



NEW ZEALAND
NURSES
ORGANISATION

New Zealand Nurses Organisation

Submission

on the

Review of the Health and Disability

Sector Standards

December 2004

1. Introduction

Thank you for the opportunity to participate in a review of the four Health and Disability Sector Standards. The New Zealand Nurses Organisation (NZNO) represents 37,500 nurses, midwives students and health care workers and is the largest organisation of health workers in New Zealand. NZNO represents nurses' concerns and views to positively influence health policy and improve health outcomes of all New Zealanders. A fundamental philosophy of NZNO is that improved professional, social and economic working conditions for nurses are inextricably linked to the delivery of quality health services and health outcomes.

2. NZNO Colleges and Sections

NZNO has 22 specialist professional nursing groups. These groups - NZNO Colleges and Sections - are focused on improving quality standards of nursing and health care in specialist nursing areas, through professional self regulation processes. In responding to this review, NZNO has consulted with its relevant professional groups: the NZNO Gerontology Section, the National Division of Infection Control Nurses and the NZNO Mental Health Nurses Section.

3. The Treaty of Waitangi

3.1 The Health and Disability standards refer to the Treaty of Waitangi as the founding document of New Zealand. NZNO strives to fulfil the principles of the Treaty of Waitangi and work in a spirit of partnership. Te Runanga Ö Aotearoa NZNO represents the interests of over 2000 Mäori members. NZNO is committed to acknowledging its Mäori membership and the unique contribution of Mäori nurses and health care workers to improving health outcomes especially in relation to health inequalities.

3.2 The pressure on Mäori to engage and participate in consultation processes is enormous and the resources are stretched. Te Runanga Ö Aotearoa NZNO requires more time to consider whether the health and disability standards have improved services for Mäori and if not, what the barriers to improvement are. It is our view that Standards NZ must engage specifically with Mäori in a more proactive consultation process and not just rely on voluntary responses.

4. Timing of Review

The Health and Disability Act requires the review of the Health and Disability standards to be completed by July 2006. Though the extension of time until December 24th was appreciated, NZNO is of the view that a continued consultation process is required and further time is needed to ensure comprehensive review and effective input to the four standards.

5. Evaluation of Outcomes

- 5.1 The aims of the New Zealand Health and Disability Standards are to achieve better health services and to achieve service consistency across New Zealand. Given that patient or client safety is integral to satisfactory functioning of any health service, implicit in these aims is the promotion of improved patient safety.
- 5.2 These aims are important and worthy of the investment required to achieve them and worthy of thorough post implementation evaluation. It is not sufficient however, to assume that standards will result in achievement of the aims without testing this assumption. It is also fundamental to quality improvement that the findings of evaluation be used to develop the tools used to assure quality. The revision of standards must be directed by rigorous evaluation of the current standards. And any assessment of the effectiveness of health service standards must include the assessment of their effectiveness in improving patient safety.
- 5.3 The most fundamental question in considering a revised health service standard is how did the current standard improve or assure patient safety. If it is found that it has not done so, then attention must be focussed on including or changing elements of the standard so as to obtain improved safety.
- 5.4 For example the National Mental Health Standard has been in place since 1997. Its revision has removed duplication and improved alignment with NZS 8134. These are useful administrative improvements. Absent, however, is any evidence of evaluation of the effectiveness of the standard and any work directed towards improving patient safety by application of the standard. This

evaluation must be undertaken. In its absence the question of possible deterioration in patient safety in mental health services since 1997 is answered only by incidental evidence such as the events that prompted the Southland inquiry into mental health services by the Health and Disability Commissioner and the recently released report of the Wellington Coroner into the death of an inpatient at Wellington Hospital's Ward 27.

- 5.5 Before any confidence of service improvement can be attached to the application of New Zealand Standards, the impact of the standards on patient safety must be objectively evaluated.

6. Standards Versus Regulation

- 6.1 It is our view that the review of the standards must also consider the most effective way to improve quality and consider all mechanisms to improve services. Voluntary standards have not always achieved the desired or required outcomes. Regulation may be a better mechanism to achieve some outcomes.

- 6.2 There is an inadequate understanding in the health sector of the differences between standards, regulations and guidelines. It is the view of NZNO that standards should not replace the role of regulation in the health sector.

- 6.3 The move away from regulation in the health sector, especially in respect of staffing levels, has had negative outcomes – especially in the private aged care sector. An alternative to consider may be mandatory standards.

7. Duplication/ Length of Standards

A constant complaint about the health and disability standards is the level of duplication. Reduction of duplication will reduce the length of the standards which will assist in improving the accessibility of the document for all health care workers.

8. Implementation Processes

Often the first awareness by a health professional of the requirements in the standards is when they are faced with an inquiry into their practice following a

complaint to the Health and Disability Commissioner's office. NZNO believes insufficient attention has been given to the implementation of the health and disability sector standards. Implementation plans are required, as is funding for implementation. This must be an integral part of standard setting in our view and must accompany the development of the standards.

9. Costs

9.1 Costs must be considered with the review of the four standards. Costs include training, collection of data, monitoring of requirements and costs related to changing standards.

9.2 Another issue of concern, and this was very evident in the development of the staffing effectiveness standard, is when agreement is unable to be reached because of cost implications. NZNO is very concerned that private sector providers refused to agree to a staffing standard because of concerns from increased costs. This undermines the whole process of standard setting.

10. Congruence between Mechanisms

10.1 The presence of standards, guidelines and contracts specifications has brought significant pressure on providers and can be confusing. It is necessary to ensure better congruence between contract specifications, regulation and standards in the sector. Cross referencing may be appropriate.

10.2 An important consideration and concern is the place of professional self regulation and the long established practice of the development of standards by professional disciplines. Professional self regulation underpins many health professional standards. There are serious concerns that professional self regulation processes may be eroded.

11. Committee Representation

11.1 The development of effective standards is very dependent on the make-up of the standards committee. NZNO believes that there should be a requirement by Standards NZ to ensure that major stakeholders are represented. If it is not

possible for stakeholders to have representation on every committee, then Standards NZ has an obligation to consult with that organisation or body.

11.2 There are concerns that smaller groups with limited funding are excluded from the development of standards because of the cost of participation. The refusal of some groups to join in the process must also be discussed and the reasons why examined openly.

11.3 NZNO believes there should be a more transparent process for the make up of Standard NZ committees.

12. Restraint Minimisation and Safe Practice

Feedback on the minimization of restraint standard is that a comprehensive review is required. There is still some confusion, and unsafe restraint practices continue in the sector. In some facilities restraint is used but not recognised as such. Changes in practice have occurred since when standard was developed that require the standard to be fully reviewed.

13. Infection Control Standard

NZNO supports the submission by the National Division of Infection Control Nurses on the changes required to the Infection Control Standards. A major consideration for the review is whether the sector has adequate human staffing resources to achieve the standards set.

14. Mental Health Standards

Reference has been made in this submission to concerns relating to mental health standards and the gaps between the standard and what is occurring in actual practice. Examination must be made of what is responsible for the gap between standard and practices. NZNO wishes to make another response on this standard once it has consulted more fully with the NZNO Mental Health Nurses Section in light of the recent comments by the Coroner over what has been termed as a major service failure in mental health services at Capital Coast Health District Health Board. The Coroner identified staffing levels as a major service deficiency

15. The Health and Disability Sector Standards

The major feedback about this sector standard from the NZNO Gerontology Sections is the duplication with other standards. Costs are identified as a barrier to implementing rigorously the standards.

Thank you again for the opportunity to comment. We look forward to continued participation in this review.

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