services is finding a valid point of comparison. 'I think it's fair to suggest that for people who don't receive any treatment, their condition often tends to stay the same or get worse,' says Julian King. 'You would expect people not seeking help or getting treatment to still have an addiction problem 12 months later.'

Julian King & Associates has prepared an updated report looking across all Higher Ground clients, not just methamphetamine users, which was released in 2016. Higher Ground continues to conduct research. Reports on its results include:

- Moss M, King J. 2016. *Graduates and Current Residents Feedback on Higher Ground's Treatment Programme*. Auckland: Julian King & Associates
- King J, Dow J, Stevenson B. 2016. Measuring outcomes for TC clients: Higher Ground Drug Rehabilitation Trust. *International Journal of Therapeutic Communities* 37(3): 121–30
- King J, Stevenson B. 2016. *Review of Outcomes for Clients of Higher Ground*. Auckland: Julian King & Associates
- King J. 2014. *Review of Outcomes for Clients Who Use Methamphetamine*. Auckland: Julian King & Associates
- Raymont A. 2013. *Higher Ground Evaluation: Summary of findings.* Auckland: Awhina–Research, Waitemata District Health Board
- Waight S. 2012. *Higher Ground Evaluation: Section IV Report on the Maori Programme*. Auckland: Awhina–Research, Waitemata District Health Board.

To read these documents, go to the Higher Ground website (www.higherground.org.nz).



HIGHER GROUND
DRUG REHABILITATION TRUST