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Congratulations

I am very pleased to mention another 2 facilities achieving
4 year certification.

My compliments and congratulations to:

Caswell House in Selwyn Village
and
Kerridge House in Selwyn Village

Anne Maree Gardens Avondale

Shalom Court - Auckland

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.

TESTING FOR GOSSIP

As I am often asked by providers/managers how to stop staff gossiping I found this little story which I believe can be helpful in changing a culture.

In ancient Greece, Socrates was reputed to hold knowledge in high esteem. One day an acquaintance met the great philosopher and said, "Do you know what I just heard about your friend?"

"Hold on a minute," Socrates replied. "Before telling me anything I'd like you to pass a little test. It's called the Triple Filter Test."

"Triple filter?"

"That's right," Socrates continued. "Before you talk to me about my friend, it might be a good idea to take a moment and filter what you're going to say. That's why I call it the triple filter test. The first filter is **Truth**. Have you made absolutely sure that what you are about to tell me is true?"

"No," the man said, "Actually I just heard about it and ..."

"All right," said Socrates. "So you don't really know if it's true or not. Now let's try the second filter, the filter of **Goodness**. Is what you are about to tell me about my friend something good?"

"No, on the contrary..."

"So," Socrates continued, "you want to tell me something bad about him, but you're not certain it's true. You may still pass the test though, because there's one filter left: the filter of **Usefulness**. Is what you want to tell me about my friend going to be useful to me?"

"No, not really ..."

"Well," concluded Socrates, "if what you want to tell me is neither true nor good nor even useful, why tell it to me at all?"

AUDITING

Following are some findings that I have been made aware of and it might pay for everybody to do a double check of systems etc.

Partial attainments are preventable with good internal quality systems and ongoing checking and evaluations.

- Have **Annual Practising Certificates** copies on site of all qualified staff.
- Maintain clear **training records** of all staff that allow for an easy check of how many sessions each staff member has attended complaint also with your employment agreement.
- Each staff member attends at least one **Fire Evacuation training** per year of the 6 monthly organised sessions.
- **Policies and procedures reviewed** at least every two years or as defined in your document control policy. (if it states annual reviews make it two yearly reviews as annual is a lot of reviewing)
- Clearly document the **policies and procedures reviews** as this need to be auditable.
- **Evaluate quality data** regularly and document this.
- Ensure all **staff signs off** entries in resident's files with designation.
- Have a **signature verification register** that includes staff name, full signature, initials, and designation.
- Keep this **verification register up to date**.
- Have **GP's on verification register** including their registration number.
- When organising **resident and or relatives meetings** work with a standardised agenda and have recurring topics such as resident's rights, compliment and complaints procedures, communication structure, on it to ensure that there is regular information about these important topics.
- **Care planning:** This has been written about many times before and still there are partial attainments given in this area. Mainly around evaluation and short term care plans. Evaluation should identify if goals have been achieved. If not than complete a re-assessment and try to adjust the goal or the intervention. Make goals measurable as often as possible. Identify the progress made against achievement of the goal.
- **Short term care plans:** These should be developed in situations when there is an acute change in the resident's health status. For instance an UTI, sudden weight loss, a fracture etc.
- **Medication:** Again one of the topics that has been written about on numerous occasions. In my opinion each facility should strive to get a 100% satisfactory outcome in this area at all times. . Never become complacent. Be pro-active rather than reactive. Prevention is better than cure as a mistake can harm the resident!
 - Ongoing staff training and at least annual competency checks of all staff.
 - Internal audits of documentation and visual checks/observation of medication rounds.
 - Signing of non packed prescribed interventions such as topical treatments.

These areas are easy to check on and can be included in facility documentation audits as part of quality processes.

Attitude is a
little thing that
makes a big
difference.
Winston Churchill

CONTINUOUS IMPROVEMENT

I have received a lot of feedback regarding previous articles about CI and have been asked to keep publishing more about this topic. This is a good to hear as it means that more and more people are looking at continuously improving their services.

There are ten steps to undertaking continual improvement

1. Determine current performance. (i.e through audits, feedback, exception reports)
2. Establish a need to improve. (analyse the data and investigate the outcomes)
3. Obtain commitment and define the improvement objective. (involve all concerned)
4. Organize the diagnostic resources.
5. Carry out research and analysis to discover the cause of current performance.
6. Define and test solutions that will accomplish the improvement objective.
7. Produce improvement plans which specify how and by whom the changes will be implemented. (involve all concerned throughout the process)
8. Identify and overcome any resistance to the change.
9. Implement the change and evaluate on regular basis.
10. Put in place controls to hold new levels of performance, and repeat step one.

Continuous Improvement – Plan, Do, Check, Act

A fundamental principle at the heart of many quality management systems is

“Plan – Do – Check – Act”, first championed by Deming in the 1950’s:

- **Plan:** Identify an opportunity and plan for change.
- **Do:** Implement the change on a small scale.
- **Check:** Use data to analyse the results of the change and determine whether it made a difference.
- **Act:** If the change was successful, implement it on a wider scale and continuously assess your results. If the change did not work, begin the cycle again.

In the **first stage** — identify — recognize that there is a problem to solve.

This may be an emergency or it may be a minor difficulty which has been nagging away for some time; it may not even be a ‘problem’ but an attempt to find out a new way of doing something.

Next stage is to explore ways of solving it.

There may be a single correct answer— but it is much more likely to be an open-ended problem for which there may be a number of possible solutions. The challenge at this stage is to explore as widely as possible — perhaps through the use of brainstorming— to generate as many potential solutions as possible. Include as many people as possible.

The selected option is then put into practice — and the results, successful or otherwise, reviewed. On the basis of this evaluation, the problem may be solved, or it may need another trip around the loop. It may even be the case that solving one problem brings another to light.

The different steps in the process will provide us with more knowledge.

By defining the problem we will learn of its boundaries.

By implementing it we learn what works and what doesn’t work.

By learning from this it puts us in a much better position to meet the next problem; if it is a repeat, we already know how to solve it. If it is similar, we have a set of possible solutions which would be worth trying. And if it is completely new, we still have the experience of a structured approach to problem solving.

Happy problem solving!!

**I will not let
anyone walk
through my
mind with their
dirty feet.
Mahatma Gandhi**

PUBLICATIONS

Published: 6 June 2013

Chlorhexidine - Risk of Anaphylaxis

Prescriber Update 2013; 34(2):22

Severe allergic reactions including anaphylaxis have been reported following use of chlorhexidine.

The Centre for Adverse Reaction Monitoring (CARM) has received eight reports of anaphylactic reactions to chlorhexidine and lignocaine combination products in men undergoing urinary catheterisation. The patient's age ranged from 22 to 79 years.

Of the eight cases, five reported the results of a skin prick test of which four were positive for chlorhexidine sensitivity.

In addition to the above cases, CARM have received 61 reports of anaphylactic reactions to medicines containing chlorhexidine since 2000. Of the 61 reports, 55 occurred in males and six in females.

A number of medicines, including over-the-counter products, contain chlorhexidine including antiseptic creams/gels, dressings, mouthwashes, eye drops, throat sprays, contact lens solutions and nasal sprays. The ingredients of approved products can be checked using the product application search on the Medsafe website (<http://medsafe.govt.nz/regulatory/DbSearch.asp>).

In a recent case series on anaphylaxis attributed to chlorhexidine in lubricants used in urethral catheterisation, the variety and increasing use of chlorhexidine containing products was postulated to result in sensitisation to chlorhexidine¹. This could lead to an increase in life-threatening allergic reactions to chlorhexidine.

If healthcare professionals suspect a patient has an allergy to chlorhexidine, an alternative product should be used. Chlorhexidine-free products are approved in New Zealand for patients with an allergy to chlorhexidine.

Healthcare professionals are encouraged to report all anaphylactic reactions to products containing chlorhexidine to CARM. Reporting of these reactions is important as CARM can then record a warning on the National Alert System for that patient.

References

1. Parkes AW, Harper N, Herwadkar A, et al. 2009. Anaphylaxis to the chlorhexidine component of Instillagel: a case series. *British Journal of Anaesthesia* 102: 65–8.

Please note the documented risk of anaphylaxis with chlorhexidine.

We advise using normal saline.

Janet Parker RN NP | Gerontology Nurse Practitioner Community and Residential Aged Care

Nga Kaitiaki Kaumatua

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Aspire to
inspire before
you expire

National Dementia Cooperative Update

Be who you are
and say what
you feel,
because those
who mind don't
matter, and
those who
matter don't
mind.

Bernard M Baruch

- SHARING EVIDENCE – SUPPORTING ACTION. NDC Knowledge Exchange forum Auckland, 21 and 22 November 2013. The programme is taking shape; we received a large number of outstanding proposals for presentations. We are also working on attracting sponsors. Save the dates. A flier is on our website <http://ndc.hiirc.org.nz/page/39423/sharing-evidence-supporting-action-ndc-knowledge/?tab=4892§ion=19790>
- The *Value of Medicines Award* is now open for nominations. Through this award Medicines NZ aims to support an outstanding piece of research that will improve the understanding, effectiveness or safety of the use of medicines or vaccines in New Zealand. The objective of the Award is to stimulate and reward contemporary research. Go here for details <http://ndc.hiirc.org.nz/page/40175/nominations-sought-for-values-of-medicines/?tab=4892§ion=19790>
- The use of dementia design principles in dementia specific residential care settings in NZ. The steering group has started formulating a position statement. If you can contribute to this, please let Marja know.
- Gina Langlands has resigned from the steering group. She deserves an enormous thank you, as her passion and common sense were instrumental in establishing and nurturing the Cooperative. Another Bupa representative will take her place on the steering group.

As always, if you have any questions, contact me.

Marja Steur **National Coordinator National Dementia Cooperative**

The Princess Margaret Hospital, Christchurch

DDI 03 337 8691 Marja.Steur@cdhb.health.nz <http://ndc.hiirc.org.nz>

HIIRC message

Due to the number of bulk email issues we have come up against, we have published the minutes on the Cooperative microsite instead of trying to email the large file to over 650 email boxes.

If you have previously registered you can access by following this link - <http://acp.hiirc.org.nz/page/40139/30-may-2013-minutes-of-the-cooperative-general/?tab=1843§ion=11804>

If you have **not** registered on the microsite, I have included the instructions below.

1. Instructions on how to access the site - you need to register on the general HIIRC site first, if you have not already done so (instructions below):
 - go to www.hiirc.org.nz
 - look for the 'Register Account' box on the right side of the screen
 - enter in your name and email address
 - once you have registered for the site you will receive a confirmation email, sent to the email address you have used in the registration process
 - click on the link in the email to verify your email contact
 - you are now registered for the HIIRC site
2. For access to the secure ACP microsite [click here \(http://acp.hiirc.org.nz\)](http://acp.hiirc.org.nz), the 'access code' is the word Choice, and it is case-sensitive.
3. When you do log in, you may want to check "keep me logged in on this computer" as this will make it easier to access document links we send in the future.

Kindest regards **Leigh Manson**

Programme Manager | Concord & Advance Care Planning(09 307 4949 ext 22873 | (022 646 2817

CANZ conference report

Care Association New Zealand (CANZ) conference 12 June 2013. "A toolbox for aged care"

The reason for the Conference was to attempt to establish a baseline – a line in the sand if you will – from which the sector can go forward with knowledge of what the Government and the Ministry intend for the sector in the next few years. This knowledge could lay the foundation for any future decisions that providers make in the development of their business.

There was an impressive line up of speakers:

CANZ invited the Ministry of Health, the Auditor General and Grant Thornton to describe where the sector is and what the future direction is probably going to be.

Mr Don Gray - Deputy Director of Health **Opening address**

Mrs Lyn Provost - Auditor General **Meeting the needs of our ageing population – some observations based on recent work from the office of the Auditor General**

Mr Martin Gray - Grant Thornton **Benchmarking performance & the Continuum of Care**

Some providers described, outlined, and explained some of the tools that have helped them in their facilities. This covered different aspects of aged care. Attendees were able to garner knowledge and gain insight that can help to steer the direction of their business into the future with greater confidence.

Keren Lusty - Group Manager Resident Care, Kapiti Retirement Trust **Respite – could this be useful for you**

Heather Harlow – HealthCert **Certification – how to achieve a good outcome**

Gina Langlands – General Manager - Quality and Risk for Bupa Care Services **Person Centred Care: doing the little things well**

Dr Maggie Haertsch and Jean-Paul Bell **From SMILE to Play Up: The Australian experience of translating humour therapy into practice within residential aged care.**

Jean-Paul's workshop: "Finding the Playful Self: A method of connecting with people"

It was important for CANZ to have everybody coming away with a smile on their face after the last session. This was definitely achieved as the session with Jean Paul Bell and Dr Maggie Haertsch had the room in stitches.

There was plenty of opportunity to meet other providers to share and exchange views and ideas in a very pleasant atmosphere surrounded by a room full of trade stands and experience people able to explain the benefits of their products.

Some comments made by delegates, speakers, invited guests and trades:

- I enjoyed meeting with delegates . It was a great opportunity to catch up with people. Congratulations again a very interesting programme.
- Thanks for inviting me to be part of a very enjoyable day and it was indeed great to meet some of the CANZ people and get a feel for what is going on for your organisation.
- A huge well done on what has to be considered a very successful conference. People I spoke to thought the content was very informative. The highlight of course being Maggie and Jean-Paul's The Smile Within... what a wonderful concept.
- What an amazing conference it was yesterday – on behalf of our facility, I would like to congratulate CANZ, on a well organised and most informative day. Having been involved in many conferences over the years, I can honestly say it was excellently run with such professionalism and with a wonderfully relaxed atmosphere throughout. I'm sure the other attendees would all agree and will have received a lot of benefit from the day as well.

CANZ would like to thank all participants, speakers, guests, delegates and trades for supporting this first conference. www.careassociation.co.nz

Don't tell me
the sky is the
limit when
there are
Footprints on
the moon.....

WHAT IS ON

Gerontology Nursing Conference THE SELWYN FOUNDATION

Wednesday, 14 August 2013, 7.30 am - 4.30 pm,

Waipuna Conference Centre, Mt Wellington, Auckland

- Full-day professional development conference
- Latest leadership on clinical and dementia care issues
- Person-centred, holistic teaching of individualised aged care
- Expert nurses teaching advanced nursing practice

Speakers include:

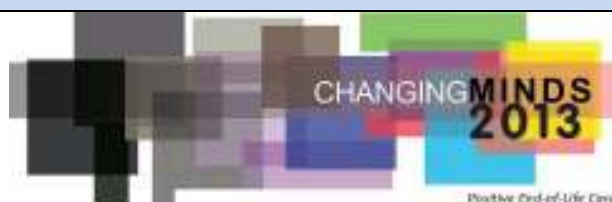
- Julie Daltrey and Jan Clark, Clinical Nurse Specialists with the Waikato DHB - Advance care planning
- Diana Hart, Respiratory Nurse Practitioner at Middlemore Hospital - Chronic Obstructive Pulmonary Disease
- Dr Michal Boyd, Nurse Practitioner and Senior Research Fellow with the Department of Geriatric Medicine at the University of Auckland - End of life care for people with dementia
- Tony Lawson, Nurse Practitioner at Bay of Plenty District Health Board - Parkinson's disease

Special 'early bird' registration price available - only \$120 incl GST until 15 July (\$150 thereafter)

To book visit www.selwyncare.org.nz

Don't give up
when you still
have
something to
give, nothing is
really over
until the
moment you
stop trying

CHANGING MINDS



"Whose Life is it?" Registrations open

We are excited to announce our *world renowned* keynote speaker:

Associate Professor, Deborah Parker,
University of Queensland

Deborah will be joined by others who will share their knowledge and expertise to improve the care of the older person in New Zealand

KEY THEMES FOR CHANGING MINDS 2013:

- **Start** the conversations about a palliative approach early in the care relationship
- **Involve** & educate the person, their family/significant others & caregivers
- **Review** medication, explore options & think creatively
- **Identify** and discuss legal issues
- **Honour** the older person's life to truly 'hear' their story and wishes

Date: **Thursday 1 August 2013**

Venue: Little Theatre, Library Building, 2 Queens Drive, Lower Hutt

Full Registration (from 3 July 2013) \$250 per person

PLEASE NOTE: ALL PRICING IS INCLUSIVE OF GST.

FOR PROGRAMME UPDATES & ONLINE REGISTRATION PLEASE VISIT

WWW.TEOMANGA.ORG.

NEWSLETTERS BACK ISSUES

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!

Some interesting websites:

www.careassociation.co.nz

www.eldernet.co.nz,

www.insitenevpaper.co.nz,

www.moh.govt.nz;

www.healthedtrust.org.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.