

An independent newsletter for people interested in Aged Care

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**Emailed to:
1842 readers
and counting**

**Welcome to my
overseas readers**

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4 YEAR CERTIFICATION

It give me great pleasure to publish the below facilities who achieved

4 year certification

My compliments and congratulations to:

Dominion Home Dementia Care – Auckland

Shalom Court Rest Home - Whangarei

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

SPECIAL DAYS THIS MONTH

1 January	New Years Day
2 January	Day after New Year's day
20 January	Wellington Anniversary Day
25 January	Chinese New Year
27 January	Northland Anniversary Day
27 January	Auckland Anniversary Day



RECOMMENDED READING

Long Bright River, Liz Moore

Two sisters. Mickey, a cop on the streets of Philly. Kacey, an addict who disappears on her sister's beat. One part suspense novel, one part heart-wrenching family saga, *Long Bright River* adds up to a fully engrossing tale



Dear Edward, Ann Napolitano

When a 12-year-old boy is the sole survivor of a horrific plane crash that kills all of the 183 other passengers on board, he must learn to make his way in a world that spared him, and him alone. This book will break your heart and piece it back together.

Infection Prevention & Control and Management of Carbapenemase-producing Enterobacteriaceae (CPE)

For guidelines see: <https://www.health.govt.nz/publication/infection-prevention-control-and-management-carbapenemase-producing-enterobacteriaceae-cpe>

The incidence of carbapenem-producing enterobacteriaceae (CPE) is increasing worldwide.

About CPE: *Enterobacteriaceae* are a large and diverse family of gram-negative bacteria and although they generally exist as commensal organisms in the human gastrointestinal tract, they can be responsible for a variety of infections, including; urinary tract infections, wound infections, gastroenteritis, meningitis, septicaemia, and pneumonia. Amongst the gram-negative bacteria, the *Enterobacteriaceae* are the most frequent cause of both community-acquired and health care-acquired infections.

Carbapenem-resistant *Enterobacteriaceae* (CRE) are *Enterobacteriaceae* that are non-susceptible to carbapenem antibiotics. Carbapenemase-producing *Enterobacteriaceae* (CPE) are defined as any of the CRE that harbour a gene encoding carbapenemase (a β -lactamase). CPE are often also resistant to many other classes of antimicrobial agents.

How it is spread: While the majority of cases of infection or colonisation by CPE are detected via active surveillance at admission to health care facilities, there is international evidence of an increasing trend of community carriers, particularly in areas where it is endemic such as the Indian Subcontinent, where there is a particularly high prevalence in India and Pakistan. CPE have spread rapidly due to global movements, medical tourism and through transmission of plasmids carrying the gene from one bacterium to another. Sporadic cases of colonised or infected patients have been reported in a range of countries across most continents. Typically, these patients have recently received health care in a high CPE burden country.

Spread within health care settings has been well described in high, middle and low income countries.

New Zealand situation: In New Zealand, the rate of CPE carriage and infection has increased sharply in recent years, and while until very recently nearly all CPE have been imported from overseas, however, we are now seeing carriers in the community and transmission in health care facilities.

Minimising the effects of CPE; Health care facilities in New Zealand need to take a proactive approach to ensure strong measures are in place to minimise the effect of these resistant organisms.

Awareness, education, early identification, and infection prevention and control measures are key elements to reduce the spread and transmission of CPE which carry a high mortality and may be completely resistant to antibiotics.

Please ensure that your health care facility has up-to-date policies and procedures in place to identify and manage CPE. Critical policies and procedures include:

- screening policies to identify patients at high-risk for colonisation/infection with a CPE
- standard and transmission-based (contact precautions) precautions for all suspected or laboratory-confirmed cases of CPE
- hand hygiene policy
- laboratory procedures in place to detect and report CPE
- alerting other health care facilities that the patient is colonised or infected with a CPE through the National Medical Warning System
- infection prevention and control measures (eg, cleaning and disinfection procedure)
- antimicrobial stewardship programmes.

Contact your local Infection Prevention and Control teams for further advice and education as needed.

*Never blame anyone in your life.
Good people give you happiness.
Bad people give you experience.
Unkind people give you a lesson and the awesome people give you memories.*

Positive thoughts

CPE cont'd

Suspected or confirmed cases

In the event of a suspected/confirmed CPE case, contact your local Infection Prevention and Control, Infectious Diseases and Clinical Microbiology Services.

It is important that the Ministry is informed of any actual or suspected CPE transmissions as soon as possible after such transmissions have been identified. This should be notified via email to notifycommndiseases@health.govt.nz

Further information: On these websites:

- [Infection Prevention & Control and Management of Carbapenemase-producing Enterobacteriaceae \(CPE\) Guidelines for Health care Providers in New Zealand Acute and Residential Care Facilities](#)
- [Antimicrobial resistance](#)

SHELLEY'S CORNER

It's (almost) 2020: what's coming up in employment law?

With a new decade imminent (or even upon us as you read this), it is a good time to look at what is coming up in employment law in 2020.

Just released at the time of writing is confirmation that the minimum wage will rise to \$18.90 from 1 April 2020. This is an extra \$48 per week before tax for employees who work for 40 hours on the current minimum wage.

The minimum wage is expected to increase further to \$20 per hour in 2021.

In July is expected the commencement of the Employment Relations (Triangular Employment) Amendment Act, which will mean that employers of bureau nurses and caregivers are at risk of being found to be a "controlling employer" of the employee, and so able to be joined to personal grievance proceedings issued by the employee.

In immigration, changes to the way migrant workers are classified per the Australian and New Zealand Standard Classification of Occupation (ANZSCO) could see an ease in the ability to apply for residency for workers in the aged care sector. These are the first changes to the skills classifications since 2006 and are in response to employer pressure over skills shortages. This easing however may be short lived, as in 2021 Immigration New Zealand intends to remove the ANZSCO essential skills visa process, and introduce an accreditation system for employers who hire migrant workers.

The Government is consulting on a number of other aspects of employment law, in particular issues related to "dependent contactors", and how best to design a fair pay agreement system.

Employment law in New Zealand is never dull and never stays still for long. With the changes already in play, and an upcoming election in 2020, this position seems sure to continue.

If you would like more information regarding the above, or have any questions, please contact us:

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This article gives a general overview of the topics covered and is not intended to be relied upon as legal advice

A beautiful face
will age and a
perfect body
will change but
a beautiful soul
will always be a
beautiful soul.
Learning in life

SMART PHONE USE

What was once something you did in private or during downtime has now become an obsession. We all need to find out what else is going on at other locations, to the detriment of the current situation happening right there in front of us.

The unspoken subtext of checking text messages in front of friends is: "Somewhere else there is someone who I care about more than you. I want to know what they have to say more than what you have to say to me now."

The idea of being present in the moment is disappearing faster than you can say, "Hey, I've got to take this call..." We devalue our current situation, the friends and family around us, our surroundings and setting, for something going on somewhere else.

Of course, I am not anti-technology and am in awe of the smart phone just like the next gadget freak. But when my friend chooses to answer their phone while we are having a private conversation, I feel like the "unknown" person on the other end of that ringing tone is more important.

In many cases, having a smart phone around can be a huge help. In emergencies, you can call for help quickly. You can stay in touch with work and colleagues as you can always be contacted. (although that can be a downside as well!)

People talk on smart phones while out at restaurants, they text while driving, and there's even a push to bring safe smart phone calling onto airplanes at all times. It might be safe for the pilot, but not for the rest of us stuck next to people gabbing on their phones endlessly for entire flights. You just know it will happen. Crying babies, by comparison, will start to sound like the London Symphony Orchestra.

I wonder whether more electronic communication will mean less face-to-face conversations, and we'll have generations of people who are more comfortable texting their friends than talking to them in person.

I also wonder what the long-term effects will be of devaluing our current situation, our current surroundings and the people we spend time with in person. Personally, I don't long to be in the company of people who are constantly connected to someone else.

What do you think? Are we as a society becoming obsessed with smart phones, and other social media? Is that a good or bad thing and what's the best way you find to balance tech usage and unplugging? Share your thoughts.

DON'T COMPLICATE LIFE

Missing somebody?	CALL
Want to meet up?	INVITE
Want to be understood?	EXPLAIN
Have questions?	ASK
Don't like something?	SAY IT
Like something?	STATE IT
Want something?	ASK FOR IT
Love someone?	TELL THEM

KEEP YOUR LIFE SIMPLE

**Life is short.
Spend it with
people who
make you
laugh and feel
loved.**

Mental health
believe

ARE YOU SAFE TO DRIVE?

The New Zealand Transport Agency (NZTA) has a video about driving and using medication that may impair driving. It can be unsafe to drive when taking certain medicines as this can impair abilities. It's also against the law to drive when impaired.

Some common signs of impairment include drowsiness/feeling sleepy, blurred vision, headache, slowed reactions, slurred speech, and feeling wired or overconfident.

<https://www.nzta.govt.nz/safety/driving-safely/medication/heavy-transport>

SUBSTANCE IMPAIRED DRIVING IS A SIZEABLE AND SERIOUS PROBLEM.

Road crashes caused by substance impaired driving occur much more often in New Zealand than previously thought. People are uninformed about how medication and drugs can affect their driving.

What is substance impaired driving?

Substance impaired driving is when a person's ability to drive a car is affected because they have taken a drug or medication, a combination of these or combined them with alcohol. It's illegal to drive while impaired.

Five types of medications most often prescribed by New Zealand doctors make up three-quarters of those that may impair driving:

- Analgesics
- Antidepressants
- Heart medications (beta blockers/calcium channel blockers)
- Antihistamines
- Sedatives.

Five less common prescription medications make up most of the rest:

- Antipsychotics
- Anti-epilepsy drugs
- Substance dependence treatments
- Anti-nausea medications
- Anxiolytics.

These 10 medications account for over 95 percent of prescription medications that may impair driving in New Zealand.

Driving could be affected if you are:

- taking one or more of these medications, or
- taking some of the variants sold as 'pharmacy only', or
- taking over-the-counter' medications such as antihistamines or cold and flu preparations.
- The decision to drive is driver's responsibility.
- Reactions times are really slowed when driver is impaired.
- 'Impairment' may only be temporary.
- Other drugs like cannabis or over-the-counter medications may affect driving.
- Car insurance may be affected if driving impaired after being told not to drive on strong medications.
- Make a plan for emergency night-time driving.

Medsafe

If you push me away I promise you, you won't find me where you left me. My heart is big, but not big enough to deal with people, who decide to love me when it's convenient for them.

Mental health Prime

SMART GOALS

I am sure you've heard of SMART goals. They're not rocket science...but they do work. SMART goals are an excellent filter to maximise planning outcomes.

Goals written in this SMART format ensures that the goal-setter is clear on what they're trying to accomplish—plus when and how.

With the SMART acronym comes five simple parameters; that any goal (if you truly want to achieve it) must be Specific, Measurable, Achievable, Relevant and Time-bound.

Let's look at an example that a lot of people will be able to identify with after the festive season!!

When thinking about goals vs SMART goals, consider the difference between "I want a healthier diet" and "I want to eat less than 2,000 calories a day, 6 days per week to lose 7 kg within 3 months and reduce my LDL cholesterol to 80". Which goal compels you to act?

Let's break it down:

- 1. Is your goal Specific?** The what, who, how, when and why. It helps to remind you to write down what you want to do, using action words. For example, instead of saying, "I want fewer infections," you might say, I'm going to reduce our infection rate with 10%. Being specific and using action verbs focuses you on what exactly you need to do.
- 2. Is your goal Measurable?** You must be able to determine your progress – by how much have you reduced the infections? By adding the percentage, you now have a measurement you can use to focus your effort and track your progress toward your goal. Keep your progress visual by tracking it in a spreadsheet.
- 3. Is your goal Achievable (attainable)?** Do you have the support, resources and ability to achieve it? Strike a balance between somewhat challenging and impossibly. Check to make sure the goal is within reach. Research shows that people are motivated by goals that stretch them as long as they're not unrealistic. Let's assume, for example, reducing the infection by 10% is an achievable goal
- 4. Is your goal Relevant?** Does it work in with your personal plan or business's vision? There's no point working hard on your goals if they're the wrong goals. Make sure the goal you set makes sense for you. For example, your infection rate is not that high but your incidents are and result in serious injuries. Would it not make more sense to focus on the incident rate?
- 5. Is it Time-bound (Timely)?** Remove the temptation to procrastinate. Lock in a timeframe - a realistic timeframe - that will propel you to act. What it reminds you to do is set an end date or time frame for achieving your goal. 10% reduction is fine, but if you don't set a time frame, will you be satisfied with achieving this next year?

Run the SMART filter over your current goals to ensure you're setting yourself up for success.

And, don't forget to reward your hard work. The dopamine hit we experience from completing tasks and achieving goals encourages us to repeat such behaviour, helping us turn our goals into habits.

Happy goal setting. Jessica

Funny about getting older, your eyesight may weaken yet you can see through people much better.

Lessonslearnedinlife

Friendship isn't
a big thing – it's
a million little
things
Second nature

BEEN PARTYING TOO HARD?

Puffy eyes 1: Soak 2 tea bags, then put them in the freezer for a few minutes, place on your eyes, lie back, and relax! Or grate a raw potato, mold it into a mushy pack, and put it on your eyes and lids for 10 to 20 minutes. The potato starch will help smooth the eye-area skin and ease away puffiness.

Puffy eyes 2: Try using some cold cucumber slices on your eyes at the end of the night to relieve tired eyes. An oldie, but a goodie.

For an instant face-lift: Beat an egg white and apply it to your skin. Leave on for about 10 minutes and rinse off. Your skin will be tighter and appear firmer

HAVE YOU HEARD ABOUT GREY MATTER?

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

TOTAL QUALITY 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](#)

This totally tried and tested Quality Programme tailor-made for aged care has been around since 1990!

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

SILVER RAINBOW

Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI)

Education for Caregivers

If you are interested please contact

Julie on Julie.Watson@kahuitukaha.co.nz to find out how you can book Silver Rainbow education for your organisation.



<p style="color: #4f81bd; font-style: italic;">“Goodbyes are not forever, Goodbyes are not the end. They simply mean I’ll miss you, until we meet again.”</p> <p style="font-size: small; color: #4f81bd;">Author Unknown</p>	NEWSLETTERS BACK ISSUES
	<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>
	HELP ME KEEPING THE DATABASE UP TO DATE!
	<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. <i>Jessica</i></p>

Some interesting websites:

www.careassociation.co.nz; www.eldernet.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.hgsc.govt.nz>;
www.safefoodhandler.com; www.learnonline.health.nz; www.nutritionfoundation.org.nz/about-nznf/Healthy-Ageing;
www.glasgowcomascale.org; <https://www.health.govt.nz/our-work/disability-services/disability-publications/disability-support-services-newsletter>; <https://worksafe.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.

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 antivirus protection in all aspects of e-mail sending and receiving

Signing off for this month!!

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.