

Are standards optional in healthcare in New Zealand?

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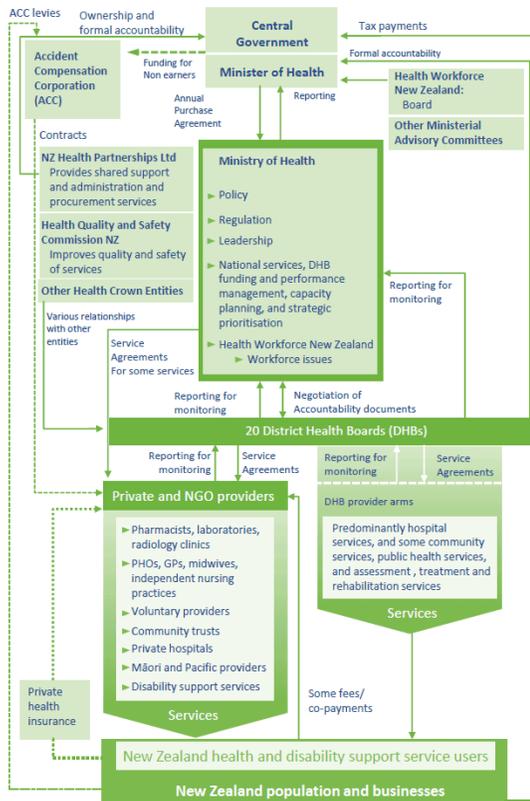
A hierarchy of governance guides all practices.

Beginning with Law or legislation onto standards, guidelines and workplace policy or protocols.

Legislation, standards, guidance, practice



The structure of the New Zealand health and disability sector



Te Kaporeihana Āwhina
Hunga Whara
prevention. care. recovery.



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

WORKSAFE

Your Rights when receiving a Health or Disability Service

- Respect**
You should be treated with respect. This includes respect for your culture, values and beliefs, as well as your right to personal privacy.
- Fair Treatment**
No one should discriminate against you, pressure you into something you do not want or take advantage of you in any way.
- Dignity and Independence**
Services should support you to be a dignified, independent life.
- Proper Standards**
You have the right to be treated with care and skill, and to receive services that reflect your needs. All those involved in your care should work together for you.
- Communication**
You have the right to be listened to, understood and receive information in whatever way you need. When it is necessary and practicable, an interpreter should be available.
- Information**
You have the right to have your condition explained and to be told what your choices are. This includes how long you may have to wait, an estimate of any costs, and likely benefits and side effects. You can ask any questions to help you to be fully informed.
- It's Your Decision**
It is up to you to decide. You can say no or change your mind at any time.
- Support**
You have the right to have someone with you to give you support in most circumstances.
- Teaching and Research**
All these rights also apply when taking part in teaching and research.
- Complaints**
If it is the case that your complaints help improve services, it must be easy for you to make a complaint, and it should not have an adverse effect on the way you are treated.

If you need help, ask the person or organisation providing the service. You can contact the local advocacy service on 0800 555 050 or the Health and Disability Commissioner on 0800 11 23 33 (TTY).



New Zealand – implications for standards

20% of the population live in the most deprived areas, but make up of 23% of all surgery in NZ and 27% of deaths after surgery.

Ref: Health Quality and Safety Commission, 6th Report of the Perioperative Mortality Review Committee 2017, New Zealand.

pānui Perioperative Mortality Review Committee

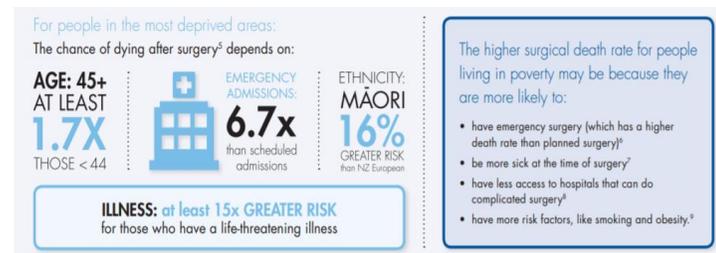
Report finds 'unacceptable' difference in death rates



16 Jun 2017 | [Perioperative Mortality Review Committee](#)

With the vulnerable populations, including an increase in age, ethnicity mix and previous illnesses contributes to an increase in mortality after surgery in NZ. Hqsc 2017

- The rates of surgery and mortality increased in the most deprived communities.
- They have 6.7 times more emergency admissions.
- Maori have 16% greater risk of than NZ European of dying 30 days post surgery.
- Those with a life threatening illness have 15 times a greater risk.



https://www.hqsc.govt.nz/assets/POMRC/Publications/POMRC_6th_Report_2017_Infographic_A_WEB_FINAL.pdf

ACC treatment injury data – Supporting patient safety, April 2017.

- Infections of all types
- Infections following surgery
- Line infections (peripheral and central)
- Central line infections
- Pressure injuries
- Medication adverse reactions
- Medication errors (prescribing and dispensing)
- Pulmonary embolism (PE)
- Deep vein thrombosis (DVT)
- Neonatal encephalopathy (NE)

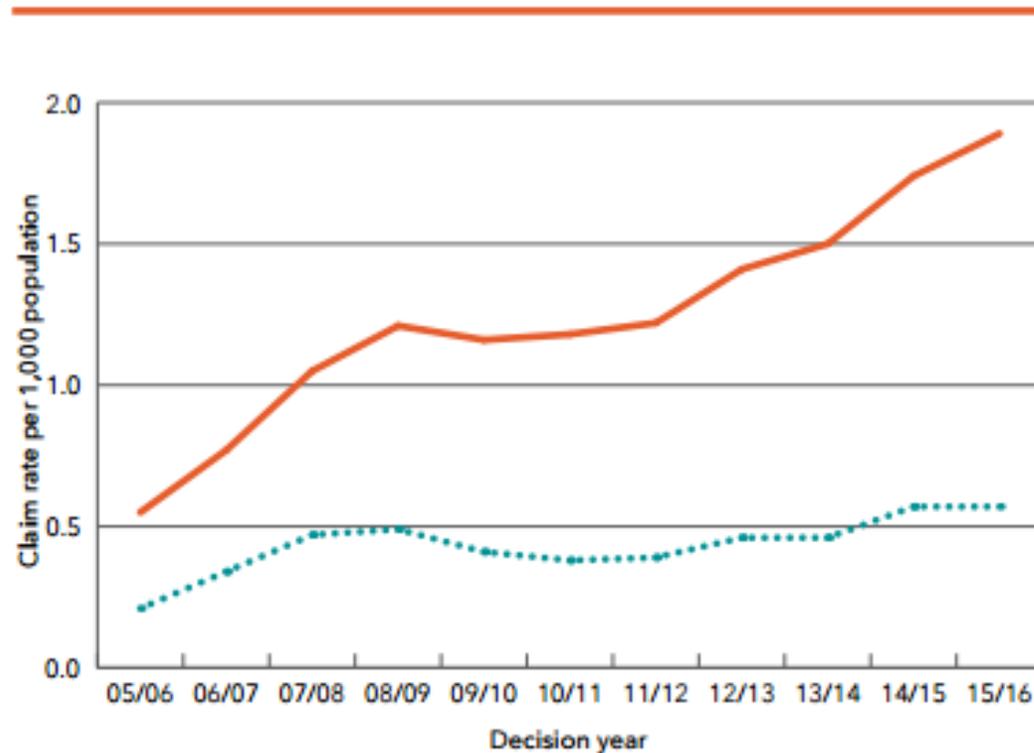
http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_ip/documents/reports_results/sps_report_apr2017.pdf

Claims nationally have increased

ALL ACCEPTED
TREATMENT INJURY CLAIMS,
IN ALL FACILITIES
(PER 1,000 POPULATION,
BY DECISION YEAR)

KEY

- All claims
- Entitlement claims



70% of claims are in public and private hospitals

Essential care guidelines



Are they legally tested?

Do they meet the HDC standard?

Is the nurse accountable for the outcomes of rationed care?



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What are life preserving services?

- **Definition of life preserving services from the Code of Good Faith**
 - a) Crisis intervention for the preservation of life
 - b) Care required for therapeutic services without which life would be jeopardised
 - c) Urgent diagnostic procedures required to obtain information on life threatening conditions
 - d) Crisis intervention for the prevention of permanent disability
 - e) Care required for therapeutic services without which permanent disability would occur
 - f) Urgent diagnostic procedures required to obtain information on conditions that could potentially lead to permanent harm.

Right 4 of the HDC Code

- Right 4 of the New Zealand Code of Health and Disability Services Consumers' Rights affirms the right to services of **an appropriate standard**.

HDC HEALTH & DISABILITY COMMISSIONER
TE TOHANGI HAUIORA, HAUATANGA

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“Appropriate standard”

- Provided with “reasonable care and skill” (4(1))
- Comply with legal, professional, ethical standards (4(2))



“Appropriate standard”

- Consistent with consumers needs (4(3))
- Minimise harm to consumer and optimise quality of life (4(4))
- Provided in co-operation by providers to ensure continuity (4(5))



Determining the line.



The HDC Code of Health and Disability Services Consumers' Rights 1996

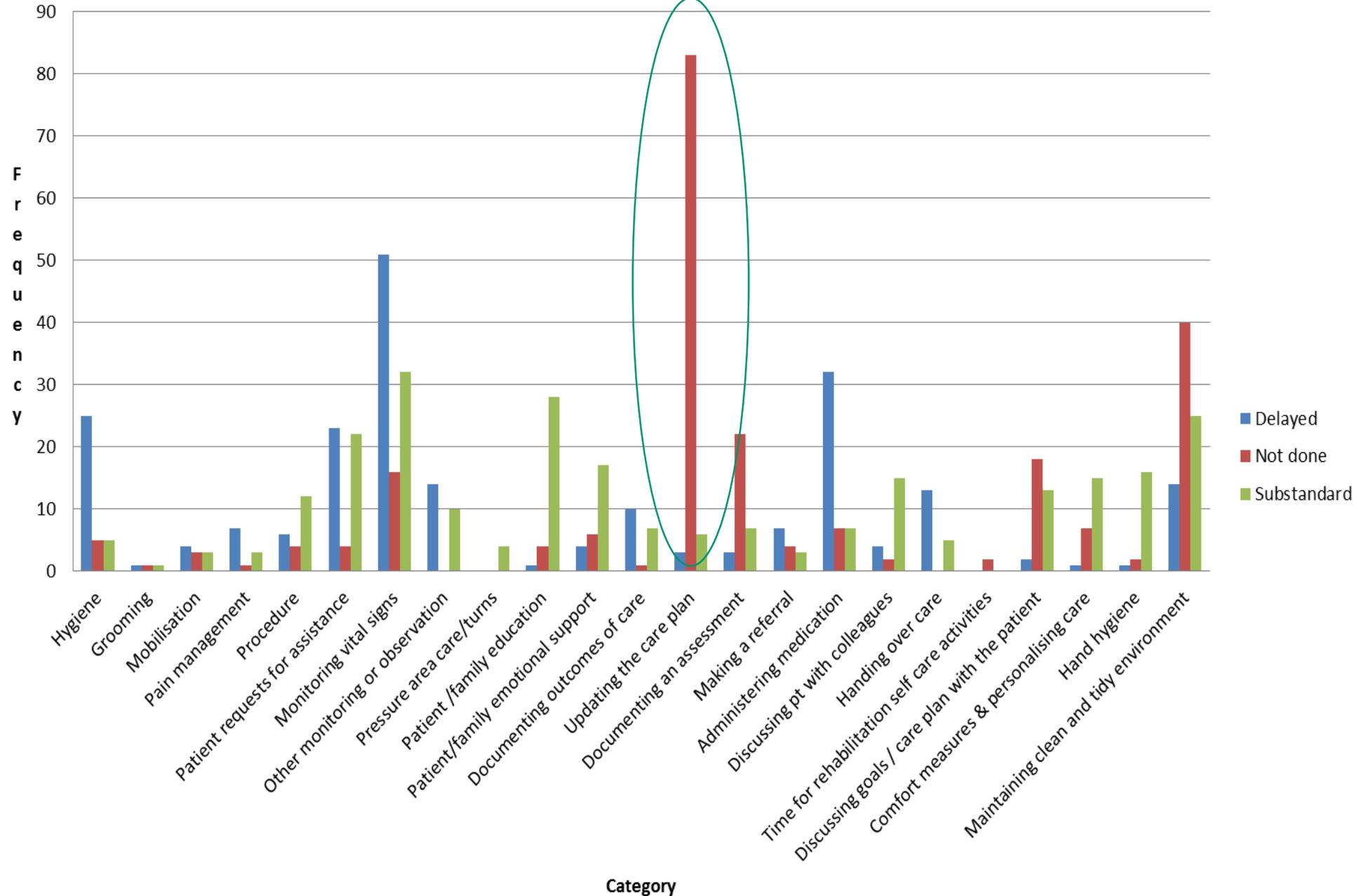
“A Provider is not in breach of the Code if the provider has taken all reasonable steps, in the circumstances, to give effect to the rights, and comply with the duties, in the Code”

The onus is on the provider to prove they took reasonable actions.

Clause 3 Code of Rights



Care Rationing Totals by Type 4/7/2011 -18/7/2011



The amount of rationed care represents standard nursing care not being completed - leads to negative patient outcomes

HDC case study: 15HDC01543

- Woman w. paraplegia admitted to a rest home (RH) for short term respite care.
- RH unaware that woman had history of respiratory illness – six weeks prior hospitalised for pneumonia and type 2 respiratory failure and investigated for sleep apnoea.

HDC case study: 15HDC01543

- No current needs assessment (NASc) provided on admission and woman had not had a recent GP review.
- Rest home policy required NASc < 12 months old and GP review not later than 3 months prior to admission.

HDC case study: 15HDC01543

- On admission: no baseline observations completed or recorded by admitting.
- Admitting RN –verbally delegated need for baseline vital signs to oncoming shift nurse but this was not done.

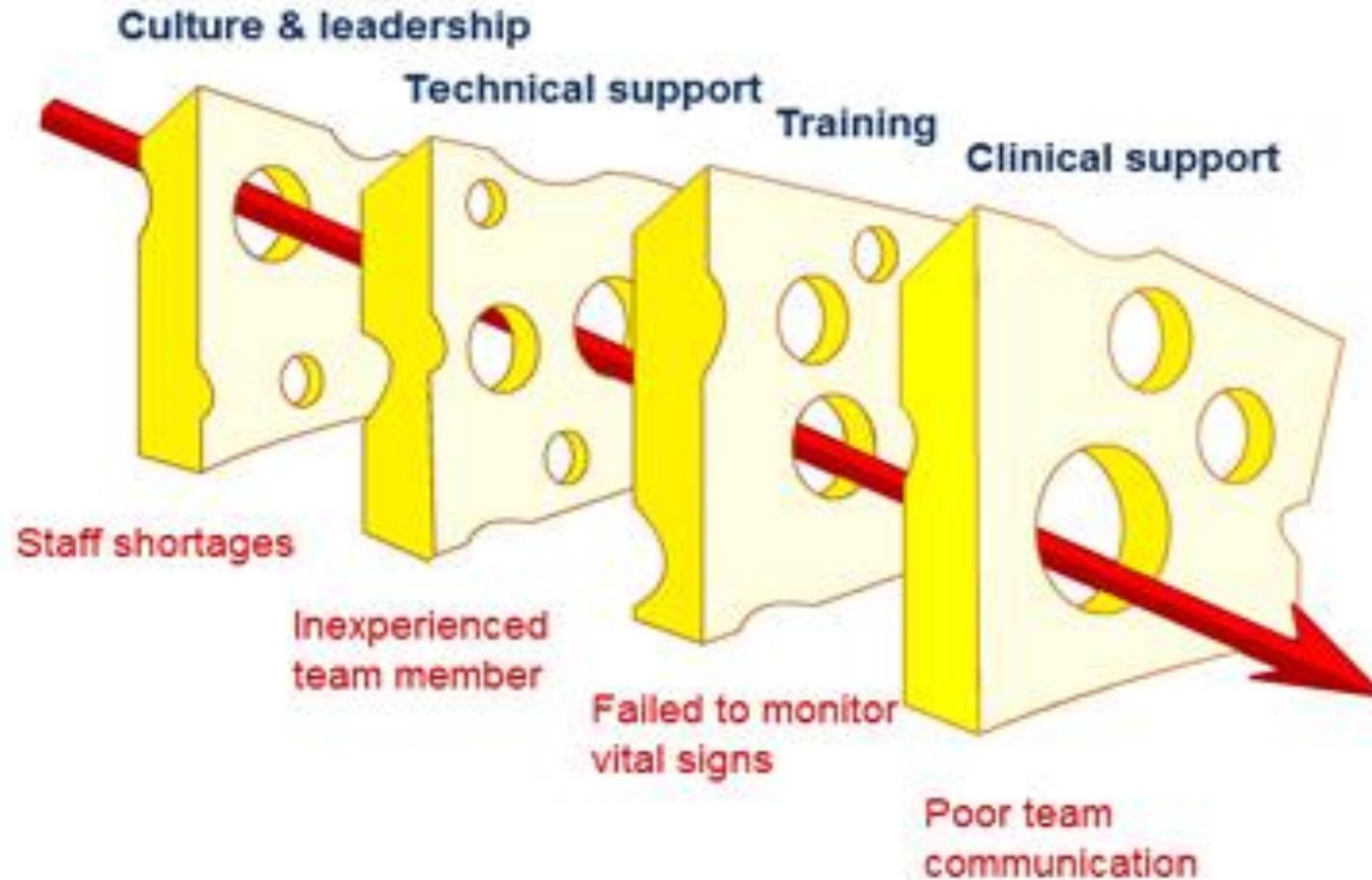
HDC case study: 15HDC01543

- Day 2: Woman found by RN (RN1) after a fall and SaO₂ recorded as 80%.
- No O₂ therapy instigated or further action taken to handover or escalated with GP.
- Clinical manager (CM) reviewed incident form but took no further action regarding low saturation levels.

HDC case study: 15HDC01543

- Day 8: Woman found slumped and asleep in her chair by RN (RN2).
- Documented as having blue lips and with SaO₂ 67%. RN2 gave O₂ therapy and faxed GP for review.
- Woman later passed away while still at care facility.

What went wrong here?



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HDC findings

- RH, RN1&2 and CM all in breach of **right 4(1) of the Code**

HDC findings

- RH “ had ultimate responsibility to ensure that the woman received care of an appropriate standard”

HDC findings

- Rest Home had breached 4(1) of the Code:
by:
 - accepting woman into care without a recent NASC or GP review;
 - not taking baseline observations on admission;
 - failing to act on low O2 saturation incidents appropriately; and,
 - failing to provide staff with an environment that encouraged appropriate care.



HDC findings

- RN1 had:
 - failed to instigate O2 therapy when SaO2 80%;
 - failed to handover internally and initiate ongoing monitoring; and,
 - failed to escalate low saturation issues to GP.

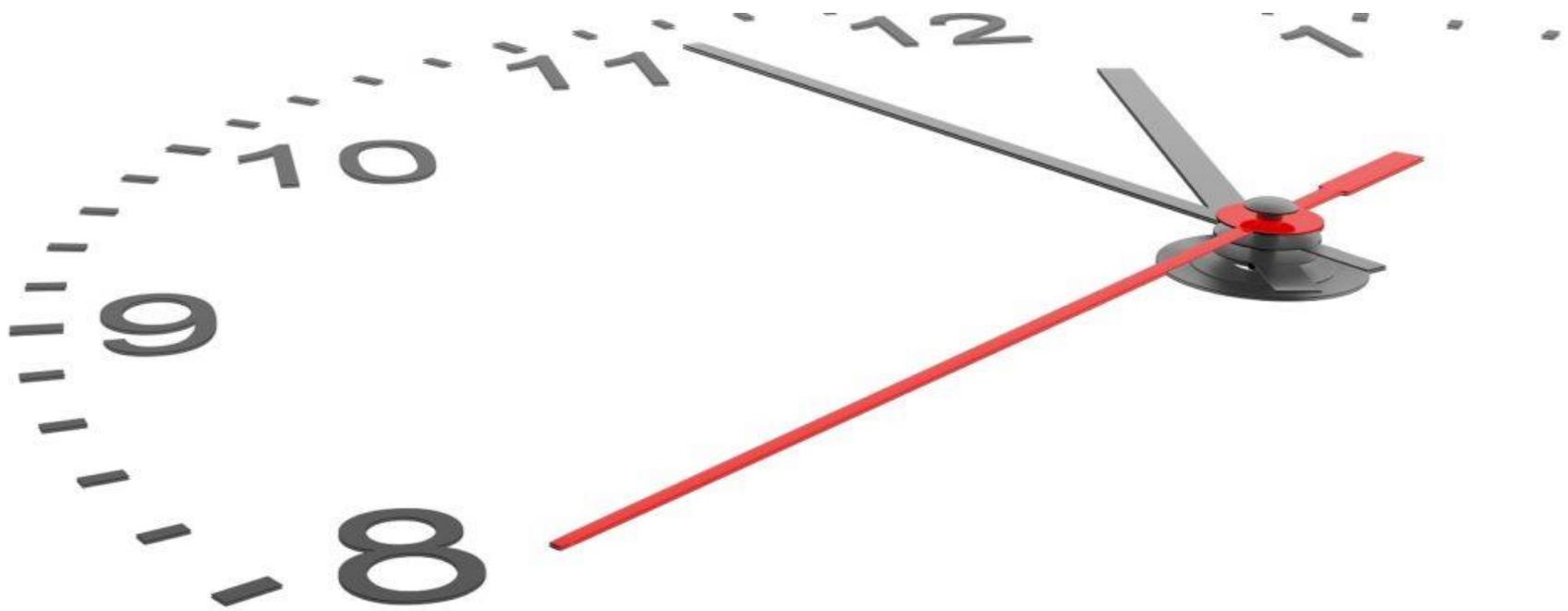
HDC findings

- CM
 - Failed to investigate low oxygen saturation levels documented in fall incident form.
- RN2
 - failed to call 111 or arrange *urgent* GP review when SaO2 67%.

HDC recommendations

- RH, CM and RN's required to write letters of apology.
- RH advised to put in place system of documenting and handing over outstanding tasks and concerns.
- RH recommended to provide newer/graduate RNs with out-of-hours access to a senior nurse.

Reflecting on the barriers



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Key learnings and tips

- **Know** your scope of practice, professional, legal and **equitable** responsibilities.
- Follow internal policies designed to protect your patient and you - **don't cut corners** to save time !
- Seek **advice** - don't hesitate to ask more senior colleagues if not sure of correct course of action.
- **Speak up** - always raise concerns about patients care, handover and **escalate** appropriately.
- Document

Resources:

- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations. (1996). Schedule Code of Health and Disability Services Consumers' Rights. Available: www.legislation.govt.nz



NZNO Member Support Centre

The easy way to contact NZNO

0800 28 38 48

8.00am to 7.00pm Monday to Friday



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