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4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving

4 year certification.

My compliments and congratulations to:

TerraNova Monte Vista in Taupo.

Oceania Duart in Havelock North

Oceania Atawhai in Taradale

Mountain View Retirement Village - Kawerau

Presbyterian Support Central group - Kowhainui Home, Wanganui

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 achieving 4 years 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)

Laundry Requirements

- A copy of the Standards ASNZ4146:2000 Laundry Practice should be available within the laundry.
- Comprehensive policies and procedures for the safe collection, handling, transport and storage of linen should be available.
- A sharps container should be available within the laundry should a sharp inadvertently be found in linen
- Ensure that signage is displayed within the laundry indicating appropriate first aid and reporting requirements for staff in the case of needlestick /splash injury.

Visit www.cdc.gov/sharpsafety/tools.html for tools and posters on sharps safety

Julie Sparks | Managing Director

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

<p>The planet does not need more successful people. The planet needs more peacemakers, healers, restorers, storytellers and lovers of all kinds. Dalai Lama</p>	<div data-bbox="387 112 1497 208" data-label="Section-Header"> <h2>EXPERIENCE FROM A PROVIDER ACHIEVING 4 YEARS CERTIFICATION</h2> </div> <div data-bbox="387 235 1497 313" data-label="Text"> <p><i>Below the initiatives Howick Baptist Healthcare put in place which helped them towards achieving 4 years certification.</i></p> </div> <div data-bbox="387 353 1497 470" data-label="Text"> <p>“At HBH we have always had a focus on continuous quality improvement, but we realised that we did have a gap in terms of documenting the work we were doing, especially all the ‘little’ changes and improvements we made.</p> </div> <div data-bbox="387 510 1497 548" data-label="Text"> <p>So to improve our documentation of our quality work we did the following:</p> </div> <div data-bbox="435 589 1497 1294" data-label="List-Group"> <ul style="list-style-type: none"> • Developed a form for quality projects and initiatives for all/any staff to fill out – this included a space for ‘evaluation’ of the project or initiatives. This resulted in many more quality initiatives being recorded, including from areas such as laundry, cleaning and administration, as well as caregiving/clinical. • Each month we selected a project or initiative and wrote it up into a small “poster” which we displayed on notice boards - we collated all these monthly projects into a folder to record our quality journey. • When we wrote up each project or initiative we followed a standard format that completed the evaluation circle: What the issue/problem was, what we were already doing, what we did or initiated, outcomes/evaluation and what we will do next. • When evaluating projects or initiatives we tried to use data when-ever possible. We found that we routinely gathered a lot of data about quality, but we had not been making as much use of it in our documentation as we could. If there was no quantitative data available, we used qualitative information, such as resident and staff feedback, including comments in our resident and family surveys and at our residents meetings. </div> <div data-bbox="387 1335 1497 1451" data-label="Text"> <p>All of this was done without the need for additional staffing, expertise or additional data gathering, however two staff did have to take responsibility for making sure forms were filled out and the writing up of projects.</p> </div> <div data-bbox="387 1491 1497 1686" data-label="Text"> <p>When we had our audit we were able to give the audit team a folder of written up and evaluated projects and initiatives. While there were many reasons why we were awarded 4 years and 6 CIs this year, we do believe documenting our quality work in this way helped as it gave the auditors the evidence required to recommend continuous improvements.</p> </div> <div data-bbox="387 1727 1497 1765" data-label="Text"> <p>Bonnie Robinson</p> </div> <div data-bbox="387 1805 1497 2000" data-label="Text"> <p>Note: <i>If you use my QA programme you will see that there is a form to document quality initiatives. I am a great believer in using these for anything that you do “extra” and provides you with an improved outcome. If you make these a standardised topic in your meetings you establish easy follow through and it becomes an easy auditable project.</i> Jessica</p> </div>
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	OBJECTIVE VERSUS SUBJECTIVE
<p><i>"Sometimes you don't realise you're actually drowning when you're trying to be everyone else's anchor."</i></p>	<p><i>I have been asked to explain the difference between objective and subjective.</i></p>
	<p>In stories, newspapers, and the spoken word, people all over the world are trying to convince you to think as they do. They are bombarding you with facts and figures, opinions and projections. It is up to you to create order within this chaos and find the patterns that will help you to understand what is true, what could be true, and what is outright false. In order to do all this, you need to have a firm grip on what is objective and what is subjective.</p>
	<p>Objective information or analysis is fact-based, measurable and observable. Objective Evidence you can see and evaluate for yourself.- It emphasizes: - Facts, figures, and imagery. No opinions or personal beliefs!</p>
	<p>Subjective information or writing is based on personal opinions, interpretations, points of view, emotions and judgment. Subjective Evidence- Evidence that you cannot evaluate— you simply have to accept or reject what the person says.- It emphasizes: - Personal feelings, thoughts, judgments, opinions</p>
	<p>EASY WAYS TO REMEMBER OBJECTIVE AND SUBJECTIVE</p> <p>Objective: sounds like the word object. You should be objective whenever you are discussing an object, something concrete that you can hold or touch. The facts that make up your objective statement should also be concrete, solid objects.</p> <p>Subjective: is just the opposite. You can't point to subjective subjects. They are all in your head and your past experiences. Subjective opinions are ephemeral and subject to any number of factors that can range from facts to emotions.</p> <p>EXAMPLES OF OBJECTIVE AND SUBJECTIVE</p> <p>Objective: scientific facts are objective as are mathematical proofs; essentially anything that can be backed up with solid data.</p> <p>Subjective: opinions, interpretations, and any type of marketing presentation are all subjective.</p> <p>FOR CLINICAL REPORTING</p> <p>Subjective data in nursing is collecting information through communication. Whatever the patient say is classified as the subjective data. Patients often complain about physical symptoms pertaining to how they feel. This can be pain, discomfort, itching or any type of abnormal sensations. They state problems they are experiencing with their bodies, such as coughing, vomiting etc. It's important to listen to what patients say when you are gathering the subjective data.</p> <p>Objective data is another type of information that is collected from patients. It can be defined as the data medical professionals obtain through observations and information gathered from test measurements or the physical examination. The phrase 'signs and symptoms' reflect the signs referring to the objective data, while the symptoms refer to the subjective data.</p> <p style="text-align: right;"><i>Jessica</i></p>

<p>Respect old people, they graduated high school without Google and Wikipedia. shadowtext</p>	FOOD ACT 2014
	<p>The Food Act 2014 will come into force by 1 March 2016 and will apply to new food businesses and suppliers who begin trading from that date.</p> <p>The new law recognises that each business is different and is a positive step forward from the old Act and its one-size-fits-all approach to food safety.</p> <p>Higher-risk food businesses – for example those that prepare and sell meals or sell raw meat or seafood – will operate under a written food control plan (FCP). In the plan businesses identify food safety risks and steps they need to take to manage these risks. The FCP can be based on a template or business owners can develop their own plan to suit their individual business.</p> <p>Businesses that produce or sell low to medium risk foods – like non-alcoholic beverages, for example – will come under national programmes. There are three levels of national programmes, based on the level of food safety risk.</p> <p>Businesses under national programmes won't have to register a written plan, but will have to make sure they are following the requirements for producing safe food that will be set out in regulations. This includes having to register their business details, keep minimal records and have periodic checks.</p> <p>The Act only covers food that is sold or traded. <i>Ref: Ministry for Primary Industries</i></p>
	HEALTH AND SAFETY REFORM BILL
	<p>Where is the new law at? The Health and Safety Reform Bill has been passed by Parliament. It will come into effect on 4 April 2016.</p> <p>What happens next?</p> <p>The new law will be called the Health and Safety at Work Act. The Act itself will be published on the New Zealand Legislation website soon.</p> <p>A series of regulations are being developed to support the new Act. These include:</p> <ul style="list-style-type: none"> • General risk and workplace management • Major Hazard Facilities • Asbestos • Engagement, worker participation and representation (available shortly for public consultation) <p>Once the regulations are finalised, WorkSafe will issue formal guidance to support the Act and regulations. This formal guidance will start to become available in 2016. In the meantime WorkSafe will develop general information on the new legislation to help people prepare.</p> <p>Until the new Act comes into effect in April 2016, the current Health and Safety in Employment Act 1992 remains in force.</p> <p>Things you can do now.</p> <p>The new law comes into effect on 4 April 2016. Between now and then WorkSafe will provide supporting information to help you get ready. In the meantime here are five things you can do now:</p> <ul style="list-style-type: none"> • Familiarise yourself with the key concepts of the legislation • Review your health and safety practices • Identify health and safety risks in your business and take steps to prevent these from causing harm • Lead by example • Make health and safety part of your workplace culture <p><i>Ref: business.govt.nz/worksafe</i></p>

NZ DEMENTIA COOPERATIVE UPDATE

NZ DEMENTIA SUMMIT 2015

5 - 6 NOVEMBER, TE PAPA, WELLINGTON, NZ

The NZ Dementia Summit is your opportunity to have a say about the future of dementia care in NZ. The Summit is jointly hosted by the NZ Dementia Cooperative, Alzheimers NZ and Carers NZ and draws together health professionals, service providers, government officials, educators, researchers and people affected by dementia to share their experience, knowledge, and expertise.

Participants will discuss and debate what is being done well locally and nationally, and identify the enablers and barriers to better outcomes. The goal is to identify what needs to be done at the national and strategic level, identify any gaps and explore ways to deliver better outcomes for people with dementia.

If you have previously registered your interest in participating via email, the formal Summit registration process is now open. For details on the programme and how to register, visit www.nzdementiasummit.org

The 'NZ Dementia Summit 2015' has been endorsed by The Royal New Zealand College of General Practitioners (RNZCGP) and has been approved for up to 9.00 credits CME for the General Practice Educational Programme (GPEP) Years 2 and 3 and maintenance of Professional Standards (MOPS) purposes.

NZDC Network Meetings

The NZDC has established local networks of people with an interest in dementia. The networks organise regular meetings, with presentations on subjects related to dementia, and there is often lively discussion. For example, the August meeting of the Wellington network was attended by over 50 people and covered the topic of Dementia, Delirium and Depression. Reports and presentations from the network meetings are posted on the NZDC website. You can access the presentations from the Wellington Network August meeting at [NZDC Wellington network August meeting](#).

If you would like to find out if there is an existing network in your area, or if you'd like to start up a network, contact Shereen Moloney at director@nzdementia.org.

World Alzheimers Month Forum – Alzheimers NZ

These free one day forums, *Reducing the Risk of Dementia: Promoting Social Connection*, are being held in Wellington on 22 September, and in Dunedin on 24 September. For programme details and registration visit [Alzheimers NZ September forums](#).

Master class: Advanced Dementia & Palliative Care – Mary Potter Hospice

This workshop explores the often difficult transition to palliative care for people with advanced dementia and has been designed for clinical health professionals and community workers and volunteers working with palliative patients and family/whānau. The sessions will include prognosis, assessment of pain, the deterioration of physical, emotional and psychological processes, and caring for people as they approach the end of life.

Wednesday 18 November, Porirua, Wellington. Cost \$175. For programme details and registration visit [Mary Potter Master class Advanced Dementia & Palliative Care](#)

You can't be
good enough
for everybody,
but you will
always be the
BEST for the
one who
deserves you.

 <p>Real friends get treated like family</p>	BOUQUETS	
		<p>This month's bouquet goes to Anne Morgan. She has been recognised as being a "WORLDWIDE LEADER IN HEALTHCARE AND TOP REGISTERED NURSE IN CHRISTCHURCH".</p> <p>Anne has qualified for inclusion in the <i>2015-2016 edition of Worldwide Leaders in Healthcare</i>. Congratulations Anne for this great recognition and so well deserved.</p>
	<p>A bouquet also to all the people who went the extra mile on DAFFODIL DAY and organised many special events raising money for the Cancer Society. As you all know by now the Cancer Society is my other passion and I love my involvement with them. Once again, as area coordinator, I met so many lovely people and heard so many beautiful, sad and happy stories. Very humbling! Thank you all.</p>	
	TRAINING SESSIONS	
	<p>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.</p> <p>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.</p> <p style="text-align: right;"><i>Jessica</i></p>	
	TOTAL QUALITY PROGRAMME	
	<p style="text-align: center;">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?</p> <p>If the answer to the above is yes then</p> <p style="text-align: center;">Join hundreds of other aged care providers</p> <p>This totally tried and tested Quality Programme tailor-made for aged care has been around since 1990!</p> <p>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.</p> <p>For more information and to receive the order form and licence agreement, contact me on 09 5795204, 021 311055 or 09jelica@gmail.com</p>	

	NEWSLETTERS BACK ISSUES
<p>A recent study has found that women who carry a little extra weight live longer than the men who mention it!</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; Where are all the Clinical Managers for Aged Care? <http://www.medcall.co.nz/where-are-all-the-clinical-managers-for-aged-care>
Two women, one Health Care business <http://www.medcall.co.nz/2-girls-one-business-what-it-is-like-to-run-medcall/>

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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