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**Emailed to:
1614 readers
and counting**

**Welcome to my
overseas readers**

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4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving

4 year certification

My compliments and congratulations to:

Maida Vale Retirement Village-New Plymouth

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.

SHORT AND SWEET HEALTH TIPS**EAT YOUR STRESS AWAY.**

Prevent low blood sugar as it stresses you out. Eat regular and small healthy meals and keep fruit and veggies handy. Herbal teas will also soothe your frazzled nerves. Eating unrefined carbohydrates, nuts and bananas boosts the formation of serotonin, another feel-good drug. Small amounts of protein containing the amino acid tryptamine can give you a boost when stress tires you out

BURN THE BOREDOM, BLAST THE LARD.

Rev up your metabolism by alternating your speed and intensity during aerobic workouts. Not only should you alternate your routine to prevent burnout or boredom, but to give your body a jolt.

If you normally walk at 6.5km/h on the treadmill or take 15 minutes to walk a km, up the pace by going at 8km/h for a minute or so during your workout. Do this every five minutes or so. Each time you work out, increase your bouts of speed in small increments.

MEDICINAL MARIJUANA

An interesting topic which was shared with me by one of our readers, thank you Rachel. How to safely store medicinal marijuana within the current legislation?


*As no resident in an aged care facility has been granted the use of **Sativex**, the MOH wasn't sure and but they now have suggested the following.*

As this medicine is very expensive it probably will not happen often but just in case I thought I share it with you all.

- Whilst 'not in use' – the cartridges need to be in a locked medicine room in a fridge that is lockable and affixed to the premises
- The 'in use' open cartridge is to be kept in the CD cupboard as it does not require cold storage as its use time is limited.

Discourage resident to self medicate as it will be difficult to keep the medicine safe in a resident's room.

	TE ARA WHAKAPIRI
<p>You will always be a target when they see you as a threat. That's ok...Just keep doing your thing!</p> <p><i>Attitude to Inspiration</i></p>	<p><i>Te Ara Whakapiri, principles and guidance for the last days of life</i> was released in 2015. Since that time it has been used as the foundation document for care planning at the end of life by many services and organisations around the country. Some services have developed their own material in accordance with <i>Te Ara Whakapiri</i>, but many have held out until a national suite of resources was available for use in all settings. These resources have been developed and are now available on the Ministry of Health website http://www.health.govt.nz/publication/te-ara-whakapiri-principles-and-guidance-last-days-life</p> <p>You will see that the 2015 principles and guidance document remains on the website. It is the foundation for <i>Te Ara Whakapiri</i> and is the continuing 'go to' document for an overview for care in the last days of life. Sections C and D have been removed as they have now been superseded by the <i>Toolkit</i>.</p> <p>The Toolkit is regarded as a living set of resources that can and should be updated as best practice continues to evolve. We suggest that you read the two documents together. In the <i>Toolkit</i> there are some core documents that we recommend being used as they are presented:</p> <ol style="list-style-type: none"> 1. Care in the last days of life (incorporating the baseline assessment and care after death) 2. Ongoing care of the dying person (for use in a health care facility) 3. Homecare in the Last Days of Life (for use in the person's home) <p>There is a signature sheet to go along with these 3 forms.</p> <p>The Bereavement risk assessment tool and the Discharge checklist can be used for specific care plans and can be altered according to your organisations' needs and circumstances. Additional information is available to help with clinical decision-making (Recognising the dying person flow chart, Medical management planning – general principles and Symptom management guidelines) and there are two sheets to help support family members (When death approaches and Dying at home). We recommend that all of these are used as close to the originals on the website as possible.</p> <p>The Te Ara Whakapiri clinical working group will receive any questions, comments or feedback you have in relation to the use of the document and the toolkit. Questions will be answered in real time and feedback in relation to the tool will be collated over the next 6 months and will inform if there are any changes that may need to be made.</p> <p>Please email any comments, questions or concerns to Michelle Main, Programme Manager – Palliative Care (Michelle_Main@moh.govt.nz). We expect to give you an update on how <i>Te Ara Whakapiri Toolkit</i> has been received and used later this year.</p> <p>Thanks to everyone who has contributed to this update of Te Ara Whakapiri. We are excited with the look and feel of the <i>Toolkit</i> and believe that it accurately reflects both the parent document and the New Zealand environment. We hope you will find the material useful, intuitive and fit for purpose.</p> <p>Yours sincerely, Kate Grundy, Helen Sawyer and Merryn Gott, Palliative Care Advisory Panel and the Te Ara Whakapiri Working Group</p> <p>Jude Pickthorne, Leigh White, Tania Chalton, Victoria Telford, Sarah Harvey, Anne Morgan, Dr Warrick Jones, Tanya Loveard, Dr Louise Bremer, Bob Fox, Sia Brown, Dr Mark Taylor-Jones, Rose Blair</p> <p>Michelle Main Programme Manager - Palliative Care Ministry of Health, Service Commissioning, Integrated Service Design\CVD Diabetes Long Term Conditions</p>

<p>Why do they call it rush hour when nothing moves? Robin Williams</p>	<p>SILVER RAINBOW</p>
	<p>Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) Education for Caregivers If you are interested please contact Julie.Watson@affinityservices.co.nz</p> 
	<p>RN ON CALL COVER</p>
	<p>A number of providers have asked me regarding employing an RN for on call cover. Shelly explained that because the legislation is new, there is no case law and no precedent. Below a rundown of all the factors to consider when wanting to employ and RN to provide on-call cover:</p> <ul style="list-style-type: none"> - That compensation must be reasonable - That the number of hours on-call must be considered - That the proportion of on-call hours to 'working' hours must be considered - The nature of the restriction (e.g. if they must arrive within 5 minutes of being called and not be able to go anywhere, they must be paid more) <p>In one provider's case, in rural Canterbury, they proposed an on-call payment of \$200 for the weekend, to be available to answer calls and give guidance to care giving staff, and to be available within 30 minutes to assess a resident if necessary. Given the 'going rate' in rural Canterbury for RNs working in Aged Care (\$30 per hour), Shelly thought that \$200 was about right- not too stingy, not too generous, and to employ this RN as a permanent part-time worker.</p>
	<p>St John follow up from last month</p>
	<p><i>I was made aware of the fact that there are exclusions in relation to St John memberships. See below the list including residents of rest homes and private hospitals. (6.3) The article in last month link didn't clarify that the facility joined up and not the residents. In 2014 St John in Auckland allowed the facility to sign up and pay for every single client. Clearly St John have changed their stance on this in the past 2 years.</i></p> <p>http://www.stjohn.org.nz/Support-us/Supporters-Scheme/Terms-and-Conditions---Supporter-Scheme/</p> <p>6 Exclusions</p> <p>6.1. St John does not provide emergency ambulance services in Wellington and Wairarapa.</p> <p>6.2. To join the scheme you need to be a citizen or permanent resident of New Zealand, or eligible for free public healthcare in New Zealand in accordance with Ministry of Health policy.</p> <p>6.3. Residents of rest homes, private hospitals or other commercial residential facilities are not eligible to subscribe to the Scheme. Residents of retirement villages, who are in independent living accommodation, are eligible to subscribe to and benefit from the Scheme subject to the medical alarm activation exclusion in clause 2.3 c.</p> <p>6.4. St John Medical Alarm Customers are not eligible to join the Scheme. The cost of emergency ambulance call outs, whether as a result of an alarm activation or not, is already covered by St John for St John Medical Alarm Customers.</p> <p>6.5. Group or company participation in the Scheme is at the discretion of St John and is evaluated on a case by case basis</p>

	LETS TALK ABOUT...NAME SUPPRESSED
<p>Always remember that you are absolutely unique. Just like everyone else.</p> <p>Margaret Mead</p>	<p>By Claro Catey Boyce and Anita Miller</p>
	<p>What (if anything) can you do if you hear that a health professional that you employ has been convicted of a criminal offence but has been given ‘name suppression’?</p>
	<p>What are your responsibilities if you are a regulator of health professionals and you get tipped off that a practitioner is facing criminal offences that are directly relevant to the practice of the profession but ‘all identifiable information is suppressed’?</p>
	<p>What about the ethical responsibilities many health professionals have not to ignore conduct that might impact on the safe delivery of health services? How does that fit with a court order suppressing the professional’s name?</p>
	<p>The Supreme Court has recently provided some guidance. For those in the health sector grappling with these issues, here’s what you need to know.</p> <p>Suppression orders and what they mean</p> <p>First, a brief rundown of criminal name suppression orders and what these mean. If a court makes an order “forbidding publication” of details relating to a person connected to criminal proceedings, then nobody can publish the suppressed details without first getting permission from the court. It’s not just a matter of keeping a person’s name out of the local paper though, publication of other details (like the place where they work or even the town where they live) can also be captured by the suppression order. Breaching a suppression order (even if that is accidental) can lead to hefty fines or even in some cases up to 6 months’ imprisonment.</p> <p>Given the potentially severe consequences here, the Supreme Court’s guidance about what people ‘in the know’ can (or cannot) say about matters that have been suppressed will be reassuring. And, although decided in the context of a criminal suppression order, we think this guidance readily applies to other types of suppression orders, like those made by the Health Practitioners Disciplinary Tribunal.</p> <p>So, what did the Supreme Court say about suppression orders?</p> <p>The case in question, <i>ASG v Harlene Hayne</i>, Vice-Chancellor of the University of Otago, looked at what it means to “publish” suppressed details in the context of an employment relationship.</p> <p>The background facts are relatively straightforward. A security officer who worked for the University of Otago’s Campus Watch team was arrested and charged with assaulting a female and wilful damage. He was discharged without conviction, in part because the judge was concerned about the implications of a conviction to the man’s employment. He was also granted name suppression.</p> <p>As it happened, a senior staff member of the University had been tipped off about the security guard’s pending charges, and was sitting in the public gallery watching events unfold. After seeking legal advice, he reported the details of what he heard to the University’s HR team. An employment investigation followed, resulting in a temporary suspension and a final written warning.</p> <p>Clearly miffed by what he considered to be a breach of the suppression order, the security guard challenged the lawfulness of the University’s disciplinary actions. Like the courts before it, the Supreme Court rejected the challenge. Relevantly, it found that although ‘publication’ of suppressed information includes “word of mouth” communications, it is not unlawful to disseminate the information to persons with an “objectively established genuine need to know the information”.</p>

LETS TALK ABOUT...NAME SUPPRESSED Cont'd

In this case, it was clear the University had a genuine interest in knowing about the violence-related criminal charges faced by the employee, given the employee's role in helping to protect students.

What does it all mean?

Consider the following scenario. A practitioner has been charged with a criminal offence – let's say, fraud in the workplace. Coincidentally, a staff member of the practitioner's regulatory body is present in court on another matter and learns that the practitioner has been discharged without conviction and given name suppression. Can the staff member report back to the responsible authority about the outcome of the hearing?

The key question for the staff member to ask themselves is whether the authority has an "objectively established genuine need" to know. The short answer is likely to be 'yes'. The authority has statutory obligations to assure itself of the practitioner's competence and fitness to practise, and to protect the public from harm. It therefore has a genuine interest in knowing the outcome of criminal proceedings involving practitioners for whom it is responsible.

But, is it really that simple?

No – there are some other things to bear in mind.

The first point is that it doesn't matter if the information is conveyed orally or in writing (including email) – both are forms of 'publication'. However, wherever possible it is wise to avoid emailing information containing suppressed information – in large part because emails can be difficult to control.

The second point is that once in receipt of personal information about someone else, a range of privacy obligations relating to the collection, use and disclosure of that information can then apply. This includes the need to ensure the accuracy of information before using it.

Finally, when thinking about who really 'needs to know' about matters that are suppressed, it's important to ensure the net is cast no wider than is strictly necessary. In some cases, this will be relatively clear – for example, if a person has a legal obligation to disclose information to an easily identifiable person or regulatory body. In other cases, the question of who else could (or should) information be disclosed to isn't quite as simple. What if the person you tell then tells others about what they've heard? Doesn't that undermine the whole purpose of the suppression order? There is still room for considerable uncertainty, and in many cases it may be best to get advice – let's not forget the very serious consequences of breaching a suppression order, and that a practitioner's reputation or job may also be at stake.

For further information contact one of the authors –Catey Boyce or Anita Miller.

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Anita Miller DDI: 04 550 5357 Email: anita.miller@clarolaw.co.nz

This article is intended to provide a summary of the subject covered only and is necessarily general and brief. It is not intended as legal advice and nothing in the article should be relied upon without getting specific professional advice.

Never be
defined by your
past. It was a
lesson, not a
life sentence.

JOB STRESSES PUT PRESSURE ON AGED CARE WORKFORCE SURVEY

Staff in the aged care sector are stressed, struggling with work hours and aren't feeling financially rewarded for their efforts.

That's the findings of the 2016 New Zealand Aged Care Workforce Survey, an update of a 2014 snapshot of pay, work conditions, job satisfaction, capability and workplace safety of healthcare assistants, nurses and managers working in residential aged care and community aged care.

Dr Katherine Ravenswood, research leader at AUT's New Zealand Work Research Institute, says healthcare assistants in 2016 experienced more uncertainty in their jobs than those surveyed in 2014, particularly those employed in home and community care.

Up to two thirds of home and community healthcare assistants – many of whom are on minimum wage – said that they don't have guaranteed minimum work hours each week. This is coupled with shifts that can be as short as one hour in duration.

"It's concerning that those on the lowest wages have the least certainty around their hours of work. This must create considerable pressure for them and their families in planning and trying to make ends meet," says Dr Ravenswood. "This indicates how necessary it was to regularise and improve conditions in the sector, and that a lot still needs to be done."

Wages were identified as a key issue for all healthcare assistants. When asked if their rate of pay fairly reflects the skills, responsibilities and experience needed to do their job 85% of healthcare assistants working in residential aged care disagreed, and the majority of healthcare assistants in both residential and home and community care were dissatisfied with their wages.

"Clearly, wages are an issue for all healthcare assistants," Ravenswood says "We anticipate with the Government's pay and funding increase, announced recently, satisfaction with wages and perceptions of job appreciation and recognition might improve by the time we run the survey again in 2019."

Nearly 70% of nurses felt they weren't being remunerated for the skills, responsibilities and experience needed to do their job – indicating that fairness of wages is an issue for all those involved in direct care in the survey.

While the nurses and managers surveyed felt they had more job security, many were working long hours and feeling stressed. Stress or burnout were the main reasons nurses and managers gave for considering leaving their job in the next 12 months.

"We surveyed people in 2016, just after the Health and Safety at Work Act 2015 came into force. It's concerning that stress and fatigue, which are now clearly identified as hazards under the Act, are such key issues for this workforce. It's become a legal issue, not just one of personal health and wellbeing," says Dr Ravenswood.

"It is down to the dedication of the workers in the sector that, in spite of the job downsides, they continue to provide quality care for their clients. However, the survey responses in this report indicate this situation is not sustainable in the medium- to long-term."

Close to 1500 aged care workers responded to the online survey run between May to July 2016. Healthcare assistants, nurses and managers in both residential aged care and home and community aged care were questioned on their job characteristics, pay and work environment, satisfaction and quitting intentions, experience, skills and qualifications, occupational health and safety, use of technology and in-between travel time arrangements.

For any media enquiries, please contact:

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*When you love
what you have,
you have
everything you
need.*

Buzzhearts

<p><i>The older you get, the more you realise that it isn't about the material things, or pride or ego. It's about our hearts and who they beat for.</i></p> <p>Staying alive is not enough</p>	NZ DEMENTIA COOPERATIVE	
	<p><u>Healthy Ageing Strategy</u>: December 2016. Many NZDC members from around the country contributed to this policy development. In doing so, they helped to increase recognition of dementia as a challenge to healthy ageing. http://www.health.govt.nz/publication/healthy-ageing-strategy</p> <p><u>Dementia Economic Impact report 2016</u>: This report, commissioned by Alzheimers NZ, estimates the future numbers of people living with dementia in NZ and the costs associated with dementia care, and provides evidence that dementia is a major health challenge. It urges the Government to implement the New Zealand Framework for Dementia Care and encourages the development of dementia friendly environments. http://www.alzheimers.org.nz/news/dementia-economic-impact-report-2016</p> <p><u>Addressing Dementia – The OECD Response</u>: March 2015. This report gives an overview of the evidence and sets out a framework for thinking about dementia policy in OECD countries, including NZ. You can access it here http://www.oecd.org/health/addressing-dementia-9789264231726-en.htm .</p> <p>The NZDSC Web Portal The NZDC created the web portal http://nzdementia.org/ to improve access to the latest information around dementia care. The aim is to build a knowledge system for the dementia community in NZ and provide a place to discuss, collaborate, and share ideas around dementia care.</p> <p>Knowledge Forums Planning is underway to run a series of seminars around the country in late 2017 and into early 2018. Please let Shereen Moloney know if you would like to host a seminar in your district. Email: director@nzdementia.org</p>	
	PAY EQUITY	
	<p>Less than a month to go to get your head around pay equity! The Care and Support Worker (Pay Equity) Settlement Bill passed its first reading unanimously in Parliament. It all seems a little bit rushed and does not provide employers a lot of time to understand it satisfactorily. I can't help but think that if this wasn't an election year it wouldn't be so hastily pushed through.</p> <p>The deadline to have the "arc workforce translation tool" completed and returned has passed and I hope everybody has been able to do so.</p> <p>A number of you will have had the ratification meetings. Don't forget to complete the Ratification meeting payment declaration. In line with the Care and Support Worker Pay Equity Settlement, the Government will reimburse employers for wages paid to attend the ratification meetings at the rate of \$25.00 per care and support worker verified by the union and the employer as having attended.</p> <p>There have been many questions and please understand that you are not alone. My mailbox overflows most days and I understand that the official email from the MOH also receives a lot of questions from the sector. payequity_implementation@moh.govt.nz</p> <p>Check out the MOH website as well for regular updates and newsletters http://www.health.govt.nz/new-zealand-health-system/care-and-support-workers-pay-equity-settlement/pay-equity-settlement-information-providers/pay-equity-settlement-aged-residential-care</p>	

<p>The trouble with having an open mind, of course, is that people will insist on coming along and trying to put things in it.</p> <p>Terry Pratchett</p>	HAVE YOU HEARD ABOUT GREY MATTER?
	<p>We'd like to introduce you to another newsletter that the Ministry of Health Library prepares.</p> <p>The Grey Matter newsletter provides monthly access to a selection of recent NGO, Think Tank, and International Government reports related to health. Information is arranged by topic, allowing readers to quickly find their areas of interest.</p> <p>If you'd like to subscribe to Grey Matter, email library@moh.govt.nz</p>
	TOTAL QUALITY PROGRAMME
	<p>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?</p> <p>If the answer to the above is yes then</p> <p>Join hundreds of other aged care providers</p> <p>This totally tried and tested Quality Programme tailor-made for aged care has been around since 1990!</p> <p>All policies and procedures, including the related work forms, are written in a very user friendly manner and understandable to all staff.</p> <p>The programme comes on CD and you are in charge to personalise it for your facility.</p> <p>For more information and to receive the order form and licence agreement, contact me on 09 5795204, 021 311055 or 09jelica@gmail.com</p>
	TRAINING SESSIONS
	<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:</p> <p>Please be aware that I am based in Auckland. Very happy to travel but it will add to your cost. You might be able to talk to facilities in your area to get together and share the costs.</p> <p>Cultural Safety, Spirituality, Sexuality & intimacy, Privacy, Rights, Confidentiality, Choice, Communication and Documentation, Quality and Risk Management, Abuse and Neglect prevention, Restraint Minimisation and Safe Practice, Managing behaviour that challenge us, Complaints Management, Open Disclosure, EPOA, Advance Directives, Informed Consent, Resuscitation, Health and Safety, Ageing process, Mental Illness, Civil defence, Dementia care, Bullying in the workplace.</p> <p>If you are looking for a topic not listed here please drop me a line.</p> <p>I am happy to facilitate different times to suit evening and night staff.</p> <p>References available on request.</p> <p><i>Jessica</i></p>

<p>It takes considerable knowledge just to realize the extent of your own ignorance. Thomas Sowell</p>	<p align="center">NEWSLETTERS BACK ISSUES</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: www.jelicatips.com 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.</p> <p>I don't mind sharing this information but I don't agree anybody making financial gain from this information!</p>
	<p align="center">HELP ME KEEPING THE DATABASE UP TO DATE!</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>If you know anybody else who would like to receive the newsletter please let me know and I will be happy to add them to our growing readers' base.</p> <p>Thank you all for your contribution each month.</p> <p align="right"><i>Jessica</i></p>

Some interesting websites:

www.careassociation.co.nz; www.eldernet.co.nz, www.insitenewspaper.co.nz, www.moh.govt.nz;
www.careerforce.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.safefoodhandler.com; www.learnonline.health.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 Trend Micro antivirus protection in all aspects of e-mail sending and receiving

Signing off for now.

Jessica

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