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CONGRATULATIONS

I am very pleased to mention more facilities achieving
4 YEAR CERTIFICATION.

My compliments and congratulations to:

NAOMI COURT IN NELSON

If you are one of the very few achieving this then please let me know as it deserves a special place and recognition! If you don't let me know I can not publish it.

I am aware that some providers / managers are really disappointed if they don't achieve 4 years certification. Of course it is great to strive towards 4 years but if you receive 3 years then be proud of that achievement too.

If you believe that you have achieved continual improvements and expect 4 years then ensure that evidence of the continuous improvement is clearly reflected in your audit report.

To achieve continuous improvements it needs to be auditable and you need to be able to evidence that you continuously improve services, achieving quality initiatives and initiate improvements as a result of your own internal system reviews.

Fully attaining the criteria alone does not do it.

Don't be passive during an audit, take control and show the auditors all the good things you do, have put in place and that you are proud of. Let me know how you go.

Jessica

When residents visit their own GP

In response of my October issue article regarding the above I received the following which might also work for others. Thanks Brenda for taking the time to respond.

"I keep a record of when all 3/12 reviews are due and alert residents/NOK in advance to make an appointment and let us know the time and date. We then photocopy medication sheets, send the original with the resident, (we keep the copy and destroy on return) along with any handwritten information we wish to be addressed.

We ask for a print out of that visit (they have already typed this onto their pc so should not be a problem to give a copy) scripts, changes in meds and/or treatment needs to be conveyed to us. If this process does not happen we then explain we have contractual requirements etc. and must have a current record on site of treatments. In case of transfer to public hospital etc this is important.

Sometimes have to work on the GP's but at present we have good compliance!!"

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HELP VISITORS

Some people might find it uncomfortable to visit someone in an aged care facility. This is especially true if the person is not a direct relative or someone who doesn't often visit. Sometime residents are, due to their condition, not as talkative as they used to be or they might appear sleepy due to medication etc.

Many people don't what to say of how to communicate with the resident. This can be discouraging and can make that the person is less likely to visit again. This would be a sad result for the resident.

Following are some suggestions for making the time more meaningful for both parties, remembering that you do not have to spend all your time talking!

(you can use this to add to a newsletter or on an information sheet to relatives).

- Bring a newspaper or a magazine to read to the resident. An article often becomes a point of discussion
- Share stories and memories of events during which the resident participated.
- Reminisce: Your favourite car, movie, pet, season, fruit, holiday, Christmas etc.
- Look through photos if these are available and if the resident is able to communicate ask about the events they represent.
- For some residents touch can be comforting. A simple hand massage, for woman a manicure or painting nails. (remember that only a very small percentage of communication is using words)
- Bring make up, perfume, after shave that would be a treat.
- If resident is able and it is possible take resident for an outing, a walk, movie, event, park etc.
- If possible put a bird feeder outside the resident's window and keep it filled. A great way to keep resident entertained and talk about it.
- If you know the resident's favourite music bring some in. Just listening can be ver relaxing.
- If and when appropriate hold hands, hug or squeeze arm or shoulder to let the resident know you care.
- Visit regularly. The more you visit, the more you will have in common and the easier the visits will become.
- Involve other residents if appropriate. Remember there are always residents who don't have anybody.
- Write letters or cards
- This is the resident's home: behave as if you were visiting them in his or her home.
- Visit like you really mean it and your presence will be enough.
- Bring in favourite flowers, treats (if dietary requirements allow this)
- Bring children/pets
- Celebrate resident's birthdays and make resident part of family birthdays
- Read from a favourite book

What not to do:

- Overwhelm the resident with all you problems and how busy you are
- Rush in and stand at the door.
- Baby talk.
- Not allow the resident to discuss or voice their problems

Remember

- Silence can be golden. You don't have to be busy every moment
- Respect personal space, possessions, and limited energy.

Enjoy your visits

Jessica

**The friend is
the man who
knows all
about you, and
still likes you. -
Elbert Hubbard**

Health Information Privacy Code 1994

The code regulates how health agencies (such as doctors, nurses, pharmacists, health insurers, Primary Health Organisations and District Health Boards) collect, hold, use and disclose health information about identifiable individuals.

Key concepts in the code

The two key concepts in the code are:

- **Purpose:** Agencies must know *why* they are collecting health information and collect only the information they need. Once health information has been collected from a patient for a particular purpose, it can be used or disclosed for that purpose without additional consent.
- **Openness:** Agencies need to let patients know how their information is going to be used and disclosed so the patients can make decisions about whether to provide it.

“Ownership” of health information is a red herring

It’s common for people to wonder who owns their health information. However, ownership isn’t necessarily the best way to think about health information.

It is more accurate to say that:

- People have **rights** over health information about themselves. Rule 6 gives individuals the right to access information about themselves and rule 7 gives them the right to seek correction of that information if they think it is inaccurate or misleading.
- Health agencies have **obligations** over the health information they hold. These obligations are set out in the 12 rules of the code, and are briefly summarised below and in the other fact sheets in this series.

Patient expectations about health information

The code recognises that people expect their health information:

- to be kept **confidential**, because it was probably collected in a situation of confidence and trust
- to be treated as **sensitive**, because it may include details about body, lifestyle, emotions and behaviour
- may have **ongoing use** if a piece of medical information becomes clinically relevant even a long time after it was initially collected
- will be **used for the purposes** for which it was originally collected and they will be **told about** those purposes.

The code’s twelve health information privacy rules

The code applies rules to agencies in the health sector. When it comes to health information, the 12 *rules* of the code substitute for the 12 *principles* of the Privacy Act.

From the point of view of a health agency, the rules in the code can be summarised:

1. Only collect health information if you really need it.
2. Get it straight from the people concerned where possible.
3. Tell them what you’re going to do with it.
4. Be considerate when you’re getting it.
5. Take care of it once you’ve got it.
6. People can see their health information if they want to.
7. They can correct it if it’s wrong.
8. Make sure health information is correct before you use it.

If you tell the truth, you don't have to remember anything

9. Get rid of it when you're done with it.
10. Use it for the purpose you got it.
11. Only disclose it if you have a good reason.
12. Only assign unique identifiers where permitted.

The first eleven rules form a kind of 'life-cycle' for health information.

Agencies must first **decide what information they need**, and where and how they are going to get it. They then need to ensure they hold the information with **appropriate protections** and that they comply with any **access or correction requests** they receive. Finally, **use and disclosure** need to be done with care and kept in line with the purposes for which the information was collected.

There are also a number of exceptions to the general rules listed above. For instance:

- Doctors can collect information about a patient's family member's health when **preparing a family or genetic history** (which could otherwise breach rule 2 since it's not being collected from the family member directly).
- Hospitals can disclose basic information to enquirers about a **hospital patient's presence, condition and progress** (as long as the patient hasn't directly vetoed that disclosure).
- Doctors can disclose information about a patient to **caregivers or close relatives** in line with recognised professional practice (again, as long as the patient hasn't vetoed that disclosure).
- Health agencies can disclose information where necessary to deal with a serious and imminent **threat to anyone's health or safety**.

How the rules are enforced

The first stop for a complaint will always be the agency itself. Under the code, agencies have to have privacy officers and complaint handling procedures.

These rules are all enforceable by complaining to the Privacy Commissioner's office, and then, if necessary, to the Human Rights Review Tribunal. **There can be financial consequences for agencies that breach the rules**, so compliance is important.

Where to get additional assistance

There are four other health information privacy factsheets that give a broad overview of how the code works in practice.

For more detailed information, a copy of the Health Information Privacy Code (with explanatory commentary) is available for free download from the Privacy Commissioner's website at www.privacy.org.nz, as is *On the Record: a Practical Guide to Health Information Privacy*.

The Privacy Commissioner also has a 0800 number, 0800 803 909



Experience is something you don't get until just after you need it

National Dementia Cooperative

National Dementia Cooperative Knowledge Exchange forum 2013

Remember to register for the NDC Knowledge Exchange forum SHARING EVIDENCE – SUPPORTING ACTION on 21 and 22 November in Auckland. Feel free to forward this invitation to colleagues and others who have an interest in improving care for people with dementia. For details about registration and the programme, go to our website <http://ndc.hiirc.org.nz/page/39423/sharing-evidence-supporting-action-ndc-knowledge/?tab=4892&contentType=1587§ion=19790>

National Dementia Cooperative Update October 2013

- Four NDC Dementia Network meetings were held during October: in the Waikato, Wellington, Auckland, and Canterbury. Both Waikato and Wellington have scheduled their next meeting for 5 December. Find meeting notes, times, and venues on our website <http://ndc.hiirc.org.nz/section/29653/networks/>
- We came away from Wellington brimming with ideas! Members of the NDC steering group had several meetings in Wellington earlier this month, with Ministers of Health Ryall and Goodhew, members of the National Health Board, and the Ministry of Health's policy team. It was useful to hear different perspectives, and it is good to know how keen everyone is to work together.
- Dementia Enabling Environments is a collaborative project in Australia aimed at facilitating the creation of supportive environments for people with dementia. The many resources on their website include ideas for how to adapt facilities, or individual homes and gardens. The ideas are attractively presented with drawings and photographs <http://www.enablingenvironments.com.au/>

Please forward this update to others who have an interest in improving care for people with dementia.

As always, if you have any questions, contact me. Naku noa

Marja Steur

National Coordinator National Dementia Cooperative

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HEALTH AND SAFETY

When will the changes be implemented?

It is the intention that WorkSafe, the new health and safety regulator, will be up and running in December 2013. The health and safety regulator functions from the Ministry of Business, Innovation and Employment (MBIE) will transfer to WorkSafe at this point.

The Health and Safety at Work Bill will also be introduced into Parliament in December, and when it has gone through the legislative process it will replace the Health and Safety in Employment Act 1992.

The new law and key supporting regulations are expected to be in place by the end of 2014 and will start coming into effect from then.

Where can I find out detailed information about the workplace health and safety reform?

The reform package is outlined in detail in the document *Working Safer* which can be downloaded here: www.mbie.govt.nz/what-we-do/workplace-health-and-safety-reform

This site will answer questions such as:

What are the key parts of the workplace health and safety reform package?

What are the benefits for business?

Who will be responsible in a workplace for health and safety under the new law?

Success isn't about how much money you make, it's about the difference you make in people's lives.

ACTIVITIES

I often receive emails from activities staff for tips, hints ideas etc. I am very aware that there is not a lot of training available for activities staff to stay up to date and learn new things so I have listen some that I have come across. Please keep in mind that these are general ideas and you have to make sure that these are safe for your residents.

I invite all activities staff to feedback and maybe we can use this medium to share success stories, activities, and ideas that work. Also if you hear of training sessions being available this would be a good place to share this.

General good practice identified - Activities

- Display an activities timetable on the notice-board and provide a copy to each resident.
- Include an activities list on the facility's web site.
- Offer regular individual activities on a one to one basis. This can include assistance with a hobby, writing a life story book or just time to chat or reminisce.
- Encourage and support residents to organise their own activities.
- Invite near by homes to partake in events and activities such as garden parties, quizzes, visiting entertainers and tea dances. Keep competitions.
- Discuss activities at resident meetings.
- Offer a mixture of individual and group activities.
- Give gentle encouragement to participate in activities ensuring no-one feels guilty for choosing to opt out.
- Arrange fund-raising activities such as car boot sales which contribute to the 'Residents Fund' which can then be used to pay for trips out and additional activities or equipment.
- Become involved in local fundraising events and good causes.
- Allocate time for staff to arrange individual activities for residents or spend one to one time with a resident.
- Space permitting, invite local clubs to meet at the home ensuring residents can join in if they wish.
- Make enquiries to the local Rotary Club, Stroke Club, etc. to see if they can support with arranging transport to community events or rent their minibus.
- Seek volunteers to help run activities.
- Set a monthly theme and advertise this to encourage staff, relatives, and visitors to get involved.
- Contact SPCA or local organisation to organise pet visits

Trips out to...

- Garden centre
- Local school nativity
- Theatre
- Pub lunch
- Just for a drive
- Fish and chips out
- Shopping and Christmas shopping
- Christmas lights
- Library
- Sea side
- Local historic building
- Coffee shop
- Cinema

Life is short;
Break the
rules, forgive
quickly, kiss
slowly, love
truly, laugh
uncontrollably
and never
regret anything
that made you
smile.

**ACTIVITIES
continued**

Some Ideas

- Annual carol service
- Armchair exercise
- Arts and crafts
- Assisted gardening
- Barbeques
- Bingo
- Comedian visits
- Cooking
- Crochet
- Crossword
- Cultural day (including costumes, food stories, music etc)
- Dancing
- discussion group
- DIY club
- Dough modelling
- Film club
- Flower arranging
- Garden Games
- Garden walks
- Gardening (indoor & outdoors)
- Guide Dogs
- Hand bell ringing
- Hand massage
- Knitting circle
- Jig saw
- Life Story books
- Model making
- Monthly in-house church service
- Music and movement
- Musical Entertainers
- Old fashioned sweet shop
- One to one manicure
- One to one time to chat
- Pets at home service
- Quizzes
- Reminiscence (Group & 1 to 1)
- Singing
- Spare room made into own bar
- Word games

A BOUQUET and THE BRICK



My **BOUQUET** this month goes to the lady who offered her cancer treatment to the Doctor who is desperately trying to stay alive to see his baby born in January!! Let's all hope that he is granted that wish and send him positive thoughts.

My **BRICK** this month is for the reporters who felt the need to dig around for negativity (again) and re-visit old complaints.



Man is largely a creature of habit, and many of his activities are more or less automatic reflexes from the stimuli of his environment.
G. Stanley Hall

NEWSLETTERS BACK ISSUES

Remember there is an alphabetical list of topics from all my newsletters available on my website which refers to the related issue. This website is available to everybody: www.jelicatips.com No password or membership required.

I believe in having the data available to everybody as it is important that as many people as possible get the information and that we help each other as much as possible in this very challenging sector.

I don't mind sharing this information but I don't agree anybody making financial gain from this information!

Some interesting websites:

www.careassociation.co.nz

www.eldernet.co.nz,

www.insitene newspaper.co.nz,

www.moh.govt.nz;

www.healthedtrust.org.nz

www.dementiacareaustralia.com;

<http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>

www.advancecareplanning.org.nz

Please note these sites are not necessarily endorsed by Jelica nor is it responsible for the contents within them.

The information contained in this publication is of a general nature and should not be relied upon as a substitute for professional advice in specific cases.

REMEMBER!

Send your feedback, suggestions and articles showcasing your local, regional and workforce activities for publication in future issues.

This brings me to the end of this issue. I hope you enjoyed reading it and welcome any feedback you have. With your help I hope to keep this a very informative newsletter with something for everyone.

Signing off for now.

Jessica

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- If you know of others who you think would benefit from receiving my newsletter, please pass on my details and have them sending me an email with the subscribe request.