

TRAINING AND EDUCATION

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I have received questions regarding the mandatory training that needs to be provided.

I have added a list on the next page with mandatory topics as per contract and HDSS.

Other training sessions should reflect your service setting.

Identify in the training records a description of the topic. I.e. Infection control is broad so for instance it is specified as "hand washing" or "outbreak management".

High risks topics are on the list at least on an annual basis i.e infection control and medication management. Any shortcomings that have been identified through internal audits, exception reporting often need additional training.

This list does not include the required unit standards for staff working in a secure unit. These are 23920; 23921; 23922; 23923 nor does it include any other unit standards which are available from different organisation i.e ACE, CareerForce.

Other disciplines like kitchen, cleaning and laundry staff should receive training relevant to their position and their interaction with residents.

Say for instance challenging behaviour is an issue in your facility then it could help all staff who are in contact with residents to receive training on the topic.

Clinical training session might not be relevant for the cook or the cleaner.

All staff should receive training on resident's rights, privacy, confidentiality, infection control, complaints, documentation, reporting etc.

The food service staff training emphasis should be on food safety while cleaning and laundry staff should be trained on safe use of chemicals etc.

Staff in kitchen should also have a safe food handling certificate.

There has to be at least one person on each shift who is trained in first aid & CPR.

Manager should, as per standard 2.1.3, be suitably qualified and attended at least 8 hours training eg. Quality and Risk management, employment issues, performance managing etc.

RN's to maintain their professional development.

It is recommended to follow up training with validation questionnaires if you organise the training in-house and to evaluate the training.

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TWO YEARLY TRAINING PLAN

Take every chance you got to be happy... because life is too short to hesitate.

Abuse and neglect
 Care planning
 Communication and Documentation
 Complaints and Open disclosure
 Cultural safety
 Emergency training/ security
 End of life care/death
 Falls prevention, mobility and safe transfers
 First aid training (in house)
 Health and Safety
 Management of challenging behaviours. Recognising triggers and de-escalation
 Nutrition/hydration
 Observation and reporting
 Pain identification and management
 Privacy and Dignity/ choice
 Promoting Continence and Managing incontinence
 Quality and risk management/exception reporting i.e hazards, incidents, accidents, complaints
 Restraint minimisation and safe practice
 Resuscitation – advance directives, informed consent /EPOA
 Rights, Advocacy, independence and individuality
 Sexuality and intimacy
 Skin management/pressure areas
 Spirituality and counselling
 The ageing process/ Practical care skills/hygiene/ assessments
 Safe food handling other than the food handling certificates.
 Wound care

Fire evacuations 6 monthly
Infection control (at least Annually) (specify topics)
Medication (at least annually) (specify topics) (staff have competency checked and signed off)

Training specific for other disciplines i.e RN, kitchen, laundress, cleaner, DT or activities coordinator
 Food handling certificate for kitchen staff
 Activities training
 Dementia care specific
 Safe use of chemicals and MSDS records
 Orientation and admission of residents

Annual check re RN practising certificates. Keep copy on file.

All staff to complete induction/orientation training inclusive of hygiene, grooming, hand over etc.

Document attendance on each staff member's individual training record.

Extra training to reflect site specific issues/problems

Sometimes you'll never know the true value of a moment until it becomes a memory.

MAILBOX QUOTAS: YOUR MAILBOX IS FULL

When you are getting messages informing you that your server mailbox is full and cleaning out old mail does not solve the problem.

This often happens when you use Microsoft Outlook, Outlook Express etc. and not your web based account.

The first step in addressing this message is to empty the Deleted Items and Junk Email folders.

You should also delete or archive old appointments and Tasks. Check the Journal folder and delete or archive older Journal items.

Empty the deleted items folder to get rid of these items.

If you use a POP3 account and get "mailbox full" warning emails, you need to log into your account using web access and delete items from the server.

Don't forget to empty the deleted item folder on the server too.

IMAP users need to delete items in Outlook and purge folders, then either do a Send and Receive or switch folders and return to the current folder.

A PROFESSIONAL DEVELOPMENT EVENT; AND A NEW BOOK

- Effective Interventions for Persons with Dementia, presented by Visiting Erskine Fellow Michelle Bourgeois of Ohio State University. Visual cueing strategies for enhancing conversation and memory-related behaviour will be discussed. Organised by the Department of Communication Disorders, University of Canterbury for Monday 29 April 7.30pm to 9pm, at E6, Engineering Building, University of Canterbury, Christchurch. The lecture will be streamed live as a webinar, allowing participation by people off campus. To register, go to our website <http://ndc.hiirc.org.nz/page/38841/effective-interventions-for-persons-with/?tab=4892§ion=19790>
- Dr Chris Perkins has completely revised and updated her book The New Zealand Dementia Guide, first published in 2004. The book has a new title – Dementia: What you need to know. A guide for people with dementia, and their caregivers – and is published as an ebook this time. It is available from all ebook retailers such as Amazon, Fishpond, Kobo etc. More details in the attached file

ENTITLEMENTS

To work out any staff pay entitlements call 0800 209020.

REVIEWING CONSENTS AND OTHER AUTHORISATIONS

Consents and other authorisations should be reviewed at least annually i.e informed consent, resus, GP 3 monthly visit authorisation.

PUTTING RESIDENTS AT THE HEART OF CARE

Respecting and valuing the uniqueness of a resident, seeking to maintain, even restore, the personhood puts the resident at the heart of care.

This can be achieved by creating an environment that promotes personal worth and uniqueness, social confidence, respect, truthfulness, independence, engagement and hope.

Care is based on personal preferences and values allowing the resident to be who they are, receive the care that they have input in, maintain relationships and friendships in an environment where they can feel at home, respected, safe and secure.

We all have things and people that are important to us as individuals. We all hope that we can keep doing these things with the people who are important to us, regardless of where we live, even in long-term care.

Think about 3 things you would not compromise on if you had to go live somewhere else?

- Maybe they are things that you could not live without.
- Maybe they are little things that make your everyday life good?
- Things that make you comfortable? secure? happy?

These questions should be asked when a resident enters care! I am pretty sure that they, like yourself, will have things they rather not gave up, that made them feel good, comfortable, secure and happy.

If we really want to put the resident at the heart of care we need to look at all the elements of care a person experiences: from the clinical care received to how a person is greeted by a cleaner or receptionist, or how easy it is to find their way round the facility. Often it's the little things that make a big difference to how people feel about the way their needs are met. It is not always about "care".

It is about holistic care. Seeing the whole person including their history, their partnerships, working and social life, family members, pets, hobbies, needs and wants. What is really important to the resident? What or who puts a smile on their face?

We need to develop practical ways to improve residents' experience. This means working closely with residents and their families to work out what could be done better and how. An approach to care that respects and values the uniqueness of the person. Allowing the resident choices, observing dignity, and respecting wishes.

The care should be resident driven and centered on personal preferences and values that stress dignity, choice, self-determination, respect, privacy, and individuality.

Continuous
improvement is
better than
delayed
perfection
Mark Twain

STRATEGIC THINKING

Strategic thinking is a process in which you develop a vision for your business and then develop a plan to accomplish that vision. Without vision, a business will have no direction. It's impossible to achieve a vision without a strategy. Strategic thinking involves developing skills in creativity, problem solving, teamwork, critical thinking and flexibility. Strategic thinkers are able to see the big picture, as well as how to attain it.

Strategic thinkers have the ability to use the left (logical) and right (creative) sides of their brain. This skill takes practice as well as confidence and can be tremendously valuable.

Creativity is one of the main character traits of such individuals. They are open to all kinds of ideas and thoughts and are not easily stymied by negating factors, but will instead consider these to be mere trivial challenges to be conquered. Strategic thinkers are open to new ideas and things that are both realistic and achievable. Strategic thinking is proactive and not reactive.

Examine the status quo. Strategic thinking skills require you to examine how things have always been done critically in order to determine if that is the way things should be done. Be willing to look outside of the norm to find more efficient and creative ways of doing things.

Strategic thinkers are not mired down by the details of managing day-to-day issues but they look at the organisation as a whole to assess attributes and areas of opportunity.

Focus on the future. Strategic thinking is goal oriented and guided by a vision for the future of a company. When you are developing strategies for business growth, those strategies must have clearly defined goals that contribute to the overall vision for the company.

Consider external forces when you develop a strategic plan. Governmental regulations, legal developments, and economic factors can all affect how you plan for the future.

Market research can help you match the vision for your company to consumer expectations.

Check the facts. Even though strategic thinking involves making predictions about the future, those predictions must be realistic. Gather hard data, including analysis of your industry, to inform your predictions and help you develop goals based in reality.

Consider the organisational structure of your business and assess how that team fits into your strategies. Do you have to reorganise your team to achieve your goals?

Anticipate challenges. An important part of thinking strategically is being able to predict what issues will arise and devising a plan to confront those issues ahead of time.

Time decided who you meet in life, your heart decides who you want in life, and your behaviour decides who stays in your life.

	WHAT IS ON
	<p>Care Association New Zealand (CANZ) Conference</p> <p>CANZ is organising its first conference called “A toolbox for Aged Care”.</p> <p>Diarise the Wednesday the 12th of June for this event as it promises to be an interesting day.</p> <p>The conference will be one day in Waipuna Lodge in Auckland.</p> <p>More details will follow. CANZ is trying to keep the cost for attending this conference as low as possible and affordable for everybody.</p> <p>If you are interested in receiving the programme and registration form let me know.</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>

Some interesting websites:

- www.eldernet.co.nz,
- www.insitenevspaper.co.nz,
- www.moh.govt.nz;
- www.dementiacareaustralia.com;
- <http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>
- www.advancecareplanning.org.nz

Please note these sites are not necessarily endorsed by Jelica nor is it responsible for the contents within them.

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

SUBSCRIBE OR UNSUBSCRIBE

- 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.