NZS 8134.1:2008

STANDARDS NEW ZEALAND
PAEREWA AOTEAROA

New Zealand Standard

Health and Disability Services (Core) Standards

Superseding NZS 8134:2001 and NZS 8143:2001

NZS 8134.1:2008

MINISTRY OF HEALTH
MANATŪ HAUORA

Single User PDF Terms & Conditions

You have material which is subject to strict conditions of use. Copyright in this material is owned by the New Zealand Standards Executive. Please read these terms and conditions carefully, as in addition to the usual range of civil remedies available to Standards New Zealand on behalf of the New Zealand Standards Executive for infringement of copyright, under New Zealand law every person who infringes copyright may be liable to a fine of up to $10,000 for every infringing copy or imprisonment of up to 5 years, or a fine of up to $150,000 or imprisonment not exceeding 5 years.

You have access to a single-user licence to read this non-revisable Adobe Acrobat PDF file and print out and retain ONE printed copy only.

We retain title and ownership of the copyright in this PDF file and the corresponding permitted printed copy at all times.

Under this license use of both the PDF file and the single permitted printed copy of this PDF file you may make are restricted to you. Under no circumstances are you permitted to save, sell, transfer, or copy this PDF file, the one permitted printed copy of this PDF file, or any part of either of them.

You undertake that you will not modify, adapt, translate, reverse engineer, decompile, disassemble or create derivative works based on any of the downloaded PDF file, nor will you merge it with any other software or document, even for internal use within your organization.

Under no circumstances may this PDF file be placed on a network of any sort without our express permission.

You are solely responsible for the selection of this PDF file and any advice or recommendation given by us about any aspect of this PDF file is intended for guidance only and is followed or acted upon entirely at your own risk.

We are not aware of any inherent risk of viruses in this PDF file at the time that it is accessed. We have exercised due diligence to ensure, so far as practicable, that this file does not contain such viruses.

No warranty of any form is given by us or by any party associated with us with regard to this PDF file, and you accept and acknowledge that we will not be liable in any way to you or any to other person in respect of any loss or damage however caused which may be suffered or incurred or which may arise directly or indirectly through any use of this PDF file.

Regardless of where you were when you received this PDF file you accept and acknowledge that to the fullest extent possible you submit to New Zealand law with regard to this licence and to your use of this PDF file.

NZS 8134.1:2008

New Zealand Standard

HEALTH AND DISABILITY SERVICES (CORE) STANDARDS

ISBN 1-86975-093-4

NOTES

CONTENTS

Table

NOTES

HEALTH AND DISABILITY SERVICES (CORE) STANDARDS

FOREWORD

GENERAL

NZS 8134.1:2008 *Health and disability services (core) Standards* are generic in nature. They enable consumers to be clear about their rights and providers to be clear about their responsibilities for safe outcomes. NZS 8134.1 ensures:

(a) Consumers receive safe services of an appropriate standard that complies with consumer rights legislation;

(b) Consumers receive timely services which are planned, coordinated, and delivered in an appropriate manner;

(c) Services are managed in a safe, efficient, and effective manner which complies with legislation; and

(d) Services are provided in a clean, safe environment which is appropriate for the needs of the consumer.

NZS 8134.1 is to be read in conjunction with NZS 8134.0 *Health and disability services (general) Standard*, as this contains the definitions and audit framework information applicable across the health and disability suite.

WHAT CAN YOU BUY

NZS 8134.1 *Health and disability services (core) Standards* consists of this document plus:

(a) NZS 8134.1.1 – Consumer rights;

(b) NZS 8134.1.2 – Organisational management;

(c) NZS 8134.1.3 – Continuum of service delivery; and

(d) NZS 8134.1.4 – Safe and appropriate environment.

NZS 8134.1 comprises part of NZS 8134:2008 and may be purchased as a set, that is loose-leaf, four-hole punched, and shrink wrapped for insertion in a binder with room for NZS 8134.0 *Health and disability services (general) Standard,* NZS 8134.2 *Health and disability services (restraint minimisation and safe practice) Standards* and NZS 8134.3 *Health and disability services (infection prevention and control) Standards.*

MENTAL HEALTH AND ADDICTION

Criteria from NZS 8143:2001 *National mental health sector Standard* were incorporated into this Standard during the 2007 review of the health and disability Standards. Seclusion criteria are incorporated into NZS 8134.2:2008 *Health and disability services (restraint minimisation and safe practice) Standards.*

Recovery is an important aspect that did not originally form part of NZS 8143. Where possible the principles and practices of recovery have been incorporated into the *Health and disability services (core) Standard* specifically highlighting examples for mental health and addiction services. It is hoped that these additions will support and assist services to enhance what they are doing currently and to enable them to demonstrate a closer alignment to recovery principles and practices.

RECOVERY

DEFINITION OF RECOVERY

'Recovery happens when we regain personal power and a valued place in our communities. Sometimes we need services to support us to get there'.[1]

Recovery is defined as the ability to live well in the presence or absence of one's mental illness (or whatever people choose to name their experience).[2]

Each person with mental illness needs to define for themselves what 'living well' means to them. The definition is purposefully broad, because the experience of recovery is different for everyone and a range of service models could potentially support recovery.[3]

The addiction sector has a related yet different view of recovery, one that includes both abstinence and harm minimisation perspectives that have evolved over time allowing consumers to choose the approach that best represents their world view. Recovery involves an expectation/hope that people can and will recover from their addiction/unwellness, acceptance that recovery is a process not a state of being, and recognition that the recovery is done by the person addicted/affected, in partnership with the services and wider community.[4]

Recovery is a process, a way of life, an attitude, and a way of approaching the day's challenges. It is not a perfectly linear process. At times the course is erratic and people may falter, slide back, regroup, and start again. The need is to meet the challenge of the disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution.[5]

Any differences in use of the word 'recovery' by particular service-user groups (for example, addiction and 12-step concepts of being 'in recovery') are compatible with other interpretations. Whether recovery is viewed as a journey or a stage or state of being, everyone will recognise and respect these shades of meaning.[6]

For some the term 'recovery' is confused with 'cure' which is not synonymous with living well.

For example, recovery does not necessarily mean a person:

(a) Will no longer have a mental illness;

(b) Will no longer have struggles;

(c) Will no longer use mental health and addiction services;

(d) Won't use medications;

(e) Will necessarily be working, off a benefit, or completely independent in meeting all of their needs.[7]

RECOVERY-ORIENTED SERVICES

The recovery approach to mental health and addiction signals a paradigm shift in the delivery of mental health and addiction services. The understanding of the efficacy of the recovery approach and how this is applied within services continues to evolve. A recovery-oriented mental health and addiction service aims to incorporate recovery principles throughout the delivery of its service. Recovery principles can be further characterised and matched to the following values:

(a) Person orientation: It is vital to understand the strengths and aspirations of every individual consumer;

(b) Person involvement: Outcomes are better for people who have an opportunity for meaningful involvement in the planning and delivery of their services;

(c) Self-determination and choice: Recovery focused mental health and addiction services live the values of choice and partnership. Coercion has the effect of diminishing, rather than strengthening individual consumers;

(d) Growth potential: Hope for the future is an essential ingredient in all recovery-oriented services. This includes evaluating progress towards growth, adjusting services to allow progress to be noticed or acknowledged, as well as altering services to improve progress. [8]

Pat Deegan, a consumer leader from the United States of America proposed that a recovery-oriented service should follow certain practices. These are set out in table 1 with evidence of recovery practices in column 1 and practices that have no recovery focus in column 2. To achieve the paradigm shift the practice needs to change to a greater focus on recovery principles and behaviours.

Table 1 – Comparison of recovery practices[7]

1. Recovery practice	2. No recovery focus
Hope is communicated at every level of service delivery	There is no communication of hope
The relationship between the service and the people accessing the service is based on compassion, understanding, and knowing each other as unique individuals and is the basis for good work to happen	Controlling, caring for, and protecting consumers is the basis of the work
Promoting high expectations for recovery, which is considered the purpose of the service	Stabilisation is the expected outcome of service
Working with individuals in ways that are purposeful and designed to assist people in their growth and recovery toward their dreams, desires and goals. The primary mechanism that supports this process is proactive, planned contact using written goals and evaluated steps toward achieving goals	Work with consumers lacks direction and is crisis-oriented. There is little or no use of planned purposeful contact. No use of written goal planning and goals are driven by service delivery or service providers
An emphasis on self-care, self-management, and education. People are supported to become experts in their own self-care. People are educated about medications, self-help, coping strategies, and symptom management. Information is openly shared and people have access to information	Compliance is desired. Professionals are seen as knowing what is best for consumers. Information is withheld on the basis that consumers do not understand or will not make good use of it
Community integration as the central focus of practice. This includes normal, integrated housing, real work experiences and work that is meaningful to the individual, linking to the community, social, and recreational activities with less emphasis on mental health and addiction service use	There is an emphasis on use of mental health and addiction programmes for work (sheltered work, pre-vocational work units, classes) social and recreational endeavours (psychosocial groups)
People being supported to take risks (failure is part of individual growth)	Protection and emotional safety are of primary concern

Table 1 – Comparison of recovery practices[7] (continued)

1. Recovery practice	2. No recovery focus
There is an encouragement and valuing of peer support and mutual self-help	Peer support and mutual self-help is not talked about or supported by service providers
The service provider anticipating crises and doing pre-crisis and crisis planning with people	Service providers do not spend time on health and wellness or wellness planning and therefore spend much time tending to crisis

NZS 8134.1 has endeavoured to incorporate the principles of recovery, encouraging services to build on good practice and current guidelines to make recovery an essential focus of service development.

FAMILIES AND RECOVERY

People who are ill are not ill in isolation.[2]

Many families wish to be involved in assisting the recovery of their family member and are often the foundation for the enhancement of the person's inner strengths, support, security, and identity.[6] This requires mental health and addiction services to be proactive, to facilitate, and empower family whānau in their role of supporting their family member. The extent to which family/whānau are involved in the consumer's recovery journey is ultimately the decision of the consumer, however family/whānau and primary caregivers have legal and other rights to some information and support.

Services need to ensure service providers have a good understanding of the impact of mental illness on the family, acknowledging family issues and assisting the family to build resilience and to identify goals for the family's own recovery. Services should ensure information is shared, that there is family involvement, and consultation in the planning and decision-making process if the family/whānau are the primary caregiver.

[1] Mental Health Commission. *Our Lives in 2014 – A recovery vision from people with experience of mental illness for the second mental health plan and the development of the health and social sectors.* Wellington: Mental Health Commission, 2004.

[2] Mental Health Commission. *Blueprint for mental health services in New Zealand: How things need to be.* Wellington: Mental Health Commission, 1998.

[3] Mental Health Commission. *Recovery competencies for New Zealand mental health workers.* Wellington: Mental Health Commission, 2001.

[4] Ministry of Health. *Te kōkiri – The mental health and addiction action plan 2006-2015*. Wellington: Ministry of Health, 2006.

[5] Deegan P. 'Recovery: The Lived Experience of Rehabilitation'. *Psychosocial Rehabilitation Journal*, 11 (4) April 1988.

[6] Mental Health Commission. *Te hononga 2015 – Connecting for greater well-being*. Wellington: Mental Health Commission, 2007.

[7] Goscha, R. & Huff, S. *Basic case management training manual.* Kansas: The University of Kansas School of Social Welfare, 2001

[8] Farkas, et al. 'Implementing recovery oriented evidence based programs: Identifying the critical dimensions', *Community Mental Health Journal*, 41(2), April 2005.

REFERENCED DOCUMENTS

Reference is made in this document to the following:

NEW ZEALAND STANDARDS

NZS 3003.1:2003	Electrical Installations – Patient areas of hospitals and medical and dental practices – Testing requirements
NZS 4121:2001	Design for access and mobility: Buildings and associated facilities
NZS 4304:2002	Management of healthcare waste
NZS 8006:2006	Screening, risk assessment and intervention for family violence including child abuse and neglect
NZS 8134.0:2008	Health and disability services (general) Standard
NZS 8134.2:2008	Health and disability services (restraint minimisation and safe practice) Standards
NZS 8134.3:2008	Health and disability services (infection prevention and control) Standards
NZS 8143:2001	National mental health sector Standard (superseded by NZS 8134:2008)
NZS 8153:2002	Health records

JOINT AUSTRALIAN/NEW ZEALAND STANDARDS AND HANDBOOK

AS/NZS 2500:2004	Guide to the safe use of electricity in patient care
AS/NZS 3003:2003	Electrical installations – Patient areas of hospitals, medical and dental practices and dialyzing locations
AS/NZS 3551:2004	Technical management programs for medical devices
AS/NZS 4146:2000	Laundry practice
AS/NZS 4360:2004	Risk management
AS/NZS 4370:1996	Restraint of children with disabilities in motor vehicles
SAA HB 436:2004	Risk management guidelines – Companion to AS/NZS 4360:2004

AUSTRALIAN STANDARD

AS 2828-1999	Paper-based health care records

LATEST REVISIONS

The users of this Standard should ensure that the copies of the above mentioned New Zealand Standards and referenced overseas Standards are the latest revisions or include the latest amendments. Amendments to referenced New Zealand and joint Australian/New Zealand Standards can be found on http://www.standards.co.nz.

OTHER PUBLICATIONS

Age Concern New Zealand Incorporated. *Promoting the rights and well-being of older people and those who care for them (An Age Concern Resource Kit)*. Wellington: Age Concern New Zealand Incorporated, 1992.

Deegan, P. Recovery: 'The lived experience of rehabilitation.' *Psychosocial Rehabilitation Journal* 11, no. 4 (1988): 11 – 19.

Drinka, T J K. & Clark, P G. *Health care teamwork: interdisciplinary practice & teaching*. Westport, CT: Auburn House, 2000.

Farkas, M, Gagne, C, Anthony, W et al. 'Implementing recovery oriented evidence based programs: Identifying the critical dimensions.' *Community Mental Health Journal* 41, no. 2 (2005): 141 – 158.

Goscha, R, & Huff, S. *Basic care management training manual.* The University of Kansas, School of Social Development, 2006.

Health and Disability Commissioner. *Guidance on open disclosure policies.* Wellington: Health and Disability Commissioner, 2007.

Health Capital and Asset Management Consortium (HCAMC). *Australasian health facility guidelines*, 2006.

Mental Health Commission (1998). *Blueprint for mental health services in New Zealand: How things needs to be.* Wellington: Mental Health Commission, 1998.

Mental Health Commission (2004). *Our lives in 2014, A recovery vision from people with experience of mental illness.* Wellington: Mental Health Commission, 2004.

Mental Health Commission (2001) *Recovery competencies for New Zealand mental health workers.* Wellington: Mental Health Commission, 2001.

Mental Health Commission (2007). *Te hononga 2015: Connecting for greater well-being.* Wellington: Mental Health Commission, 2007.

Ministry of Health (2005) *Electroconvulsive therapy audit report.* Wellington: Ministry of Health, 2005.

Ministry of Health (2004) *Family violence intervention guidelines – Elder abuse and neglect.* Wellington: Ministry of Health, 2007.

Ministry of Health (1996-2006). *Food and nutrition guidelines*. Wellington: Ministry of Health, 1996 – 2006.

Ministry of Health. *He korowai oranga: Māori health strategy.* Wellington: Ministry of Health, 2002.

Ministry of Health. *IQ action plan: Supporting the improving quality approach.* Wellington: Ministry of Health 2003.

Ministry of Health. *Laundry guidelines for rest homes and small hospitals.* Wellington: Ministry of Health, 1997.

Ministry of Health. *New Zealand disability strategy,* 2001.

Ministry of Health. Te kōkiri – *The mental health and addiction action plan 2006 – 2015*. Wellington: Ministry of Health, 2006.

Ministry of Social Development. *The family violence intervention programme.* Wellington: Ministry of Social Development, 2006.

New Zealand Food Safety Authority. *An introduction to HACCP food safety information for New Zealand businesses.* Revised ed. Wellington: New Zealand Food Safety Authority, 2003.

New Zealand Medicines and Medical Devices Safety Authority. *Safe management of medicines – A guide for managers of old people's homes and residential care facilities.* Wellington: Ministry of Health, 1997.

Royal Australian and New Zealand College of Psychiatrists. *Guidelines on the administration of ECT* (Clinical Memorandum 12). Melbourne: Royal Australian and New Zealand College of Psychiatrists, 2007.

Welsh, B & King D. *Knowing the people planning.* London: Nuffield NHS Trust, 2006.

NEW ZEALAND LEGISLATION

Births, Deaths and Marriages Registration Act 1995

Building Act 2004

Charitable Trusts Act 1957

Companies Act 1993

Coroners Act 2006

Crimes Act 1961

Criminal Justice Act 1985

Fire Safety and Evacuation of Buildings Regulations 2006

Fire Service Act 1975
Food Act 1981
Hazardous Substances and New Organisms Act 1996
Health Act 1956
Health and Disability Commissioner Act 1994
Health and Disability Services (Safety) Act 2001
Health and Safety in Employment Act 1992
Health Practitioners Competence Assurance Act 2003
Health (Retention of Health Information) Regulations 1996
Human Rights Act 1993
Incorporated Societies Act 1908
Land Transport Act 1998
Medicines Act 1981
Medicines Regulations 1984
Mental Health (Compulsory Assessment and Treatment) [MH (CAT)] Act 1992
New Zealand Bill of Rights Act 1990
New Zealand Building Code (NZBC) and Compliance Documents
New Zealand Public Health and Disability Act 2000
Privacy Act 1993
Protection of Personal and Property Rights Act 1988
Resource Management Act 1991
Smoke-free Environments Act 1990

LATEST REVISIONS

The users of this Standard should ensure that their copies of the above-mentioned New Zealand Standards are the latest revisions. Amendments to referenced New Zealand and Joint Australian/New Zealand Standards can be found on www.standards.co.nz.

CODES

Code of Health and Disability Services Consumers' Rights (the Code) 1996

Health Information Privacy Code 1994

WEBSITES

Health and Disability Commission	http://www.hdc.org.nz
Like Minds, Like Mine	http://www.likeminds.org.nz
Medsafe	http://www.medsafe.govt.nz
Ministry of Health	http://www.moh.govt.nz
New Zealand Food Safety Authority	http://www.nzfsa.govt.nz
New Zealand Health Information Service	http://www.nzhis.govt.nz
New Zealand Pharmacovigilance Centre	http://carm.otago.ac.nz
New Zealand Legislation	http://www.legislation.govt.nz
New Zealand Transport Agency	http://www.nzta.govt.nz
Office for Disability Issues	http://www.odi.govt.nz
Safe and Quality Use of Medicines Group	http://www.safeuseofmedicines.co.nz

RELATED DOCUMENTS AND GUIDELINES

When interpreting this Standard it may be helpful to refer to other documents, including but not limited to:

NEW ZEALAND STANDARDS

NZS 4102:1996 Safer house design – Guidelines to reduce injury at home

NZS 4121:2001 Design for access and mobility – Buildings and associated facilities

NZS 6703:1984 Code of practice for interior lighting design

NEW ZEALAND HANDBOOKS

NZMP 6004:1999 Safer electrical installations in homes for children, the elderly and people with disabilities.

SNZ 8134.5:2005 Health and disability sector Standards – Proposed audit workbook and guidance for residential services for people with dementia.

AUSTRALIAN STANDARD

AS 1668.2-2002 The use of ventilation and air conditioning in buildings – Ventilation design for indoor air contaminant control.

RELATED LEGISLATION

Children, Young Persons and their Families Act 1989

Employment Relations Act 2000

Intellectual Disability (Compulsory Care and Rehabilitation) [ID(CCR)] Act 2003

Local Government Act 2002

Misuse of Drugs Act 1975

Misuse of Drugs Regulations 1977

Official Information Act 1982

Public Finance Act 1989

RELATED DOCUMENTS AND GUIDELINES

ACC. *Traumatic brain injury rehabilitation guidelines.* Wellington: ACC, 1998.

Department of Health. *The NHS healthcare cleaning manual*. U.K: Department of Health, 2004. http://patientexperience.nhsestates.gov.uk/clean_hospitals/ch_content/cleaning_manual/introduction.asp

Ministry of Health. *Consent in child and youth health – Information for practitioners.* Wellington: Ministry of Health,1998.

Ministry of Health. *Guidelines for clinical risk assessment and management in mental health services.* Wellington: Ministry of Health, 1998.

Ministry of Health. *Guidelines for cultural assessment in mental health services.* Wellington: Ministry of Health, 1995.

Ministry of Health. *Guidelines for effective consumer participation in mental health services.* Wellington: Ministry of Health, 1995.

Ministry of Health. *Guidelines for reducing violence in mental health services.* Wellington: Ministry of Health, 1994.

Ministry of Health. *Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992*. Wellington: Ministry of Health, 2000.

Ministry of Health. *He taura tieke : Measuring effective health services for Māori*. Wellington: Ministry of Health, 1995.

Ministry of Health. *Standards of care for old people's homes.* Wellington: Ministry of Health, 1987.

Ministry of Health. *Standards for home based services.* Wellington: Ministry of Health, 1995.

Ministry of Health. *Standards for needs assessment for people with disabilities.* Wellington: Ministry of Health, 1994.

Ministry of Health. *Standards for traditional Māori healing.* Wellington: Ministry of Health, 1999.

Ministry of Health/Health Funding Authority *Mental Health Services*. Wellington: Ministry of Health/Health Funding Authority,1998.

National Advisory Committee on Health and Disability/ADARDS. *Guidelines for the support and management of people with dementia*. Wellington: Ministry of Health, 1997.

Neal, L J. Neal theory of home health nursing practice. *Journal of Nursing Scholarship*. 31(3) (1999): 251 – 252

New Zealand Guidelines Group. *Assessment and management of cardiovascular risk*. Wellington: New Zealand Guidelines Group, 2003.

New Zealand Guidelines Group. *Assessment processes for older adults*. Wellington: New Zealand Guidelines Group, 2003.

New Zealand Guidelines Group. *Cardiac rehabilitation*. Wellington: New Zealand Guidelines Group, 2002.

New Zealand Guidelines Group. *Effective consumer voice and participation for New Zealand*, Wellington: New Zealand Guidelines Group, 2004.

New Zealand Guidelines Group. *Guidelines for smoking cessation*. Wellington: New Zealand Guidelines Group, 2002.

New Zealand Guidelines Group. *Life after stroke: New Zealand guideline for management of stroke.* Wellington: New Zealand Guidelines Group, 2003.

New Zealand Guidelines Group. *Suite of evidence-based guidelines and resources for consumers and practitioners on musculoskeletal disease*. Wellington: New Zealand Guidelines Group, 2003 – 2004.

New Zealand Guidelines Group. *Suite of evidence-based mental health guidelines and resources for consumers and practitioners*. Wellington: New Zealand Guidelines Group, 1995 – 2006.

New Zealand Guidelines Group. *The management of people with atrial fibrillation and flutter.* Wellington: New Zealand Guidelines Group, 2005.

New Zealand Guidelines Group. *Traumatic brain injury: Diagnosis, acute management and rehabilitation.* Wellington: New Zealand Guidelines Group, 2006.

New Zealand Hospitals Association. *Standard criteria and manual for implementing a food safety plan.* Wellington: New Zealand Hospitals Association, 1997.

Pharmaceutical Society of New Zealand. *Quality standards for pharmacy in New Zealand.* Wellington: Pharmaceutical Society of New Zealand, 1996 with 2004 amendments.

Te Puni Kōkiri Ministry of Māori Development. *Hauora o te tinana me ona tikanga : A guide for the removal, retention, return and disposal of Māori body parts, organ donation and post-mortem : Māori and their whānau.* Wellington: Te Puni Kōkiri Ministry of Māori Development, 1999.

United Nations. *United Nations convention on the rights of the child.* United Nations, 1989.

Victorian Government Department of Human Services. *Cleaning standards for Victorian public hospitals.* Melbourne: Victorian Government Department of Human Services, 2004. http://infectioncontrol.health.vic.gov.au/cleaning

Waitemata District Health Board. *Guidance on open disclosure policies.* Auckland: Waitemata District Health Board, 2006.

WEBSITES

Best Treatments	http://www.besttreatments.net/btgeneric/home.html or free access via http://www.nzgg.org.nz
Cochrane Library	http://www.nicsl.com.au/cochrane/ or free access via http://www.nzgg.org.nz
Guidelines International Network (G-I-N)	http://www.g-i-n.net
Ministry of Health Guidelines	http://www.moh.govt.nz
Nationwide Health and Disability Advocacy Service	http://www.hdc.org.nz/advocacy
National Institute of Clinical Evidence (NICS)	http://www.nhmrc.gov.au/nics/asp/index.asp
New Zealand Guidelines Group	http://www.nzgg.org.nz
New Zealand Pharmacovigilance Centre	http://carm.otago.ac.nz
Schizophrenia Fellowship New Zealand Inc.	http://www.sfnat.org.nz

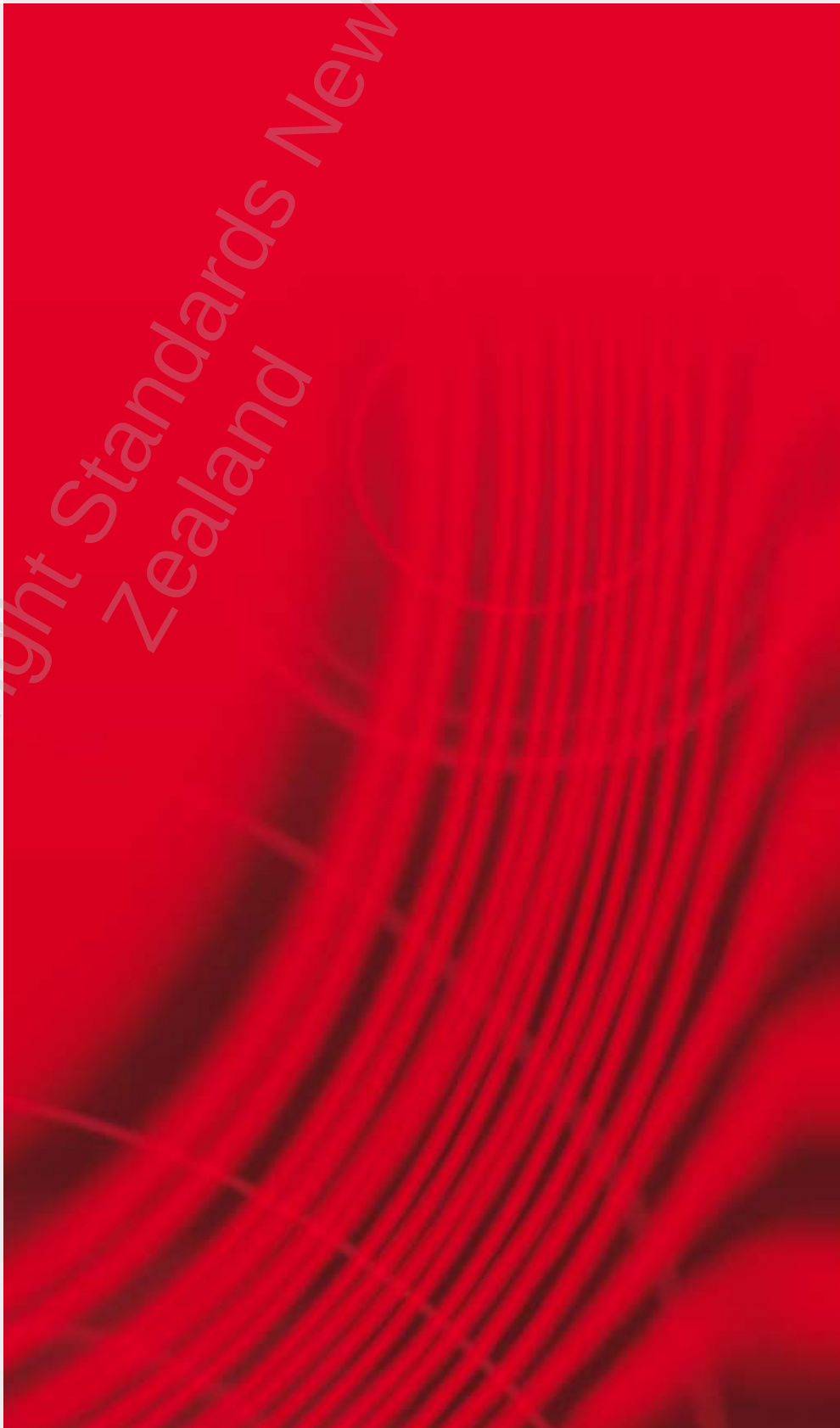
NOTES

NZS 8134.1.1:2008

New Zealand Standard

Health and Disability Services (Core) Standards –
Consumer rights

Superseding NZS 8134:2001 and NZS 8143:2001



NZS 8134.1.1:2008

New Zealand Standard

HEALTH AND DISABILITY SERVICES (CORE) STANDARDS

1.1: CONSUMER RIGHTS
NGĀ TIKANGA O TE KIRITAKI

ISBN 1-86975-097-7

NOTES

CONTENTS

NOTES

HEALTH AND DISABILITY SERVICES STANDARDS
(CORE) STANDARDS

FOREWORD

NZS 8134.1:2008 *Health and disability services (core) Standards* are generic in nature. They enable consumers to be clear about their rights and providers to be clear about their responsibilities for safe outcomes.

NZS 8134.1 ensures:

(a) Consumers receive safe services of an appropriate standard that complies with consumer rights legislation;

(b) Consumers receive timely services which are planned, coordinated, and delivered in an appropriate manner;

(c) Services are managed in a safe, efficient, and effective manner which complies with legislation; and

(d) Services are provided in a clean, safe environment which is appropriate for the needs of the consumer.

NZS 8134.1 *Health and disability services (core) Standards* includes referenced and related documents, a section on recovery, and also includes the following Standards:

(e) NZS 8134.1.1 – Consumer rights

(f) NZS 8134.1.2 – Organisational management

(g) NZS 8134.1.3 – Continuum of service delivery, and

(h) NZS 8134.1.4 – Safe and appropriate environment.

Each is to be read in conjunction with NZS 8134.0 *Health and disability services (general) Standard*, as this contains the definitions and audit framework information applicable across the health and disability suite.

GUIDANCE

G 1 The purpose is to assist health and disability service providers to give effect to the Code of Health and Disability Services Consumers' Rights 1996 (the Code). Providers will need to be able to demonstrate how their service, as well as their practice, complies with the Code. A provider is not in breach of the Code if the provider has taken reasonable actions in the circumstances to give effect to the rights, and comply with the duties, in this Code. The onus is on the provider to prove it took reasonable actions. For clarity, 'the circumstances' means all the relevant circumstances, including the consumer's clinical circumstances and the provider's resource constraints.

G 1.1.1 Education, including induction and ongoing professional development, will be provided to all service providers relevant to their role and level of contact with consumers.

G 1.2.1 The manner in which the Code of Health and Disability Services Consumers' Rights is displayed may vary according to the nature of the service.

G 1.2.2 Services may need to organise an interpreter to ensure a consumer is aware of their rights, so effective communication can occur and the consumer can be fully informed and able to make informed decisions. The Code could be put into plain language (using graphics) or talking book format.

Other rights covered by NZS 8134.1 include those outlined in the:

(a) Human Rights Act; and

(b) Privacy Act.

G 1.2.4 Information about the Nationwide Health and Disability Advocacy Service and where they exist, peer/consumer advocacy services is clearly displayed and brought to the attention of the consumer and their family/whānau of choice where appropriate. The manner in which the information is displayed may vary according to the nature of the service.

G 1.3.1 This may include, but is not limited to:

(a) Inpatient and residential settings that provide dedicated areas for consumers to keep their personal property and possessions;

(b) With the exception of clinical requirements such as an operating theatre, consumers are able to wear their own clothing;

(c) Service providers ensure the doors and curtains are closed as appropriate to provide privacy;

(d) Consumers are assured visual and auditory privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements;

(e) Moving to a more suitable area to conduct an examination, or consultation and privacy for attending to personal hygiene requirements;

(f) Consumers can meet with their family/whānau of choice where appropriate, and friends in a private space or room other than their bedroom.

G 1.3.2 Services need to be able to demonstrate how this is achieved. This may include, but is not limited to:

(a) Ensuring consumers unable to represent themselves, access input from family/whānau of choice where appropriate in order to maintain their cultural values and beliefs during service delivery;

(b) Specific training to prepare service providers to respond appropriately;

(c) Policy guidance for service providers on safe cultural practice, how to respond to culturally related requests, where to find relevant references and resources, and how to seek assistance when this is required;

(d) A dedicated Māori advisory position or group that is proactive in providing practical assistance to service providers to enable the service providers to achieve safe practice with Māori consumers and whānau;

(e) The consumer, and when requested by the consumer, the family/whānau or other representatives, are consulted about individual values and beliefs;

(f) Practices relating to the consumer's cultural or spiritual beliefs about death and dying are observed. Consumers whose death is imminent are afforded privacy and time with loved ones.

CONSUMER RIGHTS
NGĀ TIKANGA O TE KIRITAKI

Outcome 1 Consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

CONSUMER RIGHTS DURING SERVICE DELIVERY
NGĀ AHUATANGA KIA WHAKAWĀTEATIA KI TE KIRITAKI I A IA E WHAKAORANGIA ANA

Standard 1.1 **Consumers receive services in accordance with consumer rights legislation.**

Criterion The criterion required to achieve this outcome shall include the organisation ensuring:

1.1.1 Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporates them as part of their everyday practice.

Standard 1.2 **Consumers are informed of their rights.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

1.2.1 The Code of Health and Disability Services Consumers' Rights (the Code) is clearly displayed and easily accessible to all consumers.

1.2.2 Information about the Code and other rights is provided at the earliest opportunity in languages and formats suited to the needs of consumers who use the service.

1.2.3 Opportunities are provided for explanations, discussion, and clarification about the Code with the consumer, family/whānau of choice where appropriate and/or their legal representative during contact with the service.

1.2.4 Information about the Nationwide Health and Disability Advocacy Service is clearly displayed and easily accessible and should be brought to the attention of consumers.

INDEPENDENCE, PERSONAL PRIVACY, DIGNITY, AND RESPECT
RANGATIRATANGA, WHAIARO, TŪMATAITI, MANA, ME TE MANAAKI

Standard 1.3 **Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

1.3.1 The service respects the physical, visual, auditory, and personal privacy of the consumer and their belongings at all times.

1.3.2 Consumers receive services that are responsive to the needs, values, and beliefs of the cultural, religious, social, and/or ethnic group with which each consumer identifies.

1.3.3 Consumers shall be addressed in a respectful manner by their preferred name.

1.3.4 Consumers have access to spiritual care of their choice. ➤

GUIDANCE

G 1.3.5 Sexual health information is readily available.

G 1.3.6 There are policies to guide service providers acting on advance directives and maximising independence when they are caring for people where this is likely to be an issue. Services for older people, people with disabilities, mental health and addiction services, and rehabilitation services are examples of where such policies would be appropriate.

G 1.3.7 Specific policies and procedures on abuse and neglect may include but are not limited to the following:

(a) Education programmes for service providers are repeated at appropriate intervals to maintain knowledge;

(b) Mechanisms to identify and respond in a timely manner to incidents of abuse or neglect;

(c) Advance directives.

For further information refer to NZS 8006, the Family violence intervention guidelines – Elder abuse, and the Family violence intervention programme.

G 1.4.1 This may include but is not limited to:

(a) A dedicated Māori advisory position or ability to access and consult with Māori;

(b) Recognising the cultural diversity and uniqueness of Māori and eliminating the risk of discrimination;

(c) Developing a monitoring strategy with iwi, hapū and whānau to evaluate services for Māori;

(d) Recognising that spirituality is inextricably linked to Māori well-being;

(e) Actively recruiting service providers that reflect the consumer population;

(f) Ensuring that Māori service providers have equal opportunity for development and training;

(g) Ensuring cross cultural training for service providers who are providing services to Māori;

(h) Māori participation at all levels of the service;

(i) Active collaboration with Māori in service delivery;

(j) Protection and improvement of Māori health status.

G 1.4.2 This may be achieved by, but is not limited to:

(a) The use of printed material or media that will effectively inform Māori about the service(s) being provided;

(b) The use of Te Reo Māori in pre-entry and entry information;

(c) Providing information to referral sources;

(d) Availability of service providers acceptable to Māori;

(e) Access to Māori support and advocacy services;

(f) Access to interpreters.

G 1.4.3 This may include, but is not limited to:

(a) Demonstration through a Māori health plan that is developed and implemented by the organisation; and

(b) Consultation with Māori/tangata whenua in all areas of service planning, development, and implementation affecting Māori.

G 1.4.4 This may be achieved by, but is not limited to:

(a) Ensuring consumers unable to represent themselves access input from whānau, iwi, and hapū in order to maintain their cultural values and beliefs during service delivery;

(b) Identification and documentation of specific Māori cultural needs of the consumer;

(c) Developing protocols which effectively support Māori consumers in meeting their cultural needs;

(d) Involvement of kaumātua/kuia and tohunga;

(e) Validation and observance of the Māori perspective of health which includes cultural, social, spiritual, whānau, environmental, and emotional factors in addition to physical health.

1.3.5 Consumers' intimacy and sexuality are supported in a manner that ensures the rights of the individual are protected and intervention only occurs to maintain balance between the personal rights and/or well-being of the consumer and those of others.

1.3.6 Services are provided in a manner that maximises each consumer's independence and reflects the wishes of the consumer.

1.3.7 Consumers are kept safe and are not subjected to, or at risk of, abuse and/or neglect.

RECOGNITION OF MĀORI VALUES AND BELIEFS
TE ARO NUI KI NGĀ UARA ME NGĀ TIKANGA A TE MĀORI

Standard 1.4 **Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

1.4.1 Māori consumers receive services consistent with their cultural values and beliefs.

1.4.2 Māori consumers have access to appropriate services, and barriers to access within the control of the organisation are identified and eliminated.

1.4.3 The organisation plans to ensure Māori receive services commensurate with their needs.

1.4.4 Māori consumers' right to practise their cultural values and beliefs while receiving services is acknowledged and facilitated by service providers. ➤

GUIDANCE

G 1.4.5 This may be achieved by, but is not limited to:

(a) Identifying opportunities and implementing procedures to incorporate whānau support at each point of service delivery;

(b) Identifying and eliminating barriers to whānau support and participation;

(c) Involving whānau and their knowledge of the individual during service delivery.

G 1.4.6 This may include, but is not limited to:

(a) Establishing and maintaining links with Māori stakeholders when developing new services;

(b) Demonstrating consultation with iwi, hapū, whānau and Māori community groups which have links with the service should the consumer wish;

(c) Evaluating recommendations and the level of satisfaction with service delivery by Māori consumers and their whānau using the service.

G 1.4.7 *This may include, but is not limited to:*

(a) 'Like Minds Like Mine' information displayed;

(b) Positive Māori media;

(c) Access to Māori research and writings on Māori well-being, such as Professor Mason Durie's work (refer to http://maori.massey.ac.nz/staff/mason.shtml);

(d) Public health information campaigns and programme providers are available in an appropriate form;

(e) Conference and training budgets;

(f) Evidence of service provider's education of consumer/family/whānau.

G 1.5.1 (c) *The service delivers and facilitates appropriate services for Pacific people and recognises the fundamental importance of the bond between Pacific consumers, their family/whānau of choice, their elders/mātua, religious groups, and the community where appropriate.*

G 1.5.2 *This may include, but is not limited to:*

(a) Relevant information is displayed;

(b) Positive Pacific media;

(c) Access to Pacific research and writings on the health of Pacific people;

(d) Public health information campaigns and programme providers are available in an appropriate form;

(e) Conference and training budgets;

(f) Evidence of service provider's education of consumer/family/whānau.

G 1.6.1 Documented policies and procedures are implemented that ensure the organisation delivers services in a culturally safe manner.

G 1.6.2 This may include, but is not limited to demonstrating consultation with disability community groups.

1.4.5 The importance of whānau and their involvement with Māori consumers is recognised and supported by service providers.

1.4.6 Tangata whenua are consulted in order to meet the needs of Māori consumers.

MHA* 1.4.7 *The service provides education and support for tangata whaiora, whānau, hapū, and iwi to promote Māori mental well-being.*

RECOGNITION OF PACIFIC VALUES AND BELIEFS
WHAKAAETANGA KI NGĀ UARA ME NGĀ WHAKAPONO O TE MOANA NUI A KIWA

Standard 1.5 **Pacific consumers have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

1.5.1 *The service delivers and facilitates appropriate services for Pacific consumers and recognises the fundamental importance of the relationships between Pacific consumers, their families, and the community. This shall include, but is not limited to the service:*

MHA*

(a) Developing effective relationships with Pacific people to support active participation across all levels;

(b) Where appropriate, developing services that are based on Pacific frameworks/models of health that promote clinical and cultural competence;

(c) Ensuring access to services based on Pacific people's need and planning and delivering services accordingly;

(d) Developing a culturally enhanced workforce that will respond effectively to the needs of Pacific consumers. This may include actively recruiting and employing service providers with links to Pacific people and providing suitable education/training/mentoring of service providers to respond to specific cultural requirements and preferences.

1.5.2 *The service provides education, training, and support to Pacific people or other agencies to promote the well-being of Pacific people.*

RECOGNITION AND RESPECT OF THE INDIVIDUAL'S CULTURE, VALUES, AND BELIEFS
HE MĀRAMA, HE MANAAKI I TE AHUREA, I NGĀ UARA ME NGĀ WHAKAPONO A TE TANGATA

Standard 1.6 **Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

1.6.1 Consumers receive services in a manner that takes into account their cultural and individual values and beliefs.

1.6.2 The consumer and when appropriate and requested by the consumer the family whānau of choice or other representatives, are consulted on their individual values and beliefs.

* applies to mental health and addiction services only

GUIDANCE

G 1.7.1 Policies and procedures need to outline the safeguards to protect consumers from discrimination, coercion, harassment, and exploitation along with the actions that will be taken if there is inappropriate or unlawful conduct and the safety of a consumer is compromised or put at risk. This relates to discrimination that is unlawful under Part 2 of the Human Rights Act.

As applicable, these policies should include, but are not limited to:

(a) Responsiveness to complaints of any form of impropriety;

(b) Management of consumer finances and personal accounts;

(c) Safety and identification of consumer property.

G 1.7.3 As applicable, these policies should include, but are not limited to:

(a) Conflict of interest (for example, policies and procedures address the accepting of gifts and personal transactions with a consumer);

(b) The appropriate code for the service provider. This may include the Code of Ethics and Code of Practice.

G Standard 1.8 Various sections within the Standard deal specifically with a consumer's right to receive services of an appropriate quality. This includes:

(a) Human resource management for employing competent service providers, ongoing education, supervision, and mentoring arrangements;

(b) Policies and procedures for providing continuity of care and cooperation between providers;

(c) Incident reporting systems that are linked to open disclosure and quality improvement processes.

G 1.8.1 The service makes available to service providers a range of opportunities which may include, but are not limited to:

(a) Reference material and resources;

(b) Conference attendance;

(c) Study days;

(d) Evidence-based guidelines;

(e) Clinical pathways;

(f) Treatment protocols;

(g) Access to mentoring, supervision, and professional development;

(h) Consumer developed and provided education;

(i) Access to professional networking opportunities for service providers to share their knowledge.

Policies and procedures should be based on evidence-based rationales, which are monitored and evaluated.

G 1.9.3 This may be achieved by, but is not limited to service providers:

(a) Identifying themselves to consumers, using appropriate communication mediums;

(b) Wearing identification badges;

(c) Displaying a photo poster of all service providers and their names in a prominent place in the area where service provision is carried out;

(d) Ensuring consumers are aware of who they should discuss any aspects of their care with.

G 1.9.4 A process for accessing interpreter services is developed. This is accessed when required.

DISCRIMINATION WHAKAPARAHAKO

Standard 1.7 **Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other explotiation.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

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

MHA* 1.7.2 *Service providers should have an understanding of discrimination. Service providers shall demonstrate knowledge of the barriers to recovery posed by discrimination, which translates into provider systems that promote recovery.*

1.7.3 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.

MHA* 1.7.4 *The service does not withdraw support or deny access to treatment and support programmes when or if the consumer refuses some aspects of treatment.*

1.7.5 *The service actively works to identify and address prejudicial attitudes and discriminatory practices and behaviours within its own service and any other service it has links with.*

GOOD PRACTICE WHANONGA PAI

Standard 1.8 **Consumers receive services of an appropriate standard.**

Criterion The criterion required to achieve this outcome shall include the organisation ensuring:

1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.

COMMUNICATION TAUWHITIWHITI

Standard 1.9 **Service providers communicate effectively with consumers and provide an environment conducive to effective communication.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.

1.9.2 Service providers allow sufficient time and an appropriate space for discussions to take place.

1.9.3 Consumers are assisted to identify service providers involved in their care.

1.9.4 Wherever necessary and reasonably practicable, interpreter services are provided.

* applies to mental health and addiction services only

GUIDANCE

G 1.10.1 Consent processes identified for the following situations, may include, but are not limited to:

(a) Routine situations;

(b) Emergency situations;

(c) Electroconvulsive therapy (ECT);

(d) Do-not-resuscitate situations;

(e) Consumers who are unable to consent;

(f) Children and young people;

(g) Involvement in teaching;

(h) Involvement in research;

(i) Storage, disposal, and return of body parts/tissues and bodily substances;

(j) The use of advance directives;

(k) Meeting the needs of consumers;

(l) Other situations appropriate to the service where informed consent is required.

G 1.10.2 The consumer is provided with understandable, written and verbal information on the potential benefits, adverse effects, alternatives, costs, and predictable inconvenience associated with a particular treatment or therapy. With the consumer's informed consent, their family/whānau of choice may be provided with the same information where this is required. This may include, but is not limited to:

(a) Use of interpreters and advocates;

(b) Provision of information in a variety of languages and formats;

(c) A system of checking the information is understood;

(d) Provision of information suggesting other available methods of treatment or therapy.

G 1.10.3 It is well recognised that the provision of information is an ongoing process and not a one-off event. A system should be in place to check consumers understand the information.

G 1.10.5 This may be achieved by, but is not limited to ongoing training and education in the principles and practice of informed consent.

G 1.10.6 The choices and decisions recorded and acted on may vary according to the nature of the service. This may include but is not limited to:

(a) Identifying and recording consumer's desired outcomes;

(b) Significant decisions such as changing homes or major financial decisions.

G 1.10.7 An advance directive is a written or oral directive:

(a) By which a consumer makes a choice about a possible future care procedure;

(b) Is effective only when the consumer is not competent.

In some situations an advance directive will not be valid. When deciding whether to follow an advance directive the clinician should consider:

(c) Was the consumer competent to make the advance directive?

(d) Did the consumer make the decision to prepare an advance directive of their own free will?

(e) Was the consumer sufficiently informed to make the decision?

(f) Does the advance directive apply to the present circumstance? Is it different from the time when the directive was made/put in place?

(g) Is the advance directive out of date?

The service should communicate with service providers on how to make advance directives.

INFORMED CONSENT TE WHAKAAE I RUNGA I TE MŌHIO

Standard 1.10 **Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

1.10.1 Informed consent policies/procedures identify:

(a) Recording requirements;

(b) Information (including documentation) to be provided to the consumer by the service;

1.10.2 Service providers demonstrate their ability to provide the information that consumers need to have, to be actively involved in their recovery, care, treatment, and support as well as for decision-making.

1.10.3 Information is made available to consumers in an appropriate format and in a timely manner.

1.10.4 The service is able to demonstrate that written consent is obtained where required.

1.10.5 Service providers have a thorough knowledge and understanding of how to meet their duties to consumers in relation to Rights 5, 6, and 7 of the Code.

1.10.6 Consumer choices and decisions are recorded and acted on.

1.10.7 Advance directives that are made available to service providers are acted on where valid.

S* **1.10.8** *The service has processes that give effect to consumers' requests on the storage, return or disposal of body parts, tissues, and bodily substances, taking into account the cultural practices of Māori and other cultures.*

1.10.9 *Where a service stores or uses body parts and/or bodily substances, there are processes and policies in place that meet Right 7(10) of the Code.*

* applies to acute, secondary or tertiary services only

GUIDANCE

G 1.11.1 The information should be provided in a way the consumer is able to understand.

G 1.12.1 Consumers have access to visitors of their choice (including children) when the safety of the consumer and others is not compromised. The safety of consumers in the presence of visitors needs to be assured. This may include, but is not limited to:

(a) Clinical stability of consumer;

(b) Legal status of consumer;

(c) Safety in relation to room size and/or other consumers in a shared room;

(d) Appropriate behaviour of visitors – such as behaviours that impinge on the safety of the consumer, other consumers, and/or service providers.

Services should ensure all consumers' safety and well-being is not compromised by visitors to the service.

ADVOCACY AND SUPPORT MAHI TAUNAKI ME TE TAUTOKO

Standard 1.11 Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

1.11.1 Consumers are informed of their rights to an independent advocate, how to access them, and their right to have a support person(s) of their choice are to be present.

1.11.2 The service has policies to facilitate the presence of advocates/support persons.

1.11.3 Service providers are educated to recognise this right to have an advocate/support person present and identify and appropriately address situations where an advocate/support person is not possible or appropriate.

LINKS WITH FAMILY/WHĀNAU AND OTHER COMMUNITY RESOURCES
NGĀ HONONGA KI NGĀ WHĀNAU ME ĒTAHI ATU RAUEMI A TE HAPORI

Standard 1.12 Consumers are able to maintain links with their family/whānau and their community.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

1.12.1 Consumers have access to visitors of their choice.

1.12.2 Consumers are supported to access services within the community when appropriate.

COMPLAINTS MANAGEMENT TE TIROTIRO WHAKAPAE

Standard 1.13 The right of the consumer to make a complaint is understood, respected, and upheld.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

1.13.1 The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.

1.13.2 Information about a consumer's right to complain and the complaints process is available. Copies are provided for the consumer.

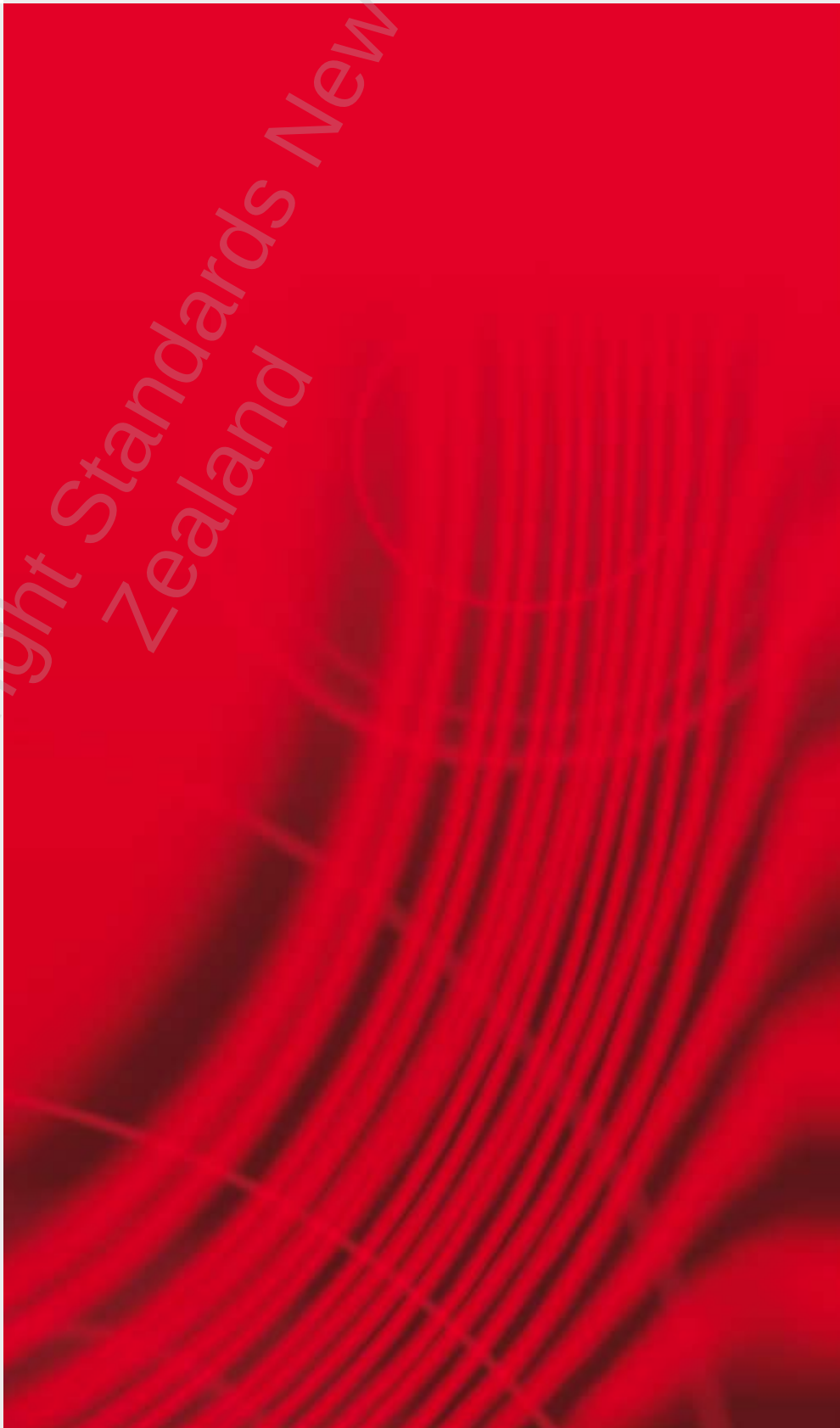
1.13.3 An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.

NZS 8134.1.2:2008

New Zealand Standard

Health and Disability Services (Core) Standards –
Organisational management

Superseding NZS 8134:2001 and NZS 8143:2001



NZS 8134.1.2:2008

New Zealand Standard

HEALTH AND DISABILITY SERVICES (CORE) STANDARDS

1.2: ORGANISATIONAL MANAGEMENT
NGĀ WHAKAHAERE A TE UMANGA

ISBN 1-86975-098-5

NOTES

CONTENTS

NOTES

HEALTH AND DISABILITY SERVICES STANDARDS
(CORE) STANDARDS

FOREWORD

NZS 8134.1:2008 *Health and disability services (core) Standards* are generic in nature. They enable consumers to be clear about their rights and providers to be clear about their responsibilities for safe outcomes.

NZS 8134.1 ensures:

(a) Consumers receive safe services of an appropriate standard that complies with consumer rights legislation;

(b) Consumers receive timely services which are planned, coordinated, and delivered in an appropriate manner;

(c) Services are managed in a safe, efficient, and effective manner which complies with legislation; and

(d) Services are provided in a clean, safe environment which is appropriate for the needs of the consumer.

NZS 8134.1 *Health and disability services (core) Standards* includes referenced and related documents, a section on recovery, and also includes the following Standards:

(e) NZS 8134.1.1 – Consumer rights

(f) NZS 8134.1.2 – Organisational management

(g) NZS 8134.1.3 – Continuum of service delivery, and

(h) NZS 8134.1.4 – Safe and appropriate environment.

Each is to be read in conjunction with NZS 8134.0 *Health and disability services (general) Standard*, as this contains the definitions and audit framework information applicable across the health and disability suite.

GUIDANCE

G 2.1.1 This may be achieved by, but is not limited to:

(a) A written quality and risk management plan which may be separate or included in service/strategic/business plans;

(b) Clearly identifying the goals, objectives, and scope of service delivery;

(c) Including statements about quality activities;

(d) Reference to the quality model or philosophy selected by the organisation, such as the PDCA Cycle (Plan, Do, Check, Act), Accreditation, or ISO Certification.

For mental health and addiction services this may include, but is not limited to:

(e) A mission statement identifying recovery approach/principles as driving the service;

(f) Management clearly articulate, create, and maintain a recovery focus and communicate this within the organisation;

(g) Policies and standard operating procedures are compatible with the principles/practices of recovery;

(h) Business/quality planning matches proposed developments to comply with all or part of a recovery oriented service;

(i) The model of case management clearly defines compliance with recovery principles/practices;

(j) 'Knowing the people planning' framework is used in compiling the business plan.

G 2.1.2 This may include, but is not limited to:

(a) The governing body ensuring there are effective communication systems and working relationships in order to deliver coordinated services. This should occur within and across the health and disability service, and with other relevant organisations and individuals;

(b) The organisation considering the diversity and unique needs of its communities of interest, including consumers, the cultural and social groups represented in their community and this is reflected in the strategic documents.

G 2.2.1 Temporary absence includes, but is not limited to:

(a) Illness;

(b) Leave;

(c) Position vacancy.

G 2.2.2 This may be achieved by, but is not limited to, ensuring that:

(a) Adequate separation or compatibility exists between different consumer groups if they are receiving services within the same facility;

(b) Arrangements should be appropriate to the needs and interests of each consumer group without detriment to any group;

(c) Consumers (including children and young people) are provided services in a developmentally and environmentally appropriate manner.

Outcome 2 Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

GOVERNANCE TE ĀHUA O TE WHAKAHAERE WHĀNUI

Standard 2.1 The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

2.1.1 The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.

2.1.2 Organisational performance is aligned with, and regularly monitored against, the identified values, scope, strategic direction, and goals.

2.1.3 The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.

SERVICE MANAGEMENT TE WHAKAHAERE RATONGA

Standard 2.2 The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

2.2.1 During a temporary absence a suitably qualified and/or experienced person performs the manager's role.

2.2.2 Services are planned to meet the specific needs of the consumer groups entering the service.

GUIDANCE

G 2.3.1 This may be achieved by, but is not limited to:

(a) A quality improvement and risk management policy;

(b) A quality and risk plan that is coordinated or integrated with the business or operational plan, and:

(i) Describes the quality and risk structure of the organisation

(ii) Demonstrates links to the Ministry of Health IQ action plan: supporting the improving quality approach

(iii) Demonstrates how key improvement activities link to quality and risk systems such as infection control, health and safety, compliance audits

(iv) Details the quality activities and projects for services

(v) Describes the quality model in place in the organisation such as the PDCA Cycle (Plan Do Check Act), Accreditation, or ISO Certification;

(c) Minutes of quality improvement meetings that demonstrate service quality improvement and risk management activity and the tracking and monitoring of a quality improvement action plan;

(d) Reports of quality improvement activity that are communicated across the organisation;

(e) Relevant Standards or contract requirements are identified and implemented.

G 2.3.2 This may be achieved by, but is not limited to:

(a) Quality improvement and risk management activities are adequately resourced;

(b) Quality teams have multidisciplinary membership, including all levels of service providers, and management representation as appropriate;

(c) Quality improvement and risk management reports are reviewed at board level and/or senior management level and recommendations are considered and acted upon as appropriate;

(d) Key stakeholders, including consumers/family/whānau of choice are consulted on service provision and quality improvement and risk management activity, and their participation is encouraged as appropriate;

(e) Efficient use of outcome measurement tools.

G 2.3.3 This may be achieved by, but is not limited to:

(a) Ensuring the quantity and detail specified in policies and procedures is relevant to the scope and complexity of the service provided;

(b) Ensuring policies and procedures reflect current accepted good practice within the relevant sectors;

(c) Ensuring any legislative requirements are included;

(d) Having processes in place to identify when and where new policies and procedures are required;

(e) Having processes in place to develop and approve new policies and procedures prior to full implementation;

(f) Having systems in place for reviewing and updating policies and procedures regularly;

(g) Having processes in place to ensure service providers are educated on new/reviewed policies.

G 2.3.6 This may be achieved by, but is not limited to ensuring quality improvement data:

(a) Are appropriate to the organisation's needs;

(b) Analysis is accurate;

(c) Are unbiased and use acceptable analysis tools;

(d) Results are communicated to service providers; and

(e) Consider consumers' needs.

QUALITY AND RISK MANAGEMENT SYSTEMS
PŪNAHA WHAKAHAERE KOUNGA, TIROTIRO WHAKARARU

Standard 2.3 **The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

2.3.1 The organisation has a quality and risk management system which is understood and implemented by service providers.

2.3.2 Management and service providers enables consumer participation and consultation wherever appropriate.

2.3.3 The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.

2.3.4 There is a document control system to manage the policies and procedures. This system shall ensure documents are approved, up to date, available to service providers and managed to preclude the use of obsolete documents.

2.3.5 Key components of service delivery shall be explicitly linked to the quality management system.

This shall include, but is not limited to:

(a) Event reporting;

(b) Complaints management;

(c) Infection control;

(d) Health and safety;

(e) Restraint minimisation.

2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.

2.3.7 A process to measure achievement against the quality and risk management plan is implemented. ➤

GUIDANCE

G 2.3.8 This may be achieved by, but is not limited to:

(a) An internal audit/monitoring programme to measure achievement;

(b) Consumer/family/whānau, other representatives, service provider, and referrer satisfaction surveys;

(c) Complaint and compliment management;

(d) Formal retrospective auditing of the documentation;

(e) Peer review, multidisciplinary team review;

(f) Developing a monitoring strategy with whānau, hapū, and iwi to evaluate if Māori needs are being met.

G 2.3.9 Appropriate to the size and complexity of the organisation this may be achieved by, but is not limited to:

(a) AS/NZS 4360 and SAA/SNZ HB 436;

(b) Managing risk associated with the provision of services including:

- (i) Service environment
- (ii) Natural disaster and emergency (internal and external)
- (iii) Business continuity and recovery planning
- (iv) Occupational health and safety
- (v) Human resource management and recruitment
- (vi) Information management
- (vii) Legislative compliance
- (viii) Contractual;

(c) Reducing the risk of potential harm occurring to consumers as a result of:

- (i) Current health and/or disability status
- (ii) Clinical risk
- (iii) Support and/or diagnostic/treatment regimes
- (iv) Outdated calibration of equipment
- (v) Ability to perform activities of daily living
- (vi) Impaired capacity to make decisions
- (vii) Exposure to infection
- (viii) Harm by/to others
- (ix) Disturbing behaviour
- (x) Cultural values and beliefs not being met
- (xi) Exit, discharge, and transfer
- (xii) Mortality data;

(d) Minimising the opportunity for potential harm to occur through:

- (i) Informed consent
- (ii) Specific risk assessment tools
- (iii) Multidisciplinary team input
- (iv) Where appropriate providing relevant information and support to family/whānau of choice and carers;

(e) Analysis of data is informed by:

- (i) Quality programmes
- (ii) Education and training
- (iii) Systems for effective communication
- (iv) Recognition of Māori values and beliefs
- (v) Recognition of other ethnic/cultural/spiritual values and beliefs;

(f) Managing potential harm arising from equipment, systems, and processes.

2.3.8 A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.

2.3.9 Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:

(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk;

(b) A process that addresses/treats the risks associated with service provision is developed and implemented.

GUIDANCE

G 2.4.1 This may be achieved by, but is not limited to including a process for:

(a) Investigation;

(b) Analysis;

(c) Identification of trends;

(d) Planned corrective action;

(e) Review processes.

G 2.4.2 These requirements are contained in, but are not limited to:

(a) Health Act;

(b) Coroners Act;

(c) Mental Health (Compulsory Assessment and Treatment) Act;

(d) Births, Deaths and Marriages Registration Act;

(e) Health and Safety in Employment Act;

(f) Health and Disability Services (Safety) Act;

(g) New Zealand Public Health and Disability Act;

(h) Health Practitioners Competence Assurance Act;

(i) Reporting requirements of the New Zealand Fire Service as specified in the Fire Safety and Evacuation of Buildings Regulations;

(j) Professional practice/legislation requirements.

G 2.4.3 This may be achieved by, but is not limited to recording/reporting:

(a) Accidents and incidents;

(b) Adverse clinical events;

(c) Complaints and suggestions;

(d) Infections/notifiable diseases;

(e) Other events as indicated by statute, regulation or professional practice standards.

G 2.4.4 Consumers have the right to be fully informed of all adverse events in relation to the service they receive, the implications of those events and the outcomes of any reviews.

Open disclosure:

(a) Affirms consumers and where appropriate their family/whānau of choice rights;

(b) Fosters open and honest professional relationships;

(c) Enables systems to change to improve service quality and consumer safety; and

(d) Includes guidance and support for service providers to implement the policy.

NOTE – The Health and Disability Commissioner has provided 'Guidance on open disclosure policies' to assist providers with this approach. Refer to http://www.hdc.org.nz for further information.

ADVERSE EVENT REPORTING PŪRONGO TAKAHANGA KŌARO

Standard 2.4 **All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

2.4.1 The event reporting system is a planned and coordinated process that is an integral part of the management system.

2.4.2 The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.

2.4.3 The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.

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

GUIDANCE

G 2.5.1 *This may include, but is not limited to:*

(a) The service encourages consumers and service providers to take part in decision-making in service delivery, and in governance, management, planning, and evaluation within all services. This may include, but is not limited to:

(i) Consultation with a consumer adviser

(ii) Consultation with a joint consumer and family/whānau advisory group

(iii) Contracting of consumer advisory services;

(b) Clear policies and procedures on consumer participation, including definitions highlighting the differences between advocacy and advisory roles;

(c) Strategic/service delivery planning is developed through a process of consultation with the consumer and the community of interest, and there is a process to provide the community of interest with a summary of the current service delivery plan content;

(d) A plan for maximising participation in the service by people receiving the service is established and implemented;

(e) The service is appropriate to the size, type, and complexity of the community;

Consumers may be involved in:

(f) Strategic planning;

(g) Quality committees;

(h) Quality improvement projects;

(i) Service development;

(j) Service provider selection and training;

(k) Policies and procedures;

(l) Advisory groups at service/team levels;

(m) Inquiries.

G 2.5.2 *This may include, but is not limited to their roles and responsibilities are clearly outlined and include areas such as accountabilities, confidentiality, and conflicts of interest.*

G 2.5.4 *This may include, but is not limited to consulting with consumers and consumer groups when developing consumer participating processes.*

G 2.5.5 *This may include, but is not limited to:*

(a) Consumer forums;

(b) Consumer satisfaction surveys;

(c) Consumer advisory groups;

(d) Focus groups;

(e) Consumers networking with local people receiving the service and consumer groups.

G 2.6.1 *This may include, but is not limited to:*

(a) Clear policies and procedures on family/whānau participation, including definitions highlighting the differences between advocacy and advisory roles;

(b) A plan is established and implemented for maximising participation in the health service by the consumer's family/whānau of choice;

Family/whānau may be involved in:

(c) Strategic planning;

(d) Quality committees;

(e) Quality improvement projects;

(f) Service development;

(g) Service provider selection and training;

(h) Policies and procedures;

(i) Advisory groups at service/team levels;

(j) Inquiries.

CONSUMER PARTICIPATION URUNGA KIRITAKI

Standard 2.5 **Consumers are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

2.5.1 *The service demonstrates consumer participation in the planning, implementation, monitoring, and evaluation of service delivery.*

2.5.2 *Consumers and consumer groups involved in planning, implementation, and evaluation of services have clear terms of reference and position descriptions, and are appropriately reimbursed for expenses and/or paid for their time and expertise.*

2.5.3 *The service assists with training and support for consumers and service providers to maximise consumer participation in the service.*

This shall include:

MHA*

(a) Education and/or training for service providers whose colleagues are consumers working in the service;

(b) Supervision, debriefing, and peer support.

2.5.4 *The service has policies and procedures related to consumer participation. The policies and procedures are used to maximise consumer involvement in the service and ensures their feedback is sought on the collective view.*

This shall include, but is not limited to:

(a) Employing consumers where practicable;

(b) The service assisting with education, training, and support for consumers to maximise their participation in the service;

(c) Training for service providers in working with consumers as advisors;

(d) Advisors liaising with consumer groups or networks.

2.5.5 *The service implements processes that involve consumers at all levels of service delivery.*

FAMILY/WHĀNAU PARTICIPATION URUNGA WHĀNAU

Standard 2.6 **Family/whānau of choice are involved in the planning, implementation, and evaluation of the service to ensure services are responsive to the needs of individuals.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

2.6.1 *The service demonstrates family/whānau and community participation where relevant, in the planning, implementation, monitoring, and evaluation of service delivery.*

MHA*

2.6.2 *Family/whānau who participate in an advisory capacity have clear terms of reference.*

This shall include, but is not limited to:

(a) Advice is sought from family/whānau advisory groups when developing a terms of reference; ➤

* applies to mental health and addiction services only

GUIDANCE

G 2.6.3 *This may include, but is not limited to consulting with the family/whānau of choice when developing family/whānau participating processes.*

G 2.7.1 Service providers should have a thorough understanding of key legislation that impacts on children and young people if they provide services for children and young people. For mental health and addiction services this may also include, but is not limited to:

(a) Performance review is measured against the Mental Health Recovery Competencies;

(b) Policies require that all service providers understand recovery principles and that their understanding is demonstrated in their daily practice;

(c) Supervision processes exist which support the fostering/monitoring of recovery principles/practices in the care of consumers;

(d) Ongoing training opportunities are provided to allow service providers to discuss and apply the implementation of recovery principles and use the recovery tools.

G 2.7.2 The service demonstrates effective systems for employing competent service providers with the required skills for each position. This may be achieved by, but is not limited to:

(a) Sighting and recording of practice registration/certificate renewal information;

(b) Credentialling of service providers;

(c) Privileging of service providers (awarding of practice rights);

(d) An internal process for evaluating competence.

G 2.7.3 These processes may include, but are not limited to:

(a) Reference checking;

(b) Education/qualification checking;

(c) Police record checking;

(d) Recruitment and selection processes which encourage a wide range of applicants;

(e) Policies and processes accommodating the workplace needs of service providers with disabilities;

(f) Actively recruiting service providers who reflect the consumer population;

(g) Selection strategies which include assessment of the knowledge, attitudes, beliefs, and skills of service providers required to meet the need of the consumer.

G 2.7.4 This may be achieved by, but is not limited to:

(a) Appropriate orientation before a new practitioner provides care to consumers. Additional requirements may be imposed where the practitioner is new to the New Zealand health system;

(b) Service provider familiarity with:

(i) The quality improvement plan

(ii) Policies and procedures

(iii) Health and safety requirements

(iv) The authority and responsibility of the position

(v) Key functions and Standards

(vi) Organisation's vision and values;

(c) An internal process for evaluating if the service provider is competent to perform the role;

(d) For mental health and addiction services this may include education on recovery principles and practices.

G 2.7.5 This may be achieved by, but is not limited to:

(a) Identifying opportunities to improve service delivery;

(b) Identifying education needs and associated time frames to meet these;

(c) Appraisal system;

(d) Ensuring the competency of service providers;

(e) Provision of feedback to service providers which is accurate and meaningful on consumer outcomes;

(f) Promotion of a team approach;

(g) A system for service providers to provide feedback on the performance of their management team;

(h) Performance management.

(b) Roles and responsibilities shall be clearly outlined and include accountabilities, confidentiality, and conflicts of interest.

2.6.3 *The service has policies and procedures related to family/whānau participation. The policies and procedures are used to maximise family/whānau involvement in the service and ensures their feedback is sought on the collective view.*

MHA*

This shall include, but is not limited to:

(a) Employing family/whānau where practicable;

(b) The service assisting with education, training, and support for families/whānau to maximise their participation in the service;

(c) Training for service providers in working with families/whānau as advisors;

(d) Advisors liaising with family/whānau groups or networks.

HUMAN RESOURCE MANAGEMENT MAIMOA PŪMANAWA TANGATA

Standard 2.7 **Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

2.7.1 The skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.

2.7.2 Professional qualifications are validated, including evidence of registration and scope of practice for service providers.

2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.

2.7.4 New service providers receive an orientation/induction programme that covers the essential components of the service provided.

2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.

* applies to mental health and addiction services only

GUIDANCE

G2.8.1 This may be achieved by, but is not limited to:

(a) Determining service provider levels in consultation with health and/or disability professionals where the service meets a particular clinical and/or support need, particularly when the service manager has no clinical or support background;

(b) Implementing systems or processes that measure and report on resource provision in relation to consumer needs including:

(i) Support/dependency/acuity levels

(ii) Clinical indicators

(iii) Safety/security

(iv) Provision of a safe environment

(v) Responding to consumers' needs within acceptable/recognised or negotiated time frames

(vi) Responding to fluctuations in demands

(vii) Functional status

(viii) Age mix

(ix) Gender mix

(x) Meeting cultural values and beliefs

(xi) Spiritual, religious and ethical beliefs

(xii) Equipment availability;

(c) Appropriately qualified/skilled service providers/mentors are available to provide the service where professional expertise is required;

(d) Service provision reflects an appropriate skill mix, combining both knowledge and experience;

(e) Adequate and appropriate supervision/direction/support is provided in a manner that maintains public safety where required;

(f) Suitably experienced service providers are available to provide the service;

(g) For organisations that provide services for Māori, the service actively recruits and employs people with links to whānau, hapū and iwi who have relevant cultural knowledge and experience.

SERVICE PROVIDER AVAILABILITY TE ARO NUI, TE TAUTŌHITO O NGĀ TAUMATUA

Standard 2.8 **Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.**

Criterion The criterion required to achieve this outcome shall include the organisation ensuring:

2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.

GUIDANCE

G2.9.1 This may be achieved by, but is not limited to ensuring all relevant information is entered into the consumer information system within 48 hours of entry to the service, or the next working day. Information should be in line with the requirements of the New Zealand Health Information Service (NZHIS), where applicable.

G.2.9.2 This may be achieved by, but is not limited to:

(a) Date of admission/entry;
(b) Full name;
(c) Preferred name;
(d) Alternative family names;
(e) Date of birth;
(f) Gender;
(g) Ethnicity (for example, NZHIS ethnicity code);
(h) Usual residential address;
(i) National Health Index (NHI) unique identifier;
(j) First contact name and contact details;
(k) Second contact name and contact details;
(l) General Practitioner (GP) or lead carer;
(m) Enduring Power of Attorney or other authorised agent or guardian;
(n) Referrer;
(o) Religion/spirituality;
(p) Date of exit/discharge/transfer/death;
(q) Exit/discharge/transfer information.

G 2.9.4 This may include but, is not limited to:

(a) Consumer records reflect the information requirements specified in the service policy;
(b) Consumer records contain adequate and appropriate information in order to facilitate safe management of records.

G 2.9.5 Information about past consumers should be kept in compliance with the Health Information Privacy Code.

G 2.9.6 This may include, but is not limited to:

(a) Health Information Privacy Code;
(b) Privacy Act;
(c) Health (Retention of Health Information) Regulations;
(d) Health Act;
(e) Human Rights Act;
(f) Companies Act;
(g) Incorporated Societies Act;
(h) Charitable Trusts Act;
(i) AS 2828;
(j) NZS 8153.

CONSUMER INFORMATION MANAGEMENT SYSTEMS
TE PŪNAHA WHAKAHAERE PĀRONGO KIRITAKI

Standard 2.9 **Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

2.9.1 Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.

2.9.2 The detail of information required to manage consumer records is identified relevant to the service type and setting.

2.9.3 Where the service is responsible for NHI registration of consumers, the recording requirements specified by the NZHIS are met.

2.9.4 Where the service is not required to meet the data requirements of the NZHIS adequate consumer detail is collected to safely manage consumer information.

2.9.5 The service keeps a record of past and present consumers.

2.9.6 Management of health information meets the requirements of appropriate legislation and relevant professional and sector Standards where these exist. ➤

GUIDANCE

G 2.9.7 This may be achieved by, but is not limited to ensuring:

(a) Visible information displayed on notification boards does not include sensitive information from which the health status or needs of a consumer could be determined;

(b) Sensitive information, including consumer records and service plans, is protected from unauthorised access.

G 2.9.8 This may be achieved by, but is not limited to:

(a) The service provider documenting and implementing procedures that assist service providers in meeting current information privacy requirements;

(b) Ensuring information is recorded in keeping with the organisation's, lead carer's, or specialist's delegated procedure;

(c) Ensuring service providers are briefed in, and comply with, the requirements of the Health Information Privacy Code and Health (Retention of Health Information) Regulations.

G 2.9.9 This may be achieved by, but is not limited to ensuring all entries are:

(a) Written clearly;

(b) Objective and factual, using abbreviations which are listed and approved;

(c) Authorised/signed with time and date in a legible manner by the service provider making the entry;

(d) Made in ink, electronic or other mediums acceptable under statute;

(e) Not defaced;

(f) Signed. This should be via a relevant signing register.

G 2.9.10 Where practicable, this may be achieved by, but is not limited to ensuring:

(a) Where possible all records should be in a single file/document. Where multiple volume health records exist (including departmental records) for a single consumer, the organisation should have a written policy for the management and creation of these, including guidance on how these files are linked, and which file is used for current information. Where a consumer has more than one physical file in their health record such as multiple volumes, the number of volumes should be clearly identified on the front cover of each file, for example, vol. 2 of 4;

(b) Each member of the team documents health information in a single continuous record for each consumer in a timely manner;

(c) All parts of the record, including both electronic and physical components, are clearly linked in order to locate them for retrieval;

(d) Consumer's outpatient or specialist reports are linked to the consumer's records, at the time of admission and during treatment.

2.9.7 Information of a private or personal nature is maintained in a secure manner that is not publicly accessible or observable.

2.9.8 Service providers use up-to-date and relevant consumer records.

2.9.9 All records are legible and the name and designation of the service provider is identifiable.

2.9.10 All records pertaining to individual consumer service delivery are integrated.

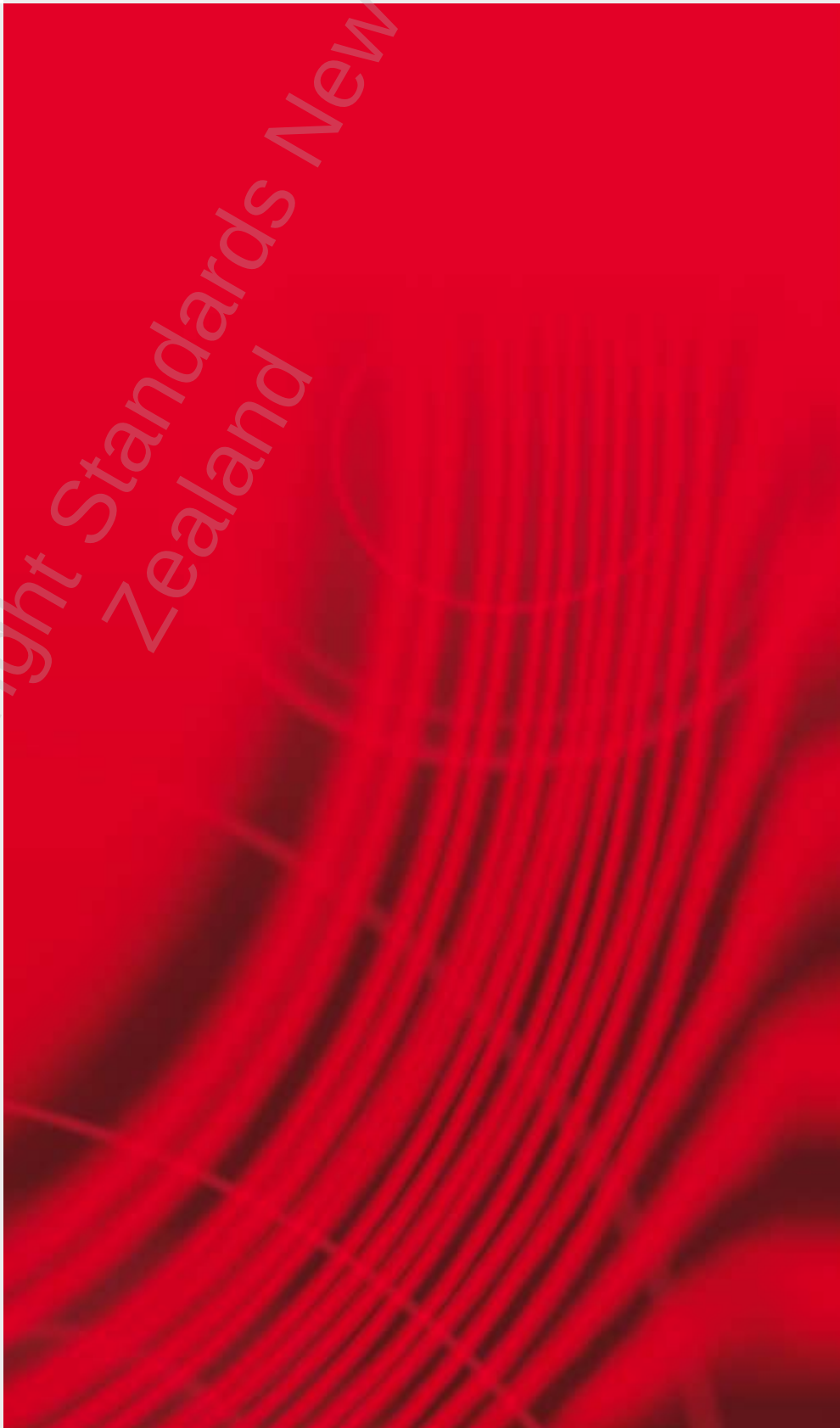
NZS 8134.1.3:2008

New Zealand Standard

Health and Disability Services (Core) Standards –

Continuum of service delivery

Superseding NZS 8134:2001 and NZS 8143:2001



NZS 8134.1.3:2008

New Zealand Standard

HEALTH AND DISABILITY SERVICES (CORE) STANDARDS

1.3: CONTINUUM OF SERVICE DELIVERY
HE HĀTEPE TUKU RATONGA

ISBN 1-86975-099-3

NOTES

CONTENTS

NOTES

HEALTH AND DISABILITY SERVICES STANDARDS
(CORE) STANDARDS

FOREWORD

NZS 8134.1:2008 *Health and disability services (core) Standards* are generic in nature. They enable consumers to be clear about their rights and providers to be clear about their responsibilities for safe outcomes.

NZS 8134.1 ensures:

(a) Consumers receive safe services of an appropriate standard that complies with consumer rights legislation;

(b) Consumers receive timely services which are planned, coordinated, and delivered in an appropriate manner;

(c) Services are managed in a safe, efficient, and effective manner which complies with legislation; and

(d) Services are provided in a clean, safe environment which is appropriate for the needs of the consumer.

NZS 8134.1 *Health and disability services (core) Standards* includes referenced and related documents, a section on recovery, and also includes the following Standards:

(e) NZS 8134.1.1 – Consumer rights

(f) NZS 8134.1.2 – Organisational management

(g) NZS 8134.1.3 – Continuum of service delivery, and

(h) NZS 8134.1.4 – Safe and appropriate environment.

Each is to be read in conjunction with NZS 8134.0 *Health and disability services (general) Standard*, as this contains the definitions and audit framework information applicable across the health and disability suite.

GUIDANCE

G 3.1 For mental health and addiction services where admission is needed, the service makes every attempt to achieve voluntary admission of the person requiring the service.

G 3.1.1 This may include, but is not limited to:

(a) Service type;
(b) Location;
(c) Hours of service;
(d) Prioritisation process;
(e) Referral processes and criteria;
(f) Entry criteria;
(g) Pre-entry assessment/preparation;
(h) Related services where applicable;
(i) Out-of-hours contact information where applicable;
(j) Cost and/or financial assistance available;
(k) Service review and feedback processes.

G 3.1.2 This may be achieved by, but is not limited to:

(a) Ensuring the hours of service are appropriately communicated to facilitate consumer access to the service;
(b) Out-of-hours contact information is available where applicable;
(c) Other means appropriate to the service type/setting;
(d) Information is provided on how to access services in a crisis, including contact telephone numbers.

G 3.1.3 This may be achieved by, but is not limited to:

(a) The use of printed material or material appropriate to the communication needs/style of Māori and other consumers;
(b) Alternative formats such as Braille, large print, freephone number, translation into the different languages of likely consumer groups;
(c) Interpreter policy, including the use of sign language as appropriate;
(d) Providing information to potential referral sources;
(e) Email address;
(f) Website information;
(g) Other means appropriate to the service type/setting.

G 3.1.5 *This may include, but is not limited to:*

(a) Management of waiting lists, which is clearly communicated to consumers;
(b) Risk assessment protocol;
(c) Crisis intervention service;
(d) A relapse prevention plan;
(e) An advance directive.

G 3.2.1 Emergency situations may require more proactive action.

G 3.2.2 Feedback to consumers/family/whānau should be in a format appropriate to the needs/condition of the consumer.

CONTINUUM OF SERVICE DELIVERY
HE HĀTEPE TUKU RATONGA

Outcome 3 Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.

ENTRY TO SERVICES WHAKAURUNGA KI NGĀ RATONGA

Standard 3.1 **Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.1.1 Access processes and entry criteria are clearly documented, and are communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.

3.1.2 The service operates at times most appropriate to meet the needs of the consumer group.

3.1.3 Adequate and accurate information about the service is made available.

3.1.4 Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.

MHA* & S**

3.1.5 *To facilitate appropriate and timely entry to the service, a system is implemented to prioritise referrals and identify potential risks for each consumer, including considering previous risk management plans.*

DECLINING REFERRAL/ENTRY TO SERVICES
TE WHAKAPEKAINA URUNGA KI NGĀ RATONGA

Standard 3.2 **Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.2.1 Where a consumer is declined entry to the service this is recorded and the referrer is informed.

3.2.2 When entry to the service has been declined, the consumers and where appropriate their family/whānau of choice are informed of the reason for this and of other options or alternative services.

* applies to mental health and addiction services only

** applies to acute, secondary or tertiary services only

GUIDANCE

G 3.3.1 This may include, but is not limited to:

(a) Consumers being able to access the assistance of a peer support service;

(b) For mental health and addiction services, this may include employing service providers who have a personal experience of mental illness and/or addiction;

(c) The provider having current up-to-date knowledge and experience and a level of competence appropriate to the role being performed or being adequately supervised by a service provider with the necessary competence.

G 3.3.2 This may include, but is not limited to:

(a) Offering the consumer and where appropriate their family/whānau of choice opportunities to meet with service providers to provide advice/education on service delivery;

(b) Identification and enhancement of consumer and where appropriate family strengths;

(c) Supporting the consumer and family/whānau to access community resources;

(d) Assisting the consumer and where appropriate their family/whānau of choice to identify specific goals if required.

G 3.3.3 This may include, but is not limited to:

(a) Service provision time frames are documented in order to meet consumer needs in line with time frames specified in:

(i) Clinical pathways/desired clinical outcomes

(ii) The organisation's policies/procedures

(iii) Purchaser contracts/service requirements

(iv) Applicable standards/guidelines/legislation;

(b) Negotiation with consumers;

(c) A monitoring process to ensure time frames are met;

(d) A process to identify and respond to variances/trends.

G 3.3.4 This may include, but is not limited to:

(a) Adequate handover/briefing between shifts;

(b) Promoting an multidisciplinary approach where appropriate;

(c) Rostering that promotes service provider continuity for consumers;

(d) Cooperation between providers.

G 3.3.6 *This may include, but is not limited to:*

(a) Education in family/whānau communication and problem solving skills;

(b) Family/whānau counselling and ongoing support;

(c) Support for children of parents with a mental illness.

SERVICE PROVISION REQUIREMENTS NGĀ WHAKARITENGA WHAKARATONGA

Standard 3.3 **Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.3.1 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.

3.3.2 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is developed with the consumer, and where appropriate their family/whānau of choice or other representatives as appropriate.

3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.

3.3.4 The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.

MHA* **3.3.5** *The service provides information about the consumer's physical and mental health and well-being to the consumer, their family/whānau of choice where appropriate, and other services it has links with.*

3.3.6 *The service works to reduce as far as possible the impact and distress of ongoing mental illness, and provides or facilitates access to information, education, and programmes for consumers and family/whānau, to reduce psychiatric disability, prevent relapse, promote wellness and optimal quality of life for the consumer.*

This shall include, but is not limited to:

(a) Consumer support group referrals;

(b) Education programmes;

(c) Consultation and liaison with community groups or relevant self-help groups.

* applies to mental health and addiction services only

GUIDANCE

G 3.4.1 This may include, but is not limited to ensuring that:

(a) Where more than one service provider is involved the assessment is coordinated;

(b) Where the service provider responsible for the assessment is different to the service provider responsible for service delivery, linkages between the two exist;

(c) Policies or protocols should be in place to ensure cooperation between service providers and continuity of service;

(d) Organisations have clear processes which encourage service providers to actively seek information from a range of sources, for example family/whānau, GP, referrer, employer;

(e) Service providers promote the reduction of multiple plans and assessments;

(f) The assessment is comprehensive, appropriate for the purpose, using evidence based and culturally safe methods and tools.

G 3.4.2 Assessments are provided within time frames identified by the organisation to safely meet the needs of the consumer. Assessments may include, but are not limited to:

(a) Assisting the family/whānau to identify specific goals if required;

(b) Supporting the family/whānau to access community resources.

G 3.4.4 Communication should be delivered in a manner that is understandable for the consumer. When communicating with children and young people, services need to consider their age and developmental stage.

G 3.5.1 Plans may include, but are not limited to:

(a) Long-term and short-term goals are identified by the consumer and where appropriate the family/whānau of choice and reviewed at regular times appropriate to the consumer's needs, in collaboration with the key worker or equivalent;

(b) Goals are measurable, challenging but achievable, and appealing;

(c) Consumers are supported to lead and update their own service delivery plans as much as practicable, for example, collaborative note writing, participation in handover, attendance at review meetings;

(d) Those community links and supports consumers are already involved in or plan to be involved in, emphasise existing community services rather then artificially segregated environments;

(e) The service having a direct emphasis on self-management as applicable;

(f) For mental health and addiction services the consumer should be given a copy of their service delivery plan.

G 3.5.2 Service delivery plans may also include crisis information, for example on the death of family/whānau/friends or pets.

G3.5.3 This may be achieved by, but is not limited to:

(a) Consumers and where appropriate their family/whānau of choice are informed of treatment and support options available;

(b) Interdisciplinary team involvement;

(c) Integration of primary and secondary services, for example with GPs attending community reviews;

(d) Effective links between services;

(e) Service coordination;

(f) Minimising duplication, and service fragmentation; and

(g) Facilitating/ensuring access to regular GP/dental care.

ASSESSMENT TE AROMATAWAI

Standard 3.4 **Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.4.1 Service providers seek appropriate information and access a range of resources to enable effective assessment.

3.4.2 The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.

3.4.3 Assessments are conducted in a safe and appropriate setting as agreed with the consumer.

3.4.4 Assessment and intervention outcomes are communicated to the consumer, referrers, and relevant service providers.

MHA* 3.4.5 *Where appropriate, cultural assessments are facilitated in collaboration with tohunga or traditional healers.*

PLANNING NGĀ MĀHEREHERE

Standard 3.5 **Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.5.1 Service delivery plans are individualised, accurate, and up to date.

3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.

3.5.3 Service delivery plans demonstrate service integration.

MHA* 3.5.4 *The service delivery plan identifies early warning signs and relapse prevention. The plan is developed in partnership with the consumer, the service provider, and family/ whānau if appropriate.*

3.5.5 The service delivery plan is communicated in a manner that is understandable to the consumer and service provider responsible for its implementation and with the consumer's consent, their family/whānau of choice.

* applies to mental health and addiction services only

GUIDANCE

G 3.6.1 This may include, but is not limited to:

(a) Clinical care/treatment;

(b) Direct support or interventions by the carer or service provider;

(c) Encouragement, direction, or supervision of a consumer completing an intervention themselves;

(d) Each person receiving the service is encouraged to develop and/or redevelop optimal levels of functioning to meet their own everyday living needs, within their community, using where possible community services and/or resources;

(e) For mental health and addiction services the service attempts to re-engage the recipient of the service who does not keep planned follow up arrangements and actively encourages individuals to continue their treatment through negotiation and the provision of clear information.

G 3.6.2 This includes consultation and liaison and may include, but is not limited to:

(a) Specialist and acute services;

(b) GPs;

(c) Allied health practitioners;

(d) Māori providers;

(e) Non-government organisations;

(f) Other relevant providers, including vocational providers and community recreation providers;

(g) Needs assessment service coordination;

(h) Other government agencies;

(i) Organisations that are responsible for:

(i) Maintenance of income/benefits and/or accommodation

(ii) Provisions for parenting, support of dependants, and pets

(iii) Safety of possessions.

G 3.6.3 *This may include, but is not limited to:*

(a) The right to a second opinion;

(b) The right to request change of service provider, including a clinician or support worker;

(c) Treatment and support in their home;

(d) Consideration of the preference of the person who is receiving the service and their status under the Mental Health (Compulsory Assessment and Treatment) [MH (CAT)] Act, Crimes Act, Criminal Justice Act, and other legislation as applicable.

G 3.6.4 This may be achieved by, but not limited to service providers ensuring that all planned interventions:

(a) Are in line with currently accepted good practice;

(b) Are carried out in the least restrictive manner;

(c) Maintain the safety and dignity of the consumer.

G 3.6.5 *This may include, but is not limited to assessing:*

(a) How the service is meeting the New Zealand Disability Strategy;

(b) The service's anti-discrimination policy and procedures.

This may also include, but is not limited to ensuring:

(c) Consumer groups, family/whānau, individuals, and organisations have the opportunity to be involved in aspects of these activities, such as education of the community and other services, promoting the positive image of people with mental illness (Mental Health Awareness Week), school education programmes, and public information seminars;

(d) Links with local bodies;

(e) If contacts with media organisations are established and maintained;

(f) The extent to which joint programmes are developed with other agencies.

SERVICE DELIVERY/INTERVENTIONS NGĀ WHAKARATONGA/NGĀ WHĀINGA

Standard 3.6 Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.

3.6.2 Appropriate links are developed and maintained with other services and organisations working with consumers and their families.

MHA* **3.6.3** *The consumer receives the least restrictive and intrusive treatment and/or support possible.*

3.6.4 The consumer receives safe and respectful services in accordance with current accepted good practice, and which meets their assessed needs, and desired outcomes.

MHA* **3.6.5** *The consumer receives services which:*

(a) Promote mental health and well-being;

(b) Limit as far as possible the onset of mental illness or mental health issues;

(c) Provide information about mental illness and mental health issues, including prevention of these;

(d) Promote acceptance and inclusion;

(e) Reduce stigma and discrimination.

This shall be achieved by working collaboratively with consumers, family/whānau of choice if appropriate, health, justice and social services, and other community groups.

* applies to mental health and addiction services only

GUIDANCE

G 3.7.1 Activities may include, but is not limited to:

(a) Occupational therapy;
(b) Diversional therapy;
(c) Social interaction;
(d) Life skills development;
(e) Exercise;
(f) Play or recreation;
(g) Music;
(h) Values and belief-related programmes where appropriate.

G 3.7.2 Service delivery plans may include, but are not limited to providing support to access opportunities within the areas of:

(a) Leisure/recreation;
(b) Work/employment;
(c) Education;
(d) Health and well-being.

Service providers actively seek to replace themselves with people in the community (community collaborators) who will continue to support consumers on their recovery journey (such as employers and community agencies).

G 3.7.3 This may be achieved by, but is not limited to giving consideration to the consumer's:

(a) Preferences;
(b) Capability;
(c) Age;
(d) Culture;
(e) Spirituality;
(f) Gender.

Consumer participation in planned activities is voluntary. It is recognised that encouragement to participate may be necessary, particularly when the programme is an essential part of the service delivery plan for the consumer.

G 3.9.1 This may include, but is not limited to referral including:

(a) Specialised therapy services;
(b) Allied health practitioners;
(c) Equipment;
(d) Community resources;
(e) Māori providers;
(f) Pacific providers;
(g) Other services appropriate to the consumer.

PLANNED ACTIVITIES NGĀ TŪ MAHI NGANGAHAU

Standard 3.7 **Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.

3.7.2 Activities reflect ordinary patterns of life and include where appropriate the involvement of family/whānau of choice, or other representatives and community groups where appropriate.

3.7.3 The preferences of consumers are sought and inform the development of planned activities.

EVALUATION AROTAKENGA

Standard 3.8 **Consumers' service delivery plans are evaluated in a comprehensive and timely manner.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.8.1 Evaluations are conducted at a frequency that enables regular monitoring of progress towards achievement of desired outcomes.

3.8.2 Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.

3.8.3 Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

MHA* 3.8.4 *Evaluation includes the use of a range of outcome measurement tools, and input from a range of stakeholders, including consumers, clinicians, and family/whānau if appropriate.*

REFERRAL TO OTHER HEALTH AND DISABILITY SERVICES (INTERNAL AND EXTERNAL) TE WHAKAPĀPĀ KI ĒTAHI ATU RATONGA HAUORA, HAUĀ HOKI (Ā-ROTO, Ā-WAHO)

Standard 3.9 **Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.9.1 Consumers are given the choice and advised of their options to access other health and disability services where indicated or requested. A record of this process is maintained.

3.9.2 The consumer's safety and right to be kept informed in a timely manner, is managed by service providers cooperating during the referral process.

* applies to mental health and addiction services only

GUIDANCE

G 3.10.1 Consumers should participate with providers to facilitate the following processes:

(a) Timely referrals;

(b) Self-discharge;

(c) Liaising with family/whānau of choice, other representatives and/or community support services where appropriate;

(d) Facilitating access to external and community support services including Māori services where appropriate;

(d) Education of service providers and consumers;

(e) Documented, timely, and appropriate multidisciplinary discharge/transfer information;

(f) Timely provision of discharge/transfer-related supplies and/or equipment;

(g) Emergency support information where appropriate;

(h) Facilitating access to allied support services;

(i) Coordinating ongoing support and follow-up services where necessary for continued recovery; and

(j) The consumer should have the opportunity to have an exit interview.

The transition, exit, discharge or transfer plan should be communicated effectively to all relevant providers and a copy provided to the consumer and where the consumer consents, to the family/whānau of choice.

G 3.10.2 The plan should ensure, but not be limited to:

(a) Discharge does not occur until arrangements for ongoing follow-up are established;

(b) Contact has been established with the next service;

(c) Identification of early warning signs of a relapse and the appropriate action to take are included;

(d) The consumer, and where appropriate, the family/whānau of choice are aware of how to regain entry to the service and who to contact at a later date if required.

G 3.11.1 *Services should refer to:*

(a) The 'Electroconvulsive therapy audit report' (MoH) for best practice guidelines on ECT;

(b) The 'Guidelines on the administration of ECT (Clinical Memorandum 12)' (Royal Australian and New Zealand College of Psychiatrists);

(c) The New Zealand Bill of Rights Act.

G 3.11.4 *The only time written consent is not obtained is when the consumer is subject to the MH (CAT) Act. It is recommended that service providers should make every effort to obtain consent.*

TRANSITION, EXIT, DISCHARGE, OR TRANSFER
TAKATAU, PUTA, WHAKAWĀTEA, WHAKAWHITI

Standard 3.10 Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.10.1 Service providers facilitate a planned transition exit, discharge, or transfer in collaboration with the consumer whenever possible and this is documented, communicated, and effectively implemented.

3.10.2 Service providers identify, document, and minimise risks associated with each consumer's transition, exit, discharge, or transfer, including expressed concerns of the consumer and, if appropriate, family/whānau of choice or other representatives.

USE OF ELECTROCONVULSIVE THERAPY (ECT) HAUMANU HIKO Ā-RORO (ECT)

(Only mental health services that provide ECT need to comply with Standard 3.11)

Standard 3.11 Consumers who are administered electroconvulsive therapy are well informed and receive it in a safe manner.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

MHA*

3.11.1 *ECT is provided according to legislation and currently accepted best practice guidelines.*

3.11.2 *There are monitoring processes in place to ensure all assessments, consents, and application of ECT comply with the currently accepted best practice guidelines, legislation, and the organisation's policies and procedures.*

3.11.3 *Consumers are given specific information on the risks and known side effects of ECT.*

3.11.4 *The consumer shall be fully informed.*

* applies to mental health and addiction services only

GUIDANCE

G 3.12 Further information on medicines can be found:

(a) At the Medsafe (New Zealand Medicines and Medical Devices Safety Authority) website: http://www.medsafe.govt.nz/profs/profs.asp;

(b) In the publication 'Safe management of medicines – A guide for managers of old people's homes and residential care facilities' available from http://www.medsafe.govt.nz/profs/regissues.asp

(c) In the Medicines Act and Regulations;

(d) At the Safe And Quality Use Of Medicines Group website: http://www.safeuseofmedicines.co.nz.

G 3.12.1 The guidelines should include the detection and management of all medication errors.

G 3.12.2 This may include, but is not limited to:

(a) Service providers operating only within their scope of practice and competency;

(b) Documentation of all current medicines prescribed (including those prescribed by other health professionals), taken, refused, disposed of, and medication errors;

(c) Informed consent for the administration of medicines.

G 3.12.4 Adverse events should be communicated to the New Zealand Pharmacovigilance Centre (http://carm.otago.ac.nz).

The service ensures a system exists which promptly provides each person with appropriate treatment for adverse effects or side effects of medication.

G 3.12.5 This may include, but is not limited to:

(a) Adequate information in a form that meets the needs of the consumer;

(b) Education on the purpose, actions, possible side effects, consequences of refusal/misuse and so on;

(c) Adequate and appropriate supervision is provided;

(d) Safe/appropriate storage is available;

(e) An administration record is maintained by the consumer.

G 3.12.6 Where medicine is prescribed as PRN the indication for use is clearly identified for the consumer and is used as part of a continuum strategy.

MEDICINE MANAGEMENT TE WĀHANGA TIAKI RONGOĀ

Standard 3.12 Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

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

3.12.2 Policies and procedures clearly document the service provider's responsibilities in relation to each stage of medicine management.

3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.

3.12.4 A process is implemented to identify, record, and communicate a consumer's medicine-related allergies or sensitivities and respond appropriately to adverse reactions or errors.

3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.

3.12.6 Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.

MHA* **3.12.7** *Continuity of treatment and support is promoted by ensuring the views of the consumer, their family/whānau of choice where appropriate and other relevant service providers, for example GPs, are considered and documented prior to administration of new medicines and any other medical interventions.*

* applies to mental health and addiction services only

GUIDANCE

G 3.13.1 This may be achieved by, but is not limited to:

(a) Complying with 'Food and nutrition guidelines' (age specific) from the Ministry of Health;

(b) Regular monitoring of individual consumer's weight and nutritional status;

(c) Management of consumer's unexplained weight loss or gain.

G 3.13.2 This may be achieved by, but is not limited to ensuring:

(a) Input into menus and diets from registered dieticians;

(b) Special/modified dietary information is considered.

G 3.13.3 This may be achieved by, but is not limited to:

(a) Consumers have food of their choice brought in for them, unless it is clinically contra-indicated;

(b) Meals are enjoyable;

(c) Meals reflect community norms;

(d) Meals meet social, cultural, and religious needs;

(e) The dignity of the consumer is maintained during meal times;

(f) The menu range is appropriate to those receiving the service;

(g) Consumers have input into the range and choices;

(h) The presentation and texture is appropriate to the individual consumer;

(i) Consumers have adequate time to eat and assistance to meet their nutritional needs;

(j) Meals are served at times that reflect community norms.

G 3.13.4 This may include, but is not limited to providing:

(a) Modified cutlery/crockery;

(b) Non-slip mats;

(c) Feeding cups;

(d) Straws.

G 3.13.5 This may be achieved by, but is not limited to, complying with:

(a) Food Act;

(b) Standard criteria and manual for implementing a food safety plan. Refer to http://www.nzfsa.govt.nz for further information.

NUTRITION, SAFE FOOD, AND FLUID MANAGEMENT
KAI TŌTIKA, KAI HAUMARU, WHAKAHAERENGA KŪTERE

Standard 3.13 A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.

3.13.2 Consumers who have additional or modified nutritional requirements or special diets have these needs met.

3.13.3 The personal food preferences of the consumer are met where appropriate.

3.13.4 Special equipment is available as required.

3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

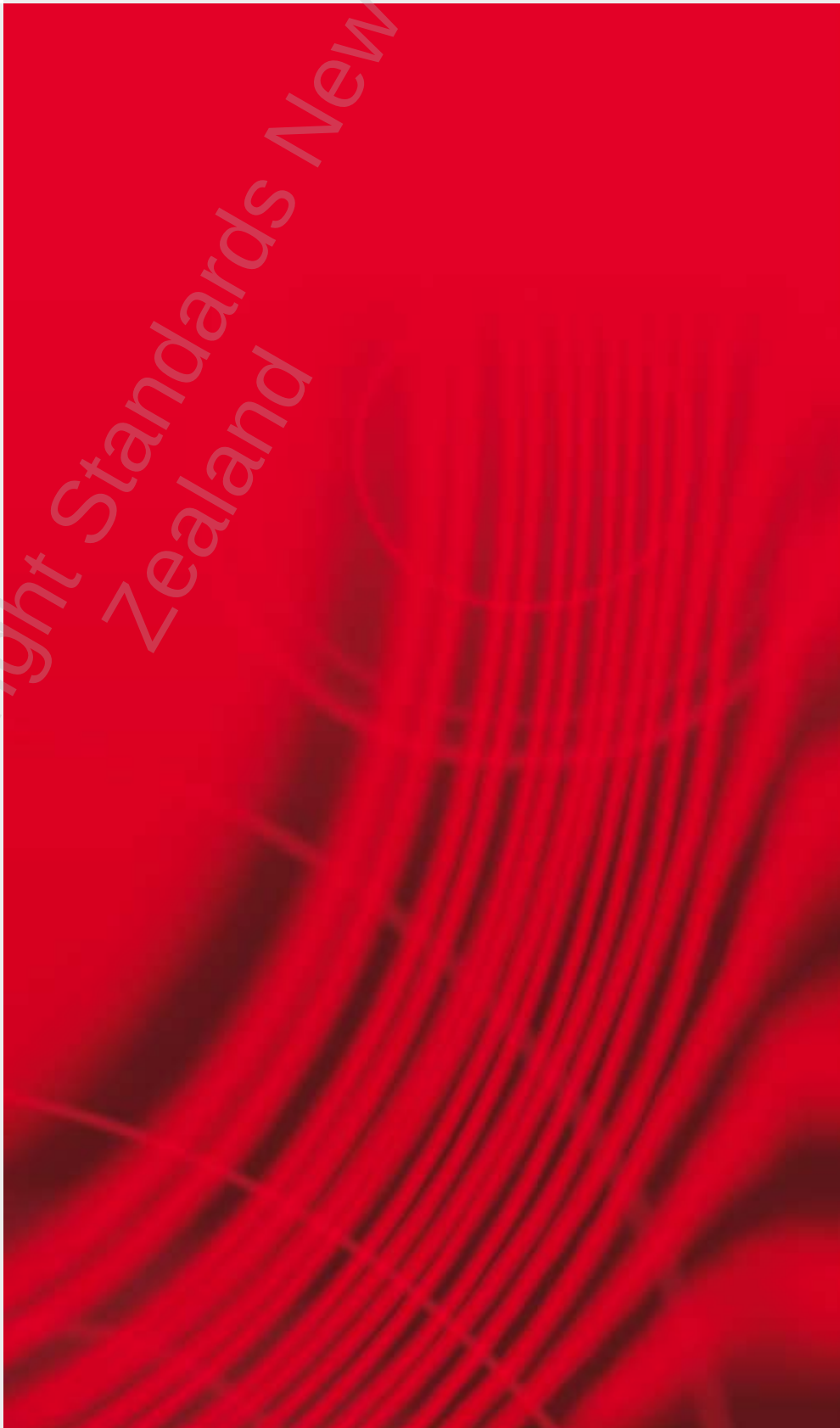
NZS 8134.1.4:2008

New Zealand Standard

Health and Disability Services (Core) Standards –

Safe and appropriate environment

Superseding NZS 8134:2001 and NZS 8143:2001



NZS 8134.1.4:2008

New Zealand Standard

HEALTH AND DISABILITY SERVICES (CORE) STANDARDS

1.4: SAFE AND APPROPRIATE ENVIRONMENT

HE TAIAO ORA, TAIAO PAI

ISBN 1-86975-100-0

NOTES

CONTENTS

NOTES

HEALTH AND DISABILITY SERVICES STANDARDS
(CORE) STANDARDS

FOREWORD

NZS 8134.1:2008 *Health and disability services (core) Standards* are generic in nature. They enable consumers to be clear about their rights and providers to be clear about their responsibilities for safe outcomes.

NZS 8134.1 ensures:

(a) Consumers receive safe services of an appropriate standard that complies with consumer rights legislation;

(b) Consumers receive timely services which are planned, coordinated, and delivered in an appropriate manner;

(c) Services are managed in a safe, efficient, and effective manner which complies with legislation; and

(d) Services are provided in a clean, safe environment which is appropriate for the needs of the consumer.

NZS 8134.1 *Health and disability services (core) Standards* includes referenced and related documents, a section on recovery, and also includes the following Standards:

(e) NZS 8134.1.1 – Consumer rights

(f) NZS 8134.1.2 – Organisational management

(g) NZS 8134.1.3 – Continuum of service delivery, and

(h) NZS 8134.1.4 – Safe and appropriate environment.

Each is to be read in conjunction with NZS 8134.0 *Health and disability services (general) Standard*, as this contains the definitions and audit framework information applicable across the health and disability suite.

GUIDANCE

G 4.1.1 This may be achieved by, but is not limited to meeting the requirements of the:

(a) Resource Management Act;

(b) NZS 4304;

(c) NZS 8134.3;

(d) Health Act; and

(e) Hazardous Substances and New Organisms Act.

G 4.1.2 This may include, but is not limited to:

(a) Spills of biological material;

(b) Needle stick injuries and similar incidents;

(c) Contamination; and

(d) Managing hazardous waste.

G 4.1.3 This may include, but is not limited to prompt action and early management (including prophylaxis) of waste and hazardous substances incidents such as:

(a) Biological waste;

(b) Human tissue waste;

(c) Chemical waste;

(d) Cytotoxic waste;

(e) Hazardous waste;

(f) Laboratory waste;

(g) Pharmaceutical waste;

(h) Radioactivity/radioactive waste;

(i) Sharps; and

(j) Animal waste.

SAFE AND APPROPRIATE ENVIRONMENT
HE TAIAO ORA, TAIAO PAI

Outcome 4 Services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensures physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group, and meets the needs of people with disabilities.

These requirements are superseded, when a consumer is in seclusion. See NZS 8134.2.3.

MANAGEMENT OF WASTE AND HAZARDOUS SUBSTANCES
TE WHAKATAUTE PARA ME NGĀ MEA PŪMATE

Standard 4.1 **Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

4.1.1 Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.

4.1.2 All incidents involving infectious material, body substances or hazardous substances are reported, recorded, investigated, and reviewed.

4.1.3 A procedure or emergency plan to respond to significant waste, or hazardous substance management issues, and/or accidents is documented, implemented and its effectiveness monitored.

4.1.4 Service providers involved in the management of waste and hazardous substances receive training and education to ensure safe and appropriate handling.

4.1.5 All hazardous substances are correctly labelled to allow for easy identification and safe use in line with current hazardous substance identification regulations and territorial authority requirements.

4.1.6 Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.

GUIDANCE

G 4.2.1 This may be achieved by, but is not limited to:

(a) The organisation demonstrating that the maintenance programme ensures all buildings, plant, and equipment are maintained to an appropriate standard or specification where a Standard exists;

(b) Meeting manufacturers' specifications where a Standard does not exist;

(c) A process is in place for upgrading and replacing equipment as required;

(d) Safe storage of medical equipment;

(e) Service providers receive training in the safe use of medical equipment by suitably qualified personnel;

(f) Equipment is checked before use;

(g) Meeting the following Standards:

(i) AS/NZS 3551

(ii) NZS 3003.1

(iii) AS/NZS 3003

(iv) AS/NZS 2500

(v) NZS 4121.

G 4.2.3 This may be achieved by, but is not limited to ensuring:

(a) Amenities, fixtures, equipment, and furniture meet infection control requirements, and are easy to clean and maintain;

(b) Non-slip surfaces or other safe effective means of minimising slipping are provided in areas frequently exposed to moisture or slippery substances;

(c) Consumers, specialists, Māori and other key stakeholders as appropriate are consulted when selecting:

(i) Furniture and equipment appropriate to the needs of the consumer group

(ii) Equipment that maximises the independence of consumers wherever possible;

(d) A product/equipment evaluation and implementation process is in place;

(e) Input is sought from key stakeholders prior to facility development or refurbishment.

G 4.2.4 Where practicable (particularly in acute mental health settings), this may be achieved by, but is not limited to providing gender specific areas.

G 4.2.7 The may include, but is not limited to:

(a) Policies and procedures for mobility vehicles. Refer to AS/NZS 4370;

(b) Accessing/exiting vehicles;

(c) Use of hoists;

(d) Driver training and responsibilities where transporting consumers;

(e) Ensuring policies and procedures comply with New Zealand Transport Agency (NZTA) rules and legislation. Refer to http://www.nzta.govt.nz for further information.

FACILITY SPECIFICATIONS NGĀ RAWA ME NGĀ TAPUTAPU E TIKA ANA

Standard 4.2 **Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

4.2.1 All buildings, plant, and equipment comply with legislation.

4.2.2 Where there is a requirement under the New Zealand Building Code there is

(a) A current Building Warrant of Fitness for older buildings; or

(b) A code of compliance certificate and certificate of public use for new buildings.

4.2.3 Amenities, fixtures, equipment, and furniture are selected, located, installed, and maintained with consideration of consumer and service provider safety, needs, and abilities.

4.2.4 The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.

4.2.5 Where the facility is the consumer's home, rooms are provided that allow for familiar furnishings and personal possessions, while maintaining safety.

4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.

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

GUIDANCE

G 4.3.1 This may include, but is not limited to:

(a) Meeting the requirements of the New Zealand Building Code;

(b) Meeting the recommendations in the 'Australasian health facility guidelines' (HCAMC);

(c) Consumers can access toilet, shower and bathing facilities appropriate to meet their needs and abilities;

(d) Where the toilet/shower/bathing facility is communal, there is a system that indicates if it is engaged or vacant; or

(e) A safe locking system that provides for privacy but allows service providers access in the case of emergency;

(f) Making available other equipment/accessories to promote consumer independence.

G 4.3.2 This may be achieved by, but is not limited to providing delivered hot water in line with the requirements of Acceptable Solution G12/AS1 or an Alternative Solution for NZBC Clause G12/AS1.

G 4.3.4 This may include, but is not limited to:

(a) Floor surfaces and coatings are maintained in good order;

(b) There are non-reflective floor surfaces if reflective surfaces are detrimental to the consumer group;

(c) Transitions between surfaces or coverings are without abrupt change in level or gradient;

(d) Ramps meet the requirements of NZS 4121;

(e) Floor surfaces likely to be slippery when wet are kept dry or clearly identified when wet.

TOILET, SHOWER, AND BATHING FACILITIES
NGĀ WHAREPAKU, NGĀ HĪRERE ME NGĀ WĀHI KAUKAU

Standard 4.3 **Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

4.3.1 There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.

4.3.2 Hot water for showering, bathing, and hand washing is provided at the tap at a safe and appropriate temperature that minimises the risk of harm to consumers.

4.3.3 Consumers, service providers and visitors are provided with adequate hand washing facilities to ensure compliance with infection control policies.

4.3.4 Fixtures, fittings, floor, and wall surfaces are constructed from materials that can be easily cleaned, which are in line with infection prevention guidelines.

4.3.5 Toilets/shower/bathing facilities have clear and distinguishable identification when appropriate to the consumer group and setting unless contra-indicated by the consumer group.

PERSONAL SPACE/BED AREAS WĀHI WHAIARO/NGĀ WĀHI MŌ TE MOENGA

Standard 4.4 **Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

4.4.1 Adequate space is provided to allow the consumer and service provider to move safely around their personal space/bed area. Consumers who use mobility aids shall be able to safely manoeuvre with the assistance of their aid within their personal space/bed area.

4.4.2 Where consumers are required to be transported or transferred between rooms or services in their beds, doorways, thoroughfares, lifts, and turning areas can readily accommodate the bed, attached equipment, and any escorts.

GUIDANCE

G 4.5.1 This may be achieved by, but is not limited to meeting the requirements of the New Zealand Building Code.

G 4.5.2 This may be achieved by, but is not limited to ensuring the arrangement of seating is appropriate to the consumer group, their collective choices and the setting in which the service is provided.

G 4.5.3 This may be achieved by, but is not limited to ensuring these areas are not combined unless they can be easily divided into their respective activities when required.

G 4.6.1 This may be achieved by, but is not limited to the service meeting:

(a) The NZBC;

(b) The 'Laundry guidelines for rest homes and small hospitals' (MoH);

(c) AS/NZS 4146.

COMMUNAL AREAS FOR ENTERTAINMENT, RECREATION, AND DINING
WĀHI WHĀNAU MŌ NGĀ MAHI WHAKANGAHAU, HĀKINAKINA, ME TE KAI

Standard 4.5 **Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

4.5.1 Adequate access is provided where appropriate to lounge, playroom, visitor, and dining facilities to meet the needs of consumers.

4.5.2 Consumers are able to move freely within these areas either independently or with the assistance of one or more persons, or mobility aides.

4.5.3 Areas designated for communal services, such as a lounge or dining room, if combined, do not impinge on consumer choices, rights, or privacy.

CLEANING AND LAUNDRY SERVICES
TE RATONGA HOROI TAPUTAPU, HOROI PŪERU

Standard 4.6 **Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

4.6.1 Written policies and procedures are implemented and describe each cleaning and laundry process appropriate to the service setting and consumer group.

4.6.2 The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.

4.6.3 Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.

GUIDANCE

G 4.7.1 This may be achieved by, but is not limited to:

(a) Meeting the requirements of the Fire Safety and Evacuation of Buildings Regulations;

(b) Ensuring emergency equipment is accessible, stored correctly, not expired, and stocked to a level appropriate to the service setting;

(c) Acute or hospital services have access to oxygen and suction equipment that is maintained in a state of readiness for use in emergency situations.

G 4.7.2 This may be achieved by, but is not limited to ensuring first aid and emergency treatment is appropriate and timely.

G 4.7.5 The call system needs to be easily identifiable, accessible, and appropriate to the needs of the consumer group and the service setting.

G 4.8.1 To ensure the interior environment is ventilated and heated appropriately, the service should meet NZBC Clause G4 and G5.

G 4.8.2 To ensure the interior environment is lighted appropriately the service should meet NZBC Clause G7.

G 4.8.3 This may be achieved by, but is not limited to meeting the requirements of the Smoke-free Environments Act 1990.

ESSENTIAL, EMERGENCY, AND SECURITY SYSTEMS
NGĀ PŪNAHA WHAKAMARU, WAIWAI ME TE MATE WHAWHATI TATA

Standard 4.7 **Consumers receive an appropriate and timely response during emergency and security situations.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.

4.7.2 Service providers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.

4.7.3 Where required by legislation there is an approved evacuation plan.

4.7.4 Alternative energy and utility sources are available in the event of the main supplies failing.

4.7.5 An appropriate 'call system' is available to summon assistance when required.

4.7.6 The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting.

4.7.7 Consumers who require a greater degree of supervision receive the level of support necessary to protect the safety of the individual, the consumer group, service providers, and visitors to the service.

NATURAL LIGHT, VENTILATION, AND HEATING
NGĀ WHAKAMĀRAMA MĀORI, NGĀ WHAKAHAUHAU ME NGĀ WHAKAMAHANA

Standard 4.8 **Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.**

Criteria The criteria required to achieve this outcome shall include the organisation ensuring:

4.8.1 Areas used by consumers and service providers are ventilated and heated appropriately.

4.8.2 All consumer-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light.

4.8.3 Consumers are not put at risk by exposure to environmental tobacco smoke.

Approval of Minister of Health received on 25 September 2008. Approved by the Standards Council on 25 September 2008 to be a New Zealand Standard pursuant to the provisions of section 10 of the Standards Act 1988.

First published: 8 October 2008

The following SNZ references relate to this Standard:

Project No. P 8134
Draft for comment No. DZ 8134
Typeset by: Standards New Zealand
Printed by: The Colour Guy