

## In this issue:

- Progress notes guidelines
- Medication management
- Service provision requirements
- Preparedness and emergency response
- The importance of touch
- DAA's
- Empowerment
- Spark of Life
- Dates to remember



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## Progress notes and other reporting guidelines

*This is still an area causing problems for some people.*

Everybody should be aware that progress notes and other documents relating to the resident are legal documents and are always part of any investigation.

The purpose of good progress notes is to ensure that a resident care can be evaluated against their care plan in terms of progress and any required changes to this is documented.

Progress notes should report on key aspects of care. Not all aspects need to be reported on for every shift; however there should be a continuous record of interventions, signs and symptoms or event or issues. If your progress reports have many entries stating: "no change", "the same", "no problems" then this could mean that some training and clarification is needed.

Daily reporting provides evidence of the resident's progress towards achieving goals contained within their care-plan as well as providing the base line information for reflective practice for RN's.

The Registered Nurse is responsible for timely follow up on issues reported by care staff and documentation of the outcome of this follow up.

Ensure that resident documentation complies with current requirements.

- All written information must be based on factual information.
- All written information must be dated, establish the time it is written, sign with initial (ensuing this is verifiable on a specimen list), your designation, eg CG, RN
- Don't write personal judgements, meaningless phrases, or irrelevant speculation. If you write down that a resident was aggressive then that is your interpretation of a behaviour. You should write down exactly what you could see and hear!
- The use of "white out" or any other illegal erasure is not permitted
- If information has been written incorrectly a single line must be ruled through this error and a note made that "written in error" alongside the information or dated and initialled. The correct information then follows this.
- The removal and rewriting of pages is not permitted
- Only commonly accepted abbreviations are to be used.
- It is medical practitioner's role to diagnose symptoms therefore care staff must be careful to note only sign and symptoms reported or observed.
- Only use black or blue pen to write reports as other colours do not come through when faxed.
- When using double sided pages ensure resident's name is on both sides.
- All staff should be aware that if an investigation is undertaken, they may be called on to interpret or explain their notes ---**therefore ensure you write clearly and objectively.**

Reporting should be an ongoing training session as it is very important for staff to be able to report objectively and it should not be presumed that everybody can write reports and progress notes.

## Medication management

*Following are some extracts of audit reports justifying a partial attainment rating for criteria 1.3.12.1: A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.*

- Staff are dispensing medicines using resident prescription, PRN or standing orders from bottles or packets which have been dispensed by the pharmacy for another resident.
- All clients are to have documented three monthly reviews by the general practitioner. Staff medication competencies to be current for all staff and training conducted by the registered nurse.
- The controlled drug register in the rest home does not include weekly checks as per their policy. There is no signing sheet for the blistered controlled drugs and therefore they are being transcribed onto prn signing sheets by the registered nurses.
- Three of the ten medication charts reviewed had medications crossed off with no signature or date from the general practitioner.
- The drug fridge temperature in the rest home was zero degrees Celsius when viewed by the audit team. A respite resident in the rest home wing does not have a medicines prescription in place although staff are administering his daily medicines. Expired eye drops, undated opened eye drops and expired nasal spray was sighted on a medicine trolley during the audit.

*Some suggestions to achieve this criteria: Be aware that this one criteria complies of a lot of requirements so if there is one gap then the whole criteria gains partial attainment. Try to avoid that by double checking!*

- Staff receive ongoing training ensuring they follow the procedures as defined in the policy. Not following your own policy also achieves a PA.
- There is evidence of competency checks of all staff administering medication.
- Medication is only administered to the person it is prescribed for.
- Medicines for administration are not left un-attended
- There is a documented and implemented policy related to the safe management and administration of medicines
- Medication is stored securely
- There are no stocks of discontinued or expired medications
- The General Practitioner reviews medication at least three monthly and signs for discontinued medication
- Resident interview confirm medication is administered appropriately (e.g. staff ensure residents have taken their medication)
- Document review of controlled drug register, medication charts, medical review. Ensure policy is implemented.
- Observation of administration of medicines, inspection of storage and management of medicines including controlled drugs, method and process for disposal of medicines
- Medication fridge's temperature is checked and recorded.
- Eye drops are dated when opened.
- All residents have a medication chart and signing sheet.
- Try not to transcribe.

***If you have an apple  
and I have an apple  
and we exchange  
these apples, then  
you and  
I will still each have  
one apple.***

***But if you have an  
idea and I have an  
idea  
and we exchange  
these ideas, then  
each of us will have  
two ideas.***

*George Bernard Shaw.*

<p><i>A birth certificate shows you were born. A death certificate shows you have died. A photo album shows you have lived</i></p>	<h2 style="color: #0056b3;">Service Provision Requirements</h2>
	<p><i>Another criterion that achieves partial attainment is 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</i></p> <p>This is surprising as the timeframes are clearly noted in the contract and the HDSS.</p> <p><i>Some suggestions to achieve this criteria:</i></p> <ul style="list-style-type: none"> <li>• The resident is seen by GP within 2 working days. If a resident is admitted from hospital then there is not that urgency and the resident can be seen when the GP visits next.</li> <li>• There is a plan of care developed on admission in preparation for a long term care plan to be developed after 3 weeks.</li> <li>• Care plans are evaluated at least every 6/12 or when needed.</li> <li>• Medication records are reviewed and signed for by GP 3/12</li> <li>• Changes as identified through evaluations of care plans instigate a care plan change/update.</li> <li>• Residents are examined by a General Practitioner not less than once per month and as clinically indicated (unless documented as clinically stable where examination can occur 3 monthly)</li> <li>• Emergency contacts and on call numbers are listed and staff are aware of these plus the relevant procedures in each emergency</li> <li>• Assessment on admission covers physical, psycho-social, spiritual, cultural aspects of the resident.</li> <li>• An activities assessment is completed and evaluated 6/12</li> </ul>
	<h2 style="color: #0056b3;">Preparedness and Emergency response tips</h2>
	<p><i>I am pretty sure this is on everybody's mind after the recent disasters both here in Christchurch and in Japan. I have compiled a selection of advice being given by different organisations. Discussing plans and preparing in case of a major disaster is a good training session.</i></p> <p><b>Evacuation Plans</b></p> <p>If a disaster occurs, you may need to evacuate a damaged area afterward. By planning and practicing for evacuation, you will be better prepared to respond appropriately and efficiently to signs of danger or to directions by authorities.</p> <ul style="list-style-type: none"> <li>• Take a few minutes to discuss the facility evacuation plan. Sketch a floor plan of the facility, walk through and discuss evacuation details.</li> <li>• Plan a second way to exit from each room or area, if possible.</li> <li>• Mark where your emergency food, water, first aid kits, and fire extinguishers are located.</li> <li>• Mark where the utility switches or valves are located so that they can be turned off, if possible.</li> <li>• Indicate the location of your emergency outdoor meeting place.</li> </ul> <p><b>How to shut off gas, water and electricity</b></p> <ul style="list-style-type: none"> <li>• Know where and how to shut these off at the main switches or valves.</li> </ul>

## **Gas**

- After an earthquake, DO NOT USE matches, lighters, or appliances, and do not operate light switches until you are sure there are no gas leaks. Sparks from electrical switches could ignite gas, causing an explosion.
- If you smell the odour of gas, shut off the gas immediately. First, find the main shut-off valve, located on a pipe next to the gas meter. Use an adjustable wrench to turn the valve to the off position.

## **Electricity**

After a major disaster, shut off the electricity. Sparks from electrical switches could pose a shock or fire hazard. Carefully turn off the electricity at the main electrical breaker in your home.

## **Water**

Water may be turned off at either of two locations:

- At the main meter, which controls the water flow to the entire property; or
- At the water main leading into the home. (Shutting off the water here retains the water supply in your water heater, which may be useful in an emergency.)

Attach a valve wrench to the water line. (This tool can be purchased at most hardware stores.) Also, label the water mains for quick identification.

## **Write Down or copy Important Information**

Make a list of important information:

- important telephone numbers, such as police, fire, ambulance
- Resident register with contact details of Next of Kin.
- the names, addresses, and telephone numbers of insurance agents, including policy types and numbers
- the telephone numbers of the electric, gas, and water companies
- the names and telephone numbers of neighbours
- the name and telephone number of the landlord or property manager
- Important medical information,
- the vehicle identification number, year, model, and license number of any cars
- the bank's telephone number, account types, and numbers
- Ownership certificates (automobiles, etc.)
- Insurance policies
- Photos of valuables and collectors items
- radio and television broadcast stations to tune to for emergency broadcast information

Ensure all this data is on a CD or USB pin that is taken off site. Best to have it on two different ones in different places.

You can also email it to your own email address. That way you always have access to it.

## **Civil defence emergency supplies.**

I am sure that the people in Christchurch are very much aware of the importance of water especially drinking water.

Storing water for three days for a large facility is a major undertaking but if you can and have the space for it then it is definitely worth it.

*Life is too short to wake  
up with regrets.  
So love  
the people who treat  
you right.  
Forget about the  
ones who don't.*

**Other supplies could be:**

- Headlights (better than torches as it keeps people's hands free to do things),
- A telephone that doesn't need electricity to work,
- Wet wipes are very handy to have when there is no water!
- First aid supplies
- Plastic glasses, cutlery and paper plates. (as there is limited water, doing dishes is the last thing you want to do)
- Store blankets, beanies, gloves.
- Food
- Think of a back up solution if you have residents on an oxygen concentrator.

**Keeping the supplies in a wheelie bin makes it easier to take the supplies somewhere without having to carry it.**

**What should you do in the event of a tsunami warning?**

- If you hear there is a tsunami warning, you should make sure everybody is aware of the warning. You should evacuate if you live in a tsunami evacuation zone. Move in an orderly, calm, and safe manner to the evacuation site or to any safe place outside your evacuation zone. Follow the advice of local authorities.
- If you are at the beach or near the ocean and you feel the earth shake, move immediately to higher ground. DO NOT wait for a tsunami warning to be announced. Stay away from rivers and streams that lead to the ocean as you would stay away from the beach and ocean if there is a tsunami. A tsunami from a local earthquake could strike some areas before a tsunami warning could be announced.
- Tsunamis generated in distant locations will generally give people enough time to move to higher ground. For locally-generated tsunamis, where you might feel the ground shake, you may only have a few minutes to move to higher ground.

Ask your local civil defence team for training to ensure that you and your team are as well prepared as possible to keep your residents as safe as possible.

**TIPS FOR COPING AFTER A DISASTER**

With tragic and devastating losses, it is not uncommon for people to experience an overwhelming sense of loss and grief. Some may feel "numb" at first as a defence mechanism. They are likely to experience strong emotional reactions such as shock, denial, anger, sadness, anxiety, guilt and helplessness. These reactions are normal and in most cases will gradually subside over a period of time. Feeling distressed and powerless as the aftershocks continue is normal as it is a continued reminder of an unpredictable and uncontrollable situation.

It's normal to feel anxious about your safety, and that of your family, and it's normal to feel jumpy and scared, or worried about work.

All of us have different needs and different ways of coping. Acknowledging our feelings can really help us get back on track.

*The pursuit of happiness is the chase of a lifetime!*

Here are some simple tips:

#### TAKE CARE OF YOURSELF

- Recognise and acknowledge that you have been through an extremely stressful event.
- People have different ways of expressing their feelings after an event like this. Some may prefer to say very little and quietly focus on practical tasks whereas others may want to talk more. Act in the way that you feel more comfortable with but do reach out to others in your support network.
- Stay connected and reach out to others: your family, friends, neighbours and co-workers. Talk about your thoughts and feelings.
- Maintain balance in your life between your personal needs, your work and your family obligations. Manage your commitments even as you return to a normal routine. It's ok to say no sometimes.
- Eat sensibly; a balanced diet of healthy foods rich in nutrition serves as a natural defence against stress.
- Be as physically active as you can.
- Use relaxation techniques. Set aside time for a regular routine of deep breathing or other stress reduction methods to alleviate your feelings of anxiety.
- Maintain a daily routine as much as possible including regular sleep patterns.
- Find something constructive to do. Look out for others. Sometimes it pays to forget our own troubles for a while. All the 'what ifs' may be exhausting. Try and achieve little things that help to keep you positive.
- Laugh when you can. Reflect on the good things in life.
- Be patient with yourself. Know that you will recover balance and peacefulness at your own pace.

#### ON YOUR OWN?

No you're not! Sometimes it's hard to reach out to people around you. Think about ringing a community group for a chat, visit your neighbour, listen to your radio, or ring your family. Maybe you can offer help to others.

*Mental Health Foundation of New Zealand*

## The importance of touch

The human body is built for relationship and touch.

Feeling and qi pours out of that highly specialised tissue on the finger tips, when we make contact with another being. You don't have to think about it; it just happens.

When we are relaxed, calm, in love, we impart our touch with a tremendous healing potential. Therefore touch is the primary healing response for the creatures of planet earth.

Touch lowers stress and anxiety levels. Properly enacted hugs and massages, even holding hands reduces overactive cortisol production. As we ease stress hormone production, immunity goes up.

Caring touch also relaxes muscles, lowers heart rate, and blood pressure.

A perfectly healthy human body will begin to exhibit signs of anxiety, even in the best of circumstances, when it has not been lovingly touched for several days. I suspect most of the trouble on this great planet of ours has been caused by those with the most significant touch deficiencies.

## Designated Auditing Agencies (DAA)

I regularly have providers asking me if they have to stay with the same DAA. The short answer is: No.

You contract the DAA and pay for the service and you have the right to change when you like for whatever reason.

You do need to inform the Ministry and your existing DAA to ensure that the new DAA can submit your report on the website.

If you plan to change DAA ensure they have plenty of notice especially if you get close to the “spot” audit timeframe.

Like with every service you contract, it pays to ask for quotes and other information that is important to you, i.e does the company have auditors in your area, an estimated time on site, back ground of auditors etc. See the MOH website (<http://www.moh.govt.nz/moh.nsf/indexmh/certification-designatedauditingagencies>) for a list of Designated Auditing Agencies.

## Empowerment

It surprises and angers me that providers still accept partial attainment ratings were they should not be partially attained or where providers change processes because the auditor “didn’t like” what they had in place.

The auditor doesn’t have to like the way you do things! Their role is to ensure that you comply with the HDSS and the contract. If you try to please the auditor then you will spend your time changing your processes as every auditor will have different ideas.

The audits were never intended to be punitive but a way to look at quality improvement and providing the best service for our residents. Proving intent used to be acceptable.

Yes we need to ensure that resident receive the best possible quality care. And yes there is evidence that this does not always happen, but these instances are, thank goodness, few and far between. But it is people that provide that quality care and not pieces of paper.

If there are systemic problems in a facility then yes these need to be identified and solved, but it is up to the provider to come up with the solutions on how to solve these problems. And only if there is evidence that the provider is unable to do so should other action be taken.

We need consistency around interpretation of the standards and the contract! Some people might say I am dreaming but I believe in fairness and justice and if the sector as a whole starts to “sing from the same song sheet” we might achieve it.

I am inviting you to send me examples you have of comments made in audit reports that you believe are incorrect. I can then publish examples and hope by doing so it will empower providers to have healthy discussions with the auditors.

**Information means knowledge!**

**If you lack the courage to start, you have already finished.**

## Spark of Life Kiwi Network

The vision for *Spark of Life* is to enrich the everyday lives of people living with dementia.

*Spark of Life* is a simple, approach for enhancing the lives of people with dementia. It's a simple step-by-step guided approach which boosts quality of life for the person with dementia.

*Spark of Life* provides the practical 'how to' combined with the vital personal and emotional support needed by the person with dementia. It has been devised by Jane Verity through her experience with Person Centered Care and the Eden Alternative. Her *Spark of Life* Approach has been adopted in the US, Scandinavia, Europe and Australia, with outstanding results.



I am very pleased to let everybody know that Jane Verity is coming to New Zealand to give a **one day** seminar.

**It will be on Thursday the 14<sup>th</sup> of July in Auckland.**

This will hopefully be the beginning of a series of seminars throughout New Zealand.

Other details will be advertised when they are finalised.

If you are planning to attend then please send me a quick email so I will know how large the venue needs to be.

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

## Dates to remember

### **Cytotoxic Medication Management**

8th April **Clinical updates:**

More info on:

<http://www.careadvisoryservices.co.nz>

### **Training for activities staff:**

Monday 11 April 12.30-15.00

**Registration closed.**

**Proceeds will be donated to Christchurch**

See [www.jelicatips.com](http://www.jelicatips.com)

### **BUPA Professional development day for senior registered nurses.**

Tuesday 3<sup>rd</sup> of May.

**(see attached flyer for details)**

### **RVA Annual Conference**, 13-16 June

Langham Hotel, Auckland

More info on:

<http://www.retirementvillages.org.nz>

### **Spark of Life one day seminar**

**Thursday 14<sup>th</sup> July in Auckland.**

**Further details TBA.**

See [www.jelicatips.com](http://www.jelicatips.com)

### **NZHHA conference**

3-5 August, James Cook Hotel Grand Chancellor, Wellington.

More info on: [www.nzhha.org.nz](http://www.nzhha.org.nz)

### **NZACA conference**

29-31 August SkyCity Auckland

More info on: [www.nzaca.org.nz](http://www.nzaca.org.nz)

### **Health & Disability Expo**

Dec 2nd & 3<sup>rd</sup> World of Possibilities, Disabilities, Healthy Aging and Independent Living EXPO

ASB expo Centre, Greenlane, Auckland.

For information, email [adpnexpo@gmail.com](mailto:adpnexpo@gmail.com)



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**This month people who have placed an add have paid a donation to the Cancer Society. Part of which will go to the Cancer Society Christchurch.**

**Some interesting websites:**

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

**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*

**If you choose not to receive this newsletter and wish to be taken off the database please send me a return email.**