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4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving

4 year certification.

I have not heard from anybody who achieved 4 years this month.

I would like to mention that achieving 3 years is still a great outcome so if you have received 3 years then please celebrate that and receive my congratulations for that achievement.

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.

INFECTION CONTROL SNIPPETS (Bug Control)

Sue Elder is one of Bug Control's most experienced and knowledgeable staff members from Australia.

What do we do if we have staff member who has tested positive to MRSA?

If the person concerned is colonized, not infected, there is no action that needs to be taken. If you swabbed all your staff members and residents, the chances are that a reasonable percentage of them would return positive results, especially if they have been to, or worked in a hospital at any time. The staff members needs to pay strict attention to her own personal hygiene at home and practice standard precautions at work - with strict attention to hand hygiene, as all staff should be doing at all times. If for any reason your carer needed surgery or had a wound there is a chance that the wound may become infected by the strain of MRSA she is carrying; however she would be managed with appropriate antibiotics. If she had an actively infected wound it would be advisable that she remain off work until that wound had healed. Once the wound has healed, she would be colonized again (as the staph never departs entirely) and no further precautions would be required.

<http://www.health.nsw.gov.au/policies> <http://nhmrc.gov.au/guidelines/publications>

Susan Elder OAM Infection Control Consultant.

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

SNIPPETS

POLICE VETTING

I was made aware of the fact that the police vetting form contradict what the website states.

What it states on the form

“No later than 3 months after the conclusion of the vetting process, the Approved Agency will securely dispose of this consent form and copies of identification documents, as well as the vetting result released by the NZ Police, in accordance with the Privacy Act 1993 or, if applicable, the Public Records Act 2005 or any other enactment.”

The comments I made in the previous newsletter are strait from the NZ Police website:

<http://www.police.govt.nz/advice/businesses-and-organisations/police-vetting/ask-police-vetting>

A typical Catch 22.

CD STOCK TAKE

The following question came to me.

I wonder if you are able to answer a quick question regarding the stock take of morphine elixir. Is there a requirement that the word "visual" or "physical" is recorded against each stock take of morphine elixir?

I forwarded this to HealthCert and received the following answer.

The Misuse of Drugs Regulation 43 is clear as to an ACTUAL Stock-take and in the guidelines for this it states "Physical".

Best evidence would be to write Actual or Physical Stock-take.

Visual means just that -what you see - not measured or actual.

Ann Marie Bailey

INCIDENT / ACCIDENT REPORTING

Following an incident / accident make the correct notifications and document this. There are still many instances where Partial Attainments are achieved as this has not been documented thus no evidence.

SEEKING REFERENCES WHEN EMPLOYING NEW STAFF

Maintain evidence of your reference checks when employing new staff.

TWO YEARLY EDUCATION REQUIREMENTS

Ensure that you have a clear record of the compulsory topics being taught to staff on an at least two yearly basis and that the rest of the education reflect your setting.

Magic is believing in yourself. If you can do that you can make anything happen.

von Goethe

"1 JULY" A DAY IN AGED CARE THAT MANY DREADED

I am sure you are all aware of the fact that from the 1st of July you will have to assess newly admitted residents on InterRai!

interRAI and Auditing Requirements

The use of interRAI is compliant with auditing requirements when:

- The interRAI Assessment Summary, CAPs triggered details, Outcome Scores, and the Registered Nurses clinical judgement informs the care plan.
- Reassessments are done in interRAI LTCF, within 6 months.
- All significant health status change reassessments are done using interRAI

Registered nurse requirements:

The registered nurse meets annual obligations to maintain competency

Procedure

The generalised assessment is first completed within 21 days of admission as part of meeting ARRC obligations. The Home Care assessment is checked to support admission.

For long term care planning, the interRAI LTCF is done first before other assessments as additional assessments may not be necessary. Targeted assessments (pain, falls, pressure) are included in InterRAI. (Only assess further if they show up as an issue.)

Some paper based assessments can still be used if an initial picture of the resident needs to be established.

But after the 21 days these will be redundant when using interRAI LTCF as the interRAI assessment outcomes are validated against standard assessments (eg. Mini-Mental Score).

More in-depth assessments may be required where a specific need has been identified (eg. Pain scale). Where other assessments are undertaken, the results should be recorded in the comments sections in the Minimum Data Set (MDS) before the interRAI assessment is closed by the assessor.

The use of interRai is monitored and managed appropriately to ensure up to date data such as discharged residents are discharged in interRai, room numbers or up to date etc.

The 4 reports printed and kept in resident's file at the completion of each assessment are:

- Assessment Summary (print page 22 of the LTC MDS report),
- MDS Comments,
- Outcome Measures,

Care Plan (this does not have to be the InterRai generated one)

NOTE: ensure you claim your re-imburement before the end of this month otherwise you miss out. (see below)

Wishing you all the best!

**You don't
always need a
plan.
Sometimes you
just need to
breathe, trust,
let go, and see
what happens.**
Mandy Hale

INTERRAI

Those facilities whose nurses gain competency in the interRAI LTCF assessment tool are entitled to receive a contribution to the cost of releasing staff to complete this training. This contribution has been set at \$650 (plus GST) per nurse. In order to release this payment to you, for auditing requirements and for your own protection, we require written confirmation from you of your bank account details. It is a requirement that *all* facilities send their bank detail verification, as soon as possible, to clear the backlog of reimbursements, and for future reimbursements where there are still nurses within your facilities 1:15 ratio yet to attend training or reach competency. In some cases multiple facilities fall under one organisation. It is important you complete the table below.

Bank Account Name:	
Bank Account Number:	
Facility Name: (If your facility has changed names in the last 6 months, please add your previous facility name and your current facility name)	
Facility Contact Email Address:	
Facility Contact Number:	

If you have any further queries regarding this email, contact interrai@dhbss.health.nz

COMPETENCY:

It is now a requirement that you complete your annual AIS Evaluations as part of your ongoing interRAI assessment competency.

Follow these steps to complete the task:

1. Login to the AIS website at: <https://central.aissystems.com/default.asp>
 2. Please use the attached document: "Finding your evaluations" to assist you with this process.
 3. If you have forgotten your password please refer to the attached document "Forgotten your password" for assistance.
- Doing this allows the system to send you reminder emails about your annual evaluations for continuing interRAI competency.

If you need help contact your AIS support person: AISsupport@dhbss.health.nz
Kind regards, **Andrea Reynolds-Ibell, Admin Support | interRAI (LTCF)**



I am thankful
for all those
difficult people
in my life, they
have shown me
exactly who I
do not want to
be

HEALTHCERT DECISION TOOL

Wow an overwhelming response regarding the info in the June issue so here are the next ones.

The following criteria can achieve as much as 35 points if the Standard is CI or evidence demonstrates links to quality systems and service improvements.

1.3.5: Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.

I believe that the following ideas can help you to achieve this:

- Ensure resident's care plans reflect the resident's needs and based on assessments.
- Care plans are up to date and reflective of current needs
- Care plans are developed within the required time frames and evaluated at least 6 monthly or when needed.
- Include very specific needs and idiosyncrasies and how staff is to respond
- Set appropriate goals that are achievable and which can be measured.
- Clearly state the required intervention expected from staff.
- Don't use terminology that staff can miss-interpret. Discuss in staff meetings
- Involve residents/relatives and staff in the care planning. Include other services in the care plan development if and when appropriate i.e. physiotherapy, podiatry, speech etc.
- Develop appropriate short term care plans and keep them up to date.
- Complete internal audits to check compliance and look for improvement opportunities

1.3.9: Consumers support for access or referral to other health and/or disability service providers is appropriately facilitated or provided to meet consumer choice/needs.

I believe that the following ideas can help you to achieve this:

- Have a policy which defines processes around transfers, referrals to other services etc implemented.
- Develop an Information Brochure and include some of the brochures that are available. Train staff to ensure their awareness and have brochures relating to other services displayed. Inform residents about these for instance in resident meetings.
- The admission agreement defines who carries responsibility for payment.
- Keep resident and relatives informed throughout each referral process and document this.
- Evidence of referrals in resident's files.
- Discuss and document who accompanies residents during visits to other services.

1.3.10: Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.

I believe that the following ideas can help you to achieve this:

- Appropriate policy implemented.
- Staff awareness of process and their responsibilities.
- Residents have access to information and will be supported when required.
- Staff have access to emergency contacts
- Document any communication.
- Complete transfer form and keep copy on file.
- Residents are re-assessed when required and transferred if indicated

1.3.13: A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.

I believe that the following ideas can help you to achieve this:

1.3.13 cont'd

Be selective in
your battles,
sometimes
peace is better
than being
right.

- Food services policy and procedures implemented.
- The menu is evident of being nutritious and reflective of preferences.
- Fluids are readily available and snacks are provided
- Staff is aware of the importance of fluid and food intake
- Ensure that cook/chef follows the menu leaving room for seasonal changes.
- Establish satisfaction with meals etc. and take note of complaints.
- Discuss food satisfaction during resident meetings.
- Cook is approachable and available to discuss issues with residents
- Menu of the day is displayed
- Complete dietary profiles and ensure cook has access to these identifying resident dietary requirements, likes and dislikes.
- Staff are aware of their responsibilities re assisting residents with meals. Observe that this happens without having the resident hurried and meals are kept on the appropriate temperature.
- Establish from resident who receives assistance if they are satisfied with the support.
- Weights are monitored and corrective action taken when there are changes.
- Evidence of dietician input in special diets. Have report accessible at all times.
- Residents who need supplements have these given and there is appropriate supply evident.
- Appropriate short term care plans in place in case of weight loss
- Establish cook's awareness of special diets, supplements etc.
- Special requirements are documented on care plan.
- Satisfaction survey establishing if residents are satisfied with the presentation, the time given to eat and when needing assistance are given appropriate time to eat.
- Special days are celebrated.
- Mouleed meals are served as attractive as possible and at the right consistency and still looking attractive
- Special aids are documented on care plan and made available i.e straws, special plates and cutlery. Staff awareness
- All food is stored appropriately.
- Decanted foods are dated. Rotation established.
- Fridges clean and food appropriate stored, covered and dated.
- Nothing stored on the floor.
- Kitchen staff have Safe Food Handling certificates and are aware of safety requirements and infection control.
- Staff that serve food receive in-house training regarding safe food handling.
- Food is serviced at appropriate temperature.
- Chopping boards are used appropriately.
- Work surfaces are kept clean and in good repair.
- Appropriate ventilation and windows are screened.
- If you have a vermin programme keep documentation.
- Rubbish bins have lid.
- Temperatures of fridges and freezers are monitored and documented to ensure safe temperatures are maintained.
- Internal audits completed to ensure all the above happens.
- There is appropriate safety around knives, chemicals etc.
- If appropriate the food temperatures are checked and noted

So far for this month. If you find this information helpful please keep sending me feedback including any great ideas which you are happy to share. Especially initiatives that made a difference and gained you CI, thanks

Jessica

PRINCIPLES AND GUIDANCE FOR THE LAST DAYS OF LIFE

Te Ara Whakapiri? The path of closeness and unity: sector consultation update

Dear Colleagues,

Feedback from the sector consultation of the Principles and guidance for the last days of life: Te Ara Whakapiri – The path of closeness and unity has been collated and analysed.

The Working Group and Governance Group will be meeting meet early next month to finalise the report and recommendations.

While the Palliative Care Council is not involved in the implementation of Te Ara Whakapiri – a New Zealand programme set to replace the Liverpool Care Pathway – the Palliative Care Council have agreed to offer assistance and advice to the implementation discussion.

Please direct any further comments to: David Alsford, Analyst, Cancer Control New Zealand david_alsford@moh.govt.nz 04 819 6847

office@cancercontrolnz.govt.nz www.cancercontrolnz.govt.nz

CHANGES TO THE HIIRC

The Health Improvement and Innovation Resource Centre (HIIRC) has been in operation since 2010 and has been providing a useful service to the sector during that time. This has included the many [HIIRC affiliated sites](#) ("microsites") which have been established for sector groups to share knowledge and resources.

During the last year the Ministry has been reviewing the full range of HIIRC operations against new social media innovations and other file sharing platforms available to professional groups. There is a consensus that, while HIIRC provides good static information, it is more limited in terms of its ability to link groups of people and to allow them to enter into professional dialogue. The Ministry has been examining alternative options and intends to publicise these over the next few months, but a decision has been made to convert all currently public facing microsites to private login only sites from 1 July 2015. This will require users to register for these sites but will allow health professionals to securely access the content and to communicate securely. From this date, any changes to the content on the sites will be moderated and maintained by their existing site owners. Registration for the sites is easy and is simply a matter of entering a user name and password, then responding to a verification email.

We invite you to encourage colleagues to visit and register for the HIIRC microsites in their areas of interest from 1 July, and also for the *HIIRC Digest* which will be accessible from all HIIRC affiliated sites including the main hiirc.org.nz site. The HIIRC Team info@hiirc.org.nz

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, Communication and documentation, Abuse and neglect prevention, Restraint minimisation and safe practice, Behaviour management, Complaints and risk management, open disclosure, EPOA, Advance directive, informed consent and 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

Dreams come a size too big so we can grow into them

NEWSLETTERS BACK ISSUES

**Age is something
that doesn't
matter, unless
you are a cheese.
Luis Bunuel.**

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.careassociation.co.nz; www.eldernet.co.nz, www.insiteneewspaper.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.

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Signing off for now.

Jessica

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