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**Emailed to:
1399 readers
and counting**

**Welcome to my
overseas
readers.**

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**For 2016
I wish you 12 months of happiness,
52 weeks of fun,
365 days of success,
8760 hours of great health
and
525600 lucky minutes!
Happy New Year!**

CERTIFICATION

I am very pleased to mention more facilities achieving
4 year certification.

My compliments and congratulations to:

Shoshannim Rest Home, Rangiora

And for my friends, who have an audit this month, all the best!

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

HELP ME KEEPING THE DATABASE UP TO DATE!

Changing positions? New email address? Let me know if your details are changing so I can keep the database up to date.
Jessica

ACTIVITIES

Now summer is here create some special memories for your residents. Organise a **GARDEN PARTY, FISH AND CHIPS** or a **PICNIC**

For a **garden party** set it up the old-fashioned way with table cloths, fancy napkins (paper goods are fine if they are high quality and decorative), china, vases of flowers, fancy sweets or savoury snacks. Perhaps wine and cheese. Bring out some speakers for music, or go all out and get live entertainment. Invite friends and family members.

ACTIVITIES cont'd

For the **Picnic** – A more casual version of outdoor eating, it can be hosted in a yard, on a patio, or as an outing to a park. Destination outdoor elderly activities are very popular.

Fish and Chips (the old fashioned way). Make an arrangement with you local shop to have the F&C packed in the individual old fashioned way (in paper). If not able to go to the beach create something in your own back yard that feels special. Give each resident their own little “parcel” and allow them to eat from the parcel (if able).

ANOTHER ACTIVITY THAT IS EASY TO ORGANISE

Pressing flowers and making pictures or cards with them.

There should be plenty of flowers to choose from at the moment. Try using the pohutakawa flowers!

Lay leaves and flowers flat inside pages of a heavy book. Line the pages first with a couple of sheets of paper. (make sure the flowers and leaves are not on top of each other.). Put another couple of books on top of the one with the flowers. It takes a couple of weeks for the flowers and leaves to dry.

Best to pick a lot so you have a good selection to work with after a few weeks. They make great presents and what is more special than having some artwork displayed created by the residents themselves or helping residents to make cards to send to their loved ones

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### **Wanganui Diversional Therapists Support Group**

#### **EDUCATION TRAINING DAY**

Saturday 12<sup>th</sup> March 2016

8.45am – 3.30pm

To be held at Central Baptist Church

Corner of Wicksteed & Dublin Street, Wanganui.

Speakers will be:

**Jenny Spence – Alzheimer’s Wanganui**

“Challenging the Myth and Stigma around Dementia”

**Hazel Nessa MA (Hons) HDipEd –**

“Coping With Grief”

**Margaret Marshall – Canine Pet Therapy**

“Benefits and Rewards of Pet Therapy”

**Linda Hoogenboom**

“Quality Life” Products

**Craig Cleveland – Cleveland Funeral Home**

“Funerals Today – Changing Face of Funerals”

**Janine Dann – Sound Matters**

“Making music accessible to enhance lives”

Early Bird Registration \$45 before 1st February 2016.

\$50 Late registration after the 1<sup>st</sup> of February 2016.

Further details will be available in the next NZSDT Newsletter.

**Lunch will be provided and costs are included in Registration fees.**

**There will be raffles and a sales table.**

Enquiries: Registration forms and any other enquiries please

Email: Tina Wright,

Secretary of Wanganui DT Support Group

[bartin@xtra.co.nz](mailto:bartin@xtra.co.nz) - Phone, evenings 06 3433422. [www.diversionaltherapy.net.nz](http://www.diversionaltherapy.net.nz)

All you need is  
love. But a little  
bit of chocolate  
now and then  
doesn't hurt.

Charles M Schultz



**Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) Education for Caregivers**

Education for welcoming Lesbian, Bisexual, Gay, Transgender and Intersex residents to your facility. This education workshop is being offered by Affinity Services and the three hour workshop costs \$500 for as many participants as can be accommodated in your training area (or we can run one for you in Greenlane for up to 25 people). We can also help you take a Rainbow friendly “snapshot” of your organisation and gain Silver Rainbow approval and the ability to put the logo on any of your promotional materials. Please contact Julie Watson at [Julie.watson@affinityserives.co.nz](mailto:Julie.watson@affinityserives.co.nz) for any information or to discuss your education needs.

~~~~~  
SECURITY POLICY

Do you have a security policy in place?
Can you ensure client and building safety?

Have a process documented to ensure staff is aware of their responsibility during their shift.
At approximately what times (dependent on nightfall/weather) to complete a client and building security check.

On every changeover of staff all clients should be accounted for.

Regular security checks to be completed by staff ensuring doors and windows are secured.

Jessica

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**MEDICATION COMPETENCY**

Ensure that all staff, including RN’s, who are responsible for medication administration, has evidence of their medication competency being checked on a yearly basis.  
Don’t assume that it is not required for the Registered Nurses.  
I find the best way to ensure this is completed is to link it to the annual appraisals.

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CARE PLAN EVALUATION

Just a reminder regarding the care plan evaluations. Evaluations need to be documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome. Reflect relevant information from incidents and accidents and infections. What happened to the resident in the previous 6 months and should there be an addition or change in the care plan.

Jessica

Sometimes you just have to play the role of a fool to fool the fool who thinks they are fooling you

KEEPING RESIDENTS SAFE DURING EXTREME HIGH TEMPERATURES

Extreme heat is dangerous to everyone, ESPECIALLY OLDER PEOPLE.

We all know that it is not easy to have our residents drinking enough fluids. They often don't drink unless they are thirsty. That could be too late to maintain safe and appropriate hydration. Elderly people can dehydrate very suddenly. (see article later in Link)

During a heat wave, when temperatures remain abnormally high for longer than a couple of days, it can prove fatal and climate change means that heat waves are likely to become more common.

The effects of heat occur rapidly, and to be effective preparatory action has to be taken **before the beginning of summer**.

The following is what the standard expect.

Standard 1.4.8: 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

With summer starting to show itself I would advise you to be aware of the temperatures in your facility. If you don't have air conditioning, what is the policy in regard of temperature control? Do you have a policy to guide staff?

Are you able to create good air flow and do you check the inside temperature, is staff aware of what to do in extreme heat, able to recognise the signs of heat stroke, organising extra fluid rounds, ensure appropriate clothing is worn etc.

Try to keep the facility as cool as possible

- Increase outside shading. Spraying water on the ground outside helps to cool the air (avoid creating slip hazards).
- Keep curtains and windows closed while the temperature outside is higher than it is inside.
- Once the temperature outside has dropped lower than the temperature inside, open the windows. This may not be until very late at night or the early hours of the morning.
- Discourage residents from physical activity and going out during the hottest part of the day (11.00am to 3.00pm).
- Monitor temperatures inside the building.
- Make the most of cooler night time temperatures to cool the building with ventilation.

Monitor residents

- Check body temperature, heart and breathing rates, blood pressure and hydration levels.
- Watch for any changes in behaviour, especially excessive drowsiness.
- Watch for signs of headache, unusual tiredness, weakness, giddiness, disorientation or sleeping problems.

Ensure the nurse alert staff to keep an eye especially on residents on medication that control electro balance or cardiac function and with respiratory and cardiovascular diseases.

Jessica

“Do not regret growing older. It's a privileged denied to many”

Hydration –our need for water

From: NZ Nutrition Foundation Bulletin 24

Optimal physical and mental performance depends on us maintaining healthy hydration levels. Healthy hydration means achieving water balance- when our water intake matches our water losses. How we can best do this depends on our age, diet and lifestyle.

Background

About 60% of the human body by weight, consists of water, with the average adult body containing about 35-45L. Water is found throughout all body tissues – body cavities, blood vessels, cells and organs – and three-quarters of the human brain is made up of water. Our bodies need water for vital functions:- the many chemical reactions that take place in our bodies; lubrication of our joints, regulation of body temperature, transport of dissolved molecules and assisting with the removal of potentially poisonous waste products. Water is an essential nutrient because our bodies need it in larger amounts than we can produce from our food.

The typical adult living in a temperate climate loses between 2-3 litres of water per day via expired breath, sweat, urine and in other bodily secretions. We lose water constantly, but drink only intermittently, so the water content of the body is constantly changing. For the average 80 kg male sitting at rest in a comfortable environment, water losses will typically run at about 300 mL per hour. For the average female who weighs about 65 kg, losses will occur at a slightly slower rate of about 250 mL per hour.

If we accept that a dehydration level of about 1% of body weight is tolerable, that could occur after only about 2-3 hours, but a loss of body water equivalent to about 1% of body weight is normally compensated within 24 hours. Thus as long as we drink adequate amounts at meal times, and at the typical tea/coffee breaks that most of us have, we can stay perfectly well-hydrated throughout the day. However there are other factors that also influence this.

Getting ‘enough’

The total quantity of water we require will depend on gender, body size, weather, clothing worn, activity levels and a whole range of other factors. Research suggests that under normal conditions and activity levels, men need 3.4 L and women 2.8L of fluid from all sources every day. However most of the body’s needs come from the fluids we drink. In view of this we need to remember that although we may slow down with age, our bodies continue to require similar amounts of fluid to remain properly hydrated. In addition from time to time there may be excessive fluid loss because of illness, for example from the gastrointestinal tract with diarrhoea and vomiting, by excessive urination through conditions that may affect urine production as well as certain medications, and through the skin with fever. Fever producing conditions, including sunburn, increase body temperature, requiring more fluid for proper body functioning.

Special concerns for older people

People usually drink in response to thirst, but by the age of 60, if people only drink when they are thirsty, they may not get as much water as they need.

☐ The kidney’s capacity to concentrate generally declines with the age, leading to an increased loss of water via urine.

☐ Diminished appetite and poor food choices may lead to a reduction of fluid intake from food.

The privilege of
a lifetime is
being who you
are

Hydration –our need for water cont'd

Some older adults may suffer from poor memory, immobility, or illness which may affect fluid intake. In addition, certain medications can also block the thirst mechanism.

☒ Dehydration can cause serious problems in older adults. Older people are at greatest risk of dehydration and its potentially life-threatening consequences: People aged between 85-99 years are 6 times more likely to be hospitalised for dehydration than those aged 65-69 years.

☒ Chronic dehydration constitutes a serious problem and is associated with an increased risk of falls, urinary tract infections, dental disease, broncho-pulmonary disorders, kidney stones, constipation, and impaired cognitive function.

☒ Strong (distilled) alcoholic beverages may provoke dehydration and are not recommended.

☒ A hydration programme should include advice on drinking, offering fluids at mealtime and in between meals. Fluids should be readily available and physically accessible both day and night.

☒ Some older people will limit fluid intake in the belief that it will help control continence or the need to get up to the toilet during the night. Dark, strong smelling urine may suggest that fluid intake is insufficient. Urine should be a pale straw colour.

With age, the body loses its ability to have a thirst response to a fluid deficit, which increases the risk of dehydration. Therefore, in order to stay properly hydrated, older people should anticipate the body's needs and not always wait until they are thirsty to have a drink. Dehydration in the old and very old is usually more serious and potentially life threatening than in younger people. For some older people restricted mobility can limit access to regular drinks, while those with memory issues may find it difficult to remember when they consumed their last drink.

From: NZ Nutrition Foundation Bulletin 24

Kindness
unlocks doors
that were
thought to be
closed forever

CONGRATULATIONS BELINDA AND TEAM



Congratulations to the Team of Eden Associates and staff from Kumeu Village in New Zealand who have attained their Initial Principles of Principles 10, 2, 3, 4, and 5 and are now members of the Eden Registry.

This thriving Human Habitat with dedicated staff and empowered residents who are really making a difference and living a life worthwhile.

This home has mastered the art offering 5 star dining to the residents and has been nominated for a couple of awards for the innovations in food

services and physical wellbeing for the Elders.

NINE IMPORTANT FACTS TO REMEMBER AS WE GROW OLDER

- #9 - Death is the number 1 killer in the world.
- #8 - Life is sexually transmitted.
- #7 - Good health is merely the slowest possible rate at which one can die.
- #6 - Men have 2 motivations: hunger and hanky panky, and they can't tell them apart. If you see a gleam in his eyes, make him a sandwich.
- #5 - Give a person a fish and you feed them for a day. Teach a person to use the Internet and they won't bother you for weeks, months, maybe years.
- #4 - Health nuts are going to feel stupid someday, lying in the hospital, dying of nothing.
- #3 - All of us could take a lesson from the weather. It pays no attention to criticism.
- #2 - In the 60's, people took acid to make the world weird. Now the world is weird, and people take Prozac to make it normal.
- #1 - Life is like a jar of jalapeno peppers. What you do today may be a burning issue tomorrow.

TRAINING SESSIONS

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, Choice, Communication and Documentation, Quality and Risk Management, Abuse and Neglect prevention, Restraint Minimisation and Safe Practice, Behaviour Management, Complaints Management, Open Disclosure, EPOA, Advance Directives, Informed Consent, Resuscitation, Health and Safety, Ageing process, Mental Illness.

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.

Jessica

TOTAL QUALITY PROGRAMME

Are you struggling with your policies and procedures?

Find it difficult to keep up with all the changes?

Come audit time you realise that information is not up to date?

If the answer to the above is yes then

[Join hundreds of other aged care providers](#)

This totally tried and tested Quality Programme tailor-made for aged care has been around since 1990!

All policies and procedures, including the related work forms, are written in a very user friendly manner and understandable to all staff.

The programme comes on CD and you are in charge to personalise it for your facility.

For more information and to receive the order form and licence agreement, contact me on 09 5795204, 021 311055 or 09jelica@gmail.com

**Become a
priority in
your life**

NEWSLETTERS BACK ISSUES

What we see
when watching
others depends
on the clarity of
the window
through which
we look

(Buzzinn)

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.insitenewspaper.co.nz, www.moh.govt.nz;
www.healthedtrust.org.nz, www.dementiacareaustralia.com; www.advancecareplanning.org.nz
<http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>, <http://www.open.hqsc.govt.nz>;
www.safehandler.com; www.learneonline.health.nz; www.bugcontrol.co.nz;
www.nutritionfoundation.org.nz/about-nznf/Healthy-Ageing; www.glasgowcomascale.org

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.

CONFIDENTIALITY AND SECURITY

- I send this with due respect to, and awareness of, the "The Unsolicited Electronic Messages Act 2007".
- My contact list consists ONLY of e-mail addresses, I do not keep any other details unless I have developed personal contact with people or organisations in regard to provision of services etc.
- E-mail addresses in my contact list are accessible to no one but me
- Jelica Ltd uses Norton antivirus protection in all aspects of e-mail sending and receiving

Signing off for now.

Jessica



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- 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.