


<p>In this issue:</p> <ul style="list-style-type: none"> • 4 year certification • Infection control Snippets • HealthCert decision tool • Police Vetting • Food Act 2014 • Snippet: Mental Health clients in aged care • Get ready for H&S law changes • Snippet: • Palliative and end of life care • Training • QA Programme • Back issues • Helpful websites <p>Emailed to: 1301 readers and counting</p> <p>09jelica@gmail.com</p> <p>mobile: 021 311055</p> <p>1/3 Price Crescent Mt Wellington Auckland 1060</p>	<p>4 YEAR CERTIFICATION</p>
	<p>I am very pleased to mention more facilities achieving</p> <p>4 year certification.</p> <p>My compliments and congratulations to:</p> <p><i>Howick Baptist Healthcare, Auckland</i></p> <p>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.</p> <p>And for my friends, who have an audit this month, all the best!</p> <p><i>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.</i></p>
	<p>INFECTION CONTROL SNIPPETS (Bug Control)</p>
	<p>Jewellery or wristwatches should not be worn as the areas beneath rings, stone settings, other jewellery and wristwatches can harbour microorganisms.</p> <p>It is also difficult to perform a thorough hand wash whilst wearing them.</p> <p><i>Julie Sparks (managing Director) Bug Control NZ Ltd Tel: 64 3 3047027</i></p>
	<p>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><i>Jessica</i></p>
	<p>ORAL HEALTH</p>
	<p>Because good oral health is a pre-requisite to a healthy and varied diet, and consequential overall well being, the importance of this aspect of patient care cannot be overemphasised.</p> <p>Oral care has been identified as a neglected area of practice, and now as the number of residents with dentures is declining, care of natural teeth becomes critical – so our residents can still chew their vegetables and fruits!</p> <p><i>For more see SING Bulletin May 2015 www.dietitians.org.nz</i></p>

	HEALTHCERT DECISION TOOL
<p>Never stop doing your best just because someone doesn't give you credit.</p>	<p>I received good feedback in May about the article regarding the decision tool. I was asked to give some more examples. So here are some</p> <p>Staffing (1.1.8, 1.2.7, 1.2.8) a possible high score of 50 points If the outcome is CI or FA with evidence demonstrating links to quality systems and service improvements across Standards.</p> <p>1.1.8 Consumers receive services of an appropriate standard. I believe that the following ideas can help you to achieve this:</p> <ul style="list-style-type: none"> • Having the definition of good practice reflected in the policies and procedures: • Reflect in codes of practice, research, standards, good practice guidelines, benchmarking the current accepted range of safe and reasonable practice that results in efficient and effective use of available resources to achieve quality outcomes, and minimise risk for the resident. • Evidence based practice is achieved through an education programme with topics listed including internal and external training, provided by experts in their field, access to professional networks, treatment protocols, resources available linked to policies and procedures, mentoring and supervision. <p>1.2.7 Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. I believe that the following ideas can help you to achieve this:</p> <ul style="list-style-type: none"> • Human resource policies which identify each role's authorities and responsibilities. • Staff is aware of their scope and limitations. • For specific responsibilities staff have documented competencies signed off. • Appraisals and job descriptions evident in each staff's file. • Copy of registrations (APC's), GP's, RN's, physiotherapist, podiatrist etc. • Designated driver's drivers license copy on file. • Reference checks are evident. Police vetting records evident. • There is a documented induction orientation programme and evidence in staff files that this is signed off together with competency forms. • Staff is not required to work un-supervised before being competent and safe to do this. • Establish residents satisfaction in regard of care provided and feeling confident with staff that cares for them. • Maintain an annual or two yearly education plan. • Ensure that training reflects your setting i.e if you have residents with strokes, Parkinson's etc, there should be training sessions ensuring staff awareness of requirements. • Have staff training records up to date. • Staff are encouraged to attend external training sessions provided by DHB and other organisations. • Staff working in a dementia unit have completed or are in process of completing the required unit standards. (23920, 23921, 23922, 23923) • Manager also keep training records up to date, at least 8 hours annually.

	HEALTHCERT DECISION TOOL Cont'd
<p>There is no elevator to success. You have to take the stairs.</p>	<p>1.2.7 cont'd</p> <ul style="list-style-type: none"> • Complete at least an annual audit on staff files to ensure all is in place. • Keep staff files in a good consistent order. • Maintain an appraisal calendar to ensure that these are completed annually. • Link competency testing to appraisals to ensure that they are not forgotten. • Ensure that staff with delegated responsibilities have the relevant training and access to resources. <p>1.2.8 Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> <p>I believe that the following ideas can help you to achieve this:</p> <ul style="list-style-type: none"> • Have a roster reflecting sufficient staffing cover for the provision of care and services to residents. • Staff number reflects resident's needs. For instance: if there is an outbreak staff levels are increased. • Check resident's satisfaction regarding response time after using call bell. • Check staff satisfaction re staff numbers. • Staff are available to meet the needs of residents as identified in care/lifestyle plans. (if you assess a resident as needing two staff for transfer you ensure that there are always two staff rostered on) • If staff have dual roles there is a clear distinguish between the roles and staff is aware of good infection control practices. • Equipment identified as needed is available and staff has been trained in its use. • Each shift is covered by at least one person with a first aid certificate inclusive of CPR and medication competent. • If there is not a RN on site 24/7 than staff are well informed about accessing RN and Doctors. • Complete call bell response audits, satisfaction audits and maintain records of staff that are first aid and CPR trained and medication competent. <p>Infection control 3.2 Implementation. A possible high score of 40 points if the Standard is CI or FA with evidence demonstrating links to quality systems and service improvements across standards.</p> <p>I believe that the following ideas can help you to achieve this:</p> <ul style="list-style-type: none"> • Ensure that the IC programme is strongly embedded throughout the organisation. • That members of the IC team receive ongoing education • That members of IC team have access to the diagnostic records • Seek input from external professionals with the skills and expertise in IC <p>Evidenced through education records, training/presentations provided by external specialists, input from multi disciplinary team (relevant to the size and setting), resources on site, all staff aware of the requirements of the IC programme.</p> <p><i>I hope this has been helpful and if you like this information please let me know as I am happy to add some in each newsletter. Of course if you have good ideas that you are willing to share then email them to me. We have to support each other working and what better way to do that then sharing good information.</i></p>

<p>The trouble with having an open mind, of course, is that people will insist on coming along and trying to put things in it.</p> <p>Terry Pratchett</p>	<h2>HANDLING VETTING INFORMATION</h2>
	<p><i>I received the question regarding the police vetting information as some people seem to believe that the info needs to be discarded.</i></p> <ul style="list-style-type: none"> • Information supplied by Police will only be sent to the designated contact email address within the requesting organisation. • The personal data collected for vetting applications has a Government security classification 'In Confidence'. • The organisation must establish security procedures to protect the confidential information and any Police material they hold. • Information supplied by Police must be destroyed, or deleted if stored electronically, once it is no longer required for employment purposes. • If the information needs to be kept for any audit purpose, the person being vetted must be made aware of this before consenting to the vetting application. • Potential employees or volunteers must be given the chance to see any personal information provided by Police and to correct this if necessary. • A correction may be sought by contacting the Police Vetting Service.
	<h2>HOW WILL THE NEW FOOD ACT 2014 AFFECT YOUR BUSINESS?</h2>
	<p>The Food Act 2014 will come into force by <u>1st March 2016</u> and will apply to new food businesses and suppliers who begin trading from that date. Existing businesses will come under the new law over a three-year period from this date.</p> <p>The central feature of the new Act is a sliding scale where businesses that are a higher risk from a food safety point of view will operate under more stringent food safety requirements and checks than lower risk food businesses.</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>Although businesses do not need to meet the requirements of the Food Act 2014 until <u>1st March 2016</u>, a growing number of food service businesses in New Zealand are choosing to transition early under The Ministry for Primary Industries (MPI's) Voluntary Implementation Programme (VIP). Voluntary Implementation Programme Link.</p>
	<h2>SNIPPET</h2>
	<p>Mental Health Clients in aged care</p> <p>Always identify the range of patients /service types you have/are funded for to your auditor before the audit as different services require different auditing and tracers. Keeping your DHB funder informed of any changes within your service builds good relationship. The Health and Disability (Safety) Act 2001 clearly sets out the number of residents for service type which require certification.</p>

	GET READY FOR HEALTH AND SAFETY LAW CHANGES
<p>Life is like a camera. Just focus on what's important, Capture the good time, develop from the negatives and if things don't turn out – just take another shot.</p>	<p>New health and safety (H&S) law is expected to be passed later this year and come into effect several months after that. While not all the changes are yet confirmed, enough is known for you to check what – if any – action your business may need to take.</p> <p>If you have good H&S policies and practices already in place, you're in a good position to stay compliant when the law changes.</p> <p>Who will be responsible for workplace H&S? In short, everyone in a business:</p> <ol style="list-style-type: none"> 1. The business itself – a new legal concept will be a Person Conducting a Business or Undertaking (PCBU). It will usually be a business entity, such as a company, rather than an individual. The PCBU will have the primary duty under the new law to ensure the health and safety of its workers and others affected by the work it carries out. 2. That's why it may also need to consult with other PCBUs where it shares a worksite or are part of a contracting or supply chain, to make sure all workers are safe and healthy. Learn more from WorkSafe about PCBUs. 3. Officers – includes directors and other people who make governance decisions that significantly affect a business. Officers have a duty of due diligence to ensure their PCBU complies with its H&S obligations. 4. Workers – must take reasonable care to ensure the H&S of themselves and others, and to comply with the PCBU's reasonable instructions and policies 5. Other people who come to the workplace, such as visitors or customers, also have some H&S duties. It's all about taking your share of the responsibility for what you can control. <p>What are other key changes? The new legislation shifts the focus from monitoring and recording health and safety incidents to proactively identifying and managing risks so everyone is safe.</p> <p>This might not necessarily mean a major change to your day-to-day operations, but it's the PCBU's duty to think about who may be affected by its business. This includes staff, contractors, customers and visitors.</p> <p>The PCBU will also need to engage its workers in health and safety matters through toolbox talks, H&S representatives, or other ways that suit that particular business.</p> <p>What do I need to do? If your business already has a strong commitment to H&S, you might not have to do anything new (check the list below).</p> <p>If not, you'll need to think about what could go wrong in your business and how to manage your health and safety risks. Make sure all staff understand it, and use these tips to get on the right track:</p>

<p>To guarantee success, act as if it were impossible to fail. Dorothea Brande</p>	<p align="center">GET READY FOR HEALTH AND SAFETY LAW CHANGES Cont'd</p>
	<ul style="list-style-type: none"> • Identify H&S hazards and risks, and take steps to prevent these from happening. • Make sure your H&S policies are led by management, understood by all staff and reviewed regularly. • Hold regular training on H&S matters. • Engage workers in H&S matters that affect them. • Support all officers to get up to date with H&S issues and key risk factors. • Report and monitor H&S goals. • Regularly review any incidents. • Carry out frequent H&S audits. <p>Taking these steps is good for your staff and workplace, helps productivity and it may help reduce your ACC levies. For tips on how to pay less, see Workplace Safety Discounts on the ACC website.</p> <p align="right"><i>Business.govt.nz</i></p> <p><i>I believe that under our current HDSS auditing regime most facilities will not have to change a lot but it pays to double check your policy and orientation and training process to ensure that good Health and Safety practices are well embedded in your organisation.</i></p>
	<p align="center">CAN RESIDENTS REFUSE MEDICATION?</p>
	<p>Yes residents have the right to refuse medication unless they are undergoing assessment pursuant to Sections 11 and 13 of the Mental Health Compulsory Treatment and Assessment Act 1992</p> <p>Or when subject to a compulsory treatment order under the Mental Health Compulsory Treatment and Assessment Act 1992 during the first month of that order.</p> <p>Document on medication chart the refusal and in progress notes: the refusal, which medicine, reason for refusal and who was advised. Handover to next shift to ensure ongoing observation for adverse effects. Always make RN/prescriber aware of refusal.</p> <p>If resident refuses but is not competent to make a decision then a multidisciplinary team in consultation with the resident's EPOA should decide on what decision should be made.</p> <p align="right"><i>See Medicines Care Guides page 6.</i></p>
	<p align="center">BOUQUETS</p>
	<div>  <p>For every provider, manager, nurse, health care assistant, cook, cleaner, laundress, maintenance person, gardener, activities staff, physiotherapist, administrator, receptionist, kitchen hand, and any other position I haven't mentioned, in times that you feel disillusioned, stressed, asking yourself if it is all worth it. Yes it is all worth it, as you become a vital part of your resident's family.</p> </div>

<p>Every day may not be good.</p> <p>But there's something good in every day.</p>	<p>TE ĀRAI PALLIATIVE CARE AND END OF LIFE RESEARCH GROUP</p>
	<p>Come hear about the latest findings from the School of Nursing's Te Ārai Palliative Care and End of Life Research Group. The conference marks the launch of Te Ārai's bi-cultural palliative care and end of life research group and will feature sessions on the group's latest research topics including:</p> <ul style="list-style-type: none"> * Culturally appropriate palliative care for Māori * Palliative care in aged residential care * Palliative care in hospitals <p>The afternoon sessions will explore the palliative care sector's research needs (bring your questions, answers and ideas) as well as suggestions for New Zealand's research priorities.</p> <p>The day will be a great opportunity for networking, collaborating with colleagues, and exploring research opportunities.</p> <p>25 June 9am-4pm Tamaki Innovation Campus, the University of Auckland.</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, Privacy, Rights, Confidentiality, Communication and documentation, Abuse and neglect prevention, Restraint minimisation and safe practice, Behaviour management, Complaints and risk management, open disclosure, EPOA, Advance directive, informed consent and 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>
	<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 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>Life is like a ten-speed bicycle. Most of us have gears we never use.</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

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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