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**Emailed to:
1486 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:

Radius Potter Home, Whangarei

Kapiti Retirement Trust, Paraparaumu

Selwyn Heights Village, Auckland

Sarah Selwyn Hospital, Auckland

Selwyn Wilson Carlile Village, Hamilton

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.

HINT: DON'T JUST RELY ON YOUR COMPUTER SPELL CHECK

Word processors like Microsoft Word etc have certainly made writing easier. But they've also made writers lazier. Traditional proofreading is often an afterthought in a world of intelligent auto corrections and real-time grammar checking.

Consequently, it's tempting to leave error-hunting to a spell checker. But effective proofreading isn't as simple as a spell check, and running a spell check shouldn't be a replacement for spending some time carefully re-reading text before you print or publish it. Because your spell check will lie to you. It will tell you that everything you've written is fine. Don't worry. Breathe easy. It's got you covered. But while context-sensitive spell check algorithms will catch many basic mistakes, they are far from perfect.

A spell check won't, for example, pick up on some correctly spelt words used incorrectly in a sentence. It won't recognise the correct spellings of most people and places. Nor can it query facts, dates or events.

A spell check wouldn't, for example, have objected to the way a Baltimore news channel once subtitled Prince Harry as the 'Prince of Whales' instead of the 'Prince of Wales'.

Don't get me wrong. A spell check is a useful tool as part of the proofreading process. But good text-checking requires a human eye. A proofreaders' eye.

Jessica

"FAREWELL TO THE AGED CARE SECTOR"

Below an emotional heartfelt letter from a long time provider who, with his partner, has given their residents quality enjoyable years with a lot of love and laughter. I am sorry to see these two lovely people go. It has been such a pleasure and privilege knowing you two. Thank you Neil and Shirley Ann from Elizabeth Rest Home

Approximately 26 years ago my family and I ventured off on a new career pursuing the idea of buying a rest home which we achieved with some difficulty. In those days, when applying for a Rest Home licence you attended a local meeting with the Ministry of Health – a daunting prospect as we were greeted by a panel of 3 militant ladies who literally grilled me for an hour asking questions as to why I wanted to join the sector, what would I bring to the sector and what qualities I personally possessed that would be beneficial in the sector. After that harrowing experience they told me on the spot that I had met the criteria and would be granted a licence to operate and manage a facility. What a contrast to today where you simply engage in a phone call and a brief interview over the phone!!

When we took over the rest home the documentation was almost non-existent. Over the next 10 years when accreditation came in, the sector actually improved for facilities and it benefited both the residents and families. A fair accountability for facilities and a good paper trail assisted with providing quality care. Once certification came in, the whole scenario changed and it went radically "pear shaped" with a huge amount of bureaucracy achieving little but satisfaction for the auditors and the "hands on" approach of nursing went out the window. Unfortunately many excellent nurses have since left the sector as a result and also more recently as a result of interRAI. I won't even begin to elaborate on interRAI other than I believe it has been a disaster and a waste of RN's valuable time since day one!!

To do well in the industry one has to be passionate about what they do and constantly strive to deliver quality care which results in a good reward for stand alone rest homes that are run efficiently. However one negative issue in this industry is that no Government has ever addressed the chronic under-funding situation. As there are many people around who do want to continue providing good care but currently find it challenging financially, I hope the MOH & DHB's reach a point where they look realistically at this issue and stop trying to get blood out of the sector!

The decision to leave the sector was not an easy one however my biggest fear was that if I didn't leave soon, I could become a resident in my own home!! It has been an amazing journey, a huge 24/7 commitment, and an incredible experience of life (including learning how to deal with dysfunctional families, lazy staff who come to work for the wrong reason and authorities who want us to provide the impossible at times).

Along the journey however, as much as there were days when we all question why we are still doing what we're doing with all the challenges and difficulties we are faced with, just treasure the enjoyable days when families and residents are so grateful for what you do for them. I look forward to the day when I pick up the paper and read that the sector is getting a 20-30% increase in fees to make it a lot easier to achieve what the MOH/DHB expect of the sector.

Many thanks especially to Jessica and Victoria whose guidance and support has been immense over many years – I cannot thank them enough. For those in the industry, believe in and listen to those two wonderful passionate ladies who have put so much energy into the sector over the years and work tirelessly behind the scenes on behalf of all CANZ members – how lucky you all are for their unstinting support and ability to tap into their endless knowledge/expertise. Use Jessica's policies and procedures and read and action the updates that are sent through – it works and covers all bases!!

In closing, I would like to thank all those who have surrounded me with help and support over the years and for your kind wishes and friendship. It is now time for me to move on to a new chapter of my life and pursue other challenges.

Goodbyes are not forever. Goodbyes are not the end. They simply mean I'll miss you, until we meet again!

HOLIDAY PAY MISHAPS

As you're no doubt aware through the media recently, errors within holiday pay calculations are more common than we'd like to think and not just limited to Government organisations.

Due to the complexity of the calculations required to monitor and record holiday pay, errors or deviations from the Holidays Act 2003 (the Act) requirements can easily occur. This can result in under or over payments to staff.

Common payroll mistakes include:

- Incorrect leave payments for employees returning from paternity/maternity leave
- Systems incorrectly calculating the amount of leave paid based on hourly rates instead of daily rates (bereavement, alternate, public holiday and sick leave) or weekly rates (annual leave) as required by the Act
- Previous allowances earned are not included in leave payments (i.e. underpayment)
- Discretionary payments (e.g. bonuses) are included in leave payments (i.e. overpayment)
- Time-and-a-half earned on public holidays is not included in subsequent leave payments (i.e. under payment).

Employee leave entitlements and payment errors are likely to be miscalculated if the information captured within a system is not adequate. Staff members with fluctuations in their normal hours worked are prone to holiday pay mistakes, with the most commonly affected being waged employees.

Often, the correct information within employment agreements, employee master data, hours and type of work is not captured within holiday pay calculations. For example, additional amounts received on top of normal pay (e.g. allowances, time-and-a-half) are often not correctly captured within holiday pay calculations.

Errors may also arise if the payroll system is not intelligent and flexible enough to determine which Relevant Daily Pay/Average Daily Pay (paid leave) and Ordinary Weekly Pay/Average Weekly Pay (annual leave) formula should be used for each employee's individual circumstances.

Relevant and Average Daily Pay and Ordinary and Average Weekly Pay are defined within the Act but are often not correctly and consistently implemented across payroll processes, data and systems. In some instances, the problem is due to companies using payroll software from international providers that is not tailored to meet New Zealand Act requirements.

The implications from incorrectly calculating holiday pay can be significant. Not only might an employee have been paid too much or too little, it also has flow on effects to PAYE, KiwiSaver, Working for Families and Student Loans and breaches to individual and collective employment agreements.

It is important to check your payroll complies with Holidays Act requirements and ensure payroll, finance and people managers understand the implications of the Act on pay and leave calculations. There is likely to be increased mobilisation and focus from the MBIE Labour Inspectorate, and tensions with payroll providers over the accountability for remediation and resulting liabilities.

Moore Stephens Markhams Auckland

**Don't cry over the past, it's gone.
Don't stress about the future, it hasn't arrived.
Live in the present, and make it beautiful.**

CYTOTOXIC MEDICATION MANAGEMENT IN THE AGED CARE SECTOR

As with many clinical specialties there is 'creep' into other specialties. Suddenly you have to manage a clinical event that you know is highly specialized, has significant risk associated with it and you have very little knowledge of it. Writing a policy on safe management of cytotoxic medication in the aged care sector that ensures staff worked safely within their experience and within the scope of their practice was one of those events. Cytotoxic therapy is being used more commonly for treating autoimmune conditions, rheumatoid arthritis and psoriasis hence it is increasingly common that aged care residents will be on cytotoxic medication.

The research on cytotoxic medication management is mostly geared towards specialist haematology and oncology units in base hospital settings for continent patients. This raised far more questions than it answered. How do aged care providers maintain training and competency in cytotoxic management when it is used infrequently and is not a specialty in the aged care setting? How do you dispose of incontinence pads for someone on high dose cytotoxics? How do you store and dispose of cytotoxic waste? Is the management for more commonly used cytotoxics eg Methotrexate or Efudix in the aged care setting the same as for other cytotoxics more commonly used in a haematology or oncology setting?

Management in the residential aged care setting seemed likely to be a difficult and expensive prospect for people on cytotoxic medication until I had a eureka moment after a discussion with Dr I Lim, Rheumatologist, Sydney, at a recent conference. He divided cytotoxic medications into low dose and high dose. The key learnings from the research into this policy were:

- Low dose cytotoxic medication is more likely to be seen in the residential aged care setting and does not need the same degree of precaution and training that high dose cytotoxics do.
- The management of residents on high dose cytotoxic medications requires some forward planning specifically, staff education and purchase of equipment eg waste bins.
- All high dose cytotoxic waste, including incontinence pads but excluding sharps should be disposed of in a lined hard shell bin specifically labelled as cytotoxic waste. **These bins are not able to be re-used.** Sharps are disposed of in a hard shell sharps container specifically labelled as cytotoxic waste.
- Fluoroucil (Efudix) cream should not be administered by pregnant or breastfeeding staff.

A copy of the Kapiti Retirement Trust Policy is available on request on the proviso that if the information is used the Kapiti Retirement Trust is acknowledged.

The policy was developed in consultation with the Charge Nurse Haematology and Oncology Unit CCDHB, Rheumatology Department HVDHB, Infection Control Unit CCDHB, Wastecare Management, Pharmacists – CCDHB and Kapiti Lights Pharmacy, Dr Ann Evans GP.

Pam Doyle, Clinical Manager Short Term Care and Quality, Kapiti Retirement Trust, Paraparaumu.

References:

- Australian Pharmacist; May 2014: The safety and handling of low dose methotrexate: myths and realities: P Robinson, I Lim, C Barrett: pages 68 - 70
- Australian Prescriber; Volume 36: Number 1: February 2013; Safe use of oral cytotoxic medicines; Pages 9 -12
- Canterbury DHB; Administering oral cytotoxic medication
- Canterbury DHB; Generic Cytotoxic Drugs Self Learning Package

Just a reminder
in case your
mind is playing
tricks on you
today; You
matter. You're
important.
You're loved.
And your
presence on
this earth
makes a
difference
whether you
see it or not.

PREVENT UNPLANNED WEIGHT LOSS.

From: New Zealand Nutrition Foundation

Unplanned weight loss should be cause for concern, especially if a person is normally an ideal weight or a bit underweight (and healthy). Even if overweight, unplanned loss, which may be very satisfying personally, could in fact be a sign that all is not right.

Planned weight loss is a different story. But unplanned loss should be investigated. It is good to know what the resident normally weighs, and to keep an eye on this. Unplanned weight loss is a risk factor that may lead to malnutrition, which is not uncommon in older people

Risks of unplanned weight loss.

a. Sarcopaenia, age-related loss of muscle mass which can lead to weakness, balance problems, decreased mobility and increased risk of falls and hip fractures

b. Immune dysfunction, including increased rates of infection, anaemia, fatigue, poor wound healing

c. Hospitalisation, with possible subsequent pressure areas on bony points, mortality

d. Cognitive impairment, depression

e. Bone loss, osteoporosis, increased risk of fractures

Adopt a healthy eating pattern: Include at least 3 main meals –breakfast, lunch and dinner –and include morning and afternoon tea.

A. Protein rich foods: Because older people have higher protein needs than younger people, but also tend to have smaller appetites, it's important to think about including some good quality protein foods (e.g. milk and milk products, such as cheese and yoghurt; meat, fish, chicken, eggs; legumes such as dried peas, beans and lentils; and nuts and seeds) in all meals, including breakfast. This means giving serious thought to the some of the ideas on the chart (under "in conclusion"). These are only some suggestions, and portions sizes do not have to be large when you include some protein rich foods at every meal.

B. Vegetables & fruit: Besides the focus on protein foods, also ensure that there are plenty of vegetables and fruit in the diet. Try to include at least three servings of vegetables and two servings of fruit a day, more if possible, preferably fresh, frozen, or canned, occasionally dried or juiced, and raw or cooked.

C. Include breads and cereals as well, choosing wholegrain varieties such as porridge, weetbix, wholemeal breads, brown rice. These provide B vitamins and also dietary fibre that can help keep bowels regular, and should not be omitted from a healthy diet.

D. What about fat? There is currently a lot of discussion about fat in the diet, both the quantity and type. The current Ministry of Health Guidelines recommend keeping the fat intake down, and choosing plant-based fats. These include healthy fats such as olive oil, rice bran oil, peanut oil, canola, sunflower or safflower oil, and polyunsaturated margarines or spreads. The least healthy include animal fats, such as meat fat, butter and cream, and also palm and coconut oil. A small amount of these to enhance the diet is acceptable!

E. Does sugar matter? An excessive amount of sugar in any diet is not recommended, especially when it's added sugar, as in soft drinks drunk in large quantities. It's detrimental to one's dental health, and it provides energy, but not much else. It doesn't matter whether it's white, brown or raw sugar, honey, maple or golden syrup –it's all the same in the end!

**I never lose.
Either I win or I
learn.**
Big empire

PREVENT UNPLANNED WEIGHT LOSS Cont'd

However, a small amount of added sugar is acceptable –a scant teaspoon in tea or coffee, marmalade or jam on breakfast toast or brown sugar on porridge. It is far more important in older age to serve food how residents like to eat it, and over the top prohibitions can cause more problems than it's meant to save! Responsible use of a little bit of sugar now and then is acceptable.

In conclusion, the key to a healthy old age is eating well and keeping as fit and active as possible.

Staying involved socially with friends, family and stimulating pursuits are also important. Nutritional goals for healthy older age are not rocket science, but good common sense.

Visit the NZ Nutrition Foundation's website: <http://www.nutritionfoundation.org.nz>

PROTEIN RICH FOODS IDEAS

Breakfast	Lunch	Tea/Dinner	Snacks
<ul style="list-style-type: none"> • Yoghurt with cereal or porridge • Fruit smoothie made with milk or yoghurt • Scrambled, poached or soft boiled egg • Baked beans • Bacon • Fortifying porridge with 2 tablespoons skim milk powder (instant mixes in better) or making porridge with milk instead of water 	<ul style="list-style-type: none"> • Protein filled sandwich –e.g. egg, cheese, chicken, lean meat, canned salmon/tuna or peanut butter • Eggs cooked in any way e.g. omelette, poached, Benedict or hollandaise • Hearty soups made with legumes, meat or chicken • Cold meat and salad • Baked beans on toast • Cheese toasties/rolls/ toasted sandwiches • Hamburger/quiche • Macaroni cheese • Sardines on toast • Cottage cheese as a salad or on toast with tomato 	<ul style="list-style-type: none"> • Lean meat, (beef, lamb, pork) cooked any way • Chicken, cooked any way • Fish, especially fatty varieties, e.g. salmon, tuna, but eat fish often • Stir-fries with meat, chicken, legumes • Shepherds pie, fish pie or casseroles (Can be made with leftover meat) • Try legumes – dried peas, beans, lentils (use canned varieties) Use in casseroles, sauces for pasta, stir fries Try tofu –nice with a sweet & sour sauce & rice or as a stir-fry 	<ul style="list-style-type: none"> • Crackers with cheese, hummus, or pate (this can be a good source of iron) • A small handful (about 30 g) raw nuts per day • Protein filled sandwiches • Milk or drinks such as coffee, Milo or hot chocolate made with milk • Milk shake or fruit smoothie made with milk or yoghurt • Yoghurt • Toast and peanut or other nut butter (e.g. hazelnut).

New Zealand Nutrition Foundation

A+ TRUST AGED RESIDENTIAL CARE NURSING AWARD

These annual awards celebrate the amazing job our nurses and midwives do every day. The Awards recognise the different skills and attributes required by the professional nursing workforce. The event is held to coincide with International Nurses Day. 2016 saw the introduction of an award to recognise nurses work in Aged Residential Care, awarded to a Registered or Enrolled Nurse who is recognised by their peers, patients and patient families as an exemplary nurse that goes above and beyond every day. The nurse demonstrates leadership through a focus on continuous improvement to improve the patient experience, safety and quality of care and raises the profile and voice of aged residential care nursing. For the winner see **page 9** as the winner deserves the bouquet as well!

Laugh often
and it will
cleanse your
mind. Laugh
often at
yourself and it
will cleanse
your heart.
Searchquotes.com



SPARK OF LIFE

3-Day **Spark of Life** Club Facilitator Course
Strathallan - New Zealand 24th - 26th August 2016

A powerful program for rehabilitation in dementia

The *Spark of Life* Club Facilitator Course is an assessed and internationally certified course that will give the participants the skills and knowledge to implement and run the *Spark of Life* Club Program either in residential care or a community setting.

This program is a practical way of implementing the essence of Person Centred Care when it comes to the facilitation of social activity.

Who is This Course For?

The *Spark of Life* Club Facilitator Course is specifically applicable for Lifestyle Professionals, together with their Managers, in the areas of dementia, aged care and mental health. The course is also for Allied Health Professionals as it holds the key to rehabilitation by providing the skills to awaken dormant abilities in people with dementia.

Please note as numbers are strictly limited to a maximum of 40 participants we recommend you book early to secure your place. (Bookings close Friday 12th August 2016 if not booked out prior.) This 3-day course is for one person to attend all 3 days and cannot be shared.

Registration

Please register directly with Dementia Care Australia. Complete all sections of the attached registration form and return to Dementia Care Australia either by fax + 61 03 9727 2766 or email: info@dementiacareaustralia.com
For further information, please contact us by email or phone + 61 03 9727 2744 (10am-4pmAEST)

It's hard when you miss people. But you know, if you miss them it means you were lucky. It means you had someone special in your life, someone worth missing

Remembering my inner child

SILVER RAINBOW IS IN THE HOUSE



Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) Education for Caregivers

Silver Rainbow public workshops being held in Auckland and Whangarei in July
Auckland 12 July, 9.30 – 12.30, Level 1, 300 Great South Road, Greenlane
Whangarei 13 July, 2 -5pm, TTTWON Building, 6 Donald Street, Regent

Professional development for people working in aged care. This three hour workshop includes:

- “Meeting” (via DVD) a number of people from LGBTI communities
- Understanding current terms and their appropriate use
- The importance of using correct pronouns
- Understanding the unique needs for people from LGBTI communities
- Working through issues: for example reactions of other residents, family member instructions, co-worker intolerance

For more information or bookings contact Julie julie.watson@affinityservices.co.nz or 0277000432

HAVE YOU HEARD ABOUT GREY MATTER?

We'd like to introduce you to another newsletter that the Ministry of Health Library prepares. 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. If you'd like to subscribe to Grey Matter, email library@moh.govt.nz

WHAT IS ON...?

ALZHEIMERS NZ 2016 CONFERENCE

**"Dementia Today: Diverse Communities, Collective Action.
Wellington, 3-5 November 2016.**

This conference is Alzheimers New Zealand's biennial conference and the 19th Asia Pacific Conference of Alzheimers Disease International.

CALL FOR ABSTRACTS NOW OPEN.

Visit the Alzheimers NZ website for more information
[Alzheimers NZ Conference 2016](#)

HCHA CONFERENCE

The 2016 HCHA Conference will be held on 28 and 29 September in Te Papa Wellington. Registrations open 7 July, with the early bird opportunity closing on 18 August. Mark these dates in your calendar.

We will be delivering another great conference with stellar keynote speakers and work-stream presentations and workshops. The programme is under construction and **we welcome abstracts by 7 July**. Attached is the Call for Abstract paper.

For the programme, we will offer participants opportunities to look inwards:

- clients - physical, mental, social or cultural needs, gifts and challenges
- workforce development including regularisation and training
- ways of thinking about the best ways of working with people and other organisations
- organisational quality, health and safety, information technology, financial management, privacy and governance

We also want to offer opportunities to look outwards:

- health strategy planning and funding, medium and long term planning
- robotics and other technologies
- emerging and future care and support options
- what's new in rehabilitation, restoration, injury and illness prevention and health and wellness promotion
- intersections between home support and other social systems.

We invite abstracts on the above, or on any other topic that you think may be of interest. Attendees include service providers, health and disability funding and planning, needs assessment agencies, relevant community, primary, secondary and specialist services, and providers of technology, training and other organisational supports.

Sponsorship opportunities are available - please contact hchaconference@auaha.co.nz to receive a Sponsorship and Exhibition Prospectus.

When a friend is in trouble, don't annoy him by asking if there is anything you can do. Think up something appropriate and do it."

Edward W. Howe

BOUQUET FOR THE WINNER AND THE RUNNERS UP OF THIS YEARS AWARD

Nominations were reviewed by a panel of Aged Residential Care leaders from the Cluster Steering group, a recommendation was then provided to Ailsa Clare the sponsor of the award.

There were seven nominations with three finalists; two runner ups and a winner

Congratulation to the 2016 winner

Shalini Mupnar Clinical Manager Bupa Care Services Sunset Lodge Rest home and Hospital

Runner ups

Jeffery Bulangit Team leader Hub 1 Mercy Parkland Ltd.

Denise Holland Registered Nurse Caughey Preston Home and Hospital



Congratulations to Shalini, Jeffery ,Denise and all of the nominees

Shalini with Jane Lees and Ailsa Clare

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 & 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.

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

Stay away from negative people. They have a problem for every solution.
BillyCox.com

<p>No matter what the situation, remind yourself "I have a choice" Sue Nicholson</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>
	<p>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. <i>Jessica</i></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.