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**Emailed to:
1416 readers
and counting**

**Welcome to my
overseas
readers.**

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4 YEAR CERTIFICATION

I have not received any mention of 4 years.

But let's remind ourselves that 3 years is still a good outcome and achieving 3 years does not mean that the care provided in your facility is any less. It could just mean that your paperwork can be better or that you have not written up all the great things you do with and for your residents.

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

If you are one of the very few achieving this then please let me know as it deserves a special place and recognition! If you don't let me know I can not publish it.

ACTIVITIES

CUP STACKING GAME

Cup stacking is a great way to improve dexterity and hand eye co-ordination and makes a great individual or group challenge! The aim of the game is to make pyramids out of cups as quickly and neatly as you can while being timed.

Equipment needed

- 9 paper/plastic cups in 3 piles of 3
- Stopwatch
- Flat surface

Instructions

1. Ask participating residents to put their hands face down on the table in front of their 3 piles.
2. When you start the clock, they have to stack up each pile into a pyramid using both hands.
3. Once they have stacked all 3 pyramids they must go back to where they started, dismantle each pyramid and put the cups back into 3 piles using both hands.
4. When they have finished they must lace their hands back on the table in front of their cups and you need to stop the clock.
 - Who managed to stack up and take down their cups the quickest?
 - Whose stacks were the neatest?
 - Who lost all their cups?
5. Tip: Practice with 1 pile and build up to 3 to increase the challenge!

Thank you Corinna for this activity idea.

HELP ME KEEPING THE DATABASE UP TO DATE!

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

AUDITING

UNANNOUNCED (SPOT) AUDITS.

This month I was the lucky one to manage the spot audit! Oh joy! After only just arriving in the facility after a 2 ½ drive on a Monday morning the one thing I was not expecting was having the auditors walk in half an hour later! But things happen for a reason so onwards with it.

I must say it was great to have a couple of sensible auditors who looked for facts not faults! Very refreshing and restored my believe in audits somewhat. I know for sure that not all the auditors work the same, which is a shame. They are missing getting the best out of people and they make the audit process tedious and a negative experience. There is no need for that.

So thank you Jennie and Wendy.

What I did realise during this audit is the importance of checking all the delegated responsibilities. A staff member telling you they have done what they are supposed to do does not necessary means it is done! Don't get caught out on audit day. Check and double check. Do your own little spot checks on an ongoing basis to stay on top of things.

Prepare as much as you can. Aim to have your facility ready for audit on any given day, instead of a mad rush before audit. Believe in what you do and be confident. Put audits on your meeting calendar and keep all staff informed on an ongoing basis. Discuss external audits and what is expected of each discipline.

Have your information easily accessible. I find developing an annual Quality folder the best way to keep all information combined.

Expectations are constantly increasing and what some people think is a good standard might not be good enough to pass audit. Checking and finding these issues will give you an opportunity to provide staff with training and support.

If you assume that everything is completed as expected and up to standard, you could be in for a surprise. Trust me I am speaking from experience.

OVERALL AUDITING ISSUES

I cannot tell you often enough to know your contract and the Standards. When the auditors relate a finding to a criteria or clause in the contract check and read these for yourself. Is it the correct interpretation of the clause or criterion? If you are not sure, check.

For example: D16.5 dii

a designated staff member who is skilled in and accountable for assessment, implementation and evaluation of social, diversional and motivational recreation programmes for each Subsidised Resident

There are auditors who will expect a diversional therapist in each facility. That is not what is expected.

As long as you have evidence that there are appropriate assessments completed and care plans developed to meet the resident's needs you can be compliant.

I have seen audit reports where the auditor quoted the wrong contract so please double check. The auditors are people as well and can make mistakes.

I can only hope that the peer reviewer notices the incorrect references.

Being alone can
be
beautiful.....
When you want
to be lone, not
when you have
to.

<p>Good people are like candles; they burn themselves up to give others light. Wisdomquotes4U</p>	Cont'd
	<p>Remember to write up all the great things you do with and for your residents. This could mean the difference between 3 or 4 years certification time. I so often see brilliant initiatives happening and most of the time these are not documented or reflected anywhere which is a lost opportunity. I understand that most of you just like to do the best for the residents but it is also good to receive recognition reflected in your certification. This can only happen if you make these initiatives “auditable” so try to remember to write these up as a quality initiative. Let me know if you need some help with this.</p> <p style="text-align: right;"><i>Jessica</i></p>
	ANNUAL DECLARATION
	<p>Certified providers are required to submit an annual declaration in any calendar year in which an audit related to certification does not occur. Providers must complete the form attached to this page and submit it to their Designated Auditing Agency.</p> <p><i>The above is what is available on HealthCert’s website. I have been informed that some DAA’s ask for a lot of additional information. If you have completed the declaration and not have indentified any problems than that is not necessary. You should ask the DAA why they request that information. The process of the annual declaration should be a simple one. I would be interested to hear if this is a common practice.</i></p>
	Spark of Life Coming to New Zealand!
<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;">  </div> <div style="flex: 2; padding-left: 20px;"> <p>You can now join us for various opportunities to experience the internationally awarded <i>Spark of Life</i> Philosophy in 3 different locations in New Zealand.</p> <ul style="list-style-type: none"> 3-day Spark of Life Club Facilitator Course - Wednesday 17th-Friday 19th February - Hawkes Bay (Numbers strictly limited to 40) >> An Exclusive Leaders Information Meeting for CEOs, Board Members & General Managers in Aged and Community care about the Spark of Life Culture Enrichment Program -Tuesday 23rd February - Auckland (Numbers strictly limited to 15) >> 1-day introduction to Spark of Life- The Special New Philosophy to Rehabilitation in Dementia - Wednesday 24th February - Timaru (Numbers strictly limited to 40) <p><i>(Click above links for flyer/application form)</i></p> <p>All presentations will be facilitated by Jane Verity, founder of <i>Spark of Life</i> and an inspirational international thought leader on dementia care.</p> <p>Click here to read an informative article on Spark of Life at two facilities in New Zealand published November 2015 in Kai Tiake Nursing Journal</p> <p><i>Spark of Life</i> welcomes you to share this email with your colleagues who would love to discover more about this dynamic approach.</p> <p>You can also call us on +613 9727 2744 (10am-4pm AEST) Best wishes from the <i>Spark of Life</i> Team</p> </div> </div>	

PRESSURE INJURY REPORTING

In case you missed the HealthCert Bulletin and the message regarding the Pressure Injury reporting.

HealthCERT has developed a work programme for 2016 to incorporate pressure injury prevention and management (PIPM) into the audit process of aged residential care facilities. It is important to note that the programme's aim is to better understand PIPM within the aged residential care sector. It will not add to audit requirements for providers. The Ministry, Accident Compensation Corporation (ACC) and the Health Quality and Safety Commission have agreed in principle on a partnership approach to a national PI reduction programme, and are scoping a project plan. The HealthCERT work programme will be a part of this project.

If you are an aged residential care provider and have a provisional audit (in respect of a sale), certification audit and/or an unannounced surveillance audit in 2016, the audit team will discuss aspects of your PIPM programme with you. The approach will take one of two possible directions.

- If, at the time of audit, you have no residents with a PI, the audit team will review your PIPM programme as part of the audit.
- If you have a resident with a PI at the time of audit – because they either acquired it in your facility or were admitted with a PI – the audit team will use this resident as a tracer. In addition, they will review your PIPM programme.

Information relating to your PIPM programme will be reported against standard 3.3 in the audit report. The findings related to this standard are not published on the Ministry of Health's website.

For more information on how to prevent, identify and document PIs, see the New Zealand Wound Care Society website: www.nzwcs.org.nz/pressure-injuries-ulcers/worldwide-stop-pressure-injury-day.

Audit focusing on PIPM programme in aged residential care facility

An audit will check that the PIPM programme includes the following components.

- A policy guides staff on maintaining residents' skin integrity and wound management.
- The internal audit programme may include audit of wound management and/or resident files.
- Minutes from meetings – record discussion on PIPM.
- The adverse/incident event process includes reporting of PIs and is part of monthly data collection on clinical indicators.
- The annual training programme includes topics such as, PI prevention, skin integrity, wound care and, perhaps, a dedicated session on PIPM.;
- Equipment and supplies are sufficient to support residents' needs.
- A sample of care plans will be reviewed as part of the audit. Even if you do not have a resident with a PI, these plans will cover aspects such as skin integrity, mobility, diet and pain management as part of PIPM.
- Staff interviewed as part of the audit will report an understanding of PIPM, including how to access and involve wound care specialists in a timely manner.

The audit team will want to know about all cases of PI in the facility at the time of audit. They will be asking for: The total number of residents with PI, the stage of each PI, PI acquired in the facility and acquired elsewhere, the assessed level of care for each resident with a PI.

For more information go to: <http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/healthcert-bulletin>

No matter how educated, rich or cool you believe you are, how you treat people ultimately tells all.

Integrity is everything.

Author unknown

TE ARA WHAKAPIRI: PRINCIPLES AND GUIDANCE FOR THE LAST DAYS OF LIFE

Te Ara Whakapiri: Principles and guidance for the last days of life outlines the essential components and considerations required to promote quality care at the end of life for all adults in New Zealand. It also provides examples of useful approaches and tools that will serve as aids for the development of national and/or local resources as part of implementation.

Te Ara Whakapiri is based on an extensive evaluation of the available literature and is informed by local research, ensuring it is applicable to the unique context that is Aotearoa New Zealand. It has been endorsed by key professional health organisations in New Zealand and marks a major step towards ensuring that all health care services across the country are focused on delivering the very best care for people who are dying and for their family/whānau whatever the setting

Te Ara Whakapiri: Principles and guidance for the last days of life defines what adult New Zealanders can expect as they come to the end of their life. It is a statement of guiding principles and components for the care of adults in their last days of life across all settings, including the home, residential care facilities, hospitals and hospices.

The term 'last days of life' defines the period of time in which a person is dying. It is the period in which death is imminent, and may be measured in hours or days.

For the full document: <https://www.health.govt.nz/publication/te-ara-whakapiri-principles-and-guidance-last-days-life>

Success is
something
you attract
by the
person you
become

Jim Rohn

TRAINING SESSIONS

If you need training provided on site please let me know as I am available to provide this on non clinical topics such as:

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

If you are looking for a topic not listed here please drop me a line. I am happy to facilitate different times to suit evening and night staff. References available on request.

Jessica

TOTAL QUALITY PROGRAMME

Are you struggling with your policies and procedures?

Find it difficult to keep up with all the changes?

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

If the answer to the above is yes then

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

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

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

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

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

<p>You may think the grass is greener on the other side, but if you take the time to water your own grass it would be just as green.</p>	<p>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>

Some interesting websites:

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

Please note these sites are not necessarily endorsed by Jelica nor is it responsible for the contents within them.

The information contained in this publication is of a general nature and should not be relied upon as a substitute for professional advice in specific cases.

REMEMBER!

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

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

CONFIDENTIALITY AND SECURITY

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

Signing off for now.

Jessica

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