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**Emailed to:
1473 readers
and counting**

**Welcome to my
overseas
readers.**

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FRONT PAGE NEWS!!

I AM SO PLEASED AND PROUD TO ANNOUNCE THAT THE FIRST SILVER RAINBOW SEAL HAS BEEN ACHIEVED!!

The facility that can claim to have achieved this as the first in New Zealand and possibly in the world is **AWANUI REST HOME IN MT WELLINGTON.**

This was celebrated on Monday the 9th of May.

Management and staff have been committed to Silver Rainbow from the moment the resources were introduced. All the staff has attended training, and a lot of the documentation was changed to be more inclusive.

Jackie Jones, Awanui's manager, has found the process extremely fulfilling and hugely informative for all our staff. The training has opened up good conversation among the staff, with questions they might never have asked before.

Current family members have been very happy with the changes as well. Jackie does not solely want to be known for the Rainbow Seal but for establishing an all inclusive facility where every resident can feel at home and accepted for whom and what they are. Achieving the Rainbow Seal is my way of offering a welcome mat without question. We all have the right to be just who we are.

Jackie is very grateful to Awanui's owners, Mike and Sarah Single, who have given her the freedom to pursue this and the team at Awanui who were all willing to go on this journey.

Silver Rainbow's journey.

"Silver Rainbow" was a project at the School of Nursing, University of Auckland.

Initial research indicated that lesbian, gay and bisexual (LGB) elders have almost no visibility in aged residential care, and that carers have little awareness of specific LGB needs, let alone any knowledge on how to manage homophobic behaviour from other residents. While carers themselves generally claim to be accepting of LGB residents, the research also hinted at a lack of self-awareness of personal prejudice.

Subsequently the research was used as the basis of the next phase: design, development and field-testing of a resource kit to educate staff who care for LGB in aged residential care. The exercises concentrate on the effects of homophobia on elder LGB residents, and their right to the same high quality of care as anyone else - irrespective of the personal beliefs of the carer.

In July 2015 Silver Rainbow came under Affinity Services' umbrella and employed a Silver Rainbow programme leader. Additional resources were developed to included transsexuals and intersex and the Silver Rainbow Seal was launched.

We all hope this achievement will inspire more people to work towards an all-inclusive aged care, to make the world a better place for our LGBTI elderly.

So again big congratulations to Jackie and her team at Awanui Rest Home!

Pressure Injury Prevention & Management (PIPM) ARCC

Introduction

This section outlines requirements of designated auditing agencies for auditing and reporting on pressure injury prevention and management (PIPM) within aged residential care facilities across the 2016 calendar year. This section should be read in conjunction with the document titled *Ministry of Health: Pressure Injury Prevention and Management Work Programme 2016 – Guidelines for Designated Auditing Agencies (Aged Residential Care)*.

The PIPM work programme focuses on data gathering where the additional information collected through the audit process (and provider reporting) will inform improvements in the management of pressure injuries within the sector.

Methodology

The audit process includes:

- a) tracer of a residents with a pressure injury
- b) review of the providers PIPM programme

Completing the Tracer

Where a facility has one or more pressure injuries at the time of audit, choose the resident with the most significant injury for the tracer. This tracer is not additional to current requirements, and is continued to be reported in standard 1.3.3.

PIPM Programme

The objective of auditing a provider's PIPM programme is to gain a better understanding of pressure injury prevention and management within the aged residential care sector.

Auditors review the provider's PIPM programme irrespective of whether or not the facility is managing a PI at the time of audit. Auditing the providers PIPM programme will not add to audit time on site as the review incorporates standards being auditing within the three audit types.

Audit of the PIPM Programme includes consideration of policies and/or guidelines (1.2.3), meeting minutes (1.2.3), adverse event reporting (1.2.4), training (1.2.7), service delivery (1.3.6) and internal audit (1.2.3).

Reporting

- Providers report Stage 3 + PI's to HealthCERT via the Section 31 process.
- DAA's report an overview of the PIPM programme and (if relevant) the number of PI's, stage, and assessed level of care of the resident.

Section 31 (S31)

If during an audit, a resident is found to have a PI stage 3 or above and a S31 has not been completed and sent to HealthCERT, ask the provider to do so. Since the PI Work Programme has commenced, HealthCERT has developed a dedicated S31 form – link below.

<http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/information-providers-health-care-services/notifying-incident-or-other-matter-required-under-section-31>

Ref: DAA handbook

Life goes by in a flash. Make time for the moments you'll want to remember

Doc Zantamata

Interpreting clauses of the Age Residential Care Contract (ARCC)

To prevent unpleasant surprises I thought it might be helpful to delve a little bit further into a clause from the Aged Residential Care Contract.

D20. OTHER SERVICES

D20.1 You must ensure that each Subsidised Resident has access to the services, listed in this clause, as required by the assessed need of each Subsidised Resident:

- a. Needs Assessment and Service Co-ordination Services;
- b. Assessment, treatment and rehabilitation services contracted by us;
- c. Primary care & district nursing services for advice and information sharing;
- d. Laboratory services;
- e. Radiological services;
- f. Dental services;
- g. Specialist medical services;
- h. Podiatry services that are not prescribed by a Medical Practitioner or Nurse Practitioner;

You pay for transport to the above services.

- i. Maori provider organisations;
- j. Ministry of Social Development;
- k. Social workers;
- l. Advocacy services;
- m. Supporting voluntary organisations such as Alzheimers New Zealand and Stroke Foundation; and
- n. Socialisation outside your Facility.

The above is quite straight forward. You provide access to it. You don't pay for it (as per D14 "exclusions from services")

The confusion is about the D20.2 below.

D20.2 You must meet the costs of transport, including specialised transport required for clinical reasons, to and from the services in clause D20.1(a) to (h), but are not required to meet the cost of transport to and from the services listed in clause D20.1(i) to (n).

I believe that the sentence is badly constructed and causes the confusion. Most people I have spoken with interpreted the above that the resident need to have been assessed as needing the services, for clinical reasons. That is not the case. The clinical reasons related to the mode of transport. So if for instance a resident needs to be transported in an ambulance due to his/her condition, then that is the "clinical reason" and the cost of the ambulance is carried by the facility.

It would be fair and reasonable that attending an external service is discussed with the manager/nurse to allow the facility to organise suitable transport.

What this part of the contract has flagged is that there is no boundary around this service as there is with GP services and incontinence and dressings etc.

This is something that at this stage everybody should be aware of as it can become very costly. Have the discussion with the person signing the admission agreement and make clear that you expect clear communication around organising any form of external services and transport to it before it is organised. I personally think that you could add that expectation to the admission agreement as well.

Jessica

**You are what
you do not
what you say
you will do**

Toby Mac

Love isn't what you say.
Love is what you do

REQUIRED NOTIFICATIONS

These days it is hard to keep up with all the different required notifications you need to be aware of. I thought that it might be handy to have them on one list for easy access and as a reminder for everybody who has the delegated responsibility for these notifications. You can add anybody to it that you believe need to be notified. See attached a list I put together. Add anything further that you can think of.

INDEPENDENT ADVOCATES

I often advise providers/managers to involve an independent advocate in complicated cases where there is a risk of the facility ending up “piggy in the middle”. Some providers/managers are hesitant to do this due to bad experiences. You need to know what the role of an advocate is and if you feel that they operate outside their scope you should report it.

Advocates assist people with making sure their rights are respected. They help consumers to resolve complaints about health or disability services. They operate independently of government agencies, the Health and Disability Commissioner, and the funders of health and disability services. Advocates aren't investigators or mediators, nor do they make decisions on whether there has been a breach of the Code - they're there to support consumers, encourage them to take action (including making a complaint) and to help them resolve concerns.

Basic principles

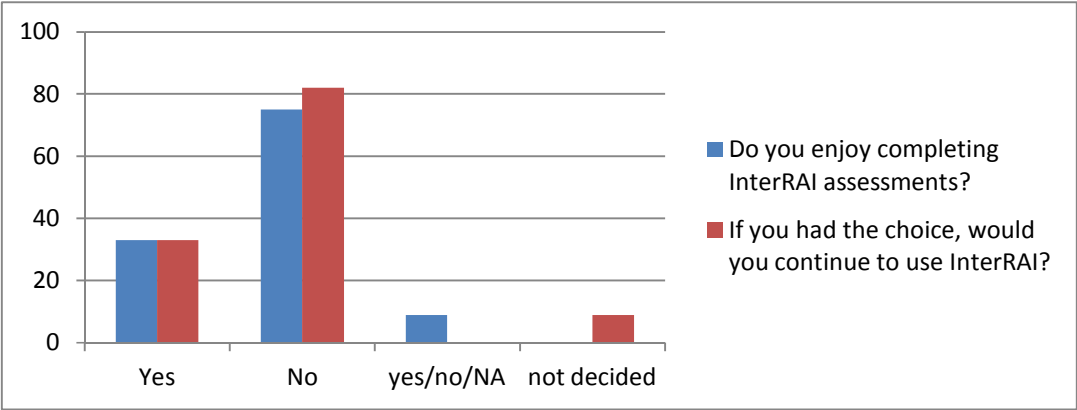
- An advocate must be independent of the health service in which it is operating.
- The advocate’s primary responsibility is to the resident/client.
- The advocate has the role of empowering the resident to act as independently as possible in addressing issues of concern.
- The advocate will act on behalf of any resident who instructs him/her and will express the issue of concern even if the advocate does not agree with the resident’s decision.
- The advocate will, on occasion, act in the best interest of a resident. This will be done only in cases where residents are unable to express their own opinion or are unable to understand the consequences of a particular course of action.
- Advocacy issues will be addressed initially at the point closest to where the issues first arose. Where a complaint is received, the advocate will attempt to address the issue at the lowest level in the health care service, that is management. However, the advocate will always reserve the right to take the issue to any level and to use whatever power base is necessary to ensure resident concerns are addressed.

Advocates have a [Code of Practice](#), [Competencies](#), and [Guidelines](#) that describe their role and what consumers can expect from their service. Advocates' practice is evaluated on a regular basis. Any complaints about an advocate or the advocacy service are reviewed to see where service improvements can be made.

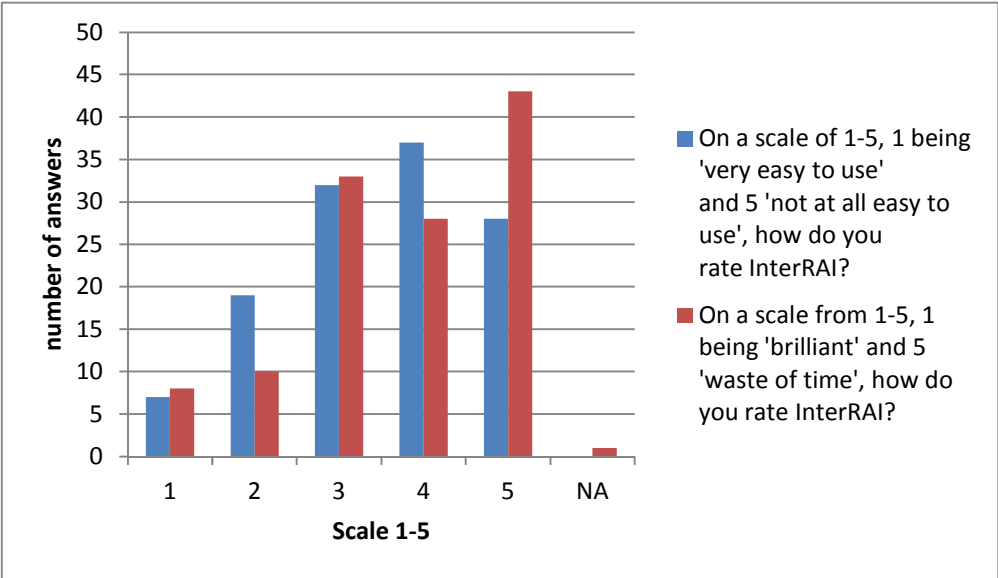
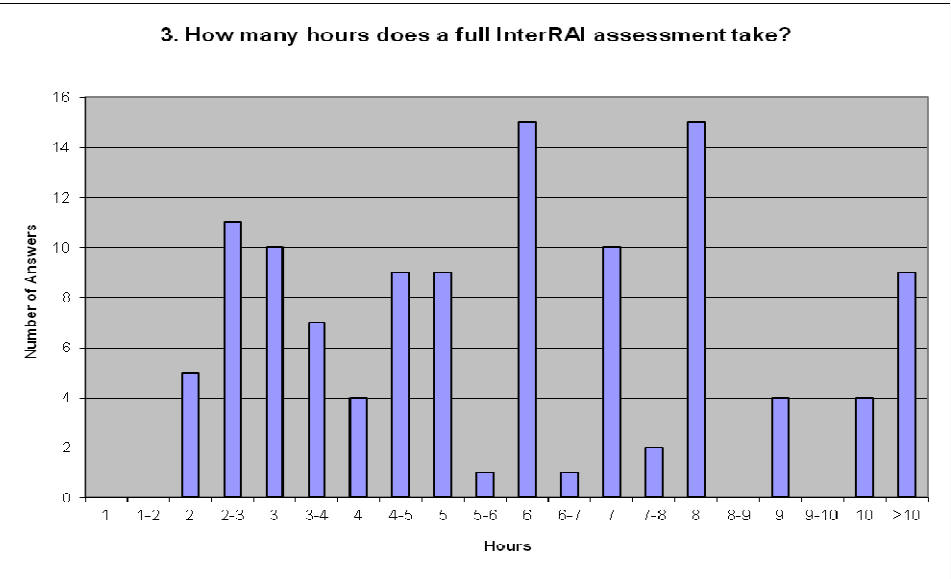
For more info see: <http://advocacy.hdc.org.nz>

INTERRAI

A reader has developed a survey about InterRAI and below a couple of graphs defining the result of over 100 replies. The outcome is so overwhelming telling that we can not overlook the general unhappiness and angst within the sector about this. I do receive a lot of feedback about InterRAI and feedback is overall not positive.



3. How many hours does a full InterRAI assessment take?



**Life has two rules:
Number 1
Never Quit
Number 2
always
remember rule
number one!**
Danka & Peter

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|---|--|
| <p>Happiness is when you realise your children have turned out to be good people</p> <p><i>Whisper</i></p> | <p>WHAT IS ON...?</p> |
| | <p>ALZHEIMERS NZ 2016 CONFERENCE</p> <p>"Dementia Today: Diverse Communities, Collective Action. Wellington, 3-5 November 2016.</p> <p>This conference is Alzheimers New Zealand's biennial conference and the 19th Asia Pacific Conference of Alzheimers Disease International.</p> <p>CALL FOR ABSTRACTS NOW OPEN. Visit the Alzheimers NZ website for more information Alzheimers NZ Conference 2016</p> |
| | <p>HAVE YOU HEARD ABOUT GREY MATTER?</p> |
| | <p>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</p> |
| | <p>HANDY HINTS</p> |
| <p>Put annoying carpet dents on ice Lay ice cubes in each indentation and watch them disappear</p> <p>The fastest way to fix your furniture Instead of covering up the scratch on your coffee table with a book, use a walnut. Just rub it over the scratch and voila! It's gone.</p> <p>Eliminate paint smell with an onion Painting the house and want to get rid of those paint fumes? Try cutting an onion in half and leaving the halves at opposite ends of the room. The onion will help absorb the fumes, leaving you with a freshly painted, odourless room.</p> <p>Another driver's tip. Most readers were not aware of the petrol arrow so here is another tip. This one could save a live.</p> <p>The head rest of car seats is deliberately kept detachable and sharp so that it could be used to break open the window of the car in case of an emergency. The car's glass too is kept breakable from inside. Very few people know about this and might not be able to save themselves. Please pass on.</p> | |

People hate you for one of three reasons. They hate themselves, They want to be you, or they see you as a threat.
Steve Bolinsky

BOUQUET



I am very happy to offer this month's virtual bouquet to Sitella (Stella) who just celebrated her 20 year anniversary as a Health Care Assistant in Awanui Rest Home (Dementia Care)

I have had the privilege to know Stella for quite a number of these years and I

like to thank her for her dedication and commitment.

We all know that it takes special people to care for residents who have dementia and to provide that care for such a long time is commendable and deserve recognition. It was so nice to see all your colleagues and management sharing and celebrating this special day with you.



Well done Stella

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

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Find it difficult to keep up with all the changes?
Come audit time you realise that information is not up to date?**

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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

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|--|--|
| <p>There is no elevator to success; you have to take the stairs. goodhealth</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 TO KEEP 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 style="text-align: right;"><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 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.