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## CONGRATULATIONS

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

My compliments and congratulations to:

**Elsmlie House in Wanaka**

**Glenbrae Rest Home in Invercargill**

**Claire House Rest Home**

**Te Whanau in Levin**

*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.*

## AUDITS

What is being picked up on audits:

### Medication

- Indication for the use of a prescribed PRN medication not being documented.
- Signing for medications related to regularly prescribed medications (either packaged or non-packaged).

Ensure that your internal audit tool includes checking the above to ensure that the trend is picked up on time.

Some areas have problems with GP cover and them signing the medication chart for reviews. The problem is multiplied if a home has to deal with a number of different GP's. I think it is important to keep the local DHB and MOH informed regarding this as it seems to be an increasing problem.

Some facilities have residents visiting the GP themselves which often results in no documentation at all and often staff not knowing what changes, if any, have been made. If this happens in your facility then ensure that this issue is documented in the resident's notes and care plan and try to come to an agreement with the resident to inform you if they have made a visit. Explain to both the resident, relatives (appropriate) and the GP that you have a duty of care and that it is important that you are informed of any changes in treatment, medication, etc.

I am repeating myself but please make sure you take the draft report very seriously and check it before it is submitted. Make sure it is a good reflection of your facility.

*Jessica*

## LIP SERVICE TO HEALTH AND SAFETY NO LONGER

**Published Spring 2013.**

Changes coming to New Zealand's health and safety compliance rules could see fines of up to \$3 million imposed on offending businesses. This is an issue that cannot be ignored. Review your health and safety regime now!

Compliance issues are undergoing very rapid changes, driven by the Pike River tragedy and the reports from the subsequent Royal Commission and the Government-appointed independent task force into health and safety. Their findings identified that:

- New Zealand's workplace safety record is eight times worse than in the UK
- Our results are worse than Australia
- This country is the worst of all OECD-aligned nations
- The cost to the economy of workplace accidents and deaths is between nine and twelve-plus billion dollars per annum.

To reduce this, the Government has now drawn a line in the sand and set a goal to reduce the number of serious harm accidents and workplace fatalities by 25 percent by 2020.

To achieve this:

- A new standalone Crown Agent called Worksafe NZ has been established and will be in operation by December 2013, depending on passage of the legislation through Parliament. Ministry of Business, Innovation and Employment's (MBIE) workplace health and safety functions and staff will transfer to the agency on establishment
- A set of guidelines for directors and business owners for the governance and management of health and safety has been developed and is available through the MBIE (OSH) website: [www.business.govt.nz/healthandsafetygroup](http://www.business.govt.nz/healthandsafetygroup)
- Alternatively, check out the NZ Institute of Directors' publication on its website: [www.iod.org.nz/publications/healthandsafety.aspx](http://www.iod.org.nz/publications/healthandsafety.aspx)
- The number of health and safety inspectors is being increased substantially
- A team of 45 accident investigators is being formed for investigating serious harm accidents. All future accident investigations will be focused on compliance with the Health and Safety in Employment Act (HSE), and the availability of evidence to prove due diligence
- The introduction of corporate manslaughter is under consideration.

To ignore health and safety as a governance and a business responsibility will no longer be an option. Nor will paying lip service be sufficient protection.

*Moore Stephens Markhams Chartered Accountants and Business Advisors© 2013.*

## POLYPHARMACY, DRUGS AND NUTRITION

Medications can help enhance a person's quality of life and improve health. However, they can also be the cause of undesirable side-effects. These are more likely to occur when a person uses five or more medications concurrently, for long periods of time.

Polypharmacy, as this is referred to, is more common in older people and is a strong predictor of malnutrition. Side effects which are likely to result in a person eating less include poor appetite, nausea, taste changes, dry mouth, constipation, diarrhoea, depression. Where these factors are present, a review of a person's medications is advisable.

**Don't waste  
your time  
looking back  
for what you've  
lost.  
MOVE ON  
For life wasn't  
meant to be  
travelled  
backwards**  
Msagha Wa Mzame

## POLYPHARMACY, DRUGS AND NUTRITION Cont'd

Medications can also influence the absorption and metabolism of nutrients and vice versa: nutrients can interfere with the action of some medications. Such interactions are referred to as drug-nutrient interactions.

Where foods or nutrients have a detrimental effect on the availability or function of a medication, the pharmacist will provide appropriate warnings e.g. 'to be taken on an empty stomach' or 'avoid taking with dairy', etc. If food aids the absorption or function of a particular medication, a directive to 'take with food' will be given.

Below are some of the more common drug-nutrient interactions:

- Grapefruit and grapefruit juice interact with a number of medications, especially anti-arrhythmic agents and some statins. The presence of furanocoumarin derivatives in grapefruit juice cause an increase in the drug's availability. These medications should therefore not be taken with grapefruit or grapefruit juice.
- Foods high in Vitamin K interfere with the effectiveness of the anti-coagulant medication, Warfarin. Green leafy vegetables provide the most regular sources of Vitamin K in our diet. However these do not need to be avoided altogether. The diet recommendations are to ensure consistent intakes of these foods, and to avoid large servings some days but not others. Daily intakes of ½ cup of cooked green vegetables such as broccoli or brussels sprouts or one cup of raw green vegetables such as lettuce are considered appropriate. Cranberry juice also affects Warfarin by increasing the drug's activity in the body so should be avoided by those taking Warfarin.
- Long term use of diuretics can increase nutrient losses, notably potassium. To help overcome this, encourage a good intake of fruits and vegetables in the diet, and aim to include high potassium foods each day. Foods high in potassium include bananas, oranges, kiwifruit, dried fruit such as prunes and dried apricots, potato, kumara and canned tomato products.
- Anti-Parkinsonian medications such as Madopar (capsules or dispersible) can be affected by food. If taken with food the medication's absorption rate can be reduced by 30% with an increase in the time taken for it to reach its peak concentration. A high protein intake can also affect the absorption rate of Madopar, though a high protein, high energy diet may be necessary to prevent weight loss in some people with Parkinson's disease. Aim to provide the medication at different times from meals and between meal snacks if possible.
- Fosamax can also be affected by food, particularly dairy products which reduce the availability of the drug. This medication should be taken on an empty stomach but with a large glass of water.
- The availability of antibiotics in the body can be reduced by the presence of iron, calcium, dairy products and antacids. Directives to avoid taking with such will be given where necessary.
- Residents with diabetes who take insulin or gliclazide/glipizide should be provided with a later supper that includes protein (e.g. protein sandwich, cheese and crackers, milk drink), to ensure against nocturnal hypoglycaemia.

Management of drug-nutrient interactions should consider the overall desired outcome; and a common sense approach is necessary. When medications are impacting negatively on appetite and food intake, consult with the resident's GP.

The information in this bulletin is of a general nature and should not take the place of a dietetic consultation.

[www.dietitians.org.nz](http://www.dietitians.org.nz), and follow the links to '**Find a Dietitian**'.

No 11 August 2013 Dieticians NZ

If at first you  
don't succeed,  
skydiving is not  
for you.

## GPS Personal Tracker – to help track who goes where.



The Smart Link Personal GPS tracker is an innovative, miniature size, personal, remote positioning device, with built-in GPS technology.

Designed for monitoring and protecting people and property. It can be used for tracking elderly residents who have gone absent.

The GPS Tracker signals to designated mobile phones and the wearer of the GPS tracker can be located to within 20 metres, via Google maps

It works by using satellite positioning data to give the position of the wearer and can be shown on your mobile phone with the web browser enabled. A Smartphone shows the position of the GPS tracker in real time. Up to 5 mobile phones can be contacted with the GPS location details.

There is also a Geo Fence Alert that when the device breaches a selectable restricted area the system alerts your phone. Ideal for elderly residents or residents with dementia.

Discuss your needs with Philip and mention that you heard it through this newsletter and you could receive a special deal.

Contact Philip Walsh of All Round Security Mob 021 1644 140  
Email: [allround@xtra.co.nz](mailto:allround@xtra.co.nz)

## National Dementia Cooperative Update September 2013

- Remember to register for the NDC Knowledge Exchange forum SHARING EVIDENCE – SUPPORTING ACTION. Go to our website <http://ndc.hiirc.org.nz/page/39423/sharing-evidence-supporting-action-ndc-knowledge/?tab=4892&contentType=1587&section=19790> where you will also find the updated programme.
- 📄 For World Alzheimers month – September – please support Alzheimers NZ's Dianthus 'Memories' promotion. With masses of white, highly fragrant double flowers, the Dianthus 'Memories' makes a wonderful addition to any garden - and Alzheimers New Zealand receives 25 cents for each plant sold via Living Fashion. Go to <http://bit.ly/1dVpohd> for more information.
- 📄 Thank you to all who responded to the request about ethical issues associated with caring for people with dementia. Some of you added references, or collated responses from others. We have put a summary (including the references) on our website <http://ndc.hiirc.org.nz/section/24527/ethics/> Anne Schumacher will represent the NDC at the meeting with the National Ethics Advisory Committee.
- 📄 Alzheimers NZ is currently engaging in external consultations regarding an update of the Alzheimers NZ Strategy. The NDC Steering Group appreciated the opportunity to provide input at a dedicated consultation meeting this month.
- 📄 NDC Dementia Network meetings coming up: Auckland 9 October, Canterbury 15 October. For times and venues go to our website <http://ndc.hiirc.org.nz/section/29653/networks/>

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

Marja Steur ,

**National Coordinator, National Dementia Cooperative**

Don't let your life slip through your fingers by living in the past or for the future, by living your life one day at a time you live all the days of your life.

## WASTE MANAGEMENT

Waste can be divided into two categories: biomedical and general. Biomedical waste should be handled and disposed of in a manner that avoids transmission of potential infections. It is necessary to understand the differences between these types of waste for appropriate disposal of biomedical waste.

**Biomedical Waste:** Non-anatomical waste, limited to:

- 1 Items contaminated with blood or blood products that would release liquid or semi-liquid blood if compressed, body fluids visibly contaminated with blood, and body fluids removed in the course of treatment, excluding urine and faeces;
3. Sharps including needles, needles attached to syringes, or
4. Broken glass or other materials which are capable of causing punctures or cuts and which have come into contact with human blood or body fluid.

**Storage:**

- Sharps to be placed into a puncture-resistant, leak proof container dedicated specifically for that purpose. The sharps container shall have a lid which can not be removed once it has been permanently closed.
- Other biomedical waste to be segregated into either a plastic bag or rigid container with a non-removable lid and labelled "Biomedical Waste". The container shall be capable of withstanding the weight of the biomedical waste without tearing, cracking or breaking.

**Transportation for disposal:**

- Biomedical waste containers shall be sealed, locked or closed such that no biomedical waste is likely to be released or discharged during transportation
- When the weight of the biomedical waste is less than 5 kilograms in total, and accompanied by a person who is trained for that purpose may transport the biomedical waste; and
- The generator maintains written records of the date, quantity and destination of the biomedical waste transported for a minimum of two years
- When biomedical waste is to be transported off-site for treatment or disposal by the generator and the biomedical waste is 5 kilograms or more, Sections 18 and 19 of Regulation 347 and Section 27 of the EP Act apply. The generator shall obtain a Provisional Certificate of Approval for a waste management system issued under Part V of the EP Act.
- Biomedical waste shall only be transported to an existing hospital incinerator or a facility for which a Certificate of Approval has been issued which authorizes the acceptance of biomedical waste

**General Waste:**

Includes all other rubbish that does not contain biomedical waste (e.g. gloves, sponges, dressings, general office supplies)

Rubbish collection containers should be emptied daily and when full

Ensure all rubbish containers are waterproof and have tight-fitting lids, preferably operated by a foot pedal.

Use plastic bags to line the containers. The use of double bagging is not necessary unless the bag has a tear, is leaking or the outside is visibly soiled.

Do not overfill

Do not place sharp, hard or heavy objects into plastic bags that could cause bags to burst

May be disposed of as regular rubbish

## Message from Ministry of Health

Dear Providers

### Update on the Provider Regulation and Monitoring System (PRMS)

The Ministry of Health is introducing a new information management system called the Provider Regulation and Monitoring System (PRMS). New online forms and downloadable templates are being developed for applying for certification and making notifications to HealthCERT. The new forms will replace forms currently available on the Ministry website ([www.health.govt.nz/certification](http://www.health.govt.nz/certification)).

The secure online forms will go live in early November. Providers who are high users of forms or have certification audits occurring in March 2013 will be the first to receive log-in details to use the online forms. Other providers will receive log-in details when they receive reminder notices to apply for recertification. Providers that need to complete a form in the interim can call the Ministry's help desk to receive log-in details. Log-in details are being provided in a staggered manner to enable the Ministry to manage the workflow and assist providers with any queries.

Support for providers will include online information on how to complete the forms and an 0800 helpdesk. Providers who have been identified as heavy users of the forms will be invited to participate in a short familiarisation workshop.

The Ministry will continue to keep you updated as the PRMS progresses towards its go-live date.

Yours sincerely



Geoffrey Thompson  
Business Intelligence Manager  
Provider Regulation

## The first bouquet goes to ELDERNET

The aged care sector is very lucky to have available the web-site Eldernet. This was established many years ago after extensive discussion with the sector where there was an identified need to have an independent forum where residential care vacancies could be listed for anyone with an interest in placing an older person into care. This site is non-partisan and this independence is much to be prized in our sector which has been subject to some cut-throat practices over the last 30 years. The site is known to both providers, NASC and consumers and has a very high profile. It allows a provider to showcase their facility and it allows everybody else to have free access to this data!

The value of the Eldernet site should not be underestimated by any provider of residential care services. This independence is something that must be retained so that consumers are able to freely access data on every facility.

I lost count of the times that I heard people say: "Oh I quickly check Eldernet". For Eleanor and the team it is important that they personally meet with the providers so that both sides can put a face to the name. This is quite an undertaking but shows the commitment of the team.

Eleanor, and her team are to be commended for the great job that they do so well and for that reason I believe this virtual "bouquet" is well deserved.

*Jessica*

If you can not  
measure it, it  
doesn't exist



## NEWSLETTERS BACK ISSUES

Good judgment comes from bad experience ... and most of that comes from bad judgment.

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](http://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](http://www.careassociation.co.nz)

[www.eldernet.co.nz](http://www.eldernet.co.nz),

[www.insitene newspaper.co.nz](http://www.insitene newspaper.co.nz),

[www.moh.govt.nz](http://www.moh.govt.nz);

[www.healthedtrust.org.nz](http://www.healthedtrust.org.nz)

[www.dementiacareaustralia.com](http://www.dementiacareaustralia.com);

<http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>

[www.advancecareplanning.org.nz](http://www.advancecareplanning.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.

*Jessica*

### SUBSCRIBE OR UNSUBSCRIBE

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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.