

In this issue:

- 4 year
- Health Tips
- Health and safety
- Minimum wage
- How to achieve 4 years
- Innovation award
- Etiquette
- Silver Rainbow
- Access to health information
- Bouquet
- Grey Matter
- Training
- QA Programme
- Back issues
- Helpful websites

**Emailed to:
1583 readers
and counting**

**Welcome to my
overseas
readers.**

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4 YEAR CERTIFICATION

For my friends, who have an audit this month, all the best!

Let's make 2017 the year of many facilities achieving 4 years certification.

*I am often asked "how can we achieve 4 year certification"?
I plan to make this a monthly topic with examples and ideas.*

*Share what worked for you and how you achieved CI's.
In the end the residents are going to benefit and that is the best outcome we can ask for!*

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.

SHORT AND SWEET HEALTH TIPS and OTHER THINGS**Mind aerobics**

People with mental agility tend to have lower rates of Alzheimer's disease and age-related mental decline.

American researchers coined the term 'neurobics' for tasks that activate the brain's own biochemical pathways. During many of our day-to-day tasks, the brain is on autopilot. Neurobics stimulates the areas of the brain that are not used to work. People with mental agility tend to have lower rates of Alzheimer's disease and age-related mental decline.

Take action: Brush your teeth with your 'other' hand, take a new route to work or choose your clothes based on sense of touch rather than sight.

HEALTH AND SAFETY

Show the auditors how serious you take Health and Safety and have them complete a **safety work permit** when they enter your facility.
They are contractors and come under your responsibility while they are on site.

MINIMUM WAGE TO INCREASE

As you may be aware, the minimum wage is to increase from \$15.25 to \$15.75 per hour from 1 April 2017.

	AN EXAMPLE ON HOW 4 YEARS CERTIFICATION WAS ACHIEVED
<p>Rumours are carried by haters, spread by fools, and accepted by idiots</p>	<p><i>What is required to achieve 4 years? In first instance: commitment from everybody! It cannot be achieved and maintained in isolation. It is driven from the top.</i></p> <p><i>To be granted 4 years you need to achieve 400 points on the HealthCert decision tool/matrix. The highest score in each section on this tool is achieved if there is good evidence of embedded systems/processes that show measurable positive outcomes. This is then identified by achieving a CI (continuous improvement) rating. You don't want to achieve a PA as this might then have a negative effect on the score and the points you achieved in one area are lost due to the PA in the other area.</i></p> <p><i>As expected the highest possible score (50) is achieved in Medication Management (HDSS 1.3.12) Staffing (HDS 1.1.8, 1.2.7 and 1.2.8) Followed by 40 points for Infection Control Implementation HDS 3.2. If the auditors find recurring issues then this too has a negative effect on your total outcome.</i></p> <p><i>Please share your experiences so that we can help other facilities to achieve 4 years as well.</i></p> <p><i>The following was shared by the general manager of TAMAHERE EVENTIDE Who did manage to achieve 4 years certification and I am pleased they are willing to share their example. Thank you Sue.</i></p> <p>Tamahere Eventide Home and Retirement Village, is set on 26 acres of land on the outskirts of Hamilton. The facility belongs to the Methodist Church Charitable Trust and includes 108 villas, and provides rest home and secure dementia care to 84 residents.</p> <p>Supporting professionals working in aged care is seen as a priority for the organisation. In July 2015, the first community based Dedicated Education Unit (DEU) was established, in partnership with Waikato Institute of Technology (WINTEC) and Waikato DHB Professional Development Unit. The goal was to enhance clinical teaching and learning in an aged care environment, specific to rest home and dementia care, and show the benefits of working in the sector.</p> <p>The DEU has up to 10, semester 3 bachelor of nursing students, who are supported by both an Academic Liaison Nurse (ALN) and a Clinical Liaison Nurse (CLN), in a 4 week placement. It provides students with 'hands on' experience in a supportive environment, working alongside registered nurses, enrolled nurses, care staff and diversional therapists. The registered nurses have completed preceptorship training, and as a result feel their practice has improved by being more active in teaching students. Students have also expressed feelings of importance and empowerment knowing they are contributing to the skills of a future work force.</p> <p>In March 2016, Tamahere Eventide was awarded 'Best Clinical Placement Award' from WINTEC.</p> <p>Although the implementation of the DEU is to support nursing students, an evaluation of the project has shown that resident care has also been enhanced. There have been more people on the floor providing 1:1 time to residents which has resulted in measureable reductions in aggressive behaviour and preventable falls.</p> <p>Tamahere Eventide, also supports the Nurse Entry to Practice (NETP) programme in order to attract more young people to the industry. Because of the opportunities provided, Tamahere has young nurses who are motivated, knowledgeable and highly skilled.</p> <p>In October, 2016 Tamahere received 4 years certification. Continuous Improvement (CI) was attained as a result of the implementation of the DEU, with measureable results and the retention of registered staff in a younger age bracket.</p> <p>Sue Pollock, General Manager Care Services, Tamahere Eventide Home & Retirement Village</p>

INNOVATION AWARDS



The first of its kind in the Asia Pacific region, the Asia Pacific Eldercare Innovation Awards was created to provide an annual recognition to organisations in the Asia Pacific that demonstrate eldercare innovation in their business, operational and service models to change the way our older adults age.

Bringing together top industry leaders and professionals for the fifth time, the Asia Pacific Eldercare Innovation Awards Dinner Ceremony will be held on 26 April 2017 at the Marina Bay Sands Convention Centre to celebrate and applaud efforts that deliver dignity, health and happiness to the region's older adults.

The 5th Asia Pacific Eldercare Innovation Awards is held in conjunction with the annual [8th International Ageing Asia Innovation Forum 2017](#) held in Singapore from 25-26 April, and is one of the activities in the International Ageing Week in Singapore.

“ The awards aim to recognise Asia Pacific's care organisations who have gone the extra mile to improve health, quality of life and independence for our elderly. We hope to improve the image of the care industry in our region by focusing on the innovative contributions of organisations and their teams. ”

- AGEING ASIA, Organiser of The Asia Pacific Eldercare Innovation Awards

We are pleased to announce that the following entry/entries has been selected as one of the finalists for the 5th Asia Pacific Eldercare Innovation Awards 2017.

FACILITY OF THE YEAR – INDEPENDENT SENIORS LIVING

Aparangi Village by Te Kauwhata Retirement Trust Board, New Zealand

Congratulations Jackie and team!

ANOTHER HEALTH TIP

Don't skip breakfast.

Studies show that eating a proper breakfast is one of the most positive things you can do if you are trying to lose weight. Breakfast skippers tend to gain weight. A balanced breakfast includes fresh fruit or fruit juice, [a high-fibre breakfast cereal](#), low-fat milk or yoghurt, whole wheat toast, and a boiled egg.

Be the reason
someone
smiles today!

	<p style="text-align: center;">ETIQUETTE – THE POLITE RULES OF A PROFESSIONAL GROUP</p> <p>Believe it or not, nursing etiquette was a subject covered in my nursing curriculum in the early 70s. It covered such areas as:</p> <p>Deportment We were shown “how to stand” with hands by our sides (not on hips, or in pockets, or arms crossed over the chest.) When sitting, knees had to be together, legs not crossed. We had to walk quietly and swiftly, no loping along the corridors or dragging your feet.</p> <p>Grooming We were advised that our hair was to be no longer than collar length or else it had to be up. No hair was to touch the face. The only earrings allowed were sleepers and if married, you could not wear your wedding ring unless it was a plain band. Perfume was not allowed and make up was to be applied <i>‘lightly’</i>.</p> <p>Dress Code One had to kneel on the floor and “the uniform had to be of sufficient length” that the hem touched the floor or it was off to the seamstress. A missing button was not tolerated or it was off to the seamstress again. Shoes were of the <i>‘proper’</i> lace up type and had to be clean. Caps had to be placed on the head, not too far back or too close to the front hairline. Everything was white, starched and bright.</p> <p>Staff Interactions As a first-year, it was mainly “speak when spoken to”. As a second-year, you could ask nursing related questions to the senior nurses. As a third-year you finally had reached some level of importance: you could now talk to doctors, do a round with them and sit with the seniors in the dining room.</p> <p>Manners Above all, a nurse displayed “exemplary manners” <i>“...I am reporting on duty sister, yes please sister, no thank you sister, good morning sister, may I be excused sister? (off to tea or knock off time)’</i>. Patients were referred to as Mr or Mrs unless you were invited to call them by their first name. Patients were never called <i>“Sweetie”</i> or <i>“Sunshine”</i>. You did not sit in the presence of a more senior nurse, and when the matron or her deputy entered the ward or the dining room, you stood until those grand ladies acknowledged you with a nod of the head. Then you could resume your task, or dinner!</p> <p>Those days are long passed (thank goodness) but I wonder how much of those old rules would be of good use today in our workplaces? I say this because I see elements of our professional etiquette lacking. For example:</p> <ul style="list-style-type: none"> • An admitting nurse engaging in animated conversation with the transporting ambulance officer (totally ignoring the anxious patient...) • The nurse (male or female) bending over to reveal an expanse of tattooed, lower-back flesh (no I’m not against tattoos but if they’re of a <i>“risqué”</i> symbol on a normally covered body part, then keep them out of public view!) • Nurses calling each other <i>“love”</i> or <i>“darling”</i> • Uniform blouses or shirts un-ironed • No welcome of a new admission, no introduction of who you are and what you are doing this shift • ID badges that are out of site • Two nurses holding a personal conversation over the top of the patient they are attending to
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Friends are those who lift you up when no one else noticed you have fallen.

ETIQUETTE – THE POLITE RULES OF A PROFESSIONAL GROUP Cont'd

- A sorry lack of courtesy and respect between each other (hanging up phones without a proper conversation closure, butting into conversations without a 'pardon me...', orders barked at staff instead of polite directions – and definitely no 'please' added on, staff being ignored or the listener rolling their eyes back in exasperation without a word spoken, and so the list goes on...)

What must be remembered is that **as a profession we are under constant scrutiny**, especially by our patients and the public, and as "*old hat*" as it may seem, how we wear our uniform and **how we conduct ourselves will have great bearing on how much the patients in our care trust us** and are confident that we are knowledgeable in the performance of our work.

To further illustrate: how confident would we feel if, on first visit to a solicitor, s/he was wearing a tropical coloured shirt, cargo pants and sandals. The fact that s/he may have graduated top of his/her class is now forgotten. How many times do we base our appreciation (or lack thereof), of a particular shop or store on the behaviour of the front counter girl? If the sales transaction was pleasant, warm and interactive we will probably go back. However, if the sales girl chewed gum, made no eye contact and talked in monosyllabic grunts, we are more likely to go somewhere else next time.

Nursing etiquette is an old-fashioned term but many of the social graces first described are still relevant today so that we continue to promote a competent and professional image.

Thanks Rob for reminding us all. It sure brought back memories.

SILVER RAINBOW



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

"Free Friend February"

We are offering a two for one deal for any bookings made in February for our public workshops

These are being held on:

23 February 1.30pm to 4.30pm

24 April 9.30am to 12.30pm

26 June 7am – 10am **OR** 10am – 1pm

Cost: \$50

If you are reading this outside Auckland and have a venue you could offer to hold a public education session, please get in touch.

Each venue offered gets two free places for staff members.

Venue: 2nd Floor 300 Great South Road, Greenlane, Auckland.

(The Parenting Centre)

If you are interested please contact Julie.Watson@affinityservices.co.nz

**My love is free,
but my trust is
earned.**

<div>Don't wait for everything to be perfect before you decide to enjoy your life</div> <div>Joyce Meyer</div>	ACCESS TO RESIDENT'S HEALTH INFORMATION
	Request for information (as per the Privacy Commissioner's website .)
	Can family ask for someone's personal information if they have died? Personal information is defined as information about a living individual, so there is no right to obtain information about a deceased person under the Privacy Act.
	However, there is an exception to this which allows the executor of a deceased individual's estate to request that individual's health information from health agencies. That request must then be treated as if the individual was making a request for their own health information. Executors and administrators of estates have rights to some information under other laws as well, so that they can administer the estate effectively.
	If the individual's death has been investigated by the Coroner, then depending on whether or not you are immediately related to the individual, there is certain information you can request from the Coroner. For more information about requesting records from Coronial Services, see its website .
	The Health Information Privacy Code applies to the health information about identifiable individuals and applies to: <ul style="list-style-type: none">all agencies providing personal or public health or disability services such as primary health organisations, district health boards, rest homes, supported accommodation, doctors, nurses, dentists, pharmacists and optometrists; andsome agencies that do not provide health services to individuals but which are part of the health sector such as ACC, the Ministry of Health, the Health Research Council, health insurers and professional disciplinary bodies.
	For Doctors medical notes as per (mcnz) Public Records Act 2005 Patients have a right of access to information in their records because the information belongs to the patient, whereas the record belongs to the doctor. The Regulations states that when a patient dies a doctor may transfer the record to the representative of the deceased.
	Health information safety? The Privacy Act keeps personal information safe and makes sure that it is collected and used properly. It also gives the individual the right to see their own information and make sure that it's all correct. The Health Information Privacy Code (HIPC) specifically protects health information by setting out rules for health agencies to follow. The code controls how sensitive health information - like medical history - is collected and used by health agencies. The HIPC also gives New Zealanders the right to get all personal health information about themselves from rest homes, doctors, nurses, dentists, pharmacists, district health boards and anyone else who provides personal or public health or disability services.
	Rights under the Health Information Privacy Code? Each individual has the right to know who is going to see their health information and what will happen to it in the future. They also have a right to see their own health information and their doctor or health professional can give them access to it or a copy. Each individual has a right to see their own health information. If they make a request to their doctor or other health agency they must respond within 20 days of the request. If the agency does not respond to the request to access their health information within 20 working days, or they have denied the request, they can complain to the Privacy Commissioner .

Do not mistake
my kindness
for weakness
because
integrity is my
greatest
strength

ACCESS TO RESIDENT'S HEALTH INFORMATION Cont'd

Dealing with requests

Health agencies are often **asked to disclose** health information. The code always allows **anonymised or statistical** information to be disclosed, but closely regulates who may obtain information about identifiable individuals.

For instance, different rules apply to requests that come from:

- the individual
- a parent, relative or representative of the individual
- other clinicians
- other agencies in the health sector, such as District Health Boards or the Ministry of Health
- government agencies with enforcement roles, such as the Ministry of Social Development and the Police.

It is very rare that information must be provided immediately in response to a request. Unless responding to a court order or search warrant, the agency can take **enough time to make a considered decision**.

To help with this, all health agencies **MUST** have a **privacy officer**, who should be the first port of call for difficult queries. The Privacy Commissioner's office can also provide general advice.

Requests from the individual

People have the **right to access information about themselves** under rule 6 of the code. This right has only a few restrictions - for instance, if disclosure would prejudice the requester's physical or mental health, or would be an unwarranted disclosure of someone else's affairs. The other grounds for refusal are listed in sections 27-29 of the Privacy Act.

Rule 6 requests must be dealt with **promptly**. Agencies should either:

- respond (as soon as possible but within 20 working days) saying whether they will provide the information sought, and if not stating reasons for refusal or
- transfer the request (within ten working days) to someone who is better placed to answer it.

There are strict limitations on how much (if anything) can be charged for responding to a rule 6 request. **Public sector agencies like District Health Boards cannot charge** at all, while private sector agencies such as GPs may only charge where they have provided the same information within the last twelve months.

If you receive a request and are not sure, check with the Privacy Commissioner
Wellington: (04) 474 7590 Auckland: (09) 302 8680

KNOW ABOUT PRIVACY TRAINING? Try free [online modules](#). Ctrl and click the link

BOUQUET

*Jackie Long and her team at Aparangi Village for being selected
as one of the finalists for the 5th Asia Pacific Eldercare Innovation
Awards 2017.*

**FACILITY OF THE YEAR – INDEPENDENT SENIORS LIVING
and**

*Sue Pollock and her team at Tamahere Eventide
for sharing their success story with us.*



<p>When you love what you have, you have everything you need.</p> <p>Buzzhearts.</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.</p> <p>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.</p> <p>If you'd like to subscribe to Grey Matter, email library@moh.govt.nz</p>
	<p>TOTAL QUALITY PROGRAMME</p>
	<p>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>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.</p> <p>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>
	<p>TRAINING SESSIONS</p>
	<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 & 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><i>Jessica</i></p>

<p>“Count your age by friends, not years. Count your life by smiles, not tears.” John Lennon</p>	<p align="center">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 align="center">HELP ME KEEPING 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>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; www.eldernet.co.nz, www.insitenewspaper.co.nz, www.moh.govt.nz;
www.careerforce.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.learnonline.health.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 Trend Micro antivirus protection in all aspects of e-mail sending and receiving

Signing off for now.

Jessica

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- If you do not wish to continue to receive emails from me, all you need to do is e-mail me and write “Unsubscribe”. I will then remove you from my contact list (though I will be sorry to lose you from my list).
- 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.