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4 YEAR CERTIFICATION

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

My compliments and congratulations to:

Carnarvon Hospital, Auckland

Malyon House, Mount Maunganui

Molly Ryan Lifecare (2007) Ltd New Plymouth

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

Following are some topics that have come up in questions from readers or during audits.

MEDICATION RECONCILIATION

A standardised process of identifying the most accurate list of all medications, (including name, dose, frequency and route) that a resident is taking, and using that to provide safe and effective care to that resident at all transition points within the health and disability service.

The process includes eliciting a medication history (including herbal and other over-the-counter preparations) from the resident (or their representatives) and where necessary, verifying this with the resident's community pharmacist or GP.

MANAGEMENT MEETINGS

Ensure that appropriate reviews of processes are carried out by the Manager and management team (this can be the RN) and any other member of staff identified as pertinent to the review process. The review meeting ensure that all identified corrective actions and amendments are implemented. The management reviews are carried out as per meeting schedule. (quarterly is acceptable)

Topics discussed can be: bed status, events, care and service coordination, staff planning, incidents/complaints, education, exception reporting, media issues.

The meeting establishes the current status and trends of completed and pending corrective actions requirements. It enables to identify and implement changes to the ongoing operational processes. The review is also used to discuss immediate, planned, quality system requirements and changes with the staff.

Minutes of all Meetings are retained on file and all aspects of the Management Review are carried out in accordance with our quality and risk management plan

QUALITY IMPROVEMENT cont'd

WEIGHT LOSS

When a resident suffers unexplained weight loss it is important to investigate.

Seek clinical advice Where there is

- Weight loss of >5% in past three months
- MNA and/or MUST medium or high risk
- BMI \leq 21
- 25% or more of food is left at each meal
- Resident is acutely unwell – no food intake >5 days
- Contributing factors listed below have been treated
- Attempts have been made to increase intake, including supplementing with complan, without success

In consultation with GP rule out the following.

- Environmental issues, Dentition and oral health, Dysphagia/SLT referral, Mental health, Faecal impaction, Infection, Decline in mobility, Medications, Underlying pathology. GI disturbance

Document on short term care plan the required actions to identify that action is taken to manage this weight loss. Evaluate and review appropriately. Involve GP and/or dietician if required.

PRESSURE AREAS

Ensure that pressure areas are documented on an incident form. Then write a clear wound assessment and treatment plan. (this will allow for clear tracer methodology)

On this plan define an exact plan to follow to ensure consistent treatment based on your assessment. The person providing the treatment signs off indicating that the treatment was provided, when and the result.

When treatment comes to an end identify this on the treatment plan so that further intervention is discontinued.

ON LINE LEARNING.

I believe I have mentioned these links before but as I am being asked the question regarding these courses I thought better write them down to refresh your memory.

For infection control: <http://learnonline.health.nz/course/category.php?id=1>

For safe food handling: www.safefoodhandler.com

AUDIT REPORTS ON LINE

Please check your details and information on line after you had an audit.

As this is a new site there is the possibility of “glitches” and you want to ensure that all that is displayed for the general public is a correct reflection of your service.

If information is incorrect help HealthCert to get it right by contacting them and informing them of the inaccuracy.

Smiles are free
but they are
worth a lot!

RESPONSES TO HYPER OR HYPO GLYCAEMIA EPISODES

Ensure that the care plan provides clear instructions for the staff regarding their required actions in case of hypo or hyper glycaemia and the BM checking requirements.

Hyperglycaemia is a potential diabetes emergency, and for staff to know what to do when it happens is critical.

What can happen: Hyperglycaemia, or high blood sugar, is common among people with type 1 diabetes. Classic symptoms of high blood sugar are frequent urination and increased thirst, blurry vision and fatigue.

How to respond: If test shows that the blood sugar is high, ensure that the resident receives the prescribed dose of insulin to bring glucose level down. Monitor and inform RN.

Hypoglycaemia

What can happen: Hypoglycaemia can leave resident feeling confused, tired, hungry, shaky, sweaty or anxious. If left untreated, it could result in seizures, coma or even death.

Low blood sugar, typically occurs because insulin, food and exercise are out of balance

Each person responds a bit differently when experiencing low blood sugar, so it is important to learn the signals of each resident and respond immediately.

The **acute management** of hypoglycaemia involves the rapid delivery of a source of easily absorbed sugar. Regular soda, juice or table sugar.

If after 10 minutes there is no improvement, another 10-15 grams should be given. This can be repeated up to three times. **At that point, the resident should be considered as not responding to the therapy and an ambulance should be called.**

The equivalency of 10-15 grams of glucose (approximate servings) are:

4 teaspoons of sugar

1/2 can of regular soda or juice

Once the acute episode has been treated, a long-acting carbohydrate to maintain blood sugars in the appropriate range should be consumed. Half a sandwich or 2 plain biscuits are good options.

PRN Medication

Ensure that you GP, when prescribing PRN medication, also include the indication (for which symptoms), clear instructions for when to use it and the frequency and the dose.

Follow the guidance of the medicines Guide on page 46

DESIGNATED RESPONSIBILITIES

Have designated responsibilities clearly defined in the relevant job description i.e infection control and restraint coordinator, privacy officer, health and Safety officer.

Also define who is responsible for the different official notifications such as: Coroner (Sudden Deaths, Death certificate unsigned, Death of a resident who is under a Compulsory Treatment Order (Mental Health), Police, (Intruders/trespassers/harassment, Assault, Missing medication, Theft, Missing residents, Suspicious Deaths) DHB, MOH (Evacuations, Fire, Natural Disaster, Flood, Equipment failure which puts at risk health or safety of residents.)

This brings me to the end of the quality improvement issues for this month. Please keep sending me any questions you have to ensure that this section of the newsletter provides the information you need.

A friend is someone who knows the song in your heart and can sing it back to you when you have forgotten the words.

STOP and WATCH to PREVENT FALLS

An early warning system to recognise the signs of conditions that may cause falls and other problems is being trialled in aged-related residential care homes in Auckland.

The Stop and Watch system is designed to recognise the signs of medical conditions requiring intervention earlier, so older people can be treated by a GP where they live rather than potentially requiring hospitalisation.

Auckland District Health Board (DHB) has worked with six local residential care homes to adapt the system to New Zealand conditions and then introduced it into the homes. The trial began late last year, and will run till the end of March.

If successful, Stop and Watch will be rolled out on a voluntary basis to other residential care homes.

Auckland DHB's initiatives to reduce harm from falls are part of the patient safety activities supporting the *Open for better care* campaign and the Northern Region's *First, Do No Harm* campaign.

Stop and Watch is based on a simple acronym:

- S – seems different than usual
- T – talks or communicates less
- O - overall needs more help
- P – more pain than usual
- A - ate less
- N - no bowel movement in three days, or diarrhoea
- D - drank less
- W - weight change
- A - agitated or nervous more than usual
- T - tired, weak, confused or drowsy
- C - change in skin colour or condition
- H - help with walking, transferring or toileting more than usual

The system uses current nursing guidelines and is based on a United States model called Interact.

Matthew Chappell, falls and pressure injuries project manager, says printed forms have been left in the care homes' nurses' stations so that anyone who interacts with a resident – including family members, caregivers and non-medical staff – can report any signs of potential problems.

Caregivers spend the majority of time with a resident, so giving them a way to raise issues is a key component of the system. Information about Stop and Watch has been shared with residents and staff, and mentioned in family newsletters.

"The aim is to keep people at home by catching problems that might cause falls, pressure injuries or other conditions at an earlier stage," he says.

"Going into hospital can be a traumatic experience for an older person, so preventing admissions where possible makes good sense. With this system we can recognise potential signs of problems as early as possible and embed that as standard practice."



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newzealand.govt.nz

Issue 8 Open for better care

Never explain yourself. Your friends don't need it and your enemies won't believe it.

CONVERSATIONS THAT COUNT DAY

National ACP Cooperative Meeting – Friday, 4 April, 2014

This meeting has been arranged to allow the regions to share their plans around Conversations that Count Day on the 16th of April. We don't have a structured agenda at present, but if you could please email me if you have activities planned and would like to share these with the group. If you cannot attend, please provide us with details of what you are planning. You will find a template attached (with examples) that you can use to input the details of your planned activities.

The meeting is planned for an hour, from **2.30pm – 3.30pm**.

Video Conference, and Teleconference details

Video Conference Locations:

- Auckland: A+ Trust Room, Clinical Education Centre, Auckland City Hospital, Auckland
- Northland: NDHB Medical Outpatients, Whangarei Hospital, Whangarei
- Midcentral: Clinical Library, Palmerston North Hospital
- Dunedin: Fraser Conference Room, Southern DHB, Dunedin Hospital
- Christchurch: CDHB Oncology Meeting Room, Christchurch Hospital, Christchurch

Teleconference will also be available for those of you who are unable to attend one of these venues – please call in before 2.25pm to allow for registration and to keep interruptions to a minimum during the meeting – thank you. Call 0800 115 763 access code 103 615 9941 Leigh Manson.

Conversations that Count Day, a national initiative promoting Advance Care Planning will be on Wednesday 16th of April this year.

Our theme will be 'Start a Conversation' and this will be an excellent opportunity to raise awareness about Advance Care Planning with the public. This year in the weeks before and after the 16th of April our campaign will focus on end of life care for active retirees. We want to encourage people to start having conversations with their family, friends and wider social networks.

Promoting understanding about Advance Care Planning and how people can benefit from it are two of our key goals. We want people to feel confident to start conversations about what matters to them and what care and treatment they would want in the future. We also want people to tell others how useful they have found the Advance Care Planning process. If you haven't seen some of the conversations that are already happening, including some very positive comments from the public, visit our Conversations that Count Day page on [Facebook](#).

We have developed postcards and a poster for display in each of our organisations and communities encouraging people to "Start a Conversation". We would like you to display these where you work and in your communities where they can be easily picked up. We are encouraging DHBs to distribute these to staff and the public, so contact your ACP project manager or clinical lead to find out what's happening in your area. You can find our e-Postcards and poster online at www.conversationsthatcount.org.nz. If you would like hard copies of the poster or postcards, these can be ordered from Printwarehouse, by contacting info@printwarehouse.co.nz and typing Conversations that Count in the subject line. You can call them on 0800 438 227. A minimum order size applies (10 posters or 600 postcards).

Ian d'Young, Advance Care Planning Project Manager, Auckland District Health Board



Nature holds all the answers. Go outside and ask questions, open your heart and listen to the response.

Friendship isn't about whom you have known the longest... It's about who came, and never left your side...

NATIONAL DEMENTIA COOPERATIVE

National Dementia Cooperative Update March 2014

- ☑ You are invited to help develop information resources to meet the needs of people with dementia, their family/whanāu, and health professionals in New Zealand. For more information and to register your interest, go [here](#).
- ☑ The Coordinator position will be advertised this week. Keep an eye on SEEK if you are interested, the [position description](#) is on our website now. I am moving, and will be looking for another challenge in my new hometown.
- ☑ The NDC Steering Group has been working behind the scenes to set the direction for this year – see our [Action Plan 2014](#).
- ☑ Be impressed by what the NDC got up to last year and check out the [Annual Report 2013](#). Thanks to everyone who played a part!
- ☑ To maintain our collaborative nature, we decided against becoming a separate legal entity. We now have an agreement with Alzheimers NZ, whereby – in addition to close collaboration on mutual goals - Alzheimers NZ provides us with a legal structure, enabling us to enter into legal contracts such as an employment agreement. During our first two years this role was provided by Waitemata DHB. We would like to thank everyone there for nurturing us through our infancy!
- ☑ The NZ Carers' Strategy Action Plan for 2014 to 2018 was launched in February. Go [here](#) to find it on our website.

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.

Marja, **National Coordinator, National Dementia Cooperative**

BOUQUET



Bouquets go to all the participants of the Relays for Life, organised throughout New Zealand over the last couple of weeks. I had the pleasure being part of the Relay of Life at the Millennium Stadium and I was proud to be surrounded by so many motivated and dedicated people who were all there to support the Cancer Society and Relay for somebody!

Many survivors opened the Relay accompanied by their supporters.

We remembered the people we lost during the round of hope and once again the track was alight by the many memory bags, beautifully decorated, and placed along the track. The lights were kept burning throughout the night. Well done everybody and thank you so much for your passion!

CHALLENGE CUP



The 2nd Annual Aria Gardens Challenge Cup was held at Silverdale Bowling Club on 25th March. The fabulous Aria Gardens silver trophy was presented to the winning team by the Aria Gardens Home & Hospital Manager, Jon Amesbury. Around 60 players participated in the tournament and thankfully, the weather remained perfect for the event.

As part of the prize giving speech, Jon informed the club that this event, like many others, is an example of the Aria Gardens commitment to the local community and the ever strengthening social conscience that Aria Gardens is developing.
Well done Aria Gardens

<p>I'm sending you a smile not because you made my day but because I'm hoping it will make yours a little bit better.</p>	<p>SPIRITED AGEING: CULTIVATING THE ART OF RENEWAL</p>
	<p>Amy, an activities coordinator, sent me the following information which we thought was worth sharing for your information. Amy says: "I have recently come across a beautiful book that I wish everyone was aware of – if not for ourselves, then definitely for the elderly residents that we all work with. It is called "Spirited Ageing: Cultivating the art of renewal" (2013), and is written by NZ author and psychotherapist Dr Juliet Batten. I think it is best described in the words of Dr Stephanie Dowrick (on the cover of the book): "What a hopeful and inspiring book. It offers practical guidance for an increasingly rich and satisfying life as we age. Juliet is wise about what matters most". Our purchased copy is constantly sought after by residents and staff. Everyone is benefiting from it's treasures! It reminds me a little of the "Spark of Life" philosophy, by it's positive and inspirational perspective on ageing (as well as many practical suggestions). If you are interested in finding out more, or ordering a copy of the book, it can all be done through Juliet's website: www.julietbatten.co.nz Amy</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. 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>

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

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.