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**Wishing you a very Happy New Year**

*I wish that the coming year is a glorious one that rewards all your future endeavours with success.*

*May prosperity and success be the two sides of the coin for your business this year. I also wish that your New Year will be sparkling with fun, bursting with joy, crackling with laughter and filled with a double dose of good health.*

*Cheers to the New Year*



**QUALITY AND RISK MANAGEMENT  
ANNUAL REVIEWS AND SETTING UP QUALITY INITIATIVES FOR THE NEW YEAR**

*And another year ahead of us. Before you start the new, check to ensure that you have closed off 2013 satisfactorily?*

*Develop your 2013 quality folder and combine it all in one overarching report. If you do this on an annual basis it allows for easy comparisons and identifying continual improvements.*

*I repeat this topic at the beginning of each year as I believe it is important for everybody to remember. (if you need an example email me)*

**Review of previous year:** What were the High points, Low points

**Risk Analysis:** Summary of risks exposures

**Risk management;** The level of risk is determined by the relationship between the likelihood (frequency of probability of the risk occurring) and the consequence (impact or magnitude of the effort) if the risk occurs. The level of risk is determined in relation to existing controls.

Did you manage to identify and manage your risk successfully?

**Quality and Risk plan**

Details the risks, current controls and ongoing action as required limiting our exposure.

Ensure you have a commitment to achieving ongoing Certification and compliance with contractual requirements, and better still, achieving continual improvement (CI) ratings.

**QUALITY AND RISK MANAGEMENT**  
**ANNUAL REVIEWS AND SETTING UP QUALITY INITIATIVES FOR THE NEW YEAR**

To help achieving Cl's, you need a quality management system to build upon existing systems and process. This will enable consistent application and monitoring of processes, practices, policy and procedures.

**Corrective Action Process**

The continuous improved quality activities include the following

- **Monitoring:** the collection of information about important aspects of resident care and service delivery standards and processes.
- **Assessment:** The periodic assessment of this information in order to identify trends or important problems in resident care and opportunities to improve care.
- **Action:** When critical issues are identified in service delivery or opportunities to improve care are identified, actions are taken within an agreed time frame
- **Evaluation:** the effectiveness of actions taken is evaluated to ensure improvement.
- **Feedback:** The results of audits/surveys and investigations are communicated to all appropriate people i.e staff, residents, family, stakeholders.

Regular staff meetings can provide a forum for discussing quality issues. Maintain clear and concise minutes of all meetings.

**INFECTION CONTROL**

**Review:** Complete a review of your **Infection control programme** to monitor the effectiveness of the programme.

Answer the following questions and put a quality improvement plan in place if required:

- Have we met objectives?
- Have we met surveillance requirement?
- Is our surveillance programme appropriate?
- Do we know how to respond to an outbreak?
- Do we have appropriate guidelines in place and is staff aware of these?
- Are staff aware and compliant with infection control programme?
- Have we provided training reflective of our situation?
- Have we been compliant with good infection control practice?
- Are our policies and procedures current and up to date and easily accessible to staff.
- Have we completed relevant audits and taken action on result to find out if we are compliant.

**Set up for the New Year:** Decide aim for the new year.

Delegate responsibilities and authorities (IC coordinator and IC team members)

Decide required training reflective of size and setting of facility and organise presenter.

Set meeting dates and have IC as a standardised topic on meeting agenda.

**INCIDENTS AND ACCIDENTS**

**Review:** Monthly collations have been completed, trends identified and management plans instigated and followed up and no corrective action/quality improvements plans are outstanding. Or if they are there is a plan to ensure these are followed through.

When everything's coming your way, you're in the wrong lane!

**QUALITY AND RISK MANAGEMENT**  
**ANNUAL REVIEWS AND SETTING UP QUALITY INITIATIVES FOR THE NEW YEAR**

Identified hazards are added to hazard register and managed appropriately and staff informed.

**Set up for the new year:** Decide aims and ambitions for the new year. Delegate responsibilities and authorities. Decide required training reflective of size and setting of facility and organise presenters. Have incidents/accidents as a standardised topic on staff meeting agenda.

**HAZARDS**

**Review;** Have hazards been reviewed.

Are there new hazards identified and are these added to the register.

Are hazard management plans still up to date.

Is it possible to eliminate hazards

**Set up for the new year:** Ongoing hazard review and plans to minimise risks.

Staff training. Do you have “Hazards” as a standardised topic on staff meeting agenda?

**AUDITS**

**Review:** Are audits completed as per schedule/calendar?

Are quality improvement plans/corrective actions completed, signed off?

Is staff informed of new initiatives?

Are re-audits completed when required to follow up on corrective actions?

Review audits to ensure they are still relevant and are not giving you constant 100% outcomes. If they do then start auditing different areas.

**Set up for the new year:** Do audits need to be changed to ensure they remain effective?

Delegate responsibilities in regard of who is completing the audits and who analyses the data. (Ensure people never audit their own work.)

Set up calendar identifying when the audits are completed. *(I have developed one for this year so if you are interested in receiving one please email me. It is electronic and allows you to personalise it to your own requirements)*

Include staff and provide appropriate training to help staff understand why you complete audits.

Have “Audits” as a standardised topic on staff meeting agenda to ensure that outcomes and action to be taken is feedback to staff.

**When planning the year:**

- Have copies of all practising certificates on file.
- Keep a list of staff with first aid certificates and their due date and if required set date for re training.
- Document due dates for appraisals/performance reviews.
- Document due dates for competency checks
- What are aims for the year (refurbishing, special project etc).
- Set training calendar for the year. (ensuring the required topics are included and training is relevant to size and setting).
- Calibration records to be completed and by whom.
- Hot water records to be completed and by whom.
- Fridge and freezer temps to be recorded and by whom.
- Set meeting structure.
- Ensure time is allocated for internal audits.
- Decide on how to keep relatives up to date on a regular basis re the facility’s initiatives, upgrades, how relatives can help to prevent spread of infections etc.(an effective way can be through newsletters or an email database) *Jessica*

What the New Year brings to you will depend a great deal on what you bring to the New Year.  
 Vern McLellan

<p><b>Learn from yesterday, live for today, hope for tomorrow. Albert Einstein</b></p>	<p><b>EMERGENCY TRAINING</b></p>
	<p>Looking for a quality initiative?</p> <p>I often ask myself: how do you know that staff will be able to deal correctly with an emergency situation? The short answer is: “you don’t until an emergency happens”. But that could be too late.</p> <p>In a meeting explain to staff your intentions and the reason for it. Ensure that everybody knows that it is not to catch people out or be punitive. It is a new way of evaluating training/education and identifying training needs.</p> <p>I thought a simple and possibly fun way to keep everybody “sharp” is to create scenarios and asking random questions.</p> <p>Questions can be related to Fire, first aid, resus, disasters, power cuts, security etc.</p> <p>Let me know if it works and if you have a good way to evaluate knowledge.</p> <p style="text-align: right;"><i>Jessica</i></p>
	<p><b>RELAY FOR LIFE</b></p>
	<p style="text-align: center;"><b>DID YOU KNOW THAT IN NEW ZEALAND</b></p> <p style="text-align: center;"><b>22 PEOPLE PASS AWAY EACH DAY OF CANCER!</b></p> <p style="text-align: center;">Just take a minute to think about that.</p> <p>That is losing too many people to this horrible disease. No we cannot fix this overnight but the more money we raise towards research the better.</p> <p>We are busy preparing for the 2014 events and it is never too early to start thinking of maybe registering a facility team or team up with another facility. This event is the best team building you can think of!</p> <p>It is good to see some facilities have already joined and I do hope there will be more. This is a great event and let’s face it, I haven’t come across anybody who didn’t know somebody who was affected by cancer.</p> <p>I have been up close and personal with many people during my numerous years as volunteer chair and I get inspired every year again listening to the stories of these brave and dedicated people. So look around and see whom you can Relay for! For more info: <a href="http://www.relayforlife.org.nz/index/about">http://www.relayforlife.org.nz/index/about</a> or drop me a line.</p> <p>If you cannot join the Relay you can always donate. Please visit my Relay page below. <a href="https://AucklandNorth.everydayhero.com/jessica-1">https://AucklandNorth.everydayhero.com/jessica-1</a></p> <p style="text-align: center;">A big THANK YOU for the generous people who have already donated towards this cause.</p> <p style="text-align: center;">I HAVE WORKED OUT THAT IF ALL MY READERS DONATE \$1 THE TOTAL WILL BE WELL OVER \$1000!!</p> <p>Thanking you in advance.</p> <p style="text-align: right;"><i>Jessica</i></p>



**COMMON MEDICINES & COMMON ADVERSE EFFECTS**

*I was happy to be informed that I could share this with the wider public. Thank you Joanna*



**Medicine Bulletin for Residential Aged Care December 2013**

**COMMON MEDICINES & COMMON ADVERSE EFFECTS**



Adverse drug effects (ADEs, side effects) are common in older adults residing in residential care. ADEs are harmful, unintended reactions to medicines that occur at normal treatment doses. ADEs increase the risk of falls and hospitalisations. Even those which seem minor, such as constipation and nausea, can greatly reduce residents' quality of life.

**Common medicines, ADEs and management of these**

Ideally if a medicine is causing an ADE it should be stopped or the dose reduced. If pharmacological therapy is still needed, an alternative medicine should be chosen. When this is not an option the strategies below can be used.

Medicine	Common adverse drug effects
<b>Antipsychotics</b> <i>Quetiapine, risperidone</i>	Sedation, dizziness, cognitive impairment, tremor, impaired movement/walking
Monitor lying and standing blood pressures if dizzy, give at night if sedated, employ falls reduction strategy	
<b>Antibiotics</b> <i>Augmentin, Norfloxacin</i>	Nausea, vomiting, diarrhoea
Change antibiotic where possible. Give with food/ use domperidone 10mg tds prn (nausea). Use barrier cream (diarrhoea) and ensure good hygiene	
<b>SSRI antidepressants</b> <i>Citalopram, fluoxetine</i>	Nausea, reduced appetite, increased anxiety (all usually improve 1-2 weeks after medicine is started), constipation or diarrhoea
Inform that ADE will improve after 1-2 weeks and follow up with prescriber if it hasn't	
<b>NSAIDs</b> <i>Ibuprofen, voltaren®</i>	Renal impairment, fluid retention, GI bleeding, bruising
Monitor for fluid overload or reduced urine output. Use omeprazole as a gastroprotectant. Report & follow up on blood in urine/faeces	
<i>Donepezil</i>	Nausea, vomiting, diarrhoea
Reduce dose; treatment cessation may be required	

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Write it on  
 your heart that  
 every day is the  
 best day in the  
 year.  
 Ralph Waldo  
 Emerson

## National Dementia Cooperative Update December 2013

An optimist  
stays up until  
midnight to see  
the New Year  
in.  
A pessimist  
stays up to  
make sure the  
old one leaves.  
Bill Vaughan

- Thanks to everyone who attended the NDC Knowledge Exchange forum SHARING EVIDENCE – SUPPORTING ACTION on 21 and 22 November in Auckland. Judging by the feedback, we certainly achieved our aim of networking and sharing knowledge. Susan Gee and I will be working on the proceedings over the holiday period.
- 🔗 The New Zealand Framework for Dementia Care has now been published! You can find it on the NDC website <http://ndc.hiirc.org.nz/page/43800/new-zealand-framework-for-dementia-care/?tab=4891&section=19790> , or order hard copies via the Ministry of Health website <http://www.health.govt.nz/publication/new-zealand-framework-dementia-care>
- 🔗 In December, networks met in the Waikato and in Wellington. To keep up to date with activities in the networks, check the website <http://ndc.hiirc.org.nz/section/29653/networks/> Any day now we will be adding notes from the Southern network meeting, and further plans for the Auckland network.
- 🔗 Melbourne is hosting the 5th Annual National Dementia Congress on 20-21 February. For further details <http://www.healthcareconferences.com.au/healthcare-conferences/healthcare/national-dementia-congress>
- 🔗 The University of Tasmania's *Understanding Dementia* 11-week massive open online course (MOOC) is free and anyone can register. Ruth Thomas, Midland's Regional Dementia Coordinator, thought it was an excellent course. She said that the content and delivery is ideally suited to health care assistants, support workers, family/whanau members as well as registered nurses, and that she would recommend it; it is very informative, easy to understand, as well as explaining how it affects the person with dementia. The next course starts in March 2014, [registrations of interest](#) are now open.
- 🔗 New Online MSc Dementia: International Experience, Policy & Practice at Edinburgh University (UK), accepting applications for January 2014. Developed in consultation with people living with dementia, this programme is aimed at those already working in dementia care (in paid, voluntary and informal capacities) as well as those with a keen desire to shape policy and practice of the future. The programme explores contemporary issues in dementia (including managing risk and resilience, intellectual disability, leadership and service improvement) with an emphasis on international issues. Current students are based all over the world (including Canada, the UK and Mexico), bringing a lively exchange of perspectives and an understanding of dementia in a global context. Bursaries are available to contribute towards course fees. For further details visit their website: <http://www.ed.ac.uk/schools-departments/health/issh/studying/msc-dementia>

Please forward this update to others who have an interest in improving care for people with dementia. As always, if you have any questions, contact me.

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### BOUQUETS



A bouquet this month for the City Missions, for once again making Christmas special for so many people and putting smiles on the faces of so many.

A bouquet also goes to you all for providing a special Christmas for your residents.

<p><b>Celebrate what you want to see more of.</b> Tom Peters</p>	<b>NEWSLETTERS BACK ISSUES</b>
	<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>
	<b>WHAT'S ON</b>
	<p><b>Spark of Life</b></p> <p>Your invitation to an insightful &amp; inspiring presentation with practical tips &amp; skills to make everyday care a positive experience.</p> <p>One day introduction to the <i>Spark of Life</i> on 10th of February 09.30-15.30</p> <p>Three day certified facilitator's course of the <i>Spark of Life</i> Club Programme 11-13<sup>th</sup> February 09.30-1600</p> <p>Venue for both: Mercy Parkland Hospital, 12 Umere Crescent, Ellerslie, Auckland.</p> <p>Email me to request a registration form.</p>

**Some interesting websites:**

- [www.careassociation.co.nz](http://www.careassociation.co.nz)
- [www.eldernet.co.nz](http://www.eldernet.co.nz),
- [www.insitenevspaper.co.nz](http://www.insitenevspaper.co.nz),
- [www.moh.govt.nz](http://www.moh.govt.nz);
- [www.healthedtrust.org.nz](http://www.healthedtrust.org.nz)
- [www.dementiacareaustralia.com](http://www.dementiacareaustralia.com);
- <http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>
- [www.advancecareplanning.org.nz](http://www.advancecareplanning.org.nz)

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.

Signing off for now.

*Jessica*

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