June 2013

Jelica's Link

An independent newsletter for people interested in Aged Care

| | Congratulations |
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| In this issue: | I am very pleased to mention another 2 facilities achieving 4 year certification. |
| CongratulationsA BIG thank you | My compliments and congratulations to: |
| Auditing | Parkwood Hospital – Christchurch |
| AuditsContinual v | Parklands Hospital – Christchurch |
| Continuous | Waterlea Rest Home – Blenheim |
| Improvement | Avondale Rest Home and Hospital – Auckland |
| BrainstormingHIIRC | Fergusson Rest Home and Hospital - Upper Hutt Wellington |
| Great learning | Maygrove Rest Home Auckland |
| websiteSMILE study | Catherine Lodge - Auckland |
| film | Turama Rest Home – Auckland |
| EPoA reviewWhat is on | Freeling Holt House Auckland |
| Newsletters | If you are one of the very few achieving this then please let me know as it deserves a |
| back issues | special place and recognition! If you don't let me know I can not publish it. |
| | A BIG THANK YOU |
| | I would like to take this opportunity to thank Vicki and her team for organising my visit to the South and their warm hospitality. Also a big thank you to all of you who took the time to come to the presentations I |
| | gave in Ashburton and Invercargill. |
| | It was great to have so many people attending and I really enjoyed the interaction with you all. |
| | I hope you did find it worthwhile and I look forward to meeting you all again in the future. Thanks |
| jelica@woosh.co.nz | Jessica |
| www.jelicatips.com | |
| mobile: 021 311055 | AUDITING |
| 1/3 Price Crescent Mt Wellington Auckland 1060 | It still surprises me when I hear providers/managers accepting it when auditors say that they have to find something to partially attain as that is what HealthCert expect. I have been assured by HealthCert that this is not the case! Please do not agree with this and ask the auditor who told them. The sector should not accept this negativity and if there are no PA's then they should not be made up. Lets all try to work towards auditing being a positive experience. |
| | Jessica |

AUDITS

Following are some of the findings identified during audits. Some of these could have been easily avoided if a pre audit was completed.

- Medication reviews. In some cases the report state one or two out of 20 or 30. This will still result in a PA. You have to ensure that all resident's medication charts are reviewed 3 monthly and that this is indicated on the chart itself. It might help to write a reminder somewhere to ensure that this happens.
- **Medication reconciliation**: Identify who is responsible for this. Define the process and ensure it is according the guidelines. Ensure you check the packs against the Doctor's order! (Not against the pharmacist signing sheet).
- First aid/CPR certificates: Each shift has to have at least one person with a current first aid certificate. The person taking residents out on trips also need one.
- **Family input**: Document on care plan who has input in development. This can be the resident or a designated person i.e relative, friend. Identify who is to receive ongoing notifications and document when they have been informed i.e about incidents, illness, GP decisions etc.
- Assessments: When completing assessments ensure that the outcome of these are reflected in the care plan interventions. Interventions must be consistent with the assessed needs
- **Care plan evaluation**: The care plan evaluation should reflect the degree of achievement or response to the intervention. If there has not been a satisfactory response to the intervention maybe it should be re-assessed and intervention changed. Ensure where progress is different from expected the service responds by documenting changes to the care plan (either long term care plan or initiating a short term care plan).
- **Medication competencies:** These should be assessed on an annual basis to ensure that the staff is still competent and completing the medication administration as per defined process. An easy way to remember this is to link it to the annual appraisal.
- **Medication allergies:** Always record any allergies or sensitivities on the medication chart. Indicate if no allergies rather than leaving the space blanc as this can be seen as forgotten or not checked.
- **Signing for medication:** Ensure all medicines given are signed for and / or the reason for medications not given recorded on the medicine file. Staff should get in the habit of signing right away after administrating the medication.
- Job description: Ensure that the job description is signed by all employees and a copy of same is kept in the staff member's file.
- **Induction of new staff:** All new staff should complete an appropriate induction programme and evidence of same kept in their file.

Don't dismiss your dreams. To be without dreams is to be without hope; to be without hope is to be without purpose

| | CONTINUAL IMPROVEMENT VS. CONTINUOUS IMPROVEMENT |
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| The worst | Both terms are commonly used. <i>Continuous</i> indicates duration without interruption. <i>Continual</i> indicates duration that continues over a long period of time, but with intervals of interruption. |
| | Continuous improvement is a subset of continual improvement. Continuous improvements are linear, incremental improvements to an existing process (Kaizen). |
| | Continual improvement includes this, as well as innovative improvement. In other words, continual improvement speaks to the PROCESS of improvement (always and forever (continually) ongoing, in all of its forms and in all areas) rather than the NATURE of the improvements (continuous vs. discontinuous). |
| mistake that anyone can make is being | CONTINUAL IMPROVEMENT ON A CONTINUOUS (Ongoing) BASIS |
| too afraid to make one. | Continual Improvement (CI) involves an extended journey, gradually building up skills and capabilities within the organisation to find and solve problems. There are many different techniques which can help enable the process |
| | Ensuring your employees share the same dedicated passion as you is one of the greatest challenges you will face. While it's great to be ambitious and determined to succeed, if your employees aren't on your side with the same goal in mind, then the journey to success is not going to be an easy one. |
| | In our evolving sector, change is absolutely necessary to stay ahead! It's critical to get everyone on board and actively supporting this fact. If you're not improving your business, then you will soon been left behind. |
| | Here's where the notion of "continuous improvement "comes into play. It involves understanding that you can always find ways to improve your company's processes and systems. The process of evaluating your changes and improvements never really ends. Basically, the job is never done when it comes down to organising you business. Once your staff understands that when the company benefits, they benefit, they will have more incentive to contribute improvement ideas and more incentive to act in accordance to those ideas |
| | WHAT IMPROVEMENT IS NOT |
| | Improvement is not about using a set of tools and techniques. Improvement is no going through the motions of organizing improvement teams and training people Improvement is a result, so it can only be claimed after there has been a beneficia change in an organization's performance. |

| | BRAINSTORMING |
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| Time Flies. You are the pilot! | I believe that brainstorming is a great way to get staff involved in quality improvement initiatives. It is a great way of tabling all and any ideas that everybody can come up with before any discussion or judgement takes place. Every idea is recorded no matter how bizarre or irrational. |
| | The best way to do this is: Set a relaxed atmosphere, if possible in an informal venue. Discipline is needed but in an informal way. An ideal size is a group of 5 to 7 people. Who leads? This person sets the scene. Does everybody understand what the reason of this get together is? Be clear about the problem/goal/aim etc. It might work to write this down on an overhead to keep everybody focussed on the problem. As many ideas as possible are to be collected Do not allow any evaluation and discussion. |
| | Encourage everybody to contribute. There should be equality. Every idea is written down again on an overhead for all to see. Agree on a time to voice all ideas and when all are written down go over them to ensure that everybody understand what is written. Clarify if required and take away duplications and entries that all agree on are not relevant. Brainstorming sessions can be held over a couple of days to allow people to think about it a little bit more resulting in more or different ideas. |
| | HIIRC Hint: HIIRC affiliated websites |
| | 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? |
| | 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. |
| | There are also a large number of private HIIRC affiliated sites covering an even wider range of specialised topics. Around 30 of these private sites are currently active. |
| | Whether public or private, these sites have all been created at the request of interested health sector groups. If you think a HIRC affiliated site will work for your interests, contact the HIRC team and talk through your requirements. This service is provided at no cost for public and volunteer groups in the New Zealand health sector. |

A GREAT LEARNING WEBSITE

There is this great web-site for on-line learning. Please – take the time to look at it and encourage staff to up-date some of their knowledge in this fun and simple way. This site is a must for your infection control coordinator. After finishing the assessments on line you can print off your own certificate. It was launched by the Ministry of Health in September and is free and fun.

It can be found at: - learnonline.health.nz

NOTE: Remember to evaluate and review your Infection Control Programme on an annual basis HDSS 1.3

ENDURING POWERS OF ATTORNEY REVIEW

Don't take for granted the things closest to your heart, cling to them as you would your life, for without them life is meaningless The office for Senior Citizens wants to hear views on the effectiveness of amendments made in 2008 to provide greater protection for persons setting up an EPoA.

Consultation began on March 1st and finishes on June 30th. Find out more at the website or ph 0800 273 674. Comment is due by 30 June 2013.

http://www.msd.govt.nz/about-msd-and-our-work/whatshappening/2013/enduring-powers-of-attorney-review.html

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The SMILE Study film is again on ABC iView 2nd June – 16 June

The film that has inspired many aged care facilities to introduce the Play Up Program is back on ABC Compass program website. You can see the film on iView from 2^{nd} June – 16^{th} June.

The Smile Study is the world's first high quality large-scale research project that examined the effects of humour therapy on older people with dementia. The Smile Study examined the effects of humour therapy on mood, social engagement, quality of life and agitation. This film documents the study and follows comedian Jean-Paul Bell as he delivers the humour intervention to residents living in aged care facilities. We also meet staff from the aged care sector, family members of the residents and the researchers who initiated and ran the study, Professor Henry Brodaty, Dr Lee-Fay Low, as well as others.

This heart-warming film provides a fascinating insight how life can be improved in aged care facilities and shows that we don't stop living until we stop breathing.

Since the first broadcast of this film in March 2012, the Arts Health Institute has introduced the Play Up Program into over 70 aged care facilities nationally



NEWSLETTERS BACK ISSUES 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.eldernet.co.nz, www.insitenewspaper.co.nz, www.moh.govt.nz; www.healthedtrust.org.nz www.dementiacareaustralia.com; http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best www.advancecareplanning.org.nz

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.

SUBSCRIBE OR UNSUBSCRIBE

- · If you do not wish to continue to receive emails from me, all you need to do is e-mail me and write "Unsubscribe". I will then remove you from my contact list (though I will be sorry to lose you from my list).
- · If you know of others who you think would benefit from receiving my newsletter, please pass on my details and have them sending me an email with the subscribe request.

Jessica