

<p><b>In this issue:</b></p> <ul style="list-style-type: none"> <li>• 4 year certification</li> <li>• Infection control Snippets</li> <li>• Ebola</li> <li>• Rock the Boat – moving to a person centered culture</li> <li>• Poem</li> <li>• Christmas themed activities</li> <li>• Mental Health Law conference</li> <li>• Auditing</li> <li>• Bouquet</li> <li>• Training</li> <li>• Back issues</li> <li>• Helpful websites</li> </ul>	<p><b>4 YEAR CERTIFICATION</b></p>
	<p>I am very pleased to mention more facilities achieving <b>4 year certification.</b> My compliments and congratulations to:</p> <p><b>FRASER MANOR REST HOME, TAURANGA</b></p> <p><b>And for my friends, who have an audit this month, all the best!</b></p> <p><i>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></p>
	<p><b>INFECTION CONTROL SNIPPETS (Bug Control)</b></p>
	<p><i>Julie discussed with me the possibility to add to the newsletter regular questions she receives and the relevant answers Bug Control provides. We thought it to be a good idea to share these questions and answers with you. I hope you enjoy these little snippets of information.</i> <i>Jessica</i></p> <p><b>Question:</b> How many times can alcohol based hand rubs be used a before you need to wash with soap and water?</p> <p><b>Answer:</b> There is no limit on how many times alcohol based hand rubs can be used as long as hands are not visibly dirty or soiled.</p> <p style="text-align: right;"><i>Julie Sparks (managing Director)</i></p>
	<p><b>HELP ME KEEPING THE DATABASE UP TO DATE!</b></p>
<p><b>Emailed to:</b> <b>1263</b></p> <p><b>And counting</b></p>	<p>Changing positions? New email address? Let me know if your details are changing so I can keep the database up to date.</p> <p style="text-align: right;"><i>Jessica</i></p>
	<p><b>INTERESTING AND NOT TO BE MISSED INFORMATION</b></p>
<p>jelica@woosh.co.nz</p>	<p>Our voice Advance care planning newsletter. Email <a href="mailto:leighm@adhb.govt.nz">leighm@adhb.govt.nz</a></p>
<p>mobile: 021 311055</p>	<p><b>MEDI MAP</b></p>
<p>1/3 Price Crescent Mt Wellington Auckland 1060</p>	<p>If the medication administration paperwork is a constant nightmare for you and you have been thinking about a better medication management system follow the below Youtube link and see how user friendly MediMap is.</p> <p><a href="http://youtu.be/5gNtYNRRbvA">http://youtu.be/5gNtYNRRbvA</a> Medi-Map video for Care Facilities</p>

## EBOLA (or Ebola virus disease, EVD)

Source: <http://www.health.govt.nz>

### How is it spread?

Although Ebola causes severe illness it is not easy to catch – it is not spread through the air and is not as infectious as the flu or measles. You can't catch Ebola just by sitting next to an infected person on a plane – it requires contact with infected body fluids (such as blood, saliva, urine or faeces) through broken skin or mucous membranes (such as the mouth or eyes).

You can also catch Ebola by:

- handling infected animals (chimpanzees, gorillas, monkeys, or fruit bats)
- contact with blood or other body fluids and organs of infected animals
- eating infected 'bush meat' – the meat of African wild animals

### Symptoms

The incubation period varies from 2 to 21 days (although is usually between 8 and 10 days).

People with Ebola are not infectious before symptoms appear.

Early signs and symptoms include:

- fever
- severe headache
- joint and muscle aches
- chills
- weakness.

As the disease progresses signs and symptoms become more severe and may include:

- nausea and vomiting
- diarrhoea (may be bloody)
- rash
- chest pain and a cough
- stomach pain
- severe weight loss
- liver and/or kidney failure
- internal bleeding
- bleeding, usually from the eyes, and bruising (people near death may bleed from other orifices, such as ears, nose and rectum)

### Between 50% and 90% of patients with Ebola will die of the disease.

The onset of Ebola symptoms is sudden and includes intense weakness, muscle pain, headache, nausea and sore throat. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding progressing to shock and multi-organ failure.

The case-fatality ratio for the Zaire strain of Ebola virus is estimated to be between 50% and 90%.

### For suspected cases of EVD

- Transmission-based precautions should be immediately implemented (contact and droplet), including the use of personal protective equipment. Airborne transmission precautions apply to aerosol generating procedures and in the laboratory.
- The suspected case should be immediately notified to the local Medical Officer of Health and the Ministry of Health.

Information for health professionals: [Ebola virus disease \(Word, 526 KB\)](#).

Spending today complaining about yesterday won't make tomorrow any better

## ROCK THE BOAT

By Di Adamson – Principal at Adamson Associates

### Start the Conversation

It is going to be necessary to rock the boat in order to make the changes we need to move to a person centred culture. There needs to be a big shift in thinking, and that shift will have to begin with the management of the organisation. “They are so task focused” I hear managers say about carers, yet when I look at how the facility is set up to function, it is set up to achieve tasks that, more often than not, work for the benefit of the organisation not the resident.

In order for the culture to change, the thinking has to change. In order for thinking to change we need to find ways to start a conversation. When I say ways to start a conversation I mean more than making a statement at the staff meeting where the same few people attend; I mean more than a message on Leecare or whatever system you have. I mean the conversation where the manager delivers a strong visionary message about a new way of thinking about how we deliver services, new ways of doing things and this becomes the beginning of the discussion.

I think one of the greatest challenges in Aged Care is finding a way to get staff together to even begin this conversation. Shift work, many part timers and a demanding work schedule make it very difficult to meet with the whole team. Teachers have pupil free days, but we can hardly have resident free days!

So how are you going to create the necessary momentum and engage carers so that they drive the change? If this is not the starting point it will be a hard slog shifting the way we’ve always done it. Successful leaders link the new behaviours required to values that people already have. When people are able to meet their personal standards they feel validated and fulfilled. They also feel as if they are living up to the image of who they want to be. The key here is to engage the staff in moral thinking. A major challenge is to break through the autopilot. When we’re on autopilot we don’t stop to think whether our immediate actions reflect our values, ideals or moral codes because we’ve got caught in the busyness trap.

The first thing is to believe that we need to! I have met managers who are no fewer tasks focussed than the carers, who, when I have asked about how they personally motivate staff, are perplexed. It may take some creative thinking about how to get the staff together. Hold a number of meetings so that all staff are involved, make it an occasion, (a theatre unit manager thought it would be impossible to get her staff together, so with great trepidation organised a Saturday morning session with a lunch to follow – **all** staff came and thought it was one of the best things they had done. They came up with many ideas for improving their service) surprise your staff with your capacity to speak with passion, are some ideas. Use problem-solving techniques such as small group work, slip writing or De Bono’s six thinking hats. Or keep it simpler – ask them the question “what do we do that works for our benefit and not necessarily for the resident?” One group was shocked with the number of things that happened on a daily basis that could be changed to be more resident-friendly. One big one – the routine was changed so that all residents could go to bed when it suited them. And that wasn’t at 7pm! A few months later they have been able to show a reduction in the use of psychotropics and sedation and a reduction in falls.

Developing and encouraging leadership throughout the organisation is essential. When one manager first took over the role, he decided the most important investment of his time was to develop his team leaders. He mentored them and ran short education sessions on leadership, expectations and skill building. He knew, if he was to shift the culture, these were the people to do it. He recently said, “There is still work to be done but we have made a major cultural shift in how we think about things, and it shows on a daily basis.” Ask yourself, how am I empowering the carers to find their voice, to have a say, to influence others?

In order to  
succeed, your  
desire for  
success should  
be greater than  
you fear of  
failure.

Bing Crosby

## ROCK THE BOAT cont'd

Creating forums and giving people an opportunity for the challenges to be discussed is important; raise the issue of resistance so that it is constructively aired and can then be addressed. Another very successful manager continually refines their changes as the staff become more confident in giving feedback about what works and what doesn't work. Carers will only do this if there is a forum for it to happen and if they are listened to.

One manager I read about would introduce a change then tell the staff to go away and think about it, dissect it, talk about it and come back in three weeks and tell him why it **wouldn't** work.

What had he done? Firstly, he'd started the conversation, and secondly he gave them permission to openly have the conversations that normally take place in the corridor or the car park! He said they always came up with some aspect that he hadn't thought about. He said "I listened to them, took on board the feedback and, by the third meeting, they owned the change."

Are you, the manager, using small and frequent interactions, persistence and follow-up? Are you paying attention to your language? Are you shaping and then sustaining behavioural norms? "When are we going to get the time to do this" did I hear you say?

Isn't that exactly what the carers are saying when you mention person centred care? Start the conversation.

Di Adamson

You only live once, but if you do it right, once is enough.

## DO NOT ASK ME TO REMEMBER

*Below a poem I gave to a friend who had just heard that her husband had Alzheimer's. I think it is a very powerful message.*

Do not ask me to remember,  
Don't try to make me understand,  
Let me rest and know you're with me,  
Kiss my cheek and hold my hand.

I'm confused beyond your concept,  
I am sad and sick and lost.  
All I know is that I need you  
To be with me at all cost.

Do not lose your patience with me,  
Do not scold or curse or cry.  
I can't help the way I'm acting,  
Can't be different though I try.

Just remember that I need you,  
That the best of me is gone,  
Please don't fail to stand beside me,  
Love me 'til my life is done.

-Author Unknown

## CHRISTMAS THEMED ACTIVITIES

**It is getting closer to Christmas and this is always a special time for everybody including our residents. Try to give your activities a special Christmas flavour.**

### **Activities**

The biggest challenge for any activities coordinator lies in matching the right activity to each resident's individual physical and cognitive capabilities. Activities coordinators must also work closely with the nursing staff to choose an activity that will be most beneficial for the needs of each individual resident. Activities can be done individually or in groups if a particular activity is suitable for a number of residents. The following lists include a wide range of activities that fall under three basic categories, and there may be some crossover between categories so that a particular activity might fulfil more than one need or care goal.

### **Social Activities**

These activities are designed keep residents engaged and entertained, but many offer physical and mental benefits as well.

**Preparing the Christmas party:** There are many opportunities for activities here. Some residents might like to take part in decorating the room, the tree or make decorations. Others might like to help bake and decorate a cake.

**Ice cream pre Christmas social:** This is always a hit with residents. You'll need chocolate and vanilla ice cream, as well as favourite toppings like hot fudge, strawberry sauce and whipped cream, and maybe a few extras like sprinkles, peanuts and cherries. Residents can choose their favourites to make a delicious sundae. (be aware of the diabetic and other diets and allergies.)

**Barbeque:** Weather permitting, recruit staff, relatives and residents to organise an old fashioned BBQ with sausages, onion and ketchup/mustard.

Coordinate with the kitchen staff to provide some side courses like potato salad, baked beans and coleslaw. Set up tables where residents can eat. (remember diets!)

**Story time (this is successful when you have an agreement with the local school to have children come in for story telling):** The children can read to residents but, an interesting alternative would be for the residents to tell their stories to the youngsters. Many children are fascinated by the history and are amazed that there was life before computer games, TV etc. Therefore, stories about how Christmas was celebrated when the residents were young will be eagerly received by children. These precious personal histories deserve retelling.

**Musical events:** Consider group sing-a-long with Christmas songs from various decades. Ask residents about their favourite songs and include them. Invite choir groups or musicians.

**Food-centred activities:** Consider frosting cookies or decorating Christmas cookies which can then be nicely packed and given to relatives as a present.

**Holiday programs:** You might even consider holding a New Year's Eve celebration, although many facilities have their party in the afternoon or early evening rather than keep residents up until midnight.

**Don't forget to have fun!!**

*Jessica*

**The only person you should try to be better than, is the person you were yesterday.**

## MENTAL HEALTH LAW CONFERENCE 2014

Claro, New Zealand's specialist health sector law firm, and the Australian and New Zealand Association of Psychiatry, Psychology and Law (ANZAPPL) are pleased to provide details of the Mental Health Law Conference for 2014.

### **Dates for 2014**

This full day conference will be presented in—  
Dunedin (Thursday 6 November 2014);  
Christchurch (Friday 7 November 2014);  
Rotorua (Thursday 13 November 2014); and  
Auckland (Friday 14 November 2014).

### **Registration**

The cost to attend the conference is \$280 plus GST. To register for the conference, please complete and return the attached registration form. For further information, please email Anne Le'aupepe at [No1anzappl@gmail.com](mailto:No1anzappl@gmail.com).

## AUDITING

### **Restraints:**

If you have restraint and/or enablers in place it is important that risks, as identified through the assessments, are documented in the relevant care plan section.

### **Signing of controlled medication:**

There have been instances where a partial attainment has been given when controlled medicines were not signed for by two staff witnessing the administration, although two staff did sign the controlled medication register. This again shows the importance of you knowing what the current legislation and Medicines Care Guides state. "It is recommended two staff are on duty to witness controlled drug administration in the rest home".

A recommendation is not a requirement and there is no mention of two staff having to sign for administration.

### **Exit interview:**

This is the time to discuss the findings. If there are any partial attainments that you do not agree with this is the time to discuss them. Trust your own experience and knowledge. Auditors are people who can get it wrong too!

### **Draft audit report:**

I know I repeat myself but please check the draft report and ensure that it reflects the audit and your facility.

*Jessica*

## BOUQUETS



This Month's Bouquet  
goes to  
GREG GARRATT AND CHRIS PARMENTER  
who made MEDIMAP available to us

Better to remain silent and be thought a fool than to speak out and remove all doubt.

Abraham Lincoln

<p><b>Judging a person does not define who they are. It defines who you are.</b></p>	<p><b>TRAINING SESSIONS</b></p>
	<p>If you need training provided on site please let me know as I am available to provide this on non clinical topics such as:  Cultural safety, Spirituality, Sexuality, Privacy, Rights, Confidentiality, Communication and documentation, Abuse and neglect prevention, Restraint minimisation and safe practice, Behaviour management, Complaints and risk management, open disclosure, EPOA, Advance directive, informed consent and resuscitation, Health and Safety, Ageing process, mental illness.</p> <p>If you are looking for a topic not listed here please drop me a line.  I am happy to facilitate different times to suit evening and night staff.  References available on request.</p>
	<p><b>NEWSLETTERS BACK ISSUES</b></p>
	<p>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: <a href="http://www.jelicatips.com">www.jelicatips.com</a> No password or membership required.</p> <p>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!</p>

**Some interesting websites:**

[www.careassociation.co.nz](http://www.careassociation.co.nz); [www.eldernet.co.nz](http://www.eldernet.co.nz), [www.insitenewspaper.co.nz](http://www.insitenewspaper.co.nz), [www.moh.govt.nz](http://www.moh.govt.nz);  
[www.healthedtrust.org.nz](http://www.healthedtrust.org.nz), [www.dementiacareaustralia.com](http://www.dementiacareaustralia.com); [www.advancecareplanning.org.nz](http://www.advancecareplanning.org.nz)  
<http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>, <http://www.open.hqsc.govt.nz>;  
[www.safefoodhandler.com](http://www.safefoodhandler.com); [www.learneonline.health.nz](http://www.learneonline.health.nz); [www.bugcontrol.co.nz](http://www.bugcontrol.co.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*

**SUBSCRIBE OR UNSUBSCRIBE**

- If you do not wish to continue to receive emails from me, all you need to do is e-mail me and write "Unsubscribe". I will then remove you from my contact list (though I will be sorry to lose you from my list).
- 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.