

<p><b>In this issue:</b></p> <ul style="list-style-type: none"> <li>• Congratulations. Achieved 4 years certification!</li> <li>• Audit reports</li> <li>• HIIRC affiliated websites</li> <li>• Police vetting on line</li> <li>• Preventing &amp; Managing Complaints</li> <li>• Resident rights cont'd</li> <li>• The perfect brainstorm</li> <li>• Conduction an exit interview</li> <li>• Exit interview with relatives</li> <li>• Prepared for a management emergency?</li> <li>• National Medication Chart</li> <li>• Dementia Awareness Campaign</li> </ul> <p><b>Send to over 1200 email and reaching who knows how many readers</b></p> <p><b>Feel free to share this newsletter!</b></p> <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>Congratulations are in order for a couple of owner operator facilities achieving <b>4 year certification.</b></p> <p>What an achievement! My compliments to: Torbay Rest Home, Royal Heights Rest Home and Kenderdine Park and Hutton Park. All in Auckland.</p> <p>If you are one of the very few achieving this then please let me know as it deserves a special place and recognition!</p>
	<b>AUDIT REPORTS</b>
	<p>If the newspaper article, August 11, is anything to go by then it shows the importance of clear reporting by the auditor. A comment as "there has not been a complaint investigation since the previous audit" can be interpreted that there was an investigation before. Check your draft audit report and be vigilant about comments made. If you don't agree then feed that back.</p>
	<b>HIIRC AFFILIATED WEBSITES</b>
<p>Did you know the HIIRC website is a platform for a number of health sector sites created for specialist subject areas or defined target audiences?</p> <p>HIIRC contains the latest New Zealand and overseas health news and information. Registered users can upload content and join discussions around their topics of interest</p> <p>HIIRC affiliated sites provide access to literature and resources in a similar way to the main HIIRC site, following a similar layout. Some are open to the public while others are kept private with log in access, depending on their target audience. A full list of public HIIRC affiliated sites is provided in the right-hand column of the HIIRC home page. This list is growing and provides information on topics as diverse as weight management, mental health and workforce innovation.</p> <p>There are also a large number of private HIIRC affiliated sites covering an even wider range of specialised topics.</p> <p>Whether public or private, these sites have all been created at the request of interested health sector groups. If you think a HIIRC affiliated site will work for your interests, contact the <a href="#">HIIRC team</a> and talk through your requirements. This service is provided at no cost for public and volunteer groups in the New Zealand health sector. email <a href="mailto:info@hiirc.org.nz">info@hiirc.org.nz</a>.</p>	
<b>POLICE VETTING ON LINE</b>	
<p>A repeated question last month has been how providers can complete police vetting on line.</p> <p>To apply for electronic vetting: <a href="http://www.police.govt.nz/approved-organisations">http://www.police.govt.nz/approved-organisations</a></p>	

## PREVENTING COMPLAINTS and DEALING WITH COMPLAINTS EFFECTIVELY

So, how do you prevent complaints? It would be a miracle if I had the absolute answer but I believe that there are a couple of things you could do to minimize the risk. Then if there is a complaint it might not be substantiated.

Complaints are inherent in every work environment but in healthcare services, complaints are critical, needing immediate resolution. Implementing a robust complaints management system is very important.

Failing to deal effectively with complaints proves detrimental, not only from a regulatory standpoint but also in terms of avoidable stress and costs.

### **Be pro-active.**

Many complaints arise through misunderstandings and unrealistic expectations. A common problem that is often the cause of something going wrong is a break up or lack of communication. If that experience is real or perceived doesn't really matter. The moment somebody feels that way it is difficult to undo.

You should have some sort of monitoring procedures in place that will let you pro-actively notice and fix problems.

- **Monitoring.** Even if you don't believe anything is wrong, ongoing monitoring (internal auditing) of all your services is a good way to identify problems in the early stages. Be aware of your contractual requirements.
- **Look for problems.** Actually look for things that aren't perfect. Invite your staff to feed back anything that could be done better. Anything that they have noticed or heard. Act on it!
- **Talk with your consumers.** Residents, relatives and staff.
- **Ask for help.**

### **Put quality improvement plans in place.**

Don't just say "Oops, there was a problem – we're fixing it." Try to prevent getting to the "oops" stage.

Involve residents, staff and relatives. This is not always possible but at least let everybody know what you are doing and why.

### **Information and Communication is the key!**

- Residents and relatives sometimes have unrealistic expectations. This mostly stems from grief, concern and love. Or they don't know what they can expect. So inform them. Ensure they can make an informed choice before entering the service. Be open and honest about your service. What do you offer, what is included.
- During this very important time you will get an understanding about the resident and relatives. You will be able to establish if their expectations are going to be more than you can offer. Be very clear on this from the onset.
- Ensure that staff are aware of their responsibilities and that they have the tools and training to do their job successfully.
- Don't presume that things are done. Check that they are!
- Talk with relatives and residents on a regular basis. Establish their satisfaction with the services.
- Have the RN check residents on a regular basis.
- Train staff that they are the eyes and ears for the RN. That they can not make any clinical judgment calls as this is outside their scope of practice. They need to understand that it is the RN only who can do this. But that the RN needs to be able to rely on their good observation skills. Ongoing training and support is crucial to achieve this.
- Be aware of your contractual requirements and ensure that staff is also aware of their responsibilities.

Prevention is better than cure!

## COMPLAINTS cont'd

### Don't let it escalate.

If a resident or relative calls you, or talks with the staff, be sure to deal with the issue as quickly and effectively as possible. Preventing complaints can be tough, but in the end, it's certainly worth it. You'll save lots of time, money, and trouble if you can fix things before they break.

### Seek assistance in time.

Have you indicated areas that you can improve on but don't seem to be able to put your finger on it, or not sure who to go to?

Ask for help. Here are just a few that come to mind.

- **Aged Concern:** If you have difficulties with family members, get an independent advocate involved.
- **DHB's have Nurse Specialists** who come to your facility and advice on clinical issues. This is a great support for your RN, especially if the RN is in a sole position.
- **Associations.** Ask your Association for advice if there are issues that you are not sure about or contractual requirements that are not so clear. They should be able to either help or point you in the right direction.

A complaints management system in place needs to be backed by a consumer focused approach and has the following vital aspects:

- **Appropriate Location to Receive Complaints:** Consumers need to know where and how to file complaints.
- **System for Prioritizing Complaints:** Complaints are prioritized on basis of severity level.
- **Process and Record of Complaints:** Complaints are logged
- **Acknowledgement of Complaints and Defining of Responsibility:** Complaints are always acknowledged
- **Investigation and Analysis of Complaints:** analysis of the complaint is evident and documented.
- **Resolution:** The consumer is kept informed about progress.
- **Follow-up with the Customer:** If the consumer is not satisfied with the resolution, the problem is addressed again.
- **Analysis and Summary of Complaints:** action proposals are circulated and an action plan for complaints prevention is developed and implemented.

What to say to mend fences and provide excellent quality of care.

Complaint management in the sector is critical to maintaining healthy relationships; and trust and confidence amongst residents and their families.

Satisfied residents make staff, breathe easier, smile more and work better as a team.

Reassuring a resident by letting them know they are important to you, as well as getting to the bottom of what caused the problem and how to right it, is at the heart of problem solving and good complaint management—which means responding to what is wrong with solid assurances and solutions.

There are three agencies with the power to investigate complaints:

- **District health boards (DHBs):** Under the terms of funding contracts, they can act on complaints and investigate any rest home to ensure it's providing a safe service.
- **Ministry of Health:** The Health and Disability Services (Safety) Act gives the ministry the power to enter and inspect any rest home to assess whether health care services are being provided in a safe and satisfactory manner.
- **Health and Disability Commissioner:** The commissioner has the power to investigate complaints about the provision of a health or disability service to a rest-home resident.

Difficulties  
mastered are  
opportunities  
won.  
Winston Churchill

## RESIDENT'S RIGHTS

What can you do to achieve compliance with the Resident's Code of Rights?  
Tips and guidance for staff.

*Excerpt from "A practical guide to the Code of Health and Disability Services Consumers' Rights for aged care and disability support workers."*

### **Right 4**

#### **Right to services of an appropriate standard**

Residents have a right to services of an appropriate standard. This means they have a right to receive support that is right for them; to have services provided with care and skill; to have services provided according to applicable legal, professional, and ethical standards; and to have professionals working together to provide quality and consistent service.

#### **Things you can do to provide services of an appropriate standard:**

1. Provide all services to residents with great care and skill using the correct techniques and appropriate equipment.
2. Ask your manager to provide you with more training if you are not confident or are unsure of the correct method of supporting a particular resident.
3. Always complete all the documentation requirements of your job in a timely and appropriate way - for example, completing house diary or care notes.
4. Follow all your organisation's policy and procedures correctly; if unsure, talk to your manager for clarification.
5. If you observe any changes in a resident's health status or mental well-being, immediately report it to your manager.
6. Always make sure that the support you are providing is appropriate for the resident - for example, make sure that you are giving correct medication to the right person.
7. Provide services to residents based on their individual needs and preferences according to their care plans, if any. Pay special attention to people's cultural needs.
8. Take all the necessary precautions to avoid and/or minimise any potential harm or risk to residents. Report all accidents, incidents, hazards, or potential infection risks.
9. Do not try to provide professional services that you are not qualified for - for example, medical advice, counselling, or therapeutic services. Consult the professionals.
10. If in doubt, talk to your manager - he or she should be able to give you information on the best possible ways to support residents.

### **Right 5**

#### **Right to effective communication**

Residents have a right to effective communication. This means they have a right to be told things in a way they understand, and the right to an environment that allows them to communicate openly and honestly.

#### **Things you can do to communicate effectively with residents:**

1. Use different forms of communication as appropriate - for example, oral, written, pictures or symbols, body language and gestures, New Zealand sign language, or communication aids.
2. When communicating with elderly people, be patient and give them enough time to talk. Do not ask them to hurry up or interrupt them if they are taking a long time.
3. When communicating with people using wheelchairs, go down to their eye level, whenever possible, while talking to them.

**Be who you are and  
say what you feel,  
because those who  
mind don't matter  
and those who  
matter don't mind."**

*Dr. Seuss*

## RESIDENT'S RIGHTS cont'd

4. When communicating with visually impaired people, always let them know before you leave the room so that they do not continue talking.
5. When communicating with hearing impaired people, always maintain eye contact and talk in a normal pace and tone. Do not shout or speak more slowly or faster than usual.
6. When communicating with intellectually impaired people, speak slowly and clearly. You may need to repeat yourself several times before they can understand you.
7. Always check with residents that they have understood you.
8. If you do not understand what a resident says, ask him or her to repeat, rephrase or write it down for you. Do not pretend that you understand.
9. Create a fear-free environment where residents can talk to you openly, honestly and privately, if required.
10. If you have difficulties communicating effectively with residents, ask your manager to provide you with more training, or ask for an interpreter or seek support from someone who knows the resident well.

### **Right 6**

#### **Right to be fully informed**

Residents have a right to be fully informed. This means they have a right to have correct information about their health or disability, to be informed of available options, and to be told what is being done to them and why.

This right mainly impacts on the work of health practitioners when a resident needs a medical check-up, treatment or surgery. However, there are some things that support workers can do to provide information to residents.

#### **Things you can do to make sure that residents are always fully informed:**

1. Inform residents about exactly what you are going to do when providing personal care or other support. Give step-by-step explanations such as "now I will transfer you from your bed to your chair" or "now I am going to hoist you up", etc.
2. If going out with the residents, inform them in advance about the programme for the day - for example, where you are going, what you will be doing there, what time you are likely to return.
3. If going out with residents for an activity, also give full information about how much it will cost to attend the activity, including transport costs.
4. If you are involved in preparing care plans for residents, consult them and give them full information about what is covered in their plan.
5. Give truthful answers to questions asked by residents. If unsure, talk to your manager, but never give any information that is not correct or that you are unsure of.
6. If a resident is unable to understand the information you are providing, consult his or her family/whānau with the support of your manager.
7. If you are concerned about privacy and confidentiality issues of any information that a resident is asking for, check with your manager first.
8. If you are supporting a resident in visiting a health practitioner, make sure that the resident has all the information he or she may need about the proposed treatment, including its side effects, benefits, costs, etc.
9. Ensure that all information is provided in a format that is suitable for the resident to understand.
10. If in doubt, talk to your manager, who should be able to assist you to provide full and appropriate information to residents.

**The greatest gift  
you can give  
someone is your  
TIME,  
because you are  
giving that part of  
your life that can  
never come back**



<p><b>When something bad happens You have three choices. You can either let it define you, let it destroy you, or you can let it strengthen you.</b></p>	<p><b>THE PERFECT (BRAIN) STORM</b></p>
	<p>Planning a new event, or just wanting some direction? It might be time to brainstorm. Effective collaboration is harder than it sounds. Avoid another meaningless meeting and consider ways to get the most from brainstorming:</p> <ul style="list-style-type: none"> <li>• Have an agenda, defining the objectives / issues.</li> <li>• Invite a diverse group of people - for content and decision making reasons.</li> <li>• Meet in a fresh environment out of the office.</li> <li>• Plan and use a combination of idea generation techniques (for example, pair up for brief exercises then reconvene).</li> <li>• Ban cell phones, other devices, noise and distractions.</li> <li>• Create a safe space for people to contribute.</li> <li>• Encourage everyone to share their experiences, wisdom, issues and ideas.</li> <li>• And then shake it up. Don't stick to the programme - let creativity deviate positively.</li> <li>• Make it fun - you'll get better results.</li> <li>• Keep the pace and momentum up.</li> <li>• Document the output, identify the most productive ideas and develop strategies to put them into play.</li> <li>• Give credit where due.</li> </ul> <p>Innovation management will differ in every business. It will also vary depending on who you have enlisted to participate in the brainstorming exercise and what the pre-defined objectives are. Make sure to experiment and streamline your brainstorming process to suit your needs.</p>
	<p><b>CONDUCTING AN EXIT INTERVIEW</b></p>
	<p>So that valued staff member has resigned leaving you with the costly task of recruiting and inducting a replacement. On the bright side here is your opportunity to gain insight and improve your business' HR management. Judge what's more appropriate: a face to face meeting or an exit questionnaire to be completed in private with the employee. It might be beneficial to send them a questionnaire before the interview so you can discuss the issues. If you are holding an exit interview, it is important that the interviewee feels comfortable discussing potentially sensitive issues. Start the interview with light conversation. Encourage honesty, show them their opinions are important and assure the employee that no negative consequences will result from their honesty.</p> <p>The main objectives of an interview are to establish:</p> <ol style="list-style-type: none"> <li>1. The primary reason for the staff member leaving.</li> <li>2. If their position and its duties lived up to expectations established upon induction, i.e. would they consider working for the company in the future?</li> <li>3. The pros and cons of working for the company.</li> <li>4. Did they receive adequate support and management?</li> <li>5. What additional features does their new role offer?</li> </ol> <p>Your staff are an important business asset. Their knowledge of the sector, residents and how they do their job is valuable and should play a role in recruiting and inducting a replacement. Remaining on good terms with the employee throughout their notice period will support the transfer of knowledge to the replacement staff member. As an employer, it is good practice is to end an employment relationship how you began: thoroughly, professionally, and positively. An ex-employee is entitled to decline the offer of an exit interview, and should they do so, be sure to wish them well in their next position.</p>

<p><b>Better be safe than sorry.</b></p>	<p><b>HAVE YOU EVER THOUGHT OF CONDUCTING AN EXIT MEETING WHEN A RESIDENT IS TRANSFERRED OUT BY RELATIVES</b></p>
	<p>Moving a resident to another facility often causes a disruption to the resident's quality of life. They are taken away from their home, the familiar faces, routine and their friends. Family members might take their loved ones to another facility because they are not confident in voicing their concerns, unhappiness etc. Be pro-active and establish the satisfaction of residents and relatives. If there are un-realistic expectations (and some relatives certainly have these) then educate. From the beginning inform relatives what they can expect, what do you offer. That way the person making the decision can make an informed choice.</p> <p>Sometimes you can not prevent a relative from making the decision to move their loved one.</p> <p>Next time when relatives transfer a resident out to another facility consider conducting an exit interview to establish the reasons.</p> <p>Invite the relatives to sit down with you and discuss the reasons for the transfer.</p> <ul style="list-style-type: none"> <li>• Can they give you pointers regarding the areas you could improve on.</li> <li>• Are there specifics they were not satisfied with.</li> <li>• Can they give any suggestions.</li> <li>• Are they making the decision in the best interest of the resident.</li> </ul> <p>Minute the meeting and ask relatives to confirm that the minutes reflect the discussion.</p> <p>I believe that this is a good way to give relatives a chance to feedback and gives you the chance to look at areas for improvement, changes etc. Take feedback seriously as this could potentially stop further problems.</p> <p>Open transparent management is the best!</p>
	<p><b>PREPARED FOR A MANAGEMENT EMERGENCY?</b></p>
	<p>If an important team member was suddenly unavailable, would you have instant access to vital business information?</p> <p>Below is a brief checklist of the types of information you should document to minimise potential disruption. Regularly discuss and update your important information 'log' to suit your needs, and keep it in a safe place. Consider reviewing your will (and asking your business partners to do the same) agreeing on specific clauses for business continuation in the event of a serious accident or death.</p> <p>Important Documentation Checklist</p> <ul style="list-style-type: none"> <li>• Current business online banking, payroll system and accounting software details and login information</li> <li>• Documents relating to insurances, lease agreements, employment contracts, client/customer contracts</li> <li>• Spare keys to PO boxes, safes and storage facilities</li> <li>• Client/customer database username and password</li> <li>• Information on current business accounts: Stationery? Website provider? Stock? Security Company?</li> <li>• Who acts as the firm's lawyer? Banker? Accountant?</li> <li>• Where does off-site system data backup take place?</li> </ul>

**Be not afraid of growing slowly; be afraid only of standing still.**  
Chinese Proverb

## National Medication chart being developed for the aged residential care sector

The team leading the project to develop a national medication chart for the aged residential care sector has met with a wide range of stakeholders since the beginning of April 2012. These meetings have provided useful information about the medication management issues faced by aged residential care multidisciplinary teams.

Currently, charts are used for prescribing and dispensing, and separate signing sheets are used to record administration of medicines. The following issues are being considered in designing a national chart for the aged residential care sector that covers prescribing, dispensing and administration of medicines:

- the work involved in charting medicines and maintaining the resident's chart to avoid error-prone time-saving short-cuts
- reducing the potential for medication errors at all stages of the medication management process
- adopting as many of the safety features of the national medication chart as possible, given the differences between the aged care and hospital environments – particularly the way doses and instructions are recorded
- making the medication chart the main information resource for managing the resident's medication-related care
- considering the transfer of information about a resident's medicines between the primary and secondary care practitioners providing care to that resident.

There will be a consultation phase in September when the draft design of the proposed medication chart for the aged care sector will be available for feedback. The design will be updated to reflect this feedback.

The resulting chart will be used as part of a four-month pilot and the project team is seeking interested aged residential care facilities wanting to participate. For more information please contact [Emma Forbes](#).

If you have any comments or queries related to the National Medication Safety Programme, please email [info@hqsc.govt.nz](mailto:info@hqsc.govt.nz). Further information about the programme is available on the [Health Quality & Safety Commission's website](#); and the [National Health IT Board's website](#).

From: National Medication Safety Programme Update August 2012

## IS THE PAPERWORK LETTING YOU DOWN

If the answer is yes then it is time to drop me a line and ask for information that can help you solve this problem.  
There is no need to re-invent the wheel!

## *Spark of Life Seminars Postponed*

The October Wellington and Christchurch *Spark of life* one day seminars are postponed until next year.

New dates will be advertised as soon as possible to give people enough time to plan for it.



## Dementia Awareness Campaign - We Can Help

The strategic goal of this campaign is to increase public awareness of the nature of the disease and the services and support available for people with Dementia as well as their families and carers (National Dementia Strategy 2010).

### The campaign objective is:

To increase awareness and understanding of Dementia so that all people affected by it have access to the information and support they need.

The intention of the national dementia awareness campaign is to create an initial campaign platform from which to build momentum for ongoing **awareness** and **understanding**, and therefore, **de-stigmatising dementia**. The campaign will engage audiences nationally and locally and is one the entire dementia community can take ownership of.

Please find the link to the campaign guide for the Dementia Awareness Campaign that launches this weekend.

The TV commercial will be available to be viewed on Youtube. A link to this will be available on the campaign website [www.wecanhelp.org.nz](http://www.wecanhelp.org.nz) and our website [www.alzheimers.org.nz](http://www.alzheimers.org.nz).

For any further information on the campaign, people can contact Anthea Armstrong, who is managing the campaign. Her contact details are:

Anthea.armstrong@alzheimers.org.nz



### Some interesting websites:

[www.eldernet.co.nz](http://www.eldernet.co.nz),

[www.insitenevpaper.co.nz](http://www.insitenevpaper.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>

<http://www.healthedtrust.org.nz>

Please note these sites are not necessarily endorsed by Jelica nor is it responsible for the contents within them. The information contained in this publication is of a general nature and should not be relied upon as a substitute for professional advice in specific cases.

### REMEMBER!

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

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

Signing off for now.

*Jessica*

**If you choose not to receive this newsletter and wish to be taken of the data base please send me a return email.**