October 2012

# Jelica's Link

# An independent newsletter for people working in Aged Care

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# CONGRATULATIONS

# Congratulations are in order for the following facilities achieving 4 year certification.

What an achievement! My compliments to:

Royal Oak Court Rest Home of Auckland (this team has achieved 4 year certification twice in a row!!), Mayfair Lifecare of Christchurch, Community Hospital Te Aroha & District Health Services Charitable Trust of Te Aroha, Mercy Parklands, Auckland with a number of Continuous improvements relating to the *Spark of Life*.

If you are one of the very few achieving this then please let me know as it deserves a special place and recognition!

### CORRESPONDENCE/RESPONSES

In response of my article in September newsletter regarding complaint prevention and management I received a lovely email which shows how important it is to communicate.

A few years ago I had a resident who was a daily informer of things, that to her were not right and her husband would write me letters most weeks. Wife lived here but husband lived in a retirement village down the road. He suddenly decided to move her to the rest home attached to the village he was in, but wouldn't give us a reason why so I was a bit worried he may have been completely unhappy with her situation. It ended up he had lost his licence and would be unable to visit her daily. We put on a going away party for them and while he was all smiles and gratitude I asked him if he would mind doing a family/resident satisfaction survey. He took it away with him and a few days later returned it by mail. Nothing but nice comments with a PS on the bottom that he was going to miss my continual correspondence with him. What came across as an unhappy family member turned out to be a lonely husband. PS Now he writes to the papers daily about life in general.

Thank you Cheryl for sharing this with us. I am very pleased that you made a difference in this gentleman's life.

# jelica@woosh.co.nz COMMUNICATION TOOLS www.jelicatips.com COMMUNICATION TOOLS mobile: 021 311055 Janet Parker and the team of Waitemata DHB have developed some very clear communication tools. 1/3 Price Crescent Mt Wellington Auckland 1060 Janet Parker a great tool I have asked and received permission from Janet to share this with the larger aged care sector. Thank you very much Janet for developing these and for sharing them with us all. Much appreciated. This is what the sector should be all about, sharing and helping each other to provide the best possible services to our residents.

	Reportable Events
I hope I shall possess firmness and virtue enough to maintain what I consider the most enviable of all titles, the character of an honest man. ~George Washington	Sometimes things go wrong in a sector as large as aged care. The important thing is that we learn from these experiences, prevent recurrence, and put management plans in place that ensure better care delivery. It is crucial for our sector that we don't create or allow the creation of a culture of blame but create an environment that supports and encourages reporting, investigating, and corrective actions. Reporting problems should be rewarded and not punished because problems reported and solved have a positive impact on improving care to our residents.
	Most facilities will have an incident accident reporting process implemented to document collate and investigate undesired events (incidents/accidents and sentinel events).
	According to the Severity Assessment Code (SAC) only incidents under SAC 1 (serious) and SAC 2 (major) are reportable events.
	<ul> <li>Serious (SAC 1): Unexpected patient(s) death resulting from the process of health care, which is un-related to the expected outcome of the patient's management.</li> <li>Or any of the following events: <ul> <li>inpatient suicide</li> <li>wrong patient, wrong site or wrong invasive procedure, wrong implant events.</li> <li>Retained equipment/swabs etc requiring surgical removal</li> <li>Misadministration of radioactive material</li> <li>Patient/infant abduction/discharge to the wrong family.</li> <li>Any investigation commenced by police related to patient abuse (eg rape)</li> <li>Blood transfusion resulting in haemolysis</li> </ul> </li> </ul>
	<ul> <li>Blood transfusion resulting in haemolysis</li> <li>Staff, contractor, visitor: death(s) of staff member, contractor or visitor.</li> <li>Services: non delivery of a key service; loss of certification/accreditation status.</li> <li>Finances: Cost overrun or reduction in revenue: the lower of &gt;\$3M or &gt;10%.</li> <li>Environment: Toxic release off-site with detrimental effect. Fire requiring evacuation.</li> </ul>
	<ul> <li>Major (SAC 2): Major permanent disability or loss of function )sensory, motor, physiologic or psychologic) unrelated to the natural course of the illness and differing from the expected outcome of patient management. Or any of the following: <ul> <li>Suicide of an out patient known to the mental health service within 7 days of contact with the service.</li> <li>Unauthorised leave of a mental health patient with an assessed high risk of serious harm to self or others.</li> <li>Unauthorised leave of special patient.</li> <li>Threatened or actual physical or verbal assault of patient or staff requiring police intervention.</li> </ul> </li> </ul>
	<ul> <li>Staff, contractor, visitor: permanent disability or loss of function to staff member, contractor or visitor; requires major additional medical or surgical intervention.</li> <li>Services: significant ongoing disruption to a key service; certification for 1 year or less/ recommendations requiring action within 6 weeks.</li> <li>Finances: Cost overrun or reduction in revenue: the lower of &gt;\$2M or &gt;7-10%.</li> <li>Environment: Off-site release with no detrimental effects or fire that grows larger than an incipient stage.</li> </ul>

As per MOH guidelines

	RESIDENT'S RIGHTS
	What can you do to achieve compliance with the Resident's Code of Rights? Tips and guidance for staff.
	Excerpt from "A practical guide to the Code of Health and Disability Services Consumers' Rights for aged care and disability support workers.
	Right 7 Right to make an informed choice and give informed consent Consumers have a right to make an informed choice and give informed consent. This means they have a right to be consulted on every decision that affects them, to be given explanations so they can make choices, and to refuse services or change their mind about receiving services.
	Things you can do to assist consumers to make informed choices and give informed consent:
Be who you are and say what you feel, because those who mind don't matter and those who matter don't mind." Dr. Seuss	<ol> <li>Always ask for and respect consumers' choices about what service or support they would like, including how to deliver the support.</li> <li>If consumers are not able to make a choice on their own, wherever possible offer different options and encourage them to make a choice. For people with high needs, it could be simple choices like what colour shirt to wear or what fruit to eat.</li> </ol>
	3. When assisting consumers with options around health issues, for example, "stay longer in hospital" or "go home", explain the advantages and disadvantages of each option so that the consumer can make an informed choice. In some cases, consultation with family/whānau may be required in addition to appropriate professional guidance.
	<ul> <li>4. It is inappropriate to manipulate consumers to do something that you prefer.</li> <li>5. If you are unsure of a consumer's likes and dislikes or what a consumer would choose in a given situation, ask the consumer directly, refer to the consumer's care plan, or talk to your manager. Check your organisation's policy before contacting family directly.</li> </ul>
	6. When making a choice on behalf of a consumer, it is your responsibility to ensure that your choice does not put the consumer in a potentially harmful or dangerous
	situation. 7. Always seek appropriate permission before discussing any consumer-related information (personal or medical) or sharing consumers' photographs with
	<ul> <li>anyone.</li> <li>8. When asking for permission from consumers, provide a full explanation of exactly what you propose to do or exactly how you are likely to use the information requested, so that consumers know what they are agreeing to and can give <i>informed consent</i>.</li> </ul>
	<ol> <li>It is inappropriate to manipulate consumers to give consent for something that they don't fully understand.</li> <li>If in doubt, read your organisation's policy on informed choice and informed</li> </ol>
	consent, or talk to your manager <b>Right 8</b>
	<b>Right to support</b> Consumers have a right to support. This means they are allowed to have someone with them when they receive care and support.
	<ul><li>Things you can do to provide consumers with appropriate support:</li><li>1. Consumers have a right to have a support person of their choice with them when they receive any health or disability service. Always ask them who they would prefer as their support person/s.</li></ul>

Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen. Winston Churchill	RESIDENT'S RIGHTS cont'd
	<ol> <li>Try your best to organise the support person of the consumer's choice for any activity or outing. If required, talk to your manager to get the right person.</li> <li>The right to support also includes a consumer's choice not to have a particular person as his or her support person, or to have no support person at all.</li> <li>If a consumer refuses your support in a situation that could be potentially unsafe or harmful, talk to your manager immediately. For example, if you are the only support person on site and a consumer refuses to take medication from you or does not allow you to provide necessary first-aid, contact your manager immediately.</li> <li>If you accompany a consumer to a health practice as a support person and the health professional refuses to allow you to be present during the consultation, encourage the consumer to talk to the professional about his or her right to have you present.</li> <li>When supporting a consumer during a meeting, empower the consumer to do most of the talking and also encourage the other people or professionals to talk directly to the consumer.</li> <li>If you are responsible for, or part of, a team preparing a care plan for a consumer, ask the consumer if he or she would like to have any friends or family</li> </ol>
	<ul> <li>members present for the planning meeting.</li> <li>8. Support is different for everyone — treat people as individuals.</li> <li>9. Being supportive means being alongside the consumer, not in front. Allow the consumer to take a lead.</li> <li>10. If in doubt, talk to your manager</li> </ul>
	<b>Right 9</b> <b>Rights in respect of teaching or research</b> Consumers have rights in respect of teaching or research. This means they have a right to be fully informed about the nature of their involvement in the research, and to choose to refuse to be part of teaching or research.
	<ul> <li>Things you can do to support consumers with their right in respect of teaching or research:</li> <li>1. If you are a trainee support worker, ask consumers if they are OK to be a part of your training.</li> <li>2. If you have been asked to train a new support worker, introduce the new worker to consumers and ask if they are OK to be a part of his or her training.</li> <li>3. When trying a new method of working with consumers, always explain the method in detail and ask for their permission before trying it out.</li> </ul>
	<ul> <li>4. If a consumer denies permission for participating in training, or is not comfortable participating, report the consumer's choice to your manager and wait for further instructions.</li> <li>5. If consumers are asked to be a part of any external teaching — for example, teaching of a junior doctor when at a medical centre, explain to them that they have a right to refuse to be part of such teaching if they are not comfortable with it.</li> </ul>
	<ul> <li>If.</li> <li>6. If consumers are asked to be a part of any research — for example, they have been asked to complete a questionnaire or attend a focus group — ensure that they have understood the purpose of the research, what their involvement in the research will be, how much time they will have to give, how their information will be used, any risks associated with taking part in the research, etc. All the information should be available on the "information sheet" that researchers are obliged to give.</li> <li>7. Explain to consumers that they have a right to refuse to be part of any research or to withdraw participation at any time.</li> </ul>

	RESIDENT'S RIGHTS cont'd
	<ol> <li>8. If you witness a situation where consumers are forced to take part in any training, teaching or research, report it immediately to your manager.</li> <li>9. Before using any information about a consumer, or any other material that may identify a consumer in any studies (for example, National Certificate Unit Standards) or research that you are doing, ensure that you have obtained informed consent from the consumer.</li> <li>10. If in doubt, contact your manager for appropriate guidance.</li> </ol>
	<b>Right 10</b> <b>Right to complain</b> Consumers have a right to complain. This means they have a right to complain about the care and support they receive, a right to have their concerns and worries listened to, to know the complaints procedure, and to be told how and when their complaint will be dealt with. If a consumer makes a complaint, he or she still has a right to receive care and support that complies with the Code.
Success is the good fortune that comes from aspiration, desperation, perspiration and inspiration. Evan Esar	<ul> <li>right to receive care and support that complies with the Code.</li> <li>Things you can do to support consumers with their right to complain:</li> <li>1. Inform consumers that they have a right to complain if they are unhappy with the care and support they receive or if they think that any of their rights under the Code have been breached.</li> <li>2. If consumers complain to you directly about any aspect of support that you provide, you must listen to their concerns carefully and provide them with a full explanation of what you did and why you did it in such a way. If there are any unresolved concerns, you must encourage the consumer to talk to your manager, and you too should do so.</li> <li>3. Explain your organisation's complaints policy to consumers, including how to make a complaint and who to make the complaint to.</li> <li>4. Explain to consumers what happens once they submit a complaint, including how and when they are likely to know the outcome.</li> <li>5. If you witness any breach of a consumer's right when supporting someone who is unable to speak for himself or herself, talk to your manager immediately.</li> <li>6. If a consumer asks you to assist in making a complaint, check with your manager whether it is OK for you to get involved. If the complaint is about a colleague of yours, or your supervisor, it may be better to ask the consumer to get support from a manager or a friend or family member to lodge the complaint.</li> <li>7. If you are involved in any complaint, whether against you or not, always give the factual information. Say exactly what happened and not what you think might have happened.</li> <li>8. Inform consumers that if they are not happy with the outcome of their complaint lodged to the service provider, they have a right to complain directly to the Health and Disability Commissioner.</li> <li>9. Inform consumers about the Nationwide Health and Disability Advocacy Service and encourage them to call a local advocate for support.</li> <li>10. If in doubt, refer to your orga</li></ul>
	If in doubt keep the brochures available and have a read of it on a regular basis as they do provide good information.

	EMPLOYMENT LAW
	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.
	<ul> <li>What is an employee?</li> <li>Anyone who has agreed to be employed under a contract for some form of payment.</li> <li>Anyone who has accepted, but not yet commenced, employment.</li> </ul>
	<ul> <li>Under the Employment Relations Act 2000:</li> <li>Parties in an employment relationship must deal with each other in good faith and must: <ul> <li>Not do anything to mislead or deceive the other</li> <li>Ensure trust and confidence in relationship</li> <li>Be active and constructive in establishing and maintaining the relationship</li> <li>Be communicative and responsive when problems arise.</li> </ul> </li> </ul>
Do not dwell in the past, do not dream of the future, concentrate the mind on the present moment. Buddha	<ul> <li>Employment agreement</li> <li>Employees must have a written employment agreement be it individual or collective.</li> <li>Must be signed before the employee starts work!</li> <li>It must include <ul> <li>Names of the parties</li> <li>Job description</li> <li>Place and hours of work</li> <li>Wages or salary</li> <li>Explanation of services available for the resolution of employment relationship problems</li> <li>Time and a half provision for work on public holidays</li> <li>Employee protection provision.</li> </ul> </li> </ul>
	<b>Building your agreement use</b> Www.ers.dol.govt.nz/employmentagreementbuilder This online tool allows you to create an individual employment agreement which includes mandatory as well as optional clauses which IEA's should contain.
	Not having a IEA with employee can result in a hefty fine
	<b>90 day trial</b> Employers can make an offer of employment that includes a 90 day trial period. Trial periods are voluntary and must be agreed in writing and negotiated in good faith as part of employment agreement <b>before</b> the employee starts work. If dismissed before the end of 90 days the employee cannot raise a personal grievance on the ground of unjustified dismissal. But the employer is still subject to all the other legal requirements e.g notice, discrimination, harassment etc.
	<ul> <li>Probation periods.</li> <li>Purpose of probation is to provide clear performance expectations to an employee.</li> <li>You can have them but <ul> <li>All ERA provisions apply.</li> <li>Probation period must be specified in writing when agreement is entered into.</li> <li>Performance management and review must follow a fair and reasonable process before the employee can be terminated.</li> <li>Employee can raise a personal grievance on the ground of unjustified</li> </ul> </li> </ul>
	dismissal. 90 day can not be used when person is re-employed (has been previously be employed by the company). Probation period can be longer than 90 days and can be used when person is re-employed.

	EMPLOYMENT LAW Cont'd
	<b>Dismissal</b> If dismissed the employer must have good reason for the dismissal and follow a fair procedure. Ask yourself: from an objective standpoint, what could a fair and reasonable employer do in all the circumstances.
	<ul> <li>Grounds to challenge a dismissal as unjustified</li> <li>The employer did not have sufficient reason to dismiss</li> <li>The employer failed to follow a fair process.</li> </ul>
In three words I can sum up everything I've learned about life: It goes on! Robert Frost	<ul> <li>Justification (section 103 ERA) The Court considers:</li> <li>Whether the employer sufficiently investigated the allegations against the employee before dismissing them or taking action</li> <li>Whether the employer raised the concerns that the employee had with the employee before dismissing or taking action against the employee</li> <li>Whether the employer gave the employee a reasonable opportunity to respond to the employer's concerns before dismissing or taking action against the employee and</li> <li>Whether the employer genuinely considered the employee's explanation (if any) in relation to the allegations against the employee.</li> <li>Any other factors the court thinks appropriate.</li> </ul>
	What is serious misconduct? It involves serious wrongdoing. Where, after a fair process, it is established that an employee's actions amount to serious misconduct, an employer may terminate the employee's employment without notice (sometimes revered to as "instant" or "summary" dismissal). The misconduct must be sufficiently serious that it undermines the trust and confidence that the employer has in the employee (e.g. Theft, sexual or other assault, or the use of illegal drugs at work). An employee not following in house processes to which they are privy to, can be seen as serious misconduct if the employer loses trust and confidence in employee.
	CHANGES TO SENIORLINE
	Seniorline and Ministry of Health Information Line have joined
	Since 2005 Seniorline have run Ministry of Health Information Line and Seniorline as separate services. From July 2012 these services run as a joint national service under the Seniorline banner. The 0800 737 777 phone line now directs callers to 0800 725 463. <i>Please update your records to reflect these changes and delete any references to 0800 737 777</i>
	About Seniorline Operates Monday to Friday 8am to 4pm. Call free on 0800 725 463 or visit www.adhb.govt.nz/seniorline Information on how to get help to stay at home and relief care options for caregivers. There is also detail on long term care in rest homes and hospitals and the services that should be provided.

	EARTHQUAKE ASSESSMENT
	A new earthquake assessment policy being introduced by many major banks and insurance companies is set to have significant impact on people who own older commercial properties. Many banks and insurance companies are in the process of reworking lending and insurance criteria, becoming stricter about lending on older, non-earthquake compliant commercial buildings. This move will have a significant negative effect on a property's capital value, and sales of these buildings will become more difficult due to reduced buyer demand. It has been suggested that clients with older commercial properties should assess carefully their options moving forward as it is believed that this trend in assessment of older buildings will become more pronounced in coming years.
Leaders must be	Recently, the BNZ decided to restrict where new security is taken over commercial properties built prior to 2004, to New Zealand Society for Earthquake Engineers (NZSEE) Class B (i.e. >67% New Building Standard (NBS) buildings only. The Bank reasons that commercial buildings with an NZSEE grade less than B (or less than 67% NBS) are likely to become problematic for both owners and as security, due to the potential costs these properties face in regards to building upgrades, insurance, attracting tenants and health and safety. How to confirm the NBS of your building
close enough to relate to others, but far enough ahead to motivate them John Maxwell	<ul> <li>There are several options to confirm whether the NBS of your building is greater than 67%. These include:</li> <li>A letter from the relevant Council confirming that the building meets 67% NBS. Some Councils may be prepared to provide this confirmation to the building owner on request while others will not.</li> <li>Employ the services of a suitability qualified Chartered Professional Engineer (CPEng). Normally this should be done as part of any due diligence process when considering the purchase of a property. It should be noted that the engineer chosen must be a registered engineer.</li> <li>Or a valuer confirms, as part of a Registered Valuation report, that they have sighted a CPeng report confirming the property NZSEE Class B status (i.e. &gt;67%NBS). A separate engineer's report is not required.</li> <li>If the NBS grade comes in lower than 67% (Grade C, which is 33-67% of NBS), then the only option available is to obtain a waiver of the bank's policy based on other security that the bank holds on your behalf. However, anything less than a Grade C (i.e. less than 33% NBS) is unlikely to succeed.</li> </ul>
	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. An independent member firm of Moore Stephens International Limited
	MOORE STEPHENS
	SWING BEDS Some clarification
	<ul> <li>"Swing" beds is a national concept that sits outside the legal definitions of care services and are not recorded as such.</li> <li>Under the provisions of the Act bed use must be defined and approved as defined in the Act, i.e. hospital rest home or residential disability.</li> <li>Hospital care being the highest level of care in terms of environmental, equipment and staffing requirements, it is considered that any bed audited and approved for hospital use must also meet the requirements of the other levels of care and can automatically be considered as available for "swing" use.</li> <li>It is only where a provider wants to use existing Rest Home beds for "swing" use, i.e. Hospital care that an audit is required to evidence that these beds meet the requirements for the higher level of care.</li> </ul>



### Some interesting websites:

www.eldernet.co.nz, www.insitenewspaper.co.nz, www.moh.govt.nz, www.dementiacareaustralia.com http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best, http://www.healthedtrust.org.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.

Vessica

If you choose not to receive this newsletter and wish to be taken of the data base please send me a return email with in subject line: "unsubscribe".