

<p><b>In this issue:</b></p> <ul style="list-style-type: none"> <li>• 4 year certification</li> <li>• Vetting</li> <li>• Notes and events</li> <li>• Advise for relatives</li> <li>• Ketones</li> <li>• National Dementia Cooperative</li> <li>• Mental Health Law Conference</li> <li>• Auditing</li> <li>• Bouquet</li> <li>• A little bit of a laugh</li> <li>• Training</li> <li>• Back issues</li> <li>• Helpful websites</li> </ul>	<p style="text-align: center;"><b>4 YEAR CERTIFICATION</b></p> <p style="text-align: center;">I am very pleased to mention more facilities achieving <b>4 year certification.</b></p> <p style="text-align: center;">My compliments and congratulations to:</p> <p style="text-align: center;"><b>WINDSORCARE</b> in Shirley, Christchurch</p> <p style="text-align: center;"><b>RANUI HOME &amp; HOSPITAL</b> in Alexandra Central Otago</p> <p style="text-align: center;"><b>And for my friends, who have an audit this month, all the best!</b></p> <p style="text-align: center;"><i>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.</i></p> <p style="text-align: center;"><b>WHAT AN ORGANISATION DOES WITH VETTING RESULTS</b></p> <p>An organisation will use Police vetting information when considering your suitability for a position. There are restrictions on what an organisation can do with the information they get about you. They must:</p> <ul style="list-style-type: none"> <li>• explain the Police vetting process to you</li> <li>• keep your personal information confidential and secure</li> <li>• let you see information received from Police, and give you the chance to correct errors and give explanations</li> <li>• destroy information provided by Police when the employment process is complete.</li> </ul> <p><a href="http://www.police.govt.nz/advice/businesses-and-organisations/police-vetting/police-vetting-and-you">http://www.police.govt.nz/advice/businesses-and-organisations/police-vetting/police-vetting-and-you</a></p>
<p><b>Emailed to:</b> <b>1248</b></p> <p><b>And counting</b></p>	
<p>jelica@woosh.co.nz</p> <p><a href="http://www.jelicatips.com">www.jelicatips.com</a></p> <p>mobile: 021 311055</p> <p>1/3 Price Crescent Mt Wellington Auckland 1060</p>	<p style="text-align: center;"><b>NOTES AND EVENTS</b></p> <p><b>CHANGE OF EMAIL ADDRESS:</b></p> <p>If you wish to continue receiving my newsletter then please inform me if you change your email address. After each mail-out I receive messages to let me know that the email is not delivered for a number of reasons. To date I have contacted people to find out that the email address had been changed. I don't really have time to do this anymore so please add me to your list of people to notify when the contact details change. Thanks.</p> <p>-----</p> <p><b>PERIOPERATIVE NURSES CONFERENCE 2014</b></p> <p>16–18 October 2014, Millennium Hotel, Queenstown</p>

	ADVISE FOR RELATIVES
Well behaved women rarely make history	<p><i>It can be quite difficult to give a sensible response when asked to have input in the care plan of a loved one, especially if this is the first time the question is asked. Below are some ideas that might help when input is requested.</i></p> <p><b>If you are invited to have input in your relative's care plan.</b></p> <p>Make a list with questions, concerns, and observations that you would like to discuss. Ask what the current care plan states (if there is one already) Being involved in care plan development is your opportunity to ensure that all of your relative's medical and non-medical needs have been identified and are being addressed in satisfactory ways.</p> <p>You should be ensured that strategies are put in place to provide the best possible cares suitable for your relative as assessed by a health professional. Remembering that this not always means that everything will be done for your relative as at times the registered nurse might explain to you that it is in your relative's best interest to maintain a level of independence.</p> <p>Ask for explanations and the reason behind some of these decisions and make sure you and your relative understand them.</p> <p>Remember that residents have the right to choose and refuse any form of care or treatment offered to them.</p> <p>Staff will understand when you ask questions and voice your concerns, as they have your family member's best interests at heart.</p> <p>Questions can be raised and issues can be addressed in mutually respectful, positive, and productive ways. Good communication between all parties will prevent miss-understandings and unnecessary stress.</p> <p>Use this opportunity to provide the staff with important background information that will improve the quality of care that your loved one receives. It is in everybody's interest to ensure that the care provided is individualised, so resident's needs and preferences are important bits of information. For example, if your relative always had their shower after dinner, than make staff aware of this so they can try to accommodate this and maintain your loved one's routine.</p> <p>When making specific requests, be prepared to explain how the change or adjustment will be of benefit to the resident and improve their quality of life.</p> <p><b>Questions you could ask:</b> Are there any changes since the last care plan review? If so why are there these changes? (this can be changes to health, functional status, or behaviours) Is your relative participating in activities or social events? Are they still enjoying their food? Has there been a change in weight? Are glasses and hearing aids still in good repair? Are there any changes needed in the care plan that the nurses recommend and why?</p> <p>Be the best advocate for your loved one you can be!</p>

	TESTING FOR KETONES IN URINE
<p>Never lose a chance of saying a kind word. William Thackeray</p>	<p><i>Thank you Michal for perusing this article for me.</i></p> <p><b>Key points</b> Testing for ketones in urine is an essential and very useful tool to rule out diabetic ketoacidosis mainly for those with Type 1 diabetes (ketones can also be elevated for those with type II diabetes but this rarer) . It can save a trip to hospital. Having high levels of ketones in your body is a life threatening condition.</p> <p><b>When should I test for ketones?</b> You should test for ketones in urine when:</p> <ul style="list-style-type: none"> <li>• blood glucose is going up (at any level) and resident feels unwell</li> <li>• blood glucose is greater than 17mmol/L and it is not coming down (even if resident feels well)</li> <li>• resident develops abdominal pain and/or nausea and vomiting</li> </ul> <p><b>Diabetes and Ketones</b> Ketones in the blood occurs when the body burns its own fat because it cannot burn carbohydrates due to a lack of insulin. Ketones build up when there is insufficient insulin to help fuel the body's cells. High levels of ketones are therefore more common in people with type 1 diabetes or people with advanced type 2 diabetes. The presence of high levels of ketones in the bloodstream is a common complication of diabetes, which if left untreated can lead to ketoacidosis and diabetic coma.</p> <p><b>What exactly are ketones, and what do they have to do with diabetes?</b> Ketones are an acid remaining when the body burns its own fat. When the body has insufficient insulin, it cannot get glucose from the blood into the body's cells to use as energy and will instead begin to burn fat. When the body is burning too much fat, it may cause ketones to become present in the bloodstream.</p> <p><b>How to test for ketones?</b> There are several products that test for ketones in the urine as well as blood glucose meters which can test for ketones as well as blood glucose levels.</p> <p>If the body cannot burn sugar, it will burn stored fat, and ketone build up will begin. When ketone levels become too high, the risk of ketoacidosis is raised, and this emergency condition can lead to coma and even death in serious cases.</p> <p><b>Ketone Testing</b> If blood sugar is high, it is an indication that there is not enough insulin the system. There's a chance that the body will start breaking down protein in order to get some energy. Although the blood is sugary, the cells in the body are not able to use that energy.</p> <p><b>Why are ketones produced?</b> Ketones are made when the body breaks down proteins. Short-term, this is a way the body has of dealing with a situation where it has no other way to gain energy to keep going. But long term, ketones can build up. This can be damaging, and is referred to as a state of ketoacidosis, or in diabetes, DKA - specifically Diabetic Ketoacidosis.</p> <p><i>Source: British Diabetes Assoc website</i></p>

	NATIONAL DEMENTIA COOPERATIVE
<p>Swallowing your pride does not add weight</p>	<p>My name is Shereen Moloney.</p> <p>I am very pleased to be the new NDC National Co-ordinator, replacing Marja Steur in June. Since then I have worked with the Steering Group to get a good sense of the role, and what is required for the NDC to be successful in supporting people with dementia and their families, and the people who deliver care and support services. I have spent 20 years in management in the public and private sectors, including 10 years in the health and disability sector.</p> <p><b>UPDATE</b></p> <p><b>The NDC State of Play</b></p> <p>A new person coming into the organisation is an opportunity to look at where we are now – where we’ve come from, and where we’re going. The Steering Group have been doing this over the last two months, and some new initiatives are in the pipeline. First, a quick recap of where we’ve been:</p> <p>The Cooperative has two great strengths –</p> <ol style="list-style-type: none"> <li>1) As a forum for networking, discussion and knowledge transfer;</li> <li>2) Its ability to contribute knowledge and expertise to the development and implementation of national and local service delivery policy and practice.</li> </ol> <p>NDC members join the Cooperative because they want to both hear and be heard.</p> <p><b>The Present</b></p> <p>To continue to do these things well, our systems need to be developed. The role of the National Coordinator has recently shifted to Auckland where I’m based. It has taken some time to transfer our office systems, and this showed that because the NDC’s systems were embedded in the host organisation, contact information about the membership wasn’t easily transferable. This is one of the reasons that this membership update has been delayed.</p> <p>The Steering Group reviewed the NDC’s operating systems and as a result we’ll be making some changes.</p> <p>Contact Details</p> <p>The NDC needs a <b>contact address</b> that is not dependent on the host organisation as it has been in the past. We have purchased an NDC domain name, which means our new email address is <a href="mailto:info@nzdementia.org">info@nzdementia.org</a>. This is the email you need to use to contact me or any of the NDC Steering Group. <b><i>If you have the NDC in your contacts list, you will need to change the email to this one.</i></b></p> <p>The NDC responds to numerous requests for information and representation on working parties and advisory groups each year. Recent examples are:</p> <ul style="list-style-type: none"> <li>• NZ Dementia Care Pathways Framework development</li> <li>• Health Navigator to strengthen its function as a dementia knowledge platform</li> <li>• Careerforce for input into their Qualifications review</li> <li>• Ethics Advisory Committee for input on a resource on ethical issues for carers</li> <li>• Advance Care Planning Cooperative for input on ACP for people with dementia</li> </ul> <p><b>Website</b></p> <p>We are redeveloping our website so that we can improve its look and functionality. The new website will include features like video, audio and online discussions that we can’t do on our current website.</p>

## NATIONAL DEMENTIA COOPERATIVE Cont'd

### Funding & Sponsorship

Our thanks go to the Ministry of Health, which has joined our major funders, Bupa and The Selwyn Foundation, in ensuring the NDC's important work is able to continue.

### Collaboration with Alzheimers NZ

The NDC continues to work closely with Alzheimers NZ. The work on the Alzheimers NZ Awareness Campaign and the development of information resources for people with dementia and their families/whanau is going well, with NDC members on working groups for both these projects. Anyone else who would like to assist with these should contact me on [info@nzdementia.org](mailto:info@nzdementia.org).

### Conferences and workshops

The 2014 Conference *Dementia: The Future is Now*, which is being held in Rotorua from 14-15 November 2014, features some of the foremost experts in dementia from New Zealand and around the world. For more information and to register, visit [www.alzheimers.org.nz/conference](http://www.alzheimers.org.nz/conference)

### Hospice NZ conference

Registrations are open for the Hospice NZ conference to be held at Te Papa in Wellington on **29-31 October 2014**. Details at <http://www.hospice.org.nz/conference-2014>. The conference has a number of sessions that will be of interest to the NDC membership, a key one being a master class to be given by Associate Professor Colm Cunningham

**'Less haste and more pace'; what can we do in a 'behavioural responsive' culture of service delivery?**

This workshop will consider what we need to understand if we are to respond effectively to the person with dementia. The workshop will involve case study work and discussion from the delegate group.

Date: **Tuesday 28 October 2014** (the day before Conference starts)

Time: 1.00 – 4.00pm, Cost: \$80.00 per person

To register visit <http://www.hospice.org.nz/conference-2014/registration-information>

### NZNO Gerontology Conference

The NZ Nurses Organisation Gerontology Conference is being held at the Waipuna Hotel and Conference Centre, **Monday 3<sup>rd</sup> to Tuesday 4<sup>th</sup> November 2014**.

This year's conference focuses on the skills needed for gerontology nursing, ensuring there is a clinical language to describe practice. The conference will include a stream for healthcare assistants. For more information go to:

<http://www.nzno.org.nz/groups/sections/gerontology/conference>

### Resources

#### Dementia & Driving Safety a Clinical Guideline

Sue Thomson and Mark Fisher have developed guidelines for clinicians for assessment of people experiencing dementia for driving. These are called *Dementia & Driving Safety a Clinical Guideline*. You can access them on the NDC website <http://ndc.hiirc.org.nz/page/48001/dementia-driving-safety-a-clinical-guideline/?contentType=1585&tab=4891&section=19790>

For more information on resources and upcoming events please go to our website [www.ndc.hiirc.org.nz](http://www.ndc.hiirc.org.nz). If you have any questions about the National Dementia Cooperative please contact me on [info@nzdementia.org](mailto:info@nzdementia.org).

Shereen Moloney

Kind words are  
the music of the  
world.  
F. W. Faber

	<p align="center"><b>MENTAL HEALTH LAW CONFERENCE 2014</b></p>
<p><b>We are what we repeatedly do. Excellence, therefore, is not an act but a habit.</b> Aristotle</p>	<p>Claro, New Zealand’s specialist health sector law firm, and the Australian and New Zealand Association of Psychiatry, Psychology and Law (ANZAPPL) are pleased to provide details of the Mental Health Law Conference for 2014.</p> <p><b><i>Topics for 2014</i></b></p> <p>Topics and speakers for the 2014 conference include:</p> <ul style="list-style-type: none"> <li>• <b>The role of employment in recovery –</b> John Zonneville, Operations Manager for Specialty Services, C&amp;C DHB; Nikki Porteous, Work Liaison Occupational Therapist, Work Foundations: Regional Work Rehabilitation, Waitemata DHB</li> <li>• <b>Effect of a compulsory treatment order on a person’s ability to travel –</b> Nigel Fairley, General Manager Mental Health, Addictions, and Intellectual Disability, Wairarapa, Hutt Valley and Capital and Coast DHBs</li> <li>• <b>Strengths Based Integrated Case Coordination for People who are Homeless – Te Roopu Aramuku Wharoaroa –</b> Gail Edwards-Hughes, Team Leader and Emma Thompson, Plan Coordinator, C&amp;C DHB Wellington Mental Health</li> <li>• <b>Pregnancy and the acutely mentally unwell –</b> Iris Reuvecamp, Partner, Claro</li> <li>• <b>Sex and sexuality in residential care –</b> Mark Hendrickson, Associate Professor in Social Work, Massey University, Auckland; Dr Chris Perkins, Director, Selwyn Centre for Ageing and Spirituality</li> <li>• <b>Working together – community housing for the most vulnerable –</b> Alison Cadwell, Director, Dwell Housing Trust; Annette Sutherland, Housing Manager, Comcare Trust</li> </ul> <p><b><i>Dates for 2014</i></b></p> <p>This full day conference will be presented in five main centres – Wellington (Friday 31 October 2014); Dunedin (Thursday 6 November 2014); Christchurch (Friday 7 November 2014); Rotorua (Thursday 13 November 2014); and Auckland (Friday 14 November 2014).</p> <p><b><i>Registration</i></b></p> <p>The cost to attend the conference is \$280 plus GST. To register for the conference, please complete and return the attached registration form. For further information, please email Anne Le’aupepe at <a href="mailto:No1anzappl@gmail.com">No1anzappl@gmail.com</a>.</p>

You cannot  
plough a field  
by turning it  
over in your  
mind.

## AUDITING

I am very pleased to report that overall auditing seems to go really well. There are some good sensible auditors around, which is good news.

Now and then I receive some feedback where the auditor seems to make it a fault finding rather than fact finding exercise. If you come across an auditor who is that way inclined you have to feed that back to the DAA and the HealthCert. Unless of course there are reasons for the auditor to behave like this. For instance if there are a number of partial attainments identified with moderate to high levels of risks. In that case the auditor has to be very careful and will look at everything more closely.

But if there are no issues identified and you feel that the auditor is just looking for things, because as some auditors like to say, HealthCert won't like it if there are no Partials, you have reason to complain.

Normal certification and surveillance audits should be a fact finding exercise and does not have to be a negative experience.

A lot depends on your own attitude and belief in the service you provide. If you and your staff are confident then be sure to show this.

Put a notice up to inform everybody that you have an audit coming up so that relatives can be part of the audit. The more people providing feedback about your services the better. There is more to auditing then looking at paperwork!!

Be empowered and have a good audit!

*Jessica*

## BOUQUETS



For the decision makers who realised that 1% increase was a joke and realised that there was more money available for a further 5%. Well done.

For the all the lovely people involved with **Hip Hop-eration!** If you have not seen this documentary yet then I strongly advise you to go!

A wonderfully warm and energetic Kiwi adventure. A feel-good documentary following the journey of elderly Kiwis training to compete in the World Hip-Hop Championships in Las Vegas. The film explores the lives and motivations of the ambitious Waiheke Island senior citizens within the dance group.

Hip Hop-eration follows a troupe of courageous, yet cheeky, senior citizens on an extraordinary quest to perform at the World Hip Hop Championships in Las Vegas.

Hip Hop-eration is a poetic feel-good film that proves age has no limits and that hip-hop can set you free. It will make you want to celebrate life regardless of age or condition.

## A LITTLE BIT OF A LAUGH

Three sisters age 92, 94 and 96 live in a house together. One night the 96 year old draws a bath, put a foot in and pauses. She yells down the stairs, "was I getting in or out of the bath?" The 94 year yells back. "I don't know, I'll come up and see." She starts up the stairs and pauses, then she yells, "was I going up the stairs or coming down?" The 92 year old sitting at the kitchen table having tea listening to her sisters. She shakes her head and says. "I sure hope I never get that forgetful." She knocks on wood for good measure. She then yells; "I'll come up and help both of you as soon as I see who is at the door".



<p><b>A friend is someone who is there for you when he'd rather be anywhere else.</b></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: Cultural safety, Spirituality, Sexuality, Privacy, Rights, Confidentiality, Communication and documentation, Abuse and neglect prevention, Restraint minimisation and safe practice, Behaviour management, Complaints and risk management, open disclosure, EPOA, Advance directive, informed consent and resuscitation, Health and Safety, Ageing process, mental illness.</p> <p>If you are looking for a topic not listed here please drop me a line. I am happy to facilitate different times to suit evening and night staff. References available on request.</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: <a href="http://www.jelicatips.com">www.jelicatips.com</a> 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. I don't mind sharing this information but I don't agree anybody making financial gain from this information!</p>

#### Some interesting websites:

[www.careassociation.co.nz](http://www.careassociation.co.nz); [www.eldernet.co.nz](http://www.eldernet.co.nz), [www.insitenewspaper.co.nz](http://www.insitenewspaper.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); [www.advancecareplanning.org.nz](http://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](http://www.safefoodhandler.com); [www.learneonline.health.nz](http://www.learneonline.health.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

- 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.