

<p><b>In this issue:</b></p> <ul style="list-style-type: none"> <li>• Congratulations</li> <li>• Contingency plans</li> <li>• Decanted food</li> <li>• World stop pressure injury day</li> <li>• Enduring Powers of Attorneys</li> <li>• Negativity</li> <li>• Expiry of PRN medications</li> <li>• Caring Counts</li> <li>• SPARK OF LIFE a new paradigm in dementia care</li> <li>• 2013 Census</li> <li>• Setting Goals</li> <li>• Relay for Life 2013</li> <li>• Dementia design school</li> </ul> <p>jelica@woosh.co.nz</p> <p><a href="http://www.jelicatips.com">www.jelicatips.com</a></p> <p>mobile: 021 311055</p> <p>1/3 Price Crescent Mt Wellington Auckland 1060</p>	<b>CONGRATULATIONS</b>
	<p>I am very pleased to mention another facility achieving <b>4 year certification.</b> My compliments and congratulations to:</p> <p>Atawhai Mercy Assisi in Hamilton gained 4 yr certification in early 2012. They also gained 4 year accreditation to the Australasian Healthcare Standards, one of only 4 aged care organisations in New Zealand undertaking this programme.</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!</i></p>
	<b>CONTINGENCY PLANS FOR THE CHRISTMAS PERIOD</b>
	<p>Unbelievable but Christmas is not that far away! Last year I was made aware of the potential difficulties you could face if a resident passes away during the holiday season. If this resident does not have relatives and affairs are being dealt with by a lawyer or the Public Trust you could have problems contacting these people during the holiday time. It pays to discuss this with them now and get a contingency plan in place. It is always good to be prepared!</p>
	<b>EXPIRY DATES ON DECANTED FOOD</b>
	<p><i>This question has come up a couple of times. When to date and what to date and where is the legislative requirement. I ask an expert in Food auditing.</i></p> <p>It doesn't seem to be a specific legislated requirement. However the process is standard practice in relevant food businesses.</p> <p>The question would be "how do you ensure that mandatory "use by" dates are complied with if you do not record transfer dates and use by dates on the new container?" All food product packages should have an expiry date (the assumed/default date is two years if they do not specify a date e.g. salt). However this date relates to an unopened container. The shelf life of an opened container is very different and should not be more than about three days (excluding dry products e.g. flour sugar etc). My practice would be to go with the use by date, that way if the date is exceeded the food is dumped (a simple and hopefully easily understood rule).</p> <p style="text-align: right;"><i>Thank you Tony</i></p>
	<b>WORLD "STOP PRESSURE INJURY DAY"</b>
<p>"Stop pressure injury day" is on November 16<sup>th</sup>. This would be a good reason to put special initiatives in place in your facility and hopefully maintain them throughout the year. I have seen posters in a number of facilities regarding this day and this seems a good way to gain awareness.</p>	

## Enduring Power of Attorneys and Mental Incapacity

*This is a topic that seems to be discussed regularly in different areas. Could this be as a result of the different pieces of legislation, Acts, and guidelines dealing with it?*

*Here is some of the information in a Nutshell. To prevent any problems and/or challenges ensure that any EPOA is activated before you allow anybody to make decisions.*

It pays to ask relatives for a copy of an Enduring Power of Attorney (EPOA) (if they have one) and if they don't have one, to make arrangements to get one.

This will help you in situations where decisions need to be made regarding medical treatments and the resident is unable to make these decisions.

When a resident is mentally incompetent, relatives sometimes disagree on what they think is the best treatment, or what they think the resident would have wanted to happen.

It is in these situations an EPOA is important as it is a record of which person(s) the resident wishes to act on behalf of him or her.

So what is involved?

Normally, a resident cannot be given, or refused, medical treatment against their will.

There are two exceptions to this:

(a) If a doctor/GP has assessed a resident as being mentally incompetent of making a rational decision, then the doctor/GP has the authority to decide on treatment (Under right 7 (4) of the Code, see below),

OR

(b) If a resident has nominated an EPOA (for Personal Care and Welfare and Property), **and it has been activated**, then the EPOA has authority to decide on treatment. An EPOA becomes active when a doctor/GP declares that the resident is mentally incompetent.

A doctor/GP does a mental assessment by completing a 'Health Practitioners Certificate of Mental

Capacity/Incapacity' form. This form contains questions that ascertain a person's mental capability.

As provider you don't want to be caught up in family feuds when it comes to decision making so it is important to encourage residents to appoint an EPOA when they are still able to make informed decisions.

Under Right 7 (4) of the Code, if the patient is not competent to make an informed choice and give informed consent; and no person entitled to consent on behalf of the patient is available, a doctor may provide services without obtaining the informed consent of the patient when:

(a) it is in the best interests of the patient; and

(b) reasonable steps have been taken to ascertain the views of the patient; and either

(c) the provider believes, on reasonable grounds, that the provision of the service is consistent with the informed choice that the patient would have made if he or she were competent; or

(d) if the patient's views have not been ascertained, the provider takes into account the views of other suitable people who are interested in the welfare of the patient and available to advise the provider.

*Ref: PPPR Act and Code of Resident Rights*

The positive thinker sees the invisible, feels the intangible, and achieves the impossible

## NEGATIVITY

There is an African proverb that says,  
*"when you cross someone on your path who is more committed to their hatred than you are to your love, then their hatred will take the place of your love."*

The moral of this proverb is that you need to make the commitment to yourself that you will walk with positive thoughts and have joy for life. Don't let the negative people bring you down. Try to focus on the positive. If your thoughts are negative, try to look at the situation from a different angle and make it a positive. Don't buy into negativity as we all know that it doesn't achieve a lot. If you can train yourself to be positive, you will be able to deal with almost any situation you come across.

### **Encourage people to become part of the solution rather than the problem**

Negativity quickly spreads.

For example, is there someone on your team that drives you and others completely crazy? They are always complaining about everything, don't want things to change, constantly put down others, never seem to do their fair share of work etc. Sound familiar? The more you talk about this person to other members on your team, people in your organization, you and everyone you complain to, are all becoming just like your co-worker. It's like the African proverb, you have become committed to the same attitude as the person you are spending so much time complaining about.

### **Who is going to fix it?**

Dealing with personalities is one of the hardest jobs a manager has to deal with. A lot of managers don't understand why people just can't do their jobs and why there's so much personal confrontation. Ask staff suggestions. If their suggestions are taken seriously they work harder to make their suggestion a success.

### **Step back, and have another look at the situation**

That "difficult" person may just be in a negative mental space and everything in their world is lousy. The behaviour they present or the comments they make are not personal it just reflect how they view everything around them.

If you can maintain a positive attitude it won't affect you as much. If you're positive, you're on a different level. Everything is all in how you look at it and how you decide to let it affect you.

### **Go for the cause and don't try to fight the symptoms**

Positive energy can spread just as quickly as negative energy. The majority of people want to be positive but just don't know how.

A good way to start is to come up with solutions to solve some of the problems. It's really important for you to try to find the root cause of the situation and not get caught up in fighting just the symptoms.

Try to determine if there are things you can do to alleviate the real problems.

It's amazing how much difference even one little change can make to improve a situation.

### **So**

Whether you love your job or hate it is really going to depend on how you view it and what you're willing to do about it. Instead of feeling like it's hopeless, view it as a challenge to actually make a real difference in your workplace. You'll appreciate the results. You definitely have the power to change a negative environment into a positive, fun place to be.

*Ref: Life with confidence*

Never regret.  
If it's good, it's  
wonderful. If it's  
bad, it's experience.  
- Victoria Holt

<p>Advice is what we ask for when we already know the answer but wish we didn't</p>	<p><b>Expiry of PRN medication</b></p>
	<p><i>Recently I was asked the question regarding PRN medication expiry dates and how expensive these can become when not used regularly. As I was on the Pharmacy Service Standards Committee I can inform you that it is this Standard that is being complied with.</i></p> <p><b>Repackaging procedures</b></p> <p><b>Standard 5.36 The repackaging procedure shall ensure that the final sealed pack meets the requirements of the prescription.</b></p> <p><b>5.36.2</b> Only those medicines suitable for compliance, dose, or unit dose packing shall be put into packs. Procedures shall be in place to manage medicines not suitable for compliance, dose, or unit dose packs.</p> <p>Medicines should not be stored in compliance packs for extended periods of time, and for no longer than 8 weeks, unless a pharmacist considers a shorter period is appropriate, or recommended by the manufacturer</p> <p>I discussed this further with a Chief Pharmacist and his comment was:</p> <p>“The problem is that we simply do not know if medicines are stable for longer in blister packs – the influence of light and humidity has just not been measured in these containers. The expiry dates that come with an original manufactures product and packaging cannot be extrapolated to blisters.”</p> <p><i>Thanks Billy. That sounds like a clear explanation to me.</i></p>
	<p><b>CARING COUNTS</b></p>
	<p>Materials and speaker PowerPoint presentations from the Caring Counts Summit held earlier this month can be found on <a href="http://www.neon.org.nz">www.neon.org.nz</a></p> <p>Dr Judy McGregor, EEO Commissioner, said: “The Summit was a great success due primarily to the insights and commitment of the participants. It was interesting and encouraging to see how many of the suggestions were common to different groups representing very diverse needs.”</p> <p><i>I can confirm that it was a great day as I attended this summit. I do hope that there is a positive follow up which will result in pay parity.</i> <span style="float: right;"><i>Jessica</i></span></p>
	<p><b>HYPERVIRULENT STRAIN OF CLOSTRIDIUM DIFFICILE</b></p>
<p><i>From Ministry of Health</i></p> <p>Recently we have seen an outbreak of norovirus in a large New Zealand acute hospital. At the same time there have been reports from Australia of an increase in presentations with a new, hypervirulent strain of <i>Clostridium difficile</i>. It is therefore timely to share some current information and request that you pass it on to your clinical teams.</p> <p>Please would you also share this with primary care providers in you region through your usual networks.</p> <p>The incidence and severity of <i>C. difficile</i> infection (CDI) increased in North America, the UK and several European countries in the mid-2000’s due to the emergence of a new and more virulent strain of <i>C. difficile</i>. This strain, called ribotype 027, was responsible for major outbreaks in hospitals.</p>	

Age is a question of  
mind over matter. If  
you don't mind, age  
don't matter

It has remained uncommon in New Zealand and Australia. However, more recently a strain of *C. difficile* showing similar characteristics to the ribotype 027 has been associated with a small number of cases with community onset CDI in New Zealand. We are working with colleagues here and overseas in order to be prepared to deal with this emerging problem.

The Ministry of Health has set up a Healthcare Associated Infections Governance Group. One of the early actions is to review our approach to managing *C. difficile* and a working party will be making recommendations to the group in November. A time-limited national surveillance survey has been performed to characterise the strains of *C. difficile* circulating in New Zealand.

The newly recognised strain identified in the survey, termed NZ11/21, is now known to be identical to the new, hypervirulent strain of *C. difficile* reported in Australia and called ribotype 244 (international nomenclature). This strain belongs to the 027 clonal lineage. It is now the third most common strain in Australia and preliminary data suggests that it may be associated with more severe disease.

There are some specific actions that the Ministry recommends.

1. Careful consideration of the processes around the care and admission of patients who present with vomiting and diarrhoeal illnesses. An important consideration is early use of transmission-based precautions. Good communication between community referrers and hospitals facilitates appropriate care and placement of patients.
2. A high index of clinical suspicion for CDI. Particular considerations are significant and persistent diarrhoea, abdominal pain, fever and recent antibiotic use.
3. Early laboratory investigation for CDI in patients with a high index of clinical suspicion, following exclusion of routine enteric pathogens. This should be regardless of whether the onset was in the community or following contact with healthcare. We will be looking at the standardisation of laboratory testing processes around the country to ensure that the methods used have a high sensitivity for diagnosing CDI.
4. Appropriate transmission-based precautions (Contact Precautions) and infection prevention and control practices include the routine use of soap and water for hand hygiene (alcohol alone is insufficient to eliminate *C. difficile* spores) and terminal cleaning needs to be adequate to remove spores. Alcohol-based hand rubs remain important to eliminate other pathogens from hands and should be used after soap and water.
5. A continued focus on hand hygiene is relevant to a wide range of diseases including healthcare-associated infections.
6. The high infectivity of norovirus presents another kind of risk to our patients and strict adherence to best practice infection prevention and control is essential to prevent spread within healthcare settings.

There are a number of resources available to support you and your colleagues. These include:

1. Hand Hygiene New Zealand [www.handhygiene.org.nz](http://www.handhygiene.org.nz)
2. Australasian Society for Infectious Diseases guidelines for the diagnosis and treatment of *Clostridium difficile* infection. MJA 2011;194:353-358
3. Clinical practice guidelines for *Clostridium difficile* infection in adults: 2010 update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA). Infect Control Hosp Epidemiol 2010; 31 (5): 431-455
4. Updated guidance on the diagnosis and reporting of *Clostridium difficile*. March 2012 [www.dh.govt.uk/publications](http://www.dh.govt.uk/publications).

*Dr Don Mackie, Chief Medical Officer, Dr Jane O'Malley, Chief Nurse, Dr Sally Roberts*

## SPARK OF LIFE a new paradigm in dementia care



Hilary Lee, president of the *Spark of Life* Program was interviewed a few days ago on *Spark of Life* by Dr Jenny Brockis on *The Couch*, on Aurora TV. She was then also asked to provide a guest post. Dr Jenny Brockis' introduction was: "I first met Hilary and her associate Jane Verity in 2011. These two remarkable ladies have developed a program that has the potential to stand how we currently care for people living with dementia on its head.

But don't just take my word for it – the proof comes from those families who have experienced what the Spark of Life provides."

My name is Hilary Lee and I work with Dementia Care Australia, which has developed the internationally awarded Australian philosophy Spark of Life, that applies epigenetics and quantum physics to the care of people with dementia with profound results.

So, what is **Spark of Life**? Spark of Life represents the essence of what gives and sustains life. The 'Spark' comes from our inner source as a human being. It is what gives us the will and purpose to live. For people with dementia and their families Spark of Life is about **restoring hope, joy and zest for life**. It enables people with dementia to improve and live life to the fullest potential in a way that up until now has not been thought possible.

I'd love to share a personal story with you to illustrate this from the year 2000. I was working as an occupational therapist with people with dementia in an isolated nursing home outside Perth. The residents there had significant behaviour problems, and many were highly medicated as the staff had exhausted their ideas of how to manage these behaviours. I took 2 of my therapy assistants with me on a 1 day course to learn about the Spark of Life Club Program, run by Jane Verity, the occupational and family therapist who developed it. We came back very inspired and set about implementing this program 7 days a week to involve as many residents as possible. We noticed changes almost immediately, improvements in behaviour, social skills and language, to a point where **many could come off the medications that were used to sedate or calm them**. The unexpected results had a wonderful impact on the staff as well, who got so much joy and satisfaction seeing that what they did in their job could make real and lasting improvements in their residents, these people whom society had given up on. This significant outcome was a turning point in my life, and led to me choosing to research the approach, which I did over the next 7 years, first as a pilot study, and then through Curtin University of Technology as a Masters in Science.

Spark of Life draws on new research in sciences such as quantum physics, epigenetics and neuroscience, and these explain how it is possible for people with dementia to improve.

So, for example, quantum physics is about the quality of the energy we bring to an interaction and Spark of Life is about the practical details of bringing an energy that ignites the spark.

**Epigenetics** is the new science of how outside influences, including our thoughts control our genes. They can literally switch on and off positive and negative biological responses in our bodies. Spark of Life fits the paradigm of an epigenetic medicine as it infuses beliefs and behaviours that are conducive to positive health. Spark of Life was internationally awarded in 2009 because the philosophy operates in a new paradigm that enables rehabilitation and **rementia** in dementia care. **Reментia** is when people with dementia improve in particular because the social and emotional environment around them has become more supportive.

If you want to find out more about this unique approach, there is a lot of practical information and guidance on the website, including a library of articles, and forum to ask questions and footage of what is possible with Spark of Life. You can also find out about courses we are running and there are 2 certified Spark of Life courses soon here in Perth in November 2012. [www.dementiacareaustralia.com](http://www.dementiacareaustralia.com)



## 2013 Census regional road show

*From Census Advisory:*

In November this year, Statistics NZ is coming to a town near you to talk about the 2013 Census.

### **Why are we doing it?**

Information from the census helps determine how billions of dollars of government funding is spent in the community. It is used to help make decisions about which services are needed and where they should be, such as hospitals, kōhanga reo, schools, roads, public transport, and recreational facilities.

We need your help to reach everyone in New Zealand and pass on messages to your communities about why participating in the census matters for them.

### **What will we be talking about?**

- The 2013 Census – when is it and why it's important to participate.
- Security and confidentiality – how we protect people's personal information.
- Operational information – what will be happening in your area.
- Filling in forms online – why we want a high online uptake.
- Key census questions – why we ask some questions and what they're used for.
- Our products and services – what we'll be producing after census, and some of our services available to organisations and communities.

### **When and where is it being held?**

From Monday 5 November through to Friday 30 November we will be visiting regions throughout the country.

### **Who should attend?**

Anyone with an interest in understanding more about census and what will be happening in 2013, especially communications staff, community liaison or outreach staff, iwi and Māori liaison staff, student support officers, librarians, social and health service staff, youth workers.

### **What do you need to do to attend?**

Go to the [Statistics NZ website](http://www.stats.govt.nz) to find and book into a seminar being held near you. Places are limited in some locations.

### **Need more information?**

Please call or email Kiri Saul, 2013 Census External Relations, on [kiri.saul@stats.govt.nz](mailto:kiri.saul@stats.govt.nz) or 04 931 4741

## Dates to Remember

**For RELAY FOR LIFE events throughout New Zealand please check:**  
<http://www.relayforlife.org.nz/event/event>

*Hope to see you there as I will be chair again this year for the Auckland North Shore and Kumeu event.*

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November 16: **WORLD “STOP PRESSURE INJURY DAY”**

**It's true that we don't know what we've got until we lose it, but it's also true that we don't know what we've been missing until it arrives.**

<p>The road to success is always under construction</p>	<h2>SETTING GOALS</h2>
	<p><b>Characteristics of Goals</b> Goals are only good if they are useful. To be useful, a goal must possess certain attributes, or characteristics:</p> <p><b>Specific and measurable.</b></p> <ul style="list-style-type: none"> <li>• Do the goals you stated contain words like "some" or "more" or "ongoing"? These terms are too vague or general, and these goals might not be as useful as ones that are more specific.</li> <li>• To make your goals more useful, replace any ambiguous words with numbers or more specific terms.</li> <li>• Goals need to be specific and measurable so we can judge when we have completed or reached the goal</li> <li>• Goals help to give us direction</li> </ul> <p><b>Challenging and Realistic Goals</b> Goals will not do you much good if they are not useful. To make a goal useful, it must be <b>challenging and realistic</b>.</p> <ul style="list-style-type: none"> <li>• The goals that you choose must be attainable but at the same time not so easy that you don't even have to work toward achieving them. However, your goals should also not be so unrealistic that it will be extremely difficult or even impossible to reach them.</li> </ul> <p><b>Think about.</b></p> <ul style="list-style-type: none"> <li>• Are your goals realistic?</li> <li>• Can you really achieve the goals you're setting for yourself?</li> <li>• Have you determined short and long term goals?</li> <li>• Are there people who can help you either set or accomplish your goals?</li> </ul>
<p>“Relay is a team event for people of any age and level of fitness. Corporate groups, families, youth and service groups, community and sporting clubs participate together - everyone is welcome”</p>	<h2>RELAY FOR LIFE (my other passion)</h2> <p><a href="http://www.relayforlife.org.nz">http://www.relayforlife.org.nz</a> (for a lot more information!!)</p>
	<p>Relay For Life is not a race – it’s a celebration and awareness raising event for cancer survivors, their carers, whānau and friends. Relay is a wonderful source of inspiration for thousands of people year after year. Resourced by volunteers and supported by many community-minded businesses, Relay For Life unites the community in the fight against cancer.</p> <p><b>Here's How it Works</b></p> <ul style="list-style-type: none"> <li>• Relay teams consist of ten members or more. A Team Captain is elected, sometimes with a Co-Captain working alongside them.</li> <li>• A team name and theme is selected.</li> <li>• Team members submit a registration fee which will vary according to where the event is being held. This registration fee helps to cover the cost of Relay T-shirts, participant kits and breakfast on Sunday morning.</li> <li>• Teams are encouraged to set a fundraising goal and raise between \$100-\$200 per team member. Fundraising is completed prior to the event and can be achieved either individually or as a team. All funds banked are credited to the team total so that each team can track its success.</li> <li>• At least one team member should be on the track at all times. There are no rules about how fast your baton should move around the track, just keep it moving!</li> <li>• Participants can camp overnight and stay for the whole event or just visit and do a few laps.</li> </ul> <p style="text-align: center;"><i>“We warmly welcome you to this unique community event. Take up the challenge and the baton. Support a team and join us for this fun and special event that is Relay For Life.”</i></p>



<p><b>When you're right, no one remembers. When you're wrong, no one forgets</b></p>	<p><b>The International Dementia Design School Now coming to New Zealand</b></p>
	<p>The Hammond Care Dementia Centre (Sydney) is bringing the International Dementia Design school to New Zealand. Richard Worrall, Consultant Psychogeriatrician/Clinical Director Mental Health Services Older People from ADHB, has attended this course and recommends it for people from the ARC sector.</p> <p>When: Mon 26 Nov - Wed 28 Nov 2012 Where: Stamford Plaza Albert St Auckland Cost: \$1800 (AUD) Including</p> <ul style="list-style-type: none"> <li>* Morning &amp; afternoon tea</li> <li>* Lunches</li> <li>* Access to presentations</li> <li>* A copy of the Dementia Design Audit Tool</li> <li>* Selected HammondPress resources.</li> </ul> <p>To register <a href="http://thedementiacentre.wufoo.com/forms/m7p9r7/">http://thedementiacentre.wufoo.com/forms/m7p9r7/</a> For more information and next year's courses <a href="http://www.dementiacentre.com.au/dementiacentre/pages/default.asp?pid=1017">http://www.dementiacentre.com.au/dementiacentre/pages/default.asp?pid=1017</a></p>
	<p><b>Rectification</b></p>

You may remember that I had an article in my newsletter last month regarding Swing Beds and the Interagency Complaints Management Process. Both these articles came from a PowerPoint presentation from Waitemata DHB created by Katrina Lenzie-Smith (Programme Manager, Health of Older People Funding and Planning Waitemata DHB).  
I didn't acknowledge that and didn't seek permission prior to publishing this. My apologies.  
*Jessica*

**Some interesting websites:**

- [www.eldernet.co.nz](http://www.eldernet.co.nz),
- [www.insiteneewspaper.co.nz](http://www.insiteneewspaper.co.nz)
- [www.moh.govt.nz](http://www.moh.govt.nz)
- [www.dementiacareaustralia.com](http://www.dementiacareaustralia.com)
- <http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>

The Ministry of Health Advance Care Planning Guide for the healthcare workforce was published in August 2011. You can download the guide at <http://www.moh.govt.nz/moh.nsf/indexmh/advance-care-planning-aug11> :-  
Please note these sites are not necessarily endorsed by Jelica nor is it responsible for the contents within them.

**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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