

NZS 8134.0:2008



New Zealand Standard

# Health and Disability Services (General) Standard

Superseding NZS 8134:2001, NZS 8141:2001,  
NZS 8142:2000, and NZS 8143:2001

NZS 8134.0:2008



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# **HEALTH AND DISABILITY SERVICES (GENERAL) STANDARD**

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NZS 8142:2000, and NZS 8143:2001

Standards New Zealand

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## PREFACE

Tēnei te mihinui kia kotou katoa

The Health and Disability Services Standards support the safe provision of services to consumers. The Standards have been revised and are now clearer, and include some sector-agreed updates. In addition, the new structure means it will be easier to review parts of the Standards to keep pace with new trends and developments.

A lot of things haven't changed. The Standards remain focused on the outcomes consumers experience when services are of good quality. They support a culture of continuous quality improvement in services. The Standards are not intended to be prescriptive. Rather, they recognise that there are different ways to improve service quality.

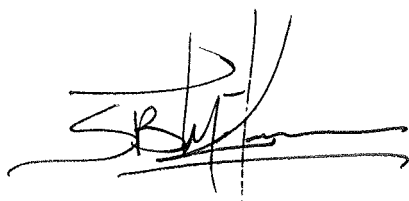
These sector-agreed Standards are the result of three years' extensive collaboration with many groups including consumers, providers, government and non-government agencies, and the Ministry of Health. I commend the Expert Committee and Standards New Zealand for their dedication and hard work while overseeing the revision of these Standards. It is clear that the health and disability sector remains committed to improving the safety and quality of services for the benefit of consumers.

The Standards cover many aspects of service provision including consumer rights, service governance and management, infection control, and minimising restraint. Providers, auditors, and the regulator will need to exercise good judgement about which Standards and criteria apply to any given service. Services range from small and straightforward to large and complex, therefore not all Standards will apply to all services.

I expect all providers to monitor their services in order to continuously improve outcomes for consumers. It is only when providers focus on consumer outcomes that genuine service improvements can be made.

I sincerely thank all who have contributed their time and expertise to revising these Standards, whether through direct involvement or through submissions. I appreciate your efforts to make a difference to consumer outcomes and I am very satisfied with the much improved Health and Disability Services Standards.

Nāku noa, nā



Stephen McKernan  
Director-General of Health

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## ACKNOWLEDGEMENT

Standards New Zealand gratefully acknowledges the contribution of time and expertise from all those involved in revising and updating these health and disability service Standards. The significant input provided by the expert committee whose experience and knowledge have made the development of this work possible, is particularly recognised.

Acknowledgement is also made of the organisations and people who contributed during the public comment phase.

Special thanks to the Ministry of Health for funding this revision.

## COMMITTEE REPRESENTATION

This Standard was prepared by Technical Committee P 8134 for the Standards Council established under the Standards Act 1988.

<b>Committee Member</b>	<b>Nominating Organisation</b>
Frances Acey	Disabled Persons Assembly (New Zealand) Inc.
Victoria Brown	Association of Residential Care Homes (New Zealand) Ltd
Trudi Bryant	National Division of Infection Control, New Zealand Nurses Organisation (NZNO)
Lee Cordell-Smith	South Island Shared Service Agency Ltd
Cathy Cummings	New Zealand Association of Designated Audit Agencies
Elaine Elbe	Accident Compensation Corporation (ACC)
Robyn Fraser-Craw	Platform
Jaime Greaves	Mental Health Commission
Gillian Grew	Ministry of Health
Joanne Hayes	NGO Working Group
Judy Hindrup	New Zealand Council of Christian Social Services
Anna Hutchinson	Canterbury District Health Board
Judith Johnson	Healthcare Providers New Zealand
Dr Mark Jones	Australasian Society for Infectious Diseases (New Zealand Branch)
Dr Don Mackie	Council of Medical Colleges in New Zealand
Carole Maraku	Te Upoko O Nga Oranga O Te Rae
Fiona Parrant	National Residential Intellectual Disability Providers (NRID)
Elizabeth Powell	Pacific Health Advisory Committee
Catherine Rae	District Health Boards
Rosaleen Robertson and Barbara Fox	New Zealand Private Surgical Hospitals' Association
Dick Stark	Grey Power Federation
Suzy Stevens	KITES Trust (resigned from the committee on 28 March 2008)
Judi Strid	Office of the Health and Disability Commissioner
Renee Torrington	Wellink Trust (resigned from the committee on 28 March 2008)



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## REVIEW

This Standard was approved by the Minister of Health following a review of all the health and disability services standards under section 24(2) of the Health and Disability Services (Safety) Act 2001. This Standard replaces NZS 8134:2001 *Health and disability sector Standards*, NZS 8141:2001 *Restraint minimization and safe practice*, NZS 8142:2000 *Infection control* and NZS 8143:2001 *National mental health sector Standard*.

It is intended that NZS 8134:2008 remains dynamic, reflecting current accepted good practice. Regular reviews of the Standard will be undertaken to ensure that this is achieved, and that the Standard remains appropriate and applicable.

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# NOTES

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# HEALTH AND DISABILITY SERVICES (GENERAL) STANDARD

## 1. FOREWORD

NZS 8134 *Health and disability services Standards* are designed to establish safe and reasonable levels of services for consumers, and to reduce the risk to consumers from those services. The Standards are mandatory for those services that are subject to the Health and Disability Services (Safety) Act 2001.

The Standards provide the foundation for describing good practice and fostering continuous improvement in the quality of health and disability services. They set out the rights for consumers and ensure services are clear about their responsibilities for safe outcomes.

Earlier health and disability service Standards were published in 2000 and 2001. These were:

- (a) NZS 8134:2001 – *Health and disability sector Standards*;
- (b) NZS 8141:2001 – *Restraint minimization and safe practice*;
- (c) NZS 8142:2000 – *Infection control*;
- (d) NZS 8143:2001 – *National mental health sector Standard*.

The four Standards have been reviewed over the past three years. The main aim of the review was to reduce duplication between the four Standards and to update the content to reflect current accepted good practice.

Based on consultation with the sector, NZS 8134:2001 and NZS 8143:2001 have been amalgamated to form NZS 8134.1:2008 *Health and disability services (core) Standards*. This amalgamation has significantly reduced duplication between the two Standards.

Each of the NZS 8134 Standards is to be read in conjunction with NZS 8134.0:2008 *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 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 8134.1 – *Health and disability services (core) Standards*

NZS 8134.2 – *Health and disability services (restraint minimisation and safe practice) Standards*

NZS 8134.3 – *Health and disability services (infection prevention and control) Standards*.

## 2. REFERENCED DOCUMENTS

Reference is made in this document to the following:

### NEW ZEALAND STANDARDS

NZS 8143:2001 National mental health sector Standard

### JOINT AUSTRALIAN/NEW ZEALAND STANDARDS AND HANDBOOK

AS/NZS 4187:2003 Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities

AS/NZS 4360:2004 Risk management

SAA HB 436:2004 Risk management guidelines – Companion to AS/NZS 4360:2004

### 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.

Association of Perioperative Registered Nurses. AORN standards, recommended practices and guidelines 2007. Denver: AORN, 2007.

Centers for Disease Control and Prevention. 'Guideline for hand hygiene in healthcare settings: recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/ APIC/ IDSA Hand Hygiene Task Force.' *Morbidity and Mortality Weekly (MMWR)* 51 (2002): 1 – 44.

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

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

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

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

### NEW ZEALAND LEGISLATION

Care of Children Act 2004

Health and Disability Services (Safety) Act 2001

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

Protection of Personal and Property Rights Act 1988

### 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 <http://www.standards.co.nz>.

### CODE

Code of Health and Disability Services Consumers' Rights 1996

### WEBSITES

Health and Disability Commission <http://www.hdc.org.nz>

Ministry of Health <http://www.moh.govt.nz>

Office for Disability Issues <http://www.odi.govt.nz>

### 3. HEALTH AND DISABILITY SERVICES STANDARDS FRAMEWORK

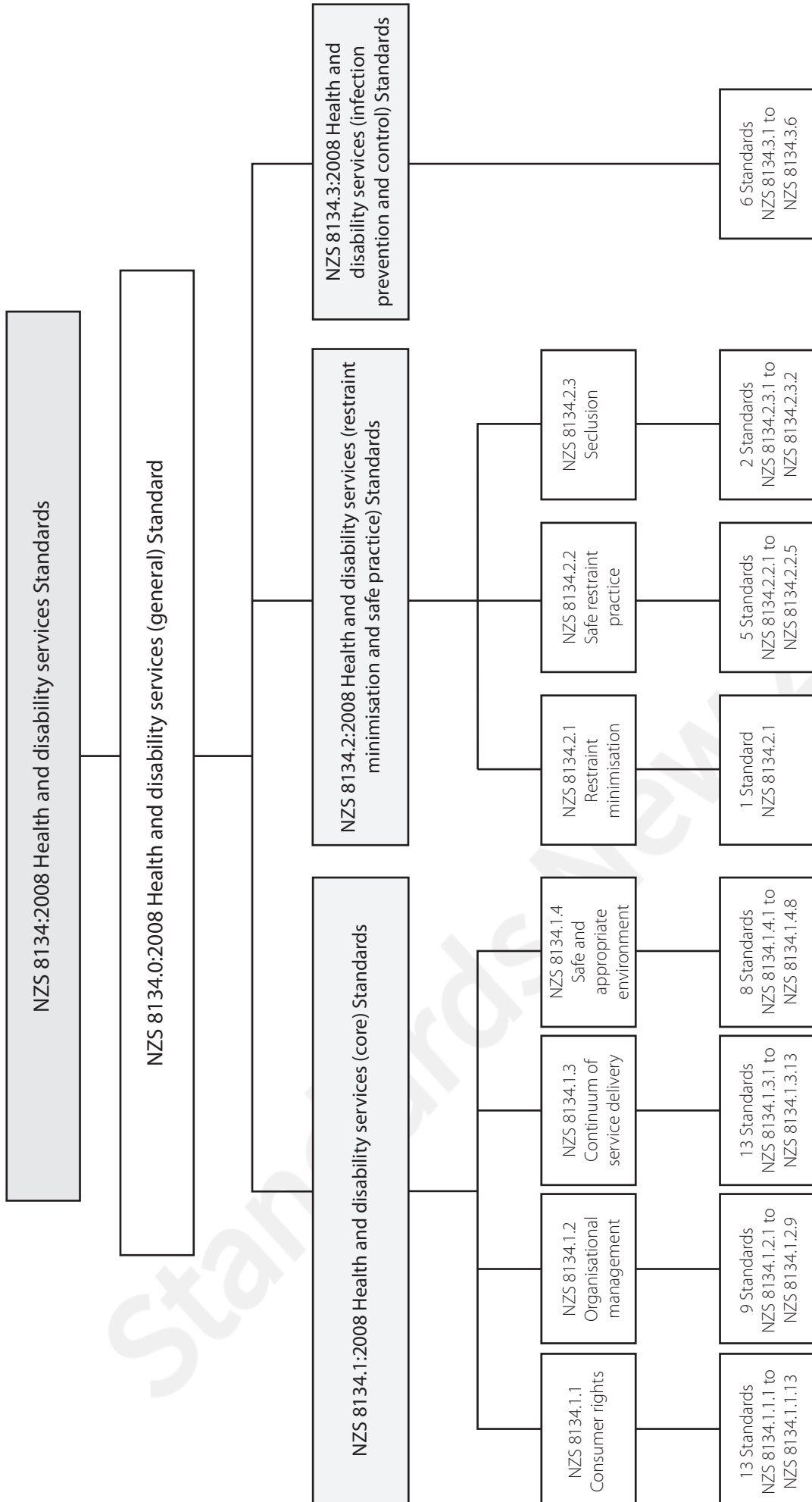
The NZS 8134 *Health and disability services Standards* are made up of four overarching Standards. Table 1 provides a summary of the type of information contained within the Standards and outlines which Standard is superseded.

**Table 1 – Health and disability services Standards framework**

Standard number	Standard name	Includes...	Supersedes...
NZS 8134.0	Health and disability services (general) Standard	The general and reference information for the NZS 8134:2008 Health and disability services Standards, including definitions and audit framework.	The general information from: – NZS 8134:2001 – NZS 8141:2001 – NZS 8142:2000 – NZS 8143:2001
NZS 8134.1	Health and disability services (core) Standards	<ul style="list-style-type: none"> <li>• General and reference information for NZS 8134.1</li> <li>• Required outcomes, Standards, and criteria</li> </ul>	<ul style="list-style-type: none"> <li>– NZS 8134:2001</li> <li>– NZS 8143:2001</li> </ul>
NZS 8134.2	Health and disability services (restraint minimisation and safe practice) Standards	<ul style="list-style-type: none"> <li>• General and reference information</li> <li>• Required outcomes, Standards, and criteria</li> </ul>	– NZS 8141:2001
NZS 8134.3	Health and disability services (infection prevention and control) Standards	<ul style="list-style-type: none"> <li>• General and reference information for NZS 8134.3</li> <li>• Required outcomes, Standards, and criteria</li> </ul>	– NZS 8142:2000

Figure 1 outlines the Standards' structure. A full list of the Standards can be found in Appendix A.

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**Figure 1 – Health and disability services Standards flow diagram**

## 4. SCOPE

The Standards are applicable to a wide range of specialties, age groups, and service settings within the health and disability sector.

Under the Health and Disability Services (Safety) Act 2001 relevant certified services shall comply with these Standards. Services that are not required to be certified under the Health and Disability Services (Safety) Act 2001 should consider adopting these Standards as they promote current accepted good practice.

## 5. CODE OF HEALTH AND DISABILITY SERVICES CONSUMERS' RIGHTS 1996 (THE CODE)

The Health and disability services Standards will assist providers in meeting their obligations under the Code of Health and Disability Services Consumers' Rights 1996, a regulation under the Health and Disability Commissioner Act 1994. These Standards should be interpreted in a manner that is consistent with consumers' rights and providers' duties and obligations under the Code. Every person or service required to meet these Standards should be knowledgeable about and comply with the Code. Refer to <http://www.hdc.org.nz> for a copy of the Code.

## 6. MĀORI HEALTH

To achieve Māori health improvement and the reduction of Māori health inequalities, NZS 8134 focuses on:

- (a) Ensuring accessible and appropriate services for Māori;
- (b) Providing quality improvement systems that focus on Māori receiving health services commensurate with their health needs; and
- (c) Enabling Māori and whānau involvement in health decisions.

NZS 8134 builds on the framework and principles for the public sector to take into account in supporting the health status of Māori as set out in *He korowai oranga: Māori health strategy*. Refer to <http://www.moh.govt.nz>.

## 7. DISABILITY STRATEGY

NZS 8134 supports the New Zealand Disability Strategy 2001 which presents a long-term plan for changing New Zealand from a disabling to an inclusive society.

Disability is not something individuals have. What individuals may have are impairments. These may be physical, sensory, neurological, psychiatric, intellectual, or other impairments.

Society is built in a way that assumes everyone can see signs, read directions, hear announcements, reach buttons, has the strength to open heavy doors and has stable moods, thinking, and perception. Barriers are created when society takes no account of the impairments people may have.

New Zealand will be inclusive when people with impairments can say they live in a society that highly values their lives and continually enhances full participation. Disabled people will be integrated into community life on their own terms, their abilities will be valued, their diversity and interdependence will be recognised, and their human rights will be protected.

To advance New Zealand towards a fully inclusive society, the New Zealand Disability Strategy includes fifteen objectives. The objectives and the complete New Zealand Disability Strategy can be found on the website of the Office for Disability Issues <http://www.odi.govt.nz>.

## 8. INTERPRETATION

The broad diversity and uniqueness of the health and disability sector has necessitated the use of generic phrases and terminology throughout the Standards. It is not the intention however, to standardise terminology throughout the different parts of the health and disability sector. Rather it is expected that each service provider will interpret the intent of the statements used in the Standards in relation to the service provided. For example, the expression ‘service delivery plan’ could be interpreted to mean care plan, lifestyle plan, clinical pathway, support plan, placement plan, clinical or patient record depending on the service setting.

General guidance on how to meet the criteria for each Standard in NZS 8134 is included throughout, and prefixed by the letter ‘G’. The purpose of the general guidance is to assist with the interpretation of the criteria for each Standard by providing examples. However, these examples are general only, and do not necessarily include all methods that can be used to meet the criteria of each Standard.

Health and disability services that are required to be certified under the Health and Disability Services (Safety) Act 2001 must comply with all relevant Standards. Not all Standards or criteria within NZS 8134 are relevant to all services. The relevance of a Standard or criterion assessed as being not relevant to a service will be recorded as being ‘not applicable’ on any audit report.

A Standard or criterion may apply to only some health or disability services. For example, some parts of NZS 8134 will apply only to:

- (a) Intellectual disability services;
- (b) Mental health and addiction services; or
- (c) Acute, secondary, or tertiary, services.

**The notations ‘ID’, ‘MHA’, and ‘S’ identify those parts of the Standard which only apply to those particular services. See table 2 for a code description.**

**Table 2 – Service code description**

Code	Applicable to
<b>ID</b>	Intellectual disability services
<b>MHA</b>	Mental health and addiction services
<b>S</b>	Acute, secondary, or tertiary services

Although other providers are not required to comply with these parts of the Standard, services may consider adopting them.

In these Standards:

- (a) An ‘Informative’ Appendix is for information and guidance. Informative provisions do not form part of the mandatory requirements of this Standard.
- (b) The word ‘shall’ refers to practices that are mandatory for compliance. ‘Shall’ is also used for practices that are already mandated in other documents. The word ‘should’ refers to practices that are advised or recommended.

Throughout the Standards good practice is referred to. The definition of good practice is the current accepted range of safe and reasonable practice that result in efficient and effective use of available resources to achieve quality outcomes, and minimise risk for the consumer.



Current accepted good practice should also reflect standards for service delivery where these exist. This may include but is not limited to:

- (c) Codes of practice;
- (d) Research/evidence/experience-based practice;
- (e) Professional standards;
- (f) Good practice guidelines;
- (g) Recognised/approved guidelines; and
- (h) Benchmarking.

## 9. OUTCOME-FOCUSED STANDARDS

As a part of the interpretation of these Standards and the outcomes they describe, the context for service provision must be considered. This context includes both the specific needs of the individual and the overarching aim to support well-being and quality of life. Overall well-being is related to positive, supportive links with peers and families/whānau, and to inclusion in communities. Service providers are expected to recognise this.

Previous Standards, particularly NZS 8143:2001 *National mental health sector Standard*, explicitly specified how they would apply to a population range. In the development of NZS 8134, there was a decision to move away from extensively detailing specific inputs, instead concentrating on the outcome to be achieved.

Rather than detailing similar inputs for each population, or explicitly including the progression from knowledge/understanding and policy to practice, the outcome could be achieved through various inputs. For example, to achieve the outcome of criteria 3.1.4 in NZS 8134.1.3, services would need to demonstrate their communications were appropriate to their particular audiences. In children's services, this could include providing information in an age appropriate manner such as through story books. When services are for Māori, this could include information and resources in Te Reo Māori as well as English.

## 10. AUDIT FRAMEWORK

Health and disability services are required to meet service Standards relevant to the type of health and disability services they provide. An audit of compliance with NZS 8134 is required to determine a service's level of attainment for relevant Standards.

### AUDIT APPROACH

The audit process requires the service to determine the level of attainment it currently achieves for each relevant criterion. The levels of attainment (see table 3) are based upon a continuous quality improvement model and are incremental.

The stages range from unattained (**UA**) through to continued improvement (**CI**).

**Table 3 – Audit framework attainment levels**

	<b>Attainment level</b>	<b>Interpretation</b>
<b>CI</b>	Continued Improvement	<i>Having fully attained the criterion the service can in addition clearly demonstrate a review process including analysis and reporting of findings, evidence of action taken based on those findings, and improvements to service provision and consumers safety or satisfaction as a result of the review process.</i>
<b>FA</b>	Fully Attained	<i>The service can clearly demonstrate implementation (such as practice evidence, training, records, visual evidence) of the process, systems or structures in order to meet the required outcome of the criterion.</i>
<b>PA</b>	Partial Attainment	<ol style="list-style-type: none"> <li>1. <i>There is evidence of appropriate process (such as policy/procedure/guideline), system or structure implementation without the required supporting documentation; or</i></li> <li>2. <i>A documented process (such as policy/procedure/guideline), system or structure is evident but the organisation or service is unable to demonstrate implementation where this is required.</i></li> </ol>
<b>UA</b>	Unattained	<i>The organisation or service is unable to demonstrate appropriate processes, systems or structures to meet the required outcome of the criterion.</i>
<b>NA</b>	Not Applicable	<i>The service can demonstrate that the outcome Standard or criterion is not relevant to the service and therefore does not apply.</i>

## USING THE RISK MANAGEMENT MATRIX

This process requires the facility or service (internal or external) to identify the degree of risk to consumers' safety associated with the level of attainment achieved by the service for each criterion.

The 'risk' should be assessed in the first instance in relation to the possible impact on consumers, based on the consequence and likelihood of harm occurring as a result of the criterion not being fully implemented.

The Risk Management Matrix (table 4) should be used when the audit result for any criterion is partially attained (**PA**) or unattained (**UA**).

To use the Risk Management Matrix you should:

- (a) Consider the consequence on consumers/support persons safety of the criterion being only Partially Attained (**PA**) or Unattained (**UA**) – ranging from extreme/actual harm to no significant risk of harm occurring;
- (b) Consider the likelihood of this adverse event occurring as a result of the criterion being only Partially Attained (**PA**) or Unattained (**UA**) – ranging from the occurrence being almost certain to rare;
- (c) Plot your findings on the Risk Assessment Matrix in order to identify the level of risk – ranging from Critical to Negligible;
- (d) Prioritise risks in relation to severity (for example Critical to Negligible);
- (e) Take appropriate action to eliminate or minimise risk within the time frame indicated by the 'Action Required' column.

**Table 4 – Risk management matrix**

	LIKELIHOOD						Action required
	Level of risk	The likelihood of this occurring is	The likelihood of this occurring is	The likelihood of this occurring is	The likelihood of this occurring is	The likelihood of this occurring is	
	almost certain	likely	moderate	unlikely	rare		
<b>CONSEQUENCE</b>	The consequence of these criteria not being met would put consumers at <b>extreme risk of harm or actual harm is occurring</b>	<b>Critical</b>	<b>Critical</b>	<b>High</b>	<b>Moderate</b>	<b>Low</b>	<b>Critical</b> This would require immediate corrective action in order to fix the identified issue including documentation and sign off by the auditor within 24 hours to ensure consumer safety
	The consequence of these criteria not being met would put consumers at <b>significant risk of harm.</b>	<b>Critical</b>	<b>High</b>	<b>Moderate</b>	<b>Low</b>	<b>Negligible</b>	<b>High</b> This would require a negotiated plan in order to fix the issue within one month or as agreed between the service and auditor
	The consequence of these criteria not being met would put consumers at <b>moderate risk of harm</b>	<b>High</b>	<b>Moderate</b>	<b>Moderate</b>	<b>Low</b>	<b>Negligible</b>	<b>Moderate</b> This would require a negotiated plan in order to fix the issue within a specific and agreed time frame, such as six months
	The consequence of these criteria not being met would put consumers at <b>minimal risk of harm</b>	<b>Moderate</b>	<b>Low</b>	<b>Low</b>	<b>Low</b>	<b>Negligible</b>	<b>Low</b> This would require a negotiated plan in order to fix the issue within a specified and agreed time frame, such as within one year
	<b>Risk of harm is insignificant</b> even if these criteria are not met.	<b>Low</b>	<b>Low</b>	<b>Negligible</b>	<b>Negligible</b>	<b>Negligible</b>	<b>Negligible</b> This would require no additional action or planning

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## EVALUATION METHODS

One or more evaluation methods or processes may be chosen to audit criteria and/or provide evidence of compliance. The service should identify the methods most appropriate to evaluate its service considering the service setting and consumer groups. The options set out in table 5 have been developed to assist with recording the evaluation method chosen for each criterion.

**Table 5 – Review process evaluation options**

<b>D</b>	<b>Documentation/record review</b>
<b>I</b>	<p><b>Interview</b></p> <p><b>SI</b> = Service provider interview (Governance or Management)</p> <p><b>STI</b> = Staff interview</p> <p><b>MI</b> = Manager interview</p> <p><b>CI</b> = Consumer interview</p> <p><b>Mal</b> = Māori-focused interview</p>
<b>V</b>	<b>Visual inspection</b>
<b>Q</b>	<p><b>Questionnaire</b></p> <p><b>CQ</b> = Consumer questionnaire</p> <p><b>SQ</b> = Service provider questionnaire</p> <p><b>STQ</b> = Staff questionnaire</p>
<b>Ma</b>	Māori-focused audit
<b>L</b>	Linked services, family, and referral services interview

## 11. SELECTED EVIDENCE WEBSITES

The following websites provide useful information on current accepted good practice.

### AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

AHRQ research provides evidence-based information on healthcare outcomes, quality, and on cost, use, and access.

<http://www.ahrq.gov/>

### BEST TREATMENTS – FREE FOR ALL NEW ZEALANDERS VIA NEW ZEALAND GUIDELINES GROUP WEBSITE

This site for consumers provides reliable up-to-date evidence-based information about treatments proven to work, as well as the risks, benefits, and side effects.

<http://www.besttreatments.net/btgeneric/home.html>

### CENTRE FOR REVIEWS AND DISSEMINATION (CRD)

CRD produces the renowned Database of Abstracts of Reviews of Effects (DARE), National Health Service Economic Evaluation Database (NHS EED) and Health Technology Assessment (HTA) databases which are widely used by health professionals, policy makers and researchers. The centre also undertakes methods research and produces 'Hitting the Headlines', providing busy health professionals with a rapid and reliable analysis of the evidence behind news reports on health interventions.

<http://www.crd.york.ac.uk/crdweb/>

### CLINICAL EVIDENCE

This site provides a compendium of the best available research findings on common and important clinical questions, updated and expanded every six months. Questions that address the effects of preventive and therapeutic interventions are addressed. Structured summaries emphasise the balance between benefits and harms of different interventions. Contributions are written by practising clinicians with expertise in evidence-based medicine.

<http://www.clinicalevidence.com/cweb/conditions/index.jsp>

### COCHRANE LIBRARY – FREE FOR ALL NEW ZEALANDERS VIA NZGG WEBSITE

The Cochrane Database of Systematic Reviews (protocols and completed reviews of the effects of healthcare prepared and kept up-to-date by the Cochrane Collaboration), the Database of Abstracts of reviews of Effectiveness (critical assessments and structured abstracts of good systematic reviews published elsewhere), the Cochrane Controlled Trials Register (bibliographic information on controlled trials) and other sources on the science of reviewing research and evidence-based healthcare (see also NICS Guide to the Cochrane Library <http://www.nicsl.com.au/cochrane/>).

Free access for New Zealanders from <http://www.nzgg.org.nz>

### GUIDELINES INTERNATIONAL NETWORK (G-I-N)

This site G-I-N is a major international initiative that seeks to improve the quality of healthcare by promoting systematic development of clinical practice guidelines and their application into practice. The network has the world's largest Guideline Library and is regularly updated with the latest information about guidelines of the G-I-N membership. As at April 2008 more than 4,400 documents were available on its site.

<http://www.g-i-n.net>

**INFORMED HEALTH ONLINE**

This website is run by the German Institute for Quality and Efficiency in Health Care and includes information for consumers based on the Institute's own scientific publications, as well as on topics it chooses itself.

<http://www.informedhealthonline.org>

**NATIONAL INSTITUTE OF CLINICAL EVIDENCE (NICS)**

This site is Australia's national agency for improving healthcare by helping close important gaps between best available evidence and current clinical practice. NICS has produced a wide range of resources.

<http://www.nhmrc.gov.au/nics/asp/index.asp>

**NATIONAL LIBRARY FOR HEALTH (UK) INCLUDES HITTING THE HEADLINES**

<http://www.library.nhs.uk/default.aspx>

**NEW ZEALAND GUIDELINES GROUP (NZGG)**

This site provides trusted links to healthcare evidence sites, as well as a rich source of evidence developed for healthcare practitioners and consumers. There is free access for New Zealanders to Best Treatments and the Cochrane Library from the NZGG website.

<http://www.nzgg.org.nz>

**SUMSEARCH**

This search engine, hosted by the University of Texas Health Science Center, determines which is the best resource for a query, formats it and performs the search. Among the databases and resources that may be searched are the Merck Manual, Canadian Taskforce on Preventive Health Care, Practice Guidelines from the National Guideline Clearinghouse, Medline, AHCPR, and DARE.

<http://sumsearch.uthscsa.edu/>

**TRIP DATABASE**

This resource, hosted by the Centre for Research Support in Wales, aims to support those working in primary care. The database has 10,000 links covering 30 resources and allows both boolean searching (AND, OR, NOT) and truncation.

<http://www.tripdatabase.com/>



## 12. DEFINITIONS

For the purpose of the Health and Disability Services Standards, the following definitions shall apply:

<b>Abuse</b>	<p><i>Material/financial abuse</i>                      Illegal or improper exploitation and/or use of funds or other resources</p> <p><i>Physical abuse</i>                      Infliction of physical pain, injury or force</p> <p><i>Psychological/emotional abuse</i>                      Behaviour including verbal abuse which causes mental anguish, stress and fear</p> <p><i>Sexual abuse</i>                      Sexually abusive and exploitative behaviours involving threats, force or the inability of the person to give consent                      ('Promoting the rights and well-being of older people and those who care for them'. (An Age Concern Resource Kit)</p> <p><i>Chemical restraint</i>                      The use of medication, solely to ensure compliance or to render a consumer incapable of resisting</p>
<b>Access</b>	Ability of a consumer or potential consumer to obtain a service when needed within an appropriate time
<b>Activities</b>	Planned events to provide meaningful social, recreational, cultural and/or spiritual support to enable community participation wherever possible and/or appropriate
<b>Accountability</b>	Where an organisation has to account for, or is liable for fulfilling an action whether or not that action is carried out by that organisation
<b>Advance directive</b>	<p>A written or oral directive:</p> <p>(a) By which a consumer makes a choice about a possible future health procedure; and</p> <p>(b) That is intended to be effective only when they are not competent</p>
<b>Adverse event</b>	Events with negative or unfavourable reactions or results that are unintended, unexpected, or unplanned
<b>Airborne infection isolation</b>	Airborne precautions are used for known or suspected infections spread by airborne particles 5 microns or smaller in size. The room should be a negative pressure room, personnel should wear respiratory protection while in the room and the ventilation should exhaust away from people and not be recirculated
<b>Assessment</b>	<p>A systematic and ongoing process for the collection and analysis of information that describes the needs of the consumer in order to:</p> <p>(a) Determine eligibility for a service; or</p> <p>(b) Develop and review individual service delivery plans when the consumer enters the service.</p>

The assessment process shall meet current standards for assessment and shall include input from the consumer, family/whānau or other representatives where appropriate

<b>Authority</b>	The proper powers to carry out an action, whether granted directly or delegated
<b>Best practice guidelines</b>	Based on expert opinion these are generally used when evidence is limited, of poor quality or conflicting
<b>Care manager</b>	A person designated under s.141 of the ID (CCR) Act
<b>Care recipient</b>	A person subject to a compulsory care order under the ID (CCR) Act
<b>Cleaning</b>	The removal of visible soil and debris from objects. Usually achieved by using water with detergents or enzymatic products. Cleaning must precede disinfection or sterilisation
<b>Clinical governance</b>	The assurance of clinical quality, safety, and efficacy through implementation of a transparent system of self-accountability participated in by clinical staff in an organisation, and at all levels throughout the organisation, with ultimate governing body responsibility
<b>Community</b>	This may be defined in terms of a geographical locality, social characteristics, or service needs
<b>Community residential</b>	The part of the organisation which includes overnight accommodation and may include associated support services as a component of its service provision
<b>Competent</b>	Demonstrating the required ability, knowledge, or authority
<b>Consumer</b>	A person who uses/receives a health or disability service
<b>Contact precautions</b>	Are intended to reduce the risk of transmission of organisms by direct or indirect contact with the consumer or the patient environment
<b>Cough etiquette</b>	See definition of respiratory hygiene
<b>Criteria</b>	Descriptive statements which can be assessed and which reflect the intent of a competency in terms of performance, behaviour, and circumstance
<b>Cultural safety</b>	Practices which ensure that those receiving the service feel that their culture is respected

<b>Culture</b>	Culture includes, but is not limited to, age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual belief; and disability
<b>De-escalation</b>	A complex interactive process in which the highly aroused consumer is re-directed from an unsafe course of action towards a supported and calmer emotional state. This usually occurs through timely, appropriate, and effective interventions and is achieved by service providers using skills and practical alternatives
<b>Disability</b>	A functional limitation or impairment. This can include a physical, visual, hearing, intellectual or cognitive impairment and can be of a temporary or permanent nature
<b>Discrimination</b>	Discrimination is an act or belief that results in the systematic unfair treatment of a person or a group because they are different
<b>Disinfection</b>	<p>The inactivation of non-sporing organisms using either heat or water (thermal) or by chemical means.</p> <p>The effectiveness of any disinfection procedure is controlled by the:</p> <ul style="list-style-type: none"> <li>(a) Nature and number of contaminating micro-organisms (bioburden);</li> <li>(b) Amount of organic matter present (spores, soil, faeces, blood);</li> <li>(c) Type and condition of medical and surgical material to be disinfected;</li> <li>(d) Temperature.</li> </ul> <p>There are various degrees of disinfection; this is dependent on the type of micro-organisms killed (Definition taken from AS/NZS 4187)</p>
<b>Droplet precautions</b>	Droplet precautions are used for known or suspected infections spread by large droplets of greater than 5 microns. Service providers are required to wear a surgical mask
<b>Education/Training</b>	Education/training encompass teaching and learning specific skills, knowledge, and attitudes. This includes imparting and acquiring knowledge, positive judgement, and wisdom through a variety of mechanisms including education technology, critical reflection, and feedback
<b>Enablers</b>	<p>Equipment, devices or furniture, voluntarily used by a consumer following appropriate assessment, that limits normal freedom of movement, with the intent of promoting independence, comfort and/or safety.</p> <p><i>Example 1</i></p> <p>A consumer voluntarily uses raised bedsides to assist their mobility in bed, to aid in the positioning of pillows for comfort or to prevent them falling from the bed</p> <p><i>Example 2</i></p> <p>A consumer voluntarily uses a fixed tray in front of their chair to assist them to independently have a meal</p>

*Example 3*

Equipment, devices or furniture is used, following appropriate assessment, to assist in the physical positioning of a consumer without limiting their normal freedom of movement. These interventions are not considered a form of restraint, but rather are a normal component of the consumer's day-to-day life

NOTE – The use of enablers shall be voluntary and the least restrictive option to meet the needs of the consumer with the intention of promoting or maintaining consumer independence and safety.

<b>Entry</b>	The point at which the consumer attends the first appointment or consultation or receives the first episode of service delivery
<b>Epidemic</b>	A disease affecting or tending to affect an atypically large number of individuals within a population, community or region at the same time
<b>Evaluation</b>	A formal process for determining the extent to which the planned or desired consequences of an action are attained. The organisation routinely assesses service delivery to groups of people who have prolonged or frequent engagement with the health and disability sector
<b>Event reporting</b>	Includes the recording/reporting of: <ul style="list-style-type: none"> <li>(a) Accidents and incidents;</li> <li>(b) Adverse clinical events;</li> <li>(c) Complaints and suggestions;</li> <li>(d) Infections/notifiable diseases;</li> <li>(e) Other events as indicated by statute, regulation or professional practice standards</li> </ul>
<b>Evidence-based guideline</b>	Has the following characteristics: <ul style="list-style-type: none"> <li>(a) Is based on evidence which is explicitly stated with the levels of evidence;</li> <li>(b) Is a tool for transferring research findings into a guide for clinical practice;</li> <li>(c) Follows a clear format and process which is described within the guideline so it can be readily replicated;</li> <li>(d) Can include an algorithm or flowchart to provide easy to follow steps that reflect the recommendations outlined in detail within the guideline</li> </ul>
<b>Evidence-based practice</b>	The conscientious, explicit, and judicious use of current best evidence that takes into account the needs and circumstances of each consumer.  Evidence-based practice is also applicable to decisions about the planning and provision of services. Evidence encompasses a range of qualitative and quantitative methodologies including indigenous methodologies and consumer experiences
<b>Facility</b>	The physical location, site, or building within or from which the service is provided

<b>Family – in relation to another adult</b>	Family includes a consumer’s extended family/whānau, their partners, friends and advocates, guardian or other representatives nominated by the consumer
<b>Family – in relation to a child or young person</b>	A group including an extended family/whānau in which there is at least one adult member with whom the child or young person has a biological or legal relationship; or to whom the child or young person has a significant psychological attachment; or the child or young person’s whānau or any other culturally recognised family/whānau
<b>Good practice</b>	<p>The current accepted range of safe and reasonable actions that result in efficient and effective use of available resources to achieve quality outcomes, and minimise risk for the consumer.</p> <p>Current accepted good practice should also reflect standards for service where delivery these exist. This may include but is not limited to:</p> <ul style="list-style-type: none"> <li>(a) Codes of practice;</li> <li>(b) Research/evidence/experience-based practice;</li> <li>(c) Professional standards;</li> <li>(d) Good practice guidelines;</li> <li>(e) Recognised/approved guidelines; and</li> <li>(f) Benchmarking</li> </ul>
<b>Governance</b>	Taking responsibility for the overall direction of the organisation, including the development of policy, which determines the purpose and goals of the service
<b>Governing body</b>	The organisation’s highest decision-making body
<b>Guideline</b>	Can be recommendations based on consensus agreement, expert opinion or experience. Some forms of evidence may also be included. The guideline provides the recommended approach but not the practical ‘how to’ details specified in a protocol or pathway
<b>Hand hygiene</b>	<p>A general term that applies to either hand washing, antiseptic handwash, antiseptic handrub, or surgical hand antisepsis</p> <p>Refer to: ‘Guideline for hand hygiene in healthcare settings’ (Centres for Disease Control and Prevention)</p>
<b>Hapū</b>	A section of a particular tribe
<b>Infection</b>	Condition in a host resulting from the presence, invasion and damage by micro organisms

**Infection control committee**

A group of two or more individuals representing relevant disciplines within the organisation and providing overview of the infection control programme. Relevant disciplines are likely to include, but are not limited to, the infection control team/personnel, clinicians, management, pharmacy, occupational health risk management, estate/facilities management, and quality management.

In a large, complex organisation (such as a hospital) it is usual for an infection control committee to oversee the strategic issues, supported by infection control team/personnel responsible for day-to-day practice. In smaller and less complex organisations (such as in larger residential facilities) fewer staff are involved and the role may be a component of another committee, for example, a quality/risk management team

**Infection control management**

A set of systems and structures which organisations must have in place to safeguard and improve the quality of care

**Infection control programme**

A document outlining what will be done, taking into account the organisation's size, activity, and population group, to ensure that the risk of spreading infection by or to staff and consumers is reduced and kept to a minimum

**Infection control team/personnel**

An individual/group of health professionals competent in infection control who have responsibility for the implementation of the infection control programme. If there is no specific infection control team, service providers will have access to appropriately qualified infection control personnel/specialists when required.

Team member(s) shall include a qualified health professional(s) with access to a network of appropriately qualified infection control personnel/specialists. The structure of the team should be based on current accepted good practice

**Informed consent**

As in the Code of Health and Disability Services Consumers' Rights 1996 (the Code), informed consent is a process rather than a one-off event, involving effective communication, full information, and freely given, competent consent (Rights 5, 6 and 7 respectively). A signature on a consent form is not, of itself, conclusive evidence that informed consent has been obtained

**Interdisciplinary**

Drinka and Clark define the Interdisciplinary Health Care Team (IHCT) as 'a group of individuals with diverse training and backgrounds who work together as an identified unit or system. Team members consistently collaborate to solve consumer problems that are too complex to be solved by one discipline or many disciplines in sequence. In order to provide care as efficiently as possible, an IHCT creates 'formal' and 'informal' structures that encourages collaborative problem solving. Team members determine the team's mission and common goals: work interdependently to define and treat consumer problems; and learn to accept and capitalise on disciplinary differences, differential power and overlapping roles. To accomplish these they share leadership that is appropriate to the presenting problem and promote the use of differences for confrontation and collaboration.' Health Care Teamwork: Interdisciplinary Practice & Teaching (Drinka and Clark, p47)

**Iwi**

A tribe with a common ancestor, canoe and region(s)



**Key worker**

This term is broadly used and applied in health services. The role and depth of responsibilities may vary between providers, however generally key workers:

- (a) Are service providers who coordinate communications and activities for the consumer in order to meet their treatment/care plan;
- (b) Ensure the consumer can participate in the planning of their care and ensures their voice is heard;
- (c) Ensure consumer's documents/records are maintained, regularly reviewed, and reach the right people at the right time so decision makers are properly informed;
- (d) Are the single or main point of contact for the consumer/family/whānau, during service provision.

The key worker can sometimes be known as Case Manager, Primary Carer/ Nurse or similar

**Legal representative**

A person who has legal authority to make decisions about the care and welfare of the consumer, including the entitlement to give consent to health or disability services on behalf of that consumer. A legal representative includes:

1. A 'welfare guardian' appointed under the Protection of Personal and Property Rights Act 1988 (PPPR Act). A welfare guardian has certain obligations under the PPPR Act, including a duty to promote and protect the welfare and best interests of the consumer, but does not have the power:
  - (a) To refuse consent to the administering to that person of any standard medical treatment or procedure intended to save that person's life or to prevent serious damage to that person's health;
  - (b) To consent to the administering to that person of electro-convulsive treatment;
  - (c) To consent to the performance on that person of any surgery or other treatment designed to destroy any part of the brain or any brain function for the purpose of changing that person's behaviour; or
  - (d) To consent to that person's taking part in any medical experiment other than one to be conducted for the purpose of saving that person's life or of preventing serious damage to that person's health.
2. Where the consumer is 'mentally incapable' (as defined in the PPPR Act)\* a person holding 'enduring power of attorney' under the PPPR Act. However, note that the same restrictions apply to the powers of the attorney as apply to welfare guardians (PPPR Act, sections 98, 99, 107).
3. A guardian of the consumer under the Care of Children Act 2004

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\* Refer to section 94(1)(b) of the PPPR Act. A consumer is 'mentally incapable' if they:

- (i) Lack, wholly or partly, the capacity to understand the nature, and to foresee the consequences, of decisions on matters relating to their personal care and welfare; or
- (ii) Have the capacity to understand the nature, and to foresee the consequences, of decisions on matters relating to their personal care and welfare, but wholly lack the capacity to communicate decisions on such matters.



<b>Management</b>	Implementing the policy determined by the governing body and coordinating the day-to-day service activities, which achieve the purpose and goals of the organisation
<b>Mātua</b>	<p>A parent or an elder within the family, community or an organisation providing services to Pacific people. The role of the mātua is to facilitate and strengthen the relationships between Pacific consumers, their families, and the organisation</p> <p>Based on identified needs, roles may include providing advice on: ethnic/pan Pacific protocols, cultural and spiritual practices and beliefs; interpretation and translation; supporting of Pacific individuals and families; bridging relationships between the organisation and communities</p>
<b>Medicine</b>	<p>A substance or combination of substances that:</p> <ol style="list-style-type: none"> <li>(a) Is presented as having properties for treating or preventing a disease, ailment, defect, or injury in human beings;</li> <li>(b) May be used in human beings with a view to making a medical diagnosis or to restoring, correcting, maintaining or modifying physiological functions; or</li> <li>(c) Is declared to be a medicine by the regulatory authority in New Zealand</li> </ol>
<b>Medicine reconciliation</b>	A standardised process of identifying the most accurate list of all medications, (including name, dose, frequency, and route) that a consumer is taking, and using that to provide safe/effective care to that consumer at all transition points within the health and disability service. The process should include eliciting a medication history (including herbal and other over-the-counter preparations) from the consumer (or their representative) and where necessary, verifying this with the consumer's community pharmacist or GP
<b>Mental health and addiction service</b>	An organisation that provides, as its core activity, assessment or treatment or support to people with mental illness or mental health problems and/or alcohol and drug problems
<b>Monitor</b>	To check, supervise, observe critically or measure the progress of an activity, action or system on a regular basis in order to identify change from the performance level required or expected
<b>Monitoring</b>	A programmed series of challenges and checks, repeated periodically, and carried out according to a documented policy or procedure, which demonstrates that the process being studied is both reliable and repeatable
<b>Multidisciplinary</b>	Members from various disciplines who work together to determine goals, evaluate outcomes, and make recommendations
<b>National health index (NHI) unique identifier</b>	Designed to uniquely identify individuals within the health system in New Zealand. For the purposes of health informatics, the NHI allows easy electronic matching between varying data sets in the health sector

<b>Neglect</b>	<p><i>Active neglect</i></p> <p>Conscious and intentional deprivation of basic necessities, resulting in harmful physical, psychological, material, and/or social effects</p> <p><i>Passive neglect</i></p> <p>Refusal or failure by service workers, because of inadequate knowledge or disputing the value of the prescribed services, to provide basic necessities, resulting in harmful physical, psychological, material, and/or social effects</p> <p>Definitions taken from 'Promoting the rights and well-being of older people and those who care for them' (An Age Concern Resource Kit)</p>
<b>Office-based practice</b>	<p>The provision of healthcare services in sites not involved in complex patient procedures and processes. Such sites include private consultant rooms and health clinics</p>
<b>Open disclosure</b>	<p>A timely and transparent approach to communicating with, and supporting consumers when things go wrong. This includes a factual explanation of what happened, an apology, and actions that deal with the actual and potential consequences. An important aspect of open disclosure is explaining to consumers how the incident has been reviewed and what systems will be put in place to make sure similar incidences will not happen again</p>
<b>Operational plan</b>	<p>A plan that provides information on how the strategic plan will be accomplished</p>
<b>Organisation</b>	<p>Associations, agencies, groups, independent practitioners, and/or individuals accountable for the delivery of services to the consumer</p>
<b>Outbreak</b>	<p>An increase in occurrence of a complication or disease (infection) above the background rate. Thus, an outbreak may be one episode of a rare occurrence or many episodes of a common occurrence</p>
<b>Pacific people</b>	<p>Diverse consumer group including people from Tonga, Samoa, Fiji, Cook Islands, Tokelau, Tuvalu, Niue, and Kiribati</p>
<b>Pandemic</b>	<p>An epidemic (sudden outbreak) that becomes very widespread and affects a whole region, a continent, or the world</p>
<b>Pandemic planning</b>	<p>Is the process of planning for a pandemic event</p>
<b>Pathway</b>	<p>The pathway takes the evidence-based recommendation and the 'how to' instructions of the protocol to the individual consumer. It has a focus on the process and outlines precisely how the consumer will move through the treatment pathway clearly indicating when there is a deviation from this. A pathway can be helpful in informing providers and consumers about what to expect and can formalise the inclusion of treatments and interventions of most likely benefit to the particular consumer. A pathway can also serve as a care plan or the pathway can be a part of the overall consumer care plan</p>

<b>Peer support</b>	Peer support is social/emotional, non medical support that is mutually offered or provided by persons who have used health and disability services themselves. Peer support is based on the knowledge that people who have faced and overcome adversity are able to develop genuinely empathic relationships based on shared experience
<b>Personal protective equipment (PPE)</b>	Equipment designed to reduce the risk of disease transmission between consumers and service providers. Such equipment typically involves gloves, eye protection, apron/gown, and masks and may include ventilation device modifications/types
<b>Policy</b>	A services plan or course of action, intended to influence and determine decisions, actions, and other matters
<b>Procedure</b>	Written instructions conveying the approved and recommended steps for a particular act or sequence of acts such as the administration of medication. Written instructions may be referred to as guidelines and/or work instructions
<b>Protective environment</b>	An air conditioned room (with specific air filtering, air exchange, and a cleaning regime for the minimisation of dust particles) for patients who have Hematopoietic Stem Cell Transplantation (HSCT)
<b>Recovery</b>	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). 'Blueprint for Mental Health Services in New Zealand: How things need to be' (Mental Health Commission)
<b>Representative</b>	Used in this document to refer to the legally appointed representative including enduring power of attorney. A spouse, parent, or next of kin can only make legal decisions on behalf of a consumer who lacks mental capacity with specific authorisation or an appropriate order from the Family Court. Legal representation is achieved through application of relevant legislation (the Protection of Personal and Property Rights Act 1988 (PPPR)). Information about the provisions in the Act should be made available when needed to family members, friends, and relevant service providers
<b>Residential services</b>	The part of the organisation that includes overnight accommodation and may include associated support services as a component of its service provision
<b>Respiratory hygiene (or cough etiquette)</b>	The use of tissues to cover the mouth and nose when coughing or sneezing, prompt disposal of the tissues after use, followed by regular hand hygiene (a general term that applies to hand washing or the use of alcohol gels or rubs to decontaminate)
<b>Responsibility</b>	Where a service provider carries out an action

**Restraint**

The use of any intervention by a service provider that limits a consumer’s normal freedom of movement

(For interventions that limit a consumer’s freedom of movement voluntarily see definition of Enablers.)

*Personal restraint*

Where a service provider uses their own body to intentionally limit the movement of a consumer. For example, where a consumer is held by a service provider

*Physical restraint*

Where a service provider uses equipment, devices or furniture that limits the consumer’s normal freedom of movement. For example: where a consumer is unable to independently get out of a chair due to: the design of the chair, the use of a belt, or the position of a table or fixed tray

*Environmental*

Where a service provider intentionally restricts a consumer’s normal access to their environment. For example, where a consumer’s normal access to their environment is intentionally restricted by locking devices on doors or by having their normal means of independent mobility (such as a wheelchair) denied

*Seclusion*

Where a consumer is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit

**Restraint episode**

For the purposes of restraint documentation and evaluation on, a restraint episode refers to a single restraint event, or, where restraint is used as a planned regular intervention and is identified in the consumer’s service delivery plan, a restraint episode may refer to a grouping of restraint events

**Review**

A formal process of updating and amending or replanning based on evaluation of outcomes

**Risk**

The chance of something happening that will have an adverse impact on objectives (AS/NZS 4360 and SAA/SNZ HB 436)

**Risk management**

The culture, processes, and structures that are directed towards realising potential opportunities while managing adverse effects (AS/NZS 4360 and SAA/SNZ HB 436)

**Safe**

Freedom from preventable illness or harm to an individual’s physical or non-physical well-being after a consumer has gained entry to a service

**Safety**

Being safe and free from abuse, exploitation, danger, risk, harm or injury.

*Cultural safety*

The provision of a service to a person or family from another culture that meets the needs of that culture, as determined by that person or family. Culture includes, but is not limited to: age or generation; gender; sexual orientation; occupation and socio-economic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The person providing the service will recognise the impact that their personal culture has on their practice. Unsafe cultural practice includes any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual

#### *Safe environment*

The environment is free from physical hazards including structures, fittings, as well as harmful compounds and toxic substances.

A service also provides a safe environment through a respectful and strength-based approach that places consumers first

#### *Organisational safety*

Risks within the organisation that have the potential to compromise safety are identified, monitored, evaluated, recorded in a risk register, and managed to acceptable levels

### **Serious harm**

An event during care or treatment that has resulted in an unanticipated death or major permanent loss of function not related to the natural course of an illness or underlying condition, pregnancy or childbirth. Major permanent loss of function is defined as sensory, motor, physiological or intellectual impairment that as a result of an event during care, requires continued treatment or lifestyle change. Permanent loss of function includes an increase in the level of disability where the consumer has a pre-existing disability or disabilities

### **Serious infection control related issue**

A serious infection control related issue refers to an actual or perceived significant risk of transmission of infectious agents within a facility or of the acquisition of agents which may prove difficult to eradicate (such as antibiotic resistant bacteria)

### **Service**

The provision of assessment, treatment, care, support, teaching, research, promotion of independence, and other inputs provided to the consumer by the organisation

### **Service delivery**

The act of service provision by the organisation or service provider to the consumer

### **Service delivery plan**

The documentation describing the assessment, planning, implementation, evaluation, review, and exit processes of service delivery

### **Service provider**

An individual who is responsible for performing the service either independently, or on behalf of an organisation. This includes the provision of direct and indirect care or support service to the consumer and covers all service providers and management who are:

- (a) Employed;
- (b) Self-employed;
- (c) Visiting;
- (d) Honorary;
- (e) Sessional;
- (f) Contracted;

- (g) Volunteer service providers; or
- (h) Anyone who is responsible or accountable to the organisation when providing a service to the consumer.

For the purpose of these Standards the informal/unpaid carer and family/whānau network are excluded

<b>Standard precautions</b>	Precautions taken by all service providers and applied to all consumers regardless of their presumed infection status. Standard precautions recognise that blood, all body fluids, secretions and excretions (except sweat) regardless of whether or not they contain visible blood, non intact skin, and mucous membranes, may be potentially infectious, and that precautions are required to reduce risk of transmission of disease from both recognised and unrecognised sources of infection. Standard precautions include, but are not limited to, hand hygiene and use of PPE
<b>Sterilisation</b>	A validated process used to render an object free from viable infectious agents including viruses and bacterial spores. Such processes include steam, dry heat, ethylene oxide gas, gamma irradiation, hydrogen peroxide, peracetic acid-based formulations, and liquid chemicals
<b>Stigma</b>	Negative thoughts or feelings towards others based on their diagnosis of a mental illness
<b>Suitably qualified</b>	Practitioners who provide services (including clinical care or judgement) to the consumer with qualifications and registration required by statute to practise, individuals with experience in the provision of care or support to the consumer and who are deemed competent to perform this function. The organisation shall be accountable for ensuring the service provider is competent to provide the service required of them
<b>Surveillance</b>	The systematic process of data collection, collation, and analysis for the purpose of characterising risk groups and identifying control strategies and the timely dissemination and feedback of these data to those who need to know
<b>Tangata whaiora</b>	A person seeking health and well-being. A person who experiences or has experienced mental illness or addiction and who uses or has used a mental health and addiction service
<b>Tangata whenua</b>	People of the land, an iwi belonging to a particular place
<b>Therapy</b>	The range of evidence-based therapeutic approaches used in treatment and support (excluding medication and other medical interventions). This could include psychotherapeutic, psycho-educational, rehabilitative, collaborative, approaches using individual and/or group methods
<b>Tohunga</b>	Person with expert knowledge of Māori spirituality
<b>Transition</b>	A process of change from one form, state or place to another



<b>Transmission based precautions</b>	<p>These precautions are used to prevent transmission of highly transmissible or epidemiologically important infectious agents when rate of transmission is not completely interrupted using standard precautions. When used singly or in combination, they are always used in addition to standard precautions. The three categories of transmission based precautions are:</p> <ul style="list-style-type: none"> <li>(a) Contact precautions;</li> <li>(b) Droplet precautions;</li> <li>(c) Airborne precautions</li> </ul>
<b>Treatment</b>	<p>Specific physical, psychological, medical, and social interventions provided by health professionals aimed at the reduction of impairment and the achievement of the best possible health for each person who receives the service</p>
<b>Whānau/family</b>	<p>The family or an extended family/group of people who are important to the person who is receiving the service</p>
<b>Young person</b>	<p>Means a boy or girl of or over the age of 14 years but under 17 years; but does not include any person who is or has been married or in a civil union</p>



# NOTES

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# APPENDIX A

## FULL LIST OF HEALTH AND DISABILITY SERVICES STANDARDS (Informative)

This appendix outlines the complete list of Standards contained within NZS 8134:2008 *Health and disability services Standards*.

### NZS 8134.0:2008 HEALTH AND DISABILITY SERVICES (GENERAL) STANDARD

### NZS 8134.1:2008 HEALTH AND DISABILITY SERVICES (CORE) STANDARDS

Standard number	Standard	Heading	Content
<b>NZS 8134.1.1 CONSUMER RIGHTS</b>			
NZS 8134.1.1.1	Consumer rights	Consumer rights during service delivery	Consumers receive services in accordance with consumer rights legislation
NZS 8134.1.1.2	Consumer rights	Consumer rights during service delivery	Consumers are informed of their rights
NZS 8134.1.1.3	Consumer rights	Independence, personal privacy, dignity, and respect	Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence
NZS 8134.1.1.4	Consumer rights	Recognition of Māori values and beliefs	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
NZS 8134.1.1.5	Consumer rights	Recognition of Pacific values and beliefs	Pacific consumers have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs
NZS 8134.1.1.6	Consumer rights	Recognition and respect of the individual's culture, values, and beliefs	Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs
NZS 8134.1.1.7	Consumer rights	Discrimination	Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation
NZS 8134.1.1.8	Consumer rights	Good practice	Consumers receive services of an appropriate standard
NZS 8134.1.1.9	Consumer rights	Communication	Service providers communicate effectively with consumers and provide an environment conducive to effective communication
NZS 8134.1.1.10	Consumer rights	Informed consent	Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent
NZS 8134.1.1.11	Consumer rights	Advocacy and support	Service providers recognise and facilitate the right of consumers to advocacy/ support persons of their choice

Standard number	Standard	Heading	Content
NZS 8134.1.1.12	Consumer rights	Links with family/whānau and other community resources	Consumers are able to maintain links with their family/whānau and their community
NZS 8134.1.1.13	Consumer rights	Complaints management	The right of the consumer to make a complaint is understood, respected, and upheld
<b>NZS 8134.1.2 ORGANISATIONAL MANAGEMENT</b>			
NZS 8134.1.2.1	Organisational management	Governance	The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers
NZS 8134.1.2.2	Organisational management	Service management	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
NZS 8134.1.2.3	Organisational management	Quality and risk management systems	The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles
NZS 8134.1.2.4	Organisational management	Adverse event reporting	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
NZS 8134.1.2.5	Organisational management	Consumer participation	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
NZS 8134.1.2.6	Organisational management	Family/whānau participation	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
NZS 8134.1.2.7	Organisational management	Human resource management	Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation
NZS 8134.1.2.8	Organisational management	Service provider availability	Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers
NZS 8134.1.2.9	Organisational management	Consumer information management systems	Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required

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Standard number	Standard	Heading	Content
<b>NZN 8134.1.3</b>	<b>CONTINUUM OF SERVICE DELIVERY</b>		
NZN 8134.1.3.1	Continuum of service delivery	Entry to services	Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified
NZN 8134.1.3.2	Continuum of service delivery	Declining referral/entry to services	Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whanau is managed by the organisation, where appropriate
NZN 8134.1.3.3	Continuum of service delivery	Service provision requirements	Consumers receive timely, competent, and appropriate services in order to meet their assessed needs and desired outcome/goals
NZN 8134.1.3.4	Continuum of service delivery	Assessment	Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner
NZN 8134.1.3.5	Continuum of service delivery	Planning	Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery
NZN 8134.1.3.6	Continuum of service delivery	Service delivery/ interventions	Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes
NZN 8134.1.3.7	Continuum of service delivery	Planned activities	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
NZN 8134.1.3.8	Continuum of service delivery	Evaluation	Consumers' service delivery plans are evaluated in a comprehensive and timely manner
NZN 8134.1.3.9	Continuum of service delivery	Referral to other health and disability services (internal and external)	Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs
NZN 8134.1.3.10	Continuum of service delivery	Transition, exit, discharge, or transfer	Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services
NZN 8134.1.3.11	Continuum of service delivery	Use of electroconvulsive therapy (ECT)	Consumers who are administered electroconvulsive therapy are well informed and receive it in a safe manner
NZN 8134.1.3.12	Continuum of service delivery	Medicine management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines
NZN 8134.1.3.13	Continuum of service delivery	Nutrition, safe food, and fluid management	A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery

Standard number	Standard	Heading	Content
<b>NZS 8134.1.4</b>	<b>SAFE AND APPROPRIATE ENVIRONMENT</b>		
NZS 8134.1.4.1	Safe and appropriate environment	Management of waste and hazardous substances	Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery
NZS 8134.1.4.2	Safe and appropriate environment	Facility specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose
NZS 8134.1.4.3	Safe and appropriate environment	Toilets, shower, and bathing facilities	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.
NZS 8134.1.4.4	Safe and appropriate environment	Personal space/bed areas	Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting
NZS 8134.1.4.5	Safe and appropriate environment	Communal areas for entertainment, recreation, and dining	Consumers are provided with safe, adequate, age-appropriate, and accessible areas to meet their relaxation, activity, and dining needs
NZS 8134.1.4.6	Safe and appropriate environment	Cleaning and laundry services	Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided
NZS 8134.1.4.7	Safe and appropriate environment	Essential, emergency, and security systems	Consumers receive an appropriate and timely response during emergency and security situations
NZS 8134.1.4.8	Safe and appropriate environment	Natural light, ventilation, and heating	Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature

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## NZS 8134.2:2008 HEALTH AND DISABILITY SERVICES (RESTRAINT MINIMISATION AND SAFE PRACTICE) STANDARDS

Standard number	Standard	Heading	Content
<b>NZS 8134.2.1 RESTRAINT MINIMISATION</b>			
NZS 8134.2.1.1	Restraint minimisation	-	Services demonstrate that the use of restraint is actively minimised
<b>NZS 8134.2.2 SAFE RESTRAINT PRACTICE</b>			
NZS 8134.2.2.1	Safe restraint practice	Restraint approval and processes	Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others
NZS 8134.2.2.2	Safe restraint practice	Assessment	Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint
NZS 8134.2.2.3	Safe restraint practice	Safe restraint use	Services use restraint safely
NZS 8134.2.2.4	Safe restraint practice	Evaluation	Services evaluate all episodes of restraint
NZS 8134.2.2.5	Safe restraint practice	Restraint monitoring and quality review	Services demonstrate the monitoring and quality review of their use of restraint
<b>NZS 8134.2.3 SECLUSION</b>			
NZS 8134.2.3.1	Seclusion	Safe seclusion use	Services demonstrate that all use of seclusion is for safety reasons only
NZS 8134.2.3.2	Seclusion	Approved seclusion rooms	Seclusion only occurs in an approved and designated seclusion room

## NZS 8134.3:2008 HEALTH AND DISABILITY SERVICES (INFECTION PREVENTION AND CONTROL) STANDARDS

Standard number	Standard	Content
NZS 8134.3.1	Infection control management	There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service
NZS 8134.3.2	Implementing the infection control programme	There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation
NZS 8134.3.3	Policies and procedures	Documented policies and procedures for the prevention and control of infection reflect correct accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided
NZS 8134.3.4	Education	The organisation provides relevant education on infection control to all service providers, support staff, and consumers
NZS 8134.3.5	Surveillance	Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme
NZS 8134.3.6	Antimicrobial usage	Acute care and surgical hospitals will have established and implemented policies and procedures for the use of antibiotics to promote the appropriate prudent prescribing in line with accepted guidelines. The service can seek guidance from clinical microbiologists or infectious disease physicians



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