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**Emailed to:**  
**1556 readers**  
**and counting**

**Welcome to my**  
**overseas**  
**readers.**

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**ALL THE BEST WISHES FOR 2017**

**I HAVE ALREADY DECIDED**  
**2017 IS GOING TO BE RIDICULOUSLY AMAZING!!**

[www.quotesforhealing.com](http://www.quotesforhealing.com)

"Count your blessings instead of your crosses;  
 Count your gains instead of your losses.  
 Count your joys instead of your woes;  
 Count your friends instead of your foes.

Count your smiles instead of your tears;  
 Count your courage instead of your fears.  
 Count your full years instead of your lean;  
 Count your kind deeds instead of your mean.

Count your health instead of your wealth;  
 Love your neighbor as much as yourself."

- Unknown -

Wishing you 365 Days **laughter**, 8760 hrs **good health and luck**,  
 525600 Minutes **joy**, 31536000 seconds **success**,

So wishing you a year full of love, laughter, health and success  
**Happy New Year.**

**SHORT HEALTH TIPS**

*I am starting a new category to the Link. Short and sweet health tips. So if you have any good tips please let me know. Also indicate if you are alright being named as the sender.*

**Berries for your belly.** Blueberries, strawberries and raspberries contain plant nutrients known as anthocyanidins, which are powerful antioxidants. Blueberries rival grapes in concentrations of resveratrol – the antioxidant compound found in red wine that has assumed near mythological proportions. Resveratrol is believed to help protect against heart disease and cancer.

Source: <http://www.health24.com>

	<h2>WHEN A RESIDENT GOES MISSING</h2>
<p><b>I could agree with you, but then we'd both be wrong</b></p>	<p><b>Dementia, wandering and missing persons</b></p> <p>People with dementia are at risk of wandering and getting lost.</p> <p><b>If a person suffering from dementia goes missing or wandering</b></p> <ul style="list-style-type: none"> <li>• Do not wait 24 hours. Call 111 immediately to report the person missing.</li> <li>• You will also need to file a report at a police station.</li> </ul> <p>Visit your <u>nearest police station</u>.</p> <p>See more about <u>How to report a person missing</u>.</p> <ul style="list-style-type: none"> <li>• Make sure someone is available to speak to Police when they arrive.</li> <li>• Be prepared to answer questions from Police and search teams, such as:</li> <li>• history of previous wandering</li> <li>• missing person's state of mind</li> <li>• the last three addresses that the missing person lived at</li> <li>• any registered wandering devices or bracelets</li> <li>• known frequented places.</li> </ul> <p><b>Tracking devices for wanderers</b></p> <p>Tracking devices are issued by Police Search and Rescue (Police SAR) and by New Zealand Land Search &amp; Rescue (LandSAR). They are for 'wanderers' who regularly go missing, such as some people with dementia.</p> <p>The tracking devices are small pendants in the form of a necklace, belt attachment or watch, worn by the wandering person. Each pendant has its own individual frequency which can be tracked using direction finding equipment.</p> <p>After they receive the tracking device, a person's details are entered into the Police National Intelligence application with an alert attached. When a person wearing the device goes missing, Police SAR will be notified immediately and the person tracked using the device. This has proved successful for both Police and families.</p> <p>For more information contact any Police SAR coordinator through your <u>nearest police station</u>.</p> <p style="text-align: right;"><i>Source: NZ Police</i></p>
	<h2>SOME QUESTIONS</h2>
	<p><i>Below a couple of questions a reader asked me and she was wondering if there is a consensus</i></p> <p>The reader wrote:</p> <p>These are questions I cannot get evidenced based answers to, I know facilities have policies but each facility has their own interpretation.</p> <ol style="list-style-type: none"> <li>1. Dementia units – re privacy locks on communal toilets and shared en-suites between bedrooms</li> <li>2. Organised Diversional Therapy outings in company vans, dementia residents and rest home residents, what number of staff should be accompanying the residents</li> </ol> <p><i>If you have evidence answers please email me to be published in next newsletter.</i></p>

<p>When you wake up in the morning, think of what a precious privilege it is to be alive</p>	<p><b>Guidance for prescribing, supply and administration of medications in health and disability care settings</b></p>
	<p><i>From: HealthCert</i></p> <p>The information below is provided to reiterate the requirements for prescribing, supply and administration of medicines based on questions from community pharmacists, prescribers and aged care providers. There has not been any change to current policy in medicines management. There is an expectation that all the relevant legislative requirements, guidelines and Standards are followed to ensure consumer safety at all times.</p> <p><b>Medication charts</b></p> <p>With the introduction of electronic prescribing in Hospitals, electronic prescriptions in Community and electronic medication charts, questions have been raised about the administration of medicines listed without appropriate authorisation. Whether in a Rest Home you operate a paper based or electronic medication management system; the prescriber (e.g. the doctor or nurse practitioner) must authorise (by signature either electronically or by hand), the medicines on the chart <u>before</u> they can be administered. This includes the initial chart and any amendments to the chart. No charted medications can be administered to a consumer without authorisation by the prescriber.</p> <p>Pharmacists are reminded that they are not permitted to add medicines to medicine charts. They are permitted to make non-material changes that would include changing a dose from taking after food to before food, or a generic substitution (that meets the requirements of regulation 42(4) of the Medicines Regulations 1984).</p> <p>For faxed medication chart requests to the pharmacy, an original signed prescription is required to be received by the pharmacy within seven days.</p> <p><b>Bulk supply of medicines in aged residential care – dual (rest home and hospital) services</b></p> <p>Questions have also been raised about using bulk supply (hospital) medications for rest home residents in dual services.</p> <p>Bulk supply cannot be held in a rest home (includes secure dementia units), and medications are dispensed for individual named residents only. The medicines care guides for aged care<sup>1</sup> State: <i>Bulk supply is only suitable for facilities with hospital certification.</i></p> <p>Rest home residents should only be administered (prescribed) medicines<sup>1</sup> from the bulk supply stock held in the hospital in an emergency. An emergency situation would be considered where a resident is acutely unwell (e.g. urinary tract infection), and has been assessed as requiring a new or altered medication and the pharmacy cannot deliver that named resident's medicine in time for administration in accordance with the prescriber's direction (e.g. because its required now and it is outside of pharmacy hours).</p> <p>The administration of medicine in the emergency situation could only occur via prescriber authorised medication chart, via a valid standing order, or via a valid verbal order between the prescriber and the nurse (with the exclusion of controlled drugs).</p> <p>There is no change to the requirements for individually name medicines in a rest home setting, the use of bulk supply for routine administration for these residents' falls outside guidance and should not be undertaken</p> <p><sup>1</sup> <a href="http://www.health.govt.nz/publication/medicines-care-guides-residential-aged-care">http://www.health.govt.nz/publication/medicines-care-guides-residential-aged-care</a></p> <p><sup>1</sup> Scheduled medicines or controlled drugs</p>

<p>No matter how educated, talented, rich or cool you are, how you treat people ultimately tells all.</p>	TRUST ACT UNDER REVIEW - KEY POINTS
	<p>Trusts are an important part of New Zealand society and the economy. It's estimated there are between 300,000 to 500,000 trusts in New Zealand.</p> <p>The Government is moving to update and improve the general law governing trusts for the first time in 60 years.</p> <p>Generally, the proposed reforms seek to clarify core trust concepts such as what constitutes a trust and what duties a trustee has. The proposed changes are about making trust legislation more useful, fixing practical problems, and reducing costs. The reform also aims to modernise outdated language and concepts.</p> <p>We will be keeping a close eye on the progress of this Bill, and alerting you to any changes implemented. In the meantime, here's some key points.</p> <p>The Bill is intended to enhance the current law, rather than introduce fundamental changes. The proposed reforms include:</p> <ul style="list-style-type: none"> <li>• Description of the key trust features to make it easier for lay people to understand and use trusts to manage their affairs</li> <li>• Clear mandatory and default trustees' duties so trustee obligations are clear</li> <li>• Clear requirements for trustees to manage and provide information to beneficiaries (where appropriate)</li> <li>• More options for removing and appointing trustees without having to go to court</li> <li>• Preserving the ability to ask the courts to intervene to resolve problems or disputes</li> <li>• Clear rules for varying and winding up trusts</li> <li>• Flexible trustee powers</li> <li>• Updated rules about delegation</li> <li>• Maximum duration of a trust increased to 125 years.</li> </ul> <p>New definitions are being proposed:</p> <p><b>Qualifying beneficiary</b> means a beneficiary who has a reasonable likelihood of receiving trust property under the terms of the trust.</p> <p><b>Representative</b> means the parent, guardian, attorney, or property manager of a beneficiary who is a child; or is not competent to act and in respect of whom a guardian, attorney or property manager has been appointed.</p> <p><b>Trust information</b> means any information regarding the terms or administration of the trust, or the trust property that it is reasonably necessary for the beneficiary to have to enable the trust to be enforced but does not include reasons for trustees' decisions.</p> <p>It may be an appropriate time for those with trusts to consider who the trustees will be in future, what information will be disclosed to beneficiaries, and what processes and procedures are now, or need to be put, in place to ensure the trust is operated with the necessary level of care in the future.</p> <p>If you would like to discuss what the proposals might mean for you and/or your trust, please contact your financial advisor. <i>Moore Stephens Markhams Auckland</i></p>
	HOW TO ATTRACT, ENGAGE AND RETAIN YOUR TOP TALENT
	<p>The ability to engage and retain valuable employees remains a critical risk for all, not only for the financial impact, but also as it adversely affects employee morale.</p> <p>Strong emphasis needs to be put on attraction and retention efforts in order to hire (and keep) top employees.</p>

## HOW TO ATTRACT, ENGAGE AND RETAIN YOUR TOP TALENT cont'd

The first step, before even going out to market, is understanding what candidates are looking for. Opportunity for growth and development remains one of the top influencers in an employee's decision to look elsewhere, or in accepting a new position.

Despite this, many employers rank career growth low when thinking about what candidates are looking for (instead ranking salary and benefits much higher), thus creating a disconnect between potential employees and employers.

Attracting top talent is only one piece of the puzzle however. If a new starter feels undervalued once they are an official employee it is likely in today's market they will take their talent elsewhere. In order to keep prized employees, employers need to start their retention planning as soon as new hires start.

Retention strategies can range from the traditional offering of coaching and mentorship programmes, through to providing rotational schemes that give employees exposure to different areas of the organisation. Further to this, support (financial or other) for additional training, and fostering opportunities for colleagues to collaborate on key projects will have a positive impact on engagement and ultimately long-term retention.

Recognise the talent an employee has and allow them to develop this further and use within the organisation.

Remember, actions to retain staff don't have to be time consuming or expensive; here are some simple guidelines:

1. Create a vision – vision feeds financials and not the other way around
2. Provide a sense of purpose – create a simple, actionable, and meaningful connection to the organisation
3. Genuinely listen – the most inexpensive solution to increase people engagement
4. Foster effective motivation – encourage intrinsic motivators over the traditional 'carrot and stick' approach.

*Moore Stephens Markhams Auckland*

**I don't care if you are black, white, gay, lesbian, rich or poor. If you are nice to me, I'll be nice to you. Simple as that!**

## SILVER RAINBOW



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



The latest seal achieved by Te Hopai in Wellington, they were also the pilot facility and have shown a real commitment to Silver Rainbow

They have a specific LGBTI policy which they are happy to share with any other facilities and organisations.

If you are interested please contact [Julie.Watson@affinityservices.co.nz](mailto:Julie.Watson@affinityservices.co.nz)



	HOW CAN WE REDUCE OUR CANCER RISK?
<p><b>Don't wait for things to get better. Life will always be complicated. Learn to be happy right now, otherwise, you'll run out of time.</b></p>	<p>Source: <b><i>Committee for Healthy Ageing NZ Nutrition Foundation</i></b></p> <p>As we enter our later years, our chances of getting cancer do increase, and we all know of friends and family who have some form of cancer. It might be a skin cancer that can quite readily be attended by your GP, or it may be something involving more invasive treatment. Treatments aim to control or cure the cancer, but as individuals you can do your bit to reduce the risk of cancer returning if you've already recovered from it, by ensuring you keep active and eat well. We are more likely to have a cancer diagnosis than younger people. Over 60% of all cancers are diagnosed in people over the age of 65. But so are 60% of cancer survivors! The cancer rate is higher in older people because we have less resistance and longer exposure to carcinogens, and the immune system is not as efficient. We have decreased DNA repair capabilities, and other illnesses can impact as well. However, a cancer diagnosis does not need to be a death sentence, as early detection and treatment regimens improve. A cancer diagnosis and/or survival is often an incentive for a person to look at diet and lifestyle –and these days with the internet, it can be difficult to pick what is reliable and what is suspect information. Drastic changes to healthy eating plans are not usually required, but some minor adjustments based on the following recommendations may be advised.</p> <p>If you do not have cancer or are one of the 60% of cancer survivors, these tips should be helpful.</p> <ul style="list-style-type: none"> <li>• Stay at a healthy weight, and do not become overweight or obese. Older people tend to be more prone to losing weight without meaning to, and this can put you at risk of other health issues. So monitoring for a healthy stable weight is important. Hop on the scales weekly and keep a record of what you weigh. If you are losing weight, have frequent meals and snacks. Also include some high energy foods such as milky drinks, protein-filled sandwiches (e.g. egg, cheese, tuna, peanut butter), small muffin or scone, a small handful of nuts.</li> <li>• Move more. Keep as physically active as possible. Aim for at least 30 minutes of moderate exercise per day, on at least 5 days per week. Build activity into your daily routine, and 10 minute bursts of activity are fine – as long as the aim is 30 minutes in total.</li> <li>• Cut down on fat and sugar, especially added sugar and fat. It may be important for you to eat between meal snacks, but choose these wisely – steer away from iced cakes and up-sized muffins or scones. Choose a sandwich, fruit, milky drink, plain cracker or cruskit and hummus or cottage cheese or a higher fibre muesli bar that is not coated in chocolate or sweet yoghurt icing!</li> <li>• Eat more grains, fruit, vegetables and legumes (dried peas, beans, lentils). Use legumes in place of animal protein foods several times a week for lunches or dinners. Include at least five (preferably more) servings of vegetables and fruits. Choose lower sugar, higher fibre cereals, such as porridge, untoasted muesli, Weetbix, sultana bran.</li> <li>• Eat less red meat and more fish and chicken. Reduce red meat (beef, pork, lamb) to no more than 500 g (cooked) per week. The ideal portion size is about the size and thickness of the palm of your hand. Keep processed meats as a treat, this is bacon, ham, salami, sausages, corned beef – meats that have been cured by salting smoking, curing or salting, or addition of chemical preservatives.</li> <li>• Be careful with alcohol. Follow the national guidelines on how much to drink safely by drinking no more than: <ul style="list-style-type: none"> <li>• 2 standard drinks a day for women and no more than 10 standard drinks a week</li> <li>• 3 standard drinks a day for men and no more than 15 standard drinks a week</li> <li>• Try to have some alcohol-free days each week</li> </ul> </li> </ul>

<p>Today is a good day to have a GREAT day!</p>	HOW CAN WE REDUCE OUR CANCER RISK? Cont'd
	<ul style="list-style-type: none"> <li>• Eat less salt – add less to your food, and watch highly salted food such as ham, bacon, corned beef, processed foods – choose low salt options whenever possible.</li> <li>• Avoid mouldy grains and cereals. Store these foods in a cool dry pantry in containers with tightly fitting lids. Shelf life of these products under these conditions is extensive, but always check, especially if they have been in contact with moisture.</li> <li>• Don't rely on over-the-counter supplements, unless you have a specific need as determined by your doctor or qualified health professional. You are better to eat a healthy diet than to rely on supplements for cancer-protecting nutrients. Quality of life is an important indicator for avoiding deterioration and functional limitation in people receiving cancer therapy. Enjoying a fulfilling and stimulating life with family and friends is to be recommended.</li> <li>• Frail older people who are being treated for cancer are at increased risk of chemotherapy intolerance, post-operative complications and mortality, so keeping up core strength through daily physical activity and a good diet, and maintaining a healthy weight improves outcomes.</li> <li>• Once a cancer has developed it cannot be cured through diet alone. Many unproven dietary treatments, particularly those that cut out whole food groups, such as meat or dairy, may not provide enough energy (calories or kilojoules), protein, or other essential nutrients. This can cause unwanted weight loss, tiredness, and decrease your immune function. Your recovery and quality of life can improve if you eat a healthy diet.</li> <li>• The Cancer Society is a great support and resource for people undergoing treatment, so do get in touch with your local branch.</li> <li>• The World Cancer Research Fund International is a useful resource as well - <a href="http://www.wcrf.org/int/research-we-fund/our-cancer-prevention-recommendations">http://www.wcrf.org/int/research-we-fund/our-cancer-prevention-recommendations</a></li> </ul>
	HAVE YOU HEARD ABOUT GREY MATTER?
	<p>We'd like to introduce you to another newsletter that the Ministry of Health Library prepares.</p> <p>The <a href="#">Grey Matter</a> 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.</p> <p>If you'd like to subscribe to Grey Matter, email <a href="mailto:library@moh.govt.nz">library@moh.govt.nz</a></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:</p> <p>Cultural Safety, Spirituality, Sexuality &amp; 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.</p> <p>If you are looking for a topic not listed here please drop me a line.</p> <p>I am happy to facilitate different times to suit evening and night staff.</p> <p>References available on request.</p> <p style="text-align: right;"><i>Jessica</i></p>

<p><b>Take life day by day and be grateful for the little things. Don't get stressed over what you can't control</b></p>	<p align="center"><b>NEWSLETTERS BACK ISSUES</b></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: <a href="http://www.jelicatips.com">www.jelicatips.com</a> 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 align="center"><b>HELP ME KEEPING THE DATABASE UP TO DATE!</b></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.</p> <p align="right"><i>Jessica</i></p>

**Some interesting websites:**

[www.careassociation.co.nz](http://www.careassociation.co.nz);    [www.eldernet.co.nz](http://www.eldernet.co.nz),    [www.insitenewspaper.co.nz](http://www.insitenewspaper.co.nz),    [www.moh.govt.nz](http://www.moh.govt.nz);  
[www.careerforce.org.nz](http://www.careerforce.org.nz),    [www.dementiacareaustralia.com](http://www.dementiacareaustralia.com);    [www.advancecareplanning.org.nz](http://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](http://www.safefoodhandler.com);    [www.learnonline.health.nz](http://www.learnonline.health.nz);    [www.nutritionfoundation.org.nz/about-nznf/Healthy-Ageing](http://www.nutritionfoundation.org.nz/about-nznf/Healthy-Ageing);    [www.glasgowcomascale.org](http://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 Trend Micro antivirus protection in all aspects of e-mail sending and receiving

Signing off for now.

*Jessica*

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- 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.