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## 4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving  
**4 year certification.**

My compliments and congratulations to:

**Cunliffe House, Redwood, Christchurch**

**Churtonleigh Lifecare, Wellington**

**All the best to all my friends, who have an audit this month.  
I will be thinking of you!!**

*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.*

## QUALITY IMPROVEMENT

### QUALITY AND RISK MANAGEMENT

Looking after our older generation and providing the care they deserve is challenging. It is a process that we all need to consider very carefully in terms of risk management. We do regular assessments on our residents, but we do not always carry out risk assessments systematically to avoid undesirable incidents. Mostly we do risk management on a reactive basis.

The presence of risk is often uncertain and unpredictability. We do not know where or how it happens. We only know the potential of it happening.

Identifying potential risks and monitoring these risks are the main elements of risk management.

Valid and reliable data collection becomes pivotal in risk management

There is always a gap between the perceptions of what care delivery should be (perceived quality) and the actual care delivery (delivery quality).

Thus, the greater the gap, the higher the risk for both consumer and care provider.

To effectively reduce this gap, data collection must be objective and focused not only on what is being done but also on what needs to be done.

First of all, aged care service delivery has many subtle and intangible emotional factors which can be neither eliminated nor controlled.

Secondly, residents' physical, mental and medical problems create higher risks, which require close and continuous monitoring.

The risk and uncertainty involved in aged care and service delivery revolves around the human factor. It is a labour-intensive process.

It is focused on the incidents and accidents which might occur during service delivery.

## QUALITY AND RISK MANAGEMENT cont'd

The risks are embedded in the decisions that are made relating to residents' often multiple medical problems which need to be monitored and identified as soon as possible. Risk specific areas can be: Incidents of falls, behaviours, skin integrity, Drug errors, Treatment errors, Misdiagnosis, Outbreaks, Staff injuries

So our key questions that need to be raised are:

- What can go wrong?
- Are we sure that we are aware of all the risks that our residents face?
- What will we do to prevent it?
- What will we do if it happens?

Risk management starts with risk identification. When risk is being considered, the highest risk areas are falls, challenging behaviour issues and skin impairments.

Lack of common understanding and inconsistencies in data collection stem largely from four basic factors:

1. inadequate and inappropriate data collection tools
2. absence of details of the actual incident – staff not fully completing the incident reports
3. lack of common understanding about risk management
4. lack of understanding of investigation process when the incident happens

Risk evaluation allows you to determine the significance of risks to the business and decide to accept the specific risk or take action to prevent or minimise it.

To evaluate risks, it is worthwhile ranking these risks once you have identified them.

This can be done by considering the consequence and probability of each risk. Many businesses find that assessing consequence and probability as high, medium or low is adequate for their needs.

Risk categories:

**Service risks:** Residents care: Infection control, challenging/disruptive behaviour, restraints, cultural needs, discharge and transfers, treatments, diagnosis related, accidents/incidents, clinical failure(s),

**Environmental:** Fire, flood, burglary, robbery, chemical spills, building construction, waste management, noise, pollution, civil emergency, Health and Safety, major incident, Equipment maintenance.

**Information and communication:** Information technology: storage, retrieval and access to files. Confidentiality. Security

### Set goals and objectives

- Aim to achieve continuous quality improvement
- Be always ready and up to date for un-announced audits.
- Input from residents/relatives is encouraged and their involvement is recognised as an important part of service delivery
- Involve staff in the delivery and evaluation of services.
- Review and further develop policies and procedures ensuring they reflect up to date and good practice guidelines.
- Manage all identified potential risk through effective processes that are directed towards effective prevention of adverse effects.
- Establish links with Tangata Whenua and appropriate Maori groups
- Services to Maori are provided consistent with the Treaty of Waitangi.
- Statistical information is collected, collated, and analysed and trends are identified and appropriately managed

**“I can't change  
the direction of  
the wind but I  
can adjust my  
sails to always  
reach my  
destination”**

Jimmy Dean

## GOVT. MUST PAY MORE FOR AGED-CARE WORKERS — KAPITI RETIREMENT TRUST HEAD

*I would like to applaud Wendy Huston, CEO Kapiti Retirement Trust, for the following piece of writing which was published in the Kapiti Independent on 2<sup>nd</sup> May 2014.*

With the date for the national election confirmed as September 20, the priorities of politicians and would be politicians will come to the fore.

All sectors naturally believe their cause is the best and should be priority Number One priority, the plight of aged care should concern us all.

While they may not hit buttons in terms of cuteness or public appeal, the statistics showing how many of us will make up the 65-plus age group over the next three decades are known to us all.

### **Our aging future**

This is our future — the reward for living a long and worthwhile life. But it begs the question: Who will be there to look after us?

I am the first to say that carers in aged-care facilities are not paid enough.

If we talk about Government-funded care, then the starting point has to be pay parity.

This has happened in the education sector and health needs to follow suit.

***Why is it that carers who work in our public hospitals are funded at one rate, while those doing exactly the same work in care facilities funded by the DHB's but run by private groups, are paid significantly less? It makes no sense.***

### **'Happy to pass on to staff any additional funding'**

As CEO of the Kapiti Retirement Trust, I would be more than happy to commit to passing on to staff any additional funding which was tagged for staffing.

As a community, we need to be grateful that private enterprise, both profit and not-for-profit, have funded the building and upgrading of most aged-care facilities.

Where would we be if we had relied on central government funding for the needed bricks and mortar?

I believe the Kapiti Retirement Trust runs an efficient aged-care facility, with great resources to keep residents well cared for and staff safe while at work.

Such work often involves heavy lifting and dealing with tasks which are less than pleasant. If we can't make it work financially, what hope do smaller organisations have?

### **0.89% funding rise last year!**

Did you know that our funder, Capital & Coast DHB, passed on from Government funding just a 0.89% increase last year for continuing aged care (that is hospital level care).

***This year, the expected increase due in July is just 1%. How can we expect to attract and keep quality health care assistants – the people we will need to care for us with such a rate?***

If these are matters which concern you, now is the time to challenge the politicians.

We need to make the funding of aged care a major election issue. That will only happen if the voice of the usual 'silent majority' is heard.

## 2013 Census information seminars, 19 May–27 June 2014 – bookings open

Find out about the 2013 Census – what's happening at a local and national level, what we know about our population and how it's changing, and how to access this information on our website.

Seminars will take place between 19 May and 27 June 2014 at over 40 locations around New Zealand.

Visit [www.stats.govt.nz/census-seminars](http://www.stats.govt.nz/census-seminars) to find out when we will be in your area, and register to attend.

Life's challenges are not supposed to paralyse you, they are supposed to help you discover who you really are.

## "PERSON CENTERED CARE FOR DIVERSE POPULATIONS IN AGED RESIDENTIAL CARE"

The School of Nursing is hosting the above conference on the 1st of July 2014. It is being held in Tamaki Innovation Campus, University of Auckland, 261 Morrin Rd, St Johns, Auckland.

This is a conference for gerontology leaders, Qualified Nurses, Caregivers and all healthcare professionals with an interest in Residential aged care and the care of older adults.

Please find attached the flyer and register using the link below. If you have problems accessing the registration site through the flyer please use the link below where you can register.

<https://www.conf.auckland.ac.nz/ei/getdemo.ei?id=259&s=3TK00D03N>

I would be grateful if you could please circulate through your networks and pass the word on.

Looking forward to seeing you there.

Claire Mooney RN, BSc, DipN, PgDipGerN, PgCert AdvN.

Project Manager, Silver Rainbow, School of Nursing, University of Auckland

## National Dementia Cooperative Update April 2014

- We have re-published the proceedings of the Dementia Knowledge Exchange Forum 2013, having added a chapter on Blokes' Club by Howard Vickridge to make 16 chapters in total. Find the new version on our website <http://ndc.hiirc.org.nz/page/45414/proceedings-of-the-ndc-knowledge-exchange/?tab=4891&section=19790>
- The NZCCSS "Services for Older People Conference" *The Next Stretch* takes place in Dunedin 8-9 May 2014. It is listed under Events on the NDC website <http://ndc.hiirc.org.nz/section/19790/national-dementia-cooperative/?tab=4892>
- [NZResearch.org](http://nzresearch.org) is a website run by the [National Library of New Zealand Te Puna Matauranga o Aotearoa](http://www.nzli.org.nz). It has research documents produced by New Zealand universities and polytechnics, including a good number about dementia.
- The NDC National Coordinator position (0.6 FTE) is now advertised on [SEEK](http://seek.co.nz), closing date for applications is 27 April. Because it has to be listed on SEEK as located in a particular place, I am changing the location every few days! If you know someone who you think would be great in this role, send them the [position description](#).

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

Naku noa, Marja,

**National Coordinator, National Dementia Cooperative**

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A friend is  
someone who  
can see the  
truth and pain  
in you even  
when you are  
fooling  
everyone else

Positive thinking sees the invisible, feels the intangible, and can achieve the impossible.

## A SENSE OF A GOOSE



*When I came across the following story I realise that this is what teamwork is all about!*

Next Autumn, when you see geese heading south for the winter, flying in a "V" formation, you might consider what science has discovered as to why they fly that way.

As each bird flaps its wings, it creates an uplift for the bird immediately following. By flying in a "V" formation, the whole flock adds at least 71 percent greater flying range than if each bird flew on its own.

*People who share a common direction and sense of community can get where they are going more quickly and easily, because they are travelling on the thrust of one another.*

When a goose falls out of formation, it suddenly feels the drag and resistance of trying to go it alone and quickly gets back into formation to take advantage of the lifting power of the bird in front.

*If we have the sense of a goose, we will stay in formation with those people who are heading the same way we are.*

When the head goose gets tired, it rotates back in the wing and another goose flies point.

*It is sensible to take turns doing demanding jobs, whether with people or with geese flying south.*

Geese honk from behind to encourage those up front to keep up their speed.

*What message do we give when we honk from behind?*

Finally - and this is important - when a goose gets sick or is wounded by gunshot, and falls out of the formation, two other geese fall out with that goose and follow it down to lend help and protection. They stay with the fallen goose until it is able to fly or until it dies; and only then do they launch out on their own, or with another formation to catch up with their own group.

*If we have the sense of a goose, we will stand by each other like that*

## BOUQUET



To all the organisers of the ANZAC services held throughout New Zealand!

Most places kept it dry which was a nice change.

It is good to see so many young people attending ensuring continuation of this important event.

## NEWSLETTERS BACK ISSUES

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](http://www.jelicatips.com) No password or membership required.

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.

I don't mind sharing this information but I don't agree anybody making financial gain from this information!

## Quality Assurance Programme

**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?**

If the answer to the above is yes then

**Join hundreds of other aged care providers**

Here is a total tried and tested Quality Programme tailor-made for aged care!

It is imperative to have the right policies and procedures implemented to ensure compliance of our service.

All policies and procedures, including the related work forms, are written in a very user friendly manner and understandable to all staff.

All users of the programme become part of keeping the programme up to date which means that a lot of health care professionals have input into the programme.

Each policy also becomes a training tool for your staff. This is not only cost effective but also ensures that staff receives consistence training relating to your own procedures and service.

The programme comes on CD and can be personalised for your facility. It is then a straightforward matter to put the policies and procedures into practice in your facility.

**This gives you total control** of policies and procedures and you can personalise and change as many times as you like. After the initial purchase **you don't pay anything anymore.**

This programme was first developed in 1990 and has been constantly updated to reflect current requirements. It covers each area of the relevant services within a facility and includes the following manuals with policies and procedures: Nursing, Staffing, Administration, Quality System, Health and Safety, Fire and Emergencies, Cleaning, Laundry, Food, Gardening and Maintenance, Internal audits.

If you decide to purchase the programme, or parts thereof, you receive FREE updates through email whenever and as long as I can.

I invite you to contact me if you have problems with just one or two policies as I am happy to help you out.

For more information and to receive the order form and licence agreement, contact me on 09 5795204, 021 311055 or [jelica@woosh.co.nz](mailto:jelica@woosh.co.nz)

**A clear  
conscience is  
the softest  
pillow**

**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.healthedtrust.org.nz](http://www.healthedtrust.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>

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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- 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.