

An independent newsletter for people interested in Aged Care

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**Emailed to:
1486 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:

Rose Lodge (Greenvale) in Invercargill

And 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.

LADY ASCOT MAKES A GRACEFUL EXIT FROM THE CARE SECTOR

An emotional goodbye from Monica and Suren. This is their story

I took over Lady Ascot rest home in November 2003 by which time the rest home had already been operating for just over 20 years. When I took over Lady Ascot was being run as a "ladies only" stage 2 rest home and we continued in the same vein. I was attracted to the sector quite by chance following a Weekend Herald article about the then octogenarian, Jean Crossley, who was an agent as well as an owner of 3 rest homes. Speaking to Jean I mentioned that my own parents in Canada were already in their late eighties and the idea of caring for elderly people appealed to me greatly. As it so happened, some months later Jean phoned me to say that just the right little place was up for sale and the rest was history.

I have enjoyed the 12.5 years I have run Lady Ascot. The Association (ARCH and later CANZ) has been a pillar of support and guidance for me as an owner and Jessica has been there for me always whatever the issue and whatever the time of day or night I have had to call her.

I guess the writing had appeared on the wall for our closure when some years ago the government adopted the policy of aggressively pursuing home care for the elderly in preference to rest home care. We could foresee that the flow of residents to rest homes would reduce and after a lag of a few years, hospital and higher level care residents would be on the increase. This has come to pass and small rest homes like ours are passed up by families looking for hospital care or facilities that are linked to hospital level care.

It has been a heartbreaking decision and to see our residents and relatives leave in tears, was terribly sad. Residents didn't want to leave and when arriving in their new facility said that they wanted to go home.

My greatest regret is that the government is oblivious to the problem that is being fostered by their policy and while the politicians and the DHB officials are languishing in their push for 'bigger is better' we, wearing our hats as taxpayers, will be required to pick up the huge costs of a correction when a shortage of rest home beds will become imminent following the gradual closure of small rest homes.

Monica and Suren

Thank you Monica and Suren you have been lovely and passionate providers and your residents have been so lucky. You are a loss to the sector and you will be missed. Jessica

PLAN –DO-CHECK (PDCA)

I have been asked to put another article in regarding ways to achieve Continuous improvements. Using the PDCA Cycle or Deming Cycle is, I believe, a good way.

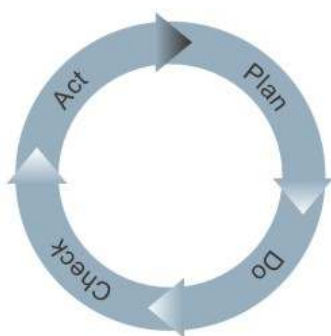
Implementing New Ideas in a Controlled Way

Something needs to change: Something's wrong, and needs to be fixed, and you've worked hard to create a credible vision of where you want it to be in future. But are you 100% sure that you're right? And are you absolutely certain that your solution will work perfectly, in every way?

Where the consequences of getting things wrong are significant, it often makes sense to run a well-crafted pilot project. That way if the pilot doesn't deliver the results you expected, you get the chance to fix and improve things before you fully commit your reputation and resources.

So how do you make sure that you get this right, not just this time but every time? The solution is to have a process that you follow when you need to make a change or solve a problem; A process that will ensure you plan, test and incorporate feedback before you commit to implementation.

Figure 1: The Plan-Do-Check-Act Cycle



A popular tool for doing just this is the Plan-Do-Check-Act Cycle. This is often referred to as the Deming Cycle

The four phases in the Plan-Do-Check-Act Cycle involve:

- **Plan:** Identifying and analyzing the problem.
- **Do:** Developing and testing a potential solution.
- **Check:** Measuring how effective the test solution was, and analyzing whether it could be improved in any way.
- **Act:** Implementing the improved solution fully.

There can be any number of iterations of the "Do" and "Check" phases, as the solution is refined, retested, re-refined and retested again.

How to Use the Tool

The PDCA Cycle encourages you to be methodical in your approach to problem solving and implementing solutions. Follow the steps below every time to ensure you get the highest quality solution possible.

Step 1: Plan

First, identify exactly what your problem is.

Next, draw together any other information you need that will help you start sketching out solutions.

Step 2: Do

This phase involves several activities:

- Generate possible solutions.
- Select the best of these solutions,

Implement a pilot project on a small scale basis, with a small group, or in a limited area, or using some other trial design appropriate to the nature of your problem, product or initiative.

Note:

The phrase "Plan Do Check Act" or PDCA is easy to remember, but it's important you are quite clear exactly what "Do" means. "Do" means "Try" or "Test". It does not mean "Implement fully." Full implementation happens in the "Act" phase.

Take nothing
for granted.
Live more,
complain less.
Have more
smiles, less
stress

PDCA cont'd

Step 3: Check

In this phase, you measure how effective the pilot solution has been, and gather together any learnings from it that could make it even better.

Depending on the success of the pilot, the number of areas for improvement you have identified, and the scope of the whole initiative, you may decide to repeat the "Do" and "Check" phases, incorporating your additional improvements.

Once you are finally satisfied that the costs would outweigh the benefits of repeating the Do-Check sub-cycle any more, you can move on to the final phase.

Step 4: Act

Now you implement your solution fully. However, your use of the PDCA Cycle doesn't necessarily stop there. If you are using the PDCA or Deming Wheel as part of a continuous improvement initiative, you need to loop back to the Plan Phase (Step 1), and seek out further areas for improvement.

When to Use the Deming Cycle

The Deming Cycle provides a useful, controlled problem solving process. It is particularly effective for:

- Helping implement Continuous Improvement approaches, when the cycle is repeated again and again as new areas for improvement are sought and solved.
- Identifying new solutions and improvement to processes that are repeated frequently. In this situation, you will benefit from extra improvements built in to the process many times over once it is implemented.
- Exploring a range of possible new solutions to problems, and trying them out and improving them in a controlled way before selecting one for full implementation.
- Avoiding the large scale wastage of resources that comes with full scale implementation of a mediocre or poor solution.

Clearly, use of a Deming Cycle approach is slower and more measured than a straightforward "gung ho" implementation. In true emergency situations, this means that it may not be appropriate (however, it's easy for people to think that situations are more of an emergency than, in reality, they really are...)
Ref: mindtools

HANDY HINTS

Thank you Julie for your contribution with this tip.

I have a computer tip for you that save me a lot of time that you might be able to use. When you get an email in Outlook and want to add that person and their contacts into your address book simply click on the email, hold down the left mouse button and drag to the



email onto the icon which is in the bottom left hand corner of the screen. Let go the mouse button and magically that person's name and email is transferred into the Contact address book. The email that they have sent you is also copied into the notes section of the page. Usually the person has their name and address and phone number at the bottom of their email and so it can easily be cut and paste into the name as well. Seems a lot of writing to explain a very simple action!

*If you have any tips that could be helpful for our readers please let me know.
Thank you for your ongoing contributions.*

Friends are the
family we
choose for
ourselves

WHAT IS A PRESSURE INJURY AND HOW TO PREVENT THESE?

As Pressure injuries (PI) are HealthCERT project this year to gather data around serious pressure injuries in aged care which will lead to awareness raising and positive outcomes for both residents and providers, I thought it may be helpful to remind ourselves about the importance for all staff to refresh ourselves on how to prevent PI's! The below is from the First do no harm brochure, which I believe is clear and easy to understand info.

A pressure injury is an area of damaged skin and flesh caused by staying in one position for too long (e.g. prolonged sitting or lying).

Pressure injuries are also sometimes known as bed sores, pressure sores, pressure areas or pressure ulcers. They can develop in a matter of hours and usually begin with the skin changing colour. Pain or discomfort may occur.

If the pressure is not relieved regularly, skin can be damaged ranging from a blister to a deep open wound.

Which parts of the body are most vulnerable?

Pressure injuries develop on parts of the body that take the weight and where the bone is close to the surface.

Lying on back: head shoulder elbow buttock heel, toes

Lying on stomach: head, elbow chin chest reproductive organ knee toes,

Lying on side: ear shoulder elbow (outer) hip knee (outer) heel knee (inner) ankle

Sitting: head shoulder sacrum buttock heel

Who is at risk of getting a pressure injury? People are at risk if they:

- spend long periods of time in bed
- are in a wheelchair or sit for long periods of time in a chair
- have difficulty moving about
- have a serious illness or had major surgery
- have damp skin from sweating or incontinence (e.g. difficulty getting to the toilet in time, loss of bladder or bowel control)
- have loss of feeling (e.g. due to epidural, diabetes or following a stroke) or poor blood flow
- do not eat a balanced diet or have enough fluids to drink.

Despite the risks pressure injuries can be avoided

What can you do to prevent pressure injuries? If a person is in bed:

- Change position every two to three hours, moving between the back and sides
- Use pillows to stop knees and ankles touching each other, particularly when person is lying on their side
- Try to avoid creases in the bed linen
- If sitting up in bed, be aware that sliding down the bed can cause a pressure injury to bottom and heels

If person is in a wheelchair: Relieve pressure by leaning forward, or leaning side to side for a few minutes every half hour.

What else can be done to help?

- A healthy diet and drink plenty fluids
- Keep skin clean and dry
- Good and safe continence management.

Pressure injuries can sometimes occur even if everything is being done to prevent them.

Acknowledgement: Developed by Counties Manukau Health and adapted by Auckland District Health Board. www.nzwcs.org.nz

The best friendships are those that have survived the test of time, conflict and change.

Karen Salmansohn

MORE OPTIONS FOR UPSKILLING AGED CARE STAFF

Workplace training in the aged care sector has experienced a major win. The merger of the Health Ed Trust (HET) and Careerforce happened last month and is being described as a positive.

HET chairman John Ryder says “the merger is good for the industry and Health Ed Trust, as Careerforce has the resources and will take education in the aged care sector to a higher level”.

For facilities who were undertaking training with HET, they now have additional options. Continue using the ACE programmes for staff who have started training, or there are numerous options to train towards a New Zealand Certificate in Health and Wellbeing.

One of the key advantages of the merger will be easy access by all aged care facilities to the nationwide team of mobile workplace advisors. This team is supported by another 80 office-based staff in Christchurch, Wellington and Auckland.

Visits to all HET employers are underway and if a member of the Careerforce team has not yet been in touch – they will call shortly.

Transitioning to Careerforce is simple

The process of transitioning to Careerforce is simple and until you are visited by Careerforce you are asked to do nothing – other than:

- continue any training that was started, and
- stockpile any credits gained – Careerforce will register these for you after they visit.

Here’s how the transition to Careerforce works...

1. You will be visited, and the process of moving to Careerforce explained
2. Together with the Careerforce advisor, you will assess your trainee situation and develop a bespoke training plan to meet your specific needs
3. Your trainees will be enrolled with Careerforce - either continuing with the ACE training programmes, or enrolling them into a New Zealand Certificate in Health and Wellbeing
4. Careerforce will process all results and report any credits to NZQA.

Careerforce CEO, Ray Lind says that through the development of a person-centred, thinking and skilled workforce, the health and wellbeing of every New Zealander will be impacted in a positive way. “Incorporating HET into Careerforce only strengthens the availability of workplace training which will have positive outcomes for everyone in the sector.”

For more information visit www.careerforce.org.nz/employers/health-ed-trust

INTERRAI SURVEY

I published an article last month with the result of a survey done by one of my readers. In response to that article I received one email with comments from another reader who embraced and likes InterRAI. That is good to hear and yes positive comments were made but it cannot be denied that there are also quite a number of health professionals who have a different opinion. I was more or less told that I gave a one sided view so when this person offered to write an article in support of InterRAI I said fine. To date I have not received anything. I did receive a number of positive comments from people who supported the survey and they hoped that changes would be made as a result. And that is what I hope for too as that is what quality is all about.

I did find it surprising that the last issue of InterRAI NZ only mentioned the positive comments made in the survey.

Jessica

And in the end
it's not the
years in your
life that count.
It's the life in
your years.

Abraham Lincoln

INTRODUCING LISA LORELL

If you are looking for an entertainer who will be loved by your residents I would recommend you to give Lisa a call. I had the privilege to see her perform and interact with a group of residents with dementia and that was amazing. Many goose bump moments as this lady "gets it".

My name is Lisa Lorrell, and I have been recommended to make myself known to you by various rest home and retirement village activity coordinators who have given me the opportunity to entertain their residents in their rest homes throughout Auckland. I am a real people person and thoroughly enjoy sharing my love for music with others, especially the elderly. I recently had both my children enter into primary school and so I thought that this was the perfect time to do more entertaining. I currently reside in Pukekohe but will be moving shortly to Pokeno. Travel is not an issue for me.

Below is Lisa's impressive CV.

Lisa Lorrell has graced the professional stage for 16 years in the UK, Australia and NZ, specialising in musical theatre and cabaret. A skilled singer, dancer and actress, Lisa was awarded a place at London's prestigious Italia Conti Performing Arts School. The beginnings of a professional career followed in which she played numerous lead roles in well known musicals on the West End and theatres throughout the UK. Lisa also extensively toured her one-woman show throughout the UK to critical acclaim and was presented with prestigious awards for her compelling and stylish performances.

In 1995, Lisa won the vocalist section of England's prestigious "Stairway to the Stars" National Showcase. She also won the Audience Vote with the then highest number of votes in the history of this long-running competition. In brief, on returning to NZ, Lisa continues to tour her cabaret shows and perform in musical theatre. In 2003 and 2004 she was selected to attend the Sydney Cabaret Convention performing to sell out audiences and was placed in the top three two years running.

Her theatrical roles, to name a few, include Laurey in "Oklahoma", Rose in "Aspects of Love", Eliza Doolittle in "My Fair Lady", Mrs Lovett in "Sweeney Todd", Sugar in "Some Like it Hot" with Derek Metzger and Lady Golfer in "Golf – The Musical" alongside Mark Hadlow and Ray Wolfe.

Lisa was opening guest artist on the national Tom Jones tribute tour 2006 and works alongside Mark Hadlow on the corporate entertainment circuit. Upon gaining her licence specialising in early childhood music and literacy development programmes through Kindermusik International, Lisa began Treehouse Music - presenting the ABC Music & Me curriculum to children, thus providing them with the FUNDamentals they need for their future. Add to the mix a private vocal studio, itinerant vocal coach and musical theatre teacher at Dilworth Boys Senior Campus, Lisa feels very fortunate to be able to share her passion for the arts and love for learning with people of all ages.

Mobile: 021 541 511. Email: lisalorrell@vodafone.co.nz

Website: www.lisalorrell.net

**Think good
thoughts. Say
nice things.
Do good for
others.
Everything
comes back.**

RECOGNITION OF EXCELLENCE

One of our readers sent me the following about a staff member they nominated as their "rising star". I think it is great that

Calvary Hospital would like to nominate Enrolled Nurse Hannah Sargeant as our very own 'Rising Star'.

Hannah commenced work at Calvary Hospital as a Hospital Aide in 2009 and continued to do so during her training as an Enrolled Nurse, graduating in October 2012. She truly stepped up to the challenge of working as an EN and showed great work ethics and leadership in her new role.

Hannah became interested in learning about a patient with Continual Ambulatory Peritoneal Dialysis (CAPD) and was able to competently understand the fluid and dietary requirements for this person, and recognise any daily changes in the patient's condition. This was recognised by her senior leaders, and as such she was then given the responsibility of working with the Primary Nurse and GP to be the lead carer for this patient. She has been to education sessions on CAPD, both in Invercargill and Dunedin, and has been able to work with Calvary's Educator to then go on and present education sessions on this topic to our staff. She regularly liaises with the Dialysis Unit in Dunedin, under the guidance of senior staff, in giving and receiving- and then forwarding on, information re the changes of treatment which occur from time to time. She also liaises with our Dietitian and discusses dietary needs for this patient and the remaining Hospital patients.

One of our Respite patients has Sanfilippo Syndrome and Hannah took it upon herself to research this, and print information for staff. She then discussed this with our Educator and went on to do an education session about this also.

Hannah is a member of our Restraint Approval group, volunteering to compose a poster on the difference between Restraints and Enablers for our Staff room, has completed the EN Pilot programme training for InterRAI Comprehensive Nursing assessments- and continues to complete these assessments with RN's, she formulates and types up Care Plans in discussion with Carers and RN's and adds coloured pictures to complement certain conditions. This provides even more understanding for Carers.

Due to being very computer literate she has formulated many personalised forms associated with patient monitoring. She also collects data on antibiotic usage to forward to our Infection Control Nurse for monthly monitoring.

Hannah is also a NZNO Delegate and last year was on the negotiating table with NZNO and Southland Food Workers, and helped secure a good outcome for staff.

We all thoroughly enjoy working with Hannah. She is one of Calvary's rising stars and shows so much initiative, innovative practice and nursing leadership that we believe she is truly worthy of an Excellence award."

Calvary Management

Great initiative. Let's celebrate people's strength and show how this sector has so many good and positive things happening to provide our residents with great professional and passionate care.

Accept what is
Let go of what
was
And have faith
in what will be

HAVE YOU HEARD ABOUT GREY MATTER?

We'd like to introduce you to another newsletter that the Ministry of Health Library prepares. 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. If you'd like to subscribe to Grey Matter, email library@moh.govt.nz

WHAT IS ON...?

ALZHEIMERS NZ 2016 CONFERENCE

"Dementia Today: Diverse Communities, Collective Action.

Wellington, 3-5 November 2016.

This conference is Alzheimers New Zealand's biennial conference and the 19th Asia Pacific Conference of Alzheimers Disease International.

CALL FOR ABSTRACTS NOW OPEN.

Visit the Alzheimers NZ website for more information

[Alzheimers NZ Conference 2016](#)

SILVER RAINBOW IS IN THE HOUSE!



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

We are delighted to announce that the South Island now has its first Silver Rainbow Seal – Jack Inglis Friendship House. Congratulations team. Well done.

There are still some places remaining at the public education workshop at Greenlane (\$50/head) on 13th June or 12th July. Some organisations are choosing to send one person to these workshops and assess the benefit before booking in workshops for their organisation, we warmly welcome this.



BOUQUET



This month's bouquet to some of our friends who have decided to leave aged care behind them.

All of them with a very long and passionate service record. They have given their residents quality care in a lovely homely atmosphere.

A big **THANK YOU** for your input in the sector and the good life you have given your residents.

Doreen and Tim (Shoshannim Ohoka)

Neil and Shirley Anne (Elizabeth Rest Home, Epsom, Auckland)

Monica and Suren (Lady Ascot, Remuera, Auckland) (see their story earlier)

TRAINING SESSIONS

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 & 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.

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.

Jessica

TOTAL QUALITY PROGRAMME

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?

If the answer to the above is yes then

Join hundreds of other aged care providers

This totally tried and tested Quality Programme tailor-made for aged care has been around since 1990!

All policies and procedures, including the related work forms, are written in a very user friendly manner and understandable to all staff.

The programme comes on CD and you are in charge to personalise it for your facility.

For more information and to receive the order form and licence agreement, contact me on 09 5795204, 021 311055 or 09jelica@gmail.com

	NEWSLETTERS BACK ISSUES
	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. 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!
	HELP ME KEEPING THE DATABASE UP TO DATE!
	Changing positions? New email address? Let me know if your details are changing so I can keep the database up to date. 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. Thank you all for your contribution each month. <i>Jessica</i>

Some interesting websites:

www.careassociation.co.nz; www.eldernet.co.nz, www.insitenewspaper.co.nz, www.moh.govt.nz;
www.healthedtrust.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.learneonline.health.nz; www.bugcontrol.co.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 Norton 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.