



# Health and Disability Sector Standards 2008

How will the changes affect you?



# What is happening?

- Revised Health and Disability Services Standards come into force on 1 June 2009
- These are sector-agreed Standards
- They follow a 3 year review process
- This included wide consultation with providers, consumers, government and non-government agencies



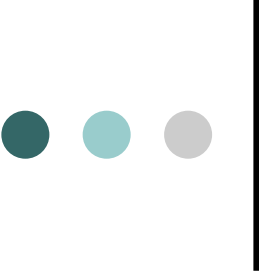
# How will this affect certification?

- Providers whose certifications expire before 1 June 2009 must be audited on the current Standards
- Providers whose certifications expire on or after 1 June 2009 must be audited on the revised Standards



# How will this affect other audits and reports?

- All surveillance audits due on or after 1 June 2009 must be conducted on the revised Standards
- Progress reports that are required as a condition of certification relate to Standards in force at the time of certification



# How significant are the changes?

- Essentially, these are revised Standards rather than completely new Standards
- Changes mainly involve updates or amendments
- Changes have reduced duplication and provided greater clarity and consistency
- Some wording changes place new obligations on providers



# What makes up the Standards?

- NZS 8134.0.2008 Health and Disability Services (General) Standard
- NZS 8134.1.2008 Health and Disability Services (Core) Standards
- NZS 8134.2.2008 Health and Disability Services (Restraint Minimisation and Safe Practice) Standard
- NZS 8134.3.2008 Health and Disability Services (Infection Prevention and Control) Standards



# How many revised Standards are there?

In total there are:

- 43 Core Standards
- 8 Restraint Minimisation Standards
- 6 Infection Prevention and Control Standards



# What has changed?

- There are 2 new Standards (with criteria)
- There are 7 new criteria
- The Standards incorporate the National Mental Health Sector Standards 2001



What are the 2 new  
Standards?



# New Standard

## NZS 8134.1.3 Continuum of Service Delivery

### 1.3.11 Use of Electroconvulsive Therapy (ECT):

Consumers who are administered electroconvulsive therapy are well informed and receive it in a safe manner.

*(Only mental health services that provide ECT need to comply with this Standard)*



# New Standard

## Restraint Minimisation and Safe Practice Standard

### NZS 8134.2.1.1 Restraint Minimisation:

Services demonstrate that the use of restraint is actively minimised.

*(The Restraint Standard has changed in line with requests from the aged care and mental health sectors for services to practice 'restraint free' whenever possible).*



What are the 7 new  
criteria?



# New criteria

## NZS 8134.1.1 Consumer Rights

### 1.1.7.1 Discrimination:

services have policies and procedures to ensure consumers are not subjected to discrimination, coercion, harassment and sexual or other exploitation.

*(The Consumer Rights Standard is a legal requirement under the Human Rights Act 1993)*



# New criteria

## NZS 8134.1.1 Consumer Rights

### 1.1.7.3 Professional boundaries:

service providers maintain professional boundaries and refrain from acts or behaviours which could benefit the provider at the expense or well-being of the consumer.

*(This a legal requirement in the Crimes Act 1961 for non-health practitioners and codes of practice for health practitioners)*



# New criteria

1.1.9.1 Full and open disclosure:  
consumers have a right to full and frank  
information and open disclosure from  
service providers.



# New criteria

1.1.11.3 Staff advocacy education:  
service providers are educated to recognise the right (of consumers) to have an advocate/support person present and identify and appropriately address situations where an advocate/support person is not possible or appropriate.



# New criteria

## NZS 8134.1.2 Organisational Management

### 1.2.4.4 Adverse event reporting/open disclosure policy:

adverse, unplanned and untoward events are addressed in an open manner through an open disclosure policy.



# New criteria

## NZS 8134.1.4 Safe and Appropriate Environment

### 1.4.2.7 Policies and procedures for vehicle transport:

where a consumer is required to be transported by vehicle, there are policies and procedures which minimise risk.



# New criteria

NZS 8134.3:1 Infection Prevention and Control

NZS 8134.3.1.5 Infection Control Management:

There is a defined process for gaining infection control / infectious disease / microbiological advice and support, where this is not available within the organisation.



# Other points to note...

## NZS 8134.1.3 Continuum of Service Delivery

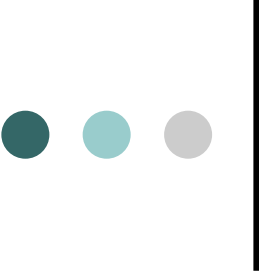
### 1.3.12 Medicine Management

1.3.12.1 A medicine management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, administration, review, storage, disposal **and medicine reconciliation** in order to comply with legislation, protocols and guidelines.



# Medicine Reconciliation- Definition

- “A standardised process of identifying the most accurate list of all medications, (including name, dose, frequency, and route) that a consumer is taking, and using that to provide safe/effective care to that consumer at all transition points within the health and disability service. The process should include eliciting a medication history (including herbal and other over-the-counter preparations) from the consumer (or their representative) and where necessary, verifying this with the consumer’s community pharmacist or GP”.



# How should the Standards be interpreted?

- Service providers need to interpret the intent of statements in the Standards in the context of services they provide
- Requirements are generic in nature because of the broad diversity of the health and disability sector
- There is no intention to standardise terminology throughout the sector



# Is there guidance on how to meet the Standards?

- As before, general guidance is provided throughout the Standards
- The guidance provides examples to help with interpretation
- Examples are a guide only – they may not include **all** methods that could be used to meet a Standard



# A final reminder

- The Standards are focused on outcomes for consumers
- There may be several different ways to achieve an outcome
- Auditors should be skilled in evaluating specific outcomes for different consumers and services
- DAAs will be fully conversant with the revised Standards by mid-March