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Emailed to:
1662 readers
and counting

Welcome to my
overseas readers

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4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving

4 year certification

My compliments and congratulations to:

EVERIL ORR VILLAGE - OCEANIA HEALTHCARE – AUCKLAND

MARNE STREET HOSPITAL - DUNEDIN

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

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.

HAPPY NEW YEAR
REFLECTION AND PREPARATION



My Happy New Year wish for you
Is for your best year yet,
A year where life is peaceful,
And what you want, you get.

As we stand at the beginning of a new year, preparing as well as we can for what is to come let's look back on 2017. What a year it has been! I am grateful again for the many lovely people I have met and with whom I had the privilege to work with. We welcomed many new people to the sector and said goodbye to others. I like to thank you all for your kind feedback and input and I hope that I can continue for a long time to come.

The biggest event in 2017 for me has been pay equity. I am sad to see that such a good initiative caused so many problems for the sector. I witness teams being divided, in my opinion caused by: Everybody knowing what is in each other's pay package, No incentive anymore to go "the extra mile". What saddens me is that a qualification, results in better pay regardless of the person's experience or commitment. A healthcare assistant who is passionate and experienced and able to train others in the role "on the floor", ends up getting less than the person they are training just because that person was able to get a piece of paper that deemed them qualified.

In my opinion a number of the problems are due to an important piece of legislation being rushed through without looking at the possible consequences.

The legislation does not recognise staff that have been around a long time. A number of them choose not to get qualifications but are probably able to teach the educators a thing or two about reality on the floor.

2018 is going to be an interesting year! Let's hope maybe some review and changes?!

Jessica

SO WHAT DO WE KNOW IS GOING TO HAPPEN IN 2018?

FOOD LEGISLATION.

If you prepare and serve meals, you need to register under the Food Act before 31 March 2018. Of course this will incur a cost and we hope that in the negotiations between MOH, MPI and sector representatives an agreement can be achieved to minimise the “doubling up” of costs and audits.

Get checked

You will be verified by either your local council or a third party verifier within a year of registering your plan or programme. If all is going well, FCPs will be verified every 18 months and national programme 3 will be verified every two years after the first verification. Both can be verified more frequently if there’s a problem.

Rest homes are also audited by the Ministry of Health on a regular basis. MPI and MOH are working together to find a way to reduce the audit/verification load.

Template FCPs are checked by the local council.

Custom FCPs, National Programmes or MPI-registered businesses are checked by third party verifiers. There are some councils that can also verify national programmes.

There’s a register of verifiers and an [interactive map of verifiers](https://mpi.govt.nz/food-safety/) on the MPI website:

<https://mpi.govt.nz/food-safety/>

AUDITS

For many of you an audit event will take place this year. Be it a certification or a surveillance audit.

Overall most auditors look for facts not faults! But I know that not all the auditors work the same, which is a shame. They are missing getting the best out of people and they make the audit process tedious and a negative experience. There is no need for that.

It is important for the provider/manager to take control of the audit and to expect the auditors to be fair. If you experience problems during the audit call the CEO of the company as there is too much depending on the audit. Some auditors will tell you that HealthCert has certain expectations. If you have doubts check with HealthCert. Remember that you pay big money for an audit so you should expect quality!

Challenge outcomes/findings you don’t agree with but challenge for the right reasons. The auditors need to be able to justify their findings. They don’t have to like how you achieve the Standards as long as you achieve them. Be confident in what you do and show this.

Aim to have your facility ready for audit on any given day, instead of a mad rush before audit.

Regularly check all the delegated responsibilities. Don’t assume that all delegated responsibilities are completed. Don’t get caught out on audit day. Check and double check. Do your own little spot checks on an ongoing basis to stay on top of things.

Discuss external audits with staff and what is expected of each discipline.

Have your information easily accessible and organised.

Don’t hesitate to contact me if I can be of any help.

I wish for you a holiday
With happiness galore;
And when it’s done, I wish you
Happy New Year, and many more

Jessica

Don’t be
impressed by
money,
followers,
degrees and
titles.
Be impressed
by kindness,
integrity,
humility and
generosity.
Higher perspective

TWO HOURLY CHECKS (Intentional Rounding) <http://www.open.hqsc.govt.nz/>

In light of a recent event, when a resident went missing which wasn't noticed until hours later, I was most surprised to hear that there are places that do not have at least two hourly checks in place.

I discussed this with a couple of managers and RN's and a few expected that each facility did this at least two hourly unless otherwise stated in the care plan.

INTENTIONAL ROUNDING.

Sometimes known internationally as hourly rounding, is a process where nurses spend time with their clients regularly focussing on 4 aspects of care, toileting requirements, positioning, pain management and possessions always ending their interaction with the sentence "is there anything else I can do for you, I have time"

There is evidence available showing the benefits to these checks. Some of the public hospitals have introduced planned hourly intentional rounding which has resulted in reduction in falls and pressure injuries and increased client satisfaction.

IN AGED CARE YOU WOULD ASSESS DURING THE ROUNDS

- Is the resident accounted for?
- Check for pain
- Check for comfort [turn and re-position for comfort.]
- Does the resident need to go to the toilet
- Does the resident need to eat or drink. Have access to their, call bell, TV or radio turned on etc.
- Ask the resident if there is anything else you can do.

RESULTS

- Saves steps for the care staff
- Promotes safety
- Increases client satisfaction
- Improves clinical outcomes
- Decreases client anxiety
- Builds the client's trust
- Provides the best possible care

Offers MEASURABLE RESULTS (from data Bay of Plenty DHB: <https://www.hqsc.govt.nz/.../case-study-intentional-rounding-BOP-Nov-2013.pdf>)

FALL REDUCTION: Over 50% --Numerous studies have shown that ensuring patients have access to their personal items, are comfortable and have their bathroom needs met reduces fall rates by more than 50%.

PRESSURE ULCER REDUCTION: 10%--Many hospitals implementing this approach have shown a decline in skin breakdowns and pressure ulcers in excess of 10%.

CALL BELL REDUCTION: 40%--Call light usage can be reduced over 40% with effective deployment. The improvement in patient satisfaction is significant but perhaps the biggest benefit with this reduction is the decrease in walking time for nursing staff and the improvement in job satisfaction due to not being constantly interrupted.

OVERALL PATIENT SATISFACTION Typically Improves over 10%.

Do checks happen in your facility? Worth discussing this with you staff.

For one
minute, walk
outside, stand
there, in
silence, look up
at the sky, and
contemplate
how amazing
life is.

Claudia Miller

ADVERSE EVENTS REPORT SIGNALS STRONGER FOCUS ON LEARNING FROM CONSUMERS

The latest *Learning from adverse events* report recommends putting consumers at the centre when reporting, reviewing and learning from adverse events.

Each year, health care adverse events are reported to the Health Quality & Safety Commission by district health boards (DHBs) and other health care providers. The Commission works with these providers to encourage an open culture of reporting, to learn from what happened and put in place systems to reduce the risk of recurrence.

A total of 542 adverse events were reported by DHBs in 2016–17 (520 in 2015–16). The highest reported event category related to clinical management events. Other highlighted reporting categories include falls, pressure injuries and healthcare associated infections.

Commission chair Professor Alan Merry says adverse events in health care can have a huge impact on the person involved and their whānau, family and friends.

"I would like to acknowledge the people affected by the tragic events outlined in this report. Partnering with consumers and whānau in the review and learning process is pivotal to improving quality and safety."

Prof Merry says research shows consumers who have been affected by an adverse event offer a unique perspective on that event. "Consumers may be able to perceive care transition and process issues, including service quality, that occur before, during and after adverse events, that are less likely to be identified by providers."

Prof Merry says the adverse events report reflects a steady improvement in reporting culture towards increased transparency and taking action based on learnings from system failings.

"The reporting process challenges traditional paradigms that some harm is a normal and accepted consequence of health care treatment. It focuses on insights and lessons learned, and identifies opportunities for intervention and improvement. For example, the 2015–16 report highlighted a rise in ophthalmology events. Since then there has been significant collaborative work undertaken in the sector in relation to the needs of people with chronic eye conditions."

Prof Merry says the rise in reported pressure injuries may reflect a concerted effort across the sector to raise awareness of the impact and devastating harm of those injuries. 'This attention is particularly important given evidence shows pressure injuries are highly preventable.

"The category of healthcare associated infection has been highlighted this year, with an increase in additional reporting. This may reflect both an improvement in reporting culture and awareness-raising through the work the Commission and sector are doing as part of the Surgical Site Infection Improvement programme."

A copy of the full adverse events report is available from:
<https://www.hqsc.govt.nz/our-programmes/adverse-events/publications-and-resources/publication/3111/>

Health Quality & Safety Commission

Being happy
doesn't mean
that everything
is perfect.
It means that
you've decided
to look beyond
the
imperfections.

Gerard Way

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.

CLEAN, COOK AND CHILL

MPI has today launched a new summer food safety campaign that focuses on helping
consumers from getting *Campylobacter* food poisoning at home by doing 3 simple things:

Clean, cook, chill.

"Most people think that food poisoning is something they get from eating out and not
something they get from home cooking, but every year around 100,000 cases of food
poisoning happen in the home, with *Campylobacter* being the most common cause," says
Roger Cook, MPI's manager for food risk assessment.

"*Campylobacter* bacteria naturally occur in the gut of animals and birds, especially
chickens, and you can get food poisoning from it if good food safety practices aren't
followed in the home.

"*Campylobacter* spreads easily from raw chicken onto your kitchen benches, chopping
boards, and cleaning cloths. It can multiply to dangerous levels – especially on warm days –
unless you stop it from growing.

"To help people avoid getting sick during the summer months, we want everyone's mantra
in the kitchen to be the three Cs: clean, cook, chill."

Clean

Before you prepare food and after handling raw meat:

- wash hands, chopping boards, dishes, and utensils (like knives) in hot soapy water
- dry properly. Preferably air dry and not with a towel.

Cook

- Cook food (especially chicken and mince) thoroughly all the way through until the
juices run clear.
- Reheat until hot. (Warm does not kill bacteria. Hot does.)

Chill

To stop bacteria growing in your food:

- cover and put it in the fridge
- keep cooked and raw food separate
- don't leave food out. Refrigerate within 2 hours or bin it. If in doubt – throw it out.

"There's nothing worse than getting the unwanted gift of food poisoning, so if people
follow these 3 simple steps they can keep their family and friends safe."

MPI's "Clean, Cook, Chill" campaign launches today with information on their website.

MPI

It is during the
worst storm of
your life that
you will get to
see the true
colours of the
people who say
they care for
you
Simple reminders

I'm old enough
to make my
own decisions.
I'm just not
young enough
to remember
what I decided.
laughoutloudly

BE SAFE IN THE SUN

New Zealand has the highest rate of melanoma in the world with over 2000 people reported to the New Zealand cancer registry with melanoma every year. Over-exposure to solar ultraviolet (UV) radiation is a serious hazard for all New Zealanders.

The UV radiation given off by the sun damages the cells in the body and this can cause serious health conditions, such as life-threatening skin cancers and permanent eye damage.

If your residents and staff go outdoors, you need to know what the risks are and how to manage them. Explore what higher-level control measures you can use. This may include re-scheduling outdoor tasks, moving work indoors, or providing shade structures. If this isn't possible, use lower-level control measures such as protective clothing, hats and eyewear, and SPF 50+ sunscreen.

SUN SAFETY MYTHS TO BUST

Myth 1: When you can't see or feel the sun, you are safe and can't get burnt.

False – we can't see or feel UV radiation. Sunlight or warmth from the sun is not the same as UV radiation. The radiation from the sun does not provide light that we can see, or heat that we can feel, so your skin can burn even if it feels cool.

Myth 2: Wearing PPE is an inconvenience and difficult to enforce with workers.

False – wearing PPE or protective clothing can be an inconvenience if it is not the right fit for the job. However, choosing the right PPE and protective clothing for the job minimises inconvenience and discomfort.

Myth 3: Sunscreen provides enough protection on its own.

False – sunscreen is limited in the amount of protection it can provide and should not be the only form of sun protection. It must be applied correctly over all exposed areas and reapplied regularly as it wears off (especially after coming into contact with water).

Myth 4: I haven't used sun protection before and it's too late now to start.

False – sun damage adds up, meaning the more we are exposed, the greater the risk. It is never too late to start protecting skin and eyes against UV radiation.

Myth 5: I have developed a gradual sun tan without burning so I am better protected from the sun.

False – a sun tan is an indicator that the skin is trying to protect itself from UV radiation exposure. It does this by creating more pigment which provides a very small SPF. While the sun tan is present, it provides a very small amount of protection from future sunburn. However, the cell damage caused by this process can be enough to cause skin cancer. Overall, the risk of being harmed outweighs the small and short-lived benefit of the sun tan.

Legionnaires' disease reminder

The media has reported recently on an increase in cases of Legionnaires' disease. The legionella bacteria often found in soil, compost, and potting mix can cause serious ill-health when breathed in. Legionnaires' disease, caused by the legionella bacteria, is a severe form of pneumonia that can develop if left untreated. Remember when working with soil, compost and potting mix you need to manage the risk of contracting Legionnaires' disease. Read our fact sheet *Legionnaires' disease: what to know if you work with soil, compost or potting mix* for more information

Worksafe

<p>Best friends are like stars. You don't always see them, but you know they are always there. Lucky to have them.</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>5 things to quit right now.</p> <ol style="list-style-type: none"> 1. Trying to please everyone 2. Fearing change 3. Living in the past 4. Putting yourself down 5. Overthinking 	<p align="center">NEWSLETTERS BACK ISSUES</p>
	<p>Remember there is an alphabetical list of topics from all my newsletters available on my website which refers to the related issue. This website is available to everybody: www.jelicatips.com No password or membership required.</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>
	<p align="center">HELP ME KEEPING THE DATABASE UP TO DATE!</p>
	<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 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 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.