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**Emailed to:
1698 readers
and counting**

**Welcome to my
overseas readers**

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4 YEAR CERTIFICATION**4 year certification**

**Awanui Rest Home – Mt Wellington Auckland
Elmswood Retirement Village - Christchurch
Fendalton Retirement Village - Christchurch
Malyon House – Mt Maunganui**

For my friends, who have an audit this month, all the best!

If you are achieving this then please let me know as it deserves a special place and recognition!

HEALTH TIPS**Magnesium**

Symptoms of poor magnesium intake can include muscle cramps, facial tics, poor sleep, and chronic pain. It pays to ensure that you get adequate magnesium before signs of deficiency occur.

Older adults are particularly vulnerable to low magnesium status. It has been shown that aging, stress and disease all contribute to increasing magnesium needs, yet most older adults actually take in less magnesium from food sources than when they were younger. Sea water and sand are a great source of magnesium and it is often better to get magnesium transdermally (through the skin).

So take off your shoes and take walks on the beach.

A for Away.

This vitamin, and beta carotene, help to boost immunity against disease. It also assists in the healing process of diseases. Good natural sources of vitamin A are kidneys, liver, dairy products, green and yellow vegetables, pawpaw, mangoes, chilli pepper, red sorrel and red palm oil.

Get smelly.

Garlic, onions, spring onions and leeks all contain stuff that's good for you. Heat destroys these properties, so eat yours raw, wash it down with fruit juice or, have it in tablet form

Stop fuming.

Don't smoke and if you smoke already, do everything in your power to quit. Don't buy into that my-granny-smoked-and-lived-to-be-90 crud. Apart from the well-known risks of heart disease and cancer, orthopaedic surgeons have found that smoking accelerates bone density loss and constricts blood flow. So you could live to be a 90-year-old amputee who smells of stale tobacco smoke. Unsexy

AUDIT ISSUES

As in previous issues here some identified problems that are identified through audits.

As pressure injuries has been a focus this has lead to some areas in need of improvement.

Wound care.

Policies and procedures:

- These have to be clear defining each stage and known by all staff responsible for wound care.
- Identify when specialist advice should be sought. Don't wait until it is too late.
- When does a PI need to be reported on Section 31 to MOH and DHB
- Guidance in how to stage Pressure Injuries (PI).
- Process on how and when to photograph wounds. Best way is to use a measurement in the photo or be very clear to document the size of the wound and document on photo. Always ensure the photo is dated when taken.

Assessments:

- Identify clients at risk of pressure injuries and put preventative measures in place such as pressure relief and turn charts, skin hydration and staff training to observe and report possible early warning signs.
- Describe the wound clearly ie. The cause of the wound (if known), the place of the wound, grading, pain management, instructions on how to treat the wound.
- State the time frame for re-assessments and evaluations
- Identify when specialist advice will be sought. This should then be document on the plan and in client's notes.

Treatment plans:

- These plans should ensure consistency in treatment.
- Be specific, how to treat, products to use, how often, when to make photos and clear sign off.
- If plans are to be changed i.e change in products or frequency, ensure that this is clearly documented and communicated to all responsible.
- Ensure that the plans have enough space to report on.
- Reference to turn charts if instigated. Short term care plan in regard of pain management, dietary requirement, pressure relief management.
- Ensure that all staff are informed regarding the pressure relief management.
- Ensure there is a link to the long term care plan if wound care is a long term intervention.
- Document when specialist advice has been asked for and document this clearly in the client's records. Ask specialist to make own entry and sign for it.
- Ensure that specialist advice is followed. Change the plan to indicate advice.

Turn charts

- Document clear instructions and instil in all staff the importance that the instructions need to be followed and actions signed off.
- Ensure that RN's follows up on this documentation to ensure that instructions have been followed.

Reviews and evaluations

- Indicate the review and evaluation time frames and document these to ensure that the reviews are completed and by whom.

I hope this helps with reviewing your processes. If you had a good outcome during audit then great. If you have good tips you wish to share please do so.

**You seriously
have no idea
what people
are dealing
with in their
personal life.
So just be nice,
it's that simple!**
Motivation mafia

CHANGES AND NEWS - HEALTHCERT

HealthCERT's Manager, Emma Prestidge, has moved into a new role as Group Manager, Quality Assurance and Safety. This role includes oversight of HealthCERT so she continues to support the team in strategic matters. Sandy Papp, who was the Group Administrator with HealthCERT, is now Emma's Executive Assistant. Congratulations to them both on their new roles.

Susan Murphy, the new HealthCERT Manager has been appointed and started the 9th of April. Susan comes from MidCentral DHB where she has been the Manager Quality and Clinical Risk. Susan is a registered nurse with 25 years' experience in the health sector working predominately with mental health services in NZ and the UK. Susan has been in a quality role for more than 10 years now and is passionate about ensuring patients, families and whānau get the best care possible when they are at their most vulnerable. Susan is looking forward to working with the sector to achieve the best possible outcomes for all

The team also has a new coordinator – Molly Willerton – who joined the team in October 2017. Her background is in disability support work and administration. We now have two experienced coordinators who are well placed to respond to queries relating to certification and PRMS. Contact either Molly or Helene on 0800 113 813.

For all providers to know

HealthCERT has received some feedback concerning providers who have an unannounced surveillance audit (i.e. aged care and residential – psychiatric providers) changing their auditing agency within the six month window of their mid-point surveillance date.

The designated auditing agency (DAA) may already have the auditors, travel and accommodation booked for the unannounced audit and an audit scheduled, as well as having liaised with the DHB funder/Ministry regarding any concerns raised since the last audit, which may require an earlier audit within the time frame. A change of DAA during this time frame could jeopardise relevant information being transferred between agencies and not meet the requirement for an earlier audit, to ensure resident safety.

HealthCERT obtained legal advice regarding this, and going forward from 1 May 2018, the condition of certification on a provider's schedule for the "unannounced surveillance audit" will have the following change applied:

From:

A surveillance audit of the provider must be undertaken by a designated auditing agency three months either side of [date]. The audit report will be forwarded to the Director-General of Health.

To:

A surveillance audit of the provider must be undertaken by a designated auditing agency three months either side of [date]. The audit report will be forwarded to the Director-General of Health. The provider is unable to change designated auditing agency three months either side of this date.

The change will be on new schedules going forward, where an unannounced surveillance audit is required (for aged care and residential – psychiatric providers). There will be no reissuing of schedules and this change does not negate a provider from the choice of DAA and changing at any other time. Providers having a choice of which DAA completes their audit is an important principle and one that we fully support.

Regards

Susan Murphy, Manager HealthCERT

Quality Assurance and Safety, Protection Regulation and Assurance

Ministry of Health, DDI: 04 819 6888

Research has shown that laughing for 2 minutes is just as healthy as a 20 minutes jog. So you can sit in the park laughing at all the joggers!

Love isn't what
you say.
Love is what
you do.

EXCITING RESEARCH

A small research team led by Mark Henrickson have, after four years hard work received a prestigious Marsden grant to research intimacy and sexuality in aged care, with a long term view to understanding more about the ethics of consent in a New Zealand context, supporting the further development of national awareness, policies and education for staff, families and residents in this area. The national study will take place over the course of 3 years and will include a representative sample of aged care facilities throughout the country.

The Research Team are Associate Professor Mark Henrickson, Principal Investigator and Associate Investigators Dr Catherine Cook, Dr Vanessa Schouten and Mrs Sandra McDonald. Nilo Atefi, Research Project Coordinator

A stakeholders professional advisory group assist the research team in terms of making sure they are on the right track and addressing key issues.

This project will contribute to ethical theory in practice by interrogating and informing notions of consent in the domain of sexuality and intimacy in residential aged care (RAC), and identifying practice implications. The dominant position in the literature is that consent is of fundamental importance: that non-consensual sex is morally wrong, and that in order to give morally valid consent, a person must meet standards of cognitive competence. The context of RAC is an ideal context to test these claims. In this context, there are people who may be both cognitively compromised and who also may desire intimate relationships. This two-arm mixed-methods project will survey 300 RAC staff in RAC around New Zealand to assess their knowledge, attitudes and beliefs about ageing, sexuality, and the importance of consent. Interviews with 50 residents, family and staff will explore the experiences of these groups about intimacy and sexuality in care, with the aim of using these insights and experiences to challenge the theoretical claims made in the literature. As the large baby-boomer population generation enters RAC, with different expectations of sexuality and intimacy, findings will contribute to increasingly urgent debates shaping ethics and ageing, and discourses on consent and wellbeing.

I wish the team all the best and hope that the sector supports this research. Jessica

TRAINING TO UNDERSTAND THE NEW FOOD LEGISLATION

With the new Food legislation and the requirement for everybody to have registered their food plan by the end of this month, training the staff to understand all this is a good idea. For this contact Martin Szeko Service IQ Sector Advisory Hospitality (ITO for service industry). The training is free!

Martin.Szeko@ServiceIQ.org.nz

Contact: 09 3377530 mob: 021 599924 or 0800 863693

SILVER RAINBOW

**Lesbian, Gay, Bisexual, Trans and
Intersex (LGBTI) Education
for Caregivers**



If you are interested please contact

Julie on Julie.Watson@kahuitukaha.co.nz to find out how you can book Silver Rainbow education for your organisation.

HOW DEHYDRATION INCREASES FALLS RISK, AND WHO IS AT RISK?

By Renee Taylor (Speech Language Therapist) (from the Pure Food Co)

Falls are common in the elderly population and can be caused by a variety of physical and environmental factors. Of the many influencing factors that can contribute to falls, dehydration is one that can often take centre stage...

The theme for this year's campaign is "live stronger for longer". I know what you might be thinking... what on earth does speech-language therapy have to do with falls and fall prevention?? Well you'd be surprised with the areas us speechies manage to be of use.

Prevalence of falls

Falls are common in the elderly population and can be caused by a variety of physical and environmental factors. "In 2015, 217,000 people aged 50 and over had one or more ACC claims accepted for a fall-related injury. This was a significant increase from 170,000 claims in 2011" (Health Quality & Safety Commission of New Zealand, 2018). Falls can significantly impair mobility, quality of life, and even lead to death (2018).

Dehydration

Of the many influencing factors that can contribute to falls, dehydration is one that can often take centre stage. Dehydration can cause confusion and loss of balance which leads to an increased falls risk (Stanga Z., Baldinger S.H., Clavé P., 2011). Ahh, there it is the connection between falls and dysphagia... DEHYDRATION.

Dehydration & Dysphagia

It's a nasty condition, which carries with it a myriad of side effects. Dehydration can be caused by many things, one of which is dysphagia. It is well documented that people who suffer from dysphagia are at increased risk of dehydration. This is often due to reduced intake of liquids which can be caused by discomfort and effort when drinking, fear of aspiration, but particularly pertinent to those who require modified liquids, or 'thickened liquids'.

Just Imagine...

You were used to guzzling down a nice crispy cold glass of juice on a warm summer day, the pleasure and joy associated with that is priceless. Then imagine one day being told that now you can only sip slowly on a drink that is thickened. Imagine how that might affect the pleasure and satisfaction previously associated with drinking. You can understand how this might cause you to stop drinking as much. Dysphagia and particularly its relation to liquid modification can have a large impact on the intake of liquids which can then contribute to chronic dehydration, which we now know can lead to falls.

Do you or a loved one have dysphagia? Do you find that your liquid intake is reduced? And if so why? Because of the increased effort? Or maybe the dislike of thickening products? In any case, dysphagia and dehydration is a nasty combination which as you now know can also contribute to an increased falls risk. Consult your Dietitian or GP if you are concerned about potential dehydration so that it can be supported early on and hopefully help prevent falls along the way.

Top Tip: Fortified soups are a great way to keep up fluids and increase your nutrition intake

Reference list:

Health Quality & Safety Commission of New Zealand (2018). Retrieved from <https://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/april-falls/>

Stanga Z., Baldinger S.H., Clavé P. (2011) Dehydration in Dysphagia. In: Ekberg O. (eds) Dysphagia. Medical Radiology. Springer, Berlin, Heidelberg

Julie AY Cichero (2013) Thickening agents used for dysphagia management: effect on bioavailability of water, medication and feelings of satiety. Nutrition Journal 12: 54

The only things
you can take
with you when
you leave this
world are the
things you've
packed inside
your heart.

Susan Gale

<p>No matter how badly someone treats you, never drop down to their level. Remain calm, stay strong and walk away. Power of positivity</p>	<p>ALTURA- NEW NAME SIGNALS NEW SERVICES AND GROWTH FOR LEADING INDUSTRY LEARNING PROVIDER</p>
	<p>Leading industry learning solutions provider Aged Care Channel has announced a new name reflecting its ongoing work to innovate and expand geographically and across health, disability and social sectors, supported by enhanced technology.</p> <p>The new name, Altura Learning, draws from the passion to always aim higher (Altitude) and the selfless desire of learners in the health and social care sector to improve the lives of care recipients. (Altruism)</p> <p>The name recognises the growth trajectory that has seen the organisation grow from its beginnings as a learning provider for aged care providers in Australia to serve a broader customer base across new sectors and geographies. Today, Altura Learning creates media rich responsive and engaging learning solutions. Content is customer-focused drawing on cutting edge research, industry experts and frontline carer and client stories nationally and into the UK, Ireland and New Zealand.</p> <p>The current socio-economic changes such as government reform, health trends and customer expectations are driving the transformation and growth across health and social care sectors. Altura Learning CEO Yvonne Webley said there is clear need for integrated and responsive learning solutions to empower and inspire a customer-focused workforce.</p> <p>“The work Altura Learning and our Altura Learning Academy (a registered training organisation offering accredited learning courses) do to engage, inform and inspire has never been more important than now, within a changing consumer environment and dynamic industry landscape,” she said.</p> <p>“For more than 20 years, we have created high quality, media rich learning solutions for those working in or aspiring to work in the aged care sector.</p> <p>“Now we’re expanding into new market segments and our global reach, we are building on our success in aged care and expanding our work to inspire learners across health and social care. Not only will we be delivering B-B, we now will be opening our offering to B-C in particularly the carers segment where it is evident there is a significant need.</p> <p>“We’ve made a significant investment in research and development and have worked collaboratively with our members, government, and key research organisations to build an evidence-informed learning approach that is relevant for the care workforce and responsive to current and future needs.</p> <p>“Our customer-focused content also draws from a deep understanding of our care provider members and their specific challenges, and can be tailored and scaled to suit our customers, from an individual carer looking after those in the home to small remote providers and major national and international groups supporting large, diverse workforce needs.”</p> <p>Altura Learning’s solutions are delivered via a state-of-the-art learning management system that allows organisations to create integrated learning, development and employee engagement packages and develop and support individual learning requirements.</p> <p>Find out more about Altura Learning and Altura Learning Academy at www.alturalearning.com and www.alturalearningacademy.com.au Contact: Julie on 027 4438659 Email: customerservice.apac@alturalearning.com</p>

<p>Chocolate comes from cocoa, which is a tree. That makes it a plant. Chocolate is salad!</p>	HAVE YOU HEARD ABOUT GREY MATTER?
	<p>We'd like to introduce you to another newsletter that the Ministry of Health Library prepares.</p> <p>The Grey Matter newsletter provides monthly access to a selection of recent NGO, Think Tank, and International Government reports related to health. Information is arranged by topic, allowing readers to quickly find their areas of interest.</p> <p>If you'd like to subscribe to Grey Matter, email library@moh.govt.nz</p>
	TOTAL QUALITY PROGRAMME
	<p>Are you struggling with your policies and procedures? Find it difficult to keep up with all the changes? Come audit time you realise that information is not up to date?</p> <p>If the answer to the above is yes then</p> <p>Join hundreds of other aged care providers</p> <p>This totally tried and tested Quality Programme tailor-made for aged care has been around since 1990!</p> <p>All policies and procedures, including the related work forms, are written in a very user friendly manner and understandable to all staff.</p> <p>The programme comes on CD and you are in charge to personalise it for your facility.</p> <p>For more information and to receive the order form and licence agreement, contact me on 09 5795204, 021 311055 or 09jelica@gmail.com</p>
	TRAINING SESSIONS
	<p>If you need training provided on site please let me know as I am available to provide this on non clinical topics such as:</p> <p>Please be aware that I am based in Auckland. Very happy to travel but it will add to your cost. You might be able to talk to facilities in your area to get together and share the costs.</p> <p>Cultural Safety, Spirituality, Sexuality & intimacy, Privacy, Rights, Confidentiality, Choice, Communication and Documentation, Quality and Risk Management, Abuse and Neglect prevention, Restraint Minimisation and Safe Practice, Managing behaviour that challenge us, Complaints Management, Open Disclosure, EPOA, Advance Directives, Informed Consent, Resuscitation, Health and Safety, Ageing process, Mental Illness, Civil defence, Dementia care, Bullying in the workplace.</p> <p>If you are looking for a topic not listed here please drop me a line.</p> <p>I am happy to facilitate different times to suit evening and night staff.</p> <p>References available on request.</p> <p><i>Jessica</i></p>

<p>The secret to living well and longer is: Eat half Walk double Laugh triple and Love without measure Tibetan proverb</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>	
	HELP ME KEEPING THE DATABASE UP TO DATE!	
	<p>Changing positions? New email address? Let me know if your details are changing so I can keep the database up to date.</p> <p>If you know anybody else who would like to receive the newsletter please let me know and I will be happy to add them to our growing readers' base.</p> <p>Thank you all for your contribution each month.</p> <p style="text-align: right;"><i>Jessica</i></p>	

Some interesting websites:

www.careassociation.co.nz; www.eldernet.co.nz, www.insitenewspaper.co.nz, www.moh.govt.nz;
www.careerforce.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>;
www.safefoodhandler.com; www.learnonline.health.nz; www.nutritionfoundation.org.nz/about-nznf/Healthy-Ageing;
www.glasgowcomascale.org

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.

CONFIDENTIALITY AND SECURITY

- I send this with due respect to, and awareness of, the "The Unsolicited Electronic Messages Act 2007".
- My contact list consists ONLY of e-mail addresses, I do not keep any other details unless I have developed personal contact with people or organisations in regard to provision of services etc.
- E-mail addresses in my contact list are accessible to no one but me
- Jelica Ltd uses Avast antivirus protection in all aspects of e-mail sending and receiving

Signing off for now.

Jessica

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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.