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**Emailed to:
1279**

And counting

jelica@woosh.co.nz

mobile: 021 311055

1/3 Price Crescent
Mt Wellington
Auckland 1060

*Wishing everybody all the best for 2015.
That all your endeavours are met with huge success and appreciation.
Shedding tears over missed opportunities of the year gone by might cloud your vision and may cause you to miss out on opportunities of the present.
Ring out the old but do not lose the lessons of the past that will make you better in the future.
Here is wishing you peace and prosperity, good health and success throughout 2015.*

4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving
4 year certification.
My compliments and congratulations to:

St Andrews Home and Hospital in Dunedin

Aria Gardens Limited Auckland

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

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.

HELP ME KEEPING THE DATABASE UP TO DATE!

Changing positions? New email address? Let me know if your details are changing so I can keep the database up to date.

Looking forward to another year of sharing information, good ideas and experiences.

As always your ongoing input is very much appreciated.

Jessica

SNIPPETS

JOB DESCRIPTIONS

Have a copy of a signed job description in each staff members' file. This includes copies of specific responsibilities ie. Restraint coordinator, IC coordinator, Health and Safety Officer etc.

Don't assume they are in the files but check as this is a very easy partial attainment to be prevented.

RESTRAINT APPROVAL GROUP

If no restraint in place organise an approval group meeting on an annual basis to review processes, new products on the market, the ongoing staff training required, equipment checks etc.

STAFF COMPETENCIES

Complete staff competencies on an annual basis especially medication, restraint/enablers, infection control. An easy way to do this is to link them to the appraisals.

REPORTING REQUIREMENTS SECTION 31(5) :

Common themes for reporting under these categories are:

Examples:

Note: These do not cover every reportable event under section 31(5), and those reporting must use their discretion when assessing what must be reported.

Subsection (a)

- Health & Safety
- Evacuations
- Fire
- Natural Disaster
- Flood
- Equipment failure which puts at risk;
 - health or safety of residents
 - communication systems

Subsection (b)

- Police investigation commenced by a constable
- Intruders/trespassers/harassment
- Assault
- Missing medication
- Theft
- Missing residents
- Suspicious Deaths

Subsection (c) Coroner's report

- Sudden Deaths
- Death certificate unsigned
- Death of a resident who is under a Compulsory Treatment Order (Mental Health)

ANNUAL REPORT

Writing an annual report to reflect on all the things completed in 2014 is a good idea to show auditors what you have done, improvements made, projects completed, incidents and infection collations and quality improvements.

If you are interested in an outlay for such report please let me know and I will email you one in the week of the 20th. The same goes for the RN and manager annual calendar. You only have to ask. Don't reinvent the wheel!

Smile today,
tomorrow could
be worse.

A PROVIDERS' CHRISTMAS

We have completed our 9 Xmas trees – which have been up for two weeks now- and each lounge looks amazingly festive - God knows what the electricity bill will reach with all the fairy lights, we are just off now to decorate the front of all the houses.

I guess we can feel relieved that the season is **only** annual. My daughters are groaning at the thought of Xmas day in the rest home Kitchen – usually following a Christmas eve hangover – as I remind them it is my 30th – they are not impressed

Thanks Glenda

DEMENTIA COOPERATIVE

It's been another big year for the National Dementia Cooperative. 2014 has seen the need for a coordinated focus on dementia in NZ, with the latest statistics confirming the ongoing increase in the older population. The NDC has therefore moved to step up its engagement in national and regional developments in dementia care. Membership numbers have increased significantly to 900 members, and the Cooperative is now very well placed to provide, from within our membership, a body of expertise and knowledge that can be tapped for policy and service development processes.

Members have been involved in working parties and advisory groups in such diverse areas as the NZ Dementia Care Pathways Framework, the National Ethics Advisory Committee, Health Navigator, Careerforce and the Advance Care Planning Cooperative. The involvement of NDC members in this work demonstrates the power that exists within the Cooperative's capacity to bring together different disciplines, practitioners, consumers, researchers and policy makers to examine areas of policy and practice and to support multi-disciplinary, achievable solutions that improve outcomes for people with dementia and their families.

The NDC's plans for the year ahead include:

- Redevelopment of our database and our website into a comprehensive communication platform able to host online discussions, video, audio and a research database.

- The 2015 NDC Knowledge Symposium. Planning for this is well underway. The Symposium will be held in Wellington in December 2015, with the proposed theme *Dementia: Dilemmas and Debates*. The Symposium will take the form of a national discussion about dementia care in NZ, and where we need to take it. It will be an exciting opportunity for all people who are interested in dementia to come together, explore ideas and have a say. There will be more information about the Symposium early next year.

Thank you for your support and willingness to be involved in the work of the NDC this year. I hope you had a lovely Xmas break and I look forward to working with you in 2015.

Kind regards

Shereen, National Coordinator

National Dementia Cooperative

Email: info@nzdementia.org <http://ndc.hiirc.org.nz>

Laughing is one of the best exercises, it's like running inside your mind. You can do it almost anywhere and it's even better with a friend.

SILVER RAINBOW – reflect on good and safe practice for respecting client diversity

Silver Rainbow started in 2011 at the School of Nursing, University of Auckland, under the leadership of gerontology nurse practitioner and senior lecturer Dr Michal Boyd.

Research done in 2011-12 indicated that lesbian, gay and bisexual (LGB) elders have almost no visibility in aged care facilities, and that carers have little awareness of LGB needs, let alone skills on how to manage homophobic behaviour from other residents. While carers themselves generally claim to be accepting of LGB residents, the research also suggested a lack of self-awareness of personal prejudice.

In 2012-13 this research was used for the second phase: design, development and field-testing of a resource kit for those who educate staff who care for LGB in aged care facilities.

The third phase, in 2013-14, included fine-tuning of the activities, production of another photo video, a train-the-trainer module, and online and print publication. The resource was marketed to aged care sector leaders, and was a main feature of a cultural safety and diversity conference organised by the project on 1 July 2014.

Thanks to the financial support of the Rule Foundation, *Silver Rainbow* is now an engaging and easy-to-follow resource that benefits all providers committed to excellence in care, particularly care provided to lesbian, gay and bisexual clients, but also in reflecting on the wonderful diversity of people who live in aged residential care. Staff will develop a better appreciation of the experience lesbian, gay and bisexual older people have entering aged residential care

From academic beginnings *Silver Rainbow* has now moved out into the rainbow community. Under OUTLine NZ's umbrella, the resource is being distributed.

The resource has been well received by general media and the aged care sector in New Zealand, with queries from as far afield as Spain, the US, and Australia!

WHAT'S INCLUDED

The resource aims to educate aged care staff about homophobia and how to provide culturally safe care for LGB residents. It includes two short video scenarios, along with a train-the-trainer module. A facilitator's guide parallels a participant's workbook and guidelines for care staff. There's a selection of exercises on the effects of homophobia on LGB residents, and their right to the same high quality of care as anyone else - irrespective of the personal beliefs of the carer.

LEARNING OBJECTIVES

- understanding that LGB residents have the right to have their needs met in a respectful manner
- information on the unique needs and cultural differences of LGB residents
- recognising the impact of not being recognised and respected as a specific cultural group
- acknowledging the difficulties and issues LGB residents may face and have most likely dealt with throughout their lives
- actions to take when a resident is treated in a disrespectful or unacceptable manner by other residents, staff or visitors, because of their sexual orientation

The most important thing in life is not knowing everything, it's having the phone number of somebody who does.

SILVER RAINBOW – reflect on good and safe practice for respecting client diversity

SILVER RAINBOW: WHY NOW?

- Lesbian, gay and bisexual visibility and rights are increasingly recognised in NZ society. Many people assume that there are no issues for elderly LGB.
- There's also a view that the elderly are not sexual beings and so sexual orientation is unimportant in old age. But research suggests that LGB people who access services for the elderly experience high levels of unmet need and fears of discrimination.
- This resource is designed to help staff working in aged care recognise LGB residents' needs, and gives a guide to the best care possible, to prevent rainbow elders being forced back 'into the closet' in their latter years.

Silver Rainbow continues as a free resource to the aged care sector, with the support of the Rule Foundation and OUTLine NZ, a lesbian gay bisexual transgender and intersex charitable counselling organisation. All providers committed to providing safe care of the highest quality should look at the Silver Rainbow material online and seek out a free copy of training resource

Project leads:

Dr Michal Boyd, Waitemata District Health Board (DHB) & University of Auckland School of Nursing -clinical & project leader

Dr Gary Bellamy, University of Auckland School of Nursing – phase one researcher

Dr Lisa Ann Williams, University of Auckland School of Nursing - phase two project manager

Claire Mooney RN, Aged Care Consultant - Caruna Care Ltd - phase three project manager

Steering groups:

Dr Annette Mortensen, Northern Regional Alliance (NRA), Dr Christine Walsh, Health Quality & Safety Commission NZ, Dr Jan Wilson, University of Auckland, Jessica Buddendijk, Aged Care Consultant - Jelica Ltd, Michael Stevens, Affinity Services, Dr Nigel George, Auckland DHB, Robert Ford, Auckland DHB, Sonja Karon RN, Auckland DHB, Drs Stephen Neville & Jeffery Adams, Massey University, Stephen Park, Rule Foundation, Trevor Easton, OUTLine NZ

Funded by: Rule Foundation

Produced by: School of Nursing, The University of Auckland

Resources:

<https://www.facebook.com/SilverRainbowNewZealand>

Contact: silverrainbow.brent@gmail.com

BOUQUET



For all the providers, managers and staff who have give their residents a lovely Christmas and for their ongoing care throughout the year.

**Always
remember you
are unique, just
like everyone
else.**

<p>You never run out of things that can go wrong</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: 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>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. 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

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 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.